

# HEALTH SERVICES CENTER HOMELESS SURVEY

A Report to Cass County Public Health

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## **INTRODUCTION**

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This report is based on a survey of the homeless in Cass County, North Dakota conducted in the summer and fall of 1998. A total of 143 homeless persons were interviewed by various interviewers from Cass County Public Health. A total of 140 of the interviews were usable. Consequently, the results in this report are based on interviews with 140 persons defined as homeless in 1998.

This report does not report on the distributions to all questions. The investigator was asked to report mainly on access issues as they relate to being homeless in the Fargo-Moorhead area. Consequently, this report embodies some description of the nature and level of various access issues.

## **DEMOGRAPHIC PROFILE**

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**Age:** The average age of homeless persons in Cass County in 1998 was roughly 38. Slightly more than 16% of the homeless were less than 26 years of age. The bulk of the homeless were between 26-65 years of age (81%). Only 3% of those interviewed were over the age of 65.

**Gender:** Males comprised 61% of the homeless persons interviewed. Females comprised 39%.

**Race/Ethnicity:** The bulk of the homeless persons gave "Caucasian" as their racial/ethnic background (69%). The next most common racial/ethnic background was Native American, with 21% reporting this trait. Blacks comprised 7% of the total number of homeless persons and Asians comprised the remaining 4%.

## **LIVING ARRANGEMENTS**

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### **Current Residence:**

Interviewers were instructed to inquire where these individuals were currently staying. The table below shows most of the homeless persons were living either in a transitional setting such as living with friends or in a shelter such as the YWCA. A smaller minority were currently living on the street or doubling up with someone in a dwelling.

Residence	Percent
Shelter	39.3
Transitional setting	35.0
Street	6.4
Doubling up	6.4
Other	12.9

## **LIVING ARRANGEMENTS (cont.)**

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### Whom Do you Live With?:

The table below shows that most of the homeless persons in Cass County reside with another adult. A smaller minority of them live alone and a smaller number yet live with a child. Only 3% of the homeless persons currently live with a spouse.

With Whom Do You Live?	Percent
Live with another adult	60.0
Live Alone	20.0
Live with child	16.2
Live with Spouse	3.1

## **ACCESS TO HEALTH ORGANIZATIONS/SERVICES**

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The survey inquired about a number of access issues for the homeless in Cass County regarding dentistry, eye care, alcohol treatment, and physician care, to name a few.

### Health Care Provider Access:

Homeless persons were asked to recall when they last saw a doctor, nurse practitioner, or physician's assistant. The majority of those surveyed stated they had seen one of these health care providers in 1998 (81%). Nine percent reported last seeing a health care provider in 1997 and the remainder (10%) reported seeing a health care provider anywhere from 2-50 years ago. Among the 10% who reported not seeing a health care provider in the past 2 years, more than half had seen a provider between 1992 and 1996.

### Dental Access:

Homeless persons were asked to recall when they last saw a dentist. The table below shows 35% of those surveyed had seen a dentist in the past year. Twenty-one percent had seen a dentist 1-2 years ago and 17% had seen a dentist 2-4 years ago. A little more than one-quarter of the homeless reported not seeing a dentist for more than 4 years.

Last Visit to Dentist	Percent
Within last 12 Months	35.0
1-2 years ago	20.7
3-4 years ago	17.1
More than 4 years ago	27.1

## ACCESS TO HEALTH ORGANIZATIONS/SERVICES (cont.)

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### Dental Problems:

As a follow up question, homeless persons were asked if they were experiencing any problems with their teeth “at this time.” A slight majority of homeless persons responded “yes” to this question (54%).

### Eyesight/Hearing:

Fifty-four percent of the homeless persons reported having trouble seeing or hearing. A majority of these persons followed this question up by reporting problems with their vision. Most of these persons had glasses but some felt they needed a vision check.

### Tuberculosis Test:

Homeless persons were asked whether they had had a skin test for tuberculosis. Eighty-nine percent of them responded that they had had this test. Of those who had the test conducted, positive results showed up in 10% of them.

### Current Health Care Needs of the Homeless and their Family:

Homeless persons were asked to describe the health care needs of themselves and their family. A variety of responses emerged, cataloged in the table below.

Health Care Needs of Respondent and Their Family
Allergies
Hypertension
Diabetes
In need of Pap Smear
Prenatal Care
Dental care
Vision check
Anxiety
Depression
Alcoholism
Back pain
Lack of insurance
Hearing loss
Stomach problems
Heart problems

## **ACCESS TO HEALTH ORGANIZATIONS/SERVICES (cont.)**

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### Health Care Services Lacking in the Community:

The table below lists the health care services homeless persons felt were lacking in the community. Most of those surveyed said either “none” or they didn’t know what was lacking.

Health Care Services Indicated as Lacking in Community
Need affordable daycare for children
Affordable dental care
Affordable chiropractic care
Transportation to health care providers
Affordable health care
Post clinic times at shelter
Provide information on available care

### Mental Health Services:

Homeless persons were asked whether they were currently receiving any mental health services. Twenty-eight percent of those surveyed reported they were currently receiving some type of mental health services.

A follow up question inquired whether those who responded “no” to this question, would like assistance with these services. Twenty-two percent of them said that they would like some type of assistance with this issue.

### Resource Information:

Survey interviewers inquired whether homeless persons felt there was adequate information about resources (medical, transportation) available in the Fargo-Moorhead area. Seventy-eight percent of the respondents reported they felt the level and quality of this information was adequate.

## DESCRIPTION OF PHYSICAL HEALTH

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The survey included a number of questions directed at assessing the physical and mental health of homeless persons in Cass County.

### Description of General Health:

Homeless persons were asked to rate their general health, based on the response categories listed below. Most of those surveyed reported being in at least good to excellent health. Only 11% reported being in poor health.

General Health	Percent
Excellent health	11.4
Very good health	25.7
Good health	35.0
Fair health	17.1
Poor health	10.7

### Physical Health Limiting Daily Activities:

Homeless persons were asked to report whether their physical health limited their ability to conduct daily activities. Approximately half of those surveyed said their physical health was limited at least a little bit, as was their ability to work or conduct daily activities.

In a related question, homeless persons were asked how much their physical or emotional health problems interfered with their social activities. Again, 50% of those surveyed reported it at least interfered slightly with being able to get together with friends or family.

Homeless persons in the survey were asked whether their health limited them in climbing several flights of stairs. Forty percent of those surveyed reported their health limited them at least a little in performing this task.

A smaller proportion (25%) reported their physical health limited them from walking several blocks.

## DESCRIPTION OF MENTAL HEALTH

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The survey contained a number of questions assessing the mental health characteristics of homeless persons.

### Mental Health Diagnosis History:

The survey instrument contained a question inquiring whether any of these persons had ever been diagnosed with a mental illness. Forty-three percent of them responded “yes” to this question.

### Mental Health Indicators:

There were four questions in the instrument that consisted of similar response categories. Homeless persons were asked how much of the time in the past 4 weeks they felt 1) calm and peaceful (CALM), 2) had a lot of energy (ENERGY), 3) felt downhearted and blue (DEPRESSED), and 4) have been a happy person (HAPPY). The table below summarizes these responses.

Time Spent	Calm	Energy	Depressed	Happy
All of the time	5.0%	9.3%	10.7%	5.0%
Most of the time	20.7	21.4	11.4	26.4
A good bit of the time	12.9	13.6	8.6	9.3
Some of the time	27.9	30.0	47.9	32.1
A little of the time	20.0	12.9	20.0	20.0
None of the time	13.6	12.9	1.4	6.4

#### *Calm and Peaceful:*

The majority of homeless persons reported they did not feel calm and peaceful frequently. More than 60% reported they felt calm and peaceful only some of the time to none of the time.

#### *Energy:*

Approximately 30% of the homeless felt they had a lot of energy all or most of the time in the past 4 weeks.

#### *Depressed:*

Roughly 30% of the homeless in the survey felt downhearted and blue all, most, or a good bit of the time in the past 4 weeks.

#### *Happy:*

Approximately 40% of the homeless reported they had been a happy person all, most or a good bit of the time in the past 4 weeks.

## NEEDS BEING MET

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Homeless persons were asked a series of questions regarding how well the community was meeting a number of needs for the homeless. These results are compiled in the table below.

Needs	Completely Met	Partially Met	Not Met at All
Temporary housing	71.0%	15.9%	13.0%
Permanent housing	30.2	19.4	50.4
Food	76.4	20.7	2.9
Clothing	64.0	27.3	8.6
Employment	48.8	27.6	22.8
Health concerns	59.6	30.9	9.6
Substance abuse services	75.9	11.5	12.6
Someone to talk to	73.1	19.4	7.5
Mental health concerns	69.3	17.8	12.9
Transportation	50.0	30.1	19.1
Spiritual concerns	51.9	22.9	25.2
Vision	50.8	24.6	24.6
Dental	39.2	23.8	36.9

By far, the greatest need afflicting the homeless is a need for permanent housing. This is evident based on their status. The next largest need was dental followed by employment. Needs which appear to be most completely being met included mental health services, counseling services, food, and substance abuse services.