"I Don't Want to Pass Away Like This": A Qualitative Study of the Goals and Needs of People Experiencing Homelessness in Tucson, Arizona

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Abstract

Background: Homelessness in the United States is growing and has serious implications for the health and well-being of individuals and communities. The purpose of this study is to share the self-identified goals and needs of people experiencing homelessness in a Southwestern city in the United States.

Methods: We undertook secondary data analysis of qualitative responses (*n* = 169) to a questionnaire that was part of a 2023 needs assessment of adults experiencing homelessness in Tucson, Arizona. Using inductive applied thematic analysis, qualitative data were transcribed, coded, and organized into themes.

Results: Five themes emerged from the data analysis: (1) people do not want to be homeless, they want stability, and they are willing to work for it; (2) relationships are an important driver of goals; (3) barriers at the individual and interpersonal levels are diverse and individualized; (4) stigma and discrimination hinder exits from homelessness, and (5) hope and despair are both common.

Conclusion: Participants experiencing homelessness overwhelmingly articulated the desire to be housed, employed, re-connect with family, and generally have stability in their lives. These findings provide a direct contradiction to the narrative that people who are homeless choose homelessness or do not want to work to change their circumstances.

Keywords

homelessness, qualitative research, health equity

Introduction

Homelessness is a growing public health and health equity issue influenced by past and present social, economic, and political determinants. Access to stable, safe, and affordable housing are critical social determinants of health.[1,2] Conversely, experiences of homelessness are associated with multiple poor health outcomes including increased mortality and morbidity from chronic and infectious disease, substance use, injury and pain. People experiencing homelessness also report worse health-related quality of life, mental health, sexual and reproductive health and have lower rates of health care utilization when compared to people who are housed.[3,4] High rates of stigma and discrimination, exposure to crowded and unsafe environments, and lack of knowledge about, and access to, health and social services contribute to the adverse health of people experiencing homelessness.[5] Homelessness in the United States disproportionately impacts people who identify as Black or African American and those who identify as Indigenous, Native American, and/or Alaskan Native.

Youth of color, youth who identify as LGBTQ+, and people with previous criminal justice convictions are also overrepresented among people experiencing homelessness.[6–8]

Despite the large human and financial resources engaged in preventing and addressing housing insecurity, homelessness has continued to increase in recent years. According to the 2024 Point-in-Time count, over 770,000 people are homeless in the United States, including over 14,700 individuals in Arizona.[6] Since 2020, homelessness has increased annually in Arizona. At the same time, there is a need for more research that includes the voices of people with current

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or recent lived experience of homelessness.[9] Listening to the perspectives of people experiencing homelessness about their future goals and identified needs is valuable for providing effective and individually relevant services to those who find themselves housing insecure. Additionally, including people with lived experience is recognized across disciplines as a critical step to addressing complex health and social issues.[10,11] In the studies that include perspectives of people experiencing homelessness, issues identified as concerns included: healthcare access, addiction, stress, exposure to violence, pessimism about the future, and social exclusion.[12–14]

It is well-established that preventing homelessness and making it rare, brief, and non-recurring for those who experience it requires social, political, and structural changes to address the upstream causes of housing insecurity (e.g. increasing housing affordability, housing availability, and reducing poverty).[15,16] While structural change is necessary, it is also true that frontline homeless service providers primarily work at the individual level, providing direct services to people experiencing homelessness. Daily roles filled helping people navigate housing, social, and health services often offer few opportunities to address the social and structural drivers of homelessness. To address homelessness, effective individual-level interventions are needed. Understanding the goals and needs of individuals experiencing homelessness can help homeless service workers engage more effectively with their clients. Individualized motivational interviewing, an evidence-based practice, particularly when facilitated by peers, goal setting, and action planning have also been shown to support health behavior change.[17–19] It is equally important that the perspectives of people with lived experience inform system planning and structural change efforts.

The purpose of this study is to share the self-identified goals and needs of people experiencing homelessness in a Southwestern city in the United States. Through soliciting and summarizing the perspectives of people experiencing homelessness about their own lives, we aim to provide additional context and information to aid in the design of interventions which center the needs identified by people experiencing homelessness. Ideally, such improvements will foster more accepted and effective interventions to address homelessness in our communities.

Methods

Data Collection

In 2023, the City of Tucson collaborated with the Southwest Institute for Research on Women at The University of Arizona to conduct a mixed methods community needs assessment of people experiencing homelessness. The methodology for conducting the needs assessment has been described in detail elsewhere.[20] Briefly, academic researchers created a draft of the mixed methods survey based on a local

2019 survey focused on youth and young adult homelessness. The survey was then further revised based on feedback from community partners at the City of Tucson and based on input from a group with lived experience of homelessness. The final structured survey was composed of six sections (1) eligibility, (2) needs, (3) use of services, (4) experiences of homelessness, (5) demographic characteristics, and (6) two open-ended qualitative questions. The qualitative questions were: '*In a few words, how would you explain your story about how you came to experience homelessness?*' and '*Thinking about what you would like your life to look like, what would you need for you to get there?*' Respondents were asked to answer the first question within 10 min and the second in 5 min or less. Very few respondents used the entire time allotted for either question, and no respondents were cut off if they went over the requested time limit. The final English version of the survey was translated to Spanish. Both versions of the survey are available online.[20]

Participants for the needs assessment were recruited from 13 locations in Tucson, including emergency shelters, encampments, public parks, and a drop-in center. People interested in taking the survey were screened for eligibility, which included being an adult (18 and older) and experiencing homelessness within the last year.[20] English and Spanish surveys were interviewer-administered in-person via convenience sampling in the community settings named above by a team of trained individuals with lived homelessness experience and by academic researchers (including two authors [TS, KGB] from The University of Arizona). Spanish language interviews were administered by four people, three native Spanish-speakers and one with intermediate Spanish proficiency. Eligible participants who completed the questionnaire were compensated $40 for their responses. Data collection was completed on tablets using the Qualtrics Offline Survey application and open-ended questions were recorded using a Voice Recorder application and then uploaded into the Qualtrics Offline Survey.

Data Analysis

The audio recordings of responses to the qualitative question about people's goals for the future and resources needed were downloaded from Qualtrics and transcribed using Trint, an online transcription software.[21] All transcriptions were reviewed and edited for accuracy by a member of the research team (SJS) with high Spanish-language proficiency. Recordings were excluded from analysis if they were of such poor audio quality that they could not be understood or if the response indicated that the participant was unable to answer questions about their life. Transcripts were then uploaded into Atlas.ti (version 21.1.1), a qualitative analytic software package.[22] The English ($n = 160$) and Spanish ($n = 9$) transcriptions were read and coded by one person (SJS) using an inductive applied thematic analysis approach. The primary steps of applied thematic analysis are to (1) familiarize

yourself with the data, (2) generate and refine codes, (3) use the codes to develop themes, (4) review themes (5) define and name the themes and (6) write up the results.[23] The text was read and coded with both an explicit and implicit contextual lens. We selected applied thematic analysis for its transparent steps, its appropriateness for mixed method research with an applied focus, and because it fit with our approach of analyzing the text without predetermined codes, centering the responses of people experiencing homelessness.

Codes and the corresponding coded excerpts were shared with two additional members of the research team (LL, TS) once during the coding process and again at the end of the coding process. On these two occasions, the three researchers discussed, defined, refined, and then organized the codes into emergent themes. While there were no disagreements to resolve, discussion was used to reach consensus on codes and themes. The themes are described below along with descriptive demographic information. More detailed quantitative results from the needs assessment are available in the full needs assessment report.[20] This secondary analysis of data from the 2023 Tucson Needs Assessment was determined to be exempt by the Institutional Review Board at The University of Arizona (STUDY 00005238).

Results

Three hundred eighty nine adults completed surveys about their current and past experiences with homelessness and homeless services. Of these participants, 169 answered the question *"Thinking about what you would like your life to look like, what would you need to get there?"* Demographics for the entire needs assessment sample ($n = 389$) and of participants who answered the qualitative question above ($n = 169$) are presented in Table 1. As shown in Table 1, people who responded to the qualitative question were similar across most demographics to all participants in the needs assessment survey.

As a result of the coding and organization process, five prominent themes emerged from the data analysis: (1) people do not want to be homeless, they want stability, and they are willing to work for it; (2) relationships are an important driver of goals; (3) barriers at the individual and interpersonal levels are diverse and individualized; (4) stigma and discrimination hinder exits from homelessness, and (5) hope and despair are both common.

Theme #1: People do not Want to Be Homeless, They Want Stability, and They are Willing to Work for it

The most common goals mentioned by participants were stable housing and employment. Housing goals varied, with some people identifying "housing" or "getting off the street" generally as their goal. Others were more specific, citing the desire for "a little apartment by myself," "a big white house with a picket fence, garage," "to be in my own home" or a "rent-to-own property, like an old trailer" as their future housing goals.

Participants also expressed a strong desire to work. Access to employment, job training programs, educational opportunities, and guidance on how to prepare resumes were mentioned as needed supports to achieve employment goals. Other respondents were already employed or participating in job training programs. The following excerpts provide examples of the desire to work:

I would love to work. I love working

What I would like life to look like would most likely be having to wake up and go to work, having responsibilities.

I'd like to get a career-oriented job.

While housing and employment goals are presented separately as the two most commonly identified goals above, participants primarily talked about housing *and* employment together, recognizing that both were necessary to have the stable lives they desired. For example, when asked about their future goals:

A house and a job

Hopefully by June next month I have my place, continue working, finish school, never be homeless again

Have a stable place to stay, be working, and save money at the same time

Get an apartment and then hopefully find a job

Finally, some participants mentioned that having housing would give them the stability they needed to be able to address other issues, such as substance use or being able to have a relationship with family members.

I see myself mostly in a house and going to and from work. And when I get there, becoming clean from drugs.

Stable housing. Where I could afford and not have to worry about the monthly rent, so that I could have my kids in my life and everything else that I would like to put back together.

Overall, housing and employment were the most common goals identified by needs assessment participants and closely intertwined. People experiencing homelessness did not like or want to be homeless—they want stability, and they recognized the need to work for it. They described employment as both desirable and necessary to achieve their goals related to housing. However, many people felt that they faced barriers in accessing employment and housing, which is discussed further in the third theme below.

Theme #2: Relationships are an Important Driver of Goals

Relationships of all types, including with children and other family members, romantic partners, friends, and with people

Table 1. Demographics of Tucson Homeless Needs Assessment Respondents (*n* = 389) & Qualitative Question Respondents (*n* = 169).

	All needs assessment respondents, %(*n*)	Qualitative question respondents, %(*n*)
Survey language preference		
English	95% (371)	95% (160)
Spanish	5% (18)	5% (9)
Age		
<26	3% (13)	2% (3)
26–35	14% (55)	17% (28)
36–45	26% (102)	21% (36)
46–55	25% (96)	24% (41)
56–65	20% (78)	24% (41)
66–75	4% (15)	6% (10)
>75	0.3% (1)	1% (2)
Missing	3% (11)	5% (6)
Race[a,b]		
American Indian/Alaskan native/Indigenous/first nation	14% (56)	15% (25)
Asian/Asian American/Hawaiian/Pacific Islander	1% (5)	2% (4)
Black/African/African American	22% (86)	24% (41)
White/Caucasian	36% (138)	34% (58)
Other[a]	25% (99)	30% (51)
No response/unsure	7% (26)	4% (7)
Ethnicity		
Hispanic or latino/a	36% (140)	41% (70)
Non-hispanic or latino/a	59% (229)	58% (98)
Unsure/no response	1% (4)	0.6% (1)
Gender		
Cisgender female	32% (124)	31% (53)
Cisgender male	62% (240)	67% (113)
Transgender female	0.5% (2)	1% (2)
Transgender male	0.3% (1)	0% (0)
Two-spirit or non-binary	0.8% (3)	0% (0)
Other, no response	0.8% (3)	0.6% (1)
Sexual orientation		
Straight/heterosexual	82% (320)	88% (148)
Gay or lesbian	5% (19)	4% (7)
Bisexual or pansexual or queer	6% (25)	7% (11)
Asexual	0.3% (1)	0% (0)
Other	1% (4)	1% (2)
No response/unsure	1% (4)	0.6% (1)
Parental status[a]		
Current pregnant	0.5% (2)	0% (0)
Have children	34% (132)	41% (69)
Homeless or unstable housing situation in the last year[a]		
Unsheltered	88% (341)	92% (155)
Short-term shelter, crisis facility	51% (200)	56% (94)
Hotel/motel paid for by agency	40% (155)	43% (73)
Transitional housing	25% (97)	33% (56)
Homeless prevention services	23% (88)	30% (50)
Rapid rehousing	15% (60)	20% (33)
Permanent supportive housing	12% (47)	17% (28)

[a]Response categories were not mutually exclusive. As a result, responses do not add up to one hundred percent.
[b]"Other" in the race category is largely comprised of responses entered as "Hispanic or Latino".

providing support/resources (e.g. case managers) were described as motivators in achieving goals.

For many people, the desire to provide for or (re)connect with family members was important. Among those who wanted to improve relationships with family members, wanting to be with their children was the most common relationship mentioned. This included both minor and adult children. The following quotes provide examples of the importance of the child-parent relationship:

> Be able to take care of my kids again. Even though they're a bit grown now, but still just to be in their lives

> I'd like to have a stable housing situation for my daughter

> Get my own place and eventually start being able to see all my kids

> I'd have my babies back with me full time, doing the daily mommy duties I used to.

For others, they wanted to be able to take care of their current partners or build a future with a romantic partner.

> I'd be married…a wife and some kids. That's the ideal setting for me

> Be in a relationship with a person you love

There were also people that talked about already existing relationships that offered support, relationships that they wanted to repair, or the need for relationships to support them in exiting homelessness. Friends and family were referenced as actual or potential supports, as was support more from a more abstract "somebody " or "a person."

> Thankfully, I had a lot of help with friends and family, so just somehow a better ancillary network that could reach out to probation and to work with them.

> If I had somebody help me get off the street and into my own home.

> Somebody to stand behind me, you know, in case I hit a downfall, because we all hit downfalls. So, I need somebody to be there for me.

> …I believe it would be support, you know, some kind of support that would point me in direction of resources, support that would help me to help myself.

Past, present, and the potential for future relationships were an important part of the goals and needs identified by people experiencing homelessness. Relationships with children were the most frequently mentioned, with several people highlighting the loss of access to their children and/or wanting to repair frayed parent-child relationships.

Theme #3: Barriers at the Individual and Interpersonal Levels are Diverse and Individualized

While stable housing, employment, and connections with friends/family were common goals identified in the first two themes, when asked what would be needed to achieve their goals, many participants focused instead on the barriers to achieving their goals and needs. These barriers, while diverse, were often related to individual or interpersonal experiences including their health status, loss of a loved one, theft, substance use, poor credit, and social support. Experiences of stigma and discrimination were also identified as important barriers to goals (see Theme #4). The diversity of barriers draws attention to the multiplicity of challenges that people potentially face in exiting homelessness.

Example quotes which highlight barriers related to theft, substance use, and poor health include:

> This last time I had my walker and my brace in my bag. And someone stole my walker, and they took all the stuff off of it and just left it. To get around is very hard. I can't do anything.

> I don't have a good resume you know, past work experience is spotty because of alcoholism

> And as old as I am, I'm 74 years old and I'm sick, and I'm not very well in my health. You know, I don't know what to do. I've never, ever been in a situation like this.

Respondents experiencing homelessness identified multiple individual and interpersonal barriers that impede exits from homelessness, employment, or accessing support service, thoughtfully connecting how multiple obstacles can hinder the achievement of self-identified goals.

Theme #4: Stigma and Discrimination Hinder Exists From Homelessness

In addition to the personal and interpersonal barriers discussed above, participants also identified stigma and discrimination as key barriers to achieving their goals. Stigma and discrimination were encountered in interactions with employers and landlords and/or when trying to navigate social and governmental agencies. For example, several people mentioned that employers do not want to hire people experiencing homelessness, and without employment, securing housing felt unattainable. Others characterized a broad lack of empathy from society about homelessness as discriminatory or felt stigmatized due to their substance use or poor mental health.

It's kind of a Catch 22. You need a job to have a place to live, but you really need a place to live to have a job

Once drugs get involved, you get put in a certain bracket, with certain people. Just like having that name tag … kind of fucks you… people see that and are like 'Oh, you're a drug addict. Oh well, we don't want to help you then.'

These quotes highlight the reality that despite an individual's preference for housing or other supports, their opportunities may be limited by current or past experiences. This was especially true for participants with prior legal convictions, who repeatedly mentioned experiencing discrimination. Quotes from this group emphasize barriers in accessing housing:

What I need for my life to look the way that I want it to look is to not to be judged, tried, and convicted for my past. I make damn good money, but I'm in a shelter because I can't get an apartment.

They just give you a list of organizations, most [of which] you don't qualify for. Actually, all you don't qualify for. And there's no casework or even data for females with sex offense charges.

Housing is a big one. Employment is not so difficult. Housing is the big one. I see, like, 90% of the normal housing places that I tried to find in the past, you're going to pay for application fees and then every one of them cuts you off because you're a felon. It gets to be, you know, expensive. Especially, you know, saving pennies to move in somewhere.

Study participants with prior involvement with the criminal justice system repeatedly described how a conviction made it challenging to secure housing and/or employment due to eligibility restrictions and stigma. Despite already having served time or otherwise meeting requirements imposed by the criminal-legal system, housing options were perceived as very limited. Similar to the first theme, these findings counter the myth that people choose homelessness, instead highlighting how formal or informal punitive policies can make exits challenging, or near impossible for individuals with highly stigmatized convictions (e.g. sex offenders).

Theme #5: Hope and Despair are Both Common

In discussing future goals and what they needed to achieve them, respondents expressed a range of emotions including both hope and despair, sometimes in the same response. For example, people were hopeful that their lives and situations would improve—that they would secure housing, meet their basic needs, maintain or build important relationships, and/or not use drugs. Others (and sometimes the same people) thought that their situation would not improve because the barriers they faced were too overwhelming. Some respondents struggled to identify needs beyond the short-term and/or felt that society did not care about them.

Examples of responses that indicated despair included:

I've sort of decided that my life is just surviving from day to day, and that's about it… I have no ambitions at 54 years old. And that's all.

I lost everything and I'm tired. You know, baby, I can't. I can't say 'I can't do it.' I can, it's just that I don't want to anymore. I want to go inside again. It's hard. [crying]

I don't have plans. I can't make plans.

Other participants were hopeful, despite their challenging circumstances:

Like I said, I'm still kind of new to all this, but not planning to be out here too long. We'll get some help soon.

So, life is looking up. I just have to stay positive every day, even though sometimes I just want to drink.

I want my life to be good because people like these people here are helping us out. And hopefully one of these days I will find a place to stay.

And some people expressed both hopefulness and despair in the same response, imagining a better future but also indicating that they faced immediate challenges:

I see myself right now is down in the slumps, depressed, homeless. Where I want to see myself is with a house and a job.

It's still hard to get a job. You know, they say 'felony friendly', but excuse my language, they're full of shit. But, you know, I continue to keep my head up and try to do what I can. You can survive, you know?

Despite facing very difficult conditions, some people experiencing homelessness were hopeful about the future and were able to articulate their goals. Others found answering this question difficult or expressed hopelessness about the future.

Discussion

The aim of this study was to describe, in their own words, the goals and needs of people experiencing homelessness in a medium-sized Southwestern city. We found that survey respondents experiencing homelessness overwhelmingly articulated the desire to be housed, employed, reconnect with family, and generally have stability. These findings are important because they contradict the narrative that people who are homeless choose homelessness or do not want to work to change their circumstances. The myth that homelessness is a choice and driven by personal factors is common in the United States. A study by the National Alliance to End Homelessness found that Americans believe that alcoholism

and drug use (57%), mental illness (52%), and personal decisions (36%) cause homelessness.[24]

We also found that the desire to improve relationships and/or provide stability for family members may be an important motivator for people to take action to exit homelessness. Learning about important relationships—especially between parents and children—or the desire to improve them may be helpful to service providers working to help move people from homelessness into housing. Prior research in this area primarily has focused on the role of social support in preventing homelessness, helping people exit homelessness or remain stably housed, and reducing returns to homelessness.[25–28] Less is known about how the potential for reunification with children or other family members may motivate people experiencing homelessness to engage with housing services. Understanding this motivation further may be helpful for providers engaging in motivational interviewing, an evidence-based strategy in outreach and engagement with people experiencing homelessness.[18]

Similarly, a strong relationship between a service provider and person experiencing homelessness may help compel people to access shelter or remain in housing. It may also serve as the bridge people experiencing homelessness need to access services when they want to engage or deem the services appropriate for their needs and circumstances. A significant body of literature connects social support to both service engagement and beneficial health outcomes for people experiencing homelessness.[29–31] Moreover, recent research finds that high quality social support is associated with shorter durations of homelessness.[32] As homelessness is often associated with frayed relations with family and friends from home environments, social support between persons experiencing homelessness and service providers may be critical for people to move through the steps for rehousing.[27] The findings related to the importance of family reunification and social support is offered with the important caveat that understanding how relationships may motivate people to make change does not address any of the structural barriers that people experiencing homelessness may face in accessing housing (such as no available or affordable housing). As such, social support is not in itself a sufficient solution to homelessness.

While people experiencing homelessness have a strong desire for stable housing, employment, and connection to family, we also found that people face diverse barriers to achieving their stated goals, including individualized barriers (e.g. health conditions or experiences of theft) as well as stigma and discrimination. Many barriers are outside the control of individuals and would require changes to systems and structures. This was especially highlighted by respondents who had previous criminal justice system convictions that prevented them from accessing housing or employment due to eligibility requirements and/or because of stigma and discrimination on the part of landlords or employers. This finding is in line with previous research that has found that convictions negatively impact housing access for people experiencing homelessness.[33] Research has also found that people with felony convictions who experience homelessness are at increased risk of recidivism, underscoring the importance of investing in programs to house people exiting incarceration.[34] Housing First, Fair Chance Housing, record sealing, ban the address and/or expungement are promising strategies to address record-related barriers.[35–37]

Through the identification of barriers, respondents identified several supports needed to help them achieve their goals, including help finding employment, job training, educational opportunities, fair chances for access to services, rental assistance, and help navigating government systems (e.g. Section 8/Housing Choice Voucher Program, entitlements, ID/document services). While not necessarily novel findings, it is important for people responsible for designing programs to keep these barriers in mind when designing and implementing outreach strategies and providing resources for people experiencing homelessness. The diversity of barriers experienced by people experiencing homelessness also emphasizes the need for individualized case management and support for people experiencing homelessness. Case management has been previously found to be more effective than no case management on positive housing outcomes for people experiencing homelessness.[38] The diversity of challenges that people experience support the conclusion that there is no one-size-fits-all solution to addressing the needs of people experiencing homelessness.

The final theme highlighted expressions of hope and despair among study participants. The concept of hope has been discussed in homelessness research as a key component of resilience. Hope is described as an important precursor to finding help, making connections, and taking actions to exit homelessness.[39–41] Research about despair or about co-occurring hope and despair among people experiencing homelessness was not readily available in the literature. However, it is well established that people experiencing homelessness have increased risk of depression compared to their housed counterparts and that despair may be more common among people experiencing depression.[42,43] Learning how people feel about their current and future situations can help service providers better understand how people view their lives and prospects for a better life. This may allow them to meet clients where they are and address concerns prioritized by the client. For homeless service providers, identifying and building hope and/or addressing despair among people experiencing homelessness may increase resilience and support transitions out of homelessness.

It is important to consider these findings in the larger social context of homelessness in the United States—where criminalization has increased and determinations of "readiness" to change are often a prerequisite to receiving assistance. It is well established that criminalizing homelessness does not address the root causes of homelessness or increase stable housing outcomes and instead can cause harm.[44,45] Previous

research has also concluded that housing and social services should not be based on readiness to change for people experiencing homelessness.[46] As described in the results, people understandably have complex feelings of hope and despair about their futures, the challenges they face, and their likelihood of obtaining housing in the future. Therefore, we posit that "readiness" isn't particularly relevant when working with people experiencing homelessness. Instead, services and housing programs for people experiencing homelessness should be *ready to serve*, with the lowest barriers possible. Regardless of hope, despair, or barriers faced, all people deserve housing as a human right. Meeting people where they are, building supportive relationships, understanding challenges that individuals face, and helping people imagine and plan for the future may help motivate people to access opportunities for and remain in housing.

While unique in the large sample size and the inclusion of a question about the needs and goals of people experiencing homelessness, this study has several limitations. Of the 389 people who completed the needs assessment, only 169 respondents had analyzable answers to the question about their future goals and needs, meaning more than 50% of respondents did not answer or had an unusable answer to this qualitative question. It is possible that those who were willing and able to discuss their needs and goals were systematically different in some way (e.g. more motivated to change their situations) than those who were unwilling or unable to respond. Additionally, survey participants were sampled from community sites via convenience sampling, which potentially systematically excluded people experiencing homelessness who prefer to remain hidden, those with mobility issues, and/or those who spend time at locations that were not included in the recruitment effort. Finally, participants were asked to respond to the qualitative question focused on within this article in 5 min or less. The short responses may have limited the ability of respondents to provide complex or detailed answers.

As described above, respondents identified several goals that are common among most adults—housing, employment, stability, connection and love. Recognizing the commonalities in the things we desire, regardless of current housing status, may be powerful in helping reduce stigma at the interpersonal and societal level. Next steps include dissemination of findings to community partners (e.g. regional Continuum of Care, local governmental agencies, and community-based organizations), with a focus on partners that utilize street outreach to engage with people experiencing homelessness. Results also support a recommendation for the inclusion of people experiencing homelessness as advisors or employees with organizations that work with and design interventions for people experiencing homelessness—to provide continued insight on the goals and needs of people experiencing homelessness. Finally, additional research is needed on what works to eliminate stigma in housing and employment access for people experiencing homelessness, especially for those previously incarcerated, and how reunification with family members can act as a motivating factor to take steps towards exiting homelessness.

Author Contributions

Sara J Shuman led the manuscript conceptualization, qualitative transcription, coding and analysis, and manuscript writing. Lara Law contributed to data analysis and manuscript writing and editing. Tamara Sargus was involved in the primary data collection and assisted with data analysis. Keith G Bentele led the original needs assessment methodology and primary data collection. He contributed to manuscript writing and editing.

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Data Availability Statement

De-identified qualitative transcripts are available upon request to the corresponding author.

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Sara Shuman is an Associate Research Professor with the Southwest Institute for Research on Women (SIROW) at the University of Arizona. She holds a Ph.D. in Public Health from Temple University and has over 10-years of community-based experience in public health research, program planning, and evaluation. Dr. Shuman's work uses mixed-methods, qualitative methods, and community-based approaches to improve health equity. Current and recent projects have focused on improving the lives of people experiencing homelessness and/or with histories of incarceration. She is interested in policy-relevant and actionable research to increase health equity and justice for individuals, families, and communities.

Lara Law is a Ph.D. candidate Arizona State University dedicated to advancing racial and economic equity through mixed-methods research and evaluation related to homelessness, housing insecurity, and economic-strengthening solutions. Her dissertation uses critical race theory to look at the effectiveness, efficiency, and experience of homeless prevention assistance. Lara has many years of related professional community experience, including partnering with formerly homeless young people in Baltimore, Maryland, to open and run a drop-in center for homeless youth.

Tamara Sargus has over 20 years of experience working with populations including people experiencing homelessness, children and youth, and those involved with the criminal-legal system. Prior to joining the Southwest Institute of Research on Women (SIROW) at the University of Arizona as a Research Coordinator, Ms. Sargus worked in the child welfare field promoting advocacy services for youth and families involved in child abuse/neglect cases.

Keith Bentele is an Associate Research Professor with the Southwest Institute of Research on Women (SIROW) at the University of Arizona and holds a Ph.D. in Sociology. Dr. Bentele's research has examined state-level poverty rates, inequality, homelessness, and the generosity and accessibility of various safety-net programs. He also has examined the processes shaping the passage of various types of legislation at the level of state legislatures including voting restrictions, anti-child sex trafficking legislation, and abortion restrictions. Dr. Bentele is interested in policy-relevant research with the potential to reduce poverty and homelessness. His specific areas of methodological expertise are in the use of quantitative methods and statistics.