

# 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) July 2011 – September 2011. Summaries are categorized into themes which vary each quarter.

### BARRIERS TO CARE

#### Title: Issues in Community-Based Care among Homeless Minorities

Authors: Bralock AR, Farr NB, Kay, J, Lee MJ, Smythe-Padgham, C, Scherlin DD, and Strickland O

Source: J Natl Black Nurses Assoc, 22(1): 57-67, 2011

Summary: Homelessness is an increasing major public health problem in the United States. The homeless population consists of men, women, youth and families who live on the streets or in shelters. Minorities, especially African-Americans and Hispanics, are particularly at risk for homelessness due to their high rates of poverty. Homelessness predisposes persons to poor health, including a variety of acute and chronic physical and psychological diseases for which they often have difficulty obtaining healthcare. This article discusses common issues and challenges that homeless minorities and their health-care providers face in obtaining community-based healthcare, including issues in caring for homeless men and women, fragmentation of healthcare, perceived discrimination and provider bias, provider-patient trust issues, lack of access to care, and health literacy issues. Two programs designed to provide community-based experiential learning for nursing students to address these issues and the health-care needs of the homeless are described, i.e., the Men Achieving Self Health (MASH) and Women Inspired Self Health (WISH) Outreach Programs. Approaches used by faculty and students who are engaged in providing health-care services to the homeless via the MASH and WISH Programs are discussed.

#### Title: Access to Primary Health Care among Homeless Adults in Toronto, Canada: Results from the Street Health Survey

Authors: Khandor E, Mason K, Chambers C, Rossiter K, Cowan L and Hwang SW

Source: Open Med, 5 (2): e94-e103, 2011

Summary: BACKGROUND: Despite experiencing a disproportionate burden of acute and chronic health issues, many homeless people face barriers to primary health care. Most studies on health care access among homeless populations have been conducted in the United States, and relatively few are available from countries such as Canada that have a system of universal health insurance. We investigated access to primary health care among a representative sample of homeless adults in Toronto, Canada. METHODS: Homeless adults were recruited from shelter and meal programs in downtown Toronto between November 2006 and February 2007. Cross-sectional data were collected on demographic characteristics, health status, health determinants and access to health care. We used multivariable logistic regression analysis to investigate the association between having a family doctor as the usual source of health care (an indicator of access to primary care) and health status, proof of health insurance, and substance use after adjustment for demographic characteristics. RESULTS: Of the 366 participants included in our study, 156 (43%) reported having a family doctor. After adjustment for potential confounders and covariates, we found that the odds of having a family doctor significantly decreased with every additional year spent homeless in the participant's lifetime (adjusted odds ratio [OR] 0.91, 95% confidence interval [CI] 0.86-0.97). Having a family doctor was significantly associated with being lesbian, gay, bisexual or transgendered (adjusted OR 2.70, 95% CI 1.04-7.00), having a health card (proof of health insurance coverage in the province of Ontario) (adjusted OR 2.80, 95% CI 1.61-4.89) and having a chronic medical condition (adjusted OR 1.91, 95% CI 1.03-3.53). INTERPRETATION: Less than half of the homeless people in Toronto who participated in our study reported having a family doctor. Not having a family doctor was associated with key indicators of health care access and health status, including increasing duration of homelessness, lack of proof of health insurance coverage and having a chronic medical condition. Increased efforts are needed to address the

barriers to appropriate health care and good health that persist in this population despite the provision of health insurance.

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## CHILDHOOD AVERSITY

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**Title: A Typology of Childhood Problems among Chronically Homeless Adults and Its Association with Housing and Clinical Outcomes**

**Authors:** Tsai J, Edens EL and Rosenheck RA

**Source:** J Health Care Poor Underserved, 22(3), 853-870, 2011

**Summary:** Abstract: Studies of chronically homeless adults have not adequately investigated the impact of adverse childhood experiences. The current retrospective, longitudinal study profiles the childhood experiences reported by 738 participants in an 11-site supported housing initiative and examines how their childhood profile is related to their homeless history, their psychosocial status before entry into supported housing, and their outcomes once enrolled in supported housing. A two-step cluster analysis revealed three childhood profiles: Relatively Numerous Childhood Problems, Disrupted Family, and Relatively Few Childhood Problems. Results found that participants with Relatively Numerous Childhood Problems were significantly younger when they were first homeless and had worse drug use before entry into supported housing than other participants. There were no differences in housing, substance use, or mental and physical health outcomes once participants were enrolled in supported housing. Prevention of homelessness should focus, to the extent possible, on individuals with extensive childhood problems.

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## COMMUNITY PARTNERSHIPS

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**Title: Collaborative Research: Empowering Students and Connecting to Community**

**Authors:** Mills-Dick K and Hull JM

**Source:** J Public Health Manag Pract, 17(4): 381-387, 2011

**Summary:** Public health social work is committed to improving the health and well-being of individuals and communities. Collaborative partnerships can be a tremendous resource and valuable approach to meeting community needs. This article discusses the essential role of partnership and community learning through the case study of a student-faculty team engaged in collaborative research on homelessness in upstate New York in an effort to inform the development of a community affordable housing plan. The goals of the project were to (1) improve understanding of homelessness at the local level, (2) contribute to community planning efforts to end homelessness, and (3) enrich public health social work skills. This case study describes the various ways in which collaboration is cultivated and infused throughout the life of a project. The authors reflect on benefits and challenges of collaboration, and suggest considerations for designing collaborative research projects. This article discusses the impact faculty-student and college-community collaborative partnerships can have on expanding knowledge and enhancing community well-being.

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## FAMILY HOMELESSNESS

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**Title: Overcoming: A Concept Analysis**

**Authors:** Brush BL, Kirk K, Gultekin L and Baiardi JM

**Source:** Nurs Form, 46(3), 160-168, 2011

**Summary:** BACKGROUND: Nurses often work with individuals and populations striving to improve or maintain the quality of their lives. Many, struggling from complex health and social problems, are challenged to surmount barriers to achieve this goal. The growing number of homeless families in the United States represent one such cohort. AIMS: To develop an operational definition of overcoming and explicate its meaning, attributes, and characteristics as it relates to homeless families. METHODS: Using the concept analysis method described by Walker and Avant, along with an extensive literature review, and sample cases pertaining to family homelessness, we delineated the defining attributes, antecedents, consequences, and empirical referents of the concept, overcoming. CONCLUSION: The results of this concept analysis, particularly the relationship of overcoming to family homelessness, provide guidance for further conceptualization and empirical testing, as well as for clinical practice.

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## FOOD SECURITY

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**Title: The Assessment of Food Security in Homeless Individuals: A Comparison of the Food Security Survey Module and the Household Food Insecurity Access Scale**

**Authors:** Holland AC, Kennedy MC and Hwang SW

**Source:** Public Health Nutr, 2011 [Epub 2011 July 12]

**Summary:** OBJECTIVE: To compare the Household Food Insecurity Access Scale (HFIAS), the US Food Security Survey Module (US FSSM) and a modified version of the US FSSM in which references to buying food were changed to references to getting food, in terms of their classification of food security levels among homeless individuals, and to determine which of these instruments was most preferred by homeless individuals. DESIGN: A cross-sectional survey. SETTING: Recruitment of participants took place at seven shelters and from three drop-in programmes that serve homeless individuals in Toronto, Canada. SUBJECTS: Fifty individuals who were  $\geq 18$  years of age, able to communicate in English and currently homeless. RESULTS: The modified US FSSM assigned 20 % of participants to a lower ordinal food security category compared with the US FSSM, and only 8 % to a higher food security category. The HFIAS assigned 30 % of participants to a lower food security category compared with either the US FSSM or the modified US FSSM, and only 10-16 % of participants to a higher food security category. When asked to compare all three instruments, the majority of respondents (62 %) selected the HFIAS as the best instrument for people who are homeless. CONCLUSIONS: A majority of homeless individuals selected the HFIAS as the best food security instrument for people who are homeless. Our findings suggest that the HFIAS is a more appropriate instrument than the US FSSM for measuring food security in the homeless population.

## FOOT HEALTH

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### **Title: Utilization of Foot Care Services Among Homeless Adults: Implications for Advanced Practice Nurses**

**Authors:** Murihead L, Roberson AJ and Secrest J

**Source:** J Am Acad Nurse Pract, 23(4): 209-215, 2011

**Summary:** PURPOSE: To present the findings of a survey that examined the reason(s) for use of foot care services among homeless adults in a mid-size southeastern city. DATA SOURCES: Data were collected using an 18-item questionnaire. One hundred homeless adults (65 males, 30 females) were asked about their level of foot care use, including under what circumstances foot care services might be used. CONCLUSION: Foot conditions are an important concern among homeless individuals. To add to the complexity of foot-related problems, many respondents (N= 56) from this survey reported a history of diabetes, hypertension, and peripheral vascular disease. The majority (N= 92) of those surveyed value healthy feet and education related to foot care. Condition of shoes, socks, and foot odor was identified by participants (n= 62) as a major deterrent to using foot care services. IMPLICATION FOR PRACTICE: To increase use of foot care programs among homeless adults, services must be offered during the day time when they are not competing to secure nightly shelter. Foot care programs should be innovative and tailored to their unique needs and address concern for sensitivity to feet, sock, and shoe condition; cost; specific services provided; competing needs; source of care; and how to access these services.

## GERIATRICS

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### **Title: Geriatric Syndromes in Older Homeless Adults**

**Authors:** Brown RT, Kiely DK, Bharel M and Mitchell SL

**Source:** J Gen Intern Med, 2011 [Epub 2011 Sept 01]

**Summary:** BACKGROUND: The average age of the US homeless population is increasing. Little is known about the prevalence of geriatric syndromes in older homeless adults. OBJECTIVE: To determine the prevalence of common geriatric syndromes in a sample of older homeless adults, and to compare these prevalences to those reported in the general older population. DESIGN: Cross-sectional. PARTICIPANTS: Two hundred and forty-seven homeless adults aged 50-69 recruited from eight homeless shelters in Boston, MA. MAIN MEASURES: Interviews and examinations for geriatric syndromes, including functional impairment, cognitive impairment, frailty, depression, hearing impairment, visual impairment, and urinary incontinence. The prevalences of these syndromes in the homeless cohort were compared to those reported in three population-based cohorts. KEY RESULTS: The mean age of the homeless cohort was 56.0 years, and 19.8% were women. Thirty percent of subjects reported difficulty performing at least one activity of daily living, and 53.2% fell in the prior year. Cognitive impairment, defined as a Mini-Mental State Examination score  $\leq 24$ , was present in 24.3% of participants; impaired executive function, defined as a Trail Making Test Part B duration  $>1.5$  standard deviations above population-based norms,

was present in 28.3% of participants. Sixteen percent of subjects met criteria for frailty, and 39.8% had major depression, defined as a score  $\geq 10$  on the Patient Health Questionnaire 9. Self-reported hearing and visual impairment was present among 29.7% and 30.0% of subjects, respectively. Urinary incontinence was reported by 49.8% of subjects. After multivariate adjustment for demographic characteristics, homeless adults were more likely to have functional impairment, frailty, depression, visual impairment and urinary incontinence compared to three population-based cohorts of older persons. CONCLUSIONS: Geriatric syndromes that are potentially amenable to treatment are common in older homeless adults, and are experienced at higher rates than in the general older population.

## HIV

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### **Title: Development of the Fogg Intent-to-Screen for HIV (ITS HIV) Questionnaire**

**Authors:** Fogg CJ, Mawn BE and Porell F

**Source:** Res Nurs Health, 34(1): 73-84, 2011

**Summary:** In this paper, we describe the development and psychometric properties of the Fogg Intent-to-Screen for HIV questionnaire (ITS HIV), which measures peoples' beliefs and intentions toward HIV screening. The ITS HIV was developed using the Theory of Planned Behavior as the framework for a developmental process that included qualitative interviews, a validation phase, two pilot tests, and a field test of the final 55-item questionnaire. The field test involved 312 homeless persons from five New England states. Cronbach alphas of the direct measures scales ranged from .72 to .90. Findings from a path analysis verified the construct validity. The psychometric estimates from these analyses suggest the ITS HIV questionnaire is appropriate for use in clinical practice or to evaluate the effectiveness of interventions.

### **Title: HIV Seroprevalence among Orphaned and Homeless Youth: No Place Like Home**

**Authors:** Hillis SD, Zapata L, Robbins, CL, Kissin DM, Skipalska H, Yorick R, Finnerty E, Marchbanks PA and Jamieson DJ

**Source:** AIDS, 2011 [Epub 2011 Sept 09]

**Summary:** OBJECTIVES: We evaluated the combined influences of orphaned status and homelessness on HIV seroprevalence and risk among street-involved Ukrainian youth in 2008. DESIGN: Systematic, multi-city, community-based, cross-sectional assessment. METHODS: Time-location sampling was used to identify eligible youth ages 15-24 after city-wide mapping of 91 sites where street-involved youth gathered in Odessa, Kiev, and Donetsk. Universal sampling identified 961 youth in 74 randomly selected sites; 97% consented. Youth reporting 1 or both parents dead were classified as orphaned; those without a stable residence or sleeping outside their residence  $\geq 2$  nights/wk were classified as homeless. Trained staff provided HIV counseling and rapid testing via mobile vans. Adjusted odds ratios (AORs) were calculated using logistic regression, accounting for intra-cluster homogeneity. RESULTS: We found 32% (300/929) were both orphaned and homeless; 48% either homeless/not orphaned

(37% [343/929]) or orphaned/not homeless (11% [104/929]); and 20% (182/929) neither orphaned nor homeless. HIV seroprevalences were 7% for neither orphaned/homeless; 16% and 17%, respectively, for either orphaned/homeless; 28% for both orphaned/homeless ( $p$  for trend <.0001). Adjusted odds ratios for HIV infection were 1.0 for neither; 2.3 and 2.4 for either homeless (95% confidence interval (CI) 1.7-2.9) or orphaned (CI 1.8-3.3); 3.3 for both orphaned/homeless (CI 2.3-4.4). Ever-use of injection drugs increased from 15% to 32% to 48% for those who neither, either, or both orphaned and homeless, respectively ( $p$  for trend <.0001). **CONCLUSIONS:** One of four youth who were both homeless and orphaned was HIV-infected; these youth were significantly more likely to be HIV-infected and to report injection drug use than those with adequate housing and living parents.

**Title: Patterns of Exchange Sex and HIV Infection in High-Risk Heterosexual Men and Women**

**Authors:** Jenness SM, Kobrak P, Wendel T, Neaigus A, Murrill CS and Hagan H

**Source:** J Urban Health, 88(2): 329-341, 2011

**Summary:** Heterosexual partnerships involving the trade of money or goods for sex are a well-described HIV risk factor in Africa and Southeast Asia, but less research has been conducted on exchange partnerships and their impact on HIV infection in the United States. In our study, men and women were recruited from high-risk neighborhoods in New York City through respondent-driven sampling in 2006-2007. We examined the factors associated with having an exchange partner in the past year, the relationship between exchange partnerships and HIV infection, and the risk characteristics of those with exchange partners by the directionality of payment. Overall, 28% of men and 41% of women had a past-year exchange partner. For men, factors independently associated with exchange partnerships were older age, more total sexual partners, male partners, and frequent non-injection drug use. For women, factors were homelessness, more total sexual partners, more unprotected sex partners, and frequent non-injection drug use. Exchange partnerships were associated with HIV infection for both men and women, although the relationships were substantially confounded by other behavioral risks. Those who both bought and sold sex exhibited the highest levels of risk with their exchange and non-exchange partners. Exchange partnerships may be an HIV risk both directly and indirectly, given the overlap of this phenomenon with other risk factors that occur with both exchange and non-exchange partners.

**Title: Basic Subsistence Needs and Overall Health Among Human Immunodeficiency Virus-infected Homeless and Unstably Housed Women**

**Authors:** Riley ED, Moore K, Sorensen JL, Tulsy JP, Bangsberg DR and Neilands TB

**Source:** Am J Epidemiol, 174(5): 515-522, 2011

**Summary:** Some gender differences in the progression of human immunodeficiency virus (HIV) infection have been attributed to delayed treatment among women and the social context of poverty. Recent economic difficulties have led to multiple service

cuts, highlighting the need to identify factors with the most influence on health in order to prioritize scarce resources. The aim of this study was to empirically rank factors that longitudinally impact the health status of HIV-infected homeless and unstably housed women. Study participants were recruited between 2002 and 2008 from community-based venues in San Francisco, California, and followed over time; marginal structural models and targeted variable importance were used to rank factors by their influence. In adjusted analysis, the factor with the strongest effect on overall mental health was unmet subsistence needs (i.e., food, hygiene, and shelter needs), followed by poor adherence to antiretroviral therapy, not having a close friend, and the use of crack cocaine. Factors with the strongest effects on physical health and gynecologic symptoms followed similar patterns. Within this population, an inability to meet basic subsistence needs has at least as much of an effect on overall health as adherence to antiretroviral therapy, suggesting that advances in HIV medicine will not fully benefit indigent women until their subsistence needs are met.

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**MENTAL HEALTH & SUBSTANCE ABUSE**

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**Title: A Working Relationship Model that Reduces Homelessness among People with Mental Illness**

**Authors:** Chen FP and Ogden L

**Source:** Qual Health Res, 2011 [2011 Sept 06]

**Summary:** We applied grounded theory methodology to generate a working relationship model that influences motivation for stable housing among homeless people with serious mental illness, to understand the role of a working relationship in critical service transitions. We focused on practitioners' perspectives and practices in Critical Time Intervention (CTI), a community intervention aimed to reduce homelessness through providing support during the transition from institutional to community living. We found a working relationship that highlighted "nonauthoritative" and "humanistic" features. Workers respected client autonomy and maintained flexibility in the format of client contact and service activities. They used practice strategies including following client leads and informal relating approaches to facilitate the development of client trust. The trusting relationship enhanced client interest in obtaining housing and the commitment to the transformation crucial for retaining housing. We discuss the significance of the relationship and ethical considerations of relationship-building activities in community mental health practices.

**Title: The Influence of Co-occurring Axis I Disorders on Treatment Utilization and Outcome in Homeless Patients with Substance Use Disorders**

**Authors:** Austin J, McKellar JD and Moos R

**Source:** Addict Behav, 36(9): 941-944, 2011

**Summary:** The current study examined the relationship between co-occurring substance use and Axis I psychiatric disorders and treatment utilization and outcome among homeless individuals (N=365) who participated in an episode of intensive outpatient substance use treatment. Compared to patients without a co-



occurring diagnosis, homeless patients with a diagnosis of major depressive disorder or PTSD participated in more substance use treatment. Diagnostic status did not predict 12-month alcohol or drug treatment outcome. Substance use treatment programs appear to successfully engage homeless individuals with major depressive disorder and PTSD in treatment. Such individuals appear to achieve similar benefits from standard substance use treatment as do homeless individuals without such disorders.

**Title: Factors Associated with Frequent Utilization of Crisis Substance Use Detoxification Services**

**Authors:** Carrier E, McNeely J, Lobach I, Tay S, Gourevitch MN and Raven MC

**Source:** J Addict Dis, 30(2): 116-122, 2011

**Summary:** Previous research suggests that some substance users have multiple crisis detoxification visits and never access rehabilitation care. This care-seeking pattern leads to poorer outcomes and higher costs. The authors aimed to identify predictors of repeat detoxification visits by analyzing state-level data routinely collected at the time of substances use services admission. Repeat detoxification clients were more likely to be homeless, city-dwelling fee-for-service Medicaid recipients. Repeat detoxification clients were less likely than those with one admission to enter rehabilitation within 3 days. Treatment providers should aim for rapid transfer to rehabilitation and consider expanding detoxification intake data to improve risk stratification.

**Title: Differences in 5-Year Survival after a 'Homeless' or 'Housed' Drugs-Related Hospital Admission: A Study of 15-30 Year Olds in Scotland**

**Authors:** Dibben C, Atherton I, Doherty and Baldacchino A

**Source:** J Epidemiol Community Health, 65(9), 780-785, 2011

**Summary:** BACKGROUND: Young drug misusers and the homeless both have a greater risk of death than their peers. This study sought to estimate the additional impact of homelessness on the risk of death for young drugs misusers. METHODS: From all admissions to NHS hospitals in Scotland between 1986 and 2001, those that were: drug misuse related, for people born between 1970 and 1986 and aged over 15 years (n=13 303), were selected. All subsequent admissions and registrations of death were linked to this dataset. Each admission was coded as homeless if the health board of residence was coded as 'no fixed abode'. 5-year survival after an admission was modelled using (1) life table and (2) proportional hazard models and then (3) differences in causes of deaths were explored. RESULTS: Immediately after a drugs-related hospital admission there was no difference in survival between the homeless and those with a 'fixed address'. However, over a 3-year period the risk for those who were homeless was 3.5 times greater (CI 95% 1.2 to 12.8). This elevated risk seemed to be particularly focused on the second year after an admission. The causes of death were similar for the two groups. CONCLUSION: Although a homeless hospital admission is associated with a greater risk of death for young drug users, it is also a point in time when a young person is in contact with public services. An

attempt to link their discharge with housing services would seem a potentially productive policy.

**Title: Chronically Homeless Women Report High Rates of Substance Use Problems Equivalent to Chronically Homeless Men**

**Authors:** Edens EL, Mares AS and Rosenheck RA

**Source:** Women's Health Issues, 21(5): 383-389, 2011

**Summary:** INTRODUCTION: The U.S. federal government recently committed itself to ending chronic homelessness within 5 years. Women constitute one out of four chronically homeless adults and represent a particularly vulnerable group, but have been little studied. To identify potentially unique needs in this group, we report characteristics and 2-year outcomes in a large sample of male and female chronically homeless adults participating in a multisite, supportive housing program. METHODS: Men and women participating in the outcome evaluation of the 11-site Collaborative Initiative on Chronic Homelessness (n = 714) supportive housing program and who received at least one follow-up assessment were compared on baseline characteristics and up to 2-year follow-up outcomes. Mixed model multivariate regression adjusted outcome findings for baseline group differences. RESULTS: Few significant baseline differences existed between males and females, with both sexes self-reporting very high rates of lifetime mental health (83% women, 74% men) and substance use (68% women, 73% men) problems. Throughout the 2-year follow-up, both men and women dramatically increased the number of days housed, showed minimal changes in substance use patterns, and had modest improvements in mental health outcomes, without significant differences between genders. CONCLUSION: Unlike other U.S. populations, chronically homeless adults do not demonstrate substantial gender differences on mental health or addiction problems. Policy and service delivery must address these remarkably high rates of substance use and mental illness.

**Title: Cognitive Predictors of Life Skill Intervention Outcomes for Adults with Mental Illness at Risk for Homelessness**

**Authors:** Helfrich CA, Chan DV and Sabol P

**Source:** Am J Occup Ther, 65(3): 277-286, 2011

**Summary:** OBJECTIVE: We investigated the effectiveness of a life skills intervention for people with mental illness who have been homeless. METHOD: In this longitudinal outcomes study, we used Situated Learning Theory (Lave & Wenger, 1991) to provide group and individual sessions to 38 participants from two housing programs after completing baseline Allen Cognitive Level Screen-2000 (ACLS-2000; Allen Conferences, 2000) and Practical Skills Tests (PSTs). Data were analyzed using linear mixed-effects regression models. RESULTS: The PST scores of participants with higher ACLS-2000 scores significantly increased over time (food management, p = .021; money management, p = .039; safe community participation, p = .02). Participants with lower ACLS-2000 scores demonstrated an even greater change over time. CONCLUSION: Most participants, including those with lower ACLS-2000 scores, improved and retained life skills knowledge

over time, challenging the premise that people with mental illness should be excluded from mixed-level group interventions.

**Title: Randomized Trial of Critical Time Intervention to Prevent Homelessness after Hospital Discharge**

**Authors:** Herman DB, Conover S, Gorroochurn P, Hinterland K, Hoepner L and Susser ES

**Source:** Psychiatr Serv, 62(7): 713-719, 2011

**Summary:** OBJECTIVE: This study assessed the effectiveness of a previously tested model, critical time intervention (CTI), in producing an enduring reduction in the risk of homelessness for persons with severe mental illness who were discharged from inpatient psychiatric treatment facilities. METHODS: A total of 150 previously homeless men and women with severe mental illness and who were discharged from inpatient psychiatric hospitalization to transitional residences on the hospital grounds were randomly assigned to receive usual care or usual care plus CTI at the point of discharge to the community. The nine-month intervention aims to gradually pass responsibility to community sources for providing ongoing support after the intervention ends, thereby leading to a durable reduction in risk of future homelessness. After participants were discharged from the transitional residence (length of stay six to 937 days), their housing status was assessed every six weeks for 18 months via participant self-report collected by interviewers blind to study condition. RESULTS: In an intent-to-treat analysis, participants assigned to the CTI group had significantly less homelessness at the end of the follow-up period (the final three six-week intervals) than those assigned to the control group (odds ratio=.22, 95% confidence interval=.06-.88). CONCLUSIONS: A relatively brief, focused intervention for persons with severe mental illness led to a reduction in the risk of homelessness that was evident nine months after the intervention ended. This work suggests that targeted, relatively short interventions applied at critical transition points may enhance the efficacy of long-term supports for persons with severe mental illness who are living in the community.

**Title: Timing, Prevalence, Determinants and Outcomes of Homelessness among Patients Admitted to Acute Psychiatric Wards**

**Authors:** Tulloch AD, Fearon P and David AS

**Source:** Soc Psychiatry Psychiatr Epidemiol, 2011 [Epub 2011 July 15]

**Summary:** PURPOSE: To document the prevalence, timing, associations and short-term housing outcomes of homelessness among acute psychiatric inpatients. METHODS: Cross-sectional study of 4,386 acute psychiatric admissions discharged from a single NHS Trust in 2008-2009. RESULTS: Homelessness occurred in 16%. Most homelessness (70%) was either recorded as present at admission or started within 1 week. It was associated with younger age; male gender; ethnicity other than White British or Black African/Caribbean; being single, divorced, separated or widowed; diagnosis of drug and alcohol disorder; detention under a forensic section of the Mental Health Act; having no previous admission or alternatively having a longer previous admission; having a low score on the depressed mood or hallucinations and

delusions items of the Health of the Nation Outcome Scales (HoNOS); and having a high score on the HoNOS relationship difficulties and occupation and activities items. Of those who were followed-up for 28 days after discharge, 53% had a new address recorded; of those who were not, only 22% did.

CONCLUSIONS: Homelessness affects a substantial minority of psychiatric admissions in the UK. Housing outcomes are uncertain, and it is possible that more than half continue to be homeless or living in very transient situations. Demographic and diagnostic associations with homelessness were consistent with US studies; associations with HoNOS item scores and having had no admission in the preceding 2 years suggest that, in many cases, social adversity predominates over active psychopathology at the time of admission.

**Title: Perceptions of Quality of Life and Disability in Homeless Persons with Schizophrenia and Persons with Schizophrenia Living in Non-Institutional Housing**

**Authors:** van der Plas, AG, Hoek HW, van Hoeken D, Valencia E and van Hemert AM

**Source:** Int J Soc Psychiatry, 2011 [Epub 2011 Sept 01]

**Summary:** BACKGROUND: Homelessness is common in persons with schizophrenia. It is unclear how housing conditions and homelessness affect their quality of life and their disability. AIMS: To explore the self-perceived quality of life and disability of homeless persons with schizophrenia and of those of persons with schizophrenia living in non-institutional housing. METHODS: Seventy-six not-homeless and 50 homeless persons with schizophrenia were assessed using the World Health Organization's Quality of Life - short version (WHOQOL-Bref) and Disability Assessment Schedule (WHODAS-II). Univariate comparisons of the two groups were made for sociodemographic variables, clinical characteristics, perceived quality of life and disability. A regression model was used to adjust for potential confounding factors between quality of life, disability and housing. RESULTS: After controlling for age, gender, marital status and age of first hospital admission, homeless persons had more positive scores for the quality of life domain 'health', for the disability domain 'getting along with people' and for the total disability score than persons in non-institutional housing. CONCLUSION: Contrary to our expectations, the persons in non-institutional housing reported a lower quality of life and more disability than the homeless people. Future research should clarify whether non-institutional housing in and of itself can improve the well-being of people with schizophrenia.

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## MORBIDITY & MORTALITY

**Title: Effectiveness of Interventions to Improve the Health and Housing Status of Homeless People: A Rapid Systematic Review**

**Authors:** Fitzpatrick-Lewis D, Ganann R, Krishnarante S, Ciliska D, Kouyoumdjian F and Hwang SW

**Source:** BMC Public Health, 11: 638, 2011

**Summary:** ABSTRACT: BACKGROUND: Research on interventions to positively impact health and housing status of people who are homeless has received substantially increased

attention over the past 5 years. This rapid review examines recent evidence regarding interventions that have been shown to improve the health of homeless people, with particular focus on the effect of these interventions on housing status. **METHODS:** A total of 1,546 articles were identified by a structured search of five electronic databases, a hand search of grey literature and relevant journals, and contact with experts. Two reviewers independently screened the first 10% of titles and abstracts for relevance. Interrater reliability was high and as a result only one reviewer screened the remaining titles and abstracts. Articles were included if they were published between January 2004 and December 2009 and examined the effectiveness of an intervention to improve the health or healthcare utilization of people who were homeless, marginally housed, or at risk of homelessness. Two reviewers independently scored all relevant articles for quality. **RESULTS:** Eighty-four relevant studies were identified; none were of strong quality while ten were rated of moderate quality. For homeless people with mental illness, provision of housing upon hospital discharge was effective in improving sustained housing. For homeless people with substance abuse issues or concurrent disorders, provision of housing was associated with decreased substance use, relapses from periods of substance abstinence, and health services utilization, and increased housing tenure. Abstinence dependent housing was more effective in supporting housing status, substance abstinence, and improved psychiatric outcomes than non-abstinence dependent housing or no housing. Provision of housing also improved health outcomes among homeless populations with HIV. Health promotion programs can decrease risk behaviours among homeless populations. **CONCLUSIONS:** These studies provide important new evidence regarding interventions to improve health, housing status, and access to healthcare for homeless populations. The additional studies included in this current review provide further support for earlier evidence which found that coordinated treatment programs for homeless persons with concurrent mental illness and substance misuse issues usually result in better health and access to healthcare than usual care. This review also provides a synthesis of existing evidence regarding interventions that specifically support homeless populations with HIV.

**Title: The Health and Housing in Transition Study: A Longitudinal Study of the Health of Homeless and Vulnerably Housed Adults in Three Canadian Cities**

**Authors:** Hwang SW, Aubry T, Palepu A, Farrell S, Nisenbaum R, Hubley AM, Klodawsky F, Gogosis E, Hay E, Pidlubny S, Dowbor T and Chambers C

**Source:** Int J Public Health, 2011 [Epub 2011 Aug 23]

**Summary:** **OBJECTIVES:** While substantial research has demonstrated the poor health status of homeless populations, the health status of vulnerably housed individuals is largely unknown. Furthermore, few longitudinal studies have assessed the impact of housing transitions on health. The health and housing in transition (HHiT) study is a prospective cohort study that aims to track the health and housing status of a representative sample of homeless and vulnerably housed single adults in three Canadian cities (Toronto, Ottawa, and Vancouver). This paper discusses the

HHiT study methodological recruitment strategies and follow-up procedures, including a discussion of the limitations and challenges experienced to date. **METHODS:** Participants (n = 1,192) were randomly selected at shelters, meal programmes, community health centres, drop-in centres, rooming houses, and single-room occupancy hotels from January to December 2009 and are being re-interviewed every 12 months for a 2-year period. **RESULTS:** At baseline, over 85% of participants reported having at least one chronic health condition, and over 50% reported being diagnosed with a mental health problem. **CONCLUSIONS:** Our findings suggest that, regardless of housing status, participants had extremely poor overall health.

**Title: The Impact of Shelter Use and Housing Placement on Mortality Hazard for Unaccompanied Adults and Adults in Family Households Entering New York City Shelters: 1990-2002**

**Authors:** Metraux S, Eng N, Bainbridge J and Culhane DP

**Source:** J Urban Health, 2011 [Epub 2011 Aug 03]

**Summary:** This study examines mortality among New York City (NYC) homeless shelter users, assessing the relationships between mortality hazard and time in shelter, patterns of homelessness, and subsequent housing exits for both adults in families and single adults. Administrative records from the NYC shelter system were matched with death records from the Social Security Administration for 160,525 persons. Crude mortality rates and life tables were calculated, and survival analyses were undertaken using these data. Life expectancy was 64.2 and 68.6 years for single adult males and single adult females, respectively, and among adults in families, life expectancy was 67.2 and 70.1 years for males and females, respectively. For both groups, exits to stable housing (subsidized or non-subsidized) were associated with reduced mortality hazard. And while mortality hazard was substantially reduced for the time adults were in shelters, extended shelter use patterns were associated with increased mortality hazard. Differences between single homelessness and family homelessness extend to disparities in mortality rates. Although causal links cannot be established here, results suggest that, for both subgroups of the homeless population, prompt resolution of homelessness and availability of housing interventions may contribute to reduced mortality.

**Title: Psychiatric Disorders and Mortality Among People in Homeless Shelters in Denmark: A Nationwide Register-Based Cohort Study**

**Authors:** Nielsen SF, Hjorthøj CR, Erlangsen A and Nordentoft M

**Source:** Lancet, 377(9784): 2205-2214, 2011

**Summary:** **BACKGROUND:** The increased mortality of homeless people compared with non-homeless people might be linked to psychiatric disorders. However, homeless people are, because of their insufficient accommodation, difficult to sample and monitor, which has limited previous studies. We aimed to assess registered psychiatric disorders, mortality, and predictors of mortality in the homeless shelter population in Denmark. **METHODS:** We did a nationwide, prospective, register-based cohort study of homeless people aged 16 years and older who were registered in the Danish Homeless Register between Jan 1, 1999,



and Dec 31, 2009. We calculated the proportion of registered psychiatric disorders, overall and cause-specific standardised mortality ratio (SMR), and life expectancy. Hazard ratios (HRs) were used to assess predictors of death. FINDINGS: 32,711 homeless people (23,040 men and 9671 women) were included in the study population. 14,381 men (62.4%) and 5632 women (58.2%) had registered psychiatric disorders, and 11,286 men (49.0%) and 3564 women (36.9%) had a substance abuse diagnosis. During the study period, 3839 men (16.7%) and 951 women (9.8%) died. The overall SMR for men was 5.6 (95% CI 5.4-5.8) and for women was 6.7 (6.2-7.1), and external causes accounted for 1161 (27.9%) of 4161 deaths for which information on the cause was available. Remaining life expectancy at age 15-24 years was 21.6 years (95% CI 21.2-22.1) and 17.4 years (16.4-18.5) lower for homeless men and women, respectively, than the general population. Registered substance abuse disorder was associated with the highest mortality risk compared with no psychiatric contact registered (adjusted HR 1.4, 95% CI 1.3-1.5 for men; 1.7, 1.4-2.1 for women). INTERPRETATION: Health problems are extensive in the homeless shelter population and there is an urgent need for more sustained efforts to reduce the high morbidity and mortality, especially from external causes. Register data is an important resource to supplement existing knowledge on homeless people with more valid and detailed information. FUNDING: The Danish Council for Independent Research.

## ORAL HEALTH

### **Title: Decayed and Missing Teeth and Oral-Health Related Factors: Predicting Depression in Homeless People**

**Authors:** Coles E, Chan K, Collins J, Humphris GM, Richards D, Williams B and Freeman R

**Source:** J Psychosom Res, 71(2): 108-112, 2011

**Summary:** OBJECTIVE: The objective of the study was to determine the effect of dental health status, dental anxiety and oral-health-related quality of life (OHRQoL) upon homeless people's experience of depression. METHODS: A cross-sectional survey was conducted on a sample of homeless people in seven National Health Service Boards in Scotland. All participants completed a questionnaire to assess their depression, dental anxiety and OHRQoL using reliable and valid measures. Participants had an oral examination to assess their experience of tooth decay (decayed and missing teeth). Latent variable path analysis was conducted to determine the effects of dental health status on depression via dental anxiety and OHRQoL using intensive resampling methods. RESULTS: A total of 853 homeless people participated, of which 70% yielded complete data sets. Three latent variables, decayed and missing teeth, dental anxiety (Modified Dental Anxiety Scale: five items) and depression (Center for Epidemiological Studies Depression Scale: two factors), and a single variable for OHRQoL (Oral Health Impact Profile total scale) were used in a hybrid structural equation model. The variable decayed and missing teeth was associated with depression through indirect pathways (total standardised indirect effects=0.44,  $P<.001$ ), via OHRQoL and dental anxiety (chi(2)=75.90, df=40, comparative fit index=0.985, Tucker-Lewis

index=0.977, root mean square error of approximation=0.051 [90% confidence interval: 0.037-0.065]). CONCLUSION:

Depression in Scottish homeless people is related to dental health status and oral-health-related factors. Decayed and missing teeth may influence depression primarily through the psychological constructs of OHRQoL and, to a lesser extent, dental anxiety.

### **Title: Self-Reported Oral Health of a Metropolitan Homeless Population in Australia: Comparisons with Population-Level Data**

**Authors:** Parker E, Jamieson L, Steffens M, Cathro P and Logan R

**Source:** Aust Dent J, 56(3): 272-277, 2011

**Summary:** Background: There is limited information on self-perceived oral health of homeless populations. This study quantified self-reported oral health among a metropolitan homeless adult population and compared against a representative sample of the metropolitan adult population obtained from the National Survey of Adult Oral Health. Methods: A total of 248 homeless participants (age range 17-78 years, 79% male) completed a self-report questionnaire. Data for an age-matched, representative sample of metropolitan-dwelling adults were obtained from Australia's second National Survey of Adult Oral Health. Percentage responses and 95% confidence intervals were calculated, with non-overlapping 95% confidence intervals used to identify statistically significant differences between the two groups. Results: Homeless adults reported poorer oral health than their age-matched general population counterparts. Twice as many homeless adults reported visiting a dentist more than a year ago and that their usual reason for dental attendance was for a dental problem. The proportion of homeless adults with a perceived need for fillings or extractions was also twice that of their age-matched general population counterparts. Three times as many homeless adults rated their oral health as 'fair' or 'poor'. Conclusions: A significantly greater proportion of homeless adults in an Australian metropolitan location reported poorer oral health compared with the general metropolitan adult population.

## PAIN MANAGEMENT

### **Title: Chronic Pain among Homeless Persons: Characteristics, Treatment and Barriers to Management**

**Authors:** Hwang SW, Wilkins E, Chambers C, Estrabillo E, Berends J and MacDonald A

**Source:** BMC Fam Pract, 12: 73, 2011

**Summary:** BACKGROUND: Little information is available on the problem of chronic pain among homeless individuals. This study aimed to describe the characteristics of and treatments for chronic pain, barriers to pain management, concurrent medical conditions, and substance use among a representative sample of homeless single adult shelter users who experience chronic pain in Toronto, Canada. METHODS: Participants were randomly selected at shelters for single homeless adults between September 2007 and February 2008 and screened for chronic pain, defined as having pain in the body for  $\geq 3$  months or receiving treatment for pain that started  $\geq 3$  months ago. Cross-sectional surveys obtained information on demographic characteristics,



characteristics of and treatments for chronic pain, barriers to pain management, concurrent medical conditions, and substance use. Whenever possible, participants' physicians were also interviewed. RESULTS: Among 152 homeless participants who experienced chronic pain, 11 (8%) were classified as Chronic Pain Grade I (low disability-low intensity), 47 (32%) as Grade II (low disability-high intensity), 34 (23%) as Grade III (high disability-moderately limiting), and 54 (37%) as Grade IV (high disability-severely limiting). The most common self-reported barriers to pain management were stress of shelter life, inability to afford prescription medications, and poor sleeping conditions. Participants reported using over-the-counter medications (48%), street drugs (46%), prescribed medications (43%), and alcohol (29%) to treat their pain. Of the 61 interviewed physicians, only 51% reported treating the patient's pain. The most common physician-reported difficulties with pain management were reluctance to prescribe narcotics due to the patient's history of substance abuse, psychiatric comorbidities, frequently missed appointments, and difficulty getting the patient to take medications correctly. CONCLUSIONS: Clinicians who provide healthcare for homeless people should screen for chronic pain and discuss barriers to effective pain management with their patients.

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## RACE & ETHNICITY

### Title: **Racial Differences Among Supported Housing Clients in Outcomes and Therapeutic Relationships**

Authors: Tsai J and Rosenheck RA

Source: Psychiatr Q, 2011 [Epub 2011 Aug 04]

Summary: This study examined racial differences between African American and White supported housing clients in clinical outcomes and in their relationships with their landlords, medical and mental health care providers, and religious faith. Housing, mental health, and substance abuse outcomes of 204 White clients and 269 Black clients participating in a national homeless initiative were examined, along with their ratings of their relationships with landlords, health care providers, and religious participation. There were no significant racial differences found on outcomes or on client ratings of the helpfulness of relationships with landlords and health care providers. However, Black participants reported significantly stronger religious faith and religious participation than White participants. Together, these results suggest the religious faith of Black clients should be appreciated as a potential asset in supported housing services and that efforts to maintain racial equality should be continued in the delivery of health services.

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## SERVICE UTILIZATION

### Title: **Medicaid Patients seen at Federally Qualified Health Centers Use Hospital Services Less than those seen by Private Providers**

Authors: Rothkopf J, Brookler K, Wadhwa S and Sajovetz M

Source: Health Aff (Millwood), 30(7): 1335-1342, 2011

Summary: Federally qualified health centers, also known as community health centers, play an essential role in providing health care to millions of Americans. In return for providing primary care to underserved, homeless, and migrant populations, these centers are reimbursed at a higher rate than other providers by public programs such as Medicaid. Under the Affordable Care Act of 2010, the role of the centers is expected to grow. To examine the quality of care that the centers provide, the Colorado Department of Health Care Policy and Financing compared the use of costly hospital-related services by Medicaid clients whose usual source of care was a community health center with the use by clients whose usual source of care was a private, fee-for-service provider. The study found that community health center users were about one-third less likely than the other group to have emergency department visits, inpatient hospitalizations, or preventable hospital admissions. Public funders such as states should work with community health centers to improve the quality and reduce the cost of care even further.

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## VETERANS

### Title: **Association of Substance Use and VA Service-Connected Disability Benefits with Risk of Homelessness among Veterans**

Authors: Edens EL, Kaspro, W, Tsai J and Rosenheck RA

Source: Am J Addict, 20(5): 412-419, 2011

Summary: Recent public attention on homelessness has shifted beyond emergency services and supportive housing to primary prevention. This study compares a national sample of homeless and nonhomeless Veterans Affairs (VA) mental health services users to determine risk and protective factors for homelessness. Using VA administrative data, veterans were identified as homeless (ie, used VA homeless services or received a diagnostic code for "lack of housing") or nonhomeless and compared using logistic regression. Additional analyses were conducted for two low-risk subgroups: veterans who served in current Middle East wars (Operation Enduring Freedom [OEF]/Operation Iraqi Freedom [OIF]) and veterans with  $\geq 50\%$  service-connected disability. Among all VA mental health users, OEF/OIF (odds ratio [OR] = 0.4) and  $\geq 50\%$  service-connected (OR = .3) veterans were less likely to be homeless. In the overall and subgroup analyses, illicit drug use (OR = 3.3-4.7) was by far the strongest predictor of homelessness, followed by pathological gambling (PG) (OR = 2.0-2.4), alcohol use disorder (OR = 1.8-2.0), and having a personality disorder (OR = 1.6-2.2). In both low-risk groups, severe mental illness (schizophrenia or bipolar disorder), along with substance use disorders, PG, and personality disorders, increased homelessness risk. Substance use, PG, and personality disorders confer the greatest modifiable risk of homelessness

among veterans using VA services, while service-connected disability conferred reduced risk. Clinical prevention efforts could focus on these factors. (Am J Addict 2011;00:1-8).

**Title: "Homelessness and Trauma go Hand-in-Hand": Pathways to Homelessness among Women Veterans**

**Authors:** Hamilton AB, Poza I and Washington DL

**Source:** Womens Health Issues, 21(4 Suppl): S203-209, 2011

**Summary:** BACKGROUND: Veterans comprise a disproportionate fraction of the nation's homeless population, with women veterans up to four times more likely to be homeless than non-veteran women. This paper provides a grounded description of women veterans' pathways into homelessness. METHODS: Three focus groups were held in Los Angeles, California, with a total of 29 homeless women veterans. RESULTS: Five predominant "roots" (precipitating experiences) initiated pathways toward homelessness: 1) childhood adversity, 2) trauma and/or substance abuse during military service, 3) post-military abuse, adversity, and/or relationship termination, 4) post-military mental health, substance abuse, and/or medical problems, and 5) unemployment. Contextual factors, which promoted development of homelessness in the setting of primary roots, included women veterans' "survivor instinct," lack of social support and resources, sense of isolation, pronounced sense of independence, and barriers to care. These contextual factors also reinforced persistence of the roots of post-military adversity and mental health and substance abuse problems, serving to maintain cycles of chronic homelessness. CONCLUSION: Collectively, these multiple, interacting roots and contextual factors form a "web of vulnerability" that is a target for action. Multiple points along the pathways to homelessness represent critical junctures for VA and community-based organizations to engage in prevention or intervention efforts on behalf of women veterans. Considering the multiple, interconnected challenges that these women veterans described, solutions to homelessness should address multiple risk factors, include trauma-informed care that acknowledges women veterans' traumatic experiences, and incorporate holistic responses that can contribute to healing and recovery.

**Title: Emergency Department Visits in Veterans Affairs Medical Facilities**

**Authors:** Hastings SN, Smith VA, Weinberger M, Schmader KE, Olsen MK and Oddone EZ

**Source:** Am J Manag Care, 17(6 Spec No.): e215-223, 2011

**Summary:** OBJECTIVE: To identify the frequency of, and risk factors for, repeat emergency department (ED) visits and hospitalizations following a treat-and release ED visit in patients from Veterans Affairs Medical Centers (VAMCs). STUDY DESIGN: Retrospective cohort study. METHODS: Subjects were veterans who visited 1 of 102 VAMC EDs between October 1, 2007, and June 30, 2008. Generalized estimating equations were used to identify factors related to repeat ED visits and hospitalizations within 30 days of the index ED visit. RESULTS: At their index ED visit, 80% of veterans were treated and released. Of these, 15% returned to the ED and 5% were hospitalized in the next 30 days. In adjusted= models, factors associated with

increased odds of repeat ED visits included homelessness (odds ratio [OR] 1.70; 95% confidence interval [CI] 1.59, 1.82) and having a previous ED visit (OR 1.66; 95% CI 1.58, 1.74). Odds of hospitalization were higher among older (OR 1.35; 95% CI 1.26, 1.46), homeless (OR 1.61; 95% CI 1.44, and functionally impaired (OR 1.52; 95% CI 1.35, 1.76) veterans, those with greater comorbidity (OR 1.31; 95% CI 1.27, 1.34), previous hospitalization (OR 2.48; 95% CI 2.28, 2.70), and an original ED visit related to a chronic condition (OR 1.30; 95% CI 1.23, 1.37). Among veterans who returned to the ED, 71.7% did not see another VA outpatient provider between their original and return visits. CONCLUSIONS: A substantial proportion of veterans treated and released from VAMC EDs returned to the ED or were hospitalized within 30 days.

**Title: Factors Related to Rapidity of Housing Placement in Housing and Urban Development-Department of Veterans Affairs Supportive Housing Program of 1990s**

**Authors:** Tsai J, O'Connell M, Kaspro WJ and Rosenheck RA

**Source:** J Rehabil Res Dev, 48(7): 755-762, 2011

**Summary:** The Housing and Urban Development-Department of Veterans Affairs Supportive Housing (HUD-VASH) program is the largest supported housing program in the country for homeless veterans who are seeking rapid entry into permanent independent housing. This study examined factors related to how rapidly clients were housed in the early years of the program and how long they stayed in the program. Mental health, substance abuse, work/income, criminal history, and site were examined as predictors of process times. Regression analyses based on 627 HUD-VASH clients who entered the program between 1992 and 2003 showed that client characteristics were not rate-limiting factors for obtaining HUD-VASH housing; i.e., clients who had greater substance abuse problems or more extensive criminal histories did not take longer to obtain housing. The large differences associated with site of entry partly reflected a curvilinear relationship between the duration of operation of the HUD-VASH program and process times; i.e., at relatively younger and older programs, clients entered housing slightly faster than at programs in the middle range. Lastly, HUD-VASH clients whose case managers reported good therapeutic alliances stayed in the program longer. These findings have implications for the continued expansion of the HUD-VASH program.

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**WOMEN'S HEALTH**

**Title: Invited Commentary: Co-occurring Health Conditions Among Women Living With Profound Life Challenges**

**Authors:** Coughlin SS

**Source:** Am J Epidemiol, 174(5): 523-525, 2011

**Summary:** People challenged by homelessness are living with several losses including the loss of a home, employment, economic security, health or well-being, and personal security. Assistance programs for people who are homeless consist of housing, emergency shelter, food services, employment assistance, peer support, medical care, and mental health services. An article by Riley et al. (Am J Epidemiol. 2011;175(5):515-522) appearing in

this issue of the Journal examines the relation between basic subsistence needs and health outcomes in a cohort of 129 human immunodeficiency virus-infected women who were recruited from a probability sample of low-income hotels, homeless shelters, and free food programs in San Francisco, California. The results of their study underscore the importance of addressing subsistence needs and providing access to medical and psychological treatment for homeless and unstably housed women. In addition to subsistence needs, more attention should be given to comorbid psychiatric and medical conditions that occur among homeless women, including trauma-related disorders.

**Title: Perceived Competency and Resolution of Homelessness Among Women With Substance Abuse Problems**

**Authors:** Fingeld-Connett D, Bloom TL and Johnson ED

**Source:** Qual Health Res, 2011 [Epub 2011 Sept 06]

**Summary:** Using a metasynthesis approach, our aim was to articulate new insights relating to the most efficient and effective means of helping homeless women with substance abuse problems to enhance their well-being and become more stably housed. Distorted perceptions of competency, which are shaped by dysfunctional relationships and mental health problems, make it challenging for women with substance abuse problems to resolve homelessness. Women with particularly low or high levels of perceived competency tend to grapple with challenges related to structure and control, trust, and hopelessness. Therapeutic strategies for approaching these women include careful assessment, caring, personalized structure and control, development of interpersonal trust, instillation of hope, and the targeted use of psychotherapeutic agents and counseling. Framing care for homeless women within the context of perceived competency offers a new way of understanding their plight and shaping interventions to more expeditiously move them toward healthy and stable lives.

**Title: Health Behaviors and Infant Health Outcomes in Homeless Pregnant Women in The United States**

**Authors:** Richards R, Merrill RM and Baksh L

**Source:** Pediatrics, 2011 [Epub 2011 Aug 10]

**Summary:** Objective: To describe selected demographics; maternal health behaviors before, during, and after pregnancy; and infant health outcomes among homeless women in the United States. Patients and Methods: Analyses are based on Pregnancy Risk Assessment Monitoring System data from 31 participating states from 2000 to 2007 that were linked to birth certificate data, which contain demographic and medical information collected through the state's vital records system. Responses were then weighted to be representative of all women who gave birth in each state during that year. Assessment of these data takes into account the complex sampling designs employed by the states. Results: Four percent of women reported homelessness within 12 months before pregnancy, with the highest percentage in Illinois, followed by Oregon and Washington. Homeless women were younger, unmarried, uninsured, less educated, less likely to initiate and sustain breastfeeding, and had less prenatal care and well-visits. They were also more likely to be black, Hispanic, smoke cigarettes,

be underweight or have class III obesity, and not take preconception multivitamins. Infants had lower birth weights, a longer hospital stay, and were more likely to receive neonatal intensive care. Conclusions: In this study we provide additional insight into homelessness in the perinatal period and provide information on ways to direct interventions aimed at improving the health of homeless mothers and infants. Additional research is needed to determine factors that influence pregnancy weight gain and infant feeding practices among homeless women and how this affects infant health.

**Title: Response to Homeless Childbearing Women's Health Care Learning Needs**

**Authors:** Stringer M, Averbuch T, Mack-Brooks P and Jemmott LS

**Source:** Clin Nurs Res, 2011 [Epub 2011 Sept 01]

**Summary:** The study findings showed that homeless childbearing women are at greatest risk for cancer, violence, poor nutrition, sexually transmitted infections, unplanned pregnancy, and adverse pregnancy outcomes. Collaborating with personnel at a women's shelter, the authors studied homeless childbearing women's knowledge, attitudes, and beliefs about general health promotion, healthy pregnancy promotion, and preterm labor prevention. Guided by the Integrative Model of Behavioral Prediction and Change, 45 homeless women participated in focus groups. They were 28.7 years old (range 18-44 years), and approximately 87% of these women had custody of their children. Three themes identified included things you do to stay healthy during pregnancy, where you learned about staying healthy, and women's knowledge about preterm labor and general health promotion. These findings informed an 8-week educational session (1 hr/week). During the past year, four 8-week sessions were conducted with attendance between 8 and 14 participants. Each week a different health topic was discussed incorporating the associated unique challenges of homelessness.

**Title: Mothers with Mental Illness Experiencing Homelessness: A Critical Analysis**

**Authors:** Benbow S, Forchuk C and Ray SL

**Source:** J Psychiatr Ment Health Nurs, 18(8): 687-695, 2011

**Summary:** ACCESSIBLE SUMMARY: This study explored the structural forces shaping the health of mothers with mental illness experiencing homelessness, as well as their individual acts to overcome existing barriers. The findings indicated that: \* Mothers experienced discrimination based on their homelessness status, mental illness, income source and/or motherhood status in their attempts to seek housing and obtain employment. \* Mothers felt 'stuck' in a never-ending cycle. However, they demonstrated great resilience, strength and perseverance despite facing incredible hardships. \* Nurses are in unique positions to advocate for this group, but must first recognize and become aware of the extensive structural barriers faced by these women. ABSTRACT: The experiences of homeless mothers with mental illness were examined from the critical perspective of feminist intersectionality. The purpose of this study was to unveil experiences of oppression and resistance in the lives of homeless mothers with mental illness, while learning from them what is

conducive to their health. A qualitative secondary analysis was done using focus group transcripts from a study examining issues related to diversity and homelessness for psychiatric survivors and a study on mental health and housing. A purposive sample of 7 focus groups comprised of 67 participants was used for this study. Findings revealed three overarching themes: (1) discrimination based on intersecting social identities; (2) being stuck: the cycle of oppression; and (3) we're not giving up: resistance through perseverance. The contextual influences of mothering while homeless with a mental illness were emphasized in the results. The findings illuminate the need for increased on ongoing advocacy at individual and structural levels.

## YOUTH

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### Title: Resilience and Suicidality among Homeless Youth

Authors: Cleverly K and Kidd SA

Source: J Adolesc, 34(5): 1049-1054, 2011

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: High Burden of Homelessness among Sexual-Minority Adolescents: Findings from a Representative Massachusetts High School Sample

Authors: Corliss HL, Goodenow CS, Nichols L and Austin B

Source: Am J Public Health, 101(9): 1683-1689, 2011

Summary: OBJECTIVES: We compared the prevalence of current homelessness among adolescents reporting a minority sexual orientation (lesbian/gay, bisexual, unsure, or heterosexual with same-sex sexual partners) with that among exclusively heterosexual adolescents. METHODS: We combined data from the 2005 and 2007 Massachusetts Youth Risk Behavior Survey, a representative sample of public school students in grades 9 through 12 (n = 6317). RESULTS: Approximately 25% of lesbian/gay, 15% of bisexual, and 3% of exclusively heterosexual Massachusetts public high school students were homeless. Sexual-minority males and females had an odds of reporting current homelessness that was between 4 and 13 times that of their exclusively heterosexual

peers. Sexual-minority youths' greater likelihood of being homeless was driven by their increased risk of living separately from their parents or guardians. CONCLUSIONS: Youth homelessness is linked with numerous threats such as violence, substance use, and mental health problems. Although discrimination and victimization related to minority sexual orientation status are believed to be important causal factors, research is needed to improve our understanding of the risks and protective factors for homelessness and to determine effective strategies to prevent homelessness in this population.

### Title: Larkin Street Youth Services: Helping Kids Get off the Street for Good (1982-2007)

Authors: Farrar L, Schwartz SL and Austin MJ

Source: J Evid Based Soc Work, 8(1-2): 106-123, 2011

Summary: Larkin Street Youth Services is a pioneering nonprofit organization that was established in 1981 to serve the growing urban homeless and runaway youth population. What began as a neighborhood effort has evolved into a \$12 million organization over the course of its 25-year history. Larkin Street Youth Services delivers a continuum of services to homeless youth including counseling, housing, education, employment, and HIV services. The agency has received significant local and national attention for the success of its targeted program model and continuum of care services. The history of Larkin Street Youth Services provides an example of the important role of internal operations in an agency's ability to re-invent itself and respond to a larger community need.

### Title: Correlates of Engaging in Survival Sex among Homeless Youth and Young Adults

Authors: Walls NE and Bell S

Source: J Sex Res, 48(5): 423-436, 2011

Summary: Using a sample of 1,625 homeless youth and young adults aged 10 to 25 from 28 different states in the United States, this study examines the correlates of having engaged in survival sex. Findings suggest that differences exist based on demographic variables (gender, age, race, and sexual orientation), lifetime drug use (inhalants, Valium, crack cocaine, alcohol, Coricidin, and morphine), recent drug use (alcohol, ecstasy, heroin, and methamphetamine), mental health variables (suicide attempts, familial history of substance use, and having been in substance abuse treatment), and health variables (sharing needles and having been tested for HIV). In addition to replicating previous findings, this study's findings suggest that African American youth; gay, lesbian, or bisexual youth; and youth who had been tested for HIV were significantly more likely to have engaged in survival sex than White, heterosexual youth, and youth who had not been tested for HIV, respectively. Implications for interventions with youth and suggestions for future research are discussed.

### Title: Homeless Youth: A Concept Analysis

Authors: Washington PS

Source: J Community Health Nurs, 28(3): 168-178, 2011

Summary: INTRODUCTION. A variety of terms have been used to describe the homeless youth population. PURPOSE. The



purpose of this article is to analyze the conceptual meanings of the term homeless youths by examining the evolution of the concept and its related terms in the current literature. Method. Online databases from 1990-2010 were analyzed using the Rodgers evolutionary approach. RESULTS. The 6 attributes relating to homeless youth were physical location, age, health, behavior, choice, and survival. CONCLUSION. The analysis provided insight and clarification of homeless youth from a variety of related terms in the literature.

**Title: Social Networks of Homeless Youth in Emerging Adulthood**

**Authors:** Wenzel S, Holloway I, Golinelli D, Ewing B, Bowman R and Tucker J

**Source:** J Youth Adolesc, 2011 [Epub 2011 Aug 25]

**Summary:** Little is known about the social networks of homeless youth in emerging adulthood despite the importance of this information for interventions to reduce health risks. This study examined the composition of social networks, and the risks and supports present within them, in a random sample of 349 homeless youth (33.4% female, 23.9% African American, 17.7% Hispanic) between the ages of 18 and 24. Social network members who were met on the street were among the most likely to be perceived as engaging in risky sex, as well as to engage in substance use with the youth. Youth were more likely to count on relatives and sex partners for support compared to other network members, but they also were more likely to use substances with sex partners and perceived them as engaging in risky sex. Interventions may need to recognize the importance of intimate relationships during the developmental stage of emerging adulthood by enhancing supportive bonds and reducing substance use and risky sex in these relationships.