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Differences in Health and Social Support between Homeless Men and Women Entering Permanent Supportive Housing

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A B S T R A C T

Background: Permanent supportive housing (PSH) is the leading intervention to end chronic homelessness. Little is known, however, about gender differences, including potential disparities in physical and mental health and social support, that might inform services available through PSH.
Methods: This study included 421 homeless adults, at least 39 years old, English- or Spanish-speaking, who were moving into PSH through 26 different agencies in the Los Angeles area participated.
Results: Compared with men entering PSH, homeless women (28% of the sample) were younger ($p < .01$), less likely to have achieved at least a high school education ($p < .05$), and had lower incomes ($p < .01$). Women had more chronic physical health conditions ($p < .01$), were more likely to have any chronic mental health condition (odds ratio, 2.5; $p < .01$), and had more chronic mental health conditions than men ($p < .01$). Women had more relatives in their social networks (Coefficient, 0.79, $p < .01$) and more relatives who provided support (coefficient, 0.38; $p < .05$), but also more relatives with whom they had conflict (coefficient, 0.19; $p < .01$). Additionally, women were less likely to have case-workers (coefficient, −0.59; $p < .001$) or physical and mental health care providers in their networks (coefficient, −0.23 [$p < .01$]; coefficient, −0.37 [$p < .001$], respectively). However, after correcting for multiple testing, three outcomes lost significance: number of chronic physical health conditions, number of relatives who provided any support, and number of relatives with whom there was conflict.
Conclusions: There is evidence of gender differences in mental health and social support among homeless adults moving into PSH. PSH cannot be a one-size-fits-all approach. Supportive services within housing should be tailored based on gender and other individual needs.

Homeless adults are a heterogeneous, vulnerable population with high rates of morbidity and mortality (Baggett et al., 2013; Beijer, Wolf, & Fazel, 2012; Fazel, Khosla, Doll, & Geddes, 2008; Gambatese et al., 2013; Notaro, Khan, Kim, Nasaruddin, & Desai, 2013). Homeless women represent approximately one-quarter of the chronically homeless population (Wilkins & Elliott, 2010), but there has been limited investigation of specific gender-based differences, which may impact service needs. The majority of studies comparing both homeless women and men in a single sample are dated, with many studies conducted in the 1980s and 1990s (Benda, 1990; Breakey et al., 1989; Burt & Cohen, 1989; Crystal & Ladner, 1985; Maurin, Russell, & Memmott, 1989; North & Smith, 1993; Ritchey, La Gory, & Mullis, 1991; Somlai, Kelly, Wagstaff, & Whitson, 1998; Stein & Gelberg, 1995). Much of the more recent literature on homelessness and gender has investigated homeless men's and women's health behaviors in gender-segregated samples (Kim, Ford, Howard, & Bradford, 2010; Stein, Andersen, & Gelberg, 2007; Teruya et al., 2010; Wenzel et al., 2009; Wenzel et al., 2012), which may limit the comparability of gender experiences across studies (Wenzel, Koegel, & Gelberg, 2000).

Moving chronically homeless individuals into permanent supportive housing (PSH) is a federal priority (United States Interagency Council on Homelessness, 2015), and PSH is the leading intervention for ending homelessness among chronically

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homeless adults (Byrne, Fargo, Montgomery, Munley, & Culhane, 2014; National Alliance to End Homelessness, 2016; Rog et al., 2014; Smelson et al., 2016). Investigating gender-based differences within the chronically homeless population has important implications for ensuring that housing and supportive services are appropriately tailored to meet the potentially disparate needs of men and women.

Past literature demonstrates that homeless adults have high rates of chronic physical (Beijer et al., 2012; Bernstein, Meurer, Plumb, & Jackson, 2015; Notaro et al., 2013) and mental (Fazel et al., 2008; Folsom et al., 2005; Lippert & Lee, 2015; Martens, 2001; Stergiopoulos, Dewa, Durbin, Chau, & Svoboda, 2010; Strehlau, Torchalla, Li, Schuetz, & Krausz, 2012) health conditions, and that there are disparities in homeless men's and women's health. In studies from the 1980s, homeless women were more likely than men to report a mental health condition (Breakey et al., 1989; Crystal & Ladner, 1985); however, there are discrepancies in the literature regarding gender differences in mental health symptoms, with one relatively recent study reporting no significant differences (Edens, Mares, & Rosenheck, 2011) and another study finding that women were significantly more likely to report mental health symptoms (Hwang et al., 2009). The literature also describes homeless women as being frailer and having more physical health problems than homeless men (Breakey et al., 1989; Salem et al., 2013).

The number and quality of social relationships decreases a person's morbidity and mortality by promoting positive health behaviors, improving mental health, and acting as a form of prevention (Umberson & Montez, 2010; Yang et al., 2016), even "beyond the effects of housing status" (Johnstone, Parsell, Jetten, Dingle, & Walter, 2016, p. 421) as demonstrated by an Australian longitudinal study from homelessness through housing (Johnstone et al., 2016). Moreover, social support from service providers and relatives increases housing stability among formerly homeless individuals (Calsyn & Winter, 2002), and stable housing promotes health and well-being (Burgard, Seefeldt, & Zelner, 2012; Rog et al., 2014; Wright, Vartanian, Li, Royal, & Matson, 2016).

Social support from relatives and service providers is an important factor in positively impacting a homeless person's physical (Hwang et al., 2009; LaGory, Ritchey, & Fitzpatrick, 1991) and mental health (Bates & Toro, 1999; Hwang et al., 2009; Irwin, LaGory, Ritchey, & Fitzpatrick, 2008; LaGory et al., 1991). Previously, it has been found that homeless women are more likely to have contact with relatives (Bates & Toro, 1999; Breakey et al., 1989; Maurin et al., 1989; Ritchey et al., 1991) and have more social support (Bates & Toro, 1999; Lam & Rosenheck, 1999) than homeless men. Among formerly homeless individuals living in housing, relatives were the largest component of social support for individuals (Henwood et al., 2015). Given accumulating research on the profound influence of social networks on health and well-being (Umberson & Montez, 2010; Yang et al., 2016), further research investigating gender differences in social networks and support among homeless persons entering PSH must be conducted to determine if there are disparities that need to be addressed to improve PSH residents' well-being.

Homelessness histories and income, which may also impact health and social relationships, may be subject to gender disparities. With the exception of one study (Edens et al., 2011), it has been found that women's lifetime homelessness duration is less than men's (Calsyn & Morse, 1990; Gelberg & Linn, 1992; North & Smith, 1993; Ritchey et al., 1991), and chronic homelessness may contribute to increased morbidity and mortality (Martens, 2001). Additionally, the longer people are homeless, the smaller their social networks, and thereby the less social support they may have (Bates & Toro, 1999; Calsyn & Morse, 1991; Lam & Rosenheck, 1999). Early research found that homeless women were more likely than men to receive financial benefits (Crystal & Ladner, 1985); this study included young women, however, and income may differ depending on whether women have custody of minor children. Additionally, these findings should be considered in light of general population data that continue to indicate lower earnings among women relative to men (Bureau of Labor Statistics, 2016).

Through survey data collected from a cohort of homeless women and men moving into PSH, this study seeks to understand gender-based health and key social network and support differences. Given that much of the previous research investigating gender differences is dated, often does not include men and women in the same study, does not focus on persons entering PSH, or has other limiting characteristics, the findings of this study will inform the potential need for gender-tailored housing and supportive services for homeless persons moving into PSH.

Methods

The study presented here uses baseline data that were collected as part of a longitudinal study investigating the health and social network changes of homeless adults transitioning into PSH in the Los Angeles area (Wenzel, 2014). Chronically homeless adults apply for PSH in LA County through the Coordinated Entry System (CES) with the aid of a housing or social service agency staff member. The CES uses the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT) and then matches clients to available PSH units based on the VI-SPDAT score and the housing voucher (United Way of Greater Los Angeles, n.d.). Clients have higher VI-SPDAT scores if they report a chronic health condition, physical or mental disability, being HIV-positive, and/or substance abuse (United Way of Greater Los Angeles, 2016).

Between August 2014 and October 2015, staff members at 26 housing/social service provider agencies in Los Angeles County referred homeless clients who were preparing to move into PSH. Referrals occurred via one of four methods: 1) with the client's permission, a partner agency staff member provided the interested client's name and contact information to the project manager, 2) an interested client called the project manager directly after being given the contact information by a partner agency staff member, 3) a partner agency staff member and the client contacted the project manager together, or 4) potentially eligible clients were approached at agencies during large lease-up or other move-in related events.

All interested clients of the partner agencies were screened for study eligibility by a trained study member. Clients were eligible for participation if they were at least 39 years old (turning 40 during their study participation), spoke English or Spanish, were currently homeless, were moving into PSH without minor children, and were moving into housing within 20 miles of downtown Los Angeles. A geographic exception was made for Long Beach, because there are many homeless adults, services, and housing programs in the Long Beach area of Los Angeles County. Eligibility screenings occurred over the phone or in person. The age of 39 (thereby turning 40 during the course of the study) minimum was chosen to reduce variability owing to differing developmental stages within the life course, and fits the