

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 August-October 2001. Summaries are categorized into themes which will vary each quarter.

HOMELESS CHILDREN AND ADOLESCENTS

Title: Comparison of Health Status of Children Using a School-Based Health Center for Comprehensive Care

Authors: Berti LC; Zylbert S; Rolnitzky L

Source: JI of Pediatric Health Care, 15(5):244-50, Sep-Oct 2001.

Summary: Our objective was to compare health problems and medical coverage of homeless and housed children who used a school-based health center (SBHC) for comprehensive care. Medical charts of homeless children (n = 76) and housed children (n = 232) seen for comprehensive care at an SBHC in New York City during the 1998-99 school year were systematically reviewed and compared. Controlled for ethnicity and medical coverage, homeless children were 2.5 times as likely to have health problems and 3 times as likely to have severe health problems as housed children. The most common health problems identified in the homeless population were asthma (33%), vision (13%), mental health (9%), and acute problems (8%). Lack of medical coverage was evident in 58% of homeless children, compared with 15% of housed children. Study findings identify homeless children as being at increased risk for health problems and lack of medical coverage. These findings support use of an SBHC for comprehensive care by underserved segments of the population and a need for increased vigilance on the part of health care providers caring for homeless children.

Title: Assessment of Dietary Intake of Preschool Children Living in a Homeless Shelter

Author: Kelly E

Source: Applied Nursing Research, 14(3):146-54, Aug 2001.

Summary: Families with young children are the fastest-growing group among the homeless population. This study was undertaken by nursing students and faculty to learn more about

what homeless preschool children were fed and what they ate at one family shelter in the Southwest. Results from the study were shared with the entire shelter staff. Mothers who participated in the study were given information on age-appropriate food preparation and servings. This research reveals the important role nurses can play in documenting and teaching both shelter staff and homeless mothers more about children's dietary needs and the long-term health outcomes of a proper diet.

Title: Relationship of Sexual Orientation to Substance Use, Suicidal Ideation, Suicide Attempts, and Other Factors in a Population of Homeless Adolescents

Authors: Noell JW; Ochs LM

Source: The JI of Adolescent Health, 29(1):31-6, Jul 2001.

Summary: The purpose of this study was to explore the relationship of sexual orientation and gender to four sets of factors: (a) family history, (b) incarceration, (c) substance use, and (d) depression and suicide, in a population of homeless adolescents. A sample of homeless adolescents was recruited in Portland, Oregon and assessed using semi-structured interviews at baseline, three months and six months. A total of 532 youths (216 females and 316 males) provided data on sexual orientation and other variables. Heterosexual (n = 391) and non-heterosexual youths (n = 141) were compared on all sets of factors, primarily using logistic regressions. 44.9% of females identified as lesbian or bisexual, while only 13.9% of males identified as gay or bisexual. Gay, lesbian, bisexual, and "unsure" (GLBU) youths were less likely to have been in foster care or arrested, but were more likely to have spent time in a locked mental health treatment facility. More than one-third of all participants reported use of injection drugs. GLBU youths were more likely to have recently used amphetamines and to have injected drugs, however, gay-bisexual males were less likely to have recently used marijuana. GLBU status was associated with recent measures of depression and suicidal ideation, but not with lifetime measures. Associations of sexual orientation with several lifetime measures were different than with prospective measures, demonstrating the limitations of using lifetime measures rather than recent or prospective measures. This population of homeless adolescents appears to be higher in its high rate of injection drug use and the large proportion of females who identify as lesbian or bisexual than found in other studies. The high rates of depression and

suicidal ideation, especially among GLBU youth, are of great concern.

Title: The Commercial Sexual Exploitation of Children in the U.S., Canada and Mexico

Authors: Estes RJ; Weiner N

Source: This NIJ-funded study can be found on-line at <http://www.ssw.upenn.edu/~restes/CSEC.htm> (Sep 2001)

Summary: (Summary taken from National Alliance to End Homelessness "Online News" report.) The study's authors estimate that 325,000 children in the United States are subjected to sexual exploitation each year, victimized by sexual abuse, assault, prostitution, pornography, trafficking and bartering of sex to meet survival needs. Of those children subjected to sexual exploitation, runaway and homeless youth were disproportionately represented, an estimated 121,911 victims had run away from their home, 51,602 were thrown out of their home by a parent or guardian and 6,793 youth were fleeing a placement in a foster care home, group home, juvenile detention center or other institutional placement. The authors note that many of those youth living on the streets with a heightened risk of sexual abuse and physical violence were fleeing such abuse and violence in their own homes. In addition to the devastating and lasting effects of sexual exploitation, the report documents that youth living on the streets are subjected to poverty, hunger, malnutrition, sexually transmitted diseases, violence and disproportionately suffer from serious mental illness, suicidal ideation, substance addiction and participation in criminal behavior to meet survival needs.

SUBSTANCE ABUSE TREATMENT

Title: Patient Satisfaction, Use of Services, and One-Year Outcomes in Publicly Funded Substance Abuse Treatment

Authors: Carlson MJ; Gabriel RM

Source: Psychiatric Services, 52(9):1230-6, Sep 2001.

Summary: Examined the relationships among patient satisfaction with substance abuse services, service use, and clinical and employment outcomes. Interviews were conducted with 502 adults who were beginning outpatient or residential treatment for substance abuse in a managed care plan in Oregon or in fee-for-service plans in Washington State. The participants were reinterviewed after six months and after one year. Measures of satisfaction and use of services were assessed at six months and clinical outcomes at one year with the Addiction Severity Index. Multivariate regression analyses were used to estimate the relationship between satisfaction and service use and the relationships among satisfaction, use, and one-year outcomes. The final sample included 310 Ss who completed interviews at the 3 time points. Compared with those who were excluded because of missing data, the Ss in the final sample were more likely to be White, to be better educated, to be in outpatient treatment, and to live in Oregon and less likely to be homeless. Satisfaction with access and effectiveness of services predicted service use at 6 months. Service use, satisfaction with access, and satisfaction with effectiveness were significantly associated with abstinence from substance use at one year.

Title: Access to Inpatient or Residential Substance Abuse Treatment Among Homeless Adults with Alcohol or Other Drug Use Disorders

Authors: Wenzel SL, Audrey Burnam M, Koegel P, Morton SC, Miu A, Jinnett KJ, Greer Sullivan J

Source: Medical Care, 39(11):1158-69, Nov 2001.

Summary: We conducted a theoretically guided study of access to inpatient or residential treatment among a probability sample of homeless adults with alcohol or drug use disorders in Houston, Texas. This study used a cross-sectional, retrospective design with data collected from a multistage random sample of 797 homeless adults age 18 or older who were living in Houston shelters and streets in 1996. Structured, face-to-face interviews produced screening diagnoses for alcohol and drug use disorders, treatment use data, and candidate predictors of treatment use. Logistic and linear regression analyses were performed on the subset of 326 homeless persons with either alcohol or drug use disorder. 27.5% of persons with substance use disorder had accessed inpatient or residential treatment during the past year. Controlling for additional need factors such as comorbidity, persons having public health insurance and a history of treatment for substance problems had greater odds of receiving at least one night of treatment. Contrary to expectation, contact with other service sectors was not predictive of treatment access. Schizophrenia and having a partner appeared to hinder access. Greater need for treatment was associated with fewer nights of treatment, suggesting retention difficulties. This study adds to previous findings on access to health care among homeless persons and highlights a pattern of disparities in substance abuse treatment access. Health insurance is important, but enhancing access to care involves more than economic considerations if homeless persons are to receive the treatment they need. Referral relationships across different service sectors may require strengthening.

MENTALLY ILL – NEEDS AND SERVICES

Title: A Comparison of the Needs of Homeless and Never Homeless Patients with Psychotic Disorders

Authors: Commander, MJ; Odell SM

Source: JI of Mental Health (UK),10(4):449-56, Aug 2001.

Summary: Although the large number of people with psychotic disorders who are homeless has triggered the development of targeted outreach services, it is uncertain whether, aside from their social circumstances, the needs of these patients differ from those of their residentially stable counterparts. A matched case control study of homeless and never homeless patients with psychotic disorders is reported (n = 39 pairs; aged 16-65 yrs). Patients were recruited from psychiatric services and data collected through interviews with patients and their key workers as well as a review of their case notes. Homeless patients were more symptomatic and behaviorally disturbed than controls. They were significantly more likely to have a criminal history and to be identified by key workers as having problems related to substance use. Homeless patients were less likely to have been born in Birmingham and to have ongoing contact with childhood caregivers but despite being less aware of the need for treatment, uptake of psychiatric care was comparable with that of controls.

The implications for the development of dedicated mental health services for this population are discussed.

Title: Doing the Right Thing: Ethical and Practical Dilemmas in Working with Homeless Mentally Ill People.

Authors: Timms P; Borrell T

Source: JI of Mental Health (UK), 10(4):419-26, Aug 2001.

Summary: Psychiatric work with homeless people has generated a particular style of service. It involves elements of assertive outreach assessment, case management, assertive treatment, and close relationships with the voluntary sector. This activity has thrown up a number of practical and ethical dilemmas. Some of these are generated by the relationship between the patient and the practitioner, others are generated by the relationship between practitioners and the wider service network within which they work. These problems include the conflicting principles of paternalism and autonomy, the boundaries of medical confidentiality and the limitations of the Mental Health Act. Although this work is highly specialised, it includes most of the essential activities of urban community psychiatry, and so the instances described have a wider relevance to community psychiatry as a whole.

Title: Vocational Outcomes Among Formerly Homeless Persons with Severe Mental Illness in the ACCESS Program

Authors: Cook JA; Pickett-Schenk SA; Grey D; Banghart M; Rosenheck RA; Randolph F

Source: Psychiatric Services, 52(8):1075-80, Aug 2001.

Summary: This study examined the vocational outcomes of 4,778 formerly homeless individuals with severe mental illness who were enrolled in the Access to Community Care and Effective Services and Support (ACCESS) program, a multisite demonstration project designed to provide services to this population. Participants were interviewed at the time of enrollment and again three months and 12 months later by trained researchers who were not part of the treatment team to determine their employment status. At 12 months, participants were also asked about the types of services they had received during the past 60 days. Multiple logistic regression analysis was used to predict employment at 12 months. ACCESS participants reported receiving relatively few job-related services. Nonetheless, modest but significant increases occurred between baseline and three months and between three months and 12 months in the total proportion of participants who were employed and who were employed full-time and in hourly earnings and estimated monthly earnings. The number of hours worked per week increased significantly between three months and 12 months. When the analysis controlled for site, study condition (whether the ACCESS site received or did not receive extra funds to improve service integration), minority status, addiction treatment, and mental health treatment, participants who were employed at 12 months were more likely to have received job training and job placement services. Programs that work with homeless mentally ill persons may better serve their clients by placing as great an emphasis on providing employment services as on providing housing and clinical treatment.

Title: Relationship Between Climate And Psychiatric Inpatient Length Of Stay In Veterans Health Administration Hospitals

Author: Storch DD

Source: American JI of Psychiatry Special Issue, 158(9):1530, Sep 2001.

Summary: Comments on the study by E. J. Federman et al. drawing the conclusion that geographic climate is correlated with length of psychiatric inpatient stay in Veterans Health Administration Hospitals. The author points out the apparently contradictory finding that the percentage of homeless veterans admitted to psychiatric units was actually higher in hospitals located in warmer climates. This highlights the importance of other system and patient factors in determining length of stay.

Title: Effectiveness of a Mobile Outreach and Crisis Services Unit in Reducing Psychiatric Symptoms in a Population of Homeless Persons with Severe Mental Illness

Authors: Morris DW; Warnock JK

Source: JI of Oklahoma State Medical Association, 94(8):343-6, Aug 2001.

Summary: The purpose of this study was to use a time-lag design to evaluate the effectiveness of a Mobile Outreach and Crisis Services unit in remitting psychiatric symptomatology, improving global functioning, and decreasing homelessness in a population of homeless, severely mentally ill residing in a mid-sized urban center. Using a time-lag study design, two groups of subjects--25 individuals before receiving services (control group) and 25 individuals after receiving services (experimental group)--were contrasted across outcome measures. The results indicate that a MOCS unit utilizing a Program for Assertive Community Treatment mode was effective in significantly decreasing psychiatric symptomatology, reducing homelessness, and increasing global functioning. If carefully implemented and interpreted, a time-lag design may be a means of providing valuable feedback and information in a timely manner.

Title: Service Delivery and Community: Social Capital, Service Systems Integration, and Outcomes among Homeless Persons with Severe Mental Illness

Authors: Rosenheck R; Morrissey J; Lam J; Calloway M; Stolar M; Johnsen M; Randolph F; Blasinsky M; Goldman H

Source: Health Services Research, 36(4):691-710, Aug 2001.

Summary: This study evaluated the influence of features of community social environment and service system integration on service use, housing, and clinical outcomes among homeless people with serious mental illness. A one-year observational outcome study was conducted of homeless people with serious mental illness at 18 sites. Measures of community social environment (e.g., social capital) were based on local surveys and voting records. Housing affordability was assessed with housing survey data. Service system integration was assessed through interviews with key informants at each site to document interorganizational transactions. Standardized clinical measures were used to assess clinical and housing outcomes in face-to-face interviews. Structural equation modeling was used to determine the relationship between (1) characteristics of the social environment (social capital, housing affordability); (2) the level

of integration of the service system for persons who are homeless in each community; (3) access to and use of services by individual clients; and (4) successful exit from homelessness or clinical improvement. Social capital was associated with greater service systems integration, which was associated in turn with greater access to assistance from a public housing agency and to a greater probability of exiting from homelessness at 12 months. Housing affordability also predicted exit from homelessness. Neither environmental factors nor systems integration predicted outcomes for psychiatric problems, substance abuse, employment, physical health, or income support. Community social capital and service system integration are related through a series of direct and indirect pathways with better housing outcomes but not with superior clinical outcomes for homeless people with mental illness. Implications for designing improved service systems are discussed.

Title: Who Walks Through the 'Revolving Door' of a British Psychiatric Hospital?

Authors: Langdon PE; Yaguez L; Brown J; Hope A

Source: JI of Mental Health (UK), 10(5):525-33, Oct 2001.

Summary: Investigated risk factors that increase the chances of British psychiatric patients having multiple hospital re-admissions. Data were collected on 128 patients who had been admitted to a psychiatric ward in the course of a year. Patients who had been admitted at ≤ 3 times to the hospital were classified as 'Revolving-door' (RD) patients and compared to patients with >3 admissions. 51% of the Ss had ≥ 3 re-admissions. Results indicate that RD patients were more likely to be living alone, in homeless hostels, or in private accommodation (as opposed to living in housing provided by the local council), to have an earlier age of illness-onset, and to have used psychiatric services for a longer period than non-RD patients. RD patients were also more likely than non-RD patients to have been prescribed more medication and to have been diagnosed with psychoactive substance abuse. The results of a logistic regression analysis indicate that 'relapse of psychosis' is the best predictor for re-admission. This finding strongly indicates that patients with psychotic illnesses are particularly vulnerable to repeated re-admissions. The authors discuss implications for community-care services.

DEINSTITUTIONALIZATION

Title: Some Perspectives on Deinstitutionalization

Authors: Lamb HR; Bachrach LL

Source: Psychiatric Services, 52(8):1039-45, Aug 2001.

Summary: The authors discuss what can be learned from our experience with deinstitutionalization. The deinstitutionalization of mentally ill persons has three components: the release of these individuals from hospitals into the community, their diversion from hospital admission, and the development of alternative community services. The greatest problems have been in creating adequate and accessible community resources. Where community services have been available and comprehensive, most persons with severe mental illness have significantly benefited. On the other hand, there have been unintended consequences of deinstitutionalization—a new generation of uninstitutionalized persons who have severe mental illness, who

are homeless, or who have been criminalized and who present significant challenges to service systems. Among the lessons learned from deinstitutionalization are that successful deinstitutionalization involves more than simply changing the locus of care; that service planning must be tailored to the needs of each individual; that hospital care must be available for those who need it; that services must be culturally relevant; that severely mentally ill persons must be involved in their service planning; that service systems must not be restricted by preconceived ideology; and that continuity of care must be achieved.

Title: Prisoner Reentry: Public Safety And Reintegration Challenges

Author: Petersilia J

Source: Prison JI Special Issue, 81(3):360-75, Sep 2001.

Summary: Changes in sentencing practices, coupled with a decrease in prison rehabilitation programs, have placed new demands on the U.S. parole system. Nearly 700,000 parolees are "doing time" on the streets. Most have been released to a parole system that provides few services and imposes conditions that almost guarantee failure. This article examines the state of parole in today's corrections environment—from indeterminate and determinate sentencing policies to investing in prisoner reentry programs. Specifically, the article analyzes the following collateral consequences involved with recycling parolees in and out of families and communities: community cohesion and social disorganization, work and economic well-being, family matters, mental and physical health, political alienation, and housing and homelessness. The future of parole is also discussed, and the author urges a rethinking of discretionary parole release.

WOMEN'S SERVICES

Title: Homeless Women's Gynecological Symptoms and Use of Medical Care

Authors: Wenzel SL; Andersen RM; Gifford DS; Gelberg L

Source: JI of Health Care for the Poor and Underserved, 12(3):323-41, Aug 2001.

Summary: Information is lacking on homeless women's gynecological symptoms and use of medical care for symptoms. This paper documents and explains gynecological symptoms and conditions and use of medical care in a probability sample of 974 reproductive-age (15-44) homeless women. Two-thirds of women reported symptoms during the previous year; 71 percent of those received medical care for their gynecological symptoms. Pregnancy, drug dependence, more episodes of homelessness, and general physical health symptoms were positively associated with a number of gynecological symptoms. Gynecological symptoms, younger age, better perceived health, and insurance coverage were positively associated with medical care; women reporting recent drug use and rape received less care. These findings support the importance of medical care and other treatment and support services for homeless women, including expanded care during pregnancy and substance abuse treatment. Health insurance coverage and an interruption in the cycle of homelessness also appear vital to women's health.

Title: Utilization of Birth Control Services Among Homeless Women

Authors: Wenzel SL; Leake BD; Andersen RM; Gelberg L

Source: American Behavioral Scientist Special Issue: Advancing the Research Agenda on Homelessness: Politics and Realities, 45(1):14-34, Sep 2001.

Summary: Although homeless women appear to be at notable risk of unintended pregnancy, insufficient attention has been paid to understanding their access to birth control services and the characteristics of homeless women who want birth control services. To address these research gaps, the authors analyzed data from a probability sample of 974 (15-44 yr old) homeless women who were interviewed in shelters and meal programs in Los Angeles County. Multivariate logistic regression analysis revealed that among those women who wanted birth control services during the past year, using these services was associated with fewer perceived barriers to health care, having a regular source of care, consistent use of contraception, and lower odds of alcohol dependence. Availability and cost barriers to birth control services must be reduced, and effective service linkages should be developed among providers of birth control services, substance abuse treatment, and primary care.

Title: A Safe Haven for Chronically Homeless Women: A Model Program in Toronto

Author: Bridgman R

Source: International JI of Mental Health, 30(2):79-89, Summer 2001.

Summary: This case study of an innovative pilot project for chronically homeless women in Toronto, Canada, contributes to our knowledge about how homeless women survive life on the streets and about the everyday practices that frontline staff employ in work with such women. The findings further our understanding of the multiple, subtle, and shifting levels of distrust involved in work with chronically homeless mentally ill women. The research addresses clearly the mandate of the city of Toronto to approach the problem of homelessness on several fronts, including the development of self-help, client driven initiatives and alternative pilot projects. Moreover, it acknowledges that the homeless mentally ill population is consistently one of the most poorly served because of the difficulty in providing appropriate services and their resistance to using traditional services.

DOMESTIC ABUSE

Title: Domestic Abuse in the Emergency Department: Can a Risk Profile Be Defined?

Authors: Zachary MJ; Mulvihill MN; Burton WB; Goldfrank LR

Source: Academic Emergency Medicine, 8(8):796-803, Aug 2001.

Summary: The main purpose of this study was to determine whether any clinical or demographic characteristics could identify adult female patients presenting to the emergency department (ED) with a history of domestic abuse. A second objective was to describe the frequency, types, and severity of this abuse. This study was a cross-sectional survey of 611 women conducted in an academically-affiliated, urban ED. Domestic

abuse was described as "recent" (within the preceding 12 months) or "lifetime" (recent or past). This included emotional, physical, and sexual abuse. Recent (7.9%, n = 48) and lifetime (38%, n = 232) domestic abuse was reported. For recently abused women, violence had been severe and was associated with 1) trauma, 2) obstetrical and gynecological syndromes, and 3) psychiatric symptoms and substance use. The sensitivities and positive predictive values of these risk factors individually and in aggregate were low. These indicators predicted only 27 (56.3%) of recently abused women. Lifetime domestic violence was more likely in homeless women, although less likely in immigrants. Clinical presentations and demographic characteristics of women presenting to the ED may not be sensitive or predictive indicators of domestic abuse. In the absence of typical clinical or demographic findings, asking all women in the ED about domestic abuse remains a necessary priority.

TUBERCULOSIS

Title: Strategies to Decrease Tuberculosis in U.S. Homeless Populations: A Computer Simulation Model

Authors: Brewer TF; Heymann SJ; Krumpalisch SM; Wilson ME; Colditz GA; Fineberg HV

Source: The JI of the American Medical Association, 286(7):834-42, Aug 15, 2001.

Summary: The rate of tuberculosis (TB) among US homeless persons may be 20 times that of the general adult population. Studies suggest that the majority of urban homeless TB cases are attributable to ongoing transmission of TB. Optimal TB-control strategies in both chronically and transiently homeless populations are not known. The objective of this study was to examine the effects of TB-control strategies on projected TB cases and deaths in US homeless populations using a computer-based simulation model. The US general population and a theoretical population of 2 million homeless individuals in 1995 were divided into 18 clinical states based on the risk for or presence of TB and human immunodeficiency virus (HIV) infection in a semi-Markov model. Prevalence of transiently and chronically homeless individuals with active TB and deaths from TB as a function of public health measures taken to control and eliminate TB, including improvement of treatment effectiveness, improvement in access to treatment, and vaccination with BCG. A 10% increase in access to treatment among homeless persons with active TB produced larger declines in predicted TB cases and deaths after 10 years than improvements in the effectiveness of treatment programs. A 10% increase in access to treatment among homeless persons with latent TB infection led to a 6.7% decline in TB among chronically homeless persons and a 5.7% decline among transiently homeless persons, while a 10% improvement in effectiveness of treatment for latent TB infection was associated with declines of 3.0% and 3.3%, respectively. When treatment for latent TB infection was modeled to be the same in vaccinated and nonvaccinated populations, BCG vaccination led to TB case declines of 15.4% and 21.5% in chronically and transiently homeless populations, respectively. Overcoming barriers faced by homeless individuals in accessing TB treatment programs will be crucial to reducing the burden of TB in this high-risk group. Increased treatment access,

improvement in the effectiveness of treatment programs, and BCG vaccination of HIV-negative homeless individuals have the best chance to markedly decrease TB morbidity and mortality.

Title: Use of Audio Computer-Assisted Self-Interviews to Assess Tuberculosis-Related Risk Behaviors

Authors: Riley ED; Chaisson RE; Robnett TJ; Vertefeuille J; Strathdee SA ; Vlahov D

Source: American JI of Respiratory and Critical Care Medicine, 164(1):82-5, Jul 2001.

Summary: The objective of this study was to compare self-reported tuberculosis and human immunodeficiency virus (HIV) risk factors obtained from computer-assisted questionnaires and interviewer-assisted questionnaires among participants of a needle exchange program. Between June 1998 and May 1999, needle exchange program participants requesting tuberculosis screening underwent interviews regarding demographics and risk factors for tuberculosis and HIV infection. The first 190 participants underwent traditional interviewer-assisted questionnaires, whereas the remaining 92 underwent computer-assisted questionnaires. Data were analyzed by interview technique using odds ratios (OR) and multiple logistic regression. Among 282 participants, demographic characteristics, health status, HIV serostatus, visits to homeless shelters, alcohol intake, and cigarette smoking were all similar by interview technique. However, respondents receiving computer-assisted questionnaires were more likely than those receiving interviewer-assisted questionnaires to report smoking marijuana, crack, and heroin; as well as sharing cocaine smoking equipment, sharing heroin smoking equipment, "shotgunning", and visiting crack houses. In the final multivariate model, respondents receiving computer-assisted questionnaires were more likely to report "shotgunning" and visiting a crack house relative to respondents receiving interviewer-assisted questionnaires. In conclusion, increased odds of high-risk behaviors for tuberculosis and HIV infection among computer-assisted questionnaire respondents support the use of computer-assisted questionnaires to ascertain risk behavior data for both tuberculosis and HIV.

MEASURING HEALTH STATUS

Title: Asking the Right Questions of Disadvantaged and Homeless Communities: The Role of Housing, Patterns of Illness and Reporting Behaviors in the Measurement of Health Status

Authors: Trevena LJ; Nutbeam D; Simpson JM

Source: Australian and New Zealand JI of Public Health, 25(4):298-304, Aug 2001.

Summary: This study assessed self-reported health status and its relationship to key demographic variables among patrons of a charity-run meals service at The Exodus Foundation, in urban Sydney, Australia. Authors used a random-sample cross-sectional study of 100 face-to-face interviews. Self-reported health status was measured by subjective rating scale, open-ended and checklist questions about presence and type of acute and chronic disease. Analysis by logistic regression of fair-poor health status on demographic variables in Exodus patrons and general Sydney population adjusted for age and sex using the 1995 National Health Survey. Compared to housed but poor

counterparts within the Exodus sample, homeless people were significantly more likely to report fair-poor health status. Exodus patrons, as a whole, were much more likely than Sydney's general population to report fair-poor health status, after adjusting for age and sex and had a more serious pattern of illness (diseases of the digestive system; depression; common cold; bronchitis; refractive errors; drug and alcohol dependence; diabetes mellitus Type II). Exodus patrons reported fewer acute and chronic illnesses with open-ended questions than with a checklist. In this population there was a strong relationship between poor health and homelessness. When patterns of illness and injury were measured within this disadvantaged group, they showed more serious illness types than in the general population. Such patterns may not be identified by methods often used in traditional population health surveys.

DENTAL SERVICES

Title: Bringing the Mountain to Mohammed: A Mobile Dental Team Serves a Community-Based Program for People with HIV/AIDS

Authors: Zalos GP; Trinh C

Source: American JI of Public Health, 91(8):1187-9, Aug 2001.

Summary: In spite of the direct referral system and family-centered model of primary oral health care linking medical and dental care providers, most HIV-positive patients at the Columbia Presbyterian Medical Center received only emergency and episodic dental care between 1993 and 1998. To improve access to dental care for HIV/AIDS patients, a mobile program, called WE CARE, was developed and colocated in community-based organizations serving HIV-infected people. WE CARE provided preventive, early intervention, and comprehensive oral health services to minorities, low-income women and children, homeless youths, gays and lesbians, transgender individuals, and victims of past abuse. More efforts to colocate dental services with HIV/AIDS care at community-based organizations are urgently needed .

NURSING

Title: Urban Outpost Nursing: The Nature of the Nurses Work in the AIDS Prevention Street Nurse Program

Authors: Hilton BA; Thompson R; Moore-Dempsey L; Hutchinson K

Source: Public Health Nursing, 18(4):273-80, Jul-Aug 2001.

Summary: The AIDS Prevention Street Nurse Program in Vancouver, Canada focuses on HIV and sexually transmitted diseases (STD) prevention within a context of harm reduction and health promotion targeted at marginalized, hard to reach, high-risk populations. As part of a large evaluation project that included interviews with street nurses, clients, and other service providers together with document analysis, the nature of the street nurses' work and its fit within the provision of health care were described. The street nurses' work reflected the following themes: reaching the marginalized high-risk populations for HIV/STDs; building and maintaining trust, respect, and acceptance; doing HIV/AIDS and STD prevention, early detection, and treatment work; helping clients connect with and negotiate the health care system; and influencing the system and

colleagues to be responsive. The findings and their implications for community health nursing practice are examined.

HEPATITIS B

***Title:* Hepatitis B Among Homeless and Other Impoverished US Military Veterans in Residential Care in Los Angeles**

Authors: Gelberg L; Robertson MJ; Leake B; Wenzel SL; Bakhtiar L; Hardie EA; Sadler N; Getzug T

Source: Public Health, 115(4):286-91, Jul 2001.

Summary: Findings are presented for a cross-sectional study of serological markers of hepatitis B virus (HBV) infection in an underserved population-impoverished veterans of the US armed forces in a Veterans Administration (VA) residential program in the US. We examine the demographic, background, and risk factors associated with HBV infection in this high-risk population. This paper presents a secondary analysis of cross-sectional survey and clinical data for 370 male veterans who were residents of a domiciliary care program for homeless veterans in Los Angeles. About one-third (30.8%) of the sample tested positive for current or past HBV infection (ie, seropositive for either the HBV core antibody or surface antigen). After multivariate analysis, rates of HBV were significantly higher among veterans who were older, non-white, or who had a history of regular heroin use (a proxy measure for injection drug use), drug overdose, or drug detoxification treatment. The rate of current or past HBV infection among veterans in this sample (30.8%) was high compared to an estimated 5% to 8% of the general US population. Also, 3% of the sample were currently infected with HBV. Strategies for intervention include broader screening, immunization, and treatment interventions with this high-risk group.

AIDS

***Title:* The Co-Occurrence of AIDS and Homelessness: Results from the Integration of Administrative Databases for AIDS Surveillance and Public Shelter Utilization in Philadelphia**

Authors: Culhane DP; Gollub E; Kuhn R; Shpaner M

Source: JI of Epidemiology and Community Health, 55(7):515-20, Jul 2001.

Summary: Administrative databases from the City of Philadelphia that track public shelter utilization (n=44 337) and AIDS case reporting (n=7749) were merged to identify rates and risk factors for co-occurring homelessness and AIDS. Multiple decrement life tables analyses were conducted, and logistic regression analyses used to identify risk factors associated with AIDS among the homeless, and homelessness among people with AIDS. People admitted to public shelters had a three year rate of subsequent AIDS diagnosis of 1.8 per 100 person years; nine times the rate for the general population of Philadelphia. Logistic regression results show that substance abuse history, male gender, and a history of serious mental disorder were significantly related to the risk for AIDS diagnosis among shelter users. Among people with AIDS, results show a three year rate of subsequent shelter admission of 6.9 per 100 person years, and a three year rate of prior shelter admission of 9%, three times the three year rate of shelter admission for the general population. Logistic regression results show that intravenous drug user

history; no private insurance; black race; pulmonary or extra-pulmonary TB; and pneumocystis pneumonia were all related to the risk for shelter admission. Homelessness prevention programs should target people with HIV risk factors, and HIV prevention programs should be targeted to homeless persons, as these populations have significant intersection. Reasons and implications for this intersection are discussed.

HEALTH PROMOTION

***Title:* Developing a Strategy for Community-Based Health Promotion Targeting Homeless Populations**

Authors: Power R, Hunter G

Source: Health Education Research, 16(5):593-602, Oct 2001.

Summary: There is a need for targeted health promotion aimed at homeless populations. A survey of 100 Big Issue (homeless newspaper) vendors was conducted, along with in-depth interviews and focus groups, in order to identify health promotion needs. Drug and alcohol problems, the effects of cold weather, nutritional deficiencies, and poor personal hygiene were reported as the main health concerns. However, health was not always an immediate priority for the homeless, with daily concerns predominating, such as shelter and getting money for food. A range of information needs were highlighted and a number of key health promotion topics identified. Social network and social activity data were collected from 14 Big Issue vendors to assess their penetration of groups of homeless people. Both generic and targeted health promotion activities are recommended, and the role of health advocacy and peer education should be further explored.

MODEL OF HEALTH

***Title:* Research with Homeless People Uncovers a Model of Health**

Authors: McCormack D, Macintosh J

Source: Western JI of Nursing Research, 23(7):679-97, Nov 2001.

Summary: This grounded theory research study, explored health experiences of 11 homeless persons in shelters in three New Brunswick cities and the strategies that they used to attain, maintain, or regain health. Audiotaped interviews were conducted, transcribed verbatim, and analyzed. The model that emerged from analysis consists of three pathways to health. This model of health has two central components, person and health. Person is influenced directly by family values and beliefs, and directly and indirectly by societal values and beliefs. Health is the outcome and is reached through two mediating factors of lifestyle behaviors and sector services. The first pathway to health contains the mediating factor of lifestyle behaviors, the second contains the mediating factor of sector services, and the third contains both mediating factors. Pathway strategies of choosing, accessing, and appraising appropriateness of methods influence the active participation of the person that directs the action within the model. Implications of the study include that a fragmented system of help hinders access to services intended to promote health in this population.