

# ACTION4HEALTH

## COMMUNITY REPORT

### FINDINGS ON YOUTH HOMELESSNESS, HEALTH, AND STIGMA

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# ACKNOWLEDGEMENTS

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## **Cover: Photo of Downtown and Library: *Views from Below/Levels***

Taken in downtown San Diego

09/23/2018

**Description:** This photo was taken from the dilapidated streets in downtown San Diego, looking up at the adjacent luxury high rise apartment buildings.

**Analysis:** This photo highlights the inequities between social class in San Diego. It demonstrates and reinforces boundaries between the housed/unhoused, rich/poor.

**“This library cost millions of dollars and many who utilize the space don't have access to housing. Where are our priorities financially?”**

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# INTRODUCTION

The purpose of this report is to share findings from the Action4Health Project, a collaborative effort starting in July 2018 between community members, research faculty, and students across San Diego County. The original purpose of the Action4Health Project was to examine the public health response to the 2016-2018 Hepatitis A (Hep A) emergency from the perspective of transitional-aged youth (TAY) aged 18-24 experiencing homelessness.

## **The 2016-2018 San Diego Hep A Emergency**

- In September 2017, San Diego County declared a local health emergency in response to a Hep A outbreak, a crisis that was largely attributed to the growing population of people experiencing homelessness across the county.
- There were 20 Hep A related deaths from September 2017 to September 2018.
- 13 of those deaths (65%) were people experiencing homelessness.
- The public health response included pop-up vaccination clinics, street sanitation, public handwashing stations, distribution of sanitation kits, and construction of tent cities.



Photo sources:  
<https://www.airforcemedicine.af.mil/News/Display/Article/426407/immunizations-or-vaccinations-whats-the-story/>  
<https://www.flickr.com/photos/44073224@N04/44200927014>

Much of the public health and media response did not include the voices of people experiencing homelessness, yet they received the bulk of the blame for the 2016-2018 Hep A emergency (see Historical Analysis, page 6). To address this problem, we used a Community-Based Participatory Research (CBPR) approach, which involved collaborating with groups directly impacted by homelessness to conduct the work. Rooted in this approach, the project identified the following guiding question:

**How has the public health response to the Hep A outbreak perpetuated the **stigma** of homelessness?**

Through the collaborative process, the project expanded beyond a focus on the public health response to Hep A to also explore the following questions:

- How do the **physical, social, and logistical constraints** of homelessness impact the health of TAY?
  - We focused on TAY experiencing homelessness for several reasons, including the clear lack of TAY-specific services, and the critical need to **prevent homelessness** earlier in life before individuals enter a **chronic cycle of housing and resource instability**.
- How can public health and social service systems cultivate resources for **growth, not just maintenance**?
  - In other words, what actions can be taken to ensure that individuals experiencing homelessness have the opportunity to **thrive rather than simply survive**?

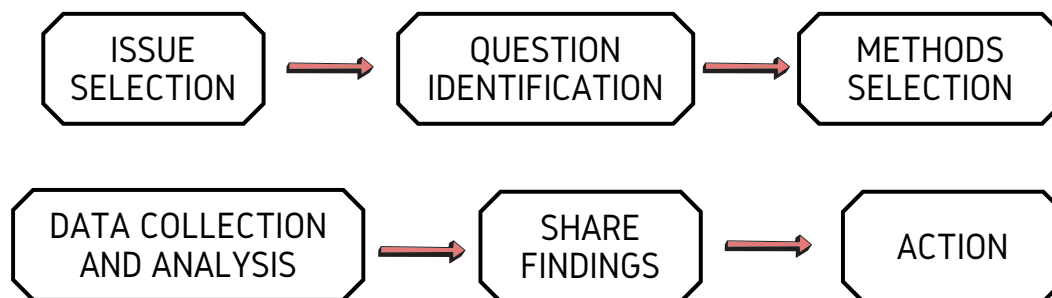
To examine these questions, we used various qualitative methods and presented the findings at a May 2019 community forum to a diverse audience of community members, policymakers, public health practitioners, and service providers. The forum allowed us to gather feedback and develop recommendations for next steps. **This report describes the methods used in the project, the key findings, and recommendations for future directions.**

# COMMUNITY-BASED PARTICIPATORY RESEARCH

**Community-Based Participatory Research (CBPR)** is an approach to research which prioritizes equitable participation between community members and academic researchers to study and take action to address an issue of local importance (Israel, Schulz, Parker, & Becker, 1998). Unlike more traditional research approaches, which may only include community members as research participants or ask community members for feedback at the end of a study, CBPR requires that community members are partners who are involved in all aspects of the research process. CBPR studies can use many types of research methods (e.g., surveys, focus groups, interviews). We elected to use a CBPR method known as **photovoice** to collect and analyze data.

## OUR CBPR APPROACH

Our research team consisted of two community research co-leads who, at the start of the project, were transitional aged youth (TAY) accessing resources through a local youth housing program, two academic research co-leads (research faculty), and six students from San Diego State University (SDSU). The community research co-leads provided written consent to participate in the study as research partners and received \$30-\$40 stipends for each 1.5-3 hour session attended. From August 2018 to May 2019, we collaboratively developed and carried out our photovoice study, working together to make decisions about each step of the CBPR process (see Our Process on pages 4-5 for more details).



Flow Chart of our CBPR Process

# OUR PROCESS

## Issue Selection

- Identified gaps in media coverage of Hep A outbreak and the need to address TAY's experiences with housing and Hep A outbreak
  - Found a lack of diverse narratives from people experiencing homelessness
- Met with service providers at local community-based youth housing program (Urban Street Angels) to discuss issue and study idea. Service providers validated need for study
  - Findings encouraged us to focus on the connection between homelessness, Hep A, and health

## Question Identification

- Formed Action4Health collaborative study team
  - Academic partners -- Research faculty and students from SDSU
  - Community partners -- TAY with a history of housing instability
- Identified key research questions:
  - How has the public health response to the Hep A outbreak perpetuated the stigma of homelessness?
  - How do the physical, social, and logistical constraints of homelessness impact TAY?
  - How can we cultivate resources for growth instead of maintenance?

## Methods Selection

- Decided to use photovoice methodology to answer our research questions
- Identified neighborhoods/places across San Diego to take photos
- Identified photo prompts, for example:
  - Where do people experiencing homelessness:
    - Meet hygiene needs?
    - Feel safe?
    - Spend time with friends?
    - Charge their phones?
    - Get food?

## Data Collection and Analysis

- Went on group “photo outings” to take pictures of the built and social environment
  - Discussed what we each observed as a group during these outings
  - Focused on taking photos of the environment, rather than on people
  - Analyzed photos using the SHOWeD method (see Methods on page 6 for more details)
- Presented selection of photos to a group of TAY accessing youth services to discuss photo meanings using SHOWED method (see Methods on page 6 for more details)
- Conducted stakeholder interviews (see Methods on page 6 for details) to seek feedback on findings and understand existing programs for individuals experiencing homelessness
- Validated emergent findings with two groups of young people currently or formerly experiencing homelessness (see Methods on page 6 for details)
  - Based on feedback, gathered additional photos and conducted additional interviews
- Identified final themes based on thematic analysis of our multiple data sources

## Share Findings

- Presented preliminary findings at the 5th Annual Social Justice and Education Conference at San Diego City College (April 2019)
- Presented findings at the Action4Health Forum (May 2019)
- Shared study highlights in an article in The San Diego Union-Tribune newspaper (June 9, 2019)
- Invited to present findings, with a focus on our research process, at the American Public Health Association Annual Meeting (November 2019)

## Action

- Participated in multiple local activities to address homelessness and stigma
  - E.g., Action4Health team members attended meetings and supported speakers challenging a new vehicle habitation ordinance (April 2019)
- Met with multiple community-based organizations addressing homelessness to share findings and ask how we can support their work



# METHODS

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We used diverse, qualitative methods to answer our research questions and highlight the ways in which the social and built environment shape health and resource accessibility for TAY experiencing homelessness. Below we describe the methods we used in the approximate order in which we began utilizing them in our study.

## HISTORICAL ANALYSIS

We reviewed media coverage of issues related to Hep A and homelessness in San Diego County dating back to May 24, 2017. Our analysis included 30 press articles and helped us gather information on the origins of the Hep A outbreak, response to the outbreak, homelessness, and stigma. This method allowed us to better understand the dominant narrative in the media regarding the Hep A outbreak and its connections to homelessness. Additionally, this method provided us an opportunity to compare the overall findings of our study with the dominant narrative.

## MAPPING

We mapped community-based, city, and county resources available to TAY, including emergency and long-term shelter, food, showers, and spaces to access social support. Additionally, we identified and mapped various public health intervention resources related to the Hep A outbreak, including vaccination clinics, street power washing, handwashing stations, and restrooms. This method allowed us to examine how resources are geographically distributed across San Diego.

# PHOTOVOICE

**Photovoice** is a data collection method where community members collaborate with academic researchers to document their social and physical environment through the use of photography. The photographs are used to generate group discussion or written reflection on the photos and their meanings (Catalani & Minkler, 2010). Photovoice can be used to highlight everyday factors that may uniquely influence specific communities of people, such as those experiencing homelessness. The overall goal of photovoice is to inspire community-based action to address health and social inequities.

In preparation for collecting photovoice data, our team engaged in an ethics training (facilitated by two SDSU research faculty) to ensure that community members' privacy was protected while taking photos. We then went on group "photo outings" in which members of the Action4Health team took photos in various locations around San Diego with a goal of documenting the physical and social environment of people experiencing homelessness (particularly TAY). As a team, we took photos in a number of areas across San Diego, including **Ocean Beach, Imperial Beach, Downtown** and **East Village**, and Urban Street Angel's Tuesday night shelter at Missiongathering Church in **North Park**. For each outing, team members worked together to identify and capture photos on our phones and then shared the photos with each other.

## SHOWED ANALYSIS

To analyze photovoice data, the team engaged in multiple discussions using the "**SHOWeD**" analysis method (Catalani & Minkler, 2010), with the goal of reflecting on each of our own experiences and understanding of homelessness and health. After collecting photographs, the team collectively selected pictures from each outing. For each selected photo, team members independently responded to the following questions through written narratives: "What do you **See** here?"; "What's really **H**appening here?"; "How does this relate to **O**ur lives?"; "**W**hy does this problem, concern, or strength **E**xist?"; and "What can we **D**o about it?"

## SHOWED ANALYSIS (CONTINUED)

After our team members independently responded to the questions, we engaged in group discussions where we shared our written narratives with each other, identifying instances where our views and ideas were similar and when they were different.

## STAKEHOLDER INTERVIEWS

We conducted **interviews** with eight stakeholders from various organizations, including community-based, city, and county organizations, as well as organizations with missions relevant to Hep A and/or homelessness (e.g., youth housing programs). Through these interviews, we received feedback on the emerging findings and learned more about Hep A and homelessness prevention efforts across San Diego.

## MEMBER CHECKING

**Member checking** is a technique used by researchers at various stages of the research process to gain community insight on the accuracy of research findings (e.g., “Did we get this right?”; “Does what we found resonate with you/your experience?”). Member checking is a crucial step to ensure credibility and trustworthiness in CBPR, allowing people experiencing the issues under investigation to volunteer additional information, correct errors, and challenge researchers’ interpretations.

We identified two specific groups of TAY with whom to member check the findings, each with unique identities and experiences related to health and homelessness. The first group included members of a youth advisory board addressing youth homelessness. The second group involved TAY accessing LGBTQ-specific housing resources. In addition to providing further insight on the findings, member checking helped us identify additional locations to take photos, and provided us with more ideas about how to take action on the issues uncovered through our research.



# RESULTS

In the following section, we review the five key themes emerging from our data collection and analysis.

## THEME #1: STIGMA

We found that stigma plays an important role in shaping the day-to-day of TAY and adults experiencing homelessness. Stigma can be defined as the severe social disapproval of an attribute, behavior, or characteristic, and can cause an individual or a group of people to be judged, rejected and/or isolated, or stereotyped harshly (Phelan, Link, & Dovidio, 2008). The theme of stigma frequently co-occurred with other themes in the data. For example, people experiencing homelessness were treated more as transmitters of disease (specifically, Hep A) rather than as people with complex lives, experiences, and needs beyond those related to Hep A. In addition, policies (as depicted in signage) seemed to criminalize people experiencing homelessness for merely existing in public spaces (e.g., loitering), or using descriptors that perpetuate an “us” versus “them” dynamic.

### Make Change Count Donation Sign, Downtown San Diego, April 26, 2019



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** A donation site aimed at collecting change to prevent panhandling -- a means to “end homelessness” in Downtown San Diego.

**Analysis:** Our reaction to the sign is that it feels like a tactic to criminalize the homeless for asking for money. Is this the solution to addressing homelessness and “panhandling” in downtown? Where does the money go? Who controls it?

**“This sign continues to dehumanize the homeless. It stigmatizes anyone trying to find a place to sit/get money.”**

## Locked Recycling Bins, Downtown San Diego, August 8, 2018



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** Two bins -- an unlocked garbage bin and a locked recycling bin.

**Analysis:** We took this photo because it suggested to us that anyone can have access to garbage but that people who might make money of the recycling need to stay out. This was a symbol of stigmatizing those who may need access to things they can sell to survive.

**“This is symbolic of who should be protected and how a community can be clean, by not promoting helping those who are poor and/or homeless.”**

Analyses revealed that stigma intersects with various individual identities, such as race/ethnicity, sexual orientation, and gender, and making it harder to survive and thrive. For example, during one of our member check sessions, one TAY explained to us that, as a transwoman, she knew that she would be propositioned for sex while walking the streets at night. In her experience, if she did not have a safe place to sleep, she would likely encounter even more danger by virtue of being a transwoman out on the street alone.

We also learned that people experiencing homelessness face stigma from service providers and programs, which is often related to the criteria for accessing services. For instance, some programs require young people to have a documented “severe mental illness” (SMI) to access a program’s housing resources. This means that a young person might need to lie about their mental health status to access programs (saying they have an SMI when they do not) or that they must divulge personal information about their mental health -- perhaps to someone they do not know or trust -- to access a program. This can put young people in a vulnerable and heavily stigmatized situation and suggests that simply being homeless is not enough to be eligible to access services.

Finally, some young people explained TAY of color experience more stigma and less support from service providers within youth programs.

## THEME #2: HEPATITIS A AND HEALTH

The data we collected strongly suggests that the Hep A outbreak was likely a symptom of larger issues -- insufficient services and resources (including housing) for those experiencing homelessness. One of the most important examples comes from our documentation of the lack of public restrooms and the state of public restrooms (e.g., unclean, little or no soap) in heavily-populated areas, such as in the East Village and in Ocean Beach.

Additionally, recent reporting by KPBS finds that access to public restrooms is severely limited and inadequate in San Diego, and there are often long lines to use them (Murphy, 2019).

### Public Restroom with Bathroom Stall, Ocean Beach, August 28, 2018



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** Women's public bathroom at the beach in Ocean Beach.

**Analysis:** Unsanitary and neglected restroom conditions that the general public (including those experiencing homelessness) have access to at this location.

**“Being clean, it doesn't sound like a basic human right, but I feel like it is. You know what I mean? Being able to be sanitary and clean...”**

**“That place should've been clean. At least, inside should be clean for everybody to go to a clean spot instead of the dirtiness they always know.”**

The county addressed the issue of inadequate restroom access -- which was tied to the Hep A outbreak -- by power washing streets and placing mobile handwashing stations and restrooms in certain areas, including the East Village and Ocean Beach. During our photo-outings in these areas, we found that some resources were no longer in place (even during and shortly after the outbreak). For example, several handwashing stations we observed were out of soap, water, or both. In October 2017, San Diego County contracted with a Los Angeles-based company to power wash sidewalks for \$250,000, but by spring of 2018, the contract was amended and a total of \$1.6 million was spent on power washing services (McDonald, 2018). Some TAY we spoke with questioned why resources were being spent on power washing streets -- a short-term solution -- rather than on providing adequate public restrooms and places to sleep.

### Handwashing Station, Downtown San Diego, September 23, 2018



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** Handwashing station in Downtown San Diego, empty soap dispenser.  
**Analysis:** Some handwashing stations are being used for washing the face, body, laundry-- for more than its specific purpose of handwashing. Additionally, the use of handwashing stations for more than just washing hands indicates resilience--utilizing something built for one purpose to meet multiple needs. Ultimately, however, this picture indicates to us that there is a need that goes beyond handwashing or hand sanitizer.

**“It’s not helping. It’s just a band-aid on something that no one really wants to see or acknowledge.”**

Other TAY perceived the power washing as taking place only in locations where those who are securely housed regularly access, such as near public transit, businesses, or popular tourist destinations. They explained that this made them feel as though the county was only concerned with protecting those who are stably housed from the outbreak. Additionally, some TAY explained that when foot teams offered them the Hep A vaccine, they did not also offer items to meet basic survival needs, such as food or blankets, despite approaching them during the winter.



One TAY explained that if the teams had offered a blanket to him before offering the vaccine, he may have been more willing to accept the vaccine. Because he was not offered a blanket or any other critical resources, he did not feel that the foot teams truly had his well-being in mind and he did not want to take the vaccine simply because a stranger told him to do so. Overall, the data suggest that the county's approach to the outbreak was likely insufficient to address the root causes of the Hep A outbreak. Further, the approach did little to improve the everyday lives of TAY and adults experiencing homelessness or prevent similar outbreaks from occurring among priority populations in the future.

### **Power Washing the MTS Station, 12th & Imperial, September 23, 2018**

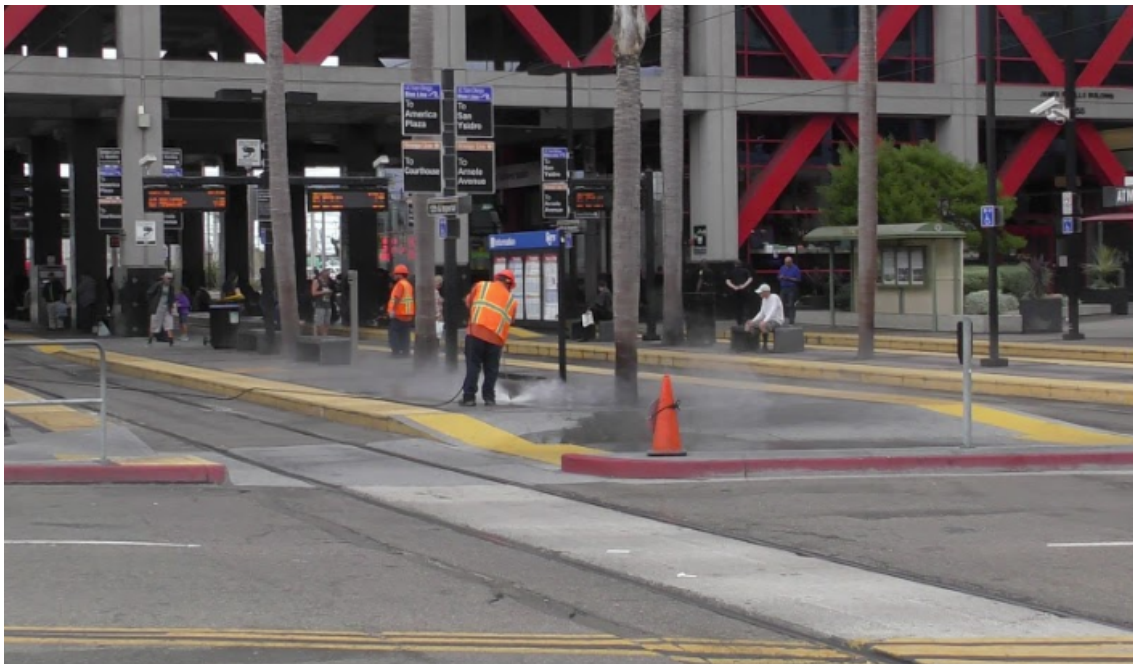


Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** Someone power washing the sidewalk within the station.

**Analysis:** Power washing used by the County to address the Hep A outbreak. Many criticized this as “too little, too late” and inadequate to address the issue. Power washing seemed to be a performative gesture, rather than being focused on long term solutions at the structural level. Additionally, this action forced those living on the street to continually uproot where they were staying according to the power washing schedule.

**“The County power washed the areas where ‘regular’ [housed] people go to keep those areas clean for them.”**

# THEME #3: RESOURCES CONTAIN AND CONSTRAIN

The findings revealed a strong demand for better coordination between resources, the need for more resources across the county, and improved access to available resources. We learned that TAY and adults experiencing homelessness are often contained and constrained by available resources. This containment and constraint happens **physically, logistically, and socially**.

**Physically:** Those experiencing homelessness may be contained and confined within small geographic areas where services are clustered, such as in San Diego's downtown (as depicted in the map below).

**Downtown Services Cluster. Action4Health Team, 2018**



This clustering of resources in a small geographic area may limit choices and opportunities for TAY and adults experiencing homelessness. For example, TAY that we spoke to explained that someone who cannot afford a bus/train ticket may be forced to stay near needed services in the downtown area, limiting opportunities to travel to other parts of the city. The physical containment of those experiencing homelessness is further exemplified by the physical barriers of the built environment, which seem to shield the public from those experiencing homelessness (see photo of wall on page 16).

**Wall Separating Street View from Courtyard of Father Joe's Villages,  
Downtown San Diego, September 23, 2019**



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Logistically:** TAY and adults experiencing homelessness may be contained and confined by unpredictable service schedules, long wait times to access resources, and conflicts between multiple services' operating hours. We found that the times when resources are available often result in people spending their entire day trying to get the most basic needs met. These include access to food, showers, power to charge phones and other devices, and the Internet (see photos on next page).

TAY we spoke with explained that because they devote the bulk of their time to accessing available resources, they have little time or energy left to pursue longer term goals, such as applying for jobs or seeking long-term housing. Some TAY even explained that they were being forced to choose between getting basic needs met through available resources or working to secure employment and housing, as doing both in one day was rarely possible. The time- and energy-intensive nature of accessing resources -- even when the services may be located in a relatively small geographic area -- make it increasingly difficult for TAY to move beyond dependence on community-based resources.

## Orange Badge Privileges Sheet and Schedule for Father Joe's Villages, September 23, 2018

### Father Joe's Villages

**Orange Badge Privileges**  
\*general services available for free to anyone with an orange Father Joe's ID badge, available at the Front Desk.

St. Vincent de Paul Village PMC Building

**Lunch**  
Mon - Sat 11:30am to 12:30pm, Sun 9:30am - 11am

**Showers**  
Mon - Fri 8:30am to 10:30am, 12:30 to 2:30pm.  
Weekends 8:30 to 10:30am Traveler's Aid  
Mon & Tues 8am to 3pm (closed lunch). ext. 1157

**Village Health Clinic**  
Walk-ins Mon - Fri 8:30am & 12:30pm. ext. 1421

**Career & Education Center (2nd floor PMC)**  
Mon - Fri 8:00am to 4:15pm (closed lunch) ext. 1677

**VI-SPDAT (Required for housing assistance)**  
offered Mon-Fri @ 8AM

*San Diego Day Center  
(Neil Good Day Center)  
299 17th St. San Diego, CA 92101*

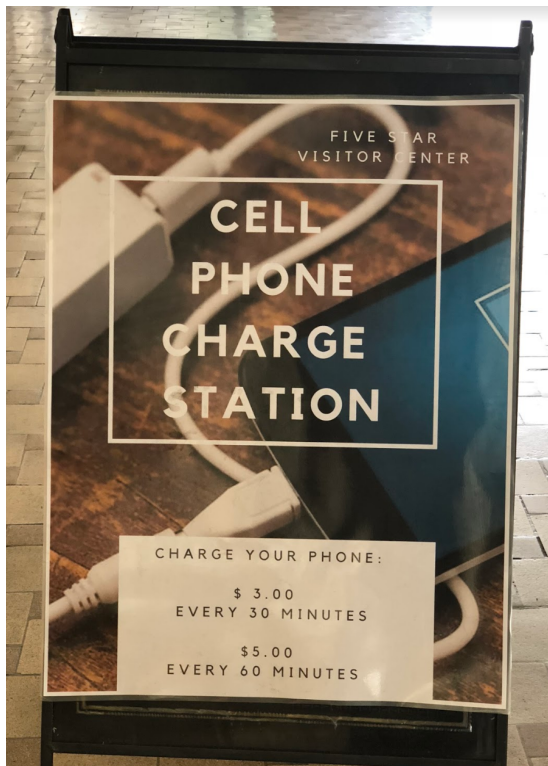
*OPEN: Mon-Fri Sat/Sun  
6am-4:30pm 6am-2:30pm  
(619) 230-7390*

<p><b>Laundry</b> Mon - Fri Signup 7:45am Sat/Sun signup 6:30am</p> <p><b>Storage</b> Mon - Fri 8:30am - 3:30pm Sat/Sun 7:30am - 1:30pm</p> <p><b>Friend to Friend</b> SSI Advocacy Wed 1:30pm to 3:30pm</p> <p><b>VA Outreach</b> Fri 9am to 12pm</p>	<p><b>Mail</b> Mon - Fri 9am - 3:15pm Sat/Sun 7:30am - 1:15pm</p> <p><b>VVSD</b> Mon-Fri reps arrive 10am</p> <p><b>Triple Cross</b> CA ID voucher Tues &amp; Thurs signup at 7:30am</p> <p><b>Legal Aid Society</b> Tues &amp; Thurs 1pm- 3pm</p>
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*10 AM Sign-ups*

Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

## Cell Phone Charge Station, Amtrak Station, Downtown San Diego, August 28, 2018



**Description:** A sign advertising cell phone charging: \$3.00 for 30 minutes, \$5 for 1 hour.

**Analysis:** This is a clear example of how important it is to have your phone charged. Cell phones provide access to basic needs, especially for youth experiencing homelessness who may need to use their phones to locate resources, connect with others, or even just to access entertainment. Phones are so essential to folks' daily lives that the value of charging can be exploited.

**"That's one thing about like being outside -- it's so hard to find a place to charge your phone especially at night when the libraries are closed. I mean even if you go into like a McDonalds nowadays, you can't.... you go anywhere in like this city there's nowhere to charge your phone."**

Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Socially:** TAY and adults experiencing homelessness may be contained and confined by resources which help them to survive rather than thrive. Specifically, while available resources may help those experiencing homelessness meet basic needs, such as providing access to food, showers, and a place to sleep, few provide resources to help TAY achieve economic and social mobility. TAY we spoke with expressed a desire for more support and assistance to achieve their individual educational and employment goals, including help finding jobs based on their interests and skills.

## THEME #4: CRIMINALIZATION AND OVERPOLICING

The findings highlight the criminalization and overpolicing of TAY and adults experiencing homelessness. During our photo outings, we observed police cars heavily patrolling areas with high concentrations of people experiencing homelessness (such as in the “downtown services cluster”). TAY that we spoke to described receiving constant attention from law enforcement simply because they were unhoused. Some TAY also explained that young people of color experiencing homelessness are even more heavily criminalized and policed than their white peers.

During our photo-outings, we observed multiple public signs using language which further criminalized those experiencing homelessness for merely existing in certain spaces. Related to recent public policies prohibiting individuals from sleeping in vehicles overnight on public streets (Hoffman, 2019), we documented countless signs forbidding “loitering” in various public spaces, leaving those experiencing homelessness with few opportunities to actually sit or lay down and relax for fear of being ticketed or arrested for breaking the law.

## No Illegal Lodging Sign, Civic Center Plaza, Downtown San Diego, April 17, 2019

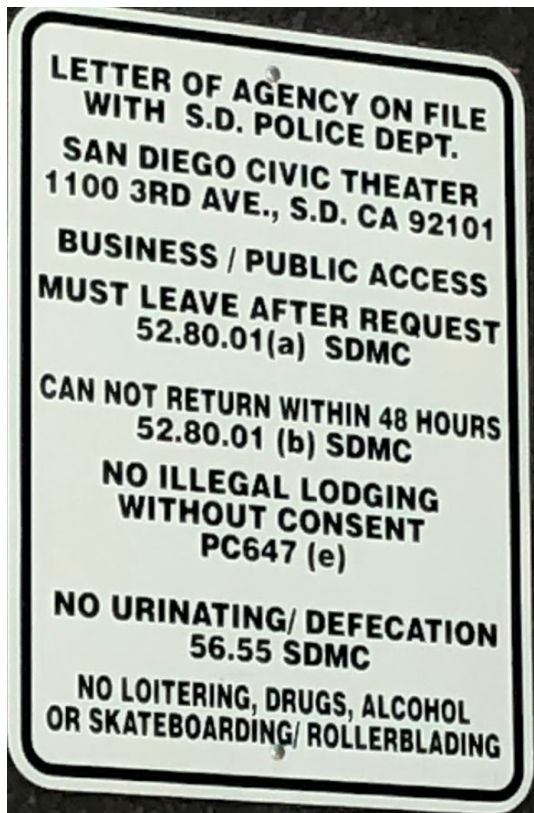


Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** A sign with several ordinances related to loitering and restroom access.

**Analysis:** This photo shows an image of a sign listing several ordinances that prohibit loitering, illegal lodging, public urination/defecation, and bike and skateboard usage. It illustrates the theme of heightened policing for those experiencing homelessness -- they are constantly facing stigma by way of legislation that limits their autonomy and ability to exist peacefully in certain areas.

Further, many of the signs we observed seemed to create an “us” versus “them” dynamic, with some signs suggesting that those experiencing homelessness are unsafe or unclean. This in turn contributes to a broader narrative which stigmatizes those experiencing homelessness as “others” who are not a part of “our community.” One TAY reflected that the 7/11 sign asking that customers “say ‘no’ to panhandlers” is similar to signs at the beach asking that beach-goers “do not feed the birds.” We learned through conversations with individuals working as security for local businesses that having to ask those experiencing homelessness to move away from the front of businesses (particularly in downtown) may be a task they are forced to do, rather than one they feel is appropriate. This suggests that some security workers may not wish to engage in overpolicing of those experiencing homelessness, but may be required to do so in order to keep their jobs.

While the San Diego City Police have partnered with psychiatric and mental health clinicians to meet the specific needs of individuals experiencing homelessness through programs such as the Homeless Outreach Team (HOT), Psychiatric Emergency Response Team (PERT), and the Serial Inebriate Program (SIP), these partnerships reach only about 700 individuals each year (City of San Diego, 2019). Despite observing a nearly ubiquitous police presence during our photo-outings, we never saw HOT-marked vehicles or individuals clearly identifiable as members of the HOT, even near the “Downtown Services Cluster.” Additionally, neither the TAY we spoke with, nor members of our study team had any personal experiences with HOT.

**7/11 Sign,  
Hillcrest, April 7, 2019**



**Don't Feed the Birds Sign,  
Imperial Beach, May 1, 2019**



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** Sign posted outside of the 7/11 on University Avenue in Hillcrest  
**Analysis:** The sign requests that people say “no to panhandlers” as a way to keep the store and local community “safe and clean.” The language in the sign stigmatizes those experiencing homelessness, while also putting onus of responsibility to act on individuals rather addressing these things at a structural level.

**"They are stigmatizing the homeless to be dangerous and dirty."**

**"This sounds like signs that say 'don't feed the birds.'" (see photo above).**

## Police Standing Over Person Sitting in Padres Parking Lot, Downtown San Diego, September 29, 2018



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** Two police officers outside of their car talking to an individual who is sitting on the ground in an empty parking lot.

**Analysis:** This photo demonstrates a power imbalance in an area where many people experiencing homelessness are contained and constrained -- where even standing or existing in a public space is perhaps criminalized.

**"If [there were] resources to help the people, police [wouldn't] need to be patrolling."**

## Padres Parking Lot Surveillance, Downtown San Diego, January 6, 2019



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** This appears to be an encampment located close to many of the resources in downtown. A police officer drives by slowly, seeming to survey the area.

**Analysis:** This photo highlights constant surveillance of those experiencing homelessness. We spent a lot of time in this area during our project and saw this over and over again -- police surveying the area. We heard from some young people that it feels like they are constantly under watch by police.

**"It's a major concern because none of these people have housing, so many live here. It's not their fault, but it's a problem. They're all congregated to support each other..."**



# THEME #5: MORE TAY RESOURCES, FEWER RESTRICTIONS

**Beds, Urban Street Angels' Tuesday Night "Pop-Up Shelter" for Youth,  
Mission Gathering Church, North Park, August 21, 2018**



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** This is a photo of the inside of the Tuesday night shelter for TAY, open 7pm-7am each week. It is one of the only youth emergency shelters in the city.

**Analysis:** The room is warm and welcoming -- providing space to sleep inside, store belongings, watch TV, and have a good meal. This is an example of a community strength, however, these programs were also described as inadequate to address the scope of community needs.

**“They provide everything you need for one night...12 hours. It helps us, but it’s not enough.”**

We found that while there are programs for TAY experiencing homelessness in San Diego, these resources were limited both in the services they provide as well as their corresponding availability. Many of the available resources in San Diego are determined using a “point-in-time count,” which is a count of those experiencing homelessness who are sheltered (e.g., in an emergency shelter) and unsheltered on any given night. The most recent count took place on January 25, 2019 and found that more than 8,000 individuals were unhoused and staying in shelters or on the streets (Regional Task Force on the Homeless, 2019).

Several of the stakeholders we interviewed explained that point-in-time counts significantly under count the number of those experiencing homelessness -- a fact supported by data from the National Law Center on Homelessness and Poverty (2017). Consequently, available resources based on the point-in-time count are likely insufficient to meet the needs of the actual number of people experiencing homelessness across San Diego. TAY we spoke with explained that they need more opportunities to access TAY-specific shelters and other resources. For example, the Urban Street Angels' Tuesday night shelter was described as an important resource by some TAY, yet many explained that having access to a shower and a clean, safe place to sleep only one night a week is not enough. Partnering TAY explained that having access to a TAY-specific shelter even one more night each week could make a big difference in the health and well-being of TAY experiencing homelessness.

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**Shower, Urban Street Angels' Tuesday Night "Pop-Up Shelter" for Youth, MissionGathering Church, North Park, August 21, 2018**



Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Description:** This shower is a critical resource for young people experiencing homelessness, but it's only available one night a week.

**Analysis:** We wonder, how do youth get access to showers other nights of the week? What if you have a job interview on Friday but your only access to a shower (and a meal, a bed, etc.) is on Tuesday night?

**“So [Tuesday night] -- that's like your good shower for the week, like you know-- safe, you're gonna have soap, you're gonna have a towel, all that stuff.”**





Photo: Action4Health Team. Do not reproduce or distribute without permission. Action4HealthSD@gmail.com

**Cupcakes, Urban Street Angels' Tuesday Night "Pop-Up Shelter" for Youth, MissionGathering Church, North Park, August 21, 2018**

**Description:** Photograph of cupcakes stacked on a plate with birthday candles. The photo was captured at Missiongathering Church on a Tuesday night, when TAY are able to take shelter at the church.

Through partnering with TAY, we also learned that although TAY-specific long-term housing programs exist, service restrictions and requirements may further stigmatize them. These include requirements that eligible TAY have an SMI (discussed in the "Stigma" theme), be a parent, or have substance use disorders. These requirements suggest that being homeless is not enough to qualify for long-term housing assistance, locking TAY out of needed opportunities for stability and growth. While some TAY experiencing homelessness may qualify for adult-specific programs, we learned that they may feel unsafe and/or unsupported within adult spaces or programs.

Finally, some TAY we spoke with described experiencing individually-mediated racism and other forms of discrimination by staff within certain TAY-serving programs. Other TAY explained that while they had not experienced individually-mediated racism or discrimination from staff, they had experienced or observed policies and/or practices which they felt were racist.

# RECOMMENDATIONS

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Based on the findings, we provided several recommendations to address stigma and health among TAY and adults experiencing homelessness:

## Service Providers



- Improve the integration of resources for TAY by advocating for **better communication and collaboration between service providers** from different TAY-serving organizations.
- Identify new ways to **share information** about **available resources for TAY** and other people experiencing homelessness, such as websites or apps, with the information updated regularly.
- Incorporate explicitly **anti-racist and LGBTQ-inclusive training** for service providers and volunteers working with TAY experiencing homelessness.
- **Expand the availability of resources** and reduce restrictions on existing resources. This may include expanding the length of time that TAY may be enrolled in housing programs and related resources.
- Provide TAY with new opportunities to **build relationships with peers and adult mentors** outside of social service organizations.

## Policy



- **Partner with TAY** and other people experiencing homelessness to **inform policy development**.
- Meet with local legislators to discuss homelessness and health through a **solution-based lens**. In particular, share stories of homelessness and housing instability with policymakers to help break down the stigma of homelessness.
- Increase access to **clean, well-maintained public restrooms** and handwashing stations.
- Increase access to **affordable and safe public transportation** for people experiencing homelessness.

## Institutions



- **Promote socially responsible media coverage**, such as including the voices of people experiencing homelessness in stories about their lives; recognizing the diversity among people experiencing homelessness.
- Work with business owners to cultivate **socially-responsible practices that do not further stigmatize** those experiencing homelessness.
  - E.g., instead of posting signs asking patrons to refrain from giving money to “panhandlers,” hand out information on local resources to those who are looking for assistance.

## Individuals

- **Decrease** the use of **stigmatizing language** when referring to individuals experiencing homelessness.
- Use **person-first language** (“people experiencing homelessness,” rather than “the homeless,” “a homeless person,” or “homeless people”).
- **Remember that anyone can experience homelessness and assumptions should not be made about their experiences!**

In addition, several recommendations were offered by attendees at the May 2019 community forum. Attendees recommended that community members should:

Create a **“one-stop shop”** to provide a streamlined and integrated services system to support the homeless TAY population.

Partner with local community colleges and universities, e.g., San Diego Community College, to identify resources for TAY experiencing homelessness, especially those who are enrolled or plan to enroll in college courses.

Utilize Housing First programs to **break the cycle of chronic homelessness** by providing permanent, supportive housing and wraparound case management services for TAY.

Fairly compensate TAY-led and TAY-engaged work. Offer a **living wage and a supportive work environment**.

Mobilize community members to **participate in a grassroots movement**, advocating for change from the bottom-up rather than the top-down.

Partner with **faith-based organizations** to identify ways to offer more shelter for TAY experiencing homelessness -- especially in neighborhoods where residents are resistant to having shelters or services near their homes.



# CONCLUSION

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The findings highlight how stigma underlies HepA and health, resources which contain and constrain TAY and adults experiencing homelessness, criminalization and overpolicing, and the need for more resources with fewer restrictions. The purpose of the Action4Health Project was to form an understanding of the Hep A outbreak and the public health response from the perspective of TAY experiencing homelessness. We found that the Hep A outbreak was an indicator of larger problems -- pervasive stigma and the lack of housing and resources for TAY and other individuals experiencing homelessness in San Diego.

We strove to engage diverse TAY populations experiencing homelessness in the research, however, these findings are not necessarily generalizable to all TAY experiencing homelessness. Future research should include more perspectives from diverse groups of young people and adults experiencing homelessness. Future research should also ensure that the multiple viewpoints of those working to address homelessness (e.g., policymakers, community activists) are included. Our recommendations are based on the data collected and analyzed during this project, and what we learned at the Action4Health forum on May 15, 2019. Our goal is for this report to contribute to new and existing efforts addressing homelessness in San Diego.



Photo of Action4Health Team at May 15, 2019 forum. Please do not reproduce or distribute without permission

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# ACRONYMS AND DEFINITIONS LIST

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**CBPR** - Community-based participatory research

**Hep A** - Hepatitis A virus

**HOT** - Homeless Outreach Team. A team comprised of police officers and San Diego County Mental Health service providers that provides outreach and engagement to persons experiencing homelessness. They work with both the PERT and the SIP.

**LGBTQ** - Lesbian, gay, bisexual, transgender, and queer/questioning

**PERT** - Psychiatric Emergency Response Team. A program provided by the San Diego County Mental Health Services department that provides emergency assessment and referrals for individuals with mental illness during police encounters.

**SHOWeD** - A method for analyzing Photovoice, based on a series of prompts meant to evoke responses to photos. The prompts are: "What do you See here?"; "What's really Happening here?"; "How does this relate to Our lives?"; "Why does this problem, concern, or strength Exist?"; "What can we Do about it?"

**SIP** - Serial Inebriate Program. A program provided by the San Diego County Mental Health Services in collaboration with the San Diego Police Department that provides support for treatment, recovery, and housing resources for persons experiencing homelessness who have multiple public intoxication charges and are referred to the program by the court system.

**SMI**- Severe mental illness

**TAY**- Transitional Aged Youth (ages 18-24)

**TRANSWOMAN**- A Transgender woman

# APPENDIX

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## **Additional Resources and Information:**

### **The Housing First Approach to Ending Homelessness:**

[endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf](http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf)

### **San Diego Community College District Support Services for Homeless Students Under Age 25:**

[www.sdccd.edu/students/support-services/services-for-homeless-students.aspx](http://www.sdccd.edu/students/support-services/services-for-homeless-students.aspx)

### **San Diego Regional Taskforce on the Homeless:**

[www.rtfhsd.org](http://www.rtfhsd.org)

## **Related News Articles:**

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