



## National Resource Center on Homelessness and Mental Illness

### Health and Health Care

November 2003

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

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## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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**Order #: 682**

**Authors:** Breakey, W.R., Fischer, P.J., Kramer, M., Nestadt, G., Romanoski, A.J., Ross, A., Royall, R.M., Stine, O.C.

**Title:** **Health and Mental Health Problems of Homeless Men and Women in Baltimore.**

**Source:** Journal of the American Medical Association 262(10): 1352-1357, 1989. (Journal Article: 6 pages)

**Abstract:** A study of homeless people in Baltimore focused on health and other characteristics, with special emphasis on need for services. In the first stage, 298 men and 230 women were randomly selected from the missions, shelters, and jails in Baltimore to respond to a baseline interview that provided extensive sociodemographic and health-related data. In the second stage, a subsample of 203 subjects was randomly selected from the baseline survey respondents to have systematic psychiatric and physical examinations. Data from the first stage demonstrate high levels of disaffiliation and substance abuse. Data from the clinical examinations indicate a high prevalence of mental illness, physical disorders, alcohol abuse and comorbidity.

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**Order #: 1493**

**Authors:** Brickner, P.W.

**Title:** **Medical Concerns of Homeless Persons.**

**Source:** In Lamb, H.R., Bachrach, L.L. and Kass, F.I. (eds.), *Treating the Homeless Mentally Ill*. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 13 pages)

**Abstract:** The author states that the homeless bear the largest burden of untreated illness in the United States and that although the diversity of this population is well recognized, certain generalizations can be allowed. Homeless persons live in poverty, and thus can be understood as a segment of the poor in our country. Arguably, the health care of the poor and of the homeless are the same subject, and in considering such matters as health insurance for these populations, grouping them together is a useful approach. In regard to clinical disorders, however, the homeless suffer to an extraordinary degree beyond others who are impoverished. This chapter discusses outreach efforts in relation to health care as well as many clinical concerns including: transmissible conditions, trauma, peripheral vascular disease, tuberculosis and HIV/AIDS.

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**Order #: 6460**

**Authors:** Corporation for Supportive Housing.

**Title:** **Health, Housing and Integrated Services Network Managed Care Demonstration Project.**

**Source:** Oakland, CA: Corporation for Supportive Housing, 1996. (Program Description: 14 pages)

**Abstract:** Corporation for Supportive Housing is working in partnership with the San Francisco Department of Public Health, the Alameda County Health Services Agency, and non-profit housing and service providers to create a new, non-profit, integrated service system. This system will provide health care, mental health, substance abuse treatment, social and vocational services and employment opportunities in conjunction with service-enriched housing for approximately 750 single adults who are homeless or "at risk" and have HIV/AIDS, chronic mental illness, and/or substance abuse disorders. These services will allow homeless or "at risk" persons with disabilities to achieve more stable, independent living with better health status. It will also reduce their utilization of costly emergency and inpatient medical and psychiatric services, jails, and prisons. Service utilization, cost, and outcome data will be used to establish capitation rates or other risk-sharing agreements for ongoing managed care financing.

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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Order #: 1293

**Authors:** Dennis, D.L., Levine, I.S., Osher, F.C.

**Title:** **The Physical and Mental Health Status of Homeless Adults.**

**Source:** Housing Policy Debate 2(3): 815-835, 1991. (Journal Article: 21 pages)

**Abstract:** This paper reviews recent research on the physical and mental health status of homeless single adults and briefly summarizes definitional, sampling, and measurement problems. It presents findings from research examining the physical health status of homeless adults; the data suggest that homelessness places people at greater risk for specific health problems and also complicates treatment. The authors then review findings on the mental health status of homeless adults from several methodologically rigorous studies that carefully define and measure mental illness among the homeless population. The final section discusses what is known about the short- and long-term service needs of the physically and mentally disabled homeless population (authors).

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Order #: 12262

**Authors:** Desai, M.M., Rosenheck, R.A., Kaspro, W.J.

**Title:** **Determinants of Receipt of Ambulatory Medical Care in a National Sample of Mentally Ill Homeless Veterans.**

**Source:** Medical Care 41(2): 275-287, 2003. (Journal Article: 12 pages)

**Abstract:** This study used the Behavioral Model for Vulnerable Populations to identify determinants of receipt of outpatient medical care within 6 months of initial contact with a national homeless veterans outreach program. Data from structured interviews conducted at the time of program intake were merged with Veterans Affairs administrative data to determine subsequent medical service use. The authors conclude that a majority of homeless veterans contacted through a national outreach program failed to receive medical services within 6 months of program entry. Greater efforts are needed to ensure that people who are homeless and have mental illnesses are successfully linked with and engaged in medical treatment (authors).

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Order #: 11572

**Authors:** Dickey, B., Normand, S.T., Weiss, R.D., Drake, R.E., Azeni, H.

**Title:** **Medical Morbidity, Mental Illness, and Substance Use Disorders.**

**Source:** Psychiatric Services 53(7): 861-867, 2002. (Journal Article: 7 pages)

**Abstract:** This article states that previous research on the prevalence of medical disorders among adults with mental illness has been inconclusive. In general, studies have found higher rates among persons with mental illness, but these studies did not account for comorbid substance use disorders. The authors examined whether certain medical disorders are more prevalent among adults with severe mental illness and whether a comorbid substance use disorder increases prevalence beyond the effect of severe mental illness alone. Administrative data from the Massachusetts Division of Medical Assistance were used in a cross-sectional observational study design. The sample consisted of 26,332 Medicaid beneficiaries 18 to 64 years of age. Of these, 11,185 had been treated for severe mental illness. Twelve-month prevalence rates were computed, and logistic regression was used to estimate the effect of a substance use disorder or another mental illness on the risk of having a medical disorder. Compared with Medicaid beneficiaries who are not treated for severe mental illness, those with severe mental illness had a significantly higher age- and gender-adjusted risk of the medical disorders considered in the study. Those with a comorbid substance use disorder had the highest risk for five of the disorders. The higher treated prevalence of certain medical disorders among adults with severe mental illness should receive higher priority; and efforts should be made to develop specialized disease self-management techniques (authors).

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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**Order #: 11884**

**Authors:** Ell, K., Vourlekis, B., Nissly, J., Padgett, D., Pineda, D., Sarabia, O., Walther, V., Blumenfield, S., Lee, P.J.

**Title:** **Integrating Mental Health Screening and Abnormal Cancer Screening Follow Up: An Intervention to Reach Low-Income Women.**

**Source:** Community Mental Health 38(4): 311 - 325, 2002. (Journal Article: 14 pages)

**Abstract:** This article reports on the results of implementing mental health screening within cancer screening and diagnostic programs serving low-income ethnic minority women. Multi-phased screening for anxiety and depression was provided as part of a structured health education and intensive case management services to improve abnormal mammogram or Pap test follow up. Seven hundred fifty-three women were enrolled in the Screening Adherence Follow-up Program. Ten percent met criteria for depressive or anxiety disorder. Women with depressive or anxiety disorders were more likely to have cancer, significant psychosocial stress, fair or poor health status, a comorbid medical problem and limitation in functional status. Forty-seven women with disorders were receiving no depression care (authors).

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**Order #: 11909**

**Authors:** Folsom, D.P., McCahill, M., Bartels, S.J., Lindamer, L.A., Ganiats, T.G., Jeste, D.V.

**Title:** **Medical Comorbidity and Receipt of Medical Care by Older Homeless People with Schizophrenia or Depression.**

**Source:** Psychiatric Services 53(11): 1456-1460, 2002. (Journal Article: 5 pages)

**Abstract:** This article examines medical comorbidity among middle-aged and older homeless people with schizophrenia. The authors compared the number of physical health problems and receipt of physical health care services among older homeless people with schizophrenia and those with major depression. The authors suggest that middle-aged and older people who are homeless with schizophrenia received less primary and preventive health care and were treated for fewer chronic medical problems than a comparison group with depression (authors).

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**Order #: 288**

**Authors:** Gelberg, L. and Linn, L.

**Title:** **Social and Physical Health of Homeless Adults Previously Treated for Mental Health Problems.**

**Source:** Hospital and Community Psychiatry 39(5): 510-516, 1988. (Journal Article: 7 pages)

**Abstract:** A total of 529 homeless adults in Los Angeles County were surveyed to determine the relationship between their previous use of mental health services and their physical health status, utilization of medical services, personal habits affecting health, experience of injury and victimization, and perceived needs. Homeless adults with a previous psychiatric hospitalization were more likely to have experienced serious physical symptoms during the previous month than those who had used only outpatient mental health services or who had never used mental health services. They reported more reasons for not obtaining needed medical care, were more likely to obtain food from garbage cans, and had the least adequate personal hygiene. However, they did not differ from the other groups on most measures of nutrition, social relations, and financial status. The most frequently expressed needs of the homeless were for improved social relations, employment, shelter, and money (authors).

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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Order #: 9109

**Authors:** Gelberg, L., Andersen, R.M., Leake, B.D.

**Title:** **The Behavioral Model for Vulnerable Populations: Application to Medical Care Use and Outcomes for Homeless People.**

**Source:** Health Services Research 34(6): 1273-1302, 2000. (Journal Article: 20 pages)

**Abstract:** Objectives were to present the Behavioral Model for Vulnerable Populations, a major revision of a leading model of access to care that is particularly applicable to vulnerable populations and to test the model in a prospective study designed to define and determine predictors of the course of health services utilization and physical health outcomes within one vulnerable population: homeless adults. We paid particular attention to the effects of mental health, substance use, residential history, competing needs, and victimization. A community-based probability sample of 363 homeless individuals was interviewed and examined for four study conditions (high blood pressure, functional vision impairment, skin/leg/foot problems, and tuberculosis skin test positivity). Persons with at least one study condition were followed longitudinally for up to eight months. Homeless adults had high rates of functional vision impairment (37 percent), skin/leg/foot problems (36 percent), and TB skin test positivity (31 percent), but a rate of high blood pressure similar to that of the general population (14 percent). Utilization was high for high blood pressure (81 percent) and TB skin test positivity (78 percent), but lower for vision impairment (33 percent) and skin/leg/foot problems (44 percent). Health status for high blood pressure, vision impairment, and skin/leg/foot problems improved over time. In general, more severe homeless status, mental health problems, and substance abuse did not deter homeless individuals from obtaining care. Better health outcomes were predicted by a variety of variables, most notably having a community clinic or private physician as a regular source of care. Generally, use of currently available services did not affect health outcomes. Homeless persons are willing to obtain care if they believe it is important. Our findings suggest that case identification and referral for physical health care can be successfully accomplished among homeless persons and can occur concurrently with successful efforts to help them find permanent housing, alleviate their mental illness, and abstain from substance abuse.

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Order #: 716

**Authors:** Lezak, A.D.

**Title:** **Integrating Primary Health Care, Alcohol And Other Drug Abuse And Mental Health Services For Th Homeless.**

**Source:** Washington, DC: National Association of Community Health Centers, 1989. (Conference Summary: 76 pages)

**Abstract:** Three agencies of the United States Public Health Service, together with the National Association of Community Health Centers, sponsored a symposium on integrating primary health care, alcohol and other drug treatment, and mental health services for homeless people in 1989. This report summarizes: (1) the current information on homeless people with mental health, alcohol, and drug problems and their treatment and service needs; (2) effective approaches that can be employed by primary health care providers serving the population; and (3) policy recommendations to help guide federal officials in developing future initiatives.

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**Order #:** 759

**Authors:** Linn, L.S., Gelberg, L. and Leake, B.

**Title:** Substance Abuse and Mental Health Status of Homeless and Domiciled Low-Income Users of a Medical Clinic.

**Source:** Hospital and Community Psychiatry 41(3): 306-310, 1990. (Journal Article: 5 pages)

**Abstract:** Data were collected on indicators of mental health status and substance abuse among 214 homeless and 250 domiciled but impoverished patients who sought care in a community medical clinic in a California beach community. Although both groups had a high prevalence of problems, homeless patients were significantly more likely to have been hospitalized for alcohol or mental problems, to have been arrested because of drinking, and to have experienced delirium tremens. Homeless persons were also more likely to have made a suicide attempt, to have experienced recent psychotic symptoms, and to be dissatisfied with life. The findings suggest that primary medical care settings serving the poor and homeless may present an excellent opportunity for delivering mental health services and that psychiatrists should expand their involvement in such settings (authors).

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**Order #:** 1177

**Authors:** Linsk, N.L., Mitchell, C.G., Despotos, J., Cook, J., Razzano, L., Grey, D., Wolf, M.

**Title:** Evaluating HIV Mental Health Training: Changes in Practice and Knowledge for Social Workers and Case Managers.

**Source:** Health and Social Work 27(1): 67-70, 2002. (Journal Article: 4 pages)

**Abstract:** This article reports outcomes of an evaluation of an HIV training program entitled "Fundamentals of Mental Health and HIV/AIDS." The program was targeted to a broad array of health and mental health providers in inpatient and outpatient settings from 1996 through 1998. The article provides an overview of the curriculum and evaluation and identifies similarities and differences in service delivery patterns between the social workers and the case managers-counselors. Implications for social work practice, education, and training are also discussed (authors).

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**Order #:** 7804

**Authors:** Moxley, D.P., Freddolino, P.P.

**Title:** Needs of Homeless People Coping with Psychiatric Problems: Findings from an Innovative Advocacy Project.

**Source:** Health and Social Work 16(1): 19-26, 1991. (Journal Article: 8 pages)

**Abstract:** In this article the authors report on the self-perceived needs of 40 homeless people who are coping with psychiatric problems. The individuals surveyed were among 207 with psychiatric problems participating in an innovative advocacy project based outside the formal mental health system. Compared with domiciled participants, the homeless participants had more accentuated and somewhat different major daily living needs in the areas of income and benefits, housing, legal services, employment, and health care. On the basis of these findings, the authors draw implications for social work practice with homeless people coping with psychiatric problems (authors).

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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**Order #: 10805**

**Authors:** Nyamathi, A., Flaskerud, J.H., Leake, B., Dixon, E.L.

**Title:** **Evaluating the Impact of Peer, Nurse Case-Managed, and Standard HIV Risk-Reduction Programs on Psychosocial and Health-Promoting Behavioral Outcomes Among Homeless Women.**

**Source:** Research in Nursing and Health 24(5): 410-422, 2001. (Journal Article: 13 pages)

**Abstract:** Investigators examined the 6-month impact of three cognitive-behavioral HIV risk-reduction programs on behavioral factors (substance use and sexual risk behaviors) and cognitive and psychological resources of 325 women who resided in emergency or sober-living shelters and their 308 intimate sexual partners. Participants were randomized by shelter to a peer-mentored, a nurse case-managed, or a standard care HIV risk-reduction program. Significant improvements were observed in all groups in all behavioral factors and cognitive and psychological resources except for self-esteem. Participants in the peer-mentored and nurse case-managed groups did not differ significantly from the standard group in self-esteem, life satisfaction, psychological well-being, use of noninjection drugs, sex with multiple partners, and unprotected sex at 6 months (n=633). It was concluded that a standard approach by health care professionals appears to effectively modify HIV risk behaviors for a majority of homeless participants and may have important economic and policy implications. Further, the impact of short-term programs that address psychological vulnerabilities of impoverished populations needs to be studied further (authors).

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**Order #: 10285**

**Authors:** Nyamathi, A., Leake, B., Keenan, C., Gelberg, L.

**Title:** **Type of Social Support Among Homeless Women: Its Impact on Psychosocial Resources, Health and Health Behaviors, and Use of Health Services.**

**Source:** Nursing Research 49(6): 318-326, 2001. (Journal Article: 9 pages)

**Abstract:** This study aimed to examine the impact that various levels of support from substance users and nonusers have on homeless women's psychosocial profiles, health and health behaviors, and use of health services. Compared with those who have little or no support, women whose support included substance nonusers reported better psychosocial profiles and somewhat greater use of health services. Support from substance nonusers only was associated with better health behaviors and greater use of health services. Support from substance users only was essentially equivalent to having no support. The study concluded that modifying the social networks of women who are homeless appears to be associated with improved mental health outcomes, less risky health behaviors, and greater use of health services (authors).

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**Order #: 8665**

**Authors:** Nyamathi, A.M., Stein, J.A., Bayley, L.J.

**Title:** **Predictors of Mental Distress and Poor Physical Health Among Homeless Women.**

**Source:** Psychology and Health 15(4): 483-500, 2000. (Journal Article: 18 pages)

**Abstract:** The authors tested a latent variable path model in which situational, personal, and social resources predicted several mediators and the key health outcomes of mental distress and poor physical health among 871 homeless women. Mental distress was predicted by risky sexual behavior, less social support, avoidant coping, less self-esteem, client abuse history, social support from deviant sources, less drug self-efficacy and health care utilization. Poor physical health was predicted by a client abuse history, less drug self-efficacy, fewer perceived rewards for drug use, higher perceived costs for drug use, and a doctor visit. Current risky sexual behavior was predicted by a parent drug abuse history, less drug self-efficacy, and more social support from deviant sources. Current drug use was predicted by parent drug abuse history, less drug self-efficacy, more social support from deviant sources and by high perceived costs for drug use. Implications of results for intervention and theory are discussed (authors).

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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**Order #:** 1010

**Authors:** Padgett, D., Struening, E.L. and Andrews, H.

**Title:** **Factors Affecting the Use of Medical, Mental Health, Alcohol and Drug Treatment Services by Homeless Adults.**

**Source:** Medical Care 28(9): 805-820, 1990. (Journal Article: 16 pages)

**Abstract:** This article reports on the use of medical, mental health, alcohol, and drug services by 832 adult residents of the New York City homeless shelter system. Findings indicate that the majority of homeless persons surveyed do not use services for medical, mental health, alcohol, or drug problems despite high levels of need. While 53% of respondents manifested clinically significant levels of depression, only 13% had used mental health services in the past three months. While 55% were considered to be in need of medical services, only 23% reported use of such services. Similar disparities between need and utilization were found for drinking and drug problems. Implications for future research and health service delivery to the homeless are discussed, including the need for more information on availability of services and on psychosocial and cultural characteristics that may affect the help-seeking behavior of homeless persons (authors).

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**Order #:** 1161

**Authors:** Padgett, D.K., Struening, E.L.

**Title:** **Influence of Substance Abuse and Mental Disorders on Emergency Room Use by Homeless Adults.**

**Source:** Hospital and Community Psychiatry 42(8): 834-838, 1991. (Journal Article: 5 pages)

**Abstract:** The correlation between substance abuse, mental health problems and use of emergency rooms was examined using data from a 1987 survey of 1,152 homeless adults in New York City shelters. Twenty-seven percent reported emergency room use within the previous six months, with traumatic injury being the most frequently cited reason for the last emergency room visit. Respondents who reported psychotic ideation during the previous year or severe depressive symptoms during the previous week were much more likely to have used an emergency room within the previous six months. The preliminary findings suggest that substance abuse and mental disorders play a significant role in emergency room use by homeless adults (authors).

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**Order #:** 12672

**Authors:** Podus, D., Barron, N., Chang, E., Watkins, K., Guydish, J., Anglin, D.

**Title:** **Medical and Mental Health Services Utilization Among Requalified and Former Drug Addiction and Alcoholism Recipients of SSI.**

**Source:** Contemporary Drug Problems 30(1-2): 365-390, 2003. (Journal Article: 25 pages)

**Abstract:** This article examines the impact of the elimination of the Supplemental Security Income (SSI) drug addiction and alcoholism (DA&A) disability category, and the consequential loss of Medicaid benefits by most of those terminated from SSI, on the medical and mental health services utilization of affected individuals. The authors used data from a two year, five-wave panel study of a random sample of 1,764 former DA&A recipients in nine sites. The authors state that after controlling for covariates, the uninsured were significantly less likely than those who requalified for SSI to receive any medical or mental health care, and that disparities in care were less pronounced between those who requalified for SSI and those who lost SSI but obtained other coverage. The author concludes that lack of insurance was associated with greater difficulty in accessing care in four sites, but was not associated with higher emergency room use (authors).

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### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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**Order #:** 6426

**Authors:** Rog, D.J., Holupka, C.S., Brito, M.C.

**Title:** **The Impact of Housing on Health: Examining Supportive Housing for Individuals with Mental Illness.**

**Source:** Current Issues in Public Health 2: 153-160, 1996. (Journal Article: 8 pages)

**Abstract:** This article begins by reviewing the research on the relationship between homelessness and health, followed by a review of the housing literature for individuals who have serious mental illness. The authors examine the impact of supportive housing, residential stability and rehospitalization, and quality of life. Factors moderating the impact of supportive housing are also discussed, including consumer preference, housing quality, and housing characteristics.

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**Order #:** 12395

**Authors:** Rosenberg, S.

**Title:** **The Five-Site Health and Risk Study of Blood-Borne Infections Among Persons with Severe Mental Illness.**

**Source:** Psychiatric Services 54(6): 827-835, 2003. (Journal Article: 8 pages)

**Abstract:** This article outlines the history and rationale of a multisite study of blood-borne infections among persons with severe mental illness. The general problem of blood-borne diseases in the United States is reviewed, particularly as it affects people with severe mental illness and those with comorbid substance use disorders. The epidemiology and natural history of three of the most important infections are reviewed: HIV, hepatitis B, and Hepatitis C. Current information about blood-borne diseases among people with severe mental illness as well as information on current treatment advances for Hepatitis C are summarized. The specific rationale of the five-site collaborative design is discussed, as well as the sampling frames, measures, and procedures used at the participating sites. Alternative strategies for analyzing data deriving from multisite studies that use nonrandomized designs are described and compared (authors).

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**Order #:** 12757

**Authors:** Rothbard, A., Metraux, S., Blank, M.

**Title:** **Cost of Care for Medicaid Recipients with Serious Mental Illness and HIV Infection or AIDS.**

**Source:** Psychiatric Services 54(9): 1240-1246, 2003. (Journal Article: 7 pages)

**Abstract:** This article discusses the economic feasibility of HIV prevention in community mental health settings. The authors examined the cost of care for four groups of adults who were eligible to receive Medicaid, and found that persons with comorbid serious mental illness and HIV infection or AIDS had the highest annual medical and behavioral health treatment expenditures, followed by persons with HIV infection or AIDS only. Annual expenditures for persons with serious mental illness were approximately \$5,800 while HIV infection expenditures were about \$1,800 annually. The authors conclude that given the high cost of treating persons with comorbid serious mental illness and HIV infections or AIDS, the integration of HIV prevention into ongoing case management for persons with serious mental illness who are at risk of infection may prove to be a cost-effective intervention strategy (authors).

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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Order #: 12964

**Authors:** Russinova, Z., Wewiorski, N., Cash, D.

**Title:** Use of Alternative Health Care Practices by Persons with Serious Mental Illness: Perceived Benefits.

**Source:** American Journal of Public Health 92(10): 1600-1603, 2002. (Journal Article: 4 pages)

**Abstract:** In this article, the authors examined the perceived benefits of alternative health care practices by individuals with serious mental illness. 157 individuals (mean age 46.6 yrs) with bipolar disorder, schizophrenia spectrum disorder, or depressive disorder who reported mental health benefits from alternative health care practices completed surveys concerning the benefits of alternative practice. Results show that some subjects (Ss) seemed to benefit from a variety of alternative practices, including body-manipulation modalities such as massage and chiropractic. More frequently used practices included meditation, massage, yoga, and guided imagery. Religious or spiritual activities such as prayer, worship attendance, and religious or spiritual reading were commonly practiced and reported as beneficial. Alternative practices promoted the recovery process beyond the management of emotional and cognitive impairment by also enhancing social interaction, spirituality, and self-functioning (authors).

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Order #: 1122

**Authors:** Segal, S.P. and Kotler, P.L.

**Title:** A Ten-Year Perspective of Mortality Risk Among Mentally Ill Patients in Sheltered Care.

**Source:** Hospital and Community Psychiatry 42(7): 708-713, 1991. (Journal Article: 6 pages)

**Abstract:** The 10 year risk of mortality was assessed for a sample of 393 former psychiatric patients who were living in sheltered care settings in California in 1973. Compared with the general state population, residents of sheltered care facilities were 2.85 times more likely to die than would be expected if age-specific rates for the state applied to them. Excess mortality was due to heart disease, cerebrovascular diseases, and all other natural and unnatural causes except malignant neoplasms. The mortality rate of the subjects was closer to that of a low-income subsample of the California population, suggesting that the high mortality rates of patients in sheltered care settings may be due to their low-income status (authors).

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Order #: 7803

**Authors:** Segal, S.P., Tomi, G., Silverman, C.J.

**Title:** Health Status of Homeless and Marginally Housed Users of Mental Health Self-Help Agencies.

**Source:** Health and Social Work 23(1): 45-52, 1998. (Journal Article: 8 pages)

**Abstract:** The study discussed in this article investigated the health status of 310 homeless and marginally housed people to determine the usefulness of mental health self-help agencies (SHAs) in addressing their physical health needs. The study compared self-reported health problems among users with similar reports and clinical assessments of other homeless or marginally housed populations. Findings indicate that frequencies of health problems among respondents were similar to those of other homeless or marginally housed groups and that the study group had a higher prevalence of HIV infection and tuberculosis than the general population. Because this hard-to-reach group actively seeks SHAs, these organizations may be uniquely suited to health outreach, education, testing and treatment (authors).

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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**Order #:** 1029

**Authors:** Struening, E.L., Padgett, D.K.

**Title:** **Physical Health Status, Substance Use and Abuse, and Mental Disorders Among Homeless Adults.**

**Source:** Journal of Social Issues 46(4): 65-81, 1990. (Journal Article: 17 pages)

**Abstract:** To understand the influence of substance use, substance abuse, and mental disorder on the health status and physical condition of homeless adults, representative samples of 949 men and 311 women residing in the New York City shelter system for homeless adults during the summer of 1987 were interviewed with a structured protocol. A typology of 10 groups was identified, based on their profiles on seven measures of substance use, substance abuse, and mental disorder. Their scores on 16 measures of self-rated health status and lifetime prevalence of physical conditions were the dependent variables. Results indicated strong associations between the degree and kind of involvement with drugs, alcohol, and mental problems and the respondents' physical health status. Homeless adults characterized by heavy use and abuse of substances and symptoms and/or histories of mental disorder reported the highest rates of poor physical health. Those involved only in the use of substances or in none of the seven problems consistently reported the best health. Implications of the findings for policy determination are discussed (authors).

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**Order #:** 12400

**Authors:** Swartz, M.

**Title:** **Regular Sources of Medical Care Among Persons with Severe Mental Illness at Risk of Hepatitis C Infection.**

**Source:** Psychiatric Services 54(6):854-859, 2003. (Journal Article: 6 pages)

**Abstract:** In this article, the authors discuss the pressing need to identify and treat persons with severe mental illness who are at risk of hepatitis C infection and transmission. They also sought to estimate the proportion of hepatitis C-positive and negative persons with severe mental illnesses who have a regular source of medical care. Data for this article was obtained from a study done with 777 adults with severe mental illness at four diverse geographic sites. The article states that results show being older, married, insured, or employed or having self-reported health problems, increased the likelihood of receiving care. Being Black or male or living in a community with high exposure to violence lowered those odds. The authors conclude that there is an urgent need to improve access to medical care for persons with severe mental illness, especially those who may be at high risk for are already infected with the hepatitis C virus (authors).

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**Order #:** 3078

**Authors:** United States Senate Finance Committee.

**Title:** **Testimony of Richard C. Surles, Ph.D. at Public Hearing on Deinstitutionalization: Lessons for Health Care Reform.**

**Source:** Washington, DC: United States Senate, 1994. (Testimony: 11 pages)

**Abstract:** This testimony briefly reviews recent history concerning the treatment of persons with mental illnesses in light of current health care reform initiatives. According to the author, current efforts at health and welfare reform have the potential to either improve or worsen the current national dilemma of little access and treatment for the most seriously disabled -- especially those individuals who are homeless and have a serious mental illness. Lessons learned from the deinstitutionalization policies of the 1960s and 1970s are reviewed as well as some of the benefits and disadvantages of managed mental health care.

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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Order #: 6240

**Authors:** Wilkins, C.

**Title:** **Building a Model Managed Care System for Homeless Adults with Special Needs: the Health, Housing and Integrated Services Network.**

**Source:** Current Issues in Public Health 2: 39-46, 1996. (Journal Article: 8 pages)

**Abstract:** The Health, Housing, and Integrated Services Network in California is an emerging partnership that includes two county public health departments and more than a dozen nonprofit organizations. It provides residential and outpatient mental health and substance abuse treatment services, health care, social and vocational services and affordable housing for people who are homeless, mentally ill, HIV-infected, or struggling with drug and alcohol problems. The organizations are collaborating to implement a dramatically different interdisciplinary program of services that integrates the delivery of primary health care, client-centered treatment for mental illness and substance abuse, and other health and support services, all linked to stable, affordable places to live. The article describes the effectiveness of this model with a focus on a number of goals: (1) to provide integrated, flexible services through multidisciplinary teams; (2) to establish an interagency provider network; (3) to establish capitation rates and document cost effectiveness of interventions; and (4) to reduce categorical funding limitations. Major challenges and critical issues are also examined.

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Order #: 11228

**Authors:** Wingerson, D., Russo, J., Ries, R., Dagadakis, C., Roy-Byrne, P.

**Title:** **Use of Psychiatric Emergency Services and Enrollment Status in a Public Managed Mental Health Care Plan.**

**Source:** Psychiatric Services 52(11): 1494-1501, 2001. (Journal Article: 8 pages)

**Abstract:** This study examined the sociodemographic and clinical characteristics of acute-care psychiatric patients who visited the emergency department at a large public hospital in terms of the patients' enrollment status in the region's public managed mental health care plan. The results of the analyses were expected to provide information about the degree and type of access to care for individuals who are and are not enrolled in the plan. Data were collected over a seven-month period for 2,419 patients who visited a large, inner-city crisis triage unit. Patients were grouped according to whether they were currently enrolled, previously enrolled, or never enrolled in the public managed mental health care plan. Univariate and logistic regression models were used to determine differences between the three groups. In general, patients who were currently enrolled in the plan had a higher rate of functional psychosis, past use of psychiatric services, and functional disability and lower rates of substance use and homelessness. Previously enrolled patients had a lower rate of psychosis, functional disability, and past use of psychiatric services, and moderate substance use. The region's public health plan appeared to be succeeding in engaging and keeping the most psychiatrically impaired patients in treatment; however, individuals with moderate psychiatric symptoms and high levels of substance abuse may never have been enrolled in the plan because of Medicaid ineligibility or because they dropped out of treatment. Problematic behavior and history of hospitalization were the best predictors of enrollment status (authors).

## Health/Health Care

### Section: Health Issues and Care for People who are Homeless and have Serious Mental Illnesses

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**Order #:** 1692

**Authors:** Winkleby, M.A., Rockhill, B., Jatulis, D., Fortmann, S.P.

**Title:** The Medical Origins of Homelessness.

**Source:** American Journal of Public Health 82(10): 1394-1398, 1992. (Journal Article: 5 pages)

**Abstract:** In 1989 through 1990, the authors conducted a cross-sectional survey of 1,437 homeless adults in northern California (98% response rate). Prevalence of alcohol abuse, illegal drug use, and psychiatric hospitalization when adults first became homeless were 15% to 33% lower than prevalence following homelessness. The largest differences between the homeless and a comparison group of 3,122 nonhomeless adults were for psychiatric hospitalization and alcohol abuse. However, when prehomeless prevalence of addictive and psychiatric disorders were compared with prevalence among the nonhomeless, absolute differences were not greater than 12%. Results suggest that the homeless are less deviant in terms of social, addictive, and psychiatric pathology than has previously been proposed. Findings illustrate the need to examine disorders antecedent to the loss of shelter and to present comparative data on nonhomeless populations (authors).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 5955

**Authors:** Achtenberg, B.

**Title:** **Healthcare for the Homeless.**

**Source:** Boston, MA: Fanlight Productions, 1994. (Videotape: 33 minutes)

**Abstract:** This video looks at the health care needs of homeless individuals and families, and examines programs that health care workers have created to meet those needs. It also illuminates many issues that homelessness raises for nurses, doctors, and other providers in settings such as hospital emergency rooms or community clinics.

**Available From:** Fanlight Productions, 4196 Washington Street, Suite 2, Boston, MA 02131, (617) 469-4999, orders@fanlight.com, www.fanlight.com. (COST: \$195/Purchase; \$60-70/Rent).

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**Order #:** 8946

**Authors:** Amarasingham, A., Spalding, S., Anderson, R.

**Title:** **Disease Conditions Most Frequently Evaluated Among the Homeless in Dallas.**

**Source:** Journal of Health Care for the Poor and Underserved 12(2): 163-177, 2001. (Journal Article: 16 pages)

**Abstract:** This article addresses the large cost the medical needs of people who are homeless has on the health care system in the United States. To provide effectively for such vulnerable populations, health care systems require creative and efficient strategies of service organization tailored to the specific needs of people who are homeless. However, such needs often vary by geographic region due to the inherent diversity of the population. Currently, no published medical evaluation of the urban homeless in Texas exists. Therefore, this study examines 93,074 diagnoses given to 20,331 homeless patients seen in a seven-year period in a primary care mobile and fixed clinic system. The most frequent disease conditions evaluated in this cohort of patients are reported. These findings may be useful to clinical site managers and health care planners contemplating an outreach program for the homeless (authors).

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**Order #:** 7268

**Authors:** Bolden, A., Kaste, L.

**Title:** **Considerations in Establishing a Dental Program for the Homeless.**

**Source:** Journal of Public Health Dentistry 55(1): 28-33, 1995. (Journal Article: 5 pages)

**Abstract:** The homeless are a diverse group who present the dental profession with a number of difficult challenges in the delivery of oral health services. Utilization of dental services by the homeless is low when provided in traditional settings and access is limited. The purpose of this case study is to review program planning issues focusing on the unique aspects of establishing dental programs for the shelter-based homeless. This paper is based on experiences in developing a dental program for homeless persons in Boston. The establishment of a portable dental program in 1988 for persons residing in shelters in the greater Boston area involved many administrative and clinical considerations. These factors included determination of needs and barriers to dental care, resource identification and development, program planning and implementation, evaluation, and the development of constituency support. The diversity of the homeless population in combination with the variation of space and medical resources at different shelter sites dictates flexibility in the development of programs to address the oral health needs of the homeless (authors).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #: 9918**

**Authors:** Bottomley, J.M.

**Title:** **Politics of Health Care and the Needs of the Older Adult: The Social Context of Changes in the Delivery System.**

**Source:** Geriatric Rehabilitation 16(4): 28-44, 2001. (Journal Article: 16 pages)

**Abstract:** This article addresses two primary issues: the economic status of the older adult and the economic implications of health care. The relationship of elder homelessness is integrated into this discussion as relevant from the literature on the socioeconomic and psychosocial aspects of aging. The emergence of older adults as a substantial subgroup within the United States population has been identified as signaling a crisis for the health care system. This article places recent changes in health care financing for older adults in the context of biomedical, demographic, and social factors that lead to homelessness in an older adult population. These factors, in turn, are related to the larger economic and political structures that have shaped our national health care policies and social programs. Current policies and programs are inadequate in meeting the needs of the growing number of older adults because they provide only a limited array of services. This article examines how the needs of older adults have been portrayed to support age based entitlements to limited health care coverage, irrespective of need across age strata. All health care practitioners can use their understanding of the genesis of particular public policies to assist in developing a health care system that is responsive to the needs of all members of society (authors).

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**Order #: 11062**

**Authors:** Bottomley, J.M.

**Title:** **Health Care and Homeless Older Adults.**

**Source:** Topics in Geriatric Rehabilitation 17(1): 1-21, 2001. (Journal Article: 21 pages)

**Abstract:** This article addresses the health of homeless older adults and presents common medical problems encountered in this population. Clinical findings inherent to the medical conditions discussed are presented to assist clinicians who assess homelessness older adults identify potentially fatal symptomatology. Programs and policy initiatives directed toward health care and issues related to the provision of Medicare, the problems encountered in health maintenance organizations in serving the underserved, and the provision of care for the uninsured population are discussed as they directly affect the ability of the health care system to meet the medical needs of older adults who are homeless. Lastly, some model screening and intervention programs are presented to provide information on programs that have been implemented and have been successful in adequately addressing the health and health care needs of homeless older adults (author).

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**Order #: 1528**

**Authors:** Brickner, P.W. and Scanlan, B.C.

**Title:** **Health Care for Homeless Persons: Creation and Implementation of a Program.**

**Source:** In Brickner, P.W., Scharer, L.K., Conanan, B.A., Saverese, M., and Scanlan, B.C. (eds.), Under the Safety Net: The Health and Social Welfare of the Homeless in the United States. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 12 pages)

**Abstract:** According to the authors, creators of a health care program for the homeless must comprehend the need for this service and the resources required. An appreciation of the diversity among homeless people is needed. The authors assert that they must also understand the nature of the prevalent clinical disorders, organize the physical setting, and recruit staff members appropriate to the needs of the persons served. In addition, programs benefit from the establishment of strong connections to government agencies for obtaining entitlements and from effective contacts with general care hospitals.

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 1995

**Authors:** Brickner, P.W., McAdam, J., Vicic, W.J. and Doherty, P.

**Title:** **Strategies for the Delivery of Medical Care: Focus on Tuberculosis and Hypertension.**

**Source:** In Robertson, M. J., and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY: Plenum Press, 1992. (Book Chapter: 10 pages)

**Abstract:** The feasibility of creating health care services in the places where the homeless congregate is well established. In this chapter, the complexity of effective care of patients with chronic diseases is discussed. This is a particular concern because medical illnesses that require long-term treatment occur in the homeless to at least the same degree as in mainstream society. This chapter reviews clinical studies in homeless persons and considers treatment strategies (authors).

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**Order #:** 1083

**Authors:** Brickner, P.W., Scharer, L.K., Conanan, B.A., Savarese, M., Scanlan, B.C. (eds.).

**Title:** **Under the Safety Net: The Health and Social Welfare of the Homeless in the United States.**

**Source:** New York, NY: W.W. Norton & Company, 1990. (Book: 437 pages)

**Abstract:** In this study, which draws on the work of 19 programs across the nation devoted to the health care of the homeless, the dimensions of the problem are described, and remedies and strategies for its solution are discussed. Among the topics covered are AIDS; tuberculosis; alcohol and substance abuse; mental health concerns; the homeless elderly; the special needs of women, children, and runaway youth; and ways of providing expeditious and economical care.

**Available From:** W.W. Norton and Company, 500 Fifth Avenue, New York, NY 10110, (212) 354-5500, www.wwnorton.com. (COST: \$14.95)

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**Order #:** 7789

**Authors:** Bureau of Primary Health Care.

**Title:** **Health Care for the Homeless Outcome Measures: A Chronicle of Twenty Pilot Studies.**

**Source:** Bethesda, MD: Health Care for the Homeless Branch, 1998. (Report: 117 pages)

**Abstract:** This paper is intended as an overview of an initiative, funded by the Bureau of Primary Health Care, which involved the participation of 20 Health Care for the Homeless grantees in studies on multiple topics related to the provision of health care services to homeless people. The first part of the document contains information regarding the history of this initiative and general observations made throughout the course of the initiative. Following that is a compilation of individual summaries that are edited versions of the 20 participants' final project reports.

**Available From:** Health Care for the Homeless Information Resource Center, 345 Delaware Avenue, Delmar, NY 12054, (888) 439-3300, www.bphc.hrsa.gov/hchirc.

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**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 6932**

**Authors:** Bureau of Primary Health Care.

**Title:** **Directory of Outreach and Primary Health Services For Homeless Children.**

**Source:** Bethesda, MD: Health Resources and Services Administration, 1997. (Directory: 19 pages)

**Abstract:** This directory provides information about 10 programs funded by the Health Resources and Services Administration's Bureau of Primary Health Care to provide a comprehensive array of services to children and adolescents who are homeless or at-risk of becoming homeless. The programs profiled provide high-risk children with outreach and primary health care services. The directory is intended to be a reference tool for programs serving the health care needs of homeless and at-risk children and adolescents.

**Available From:** Bureau of Primary Health Care, US Department of Health and Human Services, East West Towers, 4350 East West Highway, Bethesda, MD 20814, <http://bphc.hrsa.gov>.

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**Order #: 8888**

**Authors:** Bureau of Primary Health Care.

**Title:** **Understanding the Health Care Needs of Homeless Youth.**

**Source:** Bethesda, MD: Bureau of Primary Health Care, 2001. (Monograph: 12 pages)

**Abstract:** This paper is focused on youth (ages 12 - 21) who are homeless, including runaways, throwaways and street youth, who do not live with parents or guardians. Many of their health concerns can be similar to adults who are homeless, however due to their age, high-risk behaviors and legal concerns, homeless youth require specialized services. Health care and social services geared exclusively to youth who are homeless can provide a place for youth to obtain needed services without the help of parents, to ensure successful transitions from childhood to adulthood, and from homelessness to being housed. This paper discusses the issues to consider in planning youth health care services and lists examples of program models.

**Available From:** Bureau of Primary Health Care, Division of Programs for Special Populations, Health Care for the Homeless Branch, East West Towers, 4350 East West Highway, Bethesda, MD 20814, (301) 594-4430, <http://bphc.hrsa.gov/>.

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**Order #: 7906**

**Authors:** Bureau of Primary Health Care.

**Title:** **Health Care Access for Homeless Children.**

**Source:** Bethesda, MD: Bureau of Primary Health Care, February 1998. (Fact Sheet: 2 pages)

**Abstract:** This fact sheet provides information surrounding: the health care needs of homeless children, homeless children's access to health care; and what works to get and keep homeless children in health care, including expanding community-based health care and eliminating barriers to care.

**Available From:** Office of Communications, HRSA, 5600 Fishers Lane, Room 14-45 Rockville, MD 20857, (301) 443-2865, [www.newsroom.hrsa.gov](http://www.newsroom.hrsa.gov).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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Order #: 2541

**Authors:** Burg, M.A.

**Title:** Health Problems of Sheltered Homeless Women and Their Dependent Children.

**Source:** Health and Social Work 19(2): 125-131, 1994. (Journal Article: 7 pages)

**Abstract:** This article introduces an analytic framework that classifies the types of health problems that emerge among homeless women and their dependent children residing in the shelter system. The framework covers three categories of health problems: illnesses coincident with homelessness; those exacerbated by limited health care access; and those associated with the psychosocial burdens of homelessness. The author also discusses the failures of the current structure of health care reimbursement and the deficiencies of service delivery to homeless families. The author contends that the analytic framework conceptualizes the interrelationship between health and poverty and can be used as an instrument for informed social work intervention, advocacy, training, and research activities (author).

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Order #: 7303

**Authors:** Busen, N.H., Beech, B.

**Title:** A Collaborative Model for Community-Based Health Care Screening of Homeless Adolescents.

**Source:** Journal of Professional Nursing 13(5): 316-324, 1997. (Journal Article: 9 pages)

**Abstract:** This article describes an innovative health-screening project for 150 homeless youth between the ages of 11 and 23 in Houston. The study project was a collaborative effort between several community agencies that shared the multiple goals of identifying the homeless adolescents population, documenting the rate of HIV seroprevalence and level of risk, and identifying community services and resources. Results showed the study population had a history of runaway behavior; physical, sexual, and substance abuse; and high rates of HIV seroprevalence and hepatitis B. Implications for nurses working with homeless youth are also addressed (authors).

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Order #: 7159

**Authors:** Castle-White, M., Peterson-Tulsky, J., Dawson, C., Zolopa, A.R., Moss, A.R.

**Title:** Association Between Time Homeless and Perceived Health Status Among the Homeless in San Francisco.

**Source:** Journal of Community Health 22(4): 271-282, 1997. (Journal Article: 12 pages)

**Abstract:** The purpose of this study was to describe the perceived health of the homeless, and to measure the effect of time homeless on perceived health status, after controlling for sociodemographic characteristics and health conditions. The design was cross-sectional; the population was a representative sample of homeless people in San Francisco who were interviewed on health issues. Analysis of predictors of poor or fair health status was by logistic regression. In this sample of 2,780 persons, 37.4% reported that their health status was poor or fair as compared to good or excellent. Reporting poor or fair health status was significantly associated with time homeless, after controlling for sociodemographic variables and health problems including results from screening for HIV and TB. Comparisons with data from the National Health Interview Survey (NHIS) showed poorer health status among the homeless persons in this study. Standardized morbidity ratios were highest for asthma, in younger as well as older adults, as would be expected using NHIS rates. There was also an excess of arthritis, high blood pressure and diabetes in those age 18-44 as compared to adults in the Health Interview Survey. The time spent homeless remains associated with self-reported health status, after known contributors to poor health are controlled. Persons who have been homeless for longer periods of time may be the persons to whom health care interventions should be aimed (authors).

Health/Health Care

Section: Health Issues and Care for the General Homeless Population

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Order #: 3008

**Authors:** Centers for Disease Control.

**Title:** **Prevention and Control of Tuberculosis in U.S. Communities with At-Risk Minority Populations and Prevention and Control of Tuberculosis Among Homeless Persons.**

**Source:** Morbidity and Mortality Weekly Report 41(RR-5): 1-21, 1992. (Report: 23 pages)

**Abstract:** This document is a blueprint for agencies and organizations that work together to plan, develop, and implement effective strategies to eliminate tuberculosis (TB) within the homeless population and at-risk racial/ethnic minority population groups, as well as in geographic areas with high rates of the disease. The Advisory Council for the Elimination of Tuberculosis urges that resources be directed to areas where the disease has shifted into clearly identifiable geographic enclaves, and where the disease disproportionately affects socioeconomically disadvantaged racial/ethnic minorities (authors).

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Order #: 1638

**Authors:** Centers for Disease Control.

**Title:** **Prevention and Control of Tuberculosis Among Homeless Persons: Recommendations of the Advisory Council for the Elimination of Tuberculosis.**

**Source:** Morbidity and Mortality Weekly Report 41(RR-5): 13-23, 1992. (Journal Article: 11 pages)

**Abstract:** Because tuberculosis (TB) is a major health problem among homeless persons, the Advisory Council for the Elimination of Tuberculosis has developed recommendations to assist service providers and homeless persons prevent and control TB in this population. This article contains these recommendations focusing on priorities for prevention and control activities, case finding and reporting, prevention, treatment and case management. A separate section is devoted to a discussion of the association between TB, HIV infection and homelessness.

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Order #: 11459

**Authors:** Cochran, B.N., Stewart, A.J., Ginzler, J.A., Cauce, A.M.

**Title:** **Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with Their Heterosexual Counterparts.**

**Source:** American Journal of Public Health 92(5): 773-777, 2002. (Journal Article: 5 pages)

**Abstract:** The goal of this study was to identify differences between gay, lesbian, bisexual, and transgender (GLBT) homeless youths and their heterosexual counterparts in terms of physical and mental health difficulties. A sample of 84 GLBT adolescents was matched in regard to age and self-reported gender with 84 heterosexual adolescents. The two samples were compared on a variety of psychosocial variables. GLBT adolescents left home more frequently, were victimized more often, used highly addictive substances more frequently, had higher rates of psychopathology, and had more sexual partners than heterosexual adolescents. Homeless youths who identify themselves as members of sexual minority groups are at increased risk for negative outcomes. Recommendations for treatment programs and implications for public health are discussed (authors).

**Health/Health Care**

**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 7501**

**Authors:** Collins, A,

**Title:** **The Hahnemann Homeless Clinics Project: Taking Health Care to the Streets and Shelters.**

**Source:** Journal of the American Medical Association 273(5): 433, 1995. (Journal Article: 1 page)

**Abstract:** This article describes the Homeless Clinics Project (HCP) of the Hahnemann University School of Medicine. First organized by medical students in Philadelphia in 1989, the HCP has grown into one of the largest free clinics in the nation run by medical students. Three basic tenets guide all administrative decisions: (1) to provide direct health care to homeless persons in need and to help them gain access to the health care system with patient education and direct assistance; (2) to provide a primary care experience for first- and second-year medical students and allied health students; and (3) to sensitize future health care providers to the needs and social problems of individuals not likely to be served adequately in conventional medical settings.

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**Order #: 7018**

**Authors:** Committee on Community Health Services.

**Title:** **Health Needs of Homeless Children and Families.**

**Source:** Pediatrics 98(4): 789-791, 1996. (Journal Article: 3 pages)

**Abstract:** This article attempts to substantiate the existence of homelessness in virtually every community, illustrate the pervasive health and psychosocial problems facing the growing population of children who are homeless, and encourage practitioners to include homeless children in their health care delivery practices, social services, and advocacy efforts. The recommendations will guide practitioners in taking actions to diminish the severe negative impact that living in temporary shelters has on the health and well-being of developing children. In this statement the American Academy of Pediatrics reaffirms its stance that homeless children need permanent dwellings in order to thrive.

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**Order #: 8589**

**Authors:** Conner, A., Ling, C.G., Tuttle, J., Brown-Tezera, B.

**Title:** **Peer Education Project with Persons who have Experienced Homelessness.**

**Source:** Public Health Nursing 16(5): 367-373, 1999. (Journal Article: 6 pages)

**Abstract:** This paper describes an unconventional health education project implemented by nurse practitioners in a nurse-managed clinic serving persons who are homeless. The nurse practitioners perceived that there were a number of potential barriers to providing health education to the homeless patients. The project was successful in preparing peer educators. Other indicators of the success of the project included increased empowerment, self-esteem, dignity, hope, self-confidence, and community participation of the peer educators (authors).

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**Order #: 6724**

**Authors:** Cousineau, M.

**Title:** **Health Status Of and Access To Health Services by Residents of Urban Encampments in Los Angeles.**

**Source:** Journal Health Care for the Poor and Underserved 8(1): 70-83, 1997. (Journal Article: 13 pages)

**Abstract:** Results from a survey of 134 homeless people living in 42 urban encampments in central Los Angeles found many in poor health status. Over 30% had chronic illnesses, and 40% had a substance abuse problem. Although outreach efforts have had success in bringing HIV and tuberculosis screening services to encampments, residents report significant barriers to using primary health care and drug and alcohol treatment services. Public hospitals and clinics remain the major source of primary medical care for the homeless people living in encampments. Outreach and case management continue to be critical components of improved access to health care for homeless people.

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 5801

**Authors:** Cousineau, M.R., Wittenberg, E., Pollatsek, J.

**Title:** A Study of the Health Care for the Homeless Program. Final Report & Executive Summary.

**Source:** Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, 1995. (Report: 115 pages)

**Abstract:** This report was designed to combine qualitative and quantitative approaches to assess structure, process and outcome indicators of access, quality, satisfaction with care, health status, and costs. Chapter I attempts to capture the distinctive characteristics of the Health Care for the Homeless (HCH) program that makes it unique among health care delivery systems. Chapter II describes the study's research design and questions. A literature review is presented in Chapter III. In Chapter IV through IX, the study's findings are presented in the context of the research questions. The final chapter provides conclusions and recommendations. ALSO: Executive Summary, 33 pages.

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**Order #:** 8821

**Authors:** Craft-Rosenbeg, M., Powell, S.R., Culp, K.

**Title:** Health Status and Resources of Rural Homeless Women and Children.

**Source:** Western Journal of Nursing Research 22(8): 863-878, 2000. (Journal Article: 16 pages)

**Abstract:** The purpose of this research is to describe the health status and health resources for women and children who are homeless in a Midwestern rural community. A group of 31 rural homeless women in a shelter participated in the study by answering questions on the Rural Homeless Interview developed by the investigators. The findings revealed higher than expected rates of illness, accidents, and adverse life events, with the incidence of substance abuse and mental illness being comparable to data from other homeless populations. The data on children were omitted by lack of knowledge on the part of their mothers. Some mothers reported that their children were in foster care, had been adopted, or were being cared of by others. The inability to access health and dental care was reported by half of the participants (authors).

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**Order #:** 9102

**Authors:** Damrosch, S., Strasser, J.A.

**Title:** The Homeless Elderly in America.

**Source:** Journal of Gerontological Nursing 14: 26-29, 1988. (Journal Article: 4 pages)

**Abstract:** This examines the issue of homelessness in the elderly and discusses what nurses can do to find a solution to their pressing social problem. Not all of the homeless are street people; they also include the chronically mentally ill, chronic alcoholics, and the situationally distressed. Although a recent survey in New York City found that only 10% of a homeless sample were aged 60 or older, being homeless and elderly may constitute a kind of double jeopardy. The homeless utilize the formal health care system in a variety of ways. Physical health care problems associated with homelessness include: the consequences of trauma; infestations with scabies and lice; peripheral vascular disease; cellulitis and leg ulcers; frostbite or burns from hot grates; pulmonary tuberculosis; and other standard medical problems. Nurses can play a key role in meeting the needs of the homeless, but since there are multiple causes of homelessness, a team approach is needed.

**Health/Health Care**

**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 8033**

**Authors:** Douglas, R.L., Torres, R.E., Surfus, P., Krinke, B., Dale, L.

**Title:** **Health Care Needs and Services Utilization among Sheltered and Unsheltered Michigan Homeless.**

**Source:** Journal of Health Care for the Poor and Underserved 10(1): 5-18, 1999. (Journal Article: 14 pages)

**Abstract:** This article presents a comparative analysis of sheltered and unsheltered subsets of homeless adult populations in Michigan based on two field surveys conducted between 1992 and 1994. The purpose of the surveys was to determine whether measurable differences could be detected regarding medical care utilization and, by inference, unmet medical needs. An analysis of the role of transportation services to health care settings is included within a discussion of the comparative access to care of these two subsets of the homeless population. The differences in the purposes and sample designs of the two studies provided the basis for a comparison of sheltered versus unsheltered adult homeless individuals (authors).

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**Order #: 10433**

**Authors:** Downtown Women's Action Coalition.

**Title:** **Downtown Women's Needs Assessment: Findings and Recommendations.**

**Source:** Los Angeles, CA: Downtown Women's Action Coalition, 2001. (Report: 43 pages)

**Abstract:** This assessment is based upon interviews with 409 women. The study examines demographic characteristics, homelessness and housing, social isolation, health status, acts of violence against women, differences in women's characteristics based upon experiences of homelessness and living downtown, housing and service needs, and recommendations. Among the findings: 94.2% of the women have experienced homelessness at some point in their lives; 40.5% of the women were affected by mental illness; and 58.5% of the women have been victimized by domestic violence (authors).

**Available From:** Downtown Women's Action Coalition, 325 South Los Angeles Street, Los Angeles, CA 90013, (213) 680-0600, [www.shelterpartnership.org/homelessness/FullReport.pdf](http://www.shelterpartnership.org/homelessness/FullReport.pdf)

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**Order #: 8021**

**Authors:** Duchon, L.M.

**Title:** **Families and Their Health Care After Homelessness: Opportunities for Improving Access.**

**Source:** Florence, KY: Garland Publishing, Inc., 1998. (Book: 148 pages)

**Abstract:** This book focuses on the health and health care use of families after they have left the shelter system. The first three chapters provide a review of relevant literature. An examination of the research is contained in the following three chapters. This research was based on self-reported data collected during a follow-up study of 543 poor New York City mothers. The chapters concerning the research compares ever- and never-sheltered families on various characteristics and factors, and presents findings that indicate that the ever-homeless families are more likely to use emergency departments and clinics, even if the families are no longer homeless. The final chapter offers a discussion of recent development in health and welfare policies and offers recommendations to improve health care provision to homeless families.

**Available From:** Garland Publishing, 29 West 35th Street, New York, NY 10001, (917) 351-7118, [www.garlandscience.com](http://www.garlandscience.com).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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Order #: 8917

**Authors:** Ensign, J.

**Title:** Reproductive Health of Homeless Adolescent Women in Seattle, Washington, USA.

**Source:** Women and Health 31(2-3): 133-151, 2000. (Journal Article: 19 pages)

**Abstract:** This article examines the perspectives of adolescent females who are homeless on the topics of health issues, self-care and fertility control, as well as on lessons from being homeless. The research was descriptive, using semi-structured interviews and focus groups with a purposeful sample of 20 clinic-based female youth ages 15-23 years. The youth described female-specific health issues of being homeless, such as problems with hygiene, sexual exploitation, and survival sex. Most knew of female youth who were homeless who had tried self-induced abortions through drugs, herbs, or physical abuse. They spoke of fertility control practices of young women living on the streets. The women also spoke of lessons they had learned while being homeless, including the development of self-sufficiency. The authors conclude that health care providers should receive increased training in how to ask about sensitive subjects such as survival sex and the practice of self-induced abortions (authors).

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Order #: 8007

**Authors:** Ensign, J., Gittelsohn, J.

**Title:** Health and Access to Care: Perspectives of Homeless Youth in Baltimore City, U.S.A.

**Source:** Social Science and Medicine 47(12): 2087-2099, 1998. (Journal Article: 13 pages)

**Abstract:** In this article, a combination of qualitative techniques from participatory rural appraisal and rapid assessment procedures was used to investigate the perceptions of health needs of shelter-based youth in Baltimore. The most common youth-identified health problems included STDs, HIV/AIDS, pregnancy, depression, drug use and injuries. The youth also spoke of environmental safety threats of violence and victimization by adults, as well as racism and sexism in their lives. Youth reported that trusted adult figures such as grandmothers are important sources of health advice. Many homeless youth will less that ideal family situations remain in contact with and continue to seek advice from parents and other family members. The authors state health interventions with urban street youth need to acknowledge the primacy of the social context for these youth, as well as the reality of violence as a daily health threat (authors).

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Order #: 8306

**Authors:** Ericsson, N.S., Corey, P.D.

**Title:** Health Problems and Service Utilization in the Homeless.

**Source:** Journal of Health Care for the Poor and Underserved 10(4): 443-452, 1999. (Journal Article: 10 pages)

**Abstract:** This article examines the health problems and utilization patterns of homeless individuals (n=292) seeking medical services in a small southern community. Results showed that the medical problems for which the homeless sought treatment were often (72%) a recurring problem for which treatment had previously been received. The most prevalent medical problem was upper respiratory infection (47%), likely exacerbated by the high rate of cigarette smoking found among the sample (73%). More than half (51%) of the participants had used other medical services in the past month. Despite these high rates of utilization, the homeless may be underutilizing appropriate preventive medical services, waiting until the medical problem becomes serious before seeking treatment, and overutilizing emergency rooms for non-emergency care. Community-based services sensitive to the needs of the homeless are likely to cost communities less money while providing better services to the homeless (authors).

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**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 12540**

**Authors:** Fitzpatrick, K.M., La Gory, M.E., Ritchey, F.J.

**Title:** **Factors Associated with Health-Compromising Behavior Among the Homeless.**

**Source:** Journal of Health Care for the Poor and Underserved 14(1): 70-86, 2003. (Journal Article: 16 pages)

**Abstract:** This exploratory study examined a set of sociodemographic, risk, and protective factors associated with health-compromising behavior among the homeless. One hundred and sixty-one homeless adults living in a midsize, southern metropolitan area were surveyed. Information was collected using structured in-depth interviews that assessed residential and event histories, life circumstances, mental and physical health symptoms, and health-related risk behaviors (drug and alcohol use, risky sexual practices, sleeping outdoors, aggressive behavior, and weapon possession). Descriptive results showed differences in health-compromising behavior for ascribed characteristics such as age, race, and gender. Younger people, nonwhites, and men took more risks. Multivariate results indicated that while sociodemographic risk factors were important predictors of health-compromising behavior for people who are homeless, other variables, including childhood memories, victimization, and local nativism, were also significant. The implications of these findings are explored in the larger context of a social policy framework (authors).

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**Order #: 11990**

**Authors:** Galea, S., Vlahov, D.

**Title:** **Social Determinants and the Health of Drug Users: Socioeconomic Status, Homelessness, and Incarceration.**

**Source:** Public Health Reports 117(3): 135-145, 2002. (Journal Article: 10 pages)

**Abstract:** This article reviews the evidence on the adverse health consequences of low socioeconomic status, homelessness and incarceration among drug users. The authors discuss the effects of availability on resources, access to social welfare systems, marginalization, and compliance with medication have on drug users. Suggestions are made regarding the public health system, and its need to address the social factors that accompany and exacerbate the health consequences of illicit drug use (authors).

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**Order #: 6885**

**Authors:** Gallagher, T.C., Andersen, R.M., Kogel, P., Gelberg, L.

**Title:** **Determinants of Regular Source of Care Among Homeless Adults in Los Angeles.**

**Source:** Medical Care 35(8): 814-830, 1997. (Journal Article: 17 pages)

**Abstract:** The authors conducted a multiple logistic regression to predict regular source of care among the homeless, using an adaptation of the Behavioral Model of health services utilization as an analytic framework. Results indicated that 57% of the sample reported having a regular source of care. Some factors found to be barriers to having a regular source of care among this population included homelessness-related characteristics such as competing needs, long-term homelessness, and social isolation. The authors conclude that in the context of resources, the distribution of a regular source of care among the homeless appears to be highly inequitable, and that some of the characteristics identifying those with a regular source of care suggest, among other things, a lack of fit between the needs of the homeless and the organization of health services (authors).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 7294

**Authors:** Geber, G.

**Title:** Barriers to Health Care for Street Youth.

**Source:** Journal of Adolescent Health 21: 287-90, 1997. (Journal Article: 4 pages)

**Abstract:** This study investigates the barriers to health care faced by runaway adolescents. A convenience sample of 89 street youth located through community agencies was surveyed to elicit their perceptions of barriers to care. Results indicated that these youth experience a wide range of barriers to health care, both objective and subjective. They also experience fears with regard to receiving health care, many of which seem developmental in nature. The relative isolation of these youth compounds the objective barriers they face, yet many overcame these barriers and received needed care (author).

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**Order #:** 7306

**Authors:** Gelberg, L.

**Title:** Homeless Persons.

**Source:** In Andersen, R.M., Rice, T.H., Kominski, G.F. (eds.), Changing the U.S. Health Care System: Key Issues in Health Services, Policy, and Management. San Francisco, CA: Jossey-Bass Publishers, 273-301, 1996. (Book Chapter: 29 pages)

**Abstract:** This chapter addresses health and health care services of people who are homeless. The author provides an overview of the homeless population in the United States, and then discusses health issues related to homelessness. Topics discussed include: health status, access to health care, health programs for homeless people, the future of homeless health care, and needed research in homeless health care. The author suggests that the nation should not only address the physical and mental health of the homeless, but rather address the issue of ending mass homelessness.

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**Order #:** 7153

**Authors:** Gelberg, L.

**Title:** Homelessness and Health.

**Source:** Journal of the American Board of Family Practice 10(1): 67-71, 1997. (Journal Article: 5 pages)

**Abstract:** The author addresses the crisis of homelessness in America as it relates to the increased risk for illness among homeless persons. Discussion includes issues of mental health, substance abuse, contagious diseases, obstetric care, dental care and convalescent facilities. Homeless patients who receive care from model programs, such as the Health Care for the Homeless Program, utilize services as least as much as low-income domiciled patients, and the author suggests that increased vigor must be applied to health services research, in the areas of access, cost, organization, and quality, to improved the quality of health care for the homeless population.

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**Order #:** 8650

**Authors:** Gelberg, L., Andersen, R.M., Leake, B.D.

**Title:** Healthcare Access and Utilization.

**Source:** Health Services Research 34(6): 1273-1301, 2000. (Journal Article: 29 pages)

**Abstract:** A community-based probability sample of 363 homeless individuals was interviewed and examined for four study conditions (high blood pressure, functional vision impairment, skin/leg/foot problems, and tuberculosis skin test positively). Persons with at least one study condition were followed longitudinally for up to eight months. The authors conclude that homeless persons are willing to obtain care if they believe it is important (authors).

**Health/Health Care**

**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 6405**

**Authors:** Gelberg, L., Gallagher, T.C., Andersen, R.M., Koegel, P.

**Title:** **Competing Priorities as a Barrier to Medical Care Among Homeless Adults in Los Angeles.**

**Source:** American Journal of Public Health 87(2): 217-220, 1997. (Journal Article: 4 pages)

**Abstract:** The authors describe a study where the role of competing priorities as a barrier to the utilization of physical health services was assessed in a subset (n=363) of a probability sample of homeless adults in Los Angeles. Unadjusted odds of four measures of health services utilization were calculated for those with frequent difficulty in meeting their subsistence needs. These odds were then adjusted for a range of characteristics assumed to affect the utilization of health services among the homeless. Before and after adjustment, those with frequent subsistence difficulty were less likely to have a regular source of care and more likely to have gone without needed medical care. Subsistence difficulty had no impact on the likelihood of having been hospitalized. Results remained the same after adjustment. The authors conclude frequent subsistence difficulty appears to be an important nonfinancial barrier to the utilization of health services perceived among homeless adults (authors).

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**Order #: 1000**

**Authors:** Gelberg, L., Linn, L.S., Usatine, R.P., Smith, M.H.

**Title:** **Health, Homelessness, and Poverty: A Study of Clinic Users.**

**Source:** Archives of Internal Medicine 150: 2325-2330, 1990. (Journal Article: 6 pages)

**Abstract:** This article compares the physical health of homeless and low-income housed persons. The authors conducted a health survey and physical examination of 464 patients who attended the general adult and homeless clinic sessions of one of the main neighborhood health centers in Los Angeles. Despite being similar on most reported and observed physical health conditions, homeless adults perceive their physical health to be poorer and report a greater number of chronic diseases than domiciled adults. Homeless adults were more likely to have poor health habits, such as cigarette smoking, and alcoholism and illegal drug use. Homeless adults were also more likely to have been hospitalized for a medical problem during the preceding year. Although the data suggest that both homeless and poor domiciled adults had a high prevalence of physical health problems, homeless adults had different health needs. The authors conclude that to care more optimally for homeless adults, health centers must address their functional disabilities, substance abuse, skin abnormalities, vision impairment, and dental and foot problems.

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**Order #: 6883**

**Authors:** Gillis, L.M., Singer, J.

**Title:** **Breaking Through the Barriers: Healthcare for the Homeless**

**Source:** Journal of Nursing Administration 27(6): 30-34, 1997. (Journal Article: 5 pages)

**Abstract:** This article provides an overview of the homeless population and outlines four barriers to health care for persons who are homeless: financial, bureaucratic, programmatic, and personal. The authors also highlight the major health care needs of this population. A community-based service delivery system developed by one agency in responding to the needs of homeless persons is discussed as a model of care (authors).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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Order #: 1221

**Authors:** Gould, M.S.

**Title:** Homelessness and People With Severe Disabilities in the United States.

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 1986. (Report: 101 pages)

**Abstract:** In an attempt to address problems, issues, and concerns related to homelessness among people with severe disabilities, this report: (1) identifies a functional definition of the phrase "homeless, severely disabled;" (2) identifies subgroups of the homeless population; (3) discusses prevalence figures for the homeless mentally ill population; (4) discusses factors contributing to homelessness among people with severe disabilities and how these contributing factors impact current service for the population; (5) discusses the problem of homelessness among people with severe disabilities from a "Fair Housing" perspective; (6) recommends a systematic approach which HUD/FHEO staff might use to meet the needs of the homeless mentally ill population; and (7) identifies and briefly discusses relevant policy and research issues.

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Order #: 12539

**Authors:** Han B., Wells, B.L., Taylor, A.M.

**Title:** Use of the Health Care for the Homeless Program Services and Other Health Care Services by Homeless Adults.

**Source:** Journal of Health Care for the Poor and Underserved 14(1): 87-99, 2003. (Journal Article: 12 pages)

**Abstract:** This study examined factors associated with the use of the Health Care for the Homeless Program and other health care services by homeless adults. A total of 941 homeless adults were identified in 52 soup kitchens in U.S. communities. Descriptive statistics and logistic regression models were applied. Among homeless adults, having dental problems was the most robust factor associated with their use of Health Care for the Homeless Program services. Among homeless adults who did not visit Health Care for the Homeless Program services during last six months, the number of emergency room visits was the most powerful factor associated with their use of other health care services. The results of the study can help health care providers better serve homeless adults to meet their health needs (authors).

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Order #: 10627

**Authors:** Hatton, D.C.

**Title:** Homeless Women's Access to Health Services: A Study of Social Networks and Managed Care in the United States.

**Source:** Women and Health 33(3-4): 149-163, 2001. (Journal Article: 15 pages)

**Abstract:** Homeless women experience more severe physical and mental health problems than women in the general population. Under-utilization of health services complicates these health conditions. The study reported here explored how homeless women access health services within the context of shelter living and emerging managed care systems. Informed by grounded theory and dimensional analysis, the investigator conducted in-depth interviews with 19 homeless women, 6 staff from agencies serving homeless women, and 2 community health nurses. Findings revealed that homeless women usually had circuitous rather than direct routes to health services. First, they typically found a social network opportunity structure where brokers could assist them into the health care system. The first tiers of access included a domestic violence shelter, a shelter for single homeless women, and a café offering low-cost meals to an inner-city homeless population. Even after locating this opportunity structure, the conditions of managed care, with its mechanisms of referral and unfamiliarity with the needs of impoverished women, complicated access. Thus, access requires policies that address not only the availability of health professionals, but also tiers of access that include social network opportunity structure where women can interact with advocates who broker their entry into the health care system (authors).

**Health/Health Care**

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**Order #: 8935**

**Authors:** Hatton, D.C., Kleffel, D., Bennett, S., Gaffrey, E.A.N.

**Title:** Homeless Women and Children's Access to Health Care: A Paradox.

**Source:** Journal of Community Health Nursing (Special Issue) 18(1): 25-34, 2001. (Journal Article: 10 pages)

**Abstract:** Women and children who are homeless and reside in shelters experience many health related problems. This article discusses a study in which the aim was to explore how shelter staffs manage health problems among their residents and assist them in accessing health services; and to identify clinical strategies for community health nurses working with this population. Findings demonstrate a paradox whereby homeless shelter staffs try to gain access to care for their residents through a system that is designed to keep them out. In addition, findings indicate a need for increased community health nursing services in homeless shelters. Strategies for resolving this paradox include providing assessment, policy development, and assurance of health care for women and children who are homeless (authors).

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**Order #: 9985**

**Authors:** HCH Clinicians' Network.

**Title:** Healing Hands.

**Source:** Healing Hands 5(4): 2001. (Newsletter: 6 pages)

**Abstract:** This issue of Healing Hands is entitled Pregnant and Homeless. This issue examines health risks and barriers to reducing them, experienced by homeless women and their children, during and following pregnancy. The lead article addresses the greatest challenge reported by HCH clinicians in caring for these women: alleviating substance abuse problems, to protect maternal and fetal health and foster normal child development. Other pieces list other barriers to health pregnancies that are disproportionately experienced by homeless women and points to ways in which HCH providers are endeavoring to overcome them.

**Available From:** HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, [www.nhchc.org](http://www.nhchc.org).

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**Order #: 11473**

**Authors:** HCH Clinicians' Network.

**Title:** Healing Hands: Electronic Information Systems in Homeless Health Care.

**Source:** Healing Hands 6(3): 1-7, 2002. (Newsletter: 7 pages)

**Abstract:** This issue of Healing Hands focuses on electronic information systems in homeless health care. Maintaining integrated systems of care at multiple points of service presents communication challenges for homeless health care providers. Electronic information systems facilitate service coordination among remote sites and multiple providers serving the same clients. They can also enable HCH projects to measure with greater accuracy the number of clients they serve, the services they provide, and service outcomes. Better data empower them to demonstrate the value of their programs, improve services, meet reporting requirements of funders, and advocate more persuasively for public policies that affect homelessness (author).

## Health/Health Care

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**Order #:** 11182

**Authors:** Health Care for the Homeless Clinician's Network.

**Title:** **Healing Hands: Cultural Competence.**

**Source:** Health Care for the Homeless Clinician's Network 6(1): 2002. (Newsletter: 4 pages)

**Abstract:** Achieving cultural competence - the ability to communicate effectively across different linguistic and cultural traditions - is necessarily a gradual process. For clinicians, this requires close examination of health-related attitudes and beliefs - their clients' and their own. The articles in this issue suggest some steps that homeless health care providers can take to begin the journey. To simplify this task while illustrating its complexity, the authors have chosen to focus on the clinical challenges presented by homeless persons whose primary language is Spanish, and how experienced clinicians are meeting them. Many of the lessons learned from these service providers are applicable to other cultural groups (authors).

**Available From:** National Health Care for the Homeless Council - HCH Clinician's Network, P.O. Box 60427, Nashville, TN 37206-0427, [www.nhchc.org](http://www.nhchc.org).

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**Order #:** 7129

**Authors:** HomeBase/The Center for Common Concerns.

**Title:** **Meeting the Health Care Needs of California's Homeless Population.**

**Source:** San Francisco, CA: HomeBase/The Center for Common Concerns, 1997. (Report: 183 pages)

**Abstract:** This report explores the health care needs of homeless people and provides a guide to expanding California's health care options for the future. It is intended to bring about discussion and change to the health care system for homeless people. Barriers to health care for homeless people are identified, as are the medical needs of this population and possible steps to overcoming the barriers. A framework of the existing system of health services for homeless people in California is presented, along with information on current and future trends affecting these services.

**Available From:** HomeBase/The Center for Common Concerns, 870 Market Street, Suite 1228, San Francisco, CA 94102, (415) 788-7961, [www.homebaseccc.org](http://www.homebaseccc.org).

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**Order #:** 7075

**Authors:** Homeless Health Care Los Angeles.

**Title:** **Tuberculosis Prevention Guide for Homeless Service Providers. Third Edition.**

**Source:** Los Angeles, CA: Homeless Health Care Los Angeles, 1997. (Guide: 40 pages)

**Abstract:** This comprehensive guide includes the latest TB information for providers of services to the homeless population. It is especially useful for directors, administrators, disease control managers and frontline staff of homeless shelters, clinics, mental health facilities, drug treatment programs and governmental agencies. An easy-to-implement curriculum allows providers to incorporate basic disease prevention practices into their work with clients. Administrators will benefit from sample agency policies and model TB programs that can be easily adapted to meet the particular needs of different agencies and communities.

**Available From:** Homeless Health Care Los Angeles, 2330 Beverly Boulevard, Los Angeles, CA 90057, (213) 744-0724, [www.hhcla.org/index-home.htm](http://www.hhcla.org/index-home.htm). COST: \$10.00 (\$5.00 for five or more).

**Health/Health Care**  
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**Order #: 6310**

**Authors:** Hunter, J.K. (ed.)

**Title:** **Nursing and Health Care for the Homeless.**

**Source:** Albany, NY: State University of New York Press, 1993. (Book: 235 pages)

**Abstract:** Nursing, along with other health care professions, is concerned about health care available for the homeless. Schools of nursing and individual nurses have joined with other health care providers to develop special programs to meet the needs of this population. These providers have documented information about health care needs of people who are homeless. This book provides a national perspective of nurses' service delivery, research and experiences in working with the homeless.

**Available From:** State University of New York Press, State University Plaza, Albany, New York, 12246. (ISBN: 0-7914-1350-0)

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**Order #: 6531**

**Authors:** Hwang, S., Orav, J., O'Connell, J., Lebow, J., Brennan, T.

**Title:** **Causes of Death in Homeless Adults in Boston**

**Source:** Annals of Internal Medicine 126(8): 665-628, 1997. (Journal Article: 4 pages)

**Abstract:** This article describes a study of 17,292 adults seen by the Boston Health Care for the Homeless Program from 1988 to 1993. Its objective was to ascertain causes of death in a group of homeless persons. The results showed that the leading causes of death varied by age group: (1) homicide - men 18-24; (2) HIV/AIDS - persons 25-44; and (3) heart disease and cancer - persons 45-64. The authors conclude the most common causes of death among homeless adults who have contact with clinicians vary by age group and efforts to reduce the rate of death among homeless persons should focus on these causes (authors).

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**Order #: 8842**

**Authors:** Hwang, S.W., O'Connell, J.J., Lebow, J.M., Bierer, M.F., Orav, E.J., Brennan, T.A.

**Title:** **Health Care Utilization Among Homeless Adults Prior to Death.**

**Source:** Journal of Health Care for the Poor and Underserved 21(1): 50-58, 2001. (Journal Article: 9 pages)

**Abstract:** This article characterizes health care utilization prior to death in a group of 558 homeless adults in Boston. In the year before death, 27% of decedents had no outpatient visits, emergency department visits, or hospitalizations except those during which death occurred. However, 21% had a health care contact within one month of death, and 21% had six or more outpatient visits in the year before death. Injection drug users and persons with HIV infection were more likely to have had contact with the health care system. The authors conclude that people who are homeless may be underusing health care services even when they are at high risk of death (authors).

**Health/Health Care**

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**Order #: 2501**

**Authors:** Ineichen, B.

**Title:** **Homes and Health: How Housing and Health Interact.**

**Source:** New York, NY: Chapman and Hall, 1993. (Book: 110 pages)

**Abstract:** This book examines the relationship between where people live and their health. The author reviews how housing in British cities has influenced the health of its citizens throughout the past 150 years. The author also discusses in detail current issues concerning housing and health, and describes attempts at housing particular groups in England whose health is at risk. The author contends that understanding the relationship between housing and health is essential for those involved in the design and management of housing, or its public health aspects (author).

**Available From:** International Thompson Publishing, One Penn Plaza, 41st Floor, New York, NY 10119, (800) 842-3636. (COST: \$38.95)

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**Order #: 1994**

**Authors:** Jahiel, R.I.

**Title:** **Health and Health Care of Homeless People.**

**Source:** In Robertson, M., and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY: Plenum Press, 1992. (Book Chapter: 30 pages)

**Abstract:** This chapter provides an overview of recent literature concerning health status and health care of homeless persons in the United States. Empirical findings from national and local studies conducted in clinical and nonclinical settings are reviewed. The discussion is organized around the following questions: What is the health status of homeless people? To what extent do health problems precipitate or perpetuate homelessness? To what extent and in what ways does the homeless situation increase the frequency, chronicity, and severity of health problems? What are the health care resources and delivery systems that are available to homeless people?

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**Order #: 6033**

**Authors:** Jezewski, M.A.

**Title:** **Staying Connected: The Core of Facilitating Health Care for Homeless Persons.**

**Source:** Public Health Nursing 12(3): 203-210, 1995. (Journal Article: 8 pages)

**Abstract:** A grounded theory study explored the ways nurses and others in nurse-managed shelter clinics facilitate health care for homeless persons. Analysis of in-depth interview and participant observation data yielded a core category, "staying connected," that represents the essence of what the staff do to facilitate care for homeless persons. The three most important aspects of "staying connected" are the links that nurses establish with the homeless patient, networks with other providers, and facilitation of the homeless person's connections with the health care system. The article demonstrates the barriers to facilitating health care and the breakdowns that occur while trying to facilitate care. Barriers include lack of health insurance, insensitivity of health care providers, stigmatization, cultural barriers, and communication breakdowns. Nurses can have a powerful influence, both macro- and micro-socially, in facilitation of care for these people.

**Health/Health Care**

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**Order #: 7101**

**Authors:** Kaspro, W.J., Rosenheck, R., Chapdelaine, J.D.

**Title:** **Health Care for Homeless Veterans Programs: The Tenth Annual Report.**

**Source:** West Haven, CT: U.S. Department of Veterans Affairs, Northeast Program Evaluation Center, 1997.  
(Report: 155 pages)

**Abstract:** This report is the 10th in a series concerning the Department of Veterans Affairs' Health Care for Homeless Veterans (HCHV) programs. The programs involve a number of specialized programs in addition to providing outreach services to severely mentally ill veterans, linkage with VA services, and treatment and rehabilitation services. This report provides an overview of the program's history and services, describes monitoring of the program and veterans served, discusses program process and treatment outcomes, and explains the supported housing program. A summary of program performances is also included.

**Available From:** U.S. Department of Veterans Affairs, Northeast Program Evaluation Center, VA CT Healthcare System, 950 Campbell Avenue, West Haven, CT 06516, (203) 932-5711, [www.visn1.med.va.gov/vact](http://www.visn1.med.va.gov/vact).

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**Order #: 11292**

**Authors:** Kilbourne, A.M., Herndon, B., Andersen, R.M., Wenzel, S.L., Gelberg, L.

**Title:** **Psychiatric Symptoms, Health Services, and HIV Risk Factors Among Homeless Women.**

**Source:** Journal of Health Care for the Poor and Underserved 13(1): 49-65, 2002. (Journal Article: 17 pages)

**Abstract:** The authors determined whether psychiatric symptoms and lack of health and/or social services contacts were associated with HIV risk behaviors among a probability sample of homeless women. Women were interviewed regarding socioeconomic indicators, psychiatric symptoms, health, and/or social services contacts, and past-year HIV risk behaviors. Overall, 8 percent of the women injected drugs, 64 percent engaged in unprotected sex, and 22 percent traded sex. Multiple logistic regression results revealed that substance abuse was positively associated with injection drug use and trading sex, women attending self-help meetings for substance abuse were also more likely to trade sex. Homeless women who are substance abusers are vulnerable to HIV risk behaviors. Risk reduction interventions for homeless women should be implemented through substance abuse and intensive case management programs (authors).

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**Order #: 6417**

**Authors:** Killion, C.M.

**Title:** **Special Health Care Needs of Homeless Pregnant Women.**

**Source:** Advances in Nursing Science 18(2): 44-56, 1995. (Journal Article: 13 pages)

**Abstract:** The author explains that as women and families join the ranks of the homeless in increasing numbers, many women find themselves confronting both pregnancy and homelessness. This article focuses on the unique health needs of homeless pregnant women. Detailed accounts of the daily life experiences of African American, Anglo, and Latina homeless pregnant women were derived from an ethnographic study conducted in a large metropolitan area in southern California. Their pregnancies were difficult because normal physiological changes of pregnancy often became pathological, signs of potential complications went unnoticed or unattended, and minor discomforts of pregnancy were exacerbated by the women's environment. Nursing therapeutics that support health maintenance and coping strategies of the women while on the streets or in shelters were described (author).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 1218

**Authors:** Kinchen, K. and Wright, J.D.

**Title:** Hypertension Management in Health Care for the Homeless Clinics: Results from a Survey.

**Source:** American Journal of Public Health 81(9): 1163-1165, 1991. (Journal Article: 3 pages)

**Abstract:** With the exception of alcohol abuse, hypertension is the most common chronic physical health problem encountered among homeless persons. The material conditions of homelessness greatly complicate the management of this disorder. In 1988, the Stewart B. McKinney Homeless Assistance Act established health care clinics for homeless persons in 108 U.S. cities. Some of the complications and their solutions are discussed here, based on the experiences of 65 of these health clinics. Comparisons between this survey data and those data obtained in two recent surveys of clinicians in "normal" clinical practice provide interesting lessons in how medical practice is adapted to respond to the unique needs and problems of the urban homeless.

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**Order #:** 8818

**Authors:** Klein, J.D., Woods, A.H., Wilson, K.M., Prospero, M., Greene, J., Ringwalt, C.

**Title:** Homeless and Runaway Youths' Access to Health Care.

**Source:** Journal of Adolescent Health 25(5): 331-339, 2000. (Journal Article: 9 pages)

**Abstract:** This articles describes use of health services and self-reported access to regular and emergency care by homeless adolescents and street youth. The study concluded that significant numbers of homeless youth did not have a regular source of health care. Those who had a regular source of care were more likely to have continuity between routine and emergency care. Integration of health services with other agencies serving youth in shelters or on the street may improve access to care for those without a routine source of care and provide better continuity for these high-risk youth (authors).

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**Order #:** 6782

**Authors:** Kleinman, L.C., Freeman, H., Perlman, J., Gelberg, L.

**Title:** Homing in on the Homeless: Assessing the Physical Health of Homeless Adults in Los Angeles County Using an Original Method to Obtain Physical Examination Data in a Survey.

**Source:** Health Services Research 31(5): 533-549, 1996. (Journal Article: 17 pages)

**Abstract:** The authors explain that public policy which decreases the funding for social services may combine with the ascendancy of corporate managed care to increase the health care deficit. Disadvantaged populations, such as people who are homeless, are likely to be affected disproportionately. The authors' objective was to develop and utilize a structured physical exam system enabling lay survey researchers to report reliably physical findings related to six tracer conditions in a disadvantaged population. A field survey of 363 homeless adults in Los Angeles County represented a subsample of a probability sample of the county's homeless adult population. Results show that high blood pressure, poor vision, peripheral vascular diseases of the feet and legs, and significant skin conditions are prevalent among the homeless in Los Angeles County. Without physical exam data, estimates of the prevalence of these conditions will be incorrect. The authors suggest researchers use laypersons to collect reliable and valid physical exam data for assessing and monitoring the health of disadvantaged populations.

**Health/Health Care**

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**Order #: 8810**

**Authors:** Kushel MB, Vittinghoff E, Haas JS.

**Title:** **Factors Associated with the Health Care Utilization of Homeless Persons.**

**Source:** Journal of the American Medical Association 285(2): 200-206, 2001. (Journal Article: 7 pages)

**Abstract:** This article describes factors associated with use of and perceived barriers to receipt of health care among persons who are homeless. The author utilized data from the National Survey of Homeless Assistance Providers and Clients. The authors measured self-reported use of ambulatory care services, emergency departments, and inpatient hospital services, inability to receive necessary care, and inability to comply with prescription medication in the prior year. Overall, 63% of subjects had one or more ambulatory care visits during the preceding year, 32% visited an emergency department, and 23% had been hospitalized. However, 25% reported having been unable to receive necessary medical care. Of the 1,201 respondents who reported having been prescribed medication, 32% reported being unable to comply. After adjustment for age, sex, race/ethnicity, medical illness, mental health problems, substance abuse, and other covariates, having health insurance was associated with greater use of ambulatory care, inpatient hospitalization, and lower reporting of barriers to needed care, and prescription medication compliance. Insurance was not associated with emergency department visits (authors).

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**Order #: 11641**

**Authors:** Larson, C.O.

**Title:** **Use of the SF-12 Instrument for Measuring the Health of Homeless Persons.**

**Source:** Health Services Research 37(3): 733-750, 2002. (Journal Article: 18 pages)

**Abstract:** This article evaluates the construct validity of the Short Form 12-item Survey (SF-12) among users of a homeless day shelter. Adding brief health assessments has potential to provide information regarding the effect that programs have upon the health status and functioning of people who are homeless. Construct validity was assessed by several methods, including the method of extreme groups, which was used where multivariate analysis of variance determined if SF-12 summary scores varied for individuals who differed in self-reported clinical symptoms and medical conditions. Convergent validity was also assessed by correlating SF-12 summary scores with the subscales. Between those who reported acute symptoms and medical conditions, and those who did not, four to 10 point differences in physical health (PCS12) and 5-11 point differences in mental health (MCS12) were found. The summary scores and subscales yielded satisfactory convergent validity coefficients. The SF-12 shows promise as a valid outcome indicator for assessing and monitoring health status among people who are homeless. Its strengths include brevity and availability of norms for specific medical conditions (authors).

**Health/Health Care**  
**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 11462**

**Authors:** Lim, Y.W., Andersen, R., Leake, B., Cunningham, W., Gelberg, L.

**Title:** **How Accessible Is Medical Care for Homeless Women?**

**Source:** Medical Care 40(6): 510-520, 2002. (Journal Article: 11 pages)

**Abstract:** Women have become a major segment of the homeless population, yet little is known about their access to health care or the relationship between access to care and vulnerability of homelessness. The objective was to examine homeless women's access to health care using the Expanded Behavioral Model for Vulnerable Populations. The research design was for a population-based cross-sectional study using a probability sample of homeless women. The setting included seventy-eight homeless shelters and soup lines in Los Angeles County. The subjects were nine hundred seventy-four homeless women interviewed between January and October of 1997. The outcome measures included hospitalization, not for delivery, in the past 12 months; number of outpatient visits in the past 12 months; and number of preventive health screens in the past 12 months. Among homeless women, those living on the streets were least likely to be hospitalized and had the fewest ambulatory visits and health screens. Multivariate analyses showed that key enabling factors associated with improved access were having: (1) health insurance, which increased the odds of being hospitalized by almost 3 times, and the number of ambulatory visits received; and (2) a regular source of care which increased the number of outpatient visits and health screens (all at  $P < 0.01$ ). The findings from the analysis of this large representative sample of homeless women indicate that women living on the streets have especially limited access to all types of medical care. The provision of health insurance and a regular source of care may substantially improve access for this vulnerable population (author).

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**Order #: 11976**

**Authors:** Luck, J., Andersen, R., Wenzel, S., Arangua, L., Wood, D., Gelberg, L.

**Title:** **Providers of Primary Care to Homeless Women in Los Angeles County.**

**Source:** Journal of Ambulatory Care Management 25(2): 53-67, 2002. (Journal Article: 14 pages)

**Abstract:** This article discusses the access barriers women who are homeless face at the sites where they are most likely to receive primary health care. The authors administered a mail survey to administrators and clinicians at clinic sites that were actual or potential providers of primary health care to women who are homeless in Los Angeles County in 1997. Deficiencies were identified in several structural and process characteristics that enhance access to and quality of care for women who are homeless, including clinician training in care for people who are homeless, formal screening for homeless status and associated risk factors, and on-site provision of comprehensive health services, including mental health, substance abuse, reproductive health and ancillary services (authors).

**Health/Health Care**  
**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 9184**

**Authors:** Ludny, J.W.

**Title:** **The Burden of Comorbidity Among the Homeless at a Drop-in Clinic.**

**Source:** Journal of the American Academy of Physicians Assistants 12(4): 32-34, 1999. (Journal Article: 3 pages)

**Abstract:** This study was a retrospective chart review based on 174 patients seen during their initial visit. Information was obtained from data reported by each patient during the history and physical exam. Patients most likely to use the clinic were predominantly male, between the ages of 20 and 39, African-American, and living in an emergency shelter. Sixty-eight (39%) patients had some insurance coverage. Comorbidity was significant with 34 (20%) patients reporting all three types of pathology: physical, mental health, and substance abuse. Homeless patients reporting substance abuse were likely to report the coexistence of a medical condition (54%) or a mental health problem (27%). Patients who reported problems of depression, anxiety, or suicidal ideation or who heard voices had a significant concomitant occurrence of all three types of clinical pathology. Patients living in an emergency shelter or on the street (as opposed to living with family or friends) were at high risk of medical problems, mental health problems, and substance abuse. The prevalence of a medical problem, mental health problem, and substance abuse among the homeless is significant. Homeless patients may be at high risk of two or more comorbid conditions if they live in an emergency shelter or on the street, have a substance abuse problem, or have a mental health problem. Targeted clinical services and preventive medicine programs would be beneficial to these patients.

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**Order #: 7328**

**Authors:** Macnee, C.L., Forrest, L.J.

**Title:** **Factors Associated with Return Visits to a Homeless Clinic.**

**Source:** Journal of Health Care for the Poor and Underserved 8(4): 437-445, 1997. (Journal Article: 9 pages)

**Abstract:** This article examines the characteristics of homeless clients and their return visits to a nurse-managed primary health care clinic in northeast Tennessee using a retrospective chart review of 1,467 records from clients seen between 1991 and 1994. Client characteristics examined included age, education, race, gender, sheltered status, report of chronic disease, and report of family living in the area. Only 47% of clients made return visits to the clinic. Those with reported chronic disease, males, whites, and those living on the street were more likely to have returned to the clinic. The authors conclude the results suggest the need for program planning and evaluation for this population, which particularly considers women, nonwhites, and those without chronic disease as target groups for treatment (authors).

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**Order #: 10163**

**Authors:** Majka, G.

**Title:** **A Case Management, Education, and Prevention Program at a Small Emergency Shelter for Homeless Men: One Nurse's Experience.**

**Source:** Journal of Emergency Nursing 27(3): 2001. (Journal Article: 5 pages)

**Abstract:** In this article Gene Majka describes his experiences working in a small emergency shelter for homeless men. It started out as a 100 hour practicum in a graduate cultural diversity class at DePaul, for which he had to select an unfamiliar group of people who were medically underserved. The author is now servicing this shelter full time. He presently runs the shelter's health care case management program. He has finished his graduate studies as an adult nurse practitioner and hopes to obtain a collaborative agreement with a physician to provide a wider range of primary services for the men at the shelter. He is also working with the shelter staff on a proposal for a homeless respite program, which would include having a 24-hour place (possibly an apartment) for the homeless who are in between hospital discharge and the shelter and need a place to recover.

**Available From:** Gene Majka, RN, MSN, ANP, 6453 N. Minnehaha Avenue, Chicago, IL 60646-2909, rocn100@ameritech.net.

**Health/Health Care**

**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 8423**

**Authors:** Marks, S.M., Taylor, Z., Burrows, N.R., Qayad, M.G., Miller, B.

**Title:** **Hospitalization of Homeless Persons with Tuberculosis in the United States.**

**Source:** American Journal of Public Health 90(3): 435-438, 2000. (Journal Article: 4 pages)

**Abstract:** This study assessed whether homeless patients are hospitalized for tuberculosis (TB) more frequently and longer than other patients and possible reasons for this. The authors prospectively studied hospitalizations of cohort of TB patients. HIV-infected homeless patients were hospitalized more frequently than other patients, while homeless patients who had no insurance or whose insurance status was unknown were hospitalized longer. Hospitalization cost \$2000 more per homeless patient than for other patients. The public sector paid nearly all costs. The authors conclude that homeless people may be hospitalized less if given access to medical care that provides early detection and treatment of TB infection and disease and HIV infection. Providing housing and social services may also reduce hospital utilization and increase therapy completion rates (authors).

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**Order #: 1136**

**Authors:** Martin, M.A.

**Title:** **Homelessness Among Chronically Mentally Ill Women.**

**Source:** In Bachrach, L.L., and Nadelson, C.C. (eds.), Treating Chronically Mentally Ill Women. Washington, DC: American Psychiatric Press, 1988. (Book Chapter: 14 pages)

**Abstract:** The author describes the problems that service providers encounter in their attempts to serve homeless mentally ill women. Several case histories are presented, and survival strategies used by homeless mentally ill women are discussed. The author provides a comprehensive description of New York City's Midtown Outreach Program, focusing on the project's treatment approach to working with this special population.

**Available From:** American Psychiatric Press, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, <http://www.appi.org>.

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**Order #: 1542**

**Authors:** McAdam, J.M., Brickner, P.W., Scharer, L.L., Groth, J.L., Benton, D., Kiyasu, S., Wlodarczyk, D.

**Title:** **Tuberculosis in the Homeless: A National Perspective.**

**Source:** In Brickner, P.W., Scharer, L.K., Conanan, B.A., Savarese, M., and Scanlan, B.C. (eds.), Under the Safety Net: The Health and Social Welfare of the Homeless in the United States. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 16 pages)

**Abstract:** Prevention and control of tuberculosis among the homeless are both individual health care issues and also important public health matters. This chapter discusses efforts in Boston, Chicago, New York, San Francisco, and Seattle to screen homeless persons and treat those cases identified. Prevalence rates of tuberculosis among homeless persons in these cities are estimated.

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 8930

**Authors:** McCabe, S., Macnee, C.L., Anderson, M.K.

**Title:** Homeless Patients' Experience of Satisfaction With Care.

**Source:** Archives of Psychiatric Nursing 15(2): 78-85, 2001. (Journal Article: 8 pages)

**Abstract:** This article explores the interrelationship among experiences of being homeless, health perceptions of participants, and experiences of satisfaction with health care. It presents the findings of a phenomenological study that was conducted using participants selected from five sites in one southeastern state. The study was part of a larger study designed to develop and validate a reliable measure of client satisfaction with primary health care among individuals who are homeless. Analysis of the data yielded five distinct themes that represented the lived experiences of satisfaction with health care. These themes were mediated and directly informed by five themes of homelessness and three themes of health identified in the shared experiences of the participants. The themes identified suggest that satisfaction with healthcare for people who are homeless differs from currently identified dimensions of satisfaction with care, and that some aspects of homelessness are seen by participants as positive and health promoting (authors).

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**Order #:** 10641

**Authors:** McCormack, D., MacIntosh, J.

**Title:** Research With Homeless People Uncovers a Model of Health.

**Source:** Western Journal of Nursing Research 23(7): 679-697, 2001. (Journal Article: 19 pages)

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

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**Order #:** 8353

**Authors:** McMurray-Avila, M.

**Title:** Medical Respite Services for Homeless People: Practical Models.

**Source:** Nashville, TN: National Health Care for the Homeless Council, 1999. (Resource Guide: 34 pages)

**Abstract:** The term "respite care" has emerged to describe recuperative or convalescent services needed by homeless people with medical problems - in essence, providing sick or injured homeless people a respite from the dangers of life on the streets. This resource manual is designed for organizations and communities interested in developing such services. A framework of models and suggestions for program implementation are offered through the following sections: medical respite care models; intermediate approaches to respite care; planning your program; daily operations; costs and budgeting; sources of funding; and making your case for funding. (authors)

**Available From:** National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206-0427, (615) 226-2292, [www.nhchc.org/publications](http://www.nhchc.org/publications).(COST: \$5.00)

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 7266

**Authors:** McMurray-Avila, M.

**Title:** **Organizing Health Services for Homeless People: A Practical Guide.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 1997. (Book: 348 pages)

**Abstract:** The purpose of this guidebook is three-fold: (1) to provide an easy reference for communities or groups interested in starting health care project to serve people who are homeless, by outlining some basic but necessary steps in the process; (2) to assist current Health Care for the Homeless (HCH) projects that want to improve or expand their services, by offering ideas, resources and contacts; and (3) to describe the rationale for the continuing existence of the HCH program. The book may be read in its entirety or used selectively. Divided into six parts, the book addresses the following topics: (1) overview of homelessness; (2) evolution of the HCH Program; (3) developing a framework; (4) service delivery strategies; (5) organizational tools; (6) maintaining the gains and increasing the impact.

**Available From:** National Health Care for the Homeless Council, P.O. Box 68019, Nashville, TN 37206-8019. (615) 226-2292. (COST: \$17.50)

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**Order #:** 10842

**Authors:** McMurray-Avila, M.

**Title:** **Organizing Health Services for Homeless People: A Practical Guide.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 2001. (Guide: 358 pages)

**Abstract:** The purpose of this guidebook is to provide an easy reference for communities or groups interested in starting a health care project to serve people who are homeless, by outlining some basic but necessary steps in the process; to assist current Health Care for the Homeless (HCH) projects that want to improve or expand their services, by offering ideas, resources and contacts; and to describe the rationale for the continuing existence of the HCH program. The book may be read in its entirety or used selectively. Divided into six parts, the book addresses the following topics: overview of homelessness; evolution of the HCH Program; developing a framework; service delivery strategies; organizational tools; and maintaining the gains and increasing the impact.

**Available From:** National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206-0427, (615) 226-2292, [www.nhchc.org](http://www.nhchc.org).

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**Order #:** 9467

**Authors:** McMurray-Avila, M.

**Title:** **Homeless Veterans and Health Care.**

**Source:** Nashville, TN: Health Care for the Homeless Branch, Division of Programs for Special Populations of the Bureau of Primary Health Care/HRSA, 2001. (Resource Guide: 103 pages)

**Abstract:** This document is presented as an introduction to what has been learned from research and practice about the needs of homeless veterans, plus current resources available to meet those needs, and some ideas for future collaboration. It addresses the complex range of services and benefits offered by the VA and community-based organizations, including eligibility requirements and how to facilitate access. It is primarily directed towards health care providers who serve homeless veterans as part of their general client population, although it may also be of use to others in the field. An excellent reference guide is included for additional sources that can be consulted for more complete information on each of the topics discussed, which include: characteristics of homeless veterans, what clinicians should know when treating homeless veterans, eligibility for VA benefits and services, VA programs, and obstacles to access faced by homeless veterans.

**Available From:** National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN, 37206-0427, (615) 226-2292, [www.nhchc.org](http://www.nhchc.org).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 7904

**Authors:** McMurray-Avila, M.M., Gelberg, L., Breakey, W.R.

**Title:** **Balancing Act: Clinical Practices that Respond to the Needs of Homeless People.**

**Source:** In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 45 pages)

**Abstract:** This paper describes special adaptations to clinical practice necessary for addressing the most common health problems of homeless individuals and families. A case is made for the integration of primary care, mental health, and substance abuse services as the preferred approach to care for this population, based on the complexity of multiple interrelated health problems that are seen. Homeless people face numerous barriers to access which can be overcome by adaptations to the structure of the delivery system, including extensive outreach, mobile sites and flexibility in policies and procedures. The nature of the homeless condition also calls for special adaptations in the areas of intake and assessment, clinical preventive strategies, diagnosis, follow-up to assure continuity of care, referrals to specialty care, and linkages to other services. Specific adaptations for treatment of physical and mental illnesses are presented. The paper concludes with comments on what still needs to be learned regarding costs and outcomes of care, as well as threats that challenge successful continuation of this work.

**Available From:** National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov).

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**Order #:** 8956

**Authors:** McNamee, M.J., Bartek, J.K., Lynes, D.

**Title:** **Health Problems of Sheltered Homeless Children Using Mobile Health Services.**

**Source:** Issues of Comprehensive Pediatric Nursing 17(4): 233-242, 1994. (Journal Article: 10 pages)

**Abstract:** Homeless families are an increasing problem in the United States, with children representing 34% of the total homeless population. This retrospective study describes the demographic characteristics and health care problems and concerns of sheltered homeless children who used the services of a mobile health van over a 1-year period in a Midwestern metropolitan area. The patterns of utilization, medications prescribed, and referrals are also described. Medical records of 175 sheltered homeless children who sought care from a mobile health van were reviewed. Forty-eight percent of the children were female; 52% were male. The majority were under six years of age (15% infants, 22% toddlers, 22% preschoolers, 23% school-age children, and 18% adolescents). The major reasons for seeking health care, the primary diagnoses, and treatments are presented. Recommendations for using a mobile van to provide efficient, quality health care for this population are discussed.

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**Order #:** 1531

**Authors:** Michael, M.

**Title:** **Slouching Toward Chaos: American Health Policy and the Homeless.**

**Source:** In Brickner, P.W., Scharer, L.K., Conanan, B.A., Savarese, M., and Scanlan, B.C. (eds), Under the Safety Net: The Health and Social Welfare of the Homeless in the United States. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 12 pages)

**Abstract:** This chapter considers the complexities of the United States' health care system and the policies directed toward solving the problems of access to care for homeless persons. The author contends that although individual parts of the current health care system may provide excellent care, few connections ensure access, continuity, or coordination. The author documents the plight faced by those with no or inadequate health care coverage and explores various proposals aimed at establishing a national health insurance program. However, he concludes by insisting that each of these efforts is incremental in nature, and only serves to further complicate an already complex and convoluted health care system.

**Health/Health Care**

**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 12511**

**Authors:** Minnesota Primary Care Association.

**Title:** **Health Care and the Homeless.**

**Source:** Health Care and the Homeless 3(6): June, 2003. (Fact Sheet: 1 page)

**Abstract:** This is a monthly fact sheet sent out by the Minnesota Primary Care Association. This resource is a great example of how PCAs and PCOs can share important information with health centers, community partners, and state lawmakers in a compact, easy-to-read format. This issue includes information about homelessness and HIV/AIDS; health and well being of women on welfare; and 2003 Minnesota Family Investment Program (MFIP) legislation.

**Available From:** Minnesota Primary Care Association, 1113 E. Franklin Avenue, Suite 211, Minneapolis, MN 55404, (612) 253-4715, tony.wijesinha@mnpca.org, www.mnpca.nonprofitoffice.com

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**Order #: 8889**

**Authors:** National Association of Community Health Centers, Inc., PEERS Program.

**Title:** **2000 National Survey Results of Homeless Patients' Experiences.**

**Source:** Washington, DC: National Association of Community Health Centers, Inc., 2001. (Report: 60 pages)

**Abstract:** This is a national aggregate graphic report of the results of homeless patients' experiences with community health centers. The report includes patient demographics to assess age, gender, special needs and health issues. The remainder of the report is the actual survey results (in graph form) of homeless patients' experiences with community centers. The survey topics include: 1) overall impressions of the health center; 2) the care-seeking behavior of the patient; 3) access to the health center; 4) facilities/environment; 5) waiting; 6) patient-provider team; 7) filling prescriptions; 8) specialty services; and 9) HMO issues.

**Available From:** National Association of Community Health Centers, Inc., 7200 Wisconsin Avenue, Suite 210, Bethesda, MD 20814, (301) 347-0400, www.nachc.com.

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**Order #: 1686**

**Authors:** National Clearinghouse for Primary Care Information.

**Title:** **BPHC-Funded Primary Care Centers.**

**Source:** McLean, VA: National Clearinghouse for Primary Care Information, 1997. (Directory: 180 pages)

**Abstract:** This eleventh edition of the Directory provides information on six federal grant programs administered by the Bureau of Primary Health Care (BPHC), U.S. Department of Health and Human Services. These grant programs provide support for primary health services to medically underserved, disadvantaged, high-risk and hard-to-reach populations in the United States and its territories. Two of these grant programs include the Health Care for the Homeless Program and the Integrated Primary Care and Substance Abuse Treatment Program. The Directory is divided into three sections: (1) reference indexes provide information on specific grantee organizations; (2) a listing of grantee organizations and the contact and funding information for each; and (3) appendices of grantee support organizations (authors).

**Available From:** National Clearinghouse for Primary Care Information, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, (703) 821-8955.

**Health/Health Care**  
**Section: Health Issues and Care for the General Homeless Population**

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**Order #: 2281**

**Authors:** National Coalition for the Homeless.

**Title:** **Mourning in America: Health Problems, Mortality, and Homelessness.**

**Source:** Washington, DC: National Coalition for the Homeless 1991. (Report: 34 pages)

**Abstract:** This report examines the intersection of health, mortality and homelessness. First, it provides several biographical sketches of individuals who died on the streets in 1991. Next, it describes the health and status of the homeless population, as well as discussing the issues affecting their access to health care housing and other needed services. Finally the authors make several recommendations to policy makers concerning the plight of the homeless. These recommendations include the implementation of a nationwide outreach program to assist homeless persons who are eligible, but not currently receiving, Social Security Disability benefits, and the implementation of universal health care (authors).

**Available From:** National Coalition for the Homeless, 1012 14th Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.com.

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**Order #: 7824**

**Authors:** National Health Care for the Homeless Council.

**Title:** **Can Managed Care Work for Homeless People? Guidance for State Medicaid Programs.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 1998. (Z-Other/Misc: 36 pages)

**Abstract:** As managed care becomes the preferred mechanism for organizing and delivering health care, homeless people are increasingly included among enrollees in state Medicaid managed care programs. As a special needs population, their participation is challenging. This document presents nineteen quality and access issues specific to the special needs of homeless people in a managed care environment.

**Available From:** National Health Care for the Homeless Council, Health Care for the Homeless Clinicians' Network, P.O. Box 60427, Nashville, TN, 37206-0427, (615) 226-2292, www.nhchc.org, (COST: \$10.00).

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**Order #: 10804**

**Authors:** National Health Care for the Homeless Council.

**Title:** **Health Care for the Homeless: Outreach.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 2001. (Videotape: 21 minutes)

**Abstract:** This video introduces the essential components of HCH outreach teams. Topics discussed include: where outreach is done; what is special about outreach; the purpose outreach serves; who should do outreach; the skills needed; and how to practice self-care. Includes user's guide with tips on how to customize a training program. Both video and guide can be adapted to train a variety of audiences new to homeless health care.

**Available From:** National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206-0427, (615) 226-2292, www.nhchc.org/publications. (COST: \$20/purchase).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #: 10803**

**Authors:** National Health Care for the Homeless Council.

**Title:** **Health Care for the Homeless: An Introduction.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 2001. (Videotape: 20 minutes)

**Abstract:** This video provides a general overview of the causes of homelessness and the integrated approach to care that HCH projects have developed to more effectively respond to the multiple challenges faced by persons experiencing homelessness. The video provides a cursory overview of the typical medical issues faced by people who are homeless and the barriers that prevent people from accessing health services. It also looks at how HCH projects overcome these barriers. Includes user's guide with general tips on how to customize a training program. Both video and guide can be adapted to train a variety of audiences new to homeless health care.

**Available From:** National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206-0427, (615) 226-2292, [www.nhchc.org/publications](http://www.nhchc.org/publications). (COST: \$20/purchase).

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**Order #: 12261**

**Authors:** Nuttbrock, L., Rosenblum, A., Magura, S., McQuiston, H.

**Title:** **Broadening Perspectives on Mobile Medical Outreach to Homeless People.**

**Source:** Journal of Health Care for the Poor & Underserved 14(1): 5-16, 2003. (Journal Article: 11 pages)

**Abstract:** This paper discusses a tension between an emergency medicine model of outreach and that of primary care. In the former model, clinicians evaluate clients on the basis of presenting complaints and refer them for treatment. The latter is a broader model of comprehensive outreach and/or treatment, where clinicians screen clients and assess them for various conditions offering ongoing evaluation and treatment on site. The authors suggest that while the model of outreach is applicable for some homeless clients, the prevalence and overlap of physical complaints, infectious diseases, substance abuse, and psychiatric symptoms among homeless people in New York City has resulted in an evolution toward broader approaches to outreach in this population. The article states that improvements in diagnostic testing and increasingly portable medical technology may make the mobile delivery of medical care to homeless persons increasingly feasible (authors).

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**Order #: 8824**

**Authors:** Nyamathi, A., Leake, B., Keenan, C., Gelberg, L.

**Title:** **Type of Social Support Among Homeless Women: Its Impact on Psychosocial Resources, Health and Health Behaviors, and Use of Health Services.**

**Source:** Nursing Research 49(6): 318-326, 2000. (Journal Article: 9 pages)

**Abstract:** This study examines the impact that various levels of support from substance users and nonusers have on the psychosocial profiles of women who are homeless, health and health behaviors, and use of health services. The authors conclude that modifying the social networks of homeless women appears to be associated with improved mental health outcomes, less risky health behaviors, and greater use of health services.

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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**Order #:** 6626

**Authors:** O'Connell, J.

**Title:** **Death on the Streets.**

**Source:** Harvard Medical Alumni Bulletin, Winter 1997. (Journal Article: 4 pages)

**Abstract:** The author chronicles some of his experiences inside the clinics and shelters that are part of Boston's Health Care for the Homeless program. The prevalence rate of death among people who have been patients in the Boston Health Care for the Homeless Program is examined and discussed. The author explains that the causes are complex: exposure to extremes of weather and temperature; the spread of communicable diseases, such as tuberculosis and pneumonia, in crowded shelters with inadequate ventilation; neglected chronic illnesses; horrifying violence; the high frequency of co-morbid medical and psychiatric illnesses; substance abuse; and inadequate nutrition. Several stories of patients who display these complexities are described.

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**Order #:** 8354

**Authors:** O'Connell, J.J.

**Title:** **Utilization and Costs of Medical Services by Homeless Persons: A Review of the Literature and Implications for the Future.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 1999. (Report: 18 pages)

**Abstract:** Homeless persons live in abject poverty without the security of stable homes, and may constitute a population with higher health care costs. The lack of accessible primary care and the severity and co-morbidity of medical and psychiatric illness in this population are likely to result in increased utilization of emergency departments and more frequent acute care hospital admissions. However, a dearth of data has rendered their patterns of disease, health care utilization, and subsequent costs to the health care system largely unknown. This paper reviews the current literature concerning the patterns of disease, utilization, and costs of medical care services by homeless individuals, with particular emphasis on the accepted markers of acute hospital admissions and the use of emergency departments. (author)

**Available From:** National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206-0427, (615) 226-2292, www.nhchc.org (COST: \$5.00).

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**Order #:** 6875

**Authors:** O'Connell, J.J., Lozier, J.N., Gingles, K.

**Title:** **Increased Demand and Decreased Capacity: Challenges To the McKinney Act's Health Care for the Homeless Program.**

**Source:** Nashville, TN: The National Health Care for the Homeless Council, 1997. (Report: 28 pages)

**Abstract:** This report analyzes Health Care for the Homeless (HCH) program proposals that allowed existing HCH grantees to apply for a 3% increase in grant funding to be used for expansion of their activities. The report provides a snapshot of homelessness in America in the early summer of 1997 as seen by experienced, frontline providers of care. This report catalogues grantees proposals and attempts to identify major obstacles and challenges facing Health Care for the Homeless grantees.

**Available From:** National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org (COST: \$5.00).

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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Order #: 8070

**Authors:** O'Toole, T.P., Gibbon, J.L., Hanusa, B.H., Fine, M.J.

**Title:** Utilization of Health Care Services Among Subgroups of Urban Homeless and Housed Poor.

**Source:** Journal of Health Politics 24(1): 91-114, 1999. (Journal Article: 24 pages)

**Abstract:** This article describes health services utilization by homeless and housed poor adults stratified by six-month primary sheltering arrangements. A cross-sectional survey of 373 homeless adults was conducted. Interviews at twenty-four community based sites in Allegheny County, Pa., assessed demographic and clinical characteristics, reasons for homelessness, functional status and social support networks, and health services utilization during the previous six months. Subjects were classified as unsheltered, emergency-sheltered, bridge-housed, doubled-up, and housed-poor. Overall, 62.7% reported health service use in the past six months, with significantly more use among emergency-sheltered and bridge-housed housed subjects than unsheltered subjects. The authors conclude that health services use is substantial and associated with sheltering arrangement, comorbid illness, rave, health insurance, and social support.

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Order #: 9119

**Authors:** Peterson Tulskey, J., Castle White, M., Young, J.A., Meakin, R., Moss, A.R.

**Title:** Street Talk: Knowledge and Attitudes About Tuberculosis and Tuberculosis Control Among Homeless Adults.

**Source:** International Journal of Tubercle and Lung Diseases 3(6): 528-533, 1999. (Journal Article: 6 pages)

**Abstract:** OBJECTIVES: To measure knowledge and perceived susceptibility to tuberculosis among homeless adults in San Francisco and attitudes toward control measures used to improve adherence to treatment for tuberculosis. DESIGN: A cross-sectional survey via interview of homeless shelter residents was done at five shelters. RESULTS: Of 292 persons interviewed, 21.6% reported a positive skin test, and 57.1% of the positives had received preventive therapy. Over 60% had misconceptions about transmission, in particular confusion with transmission of the human immunodeficiency virus (HIV). Knowledge of skin testing procedures and symptoms was generally good, and most reported health care providers as the main source of information. Over half reported concern about catching tuberculosis and over 80% favored controls to ensure adherence, in particular directly observed therapy. Higher TB knowledge score and male sex were associated with a favorable attitude toward directly observed therapy. CONCLUSION: Health care providers should expand educational messages beyond skin testing. Greater knowledge about tuberculosis may increase acceptance of control measures. Targeted education plus social norms favoring completion of therapy may improve screening and treatment outcomes in this population.

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Order #: 2578

**Authors:** Piliavin, I., Westerfelt, A., Wong, Y.I., Afflerback, A.

**Title:** Health Status and Health-Care Utilization Among the Homeless.

**Source:** Social Services Review 68(2): 237-253, 1994. (Journal Article: 16 pages)

**Abstract:** According to the authors, although previous studies have documented the relatively poor health of homeless people compared with domiciled people, research on the predictors of health status and health care utilization among the homeless has been quite limited. This article examines the degree to which correlates of health status among samples in prior studies can be generalized to other study samples of homeless individuals. It also examines health care utilization among homeless individual to determine whether health services are used by all homeless people who report less than good health and, if not, the characteristics of those who fail to obtain these services. Findings indicate that those homeless individuals most likely to report less than good health include: women; older people; individuals who are divorced, separated or widowed; those experiencing symptoms of severe alcoholism; individuals with prior psychiatric hospitalizations; and those experiencing longer spells of homelessness (authors).

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**Order #: 6879**

**Authors:** Plescia, M., Watts, R., Neibacher, S., Strelnick, H.

**Title:** **A Multidisciplinary Health Care Outreach Team to the Homeless: The 10-Year Experience of the Montefiore Care for the Homeless Team.**

**Source:** Family and Community Health 20(2): 58-69, 1997. (Journal Article: 12 pages)

**Abstract:** This article describes the Montefiore Care for the Homeless Team, a multidisciplinary health care outreach team that has provided health care to a diverse homeless population in the Bronx, NY, for 10 years. Yearly descriptions of patient demographics, continuity measures, diagnoses, interventions, and referral patterns are presented for a four-year period. These reveal that an increasing number and diversity of services have been provided by nurse practitioners who address social problems and preventive care in addition to providing direct clinical care for a range of acute and chronic health problems. Findings also indicate that providing services at on-site premises led to the building of relationships with shelter and soup kitchen staff, and improved patient participation and social support. The authors suggest that a multidisciplinary team approach reduces barriers to health care services for the homeless populations and contributes to improved provider retention (authors).

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**Order #: 8876**

**Authors:** Post, P.

**Title:** **Casualties of Complexity: Why Eligible Homeless People Are Not Enrolled in Medicaid.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 2001. (Report: 83 pages)

**Abstract:** The complexity and diversity of state Medicaid programs present significant access barriers for the highly mobile homeless population, especially for individuals who lack the capacity to document their eligibility in prescribed ways. Many eligible homeless people remain uninsured, and this lack of health coverage limits their access to health care and threatens both individual and community health. The purpose of this document is to identify obstacles that prevent eligible homeless people from enrolling in Medicaid, to describe how experienced homeless service providers are attempting to address these problems, and to recommend ways in which the obstacles can be surmounted or removed.

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**Order #: 10640**

**Authors:** Power, R., Hunter, G.

**Title:** **Developing a strategy for community-based health promotion targeting homeless populations.**

**Source:** Health Education Research: Theory and Practice 16(5): 593-602, 2001. (Journal Article: 10 pages)

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

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**Order #: 2024**

**Authors:** Primas, P.J., Baca G., Petticrew, D.A., Moffett, C., White, J.K., Primas, H.R. and Norman, S.

**Title:** **A Multi-Dimensional Assessment of the Health Needs of Homeless Infants and Pre-School Children in Phoenix.**

**Source:** Journal of Social Distress and the Homeless 2(1): 61-72, 1993. (Journal Article: 12 pages)

**Abstract:** The dual purpose of this study was to identify the comprehensive health needs of a selected group of homeless children in Phoenix, Ariz., and to use the findings to develop needed services. A non-random sample of 60 infants and pre-school children was given on-site physical, dental, developmental, behavioral, and nutritional assessments. Fifty-eight of the 60 children screened needed further evaluation, treatment, or follow-up services. The most significant problems included low hematocrit readings, inadequate immunizations, and untreated medical and dental problems specific to this age group. Also identified were developmental delays and potential behavior problems (authors).

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**Order #: 6466**

**Authors:** Redlener, I., Redlener, K.

**Title:** **System-Based Mobile Primary Pediatric Care for Homeless Children: The Anatomy of a Working Program.**

**Source:** Bulletin of the New York Academy of Medicine: 49-57, Summer 1994. (Journal Article: 9 pages)

**Abstract:** This article describes the New York Children's Health Project (NYCHP) of Montefiore Medical Center-Albert Einstein College of Medicine in the Bronx, NY. The project has been providing comprehensive health services to homeless and medically underserved children since 1987. Fully equipped mobile child health offices have been the principal mechanism for bringing pediatrician-led teams to locations that are convenient and accessible to underserved children and their families.

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**Order #: 8006**

**Authors:** Reichenbach, E.M., McNamee, M.J., Seibel, L.V.

**Title:** **The Community Health Nursing Implications of the Self-Reported Health Status of a Local Homeless Population.**

**Source:** Public Health Nursing 15(6): 398-405, 1998. (Journal Article: 8 pages)

**Abstract:** This article explored the personal characteristics and the health and health-related concerns reported by 132 members of a local homeless population in order to design population-specific health programming. The article also examines whether there were significant differences between homeless people who are shelter residents and those who are not. One third of the sample reported self-assessed health statuses of fair or poor. The most frequently identified physical health issue was joint problems, followed by cardiovascular disease. Depression was mentioned most frequently as a self-identified mental health problem. Loneliness was the number one fear identified. Analysis showed that homeless who did not stay in shelters were significantly longer term residents of the community and reported fear of loneliness significantly more frequently.

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**Order #: 8234**

**Authors:** Rendelman, N.J.

**Title:** **Mandated Tuberculosis Screening in a Community of Homeless People.**

**Source:** American Journal of Preventive Medicine 17(2): 108-113, 1999. (Journal Article: 6 pages)

**Abstract:** This article examines the effects of a community program on tuberculosis incidence, prevalence, and transmission requiring users of public facilities to carry cards certifying their compliance with a tuberculosis screening, prophylaxis, and treatment program. The community knowledge of tuberculosis and costs and benefits of the programs are described. An 89% drop in active disease in the highest-risk community in Oregon occurred over the first 10 years of the program. Compliance with the program permitting the use of public facilities was between 33% of converters completing prophylaxis in the worst year to 100% of active cases completing four-drug therapy in the best. Costs have been reduced. The authors conclude a program of mandated compliance with tuberculosis skin testing, radiologic and sputum examination and treatment, coupled with education and outreach, succeeded in drastically reducing active tuberculosis, transmission, deaths, and cost in a homeless community (author).

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**Order #: 12546**

**Authors:** Rew, L.

**Title:** **Characteristics and Health Care Needs of Homeless Adolescents.**

**Source:** Nursing Clinics of North America 37(3): 423-431, 2002. (Journal Article: 8 pages)

**Abstract:** This article discusses the significant and growing number of adolescents who separate early from their families and become homeless. These youths are heterogeneous in terms of gender, race, ethnicity, and socioeconomic status, but the majority come from families that have been disruptive or dysfunctional in some way. Homeless adolescents are vulnerable to a variety of physical and psychological problems related not only to their family histories but to the stressful environments in which they try to survive. Although numerous federal, state, and local programs have been developed to meet their needs for shelter, health care, and education, much remains to be done to ensure their healthy development and to prepare them for responsible life in the larger society (author).

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**Order #: 11445**

**Authors:** Rew, L., Chambers, K.B., Kulkarni, S.

**Title:** **Planning a Sexual Health Promotion Intervention with Homeless Adolescents.**

**Source:** Nursing Research 51(3): 168-174, 2002. (Journal Article: 7 pages)

**Abstract:** Homeless adolescents are at a very high risk for sexually transmitted diseases (STDs), but few street-based interventions have been developed, tested, and made available to reduce risk and promote sexual health within this growing population. This study, part of a larger study of the sexual health practices of homeless adolescents, explores participants' perceived need for more knowledge about sexual health and their ideas about developing a brief intervention to promote positive sexual health practices that would reflect their perspective. Four focus groups with five to six participants each were conducted with 22 youth aged 16-20 years, randomly selected from the study sample of 425 homeless youth. Most participants (82%) were White, one was American Indian, two were Hispanic, and one did not indicate ethnicity. Local groups were audiotape recorded, transcribed, and analyzed for manifest and latent content. Participants were knowledgeable about symptoms, transmission, prevention, and treatment of STDs, but perceived the need for more knowledge about types of hepatitis, cancer, and long-term sequelae of untreated STDs. Participants identified barriers to seeking diagnosis and treatment for symptoms of STDs including cost, not knowing where to go, and lack of services specifically for females. They suggested developing a sexual health intervention based on respect that would provide concrete examples of how to promote their sexual health. Homeless adolescents were generally knowledgeable about symptoms and prevention of STDs and thought that street outreach interventions should be brief, gender-specific, focused on the unique vulnerabilities and strengths of homeless youth, and accessible (authors).

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Order #: 8955

**Authors:** Riemer, J., Van Cleve, L., Galbraith, M.

**Title:** Barriers to Well Childcare for Homeless Children Under Age13.

**Source:** Public Health Nursing 12(1): 61-66, 1995. (Journal Article: 6 pages)

**Abstract:** This descriptive study was designed to identify perceived barriers to care and to determine if there was a relationship between perceived barriers and duration of the family's homelessness. Using an investigator-modified version of Melnyk's Barriers Scale and a demographic measure, a convenience sample of homeless families (n=53) from three transitional shelters was surveyed via questionnaire. Four barriers were cited most frequently by the respondents as greatly affecting their children's care. These barriers involved provider-selection difficulties, waiting for well child appointments, waiting during well child appointments, and the high cost of transportation and/or parking. No relationship was found between duration of homelessness and perceived barriers. These findings confirm the reality of potential barriers to care suggested by earlier studies. Innovative forms of health care delivery that may reduce or eliminate these barriers include the use of shelter-site clinics, mobile units, and the use of a nurse liaison between family shelters and hospital-based clinics.

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Order #: 8651

**Authors:** Rosenbawm, S., Zuvekas, A.

**Title:** Healthcare Use by Homeless Persons: Implications for Public Policy.

**Source:** Health Services Research 34(6): 1303-1305, 2000. (Journal Article: 3 pages)

**Abstract:** The authors present findings from a study that examines the use of healthcare by homeless persons. Despite a limited sample size, the complexities of tracking homeless study participants, and the short follow-up time involved, the study presents compelling findings regarding the willingness of homeless persons to seek out and use appropriate healthcare, despite of what can only be thought of as overwhelming tasks of daily living. The finding suggests that policies that promote healthcare access among the homeless through broader funding will in fact reach a population that values healthcare and uses it appropriately (authors).

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Order #: 11139

**Authors:** Rosengard, C., Chambers, D.B., Tulsy, J.P., Long, H.L., Chesney, M.

**Title:** Value on Health, Health Concerns and Practices of Women Who Are Homeless.

**Source:** Women and Health 34(2): 29-45, 2001. (Journal Article: 16 pages)

**Abstract:** The fastest growing segment of the homeless population is women, many of whom have inadequately addressed health needs. Descriptive studies have captured the realities of homeless life that these women face from acquiring food and shelter to caring for their health. Few studies have examined the factors that are associated with the health-related behaviors of homeless women. This study adds to the homeless health behavior literature by investigating the importance of competing values in determining health-related practices in 105 homeless women. Health concerns (but not global value on health) were associated with basic health practices and health preventive/protective behaviors (e.g., brushing teeth, showering, being up-to-date on pap smears). Women who reported greater importance attached to health concerns were more likely to report basic health practices and some preventive health behaviors. Implications for intervention and future research are discussed (authors).

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**Order #: 8789**

**Authors:** Saunders-Ridolfo, A.J., Proffitt, B.J.

**Title:** **Diabetes And Homelessness: Overcoming Barriers To Care.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, Inc., and the HCH Clinicians' Network, 2000. (Directory: 122 pages)

**Abstract:** This resource directory is for providers and other individuals interested in health care for homeless persons, focusing on those with diabetes mellitus. It addresses clinical issues related to diabetes and includes materials for many types of service providers including health centers, shelters and soup kitchens. It is a collection of proven clinical tools, patient self-management and educational materials, outreach protocols, nutrition guidelines, resources and referrals pertinent to addressing diabetes in those who have the unique characteristic of being homeless. It comes three-hole punched which makes it suitable for a binder.

**Available From:** National Health Care for the Homeless Council, Inc., HCH Clinicians' Network, P.O. Box 60427, Nashville, TN, 37206-0427, (615) 226-2292, council@nhhc.org COST: \$15.00.

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**Order #: 8739**

**Authors:** Schaffer, M.A., Mather, S., Gustafson, V.

**Title:** **Service Learning: A Strategy for Conducting a Health Needs Assessment of the Homeless.**

**Source:** Journal of Health Care for the Poor and Underserved 11(4): 385-399, 2000. (Journal Article: 15 pages)

**Abstract:** This article examines a service learning partnership that was created to conduct health needs assessments of people who are homeless. An agency providing health care services for persons who are homeless and a nursing department at a liberal arts college established a service-learning partnership to complete a health needs assessment of homeless persons. Under the guidance of agency staff and a nursing faculty member, seven nursing students surveyed shelter residents (n=101) in four urban shelters and conducted a focus group to identify residents' perceptions of health, health care needs, and health care service delivery. The service-learning partnership expanded the agency's services by providing research consultation and data collection that resulted in recommendations to improve health care services for the homeless. The agency contributed to the education of health care professionals by providing students with a meaningful community service experience (authors).

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**Order #: 1089**

**Authors:** Scharer, L.K., Berson, A. and Brickner, P.W.

**Title:** **Lack of Housing and Its Impact on Human Health: A Service Perspective.**

**Source:** Bulletin of the New York Academy of Medicine 66(5): 515-525, 1990. (Journal Article: 11 pages)

**Abstract:** The authors discuss how housing affects two groups of people: those whose physical status is precarious and whose home situation may be unsafe and those who are homeless. For homeless people, a double bind occurs: lack of shelter makes health worse, and makes health care harder to obtain. The authors discuss medical disorders common to homeless people, and describe how the state of homelessness magnifies poor health. They conclude that developing adequate and appropriate housing and services for those in need is essential for normal health.

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**Order #: 5751**

**Authors:** Shiner, M.

**Title:** **Adding Insult to Injury: Homelessness and Health Service Use.**

**Source:** Sociology of Health & Illness 17(4): 525-549, 1995. (Journal Article: 25 pages)

**Abstract:** This article describes a qualitative study that considers why homeless people make little use of the primary health care services provided by the National Health Service. Current approaches to this question have tended to develop in a sociological vacuum, unaffected by relevant developments in medical sociology and broader social theory. An approach informed by Alfred Schutz's phenomenology has been used in this article to develop a more theoretical account of homeless people's use of health services than has been offered before. A common claim in this article is that, amongst "rough sleepers," a distinct culture exists that makes use of mainstream health services unlikely. "Sleeping rough," it is argued, transforms the way mainstream health services are seen and renders inappropriate the norms that govern health and illness behavior in wider society (author).

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**Order #: 12799**

**Authors:** Silver, G., Pañares, R.

**Title:** **The Health of Homeless Women: Information for State Maternal and Child Health Programs.**

**Source:** Baltimore, MD: Women's and Children's Health Policy Center, 2000. (Research Brief: 8 pages)

**Abstract:** The Maternal and Child Health Services Block Grant program (Title V of the Social Security Act) provides leadership to both the public and private sector to build the infrastructure for health care strategies addressing the needs of all mothers and children in the Nation, particularly low-income and other vulnerable isolated populations with limited access to health care. One population for which it is particularly challenging to provide health care is homeless women. The number of homeless women and families continues to increase, and the importance of developing strategies to reach these women and children becomes even more critical (authors).

**Available From:** Women's and Children's Health Policy Center, Department of Population and Family Health, Bloomberg School of Public Health, Johns Hopkins University, 615 North Wolfe Street, Baltimore, MD 21205, (410) 502-5443, [www.jhsph.edu/wchpc/pub/homeless.pdf](http://www.jhsph.edu/wchpc/pub/homeless.pdf)

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**Order #: 1532**

**Authors:** Somers, S.A., Rimel, R.W., Shmavonian, N., Waxman, L.D., Reyes, L.M., Wobido, S.L., Brickner, P.W.

**Title:** **Creation and Evolution of a National Health Care for the Homeless Program.**

**Source:** In Brickner, P.W., Scharer, L.K., Conanan, B.A., Savarese, M., and Scanlan, B.C. (eds.), Under the Safety Net: The Health and Social Welfare of the Homeless in the United States. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 11 pages)

**Abstract:** On Dec. 12, 1983, in response to the increasingly visible problems faced by homeless persons on the streets of the nation's major cities, the Robert Wood Johnson Foundation (RWJF)/Pew announced a joint multimillion-dollar grant initiative, Health Care for the Homeless Program (HCHP). The announcement embarked the foundations upon a five-year experiment in community coalition building and health care innovation. The program provided health care and help in arranging social services (e.g., drug and alcohol treatment programs, public assistance, food stamps, Medicaid, and other entitlements) to otherwise unserved homeless people. The origins and features of this program, the major policy issues learned, and the evolution of representative projects within the program are described in this chapter (authors).

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Order #: 2028

**Authors:** Stark, L.R.

**Title:** Barriers to Health Care for Homeless People.

**Source:** In Jahiel, R.I. (ed.), Homelessness: A Prevention-Oriented Approach. Baltimore, MD: The Johns Hopkins University Press, 1992. (Book Chapter: 10 pages)

**Abstract:** The purpose of this chapter is to examine the obstacles homeless people encounter when obtaining health care. The author briefly examines those barriers that have come about because of problems in the structure of our health care system, or because of health care professionals' attitudes toward homeless people. The discussion then focuses on homeless people's attitudes toward health care and on the barriers to obtaining such care that these attitudes may pose. To elucidate some of these barriers, the author presents a case history from Phoenix, Ariz (author).

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Order #: 8572

**Authors:** Stein, J., Andersen, R.M., Koegel, P., Gelberg, L.

**Title:** Predicting Health Services Utilization Among Homeless Adults: A Prospective Analysis.

**Source:** Journal of Health Care for the Poor and Undeserved 11(2): 121-229, 2000. (Journal Article: 18 pages)

**Abstract:** This study expands on the Andersen-Newman health services utilization model. In a community-based homeless sample (n=363) baseline predisposing, enabling, and needs-based variables predicted hospitalization and ambulatory outpatient service utilization within one year after baseline. Standard predisposing and enabling were supplemented with latent constructs representing substance use, mental illness, poor housing status, social support, community support, and barriers to health care. Need is represented by baseline health status. Poor physical health, more barriers, drug use, and fewer alcohol problems predicted an office visit. Because outpatient visits for acute conditions provide an opportunity for generally neglected preventive services and health screenings, this study suggests convenient multiservice health-related programs for the homeless that include drug and alcohol treatment (authors).

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Order #: 6741

**Authors:** Stein, J.A., Gelberg, L.

**Title:** Comparability and Representativeness of Clinical Homeless, Community Homeless, and Domiciled Clinic Samples: Physical and Mental Health, Substance Use, and Health Services Utilization.

**Source:** Health Psychology 16(2): 155-162, 1997. (Journal Article: 8 pages)

**Abstract:** The authors explain that evaluating the representativeness of homeless samples is important for generalizing research findings on homeless people and designing interventions targeting their health needs. This article contrasts homeless and domiciled free-clinic users (216 homeless-- 132 men, 84 women; 212 domiciled-- 102 men, 110 women) and 531 community homeless persons (388 men, 143 women) on latent variables representing substance abuse, mental and physical health, appearance, life satisfaction, and health services utilization (HSU). Homeless clinic patients equaled the community sample in substance abuse and psychological problems but exceeded the sample in HSU and cleanliness. Homeless clinic users reported more substance abuse, poorer health, greater mental illness and mental HSU, less cleanliness, and lower life satisfaction than domiciled patients. Relationships among the variables are reported, and implications concerning health needs among the homeless are discussed (authors).

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**Order #: 8807**

**Authors:** Stein, J.A., Lu, M.C., Gelberg, L.

**Title:** **Severity of Homelessness and Adverse Birth Outcomes.**

**Source:** Health Psychology 19(6): 524-534, 2000. (Journal Article: 11 pages)

**Abstract:** Predictors and the prevalence of adverse birth outcomes among 237 homeless women interviewed at 78 shelters and meal programs in Los Angeles in 1997 were assessed. It was hypothesized that they would report worse outcomes than national norms, that African Americans would report the worst outcomes because of their greater risk in the general population, and that homelessness severity would independently predict poorer outcomes beyond its association with other adverse conditions. Other predictors included reproductive history, behavioral and health-related variables, psychological trauma and distress, ethnicity, and income. African Americans and Hispanics reported worse outcomes than normal. Severity of homelessness significantly predicted low birth weight and preterm births beyond its relationship with prenatal care and other risk factors (authors).

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**Order #: 12547**

**Authors:** Stevens, M.S.

**Title:** **Community-Based Child Health Clinical Experience in a Family Homeless Shelter.**

**Source:** Journal of Nursing Education 41(11): 504-506, 2002. (Journal Article: 3 pages)

**Abstract:** This article describes the use of a family homeless shelter for child health clinical experience for nursing students. Homeless shelters have been used as a clinical setting for senior-level community health courses and as an elective clinical experience for RN-to-BSN students. However, no studies described using this setting for an undergraduate child health clinical experience. Because children younger than age 18 currently constitute 47% of individuals in Minnesota shelters and the negative effects of homelessness, poverty, and lack of access to health care on family health outcomes have been well documented, a transitional family homeless shelter seemed to be an ideal setting for preparing undergraduate nursing students for practice in diverse child health care settings. Junior-level students assigned to this 24-hour, community-based experience are expected to use nursing and family health theory to promote child and family health (author).

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**Order #: 7490**

**Authors:** Usatine, R.P., Gelberg, L., Smith, M.H., Lesser, J.

**Title:** **Health Care for the Homeless: A Family Medicine Perspective.**

**Source:** American Family Physician 49(1): 139-146, 1994. (Journal Article: 8 pages)

**Abstract:** Many factors contribute to the health problems of homeless persons, including exposure to adverse weather, trauma and crime, overcrowding in shelters, unusual sleeping accommodations, poor hygiene and nutritional status, alcoholism, drug abuse, and psychiatric illness. In this article, the authors first consider the factors that decrease a person's ability to resist illness or the complications of disease. Second, the authors consider the main health consequences of these identified factors and discuss essential points for those providing health care to homeless persons. The authors state that family physicians are uniquely suited to providing kind, compassionate, complete, and effective care to these persons and their families.

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Order #: 11167

**Authors:** Warner, B.D., Leukefeld, C.G.

**Title:** Assessing the Differential Impact of an HIV Prevention Intervention: Who's Putting the Message Into Practice?

**Source:** AIDS Education and Prevention 13(6): 479-494, 2001. (Journal Article: 15 pages)

**Abstract:** Recent data suggest that educational interventions aimed at reducing HIV risk behaviors have shown some success. Nonetheless, HIV risk behaviors are not always reduced by interventions and probably do not reduce risk behavior randomly. That is, the success of interventions may be related to participant characteristics. Identifying participant characteristics related to both intervention completion and reduction in risk behaviors may be useful for further developing explanatory models of health behavior and for targeting and customizing interventions. In this study differences between participants who completed an AIDS educational intervention (N=741) and those who did not complete the intervention are first examined (N=652) and then variables related to reducing drug and sexual risk behaviors among those who completed the intervention and follow-up interviews are examined. Results show that the majority of respondents report decreasing five out of six risk behaviors, with the smallest percentage (48.8%) decreasing rates of unprotected sex and the largest percentage (83.4%) decreasing frequency of drug injection. Different variables were found to be related to changes in the various risk behaviors. However, some relatively consistent results emerge. For all risk variables, the frequency of the specific behavior at baseline predicted the amount of change in that behavior, with those having higher levels of risk behaviors reducing their behavior the most. Positive HIV test results significantly decreased three of the four sexual risk behaviors examined, and living in a very rural area was found to be significantly related to three of the six behaviors. However, perceived chance of getting AIDS did not significantly reduce any of the risk behaviors. Gender and education level were also not related to changes in any of the risk behaviors. Implications include the importance of developing approaches to retain higher proportions of younger participants, males and homeless in interventions. It is particularly important to develop specific approaches to retain women in interventions. Because very rural participants were more likely to decrease crack use and alcohol or drug use with sex, rural interventions should target these behaviors at the outset of the intervention (authors).

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Order #: 8322

**Authors:** Weinreb, L., Goldberg, R., Bassuk, E., Perloff, J.N.

**Title:** Determinants of Health and Service Use Patterns in Homeless and Low-Income Housed Children.

**Source:** American Academy of Pediatrics 102(3): 554-562, 1998. (Journal Article: 9 pages)

**Abstract:** This article examines the relationship of homelessness and other determinants to health status and service use patterns in 627 homeless and low-income housed children. The article is based on a case-control study of 293 homeless and 334 low-income housed children aged 3 months to 17 years and their mothers conducted in Worcester, Mass. Information was also collected about mothers' housing, history, income, education, emotional distress, and victimization history. The authors found that mothers of homeless children were more likely to report their children as being in fair or poor health compared with their housed counterparts. Homeless children were reported to experience a higher number of acute illness symptoms, including fever, ear infection, diarrhea, and asthma. Emergency department and outpatient medical visits were higher among the homeless group. Mothers' emotional distress was independently associated with acute illness symptoms and frequent use of outpatient and emergency department settings.

**Available From:** National Center on Family Homelessness, 181 Wells Avenue, Newton Centre, MA 02159, (617) 964-3834, [www.familyhomelessness.org](http://www.familyhomelessness.org).

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**Order #: 8321**

**Authors:** Weinreb, L., Goldberg, R., Perloff, J.

**Title:** **Health Characteristics and Medical Service Use Patterns of Sheltered Homeless and Low-Income Housed Mothers.**

**Source:** Journal of General Internal Medicine 13: 389-397, 1998. (Journal Article: 9 pages)

**Abstract:** This article compares the health characteristics and service utilization patterns of homeless women and low-income housed women who are heads of household. The authors utilized a sample of 220 homeless mothers and 216 low-income housed mothers receiving welfare in Worcester, MA. Outcome measures included health status, chronic conditions, adverse lifestyle practices, outpatient and emergency department use and hospitalization rates, and use of preventive screening measures. Both homeless mothers and housed mothers demonstrated low levels of physical and role functioning and high levels of bodily pain. Prevalence rates of asthma, anemia, and ulcer disease were high in both groups. More than half of both groups were current smokers. Compared with the housed mothers, homeless mothers reported more HIV risk behaviors. Although 90% of the homeless mothers had been screened for cervical cancer, almost one third had not been screened for tuberculosis. After controlling for potential confounding factors, the homeless mothers, compared with the housed mothers, had more frequent emergency department visits in the past year and were significantly more likely to be hospitalized in the past year.

**Available From:** National Center on Family Homelessness, 181 Wells Avenue, Newton Centre, MA 02159, (617) 964-3834, [www.familyhomelessness.org](http://www.familyhomelessness.org).

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**Order #: 9938**

**Authors:** Wenzel, S.L., Andersen, R.M., Gifford, D.S., Gelberg, L.

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

**Source:** Journal of Health Care for the Poor and Underserved 12(3): 323-341, 2001. (Journal Article: 19 pages)

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

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**Order #: 11141**

**Authors:** Wenzel, S.L., Leake, B.D., Andersen, R.M., Gelberg, L.

**Title:** **Utilization of Birth Control Services Among Homeless Women.**

**Source:** American Behavioral Scientist 45(1): 14-34, 2001. (Journal Article: 21 pages)

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

## Health/Health Care

### Section: Health Issues and Care for the General Homeless Population

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Order #: 2368

**Authors:** Winkleby, M.A. and Boyce, T.

**Title:** Health-Related Risk Factors of Homeless Families and Single Adults.

**Source:** Journal of Community Health 19(1): 7-23, 1994. (Journal Article: 17 pages)

**Abstract:** This article examines how homeless adults living with children differ in sociodemographic characteristics, adverse childhood experiences and addictive and psychiatric disorders from homeless adults who are not living with children. Data were analyzed from two cross-sectional surveys of family and single adult shelters in Santa Clara County, Calif. Findings indicate that adults with children, particularly women, were significantly younger, less educated, less likely to have experienced full-time employment, and more likely to have been supported by public assistance before becoming homeless than adults without children. Adults with children were also significantly less likely to enter homelessness with histories of excessive alcohol consumption. Women with children were less likely to have histories of psychiatric hospitalizations than adults without children. The authors contend that homeless women with children are most likely to benefit from case management and educational and occupational interventions (authors).

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Order #: 7496

**Authors:** Wojtusik, L., White, M.C.

**Title:** Health Status, Needs, and Health Care Barriers Among the Homeless.

**Source:** Journal of Health Care for the Poor and Underserved 9(2): 140-152, 1998. (Journal Article: 13 pages)

**Abstract:** Perceived health status, health conditions, and access and barriers to care are important predictors of mortality and the use of services among the homeless. This article assesses these issues by structured interview of 128 homeless adults from San Francisco. Forty-nine percent of these adults rated their health as poor or fair. Men were four times as likely as women to report their health status as excellent or good. Persons of color were more likely to report unmet needs for shelter, regular meals, employment, and job skills and training. The authors state that these findings add information on those homeless people not often included in research and indicate that these marginalized individuals may be in the poorest health (authors).

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Order #: 1529

**Authors:** Wright, J.D.

**Title:** The Health of Homeless People: Evidence from the National Health Care for the Homeless Program.

**Source:** In Brickner, P.W., Scharer, L.K., Conanan, B.A., Savarese, M., and Scanlan, B.C. (eds.), Under the Safety Net: The Health and Social Welfare of the Homeless in the United States. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 17 pages)

**Abstract:** When the Robert Wood Johnson Foundation funded its national Health Care for the Homeless (HCH) demonstration program in 1985, it simultaneously contracted with the Social and Demographic Research Institute (SADRI) of the University of Massachusetts to undertake a four-year program of research on the health aspects of homelessness. The intent was not primarily to evaluate the HCH demonstration program, but to exploit the research opportunity provided by the existence of HCH to address a range of unanswered questions. In this chapter, the author summarizes the principle findings from his research effort (author).

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**Order #: 12764**

**Authors:** Zerger, S.

**Title:** **Learning About Homelessness and Health in Your Community: A Data Resource Guide.**

**Source:** Nashville, TN: National Health Care for the Homeless Council, 2002. (Resource Guide: 13 pages)

**Abstract:** This publication contains helpful resources for service providers, researchers and advocates seeking data about homelessness and health. The data resource guide will be particularly useful to those who are preparing funding applications for the federal Health Care for the Homeless or other Consolidated Health Center programs. Data resources cited in this document are available free-of-charge via the Internet. Information available from these resources includes national, state and local statistics on poverty, employment patterns, housing, health status indicators, and health risk factors that may have an impact on the homeless population. Listings of health, housing and homeless services and resources that are available at state and local levels are also included (authors).

**Available From:** National Health Care for the Homeless Council, P.O Box 60427, Nashville, TN 37206, (615) 226-2292, [www.nhchc.org](http://www.nhchc.org).