

Case Management Increases Awareness of Hepatitis for Homeless Adults

What you need to know

People who are experiencing homelessness have a larger chance of being exposed to hepatitis B or C. A large percent may not be aware that they have the virus. This poses a danger to themselves and others. Case management has been successful in making sure people are aware of their exposure.



What is this research about?

What makes people more likely to contract hepatitis? Other studies have shown that several factors add to the likelihood that someone will contract hepatitis. The factors include age, ethnicity, education and gender. There are hepatitis risk factors specific to homelessness. These include a longer history of homelessness, childhood abuse, history of jail, drug or alcohol use, mental illness and high risk sex.

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KEYWORDS
homelessness, hepatitis, infection, case management, treatment, healthcare access, health service use

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Stein, J. A., Andersen, R. M., Robertson, M., & Gelberg, L. (2012). Impact of Hepatitis B and C Infection on Health Services Utilization in Homeless Adults: A Test of the Gelberg-Andersen Behavioral Model for Vulnerable Populations. *Health Psychology, 31*(1), 20.

What did the researchers do?

There were three main objectives to the study:

- 1** To report on the prevalence of hepatitis among the homeless adult sample.
- 2** To explain the variables that make people more likely to contract hepatitis.
- 3** To understand how predisposing, enabling and need variables contribute to health care disparities.

The study consisted of 534 adults from Skid Row in Los Angeles, California. Adults were recruited from different sites throughout the area. They took part in a 90 minute interview and screening along with a blood test (hepatitis and HIV). After a week, participants were asked to return and receive test results and referrals. Results were given to 92% of those involved.

What did the researchers find?

A total of 43% of the sample tested positive for hepatitis B (HBV) or hepatitis C (HCV). This included 31% HBV positive, 28% HCV and 16% with both. A total of 71% did not know that they had been positive. Those who were aware of their status were more likely to have regular case management and a regular source of healthcare. Not knowing one's status was connected with less medical office visits.

Testing positive for HBV and HCV was associated with several variables that the researchers had assessed. These found that certain people were more likely to have the virus such as African Americans, males and older people. It was also linked to life experience such as length of being homeless, education, childhood history of abuse, incarceration, drugs, alcohol and intravenous drug use. Other factors included risky sexual behaviour and mental illness.

Men were more likely to use drugs and alcohol. They were also more likely to have the virus. They were less likely to have a case manager or access to healthcare. A longer length of homelessness meant more complex needs.

Emergency room visits are more expensive than case management. People rely on the most expensive form of care due to their lack of access to regular healthcare. Those who accessed regular services also had poorer health and more medical conditions. Those who had access to services were more likely to know if they were infected.

The Canadian Homeless Research Network (CHRN) has partnered with the **Knowledge Mobilization (KMB)** Unit at York University to produce Research Summaries on the topic of Youth Homelessness in Canada. CHRN focuses on education, networking and knowledge mobilization in order to move towards effective long-term solutions to homelessness.

HOW CAN YOU USE THIS RESEARCH?

Service providers can encourage testing for those experiencing homelessness. This should include service delivery and education. Harm reduction services such as needle exchange may also reduce exposure to the virus.

Housing first programs have been shown to be effective within Canada. The different levels of government should look into long term investments. There should be greater investments made into case management to reduce cost of Emergency Room visits.

Researchers can look at the prevalence in Canada. This should be tested in rural and urban contexts for a greater understanding of access.

ABOUT THE RESEARCHERS

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