HOMELESSNESS IN SOUTHERN ARIZONA:

NEGATIVE RECOVERY CAPITAL AS A PREDICTOR

By

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Abstract

This qualitative study examined homelessness in Southern Arizona through the lens of a Recovery Capital model. There are four categories within this model: social capital, physical capital, cultural capital, and human capital. Fifteen homeless men and women were interviewed about their lives and what led them to being homeless. Two individuals provided photos of their lives. Interviews were transcribed verbatim and examined for aspects of the four categories. The results indicate that within social capital, specific needs include: strong family relationships and connections to jobs. Issues identified within physical capital include: lack of financial resources and savings. Issues identified within human capital: lack of education, work credentials, poor mental health, and drug or alcohol addiction. Issues identified within cultural capital: lack of desire to leave the streets and holding negative views of mainstream society.

Introduction

Approximately 550,000 people experience homelessness on any given night in the United State or 17 for every 10,000 people (Solutions). Physical and behavioral health problems frequently occur in conjunction with homelessness. Mental illnesses may lead to homelessness. For example, schizophrenia may prevent individual holding down a job, and thus affording a place to live. Once homeless other health issues appear such as malnutrition, periodontal disease, cirrhosis due to alcohol use, exposure, assault and rape. Chronic illnesses such as diabetes are very difficult to manage because of lack of refrigeration, difficulty managing diets and exercise and bathing (Committee for Homeless People, Institute of Medicine, 1988). Syringes also have a high street value and can be stolen and sold for intravenous drug use (IOM 1988). Access to health care may also be limited due to lack of transportation, money, and insurance.

There is plenty of data on homelessness in larger metropolitan areas, but relatively few that examine homelessness in small populated-counties and cities. This study seeks to examine homelessness in a mid-sized city Tucson, AZ. It it's the 33rd largest city by population, located in Pima County in Southeastern Arizona. Some studies have looked at homelessness in rural or small cities, but these are largely in other countries such as Canada and the United Kingdom.

A study by Watson et. al (2016) interviewed homeless people in Canada and found a lack of quality social interactions and described health behaviors and health status as poor. There is a need to study homeless people in the United States and in the Southwest to study the health status of homeless people here. The Arizona Department of Economic Security (DES) reported in its 2016 annual report that Pima County has the highest rate of homelessness among all of Arizona's counties. Pima County accounts for 15% of the state population, and 26% of its

homeless population (DES report). Over half reported a disabling condition. 1 in 180 people in Pima county are homeless, and the county has the highest density of the homeless in the state of Arizona.

One way to examine homelessness and who becomes homeless is through a theoretical framework originally used to describe resources used for recovery from drug addiction, developed by William Cloud and Robert Granfield (Cloud and Granfield 2008). It is described as the "sum of the total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation". They compiled four categories of "capital": social, human, physical, and cultural. This framework has been adapted to examine homelessness and help predict what conditions cause people to become homeless.

Social Capital

Social capital is the amount of resources, tangible or intangible, that benefit an individual or group through possession of a network of relationships of "mutual acquaintance recognition". The idea that being a member of a social group equates to social resources, reciprocal obligations, and the benefits this group membership provides. It can be used when finding employment or overcome a major life crisis. This can mean relationship with friends and family.

Physical Capital

This capital includes savings, income, property, investments or any kind of financial asset. Having a stable job is an example of physical capital, as this can be used in case of emergency to provide money.

Human Capital

Human capital is a category that encompasses a range of human attributes that allows one to function in contemporary society. It also helps realize benefits of being a member of society, and to help accomplish personal goals. This can include education level, work credentials, health, and mental health.

Cultural Capital

Cultural capital includes the recognition and embodiment of cultural norms and the ability to benefit oneself according to these norms to maximize opportunity. Cultural capital includes beliefs, values, perceptions, dispositions, and appreciation that originate from membership in a culture. It is closely entwined with human capital as an acceptance of norms from the standpoint of cultural capital coupled with the ability succeed as conferred by education or work experience.

Concept of Negative Capital in Homelessness

Cloud and Granfield used this theory derived from reflexive sociology, to help predict and describe how and why some people recovered from drug addiction, and why some did not. They also created categories of "negative" recovery capital that highlighted what factors would predict disability to recover from drug addiction. These include categories such as age, gender, mental health, and incarceration. The four categories can be applied to more than just drug addiction. Here it is being applied to homelessness. In this study, the concept of negative recovery capital is being applied with the four major categories to help highlight who *becomes*

homeless, not who recovers. This study would require a much greater amount of time as a prospective study to apply recovery capital, rather than the retrospective nature of this one. This is a useful framework in that it can capture many factors in predicting who becomes homeless, and can include factors such as mental illness, age, beliefs, and education level.

Methods

This study utilizes qualitative interviews and Photovoice as a means of examining homelessness. The study also uses the previously mentioned concept of negative capital as described by Cloud and Granfield. Participants were interviewed at Z-Mansion, a temporary shelter that provides food, clothes, and other services on Sundays and two other days per week. Participants had to be older than 18, homeless, and be able to speak a reasonable amount of English. Participants were audio recorded in interviews that typically lasted from 15 to 45 minutes. They were asked their age, gender, ethnicity, highest level of education, marital status, and the length of time they had been homeless. They were also asked about their life experiences and what led them to becoming homeless, where they received healthcare, where they acquired food, and any other relevant topic that came up in the interview. Interviews were transcribed, and coded into 4 separate categories that represented social, human, physical, and cultural capital to identify factors that may lead to homelessness. At the completion of the study they were given $10 as compensation.

Some of the participants chose to participate in the second part of the study that included Photovoice. PhotoVoice© is a community based participatory research method that allows participants to present topics of interest through pictures. The information gathering process and

in depth discussions of PhotoVoice projects can identify relevant information that can lead to intervention options (Hergenrather, et al, 2009) for sustainable individual change.

With this second part of the study, possible photographic topics were discussed that could include barriers to healthcare, health issues, facilitators of health care/access, or any other topics that the participant felt would help illuminate their situation as a homeless person. The participants were instructed on how to use a digital camera, instructed not to take pictures of faces for reasons of consent, and set up a meeting time one week from the current date for the second part of the Photovoice study.

The second meeting included an interview to discuss the photos the participants took and why they felt it was relevant to the discussion about healthcare and homelessness. Participants were then able to pick three of their favorite photos to be printed by the researchers and given to the participants. Participants were also given $10 upon the completion of the second part of the study.

Results

Data from 12 audio interviews were analyzed. Participants ranged in age from 35 to 70 years old. Five were women and seven were men. Eight identified as Caucasian, one as African American, one as Hispanic, one as Native American, and two chose not to answer this question. Five had a high school diploma or GED, two had some college, three had less than a high school diploma, and one chose not to answer.

Social Capital

All the participants had limited social capital. Many were estranged from their families for various reasons, had few friends they could rely on, and were largely alone in their

homelessness. 7 of the participants experienced a death in the family that contributed to their homelessness. 5 were estranged from their families and had no contact with them. These quotes help illustrate how their lack of social capital contributed and helped maintain their homelessness:

"I was born in Germany and I came here, married to a GI, but he found himself something better. Out the door I went" -Female, White, 65

"I could not be the mother who I was supposed to be and I'm ashamed of it. And I don't want to stand in front of my kids like this" -Female, White, 65

"My mother refused to lay eyes on my child or accept her because she was 5 years old. And then it was don't call me grandmother, I'm too young" Female, white, 59

"Well I dropped out because I had some bad times with some stepparents of mine, so I got a fat head, and got pissed off at them and just took off. Thought I could do it on my own, you know"- Male, White, 42

"I haven't talked to my mom or dad for 20 years" -Male, white, 54

"My mom had just passed away and I didn't want to stay with my family, so I left home" -Male, Native American, 35

"Somebody close to me had passed away, and I was like a friend for 10 years and I lost my family. Everybody pretty much turned against me" -Female, 36

"Well I picked up 5 DWIs in Seattle. My mom and dad died. And then after that, everything just, I don't know, went to jail several times, lost everything" -Male, white, 51

"My mom was working for ASU when she was killed by a drunk driver" -Male, White, age unknown

A lack of social capital, coupled with other significant adverse life events, plays a big role in leading to homelessness. Without a social network to rely on, many have no other place to turn to except the streets.

Physical Capital

Many of the participants lacked physical resources when they became homeless. This happened for a variety of reasons, including job loss:

"They say I can't work anymore" – Male, white 54

"Laid me off… I couldn't pay the rent anymore" -Female, white, 65

"I gave power of attorney up over to my daughter, one of my twin daughters, and I gave her power of attorney over my finances. And then December of 2014 she died, and I had no more money and ended up out on the streets" -Male, White, 56

Human Capital

The broad category of human capital include levels of education/work credentials, and health. Lack of human capital has a significant impact on homelessness, as it encompasses being qualified and healthy enough to maintain a job and a household. Workplace injuries were mentioned a few times among some of the men and women at Z Mansion. Many people are in poor health, and lacking education and work credentials, they cannot return to the work they are used to doing:

"And then when I got my divorce, I didn't know how to do computers so I started waitressing. I was just so desperate, I had to do something" -Female, white, 70

"I just started with a company that day. Half a day. Got knocked off a six foot ladder and hit my head on the concrete floor. Had a big gash. Blood was going everywhere" -Male, White, 54

"I don't know why they're denying me. When I told them they said we're not denying you because you can't go back to work, we're telling you you can't go back and do the job you made a career of for 26 years. Well lady that's my career, that's my job!" -Male, white, 56

Some also struggled with drug or alcohol addictions that either contributed to their homelessness or acted as a barrier to recovery from homelessness:

"Yeah I've been five years now, sober now, since I first got out. Its not easy though. Its not. I like to drink" -Male, White, 51

"I got on crystal meth with him for awhile and then weaned myself off of it" -Male, white 42

"Its just like everything that has happened in my life wouldn't have happened if I wasn't an addict or alcoholic. But right now its really like I'm trying to stay away from it because I know its holding me back"-Male, Native American, 35

Many of the participants also have poor health conditions related to being homeless. All the participants were covered by Arizona's version of Medicaid, AHCCCSS, but still suffered from many illnesses that may have been preventable. A common complaint among the participants were that they had poor dental health. AHCCCS does not cover dental health, and the participants could not afford to pay for their own dental care. The quotes below illustrate the health struggles of the participants:

"I got high blood pressure. I think I have skin cancer on my head I need to take care of. I had trouble with falls, because the sidewalks are hole-y and stuff. I final bought a walker, at a thrift store for $65 I think it was"-Female, White, 70

"I've had 19 strokes, 8 heart attacks, I got COPD, I got a major chronic case of plaque psoriasis. I've got a dermatologist, a cardiologist… In June of 2006 I had a pulmonary embolism"-Male, White, 56

"This was a root canal, and the tooth was literally breaking. Its broken, so all I have is a metal tab up there now, it's quite painful."- Female, White, 59

"I had my gall bladder taken out… it hurt like words cannot describe."- Male, Hispanic, 36

Many of the participants also struggled with mental illness. This can play a big role in leading into homelessness, as illustrated by these quotes:

"It was audio [schizophrenia], I can tell you only one thing. Reasoning skills and other things I couldn't make sense of anything I learned or experienced all my life. "-Male, Hispanic, 36

"I have Post Traumatic Stress Disorder, and I have grievance. My daughter was murdered by my husband"- Female, White, 59

"Hallucinations. Schizophrenia. This is my downfall. I have schizophrenia. I'm out of my pills"-Female, white 65

"Well that made me black out. For the next uh, I say, 3 months. I was not there. I was not mentally there. I was not, I was on like autopilot for those 3 months or so. I can't remember much after that. It was like a big blackout, so I couldn't tell you. That's the military." -Male, white, age unknown

Cultural Capital

Cultural capital in relation to homelessness describes attitudes and perceptions of society that have led homeless people to become homeless. A few expressed attitudes that have led to actions that have caused them to become homeless.

"I was working at Walmart sampling stuff out, nearly losing my mind in confining space"- Male, 36, Hispanic

This man also felt that money was of no importance to him and that his mission was to help other homeless people:

"But I decided to stay homeless to help all homeless people. Cause it made more sense to me"

This sort of attitude is an example of negative cultural capital. His attitudes towards society has pushed him towards homelessness, even though he is capable of holding a job, and had at one point held a job and had a place to live. Another man described himself as a "sovereign citizen":

"A sovereign citizen, we don't have state IDs, we don't have drivers licenses… we don't conform to your standards of living, we make our own way. We make money its ours we don't pay anybody for what we do other than buying products" -Male, White, age unknown

This man had been homeless for 32 years and makes money by working temporary jobs. He holds some attitudes that aren't held by many Americans, one being the idea of a sovereign citizen, which is a fringe movement. This belief is an example of negative cultural capital and how holding beliefs such as this may lead to homelessness because of a choice not to conform to societal norms. This man also expressed some beliefs about the homeless and housing that provides some insight into a lack of cultural capital:

"Um, that's up to the government. The government officials to change their point of view. They say they're solving the homeless problem, they're taking these people and putting them in apartments. Ok, and saying 'oh we're solving the homeless problem'. That's just, that's not solving the homeless problem, that's just covering it up".

This man and a few others have stated in their interviews that there are resources to get off the streets, but they believe some people lack the willpower or simply have no desire to get off the streets. Another man had this to say about attitudes towards homelessness and housing:

"I think a lot of people with housing is that they don't want it cause it's their responsibility to hold it. I know of two people out there that have been in housing and have been there less than 6 months and were back out here again."- Male, White, 56

Perhaps an underappreciated factor about homelessness is its familiarity to people who have been homeless for long periods of time. As the man who had been homeless for 32 years said, a solution that simply moves people into housing may just be a band aid for deeper structural problems. Housing doesn't necessarily make homeless people self-sufficient or desire to get a job.

Discussion

Findings from this qualitative study illustrate some of the factors that may lead to homelessness and help maintain homelessness. The concepts of Negative Recovery Capital as applied to homelessness was useful in showing deficits in traits that contribute to homelessness. While the study originally was focused on homelessness in Southern Arizona, we could not find a significant amount of differences besides extreme heat exposure from other cities. We found that many shelters provide shelter during the day to prevent heatstroke and give out water to homeless people. Access to Medicaid and Healthcare was higher than expected. This could because of sampling bias or as a result of the Affordable Care Act. All the participants were interviewed at Z Mansion, which is open on Sunday mornings. Perhaps all the people who come are able-bodied and have the capability to reach the shelters. There are likely homeless people in Tucson who are severely mentally ill or physically handicapped such that making the trip to Z-Mansion would be difficult, and all of these participants are physically and mentally capable of

signing up for AHCCCS. Most of the participants expressed gratitude for AHCCCS (Medicaid), and a few of the participants stated they wouldn't be alive without it. There are a large variety of resources available in Southern Arizona, and most of the participants listed a number of local shelters and resources that they regularly use. Food is also readily available at many shelters. As one participant said "you gotta be dumb to starve here". AHCCCS is an invaluable resource to these homeless men and women, especially because a few of them have or have had life-threatening health conditions they would not be able to afford otherwise. Z Mansion has also been indispensable for the health of these homeless men and women. They can shower, get clean clothes, and get basic health care. It has even served as a sort of triage as some participants have been advised to go to the hospital after having been medically examined at Z Mansion. A lack of connections to family is one of the major contributors to homelessness. This lack of social capital leads to homeless men and women not being able to rely on anyone for help, whether that is financial help, help with getting a job, or simply having a place to stay. Lack of human capital was also a major factor. A lack of education credentials limits access to many jobs, and many of the participants couldn't go back to the old jobs they had made careers out of because they lacked the physical health to do so. Mental health and addiction were also a major factor for lack of human capital as this prevented them from holding jobs or led to distorted perceptions that contributed to the likelihood of homelessness. Beliefs in the form of negative cultural capital was also at play, with some participants having no desire to live a "normal" life as defined by society.

Recovery capital has been a useful model in showing factors that lead to and maintain homelessness. Recommendations for public policy might include job programs and free education courses to help homeless men and women seeking employment be more competitive.

Free classes at community resource centers or local libraries would be useful, as homeless people may have difficulty getting to a college class or may be ostracized. AHCCCS has been indispensable in keeping these homeless men and women healthy. Funding for AHCCCS should be maintained or increased as it has saved these lives of these men and women on multiple occasions. Expansion of access to drug or alcohol addiction programs would be of use to these men and women as many of them suffer from addiction. More comprehensive mental health care should also be available, as many participants suffer from disorders like schizophrenia or PTSD. Making recommendations for the areas that fall under social and cultural capital is more difficult. It would be difficult for the government to effect change that would lead to better family relationships or change attitudes about society at large. Policymakers may not be able to change family structure, but they could promote more interaction between homeless and non-homeless people in the form of public outreach/volunteer programs to build connections and reduce stigma around homelessness. Homelessness won't be going away anytime soon, but the local community could take action to help reduce it for all the men and women who want to escape it.

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