

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. Oakland service users who are homeless are significantly more likely than housed service users to make such a report (Table 8-1, 64.2% versus 51.3%).

Almost half of the homeless service users (46.5%) say they are physically disabled, followed in rank order, by those who report being disabled by mental illness (15.5%) and who have learning disabilities (13.4%), alcohol abuse disability (7.8%), drug abuse disability (6.9%), and developmental disability (3.6%). Smaller proportions are blind, disabled by HIV/AIDS, and deaf. One-quarter (25.3%) of the homeless sub-group, and 15.7 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, 18.7% vs. 26.5%) 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 (39.9%) of housed service users, over one-half (56.7%) of homeless services users, and two-thirds (65.9%) of those defined as HUD chronically homeless report activity-limiting disability consistent with a Census disability category. 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-four percent report difficulty working at a job or business because of a physical, mental, or emotional condition, lasting 6 months or more, and a

slightly smaller proportion (36.9%) have what we term a mental disability in light of difficulty learning, remembering, or concentrating. One-third (35.4%) have difficulties with basic physical activities like walking, climbing stairs, reaching, lifting or carrying, and almost one-third (30.2%) find it hard to go around town alone for daily activities like getting food or medical care. One in fifteen (6.8%) reports difficulties with activities of daily living (ADL) such as dressing, bathing, or other personal care. On average, homeless service users report difficulties with 1.6 of the Census categories.

Most of these proportions are even larger for chronically homeless persons who, on average, report 1.7 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 (67.4% versus 31.0%). Almost three-quarters (71.1%) 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.

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 Oakland having the highest physical 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> limit 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 in Oakland are notably more likely to respond positively (14.2% versus 8.0%). 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 four to seven percent of Oakland service users are HIV positive or have AIDS, with slightly more housed than homeless service users reporting a positive status (Table 8-9, 6.8% versus 4.6%).

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 Oakland's housed services users, 16.6 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 12.4 to 6.6 to 4.7 percent. One in five (22.9%) housed service users is estimated as having been alcohol dependent or a drug abuser, and 19.1 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 11.1 percent. Prevalence rates for dual diagnosis are estimated at two 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 70 percent are assessed with alcohol dependence (52.1%), alcohol dependence or drug abuse (66.9%), and alcohol dependence or drug dependence (65.8%). Twelve to fourteen percent (12.5% to 13.8%) are dually diagnosed.

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 was more prevalent among homeless than housed service clients. Occurrence of non-family violence is two and one-half times as likely for homeless persons (Table 9-1, 17.1% versus 6.9%), and the difference is greater for within-family violence (Table 9-2, 14.0% versus 2.6%). 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.

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.

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). About one-quarter 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, 40.2 percent of Oakland’s housed service users had such a lapse in coverage, compared with 46.3 percent of homeless services users and 54.1 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.³

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

³ 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 (12.8% versus 5.3%). Housed persons are about ten times as likely as homeless persons to have private insurance (11.0% versus 1.2%). Of potential program importance, we note that many study participants apparently eligible for VA benefits do not 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?” One-third of Oakland homeless service clients (32.6% homeless; 38.3% housed) reported receiving their last medical care at an emergency room (Table 10-4). By comparison, in 2001, 6.4 percent of all US adults, and 13.1 percent of poor adults,⁴ reported an emergency department visit in the past year.

In this survey, one in five service users County-wide (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. Because of small numbers, not all of these estimates can be reliably provided by interview location, and 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.

⁴ 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 professn’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 using Oakland services visited an urgent care or emergency room facility 1.6 times in the past year (Table 10-7). Homeless persons made 3.4 visits, and HUD chronically homeless persons, 4.4 visits.

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

		Subgroup		Housed		Homeless		HUD Chronic	
		Wtd. population N	Observed sample n	5,779	384	4,173	889	1,274	308
Urgent care clinic or emergency room utilization, categorized		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 Oakland 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 0.7 times. The second panel of Table 10-8 provides greater detail on these usage patterns.

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. 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, last 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 12.6 percent of Oakland service users who are housed report participation in one or more alcohol or drug service, 23.0 percent of homeless and 33.4 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?”⁵ 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 Oakland service users, the number of respondents who state that they have never had a mental health problem declines sharply (Table 10-12; 46.8 %, 23.4%, and 18.4%, respectively). That pattern repeats for those reporting no alcohol or drug problem, declining from 58.2% to 28.1% to 25.1% 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. Under one-fifth (18.2%) of housed persons, but one-third (35.0%) of homeless persons, and almost one-half (49.1%) of chronically homeless persons using Oakland services delayed or didn’t get medical care. This

⁵ The question included a prompt that continued, “That includes seeing a doctor, dentist, specialist, or other health professional, or getting tests, treatments, or medicines.”

relationship is echoed among the three groups regarding unmet needs for help with mental health problems (9.2%, 19.4%, and 21.5%). For alcohol or drug problems the prevalence of “need and didn’t get help” increases from 4.0 percent for housed persons to 8.4 percent for homeless and 7.4 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 50.0 percent of housed but only 39.3 percent of Oakland’s homeless service users. Insurance (29.9% housed sub-group; 37.9% homeless sub-group) and transportation (31.7% housed sub-group; 26.0% homeless sub-group) provide the explanation for many respondents. “No openings” is cited as the reason for delaying medical care by 2.1 percent of housed service users, but by 11.8 percent of the homeless group. Waiting list or long wait explains the lack of access to medical care for 28.4 percent of homeless persons and 18.7 percent of housed persons. Lack of knowledge of where to go for medical care explains lack of care for 7.8 percent of chronically homeless, 6.2 percent of homeless, and 0.9 percent of housed persons.

Reasons for not getting needed mental health care and AOD services are many and different. Among Oakland service users “waiting list” (43.4%), “transportation problem” (30.7%), and lack of knowledge of where to go (34.4%) surpass “no insurance” (18.7%) and “no openings” (18.7%) as the most prevalent explanations for not getting mental health care (Table 10-14). While detail across housed versus homeless groups is unavailable at the level of interview site, “waiting list, long wait” and “no openings” are offered by members of the chronically homeless significantly less often than by members of the housed group. “Put it off, lost referral” is 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 is “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 are next most prevalent, but are not differentiated by housing status. Transportation problems are 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.

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 telephones⁶, 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

⁶ 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.⁷ 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.⁸ 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.

⁷ 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.

⁸ 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 1,921 homeless adults, accompanied by 529 children, utilize homeless services in the City of Oakland. Under the community definition, 2,475 homeless adults utilizing homeless services are accompanied by 581 children. Housed persons also use homeless services, 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 percent or 67 percent of users of services designed to respond to homelessness.

According to the HUD definition, 627 Oakland service users – all single and without accompanying children – are chronically homeless. Under the community definition, 2,206 adult, Oakland service users are chronically homeless, and they are accompanied by 699 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 Oakland includes more males, and somewhat younger persons, compared to the housed group. The homeless group County-wide has more substantial histories of child welfare and, in Oakland as well as County-wide, 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, County-wide, 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.⁹ 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, 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

⁹ 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.

information may prove especially helpful in targeting and prioritizing the content of City and County 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.