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REVİEW ARTICLE

Healthcare Needs of Homeless Youth in the United States

Marisa J. Terry[1], Gurpreet Bedi[1], Neil D. Patel[1]

Abstract:
Approximately 1.6 - 2.8 million youth, aged 13 – 21 years, at any given time in the United States are considered homeless and at high risk for poor social and health outcomes. It is estimated that in the United States homelessness overall is expected to rise 10% -20% in the next year. While governmental and private programs exist to address the tribulations faced by homeless adults, youth continue to be underserved. The 2009, $787 billion economic stimulus package includes $1.5 billion to address issues of homelessness, particularly in families. However, most of these programs do not address the specific needs of the homeless and uninsured youth. Homeless youth have a higher incidence of trauma-related injuries, learning difficulties, school problems, infections, and nutritional deficiencies. Furthermore, there is a disproportionately higher prevalence of substance abuse, psychological illness, as well as sexual and emotional abuse leading to increased rates of sexually transmitted diseases and pregnancy. Studies have shown an economic burden of higher health care costs, increased use of emergency services, and lengthier hospitalizations in homeless individuals compared to those in similarly low-income groups. This article provides an overview for the medical practitioner of health-concerns of homeless youth in the United States and issues related to their access to healthcare.

Keywords: Homeless youth, runway adolescent, throwaway adolescent, systems youth
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Introduction

As of 2009, there are approximately 1.6 - 2.8 million youth, aged 13 – 21 years, in the United States who are considered homeless [1,2,3]. These youth are at high risk for poor social and health outcomes. Homeless youth have a higher incidence of trauma-related injuries, learning difficulties, school problems, infections, and nutritional deficiencies [4]. Furthermore, there is a disproportionately higher prevalence of substance abuse, psychological illness, and sexual and emotional abuse in homeless youth, which also increases their rates of sexually transmitted diseases and pregnancy [4-6]. Homeless youth are thus especially vulnerable to

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suffer adverse social, emotional, behavioral, and physical consequences, requiring concerted, systematic interventions to address their healthcare needs.

It is estimated that in the United States homelessness overall is expected to rise 10% - 20% in 2010 [3]. With higher rates of homeless youth, there is an increased need to efficiently address their access to healthcare. Studies have shown an economic burden of higher healthcare costs, increased utilization of emergency medical services, and lengthier hospitalizations for homeless individuals compared to those in similarly low-income groups [7]. In addition, while numerous Federal, State, and local programs exist to address the tribulations faced by homeless adults, youth continue to be underserved. The 2009, $787 billion economic stimulus package includes $1.5 billion to address issues of homelessness, particularly in families [3]. However, most of these programs are not geared towards homeless, uninsured youth.

A combination of scarce data about homeless youth and limited contact by homeless youth with healthcare professionals makes these youth an underserved population. More information and research are needed to better care for these youth and positively impact their health status. Policy statements from both the American Academy of Pediatrics and the Society for Adolescent Medicine recommend increased exposure of physicians to information about homeless youth, as well as intervention strategies for homeless individuals and the community as a whole [1,8].

When provided with relevant knowledge and tools, physicians can support homeless youth effectively and serve as a valuable resource to coordinate appropriate healthcare for these youth [1]. The unique needs of homeless youth require a systematic approach to provide them with medical, dental, psychological, financial and academic services. Their specific needs include acute illness management, dental hygiene, preventative screening, anticipatory guidance related to puberty, mental health support and counseling, and referrals to other physicians and organizations as indicated. With efficient resource allocation and coordination between social and medical service agencies, it may be possible to improve the health outcomes of homeless youth. Physicians play a critical role in both the delivery of healthcare and in community resource coordination for these youth.

Definitions

In an attempt to clarify the terms associated with homelessness, several definitions are reviewed [9]. The McKinney – Vento Act, in the United States, provides the definition of homeless children and youth for the purposes of legal, educational, health, and social service assistance, which is summarized in Table 1 [10]. In 1986, the United Nations categorized *candidates for the street* as those children who work on the street and return home at night to their families; whereas, those who rarely contact family, along with those who have no home or family contact, are referred to as *candidates on the street* [9]. *Homeless* individuals are defined as people either without a predetermined and satisfactory night-time residence, or persons who must depend on a temporary shelter or place not traditionally used to house and sleep people [9,10]. Furthermore, *homeless youth* are 18 years old or younger who lack a parent or guardian, regardless of the reason for homelessness [9,11]. *Runaway adolescents* are those who leave home without permission from parents or guardians and refuse to return for at least one night [9,11]. Typically, these runaway youth return home after a day or two. In contrast, *throwaway* youth are those who are not allowed to come back home, are not looked for when missing, or who are told to leave home and not return [9,11]. *Systems youth* are those youth who are living in private or public institutions or foster homes because they are *runaway* or *throwaway* youth [11].

Table 1. The McKinney – Vento Act Definition of Homeless Children and Youth

A. Individuals who lack a fixed, regular, and adequate nighttime residence; and,
B. Includes: i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of the alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings….. iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and iv. migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Prevalence

The exact prevalence of homeless youth in the United States is difficult to estimate because of practical and methodological issues complicating epidemiological research [11-17]. Different definitions of homelessness are used in epidemiological studies of homeless youth. It is often difficult to locate homeless youth as they move frequently between locations. In general, homeless youth do not trust social service and healthcare agencies and therefore may not seek their help. Therefore studies using data from visit by homeless youth to these agencies may miss out a large number of homeless youth. Most studies report the prevalence of homeless persons as either *point prevalence* (number of persons who are homeless at any day or night) or *period prevalence* (number of persons who are homeless over a given period of time) [11]. Considering the limitations of ascertaining the prevalence of homeless youth, the best current estimated point prevalence is between 1.6 million and 2.8 million homeless youth in the United States.

Most recently, in the United States, given the state of the economy and high rate of unemployment, housing foreclosures, and increased costs of food, clothing, and energy, more families and children are without safe housing [1]. Much more information is needed to accurately and thoroughly quantify the numbers of homeless youth and assess the scope of this public health crisis. It is estimated that as many as three-quarters of the cases of missing youth are incompletely reported by parents or entered into the National Center for Missing and Exploited Children [3]. Under-reporting may be due to parental apathy or anger toward the youth, and fear of legal consequences for parent and youth [3]. In 2008, over 114,000 calls were received by the National Runaway Switchboard, an organization that receives phone calls and offers guidance for youth who have run away, are in crisis, or are homeless, which demonstrates an increase from previous years. [2].

Characteristics of Homeless Youth

In many parts of the world homelessness is due to economic or political upheaval, poverty, wars, drought, famine, disease epidemics, and rapid industrialization and displacement of populations. In the United States, most youth become homeless because of family and interpersonal conflicts; these youth become runaway, throwaway, or systems youth (foster care or institutionalized). While children and adolescents become homeless along with family

Table 2. Major reasons for homelessness in youth

HOMELESS WITH FAMILIES
Family crises
Poorly designed shelter rules
Insufficient welfare policies
Foster placement dilemma
Inadequate discharge planning from foster care or other placements
HOMELESS WITHOUT FAMILIES
Runaway youth
Normal testing of authority
Cry for help
Escape from abuse, violence or drugs
"Cult" or gang involvement
Throwaway youth
Systems youth
Secondarily homeless on their own

in many parts of the world, in the United States, most homeless youth are homeless on their own (Table 2) [9,11,14]. Current data help identify the patterns in youth homelessness, factors contributing to homelessness (Table 3), behaviors that may suggest a youth's unhappiness and risk of running away, survival behaviors of homeless youth, and protective factors (Table 4) [1,2,4,5,6,8,9,11,14].

The long term consequences for homeless youth can be substantial, and are more severe when these youth spend longer durations without adequate housing and economic resources. Fewer health maintenance visits may lead to later detection of chronic diseases such as learning disorders, anemia, diabetes, and other high risk health behaviors [1]. Homeless youth are about evenly distributed between males and females, with a significant proportion being transgendered [2,18]. However, youth at the highest overall risk of homelessness are those who experience a dysfunctional family environment [2]. Another key group of youth at increased risk of homelessness comprises those who previously were in the foster care system; frequently, as youth are emancipated or grow out of the system, they are at a higher risk for becoming homeless [19].

The most common reason that runaway youth cite as a motivation to leave their home is family conflict with a parent or guardian [2]. Other explanations youth give for running away and becoming homeless include parental drug or alcohol abuse, not wanting to follow parental rules or go to school, or because financial hardships prevent parents from providing appropriate care for their children [2]. Importantly, gay, lesbian, bisexual, and transgender youth have additional risk factors to take into consideration due to the social stigma that exists regarding their sexual orientation [18]. Some of these challenges, including psychological problems, physical and sexual

Table 3. Factors Contributing to Homelessness

SOCIETAL FACTORS
Poverty and unemployment
Inadequate public assistance programs
Lack of affordable housing
Deinstitutionalization
Denial of mental health services
Welfare and shelter rules and policies that are poorly devised
FAMILY FACTORS
Abuse (reported in 75% of cases)
Family conflicts (reported in 65% of cases)
Family break up, death, separation
Domestic violence
Substance abuse
Poverty
INDIVIDUAL FACTORS
Temperament and personality
Poor impulse control
Aggressive, violent behaviors
School failure
History of foster placement (reported in 40% of cases)
Family conflicts
Involvement with law and police

Table 4. Protective Factors against Homelessness

Protective Factors against Homelessness
Accepting temperament, likeability
Good communication skills
Avoidance of social risks
Access to external support systems
Personal sense of competence and self esteem
Social connectedness

abuse, isolation and rejection from peers or family, predispose this group to leave home more frequently, use more illicit substances, and become involved in riskier sexual acts than their heterosexual counterparts [18]. Warning signs frequently observed in youth prior to running away include behavior changes such as refusing to eat or overeating, changing sleep patterns, hoarding money or possessions, or threatening to run away [2]. Once homeless, youth may resort to frequent dangerous behaviors as they struggle to survive. These activities may include shoplifting, panhandling, prostitution, selling and using illicit drugs, and hiding under park benches, bridges, or in buildings after they close [3]. Sexual and physical abuse is common in homeless youth, as is pregnancy, suicide attempts, substance abuse, and dropping out of school [2,5,6]. Without timely intervention, significant negative consequences may result for this population of underserved youth.

Barriers to Healthcare

Numerous factors make it both economically and medically challenging to adequately care for homeless youth. However, once properly identified, more can be done to address and overcome these challenges. As already mentioned, there is a lack of current, comprehensive data on homeless youth. Many homeless youth are not identified, which is exacerbated by budget cuts in law enforcement agencies, public welfare programs, and in mental health services available in the community that typically identify and report homeless youth [1].

The financial barriers to appropriate health care for homeless youth are complex. Studies have reported an important connection between homelessness and higher healthcare costs. More specifically, homeless youth suffer disproportionately higher rates of chronic health conditions compared to domiciled individuals. Because of an inability to access necessary healthcare resources in a timely fashion, chronic diseases in homeless youth progress to advanced stages [5,6]. Upon seeking care, homeless individuals frequently utilize emergency departments, which are high-cost venues [20]. Furthermore, the homeless youth are more likely to require hospitalization as a result of advanced chronic illness once they finally do seek medical care [19].

A lack of health insurance further compounds financial barriers to providing healthcare to homeless individuals [6,20]. This increases the share of healthcare costs that must be publicly supported in order to provide services. Although programs exist to provide low-cost health insurance, there are significant issues that prevent homeless people from taking advantage of established programs [21,22]. The inclusion criteria to access these resources often include pregnancy, dependent children, disability, and advanced age [6]. These restrictions may exclude as many as 60% of homeless individuals, especially the young population [6]. In addition, health insurance companies frequently require a permanent address to be given on the application form, which automatically excludes those without housing.

Beyond financial issues, there are other barriers to consider. For example, homeless youth may not have adequate transportation [23].While clinics may be established in some communities, if homeless youth cannot access the location, they will not derive benefit from the services. In addition, cultural, spiritual, and language barriers may prevent homeless youth from seeking care. Moreover, homeless youth may avoid contact with healthcare providers and agencies for many

Table 5. Factors Contributing to Increased Health Risks in Homeless Youth
Overcrowding, close contact
Unsanitary conditions
Poor personal hygiene
Poor nutrition
Substance abuse
Mental illness
Exposure to crime and violence
Lack of access to healthcare
Denial of health problems
Lack of continuity of healthcare
Poor adherence with medical recommendations
Secondary high risk behaviors, e.g. sexual activity

reasons. Negative attitudes toward healthcare providers and adults in authoritative positions in general may decrease their willingness to seek or receive care [4,22]. Homeless youth often distrust the healthcare system and are embarrassed to ask for help from a physician [23]. Fears about lack of confidentiality and uncertainty about navigating the complex healthcare system often deter homeless youth from seeking care [24]. They may also fear discriminatory or disrespectful treatment, or unwanted lectures about risky behaviors [24]. Despite appropriate advice and options for alcohol and substance abuse treatment available to homeless youth, these may be viewed as undesirable if the patient views his or her drug use, or risky health behavior as adaptive or serving as a survival mechanism [25].

Medical and Psychosocial Health Risks

The lifestyle and daily activities of homeless youth place them at high risk for numerous illnesses and injuries (Table 5). Research has shown that homeless youth, compared to their domiciled peers, have a higher incidence of trauma-related injuries, obesity, learning difficulties, school problems, and mental illnesses such as depression, mood disorders, and suicide [4]. As discussed previously, lack of access or reluctance to seek medical care results in homeless youth to experience more advanced medical and psychosocial illnesses [4]. This has negative consequences on their education, including increased school absences, non-attendance, and increased risk of grade repetition [3].

Nutritional deficits further exacerbate homeless youth's overall health status. Due to limited accessibility to food and insufficient sources from which to acquire it, these factors commonly lead to various degrees of food deprivation and starvation [26]. Access to safe drinking water may also be an issue. Drinking fountains and public bathrooms may exist in the community with inconsistent availability based on the season of year and restricted or blocked access [26]. Homeless youth's daily access to appropriate food may vary dramatically. Sources of sustenance may come from community services such as meal programs, food banks, garbage scrounging, food or leftovers given by other people, stealing food from stores or restaurants, or purchasing food when funds exist [27]. Studies have shown that homeless youth, on average, consume foods of poor nutritional quality. Very low consumption of dairy products, fruits and vegetables, grains, and meats or fish contribute to the numerous inadequate intakes of important vitamins and minerals including vitamin A, vitamin B12, vitamin C, folate, magnesium, zinc, and iron [27].

Homeless youth may turn to substance abuse in an attempt to self-medicate for depression and anxiety, and may also use substances to socialize with their peers and cope with stress [4]. Unintended pregnancies and sexually transmitted diseases are also more common in homeless youth due to frequent unprotected sex and sexual exploitation through prostitution and other victimizing experiences [4]. An increased rate of blood-borne diseases in homeless youth, including hepatitis and human immunodeficiency virus infection, has also

Table 6. Health Problems with Relatively Higher Prevalence in Homeless Youth

PHYSICAL HEALTH
Respiratory infections
Diarrheal illness
Genitourinary infections
Sexually transmitted /Human immunodeficiency virus infections (2-10 times higher prevalence)
Lice and scabies infestations
Skin infections, trauma, burns
Dental disease
Eye infections
Vision and hearing impairment
Nutritional deficiencies
Lack of immunizations
Higher chronic diseases: asthma, epilepsy, diabetes
Increased emergency and inpatient care
Premature death from homicide, suicide
MENTAL HEALTH
Depression (reported in 80% of cases)
History of prior suicide attempts (reported in 20% of cases)
Anxiety disorders (3 times higher prevalence)
Post traumatic stress disorder
Conduct disorder (reported in 50% of cases)
Attention deficit hyperactivity disorder
Learning disorders
Increased psychotic symptoms
PSYCHOSOCIAL HEALTH RISKS
Lack of education
Illegal activity
Gang involvement
Violence related risks
Substance abuse
Sexual activity and related health risks

been reported [23]. Data from a Boston program revealed that homeless youth are much more likely to utilize mental health services (47% vs. 12.5%), be involved with the criminal justice system (20.4% vs. 1.8%), participate in high risk sexual acts (20.6% vs 3.3%), and abuse illicit substances (25.2% vs. 5.7%) compared to youth with access to adequate housing [28]. The major health problems of homeless youth are listed in Table 6.

Increasing Health Care Access for Homeless Youth

Given the increasing numbers and urgent needs of homeless youth in the United States, innovative solutions are required to provide appropriate health care to this underserved population in the areas of prevention, program design, housing options, and social interactions. Promising strategies have been tested in a variety of venues. It has been observed that homeless youth usually seek care due to acute health concerns rather than for preventive care. The most frequent reasons to seek medical assistance include pregnancy, trauma, skin and dental conditions, sexually transmitted disease, or treatment for exacerbations of chronic conditions such as diabetes or asthma [4]. Strategies to increase homeless youth's timely utilization of healthcare for prevention are needed. While homeless shelters may serve as gateways to healthcare services, homeless youth frequently may not know where to seek medical care. Some cities have set up free or mobile clinics, and homeless youth outreach programs, to stimulate trusting relationships with healthcare professionals and model healthy behaviors [23].

However, despite these resources, homeless youth often end up in the emergency department for urgent medical care [21]. Unfortunately, despite seeking treatment for acute medical problems, homeless youth are often unable to fill prescriptions and pay health care bills. Hence, there is an urgent need to integrate and expand healthcare services for homeless youth. The World Health Organization reports that involving homeless youth in the design of healthcare interventions may lead to increased utilization and improved health outcomes for this population [29].

A strategy to address financial barriers that has effectively decreased costs of healthcare for homeless individuals is to provide them with housing, as implemented by the Massachusetts Housing and Shelter Alliance [30]. This program demonstrated that healthcare cost for the homeless individuals was as high as $28,436 per person, compared to $6,056 for domiciled individuals [30]. Similar housing programs have also demonstrated a significant reduction in utilization of emergency services and overall healthcare costs [31-33].

Research has suggested that social connectedness is an important motivating factor for youth to seek appropriate health care and other services. Thus, if homeless youth have rewarding social contacts that are integrated with healthcare services, they may be more likely to seek care. Integrating housing with comprehensive treatment services including mental health, substance abuse, medical, and dental care in proximate facilities may increase homeless youth's opportunities for social contact and reward. Furthermore, incorporating a medication dispensing program into free clinics may eliminate the need for transportation to a pharmacy to fill prescriptions [34]. In addition, it is important to have culturally competent and non-judgmental staff to provide assistance and guidance for homeless youth to access when needed [21]. In this manner, joining several services together in proximate locations may help homeless youth overcome negative perceptions about healthcare service agencies and providers through increased exposure [35].

Beyond systemic resources and strategies, individual clinicians may also implement specific measures to facilitate a more welcoming environment for homeless youth. Frequent advertisement of unscheduled drop-in times for patients may encourage homeless youth to seek care [36]. Other ways to encourage homeless youth to seek and comply with medical treatment include providing internet kiosks, refreshments, television, and health education resources in waiting rooms, as well as decreasing the wait-time to be seen by a clinician [21]. In addition, despite their initial reluctance to seek care, homeless youth desire healthcare professionals to advocate for them and offer practical strategies to benefit their health [35]. For example, providing access to condoms, encouraging condom use, and teaching assertiveness skills can increase self protective actions to reduce transmission of human immunodeficiency virus and other sexually transmitted infections [35].

Finally, physicians play an important role in preventing youth from running away. Observing and listening to young patients in their care may prompt potential runaways to self-disclose family and social-emotional difficulties that put them at risk for running away. Important questions to address with youth during office visits to thoroughly obtain an adequate psychosocial interview can be remembered by the HEEADSSS pneumonic [37]. It stands for Home, Education/employment, Eating, Activities, Drugs, Sexuality, Suicide/depression, and Safety [37]. Physicians can also educate parents about runaway risk factors, help them to set clear expectations for their adolescent, and create an open environment for youth to discuss their feelings [2]. Medical doctors often facilitate referrals for counseling services, providing a safety net for troubled families and youth that might not otherwise get needed mental health services. It is also important for physicians to coach parents to confront their adolescent if they believe he or she may run away [2]. When parents actively listen to their adolescent's concerns and make it clear that they don't want their adolescent to run away, this may help the adolescent reconsider his or her behaviors [2].

Therefore, despite the growing problems associated with youth homelessness, viable options exist for increasing services. Additional

research on innovative health care services for homeless youth may offer promise for improving their health outcomes.

Conclusion

While an accurate estimate of the number of homeless youth in the United States is difficult to quantify, homelessness is a national public health concern affecting a majority of ethnic groups. Governmental and private programs exist to support homeless youth; however, access and usage utilization of these programs are low. Community physicians can be influential to help target individual homeless youth or those at great risk of homelessness in order to provide health care, guidance, and access to resources. Due to limited data specifically addressing adolescents, further investigation and empirical research needs to be conducted to identify interventions that most effectively enhance health outcomes and reduce health care expenditures for homeless youth.

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