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Length of Stay in a Homeless Shelter and Mitigating Homelessness

Uwemedimo S. Etteyit
Walden University

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Walden University

College of Health Professions

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Uwemedimo Solomon Etteyit

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Walden University
2022

Abstract

Length of Stay in a Homeless Shelter and Mitigating Homelessness

by

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MA, Humanities, Towson University, 2007

BA, Philosophy, University of Port Harcourt, Nigeria, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Public Health

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Abstract

Homelessness is a major public health issue in the United States. Every night, thousands of people have no residence to call their own. Most homeless persons turn to the homeless shelters for help. Despite the homeless shelters, the problem of homelessness persists. This study examined the concept that the length of time spent at a homeless shelter is related to the homeless persons mitigating their homelessness through home placement, jobs, and healthcare access. Homelessness was examined using the socioecological model with its attendant levels of influence. On the intrapersonal level, socioeconomic status, education, old age, veteran status, and disability were factors. On the interpersonal level, the lack of family support is a major factor. The community, institutional, and policy levels feature the stigma of homelessness, incarceration, local and federal laws, and lack of low-cost housing. The data were obtained from a homeless shelter in the MidAtlantic region of the United States and there were 236 participants. The study analyzed the said data to establish if the length of stay (LOS) at the shelter was a significant predictor for gaining housing, jobs, and access to healthcare using the observational design and multiple logistic regression analysis. The result showed a 1.018 increase in gaining housing with every unit increase in LOS (95% CI = 1.006-1.031). There was no statistical significance in the association between LOS and job acquisition and healthcare access. A positive relationship between LOS and home placement as shown in this study will help stakeholders, program directors, and governments to determine the average length of time needed by shelters to mitigate homelessness through home placement effecting social change.

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Dedication

To Knight (Chief) James Solomon Etteyit, my father, who taught me that it is more important to value people over material things and whose drive and motivation has inspired me to do great things. May your soul continue to rest in peace. To Lady (Chief) Benedicta Etteyit, my mother, whose encouragement and support I have enjoyed all my life, thank you. Your strength and resilience inspire me to persevere despite the obstacles I face. To Motunrayo Etteyit, my wife, I do not know how I would have done this without you. You have been the backbone of our young family from the day we decided to get married. Thank you for always encouraging and challenging me to do better. To my sons, Uruak, Tobi, and Solomon, your love and support have given me the will to do more. I love you always.

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Chapter 1: Introduction to the Study

Introduction

Homelessness is a major public health and social issue in the United States (Centers for Disease Control and Prevention [CDC], 2017). According to the CDC (2017), homelessness presents the risk of poor hygiene, risky health behavior, reduced health care access, communicable disease, mental health issues, violence, and increased level of morbidity and mortality. Donovan and Shinseki (2013) alluded to this in writing about the vast increase in the number of homeless persons (particularly homeless veterans) who chronically live on the streets; the solution proffered was a program that aims to put them in houses (Housing First Programs). Used by the Rapid Rehousing Program, Supportive Service for Veteran Families, and Housing and Urban Development, the Housing First Program aims to address the housing of homeless persons before addressing other aspects of their lives (Donovan & Shinseki, 2013).

To combat homelessness, various levels of government, federal, state, local governments, and communities, as well as nongovernmental organizations, have resorted to homeless shelters. The National Alliance to End Homelessness (2020) lists rapid rehousing and permanent supportive housing as solutions to homelessness. The relationships between homelessness and public health issues addressed by the homeless shelter literature include health status and diseases (Holland et al., 2019; Parsell et al., 2018). The literature also addresses homelessness, shelters, and the effects of law and politics (Williams, 2019). The literature further touches on why families go to shelters and what to do to return them to a stable housing situation (Kim & Garcia, 2019).

Furthermore, homeless shelter literature discusses the structures of shelters and their effects on homeless persons (Gwadz et al., 2017). Upon evaluation of the homeless literature, there is no mention of the relationship between the length of time spent in the homeless shelter and the ability of the homeless persons to mitigate their homeless situation. Mitigation of homelessness in this research referred to being able to live in and retain housing without the help of a homeless shelter and earning income to help stabilize the housing. Kim and Garcia (2019) identified income and low-cost housing as important factors in mitigating homelessness. Mitigation of homelessness will also refer to the homeless persons being able to access healthcare as a factor in the stability of the individual. Parsell et al. (2018) identified access to healthcare as a contributing factor to the stability of hitherto homeless persons.

Background

A quick internet search revealed that numerous studies and research have been done on the settings where homeless individuals receive services and the effects of those services in helping the homeless return to homes. I conducted a search using the Walden Library search engine for keywords *homeless shelter* in peer-reviewed articles. From the search, 6,002 articles were returned. The articles were then sorted based on information on mitigating homelessness, providing housing for the homeless, acquiring jobs for the homeless, providing healthcare access for the homeless, and relevant programs in homeless shelter settings that help homeless persons achieve stability. A review of a few of the articles showed several themes.

By using the data from the Homeless Management Information System for the residents of Salt Lake County, Utah, Kim and Garcia (2019) sought to identify why homeless families return to homeless shelters after successful placements in homes. By so doing, they also examined the factors that were paramount in homelessness in Salt Lake County, Utah. The authors pinpointed enrollment in low-cost housing and prior income as the structural factors that encouraged stability and reduced the risk of homeless families returning to the shelters. Though this study did not consider crime, incarceration, or education attainment among the homeless persons analyzed, it confirmed the notion that shelters that focus on stabilizing homeless families through low-cost housing are an effective way of returning homeless persons to normalcy. This study is important because it employed the quantitative research method, which the present research also employed. It also was a case study aimed at studying a specific population. The present endeavor was aimed at studying the homeless population in the Mid-Atlantic region of the United States based on data found in a homeless shelter located there.

In a mixed methods study, Huang et al. (2019) examined the effects of a college support program for homeless youth and youth from foster homes. It was a quantitative as well as a qualitative study. The problem they addressed was that homeless youth and youth from foster homes found it more difficult to adjust to college leading to a high percentage of them dropping out of college. The study examined what elements of the program were effective. For quantitative analysis Huang used bivariate and multivariate regression on administrative and survey data to gauge the effectiveness of time of participation on the success of the program. Qualitative interviews inquired about the

students' perception of the program. The students who were engaged early in the program were the most successful and the students perceived the program as a great help in helping them adjust to college life. The multiple regression analysis that was used in this article is one of the reasons I chose it for the current study. Multiple regression analysis was also used to examine the connection between the length of time spent in the shelter and the success of the homeless shelter program. Furthermore, the approach used to study the connection between the length of stay (LOS) at the shelter and the success in mitigating homelessness was the same as that used to study the college support program as it focused on the study of a particular homeless shelter.

Parsell et al. (2018) examined a program that integrated health services and supportive housing for homeless persons. It was a multimethod study to examine if the program improved the individuals' health and healthcare access. This study used a multimethod survey and interviews to determine if there was an improvement from being homeless to living in a supportive housing program. The individuals felt more comfortable seeking medical help in the program than when they were homeless. Furthermore, there was better access to healthcare in the program than when they were homeless. The study emphasized housing as a social determinant of health pinning homelessness as the exact opposite. The Parsell et al. study focused on healthcare access as well as housing, which are two factors that were used here in this present study as the basis of stability of homeless persons leaving the homeless shelter.

In a quantitative study, Gwadz et al. (2017) examined the effectiveness of organizations that take care of runaway and homeless youth (RHY) based on their service

quality and characteristics. The authors used the youth program quality assessment model to determine the quality of the settings and if the quality of the setting influenced the outcomes for the RHY. The setting quality was scored using certain factors: supportive relationships, youth involvement, safety, skill-building, interaction, safe environment, access, youth-centered policies and practices, engagement, and high expectation for youth and staff. The quality of the settings was then compared to see which had the best outcomes for the RHY. The results showed that the satisfactory to high-quality settings were connected to better psychological and behavioral outcomes. This study is intriguing because it examines the settings where the runaway and homeless youth go to get their services. Similarly, this dissertation examined the factors that mitigate homelessness (housing placement, job acquisition, and healthcare access) as barometers for success in addressing homelessness in Mid-Atlantic region of the United States.

Problem Statement

The problem is that despite the number of shelters available, there is still the question of how much the shelters are doing to get jobs for the homeless, place them in homes, and assure access to healthcare to mitigate the problem of homelessness. Kim and Garcia (2019) posit that enrollment in low-cost housing programs and previous income prior to home placement is responsible for helping homeless families return to society and not come back to homeless shelters. The current study examined whether there is a connection between the length of time spent in a homeless shelter and the mitigation of homelessness among homeless persons. For this study I compared records of homeless persons (adults 18 years old and above) who spent time in a homeless shelter in 2019 to

determine if the length of time spent was connected to home placement, job placement, and acquiring healthcare access.

Purpose of Study

The purpose of this quantitative study was to determine if the length of time spent at the homeless shelter influenced the success of the homeless in escaping homelessness. Success in the mitigation of homelessness was measured by the ability to secure a source of income, obtain stable housing, and maintain stable access to healthcare. This will inform stakeholders and policymakers on whether to support long-term or short-term homeless shelters.

Research Questions and Research Hypothesis

The research questions and hypotheses for this study were as follows:

RQ1: To what extent does the length of time spent in a shelter affect job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H_0 1: There is no relationship between the length of time spent at a homeless shelter and job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_a 1: There is a relationship between the length of time spent at a homeless shelter and job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

RQ2: To what extent does the length of time spent in a shelter affect home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H_{02} : There is no relationship between the length of time spent at a homeless shelter and home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_{a2} : There is a relationship between the length of time spent at a homeless shelter and home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

RQ3 To what extent does the length of time spent in the shelter affect access to healthcare given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H_{03} : There is no relationship between the length of time spent at a homeless shelter and healthcare access given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_{a3} : There is a relationship between the length of time spent at a homeless shelter and healthcare access given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

Conceptual Framework

The theoretical framework was based on the social-ecological model (SEM). The SEM is based on the concept that health issues and consequently health behavior are influenced by environmental or ecological factors. Thus, changing health behavior or

mitigating health issues are best accomplished by addressing the behavior or issue at the various levels of influence. Several scholars over the years have hinted that the environment influences behavior, but the effects on behavior based on different levels of influence were best articulated by Glanz et al. (2005) while describing the community nutrition environment as having individual variables, environmental variables, and policy variables. Lohrmann (2008) stated that there is an interrelation between the levels of influence: intrapersonal, interpersonal, institutional, community, and policy levels. In the case of homelessness, various studies have addressed the different levels of influence. Hardin and Willie (2017) outlined the causes of homelessness as lack of low-cost housing, lack of income, addiction, lack of family support, incarceration, health problems, inability to manage money, lack of education, mental illness, veteran status, age, physical disability, and long-term poverty.

Applying SEM to the causes of homelessness, each level of influence is represented by one or more causes. On the intrapersonal level, individual characteristics such as level of education, age, veteran status, addiction, mental illness, lack of income, inability to manage money, physical disability, and long-term poverty are represented. Boland et al. (2018), while studying what determines a sustained tenancy after homelessness, used SEM and identified the individual characteristics of sustainable tenants to include present job, self-control, personal readiness, mental illness diagnosis, and involvement with the mental health team.

On the interpersonal level, what stands out is the lack of family support. Torres et al. (2010) posited that childhood and family factors such as abandonment, lack of

support, and the death of parents were responsible for 84% of the homelessness experienced by individuals in their study. Boland et al. (2018) posited that on this same level, successful tenants had support from friends and family. Support or lack thereof of family and friends plays a major role at this level of influence. Support here would also extend to support from a social network of coworkers, neighbors, and other such groups.

The institutional, community, and policy levels depict how society views or contributes to the plight of the homeless. Homeless shelters fall into the institutional level. Lack of low-cost housing and incarceration falls into this level of influence. Included here also are how the law treats the homeless and how the communities perceive the homeless. The perception of the homeless by society as lazy, irresponsible, and vagrant (Hardin & Willie, 2017; Williams, 2019) falls into this level. Williams (2019) outlines the history of the negative perception of the homeless and the punitive laws that have been used to punish them over the years; the term vagrancy has been used over the years in various jurisdictions to punish and incarcerate the homeless until recently. To address homelessness, interventions must address the various levels of influence to achieve positive and sustainable results.

Homeless shelters were considered community institutions in this research. Giesler (2019) described homeless shelters as institutions while studying the rate of collaboration between public libraries and homeless shelters. As institutions in the community, homeless shelters provide resources and education for the homeless to enable them to mitigate their situation and gain access to homes, jobs, and healthcare. The LOS in a homeless shelter, therefore, falls into the institutional level of influence. This study

focused on the relationship between the LOS in a homeless shelter and the success of the shelter in mitigating homelessness by providing jobs, homes, and healthcare access to the homeless. Huang et al. (2019) determined that the time of participation affected the success of a college program that focused on keeping previously homeless students from dropping out of college. The question here was whether the LOS in a homeless shelter at the institutional level of SEM influences the homeless in the shelter to mitigate their homelessness.

Nature of Study

In this study I examined if the length of time spent in a homeless shelter is a significant predictor for placement in homes, job acquisition, and healthcare access of homeless persons exiting the shelter. The independent variable was the length of time spent at the shelter measured by the number of days, whereas the dependent variables were placement in a home, job acquisition, and healthcare access, all indicated by yes or no answers. The nature of the research was quantitative. The study design was observational as none of the variables were manipulated and there was no control group. The dataset was gleaned from Microsoft excel records kept by the shelter. I then transferred this dataset to SPSS for analysis. The LOS was calculated by the number of days from when the client was accepted into the shelter to when they signed out of the shelter. Home placement, job acquisition, and healthcare access were represented as yes or no with the numerical signs of 1 for yes and 0 for no. Sex was represented by male or female (1 for male and 2 for female). Family status was a response yes or no (1 for yes [with family] or 0 for no [not with family]). Disability status was represented by yes or

no (1 for yes and 0 for no). Social services support was represented by yes or no (1 for yes and 0 for no). I performed multiple logistic regression analysis on the data to determine if the LOS was a significant predictor of the outcomes of job acquisition, home placement, and healthcare access. I used the multiple logistic regression test because it is an appropriate test for a predictor variable that is continuous or scaled paired with two or more outcome variables that are dichotomous (Salkind, 2010)

Possible Types and Sources of Data

The primary data for this study came from intake information and case management data maintained by the homeless shelter. Permission was obtained from the shelter for the use of the said data. The data was deidentified to conceal the identity of the individuals therein. Also, in communicating with the Institutional Review Board (IRB) of Walden University, consent was only needed from the shelter for existing documents and not from the homeless individuals. Furthermore, secondary data was examined along with existing literature on homelessness. This was important in comparing the trends in the case study to the trends in other state or national data.

Limitations, Challenges, and Barriers

The study was limited to a specific homeless shelter and as such I do not claim the findings apply to every homeless shelter situation. Another limitation was that this study was concentrated on the LOS based on the specific time that the homeless person was in the shelter, not how long they had been homeless. A challenge was the privacy of the homeless individuals involved. A potential barrier was that the homeless persons fall into a protected class, so the study was authorized by the IRB of Walden University.

Significance of Study

By determining a link between the length of time spent in the homeless shelter and the success of the shelter in mitigating homelessness, this study added to the information about the average length of time needed to provide housing, income, and healthcare access to the homeless. This was based on descriptive statistics of the average length of time that the homeless persons spent in the shelter before being placed in homes, acquiring jobs, and obtaining access to healthcare. The study further identified the standards for activities, stakeholders, and partners needed to help homeless persons address their homeless situations. The standards here referred to using the three factors of job placement, income, housing, and healthcare access, to determine how successful a homeless shelter was, based on how many homeless persons successfully achieved the standards. Finally, this study added to the resources on homelessness in Mid-Atlantic region of the United States as the homeless shelter studied was located there.

This study also contributes to social change by identifying a homeless shelter that is effective in mitigating homelessness. It provides a framework for which to evaluate the work of homeless shelters to mitigate homelessness. It informs policymakers on the length of time needed for a shelter to help the homeless to gain housing stability. Social change, therefore, may be brought about by providing knowledge on the root causes of homelessness, which could help the homeless gain housing stability and reduce the number of people who sleep on the streets.

Summary

As homelessness continues to prevail in the United States along with its attendant risk factors, homeless shelters have become the avenue where the homeless go to seek help. Christian and Howson (2020) posited that the number of homeless persons keeps rising and the consequences of homelessness include sexually transmitted diseases, physical disability, mental health issues, and morbidity and mortality. The goal of this study was to examine if the length of time spent in a homeless shelter was a significant predictor of the ability of homeless individuals to mitigate their homelessness by seeking shelter in homeless shelter facilities. The mitigation of homelessness was determined by the ability of homeless individuals to gain employment, acquire housing, and gain access to healthcare.

Chapter 2: Literature Review

Introduction

Christian and Howson (2020) posited that homelessness began to appear as a public policy issue in the United States in the 1980s, was caused by poverty and lack of affordable housing, and had the negative health effects of mental health problems, physical impairments, sexually transmitted diseases, high morbidity, and high mortality. The CDC (2020) posited that every night in the United States, thousands of people are homeless, exposing them to risks of health problems like HIV, drug and alcohol abuse, mental illness, and tuberculosis resulting from the lack of access to care, adequate food, protection, resources, and social services. Homelessness, therefore, presents a major public health issue for the homeless and their communities.

Christian and Howson (2020) identified homeless shelters as public or private institutions where homeless persons go to seek shelter. Giesler (2019) also identified homeless shelters as institutions that aim to mitigate homelessness. The question then arises as to how effective the homeless shelters are in mitigating homelessness if there are still thousands homeless on every given night. A review of homeless shelter literature showed some themes associated with homelessness as health status and diseases (Holland et al., 2019; Parsell et al., 2018), effects of law and politics (Williams, 2019), families going to shelters and what to do to return them to stable housing situations (Kim & Garcia, 2019), and the structures of shelters and their effects on homeless persons (Gwadz et al., 2017). There is no mention in the homeless shelter literature of a connection between the length of time spent in a homeless shelter and the success in

mitigating homelessness for the homeless persons who use the shelter facilities. In 15his study I aimed to determine if the LOS in a homeless shelter is related to the mitigation of homelessness via home placement, job acquisition, and healthcare access.

The literature review in this chapter is made up of three sections. The first section is about the theoretical framework. The second part highlights the literature on the method of the study and how previous studies have used the method. The third part presents literature on the key concepts of the study including housing, homelessness and its causes, and homeless shelter programs and activities.

Literature Search Strategy

I conducted a systematic literature review using the Walden University Library search engine through databases including CINAHL, SocINDEX, Academic Search Complete, Education Source, MEDLINE, and Science Direct. The articles reviewed were dated between 2010 and 2021. The keywords and phrases used included *homelessness in the United States, homeless shelters, housing, jobs, homeless shelter programs, and homelessness mitigation*. Various combinations of the keywords and phrases yielded over 1,000 articles.

Theoretical Framework

The theoretical framework that I used to analyze the relationship between the length of time spent in the homeless shelter and the success in mitigating homelessness was the SEM. Sallis and Owen (2015) presented five principles of the ecological models of health behavior as follows: (a) multiple levels of influence affect health behavior (interpersonal, intrapersonal, community, organizational, and policy); (b) situations in

different environments affect health behavior; (c) the different levels interact while affecting health behavior; (d) ecological models should target specific behavior and (e) multilevel interventions are most effective in changing health behavior. In other words, health behavior cannot be simply changed by targeting the individual without looking into how the environment contributes to said behavior. By identifying multiple levels of influence and addressing them in the process of changing health behavior, ecological models ensure a sustained effort to change health behavior that is supported by a policy change, community support, as well as individual effort.

Boland et al. (2018) used the SEM to analyze the determinants of tenancy sustainment among individuals who were previously homeless. The authors aimed to identify the positive determinants of tenancy sustainment to ensure that previously homeless persons can use these determinants to avoid returning to homelessness. By reviewing 12 electronic databases and gray literature sources, Boland et al. scoured for literature that focused on tenancy sustainment among people who experienced homelessness or were previously homeless. The literature review identified the positive determinants and classified them on the four levels of the SEM.

On the individual level, the positive determinants included current job, older age, personal readiness, daytime activity, mental illness diagnosis, sense of control, and time in the hostel. On the interpersonal level, the positive determinants included social support from friends and family and support workers. On the community level, the positive determinants included the attributes of the neighborhood, the participation of the individuals, and their involvement in the community. On the structural level, the positive

determinants highlighted were, State support, Housing First, Department of Housing and Urban Development, Department of Veteran Affairs Supportive Housing, and the Hostel outreach. Boland et al. (2018) emphasized the interdependence of the determinants at the different levels pinpointing the fact that tenancy sustainment among previously homeless individuals needed to be addressed on different levels, individual, interpersonal, community, and structural. The use of the SEM by Boland et al. provided a structure or framework by which to measure the effectiveness of programs attempting to increase tenancy sustainment among previously homeless individuals.

Kilmer et al. (2012) suggested an ecological analysis and solution for services meant to cater to homeless children and their families. For Kilmer et al., a problem as complex as child and family homelessness needed to be addressed using a multilevel approach. They addressed three levels of adversity that homeless children and their families face. The first level consisted of circumstances or situations that occurred before they became homeless and likely were responsible for them becoming homeless (intrapersonal level). Examples of these adversities were poverty and its attendant effects, domestic violence, lack of personal resources, and mental illness. The second level had to do with circumstances and adversities that the children and families faced after they become homeless (interpersonal level). An instance of this could be how an employer treats the homeless employee and the stigma of homelessness as perceived by businesses, schools, and other institutions. At this stage, the experience of broken relationships with family, friends, and teachers emerges because of being homeless.

The third level has to do with the circumstances that the homeless children and their families face when they seek help (community, institutional, and policy level). This may have to do with the intervention itself. Homeless families and children might perceive the environment as unsafe. Another risk might have to do with policies that might separate the children from the adults and other policies like the time limits mandated by some shelters. To truly address the needs of the homeless children and their families, these levels of adversities must be taken into consideration. The emphasis is on context; the three ecological levels must be considered by any intervention attempting to alleviate the problems faced by homeless children and their families.

The authors, therefore, suggested that in considering the three levels of adversities or contexts, homeless interventions must provide secure, affordable, and stable housing. The intervention must also facilitate and foster relationships with other individuals as well as the community at large. They also suggest that the interventions should provide material support and provide family-centered services. The training of the staff of the intervening facilities must include an understanding of the trauma faced by the homeless persons and their families and must be geared towards encouraging the development of the homeless children and their families. The use of the ecological model here helps break down the issues of childhood and family homelessness and set up a blueprint for interventions that designed to alleviate it.

Rigolon and Nemeth (2019) applied the SEM in analyzing the factors affecting gentrification. The authors identified gentrification as a phenomenon where longstanding occupants of a neighborhood are displaced in favor of younger, richer, and in most cases,

professional occupants. They pointed out that the reasons for gentrification were that some of the neighborhoods were outdated and needed to be developed and sometimes the gentrification occurs because a government investment such as new trains, or new transportation systems are established in these neighborhoods. Various reasons have been presented by scholars for gentrification, but the authors categorize them as generally involving production and consumption.

The authors pointed out that certain communities are gentrification-susceptible based on the age of their infrastructure and other characteristics. They then posed a question as to why some gentrification-susceptible communities get gentrified while others do not. Considering this question, the authors used the SEM to identify the levels of influence that affect the gentrification of a community. The authors identified the levels of influence based on characteristics of gentrified communities and communities that resist gentrification. The first level identified was the *individual* level. Here, the authors identified characteristics such as social taste and what the community consumes. These characterize the individual personality of a community. The next level is identified by the authors as *people* level. Here, the authors identify characteristics such as race and ethnicity of the residents. They also identify the socioeconomic status of the residents. At this level, the community and advocacy groups, as well as the social capital of the community, are also named as characteristics. The third level is identified as *place*. The characteristics here include the value of housing in the community as well as the design of the neighborhood. It also has to do with what is good and/or bad in the physical environment of the community, such as access to transportation and jobs as well as how

close the community is to the downtown hub of the major city. The fourth level is simply named *policy*. Here, the authors cited characteristics such as zoning laws, labor laws, tenant protection policies, development policies, local and federal subsidized housing, economic incentives, and investment in community infrastructure.

According to the authors, the characteristics at the people, place, and policy levels influence how the individual communities respond to gentrification. Armed with this ecological analysis, the authors conducted a test of the framework on five regions of the United States (Chicago, Los Angeles, New York, San Francisco, and Washington D. C). Using housing data from the U.S Census Bureau and the Longitudinal Tract Database, the authors tracked gentrification susceptible communities in these regions between 2000 and 2015 to see which of the communities became gentrified and which did not. The results showed that the ecological framework of people, place, and policy levels could successfully predict which communities would gentrify and which would not. For instance, the communities that had strong anti-displacement policies (policy level) were least likely to gentrify. The communities that had the highest population of minorities (people level) (Hispanics and African Americans) were least likely to gentrify while the communities that had a more mixed population were most likely to gentrify. Furthermore, distance to downtown and accessibility to railroad transportation (place level) were involved in predicting what communities would gentrify. The authors then posited that their socioecological model of gentrification can be used by policymakers, community planners, and anti-gentrification advocates as a framework to encourage the characteristics that impair gentrification while limiting those that foster gentrification.

Literature Related to the Method

The following articles used the methods that will be employed in this research.

Erickson et al. (2018) used multivariate regression analysis to study the coping mechanisms used by alcohol-dependent homeless persons when alcohol was not affordable. They also studied how managed alcohol programs (MAP) influenced the said coping mechanisms. The participants included 175 MAP residents and 189 control participants. The LOS in a MAP was studied as a significant predictor of negative coping strategies while controlling for sex, age, housing stability, ethnicity, spending money, and drinks per day. The result was that people who spent more than 2 months in MAP exhibited lower negative scores than the control group (8.76 vs 10.63, $p < 0.001$), were least likely to use illicit drugs (odds ratio (*OR*) 0.50, $p = 0.02$) or resort to negative coping strategies than those who did not participate in MAP. Alcohol consumption was reduced by MAP participants rather than use harmful coping mechanisms when alcohol was not affordable.

Harris et al. (2019) used multivariate logistic regression analysis to find out how mental health and substance use affected homeless persons in their use of tobacco and their cessation attempts from tobacco. Because homeless persons use more tobacco products (60-75%) than persons with housing stability (26%), the authors sought to determine what factors were correlated with the homeless persons' tobacco use and cessation attempts. The sample was 421 adults in Los Angeles who experienced homelessness and were entering supportive housing. The prevalent conditions with the

homeless persons were mental health issues and substance use. The authors examined substance use and mental health as factors responsible for the increased use of tobacco among the homeless as well as their effect on tobacco cessation attempts. The result was that increased tobacco use was associated with a lifetime diagnosis of certain mental illnesses like post-traumatic stress disorder (odds increased 2.34 times), bipolar disorder (odds increased 1.9 times), schizophrenia (1.89 times more than people without schizophrenia), depression (odds increased by 1.59 times) and illicit substance use. Depression was associated with an attempt within the last three months of tobacco cessation while illicit drug use reduced the likelihood of an attempt at tobacco cessation. The authors then recommended that any intervention for tobacco cessation aimed at the homeless population must address the different factors that increase the use of tobacco in that population rather than a generalized approach that is used for people with housing stability.

Harris et al. (2017) used multivariate logistic regression analysis to examine the correlation between risk behavior and varying lengths of homelessness among homeless veterans. The risk behavior examined here included sensation seeking (driving recklessly, gambling, and suicidal thoughts), substance use (alcohol abuse, tobacco use, and driving while intoxicated), aggression (starting fights), and risky sexual behavior (being at risk of contracting a sexually transmitted disease). A cross-section of homeless veterans in Los Angeles was surveyed to examine the correlation between the risk behaviors and the length of homelessness. Results showed that gambling and starting fights were associated with brief periods of homelessness while alcohol abuse, risky sexual behavior, tobacco

use, suicidal ideation, driving while intoxicated, gambling, and looking to start a fight, all together were associated with 6 months or more in the length of homelessness. The authors recommended that interventions aimed towards the homeless veteran population assess not only risky sexual behavior and substance use but also aggression and sensation seeking.

Literature Related to Key Concepts

Risk Factors

CDC (2017) listed the health risk associated with homelessness as poor hygiene, reduced healthcare access, risky health behavior, mental health issues, communicable diseases, sexually transmitted disease, violence, substance abuse, and increased mortality and morbidity. It is sometimes difficult to determine how many of the risk factors were already prevalent before the persons became homeless. However, Maness et al. (2019) suggested that the best way to determine the risk factors exacerbated by homelessness is to compare the rates between the homeless population and that of the general population. They referred to the statistics that showed tobacco-related death among the homeless to be 3-5 times that of the general population and alcohol-related death 6-10 times among the homeless than that of the general population (Maness et al., 2019). Thus, the risk factors presented here were not exclusive to the homeless population but represented factors that were made worse because of homelessness.

Maness et al. (2019) identified the risk factors that can be addressed among the homeless population as smoking, risky sexual behavior, obesity/overweight, low fruit and vegetable consumption, alcohol abuse, and inadequate physical activity. The authors'

goal was to identify how prevalent these risk factors were among the homeless population and how ready the homeless persons would be to address the said risk factors. According to Maness et al. (2019), the study had a sample of 581 homeless persons and the results showed 79% as smokers, 64% as eating fewer fruits and vegetables than required of a healthy adult, and 64% as being obese. The results also showed that 56% were willing to work on alcohol abuse, 74% were willing to work on reducing weight, and 74% were willing to increase fruit and vegetable intake (Maness et al., 2019).

Cole et al. (2020) examined the differences in the health risks experienced by homeless American Indians compared to their non-Hispanic white counterparts. The authors recruited 415 participants. Of the participants, 108 were American Indians and 307 were non-Hispanic white, recruited from 6 homeless agencies in Oklahoma City, Oklahoma, USA. The risks they examined included alcohol and drug use, personal victimization, discrimination, sleep location and quality, and readiness to change general health habits (unsafe sexual practices, fruit and vegetable intake, weight status, and physical activity). Results showed that American Indians experienced more alcohol use problems and were more likely to be arrested for disorderly conduct or public drunkenness than their non-Hispanic white counterparts. American Indians however, reported less cigarette smoking and were more willing to change unsafe sexual behavior. Also, American Indians were more likely to experience discrimination and reported sleeping outside or on the street instead of shelters when compared to their non-Hispanic white counterparts. The authors then concluded that any intervention geared towards the

American Indian homeless population must consider the unique health risk factors that they face compared to other homeless populations.

Kendzor et al. (2015) studied stressors related to homelessness and their association with health risk factors such as poor diet, limited physical activity, and overweight/obesity among homeless smokers. The stressors included fear and mistrust of other people, discrimination, and chronic stress. The participants were 57 homeless smokers enrolled in a smoking cessation program. The participants admitted to eating a high-fat diet, limited fruits and vegetables, and low-fiber diets. Many of the participants were overweight or obese and admitted to participating in limited physical activity. The participants also admitted to experiencing the stressors of fear and mistrust of others, chronic stress, and discrimination. Results showed that a high-fat diet was associated with many of the stressors. The authors, therefore, suggested that the management of a healthy diet by the homeless shelters could be instrumental in managing the stressors experienced by the homeless persons.

Siersbaek et al. (2021) pointed out that individuals experiencing homelessness face social exclusion in addition to the fact that they are faced with reduced access to healthcare. They posited that because of the reduced access to healthcare, the homeless persons have poorer health outcomes than people who are not homeless. In their study, the authors set out to identify contexts and features of healthcare facilities and providers that would make it easier for the homeless to gain more access to healthcare. A literature review of peer-reviewed literature, grey literature, and primary sources was conducted, and 47 articles were reviewed.

The analysis showed that healthcare access for the homeless is improved when certain characteristics are present. The healthcare must be person-centered, flexible, devoid of stigma, with a relationship of trust between the staff and the patients (Siersbaek et al., 2021). Thus, the authors recommended that hospitals and other healthcare facilities invest in training staff to cater to this population and retain said staff for sustainability purposes. Siersbaek et al. (2021) here, posit that the reduced healthcare access of the homeless is in part due to the social exclusion and stigma placed on them by society and urge the healthcare facilities to make improvements by providing an inclusive environment that is devoid of stigma and can provide person-centered and trauma-informed care.

Axe et al. (2020) acknowledged that employment is often overlooked when dealing with homelessness. Lack of employment, according to Axe et al (2020) is responsible for homeless youth being unable to mitigate homelessness and is responsible for homeless youth turning to street economy which involves drug dealing and prostitution. The authors sought to analyze the short- and long-term impacts of a multi-year program focused on working with homeless youth to help them become independent. The program being analyzed had as its focus housing, participant experience, employment, and support (Axe et al., 2020).

The authors focused only on employment and through a series of focus group interviews, they were able to come up with some recurring themes. The themes were context, accountability, best practices, roadblocks, and suggested modifications by participants (Axe et al., 2020). The conclusion was that employment was a necessary part

of any program set up to support homeless youth on their path to mitigating homelessness. Employment is seen to promote accountability while earning a living to support housing and other needs.

Nourazari et al. (2021) Acknowledged that homelessness is a complex social and public health issue. Not having stable housing affects adults as well as children in various ways. Adults experience poorer health outcomes than housed individuals while children experience lower test scores and high rates of school mobility (Nourazari et al., 2021). Various governments and nongovernmental organizations have used different programs to help return the homeless to permanent housing. Some have worked but others have not been so effective.

The authors used system analysis to examine homeless programs and came up with three points that can make the homeless programs more effective. The points were increasing permanent affordable housing units, setting up programs that cater to vulnerable population before the onset of homelessness, and encouraging the use of transitional housing and shelters by the homeless (Nourazari et al., 2021). The conclusion was that all three points need to be employed to help bring the homeless back to permanent housing while increasing housing stability. The system analysis was recommended for policymakers to help make homeless programs more effective.

Approaches to the Management of Homelessness

Shaheen and Rio (2007) recognized the trend of placing homeless persons in homes and treating homeless persons that have a mental illness. However, they contend that housing the homeless and giving them the healthcare and mental health treatment,

they need, is not enough to reduce or end homelessness. They, therefore, recommend integration of work (employment), housing, and treatment. According to the authors, the sense of responsibility developed by working as well as the income earned from working could be a vital factor in maintaining treatment regimen and the accommodation.

Sun (2012) identified four components of working with homeless persons facing multiple issues. The first component was ensuring a smooth transition of the homeless person from the institution or environment that they came from (prison, hospital, etc.) into the community. The second component is securing resources, services, and employment for the individual. The third component is securing supportive housing for the individual. The final component is engaging the individual in treatment, preferably one that involves the community. These components when well executed should build the confidence of the homeless persons and help them in establishing the confidence they need to avert homelessness.

Shoemaker et al. (2020) sought to develop a person-centered and effective guideline for homeless interventions. To accomplish this, the authors used 84 health professionals, 76 persons who experienced homelessness, as well as other electronic and oral surveys to identify priority needs and population subgroups among the homeless population. The results showed priority needs to be mental health and addiction treatment, coordinating access to housing, providing access to income, and coordination of care and case management (social services). The population subgroups identified included the indigenous peoples, youth, women, families, people with brain injury, refugees, immigrants, and people with intellectual and physical disabilities. The inclusion

of health professionals as well as the perspectives of people who experienced homelessness resulted in a successful categorization of priority needs as well as the at-risk subgroups.

Kannenberg and Conley (2020) in addressing the plight of the homeless population that have experienced incarceration, examined the use of occupational therapy and community integration as a means of providing housing and job stability for the said population. The authors cited the fact that over 2.2 million individuals are incarcerated in the United States; most of them have mental health issues, are poor, and are predominantly African American. As a result of their incarceration records, they are restricted from obtaining housing and maintaining jobs. This results in the vicious cycle of incarceration and homelessness. To limit the continuous arrest and incarceration and increase their chances at housing and employment stability, a multidisciplinary team whose focus was to increase community engagement among the frequently incarcerated homeless individuals adopted occupational therapy as a tool to educate and stabilize the population. Results showed that the participants, using occupational therapy, were able to deal with the barriers standing in the way of working with the community and they were also able to live independently. The authors concluded that occupational therapy could help this population of previously incarcerated homeless persons to achieve housing and occupational stability.

Andermann et al. (2021) pointed out that women make up a quarter of the homeless population in Canada. However, the literature on homelessness mainly portrayed the experiences of homeless men. The purpose of their research, therefore, was

to conduct a review of the existing research on homelessness, bearing in mind gender and equity, to find evidenced based strategies and interventions earmarked to help homeless women. Of the 4,102 articles found, only 4 systematic reviews and 9 randomized trials were conducted solely on women or allowed for gender analysis. The results showed that the successful interventions were Counselling after a shelter stay, due to domestic violence, case management, and permanent housing assistance. These interventions helped reduce homelessness, reduce food insecurity, reduce exposure to violence, and helped with school stability and good health for the children. The authors concluded that present interventions are only focusing on women that attend domestic violence and family shelters. They advocated that there should be more interventions focused on women who do not fall into those categories as they are also exposed to the risk of violence and gender inequity.

Summary and Conclusion

Chapter 2 reviewed previous literature relating to homelessness and its risk factors. The health risk factors were considered among the general population of homeless persons as well as in different subgroups among the homeless. The health risk factors include increased tobacco use, alcohol and drug abuse, mental health problems, unsafe sexual behavior, violence, increased morbidity, and mortality, obesity/overweight, and lack of a healthy diet. The chapter also reviewed previous literature related to the variables job acquisition, home placement, and healthcare access in relation to homelessness interventions. Almost all the literature agrees that to mitigate homelessness,

the program or intervention must provide or help the homeless persons gain access to healthcare (mental health, addiction counseling, and general healthcare), housing (Permanent or transitional), and a source of income (assistance and jobs).

This chapter reviewed the literature on the SEM and the use of the ecological model in addressing complex social and health issues. Homelessness, as a public health issue, was addressed at the different levels of influence to address the environmental factors related to the homeless person's situation. The chapter also reviewed the previous literature on how multiple logistic regression analysis was used in similar studies to determine relationships between variables. In Chapter 3 I discussed the methodology used to analyze and answer the research questions, the population, research method design, the data and method used to analyze it as well as how valid and reliable it is.

Chapter 3: Research Method

Introduction

Using the quantitative research method, I assessed if the LOS in a homeless shelter was a significant predictor of the homeless participants' ability to obtain a job, a home, and access to healthcare. The analysis also controlled for age, sex, family status, marital status, disability status, and social services support. For this study, the independent or predictor variable LOS was accounted for by the number of days spent at the shelter. The dependent or outcome variables were job acquisition, home placement, and healthcare access, all represented by yes or no answers (1 for yes and 0 for no). The use of the quantitative method for this research helped determine the relationship between the variables using multiple logistic regression analysis. I selected a homeless shelter in the Mid-Atlantic region of the United States because of its 40-year history of dedication to mitigating homelessness in the region. Another reason for selecting this facility was its consistency in record keeping and openness to accepting homeless persons with various backgrounds and the connectedness of the shelter to the community, government resources, and other nongovernmental organizations.

The dataset used was an Excel spreadsheet maintained by the homeless shelter of the homeless persons who used the facility. The study population was men and women 18 years and older who used the homeless shelter in 2019. The data was received from the shelter and inspected for accuracy. The data was then analyzed using the IBM Statistical Package for Social Sciences (SPSS) software.

This chapter has four major sections. The first section deals with the research design and rationale. The second part outlines the research questions and hypotheses. The third part elaborates on the research methodology while the fourth section is a summary of the chapter.

Research Design and Rationale

For this study, I used the quantitative research method because of the nature of the data that was collected from the shelter. The data was represented in numbers and statistical tests were necessary to test the relationships between the variables. The observational design was used. The data included variables that were continuous as well as variables that were dichotomous. The independent variable was the LOS at the shelter, represented by the number of days (continuous). The dependent variables were home placement, job acquisition, and healthcare access, all represented by yes or no responses (1 for yes and 0 for no), and these variables were dichotomous. Sex was represented by male or female (1 for male and 2 for female). Family status was a response yes or no (1 for yes [with family] or 0 for no [not with family]). Disability status was represented by yes or no (1 for yes and 0 for no). Social services support was represented by yes or no (1 for yes and 0 for no). The research questions were best answered using this research method because the study was establishing the cause-effect relationship between the variables. I used the multiple logistic regression test because it is an appropriate test for a predictor variable that is continuous or scaled paired with two or more outcome variables that are dichotomous (Warner, 2012).

Research Questions and Research Hypothesis

The research questions and hypotheses were:

RQ1: To what extent does the length of time spent in a shelter affect job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H_{01} : There is no relationship between the length of time spent at a homeless shelter and job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_{a1} : There is a relationship between the length of time spent at a homeless shelter and job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

RQ2: To what extent does the length of time spent in a shelter affect home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H_{02} : There is no relationship between the length of time spent at a homeless shelter and home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_{a2} : There is a relationship between the length of time spent at a homeless shelter and home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

RQ3 To what extent does the length of time spent in the shelter affect access to healthcare given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H_03 : There is no relationship between the length of time spent at a homeless shelter and healthcare access given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_{a3} : There is a relationship between the length of time spent at a homeless shelter and healthcare access given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

Methodology

Population and Sampling Procedures

I requested data from the homeless shelter of persons who stayed in the shelter in 2019. Thus, the population of this research was made up of adults 18 years and older who stayed at the shelter between January 1, 2019, and December 31, 2019. The sampling was a convenience sampling because it included everyone who used the shelter at the period in question. There was no control group but only the adults 18 years or older who used the shelter. The effect size of the data once obtained and analyzed from the facility was determined using IBM SPSS. According to Henson et al. (2014), effect size in logistic regression analysis can be determined by Cohen's d , odds ratio, and percentage odds ratio. I used Cohen's d as well as odds ratio to determine the effect size and the number of persons who used the shelter in 2019 ages 18 years and older constituted the sample

size. The shelter typically serves between 250 and 300 adults every year. The sample size was 236, the total number of adults who were in the shelter in 2019.

Archival Data, Informed Consent, and Confidentiality

The data that was obtained from the homeless shelter was data that are normally kept by the shelter (archival). The data included intake information (age, sex, marital status, and so on), activities that clients in the shelter are involved in, their disability, and family status. The data was deidentified, so no personal information was shared. This helped safeguard the confidentiality of the homeless persons involved. I then kept the data in a secure location in my personal residence so as not to give access to any other person. Informed consent was not needed as there were no human subjects involved in the study. I obtained permission from the IRB of Walden University to obtain and use the data. According to the U.S. Food and Drug Administration (2020), the function of the institutional review board is to ensure that all research is done while the information and privacy of all individuals involved are protected and that all ethical procedures are followed. Thus, with the permission of the IRB, the proper data collection and privacy standards were met. The IRB approval number was 06-23-21-0742489.

Table 1*Variables and Levels of Measurement*

Variables	Levels of measurement
<i>Independent variable</i>	
Length of stay	Continuous (numeric)
<i>Dependent variables</i>	
Job acquisition	Nominal (dichotomous)
Home placement	Nominal (dichotomous)
Healthcare access	Nominal (dichotomous)
<i>Control variables</i>	
Age	Continuous (numeric)
Sex	Nominal (dichotomous)
Family status	Nominal (dichotomous)
Disability status	Nominal (dichotomous)
Social service support	Nominal (dichotomous)
Marital status	Nominal (dichotomous)

Operationalization of Variables

For this study, the independent variable was LOS at the homeless shelter. The controlling variables were age, sex, family status, disability status, and social services support. The dependent variables were job acquisition, home placement, and healthcare access. LOS was represented by the number of days (continuous variable in SPSS). Age was represented by number of years (continuous variable in SPSS). Sex was represented by male or female (1 for male and 0 for female). Family status was a response yes or no (1 for yes [with family] or 0 for no [not with family]). Disability status was represented by yes or no (1 for yes and 0 for no). Social services support was represented by yes or no (1 for yes and 0 for no). Job acquisition, home placement, and healthcare access were all represented by yes or no (1 for yes and 0 for no).

Data Analysis Plan

I used IBM SPSS version 27 for this research. I used multiple logistic regression analysis to determine the relationship between the variables. Once the record was received in excel format, it was inspected for any errors or missing data. Any records with missing data or irrelevant data to the research was excluded. I employed multiple logistic regression analysis to answer the research questions. For RQ1 (to what extent does the length of time spent in a shelter affect job acquisition?), multiple logistic regression was used to test the relationship between LOS at the shelter and job acquisition while controlling for age, sex, family status, marital status, disability status, and social services support. For RQ2 (to what extent does the length of time spent in a shelter affect home placement?), multiple logistic regression analysis tested the

relationship between LOS at the shelter and home placement while controlling for age, sex, family status, marital status, disability status, and social services support. For RQ3 (to what extent does the length of time spent in the shelter affect access to healthcare?) multiple logistic regression analysis tested the relationship between the LOS at the shelter and access to healthcare while controlling for age, sex, family status, marital status, disability status, and social services support.

One of the key assumptions of this research was that homeless shelters, as community institutions, aimed to mitigate homelessness. As parameters that indicate mitigation of homelessness, job acquisition, home placement, and healthcare access were presented here as dependent variables. A positive relationship between these dependent variables and the LOS at the homeless shelter, the independent variable, would mean that specific lengths of time spent at the shelter are related to mitigating homelessness. The involvement of the control variables of age, sex, family status, marital status, disability status, and social services support further examined if the independent variable and dependent variables interact differently with subgroups within the homeless community.

Issues of Trustworthiness

Validity

According to Yilmaz (2013), there are two kinds of validity that concern quantitative research: internal validity and external validity. Internal validity refers to the truth of the data and external validity refers to how applicable the data is compared to other situations (Yilmaz, 2103). In the case of this research, the data that were obtained from the shelter were official records kept by the staff to conduct the day-to-day

operations of the institution. The data were obtained from the authorized personnel of the shelter and thus were accurate and true. This addresses the internal validity of the data. In terms of the external validity, if another researcher requests the same data for the same period, they will get the same data. However, since this data is collected from a specific shelter, the results may not be generalizable to other shelters because the population and the record keeping system might be different. Furthermore, the research method used here can be used on similar data collected from a different shelter.

Reliability

Reliability in quantitative research has to do with consistency (Yilmaz, 2013). In other words, if another researcher were to use multiple logistic regression analysis on the same dataset, would they arrive at the same result? This research will use SPSS version 27 to analyze the data using the multiple logistic regression analysis. The same can be done by a different researcher with the same results.

Summary

Chapter 3 presented the research methodology that will be used in this study. This chapter also presented justification of why this research method is appropriate. The independent and dependent variables were also presented. Data was collected from a homeless shelter for this study. The retrospective study was on the homeless population 18 years and older who utilized the shelter in 2019. The data were analyzed using IBM SPSS version 27 and the test that was used to establish relationships among variables was the multiple logistic regression analysis. The research questions were answered using this method. Chapter 4 will provide analysis and interpretation of the data. Data analysis will

be conducted on the variable LOS and how it is related to job acquisition, home placement and healthcare access. The results in Chapter 4 will then be collected analyzed and presented with more detail in Chapter 5.

Chapter 4: Results

Introduction

The purpose of this quantitative research was to determine if the LOS at the homeless shelter is a significant predictor of mitigating homelessness based on the homeless persons acquiring jobs, getting placed in homes, and gaining access to healthcare. I analyzed data obtained from a homeless shelter in the Mid-Atlantic region of the United States. Three research questions and hypotheses were tested. I used multiple logistic regression analysis to analyze the data to answer the research questions.

Research Questions and Research Hypothesis

RQ1: To what extent does the length of time spent in a shelter affect job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H_01 : There is no relationship between the length of time spent at a homeless shelter and job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_a1 : There is a relationship between the length of time spent at a homeless shelter and job acquisition given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

RQ2: To what extent does the length of time spent in a shelter affect home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H₀₂: There is no relationship between the length of time spent at a homeless shelter and home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_{a2}: There is a relationship between the length of time spent at a homeless shelter and home placement given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

RQ3 To what extent does the length of time spent in the shelter affect access to healthcare given the age, sex, marital status, family status, social service support, and disability status of the homeless persons?

H₀₃: There is no relationship between the length of time spent at a homeless shelter and healthcare access given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

H_{a3}: There is a relationship between the length of time spent at a homeless shelter and healthcare access given the age, sex, marital status, family status, social service support, and disability status of the homeless persons.

In this chapter, I discuss the data collection process and the descriptive statistics of the sample. I performed statistical analysis tests on the data using multiple logistic regression. In this chapter I discuss the results of the analysis via frequencies and descriptive data. I then be present the results in a way that answers the research questions one after the other. Finally, I provide a summary of the results.

Data Collection

To conduct the research study, I used data from a homeless shelter in the Mid-Atlantic region of the United States. I requested the data from the shelter via email and phone calls. The data were emailed to me in an Excel spreadsheet and were stored safely on a personal computer. I then analyzed the data using IBM SPSS. The data contained all the adults 18 years and older who stayed in the shelter in 2019 (between January 1st and December 31st).

As shown in Table 2, the sample consisted of 236 homeless persons. Table 2 shows that men accounted for 118 (50%) and 118 were women (50%). Married persons accounted for 32 (13.5%), and 204 (86.5%) were single. Persons who were in the shelter with their family accounted for 68 (28.8%), whereas 168 (71.2%) were alone. There were 4 (1.7%) retired persons, and 232 (98.3%) were not retired. There were 90 (38.1%) persons receiving social services support, and 146 (61.9%) were not receiving support. There were 65 (27.5%) disabled persons, and 171 (72.5%) were not disabled. In terms of the dependent variables, 91 (38.5%) had access to healthcare, whereas 145 (61.5%) did not; 66 (28%) acquired accommodation (homes), whereas 170 (72%) did not; 59 (25%) got jobs, whereas 177 (75%) did not. The age of the homeless persons ranged from 18 to 82 with the average age of 40.95 (Table 3). The LOS at the shelter ranged from 1 day to 270 days, with an average number of days at the shelter at 35.20 (Table 5).

Table 2*Demographic Characteristics of the Homeless Persons Who Used the Shelter in 2019*

Variables	Frequency	Percent
Sex: Male	118	50
Female	118	50
Married: Yes	32	13.5
No	204	86.5
W/Family: Yes	68	28.8
No	168	71.2
Soc Serv Sup: Yes	90	38.1
No	146	61.9
Disabled: Yes	65	27.5
No	171	72.5
Retired: Yes	4	1.7
No	232	98.3
Total	236	100

Table 3*Age Descriptive Statistics*

Descriptive Statistics						
	<i>N</i>	Range	Minimum	Maximum	Mean	Std. deviation
Age	236	64	18	82	40.95	13.494
Valid <i>N</i> (listwise)	236					

Table 4*Dependent Variables*

Variables	Frequency	Percent
Job: Yes	59	25
No	177	75
Accommodation: Yes	66	28
No	170	72
Healthcare: Yes	91	38.5
No	145	61.5
Total	236	100

Table 5*Independent Variable (LOS)*

Descriptive Statistics						
	<i>N</i>	Range	Minimum	Maximum	Mean	Std. deviation
LOS	236	269	1	270	35.20	51.880
Valid <i>N</i> (listwise)	236					

My assumption was that the secondary data that I received from the homeless shelter was reliable. This is because the data were used to run the daily activities of the homeless shelter. The delimitation was that the data and data analysis refer to adult homeless persons 18 years and older who spent time in this homeless shelter in 2019. The results may not be generalizable to other homeless shelters.

Results

I conducted multiple logistic regression analysis to determine if there is a relationship between the LOS at the shelter and the mitigation of homelessness based on home placement, job acquisition, and access to healthcare. Other covariates considered were marital status, disability status, family status, sex, age, social service support, and retirement status. Confidence interval was set at 95% and statistical significance was set at .005 ($p = .005$). For RQ1, the logistic regression analysis did not show relationship between the LOS at the shelter and job acquisition. The logistic regression analysis results showed statistical significance(p) as .108, Odds ratio (OR ; Exp B) as 1.009, and the 95% confidence interval (95% CI) as .998-1.019 (as shown in Table 6). There was no statistical significance as $p = .108$. Therefore, I failed to reject the null hypothesis. In

other words, for this research question, I failed to reject the null hypothesis. In addition to this, as shown in Table 6, there was a negative relationship between one of the covariates, social services support (services) and job acquisition. For every increase of unit of social service support, there was a decrease in the possibility of job acquisition by .020. The logistic regression analysis here showed a statistical significance as $p = .001$.

For RQ2, the logistic regression analysis results showed statistical significance(p) as .004, Odds ratio (OR ; Exp B) as 1.018, and the 95% confidence interval (95% CI) as 1.006-1.031 (as shown in Table 7). The logistic regression analysis in Table 7 showed that for every increase in unit of LOS there was an increase odd of gaining accommodation by 1.018. Thus, there is a positive relationship between LOS and home placement (accommodation). $p = .004$. The null hypothesis here is rejected as it was established that the LOS at the shelter had a positive relationship with the odds of home placement. Also, social services support was shown to have a negative relationship with home placement. For every increase in unit of social services support (services), there was a decrease in odds by .027 of gaining accommodation. As shown in Table 7, $p = .001$.

Table 6*Job Acquisition Logistic Regression Analysis*

	B	S. E	Wald	df	Sig.	Exp(B)	95% C I for Exp(B)	
							Lower	Upper
LOS	.009	.005	2.585	1	.108	1.009	.998	1.019
Age	.003	.020	.024	1	.876	1.003	.965	1.043
Sex	.211	.510	.172	1	.679	1.235	.455	3.353
Family	2.617	.986	7.049	1	.008	13.697	1.984	94.568
Married	-.968	.799	1.468	1	.226	.380	.079	1.818
Services	-3.911	.800	23.906	1	.001	.020	.004	.096
Disability	22.893	4136.644	.000	1	.996	8752374708	.000	.
Retirement	23.378	17803.028	.000	1	.999	1.422E+10	.000	.
Constant	-	18277.298	.000	1	.998	.000		
	46.044							

Table 7*Home placement (Accommodation) Logistic Regression Analysis*

	B	S. E	Wald	df	Sig.	Exp(B)	95% C I for Exp(B)	
							Lower	Upper
LOS	.018	.006	8.226	1	.004	1.018	1.006	1.031
Age	.029	.021	1.946	1	.163	1.030	.988	1.073
Sex	-.199	.495	.161	1	.688	.820	.311	2.164
Family	-.470	.679	.479	1	.489	.625	.165	2.365
Married	-.140	.710	.039	1	.843	.869	.216	3.497
Services	-3.612	.598	36.514	1	.001	.027	.008	.087
Disability	.126	.524	.058	1	.809	1.135	.407	3.166
Retirement	.570	1.388	.169	1	.681	1.768	.116	26.835
Constant	-1.571	1.803	.759	1	.384	.208		

For RQ3; To what extent does the length of time spent in the shelter affect access to healthcare controlling for age, sex, marital status, family status, social service support, and disability status of the homeless persons? The logistic regression analysis results showed statistical significance(p) as .472, Odds ratio (OR) (Exp B) as 1.012, and the 95% confidence interval (95% CI) as .980-1.044 (as shown in Table 8). The logistic regression analysis did not show a relationship between LOS and the acquisition of healthcare

access. Table 8 shows that $p = .472$. Thus, I failed to reject the null hypothesis that there is no relationship between the LOS at the shelter and acquisition of healthcare access.

Table 8

Access to Healthcare Logistic Regression Analysis

	B	S. E	Wald	df	Sig.	Exp(B)	95% C I for	
							Exp(B)	
							Lower	Upper
LOS	.012	.016	.517	1	.472	1.012	.980	1.044
Age	.027	.053	.256	1	.613	1.027	.926	1.129
Sex	27.311	4159.101	.000	1	.995	7.265E+11	.000	.
Family	13.787	3364.136	.000	1	.997	972023.568	.000	.
Married	16.572	3662.197	.000	1	.996	15745716.06	.000	.
Services	-	6482.835	.000	1	.992	.000	.000	.
	63.509							
Disability	.670	1.666	.162	1	.687	1.955	.075	51.174
Retirement	-	2935.954	.000	1	.996	.000	.000	.
	13.941							
Constant	14.267	2935.955	.000	1	.996	1570128.341		

Summary

I presented the frequency of the dependent variables as well as the covariates that were categorical variables. I also presented the descriptive statistics of the independent

variable as well as the covariate (age) that were continuous variables. I then conducted multiple logistic regression analysis to investigate the relationship between the LOS at the shelter and job acquisition, home placement, and healthcare access. For research question 1 which questioned if there is a relationship between the LOS at the shelter and job acquisition, the multiple logistic regression analysis showed no statistical significance as $p = .108$. Thus, the result showed that there was no relationship between LOS at the shelter and job acquisition.

For research question 2 which questioned if there is a relationship between the LOS at the shelter and home placement, the multiple logistic regression analysis showed a positive relationship between LOS at the shelter and home placement (accommodation). For every unit increase in LOS, there was a 1.018 increase in the odds of gaining home placement (accommodation) adjusting for age, sex, marital status, family status, social service support, and disability status. This result was statistically significant as $p = .004$. Thus, the null hypothesis was rejected, confirming that there is a positive association between LOS at the shelter and gaining home placement.

For RQ3 which questioned if there is a relationship between the LOS at the shelter and healthcare access, the multiple logistic regression analysis did not show any association between LOS at the shelter and healthcare access. There was no statistical significance as $p = .472$. Thus, the null hypothesis was confirmed. There is no association between LOS at the shelter and healthcare access.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

Homelessness is a major public health issue in the United States (CDC, 2020). According to Christian and Howson (2020), homelessness is caused by poverty and lack of affordable housing and has the negative health effects of mental health problems, physical impairments, sexually transmitted diseases, high morbidity, and high mortality. The CDC (2017) posited that homelessness presents the risk of poor hygiene, risky health behavior, reduced health care access, communicable disease, mental health issues, violence, and increased levels of morbidity and mortality. To combat homelessness, governments, communities, and nongovernmental organizations have built and funded homeless shelters. Homeless shelters have been recognized as institutions in the community (Giesler (2019).

The problem is that despite the existence of the homeless shelters as institutions in the communities, the phenomenon of homelessness persists. The purpose of this quantitative analysis was to determine if there was a connection between LOS at the homeless shelter and mitigating homelessness. The parameters for measuring the mitigation of homelessness were job acquisition, home placement, and healthcare access. Multiple logistic regression was used to analyze data obtained from a homeless shelter to determine the connection or lack thereof between the variables of LOS, home placement, job acquisition, and healthcare access. Other variables considered included sex, age, marital status, family status, social services support, and disability status.

The multiple logistic regression analysis showed a positive relationship between LOS at the shelter and home placement (accommodation). For every extra day spent at the shelter, there was a 1.018 increase in the odds of gaining home placement (accommodation). This result was statistically significant ($p = .004$). There was no relationship between the LOS at the shelter and job acquisition; the multiple logistic regression analysis showed no statistical significance ($p = .108$). The multiple logistic regression analysis did not show any association between LOS at the shelter and healthcare access. There was no statistical significance ($p = .472$). Other notable results were negative relationships between social services support (services) and job acquisition as well as social service support and home placement. For every increase of unit of social service support, there was a decrease in the possibility of job acquisition by .020. The logistic regression analysis here showed a statistical significance ($p = .001$). For every increase in unit of social services support (services), there was a decrease in odds by .027 of gaining accommodation ($p = .001$).

Interpretation of Findings

The first key finding of note was the positive association between LOS in the shelter and home placement. The logistic regression analysis showed a statistical significance in the relationship between LOS and home placement whereas there was no statistical significance between LOS and obtaining jobs and healthcare access. The longer the homeless persons stayed at the shelter, the higher the chances they had of gaining accommodation. There are two ways to interpret this, the first being that there is a certain amount of time required to be spent at a shelter program before the homeless persons can

acquire homes. This could be related to the processes and activities required to obtain homes for the homeless. The second interpretation is that the shelter is more focused on gaining accommodation for the homeless persons than jobs or healthcare access.

Available literature suggests that there is a renewed focus on providing homes first for the homeless. Haskins (2018) stated that the housing first model, first proposed by the United States Interagency Council on Homelessness in 2002, was gaining momentum. The housing first model has the supposition that housing can bring about stability in health, security, and wellness without imposing stringent requirements on the homeless persons involved (Haskins, 2018). The housing first model has three components, (a) immediate offering of permanent housing, (b) presentation of services devoid of restriction, and (c) serving clients who cannot access mainstream services (McNaughton et al., 2011). The housing first model therefore proposes the housing of the homeless as the first solution regardless of substance use or abuse, mental illness, and lack of income. The housing first model then prescribes services be given to the clients while they are housed.

The other factor that is not explicitly mentioned here is time. McNaughton et al. (2011) analyzed two programs in their article: Pathways to housing and project renewal. The two programs had certain requirements. For Pathways to Housing, one of the requirements was to offer housing within 1 week (time) once the homeless persons were accepted into the program. For Project Renewal, clients referred to the program were long-term shelter residents (time), had been back and forth to the shelter, and were unable to engage in supportive services (McNaughton et al., 2011). Thus, staying in the referral

shelter for some time and meeting certain other criteria gave the clients a better chance of gaining an accommodation. The literature suggests that staying longer at the homeless shelter gives the client a better opportunity of gaining an accommodation as well as the fact that homeless shelters are more focused on providing housing for the clients than they are on other parts of homelessness mitigation.

The study also found that there was a negative relationship between social services support and job acquisition and home placement. The multiple logistic regression analysis showed that receiving social service support reduced the chances of securing a job as well as securing accommodation. Available literature seems to contradict this finding. Upon receipt of Social Security benefits, the homeless veterans in their study improved their quality of life; they spent money on housing, food, clothing, tobacco, and transportation but not on alcohol or illegal drugs (Rosenheck et al., 2000). More than two-thirds of homeless adults in the United States had disabilities such as mental health and substance use disorders (Dennis et al., 2011). Thus, they stated that receipt of Social Security benefits helps in securing income, health insurance, treatment, housing, food, and other needs (Dennis et al., 2011). Also, Glendening et al. (2018) found that about a third of families who used homeless shelters had disabilities and those families who had access to Social Security disability benefits stood a better chance of getting out of homelessness than those who did not have access to such benefits.

The theoretical framework I used for this study was the SEM. The SEM has been used previously to analyze various social and public health problems. At the institutional level, LOS at the shelter is shown here to be a positive influence on gaining

accommodation (housing), which is a key component of mitigating homelessness. In other words, despite the factors at the intrapersonal level, interpersonal level, policy level, and community level, LOS at the institution of the homeless shelter (institutional level) helps mitigate homelessness by providing a greater chance at gaining housing and reducing housing instability.

Limitations of Study

There were several limitations to this study. The first limitation was that this study was limited to data obtained from one homeless shelter. Further studies should incorporate data from multiple shelters. Another limitation was that LOS here was limited to the amount of time spent at the shelter and there was no consideration of how long the persons had been homeless. A third limitation was that there was no inquiry into the processes or activities involved in securing homes, jobs, or healthcare access for the homeless persons; rather, this study concentrated on the outcomes of job acquisition, home placement, and gaining access to healthcare. Further studies should investigate the processes and activities involved in securing homes, jobs, and healthcare access to put the LOS at the shelter into proper perspective. Furthermore, this study did not define the different types of social services support. Further studies should break down the types of benefits received by the homeless as these will have implications on job acquisition, home placement, and healthcare access.

Recommendations

In this study, I examined if the LOS at the homeless shelter was related to the mitigation of homelessness via home placement, job acquisition, and healthcare access.

The problem addressed by this study was that despite the existence of numerous homeless shelters, there are still half a million Americans homeless on any given night. This called into question the effectiveness and the efficiency of homeless shelters in mitigating homelessness. I found that LOS had a positive relationship with home placement but not job acquisition and healthcare access. The average LOS in this study was 35.20 days. Thus, an adoption of the average days as a blueprint for a homeless shelter program to mitigate homelessness could help in making homeless shelters more efficient in helping the homeless find homes. This will reduce the number of people homeless on any given night and help mitigate homelessness. I also found that receiving social services support was negatively related to home placement and job acquisition.

As discussed in Chapter 2, there is a gap in evidence-based literature on the relationship between the length of time spent at the shelter and the mitigation of homelessness. There were three research questions that were asked for this study.

RQ1: To what extent does the length of time spent in a shelter affect job acquisition controlling for age, sex, marital status, family status, social service support, and disability status of the homeless persons?

RQ2: To what extent does the length of time spent in a shelter affect home placement controlling for age, sex, marital status, family status, social service support, and disability status of the homeless persons?

RQ3: To what extent does the length of time spent in the shelter affect access to healthcare controlling for age, sex, marital status, family status, social service support, and disability status of the homeless persons?

The results of this study showed a statistical significance in the relationship between the LOS at the shelter and home placement (RQ2) but no statistical significance in the relationship LOS and job acquisition (RQ1) or LOS and healthcare access. This study addresses the gap in literature about the relationship between the LOS in the shelter and the mitigation of homelessness. One aspect of the mitigation of homelessness (Home placement) is related to the LOS at the shelter from this study. Further inquiry needs to be done with multiple shelters to determine the effects of the LOS in the homeless shelters on mitigation of homelessness. Further studies should breakdown the types of benefits received by the homeless as these will have implications on mitigation of homelessness via job acquisition, home placement, and healthcare access.

The theoretical framework I used for this study was the SEM. The SEM has been used previously to analyze various social and public health problems. As noted in Chapter 1, various factors on the different levels of influence were responsible for homelessness. On the intrapersonal level, individual characteristics such as level of education, age, veteran status, addiction, mental illness, lack of income, inability to manage money, physical disability, and long-term poverty were noted as factors responsible for homelessness. On the interpersonal level, lack of family support was a factor. The institutional, community, and policy levels presented factors like how society views or contributes to the plight of the homeless, lack of low-cost housing, incarceration, how the law treats the homeless, and how the communities perceive the homeless. At the institutional level, LOS at the shelter is shown here to be a positive influence on gaining accommodation (housing) which is a key component of mitigating

homelessness. In other words, despite the factors at the intrapersonal level, interpersonal level, policy level, and community level, LOS at the institution of the homeless shelter (institutional level) helps mitigate homelessness by providing a greater chance at gaining housing and reducing housing instability. Though the study was unable to establish a relationship between the LOS at the shelter and job acquisition and healthcare access, the confirmation of the relationship between LOS and home placement confirms that homeless shelters on the institutional level, helps mitigate homelessness despite the factors on the other levels of influence.

In terms of social change, the finding that the LOS at the homeless shelter is positively related to home placement (average LOS at 35.20 days) has a tremendous potential to affect social change. On the institutional level, adopting the average LOS of 35.20 days as a blueprint for homeless shelter program and focusing on home placement can ensure that all homeless shelters are efficient in homeless mitigation. This change at the institutional level will affect the other levels as well. On the intrapersonal level, homeless persons seeking help from the shelters will have more trust in the homeless shelters because of the efficiency in homeless mitigation. On the community level, there will be more trust in the shelters because they will be reliable in terms of getting the affected community members housed. On the policy level, homeless shelters will be funded by policymakers because of increased efficiency in reducing homelessness.

Implications

The finding that LOS at the homeless shelter has a positive relationship with home placement (housing) has a tremendous potential to impact social change. The first

point is that the average LOS in this research was 35.20 days (Table 5). For homeless shelter program planners, this could form a basis for best practices. In other words, activities geared towards the mitigation of homelessness in a shelter could be designed to work within this timeframe. The other point is that focusing on home placement in the homeless shelter has been shown to yield better results than other factors in the mitigation of homelessness (Garcia & Kim, 2020). The social change here will come because of being more effective in helping the homeless persons gain access to housing and improving their situation. According to Haskins (2018), gaining housing brings about security, health, and wellness. An efficient and effective homeless shelter program will inspire social change on different levels. On the individual level, homeless persons will be assured that seeking help from a homeless shelter will help them mitigate homelessness. On the community level, members of the community will trust homeless shelters as institutions that mitigate homelessness. Positive social change on the policy level will come because of trusting a more effective homeless shelter system. The policymakers will be encouraged to fund homeless shelters as they will know that shelters will effectively mitigate homelessness and reduce the number of homeless persons on the street.

Conclusion

The finding that LOS at the homeless shelter is positively related to home placement is consistent with homeless shelter literature. Finding homes for the homeless is a priority (Haskins, 2018) and there is a length of time required to place homeless persons in homes (McNaughton Nicholls & Atherton, 2011). Further studies need to be

done with multiple shelters to determine the effect of the LOS at the homeless shelters on mitigating homelessness. Further inquiry needs to be made into the activities and processes conducted by homeless shelters in lieu of mitigating homelessness.

The finding that social services support was negatively related to home placement and job acquisition needs to be further analyzed. The different types of social benefits received must be analyzed to determine their effects on homelessness. For instance, if a homeless person receives disability benefits, can they get a job or do they cease to get the benefit if they are employed? How much knowledge do they have of the Social Security benefits system? The other question that needs to be posed is how much money are they receiving as benefits and how does this affect them being able to get a successful home placement? These questions were beyond the scope of this study but still need to be examined.

In Chapter 5 I presented the results of the study based on the research questions and hypotheses that were posed. I then presented the need for further research. I also provided the study's potential impact on social change on the intrapersonal, community, and policy levels. I believe that my study will open potential opportunities for additional research on how to make homeless shelter programs more effective to help mitigate homelessness via home placement, job acquisition, and healthcare access.

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