

SECTION 11. TELEPHONE SERVICE

We asked Questions Q1 and Q2, about *home* telephone service, to permit comparison with telephone-administered health surveys, like the CAUS and CHIS. We anticipated that many of the ACSSS respondents would not have home telephones¹, and thus survey results would provide information about a population segment missed by these other surveys. Persons with no phone service all year would have been completely missed by telephone surveys. Thus anything we learn about persons without phone service adds knowledge about a population segment previously “invisible” in general population health statistics.

We have complete information on phone service for 1,277 respondents, and no information on the 179 respondents who completed short interviews at mobile van locations. The implication of these missing data, as for other topics in this report, reflects the fact that users of mobile van services are likely to represent the most disadvantaged, and perhaps most disabled, segment of the service user population. They are suspected of being very different from the remainder of the population, and, although it seems unlikely that many of them had home telephone service, we have no information about them on this specific topic, so they are excluded from these analyses.

During test interviews, the questions about phone service often caused stunned looks and giggles from respondents. We are not sure whether that reaction is based on the unlikelihood of a “yes” answer, or the abrupt change in the nature of the questions, or both. The large majority of respondents either did (49.5%), or did not (40.1%), have a home phone over the entire past year (Table 11-1). Only 10.4 percent (n = 117) had a phone for just part of the year, thus this group is not subdivided further.

The service user population segment with no phone was a mix of housed (37.3%) and homeless persons (62.7%). Most (54.7%) of the service users with no phone at any time in the year reported that they had been homeless one year or more during the past three years. Those with part-year phone service included both housed (56.7%) and homeless (43.3%) persons, in roughly equal measure; however, homeless persons spent about half the year without phone service (0.62 year) compared to about one-fourth of the year for housed persons (0.28 year; not presented in

¹ The questions we used explicitly ignore whether study participants have a *cell* phone, since historically telephone surveys have not included cell phone exchanges in their coverage. Thus, findings here do not imply that respondents have no access to telephone service; in fact, a few reported “only had a cell phone” (n = 8).

tabular form). A small proportion of chronically homeless persons (HUD definition) reported having phone service either all year or part of the year.

Thus, a substantial portion of housed users without telephone service for the past year would have been missed by a telephone survey during that time.² Likewise, some *currently* homeless persons without phones could have been included in general population telephone surveys within the past year if they then had phone service. However, phone service gaps could bias general population surveys geographically. Having no phone would have hidden from view disproportionately more service users in Oakland and Berkeley than their representation in the service user population.

The overlap of housing status across phone service categories, along with the high proportion of housed service users having a history of homelessness, suggests that persons without phones may not differ greatly from the rest of the very-low-income population.³ In Table 11-1, we compare a number of demographic, work, and income characteristics across phone status categories. Table 11-2 includes information on health and other characteristics.

Persons with a phone all year tend to be slightly older (mean age 49.2 years), and more of them are female (64.8%), compared to those with a phone part or none of the year. About two-thirds of those without phones are single adults (68.1%). Over half of those with part-time phone service are adults with children (54.6% parents), and the part-time phone group has, on average, the most children with them (1.2). A greater proportion of those with a phone all year are working, and the number of hours worked per week increases, looking from those with phone service none of the year to those with service part of the year to those with a phone all year. Monthly household income increases from those without phone service (\$585) to those with service part of the year (\$1,244) and then declines again to \$1,054 for those with service all year.

The physical health composite score dips those for those with phone service part of the year, while a slight step function is evident in mental health composite score, with scores rising from no phone any time to phone part of the year to phone all year.

² The text accompanying Table 8-7 provides an example of different findings in Alameda County face-to-face versus telephone surveys. It would be a useful exercise to determine, concerning the prevalence of asthma among County residents, whether ACSSS findings could usefully supplement results from the CHIS survey.

³ If this turned out to be true, in general or for specific survey topics, telephone surveys could compensate for non-coverage of persons with no telephone service by weighting-up findings from very low income respondents.

The prevalence of diabetes, “other” medical conditions, and mental illness is greatest among those with phone service part of the year. Respondents with alcohol or drug dependence, self-reported alcohol or drug problems, and having gaps in coverage are more prevalent among the group with phone service at no time in the year.

The clear plurality of persons with no phone service reported that their last medical care was in a hospital emergency room, and that group averaged 2.9 ER visits in the last year, compared with 1.8 for the other two groups. While the other two groups also reported numerous ER visits, those with phone service were twice or three times as likely to report a doctor’s office visit as their last source of medical care. Hospitalizations and jail or prison history are notably higher among those with no phone service. Hunger is highest among those with phones for part of the year.

All of the respondents in this survey found it necessary to use services for homeless persons at the time they were interviewed. As we might expect the overall pattern of responses reported in this section show that, among the services using population, persons without telephone service were even worse off than those with telephone service. From a service-provider perspective, all three telephone service groups have service needs, and those needs would seem to differ. The problems of those with phone service part of the year suggest particularly vulnerable families, with larger numbers of children and high prevalence of health problems. They seem most likely to be juggling the costs of rent, utilities and food, and are likely the most at risk of losing housing

We are left concluding that there are important differences in the three groups as defined by home telephone service, and suggest that planners and policy-makers reliant on data from telephone surveys may want to investigate the matter at greater length.

Table 11-1: Selected housing, demographic, work, and income characteristics of service users by telephone status (Questions Q1,Q2)

		No Phone, Any Time	Phone Part of Yr.	Phone All Year	
Wtd. population N		3998	1034	4940	9972
Wtd. %		40.1	10.4	49.5	100.0
Observed sample n		749	117	411	1277
Q#	Selected characteristics of service users	Wtd. %	Wtd. %	Wtd. %	Wtd. N
Note	Housing status* (n= 1269)				9906
	Housed	37.3	56.7	74.7	5737
	Homeless	62.7	43.3	25.3	4169
	<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>9906</i>
	HUD Chronic Homeless (n = 308)	31.5	4.5	2.6	1274
E8	Ever homeless* (n = 1273)	79.9	70.0	58.6	6802
E10	How much of past 3 years homeless* (n= 1221)				9602
	‘Never homeless’	20.2	30.0	43.7	3140
	Under 1 year	16.7	30.4	16.7	1744
	One year or more	54.7	21.9	16.7	3132
	‘Was homeless’, unknown duration	8.5	17.8	22.9	1586
CS	Interview location* (n = 1277)				
	Oakland	59.0	37.3	55.2	5470
	Berkeley	20.9	4.9	4.0	1082
	Mid & North	10.1	17.5	18.3	1489
	East & South	10.0	40.3	22.6	1931
B3	Age (years)* (n = 1265)	43.0	41.7	49.2	9853
B1	Gender (male)* (n = 1277)	61.2	40.0	35.2	9972
B4	Race/ethnicity (n = 1277)				9972
	Black	59.1	42.7	51.6	5351
	Hispanic	11.9	19.5	18.0	1565
	White	22.2	32.8	16.5	2038
	All others	6.9	4.9	14.0	1018
E1-3	Family type* (n = 1277)				9972
	Single adult	68.1	38.1	45.1	5343
	Person in couple	10.1	7.2	20.4	1486
	Adult with children (parent)	21.9	54.6	34.5	3143
E1-3	Children with respondent, average* (n = 1270)	0.6	1.2	0.7	9972
E1-3	Children not with respondent, average*	0.8	0.2	0.4	9955
G6	Working (anything for pay) (n = 1274)	26.5	32.1	37.6	3246
E8	Hours worked per week* (n = 374)				3181
	Up to 15 hours	44.8	17.7	14.8	790
	16 – 30 hours	22.4	45.2	23.2	804
	31 – 39 hours	1.8	18.2	14.1	336
	40 or more hours	21.3	16.4	40.6	1011
H3	Household income* average (n = 876)	\$585	\$1,244	\$1,054	6996

* Significant differences exist across phone status categories (p < 0.05).

Table 11-2: Selected health, hunger, health services utilization, and other characteristics of service users by telephone status (Questions Q1,Q2)

	No Phone, Any Time	Phone Part of Yr.	Phone All Year	
Wtd. population N	3998	1034	4940	9972
Wtd. %	40.1	10.4	49.5	100.0
Observed sample n	749	117	411	1277
Q# Selected characteristics of service users	Wtd. %	Wtd. %	Wtd. %	Wtd. N
Note Disabled (homeless definitions)* (n = 1277)	65.4	52.0	51.6	5702
L1-8 Physical Health Composite (PCS) score*	47.6	43.4	47.6	9621
L1-8 Mental Health Composite (MCS) score*	43.7	44.0	46.9	9621
K4b Diabetes, diagnosed* (n = 1268)	4.0	16.9	12.5	948
K4e Other medical condition* (n = 1272)	23.7	44.8	41.7	3462
K1-4 Mental illness* (n = 1275)	22.2	23.0	10.9	1660
O1,3 Alcohol or drug dependence* (n = 1231)	35.9	24.4	18.1	2475
O2,4 Self-assessed AOD problem* (n = 1265)	22.7	4.8	6.8	1275
J1-2 Any health insurance/coverage* (n = 1266)	64.7	73.4	80.4	7317
J3 Gap in coverage, past year* (n = 1266)	57.8	50.4	38.4	4697
M1 Last medical care, selected sources* (n= 1272)				9842
None; don't use	4.2	11.6	1.1	338
Emergency room (ER) at a hospital	41.9	29.5	29.7	3406
Urgent care clinic	3.6	2.1	5.3	418
Free clinic	11.7	7.8	7.2	891
Community clinic	13.4	12.9	15.8	1433
Dr. office, NP, PA, allied health	11.0	23.5	32.5	2248
VA facility	6.4	2.2	2.5	399
Other place	6.2	9.7	5.5	611
M2 ER visits* (n = 1255)	2.9	1.8	1.8	9855
M3 Hospitalizations* (n = 1263)	0.5	0.3	0.2	9898
P1 Hunger, adult respondents* (n = 1275)	47.3	60.2	23.3	3655
D2 Ever in jail or prison* (n = 1265)	70.5	58.7	39.3	5341
K7-8 Violence, non-family or family (n = 1272)	19.4	8.9	11.7	1442

* Significant differences exist across phone status categories (p < 0.05).

SECTION 12. ADDITIONAL SERVICES DESIRED

At the conclusion of the interview, study participants were asked, with reference to a list of 23 items, whether or not they currently want more help with those matters. The last of the items asked about “other services,” following which respondents were encouraged to specify the kinds of services in which they were interested.

Table 12-1 summarizes responses to the inquiry about desired services or other help. Most striking is the large numbers of service users – both housed and homeless – who express a desire for more help. Large proportions desire help with housing, employment and job training, benefits receipt, mental health counseling, treatment, and case management, money management skills, and transportation.

Worthy of emphasis is the finding that the majority even of housed persons desire more help with affordable housing and transportation (65.1% and 58.6% respectively). Also salient are findings that almost half of the housed persons express interest in an educational workshop on how to apply for housing, and about one-quarter desire help with family violence shelters (23.7%), places to camp (22.3%), and warm places to “hang out” (26.6%).

Compared to housed persons, interest in help was even more prevalent among homeless service users wanting lists of affordable apartments (82.7%), educational workshop on housing application (65.9%), more affordable places to live (90.3%), family shelters (43.1%), family violence shelters (37.4%), places to camp (44.1%), warm places to “hang out” (57.6%), help getting on or back on benefits (51.9%), help with a disability (36.2%), mental health counseling or treatment (36.5%), mental health case management (33.4%), outpatient alcohol or drug treatment (27.1%), dual diagnosis treatment (23.9%), and more affordable transportation (74.6%).

The follow-up, open-ended write-in responses naming “other” services desired are also illuminating (see Table 12-2). These comments are provided by 294 study participants, representing over 2000 members of the population of service users. None of the categories that we constructed from the responses incorporates information for a great many respondents. However, among homeless service users, relatively frequent expressions of need concern dental and medical care, legal services, and access to food. Housed service users mention food in a

similar proportion but, more frequently than homeless individuals, they mention need for youth services and help with housing deposits.

Table 12-1: Currently desire more help by housing status (Question R1)

Q ¹	Questionnaire items	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
	Any response	99.9	4169	888	98.8	5,710	383
A	Lists of apartments or houses that you might be able to afford	82.7	3,417	747	58.0	3,252	241
B	Educational workshop: applying for housing	65.9	2,728	611	48.6	2,726	195
C	More affordable places to live	90.3	3,736	801	65.1	3,651	267
D	Shelters for couples and/or whole families	43.1	1,769	421	23.3	1,296	102
E	Shelters to escape family violence or abuse	37.4	1,537	351	23.7	1,319	93
F	Places to camp without being hassled	44.1	1,823	443	22.3	1,245	104
G	Warm places to hang out when it's cold	57.6	2,380	591	26.6	1,484	124
H	Help finding a job or other employment services	65.4	2,713	624	53.8	3,017	225
I	Job training or education	64.4	2,679	621	52.8	2,959	224
J	Child care	22.5	930	257	24.1	1,344	93
K	Services for my children, other than child care	25.2	1,041	305	32.1	1,822	109
L	Help getting on, or back on, benefits like SSI, GA, or Food Stamps	51.9	2,145	478	37.1	2,103	149
M	Help with Veteran's Benefits or services	16.4	675	219	13.0	725	68
N	Help with a disability, such as independent living resources	36.2	1,477	398	26.5	1,472	126
O	Mental health counseling or treatment	36.5	1,509	390	22.4	1,252	114
P	Mental health case management	33.4	1,380	344	19.8	1,105	91
Q	Alcohol or drug detoxification services	20.7	857	246	14.0	781	66
R	Residential treatment for alcohol or drugs	22.8	941	245	15.5	864	68
S	Outpatient alcohol or drug treatment (not residential)	27.1	1,120	271	15.8	882	81
T	Treatment for alcohol or drugs and mental health, dual diagnosis treatment	23.9	985	268	14.9	830	75
U	Money management skills	46.6	1,934	489	40.9	2,283	173
V	More affordable/easier-to-use, transportation	74.6	3,089	685	58.6	3,332	253
W	Other services What kind?	30.3	1,013	223	26.1	1,194	85

1 Letters identify item numbering in survey questionnaire

Table 12-2: Other services with which client wants more help by housing status (Question R1W)

Currently want more help with ... Other services. What kind?	Homeless			Housed		
	Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. N
ANY ADDITIONAL RESPONSE						
Refused further explanation	4.2	42	14	2.2	24	2
Already mentioned (in R1 a – w)	33.0	329	67	28.7	313	22
Any request for additional service/ comment	84.6	844	168	69.4	756	55
Totals (n = 294)	100.0	997	216	100.0	1,090	78
#¹ RESPONSES, GROUPED						
40 More resources	15.1	151	9	0	0	0
39 Central information and referral services	1.5	15	6	0.7	7	3
31 Medical care, specialty care	9.1	90	19	4.4	48	4
32 Dental care, basic and advanced	13.6	135	23	3.6	39	1
38 AOD services: 12-step, Alanon	0.1	1	1	0	0	0
50 Glasses	1.8	18	5	2.6	28	1
37 Hearing services	0.9	9	2	0	0	0
27 In-home care: personal assistance to cleaning help	0.7	7	2	8.4	92	6
26 Legal services	7.9	79	12	2.0	22	1
43 Family services, including reunification	3.9	39	8	5.3	58	3
47 Youth services	0.8	8	2	8.1	89	5
33 Housing deposit, places that don't require one	3.0	29	7	8.2	89	4
48 Section 8 & other housing subsidies	2.5	25	4	0	0	0
45 Housing + services for special populations: elderly, veterans, group home	1.2	12	3	4.2	46	3
44 Motel vouchers, other private immediate housing	3.4	34	5	0	0	0
36 Shelter Plus Care, housing with other services	0.6	6	4	0	0	0
35 Shelters that take pets	0.5	5	3	0	0	0
30 Shower, laundry; parking, storage; place to rest	2.2	22	10	0.4	4	3
42 Furniture, clothing, other personal items	2.2	22	11	5.3	58	4
29 Drop-in center, socializing	0.9	9	4	2.6	28	1
41 Food ...more ... at night	6.8	67	8	6.9	75	6
34 Money: loans, cost of living allowance – as little as \$5 a day, on demand	1.4	14	7	2.0	21	6
49 Car: help with purchase, gasoline	4.0	40	2	2.6	28	1
54 Transportation: other assistance	0.6	6	4	2.0	22	1
28 Small business – assistance	0.8	8	3	0.7	8	2

Table 12-2, continued

		Homeless			Housed		
Currently want more help with ... Other services. What kind?		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. N
51	Anger management	0.8	8	1	0	0	0
52	Medical insurance	0.2	2	1	0	0	0
53	Tobacco cessation services	2.9	28	2	0	0	0
55	Education, higher education	0.8	8	3	0.3	3	2
56	Computer training	0.1	1	1	1.4	15	1
70	Jobs: more jobs, low-skill jobs	0.2	2	2	1.1	12	3
24	Vocational rehabilitation	0.5	5	2	0	0	0
60	Other housing concern	0.3	3	3	0	0	0
98	Social comment	0.3	3	1	9.0	98	1
99	Meaning unclear	0.1	1	1	0	0	0

1 Coding numbers in the first column refer arbitrary tabulation categories.-

SECTION 13. OTHER COMMENTS

The final question for study participants posed the open-ended question, “What else do you want us to know about you now?” Although numbers of responses sharing any particular point were relatively few, a total of 455 participants replied with additional information (Table 13-1). However, the responses are nevertheless of interest. It is noteworthy that 49 respondents, representing 303 service users, mention a criticism of one or more services, and 33 respondents, representing 141 service users, compliment Alameda County’s programs. As was evident also in findings summarized in Section 10, service users have financial problems and want more services, jobs, training and education. They also want help with domestic violence matters.

Table 13-1. What else would you like us to know about you? (Question R2)

#	Comments, grouped ¹	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
0	“Nothing more”	57.3	2,312	507	74.6	4,021	254
	Any other response	42.7	1,724	351	25.4	1,370	104
	Totals	100	4,036	858	99.9	5,391	358
	HOUSING-RELATED						
200	Need / want / hope to get housing	3.9	156	22	0.5	28	1
201	Need affordable housing	0.9	40	16	0.8	44	5
207	Homeless / want to get off street	1.6	68	17	0.2	12	1
202	Want permanent housing	1.6	60	10	0	0	0
204	Help finding housing	0.8	33	9	0	0	0
205	Present housing about to expire	0.4	16	3	0	0	0
57	Help with Section 8 / CalWORKs	0.7	28	2	0.7	35	3
25	Housing for single moms	0.1	6	2	0	0	0
206	Subsidized housing	0.2	8	2	< 0.1	2	1
209	Want own place	0.2	5	2	0.4	23	3
203	Can't find / get housing	0.2	6	2	0	0	0
208	Safe housing	0.1	3	1	0	0	0
26	Housing for seniors	0.3	11	1	0.9	51	2
220	Transitional housing	< 0.1	1	1	0	0	0
78	Shelter Plus Care	< 0.1	1	1	0	0	0
210	Expect housing soon	< 0.1	1	1	0	0	0
211	Housing: other	1.9	75	7	0.1	3	1
	Subtotals	12.9	518	99	3.6	198	17
	HOMELESS SERVICES						
77	Homeless services	0.1	5	5	0	0	0
22	Facilities: shower, phone, place to rest	0.1	4	2	< 0.1	2	1
74	Office equipment	0.1	5	1	< 0.1	2	1
	Subtotals	0.3	14	8	< 0.1	4	2

Table 13-1, continued

#	Comments, grouped ¹	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
	HUNGER, HARDSHIP						
⁴¹	Hungry, need food	0.5	21	5	0.6	33	2
⁴²	Need food stamps	0	0	0	0.5	28	1
⁴³	Help with clothing	0.1	4	2	0.1	5	1
	Subtotals	0.6	25	7	1.2	66	4
	HUMAN SERVICES-RELATED						
⁸¹	Critical of some services	4.7	190	44	2.2	113	5
⁸	Alameda County has good programs	1.6	65	25	1.5	76	8
⁷¹	More services	1.5	57	16	< 0.1	2	1
⁷	Better services	0.8	33	12	0.1	3	1
⁷⁹	Information about services	0.2	7	4	0	0	0
⁷³	Transportation	0.2	10	6	< 0.1	1	1
⁵⁹⁵	Help with other services	0.1	4	3	0	0	0
⁷²	Youth services	0.3	11	2	0.9	50	2
⁷²⁵	Senior services	0.2	7	2	0.4	24	2
	Subtotals	9.6	384	114	5.1	269	20
	LEGAL SERVICES						
⁷⁶	Offender programs	0.4	14	3	0.1	4	1
⁵⁸	Help with legal services	0.2	6	3	0.1	5	1
⁵²	Landlord help	0.1	6	1	0	0	0
⁷⁵	Free legal aide	< 0.1	1	1	0.5	28	1
⁵⁸⁵	Legal help w/ child support	0.1	1	1	0	0	0
	Subtotals	0.8	28	9	0.7	37	3

Table 13-1, continued

#	Comments, grouped ¹	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
PERSONAL SUMMARY							
54	Personal tale / comment	2.4	97	31	7.1	378	13
92	Hard worker, good person	2.9	115	19	0.6	34	4
9	"I'm ok"	0.9	34	12	0.5	26	6
93	Optimistic	0.7	27	10	0.2	8	1
63	Just making it, it's hard	3.9	159	7	0.9	50	2
55	Worried	0.4	13	5	1.3	69	3
6	Harmed by homelessness	0.1	5	3	0	0	0
45	Needs sleep	< 0.1	2	2	0	0	0
62	Not quite making it	0.2	6	2	0.4	24	2
701	Too much, don't ask	0.1	5	1	0	0	0
	Subtotals	11.6	463	92	11.0	589	31
WORK-RELATED							
1	Wants job	3.2	130	28	3.1	169	11
11	Better job	< 0.1	1	1	1.4	22	1
12	Need training, education	2.7	107	10	< 0.1	4	5
13	Job information	0.3	12	3	0.2	9	2
17	Specialized work / training / opportunity.	0.1	2	1	< 0.1	2	1
14	Work sharing experience	0.3	13	2	0	0	0
16	Work social value	0.1	6	2	0	0	0
18	"Not yet", waiting for ...	< 0.1	1	1	0.5	28	1
15	PT job, less	0	0	0	0.9	47	2
59	Help with unemployment	0	0	0	< 0.1	2	1
	Subtotals	6.7	272	48	6.1	283	24
FINANCIAL ISSUES							
4	Financial problems	1.0	38	16	3.2	174	11
36	Help with SSI	0.6	23	5	0.1	7	3
53	Help with finances	1.8	72	2	0.2	12	4
	Subtotals	3.4	133	23	3.5	193	18

Table 13-1, continued

#	Comments, grouped ¹	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
	MEDICAL- OR DISABILITY-RELATED						
³	Medical/health	1.5	60	23	2.0	106	7
³²	Mental services	0.5	18	7	0.5	29	4
³¹	Disabled	1.5	60	5	0.1	9	4
⁵⁶	Help w/ med services	0.3	10	3	0	0	0
³⁷	Medical appliance	0.1	4	3	0	0	0
³¹⁵	Home care services	1.7	69	1	0	0	0
⁸²	AIDS program	0	0	0	1.1	58	2
	Subtotals	5.6	221	42	3.7	202	17
	ALCOHOL- OR DRUG-RELATED						
³³	AOD services	1.6	65	13	< 0.1	3	2
³⁴	Not AOD problem	0.1	8	4	0	0	0
	Subtotals	1.7	73	17	< 0.1	3	2
	PERSONAL, RELATIONSHIP ISSUES						
⁵	Personal help	1.4	57	12	< 0.1	3	2
⁴⁴	Domestic violence connection	0.3	11	3	0.4	22	1
⁵¹	Needs companionship	0.8	31	2	0	0	0
²⁷	Get children back	< 0.1	1	1	0	0	0
³⁵	Gay / lesbian issue	0.3	12	1	0	0	0
	Subtotals	2.8	112	19	0.4	25	3
	ACSSS SURVEY						
⁸⁵	Want you to be aware of us as <i>people</i>	0.7	24	5	0.2	10	2
⁸⁴	Distrusts confidentiality of this survey	0.4	14	4	0	0	0
⁸³⁵	This survey is good	0.1	3	3	0.1	6	1
⁸³	This survey is useless	0.1	2	1	0	0	0
	Subtotals	1.3	43	13	0.3	16	3

1 Number-coded responses from 1224 respondents. Numbers in the first column are arbitrary tabulation categories.

SECTION 14. CONCLUSIONS

Count. Using HUD’s definition of homelessness, we estimate that 3,606 homeless adults, accompanied by 1,477 children, utilize homeless services in Alameda County. Under the community definition, 4,460 homeless adults utilizing homeless services are accompanied by 1,755 children. Housed persons also use homeless services in the County, and we estimate that their numbers are larger than the number of homeless persons using the same services. Depending on which definition is used for homelessness, housed persons constitute 57% or 65% of users of services designed to respond to homelessness.

According to the HUD definition, 1,280 of the service users – all single and without accompanying children – are chronically homeless. Under the community definition, 3,767 adult service users are chronically homeless, and they are accompanied by 1,554 children.

Overall, a large proportion of the service-using, homeless population is comprised of single adults. However, depending on location within the County, relatively larger (Mid and North County and South and East County) or smaller (Oakland and Berkeley) proportions of the homeless include children.

Hunger. Prevalence of hunger is higher than U.S. rates among both the housed and homeless populations. It may be that homeless persons can not afford regular meals and that housed persons must constantly choose between paying rent or purchasing food for themselves and their family. Emergency food services may help housed users save enough money on food to pay rent.

Housed and homeless service users. The Alameda Countywide Shelter and Services Survey reveals that homeless persons differ in many respects from housed users of services established for homeless clients. The homeless group in Alameda County includes more males, and somewhat younger persons, compared to the housed group. The homeless group has more substantial histories of child welfare and criminal justice institutionalization. They are more likely to be on their own rather than in a family unit.

They have fewer of their children with them, experience hunger more frequently, work fewer hours at regular jobs, and have smaller incomes. The homeless group includes more people with physical, emotional, and other disabilities. Abuse and dependence on both alcohol and other drugs is more prevalent among homeless persons, and rates of victimization are higher. Homeless persons report no less access to insurance or health services than do housed persons, but nevertheless members of the homeless group are more likely to rely on emergency room or urgent care facilities, record more hospitalizations, and report delayed care for AOD or mental health problems.

From a point-in-time survey, we cannot offer much insight into the question of whether homelessness precedes or follows most of these conditions and behaviors. Nevertheless, the series of comparisons we have made between two groups utilizing the same services suggests that there is considerable overlap in these two subgroups. The majority of housed persons utilizing homeless services have themselves been homeless. The higher average monthly income of housed persons may provide just enough of a financial resource to allow them to make a regular rent.¹ However, the average income is low enough that if one or another income source dries up, even for a short period of time, many housed persons would be expected to become homeless.

Policy and program use of information about homeless and near-homeless populations.

It is apparent that from the perspective of respondents there is no single reason for homelessness. Rather, beyond the critical housing shortage and the expense of housing, the cost of health care, and the relatively great rates of unemployment and poverty, a multitude of problems besets the homeless population. The large prevalence and severity of the disability conditions affecting study participants suggests that public and private agencies' capacity to resolve any particular – let alone the series of – problems preventing exits from homelessness will be a challenge.

We have tried to present and interpret these findings in ways that will help to identify program and policy areas where innovation or added resources are needed. In that sense,

¹ See, for example, the positive findings of shallow rent subsidies in Dasinger, L.K. and Speigman, R. Alameda County Project Independence Evaluation. A Longitudinal Study of a Shallow Rent Subsidy Program for People with HIV/AIDS. Berkeley: Public Health Institute, 2002.

our findings may promote long-term planning for housing, services, and other interventions. Especially in the current period of limited governmental fiscal support for health and human services, such information may prove especially helpful in targeting and prioritizing the content of County-wide programs.

Readers need to hold in mind that point-in-time surveys, like this one, probably over-emphasize the characteristics and needs of longer-term or chronically homeless persons. Thus, a social commitment to pursue programs and policies concerning the broader problem of homelessness will require addressing the needs not just of the male, solo, homeless adults who dominate the HUD chronically homeless group. The needs of families and couples, even if less apparent in this point-in-time survey, also require renewed commitments to effective assistance.