

Health Care for the Homeless

RESEARCH UPDATE

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Each quarter, research databases are searched for publications related to health care and homelessness. This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from (approximately) October 2010 – December 2010. Summaries are categorized into themes which vary each quarter.

CHILDREN & FAMILIES

Title: Ending Child Homelessness in America

Authors: Bassuk EL

Source: Am J Orthopsychiatry, 80(4): 496-504, 2010

Summary: Approximately 1.5 million children experience homelessness in America each year. The current economic recession and staggering numbers of housing foreclosures have caused the numbers of homeless families to increase dramatically. The impact of homelessness on families and children is devastating. Without a place to call home, children are severely challenged by unpredictability, dislocation, and chaos. Homelessness and exposure to traumatic stresses place them at high risk for poor mental health outcomes. Despite the pressing needs of these children, federal policy during the last decade has focused primarily on chronically homeless adult individuals to the exclusion of the families. In 2010, however, the U.S. Interagency Council on Homelessness issued a comprehensive plan to eradicate homelessness for all people through interagency collaboration and aligning mainstream services. A key goal is to prevent and end homelessness for families, youth, and children within 10 years. This policy-focused article describes several tools that can be used to help achieve this goal, including: general principles of care for serving homeless families and children; BSAFE-a promising practice that helps families access community-based services and supports; and the Campaign to End Child Homelessness aimed at action on behalf of homeless families and children at the national, state, and local levels.

Title: Maternal Health Behaviors and Infant Outcomes among Homeless Mothers: U.S. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 2000-2007

Authors: Richards R, Merrill RM, Baksh L and McGarry J

Source: Prev Med, 2010 [Epub 2010 Nov 06]

Summary: **OBJECTIVE:** To determine whether participation in the Women, Infants, and Children Program is associated with improved maternal and infant health outcomes among homeless women in the Pregnancy Risk Assessment Monitoring System. **METHOD:** Analyses were based on Pregnancy Risk Assessment Monitoring System participants from 31 states/cities in the United States, 2000-2007 (n=272,859). Overall, 4% of women completing the Pregnancy Risk Assessment Monitoring System survey were homeless, with 76% participating in the Women, Infants, and Children Program, a federally-funded supplemental nutrition program for low-income women and children less than 5 years old. **RESULTS:** Among women in the Pregnancy Risk Assessment Monitoring System survey who reported using the Women, Infants, and Children Program, those experiencing homelessness were older, less educated, less likely to have private health insurance, and more likely to receive government assistance. Homeless women in the Women, Infants, and Children Program compared with those not in the program were significantly more likely to have a higher body mass index, to initiate breastfeeding after delivery, have prenatal care visits, have a longer gestational age, and have a greater infant birth weight. **CONCLUSION:** Characteristics of homeless pregnant women choosing to participate in the Women, Infants, and Children Program are consistent with the requirements for program participation for women in general. Homeless women accessing the Women, Infants, and Children Program had better maternal and infant health outcomes.

Title: Mental Health Services for Children in Public Care and Other Vulnerable Groups: Implications for International Collaboration

Authors: Vostanis P

Source: Clin Child Psychol Psychiatry, 15(4): 555-571, 2010

Summary: Children in public care and other vulnerable young groups (homeless, adopted, refugees) are increasingly becoming the focus of policy and service planning. There is strong evidence

that all these client populations have high rates of mental health problems which are closely associated with other needs. We also have good knowledge on the factors that predispose individuals to and maintain mental health problems, as well as on the reasons for their not easily accessing and engaging with services. There is less evidence on the effectiveness of interventions or service models, although some interesting patterns are beginning to emerge. These include the need for inter-agency commissioning, clear care pathways, designated provision, applied therapeutic interventions, training for carers and frontline practitioners, and multi modal programmes. This paper discusses these issues, as well as ways forward, both for systems with relatively well developed child mental health services and for low-income countries. Service quality can be greatly strengthened by international collaboration on policy, practice and research networks, training and research.

COMMUNITY PARTNERSHIPS

Title: Recover Costs of Care with Community Partners

Authors: Hutner M

Source: Healthc Financ Manage, 64(11): 106-108, 110, 112, 2010

Summary: Hospitals that partner with community agencies can take the following steps to obtain Medicaid and Medicare reimbursement not available otherwise: Contact agencies that assist homeless disability applicants. Assess whether the hospital will recover otherwise lost costs. Form and fund partnerships with community agencies that will reimburse much more than costs.

Title: Health Care for the Homeless: A Partnership Between a City and a School of Nursing

Authors: Pennington K, Coast MJ and Kroh M

Source: J Nurs Educ, 49(12): 700-703, 2010

Summary: Although there is extant research on the homeless, less is available suggesting an innovative community partnership such as Project HOPE. This partnership provided baccalaureate nursing students with greater understanding of underserved populations and health care delivery systems, and encouraged their future work with marginalized populations upon graduation. Students collected descriptive information on the homeless population. Correlations were found among site placement: age, clothing and supplies given, wound care, referrals given, assessments, and season of the year. Student evaluations revealed paradigm shifts in attitudes and inspired advocacy toward this population. Through the descriptive information and qualitative comments, we gained insight on demographics, conditions observed, and interventions offered, which provided direction for quality improvement in curriculum design for the Community Health Nursing course, direction for future student groups working in shelters and with street outreach workers, and information useful to strengthening partnerships with local organizations working with the homeless population.

FOOD INSUFFICIENCY

Title: Food Insufficiency among HIV-Infected Crack Cocaine Users in Atlanta and Miami

Authors: Vogenthaler NS, Hadley C, Lewis SJ, Rodriguez AE, Metsch LR and del Rio C

Source: Public Health Nutr, 13(9): 1478-1484, 2010

Summary: OBJECTIVE: To measure the occurrence and correlates of food insufficiency among HIV-infected crack-cocaine users in Atlanta and Miami, USA. DESIGN: Non-probability cross-sectional sample. SETTING: Inner-city hospitals in Atlanta and Miami. SUBJECTS: Two hundred and eighty-seven HIV-infected crack users. RESULTS: One-third (34 %) of respondents experienced food insufficiency within 30 d of interview. Increased odds of food insufficiency was associated with current homelessness (adjusted OR = 3.78, 95 % CI 1.70, 8.41), living alone (adjusted OR = 2.85, 95 % CI 1.36, 5.98), religious service attendance (adjusted OR = 2.34, 95 % CI 1.02, 5.38) and presence of health insurance (adjusted OR = 2.41, 95 % CI 1.06, 5.54). Monthly income greater than \$US 600 (adjusted OR = 0.19, 95 % CI 0.06, 0.58) was associated with decreased odds of food insufficiency, and less than weekly crack use was marginally associated with decreased odds of food insufficiency (adjusted OR = 0.39, 95 % CI 0.13, 1.08). CONCLUSIONS: Food insufficiency is very prevalent among HIV-infected urban crack-cocaine users in Atlanta and Miami. Correlates of food insufficiency confirm the social vulnerability of these individuals. Routine assessment for food insecurity should become a routine component of treatment and prevention programmes in at-risk populations.

HEALTH CARE UTILIZATION

Title: Determinants of Physician Utilization, Emergency Room Use, and Hospitalizations among Populations with Multiple Health Vulnerabilities

Authors: Small LF

Source: Health (London), 2010 [Epub 2010 Dec 21]

Summary: Understanding the factors that influence differing types of health care utilization within vulnerable groups can serve as a basis for projecting future health care needs, forecasting future health care expenditures, and influencing social policy. In this article the Behavioral Model for Vulnerable Populations is used to evaluate discretionary (physician visits) and non-discretionary (emergency room visits, and hospitalizations) health utilization patterns of a sample of 1466 respondents with one or more vulnerable health classification. Reported vulnerabilities include: (1) persons with substance disorders; (2) homeless persons; (3) persons with mental health problems; (4) victims of violent crime; (5) persons diagnosed with HIV/AIDS; (6) and persons in receipt of public benefits. Hierarchical logistic regression is used on three nested models to model factors that influence physician visits, emergency room visits, and hospitalizations. Additionally, bivariate logistic regression analyses are completed using a vulnerability index to evaluate the impact of increased numbers of vulnerability on all three forms of health care utilization. Findings

from this study suggest the Behavioral Model of Vulnerable Populations be employed in future research regarding health care utilization patterns among vulnerable populations. This article encourages further research investigating the cumulative effect of health vulnerabilities on the use of non-discretionary services so that this behavior could be better understood and appropriate social policies and behavioral interventions implemented.

HEALTH DISPARITIES

Title: A Systematic Approach to Diabetes Mellitus Care in Underserved Populations: Improving Care of Minority and Homeless Persons

Authors: Baty PJ, Viviano SK, Schiller MR and Wendling AL

Source: Fam Med, 42(9): 623-627, 2010

Summary: BACKGROUND AND OBJECTIVES: Discrepancy in care of diabetes between racial and ethnic minority groups and Caucasians is well documented in America. System-based practices have been shown to improve quality of care outcomes. We implemented a disease registry and management system proven successful in a suburban practice network in four community health centers to improve diabetes process outcomes. METHODS: Diabetes care measures including HbA1C, LDL, microalbumin testing, and testing for retinopathy were compared for suburban practices and Community Health Center practices within the same health system. A comprehensive systems-based disease management process including a diabetes registry that had been successful with the suburban practices was implemented at the Community Health Centers. Diabetes care measures were followed to determine whether disparity in care could be improved with process-based initiatives. RESULTS: Following implementation of a diabetes registry and system-based disease management process, the percent of Community Health Center patients meeting guidelines improved significantly in all quality measures except the percentage of patients with HbA1C>9%. Despite this improvement, there remained a statistically significant discrepancy in performance between the Community Health Clinics and the suburban practices in most measures including percentage of patients with HbA1C<7%, HbA1C>9%, LDL<130, LDL<100, and percentage of patients with retinopathy screen or microalbumin test within the past year, with the Community Health Centers lagging behind in all comparisons. CONCLUSIONS: A structured systems-based approach to care of minority and at-risk populations utilizing diabetes registries resulted in significant improvement in clinical outcomes and helped to reduce but not eliminate disparities in diabetes outcome measurements between vulnerable and Caucasian populations.

Title: Vulnerability in Homeless Adolescents: Concept Analysis

Authors: Dorsen C

Source: J Adv Nurs, 66(12): 2819-2827, 2010

Summary: AIM: This paper is a report of an analysis of the concept of vulnerability in homeless adolescents. BACKGROUND: Caring for vulnerable populations and reduction of health inequities are top international healthcare priorities. Homeless adolescents experience health disparities as compared to their

housed counterparts and are among the most vulnerable of all populations. Understanding the concept of vulnerability as it relates to the homeless adolescent population will assist nurses in addressing the health and social concerns of this population. DATA SOURCES: The PubMed, Medline, Cochrane and CINAHL electronic databases were used to search for research papers published between 1980 and 2009. The keywords 'vulnerable', 'vulnerability' and 'homeless', 'adolescent', 'street' and 'youth' were used. Twenty-three papers from multiple disciplines were reviewed in an effort to arrive at a global definition of homeless adolescents' vulnerability. METHOD: Rodgers' evolutionary method of concept analysis was used for the analysis. RESULTS: Based on this analysis, vulnerability in homeless adolescents is defined as the constellation of past, present and future risk, perceived or real, because of the common human experience of risk, the increased vulnerability of the adolescent period, the consequences of family disruption, and the increased risks of life on the street. CONCLUSION: There was agreement in the literature regarding the antecedents, attributes, consequences and surrogate terms of the concept. However, differentiation between the concepts of risk and vulnerability, as suggested by seminal nurse researchers, was not supported. More research is needed into self-perceptions of vulnerability and vulnerability in subgroups of homeless adolescents.

Title: Head and Neck Cancer Screening in Homeless Communities: HEAL (Health Education, Assessment, and Leadership)

Authors: Moore CE and Durden F

Source: J Natl Med Assoc, 102(9): 811-816, 2010

Summary: Homeless persons are at high risk for medical illness, particularly for head and neck cancers, but they face several barriers to receiving adequate health care. We conducted cancer screening and education about head and neck cancer risk factors in one such population (n = 325). Although 41.4% of the participants reported at least 1 otolaryngologic sign or symptom, and 8.6% reported having 2 or more symptoms, most of them (72.3%) had received no medical care. The symptom reported most often was a change in voice (17.2%). In all, 11% of the participants were referred for head or neck cancer evaluation, and 9% of those undergoing biopsy had a malignancy that was later treated. Nearly 75% of participants had at least a ninth-grade education. However, although 71.2% knew that the use of tobacco can lead to lung cancer, 78.9% did not recognize that it can also lead to head or neck cancer. In this population, cigarette smoking was associated with more than doubled odds of follow-up medical care (odds ratio, 2.31). Head and neck cancers cause substantial morbidity and mortality. Community outreach programs can be an excellent starting point to improving early detection and health education for underserved communities.

Title: Health and Health Care Disparities among Homeless Women

Authors: Teruya C, Longshore D, Andersen RM, Arangua L, Nyamathi A, Leake B and Gelberg L

Source: Women Health, 50(8): 719-736, 2010

Summary: While disparities in health and health care between vulnerable (e.g., minorities, low-income) and majority populations are well documented, less is known about disparities within these special populations that are large and diverse. Such knowledge is essential to determine the neediest within these generally needy populations, and to plan interventions to reduce their health and health care disparities. With data from 1,331 women residing in Los Angeles County California, in one of the largest, most comprehensive studies of the health of homeless women to date, this study examined the health and health care disparities among homeless African American, Latina, and white women. This study further explored if race/ethnicity and other factors that predispose homeless women to poor health, or enable them to obtain better health care, were associated with their unmet need for medical care. The study found that white, non-Latina women were more likely to report unmet need than African Americans and Latinas, and women suffering from drug abuse, violence, or depression were most in need of care. These findings should be considered in targeting and addressing the special needs of homeless women of different racial/ethnic groups.

HIV

Title: A Single Tablet Regimen is Associated with Higher Adherence and Viral Suppression than Multiple Tablet Regimens in HIV+ Homeless and Marginally Housed People

Authors: Bangsberg DR, Ragland K, Monk A and Deeks SG

Source: AIDS, 24(18): 2835-2840, 2010

Summary: BACKGROUND: Although, single-tablet regimen (STR) efavirenz, emtricitabine, and tenofovir disoproxil fumarate (EFV/FTC/TDF) may be appealing in HIV-infected persons who are at high risk for nonadherence, the degree to which this simplified formulation affects adherence is not known. The virologic effectiveness of this STR in a potentially nonadherent population remains a concern, given the rapid selection of drug resistance seen with these drugs. METHOD: We performed a prospective observational study assessing adherence and virologic response to EFV/FTC/TDF STR among a cohort of homeless and marginally housed individuals. We compared adherence and viral suppression to historical controls followed in the same cohort. RESULTS: Adherence was higher in EFV/FTC/TDF STR regimen compared to non-one-pill-once-daily therapy (P = 0.006) after controlling for multiple confounders. Viral suppression (HIV RNA <50 copies/ml) was greater in EFV/FTC/TDF STR than non-one-pill-once-daily regimens (69.2 versus 46.5%; P = 0.02), but there was no difference in viral suppression after controlling for adherence. CONCLUSION: Once-daily EFV/TNF/FTC STR appears to be a reasonable option for individuals with multiple barriers to adherence. Randomized clinical trials addressing various therapeutic strategies for this patient population are needed.

Title: A Marginal Structural Model to Estimate the Causal Effect of Antidepressant Medication Treatment on Viral Suppression among Homeless and Marginally Housed Persons with HIV

Authors: Tsai AC, Weiser SD, Petersen ML, Ragland K, Kushel MB and Bangsberg DR

Source: Arch Gen Psychiatry, 67(12): 1282-1290, 2010

Summary: CONTEXT: Depression strongly predicts nonadherence to human immunodeficiency virus (HIV) antiretroviral therapy, and adherence is essential to maintaining viral suppression. This suggests that pharmacologic treatment of depression may improve virologic outcomes. However, previous longitudinal observational analyses have inadequately adjusted for time-varying confounding by depression severity, which could yield biased estimates of treatment effect. Application of marginal structural modeling to longitudinal observation data can, under certain assumptions, approximate the findings of a randomized controlled trial.

OBJECTIVE: To determine whether antidepressant medication treatment increases the probability of HIV viral suppression.

DESIGN: Community-based prospective cohort study with assessments conducted every 3 months. **SETTING:** Community-based research field site in San Francisco, California.

PARTICIPANTS: One hundred fifty-eight homeless and marginally housed persons with HIV who met baseline immunologic (CD4+ T-lymphocyte count, <350/ μ L) and psychiatric (Beck Depression Inventory II score, >13) inclusion criteria, observed from April 2002 through August 2007. **MAIN OUTCOME MEASURES:** Probability of achieving viral suppression to less than 50 copies/mL. Secondary outcomes of interest were probability of being on an antiretroviral therapy regimen, 7-day self-reported percentage adherence to antiretroviral therapy, and probability of reporting complete (100%) adherence. **RESULTS:** Marginal structural models estimated a 2.03 greater odds of achieving viral suppression (95% confidence interval [CI], 1.15-3.58; P = .02) resulting from antidepressant medication treatment. In addition, antidepressant medication use increased the probability of antiretroviral uptake (weighted odds ratio, 3.87; 95% CI, 1.98-7.58; P < .001). Self-reported adherence to antiretroviral therapy increased by 25 percentage points (95% CI, 14-36; P < .001), and the odds of reporting complete adherence nearly doubled (weighted odds ratio, 1.94; 95% CI, 1.20-3.13; P = .006). **CONCLUSIONS:** Antidepressant medication treatment increases viral suppression among persons with HIV. This effect is likely attributable to improved adherence to a continuum of HIV care, including increased uptake and adherence to antiretroviral therapy.

HOUSING

Title: The Exclusion of (Failed) Asylum Seekers from Housing and Home: Towards an Opposite Discourse

Authors: O'Mahony LF and Sweeney JA

Source: J Law Soc, 37(2): 285-314, 2010

Summary: "Housing" - the practical provision of a roof over one's head - is experienced by users as "home" - broadly described as housing plus the experiential elements of dwelling. Conversely, being without housing, commonly described as "homelessness", is experienced not only as an absence of shelter but in the philosophical sense of "ontological homelessness" and alienation from the conditions for well-being. For asylum seekers, these experiences are deliberately and explicitly excluded from official law and policy discourses. This article demonstrates how law and policy is propelled by an "official discourse" based on the denial of housing and the avoidance of "home" attachments, which effectively keeps the asylum seeker in a state of ontological homelessness and alienation. We reflect on this exclusion and consider how a new "oppositional discourse" of housing and home - taking these considerations into account - might impact on the balancing exercise inherent to laws and policies concerning asylum seekers.

Title: Housing as an Intervention on Hospital Use: Access among Chronically Homeless Persons with Disabilities

Authors: Parker D

Source: J Urban Health, 2010 [Epub 2010 Dec 03]

Summary: A study examining demographics and hospital utilization for chronically homeless persons with disabilities was conducted at pre-housing enrollment and at 6 months post-housing. Of the 20 participants, 70% (n = 14) were Black American and 30% (n = 6) were White; 100% (n = 20) were non-Hispanic; 90% (n = 18) were men; 40% (n = 8) were veterans; Median years since last permanent housing and total homelessness were 7 and 10.5 respectively. The following increases were observed: employment (0 to 1); income (20%, n = 4 to 35%, n = 7); primary care (25%, n = 5 to 95%, n = 19); and mental health service use (25%, n = 5 to 60%, n = 12). Known disabilities included HIV (15%, n = 3); hepatitis C (45%, n = 9); mental illness (60%, n = 12) and substance abuse (80%, n = 16) with 45% (n = 9) dually diagnosed. Over the course of the study, Emergency department visits and inpatient hospitalization use decreased. While these differences were not statistically significant (p = 0.14 and p = 0.31, respectively), they translate to an estimated \$250,208 savings.

INJURY PREVENTION

Title: A Comparative Analysis of Serious Injury and Illness among Homeless and Housed Low Income Residents of New York City

Authors: Frencher SK Jr, Benedicto CM, Kendig TD, Herman D, Barlow B and Pressley JC

Source: J Trauma, 69(4Suppl): S191-199, 2010

Summary: BACKGROUND: Delivery of effective primary, secondary, and tertiary injury prevention in homeless populations is complex and could be greatly aided by an improved understanding of contributing factors. METHODS: Injury and health conditions were examined for hospitalized New York City homeless persons (n = 326,073) and low socioeconomic status (SES) housed residents (n = 1,202,622) using 2000 to 2002 New York statewide hospital discharge data (Statewide Program and Research Cooperative System). Age- and gender-adjusted odds ratios with 95% confidence intervals were calculated within age groups of 0.1 years to 9 years, 10 years to 19 years, 20 years to 64 years, and ≥65 years, with low SES housed as the comparison group. RESULTS: Comorbid conditions, injury, and injury mechanisms varied by age, gender, race or ethnicity, and housing status. Odds of unintentional injury in homeless versus low SES housed were higher in younger children aged 0 years to 9 years (1.34, 1.27-1.42), adults (1.13, 1.09-1.18), and elderly (1.25, 1.20-1.30). Falls were increased by 30% in children, 14% in adolescents or teenagers, and 47% in the elderly. More than one-quarter (26.9%) of fall hospitalizations in homeless children younger than 5 years were due to falls from furniture with more than threefold differences observed in both 3 year and 4 year olds (p = 0.0001). Several comorbid conditions with potential to complicate injury and postinjury care were increased in homeless including nutritional deficiencies, infections, alcohol and drug use, and mental disorders. CONCLUSIONS: Although homelessness presents unique, highly complex social and health issues that tend to overshadow the need for and the value of injury prevention, this study highlights potentially fruitful areas for primary, secondary, and tertiary prevention.

MENTAL HEALTH & SUBSTANCE ABUSE

Title: A GIS-based Methodology for Improving Needle Exchange Service Delivery

Authors: Davidson PJ, Scholar S and Howe M

Source: Int J Drug Policy, 2010 [Epub 2010 Nov 30]

Summary: BACKGROUND: A variety of legal, social and logistical factors can prevent individuals from accessing formal needle exchange programmes. One common solution to this problem is satellite exchange, which involves collaborating with people who already use an exchange to deliver needles and other supplies to those unable to access the exchange. While this approach can be very successful, one potential problem is that those most willing to deliver needles to their peers are often members of social networks that are already well connected with the needle exchange, leading to duplication of effort. In this paper we describe a simple and

novel method for identifying groups of people who are demonstrably in need of improved access to needles, and for re-targeting efforts to meet the needs of those people. The method described was piloted at the Homeless Youth Alliance, San Francisco, USA, and further refined at Clean Needles Now, Los Angeles, USA. METHODS: People accessing needle exchange sites were asked to participate in a survey with two questions: "where were you and what time was it last time someone borrowed a needle from you?" and "where were you and what time was it last time you had to borrow a needle from someone else?" Responses were geocoded, and maps produced showing 'hotspots' where people were frequently finding themselves without needles. RESULTS: Satellite needle exchange was refined from an ad-hoc activity into one which focused on delivering needles to those with empirically demonstrable need. Maps produced in the process also proved valuable in discussions with local officials and other agencies about funding, as well as needle provision policy and practices. CONCLUSION: We describe a method for rapidly assessing, describing, and responding to unmet and under-met need among injecting drug users. The method is particularly well-suited to organizations with extremely limited resources.

Title: Predictors and Effects of Alcohol Use on Liver Function among Young HCV-infected Injection Drug Users in a Behavioral Intervention

Authors: Drumright LN, Hagan H, Thomas DL, Latka MH, Golub ET, Garfein RS, Clapp JD, Campbell JV, Bonner S, Kapadia F, Thiel TK and Strathdee SA

Source: J Hepatol, 2010 [Epub 2010 Dec 15]

Summary: BACKGROUND & AIMS: Hepatitis C virus (HCV) screening can provide opportunities to reduce disease progression through counseling against alcohol use, but empirical data on this issue are sparse. We determined the efficacy of a behavioral intervention in reducing alcohol use among young, HCV-infected injection drug users (IDUs) (n=355) and assessed whether changes in liver enzymes were associated with changes in alcohol consumption. METHODS: Both the intervention and attention-control groups were counseled to avoid alcohol use, but the intervention group received enhanced counseling. Logistic regression, ANOVA, and continuous time Markov models were used to identify factors associated with alcohol use, changes in mean ALT and AST levels and change in alcohol use post-intervention. RESULTS: Six months post-intervention, alcohol abstinence increased 22.7% in both groups, with no difference by intervention arm. Transition from alcohol use to abstinence was associated with a decrease in liver enzymes, with a marginally greater decrease in the intervention group (p=0.05 for ALT; p=0.06 for AST). In multivariate Markov models, those who used marijuana transitioned from alcohol abstinence to consumption more rapidly than non-users (RR=3.11); those who were homeless transitioned more slowly to alcohol abstinence (RR=0.47); and those who had ever received a clinical diagnosis of liver disease transitioned more rapidly to abstinence (RR=1.88). CONCLUSIONS: Although, behavioral counseling to reduce alcohol consumption among HCV-infected IDUs had a modest effect, reductions in alcohol consumption were associated with

marked improvements in liver function. Interventions to reduce alcohol use among HCV-infected IDUs may benefit from being integrated into clinical care and monitoring of HCV infection.

Title: Dangerous Noncompliance: A Narrative Analysis of a CNN Special Investigation of Mental Illness

Authors: Glick D and Applbaum K

Source: Anthropol Med, 17(2): 229-244, 2010

Summary: Prevention of illness has become a central theme in debates over strategies to reduce healthcare costs. Severe mental illness poses a special challenge to the paradigm of rational prevention, the principal strategy of which is adherence to pharmacological therapies. With the contraction in the US of in-patient psychiatric care from the 1960s onwards, the mentally ill have become more visible among the homeless and among those caught up in the penal system. Their characteristic visibility contributes to their image as threatening. The perceived dangerousness and the combined societal and economic costs associated with the illness have generated a heightened, and in some venues even a sensationalized rhetoric surrounding the questions of responsibility and control, which we consider in terms of compliance. Using the linguistic method of discourse analysis, we analyze one high profile instance - an episode of CNN's 'Special Investigations Unit', which aired several times in the summer of 2007 - to demonstrate a narrative linking of the high social costs and failures associated with noncompliance and, therefore, the imperative of enforcing it for the safety of society. Through the semiotic reduction of a 'poetic parallelism', the episode reflects and reinforces existing cultural models for mental illness, including its status as straightforward biological disease amenable to pharmacological therapy but which remains uncontrolled due to widespread noncompliance.

Title: Smoking Cessation among Sheltered Homeless: A Pilot

Authors: Shelley D, Cantrell J, Wong S and Warn D

Source: Am J Health Behav, 34(5): 544-552, 2010

Summary: OBJECTIVE: To test the feasibility and effect of a smoking cessation intervention among sheltered homeless. METHODS: Homeless smokers were enrolled in a 12-week group counseling program plus pharmacotherapy (n = 58). RESULTS: The mean number of sessions attended was 7.2; most participants used at least one type of medication (67%); and 75% completed 12-week end-of-treatment surveys. Carbon-monoxide-verified abstinence rates at 12 and 24 weeks were 15.5% and 13.6% respectively. CONCLUSION: Results support the feasibility of enrolling and retaining sheltered homeless in a smoking cessation program. Counseling plus pharmacotherapy options may be effective in helping sheltered homeless smokers quit.

Title: Predictors of Substance Abuse Treatment Need and Receipt Among Homeless Women

Authors: Tucker JS, Wenzel SL, Golinelli D, Zhou A and Green HD Jr

Source: J Subst Abuse Treat, 2010 [Epub 2010 Dec 28]

Summary: Many homeless women do not receive needed treatment for substance abuse. This study identified social network and other predisposing factors associated with perceived need for and receipt of substance abuse treatment among 273 homeless women who screened positive for past-year substance abuse. Perceived treatment need was more likely among women with drug-using sex partners, a denser network, and an arrest history but less likely for those with a minor child and a longer history of homelessness. Receiving treatment was more likely among women who received informational support from their sex partners and who had an arrest history but less likely among those who had a more street-based social network, had a minor child, considered themselves homeless, and recently needed mental health treatment. Treatment services researchers should attend more closely to social contextual factors, as well as the more traditional individual factors, to understand access and barriers to treatment.

ORAL HEALTH

Title: Dental Students' Attitudes toward Homeless People while Providing Oral Health Care

Authors: Habibian M, Elizondo L and Mulligan R

Source: J Dent Educ, 74(11): 1190-1196, 2010

Summary: Homeless people have multiple barriers in accessing health care services, and health care providers' negative attitudes toward homeless people have been suggested as part of the problem. Studies on dental students' attitudes toward homeless people are lacking, so our aim was to understand dental students' attitudes. Dental students under the supervision of faculty members spent one day per week for seven weeks at the University of Southern California Union Rescue Mission Dental Clinic providing comprehensive dental services to homeless patients. Students completed the attitudes towards the homeless questionnaire (ATHQ) before and after the rotation with an experience evaluation questionnaire at the end. Data were collected over two years. A total of 242 students completed the questionnaires. The score on the ATHQ after rotation increased slightly but statistically significantly (70.36 pretest/71.38 posttest, $P=0.01$). Students' age, gender, and prior contact with the homeless population were not related to their attitudes toward homeless patients. Eighty-five percent agreed that the rotation made them feel more comfortable treating homeless patients, and 98 percent agreed that the patients made their experience enjoyable. Results suggest that dental students had positive attitudes toward the homeless and their scores on the ATHQ improved slightly after providing care.

Title: Health and Oral Health Care Needs and Health Care-Seeking Behavior among Homeless Injection Drug Users in San Francisco

Authors: Robbins JL, Wenger L, Lorvick J, Shiboski C and Kral AH

Source: J Urban Health, 2010 [Epub 2010 Oct 15]

Summary: Few existing studies have examined health and oral health needs and treatment-seeking behavior among the homeless and injection drug users (IDUs). This paper describes the prevalence and correlates of health and oral health care needs and treatment-seeking behaviors in homeless IDUs recruited in San Francisco, California, from 2003 to 2005 ($N = 340$). We examined sociodemographic characteristics, drug use patterns, HIV status via oral fluid testing, physical health using the Short Form 12 Physical Component Score, self-reported needs for physical and oral health care, and the self-reported frequency of seeking medical and oral health care. The sample had a lower health status as compared to the general population and reported a frequent need for physical and oral health care. In bivariate analysis, being in methadone treatment was associated with care-seeking behavior. In addition, being enrolled in Medi-Cal, California's state Medicaid program, was associated with greater odds of seeking physical and oral health care. Methamphetamine use was not associated with higher odds of needing oral health care as compared to people who reported using other illicit drugs. Homeless IDUs in San Francisco have a large burden of unmet health and oral health needs. Recent cuts in Medi-Cal's adult dental coverage may result in a greater burden of oral health care which will need to be provided by emergency departments and neighborhood dental clinics.

Title: The Oral Health Conditions of the Homeless in Downtown Los Angeles

Authors: Seirawan H, Elizondo LK, Nathason N and Mulligan R

Source: J Calif Dent Assoc, 38(9): 681-688, 2010

Summary: The aim of this study is to evaluate a community health project serving the homeless and to assess their oral health. Clinical charts of 1,088 patients were evaluated. The prevalence of untreated caries was 58 percent among adults with a mean of 6.3 decayed teeth. Homeless individuals are in great need of restorative, surgical, and periodontal dental procedures. Community health projects are important in assessing and improving the oral health of the underserved homeless population.

PUBLIC HEALTH

Title: Public Toilets Down the Drain? Why Privies are a Public Health Concern

Authors: Stanwell-Smith R

Source: Public Health, 124(11): 613-616, 2010

Summary: Whether you call it the loo, john, privy, lavatory or toilet, this facility is essential wherever humans gather or live: toilet provision has even been called the barometer of civilization. The modern development of public toilets dates from the late 19th century when sewer systems and water supplies provided hygienic means of dealing with waste, facilitated by public health legislation that also permitted local authorities to provide toilets in town centres. Yet the statutes in the United Kingdom, where the flushing toilet as we know it was invented, never went so far as to require provision of these facilities outside the home. Pressure on resources during the last 20 years has led to many public toilets being closed, for example, 40% of those in London, or to entry charges that reduce accessibility. At the same time an increasingly mobile population has made public toilets even more necessary. Recent public inquiries into public toilet provision in the UK have revealed the impact of the paucity of facilities on the elderly, women, families with young children, ill health that increases the need for toilet use, visitors and poor or homeless members of the community. There has been little attention in public health on the provision of public toilets. With street urination on the increase and less free access to toilets, it is time for public health to recognize a great need and to campaign to turn the tide on public toilet closures, with imaginative planning strategy and associated opportunities to encourage hand washing and other hygiene health promotion.

SURVEY SAMPLING

Title: The Effect of Survey Sampling Frame on Coverage: The Level of and Changes in Alcohol-Related Mortality in Finland as a Test Case

Authors: Makela P and Huhtanen P

Source: Addiction, 105(11): 1935-1941, 2010

Summary: AIMS: Exclusion of, for example, the homeless and institutionalized from survey sampling frames has been suggested to be one important reason for low coverage rate of surveys. We assess this, using mortality data from Finland, where in 2004 alcohol taxes were lowered by one-third, and surveys were unable to capture the 10% increase in per capita consumption. DESIGN AND MEASUREMENT: We compared the level of and the change in alcohol-related mortality in 2001-03 and 2004-05 in (1) the whole population, (2) the population included in the sampling frame of many Finnish surveys and (3) the population excluded from the sampling frame. SETTING AND PARTICIPANTS: Finns aged 15 years and above, linked individually to cause of death data. FINDINGS: The population outside survey sampling frames constituted 1.4% of the whole population and had a high rate of alcohol-related deaths. For example, among men the rate of directly alcohol-attributable causes was 3.7 times higher than in

the survey population. Among women the rate ratio was 4.6. The exclusion of the non-survey population reduced the estimated level of alcohol-related mortality by 1.4%. Similarly, the non-survey population had only a marginal effect on the estimates of temporal change. CONCLUSIONS: Alcohol-related mortality, and hence probably also alcohol consumption, is on average much higher in the subgroups of populations excluded from survey sampling frames. Due to the small size of the excluded group in the Finnish context, this has only a small effect on population-level estimates.

VETERANS

Title: Personal, Medical, and Healthcare Utilization among Homeless Veterans Served by Metropolitan and Nonmetropolitan Veteran Facilities

Authors: Gordon AJ, Haas GL, Luther JF, Hilton MT and Goldstein G

Source: Psychol Serv, 7(2): 65-74, 2010

Summary: This study assessed differences in personal, medical, and health care utilization characteristics of homeless veterans living in metropolitan versus nonmetropolitan environments. Data were obtained from a Veterans Health Administration (VHA) network sample of homeless veterans. Chi-square tests were used to assess differences in demographics, military history, living situation, medical history, employment status, and health care utilization. Moderator analyses determined whether predictors of health care utilization varied by metropolitan status. Of 3,595 respondents, 60% were residing in metropolitan areas. Age, sex, and marital status were similar between metropolitan and nonmetropolitan homeless. Metropolitan homeless were less likely to receive public financial support or to be employed, to have at least one medical problem, one psychiatric problem, or current alcohol dependency, but more likely to be homeless longer. Of the 52% of the sample who used VHA care in the last 6 months, 53% were metropolitan versus 49% nonmetropolitan ($p = .01$). Metropolitan status predicted at least one VHA visit within the prior 6 months (OR:1.3, CI:1.1, 1.6). Significant differences occur in the personal, medical, and health care utilization characteristics of homeless veterans in metropolitan versus nonmetropolitan areas.

Title: Access Related Measures and Out-of-System Utilization among Veterans with Bipolar Disorder

Authors: McCarthy JF, Valenstein M, Zivin K, Zeber JE and Kilbourne AM

Source: Psychiatr Serv, 61(10): 1035-1038, 2010

Summary: OBJECTIVE: This study examined associations between access-related measures and out-of-system health services utilization (general medicine and mental health services) among patients with bipolar disorder at a U.S. Department of Veterans Affairs (VA) medical center. METHODS: VA patients ($N=391$) with bipolar disorder answered questions about health services access (non-VA insurance coverage, travel distance to their VA facility, service-connected disability status, and difficulty receiving needed mental health care) and out-of-system services utilization. Multivariable Tobit regression was used to evaluate associations

between access measures and propensity to receive out-of-system services. RESULTS: More than half the veterans (56%) reported some non-VA utilization. Out-of-system utilization was more likely among patients who were married, younger, homeless, with private insurance, without service-connected disabilities, and who reported access difficulties. CONCLUSIONS: Out-of-system utilization was associated with multiple measures of access and indicators specific to VA and non-VA providers. Enhancing health system access for patients with bipolar disorder may reduce out-of-system utilization, potentially enhancing continuity of care.

Title: Applying the Chronic Care Model to Homeless Veterans: Effect of a Population Approach to Primary Care on Utilization and Clinical Outcomes

Authors: O'Toole TP, Buckel L, Bourgault C, Blumen J, Redihan SG, Jiang L and Friedmann P

Source: Am J Public Health, 100(12): 2493-2499, 2010

Summary: OBJECTIVES: We compared a population-tailored approach to primary care for homeless veterans with a usual care approach. METHODS: We conducted a retrospective prolective cohort study of homeless veterans enrolled in a population-tailored primary care clinic matched to a historical sample in general internal medicine clinics. Overall, 177 patients were enrolled: 79 in the Homeless-Oriented Primary Care Clinic and 98 in general internal medicine primary care. RESULTS: Homeless-oriented primary care-enrolled patients had greater improvements in hypertension, diabetes, and lipid control, and primary care use was higher during the first 6 months (5.96 visits per person vs 1.63 for general internal medicine) but stabilized to comparable rates during the second 6 months (2.01 vs 1.31, respectively). Emergency department (ED) use was also higher (2.59 vs 1.89 visits), although with 40% lower odds for nonacute ED visits than for the general internal medicine group (95% confidence interval = 0.2, 0.8). Excluding substance abuse and mental health admissions, hospitalizations were reduced among the homeless veterans between the 2 periods (28.6% vs 10.8%; $P < .01$) compared with the general internal medicine group (48.2% vs 44.4%; $P = .6$; difference of differences, $P < .01$). CONCLUSIONS: Tailoring primary care to homeless veterans can decrease unnecessary ED use and medical admissions and improve chronic disease management.

Title: Motivational Interview Improves Treatment Entry in Homeless Veterans

Authors: Wain RM, Wilbourne PL, Harris KW, Pierson H, Teleki J, Burling TA and Lovett S

Source: Drug Alcohol Depend, 2010 [Epub 2010 Dec 15]

Summary: Motivational Interviewing (MI) has successfully been used to facilitate entry and compliance in drug and alcohol treatment programs. Some questions have been raised as to the effectiveness of MI in severely distressed populations. This study aims to assess the effectiveness of MI in a population of homeless, unemployed, and substance dependent veterans who are being wait-listed for entry into a residential treatment program. Seventy-five veterans placed on a wait-list were randomized to receive a single MI or standard (Std) intake interview. Outcomes assessed

were entry, and length of stay (LOS). Secondary outcomes assessed included program completion and rates of graduation. Readiness to change and self-efficacy were assessed before and after the interview. Significantly more participants entered the program in the MI group (95%) than in the Std group (71%). Although those in the MI group remained in the program longer, and had higher program completion and graduation rates, these differences were not statistically significant. No significant between-group or within-group differences were found in readiness or self-efficacy. This study demonstrates that a single, easily administered intervention can increase program entry. Also based on the study findings, further research into the question of whether MI can increase program retention, in a severely distressed population, is warranted.

YOUTH

Title: Resilience and Suicidality among Homeless Youth

Authors: Cleverly K and Kidd SA

Source: J Adolesc, 2010 [Epub 2010 Dec 03]

Summary: Homeless and street-involved youth are considered an extremely high risk group, with many studies highlighting trajectories characterized by abusive, neglectful, and unstable family histories, victimization and criminal involvement while on the streets, high rates of physical and mental illness, and extremely high rates of mortality. While there exists a substantial body of knowledge regarding risk, in recent years attention has been increasingly shifting to the examination of resilience, intervention, and service delivery models for these young people. The present study describes the findings from a quantitative examination of personal and street-related demographics, psychological distress, self-esteem, resilience, and suicidality among 47 homeless and street-involved youth. Key findings indicate that the apparent erosion of mental health variables, including resilience, occurs as a function of how long the youths have been without stable housing. Finally, those youths' perceived resilience was associated with less suicidal ideation whereas higher psychological distress was associated with higher suicidal ideation, even when accounting for resiliency.

Title: Diversity of Contexts in Drug Use among Street Adolescents

Authors: Goncalves de Moura Y, van der Meer Sanchez Z and Noto AR

Source: Qual Health Res, 20(9), 1241-1253, 2010

Summary: In this study we aimed to investigate through ethnographic methods the different contexts of drug use by street adolescents in Sao Paulo, Brazil. Participant observations and semistructured interviews were performed at 11 major points of adolescent concentration in the streets of the city and in 10 care institutions. The sample was composed of 17 adolescents between 12 and 17 years of age. Data showed diverse patterns of drug use distributed by geographic situation and street circumstances. Observations were grouped into three main contexts: (a) immersion: greater intensity of drug use associated with greater involvement in the street culture; (b) surface: less drug use

associated with family closeness; and (c) alternative-migratory: greater involvement with drug trafficking and prostitution associated with less family closeness and street culture. The drug use patterns varied in accordance with the diversity of street situations. Therefore, the peculiarities of each context should be taken into consideration in the development of social/ health policies.

Title: Youth Homelessness: The Relationships among Mental Health, Hope, and Service Satisfaction

Authors: Hughes JR, Clark SE, Wood W, Cakmak S, Cox A, Macinnis M, Warren B, Handrahan E and Broom B

Source: J Can Acad Child Adolesc Psychiatry, 19(4): 274-283, 2010

Summary: INTRODUCTION: This paper reports a mental health assessment of 60 homeless youth. Our study explored the mental health needs of youth accessing an overnight youth shelter (maximum stay 8 weeks). METHODS: Participants completed an interview (45 to 120 minutes in duration) using one demographic form and one of two standardized questionnaires (Youth Self Report, Adult Self Report). Questions assessed youth mental health symptoms, examined various contacts that youth made with mainstream society (services, family), and identified potential motivating factors (hope, service satisfaction) that may play a role in fostering street survival during adolescence. RESULTS: Forty-eight percent of the youth were clinically symptomatic and most youth accessed a range of general health services. CONCLUSION: However, those most in need had significantly less service satisfaction, less hope about the future, and had not accessed mental health services.

Title: Mental Health Challenges and Strengths of Street-Involved Youth: The Need for a Multi-Determined Approach

Authors: McCay E, Langley J, Beanlands H, Cooper L, Mudachi, N, Harris A, Blidner R, Bach K, Dart C, Howes C and Miner S
Source: Can J Nurs Rev, 42(3): 30-49, 2010

Summary: The social environments and activities of homeless youth frequently create a downward spiral, leading to drug abuse and survival sex as well as self-harm behaviours and suicidality. This study employed a mixed-methods approach to assess the mental health challenges and strengths of street-involved youth. A convenience sample of 70 homeless young people completed a series of standardized questionnaires evaluating mental health symptoms as well as resilience and self-esteem. Two focus groups were also held to capture the perceived mental health needs of street-involved youth. These young people (aged 16-24) were found to have high levels of mental health symptoms compared to other groups of young adults. However, they also exhibited moderately high levels of resilience and self-esteem. Therefore, multi-component mental health programs and interventions that address both strengths and challenges may well help street-involved youth to work towards social re-integration and, ultimately, improved quality of life.

Title: The Effect of Early Treatment, Victimization, and Partner Violence on HIV Risk Behavior among Homeless Young Adults

Authors: Melander LA and Tyler KA

Source: J Adolesc Health, 47(6): 575-581, 2010

Summary: PURPOSE: The purpose of our study was to examine the relationship between child maltreatment, physical and sexual victimization, and partner violence victimization with human immunodeficiency virus (HIV) risk behaviors among a sample of homeless young adults from the midwestern United States. METHODS: Data are from the Homeless Young Adult Project. A total of 199 young adults aged 19-26 years were interviewed over 14 months using a systematic sampling strategy. The final sample included 172 young adults who were homeless or had a history of running away and being homeless. RESULTS: Results from the path analysis revealed that sexual abuse is directly linked with street sexual victimization which was positively associated with a greater number of HIV risk behaviors. Experiencing more types of physical abuse and neglect were positively correlated with partner violence victimization, which was, in turn, associated with more HIV risk behaviors. Those who suffered from more types of neglect also experienced more forms of sexual and physical victimization. CONCLUSIONS: These findings have implications for service providers. Clinicians who serve homeless youth should recognize the potential effect that experiencing a variety of forms of victimization may have on health risk behaviors.

Title: Correlates of Substance Use Severity among Homeless Youth

Authors: Nyamathi A, Hudson A, Greengold B, Slagle A, Marfisee M, Khalilifard F and Leake B

Source: J Child Adolesc Psychiatr Nurs, 23(4): 214-222, 2010

Summary: PROBLEM: this cross-sectional study identified a number of factors that were correlated with drug-use severity among homeless youth. METHODS: to examine a commonly used measure of substance-use severity, the TCU Drug Screen II, in a convenience sample of 156 homeless youth, ages 15-25 from a drop-in site in Santa Monica, California. FINDINGS: higher drug-use severity scores were independently related to low levels of perceived health and maladaptive coping strategies. CONCLUSIONS: the findings from this study are particularly relevant in that they support previous results showing that psychosocial variables are related to substance use behavior among young populations.

Title: Correlates of Depressive Symptoms among Homeless Young Adults

Authors: Nyamathi A, Marfisee M, Slagle A, Greengold B, Liu Y and Leake B

Source: West J Nurs Res, 2010 [Epub 2010 Dec 07]

Summary: Adolescent homelessness has received increasing attention because of its fast growth throughout the United States and the poor mental outcomes experienced by homeless young people. This cross-sectional study (N = 156) identified correlates of depressive symptomatology among homeless young adults and investigated how depressive symptoms are influenced by the coping strategies these young adults use. The findings are based on

analysis of baseline data collected for a hepatitis vaccination intervention pilot study conducted in partnership with a young adult's drop-in center in Santa Monica, California. Standardized tools assessed drug use history, coping ability, and psychiatric symptomatology. Linear regression modeling was used to identify correlates of depressive symptom severity. Poor perceived physical health, recent crack cocaine use, and recent use of tranquilizers were significantly associated with increased severity of depressive symptoms. Self-destructive escape, nondisclosure/avoidance, passive problem solving, and thoughts of harming self were also associated with increased severity of depressive symptoms.

Title: Internet Use, Social Networking, and HIV/AIDS Risk for Homeless Adolescents

Authors: Rice E, Monro W, Barman-Adhikari A, and Young SD

Source: J Adolesc Health, 47(6): 610-613, 2010

Summary: OBJECTIVE: To examine the association between sexual health and internet use, including social networking websites such as MySpace and Facebook, among a sample of homeless adolescents at high risk of contracting HIV/AIDS. METHODS: In 2009, a survey of internet use among 201 homeless adolescents was carried out. Multivariate logistic regression models assessed how patterns of use were associated with engaging in exchange sex (sex for money, drugs, or housing), recent HIV testing, and online partner-seeking behaviors. RESULTS: Among the surveyed adolescents, 96.5% reported internet use. Most youth accessed the internet at public libraries or youth service agencies. Increased time online and recent engagement in exchange sex were both positively associated with online partner-seeking. Youth connected to family members online were less likely to practice exchange sex and more likely to report a recent HIV test. Youth connected to street-based peers online were more likely to practice exchange sex, whereas youth connected to home-based peers online were more likely to report a recent HIV test. CONCLUSIONS: Although these data are preliminary, homeless youth need more access to the internet, as access facilitates connecting with family and home-based peers whose presence may reduce sexual risk-taking. Access, however, must be carefully monitored to prevent youth soliciting sex online.

Title: Service with Compassion: H.O.M.E. Project's Keiki Ola Pono Sports (KOPS) Program

Authors: Yoshizawa A, Yee J, Liu E, Villanueva N and Thielen Z

Source: Hawaii Med J, 69(12): 289-290, 2010

Summary: H.O.M.E. (Homeless Outreach and Medical Education) Project is a health clinic operated by medical students from the John A. Burns School of Medicine. It was established in 2005 to provide free healthcare to homeless shelters on Oahu. H.O.M.E. Project is also geared toward increasing medical students' awareness and understanding of the homeless population and their healthcare needs. In 2009-10, a few first year medical students developed a sustainable exercise program for homeless children to enable them to increase their exercise levels while finding an interest and motivation to improve their physical and mental health. The Keiki Ola Pono "children's health and

wellness" Sports Program was adapted from an existing one that was started a few years ago.