

Public Attitudes Toward the Homeless

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Abstract

Homelessness in the United States has increased substantially since the late 1970s and has been a central political topic for several decades. A lack of affordable housing, substance abuse, the mental health deinstitutionalization movement, a suboptimal social safety net, and unemployment all contribute to the increase in homelessness. Unfortunately, the U.S. has one of the highest rates of homelessness among developed nations and in large cities, such as Los Angeles, the problem is endemic. Studying homeless populations, however, presents major methodological challenges because the living situations of these individuals can change daily, making them difficult to locate and contact. Research data plays an important role in supplying valuable information to government agencies and nongovernmental organizations that provide services to this vulnerable population. In this study, two surveys were conducted in Los Angeles City and County as part of the 2009 Greater Los Angeles Homeless Count: i) a face-to-face survey that randomly sampled 3,073 adult homeless persons living on the streets or in shelters; and ii) a telephone survey of 739 adults living in households with landline telephone access. Comparisons between the two surveys revealed large discrepancies between public opinions on the causes of homelessness and the actual causes of homelessness as reported by the homeless themselves. In this paper, we identify predictors among the general public that are likely to be linked with increased sympathy for the homeless as well as a willingness to help the homeless.

Key Words: Homeless Population, Public Opinion, Los Angeles

1. Introduction

How to best estimate homelessness has historically been a difficult and costly venture (Toro, 2005, 2006; Toro & Janisse, 2004; Link et al., 1994). For one, the homeless population is difficult to contact and keep track of due to their unstable living situations. In order to accurately count the number of homeless, researchers must locate them, which typically occurs late at night when the shelters are closed and the homeless on the streets have bed down for the night. Furthermore, the homeless staying in tents, encampment dwellings, cars, vans and campers present additional problems because enumerators typically do not knock on windows or tent flaps to wake the homeless late at night to count them for obvious safety reasons. Therefore, some type of estimate for the number of people in tents, encampments, cars, vans and campers needs to be derived. In addition, it's well understood that homelessness is not a permanent state. A person's housing situation can change rapidly and homeless people can relocate quite easily. Thus, the true value of homelessness is constantly in flux, which creates inherent variability between estimates taken at different times throughout the year. Generalization also becomes an issue because homeless counts are taken during only a small time frame. Estimates therefore can vary depending on the assumptions and methodology applied in the study.

Unfortunately, the U.S. has one of the highest rates of homelessness among developed nations. The lifetime prevalence of literal homelessness in the U.S. has been estimated to be 6.2% in

comparison to 2.4% in Germany, 4.0% in Italy, and 3.4% in Belgium (Tompsett et al., 2003; Toro & Tompsett, 2007). In addition to the important social issues that surround homelessness, there are practical reasons to obtain the best possible estimates. One such agency that depends heavily on precise measures of the homeless population is the Los Angeles Services Authority (LAHSA).

LAHSA, an independent agency by the County and City of Los Angeles, coordinates and manages government funds for programs that provide shelter, housing, and other services to the homeless in Los Angeles. In order to receive federal dollars, LAHSA is required to conduct a homeless count every two years. Given that Los Angeles is the largest urban county in the U.S. with more than 10 million residents and a geographic area of 4,061 square miles that encompasses 88 cities, this task is challenging. Los Angeles County also has one of the largest disparities between wealthy and low-income people in the nation. It manages one of the largest welfare systems in the country, and contends with one of the largest homeless population in the nation (Bring Los Angeles Home, 2006).

The Survey Research Unit (SRU) at the University of North Carolina at Chapel Hill collaborated with LAHSA for the 2009 Homeless Count (HC09). The SRU was involved in the design and analysis of the count and used its survey call center to conduct an extensive hidden homeless¹ telephone survey (n=4,288) of Los Angeles households and developed an estimate of this often-missed population in the overall homeless count. The primary purpose of the HC09 was to determine how many people are homeless on a given day within Los Angeles County. The HC09 findings estimated that 42,694 people were homeless when the count took place in January 2009 and that two-thirds of the homeless population was unsheltered (2009 Greater Los Angeles Homeless Count). In addition to count estimates, LAHSA is also required to report the percent of the homeless population that is: i) chronically homeless²; ii) members of families; iii) single individuals; iv) persons with AIDS/HIV-Related illness; v) persons with mental illnesses; vi) persons with substance abuse problems; vii) veterans; viii) survivors of domestic violence; and ix) unaccompanied youth.

Though past studies have focused on counting the homeless and gathering basic demographic information from the homeless themselves, the present study includes a population-based survey of public attitudes toward the homeless (Acosta & Toro, 2000; Buchanan et al., 2007; Lee et al., 1991; Tompsett et al., 2006; Tompsett & Toro, 2004; Toro & McDonell, 1992). The value of knowing public opinion about the homeless has important implications in determining what solutions to homelessness will be most supported. It can provide better guidance to those making decisions in an effort to reduce and prevent homelessness. For the purposes of this study, we are interested in comparing attributes of homelessness from a face-to-face survey with the homeless themselves with that of a public opinion survey among a random sample of adults living in LA. It is predicted that the public will have generally less favorable attitudes toward the homeless and view them as more responsible for their circumstances than the homeless themselves. Efforts will be made to look for variables that mediate such opinions.

¹Hidden homeless persons are those who live among, but not directly with, the residential population of a community. For example, a person who lives in the garage or on the back porch of a house would be considered a hidden homeless person linked to that household.

²Chronically homeless people have a disabling condition and have been either homeless for a year or more or has had at least four episodes of homelessness in the past three years.

2. Methods

Two surveys were implemented for this study: i) a face-to-face pencil-and-paper survey with the homeless population in LA county; and ii) a random digit dial telephone survey with the general public in LA county.

2.1 Face-to-Face Homeless Survey

A face-to-face survey of the homeless population (n=3,073) was conducted by the Los Angeles Homeless Services Authority (LAHSA) to estimate the size of various homeless subpopulations. These sub-populations include chronic homeless persons, chronic substance abusers, the mentally ill, persons with HIV/AIDS, and survivors of domestic violence. To obtain a representative sample, the SRU prepared two samples—one for the street population and one for the shelter population. The street sample was randomly chosen among census tracts within the Los Angeles Continuum of Care to ensure adequate representation by Service Planning Area. Within each chosen census tract, field interviewers were to begin at a random starting point and walk along a predetermined path to attempt interviews with homeless persons along the way. The approach resulted in 2,236 street interviews. The shelter sample was also randomized to ensure adequate representation by Service Planning Area and resulted in 837 shelter interviews. To minimize selection bias, homeless persons were randomly selected from shelter rosters before interviewing took place. All interviewers who participated in the street and shelter survey were trained by LAHSA staff. The instrument was pilot testing in January 2009 in Chapel Hill, North Carolina among a homeless shelter population. The surveys were collected from March to May 2009.

2.2 General Population Telephone Survey

Sampled households for the telephone interview were identified from a disproportionately stratified sample of landline telephone numbers obtained from the Marketing Systems Group (<http://www.m-s-g.com>). Stratification was based on 12 variables: i) frame source (RDD or targeted white page listings); ii) median household income of the exchange area in which the telephone number was located (above & below median); iii) percent of single family dwelling units in the exchange area (high versus low); and iv) an index measure (Item Predictor Sum) that was thought to be predictive of identifying households with homeless people living on their property, where

- Single Family Dwelling Unit: Yes=1; No=0;
- High African American Concentration: Yes=1; No=0;
- Above the 80th percentile in current residence (measure of mobility): Yes=1; No=0;
- Below the 20th percentile on HH income: Yes=1; No=0;
- In a block group (BG) (or CT, if only available at this level) that is above the 80th percentile on percent vacancy rate: Yes=1; No=0; and
- In a Census Tract that is above the 80th percentile on rate of street homeless count per 100,000 population members as of the 2000 Census: Yes=1; No=0.

If the index score was greater or equal to 2, the case was considered high, otherwise it was considered low. The resulting 12 strata used for telephone sampling are seen in Table 1.

The telephone survey was conducted for two purposes in HC09: One was to estimate the number of households with hidden homeless persons, and the other was to profile the attitudes and perceptions of adult residents of the Los Angeles Continuum of Care regarding homelessness in their community. Each purpose required separate samples connected to a single sample of

landline telephone numbers in the target area. The sample of telephone numbers linked us to residential households with landline telephone connection, and thereby to all residents of those households. Specially trained SRU interviewers attempted to get contacted households to agree to complete a “hidden homeless interview,” to be completed by a knowledgeable adult in the household which consisted of questions to determine if and how many hidden homeless persons were connected to the household. The homelessness attitude survey was completed after the hidden homeless interview and on a randomly chosen adult (18+ years) resident of the household, and among a random subset of households that had completed a hidden homeless interview.

Table 1: Strata Used to Sample Telephone Numbers for the Telephone Survey

			Directory Listed	NOT Directory Listed	Directory Listed	NOT Directory Listed
% Single Family Dwelling Units in Exchange Area:	High	Item	High	1	2	7
		Predictor Sum:	Low	9	11	
	Low	Item	High	3	4	8
		Predictor Sum:	Low	10	12	

The telephone survey was pretest by the SRU on February 22 - 25, 2009 with a sample of 1,000 random digit dial numbers from Los Angeles County. Data collection took place from March 8 to June 1, 2009 with a large, trained interviewing staff. During data collection, interviewing took place Saturday through Thursday (EST). Monday through Thursday calling typically ran from 12 noon to 12 midnight. Saturday sessions occurred between 1:30 pm until 5:30 pm. Sunday shifts typically ran from 5:30 pm to 12 midnight. The SRU uses Blaise software (Blaise, Version 4.6, Statistics Netherlands) to collect interviewers as well as manage the sample. A central file server takes sample telephone numbers and arranges automatic call scheduling for interviewer administration. The system enables calls to be scheduled so that different times of the day and week are represented. In this study, no cases were withdrawn from calling until a minimum of 12 unsuccessful call attempts were made and there was at least one weekend call, one evening call and one daytime call made. Calls were also scheduled at times specified by the respondent. This ensured that calls were made at optimum times.

2.3 Final Outcomes from the Telephone Survey

All totaled, 28,394 telephone numbers were placed in calling resulting in 4,288 hidden homeless interviews. Of those 4,288 completed interviews, 1,047 households were randomly selected to participate in an attitude survey on the homeless. A random adult within this random subset of households responding to the hidden homeless interview was asked to complete the survey.

The final outcomes from calling may be grouped into four broad categories (see Table 2) that are used to calculate the overall response rate: (i) a complete interview (I=4,288); (ii) not eligible (NE=7,959) because the telephone numbers were found to be nonworking, dedicated fax or computer lines, or reached a business or cell line; (iii) no interview or response from an eligible household (NR=3,490); or (iv) unknown or indeterminate (U=12,657) because we never had the opportunity to talk to a real person or someone in the household refused participation before we could verify eligibility.

Table 2: Overall Grouping of Final Dispositions for Hidden Homeless Survey

STATUS	STRATUM												
	1	2	3	4	5	6	7	8	9	10	11	12	SUM
Interview (I)	703	501	781	318	166	31	85	95	406	281	486	435	4288
Not Eligible (NE)	1383	1110	969	447	641	214	438	593	650	472	510	532	7959
Nonresponse (NR)	625	430	610	211	183	35	79	66	390	220	350	291	3490
Unknown (U)	1858	1708	1819	823	786	235	367	539	1348	909	1198	1067	12657
nU	4570	3751	4182	1803	1781	521	976	1301	2803	1892	2555	2337	28394

To produce a response, as recommended by the American Association for Public Opinion Research (AAPOR, 2011), we must take the unknown eligibility numbers (U) into account by determining which proportion of them, if contacted, should be eligible. To do this, we must determine “e” or the estimated proportion of cases of unknown eligibility that may be eligible if called an indeterminate number of times. The formula we used to calculate “e” was:

$$e = \frac{nU - U - NE}{nU - U} = \frac{28,394 - 12,657 - 7,959}{28,394 - 12,657} = 0.494$$

With e defined, we can calculate Response Rate 3 (RR3):

$$RR3 = (100) \frac{I}{I + NR + e(U)} = (100) \frac{4288}{4288 + 3490 + .494(12657)} = 30.6\%$$

Response Rate 5 (RR5)

RR5 assumes that e = 0 or that there were no eligible cases among the unknowns. The response rate formula simplifies to:

$$RR5 = (100) \frac{I}{I + NR} = (100) \frac{4288}{4288 + 3490} = 55.1\%$$

A weighted response rate was computed by multiplying the unweighted outcome counts in each stratum by the sampling weight. Doing so, gives a better sense of what the response rate would have been if the entire population had been called. The formulas are given below, where 1 through 12 subscripts refers to the 12 sampling strata used (4 in RDD and 8 in targeted). First we must determine what proportion of unknown cases should have been determined eligible, again if called an indeterminate number of times. To determine that, we calculate e :

$$e = \frac{[\sum(nU_{1-12}wU_{1-12})] - [\sum(U_{1-12}wU_{1-12})] - [\sum(NE_{1-12}wU_{1-12})]}{[\sum(nU_{1-12}wU_{1-12})] - [\sum(U_{1-12}wU_{1-12})]} = 0.389$$

With e defined, we can calculate the weighted response rate as:

$$RR3 = (100) \frac{\sum(I_{1-12}wU_{1-12})}{[\sum(I_{1-12}wU_{1-12}) + \sum(NR_{1-12}wU_{1-12}) + e*\sum U_{1-12}(wU_{1-12})]} = 34.7\%$$

$$RR5 = (100) \frac{\sum(I_{1-12}wU_{1-12})}{[\sum(I_{1-12}wU_{1-12}) + \sum(NR_{1-12}wU_{1-12})]} = 54\%$$

Table 3: Overall Response Rates for Hidden Homeless Survey

Response Rate	UNWEIGHTED	WEIGHTED
APPOR RR3	31%	35%
APPOR RR5	55%	54%

The final outcomes for the random adult survey are dependent on the first sample results as well as those willing to complete the additional survey. Of the 1,047 households selected to participate in the random adult survey, 739 interviews were completed. The completion rate is simply 71%(739/1047). This rate, however, needs to be adjusted by the first stage of sampling, so the response rate for this survey is between 22%(.71*.31) and 39% (.71*.55) (see Table 4).

Table 4: Overall Response Rates for Homeless Attitude Survey

Response Rate	UNWEIGHTED	WEIGHTED
APPOR RR4	22%	25%
APPOR RR6	39%	38%

2.4 Final Weights for the Telephone Survey

A base weight for the random adult sample of households was first computed using the sampling rate for telephone numbers in each stratum, accounting for the portion of the stratum samples that were placed in calling, and the number of phone lines and eligible adults in the household. The base weight was then adjusted for differential household-level nonresponse among strata using the inverse of the stratum-specific product of the household- and person-level (random-adult-level) unweighted RR3 rates as the adjustment factor. The nonresponse-adjusted person-level sample weight was then calibrated to person counts from the ACS 2007 by the following characteristics of the random adult: (i) the race-ethnicity (white non-Hispanic/Hispanic/Other), (ii) gender (male or female), and (iii) the education (less than a bachelor's degree or a bachelor's degree and above). All of the following results are weighted and produced in SAS using Proc SurveyFreq, Proc SurveyMeans and Proc Surveylogistic (SAS, Version 9.2, Cary, NC).

3. Results

We first report the profiles of the homeless in LA that was gathered from the face-to-face surveys with a random sample of the adult homeless population in LA City and County. These results are based on self-reports. Next, we look at the public perception of homelessness. Finally, we compare the two sets of observations and try to account for any differences.

3.1 Face-to-Face Survey Results

Findings from the face-to-face survey with a random sample of LA homeless, indicate that approximately 24 percent of this population was considered chronically homeless; that is, they had some sort of disabling conditions (e.g., a physical or mental health condition, a drug or alcohol addiction, a disability) and had been homeless for a year or longer or have had four bouts of homelessness in the past three years. Approximately 11 percent claimed to be with families while 89 percent were living alone. A small percent (2%) of the homeless population reported being HIV positive or having AIDS. Mental health problems (24%) and substance abuse problems (41%) were much higher. Veterans made up 15 percent of homeless population and only 9 percent would classify themselves as survivors of domestic violence (see Table 5).

Table 5: Characteristics of the Homeless in HC09

Subpopulation	Percent in LA Continuum of Care
Chronic Homeless	24
Families	11
Individuals	89
Persons with AIDS or HIV-related Illness	2
Persons with Mental Illness	24
Persons with Substance Abuse Problems	41
Veterans	15
Survivors of Domestic Violence	9

Table 6 suggest that the majority of the homeless were adult males (60%), followed by adult females (32%). Of those 18 years of age and under, 5percent were males and 3 percent were females. In terms of ethnicity/race, 47 percent of the homeless population was African American (47%), followed by Hispanic (29%) and White (21%). Only 3percent of the homeless report themselves as American Indians or Asian (see Table 7).

Table 6: Gender Composition of the Homeless in HC09

Gender	Percent in LA Continuum of Care
Adult Male	60
Adult Female	32
Males under 18	5
Females under 18	3

Table 7: Ethnicity Profile of the Homeless in HC09

Ethnicity	Percent in LA Continuum of Care
Black/African American	47
Hispanic/Latino	29
White/Caucasian	21
American Indian/Alaskan Native	2
Asian/Pacific Islander	1

3.2 Public Attitudes toward the Homeless

When adults in Los Angeles were asked about the potential causes of homelessness (based on a four-point scale where “a lot” or “some” was scored as 1 or viewed as a contributing factor and “a little” or “not at all” was scored as 0 or noncontributing), 91 percent thought that drug and alcohol addictions were the main causes of homeless. Mental illness was seen as an important reason for homelessness among 85percent of the population. Release of mental hospital patients into the community was viewed as an important cause of homelessness in 76 percent of adults while an economic system that favors the rich over the poor was viewed as significant among 74 percent of adults. Other causes of homelessness among the LA adult population include: lack of government aid (71%); physical illness/handicaps (71%); irresponsible behavior on part of the homeless themselves (71%); laziness on the part of the homeless (62%); and bad luck (53%). A failure of society to provide good schools, however, was only endorsed by 35 percent of the population. See Table 8 for the detailed findings.

One question in the survey that may serve to mediate harsh or negative attitudes toward the homeless might be the following: *Would you say that within the past year your sympathy towards the homeless has...increased, decreased, or remained about the same?* When respondents were grouped as “sympathetic” toward the homeless if they answered “increased” and all others were grouped as “unsympathetic”, some interesting findings emerged (see Table 9). Though negatives attitudes did not plummet, findings indicated that sympathetic people held less rigid or stereotypical attitudes toward the homeless. In particular, external factors were seen as more causal among sympathetic versus unsympathetic people when it came to: i) a shortage of affordable housing (90% sympathetic vs. 79% unsympathetic); ii) an economic system that favors the rich over the poor (83% vs. 66%); iii) lack of government aid (82% vs. 62%); and iv) failure of society to provide good schools (44% vs. 29%). They were more inclined to see that drug abuse contributed less to homelessness than unsympathetic people (88% vs. 95%). No significant differences, however, were seen between sympathetic and unsympathetic people with regards to mental illness (86% vs. 85%); deinstitutionalization (79% vs. 73%); physical illnesses or handicaps (76% vs 68%); irresponsible behavior (72% vs. 71%); laziness (62% vs. 63%); and back luck (50% vs. 56%), respectively.

Table 8: Survey Results for Possible Causes of Homelessness: Respondents who rated Item as Contributing “A lot” or “Somewhat”

Possible Cause of Homelessness	Percent Contributing to Homelessness	95% CI
Drug and Alcohol Abuse	91	88 -94
Mental Illness	85	82 -89
A shortage of affordable housing	84	81 -87
Release of mental hospital patients into community	76	72 -81
An economic system that favors the rich over the poor	74	70 -78
Lack of government aid	71	67 -75
Physical illness/handicaps	71	67 -76
Irresponsible Behavior	71	67 -75
Laziness on the part of the homeless	62	57 -66
Failure of society to provide good schools	35	30 -40
Bad Luck	53	48 -57

Table 9: Attitudinal Differences on the Homeless by Sympathy: Percent of Respondents who Rated a Contributing Factor “A lot” or Somewhat”

Possible Cause of Homelessness	Sympathetic (95% CI)	Unsympathetic Respondents (95% CI)	Chi ² Test
Drug and Alcohol Abuse	88 (83-93)	95(93-98)	*
Mental Illness	86(81-91)	85(81-90)	ns
A shortage of affordable housing	90(86-94)	79(73-84)	***
Release of mental hospital patients into community	79(73-85)	73(67-79)	ns
An economic system that favors the rich over the poor	83(78-89)	66(60-72)	***
Lack of government aid	82(76-87)	62(56-68)	***
Physical illness/handicaps	76(70-81)	68(62-74)	ns
Irresponsible Behavior	72(67-78)	71(65-77)	ns
Laziness on the part of the homeless	62(55-68)	63(57-69)	ns
Failure of society to provide good schools	44(36-53)	29(23-35)	**
Bad Luck	50(43-57)	56(49-62)	ns

*** p<=0.001; ** p<=0.01; * p<=0.05; ns=not significant

The next burgeoning question was just who were these sympathetic people. Table 10 identifies nonwhites (55% vs. 44% Whites) and those with a high school education or less (56% vs. 42% some college or more) as more likely to be sympathetic toward the homeless. Furthermore, if they see homelessness as serious problem in the U.S. (69% vs. 53%), in LA County (81% vs. 63%), and in LA City (84% vs. 71%), individuals are more likely to be sympathetic³. Sympathetic individuals also think the problem is getting worse (92% vs. 72%)⁴ and were more likely to give money to the homeless when asked (5.13 vs. 3.48 times per month). Sympathetic respondents were more likely to think that the government, churches, or charitable organizations should be more responsible for helping the homeless than those unsympathetic (69% vs. 47%). Finally, sympathetic individuals were more likely to report a time in their life when they considered themselves homeless (21% vs. 13%).

Table 10: Descriptive Statistics of Sympathetic and Unsympathetic Respondents

	Sympathetic (95% CI)	Unsympathetic (95% CI)	Chi ² Test / t-test
White	44(37-50)	55(49-62)	*
Education ≤ High School	56(49-62)	42(35-48)	**
Serious US Problem	69 (63 -75)	53 (46 -59)	***
Serious LA County Problem	81 (77 -86)	63 (57 -70)	***
Serious LA City Problem	84 (79 -89)	71 (66 -77)	**
Getting Worse	92 (88 -95)	72 (66 -77)	***
Times Gave Money	5.13 (±1.06)	3.48 (±0.85)	*
Government Responsible for helping Homeless	69 (64 -75)	47 (41 -53)	***
Ever Homeless	21 (16 -27)	13 (9 -17)	*

*** p≤0.001; ** p≤0.01; * p≤0.05

In efforts to fit a predictive model of sympathy, we found that people with a high school education or less are 58% more likely to be sympathetic toward the homeless than individuals with some level of college. Individuals who report being homeless at some point in their life were 70% more sympathetic than those never having a homeless spell. Sympathetic individuals were nearly twice as likely as unsympathetic people to feel that the government should help the homeless. Furthermore, they were more than twice as likely to see homelessness as a serious problem⁵. Finally, sympathetic individuals were more than four time more likely to see the homeless problem getting worst. Race (White vs. Nonwhite) was not predictive.

³ Very serious = 1; somewhat serious, not too serious & not at all serious = 0

⁴ Worse=1; staying about the same or improving=0

⁵ Seriousness at the US, county and city level were coded 1 for “very serious” and 0 for “somewhat serious”, “not too serious”, or “not at all serious”.

Table 11: Logistic Regression Model of Sympathy towards the Homeless

	Log-Odds	Effects on Odds	p-value
White	-0.26	0.77	ns
Education \leq High School	0.46	1.58	*
Ever Homeless	0.53	1.70	*
Government Responsible for helping Homeless	0.69	1.99	***
City/County/US Serious Homeless Problem	0.80	2.22	***
Getting Worse	1.40	4.04	***
Chi Square (df)	56.15 (6)		***

*** $p \leq 0.001$; * $p \leq 0.05$; ns= not significant

4. Discussion

The purpose of this study was to identify predictors of respondent's opinions and attitudes towards the homeless. Previous studies have focused on the predictive value of demographic factors to examine how a person's background influences their opinions. These studies generally found that age, gender, and political affiliation are consistent predictors of attitudes about the homeless, while race, religion, income, and socio-economic status are less reliable (Tompsett & Toro, 2007). With this precedence, we chose to look beyond demographics to other variables that might have predictive value.

Level of sympathy toward the homeless, we found, appears to mediate attitudes and opinions about the homeless in such a way that those with increased sympathy toward the homeless blamed them less and saw structural barriers as more likely causes of homelessness than unsympathetic individuals. Furthermore, they believed that government should do more to help the plight of the homeless. Increased levels of sympathy, we found, was best predicted by lower levels of education, a view that homelessness is a serious problem and getting worse, plus a greater likelihood of personally experiencing a bout of homelessness in the past.

The power in quantifying public opinion lies in the assumption that opinion predicts behavior. Previous studies have shown that people's opinions directly affect their decisions and actions. In this study, we saw that more sympathetic people gave money more often to the homeless than less sympathetic individuals. If media campaigns to increase awareness of homeless focused on the seriousness of homelessness, that homelessness is getting worse, and that there are real structural reasons why a person might be homeless instead of personal failings and negative stereotypes, sympathy may increase. Face-to-face data collected from the homeless themselves, shows that substance abuse problems (41%) and mental health issues (24%) are not nearly as high as those attributed by the general public (91% & 85%, respectively). The hope is that if the public starts to attribute homelessness to structural rather than personal causes, they will be more likely to support government programs for the homeless. Conversely, if they attribute personal failings as the main cause of homelessness, it is unlikely that they will vote for increased public assistance or volunteer to help the homeless themselves.

4.1 Limitations

The sampling for this study was limited to the City and County of Los Angeles and was part of a much larger sample of respondents measuring hidden homeless. Furthermore, it must be taken into account that this study was performed during an economic recession in an area with one of the highest populations of homeless as local government proactively works to reduce the problem. Generalization to other populations should not be done due to the unique characteristics of Los Angeles County and the time in which the survey was conducted. In addition, this analysis only suggests the mediating value of certain variables in predicting attitudes and opinions. No causal relationships can be identified or should be inferred.

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