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ABSTRACT

Despite the recent increase in interest about the homeless population, the last large-scale systematic studies of the older skid row man were completed more than two decades ago. A more sophisticated and comprehensive instrument for measuring the physical health, mental health, social needs, and social interaction of this aging heterogeneous population can provide the first comprehensive picture of these men and their response to current social programs. It can also aid in urban planning. Men (N=281) with a mean age of 61.5 years from the Bowery, a 13 block section of lower Manhattan, were interviewed using the Comprehensive Assessment and Referral Evaluation and the Network Analysis Profile. The responses were compared to a general community sample from the Cross-National Study on four major areas of concern: socioeconomic, mental health (including alcoholism), physical health, and social interaction. More than 50 percent of the Bowery men earned less than $3900 per year, 60 percent lacked sufficient money for food, 68 percent had worked as semi-skilled or unskilled laborers, and 56 percent recently attempted to find work. Only 14 percent received public assistance and 23 percent received Medicaid. Their scores on the depression scale were twice that of the New York City elderly and almost one-fourth had previous psychiatric care or symptoms. The results suggested a high rate of alcohol abuse. Several physical complaints were 2-3 times that of the community elderly. There were no complete isolates and group behavior was common. Most men indicated that they would seek some aid from an agency. Project Rescue was established as an outgrowth of these findings to help achieve the following objectives: respite, nutrition, health, housing, financial and vocational assistance, and outreach. Further research was conducted following Project Rescue to illustrate the advantage of a collaboration between an academic facility and a service agency. (TW)

The Aging Men of Skid Row: A Target for Research and Service Intervention

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The principal aim of this paper will be to underscore two important issues:

(1) To call attention to the plight of the aging homeless population;

(2) To illustrate how a collaborative research project between an academic team and a service agency generates data which can serve as the basis for a new service program; and in turn, how the service program creates new study questions that can then be addressed by a subsequent collaborative research project.

Background

During the first three decades of this century the skid row man became one of the country's folk heroes. Rebellious, independent, and spirited by wanderlust, he was eulogized in word and song. Dr. Ben Reitman, so-called "King of the Hoboes," aptly described the lifestyle of skid row habitues in the following epigram: "The hobo works and wanders; the tramp dreams and wanders; and the bum drinks and wanders."[1]

The second world war, the ensuing economic prosperity, the elimination of railroad jobs and seasonal labor resulted in a diminution in the number of wandering homeless. The number of "homeguard" skid row men also diminished in numbers. During the fifties and sixties the skid row man was studied as an interesting representation of deviancy — the person who refuses to conform to the American ideal. The last major studies of skid row were completed in the 1960's.[2-4] By the 1970's it was thought that the combination of urban renewal and the panoply of social welfare programs would lead to the eventual demise of skid row.[5]

However, the economic downturns of the seventies and eighties, the retrenchment of social welfare programs, psychiatric deinstitutionalization programs, and the reduction of inexpensive housing stock in urban areas resulted in an increase in the number of skid row dwellers living in the flophouses and on the streets. As one Bowery hotel manager put it, "When the economy is up, we're down; when the economy is down, we're up."

In the past few years there has been a mushrooming of interest in the homeless population. However, much of the research has been focused on the young homeless (the "nouveau homeless"), and in particular the mentally ill. Nevertheless, surveys have indicated that 15-28% of the homeless are aged 50 and over.[6] We do not wish to minimize the plight of the younger group, but to call attention to the "old guard" homeless who have been generally neglected by the mass media and academicians. Our aim was to examine the <u>older</u> homeless and flophouse men (aged 50 and over) of skid row. It is estimated that a majority of the skid row population are aged 50 and over.[7] Although the flophouse men have homes, the rapid diminishment in such residences in recent years places them on the margin of homelessness. It should be recalled that the last large-scale systematic studies of the older skid row man were completed more than two decades ago. Thus, the present study will be valuable for several reasons:

(1) It emphasizes the heterogeneity of the homeless population by focusing on a group that has been largely neglected.

(2) The instruments utilized in this study for measuring physical health, mental health, social needs. and social interaction are considerably more sophisticated than the instruments used to examine these men twenty years ago as well as those instruments used to examine the young homeless. Moreover, the instruments are considerably more comprehensive than those used elsewhere.

(3) Using data from previous studies, the researchers are able to contrast information about these skid row men with a N.Y.C. general elderly sample. In this way, we can determine the true uniqueness of the aging Bowery man vis-a-vis other groups. Moreover, differences within the Bowery population (e.g. flophouse men versus street men) will be discerned and contrasted with other elderly samples.

(4) The findings can provide the first comprehensive picture of the physical, psychological and service needs of the aging skid row/homeless population and the

mechanisms by which these men survive. Furthermore, it can illustrate how these men are coping during a period of retrenchment in social programs.

(5) Finally, as urban renewal projects are developed, there must be some planning as to where skid row men can be relocated and this requires an understanding of the skid row population. Such findings are important to urban planners as well as real estate developers.

The Research Study: The study was conducted on one of the most famous skid rows in the world, "The Bowery." The Bowery is a two way street running for 13 blocks in lower Manhattan. It is an area populated by approximately 3500 men (there are virtually no women) who live on the pavements, in the flophouses, in missions, and in the few tenements along the Bowery or its contiguous side streets. These dwellings along with several service agencies dot a commercial area that specializes in wholesale restaurant equipment and lighting accessories.

A total of 281 Bowery men aged 50 and over were interviewed. A cross-section of sites on the Bowery were selected for interviews so as to make the sample representative of the overall group of men aged 50 and over living on the Bowery. The sample consisted of 177 flophouse dwellers, 18 apartment dwellers, and 86 street persons. The mean age of the sample was 61.5 years. It consisted of 69% white, 26% black, and 4% hispanic. The study was confined to men since there are no women living on the Bowery.

The men were interviewed using the Comprehensive Assessment and Referral Evaluation (CARE)[8] and the Network Analysis Profile (NAP).[9] The instruments had been used in our previous investigations and thereby permitted comparisons between different populations. Comparisons were made between the Bowery men and a general community sample of 61 men aged 65-69 interviewed previously in the Cross-National Study.[10] (See Table 1.)

Based on our pilot research [11,12] and studies by Bogue in Chicago,[3] it was found that skid row men could be distinguished from other samples on the basis of four factors: socioeconomic, mental health (including alcoholism), physical health, and social interaction. Therefore, the important trends that have emerged from the study have been arranged to reflect these four major areas of concern. The reader is referred to Tables 1 and 2 for a more detailed analysis of the health and social data.

(1) Socioeconomic Findings

The Bowery men were an extremely impoverished group with 20% of the men earning less than $1000 per year (41% of the street men earned less than $1000). More than half of the men earned less than $3900 per year, which places them substantially below the poverty level of $5,061. (1983). In more concrete terms this was reflected by three-fifths of the men reporting that they did not have sufficient money for food and that one-third believed that they had lost 10 pounds or more in the past three months because of inadequate diets.

Contrary to popular myths the Bowery is not comprised of fallen professionals. Rather, 68% of the men had worked as semi-skilled or unskilled laborers. Importantly, they had spent an average of 20 years working at their primary occupations and although 94% of the men were currently unemployed, more than four-fifths of them would like to work. Indeed, 56% had reported having attempted recently to find work.

Finally, although their extreme poverty and work histories would seemingly make them eligible to various entitlements, only 14% received supplemental public assistance and only 23% received Medicaid. The men were similarly underserved with respect to social security benefits, pensions, food stamps, and the like.

Psychiatric Findings

If there is any validity to the belief that these men have "chosen" their lifestyles, then their level of depression certainly belies that notion. Scores on the depression scale were twice that of a comparable group of New York City elderly (Table 1).

More specifically, 24% of the Bowery men wished they were dead and 39% were extremely pessimistic about their future. Furthermore, the level of previous psychiatric hospitalizations or psychotic behavior was lower than that reported for younger homeless samples,[13] but certainly far greater than the general aging population: 22% had previous psychiatric hospitalizations or scored 3 or greater on an 8-item psychotic symptom scale (the rate was 24% for the street men).

Based on our pilot studies, we had initially believed that the degree of alcohol abuse had been somewhat exaggerated for skid row men. However, the larger study indicated that approximately one-half the men drank daily and 43% self-categorized themselves as moderate or heavy drinkers. Only 20% were abstainers (5% were abstainers among the street men). Moreover, many of the men manifested various sequalae of alcohol abuse: 12% had seizure disorders, 37% had tremulousness, 45% had dizziness, 16% had visual hallucinations, 28% had received fractures in the past 10 years, and 18% scored in the moderate range on a dementia scale.

On the positive side, 76% of the men had reduced their drinking behavior over the years and 25% of the men had attended Alcoholic Anonymous in the past month. Finally, 22% of the men were late onset (i.e. after age 50) moderate or heavy drinkers, which generally has a better prognosis if properly treated.

Physical Findings

General somatic symptoms, edema, and respiratory complaints among the Bowery men were approximately 2-3 times that of the New York City community elderly (Table 1). However, scores on activity limitations, heart disorders, and visual disorders were comparable to the general community sample. Presumably, the latter symptoms represented a survival phenomenon in that one must be more intact with respect to the latter symptoms in order to negotiate Bowery life. Those who were deficient in those areas have either died or had been institutionalized.

Social Networks

In a world riddled by poverty, psychiatric and physical impairment, a viable social network system offers the only possibilities for eking out a marginal level of existence. The Bowery man's social networks reflected the adaptive needs of his environment. For example, three-fifths of linkages between these men included an exchange of sustenance items (e.g. food, money, medical aid), whereas among the community sample only 6% of linkages involved such exchanges. Similarly, although street men had relatively smaller networks (6.0 linkages) versus non-street (9.6 linkages) and community men (11.1 linkages), they compensated by engaging in more exchanges with each linkage (Table 2). In other words, the street men made the most of what they had. Moreover, Bowery men saw their network members more frequently than did the community men, thus providing opportunities for the exchange of material items.

Contravening another widely held belief, none of the men (street and non-street) studied were complete isolates. However, there were some men who were loners: 4 % had only one linkage and an additional 7.1% had only two linkages. Group behavior was common in that 83% of the men were enmeshed in one group formation. Several patterns of group support emerged. One type was a street group in which 2 to 5 men panhandled together and pooled their money for food or drink. Unlike the traditionally described "bottle gangs" which were usually transient, the street groups appeared to be more enduring and more emotionally and materially supportive. Another group formation revolved around "father-figures" who provided assistance to street men. For example, "Roscoe," a 75-year old former street person who now had his own place and served as the superintendent of the building, would allow men to sleep in the building's basement in inclement weather. Most surprising was the level of intimacy and positive support that these men reported that they received from other Bowery men.

Finally, an extremely high percentage (25%) of the men's networks were comprised of formal linkages thereby reflecting the importance of local agencies and flophouse

staff in providing support to these men. Street men had nearly as many agency ties as did non-street men but they lacked the additional support provided by hotel staff. The importance of agency staff is exemplified by the finding that when these men were queried as to what the would do if they needed help with food, medical assistance, information, clothing, or shelter, 47%, 28% , 74%, 58%, and 51% of the men respectively indicated that they would seek help from a local agency.

These findings suggested that agencies may be able to work in concert with indigenous support networks to provide back-up and auxillary services. Programs could also serve as a catalyst for establishing new informal relations as well as ensuring the availability of formal support.

Another way to conceptualize our findings was through a typology of Bowery lifestyles and biography. From our data and interviews we were able to distill nine Bowery "types." These are ideal types and men commonly fell into several categories:

(1) The Poor: Poverty on the Bowery equaled that found in third world countries. As one man assessed his situation, "No money, no work."

(2) The Alcoholic: The rates of alcohol usage was high, and physical symptoms suggested that sequalae of abuse were high as well. Moreover, it was evident that for many men alcohol abuse complicated their work histories and marriage difficulties. However, for others, alcohol abuse seemingly occurred as a consequence of unemployment and marriage problems. As one man observed, "Since my wife left me, I've had no place to go but the bottle."

(3) Women and Family Problems: 37% of men were separated or divorced and another 17% were widowed. Many men attributed much of their problems to marital problems or inability to cope with widowhood.

(4) The Physically Disabled: Bowery men had higher rates of fractures, respiratory ailments, edema, and general physical problems than the general elderly population.

(5) The Psychotic: 23% of the Bowery men had either been hospitalized previously for psychiatric problems or exhibited severe psychotic features.

(6) The Loner: Although none of the men in this study had no linkages (formal or informal), 11.7% of the men had two or less linkages. As one man explained, "Living on the streets is easier because you can stay away from everyone if you want to."

(7) The World War II Veteran: For many men the high point of their life was their time in the military service. Indeed, for these men Bowery life mirrored the all-male, alcohol/drinking group comraderie of the military.

(8) The Agency Man: Although most of the men made use of local service agencies, some men were especially adept at negotiating the agency system. For instance, some men always seemed to know where the free cheese was being distributed or where to get the best Christmas dinners and the like.

(9) The Seasonal Street Person: In order to conserve their limited funds, some of the street men would live on the streets during the warmer months. As one man described his situation, "Life is like a checkerboard, you go here and you go there."

PROJECT RESCUE

As an outgrowth of findings generated by the research study, PROJECT RESCUE was established. Its aim was to:

1. Operate a Respite Center for Bowery seniors as a place where they can find refuge, acceptance, social interaction and welcome.
2. Meet the nutritional needs of Bowery seniors by providing balanced meals.
3. Improve the health of Bowery seniors by linking them with professional health care.
4. Assure shelter and housing for Bowery seniors by providing advocacy, referral and placement services to those who are homeless or in danger of becoming homeless.

5. Help stabilize the finances of Bowery seniors by assisting in securing and maintaining government benefits for which they qualify.
6. To provide the men with opportunities for work and vocational rehabilitation.
7. Avoid isolation and abandonment of Bowery seniors through outreach to people on the streets and the homebound.

The program has received $42,000 from the Astor, Goldman, Sudna foundations. It is staffed by a director, a case worker, two outreach workers, a health worker, and a food and donations worker. The director and case worker had been members of the original research team.

Specific programs that have been implemented in order to achieve the objectives enumerated above include:

RESPITE - A specific area at The Bowery Residents' Committee (BRC) on Chrystie Street, one block from the Bowery, has been set aside for the use of the seniors. It includes a large cafeteria and activities area as well as a smaller area for television viewing, peace and quiet. Seniors are free to come and go as they please during the day (9AM-4:30PM). This area is the base of operations for PROJECT RESCUE, and it currently serves between 20-25 men per day.

NUTRITION - With the support of the New York City Department for the Aging and donated food stuffs, the BRC provides breakfast and lunch for 115 seniors five days a week, Monday through Friday. PROJECT RESCUE has expanded this to include snacks, dinners and weekend meals, and is attempting to reach out to more alienated seniors. More than 30 homebound seniors are now served by the food program.

HEALTH - The BRC has an on-site medical clinic operated in conjunction with NENA Health Council, a neighborhood health center. An internist, psychiatrist, and a dental technician are available. The seniors, however, do not take advantage of this service without encouragement and follow-up, and PROJECT RESCUE provides this.

HOUSING - PROJECT RESCUE staff assists homeless seniors and seniors facing eviction to secure or maintain shelter and housing.

FINANCES & VOCATIONAL ASSISTANCE - PROJECT RESCUE staff will assist seniors to obtain and retain government entitlements by helping them in the paperwork and advocacy generally needed in the application and appeals processes. Counselors will assist in applications for jobs or vocational training. Various prevocational activities are available at the BRC such as volunteer work, odd-jobs, etc.

OUTREACH - PROJECT RESCUE staff will go out to the elderly where they are in order to link them to the services of the project. This includes work with seniors in the streets and homebound seniors. An average of 20 men per week are serviced by the outreach team.

Research Issues To Be Addressed:

PROJECT RESCUE is now seeking assistance to more fully evaluate the program. This will entail a collaborative effort between PROJECT RESCUE and SUNY Downstate Medical Center research team. The project lists a number of basic questions that need to be addressed:

1. Daily attendance at the Respite Center - is it regular and full? Are people consistent? What level of activity and interaction is achieved?
2. Are meals fully attended? To what extent is the number of people served, on-site and homebound increased? To what extent is the schedule of meals expanded?
3. What percentage of seniors is referred to the Health Clinic? What on-site health services and referred hospital-based clinic services are utilized by seniors?
4. How many seniors are placed in shelter or housing? For how many seniors is housing upgraded? How many seniors are protected from eviction?

5. How many seniors are successfully helped to apply for and receive government benefits? For how many seniors are benefits restored? How many have obtained jobs or entered a vocational training program?
6. How many seniors are served by the project during the year? How many are first time participants? How many seniors are first contacted on the streets or in the home? How many hours of volunteer time are generated from among the seniors themselves helping each other?

Although the initial research served as the basis for generating PROJECT RESCUE, the study also provided a data base from which to evaluate a more complex level of questions concerning the service program. That is, the initial study could provide data that would permit comparisons between the persons serviced by PROJECT RESCUE and a general sample of Bowery residents who did not receive service. Some of the issues that could be addressed include:

1. Whether there are any differences with respect to sociodemographics, health, psychiatric, or social variables that distinguish the serviced men from the general Bowery population?
2. Are there differences between those men who are serviced by one aspect of the project (e.g. Nutrition program) versus another aspect, or with men who obtain several services?
3. Were there any outreach techniques that were especially effective in attracting men? What characteristics of the men were responsive to which techniques?
4. Using longitudinal analysis, what effects did the program have on the men's physical or psychosocial well-being versus a comparable group of Bowery men. Did number of services rendered, length of time in program, or kind of service affect the outcome measures?
5. How does the service program fit into an overall model of survival on the Bowery? In other words, using path analysis can we create a model that

places the service program within an overall framework to explain need fulfillment or physical and mental well-being?

Conclusions

This paper nicely illustrates the "research service research" cycle that can be propogated by a collaborative arrangement between an academic facility and a service agency. Moreover, the second set of research studies can yield data that will result in refinements in the original service projects or spawn entirely new service projects. Consequently, the cycle is an open one with continuing possibilities for renewal and innovation.

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Table 1 Comparison Between Bowery Men and N.Y.C. Community Men on Various Physical Health, Psychological, and Social Variables

	NYC Males (age 65-69) n=61 Means	Bowery Men (m=61.5 yrs) n=281 Means	t-values (df=340)
Care Scales			
Somatic Symptoms (max=29)	2.56	6.73	6.26**
Activity Limitation (max=30)	2.62	2.99	0.72
Ambulation (max=29)	1.75	2.70	2.14*
Hearing disorder (max=13)	0.34	0.89	2.27*
Visual disorder (max=11)	0.59	0.77	0.67
Heart disorder (max=11)	1.64	1.84	0.63
Hypertension (max=4)	0.72	1.13	2.26*
Edema (max=9)	0.54	1.58	3.69**
Respiratory disorder (max=6)	0.97	2.17	5.42**
Arthritis (max=7)	2.39	2.68	0.88
Depression (max=23)	3.48	7.44	7.25**
Organic Brain Syndrome (max=10)	0.67	1.48	4.32**
Subjective Memory Pblms.(max=9)	0.85	2.27	4.50
Service Needs (max=16)	1.16	4.76	11.45**
Financial Needs (max=6)	0.82	3.82	9.48**
Utilization of Family Help (max=8)	1.46	0.05	14.34**
Total Service Utilization (max=11)	0.21	0.33	1.45
Housing Pblms. (max=9)	0.84	0.89	0.23
Dissat. with neighborhood (max=6)	1.02	2.70	8.21**
Fear of Crime (max=10)	1.62	3.70	6.89**
Social Network Variables			
Mean transactions per linkage	2.58	2.88	0.70
Proportion of sustenance links	0.06	0.62	6.24**
Proportion of "very important" links	0.40	0.37	0.32
Average frequency of interaction	1.92	3.57	3.00**
Directionality	2.17	2.11	0.30
No. of multi-content links	11.08	4.37	4.83**
No. of "very good" friends	7.08	3.67	2.87**
Intimates	9.00	3.42	5.19**
Total linkages	11.08	8.47	1.45
Total informal linkages	10.83	6.43	2.91**
Total formal linkages	0.25	2.03	3.21**
Degree	1.68	3.18	3.31**
Density	0.23	0.41	1.62
Clusters	2.75	1.41	4.64**
Large size (5+) clusters	0.42	0.62	0.87**
Length of linkage (yrs)	29.09	7.06	11.82**
Proportion of same sex links	0.46	0.77	3.76**
Proportion of same age links	0.63	0.68	0.54

* $p<.05$
** $p<.01$

Note: (1) Directionality: 1=helping;1 2=reciprocal; 3=dependent

(2) Degree $\frac{2 \cdot \text{no. of interconnections between network members}}{\text{number of network members}}$

(3) Density $\frac{\text{no. of interconnections between network members}}{\text{no. of possible linkages}}$

Table 2 Comparison Between Street and Non-Street Bowery Men on Various Physical Health, Psychological, and Social Variables

	Non-Street Bowery Men (m age=63 yrs) n=195 Means	Street Bowery Men (m age=59 yrs) n=86 Means	t-values (df=279)
	Care Scales		
Somatic Symptoms (max=29)	6.42	7.45	1.60
Activity limitation (max=30)	2.98	3.01	0.07
Ambu'.tion (max=29)	2.59	2.95	0.89
Hearing disorder (max=13)	0.83	1.04	0.90
Visual disorder (max=11)	0.80	0.69	1.06
Heart disorder (max=11)	1.71	1.90	0.68
Hypertension (max=4)	1.15	1.07	0.48
Edema (max=9)	1.55	1.65	0.36
Respiratory disorder (max=6)	2.14	2.26	0.57
Arthritis (max=7)	2.55	3.95	2.44*
Depression (max=23)	6.98	8.48	5.67**
Organic Brain Syndrome (max=10)	1.49	1.44	0.28
Subjective Memory Pblms. (max=9)	2.39	2.00	1.30
Service Needs (max=16)	4.38	5.63	4.37**
Financial Needs (max=6)	3.17	5.27	7.58
Utilization of family help (max=8)	0.05	0.04	0.37
Total Service Utilization (max=11)	0.40	0.19	2.81**
Dissat. with neighborhood (max=6)	3.02	1.97	5.68**
Fear of Crime (max=10)	3.94	3.83	0.68
	Social Network Variables		
Mean transactions per linkage	2.74	3.21	2.46*
Proportion of sustenance links	0.59	0.70	2.79**
Proportion of "very important" links	0.35	0.41	1.45
Average frequency of interaction	3.82	2.99	3.45**
Directionality	2.13	2.06	0.30
No. of multi-content links	4.96	3.01	4.83**
No. of "very good" friends	3.97	3.00	2.87**
Intimates	3.73	2.71	2.29*
Total linkages	9.55	6.01	4.64**
Total informal linkages	7.15	4.81	3.64**
Total formal linkages	2.40	1.20	5.03**
Degree	2.56	1.64	2.84**
Density	0.43	0.39	0.84
Clusters	1.51	1.16	2.92**
Large size (5+) clusters	0.69	0.45	2.38
Length of linkage	6.77	7.71	1.22
Proportion of same sex links	0.76	0.78	0.56
Proportion of same age links	0.67	0.70	0.75

* $p<.05$
** $p<.01$