2005

# A Needs Assessment of the Homeless of Birmingham and Jefferson County

Mark LaGory
*University of Alabama, Birmingham*

Ferris J. Ritchey
*University of Alabama, Birmingham*

Kevin Fitzpatrick
*University of Alabama, Birmingham*

J Irwin
*University of Nebraska at Omaha*, jirwin@unomaha.edu

# A NEEDS ASSESSMENT OF THE HOMELESS OF BIRMINGHAM AND JEFFERSON COUNTY

**SUBMITTED TO:**

**CITY OF BIRMINGHAM, OFFICE OF COMMUNITY DEVELOPMENT**
**AND**
**JEFFERSON COUNTY, COMMUNITY DEVELOPMENT DEPARTMENT**

**BY:**

**Mark LaGory, Ph.D., Ferris J. Ritchey, Ph.D., Kevin Fitzpatrick, Ph.D., Jessica Irwin**

**Department of Sociology**
**University of Alabama at Birmingham**

## ACKNOWLEDGEMENTS

This research was funded by grants from the Office of Development, City of Birmingham (James Fenstermaker, Director) and Jefferson County's Office of Planning and Community Development (Dr. Frederick L. Hamilton). We are grateful for this support.

A project of this magnitude cannot be accomplished without the assistance of a large group of people. We would like especially to thank the Department of Sociology, its staff, the Ph.D. program in Medical Sociology, and particularly its graduate students for their assistance. We note with special gratitude the contributions of Tim Hale who helped with various aspects of the fieldwork, data entry and management, as well as various editing functions related to the final manuscript. Many other students assisted in various stages of the project including, Colin Ferrell, Cullen Clark, Akila Dulin, Beverly Hogan, and Lonnie Hannon. We especially thank the student's from Dr. Ritchey's Statistics class, and Dr. LaGory's Homeless class for their participation in the point-in-time study.

We note with special gratitude the critical contribution of Michelle Farley, director of MBSH. Without her knowledge and assistance the point-in-time study could not have been accomplished. She assisted us in recruiting volunteers, identifying contact persons, and shared her experiences with earlier point-in-time studies.

Shelter providers were particularly helpful in this study. We acknowledge the cooperation of all the agencies involved with the study. Without their assistance this research could not have been carried out. We especially thank the following agencies who sent volunteers for the point-in-time study: Fire House Shelter, Birmingham Healthcare, JBS Mental Health Authority, First Light, Pathways, Jimmie Hale Mission, Salvation Army, Jefferson County Housing Authority, along with members from area churches and civic organizations.

We acknowledge the skillful interviewing services performed by Susan Barber, Curtis Ballard, Arlene Bulger, Linda Cusimano, Tim Hale, Bridgit Hill, Beverly Hogan, Jessica Irwin, Emma Quarker-Sizemore, Anna Rogers, Ashley Schultz, Anne Wren.

## TABLE OF CONTENTS

## LIST OF TABLES

## LIST OF CHARTS

## EXECUTIVE SUMMARY

The information contained in this report, and summarized here, derives from two data collection activities. One, a point-in-time count of homeless persons in a 24-hour period on January 26-27, 2005 that included a two-page survey of basic demographic information and a needs assessment. Two, an hour-long survey of 161 homeless adults conducted between April 4 and May 25, 2005 providing information on residential and housing histories, duration and causes of homelessness, stressful life events and circumstances, resources, social supports and social capital, mental and physical health, and access to health services.

### Basic Demographics

- **Numbers**. Approximately 2,929 persons are estimated to be homeless in the Birmingham area. Of this total estimate, 1,414 are survey respondents, 151 are children under 18 years of age accompanying survey respondents, and 1,364 are homeless persons projected to be living in inaccessible places, such as abandoned buildings and doubling up with friends and relatives.
- **Family.** Seventy-four percent of homeless persons are unaccompanied adults, and 26% are in some type of family arrangement (2% are couples without children, 7% are couples with children, 16% are single parent families, and 1% in some other family arrangement).
- **Age.** The median age of respondents is 42 years and the mean age is 41. About four of five adult respondents (82%) are between the ages of 25 and 54.
- **Gender.** Seventy percent of the homeless are men, 30% are women.
- **Race/ethnicity.** Sixty-eight percent are African-American/Black and 31% Caucasian/White, with the remaining 1% of other race/ethnic categories. Less than 2% of respondents are Hispanic.
- **Education.** Education levels reflect those of the general population of Alabama, except that a relatively smaller percentage of homeless persons (about 2%) completed college. About 66% have a high school diploma and/or have taken college courses, 6% have a trade school or business school certificate; 27% have less than a high school diploma.
- **Income.** Median monthly income has declined significantly between 1995 and 2005 from $275 earlier to $200 now. The number with no income doubled between 1995 and 2000.
- **Time spent homeless.** The median time spent homeless is 8 months. Ten percent have been homeless less than one month, 52% 8 months or less, and 82% less than 2 years.

Sixty-six percent report that this is their first time homeless in the past 3 years.

- **Military service.** Twenty percent spent time in the military; 26% of men and 4% of women. This is a considerably smaller percent than in 1995.
- **Place of residence.** The most cited places of residence are transitional housing apartments (34%), emergency shelters (22%), and treatment facilities (12%). Twelve percent are staying on the streets and 7% are staying with a friend or relative. In 1995 the ratio was 4 emergency shelter residents to every 1 transitional resident. In this study the ratio is 2 emergency shelter residents for every 3 transitional shelter residents.
- **Locals.** The area's homeless are locals. Eighty-eight percent of the homeless were either born and raised in the Birmingham area, or lived here for at least 2 years.

**Causes**

- Personal relationship issues are the most often cited reasons for an individual's homelessness.

**Chronically Homeless**

- Twenty-nine percent of Birmingham area homeless fit the HUD definition of chronically homeless. An additional 6.7 % of persons can be defined as "other chronic" (accompanied persons with a disability who also meet the time requirements for a chronic condition).
- The HUD-defined chronically homeless are two times more likely to live on the streets.
- Overall, the HUD-defined chronic homeless use and express a need for more services, a fact supporting HUD's well-known assertion that the chronic homeless use and require a disproportionate number of available services. HUD-defined chronic homeless, on average, use one more service (median = 4 vs. 3) and need one more service (median = 2 vs. 1) than others.

**Stressors (Life Events and Daily Hassles)**

- Ninety-one percent report experiencing at least one undesirable life event over the last year. The most common events are job loss, death of a close friend, family member or partner, physical abuse, or problems with a spouse or partner.
- Over one-third lost a job in the last year. Health is a major contributing factor in the majority of people not working.
- The homeless perceive the streets as dangerous.
- Homeless victims of crime tend to know their attackers, and the perpetrators are often other homeless people. Distrust among the homeless is high, and a disproportionate number of homeless people carry a weapon for protection.

**Social Ties and Social Capital**

- Homeless persons are generally socially connected rather than isolated. Almost all homeless persons have some local ties that they use for assistance.
- Sixty-six percent have at least one living parent, and 63% talked with that parent in the last two weeks. Eighty-seven percent have friends or relatives in the Birmingham area. Sixty-eight percent have close friends here, while 60% have relatives in the area that they can rely on for assistance. The mean number of relatives in the Birmingham area that respondents say they can rely on for assistance is five, and the mean number of close friends in the area who can help is also five.
- Only 20 % have close friends among the homeless. Nearly 30% say that service providers are close friends and confidants.
- Eighty-eight percent receives at least one form of aid from a close friend or relative over the last six months.
- Only 6% are currently married, and 4% report living with a partner.
- Nonwhites have considerably more extensive family ties and strong tie supports. The average nonwhite respondent reports 7 relatives in the area that they can rely on for help, while the average white reports only 1.
- Fifty percent are members of a church or spiritual community. Forty-five percent attend church nearly every week, while 51% participated in a church-related activity other than worship in the last year.
- Ninety-one percent say that religion is very important in their lives, a figure identical to Birmingham's general population
- The two most common forms of group participation, other than religious-related activities, are support groups such as addiction recovery, health or mental health-related groups (54%), and the Homeless Coalition (26%).

**Physical Health**

- Homeless persons (54%) are much less likely to rate their health as good or excellent compared to the general adult population of the United States (75%).
- Homelessness affects health. Thirty percent say that since not having their own place, they get sick more often and 56% say that staying healthy is much harder since being homeless.
- From a checklist of 24 physical symptoms read to respondents, an average of six symptoms had been experienced in the past month. Stress-related, respiratory,

musculoskeletal, and digestive/urinary symptoms are especially common, reflecting the daily stressors and risky environments of homelessness.

- An unusually high percentage of homeless respondents (36%) had been hospitalized since homeless.
- Fifty-four percent indicate that since homeless there have been times when they needed a doctor but could not go to one, and 55% agreed they would go to the doctor more often if they had their own place. Inability to pay and lack of transportation were the main reasons cited for not going.
- **Prevalence of hypertension.** Forty percent state that they have been told by a doctor, nurse, or other health professional that they have high blood pressure. Only about half of those with hypertension, however, currently take medication for it. Thus, 19% of the homeless may have untreated hypertension.
- **Prevalence of diabetes.** Nine percent say that they have been told by a doctor that they have diabetes. About half of these respondents are not taking insulin.
- **Tobacco addiction.** Seventy-eight percent are current smokers. The percentage of pack-a-day-or-more smokers (20 or more cigarettes) in the total homeless sample is 54%.
- **Alcohol and drug use.** Twenty-eight percent report having wine, wine coolers, cocktails, liquor, or beer in the past month. Fourteen percent report binge drinking (five drinks or more on days when alcohol was consumed). Fifty-five percent say that alcohol has caused a problem in their life, 78% of these have been through a detox program. Eleven percent of the sample report currently using drugs other than alcohol.
- **Unsafe sexual behavior.** The homeless population is vulnerable to sexually transmitted diseases. Of 105 sexually active respondents, 40% never used a condom and only 30% always used one. Thus, 70 percent of sexually active homeless people practice "unsafe sex." The number of sexual partners in the 6 month period prior to the interview is substantial. Of 105 sexually active respondents, 21% had two partners and 24% had three or more.

## Mental Health

- One-third report having been told by a doctor sometime in their lives that they have a mental illness. Nearly half report having some problem with mental illness in their lifetime.
- Twenty-one percent report having an episode that landed them in a mental hospital. Seventy-two percent of those who had been in a mental hospital had also been in an

alcohol detox program, and 53% of those who had been in a mental hospital had been in a drug detox program. Comorbidity is thus a significant issue.

- Thirty-six percent of respondents report considering suicide, 31% actually tried to commit suicide, and 45% of those individuals had made an attempt since being homeless.

# CHAPTER 1
# INTRODUCTION

In the last twenty years America's homeless population reached a size not seen since the Great Depression. The Birmingham and Jefferson County area's experience reflects this national trend. The area's homeless population grew nearly160 percent between 1987 and 2005. Most of this growth occurred between 1987 and 1995, when homelessness grew by 145 percent (LaGory, Ritchey and Gerald 1995). Over the last few years the population seems to have stabilized. Undoubtedly, the most important factor contributing to this reduced growth is the dramatic expansion and improvement in local services and facilities. The reduced growth, however, may in part be a matter of semantics since HUD recently made changes to the operational definition of homelessness. For example, it no longer counts persons in permanent supportive housing as homeless.

Whether this stabilization of the population is real or not, one inescapable fact remains—homelessness is a significant local problem that does not seem to be going away. Why? Evidence suggests that the underlying structural forces producing homelessness have not changed significantly in the last two decades (National Alliance to End Homelessness 2000). Homelessness is first and foremost the result of a housing market problem. Most notably, the supply of affordable housing for low income families fails to keep pace with demand. Building low income housing is unprofitable. Because of this fact, as low-income units age and deteriorate, they are removed from the market or converted to more cost-effective uses while few new units are built to replace them. Additionally, wages and benefits for the working poor fail to keep pace with the cost of housing and other essential services. Even in the midst of economic growth, the lowest income groups continue to lose ground. The working poor find incomes eroding more rapidly than other segments of the population. During this same period, changes in the family, the growing feminization of poverty, along with the growing availability of new, more affordable, illegal drugs have compounded the personal problems of the poor.

Current homeless programs do not address the underlying forces producing these problems. They do a better job of helping communities like Birmingham and Jefferson County manage the homeless problem rather than solve it (National Alliance to End Homelessness 2000). Thus, instead of being well along the way to eliminating the problem of homelessness in Birmingham and Jefferson County, the community treads water, struggling with a significant, unrelenting problem. In recognition of this fact communities are being encouraged by HUD to develop new strategies to address the homeless problem, particularly relating to problems of the

chronically homeless. Gathering valid, reliable data on the local homeless problem is a critical step in designing such strategies.

This report, funded by City of Birmingham Community Development Department and the Jefferson County Office of Planning and Development is intended to provide reliable, systematic data that can be used in fine-tuning and implementing an area-wide continuum of care plan, and developing a "Ten Year Strategy to End Homelessness". The data presented here provide critical information concerning basic characteristics of the homeless, their residential histories, the underlying causes of their homelessness, health and well-being, service use patterns and basic service needs, sources of income and assistance, and social capital. Such information is essential for these governmental units, Metropolitan Birmingham Services for the Homeless (MBSH), and other local planning agencies in identifying various subgroups of homeless with specific needs and locating gaps in existing services.

The research reported here derives from a two-stage effort that includes:

1. A point-in-time assessment (point prevalence count) using a brief (3-5 minute) survey instrument. The point-in-time survey was conducted in the Birmingham Metropolitan Area over a 24-hour period, from 11AM January 26, 2005 until 11AM January 27, 2005. Soup kitchens (Fire House Shelter, Grace Woodlawn, Pathways, St. Andrew's, and Urban Ministries) were surveyed between 11am and 1pm on January 26, 4:30pm-6pm, January 26 (Jimmie Hale) and 8:30-10am, January 27 (Highland's United Methodist and Church of the Reconciler); day shelters were enumerated between 1 and 3pm, January 26. Night shelters were enumerated between 7 and 9pm on January 26. Street sites were enumerated from 1-3pm and 7-9pm on January 26 and from 5:30-11am on January 27. Each site was enumerated for only one block of time to avoid double-counting.
2. An intensive interview (1 hour response time) of 161 systematically sampled street and shelter-based homeless people in the Birmingham/Jefferson County area

The purpose of phase 1 is to provide reliable, conservative estimates of the size, basic demographics, residential history, service use patterns and service needs of the homeless population in the Birmingham area. It answers basic questions necessary for the Continuum of Care application to HUD. As such it places special emphasis on distinguishing the chronic homeless from other segments of the homeless population. Phase 2 provides detailed information on the nature, causes and consequences of the homeless condition. It employs an intensive structured interview (approximately one-hour in length) administered to a systematic sample of

street and sheltered homeless. In analyzing these data we provide comparisons with similar studies done in 1987 and 1995 in order to assess changes in the homeless problem over the last eighteen years in Birmingham and Jefferson County.

**Developing Reliable Counts of the Homeless Population**

A census of any population requires a technical definition of the population to be counted as well as a methodology for enumerating that population. Technical definitions and the methods chosen affect the data, which in turn affect assessments of the severity of a problem. Defining the homeless population is one of the most challenging aspects of conducting a homeless study. Just exactly what constitutes homelessness is a matter of some debate.

HUD offers what on the surface appears to be a straightforward definition of homelessness. According to HUD a person is homeless only when he/she resides in one of the places described below at the time of the count:

An unsheltered homeless person (or street person) resides in a place not meant for human habitation, such as a car, park, sidewalk, or abandoned building. A sheltered homeless person resides in an emergency shelter, or in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. This latter qualification for counting the sheltered homeless, that persons in transitional or supportive housing must have come from the streets or an emergency shelter, cannot often be accurately determined in a count. As such we use Martha Burt's (1992) definition for Phase 1 and 2.

In Practical Methods for Counting Homeless People Burt identifies the following components of the homeless population:

X **Adults, children and youths sleeping in places not meant for human habitation.**

"Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g., subway tunnels, railroad cars), all night commercial establishments (e.g., movie theaters, laundromats, restaurants), abandoned buildings, squatter situations, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles and other similar places."

X **Adults, children and youth in shelters.**

"Shelters include all emergency shelters and transitional shelters for the homeless, all domestic violence shelters, all shelters and residential centers or programs for runaway and homeless youth, and any hotel/motel/apartment voucher arrangement paid because the person or family is homeless."

X **Adults, children and youth at imminent risk of residing on the streets or in shelters.**

**-Children in Institutions--** "children or youth who, because of their own or a parent's homelessness or abandonment, reside temporarily, and for a short anticipated duration, in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like, and whose legal care has not (yet) been assumed by a foster care agency."

**-Adults in institutions--** "adults currently residing in mental health facilities, chemical dependency facilities, or short term criminal justice holding facilities, who at time of entry had no home of their own, no known address, or whose address was a shelter for the homeless, or another facility such as a soup kitchen serving the homeless."

**-Adults, children and youth living "doubled-up" in conventional dwellings who are precariously housed--** "their housing situation must have arisen from an inability to pay for one's housing due to an emergency, and it must be for a short duration."

Phase 1 employs an interview component to assist in the street count. By interviewing the persons counted, we avoid counting people more than once, and at the same time ensure that they meet the definitional requirements of homelessness described above. A complete discussion of the methodology employed in Phase 1 and 2 is provided in the next chapter.

# CHAPTER 2
# METHODS AND PROCEDURES OF THE STUDY

As noted, there were two data collection activities involved in this research. This chapter of the report describes the procedures used in both of them. First, there was a point-in-time count of homeless persons with a short survey. This data collection activity was conducted on January 26-27, 2005. It was a single-day census, a count of how many people could be identified as homeless in a 24-hour period. It also included a two-page survey of basic demographic information and a needs assessment. The point-in-time count provided a reasonable snapshot of Birmingham area homeless adults. The second data collection activity was intensive, hour-long surveys of 161 homeless adults. These surveys were conducted between April 4 and May 25, 2005. Respondents to the intensive surveys were chosen to be representative of the population of homeless persons 19 years of age and older as determined by the results of the point-in-time survey count; therefore, the results of the intensive survey may be generalized to this population.

In general, the point-in-time count and the intensive interview sample include only homeless persons who are "highly visible" and readily accessible to service providers in the Birmingham-Hoover Metropolitan Statistical Area (MSA), which includes Jefferson, Blount, St. Clair, and Shelby counties. The population of homeless persons in this study fits Burk's definitions presented in Chapter 1 but with a few exceptions. We exclude jails, campgrounds, and outlying rural areas of the MSA counties. For example, except for some who were surveyed at six soup kitchens, the survey does not include persons or families doubling up with friends or relatives, living in motels or hotels, living in abandoned buildings, campgrounds, or on the streets other than in the Birmingham city center. Moreover, the study excludes those who have transitioned from homelessness to permanent housing.

## The Point-In-Time Count and Survey

HUD guidelines establish that in order to meet government guidelines for funding of services for the homeless, every Continuum of Care must conduct a count and needs survey annually. The count occurs in the last week of January when cold weather encourages homeless persons to go to shelters, where they are easier to count. The Birmingham area point-in-time survey was conducted over a 24-hour period from 11:00AM on January 26, 2005 until 11:00 AM on January 27, 2005. The survey instrument was patterned after one used by Unity, the New Orleans Continuum of Care, but modified by Metropolitan Birmingham Services for the Homeless (MBSH) to address the particular needs of Birmingham area's continuum of care plan. With slight modifications, the survey instrument for 2005 was substantially the same as that used

by MBSH in 2004. The 2005 instrument was shortened, with a few questions being dropped, and the measurements were refined to better fit HUD-based data requirements. An effort was made to keep changes to a minimum, however, so that this year's results could be compared to previous studies.

**Identification of Locations and Gaining the Cooperation of Service Providers.** To prepare for the point-in-time survey and, subsequently, the intensive interviews, several steps were taken to gain the full cooperation of service providers. First, a master list was developed of shelters and facilities serving homeless persons in the Birmingham-Hoover MSA. This list included 78 facilities ranging from emergency shelters, to transitional facilities, domestic violence shelters, shelters for children in temporary foster care, and special needs facilities for homeless persons. The identification of facilities was facilitated by working from existing service directories, including *Hand to Hand: A Resource Guide for the Homeless*, produced by City Action Partnership (CAP) and The Old Firehouse Shelter, and the *United Way Community Resources Directory*, 22nd Edition, published by United Way Information and Referral Center. Shelters and facilities were called to inform them of the upcoming point-in-time survey. The facilities provided updated information, including contact persons, telephone and FAX numbers, email addresses, and physical addresses.

To our knowledge all service agencies whose missions include substantial services to homeless persons in Jefferson, Shelby, Blount and St. Clair counties, Alabama participated in the 2005 point-in-time survey. Because homeless clients comprise a miniscule percentage of their overall client bases, participation was not solicited from mainstream agencies, such as the Crisis Center, the Department of Human Resources, the Food Stamps Office, and other entities whose main constituencies are permanently housed individuals.

As in previous censuses enumeration of persons spending their nights on the streets was limited for practical and security reasons. Street homeless were sought primarily in a 360-square-block area of the city center of Birmingham. Prior to the survey dates, common street locations were established from preliminary drives through all areas and from information from outreach workers and police precincts. On the day of the count, five teams of enumerators were assigned to different geographical regions. Experienced interviewers (such as outreach workers) were chosen as team captains for the street teams. Interviewers were trained to look in specific places for homeless people including: 1) streets, alleys, passageways between buildings; 2) parking decks and garages; 3) parks, vacant lots, and thickets; 4) bridges and overpasses; 5) parked and abandoned vehicles; and 6) all night restaurants. Because of security risks, no surveys were conducted in abandoned buildings even though persons were known to sleep in several such

places in the area. The majority of homeless persons residing on the streets were actually surveyed at soup kitchens and some were surveyed at employment catch-out corners.

By disregarding mainstream agencies such as the Food Stamps Office, and by not seeking homeless persons in inaccessible locations, there is the potential for substantial under-enumeration of homeless persons. However, this under-enumeration was partly compensated for by conducting point-in-time surveys in soup kitchens, which were known from previous surveys to be frequented by homeless persons who reside in inaccessible places.

**Volunteer Interviewers.** The point-in-time survey instrument appears at the back of Appendix A. It was administered by trained volunteers, including college students, service providers, and community residents. On January 25, the evening before the survey, volunteers attended a two-hour training session where they learned the purpose of the survey, interviewing procedures, and the relevance of questions. In addition, volunteers role-played interviews and were instructed on how to approach people, and how to remain safe while conducting night-time surveys that sometimes took place on dark streets and near abandoned buildings. Finally, all volunteers were assigned to teams with team captains, and given specific enumeration sites and time slots during which to conduct interviews. Team captains were chosen from a pool of experienced service providers.

**Point-in Time Survey Interview Times.** Soup kitchens at the Fire House Shelter, Grace Episcopal Church in Woodlawn, Pathways, St. Andrew's, and Urban Ministries were surveyed from 11:00 AM to 1:00 PM on January 26. The soup kitchen at Jimmie Hale Mission was surveyed from 4:30 to 6:00 PM on January 26. Soup kitchens at Highland's United Methodist Church and the Church of the Reconciler were surveyed from 8:30 to 10:00 AM on January 27. Day shelters were enumerated from 1:00 to 3:00 PM on January 26. Night shelters were enumerated from 7:00 to 9:00 PM on January 26. Street sites were enumerated from 1:00 to 3:00 PM and from 7:00 to 9:00 PM on January 26, and from 5:30 to11:00 AM on January 27.

**Administering the Point-in-Time Survey.** As can be seen in Appendix A, *Report of Results of the Birmingham, Alabama Metropolitan Area Survey of Homeless Persons, January 27-28, 2005*, the questionnaire is designed so that it can either be administered by an interviewer or completed by a respondent as a questionnaire. Volunteers were instructed to administer the questions themselves whenever possible. In several large facilities and in many transitional shelters, however, some potential respondents were absent at various times for employment. For these situations shelter staff gave general instructions to clients as they became available and allowed them to complete the questionnaires alone. These surveys were then gathered the next day.

**Counting Persons Who Refused to Complete the Survey.** Since respondents could refuse to answer the survey, some persons did not choose to participate. In those instances when a prospective respondent refused to participate in the survey, but he/she was in a setting exclusive to homeless persons, volunteers were instructed to record approximate age, gender, and ethnicity on the survey form. Blankets and candy bars were distributed to homeless persons on the streets to encourage them to participate in the study.

**Eliminating Duplications.** Several quality control procedures were in place to eliminate duplicate responses. First, the point-in-time survey was printed on two-sides of yellow card stock paper. The distinctive color facilitated clarity. At the beginning of the survey, volunteers asked potential respondents if they had already "done the yellow survey." Upon recognizing it, participants appeared eager to refuse if they had previously completed the survey, suggesting that any double-count would be incidental. Second, respondents were asked their initials and ages. Double-counts were assessed by matching initials, ages, and other parallel information, such as race. Only four adults were determined to have responded to the survey twice. Another concern was the double reporting of children, when both parents were surveyed. We also obtained initials, ages, and locations of children and others who accompanied a respondent. Only one child was double-reported, and this case was removed from the data set. We believe that this small double-count was due to the small number of intact families among homeless persons. Most children were accompanied by a single parent, usually the mother.

The small number of double-counts in this point-in-time survey suggests that duplication is not a major concern. The total population count of adults was 1,414. The four duplicates come to less than three-tenths of one percent of the total (i.e., a proportion of .003). This amount of error is less than the amount of rounding error when rounding to the nearest percentage, which is $\pm$ .5 percent (a proportion of .005). Therefore, this amount of duplication is incidental. Perhaps the procedure of requesting initials for persons accompanying respondents could be eliminated in future point-in-time surveys to save time. (One cautionary note, however, to those who intend to follow our procedures. If respondents are given a significant incentive to participate, such as money, this would encourage double-counts and require extensive quality control procedures.)

**Screening of Housed Persons.** Question 5 on the point-in time survey was the primary way of screening housed from nonhoused persons. It asked, "Where did you spend last night?" Those not fitting the definition of homeless were eliminated. Occasionally interviews were administered to persons who, from the information provided, were determined late in the interview to have places of their own. These responses were also eliminated. The 1,414 homeless persons counted represented only persons who were clearly without their own housing.

**The Intensive Survey**

The intensive interviews sought extensive information on the demographics, residential histories, current and recent habitation, duration of homelessness, causes of homelessness, stressful life events and everyday life experiences and challenges, personal income and financial sources, criminal victimization, social networks and social supports, mental and physical health, access to medical care and preventive health services, health risks and risky health behavior. The complete intensive interview survey is attached as Appendix B. The time for completion of the surveys averaged 54 minutes and ranged from 24 to 90 minutes.

**The Intensive Survey Sample.** The sample size for the intensive survey was 161. The sampling objective of the intensive interview phase of the study was to obtain a representative sample of the Birmingham/Jefferson County area's "highly visible" homeless adults (age 19 and older). The January 26-27, 2005 point-in-time survey provided the sampling frame to accomplish this objective. Table 8 from the report on the point-in-time survey (Appendix A) provides the site locations of the 1,414 persons counted. Using this information, for the intensive survey sample the shelter and soup kitchen locations were treated as sampling clusters. Each location or "cluster" was targeted for a number of interviews based on its proportional representation to the total number of homeless counted in the point-in time census. For instance, if Shelter A had 10 percent of the area's homeless, then 16 interviews (10% of 161) were obtained from that shelter. In addition, for each location, quotas were computed, based on the point-in-time data, for race-gender pairings. For example, if 25 percent of Shelter A's population were white females, then they were targeted for four interviews (25% of 16). Once on site, with very few exceptions, respondents were selected randomly, a procedure that randomized other demographic features, such as age, as well as other variables. The resulting cluster sample produced a representative cross-section of the Birmingham/Jefferson County area homeless population with regard to race, gender, and site location. The site locations and race-gender pairings of the 161 intensive survey respondents are presented in Table 2.1.

For practical reasons, respondents with severely impaired communication skills were eliminated from consideration in this study. Thus, facilities housing elderly homeless patients with dementia, and those housing retarded persons without homes, were not sampled. These facilities were: Pioneer House, and some Jefferson/Blount/Shelby Mental Health Authority placements. In summary, intensive surveys necessarily under represented homeless people who were completely unable to reliably communicate.

**Response Rate for the Intensive Interviews.** Of the 183 people approached for interviews, 22 walked away before the interviewers could introduce themselves. No respondents

refused participation after the interviewer introduction. Thus, the response rate was 161 of 183, or 88 percent. A response rate of 88 percent was exceptionally high for a walk-up interview. The refusals appeared random and, thus, unlikely to produce response bias. For a sample of 161, estimates of population percentages had a range of error of $\pm$ 7.7 percent at the 95 percent level of confidence for a two-tailed test.

**Table 2.1 Locations of Intensive Survey Interviews by Race-Gender Pairings**

| Locations | | Interview Respondents* | | | | |
|---|---|---|---|---|---|---|
| | | **Total** | **BM** | **WM** | **BF** | **WF** |
| Steps and Traditions | Transitional Housing | 6 | 5 | 1 | | |
| Highland's UMC | Soup Kitchen | 1 | | 1 | | |
| Safe House | Emergency Shelter | 1 | | | | 1 |
| Interfaith Hospitality House | Emergency Shelter | 1 | | | 1 | |
| Birmingham Health Care (BHC) | Supportive Services | 8 | 4 | | 4 | |
| The Neighborhood House | Transitional Housing | 1 | 1 | | | |
| Pathways | Soup Kitchen | 2 | | | 2 | |
| | Transitional Housing | 4 | | | 3 | 1 |
| Jimmie Hale Mission | Emergency Shelter | 9 | 6 | 3 | | |
| Family Violence Center / YWCA | Emergency Shelter | 1 | | | 1 | |
| Community Kitchens Southside | Soup Kitchen | 6 | 2 | 2 | 1 | 1 |
| Traditional Housing / YWCA | Transitional Housing | 3 | | | 2 | 1 |
| Church of the Reconciler | Soup Kitchen | 6 | 4 | 2 | | |
| Urban Ministries | Soup Kitchen | 3 | 2 | | 1 | |
| Aletheia House | Transitional Housing | 22 | 13 | 2 | 3 | 4 |
| AIDS Alabama | Transitional Housing | 5 | 2 | 1 | 2 | |
| Community Kitchens Woodlawn | Soup Kitchen | 5 | 2 | | 2 | 1 |
| First Light | Soup Kitchen | 4 | | | 2 | 2 |
| The Foundry (City of Hope) | Transitional Housing | 12 | 1 | 6 | 1 | 4 |
| Salvation Army | Emergency Shelter | 6 | 2 | 1 | 2 | 1 |
| Old Firehouse Shelter | Emergency Shelter | 6 | 6 | | | |
| | Soup Kitchen | 18 | 11 | 4 | 2 | 1 |
| | Transitional Housing | 7 | 4 | 3 | | |
| Jefferson, Blount, St. Clair MHA | Supportive Services | 9 | 2 | 3 | 2 | 2 |
| Alpha Recovery House | Recovery House | 1 | 1 | | | |
| Bethany Home | Transitional Housing | 2 | 1 | | | 1 |
| Brother Bryan | Transitional Housing | 3 | 1 | 2 | | |
| Fellowship House | Recovery House | 8 | 3 | 2 | 1 | 2 |
| Hope House | Supportive Services | 1 | 1 | | | |
| | | | | | | |
| | **Totals:** | **161** | **74** | **33** | **32** | **22** |

* BM = black male; WM = white male; BF = black female; WF = white female

# CHAPTER 3
# DEMOGRAPHIC PROFILE OF HOMELESS PEOPLE IN THE BIRMINGHAM-JEFFERSON COUNTY AREA

## Count of Homeless Persons

Table 3.1 reports actual and projected numbers of homeless persons based on the definitions of the homeless previously discussed. In the 24-hour point-in-time count and survey taken on January 27-28, 2005, 1,414 homeless adults were found on the streets, in shelters, and other facilities  In addition, 151 children were reported to accompany a parent for a total count of 1,565 "highly visible" homeless persons. Moreover, based on methodology used in our study of 1995, a very conservative estimate of 1,364 additional homeless persons was projected to be staying in places inaccessible to census takers (persons doubling up and staying in abandoned buildings). Based on the direct count and this projection, at least 2,929 persons would likely be found homeless on any given night in the Birmingham area.

Table 3.2 shows that nearly three-quarters of adult respondents (73.6%) were unaccompanied with the remaining quarter having assorted family arrangements. Since the enumeration did not count homeless persons residing on the streets outside the city center, and since the large shelters were located in the city center, as expected a large majority of homeless persons were found in the city of Birmingham. All told 78 percent were enumerated within the city limits, 21 percent were found in other parts of Jefferson County, and the rest were in outlying counties of the Metropolitan Statistical Area.

**Table 3.1 Count of Homeless Persons and Projections of Inaccessible Homeless Persons, Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.**

| *Source* | *Number* |
|---|---|
| *Survey Responses: Directly Observed Homeless Persons* | |
| Adults 18 years of age and older responding to survey | 1,348 |
| Children 12 to 16 years of age and older responding to survey | 2 |
| Respondents to survey with age not reported | 64 |
| *Total number of survey responses* | *1,414* |
| Children reported to accompany respondents | 151 |
| *Total number of homeless persons counted (respondents and children)* | *1,565* |
| *Projections of Homeless Persons Not Accessible to Census** | |
| Based on Survey of Soup Kitchens | 1,364 |
| *Total number of homeless persons counted and projected* | *2,929* |

* This projection is based on a survey of both homed and homeless users of soup kitchens in a scientific study of homeless persons conducted in 1995. It is projected that 46.6 percent of the total number of homeless persons in the Birmingham area are living in inaccessible places such as abandoned buildings and mines, or doubling up with friends and relatives, *and* using soup kitchens. This estimate is very conservative because it does not include such inaccessible homeless who are not presenting at soup kitchens. See pages 6-11 in LaGory, Mark, Ferris J. Ritchey and Lynn Gerald. 1995. *Homelessness in Birmingham and Jefferson County: A Needs Assessment*. Submitted to the City of Birmingham, Office of Community Development and Jefferson County, Office of Planning and Community Development.

**Table 3.2 Family Characteristics: How Homeless Respondents Perceive Their Family Situations for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005**

| *Family Situation* | *Number* | *Percent* |
|---|---|---|
| Two parent family with children | 87 | 7.2% |
| One parent family with children | 197 | 16.2 |
| Couple without children | 25 | 2.1 |
| Single individual | 894 | 73.6 |
| Other family situation | 11 | .9 |
| | | |
| Total | 1,214 | 100.0% |
| | | |
| Not reported | 200 | |
| | | |
| Total number of respondents | 1,414 | |

**Demographic Characteristics of Birmingham MSA Homeless Persons**

**Age and Gender.** Based on the point-in-time count, the median age of respondents was 42 and the mean age was 41 years (Table 3.3). About four of five adult respondents (82%) were between the ages of 25 and 54. This is highlighted by Chart 3.1.

Men comprised 70% of the survey respondents (Table 3.4 and Chart 3.2). Homeless men were generally older than homeless women with a mean age of 43 years for men compared to 38 years for women (Table 3.5). Because women had a much greater probability of being in one parent family arrangements (36% versus 7%) they were also more likely to be accompanied by children (20% to 1%; Table 3.6). Men were about twice as likely to reside on the streets (14% to 8%; Table 3.7). In general, men average slightly longer amounts of time homeless (Table 3.8).

**Race and Ethnicity.** Sixty-eight percent of respondents were African-American/Black and 31% Caucasian/White, with the remaining one percent comprised of other race/ethnic categories. Less than 2% of respondents were Hispanic, a question that was asked separately from race (Table 3.9.) Chart 3.3 revealed that about half (51%) of all Birmingham area homeless adults were African-American/Black males, 21% Caucasian/White males, 17% African-American/Black

females, and 13% Caucasian/White females.

**Educational Level.** Table 3.10 and Chart 3.4 present the educational levels of Birmingham area homeless persons based on information provided in the intensive interviews of 161 persons. As in past surveys, our respondents generally reflected educational levels of the population of Alabama except that a relatively small percentage of homeless persons (about 2%) completed a college degree. About 66% of our sample completed a high school diploma and/or had taken some college courses, and 6% had acquired a trade school or business school certificate. Only 27% had less than a high school diploma.

**Table 3.3 Ages of Homeless Persons and Their Children for 1,350 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005**

| *Ages of respondents* | *Number* | *Percent* |
|---|---|---|
| 10-14 years old | 2 | .1% |
| 15-19 | 16 | 1.2 |
| 20-24 | 83 | 6.1 |
| 25-34 | 248 | 18.4 |
| 35-44 | 449 | 33.3 |
| 45-54 | 407 | 30.1 |
| 55-59 | 98 | 7.3 |
| 60-64 | 32 | 2.4 |
| 65-74 | 13 | 1.0 |
| 75-84 | 3 | .2 |
| | | |
| Total | 1,350 | 100.0% |
| | | |
| Age not reported | 64 | |
| Median age of respondents | 42 years | |
| Mean age of respondents | 41 years | |
| Standard Deviation | 11 years | |

| *Ages of children with parents (N = 151 children)* | *Number* | *Percent* |
|---|---|---|
| 2 years and under | 35 | 23.1% |
| 3-5 years | 29 | 19.2 |
| 6-10 | 49 | 32.5 |
| 11-15 | 27 | 19.0 |
| 16-17 | 11 | 7.3 |
| Total | 151 | 100.0% |

**Chart 3.1 Age Distribution of Birmingham–Jefferson County Area Homeless Persons, 2005 (n = 1,349)**

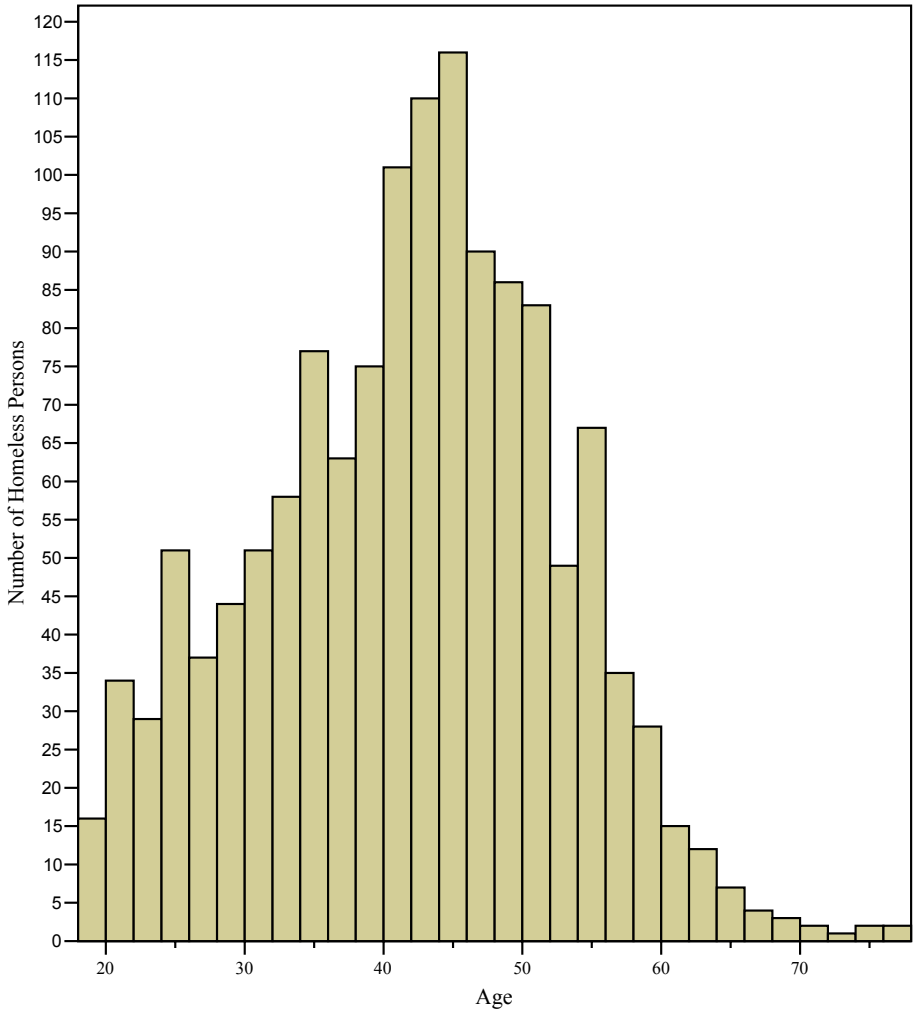


**Table 3.4 Gender for 1,356 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005**

| *Gender (N = 1,356 who responded to this question)* | *Number* | *Percent* |
|---|---|---|
| Males | 948 | 69.9% |
| Females | 408 | 30.1 |
| Total | 1,356 | 100.0% |

**Chart 3.2 Gender Distribution of Birmingham-Jefferson County Area Homeless Persons, n = 1,356**

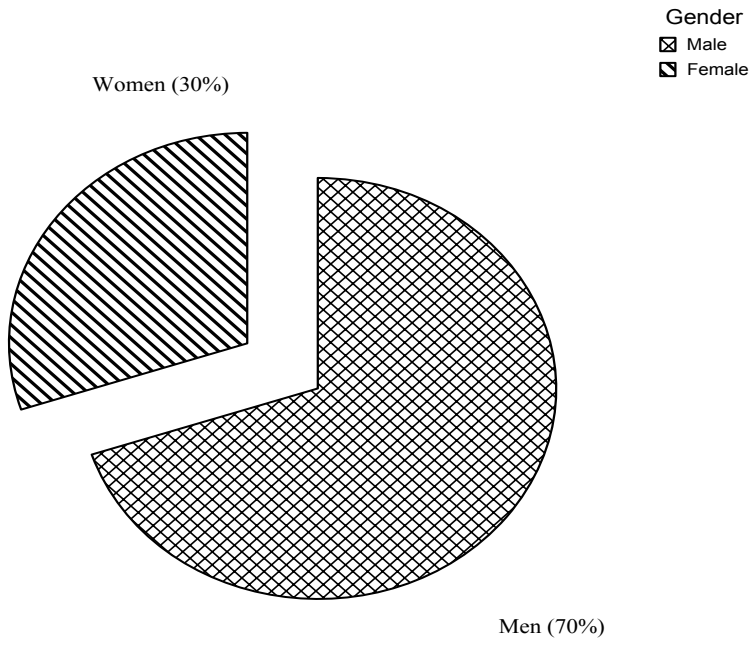


**Table 3.5 Gender by Age for 1,343 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005**

| *Age* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| 10-14 years | Count | 1 | 1 | 2 |
| | % within Gender | .1% | .2% | .1% |
| 15-19 | Count | 9 | 7 | 16 |
| | % within Gender | 1.0% | 1.7% | 1.2% |
| 20-24 | Count | 40 | 43 | 83 |
| | % within Gender | 4.2% | 10.7% | 6.2% |
| 25-34 | Count | 137 | 111 | 248 |
| | % within Gender | 14.5% | 27.7% | 18.5% |
| 35-44 | Count | 321 | 127 | 448 |
| | % within Gender | 34.1% | 31.7% | 33.4% |
| 45-54 | Count | 327 | 73 | 400 |
| | % within Gender | 34.7% | 18.2% | 29.8% |
| 55-59 | Count | 70 | 28 | 98 |
| | % within Gender | 7.4% | 7.0% | 7.3% |
| 60-64 | Count | 24 | 8 | 32 |
| | % within Gender | 2.5% | 2.0% | 2.4% |
| 65-74 | Count | 10 | 3 | 13 |
| | % within Gender | 1.1% | .7% | 1.0% |
| 75-84 years | Count | 3 | 0 | 3 |
| | % within Gender | .3% | .0% | .2% |
| | | | | |
| Total | Count | 942 | 401 | 1,343 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Summary* | | | | |
|---|---|---|---|---|
| | Median age | 44 years | 38 years | 42 years |
| | Mean age | 43 years | 38 years | 41 years |
| | Std. Deviation | 10 years | 11 years | 11 years |

**Table 3.6 Gender by Family Status Characteristics: Family Situation and Homeless Families: Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005**

| *Family Situation (N = 1,207)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Two parent family with children | Count | 59 | 27 | 86 |
| | % within Gender | 7.1% | 7.2% | 7.1% |
| One parent family with children | Count | 61 | 134 | 195 |
| | % within Gender | 7.3% | 35.9% | 16.2% |
| Couple without children | Count | 14 | 11 | 25 |
| | % within Gender | 1.7% | 2.9% | 2.1% |
| Single individual | Count | 692 | 198 | 890 |
| | % within Gender | 83.0% | 53.1% | 73.7% |
| Other family situation | Count | 8 | 3 | 11 |
| | % within Gender | 1.0% | .8% | .9% |
| | | | | |
| Total | Count | 834 | 373 | 1,207 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

**Table 3.6 (continued)**

| *Accompanied by family members? (N = 1,049)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| No: Homeless alone | Count | 697 | 242 | 939 |
| | % within Gender | 97.3% | 72.7% | 89.5% |
| Yes: With family members | Count | 19 | 91 | 110 |
| | % within Gender | 2.7% | 27.3% | 10.5% |
| | | | | |
| Total | Count | 716 | 333 | 1,049 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Accompanied by children under18 years of age? (N = 1,356)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| No | Count | 941 | 328 | 1,269 |
| | % within Gender | 99.3% | 80.4% | 93.6% |
| Yes | Count | 7 | 80 | 87 |
| | % within Gender | .7% | 19.6% | 6.4% |
| | | | | |
| Total | Count | 948 | 408 | 1,356 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

**Table 3.7 Gender by Recent Living Situation for 1,254 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005**

| *Current Living Situation* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| On the street | Count | 120 | 30 | 150 |
| | % within Gender | 13.9% | 7.7% | 12.0% |
| Emergency shelter | Count | 183 | 89 | 272 |
| | % within Gender | 21.2% | 22.8% | 21.7% |
| Transitional housing | Count | 285 | 148 | 433 |
| | % within Gender | 33.0% | 37.9% | 34.5% |
| Hotel, motel | Count | 39 | 14 | 53 |
| | % within Gender | 4.5% | 3.6% | 4.2% |
| Hospital, jail or other | Count | 15 | 3 | 18 |
| | % within Gender | 1.7% | .8% | 1.4% |
| Treatment facility | Count | 103 | 52 | 155 |
| | % within Gender | 11.9% | 13.3% | 12.4% |
| Permanent support housing or | Count | 35 | 19 | 54 |
| | % within Gender | 4.1% | 4.9% | 4.3% |
| Boarding home | Count | 9 | 2 | 11 |
| | % within Gender | 1.0% | .5% | .9% |
| In my own private dwelling,, | Count | 13 | 0 | 13 |
| | % within Gender | 1.5% | 0% | 1.0% |
| Dwelling of friend or relative | Count | 57 | 29 | 86 |
| | % within Gender | 6.6% | 7.4% | 6.9% |
| In some other homeless | Count | 5 | 4 | 9 |
| | % within Gender | .6% | 1.0% | .7% |
| | | | | |
| Total | | 864 | 390 | 1,254 |
| | | 100.0% | 100.0% | 100.0% |

**Table 3.8 Gender by Duration of Homelessness for 1,219 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.**

| *How long homeless (N = 1,219)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Less than 1 month | Count | 66 | 52 | 118 |
| | % within Gender | 7.8% | 14.0% | 9.7% |
| 1 month | Count | 35 | 16 | 51 |
| | % within Gender | 4.1% | 4.3% | 4.2% |
| 2 months | Count | 82 | 23 | 105 |
| | % within Gender | 9.7% | 6.2% | 8.6% |
| 3 months | Count | 55 | 26 | 81 |
| | % within Gender | 6.5% | 7.0% | 6.6% |
| 4-6 months | Count | 132 | 68 | 200 |
| | % within Gender | 15.6% | 18.3% | 16.4% |
| 7-9 months | Count | 78 | 45 | 123 |
| | % within Gender | 9.2% | 12.1% | 10.1% |
| 10-12 months | Count | 105 | 39 | 144 |
| | % within Gender | 12.4% | 10.5% | 11.8% |
| 13-15 months | Count | 27 | 14 | 41 |
| | % within Gender | 3.2% | 3.8% | 3.4% |
| 16-18 months | Count | 28 | 7 | 35 |
| | % within Gender | 3.3% | 1.9% | 2.9% |
| 19-23 months | Count | 11 | 3 | 14 |
| | % within Gender | 1.3% | .8% | 1.1% |
| 2 years | Count | 57 | 23 | 80 |
| | % within Gender | 6.7% | 6.2% | 6.6% |
| 2 – 2 ½ years | Count | 10 | 6 | 16 |
| | % within Gender | 1.2% | 1.6% | 1.3% |
| Around 3 years | Count | 49 | 14 | 63 |
| | % within Gender | 5.8% | 3.8% | 5.2% |
| Around 4 years | Count | 14 | 7 | 21 |
| | % within Gender | 1.7% | 1.9% | 1.7% |
| Around 5 years | Count | 25 | 9 | 34 |
| | % within Gender | 3.0% | 2.4% | 2.8% |
| More than 5 years | Count | 73 | 20 | 93 |
| | % within Gender | 8.6% | 5.4% | 7.6% |
| | | | | |
| Total | Count | 847 | 372 | 1,219 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Summary* | *Men* | *Women* | *Total* |
|---|---|---|---|
| Median number of months homeless:* | 8 | 7 | 8 |
| Number of months or less, 25% were homeless | 3 | 3 | 3 |
| Number of months or less, 50% were homeless | 8 | 7 | 8 |
| Number of months or less, 75% were homeless | 24 | 15 | 24 |

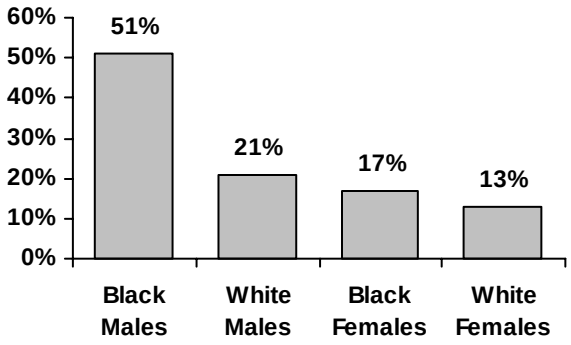
* Median is reported rather than the mean (average). The latter is not meaningful because the distribution is highly skewed.

**Table 3.9 Race/Ethnicity for 1,328 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005**

| *Race (N = 1,328 who responded to this question)* | *Number* | *Percent* |
|---|---|---|
| African-American/Black | 898 | 67.6% |
| Caucasian/White | 413 | 31.1 |
| Asian/Pacific Islander | 3 | .2 |
| Native American/Eskimo | 12 | .9 |
| Unspecified/Refused | 2 | .2 |
| Total | 1,328 | 100.0% |
| *Hispanic Origin** | 16 | 1.9% |

* Asked independently of other race/ethnic categories

**Chart 3.3 Race and Gender of Birmingham Area Homeless Persons***

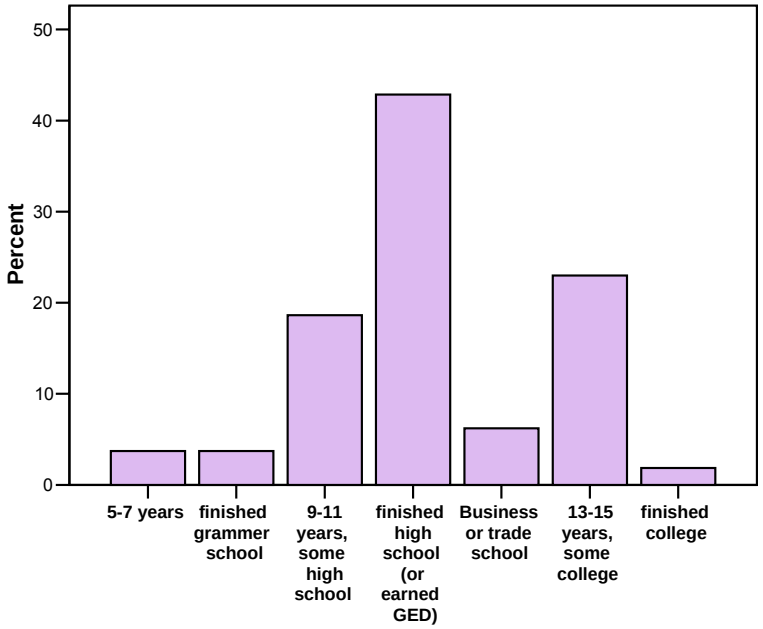



* Does not include 17 respondents of other races. Total percentages in chart do not sum to 100% due to rounding error.

**Table 3.10 Education Levels of Birmingham Area Homeless Persons, based on Intensive Survey Sample (n = 161)**

| *Educational Level (N = 161)* | *Number* | *Percent* |
|---|---|---|
| Four or fewer years | 0 | 0% |
| 5-7 years | 6 | 3.7 |
| Completed grammar school (8 years) | 6 | 3.7 |
| Some high school (9-11 years) | 30 | 18.6 |
| Completed high school (12 years) or earned GED | 69 | 42.9 |
| Business or trade school | 10 | 6.2 |
| Some college (13-15 years) | 37 | 23.0 |
| Completed college | 3 | 1.9 |
| Total | 161 | 100.0% |

**Chart 3.4 Educational Levels of Birmingham Area Homeless Persons, based on Intensive Survey Sample (n = 161)**



**Military Experience.** In both the point-in-time count and intensive interview survey, 20% of the respondents reported that they had served in the military (Table 3.11). These veterans also tended to be older. Their average age was 48 years compared to 40 years for nonveterans. From the intensive interview, eight of 33 military veterans stated that they had served in combat, with five of the eight having served in Vietnam. The point-in-time survey revealed that the majority of veterans are male (Table 3.12). Of all homeless men, 26.4% were veterans. Of homeless women, only 4.3% were veterans. Only one in four of these veterans are currently receiving benefits. In summary, one of five homeless persons stated that they had military experience and one in 20 homeless persons had served in combat. Most veterans were men. About one in four homeless men are veterans.

**Table 3.11 Military Experiences of Birmingham Area Homeless Persons, based on Intensive Survey Sample (n = 161)**

| *Served in the Military (N = 161)* | *Number* | *Percent* |
|---|---|---|
| Yes: Not in Combat | 25 | 15.5% |
| Yes: In Combat | 8 | 5.0 |
| No | 128 | 79.5 |
| Total | 161 | 100.0% |

**Table 3.12 Gender by Military Service for 1,213 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.**

| *Served in military (N = 1,213)* | *Number* | *Percent* |
|---|---|---|
| Men | 221 | 26.4% of all men |
| Women | 16 | 4.3% of all women |
| Total | 237 | 19.5% of all homeless adults |

# CHAPTER 4
# RESIDENTIAL HISTORY AND LOCATION

## Homelessness—A National Problem Experienced by Locals

While homelessness is a national problem, it is experienced in Birmingham primarily by locals rather than transients. The stereotypical portrait of the homeless as transients coming from afar to exploit the generosity of the local community is not supported by the intensive interview data UAB's Sociology Department has been gathering since the 1980s. Forty-eight percent of respondents were born in Jefferson County, while an additional 22 percent were born in other parts of Alabama. Seventy-five percent have lived in the Birmingham area for at least the last two years, a figure almost identical to 1995. (See Chart 4.1) If respondents born in the area and/or raised in the area are added to those living in the city for two or more years, the percentage of locals rises to 88 percent. In addition, virtually the entire sample of 161 respondents considers Birmingham their home (97.5%). Homelessness, then, is a problem faced by locals, and not created by transients.

## Movers Versus Non-Movers

The issue of whether or not homelessness is a local or a transient problem is of great political significance to local communities. That homelessness is being experienced primarily by local residents suggests the critical need for local solutions. But are non-locals really that different sociologically from locals to begin with? Tables 4.1 and 4.2 show some significant differences. The small non-local population (12%) that does exist is younger and more likely to be female. Not surprisingly locals have more social ties, and perhaps because of this show somewhat lower symptoms of depression.

**Chart 4.1 Long Term Residents of Birmingham Among Birmingham/Jefferson County Area Homeless, 2005**

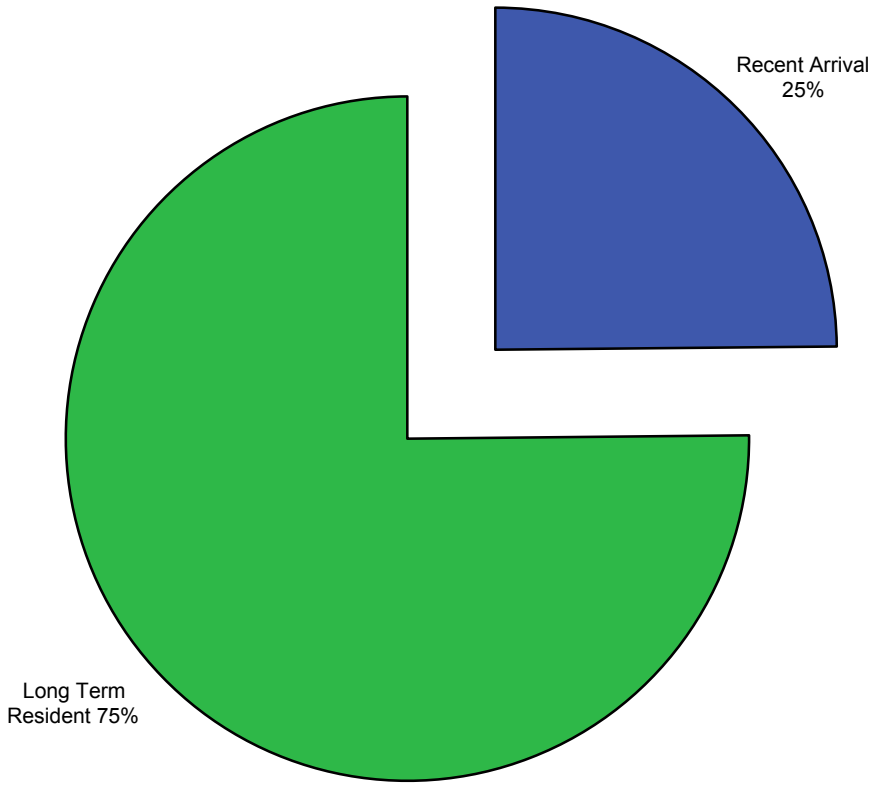


**Table 4.1 Demographic Makeup of Birmingham's Homeless By Local Versus Non-Local, 2005 (n = 161)**

| DEMOGRAPHIC CHARACTERISTIC | LOCAL (n = 141) | NON-LOCAL (n = 20) |
|---|---|---|
| AGE | | |
| Under 40 | 36%* | 55% |
| 40 and Above | 64 | 45 |
| RACE | | |
| White | 33 | 45 |
| Non-white | 67 | 55 |
| SEX | | |
| Male | 69* | 50 |
| Female | 31 | 50 |
| EDUCATION | | |
| Less than High School | 24 | 40 |
| High School or Greater | 76 | 60 |
| VETERAN | | |
| No | 78 | 90 |
| Yes | 22 | 10 |

*p<.05, **p<.01, ***p<.001 (one-tailed tests)

**Table 4.2 Local and Non-Local Homeless on Selected Well-Being Variables**

| CHARACTERISTIC | LOCAL (n = 141) | NON-LOCAL (n = 20) |
|---|---|---|
| Mean number of life events (ever) | 6.33 | 6.20 |
| Mean mastery score | 12.98 | 12.45 |
| Mean amount of total aid | 5.76 | 5.40 |
| Social ties score | 8.10* | 6.65 |
| Depression (CES-D score) | 22.98 | 24.00 |
| Mean number of health symptoms | 5.93 | 5.35 |

*p<.05, **p<.01, ***p<.001 (one-tailed tests)

**Mobility Among the Homeless.** Although the homeless population is highly local in character, some individuals move periodically within the area to seek new opportunities or to address personal issues (seeking work, obtaining treatment for addiction, searching assistance from personal networks, etc.). This pattern is very similar to the mobility pattern of the poor generally. Poverty significantly reduces the economic, social, and psychological security of its victims. This insecurity leads to more frequent mobility. America itself, however, has been characterized as "a nation of movers," with roughly 25 percent of the general population moving every year, and 50 percent moving every 5 years. It is thus no surprise that in the last five years, nearly 50 percent of homeless respondents had lived in two or more places. Birmingham's homeless are not really any different from the general population in terms of their levels of movement, and cannot, therefore, be characterized as transients. They are mainly locals who periodically move from place to place.

**Table 4.3 Average Number of Towns Lived In Over the Last Five Years by Basic Demographics**

| DEMOGRAPHIC CHARACTERISTICS | MEAN NUMBER OF TOWNS |
|---|---|
| AGE | |
| Under 40 | 3.18*** |
| 40 and Above | 2.05 |
| RACE | |
| White | 2.89* |
| Non White | 2.15 |
| SEX | |
| Male | 2.33 |
| Female | 2.70 |
| EDUCATION | |
| Less than High School | 3.14* |
| High School or Greater | 2.25 |
| VETERAN | |
| No | 2.63** |
| Yes | 1.91 |
| STREET | |
| No | 2.43 |
| Yes | 2.50 |

* p<.05, ** p<.01, *** p<.001

Those who lived in different places during the last five years vary somewhat from those who stayed in Birmingham virtually the whole time. (See Table 4.3) Younger persons, whites, the less well-educated, and veterans tend to have lived in fewer places. Surprisingly, while there is no

statistically significant difference between males and females, homeless women tend to have lived in more places than men—a situation opposite of that from the general population.

**Current and Recent Habitation: Shelter Versus Street**

Where do homeless people stay? As Table 4.4 indicates, 12.1 percent of the homeless population who responded to the January point-in-time survey slept outside on sidewalks, underpasses, parks, abandoned buildings, cars, or other public places the night of the study. This situation mirrors that of the survey sample where 13% resided outside the night before the study. (See Table 4.5) The proportion residing on the street is similar to 1987 census results (12%), but considerably higher than 1995 when only 4 percent were found on the street. Hence, despite improved programs, the relative size of the street population has not changed in nearly 20 years.

What has changed dramatically since 1995, however, is the ratio of emergency shelter to transitional shelter use. In 1995 the ratio was over 4 emergency shelter users to every 1 transitional user, whereas in 2005 there are 2 persons using emergency shelter for every 3 using transitional. This reflects the greater emphasis now being placed by providers on the continuum of care and on preparing persons for a return to a more stable life and permanent housing.

**Table 4.4 Percentage of Homeless Respondents to the Point-In-Time Survey Residing in Various Types of Living Situations, Birmingham/Jefferson County Area, 2005**

| WHERE SPENT LAST NIGHT | NUMBER | PERCENT |
|---|---|---|
| *Inside* | | |
| At a Mission or Shelter | 279 | 22.3 |
| Substance Abuse Facility | 155 | 12.4 |
| Transitional Housing | 433 | 34.7 |
| Permanent Supportive Housing or SRO | 66 | 5.3 |
| At a Friend's Home | 86 | 6.9 |
| Hotel/Motel | 53 | 4.2 |
| Hospital/Jail/Other Institution | 18 | 1.4 |
| *Outside or Public Place* | | |
| Outdoors/In a Car/Abandoned Building | 151 | 12.1 |
| *Other Homeless Situation* | 9 | .7 |
| TOTALS | 1,250 | 100% |

**Table 4.5 Percentage of Homeless Respondents to the Intensive Interview Residing in Various Types of Living Situations, Birmingham/Jefferson County Area, 2005 (n = 161)**

| WHERE SPENT LAST NIGHT | NUMBER | PERCENT* |
|---|---|---|
| *Inside* | | |
| At a Mission or Shelter | 64 | 40% |
| Substance Abuse Facility | 14 | 9 |
| Transitional Housing | 38 | 24 |
| Permanent Supportive Housing or SRO | 10 | 6 |
| At a Friend's Home | 9 | 6 |
| Hotel/Motel | 4 | 3 |
| Hospital/Jail/Other Institution | 1 | <1 |
| *Outside or Public Place* | | |
| Outdoors | 11 | 7 |
| In a Car | 4 | 2 |
| In an Abandoned Building | 6 | 4 |
| TOTALS | 161 | 101% |

* Percentages do not add up to 100 due to rounding error.

**Table 4.6 Place of Residence Last Night, By Basic Demographics, 2005 Point-in-Time Survey (n varies) †**

| | AGE | | RACE | | GENDER | | MILITARY | |
|---|---|---|---|---|---|---|---|---|
| SPENT LAST NIGHT | < 40 | ≥ 40 | W | NW | M | F | NO | YES |
| Street/Car/Abandoned Building | 10% | 14% | 10% | 13% | 15% | 6% | 12% | 14% |
| Emergency or Transitional Shelter | 53 | 60 | 59 | 57 | 55 | 61 | 57 | 58 |
| Hotel/Motel/Friend or Relative | 13 | 11 | 7 | 14 | 12 | 12 | 13 | 8 |
| Hospital/Jail/Other Institution | 1 | < 1 | 2 | < 1 | 1 | 1 | 1 | < 1 |
| Treatment Facility | 18 | 8 | 18 | 9 | 12 | 13 | 12 | 12 |
| Permanent Supportive Housing or SRO | 4 | 6 | 3 | 6 | 5 | 6 | 5 | 7 |
| Other Homeless Situation | 1 | < 1 | 1 | < 1 | < 1 | 1 | < 1 | 0 |

† Columns may not add up to 100 percent due to rounding error

Table 4.6 shows demographic differences in various types of residential locations. Not surprisingly, men are more likely to be found on the street than women. In addition, whites and younger persons are more likely to be living in treatment facilities. There are no significant differences between whites and nonwhites in shelter usage—a distinct change from the 1987 study when non-whites disproportionately stayed on the streets while whites stayed in shelters.

**Why Don't People Go To Shelters?** Street outreach programs are an essential part of the continuum of care. The continuum of care cannot work effectively, however, until homeless persons enter the shelter system and begin receiving case management. It is, therefore, important to know the reasons why some people do not enter the shelter system. The most common reason for not using a shelter involves supply and demand. Nearly sixty percent of respondents say they are not staying at a shelter because there are not enough beds—a clear gap in available services. Others, however, display a reluctance to use shelters because of perceived problems with the facilities rather than the lack of space. Perceived problems include: difficulty keeping things safe (39%), the way others act (39%), difficulty with the rules (37%), personal problems (27%), difficulty with how those in charge treat people (24%), difficulty staying safe (24%), physical conditions (15%), lack of handicapped facilities (7%), and respondent banned from shelters (5%). Overall, it is important to note that more people would be inclined to stay at shelters if more beds were available.

Although there are no significant differences between whites and nonwhites in the frequency of shelter use, there is a difference between blacks and whites in reasons for not using shelters. While 44% of whites say that a lack of beds is a reason why they are not staying at a shelter, 70% of nonwhites give this reason. It is difficult to know whether this difference

represents a matter of perception or reality.

**Duration of Homelessness**

Another important dimension of residential history is the time individuals spend homeless. The median duration of homelessness reported in the point-in-time interview is 8 months, 1 month less than the average time homeless in 1995, but 3.5 months greater than in 1987. As Chart 4.2 indicates, there seem to be two distinct clusters—those homeless for one year or less and those homeless for more than two years. Nearly 30 percent (29.1%) report being homeless for 3 months or less, while 67.5% have been homeless one year or less. The modal category is 4-6 months. There is, however, a substantial group of individuals (32.5%) that have been homeless for more than two years, and roughly a third of them have been homeless for five years or more. This suggests the possibility of a significant problem of chronic or persistent homelessness for a large minority of Birmingham's homeless.

Are there any sociological differences between those who have been homeless for long periods of time and the majority of the homeless? (See Table 4.7) Statistically significant differences exist by age, race, and household status. Persons over 40, non-whites, and singles have been homeless considerably longer.

Persons with disabilities such as alcohol abuse, mental or physical illness, etc. are faced with unique challenges that when compounded with the difficult circumstances of homelessness can intensify the homeless experience and make it harder to resolve. Such people may, without significant professional and personal assistance, remain homeless indefinitely. While many programs exist to address these problems, it is important to determine whether the disability is related to the time an individual spends homeless. Table 4.8 indicates that only the mentally ill are likely to experience a disproportionately longer homeless episode. This may suggest the particularly difficult task of addressing the needs of the mentally ill homeless. In Chapter 5 the problems of chronic homelessness are addressed.

**Chart 4.2 Distribution of Time Homeless Among Birmingham/Jefferson County Area Homeless, 2005**

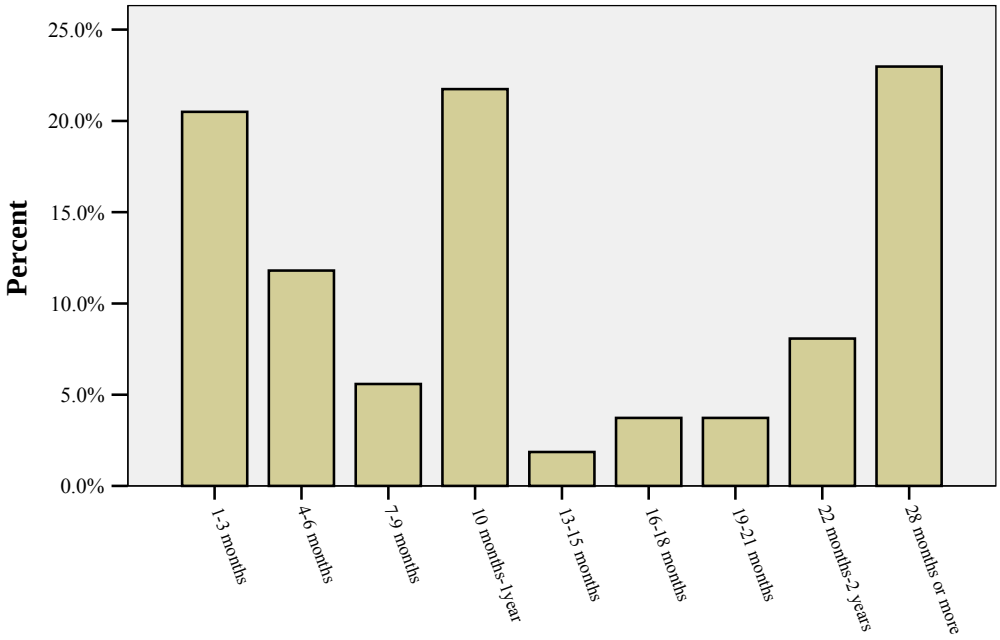



**Table 4.7 Demographic Differences in the Average Duration and Number of Times Spent Homeless (Point-In-Time Survey, n = 1414)**

| DEMOGRAPHIC CHARACTERISTIC | MEAN NUMBER OF MONTHS HOMELESS | MEAN NUMBER OF TIMES HOMELESS |
|---|---|---|
| AGE | | |
| Under 40 | 15.62 | 2.85 |
| 40 and Above | 25.29*** | 2.67 |
| RACE | | |
| White | 16.00 | 2.81 |
| Non-white | 23.66*** | 2.69 |
| SEX | | |
| Male | 22.62 | 2.70 |
| Female | 18.65 | 2.79 |
| SINGLE STATUS | | |
| Single | 22.33* | 2.77 |
| Other Status | 16.92 | 2.39 |
| VETERAN | | |
| No | 21.28 | 2.85 |
| Yes | 22.18 | 2.32 |

*p<.05, **p<.01, ***p<.001 (one-tailed tests)

**Table 4.8 Average Duration of Homelessness by Disability Status (Point-In-Time Survey, n = 1414)**

| DISABILITY CATEGORY | MEAN NUMBER OF MONTHS HOMELESS |
|---|---|
| *Substance Abuse* | |
| No | 21.36 |
| Yes | 21.44 |
| *Mental Illness* | |
| No | 19.15 |
| Yes | 27.84** |
| *Physical Disability* | |
| No | 20.95 |
| Yes | 23.84 |
| *HIV/AIDS* | |
| No | 22.36*** |
| Yes | 9.73 |
| *Domestic Violence Victim* | |
| No | 20.99 |
| Yes | 26.44 |
| *Developmental (MR) Disability* | |
| No | 21.15 |
| Yes | 26.90 |

*p<.05, **p<.01, ***p<.001 (one-tailed tests)

# CHAPTER 5
# THE CHRONICALLY HOMELESS

The chronically homeless present a particular challenge to national and local efforts to end homelessness. The costs of homelessness to our nation, our communities, and to homeless individuals themselves are extremely high. These costs are compounded in the case of the chronically homeless because they consume a disproportionate share of available services. While most people who become homeless are able to enter the service system and leave it fairly quickly, a small percentage spends substantial time in the continuum of care. These persons are usually both chronically homeless and chronically ill and so they spend many years in shelters using expensive medical and treatment services. The National Alliance to End Homelessness estimates that in the United States about 10 percent of the homeless are chronically homeless, but they use up to 50% of available housing and supportive services. It is generally assumed that this group is the most important to address if communities hope to end homelessness. Hence, chronic homelessness is a central theme of HUD and local policy makers. This emphasis gained substantial political momentum when President Bush announced his intention to make "ending chronic homelessness in the next decade a top objective." The goal has since become a critical element of many communities' 10-year plans to end homelessness.

A chronically homeless person is defined by the Department of Housing and Urban Development (HUD) as: "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years" (HUD 2004). This chapter adheres to that definition, but also considers another category of chronically homeless as well, those accompanied homeless individuals with a disabling condition who meet the time criteria for chronic homelessness (homeless for at least a year, and/or at least four episodes of homelessness in the last three years). This latter group is important to consider because the "accompanied chronic homeless" are likely to include predominantly adult females with children.

This chapter explores chronic homelessness in Birmingham presenting results from both the point-in-time study completed in January 2005 and the intensive interviews of 161 randomly sampled homeless persons that followed in the Spring. The point-in-time survey reveals that 29.1 percent of Birmingham area homeless fit the HUD definition of chronically homeless—a considerably larger figure than the 10 percent estimated by the National Alliance to End Homelessness. An additional 6.7 percent of persons can be defined as "other chronic" (accompanied persons with a disability who also meet the time requirements for the chronic condition). The non-chronic homeless consist of 64.2 percent of the population.

It is hard to know exactly why this discrepancy with national figures on the chronically homeless occurs, but it is clear that there are significant consequences for service provision and

the development of policies to end chronic homelessness. If nothing else, ending homelessness in Birmingham will require more resources and effort because of the substantial size of the chronically homeless population. Essentially the challenges facing Birmingham and Jefferson County in ending chronic homelessness over the next ten years are likely to be greater than many other communities of comparable size.

**Characteristics of the Chronically Homeless**

From the perspective of the policymaker the chronically homeless are a distinct group with special needs that disproportionately use a variety of expensive services. While they represent a fraction of the homeless population, by virtue of the time spent homeless and their disability-related needs, they consume a significant portion of available resources. This is true by definition. But beyond these definitional differences between chronic and non-chronic homeless are the groups that different from one another?

Table 5.1 presents basic demographic differences between HUD-defined chronic, other chronic, and non-chronic homeless persons. The HUD-defined chronically homeless display three unique qualities—they are significantly older, more likely to be male, and white than the "other chronic" and "non-chronic" groups. The intensive interviews[1] indicate one further significant demographic difference that cannot be detected by the point-in-time data in Table 5.1, 63 percent of the HUD-defined chronic homeless are divorced, while only 21 percent of the non-chronic population is divorced. In addition, none of the chronic group is currently married or living with a partner, while 9.9% of the non-chronic group is in that situation.

[1] Only 12% of the sample were HUD-defined chronically homeless. The "other chronically homeless" category is too small for statistical purposes and is placed into the "other' category.

**Table 5.1 Demographic Differences Between Chronic and Non-Chronic Homeless (Point-In-Time Survey, n = 1414 †)**

| DEMOGRAPHICS | HUD CHRONIC (n = 403) | OTHER CHRONIC (n = 93) | NON-CHRONIC (n = 891) |
|---|---|---|---|
| SEX | | | |
| Male | 76% | 59% | 64% |
| Female | 23 | 41 | 30 |
| RACE | | | |
| White | 69 | 25 | 30 |
| Non-White | 29 | 68 | 62 |
| AGE | | | |
| Under 40 | 26 | 39 | 44 |
| 40 and Above | 73 | 60 | 50 |
| MARITAL STATUS | | | |
| Single | 100 | | 55 |
| All Other | | 100 | 26 |
| STREET | 6 | 7 | 7 |
| VETERAN | 20 | 19 | 15 |

† 27 cases missing due to lack of information on marital status.

The prevalence of divorce among the HUD-defined chronic group seems to be an important factor in the etiology of their homelessness. Interpersonal conflicts and issues have a higher prevalence in this group. In fact, when asked why they are currently homeless, divorce or separation is the most commonly cited reason, followed by difficulty with other people and money. For the other respondents, however, financial issues (money, lease, eviction) are more likely to be cited.

**Table 5.2 Differences Between HUD-Defined Chronic and Other Homeless in the Reasons for the Current Homeless Episode (Intensive Interviews, n = 158*)**

| | HUD CHRONIC (n = 18) | OTHER (n = 140) |
|---|---|---|
| Money | 17 | 22 |
| Lease Ran Out/Evicted | 11 | 16 |
| Left Town to Look for Work | 0 | 1 |
| Unhappy with the Place | 0 | 1 |
| Difficulty with Others There | 17 | 12 |
| Divorce or Separation | 28 | 14 |

* Missing cases due to missing data on reason currently homeless

**Use of Facilities and Services**

Table 5.3 shows differences in the sleeping arrangements of chronic and non-chronic homeless persons. The chronically homeless are two times more likely to live on the streets, in a car, or abandoned building, but they generally use emergency shelters and transitional shelters at about the same levels as non-chronic respondents. The "other chronic" contains a greater proportion of women than HUD-defined chronic and non-chronic individuals. It tends to use substance abuse facilities more frequently and transitional housing less frequently than the other two groups.

**Table 5.3 Percentage of Homeless Respondents to the Point-In-Time Survey Residing in Various Types of Living Situations by HUD-Defined Chronic, Other Chronic, and Non-Chronic (n = 1414 †)**

| WHERE SPENT LAST 7 DAYS | HUD CHRONIC (n = 403) | OTHER CHRONIC (n = 93) | NON-CHRONIC (n = 891) |
|---|---|---|---|
| *Inside* | | | |
| At a Mission or Shelter | 23% | 24% | 22% |
| Substance Abuse Facility | 9 | 24 | 12 |
| Transitional Housing | 32 | 17 | 38 |
| Permanent Supportive Housing or SRO | 7 | 5 | 4 |
| At a Friend's Home | 8 | 10 | 7 |
| Hotel/Motel | < 1 | 2 | 7 |
| Hospital/Jail/Other Institution | 2 | 1 | 2 |
| *Outside or Public Place* | | | |
| Outdoors/In a Car/Abandoned Building | 18 | 16 | 8 |
| *Other Homeless Situation* | 1 | 1 | 1 |
| TOTALS | 100% | 100% | 101% |

† 27 cases missing due to lack of information on marital status.
*Columns may not add up to 100% due to rounding error.

Why do chronically homeless use the streets more frequently than the non-chronic group? Among those who haven't used shelters in the last year, chronic and non-chronic homeless explain their avoidance of shelters differently. A majority of both chronic (67%) and non-chronic intensive interview respondents (57%) blame their failure to use shelters on the lack of beds. For the non-chronic group this is the only response given by a majority not using shelters. A majority of chronic homeless, however, offer additional reasons. These include: the way people act (67%), difficulty keeping possessions safe (67%), personal safety (50%), and the individual's own personal problems (50%). These differences suggest the difficulty some shelters encounter in attracting the chronically homeless. While the non-chronic population is likely to use shelters when they are available to them, the chronic homeless have negative perceptions that may preclude them from using facilities even when they are available. Hence, the chronically

homeless street population requires outreach efforts and special services in order to get them to use facilities.

Table 5.4 shows differences in service consumption and need by chronic (HUD-defined only) versus non-chronic homeless. Some differences are notable. The chronic group uses thirty-four percent more mental health services, forty-two percent more first aid/medical treatment, and thirty-six percent more medication assistance. On the other hand, the non-chronic population utilizes twenty-two percent more substance abuse treatment[2], twenty-four percent more case management, twenty-three percent more transportation assistance, and twenty-nine percent more job training assistance.

There are noticeable gaps in services as well. The services that chronic homeless most often say they need, but don't currently receive are: permanent supportive housing (34%), housing placement services (32%), job training and employment services (32%), and transportation (28%). Overall, the chronic homeless use and express a need for more services, a fact that supports HUD's well-known assertion that the chronic homeless use and require a disproportionate amount of available services. HUD-defined chronic homeless, on average, use one more service (median = 4 vs. 3) and need one more service (median = 2 vs. 1) than others.

[2] This is not to say that the "non-chronic" are more likely to be substance abusers. In fact, the HUD-chronic group are significantly more likely to report that they have had a problem with alcohol sometime in their life (84% vs 51%).

**Table 5.4 Services Used Versus Services Needed: Differences Between HUD-Defined Chronic and Other Homeless (Point-In-Time Survey, n = 1414)**

| | HUD CHRONIC | | OTHER | |
|---|---|---|---|---|
| | Used | Needed | Used | Needed |
| SERVICE CATEGORY | % | % | % | % |
| *HOUSING ASSISTANCE* | | | | |
| Emergency Shelter | 32 | 12 | 29 | 12 |
| Transitional Housing | 42 | 19 | 46 | 23 |
| Emergency Assistance (rent/utilities) | 3 | 15 | 2 | 19 |
| Permanent Supportive Housing | 8 | 34 | 10 | 35 |
| Housing Placement Services | 14 | 32 | 20 | 27 |
| *ASSISTANCE WITH DAILY NEEDS* | | | | |
| Food Assistance | 64 | 25 | 68 | 22 |
| Clothing Assistance | 32 | 25 | 29 | 25 |
| Child Care Assistance | 1 | 3 | 4 | 11 |
| *ILLNESS AND ADDICTION SERVICES* | | | | |
| Mental Health Services | 29 | 9 | 19 | 12 |
| Substance Abuse Treatment | 31 | 11 | 40 | 9 |
| Physical Disability Services | 8 | 11 | 6 | 12 |
| Developmental Disability (MR) Services | 3 | 5 | 1 | 8 |
| First Aid/Medical Treatment | 19 | 17 | 11 | 14 |
| Medication Assistance | 28 | 21 | 18 | 21 |
| *DAILY LIVING ASSISTANCE* | | | | |
| Case Management Services | 41 | 14 | 54 | 10 |
| Legal Services | 6 | 14 | 6 | 18 |
| Life Skills Training | 18 | 17 | 25 | 11 |
| Transportation Assistance | 30 | 28 | 37 | 20 |
| Job Training/Employment Assistance | 15 | 32 | 21 | 21 |
| *MEDIAN* | 4 | 2 | 3 | 1 |

* Respondent could answer yes to more than one category.

By definition, the chronically homeless have a disabling condition. Table 5.4 displays self-reported differences in disability between chronic and non-chronic homeless for the point-in-time survey. As can be seen, the incidence of mental illness is greater among the HUD-defined chronic group. On the other hand, substance abuse and HIV-AIDS are higher among the non-chronic homeless. Although not shown here, it is notable that both categories of chronic homeless are less likely to be receiving services for their disability than other homeless persons.

**Table 5.5 Differences in Self-Reported Disability Related Problems, Chronic Versus Non-Chronic (Point-In-Time Survey, n = 1414)**

| DEMOGRAPHICS | HUD CHRONIC % | OTHER CHRONIC % | NON-CHRONIC % |
|---|---|---|---|
| Substance Abuse* | 54 | 54 | 61 |
| Mental Illness*** | 33 | 25 | 22 |
| Physical Disability | 18 | 15 | 13 |
| HIV/AIDS*** | 5 | 0 | 10 |
| Domestic Violence** | 6 | 15 | 7 |
| Developmental Disability** | 4 | 10 | 3 |
| Receiving Services for a Disability** | 58 | 45 | 66 |

* p<.05, ** p<.01, ***p<.001

The so-called "other chronic group," consisting of a higher portion of women than the HUD-defined chronic, is clearly a distinctive category. The types of disabilities reported point to the category's uniqueness. For example, this group is more than twice as likely to be developmentally disabled or to have a domestic violence problem. What is most noticeable about them, however, is that they are far less likely to be receiving services for their disability than either the HUD-defined chronic or non-chronic groups. Although this group is relatively small, that a significant gap in services exists for them is disconcerting since HUD's effort to end chronic homelessness does not even acknowledge this group.

**Well-Being Among the Chronically Homeless**

Given the complex problems faced by the chronically homeless, it is important to explore various measures of well-being and quality of life. Homelessness is a devastating life circumstance that significantly challenges the well-being of persons experiencing it. Are there significant differences between chronic and non-chronic homeless persons in various measures of well-being and quality of life? Table 5.6 presents various measures of overall well-being comparing HUD-defined chronic respondents to the intensive interview with others. Several statistically significant differences between the categories are notable. First, HUD-defined chronic homeless persons tend to be sicker, reporting nine physical symptoms on a 23 symptom scale, while others report five such symptoms. Besides having greater levels of health symptoms (See Table 5.6), they are more likely to report having had a serious illness since being homeless.

Indeed, a prolonged period of homelessness presents a serious health challenge, a fact reflected in these data. Chronic homeless are considerably more likely to say that they find staying healthy harder since they have been homeless (74% vs. 54%). In addition, the chronic homeless are more likely to report having a mental illness (Table 5.5).

Secondly, the chronically homeless live event-filled lives with considerable stress. When asked about negative, stressful life events over the life course, the chronically homeless report nine such events on a scale consisting of 14 events, while others report six life events. Surprisingly, these differences in health symptoms and overall life events do not lead to any real differences in either perceived health or depression (CES-D) between the two categories. This may be due to the fact that the chronically homeless adjust to these negative circumstances by simply accepting them—a fatalistic outlook. Fatalism tends to produce apathy and an unwillingness to make difficult lifestyle changes, thus promoting more time in a homeless state. If this form of coping indeed is occurring, it makes the challenge of ending chronic homelessness even more difficult.

**Table 5.6 Differences in Well-Being Between HUD Chronic and Other Homeless (Intensive Interviews, n = 161)**

| | HUD CHRONIC (n = 19) MEAN | OTHER (n = 142) MEAN |
|---|---|---|
| CES-D (Depression) | 22.32 | 23.21 |
| Mastery | 14.21 | 12.74 |
| Life Events (Ever) | 8.84*** | 5.97 |
| Life Events (Past Year) | 2.47 | 2.89 |
| Perceived Health | 2.50 | 2.38 |
| Health Symptoms | 8.63** | 5.49 |
| Monthly Income (all sources) | 354.89 | 511.71 |
| Aid From Friends | 2.42 | 2.49 |
| Aid From Relatives | 3.11 | 3.25 |
| Total Aid | 5.53 | 5.74 |

* $p < .05$, ** $p < .01$, *** $p < .001$

Finally, the HUD-defined chronically homeless are less independent economically as well. When monthly income from all sources is compared for the two groups, not surprisingly, the HUD-defined chronic group receives considerably less money. On average, the income of chronically homeless persons is over $150 less per month than others. While there are no differences in the presence of assistance networks of friends and relatives for the two groups (aid from friends, relatives, and total aid), there are differences in the average amounts of assistance

available. When respondents are asked where they got money last month, only 16 percent of the chronic homeless report getting money from friends or relatives, while 40 percent of the non-chronic receive money from relatives and 30% from friends. There is also a big discrepancy in the amount likely to be received. The non-chronic respondents say their relatives would lend them almost three times more on average than chronic homeless say their relatives would lend them ($94 vs. 34). These income discrepancies between chronic and non-chronic homeless are further defined by differences in work. Only 16 percent of chronically homeless persons received income from work last month, compared to 38 percent of others. The chronically homeless, then, are considerably more dependent on existing services than the rest of the homeless population.

The greater dependency of the chronically homeless may in part be a function of health-related problems. As noted above, the chronic homeless are distinctly sicker than the rest of the population. Chronic homelessness is a very unhealthy state, both physically and psychologically draining. At some point many may simply give up. To underscore this fact, 42 percent of the chronically homeless report having tried to kill themselves.

# CHAPTER 6
# CAUSES OF HOMELESSNESS

Research over the past several decades show clearly that homelessness is more complicated than just being without a house, or physical structure to live in. While there continues to be an acute shortage of low cost housing in most metropolitan areas of the United States, including the Birmingham MSA where thousands of families are currently waiting for subsidized housing, a myriad of other factors contribute to the lack of stable residential history. Homelessness has many causes.

To get at the causes for homelessness, respondents were asked why they were no longer living in a house, apartment, or house trailer. The responses are categorized in Table 6.1. The most frequent response (39%) is a personal relationship crisis—divorce, separation, inability to get along with occupants, or domestic abuse. This answer is more common for men, Alabama natives, and nonwhites. Financial reasons, inability to continue paying rent, or loss of job, are cited by 30 percent, with males, nonwhites, and Alabama natives giving this response more frequently than their counterparts. Substance abuse related reasons, including escaping housing where substance abuse was occurring, is given by 25 percent of respondents, and as expected, those currently staying in a substance abuse treatment facility are more likely to give this as a reason for their current predicament. Twenty percent of respondents cited problems with the place where they lived as a major reason for homelessness. These answers include a lease running out, being evicted, overcrowding, and the desire to escape a dangerous neighborhood. In the last survey year (1995), females gave this reason for why they were homeless more than males. However, in the present survey, males and nonwhites cited problems with the place of residence as the primary issue behind their current homeless condition. Finally, crime-related problems (victimization, being arrested and jailed, being sued, etc.), are given by approximately seven percent of the sample of homeless as reason for losing their place of residence. Males and those living in shelters are two groups reporting crime-related circumstances as the primary reason for their homelessness.

The variety of responses make it apparent that homelessness is a complex social and personal problem requiring multiple and coordinated services to offer a reasonable probability of promoting a stable residential future. Interpersonal and substance abuse problems, or problems beyond the control of an individual, such as a dangerous environment, are commonly cited factors in the loss of a secure private residence. For many respondents, several factors intertwined to create an especially complex set of problems leading to their homelessness.

**Table 6.1 Reasons Cited for No Longer Having a Place of One's Own Among Birmingham/Jefferson County Area Homeless, 2005**

| CATEGORY | NUMBER CITING IT | PERCENT CITING IT* | DISPROPORTIONATELY HIGH PERCENTAGES AMONG: |
|---|---|---|---|
| Personal Crisis (divorce, separation, could not get along with people there, domestic abuse) | 63 | 39% | Males, nonwhites, natives* |
| Financial (could no longer afford place, rent went up, left to look for work) | 48 | 30 | Males, nonwhites, natives* |
| Substance Abuse Related (self addicted or others there addicted) | 40 | 25 | Natives, sheltered* |
| Spatial Change (lease ran out, evicted, place too crowded, escaping dangerous neighborhood) | 32 | 20 | Males, nonwhites* |
| Crime Related (arrested, jailed, sued, parole problems) | 12 | 7 | Males, sheltered* |
| Was Bored/Tired of Last Place | 7 | 4 | Males, nonwhites* |
| Mental Illness Related | 5 | 3 | No differences |
| Other Reasons | 5 | 3 | No differences |

*Percentages do not add up to 100 because respondents could give more than one answer.
*$p<.05$
$\chi 2$ Difference in proportions

# CHAPTER 7
# STRESSFUL LIFE EVENTS AMONG THE HOMELESS

Homelessness is a dehumanizing condition—a negative life circumstance. This circumstance tends to be associated with multiple undesirable life events, which either initiate homelessness or exacerbate its consequences for individuals. Life for the homeless is hard both physically and psychologically. When asked about nine major life events (job loss, eviction, time in jail/prison, trouble getting along with people, expulsion from school, physical abuse, sexual abuse, and major health problems) the average number of stressful life events encountered over the life course was six, with over 75% of the homeless population experiencing three or more. In the last year, the average number of events is nearly three (2.84) with only 9% reporting that they experienced no undesirable life events in the last year. That is considerably fewer than the 1995 survey when nearly one-quarter of the homeless surveyed said they experienced no undesirable life events. Persons under forty and those who are homeless for less than one year experience more stressful life events (Table 7.1). The most common problems encountered over the life span, and in the last year, were losing a job, having problems with a spouse or partner, losing a close friend, being sued, and being hospitalized. Abuse is a problem for the homeless; thirty-nine percent report being physically abused, and 19% report being sexually abused. These percentages are similar to what was reported in the 1995 survey.

The exposure to negative life events is higher in 1995 and 2005 when compared to the responses in 1987, when 65% of the sample reported three or more negative life experiences. This follows an overall pattern in the data which suggests that the current population (compared to the 1987 homeless) experience more difficult circumstances and find it more difficult to get off the streets. Negative life experiences such as these are highly consequential, having long been linked to high levels of depressive symptomatology. In fact, a major conclusion drawn from the literature on the sociology of mental health over the last twenty years has been that life events are associated with a wide variety of physical and psychiatric disorders (Ensel and Lin, 1993; Lin, Dean, and Ensel 1986). Such negative experiences deteriorate support systems, promote stress, and reduce physical and psychological health. In addition, stressful life events are strongly correlated with depressive symptomatology and suicidal thoughts and behaviors.

The link between life events and deterioration in personal resources (social ties and supports, psychological resources) is apparent in Table 7.1. Both the presence of local relatives who help when needed, and the respondent's evaluation of his or her strong tie support network (see discussion of this along with social capital in Chapter 8) are inversely related to the number of life events experienced. That is, people who experience many stressful life events have limited

close ties (companions, confidants, close friends). Such weaknesses in the social safety net make the individual more vulnerable to the stressors that accompany the homeless life.

**Table 7.1 Mean Number of Stressful Life Events by Selected Characteristics of Birmingham/Jefferson County Area Homeless Ever and Past Year, 2005**

| SELECTED CHARACTERISTICS | EVER FREQUENCY | PAST YEAR FREQUENCY |
|---|---|---|
| AGE | | |
| 39 and Under | 6.4 | 2.5 |
| 40 and Over | 6.2 | 3.4* |
| RACE | | |
| White | 6.7 | 3.1 |
| Nonwhite | 6.1 | 2.7 |
| GENDER | | |
| Male | 6.3 | 2.9 |
| Female | 6.4 | 2.7 |
| STAYED ON STREET | | |
| No | 6.1 | 2.9 |
| Yes | 6.8 | 2.7 |
| TIME HOMELESS | | |
| Less than 1 Year | 6.0 | 3.3* |
| More than 1 Year | 6.5 | 2.5 |
| BIRMINGHAM RESIDENT | | |
| No | 6.2 | 3.3* |
| Yes | 6.3 | 2.8 |
| HAS LOCAL RELATIVE(S) WHO WILL HELP | | |
| None | 5.6 | 2.9 |
| 1 or More | 6.5 | 2.8 |
| STRONG TIE SUPPORT | | |
| Low (Under 7) | 6.8 | 3.4 |
| High (7 and Above) | 6.0 | 2.5 |
| SOCIAL CAPITAL | | |
| Low (Under 6) | 6.3 | 3.1 |
| High (≥ 6) | 6.3 | 2.6 |
| DEPRESSION (CES-D) | | |
| Under 16 | 5.7 | 2.3 |
| 16 and Above | 6.5 | 3.1* |
| MASTERY | | |
| Below Median (13) | 6.3 | 2.8 |
| Above Median (>13) | 6.4 | 2.9 |
| EDUCATION | | |
| Less than High School | 6.1 | 2.8 |
| High School or More | 6.4 | 2.9 |

*p<.05 (one-tailed t-tests)

The prevalence of negative life events, with their tendency to reduce social supports and increase a sense of resignation to fate, indicate the need for transitional services and facilities which provide respite and support during difficult personal times. Such transitional facilities were still not available to a large portion of unaccompanied men in the Birmingham/Jefferson County area in 1995, however, since 1995, considerable effort has been made to improve that housing circumstance for both men and women. We know now that emergency shelters are unlikely to provide the intensive services necessary for recovery to a normal life. Until the complex nature of the homeless problem, with its convoy of personal difficulties, can be addressed by a comprehensive, coordinated service system with case management and continuous tracking of clients, many homeless are likely to remain on the streets. This fact may be underscored by the finding that one of the major trends/shifts among the homeless population from 1987 to the present study has been the average length of time respondents spent in a homeless state. People are now on the streets for longer periods, rather than less. In the current study, the average time spent homeless for respondents is now almost two years. As long as shelters for certain segments of the subpopulation address only emergency needs we can expect a trail of dependency, and an increase in the average time spent homeless. (See policy recommendations in Chapters 11 and 12).

# CHAPTER 8
# EVERYDAY LIFE EXPERIENCES OF THE HOMELESS: GETTING BY IN BIRMINGHAM

## The Daily Hassles of a Homeless Life

Humans have been characterized as territorial animals who possess basic spatial needs including: privacy, personal space (with limited crowding), and safe places to carry out everyday activities (La Gory and Pipkin 1981). When these spatial needs are not met, a person's general health and well-being are affected (Fitzpatrick and LaGory 2000).

Homelessness, by its very nature precludes satisfaction of these needs and deprives the individual of an essential feature of being human-- the possession and maintenance of a home space. To be without home is to be deprived of the spaces that honor our human needs. In short, homelessness is more than the absence of physical shelter—it is a hassle-filled life. The individual's mental health and quality of life are closely linked to the quality of living space and to the daily hassles presented in those spaces (Lazarus and Folkman 1984). As we show in Chapter 9 and 10, the daily stressors of a homeless life take a considerable toll on the physical and mental health of the homeless leading to much higher rates of clinical depression, substance addiction, severe mental health problems, and a host of life-shortening and life-threatening physical illnesses.

Respondents are asked a series of eleven questions about the problems encountered in the place they stayed the night before the interview (including problems with crowding, dirt and bugs, privacy, noise, staff, other people, toilet or bathing facilities, getting enough to eat, rules, keeping things safe, and personal safety). The average number of problems reported is 2.7, reaffirming that homelessness involves substantial daily stressors. Table 8.1 reports frequencies and percentages for each of these twelve daily hassles. The most common hassles are problems with bathrooms (27%), noise (41%), people (35%), and privacy (45%). The least common problems are finding enough to eat the night before (12%) and having problems with the rules of the facility (12%).

**Table 8.1 Daily Hassles at Current Location Among Birmingham/Jefferson County Homeless, 2005 (N = 161)**

| DAILY HASSLES AT CURRENT LOCATION | FREQUENCY | PERCENT |
|---|---|---|
| Problem With Others | 56 | 35 |
| Problem With Noise | 66 | 41 |
| Problem With Privacy | 72 | 45 |
| Problem With Bathrooms | 43 | 27 |
| Problem With Theft | 40 | 25 |
| Problem With Staff | 30 | 19 |
| Problem With Dirt/Bugs | 28 | 17 |
| Problem With Rules | 19 | 12 |
| Problem With Crowding | 22 | 14 |
| Problem With Safety | 28 | 17 |
| Problem With Amount of Food | 19 | 12 |
| Problem With Handicapped Access | 17 | 11 |

**Percentages add up to more than 100 because respondents could list more than one daily hassle.

**Getting By: Personal Income**

In addition to the everyday challenges/hassles of a homeless lifestyle, survival on the streets requires homeless fend for themselves a good portion of every day. Although access to certain basic emergency services may be fairly satisfactory in Birmingham, homeless persons, like others, need personal income for the satisfaction of everyday needs and some modest level of independent living. Keeping in mind that the majority of homeless service provision is temporary and often emergency-based, the following questions become particularly important to understanding the homeless and their ability to survive long-term. How did the homeless scrape by and get enough resources to survive on the streets? How much income did they typically earn? How did they earn it, and was it substantial enough to eventually allow some people to get back on their feet?

Obviously the homeless are in their present condition because of a severe income problem. Homelessness is an extreme form of poverty in which the individual, for one reason or another, cannot earn enough to rent or buy basic shelter. The average monthly income of the homeless is extremely low; the median monthly income for all respondents is $200, down by 75 dollars from the 1995 survey. Table 8.2 shows the main sources of income for the sample. The most common main source of income was full or part time work, with formal sources (Social Security, SSI, SSDI) serving as the next most significant sources of income. The number of homeless reporting that their friends or relatives helped them with money increased in the 2005 survey. In addition, the number of homeless reporting no income almost doubled from the 1995 survey (26 vs. 41 persons). Males (mean = $569.51 per month) did not have significantly higher incomes than females (mean = $347.21 per month), although females were not significantly more likely to have applied for federal assistance programs. There were no statistically significant differences in monthly income by race or education.

Homelessness represents a particularly debilitating form of poverty. The federal poverty threshold for a single individual under the age of 65 in 2000 was $8,959 per year. Given the figures above, the average homeless male, therefore, earned more than $2,000 below the poverty line, while the average homeless female earned more than $4,000 below the poverty line.

**Table 8.2 Main Source of Income Among Birmingham/Jefferson County Area Homeless, 2005 (N = 161)**

| SOURCE OF INCOME | FREQUENCY | PERCENT |
|---|---|---|
| Full/Part Time Work | 43 | 27% |
| SSI | 15 | 9 |
| Relatives | 14 | 9 |
| TANF/Welfare | 1 | 1 |
| SSDI | 12 | 8 |
| Social Security | 8 | 5 |
| Selling Blood | 1 | 1 |
| Other Disability | 0 | 0 |
| Panhandling | 1 | 1 |
| Pension | 6 | 3 |
| Friends | 6 | 3 |
| Selling Handmade Crafts | 3 | 2 |
| Other | 10 | 6 |
| Not Available/Have No Income | 41 | 25 |
| TOTALS | 161 | 100% |

**Safety-Net Programs.** The major federal safety-net programs continue to difficulty reaching far enough to assist a significant portion of the homeless in Birmingham and Jefferson County. The major programs providing monthly cash benefits are Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI). Only seventeen percent of the sample received one of these forms of assistance. The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs provide cash assistance to poor aged and disabled persons. These are relevant to the homeless because they are targeted to people with disabilities that prevent them from working (Burt, 1992). A significant minority of homeless people both nationally and in the Birmingham/Jefferson County area suffer from disabilities that could prevent them from working. For example, in this area, more than 30 percent of the homeless suffer from a serious mental health problem, yet only 13 percent receive SSI or SSDI, and, 24 percent of veterans receive veterans benefit checks. The safety nets, in spite of significant outreach efforts over the last several years, are still not available to the majority of the homeless in this geographic area.

In spite of federal and local efforts at outreach many homeless persons continue to fall through the holes in the federal safety net. Thus, it is not simply that such programs are insufficient to address the income needs of the very poor, it is that access to such programs remains very limited for homeless persons.

**Salaried Work.** While many homeless are employed, those who did have jobs are significantly under-employed. Ninety-four percent of the sample (same percentage as reported in 1995) report having held a steady job some time in their life. Seventy-seven percent had lost at least one job in their adult working life, and 37 percent had lost a job during the last twelve months.

Table 8.3 addresses the issue of current and recent employment. In the present survey, 30% (48) report being paid for work done in the last week; nearly half of the sample (78 or 49%) reported being paid for work in the previous week in the 1995 survey. The rate of employment in the previous week was almost double for men; 60 percent of them worked compared to 40 percent of women. The mean number of hours worked was 24, and the median was 25 hours, close to a full time job. The median wage for the previous week was $162.00, an hourly wage which on average was slightly above the current Federal minimum wage. Those employed in the previous week had monthly incomes that averaged $17 per month more than those who had not.

**Table 8.3 Work History in Past Week of Birmingham/Jefferson County Area Homeless, 2005 (n = 161)**

| ANY PAID WORK IN LAST SEVEN DAYS | NUMBER | PERCENT |
|---|---|---|
| Yes | 48 | 30% |
| No | 113 | 70 |
| TOTALS | 161 | 100% |

**Employment History.** The types of employment are presented in Table 8.4. Seventeen percent of previous jobs are unskilled operators and fabricators, occupations such as warehouse worker, stage hand, and landscaper. Another three percent have jobs as precision production workers, skilled labor occupations such as construction worker, carpenter, and vinyl siding installers. Nearly 10% of our sample worked in service occupations such as fast food, security personnel, and housekeeping. Only three percent report working as technicians, and sales and clerical workers; no respondents report working in any of the occupations classified in the top category in the U.S. Census' classification scheme--managerial and professional. What is most disturbing about the results in Table 8.3 is that 70% of the homeless in the 2005 survey report not having any job in the past week. This figure is 20% (31 persons) higher than in 1995. A particular finding that is indicative of a trend of marginality that is beginning to develop throughout this report. Table 8.5 shows a comparison of these previously held occupations to the kinds of work our homeless respondents did in the week prior to our interview. As can be seen, there is considerable downward mobility expressed in the status distance between previously held jobs and the type of work most recently performed.

**Table 8.4 U.S. Census Classification of Jobs Held By Homeless in the Past Week, 2005**

| CLASS OF OCCUPATION | EXAMPLES | NUMBER | PERCENT |
|---|---|---|---|
| Operators, Fabricators | Stage Hand<br>Machine Operator<br>Warehouse Worker<br>Put up Tents<br>Helped Build Fences<br>Cut grass/Yard Work<br>Day Laborer<br>House Painting<br>Furniture Hauling<br>Package Assembly | 27 | 17% |
| Precision Production Workers | Siding Installation<br>Construction Worker<br>Carpentry | 3 | 7 |
| Service Occupations | Day Care/Babysitting<br>Security<br>Janitor/Housekeeping<br>Fast Food Cook<br>Hair Styling | 11 | 7 |
| Technical, Sales & Clerical | Medical Record Clerk<br>Records Clerk<br>Library Page<br>Shipping Clerk | 5 | 3 |
| Managerial and Professional | | 0 | 0 |
| Not Employed in Previous Week | | 113 | 70 |
| TOTALS | | 161 | 100%* |

**Table 8.5 Downward Occupational Mobility: A Comparison of Previously Held Jobs and Work Done in the Past Week Among Birmingham/Jefferson County Area Homeless, 2005**

| PREVIOUSLY HELD JOB | TYPE OF WORK DONE IN PAST WEEK |
|---|---|
| Retail Management | Restaurant Server |
| Restaurant Server | Clothes Washer |
| Barber | Repair Work |
| Welder | Furniture Mover |
| Sales Worker | Housekeeping/Cleaning |
| Bookkeeper | Retail Sales |
| Taxi Driver | House & Yard Cleaning |
| Mason | Construction Odd Jobs |
| Factory Worker | Housekeeping |
| Shipping Clerk | Laborer |
| Waitress | Film Developer |
| Cook | Sanitation Laborer |

As noted earlier, the types of work done in the previous week are primarily categorized as menial jobs that were a step down from the kinds of work these homeless workers had done prior to their homelessness. Downward occupational mobility is a consistent feature of homelessness.

Table 8.6 identifies how employment was obtained. The employed homeless found their jobs primarily through informal mechanisms such as friends (25%), or formal channels like service providers (25%). In 1995 service providers assisted only minimally in the successful search for jobs (10%); clearly a significant shift over the last ten years. All of these responses have in common the fact that employment hinges on communications with other homeless persons or service providers. The homeless do not have access to typical channels for seeking employment, such as employment agencies or newspaper ads, channels which are probably more plugged into a pool of stable positions with higher pay and some employee benefits. The use of

informal channels for employment may explain to a great extent the low average salary ($160) for those who worked in the previous week.

**Table 8.6 How Found Employment, Birmingham/Jefferson County Area Homeless, 2005 (n = 161)**

| HOW FOUND EMPLOYMENT | NUMBER | PERCENT OF EMPLOYED | PERCENT OF HOMELESS |
|---|---|---|---|
| Through a Friend | 12 | 25% | 7% |
| By Word of Mouth | 3 | 6 | 2 |
| Through a Labor Pool | 1 | 2 | 1 |
| Through a Service Provider | 12 | 25 | 7 |
| Through a Newspaper Ad | 2 | 4 | 1 |
| Through a Relative | 0 | 0 | 0 |
| Returned to Previous Job | 1 | 2 | 1 |
| Through Asking Different Businesses | 2 | 4 | 1 |
| Through Some Other Way | 18 | 38 | 11 |
| Unemployed | 113 | N/A | 70 |
| TOTALS | 161 | ** | ** |

**Totals add up to more than 100% because respondents could choose more than one answer.

Homelessness provides obstacles to fruitful employment, and many of the homeless were physically or psychologically unable to work. Those who did work in the week prior to the interview, tended to have better personal resources and informal support systems. For example, they were better educated, had more overall support from friends and relatives, expressed greater confidence that they had friends and relatives on whom they could call on for money and a place to stay. In general, they had fewer problems finding sleeping quarters. The recently employed were also mentally and physically healthier. They reported significantly fewer physical symptoms, had lower rates of hospitalization, and fewer were currently being seen by a doctor. Smaller percentages of the recently employed had ever had problems with their nerves, attempted

suicide, been in a mental hospital, or been diagnosed with mental illness. In our psychological syndrome inventories, they showed less anxiety, psychosis, paranoia, and hostility. In terms of internal psychological constitution, the recently employed had a greater sense of mastery over their environments, and those who had worked in the past week were more likely to find it easier to get by in Birmingham than those who did not work in the past week.

Among those who had not worked in the previous week and responded to the question of why they didn't work last week, Table 8.7 provides their reasons. For the 95 respondents who had not worked, the most frequent reason they reported had to do with poor health or disability (34%), followed by no work available" (20%). Seven percent listed "undergoing drug treatment" (which is also a form of *poor health*), "and five percent said they lack the skills or education to work. Interestingly, only four respondents stated that he/she did not want to work. Considering the entire sample of 161, over 40% were unable to work because of health problems (including "undergoing drug treatment"). Health problems are both a contributor to homelessness as well as an obstacle to gainful employment and stable residence.

Shadow Work. While many homeless people work routinely, the availability of work, and the ability of the homeless person to do paid work, is highly variable. The homeless suffer from physical and psychological health problems that increase the number of "missed work days." Additionally, the day labor which most homeless people perform is itself highly unpredictable. Snow and Anderson's research (1993) on homeless work in Texas indicated that no one single work strategy can ensure subsistence on the streets. Day labor is not sufficiently abundant to ensure paid work day after day, and it is usually not available on weekends. Plasma centers are also closed on the weekends. Hence if day labor is particularly scarce during a period of time, income will be supplemented by other forms of work activity, which Snow and Anderson refer to as "shadow work"—such as panhandling, selling blood, selling goods or services, or criminal activity.

**Table 8.7 Main Reasons for Not Working Among the 73 Birmingham/Jefferson County Area Homeless Who Did Not Work in the Week Prior to the Interview, 2005**

| REASON | NUMBER | PERCENT |
|---|---|---|
| Poor Health or Disabled | 31 | 34% |
| Undergoing Drug Treatment | 7 | 7 |
| No Work Available | 19 | 20 |
| Child Care Responsibilities | 0 | 0 |
| In School or Technical Training, Full Time | 1 | 1 |
| Lack Transportation | 4 | 4 |
| Pregnant | 0 | 0 |
| Lack Skills/Education | 5 | 5 |
| Do Not Want to Work | 4 | 4 |
| Other | 24 | 25 |
| TOTALS | 95 | 100% |

"Shadow work," while perhaps common among the homeless in some cities was not very likely to be performed by Birmingham's homeless. Only 1 person reported selling blood (14% in the last survey) and three persons reported selling things (7% in the last survey). In spite of the stereotype that the homeless do a lot of panhandling, only one person reported receiving any money from begging or panhandling in the last month. Unfortunately, this very visible activity that takes place among just a few, has become a symbolic representation for homeless economic activity. We asked about two other disrespected forms of economic activity, selling sex and selling drugs. Only one person reported having sold drugs, and four percent reported having sold sex in the previous month. In spite of the desperate nature of their situation, all three of these disreputable forms of shadow work are performed by only a handful of the homeless.

**Crime and Violence Among the Homeless**

The insecurities of a homeless existence go well beyond those of an inadequate income or limited support services. The challenge facing the homeless is particularly apparent when respondents are asked about their overall perceptions of safety and their general exposure to

violence. Seventeen percent of respondents report problems with personal safety at the place they stay, and 25 percent report problems with theft. Ninety-three percent report it being dangerous to be out alone in Birmingham at night; nearly 70% percent view it as a "very dangerous" place to be alone at night. These numbers are slightly lower than what respondents reported in 1995 though Birmingham, at least in the eyes of the homeless, remains an unsafe and dangerous place despite the more positive image of Birmingham and the declining violent crime rates over the last ten years.

Nevertheless, the perception of danger was not completely unjustified; there appears to be a relationship between the perception of an unsafe environment and the personal experiences of the homeless. Table 8.7 reports respondent's exposure to violence both as a victim and witness to specific crimes and criminal activity. In 2005, sixteen percent report that they had been robbed in the last six months. In 1995, 22 percent had been robbed in the last six months. In 2005, 17 percent report being the victim of a physical assault or attack. That percentage was twice that in 2005 when 34 percent reported being a victim of a physical attack. Only 4 percent report being a victim of a sexual assault and this is considerably lower from the 1995 reporting of more then 10 percent of assault victims who had been sexually assaulted. Similar to the city as a whole, rates of victimization are many times higher than those for the general population. For example, the robbery victimization rate in the general population was three per thousand in a given year (U.S. Department of Justice 1992) whereas for our respondents it was 161 per thousand in a **six month** period. There were over ten times more rape victims and more than eight times more assault victims among the homeless over **six months**, as compared to the general population over the course of a year.

Not only are the homeless disproportionately victimized, they are exposed to a violent world and often adapt accordingly. Looking again at Table 8.7, twenty-nine percent reported witnessing a physical attack in the last six months which was slightly lower than reported in 1995 when 33 percent reported witnessing a physical attack in the last six months. In this recent survey, 19 percent saw someone being knifed or shot in the last six months; 26 percent reported seeing someone knifed or shot in the 1995 survey. Similar to what the homeless reported in 1995, four percent said they were a witness to a murder. Fifty seven percent saw someone else carrying a weapon in the last six months and as a response to this level of violence, over one-third of respondents carried a weapon to protect themselves during that same period. Nearly seventy-five percent carried a knife, and six percent possessed a gun.

Homelessness is an extremely risky life circumstance where the majority of exposure to violence that is reported by homeless occurs over the last six months while the individual was

homeless. As noted elsewhere (Snow and Anderson 1993), the homeless are sometimes victimized by other homeless people. Among robbery victims who knew their perpetrator (9 persons), all but one said the person who robbed them was homeless. For assault victims who knew their assailants (17), nearly 60 percent of the attackers were homeless. Such circumstances undoubtedly intensified feelings of uncertainty and distrust among the homeless, in fact, nearly one-third of respondents felt that persons on the street were better off alone than sticking with other people. This uncertain environment was likely to further compound risk by encouraging people to carry weapons for protection, weapons which could also be used against one another.

**Table 8.8 Criminal Circumstances among the Homeless in the Last 6 Months, 2005 (n = 161)**

| KIND OF ACTIVITY | FREQUENCY | PERCENT* |
|---|---|---|
| Victim of Robbery | 26 | 16 |
| Victim of Physical Attack | 28 | 17 |
| Victim of Sexual Assault | 6 | 4 |
| Victim of Attacked w/Weapon | 26 | 16 |
| Witnessed Someone Carrying Weapon | 92 | 57 |
| Witnessed Someone Being Attacked | 47 | 29 |
| Witnessed Someone Being Assaulted With Weapon | 31 | 19 |
| Witnessed Someone Being Killed | 6 | 4 |

*Percentages do not add up to 100 because respondents could provide more than one answer.

Besides exposure to violence, the homeless, (particularly homeless men), are more likely than the general population to be arrested. Seventy-five percent of respondents had been arrested as an adult for a serious violation; 57 percent reported being arrested as an adult in the 1995 survey. The extensive nature of arrests, however, might be partially explained by the unusual circumstances of a homeless environment. Privacy is at a premium for the homeless; indeed, the homeless live out much of their lives in public spaces or in spaces under constant surveillance. Hence, the deviant acts of homeless people are often more visible to police because in fact, many of their arrests are for offenses like drunkenness, vagrancy, trespassing, fighting, etc., highly visible acts played out in the public arena. Thus, the higher arrest rates found among the homeless, at least in part, may result from spatial factors unique to the homeless situation.

While we know that violence exposure varies to some extent by important social structural and environmental circumstances, we expect that similar to the general population, homeless will not have equal levels of exposure to crime as either a victim or witness. Table 8.9 examines basic differences between social structural and circumstantial subgroups of homeless

and shows that there is no age, gender, or racial difference in victimization among the homeless. The only victimization differences are between street versus shelter, and acute versus chronic homeless. However, witnessing violence among the homeless is different. Males, those under the age of 39, who live on the street, and have been through a drug-detox program report witnessing more violence then their counterparts. In addition, we know that males and younger adults also tend to be more likely to carry weapons, report more aggressive and hostility symptoms, and more likely to report being arrested for a serious violation then females or older homeless. Similar to much of the discussion up to this point, whether pertaining to social networks, life events and circumstances, or criminal circumstances, there are important differences among this equally challenged population that need to be highlighted for strategic planning and programmatic purposes.

**Table 8.9 Exposure to Violence Differences among the Homeless, 2005 (n = 161)**

| SELECTED CHARACTERISTICS | VICTIMIZATION | WITNESS |
|---|---|---|
| AGE | | |
| 39 and Under | .69 | 1.42** |
| 40 and Over | .46 | .88 |
| RACE | | |
| White | .70 | 1.05 |
| Nonwhite | .47 | 1.10 |
| GENDER | | |
| Male | .54 | 1.15** |
| Female | .57 | .96 |
| EDUCATION | | |
| Less than High School | .67 | 1.05 |
| High School or Greater | .50 | 1.09 |
| STAYED ON STREET | | |
| No | .40 | .90 |
| Yes | .91*** | 1.51*** |
| TIME HOMELESS | | |
| Less than 1 Year | .73* | 1.17 |
| More than 1 Year | .43 | 1.06 |
| BIRMINGHAM RESIDENT | | |
| No | .26 | .90 |
| Yes | .59 | 1.11 |
| ALCOHOL DETOX | | |
| No | .89 | 1.21 |
| Yes | .50 | 1.20 |
| DRUG DETOX | | |
| No | .71 | 1.08 |
| Yes | .50 | 1.20* |

*p<.05;**p<.01;***p<.001 (one-tailed t-tests)

# CHAPTER 9
# SOCIAL NETWORKS, SOCIAL SUPPORTS, AND SOCIAL CAPITAL

Social ties are a critical personal resource, as important as wealth or education in determining our overall well-being. Our social ties form a network of connections with others and have tremendous value. When we use these ties effectively they can help us get by or even get ahead. Social scientists have long understood that social ties and affiliations are the basic bridge between the individual and the larger society. "Social networks are important in all our lives, often for finding jobs, more often for finding a helping hand, companionship or a shoulder to cry on" (Fischer 1977, 19). An individual's success in life, her sense of security, and even her health depends on who she knows and on whom she can rely for assistance (Fischer 1982, Putnam 2000). These ties can take two forms—social support (the ties people have with a network of close friends and relatives) or social capital (the voluntary associations people have and the levels of trust engendered from these ties). Each of these aspects of our social networks can enhance our life experiences and our overall well-being.

If social ties are important to the general population, they are even more critical for the homeless who experience overwhelming challenges in their lives (LaGory et al. 1991). The severe social, physical, economic, and psychological deprivations they encounter require access to both informal and formal social supports in order to get by on a daily basis, and provide opportunities for returning to a normal life. Because homeless persons experience multiple stressors (significant life crises as well as the daily hassles and risk associated with a life without home), informal and formal supports may be especially critical in alleviating the physical and psychological challenges of homelessness. According to the literature on stress, social supports play a central role in maintaining mental health. They offer a sense of being cared for and loved, help reaffirm the individual's self worth, and provide the necessary resources and aid to assist people in getting by when life's circumstances change and challenge the individual. These supports offer two distinctive functions. *Expressive supports* offer advice and psychological support, while *instrumental supports* provide material assistance in the form of money, shelter, rides, and clothing.

In addition, the social connections we make also serve as a unique form of capital. Because of the recent work of Robert Putnam (2000) we have begun to think of social connections as capital—both a private and public good—that individuals and groups of people possess. Hence individuals and groups possess three forms of capital—physical, human, and social. Physical capital represents the wealth, tools, and physical facilities we have. Human capital involves our training and education. Social capital, on the other hand, represents our

connections and sense of being connected—the social networks and the norms of reciprocity and trustworthiness that come from them. Each form of capital affects individual, as well as collective, productivity and well-being. Theoretically at least, a person who is homeless can benefit greatly from their social capital—the friends, relatives, voluntary associations, and sense of connectiveness to the community.

Social capital can manifest itself in two distinctive and functionally different ways. It can either function as a bridge or a bond. *Bridging social capital* tends to function in an inclusive manner. Social ties that are bridging are outward looking ties that tend to bring different groups of people together. They link socially unlike persons together and hence promote heterogeneity in the community. In so doing, they expose people to resources and assets that go beyond the bounds of their immediate group. *Bonding social capital,* on the other hand, tends to be exclusive rather than inclusive; it promotes homogeneity within the group rather than heterogeneity—tending to reinforce exclusive identities and limiting exposure to the range of assets available in the community. Both forms of social capital can promote individual well-being. On the other hand, as Putnam indicates, while bonding ties *help people get by*, bridging ties *help people get ahead*. Thus in a homeless community where both getting by and getting ahead are extremely challenging, each form of capital is desirable, but if homelessness is to be overcome people must have access to bridging social capital.

**Are the Homeless Disaffiliated?**

Social affiliations, whether in the form of capital or support, are so important that social scientists in the past explained homelessness as a special form of poverty, in which persons were both poor and disaffiliated (Bahr 1973; Bogue 1963; Rossi, Fischer, and Willis 1986). The homeless were portrayed as isolated and detached. Because of that supposed detachment, when life took unpredictable turns they did not have a support system to fall back on—hence they became homeless. In essence, the homeless were seen as a special subset of the poor, the socially disconnected poor.

We have already demonstrated in several different studies, however, that since the 1980's homeless persons are generally not disaffiliated. In earlier intensive interviews (LaGory, Ritchey and Mullis 1987; LaGory, Ritchey, and Gerald 1995), homeless persons had modest but significant social networks that were used periodically for psychological and material assistance. The homeless were not disaffiliated, a fact that is demonstrated again in the current study.

**Social Supports**

The notion that Birmingham area homeless in 2005 are loners is simply a fiction. They have modest social supports and social capital, although because of their extensive material and psychological needs, these resources are often insufficient to assist them in getting by or getting ahead.

Homeless persons live social lives. Indeed when the homeless were asked: "How much time in an average day and evening do you spend with at least one other person whose name you know?", 60 percent said at least half of the time, while only 11 percent said none of the time. Acquaintances, although important, are weak ties that cannot provide the level of support that stronger social ties such as friends and family are capable of providing (Lin, Dean, and Ensel 1986).

The strong sociological and psychological supports provided by family and friends are also in reasonable supply for the homeless. Sixty-six percent have at least one living parent, and 63 percent talked with that parent in the last two weeks (md=7 days). Eighty-seven percent of the homeless have friends or relatives in the Birmingham area. Sixty-eight percent have close friends here, while 60 percent have relatives in the area that they can rely on for assistance. The mean number of relatives in the Birmingham area that respondents say they can rely on for assistance is five, and the mean number of close friends in the area who can help is also five.

While these networks are by no means resource rich, they do offer potential help. The networks of homeless people offer what Putnam (2000) refers to as "bridging ties," since most of their friends are not homeless. Indeed, only 20 percent have close friends among the homeless. This fact is actually beneficial, since the homeless have networks that link them back to persons with more stable lives and resources. Their friendships become a bridge to the larger community. In addition, some respondents (28%), say that service providers are close friends and confidants. Hence, for a minority of homeless, formal service providers have become a crucial source of informal as well as formal social support. The heterogeneity of homeless persons' support system is potentially very positive.

Respondents were asked about seven different types of assistance: money, advice, food, clothes, place to stay, ride, and sick care. (See Table 9.1) Eighty-eight percent report receiving at least one form of aid from a close friend or relative over the last six months. During that time period, seventy-eight percent had received assistance from relatives, while 66 percent had received it from friends. These figures are generally similar to those from the previous two studies conducted in 1987 and 1995.

Table 9.1 reports levels of assistance for the seven different types of aid. The median number of types of assistance from relatives is three, while friends provide an average of two types of aid. Relatives are most likely to provide advice, money, and rides in that order; while friends are more likely to offer advice, rides, and food. Sick care, because of the intensive effort involved, is the least likely form of aid to be provided. As the saying goes, "advice is cheap" and advice is the most freely given form of assistance. However, a substantial majority of the homeless also have someone who can provide meaningful instrumental (material) assistance. Relatives are the most likely to provide any form of assistance, and generally respondents believe that they are likely to offer more substantial assistance than friends.

**Table 9.1 Types of Assistance Received in Last Six Months from Relatives and Friends of Birmingham/Jefferson County Area Homeless, 2005**

| TYPES OF ASSISTANCE | PERCENTAGE RECEIVING ASSISTANCE FROM | |
|---|---|---|
| | RELATIVES | FRIENDS |
| Money | 50% | 38% |
| Advice | 68 | 58 |
| Food | 46 | 40 |
| Clothes | 36 | 29 |
| Place | 42 | 25 |
| Ride | 48 | 41 |
| Sick Care | 31 | 17 |
| Other | 8 | 6 |
| Total Assisted | 78% | 66% |

*Percentages do not add up to 100 because respondents could provide more than one answer.

When asked about the prospects of receiving two critical forms of material aid (money and shelter), half say they can get money from a relative, while nearly forty percent think they can get it from friends. The median amount they say they can get from a relative is $50, while friends are more likely to loan them $20. Forty-two percent have a relative, and 25 percent have a friend who will give them a place to stay. Respondents estimate that relatives will provide shelter for an average of three months, while friends will let them stay for an average of three weeks. However, in spite of these assistance networks, informal social ties cannot normally provide the extensive services required for transition back to a normal environment.

**The Strength of Social Ties**

While there is little justification for characterizing the homeless as socially isolated or detached, their social ties are complex. Conceiving of social support in terms of numbers of social ties or the presence of assistance is somewhat misleading. Not all friendships, or ties with relatives are qualitatively equivalent. *Strong tie support* refers to the people an individual feels closest to, close family and friends, and it is the most essential layer of social support (Lin, et al. 1986).

Just how adequate are the strong tie supports of the homeless? Perhaps the most primary of social bonds, marriage, is uncommon among the homeless. Forty-seven percent of the sample have never been married. Only 6 percent of respondents are currently married, while an additional 4 percent are living with a partner. While the percentage of married persons is extremely low, it is comparable to earlier Birmingham studies (7% in 1987 and 4% in 1995), and to studies in Chicago by Rossi (6.9%), Mobile by Bolland and McCallum (11.8%), and a national urban sample by Burt (11.5%).

Marriage, of course, is not the only source for strong, close ties. We use a strong tie scale (Lin et al. 1986) with a score range of 0 to 12 to assess the presence and adequacy of strong tie supports. The measure is highly reliable and has been used successfully in a variety of studies of social support. The mean strong tie score for this sample is 7.9 as compared to Lin's general population sample average of 7.5. These results suggest that in spite of the limitations of homeless persons' strong ties, at least for this sample of homeless, such ties appear adequate to meet their social and emotional needs. This finding represents a substantial change from the 1995 study where strong tie support scores were on average twenty percent lower than those for the general population.

**Table 9.2 Social Supports of Birmingham/Jefferson County Area Homeless By Demographic Variables, 2005**

| Demographic Variables | Aid From Relatives | Aid From Friends | Strong Ties | Number of Relatives | Number of Friends |
|---|---|---|---|---|---|
| GENDER | | | | | |
| Male | 3.22 | 2.40 | 7.98 | 3.33 | 5.27 |
| Female | 3.26 | 2.65 | 7.80 | 8.83 | 5.42 |
| RACE | | | | | |
| White | 3.48 | 2.20 | 6.73** | 1.36* | 3.03 |
| Nonwhite | 3.10 | 2.63 | 8.54 | 7.19 | 6.26 |
| AGE | | | | | |
| Under 40 | 3.04 | 2.27 | 8.40* | 3.42 | 4.94 |
| Over 40 | 3.54 | 2.84 | 7.13 | 8.13 | 5.91 |
| STREET | | | | | |
| Yes | 2.46* | 2.60 | 7.89 | 3.73 | 5.74 |
| No | 3.55 | 2.43 | 7.93 | 5.81 | 5.13 |
| NATIVE OF BIRMINGHAM | | | | | |
| Yes | 3.31 | 2.45 | 8.10 | 5.89 | 5.48 |
| No | 2.70 | 2.70 | 6.65 | 0.30 | 3.82 |
| CHRONIC HOMELESS | | | | | |
| Yes | 3.11 | 2.42 | 7.74 | 2.32 | 6.31 |
| No | 3.25 | 2.49 | 7.94 | 5.57 | 5.15 |

* p< .05, ** p < .01

Adding to the complexity of this picture, however, is the fact that there are significant differences among the homeless in the quality and sources of these ties. Table 9.2 compares types of social support for selected demographic variables. Perhaps the most notable differences are those by race. Nonwhites have considerably more extensive family ties and strong ties supports. The average nonwhite respondent reports 7.2 relatives in the Birmingham/Jefferson county area that they could rely on for help, while the average white reports only 1.4. Strong tie support is

generally higher for nonwhites, with nonwhites scoring nearly 2 points higher on the strong tie support scale than whites. This fact lends support to the contention made in previous studies (LaGory, Ritchey, and Mullis 1987; LaGory, Ritchey, and Gerald 1995) that African American homeless may have a stronger extended family system which can, and often does, provide significant assistance to the homeless for short homeless episodes.

**Social Capital**

Besides strong tie support, another way of measuring the potential impact of an individual's social ties is by assessing their social capital. Social capital refers to the extent of participation an individual has in voluntary associations within the community. While homeless persons are generally not thought of as participating in such associations, this study indicates that they actually derive significant social capital from voluntary community organization participation. To paraphrase Robert Putnam (2000) the homeless generally are not "bowling alone." In spite of their current difficult situation many are participating in community activities and potentially contributing to the community.

Not surprisingly, some of the most significant forms of this capital come from religious affiliations. Fifty percent of Birmingham area homeless are members of a church or spiritual community. Forty-five percent attend church nearly every week, while 51 percent participate in a church-related activity other than worship in the last year. Additionally, 91 percent say that religion is very important in their lives, a figure identical to Birmingham's general population (Greater Birmingham Community Foundation 2001) but significantly higher than national figures (Saguaro Seminar 2001). The importance of religion is underscored by the fact that respondents rely heavily on their religious community for support. Sixty-three percent say they depend on people from their religious community for support when they feel lonely. In addition, 67 percent say that they often turn to this community for advice when they need help with their problems.

Respondents report participation in other sorts of voluntary activities as well. The two most common forms of group participation, other than religious-related activities, are support groups such as addiction recovery, health or mental health-related groups (54 percent), and the Homeless Coalition (26 percent).

There are few demographic differences in community participation. (See Table 9.3) Black and whites, men and women, street and sheltered homeless have levels of social capital that are statistically similar. Younger people (under 40) participate in community-related activities more extensively than older persons. In addition, Birmingham natives have more bridging social capital than do non-natives.

**Table 9.3 Social Capital of Birmingham /Jefferson County Homeless by Demographic Variables, 2005**

| Demographic Variables | Volunteer Associations | Religious Social Capital | Trust | Total Social Capital | Bridging Social Capital | Bridging Friends/ Family |
|---|---|---|---|---|---|---|
| GENDER | | | | | | |
| Male | 1.22 | 3.40 | 1.22 | 5.92 | 4.80 | 2.05 |
| Female | 1.43 | 3.83 | 1.08 | 6.34 | 5.76 | 2.22 |
| RACE | | | | | | |
| White | 1.27 | 3.49 | 1.22 | 6.13 | 5.47 | 2.31 |
| Nonwhite | 1.30 | 3.58 | 1.15 | 6.03 | 4.94 | 2.00 |
| AGE | | | | | | |
| Under 40 | 1.38 | 3.77 | 1.24 | 6.44* | 5.36 | 2.12 |
| Over 40 | 1.15 | 3.18 | 1.07 | 5.45 | 4.74 | 2.08 |
| STREET | | | | | | |
| Yes | 1.19 | 3.12 | 1.02 | 5.43 | 5.39 | 2.12 |
| No | 1.34 | 3.73 | 1.23 | 6.32 | 5.01 | 2.10 |
| NATIVE OF BIRMINGHAM | | | | | | |
| Yes | 1.28 | 3.61 | 1.21 | 6.14 | 5.40* | 2.13 |
| No | 1.40 | 3.10 | 0.83 | 5.50 | 3.15 | 1.95 |
| CHRONIC HOMELESS | | | | | | |
| Yes | 1.58 | 4.31 | 1.11 | 7.00 | 7.05* | 2.68* |
| No | 1.25 | 3.44 | 1.18 | 5.93 | 4.87 | 2.03 |

* p< .05; ** p < .01

**Do Social Supports and Social Capital Empower the Homeless?**

Many homeless participate in voluntary community activities and very few are socially isolated. But how important is this fact for the overall quality of life of homeless persons? Does being socially connected really matter under these adverse conditions?

Even though almost every respondent in the intensive interview has at least one person to rely on for help and support, the majority do not see these ties as adequate. Sixty-eight percent of respondents say they would be happier if they had more people or places to turn to for help, and 77 percent say they feel lonely all or some of the time. Thus, while the homeless have social ties, these ties are not able to provide the levels of support needed to overcome such a devastating form of poverty. Informal ties may be important, but they are not adequate to do the job of assisting people with the complex set of problems that homelessness presents.

The severe multiple life stressors accompanying homelessness are so debilitating that even significant social support and social connections may not be enough to alleviate their effects. Stable social ties generally represent fairly even exchanges between parties. The average homeless person's social ties, however, involve unbalanced exchanges in which the individual receiving aid is highly dependent on the person providing it. Unbalanced exchanges are very difficult to maintain over a long time period. Additionally, the resource bases of homeless persons' relatives and friends (themselves likely to be poor) are not limitless, and are unlikely to meet the extensive needs of a homeless individual or family. Thus social ties in the form of social capital and support cannot adequately meet the psychological and material needs of homeless persons.

While never fully adequate to address their needs, such ties are still an important and sometimes overlooked element in the overall quality of a homeless person's life. Our intensive interviews suggest that both social capital and strong tie support provide significant empowerment to persons experiencing the devastating circumstances of homelessness. (See Table 9.4) Social capital, in the form of trust, religious participation, and volunteering is significantly related to both mastery and depressive symptomatology (CES-D). Persons with higher levels of trust (in the general community, the homeless, service providers, and community leaders), religious participation, and volunteering, have higher mastery and lower depression. Similarly, individuals who associate with persons who are different from themselves (bridging social capital), also have higher levels of mastery. Social capital thus improves well-being, and reduces the sense of fatalism that can so easily accompany the circumstances of homelessness.

Perhaps even more important to well-being than social capital, is the individual's level of strong tie support. Strong tie support, in addition to be being very important for mental health

(CES-D) and a sense of mastery, seems to be strongly related to one's level of available income and sense of loneliness. Not only does strong tie support offer a more reliable support network for material assistance, it provides a critical source of expressive support. People with strong tie support are much less likely to feel socially detached and alone.

Social networks matter greatly in assisting individuals through a continuum of care that may eventually lead to permanent housing. A case management strategy that attempts to restore this valuable resource is likely to be beneficial. On the other hand, such networks cannot be relied on to take the place of formal services and supports.

**Conclusion**

In summary, our intensive interviews of the homeless suggest that:

1) Homeless persons are generally socially connected rather than isolated. Almost all homeless persons have some local ties that they use for assistance.
2) A majority of homeless have social capital—most often religious social capital in the form of church membership and participation in religious activities other than worship.
3) Homeless persons who have social capital and social supports experience some degree of empowerment from their social connectedness.
4) These ties are not seen as adequate to meet the challenges of a homeless life.

**Table 9.4 Zero-Order Correlation of Health and Well-Being of Homeless and Social Capital and Social Support**

| | Strong Tie Support | Trust | Religious Social Capital | Total Social Capital | Bridging Social Capital | Bridging Friends |
|---|---|---|---|---|---|---|
| CESD | -.415** | -.307** | -.274** | -.310** | -.036 | -.069 |
| Perceived Health | -.032 | -.128 | -.087 | -.073 | .132 | -.130 |
| Health Symptoms | -.098 | -.227** | -.065 | -.147 | .046 | .083 |
| Income | .204* | .075 | -.130 | -.051 | .015 | .012 |
| Job | .058 | -.037 | .027 | .005 | -.025 | .151 |
| Mastery | .208** | .187* | .219** | .239** | .082 | .279** |
| Daily Hassles | .033 | -.138 | .124 | .051 | .113 | .003 |
| Lonely | -.587** | -.234** | -.109 | -.139 | .138 | -.068 |

* $p < .05$, ** $p < .01$

# CHAPTER 10
# MENTAL HEALTH AMONG THE HOMELESS

## Severe Mental Health Problems

Homelessness represents a highly stressful life circumstance with significant daily struggles often preceded or accompanied by multiple life crises (La Gory, Ritchey, and Gerald 1995; LaGory, Ritchey, and Mullis, 1991). The homeless condition itself poses potentially grave psychological and physical risks resulting in higher prevalence rates of mental illness. In addition, researchers attribute directly or indirectly the circumstance of being homeless to mental illness (Morrisey and Dennis 1986; LaGory, Ritchey, and Mullis, 1991). It is no surprise therefore to note relatively high levels of mental health symptoms among the homeless. Forty-one percent of the current sample reports having problems with mental illness or their nerves sometime in their lives. This figure is similar to what was reported in the 1995 sample (42%) and slightly lower than the 1987 sample (47%). Likewise, 21% report having spent time in a mental hospital which is similar to the 1995 survey (22%) and slightly elevated since the 1987 survey (17%). Nearly 33% of the respondents report being told by a doctor or psychologist sometime in their life that they had a mental illness. This represents an 8 percent increase since the 1995 survey and may suggest a greater recognition of symptoms and an increasing ability on the part of homeless to communicate their general condition/symptomatology. In addition, this finding may also be suggestive of the medical profession's increasing ability to more accurately diagnose mental health conditions among this sometimes difficult-to-diagnose population. Finally, 27% currently take medication for their mental health problem—this number is twice as large as reported in the 1995 survey. Greater numbers of homeless being diagnosed and considerably larger numbers taking medication for mental health problems suggests a shift in the willingness of homeless to understand the importance of drugs in their treatment, and physicians recognizing the need for drug therapy in the treatment of a complicated set of psychological/emotional problems among this distressed population.

In order to assess specific symptomatology, we use specific mental health symptom lists contained in the Brief Symptoms Inventory or BSI (Derogatis and Spencer 1982). Because of time limitations in the interview process, we assess only the **presence** of 26 symptoms over a month long period, but did not attempt to measure their intensity. The symptom list includes all the questions in the BSI for the following disorders: Anxiety, Phobic Anxiety, Hostility, Paranoia, and Psychosis. The mean number of symptoms for each condition, and the number and percentage of subjects reporting high symptom levels (four or more symptoms), are shown in Table 10.1.

**Anxiety** consists of a set of symptoms associated clinically with high levels of manifest anxiety such as panic attacks, feelings of terror, nervousness and tension, and feelings of apprehension. Of the six symptoms assessed, 29 percent of the sample report experiencing four or more symptoms over the last month (Mean = 2.3; S.D.= 2.0). For the two most severe anxiety symptoms—spells of terror or panic, and feeling suddenly scared for no reason—the percentages presenting the symptom are 19 percent and 30 percent respectively. Both of these symptom reports are slightly elevated since the 1995 survey.

**Table 10.1 Mental Health Symptoms Present for Five Diagnostic Categories Using the Brief Symptoms Inventory, Birmingham/Jefferson County Area Homeless, 2005**

| | | THOSE REPORTING HIGH LEVELS (4 OR MORE SYMPTOMS) | |
|---|---|---|---|
| | MEAN NUMBER OF SYMPTOMS | NUMBER | PERCENT |
| Anxiety | 2.3 | 47 | 29% |
| Phobic anxiety | 1.4 | 18 | 11 |
| Hostility | 1.5 | 21 | 13 |
| Paranoia | 2.5 | 48 | 30 |
| Psychosis | 2.0 | 30 | 19 |

**Phobic anxiety** is defined in the BSI as a "persistent fear response to a specific person, place, object or situation which is characterized as being irrational and disproportionate to the stimulus, and which leads to avoidance or escape behavior" (Derogatis and Spencer 1982). The symptoms include some aspect of agoraphobia, including fear of open spaces and travel, uneasiness in crowds, avoidance behavior, and nervous feelings when left alone. Since homelessness by definition reduces privacy and maximizes the individual's exposure to public spaces and strangers, these symptoms when present are likely to significantly affect homeless individual's behavior. Twenty percent of the sample report feeling afraid in open spaces, 12 percent report fear of traveling on buses, trains, or subways, and these are the two most predictive symptoms of this illness syndrome. The mean number of phobic anxiety symptoms was 1.4 and eleven percent of the homeless exhibit high phobic anxiety symptom levels (four or five symptoms). These symptoms and their statistical descriptives (Mean, Standard Deviation, and Categorical Frequencies) were similar to the homeless surveyed in 1995.

The **Hostility** dimension of the BSI assesses thoughts, feelings, or actions characteristic of deep seated anger, which manifests itself in qualities such as rage and resentment, irritability, and physical aggression. Homeless respondents as a whole present somewhat lower levels of hostility; over 50 percent of the sample report one or no symptoms, and only thirteen percent report four or more. Nevertheless, 19 percent, report urges "to beat, injure or harm someone," indicating that a small group of homeless have significant feelings of anger that could easily manifest themselves in aggressive behavior.

**Paranoia** or "paranoid ideation" is a "disordered mode of thinking" whose major characteristics include "projective thought, hostility, suspiciousness, grandiosity, centrality, fear of loss of autonomy and delusions..." (Derogatis and Spencer 1982). The mean number of symptoms are 2.5 with a range from 0 to 5 and a standard deviation of 1.5; nearly one-third (31%) of respondents score higher levels, i.e. those reporting more then four symptoms. Three of the five symptoms, however, could be considered somewhat healthy adaptations to an unhealthy environment (feeling that most people cannot be trusted, feeling that people will take advantage of you if you let them, and feeling that you are being watched or talked about by others). One response, though, is clearly indicative of mental health problems, "feeling others are to blame for most of your troubles." This symptom is reported by 20 percent of respondents.

The final symptom syndrome assesses **psychosis**. The five BSI symptoms include a continuum ranging from mild feelings of alienation (never feeling close to another person, feeling lonely even with other people) to dramatic evidence of psychosis (the idea that someone can control your thoughts, that something is wrong with your mind). Eighteen percent exhibit high symptom levels (four or five symptoms). Seventeen percent express the feeling that someone can control their thoughts—rather dramatic evidence of psychoses.

Women and younger respondents (those under 40) generally have higher symptom levels on all five of the symptom syndromes. With few exceptions, however, most of the differences in symptom levels are not statistically significant by sex or age except the fact that women tend to be slightly more phobic then men, and whites report being more anxious and phobic then their non-white counterparts.

Overall these findings are not that different from national data that describe the general mental health symptom reporting among the homeless. Most social and behavioral scientists studying the homeless assume that around 30 percent of the homeless suffer from severe mental illness (Burt 1993). Such illnesses include schizophrenia, major affective disorders (bipolar personality or recurrent major depression), paranoia and other psychoses, as well as personality disorders. Morrisey and Dennis, in a survey of NIMH-sponsored homeless study (1986), report

psychiatric prevalence rates ranging from 28 percent to 37 percent. While we have no way of comparing our results directly with those, the proportion in Birmingham with severe mental health problems is close to that range. For example, 40 percent report feeling there is something wrong with their mind, 33 percent report a previous diagnosis of mental illness, and 21 percent had been previously hospitalized for a mental health problem (but less than half of those in the last two years). As mentioned earlier, these reports are slightly elevated compared to the 1995 report. Interestingly, in 1995 only 13 percent reported taking medications for their condition at the time of the study; in 2005 more than twice the percentage in 1995 reported taking medicine(s) for their mental health conditions. This increase may be indicating a greater awareness on the part of homeless regarding the importance of taking prescribed medications for these types of conditions, or possibly a great willingness on the part of the medical community to prescribe and actively participate in treatment of mental health conditions for this challenged population (see an earlier discussion regarding medication for mental health).

Mental health problems are more prevalent among a significant minority of homeless, either accompanying or following the homeless episode for about 30 percent of the respondents. However, caution must be made in interpreting this fact. While mental illness may be one of the factors propelling a certain portion of the population toward a homeless state, it is only one of many forces involved in homelessness. Additionally, some social scientists (Snow and Anderson 1993) point out that what appear to be the symptoms of a mental health condition, may actually be a very healthy adaptation to the unhealthy conditions of street life. As we note, many of the symptoms listed in the BSI may actually represent adaptive behavior rather than mental illness. In addressing solutions to the homeless problem some degree of caution must be taken in interpreting these rather high prevalence rates; most notably we must ask, can normally unhealthy symptomatic behavior be interpreted in the same way in both healthy and unhealthy environments? To what extent is homelessness caused by a mental health problem? For some, severe mental illness may be a central cause for homelessness, but in almost all instances multiple factors are involved, such as a support system that finally breaks under the weight of dependence, a life history with multiple crises, risky health behaviors, poverty, etc. Whatever the relation between homelessness and mental illness, it is important to note that only a small number of homeless are mentally ill, and of course not all persons with mental illness become homeless.

Those who suffer such symptoms, nonetheless, are an especially vulnerable subset of the homeless. Significantly different levels of symptomatology on BSI and depression measures are associated with several aspects of vulnerability. For example, those suffering from paranoia, anxiety, and psychotic symptoms tend to avoid shelters, making it more difficult for them to get

the help they need. The link between mental health and access to social support is also quite apparent. Those with higher levels of depression, anxiety, psychoticism, and phobia have significantly weaker social supports. This vulnerability is further underscored by the fact that persons with higher mental health symptomatology tend to be easier targets for crime and violence. Those suffering from higher levels of anxiety, psychosis, and paranoia are more likely to report being robbed, attacked, beaten up, or mugged in the last six months. Additionally, respondents with greater levels of anxiety, psychoticism, and paranoid symptoms are more likely to have been a victim of physical violence over the last six months. Such vulnerability clearly has the potential to increase the likelihood of prolonged or even chronic homelessness. Respondents with greater numbers of mental health symptoms on the psychotic, phobic anxiety, and anxiety scales, as well as those with higher levels of depressive symptomatology, are more likely to answer yes to being homeless in the last year.

Persons with a dual diagnosis of mental health problems and chemical dependency are particularly vulnerable, since the problems of each condition are compounded, and because of the institutional difficulties of being treated for either condition. Facilities that treat the mentally ill will not take those suffering from alcohol or drug problems, and those facilities treating chemical addictions will not admit the mentally ill. In Birmingham, 72 percent of those reporting having stayed in a mental hospital had also been through an alcohol detoxification program, and 53 percent had been through a drug detoxification program. The percentage of homeless with an active dual diagnosis is harder to assess. No significant relationships were found between those who were currently in some drug detoxification program (13%) and any of the mental health problems that we explored. Nevertheless, we know that typically, homeless persons face not just one mental or physical health problem but several that are often compounded by a variety of risk-taking behaviors (Fitzpatrick et. al. 1999).

**Depression and Suicidal Thoughts**

Depressive symptomatology. The link between homelessness and mental health symptoms is even more of an issue with regard to depression and suicidal thoughts. Not surprisingly, research on the mental health of the homeless found extremely high levels of depression and demoralization (LaGory, Ritchey, and Mullis 1990;Rossi 1989). The relevance of these considerable levels of depression, however, has been questioned. Do the measures tap depression or a depressing condition? Is the symptomatology a healthy response to an unhealthy situation? While we must exercise some caution in addressing these questions, it should be apparent in the discussion that follows that such symptoms, whether the result of adaptations to an unhealthy life circumstance, or the result of a serious mental health problem, are nonetheless

very consequential for this particular population of disadvantaged adults. While high levels of stress in such a physically and psychologically challenged population may not be surprising, practitioners and service providers should be aware of the potentially serious consequences that must be addressed. Typical depressive symptoms include feelings of apathy, sadness, and inadequacy, social withdrawal, fatigue, as well as sleep and appetite problems. Such symptoms may actually intensify the physical deprivations of the homeless condition, leading to chronic problem solving difficulties, physical challenges, and long-term cycles of homeless episodes. The sadness and apathy associated with depression can interfere with normal social relations, and with the motivation to solve life problems. Service providers need to avoid mistaking these symptoms for character flaws and thus writing off many severely depressed individuals as incapable of making a successful, independent life for themselves. Clearly, emergency sheltering with its spare attention to the whole person, and its often limiting rules about the duration of stay, cannot address the needs of persons suffering from depression. At the same time, these symptoms make the service provider's job even more difficult. The energy and patience necessary to reengage a distraught client is potentially draining and compounds the already complicated and difficult task of transitioning back into the community.

Social science research on depressive symptomatology suggests that social and psychological factors play an important role in depression. Undesirable life events, daily hassles connected with negative life circumstances, available social supports during stressful times, as well as personal coping skills, all play a critical role in determining depressive symptoms. These determinants of distress are themselves affected by homelessness. Homelessness itself represents one of the least desirable life circumstances one could imagine, presenting many daily hassles. As discussed earlier it involves the coincidence of many negative life events such as health problems, economic difficulties, physical abuse, job loss, etc. It is also a state of deprivation in which social supports and personal coping mechanisms are extremely challenged. Hence, levels of distress are likely to be high. As we shall see, however, in spite of high prevalence levels, there is considerable variation among the homeless in the levels of depressive symptoms.

In both 1987, 1995, and the present study, depression has been assessed by using the twenty-item Center for Epidemiological Studies Depression Scale (CES-D), a highly reliable instrument widely used for assessing self-reported symptoms (Radloff 1977). While the scale is not designed to diagnose clinical depression in individuals, its ability to predict diagnosis is quite high. The items on the scale reflect the six major dimensions of depressive symptomatology: 1) depressed mood, 2) feelings of guilt and worthlessness, 3) feelings of helplessness and hopelessness, 4) loss of appetite, 5) sleep disturbance, and 6) psychomotor retardation. Scale

scores can range from 0 to 60 based on how frequently respondents had experienced symptoms in the past week. In most studies using the CES-D (Ensel and Lin, 1993; Lin et al. 1986; La Gory et al. 1990; Weissman et al. 1977) a score of 16 or above is used as a threshold to distinguish potentially depressed from non-depressed respondents (possible clinical caseness), 21+ scores are often designated as "probable clinical caseness."

In the present study, 70 percent of the sample exhibit possible clinical caseness for depression (16+) and 53 percent show probable clinical caseness with a score of 21 or above. The mean score is 23.1 with a standard deviation of 12.2. These scores are slightly lower, although very comparable to those reported in both 1987 and 1995, when nearly three of every four respondents showed symptoms of possible caseness and nearly two-thirds showed probable caseness (1987 Mean = 23.5; 1995 Mean = 25.4, 1987 S.D. = 12.5; 1995 S.D. = 11.2). These figures are comparable to studies in other metropolitan areas assessing homeless depression. In studies of general population samples, however, the reported percentages scoring above 16 are much lower ranging from 9.4 to 19.5 (Ritchey et al. 1990). Of all published studies using the CES-D, we have found only one sample which scored higher—clinic patients diagnosed with acute depression (Weissman et al. 1997).

While depressive symptomatology is prevalent among the homeless, suggesting extreme psychological suffering and defying stereotypes of the contented bum, there is significant variation within the sample regarding levels of depressive symptomatology. Table 10.2 displays differences in mean scores on the CES-D across a variety of respondent characteristics and experiences Substantially higher symptom levels are reported for younger respondents and those with a high school education or above. In addition, homeless with lower social support (fewer friends), lower levels of perceived help, with limited social capital report more depressive symptoms. Staying on the street, experiencing a high number of undesirable life events and daily hassles are also important variables distinguishing between those experiencing varying degrees of depressive symptomatology. Moreover, there was a strong relationship between depressive symptoms and suicidal ideation.

**Table 10.2 Depression Among Birmingham/Jefferson County Area Homeless: The CES-D Scale by Selected Demographic, Residential History, Social Support, Social Capital, Psychological Resource and Life Event Variables, 2005**

| VARIABLES | N | MEAN | P VALUE 1-TAIL TEST |
|---|---|---|---|
| **DEMOGRAPHICS** | | | |
| SEX | | | .905 |
| Male | 107 | 23.2 | |
| Female | 54 | 22.9 | |
| RACE | | | .287 |
| White | 55 | 24.5 | |
| Nonwhite | 106 | 22.4 | |
| AGE | | | .025* |
| 39 and Under | 61 | 25.9 | |
| 40 and Over | 100 | 21.4 | |
| EDUCATION | | | .033* |
| Less than High School | 119 | 21.9 | |
| High School or More | 42 | 26.5 | |
| **RESIDENTIAL HISTORY** | | | |
| BIRMINGHAM RESIDENT | | | .727 |
| No | 20 | 24.0 | |
| Yes | 141 | 23. | |
| STAYED ON STREET | | | .092* |
| No | 113 | 22.1 | |
| Yes | 48 | 25.6 | |
| TIME HOMELESS | | | .884 |
| Less than 1 Year | 95 | 23.2 | |
| More than 1 Year | 65 | 22.9 | |

* p<.05

**Table 10.2 (continued on next page)**

**Table 10.2 (continued}**

| VARIABLES | N | MEAN | P VALUE 1-TAIL TEST |
|---|---|---|---|
| **SOCIAL NETWORKS** | | | |
| NUMBER OF FRIENDS AND RELATIVES | | | .040* |
| 0 | 21 | 28.2 | |
| 1 or More | 140 | 22.3 | |
| STRONG TIE SUPPORT | | | .000* |
| Low (Under 5) | 33 | 29.8 | |
| High (5 and Above) | 128 | 21.4 | |
| PERCEIVED HELP | | | .001* |
| Has Plenty | 50 | 18.3 | |
| Wants More | 110 | 25.2 | |
| **SOCIAL CAPITAL** | | | |
| Low (<6) | 65 | 27.6 | .000* |
| Med. or High (≥ 6) | 92 | 19.5 | |
| **LIFE EVENTS** | | | |
| ROBBED (Last 6 Months) | | | .121 |
| No | 135 | 22.5 | |
| Yes | 26 | 26.5 | |
| MUGGED (Last 6 Months) | | | .018* |
| No | 133 | 22.1 | |
| Yes | 28 | 28.0 | |
| LIFE EVENTS (Last 12 Months) | | | .004* |
| 0-1 | 43 | 18.6 | |
| 2-9 | 117 | 24.7 | |

* p<.05

**Table 10.2 (continued on next page)**

**Table 10.2 (continued)**

| VARIABLES | N | MEAN | P VALUE 1-TAIL TEST |
|---|---|---|---|
| **LIFE EVENTS (CONTINUED)** | | | |
| ALCOHOL DETOX | | | .968 |
| No | 95 | 23.1 | |
| Yes | 66 | 23.1 | |
| DRUG DETOX | | | .346 |
| No | 78 | 22.4 | |
| Yes | 62 | 24.3 | |
| DAILY HASSLES | | | .101* |
| Few (0-1) | 68 | 21.3 | |
| Moderate to High (2-10) | 93 | 24.5 | |
| CONSIDERED SUICIDE SINCE HOMELESS | | | |
| No | 109 | 20.1 | .000* |
| Yes | 49 | 29.8 | |

* p<.05

These data suggest differential vulnerability to the depressing conditions of homelessness. The extremely high scores overall, however, indicate that few are immune to the psychological devastation of a homeless existence. In general populations, social supports and psychological coping skills (such as a sense of mastery or locus of control) tend to soften the blow of stressful life experiences or circumstances, and, hence, diminish the effects of environmental effects on depressive symptoms. People with high levels of social support, and a strong sense of mastery over their environment, tend to experience lower levels of depression. While this was true of the homeless respondents in both 1987 and 1995, we have shown elsewhere that the impact of social support on reducing depression was very modest for the homeless, compared to general populations (La Gory et al. 1990). Although many homeless persons are socially affiliated and experience moderate levels of social support, these social supports cannot play the effective role in mediating stressful events that they did for the general population, not only because the homeless experience multiple life crises, but because their social support systems tend to be economically limited. In other words, the problem for the homeless is not the absence of supportive networks; rather, it is that social supports, because of limited resources and the complex needs of the homeless, could not reduce distress as effectively in this

very needy population as they might in other groups. Homelessness represents a condition so devastating that personal ties, while still important for the individual, are almost ineffectual. Only those with a deep inner strength, as assessed by measures of psychological mastery, are capable of avoiding the severely distressful circumstances of homelessness. This sense of self, while not easily taught, appears essential if the transition from a homeless existence is likely.

Suicidal Thoughts. The psychological devastation of a homeless life is even more obvious when respondents are asked about suicidal thoughts and attempts. Thirty-six percent of the sample reports considering suicide since they became homeless. Thirty-one percent reports actually trying to commit suicide sometime in their lives, and 45 percent of those made this attempt while they were homeless.

Whites and females were more likely to have tried to commit suicide than others. There was an obvious link between suicidal thoughts and mental health. Nearly 68 percent of those hospitalized for a mental illness had attempted suicide sometime in their lives, compared to 30 percent of those who had not been institutionalized. This problem continued through the homeless episode with 53 percent of those reporting previous mental hospitalization having considered suicide since they became homeless, compared to 39 percent of those who had never been institutionalized. There were also significant associations between mental health symptoms and suicide attempts. For example, 61 percent of those who had tried to kill themselves said that they felt that something was ‘wrong with their mind’, and suicidal thoughts since becoming homeless were significantly related to specific mental health syndromes such as anxiety, paranoia, psychoticism, hostility, and depression.

# CHAPTER 11
# PHYSICAL HEALTH AND HEALTH SERVICE ACCESS AMONG THE HOMELESS

The health of homeless people is typically worse than that of other populations, including those living in poverty but with established residences. The conditions of homelessness are widely recognized as health risk factors. Homelessness produces stress-related ailments, both physical and mental. Moreover, exposure to contagion in shelters, the harsh environmental conditions on the streets, and poor nutrition, all contribute to poor health (Wright 1987). In addition, compared to the general population, the homeless population experiences more risk factors related to health behavior and strained social relationships, such as substance abuse, physical and sexual abuse, and victimization.

Nor is the medical care received by the homeless adequate to meet the needs of this especially at-risk population. For homeless people, access to care is often limited, due to lack of financial resources or health insurance. The care received is often intermittent because continuity of care is complicated by absence of permanent residence and inability to pay. Despite these risks, homeless individuals may be inclined to give their health needs lower priority than other basic needs, such as shelter and food. In summary, homelessness puts people in a double bind: poor health and risky environments create exceptional medical needs but access to health care is limited.

In this section of the report, we address the health statuses and morbidity among the homeless (i.e., their illness, symptom, and injury experiences). We obtain subjective views of how homelessness affects health and whether personal health needs are given lower priority compared to other daily survival needs. We also determine where and how often the homeless are hospitalized and see physicians, and we report on whether our respondents perceive unmet health needs.

Also in this section, we focus on health risks and preventive health behavior. An emphasis on preventive health is important, not only for the health of homeless people, but also for the general population. When the basic health needs of a highly at-risk segment of the population are left unmet, that segment may serve as a reservoir for communicable disease. Furthermore, unmet needs lead to unnecessary medical expenditures as minor treatable conditions progress into serious diseases, whose treatment costs are shared by all.

## Health Status

The health status of survey subjects was assessed in several ways. First, respondents were asked to provide a self-assessment of their general level of health. Second, respondents were read

a list of symptoms and asked if they had experienced any of them in the past month. Finally, they were asked whether they had experienced acute episodes of serious illness or injury while homeless.

**Self-Assessed Health Status.** Self-assessed health status was measured with a standard questionnaire item used in the Health Interview Survey of the National Institutes of Health, and other instruments such as the General Social Survey administered by the National Opinion Research Center (NORC): "How would you describe your health right now? Would you say you were in excellent health, good health, fair health, or poor health?" Table 11.1 presents our findings and compares them to the General Social Survey of the adult population of the United States for 1998, which was the most recent available data and was typical for that survey for the past decade. Less than 10 percent of respondents from both surveys rated their health as "poor", but the homeless were much less likely to say that their health was good or excellent. Fully 75 percent of Americans rated their health as good or excellent, compared to only 54 percent of the homeless. A large discrepancy also appeared in the "fair" category, where 37 percent of the homeless responses fell compared to only 19 percent of the general U.S. population. This

**Table 11.1 Self-Assessed Health Status of Birmingham/Jefferson County Area Homeless, 2005 (n = 159) Compared to the General U.S. Population, 2002 (n = 2,821)**

| SELF-ASSESSED HEALTH STATUS | BIRMINGHAM/JEFFERSON COUNTY HOMELESS | | GENERAL POPULATION OF THE UNITED STATES* | |
|---|---|---|---|---|
| | NUMBER | PERCENT | NUMBER | PERCENT |
| POOR | 14 | 9% | 136 | 6% |
| FAIR | 59 | 37 | 466 | 19 |
| GOOD | 61 | 38 | 1,345 | 44 |
| EXCELLENT | 25 | 16 | 874 | 31 |
| TOTALS | 159 | 100% | 2,821 | 100% |

* Source of these data is the National Opinion Research Center, 2002: http://sda.berkeley.edu:7502/D3/GSS02/Docyr/gs02.htm

comparison to the General Social Survey data revealed the homeless to perceive themselves to be in considerably poorer health than people in the general population. The profile of self-rated health status for our 2005 sample was very close to that of our 1995 study. However, for those rating their health as poor, the 1995 and 2005 homeless samples were considerably less than the

19 percent we found in our 1987 study. The relative improvement in perceived health status for 1995 to the present was probably due to improved access to health services.

**How Does Homelessness Make People Feel Physically?** Homelessness is recognized as a cause of stress-related illness. We asked two questions concerning respondents' subjective feelings about how homelessness affects their health. Fifty-nine respondents (37%) agreed with: "Since not having your own place, you feel sick more often," and 91 (56%) agreed that: "Staying healthy is much harder since you've been without your own place." These figures confirmed the obvious; homelessness, in and of itself, was a risk factor for illness and disease. Physical illness was an effect of homelessness, as well as a contributing factor to its occurrence.

**Physical Symptoms.** A checklist of 24 physical symptoms was read to respondents and they were asked to indicate whether each symptom had been experienced in the past month. The results are presented in Table 11.2. Stress-related, respiratory, musculoskeletal, and digestive/urinary symptoms were especially common, reflecting the daily stressors and risky environments of homelessness. Symptoms that were reported by more than one-fourth of respondents included loss or gain of weight, frequent headaches, pain in chest, heart beating hard or acting funny, high blood pressure, sinus trouble, sore throat, shortness of breath, frequent backaches, painful or swollen joints, foot trouble, stomach cramps, and toothache. Only seven respondents (4%) failed to report a symptom. Sixty percent reported between one and six symptoms, and 36% reported seven or more. The mean number of reported symptoms was 6.1 with a standard deviation of 4.8 symptoms. This was higher than the mean of 4.7 symptoms found in the 1995 study. Finally, the stresses of homelessness were apparent in answers to whether a respondent felt sick more often since becoming homeless; 59 (37%) agreed.

## Medical Care Service Utilization and Access

The use of medical services by Birmingham/Jefferson County area homeless was determined by measuring hospital visits, physician visits, and the sources of care.

**Hospitalization.** The strains of homelessness and the conditions leading to it were starkly apparent in the rate of hospitalization among our subjects. They were asked if they had been hospitalized since homeless and 58 (36%) had been. Table 11.3 lists the medical conditions and circumstances leading to hospitalization. These included: pulmonary/influenza conditions, obstetric/gynecology related visits, substance abuse detoxification, injuries, gastrointestinal problems, musculoskeletal conditions, complications of diabetes, mental evaluation, depression, and suicide attempts, all being conditions which could reflect both causes and/or consequences of homelessness.

**Table 11.2 Physical Health Symptoms of Homeless Persons in the Birmingham/Jefferson County Area, 2005 (n = 161)**

| | NUMBER | PERCENT |
|---|---|---|
| STRESS RELATED SYMPTOMS | | |
| Lost or Gained a Lot of Weight | 89 | 55% |
| Frequent Headaches | 63 | 39 |
| Pain Around Heart or Chest | 40 | 25 |
| Heart Beating Hard or Acting Funny | 46 | 29 |
| High Blood Pressure | 64 | 40 |
| Fainting or Blackout Spells | 14 | 9 |
| RESPIRATORY SYMPTOMS | | |
| Sinus Trouble, Hay Fever | 81 | 50 |
| Sore Throat or Repeated Cough | 57 | 35 |
| Shortness of Breath, Trouble Breathing | 47 | 29 |
| Coughed Up Blood | 5 | 3 |
| MUSCULOSKELETAL SYMPTOMS | | |
| Frequent Backaches | 57 | 35 |
| Painful or Swollen Joints, Rheumatism | 50 | 31 |
| Swelling of Ankles | 29 | 18 |
| Broken Bones | 8 | 5 |
| Foot Trouble | 48 | 30 |
| DIGESTIVE/URINARY SYMPTOMS | | |
| Stomach Cramps, Sour Stomach | 46 | 29 |
| Serious Gas Pains | 37 | 23 |
| Loose Bowels Often | 36 | 22 |
| Pain, Burning When Goes to Bathroom | 7 | 4 |
| SENSORY IMPAIRMENT | | |
| Seen Spots | 38 | 24 |
| Earache, Ringing in Ears | 32 | 19 |
| Double Vision | 31 | 19 |
| OTHER SYMPTOMS | | |
| Other Health Problems | 34 | 21 |
| Toothache | 55 | 34 |
| Skin Problems | 27 | 17 |
| TOTALS | 161 | * |

* Totals sum to more than 100% because respondents could choose more than one answer.

**Table 11.3 Medical Conditions Leading to Hospitalization of Birmingham/Jefferson County Area Homeless, 2005 (n = 58)**

| | NUMBER | PERCENT |
|---|---|---|
| PHYSICAL CONDITIONS | | |
| Pulmonary/influenza | 3 | 5% |
| OB/GYN related | 1 | 2 |
| Injury | 7 | 12 |
| Gastrointestinal | 7 | 12 |
| Diabetes | 1 | 2 |
| Musculoskeletal | 6 | 10 |
| Heart problems/cardiovascular | 8 | 14 |
| Infections (other than pneumonia) | 3 | 5 |
| Unspecified surgery | 1 | 2 |
| MENTAL ILLNESS INDICATORS | | |
| Detox | 4 | 7 |
| Mental evaluation | 9 | 16 |
| Suicide attempt | 5 | 9 |
| Depression | 1 | 2 |
| OTHER | 2 | 3 |
| TOTALS | 58 | 101%* |

* Total percentages sums to more than 100% due to rounding error

**Physician Visits and Portals of Entry to Health Care**. Over two-thirds (113 or 72%) of our respondents answered positively to the question: "Have you seen a doctor or been to a clinic since you've been without your own place?" Of these, 56% had been to a doctor over three times since homeless. Altogether, considering those who had been hospitalized or had otherwise seen a doctor, 122 (76%) of our sample had seen a doctor while homeless. These figures are almost exactly what we found in 1995. Finally, 66 respondents (41%) were currently receiving the care of a doctor.

Table 11.4 lists the common portals of entry for health care among Birmingham/Jefferson County area homeless. Cooper Green Hospital (the publicly funded hospital of Jefferson County)

was mentioned by the most respondents (106 or 66%). UAB hospitals and Birmingham Health Care were also frequently mentioned.

**Table 11.4 Hospitals Homeless Persons Could Go To For Health Problems (n = 161)**

| | NUMBER | PERCENT* |
|---|---|---|
| COOPER GREEN | 106 | 66% |
| VA HOSPITAL | 14 | 9 |
| UAB HOSPITALS | 53 | 33 |
| PUBLIC HEALTH DEPT | 15 | 9 |
| BIRMINGHAM HEALTH CARE | 58 | 36 |
| NORWOOD CLINIC | 5 | 3 |
| HEALTH SOUTH | 3 | 2 |
| OTHER | 61 | 38 |
| DON'T KNOW WHERE TO GO | 2 | 1 |

* Totals sum to more than 100% because respondents could choose more than one answer.

The health care costs of the 114 persons who had seen a doctor was financed in a variety of ways, as indicated in Table 11.5. The most common response was that the care did not cost anything (23 respondents or 20%) or that the care was covered by Medicaid (20 respondents or 18%). Out-of-pocket payments, VA services, and Medicare were also cited, but only 4 respondents (3% of those seeing a doctor) had private health insurance.

**Restricted Access to Care and Unmet Needs.** Notwithstanding the high rates of hospitalization and physician visits among our sample respondents, this particularly ill, at-risk population was not receiving medical care sufficient to meet its needs. Over half of the sample (87 or 54%) indicated that since homeless, there had been times that they felt like they needed a doctor, but could not go to one. This is substantially higher than the 32% who indicted this in the 1995 study. In fact, 36 (22%) disagreed with the statement: "You can get health care if you really need it." Only 11% of respondents, however, stated that they did not know where to go to get medical care.

**Table 11.5 Financing Methods for Health Care of Birmingham/Jefferson County Area Homeless, 2005 (n = 114)**

| | NUMBER | PERCENT |
|---|---|---|
| Did not cost anything | 23 | 20 |
| Medicaid | 20 | 18 |
| Paid out of pocket | 17 | 15 |
| VA Hospital paid for it | 7 | 6 |
| Medicare | 16 | 10 |
| Private insurance | 4 | 4 |
| Family paid for it | 1 | 1 |
| Workman's comp | 1 | 1 |
| Some other way | 43 | 38 |
| Totals | 132 | * |

* Totals add up to more than 100% because persons gave more than one response.

Table 11.6 lists the reasons given by 87 respondents for not going to a doctor. The most frequent reason (58 or 67%) pertained to financial access, with the respondent saying that he/she "couldn't afford to go." Similarly, 14 additional subjects (16%) mentioned the lack of a "Cooper Green card," necessary for access to the County's publicly funded hospital. Another major reason for not going was lack of transportation (36 or 41%) Other reasons included not knowing where to go, being too sick to go, and convenience factors, such as too busy, too much trouble to wait, and unable to get off of work.

**Table 11.6 Reasons For Not Going to a Doctor, Birmingham/Jefferson County Area Homeless, 2005 (n = 87)**

| REASON GIVEN | NUMBER | PERCENT |
|---|---|---|
| Couldn't Afford to Go | 58 | 67% |
| Lacked Transportation | 36 | 41 |
| Don't Like Doctors | 6 | 7 |
| Not Serious Enough to Go | 6 | 7 |
| Didn't Know Where to Go | 9 | 10 |
| Too Much Trouble to Wait for the Doctor | 9 | 10 |
| Don't Have Cooper Green Card | 14 | 16 |
| Too Busy to Go | 7 | 8 |
| Too Sick to Go | 9 | 10 |
| Couldn't Get Off Work | 3 | 3 |
| Other | 21 | 24 |
| TOTALS | 178 | * |

*Totals sum to more than 100% because respondents could choose more than one answer.

Research on health care utilization and access reveals that one's health care is given less priority in daily life when other basic needs are going unmet. Our survey included three items that touched on the issue of health priority, and the results showed that, indeed, the strains of homelessness interfere with health care seeking. Eighty-eight respondents (55%) agreed that, if they had their own place, they would go to the doctor more. Also, 80 respondents (50%) agreed with the statement: "Since you've been without your own place, it is easier just to ignore aches and pains rather than worry about finding a doctor," and 56 (35%) agreed that: "At this time in your life, you do not have time to worry about your health." A majority of respondents, 123 (76%), agreed that: "You only go to a doctor when you are so sick that you feel you absolutely have to." These results parallel those found in our 1995 study.

The responses to these questions revealed that, not only did homelessness create illness, it was an obstacle to the receipt of needed care. From a policy perspective, these findings highlight the importance of medical care outreach. It is not enough to provide services in the community

with the expectation that “they will come”. Outreach programs, such as the Birmingham Health Care must continue providing health services especially tailored to meet the needs of those without permanent residences.

## HEALTH RISKS AND PREVENTIVE HEALTH BEHAVIOR

Table 11.7 presents the prevalence of selected health risk factors and preventive health behaviors. Several categories of risks and health behavior are distinguished.

### Common Controllable Diseases

Two diseases that are common in the United States, especially in the South, are hypertension and diabetes. These conditions are the targets of public health campaigns, because they are associated with much comorbidity and premature mortality. That is, high blood pressure and diabetes are risk factors for other chronic diseases such as heart and kidney disease, and contribute to earlier than normal deaths. These two conditions receive much attention also because their comorbid conditions are extremely costly to treat, yet preventive measures are relatively inexpensive and, thus, highly cost effective. These considerations give them priority in the public health sector. Homelessness complicates the management of hypertension and diabetes. Limited access to medical care and medications, plus physical and psychological stress, poor diet, and complications related to substance abuse, make the presence of hypertension and diabetes especially risky for health.

**Table 11.7 Risk Factors and Preventive Health Behaviors of Birmingham/Jefferson County Area Homeless, 2005 (n = 161)**

| RISK FACTORS AND PREVENTIVE HEALTH BEHAVIORS | NUMBER | PERCENT |
|---|---|---|
| COMMON CONTROLLABLE DISEASES | | |
| Told Have High Blood Pressure | 64 | 40% |
| Taking Medication for High Blood Pressure | 33 | 20 |
| Told By Doctor That Have Diabetes | 15 | 9 |
| Currently Taking Insulin for Diabetes | 7 | 4 |
| CIGARETTE TOBACCO ADDICTION | | |
| Smoked 100 Cigarettes in Lifetime | 139 | 86 |
| Current Smoker | 125 | 78 |
| Smokes a Pack (20) Cigarettes a Day or More | 54 | 36 |
| ALCOHOL DRINKING BEHAVIOR | | |
| Drank Alcohol in the Past Month | 45 | 28 |
| Binge Drinker (5+ Drinks on Days When Drank) | 23 | 14 |
| DRUG USE AND ABUSE | | |
| Ever Used Any Drug, Other than Alcohol, to Get High (of 156 Who Answered) | 133 | 83 |
| Currently Using Drugs | 17 | 11 |
| Ever Shared a Needle | 21 | 13 |

**The Prevalence of Hypertension.** In our homeless sample, the respondents were asked: "Have you been told by a doctor, nurse, or other health professional that you have high blood pressure?" Sixty-four respondents (40%) answered positively. This was an increase from our 1995 study in which only 27% reported high blood pressure. Only about half (33) of these 64 respondents with hypertension were currently taking medication for it. This is 20 percent of the total homeless sample. We should note that our study used self-reported measures of the prevalence of hypertension. There were likely some respondents who self-diagnosed, because of the widely held belief that "nervous tension" was indicative of high blood pressure. The wording

of the question was designed to minimize this misunderstanding. If anything, the survey estimates were probably low, due to the fact that hypertension is an asymptomatic illness. In any case, this is a high rate and accentuated the importance of medical care outreach targeted toward preventive diseases. Aside from the human suffering involved, these same individuals could eventually appear in hospital emergency rooms with advanced-stage organ diseases requiring extremely expensive care.

**The Prevalence of Diabetes.** Respondents were asked: "Have you ever been told by a doctor that you had diabetes?" Among the 161 homeless, 15 (9%) said yes, with half of these currently taking insulin. This prevalence is the same found in the 1995 study. The nearly ten percent rate among the homeless highlighted the importance of medical attention for this impoverished segment of the population. As with hypertension, untreated diabetes leads to expensive and distressing complications.

**Addictive Substances**

**Cigarette Tobacco Addiction.** Several questions on cigarette smoking behavior were asked of our homeless sample. A large majority, 139 (86%) of our respondents had smoked at least 100 cigarettes in their lifetimes, and 125 (78%) were current smokers. The percentage of pack-a-day-or-more smokers (20 or more cigarettes) in the total homeless sample was 54 percent. Aside from the health problems associated with tobacco addiction, this absorbs financial resources.

**Alcohol Consumption.** To get at alcohol consumption, or drinking behavior, we asked the following question: "Have you had any wine, wine coolers, cocktails, liquor, or beer in the past month? Forty-five respondents (28%) said yes. Binge drinking (five drinks or more on days when alcohol was consumed) was reported by 23 respondents. While this was only 14% of the total sample, it represents 51% of the 45 homeless who consumed alcohol in the past month.

Measuring alcohol addiction among the homeless was wrought with difficulty because many of those with severe addiction problems were not currently drinking. Many in the sample were staying in substance abuse treatment facilities and these persons wee less likely to have consumed alcohol in the previous month. Thus, we asked the homeless the more general question of whether alcohol had ever caused a problem in their lives. Over half (89 or 55%) of our total sample indicated it had. Another item perhaps is a better, more objective indicator of whether alcohol consumption had been a problem for them. Respondents were asked if they had ever attended an Alcoholics Anonymous meeting at some time in their lives and 126 (78%) said yes. Seventy-one (44%) agreed that they had lost friends, a spouse or close companion because of their drinking, and 51 (32%) had gotten into trouble at work because of drinking, actions

indicative of alcoholism. These high figures were very near what we found in 1995. They emphasized the importance of substance abuse treatment as part of a comprehensive effort to reduce homelessness.

Efforts to deal with alcoholism were common among our homeless respondents. Fifty-two respondents (33%) were housed at substance abuse treatment facilities and were likely "on the wagon". Of 85 respondents who had had an alcohol problem in their lives, 66 (78%) had been through a detoxification (detox) program. This represented 41% of the whole sample.

**Drug Use.** Respondents were asked if they had ever used any drugs, other than alcohol, to get high. Of the 159 who answered, 133 (84%) said yes. Respondents were asked also if they were currently using drugs; 17 (11%) answered yes. This number might have been higher except for the fact that 52 respondents (33% of the sample) were staying in a substance abuse treatment facility at the time of the interview, and "on the wagon". Furthermore, alcohol was the preferred drug, given its availability and legality. Finally, some respondents may have been reluctant to provide an answer to this question.

Table 11.8 lists the types of drugs "ever" used and currently used by 136 of those who said they had taken drugs. Marijuana was used by 79%, a majority, of those who had ever used drugs. Cocaine (67%) and crack cocaine (72%) had also been used by a majority of these 136 respondents. These three drugs were also the most commonly used among current users. One drug that did not stand out in the 1995 study but was substantial in the 2005 study was methamphetamines ("crystal meth"), which had been used by 27% of these 136 respondents. Other drugs ever tried among those who said they had taken drugs included amphetamines ("speed"; 26%), LSD (20%), heroin (18%), and PCP ("angel dust"; 10%).

Our data on substance addiction point to several policy implications. First, the need for substance abuse prevention and treatment programs continues and these programs should be directed not only to the homeless but also to the society at large. The problem of substance addiction in our society and community is contributing to the homeless problem. Substance abuse treatment is a key element in a comprehensive effort to reduce homelessness. Second, substance treatment programs for the homeless appear to be effective in attracting their targeted clients. Most of our respondents with addiction problems had previously attempted to solve them.

**Table 11.8 Drug Usage of Birmingham/Jefferson County Area Homeless, 2005 (N = 136)**

| TYPE OF DRUG | EVER USED | | CURRENTLY USING | |
|---|---|---|---|---|
| | NUMBER | PERCENT | NUMBER | PERCENT |
| Marijuana | 108 | 79% | 6 | 43% |
| Cocaine | 91 | 67 | 2 | 14 |
| Crack | 98 | 72 | 10 | 71 |
| Speed | 36 | 26 | 0 | 0 |
| LSD | 27 | 20 | 0 | 0 |
| Heroin | 24 | 18 | 0 | 0 |
| PCP | 13 | 10 | 0 | 0 |
| Crystal Meth | 37 | 27 | 2 | 14 |
| Others | 34 | 25 | 0 | 0 |
| Totals | 136 | * | 14 | * |

*Totals sum to more than 100% because persons could choose more than one answer.

**Sexual Behavior**

Because of the AIDS epidemic and epidemics of other sexually transmitted diseases (STDs), we inquired about sexual behavior and condom use (Table 10.11). Of our 161 respondents, 105 (65%) had been sexually active in the past six months. Fifty-five respondents (34%) reported having had sex often, while 50 (31%) said “infrequently”

**Table 11.9 Health Risk Factors and Preventive Health Behaviors Among Birmingham/Jefferson County Area Homeless, 2005 (n = 161)**

| RISK FACTORS AND PREVENTIVE BEHAVIORS | NUMBER | PERCENT |
|---|---|---|
| SEX BEHAVIOR | | |
| Frequency of Sex in Past Six Months | | |
| Never | 56 | 35% |
| Infrequently | 50 | 31 |
| Often | 55 | 34 |
| Condom Use Among the 105 Sexually Active | | |
| Never | 42 | 40 |
| Always | 31 | 30 |
| Other | 32 | 30 |
| Number of Partners in Past Six Months (n=105; ranged from 1-45 partners) | | |
| Only 1 Partner | 58 | 55 |
| 2 Partners | 22 | 21 |
| 3 or More Partners | 25 | 24 |

The homeless population appeared vulnerable to sexually transmitted diseases. Of the 105 sexually active respondents, 42 (40%) never used a condom and only 31 (30%) always used one. Thus, 70 percent of sexually active homeless people had practiced "unsafe sex." The number of sexual partners in the six month period was substantial. Of 105 sexually active respondents, 22 (21%) had had two partners and 25 (24%) had three or more. These risky sex behaviors point toward the need for AIDS (and STD) prevention efforts to be directed toward the homeless (as has been done in some large cities in the country). Unsafe sexual practices, together with the high rate of substance abuse, may be expected to combine to accelerate the spread of AIDS among the homeless.

**CONCLUSIONS**

Our results supported the widely held perception among those who work with the homeless that homelessness induces illness. Substantial numbers of homeless agreed that they felt sicker since homeless and that staying healthy was more difficult now.

Our checklist of physical symptoms revealed stress-related, respiratory, musculoskeletal, and digestive/urinary symptoms to be highly prevalent among the homeless, with respondents reporting an average of six symptoms. The pattern of symptoms revealed the effects of the daily pressures and environmental risks encountered by the homeless both outdoors and in the oftentimes crowded conditions of shelters. Much of the symptomatology, however, may be attributed to the prevalence of mental illnesses among the homeless, the presence of multiple life stressors, and the absence of social support systems. More than one of five (23%) of our sample subjects had suffered a serious illness or injury requiring hospitalization since homeless. An additional 9% had been hospitalized for mental conditions. This rate of hospitalization—nearly one-third of our sample of relatively young persons—is extremely high compared to the general population where hospitalizations are much more common among persons over 65 years of age. The area hospitals which typically serve the indigent population carried the major load on providing the mostly uncompensated hospital care to the homeless.

The majority of subjects (72%) had seen a physician since homeless and 41% were under a doctor's care at the time of the study. This care was provided by physicians and other health providers of the Birmingham Health Care for the Homeless Program, Cooper Green Hospital, Jefferson County Health clinics, veterans hospitals, and UAB hospitals. Still there were unmet needs. Over half (54%) stated that there were times when they needed a doctor but did not go. Inability to pay and lack of transportation were the reasons most cited for unsought medical attention.

Homelessness also affected the priority a person gave to their health maintenance. The homeless generally agreed that they only went to the doctor when absolutely necessary, that they gave less attention to symptoms, and paid less attention to their health. Over half (55%) agreed that they would go to a doctor more often if they had their own place to live. About three-fourths of respondents (76%) agreed that they only go to a doctor when they absolutely have to. The preoccupation with survival needs characteristic of a homeless person's day-to-day existence means that the success of health care service provision rests on outreach programs.

Homelessness was found to be associated with health risk factors. For instance, hypertension had been diagnosed for 40% of the sample and only about half of these people were taking medication for it. This controllable condition, which left alone often results in expensive-to-treat diseases and unnecessary suffering, was highly prevalent among the homeless. Another controllable disease, diabetes, was also highly prevalent among the homeless; nearly one of ten had been diagnosed with it.

As expected, health risks associated with addictive substances were high among the homeless. Rates of previous and current smoking, as well as addiction (54%)—defined as a pack a day or more—were high compared to rates in the general population.

Alcohol consumption had caused problems in the lives of over half of the homeless respondents (55%). Problems with work and loss of friendships due to alcohol consumption affected about one-third of the sample and 41% of our respondents had been through a detox program. Similarly, drug abuse histories were very common among the homeless, although only 11 percent stated that they were currently using drugs. Of 159 persons who responded, 84% had used drugs at some time in their lives. Cocaine, crack cocaine, and marijuana were the commonly used drugs. Crystal methamphetamine was a new category of use compared to our 1995 study.

Many of the homeless were making efforts to overcome alcoholism and drug addiction, and many recognized these as culprits in their present state of life. It is clear that substance abuse treatment must be an integral part of any comprehensive effort to reduce homelessness in the Birmingham area.

The homeless also appeared vulnerable to sexually transmitted diseases and AIDS. Over six of ten homeless respondents (65%) had had sex in the past six months, typically with more than a single partner, yet condoms were always used by only 31 percent of those who were sexually active. There is a clear need for preventive health counseling for the homeless regarding sexual practices.

# CHAPTER 12
# CONCLUSION: TOWARD AN EFFECTIVE STRATEGY TO ADDRESS HOMELESSNESS IN BIRMINGHAM AND JEFFERSON COUNTY

Homelessness is a costly social problem attacking the productivity and well-being of individuals and communities. Its costs to both the homeless and the communities they reside in are extensive, including: physical, psychological, social, spiritual, and economic consequences. Attempts by communities to end homelessness thus benefit not only the homeless themselves, but the community as a whole. The economic costs alone to the community and society are significant:

- While the homeless often work, the overall cost of homelessness to the productivity of individuals is incalculable.
- Homelessness is a debilitating, depressing condition that leads to higher prevalence rates for chronic and infectious diseases. In some cases these lead to significant public health challenges.
- Emergency shelter is often more costly than permanent housing. The NAEH estimates that the cost of one ESG emergency bed funded by HUD costs $8000 more than the average federal housing subsidy.
- Homeless persons require longer hospital stays, on average four days longer per hospital visit at a cost of over $2000 more per hospital stay.
- People who are homeless are more likely to spend time in jail, often for minor offenses such as loitering. These beds carry an added cost over standard shelter.
- People who are homeless have higher prevalence rates of addiction and mental illness that require expensive treatment. Homelessness is sometimes a cause, rather than a result of these problems.

(National Alliance to End Homelessness 2002)

Thus, attempts to develop a comprehensive plan to improve the continuum of care and to seriously address the root causes of homelessness are both practical and humane. If Birmingham and Jefferson County are to succeed in effectively curtailing the homeless problem, a number of basic steps must be taken.

**Data Gathering and Analysis**

An essential first step in addressing any problem is gathering basic information on its nature and extent. For homelessness it is important to know basic things such as: the number and characteristics of homeless persons, any changes that have occurred in the population, the average duration of homeless episodes, basic needs, service use patterns, the causes of homelessness, and

the degree of interaction with mainstream service systems. The study reported here answers these questions. It provides a solid basis for planning a strategy to prevent and end homelessness. It is important in the future, however, for the community to effectively monitor its homeless management information system (HMIS). This system presents a continuous record of service for individuals, and thus detects changes in usage over time. It can effectively monitor how people interact with mainstream systems of care, and the effectiveness of various interventions. While the data generated by the UAB Sociology Department in this report provide a clear picture of the nature of homelessness in 2005 and how it has changed over the last 18 years, HMIS offers a more reliable method for monitoring individual and community progress in the future. It is most important in terms of its ability to provide detailed, reliable information on patterns of service use. Data from both this report and HMIS should be incorporated in the community's comprehensive planning to end homelessness.

**Motivating Public Engagement in the Problem**

Addressing a problem of the magnitude of homelessness requires a significant buy-in on the part of the public and the local officials and entrepreneurs who offer services and products that homeless people need in order to eventually attain and maintain permanent housing. The public must be re-engaged in the issue. Studies suggest that social problems ebb and flow in the public consciousness and unless periodically reframed or brought back to the public's attention, they lose momentum and eventually fall by the wayside (Fitzpatrick and LaGory 2000). In the wake of Hurricane Katrina, homelessness may take a back seat in many Southeastern communities to the more immediate need to house newly displaced migrants from Louisiana and Mississippi. In a world where poverty is still too often partitioned into two parts—the deserving and the undeserving—mainstream homelessness is competing more intensely for scarce services, dollars, and the public's attention. To re-engage the public imagination and attention requires an effective campaign to disseminate the most recent information on homelessness. This can be accomplished by a coordinated effort on the part of Metropolitan Birmingham Services for the Homeless (MBSH), the City of Birmingham, Jefferson County, and the University of Alabama at Birmingham (UAB).

One of the major problems in Birmingham encountered by homeless service providers and by government agencies has been the NIMBY effect (Not in my back yard). Several shelters have met great resistance from neighborhood associations when attempting to locate near the downtown. Better linkages between neighborhood associations, the City, and not-for-profit providers are necessary in order to alleviate this problem. Often-times trustworthy information

can be the best antidote to the NIMBY effect. Ways should be found to minimize the fear and stereotypes associated with homelessness.

**Developing a Strategic Plan**

HUD strongly encourages communities to develop a ten year plan to end chronic homelessness. Such plans are expected to not simply propose better ways to manage the problem, but to make serious attempts to end it. Birmingham and Jefferson County are beginning this strategic planning process.

Such a plan requires a comprehensive set of strategies well informed by valid and reliable data that commits a wide range of actors and agencies to funding and implementing these strategies. Thus, besides achieving the earlier two steps of data gathering and analysis, and public engagement, a major effort must be made to build the community's social capital investment in the problem of homelessness. This requires the following:

1. Building better linkages between MBSH and local governmental decision makers. MBSH is the local coordinating agency between homeless service providers and critical local officials, leaders and entrepreneurs. It helps develop local policy related to homeless service provision, identifies current gaps in services, and coordinates needs-based funding. To work effectively it must be engaged in regular interaction with the City's Office of Community Development and the County's Office of Planning and Development.
2. Effectively engaging the religious community in the planning and policy aspects of these issues. Religious social capital represents the most significant form and source of social capital in Birmingham (Greater Birmingham Foundation 2001). While faith-based efforts to address homelessness abound, the efforts of churches are often piece meal and sometimes work at counter purposes with local service provision. Efforts should be made to promote more effective, coordinated contributions to the continuum of care. In many cases this can be accomplished by the engagement of highly visible local religious leaders in the process of planning and policy development. MBSH should continue to make efforts to bring church leaders onto its board.
3. As gentrification of the downtown continues and intensifies, the pressures for shelter relocation will mount. This underscores the need to develop structured relationships between governmental agencies and MBSH.
4. Homelessness represents a complex personal and social problem that requires multiple resources to eventually gain permanent housing. Planning an effective continuum of care means engagement of a wide spectrum of local agencies and actors. Along with agencies

providing homeless services the following mainstream agencies should ideally be engaged in planning and implementation:

- MBSH
- Mental health providers
- Local mental health departments such as JBS
- County public health department
- Local health care providers such as UAB, Cooper Green, Birmingham Health Care
- Local police departments, community policing programs, CAP
- Employment service providers
- Local employers
- Local substance abuse programs such as Alethia House
- Veteran's Affairs
- Mayor's office/ Office of Community Development
- County commissioners/ Office of Planning and Community Development
- State Interagency Council
- Local Welfare departments
- Birmingham Housing Authority
- Neighborhood and Community Associations
- Greater Birmingham Ministries
- Operation New Birmingham
- For-profit and not-for-profit housing developers

**Redefining Organizational Successes**

Given the complexity of the homeless problem and the limited resources available, it is imperative that resources be allocated according to both need and program effectiveness in meeting that need. In short, program success measures need refinement. While the typical gauges of success among not-for-profits generally, and homeless service agencies in particular, are funds raised and people served, the real successes are in empowering people to achieve permanent housing. Agencies should begin to structure goals and develop measures that assess success in bringing people through the continuum of care. Emergency shelter and transitional housing programs should be rewarded for reducing the amount of time people remain homeless. The goal should be getting people into permanent housing as soon as feasible and keeping them there.

MBSH is in a unique position to encourage new methods of measuring organizational success. However, it lacks the authority to demand such changes. The County, City, and United Way may be able to work with MBSH to orchestrate such efforts at organizational change.

**Assisting Persons in Restoring and Repairing Social Capital**

The main reason respondents give for their homelessness is some sort of personal relationship issue. While homeless people have social networks and use them, they are also prone to exhaust these resources because of the exceptional challenges of a homeless situation. Evidence suggests that attempts to assist homeless persons in restoring and rebuilding social capital through effective case management promotes quality of life, health, and subsequent ability to successfully obtain permanent housing.

The data contained in this report also suggests that the Homeless Coalition is an important form of social capital for many of our respondents. At the moment this organization is not integrated into the organizational fabric of agencies and groups addressing and planning for the needs of homeless persons. Ways should be found to encourage participation of this group in the planning process.

**Homeless Prevention**

Homelessness cannot be seriously addressed without developing a comprehensive strategy to prevent homelessness. In spite of dramatic improvements in the continuum of care in the Birmingham area, homelessness has grown substantially over the last 18 years. While the rate of growth has declined, and the population now appears to have stabilized, no significant reductions to the population can be expected unless homeless prevention programs are implemented. At the moment the successful individuals who negotiate the continuum of care and gain permanent housing are quickly replaced by new faces.

**Emergency Prevention.** Currently, most homeless prevention programs are like emergency first aid stations slapping band-aids on more serious pathologies. The effort by local agencies such as Greater Birmingham Ministries, Bridge Ministries, Urban Ministries, Community Kitchens, Firehouse Shelter, Magic City Harvest and others to provide emergency assistance for those teetering on the brink of homelessness must continue. Their work in homeless prevention is essential to the safety net the community offers its residents. The emergency services available should include food, rent, mortgage, and utility assistance as well as case management, mentoring, and landlord/lender intervention. These programs, while essential to preventing homelessness, do not address its root causes. Homelessness has structural roots that must be acknowledged and targeted.

**Systems Prevention.** According to the National Alliance to End Homelessness (2003) mainstream service providers are motivated to shift responsibilities and costs to homeless programs to reduce costs. This leaves a basic conflict of goals between the two systems, with mainstream services having no incentive to prevent homeless. The homeless provider system, on the other hand, is not capable of preventing people from becoming homeless, nor can it address at-risk persons' needs for housing, income, and services. Only the mainstream system is equipped to do this. This produces a system in which homeless prevention is not effectively addressed.

An effort should be made to encourage mainstream programs, providing services to at-risk people (TANF, substance abuse, child welfare, mental health, etc.), to consistently assess and respond to the housing needs of its clients. The State Interagency Council may provide some leadership in this effort.

**Risk Prevention Services**

Homelessness is associated with significant health risks. Hypertension and diabetes are prevalent among the homeless, but in both cases only about half of those diagnosed with the disease take medication for it. Health risks connected with addictive substances are also quite high. Alcohol consumption has caused serious problems in the lives of over half of our respondents. Drug abuse problems are also common. Eighty-four percent have used drugs sometime in their lives. The homeless are also vulnerable to sexually transmitted diseases. Over 65% had sex with at least one partner over the last six months, but only 31% said they always used condoms. These risk-taking behaviors exacerbate the already debilitating circumstances of homelessness making individuals' progress along the continuum of care problematic.

Both homeless prevention and rapid re-housing of the homeless can be improved by enhancing existing risk prevention and risk reduction programs for the homeless (drug and alcohol treatment programs, health education, medication assistance, sex education, etc.). It is clear that medication assistance programs are not currently sufficient to meet the needs of those suffering from chronic conditions such as hypertension and diabetes. In addition, substance abuse programs should be more available as an essential step in a comprehensive program to reduce homelessness. Finally efforts should be made to explore innovative addiction treatment programs for the episodically and chronically homeless who move in and out of homelessness because of their addictions and resistance to treatment.

**Better Integration of Services**

**Linking Efforts.** Homeless providers and their clients often report difficulties accessing mainstream services. There is a need to seamlessly integrate homeless access to general services, particularly health care services. Access to prescription drugs and to affordable health services is

still a problem regularly confronted by both shelters and their clients. Resolving this issue requires better coordination between the general service system and the homeless system. This need underscores the potential for the Homeless Management Information System (HMIS) to operationally integrate the two service systems. Services provided in the homeless system sometimes duplicate those provided in the general service system. This segregated arrangement is costly and inefficient. Better integration and coordination can lead to a more efficient delivery of services and cost savings.

The recent difficulties of coordinating services at the Disaster Recovery Center for Hurricane Katrina evacuees underscores the need to link information systems and agencies. The UAB Department of Sociology has developed a comprehensive service provider data base that provides basic information on contacts, services provided, available units of services, etc., that may prove useful in the integration of services.

**Targeting Areas.** It may be possible for mainstream agencies to target their attention to homeless prevention to specific areas with higher prevalence rates of homelessness. While our data doesn't currently allow it, HMIS may eventually be able to identify areas of the City and County where homeless persons disproportionately originate (National Alliance to End Homelessness 2003). If so, can we institute programs in high risk neighborhoods that lead to successful prevention? Sociologists have noted the growth of ghetto poverty areas in cities (Fitzpatrick and LaGory 2000). These are tracts where household incomes of at least 40% of residents are below the poverty line and there is a very high proportion of minorities. Researchers have noted three significant trends in these areas over the last two decades: 1) the number of ghetto areas more than doubled, 2) the ratio of poor to non-poor in ghetto areas increased dramatically, and 3) the African American presence in these ghetto areas increased substantially. These areas are prone to high rates of mental and physical health problems, high rates of crime, and high levels of what is known as the "broken windows syndrome" (graffiti, low levels of housing maintenance, presence of hazardous activities, etc.). Such efforts may be worth exploring on a demonstration project level.

**Providing Permanent Housing**

Homelessness is fundamentally a housing problem with both structural and individual roots. It is, of course, more than that, but any policy that purports to seriously address homelessness must confront the challenge of providing safe affordable housing to the poor. Currently, most prevention programs use a band-aid approach, primarily paying bills, and offering short term monies for necessities. While these programs are important, as noted

previously, the root of the problem is poverty and poverty housing. It is essential to address these problems in the neighborhoods where the homeless are disproportionately coming from.

The housing problem in Birmingham is daunting. It is estimated that nearly 15,000 very low income households in Birmingham are defined as "struggling households," paying a disproportionate amount of their total income in rent. In a previous study (LaGory et al. 1995) we suggested that as many as 29,500 persons may be doubling up with friends and relatives in the community. In addition, we estimate that in the 40 highest risk census tracts of Jefferson County (those with an aging housing stock and high levels of poverty) over half of low income renters can not afford an average price unit in the area. Homeless prevention programs, along with mainstream housing programs available to low income individuals and families, must address the dramatic shortfall of low income housing in the community. Numerous groups currently deal with such issues locally, ranging from Habitat for Humanity, The Center for Affordable Housing, Region 2020, Neighborhood Services, Greater Birmingham Ministries, and others.

The fact that low-income housing increasingly is available mostly in high poverty, minority neighborhoods suggests that providing safe, decent housing also requires addressing the challenges of transforming and sustaining these neighborhoods. How neighborhoods function socially is critical to the overall health of neighborhood residents. Resident's everyday lives are affected by conditions in the neighborhood such as residential transience, socio-cultural diversity, employment opportunities, deteriorating physical conditions (vacant buildings, graffiti, broken windows, crumbling sidewalks, trash and debris strewn lots, etc.), and concentrated hazards (high traffic, noise pollution, toxic wastes). Such conditions (termed the "broken windows syndrome") often impact neighborhood sociability, levels of violence, and local socialization experiences.

One significant problem faced by homeless persons once they are able to negotiate the continuum of care is the issue of recidivism. Recidivism can be dramatically affected by the location of permanent housing. The high poverty ghettoes where such housing is likely to be available are also places with significant health risks and hazards, major stressors, etc. Simply put, placing recovering addicts in areas where crack houses and places of prostitution are heavily concentrated, guarantees failure. It is critical that vulnerable populations not only locate affordable housing, but that this housing be located in safe, healthy places (Fitzpatrick and LaGory 2000). There are reliable indexes available to assess the "broken window syndrome" in neighborhoods.

Addressing the affordable housing problem involves a bigger challenge than physically changing sub-standard buildings into comfortable, attractive dwellings. The more basic, more difficult, and in the end, more important challenge is the transformation of dysfunctional

neighborhoods into positive, supportive communities. For such a transformation to occur, not only must dysfunctional neighborhoods invest in the effort, but also the private sector and civic interests of the broader community. Neighborhood residents and organizations, outside groups such as banks, foundations, government agencies, churches and service clubs must all engage in the process of change from the planning stages onward. Resolution of homelessness requires a total community effort.

**Reducing Chronic Homelessness**

The chronically homeless in Birmingham and Jefferson County have disproportionately higher service needs. They not only use a greater number of services, but also have a greater number of unmet needs. In addition they are the most likely to resist using shelters. The chronically homeless are twice as likely to be staying on the street as others. Addressing this group's needs for housing and services is essential to any serious effort to reduce homelessness. Many of these individuals cannot successfully use emergency or transitional housing because of their disabilities. They are often barred from shelters or refuse to go to such facilities due to mental illness or substance abuse problems. Permanent supportive housing represents the best opportunity to address this population's needs. Few of the chronically homeless will ever be able to generate significant, stable wages in the job market. Thus, they will require long-term subsidization of housing and services. To get them into the required facilities requires good street outreach programs that build trust between the homeless individuals and providers. The availability of treatment programs for mental illness and substance abuse should be increased.

The plans Birmingham and Jefferson County develop to address chronic homelessness should not be limited by the definition provided by HUD. Birmingham and Jefferson County has a large population of chronically homeless persons whose needs must be more effectively addressed. Twenty-nine percent (403) of the homeless counted in the point-in-time study were HUD-defined chronically homeless, and an additional 6.7% (93) are defined as "other-chronic," persons who fit the time and disability definitions, but are with another person.. While the HUD group is disproportionately white, the "other-chronic" group is disproportionately black. Hence, if an attempt is made to address chronic homelessness, it is important not to ignore those who fall through the cracks because of application of the HUD operational definition. In so-doing we would miss a minority-dominated group (African-American) that represents 20% of the chronically homeless.

Each of these groups also has significantly different service use patterns. The chronic group uses more mental health services, medical treatment, and medication assistance. The non-chronic population, however, uses more substance abuse treatment, case management,

transportation, and job training assistance. Overall, the chronic homeless use and express a need for more services, a fact that supports HUD's well-known assertion that the chronic homeless use and require a disproportionate amount of available services. HUD-defined chronic homeless, on average, use one more service (median = 4 vs. 3) and need one more service (median = 2 vs. 1) than others.

There is an assumption being made by Federal policy makers that if the chronically homeless problem is more effectively addressed, it would free up additional services for the larger population of homeless. That assumption is faulty, however. Given the significant problem the poor face in finding safe affordable housing, and given the tenuous circumstances of the poor in general, it is very unlikely that homelessness can be substantially reduced in any community without more adequately addressing the need for homeless prevention as well.

**Rapid Re-Housing**

While chronic homelessness represents a critical problem that must be addressed, the majority of homeless persons do not fall into this group. Most either experience occasional episodes of homelessness or are homeless only once. These two subgroups of non-chronic homeless are themselves quite different.

The episodic homeless may be a particularly difficult group to address. Indeed, there is currently debate over how to adequately address their problems (National Alliance to End Homelessness 2003). The episodic homeless may need more time to move through the continuum of care, effectively using available treatment programs, case management, and transitional housing to assist them in gaining the stability necessary for permanent housing. There is not sufficient information available on the most effective programs of treatment for this group. Some believe that individuals experience such episodes because of their unwillingness to address their need for treatment and so they advocate for "low demand" housing where sobriety rules are relaxed. Others suggest that new treatment programs should be developed that are longer in duration and have significant follow up (National Alliance to End Homelessness 2003).

Those who have had only one homeless episode, the largest single category of homeless persons (66% report having been homeless only once in the last three years), tend to have the most immediately addressable needs. They have had a housing crisis that resulted in homelessness. Members of this group are direct victims of the affordable housing crisis in America. Their needs can best be met by providing them with the assistance necessary to be re-housed and to access mainstream services. Housing assistance would involve clearing barriers to affordable housing due to poor credit and tenant histories, family mentoring, identifying

properties, working with landlords, etc. Case management services would be provided to ensure that families are receiving necessary public benefits and services, along with periodic monitoring of the family's progress. These coordinated efforts to rapidly re-house individuals are greatly enhanced by a well designed and maintained Homeless Management Information System.

**The Need for a Central Coordinating Authority**

The complex nature of the homeless problem requires comprehensive programs, a strategic plan, new definitions of organizational success, and significant buy-in from the community. Because of the necessary complexity of these efforts it also requires a central agency and planning authority whose work is recognized as essential to the success of the area's efforts to end homelessness in the City of Birmingham and Jefferson County. Metropolitan Birmingham Services for the Homeless is ideally suited to be this coordinating agency because it represents agencies directly engaged in homeless services, and manages the primary data source for documenting needs and service provision. To be fully successful, MBSH should be linked more closely with United Way, the City of Birmingham's Office of Community Development, and the County's Office of Planning and Community Development. If this coordination activity is to be located within MBSH, it must also be provided adequate resources to carry out that work. Currently it does not have the organizational capacity to accomplish that task.

**Bibliography**


Bahr, Howard. 1973. Skid Row: An Introduction to Disaffiliation. New York: Oxford University.

Bogue, Donald. 1963. Skid Row in American Cities. Chicago: Community and Family Study Center, University of Chicago.

Burt, Martha. 1992. Over the Edge: The Growth of Homelessness in the 1980's. New York, NY: Russell Sage Foundation.

Burt, Martha, John Hedderson, Janine Zweig, Mary Jo Ortz, Landon Aron-Turnham, and Sabrina Johnson. 2004. Strategies for Reducing Chronic Street Homelessness. Washington, D.C.: U.S. Department of Housing and Urban Development, Office of Policy Development and Research.

Community Foundation of Silicon Valley. "The Social Capital Community Benchmark Survey: Alabama." Web address: www.cfsv.org/communitysurvey/.

Ensel, Walter, and Nan Lin. 1991. "The Life-Stress Paradigm and Psychological Distress." *Journal of Health and Social Behavior* 32:321-41.

Fischer, Claude. 1976. The Urban Experience. New York: Harper Brace Jovanovich.

Fischer, Claude. 1982. To Dwell Among Friends. Chicago: University of Chicago Press.

Fitzpatrick, K., LaGory, M. and F. Ritchey. 1993. "Criminal Victimization among the Homeless." Justice Quarterly, 10, 3: 353-368.

Fitzpatrick, K., M. LaGory and F. Ritchey. 1999. ADangerous Places: Exposure to Violence and Its Mental Health Consequences Among the Homeless." Journal of Orthopsychiatry 69:438-47.

Fitzpatrick, Kevin and Mark LaGory 2000. Unhealthy Places: The Ecology of Risk in the Urban Landscape. New York: Routledge.

Fitzpatrick, K., M. LaGory and F. Ritchey. 2003. "Factors Associated with Risk Taking Behavior among the Homeless.@ Journal of Health Care for the Poor and Underserved 14:70-86.

Greater Birmingham Community Foundation. 2001. "Social Capital Survey Results for Birmingham." Unpublished paper.

HUD. 2004. A Guide to Counting Unsheltered Homeless People. Washington, D.C.: U.S. Department of Housing and Urban Development, Office of Community Planning and Development.

LaGory, Mark and John Pipkin. 1981. Urban Social Space. Belmont, CA: Wadsworth.

LaGory, Mark, Ferris Ritchey, and Jeffrey Mullis. 1987. The Homeless in Alabama: Final Report of theHomeless Enumeration and Survey Project. Report to Birmingham Health Care for the Homeless Program. Birmingham, AL: Department of Sociology, University of Alabama at Birmingham.

LaGory, Mark, Ferris Ritchey, and Jeffrey Mullis. 1990. "Depression among the Homeless." Journal of Health and Social Behavior, 31:87-101.

LaGory, M., F. Ritchey, and K. Fitzpatrick. 1991. "Homelessness and Affiliation." The Sociological Quarterly 32, 2:201-218.

LaGory, Mark, Ferris Ritchey, and Lynn Gerald. 1995. Homelessness in Birmingham and Jefferson County: A Needs Assessment. Birmingham, AL: City of Birmingham, Office of Community Development, and Jefferson County Office of Planning and Community Development.

LaGory, M., K. Fitzpatrick and F. Ritchey. 2001. "Life Chances and Choices: Assessing Quality of Life among the Homeless." The Sociological Quarterly. 42:633-651.

Lazarus, Richard S. and Susan Folkman. 1984. *Stress, Appraisal, and Coping.* New York: Springer.

Lin, Nan, Alfred Dean, and Walter Ensel. 1986. *Social Support, Life Events, and Depression.* Orlando, FL: Academic Press.

Mitchell, C. and M. LaGory. 2002. ASocial Capital and Mental Distress in an Impoverished Community." City and Community 1:199-222.

Morrisey, Joseph P. and Deborah Dennis. 1986. "NIMH-Funded Research Concerning Homeless Mentally Ill Persons: Implications for Policy Practice." In Proceedings of Third Annual Meeting of NIMH Funded Researchers Studying Homeless Mentally Ill Persons. Washington D.C.: National Institute of Mental Health.

National Alliance to End Homelessness. 2003. A Plan Not a Dream: How to End Homelessness in Ten Years. Washington, DC. Web address: naeh@naeh.org.

Putnam, Robert. (2000). Bowling Alone: The Collapse and Revival of American Community.New York: Simon and Shuster.

Radloff 1977. "The CES-D Scale: A Self Report Depression Scale for Research in the General Population." Applied Psychological Measurement 1:385-401.

Ritchey, Ferris, Mark LaGory, Kevin Fitzpatrick and Jeffrey Mullis, 1990, "A Comparison of Homeless, Community-Wide, and Selected Distressed Samples on the CES Depression Scale" American Journal of Public Health 80:1384-1386.

Ritchey, F., M. LaGory, and J. Mullis. 1991. "Gender Differences in Health Risks and Physical Symptoms among the Homeless." Journal of Health and Social Behavior 32, 1:33-48.

Rossi, P. 1989. Down and Out in America: The Origins of Homelessness. Chicago, IL: University of Chicago Press.

Rossi, Peter, G. Fischer, and G. Willis. 1986. The Conditions of Homeless in Chicago. Amherst, MA: Social and Demographic Research Institute, University of Massachusetts.

Sagurao Seminar. 2001. Better Together: The Report. www.bettertogether.org.

Snow, David and Leon Anderson. 1993. Down on Their Luck: A Study of Homeless Street People. Berkeley, CA: University of California Press.

Weissman, M.M., P.S. Scholomskes, M. Pollenger, R. Prusoff, and B. Locke. 1977. "Assessing Depressive Symptoms in Five Psychiatric Populations: A Validation Study." American Journal of Epidemiology. 106:203-214.

**APPENDIX A**

# Report of Results of the

# Birmingham, Alabama Metropolitan Area Survey of

# Homeless Persons, January 27-28, 2005

**Report prepared by:**

**Ferris J. Ritchey PhD** **Mark E. LaGory PhD** **Kevin M. Fitzpatrick PhD**

**Tim Hale** **Jessica Irwin**

**Department of Sociology**

**University of Alabama at Birmingham**

**for**

**City of Birmingham, Office of Community Development**

**Jefferson County, Office of Planning and Community Development**

**Metropolitan Birmingham Services for the Homeless**

**April 4, 2005**

**ACKNOWLEDGMENTS**

This survey was designed, coordinated, and implemented by the Department of Sociology at the University of Alabama at Birmingham in conjunction with Metropolitan Birmingham Services for the Homeless. It was partially funded by grants from the City of Birmingham and Jefferson County. The report's authors wish to acknowledge the invaluable assistance of Michelle Farley, Executive Director of MBSH. Michelle helped assemble and train over 100 volunteer enumerators and assisted in gaining the cooperation of the various agencies that provide services to the homeless in the metro area.

It would be impossible to conduct such an undertaking without the support and cooperation of participating agencies and volunteer groups. The agencies and facilities that so graciously cooperated in this effort are listed in Table 8. We especially thank Steve Freeman, Charlotte Ann Duckett and John Stamps for their invaluable assistance with the street count. In addition, Cullen Clark and Colin Farrell of the Department of Sociology assisted us during the period in which the survey was developed, tested, and administered.

## Table of Contents

**Birmingham Metropolitan Area**
**Survey of Homeless Persons, January 27-28, 2005**

**V. Present Circumstances and Duration of Homelessness**

**Place currently residing, Current and recent living situations, Duration of homelessness, and Times homeless in last 3 years**



**VI. Services Received and Unmet Needs**

**Services currently receiving, Services needed but not currently receiving**

**VII. Special Categories**

**Chronic substance abuse, mental illness, physical disability, HIV/AIDS, Homeless youth, Victims of domestic violence**



**VIII. Gender: Comparisons of the Experiences of Homeless Men and Women**

**IX. Comparisons of Those Living Alone with Those in Family Groups**

## EXECUTIVE SUMMARY

### Report of Results of Birmingham, Alabama Metropolitan Area Survey of Homeless Persons, January 27-28, 2005

**Submitted to**

**City of Birmingham, Office of Community Development**

**Jefferson County, Office of Planning and Community Development**

**Metropolitan Birmingham Services for the Homeless**

**April 4, 2005**

- **Numbers**. It is estimated that on any given day approximately 2,929 persons in the Birmingham area are homeless. This figure is based on: (a) a 24-hour point-in-time count of 1,565 homeless persons conducted January 27-28, 2005. 1,414 of these were survey respondents and 151 were children under 18 years of age accompanying survey respondents; (b) an estimated 1,364 homeless persons living in inaccessible places, such as abandoned buildings and doubling up with friends and relatives. The number in (b) is based on projections from a survey of soup kitchens conducted by the Department of Sociology at the University of Alabama at Birmingham (UAB). (See Table 1.)

  Of the 1,414 respondents, 84 live in facilities providing permanent housing with supportive services. When this number is subtracted from the number of respondents originally counted and the under enumeration adjustment in (b) is readjusted, the estimated number of homeless persons, excluding those in permanent housing with supportive services is 2,773 persons.

  The total number of observed homeless persons is slightly lower than last years' estimate of 3,320 for two reasons: (1) a large shelter did not include its recovery house clients in its count because the program is now administered by another jurisdiction even though its clients are housed in Birmingham and (2) several facilities did not report clients who were receiving permanent housing with supportive services. In addition to resulting in a lower count of homeless adults compared to last year, these factors resulted in many fewer children being included as accompanying their parents.

- **Basic demographics.** The median age of respondents was 42 and the mean age was 41 years. About four of five adult respondents (82%) were between the ages of 25 and 54. (See Table 2.) Men comprised 70% of the survey respondents. (See Table 3.) Sixty-eight percent of respondents were African-American/Black and 31% Caucasian/White, with the remaining one percent comprised of other race/ethnic categories. Less than 2% of respondents were Hispanic. (See Table 4.)

- **Military service.** Of 1,213 respondents to the question, 237 (20%) had spent time in the military. Broken out by gender, this was 26% of men (n = 221) and 4% of women (n = 16). (See Table 33.)

- **Family.** Results on family arrangements, presence of children, and children not with homeless respondents are presented in Tables 5, 6, and 7. Seventy-four percent of homeless persons were unaccompanied adults. Twenty-six percent were in some type of family arrangement. Of those in families, 2% were couples without children, 7% were couples with children,16% were one parent families with children, and 1% in some other family arrangement. While respondents reported these family arrangements, many were not actually accompanied by these family members.
  Ninety percent of respondents were unaccompanied during the survey time period (Table 6). Of the 110 respondents (10%) who were accompanied by family members, 87 (6%) were accompanied by children under age 18. These 87 respondents reported having 151 children with them.

- **Place of residence.** Table 8 provides specific locations of interviews and how many were collected at each location. Table 9 provides current living situations of respondents. While 4% of respondents were interviewed on the streets (Table 8), soup kitchen interviews revealed that overall 12% of respondents actually spent the previous night on the streets (Table 9). The most common living situations included transitional housing (35%), emergency shelters (23%) and treatment facilities (12%). (See Table 9.) Table 10 provides information on recent living situations—where the respondent resided the most over the past seven days. The numbers closely paralleled those for the previous night (Table 9).

- **Time spent homeless.** The median time spent homeless was 8 months. Ten percent were homeless less than a month. Fifty-two percent were homeless 8 months or less; and 82% were homeless for less than 2 years. (See Table 11.)

  Sixty-six percent reported that this was their first time homeless in the past three years. (See Table 12.)

  **Chronic homelessness:** 29% percent of respondents were chronically homeless. HUD defines a person as chronically homeless if they have a disability and have been homeless for at least one year or have had four or more episodes of homelessness in the last 3 years.

- **Services used and service gaps.** The most frequently received services were food assistance (66.7%), case management (49%), transitional housing (43%), substance abuse treatment (37%), transportation assistance (34%),clothing assistance (31%), emergency shelter (30%), life-skills training (23%), medication assistance (21%), and mental health services (22%). (See Table 13.) The median number of services reported being used was 3. (See Table 14.)

- Regarding service gaps, the services most commonly needed, but not currently being received were: permanent supportive housing (35%), housing placement services (30%), clothing assistance (25%), food assistance (24%), job training/employment assistance (25%), transportation assistance (23%), mediation assistance (22%), and transitional housing (22%). (See Table 15.) The median number of services needed but not received was 2. (See Table 16.)

- **HUD special needs/ disability categories.** Of total respondents, 79 percent (1,121) reported some special need or disability (this excludes youths). Fifty-nine percent of survey respondents classified themselves as chronic substance abusers, 26% of respondents reported having a mental illness, 15% reported a physical disability, 8% had HIV/AIDS, 7% were domestic violence victims, 4% had a developmental disability, and 10% were youths or children under the age of 18. Of the total number of homeless persons, 22% reported two or more of these conditions. (See Table 17.) Of those with special conditions, about 72% were receiving services, treatment, or a bed related to the condition. (See Table 18.)

- **Gender differences.** Homeless men were generally older than homeless women (a mean age of 43 years for men compared to 38 years for women). (See Table 19). Because women had a much greater probability of being in one parent family arrangements (36% versus 7%) they were also more likely to be accompanied by children (20% to 1%). (See Table 21.) Men were more than twice as likely to reside on the streets (15% to 6%). (See Table 23.)

  In general, men average longer amounts of time homeless. (See Table 25.) However, the same percentages of men and women (66%) were experiencing their first incidence of homelessness. (See Table 26.)

  Women reported receiving an average (median) of 5 services, while men reported receiving an average of 3. (See Table 28.) The greatest differences in services received between women and men were: case management (61% for women versus 44% for men), clothing assistance (41% versus 26%), transportation assistance (42% versus 32%) and mental health services (28% versus 20%). The greatest gender differences in unmet needs were: clothing assistance (30%of men expressed unmet needs versus 13% of women), legal services (21% of men versus 12% of women) and emergency shelter (15% of men versus 5% of women). (See Table 27.) In general, higher percentages of men reported needing services that were not being received. (See Table 29.)

  Men were more likely to classify themselves as substance abusers (63% to 45% for women), while women were more likely to classify themselves as victims of domestic violence (22% to 1% for men) and as having mental illness (33% to 22% for men). (See Table 31.)

- **Homeless individuals versus those with family members present.** A comparison of homeless persons who were alone, to those who were accompanied by family members reveals differences closely matching those found between men and women. This reflects the fact that the most common family grouping was a woman with children. (See Tables 34-47.)

## Overview: Objectives and Methods of the Survey

The results of the count and survey are used by Metropolitan Birmingham Services for the Homeless (MBSH), the City of Birmingham and Jefferson County to procure funding, make long range planning efforts, promote education on homeless issues, advocate for the homeless, and identify gaps in services so that needs may be addressed appropriately.

**The Questionnaire and Date of Administration.** The survey was a point-in-time assessment (point prevalence count) conducted over a 24-hour period, from 11AM January 26, 2005 until 11AM January 27, 2005. While a large portion of the survey instrument is substantially the same as that used last year by MBSH, the instrument was redesigned. The instrument was shortened, with a number of questions being dropped, and the measurements refined to better fit HUD based data requirements. An effort was made to keep changes to a minimum, however, so that this year's results could be compared to previous studies. The questionnaires used for the last three years (2003-2005) are patterned after one used by Unity, the New Orleans Continuum of Care, but modified to address the particular needs of the Birmingham area's continuum of care plan. The outline of the table of contents provides an overview of the topic areas covered by the 2005 questionnaire. The entire questionnaire appears as Appendix A.

A fine-grained portrait of the homeless will be developed later this year from an in-depth one-hour survey of homeless to be conducted in April and May 2005. Because of the very detailed information provided by that second survey, the volume of questions asked in the point-in-time survey was reduced.

**Identification of Locations.** In Jefferson, Shelby, and St. Clair counties, Alabama, all shelters and homeless service providers that could be identified were asked to participate in the count and survey. It is believed that all eligible service agencies participated this year. As in the past, only those agencies directly involved with providing services for the homeless were solicited. Participation from mainstream agencies such as the Crisis Center, DHR, the Food Stamp Office, and other entities whose main constituencies are permanently housed individuals was not solicited. In addition, we did not administer surveys in jails, abandoned buildings, campgrounds, outlying rural areas, or low-priced hotels. This results in a clear under-enumeration of the homeless residing in such places. The under-enumeration can be compensated for, as we have done in the past, by using soup kitchen counts to estimate the proportion of homeless persons who are staying in such facilities or areas at night.

**Volunteer Interviewers.** The questionnaire was administered by trained volunteers, including college students, service providers, and community residents. On the evening before the survey, January 25, volunteers attended a two-hour training session held on the UAB campus. At that session volunteers learned about basic interviewing procedures, the necessity of the survey and the relevance of questions. In addition, volunteers role-played the survey instrument and were instructed on how to approach people for interviewing, and how to remain safe while conducting night-time surveys that sometimes took place on dark streets and near abandoned buildings. Finally, all volunteers were assigned to team captains, and specific enumeration sites and time slots during which interviews were to be conducted.

**Interview Times.** Soup kitchens (Fire House Shelter, Grace Woodlawn, Pathways, St. Andrew's, and Urban Ministries) were surveyed between 11am and 1pm on January 26, 4:30pm-6pm, January 26 (Jimmie Hale) and 8:30-10am, January 27 (Highland's United Methodist and Church of the Reconciler); day shelters were enumerated between 1 and 3pm, January 26. Night shelters were enumerated between 7 and 9pm on January 26. Street sites were enumerated from 1-3pm and 7-9pm on January 26 and from 5:30-11am on January 27. Each site was enumerated for only one block of time to avoid double-counting.

Volunteers were instructed to administer the questions themselves. However, certain shelters, requested to do the surveys themselves. In those instances, service providers trained on January 26 gave general instructions to clients and allowed the respondent to complete the questionnaire alone. In several large facilities, and in many transitional shelters where respondents had jobs, this was the only way that individuals could effectively be counted during the 24-hour period. Surveys were then gathered the next day. As can be seen in Appendix A, the questionnaire is designed so that it can either be administered by an interviewer or filled out as a survey.

**Counting Persons Who Refused to Complete the Survey.** Since respondents could refuse to answer the survey, some persons did not choose to participate. In those instances when a prospective respondent refused to participate in the survey, and he/she was in a setting exclusive to homeless persons, volunteers were instructed to record approximate age, gender, and ethnicity on the survey form.

**Eliminating Duplications.** In addition, at the beginning of the survey, volunteers asked each potential participant if they had "done this survey" already in the 24-hour period. The distinctive yellow color of the survey form facilitated clarity. Upon recognizing it, participants appeared eager to refuse if they had previously completed the survey, suggesting that any double-count would be incidental. To identify and eliminate double-counts, however, respondents were asked their initials and ages. Double-counts were assessed by matching initials, ages, and other parallel information, such as race. Only four adults were identified to have responded to the survey twice. Another concern was the double reporting of children, when both parents were surveyed. We also obtained initials, ages, and locations of children and others who accompanied a respondent. Only one child was double-reported, and this case was removed from the data set. We believe that this small double-count was due to the small number of intact families among homeless persons. Most children were accompanied by a single parent, usually the mother.

The small number of double-counts in this point-in-time survey suggests that duplication is not a major concern. The total population count of adults was 1,414. The four duplicates come to less than three-tenths of one percent of the total. This amount of error is less than the amount of rounding error when rounding to the nearest percentage, which is $\pm$ .5 percent. Therefore, this amount of duplication is incidental. Perhaps the procedure of requesting initials for persons accompanying respondents could be eliminated in future point-in-time surveys to save time. (One cautionary note, however. If respondents are given a significant incentive to participate, such as money, this would encourage double-counts.)

**Screening of Housed Persons.** Question 5 on the questionnaire was the primary way of screening housed from nonhoused persons. Occasionally an interview was administered to persons who, from the information provided, were determined to have places of their own. These responses were eliminated. The 1,414 homeless persons counted represent only persons who are clearly without their own housing.

**Additional Methodological Notes:**

1. While some sites such as jails, abandoned buildings, campgrounds, and outlying rural areas were not enumerated, and while some questions had missing cases, the sample essentially constitutes a point-in-time population of "highly visible" homeless persons in Birmingham.

   The sample does not include, however, homeless persons who are not readily accessible to service providers. For example, except for some who were surveyed at six soup kitchens, the survey does not include persons or families doubling up with friends or relatives, living in motels or hotels, living in abandoned buildings, campgrounds, or on the streets other than in the Birmingham city center.

2. The figures reporting overall and in-group comparisons (such as men to women) are low estimates. In an effort to maximize participation and to account for distractions (e.g., the rush of activity in a soup kitchen), volunteers were instructed on a variety of ways in which to administer the survey. Some respondents were handed the survey and completed it on their own. Their levels of reading comprehension, patience, and distractions of varying degrees likely influenced their responses and the extent to which they completed the questions. Most respondents were interviewed directly by volunteers. The challenges of interviewing a highly mobile population resulted in some missing cases. The number of respondents completing a particular question varied. Because of the variation in responses by question, care was taken in the tables to note the sample sizes ("N") to which a table's figures apply.

Table 1. Count of Homeless Persons and Projections of Inaccessible Homeless Persons, Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *Source* | *Number* |
|---|---|
| *Survey Responses: Directly Observed Homeless Persons* | |
| Adults 18 years of age and older responding to survey | 1,348 |
| Children 12 to 16 years of age and older responding to survey | 2 |
| Respondents to survey with age not reported | 64 |
| *Total number of survey responses* | *1,414* |
| Children reported to accompany respondents | 151 |
| *Total number of homeless persons counted (respondents and children)* | *1,565* |
| *Projections of Homeless Persons Not Accessible to Census** | |
| Based on Survey of Soup Kitchens | 1,364 |
| *Total number of homeless persons counted and projected* | *2,929* |

* This projection is based on a survey of both homed and homeless users of soup kitchens in a scientific study of homeless persons conducted in 1995. It is projected that 46.6 percent of the total number of homeless persons in the Birmingham area are living in inaccessible places such as abandoned buildings and mines, or doubling up with friends and relatives, *and* using soup kitchens. This estimate is very conservative because it does not include such inaccessible homeless who are not presenting at soup kitchens. See pages 6-11 in LaGory, Mark, Ferris J. Ritchey and Lynn Gerald. 1995. *Homelessness in Birmingham and Jefferson County: A Needs Assessment*. Submitted to the City of Birmingham, Office of Community Development and Jefferson County, Office of Planning and Community Development.

Table 2. Ages of Homeless Persons and Their Children for 1,350 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Ages of respondent* | *Number* | *Percent* |
|---|---|---|
| 10-14 years old | 2 | .1% |
| 15-19 | 16 | 1.2 |
| 20-24 | 83 | 6.1 |
| 25-34 | 248 | 18.4 |
| 35-44 | 449 | 33.3 |
| 45-54 | 407 | 30.1 |
| 55-59 | 98 | 7.3 |
| 60-64 | 32 | 2.4 |
| 65-74 | 13 | 1.0 |
| 75-84 | 3 | .2 |
| | | |
| Total | 1,350 | 100.0% |
| | | |
| Age not reported | 64 | |

| | |
|---|---|
| Median age of respondents | 42 years |
| Mean age of respondents | 41 years |
| Standard Deviation | 11 years |

| *Ages of children with parents (N = 151 children)* | *Number* | *Percent* |
|---|---|---|
| *2 years and under* | *35* | *23.1%* |
| *3-5 years* | *29* | *19.2* |
| *6-10* | *49* | *32.5* |
| *11-15* | *27* | *19.0* |
| *16-17* | *11* | *7.3* |
| *Total* | *151* | *100.0%* |

Table 3. Gender for 1,356 of the 1,414 Homeless Persons Responding to a Birmingham Alabama

Metropolitan Area Survey, January 27-28, 2005

| *Gender (N = 1,356 who responded to this question)* | *Number* | *Percent* |
|---|---|---|
| Males | 948 | 69.9% |
| Females | 408 | 30.1 |
| Total | 1,356 | 100.0% |

Table 4. Race/Ethnicity for 1,328 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Race (N = 1,328 who responded to this question)* | *Number* | *Percent* |
|---|---|---|
| African-American/Black | 898 | 67.6% |
| Caucasian/White | 413 | 31.1 |
| Asian/Pacific Islander | 3 | .2 |
| Native American/Eskimo | 12 | .9 |
| Unspecified/Refused | 2 | .2 |
| Total | 1,328 | 100.0% |
| *Hispanic Origin** | 16 | 1.9% |

* Asked independently of other race/ethnic categories

Table 5. Family Characteristics: How Homeless Respondents Perceive Their Family Situations for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Family Situation* | *Number* | *Percent* |
|---|---|---|
| Two parent family with children | 87 | 7.2% |
| One parent family with children | 197 | 16.2 |
| Couple without children | 25 | 2.1 |
| Single individual | 894 | 73.6 |
| Other family situation | 11 | .9 |
| | | |
| Total | 1,214 | 100.0% |
| | | |
| Not reported | 200 | |
| | | |
| Total number of respondents | 1,414 | |

Table 6. Family Characteristics: Homeless Persons Living Alone or Accompanied by Family Members for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| | | |
|---|---|---|
| *Number of respondents accompanied by family members* | 110 | 10.4% |
| *Total number of persons accompanying them* | 202 | NA |
| *Number of respondents with children under age 18 with them* | 87 | 6.2% |
| *Number of children under18 with respondent* | 151 | NA |

*Numbers of family members reported living with 1,055 homeless respondents who answered question*

| *Respondent reported:* | *Number* | *Percent* |
|---|---|---|
| No family members with them | 945 | 89.6% |
| 1 family member with them | 62 | 5.9 |
| 2 | 26 | 2.5 |
| 3 | 7 | .7 |
| 4 | 10 | .9 |
| 5 | 3 | .3 |
| 6 family members with them | 2 | .2 |
| | | |
| Total respondents to question | 1,055 | 100.0% |
| | | |
| Not reported | 359 | |
| | | |
| Total number of respondents | 1,414 | |

Table 7. Homeless Parents with Children Under 18 Years of Age Who are Not Currently with Them, for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Characteristic* | *Number* | *Percent* |
|---|---|---|
| *Number of respondents with children under age 18 not with them* | 11 | .8% |
| *Number of children not with these 11 homeless parents* | 23 | NA |
| *Ages of children not with homeless parent (N = 23 children)* | | |
| 2 years and under | 3 | 13.0% |
| 3-5 years | 2 | 8.7 |
| 6-10 | 9 | 39.1 |
| 11-15 | 7 | 30.4 |
| 16-17 | 2 | 8.7 |
| Total | 23 | 100.0% |

Table 8. Place of Contact of the 1,414 Homeless Respondents of a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Place of Contact* | *Number* | *Percent* |
|---|---|---|
| Streets | 58 | 4.1% |
| | | |
| Steps and Traditions | 50 | 3.5% |
| Highland's UMC | 12 | .8 |
| Safe House | 6 | .4 |
| Shelby Emergency Assistance | 1 | .1 |
| Birmingham Hospitality Network | 3 | .2 |
| Interfaith Hospitality House | 4 | .3 |
| Catholic Center for Concern | 2 | .1 |
| Birmingham Health Care (BHC) | 82 | 5.8 |
| The Neighborhood House | 19 | 1.3 |
| Pathways | 45 | 3.2 |
| Jimmie Hale Mission | 77 | 5.4 |
| Family Violence Center / YWCA | 8 | .6 |
| Jessie's Place | 10 | .7 |
| Community Kitchens Southside | 50 | 3.5 |
| Transitional Housing / YWCA | 16 | 1.1 |
| Church of the Reconciler | 25 | 1.8 |
| John Jr.'s Serenity House | 10 | .7 |
| Urban Ministries | 30 | 2.1 |
| Aletheia House | 177 | 12.5 |
| AIDS Alabama | 72 | 5.1 |
| Jefferson County Housing Authority | 1 | .1 |
| Community Kitchens Woodlawn | 29 | 2.1 |
| First Light | 38 | 2.7 |
| The Foundry (formerly City of Hope) | 103 | 7.3 |
| Salvation Army | 49 | 3.5 |
| The Old Firehouse Shelter | 235 | 16.6 |
| Jefferson, Blount, St. Clair Mental Health Authority | 83 | 5.9 |
| Alabama Baptist Children’s Home | 2 | .1 |
| Alpha Recovery House | 9 | .6 |
| Bethany Home | 7 | .5 |
| Brother Bryan | 24 | 1.7 |
| Fellowship House | 2 | .1 |
| Freedom Ranch | 58 | 4.1 |
| Hope House | 9 | .6 |
| St. Anne’s Home | 8 | .6 |
| Total | 1,414 | 100.0% |

Table 9. Current Living Situation in Response to the Question: "Where did you spend last night? (Check only one.) for 1,271of the 1,414 Homeless Persons Responding to a Birmingham, Alabama Metropolitan Area Survey, January 27-28, 2005

| *Current Living Situation* | *Number* | *Percent* |
|---|---|---|
| On the street | 157 | 12.4% |
| Emergency shelter | 286 | 22.5 |
| Transitional housing apartment or facility | 439 | 34.5 |
| Hotel, motel | 53 | 4.2 |
| Hospital, jail or other institution | 9 | .7 |
| Treatment facility | 153 | 12.0 |
| Permanent supportive housing or single room occupancy hotel (SRO) | 58 | 4.6 |
| Boarding home | 11 | .9 |
| In my own private dwelling, being evicted within 1 week and lack resources to obtain housing | 14 | 1.1 |
| Dwelling of friend or relative | 86 | 6.8 |
| In some other homeless situation | 5 | .4 |
| | | |
| Total | 1,271 | 100.0% |

Table 10. Recent Living Situation: in Response to the Question: "Over the past seven days, where have you most often spent the night? (Check only one.)" for 1,263 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *Recent Living Situation: Where residing the past seven days* | *Number* | *Percent* |
|---|---|---|
| On the street | 151 | 12.0% |
| Emergency shelter | 279 | 22.1 |
| Transitional housing apartment or facility | 433 | 34.3 |
| Hotel, motel | 53 | 4.2 |
| Hospital, jail or other institution | 18 | 1.4 |
| Treatment facility | 155 | 12.3 |
| Permanent supportive housing or single room occupancy hotel (SRO) | 54 | 4.3 |
| Boarding home | 12 | 1.0 |
| In my own private dwelling, being evicted within 1 week and lack resources to obtain housing | 13 | 1.0 |
| Dwelling of friend or relative | 86 | 6.8 |
| In some other homeless situation | 9 | .7% |
| | | |
| Total | 1,263 | 100.0% |

Table 11. Duration of Homelessness for 1,227 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *How long homeless* | *Number* | *Percent* | *Percent to this Point* |
|---|---|---|---|
| Less than 1 month | 119 | 9.7% | 9.7% |
| 1 month | 51 | 4.2 | 13.9 |
| 2 months | 105 | 8.6 | 22.4 |
| 3 months | 82 | 6.7 | 29.1 |
| 4-6 months | 203 | 16.5 | 45.6 |
| 7-9 months | 124 | 10.1 | 55.7 |
| 10-12 months | 144 | 11.7 | 67.5 |
| 13-15 months | 41 | 3.3 | 70.8 |
| 16-18 months | 36 | 2.9 | 73.8 |
| 19-23 months | 14 | 1.1 | 74.9 |
| 2 years | 81 | 6.6 | 81.5 |
| 2 - 2 ½ years | 61 | 1.3 | 82.8 |
| Around 3 years | 63 | 5.1 | 87.9 |
| Around 4 years | 21 | 1.7 | 89.6 |
| Around 5 years | 34 | 2.8 | 92.4 |
| More than 5 years | 93 | 7.6 | 100.0% |
| | | | |
| Total | 1,227 | 100.0% | |

*Summary*

Median number of months homeless: 8 months.*

29% were homeless 3 months or less.

52% were homeless 8 months or less.

82% were homeless 24 months (2 years) or less.

* Mean (average) is not meaningful because the distribution is highly skewed.

Table 12. Times Homeless in Last 3 Years for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *First time homeless in last three years? (of 1,179 who responded)* | *Number* | *Percent* |
|---|---|---|
| Yes: First time homeless in past 3 years | 782 | 66.3% |
| No: Have been homeless more than once | 397 | 33.7 |
| Total | 1,179 | 100.0% |

Table 13. Self-Reported Answers to the Question: "What services are you currently receiving? (Check all that apply)" for Homeless Persons Responding to a Birmingham, Alabama Metropolitan Area Survey, January 27-28, 2005

| *Services currently receiving** | *Number of Respondents* | *Percent* |
|---|---|---|
| *Housing related assistance* | | |
| Emergency shelter | 385 | 30.2% |
| Transitional housing | 573 | 43.1 |
| Emergency assistance (rent/utilities) | 25 | 2.0 |
| Permanent supportive housing | 123 | 9.6 |
| Housing placement services | 224 | 17.6 |
| *Assistance with daily needs* | | |
| Food assistance | 865 | 66.7% |
| Clothing assistance | 390 | 30.6 |
| Child care assistance | 45 | 3.5 |
| *Illness and addiction services* | | |
| Mental health services | 282 | 22.1% |
| Substance abuse treatment | 490 | 36.8 |
| Physical disability services | 82 | 6.4 |
| Developmental disability (MR) services | 22 | 1.7 |
| First aid/medical treatment | 175 | 13.7 |
| Medication assistance | 273 | 21.4 |
| *Daily living assistance* | | |
| Case management services | 626 | 49.1% |
| Legal services | 74 | 5.8 |
| Life skills training | 291 | 22.8 |
| Transportation assistance | 438 | 34.4 |
| Job training/employment assistance | 248 | 19.5 |

* Percentages are based on the number responding to the question. In addition, some persons not responding to the survey but who were receiving a service in the setting when the survey was administered were counted as having received a service. For example, a nonrespondent at a substance abuse treatment facility was coded to have received substance abuse treatment.

Table 14. Number of Services Currently Receiving from Self-Reported Answers to the Question: "What services are you currently receiving? (Check all that apply)" for Homeless Persons Responding to a Birmingham, Alabama Metropolitan Area Survey, January 27-28, 2005

| *Number of services currently receiving of 19 listed (N=1,414)** | *Number of Respondents* | *Percent* |
|---|---|---|
| Currently receiving none | 16 | 1.1% |
| Currently receiving 1 service | 323 | 22.8 |
| 2 services | 192 | 13.6 |
| 3 | 192 | 13.6 |
| 4 | 140 | 9.9 |
| 5 | 159 | 11.2 |
| 6 | 130 | 9.2 |
| 7 | 94 | 6.6 |
| 8 | 68 | 4.8 |
| 9 | 42 | 3.0 |
| 10-19 services | 58 | 4.1 |
| | | |
| Total respondents | 1,414 | 100.0% |

*Summary*

| | | |
|---|---|---|
| Median number of services received: | 3 | services |
| Mean number of services received: | 3.98 | services |
| Standard deviation: | 2.74 | services |

* Total of 1,414 includes some who did not responded to the survey but who were receiving a service(s) in the setting when the survey was administered. For example, a nonrespondent at a substance abuse treatment facility was coded to have received substance abuse treatment.

Table 15. Self-Reported Answers to the Question: "What services do you need that you are NOT currently receiving? (Check all that apply)" for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Services currently needed but not receiving** | *Number of Respondents* | *Percent* |
|---|---|---|
| *Housing related assistance* | | |
| Emergency shelter | 156 | 12.3% |
| Transitional housing | 286 | 22.4 |
| Emergency assistance (rent/utilities) | 237 | 18.6 |
| Permanent supportive housing | 451 | 35.4 |
| Housing placement services | 376 | 29.5 |
| *Assistance with daily needs* | | |
| Food assistance | 300 | 23.5% |
| Clothing assistance | 322 | 25.3 |
| Child care assistance | 110 | 8.6 |
| *Illness and addiction services* | | |
| Mental health services | 148 | 11.6% |
| Substance abuse treatment | 134 | 10.5 |
| Physical disability services | 161 | 12.6 |
| Developmental disability (MR) services | 97 | 7.6 |
| First aid/medical treatment | 201 | 15.8 |
| Medication assistance | 275 | 21.6 |
| *Daily living assistance* | | |
| Case management services | 157 | 12.3% |
| Legal services | 228 | 17.9 |
| Life skills training | 173 | 13.6 |
| Transportation assistance | 298 | 23.4 |
| Job training/employment assistance | 324 | 25.4 |

* Percentages are based on the number responding to the question.

Table 16. Number of Services Not Currently Receiving from Self-Reported Answers to the Question: "What services do you need that you are NOT currently receiving? (Check all that apply)" for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Number of services needed but NOT currently receiving of 19 listed (N=1,414)* | *Number of Respondents* | *Percent* |
|---|---|---|
| No services needed | 401 | 28.4% |
| 1 service needed | 281 | 19.9 |
| 2 | 161 | 11.4 |
| 3 | 141 | 10.0 |
| 4 | 84 | 5.9 |
| 5 | 70 | 5.0 |
| 6 | 39 | 2.8 |
| 7 | 32 | 2.3 |
| 8 | 45 | 3.2 |
| 9 | 32 | 2.3 |
| 10-19 services needed | 128 | 9.1 |
| | | |
| Total | 1,414 | 100.0% |

*Summary*

Median of services needed but not received*: 2 services

* Mean (average) of services needed but not received is not reported because the scores are highly skewed.

Table 17. Self-reported Special Conditions: Subgroups among the Homeless. (More than one characteristic may apply), for 1,269 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Condition/Subgroup** | *Number* | *Percent* |
|---|---|---|
| *Chronic substance abuse* | 810 | 58.9% |
| *Mental illness* | 326 | 25.5 |
| *Physical disability* | 187 | 14.7 |
| *HIV/AIDS* | 95 | 7.5 |
| *Domestic violence victim* | 92 | 7.2 |
| *Developmental disability* | 50 | 3.9 |
| *Youths under age 18 years* | | |
| Youths under age 18 who responded to survey | 2 | .1% |
| Youths under age 18 reported by parents | 151 | NA |
| Total youths under 18 | 153 | NA |

*Percentages based on number of responses for an individual item.

| *Number of special conditions reported (Does not include youths reported by parents)* | *Number of Respondents* | *Percent of all Homeless* |
|---|---|---|
| No special condition/subgroup | 293 | 20.7% |
| | | |
| 1 special condition/subgroup | 815 | 57.6 |
| 2 | 205 | 14.5 |
| 3 | 74 | 5.2 |
| 4 | 23 | 1.6 |
| 5 | 2 | .2 |
| 6 special conditions | 2 | .2 |
| | | |
| Total respondents | 1,414 | 100.0% |
| | | |
| Total number having at least one condition: | 1,121 | 79.3% |

Table 18. Of those with Special Conditions/Subgroups, the Number Receiving Services or a Bed Specific to the Condition/Subgroup for 947 Homeless Persons Responding to This Question For a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Of 947 with at least one condition and who responded to the question of receiving services for it, currently receiving services or bed specific to the subgroup* | *Number* | *Percent* |
|---|---|---|
| Receiving services or bed specific to condition | 677 | 71.5% |
| Not receiving services or bed specific to condition | 270 | 28.5 |
| | | |
| Total with condition who answered | 947 | 100.0% |

Table 19. Gender by Age for 1,343 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Age* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| 10-14 years | Count | 1 | 1 | 2 |
| | % within Gender | .1% | .2% | .1% |
| 15-19 | Count | 9 | 7 | 16 |
| | % within Gender | 1.0% | 1.7% | 1.2% |
| 20-24 | Count | 40 | 43 | 83 |
| | % within Gender | 4.2% | 10.7% | 6.2% |
| 25-34 | Count | 137 | 111 | 248 |
| | % within Gender | 14.5% | 27.7% | 18.5% |
| 35-44 | Count | 321 | 127 | 448 |
| | % within Gender | 34.1% | 31.7% | 33.4% |
| 45-54 | Count | 327 | 73 | 400 |
| | % within Gender | 34.7% | 18.2% | 29.8% |
| 55-59 | Count | 70 | 28 | 98 |
| | % within Gender | 7.4% | 7.0% | 7.3% |
| 60-64 | Count | 24 | 8 | 32 |
| | % within Gender | 2.5% | 2.0% | 2.4% |
| 65-74 | Count | 10 | 3 | 13 |
| | % within Gender | 1.1% | .7% | 1.0% |
| 75-84 years | Count | 3 | 0 | 3 |
| | % within Gender | .3% | .0% | .2% |
| | | | | |
| Total | Count | 942 | 401 | 1,343 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

*Summary*

| | | | |
|---|---|---|---|
| Median age | 44 years | 38 years | 42 years |
| Mean age | 43 years | 38 years | 41 years |
| Std. Deviation | 10 years | 11 years | 11 years |

Table 20. Gender by Race/Ethnicity for 1,323 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Race/Ethnicity* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| African American/Black | Count | 670 | 223 | 893 |
| | % within Gender | 72.4% | 56.0% | 67.5% |
| Caucasian/White | Count | 244 | 169 | 413 |
| | % within Gender | 26.4% | 42.5% | 31.2% |
| Asian/Pacific Islander | Count | 1 | 2 | 3 |
| | % within Gender | .1% | .5% | .2% |
| Native American/Eskimo | Count | 10 | 2 | 12 |
| | % within Gender | 1.1% | .5% | .9% |
| Unknown/Refused | Count | 0 | 2 | 2 |
| | % within Gender | 0% | .5% | .9% |
| | | | | |
| Total | Count | 925 | 398 | 1,323 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Hispanic Origin* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| | Count | 8 | 8 | 16 |
| | % within Gender | (1.4%) | (2.6%) | (1.9%) |

Table 21. Gender by Family Status Characteristics: Family Situation and Homeless Families: Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Family Situation (N = 1,207)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Two parent family with children | Count | 59 | 27 | 86 |
| | % within Gender | 7.1% | 7.2% | 7.1% |
| One parent family with children | Count | 61 | 134 | 195 |
| | % within Gender | 7.3% | 35.9% | 16.2% |
| Couple without children | Count | 14 | 11 | 25 |
| | % within Gender | 1.7% | 2.9% | 2.1% |
| Single individual | Count | 692 | 198 | 890 |
| | % within Gender | 83.0% | 53.1% | 73.7% |
| Other family situation | Count | 8 | 3 | 11 |
| | % within Gender | 1.0% | .8% | .9% |
| | | | | |
| Total | Count | 834 | 373 | 1,207 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

Table 21 (continued)

| *Accompanied by family members? (N = 1,049)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| No: Homeless alone | Count | 697 | 242 | 939 |
| | % within Gender | 97.3% | 72.7% | 89.5% |
| Yes: With family members | Count | 19 | 91 | 110 |
| | % within Gender | 2.7% | 27.3% | 10.5% |
| | | | | |
| Total | Count | 716 | 333 | 1,049 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Accompanied by children under18 years of age? (N = 1,356)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| No | Count | 941 | 328 | 1,269 |
| | % within Gender | 99.3% | 80.4% | 93.6% |
| Yes | Count | 7 | 80 | 87 |
| | % within Gender | .7% | 19.6% | 6.4% |
| | | | | |
| Total | Count | 948 | 408 | 1,356 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

Table 22. Gender by Place of Contact of 1,356 of the 1,414 Homeless Respondents of a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Place of Contact* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Streets | Count | 53 | 5 | 58 |
| | % within Gender | 5.6% | 1.2% | 4.3% |
| --- | --- | --- | --- | --- |
| Steps and Traditions | Count | 50 | 0 | 50 |
| | % within Gender | 5.3% | .0% | 3.7% |
| Highland's UMC | Count | 9 | 3 | 12 |
| | % within Gender | .9% | .7% | .9% |
| Safe House | Count | 0 | 6 | 6 |
| | % within Gender | .0% | 1.5% | .4% |
| Shelby Emergency Assistance | Count | 1 | 0 | 1 |
| | % within Gender | .1% | .0% | .1% |
| Birmingham Hospital Network | Count | 1 | 2 | 3 |
| | % within Gender | .1% | .5% | .2% |
| Interfaith Hospitality House | Count | 0 | 4 | 4 |
| | % within Gender | .0% | 1.0% | .3% |
| Catholic Center for Concern | Count | 1 | 1 | 2 |
| | % within Gender | .1% | .2% | .1% |
| Birmingham Health Care (BHC) | Count | 47 | 33 | 80 |
| | % within Gender | 5.0% | 8.1% | 5.9% |
| The Neighborhood House | Count | 13 | 6 | 19 |
| | % within Gender | 1.4% | 1.5% | 1.4% |
| Pathways | Count | 0 | 45 | 45 |
| | % within Gender | 0% | 11.0% | 3.3% |
| Jimmie Hale Mission | Count | 72 | 2 | 74 |
| | % within Gender | 7.6% | .5% | 5.5% |
| Family Violence Center /YWCA | Count | 0 | 8 | 8 |
| | % within Gender | 0% | 2.0% | .6% |
| Jessie's Place | Count | 0 | 10 | 10 |
| | % within Gender | 0% | 2.5% | .7% |
| Community Kitchens Southside | Count | 40 | 10 | 50 |
| | % within Gender | 4.2% | 2.5% | 3.7% |
| Transitional Housing / YWCA | Count | 1 | 15 | 16 |
| | % within Gender | .1% | 3.7% | 1.2% |
| Church of the Reconciler | Count | 23 | 2 | 25 |
| | % within Gender | 2.4% | .5% | 1.8% |
| John Jr.'s Serenity House | Count | 5 | 5 | 10 |
| | % within Gender | .5% | 1.2% | .7% |

Table 22 (continued)

| *Place of Contact* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Urban Ministries | Count | 21 | 8 | 29 |
| | % within Gender | 2.2% | 2.0% | 2.1% |
| Aletheia House | Count | 120 | 57 | 177 |
| | % within Gender | 12.7% | 14.0% | 13.1% |
| AIDS Alabama | Count | 50 | 22 | 72 |
| | % within Gender | 5.3% | 5.4% | 5.3% |
| Jefferson County Housing Authority | Count | 0 | 1 | 1 |
| | % within Gender | 0% | .2% | .1% |
| Community Kitchens Woodlawn | Count | 16 | 13 | 29 |
| | % within Gender | 1.7% | 3.2% | 2.1% |
| First Light | Count | 0 | 38 | 38 |
| | % within Gender | 0% | 9.3% | 2.8% |
| The Foundry (City of Hope) | Count | 33 | 21 | 54 |
| | % within Gender | 3.5% | 5.1% | 4.0% |
| Salvation Army | Count | 36 | 13 | 49 |
| | % within Gender | 3.8% | 3.2% | 3.6% |
| Old Firehouse Shelter | Count | 221 | 12 | 233 |
| | % within Gender | 23.3% | 2.9% | 17.2% |
| Jefferson, Blount, St. Clair MHA | Count | 50 | 33 | 83 |
| | % within Gender | 5.3% | 8.1% | 6.1% |
| Alabama Baptist Children's Home | Count | 0 | 2 | 2 |
| | % within Gender | 0% | .5% | .1% |
| Alpha Recovery House | Count | 9 | 0 | 9 |
| | % within Gender | .9% | .0% | .7% |
| Bethany Home | Count | 0 | 7 | 7 |
| | % within Gender | 0% | 1.7% | .5% |
| Brother Bryan | Count | 24 | 0 | 24 |
| | % within Gender | 2.5% | .0% | 1.8% |
| Freedom Ranch | Count | 1 | 1 | 2 |
| | % within Gender | .1% | .2% | .1% |
| Fellowship House | Count | 45 | 13 | 58 |
| | % within Gender | 4.7% | 3.2% | 4.3% |
| Hope House | Count | 7 | 2 | 9 |
| | % within Gender | .7% | .5% | .7% |
| St. Anne's House | Count | 0 | 8 | 8 |
| | % within Gender | 0% | 2.0% | .6% |
| | | | | |
| Total | Count | 948 | 408 | 1,356 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

Table 23. Gender by Current Living Situation for 1,262 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Current Living Situation* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| On the street | Count | 129 | 25 | 154 |
| | % within Gender | 14.8% | 6.3% | 12.2% |
| Emergency shelter | Count | 188 | 93 | 281 |
| | % within Gender | 21.7% | 23.6% | 22.3% |
| Transitional housing apartment or facility | Count | 291 | 148 | 439 |
| | % within Gender | 33.5% | 37.6% | 34.8% |
| Hotel, motel | Count | 40 | 13 | 53 |
| | % within Gender | 4.6% | 13.3% | 4.2% |
| Hospital, jail or other institution | Count | 7 | 2 | 9 |
| | % within Gender | .8% | .5% | .7% |
| Treatment facility | Count | 102 | 51 | 153 |
| | % within Gender | 11.8% | 12.9% | 12.1% |
| Permanent support housing or single room | Count | 36 | 22 | 58 |
| | % within Gender | 4.1% | 5.6% | 4.6% |
| Boarding home | Count | 7 | 3 | 10 |
| | % within Gender | .8% | .8% | .8% |
| In my own private dwelling, being evicted | Count | 13 | 1 | 14 |
| | % within Gender | 1.5% | .3% | 1.1% |
| Dwelling of friend or relative | Count | 53 | 33 | 86 |
| | % within Gender | 6.1% | 8.4% | 6.8% |
| In some other homeless situation | Count | 2 | 3 | 5 |
| | % within Gender | .2% | .8% | .4% |
| | | | | |
| Total | | 868 | 394 | 1,262 |
| | | 100.0% | 100.0% | 100.0% |

Table 24. Gender by Recent Living Situation for 1,254 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Current Living Situation* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| On the street | Count | 120 | 30 | 150 |
| | % within Gender | 13.9% | 7.7% | 12.0% |
| Emergency shelter | Count | 183 | 89 | 272 |
| | % within Gender | 21.2% | 22.8% | 21.7% |
| Transitional housing apartment or facility | Count | 285 | 148 | 433 |
| | % within Gender | 33.0% | 37.9% | 34.5% |
| Hotel, motel | Count | 39 | 14 | 53 |
| | % within Gender | 4.5% | 3.6% | 4.2% |
| Hospital, jail or other institution | Count | 15 | 3 | 18 |
| | % within Gender | 1.7% | .8% | 1.4% |
| Treatment facility | Count | 103 | 52 | 155 |
| | % within Gender | 11.9% | 13.3% | 12.4% |
| Permanent support housing or single room | Count | 35 | 19 | 54 |
| | % within Gender | 4.1% | 4.9% | 4.3% |
| Boarding home | Count | 9 | 2 | 11 |
| | % within Gender | 1.0% | .5% | .9% |
| In my own private dwelling,, being evicted | Count | 13 | 0 | 13 |
| | % within Gender | 1.5% | 0% | 1.0% |
| Dwelling of friend or relative | Count | 57 | 29 | 86 |
| | % within Gender | 6.6% | 7.4% | 6.9% |
| In some other homeless situation | Count | 5 | 4 | 9 |
| | % within Gender | .6% | 1.0% | .7% |
| | | | | |
| Total | | 864 | 390 | 1,254 |
| | | 100.0% | 100.0% | 100.0% |

Table 25. Gender by Duration of Homelessness for 1,219 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *How long homeless (N = 1,219)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Less than 1 month | Count | 66 | 52 | 118 |
| | % within Gender | 7.8% | 14.0% | 9.7% |
| 1 month | Count | 35 | 16 | 51 |
| | % within Gender | 4.1% | 4.3% | 4.2% |
| 2 months | Count | 82 | 23 | 105 |
| | % within Gender | 9.7% | 6.2% | 8.6% |
| 3 months | Count | 55 | 26 | 81 |
| | % within Gender | 6.5% | 7.0% | 6.6% |
| 4-6 months | Count | 132 | 68 | 200 |
| | % within Gender | 15.6% | 18.3% | 16.4% |
| 7-9 months | Count | 78 | 45 | 123 |
| | % within Gender | 9.2% | 12.1% | 10.1% |
| 10-12 months | Count | 105 | 39 | 144 |
| | % within Gender | 12.4% | 10.5% | 11.8% |
| 13-15 months | Count | 27 | 14 | 41 |
| | % within Gender | 3.2% | 3.8% | 3.4% |
| 16-18 months | Count | 28 | 7 | 35 |
| | % within Gender | 3.3% | 1.9% | 2.9% |
| 19-23 months | Count | 11 | 3 | 14 |
| | % within Gender | 1.3% | .8% | 1.1% |
| 2 years | Count | 57 | 23 | 80 |
| | % within Gender | 6.7% | 6.2% | 6.6% |
| 2 – 2 ½ years | Count | 10 | 6 | 16 |
| | % within Gender | 1.2% | 1.6% | 1.3% |
| Around 3 years | Count | 49 | 14 | 63 |
| | % within Gender | 5.8% | 3.8% | 5.2% |
| Around 4 years | Count | 14 | 7 | 21 |
| | % within Gender | 1.7% | 1.9% | 1.7% |
| Around 5 years | Count | 25 | 9 | 34 |
| | % within Gender | 3.0% | 2.4% | 2.8% |
| More than 5 years | Count | 73 | 20 | 93 |
| | % within Gender | 8.6% | 5.4% | 7.6% |
| | | | | |
| Total | Count | 847 | 372 | 1,219 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Summary* | *Men* | *Women* | *Total* |
|---|---|---|---|
| Median number of months homeless:* | 8 | 7 | 8 |
| Number of months or less, 25% were homeless | 3 | 3 | 3 |
| Number of months or less, 50% were homeless | 8 | 7 | 8 |
| Number of months or less, 75% were homeless | 24 | 15 | 24 |

* Mean (average) is not meaningful because the distribution is highly skewed.

Table 26. Gender by Times Homeless in the Last Three Years for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *First time homeless in last three years? (N = 1,172)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| No: Homeless more than once | Count | 273 | 123 | 396 |
| | % within Gender | 33.6% | 34.2% | 33.8% |
| Yes: First time homeless, past 3 years | Count | 539 | 237 | 776 |
| | % within Gender | 66.4% | 65.8% | 66.2% |
| | | | | |
| Total | Count | 812 | 360 | 1,172 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

Table 27. Gender by Self-Reported Answers to the Question: "What services are you currently receiving? (Check all that apply)" for 1,265 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Services currently receiving (check all that apply)** *(N = 1,265; 876 men and 389 women)* | *Men* N | (%) | *Women* N | (%) | *Total* N | (%) |
|---|---|---|---|---|---|---|
| *Housing related assistance* | | | | | | |
| Emergency shelter | 272 | (31.0%) | 106 | (27.2%) | 378 | (29.9%) |
| Transitional housing | 341 | (38.8%) | 181 | (46.2%) | 523 | (41.1%) |
| Emergency assistance (rent/utilities) | 13 | (1.5%) | 11 | (2.8%) | 24 | (1.9%) |
| Permanent supportive housing | 75 | (8.6%) | 48 | (12.3%) | 123 | (9.7%) |
| Housing placement services | 144 | (16.4%) | 80 | (20.6%) | 224 | (17.7%) |
| *Assistance with daily needs* | | | | | | |
| Food assistance | 593 | (66.2%) | 266 | (68.0%) | 859 | (66.7%) |
| Clothing assistance | 229 | (26.1%) | 158 | (40.6%) | 387 | (30.6%) |
| Child care assistance | 7 | (0.8%) | 38 | (9.8%) | 45 | (3.6%) |
| *Illness and addiction services* | | | | | | |
| Mental health services | 171 | (19.5%) | 109 | (27.8%) | 280 | (22.1%) |
| Substance abuse treatment | 348 | (37.8%) | 139 | (34.6%) | 487 | (36.8%) |
| Physical disability services | 61 | (7.0%) | 21 | (5.4%) | 82 | (6.5%) |
| Developmental disability (MR) services | 14 | (1.6%) | 8 | (2.1%) | 22 | (1.7%) |
| First aid/medical treatment | 116 | (13.2%) | 57 | (14.7%) | 173 | (13.7%) |
| Medication assistance | 162 | (18.5%) | 106 | (27.2%) | 268 | (21.2%) |
| *Daily living assistance* | | | | | | |
| Case management services | 387 | (44.2%) | 237 | (60.9%) | 624 | (49.3%) |
| Legal services | 45 | (5.1%) | 29 | (7.5%) | 74 | (5.8%) |
| Life skills training | 181 | (20.7%) | 110 | (28.3%) | 291 | (23.0%) |
| Transportation assistance | 276 | (31.5%) | 162 | (41.6%) | 438 | (34.6%) |
| Job training/employment assistance | 162 | (18.5%) | 85 | (21.9%) | 247 | (19.5%) |

*Percentages based on number of responses for an individual item.

Table 28. Gender by Number of Services Currently Receiving for 1,264 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Number of services currently receiving* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Receiving no services | Count | 13 | 3 | 16 |
| | % within Gender | 1.4% | .7% | 1.2% |
| 1 service | Count | 216 | 58 | 274 |
| | % within Gender | 22.8% | 14.2% | 20.2% |
| 2 | Count | 145 | 43 | 188 |
| | % within Gender | 15.3% | 10.5% | 13.9% |
| 3 | Count | 137 | 53 | 190 |
| | % within Gender | 14.5% | 13.0% | 14.0% |
| 4 | Count | 95 | 44 | 139 |
| | % within Gender | 10.0% | 10.8% | 10.3% |
| 5 | Count | 108 | 51 | 159 |
| | % within Gender | 11.4% | 12.5% | 11.7% |
| 6 | Count | 82 | 48 | 130 |
| | % within Gender | 8.6% | 11.8% | 9.6% |
| 7 | Count | 58 | 35 | 93 |
| | % within Gender | 6.1% | 8.6% | 6.9% |
| 8 | Count | 38 | 29 | 67 |
| | % within Gender | 4.0% | 7.1% | 4.9% |
| 9 | Count | 23 | 19 | 42 |
| | % within Gender | 2.4% | 4.7% | 3.1% |
| 10-19 services | Count | 33 | 25 | 58 |
| | % within Gender | 3.5% | 6.1% | 4.3% |
| | | | | |
| Total | Count | 875 | 389 | 1,264 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Summary* | *Men* | *Women* | *Total* |
|---|---|---|---|
| *Mean number of services* | *3.79* | *4.78* | *3.98* |
| *Standard deviation* | *2.61* | *2.89* | *2.74* |
| *Median number of services* | *3* | *5* | *3* |

Table 29. Gender by Self-Reported Answers to the Question: "What services do you need that you are NOT currently receiving? (Check all that apply)" for 1,265 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Services needed but NOT currently receiving** *(N = 1,265; 876 men and 389 women)* | *Men* N | *Men* (%) | *Women* N | *Women* (%) | *Total* N | *Total* (%) |
|---|---|---|---|---|---|---|
| *Housing related assistance* | | | | | | |
| Emergency shelter | 134 | (15.3%) | 21 | (5.4%) | 155 | (12.3%) |
| Transitional housing | 216 | (24.7%) | 70 | (18.0%) | 286 | (22.6%) |
| Emergency assistance (rent/utilities) | 179 | (20.4%) | 56 | (14.4%) | 235 | (18.6%) |
| Permanent supportive housing | 311 | (35.5%) | 138 | (35.5%) | 449 | (35.5%) |
| Housing placement services | 263 | (30.0%) | 112 | (28.8%) | 375 | (29.6%) |
| *Assistance with daily needs* | | | | | | |
| Food assistance | 219 | (25.0%) | 57 | (14.7%) | 320 | (25.3%) |
| Clothing assistance | 263 | (30.0%) | 67 | (13.0%) | 189 | (13.5%) |
| Child care assistance | 79 | (9.0%) | 31 | (8.0%) | 110 | (8.7%) |
| *Illness and addiction services* | | | | | | |
| Mental health services | 112 | (12.8%) | 35 | (9.0%) | 147 | (11.6%) |
| Substance abuse treatment | 102 | (11.6%) | 29 | (7.5%) | 131 | (10.4%) |
| Physical disability services | 138 | (15.8%) | 22 | (5.7%) | 160 | (12.6%) |
| Developmental disability (MR) services | 83 | (9.5%) | 14 | (3.6%) | 97 | (7.7%) |
| First aid/medical treatment | 164 | (18.7%) | 37 | (9.5%) | 201 | (15.9%) |
| Medication assistance | 211 | (24.1%) | 64 | (16.5%) | 275 | (21.7%) |
| *Daily living assistance* | | | | | | |
| Case management services | 115 | (13.1%) | 42 | (10.8%) | 157 | (12.4%) |
| Legal services | 181 | (20.7%) | 46 | (11.8%) | 227 | (17.9%) |
| Life skills training | 134 | (15.3%) | 39 | (10.0%) | 173 | (13.7%) |
| Transportation assistance | 219 | (25.0%) | 79 | (20.3%) | 298 | (23.6%) |
| Job training/employment assistance | 238 | (27.2%) | 84 | (21.6%) | 322 | (25.5%) |

*Percentages based on number of responses provided for a service.

Table 30. Gender by Number of Services Needed but Not Receiving for 1,356 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Number of services needed but NOT receiving* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| No services needed | Count | 226 | 123 | 349 |
| | % within Gender | 23.8% | 30.1% | 25.7% |
| 1 service needed | Count | 205 | 74 | 279 |
| | % within Gender | 21.6% | 18.1% | 20.6% |
| 2 | Count | 100 | 59 | 159 |
| | % within Gender | 10.5% | 14.5% | 11.7% |
| 3 | Count | 99 | 42 | 141 |
| | % within Gender | 10.4% | 10.3% | 10.4% |
| 4 | Count | 54 | 30 | 84 |
| | % within Gender | 5.7% | 7.4% | 6.2% |
| 5 | Count | 49 | 20 | 69 |
| | % within Gender | 5.2% | 4.9% | 5.1% |
| 6 | Count | 26 | 13 | 39 |
| | % within Gender | 2.7% | 3.2% | 2.9% |
| 7 | Count | 21 | 10 | 31 |
| | % within Gender | 2.2% | 2.5% | 2.3% |
| 8 | Count | 33 | 12 | 45 |
| | % within Gender | 3.5% | 2.9% | 3.3% |
| 9 | Count | 24 | 8 | 32 |
| | % within Gender | 2.5% | 2.0% | 2.4% |
| 10 - 19 services needed | Count | 111 | 17 | 128 |
| | % within Gender | 11.7% | 4.2% | 9.4% |
| | | | | |
| Total | Count | 948 | 408 | 1,356 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

| *Summary* | *Men* | *Women* | *Total* |
|---|---|---|---|
| *Median number of services needed but not receiving* | *2* | *2* | *2* |

Table 31. Gender by Self-reported Special Conditions: Subgroups among the Homeless for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Condition/Subgroup** *(N = 1,260; 874 men and 386 women)* | *Men* N | (%) | *Women* N | (%) | *Total* N | (%) |
|---|---|---|---|---|---|---|
| *Chronic substance abuse* | 577 | (62.7%) | 181 | (45.4%) | 758 | (57.5%) |
| *Mental illness* | 194 | (22.1%) | 130 | (33.2%) | 324 | (25.5%) |
| *Physical disability* | 143 | (16.4%) | 44 | (11.4%) | 187 | (14.8%) |
| *HIV/AIDS* | 72 | (8.2%) | 23 | (6.0%) | 95 | (7.5%) |
| *Domestic violence victim* | 9 | (1.0%) | 83 | (21.5%) | 92 | (7.3%) |
| *Developmental* | 28 | (3.2%) | 22 | (5.7%) | 50 | (4.0%) |
| *Youth (under age 18*) | 3 | (.3%) | 1 | (.3%) | 4 | (.3%) |

*Number of special conditions reported (N = 1,356 persons)*

| | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| No conditions | Count | 199 | 89 | 288 |
| | % within Gender | 21.0% | 21.8% | 21.2% |
| 1 | Count | 552 | 211 | 763 |
| | % within Gender | 58.2% | 51.7% | 56.3% |
| 2 | Count | 134 | 70 | 204 |
| | % within Gender | 14.1% | 17.2% | 15.0% |
| 3 | Count | 51 | 23 | 74 |
| | % within Gender | 5.4% | 5.6% | 5.5% |
| 4 | Count | 11 | 12 | 23 |
| | % within Gender | 1.2% | 2.9% | 1.7% |
| 5 | Count | 0 | 2 | 2 |
| | % within Gender | 0% | .5% | .1% |
| 6 conditions | Count | 1 | 1 | 2 |
| | % within Gender | .1% | .2% | .1% |
| | | | | |
| Total | Count | 948 | 408 | 1,356 |
| | % within Gender | 100.0% | 100.0% | 100.0% |

*Total number having at least one condition:*

| | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| At least one condition | Count | 749 | 319 | 1,068 |
| | % within Gender | 79.0% | 78.2% | 78.8% |

*Percentages based on number of responses for an individual item.

Table 32. Gender by the Number of Respondents with Special Conditions/Subgroups Receiving Services or a Bed Specific to the Condition/Subgroup for 955 Homeless Persons Responding to This Question for a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Of 955 with at least one condition and responded to the question of whether receiving services or bed specific to the condition/subgroup* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Receiving services for condition | Count | 457 | 220 | 677 |
| | % within Gender | 68.9% | 75.3% | 70.9% |
| Not Receiving services for condition | Count | 206 | 72 | 278 |
| | % within Gender | 31.1% | 24.7% | 29.1% |
| | | | | |
| Total | | 663 | 292 | 955 |

Table 33. Gender by Military Service for 1,213 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *Served in military (N = 1,213)* | | *Men* | *Women* | *Total* |
|---|---|---|---|---|
| Military service | Count | 221 | 16 | 237 |
| | % within Gender | 26.4% | 4.3% | 19.5% |

Table 34. Social Grouping: Homeless Individuals and Families by Age for 1,201 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Age (N = 1,201)* | | *Present Family Situation* Single | *Other family situation* | *Total* |
|---|---|---|---|---|
| 15-19 years | Count | 10 | 6 | 17 |
| | % within Family group | 1.1% | 1.9% | 1.2% |
| 20-24 | Count | 37 | 40 | 91 |
| | % within Family group | 4.2% | 12.6% | 6.4% |
| 25-34 | Count | 127 | 93 | 287 |
| | % within Family group | 14.4% | 29.2% | 20.2% |
| 35-44 | Count | 302 | 105 | 454 |
| | % within Family group | 34.2% | 33.0% | 31.9% |
| 45-54 | Count | 300 | 60 | 428 |
| | % within Family group | 34.0% | 18.9% | 30.1% |
| 55-59 | Count | 72 | 9 | 78 |
| | % within Family group | 8.2% | 2.8% | 5.5% |
| 60-64 | Count | 23 | 4 | 45 |
| | % within Family group | 2.6% | 1.3% | 3.2% |
| 65-74 | Count | 11 | 0 | 13 |
| | % within Family group | 1.2% | 0% | .9% |
| 75-84 years | Count | 1 | 1 | 4 |
| | % within Family group | .1% | .3% | .3% |
| | | | | |
| Total | Count | 883 | 318 | 1,201 |
| | % within Family group | 100.0% | 100.0% | 100.0% |

| *Summary* | *Single* | *Other family situation* | *Total* |
|---|---|---|---|
| Median age | 44 years | 37 years | 42 years |
| Mean age | 43 years | 37 years | 41 years |
| Std. Deviation | 10 years | 10 years | 11 years |

Table 35. Social Grouping: Homeless Individuals and Families by Race/Ethnicity for 1,186 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Race/Ethnicity* | | *Present Family Situation* | | |
|---|---|---|---|---|
| | | *Single* | *Other family situation* | *Total* |
| African American/Black | Count | 607 | 193 | 800 |
| | % within Family group | 69.1% | 62.9% | 67.5% |
| Caucasian/White | Count | 262 | 108 | 370 |
| | % within Family group | 29.8% | 35.2% | 31.2% |
| Asian/Pacific Islander | Count | 1 | 2 | 3 |
| | % within Family group | .1% | .7% | .3% |
| Native American/Eskimo | Count | 8 | 3 | 11 |
| | % within Family group | .9% | 1.0% | .9% |
| Unknown/Refused | Count | 1 | 1 | 2 |
| | % within Family group | .1% | .3% | .2% |
| | | | | |
| Total | Count | 879 | 307 | 1,186 |
| | % within Family group | 100.0% | 100.0% | 100.0% |

| *Hispanic Origin* | | *Present Family Situation* | | |
|---|---|---|---|---|
| | | *Single* | *Other family situation* | *Total* |
| | Count | 7 | 6 | 13 |
| | % within Family group | 1.3% | 2.8% | 1.7% |

Table 36. Social Grouping: Homeless Individuals and Families With Children by Family Situation: Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Family Situation (N = 1,214)* | | *With children under 18 years of age? Yes* | *No* | *Total* |
|---|---|---|---|---|
| Two parent family with children | Count | 15 | 72 | 87 |
| | % within With children group | 17.4% | 6.4% | 7.2% |
| One parent family with children | Count | 69 | 128 | 197 |
| | % within With children group | 80.2% | 11.3% | 16.2% |
| Couple without children | Count | 0 | 25 | 25 |
| | % within With children group | 0% | 2.2% | 2.1% |
| Single individual | Count | 1 | 893 | 894 |
| | % within With children group | 1.2% | 79.2% | 73.6% |
| Other family situation | Count | 1 | 10 | 11 |
| | % within With children group | 1.2% | .9% | .9% |
| | | | | |
| Total | Count | 86 | 1,128 | 1,214 |
| | % within With children group | 100.0% | 100.0% | 100.0% |

Table 37. Social Grouping: Homeless Individuals and Family Situation by Place of Contact of 1,214 of the 1,414 Homeless Respondents of a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Place of Contact* | | *Present Family Situation* *Single* | *Other family situation* | *Total* |
|---|---|---|---|---|
| Streets | Count | 42 | 13 | 55 |
| | % within Family group | 4.7% | 4.1% | 4.5% |
| --- | --- | --- | --- | --- |
| Steps and Traditions | Count | 50 | 0 | 50 |
| | % within Family group | 5.6% | 0% | 4.1% |
| Highland's UMC | Count | 7 | 4 | 11 |
| | % within Family group | .8% | 1.3% | .9% |
| Safe House | Count | 1 | 5 | 6 |
| | % within Family group | .1% | 1.6% | .5% |
| Shelby Emergency Assistance | Count | 1 | 0 | 1 |
| | % within Family group | .1% | 0% | .1% |
| Birmingham Hospitality Network | Count | 0 | 3 | 3 |
| | % within Family group | 0% | 1.3% | .2% |
| Interfaith Hospitality House | Count | 0 | 3 | 4 |
| | % within Family group | 0% | .9% | .3% |
| Catholic Center for Concern | Count | 0 | 1 | 1 |
| | % within Family group | 0% | .3 % | .1% |
| Birmingham Health Care (BHC) | Count | 59 | 20 | 79 |
| | % within Family group | 6.6% | 6.3% | 6.5% |
| The Neighborhood House | Count | 11 | 7 | 18 |
| | % within Family group | 1.2% | 2.2% | 1.5% |
| Pathways | Count | 26 | 18 | 44 |
| | % within Family group | 2.9% | 5.6% | 3.6% |
| Jimmie Hale Mission | Count | 56 | 17 | 73 |
| | % within Family group | 6.3% | 5.3% | 6.0% |
| Family Violence Center / YWCA | Count | 0 | 8 | 8 |
| | % within Family group | 0% | 2.5% | 7% |
| Jessie's Place | Count | 4 | 6 | 10 |
| | % within Family group | .4% | 1.9% | .8% |
| Community Kitchens Southside | Count | 36 | 12 | 48 |
| | % within Family group | 4.0% | 3.8% | 4.0% |
| Transitional Housing / YWCA | Count | 6 | 10 | 16 |
| | % within Family group | .7% | 3.1% | 1.3% |
| Church of the Reconciler | Count | 15 | 9 | 24 |
| | % within Family group | 1.7% | 2.8% | 2.0% |

Table 37 (continued)

| *Place of Contact* | | *Single* | *Other family situation* | *Total* |
|---|---|---|---|---|
| John Jr.'s Serenity House | Count | 7 | 2 | 9 |
| | % within Family group | .8% | .6% | .7% |
| Urban Ministries | Count | 23 | 3 | 26 |
| | % within Family group | 2.6% | .9% | 2.1% |
| Aletheia House | Count | 93 | 70 | 163 |
| | % within Family group | 10.4% | 21.9% | 13.4% |
| AIDS Alabama | Count | 63 | 9 | 72 |
| | % within Family group | 7.0% | 2.8% | 5.9% |
| Jefferson County Housing Authority | Count | 0 | 1 | 1 |
| | % within Family group | 0% | .3% | .1% |
| Community Kitchens Woodlawn | Count | 14 | 14 | 28 |
| | % within Family group | 1.6% | 4.4% | 2.3% |
| First Light | Count | 24 | 13 | 37 |
| | % within Family group | 2.7% | 4.1% | 3.0% |
| The Foundry (City of Hope) | Count | 37 | 16 | 53 |
| | % within Family group | 4.1% | 5.0% | 4.4% |
| Salvation Army | Count | 34 | 8 | 42 |
| | % within Family group | 3.8% | 2.5% | 3.5% |
| Old Firehouse Shelter | Count | 173 | 31 | 204 |
| | % within Family group | 19.4% | 9.7% | 16.8% |
| Jefferson, Blount, St. Clair MHA | Count | 70 | 3 | 73 |
| | % within Family group | 7.8% | .9% | 6.0% |
| Alabama Baptist Children's Home | Count | 2 | 0 | 2 |
| | % within Family group | 0% | 0% | .2% |
| Alpha Recovery House | Count | 6 | 1 | 7 |
| | % within Family group | .7% | .3% | .6% |
| Bethany House | Count | 6 | 1 | 7 |
| | % within Family group | .7% | .3% | .6% |
| Brother Bryan | Count | 18 | 4 | 22 |
| | % within Family group | 2.0% | 1.3% | 1.8% |
| Hope House | Count | 0 | 0 | 9 |
| | % within Family group | 0% | 0% | .7% |
| St. Anne's Home | Count | 5 | 5 | 8 |
| | % within Family group | 1.6% | 1.6% | .7% |
| | | | | |
| Total | Count | 894 | 320 | 1,214 |
| | % within Family group | 100.0% | 100.0% | 100.0% |

Table 38. Social Grouping: Homeless Individuals and Family Situation by Current Living Situation for 1,202 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Current Living Situation (N = 1,202)* | | *Present Family Situation* Single | Other family situation | Total |
|---|---|---|---|---|
| On the street | Count | 113 | 35 | 148 |
| | % within Family group | 12.8% | 11.0% | 12.3% |
| Emergency shelter | Count | 199 | 78 | 277 |
| | % within Family group | 22.5% | 24.5% | 23.0% |
| Transitional housing apartment or facility | Count | 330 | 86 | 416 |
| | % within Family group | 37.4% | 27.0% | 34.6% |
| Hotel, motel | Count | 40 | 12 | 52 |
| | % within Family group | 4.5% | 3.8% | 4.3% |
| Hospital, jail or other institution | Count | 5 | 2 | 7 |
| | % within Family group | .6% | .6% | .6% |
| Treatment facility | Count | 78 | 67 | 145 |
| | % within Family group | 8.8% | 21.0% | 12.1% |
| Permanent supportive housing or single room occupancy (SRO) | Count | 45 | 9 | 54 |
| | % within Family group | 5.1% | 2.8% | 4.5% |
| Boarding home | Count | 8 | 2 | 10 |
| | % within Family group | .9% | .6% | .8% |
| In my own private dwelling, being evicted within 1 week and lack of resources to obtain housing | Count | 8 | 3 | 11 |
| | % within Family group | .9% | .9% | .9% |
| Dwelling of friend or relative | Count | 56 | 22 | 78 |
| | % within Family group | 6.3% | 6.9% | 6.5% |
| In some other homeless situation | Count | 1 | 3 | 4 |
| | % within Family group | .1% | .9% | .3% |
| | | | | |
| Total | Count | 883 | 319 | 1,202 |
| | % within Family group | 100.0% | 100% | 100.0% |

Table 39. Social Grouping: Homeless Individuals and Family Situation by Duration of Homelessness for 1,172 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *How long homeless (N = 1,172)* | | *Present Family Situation: Single* | *Other family situation* | *Total* |
|---|---|---|---|---|
| Less than 1 month | Count | 72 | 41 | 113 |
| | % within Family group | 8.2% | 13.8% | 9.6% |
| 1 month | Count | 35 | 16 | 51 |
| | % within Family group | 4.0% | 5.4% | 4.4% |
| 2 months | Count | 72 | 33 | 105 |
| | % within Family group | 8.2% | 11.1% | 9.0% |
| 3 months | Count | 60 | 18 | 78 |
| | % within Family group | 6.9% | 6.0% | 6.7% |
| 4-6 months | Count | 125 | 65 | 190 |
| | % within Family group | 14.3% | 21.8% | 16.2% |
| 7-9 months | Count | 88 | 31 | 119 |
| | % within Family group | 10.1% | 10.4% | 10.2% |
| 10-12 months | Count | 109 | 29 | 138 |
| | % within Family group | 12.5% | 9.7% | 11.8% |
| 13-15 months | Count | 30 | 6 | 36 |
| | % within Family group | 3.4% | 2.0% | 3.1% |
| 16-18 months | Count | 29 | 6 | 35 |
| | % within Family group | 3.3% | 2.0% | 3.0% |
| 19-23 months | Count | 11 | 3 | 14 |
| | % within Family group | 1.3% | 1.0% | 1.2% |
| 2 years | Count | 59 | 19 | 78 |
| | % within Family group | 6.8% | 6.4% | 6.7% |
| 2 - 2 ½ years | Count | 12 | 4 | 16 |
| | % within Family group | 1.4% | 1.3% | 1.4% |
| Around 3 years | Count | 57 | 6 | 63 |
| | % within Family group | 6.5% | 2.0% | 5.4% |
| Around 4 years | Count | 16 | 4 | 20 |
| | % within Family group | 1.8% | 1.3% | 1.7% |
| Around 5 years | Count | 28 | 4 | 32 |
| | % within Family group | 3.2% | 1.3% | 2.7% |
| More than 5 years | Count | 71 | 13 | 84 |
| | % within Family group | 8.1% | 4.4% | 7.2% |
| | | | | |
| Total | Count | 874 | 298 | 1,172 |
| | % within Family group | 100.0% | 100.0% | 100.0% |

| *Summary* | *Alone* | *Other* | *Total* |
|---|---|---|---|
| Median number of months homeless:* | 9 | 6 | 8 |
| Number of months or less, 25% were homeless | 3 | 2 | 3 |
| Number of months or less, 50% were homeless | 9 | 6 | 8 |
| Number of months or less, 75% were homeless | 24 | 12 | 24 |

* Mean (average) is not meaningful because the distribution is highly skewed.

Table 40. Social Grouping: Homeless Individuals and Family Situation by Whether First Time Homeless in Last Three Years for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005.

| *First time homeless in last three years? (N = 1,126)* | | *Present Family Situation* | | |
|---|---|---|---|---|
| | | *Single* | *Other family situation* | *Total* |
| No: Homeless more than once | Count | 283 | 91 | 374 |
| | % within Family group | 33.9% | 31.4% | 33.2% |
| Yes: First time homeless, past 3 years | Count | 553 | 199 | 752 |
| | % within Family group | 66.1% | 68.6% | 66.8% |
| | | | | |
| Total | Count | 836 | 290 | 1,126 |
| | % within Family group | 100.0% | 100.0% | 100.0% |

Table 41. Social Grouping: Homeless Individuals and Family Situation by Self-Reported Answers to the Question: "What services are you currently receiving? (Check all that apply)" for 1,214 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| | *Present Family Situation* | | | | | |
|---|---|---|---|---|---|---|
| *Services currently receiving (check all that apply)** *(N = 1,214; 894 alone and 320 with family group)* | *Single* | | *Other family situation* | | *Total* | |
| | *N* | *(%)* | *N* | *(%)* | *N* | *(%)* |
| *Housing related assistance* | | | | | | |
| Emergency shelter | 272 | (30.4%) | 96 | (30.0%) | 368 | (30.3%) |
| Transitional housing | 389 | (43.5%) | 111 | (34.7%) | 500 | (41.2%) |
| Emergency assistance (rent/utilities) | 17 | (1.9%) | 6 | (1.9%) | 23 | (1.9%) |
| Permanent supportive housing | 86 | (9.6%) | 29 | (9.1%) | 115 | (9.5%) |
| Housing placement services | 162 | (18.1%) | 51 | (15.9%) | 213 | (17.5%) |
| *Assistance with daily needs* | | | | | | |
| Food assistance | 597 | (66.8%) | 211 | (65.9%) | 808 | (66.6%) |
| Clothing assistance | 269 | (30.1%) | 107 | (33.4%) | 376 | (31.0%) |
| Child care assistance | 4 | (.4%) | 41 | (12.8%) | 45 | (3.7%) |
| *Illness and addiction services* | | | | | | |
| Mental health services | 216 | (24.2%) | 46 | (14.4%) | 262 | (21.6%) |
| Substance abuse treatment | 296 | (33.1%) | 115 | (35.9%) | 411 | (33.9%) |
| Physical disability services | 61 | (6.8%) | 15 | (4.7%) | 76 | (6.3%) |
| Developmental disability (MR) services | 19 | (2.1%) | 3 | (.9%) | 22 | (1.8%) |
| First aid/medical treatment | 143 | (16.0%) | 25 | (7.8%) | 168 | (13.8%) |
| Medication assistance | 216 | (24.2%) | 42 | (13.1%) | 258 | (21.3%) |
| *Daily living assistance* | | | | | | |
| Case management services | 440 | (49.2%) | 164 | (51.3%) | 604 | (49.8%) |
| Legal services | 54 | (6.0%) | 18 | (5.6%) | 72 | (5.9%) |
| Life skills training | 198 | (22.1%) | 83 | (25.9%) | 281 | (23.1%) |
| Transportation assistance | 312 | (34.9%) | 108 | (33.8%) | 420 | (34.6%) |
| Job training/employment assistance | 149 | (16.7%) | 89 | (27.8%) | 238 | (19.6%) |

* Percentages based on the number of responses for a service.

Table 42. Social Grouping: Homeless Individuals and Family Situation by Number of Services Currently Receiving for 1,214 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Number of services currently receiving* | | *Present Family Situation* Single | Other family situation | Total |
|---|---|---|---|---|
| Receiving no services | Count | 9 | 3 | 12 |
| | % within Family group | 1.0% | .9% | 1.0% |
| 1 service | Count | 118 | 54 | 172 |
| | % within Family group | 13.2% | 16.9% | 14.2% |
| 2 | Count | 139 | 42 | 181 |
| | % within Family group | 15.5% | 13.1% | 14.9% |
| 3 | Count | 148 | 40 | 188 |
| | % within Family group | 16.6% | 12.5% | 15.5% |
| 4 | Count | 92 | 43 | 135 |
| | % within Family group | 10.3% | 13.4% | 11.1% |
| 5 | Count | 113 | 40 | 153 |
| | % within Family group | 12.6% | 12.5% | 12.6% |
| 6 | Count | 86 | 36 | 122 |
| | % within Family group | 9.6% | 11.3% | 10.1% |
| 7 | Count | 63 | 26 | 89 |
| | % within Family group | 7.0% | 8.1% | 7.3% |
| 8 | Count | 47 | 16 | 63 |
| | % within Family group | 5.3% | 5.0% | 5.1% |
| 9 | Count | 34 | 8 | 42 |
| | % within Family group | 3.8% | 2.5% | 3.5% |
| 10-19 services | Count | 45 | 12 | 571 |
| | % within Family group | 5.0% | 3.8% | 4.7% |
| | | | | |
| Total | Count | 894 | 320 | 1,214 |
| | % within Family group | 100.0% | 100.0% | 100.0% |

| *Summary* | *Single* | *Other family situation* | *Total* |
|---|---|---|---|
| Mean number of services | 4.36 | 4.25 | 4.33 |
| Standard deviation | 2.71 | 2.64 | 2.69 |
| Median number of services | 4 | 4 | 4 |

Table 43. Social Grouping: Homeless Individuals and Family Situation by Self-Reported Answers to the Question: "What services do you need that you are NOT currently receiving? (Check all that apply)" for 1,214 of the 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Services needed but NOT currently receiving** *(N = 1,214; 893 alone and 320 with family group)* | *Present Family Situation* | | | | | |
|---|---|---|---|---|---|---|
| | *Single* | | *Other family situation* | | *Total* | |
| | *N* | *(%)* | *N* | *(%)* | *N* | *(%)* |
| *Housing related assistance* | | | | | | |
| Emergency shelter | 94 | (10.5%) | 53 | (16.6%) | 147 | (12.1%) |
| Transitional housing | 184 | (20.6%) | 88 | (27.5%) | 272 | (22.4%) |
| Emergency assistance (rent/utilities) | 147 | (16.4%) | 78 | (24.4%) | 225 | (18.5%) |
| Permanent supportive housing | 312 | (22.5%) | 125 | (39.1%) | 437 | (36.0%) |
| Housing placement services | 264 | (29.5%) | 97 | (30.3%) | 361 | (29.7%) |
| *Assistance with daily needs* | | | | | | |
| Food assistance | 209 | (23.4%) | 75 | (23.4%) | 284 | (23.4%) |
| Clothing assistance | 242 | (27.1%) | 66 | (20.6%) | 308 | (25.4%) |
| Child care assistance | 47 | (5.3%) | 57 | (17.8%) | 104 | (8.6%) |
| *Illness and addiction services* | | | | | | |
| Mental health services | 95 | (10.6%) | 15 | (6.6%) | 108 | (7.8%) |
| Substance abuse treatment | 92 | (10.3%) | 35 | (10.9%) | 127 | (10.5%) |
| Physical disability services | 110 | (12.3%) | 45 | (14.1%) | 155 | (12.8%) |
| Developmental disability (MR) services | 56 | (6.3%) | 37 | (11.6%) | 93 | (7.7%) |
| First aid/medical treatment | 136 | (15.2%) | 58 | (18.1%) | 194 | (16.0%) |
| Medication assistance | 175 | (19.6%) | 88 | (27.5%) | 263 | (21.7%) |
| *Daily living assistance* | | | | | | |
| Case management services | 115 | (12.9%) | 38 | (11.9%) | 153 | (12.6%) |
| Legal services | 135 | (15.1%) | 81 | (25.3%) | 216 | (17.8%) |
| Life skills training | 131 | (14.7%) | 39 | (12.2%) | 170 | (14.0%) |
| Transportation assistance | 220 | (24.6%) | 63 | (19.7%) | 283 | (23.3%) |
| Job training/employment assistance | 230 | (25.7%) | 78 | (24.4%) | 308 | (25.4%) |

* Percentages based on the number of responses for a service.

Table 44. Social Grouping: Homeless Individuals and Family Situation by Number of Services Needed but NOT Receiving for 1,214 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Number of services needed but NOT received* | | *Present Family Situation* Single | Other family situation | Total |
|---|---|---|---|---|
| No service needed | Count | 180 | 69 | 249 |
| | % within Family group | 20.1% | 21.6% | 20.5% |
| 1 service needed | Count | 215 | 46 | 261 |
| | % within Family group | 24.0% | 14.4% | 21.5% |
| 2 | Count | 112 | 42 | 154 |
| | % within Family group | 12.5% | 13.1% | 12.7% |
| 3 | Count | 107 | 31 | 138 |
| | % within Family group | 12.0% | 9.7% | 11.4% |
| 4 | Count | 57 | 26 | 83 |
| | % within Family group | 6.4% | 8.1% | 6.8% |
| 5 | Count | 40 | 25 | 65 |
| | % within Family group | 4.5% | 7.8% | 5.4% |
| 6 | Count | 24 | 14 | 38 |
| | % within Family group | 2.7% | 4.4% | 3.1% |
| 7 | Count | 21 | 9 | 30 |
| | % within Family group | 2.3% | 2.8% | 2.5% |
| 8 | Count | 31 | 13 | 44 |
| | % within Family group | 3.5% | 4.1% | 3.6% |
| 9 | Count | 21 | 10 | 31 |
| | % within Family group | 2.3% | 3.1% | 2.6% |
| 10-19 services needed | Count | 86 | 35 | 121 |
| | % within Family group | 9.6% | 10.9% | 10.0% |
| | | | | |
| Total | Count | 894 | 320 | 1,214 |
| | % within Family group | 100.0% | 100.0% | 100.0% |

| *Summary* | *Single* | *Other family situation* | *Total* |
|---|---|---|---|
| Median number of services needed but not receiving* | 2 | 3 | 2 |

* Mean (average) is not reported because the scores are highly skewed.

Table 45. Social Grouping: Homeless Individuals and Family Situation by Self-reported Special Conditions: Subgroups among the Homeless for Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Condition/Subgroup (N = 1,214, 894 single and 319 with family)* | *Present Family Situation: Single* N | (%) | *Other family situation* N | (%) | *Total* N | (%) |
|---|---|---|---|---|---|---|
| *Chronic substance abuse* | 508 | (56.8%) | 160 | (50.2%) | 668 | (55.1%) |
| *Mental illness* | 241 | (27.0%) | 59 | (18.4%) | 300 | (24.7%) |
| *Physical disability* | 144 | (16.1%) | 36 | (11.3%) | 180 | (14.8%) |
| *HIV/AIDS* | 83 | (9.3%) | 11 | (3.4%) | 94 | (7.7%) |
| *Youth (Under age 18)* | 0 | (0%) | 1 | (.3%) | 1 | (.1%) |
| *Domestic violence victim* | 43 | (4.8%) | 47 | (14.7%) | 90 | (7.4%) |
| *Developmental disability* | 33 | (3.7%) | 13 | (4.1%) | 46 | (3.8%) |

| *Number of special conditions reported (N = 1,214 persons)* | | *Present Family Situation: Single* | *Other family situation* | *Total* |
|---|---|---|---|---|
| No conditions | Count | 166 | 85 | 251 |
| | % within Family group | 18.6% | 26.6 | 20.7% |
| 1 | Count | 507 | 168 | 675 |
| | % within Family group | 56.7% | 52.5% | 55.6% |
| 2 | Count | 143 | 48 | 191 |
| | % within Family group | 16.0% | 15.0% | 15.7% |
| 3 | Count | 58 | 14 | 72 |
| | % within Family group | 6.5% | 4.4% | 5.9% |
| 4 | Count | 17 | 4 | 21 |
| | % within Family group | 1.9% | 1.3% | 1.7% |
| 5 | Count | 1 | 1 | 2 |
| | % within Family group | .1% | .3% | .2% |
| 6 conditions | Count | 2 | 0 | 2 |
| | % within Family group | .2% | 0% | .2% |
| | | | | |
| Total | Count | 894 | 320 | 1,214 |
| | % within Family group | 18.6% | 100.0% | 100.0% |

| *Total number having at least one condition:* | | *Single* | *Other family situation* | *Total* |
|---|---|---|---|---|
| At least one condition | Count | 728 | 235 | 963 |
| | % within Family group | 81.4% | 73.4% | 79.3% |

Table 46. Social Grouping: Homeless Individuals and Family Situation by the Number of Respondents with Special Conditions/Subgroups Receiving Services or a Bed Specific to the Condition/Subgroup for 907 Homeless Persons Responding to This Question for a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Of 907 with at least one condition and responded to the question of whether receiving services or bed specific to the condition/subgroup* | | *Single* | *Other family situation* | *Total* |
|---|---|---|---|---|
| Receiving services for condition | Count | 487 | 165 | 652 |
| | % within Family group | 70.8% | 75.3% | 71.9% |

Table 47. Social Grouping: Homeless Individuals and Family Situation by Military Service for 1,177 of 1,414 Homeless Persons Responding to a Birmingham Alabama Metropolitan Area Survey, January 27-28, 2005

| *Served in military (of 1,177 responding)* | | *Present Family Situation* | | |
|---|---|---|---|---|
| | | *Single* | *Other family situation* | *Total* |
| Military service | Count | 184 | 47 | 231 |
| | % within Family group | 21.3% | 15.1% | 19.6% |

# APPENDIX A: Survey Questionnaire

## (Fits on the front and back of one stock copy page)

### Homeless Demographic and Needs Survey

Place of Contact / Agency: _____

**If you have filled out this survey anytime within the last 24 hours, please turn in this form now.**

**INSTRUCTIONS TO INTERVIEWER OR PERSON COMPLETING THIS FORM:** Complete only one survey form for each adult over 18 who is homeless or residing in a homeless housing program.

This is an interview being done for Metropolitan Birmingham Services for the Homeless. We are gathering information in the Birmingham area so that better services can be provided for people who need them. It will only take about three minutes to complete this survey. All information will be kept strictly confidential and is for statistical purposes only.

**1.** How old are you? _____ Age

**2.** _____ Sex (M or F)

**3.** What race are you ? (Please circle)
1 = African American / Black 2 = Caucasian / White
3 = Asian / Pacific Islander 4 = Native American/ Eskimo
5 = Unknown / Refused

**4.** Are you Hispanic? ____ Yes ____ No

**5.** Where did you spend **last night**? *(Check only one.)*

____ On the street (sidewalk, car, park, woods, abandoned building, barn, etc.)
____ Emergency Shelter
____ Transitional Housing apartment or facility
____ Hotel, motel
____ Hospital, Jail or other institution
____ Treatment Facility
____ Permanent Supportive Housing or SRO (Single Room Occupancy Facility)
____ Boarding Home
____ In my own private dwelling/being evicted within 1 week and lack resources to obtain housing
____ Dwelling of friend or relative
____ In some other homeless situation (please specify)
_____
____ None of the above (I have my own home). **(If you have your own home, you may turn in this form now. Thank you.)**

↑

To Question 6 →

**6.** Over **the past seven days**, where have you most often spent the night? (*Check only one.)*

____ On the street (sidewalk, car, park, woods, abandoned building, barn, etc.)
____ Emergency Shelter
____ Transitional Housing apartment or facility
____ Hotel, motel
____ Hospital, Jail or other institution
____ Treatment Facility
____ Permanent Supportive Housing or SRO (Single Room Occupancy Facility)
____ Boarding Home
____ In my own private dwelling/being evicted within 1 week and lack resources to obtain housing
____ Dwelling of friend or relative
____ In some other homeless situation (please specify)

_____

**7.** How many months have you been without your own housing? ____ less than a month _____ months

**8.** Is this the first time you have been without your own housing or homeless in the last 3 years?

____Yes ____ No **IF NO:** How many times have you been homeless in the last 3 years? ____times

| **9.** What services are you **currently** receiving? *(check all that apply)* | **10.** What services do you need that you are **NOT** currently receiving? *(check all that apply)* |
|---|---|
| ____ Emergency shelter<br>____ Transitional housing<br>____ Emergency assistance (help with rent / utilities)<br>____ Permanent supportive housing<br>____ Mental health services<br>____ Substance abuse treatment<br>____ Physical disability services<br>____ Developmental disability (MR) services<br>____ Food assistance<br>____ Clothing assistance<br>____ Child care assistance<br>____ First Aid / medical treatment<br>____ Medication assistance<br>____ Case management services<br>____ Housing placement services<br>____ Legal services<br>____ Life skills training<br>____ Transportation assistance<br>____ Job training / Employment assistance<br>↑<br>To Question 10 → | ____ Emergency shelter<br>____ Transitional housing<br>____ Emergency assistance (help with rent / utilities)<br>____ Permanent supportive housing<br>____ Mental health services<br>____ Substance abuse treatment<br>____ Physical disability services<br>____ Developmental disability (MR) services<br>____ Food assistance<br>____ Clothing assistance<br>____ Child care assistance<br>____ First Aid / medical treatment<br>____ Medication assistance<br>____ Case management services<br>____ Housing placement services<br>____ Legal services<br>____ Life skills training<br>____ Transportation assistance<br>____ Job training / Employment assistance<br>____ Other _____ |

**(PAGE 2 BEGINS HERE)**

**11.** Do any of the following apply to you? *(Check all that apply)*

____ Chronic substance abuse (alcohol or drugs)
____ Mental illness
____ Physical disability or serious long term illness
____ HIV / AIDS
____ Youth (under age 18)
____ Domestic violence victim
____ Developmental disability

**12.** If you marked any of the choices listed in Question 11 (Chronic substance abuse, mental illness, HIV / AIDS, Youth, Domestic Violence Victim) are you **currently** receiving services and / or a bed specific to that category?

____ Yes ____No _____ Does not apply; I have none of those conditions

**13.** Have you ever served in the military? ____ Yes ____No

**14.** Which of the following best describes your family situation?

____ Two parent family with children
____ One parent family with children
____ Couple without children
____ Single individual **IF SINGLE INDIVIDUAL: skip to Question 19**
____ Other family situation (please specify _____)

**15**. Do you have any family members staying with you now?

____Yes **IF YES:** How many? _____

____ No **IF NO: skip to question 17**

**16.** We may survey other members of your family today. We want to make sure that we don't count your family members more than once.
Please insert the initials, ages, and sexes of any family members who are staying with you.

| INITIALS | AGE | SEX | | INITIALS | AGE | SEX | | INITIALS | AGE | SEX | | INITIALS | AGE | SEX |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | 4. | | | | 7. | | | | 10. | | |
| 2. | | | | 5. | | | | 8. | | | | 11. | | |
| 3. | | | | 6. | | | | 9 | | | | 12. | | |

**17**. Are there other family members **who are homeless** but **NOT** staying with you now?

____Yes **IF YES:** How many? _____

____ No **IF NO: skip to question 19**

**18.** For these other family members **who are homeless**, please insert their initials, ages, sexes, and where they are staying?

| INITIALS | AGE | SEX | Where staying? | | INITIALS | AGE | SEX | Where staying? |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | 6. | | | |
| 2. | | | | | 7. | | | |
| 3. | | | | | 8. | | | |
| 4. | | | | | 9. | | | |
| 5. | | | | | 10. | | | |

**19.** Please insert your initials so that we can make sure we don't count some folks twice: _____

**Thanks, we really appreciate your help.**

**FOR OFFICE USE ONLY: Is respondent part of a homeless family unit? _____ Yes _____ No IF YES: How many are in the family? _____**
**These surveys were distributed and collected by: _____.**
**If an interview, the interviewer was: _____ DATE: _____**

# APPENDIX B

FOR OFFICE USE ONLY
INTERVIEW ID # _____

**HESP INTERVIEW SCHEDULE**

BEGINNING TIME:
INTERVIEWER NAME:

Hello, my name is_____. I am an interviewer working for the University of Alabama at Birmingham. We are conducting a survey of people in Birmingham and Jefferson County so that better services can be provided for those who need them. The research you are being asked to participate in is a study of people in Birmingham who have slept in local shelters, stayed in special housing or slept on the streets-- people who don't currently have a home of their own. The study is being conducted by researchers at UAB and is being funded by the city of Birmingham and Jefferson County.

Could you tell me if you are currently living in a home, apartment, or trailer of your own? [IF YES SAY: Thanks for listening. AND THEN TERMINATE THE INTERVIEW]

Have you heard about this study during the last few days? [IF YES, PROBE TO SEE IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED. IF THEY HAVE, SAY: "Thanks for your time and effort. We hope this research will help in solving some of the problems people face in Birmingham." AND THEN LEAVE.]

If you agree to participate you will be asked questions about your background, your health, any problems you have had lately, and how you feel about certain things in your life. The interview will take about an hour.

You should know that all your answers will be kept confidential. No one will ever be able to connect your name with anything that you tell me here. Also you won't have to answer any questions that you don't want to. Do you think you can help us out? If you can, you will be paid $10 for answering these questions.

Before we begin I want to go over this consent form with you. It explains the research, your rights, and gives us permission to ask these questions. [READ RESPONDENT THE CONSENT FORM AND GET SIGNATURE/DON'T FORGET TO SIGN AFTER THE RESPONDENT SIGNS]

First I'd like to ask you some questions about where you're from and where you've been living.

[1] How old are you? _____YEARS OLD
88 DK --- [IF DON'T KNOW:] Do you know what year you were born?

88 DK --- [IF DON'T KNOW: ESTIMATE RESPONDENT'S AGE]
____YEARS OLD

[2] Where were you born? [PROBE, IF NOT OBVIOUS: What is the city or town's name? What state or country is that in? ]

CITY/TOWN_____STATE_____(COUNTRY IF NOT USA)

[3] Where have you lived most of your life? [RECORD UP TO TWO PLACES]

CITY/TOWN_____STATE_____(COUNTRY IF NOT USA)

CITY/TOWN_____STATE_____(COUNTRY IF NOT USA)

**[IF ANSWER TO Q 3 IS BIRMINGHAM ONLY, ASK a]**
a) Would you say you've lived in the Birmingham area all of your life?

1 NO 88 DON'T KNOW 99 NO RESPONSE
2 YES ---**[IF YES, SKIP TO Q 7]**

[4] How long have you been living in the Birmingham area this time?

_____DAYS _____ WEEKS _____ MONTHS _____YEARS
[IF R SAYS, FROM... TO..., SPECIFY HERE, CODER WILL COMPUTE DAYS, WEEKS, MONTHS OR YEARS]
FROM _____ TO

[CODER: _____ MONTHS]

[5] Is there one city or town you think of as your home ? [PROBE: A place you call home?]

88 DON'T KNOW 99 NO RESPONSE
1 NO
2 YES --- [IF YES, ASK (a)]
(a) What is the city or town's name? [PROBE IF NOT OBVIOUS: What state?]
CITY/TOWN_____STATE

[6] How many different cities and towns have you lived in over the past five years?

_____ NUMBER OF CITIES AND TOWNS

[7] Do you own a car, truck, or van that runs?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES-- [IF YES, ASK] How often do you use it? Would you say almost every day,
1 ALMOST EVERY DAY
2 OCCASIONALLY DURING THE WEEK
3 ONCE A WEEK
4 A FEW TIMES A MONTH
5 ONCE A MONTH OR LESS

Now I would like to ask you some questions about where you have been staying at night lately.
[8] Where did you spend last night?

01 ON THE STREET
02 IN A CAR
03 ABANDONED BUILDING OR ONE UNDER CONSTRUCTION
04 SHELTER [WRITE NAME HERE] _____
05 TRANSITIONAL HOUSING [WRITE NAME HERE] _____
06 HOTEL OR MOTEL
07 HOSPITAL, JAIL OR OTHER INSTITUTION
08 TREATMENT FACILITY
09 PERMANENT SUPPORTIVE HOUSING OR SRO (SINGLE ROOM OCCUPANCY FACILITY
10 BOARDING HOME
11 DWELLING OF FRIEND OR RELATIVE
12 IN SOME OTHER SITUATION _____
88 DON'T KNOW 99 NO RESPONSE

[9] How many nights in a row have you spent there (here)? [PROBE: About how many?]

_____ NIGHTS 88 DON'T KNOW 99 NO RESPONSE
_____ WEEKS
_____ MONTHS [CODER:_____ NIGHTS]
_____YEARS

[10] Did you have any problems with the place you spent last night? Was there a problem with: [READ (a) THROUGH (m) AND CIRCLE NUMBER FOR EACH]

| | | | | | |
|---|---|---|---|---|---|
| (a) Crowding? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (b) Dirt or bugs? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (c) Lack of privacy? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (d) Noise? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (e) The way people running the place acted? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (f) The way other people staying there acted? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (g) Toilet or bathing facilities? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (h) Getting something to eat? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (i) Keeping your things safe from other people? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (j) Keeping yourself safe from other people? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (k) Rules about staying there? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |
| (l) Lack of handicapped facilities? | 1 NO | 2 YES | 7 DOESN'T APPLY | 8 DK | 9 NR |

(m) Anything else? [PROBE: What else was a problem?]
[DESCRIBE:]

[11] Are you planning to stay there (here) again, or are you looking for someplace else to spend the night?

1 WOULD STAY THERE (HERE) AGAIN
2 LOOKING ELSEWHERE
3 HAVE NO CHOICE, THEY WON'T LET ME STAY AGAIN
4 HAVE NO CHOICE, NO WHERE ELSE TO GO
8 DON'T KNOW 9 NO RESPONSE

[12] Thinking just about the <u>last two weeks</u>, have you spent a night:
[READ (a) THROUGH (m) AND CIRCLE NUMBER FOR EACH]
[REMEMBER TO MARK 'YES' FOR PLACE SPENT LAST NIGHT]

| | | | | |
|---|---|---|---|---|
| (a) On the street? | 1 NO | 2 YES | 8 DK | 9 NR |
| (b) In a car? | 1 NO | 2 YES | 8 DK | 9 NR |
| (c) In an abandoned building or one under construction? | 1 NO | 2 YES | 8 DK | 9 NR |
| (d) At an emergency shelter? | 1 NO | 2 YES | 8 DK | 9 NR |

(e) In transitional housing? 1 NO 2 YES 8 DK 9 NR

(f) At a hotel or motel? 1 NO 2 YES 8 DK 9 NR

(g) In a hospital, jail or other institution? 1 NO 2 YES 8 DK 9 NR

(h) At a treatment facility? 1 NO 2 YES 8 DK 9 NR

(i) In permanent supportive housing or an SRO? 1 NO 2 YES 8 DK 9 NR

(j) In a boarding home? 1 NO 2 YES 8 DK 9 NR

(k) At the home of a friend or relative? 1 NO 2 YES 8 DK 9 NR

(l) At your own place? 1 NO 2 YES 8 DK 9 NR

(m) In some other situation? [DESCRIBE] _____

[13] Over the last 12 months what was your usual sleeping place?

01 ON THE STREET
02 IN A CAR
03 ABANDONED BUILDING OR ONE UNDER CONSTRUCTION
04 EMERGENCY SHELTER [WRITE NAME HERE] _____
05 TRANSITIONAL HOUSING
06 HOTEL OR MOTEL
07 HOSPITAL, JAIL OR OTHER INSTITUTION
08 TREATMENT FACILITY
09 PERMANENT SUPPORTIVE HOUSING OR SRO (SINGLE ROOM OCCUPANCY FACILITY)
10 BOARDING HOME
11 DWELLING OF FRIEND OR RELATIVE
12 AT MY OWN PLACE
13 IN SOME OTHER SITUATION _____
88 DON'T KNOW 99 NO RESPONSE

[IF RESPONDENT ANSWERS 1,2,3 ASK Q14]
[14] Why haven't you spent many nights at a shelter or mission? Would you say it's because of: [READ (a) THROUGH (l)]

(a) Physical conditions at the shelters? 1 NO 2 YES 8 DK 9 NR

(b) Being banned from the shelters? 1 NO 2 YES 8 DK 9 NR

(c) The way people running
the shelters treat you? 1 NO 2 YES 8 DK 9 NR

(d) The way other people staying
at the shelters act? 1 NO 2 YES 8 DK 9 NR

(e) Keeping your things
safe from other people? 1 NO 2 YES 8 DK 9 NR

(f) Keeping yourself
safe from other people? 1 NO 2 YES 8 DK 9 NR

(g) Rules about staying there? 1 NO 2 YES 8 DK 9 NR

(h) Lack of handicapped facilities? 1 NO 2 YES 8 DK 9 NR

(i) The lack of available beds there? 1 NO 2 YES 8 DK 9 NR

(j) A personal problem or situation? 1 NO 2 YES 8 DK 9 NR

(k) [IF YES] Could you tell me what that situation or problem is?

(l) Anything else? [PROBE: What else was a problem?]
[DESCRIBE:]

[15] When was the last time you lived in a house, apartment, or house trailer?

_____DAYS AGO _____WEEKS AGO____MONTHS AGO
_____YEARS AGO --- [ASK: What month and year was that?]
MONTH _____ YEAR _____ [CODER: _____ DAYS AGO]
777 NEVER HAVE HAD A PLACE LIKE THAT **[SKIP TO Q 19]**
888 DON'T KNOW/CAN'T REMEMBER 999 NO RESPONSE

[16] Whose place was it, was it yours, someone else's, or did you share the rent?

1 RESPONDENT'S
2 SOMEONE ELSE'S
3 SHARED THE RENT
4 OTHER [SPECIFY]
8 DON'T KNOW 9 NO RESPONSE

[17] How long did you live there?
[IF R SAYS, FROM...TO ..., SPECIFY HERE] FROM_____TO
[IF R SAYS DAYS, WEEKS, MONTHS, OR YEARS SPECIFY HERE:]
_____DAYS _____WEEKS_____MONTHS _____YEARS
[CODER: _____ WEEKS] 88 DK 99 NR

[18] Why is it that you are no longer living there? [MARK 1,2, AND 3 FOR THE 1ST, 2ND, AND 3RD RESPONSE GIVEN]

[PROBES: For example, was it a problem with the people there? With money? With your job? With a landlord?]

__ COULDN'T AFFORD TO LIVE THERE ANY LONGER/LOST MY JOB
__ RENT WENT UP
__ LEASE RAN OUT
__ EVICTED
__ LEFT TO LOOK FOR WORK IN ANOTHER CITY OR TOWN
__ WAS BORED WITH THE PLACE: TIRED OF THE PLACE
__ COULDN'T GET ALONG WITH THE PEOPLE THERE
__ DIVORCE OR SEPARATION OR BREAKUP
__ OTHER [DESCRIBE]_____

88 DON'T KNOW 99 NO RESPONSE

COMMENT:

[19] Is this the first time that you have been without your own housing or been homeless?

1 NO
2 YES **[IF YES SKIP TO Q21]** 8 DON'T KNOW 9 NO RESPONSE

[20] How many times have you been homeless in the last 3 years? _____ times

Now I'd like to ask you some questions about your family and friends.

[21] Are you currently married, living with a partner, divorced, separated, widowed, or have you never been married?

| | | |
|---|---|---|
| 01 MARRIED | 02 LIVING WITH A PARTNER | 03 DIVORCED |
| 04 SEPARATED | 05 WIDOWED | 06 NEVER MARRIED |
| 88 DON'T KNOW | 99 NO RESPONSE | |

[IF ANSWER IS 1 OR 2 THEN ASK 21a] Is your spouse/partner currently living with you?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[IF NO ASK] When was the last time you saw or talked to each other?

_____ DAYS

[22] Do you have any living children?

00 NO **[SKIP TO Q26]**
xx --- [IF YES, ASK:] How many?
What are their ages? ____ ____ ____ ____ ____ ____
88 DON'T KNOW 99 NO RESPONSE

[23] Are any of your children staying with you now?

1 NO
**[IF NO, ASK Q23a AND THEN SKIP TO Q26]**

[23a]When is the last time you talked to any of your children?
_____ DAYS AGO [IF TODAY MARK 0 DAYS] _____ WEEKS AGO
MONTHS AGO _____ YEARS AGO [CODER:
DAYS AGO]

2 YES [IF YES] HOW MANY?_____ 8 DON'T KNOW 9 NO RESPONSE

[24] Are you receiving day care for your kids or is someone keeping them during the day?

1 NO 8 DON'T KNOW 9 NO RESPONSE
2 YES **[IF YES, ASK Q24a:]**

[24a] Who keeps them? **[CIRCLE ALL THAT APPLY]**
1 SPOUSE/ PARTNER
2 RELATIVE
3 FRIEND
4 PROGRAM HERE AT THIS SHELTER
5 LEAVE THEM AT YWCA
6 LEAVE THEM AT OTHER COST FREE FACILITY [ASK: Which one is that?) NAME OF FACILITY:
7 PAY FOR DAY CARE AT PRIVATE CENTER OR INDIVIDUAL
8 DON'T KNOW 9 NO RESPONSE

[25] Has lack of day care for your children ever kept you from getting a job?

1 NO 2 YES 8 DON'T KNOW/NOT SURE 9 NO RESPONSE

Now I'd like to ask you about other family.

[26] Are either of your parents still living?

1 NO **[IF NO, SKIP TO Q28 ]**
2 YES 8 DON'T KNOW 9 NO RESPONSE

[27] When was the last time you saw or talked to either your father or mother? [FILL IN NUMBER]

_____ DAYS AGO [IF TODAY MARK 0 DAYS] _____ WEEKS AGO
_____ MONTHS AGO _____ YEARS AGO
[CODER: _____ DAYS AGO]

[28] Would you describe your memories of childhood as mostly very happy, happy, neither happy or unhappy, unhappy, or very unhappy?

1 VERY HAPPY
2 HAPPY
3 NEITHER HAPPY OR UNHAPPY
4 UNHAPPY
5 VERY UNHAPPY
8 DON' T KNOW 9 NO RESPONSE
COMMENT

[29] Which of the following things have any of your relatives [parents, children, and any other relatives] done for you in the last six months ?
[READ (a) THROUGH (h) AND CIRCLE NUMBER FOR EACH]

| | |
|---|---|
| (a) Given you money? | 1 NO 2 YES 8 DK 9 NR |
| (b) Given you advice or listened to your troubles? | 1 NO 2 YES 8 DK 9 NR |
| (c) Given you food? | 1 NO 2 YES 8 DK 9 NR |
| (d) Given you clothes? | 1 NO 2 YES 8 DK 9 NR |
| (e) Let you stay at their place? | 1 NO 2 YES 8 DK 9 NR |
| (f) Given you a ride? | 1 NO 2 YES 8 DK 9 NR |
| (g) Taken care of you when you were sick? | 1 NO 2 YES 8 DK 9 NR |
| (h) Anything else? [SPECIFY:] | 1 NO 2 YES 8 DK 9 NR |

COMMENT:

[30] Do you have a relative who, if you called them right now, could and would lend you money?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE
[IF YES ASK 30a:]

[30a] How much do you think they would lend you? $_____

[31] Do you have a relative who, if you called them right now, would let you stay at their place?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE
[IF YES ASK 31a:]
[31a] How long do you think they would let you stay?

____ DAYS _____ MONTHS _____YEARS

[32] When was the last time you saw or talked to any of your other relatives? [FILL IN NUMBER]

_____ DAYS AGO [IF TODAY MARK 0 DAYS] _____ WEEKS AGO
_____ MONTHS AGO _____ YEARS AGO
[CODER: _____ DAYS AGO]

[33] Do you see your relatives as much as you would like, or would you like to see them more often, or less often?

1 YES, AS MUCH AS I WOULD LIKE
2 MORE OFTEN
3 LESS OFTEN
8 DON'T KNOW 9 NO RESPONSE

[34] How many relatives do you have in the Birmingham area that you can ask for help or advice?

____ RELATIVES 888 DON"T KNOW 999 NO RESPONSE

[35] Is there anyone in the Birmingham area, other than a relative, that you consider a close friend, that is, a person you can ask for help or advice?

1 NO
2 YES ---[IF YES: ASK (a), (b), AND (c) ]
(a) About how many people in Birmingham, other than relatives, would you consider a close friend, someone you could ask for help or advice?
_____ PEOPLE
(b) About how many of those close friends are people who work at shelters, or other places that help homeless people?
_____ SERVICE PROVIDERS
(c) About how many of those close friends are people you know from the streets and shelters, people who don't have a place of their own right now?
_____ PEOPLE FROM STREET AND SHELTERS

[36] Do you have close friends somewhere else?

1 NO
2 YES --- [ IF YES, ASK: Where is this? RECORD UP TO THREE PLACES]
PLACE 1 CITY/TOWN_____ STATE
PLACE 2 CITY/TOWN_____ STATE
PLACE 3 CITY/TOWN_____ STATE

[**IF NO FRIENDS AT ALL, FROM Q 35 AND Q 36, SKIP TO Q 40**]

[37] Which of the following things have your friends, other than relatives, done for you in the last six months ? [READ (a) THROUGH (h) AND CIRCLE NUMBER FOR EACH]

| | |
|---|---|
| (a) Given you money? | 1 NO 2 YES 8 DK 9 NR |
| (b) Given you advice or listened to your troubles? | 1 NO 2 YES 8 DK 9 NR |
| (c) Given you food? | 1 NO 2 YES 8 DK 9 NR |
| (d) Given you clothes? | 1 NO 2 YES 8 DK 9 NR |
| (e) Let you stay at their place? | 1 NO 2 YES 8 DK 9 NR |
| (f) Given you a ride? | 1 NO 2 YES 8 DK 9 NR |
| (g) Taken care of you when you were sick? | 1 NO 2 YES 8 DK 9 NR |
| (h) Anything else? [SPECIFY:] | 1 NO 2 YES 8 DK 9 NR |

[38] Do you have a friend who, if you called them right now, could and would lend you money?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[IF YES ASK 38a:]

[38a] How much do you think they would lend you? $_____

[39] Do you have a friend who, if you called them right now, would let you stay at their place?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[IF YES ASK 39a:]

[39a] How long do you think they would let you stay?

____ DAYS ____ MONTHS ____ YEARS

[CODER: CODE IN DAYS]

[39b] Why haven't you called them?

_____

_____

_____

[40] On the whole do you feel that you have enough people or places to turn to when you need help or would you be happier if you had more people or places to turn to?

1 HAVE PLENTY OF PEOPLE TO TURN TO
2 WOULD BE HAPPIER WITH MORE TO TURN TO
7 DON'T NEED ANYBODY/DON'T NEED HELP
8 DON'T KNOW 9 NO RESPONSE

[41] How much time in an average day and evening do you spend with at least one other person whose name you know? Would you say all, most, half, a little or none?

1 ALL 2 MOST 3 HALF 4 A LITTLE 5 NONE
8 DON'T KNOW 9 NO RESPONSE

[42] Now I'm going to read a list of 3 problems that people sometimes have. Using the response card, please tell me how often you have been bothered by these problems over the last six months.

**[CARD A]**
1 Most or all of the time (5-7 days per week)
2 Occasionally or a moderate amount of the time (3-4 days per week)
3 Some or a little of the time (1-2 days per week)
4 Rarely (less than once a week)
5 Never

| | MOST 1 | OCCASION. 2 | SOME 3 | RARE 4 | NEVER 5 | DK 8 | NR 9 |
|---|---|---|---|---|---|---|---|
| (a) Not having a close companion, would you say this problem has bothered you: [**READ CARD]** | 1 | 2 | 3 | 4 | 5 | 8 | 9 |
| (b) Not having enough friendships | 1 | 2 | 3 | 4 | 5 | 8 | 9 |
| (c) Not seeing enough of people you feel close to | 1 | 2 | 3 | 4 | 5 | 8 | 9 |

[43] Thinking now about all the people you can count on as personal friends, not just those who are close friends— do you have a friend who

| | | | | |
|---|---|---|---|---|
| (a) Is of a different race than you? | 1 NO | 2 YES | 8 DK | 9 NR |
| (b) Is college educated? | 1 NO | 2 YES | 8 DK | 9 NR |
| (c) Owns their own business? | 1 NO | 2 YES | 8 DK | 9 NR |
| (d) Is someone you would describe as a community leader? | 1 NO | 2 YES | 8 DK | 9 NR |

[44] Now think about the last 12 months. About how many times in the past twelve months have you attended any public meeting in which there was a discussion of community or homeless issues? Would you say: [READ CHOICES]

1 Never 2 Once 3 Few times 4 Once a month 5 More often
8 DON'T KNOW 9 NO RESPONSE

[45] How many times in the past twelve months have you volunteered? [PROBE: By volunteering I mean any unpaid work you've done to help people besides your relatives or friends or people you work with.] Would you say you never did this, did it once, a few times, about once a month, or more often than that?

1 Never 2 Once 3 Few times 4 Once a month 5 More often
8 DON'T KNOW 9 NO RESPONSE

[46] In general, do you think someone on the streets is better off alone or better off sticking with other people?

1 BETTER OFF ALONE
2 BETTER OFF STICKING WITH OTHER PEOPLE
8 DON'T KNOW
9 NO RESPONSE

[47] How often do you feel lonely? Would you say you feel lonely [READ CHOICES]:

1 A great deal of the time
2 Sometimes
3 Hardly ever, or
4 Never
8 Don't know
9 No response

[48] How satisfied are you with your life right now? Would you say you are:
[READ CHOICES]

1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied, or
4 Very dissatisfied
8 Don't know
9 No response

[49] How dangerous is it for someone like yourself to be out alone at night in Birmingham? Would you say it's: [READ CHOICES]

1 Very dangerous
2 A little dangerous, or
3 Not dangerous at all
8 Don't know 9 No response

Now thinking only about the last six months...

[50] Have you been robbed within the last 6 months?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES --- [IF YES, ASK (a), (b) AND (c)]
(a) Were you homeless when this happened?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(b) Did you know any of the people who did this to you?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(c) Were any of them homeless?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[51] Have you been physically attacked, mugged, or beaten up within the last 6 months?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES ---[IF YES, ASK (a), (b), (c) AND (d):]
(a) Were you homeless when this happened?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(b) Did you know any of the people who did this to you?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(c) Were any of them homeless?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[52] Have you been raped or sexually attacked in any other way within the last 6 months?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES ---[IF YES, ASK (a), (b), (c) AND (d):]
(a) Were you homeless when this happened?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE
(b) Did you know any of the people who did this to you?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(c) Were any of them homeless?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

**[IF Q 50, Q 51 AND Q52 ARE NO, SKIP TO 54]**

[53] At any of those times when you were attacked (physically or sexually) were you seriously injured?

8 DON'T KNOW 9 NO ANSWER
1 NO
2 YES [IF YES, ASK (a):]
(a)What was the nature of your injuries?

[54] Were you knifed, shot, shot at, or attacked with some other weapon by anyone in the last 6 months?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES [IF YES, ASK (a) AND (b)]
(a) What was the weapon?
1 KNIFE
2 GUN
3 OTHER [DESCRIBE]
8 DON'T KNOW 9 NO RESPONSE

(b) Were you homeless when this happened?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(c) Did you know any of the people who did this to you?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(d) Were any of them homeless?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[55] In the last six months have you ever carried a weapon such as a gun or a knife?

1 NO 8 DON'T KNOW 9 NO RESPONSE
2 YES [IF YES, ASK (a)]
(a) What was the weapon? [CHECK ALL THAT APPLY]
1 KNIFE
2 GUN
3 OTHER [DESCRIBE]
8 DON'T KNOW 9 NO RESPONSE

[56] In the last six months have you witnessed anyone (other than yourself):
[ READ (a) THROUGH (d) AND CIRCLE NUMBER FOR EACH]

| | |
|---|---|
| a) carrying a weapon such as a gun or a knife? | 1 NO 2 YES 8 DK 9 NR |
| b) being physically attacked, mugged, or beaten up? | 1 NO 2 YES 8 DK 9 NR |
| c) being knifed, shot at, or attacked with some other weapon? | 1 NO 2 YES 8 DK 9 NR |
| d) being killed by another person? | 1 NO 2 YES 8 DK 9 NR |

[57] Were you ever arrested as an adult for anything other than a traffic violation?

1 NO **[IF NO, SKIP TO Q59]**
2 YES 8 DON'T KNOW 9 NO ANSWER

[58] In the last 12 months, how many times have you been in jail?

XX NUMBER OF TIMES
00 NONE
88 DON'T KNOW
99 NO ANSWER

[59] Now I would like to ask you about some of the problems of being homeless. Since you have been homeless, would you say you never, sometimes, or often, had problems finding a place to sleep?

1 NEVER
2 SOMETIMES
3 OFTEN 8 DON'T KNOW 9 NO ANSWER

[60] Have you had problems getting clothes? Would you say [READ CHOICES]:

1 Never
2 Sometimes, or
3 Often 8 DON'T KNOW 9 NO ANSWER

[61] Have you had a problem finding a place to clean up and use the toilet? Would you say [READ CHOICES]:

1 Never
2 Sometimes, or
3 Often 8 DON'T KNOW 9 NO ANSWER

[62] Have you had problems getting enough to eat? Would you say [READ CHOICES]:

1 Never
2 Sometimes, or
3 Often 8 DON'T KNOW 9 NO ANSWER

We're about half way through the interview. Now I'd like to ask you some questions about Birmingham.

[63] All things considered would you say it's pretty hard or pretty easy for people down on their luck to get by in the Birmingham area?

1 PRETTY HARD
2 PRETTY EASY
3 SO-SO (NEITHER HARD NOR EASY)
8 DON'T KNOW
9 NO RESPONSE
COMMENT:

[64] Is there any particular kind of help you need that you are not currently getting in Birmingham?

[65] Most people have problems of one kind or another in their lives. How about you? Have you ever: [READ (a) THROUGH (n); IF YES, ASK: Was this in the last year?]

| | EVER | IN LAST YEAR? |
|---|---|---|
| (a) Lost a job? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (b) Had marital troubles or troubles with a girl or boy friend? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (c) Been evicted from a house or apartment? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (d) Spent time in jail, or prison? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (e) Had a close friend who died? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (f) Had a spouse who died? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (g) Have a child die? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (h) Been kicked out of school? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (i) Been physically abused? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (j) Been sexually abused? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (k) Been sued or had legal problems? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (l) Been hospitalized for a serious illness? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (m) Been hospitalized for a serious accident? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |
| (n) Had a serious illness? | 1 NO 2 YES 8 DK 9 NR | 1 NO 2 YES 8 DK 9 NR |

Now I would like to ask you some questions about your health. I want to remind you that your answers are confidential. They will not be heard by anybody else.

[66] How would you describe your health right now? Would you say you were in excellent health, good health, fair health, or poor health?

1 EXCELLENT 2 GOOD 3 FAIR 4 POOR 8 DK 9 NR

[67] I'm going to read a list of medical problems people often have. Please tell me if you have experienced the problem in the last month.

[READ (a) THROUGH (w); WHEN YES, ASK: This was in the last month?]

(a) Frequent headaches? 1 NO 2 YES 8 DK 9 NR

(b) Shortness of breath or trouble breathing? 1 NO 2 YES 8 DK 9 NR

(c) Sore throat or repeated cough? 1 NO 2 YES 8 DK 9 NR

(d) Coughing up blood? 1 NO 2 YES 8 DK 9 NR

(e) Fainting or blackout spells? 1 NO 2 YES 8 DK 9 NR

(f) Frequent backaches? 1 NO 2 YES 8 DK 9 NR

(g) Heart beating hard or acting funny? 1 NO 2 YES 8 DK 9 NR

(h) Pain around your heart or chest? 1 NO 2 YES 8 DK 9 NR

(i) Serious gas pains? 1 NO 2 YES 8 DK 9 NR

[WHEN YES, ASK: This was in the last month?]

(j) Stomach cramps or sour stomach? 1 NO 2 YES 8 DK 9 NR

(k) Loose bowels often? 1 NO 2 YES 8 DK 9 NR

(l) Pain or burning when you go to the bathroom? 1 NO 2 YES 8 DK 9 NR

(m) Painful or swollen joints or rheumatism? 1 NO 2 YES 8 DK 9 NR

(n) Broken bones? 1 NO 2 YES 8 DK 9 NR

(o) Skin problems (rashes, sores, infections, etc.) 1 NO 2 YES 8 DK 9 NR

(p) Lost or gained a lot of weight? 1 NO 2 YES 8 DK 9 NR

(q) Swelling of ankles? 1 NO 2 YES 8 DK 9 NR

(r) Double vision? 1 NO 2 YES 8 DK 9 NR

(s) Seen spots before your eyes? 1 NO 2 YES 8 DK 9 NR

(t) Earache or ringing in your ears? 1 NO 2 YES 8 DK 9 NR

(u) Toothache? 1 NO 2 YES 8 DK 9 NR

(v) Sinus trouble or hay fever? 1 NO 2 YES 8 DK 9 NR

(w) Foot trouble? 1 NO 2 YES 8 DK 9 NR

[68] Have you had any other health problems <u>in the last month</u> that we have not already discussed?

8 DON'T KNOW/DON'T REMEMBER 9 NO RESPONSE
1 NO
2 YES --- [IF YES:] What was it? [DESCRIBE]

_____

Now I would like to know a little about your health, not just over the last month, but since you've been without your own place here in Birmingham.

[69] Have you suffered <u>a serious physical illness or injury here in Birmingham</u> since you've been without your own place? [PROBE: On the streets?]

[MENTION TIME PERIOD DETERMINED IN EARLIER QUESTIONS]
8 DON'T KNOW/DON'T REMEMBER 9 NO RESPONSE
1 NO
2 YES --- [IF YES:] (a) What was the problem?
[DESCRIBE]

88 DON'T KNOW/DON'T REMEMBER
99 NO RESPONSE/NOT YOUR BUSINESS

**[IF HIV /AIDS ALREADY MENTIONED SKIP TO Q 71]**

[70] Have you ever been told by a doctor that you have HIV, AIDS, or the AIDS virus?

1 NO **[IF NO SKIP TO Q 73]**
2 YES 8 DON'T KNOW 9 NO ANSWER

[71] Were you diagnosed with HIV/AIDS before or after you became homeless?

1 BEFORE 2 AFTER 8 DON'T KNOW 9 NO ANSWER

[72] Are you currently receiving any medical treatment for HIV or AIDS?

1 NO 2 YES 8 DON'T KNOW 9 NO ANSWER

[73] Have you been in the hospital since you've been without your own place?
[MENTION TIME PERIOD DETERMINED IN EARLIER QUESTIONS]

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES --- [IF YES: ASK (a)]

(a) What was the problem?
88 DON'T KNOW/DON'T REMEMBER
99 NO RESPONSE

[DESCRIBE]

[74] [IF R HAS BEEN HOSPITALIZED ADD THE PHRASE: Other than your hospitalization,] Have you seen a doctor or been to a clinic since you've been without your own place?

1 NO [**SKIP TO Q 76**] 8 DON'T KNOW 9 NO RESPONSE
2 YES [IF YES, ASK (a) THROUGH (d)]
(a) What was the problem?

_____

(b) How are you paying for it? [CIRCLE ALL THAT APPLY]

01 MEDICAID INSURANCE 88 DON'T KNOW
02 MEDICARE 99 NO RESPONSE
03 DOES NOT COST ANYTHING
04 PRIVATE INSURANCE
05 PAY MYSELF/ PAY CASH/PAY OUT OF POCKET
06 VETERAN'S ADMINISTRATION HOSPITAL OR INSURANCE
07 MY FAMILY OR FAMILY'S INSURANCE PAYS FOR IT
08 WORKMEN'S COMPENSATION
09 OTHER
[SPECIFY]

(c) Since you've been without your own place, have you been to a doctor for other problems?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(d) All together, how many times have you seen a doctor since you've been without your own place to stay?

_____ TIMES
01 DON'T KNOW EXACT NUMBER, BUT MANY TIMES/ BEE
88 DON'T KNOW 99 NO RESPONSE

[75] Are you being treated by a doctor or at a health clinic for any problem right now?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[76] Since you've been without your own place, have there been times that you felt you needed a doctor, but could not go to one?

1 NO [**SKIP TO Q 78**]
2 YES 8 DON'T KNOW 9 NO RESPONSE

[77] What are the reasons you did not go to a doctor? [CIRCLE ALL THAT APPLY]

01 DID NOT KNOW WHERE TO GO
02 CAN'T AFFORD TO GO, HAVE NO MONEY OR INSURANCE
03 WAS NOT A SERIOUS ENOUGH PROBLEM
04 LACKED TRANSPORTATION
05 TOO BUSY TO GO
06 COULD NOT GET OFF WORK TO GO
07 TOO SICK TO GO
08 TOO MUCH TROUBLE TO WAIT AT HOSPITAL
09 DON'T HAVE A CARD TO GET INTO COOPER GREEN
10 DON'T LIKE DOCTORS OR HOSPITALS
XX OTHER _____

88 DON'T KNOW 99 NO RESPONSE

[78] When was the last time you saw a doctor?

_____ DAYS AGO _____ WEEKS AGO _____ MONTHS AGO _____ YEARS AGO
[IF R SAYS "CAN'T REMEMBER", THEN PROBE: Was it since you've been without your own place?, Since Christmas? Last year?] [IF STILL NO SPECIFIC RESPONSE, THEN ASK: Was it a long time ago?]
777 DON'T KNOW BUT IT WAS A LONG TIME AGO
888 DON'T KNOW, BUT NOT TOO LONG AGO.
999 DON'T KNOW OR NO RESPONSE [CODER: _____ DAYS]

[79] I am going to read several statements. <u>They only apply to the time since you have been without your own place to stay.</u> Tell me whether you strongly agree, agree, disagree, or strongly disagree. **[SHOW CARD B]**

| | DK | NR | SA | A | D | SD | | |
|---|---|---|---|---|---|---|---|---|
| a) You can get health care if you really need it. Would you say you strongly agree, agree, disagree, or strongly disagree? | 3 | | 2 | 1 | 0 | | 8 | 9 |
| b) Since you've been without your own place, it is easier just to ignore aches and pains rather than worry about finding a doctor. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| c) If you needed a doctor right now, you would know where to go to see one. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| d) Since not having your own place, you feel sick more often. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| e) Even though you don't have your own place, you can see a doctor when you want too. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| f) At this time in your life, you do not have time to worry about your health. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| g) Staying healthy is much harder since you've been without your own place. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| h) You only go to a doctor when you are so sick that you feel you absolutely have to. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| i) Even though you do not have your own place, you feel just fine. | 3 | | 2 | 1 | 0 | | 8 | 9 |
| j) You would go to a doctor more often if you had your own place to stay. | 3 | | 2 | 1 | 0 | | 8 | 9 |

[80] Suppose you had a health problem and you needed to do something about it. Can you tell me several places you could go to? [NOTE: **DON'T** READ THESE PLACES, LET THE PERSON COME UP WITH PLACES; PROBE: Where else could you go?]

[CIRCLE CODES FOR ALL THAT ARE MENTIONED!!!]
01 COOPER GREEN HOSPITAL
02 VETERAN'S ADMINISTRATION HOSPITAL
03 UNIVERSITY HOSPITALS/ UAB
04 PUBLIC HEALTH DEPARTMENT
05 BIRMINGHAM HEALTH CARE
06 NORWOOD CLINIC
07 HEALTH SOUTH
08 CHILDREN'S HOSPITAL
77 OTHER [DESCRIBE]
88 DON'T KNOW 99 NO RESPONSE

[81] Suppose you had a bad toothache, and you needed to see a dentist? Can you tell me where you could find a dentist? NOTE: **DON'T** READ THESE PLACES, LET THE PERSON COME UP WITH PLACES; PROBE: Where else could you go?]

01 UAB DENTAL CLINIC 88 DON'T KNOW
02 FIREHOUSE SHELTER 99 NO RESPONSE
03 HEALTH DEPT DENTAL CLINIC
04 BIRMINGHAM HEALTH CARE
77 OTHER
[DESCRIBE:]

Now I'd like to ask you about some other health-related matters.

[82] Have you ever been told by a doctor that you had diabetes?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES ---[IF YES, ASK (a)]
(a) Are you currently taking insulin for it?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[83] Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES ---[IF YES, ASK] Is any medicine currently prescribed for your high blood
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[84] Now I would like to ask you some questions about cigarette smoking.
Have you smoked at least 100 cigarettes in your entire life? [PROBE: That's 5 packs.]

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[85] Do you smoke cigarettes now?

1 NO 8 DON'T KNOW 9 NO RESPONSE
2 YES --- [IF YES, ASK (a)] (a) On the average, about how many cigarettes a day do you now smoke?

_____ CIGARETTES PER DAY OR _____ PACKS PER DAY
88 DON'T KNOW/ DON'T SMOKE REGULARLY 99 NO RESPONSE

These next few questions are about the use of alcohol and your drinking behavior.
[86] Have you had any wine, wine coolers, cocktails, liquor, or beer during the past month?

1 NO 8 DON'T KNOW 9 NO RESPONSE
2 YES --- [IF YES, ASK (a)]
(a) A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you have on the average? [PROBE: Just a little or quite a lot?]

XX _____ DRINKS
97 DON'T KNOW EXACTLY, BUT LOTS
98 DON'T KNOW EXACTLY, BUT NOT MUCH
88 DON'T KNOW 99 NO RESPONSE

[87] Has drinking alcohol ever caused a problem <u>in your life</u>?

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES --- [IF YES, ASK (a) :](a) Have you ever been through a treatment program for that problem?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[88] Have you ever attended an AA meeting? 1 NO 2 YES 8 DK 9 NA

[89] Have you ever lost friends, a spouse or close companion because of your drinking?
1 NO 2 YES 8 DON'T KNOW/NOT SURE 9 NO RESPONSE

[90] Have you ever gotten into trouble at work because of drinking?

1 NO 2 YES 8 DON'T KNOW/NOT SURE 9 NO RESPONSE

[91] I want to remind you again that this survey is completely confidential. Have you ever used any drugs, other than alcohol, to get high?

1 NO --- **[SKIP TO Q 99]**
2 YES 8 DON'T KNOW 9 NO RESPONSE

[92] When you have used drugs did you ever share a needle?

1 NO 2 YES 8 DON'T KNOW/NOT SURE 9 NO RESPONSE

[93] What kinds of drugs have you used? Have you *ever used*:
[READ RESPONSES AND CIRCLE ALL USED]]

01 Crack? 02 Cocaine? 03 Heroin?
04 PCP (Angel dust)? 05 Speed? 06 Marijuana?
07 LSD? 08 Crystal Meth (Ice, Crank, Tweak, Tina)?
09 Any others? _____ 88 DK 99 NA

[94] Are you *currently* using any of those drugs? [PROBE: Within the past week.]

1 NO
2 YES [IF YES, ASK (a)]--- (a) Which ones?
01 CRACK 02 COCAINE 03 HEROIN
04 PCP (ANGEL DUST) 05 SPEED 06 MARIJUANA
07 LSD 08 CRYSTAL METH (ICE, CRANK, TWEAK, TINA)
9 OTHER _____ 88 DK 99 NA

[95] How often would you say you used drugs in the last month? Would you say: [READ RESPONSES]

1 Never?
2 Less than once a week?
3 Once or twice a week?
4 3 or 4 times a week?
5 Nearly every day?
6 or Every day? 8 DON'T KNOW 9 NO ANSWER

[96] Have you ever been through a drug detox program?

8 DON'T KNOW 9 NR
1 NO
2 YES --- [IF YES, ASK (a):] (a) When was this?

_____ WEEKS AGO _____ MONTHS AGO _____ YEARS AGO
[OR PUT YEAR HERE]
3 DOING SO NOW [CODER:_____ WEEKS AGO]

[97] Have you ever attended a meeting of Narcotics Anonymous?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[98] Have you ever attended a treatment program for a drug problem?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[99] Now I'd like to read a list of problems people sometimes have. Please tell me if that problem has bothered you during the **past month** including today. In the past month have you been bothered by... [READ (a) THROUGH (z) AND CIRCLE NUMBER FOR EACH]

a. Nervousness or shakiness inside 1 NO 2 YES 8 DK 9 NR

b. The idea that someone else can control your thoughts 1 NO 2 YES 8 DK 9 NR

c. Feeling others are to blame for most of your problems 1 NO 2 YES 8 DK 9 NR

d. Feeling easily annoyed or irritated 1 NO 2 YES 8 DK 9 NR

e. Feeling afraid in open spaces 1 NO 2 YES 8 DK 9 NR

f. Feeling that most people can not be trusted 1 NO 2 YES 8 DK 9 NR

g. Suddenly scared for no reason 1 NO 2 YES 8 DK 9 NR

h. Temper outbursts that you could not control 1 NO 2 YES 8 DK 9 NR

i. Feeling lonely even when you are with people 1 NO 2 YES 8 DK 9 NR

j. Feeling fearful 1 NO 2 YES 8DK 9 NR

k. Feeling that you are watched or talked about by others 1 NO 2 YES 8 DK 9 NR

l. Feeling afraid to travel on buses or trains 1 NO 2 YES 8 DK 9 NR

m. Having to avoid certain things, places, or activities because they frighten you 1 NO 2 YES 8 DK 9 NR

n. The idea that you should be punished for your sins 1 NO 2 YES 8 DK 9 NR

o. Feeling tense or keyed up 1 NO 2 YES 8 DK 9 NR

p. Having urges to beat, injure or harm someone 1 NO 2 YES 8 DK 9 NR

q. Having urges to break or smash things 1 NO 2 YES 8 DK 9 NR

r. Feeling uneasy in crowds 1 NO 2 YES 8 DK 9 NR

s. Never feeling close to another person 1 NO 2 YES 8 DK 9 NR

t. Spells of terror or panic 1 NO 2 YES 8 DK 9 NR

u. Getting into frequent arguments 1 NO 2 YES 8 DK 9 NR

v. Feeling nervous when you are left alone 1 NO 2 YES 8 DK 9 NR

w. Others not giving you credit for your achievements 1 NO 2 YES 8 DK 9 NR

x. Feeling so restless you couldn't sit still 1 NO 2 YES 8 DK 9 NR

y. Feelings that people will take advantage of you if you let them 1 NO 2 YES 8 DK 9 NR

z. The idea that something is wrong with your mind 1 NO 2 YES 8 DK 9 NR

[100] Have you ever <u>in your life</u> had problems with a mental illness or your nerves?

8 DON'T KNOW 9 NO RESPONSE
1 NO --- **[IF NO: PROCEED TO Q 101]**
2 YES --- [IF YES, ASK (a), (b) AND (c) ]

(a) Have you ever been told by a doctor or psychologist that you have a mental illness?

1 NO 2 YES 8 DON'T KNOW/NOT SURE 9 NO RESPONSE

(b) Are you taking any medication right now for your nerves or for a mental illness?

1 NO 2 YES 8 DON'T KNOW/NOT SURE 9 NO RESPONSE

(c) Have you ever spent time in a mental hospital or mental institute?
8 DON'T KNOW/DON'T REMEMBER 9 NR
1 NO
2 YES--- [IF YES, ASK:] When was the last year you spent time in such a place?
[PROBE: How long ago?]

INSERT YEAR: _____ OR _____ YEARS AGO
[CODER: _____ YEARS]

[101] I know this is really personal, but now I would like to ask you a few questions about sex. During the last six months how often have you had sex? Would you say: [READ CHOICES]

1 Never **[IF NEVER SKIP TO Q104]**
2 Infrequently, or
3 Often 8 DON'T KNOW 9 NO RESPONSE

[102] During the last six months, how often did you use a condom when you had sex? Would you say... [READ CHOICES]

1 Never
2 Occasionally
3 About Half the Time
4 Most of the Time, or
5 Always 8 DON'T KNOW 9 NO RESPONSE

[103] During the last 6 months, how many sexual partners have you had?

_____ PARTNERS
97 DON'T KNOW EXACTLY, BUT NOT MANY
98 DON'T KNOW EXACTLY BUT MANY
88 JUST PLAIN DON'T KNOW
99 NO RESPONSE

[104] Now I would like to ask about how you have been feeling about things over the last week. I am going to read a list of things. Please tell me how often you have felt this way during the last week.

**[SHOW CARD C]**

Please tell me whether you have felt this way:
3. Most or all of the time (5-7 days per week),
2. Occasionally or a moderate amount of time (3-4 days per week),
1. Some of a little of the time (1-2 days a week), or
0. Rarely or none of the time (less than once a week).

| [READ (a) THROUGH (t), CIRCLE NUMBER FOR EACH] | 3 MOST TIME | 2 OCCAS-IONALLY | 1 SOME OF TIME | 0 RARELY /NONE | 9 DK/ NR |
|---|---|---|---|---|---|
| (a) How often during the last week were you bothered by things that usually don't bother you? | 3 | 2 | 1 | 0 | 9 |
| (b) How often have you felt like everything you did was an effort? | 3 | 2 | 1 | 0 | 9 |
| (c) How often have you felt that you were just as good as other people? | 3 | 2 | 1 | 0 | 9 |
| (d) How often have you had trouble keeping your mind on what you were doing? | 3 | 2 | 1 | 0 | 9 |
| (e) How often have you felt sad? | 3 | 2 | 1 | 0 | 9 |

| [READ (f) THROUGH (t), CIRCLE NUMBER FOR EACH] | MOST TIME | OCCAS-IONALLY | SOME OF TIME | RARELY /NONE | DK/ NR |
|---|---|---|---|---|---|
| (f) How often have you felt afraid? | 3 | 2 | 1 | 0 | 9 |
| (g) How often have you felt lonely? | 3 | 2 | 1 | 0 | 9 |
| (h) How often have you had crying spells? | 3 | 2 | 1 | 0 | 9 |
| (i) How often have you felt like not talking? | 3 | 2 | 1 | 0 | 9 |
| (j) How often did you have trouble sleeping? | 3 | 2 | 1 | 0 | 9 |
| (k) How often have you felt like you were enjoying life? | 3 | 2 | 1 | 0 | 9 |
| (l) How often have you felt like you could not shake off the blues even with the help of friends and family? | 3 | 2 | 1 | 0 | 9 |
| (m) How often have you thought that your life has been a failure? | 3 | 2 | 1 | 0 | 9 |
| (n) How often were you happy? | 3 | 2 | 1 | 0 | 9 |
| (o) How often could you not get going? | 3 | 2 | 1 | 0 | 9 |
| (p) How often in the last week have you felt hopeful about the future? | 3 | 2 | 1 | 0 | 9 |
| (q) How often have you felt that people were unfriendly? | 3 | 2 | 1 | 0 | 9 |
| (r) How often have you felt like not eating? | 3 | 2 | 1 | 0 | 9 |
| (s) How often have you felt depressed? | 3 | 2 | 1 | 0 | 9 |
| (t) How often have you felt that people disliked you? | 3 | 2 | 1 | 0 | 9 |

[105] Since you've been homeless, have you ever thought about killing yourself?

1 NO 2 YES 8 DON'T KNOW 9 NO ANSWER

[106] Have you ever tried to kill yourself?

1 NO **[IF NO SKIP TO Q 108]**
2 YES 8 DON'T KNOW 9 NO ANSWER

[107] Did this occur while you were homeless?

1 NO 2 YES 8 DON'T KNOW 9 NO ANSWER

[108] Have you ever served in the military?

8 DON'T KNOW 9 NO RESPONSE
1 NO --- **[PROCEED TO Q109]**
2 YES --- [IF YES, ASK (a),(b) and (c)]
(a) Did you ever see combat?
8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES --- [IF YES:] (b) Where was that?
01 IRAQ/ AFGHANISTAN
02 GULF WAR
03 VIETNAM
04 KOREA
05 WORLD WAR II (EUROPE OR PACIFIC THEATER)
00 OTHER [SPECIFY] _____ 88 DK 99 NR

(c) Are you currently receiving veteran's benefits?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[109] Have you ever held a steady job or been employed? [DO NOT COUNT MILITARY]

8 DON'T KNOW 9 NO RESPONSE
1 NO
2 YES [IF YES:, ASK (a) AND (b)]

(a) What is the main kind of paid work you have done?

TYPE OF JOB:

(b) What kind of company was that?

[110] How about the last week? In the last seven days did you do any paid work?

1 NO --- **[IF NO, ASK:** What is the biggest reason you haven't worked? **THEN SKIP TO 111:]**

[REASON HAVEN'T WORKED]
01 NO WORK AVAILABLE
02 BAD WEATHER
03 LACK SKILLS/EDUCATION
04 LACK TRANSPORTATION
05 POOR HEALTH
06 CHILD CARE RESPONSIBILITIES
07 DON'T WANT TO WORK
08 HAVE BEEN TRAVELING
09 OTHER
88 DON'T KNOW 99 NR

2 YES --- **[IF YES, ASK (a) THROUGH (e)]**

(a) What kind of work have you been doing in the past week?

(b) Where was it? [PROBE: WHAT WAS THE NAME OF THE COMPANY OR DID YOU WORK FOR AN INDIVIDUAL?]

(c) Altogether how many hours did you work in those seven days?
_____HOURS

(d) Altogether how much were you paid for this work in those seven days?
_____DOLLARS OR _____ PER HOUR

[CODER: CODE IN DOLLARS PER WEEK]

(e) How did you find out about this job? [CIRCLE ALL THAT APPLY]

01 FRIEND
02 RELATIVE
03 SERVICE PROVIDER
04 BY WORD OF MOUTH ON THE STREET
05 SAW A NEWSPAPER WANT AD
06 LABOR POOL (STOOD ON THE CORNER)
07 ASKED ABOUT WORK AT DIFFERENT BUSINESSES
08 WENT BACK TO PLACE I WORKED BEFORE
09 OTHER [DESCRIBE:]
88 DK 9 NR

[111] Have you ever filed a claim for Social Security disability[SSDI], SSI, or TANF welfare benefits? [CIRCLE, IN QUESTION, ALL THAT APPLY]

1 NO 8 DK 9 NR
2 YES --- [IF YES: Did you receive benefits?]
01 NO --- [IF NO: Why not?]_____ 02 Y

[112] During the last month have you received any money from:
[READ (a) THROUGH (p); IF YES, SAY: This was in the last month?]

(a) Full or part-time work? 1 NO 2 YES 8 DK 9 NR

(b) Relatives? 1 NO 2 YES 8 DK 9 NR

(c) Friends? 1 NO 2 YES 8 DK 9 NR

(d) A pension? 1 NO 2 YES 8 DK 9 NR

(e) Social security? 1 NO 2 YES 8 DK 9 NR

(f) SSI? 1 NO 2 YES 8 DK 9 NR

(g) SSDI? 1 NO 2 YES 8 DK 9 NR

(h) Other Disability Program? 1 NO 2 YES 8 DK 9 NR

(i) TANF (Welfare Office)? 1 NO 2 YES 8 DK 9 NR

(j) Unemployment 1 NO 2 YES 8 DK 9 NR

(k) Selling blood/plasma? 1 NO 2 YES 8 DK 9 NR

(l) Selling things you made or were yours? 1 NO 2 YES 8 DK 9 NR

(m) Panhandling? 1 NO 2 YES 8 DK 9 NR

(n) Selling sex? 1 NO 2 YES 8 DK 9 NR

(o) Selling drugs? 1 NO 2 YES 8 DK 9 NR

(p) Other (SPECIFY)

[113] What would you say is your main source of income? [CIRCLE ONE]

01 FULL OR PART TIME WORK
02 RELATIVES
03 FRIENDS
04 A PENSION
05 SOCIAL SECURITY
06 SSI
07 SSDI
08 OTHER DISABILITY
09 TANF (WELFARE)
10 UNEMPLOYMENT
11 SELLING BLOOD/PLASMA
12 SELLING THINGS YOU MADE OR WERE YOURS
13 PANHANDLING
14 SELLING SEX
15 SELLING DRUGS
16 OTHER [DESCRIBE]
77 NA/HAVE NO INCOME 88 DON'T KNOW 99 NO RESPONSE

[114] Now I'd like you to estimate the total amount of money you had last month from all sources.

_____DOLLARS
888 DON'T KNOW 999 NR/NONE OF YOUR BUSINESS

[115] Is that better, about the same, or worse than the other months during this year?

1 BETTER
2 WORSE
3 ABOUT THE SAME
8 DON'T KNOW
9 NO RESPONSE

[116] Now I'd like to read you a few statements that people sometimes make about life. As I read each statement, tell me if you strongly agree, agree, disagree, or strongly disagree with it. [EVERY THIRD ITEM, READ IT AND THEN SAY: Would you say you strongly agree, agree, disagree, or strongly disagree?]

**[SHOW CARD B]**

| | STR. AGREE 3 | AGREE 2 | DISAG 1 | STR. DISAG 0 | DK 8 | NR 9 |
|---|---|---|---|---|---|---|
| (a) You have little control over the things that happen to you. Would you say you... | 3 | 2 | 1 | 0 | 8 | 9 |
| (b) There is really no way that you can solve some of the problems you have. | 3 | 2 | 1 | 0 | 8 | 9 |
| (c) There is little you can do to change many of the important things in your life. | 3 | 2 | 1 | 0 | 8 | 9 |
| (d) You often feel helpless in dealing with the problems in life. Would you say you... | 3 | 2 | 1 | 0 | 8 | 9 |
| (e) Sometimes you feel you are being pushed around in your life. | 3 | 2 | 1 | 0 | 8 | 9 |
| (f) You can do just about anything you set your mind to do. | 3 | 2 | 1 | 0 | 8 | 9 |
| (g) What happens to you in the future depends mainly on you. | 3 | 2 | 1 | 0 | 8 | 9 |

[117] How far did you go in school? [PROBE: Did you finish grammar school or high school?]

01 0-4 YEARS
02 5-7 YEARS
03 FINISHED GRAMMAR SCHOOL
04 9-11 YEARS, SOME HIGH SCHOOL
05 FINISHED HIGH SCHOOL (OR EARNED GED)
06 POST HIGH SCHOOL, BUSINESS OR TRADE SCHOOL
07 13-15 YEARS, SOME COLLEGE
08 FINISHED COLLEGE
09 POST COLLEGE, GRADUATE, OR PROFESSIONAL SCHOOL
88 DON'T KNOW 99 NO RESPONSE

[118] Do you have a religious preference?

88 DON'T KNOW 99 NO RESPONSE
01 NOT RELIGIOUS **[SKIP TO Q 125]**
02 NO PREFERENCE
xx YES --- [IF YES, ASK:] Are you Catholic, Protestant, Jewish, or what?
- 03 NONDENOMINATIONAL CHRISTIAN
- 04 CATHOLIC
- 05 JEWISH
- 06 PROTESTANT --- [IF PROTESTANT, ASK: What denomination?]
  - 07 BAPTIST
  - 08 METHODIST
  - 09 LUTHERAN
  - 10 CHURCH OF CHRIST
  - xx OTHER PROTESTANT [SPECIFY]
- 20 MOSLEM/MUSLIM
- xx OTHER RELIGION [SPECIFY]_____

[119] Are you currently a member of a church, synagogue, or other religious community?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[120] How often would you say that you attend religious services? Would you say:
[READ CHOICES]

5 Every week
4 Almost every week
3 Once or twice a month
2 A few times a year
1 Less often than that
8 DON'T KNOW 9 NO RESPONSE

[121] Other than attending services, in the past 12 months have you taken part in any sort of church-related activity such as serving on a committee, attending a Bible study, Sunday School class, choir practice, Church supper, retreat or something else?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[122] How important is religion in your life? Would you say that it is very important, somewhat important, not so important, or not at all important?

4 VERY IMPORTANT
3 SOMEWHAT IMPORTANT
2 NOT SO IMPORTANT
1 NOT AT ALL IMPORTANT
8 DON'T KNOW 9 NO RESPONSE

[123] When you need help with problems you often turn to someone in your spiritual community or church for advice? Would you say that you: [READ CHOICES]

4 Strongly agree
3 Agree
2 Disagree
1 Strongly disagree
8 DON'T KNOW 9 NO RESPONSE

[124] When you feel lonely you rely on people who share your religious or spiritual beliefs for support? Would you say that you: [READ CHOICES]

4 Strongly agree
3 Agree
2 Disagree
1 Strongly disagree
8 DON'T KNOW 9 NO RESPONSE

[125] What about other organizations and groups that you might participate in? I'm going to read a list of organizations and groups. Just answer yes if you've done anything with this type of group during the last 12 months.

(a) A veterans' group?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(b) A political action group or public interest group?
1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(c) A professional, trade or business association? [PROBE: For example a union or association of professionals]

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(d) A support group for people with specific illnesses, disabilities, problems or addictions, or for their families?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(e) A group specifically for homeless people such as the Homeless Coalition?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

(f) Do you belong to any other clubs or organizations?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[IF YES ASK] What are they? [LIST UP TO 3]

_____ _____ _____

[IF RESPONDENT IS NOT A MEMBER OF A CHURCH, AND ANSWERS NO TO ALL QUESTIONS IN Q 125, **SKIP TO 127**]

[126] Of all the groups you just mentioned (including church) that you are involved with, think of the one that is most important to you [PROBE: The one you spend the most time with] Now I want you to think about all the members of that group.

(a) About how many are the same race as you? Would you say: [READ CHOICES]

5 All 4 Most 3 Some 2 Only a few 1 None

8 DON'T KNOW 9 NO RESPONSE

(b) About how many in the group are [male/ female] like you?

5 All 4 Most 3 Some 2 Only a few 1 None

8 DON'T KNOW 9 NO RESPONSE

(c) About how many are homeless?

5 All 4 Most 3 Some 2 Only a few 1 None

8 DON'T KNOW 9 NO RESPONSE

We're almost through now. I'd like to shift gears for a minute and ask you some questions about how you view other people.

[127] Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

1 CAN BE TRUSTED 2 YOU CAN'T BE TOO CAREFUL

8 DON'T KNOW 9 NO RESPONSE

[128] How about other homeless people, would you say that homeless people can be trusted or that you can't be too careful in dealing with them?

1 CAN BE TRUSTED 2 YOU CAN'T BE TOO CAREFUL
8 DON'T KNOW 9 NO RESPONSE

[129] Would you say that you can trust local community leaders or that you can't be too careful in dealing with them?

1 CAN BE TRUSTED 2 YOU CAN'T BE TOO CAREFUL
8 DON'T KNOW 9 NO RESPONSE

[130] Would you say that you can trust people who provide services to homeless persons or that you can't be too careful in dealing with them?

1 CAN BE TRUSTED 2 YOU CAN'T BE TOO CAREFUL
8 DON'T KNOW 9 NO RESPONSE

[131] Are you registered to vote? [IF NO, SKIP TO Q134]

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[132] What is the name of the place that you are registered [COUNTY OR CITY AND STATE]?

[133] Did you vote in the last presidential election?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

[134] [IF RACE NOT OBVIOUS ASK] what is your race?

1 CAUCASIAN/ WHITE
2 BLACK/ AFRICAN AMERICAN
3 ASIAN/ PACIFIC ISLANDER
4 NATIVE AMERICAN
5 OTHER 8 DON'T KNOW 9 NO RESPONSE

[135] [RECORD SEX OF RESPONDENT] 1 MALE 2 FEMALE

Finally,
[136] Are you Hispanic?

1 NO 2 YES 8 DON'T KNOW 9 NO RESPONSE

Thank you for your time.  Do you have any questions you would like to ask me?

[IF RESPONDENT SPEAKS OF CONFIDENTIALITY, REASSURE HIM/HER.]

[HAND RESPONDENT THE $10 FEE AND SAY:  Would you please initial a receipt right here so I can show my boss that you got the money?
Would you please keep the $10 quiet?  We can't interview everybody and we don't want to make anybody angry at us or you.]

---
RECEIPT FOR $10:  INITIALS

## POST INTERVIEW ASSESSMENT

INTERVIEWER: ANSWER THESE QUESTIONS IMMEDIATELY AFTER THE INTERVIEW.

1. Where did the interview take place?
   (a) Location I.D.
   (b) Type of place
   01 Shelter
   02 Outdoors
   03 Boarding house
   04 Hotel or motel
   05 Abandoned building
   Other [DESCRIBE]

2. Time interview began_____AM/PM

3. Time interview ended_____AM/PM

4. Date:

5. Did the respondent have any noticeable physical impairments or disabilities such as a missing arm or leg, partial paralysis, speech problems, shaking, severe disfigurement, difficulty hearing or seeing, walk with a cane or on crutches?
   1 No
   2 Yes --- [describe]_____

6. How much difficulty did the respondent have understanding the questions?
   1 no difficulty
   2 some difficulty
   3 a great deal of difficulty

7. In your opinion did the respondent seem:
   Honest and open in trying to answer your questions?
   1 VERY 2 SOMEWHAT 3 NOT AT ALL
   Under the influence of alcohol or drugs during the interview?
   1 VERY 2 SOMEWHAT 3 NOT AT ALL
   Uneasy or nervous during the interview?
   1 VERY 2 SOMEWHAT 3 NOT AT ALL
   Hostile or unfriendly during the interview?
   1 VERY 2 SOMEWHAT 3 NOT AT ALL
   Coherent and understandable during the interview?
   1 VERY 2 SOMEWHAT 3 NOT AT ALL

8. Distracted during the interview?
   1 VERY 2 SOMEWHAT 3 NOT AT ALL

9. Rate the overall appearance of the respondent on a scale from 1 to 5.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| VERY UNKEMPT | | ABOUT AVERAGE | | VERY NEAT |

10. Was there a peculiar circumstance, such as interruptions, noise or lack of privacy, that interfered with the flow of the interview?

1 NO
2 YES [SPECIFY]

11. Anything else worth mentioning that is relevant to the success of the interview?

[INTERVIEWER: GO BACK THROUGH THE QUESTIONNAIRE: IN A DIFFERENT COLOR INK, FILL IN ANY ADDITIONAL INFORMATION THAT COMES TO MIND.]