

SECTION 6. HUNGER

The survey instrument asks respondents if, within the past 30 days, they had been hungry but not eaten because they could not afford to get food. Those indicating hunger were then asked how many days in the last 30 they had been hungry. All respondents living with any of their children were also asked whether there had been a time in the last 30 days that their children did not have enough to eat because the respondent could not afford enough food.

Among both the homeless and housed service users hunger is far more prevalent than in American households generally. Almost half of the homeless population (48.0%) were hungry but failed to eat within the past 30 days (Table 6-1). Remarkably, half of that group was hungry at least one week of the month, with 14.4 percent reporting hunger almost every day. Hunger was by far more evident in Berkeley (69.2%) than in the other jurisdictions. Even among those who were housed, hunger affected more than one-quarter of respondents (27.9%). While frequency of hunger was lower than among homeless respondents, nevertheless one in five housed survey respondents (20.7%) reported being hungry about one week in the last month. These monthly figures contrast markedly with national data for the United States. During the year 2002, in any single month, 2.7 percent of U.S. households had one or more members hungry because they could not afford enough food. For persons in poverty, the U.S. average was 10.4 percent in the previous 30 days.¹

As a social measure, hunger is taken most seriously when applied to children. Respondents with children report that 17.8 percent had a child who had gone hungry in the last 30 days. Nationally, the figure is 0.7 percent hunger *annually* for children. It seems particularly noteworthy that the prevalence of child hunger is greatest among respondents for whom some, but not all, of their children accompany them. That is, the risk of child hunger appears greatest in situations of parents whose families have been split up.

Table 6-2 considers the hunger context further by examining the association of hunger with family type. Without taking into account housing status, hunger is far more prevalent among persons living alone, as opposed to those living in a couple and/or with children. Berkeley

¹ Mark Nord, Margaret Andrews, and Steven Carlson. Household Food Security in the United States, 2002. Food Assistance and Nutrition Research Report No. (FANRR35). October 2003. <http://www.ers.usda.gov/publications/fanrr35/>. Accessed February 16, 2004.

service users stand out particularly, with even greater prevalence of hunger among single service users (60.6%) and members of couples without children (39.6%).

The analysis displayed in the second panel of Table 6-2 examines hunger by type of interview site. Here we see that hunger is least prevalent among persons interviewed at transitional housing (15.0%) and family shelter or transitional housing (26.8%) sites but common among those interviewed at emergency shelters (52.3%), soup kitchens (42.1%), drop-in services (41.0% and 41.3%), and food pantries (32.8%). Across jurisdictions, hunger is greatest among patrons of Berkeley soup kitchens (81.0%) and drop-in services that provide some food (61.1%) and among emergency shelter residents in Mid & North County (62.2%).²

² Many respondents reported use of multiple types of service sites. Analysis by *any* use of each type of site, whether or not the respondent was interviewed there, would also be interesting. However, the analysis data file resulting from project data cleaning procedures designed to establish individual weights and to assess homeless status altered usage data for many respondents and left such an analysis problematic. (See discussion of data cleaning in section 1.) Thus, interview site type provides a more secure basis for comparison.

Table 6-1. Hunger in past 30 days by housing status and interview location (Questions P1-3)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,478	1,083	1,489	1,897		9,947
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	790	254	110	154		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Hungry**						9,881
Housed						5,711
Yes	25.7	28.2	30.7	31.3	27.9	1,591
Homeless, community def. *						4,170
Yes	44.4	69.2	37.6	42.6	48.0	2,001
How many days hungry? (n = 535)						3,587
Housed						1,623
Less than a week					66.8	1,084
About a week					20.7	335
Two to three weeks					9.0	146
Almost every day					2.7	43
Homeless, community def. *						1,964
Less than a week					48.7	956
About a week					18.0	353
Two to three weeks					18.6	365
Almost every day					14.4	282
Children not enough to eat, couldn't afford enough food (n = 369 accompanying adults)						3,369
Yes					17.8	599
By location of children (< 22)						
Some with respondent					38.9	214
All with respondent					19.1	354

* Differs significantly from housed (p < 0.05).

** Significant differences exist among interview locations (p < 0.05).

Table 6-2: Hunger by family type, survey site type, and interview location (Questions P1-3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,478	1,083	1,489	1,897		9,947
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	790	254	110	154		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Hungry by family type***						9,946
Single, alone	37.0	60.6	36.4	45.1	42.4	5,344
Coupled	28.4	39.6	27.7	9.5	26.0	1,451
One-parent	38.0	20.5	37.4	28.3	34.9	2,099
Two-parent (n = 70)					26.4	1,051
Hungry by survey site type***						9,946
Soup kitchen	39.0	81.0	---	18.2	42.1	2,001
Food pantry	30.3	46.9	21.7	38.8	32.8	4,758
Drop-in, some food	34.1	61.1	---	---	41.3	1,036
Drop-in	---	48.2	39.0	---	41.0	1,020
Outreach (not asked P1)	---	---	---	---	---	~ 297
Emergency shelter	48.8	54.5	62.2	47.7	52.3	560
Transitional housing	0	10.5	27.3	22.4	15.0	325
Family shelter or transitional	14.8	39.9	20.1	29.3	26.8	247

*** There are significant differences among both row variables and interview locations ($p < 0.05$).

SECTION 7. WORK, INCOME, AND BENEFITS

Respondents were asked a series of questions about paid work, including how secure the work was and number of hours of work per week (G7 - G8). These questions were followed by questions concerning sources and amounts of income or benefits received in the past 30 days by the respondent and/or others in respondent's family unit (H2 & H3, a -n). Family unit was defined as the people living and sharing their income with the respondent. These questions also permitted us to ascertain the number of people in each family unit (H1).

Work. Homeless and housed respondents were equally likely to have worked at something for pay in the past 30 days (35.4% of homeless and 30.7% of housed respondents; Table 7-1). However, the percent of homeless persons who worked differed by city of interview. Compared with respondents in the other jurisdictions, homeless individuals in Berkeley were less than half as likely to have worked. Among housed respondents working was least evident in Oakland. These findings could reflect differences by locality in prevalence of mental illness or other disability, demographics, and employment opportunities.

Among the housed, 58.7 percent of those working in the past 30 days had held the same job for three months or more. Among the homeless, job stability was significantly less prevalent (39.6%). Pan-handling, street sales, and self-employment were more prevalent among the homeless, compared with the housed, group. In both groups, substantial numbers were engaged in temporary and occasional or pick-up work. Although not statistically significant, it appears that more of the homeless persons who do work, engage in work relatively few hours weekly: 32.3 percent of homeless respondents reported working no more than 15 hours weekly, compared with 18.7 percent for housed respondents.

Table 7-1. Paid work in past 30 days by interview location (Questions G6 – G8)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,539	1,090	1,502	1,957		10,088
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	764	255	113	155		1,287
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Working**						9,994
Housed						5,818
Yes	25.9	32.8	39.6	36.2	30.7	1,788
Homeless, community def. *						4,176
Yes	40.2	17.4	36.2	40.1	35.4	1,479
Duration and kind of work (n = 381)						3,223
Housed						1,776
Same job more than 3 mos.					58.7	1,043
Less than 3 mos., continuing					6.9	123
Temporary, less than 3 mos.					13.0	231
Occasional or pick-up labor					20.9	371
Pan-handling, street sales					3.0	53
Self-employed					2.7	49
Other					2.6	46
Homeless, community def. *						1,448
Same job more than 3 mos.					39.6	574
Less than 3 mos., continuing					14.8	214
Temporary, less than 3 mos.					17.9	259
Occasional or pick-up labor					24.7	357
Pan-handling, street sales					10.7	155
Self-employed					6.5	94
Other					1.3	19
Hours usually work*** (n = 378)						
Housed						
Not working now					8.4	148
15 hours/week or less					18.7	328
16 to 30 hours/week					29.2	511
31 to 39 hours/week					15.1	264
40 or more hours/week					28.5	499
Homeless, community def.						
Not working now					6.4	93
15 hours/week or less					32.3	467
16 to 30 hours/week					20.8	300
31 to 39 hours/week					5.0	72
40 or more hours/week					35.6	514

* Differs significantly from housed (p < 0.05).

** Significant differences exist among interview locations (p < 0.05).

*** Statistically significant differences among interview locations are based on too few respondents.

Household composition. We asked respondents how many people were in their “family unit”, the number with whom they were living and sharing income. The number of persons respondents reported as sharing income in the family unit ranged from 1 to 14. The most frequent response – “1”, reported by 57.1 percent of homeless persons and 40.0 percent of housed persons – signifies a respondent living alone (Table 7-2). The 20 – 25 percent of persons who reported a family unit of size “2” include respondents who also report living as a couple, a parent with a child, or an adult respondent living with a parent or other kin.

Size of family unit varies considerably across the interview locations. The vast majority interviewed in Berkeley live alone (homeless, 89.6%, and housed, 73.3%). While the plurality of Oakland respondents live alone (59.6% and 41.2%), sizeable numbers also live with one or more other individuals. In Mid and North County, the plurality of housed persons report living alone (40.4%), but the plurality of homeless persons live with two or three other persons (45.0%), for a family unit size of three or four. And in South and East County, most homeless respondents live with one other person (40.2%), but sizeable numbers of housed persons live in households of three or four (31.7%), five or more members (23.4%), and alone (28.1%).

Income sources. Of the 1,265 persons who report how many people share their household income, virtually all also respond to one or more of a series of 14 questions about sources of income (Table 7-3). Most of those who give any information about sources of income give some response to all 14 sources, in most cases a “no” response. To give a common denominator to all sources of income, we recoded to “0” (“No”) those who did not reply to any single source of income, and report percentages for all 1,289 persons who were asked about sources of income.

Averaged across jurisdictions, 87.7 percent of homeless persons report any income, while 92.3 percent of housed persons report income. Among homeless persons, reports of income are notably lower in Berkeley (64.3%), compared to the other sites. Interestingly, housed and homeless persons report virtually indistinguishable numbers of income sources (Table 7-4, 1.8 and 1.7 respectively). The only substantially divergent value was for homeless service users interviewed in Berkeley, whose income sources average 1.0.

Noteworthy proportions of the family units of both homeless and housed respondents received work income, SSI/SSDI, Food Stamps, General Assistance, Pan-handling or other marginal

sources, and help from family or friends. Only one source of income differs in prevalence for housed versus homeless service users, *Other retirement payment*, which is about twice as likely among housed as contrasted with homeless persons (Table 7-3; 5.5% versus 2.6%).

Several sources of income appear to vary significantly by location of interview, however. Among the homeless, pay for working, as a household source of income, is far more prevalent in South and East County, while receipt of SSI and/or SSDI are more common in Berkeley. (Variation in working as a source of income is not necessarily consistent with respondents' reports of their own individual work effort, shown in Table 7-1.) Food Stamps are received by one-third of Mid and North County homeless service users, but only by 7.2 percent of homeless individuals living in Berkeley. GA is much more common in Oakland; but CALWORKS, unemployment benefits, and Social Security retirement are more prevalent in Mid and North County. Help from family and friends is more likely in Oakland and South and East County. Distribution patterns tend to differ among housed respondents.

Some of these differences reflect the uneven demographic distribution of homeless persons; for example, among homeless service users in Berkeley, for whom disability is most prevalent, income from work is less prevalent. Some differences by interview location are artifacts of the structure of the social welfare system in California; for example, among housed service users, Food Stamps are least prevalent in Berkeley where SSI is most prevalent. The equivalent value of Food Stamps is provided to SSI recipients as an increase in their benefit check, so many recipients are unaware that they are receiving the Food Stamp benefit.

Among residents of Alameda County who utilize services designed to address problems of homeless persons, there is no consistent association between income source and homelessness, at least at the point in time of this survey. Rather, as would be expected, it appears that homeless family units – and their housed peers who use the same services – utilize a great many income sources in an effort to support themselves.

Table 7-2. Size of family unit by housing status and interview location (Question H1)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Number sharing income** (n = 1265)						9,817
Housed						5,706
One (living alone)	41.2	73.3	40.4	28.1	40.0	2,285
Two	32.1	14.6	15.0	16.7	25.1	1,434
Three or four	20.5	12.1	25.0	31.7	23.2	1,321
Five or more	6.1	0	19.6	23.4	11.7	666
Homeless, community def. *						4,111
One (living alone)	59.6	89.6	29.5	30.6	57.1	2,347
Two	21.8	3.7	16.2	40.2	20.5	842
Three or four	16.0	6.1	45.0	22.6	18.7	770
Five or more	2.7	0.6	9.4	6.6	3.7	152

Table 7-3. Sources of family unit income by housing status and interview location (Question H2)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	Clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Reporting any income**						9,993
Housed						5,812
One or more sources “Yes”	90.0	85.4	95.5	97.8	92.3	5,367
Homeless, community def.						4,180
One or more sources “Yes”	92.8	64.3	93.5	94.0	87.7	3,667
Income sources (n = 1289)						10,086
Housed						5,812
Pay for working, any kind**	26.8	39.8	41.4	48.8	34.6	2,011
SSI	23.1	48.0	14.5	13.0	20.8	1,208
SSDI	11.8	23.1	17.7	8.1	12.6	730
Either SSI or SSDI**	30.5	59.2	29.9	18.5	29.3	1,702
Food Stamps	19.5	16.0	29.3	19.5	20.9	1,215
GA	10.1	15.3	9.5	2.1	8.5	496
CALWORKS (“Welfare”)	9.8	3.1	11.4	11.5	10.1	586
Pan-handling, recycling, sale of blood, hustling, other ¹	19.4	18.6	15.4	5.6	15.7	914
Help from family/friends	20.5	5.6	10.5	22.3	18.5	1,074
Unemployment benefits	6.6	0.2	9.2	4.4	6.3	364
Social Security retirement	14.8	19.3	5.3	19.5	14.5	842
Other retirement payment	6.0	0	6.9	4.5	5.5	321
Veteran’s benefits	3.2	0	4.6	4.3	3.5	204
Child support or alimony	3.8	0	2.3	3.4	3.3	191
Some other benefit ²	6.5	0.7	5.7	6.9	6.1	356
Homeless, community def.						4,180
Pay for working, any kind**	29.0	16.2	33.8	48.2	30.2	1,264
SSI	24.0	19.4	18.5	11.0	20.4	852
SSDI**	6.4	16.7	1.4	6.1	7.7	320
Either SSI or SSDI	28.0	33.3	19.0	16.5	26.0	1,088
Food Stamps**	25.0	7.2	32.8	21.6	22.1	922
GA**	10.3	3.2	2.5	2.1	6.7	279
CalWORKs (“Welfare”)**	5.3	2.6	24.2	15.3	8.7	363
Pan-handling, recycling, sale of blood, hustling, other ¹ **	29.2	10.9	14.8	22.8	23.0	962
Help from family/friends	22.3	13.1	15.3	24.2	20.0	836
Unemployment benefits	8.3	2.4	14.5	6.3	7.6	318
Social Security retirement	9.3	3.3	13.6	4.2	7.9	328
Other retirement payment	2.5	0.4	4.3	4.2	2.6	109
Veteran’s benefits	4.7	2.7	1.3	4.3	3.9	162
Child support or alimony	2.6	0.2	5.9	0.5	2.2	93
Some other benefit ²	4.3	2.5	6.1	9.4	5.0	208

1 This category seems likely to include self-employment, flea-marketing, and other casual employment, as well as more marginal sources of income.

2 Responses included, in order of frequency, retirement, annuity, earnings on investment, or inheritance; workers’ compensation, state disability, or other disability payment; WIC or other in-kind food source; EITC or other tax refund; in-kind medical benefits; school loans or other school-related benefits; housing subsidy; and a variety of other sources of income or in-kind benefits.

** Significant differences exist among interview locations (p < 0.05).

Table 7-4. Number of family unit income sources by housing status and interview location (Question H2)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	Clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Number of income sources**						9,993
Housed	1.8	1.9	1.8	1.7	1.8	5,812
Homeless, community def. *	1.8	1.0	1.9	1.8	1.7	4,180

* Differs significantly from housed (p < 0.05).

** Significant differences exist among interview locations (p < 0.05).

Amount of income. For each income *source* supporting the family unit in the last month, respondents were asked the amount of income.¹ About two-thirds of the respondents provide some information about income amounts, even if only “Don’t know” (n = 886 of 1,289 full-length interviews). The amounts of income from each source are presented in Table 7-5. In most cases, the average monthly income, for family units receiving that form of income, ranges between about \$600 and \$800. Noteworthy exceptions are the value of Food Stamps, averaging \$153 monthly, income from panhandling and other casual or marginal employment, averaging \$94 monthly, and income from other benefits, \$991 monthly.

Although the *prevalence* of income sources does not differ for homeless and housed service users, the total *amount* of income is significantly lower for homeless clients, averaging \$727 monthly, compared to \$1,022 for housed persons.

¹ One trade-off in designing the survey to collect information on amount of income source-by-source, rather than asking for total income and documenting whatever amount of detail the respondent volunteered, is the possibility that that fewer persons reported amount of income from each source, than would have reported total income and named whatever sources came immediately to mind. Thus, it may be that we have better information from those who responded, even if we have less information for the sample as a whole. Of course, time permitting, asking both ways would be preferable.

Table 7-5: Monthly family unit income by source and total income from all reported sources (Question H3)

Income source	Average		Number Unwtd. n	Minimum Unwtd. \$	Maximum Unwtd. \$
	Wtd \$	Wtd. N			
Pay for working, any kind	844	2,413	258	3	5,500
SSI	698	1,504	208	20	2,143
SSDI ³	812	641	86	60	1,906
Sum of SSI and SSDI	797	1,971	262	20	2,143
Food Stamps ³	153	1,532	224	10	624
GA	279	566	105	19	548
CalWORKs (“Welfare”)	603	661	101	122	2,800
Pan-handling, recycling, sale	94	1,532	219	1	1,000
Help from family/friends ^{2,3}	161	1,226	148	3	2,100
Unemployment benefits	623	495	53	71	1,604
Social Security retirement	657	753	49	75	1,550
Other retirement payment	625	217	19	44	2,700
Veteran’s benefits ³	584	246	38	7	2,600
Child support or alimony ³	582	168	25	19	1,500
Some other benefit ³	991	334	36	10	3,000
Total income from all sources	901	7,002	879	1	10,628
Housed	1,022	4,139	262	9	5,500
Homeless, community def. *	727	2,863	617	1	10,628

- 1 This category likely includes self-employment, flea-marketing, and other casual employment, as well as more marginal sources of income.
- 2 Mean excludes one amount of “\$9999”, the largest value that could be entered in a 4-digit field.
- 3 Weighted mean, calculated with other statistical software due to insufficient number of sample sites.
- * Differs significantly from housed (p < 0.05).

Access to benefits – selected subpopulations. Table 7-6 compares sources of *household* income for housed vs. homeless persons in three special populations of service users – disabled persons (including physical disability, developmental disability, learning disability, blindness, deafness, mental illness, and disability due to alcohol or drug abuse², n = 881), families with children (adult respondents accompanied by children under the age of 22, n = 291), and veterans (persons reporting having served in the U.S. military, n = 271).³

Membership in a *special population* is a more important predictor of income *source* than housing status. Disabled persons are much more likely to report SSI or SSDI as a household source of

² Short interviews (n = 179) did not include information on disability.

³ Respondents could be included in more than one sub-population group, if not logically mutually exclusive.

income than the rest of the sample ($p < 0.001$). They are also more likely to report marginal income sources ($p < 0.05$). Nevertheless, only 35 to 38 percent of those whom we classify as disabled report SSI or SSDI as a source of household income, while 24 to 26 percent report marginal income sources. Families are more likely than the rest of the sample to report household income from Food Stamps (38%, $p < 0.001$) or CalWORKs (28%, $p < 0.001$). However, fewer than half of the families in the sample have *either* source of income. Similarly, veterans are most likely to report a VA cash benefit or pension as a source of income ($p < 0.001$), but only 17 percent of those reporting a US military service history also report a VA cash benefit or pension.

In the comparison of income sources across subpopulations, there is only one significant difference between housed and homeless persons: among the disabled sub-population, housed persons are about half-again as likely to report pay for working, as compared with homeless respondents.

Several large differences between housed and homeless persons do not achieve statistical significance, but nevertheless may be important to service providers, such as that for SSI or SSDI among veterans. Housed veterans are more likely to report household income from SSI or SSDI than homeless veterans (25.6 vs. 19.8, difference not significant). Similarly, homeless families are *more* likely (difference not significant) to report household income from Food Stamps, as well as from CalWORKs.

Table 7-6: Last month household income sources for selected sub-populations of service users by interview location (Question H3)¹

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Disabled (n =881)						5,779
Housed						1,208
Either SSI or SSDI					38.0	1,078
SSI					25.3	719
SSDI					18.4	522
Food Stamps					22.6	641
Pan-handling, recycling, sale of blood, hustling, other ²					24.4	692
Pay for working, any kind					32.7	928
Homeless, community def.						2,863
Either SSI or SSDI					34.5	986
SSI					27.0	773
SSDI					9.9	282
Food Stamps					18.5	531
Pan-handling, recycling, sale of blood, hustling, other ²					26.2	749
Pay for working, any kind*					21.6	619
Families (children < 22) (n =291)						3,161
Housed						2,234
Food Stamps					35.3	788
CalWORKs (“Welfare”)					24.5	546
SSI or SSDI					19.0	424
Help from family/friends					17.2	385
Pan-handling, recycling, sale of blood, hustling, other ²					13.5	301
Pay for working, any kind					38.0	848
Homeless, community def.						927
Food Stamps					45.0	417
CalWORKs (“Welfare”)					35.3	327
SSI or SSDI					26.7	247
Help from family/friends					11.4	106
Pan-handling, recycling, sale of blood, hustling, other ²					18.1	167
Pay for working, any kind					35.4	328

Table 7-6, continued

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Veterans (n = 271)						1,452
Housed						599
Veteran's benefits					17.5	105
SSI or SSDI					25.6	153
Food Stamps					13.1	79
Help from family/friends					12.1	73
Pan-handling, recycling, sale of blood, hustling, other ²					14.2	85
Pay for working, any kind					30.4	182
Homeless, community def.						853
Veteran's benefits					16.5	141
SSI or SSDI					19.8	169
Food Stamps					13.6	116
Help from family/friends					9.0	77
Pan-handling, recycling, sale of blood, hustling, other ²					14.8	126
Pay for working, any kind					40.2	343

1 Income data were available for 1289 respondents.

2 This category seems likely to include self-employment, flea-marketing, and other casual employment, as well as more marginal sources of income.

* Differs significantly from housed (p < 0.05).

SECTION 8. HEALTH CONDITIONS, HEALTH STATUS, AND DISABILITY STATUS

For an overview of the prevalence of disability among users of homeless services, we asked study participants for self-reports of a number of types of disability and used Census categories to relate those cumulative disabilities to their impact on work and daily life.

Self-reported disability categories. Study participants were asked to state whether they were blind, deaf, physically disabled, disabled by HIV/AIDS, developmentally disabled, had a learning disability, and/or were disabled by mental illness, alcohol abuse, and/or drug abuse. They were also asked if they were disabled by anything not already mentioned. More than half the service users respond positively to one or more self-assessed disability. Those who are homeless are significantly more likely than housed service users to make such a report (Table 8-1, 63.4% versus 47.4%).

Four out of ten homeless service users (41.7%) say they are physically disabled, followed in rank order, by those who report being disabled by mental illness (19.8%) and who have learning disabilities (13.4%), alcohol abuse disability (8.1%), drug abuse disability (6.9%), and developmental disability (4.7%). Smaller proportions are blind, disabled by HIV/AIDS, and deaf. Several disability categories are less prevalent in the less urbanized area of Mid and North and South and East County. One-quarter (24.7%) of the homeless sub-group, and 15.1 percent of the housed sub-group, report being disabled by something else. In fact, much of the follow-up information that respondents supply had already been mentioned (Table 8-2). However, worthy of note is the number of references to high blood pressure as a disability category.

We used the category “Not disabled” at the time of data entry to capture a large number of written-in comments along the line of “not applicable” and “not disabled”. Because it was a write-in, it was not provided as a prompt to everyone and the weight given to it should be tempered by that fact. Nevertheless, homeless clients are significantly less likely than housed clients (Table 8-1, 21.1% vs. 29.5%) to sum up their own health status as “Not disabled”.

We give particular credence to reported disability from mental illness and alcohol or drug abuse. These conditions have such great stigma in our culture that they are typically under-reported in surveys. For purposes of estimating the size of the disabled population, we count any self-report of these disabilities, accumulating information from write-in responses and questionnaire entries in other question sets.

We were particularly concerned about unwillingness to report HIV infection and therefore grant any acknowledgment of HIV/AIDS infection or disability high credibility. Redundancy concerning HIV/AIDS was designed into the questionnaire for two reasons: (1) to achieve question wording consistent with previous surveys, and (2) to allow acknowledgement of HIV infection in several different contexts, one of which might be easier for the respondent to report. Hence, question K1 was not the only source of HIV/AIDS information. For purposes of defining a chronic disease disability, any acknowledgment of HIV-positive status was accumulated from questions K4 (write-ins), K5 (HIV status), and K6 (HIV/AIDS services utilization). The total number of persons defined as HIV-positive is 48, of which 36 report themselves as “Disabled by HIV/AIDS” in question K2b (population estimate, N = 360). Perhaps reflecting the sensitivity of the question, three persons report themselves as disabled by HIV/AIDS, but HIV-negative.

Construction of Census disability categories. Census disability definitions are based on Question set K2: “Because of a physical, mental, or emotional condition, lasting six months or more, do you have difficulty doing any of the following activities: working at a job or business; learning, remembering, or concentrating; going around town alone for daily activities like getting food or medical care; basic physical activities like walking, climbing stairs, reaching, lifting or carrying; and dressing, bathing, or other personal care? Table 8-3 summarizes Census disability status. In addition, blindness and/or deafness constitute a Census sensory disability category.

Census disability calculations from Question K2, like the self-defined disabilities in question K1, are based on self-reports. In fact, respondents no doubt had in mind any conditions referenced in the preceding question when they answered the K2 question set. The primary difference is that the Census definition requires a condition to have limited activities for six or more months. Hence Census disabilities are more likely to be permanent conditions.

The findings are striking. Two-fifths (42.3%) of housed service users, over one-half (56.5%) of homeless services users, and three-quarters (76.6%) of those defined as HUD chronically homeless report activity-limiting disability consistent with a Census disability category. The prevalence of disability in Mid and North County is lower than the other interview locations, under the homeless community definition. For those defined as HUD chronically homeless, Census disability prevalence is lowest in Oakland.

Broken out by type of disability, the prevalence rates are strikingly large for the homeless subgroup (using the community definition). Forty percent report difficulty working at a job or business because of a physical, mental, or emotional condition, lasting 6 months or more, and a similar proportion (38.5%) have what we term a mental disability in light of difficulty learning, remembering, or concentrating. One-third (35.8%) have difficulties with basic physical activities like walking, climbing stairs, reaching, lifting or carrying, and one-quarter (26.6%) find it hard to go around town alone for daily activities like getting food or medical care. One in ten (9.3%) report difficulties with activities of daily living (ADL) such as dressing, bathing, or other personal care. On average homeless service users report difficulties with 1.5 of the Census categories.

Each of these proportions is even larger for the chronically homeless persons who, on average, report 2.2 Census category disabilities. Perhaps just as profound for social policy, housed service users report a non-trivial average of 0.9 disabilities.

Poverty as disability. During questionnaire testing, one respondent quietly expressed the conviction that homelessness and poverty were, in themselves, disabling conditions. Once it was expressed, others ratified that view. We decided to include a question to capture that thought, separated from more traditional definitions of disability, out of respect for respondents who felt the need to make such a statement. Accordingly, we asked, “Some people say that poverty and homelessness are disabilities themselves, making it hard to think or concentrate. Is that true for you?”

Large numbers of respondents affirm the idea that homelessness and poverty are disabling conditions in their own right, making it difficult for them to think or concentrate (Table 8-4). Those currently homeless are more likely to share this perspective than are those currently housed (62.0% versus 35.1%). Fully three-quarters (75.0%) of those defined as HUD chronically homeless agree from their experience that poverty and homelessness are disabilities. Only a relatively tiny proportion of respondents appear to be unsure of their position on the matter.

Table 8-1: Disability, self-assessed, by housing status and interview location (Questions K1a – K1m)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,524	1,083	1,491	1,925		10023
Weighted %	55.1	10.8	14.9	19.2		100.0
Unweighted n	760	254	111	155		1,280
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any self-defined disability**						9930
Housed						5771
Any disability reported	51.3	67.7	33.2	43.2	47.4	2735
“Don’t know”	1.0	0	0	0	0.6	32
Homeless, community def.*						4159
Any disability reported	64.2	79.9	57.5	46.0	63.4	2638
“Don’t know”	1.1	1.1	0	0.4	0.8	35
Type of disability						
Housed						5771
“None, not disabled” (n = 263)	26.5	22.1	31.5	37.8	29.5	1694
Physically disabled**	40.1	52.4	22.8	31.1	35.9	2060
Disabled by HIV/ AIDS**	4.9	0	0	0	2.8	161
Developmentally disabled**	1.9	14.0	2.4	2.3	2.7	154
Learning disabilities**	3.5	28.9	9.2	7.6	6.6	380
Blind	1.1	0.2	1.1	2.3	1.3	75
Deaf	0.6	9.9	0	2.3	1.3	75
Mental illness**	11.2	43.7	12.2	9.3	12.6	723
Disabled by alcohol abuse**	1.7	2.8	2.3	2.3	2.0	115
Disabled by drug abuse**	2.4	3.5	0	0	1.5	88
Disabled by something else	15.7	26.5	11.7	13.7	15.1	869
Housed or homeless						
Speech disability					0.1	14
(Disabled by) dental problem					0.1	13
Homeless, comm. def.						4159
“None, not disabled”*	18.7	13.9	27.0	33.0	21.1	871
Physically disabled**	46.5	51.7	24.3	27.4	41.7	1719
Disabled by HIV/ AIDS**	3.5	0.3	0	0.2	1.9	79
Developmentally disabled**	3.6	11.6	3.6	1.0	4.7	194
Learning disabilities*,**	13.4	19.5	15.1	4.9	13.4	553
Blind	3.1	1.4	0	2.3	2.2	92
Deaf	1.1	0.8	0	6.4	1.8	73
Mental illness*,**	15.5	38.2	14.1	16.7	19.8	817
Disabled: alcohol abuse*,**	7.8	14.5	4.7	4.5	8.1	334
Disabled: drug abuse*,**	6.9	9.2	3.1	6.9	6.9	284
Disabled by something else*	25.3	31.8	26.4	13.2	24.7	1018

* Differs significantly between housed and homeless (p < 0.1).

** There are significant differences among interview locations (p < 0.05). For some disabilities, significant differences by interview location persist within housing status.

Table 8-2: Other self-reported disabilities, selected write-in responses, by housing status (Question K1j)

I am disabled by something else. What is that?	Homeless			Housed		
	Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. N
ANY ADDITIONAL RESPONSE						
-1 No additional comment	73.4	3028	659	82.3	4721	299
-7 Refused further explanation	0.4	17	11	0.1	5	2
1 Any write-in disability/comment	26.2	1081	201	17.7	1013	80
13 Totals (n = 294)	100.0	997	216	100.0	1090	78
SELECTED COMMENTS						
0 Already mentioned (in K1 i – k, l, m)	22.1	912	162	14.1	808	61
13 Economic conditions	0.8	34	11	0.3	19	2
14 Family violence	0.1	4	1	0.4	22	2
15 Immigration status	0.1	3	1	0.1	6	1
16 High blood pressure	2.6	107	12	1.0	56	6
20 Medical condition (temporary?)	0.2	9	4	< 0.1	1	1
22 “Life”, “age”	< 0.1	2	3	0.7	40	2
25 Prejudice	< 0.1	1	1	0	0	0
27 Service-connected	0	0	0	0.4	23	2
28 Post-traumatic stress disorder (PTSD)	0.1	2	2	< 0.1	1	1
99 Meaning unclear	0.2	9	4	0.7	38	2

Table 8-3: Disability, consistent with Census definitions, by housing status and interview location (Question K2).

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,524	1,083	1,491	1,925		10023
Weighted %	55.1	10.8	14.9	19.2		100.0
Unweighted n	760	254	111	155		1,280
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any Census disability**						9986
Housed						5805
Any Census disability	39.9	55.3	40.1	47.6	42.3	2457
Homeless, community def.*						4180
Any Census disability	56.7	77.0	34.1	48.8	56.5	2361
HUD chronic homeless (n=1113)*						1279
Any Census disability	65.9	87.8	74.0	88.1	76.6	980
Type of disability						
Housed						5805
Work disability, all ages**	30.2	49.9	26.2	25.4	29.5	1699
Work disab. (age 16 – 64)**	27.0	44.9	23.8	24.4	26.8	1545
Mental disability**	20.7	36.1	34.3	23.1	24.3	1404
Going outside the home**	13.4	12.6	19.3	8.7	13.3	767
Physical disability**	25.5	26.8	25.1	26.2	25.7	1478
Self-care (ADL)	4.2	17.4	9.5	5.9	6.1	347
Sensory (blind, deaf)	1.6	9.9	1.1	2.3	2.1	122
Homeless, community def.						4180
Work disability, all ages*	44.0	48.2	15.0	35.5	40.0	1653
Work disab. (age 16 – 64)*	43.3	48.2	15.0	35.5	39.6	1637
Mental disability*	36.9	62.5	27.3	23.7	38.5	1595
Going outside the home*	30.2	39.4	6.8	14.4	26.6	1105
Physical disability*	35.4	53.0	14.0	32.9	35.8	1487
Self-care (ADL)	6.8	16.0	5.0	12.9	9.3	380
Sensory (blind, deaf)	3.8	2.0	0	8.6	3.8	158
HUD chronic homeless (n = 1107)						1279
Work disability, all ages*	46.0	53.3	63.0	36.3	49.0	624
Work disab. (age 16 – 64)*	45.3	53.3	63.0	36.3	48.7	619
Mental disability*	49.8	76.4	65.8	10.8	59.0	751
Going outside the home*	36.0	48.6	44.1	15.4	40.2	514
Physical disability*	31.0	66.5	52.2	78.5	49.4	631
Self-care (ADL)*	8.0	21.2	32.6	16.9	14.9	188
Sensory (blind, deaf)*	5.0	1.7	0	17.8	4.3	54
Number of Census disabilities						
Housed	0.9	1.5	1.1	0.9	0.9	5805
Homeless, community def.	1.6	2.2	0.7	1.3	1.5	4180
HUD chronic homeless	1.7	2.7	2.6	1.7	2.2	1278

* Differs significantly (p < 0.1): housed vs. homeless or HUD chronic homeless vs. all others.

** Significant differences exist among interview locations (p < 0.05). For some disabilities, significant differences by interview location persist within housing status.

Table 8-4: Poverty and homelessness, seen as disabilities, by housing status and interview location (Question K3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,524	1,083	1,491	1,925		10023
Weighted %	55.1	10.8	14.9	19.2		100.0
Unweighted n	760	254	111	155		1,280
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Poverty, homelessness as disability**						9893
Housed						5719
Yes	31.0	54.6	40.8	36.5	35.1	2005
“Don’t know”	1.3	5.0	4.6	2.3	2.3	129
Homeless, community def.*						4174
Yes	67.4	76.9	48.1	37.3	62.0	2589
“Don’t know”	0.7	1.1	5.7	1.1	1.5	61
HUD chronic homeless (n=1097)*						
Yes	71.1	85.4	74.0	37.1	75.0	958
“Don’t know”	0.6	0.8	0	0	0.6	8

* Differs significantly (p < 0.1): housed vs. homeless or HUD chronic homeless vs. all others.

** Significant differences exist among interview locations (p < 0.05).

SF-8 measures of physical and mental health status. The set of health status questions L1 through L8, collectively called the SF-8, addresses general health, physical functioning, the relationship between physical limitations and activities of daily life, pain, vitality, social functioning, mental health, and the relationship between emotional limitations and activities of daily life. The set was developed over many years, first by the Medical Outcomes Survey and later by QualityMetric. Each health status question is comparable to a number of published surveys, including national and state data. In addition, the responses can be combined into two summary scores, one for physical health and one for mental health. The summary scores are “normed” for several demographic subpopulations, thus allowing comparison across studies, and with national norms.¹

SF-8 summary scores and item scores are constructed so that higher scores represent better health and functioning. Scores in the 48.0 to 52.0 range are typical averages for the general US population; however, average scores differ across major demographic groups in the general

¹ Ware JE, Jr. and Kosinski M. SF-36® Physical and Mental Health Summary Scales: A Manual for Users of Version 1. Second edition. Lincoln, RI: QualityMetric Incorporated, 2001.

Ware JE, Jr., Kosinski M, Dewey JE and Gandek B. How to Score and Interpret Single-Item Health Status Measures: A Manual for Users of the SF-8™ Health Survey. Lincoln, RI: QualityMetric Incorporated, 2001.

population. Scores are typically lower (worse) for persons with lower income, less education, female gender, and older age. Average scores by race/ethnicity are difficult to compare without controlling for age, because, on average, Black and Hispanic subpopulations are younger than Whites.

Table 8-5 displays detailed responses for each of the SF-8 questions, as well as average item scores by housing status. Each item shows a distribution of responses that shifts toward “worse” from housed to homeless to chronic homeless (HUD criteria) service users. Average item scores summarize this shift, being progressively lower across the housing status categories. Item scores for HUD chronic homeless persons in this sample are about one standard deviation below expected values for the US general population.

Homeless persons are more likely than housed persons to report incompletely, failing to answer all 8 of the SF-8 question set, so that their responses can not be combined into summary scores (Table 8-6). Incomplete reporting is even more likely among persons defined as chronically homeless under HUD criteria, seven percent of whom fail to respond to the full question set. Although differences in incomplete reporting by housing status are not statistically significant, the step pattern appears meaningful, and incomplete data may be, in itself, a sign of reduced functioning. There is significant and sizable variation in the completeness of the data across interview locations, with respondents interviewed in Berkeley faring the worst, whether housed or homeless.

The second panel of Table 8-6 shows average summary scores, for physical health and mental health, by housing status. Depending on interview location, summary scores for housed clients of homeless services are near the US population average, or a little lower. Homeless persons and HUD chronic homeless persons score significantly lower on both physical and mental health statuses than housed persons, in a progressively worse step pattern. There is also significant variation across interview locations with HUD chronically homeless persons in Berkeley and Mid and North County having the lowest physical scores; Mid and North County HUD chronically homeless persons have the lowest mental health scores.

Table 8-5: Responses to individual SF-8 questions by housing status (Questions L1 – L8)

SF-8 Questions	Subgroup Wtd. population N Observed sample n	Housed 5794 385		Homeless 4180 893		HUD Chronic 1279 309	
		Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N
L1 Overall, how would you rate your health in the past 4 weeks?			5793		4146		1258
Excellent		19.7	1138	13.3	549	8.8	111
Very good		20.9	1210	16.0	663	14.5	182
Good		26.9	1556	21.3	883	19.2	242
Fair		22.0	1274	35.2	1459	43.0	540
Poor		6.6	380	10.7	442	8.4	106
Very poor		4.1	236	3.6	150	6.1	77
General Health (GH) item score		46.7		44.0		42.4	
L2 During the past 4 weeks, how much were you <u>limited</u> in your usual physical activities, such as walking or climbing stairs, by <u>physical health</u> problems?							1242
Not at all		56.3	3203	45.1	1867	28.6	355
Very little		15.5	882	13.9	575	17.4	216
Somewhat limited by physical health		17.5	996	23.3	966	24.1	299
Quite a lot		7.5	428	15.9	659	27.4	340
Could not do physical activities		3.1	177	1.8	75	2.5	31
Physical Function (PF) item score		47.9		45.6		42.4	
L3 During the past 4 weeks, how much <u>difficulty</u> did you have doing all your daily activities, like work or chores, because of your <u>physical health</u> ?							1247
No difficulty at all		60.8	3481	44.4	1820	29.8	372
A little bit		14.3	817	16.6	682	14.2	177
Some difficulty		13.3	763	23.3	955	27.1	337
Quite a lot		7.4	422	13.8	566	26.0	325
Could not do daily work		4.2	240	2.0	81	3.0	37
Role Physical (RP) item score		47.7		45.1		41.2	
L4 How much bodily <u>pain</u> did you have in the past 4 weeks?							1279
None		38.0	2174	24.2	1009	18.9	242
Very mild		16.0	918	11.8	492	8.2	104
Mild		12.1	690	13.8	575	15.0	192
Moderate		17.9	1022	30.9	1288	34.5	441
Severe		12.0	686	15.2	635	18.5	237
Very severe		4.1	233	4.1	171	4.9	63
Bodily Pain (BP) item score		49.4		45.8		43.9	

Table 8-5, continued

		Subgroup Wtd. population N Observed sample n		Housed 5794 385		Homeless 4180 893		HUD Chronic 1279 309	
SF-8 Questions		Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N		
L5	During the past 4 weeks, how much <u>energy</u> did you have?								1279
	Very much	18.6	1070	16.0	668	13.2	168		
	Quite a bit	29.1	1670	21.4	892	12.4	159		
	Some	30.7	1766	34.1	1421	41.4	529		
	A little	18.9	1087	22.6	939	27.6	353		
	None	2.7	153	5.9	244	5.5	70		
Vitality item score		49.1		47.0		45.1			
L6	During the past 4 weeks, how much did <u>physical health</u> or <u>emotional problems</u> <u>limit</u> your usual social activities, with family or friends?								1255
	Not limited at all by physical/emotional health	59.1	3381	30.4	1249	12.7	159		
	Very little	16.7	954	18.4	755	22.1	278		
	Somewhat limited by physical/emotional hlth.	12.7	728	25.1	1032	28.0	351		
	Quite a lot	7.7	438	15.9	654	21.3	267		
	Could not do social activities because of physical/emotional health	3.8	218	10.2	418	16.0	200		
Social Function (SF) item score		49.2		43.1		39.3			
L7	During the past 4 weeks, how much were you <u>bothered</u> by <u>emotional</u> problems (such as feeling anxious, depressed or irritable)?								1278
	Not bothered at all by emotional problems	44.6	2538	21.8	901	9.9	127		
	Slightly bothered	25.7	1464	24.2	1001	26.5	338		
	Moderately bothered by emotional problems	13.0	738	15.5	643	22.8	291		
	Bothered quite a bit	10.2	581	21.1	874	25.2	322		
	Extremely bothered	6.5	368	17.4	721	15.6	200		
Mental Health (MH) item score		48.1		41.2		39.5			
L8	During the past 4 weeks, how much did <u>personal</u> or <u>emotional problems</u> keep you from doing your usual daily activities, work, or school?								1262
	Not at all	61.1	3485	35.1	1454	22.5	283		
	Very little	15.0	853	17.3	715	17.5	220		
	Somewhat	12.5	716	28.8	1194	41.8	527		
	Quite a bit	8.9	509	14.1	584	16.8	212		
	Could not do daily activities	2.5	145	4.8	200	1.5	19		
Role Emotional (RE) item score		46.8		42.4		40.9			

Table 8-6: Health status by housing status and interview location (Questions L1-L8)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,529	1,083	1,496	1,959		10,067
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	765	254	112	156		1,287
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any SF-8 response**						9974
Housed						5794
One to seven responses	1.4	19.5	2.3	5.0	3.2	186
All 8 (scorable)	98.7	80.5	97.7	95.0	96.8	5608
Homeless, community def.						4180
One to seven responses	4.3	8.2	0.8	2.2	4.3	179
All 8 (scorable)	95.7	91.8	99.2	97.9	95.7	4002
HUD chronic homeless (n = 309)						1279
One to seven responses	2.0	11.5	9.1	15.0	7.0	89
All 8 (scorable)	98.0	88.5	90.9	85.1	93.0	1189
Summary Scores						
Physical score (PCS-8)**						9610
Housed	48.0	47.6	48.1	48.7	48.1	5608
Homeless, community def.*	47.9	40.4	48.5	44.9	45.9	4002
HUD chronic homeless* (n =292)	47.4	35.9	35.7	41.0	42.1	1189
Mental score (MCS-8)**						9610
Housed	50.2	47.0	45.1	46.4	48.4	5608
Homeless, community def.*	41.1	39.8	41.5	42.9	41.2	4002
HUD chronic homeless* (n =292)	40.0	39.0	30.8	44.6	39.6	1189

* Differs significantly from housed (p < 0.05).

** Significant differences exist among interview locations (p < 0.05).

Diagnosed condition. Respondents were asked if a doctor or other health professional had ever told them that they have asthma, diabetes, tuberculosis, hepatitis, or another condition. Slightly more than half of all service users reply yes to one or more condition (Table 8-7). Only one of the four prevalence rates, hepatitis, varies by housed or homeless status. In that case, homeless persons are about half-again as likely to respond positively (11.6% versus 7.6%). We know, for two of the conditions, that the prevalence rates for service users are substantially greater than rates for adult County residents. The California Health Interview Survey (2001) reported that, among 18 – 64 year-old persons in Alameda County, 13.2% have been told they have asthma,

and 4.6% that they are diabetic.² Prevalence of asthma among users of homeless services (from this survey) is half-again as high as the general population prevalence among Alameda County adults (CHIS), and double the population rate for diabetes.

Approximately one-third of study participants provide information about additional conditions. Given the small numbers of observations (n) and, in some cases, large weighting factors, the weighted Ns and percents must be interpreted with caution. Nevertheless, as displayed in Table 8-8, many potentially serious maladies are reported, including, among both housed and homeless service users, high blood pressure, anemia, or hypertension; ulcers; serious heart condition; bone or muscle problems; mental health problems; cancer; serious nerve conditions; and problems with extremities.

Table 8-7: Chronic conditions of respondents by housing status and interview location (Question K4)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total clients	
Weighted N	5,528	1,083	1,496	1,959	10,067	
Weighted %	54.9	10.8	14.9	19.5	100.0	
Unweighted n	767	254	112	156	1,289	
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Reporting any condition						9973
Housed						5790
One or more condns. "Yes"	53.2	73.9	52.8	54.2	54.4	5790
Homeless, community def.						4183
One or more condns. "Yes"	56.9	34.6	53.7	64.9	53.6	4160
Conditions						9973
Asthma	23.2	14.6	15.3	18.3	20.2	2023
Diabetes**	9.4	8.1	4.4	15.7	9.7	976
Tuberculosis (TB)**	3.6	10.6	0.6	4.4	4.0	405
Hepatitis (a liver disease)						922
Housed	8.0	14.4	4.7	7.2	7.6	439
Homeless, community def.*	14.2	9.2	6.0	10.1	11.6	483
Other (medical) condition	34.9	28.0	44.5	31.6	34.9	3503

* Differs significantly from housed (p < 0.05).

** Significant differences exist among interview locations (p < 0.1).

² AskCHIS website <http://www.chis.ucla.edu/main/default.asp>. Accessed 1/28/04.

Table 8-8: Other chronic conditions by housing status (Question K4e write-in responses)¹

	Homeless			Housed		
	Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
Has a doctor or health professional ever told you that you have ... Other condition? What is that?						
Any write-in responses						
-1 No other condition claimed	64.3	2676	583	64.6	3742	244
-7 Respondent refused further explanation	0.3	12	3	0	0	0
0 Already recorded in K4 a - d, no additional information	0.1	2	2	0.2	11	3
1 Named one or more conditions	35.3	1469	305	35.2	2037	138
Total (n = 1287)	100.	4160	893	100.	5790	385
Coded responses (n = 453)						
1 Another serious breathing condition	1.6	65	26	1.5	88	10
2 Diabetes (incipient?), hypoglycemia	0.5	21	5	0	0	0
4 Type of hepatitis, or serious liver condition	0.5	19	6	0.5	26	2
5 HIV/ARC/AIDS	1.2	50	10	1.7	101	4
6 Vision	0.6	28	13	1.5	85	6
7 Hearing	0.3	14	3	0.2	12	1
8 High blood pressure, anemia, hypertension	6.7	277	74	12.2	707	41
9 Serious heart condition	2.5	103	22	4.8	273	16
10 Ulcers, etc.	2.1	88	22	3.1	182	7
11 Kidney, bladder, reproductive	1.9	79	11	0.5	31	3
12 Cancer	4.2	175	14	3.5	201	10
13 Legs, feet, arms, hands, incl. carpal tunnel	3.3	136	21	1.6	94	6
14 Back problems	1.1	47	15	1.5	82	6
15 Bone or muscle: paralysis, arthritis, rheumatism...	4.7	194	46	3.9	228	25
16 Mental health / Emotional	4.6	189	43	4.5	264	13
17 Serious nerve condition (not MH)	3.6	135	28	0.8	42	7
18 STD (but not AIDS)	0	0	0	0	0	0
19 Skin problems	0.3	13	2	0.1	5	2
20 Thyroid	0.3	13	4	2.2	128	6
22 Another medical / health / pain	0.4	18	8	0.6	34	2
23 TBI – traumatic brain injury	0	0	0	0.5	29	2
24 CFIDS, MS, other autoimmune / immune	0.4	14	3	0.0	2	1
25 Sleep apnea, sleep disorders	0.1	5	4	0.0	1	1
26 High cholesterol	0.2	6	1	0.5	30	2
27 Aging	0	0	0	0.3	14	1
28 Allergies, sinus condition	0.5	21	5	0.4	22	6
29 Low blood pressure	0.2	10	2	0	0	0
30 Alcohol or drug problem	0.7	28	3	0	0	0
31 Stroke, clotting disorder	3.0	121	3	0	0	0
32 Overweight, obesity	0.0	1	1	0.4	22	1

¹ n = 453 individuals with write-in responses. For some, multiple codes were assigned.

HIV/AIDS status. After being reminded that study answers are confidential and anonymous, participants were asked about their HIV/AIDS status and whether they were receiving the help they need with medical treatment, medicines, housing, rental assistance, mental health support or counseling, and other programs. We estimate that from two to four percent of services users are HIV positive or have AIDS, with slightly more housed than homeless service users reporting a positive status (Table 8-9, 3.9% versus 2.7%). Virtually all the positive responses are from Oakland service users.

But these prevalence rates may be low. About half as many respondents report that they “Don’t know” their HIV status as acknowledge infection. Probably due to interviewer error, about the same numbers were not asked the question (no response was recorded). Not only do respondents experience fear and stigma about answering the question, it may be that interviewers had some difficulty asking about HIV status.

It appears, from the second panel of results, that virtually all housed service users with a positive diagnosis are receiving services. That is less true for homeless service users and even less so for persons designated chronically homeless under the HUD definition. Homeless persons are particularly less likely to be receiving mental health support and counseling, compared with their housed counterparts.

Table 8-9: HIV/AIDS status and services by housing status and interview location (K5, K6)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,493	1,083	1,491	1,931		9,998
Weighted %	54.9	10.8	14.9	19.3		100.0
Unweighted n	758	253	111	155		1,277
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
HIV status**						9932
Housed						5778
HIV-positive	6.8	0	0	0	3.9	224
“Don’t know”	1.5	2.0	2.3	2.3	1.8	103
Not asked, in error	4.5	0	0	0.7	2.7	155
Homeless, community def.						4154
HIV-positive	4.6	0.5	0	1.2	2.7	114
“Don’t know”	0.8	0.7	5.1	0.2	1.2	49
Not asked, in error	0.4	1.6	5.3	4.7	1.9	79
HUD chronic homeless** (n=1105)						1274
HIV-positive	6.1	0.1	0	0	3.1	39
“Don’t know”	0.9	1.0	9.1	0	1.2	15
Not asked, in error	0.9	0	0	15.0	1.4	17
Receiving HIV/AIDS services						9952
Asked if reported HIV+ in K5 (n = 49 of 1274)						
Housed						5779
Any service “Yes”					3.8	220
Homeless, community def.*						4173
Any service “Yes”					2.2	92
HUD chronic homeless (n = 1105)						1274
Any service “Yes”					1.7	308
HIV/AIDS services (n = 1274)						
Housed and homeless						9952
Medical treatment					2.9	290
Medicines					2.4	237
HIV/AIDS housing					1.0	109
Rent assistance (HOPWA)					1.0	97
Mental hlth. sppt./counseling						
Housed					3.6	207
Homeless, comm. def.*					1.1	42
Other program					0.9	94
HUD chronic homeless						
Medical treatment					1.7	22
Medicines					1.1	14
HIV/AIDS housing					0.6	7
Rent assistance (HOPWA)					0.6	7
Mental hlth. sppt./counseling					1.0	13
Other program					0.3	3

* Differs significantly from housed (p < 0.1).

** Significant differences exist among interview locations (p < 0.1).

Behavioral health: alcohol abuse, drug abuse, and mental illness. In Question K1, study participants were asked whether they consider themselves to be disabled by mental illness. In addition, a number of respondents report a mental health condition as a write-in response to Question K4, which asks about conditions diagnosed by a doctor or other health professional. Survey questions also address the presence of last-12-month symptoms of alcohol and drug abuse and dependence and whether respondents currently feel that alcohol or drug use is a problem for them.

For service users who are housed, homeless, and HUD chronically homeless, Table 8-10 displays, singly and together, the prevalence of alcohol dependence and drug abuse and dependence in the last 12 months as well as the prevalence of mental illness and dual diagnosis of mental illness and alcohol or other drug (AOD) dependence/abuse and mental illness and AOD dependence. Among the population of housed services users, 14.0 percent were evaluated as alcohol dependent within the past 12 months. The prevalence of increasingly severe past-12-month drug abuse, dependence, and physiological dependence steps down from 11.7 to 6.0 to 4.7 percent. One in five (20.5%) housed service users is estimated as having been alcohol dependent or a drug abuser, and 16.8 percent as alcohol or drug dependent, in the past 12 months. Though with a less certain reference point in time, the prevalence rate for mental illness is pegged at 13.1 percent. Prevalence rates for dual diagnosis are estimated at between three and four percent.

Each of these prevalence rates increases for service users who are homeless and, again, for those defined as HUD chronically homeless. Among HUD chronically homeless persons, 50 to 60 percent are assessed with alcohol dependence (53.1%), alcohol dependence or drug abuse (63.7%), and alcohol dependence or drug dependence (61.2%). Twelve to fourteen percent (12.5% to 13.8%) are dually diagnosed.

Most prevalence rates are fairly consistent across interview locations. However, among housed service users, we find that prevalence rates for alcohol dependence and drug abuse, or composite rates incorporating those factors, are lower than expected in Mid and North County. Mental illness is higher than would be expected by chance in Berkeley. Dual diagnosis is relatively low in Oakland and Mid and North County.

Other variations across sites are not statistically significant. Low rates of drug dependence, mental illness, and dual diagnosis in South and East County should be interpreted with caution, because of the small numbers of observations.

Table 8-11 shows the proportion (and estimated numbers) of persons whom we assess as having alcohol dependence or varying levels of drug problems in the past year, who also report *themselves* as having an alcohol, drug or either problem “now” (questions O2 and O4). Non-correspondence between these two kinds of variables could mean that a problem in the past year is no longer a current problem, or that respondent assessments and our assessment of a “problem” do not coincide. Either way, the proportions and numbers for whom assessment and acknowledgment agree probably represent a point in time demand for AOD treatment services, if such services were available to all who see a need for them.

From this perspective, as summarized in the first panel of Table 8-11, 23.5 percent of the housed service users assessed as alcohol dependent report that alcohol use is currently a problem for them. That proportion increases to 44.1 percent of homeless service users and to 56.4 percent of service users defined under HUD criteria as chronically homeless. Panels two and three present findings for drug use as a current problem and either alcohol or drug use as a current problem.

Table 8-10: Alcohol and drug problems and mental illness by housing status and interview location (Questions K1, K4, O1, and O3)¹

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,527	1,083	1,474	1,959		10,044
Weighted %	55.0	10.8	14.7	19.5		100.0
Unweighted n	766	254	111	156		1,287
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Problems and comorbidity²						9950
Housed						5790
Alcohol dependence**	16.6	12.2	7.7	12.7	14.0	770
Drug abuse**	12.4	23.6	6.9	11.0	11.7	636
Drug dependence	6.6	4.4	5.5	4.6	6.0	323
Drug physiological dependence	4.7	2.8	5.5	4.6	4.7	257
Alc dep or drug (AOD) abuse**	22.9	27.2	11.7	19.3	20.5	1119
AOD dependence**	19.1	13.7	10.2	16.6	16.8	919
Mental illness (MH)**	11.1	43.7	12.2	12.0	13.1	761
Dual Diagnosis:						
MH & AOD dep/abuse**	2.4	25.0	2.3	5.3	4.0	230
MH & AOD dependence	2.0	11.6	2.3	5.3	3.2	182
Homeless, community def.						4160
Alcohol dependence*	29.4	41.5	18.7	23.5	29.5	1192
Drug abuse*	36.7	37.6	9.3	20.3	31.0	1241
Drug dependence*	24.6	30.1	5.4	14.3	21.7	867
Drug physiological dependence*	18.3	27.1	4.6	8.5	16.8	672
Alc dep or drug (AOD) abuse*	49.7	49.2	23.0	26.7	42.9	1736
AOD dependence*	43.4	44.8	21.5	25.7	38.3	1551
Mental illness (MH)*	16.4	38.8	16.1	17.8	20.8	866
Dual Diagnosis:						
MH & AOD dep/abuse*	11.6	12.1	3.8	7.4	10.1	419
MH & AOD dependence*	11.4	9.8	3.8	7.4	9.5	397
HUD chronic homeless (n = 309)						1279
Alcohol dependence*	52.1	54.3	30.3	64.3	53.1	665
Drug abuse*	43.7	47.8	41.5	31.4	44.5	556
Drug dependence*	33.9	39.5	32.4	2.1	34.2	427
Drug physiological dependence*	28.7	36.2	32.4	2.1	30.2	378
Alc dep or drug (AOD) abuse*	66.9	60.4	52.5	65.4	63.7	799
AOD dependence*	65.8	55.6	52.5	65.4	61.2	767
Mental illness (MH)*	22.2	40.6	45.8	3.5	29.5	377
Dual Diagnosis:						
MH & AOD dep/abuse*	14.5	15.8	3.5	1.2	13.8	176
MH & AOD dependence*	14.4	12.6	3.5	1.2	12.5	160

1 Alcohol questions (O1) and drug symptoms questions (O3) refer to the “last 12 months”.

2 Mental health questions ask about self-assessed disability (K1j) or ever diagnosed, mentioned as a write-in (K4vb).

* Differs significantly (p < 0.05): housed vs. homeless or HUD chronic homeless vs. all others.

** Significant differences exist among interview locations (p < 0.05).

Table 8-11: Acknowledged current alcohol or drug use problem, if assessed with problem, by housing status

Subgroup		Housed		Homeless		HUD Chronic	
Wtd. population N		5790		4160		1279	
Observed sample n		385		893		309	
		Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N
Among those evaluated with a problem:							
O2	Is alcohol use a problem for you now?		5482		4024		1247
	“Don’t use”	7.3	56	1.8	22	1.1	7
	Evaluated with alcohol dependence*	23.5	181	44.1	524	56.4	373
O4	Is drug use a problem for you now?		5377		4000		1245
	“Don’t use”	11.9	92	10.8	128	7.8	52
	Evaluated with alcohol dependence*	16.9	130	24.8	296	20.4	135
	Evaluated with drug abuse*	37.2	237	35.9	444	33.5	186
	Evaluated with drug dependence*	70.5	228	45.7	395	38.0	162
	Evaluated with drug physiological dependence*	66.6	171	39.4	264	38.4	144
O2 O4	Either alcohol or drug use a problem now (n = 1270)		5410		4033		1247
	Evaluated with alc. dep or drug (AOD) abuse*	35.5	397	47.6	824	61.9	491
	Evaluated with AOD dependence*	42.2	388	52.3	808	63.7	485
	Evaluated with mental illness (MH)	8.3	63	23.9	206	28.4	107
	Evaluated with Dual Diagnosis:						
	MH & AOD problem*	27.5	63	44.9	188	59.1	104
	MH & AOD dependence*	34.7	63	45.8	182	62.2	99

* Differs significantly (p < 0.05): housed vs. homeless or HUD chronic homeless vs. all others.

SECTION 9. VIOLENCE AND VICTIMIZATION

Respondents were asked two questions concerning violence and victimization. First, we asked, “Now about injuries, during the past 12 months, did you have any injuries from physical violence or sexual assault, by someone outside your family?” The second question asked, “In the last 12 months, were you ever physically hurt or threatened by a spouse or partner or someone in your family?” Violence from either source, outside or inside the family, appears to affect about 16 percent of respondents regardless of family type. Despite intriguing patterns, differences in prevalence of violence are not statistically significant across family types. Although violence appears consistently more prevalent among females and transgender persons than males, the differences are not statistically significant.

Violence was more prevalent among homeless than housed service clients. Occurrence of non-family violence is twice as likely for homeless persons (Table 9-1, 15.0% versus 7.4%), and the difference is greater for within-family violence (Table 9-2, 14.7% versus 3.4%). Differences across interview locations were not statistically significant and should be interpreted with extreme caution because they are based on very small numbers of respondents. While it seems likely that living in exposed or marginal conditions may make one more vulnerable to acts of violence, we may also see the influence of uneven reporting, with homeless respondents less hesitant to remark on occasions of violence.

Table 9-1: Injury from non-family physical violence or sexual assault by housing status, gender, family type, and interview location (Question K7)

Interview location	Oakland	Berkeley	Mid & N ¹	S&E ²	Total	clients
Weighted N	5,512	1,082	1,496	1,944		10,034
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	763	253	112	153		1,281
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Violence (non-family) (K7)						10,034
Housed						5779
Yes	6.9	11.9	9.6	5.9	7.4	427
Homeless, community def.*						4161
Yes	17.1	12.4	16.2	10.2	15.0	624
By gender						10,034
Male					8.4	4,601
Female					12.2	5,410
Transgender					10.2	23
By family type						10,034
Single					12.0	649
Coupled					14.6	217
One-parent					8.4	176
Two-parent					0.9	9

* Differs significantly from housed (p < 0.05).

Table 9-2: Injury or threat of injury or sexual assault from family member by housing status, gender, family type, and interview location (Question K8)

Interview location	Oakland	Berkeley	Mid & N ¹	S&E ²	Total	clients
Weighted N	5,512	1,082	1,496	1,944		10,034
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	763	253	112	153		1,281
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Violence in the family (K8)						9,923
Housed						5,756
Yes	2.6	13.4	4.6	2.1	3.4	193
Homeless, community def.*						4,166
Yes	14.0	9.5	28.8	12.4	14.7	614
By gender						10,016
Male					5.2	4,581
Female					10.6	5,412
Transgender					0	23
By family type						10,016
Single					8.3	450
Coupled					8.5	125
One-parent					11.0	231
Two-parent					0.7	7

* Differs significantly from housed (p < 0.05).

SECTION 10. ACCESS TO HEALTH CARE: HEALTH INSURANCE AND HEALTH SERVICES UTILIZATION

Current access to health care

To gain an overview of health care access among persons using homeless services, we define the concept of access broadly to include not only traditional insurance coverage but also “free” indigent care at community clinics, as well as county hospitals. From this perspective, we estimate that three-quarters of the population of service users had such access (Table 10-1). County-wide, 26.5 percent of service users had – or believed they had – no insurance coverage or other access to health care. While Table 10-1 finds slightly more homeless than housed service users with health coverage, the difference is not statistically significant. Differences in overall coverage rates across jurisdictions appear large, but they also are not statistically significant.

To gauge comprehensiveness and completeness of health coverage, we asked study participants whether there had been a time in the past 12 months when they had no health insurance at all. As reported in Table 10-3, 44.2 percent of housed service users had such a lapse in coverage, compared with 51.8 percent of homeless services users and 61.1 percent of those defined as chronically homeless under the HUD criteria. Comparable figures for United States adults ages 18 – 64 for the first half of 2003 were 19.7 percent uninsured at time of interview; 23.4 percent uninsured at least part of the past year.¹

Major sources of coverage for both homeless and housed service users include Medi-Cal, Medicare, Alameda County Health Card, free or community clinics, and privately-purchased plans (Table 10-1). While free clinics, the Alameda County Health Card, and emergency care are not actually *health insurance*, each provides access to health care services. Including these items in the questionnaire gave respondents a way of reporting access to care that is consistent with their understanding and experience of the health care system. Considering individual coverage types, a few differences between housed and homeless persons are statistically significant (or bordering on significance), although the size of the differences is generally quite small. Three distinctions may be worth noting: based on self-report, homeless service users are

¹ Cohen RA, Ni H. Health insurance coverage for the civilian noninstitutionalized population: Early release estimates from the National Health Interview Survey, January–June 2003. Available at <http://www.cdc.gov/nchs/nhis.htm>. January 2004.

about twice as likely as housed service users to have access to Veterans Administration health care (9.3% versus 4.6%) or through the Alameda County Health Card (13.2% versus 7.4%). Housed persons are about three times as likely as homeless persons to have private insurance (11.2% versus 3.6%). Of potential program importance, we note that only about half the study participants apparently eligible for VA benefits consider that the VA provides health coverage for them (see Tables 10-1 and 4-11).

Details on persons who fall under the HUD definition of chronically homeless are presented in Table 10-2. A number of differences from figures in Table 10-1 are evident. HUD chronic homeless services users are significantly less likely to have Medi-Cal, privately purchased, or other insurance coverage. They are more likely to have access to care through the Veterans Administration, Alameda County's Indigent Care Plan, or County Hospital.

Although private disability coverage appears as a prompted choice in the questionnaire, no one in the survey sample reports private disability coverage as a source of health care coverage.

Table 10-1. Health insurance status and coverage by housing status and interview location
(Questions J1 through J3)

Interview location	Oakland	Berkeley	Mid & N ¹	S&E ²	Total	clients
Weighted N	5,542	1,083	1,496	1,959		10,080
Weighted %	55.0	10.8	14.8	19.4		100.0
Unweighted n	767	254	112	156		1,289
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any health coverage						9,987
Housed						5,805
Any coverage reported	73.1	56.6	68.4	77.3	72.4	4,203
Homeless, community def.						4,181
Any coverage reported	75.9	72.1	73.7	77.1	75.1	3,141
HUD chronic homeless (n = 1114)						1,279
Any coverage reported	69.2	74.8	79.0	60.6	71.4	912
Type of coverage						
Housed & homeless, comm. def.						10,078
“No insurance”	23.3	31.7	29.3	22.9	25.0	2,519
Also marked a coverage	1.8	4.3	0.1	1.4	1.8	177
Medi-Cal	37.9	39.8	39.4	36.8	38.1	3,781
Healthy Families*						
Housed	5.0	0	2.3	4.5	4.2	242
Homeless	0.2	0.3	0.8	0	0.2	9
Medicare	20.9	28.4	11.9	14.8	19.2	1,934
Veterans Admin.(VA)*						
Housed	5.3	1.1	5.5	3.0	4.6	267
Homeless	12.8	8.1	1.3	5.0	9.3	387
Indian Health Service Clinics	1.3	1.0	2.2	0	1.1	114
Alameda County health card*						
Housed	7.9	1.1	3.4	10.7	7.4	429
Homeless	15.4	19.1	4.2	5.7	13.2	551
Indigent care, county plan	2.0	1.8	0.5	2.2	1.8	182
Free or community clinics*						
Housed	5.4	0.7	0	1.1	3.4	195
Homeless	11.1	8.5	1.7	24.5	11.6	485
County hospital**	2.5	7.7	7.5	4.6	4.2	426
Some other gov’t or military	0.3	0.1	0.2	0	0.2	19
By employer, union, school**	2.3	0.4	1.1	5.4	2.5	253
Privately-purchased plan*						
Housed	11.0	10.0	8.0	14.4	11.2	649
Homeless	1.2	0.5	15.2	6.0	3.6	149
Private disability insurance	0	0	0	0	0	0
Other insurance*						
Housed	6.8	1.7	2.3	3.4	5.1	293
Homeless	1.9	0.3	4.2	3.5	2.1	89

* Significant differences exist between housed and homeless (p < 0.05).

** Significant differences exist among interview locations (p < 0.05).

Table 10-2. Health insurance coverage among chronically homeless services, HUD definition, by interview location (Questions J1 through J3)

Interview location	Oakland	Berkeley	Mid & N ¹	S&E ²	Total clients	
Weighted N	626	529	45	79	1,279	
Weighted %	49.0	41.4	3.5	6.1	100.0	
Unweighted n	179	106	9	15	309	
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Type of coverage, HUD chronic homeless def.						1,279
“No insurance”	30.8	25.2	21.0	39.4	28.7	366
Also marked a coverage	1.0	6.3	3.5	5.1	3.5	45
Medi-Cal*	30.1	31.9	11.0	3.3	28.5	365
Healthy Families*	0.3	0	0	0	0.2	2
Medicare**	7.2	29.0	0	0.9	15.6	199
Veterans Admin.(VA)*	14.5	7.1	9.1	6.9	10.8	138
Indian Health Svc. Clinics*	0.1	0.3	0	0	0.2	2
Alameda County health card	6.3	27.0	0	2.2	14.4	184
Indigent care, county plan*	6.5	2.7	10.7	0	4.7	60
Free or community clinics	10.9	10.4	13.3	15.0	11.0	141
County hospital*, **	6.2	9.1	34.9	34.3	10.1	130
Other government or military	0.1	0	0	0	0.1	1
Employer, union, school*, **	1.1	0.4	0	1.0	0.8	10
Privately-purchased plan*	2.5	0	0	0	1.2	16
Private disability insurance*	0	0	0	0	0	0
Other insurance*	0.2	0.2	10.7	0.9	0.6	8

* Prevalence of coverage differs significantly between chronic homeless and all others (p < 0.1).

** Prevalence of coverage differs across interview locations (p < 0.1), among chronic homeless clients.

1,2 Small numbers make the percentages for these regions particularly unstable, and perhaps unreliable.

Table 10-3. Break in insurance coverage by housing status and interview location (Question J3)

Interview location	Oakland	Berkeley	Mid & N ¹	S&E ²	Total	Clients
Weighted N	5,542	1,083	1,496	1,959		10,080
Weighted %	55.0	10.8	14.8	19.4		100.0
Unweighted n	767	254	112	156		1,289
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Break in coverage, past year^{1**}						9,914
Housed						5,749
Break in coverage	40.2	47.7	64.1	38.1	44.2	2,538
Homeless, community def.						4,164
Break in coverage	46.3	61.3	45.8	63.4	51.8	2,157
HUD chronic homeless* (n = 1,114)						1,277
Break in coverage	54.1	65.6	53.1	90.9	61.1	780

1 Response of “No insurance” from previous questions was imputed as a break in coverage.

* Significant differences exist between chronic homeless and all others (p < 0.05).

** Significant differences exist among interview locations (p < 0.05).

Sources of medical care.

Study participants were asked, “The last time you received medical care of any kind, where was that?” More than one-third of homeless service clients (34.6%) reported receiving their last medical care at an emergency room, regardless of housing status (Table 10-4). By comparison, in 2001, 6.4 percent of all US adults, and 13.1 percent of poor adults, reported an emergency department visit in the past year.²

In this survey, one in five service users (21.2%) reported they last received care in a doctor’s office, and 14.4 percent answered community health center, 9.1 percent free clinic, and 4.4 percent the Veterans Administration. There were no significant differences in source of last medical care by either housing status or interview location. A few differences were large enough to be interesting, and these are separated by housing status in Table 10-4. Such differences may represent real differences that are not, given sample size, statistically significant, or they may reflect geographic proximity of respondents to particular service sites. Table 10-4 also shows the proportion of “other” responses.

² Health United States, 2003, Table 77: Emergency department visits within the past 12 months among adults ... 1997 – 2001, p 252, at <http://www.cdc.gov/nchs/data/hus/tables/2003/03hus077.pdf>, accessed February 12, 2004.

Table 10-4: Source of last medical care by housing status and interview location (Question M1)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,387	1,081	1,491	1,959		9,918
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	759	253	111	156		1,279
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Source of care¹						9,824
‘Don’t know’					2.8	277
No professional care					0.6	61
Emergency room (hosp.)					34.6	3,394
Housed	38.3	61.4	26.6	24.4	34.4	1,946
Homeless, community def.	32.6	30.6	40.2	42.5	34.7	1,448
Urgent care clinic					4.1	403
Free clinic					9.1	889
Housed	14.7	1.6	8.0	2.7	10.2	577
Homeless, community def.	4.4	22.1	1.4	5.2	7.5	312
Community health center					14.4	1,411
Mobile homeless services van					1.0	97
Housed	0.2	0	0	0	0.1	6
Homeless, community def.	2.2	1.2	1.5	3.8	2.2	92
Doctor’s office					21.2	2,086
Housed	20.5	22.0	37.3	25.4	24.5	1,385
Homeless, community def.	15.7	8.8	31.4	18.6	16.8	701
Nurse practitioner/Phys. Asst.					0.3	28
Some other health profess’n'l.					1.4	136
Some other place					6.2	610
Veterans Admin. (VA) ²					4.4	433

- 1 Gray fields emphasize that differences shown by housing status or interview location are *not* statistically significant.
- 2 Consolidated from 78 verbatim responses to “Some other place”.

Table 10-5 captures write-in responses explaining the “Other place” that study participants described as the source of their last medical care. In some cases, the other place is an additional source of care, rather than the only source mentioned. In quite a few cases, the write-in comment simply provides the name of a facility already coded in pre-printed choices. There were so many references to care received from a VA facility that we created an additional code to capture them, as conveyed in Table 10-4. Some of the VA comments mention locations ranging throughout the Bay Area, from Oakland to Martinez. Particularly striking is the prevalence of last medical visits at a jail or prison for homeless and chronically homeless persons. Also noteworthy is the

downward step pattern in those mentioning “Other hospital” and “Kaiser,” from housed to homeless to chronically homeless service users.

Table 10-5: Last medical visit, write-in responses to “Other place” by housing status (Question M1)

Subgroup		Housed		Homeless		HUD Chronic	
Wtd. population N		765		723		189	
Observed sample n		56		161		55	
“Other place” for last medical care (n = 218)		Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N
Any write-in response							
One or more		13.5	765	17.3	723	15.0	189
Grouped responses*							
-7	Respondent refused further explanation	0.5	4	0.9	6	2.5	5
0	Already coded in M1, no added information	19.2	147	19.5	141	13.1	25
-4	Moved to ‘VA’ code in M1	25.3	194	29.9	216	35.6	67
Additional source of care (add'l to M1)							
1	Emergency room, hospital	0	0	0.5	4	2.0	4
2	Urgent care clinic	0	0	1.8	13	2.6	5
3	Free clinic	0.1	1	0.5	4	0.4	1
4	Community health center	1.5	12	2.4	17	0.5	1
6	Doctor’s office	0.1	1	0.8	6	2.7	5
7	Nurse Practitioner/ Physician’s Assistant	0.8	6	0.6	5	0	0
8	Other health professional	0.5	4	3.9	28	15.0	28
9	Other place or type of care	0.2	2	2.0	15	0.5	1
More information about source of care							
11	Highland Hospital/ County facility	3.9	30	2.2	16	2.8	5
12	Other hospital	24.2	185	12.4	89	0	0
13	Mental facility	0.8	6	1.1	8	2.0	4
14	Drug treatment facility	0	0	0.2	2	0.9	2
15	Jail, prison	0.7	5	16.0	116	19.5	37
16	Kaiser	22.2	170	5.3	38	0	0

* Significant differences: Housed vs. homeless, community def., and HUD Chronic vs. all others.

Urgent care clinic or emergency room utilization. Respondents were asked how many times in the past 12 months they had visited an urgent care clinic or a hospital emergency room. Table 10-6 conveys the finding that homeless users of services were significantly more likely than housed service users to have visited such a facility, and persons defined as HUD chronically

homeless were even more likely to have used such facilities. While 44.4 percent of housed persons visited an urgent care clinic or emergency room in the past year, 59.8 percent of homeless and 64.2 percent of HUD chronic homeless persons had done so.

On average, housed persons visited an urgent care or emergency room facility 1.7 times in the past year (Table 10-7). Homeless persons made 3.0 visits, and HUD chronically homeless person, 3.5 visits. Visits to an emergency room were least likely for respondents interviewed in South and East County. A lower rate of emergency room or urgent care facility use could be attributable to fewer facilities in these areas as well as to less need for service. The largest utilization rate was for HUD chronic homeless persons in Mid and North County (an average of 7.6 visits).

Table 10-6: Urgent care clinic or emergency room utilization by housing status (Question M2)

		Subgroup		Housed		Homeless		HUD Chronic	
		Wtd. population N		5,779		4,173		1,274	
		Observed sample n		384		889		308	
Urgent care clinic or emergency room utilization, categorized		Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N
M2	Utilization of urgent care clinic or emergency room visits, past year*								
	None	55.6	3,212	40.2	1,678	35.8	457		
	Once or twice	29.5	1,706	28.7	1,196	25.1	319		
	3 to 6 times	8.9	512	20.8	868	28.1	358		
	6 to 24 times	4.5	260	7.7	319	7.5	95		
	25 to 364 times	0.8	44	1.1	47	1.4	18		
	“Don’t know”	0.8	46	1.6	65	2.0	26		

* Significant differences (p < 0.05): Housed versus homeless, community def., and HUD chronic versus all others.

Table 10-7: Health services utilization by housing status and interview location (Questions M2, M3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,387	1,081	1,491	1,959		9,918
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	759	253	111	156		1,279
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Average number of urgent care clinic or emergency room visits, past year**						9,841
Housed	1.6	2.4	2.8	1.0	1.7	5,733
Homeless, community def.*	3.4	2.7	3.0	2.0	3.0	4,109
HUD chronic homeless* (n = 310)	4.4	2.5	7.6	2.2	3.5	1,248

* Significant difference ($p < 0.1$): Housed versus homeless, community def., or HUD chronic versus all others.

** Significant differences exist among interview locations ($p < 0.05$).

Hospital utilization. Study participants were also asked how many separate times they were hospitalized for at least one night in the past 12 months. Among service users defined as housed, the average is 0.2 occasions (Table 10-8). For those homeless, the figure more than doubles, to 0.5, and HUD chronically homeless persons have been hospitalized an average of 0.9 times. The second panel of Table 10-8 provides greater detail on these usage patterns. We find that whether housed or homeless service users from Berkeley interview locations report more hospital visits.

Table 10-8: Hospital utilization by housing status and interview location (Question M3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,386	1,081	1,491	1,959		9,917
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	758	253	111	156		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Average number of hospital visits, past year**						
Housed	0.2	0.5	0.2	0.1	0.2	5,771
Homeless, community def.*	0.5	1.0	0.4	0.3	0.5	4,114
HUD chronic homeless* (n = 310)	0.7	1.2	0.5	0.6	0.9	1,274
Hospitalization patterns**						9,884
Housed						5,771
None	88.1	69.6	87.8	95.1	88.6	5,113
Once	8.1	26.0	6.9	4.6	8.0	462
Twice	1.2	0	3.0	0.4	1.3	74
3 or 4 times	2.6	3.6	2.3	0	2.0	116
5 or more times	0.1	0.9	0	0	0.1	5
Homeless*						4,114
None	78.2	68.0	82.3	76.8	76.5	3,148
Once	10.8	16.8	11.0	15.8	12.8	524
Twice	7.0	1.2	0	6.1	5.0	205
3 or 4 times	1.6	11.1	5.8	1.0	3.8	156
5 or more times	2.4	2.8	0.9	0.3	2.0	81
HUD chronic homeless* (n = 308)						1,274
None	64.7	67.7	78.8	74.4	67.0	854
Once	22.9	12.1	12.1	14.1	17.5	223
Twice	4.8	1.3	0	1.2	3.0	38
3 or 4 times	3.1	15.8	9.1	8.3	8.9	113
5 or more times	4.5	3.1	0	2.1	3.6	46

* Significant difference (p < 0.1): Housed vs. homeless, community def., or HUD chronic vs. all others.

** Significant differences exist among interview locations (p < 0.05).

Mental health services utilization

Study participants were also asked, “In the past 12 months, did you have help from any of these kinds of mental health staff or programs?” Pre-coded answers included mental health counselor or therapist, psychiatrist for medication for mental illness, group home for people with mental illness, psychiatric hospital, HIV/AIDS support group, another kind of support group, and other program. Especially noteworthy among the findings is that 20.5 percent of the HUD chronic

homeless service users have, within the past year, received mental health services in a psychiatric hospital. Overall, a clear step pattern by housing status is evident. Housed service users are less likely to report receipt of services compared to homeless and chronically homeless persons (Table 10-9). For much of the second panel of Table 10-9, numbers in interview locations other than Oakland and Berkeley are too small to yield reliable results. Where significant differences by interview location are indicated, results for Oakland and Berkeley are generally based on enough data to be reliable. As in prior tables, the most reliable estimates are those for the sample as a whole, found in bold in the Totals column.

When we consider the proportion of those needing services who also get them, we see no significant difference by housing status. More than 80 percent of persons who report a problem with mental health also report receiving some form of mental health services (Table 10-9, bottom panel). Thus, it appears that the higher utilization of mental health services is consistent with greater need for those services among homeless persons. It is interesting that more than 20 percent of homeless persons and 12 percent of housed persons who report no problem with mental health also report participating in some form of mental health services (data not shown).

Alcohol or drug services utilization

Study participants were asked whether, in the past 12 months, they had help from any of five kinds of alcohol or drug programs: a self-help program like Alcoholics Anonymous, Methadone Maintenance program, drug and alcohol counseling program without Methadone, detoxification whether out- or in-patient, and residential treatment or recovery program. While 13.0 percent of service users who are housed report participation in one or more alcohol or drug service, 23.2 percent of homeless and 38.4 percent of HUD chronically homeless service users report use of alcohol or drug services in the past year (Table 10-10). This step pattern repeats itself in the second panel of Table 10-10, where service utilization is displayed by service type. Table 10-11 examines the relationship between assessed alcohol dependence or drug abuse, alcohol or drug dependence, drug physiological dependence, and self-assessed alcohol or other drug problem now and alcohol or other drug program participation in the past year. Participation in alcohol or drug problem programs, given a survey-assessed alcohol or drug condition, ranges from 44.7 percent to 71.5 percent. Thus, roughly one-half to three-quarters of those who appear to have needed substance abuse services are engaged in some form of care for substance abuse.

Table 10-9: Mental health services by housing status and interview location (Question N2)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,453	1,083	1,491	1,953		9,981
Weighted %	54.6	10.9	14.9	19.6		100.0
Unweighted n	758	254	111	155		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any MH service reported**						9,887
Housed						5,719
One or more services	19.1	34.1	27.0	22.9	22.0	1,259
Homeless, community def*						4,168
One or more services	29.9	59.5	33.2	34.9	36.7	1,528
HUD chronic homeless* (n=308)						1,274
One or more services	31.9	65.3	39.6	4.6	44.3	564
MH services						
Mental health therapist**						9,884
Housed	11.8	29.2	20.2	14.0	14.6	834
Homeless, community def.*	17.0	50.2	26.7	26.1	25.9	1,077
HUD chronic homeless*	23.2	63.3	39.6	2.4	39.1	497
Psychiatrist for medications**						8,859
Housed	11.6	26.9	12.2	17.4	13.7	786
Homeless, comm. def.	12.1	44.0	15.7	20.8	19.9	829
HUD chronic homeless*	20.4	49.1	35.7	2.4	31.7	403
Group home						9,883
Housed	0.8	0	0	0	0.5	26
Homeless, comm. def.*	2.5	5.5	1.8	1.3	2.8	116
HUD chronic homeless*	2.3	6.3	0	0	3.7	47
Psychiatric hospital**						9,886
Housed	1.2	14.7	0.8	0	1.5	87
Homeless, comm. def.*	6.2	25.6	3.6	2.4	8.9	372
HUD chronic homeless*	10.8	35.6	12.1	1.2	20.5	261
HIV/AIDS support group	2.7	0.4	0	0.1	1.5	152
Another support group						9,885
Housed	3.1	6.1	8.0	11.6	5.9	339
Homeless, comm. def.	13.7	10.7	11.6	12.3	12.6	526
HUD chronic homeless	8.4	10.1	35.7	3.4	9.7	123
Another program**						9,885
Housed	2.4	7.9	9.1	2.9	3.9	224
Homeless, comm. def.*	6.0	11.6	10.5	12.2	8.6	358
HUD chronic homeless*	5.3	13.7	23.6	2.2	9.2	117
MH services if mentally ill						
Housed					81.6	759
Homeless, comm. def.					85.4	864
HUD chronic homeless					80.7	376

* Significant differences (p < 0.05): housed versus homeless or HUD chronic homeless versus all others.

** Significant differences exist among interview locations (p < 0.1).

Table 10-10: Alcohol or drug services utilization by housing status and interview location
(Question N5)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,514	1,083	1,491	1,959		10,048
Weighted %	54.9	10.8	14.8	19.5		100.0
Unweighted n	763	254	111	156		1284
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any AOD service reported						9,954
Housed						5,779
One or more services	12.6	8.1	15.9	13.0	13.0	752
Homeless, community def.*						4,175
One or more services	23.0	36.2	14.0	15.5	23.2	969
HUD chronic homeless* (n=308)						1,274
One or more services	33.4	44.2	48.7	33.5	38.4	489
AOD services						9,886
Self-help program (12-steps)	14.0	27.4	12.2	15.3	15.4	1,523
Housed					11.5	647
Homeless, community def.*					20.3	844
HUD chronic homeless*					34.2	435
Methadone maintnc. (MMT)	3.2	0.9	3.1	0.6	2.4	241
Housed					2.6	147
Homeless, comm. def.					2.3	94
HUD chronic homeless					4.2	53
Drug/alcohol couns., no MMT	6.4	7.3	5.4	5.2	6.2	609
Housed					4.2	239
Homeless, comm. def.*					8.8	366
HUD chronic homeless*					13.9	177
Detox., in- or out-patient	3.2	2.7	0.3	2.9	2.7	266
Housed					2.1	118
Homeless, comm. def.					3.5	144
HUD chronic homeless*					6.2	79
Residential treatment	4.5	4.7	0.9	2.4	3.6	355
Housed					1.6	92
Homeless, comm. def.*					5.6	231
HUD chronic homeless*					9.2	117
Other program	1.8	3.4	2.3	0.1	1.7	151
Housed					1.3	68
Homeless, comm. def.					2.4	83
HUD chronic homeless*					4.0	44

* Significant differences (p < 0.05): housed vs. homeless or HUD chronic homeless vs. all others.

Table 10-11: Health services utilization by need for services by housing status (Question N5)

Subgroup	Housed		Homeless		HUD Chronic	
	Wtd. population N		4,175		1,274	
	Observed sample n		891		308	
	Observed sample n		891		308	
Services utilization by need	Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N
Any alcohol or drug program participation, in past 12 months, if past-year assessment of:		5458		4048		1254
Alcohol dependence/drug abuse (n = 516)*	45.8	512	44.8	777	53.7	429
Alcohol or drug dependence (n = 456)*	44.7	411	47.3	734	55.4	425
Drug physiological dependence (n = 183)*	60.0	154	52.5	353	71.5	270
Self-assessed AOD problem “now” (n = 238)*	65.7	277	56.6	483	64.3	317

* Significant differences (p < 0.05): housed versus homeless or HUD chronic homeless versus all others.

Delays in receipt of medical care and help for mental health and alcohol and drug problems

We asked study participants, “During the past 12 months, was there a time when you delayed or did not get any medical care you felt you needed?”³ If so, they were asked, “What were the reasons you delayed or did not get the care you needed?” Similar questions were asked with reference to help for mental health and alcohol or drug problems.

Moving from housed to homeless to chronically homeless service users, the number of respondents who state that they have never had a mental health problem declines sharply (Table 10-12; 44.0 %, 23.6%, and 17.2%, respectively). That pattern repeats for those reporting no alcohol or drug problem, declining from 54.1% to 31.7% to 19.2% for the three groups.

Figures for those who *needed and got help* with mental health or alcohol or drug problems differed little across housing status categories.

However, unmet needs show a step pattern familiar in the past several tables, increasing across worsening housing status for all three types of care in Table 10-12. Just over one-quarter (27.2%) of housed persons, one-third (35.8%) of homeless persons, and almost one-half (45.1%) of chronically homeless persons delayed or didn’t get medical care. This relationship is echoed

³ The question included a prompt that continued, “That includes seeing a doctor, dentist, specialist, or other health professional, or getting tests, treatments, or medicines.”

among the three groups regarding unmet needs for help with mental health problems (11.2%, 21.0%, and 29.2%). For alcohol or drug problems the prevalence of “need and didn’t get help” increases from 2.9 percent for housed persons to 11.3 percent for homeless to 18.7 percent for chronically homeless persons.

Reasons for delayed medical care were many, and association with housing status is evident for several of them (see Table 10-13). For example, cost is a reason given by 48.8 percent of housed but only 35.3 percent of homeless service users. Insurance provides the explanation in similar ratio (45.7% and 38.6%). The relationship reverses, however, in the case where “no openings” is cited as the reason for delaying medical care. While 12.6 percent of homeless services users offer this explanation, only 3.1 percent of housed persons do. Waiting list or long wait explains the lack of access to medical care for 27.0 percent of homeless persons and 15.1 percent of housed persons. Lack of knowledge of where to go for medical care explains lack of care for 13.8 percent of chronically homeless, 12.9 percent of homeless, and 3.6 percent of housed persons.

Reasons for not getting needed mental health care and AOD services are many and different. Lack of insurance, or insurance that failed to cover mental health services was the most prevalent explanation for not getting mental health care, followed by “didn’t know where to go” and “cost, couldn’t afford” (Tables 10-14). For these explanations prevalence rates did not differ across housed versus homeless groups. On the other hand, “waiting list, long wait” and “no openings” were offered by members of the chronically homeless significantly less often than by members of the housed group. “Put it off, lost referral” was an explanation provided by more homeless than housed persons and by more chronically homeless than homeless persons.

With regard to AOD services, the most prevalent explanation for not getting help was “put it off, lost referral,” an explanation stepping up in prevalence from the housed to homeless to HUD chronically homeless groups. Insurance and cost issues were next most prevalent, but were not differentiated by housing status. Transportation problems were reported in the step pattern seen for “put it off, lost referral.”

Table 10-12: Delayed care or unmet needs by housing status and interview location (Questions M4, N3, N6)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,502	1,081	1,486	1,959		10,029
Weighted %	54.9	10.8	14.8	19.5		100.0
Unweighted n	761	251	110	156		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Medical care, specialty care**						9,939
Housed						5,773
Delayed or didn't get	18.2	46.4	39.3	37.2	27.2	1,572
Homeless, community def.*						4,166
Delayed or didn't get	35.0	36.1	32.2	40.9	35.8	1,492
HUD chronic homeless* (n = 307)						1,269
Delayed or didn't get	49.1	36.4	63.7	62.9	45.1	572
Mental health problems**						9,891
Housed						5,721
Needed and didn't get	9.2	25.8	11.6	12.4	11.2	638
Needed and got help	25.0	34.8	20.8	21.2	24.0	1,372
Didn't feel I needed help	18.9	24.5	25.3	19.6	20.4	1,166
Never had MH problem	46.8	14.9	42.3	44.6	44.0	2,516
Don't know	0	0	0	2.3	0.5	28
Homeless, community def.*						4,170
Needed and didn't get	19.4	36.0	15.7	12.8	21.0	878
Needed and got help	24.0	30.7	28.5	39.0	28.2	1,175
Didn't feel I needed help	32.2	17.3	22.4	20.4	26.3	1,097
Never had MH problem	23.4	15.2	32.9	27.3	23.6	985
Don't know	1.1	0.9	0.5	0.5	0.9	36
HUD chronic homeless* (n = 305)						1,270
Needed and didn't get	21.5	42.5	22.2	4.7	29.2	371
Needed and got help	18.2	27.9	47.5	45.2	24.8	315
Didn't feel I needed help	41.4	16.6	21.2	5.1	28.2	358
Never had MH problem	18.4	12.2	9.1	45.0	17.2	218
Don't know	0.6	0.8	0	0	0.7	8
Alcohol or drug problems**						9,845
Housed						5,734
Needed and didn't get help	4.0	0.2	0.8	2.3	2.9	165
Needed and got help	25.9	24.8	15.9	19.2	22.8	1,306
Didn't feel I needed help	11.9	37.6	44.6	19.2	20.2	1,160
Never had AOD problem	58.2	37.5	38.7	59.3	54.1	3,103
Homeless, community def.*						4,110
Needed and didn't get help	8.4	26.4	3.2	9.6	11.3	464
Needed and got help	28.6	28.8	18.2	14.2	25.1	1,031
Didn't feel I needed help	35.0	24.7	34.8	27.9	31.9	1,312
Never had AOD problem	28.1	20.1	43.8	48.4	31.7	1,304

Table 10-12, continued

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	Clients
Weighted N	5,502	1,081	1,486	1,959		10,029
Weighted %	54.9	10.8	14.8	19.5		100.0
Unweighted n	761	251	110	156		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
HUD chronic homeless* (n = 307)						1,273
Needed and didn't get	7.4	29.7	28.5	30.1	18.7	238
Needed and got help	34.0	30.6	27.6	32.6	32.3	412
Didn't feel I needed help	33.5	27.0	11.0	28.0	29.8	379
Never had AOD problem	25.1	12.7	33.0	9.3	19.2	244

* Significant differences (p < 0.05): housed vs. homeless and HUD chronic homeless vs. all others.

** Significant differences exist among interview locations (p < 0.1).

Table 10-13: Reasons for delayed medical care by housing status and interview location
(Questions M5)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	1,379	416	563	764		3,122
Weighted %	44.2	13.3	18.0	24.5		100.0
Unweighted n	282	115	48	72		517
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any reason given** (n = 1284)						9,953
Housed						5,779
One or more reasons	18.1	46.4	41.7	37.2	27.6	1,593
Homeless, community def						4,174
One or more reasons	34.8	35.6	31.9	40.9	35.6	1,484
HUD chronic homeless* (n = 307)						1,274
One or more reasons	48.6	36.4	56.0	62.9	44.6	569
Reasons, no medical care						9,939
Cost, couldn't afford						
Housed	50.0	43.9	41.2	55.3	48.8	777
Homeless, comm. def.*	39.3	25.5	20.3	42.8	35.3	524
No insurance, didn't cover**						
Housed	29.9	68.3	55.5	50.9	45.7	728
Homeless, comm. def.	37.9	32.2	28.1	51.5	38.3	568
No openings						
Housed	2.1	10.7	5.5	0	3.1	49
Homeless, comm. def.*	11.8	12.9	24.6	7.7	12.6	187
Waiting list, long wait						
Housed	18.7	28.4	5.5	14.9	15.1	240
Homeless, comm. def.*	28.4	21.7	35.5	23.6	27.0	401
Not eligible, sick enough	13.6	14.7	24.1	17.2	16.5	516
Had to be sober first	0.6	0	0	0.3	0.4	11
Transportation problem						
Housed**	31.7	14.3	5.5	12.4	18.0	287
Homeless, comm. def.	26.0	17.2	34.0	31.4	26.2	389
Hours not convenient	7.4	7.3	8.3	8.8	7.9	247
Language problem	0.3	1.7	0	1.5	0.7	23
No child care**	1.2	0.4	8.3	4.2	3.1	96
Expected disrespect**	2.2	13.5	3.4	13.7	6.7	210
Didn't know where to go						
Housed	0.9	0	10.9	1.7	3.6	57
Homeless, comm. def.*	6.2	20.0	20.9	19.9	12.9	192
HUD Chronic Hmls*	7.8	23.1	42.2	1.9	13.8	79
Put it off, lost referral	29.5	27.8	27.6	13.4	25.0	781
Physical accessibility prob.	7.3	9.2	1.7	2.0	5.3	164
Other**	15.9	28.3	38.2	15.8	21.5	672

* Significant differences (p < 0.05): housed vs. homeless or HUD chronic homeless vs. all others.

** Significant differences exist among interview locations (p < 0.1).

Table 10-14: Reasons didn't get help for mental health problem by housing status and interview location (Question N4)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5512	1083	1491	1959		10,046
Weighted %	54.8	10.8	14.8	19.5		100.0
Unweighted n	762	254	111	156		1283
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any reason given** (n = 1283)						9952
Housed						5779
One or more reasons	7.8	25.8	11.4	12.4	10.3	596
Homeless, community def*						4173
One or more reasons	18.9	35.9	15.7	11.9	20.6	860
HUD chronic homeless*(n = 308)						1274
One or more reasons	19.5	42.5	22.2	4.7	28.2	360
Reasons did not get MH care						
Cost, couldn't afford**	11.5	60.2	45.8	33.2	31.4	467
No insurance, didn't cover**	18.7	61.4	31.7	36.1	33.7	502
No openings	18.7	9.0	16.2	21.9	16.6	248
HUD chronic homeless*					6.1	22
Waiting list, long wait**	43.4	7.1	30.3	23.9	29.5	440
HUD chronic homeless*					12.2	44
Not eligible, sick enough**	9.8	6.0	33.0	1.7	10.4	154
Had to be sober first	1.4	0.4	0	0	0.7	11
Housed					0.1	1
Homeless, comm. def.*					1.2	10
Transportation problem	30.7	44.2	29.6	6.2	29.4	438
Housed					25.7	153
Homeless, comm. def.					33.1	285
HUD chronic homeless					50.8	183
Hours not convenient** (n = 16)	22.8	2.0	4.0	4.8	12.2	182
Language problem** (n=5)	0.1	0.7	1.4	4.4	1.2	18
No child care (n = 8)	1.8	0	3.5	11.0	3.2	48
Expected disrespect	3.8	6.6	8.6	0.4	4.4	66
Housed					1.1	6
Homeless, comm. def.*					6.9	60
Didn't know where to go	34.4	24.2	39.8	35.4	32.8	488
Put it off, lost referral**	13.4	45.6	44.3	4.4	23.4	348
Housed					9.6	57
Homeless, comm. def.*					33.8	291
HUD chronic homeless*					54.3	195
Physical access. prob. (n = 12)	18.3	2.0	0	0.5	8.9	132
Other (n = 60)	21.1	15.7	13.0	29.4	20.3	302

* Significant differences (p < 0.1): housed vs. homeless or HUD Chronic Homeless vs. all others.

** Significant differences exist among interview locations (p < 0.1).

Table 10-15: Reasons didn't get help for alcohol or drug problem by housing status and interview location (Question N7)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5512	1,083	1491	1931		10,018
Weighted %	55.0	10.8	14.9	19.3		100.0
Unweighted n	762	254	111	155		1282
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any reason given** (n = 119 of 1284)						9952
Housed						5779
One or more reasons	4.0	1.1	0.8	2.3	3.0	170
Homeless, community def*						4173
One or more reasons	8.3	25.9	3.8	9.7	11.3	471
HUD chronic homeless* (n = 308)						1274
One or more reasons	7.1	29.9	28.5	30.1	18.7	238
Reasons, no AOD care¹ (n = 119)						641
Cost, couldn't afford					43.8	281
HUD chronic homeless					66.8	159
No insurance, didn't cover					45.4	291
HUD chronic homeless					68.1	162
No openings (n = 26)					20.4	131
Housed					27.3	46
Homeless, comm. def.					17.9	84
HUD chronic homeless					5.0	12
Waiting list, long wait					11.2	72
Not eligible/sick enough (n = 17)					21.0	134
HUD chronic homeless*					5.5	13
Had to be sober first					11.2	72
Transportation problem (n = 29)					27.9	179
Housed					3.3	6
Homeless, comm. def.*					36.9	174
HUD chronic homeless*					62.6	149
Hours not convenient					2.8	18
Language problem					0.7	5
No child care					0.6	4
Expected disrespect					5.9	38
Didn't know where to go					6.8	43
Put it off, lost referral (n = 48)					48.6	311
Housed					23.7	40
Homeless, comm.. def.*					57.6	271
HUD chronic homeless*					76.4	182
Physical access problem (n = 10)					4.1	26
Other					12.1	78

* Significant differences (p < 0.1): housed vs. homeless or HUD Chronic Homeless vs. all others.

** Significant differences exist among interview locations (p < 0.1).

¹ Not tested for differences among interview locations due to small number of observations.