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Establishing Priorities for Academic-Practice Partnerships to Address Health and Homelessness: Findings from a Rapid Analysis of Interviews with People Experiencing Houselessness

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Establishing priorities for academic-practice partnerships to address health and homelessness

**Findings from a rapid analysis of
interviews with people experiencing
houselessness**

February 2026

A Note from the Center

At the Center on Health and Homelessness, we believe that meaningful research begins with listening. This report represents our conversations with 12 individuals who have or are experiencing homelessness in Atlanta, Georgia. We are grateful to the individuals who shared their insights and experiences with us.

This report summarizes individuals' perspectives as part of an assessment to inform the Center's strategic direction. We hope these findings will serve as a starting point for continued dialogue, partnership, and shared action.

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Background

Operating within Georgia State University's School of Public Health, the **Center on Health and Homelessness** conducts community-based research, provides learning opportunities for students, and collaborates with interest holders throughout Atlanta and beyond to develop and evaluate evidence-based solutions that address homelessness and its related health issues.

In Fall 2025, the Center undertook the second phase of a community needs assessment to inform the development of a strategic plan and research agenda. This phase focused on hearing from people experiencing houselessness in the Atlanta area to better understand their lived experiences, awareness of homeless-serving organizations and resources, and perceptions of system strengths and gaps. While phase one interviews with homeless-serving organizations largely focused on the City of Atlanta, individuals experiencing houselessness were residing in the City of Atlanta, DeKalb County, and Fulton County.

To capture a range of perspectives, we conducted 12 interviews with individuals experiencing various types of houselessness. Some individuals were living in extended stay hotels, others were living on the street, and some were living in transitional shelters. The sample included single adults, as well as individuals with partners and children. Length of time experiencing houselessness varied widely – from many years to only recently. Interviews explored: 1) awareness of and experiences accessing and utilizing services, 2) strengths and gaps in the homeless-serving system, and 3) opportunities to enhance system effectiveness and collaboration. A full description of the interview methods is provided in Appendix A.

The **purpose** of this report is to share key findings from these conversations and provide insights to inform the Center's strategic directions and efforts in research, evaluation, and technical assistance. These insights are intended to guide the Center's future efforts and spark continued dialogue among stakeholders. Stakeholders are encouraged to use this report to identify areas for partnership, target unmet needs, and support planning efforts across the system.

Overview of findings

Key findings from individuals with lived experience note that those facing houselessness in Atlanta encounter a wide range of challenges when trying to access and use available supports and resources. Many rely on their own resourcefulness, supportive peers, and caring providers to navigate the system. Yet, persistent gaps – including inadequate services and funding, lack of coordinated referrals, inaccurate or outdated resource information, limited services for specialized populations, and the absence of a systems-level approach – make the system difficult to navigate. Individuals expressed a desire for increased awareness of available assistance, improvements to services and resources, and a more coordinated and effective approach to addressing homelessness.

Key findings



Strengths

- **Individual resilience and resourcefulness:** People show remarkable strength and problem-solving abilities despite facing numerous obstacles and unstable conditions.
- **Helpful services and providers:** Many organizations offer supportive services, and several are staffed by caring professionals who build trusting relationships and provide meaningful assistance.
- **Supportive peer networks:** Individuals experiencing houselessness frequently rely on one another for information, encouragement, resource sharing, and help navigating the system.



Gaps

- **Limited services and funds:** Many organizations are understaffed, underfunded, and unable to meet the demand for services.
- **Fragmented and siloed efforts:** Providers often do not coordinate referrals or services, leading to inconsistent, confusing, or duplicative pathways.
- **Inaccurate resource information:** Resource lists are frequently outdated, and information provided to individuals is often incorrect or no longer valid.
- **Limited services for specialized populations:** Services are often targeted toward specific groups – such as individuals with mental health or substance use disorders, families, or veterans – leaving limited support for those outside these categories, including individuals without co-occurring conditions.



Opportunities

- **Increase awareness:** Expand public understanding of homelessness and increase awareness among people experiencing houselessness about available services. Incorporate the voices of unhoused individuals into planning and public conversations.
- **Improve services and resources:** Enhance the availability, accessibility, responsiveness, and usefulness of services so they better meet individual needs.
- **Improve system infrastructure:** Develop a more coordinated homeless-serving system that strengthens access to housing, employment, transportation, technology, and other core supports.

Individuals' Strengths, Backgrounds, and Experiences

When describing their current living situations and the circumstances that led to becoming houseless, individuals shared a wide range of experiences. Conversations highlighted the resilience, knowledge, and resourcefulness of individuals and households navigating houselessness. Despite facing significant obstacles – many of which were outside their control – participants devoted substantial time and effort to connecting with resources in hopes of securing needed assistance.

Nearly all participants had secured some form of short-term housing for themselves, including extended-stay hotels and transitional shelters. One individual reported living in their vehicle. All but one participant had sought support from homeless-serving organizations and described their experiences seeking legal, financial and other forms of assistance. One participant, who was deaf, engaged with the only homeless-serving agency in metro Atlanta that specifically serves people with hearing disabilities.

Before their current situations, participants reported having lived in a variety of settings, including their own apartments, with friends or family, or in other extended-stay hotels, shelters, or encampments. Some individuals were newly experiencing houselessness, while others had been experiencing houselessness for one to two years. Several participants were working part-time or in gig-based jobs, despite unstable living conditions. Others were seeking employment or serving as primary caregivers and unable to work due to a lack of accessible, affordable childcare.

Participants identified many factors contributing to their houselessness. These included job loss, rising expenses while living on fixed incomes, lack of affordable housing, prior credit or rental history, mental health or substance use challenges, incarceration, and barriers related to employment or childcare. While most individuals were receiving support to meet basic needs such as food, hygiene items, and healthcare, unmet needs centered largely on finding stable employment and affordable housing. To cope with these challenges, individuals leaned on their faith, inner strength, resilience, and – when available – supportive friends, family, community members, and service providers.

Awareness of and Experience with Accessing and Utilizing Services

Most individuals were aware of key organizations, online resources and community centers such as churches and libraries that offered needed support. Frequently mentioned organizations included the Gateway Center, Mercy Care, Goodwill, Crossroads, the Salvation Army, the Atlanta Baptist Rescue Mission, Blessing Bags of Warmth, and CaringWorks (Hope House). Online resources included the End Atlanta Homelessness

Facebook group and job-searching platforms, such as Indeed, and mobile applications like Shelter.

Experiences with these resources varied widely. Some individuals receiving services from transitional shelters, mutual aid organizations, churches, and Atlanta-based employment centers described positive experiences and expressed appreciation for the assistance provided. At the same time, they emphasized that more resources, trained staff, and services are needed to meet demand.

Participants also noted that some services were inaccessible, unavailable or inadequate. Common frustrations included being turned away due to limited capacity, restrictive eligibility requirements, or insufficient funding. While most individuals were able to access public benefits such as food stamps and Medicaid – and often met basic needs with help from aid organizations – accessing housing and employment services was notably more difficult, due to prohibitive requirements and limited availability.

“...Miss [name] and [organization] really helped me. They pinpointed everything I needed from the housing to the vouchers to the school. Everything was there so I didn't have to go try to find another agency for help.”
- Individual with Lived Experience



Service Use and Access: Facilitators and Barriers

Individuals identified several **factors that helped them access and use services** effectively. Supportive, caring service providers were significant facilitators; when staff were engaged and responsive, individuals felt more confident navigating available resources. Referrals from trusted providers eased the process by pointing individuals

“Well, my experience when I first got up here was awful...Now, being around these guys and other people that I've met, they are more street smart about Atlanta, and they know where the restrooms are and they know how to get water... they knew which parks have restrooms and so all of these things, I didn't know and I've been educated by that.”

- Individual with Lived Experience

toward relevant services. Peer networks also played a major role. Participants relied on friends and fellow community members to share information, make recommendations, and offer guidance about which organizations to approach. Additionally, for those with digital access and comfort, using technology, online tools, websites, and mobile apps made it easier to find resources and complete applications. Lastly, personal

qualities, such as faith, persistence, and determination, also helped individuals continue seeking assistance despite experiencing repeated setbacks, but these factors supported rather than replaced the structural facilitators.

Despite these supports, individuals encountered **substantial barriers** that often limited their ability to access or benefit from services. Common obstacles involved strict shelter

"Some of them...they do help women, but you have to have children. Or you have to have income so they make sure if they assist you, then they don't have to do it next month. Some of them are just for people in situations for just eviction, like you have to have an eviction letter for either an apartment or housing...Some of them you have to have mental illness or AIDS. It's hard to find an organization that just helps women, just single women, no issues."

- Individual with Lived Experience

eligibility requirements, including sobriety rules, limitations on the ages of children allowed, short maximum stays, and curfews that conflicted with work hours. Participants also described highly specific program eligibility criteria that made it difficult to find appropriate assistance. For example, organizations that only served women with children, required proof of income or an eviction notice, or limited service to people with particular diagnoses. As one participant noted, it

was especially challenging for single women without children or other qualifying conditions to find support. Barriers to securing affordable housing were similarly significant, with requirements such as several months' rent upfront, a "good" rental history, a strong credit score, and proof of stable income. Employment challenges further complicated these efforts, as individuals lacking a permanent address, reliable transportation, or personal connections found it difficult to secure steady work.

Participants also described barriers related to the broader availability and accessibility of services. Many encountered long wait times, limited options, or the absence of waiting lists once they reached service providers, leaving them uncertain about next steps. Transportation limitations and lack of access to basic items – such as clean clothing for appointments or interviews – made participation in services more difficult. Technology-related barriers also affected many individuals. Without consistent access to phones, computers, or the internet, individuals struggled to locate resources or complete online applications. Some relied on organizational phones or public libraries, while others were unfamiliar with newer technologies, making it harder to navigate an increasingly digital service environment.

"I called last week and finally got a response back the beginning part of this week. They told me that they only see like 10 people per day...They advised me to come in Monday because they're pretty cleared up. It's a wait list so I'm gonna get there before seven to be in front of the line."

- Individual with Lived Experience

"Every number they give you, they don't answer, they don't call you back or they take very long to call you back just to tell you that they're not able to help."

- Individual with Lived Experience



Interactions with Service Providers

Interactions with service providers varied considerably. Many individuals receiving services from transitional shelters and mutual aid organizations described **very positive experiences** and emphasized that staff "truly cared" about them and worked to meet

their needs. Several also reported strong, supportive interactions with healthcare providers and faith-based organizations that offered high-quality care and genuine concern.

"They say, 'Go to [hospital name]. They have a counselor that only works with you.' I get out there and it done ran out of funds. So it's like, why didn't he call me yesterday and tell me this? I could have saved \$2.50 for something else. That irritates me. It makes me not want to speak to people, not trust people. It leads me to be like...'Why y'all let me down? I waited on you guys.'"
- Individual with Lived Experience

"[Shelter name] started off alright. I went there when I had two jobs. But at the same time, they were judgmental and stuff, like unfair and they have their picks of who they liked and let in. They kicked me and my daughter out."
- Individual with Lived Experience

However, participants also described **negative experiences**. Common frustrations included poor coordination among agencies, outdated or inaccurate information, and lack of responsiveness. Some individuals shared that they had been referred to agencies – often taking significant time and resources to travel there – only to learn that services, funding, or resources were no longer available. Others described feeling judged or disrespected by staff at shelters or extended-stay hotels. A few reported that they were required to attend sermons in order to receive services, which they found uncomfortable and inappropriate.

Strengths in the Homeless-Serving System

When asked about the effectiveness of current resources, services, and processes in addressing their needs and homelessness more broadly, individuals noted several strengths within the system. They highlighted caring and supportive service providers, helpful programs within certain organizations, and the availability of public benefit programs (e.g., SNAP, Medicaid) and public transportation. While these strengths did not eliminate the many challenges they faced, participants emphasized that these supports made meaningful differences in their day-to-day lives.



Helpful Services and Providers

Many individuals described receiving valuable support from specific providers, particularly those working in faith-based organizations and transitional shelters. These staff were viewed as compassionate and genuinely committed to helping clients navigate available resources. Participants appreciated

"Anything I didn't understand, I don't care what time it was, [the provider] was like, give me a call. If I don't answer, I'll call back. If I didn't understand or if somebody was on the phone with me trying to give me a hard time, she would stay on the phone and direct me through it."
- Individual with Lived Experience

services, such as classes, case management, and practical assistance. Several individuals also noted that when agencies collaborated effectively, it made it easier for them to access services and increased their trust in the organizations involved.



Accessible Public Benefits and Programs

Participants shared that they were generally able to access key public benefit programs, including SNAP and Medicaid, and received support obtaining necessary documentation. In addition, several individuals reported receiving free public transportation passes and felt they were able to use public transportation to reach essential services and appointments.

Gaps in the Homeless-Serving System

Despite the strengths noted above, individuals identified substantial gaps across the homeless-serving system. These gaps included limited services and funding, fragmented and siloed agency efforts, inaccurate or outdated resource information, services restricted to narrow groups, and the absence of a coordinated systems-level approach. Nearly all participants expressed frustration that available services were insufficient, difficult to navigate, or inconsistent across organizations and jurisdictions.



Limited Services and Funds

Many individuals described seeking assistance only to learn that funds were depleted or services were unavailable. Participants frequently encountered long waitlists, limits on how many people providers could serve each day, or practices requiring them to line up early in hopes of receiving help. These constraints left many feeling uncertain about whether they would be able to obtain the support they needed.

“DeKalb County got \$13 million for the homeless. The day the program started. I called and then they email you the list of the organizations to call that were doing the Integrated Community Care Initiative program. Darn, every single one on the list, the person you asked for, they don't work there no more or they had to take leave. I never hear from them again.”
– Individual with Lived Experience



Fragmented and Siloed Efforts

Participants emphasized that lack of coordination among agencies significantly hindered their ability to receive services. Often, individuals were referred to other organizations without providers calling ahead or having established relationships with those agencies. As a result, referrals frequently led to dead ends. Several individuals described traveling to locations they had been referred to, only to discover that the service was unavailable or the information was outdated.



Inaccurate resource information

Several individuals expressed frustration with receiving resource lists that contained outdated or inaccurate information. Because resource availability changes rapidly, inaccurate information often caused individuals to waste time, money, and energy – sometimes traveling long distances only to be turned away.

“The last thing you want to do to someone who's struggling not to go on the streets and not be a junkie is to make them jump through hoops that don't go anywhere. Because they're gonna lose hope. They're gonna find that hope at the bottom of a bottle or the bottom of their pipe or whatever it is. They're gonna relapse.”
- Individual with Lived Experience



Services limited to certain groups

Participants also noted, as previously discussed in the Facilitators and Barriers section, that many services were restricted to specific populations, such as those with mental health or substance use conditions, veterans, or families with children. Individuals who did not fit one of these categories, including single adults without children, reported difficulty accessing support. The participant who was deaf/hard of hearing noted that aside from one organization (CaringWorks), they were unable to find organizations able

“Utah started a program where they basically bought up old apartments and motels and things and made them efficiencies. And if you were on the streets, they're like, 'look, Medicare and all that's costing us too much. We're gonna put you up in here so you don't get frostbite in the winter. It's your place. You can do whatever you want, but we encourage you to go find a job. Get off drugs. Here's a booklet. If you're suicidal, call this number. If you need to get drug rehab, call this number, if you need job, call this number. We're not pressuring you. We just want you off the streets.' It's actually been very productive. So if you can go build tiny houses, if you can go and do the shipping container houses...which they do have some by Garnett, I just found out...If you could do more of those on an extreme, it's no longer a band aid on a head wound situation. You got to do something extreme to get these people something and some of them get so lost in the hopelessness that they don't see the light anymore.”

- Individual with Lived Experience

to communicate using American Sign Language. Another individual expressed concern that limited resources were sometimes directed toward rental assistance for people already housed rather than toward those with the greatest housing instability.



Lack of systems-level approach

Several individuals emphasized the need for a more coordinated, systems-level approach to addressing homelessness. They described a lack of affordable housing options across the region and cited examples of more holistic, coordinated models used in other cities. Some noted receiving useful services in one metro Atlanta county but not in another, underscoring the need for a unified strategy and more consistent service availability across jurisdictions.

Opportunities to Enhance the Atlanta Homeless-Serving System

Despite facing significant barriers, many individuals experiencing houselessness expressed hope and optimism about their futures. They described drawing on their own resourcefulness, persistence, and inner strength to continue seeking help, finding employment, returning to school, and staying connected to supportive providers with whom they had built trusting relationships. In addition to sharing their experiences, participants offered several recommendations for strengthening the homeless-serving system. Their suggestions centered on:

1. Increasing awareness of homelessness and available assistance,
2. Improving services and resources,
3. Strengthening system-level coordination, and
4. Fostering an empathy-based approach.



Increase Awareness of Homelessness

Several participants emphasized the need for greater public awareness about the realities of homelessness and the barriers individuals experiencing houselessness face. Some suggested that the public, and even some service providers, would benefit from learning about or directly observing the challenges of navigating life without stable housing. A few participants also noted that awareness needs to be increased among individuals experiencing houselessness themselves, as many do not know what resources are available or how to access them. Some expressed a desire to serve as peer resources to others, sharing knowledge about how to connect with providers and offering guidance based on their personal experiences.

“Take a stroll out here with our homeless for one day. Take a day and struggle with at least somebody that's living in an extended stay [hotel] and see how they do their day-to-day life. It's hard. We can tell our story all day, but you have to see it.”

– Individual with Lived Experience



Improve Service Delivery

Many participants expressed a desire for services that were more useful, responsive, and better aligned with their needs. Several shared that some programs offered shelter or limited assistance but did not provide meaningful support to help individuals move toward stability. Suggestions included adding walk-in appointments, expanding shelters and programs, and increasing the number of case managers to reduce long wait times.

Participants also emphasized the importance of communication. Some described calling

agencies, leaving messages, and receiving no response, or hearing back long after their initial outreach. Others noted that a lack of communication between agencies resulted in inaccurate or outdated information being shared with clients.

"They have a cookie cut frame. 'Are you crazy? Are you on drugs? Are you disabled? Are you elderly? Are you a vet?' If you're none of these things, it's like, 'we don't want to help you find a job and all this.'"

- Individual with Lived Experience

In addition to improving the quality and responsiveness of services, participants wanted more individualized support that addressed diverse needs and populations. For example, the participant who was deaf described the need for additional services accessible to deaf and hard-of-hearing individuals.



Improve Service Structures and Processes

Beyond service delivery, participants identified several structural changes that would make the system more accessible and effective. Many recommended removing stringent eligibility requirements that prevented individuals from entering or remaining in shelter, especially rules that conflicted with work schedules or other responsibilities. These barriers were described as preventing individuals from achieving stable housing or maintaining employment.

"The one single thing I wish that they would have a little bit of giveaway on is if you could prove on your phone that you were working that day and what time you get off work and that you're taking public transportation so that you will have a place to stay. I understand they don't have many employees and they're all volunteers and what have you, and they're strict with their rules. That's all good, but I've had to drop things, like opportunities to work."

- Individual with Lived Experience

Participants also felt that resources should be allocated more effectively and equitably. Several noted that funds should be directed to those without stable housing rather than toward rental assistance for individuals already housed. Improving collaboration and coordination among service providers was another key recommendation, as participants believed that warm handoffs, shared communication, and stronger inter-agency relationships would lead to more successful referrals and fewer frustrating dead ends.

"How are y'all helping people with a home before you're helping people who don't have a home?"

Y'all should use the funds to make sure that these people are getting federal grants, and they supposed to be low income and they're not even being held accountable for it."

- Individual with Lived Experience



Incorporate the Voices of People Experiencing Houselessness

Participants emphasized the importance of embedding the perspectives of people with lived experience into program design, implementation, and decision-making. Recommendations included hiring people with lived experience to support outreach and service delivery, as well as regularly gathering input and feedback from people to ensure services reflect their needs and priorities.

"Do exactly what you doing. Interview clients, and you get more insight about what's going on. I haven't been out there as long as a lot of these guys here. They've been out there for years. I believe that's the way they can actually find out how to help them. I can only tell you my experience and some of the stuff I've seen."

- Individual with Lived Experience



Provide a Unified and Coordinated Homeless-Serving System

Individuals expressed a desire for a more unified and centralized system that streamlines access to services. A single point of entry, or a more coordinated service hub, was seen as a way to reduce confusion and increase the likelihood that individuals receive appropriate assistance. Additional recommendations included improving access to employment services, transportation, technology, and affordable housing. Some individuals shared that job fairs and employment programs were not useful because opportunities were not accessible by public transportation. Others noted that consistent access to government phones, computers, and Wi-Fi would significantly improve their ability to find work and connect with services. A few participants suggested expanding affordable housing options, such as developing tiny-home communities or housing using shipping containers.



Increase Awareness and Empathy

More than half of the participants shared that service providers and others often lacked understanding and empathy for individuals experiencing houselessness. They expressed a desire for people, especially those in helping roles, to respond with greater compassion and to recognize the difficult circumstances many are navigating. As one participant explained, "I wish they wouldn't be so hard on a person who's here trying to reach out for help." Another added, "I wish they really understood that everybody deserves a home. Nobody's just really asking for a handout."

Summary of Key Findings and Recommendations

Key findings indicate that individuals experiencing houselessness in Atlanta possess considerable knowledge of how to navigate the homeless-serving system. Individuals were aware of and had attempted to use a wide variety of services and resources. Some reported positive interactions with caring service providers who offered meaningful support, while others described experiences marked by limited empathy, poor responsiveness, or an inability to address their needs effectively.

All individuals faced substantial barriers to accessing and utilizing services. These includes stringent eligibility requirements, inadequate or unavailable services, outdated or inaccurate resource information, and the absence of a unified, coordinated system of care. Despite these challenges, individuals relied heavily on their own resourcefulness, resilience, faith and peer support networks to seek help and work toward stability.

Individuals offered several recommendations for strengthening the homeless-serving system, emphasizing the need to improve service delivery and structures, incorporate the voice of the people experiencing houselessness, foster empathy across the system, and implement a coordinated, unified system of care.

Strengths



- Individual resilience
- Helpful service providers and services
- Accessible public benefits
- Strong peer networks

Gaps



- Inadequate or unavailable services
- Inaccurate and insufficient resource information
- Fragmented efforts
- Services limited to certain populations
- Lack of systems-level approach

Opportunities



- Improve service delivery and structures
- Incorporate voices of people with lived experience
- Strengthen system infrastructure and coordination
- Increase awareness and empathy

Appendix A. Key Informant Interview and Data Analysis Methods

To better understand where research, program evaluation, and academic technical assistance could strengthen the homeless-serving system, we conducted 12 interviews with individuals with lived experience. The interviews explored various topics critical to understanding the perspectives and experience of individuals experiencing homelessness and potential improvements for addressing homelessness. Interviews were conducted with a diverse cross-section of individuals experiencing homelessness in different ways and with varying backgrounds and circumstances.

Key informant interview topics

Background information

The individuals' experience with homelessness and current and past living situation.

Service access and utilization

The individuals' awareness of and experience accessing and using services and resources available for those experiencing homelessness.

Facilitators and barriers to accessing services

Facilitators and barriers to accessing services/resources.

Experience accessing information

Experience accessing information using technology and barriers to using technology-based resources.

Experience with service providers

Positive and negative experience with service providers and impact of the experiences on the individual.

System strengths & gaps

Strengths and effectiveness of services and resources available for those experiencing homelessness and gaps in services/resources.

Closing

Key recommendations for improving coordination and access to and utilization of services for individuals experiencing homelessness.

To rapidly and rigorously analyze and disseminate findings to relevant interest holders, we used the “rigorous and mixed methods projects reduction” (RADaR) technique¹. This approach allowed for expedited yet thorough data organization, reduction, coding, and analysis. The RADaR technique involved five systematic analytic steps to reduce and analyze data, prioritizing both rigor and efficiency.

RADaR analytic process

Step 1

All transcript data was copied and pasted into an Excel spreadsheet that served as the primary data reduction tables. The spreadsheet columns included transcript IDs, in-depth interview section, in-depth interview question, participant's response, notes, codes, and themes. Different Excel spreadsheets were used for each of the three primary research questions.

Step 2

The primary analyst reviewed each data reduction table, identifying patterns, commonalities, and differences across participants. Text that was most relevant to each research question was highlighted using bold font.

Step 3

The primary analyst reduced each data table by removing content that was not relevant to the primary research questions (e.g. text not highlighted during Step 2), leaving the table with only the content pertinent to the research.

Step 4

After irrelevant text was removed, the primary analyst read through the retained data, taking notes, reflecting, and creating “focused codes.” Focused codes were developed into concepts and themes to answer the research questions. Relevant text was further highlighted to aid in additional data reduction. Team members discussed focused codes and emerging concepts and themes, and the primary analyst drafted analytic memos.

Step 5

Step 4 was repeated as necessary to condense each table further, ensuring that they only included data addressing the research questions and suitable for inclusion in project deliverables.

1. Watkins, D. C. (2017). Rapid and rigorous qualitative data analysis: The “RADaR” technique for applied research. *International Journal of Qualitative Methods*, 16(1), 1609406917712131.

To enhance the rigor of the RADaR process, we incorporated periodic spot-checks of removed text to ensure that relevant content was retained and that reduction steps align with the research questions. Researchers conducted spot-checks after step 3. Since no major issues were detected, the analyst continued with step 4.

To facilitate the spot-checks, the primary analyst created a 'removed text' tab in the excel file for each research question. All removed text was copied into this tab. Spot-check researchers then reviewed the randomly selected interviews for this tab and when they noted information that they deemed relevant to the research question, they highlighted it in yellow and wrote a justification in the column labeled "notes about relevancy" to state why they believe the text should not be deleted. The primary analyst and a researcher then met to review the notes authored by spot-check researchers to discuss and determine content to be added back in.