Homeless Children:
What Every Health Care Provider Should Know

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Health Care for the Homeless Clinicians’ Network
Acknowledgements

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Did you know?

- The number of homeless families with children is increasing.
- The number of unaccompanied homeless adolescents is increasing.
- Homelessness is an important risk factor for a number of health issues.
If you care for children....

You are likely to care for children who are homeless or at risk of becoming homeless
Contents

- Recognizing homelessness
- Understanding the specific health problems of homeless children
  Infectious disease, injury, lead, mental health & behavior problems, nutrition and growth, anemia, dental health, immunizations, asthma, vision, child abuse
- Modifying health care plans and prevention strategies
- Finding resources for your homeless patients and their families
This presentation is designed as a primer.

The goals are to help you:

- Recognize homelessness and the risks of homelessness in families with children
- Understand the specific health problems of homeless children
- Modify health care plans and prevention strategies appropriately
- Know how to find resources for your homeless patients and their families
Recognizing homelessness and the risks of becoming homeless in families with children
A legal definition


a person who "lacks a fixed, regular, and adequate night-time residence and ... has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." 42 U.S.C. § 11302(a) The term "'homeless individual' does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law." 42 U.S.C. § 11302.
An operational definition
Homelessness includes:

- Camping with no permanent home to return to
- Doubling-up temporarily with another family
- Having no permanent place to return to after hospitalization
- Living out of a car
- Living in an emergency or transitional shelter
Who is homeless?

- Families with Children: 40%
- Unaccompanied minors: 14%
- Single Women: 40%
- Single Men: 2%
- Not specified: 4%

What about homeless children?

41% are under age 5 ¹

85% are in families headed by single mothers ²

How many children are homeless in the United States?

Recent estimates suggest that 2% of American children are homeless in the course of one year.

What are the trends?

ハウス Families with children are among the fastest growing segment of people experiencing homelessness.
What are the trends?

Nationwide, city officials predict:

✓ Requests for emergency shelter by homeless families will increase
  (Request for shelter by homeless families 2000 - 01 - \(\uparrow\) 22%)

✓ The nation’s weak economy will mean that the number of homeless people will increase

How can I identify families & children at risk?

- Know the important risk factors for homelessness

- Know how to ask sensitively about homelessness—homelessness carries a stigma
An overview of risk and protective factors that influence family homelessness

Causes of homelessness:

- Lack of affordable housing
- Low paying jobs
- Substance abuse and lack of needed services
- Mental illness and lack of needed services
- Domestic violence
- Unemployment
- Poverty
- Prison release
- Change/cuts in public assistance

Lack of affordable housing:

The gap between the number of affordable housing units and the number of people who need them is the largest on record — 5.4 million units

Domestic Violence:
One of the most common reasons for women and their children becoming homeless

Mental Illness: An important risk factor for homelessness

Mental Illness: An under-treated problem

Alcohol and drug abuse are associated with homelessness

Substance abuse plays an important role in single parent families.

Homelessness is a dynamic state

Children are homeless on average 10 months at a time

25% of homeless children are homeless more than once

Understanding the specific health problems of homeless children
How do the health issues of homeless children differ from housed children?

Data are limited* but suggest an overall increased morbidity.

The specific areas of concern and increased morbidity reflect “poverty medicine” in the extreme.

*most studies are descriptive with small, non-representative samples and often without an appropriate comparison group.
Overall Health
Homeless parents rate their children’s health as fair or poor more often


* No statistical comparison reported
# Hospitalization is common for homeless children

<table>
<thead>
<tr>
<th></th>
<th>Homeless</th>
<th>Housed, poor</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized in the previous 12 months</td>
<td>11%</td>
<td>5%</td>
<td>Weinreb et al. Pediatrics 102:554-562 (1998)</td>
</tr>
<tr>
<td>Hospitalized in the previous 12 months</td>
<td>12%</td>
<td></td>
<td>Parker et al. AJDC 145:520-526 (1991)</td>
</tr>
</tbody>
</table>

1. p<0.05
2. No statistical comparison reported
Homeless children are more likely to be seen in an ED

<table>
<thead>
<tr>
<th></th>
<th>Homeless, sheltered</th>
<th>Housed, poor</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean ED visits in previous year</td>
<td>1.6</td>
<td>1.0</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Percent with ≥ 2 ED visits in the last year</td>
<td>38%</td>
<td>20%</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Homeless children often have multiple health problems

Homeless children compared with their housed schoolmates

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Odds Ratio (95% confidence interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with any health problems vs. none</td>
<td>2.5 (1.4-4.5)</td>
</tr>
<tr>
<td>Children with multiple health problems vs. one</td>
<td>6.1 (2.3-16.0)</td>
</tr>
</tbody>
</table>

Clinic visits by homeless children underscore increased acute problems

<table>
<thead>
<tr>
<th></th>
<th>Homeless</th>
<th>Housed, poor</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute problem found during comprehensive care visit $^1$</td>
<td>8%</td>
<td>1%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Mean number of clinic visits in the past year $^2$</td>
<td>5.6</td>
<td>3.8</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Infectious Disease
Infectious Disease

- Homeless families often live in crowded quarters, which increase the risk of the common infectious diseases of childhood such as upper respiratory infections, ear infections, and diarrhea.
Infectious Disease

* No statistically significant difference between homeless and housed, no statistical comparison with general population reported.
Infectious Disease: Acute Otitis Media

* No statistical comparison reported.
Infectious Disease: Lice & scabies

* No statistical comparison reported.
Injury
Injury

Homeless children live in less structured and less safe environments that may place them at risk of injury.
Injury

Lead
Lead

- Elevated blood lead levels are associated with poverty.
- This is related to increased exposure to dust and dilapidated housing.
- There may also be increased absorption of lead in settings of poor nutrition.
- Iron and calcium deficiencies increase lead absorption.
# Lead toxicity

<table>
<thead>
<tr>
<th>Source</th>
<th>Blood lead level &gt; 30 mcg/dL</th>
<th>Blood lead level</th>
<th>Goal blood lead level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic record review ¹ (no statistical comparison reported)</td>
<td>3.8%</td>
<td>10-15 mcg/dL</td>
<td>≤10 mcg/dL</td>
</tr>
<tr>
<td>Survey results ²</td>
<td>1.7%</td>
<td>10-15 mcg/dL</td>
<td>≤10 mcg/dL</td>
</tr>
<tr>
<td>Children with elevated erythrocyte protoporphyrin (&gt;35 ug/dL) ³</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Healthy People 2010 ⁴</td>
<td></td>
<td></td>
<td></td>
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Lead screening is inadequate

<table>
<thead>
<tr>
<th></th>
<th>Homeless</th>
<th>Housed, poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened (9 mo. – 6 yr.)</td>
<td>67%</td>
<td>81%</td>
</tr>
</tbody>
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Mental Health & Behavior Problems
Mental Health & Behavior Problems

- Homeless children are more likely to come from backgrounds of domestic violence, mental illness, and substance abuse.

- These and other stresses associated with homelessness and poverty impact psychosocial well-being.
Mental Health:
A chart review of comprehensive care visits at a school-based clinic

Depression: A summary of studies reporting performance on the Children’s Depression Inventory - School-Aged Children

Percent exceeding the cut-off suggesting further psychiatric evaluation

Behavior Problems:
Children’s performance on the Behavior Problems Index

<table>
<thead>
<tr>
<th></th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless, sheltered</td>
<td>43</td>
</tr>
<tr>
<td>Housed, poor</td>
<td>40</td>
</tr>
</tbody>
</table>

Differences were primarily due to aggressive behaviors such as frequently stubborn, sullen or irritable, hitting other children or adults, frequent temper tantrums.

There were similar ratings on withdrawal, delinquency, and immaturity dimensions.

Behavior Problems:
Reported performance on the Child Behavior Checklist - School-Aged Children

Percent exceeding the cut-off suggesting further psychiatric evaluation:
(criteria T>60 for 1,2, T>65 for 3)

Behavior Problems:
Reported performance on the Child Behavior Checklist - Homeless School-aged Children

- 26% met criteria for clinical diagnosis (T>70)
- More problems in males.
  Compared to normative data:
  Homeless males had statistically significantly higher scores for total behavior and subcategories of externalizing, uncommunicative, and obsessive-compulsive behavior.

No statistically significant differences for homeless females.

- 9% met criteria for clinical diagnosis (T>70)
- Mean scores were comparable to population means.


Behavior Problems:
Reported performance on the Child Behavior Checklist - Pre-School Children

- Homeless, sheltered children compared with poor, housed children
- Statistically significant worse scores for total problems, externalizing and internalizing subgroup scores
- Total T score > 70 (clinical range)
  Homeless 21%
  Housed 5%

- Homeless, sheltered children compared with normative data
- No statistically significant differences in scores
- Total T score > 70 (clinical range)
  Homeless 20%

Behavior Problems:
Reported performance on the Simmons Behavior Checklist - Pre-School Children

- Homeless, sheltered children compared with housed, poor children

- No statistically significant difference in mean score or specific factor scores
Development
Development

- Psychosocial and environmental stresses undermine normal development

- Developmental screening has identified more developmental lags in homeless preschool children

- Among school-age children, academic problems are common
Denver Developmental Screening Test Results

- Reported prevalence of homeless children failing at least one section—a wide range: 5 percent, 15 percent, 54 percent
- Reported prevalence of homeless children failing at least two sections—9 percent
- Most common area of delay reported is speech/language (prevalence reported = 4 percent, 13 percent, 42 percent)

Psychometric testing of pre-school children and toddlers

- Homeless, sheltered pre-school children (age 3 - 5 years) performed more than one standard deviation below general population on tests of:
  - Visual-motor skills (Draw-A-Person)
  - Verbal ability (Binet IV vocabulary)
  - Receptive vocabulary (PPVT-R)
  - Visual-motor skill (Beery VMI)

- Homeless, sheltered toddlers (age 2) performed similarly to general population.

Psychometric testing of school-age children

- Homeless, sheltered children (age 6 - 12) performed more than one standard deviation below general population on tests of:
  - verbal ability (WISC-revised vocabulary)
  - reading (WRAT-R)

- Only 30% of the homeless children were reading at age level

Nutrition & Growth
Nutrition & Growth

- Poverty has been associated with both obesity and malnutrition

- Obesity reflects a diet containing excessive cheaper, carbohydrate rich foods

- Malnutrition reflects caloric deficiency
Obesity and malnutrition


* No statistical comparison made.
Access to nutritious food is problematic

Parents report eating at a fast food restaurant or convenience store at least 4 times per week

Access
to adequate amounts of food is problematic

Parents endorse children are hungry and not enough food fairly often to always

Parents endorse children are hungry and not enough to eat because of lack of money for 4 or more days in past month

Homeless, sheltered Housed, poor

(p<0.01)

(p<0.01)

Evidence of stunting in homeless children: chronic malnutrition decreases attained height

Evidence of obesity in poor, housed children

Percentile Distribution of Weight-Height

Anemia
Anemia

is another well-known disease of poverty

Dental Health
Dental caries
and lack of dental care is common among the poor

괴 36% of children have dental problems according to homeless families surveyed ¹
괴 28% of children have visible caries according to providers of health care for homeless children ²
괴 10 times rate of poor dentition in homeless children compared with general population according to national homeless health care providers ³

Access to Dental Care


*No statistical comparison reported.
Immunization Delay
Immunization delay is common, particularly in young children

Percent of children lacking up-to-date immunizations

- 6 mo - 6 yr (1)
- < 6 yr (2)
- < 3 yr (3)
- < 5 yr (4)

Homeless
Housed, poor
General population


*No statistical comparison reported.
Immunization delay in school-aged children

Percent of children lacking up-to-date immunizations

* no statistical comparison reported
Asthma
Asthma rates increase with poverty

- Dust mites, cockroaches, rodents, and indoor molds are common asthma triggers found in most shelter housing.
- Upper respiratory infection is common in homeless children and is a well-identified asthma trigger.
- There is increasing evidence that psychosocial stress may also be an important asthma trigger.
Asthma


* No statistical comparison reported.
Problems with vision are common among homeless children

Percent with visual acuity deficits identified during screening

Child Abuse
Child Abuse

- It is well known that perpetrators of child abuse are often victims of abuse themselves.

- As such, it is not surprising that many homeless children are at risk of abuse.
Families involved in child abuse investigation

Families reporting abuse of their children

Homeless Child Syndrome

In summary, the typical homeless child problem list will include:

- poverty-related health problems
- immunization delays
- untreated or under-treated acute and chronic problems
- mental health, behavior and academic problems
- child abuse/neglect
Modifying health care plans and prevention strategies
Homelessness carries a stigma

Determining housing status requires asking questions in a sensitive and non-threatening manner
Suggested assessment questions

🏠 Do you have safe and permanent housing?

🏠 Where are you staying? How long have you been there?

🏠 Have there been any changes in your housing situation since your last visit?
Suggested assessment questions (continued)

- Do you have any concerns about your housing?

- How many times have you moved in the last year?
  
  Homeless mothers living in shelters move an average of three to four times per year.
Altering your plan of care

Determine the safety of the living environment

🏠 If it is not safe, provide access to resources
Altering your plan of care

Recognize that homelessness is dynamic

-Reassess potential for homelessness at every encounter
Altering your plan of care

Use acute problem visits as a “window of opportunity”

Provide a thorough medical, developmental and psychological history as well as physical exam
Altering your plan of care

Be alert to medical conditions that result from lack of access to medical care, preceded homelessness, or occur with homelessness.

Prescribing practices should reflect the fact that the child may be living and eating in a shelter or on the street.
Altering your plan of care

Pay particular attention to health care maintenance

- Provide immunizations and screening for lead toxicity, anemia, visual acuity, and hearing loss

- Monitor growth and nutrition
Altering your plan of care

Provide a “medical home”

- Include primary pediatric care plus access to subspecialty care, developmental and psychological evaluation/treatment, medication and medical devices, case management, and 24 hr/7 day access through an answering service.
Altering your plan of care

Address continuity of care limitations

- Ensure patient transportation and availability of providers

- Ensure means of communication taking into consideration that patients often have limited phone access
Altering your plan of care

Screen parents for depression, substance abuse, and child abuse or neglect

Make appropriate referrals

As a final reality check, ask the parent if there is anything in the plan that will be difficult or impossible to follow
Know how to find resources for your homeless patients and their families.
Finding resources

✶ Web-based information

Health Care for the Homeless Information Resource Center

www.hchirc.com

✶ Web site supported by Health Resources & Service Administration, U.S. Department of Health & Human Services
✶ Includes state-based directory of health care for the homeless projects
✶ Links to federal agencies, national and student organizations
✶ Links to hotlines including domestic violence and crisis lines
Finding resources

🏠 Web-based information

National Health Care for the Homeless Council and HCH Clinicians’ Network

www.nhchc.org

🏠 Web site for membership organization serving health care providers working with homeless people across the U.S.
🏠 Features numerous publications including Healing Kids: the pediatric interest group update
🏠 Includes sections on training, research, public policy and advocacy
🏠 Links to other organizations and agencies serving homeless populations
Finding resources

Print-based information

No place to call home: Overview of outreach and primary health care services for the Homeless Children’s Program. 2001. (Health Care for the Homeless Information Resource Center; phone 1 888-439-3300)

“It is hard to imagine a social environment less conducive to health or normal maturation and development.”

—J.D. Wright
References used in this presentation

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