

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 April-June 2002. Summaries are categorized into themes which will vary each quarter.

YOUTH AND ADOLESCENTS

Title: Youth Homelessness in San Francisco: A Life Cycle Approach

Authors: Auerswald CL; Eyre SL

Source: Social Science Medicine, 54(10):1497-512, May 2002.

Summary: HIV risk behaviors and seroprevalence are particularly high among street youth. Though many programs have been designed to serve them, street youth have low rates of service utilization. The aim of this street-based, ethnographic project was to study the social and cultural context of street life in this population. Data were collected by participant observation, exploratory interviews and semi-structured interviews. Twenty street youth (15-23 years old; six female), recruited from street sites in San Francisco, participated in the interviews. Field notes and transcriptions were analyzed using an inductive technique for model building. This analysis yielded a proposed model of the life cycle of youth homelessness. In the first on the street stage, youth face an intense psychological feeling of outsidership, and an urgency to meet basic needs. These stresses either lead to an escape from street life or to a process of acculturation to the street. Initiation to the street is facilitated by street mentors, who provide youth with survival skills. In the stasis stage, youth reach a tenuous equilibrium in which they can meet their basic needs. A strong street ethic allows youth to rationalize significant conflicts and frequent physical suffering. Youth in stasis are repeatedly thrown into disequilibrium, crises that frequently cause them to come into greater contact with mainstream society. After repeated episodes of disequilibrium, some youth extricate themselves from street life, finding a new identity in mainstream society. Otherwise, youth return to the street, in an episode of recidivism. The life

cycle model suggests that street youth who are most open to intervention are those who are in transitional states, i.e., those who have just arrived on the street or those who are in crisis (disequilibrium). If this model is validated in a larger population of youth, programs that are aimed at these two stages in the life cycle could potentially effectively complement existing programs, which are usually focused on youth in stasis.

Title: Challenges Faced By Homeless Sexual Minorities: Comparison Of Gay, Lesbian, Bisexual, And Transgender Homeless Adolescents With Their Heterosexual Counterparts

Authors: Cochran BN; Stewart AJ; et.al.

Source: American JI of Public Health, 92(5):773-7, May 2002.

Summary: The goal of this study was to identify differences between gay, lesbian, bisexual, and transgender (GLBT) homeless youths and their heterosexual counterparts in terms of physical and mental health difficulties. A sample of 84 GLBT adolescents was matched in regard to age and self-reported gender with 84 heterosexual adolescents. The 2 samples were compared on a variety of psychosocial variables. GLBT adolescents left home more frequently, were victimized more often, used highly addictive substances more frequently, had higher rates of psychopathology, and had more sexual partners than heterosexual adolescents. Homeless youths who identify themselves as members of sexual minority groups are at increased risk for negative outcomes. Recommendations for treatment programs and implications for public health are discussed.

Title: Sex-Specific Predictors Of Suicidality Among Runaway Youth

Authors: Leslie MB; Stein JA; et.al.

Source: JI of Clinical Child and Adolescent Psychology, 31(1):27-40, Mar 2002.

Summary: Examined predictors of suicidality (ideation and attempts) among 348 adolescent runaways (197 boys; 56% African American; M age = 16) using sex-specific models that tested the impact of the three domains of the Social Action Model: individual characteristics, interpersonal influences, and life events. Twenty-five percent of the girls and 14% of the boys had attempted suicide at least once. Male suicidality was mainly

predicted by individual characteristics: identifying as gay, emotional distress, fewer conduct problems, and avoidant reasons for drug use. The interpersonal influence of suicidal friends also predicted suicidality. Variables from all three domains influenced girls: individual characteristics of lower age, lower self-esteem, and emotional distress; interpersonal influence of suicidal friends; and life events of having lived on the streets and assaults. Findings suggest some sex-specific interventions, but decreasing emotional distress and lessening the influence of suicidal friends may be useful for both boys and girls.

Title: Embracing Street Culture: Fitting Health Care Into The Lives Of Street Youth

Authors: Barry PJ; Ensign J; Lippek SH

Source: JI of Transcultural Nursing, 13(2):145-52, Apr 2002.

Summary: The purpose of this article is to describe a unique model for the provision of comprehensive primary health care for homeless youth in Seattle, Washington. Through the description of our program, we argue for the use of youth-centric instead of youth-friendly programs. This means a change from using the friendly health program as the central focus to having the young people be the starting point and adapting the health service to meet their needs. We describe how our model of care optimizes chances for homeless youth to establish positive connections with caring adults. We also show how homeless youth have their own street culture, which is of primary importance to them and which has a powerful impact on how they use and view health care.

Title: Planning a Sexual Health Promotion Intervention With Homeless Adolescents

Authors: Rew L; Chambers KB; Kulkarni S.

Source: Nursing Research, 51(3):168-74, May-Jun 2002.

Summary: Homeless adolescents are at very high risk for sexually transmitted diseases (STDs), but few street-based interventions have been developed, tested, and made available to reduce risk and promote sexual health within this growing population. This study, part of a larger study of the sexual health practices of homeless adolescents, explores participants' perceived need for more knowledge about sexual health and their ideas about developing a brief intervention to promote positive sexual health practices that would reflect their perspective. Four focus groups with five to six participants each were conducted with 22 youth aged 16-20 years, randomly selected from the study sample of 425 homeless youth. Most participants (82%) were White, one was American Indian, two were Hispanic, and one did not indicate ethnicity. Local groups were audiotape recorded, transcribed, and analyzed for manifest and latent content. Participants were knowledgeable about symptoms, transmission, prevention, and treatment of STDs, but perceived the need for more knowledge about types of hepatitis, cancer, and long-term sequelae of untreated STDs. Participants identified barriers to seeking diagnosis and treatment for symptoms of STDs including cost, not knowing where to go, and lack of services specifically for females. They suggested developing a sexual health intervention based on respect that would provide concrete examples of how to promote their sexual health. Homeless adolescents were generally knowledgeable about

symptoms and prevention of STDs and thought that street outreach interventions should be (a) brief, (b) gender-specific, (c) focused on the unique vulnerabilities and strengths of homeless youth, and (d) accessible.

Title: Partner Violence Among Homeless Young Adults: Measurement Issues And Associations

Authors: Boris NW; Heller SS; Sheperd T; Zeanah CH

Source: JI of Adolescent Health, 30(5):355-63, May 2002.

Summary: The primary goal of this study was to test the reliability of the Partner Violence Interview and examine validity by measuring differential correlates of partner violence. Sixty young adults (30 males and 30 females) housed in an urban shelter participated in this study. All participants were between the ages of 18 and 21 years and the majority were African-American. The participants were administered two measures of partner violence exposure, one measure of community violence exposure and one measure of depression. A random selection of 30 of the participants was retested after 1 month. As predicted, current and past partner violence was common in this sample, with over 70% endorsing a history of physical violence. The Partner Violence Interview (PVI) had adequate retest reliability and internal consistency. Preliminary evidence of convergent validity was suggested by the fact that the PVI lifetime partner violence scale was significantly correlated with a physical violence scale from a second measure. Violence in past relationships, as opposed to current relationships, was associated with both lifetime community violence exposure and current level of depression. The Partner Violence Interview is a reliable, comprehensive instrument suited to high-risk populations. Homeless young adults commonly experience severe partner violence, and preventive intervention is clearly indicated for this group.

Title: Knowledge, Attitudes, And Behavior Of Homeless African-American Adolescents: Implications For HIV/AIDS Prevention

Authors: Liverpool J; McGhee M; et.al.

Source: JI of the National Medical Association, 94(4):257-63, Apr 2002.

Summary: The purpose of this pilot study was to describe the knowledge of HIV/AIDS, attitudes about condom use, and the sexual behavior of African-American adolescents who reside in a children's emergency homeless shelter. The Attitudes Toward Condom Usage Questionnaire, the AIDS Knowledge and Attitude Survey, and a Perceived Risk of HIV/AIDS Scale were modified and administered to 37 African-American male and female adolescents who reside in an emergency shelter. HIV/AIDS knowledge and attitudes about condoms among these respondents were comparable to those of other adolescents described in the literature in that there was a strong knowledge of HIV/AIDS, although sexual behavior and attitudes toward condoms were not consistent with this knowledge. Significant differences between male and female respondents were only found on three items of the Attitudes Toward Condom Usage Questionnaire and on the Perceived Risk of HIV/AIDS Scale at the 0.05 level. The knowledge, attitudes, and sexual behavior of homeless, African-American adolescents should be examined to

develop and implement appropriate programs to address the specific needs of this population. Further research should focus on this population and expand on this preliminary data.

HOMELESS WOMEN

Title: Providers Of Primary Care To Homeless Women In Los Angeles County

Authors: Luck J; Andersen R; et.al.

Source: The JI of Ambulatory Care Management, 25(2):53-67, Apr 2002.

Summary: Little is known about the access barriers homeless women face at the sites where they are most likely to receive primary health care. To investigate this issue, we administered a mail survey to administrators and clinicians at clinic sites that were actual or potential providers of primary health care to homeless women in Los Angeles County in 1997. The response rate was 65%. Ninety percent of the homeless women seen by responding sites were seen at only 34% of those sites (designated as "major providers"). Deficiencies were identified in several structural and process characteristics that enhance access to and quality of care for homeless women, including clinician training in care for homeless persons; formal screening for homeless status and associated risk factors; and on-site provision of comprehensive health services, including mental health, substance abuse, reproductive health, and ancillary services. Some, but not all, deficiencies were less severe at major providers. Our results suggest that, although providers of care to homeless women share challenges faced by many safety net providers, there are several policy interventions that could improve access to and quality of care for homeless women.

Title: Fear of Spoiling In At-Risk African American Mothers

Authors: Smyke AT; Boris NW; Alexander GM

Source: Child Psychiatry and Human Development, 32(4):295-307, Summ 2002.

Summary: Mothers actively ascribe intention to the behavior of infants. Mothers also tailor their responses to infant behavior based on conceptions of how each response will influence later behavior. Fears of spoiling an infant may influence a mother's pattern of responsiveness. Sixty-eight at-risk African American mothers completed questionnaires assessing depressive symptoms, self-efficacy, empathy, developmental expectations, and beliefs about spoiling. Mothers with greater concerns about the long-term impact of spoiling reported higher levels of depression, more ways in which infants could be spoiled, and inappropriate developmental expectations when compared to mothers with fewer concerns. The pattern of findings suggests ways that fear of spoiling may influence maternal responsiveness in high-risk groups and potentially lead to disturbed mother-infant relationships.

Title: How Accessible Is Medical Care For Homeless Women?

Authors: Lim YW; Andersen R; et.al.

Source: Medical Care, 40(6):510-20, Jun 2002.

Summary: Women have become a major segment of the homeless population, yet little is known about their access to health care or the relationship between access to care and vulnerability of homelessness. The study's objective was to

examine homeless women's access to health care using the Expanded Behavioral Model for Vulnerable Populations. The design was a population-based cross-sectional study using a probability sample of homeless women. Seventy-eight homeless shelters and soup lines in Los Angeles County were involved. Nine hundred seventy-four homeless women were interviewed between January and October of 1997. Hospitalization, not for delivery, in the past 12 months; number of outpatient visits in the past 12 months; and number of preventive health screens in the past 12 months. Among homeless women, those living on the streets were least likely to be hospitalized and had the fewest ambulatory visits and health screens. Multivariate analyses showed that key enabling factors associated with improved access were having: (1) health insurance, which increased the odds of being hospitalized by almost 3 times, and the number of ambulatory visits received; and (2) a regular source of care which increased the number of outpatient visits and health screens. The findings from the analysis of this large representative sample of homeless women indicate that women living on the streets have especially limited access to all types of medical care. The provision of health insurance and a regular source of care may substantially improve access for this vulnerable population.

Title: Pap Smear Testing Among Homeless And Very Low-Income Housed Mothers

Authors: Weinreb L; Goldberg R; Lessard D

Source: JI of Health Care for the Poor and Underserved, 13(2):141-50, May 2002.

Summary: None available

CANCER

Title: Cancer Risk Behaviors And Screening Rates Among Homeless Adults In Los Angeles County

Authors: Chau S; Chin M; et.al.

Source: Cancer Epidemiology, Biomarkers and Prevention, 11(5):431-8, May 2002.

Summary: The homeless encounter many barriers to health care and preventive services, while having an increased prevalence of most risk factors for cancer. A group of homeless adults (221) at nine different locations within Los Angeles County were surveyed during the summers of 1998 and 1999. A portion (71%) reported that they had had at least one rectal exam, 42% had a fecal occult blood test, 24% had a skin exam, and 23% had an endoscopy (flexible sigmoidoscopy or colonoscopy), and of the men aged 50+, only 19% had a prostate-specific antigen test in their lifetime. For women aged 40+, 55% had received a Pap smear, and 53% had a breast exam, but only 32% had a mammogram within the prior year. Among the sampled homeless population, 77% believed in the benefits of cancer screening, 79% were not fatalistic about cancer, 63% believed that early detection was efficacious, and 83% did not think it would be difficult to get screened. The majority of this population demonstrated accurate knowledge of cancer screening guidelines with the exception of endoscopy. Cancer screening rates of those surveyed were lower than the rates in California for endoscopy, prostate-specific antigen, mammography, and Pap smears. Given the lower cancer screening rates compounded by higher cancer risk factors, homeless populations need increased

access to cancer screening tests, as well as education on the availability of free services. Additionally, facilities for the homeless and their staff should reinforce the purposes of cancer screening, provide more screening services, and implement institutional efforts, such as providing nutritious meals and sun protection products, to reduce high-risk behaviors and increase further access to cancer screening tests.

HEPATITIS

Title: Viral Hepatitis And Other Infectious Diseases In A Homeless Population

Authors: Cheung RC; Hanson AK; et.al.

Source: JI of Clinical Gastroenterology, 34(4):476-80, Apr 2002.

Summary: The goal of this study was to determine the prevalence of four common infectious diseases-hepatitis B, hepatitis C, human immunodeficiency virus (HIV), and tuberculosis-as well as co-infection rates and risk factors in a homeless population. The prevalence of infectious diseases, especially viral hepatitis, among the homeless population is largely unknown. This study consists of a retrospective analysis of the history and laboratory data collected from all homeless veterans admitted to a Veterans Administration (VA) domiciliary from May 1995 to March 2000. Of the homeless veterans admitted to a VA domiciliary program, 597 of 829 were screened for markers of all four infectious diseases. The overall prevalence of anti-hepatitis C virus (HCV) antibody, and positive result for purified protein derivative (PPD), anti-HIV antibody, and hepatitis B surface antigen (HBsAg) were 41.7%, 20.6%, 1.84% and 1.17%, respectively. At least one of the four markers was positive in 52.6% and more than one in 12%. Co-infection with HCV occurred commonly in veterans who were positive for anti-HIV (72.7%) and HBsAg (57.1%). Four self-reported major risk factors (intravenous drug use, alcohol abuse, previous imprisonment, and prior stay in a shelter) were evaluated. Multivariate analysis indicates that intravenous drug use and anti-HBs reactivity are independent risk factors for HCV infection, HCV infection for anti-hepatitis B surface antibody reactivity, and older age for PPD positivity. Chronic hepatitis C and co-infections are common among the homeless population. Patients infected with HIV and hepatitis B virus frequently are co-infected with HCV. Infections frequently are associated with certain identifiable risk factors.

SMOKING CESSATION

Title: Smoking Cessation In A Homeless Population: There Is A Will, But Is There A Way?

Authors: Connor SE; Cook RL; et al.

Source: JI of General Internal Medicine, 17(5):369-72, May 2002.

Summary: This cross-sectional study sought to determine the prevalence of smoking, readiness to quit, and preferences for smoking cessation treatments among a sample of 236 homeless adults attending 9 sites serving homeless persons (mean age 41.8 years; 73% male). Two thirds (69%) were current smokers, of whom 37% reported readiness to quit smoking within the next 6 months. In bivariate analyses, persons were significantly ($P < .05$) more likely to be ready to quit if they had tried to quit in the past and if they had social support to quit smoking. Nicotine

replacement was the most commonly preferred assistance method (44%), and self-efficacy to quit (10-point scale) was significantly greater if assistance was available (7.3 vs 4.9; $P < .001$). The findings suggest an urgent need to develop and implement smoking cessation programs for homeless persons.

FOOD AND NUTRITION

Title: Homeless "Squeegee Kids": Food Insecurity And Daily Survival

Authors: Dachner N; Tarasuk V

Source: Social Science Medicine, 54(7):1039-49, Apr 2002.

Summary: Current knowledge about food insecurity in North America is largely based on research with low-income households. Much less is known about the food experiences of homeless people, a group who are particularly vulnerable to food insecurity. This study explored the food experiences of street youth, one of the fastest growing segments of the homeless population in Canada. To gain an in-depth understanding of food insecurity within the context of daily life, ethnographic research was undertaken with street youth at one inner-city drop-in centre in Toronto, Canada. Results of this study reveal that street youth's access to food was precarious amidst the instability and chaos of street life. The day-to-day lives of the street youth encountered in this study were characterized by a constant struggle to find safe, secure shelter, generate income, and obtain sufficient food. In this context, food was a precious commodity. Food access was inextricably linked to and contingent upon conditions of health, shelter, and income. Food access was precarious since everyday food sources purchased food and charitable food assistance were ultimately insecure. "Squeegeeing" (washing car windows), the primary source of income for youth in the study, was dependent on the weather, political and public will, and youth's physical health, and thus did not generate enough money to continuously meet basic food needs. Charitable food assistance was considered poor quality and was associated with food sickness. The often unsavoury atmosphere of charitable food programmes, their locations, capacity, and idiosyncratic rules, policies, and hours of operation also affected access. Findings from this study extend the current understanding of food insecurity to homeless youth and offer insight into current responses to hunger and homelessness.

Title: Food Security Stakeholders In Hawaii: Perceptions Of Food Security Monitoring

Authors: Derrickson JP; Brown AC

Source: JI of Nutrition Education and Behavior, 34(2):72-84, Mar-Apr 2002.

Summary: The purpose of this study was to document Hawaii's food security stakeholders' perceptions of (1) definitions of food insecurity and hunger, (2) what should be measured, (3) how stakeholders interpret the Core Food Security Module (CFSM) and Face Valid Food Security Measure (FVFSM), and (4) the value of specific items in the CFSM. Perceptions were gathered through focus groups and interviews. The 43 stakeholders included 19 WIC nutritionists, 10 food pantry providers, 4 Hawaii foodbank board members, 4 social workers, 3 legislators, and 3 homeless food providers. Transcripts were analyzed using constant comparative analysis of each question asked,

comparisons between groups, and comparisons with the research literature. Stakeholders desired more detailed information than the CFMS currently yields and also a simple tool to measure the entire range of food insecurity that could be used to "help the needy." Participants favored the FVFSM over the CFMS because "it is more accurate as far as seeing the picture properly." A "Simple Food Security Monitoring Tool," which is based on the FVFSM, was created as an alternative tool for local food security monitoring.

Title: The Nutrition Status of Women and Children Who Are Homeless

Authors: Oliveira NL; Goldberg JP

Source: Nutrition Today, 37(2):70-77, Mar-Apr 2002.

Summary: Women and children are the fastest growing segment of the homeless population, and yet there is a lack of research examining their nutrition status. This article reviews existing literature to understand better their situation and what might be effective strategies to improve their condition.

HEALTH SERVICES UTILIZATION

Title: Health Care Utilization Of Chronic Inebriates

Authors: Thornquist L; Biros M; et.al.

Source: Academic Emergency Medicine, 9(4):300-8, Apr 2002.

Summary: Chronic inebriates often use emergency services, including the emergency department (ED), because they lack other resources or access to primary care. Because of their complicated medical needs, which are often exacerbated by acute intoxication and related illness or injury, a relatively small number of acutely intoxicated chronic inebriates can stretch ED resources and contribute to ED over-crowding. In order to address this, as well as overutilization of other county services, three county programs were developed (ethnic- and gender-specific supportive housing; intensive street case management) to reduce emergency resource utilization while still providing a safe environment. This study determined the effectiveness of these programs. The authors hypothesized that program enrollment would reduce medical and detoxification (detox) expenditures for this patient population. Pre- and postprogram comparisons were made on the number of detox and medical visits, insured days, and charges. Data were retrieved (with patients' written informed consent) from hospital and health plan billings and county databases. Descriptive statistics compared groups pre and post enrollment. Least-squares regression predicted total and non-inpatient medical charges. Complete data were available for 92 of 122 patients (mean age = 47 years; 60% Native American; 93% male); seven had severe illnesses or injuries, skewing the mean. However, there were significant overall reductions in the median numbers of yearly detox visits (10 to 1) and medical visits (11 to 8), and in median medical charges (\$5,436 to \$2,770) and total health care charges (\$9,297 to \$5,218). The median number of days insured increased (284 to 353). By regression analysis, injury was the most important preprogram predictor of medical charges; illness drives charges post-entry. Alcohol-related visits added to the model before entry but disappeared post-entry. These programs reduced health care use for most patients. However, serious medical illness or injury in a

small number of patients contributed heavily to resource utilization.

Title: Emergency Department Use Among The Homeless And Marginally Housed: Results From A Community-Based Study

Authors: Kushel MB; Perry S; et.al.

Source: American JI of Public Health, 92(5):778-84, May 2002.

Summary: This study examined factors associated with emergency department use among homeless and marginally housed persons. Interviews were conducted with 2578 homeless and marginally housed persons, and factors associated with different patterns of emergency department use were assessed in multivariate models. Findings showed that 40.4% of respondents had 1 or more emergency department encounters in the previous year; 7.9% exhibited high rates of use (more than 3 visits) and accounted for 54.5% of all visits. Factors associated with high use rates included less stable housing, victimization, arrests, physical and mental illness, and substance abuse. Predisposing and need factors appeared to drive emergency department use. Efforts to reduce emergency department use among the homeless should be targeted toward addressing underlying risk factors among those exhibiting high rates of use.

HIV/AIDS

Title: Predicting Death From HIV/AIDS: A Case-Control Study From Florida Public HIV/AIDS Clinics

Authors: Lieb S; Brooks RG; et.al.

Source: JI of Acquired Immune Deficiency Syndromes, 30(3):351-8, Jul 1, 2002.

Summary: After markedly decreasing for 3 years, HIV/AIDS mortality declined only slightly in 1999. The authors conducted a case-control study in four Florida urban public health HIV clinics to evaluate modifiable factors associated with HIV/AIDS mortality in a non-research setting. Structured chart review was conducted for 120 case-patients who died in 1999 and for 240 randomly selected control-patients. Risk factors associated with death in univariate analysis were entered into three conceptually related, matched logistic regression models. In the final multivariate model, homelessness, Medicaid insurance, having a documented adherence problem, injection drug use, non-specific liver failure, interrupted highly active antiretroviral therapy (HAART) secondary to side effects, and not receiving HAART were independent predictors of mortality. In addition to medical and clinical indicators, several sociobehavioral-demographic factors remained important throughout the multivariate analysis. Improvement in care should include a focus on social circumstances of infected people. Special attention to the homeless, those with adherence problems, and those with liver disease is clearly indicated.

TUBERCULOSIS

Title: Changes In The Transmission Of Tuberculosis In New York City From 1990 To 1999

Authors: Geng E; Kreiswirth B; et.al.

Source: New England JI of Medicine, 346(19):1453-8, May 9, 2002.

Summary: Over the past decade, there has been a reduction in the incidence of tuberculosis in New York City and in the United States. However, the reduction has been confined mainly to U.S.-born persons. Understanding the reasons for the lack of reduction among non-U.S.-born persons may lead to new strategies for tuberculosis control. We performed DNA fingerprinting with the IS6110 insertion sequence of the organisms isolated from patients with culture-positive tuberculosis in northern Manhattan from 1990 to 1999. The goal was to identify the strains responsible for multiple infections, presumably through recent transmission (clusters of cases), as well as the strains found in only one patient, presumably representing reactivation of latent infection. Of 546 available isolates of Mycobacterium tuberculosis, 261 (48 percent) belonged to a cluster and 285 (52 percent) did not. In multivariate analysis, significant predictors of noncluster status included birth outside the United States, age greater than 60 years, and diagnosis after 1993. All these characteristics appeared to be associated with reactivation disease rather than with tuberculosis due to recent transmission. Homelessness was associated with clustering and therefore with recent transmission. These findings from northern Manhattan suggest that among foreign-born persons, tuberculosis is largely caused by reactivation of latent infection, whereas among U.S.-born persons, many cases result from recent transmission. Strategies for the control and elimination of tuberculosis among foreign-born persons at high risk should be directed toward the treatment of latent tuberculosis infection.

Title: Transmission Dynamics Of Tuberculosis In Tarrant County, Texas

Authors: Weis SE; Pogoda JM; et.al.

Source: American JI of Respiratory and Critical Care Medicine, 166(1):36-42, Jul 1, 2002.

Summary: To understand the transmission dynamics of tuberculosis in Tarrant County, Texas, we performed a population-based study of 159 patients with culture-proven tuberculosis, combining restriction fragment length polymorphism (RFLP) analysis of Mycobacterium tuberculosis isolates with prospective interviewing to identify epidemiologic links between patients. Patients whose isolates had identical or closely related RFLP patterns were considered a cluster. Seventy-six (48%) of 159 patients were in 19 clusters, suggesting that recent transmission accounted for 36% of tuberculosis morbidity. Unconditional logistic regression showed that birth in the United States, continuous residence in Tarrant County, a history of homelessness, and a history of visiting or working in bars were independent predictors of clustering. Four homeless shelters and five bars were associated with specific clusters, suggesting that they were sites of tuberculosis transmission. Patients in some clusters recognized more photographs of patients in their cluster than did patients outside their cluster. We conclude that (1) homeless shelters and bars are important sites of tuberculosis transmission in Tarrant County, and (2) the use of photograph recognition of patients with tuberculosis, in combination with RFLP analysis, has the potential to enhance tuberculosis control by facilitating identification of epidemiologic links between patients.

ENTITLEMENTS

Title: Psychotic Ideation And Receipt Of Government Entitlements Among Homeless Persons In New York City

Authors: Nuttbrock LA; Rosenblum A; et.al.

Source: Psychiatric Services 53(6): 719-23, Jun 2002.

Summary: This study compared changes in receipt of government entitlements by homeless persons with and without psychotic ideation in New York City between January 1997 and July 1998, a period characterized by changing state government policies and greater bureaucratic monitoring of eligibility. In conjunction with an experimental study of the efficacy of social work services provided to homeless persons in Manhattan by a mobile medical van, 25 persons who were assessed as having experienced psychotic ideation in the previous year and 134 nonpsychotic persons were followed up after four months to identify changes in their receipt of Medicaid benefits, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), food stamps, and home relief (state welfare for single persons). The social work intervention was designed to help eligible clients gain access to entitlements and substance abuse treatment. The proportion of clients with psychotic ideation who received Medicaid, food stamps, or home relief decreased during the study period, while the proportion of nonpsychotic clients who received these entitlements increased. Little change was observed in receipt of SSI or SSDI by either group. Psychotic ideation among homeless persons may be a significant factor in access to and maintenance of government entitlements. In the context of an increasingly restrictive and bureaucratic welfare system, providing assistance to homeless persons who have severe psychopathology presents new challenges to service providers.

Title: Urban Homelessness And Poverty During Economic Prosperity And Welfare Reform: Changes In Self-Reported Comorbidities, Insurance, And Sources For Usual Care, 1995-1997

Authors: O'Toole TP; Gibbon JL; et.al.

Source: JI of Urban Health, 79(2):200-10, Jun 2002.

Summary: Little is known of how homeless and other urban poor populations have fared during the robust economy and within structural changes in health care delivery and entitlement programs of the 1990s. This is important in determining the need for population-specific services during a vigorous economy with low unemployment and increasing Medicaid managed-care penetration. This study compared health insurance status and availability of a source for usual medical care, psychiatric and substance abuse comorbidities, and perceived causes of homelessness in homeless adults surveyed in 1995 and 1997. Cross-sectional, community-based surveys were conducted in 1995 and 1997 at sites frequented by urban homeless adults residing in Pittsburgh, Pennsylvania. Self-reported medical, mental health, and substance abuse comorbidities, health insurance, and source for usual care were measured. Compared to the 388 individuals surveyed in 1995, the 267 homeless adults surveyed in 1997 had more medical comorbidity and mental health comorbidity and required more chronic medication. More

respondents in 1997 than 1995 reported having no health insurance). While there was no difference in the overall proportion reporting a source for usual care, fewer persons reported use of the emergency department and more persons reported using a shelterbased clinic for usual care in 1997 compared with 1995. These findings suggest more need for medical care among homeless and urban poor persons in 1997 compared with 1995 and support the continued need for outreach and support services despite a vigorous economy.

MENTAL ILLNESS & SUBSTANCE ABUSE

Title: Employment Histories Of Homeless Persons With Mental Illness

Authors: Pickett-Schenk SA; Cook JA; et al.

Source: Community Mental Health JI, 38(3):199-21, Jun 2002.

Summary: This study examined the work histories of 7,228 homeless persons with mental illness who were enrolled into the multi-site Access to Community Care and Effective Services and Supports (ACCESS) research demonstration program. Multiple logistic regression analyses suggest that use of vocational services is significantly associated with increased likelihood of paid employment. The role of vocational rehabilitation services in removing persons from homelessness and improving their quality of life is discussed.

Title: Role Of Social Disadvantage In Crime, Joblessness, And Homelessness Among Persons With Serious Mental Illness

Authors: Draine JM; Salzer S, et al.

Source: Psychiatric Services, 53(5):565-73, May 2002.

Summary: Research on mental illness in relation to social problems such as crime, unemployment, and homelessness often ignores the broader social context in which mental illness is embedded. Policy, research, and practice will be improved if greater attention is given to social context. The authors critically analyze the approach used in much of the psychiatric services literature to infer links between mental illness and social problems. They compare these studies with studies that have been more validly conceptualized to account for social context. With this broader perspective, the impact of mental illness on crime, unemployment, and homelessness appears to be much smaller than that implied by much of the psychiatric services literature. Poverty moderates the relationship between serious mental illness and social problems. Factors related to poverty include lack of education, problems with employment, substance abuse, and a low likelihood of prosocial attachments. This relationship is often complicated and is not amenable to simple explanations. Research and policy that take this complexity into account may lead to greater effectiveness in interventions for persons with serious mental illness.

Title: Hispanic Client-Case Manager Matching: Differences In Outcomes And Service Use In A Program For Homeless Persons With Severe Mental Illness

Authors: Ortega AN; Rosenheck R

Source: The JI of Nervous and Mental Disease, 190(5):315-23, May 2002.

Summary: Mental health professionals have responded to ethnic and racial disparities in mental health care by advocating increasing cultural relevancy in treatment. A central component of cultural relevancy is ethnic and racial pairing of clients and providers. This study examined the effects of client-case manager ethnic and racial matching among white and Hispanic clients who received assertive community treatment in the Access to Community Care and Effective Services and Supports Program. Twelve-month outcomes and service use were examined among 242 Hispanic and 2333 white clients seen in the first 3 years of the program. Analysis of covariance was used to evaluate the association of client-case manager ethnic and racial matching with changes in health status and service use from baseline to 12 months after program entry. At baseline, Hispanics had more serious problems than whites on several measures of psychiatric and substance abuse domains, and they also showed less improvement than whites over the next year on several measures of psychiatric status and service use. One significant association with ethnic matching was found: when treated by a Hispanic clinician, Hispanic clients showed less improvement in symptoms of psychosis. These results do not support the hypothesis that ethnic and racial matching improves outcomes or service use. Several explanations are offered for the results.

Title: Injecting Drug Use: Implications For Skin And Wound Management and Developing A Drop-In Wound Care Clinic

Authors: Finnie A; Nicolson P

Source: British JI of Nursing 11(6 & 12 Suppl), Jun 2002.

Summary: The first of these two articles introduces the difficulties facing nurses working with injecting drug users with skin problems. Drug abuse is increasing globally, and has huge implications for healthcare practitioners. Increasing numbers of tissue viability nurses are also encountering drug injection-induced wounds in their practice, but there is a lack of evidence for management of chronic skin problems in this patient group. Together with rising numbers of injecting drug users, there are increased health implications such as bacteraemia, septicaemia, amputation and skin breakdown. Abscesses and chronic wounds as well as prolonged leg ulceration are common. Drug users may demonstrate chaotic lifestyles, which may inhibit access to usual healthcare provision. Issues relating to healing of these wounds are explored. The second describes the needs of homeless people with skin complaints and the innovative development of a specific drop-in wound care clinic within The Big Issue Scotland premises in Glasgow. It illustrates some practical and political difficulties of working with a unique and challenging client group, and of developing a wound care service outwith the NHS. Case studies illustrate individual people and their own challenges.

Title: Schizophrenia In Homeless Persons: A Systematic Review Of The Literature

Authors: Folsom D; Jeste DV

Source: Acta Psychiatrica Scandinavica, 105(6):404-13, Jun 2002.

Summary: This article systematically reviews studies of prevalence of schizophrenia in homeless persons. Medline and PsychInfo were searched using the key words: homeless person,

mental illness, psychosis, and schizophrenia. The bibliographies of identified articles were also reviewed. Study designs varied considerably. The rate of schizophrenia in homeless persons reported in the 33 published reports, representing eight different countries, ranged from 2 to 45%. In the 10 methodologically superior studies, the prevalence range was 4-16% and the weighted average prevalence was 11%. In addition, rates were higher in younger persons, women and the chronically homeless. Slightly less than half of the homeless persons with schizophrenia were not currently receiving treatment. Schizophrenia is much more prevalent among homeless persons than in the population at large. Future research should focus on better ways of meeting the mental health care needs of homeless people with schizophrenia.

Title: An Empirical Comparison Of Substance And Alcohol Dependence Patterns In The Homeless In Madrid (Spain) and Los Angeles (CA, USA)

Authors: Munoz M; Koegel P; et.al.

Source: Social Psychiatry and Psychiatric Epidemiology, 37(6):289-98, Jun 2002.

Summary: Alcohol and drug use continue to figure heavily in the experience of the contemporary homeless population. The comparison among pattern of use plays a central role in the cross-cultural view of this topic. This article shows the results of comparing the data concerning alcohol and other drug abuse and dependence among the homeless population of Madrid (Spain) and Los Angeles (USA). Data come from two studies carried out independently in each city. Both studies used a comparable methodology which included the same inclusion and diagnostics criteria, representative sampling methods and similar diagnostic structured interviews. In the present study, the data from these two studies are combined in a unique database which allows global and item-to-item comparison between the two studies. The results show different sociodemographic profiles for each city. Once controlled for the sociodemographic differences (age, education, current employment status and marital status), the life and 12-month prevalence rates of alcohol and other drug disorders (DSM-III-R) are also different. There are also significant differences in social, emotional and health problems associated with the consumption of alcohol and other drugs. The Madrid and LA samples also present differences in the time patterns of the beginning of the homelessness situation and the onset of alcohol- and drug-related disorders. The pattern of results is discussed in the light of the differences in both socioeconomic and cultural among Madrid and Los Angeles which might explain, in turn, differences in the homelessness situation as well as in the alcohol and other drug use patterns.

MISCELLANEOUS

Title: Comparison Of Homeless Veterans With Other Homeless Men In A Large Clinical Outreach Program

Authors: Tessler R; Rosenheck R; Gamache G

Source: Psychiatric Quarterly, 73(2):109-19, Summ 2002.

Summary: This paper compares homeless veterans with homeless nonveterans from different eras in an effort to better understand the connection between military service and urban homelessness. Two research questions are addressed based on interviews with

over 4,000 homeless men who enrolled in a national outreach program for persons suffering from serious mental illness: First, is there anything unique in the social and personal characteristics of homeless veterans in the 1990s that would help to explain their relatively high prevalence in the homeless population, especially among those who were 19 or younger when the draft ended in 1973? Second, aside from age, are the homeless veterans of the era of the All-Volunteer Force different from homeless veterans who served during the era of the military draft? The results replicate many findings from research in the 1980s showing that even homeless veterans with psychiatric disorders tend to have more personal resources compared to homeless men who did not serve in the Armed Forces. Although veterans from the era of the All-Volunteer Force are different from veterans from the era of the draft, the introduction of the All-Volunteer Force per se does not appear to have changed the composition of the adult male homeless population.

Title: The Process And Outcomes Of A Multimethod Needs Assessment At A Homeless Shelter

Authors: Finlayson, M., M. Baker, et al.

Source: American JI of Occupational Therapy, 56(3):313-21, May-Jun 2002.

Summary: Many factors contribute to homelessness, including extreme poverty, extended periods of unemployment, shortages of low-income housing, deinstitutionalization, and substance abuse. As a result, the needs of people who are homeless are broad and complex. This needs assessment used literature reviews, review of local documents and reports, participant observation, locus groups, and reflective journals to guide the development of an occupational performance skills program at one homeless shelter in south Florida. Through these methods, the role of occupational therapy was extended beyond direct service to include program and resource development, staff education, advocacy, and staff-resident mediation. The findings of the needs assessment and the actions taken as a result of this work point to the huge potential for occupational therapists and students to work together with staff and residents of homeless shelters.

Title: Homefront: Pathways to Housing the Homeless

Author: McCarroll C

Source: The Christian Science Monitor, 94(110):11-13, May 2002.

Summary: Each night, about 800,000 Americans are homeless, and 31 percent of homeless adults report both mental-health and substance-abuse problems; an additional 32 percent struggle with one or the other. Those with addictions generally go through detoxification programs an average of 11 times. Nationally, for every 100 individuals or families seeking affordable housing, there are only 37.84 available units.

Please visit the National Health Care for the Homeless Council website (<http://www.nhchc.org/researchupdate.html>) for additional issues of the HCH Research Update and for other HCH research publications.