

Health Care for the Homeless

RESEARCH UPDATE

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Each quarter, more than 18 databases are searched for research publications and projects related to health care and homelessness. Results of this customized search will be added to a comprehensive research database on the HCH Information Resource Center website (www.prainc.com/hch). This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from May-July 2001. Summaries are categorized into themes which will vary each quarter.

HOMELESS ADOLESCENTS

Title: A Program Description of Health Care Interventions for Homeless Teenagers

Authors: Steele RW; O'Keefe MA

Source: Clinical Pediatrics, 40(5):259-63, May 2001.

Summary: This prospective review was designed to determine the effectiveness of a broad-spectrum health intervention program for homeless and runaway youth. Diagnosis, treatment, and counseling for drug use, sexually transmitted diseases (STDs), and other health issues were provided all new admissions to a residential care facility during a 2-month enrollment. Education was continued during a 9-month follow-up period based on the program entitled Bright Futures, previously developed and published by the National Center for Education in Maternal and Child Health. Sixty percent of the 106 study residents had STDs on admission and 7% developed new STDs after completing therapy and undergoing counseling. Drug dependence was reduced from 41% to 3%, and 42% achieved full-time or part-time employment. Fifty-nine percent completed hepatitis B immunization with the 3-dose series. This experience suggests that an organized program of interventions in a residential care facility for homeless teenagers can significantly reduce drug dependence and STDs.

Title: Negotiating Motherhood: The Struggles of Teenage Mothers

Author: Hanna B

Source: Journal of Advanced Nursing, 34(4):456-64, May 2001.

Summary: This article presents the results of an ethnographic study exploring how teenagers negotiated motherhood. The main aims of the study were to explore how the young women negotiated motherhood and how they constructed their own

identities and relationships through teenage parenting. Approximately 10% of all births occur to teenage mothers worldwide. This phenomenon is of concern because teenage mothers are reported to be disadvantaged financially, educationally, and cognitively in both the short and long term. Many teenage mothers find strength and fulfillment in motherhood role but this does not come without cost to themselves or their children, as many teenagers are considered unsuitable to be parents and do not have adequate support. This interpretive study incorporated ethnographic practices and was guided by feminist principles. After ethical approval from the university, data were collected over a 12-month period from five homeless Australian sole-supporting teenage mothers. Methods used included observation, interviews, field notes, journaling, and discussions with key informants. The five participants described stories of disrupted lives, unhappiness in childhood, turmoil during adolescence and a need to find love and connection in their lives. Analysis of the data revealed four major themes; transforming lives and opportunities for change, accommodating the challenges, tolerating the abandonment of supports and living publicly examined lives. It was concluded that becoming a sole-supporting mother during the teenage years was a difficult struggle for the young women, because of their youth, their lack of preparation for motherhood and their reliance on welfare supports. In addition, they experienced negative public attitudes directed towards them wherever they went, and this included their visits to community child health centers. Recommendations are made for nurses to take a different approach when working with teenage mothers to help ameliorate the negative impact of poor parenting.

Title: "Shut Up and Listen": Feminist Health Care With Out-of-the-Mainstream Adolescent Females

Author: Ensign J

Source: Issues in Comprehensive Pediatric Nursing, 24(2):71-84, Apr-Jun 2001.

Summary: Models of women's health care have focused on the needs and issues of adult women and have not included those of adolescent women. This bias is true even for feminist-identified researchers and practitioners. Most health services for young women tend to deal exclusively, or in large measure, with their reproductive health, are planned by adults using an adult health care model and do not approach health care provision from a

feminist perspective. In addition, there is a lack of information on the special health needs and issues of out-of-the-mainstream adolescent females such as homeless, immigrant, lesbian/bisexual identified young women. The main purpose of this article is to describe guiding principals, as well as some of the practical pitfalls and ethical dilemmas in the provision of feminist health care for out-of-the-mainstream adolescent women.

Title: A Snapshot of Homeless Youth in Seattle: Their Characteristics, Behaviors and Beliefs About HIV Protective Strategies

Authors: Wagner LS; Carlin L; Cauce A; Mari T, Adam

Source: Journal of Community Health, 26(3):219-32, Jun 2001.

Summary: The purpose of this study was to determine how initial HIV prevention efforts for homeless youth were received and to determine areas where homeless youth's beliefs and behaviors continue to put them at risk for HIV infection. Interviews were conducted with 289 Seattle homeless youth (aged 13-22 yrs). Youth reported using condoms with casual partners during vaginal and anal sex and with clients during oral, anal and vaginal sex. Condoms are often not used during vaginal sex with main partners or during oral sex with casual or main partners. Knowledge of HIV protective strategies differed according to youth's behavioral characteristics with heterosexual youth having the weakest knowledge of HIV protective strategies especially compared with young men who have sex with men. There is room for improvement in youth's knowledge and beliefs about HIV.

GENERAL SERVICE NEEDS

Title: Primary Health Care Services for Single Homeless People: Defects and Opportunities

Authors: Crane M; Warnes AM

Source: Family Practice, 18(3):272-6, Jun 2001.

Summary: An innovative residential center in west London during 1997-1998 helped older rough sleepers leave the streets and resettle in conventional homes. Many clients presented with multiple physical illnesses complicated by chronicity and poor management. The center initially experienced difficulties in obtaining health care for the residents, briefly relied on an A&E department for treatment of serious and minor ailments, and latterly was served by a GP practice supported by special funding. The aims of this study were to describe the problems of providing at short notice primary health care services to a high-need group, and the prospective opportunities for the delivery of the required care. A monitoring study collected routine operational data, life histories from 88 residents using a semi-structured questionnaire and information from 61 residents about their contacts with GPs before residence in the center. Interviews were also conducted with the center's staff, a Health Authority officer and a GP who treated the residents. The medical care of the residents was a major concern. Many had physical illnesses yet three-fifths had not seen a GP for more than 5 years. Many were not registered, even among those who recently had become homeless. It was difficult to organize the residents' medical care and to access special funding at short notice. When funding was

secured, there were difficulties in contracting the service. Current registration and commissioning procedures are ill fitted to provide primary care services to a high-needs group at short notice. Primary Care Groups, special funding and contractual arrangements provide opportunities for GPs and primary health care workers to provide an improved service to marginalized and special needs groups. The responsibility to identify and respond to exceptional needs should be clearly defined and allocated.

Title: Health Needs of People Living Below Poverty Level

Authors: Elliott BA; Beattie MK; Kaitfors SE

Source: Family Medicine, 33(5):261-6, May 2001.

Summary: Low-income populations, especially persons without health insurance, suffer disproportionately with a variety of chronic ailments, postpone getting medical care, and have shorter life spans. This study was conducted to better understand the health care needs and behaviors of people living in poverty. Participants for the study were recruited through agencies serving low-income and homeless people, neighborhood businesses, churches, and subsidized housing units. All participants were adults who had incomes below 200% of the federal poverty level. Subjects completed face-to-face interviews to answer questions about demographics and their concerns about health care. Quantitative and qualitative analyses were performed. A total of 750 people were interviewed, with 729 providing usable data. Thirty-seven percent of subjects reported spending at least part of the previous year without health insurance. Fifty-six percent of these individuals were persons who were employed but whose employers did not provide health insurance. Reported health concerns were access to care (reported by 21% of subjects), costs of care (13%), and ability to purchase medications (15%). Forty-five percent of subjects reported receiving mental health services; these subjects were concerned about their ability to continue receiving care and to afford medications. The portion of the low-income population that is uninsured for part or all of a year is greater than in published reports. The health behaviors of this group are easily understood when coverage (if any), level of income, age, and health care needs are considered.

Title: Unmet Needs In Groups Of Traditionally Underserved Individuals With HIV/AIDS: Empirical Models

Authors: Melchior LA; Huba GJ; Gallagher T; Jean-Louis E; McDonald SS; Smereck GA; German VF; Brown VB; Panter AT

Source: Home Health Care Services Quarterly, 19(1-2):29-51, 2001.

Summary: Over the course of the HIV epidemic, the demographics of the populations of affected individuals have changed. Groups that traditionally have been underserved in systems of care have a number of unmet service needs. This article presents results based on data from 478 patients in five national demonstration projects which were funded to enroll individuals from traditionally underserved groups and to help them access services using different strategies. The participants in these programs had a high level of unmet need prior to enrolling in care. Data on client service needs were related to 17 indicators of traditionally underserved status including demographic characteristics and risk behaviors, using the data modeling method of Exhaustive CHAID (Chi-squared Automatic

Interaction Detector). Crack cocaine users with HIV/AIDS were more likely than other patient groups to have unmet service needs. Patients who were homeless or in precarious housing also were vulnerable. Results are discussed in terms of designing and evaluating innovative service models to close these service gaps.

MULTI-DISCIPLINARY OUTREACH

***Title:* Effect of a Multi-Disciplinary Community Homeless Outreach Team on Emergency Department Visits by Homeless Alcoholics**

Authors: Chan TC; Vilke GM; Bender S; Saldamando V; Smith J; Dunford JV

Source: Academic Emergency Medicine, 8(5):486, May 2001.

Summary: We sought to assess the impact of a unique, multi-disciplinary homeless outreach team (HOT) on emergency department (ED) visits by frequently encountered homeless alcoholics in an urban setting. HOT incorporates dedicated law enforcement, psychiatric, and social service personnel primarily responsible for contacting and directing homeless individuals in the field to shelter, regular medical care, mental health, social, and rehabilitation services. We conducted a before/after cohort study on 15 randomly selected homeless alcoholic clients (all with >10 visits/yr to detoxification centers) enrolled during the initial phase of the HOT program in the downtown region of the city. An initial retrospective review of all visits by these individuals to an urban ED serving the region was performed for the 18 months prior to the start of the program (pre-HOT period). Subsequently, similar ED data were prospectively collected for the 18 months following HOT program contact of these individuals (post-HOT period). Data abstracted included number of ED visits, triage acuity as determined by ED staff blinded to enrollment, and admission rate. Data between the two time periods were compared by paired t-testing and Fisher's exact as warranted (State 6.0). ED visit rates fell significantly from the pre-HOT to post-HOT periods for this cohort of individuals (from 151 to 110 total visits, or 10.1 to 7.3 visits per subject). Though not statistically significant, there was a trend towards fewer non-urgent ED visits (10.6% to 5.5% of all visits) from the pre-HOT to post-HOT periods, respectively. There was no difference in admission rates (12.6% to 17.3%), respectively. The initiation of a multi-disciplinary HOT program in our community was associated with a decrease in ED visits by a cohort of homeless alcoholics receiving frequent ED care.

POST-TRAUMATIC STRESS DISORDER

***Title:* Post-Traumatic Stress Disorder in Extremely Poor Women: Implications for Health Care Clinicians**

Authors: Bassuk EL; Dawson R; Perloff J; Weinreb L

Source: Journal of the American Medical Women's Association, 56(2):79-85, Spring 2001.

Summary: The objectives of this study were to identify childhood antecedents for lifetime post-traumatic stress disorder (PTSD) and to determine how this diagnosis relates to health and service use among extremely poor women. We conducted a secondary data analysis of 425 women in the Worcester Family Research Project, a case-control longitudinal study of 220 sheltered homeless and 216 extremely poor housed (never homeless)

women in Worcester, Massachusetts. We found that extremely poor women with lifetime PTSD were more likely to have grown up in family environments of violence, threat, and anger than those without PTSD. The strongest risk factor for PTSD was childhood sexual abuse with threat. Low-income women with lifetime PTSD had more bodily pain, even when controlling for other health and demographic factors. Women with PTSD experienced more chronic health conditions and had more problematic relationships with their health care providers and perceived more barriers to care. Many low-income women have difficulty using medical care appropriately because of childhood histories of physical and sexual abuse, the subsequent development of post-trauma responses, and structural barriers to care. Given these factors, it is critical that health care clinicians routinely screen for histories of violence and PTSD and develop treatment plans that ensure safety, link current symptoms with prior experiences, and provide support as necessary. A team approach coordinated by a case manager may be the best strategy. Without routine screening for PTSD and sensitive treatment, many extremely poor women will receive compromised health care and may even be retraumatized.

STRESS

***Title:* Stressors, Resources, and Distress Among Homeless Persons: A Longitudinal Analysis**

Authors: Wong YL; Piliavin I

Source: Social Science and Medicine, 52(7):1029-42, Apr 2001.

Summary: Relations among stressors, resources, and psychological distress were examined using two waves of data obtained from a probability sample of homeless persons (N = 430) residing in a large, demographically diverse county in North California. The focus of this research was to examine whether and how social resources and housing resources directly affect distress and mediate the impact of stress factors on depressive symptoms. Path analysis results revealed that levels of psychological distress were responsive to change in objective housing circumstances, with the attainment of domicile status being associated with fewer distress symptoms. Our findings, however, indicated only modest effects of social resources on psychological distress through direct effects and mediating effects of life stressors on distress. Overall, the study suggests that the relationships among stressors, resources, and distress for homeless persons may be understood within the same analytical framework for the general population.

ASSESSMENT PRACTICES

***Title:* The Homeless Assessment Program: A Service-Training Model for Providing Disability Evaluations for Homeless, Mentally Ill Individuals**

Authors: Jacobs U; Newman GH; Burns JC

Source: Professional Psychology: Research and Practice, 32(3):319-23, Jun 2001.

Summary: Many of the nation's homeless people suffer from unrecognized mental illnesses and do not have access to the kind of disability benefits they would be entitled to when properly assessed. The current system of disability evaluations for Social Security income claims is frequently inadequate and leaves these

individuals without any source of income, health insurance, and mental health treatment. This article introduces a model of providing psychological assessments for homeless, mentally ill individuals by supervised student examiners, a model that could be replicated by other psychologists and training institutions. The authors argue that there may be a large number of homeless adults who suffer from disabling mental conditions but who are not properly diagnosed and, therefore, do not qualify for benefits. The authors propose that the model presented can help to fill a gap in services and may serve as a model of socially relevant clinical training.

Title: Provider Assessment of Adherence to HIV Antiretroviral Therapy

Authors: Bangsberg DR; Hecht FM; Clague H; Charlebois ED; Ciccarone D; Chesney M; Moss A

Source: Journal of Acquired Immune Deficiency Syndromes, 26(5):435-42, Apr 15, 2001.

Summary: Adherence assessment is an essential component of monitoring HIV antiretroviral therapy. Prior studies suggest that medical providers frequently estimate individual patient adherence inaccurately. We compared provider estimates of nonadherence to antiretroviral therapy with unannounced pill counts and structured patient interviews to determine the accuracy of adherence information obtained by providers and patients. We used comparison of three adherence measures in homeless or marginally housed persons receiving HIV antiretroviral therapy (n = 45) and their providers (n = 35). Measurements included provider estimate of percentage of pills taken; three successive patient structured reports of number of doses missed in the last 3 days; and three successive unannounced pill counts. We found that 13% of patients were not following their regimen as directed. Provider-adherence estimate explained only 26% of the variation in pill count adherence, whereas patient report explained 72%. The sensitivity and specificity of provider estimates of nonadherence, defined as <80% of pills taken by pill count, were 40% and 85%, respectively. The sensitivity and specificity of patient interview were 72% and 95%, respectively. Provider estimate of adherence was inaccurate whereas structured patient report was more closely related to pill count. Structured assessment over several short intervals may improve accuracy of adherence assessment in clinical practice.

MENTAL HEALTH TRAINING

Title: Mental Health Training in Emergency Homeless Shelters

Authors: Vamvakas A; Rowe M

Source: Community Mental Health Journal, 37(3):287-95, Jun 2001.

Summary: The prevalence of mental illness among homeless persons points to the importance of providing mental health training to emergency shelter staff. The authors report on their own work and argue that such training offers the potential to significantly improve shelter staff's ability to respond to the needs of shelter residents with mental illness, and to the behavioral problems some of these individuals may pose for

shelter operation. Mental health care providers should take into consideration organizational dynamics when planning and implementing such training.

FOR MORE INFORMATION ON HCH RESEARCH RESOURCES:

Contact: Suzanne Zerger, Research Specialist
National Health Care for the Homeless Council
Ph: 505.872.1121 Fax: 505.872.3933
e-mail: szerger@nhchc.org

Visit: National HCH Council website: <http://www.nhchc.org>

PRIMARY CASE NURSING

Title: The Supervised Methadone and Resettlement Team Nurse: An Effective Approach With Opiate-Dependent, Homeless People

Authors: Mistral W; Hollingworth M

Source: International Nursing Review, 48(2):122-8, Jun 2001.

Summary: Homelessness and substance misuse have risen dramatically over the past 30 years in the UK. The role of the primary care nurse has been signalled as important in working with people who have drug and alcohol problems, and for improving the general health of homeless people. This article focuses on the role of the primary care nurse in a Supervised Methadone and Resettlement Team (SMART). The team works in central Bristol, in southwest England, with people who are homeless and using illegal opiates. The aim of this report is to provide descriptive information that demonstrates the value of the primary care nurse, working in a multiagency partnership, in dealing with the problems of this homeless population, many of whom have problems associated with illicit drug use. Client outcomes from a small sample of homeless persons are also described

FAMILY SUPPORT

Title: Families of Origin of Homeless and Never-Homeless Women

Authors: Anderson DG; Imle MA

Source: Western Journal of Nursing Research, 23(4):394-413, Jun 2001.

Summary: Naturalistic inquiry was used to compare the characteristics of families of origin of homeless women with never-homeless women. The women's experiences in their families of origin were explored during in-depth interviews using Lofland and Lofland's conceptions of meanings, practices, episodes, roles, and relationships to guide the analysis. The two groups were similar with respect to family abuse history, transience, and loss. The never-homeless women had support from an extended family member who provided unconditional love, protection, a sense of connection, and age-appropriate expectations, as contrasted with homeless women who described themselves as being without, disconnected, and having to be little adults in their families of origin. The experience of family love and connection seemed to protect never-homeless women from the effects of traumatic life events in childhood. These findings provide support for the influence of a woman's family of origin as a precursor to homelessness.