



Health Outcomes among Runaway and Homeless Youth – Does Place Matter?

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Background

- Although youth living in rural areas experience homelessness at similar rates to those living in urban areas, most research and interventions with homeless youth have focused on urban contexts.
- Runaway youth and homeless youth are at risk for adverse physical and mental health outcomes, yet little is known about the unique needs of homeless youth from different geographic regions.
- Geographic differences in the health needs of homeless youth could have important implications for policy and interventions.

Objective

We sought to assess geographic differences in health outcomes among runaway and homeless youth.

Methods

Data

We conducted a secondary data analysis using responses of 8th, 9th and 11th graders from the 2019 Minnesota Student Survey ($n=10,757$) who had experienced some form of housing instability in the prior year.

- Housed runaway:** Youth who had run away at least once in the prior year, but denied any other form of homelessness ($n=5,180$; 48%)
- Family homeless:** Youth who had been homeless, but always accompanied by an adult in the prior year ($n=4,491$; 42%)
- Unaccompanied homeless:** Youth who had experienced unaccompanied homelessness in the prior year ($n=1,086$; 10%)

A youth was considered *homeless* if they indicated that they had: “stayed in a shelter, somewhere not intended as a place to live, or someone else’s home because you had no other place to stay.”

Measures

We examined 5 health indicators:

- Self-reported sub-optimal health:** Current poor, fair or good health
- Depressive symptoms:** PHQ-2 score ≥ 3 (past 2 weeks)
- Suicide attempts:** Attempted suicide (past year)
- Sexual partners:** ≥ 2 sexual partners (past year)
- Vaping:** Used a vape or e-cigarette at least once (past 30 days)

Analysis

We conducted multifactor analysis of variance (ANOVAs) for each of the 5 health indicators:

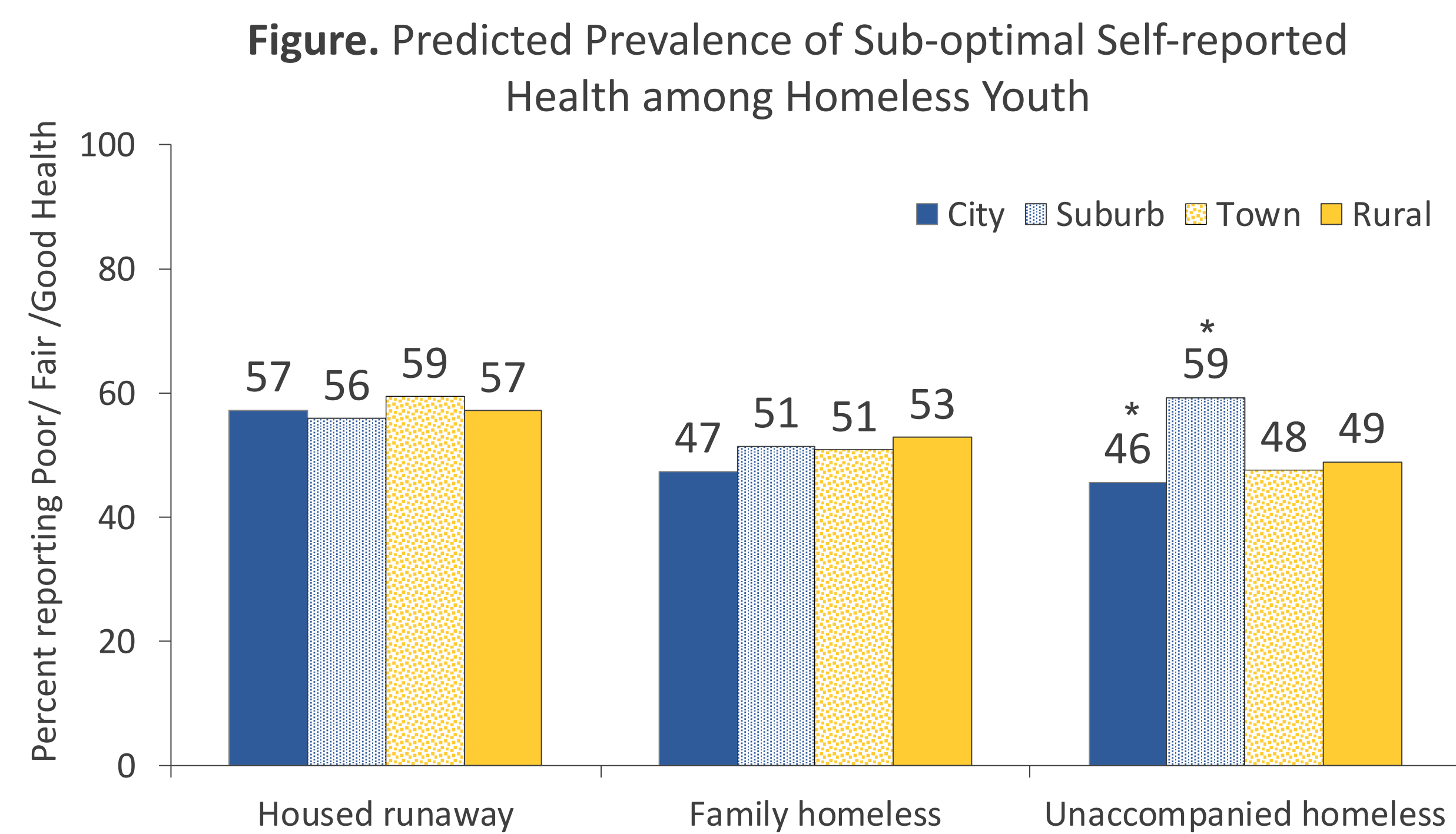
- Initial models examined interactions between geographic region and housing status.
- Final, parsimonious models retained housing status and geographic region, but dropped their interaction term when not significant. Analyses were stratified by housing status to probe significant interactions.

Sample Characteristics

	%
Geographic region	
City	13
Suburb	43
Town	26
Rural	18
Assigned sex, Female	52
Race/ethnicity	
Asian, Non-Hispanic (NH)	8
Black, NH	8
Hispanic	8
White, NH	57
Multiple Race NH	14
Receives free/reduced price lunch ^a , Yes	38

Results

Self-reported Sub-optimal Health



Note. Analyses control for age, grade, race/ethnicity, biologic sex, free & reduced-price lunch.

Interaction models

- The effect of housing status on mental health did not vary by geographic region (interaction, $p>0.05$).

Parsimonious models

- Runaway youth and unaccompanied homeless youth were more likely to report a suicide attempt in the past year and have a positive PHQ-2 depression screen than those who had faced family homelessness.
- Across regions, about half of youth reported depressive symptoms and approximately one-third reported having attempted suicide ($p>0.05$).

Interaction models

- The effect of housing status on self-rated health varied by geographic region (interaction, $p=0.003$, see **Figure**).

Predicted probabilities, stratified by housing status

- Unaccompanied homeless youth in suburban areas reported higher likelihood of poorer overall health compared to unaccompanied youth in urban areas ($p=0.002$).
- Runaway youth and youth experiencing homelessness with their family had similar rates of self-reported overall health across locations ($p>0.05$).

Mental Health

	Depressive symptoms (PHQ-2 score ≥ 3)	Suicide attempt (past year)
Housing status	$p<0.001$	$p<0.001$
Housed runaway	52.6 ^a	41.2 ^a
Family homeless	34.2	22.1
Unaccompanied homeless	54.4 ^a	45.8 ^a
Geographic region	$p=0.590$	$p=0.450$
City	48.4 ^b	36.7 ^b
Suburb	46.3 ^b	36.0 ^b
Town	46.4 ^b	37.4 ^b
Rural	47.2 ^b	35.4 ^b
Note. Analyses control for age, grade, race/ethnicity, biologic sex, free & reduced-price lunch. Items that share a superscript do not differ significantly ($p > .05$).		

Risk Behaviors

	≥ 2 sexual partners (past year)	Vaping (past 30 days)
Housing status	$p<0.001$	$p<0.001$
Housed runaway	22.0	45.6
Family homeless	12.9	24.0
Unaccompanied homeless	30.8	51.3
Geographic region	$p=0.007$	$p=0.002$
City	20.8 ^a	37.7
Suburb	19.9 ^{a,b}	39.5 ^a
Town	24.1 ^{a,c}	43.3 ^b
Rural	23.0 ^{a,b,c}	40.7 ^{a,b}
Note. Analyses control for age, grade, race/ethnicity, biologic sex, free & reduced-price lunch. Items that share a superscript do not differ significantly ($p > .05$).		

Discussion

- Our findings suggest that *runaway and homeless youth from different geographic regions face similar health risks*, with subtle differences with respect to self-reported health and risk behaviors.
- Despite the high burden of health risk faced across all geographic regions, *most resources for homeless youth are concentrated in urban areas*, leaving those living outside of cities without needed support.
- Our findings *highlight important differences in health between subtypes of unstably housed youth*, with unaccompanied homeless youth and runaway youth generally faring the poorest.

Limitations

- This study is a secondary data analysis of cross-sectional data
- The Minnesota Student Survey does not capture students who may not be enrolled in public schools or were absent on the day of administration.

Future Directions

- Tailored clinical and community interventions to meet the unique needs of homeless and runaway youth across geographic regions are critical.
- Additional research is needed regarding best practice for identifying and intervening to support youth and families who may be at risk for or experiencing running away or homelessness.

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