

# 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) April 2011 – June 2011. Summaries are categorized into themes which vary each quarter.

### CHILDREN & YOUTH

#### **Title: Physical and Mental Health, Cognitive Development, and Health Care Use by Housing Status of Low-Income Young Children in 20 American Cities: A Prospective Cohort Study**

**Authors:** Park JM, Fertig A and Allison P

**Source:** Am J Public Health, 2011 [Epub 2011 May 10]

**Summary:** Objectives. We assessed the independent effect of homeless and doubled-up episodes on physical and mental health, cognitive development, and health care use among children. Methods. We used data from 4 waves of the Fragile Families and Child Wellbeing Study, involving a sample of 2631 low-income children in 20 large US cities who have been followed since birth. Multivariate analyses involved logistic regression using the hybrid method to include both fixed and random effects. Results. Of the sample, 9.8% experienced homelessness and an additional 23.6% had a doubled-up episode. Housing status had little significant adverse effect on child physical or mental health, cognitive development, or health care use. Conclusions. Family and environmental stressors common to many children in poverty, rather than just homeless and doubled-up episodes, were associated with young children's poor health and cognitive development and high health care use. Practitioners need to identify and respond to parental and family needs for support services in addition to housing assistance to effectively improve the health and development of young children who experience residential instability, particularly those in homeless families. (Am J Public Health. Published online ahead of print May 5, 2011: e1-e7. doi:10.2105/AJPH.2010.300098).

#### **Title: Putting Guidelines into Practice: Improving Documentation of Pediatric Asthma Management using a Decision-Making Tool**

**Authors:** Shapiro A, Gracy D, Quinones W, Applebaum J and Sarmiento A

**Source:** Arch Pediatr Adolescent Med, 165(5): 412-418, 2011

**Summary:** OBJECTIVE: To assess improvement in documentation of asthma indicators using the Asthma Toolbox, an asthma decision-making tool developed in accord with National Asthma Education and Prevention Program guidelines. DESIGN: Retrospective medical record review using cross-sectional, independent, random samples. Reviews were conducted for 1-year periods before and after implementation and after revision reflecting 2007 guideline modifications. SETTING: Two inner-city, federally qualified health center programs providing pediatric primary care to housed and homeless populations. PARTICIPANTS: A total of 1246 patients aged 6 months to 18 years with at least 1 asthma visit to a community health center using paper records (n = 600) or a mobile medical program serving family homeless shelters using an electronic health record (EHR; n = 646). Intervention Implementation of the Asthma Toolbox incorporated into paper encounter forms and embedded in the EHR to guide providers (ie, physicians and nurse practitioners) through pediatric asthma assessment and management. MAIN OUTCOME MEASURES: Documentation of a subset of asthma severity/control measures, emergency department visits, hospitalizations, and percentage of persistent asthmatic patients prescribed controller medications. RESULTS: Documentation of each asthma indicator increased significantly after implementation (chi(2) tests; P < .001 all comparisons) for both programs. Documentation of severity/control increased from 25.5% to 77.5% in paper records and from 11.7% to 85.1% in the EHR (P < .001). Increases were sustained after Asthma Toolbox revision for all indicators. The percentage of patients with persistent/uncontrolled asthma prescribed controller medications reached 96% to 97% in both programs. CONCLUSION: Use of the Asthma Toolbox, an asthma decision-making tool, significantly increased documentation of pediatric asthma management among providers working in high-disparity, urban primary care settings.

## EMERGENCY DEPARTMENT USE

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### **Title: The Relationship between Chronic Illness, Chronic Pain, and Socioeconomic Factors in the ED**

**Authors:** Hanley O, Miner J, Rockswold E and Biros M

**Source:** Am J Emerg Med, 29(3): 286-292, 2011

**Summary:** OBJECTIVES: The study aimed to determine the prevalence of chronic illness and chronic pain in emergency department (ED) patients across demographic backgrounds. METHODS: This was a cross-sectional study at an urban, level I trauma center with 98,000 annual visits. This was a prospective sample of adult patients presenting to the ED during a randomized distribution of daily 8-hour periods between June 4 and August 26, 2007. Prevalence of chronic illness was compared to subject demographics using logistic regression, and prevalence of chronic pain was compared using ordinal logistic regression. RESULTS: Six thousand nine hundred sixty-one patients presented during the data collection periods; 3882 were eligible, and 3132 (82%) were enrolled (51.7% male; age, 41.1 +/- 15.8 years; range, 18-98 years). Chronic illness was reported in 36.3% of patients and chronic pain in 34.9% of patients. Chronic illness was associated with homelessness (odds ratio [OR], 1.75; 95% confidence interval [CI], 1.17-2.61), family income less than \$25,000 (OR, 2.27; 95% CI, 1.60-3.22), and lack of access to primary care facilities (OR, 2.68; 95% CI, 2.25-3.21). Chronic pain was associated with homelessness (OR, 2.56; 95% CI, 1.79-3.64), family income less than \$25,000 (OR, 2.54; 95% CI, 1.91-3.39), and lack of access to primary care facilities (OR, 1.47; 95% CI, 1.26-1.70). CONCLUSIONS: Patient housing situation, family income, and perceived access to primary care medical facilities were associated with higher self-reported rates of chronic illness and chronic pain.

### **Title: Homelessness: Patterns of Emergency Department Use and Risk Factors for Re-presentation**

**Authors:** Moore G, Gerdztz MF, Hepworth G and Manias E

**Source:** Emerg Med J, 28(5): 422-427, 2011

**Summary:** OBJECTIVES: To describe patterns of service use and to predict risk factors for re-presentation to a metropolitan emergency department (ED) among people who are homeless. METHODS: A retrospective cohort analysis was undertaken over a 24-month period from a principal referral hospital in Melbourne, Australia. All ED visits relating to people classified as homeless were included. A predictive model for risk of re-presentation was developed using logistic regression with random effects. Rates of re-presentation, defined as the total number of visits to the same ED within 28 days of discharge, were measured. RESULTS: The study period was 1 January 2003 to 31 December 2004. The re-presentation rate for homeless people was 47.8% (3199/6689) of ED visits and 45.5% (725/1595) of the patients. The final predictive model included risk factors, which incorporated both hospital and community service use. Those characteristics that resulted in significantly increased odds of re-presentation were leaving hospital at own risk (OR 1.31; 95% CI 1.10 to 1.56), treatment in another hospital (OR 1.45, 95% CI 1.23 to 1.72) and being in receipt of community-based case

management (OR 1.31, 95% CI 1.11 to 1.54) or pension (OR 1.34, 95% CI 1.12 to 1.62). CONCLUSIONS: The predictive model identified nine risk factors of re-presentation to the ED for people who are homeless. Early identification of these factors among homeless people may alert clinicians to the complexity of issues influencing an individual ED visit. This information can be used at admission and discharge by ensuring that homeless people have access to services commensurate with their health needs. Improved linkage between community and hospital services must be underscored by the capacity to provide safe and secure housing.

## FOOT HEALTH

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### **Title: Foot and Shoe Size Mismatch in Three Different New York City Populations**

**Authors:** Schwarzkopf R, Perretta DJ, Russell TA and Sheskier SC

**Source:** J Foot Ankle Surg, 2011 [2011 May 28]

**Summary:** Proper shoe size is an important element of foot health, especially in the elderly and diabetic populations. An improper fit can lead to pain, functional limitations, and falls. The aim of the present study was to determine the proportion of adults who are unaware of their own shoe size in 3 different New York City populations: a foot specialist private practice, an academic diabetic foot and ankle clinic, and a charity care center, the Bowery clinic, serving the homeless. A shoe size mismatch was defined as a difference of at least 0.5 in size between the measured foot and the shoe size. Demographic data were collected during the examination and retrospectively by chart review. A total of 235 volunteers participated in our study. A significant difference in the prevalence of the measured foot and shoe size mismatch was found between the cohort from the private practice compared with both the diabetic foot and ankle clinic and the Bowery clinic ( $P < .01$  and  $P < .01$ , respectively). A significant difference was also detected ( $P < .05$ ) between the private practice and the Bowery mission cohort when a difference of at least 1.5 sizes was present between the measured foot and the shoe size. Of those with a foot to shoe size mismatch, 60% had a difference of more than 0.5 in the shoe size between their right and left foot. In conclusion, our findings suggest that proper footwear sizing is lacking among a large proportion of our patients and that an adequate shoe size can be achieved with proper counseling.

## HOUSING

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### **Title: Comparing the Housing Trajectories of Different Classes within a Diverse Homeless Population**

**Authors:** Aubry T, Klodawsky F and Coulombe D

**Source:** Am J Community Psychol, 2011 [2011 May 11]

**Summary:** The paper presents findings from a longitudinal study identifying different classes of homeless individuals in a mid-size Canadian city based on health-related characteristics and comparing the housing trajectories of these classes 2 years later. Using data collected through in-person interviews with a sample of 329 single persons who have experienced homelessness, the paper presents results of a latent class analysis. Results found four

distinct latent classes characterized by different levels of severity of health problems-i.e., a class of individuals who are "Higher Functioning" (28.7%), a second class with "Substance Abuse Problems" (27.1%), a third class with "Mental Health Substance Abuse Problems" (22.6%), and a fourth class with "Complex Physical and Mental Health Problems" (21.6%) that included having diminished physical functioning, multiple chronic physical health conditions, mental health difficulties, and in some cases substance abuse problems. Follow-up interviews with 197 of these individuals (59.9%) 2 years later showed the class of individuals with substance abuse problems experiencing the greatest difficulty in exiting homelessness and achieving housing stability. Implications of these findings for social policy development and program planning are discussed.

**Title: Sexual Networks and Housing Stability**

**Authors:** Davey-Rothwell MA, Latimore A, Hubert A and Latkin CA

**Source:** J Urban Health, 2011 [Epub 2011 Apr 06]

**Summary:** Unstable housing is related to a range of health problems including substance abuse, poor mental health, and HIV. Little is known about how sexual partners' attributes influence access to resources such as housing. The purpose of the present study was to examine the relationship between sexual network characteristics and improvements in housing situation among a sample of drug users using a longitudinal design. Size of one's sex network was not associated with housing change. However, having a main partner and having a sex partner who lent money was associated with moving from a homeless state at baseline to being housed at follow-up. Also, having a sex partner who was a drug user was associated with decrease in the odds of improving one's housing situation.

**Title: Health Status, Quality of Life, Residential Stability, Substance Use, and Health Care Utilization among Adults Applying to a Supportive Housing Program**

**Authors:** Hwang SW, Gogosis E, Chambers C, Dunn JR, Hoch JS and Aubry T

**Source:** J Urban Health, 2011 [Epub 2011 Jun 04]

**Summary:** Supportive housing, defined as subsidized housing in conjunction with site-based social services, may help improve the health and residential stability of highly disadvantaged individuals. This study examined changes in health status, quality of life, substance use, health care utilization, and residential stability among 112 homeless and vulnerably housed individuals who applied to a supportive housing program in Toronto, Canada, from December 2005 to June 2007. Follow-up interviews were conducted every 6 months for 18 months. Comparisons were made between individuals who were accepted into the program (intervention) and those who were wait-listed (usual care) using repeated-measures analyses. Individuals who were accepted into the housing program experienced significantly greater improvements in satisfaction with living situation compared with individuals in the usual care group (time,  $F(3,3,261) = 47.68, p < 0.01$ ; group x time,  $F(3,3,261) = 14.60, p < 0.01$ ). There were no significant differences in other quality of life measures, health

status, health care utilization, or substance use between the two groups over time. Significant improvement in residential stability occurred over time, independent of assigned housing group (time,  $F(3,3,261) = 9.96, p < 0.01$ ; group x time,  $F(3,3,261) = 1.74, p = 0.17$ ). The ability to examine the effects of supportive housing on homeless individuals was limited by the small number of participants who were literally homeless at baseline and by the large number of participants who gained stable housing during the study period regardless of their assigned housing status. Nonetheless, this study shows that highly disadvantaged individuals with a high prevalence of poor physical and mental health and substance use can achieve stable housing.

**INFECTIOUS DISEASES**

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**Title: Sex and Relationships on the Street: How Homeless Men Judge Partner Risk on Skid Row**

**Authors:** Brown RA, Kennedy DP, Tucker JS, Wenzel SL, Golinelli D, Wertheimer SR and Ryan GW

**Source:** AIDS Behav, 2011 [2011 Jun 02]

**Summary:** Homeless men in the U.S. represent a large and growing population, and have elevated rates of HIV/AIDS and sexual risk behaviors, including unprotected sex with women. We conducted qualitative interviews (n = 30) with homeless men using shelters and meal lines in downtown Los Angeles (Skid Row) to better understand how such men view the risks of sexual encounters with female partners. Men living on Skid Row perceived multiple risks, including HIV and unwanted pregnancy as well as emotional trauma, loss of resources, exacerbation of drug addiction, and physical attack. Respondents described using visual and behavioral cues, social reputation, geographical location, feelings of trust, perceived relationship seriousness, and medically inaccurate "folk" beliefs to judge whether partners were risky and/or condom use was warranted. Medically inaccurate beliefs suggest the potential utility of evidence-based interventions to change such beliefs. We also consider implications for relationships on the street and housing interventions.

**Title: The Hepatitis C Self Management Programme: A Randomized Controlled Trial**

**Authors:** Groessl EJ, Weingart KR, Stepnowsky CJ, Gifford AL, Asch SM and Ho SB

**Source:** J Viral Hepat, 18(5): 358-368, 2011

**Summary:** Chronic hepatitis C (HCV) infection afflicts millions of people worldwide. While antiviral treatments are effective for some patients, many either cannot or choose not to receive antiviral treatment. Education about behavioural changes like alcohol avoidance and symptom management, in contrast, is universally recommended, particularly in HCV-infected persons from disadvantaged groups where liver risk factors are most prevalent. Self-management interventions are one option for fostering improved HCV knowledge and health-related quality of life (HRQOL). One hundred and thirty-two patients with VA with HCV (mean age of 54.6, 95% men, 41% ethnic minority, 83% unmarried, 72% unemployed/disabled, 48% homeless in last 5 years) were randomized to either a 6-week self-management

workshop or an information-only intervention. The weekly 2-h self-management sessions were based on cognitive-behavioural principles and were adapted from an existing self-management programme that has been efficacious with other chronic diseases. HCV-specific modules were added. Outcomes including HRQOL, HCV knowledge, self-efficacy, depression, energy and health distress were measured at baseline and 6 weeks later. Data were analysed using ANOVA. When compared to the information-only group, participants attending the self-management workshop improved more on HCV knowledge ( $P < 0.001$ ), HCV self-efficacy ( $P = 0.011$ ), and SF-36 energy/vitality ( $P = 0.040$ ). Similar trends were found for SF-36 physical functioning ( $P = 0.055$ ) and health distress ( $P = 0.055$ ). Attending the self-management programme improved disease knowledge and HRQOL 6 weeks later in this disadvantaged population. The intervention can improve the health of people with hepatitis C, independent of antiviral therapy. Future research will study longer-term outcomes, effects on antiviral treatment and costs.

**Title: Large Outbreak of Isoniazid-Monoresistant Tuberculosis in London, 1995 to 2006: Case-Control Study and Recommendations**

**Authors:** Maguire H, Brailsford S, Carless J, Yates M, Altass L, Yates S, Anaraki S, Charlett A, Lozewicz S, Lipman M and Bothamley G

**Source:** Euro Surveill, 16(13), 2011 [Epub 2011 Apr 15]

**Summary:** We conducted a case-control study to examine risk factors for isoniazid-monoresistant Mycobacterium tuberculosis in an ongoing outbreak in London. Cases were defined as individuals with an isoniazid-monoresistant strain diagnosed from 1995 to the third quarter of 2006 with an indistinguishable restriction fragment length polymorphism (RFLP) or mycobacterial interspersed repetitive unit (MIRU)-variable number tandem repeats (VNTR) pattern who were resident in or had epidemiological links with London. Controls were all other individuals reported with tuberculosis to the Health Protection Agency London regional epidemiology unit or the HPA London TB Register during 2000 to 2005. Of 293 cases, 153 (52%) were sputum smear-positive compared with 3,266 (18%) of controls. Cases were more likely to be young adults (aged between 15 and 34 years), born in the United Kingdom (OR: 2.4; 95% CI: 1.7-3.4) and of white (OR: 2.9; 95% CI: 1.8-4.8) or black Caribbean (OR: 12.5; 95% CI: 7.7-20.4) ethnicity, a prisoner at the time of diagnosis (OR: 20.2; 95% CI: 6.7-60.6), unemployed (OR: 4.1; 95% CI: 3.0-5.6), or a drug dealer or sex worker (OR: 187.1; 95% CI: 28.4-1,232.3). A total of 113 (39%) of cases used drugs and 54 (18%) were homeless. Completion of treatment gradually improved in cases from 55% among those diagnosed up to the end of 2002 compared with 65% by the end of 2006. Treatment completion increased from 79% to 83% in controls from 2000 to 2005. There are complex social challenges facing many cases in this outbreak that need to be addressed if medical interventions are to be successful.

**Title: Factors Associated with Attendance in 12-Step Groups (Alcoholics Anonymous/Narcotics Anonymous) among Adults with Alcohol Problems Living with HIV/AIDS**

**Authors:** Orwat J, Samet JH, Tompkins CP, Cheng DM, Dentato MP and Saitz R

**Source:** Drug Alcohol Depend, 113(2-3): 165-171, 2011

**Summary:** BACKGROUND: Despite the value of 12-step meetings, few studies have examined factors associated with attendance among those living with HIV/AIDS, such as the impact of HIV disease severity and demographics. OBJECTIVE: This study examines predisposing characteristics, enabling resources and need on attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings among those living with HIV/AIDS and alcohol problems. METHODS: Secondary analysis of prospective data from the HIV-Longitudinal Interrelationships of Viruses and Ethanol study, a cohort of 400 adults living with HIV/AIDS and alcohol problems. Factors associated with AA/NA attendance were identified using the Anderson model for vulnerable populations. Generalized estimating equation logistic regression models were fit to identify factors associated with self-reported AA/NA attendance. RESULTS: At study entry, subjects were 75% male, 12% met diagnostic criteria for alcohol dependence, 43% had drug dependence and 56% reported attending one or more AA/NA meetings (past 6 months). In the adjusted model, female gender negatively associated with attendance, as were social support systems that use alcohol and/or drugs, while presence of HCV antibody, drug dependence diagnosis, and homelessness associated with higher odds of attendance. CONCLUSIONS: Non-substance abuse related barriers to AA/NA group attendance exist for those living with HIV/AIDS, including females and social support systems that use alcohol and/or drugs. Positive associations of homelessness, HCV infection and current drug dependence were identified. These findings provide implications for policy makers and treatment professionals who wish to encourage attendance at 12-step meetings for those living with HIV/AIDS and alcohol or other substance use problems.

**Title: Impact of Hepatitis B and C Infection on Health Services Utilization in Homeless Adults: A Test of the Gelberg-Andersen Behavioral Model for Vulnerable Populations**

**Authors:** Stein JA, Andersen RM, Robertson M and Gelberg L

**Source:** Health Psychol, 2011 [Epub 2011 May 18]

**Summary:** Objective: Homeless people have disproportionately high rates of viral hepatitis. The Gelberg-Andersen Behavioral Model for Vulnerable Populations (predisposing, enabling, and need variables) was expanded to predict prevalence and awareness of hepatitis B (HBV) or hepatitis C (HCV) infection, as well as health services utilization (HSU) among homeless adults using structural equation modeling. Design: A population-based sample of 534 homeless adults in Los Angeles' "Skid Row" was interviewed and tested for HBV and HCV. Main Outcome Measures: Main outcome measures included HBV/HCV seropositivity, awareness of seropositivity, and HSU in the previous 12 months. Results: Seropositivity (43%), usually unknown (72% of seropositives), was predicted by injection drug

use, alcohol use, older age, and risky sexual behavior. No regular source of care, risky sexual behavior, less case management, and greater age predicted not knowing one's positive status. Health insurance, younger age, alcohol use, perceived bad health and more medical conditions predicted emergency room (ER) use; ER use was less likely among seropositives. Hospitalizations were predicted by more medical conditions and greater percentage of life homeless and were less frequent among African Americans and males. Ambulatory visits were predicted by a regular source of care, case management, more education and perceived bad health; they were less likely among seropositives. Conclusion: The Gelberg-Andersen Behavioral Model provided a useful guide for predicting HBV/HCV positivity as well as HSU in homeless adults. Most hepatitis-positives did not know their status and used health services less often than other homeless adults. More aggressive detection of hepatitis B and C among homeless adults is needed. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

**Title: Tuberculosis Infection among Homeless Persons and Caregivers in a High-Tuberculosis Prevalence area in Japan: A Cross-Sectional Study**

**Authors:** Tabuchi T, Takatorige T, Hirayama Y, Nakata N, Harihara S, Shimouchi A, Fujita K, Yoshida H, Tamura Y, Nagai T, Matsumoto T, Takashima T and Iso H

**Source:** BMC Infect Dis, 11:22, 2011

**Summary:** BACKGROUND: Tuberculosis (TB) is a major public health problem. The Airin district of Osaka City has a large population of homeless persons and caregivers and is estimated to be the largest TB-endemic area in the intermediate-prevalence country, Japan. However, there have been few studies of homeless persons and caregivers. The objective of this study is to detect active TB and to assess the prevalence and risk factors for latent TB infection among homeless persons and caregivers.

**METHODS:** We conducted a cross-sectional study for screening TB infection (active and latent TB infections) using questionnaire, chest X-ray (CXR), newly available assay for latent TB infection (QuantiFERON-TB Gold In-Tube; QFT) and clinical evaluation by physicians at the Osaka Socio-Medical Center Hospital between July 2007 and March 2008. Homeless persons and caregivers, aged 30-74 years old, who had not received CXR examination within one year, were recruited. As for risk factors of latent TB infection, the odds ratios (OR) and 95% confidence intervals (95% CI) for QFT-positivity were calculated using logistic regression model.

**RESULTS:** Complete responses were available from 436 individuals (263 homeless persons and 173 caregivers). Four active TB cases (1.5%) among homeless persons were found, while there were no cases among caregivers. Out of these four, three had positive QFT results. One hundred and thirty-three (50.6%) homeless persons and 42 (24.3%) caregivers had positive QFT results. In multivariate analysis, QFT-positivity was independently associated with a long time spent in the Airin district:  $\geq 10$  years versus  $< 10$  years for homeless (OR = 2.53; 95% CI, 1.39-4.61) and for caregivers (OR = 2.32; 95% CI, 1.05-5.13), and the past exposure to TB patients for caregivers (OR = 3.21; 95% CI, 1.30-7.91) but not for homeless persons (OR = 1.51; 95% CI, 0.71-

3.21). CONCLUSIONS: Although no active TB was found for caregivers, one-quarter of them had latent TB infection. In addition to homeless persons, caregivers need examinations for latent TB infection as well as active TB and careful follow-up, especially when they have spent a long time in a TB-endemic area and/or have been exposed to TB patients.

**Title: Identification of Factors for Tuberculosis Transmission via Integrated Multidisciplinary Approach**

**Authors:** Talarico S, Ijaz K, Zhang X, Mukasa LN, Zhang L, Marrs CF, Cave MD, Bates JH and Yang Z

**Source:** Tuberculosis (Edinb), 91(3): 244-249, 2011

**Summary:** It was reported previously that the major fraction of the recent decrease of tuberculosis incident cases in Arkansas had been due to a decrease in the reactivated infections. Preventing transmission of Mycobacterium tuberculosis is the key to a continued decline in tuberculosis cases. In this study, we integrated epidemiological data analysis and comparative genomics to identify host and microbial factors important to tuberculosis transmission. A significantly higher proportion of cases in large clusters (containing  $> 10$  cases) were non-Hispanic black, homeless, less than 65 years old, male sex, smear-positive sputum, excessive use of alcohol, and HIV sero-positive, compared to cases in small clusters (containing 2-5 cases) diagnosed within one year. However, being non-Hispanic black and homeless within the past year were the only two host characteristics that were identified as independent risk factors for being in large clusters. This finding suggests that social behavioral factors have a more important role in transmission of tuberculosis than does the infectiousness of the source. Comparing the genomic content of one of the large cluster strains to that of a non-clustered strain from the same community identified 25 genes that differed between the two strains, potentially contributing to the observed differences in transmission.

**MENTAL HEALTH & SUBSTANCE ABUSE**

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**Title: A Systematic Review and Meta-Analysis of the Effectiveness of Behavioural Smoking Cessation Interventions in Selected Disadvantaged Groups**

**Authors:** Bryant J, Bonevski B, Paul C, McElduff P and Attia J

**Source:** Addiction, 2011 [Epub 2011 Apr 15]

**Summary:** Aims: A systematic review and meta-analysis was conducted to assess the methodological quality and effectiveness of behavioural smoking cessation interventions targeted at six disadvantaged groups; the homeless, prisoners, indigenous populations, at risk youth, individuals with low socio-economic status, and individuals with a mental illness. Methods: Medline, EMBASE, the Cochrane Library and PsycInfo databases were searched using MeSH and keywords for studies conducted in developed countries prior to October 2010. Included studies were assessed for methodological quality. A DerSimonian and Laird random effects meta-analysis was conducted where possible to explore the effectiveness of interventions for the different sub-groups. A narrative review was conducted for studies unable to be included in meta-analysis. Outcomes examined were abstinence

rates at short term (up to 3 months) and long term (6 months or the longest) follow-up. Results: 32 relevant studies were identified. The majority (N= 20) were rated low in methodological quality. Results of the meta-analysis showed a significant increase in cessation for behavioural support interventions targeted at low income female smokers at short term follow up (RR 1.68, CI 1.21-2.33), and behavioural support interventions targeted at individuals with a mental illness at long term follow-up (RR 1.35, CI 1.01-1.81). Results of the narrative review showed several promising interventions that increased cessation rates at 6 months or longer follow-up. Conclusions: Few well-controlled trials have examined the most effective smoking cessation strategies for highly disadvantaged groups, especially among the homeless, indigenous smokers and prisoners. The use of behavioural smoking cessation interventions for some socially disadvantaged groups appears promising, however overall findings are inconsistent. Further research is needed to establish the most effective interventions for vulnerable high risk groups. Special attention should be given to increasing sample size and power, and to sound evaluation methodology to overcome methodological limitations of conducting research with these high risk groups.

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

**Authors:** Davidson PJ, Scholar D and Howe M

**Source:** Int J Drug Policy, 22(2): 140-144, 2011

**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: A Community-Academic Partnership Develops a More Responsive Model to Providing Depression Care to Disadvantaged Adults in the US**

**Authors:** Dobransky-Fasiska D, Nowalk MP, Cruz M, McMurray ML, Castillo E, Begley AE, Pyle P, Partners RC, Pincus HA, Reynolds Iii CF and Brown C

**Source:** Int J Soc Psychiatry, 2011 [Epub 2011 Mar 29]

**Summary:** BACKGROUND: Socioeconomically disadvantaged adults experience greater healthcare disparities and increased risk of depression compared to higher-income groups. AIM: To create a depression care model for disadvantaged adults utilizing service agencies, through a community-academic partnership. METHODS: Using participatory research methods, an organizational needs assessment was performed to ascertain depression care needs, identify barriers to clients receiving treatment, and marshal resources. Interviews and surveys were conducted with community organizational leaders. Focus groups were conducted with clients who used the service agencies. RESULTS: Interviews and surveys identified barriers including discontinuity of care and unmet basic needs for food, housing, health insurance and transportation. Focus groups enriched the understanding of barriers including lack of motivation to seek depression care, lack of social support and needed resources for the uninsured, underinsured and homeless. The findings were used to develop a depression care model combining depression management with motivational interviewing to evaluate and meet needs, and peer education to motivate and provide support. CONCLUSIONS: This partnership facilitated the development of a community-driven intervention that academic researchers acting alone could not realize. To provide depression care to socioeconomically disadvantaged individuals, the intervention must include mitigating solutions to barriers.

**Title: Performance Contracting to Engage Detoxification-Only Patients into Continued Rehabilitation**

**Authors:** Haley SJ, Dugosh KL and Lynch KG

**Source:** J Subst Abuse Treat, 40(2) 123-131, 2011

**Summary:** In 2006, only 18.7% of Delaware's detoxification patients were admitted to continuing recovery-oriented treatment within 30 days after discharge. In response, Delaware established financial contingencies to (1) maintain 90% detoxification occupancy, (2) make receipt of 10% of the facility's monthly reimbursement contingent on 25% of patients entering treatment, and (3) provide a \$500 bonus for every patient with three or more prior detoxification visits who was retained in treatment. Under the performance contract, the detoxification provider (1) maintained the 90% occupancy requirement, (2) achieved the 25% treatment entry target for 7 of 12 months, and (3) observed only 8% (27/337) of detoxification completions that met the targeted length of stay. Continuation to and retention in treatment was even more constrained for patients with three or more prior detoxifications. Contrary to the policy intent, the number of patients with three or more detoxifications in fiscal

year (FY) 2008 is nearly triple that of FY 2006. The modest gain in the transition rate was achieved without changes in patient access; the FY 2008 patient population reported significantly higher rates of homelessness and a younger age of first use than before the performance contract in FY 2006. Performance contracting may offer promise for improving transition to treatment rates. However, the unique needs of detoxification patients, the treatment capacity of each level of care to meet patient needs, and the structure of the performance contract must be carefully considered. Performance contracting efforts may be strengthened when service contracts across the system are tightly synchronized.

**Title: Readiness-to-Change Cluster Profiles Among Adults with Mental Illness who were Homeless Participating in a Life Skills Intervention**

Authors: Helfrich CA, Chan DV, Simpson EK and Sabol P

Source: Community Ment Health J, 2011 [Epub 2011 May 04]

Summary: This longitudinal study examined differences in intervention outcomes based on readiness-to-change cluster profiles among 73 adults with a mental illness at risk for homelessness participating in a manualized life skills intervention. Intervention topics included money management, food management, safe community participation, and room- and self-care. Life skill knowledge and readiness-to-change, measured using the University of Rhode Island Change Assessment, was examined at baseline, post-intervention, and 3-6 months later. Two scoring patterns emerged for readiness-to-change at each time point: Pre-Engaged and Engaged. Participants who were Engaged at the time of assessment scored significantly better than Pre-Engaged on post-intervention life skill testing, however group identification changed over time. Baseline readiness-to-change did not predict future performance or attrition, and therefore may not provide accurate indication of client investment for future learning or participation. Further investigation is needed to determine what factors contribute to Engaged membership.

**Title: Access to Mental Health in Primary Care: A Qualitative Meta-Synthesis of Evidence from the Experience of People from 'Hard to Reach' Groups**

Authors: Lamb JD, Bower P, Rogers A, Dowrick C and Gask L

Source: Health (London), 2011 [Epub 2011 Apr 14]

Summary: Knowledge about depression, access and help-seeking has increasingly been influenced from a range of disciplines including clinical and applied social science. A range of interventions can improve outcomes of depression and anxiety. However, many in need do not seek help, or their interaction with care-givers does not address their needs. We carried out a systematic search for qualitative articles focusing on the experiences of eight exemplar groups with exceptional problems in access (the homeless, long-term unemployed, adolescents with eating disorders, depressed elderly people, advanced cancer sufferers, patients with medically unexplained symptoms, asylum seekers and people from black and minority ethnic groups). Twenty articles representing these groups were selected, findings were then developed using qualitative meta-synthesis, this suggested a range of mechanisms accounting for poor access

among these groups. Many regarded their mental health problems as rooted in social problems and employed a variety of self-management strategies to maintain function. These strategies could involve social withdrawal, focusing available resources on close family relationships and work roles. Over-investment in these roles could result in a sense of insecurity as wider networks were neglected. Material disadvantage affected both the resources people could bring to performing social roles and influenced help-seeking. A tacit understanding of the material, psychological and social 'costs' of engagement by patients and health professionals could influence decisions to seek and offer help. These costs were felt to be proportionally higher in deprived, marginalized and minority communities, where individual resources are limited and the stigma attached to mental ill-health is high.

**Title: Illicit Drug Use as a Challenge to the Delivery of End-of-Life Care Services to Homeless Persons: Perceptions of Health and Social Services Professionals**

Authors: McNeil R and Guiguis-Younger M

Source: Palliat Med, 2011 [Epub 2011 Apr 06]

Summary: Homeless persons tend to die younger than the housed population and have complex, often unmet, end-of-life care needs. High levels of illicit drug use among this population are a particular challenge for health and social services professionals involved in end-of-life care services delivery. This article explores the challenges of end-of-life care services to homeless illicit drug users based on data collected during a national study on end-of-life care services delivery to homeless persons in Canada. The authors conducted qualitative interviews with 50 health and social services professionals involved in health services delivery to homeless persons in five cities. Interviews were transcribed verbatim and analysed thematically. Themes were organised into two domains. First, barriers preventing homeless illicit drug users from accessing end-of-life care services, such as competing priorities (e.g. withdrawal management), lack of trust in healthcare providers and discrimination. Second, challenges to end-of-life care services delivery to this population in health and social care settings, including non-disclosure of illicit drug use, pain and symptom management, interruptions in care, and lack of experience with addictions. The authors identify a need for increased research on the role of harm reduction in end-of-life care settings to address these challenges.

**Title: Substance Use Outcomes Among Homeless Clients with Serious Mental Illness: Comparing Housing First with Treatment First Programs**

Authors: Padgett DK, Stanhope V, Henwood BF and Stefancic A

Source: Community Ment Health J, 47(2): 227-232, 2011

Summary: The Housing First (HF) approach for homeless adults with serious mental illness has gained support as an alternative to the mainstream "Treatment First" (TF) approach. In this study, group differences were assessed using qualitative data from 27 HF and 48 TF clients. Dichotomous variables for substance use and substance abuse treatment utilization were created and examined using bivariate and logistic regression analyses. The HF group had significantly lower rates of substance use and substance abuse

treatment utilization; they were also significantly less likely to leave their program. Housing First's positive impact is contrasted with the difficulties Treatment First programs have in retaining clients and helping them avoid substance use and possible relapse.

**Title: The Social Context of Homeless Men's Substance Use**

**Authors:** Rhoades H, Wenzel SL, Golinelli D, Tucker JS, Kennedy DP, Green HD and Zhou A

**Source:** Drug Alcohol Depend, 2011 [Epub 2011 May 24]

**Summary:** BACKGROUND: Homeless men may be at particular risk for the negative health effects of substance use. This cross-sectional study investigates the individual and personal network risk factors associated with substance use in this vulnerable population. METHODS: Participants were a representative probability sample of 305 heterosexually active homeless men interviewed from meal programs in the Skid Row region of Los Angeles, CA. Interviews assessed individual, personal network, and substance use characteristics. Logistic regression examined individual and personal network predictors of the three most prevalent substances. RESULTS: In the past 6 months, the three most prevalent substances were marijuana (56%), crack (40%), and alcohol to intoxication (38%). The mental health status of homeless men was associated with substance use, with PTSD more common among those who used crack. Riskier networks (comprised of a larger proportion of drug users) were associated with marijuana use, and normative social ties (family, employed and school/work contacts) were associated with a decreased likelihood of crack use. CONCLUSIONS: Mental health problems and riskier personal networks are associated with homeless men's substance use. These findings underscore the importance of interventions that focus on improving mental health, mitigating the drug-using norms of personal networks, and helping men to maintain contact with normative, low-risk alters. Mental health care and peer-based, network interventions to reduce substance use should be a priority for heterosexually active homeless men.

**Title: Substance Use and Predictors of Substance Dependence in Homeless Women**

**Authors:** Torchalla I, Strehlau V, Li K and Krausz M

**Source:** Drug Alcohol Depend, 2011 [Epub 2011 Apr 19]

**Summary:** OBJECTIVE: : To examine lifetime and current prevalence rates of substance use disorders and the demographic and clinical correlates of current drug dependence in a sample of homeless women. METHODS: : A cross-sectional study of 196 homeless women in three Canadian cities was done. Each subject was assessed using structured clinical interviews. A multivariate regression model was applied to determine predictors of substance use. RESULTS: : The mean age of the sample was 35.3 years, 54.4% identified as Aboriginal, 46.4% lived on the street Crack cocaine (58%) was the most common substance used, followed by alcohol (53%), cannabis (41%), and heroin (30%). Overall, 82.4% of the sample had at least one type of current substance use disorder, of which 70.5% had drug dependence and 37.8% had alcohol dependence. 58.3% had concurrent substance use and mental health disorders. 76.7% of those individuals with current

alcohol dependence had concurrent drug dependence. Only 24.6% of those who had recovered from alcohol dependence had no current substance use disorder. Multivariate analyses showed that younger age, living on the street, engaging in sex work, and having ever attempted suicide were associated with current drug dependence. CONCLUSION: : Prevalence rates for alcohol and especially drug dependence were exceptionally high in this sample. Innovative programs need to be developed which are accessible and tailored to meet the needs of this specific population, accounting for high problem severity, polysubstance dependence, and high rates of psychiatric comorbidity.

**Title: Smoking and Predictors of Nicotine Dependence in a Homeless Population**

**Authors:** Torchalla I, Strehlau V, Okoli CT, Li K, Schuetz C and Krausz M

**Source:** Nicotine Tob Res, 2011 [Epub 2011 May 31]

**Summary:** Objective: To assess prevalence rates of tobacco use and dependence in a sample of homeless individuals and to investigate trends for demographic and clinical characteristics across different levels of nicotine dependence (nonsmokers vs. lowly dependent smokers vs. highly dependent smokers). METHODS: A cross-sectional study of 489 homeless men and women in 3 Canadian cities. Each subject was assessed using structured clinical interviews and the Fagerstrom Test for Nicotine Dependence (FTND). Cochran-Armitage trend tests were applied to determine unadjusted trends in sociodemographic and clinical variables across levels of nicotine dependence. A generalized logit model was computed to adjust for potential confounding. RESULTS: The mean age was 37.9 years; 39.2% of the participants were women. About 80.8% were current smokers; the mean FTND score was 5.0. Although no significant differences were found between nonsmokers and smokers with low nicotine dependence, smokers with high nicotine dependence were only half as likely as nonsmokers to be Aboriginal, were 2.39 times more likely to have ever been incarcerated, and 2.44 times more likely to have current drug dependence. There were significant trends for the use of cocaine, opioids, and alcohol, with nonsmokers having the lowest and highly dependent smokers having the highest rates of using these substances. Conclusions: Available public health smoking cessation treatment opportunities should be made available within health care services for the homeless. There is also a need for developing and implementing tobacco dependence treatment programs, which are accessible and tailored to meet the needs of this specific population, accounting for polysubstance use and concurrent substance dependence and mental health disorders.

**Title: Implementation of an Evidence-Based Modified Therapeutic Community: Staff and Resident Perspectives**

**Authors:** Tuchman E and Sarasohn MK

**Source:** Eval Program Plann, 34(2): 105-112, 2011

**Summary:** The widespread successful implementation of evidence-based practices (EBPs) into community substance abuse settings require a thorough understanding of practitioner and client attitudes toward these approaches. This paper presents the first that we know of a qualitative study that explores staff and resident



experience of the change process of a therapeutic community to an evidence-based modified therapeutic community for homeless individuals with co-occurring substance abuse and mental illness disorders. The sample consists of 20 participants; 10 staff and 10 residents. Interviews were conducted at the agency, recorded and transcribed verbatim. Transcripts were organized and coded from a grounded theory perspective. Themes and patterns of staff and resident experience were identified. The change in program structure from TC to MTC were perceived by staff as efforts to accommodate the particular needs of the homeless individuals with mental and substance abuse disorders and feeling they were inadequately prepared with inadequate resources to facilitate a successful transition. Participant descriptions were described in terms of loss of structure, loss of peers and being helped. Findings have potential to shape implementation of evidence-based practices in community substance abuse treatment.

**Title: Assertive Community Treatment in the Netherlands: Outcome and Model Fidelity**

**Authors:** van Vugt MD, Kroon H, Delespaul PA, Dreef FG, Nugter A, Roosenschoon BJ, van Weeghel J, Zoeteman JB and Mulder CL

**Source:** Can J Psychiatry, 56(3): 154-160, 2011

**Summary:** OBJECTIVE: The implementation of assertive community treatment (ACT) varies widely. To date, the association between model fidelity and effect has not been investigated in Europe. We investigated the association between model fidelity and outcome in the Dutch mental health system. METHOD: In a prospective longitudinal study, ACT model fidelity and patient outcomes were assessed in 20 outpatient treatment teams. Patients with severe mental illness (n = 530) participated in the study. Outcomes were assessed 3 times using the Health of the Nation Outcome Scales (HoNOS), the Camberwell Assessment of Need Short Assessment Schedule (CANSAS), and the number of hospital days and homeless days during a 2-year follow-up period. Data were analyzed using multilevel statistics. RESULTS: High ACT model fidelity was associated with better outcomes on the HoNOS and less homeless days. Among all of the ACT ingredients, team structure was associated with better outcomes. No associations were found between ACT model fidelity, number of hospital days, and CANSAS scores. CONCLUSIONS: Our evidence supports the importance of model fidelity for improving patient outcomes.

**Title: Role of a Psychiatric Pharmacist in a Los Angeles “Skid-Row” Safety-Net Clinic**

**Authors:** Wang I, Dopheide JA and Gregerson P

**Source:** J Urban Health, 2011 [Epub 2011 Apr 23]

**Summary:** Limited access to a psychiatrist prompted a collaborative practice agreement between a psychiatric pharmacist, a psychiatric pharmacy resident, and primary care physicians at the Center for Community Health, a safety-net clinic providing comprehensive care to the homeless in Skid Row, Los Angeles, CA, USA. From July 2009 to February 2010, 36 (75%) of the 48 patients referred to the psychiatric pharmacy resident met the criteria for the chart review. Twenty-six (54%) were seen for regular follow-up care over 7 months. Most referrals were for depression, bipolar disorder,

and posttraumatic stress disorder. The types of drug therapy problems, pharmacist interventions, and clinical mental health outcomes are discussed.

**Title: Stories from the Streets: People’s Experiences of Homelessness**

**Authors:** Williams S and Stickley T

**Source:** J Psychiatric Ment Health Nurs, 18(5): 432-439, 2011

**Summary:** ACCESSIBLE SUMMARY: \* This is a narrative research study examining how people talk about their experiences of homelessness. Eight people experiencing homelessness were interviewed. They were each asked to tell their stories of homelessness. The research focused upon how participants' experiences have affected their identity claims and their mental health. \* The qualitative data were thematically analysed and the following themes are reported: identity, family breakdown, rejection and stigma, illicit substances and hope. \* People's identities have been affected by their experiences, and because of the trauma and indignity of homelessness, their identities have had to be reshaped. Experiences of homelessness negatively affect people's sense of identity to destructive proportions. \* Experiences of homelessness may have profound effects upon people's sense of identity both personally and socially. Helping people to find appropriate shelter must be a main priority for those working with people who are homeless as warmth and safety are basic human needs. Mental health nurses also need to address those factors that affect individual identity, such as loss of social role and loss of belonging. By working with people to help them to access education and employment, we are also helping them to improve the quality of their lives, support their mental health, helping to improve their status, social networks, personal identity and role. Nurses need to work with homeless people with warm human acceptance and understanding. ABSTRACT: This study explores how people speak about their experiences of homelessness, and how these experiences have affected their identity claims and their mental health. The mental health of the homeless population is a growing concern for the UK government and non-governmental agencies. There is however, little research looking at the mental health needs of homeless people and their experiences. For this study, a qualitative, narrative approach was used. Eight people were interviewed who described themselves as homeless. The subsequent data were analysed through a narrative analysis process paying particular attention to how people construct their identities. Although each participant is homeless, they speak about their experiences very differently. People's identities have been affected by their experiences, and because of the trauma and indignity of homelessness, their identities have had to be reshaped. While it might be considered normal for people's identities to relate to families and occupation, homeless people construct identities around illness, drugs and exclusion. Experiences of homelessness negatively affect people's sense of identity to destructive proportions. Nevertheless, participants demonstrate a way of coping by forming strong opinions about policy and service provision.

## ORAL HEALTH

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**Title: Investigation of the Oral Health Needs for Homeless People in Specialist Units in London, Cardiff, Glasgow and Birmingham**

**Authors:** Hill KB and Rimington D

**Source:** Prim Health Care Res Dev, 12(2): 135-144, 2011

**Summary:** AIM: The aim was to assess the oral health needs of homeless people in dedicated homeless dental units in London, Cardiff and Glasgow and a homeless shelter in Birmingham in order to allow recommendations for service delivery to be made for this socially excluded group. **METHODOLOGY:** Two questionnaires were designed, one to be completed by homeless people and the other by members of the dental team. A total of seventeen staff working in homeless dentistry completed questionnaires. Of these, nine were dentists, seven were nurses and one was a therapist. Twenty-seven homeless adults took part in interview. Of these, 22 were under active treatment at a homeless dental clinic and the remaining five were from the Birmingham homeless shelter who were not receiving dental care. **RESULTS AND CONCLUSION:** This study found evidence that the oral health of homeless adults was poor, with a high level of dental need. The service use of homeless people is low, with low levels of registration and utilisation of accident and emergency services. In terms of the most suitable method of dental treatment, staff felt a dedicated homeless service was most appropriate, whereas there was almost an equal split of patients advocating the General Dental Service or the dedicated dental clinics.

## RESEARCH METHODOLOGY & RECRUITMENT

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**Title: Does Respondent Driven Sampling Alter the Social Network Composition and Health-Seeking Behaviors of Illicit Drug Users followed Prospectively?**

**Authors:** Rudolph AE, Latkin C, Crawford ND, Jones KC and Fuller CM

**Source:** PLoS One, 6(5): e19615, 2011

**Summary:** Respondent driven sampling (RDS) was originally developed to sample and provide peer education to injection drug users at risk for HIV. Based on the premise that drug users' social networks were maintained through sharing rituals, this peer-driven approach to disseminate educational information and reduce risk behaviors capitalizes and expands upon the norms that sustain these relationships. Compared with traditional outreach interventions, peer-driven interventions produce greater reductions in HIV risk behaviors and adoption of safer behaviors over time, however, control and intervention groups are not similarly recruited. As peer-recruitment may alter risk networks and individual risk behaviors over time, such comparison studies are unable to isolate the effect of a peer-delivered intervention. This analysis examines whether RDS recruitment (without an intervention) is associated with changes in health-seeking behaviors and network composition over 6 months. New York City drug users (N = 618) were recruited using targeted street outreach (TSO) and RDS (2006-2009). 329 non-injectors (RDS =

237; TSO = 92) completed baseline and 6-month surveys ascertaining demographic, drug use, and network characteristics. Chi-square and t-tests compared RDS- and TSO-recruited participants on changes in HIV testing and drug treatment utilization and in the proportion of drug using, sex, incarcerated and social support networks over the follow-up period. The sample was 66% male, 24% Hispanic, 69% black, 62% homeless, and the median age was 35. At baseline, the median network size was 3, 86% used crack, 70% used cocaine, 40% used heroin, and in the past 6 months 72% were tested for HIV and 46% were enrolled in drug treatment. There were no significant differences by recruitment strategy with respect to changes in health-seeking behaviors or network composition over 6 months. These findings suggest no association between RDS recruitment and changes in network composition or HIV risk, which supports prior findings from prospective HIV behavioral surveillance and intervention studies.

**Title: Methodological Issues Associated with Collecting Sensitive Information over the Telephone—Experience from an Australian Non-Suicidal Self-Injury (NSSI) Prevalence Study**

**Authors:** Taylor AW, Martin G, Dal Grande E, Swannell S, Fullerton S, Hazell P and Harrison JE

**Source:** BMC Med Res Methodol, 11:20, 2011

**Summary:** BACKGROUND: Collecting population data on sensitive issues such as non-suicidal self-injury (NSSI) is problematic. Case note audits or hospital/clinic based presentations only record severe cases and do not distinguish between suicidal and non-suicidal intent. Community surveys have largely been limited to school and university students, resulting in little much needed population-based data on NSSI. Collecting these data via a large scale population survey presents challenges to survey methodologists. This paper addresses the methodological issues associated with collecting this type of data via CATI. **METHODS:** An Australia-wide population survey was funded by the Australian Government to determine prevalence estimates of NSSI and associations, predictors, relationships to suicide attempts and suicide ideation, and outcomes. Computer assisted telephone interviewing (CATI) on a random sample of the Australian population aged 10+ years of age from randomly selected households, was undertaken. **RESULTS:** Overall, from 31,216 eligible households, 12,006 interviews were undertaken (response rate 38.5%). The 4-week prevalence of NSSI was 1.1% (95% ci 0.9-1.3%) and lifetime prevalence was 8.1% (95% ci 7.6-8.6). Methodological concerns and challenges in regard to collection of these data included extensive interviewer training and post interview counselling. Ethical considerations, especially with children as young as 10 years of age being asked sensitive questions, were addressed prior to data collection. The solution required a large amount of information to be sent to each selected household prior to the telephone interview which contributed to a lower than expected response rate. Non-coverage error caused by the population of interest being highly mobile, homeless or institutionalised was also a suspected issue in this low prevalence condition. In many circumstances the numbers missing from the sampling frame are small enough to not cause worry, especially

when compared with the population as a whole, but within the population of interest to us, we believe that the most likely direction of bias is towards an underestimation of our prevalence estimates. CONCLUSION: Collecting valid and reliable data is a paramount concern of health researchers and survey research methodologists. The challenge is to design cost-effective studies especially those associated with low-prevalence issues, and to balance time and convenience against validity, reliability, sampling, coverage, non-response and measurement error issues.

## **TYPES OF HOMELESSNESS**

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### **Title: Rethinking Research on Forming Typologies of Homelessness**

**Authors:** McAllister W, Lennon MC and Kuang L

**Source:** Am J Public Health, 101(4): 596-601, 2011

**Summary:** In homelessness research and policymaking, it seems to be axiomatic that single adults experience 3 temporally based types of homelessness: chronic, episodic, and transitional. We discuss problems with the theorization of this typology and with the research design, data analysis, and time-aggregated conceptualization and measurement of temporality in the empirical work supporting the typology. To address the latter, we suggest a time-patterned approach to temporality and report a 10-group typology that differs significantly from the more familiar 3-group typology. We argue that which approach is used and how typologies are developed more generally should be based on theory and the uses to which typologies are put rather than on claims to being more true.

### **Title: Correlates of Homeless Episodes Among Indigenous People**

**Authors:** Whitbeck LB, Crawford DM and Sittner-Hartshorn KJ

**Source:** Am J Community Psychol, 2011 [Epub 2011 Jun 10]

**Summary:** This study reports the correlates of homeless episodes among 873 Indigenous adults who are part of an ongoing longitudinal study on four reservations in the Northern Midwest and four Canadian First Nation reserves. Descriptive analyses depict differences between those who have and have not experienced an episode of homelessness in their lifetimes. Multivariate analyses assess factors associated with a history of homeless episodes at the time of their first interview and differentiate correlates of "near homelessness" (i.e., doubling up) and "homeless episodes" (periods of actual homelessness). Results show that individuals with a history of homeless episodes had significantly more individual and family health, mental health, and substance abuse problems. Periods of homelessness also were associated with financial problems. Among the female caretakers who experienced episodes of homelessness over the course of the study, the majority had been homeless at least once prior to the start of the study and approximately one-fifth met criteria for lifetime alcohol dependence, drug abuse, or major depression. Family adversity during childhood was also common for women experiencing homelessness during the study.

## **VETERANS**

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### **Title: Patient and Program Predictors of 12-Month Outcomes for Homeless Veterans following Discharge from Time-Limited Residential Treatment**

**Authors:** McGuire J, Rosenheck RA and KasproW WJ

**Source:** Adm Policy Ment Health, 38(3): 142-154, 2011

**Summary:** The U.S. Department of Veterans Affairs provides transitional residential treatment to homeless veterans through three types of programs: VA-staffed Domiciliary care, and two types of community-based treatment (one funded through locally managed contracts and the other through national grants). This study compared treatment process and outcomes in these three programs and also sought to identify differences in outcome between dually diagnosed veterans, veterans with substance abuse problems or psychiatric problems alone, and those with no psychiatric diagnoses. Altogether, 1,338 veterans admitted to the 3 types of program were recruited to participate in a prospective naturalistic study which evaluated housing, clinical and community adjustment outcomes during the year following discharge. Data on 1,003 veterans for whom psychiatric diagnostic, social climate and length of stay data were available were used to compare participants in the three program types at baseline. Regression models were used to compare outcomes across program and diagnostic types net of baseline differences between study participants, and of differences in social climate and length of stay. The overall follow-up rate across all time points was 72%. Significant differences across programs were observed on only 2 baseline measures as well as on several baseline values of the outcome measures, length of stay and a measure of social climate. Adjusting for veteran baseline differences alone there were no differences in outcomes by program after correction for multiple comparisons. Dually diagnosed veterans had poorer mental health and overall quality of life outcomes. Longer length of stay and more positive social climate were associated with superior outcomes on several measures. The adjusted mean estimate of the proportion of veterans housed at 12 months follow-up was 78%, similar to published outcomes for supported housing. Length of stay, rather than program funding configuration or diagnostic group, was the strongest predictor of outcomes in time-limited residential treatment programs in which 1-year housing was similar to those in direct-placement supported housing programs.

### **Title: Veteran Sex Offenders and Reentry Problems**

**Authors:** Schaffer B

**Source:** J Correct Health Care, 2011 [Epub 2011 Apr 09]

**Summary:** This study examines data gathered by the Cincinnati VA from 2004 to 2008 with the goal of facilitating reentry services for incarcerated veterans. Focusing on imprisoned and released military veteran sex offenders, this article summarizes self-reported assessment findings from 42 veterans who agreed to receive reentry outreach contact. Characteristics assessed include demographics, VA enrollment, homeless episodes, medical and mental health status, reentry needs, and other items. As a whole, the data highlight multiple psychosocial factors and other

problems that suggest a need for reentry outreach and services. A collaborative program to provide services for formerly incarcerated veteran sex offenders in Cincinnati, Ohio, is described.

**Title: Motivational Interview Improves Treatment Entry in Homeless Veterans**

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

**Source:** Drug Alcohol Depend, 115(1-2): 113-119, 2011

**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.

**VIOLENCE**

**Title: Homicide of Strangers by People with a Psychotic Illness**

**Authors:** Nielsens O, Bourget D, Laajasalo T, Liem M, Labelle A, Hakkanen-Nyholm H, Koenraadt F and Large MM

**Source:** Schizophr Bull, 37(3): 572-579, 2011

**Summary:** BACKGROUND: The homicide of strangers by people with psychosis, referred to here as "stranger homicides," are rare and tragic events that generate adverse publicity for mental health services and have resulted in significant changes in mental health policy and law. AIM: To estimate the incidence of stranger homicides, using data from previously published studies, and to compare the characteristics of psychotic offenders who killed strangers with the characteristics of those who killed a close relative. METHOD: Meta-analysis of the population-based studies of homicide by persons suffering from a psychosis in which the number of subjects who killed strangers was also reported. Characteristics of stranger homicide and family homicide offenders were examined in a multicenter case-control study of homicide during psychotic illness in four high-income countries. RESULTS: A pooled estimate of 1 stranger homicide per 14.3 million people per year (95% confidence interval, 1 in 18.9 million to 1 in 11.5 million people per year) was calculated by

meta-analysis of 7 studies. The characteristics of the 42 stranger homicide offenders from New South Wales [NSW], Quebec and Eastern Ontario, Finland, and the Netherlands were identified. Twenty seven (64%) of these had never previously received treatment with antipsychotic medication. The stranger homicide offenders were more likely to be homeless, have exhibited antisocial conduct, and had fewer negative symptoms than those who killed family members. The victims of stranger homicide were mostly adult males and the homicides rarely occurred in the victim's home or workplace. CONCLUSIONS: Stranger homicide in psychosis is extremely rare and is even rarer for a patient who has received treatment with antipsychotic medication. A lack of distinguishing characteristics of stranger homicide offenders and an extremely low base rate of stranger-homicide suggests that risk assessment of patients known to have a psychotic illness will be of little assistance in the prevention of stranger homicides.

**WOMEN'S HEALTH**

**Title: Pregnancy and Mental Health of Young Homeless Women**

**Authors:** Crawford DM, Trotter EC, Hartshorn KJ and Whitbeck LB

**Source:** Am J Orthopsychiatry, 81(2): 173-183, 2011

**Summary:** Pregnancy rates among young women who are homeless are significantly higher than rates among housed young women in the United States (J. M. Greene & C. L. Ringwalt, 1998). Yet, little research has addressed mental health or risk and resilience among young mothers who are homeless. Based on a sample from the Midwest Longitudinal Study of Homeless Adolescents, this study explores pregnancy and motherhood in unaccompanied homeless young women over a period of 3 years. The data are supplemented by in-depth interviews with a subset of young women. Results show that almost half (46.4%) of sexually active young women who are homeless (n=222, M age = 17.2) had been pregnant at baseline. Among those who stated they had children between Waves 2 and 13 (n=90), only half reported caring for their children consistently over time, and one fifth reported never seeing their children. Of the participants with children in their care at the last interview (Wave 13), almost one third met criteria for lifetime major depressive episode, lifetime posttraumatic stress disorder, and lifetime drug abuse, and half met criteria for lifetime antisocial personality disorder. Twelve-month diagnoses are also reported. The impacts of homelessness on maternal and child outcomes are discussed.

**Title: Correlations between Spirituality and Health-Promoting Behaviors among Sheltered Homeless Women**

**Authors:** Hurlbut JM, Robbins LK and Hoke MM

**Source:** J Community Health Nurs, 28(2): 81-91, 2011

**Summary:** This study examined the relationship between spirituality and health-promoting behaviors in a convenience sample of 90 sheltered homeless women using the Health Promotion Lifestyle Profile II, the Spiritual Well-Being Scale, and a demographic questionnaire. A moderate positive correlation was found between spiritual well-being and overall health promoting

lifestyle ( $r = .426$ ). Moderate to strong positive correlations were found between the Spiritual Well-Being Scale and the Health Promotion Lifestyle Profile II dimension subscales (physical activity, nutrition, spiritual growth, interpersonal relations, and stress management). The results support the importance of spirituality in relation to health-promoting behaviors among sheltered homeless women.

## **WORKFORCE DEVELOPMENT**

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### **Title: Peeling the Layers: A Grounded Theory of Interprofessional Co-learning with Residents of a Homeless Shelter**

**Authors:** E. Rutherford G

**Source:** J Interprof Care, 2011 [Epub 2011 Jun 04]

**Summary:** Clients, patients, families, and communities must be conceived as partners in care delivery, not just as recipients (D'Amour, D. & Oandasan, I. (2005). Journal of Interprofessional Care, 19(Suppl.), 8-20). Health-care students need an opportunity to understand community member self-determination, partnership, and empowerment (Scheyett, A., & Diehl, M. (2004). Social Work Education, 23(4), 435-450), within the frame of interprofessional education (IPE) where community members are involved as teachers and learners. The aim of this grounded theory research was to determine the conditions that support health-care students to learn with, from, and about community members. This study took place in a shelter for the homeless where nursing and social work students learned interprofessionally along with residents and clients of the shelter. Data were gathered through 7 months of participant observation, interviews, and focus groups. The interprofessional co-learning theory that emerged introduces the three phases of entering, engaging, and emerging, which co-learners experienced at different levels of intensity. This article outlines the conditions that support each of these phases of the co-learning process. This interprofessional co-learning theory provides a basis for further development and evaluation of IPE programs that strive to actively include community members as teachers and learners, experts, and novices together with service providers, students, and faculty members.

### **Title: A Randomized Clinical Trial of a Therapeutic Workplace for Chronically Unemployed, Homeless, Alcohol-Dependent Adults**

**Authors:** Koffarnus MN, Wong CJ, Diemer K, Needham M, Hampton J, Fingerhood M, Svikis DS, Bigelow GE and Silverman K

**Source:** Alcohol Alcohol, 2011 [Epub 2011 May 31]

**Summary:** AIMS: To assess the efficacy of the Therapeutic Workplace, a substance abuse intervention that promotes abstinence while simultaneously addressing the issues of poverty and lack of job skills, in promoting abstinence from alcohol among homeless alcoholics. METHODS: Participants ( $n = 124$ ) were randomly assigned to conditions either requiring abstinence from alcohol to engage in paid job skills training (Contingent Paid Training group), offering paid job skills training with no

abstinence contingencies (Paid Training group) or offering unpaid job skill training with no abstinence contingencies (Unpaid Training group). RESULTS: Participants in the Contingent Paid Training group had significantly fewer positive (blood alcohol level  $\geq 0.004$  g/dl) breath samples than the Paid Training group in both randomly scheduled breath samples collected in the community and breath samples collected during monthly assessments. The breath sample results from the Unpaid Training group were similar in absolute terms to the Contingent Paid Training group, which may have been influenced by a lower breath sample collection rate in this group and fewer reported drinks per day consumed at intake. CONCLUSION: Overall, the results support the utility of the Therapeutic Workplace intervention to promote abstinence from alcohol among homeless alcoholics, and support paid training as a way of increasing engagement in training programs.

### **Title: Transforming Attitudes of Nursing Students: Evaluating a Service-Learning Experience**

**Authors:** Lowensen KM and Hunt RJ

**Source:** J Nurs Educ, 50(6): 345-349, 2011

**Summary:** Homelessness is a compelling social and public health issue. Nurse educators are challenged to better prepare graduates to serve this growing segment of the population. Clinical experiences with those experiencing homelessness allow students a better understanding of this population and may foster more compassionate care. This pretest-posttest intervention study examined nursing students' attitudes toward homelessness before and after participation in a service-learning clinical rotation with families experiencing homelessness. Twenty-three students enrolled in a public health nursing course at a small midwestern university participated in the research. The Attitudes Toward Homelessness Inventory was used to measure students' attitudes at the beginning and end of the course. Data analysis using descriptive statistics revealed significant differences in both global and specific attitudes toward people experiencing homelessness. These results suggest the clinical experiences positively influenced students' attitudes and support the value of integrating service-learning clinical opportunities with homeless individuals into nursing curricula.

### **Title: Online Communities of Practice as a Communication Resource for Community Health Nurses Working with Homeless Persons**

**Authors:** Valaitis RK, Akhtar-Danesh N, Brooks F, Binks S and Semogas D

**Source:** J Adv Nurs, 67(6): 1273-1284, 2011

**Summary:** ABSTRACT: Aims. This study explored community health nurses' viewpoints about a Canadian online community of practice to support their practice with homeless or under-housed populations. Background. Community health nurses who specifically work with homeless and marginally housed populations often report feelings of isolation and stress in managing complex problems in resource constraints. To strengthen intra-professional ties and enhance information access, an online community of practice was designed, implemented and

evaluated by and for them. Methods. Q-methodology was used. Sixty-six statements about the community of practice were collected from an online survey and focus groups, refined and reduced to 44 statements. In 2009, sixteen participants completed the Q-sort activity, rating each statement relative to the others. Scores for each participant were subjected to by-person factor analysis. Results. Respondents fell into two groups -tacit knowledge warriors and tacit knowledge communicators. Warriors strongly believed that the community of practice could combat stigma associated with homelessness and promote awareness of homelessness issues, and valued its potential to validate and improve practice. Communicators would have used the community of practice more with increased discussion, facilitation and prompt responses. Generally, nurses viewed the community of practice as a place to share stories, validate practice and adapt best practices to their work context. Conclusions. Online communities of practice can be valuable to nurses in specialized fields with limited peer support and access to information resources. Tacit knowledge development is important to nurses working with homeless populations: this needs to be valued in conjunction with scientifically based knowledge.