MAP MAKING ACTION POSSIBLE for Southern Arizona

HEALTH AND SOCIAL WELL-BEING IN CHRONICALLY HOMELESS WOMEN: TUCSON AND SOUTHERN ARIZONA'S CURRENT RISKS AND FUTURE OPPORTUNITIES

Making Action Possible in Southern Arizona (MAP Dashboard)

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2 EXECUTIVE SUMMARY

There is a void in knowledge about the health, social, and economic well-being of chronically homeless women in Tucson, Arizona. Our goal is to provide important gender-specific information and perspectives on homelessness as it impacts women. To do so, is to move beyond existing measures, namely the federally mandated Point-in-Time (PIT) survey (see *Annual Homeless Assessment Report to Congress* [AHAR]), which captures national data on homeless populations. Currently, the major push to address homelessness is to prioritize by groups or past-year history of need or crises and provide housing accordingly (e.g., rapid rehousing - a federally-funded program administered through emergency shelters, to rehouse individuals based on severity index, veterans housing and section 8). However, it is important to note that the criterion for determining eligibility fails to recognize that homelessness encapsulates complex challenges beyond just the need for a physical shelter. Solutions that provide housing alone are rarely sufficient and reveal the need for more supportive approaches to housing, as is found in supportive housing for the elderly or the disabled. Moreover, challenges faced by homeless individuals suggest that women and men are different, as are their life histories and needs.

Our focus is to inquire about gender-specific factors related to homelessness: *How are women becoming homeless and how is their health and social well-being impacted by being chronically homeless?* This white paper includes both a review of existing literature and findings from a community needs assessment of homeless women who attend Sister José Women's Center (SJWC) in Tucson, Arizona.

The literature cited in this white paper provides a framework for several key points related to homelessness:

1. The move to housing without the benefit of a transitional, supportive phase results in recurring homelessness (compounding failure to maintain housing, establishing a history of evictions, and fear of leaving the familiarity of homelessness). Transitional, supportive housing addresses recovery from homelessness, including isolation and trauma. In sum,

homelessness extends beyond the loss of a physical living space, including disconnection from relationships, family and a community in a broader sense (Green, 2003).

2. Homeless women have often experienced disruptive and difficult life events, including emotional, sexual and physical abuse, and drug addiction that impacts mental and physical health and social well-being (Marcus, 2014). A majority of homeless women are domestic violence survivors, a precursor to homelessness for many women (Anderson & Rayens, 2004; Tutty, Ogden, Giurgiu, & Weaver-Dunlop, 2013; U.S. Conference of Mayors 2007). Homeless women experience violence in a paradoxical way: they often seek a male partner to increase feelings of security and protection from harassment, but then often are subject to violence and exploitation from the exact male "companion".

3. Substance use and alcohol and drug problems play a complex role in becoming and staying homeless. Substance, alcohol and drug abuse is not only a cause of, but also an effect of homelessness. Substance abuse is very likely to affect mental and physical health (Finfgeld-Connett, Bloom, & Johnson, 2012), and impairs the ability to handle problems related to homelessness in a positive manner (e.g., enrolling and completing in alcohol and substance abuse treatment programs) (Zerger, 2002).

4. Poverty, unemployment and income inequality are the economic determinants for women to become homeless (Shinn, 2011; Bassuk, Melnick, & Browne, 1998). Being poor or unemployed detrimentally affects ability to: pay health insurance, access health care, acquire housing stability as well as buy fresh, healthy and nutritious food – all of which place homeless women at a "higher risk for death, injury, illness, poor nutrition and violence" (Stein, Andersen & Gelberg, 2007) than women who are not homeless (see also Cheung & Hwang, 2004).

Exposure to multiple stressors has a negative impact on homeless women's general, physical and mental health as well their social well-being. Homeless women with children and aging homeless women experience additional barriers navigating the social services and health care systems not created to respond to the specific needs of homeless

individuals (i.e., medication or treatment adherence and recovery following treatment/surgery). Additionally, poor health can lead to a cycle of failure as it relates to basic needs such as the ability to work and seek employment, and find stable housing.

To add to the current literature with the specific goal of also understanding the situation for homeless women in Tucson, Arizona, Sister José Women's Center (SJWC; http://srjosewomensshelter.org) and the University of Arizona-Southwest Institute for Research on Women (SIROW) carried out a community needs assessment of chronically homeless women who seek out services and resources at SJWC. Founded in 2009, SJWC is a non-profit organization serving chronically homeless women. Open Monday-Saturday, SJWC provides drop-in services (e.g., breakfast, showers, laundry facilities, pillows and cots for daytime resting, visiting outreach from local agencies, free Wi-Fi, and leisure activities during the day) since June 2017, and is an expanded year-round overnight shelter program. Women in both the day program and overnight shelter state that SJWC is a safe place away from the stressors of being homeless. SJWC and SIROW have joined to conduct the community needs assessment using a community based participatory research framework (CBPR). The framework follows several key principles, as suggested by Israel (1998), CBPR: 1). Builds on strengths and existing resources within the community. 2). Involves collaborative partnerships throughout the research process. 3). Aims to benefit all involved partners. 4). Recognizes research as a process of reciprocal learning and two-sided empowerment. 5). Establishes a cyclical and iterative process of developing and maintaining trust and true partnership. The CBPR framework complements SJWC's social justice approach of respect, dignity and compassion. Further, following the data collection phase, participating women found opportunities for support via a pilot program focused on moving women out of homelessness through curriculum, mentoring and case management. Confidence, Readiness, Empowerment, Action, Transformation, Engagement (CREATE) is a six-month program unique to SJWC. Women took an active part in the project not only by participating in the needs assessment (i.e., questionnaire) but also in providing detailed insight (i.e., open discussion) into the complexity of homelessness and discussing possible ways of meeting needs. Findings are based upon 50 interviews of chronically homeless women, conducted during winter and spring 2017.

Outcomes of this project include a review of the existing literature regarding current measures of homelessness, determinants of women becoming homeless and health and social well-being issues related to chronic homelessness. Furthermore, we developed a survey instrument/questionnaire in collaboration with SJWC that allowed us to gather detailed gender-specific information about health and social well-being, as well as needs, strengths, and survival strategies of homeless women (Survey instrument: Appendix). Women in Tucson with chronically homeless status voiced many challenges and specific needs:

1) At the time of the interview, besides finding a stable place to live and sleep, women were most troubled with finding work. Almost half of the participants felt troubled by feelings of sadness, vulnerability and stress. About a third of the women reported medical and physical health issues over the 30 days prior to the interview.
2) Over 80 percent of the interviewed women experienced domestic violence, and about two-thirds experienced additional violence in the community. Although a majority of the women were married at least once in their lifetime, the majority was unaware of their rights to spousal social security benefits.
3) Women frequenting SJWC showed a variety of histories of substance use and other drug abuse, partially rooted to an early stage of their life. Many participated in a detox treatment at some point in their lives. Only a small number of women reported that ongoing substance abuse, mainly alcohol and crack cocaine, continued to be a problem.
4) Women were affected by a number of physical and medical problems, such as high blood pressure, diabetes, and rheumatic diseases. Many women reported suffering from health conditions such as hearing loss, dental issues (e.g. loss of teeth), Post Traumatic Stress (PTS), depression, anxiety, and chronic pain.
5) They also reported that access to quality or even basic health care among homeless women is limited. Copayments, scheduling and keeping medical appointments, and possessing valid prescriptions for medication (let alone filling the prescriptions) present obstacles for homeless women.

Our study demonstrates the challenges of homeless women in Tucson extend beyond simply finding shelter, are different from the needs of homeless men, and provides insights into strategies to help this population.

3 LITERATURE REVIEW

3.1 Current Measures of Homelessness

Pima County published a community needs assessment for the entire county in 2015 (Coyle et al., 2015). In it, we found that one of the key drivers of health in Pima County is income: 18.52 percent of residents live below the Federal Poverty Level, which is higher than the state average of 17.15 percent (Coyle et al., 2015, p. 42). The outcomes (i.e., housing, violence and social support) relate to homelessness. The U.S. Department of Housing and Urban Development (HUD) performs yearly counts and updates on homelessness via point-in-time (PIT) data from homeless populations. Aggregate data collected from the PIT along with yearly data reported by HUD-funded shelters and housing programs inform the yearly *Annual Homeless Assessment Report to Congress* (AHAR). AHAR is the reference tool on homelessness for policymakers, journalists, and state and community leaders. Data are organized by three categories: 1. Subpopulations of individuals, families and veterans. 2. Housing status of sheltered/unsheltered. 3. Type of shelter (i.e., domestic violence, family, transitional, etc.). The PIT has limitations, which profoundly affect its reliability. As of 2016, for example, the yearly PIT enumeration may not account for all individuals affected by homelessness. “Homeless unaccompanied youth and children represented 7.8 percent of the overall homeless population, but it remains unlikely that the point-in-time counts present an accurate enumeration of this population.” (The State of Homelessness, 2015, p. 8). In addition, as of 2016, the PIT did not include gender in its reporting and subsequently neither did the 2016 AHAR report. The *State of Homelessness* report finds that of the homeless population, “the largest subpopulation experiencing homelessness was individuals, comprising almost 63 percent (362,163 people) of all homeless people” (recall that the three homeless categories are: families, youth and individuals). Accordingly, the number of homeless individuals in Tucson was 904 in 2014, a 15 percent decrease from the 2013 count of 1,064. Anecdotally, the accuracy of the numbers is in question by SJWC and other agencies that directly serve homeless populations. The AHAR acknowledges that while the PIT counts are flawed, they remain the most reliable estimate of people experiencing homelessness in the U.S., and in respective cities, counties and states. In addition to the reliability issues implicit with the

PIT count, the omission of gender has profound implications for our population of interest, chronically homeless women in Tucson, Arizona. Homeless individuals are heterogeneous populations of which an estimated 25 percent are women. The lack of information about this vulnerable homeless group impacts the services and programs that shelters offer (Winetrobe, Wenzel, Rhoades, Henwood, Rice, & Harris, 2017). Information on gender and the capacity to delineate gender differences through further investigation (Montgomery, Szymkowiak, & Culhane, 2017) and needs of homeless populations would provide valuable information to city leaders seeking gender-specific solutions to homelessness that address quality of life. The *Service Gaps & Opportunities in Ending Homelessness in Pima County* (2015) report suggests the gap in services are comparable to resources that are not aligned with needs: "Could it be that existing program spaces are so restrictive in their rules that leveraging access to the space is difficult for persons with higher acuity or specific subpopulations?" Lack of adequate and reliable information and sole reliance on the PIT, for example, contributes to discrepancies in allotting housing or shelter needs and usage for the homeless population; where SJWC and other homeless serving agencies find chronically homeless individuals not housed nor receiving the services that they need. A dilemma similarly posed by the report *Service Gaps & Opportunities Ending Homelessness in Pima County* (2015), "The community needs to better understand if it is sheltering the right people in the right facilities with the right rules". The report from the Morrison Institute for Public Policy (Hedberg & Hart, 2013) found that the average homeless Arizonan is a white male in his mid-40s with no children who has been homeless for several months, with an average income of $218 a month. The report notes that the most common public services used are shelters, food assistance, and the state Medicaid program, Arizona Health Care Cost Containment System (AHCCCS). Compared to the total population, Hispanics are underrepresented while African Americans and Native Americans are overrepresented among the homeless. The most common reasons reported for homelessness were economic reasons and family and health issues. Women identified family violence four times more than did men. Thirty-seven percent of those surveyed stated that they received mental health treatment, and 14 percent identified mental illness as a reason for their homelessness (Hedberg & Hart, 2013).

3.2 Social, Psychological, Behavioral and Economic Factors Associated with Women Becoming Homeless

3.2.1 Sexual Abuse and Domestic Violence

Chronically homeless women's lives are vulnerable to many different intertwined factors: growing up in poor and/or unstable housing, in families struggling with dysfunction, and experienced a variety of disruptive and difficult life events, such as early motherhood, substance abuse, incarceration, sexual, physical and emotional violence, mental illness and traumatic losses. Of mothers surveyed in a homeless shelter, nine out of ten women reported severe physical and sexual assault during their life (Green, 2003). Homeless women live complex everyday realities in which the above factors continue to influence their relationships and behavior (Green, 2003; Marcus, 2014; Substance Abuse and Mental Health Services Administration (SAMHSA) (TIP), 2013). Many homeless women (particularly those with children) experienced patterns of violence in past relationships. Women who have experienced homelessness and abuse in the past are less likely to have strong social support networks and have significantly more conflicts, compared to women who never experienced homelessness or abuse (Anderson & Rayens, 2004). Many homeless women who are survivors of domestic abuse accessed domestic violence shelters and/or programs for abused women at some point, but later became homeless (Tutty et al., 2013). Findings of a 23-city report by the U.S. Conference of Mayors (2007) note "domestic violence is the primary cause of homelessness for women." Adding that the "impact of violence is cumulative: women who have experienced or witnessed greater numbers of abusive events report higher rates of eating-related problems, greater incidence of STDs and hepatitis, overall poorer self-rated health status, earlier involvement in crime, and more arrests" (U.S. Conference of Mayors, 2016). The prevalence of intimate partner violence (IPV) among homeless women results in elevated rates of depression, PTS, STIs, chronic pain and substance use disorders among survivors of IPV (Vijayaraghavan, Tochterman, Hsu, Johnson, Marcus, & Caton, 2012).

3.2.2 Substance Abuse, Alcohol and Drug Problems

Substance abuse plays an important role as both a cause and an effect of homelessness. Alcoholism rates are nine times higher for the homeless than the housed population (Zerger, 2002). Substance abuse disorders affect between 20 to 35 percent of the homeless population (Zerger, 2002). Homeless women are more likely to use alcohol and drugs than other women including those with low incomes who are not homeless (Wenzel et al., 2009). Torchalla, Strehlau, Li, and Krausz (2011) examined substance use and predictors of substance dependence in homeless women; and found that 82 percent had at least one type of substance use disorders, with more than two-thirds meeting the criteria for drug dependence, and one-third for alcohol dependence. Young homeless women who engage in prostitution and live mainly on the streets are at higher risk to become drug dependent (Torchalla et al., 2011). Substance abuse problems are likely to influence the psychiatric co-morbidity (combination of substance abuse and psychiatric diagnosis) and the "ability to make decisions, take action, and execute positive change in one's life" (Finfgeld-Connett et al., 2012). Drug and alcohol problems in homeless women serve as barriers to effecting positive change, because of distorted perceptions of self-competency. Women perceive their homelessness beyond their control. Social isolation may play a role in reinforcing said belief. Distorted perceptions of one's own ability for decision-making and problem solving make it difficult to handle problems related to homelessness. Hence, the need for careful individual assessment, personalizing structure and control, developing trust, fostering hope, and targeting use of psychotherapeutic agents and counseling (Finfgeld-Connett et al., 2012). In the case of alcohol and substance abuse histories, financial and structural barriers deter homeless individuals from enrolling in and completing treatment programs (Zerger, 2002). Recidivism rates from treatment programs among the homeless are high (Zerger, 2002). The length of time spent in a treatment program is directly associated with positive outcomes (Zerger, 2002). Substance and alcohol treatment programs could improve outcomes by factoring in the unique issues of homeless women with their experiences with sexual and physical abuse, and motherhood (Zerger, 2002).

3.2.3 Economic Factors

Economic factors, such as income inequality, poverty and lack of affordable housing are central causes for women to become homeless (Bassuk et al., 1998; Shinn, 2011). Unemployment and inadequate welfare benefits, housing instability, such as eviction, overcrowding and relocation are among the main economic indicators causing homelessness amongst women (Lehmann, Kass, Drake, & Nichols, 2007). Besides domestic violence, income inequality and lack of affordable housing are central causes for women to become homeless (Shinn, 2011).

3.3 Health Issues of Homeless Women

3.3.1 General Health

General health is critical to the physical and economic well-being of the homeless, as it can determine ability or capacity to work. Poor health can create a vicious cycle of homelessness (Green, 2003). Chronically homeless women experience a variety of stressors resulting in adverse health effects. They are affected by poverty, lack of access to care, and usually do not have sufficient (if any) health insurance. Many of these women do not earn a regular or high enough income to cover costs for a humane standard of life. Pay gap differences between men and women, and skilled and unskilled workers, and the high cost of childcare, remain relevant to homeless women in our community as they face even more barriers to finding appropriate employment. Homeless individuals are more likely to suffer from substance abuse, mental disorders, physical disabilities and social problems than the general population (SAMHSA [TIP], 2013). Furthermore, homeless women are more likely to suffer non-financial deprivations of poverty, such as nutritional deficiencies. The lack of opportunities to cook and to store food, in addition to cost, makes it difficult to eat fresh produce and other nutritious foods. Instead, chronically homeless individuals are more likely to rely upon highly preserved/processed foods that are resistant to spoilage, but often containing lower nutritional value (Green, 2003). Some of the individual risk factors associated with homelessness are trauma and lack of familial support. Vijayaraghavan et al., (2012) examined general health, access to health care, and health care use among over 300 homeless women in New York and found that almost one third of the

participants reported one or more cardiovascular risk factors, 32 percent had one or more Sexually Transmitted Infections (STIs) and the same number reported a psychiatric condition. Health service providers must be experienced in dealing with co-occurring substance abuse and mental illnesses and also co-morbidities in terms of physical health when working with homeless individuals (SAMHSA [TIP], 2013)

3.3.2 Mental Health

A 2010 annual assessment found that 26.2 percent of homeless individuals who used shelters that year had serious mental illness (SMI). The homeless population experiences more trauma than the general population (Dohrenwend, 1973; Marton, 2016). Women had lower rates of schizophrenia, bipolar disorder, major depression, and panic disorder than men, but a higher percentage of women met the criteria for PTS than men.

3.3.3 Dental Health

Homeless individuals are found to have overall poor dental and oral health, that have significant adverse impacts on quality of life and well-being (Caton et al. 2015; Figueiredo, Dempster, Quiñonez, & Hwang, 2016). Several contributing factors, such as poor nutrition conditions, substance and alcohol abuse and smoking have been identified (Caton, Greenhalgh, & Goodacre, 2016). A Canadian study (Figueiredo et al., 2016) reported that the homeless were likely to have significantly higher rates of Emergency Department (ED) visits than a non-homeless control group from low-income neighborhoods. The study found that over 80 percent of homeless individuals' ED visits were for odontogenic infections and almost half (46 percent) of homeless individuals had more than one visit for this purpose. Missing and decayed teeth, gum disease and oral pain are highly prevalent among the homeless (Figueiredo, Hwang, & Quiñonez, 2013). Organizational, economic and emotional reasons affect homeless individuals' access to dental services. A combination of fear, embarrassment, lack of motivation, money, knowledge, as well as living a chaotic lifestyle, influence not prioritizing dental care and difficulties; finding a dentist that would treat the homeless keeps individuals away from accessing oral health care (Caton et al., 2016; Figueiredo et al., 2013; Figueiredo et al., 2016). Figueiredo et al. (2013)

found that approximately one-third of Toronto's adult homeless population had seen a dentist during the past year and three quarters believed that they needed treatment. Following a dental examination, about 88 percent needed treatment, of which 40 percent required emergency treatment.

3.3.4 Vision and Hearing

Vision and hearing health conditions follow much the same barriers as dental health. However, vision and hearing care are considered less an essential need or emergency, but more an enhancement, as framed by Medicaid or other insurance policies that do not provide coverage for screenings or appliances. For the poor, vision and hearing are essential to quality of life. Vision impairment has a major influence over one's health and quality of life, such as limiting educational and employment opportunities, and disproportionately affects those who are homeless with 41 percent of a survey group reporting eyeglasses as an unmet health need (Lam, Robertson, & Bernstein, 2015). Hearing loss is common among the homeless population and has implications for educational and vocational rehabilitation. Risk factors for hearing loss are "exposure to loud noise in the military, infectious diseases, human immunodeficiency virus (HIV), Tuberculosis, hepatitis, and alcohol abuse" (Saccone & Steiger, 2007).

3.3.5 Other Health Conditions

Arthritis is the most frequently (47 percent) reported health condition in homeless people, resulting in chronic pain. Other health conditions include back pain, diabetes, multiple sclerosis, AIDS, and lupus. In a study by Ponce, Lawless, & Rowe (2014), almost half of the participants reported their pain over the last seven days as severe or very severe. Living as homeless exacerbates suffering caused by chronic pain. It is challenging to manage pain and access quality treatment, when individuals are unable to dictate when to rest, keep the body/limbs elevated, apply heat/cold or access specialist treatment or physical therapies.

3.4 Gender-based Violence

Circumstances force homeless women to accept physical protection and avoid gender-based violence. Men have much more power especially in situations of street-based homelessness: "The regulations and customs of homeless life have been produced according to the experiences of (certain) men, and women are required to accept these conditions or face the consequences of resistance" (Watson, 2016). Women who are homeless are at higher "risk for certain stressors, such as assault or rape, and for conditions that may lead to immunosuppression, such as malnutrition and a lack of medical attention for different infections, untreated cancers, and exposure to immuno-compromising diseases such as HIV and tuberculosis." (Rimawi, Mirdamadi, & John, 2014; SAMHSA [TIP], 2013). Poor economic conditions force women to do things in order to survive, including drugs and prostitution, which are usually a culmination of the history of violence against them. Drug use and HIV transmission are higher among these women (Zierler & Krieger, 1997). Wenzel et al. (2016) tested the importance and effectiveness of participation in a program to reduce sexual risk for homeless women, their findings suggest that women who were encouraged to use condoms and taught skills to negotiate safe sex practices had greater intentions to use condoms, and greater sexual impulse control.

3.5 Aging

Homelessness among women in the U.S. in general is growing and the overall homeless population is aging. In their study on aging and homelessness, Salem and Ma-Pham (2015), found that women reported an average age of 53.4 years. Older homeless women face additional struggles adapting to homeless life, navigating social service systems, while experiencing greater health needs than their younger counterparts (Salem & Ma-Pham, 2015). Garibaldi, Conde-Martel, and O'Toole (2005) compared health differences between older (50 years old or more) with younger (28 to 49 years) homeless adults and found that older homeless individuals were more likely to have a chronic medical condition, more likely to have health insurance, and more likely to be heroin dependent. Substance or drug of choice is influenced by region as well as socioeconomic factors. Garibaldi et al. (2005) also found older adults sought out shelter-based clinics and street outreach teams more than the younger group, despite having more access to

health insurance. In addition to the typical health risks of being homeless, older individuals also face more eye and dental problems, more chronic disease, more abuse, and greater difficulty navigating the health system (Garibaldi et al., 2005). Middle-aged and older homeless women are under-researched, despite their unique social and health needs. This indicates greater need for services tailored towards older homeless populations, such as "comprehensive, holistic care which included diagnostic and specialist providers" (Salem & Ma-Pham, 2015, p. 6).

3.6 Receiving Medical Care and Treatment Adherence

Homeless individuals face problems obtaining public assistance and benefits (SAMHSA (TIP), 2013). Homeless women have more difficulty practicing health-promoting behaviors, such as physical activity and nutrition (Wilson, 2005). Homeless women are less likely to seek out medical care for treatment of adverse health conditions (Rimawi et al., 2014), despite their high incidence of behavioral health disorders, chronic and acute physical conditions, and injuries related to assaults and accidents (Lin, Bharel, Zhang, O'Connell, & Clark, 2015). "Access to affordable, high quality and comprehensive health care and programs that include routine preventive and health promotion care is more difficult to obtain for homeless women than for men." (Wilson, 2005, p. 52). A quarter to a third of homeless individuals are hospitalized each year, four times higher than the U.S. average (Lin et al., 2015). Vijayaraghavan et al. (2012) found over half of the homeless women in their study reported to use emergency care (55.4 percent). Almost half of the participants (48.9 percent) used primary care and 75.9 percent visited outpatient mental health services. "Homeless individuals with co-occurring mental illness and substance use disorders were at greatest risk for frequent hospitalization and ED visits" (Lin et al., 2015, p. S716). Medication non-adherence is common in homeless patients. Reasons for non-adherence are misunderstanding the "goal of the therapy" and the available resources and environmental contexts of living in homelessness. For many homeless individuals, it is challenging to find a secure place to store medication. Often food and shelter are higher priorities over prescribed medication. Sometimes people forget to take their medications (unintentional non-adherence) (Paudyal, MacLure, Buchanan, Wilson, MacLeod, & Stewart, 2017). Predictors of favorable outcomes of primary care for homeless persons are offering tailored services design

and the choice to switch providers on demand (Chrystal, Glover, Young, Whelan, Austin, Johnson, Pollio, et al., 2015).

The homeless population is largely uninsured and thus a potential target for enrollment under the Affordable Care Act (ACA). The homeless population is more likely to have not heard of the ACA and therefore less aware of qualification criteria. Homeless individuals are also more likely to report limited access to phone or internet. There is a need for outreach and education as a way to increase enrollment of homeless population in healthcare (Fryling, Mazanec, & Rodriguez, 2015).

3.7 Social Wellbeing

3.7.1 Social Participation and Deprivation

Homeless individuals often experience social deprivation (Green, 2003). Social deprivation results in diminished freedom of choice, opportunity, political voice, or dignity. These factors operate as barriers to participation in normal social life. Social deprivation does not only occur due to lack of financial resources, but lack of freedom and the experience of structural violence, (i.e., the unequal spread of opportunities between social groups such as unequal access to education, employment, income, wealth, power, housing and justice). A lack of opportunities is an important social determinant of health. Individuals exposed to structural violence lose the capacity to function, in the sense of "missing the fabric and foundation of resilience" (National Academies of Sciences, Engineering, and Medicine, 2016, p. 22). Homeless populations experience greater structural violence and other stressors than individuals of higher socioeconomic status. The unequal spread of power and resources is pervasive between impoverished communities, especially among homeless women (Green, 2003).

3.7.2 Family and other social networks

Many homeless women grew up in dysfunctional families and unhealthy family dynamics and experienced traumatic life events in childhood (Marcus, 2014). Healthy family relationships early in life are important for the development of stable relationships later in life (Anderson &

Imle, 2004; Kawachi & Berkman, 2001). Family characteristics of homeless women and never-homeless women differ in: receiving "unconditional love, protection, a sense of connection, and age-appropriate expectations" (p. 394). These characteristics serve as protective factors for those women who had never experienced homelessness. A relationship with a person they could trust or rely on as a child, appeared to be the protective factor against homelessness for never-homeless women (Anderson & Imle, 2001). Homeless women with children make up a growing portion of the homeless population. Female-headed 'households' account for "almost 80 percent of families in shelter accommodation in the US" (Kirkman, Keys, Bodzak, & Turner, 2015, p. 723), often due to economic decline and domestic violence (Kirkman, et al., 2015). The incidence of a woman's separation from her child or children is common among homeless women. Dotson (2011) found that "one fourth of families entering shelter with children were separated from at least one other child and, and one-third of women entering as 'single' were in fact separated from one or more children" (Dotson, 2011, p. 254). Although it was painful for the women, "the voluntary child separations seemed to provide the mothers with a more positive outlook about their children's living situation" (Dotson, 2011, p. 252). Additionally, "women experiencing mental illness, drug abuse, physical disability, or domestic violence were no more likely to be separated from their children than women not experiencing these phenomena" (Dotson, 2011, p. 255).

3.7.3 Vulnerability

Homelessness has varying levels of intensity. Those who became homeless due to relational discord or eviction or through situations in which the individual likely did not choose homelessness, were found to experience homelessness less intensely – in terms of spending less of their adult life on the street. Factors such as greater educational attainment as well as the presence of family nearby (support of social network) also contributed to experience homelessness with less intensity. Veterans compared with non-Veterans experience homelessness at a significantly greater intensity (Jarvis, 2015). Thus, suggesting that violence, social, educational and economic factors influence the vulnerability of individuals who become homeless, and are therefore more likely to experience greater levels of homelessness.

4 METHODS

4.1 Community Based Participatory Research

To facilitate the needs assessment, SJWC and UA-SIROW utilized a guidebook "*Strengthening Nonprofits: A Capacity Builder's Resource Library, Conducting a Community Assessment"* (U.S. Department of Health and Human Services, 2010). Originally developed for the CFF (Compassion Capital Fund; U.S. Department of Health and Human Services), the guidebook is helpful for non-profit organizations and coalitions of organizations that want to investigate the needs and challenges of their community. Community needs assessments not only serve organizations to understand the gaps between the current situation and the improvement one wishes to see in the future, but also help to identify existing strengths and assets within the organization that can be used for the future. Further benefits are that the members of the community are included in the process by sharing their experiences and thoughts on the topic at hand. This has a positive effect on participant awareness of how they can contribute to improve the quality of life within the community. The survey and training for administering the survey are informed by a Community Based Participatory Research (CBPR) approach, a theoretical/methodological framework of "systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change" (Green, et al., 2003). From this perspective the research process starts with a dialogue with the community followed by sharing and reflecting experience, "rather than a process of experts either inserting or extracting information" (Green & Thorogood, 2014).

Community-based participatory (action) research should follow several key principles, as suggested by Israel (1998), it: *1) Builds on strengths and resources* within the community by identifying and reinforcing already existing positive social structures in the community. *2) Involves collaborative partnerships* by facilitating participation of community members in every phase of the research process (i.e., identifying issues, problems and resources, data collection, interpretation of results, etc.) and truly promotes the engagement of all involved parties. *3) Intends to benefit all involved partners*. *4) Recognizes the research as a process of reciprocal*

learning and two-sided empowerment, in which researchers learn from the community members and community members learn from researchers. *5) The CBPR approach is a cyclical and iterative process of developing and maintaining trust and true partnership*, as well as acknowledging all participants' contributions, and dissemination of results in a comprehensible way. Women were supported in taking an active part in the project not only by participating in the needs assessment (i.e., questionnaire) but also in providing detailed insight (i.e., open discussion) into the complexity of homelessness and discussing possible ways of addressing needs. Using our survey instrument, we interviewed 50 chronically homeless women, who frequently visit SJWC and included their discussions of potential solutions to structural (e.g., organizational as well as physical) barriers experienced by women. Outcomes of this white paper, including key findings, suggestions and priorities, are for the benefit of officials and the public about the breadth of and impact of chronic homelessness on women in Tucson, and an action plan for SJWC and UA-SIROW moving forward.

4.2 Survey Instrument/Questionnaire

SJWC and UA-SIROW collaboratively developed the data collection instrument, a questionnaire. The questionnaire provides essential information on health and social well-being indicators, and economic indicators by drawing out detail of gender-specific needs, strengths and survival strategies of women. We see potential for its use in other contexts, to complement existing data in responding to specific needs of individuals. The white paper can become a resource for addressing needs and strengths of homeless populations, beyond that of the existing PIT counts presented in the AHAR report to Congress, in two respects. First, the questionnaire allows us to capture a gendered view, and specifically focus on the challenges and situation of a segment of the individual subpopulation of homeless women. Second, we will include a narrative perspective on homelessness, because we not only ask women when certain issues related to homelessness occurred in their life, but also how often they were confronted with, and how severely they were afflicted by, such events. We developed a Qualtrics database for data entry. Data reports were generated using quantification and formulas integrated as part of the database.

The analysis interpretation relied on feedback from participants and the collaborating partners. The complete questionnaire is in the Appendix section to this paper.

5 KEY FINDINGS

5.1 Sample

A sample of 50 homeless women attending SJWC's day program or staying in its overnight shelter, participated in a study examining women's experience of homelessness including risks, barriers and facilitators by completing the community needs assessment. Interviewers scheduled days on which they would go to SJWC to conduct interviews. Because of the SJWC and UA-SIROW collaboration, women were aware of the assessment. Additionally, a flier outlining the details regarding the purpose, commitment, and remuneration was posted and distributed at the center. Women often had conversations with other women and staff before approaching the interviewer. Women who completed the hour-long interview received $20 cash as well as a hygiene kit. Two interviews deleted from the sample were determined to be duplicates. Following review of a Human Subjects Determination of Human Research, submitted to the university's Internal Review Board (IRB), the project was determined to be exempt. The IRB application included copies of the instrument and a script to inform women at SJWC about the community needs assessment, review the details regarding participation (i.e., one time interview and expectations in the use of the data [e.g., anonymous, confidential]), including dissemination. A team of four, trained on reviewing the script and administering the assessment.

Of the women interviewed, 53 percent stayed in the night shelter program and attended the day program, while 44 percent only attended the day program, from 9 a.m. to 5 p.m. (3 percent declined to answer). Findings of the needs assessment were that aside from the structural limitations of the SJWC to accommodate more women when it remains at full capacity (currently 45 beds), there were a number of reasons for preferring not to stay in an overnight shelter. Those reasons include the following concerns: too many rules, prefer being on own, have a partner, have a place to stay at night, cannot be in a space with so many people – often due to past trauma. Of the women who were interviewed all participated in SJWC's drop-in day program for

a number of reasons, most often to shower, get clothing/shoes or hygiene items, wash their clothing/bedding, eat and relax. The remaining 53 percent of women also stayed in the overnight shelter program (which served dinner and take-away breakfast in the morning).

Demographic information reveals that the women ranged in age from 25 to 66 and reflected the following race/ethnicities: Hispanic/Mexican, 17.78 percent; White (not Hispanic), 35.56 percent; Black, 6.67 percent; Native American, 8.89 percent; other race/ethnicity and White, 8.89 percent; and Other, 22.22 percent . Women participants identified as follows: Bisexual, 7 percent; Lesbian, 14 percent; Questioning, 2 percent; Straight, 70 percent; and Other (i.e., celibate, abstinent, transgender), 7 percent.

5.2 Grief and Loss and Environmental Stress Inventory

Two sections of the needs assessment inquire about grief and loss and personal functioning. Table 1 reflects women's responses to a 12-item scale with respect to how troubled they have been by a series of conditions in the past 30 days and how upsetting those conditions have been on a scale of 'Not at all', 'Slightly', 'Moderately', 'Considerably' and 'Extremely'.

Table 1. In the past 30 days how troubled have you been

#	Question	Not at all	Slightly	Moderately	Considerably	Extremely
1	Physical or medical problems	16%	13%	18%	24%	29%
2	Problems finding work	18%	13%	2%	18%	44%
3	Alcohol or drug problems	64%	16%	2%	7%	9%
4	Legal problems	67%	2%	9%	4%	16%
5	Problems finding a safe place to sleep	42%	11%	13%	11%	20%
6	Problems finding a place to live	16%	7%	7%	7%	62%
7	Problems with family members	40%	13%	2%	11%	27%
8	Problems with strangers	38%	16%	2%	18%	24%

9	Problems with people wanting something from you	31%	24%	4%	13%	20%
10	Problems with men being aggressive towards you	47%	16%	13%	9%	13%
11	Problems with other women being aggressive towards you	44%	36%	2%	7%	7%
12	Other problems related to being homeless. Please share what those problems are:	18%	7%	7%	18%	47%

Feedback from homeless women completing the needs assessment follows:

- Fifty-three percent noted they were considerably to extremely troubled by physical or medical problems including autoimmune (lupus, arthritis, diabetes), respiratory, high blood pressure, or physical or mental disabilities.
- Sixty-two percent noted they were considerably to extremely troubled by problems finding work, greatly impacted by being homeless and not having a permanent address and shelter to keep their personal items or pet safe, the problem of lapses in work history.
- Eighty percent noted they were not at all or slightly troubled by alcohol or drug problems. Reasons given for drug or alcohol use were to deal with emotions or relapse due to stress in their lives.
- Sixty-nine percent noted they were not at all or slightly troubled by legal problems such as warrants for failure to appear at court or mounting fines; completing DUI, domestic violence or other requirements set by court; eviction/broken lease from apartment or home and loss of possessions; and garnished benefits. A few women had attorneys working on disability claims and previously denied social security applications. A history of criminal arrests reveals that 98 percent of the total sample of women have prior arrests on a criminal offense, mostly warrants for failure to appear on minor driving-related offenses (e.g., driving without a license, speeding, and no proof of insurance), jaywalking or trespassing. A smaller number of women had more serious criminal arrests for domestic violence, DUI, check fraud, theft or drug charges. Minor offenses can become major problems; an inability to pay fines results in warrants and growing fines.

- Women with problems finding a safe place to sleep described sleeping in a van in the Walmart parking lot (limit of 3 days at a time), staying with someone, at night, who wants sex in exchange for shelter. While staying at SJWC, "feels safe for the first time" – often due to low-barrier entrance requirements while other shelters will screen out because of no current Tuberculosis card or identification card, lack of sobriety, or because of pets.
- Forty percent of women were not at all or slightly troubled by problems with family members. However, another 38 percent were considerably to extremely troubled by problems with family members such as "being kicked out of the home" or assaulted by family members, including adult children.
- Thirty-three percent of women were slightly to extremely troubled by problems with people wanting something from them including money, sex in exchange for shelter, protection.

Whether they attended the SJWC drop-in day program or the overnight shelter or both, women experienced a break from their lives on the street and subsequently from interactions with other individuals or pressures. As noted in Table 1, chronically homeless women experience a great number of stressors that influence health and eventually strip away any privacy women may otherwise have if they had a place of their own.

5.3 Substance Use

5.3.1 Alcohol or drug problems

Women had varied histories with drug and alcohol with 48 percent having been in a drug treatment or detox program at some point in their lives. A large proportion of the women disclosed having gotten into substance abuse at an early age, sometimes initiated into substance by a family member. When examining the incidence of traumatic events, the majority of women who experienced events, generally reported clustered rates tied to the age at which they occurred. The traumatic events follow a chronological pattern, which precedes or follows substance abuse. Thirty-two percent of women felt they needed treatment for drugs or alcohol in adolescence,

with fewer numbers of women reporting ongoing substance abuse. The majority of women appeared to have aged-out of substance abuse, though a smaller number (9 percent) of women disclosed needing drug treatment at the time of the interview, most often for alcohol or crack cocaine use.

5.4 Health, Health Care and Social Security Services

5.4.1 Health

Women experienced a number of physical or medical problems including high blood pressure, diabetes, arthritis (e.g., osteoporosis, curvature of spine, and rheumatoid arthritis), anemia and other blood disorders. Women also disclosed multiple health conditions. Other conditions were deafness (as a congenital condition) and hearing loss, and for a smaller number exposure to harmful toxins at work. Depression and anxiety were highly reported, as were the experience of post-traumatic stress, fibromyalgia and chronic pain. Women frequently shared that they had lost most teeth (due to absent or poor dental care) or had gaps from missing teeth (missing front teeth was often due to domestic violence or trauma). Dental care was not available to women on Medicaid – which delineated dental care to extraction for any condition (i.e., need root canal, need for a crown, or serious infection) that required any extent of treatment. The impact of unrestored loss of teeth foretells nutritional deficits in the future. Access to healthcare was limited, with some women awaiting appointments with primary care physicians and others not able to pay for prescribed medications.

5.4.2 Child Support / Spousal Benefits

The needs assessment revealed that a large number of women are unaware of their rights to spousal Social Security benefits. As part of the CREATE program mentioned previously, SJWC is encouraging and supporting women to contact the Social Security Office to initiate the process for spousal benefits or their own application for benefits or disability where appropriate. Sixty percent of women reported being married at least once in their lifetime, with a smaller number having two or more marriages. Thirty-six percent of women had never married. In addition, many of the women disclosed having lost custody of their children or in some cases turning the

children over to family members for adoption. When asked if they have ever tried to obtain child support for their children, 50 percent of women had not; with 10 percent of women explaining they did not want the support, or did not want contact or did not know how to get a hold of the father. The remaining 90 percent had other reasons they did not disclose. It does not go unnoticed that, at the time of losing custody of their children, women were going through a period of additional traumatic experiences due to losing their home, substance abuse or incarceration to name but a few.

Eighty-two percent of women reported domestic violence at the hands of family by blood, marriage or relationship, with arrests taking place less than half the time. Women were as likely to be arrested as family members. Fewer women reported smaller percentages of violence in the community; however, 25 percent of women described violence from strangers, males, female friends, or acquaintances, including “people driving by and throwing things”. Women also described incidences of nearly being hit by a car or having a “shopping cart hit by a car” due to riding too closely to the curb.

6 *SUGGESTIONS AND POTENTIAL SOLUTIONS*

SJWC and SIROW are committed to developing and providing women at the shelter with programming opportunities for structure and a path forward. In doing so, our collaborative has applied for funding to pilot such a program. As we mentioned in the beginning of the white paper, SJWC has opened a year-round overnight shelter. As of September 2017, SJWC and SIROW began implementation of Confidence, Readiness, Empowerment, Action, Transformation, Empowerment (CREATE) to empower women as they begin a path out of homelessness to a life of hope. With the results of the white paper and needs assessment we can engage community agencies to join us in creating opportunities for women to move into a life fulfilled. By changing the perception of homelessness (beginning with data), we are better able to understand that it is a system of injustices that requires equally complex, not facile, responses.

As noted above, the suggestions and potential solutions are rooted in a compassionate approach to address homelessness. While our focus is on women, the suggestions may benefit all.

Homelessness is as complex as any social injustice — there are many false leads. However, there are junctures at which there is opportunity to challenge injustices. Why do women lose their children? What are the social and structural impediments that allow women to suffer such unparalleled lives? A glimpse into the data reveals many points at which to break the cycle of violence, the cycle of poverty. Children should be safe, home should be a refuge, and women should be free to pursue what they can only dream.

7 *CONCLUSIONS*

Much has been accomplished under the guise of the community needs assessment beginning with the example of community and university partners coming together to explore a complex social justice issue. How we address homelessness bespeaks the lens with which we see it as a social justice issue or a personal failing. This paper, based on the community needs assessment informs our conclusion, highlighting these specific factors as opposed to others described in the paper, including medical conditions, family conflict, etc., is as much a cautionary tale of what happens when violence, inequality and the unequal distribution of wealth and opportunity collude. As it is for the Sister José Women's Center and the Southwest Institute for Research on Women, the white paper has opened a window into bringing innovation to the development of programing that supports women's pathways out of homelessness to sustainable lives.

7.1 Strengths and limitations

This study has offered opportunities to see intimately through women's eyes. That is a strength. Yet limitations of the study are that it is a review of only 50 interviews. Our collaboration intends to continue collecting more targeted data as we engage women as partners in creating opportunities pathways out of poverty to healthy sustainable lives and community.

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9 APPENDIX

9.1 Survey instrument/Questionnaire

Sister José Women's Center (SJWC) Community Needs Assessment

University of Arizona-Southwest Institute for Research on Women (UA-SIROW)

Version 11 (abbreviated)
Finalized January 15, 2017

PD: PRELIMINARY DATA

RESPONDENT ID#: ☐☐☐☐

Date of Interview: ____ ____ / ____ ____ / 2 0 1 7
month day year

Start Time: ____ ____ : ____ ____ a.m./p.m.
hour minute

1. In the course of a week, how often do you go to Sister José Women's Day Program? ______ day(s) a week

2a. Have you ever stayed in Sr. José's Winter Night Program?

Yes	1
No	0
Don't Know	9

2b. If yes, in the last week, how many nights have you stayed at Sister José's Winter Night Program? __ __

3. What is your date of birth? Month _________ Year __ __ __ __

Edited ___________/___________
Date Initial

Data Entered ___________/___________
Date Initial

Community Needs Assessment, 01/15/2017, v.11 (abbreviated)

Personal Functioning
In the past 30 days how troubled have you been by: ***USE BLUE CARD (CARD #1)***
[TO INTERVIEWER: TROUBLED e.g., BOTHERED BY / CONCERNED ABOUT]

		Not at all	A LITTLE Slightly	A LITTLE MORE Moderately	A LOT MORE Considerably	THE MOST Extremely	DK/?
1.	Physical or medical problems Because of? ___	1	2	3	4	5	7
2.	Problems finding work Because of? ___	1	2	3	4	5	7
3.	Alcohol or drug problems Because of? ___	1	2	3	4	5	7
4.	Legal problems Because of? ___	1	2	3	4	5	7
5.	Problems finding a safe place to sleep Because of? ___	1	2	3	4	5	7
6.	Problems finding a place to live Because of? ___	1	2	3	4	5	7
7.	Problems with family members Because of? ___	1	2	3	4	5	7
8.	Problems with strangers [people you don't know] Because of? ___	1	2	3	4	5	7
9.	Problems with people wanting something from you Because of? ___	1	2	3	4	5	7
10.	Problems with men being aggressive towards you [in your face / bullying] Because of? ___	1	2	3	4	5	7
11.	Problems with other women being aggressive towards you [in your face / bullying] Because of? ___	1	2	3	4	5	7
12.	Other problems related to not having your own place. Please share what those problems are ___	1	2	3	4	5	7

Community Needs Assessment, 01/15/2017 v.11 (abbreviated)

Grief and Loss and Environmental Stress (GLES) Inventory

Below is a list of experiences or events that may have occurred in your life. Please answer yes or a no. Tell us how old you were you the first time it happened [or you became aware of it]. Additionally, using the scale in front of you tell me how upsetting the event was at the time that it occurred. Also, if you answer yes to a question please let us know if it has happened within the last 30 days. USE BLUE CARD (CARD #1) (INTERVIEWER: CODE 7 FOR "DON'T KNOW")

HAVE YOU EVER IN YOUR LIFETIME EXPERIENCED:	**Yes/No**	**How old were you?**	**How upset?**	**Last 30 days?**
1. Someone in your family had a drinking or drug problem	_____	_____	_____	_____
2. Someone in your family used drugs or alcohol with you	_____	_____	_____	_____
3. You began to use drugs or alcohol regularly	_____	_____	_____	_____
4. You feared that someone might physically hurt you	_____	_____	_____	_____
5. You feared you might physically hurt someone	_____	_____	_____	_____
6. You feared someone might make sexual advances towards you	_____	_____	_____	_____
7. You had a serious accident or illness	_____	_____	_____	_____
8. You got in trouble with the law	_____	_____	_____	_____
9. You thought about hurting or killing yourself	_____	_____	_____	_____
10. You went to jail/prison	_____	_____	_____	_____
11. You were raped/beaten up while incarcerated	_____	_____	_____	_____
12. One of your family members went to jail/prison	_____	_____	_____	_____
13. You were a victim of crime	_____	_____	_____	_____
14. You panhandled or asked for money or food	_____	_____	_____	_____
15. You were approached by someone who gave you money	_____	_____	_____	_____
16. You didn't have a stable place to live	_____	_____	_____	_____
17. Your parents divorced or separated	_____	_____	_____	_____
18. You never knew a biological parent	_____	_____	_____	_____
19. A parent was incarcerated (more than 1 year)	_____	_____	_____	_____
20. You were not raised by your biological parents	_____	_____	_____	_____
21. You were raised by someone other than your parents	_____	_____	_____	_____

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	Yes/No	How old were you?	How upset?	Last 30 days?
22. As a child/adolescent you were the subject of a Child Protective Services (CPS) investigation	_____	_____	_____	_____
23. You were permanently removed from your home by CPS	_____	_____	_____	_____
24. You had friends that died violently	_____	_____	_____	_____
25. You were raped (More than once? circle: Y or N)	_____	_____	_____	_____
26. Your child(ren) were removed by authorities (CPS) (How many? _________)	_____	_____	_____	_____
27. Your partner/family took your child(ren) away from you	_____	_____	_____	_____
28. Your parental rights were severed (To how many? _____)	_____	_____	_____	_____
29. Your child(ren) was/were adopted (How many? _____)	_____	_____	_____	_____
30. You had a child(ren) that died	_____	_____	_____	_____
31. You lost the home you were living in	_____	_____	_____	_____
32. You lost a job (or were fired from a job)	_____	_____	_____	_____
33. Your partner left you	_____	_____	_____	_____
34. You left your partner	_____	_____	_____	_____
35. Your partner/family kicked you out of their place	_____	_____	_____	_____
36. Someone in a position of authority made sexual advances toward you	_____	_____	_____	_____
37. Your partner set you up to have sex with someone	_____	_____	_____	_____
38. You set someone up to have sex with others	_____	_____	_____	_____
39. You learned that you had some kind of physical/emotional medical condition that keeps you from normal activity	_____	_____	____	_____

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Substance Use

Now I am going to ask you some questions about your experiences related to substance use treatment.

1. Have you ever in your lifetime been in a substance use treatment or detox program?

Yes	1
No	0
DK/UNSURE	7
REFUSED	8

2a. Have you ever wanted to receive substance use treatment but were for some reason discouraged from seeking treatment?

Yes	1
No	0
DK/UNSURE	7
REFUSED	8

2b. If yes, what discouraged you from seeking treatment? ____

3. Have you ever tried but were unable to get into a substance use treatment or detox program?

Yes	1
No	0
DK/UNSURE	7
REFUSED	8

4. Do you think you needed substance use treatment when you were an adolescent?

Yes	1
No	0
DK/UNSURE	7
REFUSED	8

5. Do you think you need substance use treatment at this time?

Yes	1
No	0
DK/UNSURE	7
REFUSED	8

Health Care Services
I am going to ask you some questions about your use of health care services.

1. Where do you get healthcare? **Select all that apply**

	Yes	No
1a. Private Doctor	1	0
1b. El Río Health Clinic	1	0
1c. El Río Homeless Clinic	1	0
1d. Urgent Care	1	0
1e. Hospital	1	0
1f. Mobile Health Clinic	1	0
1g. Other ____________	1	0

Please tell me, when was the last time you saw a health care provider for any of these reasons (If you ever did).

2. Women's Health Care — How many Years ago?
   2a. A PAP smear (annual healthy woman visit)? ____
   2b. Mammogram? ____
   2c. Pelvic exam (Gynecologist)? ____

3. Dental Health Care
   3a. When was the last time you saw a dentist? Years _______
   3b. Do you have most of your teeth? Yes 1 No 0
   3c. Do you have difficulty chewing Yes 1 No 0

4. Vision Health Care
   4a. When was the last time you had your eyes examined? Years ______
   4b. Do you need glasses to see or read? Yes 1 No 0
   4c. Are you experiencing any other eye or vision problems? Yes 1 No 0

5. Health Care Coverage
   5a.Are you currently on ACCCHS (Arizona Medicaid)? Yes 1 No 0
   (Arizona Cost Care Containment System)
   5b. Can you afford the copay/prescriptions costs? Yes 1 No 0
   5c. Have you experienced difficulty retaining ACCCHS benefits you are eligible for? Yes 1 No 0

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Health (ever in your lifetime)

a. Have you ever been diagnosed or told you have a chronic illness (e.g., physical or psychological)? Can you please name each one?	b. Are you currently receiving medical care? Y N	c. Are you taking medicatio n for this illness? Y N	d. If you have not taken your meds as prescribe d- why? See response key below	e. Do you take some-thing else to treat this illness? Y N	f. What do you take?	g. Do you go to someone other than a doctor to treat this illness? Who (e.g., chiropractor, curandera/o, acupuncturist, shamanic healer or family member)?
1.	1 0	1 0		1 0		
2.	1 0	1 0		1 0		
3.	1 0	1 0		1 0		
4.	1 0	1 0		1 0		
5.	1 0	1 0		1 0		
6.	1 0	1 0		1 0		
7.	1 0	1 0		1 0		
8.	1 0	1 0		1 0		
9.	1 0	1 0		1 0		
10.	1 0	1 0		1 0		

Response Key for column d.

1.	Don't like taking pills/meds
2.	Don't have prescription coverage
3.	Forget to take pills/meds
4.	Pills/meds don't work for me
5.	Don't like the side effects
6.	Take more medication than prescribed
7.	Pills/meds were stolen
8.	Other ________________________

11. Do you suspect you have an illness that has not been diagnosed? If yes, what ______________________?

Community Needs Assessment, 01/15/2017 v.11 (abbreviated)

Child Health/Spousal Benefits

1. Are you pregnant now? Yes 1 If yes, how many months? ____
   No 0

2. How many children did you give birth to? ____ ____

3. How many children under the age of 18 are in your care? ____ ____
   (including children that are not your biological children)

4. How many of your biological children are age 18 and older? ____ ____

5. Marriage
   5a. Have you ever been legally married? Yes 1 No 0

   5b. If yes, how many times have you been married? ____

   5c. How long (in years) was each marriage? i. __ __ ii. __ __ iii. __ __ iv. __ __ v. __ __

6. Are you eligible to receive social security or retirement benefits from a spouse (whether married or divorced) that you are not currently receiving, why:

6a. Do not/did not want …………………………...	Yes 1	No 0
6b. Do not/did not want contact with ex/former spouse	Yes 1	No 0
6c. Do not/did not know how to obtain …. ………	Yes 1	No 0
6d. Spouse does not/did not have any money ……	Yes 1	No 0
6e. Afraid to ask for it …………………………….	Yes 1	No 0
6f. It was worked out between us…………………	Yes 1	No 0
6g. Other ___________________________________	Yes 1	No 0

Arrests

1. As an adult, how many times have you been arrested?

	DK	REF
Times ____ ____ ____	777	888

2. Of the times arrested, how many resulted in a conviction?

	DK	REF
Times ____ ____ ____	777	888

3. In the past month, how often have you been approached by the police and

3a. told to leave a public area (park)?	___ ___
3b. told you were loitering	___ ___
3c. told you were trespassing	___ ___
3d. told you were jaywalking	___ ___
3e. told you were carrying too many possessions with you?	___ ___
3f. felt you were being harassed?	___ ___
3g. been accused of prostitution?	___ ___
3h. told not to return to an area?	___ ___
3i. given advice about staying safe?	___ ___
3j. offered assistance?	___ ___
3k. transported to a safe place?	___ ___
3l. had your possessions confiscated?	___ ___

Violence

Domestic violence with family by blood, marriage or relationship.

1. Have you ever been involved in a domestic violence situation, either as the victim or in defense of yourself? Yes 1 No 0 **If no, skip to Question 6.**

2. With whom:

	Yes	No
2a. Partner/significant other	1	0
2b. Father of your child/children	1	0
2c. Your child/children	1	0
2d. Your parents	1	0
2e. Your siblings	1	0
2f. Your grandparents	1	0
2g. Other (specify)________________________	1	0

FOR 3 to 5, select from the following responses:
Never = 0, Some of the time = 1 Almost always = 2

3. With respect to all domestic violence incidents, how often were the police involved? ____

4. With respect to all domestic violence incidents, how often was someone arrested? ____

5. If an arrest or arrests occurred, who was arrested:
   5a. You ____
   5b. Other party ____
   5c. Both ____

6. Have you ever been involved in physical violence with others not family by blood, marriage or relationship?
If no, skip to next section Yes 1 No 0

If yes with whom?		Yes	No
6a.	Strangers	1	0
6b.	Partner(s)	1	0
6c.	Other partner(s)	1	0
6d.	Drug/drinking partner(s)	1	0
6e.	Female friends or acquaintance(s)	1	0
6f.	Male friends or acquaintance(s)	1	0
6g.	youth gangs	1	0
6h.	Other _________________	1	0

1. *Community Needs Assessment*, 01/15/2017 v.11 (abbreviated)

Demographics

Next, I would like to ask you some questions about yourself.

1. What is your race/ethnic group (e.g., Hispanic/Mexican, White, Native American, Black, or Asian)?

Select all that apply

Hispanic/Mexican	1
White (not Hispanic)	2
Native American (Specify tribe)________________________	3
Black	4
Asian	5
Black/White	6
Black/Hispanic	7
Black/Native American	8
Native American/White	9
Native American/Hispanic	10
Hispanic/White	11
Other (Specify ________________________)	12

2. Do you consider yourself to be one or more of the following:

Asexual	0
Bisexual	1
Lesbian	2
Queer	3
Questioning	4
Straight	5
Transgender	6
Other:______________	7

3. What is the highest level of school you have completed?

CIRCLE ONLY ONE ANSWER

No formal schooling	01
Kindergarten to 8th grade, to what grade? ______	02
9th to 12th grade, to what grade? ______	03
A GED (high school General Equivalency Degree)	04
High school graduation	05
Trade or technical school (vocational training)	06
Some college	07
College undergraduate degree	08
College graduate degree, which? Bachelors __ Masters ___ PhD ___	09
DK/UNSURE	77
REFUSED	88

Community Needs Assessment, 01/15/2017 v.11 (abbreviated)

4. What is your current relationship status? ***READ LIST AND CIRCLE ONLY ONE ANSWER***

Single (never married)	01
Married (how long have you been married? ______)	02
Common law/living as married	03
With a sexual partner	04
Married living apart (how long were you married? ______)	05
Single, previously married (how long were you married? _______)	06
Widowed	07
Engaged, have a fiancée	08
Other (Specify ________________________________)	09
DK/UNSURE	77
REFUSED	88

5. How long have you lived in Tucson? ___ ___ (Years) ___ ___ (Months) (cumulative)

6. Do you spend any part of the year outside of Tucson (seasonal)? Yes 1 No 0

7. What do you consider to be your hometown? ________________ (City), ____________ (State)

8. Where were you born?
   Country ________________
   State ________________
   City ________________

9. Which adults did you live with mostly until your 16th birthday? __________________________ (Relationship to you)

10. Who are the family/friends that you can rely on (talk to or visit when needed)?

10a. Relationship to you ________________
State ________________ City ___________
How do you stay in touch? _________________________ How often? ___________

10b. Relationship to you ________________
State ________________ City ___________
How do you stay in touch? _________________________ How often? ___________

10c. Relationship to you ________________
State ________________ City ___________
How do you stay in touch? _________________________ How often? ___________

10d. Relationship to you ________________
State ________________ City ___________
How do you stay in touch? _________________________ How often? ___________

Community Needs Assessment, 01/15/2017 v.11 (abbreviated)

Employment

1. Have you <u>ever</u> held a job where you were a hired employee (where you were on the payroll, paid federal and state taxes)? Yes 1 No 0

2. Approximately how many years / months of employment have you contributed towards your social security retirement benefits?
   Years: ________
   Mos: ________
   DK/Unsure 77
   Refused 88

3. What types of jobs have you had? ______________________

4. What skills / knowledge do you bring to the work you do? ______________________________

5. Work interests
   5a. What job would you like to do? ____
   5b. What skills would you need to learn to do that job? _________________________________
   5c. Would you be willing to learn those skills? Yes 1 No 0

6. Work you are not interested or able to do.
   6a. Is there a type of work you definitely do not want to do? Yes 1 No 0 ________________________
   6b. What is that type of work? ____

7. Do you have any of the following identification documents/cards in your possession:
   7a. Birth certificate? Yes 1 No 0
   7b. Social Security Card? Yes 1 No 0
   7c. Driver's License? Yes 1 No 0
   (or state issued identification)
   7e. Marriage License? Yes 1 No 0
   7f. Divorce Decree? Yes 1 No 0
   7g. Passport? Yes 1 No 0

8a. Do you ever do seasonal work (e.g., Gem Show, Street Fair, County Fair) or occasional jobs (e.g., one-time event)? Yes 1 No 0 **IF no, skip to question 9**

8b. How are you paid for seasonal or occasional work?
   <u>Check all that apply</u>
   Money ___
   Food ___
   Lodging ___
   Other ______________
   Other ______________
   Other ______________

9. How do you find work or jobs:

		Yes	No
9a.	word of mouth?	1	0
9b.	ads/newspapers?	1	0
9c.	bulletin boards?	1	0
9d.	online resources?	1	0
9e.	labor exchange?	1	0

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		Yes	No
9f.	family?	1	0
9g.	friends/acquaintances?	1	0
9h.	door-to-door?	1	0
9i.	Other? ________________	1	0

10. Which of the following best describes your current work situation (in the last 30 days)?
READ LIST AND CIRCLE ONLY ONE ANSWER.

Unemployed, not looking for work 01
Unemployed, but looking for work; **type of work?** ________________ 02
Working full time, 35 hours or more per week; **type of work?** ________________ 03
Working part-time, less than 35 hours per week; **type of work?** ________________ 04
Unable to work **because** ________________________ 05
Caregiver for ____________________ 06
Day Laborer 07
Retired; **type of work?** ________________ 08
Disabled, not able to work; **what is your disability?** ____________________ 09
In Jail 10
Former military 11

11. In the last full month (remember timeframe), what were your sources of income?
READ LIST AND CIRCLE A RESPONSE FOR EACH ITEM.

	No	Yes	DK/Unsure	Refused
11a. Paid job, salary, or business	0	1	7	8
11b. Welfare, public assistance - EBT, SNAP (Electronic Benefits Transfer [EBT], Supplemental Nutrition Assistance Program [SNAP])	0	1	7	8
11c. Social Security, disability, Workman's Compensation	0	1	7	8
11d. Unemployment compensation	0	1	7	8
11e. Money from spouse or sex partner	0	1	7	8
11f. Money from family or friend	0	1	7	8
11g. Money from selling, trading, or bartering goods, recycling cans, etc.	0	1	7	8
11h. Money from alimony or child support	0	1	7	8
11i. Money from illegal or possibly illegal activity (not sex work)	0	1	7	8
11j. Exchanging sex for money, food, or drugs	0	1	7	8
11k. Exchanging work for money, food, or drugs	0	1	7	8
11l. Pension, retirement	0	1	7	8
11m. Donating blood plasma	0	1	7	8
11n. Other (Specify ________________________)	0	1	7	8

12. How much money did you receive altogether in the last full month (remember timeframe)?

READ LIST AND CIRCLE ONLY ONE.
[Please include EBT/SNAP or any other Source of income]

Response	Code
Less than $50	01
$50-$99	02
$100-$149	03
$150-$199	04
$200-$249	05
$250-$299	06
$300-$349	07
$350-$399	08
$400-$459	09
Other amount $_________	07
DK/UNSURE	77
REFUSED	88

HOUSING AND LIVING CONDITIONS ever in your lifetime and in the last 30 days MATRIX, 01/15/2017

	1a.		**1b.**	**1c.**	**1d.**
	Have you ever __?		How old were you the first time you ___?	For how long did you live there the last time? Yrs Mo Days	How many days in the last 30 days did you _____?
	Y	N			
1. owned your own home, trailer/mobile home (circle)	1	0	__ __	___ ___ ___	__ __
2. rented a home or apartment, trailer/ mobile home (circle)	1	0	__ __	___ ___ ___	__ __
3. rented a room	1	0	__ __	___ ___ ___	__ __
4. lived in a vehicle you owned	1	0	__ __	___ ___ ___	__ __
5. lived in someone else's vehicle	1	0	__ __	___ ___ ___	__ __
6. lived/camped out in a tent	1	0	__ __	___ ___ ___	__ __
7. lived in a vacant structure	1	0	__ __	___ ___ ___	__ __
8. lived in rented motel rooms	1	0	__ __	___ ___ ___	__ __
9. lived on the street	1	0	__ __	___ ___ ___	__ __
10. lived in supportive housing (e.g., behavioral health provider/case manager)	1	0	__ __	___ ___ ___	__ __
11. had to stay awake during the night to be safe?	1	0	__ __	___ ___ ___	__ __
12. stayed on people's couches	1	0	__ __	___ ___ ___	__ __
13. stayed with family	1	0	__ __	___ ___ ___	__ __
14. stayed with friends	1	0	__ __	___ ___ ___	__ __
15. stayed with strangers	1	0	__ __	___ ___ ___	__ __
16. stayed at homeless shelters	1	0	__ __	___ ___ ___	__ __
17. stayed at domestic violence shelter	1	0	__ __	___ ___ ___	__ __
18. lived in foster care	1	0	__ __	___ ___ ___	__ __
19. lived in convalescent care/rehab	1	0	__ __	___ ___ ___	__ __
20. lived in a hospital	1	0	__ __	___ ___ ___	__ __
21. lived in a group home	1	0	__ __	___ ___ ___	__ __
22. lived in jail/prison	1	0	__ __	___ ___ ___	__ __
23. not had anywhere to stay	1	0	__ __	___ ___ ___	__ __
24. stayed in entryway/stairwell	1	0	__ __	___ ___ ___	__ __
25. Other __________________	1	0	__ __	___ ___ ___	__ __

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World Health Organization Quality of Life (WHO QUAL) Brief

This questionnaire asks about how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures, and concerns. We ask that you think about your life *in the last 30 days*.

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question. Note each of the different scales for questions one and two.

1. How would you rate the quality of your life?	Very Poor 1	Poor 2	Neither poor Nor good 3	Good 4	Very Good 5
2. How satisfied are you with your health?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
The following questions ask about how much you have experienced certain things in the last two weeks.					
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
4. How much do you need ~~any~~ medical treatment to function in your life?	Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
5. How much do you enjoy life?	Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
6. To what extent do you feel your life to be meaningful?	Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
7. How well are you able to concentrate?	Not at all 1	Slightly 2	A moderate amount 3	Very much 4	Extremely 5
8. How safe do you feel in your daily life?	Not at all 1	Slightly 2	A moderate amount 3	Very much 4	Extremely 5
9. How healthy is your physical environment?	Not at all 1	Slightly 2	A moderate amount 3	Very much 4	Extremely 5
The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.					
10. Do you have enough energy for everyday life?	Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
11. Are you able to accept your bodily appearance?	Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
12. [Do you] Have ~~you~~ enough money to meet your needs?	Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5

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13. How available to you is the information that you need in your day-to-day life?	Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
14. To what extent do you have the opportunity for leisure activities?	Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
15. How well are you able to get around?	Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the past two weeks. ***USE WHITE CARD (CARD #5)***					
16. How satisfied are you with your sleep?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
17. How satisfied are you with your ability to perform your daily living activities?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
18. How satisfied are you with your capacity for work?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
19. How satisfied are you with your abilities?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
20. How satisfied are you with your personal relationships?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
21. How satisfied are you with your sex life?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
22. How satisfied are you with the support you get from your friends?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
23. How satisfied are you with the conditions of your living place?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
24. How satisfied are you with your access to health services?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
25. How satisfied are you with your mode of transportation?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
The last question refers to **how often** you have felt or experienced certain things in the last two weeks.					
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5

Thank you for your time!! Is there anything you would like to comment on about the interview?

____

____

____

End Time of Interview: ____ ____ : ____ ____ a.m./p.m.

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SCRIPT

Sister José Community Needs Assessment Script

Greetings,

You are being invited to participate in a Community Needs Assessment of the Sister José Women's Center community because you attend the center. Your participation in the needs assessment involves completing a survey and providing information regarding your thoughts on the assets and needs that exist in the surrounding community for women experiencing homelessness. The survey will be facilitated by trained staff from the University of Arizona's Southwest Institute for Research on Women (UA-SIROW) and Sister José. With your permission, your survey responses will be written on a paper copy of the survey.

Information collected in the survey will not include your name or information linking your name to the responses. Each completed survey will be identified by a unique code and the responses collected will be presented in aggregate, as a combined batch of data, not individual responses. Interview staff are trained in maintaining confidentiality and are aware of the need to establish a secure environment to carry out the interview.

The survey asks for your demographic information (e.g., age, life experiences). Survey responses will be used to learn about the 1) current needs identified by women, 2) strengths of the community, and 3) strengths of women attending SJWC.

The interview should take 45 to 60 minutes to complete. Completion of the interview will end your participation in the community needs assessment. In appreciation of your participation, you will receive a hygiene kit consisting of samples of soap, lotion, shampoo and conditioner. Sister José may also offer participants a $20 for participating in the interview.

Information on the findings of the community needs assessment will be developed by UA-SIROW/Sr. José and made available as a preliminary report. The preliminary report will we shared with interested women and staff at Sr. José for their feedback. A final report of the Community Needs Assessment will be made at the conclusion of the project.

Thank you for participating in the Community Needs Assessment and completing the survey. Your participation is important to our study's goal to provide relevant information about strengths and needs of women experiencing homelessness.

This project has been reviewed by the University of Arizona's Human Subjects Protection Program (HSPP). The HSSP has determined that the project *does not require oversight by the University of Arizona because the project does not meet the definition of "research" and/or 'human subject'* (December 15, 2016).

SIROW/Sr. José Community Assessment
Script, 12/26/2016