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PERCEPTIONS OF THE HOMELESS TOWARD NONPROFIT HUMAN SERVICE PROVIDER

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PERCEPTIONS OF THE HOMELESS TOWARD NONPROFIT HUMAN SERVICE PROVIDERS

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by

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DEDICATION

I dedicate this dissertation to my mother, to all those who were, are, or will become homeless and pray for your strength as you obtain stable and permanent housing. I hope this research project gives people experiencing homelessness a voice. I also dedicate this research to all the people and organizations that labor and advocate for homeless services.

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Abstract

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As the debate intensifies regarding developing remedies to meet the needs of America's homeless, one solution is for governmental agencies to collaborate with and employ organizations from the nonprofit sector to assist with the needs of the homeless population. Included in the nonprofit sector, faith-based organizations (FBOs) have historically been a source of debate and contention in terms of collaborations with the government. However, Presidents Reagan, George H. Bush, Clinton, George W. Bush, and Obama have embraced the idea of including FBOs in the pool of service providers offering human services. In the Richmond, Virginia region, FBOs and nonreligious nonprofit organizations provide a range of

human services to a substantial population of homeless clients. Yet, whether the homeless population prefers services offered by FBOs versus nonreligious nonprofits in general and for specific categories of service is unknown. These specific categories of service include alcohol treatment and recovery, counseling, drug treatment and recovery, food pantries, health care, job training and placement, short-term and long-term shelter, and meal sites. In addition, this study seeks to identify models using variables from this study that predict the preference for each category of service. Since homeless clients overall and specific human service preferences are an unknown, the importance of this study is to inform policymakers, those in the nonprofit sector, researchers, and other interested parties of these preferences. A study of this nature is also important to compare policy implementation to the preferences of the homeless to ensure the implementation accounts for principles of social equity. In addition, a study of this nature seeks to fill a literature gap by examining and understanding the intersections of demographic characteristics and preferences. Using the cohort and the rational choice theories, this study examines the preferences of homeless individuals for particular types of service providers.

CHAPTER 1. INTRODUCTION AND STUDY OVERVIEW

Chapter Introduction

Homelessness is a complex and challenging crisis that requires resolution and understanding from different viewpoints in order to produce feasible solutions. This study explored the linkage between demographic factors and homeless individuals' preference for service providers, specifically regarding whether they are faith-based (FB) or nonfaith-based organizations (non-FBO). This chapter introduces the topic of homelessness and the need to understand homeless clients' preferences for human service providers. It presents an overview of the study including the problem statement, key terminology used in the study, and a summary of public policy shaping the current structure of the nonprofit sector. This chapter will also provide a summary of the theoretical framework, study methodology, implications of the study, and an outline of subsequent chapters. The next section will introduce the problem statement.

Problem Statement

Policies spanning from the last five presidents, mostly in the form of executive orders, have permitted and embraced collaborative partnerships between government agencies and the nonprofit sector and have sought to include FBOs for human services. One problem with the policies formulated to address homelessness is that the planning was initiated at the highest level with little or no input from the population requiring the human services. This implies that the policies may not be reflective of the preferences of the clients. In addition, literature is limited regarding how preferences for human services are impacted by demographics of clients, which

presents the opportunity for this study. The purpose of this dissertation is to gather and analyze consumer preferences for services and to assess how the preferences might vary based on demographic factors and categories of human services. The cohort and rational choice theories provide the theoretical core for this study. Chi-square and multinomial logistics regression will be used to analyze the relationships among the variables.

Significance of Study

Evaluating preferences of homeless clients is relevant to public policy and is worth studying for several reasons. First, measuring perspectives of clients can be seen as a needs assessment and customer-focused public policy evaluation (Hanberger, 2001; Royse, Thyer, & Padgett, 2010). Since the policies were created using the top-down approach to policy implementation, one major consideration is that the clients' preferences or attitudes toward types of nonprofit agencies in the delivery of human services have been omitted. Conceivably, when known or able to be determined, the epicenter for this type of policy implementation should be the clients' preference toward agencies providing Maslow's hierarchy of needs of shelter, water, and other homeless services, discussed further below (Maslow, 1943; Merves, 1992; Watson, 1988; Watson & Austerberry, 1986). A study of this nature could also help determine the needs of clients and provide a deeper understanding of the types of service people appreciate and from which they would benefit. Further, the research question of how religiosity, gender, denomination, types of services received, and race of client influences preferences to FBOs or non-FB nonprofits in the Richmond area could help explain preferences among cohort groups and to better understand the intersections of demographic characteristics. Moreover, exploring

the ideas in this study could result in a better understanding of how preferences are formed in regard to the types of services received. It should be noted that the Richmond, Virginia region is fertile ground for a study of this nature because the assortment of FBOs and non-FB nonprofits is widespread and unavoidable in the delivery of human services to the homeless in Richmond. In addition, providing accommodations based on client preferences may increase satisfaction levels among homeless clients and help understand or predict where preferences to one service provider or type may exist or not exist.

A secondary effect of this point is that a study of this nature could prove valuable to ensure that principles of social equity are not infringed upon in the delivery of human services. Social equity involves the principles of fairness, equity, and justice in the treatment of people regarding the delivery of government services (Frederickson, 1990, 2005; Wooldridge & Gooden, 2009). Specifically, social equity is defined as:

> The fair, just and equitable management of all institutions serving the public directly or by contract; the fair, just and equitable distribution of public services and implementation of public policy; and the commitment to promote fairness, justice, and equity in the formation of public policy. (National Academy of Public Administration, 2000, p. 1)

Social equity, in a normative assessment, has become a model used in understanding and achieving fairness, equality, acceptance, and multicultural values as government services are delivered (Frederickson, 1990, 2005; Johnson & Borrego, 2009; Woolridge & Gooden, 2009). Since federal policy implementation has been achieved using the top-down approach, with seemingly no or limited input from clients of the services, the results of this study could have

implications for social equity and could be used to contextualize the issue of human service providers assisting the homeless.

The third implication of this study for public policy is that a consumer preference analysis of homeless clients could prove to be valuable for the purposes of future legislative actions for homeless services, funding streams to nonprofits, and agency planning. Too often, people in certain conditions are thought of as numbers and statistics rather than real people that matter. This study seeks to connect and inform government policymakers, those in the nonprofit sector implementing the policies, and scholars and homeless people in Richmond, Virginia. The homeless population encounters situations, conditions, and circumstances that most people could not even begin to imagine. This study, thereby intends to give voice to a nearly silent population. Through this encounter, meaningful research will produce a better understanding of homeless clients' perceptions to human services and programs.

This study supports a view where specific policy positions and funding streams align with the preferences of the people served. An evaluation of homeless adults' preferences to FBOs and non-FB nonprofits is needed to coordinate and promote efficient use of public funding. As policymakers, those in the nonprofit sector, and others in the debate take a position to deliberate government funding for FBOs in the delivery of human services, it is potentially important to know and understand the preferences of homeless clients (Wuthnow, 2006). Arguably, the results of a customer-focused study would yield many benefits, would add weight to the argument, and assist the nonprofit community in planning and arranging outreach to the homeless population in Metro Richmond. Again, these types of studies take on the form of

needs assessments, which seek to illuminate deficiencies, unmet needs and gaps in services, discover trends, and other problems originally unidentified (Elmore, 1979; Fischer, 1995; Hanberger, 2001; Royse et al., 2010).

Another implication of this study for public policy is clients' preferences toward human service providers are a mandate in the Personal Responsibility and Work Reconciliation Act (PRWORA) of 1996. This means that if a client refuses the services of a FBO, the government has to provide an alternative service provider (Cadge & Wuthnow, 2006; PRWORA, 1996). In addition, Homeward, the planning and coordinating organization for homeless services in the Richmond area, has noted that real-time, community-level research and analytics are important for the public education and awareness about homelessness (Homeward, 2008). Research of this type could aid policymakers and nonprofits in determining systemic initiatives to better service the homeless population. This could assist in shaping public policy, planning, and funding streams.

The fourth implication is that the subject of homeless client preferences is practically uncharted territory and a gap in current literature. As discussed in the literature review section of this dissertation, there are very few studies that have examined the preferences of homeless clients. Therefore, this study is exploratory because literature yields very few models for determining preferences of homeless clients. Further, there is no mention of studies using the cohort theory to investigate how preferences may result based on demographic variables. Therefore, literature is virtually nonexistent as to the central point of this study, which is to better understand how homeless clients perceive human service providers and how preferences are

derived based on personal characteristics and cohorts. The next section is an introduction to the study.

Background and Context

A visit to nearly any city or town, especially in urban areas in America, will inevitably reveal people holding signs that say "Hungry, please help," "Homeless, can you help," or people panhandling and verbally asking for assistance from passersby, in an effort to survive and to gather the basic needs to live (Edmonds, 2007; Glasser & Bridgman, 1999; Hombs, 2001; Momrni, 1989; National Student Campaign Against Hunger & Homelessness, 2007; Rivers, 2007). Others sit quietly and go unnoticed on the streets, under bridges, and in mass transportation stations or on trains; meanwhile others labor next to us at our places of work, concealing the fact they are homeless from the general public (Glasser & Bridgman, 1999; Heckathorn, 1997; Hombs, 2001; Kessler, 1992; Merves, 1992).

The definition of homelessness is the action of a person sleeping outside, in an abandoned or condemned building not intended for human habitation, or living in a shelter providing temporary housing, such as a cold weather overflow or emergency shelter (Glasser & Bridgman, 1999; Hombs, 2001; Hombs & Snyder, 1982; National Alliance to End Homelessness [NAEH], 2012; U.S. Department of Housing and Urban Development [USHUD] 2007; Wagner & Gilman, 2012). In addition, persons are considered homeless if they live in residential substance abuse treatment centers catering to the homeless population or living in a transitional or permanent shelter for people experiencing homelessness.

People experiencing homelessness can lack the most basic human needs; and because of this, people that belong to the homeless population can be considered among the most vulnerable people in America. Based on Maslow's hierarchy of needs, homeless people not only lack shelter, but can also lack food, clean water, safety, friendship, family, self-esteem, and confidence (Maslow, 1943; Merves, 1992; Watson, 1988; Watson & Austerberry, 1986). For many, their day is consumed with seeking employment, ways to escape their situation, gathering resources to meet daily necessities, or a combination of these actions.

Whatever the case, the issue of homelessness in the United States is historic, multifaceted, and a relevant societal concern. Exacerbated by many factors, homelessness is a traumatic experience for 639,017 people nationally, an average of 1,150 people in Metro Richmond on a typical night, and a total of 5,000 people per year in the Richmond area (Homeward, 2008, 2012; USHUD, 2012). With firsthand accounts of how people become homeless, mind-numbing statistics of those experiencing homelessness, occurrences of unemployment, foreclosures, and people suffering from mental illness, drugs, and alcohol dependency, these requirements and the numbers of people needing assistance exceed the assistance the government can provide. This is notwithstanding the mounting government financial challenge, budget shortfalls, or an already overburdened government human and social services system. A lack of government resources creates the purpose and mission of the nonprofit sector.

To this point, eradicating homelessness in America is not only a noble task but the mission of many nonprofit organizations that provide human services to those in the homeless

population. The nonprofit sector has been credited with creating an environment where homeless individuals hone life skills and receive critical services, such as classes in financial literacy, job training, meal sites, counseling, medical care, and recovery from drug and alcohol addictions (Bowman & Fremont-Smith, 2006; Edmonds, 2007; Glasser & Bridgman, 1999; Heslin, Anderson, & Lillian, 2003; Oldman, 1997; Reingold, Pirog, & Brady, 2007; Salamon, 2002). Together these services from the nonprofit sector and partnerships with the government are needed for individuals to end the period of homelessness and to obtain and maintain permanent housing.

Due to constitutional issues of the separation of church and state and the entanglement of the church and government with the founding of the United States, until the implementation of recent policies, FBOs were not afforded partnerships with government agencies like nonreligious nonprofits were, which are also referred to as nonfaith-based (non-FB). As background, the nature of the services provided divide the nonprofit community into two groups, which are FBOs and non-FBOs (Boris & Steuerle, 2006; Salamon, 1995; Salamon, 2002a, 2002b). These two broad categories, FBOs and non-FBOs, take on the virtuous and complex task of serving the homeless among other tasks, but with distinctively different approaches (Boris & Steuerle, 2006; Ebaugh, Chafetz, & Pipes, 2006; Ebaugh, Pipes, Chafetz, & Daniels, 2003; Farnsley, 2001). Essentially, non-FB nonprofits operate with no religious links or attributes and FBOs operate with religious ties, structures, and beginnings. Despite the fact tht these policy shifts sought to open the doors to FBOs, the policies, initiated at the very top with the executive branch, were implemented with little or no input from the clients who needed human services from these

nonprofit providers. This study sought to give voice to homeless clients and to better understand the relationship between clients' demographics and their preferences for human services in Richmond, Virginia. The overall research can be summarized as: To what extent do factors such as degree of religiosity, gender, religious denomination, and race of the recipient influence homeless adults' preferences for human services offered by FBOs or non-FBOs in the Metro Richmond area? The next section will discuss relevant public policy.

Public Policy Enabling Faith-Based Organizations

The emergence of the nonprofit sector has become increasingly relevant in restoring the lives of homeless people and breaking the cycle of homelessness (Ackermann, 2011; Bass, 2009; Bowman & Fremont-Smith, 2006; Heslin et al., 2003; Oldman, 1997; Reingold et al., 2007; Salamon, 2002). As policymakers align policy to allow FBOs equal access to government funding, the visibility, recognition, and value of FBOs has captured the attention of many as a feasible solution to curbing crime rates, strengthening American communities, and meeting the needs of those vastly in need of human services (Bush, 2001a, 2001b, 2002; Obama, 2009a, 2009b; PRWORA, 1996; Thyer, 2006).

President Ronald Reagan said, "If, during the period of the Great Depression, every church had come forth with a welfare program founded on correct principles. . .we would not be in the difficulty in which we find ourselves today" (Monson, 1986, p. 62). The four presidents who followed President Reagan seemingly shared his same vision and embraced FBOs through enactments of public policy (Bush, 2001a, 2001b, 2002; Daly, 2009; Obama, 2009a, 2009b; PRWORA, 1996).

George H. Bush used the phrase "a thousand points of light" to communicate his view of the assorted types of nonprofits and to encourage volunteerism. In his acceptance speech for the Republican presidential nomination, George H. Bush regarded the nation's nonprofit sector as:

> For we are a nation of communities, of thousands and tens of thousands of ethnic, religious, social, business, labor union, neighborhood, regional and other organizations, all of them varied, voluntary and unique. This is America: the Knights of Columbus, the Grange, Hadassah, the Disabled American Veterans, the Order of Ahepa, the Business and Professional Women of America, the union hall, the Bible study group, LULAC, 'Holy Name'—a brilliant diversity spread like stars, like a thousand points of light in a broad and peaceful sky. (Bush, 1988, p. 1)

Later in his inaugural address, President George H. Bush stated:

> I have spoken of a thousand points of light, of all the community organizations that are spread like stars throughout the Nation, doing good. We will work hand in hand, encouraging, sometimes leading, sometimes being led, rewarding. We will work on this in the White House, in the Cabinet agencies. I will go to the people and the programs that are the brighter points of light, and I will ask every member of my government to become involved. (Bush, 1989, para. 16)

It is important to note that President George H. Bush's phrasing of "a thousand points of light" did not materialize into formal policy. Rather, it became the name of a nonprofit organization supporting the vision of President Bush's thoughts of inclusion and volunteerism. However, in the last 15 years, with President William Clinton's PRWORA of 1996; President George W.

Bush's Executive Orders 13198, 13199, and 13279; and President Barack Obama's Executive Order 13498, policy has sprouted the government partnerships with FBOs in the delivery of human services and has added new dimensions to the landscape of the nonprofit sector.

These top-down public policy implementation approaches dedicated to establishing and strengthening the partnership between government and the nonprofit sector have sought to safeguard the nation's most vulnerable citizens from falling through the cracks of our human services system (Bush, 2001a, 2001b, 2002, 2010; Cadge & Wuthnow, 2006; Obama, 2009a; Wagner & Gilman, 2012). The top-down approach, also called forward mapping, is policy implementation that ensues from the highest-level initiators to the lowest-level initiators (Sabatier, 1986; Sabatier & Weible, 2007). Often, this approach is seen through the enactment of a single policy, governance, or statute, such as an executive order, which is of particular interest to this proposal. Executive orders are often a means of a president avoiding debate and opposition found in the phases of the public policy cycle where congressional and presidential approval is used to enact policy (Deering & Maltzman, 1999; Krause & Melusky, 2012; Mayer, 1999, 2001). Conversely, the PRWORA (1996) is also considered top-down policy because it was initiated as a joint effort between congress and President Clinton, who are top-level initiators. However, executive orders are the major public policy focus of this study.

Executive orders are strong unilateral policy stances that are indicators of the executive branch's position at a specific time (Deering & Maltzman, 1999; Krause & Melusky, 2012; Mayer, 1999, 2001). Further, the enactments can change or vary by administrations and political parties. To this point, executive orders are important to this study because of the strategic nature

and the paradigm shifts each president could demonstrate by changing the enactments of the prior administration. In addition, the personal nature and preference of the president at the particular time is emphasized and embodied by the executive order. An example of this is the credit President George W. Bush gave to his personal faith in assisting him in overcoming alcohol dependency (Bush, 2010). In his memoir, he stated that

> I prayed for the strength to fight off my desires. . .quitting drinking was one of the toughest decisions I have ever made. . .it is a testimony to the strength of love, the power of faith, and the truth that people change (Bush, 2010, p. 2-3).

At the other end of the spectrum, executive orders have been characterized as aggressive policymaking that shows a failure of representative democracy as a result of bypassing congress and the authority it possesses to help mold and shape policy positions (Deering & Maltzman, 1999; Krause & Melusky, 2012; Mayer, 1999, 2001). From the position of the president, leaders have made sweeping, significant, and historical policy choices that reflect primarily their views within their constitutional and statutory authority using executive orders (Mayer, 1999, 2001).

Because of this, this study will focus primarily on executive orders directed to address homelessness. This is notwithstanding the fact that most policies in this research area have been the result of executive orders. Regardless, FBOs and non-FB nonprofits provide services to the homeless, and these policies are credited with skillfully aligning equal access to government funding for FBOs to that of non-FB nonprofits. However, implementation of the top-down approach has seemingly neglected the perspective of homeless clients regarding what their preferences are for human service providers. Therefore, the main purpose of this study is to

explore the perceptions and attitudes of homeless clients in Richmond, Virginia toward human service providers and to investigate which types of services homeless clients prefer to receive from FBOs and non-FB nonprofits. The next section will introduce the cohort theory, which will be used as the theoretical perspective for this study.

Theoretical Perspective

The theoretical perspective of this study is based on cohort theory (Ryder, 1965). The cohort theory focuses on how particular social, political, family, and subculture environments influence perceptions and preferences (Davis, 1996, 2001; Wilson, 1996). Based on these factors, researchers have noted that people with similar demographics often have a cluster pattern in attitudes, opinions, and preferences. This is because of the time period in which a person grows up and other related factors that help to shape and form attitudes. Also, other factors such as a person's age, race, gender, and other personal characteristics help form these attitudes. This is the major theory used to select the demographic and personal characteristics as potentially most relevant to the study. Examples of these variables are religiosity level, educational level, religious denominations, and other related variables. The next section will address the methodology used in this study.

Overview of Study Methodology

In this study, client demographic data include degree of religiosity, gender, religion, religious denomination, race, marital status, veteran status, education level, criminal history, if a person has a minor child, domestic violence victim, past or present alcohol dependency, past or present drug dependency, mental illness status, employment status, the number of children a

person has, and number of times a person has been homeless in 3 years (Ryder, 1965). Categories of human services include alcohol recovery sites, counseling, drug recovery sites, food pantries, health care, job training and placement, short-term and long-term shelters, and meal sites. Several of the variables are linked to degree of religiosity and explore other variables based on the related increasing degree of religiosity that may relate to a preference for FBOs. These variables are predicted in hypotheses. Other variables are exploratory and are not presented in a hypothesis.

The overarching research question is: To what extent do demographic factors and personal characteristics influence homeless adults' preferences for human services offered by FB or non-FB nonprofit organizations in the Metro Richmond area? For the purposes of this study, homeless adults are the target population and are defined as any person 18 years old or older, who engages in the following acts: (a) sleeping outside, (b) occupying dwellings not intended for human habitations, and (c) living in a shelter providing temporary housing. The sample includes 502 respondents and the data include variables such as gender, marital status, veteran status, age, education level, criminal history, number of minor children, domestic violence status, past or present alcohol dependency, past or present drug dependency, mental illness status, employment status, and the number of times a person has been homeless in the past 3 years. These make up the independent variables proposed to influence preference for a particular category of service.

For this study, specific survey questions were added to the instrument used for the biannual scan of the homeless population and followed the Homeward sampling and data collection technique and modes. This plan allowed the researcher to obtain preferences of a

large part of the homeless population in the greater Richmond area and also allowed for a wide dissemination of the instrument to the target population. Combining the Homeward survey instrument with the instrument used for this study allowed the researcher to account for each demographic variable listed in the dissertation.

The target population was sheltered and unsheltered homeless adults who received human services from nonprofit organizations in the Richmond Metro area. For the purposes of this study, homeless adults were defined as any person 18 years old or older, who engages in the following acts: (a) sleeping outside, (b) occupying dwellings not intended for human habitations, and (c) living in a shelter providing temporary housing. This is the definition of homelessness as prescribed by the body of literature (Glasser & Bridgman, 1999; Hombs & Snyder, 1982; NAEH, 2012; USHUD, 2007; Wagner & Gilman, 2012). With the sampling method, the size of the sample was expected to be large enough to account for those who had contact with both FBOs and non-FB nonprofits. The data collection technique was a survey and the modes of observation were written self-administered and volunteer or staff administered.

Cross tabulations, test of proportion, chi-square and multinomial logistics regression were used to understand the interactions of these variables. Test of proportionality was used to determine which group in the sample had the greatest proportion. Chi-square was used to evaluate the relationship between the groups in the hypotheses. This is because the independent and dependent variables are categorical (Vogt, 1993). Multinomial logistics regression was used to understand which variables were significant in predicting the preference for faith based,

nonfaith based, and no preference (Hosmer & Lemeshow, 2000; Peng & Nichols, 2003; Vogt, 1993). The next section outlines the research question and hypotheses of this study.

Research Question and Hypotheses

The overall research question that guided this study in examining preferences of homeless clients to types of service providers is: To what extent do factors such as degree of religiosity, gender, religious denomination, and race of the recipient influence homeless adults' preferences for human services offered by FB or nonreligious nonprofit organizations in the Metro Richmond area? Established from the current literature, gaps in current literature, and research question are the following hypotheses:

H_1: Homeless adults with a high degree of religiosity are more likely than those with a low degree of religiosity to report a preference for FBOs in the delivery of human services.

H_2: There is a statistical relationship between the degree of religiosity and preference of human services for the homeless.

H_3: Homeless women are more likely than homeless men to report a preference for FBOs in the delivery of human services for the homeless.

H_4: There is a statistical relationship between the gender and preference of human services for the homeless.

H_5: Homeless adults who identify as Christians are more likely than those who identify with other, or no, religious denominations to report a preference for FBOs in the delivery of human services for the homeless.

H_6: There is a statistical relationship between the religious denomination and preference of human services for the homeless.

H_7: Homeless adults who are Black are more likely than those who identify with other races/ethnicities to report a preference for FBOs in the delivery of human services for the homeless.

H_8: There is a statistical relationship between the race and preference of human services for the homeless.

The next section outlines the format of this dissertation.

Outline of Study

This dissertation is divided into five chapters. The first chapter is the introduction, and includes an overview of the topic, establishes the purposes of the study, defines terms, identifies implications for the field of public policy, states the research questions, and briefly describes the theories and methodology. The second chapter provides a review of the literature, which includes an overview of the subgroups in the homeless population, the enabling policies, synopses of prior studies, and a discussion of gaps in current literature. Chapter 3 describes the research methodology stating the research questions, identifying the variables, and explaining the procedures used for research design, sampling, data collection, data analyses and the Institutional Review Board (IRB) considerations. Chapter 4 discusses the results of the study, and Chapter 5 summarizes the study and discusses findings in regards to contributions to the literature and theory, as well as implications and recommendations for policy and future study.

CHAPTER 2. LITERATURE REVIEW

Introduction

In this chapter, the dimensions of homelessness will be discussed. This will include overview information from the national, state, and local levels of the homeless population and subpopulations of those experiencing homelessness that include unsheltered and sheltered adults, the chronically homeless, and homeless families. This chapter will also describe the Homeward point-in-time counts and survey conducted in the Metro Richmond area and the local landscape of homeless services. In addition, an overview of federal policies used to address homelessness and policies that have incorporated the partnership between FBOs and government agencies in the delivery of human services will be discussed. The chapter ends with the theoretical framework used for this study. The sections will provide an overview of the dimensions of homelessness.

The Dimensions of Homelessness

The Dimensions of Homeless section will provide an overview, facts, and figures of homelessness at the national, state, and local levels. In addition, this section will include definitions and key characteristics of the unsheltered and sheltered single adults, the chronically homeless, and homeless families, which are subpopulations of the homeless community. This section will set the foundation to understanding the characteristics of the homeless population. The next section will provide an overview of the homeless population.

Overview of the Homeless Population: A National, State, and Local View

The likelihood of experiencing homelessness in America is one in 200 and can be attributed to many factors (Sullivan, 2010). These factors include a lack of affordable housing, poor credit, substance abuse, cuts to mental health funding, the increase in people living with friends or family, and people re-entering the society after being incarcerated (Homeward, 2008; National Alliance on Mental Illness [NAMI], n.d.; Sullivan, 2010). Homelessness on a national level has reached 649,917, with 39% of the homeless population living in California, New York, and Florida (Sullivan, 2010). During a Virginia point-in-time count, there was an estimated 9,025 people experiencing homelessness (Virginia Department of Housing and Community Development, 2011). The homeless population in Richmond, Virginia, and the surrounding areas is estimated at 1,150 people per day (Homeward, 2008). In the Richmond region there are an estimated 5,000 homeless men, women, and children who experience homelessness each year; 77% percent of the homeless population is male and 23% is female (Ackermann, 2013a). Locally, 60% have been homeless once, 20% twice, and another 20% has been homeless three or more times; 49% have been homeless for 5 months or less.

It is important to note that the homeless population is a hidden population or invisible group. Hidden populations are minority groups that are hard to contact and engage in research because the groups are often stigmatized and avoid contact with researchers, or provide unreliable answers to protect or conceal their identification (Appelbaum, 1990; Heckathorn, 1997; Kessler, 1992; Rollinson & Pardeck, 2006). It is difficult for researchers to count the number of homeless people (Appelbaum, 1990). In addition to the strong privacy and social concerns of being homeless, many people can remain homeless without being counted. Others rotate in cycles of living in cars, campgrounds, hospitals, jails, and other obscure places and

avoid contact with researchers and volunteers. Therefore, alternative methods of reaching those in the population must be used in order to include them in the sampling frame. To this point, the projected number of people who are homeless might be higher than reported.

The influx number of people experiencing homelessness is partly attributed to substance abuse issues, the budget cutbacks in mental health, and people suffering from mental illness reaching 18 years and not being stabilized by mental health programs or agencies (Homeward, 2008; NAMI, n.d.). In Richmond, 2013 Homeward statistics indicated that 36% of homeless individuals suffer from mental illness problems (Ackermann, 2013a). Of the homeless population in Richmond, 50% had drug problems and another 50% had alcohol problems, of which about 78% with illegal drug addictions and 77% of people with alcohol problems were in recovery. Homeless programs and prevention resources aimed at those who are mentally ill and those suffering from substance abuse have been identified as a key strategy in preventing and ending homelessness (Homeward, 2008; NAMI, n.d.).

Other factors like insufficient income, disability, living with friends or family, and criminal record can also increase the possibility that a person will experience homelessness. In Richmond, 44.5% of those in the homeless population indicated a long-term disability (Ackermann, 2013a). "Doubled up persons" or people that live with friends or family are most commonly at higher risk for homelessness (Homeward, 2008; Sullivan, 2010). Many adults were in a double-up living arrangement prior to becoming homeless. People in this situation have a one in 10 chance of becoming homeless (Sermons & Witte, 2011). Seventy-seven percent have served time in jail and/or prison (Ackermann, 2012a). Individuals released from prison have a one in 11 chance of becoming homeless (Sermons & Witte, 2011).

The next section details the subpopulations of those experiencing homelessness, those representing different segments of the homeless population. These subpopulations include unsheltered or sheltered single adults (also known as unaccompanied individuals), families, and the chronically homeless (Ackermann, 2013a; Homeward, 2008; USHUD, 2007). These subpopulations help describe the characteristics of the people in the homeless population and are used to help understand the effects homelessness have on the lives of the subpopulations.

Unsheltered and Sheltered Single Adults

Unsheltered and sheltered single adults are individuals who enter homelessness alone (USHUD, 2007). Unsheltered homeless people are those who do not have a place to stay at night, such as a temporary or emergency shelter, and are deemed unsheltered. Those that are sheltered are currently staying in emergency shelters, which typically offer housing for 30 to 90 days, specialty shelters that are better equipped to service people with special needs, and transitional shelters that offer long-term housing for up to 24 months. The number of people who are homeless in shelters are relatively easy to count because the figures can be obtained from the shelter (Ackermann, 2011). However, those that are homeless and unsheltered are hard to count because researchers must go to the locations where they are known to frequent and obtain a count there. Examples of these places are meal sites, under bridges, and local parks. This process makes unsheltered adults a hidden population (Appelbaum, 1990). In the Metro Richmond area, the bulk of those in the homeless population are single or unaccompanied adult individuals who live in tranistional housing (Ackermann, 2013a). Forty-four percent are or were with families, which included those married, separated, or divorced. Nearly 407,966 of the nation's 649,917 homeless are single, unaccompanied adults (Khadduri & Culhane, 2010). The next section of this chapter discusses the literature regarding the chronically homeless.

The Chronically Homeless

The chronically homeless are individuals who have a disability, serious mental illness, chronic substance abuse disorders, chronic medical issues, and those who frequently enter and exit the human services network for assistance (Burt, Aron, Lee, & Valente, 2001; USHUD, 2007, 2012). The criteria for chronically homeless includes: (a) unaccompanied adult, (b) possesses a serious disability, (c) not in a transitional shelter, (d) has been homeless four times in a 3-year period or homeless for a year (Homeward, 2010: NAEH, 2010a; USHUD, 2007, 2012).

Typically, the homeless population is transient, which means most enter the human services system to access needed care, and then regain permanent housing (Kuhn & Culhane, 1998). This accounts for nearly 80% of clients in the homeless system. Yet, 20% are known as the chronically homeless and shift between living in shelters, hospitals, jails, prisons, treatment centers, and on the streets (Kuhn & Culhane, 1998). This subgroup, the chronically homeless, uses 50% of all human services funding designated for those experiencing homelessness. Others assert that 10% of the homeless population use 50% of the resources (Bass, 2009; Mangano, 2007). In Richmond, the number of chronically homeless individuals is 12%, which is lower than the national average (Homeward, 2010; NAEH, 2010b). Nationally, this subpopulation includes 123,790 people (NAEH, 2010b). Researching this subgroup to determine their preferences, needs, and the reasons for the recurrence of homelessness is a topic that could yield beneficial results. The next section will discuss homeless families.

Homeless Families

Being a homeless individual is a traumatic experience and only more compounded when an entire family becomes homeless (National Center on Family Homelessness, 2009, 2010a; Neale, 2007; Sullivan, 2010). Often homeless families move from place to place with little to no

stability and even double up with other family members or friends in congested apartments or homes, similar to homeless individuals (National Center on Family Homelessness, 2010b). Others sleep in cars, campgrounds, or other places not suitable for habitation to avoid shelters. Often, children in families are under 6 years old and experience high rates of acute and chronic illness, traumatic stress, and educational challenges (National Center on Family Homelessness, 2009, 2010a). Sadly, homeless children are four times more likely to have respiratory infections, ear infections, stomach problems, and asthma compared to middle-class children (National Center on Family Homelessness, 2009). Homeless children are three times more likely to have traumatic stress and twice as likely to have emotional disturbances compared to middle-class children.

Many times, the family is headed by a single mother in her late 20s with two children (Sullivan, 2010). In terms of homeless sheltered families, single parent families, headed by young Black women account for the majority of sheltered families. Nationally, 84% of families experiencing homelessness are led by females. More than 92% of the mothers have been victims of physical and/or sexual abuse. Sixty-three percent of the 92% were abused by an intimate partner. Many of the mothers experiencing homelessness have mental health issues and drug and alcohol dependences. About 50% of the mothers of homeless families have experienced major depressive episodes. This subpopulation has three times the number of post-traumatic stress disorder and has a double risk for drug and alcohol dependencies. In addition, 29% of the adults in homeless families are working. In the local area of Richmond, Virginia, 10% of people experiencing homelessness have children accompanying them (Ackermann, 2012a). Further, education is a considerable factor for homeless adults, as over half of the adults in homeless families do not have a high school diploma (National Center on Family Homelessness, 2010b).

The next section details the current landscape of homeless services in the Richmond, Virginia area.

Landscape of Homeless Services in Richmond, Virginia

Richmond, Virginia is fertile ground for a study of this nature because the landscape of FBOs providing services to the homeless is widespread and practically unavoidable. To serve the homeless population, a highly structured network system of service providers is located in the Richmond region. These nonprofits are divided into two broad categories, FBOs and non-FB nonprofits (Boris & Steuerle, 2006; Cadge & Wuthnow, 2006; Ebaugh et al., 2006; Ebaugh et al., 2003; Farnsley, 2001; Wuthnow, Hackett, & Hsu, 2004; Salamon, 2002). FBOs and non-FB nonprofits are defined as mostly 501(c) (3) or 501(c) (4) organizations that are independent of government and business entities (Boris, 2006; Salamon, 2002). Serving the same population, both receive government and private funding to provide human services. Most often, FBOs and non-FB nonprofits provide the same types of services. Specific to homeless services, many nonprofit organizations' realm of services include meal sites, food pantries, short and long-term shelters, job training and placement, drug and alcohol recovery sites, furniture banks, and coordinating organizations for smaller outreach missions that vary in types of services offered. However, this is the extent of the comparison. FBOs usually provide human services based on religious foundations, protocol, or tone and in a religious setting. Non-FB nonprofits provide the same or similar services without the religious or faith-based characteristics. This topic will be explored further in later sections of this dissertation.

People experiencing homelessness enter the Richmond area homeless system through Commonwealth Catholic Charities' (CCC) Homeless Point of Entry (HPE) (2013). HPE is often referred to as the homeless point of entry by those in the homeless network and among clients

seeking services. As the homeless point of entry, HPE is charged with giving referrals to clients in order to enter housing and for other human services through the array of service providers in the Richmond area dedicated to helping the homeless. The process begins with homeless persons entering the HPE facility and validating their situation and identity. Validation of their situation can be done with an eviction letter, foreclosure documents, or a letter from an agency or organization knowledgeable of their situation, or similar documentation. For adults, two forms of credentials, such as a utility bill, birth certificate, driver's license, general mail, or a letter from another agency is used to identify the person.

With these documents in hand, the intake process begins with an HPE staff member assigned to the person or family as a short-term case manager (CCC, 2013). The case manager conducts a needs assessment of the person or the family to determine if health care, mental health services, substance abuse treatment, or other services are needed outside of the basic needs of housing and food. Based on the needs of the persons and whether they are a part of a family, HPE will attempt to refer them to another agency that has the capacity and that is best capable of servicing the persons or family. Essentially, HPE is the central place for homeless people to request services and for nonprofits to be assigned to clients after validation of their situation and identity.

The network of service providers in the Richmond region are divided into eight categories: prevention, emergency shelters, specialty shelters, transitional shelters, permanent supportive housing, outreach, intake, referral, information, permanent housing resources, and supportive services (Homeward, 2012). Preventive organizations offer services that help individuals and families avoid becoming homeless. These agencies offer resources such as utility, rental, and mortgage assistance in an effort to prevent homelessness. Examples of these

agencies are Chesterfield, Colonial Heights Alliance for Social Ministry, Capital Area Partnership Uplifting People, and the William Byrd Community House. Emergency shelters, such as Congregations Around Richmond Involved to Assure Shelter (CARITAS), the Salvation Army, and HomeAgain, offer housing for 30 to 90 days for those experiencing homelessness.

The Healing Place, Rubicon, Safe Harbor, and the Daily Planet are specialty shelters that offer housing and additional care for those who are suffering from additional circumstances such as a drug or alcohol addiction, victims of domestic violence, and other conditions that require a higher level of care in the delivery of housing. Transitional shelters are places for individuals or families that require shelter for as long as 24 months. Examples of Richmond-based transitional shelters are St. Joseph's Villa, Freedom House, Hilliard House, and the Good Samaritan Inn. Permanent supportive housing organizations such as the New Clay House and A Place to Start (APTS) offer services for long-term needs of the homeless community. Outreach, intake, referral, and information agencies provide informational assistance to the homeless population. These organizations include agencies such as HPE, Daily Planet, and the YMCA. Permanent housing resources help those experiencing homelessness to overcome barriers to affordable housing and to sustain current housing. They also provide permanent housing for families and individuals who need long-term housing. Examples are APTS, New Clay House, and Virginia Supportive Housing. The next section discusses the policies related to homelessness.

U. S. Policy on Homelessness

The Steward B. McKinney Homeless Assistance Act

While homelessness has been a historical concern, surprisingly homelessness did not emerge as a public concern in the United States until the late 1970s and early 1980s (Cnaan & Boddie, 2002; Glasser & Bridgman, 1999; Hombs, 2001; Hombs & Snyder, 1982; Wagner &

Gilman, 2012). In December 1982, Congress convened the first series of hearings concerning homelessness since the Great Depression. However, it was not until 1987 that Congress enacted the first homeless policy, which was originally named the Steward B. McKinney Homeless Assistance Act and later renamed to McKinney-Vento Act in 2000 (Biggar, 2001; Hombs, 2001; National Coalition for the Homeless, 2006; USHUD, 1995). The act allocated federal dollars that were administered by USHUD to set up homeless programs providing shelter for emergency, transitional, and permanent purposes, support services, and homeless prevention. The next section details policies that have enabled FBOs to partner with government agencies in the delivery of human services.

Policy Supporting the Partnership of FBOs and the Government

Only recently did policymakers turn to churches, synagogues, mosques, and other organizations linked to faith for support in human services (Boris, 2006; Chaves, 1999a; Oldman, 1997; Pipes & Ebaugh, 2002; Reingold et al., 2007). Originally, a wall of separation between the church and state was created as a result of an October 7, 1801 letter sent to President Thomas Jefferson from the Danbury Baptist Association in Danbury, CT (Jefferson, 1802). The rising concern of the time was rooted in language deficiencies of the constitution regarding religious liberties and fears of a government-established religion. The association believed that if religious liberties were not clearly stated, antireligious opposition would establish a dominating religion with no freedom of religion for citizens.

President Thomas Jefferson replied in a letter assuring the association that the "legislature should make no law respecting an establishment of religion, or prohibiting the free exercise thereof, thus building a wall of separation between Church and State" (Jefferson, 1802, p. 1). Jefferson's phrasing, "wall of separation between Church and State" became the prevailing law

of separation of church and state in the Establishment and Free Exercise Clauses of the First Amendment (Jefferson, 1802, p. 1). Reversing this historical position, Presidents George W. Bush and Barack Obama implemented measures that removed this wall and allowed FBOs to enter the realm of service providers that are in partnership with the government providing human services. These shifts in public policy made FBOs equal to non-FB nonprofits in the pursuit of government funding and partnerships with the government in providing services to citizens (Cadge & Wuthnow, 2006; PRWORA, 1996). The next section discusses the policies enacted during President Clinton's tenure.

The Clinton Era: An Analysis of Public Policy Enacted by President Clinton

Personal responsibility and work reconciliation act of 1996. Less than 200 years after Thomas Jefferson's (1802) reply to the Danbury Baptist Association declaring his belief that a wall of separation should divide church and state, the government partially retracted the renowned policy of separating church and state found in the Establishment Clause and Free Exercise Clauses in the First Amendment (Cadge & Wuthnow, 2006). In the last 17 years, the enactments of many federal policies have disbanded the wall that once separated the church and state. The first policy was the Charitable Choice Provision in the PRWORA of 1996 by President Clinton. Section 104 of the Charitable Choice Provision allowed contracts between government entities and FBOs for human services (Cadge & Wuthnow, 2006; PRWORA, 1996). In addition, the provision allowed FBOs to accept certificates and vouchers as payment for human services. Sources of government funding for FBOs could also include Temporary Assistance to Needy Families, the Supplementary Security Income, food stamps, and Medicaid programs. Further, the Charitable Choice Provision encouraged state government officials to include community and FBOs in federal funding streams for welfare services. The provision

also allowed FBOs to keep religious tones, religious objects, and symbols while administering human services to clients.

Before the provision, FBOs involved in human services formed independent nonprofit organizations that administered services in order to receive government funding (Cadge & Wuthnow, 2006; Chaves, 1999a). Prior to the PRWORA (1996), FBOs were not permitted to display religious objects and symbols while providing human services. The act also prohibited FBOs from withholding services to clients who have a contrary religious view, or withholding services if a client refused to participate in religious activities. It also mandated that the government must have an alternative for those that object to the services provided by the FBOs. Further, during the Clinton administration, President Clinton selected Henry Cisneros, former San Antonio, TX mayor, as secretary of the USHUD (Hombs, 2001). Charged with the housing assistance programs, Cisneros visited the homeless in Washington, DC to access the needs. He sought to increase visibility and awareness by making homelessness the number one priority of the agency. Cisneros also sought to increase funding for homeless programs. The following section reviews the policies enacted by President George W. Bush.

The Bush Era: An Analysis of Public Policy Enacted by President Bush

Executive order 13198. The second policy that helped remove the wall of separation between the church and the state was two Executive Orders, 13198 and 13199, which were signed on January 29, 2001 (Bush, 2001a, 2001b). In summary, Executive Order 13198 Agency Responsibilities With Respect to Faith-Based and Community Initiatives, created five centers for faith-based and community initiatives in the U.S. Departments of Justice, Education, Labor, Health, and Human Services, and Housing and Urban Development. The executive order established and outlined agency responsibilities of the five executive centers to aid FBOs. Each

of the five centers have an FBO and community director, who supervises each center and is appointed by the heads of each agency. Reporting to the White House Office of Faith-Based and Community Initiatives (OFBCI), the purpose of the five centers is to eliminate regulatory, contractual, and other barriers for FBOs and other community organizations to receive government funding.

Executive order 13199. Executive Order 13199 entitled, Establishment of White House Office of Faith-Based and Community Initiatives, established functions for the OFBCI, which were primarily to develop and lead the President Bush's administration in the development of policies that affect faith-based and community programs. The overall goal of the order is to provide impartiality to private, charitable, and religious community groups, who seek to reduce crime, aid persons with addictions, strengthen family and neighborhoods, and decrease poverty. Historically, FBOs have not received equal treatment in competition of federal funding (Aron & Sharkey, 2002; Cadge & Wuthnow, 2006). However, the intent of the policy was to create impartiality in light of ensuring FBOs are equal participants in the contest of receiving federal funding for social services grants and contracts.

The execuitve order also instructed the OFBCI to expand and highlight the roles of FBOs in the community and to increase the capacity of FBOs through executive and legislative actions, federal, and private funding, and regulatory relief of constrains encountered by FBOs. Further, the executive order provided that funding opportunities for FBOs should be results driven and have nondiscriminative approaches (Bush, 2001b). The executive order encouraged private charitable giving to support faith-based and community initiatives. The order also gave the White House lead responsibility to the extent permitted by the law, to govern and execute policies and to furnish FBOs with the tools needed to achieve the purpose of the executive order.

Executive order 13279. On December 16, 2002, in Executive Order 13279, President Bush sought to clarify Executive Orders 13198 and 13199 by defining federal financial support as "assistance that non-Federal entities receive or administer in the form of grants, contracts, loans, loan guarantees, property, cooperative agreements, food commodities, direct appropriations, or other assistance, but does not include a tax credit, deduction, or exemption" (Bush, 2002, para. a). In addition, President Bush also sought to provide a definition of human service programs as

> a program that is administered by the Federal Government, or by a State or local government using Federal financial assistance, and that provides services directed at reducing poverty, improving opportunities for low-income children, revitalizing low-income communities, empowering low-income families and low-income individuals to become self-sufficient, or otherwise helping people in need. (Bush, 2002, para. b)

The next section discusses Executive Order 13498, which was enacted by President Barack Obama.

The Obama Era: An Analysis of Public Policy Enacted by President Obama

Executive order 13498. In Executive Order 13498, President Obama reaffirmed the judgment of the three previous administrations by noting, "Faith-based and other neighborhood organizations are vital to our Nation's ability to address the needs of low-income and other underserved persons and communities" (Obama, 2009a, p. 1). President Obama amended the prior orders by President Bush on February 5, 2009 with a few administrative changes and the creation of the President's Advisory Council on Faith-Based and Neighborhood Partnerships. He substituted the "White House Office of Faith-Based and Neighborhood Partnerships" for "White House Office of Faith-Based and Community Initiatives" (Obama, 2009a, para. b). In

addition, President Obama added language to ensure that the services provided by FBOs should be consistent and in line with the fundamental constitutional requirements of equal protection of the law. These policies have continued to create opportunities for FBOs to partner with the government in providing human services for the homeless and others in need. The next section addresses the government funding streams for the nonprofit sector.

Discretionary, Block, and Formula Funding Streams

In addition to the policies, it is important to understand the government's funding streams to nonprofits. The funding stream for government funding has two methods of distribution to the nonprofit sector. One method is discretionary grants through federal agencies. These funds are directed from the federal government directly to the social service providers (Kramer, Nightingale, Trutko, Spaulding, & Barnow, 2002). The agency can use the funding as deemed appropriate. The second funding streams are block or formula grants that come from the federal government through the state to the local government and then to nonprofits. Most federal money is distributed from federal level to the state, to the local government and then to human service providers. Generally, how these funds are used are determined by the federal government.

Analysis of Government Vouchers

Analyzing where government vouchers are used is another type of government funding stream to the nonprofit sector and is an alternative method of understanding client preferences. Vouchers are used for child care, education, or similar programs (Carlson, Haveman, Kaplan, & Wolfe, 2011; Steuerle & Twombly, 2002; Turner, 2007). Specific to housing, the voucher program is in operation for low-income families who seek housing on the private market. These vouchers are critical for the housing of the low-income, elderly, and people with disabilities and

have been found to sharply reduce homelessness and increase the occurrences of stable housing. Voucher programs allow participants to choose service providers and use government funding to pay for services. However, this method of tracing government funding cannot be generalized to the homeless population because voucher programs are limited to housing, child care, education, and other similar programs that are offered to the general public meeting certain criteria and may or may not include those experiencing homelessness. Further, vouchers are not regularly used for human services to the homeless, which makes this method of research impossible to generalize in the homeless population. Thus, further research is required to access preferences of the homeless clients in Richmond, Virginia.

Characteristics and Definitions of FBOs and Non-FB Nonprofits

Similarities of FBOs and Non-FB Nonprofits

Several similarities are shared among FBOs and non-FB nonprofits. First, the base definition for both nonprofits is an organization whose entities are for public purpose, are self-governed, and independent of government and business (Boris, 2006; Cadge & Wuthnow, 2006). Second, the Internal Revenue Service controls and defines the nonprofit status of these organizations. Most are classified as 501(c) (3) or 501(c) (4) organizations. It should be noted that congregations automatically qualify for tax-exempt and charitable status and are not required to register or report to the Internal Revenue Service. The third similarity of both FBOs and non-FB nonprofits are that they serve the same population; and in many cases, the same people depend upon the types of services provided. An example is a person who may have temporary shelter at a non-FB nonprofit and have meals at a FBO. A fourth similarity is that both receive, or have equal opportunity to receive, government funding to provide human services based on the policies reviewed in earlier sections of this study. The nonprofit community, to include

FBOs and non-FB nonprofits, works at the grassroots level and in many cases receives government funding for services they provide (Oldman, 1997; Pipes & Ebaugh, 2002; Reingold et al., 2007; Rollinson & Pardeck, 2006). The last similarity between FBO and non-FB is that the partnership between the nonprofit sector is mutually beneficial in achieving the mission and purpose of nonprofit sector of helping the homeless and the government's mission of protecting and providing for citizens (United States Constitution, 2007). The next section outlines differences between FBOs and non-FB nonprofits.

Differences Between FBOs and Non-FB Nonprofits

FBOs and non-FB nonprofits differ in a few distinctive ways (Bass, 2009; Twombly, 2002). For many FBOs, the outpouring of human services to the homeless is consistent with the history, mission, vision, traditions, and religious principles of which the FBOs are rooted. This is notwithstanding the fact that many non-FB nonprofits operate with similar principles; FBOs operate with religious obligation to help the homeless embedded in the principles of the organization. Simultaneously to providing services, FBOs often provide other religious services and support. In some cases, FBOs have a variation in the approach or pitch of services delivered with the major difference being that FBOs usually deliver services within a religious setting, tone, or manner. In terms of services and funding, researchers in the field of nonprofits have shown that FBOs are more likely to provide food and clothing and less likely to provide other services, while receiving more support from the government and donors (Twombly, 2002). Mark Chaves (1999b) discovered in a survey that 57% of religious congregations are employing various types of social services. Another survey performed by Hartford Seminary discovered 85% of FBOs are involved in helping the needy (Dudley & Roozen, 2001). Other prior research has shown that the footprint and role of the FBO is larger in urban areas when compared to rural

areas (Aron & Sharkey, 2002). In terms of specialized services, non-FB nonprofits are more prepared to offer specialized services. Meanwhile, non-FB nonprofits are more likely to depend on government grants and contracts. One study found that FBOs receive 80% more program money than non-FB nonprofits and 56% more revenue. Another study showed that non-FB nonprofits receive 92% more government funding than FBOs. In addition, FBOs are more likely to depend on volunteers to offset program costs and are more likely to be in better fiscal health than non-FB nonprofits. These are a few of the differences between FBOs and non-FB nonprofits. The next segment of this chapter defines the FBO.

Establishing Definitions of an FBO

With no clear definition of faith based, there is a need to establish analytical categories for FBOs using a typology (Goldsmith, Eimickee, & Pineda, 2006; Kramer et al., 2002; Sider & Unruh, 2004). The point that FBOs operate within religious ideology is all encompassing and universal in nature to the definition of the FBO. However, research shows that there are deeper differences in the characteristics of FBOs and non-FB nonprofits, and thus characteristics and a typology aid in identifying FBOs. Characteristics of a FBO versus a non-FB nonprofit include six main categories: faith permeated, faith centered, faith affiliated, faith background, faith nonfaith-based partnership, and nonfaith-based (Sider & Unruh, 2004, p. 112). The typology includes: mission statement and other self-descriptive text, founding, affiliated with an external entity, and selection of controlling board. Based on this, faith permeated and faith centered include explicitly religious references, are founded by religious groups or for religious purposes, usually affiliated with a religious unit, and are controlled by religious bodies of people. Faith affiliated have a mission statement or other self-description text that may explicitly or implicitly reference religion, are founded by religious groups or for religious purposes, are often affiliated

with an external entity, and have a mix of governing board members who share the same faith of the nonprofit.

Faith background includes those nonprofits that have an implicit reference to religion in the mission statement or other descriptive text, and may have an historical religious founding (Sider & Unruh, 2004). Sometimes faith-background organizations are affiliated with external entities and may have a controlling board of a particular faith, but provide no consideration to the members' faith. Faith-nonreligious partnership does not have any explicit reference to religion in the mission or other descriptive information, the founding could or could not have a religious founding, may be affiliated with a religious or nonfaith based affiliation, and a person's faith has no impact on the selection of the controlling board. Non-FB nonprofits have no mention of religious content in the mission, founding, affiliation, or controlling board.

There are four types of FBOs: (a) religious congregations and coordinating bodies, (b) organizations or projects sponsored by congregations, (c) incorporated nonprofit organizations, and (d) ecumenical interfaith organizations (Goldsmith et al., 2006). Religious congregations and coordinating bodies are organizations of worship that range from small storefronts to large mega-churches, mosques, synagogues, and temples. These congregations are usually coordinated, governed, and resourced by large bodies or associations. Typically, this type of FBO uses the volunteer base from the membership of the place of faith and the local neighborhood. Nationally, examples are the American Baptist Association and the American Jewish Congress. In Richmond, an example of this type of FBO is St. Paul's Episcopal Church Outreach and the Richmond Outreach Center Homeless Ministry. The second type is organizations or projects sponsored by congregations, which are comprised of programs and projects that are organized and sponsored by FBOs. These include after school programs and

mentoring programs and include programs involving a single or a multiple religious organization that may or may not be incorporated.

The third type is incorporated nonprofit organizations, which are religious nonprofit groups founded by congregations or religiously motivated incorporators, board members, or affiliations (Goldsmith et al., 2006). Often, the organizations' motives are found in the name, incorporation, or mission statement of the organizations. Examples include Catholic Community Charities, Homeless Point of Entry, the Salvation Army, Congregations Around Richmond Involved to Assure Shelter, St. Joseph's Villa, and other similar organizations. The fourth type of FBO is an ecumenical and interfaith organization. This category of FBO is defined as groups that collaborate to leverage resources in the delivery of human services. These groups include Interfaith Alliance, Metropolitan Area Religious Coalition of Cincinnati, and Minneapolis' Metropolitan Interfaith Council on Affordable Housing. Locally, these organizations include Virginia Coalition to End Homelessness and Homeward.

Other literature organizes FBOs similarly into three categories. These categories include three types of organizations: (a) congregations, (b) national network, and (c) freestanding religious organizations (Vidal, 2001). Congregational participation in human services comes from mostly Black congregations, located in low-income neighborhoods. Prior research shows that pastoral leadership is imperative with congregations. They have two approaches to provide human services, which include donations of goods or cash to other service groups and provide volunteers to conduct human service projects. Most congregations do not apply for government grants. However, larger congregations, with more than 900 members, are more likely to apply for government funds for human services. National networks are denominations that provide human services such as Catholic Charities, Lutheran Social Services, Young Men's Christian

Association, and World Young Women's Christian Association. Freestanding religious organizations are large nonprofits of ecumenical and interfaith coalitions such as universities or hospitals and smaller religiously affiliated nonprofits that form. These types of organizations have a religious affiliation and basis but are incorporated separately from congregations and national networks. The next section discusses prior research in the field of homeless clients' preferences.

Clients' Preferences

Unfortunately, prior research from the clients' perspectives is limited as most researchers examine the organizational level in terms of what services are provided, the funding streams, and other areas of research regarding FBOs (Allard, 2009; Boris & Steuerle, 2006; Chaves & Tsitsos, 2001; Ebaugh et al., 2006; Farnsley, 2001; Goldsmith et al., 2006; Heslin et al., 2003; National Coalition for the Homeless, 1996; Oldman, 1997; Pipes & Ebaugh, 2002; Thompson, 2001; Twombly, 2002; Vidal, 2001). However, past research in the area of preferences has examined clients' perspectives on FBOs or non-FB nonprofits in terms of effectiveness and trustworthiness regarding a host of social services to include medical, counseling, and financial aid, food, legal, and other types of service (Wuthnow et al., 2004). In the study conducted by Wuthnow et al., 200 low-income neighborhood residents preferred FBOs when compared to similar organizations. The results concluded that most clients ranked FBOs higher than non-FB nonprofits in effectiveness and trustworthiness. In addition, the findings showed a weak relationship for FBOs attracting clients who attend church. However, the study did not have a singular focus of homeless clients, rather the focus was to observe an array of services offered to the poor. While this approach answers the larger question of human service preferences, a more direct focus on the homeless population could produce varying results compared to the results in

this study. In addition, this study was unique in linking the religious element of respondents, which was an element missing from other studies. While this research is very relevant, more research is required to understand the origins of preferences using additional variables (Wuthnow et al., 2004).

Another study found that most individuals who received aid from an FBO are older, White, either married or separated, and those with more children in the household (Reingold et al., 2007). The study used client survey data collected from 1,484 current and former welfare recipients who received services between June 1, 1997 and December 20, 1998. However, the study did not take a singular look at homelessness. Further, the study missed central variables, like how often a person attended church and the degree of religiosity that could help explain why people chose FBOs over non-FB nonprofits.

Other research studies examined whether or not a person is self-referred or referred by another nonprofit, hinting at the possibility of a preference (Aron & Sharkey, 2002; Burt et al., 2001). The findings show that most of the clients that come to FBOs for human services are self-referred, meaning they come to the program on their own and not with a referral from another organization. Conversely, non-FB nonprofits received the largest volume of referrals from other programs or agencies. This meant that the client was referred to the non-FB nonprofit by another program or agency, opposed to the person seeking out the agencies on their own as found in self-referrals. This could infer that there is a greater preference for FBOs, but more empirical understanding is needed to confirm this assumption. Unfortunately, the findings did not include demographic information, such as age, gender, and other key variables. In addition, the information was gathered from the participating nonprofits at the organization level and not from clients themselves.

The study by Aron and Sharkey (2002) also found that homeless clients who receive emergency shelter from FBOs are more likely to go to transitional housing, back to the streets, or to an outside location when compared to other non-FB nonprofits. In terms of client needs, the study found that non-FB nonprofit programs were better equipped with resources and program structures to handle the needs of clients. The study results also concluded that non-FB nonprofit organizations offered more diverse programs and discovered that FBOs are less likely to have specialized programs such as domestic violence, chemical detox, and mental health programs. However, since the study did not include client level data, the findings provided little or no knowledge regarding preferences of clients based on demographics (Aron & Sharkey, 2002). This gave way to analyzing preferences for categories of services for this study.

A person's spirituality is another factor that could help explain or predict preferences to human service providers (Frankfort-Nachmias & Nachmias, 2008). Individual spirituality was a key variable in explaining preferences of women in domestic violence shelters. In a study of 73 women, researchers uncovered that that those with a higher degree of spirituality were more likely to utilize faith-based resources. In addition, the study found that the women, who have experienced greater intimate partner abuse, indicated dissatisfaction with faith-based service providers. The study also examined marital status, race, education, number of children, and age. However, the sampling frame was women in domestic violence shelters in central Texas and was not limited to homeless women. Yet, this was particularly interesting because of the incorporation of spirituality as variable and the questions that were asked to evaluate spirituality. These questions included: How often God presence was felt; their experience to connect God to all of life, and their strength in religion or spirituality. A Likert scale was used for these questions, which ranged from 0 or never or almost never to 5 or many times a day. The

combination of past literature helped to guide the focus of this study. In terms of spirituality, the study found spirituality was a significant variable in utilization and choices of service providers. In addition, those with higher levels of spirituality reported more satisfaction with FBOs. The study also found that women with higher degrees of spirituality were less likely to use shelters and more likely to use faith-based resources for human services needs. The next section discusses the theoretical framework used in this research study.

Theoretical Framework

Empirically, the cohort theory is one mechanism that describes the evolution of social and political attitudes based on education, race, region, age, gender, and other trends (Davis, 1996, 2001; Ryder, 1965; Wilson, 1996). In its most basic form, a cohort is an aggregation of individuals in a population, who experience events within the same time interval; therefore, those in the cohort have similar patterns of thought. Generally, studies reference and observe cohorts in the age groups "Traditionalists" (subjects born before 1945), "Baby Boomers" (born 1946-1964), "Generation X" (born 1965-1980), and "Generation Y" (born 1981-1999), when analyzing the birth cohort effects and differences. The cohort theory explains that when growing up in a particular period of time, blended with other factors, a linear relationship is produced when comparing values and attitudes of others with similar experiences. In addition, the theory also notes that background variables, such as rising levels of parental education and increased urbanization tend to change slowly and after the intracohort shift, which could add or subtract values and change attitudes toward a particular matter. However, after the intracohort shift, the attitude of a person is usually consistent throughout the life of that person. Essentially, a person's attitude or value system is to some extent predictable and in line with others from the cohort in accordance to this theory.

Particularly, the model explains that social and political attitudes are established in the adolescent years, called the critical period (Byers & Crocker, 2012; Davis, 1996, 2001; Ryder, 1965; Wilson, 1996). These attitudes are the result of the immediate environment or the family background and the local subculture, which includes the region, size of place, prevailing religion, and other factors. As one ages, the social and political attitudes change based on the increase in parental education and urbanization. Later experience may add or subtract, but relative social and political attitudes remain the same. Because of the different social, political, family, and subculture environments, some researchers have concluded that age is a major factor in acceptance of multicultural values, which could have a relation in regards to human service providers. Based on this model, demographic factors of gender, race, degree of religiosity, denomination, marital status, age, education level, number of children, and other variables were selected as variables of this study.

Similar to the cohort theory, the rational choice theory could also help explain how people reach a particular preference for a service provider. The premise of rational choice theory is that preferences of rational individuals are linked to the selection or choices that provide the greatest level of satisfaction or the choices that will maximize a person's utility (Heath, 1976; Scott, 2000; Zey, 1998). In summary, rational choice theory states that individuals will attempt to maximize the benefit they receive while minimizing dissatisfaction or discomfort. In other words, the theory states that people will choose the objective with the greatest reward for them, which results in their preference. Preferences are based on the fundamental factor that a person will calculate the cost and benefits before deciding. The rational choice theory explains that a preference is a person's internal assessment of all alternatives and the selection in the bringing greatest level of satisfaction. The conceptual premise of this study gives respondents the

alternatives of preference for faith based, for nonfaith based, and no preference. Considering the three alternatives, rational choice theory states that the surveyed person will select the option that provides the personal greatest level of contentment. Understanding this in the context of this study, policymakers, researchers, and servicing agencies would have a deeper understanding of the types of services people appreciate and feel are beneficial to them. The next section outlines the conceptual framework of this study.

Conceptual Framework

As mentioned, earlier studies were done at the organizational level and did not include demographic information, such as age, gender, and other key variables, which would have made past studies more relevant in designing this study and developing hypotheses. By adding the cohort theory, new dimensions of the issue are likely to materialize. Cohort theorists have also added war experiences, economic conditions, political movements, and technological surges as impacts to values and changes in attitudes. Because of this, veteran status was also added as a variable of this study. This theory is attributed to the homogeneous grouping of clients for the statistical techniques of preferences and attitudes. In line with the cohort theory, a person's degree of religiosity and religious denomination can be used to create homogeneous groups for comparisons among others with variations in religiosity and religious denomination.

The theoretical framework for this study centers on personal and demographic variables to present the context for a study of this nature. As noted in previous portions of this dissertation, this study is exploratory meaning that an in-depth scan of the literature and prior research would yield very few models for determining preferences of homeless clients. Conversely, emerging from the literature are factors and variables that may perhaps predict the preferences of those experiencing homelessness, which include religiosity, gender, race, religious

denomination, and other demographic and personal characteristics. Applying the cohort theory, homogeneous groups can be used to cluster similar respondents for analysis. These variables are used to bridge past literature, assumption, and theories to formulate the conceptual framework for this study.

Based on the existing literature, religiosity is broadly defined as briefs and practices that influence a person's life (Büssing & Koenig, 2010; Francis & Wilcox, 1996, 2005; King & Crowther, 2004; Mattis, 2002; Zinnbauer et al., 1997). In a contemporary sense, the definition is attributed to the intensity to which a person lives by and unites practices and values of religion into their lives. Regularly in literature, religiosity entails religious identification, incorporations of religious behaviors, attitudes, perceptions, and other dimensions of a relationship with a higher power. Studies have determined that components of religiosity are identified as daily spiritual experiences, meanings, values, beliefs, private religious practices, organizational religiousness, religious support, religion coping, forgiveness, religious history, commitment, and religious preferences (Christian & Barbarin, 2001; Emmons & Paloutzian, 2003; Kiesling, Montgomery, Sorell, & Colwell, 2008; Wink & Dillon, 2002; Wong, Rew, & Slaikeu, 2006). Often, religiosity is operationalized using frequency of church or religious meetings, time spent in personal prayer, meditation, or religious study. Other studies involving religiosity analyze the person's degree of forgiveness, religious coping, and interaction with religious congregations.

Gallup polls have consistently shown that the vast majority of people in America believe religion is important in their lives. Percentages for those that believe religion is important to their lives have ranged from the mid-70% to over 85% for the last 20 years (Gallup Poll, 2013; Newport, 2013). In terms of denomination, most people identify with "other Baptist" when given the choices of Southern Baptist, Methodist, Presbyterian, Episcopal, Lutheran, Pentecostal,

Church of Christ, other, nondenominational, and no opinion (Gallup Poll, 2013). According to the Gallup Poll, most people (59%) are members of a church or synagogue. This is down from the same study conducted in 1992, which found that 70% of respondents were members of a church or synagogue. Attendance has been decreasing, too. In 2013, 27% of people attended services at least once a week, compared to 34% in 1992.

The number of evangelical Christians increased from 36% in 1992 to 41% in 2013. Other studies found that religious participation and personal spirituality were found to have positive effects on health, leadership, success in school, and for giving hope, life, purpose, self-esteem, and life satisfaction (Shafranske & Malony, 1990). Religiosity has also been credited with reducing risk behavior involving violence, sexual behavior, substance abuse, and suicide (Dew et al., 2010; Good & Willoughby, 2006). Health benefits of religiosity have been credited with lowering blood pressure, mortality rates, depression, and anxiety, increasing self-esteem, and making relationships better (Fehring, Brennan, & Keller, 1987; McCullough, Emmons, Tsang, & Diener, 2002; Pargament, Koening, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998; Smith, 2009; Tartaro, Luecken, & Gunn, 2005). One more probing studies has correlated church attendance of parents to fewer problems with their children's behavior and mood (Christian & Barbarin, 2001).

Researchers have collectively explored gender and religiosity and found that women have an increased degree of religiosity when compared to men (Francis & Wilcox, 1996, 2005; Gee, 1991; Walter & Davie, 1998), which suggests that women might prefer FBOs during periods of homelessness. Based on prior research, women have an increased level of religiosity, especially in denominations such as Protestant, Catholic, and Jewish faiths (Collett & Lizardo, 2008).

Black women are found to attend religious services more often, more likely to belong to a church, and express higher levels of devotional time.

Another possible explanation for an ethnic group to increasingly choose FBOs over non-FB nonprofits for human services is that Blacks tend to have an increased level of religious involvement when compared to other ethnic groups (Evelyn Brooks, 1993; Mattis, 2002). Black pastors, FBO leaders, and other influential spiritual persons have profound means of equipping and encouraging congregations and other bodies of people to mobilize for social issues. Often invoking a sense of hospitality, mission, life passion, innovation, and connection to the community, spiritual leaders have a precious position to reach the masses. Some would contend that since the establishment of the Black church, the organization has been a culminating setting for all types of goods and services for those in need (Martin, Bowles, Adkins, & Leach, 2011). Historically, these resources have been largely unfound outside of the church for many Blacks. These facts combined with an increased level of involvement of Blacks in church, could be the linkage between African Americans that are homeless and an increased preference for FBOs. This extensive church involvement could correlate to an increased likelihood for Blacks, particularly Black women, to choose FBOs over non-FB nonprofits. While limited literature exists on the subject, conjecture would lead one to believe that no matter one's gender or race an increased degree of religiosity would produce a stronger preference for a FBO compared to those with a lower degree of religiosity.

Another initiative of this research is to expound upon the cohort theory by using groups as variables that can be used to categorize people into particular segments of sample. These variables include the development phase of life (age groups); gender; social units (families, single individual, marital status, and those with minor children); racial groups; health status

(psychiatric illness, physical disabilities, and substance issues); social status (veteran and criminal history); and people that are sheltered versus unsheltered (Merves, 1992; Roth, 1992; Roth, Toomey, & First, 1992; Shumsky, 2012; Sullivan, 2010). In addition, education level has been shown to decrease the chance that a person becomes homeless. Similarly, a high school degree has been shown to protect families from homelessness (National Center on Family Homelessness, 2010b). Therefore, education is a significant factor for consideration. In addition to the cohort theory, this provides the framework of using age, marital status, past or present mental illness, number of minor children, educational level, past or present drug or alcohol dependency, veteran status, criminal history, employment status and domestic violence victim.

Collectively, these studies provide some basis for the hypotheses regarding demographic and personal characteristics. The analyses will evaluate the relationships among preferences of human services to other factors, such as category of human services, marital status, veteran status, age, education level, criminal history, if a person has minor child, domestic violence victim, past or present alcohol dependency, past or present drug dependency, mental illness status, employment status, and the number of times a person has been homeless in 3 years. Further, preferences may shift depending on the type of services received. An example is that a person may prefer the religious tone of a substance abuse organization but may not have a preference for a short-term shelter.

CHAPTER 3. RESEARCH DESIGN AND METHODOLOGY

Introduction

Based on the implications addressed in Chapter 1 and review of the literature in Chapter 2, the purpose of this study was to assess if demographics of recipients influenced preferences to human service providers. The research question is: To what extent do factors such as degree of religiosity, gender, religious denomination, and race of the recipient influence homeless adults' preferences for human services offered by faith based or nonreligious nonprofit organizations in the Metro Richmond area? Specifically, the intent of this question was to determine how various demographic and personal characteristics impact preferences of homeless clients for FBOs and non-FB nonprofits providing human services in the Richmond region.

In this chapter, I will describe the research design, including the sampling, pilot test, and Homeward survey. As background, a pilot test was conducted to access potential responses from the sampled population. This included an assessment of wording of questions, potential answers to questions, and data collection procedures and protocol. Based on the pilot test results, substantial changes were made to the final survey that was used for this study. The final version of these questions was combined with the biannual survey that Homeward used to research the population. On January 30, 2014, the bulk of the sample was surveyed. After validating and cleaning the data, the sample size included 502 people. Later in this chapter, an overview of sampled population is provided. In addition, this chapter includes the hypotheses for this study and the identification, definition, and how each variable was operationalized. This chapter

describes the data collection procedures and the type of data analyses that was employed to evaluate the data. Also, Institutional Review Board (IRB) considerations are presented in this chapter. The next section will discuss the formation of the hypotheses and the analyses used to test the hypotheses.

Formation of Hypotheses and Overview of Analyses Used

Rational choice theory suggests that preferences are linked to choices that are believed or intended to provide one with the greatest level of satisfaction. The cohort theory suggests that people of similar demographics will have similar thoughts or attitudes. The conceptual framework explores the notion that an increased degree of religiosity would produce a stronger preference for FBOs compared to those with a lower degree of religiosity. Other research shows that women, Blacks, and Christians have a higher level of religiosity (Francis & Wilcox, 1996, 2005; Gee, 1991; Walter & Davie, 1998; Collett & Lizardo, 2008; Evelyn Brooks, 1993; Mattis, 2002). This research suggests that these demographic groups will have an increased preference for faith-based human services compared to other groups. These two theories, the conceptual framework, along with the literature are used to form the study hypotheses in this section.

To test the hypotheses and to analyze the differences among the various demographic groups, descriptive statistics, chi-square test, and multinomial logistic regression were used. The first part of the analysis for each hypothesis is descriptive statistics. Descriptive statistics are used to summarize the frequency results for each variable within the sample (Vogt, 1993). The chi-square test was used to further understand the interaction of the variables. A chi-squared test is used when the independent and dependent variables were categorical and is used to determine whether there is a significant difference between the variables and how likely the sampled results are to represent the population. Multinomial logistic regression was used to determine a model

for forecasting which variables contribute to predicting a person's choices for faith, nonfaith based, or no preference concerning overall preference and the other categories of service

The first two hypotheses predict that people with a higher degree of religiosity will have a greater preference than those with lower degrees of religiosity for faith-based service providers. This notion comes from the findings of Frankfort-Nachmias and Nachmias (2008) (where spirituality was determined to be a significant variable in the utlization and choice of service provider. In addition, because FBOs have an element of faith incorporated into the services provided, it is predicted that people with a higher degree of religiosity will have a higher preference for FBOs in the delivery of human services for the homeless. A frequency table was used to evaluate H_1. For H_2 a chi-square test was used to analyze the relationship between preferences and degree of religiosity because the preference for human services variable is categorical (prefer faith based, prefer nonfaith based, and no preference) and the other variable, degree of religiosity, is categorical by low, moderate, and high. For degree of religiosity, the hypotheses and independent and dependent variables are:

H_1: Homeless adults with a high degree of religiosity are more likely than those with a low degree of religiosity to report a preference for FBOs in the delivery of human services for the homeless.

Independent variable: Degree of religiosity.

Dependent variable: Preference for human services.

H_2: There is a statistical relationship between the degree of religiosity and preference of human services for the homeless.

Independent variable: Degree of religiosity.

Dependent variable: Preference for human services.

Previous research has suggested that women have a higher degree of religiosity than men (Francis & Wilcox, 1996, 2005; Gee, 1991; Walter & Davie, 1998). Based on this finding, I hypothesized that women would have a greater preference than men for FBOs. In order to test this hypothesis, a chi-square test was used because the independent variable, gender (male and female), and dependent variables of preference (prefer faith based, prefer nonfaith based, and no preference) are both categorical. For gender, the hypotheses and independent and dependent variables are:

H_3: Homeless women are more likely than homeless men to report a preference for FBOs in the delivery of human services for the homeless.

Independent variable: Gender.

Dependent variable: Preference for human services.

H_4: There is a statistical relationship between the gender and preference of human services for the homeless.

Independent variable: Gender.

Dependent variable: Preference for human services.

For hypotheses H_5 and H_6, this study suggested that those who are Christian are more likely to prefer FBOs. This is because those who identify with the Catholic, Protestant, and Jewish faiths have a higher level of religiosity (Collett & Lizardo, 2008). In this hypothesis, Catholics and Protestants were combined into one overarching variable called Christians. Because the number of people in the sample that identified with Judaism was low, those of the Jewish faith were categorized in the Other group for the analyses phase. A frequency table was used to evaluate H_5. To test this H_5, a chi-square was used because both variables are categorical. The independent variable was analyzed using three categories: Christianity, Other,

and None. The dependent variable was measured as prefer faith based, prefer nonfaith based, and no preference.

H_5: Homeless adults who identify as Christians are more likely than those who identify with other, or no, religious denominations to report a preference for FBOs in the delivery of human services for the homeless.

Independent variable: Religious denomination.

Dependent variable: Preference for human services.

H_6: There is a statistical relationship between the religious denomination and preference of human services for the homeless.

Independent variable: Religious denomination.

Dependent variable: Preference for human services.

H_7 and H_8 investigate the linkage of preferences for human services and race. Since Blacks tend to have an increased level of religious involvement when compared to other ethnic groups (Evelyn Brooks, 1993; Mattis, 2002), the hypotheses predict that Blacks are more likely to prefer FBOs when compared to other races or ethnic groups and that there is a statistical relationship between the variables. This is also predicted because past literature has found that FBOs, in particular the Black church, is a setting for all types of goods and services that have been largely unfound outside of the organization (Martin et al., 2011). A frequency table was used to assess H_7. A chi-square was used to test H_8 because the independent variables (White, Black, and all other races were combined into a group called Other) and dependent variables (prefer faith based, prefer nonfaith based, and no preference) are categorical. Consequently, the study sought to explore the concept of race and preferences as outlined in the following hypotheses:

H_7: Homeless adults who are Black are more likely than those who identify with other races/ethnicities to report a preference for FBOs in the delivery of human services for the homeless.

Independent variable: Race.

Dependent variable: Preference for human services.

H_8: There is a statistical relationship between the race and preference of human services for the homeless.

Independent variable: Race.

Dependent variable: Preference for human services.

The next section will provide a definition of the variables used in this study and how the variables were operationalized.

Definitions and Operationalization of Variables

Definition and Operationalization of Dependent Variable

All variables in this study were self-reported and collected using a self-administrated survey. In this study, *preference* is defined and measured as a greater partiality or bias for a type of service provider over another when given the option of a FBO or non-FB nonprofit for homeless human services. In the context of this study, *human services* were defined as assistance given to the homeless population by a nonprofit organization. Human services include alcohol recovery sites, counseling, drug recovery sites, food pantries, health care, job training and placement, short-term and long-term shelters, and meal sites. Combining the two definitions, *preference for human service* is defined as a homeless person's partiality or inclination to choose a faith based or nonfaith-based human service provider for services in the current landscape of FBOs and non-FB nonprofits. Preference of human services was compared

among other cohort groups based on the number of people who preferred services rendered by FBOs versus those who preferred services rendered by a non-FB nonprofit.

Preference for human service was measured by two survey questions. The primary survey question stated: Overall, do you have a preference for faith-based or nonfaith-based service providers delivering homeless services? A secondary question measured the categories of human service providers for which a preference could be indicated. These categories of human service providers were alcohol treatment and recovery, counseling, drug treatment and recovery, food pantries, health care, job training and placement, short-term shelter, long-term shelter, and meals. The question was: In the list below, please circle whether you would prefer to receive each service from a faith-based provider, a nonfaith-based provider, or if you do not have a preference. For the first question about overall preference, as well as each category of service, respondents could select *I prefer faith-based service providers* (coded as 2), *Prefer nonfaith-based service provider* (coded as 1), and *No preference* (coded as 0). Question 30a - 30i, asked: *I prefer faith-based service providers* (coded as 2), *Prefer nonfaith-based service provider* (coded as 1), and *No preference* (coded as 0) for each category of human service. Appendix A has the complete list of interview questions and answers for this study. The next section describes the independent variables.

Definitions and Operationalization of Independent Variables

For the purposes of this research study, there were four independent variables: degree of religiosity, gender, religious denomination, and race. *Religiosity* is defined as the degree or level of commitment regarding components of spiritual practices, attendance, the degree of religious meaning, values, and beliefs held by a respondent of the questionnaire (Büssing & Koenig, 2010; Francis & Wilcox, 1996, 2005; Gee, 1991; King & Crowther, 2004; Mattis, 2002; McAndrew &

Voas, 2011; Walter & Davie, 1998). Religiosity was a variable measured by a series of questions based on the definition and a 5-point scale used to measure the extent of a person's view to each question (Evelyn Brooks, 1993; King & Crowther, 2004; Mattis, 2002; Reingold et al., 2007). The answers to these questions were scored on the 5-point scale and the mean combined questions were given to each respondent as a religiosity score. The questions and answers in the survey were:

31a. To what degree do you regard yourself a religious person?

Answer range from: *Not at all* (coded as 0), *A little* (coded as 1), *Somewhat* (coded as 2), *Very much* (coded as 3), and *Great deal* (coded as 4).

31b. How often do you attend religious services?

Answer range from: *Never* (coded as 0), *A few times a year* (coded as 1), *A few times a month* (coded as 2), *Once a week* (coded as 3), and *More than once a week* (coded as 4).

31c. How often do you spend time in private religious activities, such as prayer, meditation, or religious study?

Answer range from: *Never* (coded as 0), *A few times a month* (coded as 1), *A few times a week* (coded as 2), *Once a day* (coded as 3), and *More than once a day* (coded as 4).

31d. To what extent do you believe that God or something divine exists?

Answer range from: *Definitely no*t (coded as 0), *Probably no*t (coded as 1), *Unsure* (coded as 2), *Probably* (coded as 3), and *Definitely* (coded as 5).

31e. How often do you think about religious issues?

Answer range from: *Never* (coded as 0), *Very rare* (coded as 1), *Occasionally* (coded as 2), *Frequently* (coded as 3), and *Very frequently* (coded as 4).

31f. How important is religion in your life?

Answer range from: *Extremely unimportant* (coded as 0), *Unimportant* (coded as 1), *Neither important nor unimportant* (coded as 2), *Important* (coded as 3), and *Extremely important* (coded as 4).

Gender is defined and measured as male or female. This variable was collected by a question that asked the respondents for their gender. The question was: What is your gender? Answers are male (coded as 1), female (coded as 2).

Religious denomination is defined as the religion the respondent identified with. The survey question for the variable states: What religion do you identify with? The answers and measurements were Buddhism (coded as 1), Christianity (coded as 2), Hinduism (coded as 3), Islam (coded as 4), Jehovah's Witness (coded as 5), Judaism (coded as 6), and None (7) a blank line for Others (coded as 8). For the analyses, this question was recorded to Christianity (coded as 1), Other (coded as 2), and none (coded as 3).

Race was measured and defined by the ethic group with which one identified. This was operationalized in Question 8 of the survey by the question: What is your race? This was measured by the following categories: White (coded at 1), Black (coded at 2), Asian (coded at 3), American Indian or Alaskan Native (coded at 4), Native Hawaiian or Pacific Islander (coded at 5), two or more races (coded at 6), and a blank line for others (coded at 7) not listed on the survey. During the analyses phase, White (coded at 1), Black (coded at 2), and all other races were combined into other (coded as 3).

Additional Independent Variables

The analyses also included additional demographic and personal characteristics as independent variables. These variables were compared with the dependent variable of preference for human service provider. The additional independent variables were included in

this study because the Homeward survey instrument collected this information and the researcher wanted to understand how these variables impacted the preferences people have for human service providers. Because these variables are demographic factors, the additional variables are also considered part of the cohort theory. For the analyses portion of this study, descriptive analysis, chi-square, and multinomial logistic regression was used to analyze the variables.

Overview of Variables

Age measured how old the person was and was captured by the birthday (month, date, year format) of the respondents. Age was operationalized by the question: What is your age? This was provided in a numerical format and was not coded.

Marital status measured if a respondent held the status of being single (never married) (coded at 1), married (coded at 2), partnered (coded at 3), widowed (coded at 4), divorced (coded at 5), or separated (coded at 6). During the analyses phase, these variables were re-coded to single (coded as 1), married and partnered (coded as 2), and widowed, divorced, and separated (coded as 3).

Veteran status measured if a respondent had been in the U.S. military. This variable was measured using Question 16, which states, Have you ever served in the U.S. military? Answers to this question are No (coded as 0) and Yes (coded as 1).

Education level was the highest level of education a respondent had obtained, and was measured by elementary school, middle school, high school diploma or general educational development (GED) certificate, some college, college degree, or postgraduate studies. During the analyses portions, these variables were collapsed into: No high school diploma/high school diploma, Some college, and College degree/postgraduate.

Criminal history was measurement of whether or not the respondents spent time in jail, prison, or had a felony conviction. If the answers indicated that they had, it was determined that they had a criminal history. This was operationalized in Question 27a: Have you ever been in jail or prison? Answers were: No (coded as 0), Yes (jail) (coded as 1), Yes (prison) (coded as 2), Yes (both jail and prison) (coded as 3). Also, Question 28f was used to operationalized this variable: Do you have any felony convictions? Answers were No (coded as 0) and yes (coded as 1).

If a person had minor children with them, this was measured by the responses of the number of children a person had and converted into: Yes (coded as 1) or No (coded a 0). It was operationalized in Question 18b on the survey, which stated: How many of these minor children will be with you tonight? Answers to this question were collected in a numerical form that represented the number of minor children a person had with them at the point and time the survey was taken.

Domestic violence victim measured if the participant had been a victim of domestic violence by a spouse or intimate partner. This operationalized using Question 20a in the survey, which states: Have you ever experienced violence at the hands of a spouse or intimate partner? The answers are No (coded as 0) and Yes (coded as 1).

The p*ast or present alcohol dependency* measured if the person had any past or present dependency on alcohol. This was operationalized using three questions:

21a. Have you ever had a problem with alcohol?

21b. Do you have a problem with alcohol now?

21c. Are you currently in recovery for alcohol problems?

These questions were measured using No (coded as 0) and Yes (coded as 1). If a respondent answered yes, this was an indication that a person has or had a alcohol dependency.

Past or present drug dependency measured if the person reported having a past or present dependency on drugs (Ackermann, 2011b; M. Ackermann, personal communication, September 23, 2011). This is operationalized using three questions:

21d. Have you ever had a drug problem?

21e. Do you have a problem with drugs now?

21f. Are you currently in recovery for drug problems?

Answers are No (coded as 0) and Yes (coded as 1). If a respondent answered yes this was an indication that a person has or had a drug dependency.

Mental illness status measured if the respondent had ever been diagnosed with a mental illness. This is measured by No (coded as 0) and Yes (coded as 1) in Question 14d, which states: Is your disability a mental illness?

Employment status measured if the respondent was employed or not. Further, it measured current employment status in terms of No (coded as 0); Yes, day labor/temp work (coded as 1); Yes, part time (coded as 2); and Yes, full-time (coded as 3). During the analyses portion of the study, answer for day labor/temp work and part-time work were combined into one group. This created three groups, which are Unemployed (coded as 1); Part-time (coded as 2); Day labor, and temporary work (coded as 3), and full-time (coded as 4).

The last variable is *number of times person has been homeless in 3 years.* This variable helped to measure the number of episodes of homelessness in terms of none, one time, two times, three times, and four or more times. This variable was operationalized using Question 3, which asked: In the past 3 years, how many times have you been homeless? Answers are None

(coded as 0), One time (coded as 1), Two times (coded as 2), Three times (coded as 3), Four or more times (coded as 4). Appendix A details the survey question that measured those variables. The next section will discuss the pilot test that was conducted in preparation of this dissertation. The pilot test process was conducted to evaluate the quality of the questionnaire and understand how individuals in the sample would respond to the survey.

Pilot Test of the Study

Overview of the Pilot Test

Pilot test activities were conducted to identify potential issues with the questionnaire, data collection, survey instructions, and to determine other instances where the questions or mechanics of this study was unclear. This was helpful in testing the questions and was used to make substantial changes to the questionnaire. Pilot testing in these terms is defined as a data collection activity where a researcher tests the questionnaire before the official data collection data begins. The researcher conducted these activities for the study during the period of April 18-23, 2013. The pilot interviews were conducted with 10 currently homeless people in the Richmond Metro area. All participants were asked to participate in the pilot test on a volunteer basis. Eight of the 10 people participating in the activities were sheltered in HomeAgain men's shelter. The other two were staff members of HomeAgain, who were selected because of their knowledge and experience of the homeless population in Richmond and because of their knowledge of the homeless system in the region. One of the staff members participating in the pilot test activities was homeless in Richmond for a portion of her adult life. Now a shelter manager for HomeAgain, she is equipped with a staff view of the homeless system in addition to a client view obtained while she was homeless. The other staff member had not experienced

homelessness but had vast knowledge of the region's homeless population and homeless system because of her social work experience and as a case manager for the homeless population.

HomeAgain is a shelter that offers a range of services, which include showers, food, and dorm room style sleeping accommodations (HomeAgain, 2009). Residents of HomeAgain are referred to the agency from Central Intake, Department of Social Services, or other shelters or homeless service providers. HomeAgain is a non-FB nonprofit organization, which relies on churches and other community organizations to supply food and other necessities for residents of the shelter. Residents usually have a 90-day term for shelter at HomeAgain. HomeAgain was selected as one of the pilot test sites because most clients had been placed in HomeAgain after receiving short-term shelter from other sources, successfully attending recovery programs for drugs or alcohol, being released from prison or jail, or overcoming other mitigating situations related to becoming homeless. Typically, these experiences give the clients at HomeAgain opportunities to interact with many agencies before being placed in HomeAgain. Therefore, their experiences make them more aware of service providers in the Richmond area.

The pilot test activities began with the two staff members at HomeAgain. Originally, health care was not included in the list of categories of services. However, one of the staff members noted that Fan Free Clinic, CrossOver Health Care Ministry, Hilltop Promises, and Vernon J. Harris Medical Center offered medical services to those experiencing homelessness. However, health care was not included as a type of human service on the pilot survey. After validation that health care is often used as a type of service in the homeless community, health care was added to the list of categories of services. This was done before for the pilot activities with the clients at HomeAgain. Both staff members noted that the original Question 1 asking which agencies had provided services before or during homelessness (check all that apply),

would take too long to answer. However, this question was retained for the pilot activities. Answers were organized into alphabetical order and were formatted into three columns with about 12 organizations in each column. However, this question and the answers were kept for the pilot with the residents of HomeAgain. There were no other comments from the HomeAgain staff regarding the survey.

After the pilot test with the staff, the test activities began with the men in HomeAgain. Before the instrument was given, the participants were briefed on the purpose of the survey. The self-administrated instrument was then given to the participants in written form, which was one of the modes and techniques posed in the data collection method for this study. The participants completed and returned the survey to the researcher during the same time period. On average, it took participants about 10 minutes or less to complete the survey questions. However, it should be noted that the questions included in the pilot only included the questions in the religiosity section of the proposed instrument and did not include the Homeward questions from the biannual survey. Due to this, other variables such as demographic and personal characteristics could not be collected and analyzed as the instrument used in the pilot test did not have questions regarding demographics because the instrument in the pilot test was designed to be combined the Homeward survey. The demographic and personal characteristics included marital status, veteran status, age, education level, criminal history, if a person has a minor child, domestic violence victim, past or present alcohol dependency, past or present drug dependency, mental illness status, employment status and other factors. The next section discusses the results of the pilot test results.

Pilot Test Results

The pilot test revealed that overall 70% of those tested did not have a preference for service providers. When asked: Specifically, are there services you would rather receive from a religious provider, and specifically, are there services you would rather receive from a non-FB provider, 60% stated No to each question. During the pilot test, food pantries, with four responses, received the most selections for the categories of human services participants wanted to receive from a FBO. This was followed by drug recovery sites with three responses; and alcohol recovery sites, health care, long-term shelter, and meal sites, each with two responses. Job training and placement and short-term shelter, received one selection during the pilot testing phase. Similar to the other two selections, food pantries, job training and placement, meal sites, and short-term shelter ranked highest among categories of services participants would rather receive from a non-FB provider.

Question 5 asked: In the last year, how often did you attend services at a place of worship? Pilot test results for the question were: three responses each for options of more than once a week and never. Two people stated that they attended religious services a few times a year. Selections of once a week and a few times a month received one vote each from participants. Ninety percent or nine of the respondents identified themselves as Christian and one (10%) identified with having no religious affiliation. The majority, precisely six respondents, were of the Baptist denomination. Episcopalian, Pentecostal, and Other received one selection each. The person who identified with another denomination, identified as being part of the Full Gospel denomination. Appendix B has the frequency table and pilot test questions that were used. The next segment of this section will discuss the pilot test behavior

coding and interviewer and respondent behavior, which was collected during the pilot test activities.

Pilot Test Behavior Coding and Interviewer and Respondent Behavior

The behavior coding is defined as small-scale rehearsals of the data collection procedures used to evaluate the survey instrument, data collection procedures, and the respondent sections of answers to the survey. Often, this practice suggests how to streamline the data collection process and how to improve the survey questions. As participants completed the survey, the researcher conducted a behavior coding pilot and respondent behaviors interview (Groves et al., 2009). The interview consisted of assessments of respondents reading the questions as worded, asking for clarification regarding the questions, answers of "I don't know," refusals to answer questions, inadequate answers, and interruptions in the question reading. All respondents read the question exactly as written in the questionnaire. There were no minor changes or reading the questions in a manner that altered the meaning of the question. There were no pauses, deleted, added, or modified words associated with the reading of the survey questions or answers by the respondents. However, for the original question, which agencies have provided you services before or during your homelessness (check all that apply), most respondents struggled to recall all the nonprofits that provided them services. Appendix B has frequency table showing the percentages of interviews in which the question was read exactly as worded.

Modifications for the Proposed Survey

Based on the pilot test, modifications to the proposed survey were implemented. These modifications included omitting Question 1: Which agencies have provided you services before or during your homelessness (check all that apply)? This question and possible answers would take too long for respondents to analyze and answer. This was especially the case, if combined

with the Homeward instrument. In addition, the question did not help answer which type of nonprofit is preferred. Another modification was to add more questions to measure religiosity. These additional questions included (Büssing & Koenig, 2010; Francis & Wilcox, 1996, 2005; King & Crowther, 2004; Mattis, 2002; Zinnbauer et al., 1997):

- To what degree do you regard yourself a religious person?
- How often do you attend religious services?
- How often do you spend time in private religious activities, such as prayer, meditation, or religious study?
- To what extent do you believe that God or something divine exists?
- How often do you think about religious issues?
- How important is religion in your life?

Additional modifications to make the survey more visually appealing were also noted and later implemented. To examine the research question, the questions in Appendix C were developed to investigate the preferences and attitudes of homeless adults to FBOs and non-FB nonprofits engaged in providing human services. The questions in the Homeward survey were combined with the study instrument to create a comprehensive questionnaire. In addition, experts in the field, those on the IRB at Virginia Commonwealth University, and at Homeward reviewed the questions. The questions are listed in Appendix C. The next section will discuss the sample and target population of this study.

Sampling

Sampling Description

The target population was homeless adults, who were sheltered and unsheltered in Richmond City and the surrounding counties of Chesterfield and Henrico. More specifically, the

sampling frame included those who had participated in the Homeward survey, which included those present on the days the survey was administrated at locations such as St. Paul's Episcopal Church for lunch, shelters, and other places where unsheltered homeless people were known to stay (Ackermann, 2013). The sampling technique is a nonprobability purposive sample. Nonprobability sampling does not specify or guarantee in advance that each segment of the population will be represented in the sample (Frankfort-Nachmias & Nachmias, 2008; Leedy & Ormrod, 2010; Vogt, 1993). Purposive sampling is choosing a unit or group based on a particular purpose and entails deliberately seeking out the population at known locations. Because homeless adults are a hidden population, there is limited knowledge regarding the sampling. Those experiencing homelessness are transitory and move from place to place in a cycle of sleeping in cars, campgrounds, hospitals, jails, shelters, and doubled up with family members, which makes other sampling techniques difficult. In addition, there is strong existence of privacy concerns that force homeless people into concealment (Heckathorn, 1997; Kessler, 1992). For these reasons, probability sampling methods are not appropriate. Therefore, the sample was drawn by going to places where homeless people were known to frequent and asking for volunteers to participate in the study (M. Ackermann, personal communication, March 19, 2013).

The goal of the sampling approach was to include as many people from the target population as possible. The target population was sheltered and unsheltered homeless adults who had received human services from nonprofit organizations in the Richmond Metro area. Ideally, the sample had to be large enough to account for the target population who had encountered both FBOs and non-FB nonprofit organizations and large enough to account for and to investigate various perceptions, past experiences, attitudes, and relationships among the

variables. In order to achieve these goals, the sample followed the Homeward sample; and the survey instrument for this study was combined with the Homeward survey instrument as outlined in the Proposed Data Collection Technique section of this paper. Based on this, the research sample frame included the sampling population of Homeward, which was all homeless adults willing to participate in the survey. The next section details data collection efforts for this study.

Data Collection

Data Collection Technique

The data collection technique for this research study was to combine the survey instrument, which was developed for this dissertation, with the biannual survey that Homeward uses to study the homeless population. The data were collected through a self-administered or researcher-administered survey. The researcher and a volunteer administered the written survey. The volunteer, who assisted the researcher in administering the survey protocol, was required to be able to read the printed questions and write the participants' responses. Training on survey protocol occurred before the data collection at each collection site where volunteers administered the survey, which required 15 minutes. Training on survey protocols included a staff member of Homeward reading each question on the survey and going through techniques, standards, and best practices to ensure each volunteer captured correct survey data, were comfortable with asking the survey questions, understood each question and the possible answers. Training emphasis was placed on question and answer structures with details of measurements each question was intended to evaluate. An example was ensuring length of time was correctly documented in days, weeks, months, and years as prearranged in the survey answer format.

Through years of administering its survey, Homeward has proved this data collection method is reliable in reaching a large part of the homeless population. In order to reach the

maximum number of respondents, the self-administered paper survey added to the Homeward survey was the best option for data collection. The survey questions were added to the Homeward survey and were transparent to the respondents in that the respondents did not know where the Homeward survey ended and this research project data collection began. In other words, the combination of the two survey instruments was nearly seamless to the respondents.

Because of the characteristics and limitations of the homeless population, there were barriers to other data collection techniques such as mail questionnaires, phone, and Internet surveys such as Web-based and e-mail surveys. These were barriers because many experiencing homelessness do not have permanent addresses. Likewise, for many, cell phones are a luxury and airtime minutes are a premium, which would rule out phone surveys. Computer access and skills may have been a limitation for a segment of the population, which excluded surveys using a computer or the Internet. A focus group or personal interviews would have worked but would have produced a smaller sample. Therefore, written surveys were the preferred data collection technique because of barriers to the sample population (Groves et al., 2009). Other forms of data collection would have drastically decreased the amount of responses and participation by the target population.

Beyond being more convenient for the researcher and respondents, the written survey had many other benefits. The written survey was preferred because the cost of collecting the data is very low. Based on past results from Homeward, the written survey produces a higher response rate, collection of detailed information, and collection of data is done expeditiously. This is especially the case when the data collection methods are seamless with Homeward's. Usually, Homeward is able to collect the information in 3 days depending on the number of volunteers, and when the agency receives surveys from local shelters where the sheltered homeless are

staying (W. Ackermann, personal communication, September 23, 2011). The written survey characteristics of Homeward's instrument includes the letter of introduction and explanations of the questionnaire. This information is located in Appendix A.

In addition, the data collection method involved informed consent from respondents. A few considerations shaped the design of this study. First, the method of combining the proposed survey instruments with Homeward's survey allowed the researcher to obtain the preferences of a large part of the homeless population by distributing a wide dissemination of surveys to the target population. In previous point in time surveys, Homeward has been able to obtain a large number of participants. For instance, in January 2013, 885 adults were counted as homeless and 690 (78%) completed the survey (Ackermann, 2013a). In July 2012, 772 adults were counted as homeless and 645 (83.5%) completed the survey (Ackermann, 2012). During the point in time counts in January 2012, the Homeward count of homeless adults was 909 of whom 720 completed the survey, which was about a 79% response rate (Ackermann, 2012a). In July 2011, 772 adults were counted of whom 581 completed the survey, which equated to a 73% response rate (Ackermann, 2011c). In January 2011, 942 were counted and 709 completed the Homeward point in time survey, which equated to a 75% response rate (Ackermann, 2011c). July 2010 counts found 748 homeless adults and 551 people completed the survey, which was a 74% response rate (Ackermann, 2010a). January 2010 showed 881 adults were homeless and 680 provided input into the survey, which was a 77% response rate (Ackermann, 2010b). In July 2009, the response rate was 65% based on the counts of 906 homeless adults, and 590 completed the homeless survey (Ackermann, 2009a). In January 2009, the response rate yielded 68% based on 1,014 adults in the count and 692 completing the survey (Ackermann, 2009b). In July 2008,

823 adults were counted and 549 completed the survey, equaling a 67% response rate (Ackermann, 2008).

Based on the ratio of those counted and those who completed the survey, Homeward is proficient in obtaining a large segment of the homeless population. This is the major reason for combining survey instruments to the homeless population with the study conducted by Homeward. The proposed time frame for this study was January 2014 because of the increased response rate based on the historical rise in participation in winter surveys versus summer surveys. In addition to obtaining a large scale of the population, the survey instrument developed by Homeward accounted for nearly all the variables recommended for this study. With additional questions, all the identified variables were accounted for in the study. The questionnaire permitted regression models and other statistical analyses of the variables. With this information, the researcher sought to make a strong relationship between the variables based on this design. Other benefits included the low cost for the researcher to obtain the data set and the quick turnaround time for the data.

Homeward Point-in-Time Count Survey Instrument in Richmond, Virginia

Much of the knowledge regarding the homeless population local to the Richmond area is known through the biannual Homeward point-in time counts and survey. The study is conducted in two parts. The first part is a count of those experiencing homelessness. The second part is a research-administered or self-administered, written survey that measures variables such as gender, age, race, education level, and other personal characteristics. Homeward conducts point-in-time counts and surveys in Metro Richmond each January and July (Ackermann, 2013a). It is a series of cross-sectional studies where Dr. Margot Ackermann, Director of Research and Evaluation at Homeward, leads a team of volunteers in a Richmond region wide effort of

counting and surveying people experiencing homelessness. Concurrently due to Dr. Ackermann's efforts, shelters, caseworkers, police officers, and others in the community also count and survey those experiencing homelessness. The technique used is purposive sampling, and is demonstrated by volunteers going to places that harbor sheltered and unsheltered individuals and families and counting the number of people homeless and asking homeless people to complete the survey. The study is a cross-sectional snapshot because it measures homelessness and variables at a single point-in-time and does not follow the status of those experiencing homelessness in intervals as found in longitudinal studies.

In January 2013, there were 885 adults and 114 children counted as being homeless; of the 885 adults, 690 completed the survey (Ackermann, 2013a). Based on the findings in January 2013, 77% were male, 23% female, and the average age of homeless adults was 45 years old. About 63% were Black, 32% Caucasian; and 6% Hispanic. The majority (54%) had a high school diploma or GED certificate, 24% attended college, and 9% had a college degree or higher. Meanwhile, 14% served in the military, of which 67% were honorably discharged and 35% served in combat. Forty-five percent of the homeless population had a long-term disability. Eighteen percent were employed, of which 49% worked full-time, 34% worked part-time, and 17% were day laborers or temporary workers (Ackermann, 2013a). Individuals experiencing homelessness and victims of domestic violence in their lifetime had reached 25%, of which 41% had experienced domestic violence in the last year.

The prevalence of drug and alcohol abuse, including those in recovery, was elevated in the homeless population. In fact, 49% and 50% had a history of alcoholism or drug abuse, respectively. In addition, 77% of the 49% were in recovery for alcoholism. Based on the local statistics, 79% of the 49% who stated that they had issues with drugs were in recovery. Seventy-

seven percent of the respondents had spent time in jail or prison. In addition, 36% had a mental illness, of which 65% were undergoing treatment, 60% were taking medication for mental illnesses, and 90% of the 36% of those that reported having a mental health problem were receiving counseling for a mental illness (Ackermann, 2013a).

The point-in-time survey is conducted by Homeward twice a year and is administered by volunteers, case managers, and others. Dr. Ackermann is the Research and Evaluation Director at Homeward and lead research person. The survey is in addition to the actual count of people experiencing homelessness. This means people can be counted in the number of homeless in the region, yet refuse to participate in the survey (Ackermann, 2011b). The questions are very personal in nature; however, those taking the survey should be comfortable and free to respond honestly. The survey is voluntary and all information is self-reported, unable to be verified, and untraceable to persons completing the survey. The survey is designed to be completed in 10-15 minutes. The full questionnaire, which includes the combined study instrument and Homeward survey, is located in Appendix A. Appendix C has the questions developed by the researcher that were combined with Homeward's survey.

Data Collection Procedures

As discussed in previous sections, Homeward's point-in-time count and survey instrument occurs at the same time in the winter, which is in January each year, and the summer, which occurs every July. Because of the higher response rate in January versus July, the researcher of this study recommended January 2014 as the timeframe for data collection. In order to collect the data, Homeward coordinates and recruits an average of 60-70 volunteers and trains assistants for the event with cooperation from shelter providers, area departments of social services, local police departments, and other providers (W. Ackermann, personal

communication, September 23, 2013). St. Paul's Episcopal Church in Richmond, Virginia is a major site for training and organizing volunteers. They meet at the church at lunch on the planned day of data collection for training. Some volunteers then visit sites known to provide meals to the homeless while others canvas areas known to be frequented by the homeless community. Later, the volunteers meet at the Salvation Army location and seek participation from the homeless who eat dinner at that site. The volunteers are comprised of experts in the field who are known and trusted by the homeless and who understand how to approach this population in a nonoffensive way in order to seek participation in completion of the survey.

The counts include sheltered and unsheltered men, women, and children. The majority of unsheltered individuals are counted and given the survey instrument at St. Paul's Episcopal Church (M. Ackermann, personal communication, September 23, 2013). Those in shelters are counted and asked to complete the survey at the shelter in which they are staying. The goal of the count is to calculate the number of those experiencing homelessness in the region. Adults are also asked, on a strictly volunteer basis, to complete a survey that will assess the needs of the homeless and to determine specific factors that could help better serve the population. The survey is also disseminated to unsheltered individuals at CCC, HPE, Richmond Department of Social Services Cold Weather Shelter, McGuire Veterans Hospital, and other locations known to be frequented by unsheltered adults. Emergency shelters also participate in the survey and count. These organizations include CARITAS, Daily Planet, Safe Harbor, the Salvation Army, and the Healing Place. In addition, transitional housing shelters, such as the Hilliard House, YMCA, and Rubicon, are also data collection sites for the survey and count.

Limitations of the Study

One potential downfall was that the homeless population is very transient and preferences and perceptions could alter with the changes in the populations. Based on prior research and as mentioned in the prior chapter, 80% or 90% of people enter the homeless support network of services, receive care, regain permanent housing, and exit the homeless population (Bass, 2009; Kuhn & Culhane, 1998, Mangano, 2007). This makes the population transient in nature, as the remaining 10% or 20%, or what is known as the chronically homeless, cycle through shelters, hospitals, jails, prisons, treatment centers, and the streets. This continuous shift in the population might have influenced the reliability and validity of the survey results. Another limitation was that those in hospitals, jails, prisons, or other places were not counted nor had the opportunity to participate in the survey, which is a limitation of this research study. It is should also be noted that people doubled up with friends or family, or living in motels and hotels and other similar situations were not purposefully excluded but were hard to reach (Homeward, 2008). There was nothing that could have been done to avoid these limitations.

Another limitation was if a person administering the survey was known to work or volunteer for a FBO or non-FB nonprofit; in such cases, respondents' opinions could be influenced. For example, a person who was identified and known to volunteer, or was employed by a nonprofit, administered the survey to an unsheltered person who wanted to get in a certain program or agency. The respondent might have been swayed to respond in a manner that did not reflect his/her true preference or perception. In addition, since the survey was administered to those in shelters, those having differing opinions from the shelter that they were staying in might have been reluctant to share their true preferences. An instance of this was a person staying in CARITAS, which is defined as a FBO, who may have been hesitant about sharing their

preferences because of the possibility of being rejected by the nonprofit. To overcome this limitation, it was imperative that the survey instructions mentioned that there were no reprisals or benefits for providing perceptions or preferences.

Institutional Review Board Considerations

To ensure this research project was in compliance with federal, state, and local regulations and Virginia Commonwealth University IRB protocols, the researcher requested and obtained an exemption review to conduct the research. This determination was made after analyzing the Human Subject Regulation Decision Chart and the guidelines for Human Subject Regulations (Office of Research) (Human Subject Regulations Decision Charts, 2004). The research information obtained in this study did not cause any respondents risk or loss of services, subject participants to any criminal or civil liability, and did not damage participants socially or economically. In addition, only adults 18 years old or older were permitted to participate. An informed consent was conducted by Homeward and was attached to the survey (see Appendix A). Traceable information or personally identifiable information to the person who conducted the survey was not included in the survey instrument. In no way could the information be used to link a particular subject of the study using the information obtained. There was no penalty or rejection of services for refusal to complete the survey or for answers provided from the respondents. In addition, the instrument was approved by Homeward, which was the lead organization for the overall study. Again, the intent was that the instrument in this study would be seamlessly combined with the Homeward instrument. Therefore, exempted approval was obtained by the IRB for this project.

Conclusion

The intent of the research question and hypotheses was to determine how various

demographic and personal characteristics impact preferences of homeless clients for FBOs and non-FB nonprofits providing human services in the Richmond region. This chapter identified the hypotheses and defined and operationalized the independent and dependent variables. The chapter also discussed the sample and the target population, which were the homeless adults who were sheltered and unsheltered in Richmond City and the surrounding counties of Chesterfield and Henrico. In April 2013, a pilot test was conducted to help assess the components of the survey, instructions, and procedures. This presented sufficient changes for the survey to be used in this dissertation and produced a better survey instrument. The data collection techniques employed were self-administered or a research-administered survey. The survey was given in written form. Because of the nature of this study, Virginia Commonwealth University IRB approved the exempted approval. Using the rational choice and cohort theories, it is thought at the completion of this study, the responses represented the views and perceptions of those receiving human services from the nonprofit sector.

CHAPTER 4. FINDINGS DATA ANALYSES

The primary focus of this research was to explore how preferences of homeless clients vary based on demographic factors and personal characteristics. In addition, the goal was to build a group of models that could be used to predict the desired preferences with respect to faith-based providers for each type of human service. The overall research in this dissertation can be summarized by the research question: To what extent do factors such as degree of religiosity, gender, religious denomination, and race of the recipients influence homeless adults' preferences for human services offered by FBOs or nonreligious nonprofit organizations in the Metro Richmond area? In addition to these factors, other demographics and personal characteristics were included as discussed below. The following hypotheses guided the research.

H_1: Homeless adults with a higher degree of religiosity are more likely than those with a lower degree of religiosity to report a preference for FBOs in the delivery of human services.

Independent variable: Degree of religiosity.

Dependent variable: Preference for human services.

H_2: There is a statistical relationship between the degree of religiosity and preference of human services for the homeless.

Independent variable: Degree of religiosity.

Dependent variable: Preference for human services.

H_3: Homeless women are more likely than homeless men to report a preference for FBOs in the delivery of human services for the homeless.

Independent variable: Gender.

Dependent variable: Preference for human services.

H_4: There is a statistical relationship between the gender and preference of human services for the homeless.

Independent variable: Gender.

Dependent variable: Preference for human services.

H_5: Homeless adults who identify as Christians are more likely than those who identify with other, or no, religious denominations to report a preference for FBOs in the delivery of human services for the homeless.

Independent variable: Religious denomination.

Dependent variable: Preference for human services.

H_6: There is a statistical relationship between the religious denomination and preference of human services for the homeless.

Independent variable: Religious denomination.

Dependent variable: Preference for human services.

H_7: Homeless adults who are Black are more likely than those who identify with other races/ethnicities to report a preference for FBOs in the delivery of human services for the homeless.

Independent variable: Race.

Dependent variable: Preference for human services.

H_8: There is a statistical relationship between the race and preference of human services for the homeless.

Independent variable: Race.

Dependent variable: Preference for human services.

Using cross-sectional, nonexperimental, one group, one posttest observation, this study sought to understand and explain how preferences from human services vary using self-administered and researcher and volunteer administered written surveys. The data were collected in late January 2014. The next section describes the data set.

Overview of the Data Set

Homeward, volunteers, and the researcher collected the data, and transcribed and input the data in the original data set, which included 749 participants. The original data set required further analysis to identify the target population of currently sheltered and unsheltered homeless adults and to identify permissible deletions of cases due to incomplete, inaccurate, irrelevant, or duplicate observations. This was completed using a manual process of cleansing and validation of the original data. The first step was to identify the target population in the original data because the primary data set also included those that were not homeless according the USHUD definition of homeless, which is also used as the homeless definition for this study. This was because purposive sampling method was used and most of the data were collected at agencies offering human services such as meals and other categories of human services offered to clients that may or may not have been homeless according to the definition of homeless. However, as stated in Chapter 3, this was the best method of sampling the homeless population because those experiencing homelessness are considered to be a hidden population and are difficult to locate using other sampling methods (Appelbaum, 1990; Heckathorn, 1997; Kessler, 1992; Rollinson & Pardeck, 2006). Nevertheless, because the focus of this study was on homeless adults and not other segments of the population that use human services, the data set had to be analyzed for only current homeless adults, who were the target population for this study.

To identify and isolate study participants who were homeless the survey question, where will you sleep (or where did you sleep) on the night of Thursday, January 30, 2014, and the location the survey was administrated were analyzed. An example of this determination was the case omission of a person who took the survey at a meal site at the Salvation Army or St. Paul's Episcopal Church but was not considered homeless because he/she was doubling up, which is defined as a staying with family and friends (Allard, 2009; Rollinson & Pardeck, 2006). Based on the USHUD definition, the person was not homeless and could not be counted as a homeless participant in this study (Glasser & Bridgman, 1999; Hombs, 2001; Hombs & Snyder, 1982; NAEH, 2012; USHUD, 2007; Wagner & Gilman, 2012). Conversely, a person who was surveyed at CARITAS could be counted as homeless because CARITAS offers shelter for homeless individuals and families, and this is a sleeping arrangement considered to a homeless action by USHUD. Similarly, if a person was surveyed at a meal program offered by the Salvation Army and checked "outdoors, abandoned or condemned building, vehicle, bridge, rail yard, campsite, or other place not meant for human habitation" for the question asking where the person was going to sleep, then they were considered homeless. However, if they checked, home/apartment of a friend or relative, then the person was not considered homeless and was excluded from the data set. This process was used to acquire the data set with only participants currently in situations of sheltered and unsheltered homelessness.

Next, I analyzed the data for duplication. This process was also completed using a manual process of scanning the data for identical relationships among cases based on age, birthday, and other demographic information. For example, if two participants had the same age and birthday, a manual analysis was performed to compare other factors such as gender, race, education, veteran status, and other closely identifiable information. For example, if two cases

had the same age and birthday, other demographical information was compared to see if there was a possibility of duplication. If there was a strong possibility after the comparison, one of the cases was deleted from the data set. These procedures reduced the data set from 749 participants to 553 participants.

Next, the data set was analyzed for incomplete cases and missing data. This was done to remove all nonparticipants from the study. This was also a manual process and entailed organizing the data set into an ascending format for the mean score of degree of religiosity, gender, and age. Also, Statistical Package for the Social Sciences® (SPSS) frequency tables were used to report missing data for each variable. Using these two approaches, it was determined that 24 participants who did not answer at least two of the religiosity questions were removed from the data set. Three others that did not indicate their gender were also omitted from the data set. Eleven others were deleted because the participants did not indicate their race. Four other participants were omitted because they did not indicate their birthday or age. Eight others were also removed because they did not answer any of the preferences questions. Eight others did not select a religion they most closely identified with and were omitted from the data set. After these procedures were followed, the data set included 502 participants. The next section compares the original data set of 749 cases versus the modified data set of 502.

Comparison of the Original and Modified Data Sets

In a comparison of the original data set and the modified data set, the results confirmed that the two data sets were similar on relevant factors. The comparison was made using key demographics, such as age, gender, education, and race. The original set contained 749 observations, an age range of 18-78 years old, a mean age of 47 years old, and a median age of 49 years old. It included 79% males and 21% females. In terms of education, 2% had an

elementary school education, 18% had a middle school education, 51% had high school diploma or GED, 22% had some college, 7% had a college degree, and 2% had a postgraduate degree. There were 26% who identified as White, 66% that identified as Black, .5% identified as Asian, .5% identified as American Indian/Alaskan Native, 4% identified as two or more races, and 3% identified as other.

The 502 case data set included roughly the same distribution of men and women (i.e., 78% of men and 22% of women). The age range was from 18 to 73 years old. The mean age is 46 years old and the median age is 49 years old. Education was nearly the same percentages, as 1.4% had an elementary school education, 12% a middle school education, 53% had a high school diploma, 22% had some college, 8.6% had a college degree, and 2% had a postgraduate degree. For race, 29% were White, 63% were Black, .4% were Asian, 1.2% were American Indian/Alaskan Native, .4% were Native Hawaiian or Pacific Islander, 3.8% identified as two or more races, and 2.4% identified with other. Tables 1-4 compare the original data set to the modified data set.

Table 1

Age: Original Data Set Versus Modified Data Set

Age	Original data set	Modified data set
Range	18-78	18-73
Mean	47	46
Median	49	49

Table 2

Gender: Original Data Set Versus Modified Data Set

Gender	Original data set (%)	Modified data set (%)
Male	79	78
Female	21	22

Table 3

Education: Original Data Set Versus Modified Data Set

Education	Original data set (%)	Modified data set (%)
Elementary school	2	1.4
Middle school	18	12
High school/GED	51	53
Some college	22	22
College degree	7	8.6
Postgraduate degree	2	2

Table 4

Race: Original Data Set Versus Modified Data Set

Race	Original data set (%)	Modified data set (%)
White	26	29
Black	66	63
Asian	1.5	.4
American Indian/Alaskan Native	1.5	1.2
Two or more races	4	3.8
Other	3	2.4

The next section describes the analyses used and results of the study.

Study Results

This section provides subsections that present the overview of the analyses used in this research, which includes the key elements of the analyses and descriptions that indicate the acceptance or rejection of the hypotheses and the number of sections for each preference type. In addition, this section provides subsections that offer an in-depth analyses of the chi-square test of independence results used to test the hypotheses, and the multinomial logistic regression used to predict the variables used to predict the selected preference choice. Lastly, this section provides a subsection of the all the findings. The next subsection is the overview of analyses.

Overview of Analyses

There were three types of analyses used for this dissertation, cross-tabulations with a test of proportion, chi-square ($\chi 2$), and multinomial logistic regression (also known as frequency tables). Test of proportions with the cross-tabulations were used to understand the frequency in percentages and counts. Cross-tabulation was used to evaluate H_1, H_3, H_5, and H_7. Each group targeted in H_1, H_3, H_5, and H_7 were individually calculated to determine the proportion specified in the hypotheses using a test of proportion (Larson & Farber, 2015). As in H_1, which states homeless adults with a high degree of religiosity are more likely than those with low degree of religiosity to report a preference for faith based in the delivery of human services. This is in order to evaluate this hypothesis.

As shown in Table 5, the number of people who selected *prefer faith based*, and who have a low degree of religiosity, is 9 divided by the total number of people who selected low degree of religiosity, which is 78. This equals 12%. Next, those who prefer faith based and have a high degree of religiosity, which is 91, are compared to the total number of people who selected a high degree of religiosity, which is 216. This equaled 42%. Based on the two ratios, the largest percentage was the group that is most likely to prefer faith based. In other words, the two-sample Z-test for the difference between proportions rejected the hypothesis that these two proportions were equal and concluded that the alternative was correct, meaning those with a high degree of religiosity were more likely than those with a low degree of religiosity to report a preference for FBOs in the delivery of human services (Larson & Farber, 2015). Basically, those with a high degree of religiosity and a preference for faith based are the group. The proportion test was completed for each odd numbered hypothesis.

Table 5

Overall Preference and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	55	14	9	78
Percentage within religious preference	70.5	18	11.5	100
Percentage within total sample	11.7	2.9	1.9	16.5
Moderate count:	114	18	45	177
Percentage within religious preference	64.4	10.2	25.4	100
Percentage within total sample	24.2	3.8	9.6	76.5
High count:	104	21	91	216
Percentage within religious preference	58.6	22.9	18.6	100
Percentage within total sample	48.1	9.7	19.3	15.1
Total count:	273	53	145	471
Percentage within religious preference	100	100	100	100
Percentage within total sample	57.6	11.6	30.8	100

Note: NonFB = Nonfaith based; FB = faith based.

Hypotheses H_1, H_3, H_5, and H_7 are the nondirectional hypotheses. These are nondirectional because these hypotheses predict that there will be a difference but do not specify how the groups will differ (Marczyk, DeMatteo, & Festinger, 2005). If the hypothesis was found to be true by comparing the percentages and counts using the frequency tables for H_1, H_3, H_5, and H_7, then we accepted the alternative hypothesis reject null hypothesis. Conversely, if the analyses of the frequency tables showed the hypothesis to be untrue, then we accepted the null hypothesis and rejected the alternative hypothesis.

The chi-square test of independence is used to test the independence of two variables (Levine & Szabat, 2008). Two events are defined as independent if the occurrence of one event does not affect the probability of the occurrence of the other event. In this study, the chi-square test was used to determine whether a personal demographic (i.e., the independent variable) is related to or affects the probability of a human service preference (i.e., the dependent variable).

H_2, H_4, H_6, and H_8 were evaluated using the chi-square test. For a chi-square ($\chi 2$) independence test, the null hypothesis and alternative hypothesis are some variation of the following:

H_0: The independent and dependent variables are independent.

H_a: The independent and dependent variables not independent.

Based on the sample data, the chi-square test requires performing the following: identifying the degrees of freedom (*df*), calculating the chi-square test statistic, and the *p*-value. This analysis was conducted using SPSS®. The degrees of freedom as defined by Larson and Farber (2014) are the number of free choices left after the sample statistic is calculated. Degrees of freedom is found using the following equation: where *r* is the number of rows in the frequency table and *c* is the number of columns. The test statistic is a random variable that is defined by the following equation: Where *O* is the observed frequencies count of the dependent variable and *E* is the expected frequencies count of the dependent variable. To test the independence of the variables, a significant level α is compared to a calculated *p*-value. The *p*-value (or probability value) of a hypothesis test is the probability of obtaining a sample statistic with a value as extreme or more extreme than the one determined from the sample data (Larson & Farber, 2014) and is reported as *p* The test is applied using a level of significance of $\alpha = 0.05$. A decision of independence will be made by comparing the *p*-value with $\alpha = 0.05$. This means that if the *p*-value is less than the stated level of significance then the null hypothesis H_0 will be rejected, implying that preferences depend on the demographics of an individual, and if *p*-value > we will fail to reject the H_0 concluding that the two variables are statistically independent. The chi-square statistic will be reported as with the calculated *p*-value where *df* is the degrees of freedom and *n* is the sample size.

The second part of the analysis employed multinomial logistic regression. Multinomial logistic regression was used to develop a model for forecasting which variables contributed to predicting a person's choices for faith based, nonfaith based, or no preference concerning overall preference and the other categories of service. The models were developed using multinomial logistic regression, which is defined as a statistical method used to create a model from one or more of the independent variables to determine or predict an outcome (Hosmer & Lemeshow, 2000; Peng & Nichols, 2003; Vogt, 1993). The reason multinomial logistic regression was selected as the analysis tool to create the models and predict outcomes is that the analysis uses maximum likelihood estimations to evaluate the probability of categorical memberships (Hosmer & Lemeshow, 2000; Peng & Nichols, 2003). In addition, multinomial logistic regression is used when the independent variable is expressed dichotomously in a binary format, and the continuous variables are expressed on an interval or ratio scale. These conditions were satisfied by the original data set; therefore, multinomial logistic regression was suitable for the analysis. The regression analysis was conducted using *R* because it is more statistically advanced when compared to SPSS®. SPSS® was used to validate the data because the validation process yielded the same results, but SPSS® was better suited for this analysis.

For the multinomial logistic regression, the independent variables were:

- degree of religiosity
- gender
- religious denomination
- race
- age
- marital status

- veteran status
- education level
- criminal history
- if a person has minor children
- whether or not the respondent has been a victim of domestic violence
- whether the respondent suffered or is experiencing a dependency for drug or alcohol
- mental illness status
- employment status
- number of times a person has been homeless in the last 3 years

In addition to overall preference, the dependent variables used for the regression analysis are the categories of human services, which include the following:

- alcohol recovery sites
- drug recovery sites
- counseling
- food pantries
- meal sites
- health care
- job training and placement
- short-term shelters
- long-term shelters

Emerging from the multinomial logistic regression model are the independent variables that were shown to have statistical significance (Hosmer & Lemeshow, 2000; Peng & Nichols, 2003; Vogt, 1993). The models were selected based on the goodness of fit and the variables that

showed significance in the forward stepwise model selection process. The goodness of fit refers to how close the regression line comes to summarizing the observations. The goodness of fit also refers to the observed theoretical expectation (Vogt, 1993). The process was conducted using the test data set in SPSS®.

The models were reported in a table using estimates, standard error, *t*-value, *p*-values, and relative risk. Estimates were an analysis of the quantity of the variable (Hosmer & Lemeshow, 2000; Peng & Nichols, 2003). *T*-value is used to compare the means of the paired observations and is used to determine the significance of the regression coefficients. The standard error is the standard deviation of the sampling distribution and refers to the error in the estimate due to the random variation in the sample. The *t*-value is the difference between the mean and average scores of the two groups. The *p*-value is defined as the likelihood of obtaining the same result as the one that was observed. The relative risk is the likelihood or probability of an event occurring. An example was a 6 in the relative risk filed under males in the prefer nonfaith based table. This means that men are six times more likely to prefer nonfaith based (Cronk, 2012).

The model validation process was conducted after the models were created as a means of examining the predictive accuracy of the chosen models. Validation was completed using a subset of the sample data set previously described. Validation results were reported using a percentage, which details the percentage of observations a regression model correctly selected the correct preference.

Results

In this section, the results of the study are provided. This includes counts and percentages of selections made by those that participated in the study. The results from the independence test are analyzed in this section. This section also provides a discussion of the

selected variables that were found to contribute to the development of the multinomial logistic models based on the preferences of those that participated in the study. The findings from the analyses of the four independent variables of interest: (a) degree of religiosity, (b) gender, (c) religious denomination, and (d) race are discussed.

Degree of Religiosity

Since both the independent and dependent variables are categorical, the chi-square test was used to analyze the data (Vogt, 1993). In Table 5, the overall preference choices and the self-identified degree of religiosity of the participants is cross-tabulated. We see that in terms of preference choice, that most of the participants (57.6%) had no preference, 30.8% of those surveyed preferred faith based, and 11.6% preferred nonfaith based overall. With respect to the degree of religiosity, the largest selection was moderate degree of religiosity with 76.5%; followed by lower and higher degrees of religiosity with 16.5% and 15.1%, respectively. However, for H_1, the greater proportion was for high degree of religiosity and prefer faith based. This was 12% for those with a low degree of religiosity and a preference for faith based versus 42% for those with a high degree of religiosity and a preference for faith based. Therefore, the hypothesis is accepted. For H_2, overall preference and degree of religiosity, the chi-square test statistic was $\chi 24{,}471 = 30.787$ p = 3/393e-06, which is less than the level of significance. Since $p < \alpha$, the null hypothesis H_0 was rejected. With a p of 3.383e - 06, there was strong evidence that supported the initial hypothesis that there is significant interaction between the degree of religiosity and overall preference for human services.

For alcohol recovery preference and degree of religiosity, most of the participants (59.6%) did not have a preference (see Table 6). Among the degree of religiosity groups, low, moderate, and high, most people self-reported as high with 44.7%, followed by moderate with

Table 6

Alcohol Recovery Preference and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	50	18	7	75
Percentage within religious preference	66.7	24	9.3	100
Percentage within total sample	11	3.9	1.5	16.6
Moderate count:	116	17	44	177
Percentage within religious preference	65.5	9.6	24.9	100
Percentage within total sample	25.4	3.8	9.6	38.8
High count:	106	24	74	204
Percentage within religious preference	58.6	22.9	18.6	100
Percentage within total sample	23.2	5.3	16.2	44.7
Total count:	272	59	125	456
Percentage within religious preference	100	100	100	100
Percentage within total sample	59.6	13	27.4	100

Note: NonFB = Nonfaith based; FB = faith based.

38.8%, and low with 16.6%. Of those sampled, 65.5% identified with a moderate degree of religiosity along with not having a preference with respect to available alcohol recovery services. For H_1, the greatest proportion was for high degree of religiosity and prefer faith based. This was 9% for those with a low degree of religiosity and a preference for faith based versus 36% for those with a high degree of religiosity and a preference for faith based. Based on these results, the hypothesis is accepted for alcohol recovery preference. The second hypothesis, the chi-square test statistic for alcohol recovery preference and degree of religiosity was $\chi 24,56 = 27.70$ $p = 1.429e\text{-}05$, which was less than the level of significance $\alpha = 0.05$. Since $p < \alpha$, the null hypothesis H_0 was rejected. Based on these results, the conclusion that there is a significant relationship between the independent and dependent variables is justified. This supports the

theory that degree of religiosity and preference for alcohol recovery human services tend to have a relationship.

As displayed in Table 7, for drug treatment and recovery, the majority (59.9%) did not have a preference (IBM SPSS® Version 21.0). For H_1, the greatest proportion was for high degree of religiosity and prefer faith based. This was 11% for those who identified with having a low degree of religiosity and a preference for faith based versus 35% for those with a high degree of religiosity and a preference for faith based. With these results, the hypothesis is accepted for drug treatment and recovery preference. For the second hypothesis, the chi-square test statistic $\chi 24, 454 = 14.927$ $p = 0.005$ described the relationship between the preferences of drug recovery and treatment and religious preferences. Since $p < \alpha$, the null hypothesis H_0 was rejected. Therefore, there was a significant interaction between degree of religious and preference for drug recovery sites.

Table 7

Drug Recovery Preference and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	50	16	8	74
Percentage within religious preference	67.7	21.6	10.7	100
Percentage within total sample	11	3.5	1.8	16.3
Moderate count:	119	17	42	178
Percentage within religious preference	60.1	9.6	23.6	100
Percentage within total sample	26.2	3.8	9.3	38.8
High count:	107	24	71	202
Percentage within religious preference	53	11.9	35.1	100
Percentage within total sample	23.6	5.3	15.6	44.7
Total count:	272	59	125	454
Percentage within religious preference	100	100	100	100
Percentage within total sample	59.9	13	26.9	100

Note: NonFB = Nonfaith based; FB = faith based.

In Table 8 regarding counseling preference, 57.3% of the participants had no preference regardless of their stated degree of religiosity. For H_1, the greatest proportion was for high degree of religiosity and prefer faith based. This was 9% for those with low degree of religiosity and a preference for faith based versus 39% for those with a high degree of religiosity and a preference for faith based. Therefore, the hypothesis is accepted for counseling preference. For the second hypothesis, the test of independence between counseling preference and degree of religiosity, the chi-square test statistic was $\chi 24{,}464 = 33.764$ $p = 8.329e\text{-}07$. Clearly the p-value was less than the level of significance $\alpha = 0.05$. Therefore, the null hypothesis H_0 was rejected as there was compelling evidence showing significant interaction between degree of religiosity and preference for counseling. See Table 8 for the counts and percentages for counseling preferences relative to degree of religiosity.

Table 8

Counseling Preference and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	50	20	7	77
Percentage within religious preference	65	26	9	100
Percentage within total sample	11	4.3	1.5	16.8
Moderate count:	116	21	44	181
Percentage within religious preference	64	44.6	24.3	100
Percentage within total sample	25	4.5	9.5	39
High count:	100	25	81	206
Percentage within religious preference	48.5	12.1	39	100
Percentage within total sample	21.5	5.4	17.5	44.4
Total count:	266	66	132	464
Percentage within religious preference	100	100	100	100
Percentage within total sample	57.3	14.2	28.5	100

Note: NonFB = Nonfaith based; FB = faith based.

The counts and percentages for food pantries preferences and degree of religiosity is provided in Table 9. For food pantries services, 63.4% had no preference with respect to religiosity. Between faith-based and nonfaith-based preferences, 27.5% of those surveyed demonstrated a preference for a faith-based service and a mere 9.1% preferred a nonfaith-based service. From an observation of Table 9, it is clear that the largest cross-tabulation choice was the no preference choice and a moderate degree of religiosity. For H_1, there were more people with a high degree of religiosity and a preference for faith based who desired food pantry assistance from a faith based (39%) versus those with a low degree of religiosity and a preference for faith based (11%), which resulted in the acceptance of the alterative hypothesis.

Table 9

Food Pantries Preference and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	56	11	8	75
Percentage within religious preference	74.7	14.6	10.7	100
Percentage within total sample	12.2	2.4	1.7	16.3
Moderate count:	125	15	39	179
Percentage within religious preference	69.8	8.4	21.8	100
Percentage within total sample	27.2	3.3	8.5	39
High count:	110	16	79	205
Percentage within religious preference	53.7	7.8	38.5	100
Percentage within total sample	24	3.5	17.2	44.7
Total count:	291	42	126	459
Percentage within religious preference	100	100	100	100
Percentage within total sample	63.4	9.1	27.5	100

Note: NonFB = Nonfaith based; FB = faith based.

For the second hypothesis, the chi-square test statistic for food pantries services preference and degree of religiosity is $\chi 24{,}456 = 27.72$ $p = 1.422e - 06$, which is less than the level of

significance $\alpha = 0.05$. Once again since $p < \alpha$, the null hypothesis H_0 is rejected as $p < 0.0001$ supports the claim that there is a dependency between the food pantries and degree of religiosity.

The results for meal site service preference across the degrees of religiosity is shown in Table 10. Of those surveyed the majority (65%) reported having no preference regarding services. Between nonfaith based and faith based, 27% of those surveyed have a preference for faith based versus 8% that did not prefer a faith-based meal site service. For H_1, the greatest proportion was for high degree of religiosity and prefer faith based. This was 13% for those with low degree of religiosity and a preference for faith based versus 37% for those with a high degree of religiosity and a preference for faith based. Therefore, the hypothesis is accepted for meal site preference. For the H_2, the chi-square test statistic for meal sites preference and degree of religiosity is $\chi 24, 463 = 21.314$ $p = 0.0002743$. This is certainly less than the level of significance $\alpha = 0.5$; therefore, the null hypothesis H_0 is rejected. These results supported the claim that there is a significant relationship between religiosity and the preference choice for meal site service.

Regarding health care preferences, 310 (67.1%) had no preference (IBM SPSS® Version 21.0). The cross-tabulation of the groups revealed in Table 11, shows those with a moderate degree of religiosity and no preference accounted for 132 observations and 28.4% of the population, which was the highest cross tabulation. For H_1, the greatest proportion was for high degree of religiosity and prefer faith based. This was 13% for those with low degree of religiosity and a preference for faith based versus 28% for those with a high degree of religiosity and a preference for faith based. Therefore, the hypothesis is accepted for health care preference. For the H_2, the chi-square test statistic for overall preference and degree of religiosity was χ $24,462 = 12.305$ $p = 0.01522$, which was less than the level of significance $\alpha = 0.05$. Since $p <$

Table 10

Meal Sites Preference and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	57	9	10	76
Percentage within religious preference	75	11.8	13	100
Percentage within total sample	12	2	2.2	16.2
Moderate count:	128	15	39	182
Percentage within religious preference	70.3	8.2	24.3	100
Percentage within total sample	27.6	3.24	8.4	39.24
High count:	114	15	76	205
Percentage within religious preference	55.6	7.3	37.1	100
Percentage within total sample	21.5	5.4	17.2	44.1
Total count:	299	32	125	463
Percentage within religious preference	100	100	100	100
Percentage within total sample	65	8	27	100

Note: NonFB = Nonfaith based; FB = faith based.

Table 11

Health Care Preference and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	54	12	10	76
Percentage within religious preference	71	18.8	13.2	100
Percentage within total sample	11.7	2.6	2.2	16.5
Moderate count:	132	14	35	181
Percentage within religious preference	73	7.7	19.3	100
Percentage within total sample	28.4	3	7.6	39
High count:	124	24	57	205
Percentage within religious preference	60.5	11.7	27.8	100
Percentage within total sample	26.8	11.7	12.3	50.8
Total count:	310	50	102	462
Percentage within religious preference	100	100	100	100
Percentage within total sample	67.1	10.8	22.1	100

Note: NonFB = Nonfaith based; FB = faith based.

α, the null hypothesis H_0 was rejected and the $p = 0.01522$ proved that there is adequate evidence supporting a relationship between health care and degree of religiosity.

For job training and placement, no preference was the popular choice, which equated to 69.1% (IBM SPSS® Version 21.0). This is shown in Table 12. Concerning H_1, the greatest proportion was for high degree of religiosity and prefer faith based. The greatest proportion was 25% compared to 12% for low degree of religiosity and prefer faith based. Therefore, the hypothesis is accepted for job training and placement preference. For the H_2, the chi-square statistic was $\chi 24{,}460 = 7.27$ $p = 0.122$, which describes the cross-tabulation of job training and placement and religious preference. However, since $p > \alpha$, we fail to reject the null hypothesis H_0. There is not enough information to support the alternative claim of dependence between religious denominations and job training and placement preferences. As shown in the frequency table, Christians accounted for the greatest number of people who preferred faith based.

Table 12

Job Training and Placement Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	57	9	9	75
Percentage within religious preference	76	12	12	100
Percentage within total sample	12.4	2	2	16.4
Moderate count:	133	18	30	181
Percentage within religious preference	73.5	9.9	16.6	100
Percentage within total sample	28.9	9.9	6.5	45.3
High count:	128	25	51	204
Percentage within religious preference	48.5	12.5	39	100
Percentage within total sample	27.8	5.4	11.1	44.3
Total count:	318	52	90	460
Percentage within religious preference	100	100	100	100
Percentage within total sample	69.1	11.3	19.6	100

Note: NonFB = Nonfaith based; FB = faith based.

As shown in Table 13, for short-term shelter preferences, most people had no preference (IBM SPSS® Version 21.0). This accounts for 294 observations and 63.6% of the population. The cross-tabulation of the groups revealed that those with a moderate degree of religiosity and no preference accounted for 129 observations and 27.9% of the population. Similar findings were discovered for H_1, which were that those with a high degree of religiosity and preference for faith based was higher (36%) than those that had a low degree of religiosity (12%). Therefore, the hypothesis is accepted for short-term shelter preference. For H_2, the chi-square test statistic for short-term shelter preference and degree of religiosity was $\chi 24{,}462 = 23.338$ $p = 0.0001084$. Due to the significance, which was less than the level of significance $\alpha = 0.05$, and because $p < \alpha$, the null hypothesis H_0 was rejected. This symbolized a relationship between the variables.

Table 13

Short-Term Shelter and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	56	10	9	75
Percentage within religious preference	74.7	13.3	12	100
Percentage within total sample	12.1	2.2	1.9	16.2
Moderate count:	129	15	38	182
Percentage within religious preference	71	8.2	20.8	100
Percentage within total sample	27.9	3.2	8.2	39.3
High count:	109	22	74	205
Percentage within religious preference	53.2	10.7	36.1	100
Percentage within total sample	23.6	4.7	15.9	44.2
Total count:	294	47	121	462
Percentage within religious preference	100	100	100	100
Percentage within total sample	63.6	10.2	26.2	100

Note: NonFB = Nonfaith based; FB = faith based.

For long-term shelter preferences, most people had no preference (IBM SPSS® Version 21.0). This accounted for 294 observations and 63.6% of the population, which is shown in Table 14. For H_1, 36% of the proportion of those with a high degree of religiosity and preference for FB versus 9 percent who had a low degree of religious and a for preference for faith based. Therefore, the hypothesis is accepted for long-term shelter preference. Therefore, the results show an acceptance of the alterative hypothesis for H_1. For H_2, the chi-square test statistic for overall preference and degree of religiosity was $\chi 24{,}462 = 26.092$ a $p = 3.032e\text{-}05$ and a significance. This significance was far less than the level of significance $\alpha = 0.05$. Since $p < \alpha$, the null hypothesis H_0 was rejected, which demonstrated a significant interaction between the variables. The next section discusses findings for preference relative to gender.

Table 14

Long-Term Shelter and Degree of Religiosity

Degree of religiosity	No preference	Prefer nonFB	Prefer FB	Total
Low count:	57	12	7	76
Percentage within religious preference	75	15.8	9.2	100
Percentage within total sample	12.3	2.6	1.5	16.4
Moderate count:	129	16	38	183
Percentage within religious preference	70.5	8.7	20.8	100
Percentage within total sample	27.8	3.4	8.2	39.4
High count:	111	21	73	205
Percentage within religious preference	54.1	10.3	35.6	100
Percentage within total sample	21.5	5.4	17.2	44.1
Total count:	299	32	125	464
Percentage within total sample	65	8	27	100

Note: NonFB = Nonfaith based; FB = faith based.

Findings for Gender

For gender, both the independent and dependent variables are categorical; therefore, the chi-squared test was used to analyze the data (Vogt, 1993). For overall preference, the largest percentage of people indicated that they did not have a preference for overall services, which was 43% of males and 14.6% of females as shown in Table 15. The table also indicates that there were more men than women with a preference for FB-human services. H_3 was rejected because the proportion was show to be greater for men who prefer faith based (32%) versus women who prefer FB (28%). For H_4, the chi-square test statistic for overall preference and gender was $\chi 22{,}474 = 9.605$ $p = 0.008$. Since the significance was less than the level of significance $\alpha = 0.05$ ($p < \alpha$), the null hypothesis H_0 was rejected, which showed significant interaction between the gender and overall preference. This provided strong evidence to suggest that men and women tended to have difference preferences for overall preferences.

Table 15

Overall Preference and Gender Cross-Tabulation
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Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	204	49	119	372
Percentage within gender preference	54.9	13.1	32	100
Percentage within sample	43	10.3	25.1	78.4
Female count:	69	4	29	102
Percentage within gender preference	67.6	4	28.4	100
Percentage within sample	14.6	.8	6.1	21.6
Total count:	273	53	148	474
Percentage within preference	57.6	11.2	31.2	100

Note: NonFB = Nonfaith based; FB = faith based.

Similar results were found for alcohol recovery sites (IBM SPSS® Version 21.0). Again, the greatest number people, both males and females, displayed no preferences, as shown in Table 16.

This accounted for 56.44% of males, and 72.52% of females. H_3 was rejected for alcohol treatment and recovery sites because the proportion was show to be greatest for men who prefer faith based, which was 28%, versus women who prefer faith based, which was 24%. For H_4, the chi-square test statistic was $\chi 22,456 = 11.764$ $p = 0.003$. Since the significance was less than $\alpha = 0.05$, the null hypothesis H_0 was rejected and confirmed a relationship between gender and preference for human service preferences. This provided sound evidence to suggest that gender does have significant interaction with preferences for alcohol recovery site preferences.

Table 16

Alcohol Recovery Sites Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	206	56	103	365
Percentage within gender preference	56.5	15.3	28.2	100
Percentage within sample	45.2	12.3	22.6	80
Female count:	66	3	22	91
Percentage within gender preference	72.5	3.3	24.2	100
Percentage within sample	14.5	.7	4.8	20
Total count:	272	59	125	456
Percentage within preference	59.6	13	27.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

For drug recovery sites, men preferred FBOs more than women (IBM SPSS® Version 21.0). The corresponding Table 17 shows that the majority of men and women had no preference for a type of service provider. The table also indicates that there were more men than women with a preference for faith-based human services. For H_3, the findings resulted in hypothesis being rejected because the largest proportion was for men who prefer faith based, which was 27%, versus women who prefer faith based, which was 24%. H_4 equates to a chi-square test statistic of $\chi 22,454 = 10.610$ $p = 0.005$, which was less than the level of significance

Table 17

Drug Recovery Sites Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	210	54	99	363
Percentage within gender preference	57.9	14.9	27.2	100
Percentage within sample	46.3	11.9	21.8	80
Female count:	66	3	22	91
Percentage within gender preference	72.5	3.3	24.2	100
Percentage within sample	14.5	.7	4.8	20
Total count:	276	57	121	454
Percentage within preference	60.8	12.6	26.6	100

Note: NonFB = Nonfaith based; FB = Faith based.

$\alpha = 0.05$. Since $p < \alpha$, the null hypothesis H_0 was rejected providing statistical evidence that there is a relationship between gender and drug recovery preference. This provided strong evidence to suggest that gender has an relationship between preferences for drug recovery site preferences.

As shown in the other categories of service, Table 18 shows that most of the people, regardless of gender, had no counseling preference (IBM SPSS® Version 21.0). This accounted for 54.6% of males and 68% of women. H_3 was rejected because the largest proportion was for men who prefer faith based, which was 28.6%, versus women who prefer faith based, which was 28.5%. For H_4, this was statistically expressed by the chi-square test statistic of $\chi 22{,}464 = 10{,}641$ $p = 0.005$. Based on $p = 0.005$, there was evidence that suggested that men and women tended to have difference preferences for counseling preferences. Since $p < \alpha$, the null hypothesis H_0 was rejected and showed a relationship between gender and counseling preference.

Table 18

Counseling Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	202	62	106	370
Percentage within gender preference	54.6	16.8	28.6	100
Percentage within sample	43.5	13.4	22.8	79.7
Female count:	64	4	26	94
Percentage within gender preference	68	4.4	27.6	100
Percentage within sample	13.8	.8	5.6	20.2
Total count:	266	66	132	464
Percentage within preference	57.3	14.3	28.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

For food pantries, the popular selection was no preference with 60.5% for males and 74.5% for females, as shown in Table 19 (IBM SPSS® Version 21.0). In addition, Table 19 indicates that there were more men than women with a preference for faith-based human services. Concerning H_3, the findings resulted in the hypothesis being rejected because the largest proportion was for men who prefer faith based, which was 29%, versus women who prefer faith based, which was 22%. For H_4, the chi-square test statistic was expressed by $\chi 22{,}459 = 7.997$ $p = 0.018$. Since $p < \alpha$, the null hypothesis H_0 was rejected, and there was a statistically significant relationship in that there was an interaction between the gender and food pantries preference. This provided strong evidence to suggest that gender tends to have difference preferences for food pantries preferences.

Table 19

Food Pantries Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	221	39	105	365
Percentage within gender preference	60.5	10.7	28.8	100
Percentage within sample	48.1	8.8	22.9	79.6
Female count:	70	3	21	94
Percentage within gender preference	74.5	3.2	22.3	100
Percentage within sample	15.3	.7	4.6	20.4
Total count:	291	42	126	459
Percentage within preference	63.4	9.2	27.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

Meal sites were the next category of service for which gender was analyzed. According to Table 20, most respondents selected no preference, which was 61.4% of men and 76.8% of women (IBM SPSS® Version 21.0). For H_3, the findings resulted in the hypothesis being rejected because the largest proportion was for men who prefer faith based, which was 29% percent, versus women who prefer faith based, which was 21%. For H_4, the chi-square test statistic was detailing by $\chi 22{,}463 = 10.012$ $p = 0.007$. The reported significance was less than the level of significance for the study, which was $\alpha = 0.05$, and since $p < \alpha$, the null hypothesis H_0 was rejected. These findings verified the notions that gender has an interaction with preferences for meal site preferences.

Table 20

Meal Sites Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	226	37	105	368
Percentage within gender preference	61.4	40.1	28.5	100
Percentage within sample	48.8	8	22.7	22.7
Female count:	73	2	20	95
Percentage within gender preference	76.8	2.1	21.1	100
Percentage within sample	15.8	.4	43	20.5
Total count:	299	39	125	463
Percentage within preference	64.6	8.4	27	100

Note: NonFB = Nonfaith based; FB = Faith based.

The majority of people had no health care preference (IBM SPSS® Version 21.0). This accounted by for 65.4% of men and 73.7% of women, which is shown in Table 21. As shown in Table 21, there were more men than women with a preference for faith-based human services. For H_3, the findings resulted in the hypothesis being accepted because the largest proportion was for women who prefer faith based, which was 22.1%, versus men who prefer faith based, which was 22%. For H_4, the chi-square test statistic was $\chi 22{,}462 = 5.604$ $p = 0.061$. Since $p > \alpha$, the null hypothesis H_0 was accepted, which suggested that gender does not have an interaction with preferences for health care site preferences.

For job training and placement, the greatest number of homeless clients stated that they did not have a preference (IBM SPSS® Version 21.0). This accounted for 68.3% of men and 72.3% of women. In addition, Table 22 indicates that there were more men than women with a

Table 21

Health Care Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	204	46	81	367
Percentage within gender preference	65.4	12.5	22.1	100
Percentage within sample	51.9	10	17.5	79.4
Female count:	70	4	21	95
Percentage within gender preference	73.7	4.2	22.1	100
Percentage within sample	15.2	.9	4.5	20.6
Total count:	310	50	102	462
Percentage within preference	67.1	10.8	22.1	100

Note: NonFB = Nonfaith based; FB = Faith based.

Table 22

Job Training and Placement Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	250	46	70	366
Percentage within gender preference	68.3	12.6	19.1	100
Percentage within sample	54.3	10	15.7	79.6
Female count:	68	6	20	94
Percentage within gender preference	72.3	6.4	21.3	100
Percentage within sample	14.8	1.3	4.3	20.4
Total count:	318	52	90	460
Percentage within preference	69.1	11.3	19.6	100

Note: NonFB = Nonfaith based; FB = Faith based.

preference for faith-based human services. For H_3, the findings resulted in the hypothesis being accepted because the largest proportion was for women who prefer faith based, which was 21.3%, versus men who prefer faith based, which was 19%. For H_4, the chi-square test statistic was $\chi 22{,}460 = 2.884$ $p = 0.236$. With $p > \alpha$, the null hypothesis H_0 was accepted and

verification was established that showed gender tended not to have significant interaction preferences for job training and placement site preferences.

Nearly identical results were found for short-term shelter in Table 23. There were 61.6% of males and 71.6% of females who stated they did not have a preference (IBM SPSS® Version 21.0). In addition, Table 23 indicates that there were more men than women with a preference for FB-human services. For H_3, the findings resulted in the hypothesis being accepted because the largest proportion was for women who prefer faith based for short-term shelter, which was 26.3%, versus men who prefer faith based, which was 26.1%. For H_4, the chi-square test statistic was $\chi 22{,}462 = 8.839$ $p = 0.012$. The reported significance of $p = 0.012$ was less than the level of significance for the study, which was $\alpha = 0.05$, and since $p < \alpha$, the null hypothesis H_0 was rejected. This confirmed the notion that gender tended to have significant interaction preferences for short-term shelter preferences.

Table 23

Short-Term Shelter Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	226	45	96	367
Percentage within gender preference	61.6	12.3	26.2	100
Percentage within sample	48.9	9.7	20.8	79.4
Female count:	68	2	25	95
Percentage within gender preference	71.6	2.1	26.3	100
Percentage within sample	14.7	.4	5.4	20.6
Total count:	294	47	121	462
Percentage within preference	63.6	10.2	26.2	100

Note: NonFB = Nonfaith based; FB = Faith based.

As reported with the other categories of services, most people did not have a preference for long-term shelter (IBM SPSS® Version 21.0). This equated to 61.5% of males and 73.7% of females. Table 24 indicates that there were more men (20.7%) than women (4.7%) with a preference for faith-based human services. For H_3, the findings resulted in the hypothesis being rejected because the largest proportion was for men who prefer faith based, which was 26% percent, versus women who prefer faith based, which was 23%. For H_4, the chi-square test statistic was $\chi 22{,}464 = 8.188$ $p = 0.017$. Because $p < \alpha$, the null hypothesis H_0 was rejected, this supported the notion that gender tended to have a significant interaction with preferences for long-term shelter preferences. The next section discusses findings for preference relative to religious denomination.

Table 24

Long-Term Shelter Preference and Gender Cross-Tabulation

Gender	No preference	Prefer nonFB	Prefer FB	Total
Male count:	227	46	96	369
Percentage within gender preference	61.5	12.5	26	100
Percentage within sample	48.9	9.9	20.7	79.4
Female count:	70	3	22	95
Percentage within gender preference	73.7	3.2	23.2	100
Percentage within sample	15.1	.6	4.7	20.5
Total count:	297	49	118	464
Percentage within preference	64	10.6	25.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

Findings for Religious Denomination

H_5 and H_6 compared the interaction of preferences and religious denomination to determine if there were variations in the results of the two variables. H_5 was assessed using frequency tables and states: Homeless adults who identify as Christians are more likely than

those who identify with other, or no, religious denominations to report a preference for FBOs in the delivery of human services for the homeless. H_6 states: Homeless adults who identify as Christians are more likely than those who identify with other, or no, religious denominations to report a preference for FBOs in the delivery of human services for the homeless. Since these variables are categorical, a chi-square test was used to further assess the variables. The results for H_5 should be viewed with caution because the Christianity group in the sample is considerably larger than the other groups.

As reported in the last chapter, Christianity was the religion of the majority of those surveyed (IBM SPSS® Version 21.0). Most of the Christians, with 41.6% of the sampled population, stated they had no preference for the type of service provider, and 26.3% of Christians preferred faith based. For overall preferences, the survey results are shown in Table 25. Cross-tabulated tables for each category of service type to include alcohol and drug recovery and sites, counseling, food pantries, health care, job training and placement, and short and long-term shelter can be found in Appendix D.

In order to use the chi-square test, Buddhism, Hinduism, Islam, Jehovah's Witness, Judaism, and the category of other were combined into one category called "Other." Christian and None were left untouched, which left three categories: Christian, none, and Other. For H_5, the hypothesis was accepted because the Christian group was the group with the largest proportion (35.2%) for prefer faith based. The Other and None groups had 25.9%. The relationship between overall preference and religious denomination can be summarized by the chi-square test statistic χ 24,471 = 11.229 p = 0.024 and in Table 26. Subsequently, $p < \alpha$, the null hypothesis H_0 was rejected and we conclude that religious denominations and meal site preferences were significantly related.

Table 25

Overall Preference Cross-Tabulation With Religious Denomination

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Buddhism count:	3	1	1	5
Percentage within religious preference	1.1	1.9	.7	100
Percentage within total sample	.6	.2	.2	1.1
Christianity count:	198	30	124	350
Percentage within religious preference	71.8	56.6	85.5	100
Percentage within total sample	41.6	6.4	26.3	74.3
Hinduism count:	0	1	0	1
Percentage within religious preference	0	1.9	0	100
Percentage within total sample	0	.2	0	.2
Islam count:	8	3	2	13
Percentage within religious preference	61.5	23.1	15.4	100
Percentage within total sample	1.7	.6	1.4	2.8
Jehovah's Witness count:	5	3	3	11
Percentage within religious preference	45.5	27.3	27.3	100
Percentage within total sample	1.1	.6	.6	2.3
Judaism count:	2	0	1	3
Percentage within religious preference	66.7	0	33.3	100
Percentage within total sample	.4	0	.2	.6
None count:	24	11	5	40
Percentage within religious preference	60	27.5	12.5	100
Percentage within total sample	5.1	2.3	1.1	8.5
Other count:	35	4	9	48
Percentage within religious preference	73	8.3	18.7	100
Percentage within total sample	7.4	8.5	1.9	10.2
Total count:	273	53	145	471
Percentage within religious preference	58	11.3	30.8	100
Percentage within total sample	58	11.3	30.8	100

Note: NonFB = Nonfaith based; FB = faith based.

Table 26

Overall Preference and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	24	11	5	40
Percentage within religious preference	60	27.5	125	100
Percentage within sample	5.1	2.3	1.1	8.5
Christian count:	199	31	125	355
Percentage within religious preference	56.1	8.7	35.2	100
Percentage within sample	42.3	6.6	26.5	75.4
None count:	50	11	15	76
Percentage within religious preference	65.8	14.5	19.7	100
Percentage within sample	10.6	2.3	3.2	16.1
Total count:	273	53	145	471
Percentage within religious preference	58	11.3	30.8	100
Percentage within sample	28	11.3	30.8	100

Note: NonFB = Nonfaith based; FB = Faith based.

Similar results were found in alcohol recovery and treatment preferences (IBM SPSS® Version 21.0). The greatest surveyed percentages showed that most people did not have a preference. For H_5, the alternative hypothesis was accepted because the Christian group was the group that most preferred faith based (31%) more than the Other and None groups (15.7%) (see Table 27). This was expressed using the chi-square test statistic $\chi 24{,}456 = 19.214$ $p = 0.001$. Because $p < \alpha$, the null hypothesis H_0 was rejected, it was demonstrated that the notion that religious denominations and alcohol recovery preferences have a relationship.

Table 27

Alcohol Recovery and Treatment Preference and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	23	12	5	40
Percentage within religious preference	57.5	30	12.5	100
Percentage within sample	5	2.6	1.1	8.8
Christian count:	204	36	108	348
Percentage within religious preference	58.6	10.3	31	100
Percentage within sample	44.7	7.9	23.7	76.3
None count:	45	11	12	68
Percentage within religious preference	66.2	16.2	17.6	100
Percentage within sample	9.9	2.4	2.6	14.9
Total count:	273	59	125	456
Percentage within religious preference	59.6	12.9	27.4	100
Percentage within sample	59.6	12.9	27.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

For drug treatment and recovery, the majority did not have a preference (IBM SPSS® Version 21.0). This accounted for 61.5% of the religious group of Other, 59.9% of Christians, and 64.7%, who stated they did not have a religious identification as noted in Table 28. Regarding H_5, the hypothesis was accepted because the Christian group was the group that most preferred faith based more than the Other and None groups in the proportions analysis. Those that identified with Christian and preferred faith based equated to 30% and those that identified as Other and None and preferred faith based was 16%. The statistical expression of $\chi 24{,}454 = 14.927$ $p = 0.005$ described the relationship between the preferences of drug recovery and treatment and religious preferences for H_6. Because $p < \alpha$, the null hypothesis H_0 was rejected, it

was confirmed that religious denominations tend to have significant difference for drug recovery preferences and religious denomination.

Table 28

Drug Recovery and Treatment Preference and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	24	10	5	39
Percentage within religious preference	61.5	25.6	12.8	100
Percentage within sample	5.3	2.2	1.1	8.6
Christian count:	208	35	104	347
Percentage within religious preference	59.9	10.1	30	100
Percentage within sample	45.8	7.7	22.9	76.4
None count:	44	12	12	68
Percentage within religious preference	64.7	17.6	17.4	100
Percentage within sample	9.7	2.6	2.6	15
Total count:	276	57	121	454
Percentage within religious preference	60.8	12.6	26.7	100
Percentage within sample	60.8	12.6	26.7	100

Note: NonFB = Nonfaith based; FB = Faith based.

For counseling preferences, the majority of the groups had no preference (IBM SPSS® Version 21.0). For H_5, the hypothesis was accepted because the Christian group was the group that most preferred faith based (32%) more than the Other and None groups (16%) based on the proportion test (see Table 29). The chi-square test statistic of $\chi 24,464 = 19.117$ $p = 0.001$ described the relationship between counseling preferences and religious identification for H_6 . Because $p < \alpha$, the null hypothesis H_0 was rejected, which proves the thought that religious denominations and counseling preferences tend to have a significant interaction.

As shown in Table 30, for food pantries and religious preferences, no preference received most of the votes in each of the religious preference groups (IBM SPSS® Version 21.0). For H_5, the hypothesis for food pantries was accepted because the Christian group was the group that

Table 29

Counseling Preference and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	23	11	5	39
Percentage within religious preference	59	28.2	12.8	100
Percentage within sample	5	2.4	1.1	8.4
Christian count:	202	39	114	355
Percentage within religious preference	56.9	11	32.1	100
Percentage within sample	43.5	8.4	24.6	76.5
None count:	41	16	13	76
Percentage within religious preference	58.6	22.9	18.6	100
Percentage within sample	8.8	3.4	2.8	15.1
Total count:	266	66	132	464
Percentage within religious preference	57.3	14.2	28.4	100
Percentage within sample	57.3	14.2	28.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

Table 30

Food Pantries Preferences and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	25	8	6	39
Percentage within religious preference	64.1	20.5	15.4	100
Percentage within sample	5.4	1.7	1.3	8.5
Christian count:	222	25	104	351
Percentage within religious preference	63.2	7.1	29.6	100
Percentage within sample	48.4	5.4	22.7	76.5
None count:	44	9	16	69
Percentage within religious preference	63.8	13	23.2	100
Percentage within sample	9.6	2	3.5	15
Total count:	291	42	129	459

Percentage within religious preference	63.4	9.2	27.5	100
Percentage within sample	63.4	9.2	27.5	100

Note: NonFB = Nonfaith based; FB = Faith based.

most preferred faith based more than the Other and None groups. The proportion was 30% for Christians that prefer faith based and 20% for those that identify as Other and None and who also prefer faith based. The statistical expression for H_6 was $\chi 24{,}459 = 11.361$ $p = 0.023$. Since $p < \alpha$, the null hypothesis H_0 was rejected, which showed evidence that religious denominations tend to have a significant interaction.

Very similar to food pantries, no preference received most of the selections for meal site preference (IBM SPSS® Version 21.0). Regarding H_5, the hypothesis was accepted because the Christian group was the group that most (30%) preferred faith based more than the Other and None groups (20%) (see Table 31). This relationship between meal site preference and religious preference for H_6 was $\chi 24{,}463 = 11.292$ $p = 0.023$. Since $p < \alpha$, the null hypothesis H_0 was rejected, which shows that religious denominations and meal site preference have a significant interaction.

Table 31

Meal Site Preference and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	28	7	5	40
Percentage within religious preference	70	17.5	12.5	100
Percentage within sample	6	1.5	1.1	8.6
Christian count:	228	23	103	354
Percentage within religious preference	64.4	6.5	29.1	100
Percentage within sample	49.2	5	22.2	76.5
None count:	43	11	15	76
Percentage within religious preference	62.3	13	24.6	100
Percentage within sample	9.3	1.9	3.7	14.9

Total count:	299	39	125	463
Percentage within religious preference	64.6	8.4	27	100
Percentage within sample	64.6	8.4	27	100

Note: NonFB = Nonfaith based; FB = Faith based.

For health care, most in each group stated they did not have a preference as shown in Table 32 (IBM SPSS® Version 21.0). For H_5, the hypothesis was accepted because the Christian group was the group that most preferred faith based more than the Other and None groups. The proportion was 24% for Christians that prefer faith based and 17% for those that identify as Other and None and who also prefer faith based. Regarding H_6, the relationship was expressed using the chi-square test statistic $\chi 24{,}462 = 7.130$ $p = 0.130$. However, since $p > \alpha$, the null hypothesis H_0 was not rejected, which does not show that religious denominations and health care site preferences have a relationship.

Table 32

Health Care Preference and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	27	8	5	40
Percentage within religious preference	67.5	20	12.5	100
Percentage within sample	5.8	1.7	1.1	8.7
Christian count:	238	32	83	353
Percentage within religious preference	67.4	9.1	23.5	100
Percentage within sample	51.5	6.9	18	76.4
None count:	45	10	14	69
Percentage within religious preference	66.2	14.5	20.3	100
Percentage within sample	9.7	2.2	3	14.9
Total count:	310	50	102	462
Percentage within religious preference	67.1	10.8	22.1	100
Percentage within sample	67.1	10.8	27	100

Note: NonFB = Nonfaith based; FB = Faith based.

For job training and placement, no preference was the popular choice, which equated to 70% of those in the Other category, 69.2% of Christian, and 68.1% who did not identify with a religion (IBM SPSS® Version 21.0). The proportion was 21% for Christians that prefer faith based and 13% for those that identify as Other and None and who also prefer faith based. Therefore, for H_5 the hypothesis was accepted because the Christian group was the group that most preferred faith based more than the Other and None groups (see Table 33). For H_6, the chi-square statistic was $\chi 24{,}460 = 7.27$ $p = 0.122$, which described the cross-tabulation of job training and placement and religious preference. However, since $p > \alpha$, the null hypothesis H_0 failed to be rejected, which did not show that there was a relationship between religious denominations and job training and placement preferences. As shown in Table 33, Christians accounted for the preferences. As shown in the frequency table, Christians accounted for the greatest number of people who prefer faith based.

Table 33

Job Training and Placement and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	28	7	4	40
Percentage within religious preference	70	17.5	12.5	100
Percentage within sample	6.1	1.5	1.1	8.7
Christian count:	243	33	75	351
Percentage within religious preference	69.2	9.4	21.4	100
Percentage within sample	52.8	7.2	16.3	76.3
None count:	47	12	10	69
Percentage within religious preference	68.1	17.4	14.5	100
Percentage within sample	10.2	2.6	2.2	15
Total count:	318	52	90	460
Percentage within religious preference	69.1	11.3	19.6	100
Percentage within sample	69.1	11.3	30.8	100

Note: NonFB = Nonfaith based; FB = Faith based.

For short-term shelter, the popular choice in each religious group was no preference (IBM SPSS® Version 21.0). The frequency Table 34, shows that Christians accounted for the greatest number of people who preferred faith based. For H_5, the hypothesis was accepted for short-term shelter because the Christian group was the group (29%) that most preferred faith based more than the Other and None groups (18%). The chi-square test statistic describing this relationship was $\chi 24{,}462 = 10.139$ $p = 0.038$. Since $p < \alpha$, the null hypothesis H_0 was rejected, which shows that religious denominations and short-term shelter have a interaction.

Table 34

Short-Term Shelter and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	26	7	6	39
Percentage within religious preference	66.7	17.9	15.4	100
Percentage within sample	5.6	1.5	1.3	8.4
Christian count:	223	29	102	354
Percentage within religious preference	63	8.2	28.8	100
Percentage within sample	48.3	6.3	22.1	76.6
None count:	45	11	13	69
Percentage within religious preference	65.2	15.9	18.8	100
Percentage within sample	9.7	2.4	2.8	14.9
Total count:	294	47	121	462
Percentage within religious preference	63.6	10.2	26.2	100
Percentage within sample	63.6	10.2	26.2	100

Note: NonFB = Nonfaith based; FB = Faith based.

For long-term shelter, no preference received the most selections (IBM SPSS® Version 21.0). For H_5, the hypothesis was accepted for long-term shelter because the Christian group was the group that most preferred faith based more than the Other and None groups. The proportion was 28% for Christians that prefer faith based and 16% for those that identify as

Other and None and who also prefer faith based (see Table 35). The chi-square test statistic regarding H_6 for long-term shelter and religious denomination was $\chi 24{,}464 = 10.99$ $p = 0.027$. Since $p < \alpha$, the null hypothesis H_0 was rejected, which shows that religious denominations and long-term shelter have an interaction. The next section discusses findings for preference relative to race.

Table 35

Long-Term Shelter and Religious Denomination Preferences Cross-Tabulation

Religious denomination	No preference	Prefer nonFB	Prefer FB	Total
Other count	27	7	6	40
Percentage within religious preference	67.5	17.5	15	100
Percentage within sample	5.8	1.5	1.3	8.6
Christian count:	225	30	100	355
Percentage within religious preference	63.4	8.5	28.2	100
Percentage within sample	48.5	6.5	21.6	76.5
None count:	45	12	12	76
Percentage within religious preference	65.2	17.4	17.4	100
Percentage within sample	9.7	2.3	2.6	14.9
Total count:	297	49	118	464
Percentage within religious preference	64	10.6	25.4	100
Percentage within sample	64	10.6	25.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

Findings for Race

H_7 states: Homeless adults who are Black are more likely than those who identify with other races/ethnicities to report a preference for FBOs in the delivery of human services for the homeless. Similarly, H_8 states: There is a statistical relationship between the race and preference of human services for the homeless. This method of analysis was used to evaluate overall preferences and categories of race from the survey, and thus a chi-square test was used to analyze the relationship between preference and race. Table 36 details overall preference cross-

tabulated by race (IBM SPSS® Version 21.0). Similar tables are in Appendix D that show preferences for each category of human service cross-tabulated with race.

Table 36

Overall Preferences and Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	78	16	46	140
Percentage within race preference	55.7	11.4	32.9	100
Percentage within total sample	16.6	3.4	9.8	29.7
Black count:	162	34	95	291
Percentage within race preference	55.7	11.7	32.6	100
Percentage within total sample	34.4	7.2	20.2	61.8
Asian count:	1	1	0	2
Percentage within race preference	50	50	0	100
Percentage within total sample	.2	.2	0	.4
American Indian/Alaskan Native:	4	1	1	6
Percentage within race preference	66.7	16.7	16	100
Percentage within total sample	.8	.2	.2	1.3
Native Hawaiian/Pacific Islander:	2	0	0	2
Percentage within race preference	100	0	0	100
Percentage within total sample	.4	0	0	1.3
Two or more races count:	17	1	0	2
Percentage within race preference	94.4	5.6	0	100
Percentage within total sample	3.6	.2	0	3.8
Other count:	9	0	3	12
Percentage within race preference	75	0	25	100
Percentage within total sample	1.9	0	.6	2.5
Total count:	273	53	145	471
Percentage within race preference	58	11.3	30.8	100

Note: NonFB = Nonfaith based; FB = faith based.

In order to use the chi-square test, Asian, American Indian, Alaskan Native, Native Hawaiian, Pacific Islander, two or more races, and the original category of Other were combined into one category called Other. White and Black were left untouched, which left three categories: White, Black, and Other. For H_7, the hypothesis was accepted because the Black group (33%) was the group with most people that preferred faith based when compared to the ratio of Other and White groups (28%) (see Table 37) For H_8, the relationship between overall preference and race can be summarized by the chi-square test statistic χ 24,471 = 11.229 p = 0.024. Subsequently, $p < \alpha$, the null hypothesis H_0 was rejected. Because $p = 0.024$ was lower than the significance of .05, the impression that religious denominations and meal site preferences was found to be true and significant interaction.

Table 37

Overall Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	78	16	46	140
Percentage within race preference	55.7	11.4	32.9	100
Percentage within sample	16.6	3.4	9.8	29.7
Black count:	162	34	95	291
Percentage within race preference	55.7	11.7	32.6	100
Percentage within sample	34.4	7.2	20.2	61.8
Other count:	33	3	4	40
Percentage within race preference	82.5	7.5	10	100
Percentage within sample	7	.6	.8	8.5
Total count:	273	53	145	471
Percentage within race preference	58	11.3	30.8	100

Note: NonFB = Nonfaith based; FB = Faith based.

For alcohol recovery and treatment preferences, each grouping of race overwhelmingly selected no preference as their first choice for preference (IBM SPSS® Version 21.0). H_7 was

accepted because the Black group, which was 28 percent, was the group that most preferred faith based more than the Other and White groups, which was 27 percent as shown in Table 38. For H_8, statistically this relationship was described by the chi-square statistic of $\chi 24,456 = 6.053$ $p = 0.115$. Since, $p > \alpha$, the null hypothesis H_0 was not rejected. There was no statistical evidence that race and alcohol site preferences are related.

Table 38

Alcohol Recovery and Treatment Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	74	23	41	138
Percentage within race preference	53.6	16.7	29.7	100
Percentage within sample	16.2	5	9	30.3
Black count:	170	33	77	280
Percentage within race preference	60.7	11.8	27.5	100
Percentage within sample	37.3	7.2	16.9	61.4
Other count:	28	3	7	38
Percentage within race preference	73.7	7.9	18.4	100
Percentage within sample	6.1	.7	1.5	8.3
Total count:	272	59	125	456
Percentage within race preference	59.6	12.9	27.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

Nearly identical results were found in alcohol recovery and treatment and drug recovery and treatment (IBM SPSS® Version 21.0). For drug recovery and treatment preferences, the majority of people selected that they did not have a preference. This accounted for 55.1% of people who identified with White, 61.3% of those who identified with Black, and 78.4% of those who were grouped in Other (Table 39). The proportion test revealed that for H_7, the hypothesis was accepted because 27% of the Black group preferred faith based compared to 26% for the Other and White groups. For H_8, the chi square test statistic was $\chi 24,454 = 10.367$ $p = 0.035$.

Subsequently, $p < \alpha$, the null hypothesis H_0 was rejected because it was lower than the significance recorded for this study, which is 0.05. The theory that race and drug recovery site preferences had an interaction was found to be true.

Table 39

Drug Recovery and Treatment Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	76	24	38	138
Percentage within race preference	55.1	17.4	27.5	100
Percentage within sample	16.7	5.3	8.4	30.4
Black count:	171	33	75	279
Percentage within race preference	61.3	11.8	26.9	100
Percentage within sample	37.7	7.3	16.5	61.5
Other count:	29	0	8	37
Percentage within race preference	78.4	0	21.6	100
Percentage within sample	6.4	0	1.8	8.1
Total count:	276	57	121	454
Percentage within race preference	60.8	12.6	26.7	100

Note: NonFB = Nonfaith based; FB = Faith based.

For counseling, no preference received the most selections in the race groups (IBM SPSS® Version 21.0). As shown in Table 40, Blacks accounted for the greatest percentage of people who preferred faith based. For H_7, the hypothesis was accepted because the Black group (30%) was the group with most people that preferred faith based when compared to the ratio of Other and White groups (26%). The chi-square test statistic describing this relationship for H_8 was χ 24,464 = 5.630 p = 0.229. Since $p > \alpha$, the null hypothesis H_0 was not rejected because p was greater than the level of significance (α = 0.05) noted for this study. This provided strong evidence to suggest that counseling preference and race are not related.

Table 40

Counseling Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	76	26	39	141
Percentage within race preference	53.9	18.4	27.7	100
Percentage within sample	16.4	5.6	8.4	30.4
Black count:	163	37	85	285
Percentage within race preference	57.2	13	29.8	100
Percentage within sample	35.1	8	18.3	61.4
Other count:	27	3	8	38
Percentage within race preference	71.1	7.9	21.1	100
Percentage within sample	5.8	.6	17	8.2
Total count:	266	66	132	464
Percentage within race preference	57.3	14.2	28.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

Responses for food pantries preferences and race were consistent with the categories of human services (IBM SPSS® Version 21.0). Most individuals chose no preference in each of the race categories, as shown in Table 41. For H_7, the hypothesis was accepted because the Black group who preferred faith based had a proportion of 30% compared to the ratio of Other and White who preferred was 26%. For H_8, the relationship between food pantries and race was statistically described by $\chi 24{,}459 = 7.759$ $p = 0.0101$. Because $p > \alpha$, the null hypothesis, H_0 failed to reject because the p value was higher than the significance noted for this study. This provided strong evidence to suggest that food pantries preferences and race do not have a relationship.

Table 41

Food Pantries Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	93	12	36	141
Percentage within race preference	66	8.5	25.5	100
Percentage within sample	20.3	2.6	7.8	30.7
Black count:	167	29	84	280
Percentage within race preference	59.6	10.4	30	100
Percentage within sample	36.4	6.3	18.3	61
Other count:	31	1	6	38
Percentage within race preference	81.6	2.6	15.8	100
Percentage within sample	6.8	.2	1.3	8.3
Total count:	291	42	126	459
Percentage within race preference	63.4	9.2	27.5	100

Note: NonFB = Nonfaith based; FB = Faith based.

Meal site preferences also showed that no preferences existed for most participants in the race groupings (IBM SPSS® Version 21.0). For those in the race group of White, 66.7% stated that they did not have a preference. For those in the Black group, 62% stated they did not have a preference. Similarly, 76.3% of those in the Other category stated they did not have a preference. For H_7, the hypothesis for meal sites was accepted because the Black group with a preference for faith based contained a proportion of 29% compared to the ratio of Other and White groups that preferred, which was 26% (see Table 42). For H_8, the statistical chi-square test statistic $\chi 24{,}463 = 4.014$ $p = 0.404$ described the relationship of meal site preferences and race. Since $p > \alpha$, the null hypothesis H_0 failed to reject because the p value was higher than the significance noted for this study. Based on the results of this test, we concluded that meal site preferences and race do not have a significant relationship.

Table 42

Meal Site Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	94	12	35	141
Percentage within race preference	66.7	8.5	25.8	100
Percentage within sample	20.3	2.6	7.6	30.5
Black count:	176	26	82	284
Percentage within race preference	62	9.2	28.9	100
Percentage within sample	38	5.6	17.7	61.3
Other count:	29	1	8	38
Percentage within race preference	76.3	2.6	21.1	100
Percentage within sample	6.3	.2	1.7	8.2
Total count:	299	39	125	463
Percentage within race preference	64.6	8.4	27	100

Note: NonFB = Nonfaith based; FB = Faith based.

Health care preferences were also consistent with the other categories of service preferences (IBM SPSS® Version 21.0). No preference received the most selections on the survey, followed by preference for faith based. For H_7, the alternative hypothesis was accepted because the Black group was the group that most preferred faith based more than the Other and White groups as is shown in Table 43. For H_8, the relationship was statistically expressed as $\chi 24{,}462 = 4.495$ $p = 0.343$. Since $p > \alpha$, the null hypothesis H_0 failed to be rejected. Based on this evidence, health care preferences and race tended not to have a significant relationship.

Table 43

Health Care Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	101	16	23	140
Percentage within race preference	72.1	11.4	16.4	100
Percentage within sample	21.9	3.5	5	30.3
Black count:	182	31	71	284
Percentage within race preference	64.1	10.9	25	100
Percentage within sample	39.4	6.7	15.4	61.5
Other count:	27	3	8	38
Percentage within race preference	71.1	7.9	21.1	100
Percentage within sample	5.8	.6	1.7	8.2
Total count:	310	50	102	462
Percentage within race preference	67.1	10.8	22.1	100

Note: NonFB = Nonfaith based; FB = Faith based.

As indicated in Table 44, findings for job training and placement preferences were in line with other preferences (IBM SPSS® Version 21.0). Most survey participants selected no preference, which included 72.9%, 66.3%, and 76.3% for White, Black, and Other, respectively. For H_7, the hypothesis for job training and placement was accepted based on the results of the proportion test, which found that 23% of those from the Black group prefer faith based compared to the 15% of those that identified as Other and White who preferred faith based. For H_8, the chi-square test statistic representing the cross-tabulation of job training and placement and race was $\chi 24{,}469 = .453$ $p = 0.259$. Based on this evidence, job training and placement preferences and race tended not to have difference, and since $p > \alpha$, the null hypothesis H_0 failed to be rejected. There was no statistical interaction between the independent and dependent variable.

Table 44

Job Training and Placement Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	102	18	20	140
Percentage within race preference	72.9	12.9	14.3	100
Percentage within sample	22.4	4	4.3	30.7
Black count:	187	31	64	282
Percentage within race preference	66.3	11	22.7	100
Percentage within sample	39.9	6.6	13.6	60.1
Other count:	29	3	6	38
Percentage within race preference	76.3	7.9	15.8	100
Percentage within sample	6.3	.7	1.3	8.3
Total count:	318	52	90	469
Percentage within race preference	69.1	11.3	19.6	100

Note: NonFB = Nonfaith based; FB = Faith based.

Frequencies for short-term shelter preferences and race were aligned with other preferences from other categories of service (IBM SPSS® Version 21.0). In each race grouping, no preferences, followed by faith based, and then nonfaith based were the ranking order for highest to lowest numbers of selections, which is reflected in Table 45. For H_7, the hypothesis was accepted because the those that selected Black and have a preference for faith based is 30% compared to 21% for those that are in the Other and White groups and prefer faith based. For H_8, the chi-square test statistic $\chi 24{,}462 = 9.064$ $p = 0.060$ described the relationship between short-term shelter preferences and race. Since $p > \alpha$, the null hypothesis H_0 was not rejected, there was no relationship between the independent and dependent variable.

Table 45

Short-Term Shelter Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	93	17	31	141
Percentage within race preference	66	12.1	22	100
Percentage within sample	20.1	3.7	6.7	30.5
Black count:	170	29	84	283
Percentage within race preference	60.1	10.2	29.7	100
Percentage within sample	36.8	6.3	18.2	61.5
Other count:	31	1	6	38
Percentage within race preference	81.6	2.6	15.8	100
Percentage within sample	6.7	.02	1.3	8
Total count:	294	47	121	462
Percentage within race preference	63.6	10.2	26.2	100

Note: NonFB = Nonfaith based; FB = Faith based.

Long-term shelter was comparable to short-term shelter, as shown in Table 46 (IBM SPSS® Version 21.0). For H_7, the hypothesis was accepted because the Black group who prefer faith based equals 28% compared to those that are Other and White and who prefer faith based, which was 21% as shown is Table 46. For H_8, the statistical chi-square test statistic describing this relationship was $\chi 22{,}464 = 6.156$ $p = 0.188$. Based on the frequency table, Blacks accounted for the greatest percentage of people who preferred faith based. However, since $p > \alpha$, the null hypothesis H_0 failed to reject, resulting in no statistical interaction between the independent and dependent variable. The next section presents the findings relative to multinomial logistic regression.

Table 46

Long-Term Shelter Preferences and Grouped Race Cross-Tabulation

Race	No preference	Prefer nonFB	Prefer FB	Total
White count:	93	17	31	141
Percentage within race preference	66	12.1	22	100
Percentage within sample	20	3.7	6.7	30.4
Black count:	174	30	81	285
Percentage within race preference	61.1	10.5	28.4	100
Percentage within sample	37.5	6.5	17.5	61.4
Other count:	30	2	6	38
Percentage within race preference	78.9	5.3	15.8	100
Percentage within sample	6.5	.4	1.3	8.2
Total count:	297	49	118	464
Percentage within race preference	64	10.6	25.4	100

Note: NonFB = Nonfaith based; FB = Faith based.

Multinomial Logistic Regression

Description of Training and Validation Data Sets

Before the multinomial logistic regression was conducted, the data set was randomly divided into two data sets. The data containing 284 cases were used to create the predictive model and is known as the training data set. The other data set, which contains 94 cases, was used to validate the models that were created using the training data set. Basic descriptive frequencies were used to compare the two data sets. The results showed that the train and validation data sets were nearly identical.

For the training data set, 34% were White, 57% were Black, and 8% were other (IBM SPSS® Version 21.0). The training data set included 80% of males and 20% of females. In addition, the data set used to create the models included 14% of people with no high school diploma, 53% of those with a high school diploma or GED, 23% with some college, and 10%

with an undergraduate or postgraduate degree. The mean age was 44 years old and median age was 47 years.

The validation data set included 32% of people who identified as being White, 58% Black, and 10% as Other (IBM SPSS® Version 21.0). In the validation set, 78% were male and 22% were female. In the validation data set, 12% did not have a high school diploma, 55% had a high school diploma or GED, 23% had some college, and 10% had an undergraduate degree or postgraduate degree. The mean and median age for the group was 46 years old and 50 years, respectively. Tables 47-50 summarize the training data set and validation data set.

Table 47

Race: Training Data Set Versus Validation Data Set

Race	Train data set (%)	Validation data set (%)
White	34	32
Black	57	58
Other	8	10

Table 48

Gender: Train Data Set Versus Validation Data Set

Gender	Training data set (%)	Validation data set (%)
Male	80	78
Female	20	22

Table 49

Education: Train Data Set Versus Validation Data Set

Education	Training data set (%)	Validation data set (%)
No high school diploma	14	12
High school/GED	53	55
Some college	23	23
College degree/postgraduate degree	10	10

Table 50

Age: Training Data Set Versus Validation Data Set

Age	Training data set (%)	Validation data set (%)
Mean	44	46
Median	47	50

The next section details the results of the multinomial logistic regression analysis and accuracy of the models.

Results of the Multinomial Logistic Regression

This section provides details for the regression model for category of service and the validation, which is expressed in percentage. Using $\alpha = 0.05$ as the significance level, the independent variables that have $p \leq \alpha$ are considered to be significant predictors of the dependent variable and are listed as models that predict observed preference. However, there are variables that are not significant but are closely associated with variables that are significant and included in the results.

The results for overall preference are presented in Tables 51 and 52. Table 51 represents the outcome of "prefer nonfaith based" compared to the reference group of "no preference"—the

Table 51

Results for Overall Preference—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	2.752	1.079	6.506	.011	
Race (White)	-2.805	1.077	6.779	.009	.060
Race (Black)	-2.680	1.065	6.331	.012	.069
No minor children	-.947	.361	6.884	.009	.388
Not domestic violence victim	1.050	.327	10.307	.001	2.859
Religiosity (low)	1.827	.537	11.566	.001	6.215
Religiosity (moderate)	.910	.314	8.380	.004	2.485

Table 52

Results for Overall Preference—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	.053	1.347	.002	.969	
Race (White)	-2.445	1.306	3.509	.061	.087
Race (Black)	-2.300	1.276	3.251	.071	.100
No minor children	.270	.638	.180	.671	1.311
Not domestic violence victim	.559	.507	1.216	.270	1.749
Religiosity (low)	2.346	.673	12.143	.000	10.443
Religiosity (moderate)	.447	.531	.707	.400	1.563

independent variables for overall preference are degree of religiosity, number of minor children, domestic violence victim, and race (IBM SPSS® Version 21.0). Whites and Blacks are less likely to prefer nonfaith-based services to having no preference (relative risk = 0.060 and 0.069, with $p = 0.009$ and 0.012, respectively).

In the relative risk column in Table 51, we see that those that have not experienced domestic violence compared to someone who has is 2.859 times more likely to prefer nonfaith based relative to not having a preference at all ($p = 0.001$). An individual without a minor child compared to an individual that has at least one is less likely to prefer a nonfaith-based service over not having a preference at all (relative risk = 0.388, with $p = 0.009$). Those with a self-reported low level of religiosity are 6.215 times more likely to prefer nonfaith based over no preference ($p = 0.001$), and those with a moderate degree of religiosity are 2.485 times more likely to prefer nonfaith based relative to no preference ($p = 0.004$).

The relative risk of the level of religiosity are only highlighted in Tables 51 and 52. A respondent is 10.443 times more likely to choose to prefer a faith-based service to not having a preference (Table 52). This conclusion seemed to contradict the hypothesis concerning an individual's level of religiosity. Using the training data set, the model was 63% correct and 58.5% correct with the validation set.

For alcohol recovery sites, the independent variables that predicted the preference were minor child, domestic violence victim, past or present drug use, and degree of religiosity (IBM SPSS® Version 21.0). As shown in Table 53, those without a minor child were 4.451 times likely and those with a lower degree religiosity were 1.780 times likely to prefer nonfaith-based alcohol treatment and recovery sites. Validating the model using the training data set, the

model was 60.9% accurate at predicting the correct observation. Using the validation data set, the model predicted the correct individual choice 64.9% of the observations (see Table 54).

Table 53

Results for Alcohol Recovery Sites—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-1.687	.643	6.887	.009	
No minor children	1.493	.585	6.514	.011	4.451
Domestic violence victim	-.643	.451	2.034	.154	.526
No past or present drug dependency	-1.126	.417	7.295	.007	.324
Degree of religiosity (low)	.577	.494	1.361	.243	1.780
Degree of religiosity (moderate)	-.797	.490	2.640	.104	.451

Table 54

Results for Alcohol Recovery Sites—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	.330	.373	.783	.376	
No minor children	.664	.336	3.894	.048	1.942
Domestic violence victim	-.822	.313	6.898	.009	.439
No past or present drug dependency	.917	.289	10.069	.002	.400
Degree of religiosity (low)	-1.283	.499	6.613	.010	.227
Degree of religiosity (moderate)	-.803	.305	6.925	.008	.448

For drug recovery sites, the multinomial logistic regression revealed that domestic violence victim, past or present alcohol dependency, and degree of religiosity were the independent variables that predicted the preference of those in the sample (IBM SPSS® Version 21.0). The results shown in Table 55 indicated that Blacks are 2.218 times more likely, and Whites 2.548 times more likely to prefer FBOs. Those with no past or present alcohol dependency are 5.13 times more likely to prefer FBOs (Table 56). Using the training data set, this model was proven reliable in 61.6% of observations and 66% of the time using the validation data set.

Table 55

Results for Drug Recovery Sites--Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-17.762	.511	1206.353	.000	
No past or present alcohol dependency	-1.270	.424	8.969	.003	.281
Religiosity (low)	-.030	.498	.004	.951	.970
Religiosity (moderate)	-1.012	.497	4.146	.042	.363

Table 56

Results for Drug Recovery Sites—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-0.132	0.587	0.052	0.819	
Not a domestic violence victim	-0.86	0.316	7.384	0.007	0.423
No past or present alcohol dependency	-0.667	0.291	5.24	0.022	5.13
Religiosity (low)	-1.62	0.535	9.151	0.002	0.198
Religiosity (moderate)	-0.751	0.309	5.918	0.015	0.472

The independent variables for counseling preference were degree of religiosity, age, marital status, domestic violence victim, and gender (IBM SPSS® Version 21.0). From the relative risk column in Table 57, men are 3.933 times more likely to prefer nonfaith based; those with no minor children are 2.313 times more likely to prefer nonfaith based; and those that have experienced domestic violence are 1.652 times more likely to prefer nonfaith based. Using these variables for the model, the training data set was able to predict the choice 65.7% of the time and with the validation data the model picked the correct observation 60.6% of the time (see Table 58).

Table 57

Results for Counseling Preference—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-2.307	.663	12.112	.001	
Gender (male)	1.369	.610	5.043	.025	3.933
No minor child	.838	.470	3.178	.075	2.313
Domestic violence victim	.838	.470	5.983	.270	1.652
Degree of religiosity (low)	-1.062	.434	5.983	.270	1.652
Degree of religiosity (moderate)	.502	.456	1.215	.270	1.652

Table 58

Results for Counseling Preference--Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-.641	.438	2.145	.143	
Gender (male)	.653	.403	2.626	.105	1.921
No minor child	.821	.356	5.320	.021	2.273
Domestic violence victim	-.977	.346	7.953	.005	.376
Degree of religiosity (moderate)	-1.494	.529	7.974	.005	.224
Degree of religiosity (high)	-.974	.314	9.646	.002	.337

The independent variables for food pantries preferences are degree of religiosity, age, marital status, domestic violence victim, and gender (IBM SPSS® Version 21.0). Regarding age, with every unit increase in age, the parameter estimates showed a 1.049 increase in preference for nonfaith based (Table 59). Those with a low degree of religiosity were 2.802 times more likely to prefer non FB (Table 59) and men more 1.838 times more likely to prefer nonfaith based (Table 59). As displayed in Table 59, those experiencing homelessness and single were 6.437 times more likely to prefer faith based. Those that were married or partnered were 2.650 times more likely to prefer faith based for food (Table 60). Using these variables for the model, the training data set was able to predict the choice 68% of the time and with the validation data the model picked the correct observation 70.2% of the time.

Table 59

Results for Food Pantries Preference--Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-5.970	1.483	16.914	.000	
Marital status (single)	1.862	.687	7.341	.007	6.437
Marital status (married/partner)	-17.551	.000	5.320	.021	2.387
Gender (male)	.609	.706	.742	.389	1.838
Domestic violence victim	-.447	.605	.546	.460	.640
Degree of religiosity (low)	1.030	.624	2.727	.099	2.802
Degree of religiosity (moderate)	-.218	.603	.131	.718	.804
Age	.048	.022	4.628	.031	1.049

Table 60

Results for Food Pantries Preference—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-2.917	.839	12.085	.001	
Marital status (single)	.596	.325	3.359	.067	1.816
Marital status (married/partner)	.864	.649	1.772	.020	2.373
Gender (male)	.975	.418	5.435	.020	2.650
Domestic violence victim	-1.215	.347	12.246	.000	.297
Degree of religiosity (low)	-1.073	.506	4.489	.034	.342
Degree of religiosity (moderate)	-.794	.319	6.206	.013	.452
Age	.047	.014	10.680	.001	1.048

The independent variables for meals are age, past or present drug dependency, and degree of religiosity (IBM SPSS® Version 21.0). Key information for the analysis of this preference

model is that those with a low degree of religiously are 10.972 times more likely to prefer nonfaith based (Table 61). Using the training data set, the model was able to predict the correct observation 64.4% of the time and 63.8% of the time with the validation data set (see Table 62).

The model for health care is age and domestic violence victim (IBM SPSS® Version 21.0). As shown in Table 63, the model demonstrated that for every unit or year increase, the preference for nonfaith based increased 1.027 times, and a 1.059 times more likely preference for those with no history of domestic violence. Using the training data set, the model was able to predict the correct observation 67.6% of the time and 67% of the time with the validation data set (see Table 64).

Table 61

Results for Meal Site Preference—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-3.388	1.152	8.646	.003	
No past or present drug dependency	-1.439	.570	6.363	.012	.725
Degree of religiosity (low)	1.120	.495	4.423	.035	.932
Degree of religiosity (moderate)	-.123	.304	4.471	.034	.954
Age	.035	.013	7.448	.006	1.061

Table 62

Results for Meal Site Preference—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-3.388	.642	9.193	.002	
No past or present drug dependency	-1.439	.283	.823	.364	1.347
Degree of religiosity (low)	1.120	.495	4.423	.035	.932
Degree of religiosity (moderate)	-.123	.304	4.471	.034	.954
Age	.035	.013	7.448	.006	1.061

Table 63

Results for Health Care Preference—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-3.175	.877	13.121	.086	
Domestic violence victim	.057	.497	.013	.909	1.059
Age	.027	.018	2.286	1.31	1.027

Table 64

Results for Health Care Preference—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-2.230	.639	13.174	.000	
Domestic violence victim	-.903	.321	7.940	.000	.405
Age	.039	.013	8.588	.003	1.040

Preferences for job training and placement revealed that age, domestic violence, and past or present alcohol (IBM SPSS® Version 21.0). The estimation tables (Table 65 and Table 66) show that those who had experienced domestic violence and those with a past or present alcohol dependency were more likely to prefer faith-based job training and placement. The model showed that as age increased per unit or year, there was a 1.035% increase for faith based (Table 66). In terms of correctly picking the preference, the training data set was 70.1% accurate and the validation data set was 69.1% accurate.

Table 65

Results for Job Training and Placement Preference—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-1.920	.822	5.457	.019	
Domestic violence victim	-.448	.431	1.078	.299	.639
No past or present alcohol dependency	-1.016	.413	6.063	.014	363
Age	.019	.017	1.191	.275	1.019

Table 66

Results for Job Training and Placement Preference—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-2.093	.678	9.539	.002	
Domestic violence victim	-.942	.336	7.862	.005	.390
No past or present alcohol dependency	-.251	.316	.631	.427	.778
Age	.034	.014	6.018	.014	1.035

The independent variables that created the model for short-term shelter preference were domestic violence victim, degree of religiosity, past or present drug dependency, and if a person has a minor child (IBM SPSS® Version 21.0). Key points from the analysis are those with a lower degree of religiosity are 1.428 times more likely to prefer nonfaith based (Table 67), while those with no minor children are 2.416 times more likely to prefer faith based (Table 68). When validating the short-term shelter model using the training data set, the model predicted the correct individual choice 65.8%. Using the validation data set, the model selected the correct observation 66% of the time.

Table 67

Results for Short-Term Shelter Preference—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-1.224	.571	4.598	.032	
No minor children	.693	.552	1.762	.184	2.00
Domestic violence victim	-.585	.490	1.428	.232	.557
No past or present drug dependency	1.388	.481	8.347	.004	.250
Religiosity (low)	.356	.538	.439	.507	1.428
Religiosity (moderate)	-.932	.532	3.071	.090	.394

Table 68

Results for Short-Term Shelter Preference—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	-.054	.387	.020	.889	
No minor children	.882	.360	6.010	.014	2.416
Domestic violence victim	-1.171	.314	13.888	.000	.310
No past or present drug dependency	-.437	.291	2.254	.133	.646

Religiosity (low)	-1.058	.476	4.946	.026	.346
Religiosity (moderate)	-.786	.315	6.243	0.12	.455

Long-term and short-term shelter preference models were nearly the same (IBM SPSS® Version 21.0). The independent variables were age, domestic violence victim, degree of religiosity, and gender. Those who had experienced domestic violence were 4.078 times likely to have no preference (Table 69). Those with a low degree of religiosity were 4.309 times more likely to have no preference, which is displayed in Table 69. In addition, those with a moderate level of religiosity were 2.236 percent times more likely have no preference (Table 69). Men were 1.093 times more likely to prefer no faith based (Table 70). Those with a low degree of religiosity were 6.092 more likely to desire a nonfaith based for long-term shelter, as shown in Table 70. This model predicted the correct choice between no preference, faith based, and nonfaith based using train data 67.3% of the time and 66% with the validation data set.

The next section provides a discussion and conclusion regarding this study.

Table 69

Results for Long-Term Shelter Preference—Prefer Nonfaith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Prefer nonFBO (intercept)	.346	.399	.753	.386	
Gender (male)	-1.005	.424	6.122	.013	.350
Domestic violence victim	1.406	.341	17.013	.000	4.078
Degree of religiosity (low)	1.461	.529	7.630	.006	4.309
Degree of religiosity (moderate)	.805	.319	6.367	.012	2.236

Table 70

Results for Long-Term Shelter Preference—Prefer Faith-Based Parameter Estimates

Variables	Estimates	Standard error	*t*-value	*p*-value	Relative risk
Intercept	-1.965	.743	6.986	.008	
Gender (male)	.089	.747	.014	.906	1.093
Domestic violence victim	.687	.543	1.602	.206	1.988
Degree of religiosity (low)	1.807	.681	7.032	.008	6.092
Degree of religiosity (moderate)	.293	.552	.282	.596	1.3340

Summary of Findings

This section offers key points of Chapter 4 regarding the findings of this study. The hypotheses were analyzed using chi-square and SPSS® to determine the findings. Using SPSS®, multinomial logistics regression was the analysis used to create modes from the independent variables that predicted the preference. The models were tested using two data sets that were created from the original data set, which were the training data set (used to create the modes) and the validation data (used to test the accuracy of the models). The next section discusses the findings for the four hypotheses.

Discussion of Hypotheses

The two first hypotheses state: H_1: Homeless adults with a higher degree of religiosity are more likely than those with a lower degree of religiosity to report a preference for FBOs in the delivery of human services. H_2: There is a statistical relationship between the degree of religiosity and preference of human services for the homeless. For H_1, the frequency table supported this hypothesis. In addition, for H_2, for overall preference and throughout all categories of services people with a higher degree of religiosity had a preference for faith-based

human service providers (Table 71). Also, using the chi-square test to analyze the relationship between the degree of religiosity and preferences for human services, it was found that there was strong relation between degree of religiosity and preferences for H_2.

Table 71

Summary of Degree of Religiosity

Preference	H_1 Result	H_2 Results
Overall preference	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Alcohol recovery	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Drug recovery	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Counseling	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Food pantries	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Meal site	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Health care	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Job training and placement	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Short-term shelter	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)
Long-term shelter	High Degree of Religiosity (Accepted)	Relationship between variables (Accepted)

H_3, which states, homeless women are more likely than homeless men to report a preference for FBOs in the delivery of homeless human services, was not supported throughout the categories of service, as shown in Table 72. For H_4, the relationship between gender and preference for human services was significant for overall all preference, alcohol recovery sites, drug recovery sites, counseling, food pantries, meal sites, short-term and long-term shelter.

Table 72

Summary of Gender

Preference	H_3 Result	H_4 Results
Overall preference	Men (Rejected)	Relationship between variables (Accepted)
Alcohol recovery	Men (Rejected)	Relationship between variables (Accepted)
Drug recovery	Men (Rejected)	Relationship between variables (Accepted)
Counseling	Men (Rejected)	Relationship between variables (Accepted)
Food pantries	Men (Rejected)	Relationship between variables (Accepted)
Meal site	Men (Rejected)	Relationship between variables (Accepted)
Health care	Women (Accepted)	No relationship between variables (Rejected)
Job training and placement	Women (Accepted)	No relationship between variables (Rejected)
Short-term shelter	Women (Accepted)	Relationship between variables (Accepted)
Long-term shelter	Men (Rejected)	Relationship between variables (Accepted)

For H_5, which states, homeless adults who identify as Christians are more likely than those who identify with other, or no, religious denominations to report a preference for FBOs in the delivery of human services for the homeless, the results indicated that this was correct (IBM SPSS® Version 21.0). The results also found with overall preference and in each category of service the highest selection was for no preference (Table 73). For H_6, the relationship between degree of religious and preference for human services was statistically dependent for overall preference and alcohol recovery site.

Table 73

Summary of Religious Denomination

Preference	H_5 Result	H_6 Results
Overall preference	Christians (Accepted)	Relationship between variables (Accepted)
Alcohol recovery	Christians (Accepted)	No relationship between variables (Rejected)
Drug recovery	Christians (Accepted)	Relationship between variables (Accepted)
Counseling	Christians (Accepted)	Relationship between variables (Accepted)
Food pantries	Christians (Accepted)	Relationship between variables (Accepted)
Meal site	Christians (Accepted)	No relationship between variables (Rejected)
Health care	Christians (Accepted)	No relationship between variables (Rejected)
Job training and placement	Christians (Accepted)	No relationship between variables (Rejected)
Short-term shelter	Christians (Accepted)	No relationship between variables (Rejected)
Long-term shelter	Christians (Accepted)	No relationship between variables (Rejected)

A summary of the seven hypotheses regarding homeless adults who are Black are more likely than those who identify with other races/ethnicities to report a preference for FBOs in the delivery of human services to the homeless is that this was true with overall preference and throughout the categories of service (IBM SPSS® Version 21.0). For H_8, a relationship was found for overall, drug recovery and treatment, and counseling, as shown in Table 74.

Table 74

Summary of Race

Preference	H_7 Result	H_8 Results
Overall preference	Black (Accepted)	Relationship between variables (Accepted)
Alcohol recovery	Black (Accepted)	Relationship between variables (Accepted)
Drug recovery	Black (Accepted)	Relationship between variables (Accepted)
Counseling	Black (Accepted)	Relationship between variables (Accepted)
Food pantries	Black (Accepted)	Relationship between variables (Accepted)
Meal site	Black (Accepted)	Relationship between variables (Accepted)
Health care	Black (Accepted)	No relationship between variables (Rejected)
Job training and placement	Black (Accepted)	No relationship between variables (Rejected)
Short-term shelter	Black (Accepted)	Relationship between variables (Accepted)
Long-term shelter	Black (Accepted)	Relationship between variables (Accepted)

Multinomial Logistics Regression

The models that were created for the multinomial logistics regression were developed and tested using SPSS®. For overall preference, the independent variables were race (White and Black), no minor children, not a domestic violence victim, and degree of religiosity (low and moderate) (IBM SPSS® Version 21.0). This model was correct with 63% of the observations used to create the model (also called the training data set) and 58.5% correct with the validate data set. For alcohol recovery sites the independent variables were no minor children, domestic violence victim, no past or present drug dependency, and degree of religiously (low and moderate). The alcohol recovery variables were correct 60.9% of time with the training data set and 64.9% correct with the validation data set.

With 61.6% accuracy in the training data set, and 66% accuracy in the validation data set, the multinomial logistic regression analysis selected race (White and Black), not a domestic violence victim, no past or present alcohol dependency, and degree of religiosity (low and moderate) as the independent variables that predicted the drug treatment and recovery site preference. For counseling preference, the independent variables were gender (male), no minor

child, domestic violence victim, and degree of religiosity (low and moderate). Using the training data set, the combination of these independent variables predicted the correct preference in the observed case 65.7% of the time and 60.6% in the validation data set.

The independent variables for food pantries preferences were marital status (single and married/partner), gender (male), degree of religiosity (low and moderate), and age (increase). These variables correctly picked the choice preference 68% of the time using the training data set and 70.2% with the validation data set. For meal sites, the independent variables were no past or present drug dependency, degree of religiosity (low and moderate), and age (increase). When using the training data set, these variables were able to predict the correct choice 64.4% of the time and 63.8% of the time with the validation data set. Health care preferences were predicted by 67.6% with the training data set and 67% with the validation data set using age (increase) and domestic violence.

Job training was predicted with 70.1% accuracy using the training data set, and 69.1% accuracy with the validation data set using domestic violence victim, no past or present alcohol dependency, and age (increase). Short-term shelter preferences were predicted using no minor children, domestic violence victim, no past or present drug dependency, and degree of religiosity (low and moderate). The accuracy of the independent variables was 65.8% with the training data set and 66% with the validation data set. The independent variables for long-term shelter were gender (male), domestic violence victim, and degree of religiosity (low and moderate). The variables were able to predict the correct preference for the observation 67.3% of the time with the train data set, and 66% of the time with the validation data set. Table 75 summarizes the findings from the multinomial logistics regression.

Table 75

Models for Type of Preference

Models	Variables
Overall preference	Race, minor children, domestic violence victim, and degree of religiosity.
Alcohol recovery	Minor children, domestic violence victim, past or present drug dependency, and degree of religiosity.
Drug recovery	Domestic violence victim, past or present alcohol dependency, and degree of religiosity.
Counseling	Gender, minor child, domestic violence victim, and degree of religiosity.
Food pantries	Marital status, gender, degree of religiosity, and age.
Meal site	Past of present drug dependency, degree of religiosity, and age.
Health care	Domestic violence and age.
Job training/placement	Domestic violence victim, past or present alcohol dependency, and age.
Short-term shelter	Minor children, domestic violence victim, past or present drug dependency, and degree of religiosity.
Long-term shelter	Gender, domestic violence victim, and degree of religiosity.

Interpreting Multinomial Logistic Regression

Whether writing policy or matching homeless clients to service providers, the results from the multinomial logistics regression can be used by interested parties in many different scenarios. This section provides an overview of how to interpret and understand the results. As an example, if a person walked into CCC to request assistance and the case worker knew that, based on the results of this study, race, minor child, not a domestic violence victim, and degree of religiosity were the factors that helped to predict the preference of the person, the case worker

could determine which service provider they would prefer between faith based and nonfaith based. The case worker could determine this by understanding that a person who identifies as White is 0.087 times likely to prefer faith based. A Black person is 0.100 times likely to prefer faith based. In addition, if the person has no minor children, they are 1.311 times likely to prefer faith based, and if not a domestic violence victim, the person is 1.749 times likely to prefer faith based. Based on the results of this study, a person who has low religiosity is 6.215 times likely to prefer a nonfaith based and 2.485 times likely to prefer nonfaith based if they have a moderate degree of religiosity. Chapter 5 offers discussion and conclusions of the dissertation.

CHAPTER 5. DISCUSSION AND CONCLUSIONS

Introduction

Often underserved populations, like the homeless, are not given a voice, not treated with respect, and seen as deserving of whatever services are available without regard to their preference or view of the service provider. The attitude that those who are homeless are considered to be guilty, blameworthy, and stereotyped into deviant behavior is usually associated with substance abuse, criminal activity, or related activity thought to influence the condition of homelessness. Those outside of the homeless population with this extreme opinion regarding deviant behavior see those who that are homeless as not worthy of humanitarian assistance such as food, clean water, shelter or other needs identified as Maslow's Hierarchy of Needs or at the very least, deserving of whatever services are available (Neale, Homelessness and Theory Reconsidered, 2007). However, this attitude is hard-hearted, cruel, inhuman, and insensitive. On an individual level, the fundamental difference between a homeless person and a person who is not homeless is a house key. The major goal of this research is to provide those experiencing homelessness with a voice.

The second goal of this study was to seek a better understanding of homeless clients' preferences for human service providers and preferences for particular types of services and compare the results to demographic factors and personal characteristics from the cohort theory and rational choice theory. The study focused on demographic factors and personal characteristics as possible influences on preferences. Further, this exploratory study sought to give those suffering with homelessness a voice in the research and in the political process that

determines policy and funding for the service providers. The analysis used to evaluate the hypotheses was chi-square and multinomial logistics regression was used to create a list of variables that could be used to predict the preference a person selected. This chapter will discuss the findings as they relate to the theories and implications for human service providers, policymakers, and researchers. The final section is a conclusion of the study. The next section will tie the study theories to the study results.

Linking Theory and Study Results

This research project sought to determine preferences of homeless clients in the Richmond, Virginia area and to connect preferences to demographic and personal characteristics. The overall research question was: Which demographic factors and personal characteristics influence homeless adults' preferences for human services officered by faith-based or nonreligious nonprofit organizations in the Metro Richmond area? The study examined overall preferences and well as preferences for specific services such as alcohol recovery sites, counseling, drug recovery sites, food pantries, health care, job training and placement, short and long-term shelter, and meal sites. This exploratory study used the cohort theory to assess demographic and personal factors that led to the rational choice theory of selecting human services preferences. This study expanded the literature regarding these two theories by combining theories together and focusing them on a homeless clients' preferences, which has never been done.

The cohort theory was used as the foundation for selecting personal and demographic characteristics for the hypotheses and for creating models using the multinomial logistics regression. Since the hypotheses entailed using categorical variables, the chi-square test was the only choice to understand the relationships. Likewise, multinomial logistics regression was the

only analysis that could be used to develop a group of variables that could be used to predict the choice preference. While the cohort theory did not initially provide a list of independent variables that could predict the preference for human services, the theory did provide a list of variables that were explored to determine if there was a relationship between the dependent variable. The application of the cohort theory confirmed that there are personal characteristics that can be used to predict the choice type of human services a person prefers.

The cohort theory is suggestive of the findings that people from similar backgrounds, life experiences, or personal characteristics will have similar preferences. This notion is mostly confirmed in the findings. An example is the findings for degree of religiosity and preference for human services. Coupling the cohort theory and the results, the findings showed that there was a relationship between degree of religiosity and preference in H_2. Further, for H_1 the results showed that those with a high degree of religiosity had a greater proportion than those that prefer faith based when compared those with a low degree of religiosity who prefer faith based. In addition, the multinomial logistic regression is suggestive of the cohort theory in that the analysis shows variables that lead to an increase or decrease likelihood of a preference type. As in the the cohort theory, the variables make it possible to predict the preference outcome because the variables are clustered together for the choice. An example the linkage of the cohort theory and the multinomial logistics regression is with overall preference, which states that race, minor children, domestic violence victim, and degree of religiosity are the variables that help predict the preference outcome. Essentially, the results are shown to have a cluster preference type. For those preferences that were not correlated with demographic/group characteristics, future research should further examine possible explanations.

The rational choice theory explains that individuals make the choice that provides the greatest level of satisfaction. To this point, people will make the choice that best suits them, which produces their preference. Since most people in the study did not have a preference, the rational choice theory could assume that people do not mind if the organization providing the service is religiously affiliated or not. One might suggest that preference related to religious affiliation of the provider is not based on "rational" calculation. On the other hand, homeless clients wants the service that provides them the greatest level of satisfaction and utility based on other factors, which could be effectiveness of the program or availability of services, typically viewed as more "rational" motivations. An example of this is H_4, where there was no relationship between healthcare and gender. Through rational choice theory, the findings for this hypothesis suggest that regardless of a person's gender and their preference, those in the sample desire health care and do not have a preference for the particular service provider.

To this end, the theory that people make a rational choice linked to the cohort theory means overall people have no preference and segments of the population see the utility in both. This is important for those creating policy, funding the organizations that provide the human services, and for those that are in the nonprofit sector. It means that each type of nonprofit, both faith based and nonfaith based, must be included in policy, appropriately funded, and has a role in curbing homeless statistics. The results of the dissertation suggested that in some cases, personal and demographic factors were significantly interrelated to the preference of human service providers. In addition, the multinomial logistics regression suggested that there were variables that could be used to predict the choice preference as shown in the cohort theory.

Based on the personal and demographic factors, this dissertation presented eight hypotheses based on four theories that were based on the literature. The first theory was that

there is a relationship between degree of religiosity and preference for human services. The first hypotheses was that a person with a higher degree of religiosity would have a greater preference than those with a low degree of religiosity for FB-service providers, which comes from the findings of Frankfort-Nachmias and Nachmias (2008). For overall preference and for each type of human services, this study confirms this prediction. The test for the second hypthesis, which tested for a relationship between the varables, revealed that there was a relationship for overall prefernece and for each of the categories of service.

The second theory anaylzed gender and preference. The H_3 was that women prefer faith based over men. Previous research suggested that women have a higher degree of religiosity than men, which was the source of this theory (Francis & Wilcox, 1996, 2005; Gee, 1991; Walter & Davie, 1998). This was not supported for overall preference or for categories of service, except for health care, job training and placement, and short-term shelter. For H_4, the theory was supported for overall preference, alcohol recovery, drug recovery, counseling, food pantries, meal sites, and short and long-term shelter. This was not proven for healthcare and job training and placement.

The third theory evaluated the relationship between religions denomination and preference for homeless human service. H_5 evaluated whether Christians were more likely to prefer FBOs, which was proposed because those who identify with the Catholic, Protestant, and Jewish faiths have a higher level of religiosity (Collett & Lizardo, 2008). With caution because of the high number of Christians in the sample, this study confirmed the hypothesis for overall preference and for the categories of service. For H_6, there was a relationship for overall preference, drug recovery, counseling, and food pantries. This was not confirmed for alcohol recovery, meal sites, health care, job training, short-term shelter, and long-term shelter.

The fourth theory assessed the relationship between race and homeless human service preferences. H_7 stated that Blacks are more likely to prefer FBOs when compared to other races or ethnic groups. This is because Blacks have an increased level of religious involvement when compared to other ethnic groups (Evelyn Brooks, 1993; Mattis, 2002). This was supported for overall prefenence and for the categories of service. For H_8 there was a relationship for overall, alcohol treatment and recovery, drug recovery treatment and recovery, counseling, food pantries, meal sites and short and long-term shelter. There was no relationship for health care and job training and placement. The next section provides the limitations of this dissertation.

Limitations

In addition to the limitations discussed in Chapter 3, an additional limitation was that the information provided was self-reported. This means that the questionnaire was either read to or read by the respondents and answered by the subjects in the study with little or no researcher or volunteer interference and most importantly, answers could not be validated. To this point, subjects could hide or falsify preferences, personal characteristics, or demographic factors. Others could mistake or be unable to recall the information required to correctly answer survey questions. Meanwhile, others could suffer privately and be too embarrassed to honestly answer questions because of social desirability. Either way, self-reported information could contain validity issues. To counter or mediate this limitation, the survey was given in a one-on-one setting where the person being surveyed communicated with the researchers or volunteers. At other times, the person is given the survey, asked to complete the questionnaire on their own, and then returns the survey to the researcher. Further, the researcher conducted a pretest and pilot test to ensure the questions were structured in a manner that was quick and easy

to read. Collectively, these measures helped to reduce the issues commonly found in self-reporting surveys.

Another important limitation was related to the survey definition of homelessness and how people were omitted if they were not homeless according to the USHUD definition on the night that they took the survey. If a person stated that they were sleeping in a home/apartment of a friend or relative, a hospital, hotel/motel, or prison on the night of the survey they were counted as not being homeless. However, if they were staying there only on the night of the survey they could still be homeless. Examples included a person who was homeless but had been invited to stay with friends or family for a night, a person who was sick and planned to stay in the hospital for the night, or a group of homeless people who pooled funds together to get a hotel room to avoid a cold night on the streets; all would be omitted from the sampling frame. These people would be omitted from the survey because they did not meet the survey definition of being homeless. Further surveys should account for these types of participants and determine other methods to screen for people that are experiencing homeless. The next section will discuss policy recommendations for interested parties and contributions made by this study.

Recommendations and Contributions

The roadmap for ending homelessness and improving the response systems for homeless human services is ultimately complex and compounded by an array of issues. As described above, several factors contributed to homelessness including low incomes, high unemployment rates, disability, increasing housing costs, and other life changing events. As the government, religious and nonreligious nonprofit groups, and others troubled with the welfare of those experiencing homelessness labor to provide human services to this population, a study of this nature could offer many beneficial recommendations and implications for all concerned.

Overall recommendations for human service providers, policymakers, scholars, and others in the landscape of homeless services is the thought that it is moral and ethical to understand the preferences of the homeless population. Further, while more research is required, it is a suggestive notion that if clients are comfortable with the type of service they receive, they will likely do better and services will be more effective. This idea was introduced during the data collection phase, when a homeless individual noted that if the Healing place did not have the faith component, he did not think he could have fought his cravings for drugs and alcohol. He went on to state that he tried other drug and alcohol recovery programs that were not faith based but failed because he thought that those programs were not faith based and did not give him the spiritual component needed for him to overcoming his dependence. Overall, future research should seek to better understand the origins of preferences, which are linked to prior life experiences such as domestic violence and past or present drug dependency. The recommendations are discussed and organized by recommendations for human service providers, policymakers, scholars, and others in the landscape of homeless services.

Recommendations and Contributions for Homeless Human Service Providers

For service providers, the results show that no matter the type, format, or the religious links or tones of services, homeless clients generally do not have a preference for the type of provider. This was the overwhelming finding based on the analyses of data from this sample. To this point, whether faith based or nonfaith based, it is risky to change programs without a more in-depth evaluation of the particular program. Therefore, it is recommended that human service providers be cautious about changing program formats, since most people in the survey do not have a preference. Further, it is risky to change major components of programs based on these results. The most noted implication from this study for service providers is the portion of

the sample that is most likely to choose a certain service provider. Therefore, the recommendation for service providers is to understand the demographic and personal characteristics of clients that are attracted to the type of service provider. For those directing clients to service providers, this study could help them understand the demographic and personal factors that influence preferences to a type of service provider. Using this information, case managers can better pair homeless clients to service providers and, hopefully, if the preference is aligned with the service provider, a client would be happier and more receptive of the services offered. The next section will discuss implications for policymakers.

Recommendations and Contributions for Policymakers

President John F. Kennedy said, "Let us not seek the Republican answer or the democratic answer, but the right answer" (Kennedy, 1958, para. 36). Bearing this in mind, the most important recommendation for policymakers is to use more of a synthesis approach for policy implementation to ensure the right answer. Because the policies to fund faith based ensue from top level initiators in the public policy stream, with little or no input from those that are homeless, there is uncertainty that the policy is linked to the preference of those it is intended to help. Going forward, including a diverse group of homeless or former homeless individuals in the policy development process could be fruitful. In addition, more theories could help better understand what policy details are required for implementation.

In terms of funding streams and preferences, the study shows that it is risky to defund a type of service provider solely based on the type of service provider, whether faith based or nonfaith based. An evaluation of client preferences shows that most people in the homeless population do not have a preference. To this end, the debate of funding both types of providers is supported by this study. Therefore, a recommendation is to keep funding both types of human

service providers. This does not go without stressing the importance of performance-based funding or ensuring the funding stream is traced to nonprofits that are achieving an acceptable level of performance. In addition, it is recommended that the government fund studies, possibly with the Homeward point-in-count surveys that address preferences to service providers or types of services that are preferred. This study sought to contribute the foundation of such studies. In addition, this recommendation and contribution is aligned with the PRWORA of 1996, which outlines protocols for a client who refuses or rejects the style of a service provider. Understanding this could better position policymakers to help service providers and provide nonprofit funding streams to help aid the homeless.

Recommendations and Contributions for Scholars and Researchers

Since this study was exploratory, most of the recommendations are for scholars and researchers for future research in this area. The first recommendation is to expand this research and analyze preferences of those contending with homelessness in subpopulations, such as those in rural homelessness. This study focused on homelessness in an urban and suburban area. Often, people suffering in rural homelessness go from one unaffordable rent situation to another, to time in motels, shelters, and doubling up (Allard, 2009; Rollinson & Pardeck, 2006). Past research has shown that single parents and stepfamilies are most touched by rural homelessness. In addition, the relocation of manufacturing jobs, reallocation of financial assistance, and lack of affordable houses are linkages for urban, suburban, and rural housing issues. Yet, the cross-cultural perspective may help to understand what is required to end and prevent homelessness in rural areas. This is connected to the cohort theory (Byers & Crocker, 2012; Davis, 1996, 2001; Ryder, 1965; Wilson, 1996).

Another point for future studies is to explore and analyze other possible human factors that could contribute to homelessness. As noted in this study, internal and external or personal and structural factors have to be analyzed in order to create policy, direct funding streams, design programs, and for the overall understanding of the various parts of the human services system and the people that are being served in the system. This study sought to contribute to the current body of literature by providing the perceptive of clients regarding human service preferences. In addition, the purpose of this research was to encourage other researchers to seek the opinions of clients for human services. The more attention and research directed to personal and structural factors regarding homelessness, the more understanding and knowledge will be gained.

To this point and as an example, future researchers should also be directed at better understanding the new generation of homeless veterans and how effective recent policy has been to reduce the number of homeless veterans. In 2013, there were an estimated 52,500 homeless veterans, which was decline of 10,119 from 2012, and decline of 14,995 from 2011 (NAEH, 2013). With the goal of eradicating homelessness among the veteran population, the Department of Veterans Affairs (VA) has set an objective of ending veteran homelessness by 2015 (NAEH, 2010; 2014). The VA intends to end homelessness by providing more permanent supportive housing, temporary housing, rehousing programs, assessing housing status at discharge and afterwards, and providing expanded supportive services for the transition from the military to civilian life. As the nation begins a reduction in armed service members, war-weary veterans are faced with entering the civilian workforce. However, they are unprepared, and as one veteran stated, "It was a total life change and I was like, 'I don't understand, I served, I have all these skills and no one is willing to hire me" (Lawrence, 2012). Similar to some Vietnam War veterans, some of those who fought in Iraq and Afghanistan are suffering with traumatizing

events from combat and homelessness. Many homeless veterans are facing chronic homelessness, mental illness, substance abuse and addiction, physical disabilities, and other conditions from being in combat (NAEH, 2010; 2014). A study solely focused on veterans could be a welcome addition to the current body of literature and help policymakers address homelessness among the veteran population.

Similarly, subcategorized or more defined categories of services could produce a more in-depth view. An example is counseling and specifying the type of counseling one wishes to receive from a faith-based or nonfaith-based service provider. For instance, a person may desire faith based for group counseling but may want nonfaith based for marital counseling. Perhaps, someone wants faith based for residential drug or alcohol treatment and nonfaith based for outpatient rehab. Dividing these categories of services into more defined methods of delivery could also be helpful in understanding preferences.

Conclusion

Often marginalized, ignored, discarded by society, and treated as if their life has no value, those experiencing homelessness should be heard in regards to their preferences for human service providers. Similarly, those that work in the field of human services for the homeless, those who develop policy for the nonprofit sector, and scholars require the perspective of the homeless population to do their jobs effectively. In addition to giving the homeless population a voice and educating those that need to hear and understand homelessness, this dissertation seeks to add to the body of literature and serve as exploratory research for future research by seeking input from clients regarding the human services they receive.

Even with these results, further studies should be conducted on a reoccurring frequency to gauge changes in preferences among those that are homeless. In addition, understanding

preferences can lead to identifying innovative initiatives and new directions in policies and programs, while ensuring housing, human rights, and social equity principles are not overlooked. To this point, understanding human service preferences could help to reduce the duration, discomfort, and frustration people endure while experiencing homelessness.

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APPENDIX A. POINT-IN-TIME COUNT SURVEY

Twice a year, Homeward sends people like me out into the community to learn about the number of people who are experiencing homelessness. We are also interested in talking to people who are not homeless so that we can learn more about differences that may make people more likely to experience homelessness.

In addition to counting people, we ask if you are willing to take a survey. The survey asks questions about your life and experiences and should take 10-15 minutes. The information you provide will be used to learn more about the needs of people experiencing homelessness in the region and possible risk factors for homelessness.

Taking this survey is voluntary, and you can stop at any time. We don't think you will experience any problems by answering the questions, however, some of the questions are personal, and if you are not comfortable with a question or the survey, you don't have to answer the question or you can stop taking the survey.

We will not ask your name or any information that uniquely identifies you. The information that we report from the survey will be based on information about groups of people. Your responses will not be singled out.

If you have any questions or concerns about the survey, you can contact [redacted] at Homeward ([redacted]).

If you want to talk to anyone after taking the survey, please let a volunteer or your case manager know so that we can arrange for this.

1a. Where will you sleep (or where did you sleep) on the night of <u>Thursday, January 30, 2014</u>?
(check one)

- ☐ Own home or apartment(1)
- ☐ Home/apartment of a friend or relative(2)
- ☐ Hospital(3)
- ☐ Hotel/motel(4)
- ☐ Prison/jail(5)
- ☐ Outdoors, abandoned or condemned building, vehicle, bridge, rail yard, cam or other place not meant for human habitation(6)
- ☐ Cold weather/overflow shelter(7)
- ☐ Emergency shelter(8)
- ☐ Transitional shelter (including residential substance abuse treatment programs)(9)
- ☐ Don't know **(if don't know, where did you sleep last night?)**(10)
- ☐ Other: (write answer on line)(11)

<u>If your answer is in this column (above), please answer these questions:</u>

1b. How long have you been staying there? (write in your best guess of the number of days, weeks, months, or years)

____days ____ weeks ____months ____ years

1c. Were you homeless before you began staying there? (check one)

☐ No ☐ Yes

1d. If you were homeless before you began staying there, for how long were you homeless? (write in your best guess of the number of days, weeks, months, or years; write 0 if not applicable)

____days ____ weeks ____months ____ years

1e. Have you ever lived in a homeless shelter or on the street? (check one)

<u>If your answer is in this column (above), please answer these questions:</u>

1f. How long have you been homeless this time? (write in your best guess of the number of days, weeks, months, or years)

____days ____ weeks ____months ____ years

1g. Is the time you've been homeless … (check one):

- ☐ A week or less(1)
- ☐ More than 1 week but less than 1 month(2)
- ☐ 1-3 months(3)
- ☐ More than 3 months but less than 6 months(4)
- ☐ 6-9 months(5)
- ☐ More than 9 months but less than 1 year(6)
- ☐ A year or more(7)

2. Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year or more? (check one)

☐ No ☐ Yes

3. In the past 3 years, how many times have you been homeless? (check one)

☐ None(0) ☐ One time(1) ☐ Two times(2) ☐ Three times(3) ☐ Four or more times(4)

4. In the past 3 years, how many different times have you had to stay in an emergency shelter or lived on the streets? (check one)

☐ None(0) ☐ One time(1) ☐ Two times(2) ☐ Three times(3) ☐ Four or more times(4

5. What is your gender? (check one) ☐ Male (1) ☐ Female(2) ☐ Other(3)

6. Do you identify as transgender? (check one) ☐ No (0) ☐ Yes(1)

7. Where is the place you are currently staying located? (check one)
→ * If "Richmond": Was that in the City of Richmond or Chesterfield or Henrico?

☐ Richmond(1) ☐ Chesterfield(2) ☐ Henrico(3) ☐ Hanover(4) ☐ Other city/county in VA (write answer on line)(5)
_____

8. What is your race? *(Any of these could include Hispanic or Latino ethnicity #9)*

☐ White(1) ☐ African-American/Black(2) ☐ Asian(3) ☐ American Indian or Alaskan Native(4)

☐ Native Hawaiian or Pacific Islander(5) ☐ Two or more races(6) ☐ Other (write answer on line)(7)
_____

9. Are you Hispanic or Latino? (check one) ☐ **No** ☐ **Yes**

10. What is your age? (write answer on line) _____**Years**

11. What is your birthday (month and date)? (write answer on line) _____

12. What is the highest level of education that you completed? (check one)

☐ Elementary School(1) ☐ Middle School(2) ☐ High School Diploma or GED(3)

☐ Some College(4) ☐ College Degree(5) ☐ Post-Graduate(6)

13. What is your marital status? **(check one)**

☐ Single (never married)(1) ☐ Married(2) ☐ Partnered(3) ☐ Widowed(4) ☐ Divorced(5) ☐ Separated(6)

14a. Do you have an alcohol or drug problem, a serious mental health problem, a developmental disability, or a chronic physical illness or other disability? (check one) ☐ No ☐ Yes

If you answered **YES**, please answer these questions:

14b. Does this limit your ability to get or keep a job or take care of personal matters, such as taking care of yourself, taking medications a doctor has prescribed, taking care of your children, going shopping, or getting around in the community? (check one) ☐ No ☐ Yes

14c. Is your disability drug or alcohol abuse? (check one) ☐ No ☐ Yes

14d. Is your disability a mental illness? (check one) ☐ No ☐ Yes

14e. Is your disability a physical disability? (check one) ☐ No ☐ Yes

15a. Do you have any children under the age of 18? (check one) ☐ **No** ☐ **Yes**

If you answered **YES**, please answer these questions:

15b. How many of these minor children will be with you tonight? (write answer on line)

_____

15c. If you have any children who are not staying with you, please check who they are currently staying with. **(check all that apply)**

☐ **With other parent(1)** ☐ **In foster care(2)** ☐ **With relatives (not parent)(3)** ☐ **With friends(4)**

If you answered **YES**, please answer these questions:

16b. Have you served on active duty in the U.S. Armed Forces (that is, full-time service in the Army, Navy, Air Forces, Marine Corps, or Coast Guard)? (check one) ☐ No ☐ Yes

16c. Were you ever called into active duty as a member of the National Guard or as a Reservist? (check one) ☐ No ☐ Yes

16d. Are you a combat veteran? (check one) ☐ No ☐ Yes

16e. What kind of discharge did you receive? (check one)
☐ Honorable(1) ☐ General(2) ☐ Other than honorable(3) ☐ Bad conduct(4) ☐ Dishonorable(5)

16f. What was your last year of service? (write answer on line) _____

Employment/Income History and Information

17. Are you currently looking for a job? (check one) ☐ **No** ☐ **Yes**

18. Are you currently employed? (check one)
☐ **No** ☐ **Yes, day labor/temp work** ☐ **Yes, part-time** ☐ **Yes, full-time**

19. In the past year, have you … (check one on each line)

19a. Felt like you needed job training?	☐ No	☐ Yes
19b. Been turned down for a job because you lacked the proper job training?	☐ No	☐ Yes
19c. Gotten job training?	☐ No	☐ Yes
19d. Had any financial assistance from friends or family?	☐ No	☐ Yes
19e. Had any income from panhandling or asking strangers for money?	☐ No	☐ Yes
19f.Had any income from welfare, Temporary Aid for Needy Families (TANF), or food stamps/Supplemental Nutrition Assistance Program (SNAP)?	☐ No	☐ Yes
19g. Had any income from VA benefits?	☐ No	☐ Yes
19h. Had any income from SSI/SSDI (Supplemental Security Income/Social Security Disability Insurance)?	☐ No	☐ Yes

Domestic Violence

20a. Have you ever experienced violence at the hands of a spouse or intimate partner?
☐ No ☐ Yes

If you answered **YES**, please answer this question:

20b. How long has it been since the last episode of violence at the hands of a spouse or intimate partner? (write in your best guess of the number of days, weeks, months, or years)
____days ____ weeks ____months ____ years

Physical and Mental Health History

21. **Please answer the questions below.** (check one on each line)

21a. Have you ever had a problem with alcohol?	☐ No	☐ Yes
21b. Do you have a problem with alcohol now?	☐ No	☐ Yes
21c. Are you currently in recovery for alcohol problems?	☐ No	☐ Yes
21d. Have you ever had a drug problem?	☐ No	☐ Yes
21e. Do you have a problem with drugs now?	☐ No	☐ Yes
21f. Are you currently in recovery for drug problems?	☐ No	☐ Yes
21g. Have you ever been in treatment for mental health problems?	☐ No	☐ Yes
21h. Are you currently being treated for mental health problems?	☐ No	☐ Yes
21i. Are you currently taking any medication for a mental health problem?	☐ No	☐ Yes
21j. Have you ever gotten counseling or treatment for mental health problems?	☐ No	☐ Yes
21k. In the past year, have you needed to see a dentist?	☐ No	☐ Yes
21l. In the past year, have you been to the dentist?	☐ No	☐ Yes
21m. In the past year, have you needed to see a doctor?	☐ No	☐ Yes
21n. In the past year, have you been to the doctor?	☐ No	☐ Yes
21o. In the past year, have you been treated in an emergency room?	☐ No	☐ Yes
21p. In the past year, have you been the victim of violence?	☐ No	☐ Yes

Housing History and Information

22. How long have you lived in this area? (write in your best guess of the number of days, weeks, months, or years**)** **____days ____ weeks ____months ____ years**

23. Where was your last permanent place to live? (check one)

→ * If "Richmond": Was that in the City of Richmond or Chesterfield or Henrico?

☐ Richmond(1) ☐ Chesterfield(2) ☐ Henrico(3) ☐ Hanover(4) ☐ Other city/county in VA(5)

☐ Never had permanent address(6) ☐ Other state outside VA (write answer on line)(7)

_____

24. What was your living situation before you became homeless?

☐ Not currently homeless(1) ☐ Owned(2) ☐ Rented(3) ☐ Lived with friends(4)

☐ Lived with family(5) ☐ In hospital(6) ☐ In jail/prison(7) ☐ Group home/foster care(8)

☐ Other: (9)

_____

25. Have you ever lived in subsidized or public housing? (check one) ☐ No ☐ Yes

26. Have you received any financial assistance (such as help paying your rent or utility bills) in the past year to help prevent you from becoming homeless? ☐ No

☐ Yes

Legal/Judicial History and Involvement

27a. Have you ever been in jail or prison? (check one)

☐ No(0) ☐ Yes (jail)(1) ☐ Yes (prison)(2) ☐ Yes (both jail and prison)(3)

If you answered **YES** (you have been in jail or prison or both), please answer the questions below:

27b. How many times have you been in jail or prison? (check one)

☐ 1-2(1) ☐ 3-5(2) ☐ 6-10 (3) ☐ more than 10(4)

27c. How long were you in jail or prison the last time? (check one)

☐ Less than 1 month(1) ☐ At least 1 month but less than 1 year(2)
☐ At least 1 year but less than 5 years(3) ☐ 5 years or more(4)

27d. How long has it been since you were released? (check one)

☐ Less than 1 month(1) ☐ At least 1 month but less than 1 year(2)
☐ At least 1 year but less than 5 years(3) ☐ 5 years or more(4)

28. Please answer the questions below. (check one on each line)

28a. Were you living outdoors/on the street before you went to jail or prison the last time?	☐ No	☐ Yes
28b. Were you homeless (on the street or in a shelter) before you went to jail or prison the last time?	☐ No	☐ Yes
28c. Did you live outdoors/on the street when you were released from jail or prison the last time?	☐ No	☐ Yes
28d. Were you homeless (on the street or in a shelter) when you were released from jail or prison the last time?	☐ No	☐ Yes
28e. Have any of your convictions been related to drugs?	☐ No	☐ Yes
28f. Do you have any felony convictions?	☐ No	☐ Yes
28g. Do you have any felony convictions for violent offenses?	☐ No	☐ Yes
28h. Do you have any felony convictions for drug-related offenses?	☐ No	☐ Yes

Religiosity

29. Overall, do you have a preference for faith-based or non-faith-based service providers delivering homeless services?

☐ I prefer faith-based service providers(2) ☐ Prefer non-faith-based service providers(1) ☐ No preference(0)

30. In the list below, please circle whether you would prefer to receive each service from a faith-based provider, a non-faith-based provider, or if you do not have a preference.

30a. Alcohol treatment and recovery	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)
30b. Counseling	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)
30c. Drug treatment and recovery	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)

30d. Food pantries	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)
30e. Healthcare	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)
30f. Job training and placement	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)
30g. Short-term shelter	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)
30h. Long-term shelter	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)
30i. Meals	Prefer faith-based(2)	Prefer non-faith-based(1)	No preference(0)

31. In the list below, please circle the appropriate response.

31a. To what degree do you regard yourself a religious person?	Not at all(1)	A little(2)	Somewhat(3)	Very much(4)	A great deal(5)
31b. How often do you attend religious services?	Never(1)	A few times a year(2)	A few times a month(3)	Once a week(3)	More than once a week(5)
31c. How often do you spend time in private religious activities, such as prayer, meditation, or religious study?	Never(1)	A few times a month(2)	Two or more times a week(3)	Once a day(3)	More than once a day(5)
31d. To what extent do you believe that God or something divine exists?	Definitely not(1)	Probably not(2)	Unsure(3)	Probably(3)	Definitely(5)
31e. How often do you think about religious issues?	Never(1)	Very rarely(2)	Occasionally(3)	Frequently(3)	Very frequently(5)
31f. How important is religion in your life?	Extremely unimportant(1)	Unimportant(2)	Neither important nor unimportant(3)	Important(3)	Extremely important(5)

32. What religion do you identify with?

☐ Buddhism(1) ☐ Christianity(2) ☐ Hinduism(3) ☐ Islam(4) ☐ Jehovah's Witness(5)
☐ Judaism(6) ☐ None(7) ☐ Other(8) – please specify _____

If you selected **Christianity**, please answer the question below:

32b. What denomination do you best identify with? (check one)

☐ Baptist(1) ☐ Episcopalian(2) ☐ Mormon(3) ☐ Lutheran(4)
☐ Pentecostal(5) ☐ Presbyterian(6) ☐ Roman Catholic(7)
☐ Seventh-day Adventist(8) ☐ Methodist(9) ☐ Other(10) – please specify _____

Childhood History

33. Were you ever homeless as a child? (check one) ☐ No ☐ Yes

34a. Have you ever been in foster care? **(check one)**

☐ No ☐ Yes, and I became homeless within 6 months of leaving foster care

☐ Yes, and I did NOT became homeless within 6 months of leaving foster care

If you answered **YES**, you have been in foster care, please answer these questions:

34b. How long were you in foster care? (write in your best guess of the number of days, weeks, months, or years) ____days ____ weeks ____months ____ years

34c. At what age did you last leave foster care? (please write in) _____

34c. Why did you last leave foster care? (check one)

☐ Returned to family(1) ☐ Got adopted(2) ☐ Aged out(3) ☐ Other(4): (please specify)_____

Economy

35a. Have you ever lived in a property that was foreclosed on? (check one)

☐ No(0) ☐ Yes, I rented a home that was foreclosed on(1) ☐ Yes, I owned a home that was foreclosed on(2)

If you answered **YES**, please answer these questions:

35b. How long ago did this foreclosure happen? (write in your best guess of the number of days, weeks, months, or years)

____days ____ weeks ____months ____ years

35c. Where did you live after the foreclosure?

☐ Home I owned(1) ☐ Home I rented(2) ☐ Lived with friends/family(3)

☐ In hospital(4) ☐ In jail/prison(5) ☐ Other:(6) _____

35d. What events led to the foreclosure? (write answer on line)

_____

36a. Have you ever declared bankruptcy? ☐ No ☐ Yes

If you answered **YES**, please answer this question:

36b. How long ago did you declare bankruptcy (if it happened more than once, please answer for the most recent bankruptcy? (write in your best guess of the number of days, weeks, months, or years)

____days ____ weeks ____months ____ years

37a. Have you ever been laid off from a job? ☐ No ☐ Yes

If you answered **YES**, please answer this question:

37b. How long ago did you get laid off (if it happened more than once, please answer for the most recent layoff)? (write in your best guess of the number of days, weeks, months, or years)

____days ____ weeks ____months ____ years

38. What would it take for you to have permanent housing? (write answer below)

_____

_____

_____

Thank you for your participation!

APPENDIX B. PILOT TEST QUESTIONNAIRE AND RESULTS

1. Overall, do you have a preference for faith-based or nonfaith-based service providers delivering homeless services?

Prefer Faith Based Prefer non-Faith Based No Preference

2. In the list below, please check whether you would prefer to receive each service from a faith-based provider, a nonfaith-based provider, or if you do not have a preference (please circle).

Alcohol treatment and recovery:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Counseling:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Drug treatment and recovery:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Food pantries:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Health care:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Job training and placement:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Short-term shelter:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Long-term shelter:	Prefer Faith Based	Prefer non-Faith Based	No Preference
Meals:	Prefer Faith Based	Prefer non-Faith Based	No Preference

3. In the list below, please check the appropriate response.

a. To what degree do you regard yourself a religious person (please circle)?
- Not at all
- A little
- Somewhat
- Very much
- A great deal

b. How often do you attend religious services (please circle)
- Never
- A few times a year
- A few times a month
- Once a week
- More than once a week

c. How often do you spend time in private religious activities, such as prayer, meditation, or religious study (please circle)?
Never
A few times a year
Two or more times a week
Once a day
More than once a day

d. To what extent do you believe that God or something divine exists (please circle)?
Definitely not
Probably not
Unsure
Probably not
Definitely

e. How often do you think about religious issues (please circle)?
Never
Very rarely
Occasionally
Frequently
Very frequently

f. How important is religion in your life (please circle)?
Extremely unimportant
Unimportant
Neither important nor unimportant
Important
Extremely important

g. What religion do you identify with (please circle)?
Buddhism
Christianity
Hinduism
Islam
Jehovah's Witnesses
Judaism
None
Other

h. If you selected Christianity, what denomination do you best identify with (please circle)?
Baptist
Episcopalian
Mormon
Pentecostal
Presbyterian

Roman Catholic
Seventh Day Adventists
Lutheran
Other

Table B1

Pilot Test Results

Question	No. of responses	% responses
1. Which agencies have provided you services before or during your homelessness? (Check all that apply)		
2nd Baptist Church	1	10
3rd Street Bethel AME	1	10
Centenary United Methodist	1	10
Central Virginia Food Bank	2	20
Commonwealth Catholic Charities	5	50
Congregations Around Richmond Involved to Assure Shelter	1	10
The Daily Planet	4	40
The Department of Veteran Affairs	1	10
First Baptist Church	1	10
Food Not Bombs	1	10
The Freedom House	2	20
Greater Mount Mariah	1	10
The Healing Place	2	20
Hill Top Promise	1	10
HomeAgain	8	80
Richmond Department of Social Services	4	40
The Salvation Army	4	40
St. Paul's Episcopal Church	1	10
St. Peter's Church	1	10
Sharon Baptist Church	1	10
Offender Aid and Restoration of Richmond, Inc.	1	10
Other: Overflow	2	20
2. Overall, do you have a preference for religious or nonreligious service providers delivering homeless services?		
I prefer religious service providers.	3	30
I prefer nonreligious service providers.	0	0
I do not have a preference in service providers.	7	70
3a. Specifically, are there services you would rather receive from a religious provider?		
Yes	4	40
No	6	60
Refused	0	0

Table B1 - continued

Question	No. of responses	% responses
3b. If yes, then check all that apply:		
Alcohol recovery sites	2	20
Drug recovery sites	3	30
Food pantries	4	40
Health care	2	20
Job training and placement	1	10
Long-term shelter	2	20
Meal sites	2	20
No preference	1	10
Short-term shelter	1	10
Other: No answer	1	10
4a. Specifically, are there services you would rather receive from a nonreligious provider?		
Yes	4	40
No	6	60
Refused	0	0
4b. If yes, then check all that apply:		
Alcohol recovery sites	0	0
Drug recovery sites	0	0
Food pantries	2	20
Health care	1	10
Job training and placement	2	20
Long-term shelter	1	10
Meal sites	2	20
No preference	2	20
Short-term shelter	2	20
Other	1	10
5. In the last year, how often did you attend services at a place of worship?		
More than once a week	3	30
Once a week	1	10
A few times a month	1	10
A few times a year	2	20
Never	3	30

Table A1 - continued

Question	No. of responses	% responses
6. What religion do you best identify with?		
Buddhism	0	0
Christianity	9	90
Episcopalian	1	11
Mormon	0	0
Lutheran	0	0
Pentecostal	1	11
Presbyterian	0	0
Roman Catholic	0	0
7. If Christian, what denomination do you best identify with?		
Not a Christian	0	0
Baptist	6	67
Episcopalian	1	11
Mormon	0	0
Lutheran	0	0
Pentecostal	1	11
Presbyterian	0	0
Roman Catholic	0	0
Seventh Day Adventists	0	0
Other: Full Gospel	1	11

Table B2

Pilot Interviewer and Respondent Behavior Percentage Results

	Question 1	Question 2	Question 3	Question 4	Question 5
Reads question exactly as worded.	100	100	100	100	100
Reads question with minor changes.	0	0	0	0	0
Reads question so that meaning is altered.	0	0	0	0	0
Asked for clarification regarding a question or answer.	40	0	0	0	0
Answers for "Don't know."	0	0	0	0	0
Refuses to answer.	0	0	0	0	0
Gave inadequate answer.	40	0	0	0	0
Interrupted question reading.	0	0	0	0	0

APPENDIX C. RESEARCHER-DEVELOPED QUESTIONNAIRE

1. Overall, do you have a preference for faith-based or non-faith-based service providers delivering homeless services?

☐ Prefer faith-based service providers ☐ Prefer non-faith-based service providers
☐ No preference

2. In the list below, please circle whether you would prefer to receive each service from a faith-based provider, a non-faith-based provider, or if you do not have a preference.

Alcohol treatment and recovery	Prefer faith-based	Prefer non-faith-based	No preference
Counseling	Prefer faith-based	Prefer non-faith-based	No preference
Drug treatment and recovery	Prefer faith-based	Prefer non-faith-based	No preference
Food pantries	Prefer faith-based	Prefer non-faith-based	No preference
Healthcare	Prefer faith-based	Prefer non-faith-based	No preference
Job training and placement	Prefer faith-based	Prefer non-faith-based	No preference
Short-term shelter	Prefer faith-based	Prefer non-faith-based	No preference
Long-term shelter	Prefer faith-based	Prefer non-faith-based	No preference
Meals	Prefer faith-based	Prefer non-faith-based	No preference

3. In the list below, please circle the appropriate response.

To what degree do you regard yourself a religious person?	Not at all	A little	Somewhat	Very much	A great deal
How often do you attend religious services?	Never	A few times a year	A few times a month	Once a week	More than once a week
How often do you spend time in private religious activities, such as prayer, meditation, or religious study?	Never	A few times a month	Two or more times a week	Once a day	More than once a day
To what extent do you believe that God or something divine exists?	Definitely not	Probably not	Unsure	Probably	Definitely
How often do you think about religious issues?	Never	Very rarely	Occasionally	Frequently	Very frequently
How important is religion in your life?	Extremely unimportant	Unimportant	Neither important nor unimportant	Important	Extremely important

4. What religion do you identify with?

☐ Buddhism ☐ Christianity ☐ Hinduism ☐ Islam
☐ Jehovah's Witness ☐ Judaism ☐ None ☐ Other _____

5. If you selected Christianity, what denomination do you best identify with?

☐ Baptist ☐ Episcopalian ☐ Mormon
☐ Pentecostal ☐ Presbyterian ☐ Roman Catholic
☐ Seven-day Adventists ☐ Other _____ ☐ Lutheran

APPENDIX D. DEMOGRAPHICS OF SAMPLED POPULATION

Table D1. Demographics of Sampled Population

	Frequency	%
Gender:		
Male	398	79.3
Female	104	20.7
Total	**502**	**100.0**
Race:		
White	145	28.9
Black	316	62.9
Asian	2	.4
American Indian/Alaskan Native	6	1.2
Native Hawaiian or Pacific Islander	2	.4
Two or more races	19	3.8
Other	12	2.4
Total	**502**	**100.0**
Education level:		
Elementary school	7	1.4
Middle school	62	12.4
High school diploma or GED	266	53.0
Some college	109	21.7
College degree	43	8.6
Postgraduate	11	2.2
Total	**498**	**99.2**
Marital status:		
Single	276	55.0
Married	18	3.6
Partnered	10	2.0
Widowed	19	3.8
Divorced	127	25.3
Separated	50	10.0
Total	**500**	**99.6**
Length of homelessness:		
A week or less	28	5.6
More than a week, less than a month	41	8.2
1 to 3 months	83	16.5
More than 3 mo. but less than 6 mo.	54	10.8

Table D1 - continued

	Frequency	%
6 to 9 months	60	12.0
More than 9 months but less than a year	16	3.2
A year or more	169	33.7
Total	**451**	**89.8**
Generation:		
Generation Y	104	20.7
Generation X	204	40.6
Baby Boomer	191	38.0
Silent Generation	3	.6
Total	**502**	**100.0**
Religion:		
Buddhism	5	1.0
Christianity	377	75.1
Hinduism	1	.2
Islam	13	2.6
Jehovah's Witness	12	2.4
Judaism	3	.6
None	42	8.4
Other	49	9.8
Total	**502**	**100.0**
Military service:		
Never served in military	395	78.7
Served in military	105	20.9
Total	**500**	**99.6**
Served in combat:		
No service in combat	67	13.3
Service in combat	35	7.0
Total	**102**	**20.3**
Type of discharge:		
Honorable	75	74.3
General	13	12.9
Other than honorable	9	8.9
Bad conduct	1	.9

Table D1 - continued

	Frequency	%
Dishonorable	3	3
Total	**101**	**100.0**
Disability:		
No disability	201	40.0
Disability	289	57.6
Total	**490**	**97.6**
Mental disability:		
No	199	39.6
Yes	298	59.4
Total	**497**	**99.0**
Physical disability:		
Physical disability	156	31.1
No physical disability	122	24.3
Total	**278**	**55.4**
Experienced domestic violence:		
Experienced domestic violence	371	73.9
Not experienced domestic violence	131	26.1
Total	**502**	**100.0**
Past or present alcohol dependence:		
No	276	55.0
Yes	214	42.6
Total	**490**	**97.6**

VITA

LeQuan M. Hylton was born in Martinsville, VA and attended Martinsville City Public Schools until his 10th grade year of high school. He relocated to Chesterfield, VA with his mother, Sharon Hylton, and graduated from Manchester High School in 2001. He graduated cum laude from the Reginald F. Lewis School of Business at Virginia State University in 2004 with a Bachelor of Science in Business Management with a concentration in Human Resources. In 2008, he graduated magna cum laude from Averett University with a Master of Business Administration. Since 2003, LeQuan has been employed with the Department of Defense and has held numerous positions at Fort Lee, VA, Federal Emergency Management Agency, and as a staffer at the Headquarters Department of the Army at the Pentagon. Previous to working for the Department of Defense, LeQuan worked in the City Manager's Office for the City of Richmond. LeQuan is also in the Army Reserves and is currently aide-de-camp for the commanding general for the 80th Training Command in Richmond, VA.