

## Research Article

# The Association between Housing Stability and Perceived Quality of Life among Emerging Adults with a History of Homelessness

Alina I. Palimaru , Keisha McDonald, Rick Garvey, Elizabeth J. D'Amico ,  
and Joan S. Tucker 

RAND Corporation, 1776 Main St., Santa Monica, CA 90407, USA

Correspondence should be addressed to Alina I. Palimaru; palimaru@rand.org

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Many cities across the United States are experiencing homelessness at crisis levels, including rises in the number of unhoused emerging adults (18–25). Emerging adults experiencing homelessness may be at higher risk of experiencing negative outcomes, given that being unhoused increases risk for a variety of behaviors. To better understand the current living circumstances of emerging adults with a history of homelessness, as well as their perceptions about associations between housing stability and quality of life (QOL), we conducted 30 semistructured in-depth interviews with individuals recruited from drop-in centers for youth experiencing homelessness. At the time of recruitment,  $n = 19$  were stably housed and  $n = 11$  were unstably housed. Two coders analyzed these data inductively and deductively, using preidentified domains and open coding. Coding reliability was assessed. Three main themes emerged, each with subthemes: (1) housing quality (neighborhood safety, convenience, and housing unit characteristics); (2) QOL before stable housing (physical and mental wellbeing, social wellbeing, and other determinants of QOL, such as encounters with law enforcement); and (3) changes in QOL after stable housing (same subthemes as for prehousing stability QOL). Findings indicated a pattern of perceived relationships between housing stability, housing quality, built and social environments, and QOL in the context of emerging adults who experienced or continued to experience homelessness. However, results were mixed with regard to the perceived effects of housing stability on alcohol and other drug use. Taken together, results indicate several areas of challenge but also highlight opportunities to facilitate improvements in QOL among vulnerable emerging adults who experience homelessness.

## 1. Introduction

**1.1. Homelessness among Emerging Adults.** Every year in America, one in ten (or 3.5 million) emerging adults (ages 18–25) experiences homelessness while unaccompanied by a parent or guardian [1]. Many cities across the United States are experiencing homelessness at crisis levels [2]. In Los Angeles (LA) County in 2022 a little over 69,000 individuals were unhoused, and the last count registered nearly 3,000 emerging adults experiencing homelessness [3]. Among emerging adults, the risk of homelessness is borne disproportionately by minority groups [4, 5], which is reflected in the

racial/ethnic makeup of emerging adult homelessness in LA County, with 30% identifying as Black/African American and 44% identifying as Hispanic/Latino/x [3]. Furthermore, certain groups are more vulnerable, such as transgender emerging adults and those who are gender non-conforming, among whom homelessness increased nationwide by 29% and 26%, respectively, between 2020 and 2021 [6]. These disparities extend into access to housing assistance [5].

Lack of shelter and housing stability are drivers of poor health and diminished social and economic functioning. Compared to individuals with stable housing, unhoused individuals are more likely to experience unmanaged

chronic physical [7] and mental health problems [8], HIV/AIDS [9], substance use disorders [10], and serious mental illness (e.g., schizophrenia) [11–13]. Conversely, poor physical and mental health may preclude stable employment and (by extension) stable housing [14].

Unhoused emerging adults are particularly vulnerable to experiencing negative outcomes, given that being unhoused increases risk for a variety of behaviors [15]. Unlike their housed counterparts, emerging adults who are homeless experience elevated risks for dropping out of school and becoming involved with the criminal justice system [16, 17]. Past research also shows that unhoused emerging adults report higher rates of illicit drug use compared to the general population [18], and housing instability is associated with substance use among emerging adults [19, 20]. A significant body of work also suggests that there are high rates of sexual risk behavior among unhoused emerging adults [21–23]. Finally, evidence shows that experiencing homelessness in early adulthood may have long-term consequences in that the resulting gap in life skills to live independently in turn increases risks for chronic homelessness [24]. Stable housing is vital in addressing this vicious cycle of poverty, ill health, and risky behaviors [25], but not enough is known about the mechanisms through which stable housing can help resolve these broader issues.

*1.2. Housing Stability.* Housing stability is an important outcome for housing assistance programs and for individuals with a history of homelessness. However, housing stability has been inconsistently defined and applied in research and practice [25]. In its simplest forms, housing stability has been framed as the presence or absence of housing [26]. Others conceptualize stability based on type of housing, such that living in shelters or foster care describes higher risk of instability, whereas living in one's own apartment conveys stability [27, 28]. Further single-dimension metrics of stability focused on timeline of relocation [29], relocation frequency [30], and eviction frequency [31]. Other work has proposed a model of housing stability that focuses on processes within service systems, such as active information sharing, partnership, and accountability [32].

One of the most comprehensive definitions of housing stability in the context of emerging adult homelessness conceptualizes a continuum from complete instability to complete stability, including eight dimensions: housing type, recent housing history, current housing tenure, financial status, standing in the legal system, education and employment status, substance use, and subjective assessments of satisfaction with housing quality and housing stability [25]. Frederick's domains were informed by extensive in-depth qualitative interviews with emerging adults experiencing homelessness, and many of these dimensions align with the individual, interpersonal, community, and structural factors associated with tenancy sustainment as reported elsewhere [33]. Because many of Frederick's dimensions overlap with domains of quality of life (see below), we used Frederick's definition to design the interview protocols that elicited information about how housing stability (or lack thereof) is perceived to impact quality of life (QOL).

*1.3. Quality of Life.* Improvements in quality of life are a central goal of the recovery paradigm that guides program design for people experiencing homelessness [34]. For the purposes of this study, we use the World Health Organization's (WHO) conceptualization of quality of life, i.e., "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" [35]. In practical terms, this broad concept encompasses multiple domains of individuals' wellbeing, including physical, mental, and social functioning, level of independence, material wellbeing, personal development, rights, interpersonal relations, and self-determination [36–38]. WHO's definition also recognizes that these perceived QOL dimensions are embedded in cultural, social, and environmental contexts [35]. Yet, very few housing programs track QOL as an outcome that can be used to tailor service provision. At the same time, gaps remain in understanding what matters most to emerging adults with a history of homelessness when it comes to their QOL.

*1.4. Quality of Life and Quality of Housing.* Quality of housing and the surrounding social and built environment also influence individuals' perceived QOL [25, 39]. Aspects of housing quality that may impact QOL include (but are not limited to) physical attributes (e.g., heat, cold, noise, and ventilation), biological exposures (e.g., pest infestations and mold spores), and social environment (e.g., fear of crime, poverty, and social exclusion) [40]. Evidence indicates mediatory pathways by which housing attributes influence QOL, such as physical health [41], safety, and neighborhood environment [42–44]. For example, epidemiological evidence links substandard housing (e.g., damp, cold, and moldy) with higher risks of developing chronic respiratory illnesses [45, 46]. Neighborhood-related factors, such as crime rates, air quality, noise exposure, and availability of public services, are known determinants of QOL [45, 47], with documented impact on satisfaction, intentional and unintentional injury rates, health outcomes, and all-cause mortality [47, 48].

*1.5. Research Question.* Overall, two important gaps remain in the literature. First, we have a limited understanding of the mechanisms through which stable housing relates to QOL. Second, gaps remain in understanding what matters most to emerging adults with a history of homelessness when it comes to their QOL. This may explain why very few housing programs use QOL as an outcome that can inform program development. Using qualitative methods, this study helps fill these gaps in the existing literature by exploring the following research questions:

- (1) How do emerging adults with a history of homelessness describe their living circumstances, including housing quality?
- (2) What are the perceived associations between dimensions of housing stability and QOL?

To explore these questions through a broad range of perspectives, we spoke with emerging adults with a history of homelessness; some were stably housed at the time of the interview, while others were unstably housed. Our study provides formative evidence on challenges and opportunities of housing support for emerging adults, particularly regarding ensuring housing stability.

## 2. Methods

**2.1. Study Design.** Participants are from a larger randomized controlled trial AWARE, an evidence-based risk reduction program for emerging adults (ages 18–25) experiencing homelessness focused on the interrelated problems of substance use and sexual risk behavior [49]. At the evaluation’s 24-month follow-up, we identified individuals who were currently stably housed versus unstably housed to complete a separate qualitative interview on their housing trajectories across the two-year follow-up period. The study used a qualitative design to elicit participant experiences on housing. Respondents focused on how their quality of life was affected by being stably or unstably housed.

**2.2. Data Collection and Analyses.** All study procedures were approved by the lead author’s institutional review board.

**2.2.1. Participants and Recruitment.** We aimed to purposively sample individuals in stable housing at the time of the interview, as well as those unstably housed. We were unable to extend Frederick’s definition of housing stability into our recruitment approach because the survey data collected and used for recruitment did not comprehensively cover these domains. Thus, for this study, housing stability was defined as the individual spending the past six months or longer in their own house, apartment, or room. This was based on a combination of answers to two questions asked in the 24-month follow-up survey that addressed both living situation and length of time in living situation. To be considered “stably housed,” participants had to answer: *In the past 3 months, on average, how often have you spent the night in each of the following places?* by selecting “every day in your own house, apartment, or room.” Next, they had to answer “at least six months” in response to “How long have you been living in this house, apartment, or room?” This was a combination of both place and time. Participants were classified as “unstably housed,” if they answered “never” in response to the following question: *In the past 3 months, on average, how often have you spent the night in each of the following places?* for answer options: *Your own house, apartment, or room; Someone else’s apartment or house that is a regular place for you to stay; Someone else’s apartment or house that is a temporary place for you to stay; and Transitional housing program.* Once the two participant pools were determined based on housing stability, individuals were contacted and asked if they wanted to participate.

Initially, we aimed to recruit a total of 30 participants, 15 stably housed and 15 unstably housed, with approximately equal numbers of male and female participants in each

TABLE 1: Participant demographics ( $N = 30$ ).

Characteristic	Count (percent)
Age category	
19	2 (6%)
20	5 (17%)
21	7 (24%)
22	1 (3%)
23	4 (13%)
24	7 (24%)
25	4 (13%)
Sex*	
Male	18 (60%)
Female	12 (40%)
Race/ethnicity	
Caucasian/White	5 (17%)
Black or African American	14 (47%)
Hispanic/Latino/x	8 (27%)
American Indian/Alaska Native	1 (3%)
Other	2 (6%)

\* Answers in response to the question: do you currently identify as man, woman, gender neutral, or other?

group. Participants were not contacted in any particular order; the team attempted to reach all of them; however, we were unable to reach some participants. Of 35 individuals deemed stably housed based on survey responses, the research team successfully contacted 22 to participate in interviews. All 22 expressed interest, with 19 completing consent and participating in the interview and three told prior to the consent process that we reached the sample size cap. Of 17 individuals deemed unstably housed based on survey responses, five could not be located for the qualitative interview and 12 were offered the opportunity to be interviewed. Of the 12 who expressed interest, 1 was deemed too cognitively impaired to understand the consent form and the other 11 agreed to participate and completed the interview. Interviews lasted approximately an hour. Average age of participants was 22 (range: 19–25), 60% were male, nearly half were Black (47%), and nearly a third were Hispanic/Latino/x (27%) (see Table 1).

**2.2.2. Qualitative Data Collection Rationale and Analyses.** We designed two protocols that shared similarities but also contained probes tailored to stable and unstable housing experiences. These protocols were informed by Frederick’s comprehensive eight-dimension definition of housing stability [25]. The interview protocol for stably housed emerging adults elicited perspectives about (1) housing context at the time of the interview; (2) experience of becoming housed; (3) QOL before and after becoming housed; (4) utilization of services following housing placement; (5) suggestions for service improvement; and (6) COVID-19 vaccine status and opinions. The interview protocol for those unstably housed addressed the same domains, but questions were tailored to their situation. For example, the QOL questions probed their perceived changes in QOL over the previous year, as opposed to before and after stable housing.

The present analyses focus on participants’ descriptions of their current living circumstances and QOL, including

change in QOL before versus after becoming stably housed. Themes related to the experience of becoming housed and service provision and utilization are discussed in a separate manuscript. Table 2 details sample questions. Supplemental Material 1 provides the full protocols. Interviews were led by two experienced interviewers with a background in homelessness research and experience interviewing vulnerable populations [50]. Interviews were conducted by phone between August and September 2021 and were audio-recorded and transcribed verbatim.

Transcripts were uploaded to NVivo, a software package for qualitative analysis [51]. Using inductive and deductive coding techniques, the lead author and second author worked with the research team to develop a codebook [52–54]. We used a framework analysis approach that combined the predetermined evaluation objectives with new insights from the interviewees (i.e., labeling interview content based on dimensions emerging from the text) [55]. This pragmatic reconciliation of postpositivist and interpretivist approaches meant that each of these approaches addressed different aspects of our research questions that neither approach could address alone: what the emerging adult rehousing experience was, and how dimensions of this experience varied within and across participants [56].

The lead author and second author engaged in six coding rounds. First, they coded the same content independently (blinded) and then met to reconcile discrepancies and substantive differences of interpretation. Of the 30 transcripts, 11 were coded independently and then compared for reliability. The coders were trained in qualitative methods in the context of health services research and behavioral science and had significant prior exposure to interview data on homelessness. The coders presented periodic updates to the team, eliciting feedback on coded content, code definitions, and coding rules (codebook available upon request). Intercoder reliability was estimated using Cohen's kappa. Typically, a kappa higher than +0.70 indicates substantial reliability [57, 58]. The two researchers co-coded half of the transcripts, reaching a final kappa of 0.83, with 98% agreement.

### 3. Results

**3.1. Overview of Findings.** Three main themes emerged, each with subthemes: (1) housing quality (neighborhood safety, convenience, and housing unit characteristics); (2) QOL before stable housing (physical and mental wellbeing, social wellbeing, and other determinants of QOL, such as encounters with law enforcement); and (3) changes in QOL after stable housing (same subthemes as for prehousing stability QOL). For subthemes related to QOL, most quotes appear in table format. Table 3 compares dimensions of QOL before and after stable housing for stably housed participants ( $n=19$ ). Table 4 highlights trajectories across aspects of QOL during the previous year for unstably housed participants ( $n=11$ ).

### 3.2. Housing Quality

**3.2.1. Neighborhood Environment.** Most respondents in stable housing ( $n=14$ ) considered the neighborhoods where they lived at the time of the interview to be safe and conveniently located: *"I feel safe here. There's no real gang activity like that, like where I used to live over there in South Central."* Three others noted a blend of safe and unsafe areas: *"Yeah, there's crime and stuff, for sure, there's always cop cars and shit, but as for right here on my little section, it's pretty quiet."* Two respondents felt completely unsafe in their neighborhood, having witnessed episodes of violence nearby: *"Not really safe. Maybe two months after I moved in, I seen a drive-by right in front of my face."*

Safety dominated concerns voiced by unstably housed participants, with seven out of eleven considering areas where they lived dangerous. As one participant explained about his experience alternating between sleeping on the streets and in hotels: *"I have not been really feeling safe. My housing situation has put me in jeopardy. . . . A grown man tried to knock me out with brass knuckles on the street."* Only two participants described feeling safe where they were at the time of the interview: *"Yeah, they get 24 surveillance cameras all night."*

**3.2.2. Housing Characteristics.** More than half of those in stable housing were living alone, and most ( $n=17$ ) commented favorably about housing amenities, such as kitchen utensils and bedding. A few described ongoing efforts to decorate their homes, especially to ensure that their furniture was clean: *"I threw a lot of my older stuff away, just because of where I lived. I didn't want to bring nothing over here that was going to cause any bugs and stuff to come. I actually was in touch with . . . a resource program. They help you with furniture and stuff."* A quarter ( $n=5$ ) mentioned cleanliness problems with mold and pests in their units, such as termites: *"The building had termites in it before I moved in. . . . So, yeah, now it's getting worse, the building is basically falling apart."* Finally, there were mixed feelings about social environment in their buildings; while some ( $n=6$ ) described positive rapport with neighbors, nearly half ( $n=7$ ) said they were keeping to themselves. A few described ongoing tensions around loud noise. For example, this participant describes how a neighbor often complains about the noise the participant's children make: *"She comes to my apartment with my kids here, starts yelling and screaming, and it's just stupid."*

For those without stable housing, feelings about their environments were mixed. About half described frequent changes in their locations, sleeping in cold, crowded, and unsanitary facilities or in cars, and having to share bathrooms. This quote is representative of these experiences: *"It's not really a place that you want to sleep because it's hard for you to sleep. It's the facility, itself. It's really not clean, so they're always mopping at night. And I'm allergic to mold and*

TABLE 2: Sample questions from the interview protocol.

Domain	Sample questions
Domain 1 Housing context at time of interview	<p>What do you like most about where you live? Why?</p> <p>What do you like least about where you live? Why?</p>
Domain 2 Experiences of becoming housed	<p>Please walk me through how you got to live in your current apartment/house (stable only)</p> <p>How did you feel about this process? Describe the main barriers you have experienced to being stably housed (unstable only)</p>
Domain 3 Quality of life before and after becoming housed	<p>Prehousing: when you did not have a regular place to stay, how did you typically take care of your physical/mental health?</p> <p>After housing: how has your physical/mental health changed since you have had a regular place to stay?</p> <p>How has your physical/mental health changed over the last year? (Unstable only)</p> <p>In addition to housing, what other services have you been using? Why/why not? (Stable only)</p>
Domain 4 Utilization of services following housing placement, or services in general for those unstably housed	<p><i>Probes: physical care, mental health, dental care, vision, life skills, nutrition education, therapy, transportation, food banks, volunteering, help at home, participation in activities during the day, legal advice</i></p> <p>What has your experience been with these services?</p> <p>What services have you been using for any of the things we have just talked about? (Unstable only)</p>
Domain 5 Suggestions for service improvement	<p>What would make these services better?</p> <p>How would you improve the services available for people your age who do not have a regular place to stay?</p>
Domain 6 COVID-19 vaccine status and opinions	<p>Have you gotten the COVID-19 vaccine? If no, why have you not gotten it? If yes, what motivated you to get vaccinated?</p>

TABLE 3: Quotes illustrating quality of life trajectory before and after stable housing ( $n = 19$ ).

Domain	Prehousing	Posthousing
1. Alcohol and other drug use		
Positive	<p>"No, not through my pregnancy. Once I gave birth, I started back smoking weed. That's about it."</p>	<p>"I can't really smoke much right now anyway because I'm doing drug tests at DCS [Department of Child Services]"</p> <p>"I mean I don't smoke as I used to on the street, I'm not gonna lie. When I was on the streets I used to smoke a lot because it's a lot of people around doing the same thing you doing. I actually have responsibilities I've got to do, so I can't be hella high all day."</p> <p>"I think maybe I started drinking a little bit more out here in CITY, just probably because they sell it all day and all night now out here in CITY. And it's like everything is open 24 hours. So I think I drink a little bit more than I did because more people are drinking around me. I get on the bus in the daytime and it's normal for people to be up there with an open container just chilling."</p> <p>"I smoke weed every day. Yeah, it has been crazy because I have money now. So now, I can pay for what I need, my leisure and stuff like that, everything that I need."</p>
Negative	<p>"I was doing drugs and shit, like, I was smokin' weed and meth and shit and drinking. And then doing, like, coke and shit—Probably like every day (chuckles)"</p>	<p>"I am definitely better, it's like I can use the energy I have to run around the yard with my son and stuff. . . . Instead of using my energy to go all the way across town and probably would (chuckles) get on, like, three different metros and walk five miles, do you feel me (chuckles)?"</p>
2. Physical wellbeing		
Positive	<p>"Well, I stayed in shape because we had to walk every damn where."</p>	<p>"Noticed that I've put on a couple of pounds because I have a stove and stuff now, so I could cook up some things, and then having food stamps you can get whatever you want and you just cook it up and go from there."</p>
Negative	<p>"I mean I would skateboard, because I skate, so I would do that sometimes—not sometimes, I'd do that, like, decently often. But other than that, like, I didn't really have the luxury of thinking about, 'Oh, how can I go exercise right now,' because it was more like I have very little energy to do anything: I have to just kind of conserve it and survive, literally."</p>	<p>"I'd say it's improved dramatically just because I don't have to think about how I'm going to eat or what the weather's going to be and how it's going to affect my day and all that."</p> <p>"Back then, I used to be suicidal but not anymore."</p> <p>"Because I have ADHD and I have anxiety, so always moving helps me. And now that I'm just here, it's been very, very heavy for me, the burden of just having nowhere to go. Even though I—okay, and I'm trying to be grateful. Sometimes I forget to be grateful. I take it for granted."</p>
3. Mental wellbeing		
Positive	<p>"In the beginning, of course, being on the street and stuff, that does put you down and stuff. But I always tried to stay positive and just try to think I can get past this and I'm going to figure it out. That was just always my thought process on it."</p>	<p>"But now that I'm on my own, I can control whoever is here and I don't allow anybody who I don't really trust or anything like that in my house. So it's just easier to have some privacy. And plus, who wants to date somebody homeless? You don't get nowhere to shower, you kind of stink. So it just makes it better and my new apartment, it's a fella-getter, so—"</p> <p>"So now, it's like now that I'm more in a protective mind state, I'm standoffish. I don't talk to people. If I do talk to people, I respond like I don't know, aggressively, almost. My social skills I feel like have been thrown off. I'm more afraid of the world now than I was when I was in the world."</p>
Negative	<p>"I'm a very emotional person and I overthink everything. I take everything personal. And so for me to be able to keep that within myself and not express it, I would have to self-medicate so I could get my mind off it. You know, party, just stay on drugs, nightlife."</p>	
4. Social wellbeing		
Positive	<p>"I had like a little group of people that had been going through it for a while before me. And so, like, I kind of just joined their group and they showed me how to—like, they protected me and they kept me safe and all that. And like I felt safe and protected in their presence at least."</p>	
Negative	<p>"I would have like occasional like forays into the real world of talking to people that weren't in my situation and that was fun. But that was rare and I would feel bad for those people, so I tried to avoid the situation as often as possible. Like, I just wouldn't want to put them in that situation, be like, 'Oh, let's fucking hang out,' when I smelled like shit, looked like shit."</p>	

TABLE 3: Continued.

Domain	Prehousing	Posthousing
5. Nutrition		
Positive	<p>"Yeah, I had a diet plan when I was homeless. I had to go to [youth service agency]. Then, I had to go make money. Then, I would go eat again. Yeah. I really ate like two times a day when I was homeless."</p> <p>"I would steal from, like, Ralphs and Vons and I would just take what I could without being conspicuous. So I'd grab like a salad with meat in it and Wheat Thins and a big thing of Pop-Tarts and something to drink. So like really not good food, but also things that wouldn't be perishable, I don't know."</p> <p>"Dinner, I didn't always eat dinner. I guess it depended on the day or who I was around if they had food or if they had leftovers or if I had money. If I had drugs, I didn't eat because the drugs would take the hunger away, so that helped a lot."</p>	<p>"I have access to food, shelter, so I really don't feel like I'm trying to survive at all. Yeah, really different. I mean I eat better food now. That wasn't the case for a while, like, I was kind still eating shitty food for a little bit, but I recently got a better job and now I was able to afford to eat better now. So I still don't eat very much but when I do it's, like, quality food and that's important."</p> <p>"I have food stamps, but the baby eats a lot."</p>
Negative		
6. Law enforcement		
Positive	<p>"I didn't have no problems."</p> <p>"They kind of just chose to start a situation. Yeah, like, oh, what was that? What are you doing? Or let me check you out real quick. Like, but why? Why are you checking us out? We're literally just standing here. We're not doing anything to you. But they're like, no, like, you match a description. You this. You that. Like, since when? When did this happen? We've been here—we have witnesses we've been here for the past two hours"</p>	<p>"I try to stay clear. I try to make sure that—I try to maintain my distance if there's a situation which involves police, especially if they're trying to arrest somebody. Okay, if it's in my path and I need to go around that path, I would be like, okay, I'll gesture them I can go around and they'll gesture me go ahead, and then I'll go around."</p> <p>"What I really kind of worry about too is my daughter, as you see, she has a cry. And it can be nothing wrong with her and it goes into a scream. And I don't want, like, I've had cops knock on my door before because I guess someone heard her screaming—and then cops came and then I was looking like, why are cops here? And then my landlord wasn't okay with that because it could have turned into a bigger situation for no reason."</p>
Negative		
7. Income		
Positive	<p>And throughout the few months that I was attending [youth service agency], I guess, I should say, I started an internship at one point and that had allowed me to start having some decently stable income</p>	<p>"You know, just having a roof over my head and just a shower to stay clean and to stay presentable. And it just helps your confidence and to really get your mind—just to get your mind right. Yeah, just to be able to get all your thoughts together in your own place. Because when you're outside in the street, it's pretty hard sometimes to think rationally and to make the right decision."</p>
Negative	<p>My main sources of income before I had a kid was general relief and that's only, like, \$224 and \$100-some dollars in food stamps which isn't anything for someone to survive on, especially when you don't have four walls</p>	<p>"I want to go to work. I don't like sitting at home all day because of a pandemic. I have options to go back to Amazon and it's not like it was a bad job, it's just it's hard juggling two kids, finding day care and then having to let people know the exact time you're getting off."</p>
8. Personal pursuits		
Positive	<p>"I would go play basketball. When I was on the streets sometimes I have days when you just, like, "Let's go play basketball." I could skateboard, I'm a helluva skateboarder; I would skate a lot."</p>	<p>"I'm able to concentrate and be by myself and focus and be on my laptop and do what I got to do compared to if I was at a shelter or outside."</p> <p>"I'm actually... currently at this moment, I am working with the education... I'm working with education over at the center to obtain a GED and actually have only one test left to take."</p>

TABLE 3: Continued.

Domain	Prehousing	Posthousing
Negative	<p>“Yeah, I was looking into going to [COLLEGE NAME]. I wanted to go to school. I don't remember what happened, something with the caseworker happened. She started being really disrespectful and I just stopped talking to her. So I just kind of gave up the whole school thing with that because she was helping me a lot but then she just became really weird about it. I don't know what happened.”</p>	<p>“And even a lot of my friends tell me, you should go back to school, but that's the thing. I'm very clueless right now about what I want to do. . . . So, that's the thing, I'm not sure and that's why I wanted to maybe seek out a mentor or something. My therapist is a pretty good help, but I know she could only do so much compared to a mentor.”</p> <p>“I'm trying to get enrolled into school. It was hard because I was going through the enrollment process by myself. I was really confused. I never did it. I was trying to enroll into Trade Tech. Now I did, but then I think I had some trouble with my FAFSA and it was saying that my high school status or something wasn't the same on my FAFSA as my application. So I thought I changed it, but it's still saying it. So I've just been getting the rumaround.”</p>

Note. The before and after quotes are not from the same individuals.



TABLE 4: Quotes illustrating quality of life trajectory during the past year among those unstably housed (n = 11).

Domain	Beginning of the past year	Time of interview
1. Alcohol and other drug use		
Positive	No content	<p>“I don’t drink. I stopped completely. I don’t do it right now, I’ve been working.”</p> <p>“I’ve been cutting back a lot on weed. I haven’t smoked as much as I used to smoke.”</p> <p>“I just smoke weed every day. Yeah, all day.”</p> <p>“Look, I’m not even going to lie. I smoke as much as I can. Because it’s like I feel like my anxiety is bad.”</p>
Negative	<p>“Last August... I just woke up in the hospital. . . . I was drinking too much. Yeah, they had to pump my stomach.”</p>	<p>“I eat healthy and I go to the gym. Yogurts, probiotics, stuff like that.”</p> <p>“I mean, I work out now. I’m striving for myself, instead of just striving for drugs.”</p> <p>“Well, my chronic pain, my threat is the chronic pain of—the chronic pain in my leg had been happening because I exposed my leg open when I had got in the fight to protect myself</p> <p>I really need to go to the dentist and I’ve been needing to go to the gynecologist for a long time. And it’s not been—those services have been hard to get because of COVID.”</p>
2. Physical wellbeing	No content	<p>“I’m more accepting of life because one, at the end of the day I’m not going to sit here and pretend like there’s not probably 10 million people going through worse things than me. But it all comes down to, man, like, you only really live once and it’s like it don’t really matter your status. Tomorrow ain’t promised to nobody.”</p> <p>“Because being homeless or just being in any strenuous situation can be so straining mentally that you kind of lose sight of who you are as a person, or what you stand for, or what’s important to you. Even what your favorite color is can be lost when you’re so stressed out. So it was a lot of that. And I feel like I’m getting into a better side of that now.”</p>
3. Mental wellbeing	<p>“I ended up catching COVID going to the hospital.”</p> <p>“I got diagnosed with PTSD last year, and I also... I’ve always wanted to know if I was ADHD or bipolar or something. . . . So it’s something that I’ve always wanted to know exactly if there was something else going on with me.”</p>	<p>“I still get anxiety from sleeping outside and being around people that are not so approachable, but I don’t know. I don’t let fear control me. Same as the other place, you know, fear is everywhere. It’s really what runs this society is fear in my mind.”</p>
4. Social wellbeing	<p>“I was in and out of a mental institution at the time.”</p> <p>“Yeah, every night, me and my buddies we slept within a building of each other, you know? We were able to coincide with each other and be able to talk to each other a little. I feel like I made a deeper friendship with the homeless that were staying on [STREET NAME] with me than I would have been able to with somebody staying on the beach.”</p> <p>“Yeah, when he [dad] kicked me out of that, I just kind of... I think I went back to my friend because you know, I had a lot of pride. You don’t really want to be outside all the time, so I went back to my friend. But he did a lot of things that showed me he wasn’t my friend, so I’ve been distant from him.”</p> <p>“So my parents wouldn’t even send me a dime before when I was living out in [CITY NAME]. They figured I would just spend it on drugs. They sent me some cash here, you know? I called them.”</p>	<p>“I just help the community like I was able to when I was living in the facility to cook for the church—and I was living in church—to actually cook for the Church and everybody in there. Stuff like that, that helps me, you know, drive. I want to be more involved in the community, but it’s hard to be involved until you get housed.”</p> <p>“Unfortunately, all my friends are distant right now, like my real close friends. My best friend lives in [REGION NAME]. My brother—like my bro, my brother from another mother—he’s living in [STATE NAME] right now. And my other friend is in [COUNTRY NAME]. So those are like my only close friends. Everybody else, man, it’s just crazy.”</p> <p>“I’m killing my confidence, two years of not being with women because you’re too broke to even be with women. Even if you do get with a girl, where you going to take her back to the shelter?”</p>

TABLE 4: Continued.

Domain	Beginning of the past year	Time of interview
5. Nutrition		
Positive	No content	<i>"I honestly eat better now than I did at the place I was staying. Because I always relied on them to feed me, and they don't really have a high quality of food there. It's all processed. And it's federally funded, but they don't have a chef, or they don't have any type of way for you to cook for yourself every day. You can only cook for yourself on the weekends, and you'd have to sign up for that."</i>
Negative	<i>"I would sit outside a restaurant that I wanted to eat at and wait for half an hour until somebody bought me some food."</i>	<i>"I lost a lot of weight. It wouldn't even be voluntary, either, because the food is not really good food that they feed us."</i>
6. Law enforcement		
Positive	No comments	<i>"Oh no, I haven't had no interactions with police."</i>
Negative	<i>"It's been a few times when we were homeless—you know, being stressed out and stuff, we would get into an argument at a train station. Or one time I think we got in an argument outside of a subway. And the police are not the most understanding people. It seems like they're just so ready to detain. And it's not like we're arguing to the point of where we're pushing and fighting and showing. It's just an argument. I don't even understand why someone called the police."</i> <i>"I had been sitting in the lobby. I had been sitting in the lobby. Then, the police came. And when the police came in the room, they came with electrical wires. They came with their hands. So I laid straight down and they detained me. They detained me, they released me out of the building, they gave me my stuff back, and then, I told them, I was like, "I can hold my ground. I'm not inside the building anymore, sir." And they was like, "okay, you won't leave? You won't leave, then we're going to trespass you, and they detained me. And then I ended up having to sit for six months."</i>	<i>"And it's scary when you think about the things that happen with the police. Because they're supposed to be the people that you go to get help. And it seems like when you actually need the help, they're not available for us. But they're always there and available to detain us, or to hurt us, or to not listen to us, or to be afraid of us."</i>
7. Income		
Positive	<i>"I was working at a dispensary, at a smoke shop."</i> <i>"I was working for [Employer Name]. . . . I was living at the Church."</i>	<i>"I'm proud to say that I've locked down two jobs this year. Whew, dang, you brought me back to the moment. I remember it was like in the beginning of the year, I'm like how the hell am I going to make—man. Yeah, I...[Employer Name] was one. I started working there probably a few months ago and I'm working security now, so...you know, I'm chilling."</i>
Negative	<i>"And the job searching was—well, I put it on hold because I didn't know how it was going to affect my housing situation. And staying here—well, being homeless before and trying to maintain a job I know is really difficult. And not being really stable here, like any day you could get kicked out, so it's kind of like. . . I don't know, it would be very difficult to maintain a job."</i>	<i>"I've volunteered some places. But no, nothing where it's like a steady stream of work or pay."</i>
8. Personal pursuits		
Positive	<i>"I actually got a tablet last year, this time last year, from [ORGANIZATION NAME]. It was a program that they were working through. . . it's some program that they were working through that was giving people who do any type of art—like it's music or anything like that in the program, they would give them tablets. So I got a tablet and some headphones and a microphone, so that way I could work on my music."</i>	<i>"Well, currently, I'm trying to finish school but I'm doing it on a computer, online. The school gave me a computer for me to do it at home or whatever, so I'm trying to use that to finish that. But my teacher's been talking to me through the phone. She just calls me to let me know, whenever I have an assignment on the computer or something, I can go on there and finish it."</i>
Negative	No content	<i>"Reading more books. I've got a lot of time, so reading books, playing basketball, trying to go to the beach."</i> No content

Note. The before and after quotes are not from the same individuals. Unstably housed participants were asked: how has your physical/mental health changed over the last year? See Table 2 for more details.

hey'll leave bleach mops. And my bed is right next to the bathroom, so I have to smell the bleach mops." Others, however, experienced clean hotels and appreciated the convenience of their locations. Notably, in the context of unstable housing, convenience often meant proximity to storage options, as this participant explained: "I have a personal property storage bin which has a hammock. It has clothes. It has personal hygiene stuff if I really need it. But it's mainly just to have a peace of mind, someplace I can go to and get stuff from and not have to worry. But they do close Sunday, and they're not open 24 hours."

A dominant source of stress for those in temporary housing was compliance with property rules. More than half of those in stable units spoke favorably about residential rules covering pets, parking, noise levels, smoking, and visitors. However, approximately half of the unstably housed interviewees perceived rules to be strict and unfair: "Just some of them, like the curfew ones are not good. They're really restrictive. They say no guests or nothing like that. You can't even have plates here or forks. Everything's fucking plastic. . . . You can't cook at all. The only way you can cook is in a microwave. And you're only allowed to have two bags which is absurd, as well." Another participant felt that rules were applied inconsistently: "They tell you to stop smoking weed, but they got people up here doing heroin and crystal meth in their rooms. They leave syringes in the bathrooms."

**3.3. Quality of Life.** Table 3 compares dimensions of QOL before and after stable housing for stably housed participants ( $n = 19$ ) with before/after subthemes side by side. The table also presents each subtheme by valence: positive (i.e., expressed positive views of satisfaction with QOL aspect relative to housing stability) or negative (i.e., expressed negative views or dissatisfaction with QOL aspect relative to housing stability). Table 4 highlights trajectories across aspects of QOL during the previous year for unstably housed participants ( $n = 11$ ). The table presents perspectives at the beginning of the past year and approximately one year later, at the time of the interview. Below we highlight changes in QOL.

**3.3.1. Physical and Mental Wellbeing.** More than half ( $n = 14$ ) of those in stable housing described a general improvement in their physical health. Many ( $n = 11$ ) noted that food quality and intake improved through higher income (a combination of accessing government supports and maintaining steady employment), which was facilitated by being housed. Some ( $n = 7$ ) perceived that stable housing provided opportunities to improve nutritional quality by having space and amenities to cook: "I'm still a vegetarian, but now I've got a cabinet and I'm able to cook, I always cook my own food now." Hygiene emerged as an important dimension of physical health ( $n = 4$ ), with comments underscoring how stable housing meant permanent access to shower and laundry facilities: "I just take a shower and wash my clothes and be a regular person. It's a different life . . . it's just like night and day." Several ( $n = 4$ ) reported gaining too much weight since being housed, but this period also coincided

with the COVID-19 lockdowns; "I have food that doesn't go to waste, so I've gained like 50 pounds. Honestly, I was in better shape before just because I was out walking around." For more than half of unstably housed interviewees, physical health remained the same ( $n = 3$ ), i.e., a continuation of existing problems, or worsened ( $n = 3$ ) over the past year. Some were struggling to manage preexisting chronic conditions, whereas others noted unmanaged issues with dental problems and women's health.

More than half of those stably housed ( $n = 12$ ) also noted improvements in mental wellbeing which they attributed to being housed. Being entrusted with a housing unit was perceived to confer a sense of responsibility and enhance self-confidence: "I do have more often feelings of success and ambition, you know what I mean? Like, feeling like I have made it this far and I can keep going." Similarly, another participant noted: "I just feel good with the freedom and the ability to do what I want to. . . . And it just boosts your self-esteem. It boosts your confidence. On the days where I feel the lowest, I can just sit in my bed and just think about it." Among unstably housed interviewees, fewer than half ( $n = 2$ ) noted improvements in mental wellbeing, mostly due to therapy: "All of that has passed. I've been in therapy." For the rest, mental wellbeing remained the same (i.e., a continuation of existing problems;  $n = 3$ ) or it worsened ( $n = 3$ ) due to crisis events related to unmanaged preexisting issues with depression and anxiety and episodic violent encounters.

With regard to substance use, the impact of housing stability was less clear. When asked about substance use, most participants (15 stably housed and 10 unstably housed) mentioned cannabis and, to a more limited extent, alcohol ( $n = 9$  and  $n = 5$ , respectively). One quarter of stably housed participants ( $n = 5$ ) said they stopped smoking cannabis because stable housing increased their motivation to stay focused on job opportunities or caring for their family. For example, "Since I've been housed I stopped smoking, because I wanted a better job and they were drug testing." Several mentioned reduced cannabis smoking frequency, which they attributed to changes in social environment or reduced stress. For instance, one participant said: "I've tried to smoke weed, but I don't have money for it. It's diminished almost completely. I don't hang in the same circles. I don't have the same enablers around me. I don't have the means to provide my habit." However, for a couple of participants, cannabis use increased with income, as this participant explained: "Yeah, it's definitely more now that I actually—I have a—where I'm working with an actual good job." Finally, several noted that they used the same amount of cannabis as before. The same mixed landscape emerged regarding alcohol use, with two reporting no use, four noting that they only drank socially and occasionally, and one person describing drinking more due to their environment. One person who struggled with methamphetamine addiction emphasized that being in stable housing motivated them to focus on getting better: "It just makes me want to try and do better for myself. Now, I can do normal things like watch TV. I just have more positive things to do now. When I was homeless, it was an everyday thing. . . . Now I think about rehab a lot more." Among those still unhoused, the majority

noted no change to their alcohol and other drug use (AOD), and more than half reported smoking cannabis. Alcohol was not mentioned often, but one person recounted an instance of alcohol poisoning that resulted in hospitalization. Overall, for those unstably housed participants who noted improvements in physical, mental, and social wellbeing, these were perceived to be related to their access to daytime services (e.g., soup kitchens and drop-in centers).

**3.3.2. Social Wellbeing.** Thirteen stably housed participants said they had a romantic partner, and several noted that being stably housed facilitated being in a relationship because they had privacy and could take care of their appearance and their health. For instance, *“Once I was able to actually maintain my. . . you know, my look . . . that’s when I was like, okay, I can probably go meet somebody. And then, I ended up meeting her.”* For 6 participants, getting housed was an opportunity to rehabilitate relationships with their families. Being housed meant that they could prove to their families that they were able to take charge of their lives ( $n=2$ ), or they could have family over ( $n=2$ ), or they could support their families financially ( $n=1$ ).

For more than half of the participants, the transition to being stably housed co-occurred with important changes in their social network. Some unwanted changes in social life were forced by circumstances of moving away, i.e., housing placements did not account for location preferences ( $n=3$ ), whereas others ( $n=9$ ) were deliberate efforts to stay away from social situations that might endanger their housing stability, health, or safety (e.g., substance use, mental health triggers, or other negative behaviors). For instance, *“Now that I have a place to stay, it’s kind of like I got a little bit of standards. And so a lot of my friends that I had then, I don’t talk to no more because they’re still there at the same spot. . . . I want some friends that’s going to be able to move forward and not be stuck at the same spot for all them years.”* Finally, three participants reported becoming less social after their experiences on the streets. Their general wariness towards people was exacerbated by the pandemic and a concern for keeping physically distanced to avoid COVID-19. Among those unstably housed, four described preexisting tensions with their families, which deteriorated during the past year. For some, there was no notable change in social wellbeing over the past year, while three spoke about improvements due to starting a family or deliberate changes to their social networks: *“I have to distance myself in order to stay safe.”*

**3.3.3. Income and Personal Development.** Most participants perceived stable housing to be a significant facilitator of employment opportunities, offering a stable space to rest, maintain personal hygiene, focus on skill-building, and maintaining a car. For instance, one person explained that *“[Housing] helps a lot because I get to sleep and I ain’t got to worry about where I’m gonna sleep tonight or I didn’t get enough sleep or something.”* Most ( $n=16$ ) described employment experiences, including freelance creative work such as photography, music, driving for DoorDash or Uber, seasonal work, and food retail work; however, there was

instability due to COVID-19 and frequent job changes. A few ( $n=4$ ) said they were receiving unemployment and other benefits, and income increased for very few, with one interviewee admitting that *“this is my highest earned (sic) I’ve ever had. I mean my last job was only \$9 an hour, this one’s \$15 an hour. This is the first time I’ve actually had a job where they gonna pay me this much.”*

Opportunities for self-fulfillment also included personal development in art and education, with about half mentioning that being stably housed offered them the time and space to do so, for example: *“Because I’m able to concentrate and be by myself and focus and be on my laptop and do what I got to do compared to if I was at a shelter or outside.”* Several were pursuing enrollment in trade colleges but noted difficulties navigating the financial aid system or childcare support.

The majority of those unstably housed talked about struggling financially, with incomes consisting of a mix of public benefits, work in the informal economy, and low pay jobs (e.g., security, cook, and in-home care): *“I’m super poor. I live every day, dollar to dollar. I just don’t have anything and it’s really hard.”* Despite difficulties, many of them were able to pursue their hobbies, including artistic endeavors (music, graffiti, and dancing), and skill-building courses (e.g., digital design).

**3.3.4. Encounters with Law Enforcement.** Regarding encounters with law enforcement, perspectives were mixed relative to housing stability. A few had no problems with law enforcement before or after becoming housed, whereas a quarter had problems before but not after, noting that housing motivated them to keep to themselves and avoid the police. For others ( $n=4$ ), the fear of police encounters continued after becoming housed due to factors such as divorce, coercive control, and preexisting warrants, which can cause a significant amount of stress, as this quote illustrates: *“Because of all that pending stuff, I might have a warrant. If the day comes where I encounter a police officer and he wants to be a bully and look up my information, I could possibly get arrested. If I have my son with me, he could possibly get taken away from me, you know? Because it’s Child Services and the history I have with them.”* Among those unstably housed, encounters with law enforcement were mentioned more often. Five participants described episodes of arrest and imprisonment, while three said they had no problems with the police.

## 4. Discussion

This study examined perceived relationships between dimensions of housing stability and QOL among formerly unhoused emerging adults. It also examined perspectives on QOL trajectories among emerging adults still unstably housed at the time of the study. Findings highlight potential challenges and opportunities to improve housing stability and QOL for this age group.

Overall, stably housed interviewees felt significantly safer, more comfortable, and more autonomous than

respondents who were not stably housed at the time of interview. Many stably housed participants also reported improvements in their overall physical and mental wellbeing, which they attributed to being independently housed versus being homeless, consistent with other research [59, 60]. Many reported perceived improvements in nutrition, explained in part by the ability to store and cook food in their own house. In addition, safety, comfort, and autonomy were perceived to contribute to physical, mental, and social wellbeing, with the stably housed participants reporting better overall functioning than the unstable group. Conversely, among those unstably housed, negative experiences due to a combination of preexisting and unmanaged health problems and the locations where they slept (e.g., elevated safety risks and fraught social environments) resulted in perceived negative effects on their physical and mental wellbeing. For those unstably housed participants who noted improvements in physical, mental, and social wellbeing, these were perceived to be related to their access to daytime services (e.g., soup kitchens and drop-in centers). Service experience and its relationship to housing stability in this sample are discussed at length in a separate forthcoming manuscript.

Mixed results emerged across several dimensions of housing stability and QOL. First, results showed a broad range of perceptions about the effects of housing stability on AOD use. When asked about substance use, participants spoke mostly about cannabis. Among those stably housed, AOD use decreased for some such that they did not need to use as much now that they were housed, but AOD increased for others, as they had more resources to spend on substances. For most, stable housing was not perceived to relate to their AOD use. Although beyond the scope of this study, it is possible that this is at least partly due to different motivations for using substances [61]; for example, those who used substances for coping, social, or conformity reasons may find less need to use after becoming stably housed because they experienced better mental wellbeing and less exposure to others who were using, whereas those who used substances for mood enhancement may have used more after becoming stably housed because they now had more resources to purchase it. Conversely, those who became stably housed may have continued to experience social, emotional, or financial stressors that led them to continue with their coping strategies. Second, results were also mixed in terms of encounters with law enforcement, which decreased for some in stable housing who were now motivated to avoid the police but continued for others due to preexisting and ongoing domestic problems.

Finally, results showed a broad range of perceptions around social wellbeing. Themes focused around how unstable housing was perceived to relate to tensions in one's social life, which confirms findings elsewhere that early-life homelessness disrupts the typical pathways for socialization [62]. The picture was more complex among stably housed interviewees. For a few, undesirable changes to their social life were perceived to have been caused by housing placements that had not accounted for their location preferences. Likewise, other studies have shown that participants

reported reduction in positive socializing as a result of rehousing someone away from their social network [63]. For others, changes were welcome and deliberate, in an effort to alleviate perceived threats from the social environment towards housing stability, health, and safety. Similar findings are noted in the literature on adults experiencing homelessness, where prior work identified that a small portion of one's social network was retained after transitioning to permanent supportive housing [64].

Overall, findings highlight three important implications for housing policy for this age group. First, evidence of the complex association between housing stability and perceived health outcomes suggests that housing programs for emerging adults should track QOL outcomes and use these scores to better understand how each participant is coping throughout the program [65–67]. For example, clients reporting low mental wellbeing could trigger an intervention protocol that includes revised needs assessments. Collecting and monitoring patient-reported outcomes or metrics of client experience with care, such as the long-standing efforts of the Consumer Assessment of Healthcare Provider and Systems®, is seen as best practice in many health systems [68]. Second, the many dimensions of housing quality and stability we found across the participants emphasize the need to broaden the number of and coordination among agencies that provide client-centric housing services for emerging adults by including other agencies such as those responsible for code enforcement, public health, social services, housing inspections, property development, urban planning, and others [41, 47]. Broader and more meaningful stakeholder engagement in housing development and program planning could help prioritize client access to high-quality housing that considers the complex needs of vulnerable emerging adults. Third, the effects of housing on substance use were mixed among participants—consistent with the weak results that have been reported for the effects of Housing First programs on substance use among older adults [69]. This suggests that continuing case management specifically around substance use may be needed during and after the transition to housing—perhaps especially among emerging adults, the age group with the highest rates of alcohol and drug use [70].

## 5. Limitations

Several limitations should be noted. First, this was a qualitative study designed to elicit narrative information that could later be used to inform theories and hypotheses for further testing. Although the sample size was relatively small, the team-based reliable systematic analysis ensured rigorous coding and management of any potential prior biases regarding this content area. Second, generalizability of findings is reduced by the local focus of sampling (i.e., LA County), so perspectives may not be representative of experiences in other urban areas in the U.S. Although nine participants were living outside of LA County at the time of interview, their narratives were predominantly based on their experiences within LA County. Third, the sample may have suffered from self-

selection bias because those who agreed to participate may be different from those that did not participate.

## 6. Conclusion

Findings show a close pattern of perceived relationships between housing stability, quality, built and social environments, and QOL among emerging adults who experienced or continue to experience homelessness. Narratives suggest that stable housing was perceived to contribute to improved QOL with respect to physical, mental, and social wellbeing, attributable (in part) to safety, autonomy, and comfort. Conversely, for those unstably housed, their existing environments were a source of numerous stressors, including health and relational difficulties. Taken together, results indicate several areas of challenge but also highlight opportunities to facilitate improvements in QOL among vulnerable emerging adults who experience homelessness.

## Data Availability

The data used to support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## Additional Points

*What Is Known about This Topic.* (i) Homelessness among emerging adults has been increasing. (ii) Emerging adults are vulnerable to developing unhealthy or risky behaviors during periods of homelessness. (iii) Housing stability can help mitigate ill health and risky behaviors. *What This Paper Adds.* (i) Stable housing was perceived to contribute to improved quality of life with respect to physical, mental, and social wellbeing, attributable (in part) to safety, autonomy, and comfort. (ii) Lack of stable housing was perceived to relate to numerous stressors, including health and relational difficulties. (iii) Opportunities to facilitate improvements in quality of life among vulnerable emerging adults who experience homelessness include expanding access to housing and improving quality of housing.

## Conflicts of Interest

The authors declare that they have no conflicts of interest.

## Authors' Contributions

Dr. Palimaru designed the study; conducted the literature review; led the development of the interview protocol; advised on data collection; analyzed and interpreted the data; drafted the article; revised the article critically for important intellectual content; and was involved in final approval. Ms. McDonald assisted in data collection; assisted with data analysis; and was involved in final approval. Mr. Garvey assisted in data collection; provided input and critical revisions to this article for important intellectual content; and

was involved in final approval. Dr. D'Amico and Dr. Tucker conceptualized and designed the study; provided input and critical revisions throughout the study (interview protocols, recruitment approach, and codebook development) and to this article for important intellectual content; and was involved in final approval.

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## Supplementary Materials

Supplemental Material shows in detail the two interview protocols used in the qualitative data collection, for participants in stable and unstable housing, respectively. (*Supplementary Materials*)

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