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Unhoused and Uncounted: Highlights from the Boston Behavioral Risk Factor Surveillance System Survey Among Unhoused Bostonians

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This report is dedicated to two of Boston's own housing and health champions and s/heroes, Doris Bunte and Bill (William) McGonagle, who both dedicated their lives and careers to ensuring civil rights, housing rights and pioneering policies to ensure and advance the health of public housing residents.

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FOREWARD

Welcome to the Boston Public Health Commission's (BPHC) Health of Boston 2023: The Health of People Experiencing Homelessness Report. This is one of a series of reports providing surveillance data on the health of Boston. It aims to provide residents, medical and public health professionals, health policy makers, and community advocates with actionable information on the health of people experiencing homelessness in Boston.

The report highlights trends in health behaviors, differences in lived experiences, the prevalence of several health outcomes (diabetes, asthma, etc.), and access to social determinants of health among Boston's unhoused population. For many indicators, differences across racial/ethnic groups, sex, and other subgroups are highlighted. Data was collected from a survey of 300 individuals experiencing homelessness and expands and enhances the BPHC continuum of data collection and understanding of the health status of our residents by housing status and social determinants of health with a focus on racial justice and health equity.

BPHC acknowledges the role of racism in creating and perpetuating systems of oppression that undermine the social determinants of health and have resulted in the historic marginalization and subsequent inequities in health outcomes of Boston residents of color.

We are excited to share the findings and hope they are used to understand how essential housing is to health, that everyone deserves a home, and finally to improve the health and lives of our unhoused neighbors. We hope you find the information presented here useful in your own efforts to educate, inspire, advocate, and intervene in the interest of optimal health for all Boston residents.



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SUMMARY

All information summarized herein may be found in the report below or in the previously published Health of Boston Survey of People Experiencing Homelessness Presentation, Boston Public Health Commission, 2023.ⁱ

Key Findings

Demographics

- Almost three-quarters (73%) of people surveyed have not had stable housing for one year or more, and 17% had been without stable housing for 10 or more years. Nearly all respondents (96%) would accept subsidized housing.
- Of those surveyed, 78% reported last staying in emergency shelter; 20% were living outdoors, in a car or in an abandoned building.
- Unhoused individuals who identify as Black or Latinx represented a higher proportion of respondents at 32% and 21% respectively, as compared to the proportion of respondents in Boston's survey of housed people, where Black and Latinx people make up 23.5% and 19.8%, respectivelyⁱⁱ.

Promising findings

- 78% of unhoused adults surveyed reported receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as Food Stamps).
- 95% of unhoused adults in Boston reported a willingness to accept one or more types of temporary housing placement before being offered a permanent placement.
- Of all unhoused adults in Boston, 69% reported they can count on someone to provide emotional support (which is similar to housed adults in Boston). In addition, 76% of unhoused adults reported they would be (very) likely to consult with a mental health professional when having an emotional crisis or need. Lastly, among unhoused adults in Boston we see a higher percentage (33%) receiving professional counseling or any treatment for sadness or depression in the past year compared to housed adults in Boston (22%).
- Among unhoused adults in Boston, we see a lower percentage of sleep deprivation among those sheltered (38%) compared to those living unsheltered (64%).



- The rates for diabetes and asthma are similar among unhoused and housed adults in Boston (respectively 12% and 8% for diabetes and 24% and 20% for asthma).
- Insurance rates among unhoused adults in Boston (95%) are similar to housed adults in Boston (96%).
- Only 6% of unhoused adults in Boston reported not having a usual healthcare place to go to when sick or in need of advice about their health.
- Among unhoused adults in Boston the COVID-19 vaccination rate is 82%.

Housed versus unhoused adults

- Sleep deprivation was more prevalent among unhoused adults (64%) compared to housed adults (38%) in Boston.
- Tobacco use was much more prevalent among unhoused adults (75%) compared to housed adults (12%) in Boston.
- A higher percentage of unhoused adults (72%) reported tooth removal compared to housed adults (31%) in Boston.
- Binge and excessive drinking were reported at similar rates for housed and unhoused adults in Boston.
- 40% of unhoused adults surveyed reported recent illicit use of one or more substances.
- On all ACE (adverse childhood experiences) questions asked in both surveys, a higher percentage of unhoused adults reported these experiences compared to housed adults in Boston.
- The percentage of adults who served time in prison, jail or other correctional facility was higher among unhoused adults (59%) compared to housed adults (3%) in Boston.
- The percentage of unhoused adults in Boston who have ever felt they were stopped by the police just because of their race or ethnic background (31%) is higher compared to the percentage of Boston housed adults who have ever felt they were stopped by the police just because of their race or ethnic background (12%)



- Unhoused adults in Boston reported feeling discriminated against in the following places in the past year: Emergency shelter (41%), a health care setting (e.g., emergency care, hospital, doctor's office; 24%), spaces for housing providers/programs (20%), a substance use treatment setting (19%), and day programs (17%).

Experiences of unhoused adults who identify as LGBTQ or as female

- Unhoused adults who identify as LGBT reported higher rates of physical and sexual violence, discrimination, disability, and Adverse Childhood Events (ACEs) compared to heterosexual cisgender unhoused adults in Boston.
- Unhoused adults who identify as female reported higher rates of poor mental health, and higher rates of physical and sexual violence compared to those identifying as male.

Differences in health by sheltered vs. unsheltered status

- Unhoused adults that reside unsheltered reported higher rates of poor mental health, sleep deprivation, discrimination, food insecurity, physical and sexual violence, and ACEs compared to those who reside in shelter.

Key takeaways

These findings serve two key purposes: 1) to add to existing base of literature and knowledge about unhoused individuals and 2) to identify areas for policy and program improvement. The following findings should be considered to prevent and mitigate the harms of homelessness, including the racial inequities identified.

The race and ethnicity of those unhoused compared to the general housed Boston population indicates inequities along racial lines of those experiencing homelessness. These findings confirm already identified risk factors for homelessness including lack of affordable housing, poverty, ACEs, incarceration history, substance use and mental health issuesⁱⁱⁱ. These data indicate people have considerable length of time experiencing homelessness which puts them at greater risk of poor health and continued homelessness^{iv}.

Lack of housing is associated with poorer health and overall well-being as exemplified by very high rates of being in poor or fair general health, tobacco use, disability, and poor sleep^{v,vi}.



Two-fifths of respondents reported experiencing discrimination or mistreatment from a variety of sources including shelter providers, businesses, law enforcement, and healthcare providers.

These data also show positive and promising protective factors including high rates of health coverage associated with the Commonwealth's focus on universal access and enrollment in MassHealth. Respondents also reported having emotional support available and connection with others at similar rates to the housed population.

Recommendations for Action

Homelessness represents a societal and systemic failure. Housing is a basic need. While there are many factors that may contribute to homelessness, such as behavioral health issues, the lack of affordable housing is the most significant structural barrier to ending homelessness.

Beyond investing in affordable permanent housing, these findings point to a number of solutions that would improve the health and well-being of unhoused residents:

- 1) **Increase the availability and options for affordable permanent and temporary or transitional housing to ensure the speedy rehousing of anyone entering into homelessness.** This survey shows that most unhoused people have been homeless for an extended period of time, increasing their risk of both poor health outcomes and that they will remain homeless.
 - (a) We must reduce and eliminate barriers (financial and legal) to housing.
 - (b) We must invest in programs aimed at providing housing to individuals returning to Boston from incarceration, knowing that this is a strong predictor of homelessness and that systemic barriers exist that prevent formerly incarcerated individuals from obtaining permanent housing.
 - (c) Other discharging systems of care including hospitals, psychiatric facilities and recovery programs need more placement options to avoid discharges to or back to homelessness.

- 2) **Ensure racial and gender equity.** Nationally and locally, Black residents experience a disproportionate impact of housing instability, including homelessness. Understanding and acknowledging differences in experiences by race, ethnicity, age, and gender will help providers and policy makers better direct resources specific to addressing these inequities. Systems of care must ensure data collection standards include accurate demographic data. While women and LGBT individuals represent a smaller proportion of persons experiencing homelessness, their experiences suggest severe trauma and unmet need. These data indicate a disproportionate impact of lack of housing on Black Bostonians.



- 3) **Recognize and eliminate stigma and discrimination of and against people experiencing homelessness.** We need to see each person as the unique individual they are. This includes those who use drugs and the majority of those experiencing homelessness who report no drug or alcohol use but are assumed to.
 - (a) As a community of health and service providers, we must do better to make sure that our unhoused guests feel welcome and do not experience bias and discrimination in our institutions.
 - (b) We must build community support. Communities across the Commonwealth have vigorously opposed housing for people experiencing homelessness, but we know that the issue of unhoused residents is a regional one, not one that's specific to one city.
 - (c) Educate friends, family, and co-workers if they use derogatory terms to refer to people such as "junkie", "addict", "bum", etc.

- 4) **Protect and enhance current services.**
 - (a) Preservation of MassHealth and benefits – we applaud the Commonwealth's new 1515 waiver and CSP efforts. MassHealth is also proactively engaging members and providers to ensure that Persons Experiencing Homelessness (PEH) maintain coverage during the recertification process. There is a need to increase access to primary and non-emergency care to avoid reliance on emergency services.
 - (b) Prioritize staff/client relations among Homeless Service Providers – Emergency shelter is an important component of the homeless response system. Providers should strive to advance health-promoting measures, reduce (real and perceived) disrespect, discrimination, and overcrowding, and increase safety of personal belongings from theft. Ensuring adequate wages and training for staff is critical.
 - (c) Health Care – Focus on the aspects of this data that are most troubling, such as the disturbingly high rates of tobacco use. Earlier efforts to promote tobacco cessation have been highly successful and should be applied to PEH using a targeted approach.
 - (d) Address the need for mental health counseling/treatment and dental care.

- 5) **Conduct further analysis to understand differences among sub-populations** including gender-specific differences, youth and young adults experiencing homelessness, unsheltered vs. sheltered, BIPOC vs White persons experiencing homelessness, and differences by experience, including those related to incarceration and adverse childhood experiences (ACEs).



Unhoused and Uncounted: Highlights from Behavioral Risk Factor Surveillance System Survey Among Unhoused Bostonians

Boston and Massachusetts have a longstanding tradition of providing services and housing to people experiencing homelessness, innovation in recovery services, and ensuring access to care. The benefits of these prior investments are reflected in this survey data and should give us confidence that we have the tools and experience to make systemic improvements in the well-being of the city's unhoused residents.



INTRODUCTION

About the Boston Public Health Commission (BPHC)

The mission of the BPHC is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable. The BPHC is the country's oldest existing health department. Governing (BPHC) is a seven-member board of health, appointed by the Mayor of Boston.

We achieve our mission by providing and supporting:

- accessible high-quality community-based health and social services
- community engagement and advocacy
- development of health promoting policies and regulations
- disease and injury prevention
- emergency services
- health promotion
- and health education services

The BPHC envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

BPHC Core Values

- **Equity:** We invest in our communities and equitably distribute resources. We examine historical and present-day systems and challenge multiple forms of oppression.
- **Collaboration:** We practice collaboration by building and maintaining authentic and inclusive partnerships. We engage multiple stakeholders, practice teamwork, and value everyone to accomplish shared goals.
- **Anti-Racism:** We fight against internalized, interpersonal, institutional, and systemic racism and commit to anti-racism as an action. We develop policies and implement strategies that value and support Black, Indigenous, and People of Color.
- **People-centered:** We invest in our employees and provide resources for them to thrive. We uphold policies with compassion and respect every person's dignity to build a culture of belonging.



The Boston Behavioral Risk Factor Surveillance System (BBRFSS) is the gold standard for collecting population-level health-related data tied to social determinants of health^{vii}. Every two years the BPHC collects data through the BBRFSS with Boston residents. The BBRFSS is a scientifically conducted survey with a complex survey design (disproportionate stratified random samples with optimal coverage that provides scientifically valid population estimates accepted by many scientific journals). It uses a system of telephone health surveys of adults living in the City of Boston in non-institutional household settings ages 18 and over.

The BBRFSS data are used in several ways, including monitoring the health of Boston residents over time for community health needs assessments and for health status reporting in the Health of Boston reports. Data are used to demonstrate health needs in grant funding requests for new programs to serve Boston residents, to design tailored programming, and evaluate existing programs. However, consistent with the CDC's BRFSS, the survey design has historically excluded unhoused individuals from participating. This population group is especially vulnerable. In 2020 almost 5500 persons were experiencing homelessness on a single night in the City of Boston^{viii} (most likely an undercount). Therefore, it is essential to include unhoused residents in our data collection.

Beginning in 2001, as part of its partnership with the Prevention Research Center - Partners in Health and Housing, comprised of BPHC, Boston Housing Authority, Boston University School of Public Health, and the Community Committee, BPHC enhanced the BBRFSS health surveillance project by collecting information on type of residency among its respondents. This is a single question which allowed for the first time the ability to assess the health of public housing residents across a range of health measures and directly compare their disease burden and behavioral health experiences with those of Boston residents who do not reside in public housing. This report serves to build on understanding the role of health and housing.

To address additional gaps in understanding those experiencing homelessness within the BRFSS methodology, BPHC implemented the BBRFSS specifically with Boston-based individuals experiencing homelessness. We conducted a modified version of the BBRFSS to assess the health, wellbeing, and service utilization of Boston's unhoused adults. The goals of the survey were to: 1) identify social determinants of health common among adults experiencing homelessness as compared to adults who are housed; 2) describe the overall health and wellbeing of Boston's unhoused adults; 3) understand health outcomes and examine potential disparities in overall health and wellbeing stratified by housing status, race, and ethnicity; and 4) examine service utilization and unmet needs among Boston's unhoused adults.

To the best of our knowledge no other organization has adapted or used the BRFSS to focus specifically on unhoused people. Washington State is the only state that has added specific



questions about previous experiences of homelessness to its BRFSS^{ix} but it does not include current experiences of homelessness, nor does it distinguish the length of homelessness.

This report, *Unhoused and Uncounted*, adds unhoused residents to the housing continuum. These data help us understand the differences in lived experience, health status and access to social determinants. This study of 300 individuals experiencing homelessness expands and enhances the BPHC continuum of data collection and understanding of the health status of our residents by housing status and social determinants of health with a focus on racial justice and health equity. We are excited to share the findings and hope they are used to understand how essential housing is to health, that everyone deserves a home, and finally to improve the health and lives of our unhoused neighbors.

Race, ethnicity and homelessness

Homelessness is an extreme demonstration of poverty. Historically and currently, Black, Indigenous and people of color (BIPOC) have been and are disproportionately affected by homelessness^x. In 2018, about 40% of the homeless population identified as Black in the United States, while in the general population only 13.5% of persons identify as Black^{xi}. These numbers show a disproportionate impact of homelessness on the Black community. A similar trend is seen in Boston: during the 2021 point in time count, approximately 42% of unhoused people identified as Black, compared to 25% of the general population in Boston^{xii}. This is also reflected in the data shared in this report (see Section 1: Demographics).

Research suggests that one of the root causes of homelessness is a lack of affordable housing^{xiii}. However, this does not explain disparities in the rate of homelessness between racial and ethnic groups. Contrary to some beliefs, homelessness is unlikely solely a result of personal choices or individual characteristics, such as substance use, mental health problems, employment, and socioeconomic status^{xiv}.

Our data suggest that Black unhoused adults have better health outcomes and health behaviors compared to their White counterparts, despite having similar health insurance rates. Examples of health-related behaviors include lower rates of substance use, and examples of better health outcomes include lower rates of poor physical health, mental health and depressive disorders, asthma, and disabilities.

This indicates that health outcomes and health behaviors cannot explain the higher rate of homelessness among those who are BIPOC. Rather, these results support the hypothesis that systemic inequity and racism are the causes of homelessness among BIPOC unhoused residents^{xv}. There are lingering effects of structural factors that sustain disparities in rates of



homelessness among people of color. Examples of this are disparities in poverty rates, segregation, child welfare, education, housing discrimination, eviction inequities, overcriminalization, and a lack of health care access due to a lack of insurance. This makes the BIPOC community more vulnerable to experience systemic inequities that increase their likelihood of homelessness.

Jeff Olivet, Executive Director, of the U.S. Interagency Council on Homelessness (USICH) wrote when he served as a senior advisor for the Center for Social Innovation, a Needham, Massachusetts-based research nonprofit that focuses on homelessness, “White communities have had a much longer time to build and pass along generational wealth, which serves as a buffer to homelessness “. White families living near the poverty line have about \$18,000 in wealth, while similarly strapped black families have a median wealth near zero, according to a 2018 Duke University report”^{xvi}. Olivet adds: “Folks of color are living so close to the edge it doesn’t take much to slip into homelessness”^{xvii}.

METHODS

This report presents data related to health behaviors, health outcomes, lived experiences, and access to social determinants of health among unhoused Boston residents from 2022 derived from the Survey of People Experiencing Homelessness (SPEH), BPHC.

Every two years the BPHC collects data through the BBRFSS with Boston residents. The BBRFSS is a scientifically conducted survey with a complex survey design (disproportionate stratified random samples with optimal coverage that provides scientifically valid population estimates accepted by many scientific journals). It uses a system of telephone health surveys of adults living in the City of Boston in non-institutional household settings ages 18 and over.

The SPEH was closely modeled after the Boston Behavioral Risk Factor Surveillance System (Boston BRFSS), a survey designed to collect population-level health-related data tied to social determinants of health^{xviii}.

BPHC implemented the SPEH specifically with Boston-based individuals experiencing homelessness from June 28, 2022 – August 8, 2022. Over these seven weeks, BPHC surveyed 300 unhoused adults utilizing services at BPHC’s two emergency shelters (low-threshold overnight shelters for those experiencing homelessness and substance use disorder (SUD)) and the Engagement Center (a low-threshold daytime space for individuals navigating homelessness and SUD).



Purposive sampling was utilized with weekly monitoring and adjusted as necessary to help ensure the respondent pool reflected known unhoused racial and ethnic group distributions, as well as age and gender identity distributions of Boston's homeless population based on known demographic data from BPHC homeless shelters and the larger Boston sheltering database. Specific attention was also given to ensure representation of both those who accessed emergency sheltering as well as those who were unsheltered. Interview sites included two emergency shelters, one serving men and one serving women, and a day program/drop-in space, the Engagement Center, serving all genders, located near the intersection of Massachusetts Avenue and Melnea Cass Boulevard. Interviews took place on variety of days of the week and times to help minimize potential time-related bias.

Prevalence data are derived from the SPEH from sample surveys with approximately 300 respondents administered in 2022. The resulting data was adjusted (i.e., weighted) to permit generation of rates (i.e., percentages) that represent the entire Boston unhoused population. Logistic regression was used to compare two demographic groups ($p < .05$).

Data from the BBRFSS was derived from random sample surveys with approximately 3,000 respondents administered approximately every other year (though only 2021 data is presented in this report). The resulting data from the survey is adjusted and tested like the SPEH (i.e., logistic regression) to compare two demographic groups within a given period. BBRFSS data is presented to provide a comparison of health behaviors and outcomes between Boston's housed and unhoused populations.

A percentage for a given demographic group is described as higher or lower than the comparison group (i.e., reference group) only when the comparison test indicated statistical significance ($p < 0.05$). When two percentages were compared and the difference was not found to be statistically significant, the two percentages are described as "similar" if mentioned in text. Demographic group differences are based on a comparison of single-year percentages for the most recent data year, 2021.

To maintain confidentiality of the individuals whose data was being assessed and to promote overall reasonable levels of precision for population parameters, a number of data suppression rules were applied:

- No survey percentages or point estimates were generated when fewer than five respondents indicated one of the response choices.
- Survey percentages or point estimates are not presented if the relative standard error equaled or exceeded 50% for any data from the Health of Boston Survey for People Experiencing Homelessness (HOB SPEH).



- Survey percentages or point estimates are not presented for data from the Boston Behavioral Risk Factor Surveillance System (BBRFSS) if the relative standard error equaled or exceeded 30%.

All racial and ethnic designations, and other demographics (e.g., sexual identity, gender, age) are self-reported. Several cautions should be kept in mind when using data reported by race/ethnicity. Race and ethnicity are social constructs, not biological facts. There is often more genetic variation between members of the same race than between members of different races. In addition, the meanings of these designations are highly subject to historical, cultural, and political forces. Not only do these designations change over time, but there is also a very subjective element that influences who is considered a member of one group or another. The concept of race can be notably broad: the term “Black,” for example, includes people describing themselves as African American, African diaspora, or Caribbean, groups with distinct histories and differing health risks. Nevertheless, racial designations are useful in that they are nearly universally used by people in the United States to describe themselves, and they permit us to identify and address health inequities that exist across racial and ethnic groups.

In order to identify these inequities, racial/ethnic group comparisons used White residents as the reference group and assessed the difference between each non-White resident group rate (e.g., rate for Black residents) and the White resident (reference group) rate. For sex-based comparisons, males are the reference group.

Latinx people can be of any race. In this report, data for persons of Hispanic and/or Latin descent are described as Latinx and presented alongside non-Latinx racial groups. Boston-specific data by race and Latinx ethnicity is presented for non-Latinx Asian residents, non-Latinx Black residents, non-Latinx White residents, and Latinx residents of any race. The data sources in this report unfortunately largely does not have data in large enough counts to allow presentation of more granular data such as the many ethnicities included under the category “Asian.” Additionally, small survey sample size limited our ability to identify and describe health disparities for Indigenous people.

For additional information regarding the analytical methods used within this report, please contact the BPHC Population Health and Research (PHAR) Office at populationhealth@bphc.org.

For more information and a summary of the complete SPEH data set, please visit the [Data Briefs webpage on the BPHC website](#).



SECTION 1. DEMOGRAPHICS

Table 1. Survey of People Experiencing Homelessness Demographicst

Demographics		Number	Percent
Gender	Female	106	36%
	Male	188	64%
Race/ethnicity	Black nHL*	98	32%
	Hispanic/Latinx	63	21%
	Other** nHL*	38	13%
	White nHL*	100	33%
Age	18-34	61	20%
	35-44	85	28%
	45-54	65	22%
	55+	89	30%
Sexuality/gender	LGBT	44	15%
	Heterosexual and cisgender	256	85%
Income	No income	44	15%
	<\$750 per month	133	44%
	\$750+ per month	123	41%
Country of birth	Born in mainland US	246	82%
	Foreign born	54	18%
Employment	Employed	46	15%
	Not employed	251	85%
Education	<HS graduate	71	24%
	HS graduate	125	42%
	Some college +	104	35%
Living Situation in the past month	Sheltered	231	80%
	Unsheltered	59	20%
Homeless history	<1 year	79	27%
	1-2 years	74	25%
	3-9 years	92	31%
	10+ years	49	17%

* nHL = non-Hispanic/Latinx

** Other = Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, multi-racial, other (including write-in field)



The final sample of 300 adult survey respondents largely reflects the known citywide demographics of adult individuals experiencing homelessness, with roughly two-thirds of the respondents being male and one-third female^{xix}. One in five were under age 35, and just under one-third were over 55 years of age. The majority (82%) were born in the United States and were unemployed (85%). Almost three quarters (73%) had been homeless for more than one year.

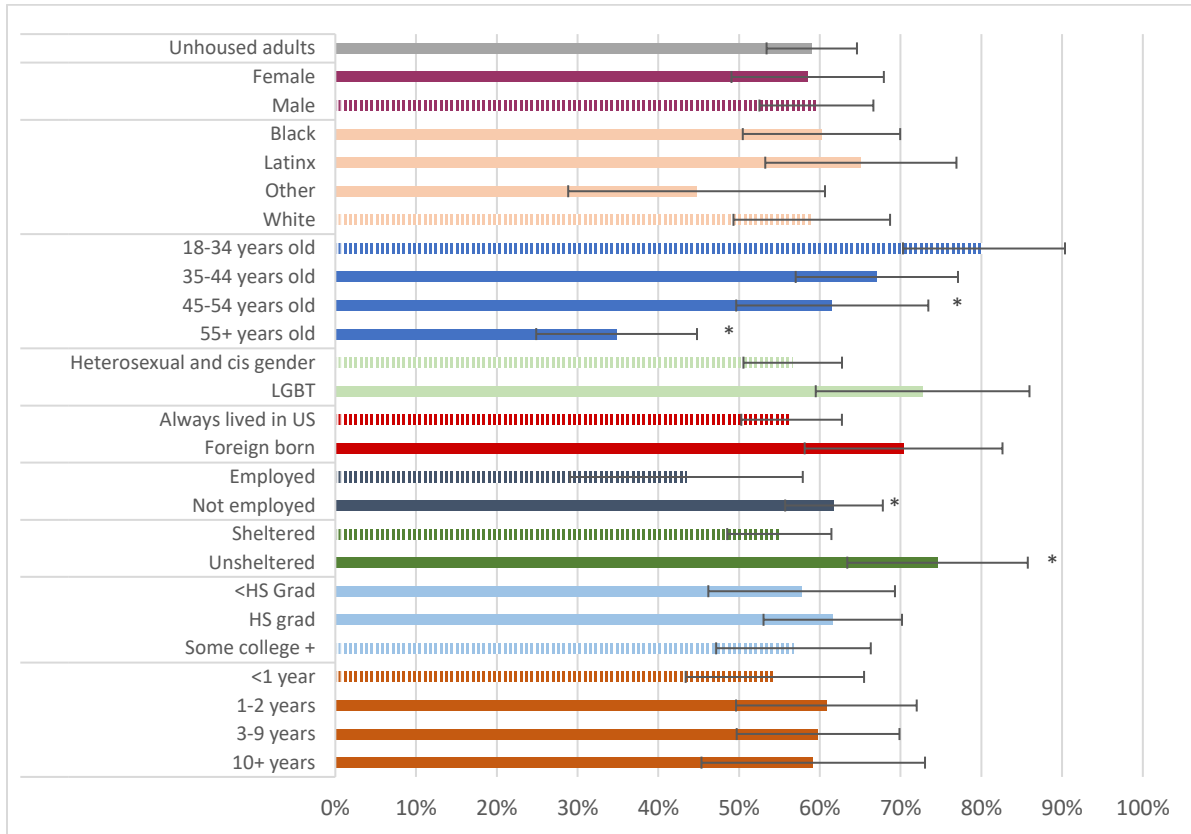
In the City of Boston, during the 2022 Point-in-Time (PIT) count in the City of Boston, about 22% of homeless adults identified as Hispanic or Latinx, and among all active clients (including family homelessness) in the Homeless Management Information System (HMIS) of the Continuum of Care (CoC), about 30% identified as Hispanic or Latinx^{xx}. The percentage of Hispanic and Latinx adults is similar in our survey population: 21% identified as Hispanic/Latinx. In the general population about 20% identifies as Hispanic or Latinx.

When looking at race, we see fewer people identifying as White among those who are unhoused (24-38%) compared to housed (53%) in Boston. In our survey, 33% of unhoused adults identified as White when not taking ethnicity into account. Of concern is the higher number of Black people experiencing homelessness, disproportionate to their representation in the general population. In our survey, 34% of people identified as Black, which is slightly lower compared to rates reported in the PIT count for the City of Boston (40%) and the rate among all active clients in the HMIS of the CoC (47%). However, in the general population only 25% identifies as Black^{xxi}. We attribute this lower rate of people identifying as Black in our sample to differences in data collection and an even more disproportionate impact on people of color experiencing family homelessness.



SECTION 2: SOCIAL DETERMINANTS

Figure 1. Income Less Than \$750 per month by Selected Indicators, Unhoused Adults



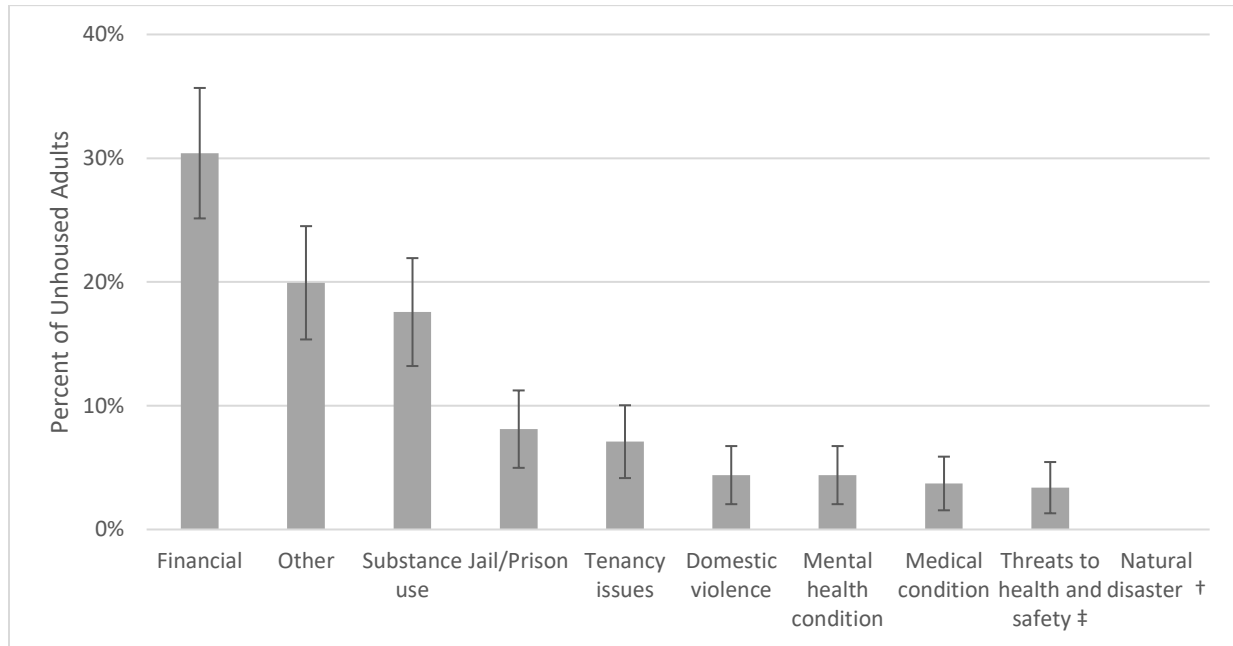
In 2022, 59% of unhoused adults in Boston reported no income, including no benefits, or an income, including benefits, of less than \$750 per month. In 2022, federal poverty income level for a single person was \$1133 per month^{xxii}.

The percentage of unhoused adults in Boston who reported an income, including benefits, of less than \$750 per month was higher for the following groups: Adults with no employment (62%) compared with adults with employment (43%). Adults who were mainly living unsheltered (75%) compared with adults who were mainly residing in shelter (55%).

The percentage of unhoused adults in Boston who reported an income, including benefits, of less than \$750 per month was lower for the following groups: Adults ages 45-54 years (62%) and 55+ years (35%) compared with adults ages 18-34 years (80%).



Figure 2. Main Reason for Being Without a Home, Unhoused Adults



† Data not presented due to relative standard error > 50%. See Methods section for more information.

‡ Relative standard error > 30%. See Methods section for more information.

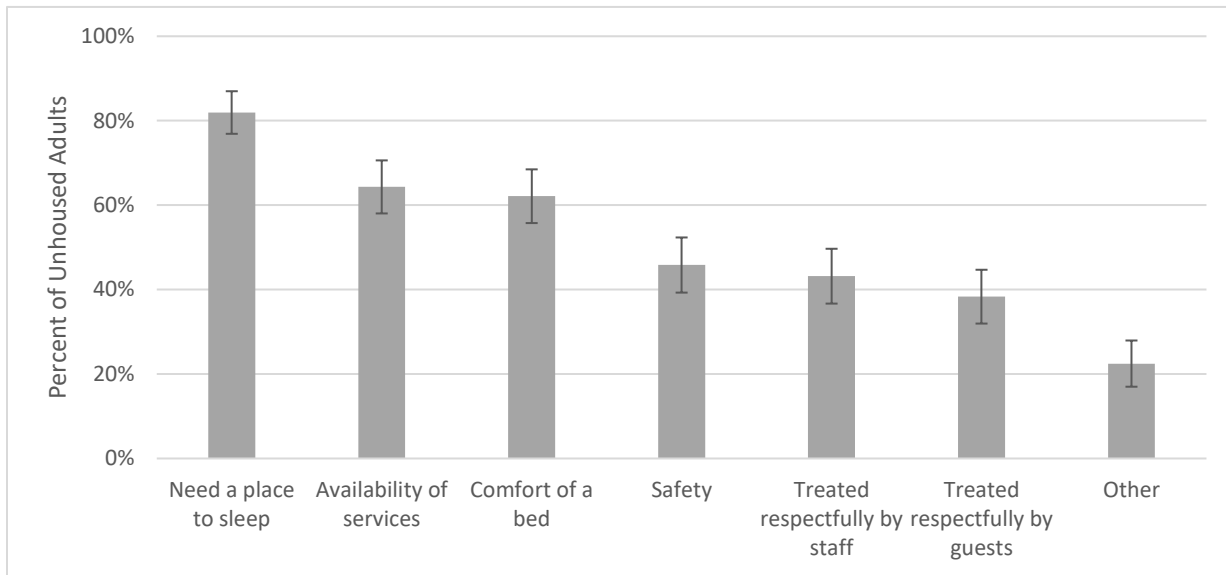
In 2022, 62% of unhoused adults in Boston reported having not lived in stable housing for two or more years. No statistically significant differences were found between groups with different characteristics.ⁱ

In 2022:

- 36% of adults experiencing homelessness in Boston reported **tenancy issues, jail/prison, a natural disaster or other** as the main reason they were without a home.
- 30% of adults experiencing homelessness in Boston reported **finances** as the main reason they were without a home.
- 26% of adults experiencing homelessness in Boston reported a **medical condition, mental health condition or substance use** as the main reason they were without a home.
- 8% of unhoused adults in Boston reported the main reason they were without a home to be **domestic violence or threats to health and safety**.



Figure 3. Reasons for Staying in Shelter, Unhoused Adults



Among those who choose to stay in shelter, the most chosen reasons for staying in shelter include:

- Needing a place to sleep (82%);
- Availability of services (64%); and
- Comfort of a bed (62%).

Among those who choose not to stay in shelter, the most common reasons include:¹

- Being scared that their personal items will get stolen (67%);
- Risk of conflict or abuse with other guests (48%);
- Scared to get sick (47%);
- Not enough storage for their belongings (45%); and
- No respectful treatment of other shelter guests (42%).



Housing Placement Preferencesⁱ

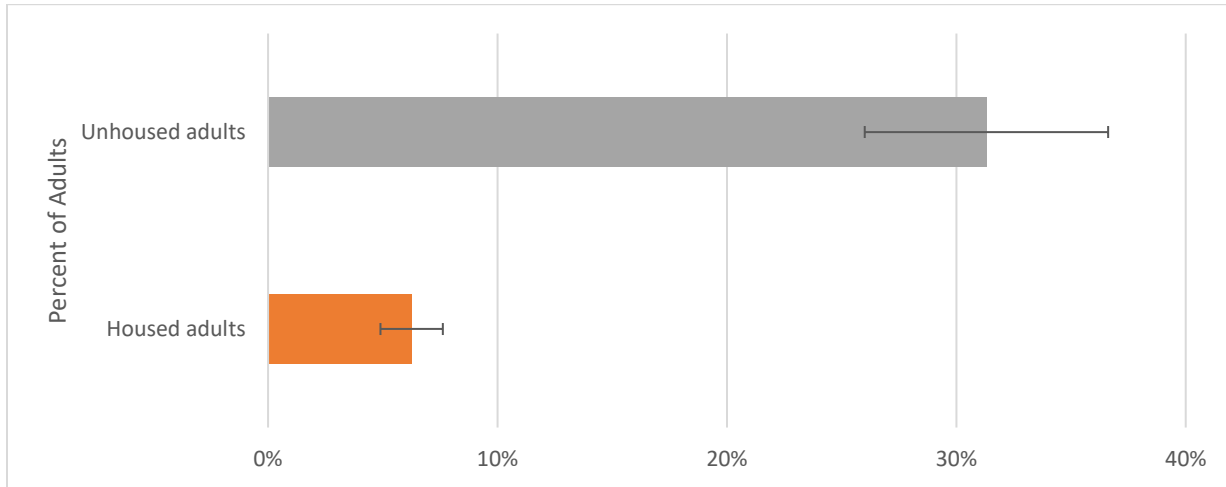
In 2022, unhoused adults in Boston reported the following regarding their desire for **temporary** housing placements:

- 79% would accept a low threshold hotel as a temporary placement.
- 72% would accept traditional shelter as a temporary placement.
- 72% would accept transitional housing as a temporary placement.
- 62% would accept a sober environment as a permanent placement.
- 5% would **not** accept any temporary placement.

In 2022, unhoused adults in Boston reported the following regarding their desire for **permanent** housing placements:

- 96% would accept private subsidized housing as a permanent placement.
- 82% would accept permanent supported housing as a permanent placement.
- 72% would accept shared subsidized housing as a permanent placement.
- 59% would accept market-rate housing as a permanent placement.
- 58% would accept shared living as a permanent placement.
- 37% would accept alternative/special care as a permanent placement.

Figure 4. Being Threatened or Harassed Due to Discrimination at Least a Few Times a Month, Unhoused Adults and Housed Adults



The percentage of unhoused adults in Boston who stated that they had been threatened or harassed at least a few times a month due to discrimination (**31%**) was **five times** the percentage of Boston housed adults who stated the same (**6%**).

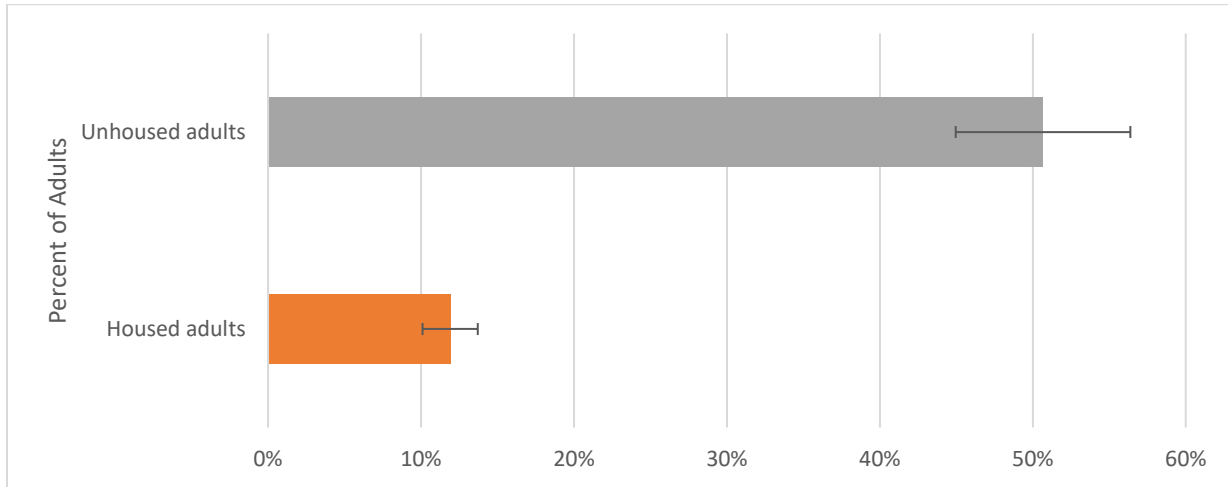
The percentage of unhoused adults reporting perceived harassment was higher for the following groups:ⁱ

- Adults identifying as female (42%) compared to adults identifying as male (25%).
- Adults identifying as Other non-Latinx (53%) compared to adults identifying as White non-Latinx (31%).
- Adults identifying as LGBT (62%) compared to adults identifying as heterosexual and cisgender (26%).
- Adults who reside unsheltered (51%) compared with adults living in shelter (25%). Adults who have been without stable housing for 1-2 years (42%), 3-9 years (33%), and 10+ years (35%) compared to adults who have been without stable housing for less than 1 year (17%).

In the past year, unhoused adults in Boston reported perceived discrimination in the following places: an (emergency) shelter (41%), a health care setting (e.g., emergency care, hospital, doctor’s office) (24%); spaces for housing providers/programs (20%); a substance use treatment setting (19%); and day programs (17%).



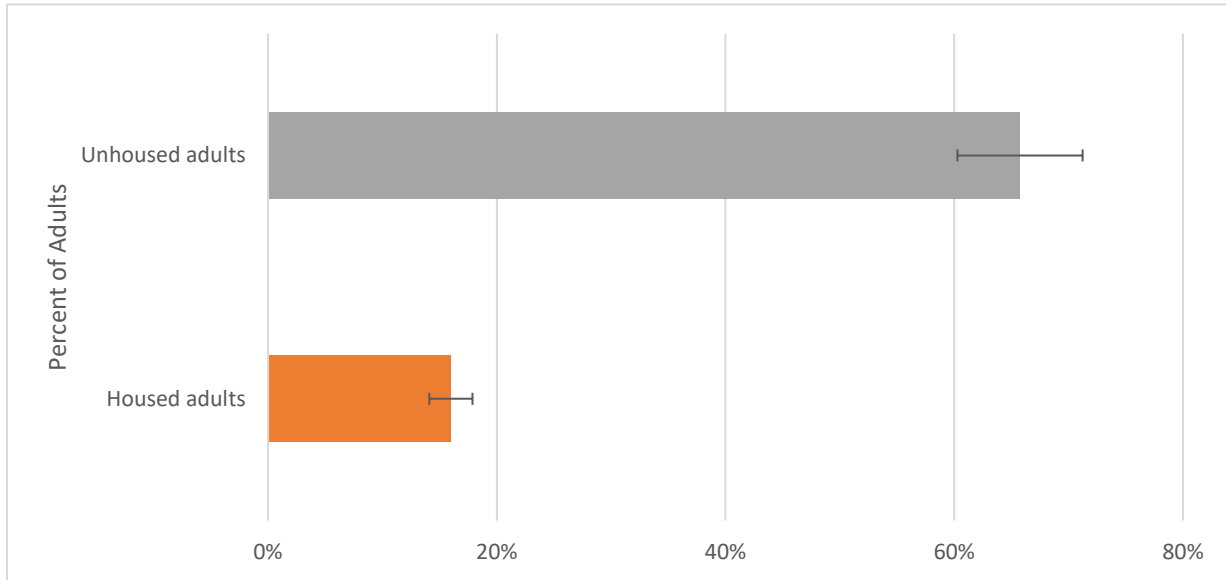
Figure 5. Transportation Difficulties Kept You from Medical Appointments, Meetings or from Getting Things Needed for Daily Living, Housed and Unhoused Adults



The percentage of unhoused adults in Boston who reported that difficulties in transportation kept them from medical appointments, meetings, work or from getting things needed for daily living in the past 12 months (51%) was **over four times** the percentage of Boston housed adults (12%).



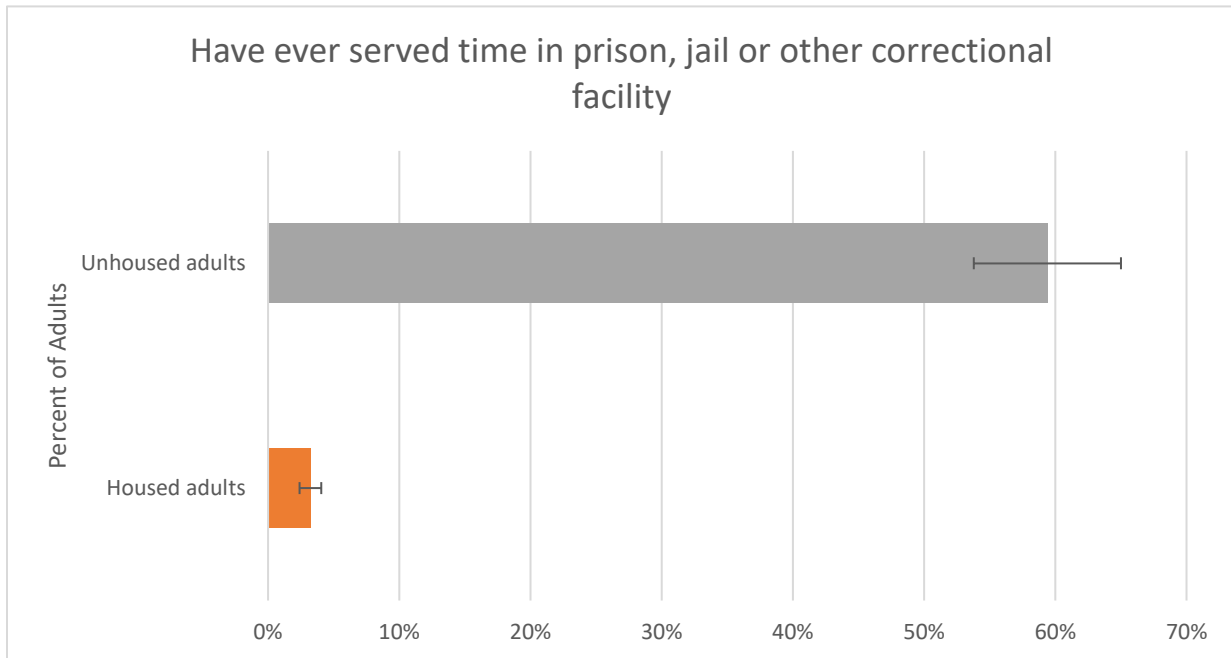
Figure 6. Reported Neighborhood to be Extremely Unsafe or Unsafe from Crime, Housed and Unhoused Adults



The percentage of unhooded adults in Boston who reported their neighborhood to be extremely unsafe or unsafe (66%) was **over four times** the percentage of Boston housed adults (16%).



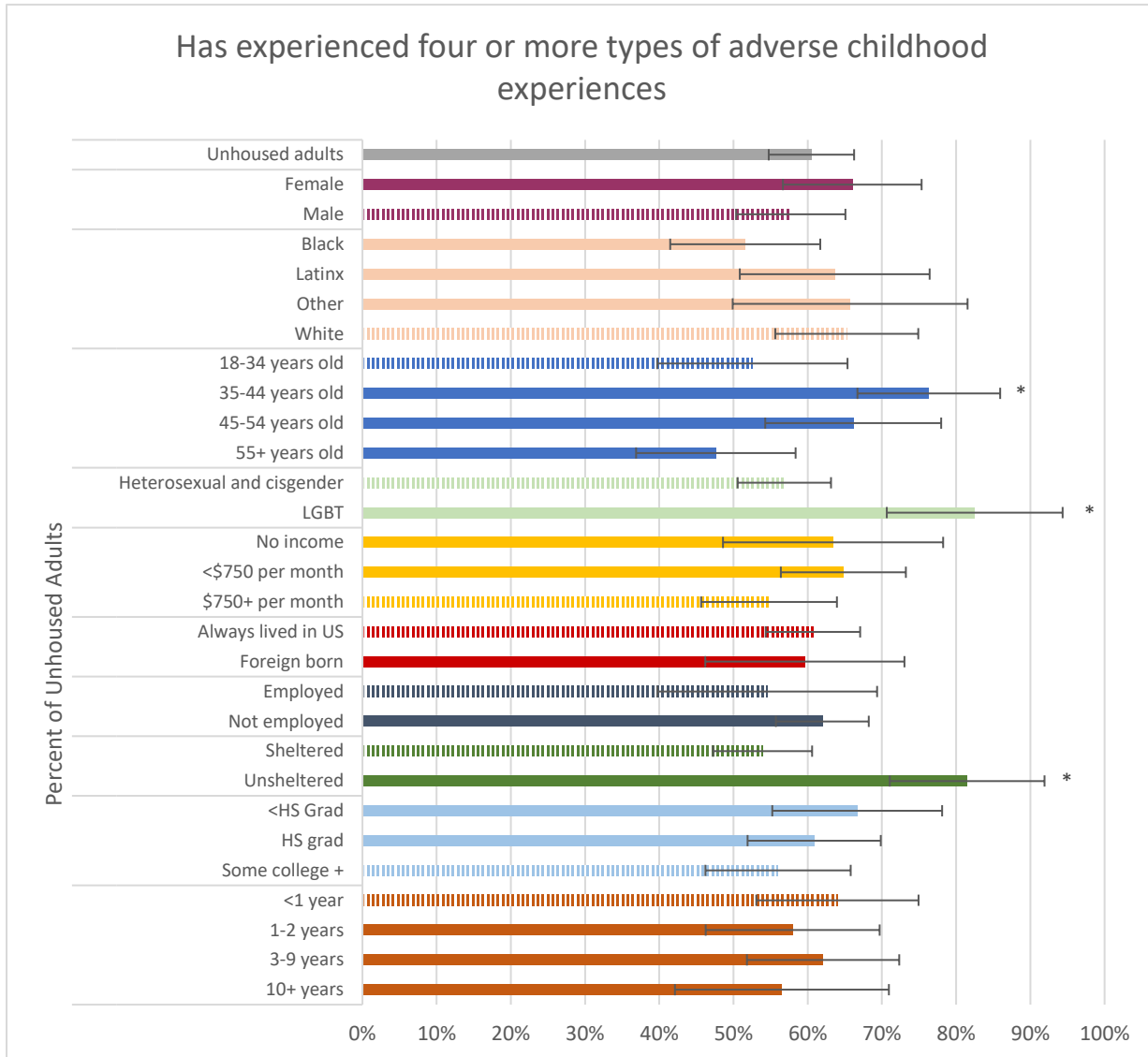
Figure 7. Have Ever Served Time in Prison, Jail, or Other Correctional Facility, Unhoused Adults and Housed Adults



The percentage of unhoused adults in Boston who ever served time or been sentenced to serve time in a prison, jail, or other correctional facility (59%) is **twenty times higher** compared to the percentage of Boston housed adults who have ever served time or been sentenced to serve time in a prison, jail, or other correctional facility (3%).



Figure 8. Experienced Four or More Types of Adverse Childhood Experiences (ACEs) by Selected Demographics, Unhoused Adults



Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, or growing up with a family member with mental health or substance use problems. ACEs correlate with risk for adult homelessness^{xxiii}.



In 2022, 60% of unhoused adults in Boston have experienced four or more types of Adverse Childhood Experiences (ACEs). According to the CDC^{xxiv}, 16% of US adults undergo four or more types of ACEs.

The percentage was higher for the following groups:

- Adults aged 35-44 years (76%) compared to adults aged 18-34 years (53%)
- Adults identifying as LGBT (83%) compared to adults identifying as heterosexual and cisgender (57%)
- Adults who live unsheltered (81%) compared to adults who reside in shelter (54%)

Some of the most common ACEs among unhoused adults include:ⁱ

- In 2022, **74%** of unhoused adults in Boston have experienced one or more types of ACEs related to emotional and physical abuse.
- In 2022, **60%** of unhoused adults in Boston have experienced one or more types of ACEs related to household dysfunction.
- In 2022, **30%** of unhoused adults in Boston have experienced one or more types of ACEs related to sexual abuse.

Specific ACEs Among Housed and Unhoused Adultsⁱ

The percentage of unhoused adults in Boston who lived with someone during childhood who served time or was sentenced to serve time in a prison, jail, or other correctional facility (**42%**) is **higher** compared to the percentage of Boston housed adults who lived with someone during childhood who served time or was sentenced to serve time in a prison, jail, or other correctional facility (**8%**).

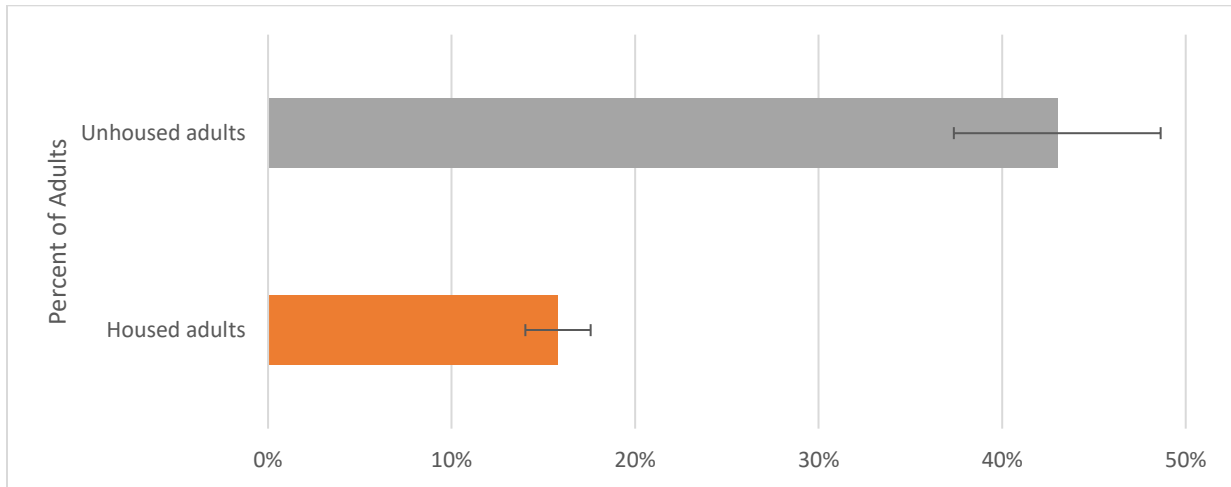
The percentage of unhoused adults in Boston who lived with someone during childhood who was depressed, mentally ill, or suicidal (**45%**) is **higher** compared to the percentage of Boston housed adults who lived with someone during childhood who was depressed, mentally ill, or suicidal (**21%**).

The percentage of unhoused adults in Boston who lived with someone during childhood who used illegal street drugs or misused prescription medications (**45%**) is **higher** compared to the percentage of Boston housed adults who lived with someone during childhood who used illegal street drugs or misused prescription medications (**17%**).



SECTION 3: PHYSICAL AND MENTAL HEALTH

Figure 9. Fair or Poor Health, Unhoused and Housed Adults



The percentage of unhoused adults in Boston who reported their health in general is fair or poor (43%) is **higher** compared with the percentage of Boston housed adults who reported their health in general is fair or poor (16%). The percentage was higher for females, LGBT and unsheltered individuals.ⁱ

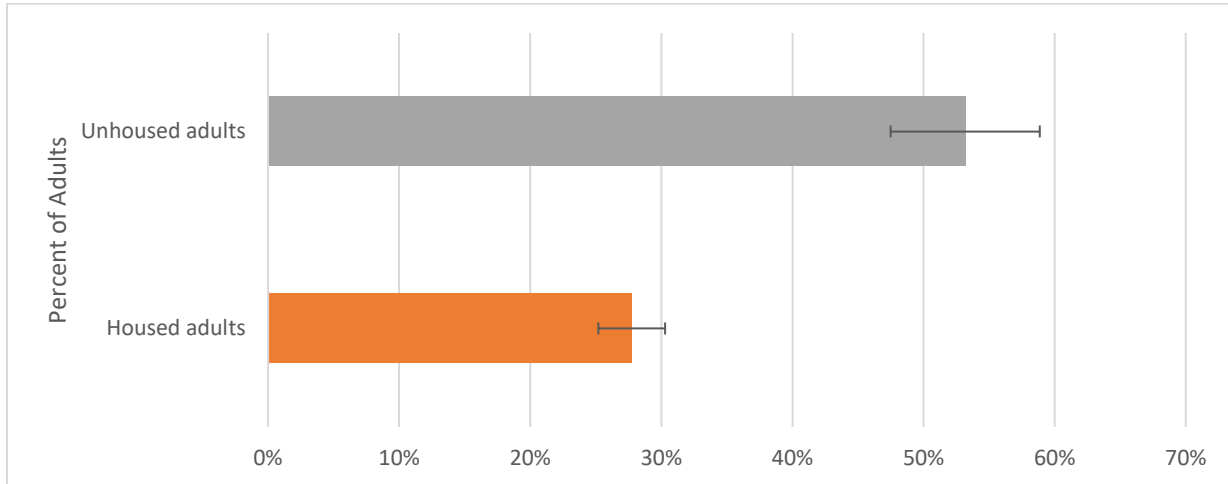
The percentage of unhoused adults in Boston who reported their physical health was not good for 14 days or more days in the past 30 days (29%) is **higher** compared with the percentage of Boston housed adults who reported their health in general is fair or poor (13%).

The percentage of adults unhoused adults in Boston who reported their mental health was not good for 14 or more days in the past 30 days (47%) is **higher** compared to the percentage of Boston housed adults who reported their mental health was not good for 14 or more days in the past 30 days (19%). The percentage was higher for those unemployed, unsheltered and female.

In 2022, 28% of unhoused adults in Boston reported that poor physical or mental health prevented them from doing their usual activities for 14 or more days in the last 30 days.ⁱ



Figure 10. Worried, Tense, or Anxious for 14+ Days in Past 30 Days, Unhoused and Housed Adults

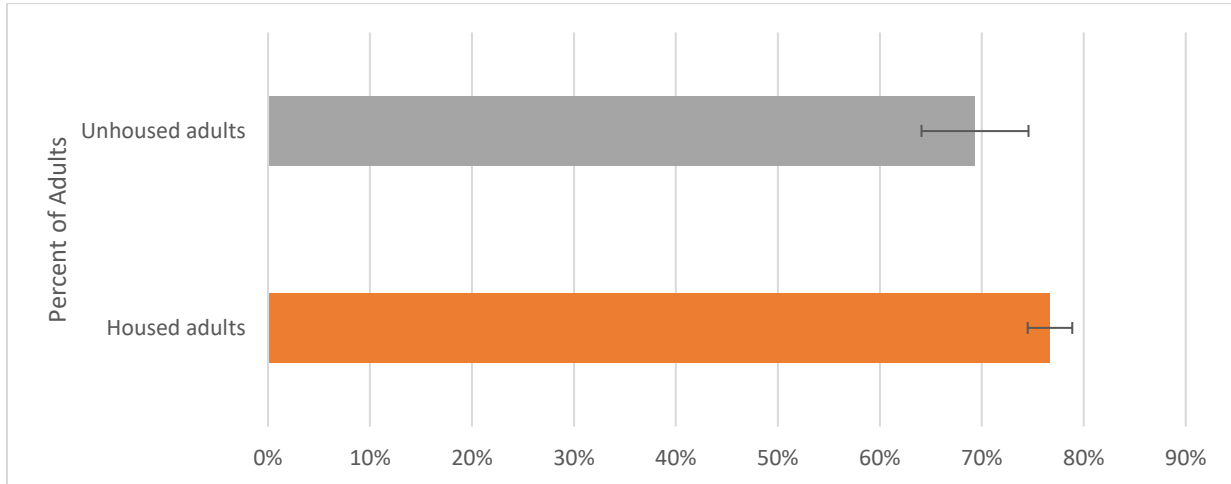


The percentage of unhoused adults in Boston who reported being worried, tense, or anxious for 14 or more days in the past 30 days (53%) is **higher** compared to the percentage of Boston housed adults who reported being sad for 14 or more days in the past 30 days (28%).

The percentage of unhoused adults in Boston who received professional counseling or any kind of treatment, including medication, for sadness or depression (33%) is **higher** compared to the percentage of Boston housed adults who received professional counseling or any kind of treatment, including medication, for sadness or depression (22%).ⁱ



Figure 11. Emotional Support, Unhoused and Housed Adults

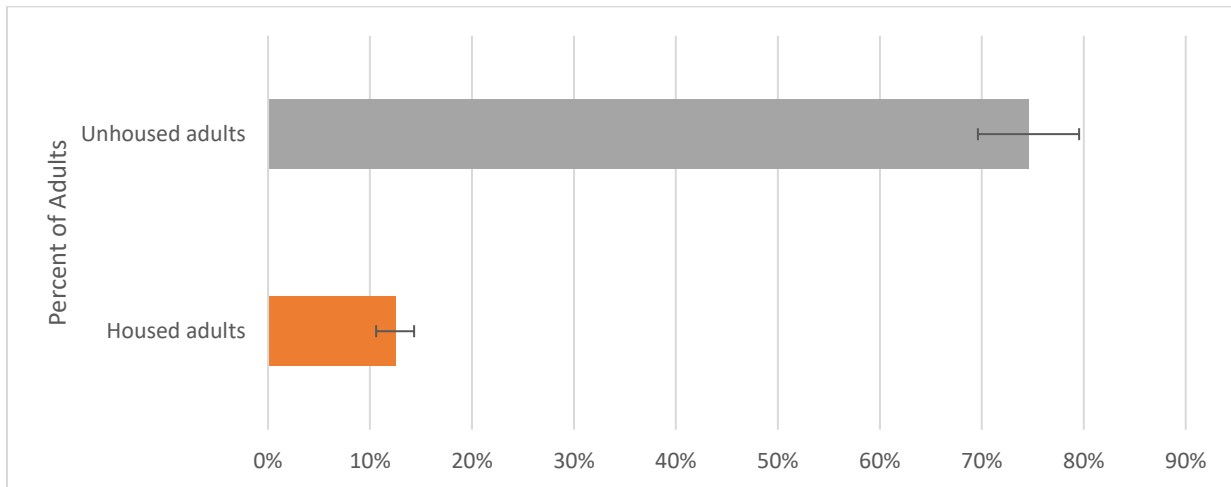


The percentage of unhoused adults in Boston who could count on someone to provide emotional support (69%) is similar compared to the percentage of Boston housed adults who could count on someone to provide emotional support (77%).



SECTION 4: HEALTH BEHAVIORS

Figure 12. Smoke Cigarettes Every Day or Some Days, Unhoused and Housed Adults



The percentage of unhoused adults in Boston who smoked cigarettes at least some days (75%) is **over six times higher** than the percentage of Boston housed adults who smoked cigarettes at least some days (12%).

The percentage was higher for the following groups:ⁱ

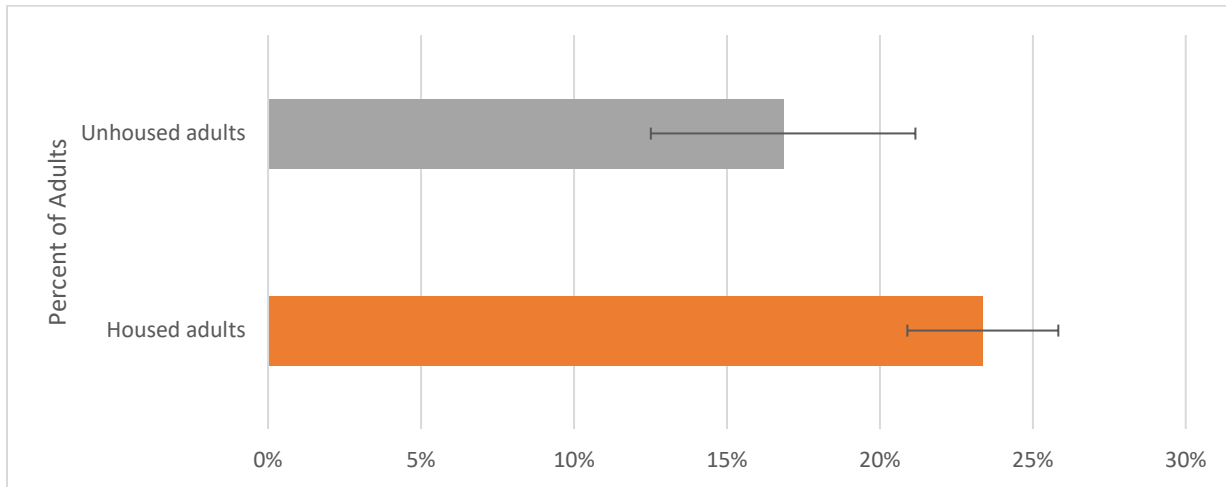
- Adults who are not employed (78%) compared with adults who are employed (60%).
- Adults residing unsheltered (88%) compared with adults living in shelter (70%).
- Adults whose highest level of education is less than high school (80%) or high school (79%) compared with adults whose highest level of education is some college or more (65%).

The percentage was lower for the following groups:ⁱ

- Adults who are foreign born (61%) compared with adults who have always lived in the US (78%).



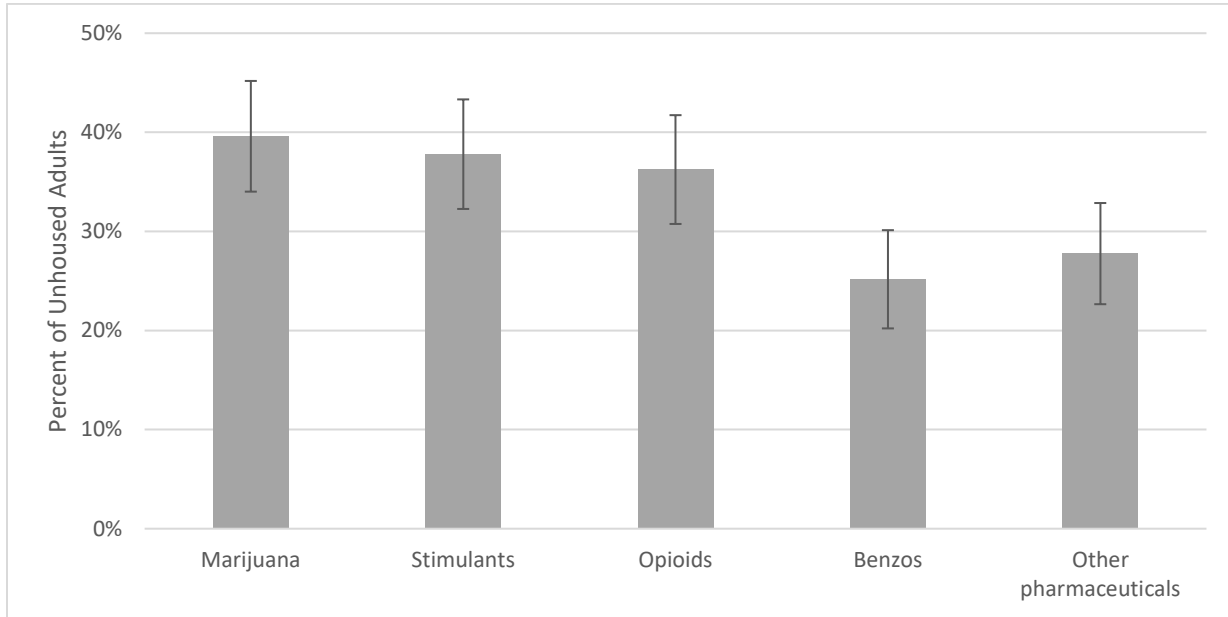
Figure 13. Consumed an Average of 4/5+ Alcoholic Beverages on Days when Alcohol was Consumed in the Past 30 Days. Unhoused and Housed Adults



The percentage of unhoused adults in Boston who reported binge drinking in the past 30 days (17%) is **similar** to the percentage of Boston housed adults who reported binge drinking in the past 30 days (23%). Binge drinking is defined as drinking more than 4 drinks on a day when alcohol was consumed for women and drinking more than 5 drinks on a day when alcohol was consumed for men.



Figure 14. Substance Use in Past 30 Days, Unhoused Adults



In 2022, during the past 30 days:

- 40% of unhoused adults in Boston reported having used THC (marijuana, weed, grass, K2, or spice) at least once.
- 38% of unhoused adults in Boston reporting having used stimulants at least once.
- 36% of unhoused adults in Boston reported having used opiates, narcotic analgesics, or opioids at least once.
- 25% of unhoused adults in Boston reported having used benzos or benzodiazepines at least once.
- 28% of unhoused adults in Boston reported having used other pharmaceuticals not as prescribed, excluding benzos, at least once.

The percentage of unhoused adults in Boston who used marijuana in the past 30 days (40%) is **higher** compared to the percentage of Boston housed adults who used marijuana in the past 30 days (24%).ⁱ



Substance Use in Past 30 Days by Selected Demographicsⁱ

In 2022, 36% of unhoused adults in Boston reported having used opiates, narcotic analgesics or opioids at least once during the past 30 days.

- Of all unhoused adults that reported having used opioids in the past 30 days, 5% reported that it was prescribed by a doctor.
- Of all unhoused adults that reported having used opioids in the past 30 days, 57% reported using injection as a method of delivery of the opioids.
- Of all unhoused adults that reported having used substances in the past 30 days, 36% reported that the substances were prescribed by a doctor. Of all unhoused adults that were prescribed these substances, 30% reported using these not as prescribed.
- Of all unhoused adults that reported having used substances in the past 30 days, 36% reported using injection as a method of delivery for the substances.

The percentage of unhoused adults who reported use of opiates, narcotic analgesics, or opioids was higher for the following groups:

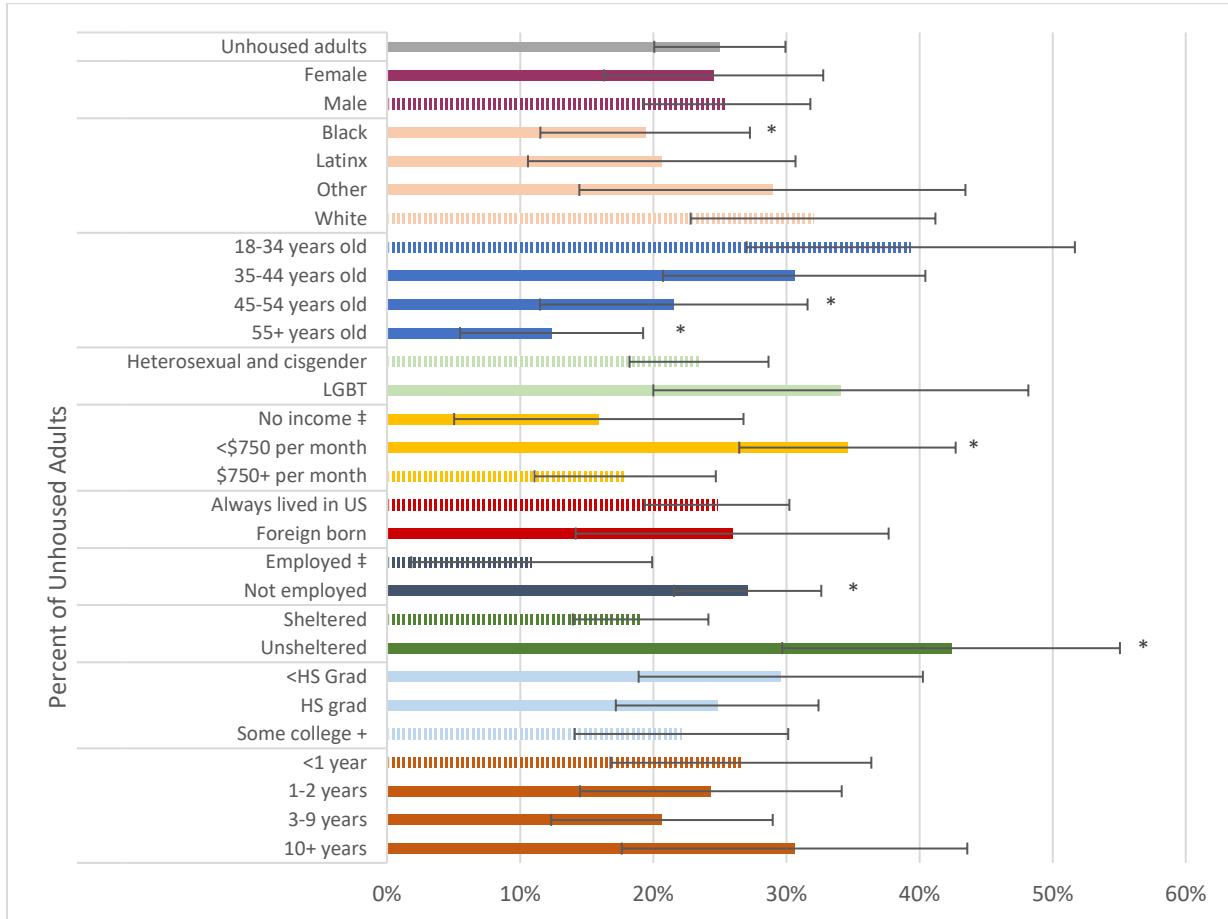
- Adults reside unsheltered (73%) compared with adults living in shelter (25%).

The percentage was lower for the following groups:

- Adults who identify as Black non-Latinx (20%) compared to adults who identify as White non-Latinx (53%).
- Adults ages 55+ years (15%) compared to adults ages 18-34 years (43%).
- Adults who are foreign born (21%) compared to adults who have always lived in the US (40%).



Figure 15. Substance Use Related Emergency Room Visits, Unhoused Adults



In 2022, 25% of unhoused adults in Boston reported visiting the ER for an issue related to substance use, not including an opioid overdose, in the past 12 months. The percentage was higher for the following groups:

- Adults who have an income of less than \$750 per month (35%) compared with adults who receive an income of \$750 or more per month (18%).
- Adults who live unsheltered (42%) compared with adults who live in shelter (19%).

The percentage was lower for the following groups:

- Adults who identify as Black non-Latinx (19%) compared with adults who identify as White non-Latinx (32%).
- Adults ages 45-54 years (22%) and 55+ years (12%) compared with adults ages 18-34 years (39%).



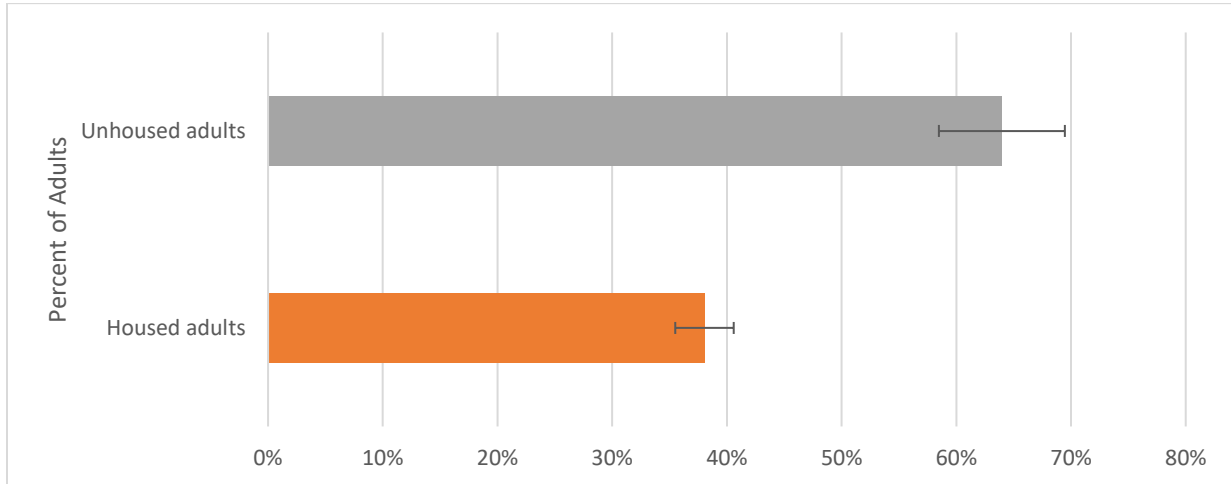
Of those who visited the ER for an issue related to substance use, but not including an opioid overdose, 62% reported it was for “other” reasons. Most common other reasons included withdrawal and mental health related issues due to substances. Beyond “Other”, abscess or an infection (26%) and psychosis (18%) were the most commonly reported reason for visiting the ER.ⁱ

In 2022, 17% of unhoused adults in Boston reported having experienced an opioid overdose in the past 12 months. In the past year, unhoused adults who experienced an opioid overdose reported a median of four overdoses.

In 2022, 84% of unhoused adults in Boston who have had an overdose in the past 12 months reported being administered Narcan during their most recent overdose.



Figure 16. Less than 7 Hours of Sleep Per Day, Unhoused and Housed Adults



The percentage of unhoused adults in Boston who had less than seven hours of sleep in a 24-hour period (64%) is **higher** compared to the percentage of Boston housed adults who had less than 7 hours of sleep in a 24-hour period (38%) (see graph above).

The percentage was higher for the following groups:ⁱ

- Adults residing unsheltered (90%) compared with adults living in shelter (57%).



SECTION 6: CHRONIC DISEASEⁱ

High Blood Pressure Among Unhoused and Housed Adults

The percentage of unhoused adults in Boston who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (43%) is **higher** compared to the percentage of Boston housed adults who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (26%).

Diabetes Among Housed and Unhoused Adults

The percentage of unhoused adults in Boston who reported having been told by a doctor, nurse, or other health professional they had **diabetes** (12%) is **similar** to the percentage of Boston housed adults who reported having been told by a doctor, nurse, or other health professional they had diabetes (8%).

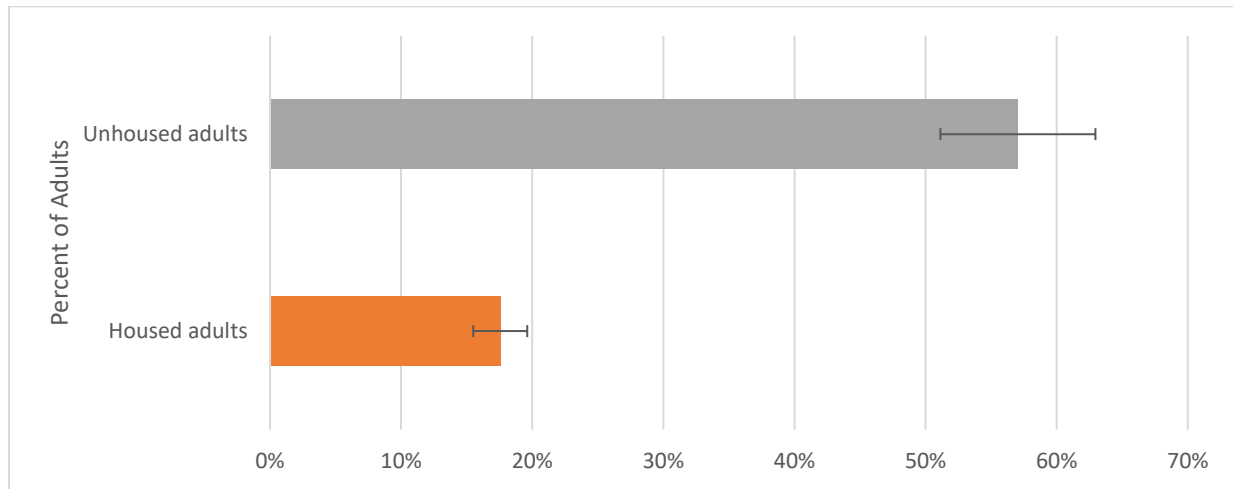
Asthma Among Unhoused and Housed Adults

The percentage of unhoused adults in Boston who have ever been told by a doctor, nurse, or other health care professional they had asthma (24%) is **similar** to the percentage of Boston housed adults who have ever been told by a doctor, nurse, or other health care professional they had **asthma** (20%).



SECTION 7: DISABILITIES

Figure 17. Difficulty Concentrating, Remembering, or Making Decisions, Unhoused and Housed Adults



The percentage of unhoused adults in Boston who have serious difficulty concentrating, remembering, or making decisions because of a physical, mental or emotional condition (57%) is **higher** compared to the percentage of Boston housed adults who have serious difficulty concentrating, remembering, or making decisions because of a physical, mental or emotional condition (18%). Percentages are higher for LGBT, unemployed and unsheltered individuals.ⁱ

Difficulty Doing Errands Alone Among Housed and Unhoused Adultsⁱ

The percentage of unhoused adults in Boston who have serious difficulty doing errands alone, such as visiting a doctor’s office or shopping, due to a physical, mental or emotional condition (36%) is **higher** compared to the percentage of Boston housed adults who have serious difficulty doing errands alone, such as visiting a doctor’s office or shopping, due to a physical, mental or emotional condition (10%).



SECTION 8: PREVENTATIVE HEALTH CARE AND ACCESS TO CAREⁱ

COVID-19 Vaccine Among Unhoused Adults

In 2022, 82% of unhoused adults in Boston reported having received a COVID-19 vaccine. The percentage was lower for adults who reside unsheltered (71%) compared to adults residing in shelter (84%).

HIV Testing in Past 2 Years Among Unhoused Adults

In 2022, 81% of unhoused adults in Boston reported having been tested for HIV in the past 2 years.

STI Testing Among Unhoused Adults

In 2022, 22% of unhoused adults in Boston reported having never been tested for gonorrhea, chlamydia, syphilis, and hepatitis.

The percentage is higher for the following groups:

- Black adults (34%) compared with White adults (16%).

The percentage is lower for the following groups:

- Adults who have been without stable housing for 3-9 years (12%) compared to who have been without stable housing for less than one year (32%).

Pap Test Screening Among Unhoused Adults

In 2022, 84% of unhoused women in Boston reported ever having had a Pap test.

In 2022, 66% of unhoused women in Boston reported that they had received a Pap test within the last 3 years.

The percentage was higher for the following groups:

- Women 35-44 years old (76%) compared to women 18-34 years old (41%).

The percentage was lower for the following groups:

- Women identifying as LGBT (44%) compared to women who identify as heterosexual (72%).



Mammogram Among Unhoused Adults

In 2022, 71% of unhoused women over 40 in Boston reported ever having had a mammogram.

In 2022, 45% of women experiencing homelessness in Boston over 40 years old reported that they had received a mammogram within the last three years. No statistically significant differences were found between the groups.

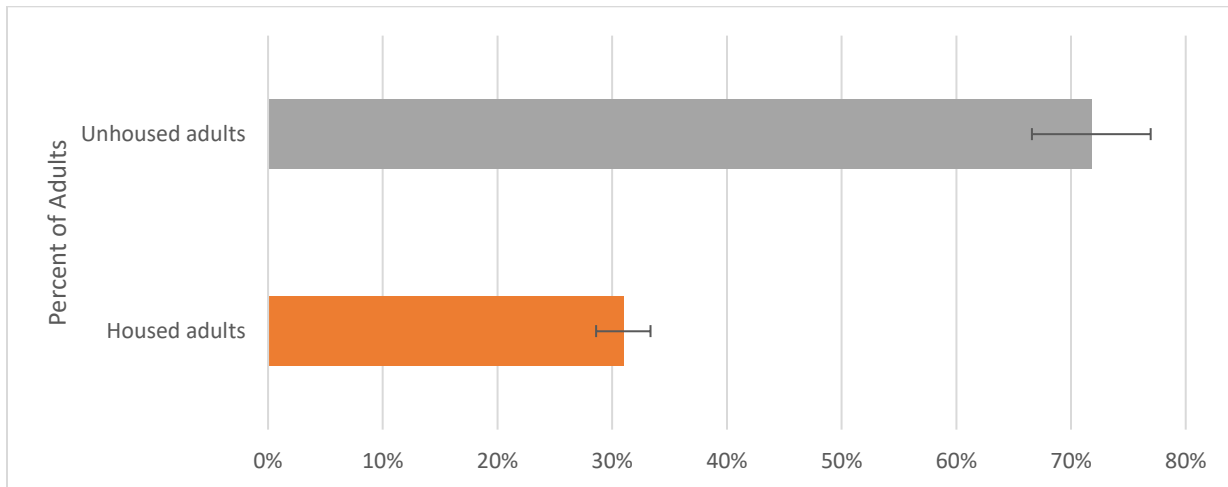
Dentist Visit in Past Year Among Unhoused Adults

In 2022, 40% of unhoused adults in Boston reported that their last visit with a dentist was within the past year.

- The percentage was higher for those who live unsheltered (54%) compared with adults who live in shelter (37%).

According to the CDC ([2020](#)), 63% of US adults had their last dental visit in the past year^{xxv}.

Figure 18. Had At Least One Tooth Removed, Housed and Unhoused Adults



The percentage of unhoused adults in Boston who had one or more permanent teeth removed because of tooth decay or gum disease (72%) is **higher** compared to the percentage of Boston housed adults who had one or more permanent teeth removed because of tooth decay or gum disease (31%).



The percentage was higher for the following groups:ⁱ

- Adults aged 35-44 years (77%) and 55+ years (84%) compared to adults aged 18-34 years (52%).
- Adults who graduated high school (80%) compared to adults who have some college degree or more (61%).

The percentage was lower for the following groups:

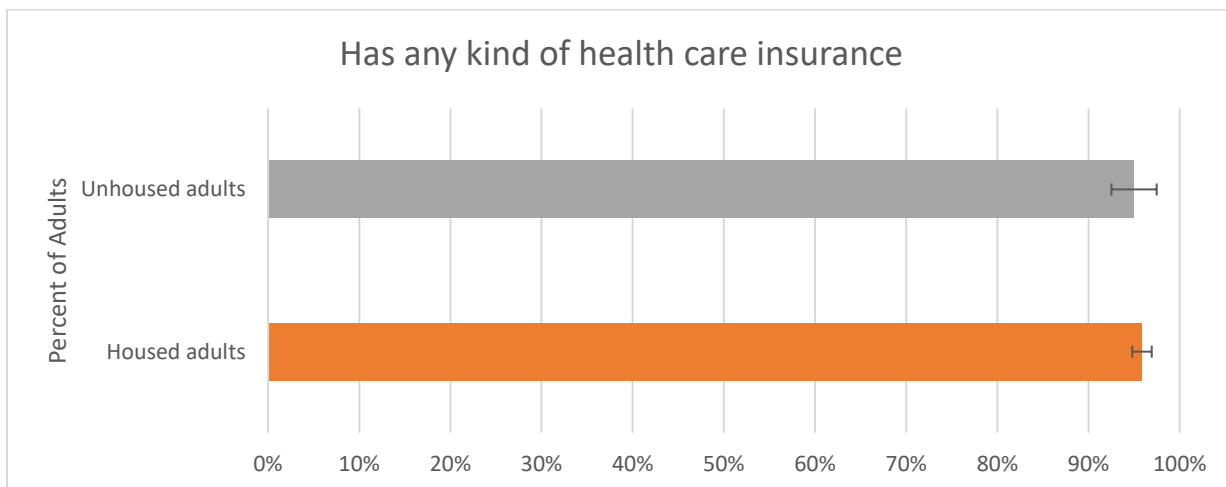
- Adults who identify as Black non-Latinx (70%) or Latinx (52%) compared to adults who identify as White non-Latinx (83%).
- Adults who receive no income (59%) compared to adults who have an income of \$750 or more per month (79%).
- Adults who are not born in the US (56%) compared to adults who have always lived in the US (75%).

Percent of Unhoused Adults with a Dentist

In 2022, 57% of unhoused adults in Boston reported that they have a dentist or dental location to visit if they want to.

In 2022, 33% of unhoused adults in Boston reported that they experienced a time in the past 12 months where they needed to see a dentist but could not.

Figure 19. Has Any Kind of Health Care Coverage, Unhoused and Housed Adults

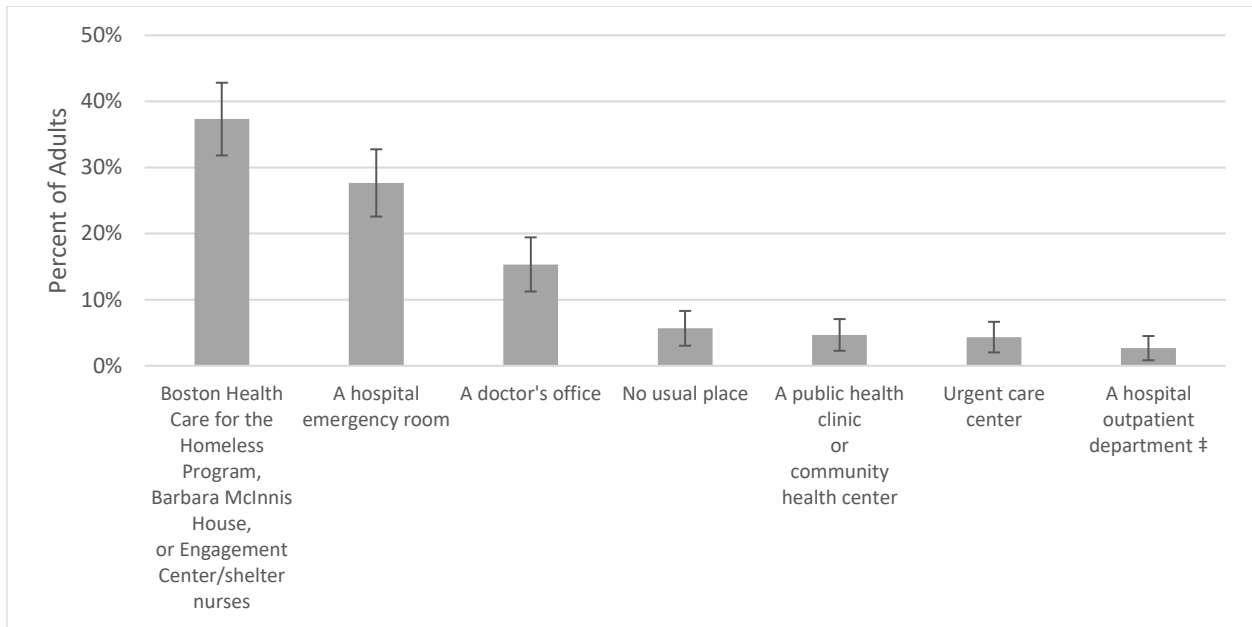


The percentage of unhoused adults in Boston who have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare



or MassHealth (95%) is **similar** to the percentage of Boston housed adults who have any kind of health insurance (96%).

Figure 20. Usual Place of Health Care, Unhoused Adults



‡ Relative standard error > 30%. See Methods section for more information.

In 2022, 37% of unhoused adults in Boston reported that when they are sick or need advice about their health, they would usually go to Boston Health Care for the Homeless Program, the Barbara McInnis House, or nurses at an emergency shelter or the Engagement Center. This was followed by 28% of unhoused adults in Boston going to a hospital emergency room and 15% going to a doctor’s office. Of all unhoused adults in Boston, **6% reported not having a usual place** where they would go.

Interactions with Medical Professionals Among Housed and Unhoused Adultsⁱ

The percentage of unhoused adults in Boston that do not trust their doctor’s judgements about their medical care (11%) is **higher** compared with the percentage of Boston housed adults that do not trust their doctor’s judgements about their medical care (3%).

The percentage was higher for the following groups:

- Adults who live unsheltered (19%) compared with adults who live in shelter (9%).



The percentage of unhoused adults in Boston who reported that when seeking care, a doctor or nurse is never or rarely listening to what they are saying (10%) is **higher** compared with the percentage of Boston housed adults who reported that when seeking care, a doctor or nurse is never or rarely listening to what they are saying (3%).



SECTION 9: VIOLENCEⁱ

Percent of Unhoused Adults Who Experienced Physical Violence Since Turning 18

In 2022, 62% of unhoused adults in Boston reported having experienced physical violence since turning 18 years old. The percentage was higher for the following groups:

- Adults who identify as female (71%) compared to adults who identify as male (58%).
- Adults who identify as LGBT (84%) compared to adults who identify as heterosexual or cisgender (59%).

Percent of Unhoused Adults Who Experienced Physical Violence in the Past 12 Months

In 2022, 30% of unhoused adults in Boston reported having experienced physical violence in the past 12 months.

Percent of Unhoused Adults Who Have Experienced Sexual Assault

In 2022, 24% of unhoused adults in Boston reported ever being forced to have sex without consent.

The percentage was higher for the following groups:

- Adults who identify as female (52%) compared to adults who identify as male (10%).
- Adults who identify as LGBT (59%) compared to adults who identify as heterosexual and cisgender (19%).
- Adults who live unsheltered (39%) compared to adults who live in shelter (21%).



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