

Health and Housing Instability Among New Mexico Youth

The National Center on Family Homelessness estimated that 2.5 million children, or one out of every 30 U.S. children, experienced homelessness at some time in 2013.¹ This estimate used a definition of homelessness based on the McKinney-Vento Homeless Assistance Act, which defines as homeless any family or individual who lacks a fixed, regular, or adequate nighttime residence. This includes those who are sharing housing due to economic hardship, who are living in motels/hotels, campgrounds or RV parks, or who are moving from home to home.

Compared to those who live in stable housing, homeless children are more likely to be lesbian, gay, bisexual, or transgender (LGBT); born outside the U.S.; to be pregnant or parenting; to be involved with juvenile justice or child welfare systems; to have disabilities; and to be victims of human trafficking and exploitation.² Homeless youth have increased rates of abuse, neglect, exposure to violence, mental health disorders, chronic physical health conditions, suicidal behaviors, and substance use.

Methods

The New Mexico Youth Risk and Resiliency Survey (YRRS), a collaboration between the New Mexico Department of Health and Public Education Department (PED) with assistance from the UNM Prevention Research Center and the Centers for Disease Control and Prevention, is conducted in public high schools in the fall semester of odd numbered years. Respondents were selected through a stratified, two stage sampling design. The sample was stratified by school district. From within each school district, schools were selected with probability of selection equal to school enrollment. Classrooms were systematically selected, and all students from selected classrooms were invited to participate. In 2015, 15,930 students participated in the survey. The response rate was 67%.

Dan Green, MPH

*Epidemiology and Response Division
New Mexico Department of Health*

A question on housing status was included on the YRRS questionnaire for the first time in 2015. The question was designed to mirror the homelessness definition of the McKinney-Vento Act. The text of the question was, "During the past 30 days, where did you usually sleep at night?" Possible responses included:

- A. In my parent's or guardian's home
- B. In a friend's or relative's home
- C. In a foster home or group facility
- D. In a shelter or emergency housing
- E. In a hotel or motel
- F. In a car, park, campground, or other public place
- G. I moved from place to place
- H. Somewhere else

Respondents were considered to be in stable housing conditions, or not to be homeless, if they answered, "In my parent's or guardian's home." All other respondents were considered homeless, or to be living in unstable housing conditions.

Results

Ninety-four percent (94.0%) of respondents slept in stable housing, while 6.0% slept in unstable housing conditions (Figure). Of the individual responses included as unstable housing, none accounted for more than 1% of respondents except "In a friend's or relative's home" (2.0%) and "Somewhere else" (1.2%). The estimate of 6.0% homeless high school students is likely to be an underestimate, as homeless students were far more likely to skip at least one day of school per week than other students (45.4% vs. 12.5%), and were thus less likely to attend school on the day the survey was administered.

Who were housing unstable students? Several groups of students were much more likely to experience housing instability than other groups. Males were nearly twice as likely as females to live in unstable housing (7.8% vs. 4.3%). By age, the prevalence varied little up to 17 years, while the prevalence among those 18 or over was more than twice that of 17 year olds (15.8% vs. 6.6%). Black or African Americans (11.1%) and Asian or Pacific Islanders (10.3%) were more likely than other racial/ethnic groups to experience housing instability. Respondents whose parents had less than a high school education (9.5%) had a higher rate of housing instability than those whose parents graduated from high school (5.2%) or had a college or professional school education (3.5%).

Sexual minorities, students born outside the United States, and students with physical disabilities or long term health problems had extremely high rates of housing instability. Compared to straight students (4.6%), lesbian, gay, or bisexual (LGB) students (12.9%) and those unsure of their sexual identity (15.7%) had three times the rate of housing instability. Students who were born outside of the United States had almost five times the rate of housing instability as those born in the U.S. (20.6% vs. 4.4%). Students with physical disabilities were more than two times as likely to experience housing instability as those without disabilities (11.5% vs. 5.3%).

Controlling for each of these characteristics with multiple variable logistic regression does not greatly alter most of these relationships. Those with the highest odds of experiencing housing instability were those born outside the U.S.; LGB students and those unsure of their sexual identity; Black or African Americans and American Indians; those with a physical disability or long-term health problem; and males.

Risk behaviors. Students living in unstable housing had a substantially higher prevalence of most risk behaviors than students in stable housing. Most notably, this was true for alcohol, tobacco, and other drug use; behaviors associated with violence, including sexual violence and dating violence; self-harm and suicidal behaviors; and unsafe sexual practices. Students in unstable housing were also more likely to not eat breakfast, to get inadequate amounts of sleep, and to perform poorly academically.

Behaviors associated with safety and violence. Students in unstable housing were almost 5 times as likely as those in stable housing to report skipping school because of safety concerns either at school, on the way to school, or coming home from school (28.2% vs. 5.8%). They were almost 1.7 times as likely to be bullied on school property (29.0% vs. 17.4%), and 2.3 times as likely to be in a physical fight in the last 12 months (53.3% vs. 23.0%).

Compared to those in stable housing, students in unstable housing were 4.4 times as likely to have experienced physical dating violence (physically hurt on purpose by someone they were dating; 31.9% vs. 7.2%), and were 3.3 times as likely to have been physically forced to have sexual intercourse (21.6% vs. 6.6%).

Mental health. Students who experienced housing instability were twice as likely to engage in non-suicidal self-injury (purposely hurt self without wanting to die, e.g., cutting or burning self) (40.1% vs. 20.0%). They were two times as likely to seriously consider attempting suicide (31.6% vs. 15.5%), and were 7 times as likely to make a suicide attempt resulting in an injury that had to be treated by a doctor or a nurse (17.4% vs. 2.5%).

Sexual Activity. Students in unstable housing were 2.3 times as likely to be sexually active (51.9% vs. 22.4%), and among those who were sexually active, were 1.5 times as likely not to use a condom during sexual intercourse.

Alcohol, tobacco, and other drug use. Students experiencing housing instability were 4.7 times more likely than those in stable housing to be current cigarette smokers (43.1% vs 9.1%), and 2.3 times more likely to be current e-cigarette users. They were 2.5 times more likely to have had a drink of alcohol before age 13 (44.5% vs. 17.7%) and 7 times more likely to engage in high intensity binge drinking (more than 10 drinks on a single occasion in the last 30 days) (19.6% vs. 2.8%).

The largest disparities by housing stability occurred for drug use. Compared to students in stable housing, those in unstable housing were 12.5 times more likely to be current cocaine users (33.7% vs. 2.7%), almost 19 times more likely to be current methamphetamine users (28.3% vs. 1.5%), and 29 times more likely to be

current heroin users (29.1% vs. 1.0%). Students in unstable housing were 18 times more likely to have ever injected illegal drugs than other students (26.9% vs. 1.5%).

Nutrition and physical activity. Students in unstable housing were more likely not to eat breakfast daily (77.0% vs. 65.1%), and were more likely not to exercise on any of the last 7 days (20.0% vs. 14.6%).

Other. Students experiencing unstable housing were more likely to get inadequate sleep (less than 8 hours per night) (78.0% vs. 68.1%). They were more than twice as likely not to see a dentist in the past year (57.7% vs. 24.4%). Students in unstable housing were nearly 5 times as likely to get mostly D's and F's in school (25.5% vs. 5.6%).

Discussion

Young people in unstable housing face enormous disadvantages. Compared to their peers, they are likely to start their days with inadequate rest and without a morning meal. If they overcome concerns for their own safety and attend school, they are likely to underperform academically and face increased risks of bullying and violence while at school. They are less likely to access important health care services. They are at extreme risk of drug use, alcohol use, tobacco use, unsafe sexual activity, and sexual violence. At the same time, they are not currently treated as a priority population by the New Mexico public health community.

Without serious interventions targeting homeless youth, there can be no realistic effort to address many serious concerns among young people in New Mexico. While only 6.0% of students, or over 6,000 public high school students, were homeless, that small minority was disproportionately represented among those engaging in the risk behaviors discussed here. For instance, homeless students made up 64.5% of all current heroin users. This means that if a drug use intervention targets the easy to reach 94.0% of students in stable housing, it will miss targeting the vast majority of all heroin users. Yet, most public health interventions do not target those who are homeless, and youth who are at the greatest risk are left behind.

Providing housing to homeless youth should be carefully considered among the interventions that could be implemented for this high risk group. This could take

the form of rent support that allows homeless young people to live with family or friends who don't have available resources to care for them. Enabling young people to live in stable home situations would increase the likelihood they would attend school regularly. A stable home and regular school attendance would put them within reach of other interventions designed to fit their particular needs.

In addition to housing, homeless youth require a comprehensive array of services, including education, vocational training, legal assistance, and health care inclusive of mental health and substance abuse treatment. Services should be coordinated among all youth-oriented providers, including schools, shelters, non-governmental agencies, and state government agencies including the departments of Health, Education, Human Services, and the Children, Youth and Families Department. The youth discussed in this report attend public schools, and a logical way to reach them would be to expand the network of School Based Health Centers and the services they provide. For homeless youth not attending school, these services could be made available to non-students, or be provided through off-campus sites.

The YRRS question about housing stability has transformed the way YRRS results can be used and interpreted. Up to this point, there has been no way of identifying two different population groups with this magnitude of disparity between them. This new and powerful tool should be carefully noted by the public health community in New Mexico, and the issue of homelessness should be incorporated into all public health practice.

References

1. Bassuk EL, DeCandia CJ, Beach CA, et. al. "America's Youngest Outcasts: A Report Card on Child Homelessness. (2014)." 2014. Waltham, MA: The National Center on Family Homelessness at American Institutes for Research.
2. "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness." 2015. United States Inter-agency Council on Homelessness. Washington, D.C.

The New Mexico Epidemiology Report

Michael G. Landen, M.D., M.P.H.
State Epidemiologist & Editor

The New Mexico Epidemiology Report
(ISSN No. 87504642) is published monthly

by the

Epidemiology and Response Division
New Mexico Department of Health
1190 St. Francis Dr.
P.O. Box 26110, Santa Fe, NM 87502

24-Hour Emergency Number:
(505) 827-0006
www.health.state.nm.us

Figure. Where usually slept at night in the past 30 days, Grades 9-12, NM, 2015

