COMAC Service Users – Quantitative Survey Result

Report Authors

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Methods

The University of Missouri and Como Mobile Aid Collective (COMAC) conducted a survey to better understand the unhoused population in Columbia using COMAC's services, especially the mobile clinic and food delivery service. The survey included questions about demographics, sleep, food, and overall health – and included mostly multiple choice and Likert scale questions, with some open-ended responses. Respondents could complete the survey on their own via an interviewer's iPad, or via discussion with an interviewer who entered the participant's responses for them. We recruited respondents via convenience snow-ball sampling. Thus, the sample is not representative of all unhoused people in Columbia but focuses on the subpopulation that uses COMAC and other local services. Additional research is needed to better understand the experiences of unhoused people who do not frequent these services and sub-populations at risk (e.g., women, people of color, LGBTQ people) – and to explore additional issues raised by the survey in more depth and detail.

Overall sample description

We surveyed 137 people including 84 cis-males, 52 cis-females, and 1 transgender male. The average age of participants was 47, with a reported age range of 20 to 81 years. Most participants (93%, n=128) said that they were not veterans.

Basic Living

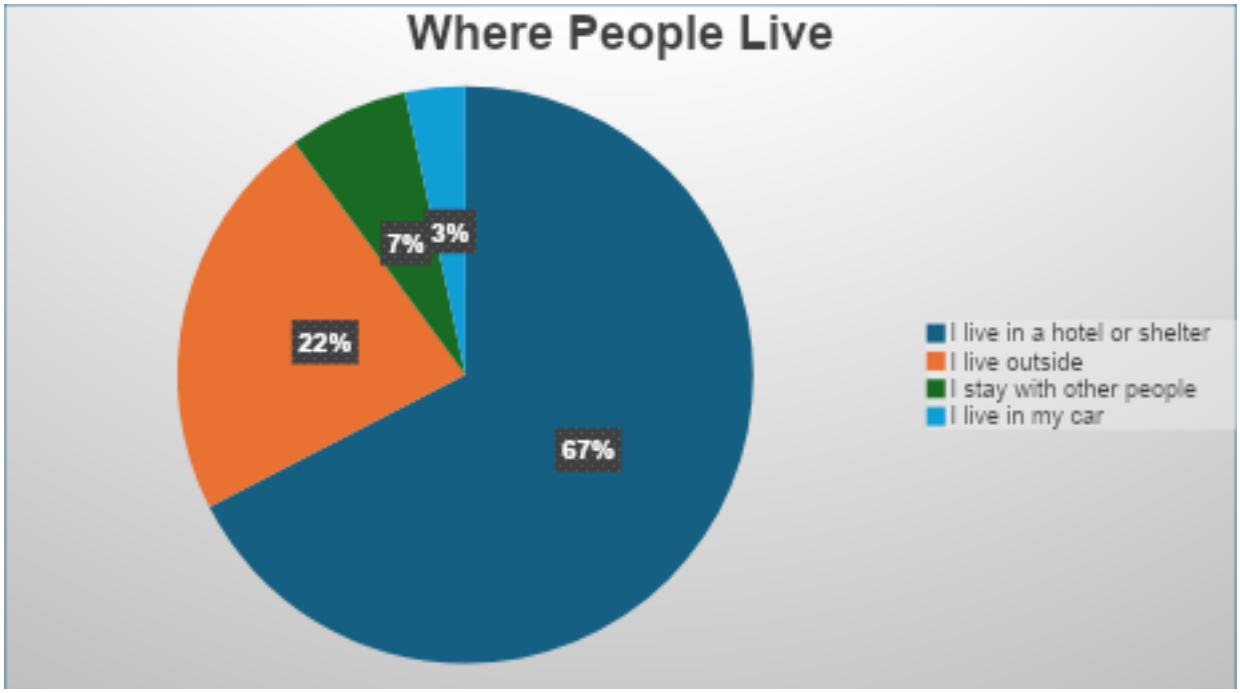
Regarding basic needs and resources, 94 (68%) people said they owned a photo I.D. and 44 did not. Only about a third (n=50) said that they had reliable transportation. Most

participants reported having job training or education beyond a high school level (63%, n=87). Most of the sample said they were not currently working (85%, n=117), although 12 people worked part-time and 9 said that they worked full-time hours. Nearly equal numbers of respondents said that they were (51%) and were not (49%), receiving government benefits.

Housing

Participants' current living situation is described in Table 1 and the chart below. Most participants live in a shelter, which makes sense, given that this is the population we prioritized for this survey.

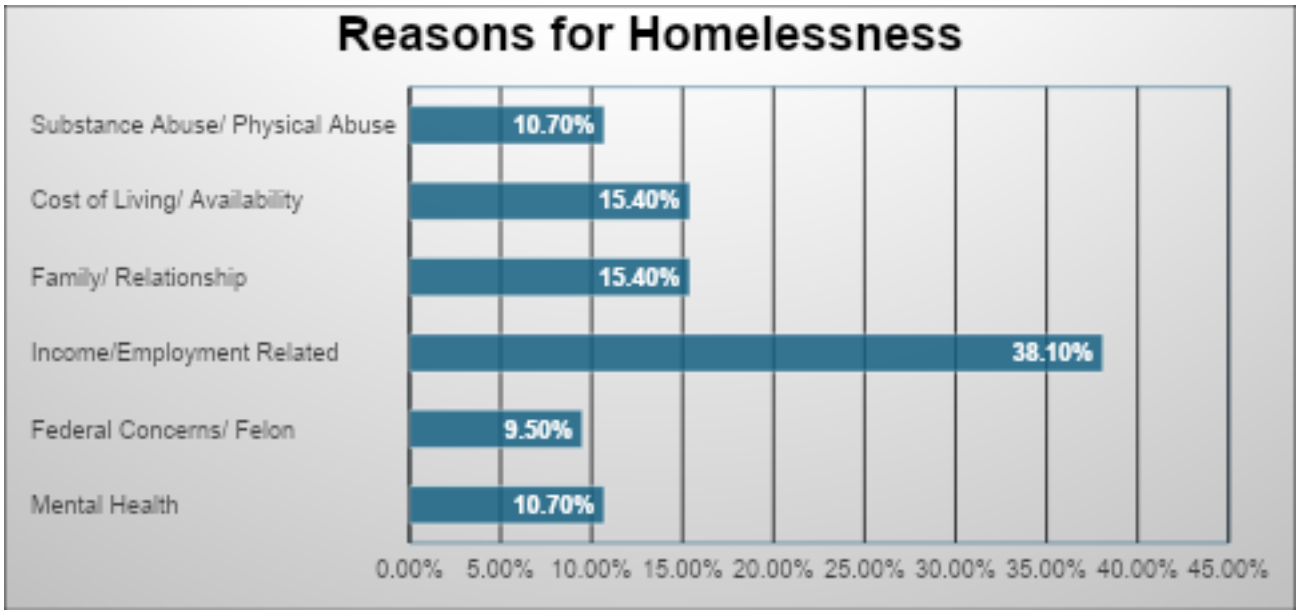
T1. Living situation	Number	Percent
I live in a hotel or shelter	82	60%
I live outside	28	20%
I stay with other people	8	6%
I live in my car	2	3%



About half of respondents had been in this living situation for 0-60 months (n=70),15% (n=21) for 6-12 months, and 34% (n=46) for over one year. For many people (59%, n=79), this was the first time that they experienced this reported living situation. This suggests that homelessness has increased in recent years.

Reasons for homelessness are described in Table 2 and the chart below; the most common reason is related to work or income. Additionally, many mentioned the lack of vouchers (which fits across several categories) as a reason for homelessness.

T2. Reasons for Homelessness	Number	Percent
Mental Health	9	10.7%
Federal Concerns/ Felon	8	9.5%
Income/Employment Related	32	38.1%
Family/ Relationship	13	15.4%
Cost of Living/ Availability	13	15.4%
Substance Abuse/ Physical Abuse	9	10.7%



Sleep

Location of sleep is described in Table 3. Room at the Inn is the most commonly used housing resource.

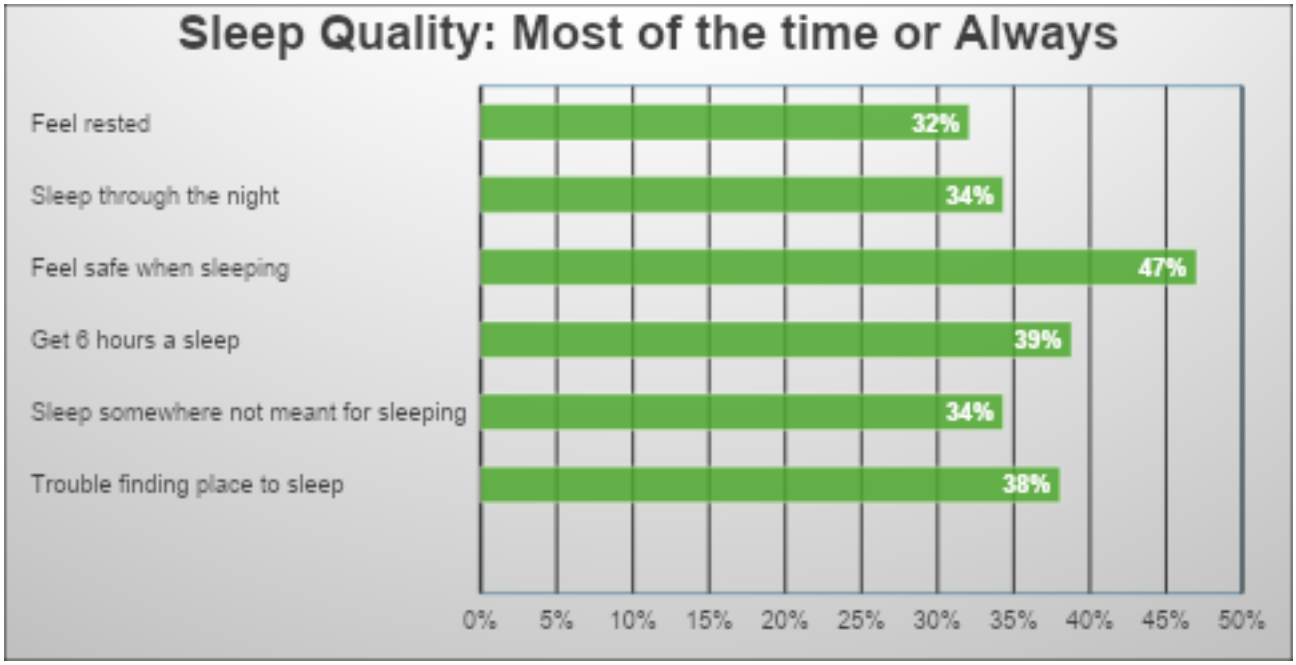
T3. Location of Sleep	Number	Percent
I have a house	4	3.8%
I sleep at Room at the Inn	62	60.2%
I sleep in the street	19	18.4%
I sleep in a tent or friend's house	18	17.47%

Sleep environment factors are described in Table 4. Participants expressed the most concern over managing weather conditions and safety.

T4. Factors that work	Percent Consensus
I at least have a safe shelter	17%
I at least have a cot or pad that I sleep on	7%
T4. Factors that do not work	
It is too noisy	25%
It is not safe	10.7%
Weather conditions/ freezing	14.2%
I sleep somewhere different every night	25%

On average, respondents are getting around 5.69 hours of sleep per night – which is quite unhealthy, averaging around 2.6-2.9 interruptions during their sleep.

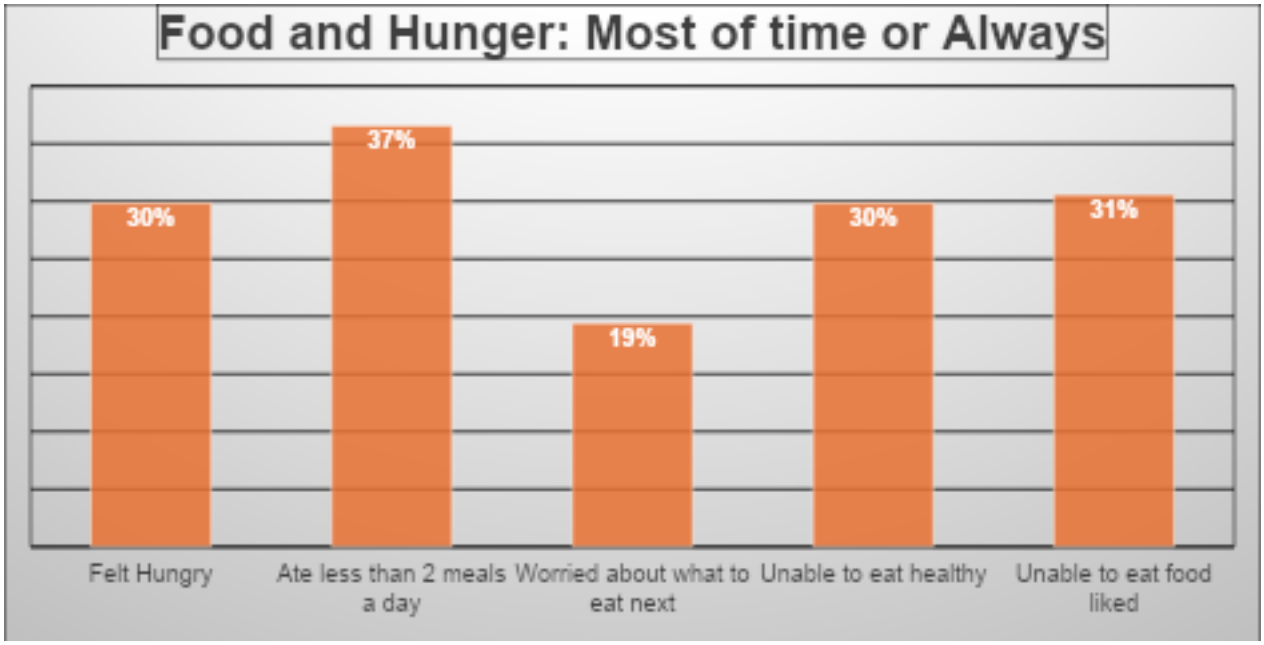
Overall sleep challenges are detailed further in the chart below. All responses are noteworthy – for example, less than half of respondents feel safe when sleeping and only a third sleep through the night.



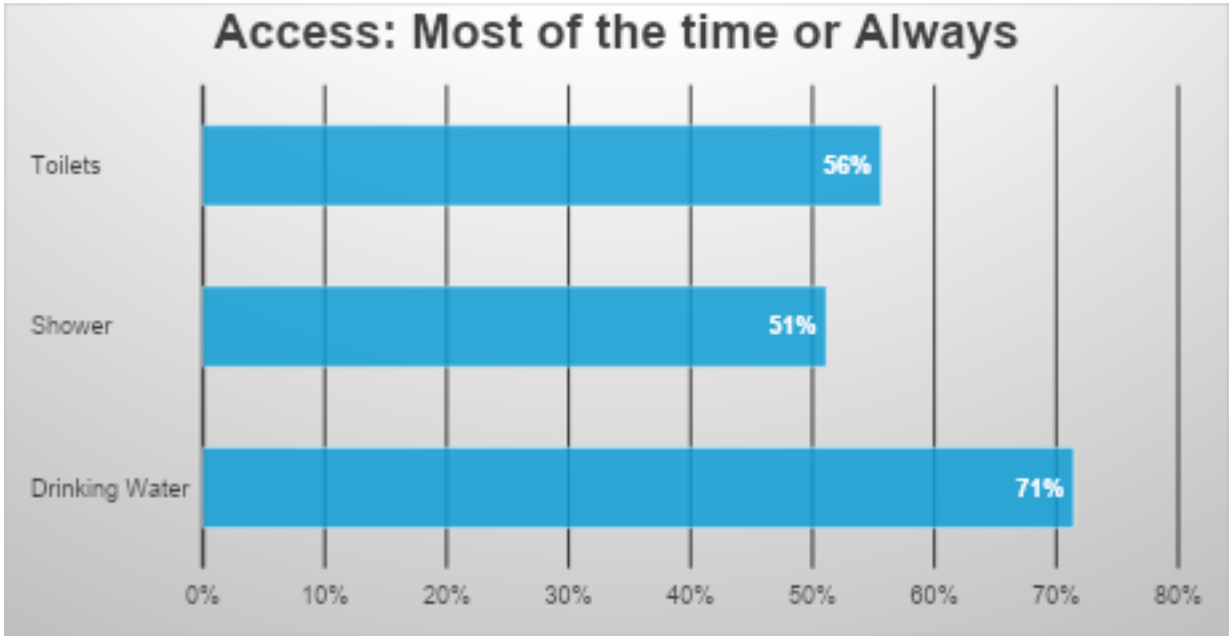
Nutrition

Concerning food accessibility, 25% of participants stated they had some sort of access to food; 27% described random access, such as eating every other day, or making food at a friend's house on occasion; 47% stated they did not have access to food, many having not eaten a meal that made them feel full in weeks or months. This means that many homeless individuals lack proper access to food and nutrition. Only half of the respondents stated they have access to Snap food benefits, which suggests an area of opportunity if people can access and use these benefits.

Additional food and hunger experiences are outlined in the chart below. A notable portion of people eat less than two meals a day.

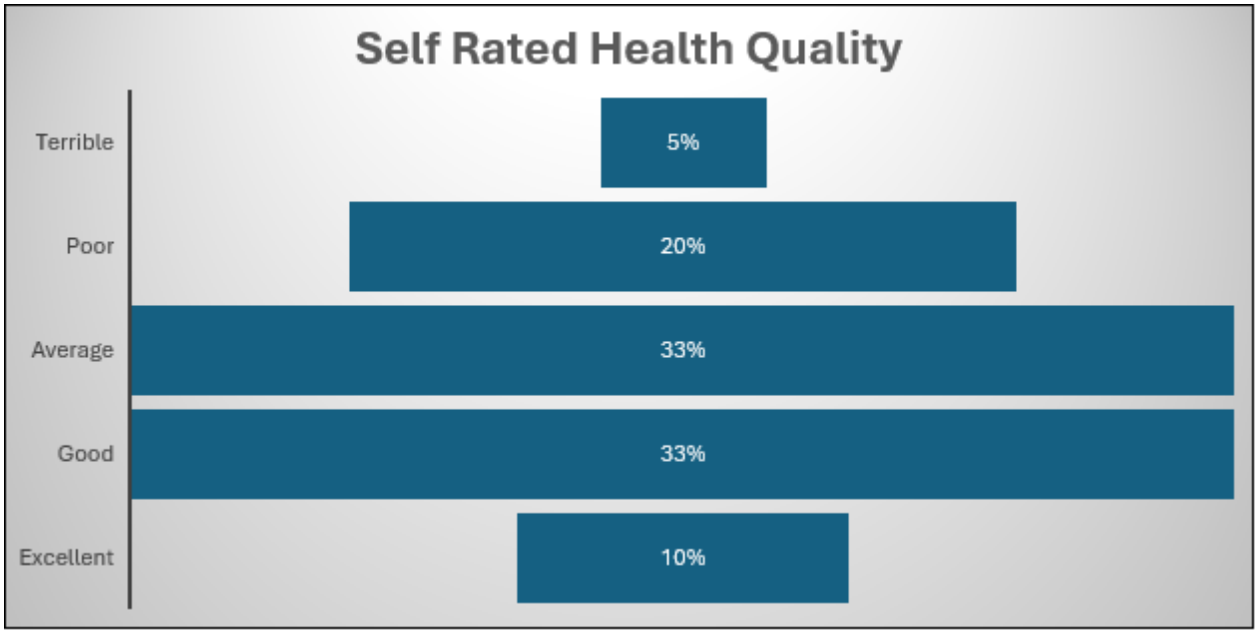


A good amount of participants report access to clean water, and less report access to bathrooms for showering or toilets, as described in the chart below. Ideally, people need easy access to all of these services for good health.



Healthcare and Access

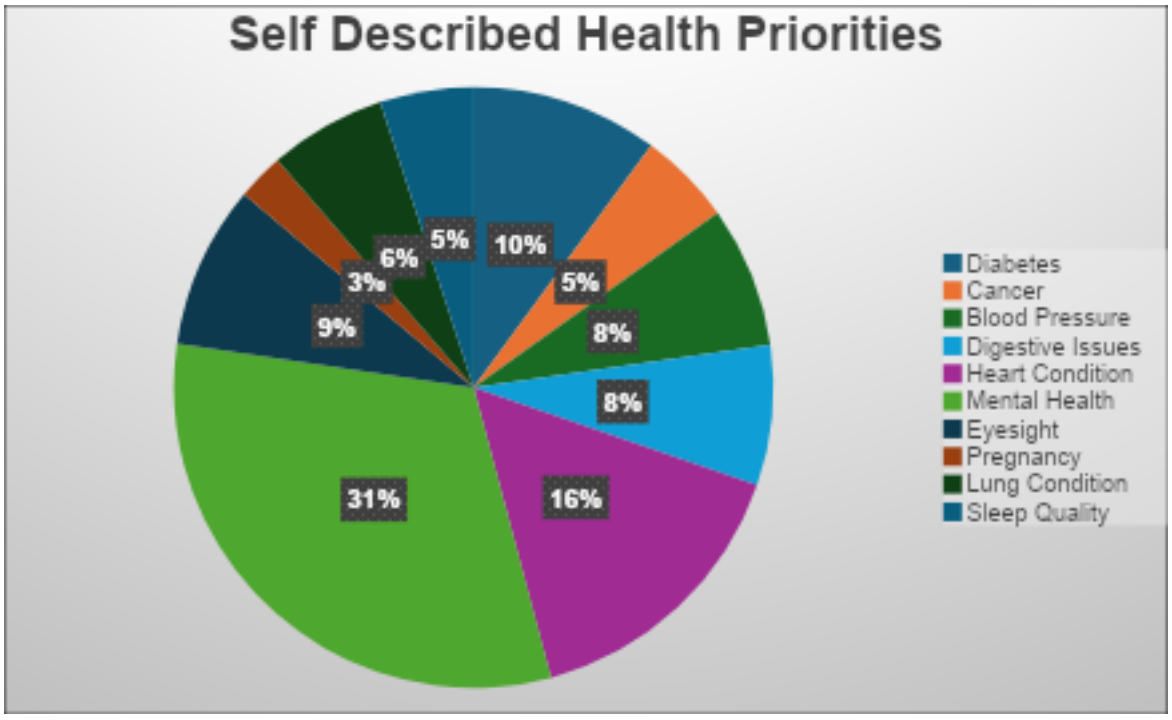
Participants rated their health as mostly average (33%) or good (33%). The range of responses is outlined in the chart below.



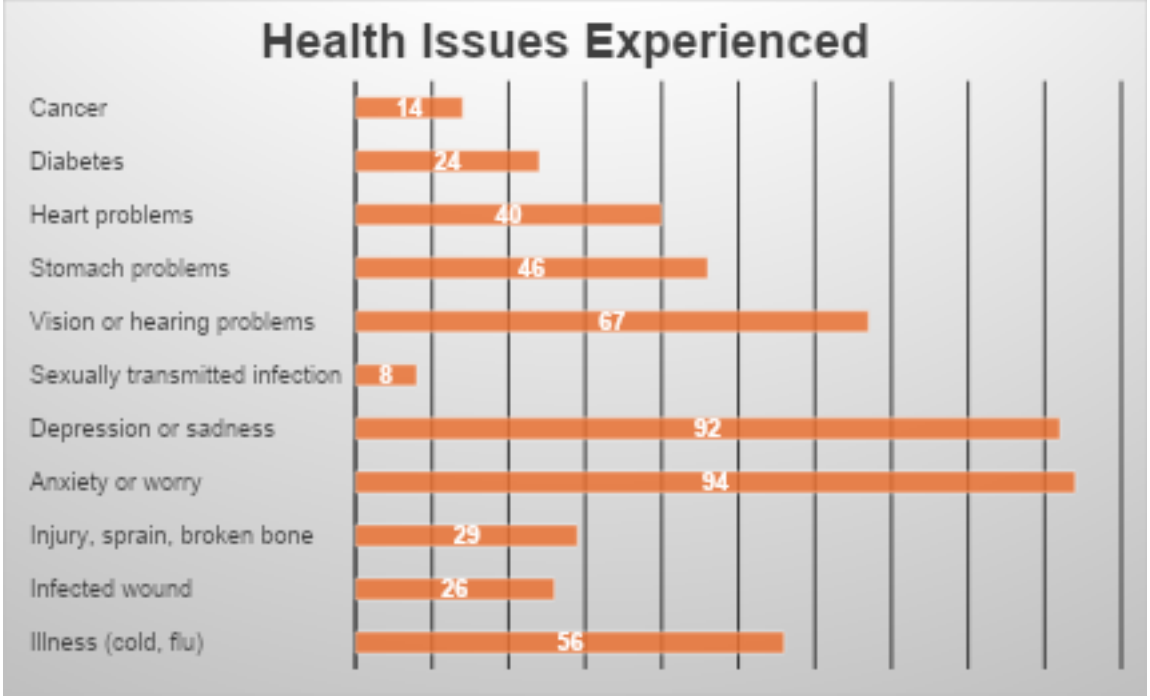
Participants' top health concerns and priorities are described in Table 5 and illustrated in the chart. Most participants report overall medical insurance of some kind (79%). In addition, if participants were prescribed medications but they were not currently taking them, reported reasons were related to being uneducated on their medications (42%),

lack of insurance or physician (42%), or stolen prescriptions (15.8%). This indicates that overall insurance coverage is not enough to support prescription adherence.

T5. Top Health Concerns	Percent
Diabetes	10%
Cancer	5%
Blood Pressure	7.5%
Digestive Issues	7.5%
Heart Condition	15.4%
Mental Health	31.2%
Eyesight	8.7%
Pregnancy	2.5%
Lung Condition	6.25%
Sleep Quality	5%



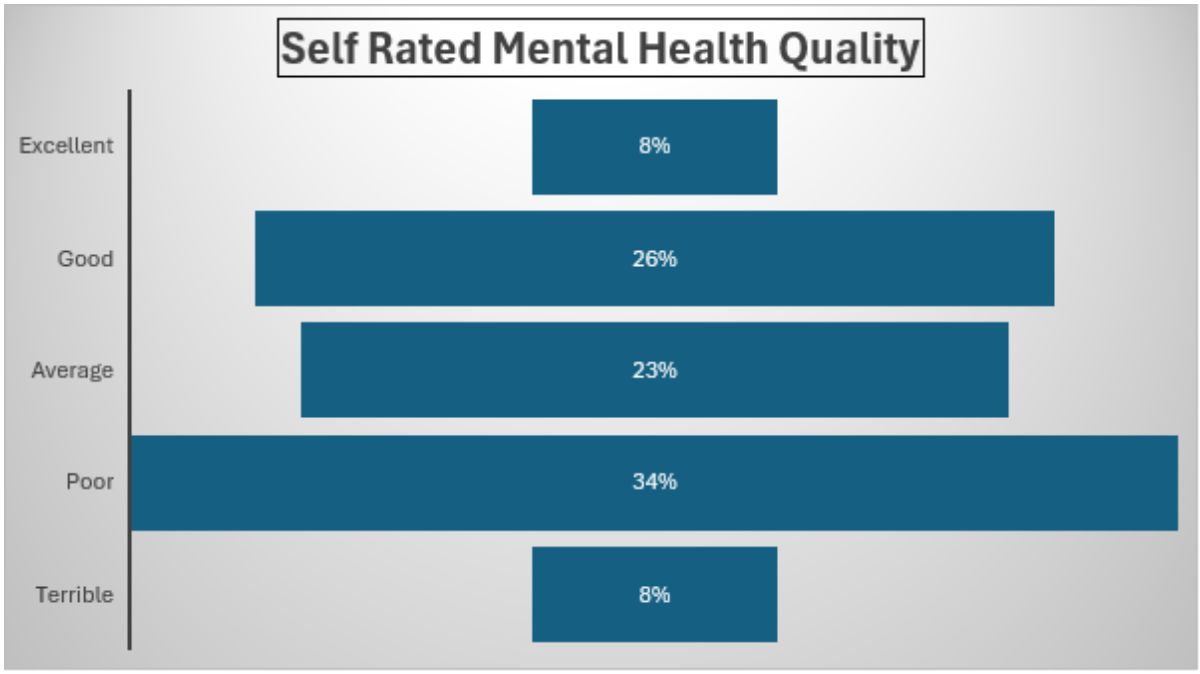
We also asked participants directly about experiencing a specific range of health issues. In a separate question we asked about violence and in the past 6 months, a notable number of participants (almost 30%) said that they had been in a physical fight that caused a cut, scratch, or bruise. The range of priorities and illnesses experience is significant.



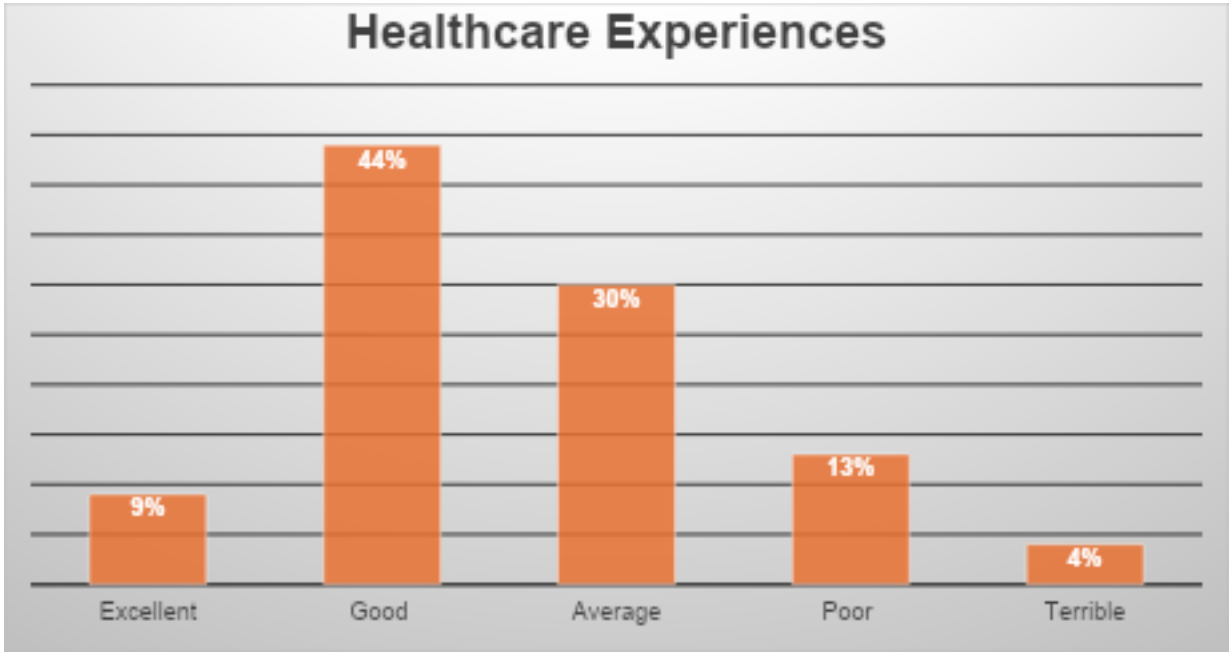
When questioned about sex education, and the deciding factor behind why someone might choose to have unprotected sex, three main reasons were given: uneducated on protected sex (45%), reasons of human attachment (20%) and quality of sex (35%).

The most significant health problem that unhoused people report is mental health. Accordingly, a fair number of people rate their mental health as poor. The range of mental health responses is shown below in Table 6 and the chart.

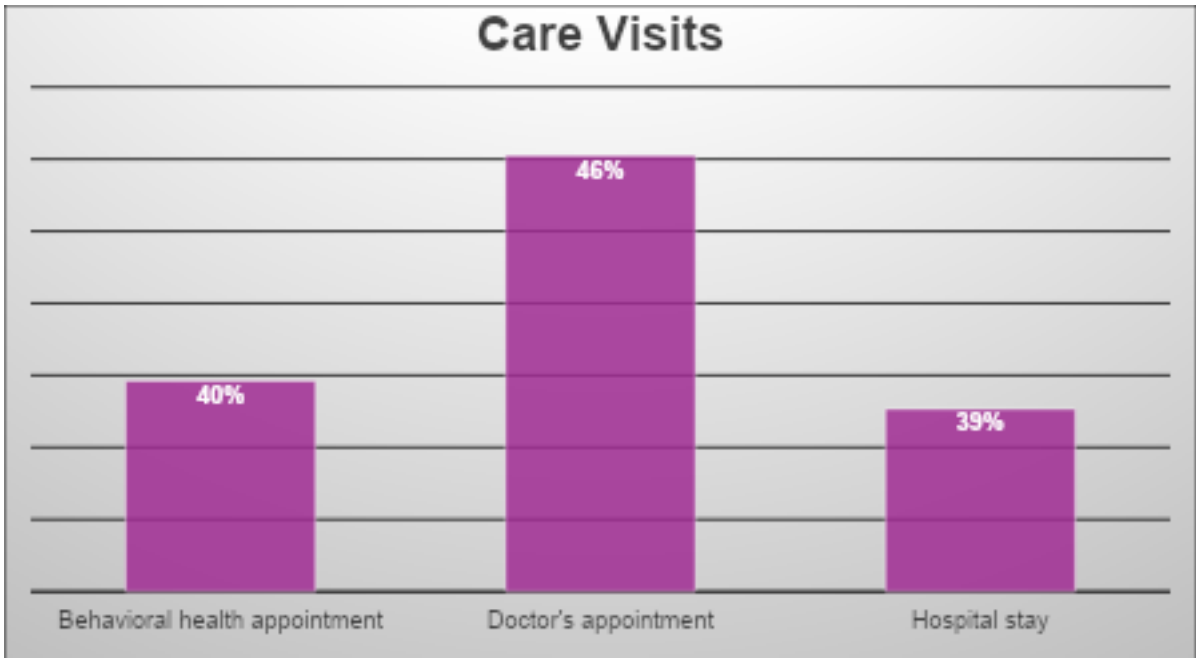
T6. How would you rate your overall mental and emotional health?	Count	Percent
Excellent	11	8%
Good	34	26%
Average	30	23%
Poor	44	34%
Terrible	11	8%



When asked to rate their access to healthcare, including how easy it is to make an appointment and travel there, most people said that their access was good (42%) or average (29%). Nearly equal amounts of participants said that their access was excellent (6%) or terrible (7%). For the most part, participants also reported good (44%) or average (30%) experiences at doctor's offices or places of care outside of COMAC. Nearly 20% did describe their experiences as poor or terrible though, as well.



Unfortunately, needing emergency care was common. In the last 6 months, one participant reported needing an ambulance for emergency care more than 20 times. Many others reported needing emergency care several times.



We asked participants what we forgot to ask them. They added:

- About pets and pet care
- Sources of support and who people can turn to
- Negotiating pain support at the doctor
- Detox
- Opportunities to meet with city officials to discuss issues
- About children and parenting

Key Takeaways

A quantitative survey is a limited tool, especially given the complexity of people's experiences on the street. Some questions did seem to require additional context (such as those about the quality of medical care or sleep) because respondents have adapted to survival strategies (e.g., going without food) that affect the way they define their needs.

A trusted interviewer or introduction to participants by a trusted interviewer is critical to information gathering.

Most people describe their most recent experience of homelessness as their first one, suggesting that new incidents of homelessness have recently increased. The most common reason for homelessness is related to job or income loss.

Sleep quality is poor in all dimensions including amount and quality of sleep and safety.

Nearly half of respondents do not access sufficient food and relatedly, healthy food and likeable food are not accessible enough.

Only around half of respondents can access a shower or bathroom when needed.

People face various and numerous health issues on the street. These range from minor to major – and emergencies are not uncommon. Mental health is extremely poor and in need of attention. People report average access to health care and health care experiences. There are many areas of improvement needed.

Violence and related injury were experienced by a third of respondents.