“A Pilot Study of Chronic Homelessness Comparing Long-term Dorm Residents and Short-term Warming Center Guests in Rural Oregon”

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February 21, 2015
Introduction

• Homelessness is a significant social problem
  • High risk population
  • Loss of basic liberties and equalities

• Government launched *Opening Doors: Federal Strategic Plan to End Homelessness*
  • Goal to end chronic homelessness by 2015

Introduction: Chronic Homelessness

• “An individual with a disability who has either been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years” - 2013 Annual Homeless Assessment Report to Congress

• Major consumers of resources

• Indicators of chronic homelessness
  • Duration of homelessness, employment history, disability

Kuhn & Culhane, 1998; Wenzel et al., 1993
Objective

• Develop a pilot study to analyze chronic homelessness using three indicators in two subpopulations in a rural homeless shelter

• To better understand chronic homelessness in order to guide future research and direct the allocation of resources
Methods

• Albany Helping Hands Homeless Shelter, Linn County, OR

• Homeless shelter subpopulations
  • Long-term dorm residents
    • Worked at shelter in exchange for room and board
  • Short-term warming center guests
    • Stayed occasional nights in the shelter dinning room
Methods

• Cross-sectional survey of a convenience sample administered over a six week period

• Survey Instrument
  • 38 questions
  • Indicators of chronic homelessness:
    • Duration of homelessness
    • Employment history
    • Disability
      • Supplemental Security Income (SSI) and Social Security Disability Index (SSDI), foot problems, mental illness

• Data Analysis
  • Contingency tables created for all nominal and ordinal data
  • Two-tailed Fisher exact test used to assess significance (p value ≤ 0.05)

Wenzel et al., 1993
## Results: Shelter Demographics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Warming Center</th>
<th>Dorm Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>Male</td>
<td>74%</td>
<td>67%</td>
</tr>
<tr>
<td>Female</td>
<td>26%</td>
<td>33%</td>
</tr>
<tr>
<td>Veteran</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>(N)</td>
<td>(19)</td>
<td>(18)</td>
</tr>
</tbody>
</table>
The duration of homelessness was significantly longer for dorm residents (61% vs. 25%, $P=0.0454$).

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## Results: Employment History

<table>
<thead>
<tr>
<th>Employment History</th>
<th>Warming Center</th>
<th>Dorm Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently employed</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Last time employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months to 6 months ago</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td>6 months to 5 years ago</td>
<td>26</td>
<td>46</td>
</tr>
<tr>
<td>&gt;5 years ago</td>
<td>37</td>
<td>15</td>
</tr>
<tr>
<td>Never</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td><strong>(N)</strong></td>
<td><strong>(19)</strong></td>
<td><strong>(18)</strong></td>
</tr>
</tbody>
</table>
• Significantly more warming center guests (P<0.05) were receiving SSI/SSDI when compared to dorm residents (63% vs. 17%, P=0.0069)
Results: Foot Problems

- Significantly more foot problems reported for the warming center guests (74% vs. 17%, $P=0.0008$)
Results: Mental Illness

- Mental illness prevalence was not significantly different
Discussion

• Our results raise questions regarding:
  • Duration of homelessness
  • Employment
  • Disability
    • SSI/SSDI
    • Foot problems
    • Mental Illness
Discussion: Opportunities for Improvement in the Chronic Homelessness Reform

• A reformed perspective:
  • Duration of homelessness
    • Progressive transition vs. personal choice
  • Employment
    • Development of employable skills
    • Employment agency access
  • Disability
    • Continuity of care across community providers
Study Limitations

• Data were collected from self-reported surveys of a convenient sample
• Preliminary study with small sample size
Conclusions

• Chronic homelessness continues to be prevalent
• Unique considerations exist for these two subpopulations
• Addressing these issues holistically will allow for better allocation of resources
• Further research is needed to guide local and national reform efforts
Moving Forward...

• Local program implementation
• Further research
• Reassessment
• Raise practitioner awareness of local resources
Acknowledgements

This study was encouraged by the Albany Helping Hands Shelter Director and Staff. We are very grateful for the generous disclosures of the shelter participants and staff. We would also like to thank all the Western University of Health Sciences Medical Students that helped conduct survey interviews.
References


QUESTIONS?