



**COVID-19 Impact on People Experiencing Homelessness  
in Santa Barbara: A Community-Based Study**

## Authorship

**Authors:** Fiona Asigbee, PhD, MPH<sup>1</sup>; Landon Ranck<sup>2</sup>, Anna S. Pruitt, PhD, MA<sup>3</sup>; Rachyl L. Pines, PhD, MA<sup>4</sup>; Monica Ray<sup>1</sup>, Cara Silva, MPH<sup>1</sup>; Luke Barrett, LCSW, MPA<sup>5</sup>; and Julia Petras, MSPH, BSN, RN<sup>1</sup>

### Author Affiliations:

<sup>1</sup>Cottage Center for Population Health; <sup>2</sup>Santa Barbara Alliance for Community Transformation;

<sup>3</sup>University of Hawai'i at Mānoa; <sup>4</sup>Cottage Health Research Institute; <sup>5</sup>Vertical Change

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## Executive Summary

### Project Overview

Cottage Center for Population Health, in partnership with Santa Barbara Alliance for Community Transformation (SB ACT) and VerticalChange, conducted a community-based participatory research (CBPR) study which aimed to examine the challenges and opportunities faced by people experiencing homelessness during the COVID-19 pandemic in South Santa Barbara County.

### Methods

Photovoice (PV), a community based participatory research methodology, was used to collect data among individuals experiencing homelessness in South Santa Barbara County (SBC). PV uses photography to understand a phenomenon from the perspectives of individuals most affected. Because individuals experiencing homelessness are often without access to traditional modes of communication and participation in society,<sup>1-3</sup> PV is an appropriate method to better understand the lived experiences of individuals experiencing homelessness.<sup>1-3</sup> These individuals are referred to as “co-researchers” rather than “participants” due to their involvement at each stage of the research process.

Research assistants (RAs) recruited thirty-eight co-researchers from a variety of sub-populations experiencing homelessness across South Santa Barbara County (SBC) including (1) sheltered, (2) vehicular, and (3) unsheltered homelessness communities. Co-researchers took photos that responded to the prompt: “What do we want those in power to know about us and our everyday struggles with homelessness during the COVID-19 pandemic?” Co-researchers and RAs met three times throughout the study. The third meeting entailed audio-recorded, semi-structured one-on-one or focus groups and interviews with two to six co-researchers. RA facilitators used the SHOWeD technique<sup>4</sup> during the focus groups to prompt discussion and analysis of photos in relation to the prompt.

The data analysis team transcribed thirteen focus group and interview audio recordings for analysis of key themes using NVivo.<sup>5</sup> The team reached an inter-rater reliability of 0.8 or higher before beginning individual coding. Key themes were then grouped into overall findings and co-researchers’ recommendations.

### Results

Key themes and findings based on co-researcher input spanned three broad topic areas relating to people experiencing homelessness: (1) the impact of COVID-19 policies, (2) positive effects of the pandemic, and (3) recommendations for the future.

#### ***Impact of COVID-19 Policies***

Several themes and findings from co-researcher comments describe the impact of policies developed to safeguard people during the COVID-19 pandemic on individuals experiencing homelessness. For example, closures to public restrooms, showers, and libraries were implemented during the COVID-19 pandemic to prevent the spread of disease. Co-researchers struggled to find alternative ways to maintain personal hygiene due to these closures, and their basic needs were negatively impacted as a result. Many co-researchers described ways that the COVID-19 pandemic added additional complications to their daily routines and way of life.

### ***Positive Effects of the Pandemic***

There were also positive effects of the pandemic. Co-researchers shared an increased sense of community with people that were housed, as they shared a goal of staying safe during the pandemic. Co-researchers had more free time during the pandemic and used this time to develop hobbies, read books, or engage in therapeutic outlets, such as spending time in nature, drawing, or painting. Some co-researchers benefited from fewer people occupying public spaces (e.g., parks) and found great solace in the open space and quiet.

### ***Co-researchers' Recommendations***

Co-researchers provided several broad recommendations to effectively help and advocate for individuals experiencing homelessness during the COVID-19 pandemic and future crises. Whereas pandemic response often focuses on quarantine and testing for individuals experiencing homelessness, co-researchers pointed to more basic needs. They recommended policies and approaches to ensure people living unhoused have access to resources and information. They encouraged the community to work together to leverage the progress made during the pandemic response for the future and emphasized the importance of people with lived experience having a voice in the pandemic response and in all homelessness policy.

Recommendations provided by co-researchers included the following:

1. **Need for uninterrupted access to resources** – Co-researchers identified the need for continuous, uninterrupted access to basic resources and resource hubs.
2. **Impact of messaging on those experiencing homelessness in times of crisis** – Co-researchers suggested a need for positive messaging about those experiencing homelessness during crisis situations. They indicated that promoting public health involves preventing the fear, scapegoating, and harassment experienced by marginalized populations in times of crisis.
3. **Potential exists in community relationships** – Co-researchers discussed the need for opportunities to develop positive relationships with law enforcement and elected officials to address stigma in decision-making during times of crisis.
4. **Importance of maintaining opportunities resulting from the COVID-19 pandemic** – Co-researchers experienced some benefits from changes and opportunities that arose during the pandemic and recommended carrying forward these opportunities in the future (e.g., creating designated safe spaces for individuals experiencing homelessness to pass their time uninterrupted or providing an area in the community where individuals experiencing homelessness can park cars).
5. **Seek input from those with lived experience** – Co-researchers invited community leaders and policymakers to seek input from individuals with lived experience of homelessness before making decisions and suggested they ask for the perspectives of different subpopulations (e.g., unsheltered, sheltered, vehicular) to be included in decision-making processes. They shared their belief that education and training for these leadership groups as well as face-to-face interaction are instrumental components of destigmatizing community leaders' perceptions and views surrounding individuals experiencing homelessness.

### **Conclusion**

This study demonstrates that when asked directly, people experiencing homelessness pointed to the exacerbation of pre-existing issues related to social determinants of health (e.g., lack of access to sanitation facilities and healthy food) as the most detrimental impacts. For example, co-researchers rarely discussed needing a place to quarantine; whereas they discussed ubiquitously needing a space to

exist and access toilets and clean water. This study suggests that addressing these social determinants of health is most important for preparing for future public health crises among this population.

## COVID-19 Homelessness Research Project Report

### Project Overview

#### **Background**

The U.S. Centers for Disease Control and Prevention (CDC) warns that individuals experiencing homelessness are at increased risk for contracting COVID-19 and higher risk for developing severe disease.<sup>6</sup> This is because many people who experience homelessness are older adults, have underlying medical conditions, and/or reside in congregate shelters.<sup>6,7</sup> Increased barriers to accessing health services along with the multitude of social determinants of health (SDOH) at play are also thought to make people experiencing homelessness especially vulnerable to COVID-19.<sup>8</sup>

The COVID-19 pandemic has affected most aspects of daily life for people in the United States and globally, but how it has impacted people who are experiencing homelessness has yet to be fully understood. Santa Barbara has a growing population of people experiencing homelessness, and there are an estimated 1,202 individuals experiencing homelessness in South County Santa Barbara alone according to the 2020 Point in Time (PIT) Count.<sup>9</sup>

The direct perspective of individuals experiencing homelessness who are living through the COVID-19 pandemic is missing in the scientific body of literature around the current pandemic. This perspective is worthwhile to capture as it can influence the design and implementation of interventions directly relating to COVID-19 prevention and control (including testing, isolation, quarantining, contact tracing, public health campaigning, vaccination) and more broadly, the design of health and social interventions that serve people experiencing homelessness during a pandemic. This level of insight has the potential to ultimately improve health and social outcomes of people experiencing homelessness that extend beyond the current pandemic.

Various public health interventions have been enacted over the course of the pandemic that specifically target people experiencing homelessness. Measures to protect the most vulnerable from COVID-19 who are experiencing homelessness have been put into place around the country and locally in Santa Barbara County, including the FEMA-funded Project RoomKey South. Project RoomKey South was a non-congregate shelter project offering individuals experiencing homelessness aged 65 or older with underlying health conditions a safe, sanitary, and secure place to self-quarantine. Other examples of public health interventions included the isolation and quarantine program for people experiencing homelessness and surveillance testing in congregate shelters during a period of outbreaks in December and January 2021 in South County Santa Barbara.

Organizations serving people experiencing homelessness have had to adapt to the COVID-19 pandemic in a variety of ways. There is currently no robust documentation of the local adaptation of homelessness services and health systems during the COVID-19 pandemic. Better understanding of these adaptations would likely help organizations prepare for the next crisis in a way that considers the impact on people experiencing homelessness.

#### **Project Aims**

This research study aims to better understand the impact of the COVID-19 pandemic on people experiencing homelessness in South Santa Barbara County, California. The findings of this study can inform local decision making and response efforts to the current and future pandemic/s that specifically impact people experiencing homelessness. Furthermore, the findings from this study may be a useful addition to the growing body of knowledge on COVID-19 related initiatives at the national and global level.

## Methodology

Research assistants (RAs) recruited fifty people experiencing homelessness from the following sub-populations across South Santa Barbara County: (1) sheltered, (2) vehicular homelessness, and (3) unsheltered. Of the fifty co-researchers recruited, thirty-eight co-researchers engaged in the study. These co-researchers represented a variety of communities across South SBC, including Santa Barbara (n=28), Carpinteria (n=2), Goleta (n=4), and Isla Vista (n=4). The majority of co-researchers identified as male (68, n=26) and white (76, n=29; see **Table 1**). Eight co-researchers dropped out during the study due to various challenges, several of which are common to those experiencing homelessness: transience in the community, health and mental health factors, and dealing with stressors, such as having possessions stolen. Thus, a total of thirty co-researchers completed the project.

RAs met with co-researchers three times throughout the study. The first meeting was an initial one-hour recruitment meeting where RAs reviewed the study purpose and methods, acquired the written informed consent and demographic data from potential co-researchers, and distributed disposable cameras. In this meeting, RAs also explained the photo prompt: “What do we want those in power to know about us and our everyday struggles with homelessness during the COVID-19 pandemic?”

The initial recruitment of sheltered co-researchers was followed by the first PV encounter one week later. Encounters at congregate shelters were scheduled around mealtime to ensure that co-researchers were likely to already be onsite at the designated time. Shelter staff also helped to check in with the co-researchers in between PV encounters to assess whether additional assistance was needed for their participation. For the vehicular and unsheltered co-researchers, the first recruitment meeting also served as the first PV encounter to minimize logistical challenges.

After the first encounter, research assistants uploaded demographic and consent information to VerticalChange, a cloud-based HIPAA-compliant data collection and reporting platform that allowed RAs to upload co-researcher and focus group data, notes, and audio recordings. The study coordinators uploaded the co-researcher photos to VerticalChange. Key research personnel were then able to access the recordings, photos, and information for data analysis.

After seven to ten days, the RAs gathered cameras from co-researchers. The research team, which consisted of Cottage Health and SB ACT staff, developed the film and uploaded approved digital files of the photos into VerticalChange with the help of a mandated reporter who screened photos for instances of abuse and neglect. In addition, photos containing images of illicit drug use or other illegal activities were excluded from the study and shredded.

After another seven to ten days, the third meeting was an audio-recorded, semi-structured one-on-one or focus group (from two to six co-researchers). Semi-structured one-on-one interviews or focus groups took place from May 24, 2021 to August 12, 2021. During the focus groups, co-researchers had the opportunity to share individual photos that they had taken for the purpose of talking through the SHOWeD questions. To facilitate the dialogue, the research team utilized the “SHOWeD technique.”<sup>7</sup> SHOWeD involves asking co-researchers to respond verbally to the selected photos in response to the following questions: (1) What do you See here? (2) What is really Happening here? (3) How does this relate to Our lives? (4) Why does this situation, concern, or strength Exist? and (5) What can we Do about it?<sup>4</sup> (see **Figure 1**). These focus groups lasted between one to two hours, and each co-researcher



received a COVID-19 Prevention Kit and a \$75 gift card. RAs then uploaded the focus group audio recordings, notes, and forms into VerticalChange.

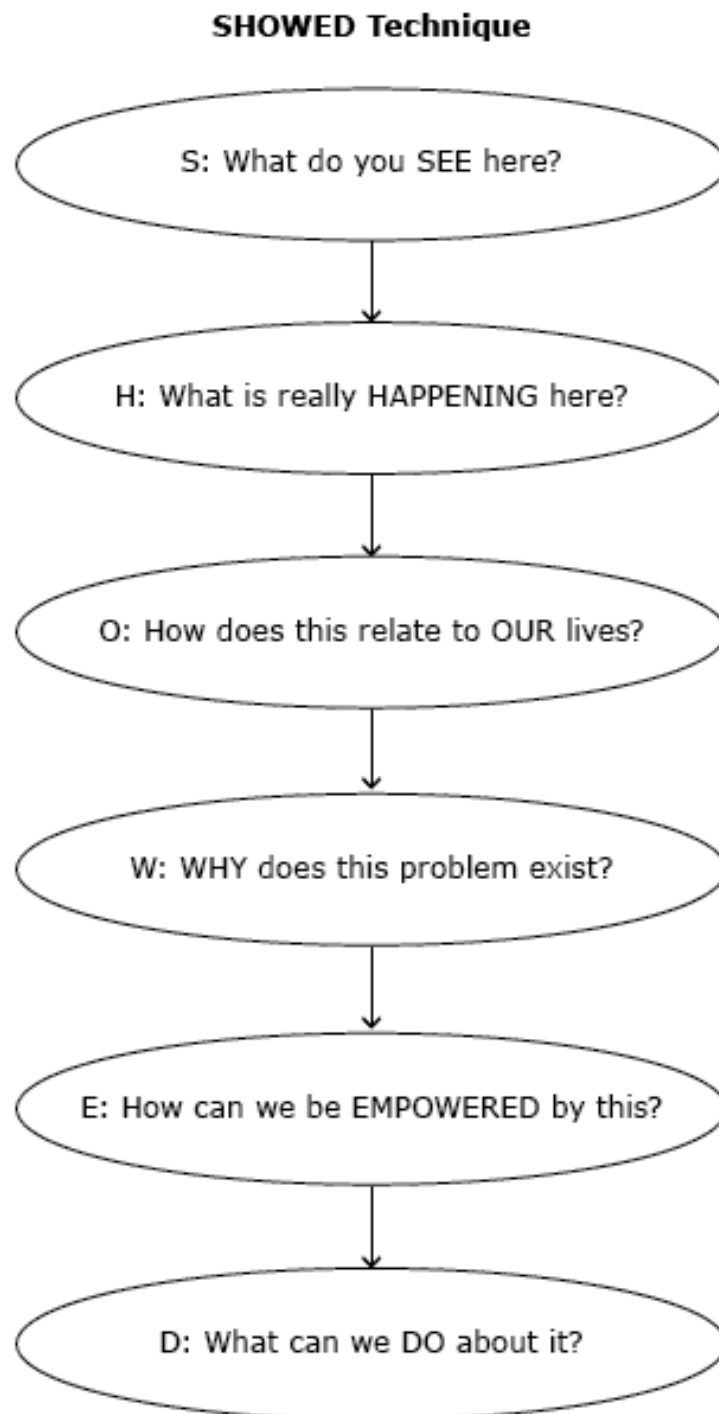
At the end of the focus group, co-researchers indicated which, if any, photos they wanted to release to the research team for publications and presentations, signing a release form for selected photos. All co-researchers received hard copies of their photographs (excluding any photographs that contained content violating study guidelines; refer to **Appendix C**). Co-researchers also provided input about how they would like the research information shared with the public and were invited to participate in planning meetings for public presentations. For example, some co-researchers suggested offering a PV exhibition at the public library, a site where co-researchers often intersect with other members of the public.

**Table 1.** Co-Research Demographics

	N	%
<b>Total Co-Researchers</b>	<b>38</b>	
<b>Sex</b>		
Male	26	68.4
Female	12	31.6
<b>Ethnicity</b>		
Not Hispanic/Latino	36	94.7
Hispanic/Latino	2	5.3
<b>Race</b>		
Asian	1	2.6
White	24	63.2
Black or African American	7	18.4
Native Hawaiian or Other Pacific Islander, White	1	2.6
American Indian or Alaska Native, White	3	7.9
Asian, Native Hawaiian or Other Pacific Islander	1	2.6
Black or African American, Native Hawaiian or Other Pacific Islander, White	1	2.6
<b>Age</b>		
20-30	1	2.6
30-40	1	2.6
40-49	7	18.4
50-59	16	42.1
60-69	12	31.6
70-79	1	2.6
<b>Current Living Arrangements<sup>a</sup></b>		
Non-Congregate Shelter <sup>b</sup>	8	21.1
Permanent Housing <sup>b</sup>	2	5.3
Temporary Shelter <sup>b</sup>	7	18.4
Vehicular	10	26.3
Unsheltered	11	29.0

<sup>a</sup> Current Living Arrangements include sheltered, vehicular, and unsheltered

<sup>b</sup>Types of sheltered living arrangements (i.e., non-congregate, permanent housing, and temporary shelter)



**Figure 1.** SHOWed mnemonic (Kowitt et. al, 2015)

## Data Analysis

The data analysis team, which consisted of four members, transcribed and coded the thirteen focus group audio recordings using NVivo (released in March 2020).<sup>5</sup> The data analysis team used a thematic analysis approach to analyze data from each transcript.<sup>6</sup>

### **Coding**

Each team member was assigned three or four transcripts and manually read through each transcript coding ideas, phrases, and quotations. Before individually coding each transcript, the data analysis team met to develop a coding tree that consisted of key words, phrases, and/or ideas grouped into “codes.” Using this coding tree, team members coded the same transcript to ensure consistency of coding. The research team achieved an inter-rater reliability of 0.8 or higher for each code before beginning individual coding. The coding team met weekly to reach consensus on all themes and associated quotations for each theme.

### **Focus Group Themes**

Several themes emerged that highlighted the tension between the intent of policies developed to safeguard people during the COVID-19 pandemic and their impact for individuals experiencing homelessness. For example, closures to public restrooms, showers, libraries, etc. were a common practice during the COVID-19 pandemic to prevent the spread of disease. However, co-researchers relied on these spaces to maintain their personal hygiene and struggled to find alternative ways to meet this basic need during these closures. The COVID-19 pandemic added additional complications to the daily routines and way of life for many of the co-researchers.

Although contradictions in policies and the overall COVID-19 pandemic exacerbated challenges, co-researchers also pointed to positive effects of the pandemic. Co-researchers found an increased sense of community with people that were housed since everyone was focused on the common goal of staying safe during the pandemic. Co-researchers reported more free time during the pandemic and used this time to develop hobbies, read books, or engage in therapeutic outlets, such as spending time in nature, drawing, or painting. Some co-researchers benefited from fewer people occupying public spaces (i.e., parks) and found great solace in the open space and quiet.

Below are the themes that were derived from the data analysis process and associated exemplary quotations. Themes are listed in alphabetical order. Refer to **Table 2** (Appendix A) for a complete list of all codes and their sub-codes.

### **Access to Resources**

Co-researchers described how access to resources, such as services, programs, and physical items that they needed were negatively impacted during the COVID-19 pandemic. Closures to public restrooms and the public library drastically changed co-researcher’s daily routines and made it difficult for co-researchers to access electricity and essentials for basic hygiene. Closures to establishments, such as Starbucks, McDonalds, churches, etc., prevented co-researchers from being able to have a place to sit or access shelter.

Co-researchers were resourceful and were able to find pre-existing resources to help meet some of their needs during the pandemic. For example, co-researchers: (1) realized that power outlets were available at some parks, (2) found stores that had available restrooms, (3) found gyms that remained open during the pandemic where they could access showers, and (4) found hotels that were available at non-congregate shelters. Co-researchers also used creative ways to access additional resources such as

books through an informal book exchange on the library lawn and expiring food that was being packaged and placed in back of grocery stores. Additionally, co-researchers stated that fewer people were in lines to receive resources, which gave them more personal attention.

*"Probably the biggest hurdle that came up with electricity was that the library had to be shut, and the library was literally the main place that everybody who doesn't have access to electricity or to electronics because people can't get jobs if they can't do applications. The iPads and the phones will not process applications. You have to have a regular computer. And the only place that we had any access to that was the library." – Co-researcher, Vehicular Group*

*"There was a few places that shutdown , like the Catholic Church shut down and they closed the doors , which I really I found hard to believe . ..... that also affected the cleanliness of a lot of people out there because the Showers of Blessing. We get hooked up there and it was all done outside. So I don't understand why they, they did that. –Co-researcher, Sheltered Group*

### **Agency/Dignity**

Co-researchers needed to have agency and power to affect their situation. Oftentimes, co-researchers expressed feeling dehumanized especially due to a lack of privacy during the pandemic. Co-researchers also expressed that lack of privacy and inability to maintain personal hygiene were contributing factors to lack of dignity. In some instances, co-researchers were able to assert their dignity/agency. Positive interactions with strangers on the street, being greeted by by-standers, and strangers looking them in the eyes helped co-researchers feel a sense of dignity.

*"I wanted to share that because a lot of the non-profit organizations, like AmeriCorps, United Way, Home for Good, City Net, all these organizations said that they were going to help us homeless people. They helped a lot of people from different counties, different cities, and different states..... But they cut down a lot of our services, the feeding services, because of COVID compliance and face mask and cleanliness— hygiene. They cut down on the donations of food, the clothing. They cut down on the servicing of what would be provided, like housing." –Co-researcher, Sheltered Group*

*"And the things they would say to me just it just blew me away because, you know, they'd say, hang in there. And, you know, some people would ask, you know, they'd ask, what's your story? And I tell them, you know, I got laid off because of this thing [COVID] and, you know, and sometimes I wouldn't have any gear with me. So they didn't realize I was homeless, you know? And some people say, oh, you're homeless, too, you know? And I'm like, yeah, they were very generous. Unbelievable." –Co-researcher, Sheltered Group*

### **Alone**

Co-researchers discussed different experiences with being alone during the pandemic. In some instances, this entailed more negative connotations, such as experiences of isolation and loneliness. In other instances, co-researchers experienced being alone as a peaceful time of solitude and quiet.

*"During the pandemic, it was more or less like an isolation type thing. Being segregated and being homeless, and people were so scared of contacting COVID-19 that they were actually just distancing, not giving money and not helping, not giving you any food or anything like that. It was just like, "oh, no, I'm sorry, I got to go." So, I would say it was more of an isolation or, almost, Ostracized! Ostracized because of being homeless and maybe not being the cleanest and not being the sharpest. So, more ostracization, which has gotten better now." –Co-researcher, Unsheltered Group*

*“As you can see, there’s nobody in this park probably due to the pandemic.... But it was a safe place to hang out at. I didn’t have to worry about anybody coming by me or, you know, I could sit at the table and do my thing and not worry about catching the pandemic COVID because there’s no one around me. So, I felt very safe here and relaxed, you know, that I didn’t I didn’t have no one told me to leave. I did have no one around me trying to hassle me or bug me. I could sit there and just meditate, read my books, do whatever I can, play my music, whether I wanted to do. And not one soul was there to tell me anything. So I felt like, wow, I’m at my own park in a way during the pandemic because there’s no one there. So it’s like – there’s a little more space, you know, because no one’s out doing anything anymore because of the pandemic....” – Co-researcher, Vehicular Group*

### **Basic Needs**

Co-researchers discussed things that they could not live without, including the importance of sourcing healthy food, receiving adequate health support, maintaining hygiene by finding showers and washing their clothes, using mobile phones to stay connected, getting enough rest and finding locations to do so, maintaining their physical safety, and locating or creating places of shelter.

*“But they cut down a lot of our services, the feeding services, because of COVID compliance and face mask and cleanliness— hygiene. They cut down on the donations of food, the clothing. They cut down on the servicing of what would be provided, like housing.” – Co-researcher, Sheltered Group*

*“Well, I had to do laundry, like in buckets. I couldn't even take it to the laundromat, you know, so even that was difficult to do, especially on the street. I didn't have a place to do it, but luckily I had, my friend here, who let me use his water, and I hung my clothes out on the fence, so I was able to have clean clothes again.” – Co-researcher, Vehicular Group*

Co-researchers described a desire for and value of dedicated locations to exist. They wished for places where they could feel safe, unbothered, and free to go about their business. In addition to a place to exist, co-researchers discussed the need for storage space for their belongings. For those living in vehicles at the time of the study, they especially wished for dedicated parking spaces where they would not need to frequently relocate their vehicle.

*“A lot of people are like that, and a lot of people are getting their cars repossessed and taken away because they get parking tickets when they're not supposed to be parked in that zone, and to see them lose it all. And then then they're down to square nothing. And, and to have to survive that way, it's a sad.” – Co-researcher, Unsheltered Group*

*“....open up more places for the homeless to go.” – Co-researcher, Vehicular Group*

*“And there's no place, there's no, there's no privacy ever, ever. No privacy ever. That's another reason I shot these out the windshield: all that glass, the fishbowl effect. Sure, I got pseudo privacy. You know, I got these foil things you can put up just like other people have in Southern California. [inaudible]. But it's not privacy. I hear every sound, you know. I see every sight.” – Co-researcher, Vehicular Group*

### **Community**

Co-researchers described ways that their relationship to the community was impacted by COVID-19. They felt an increased sense of community with their housed neighbors because all people were focused on the common goals of staying safe, mitigating COVID-19 risk, and doing their part for the safety of others.

*“The park offers like the community, and you build companionship with everyone. Through time, you just build up a lot of different relationships with people. And you said it was all about perspective. Just like you said, your voice is heard once you start talking about everyone and let them know what resources are needed right now, especially right now.” – Co-researcher, Vehicular Group*

*“And to go back into the community and say, ‘Here, I know you need this sleeping bag. I know somebody stole your stuff. Here. Somebody stole your clothes. Here’s some clothes.’ And then to pass it on and just, just enjoy them enjoying it...” – Co-researcher, Unsheltered Group*

### **Emotional Response**

Co-researchers frequently shared their emotional responses to the challenges and opportunities presented by the COVID-19 pandemic. These responses ranged from despair and fear to more positive emotions, such as gratitude. Co-researchers described fear or anxiety because of the pandemic or for their general safety.

*“I was in despair, and I just want to take a picture myself to see how I looked in that situation of not having anything. I haven't been able-I haven't had my unemployment in the last probably, I'd say month and a half...” – Co-researcher, Unsheltered Group*

*“I enjoy seeing people getting clothes and sleeping bags and what they need to survive. And it's a, it's a gratifying feeling. It's very self-gratifying. It gives me a purpose. It gives me purpose. And I look forward to everyone's day. I come here because it fulfills that need of being part of and being, being a member of. And being accepted! And being accepted and welcomed. And missed!” – Co-researcher, Unsheltered Group*

### **Emotional Support**

Co-researchers described different relationships that provided emotional support to them during the pandemic, including friends and pets. Friends provided a source of emotional support when sharing meals, building community, and creating familiar structures/kinships (i.e., kin-like relationships or chosen families).

*“She is my service dog. She actually has a license and has got a number that's only to her. ....so she's a full-blown service dog. And the sad thing is she's already through probably two thirds of her life as far as big dog like that goes. But she's very important to me. And it's kind of been a hard, making it work in this homeless situation. Before I became homeless, we had a big yard and it's been, been one of my biggest problems, that's why I picked that picture first.” – Co-researcher, Sheltered Group*

*“Being able to talk to people that love you and you love them. It's so key. And that's what I see there, communication, you know, and my phone just went off for a few days and belongs to me. I thought that it was paid for two months, but it was off for a few days, and I missed it. I missed talking to people, you know, the people, you know. And I celebrated a birthday, and they weren't able to get a hold of me. So, I was able to call everybody back, you know, and it's communication. Staying in touch with people that love you and you love them is so important in life. That's what I see.” – Co-researcher, Sheltered Group*

## **Faith**

Co-researchers expressed the importance of faith and spirituality as a source of hope and a way to connect with like-minded people.

*“And, and, yes, spirituality is very important. It's, it's the, it's the hub that keeps my, my faith and my belief and my, my hope alive. So basically, that's what it is. It's a camaraderie and the same beliefs and then the belief in higher power that sustains me. And then you give it away. You know, to give love, basically to love other people.” – Co-researcher, Unsheltered Group*

*“...faith also is a belief in a higher power that is greater than myself. And it's not all manmade. It's from God. So, belief in God. It doesn't matter what religion it is because there's only one God, and people—it's not religion. It's spirituality. It's believing that, that there's a spirit in me that I can, can pass on to others and help them. So, it's—so I always say this prayer in the morning, and I say, “Father, give me—guide thy feet and guide thy path so I can do your will always. And bring someone into my life that I can help.” So, it's not only asking for help, but passing it on and giving it away.” – Co-researcher, Unsheltered Group*

## **Family**

Co-researchers referenced biological family members (e.g., children, parents, siblings, etc.) or family by marriage (spouses, in-laws, etc.) as sources of support.

*“I lost my job, if it wasn't for my family, if it wasn't for a few good friends, I would have had nothing...” – Co-researcher, Unsheltered Group*

*“I just knew my family was here. So, I came here. They urged me to come here...” – Co-researcher, Vehicular Group*

## **Grief-Loss**

Some co-researchers described experiences of grief and loss during COVID-19. At times, this was a death of a loved one or family member due to COVID-19. Other times, this was generally a loss of a loved one or even a pet during COVID-19 that held extra weight due to changing policies and other social factors.

*“I've been homeless before, but not like this, never like this. This is too weird. Everything I knew and trusted—the library, the restaurant, the restroom, it's all gone. You know, it's all gone. Of course, everything I knew and loved is gone too. It's dead and buried. That was a brand-new experience.” – Co-researcher, Vehicular Group*

*“Because I've been around people that had it, and I've had friends die from COVID, which was which was sad, too, because I had really good friend of mine, and she was 64, and she was living with me at the time in my truck. And she, she went to the hospital and never came back, and you couldn't go visit anybody in the hospital. The hospitals were—it was no visitors, right? Unless you're going to go in to be treated. So that was difficult, was losing a friend because she died of COVID. And so... but people say, “oh, it's baloney, it's not a real disease. There's no virus,” But I know for a fact that she would have lived to be probably 100 years old.” – Co-researcher, Unsheltered Group*

## **Hope**

Co-researchers maintained hope by focusing on kindness from strangers and the extra services and sources of support established due the pandemic.

*“You know, people need more out here. You know, we already need hope to begin with, never mind a pandemic. You know, everybody out here needs as much hope as they can get. It’s pretty freaking hopeless, but it’s getting worse.” – Co-researcher, Vehicular Group*

*“Maintaining hope. Hope is, hope is believing without seeing or without, without having anything tangible. It’s—and faith without hope is dead...” – Co-researcher, Unsheltered Group*

### **Negative Effects of COVID**

Co-researchers explained that they had to make drastic and rapid adjustments due to restrictions that social service agencies had to follow due to the pandemic. Co-researchers reported experiencing chaos, increased homelessness, job loss, and negative emotional responses from the community. Additionally, co-researchers expressed that COVID-19 regulations were unclear, and policies passed during the pandemic were not consistently enforced.

*“...I believe in Santa Barbara, it started affecting the people in December of 2019, and the restrictions that was implemented immediately was a very harsh suffrage that the people of the homeless community really intensely had to make adjustments. And one of the biggest things is that it’s not just the Santa Barbara Department of Law Enforcement, it is our city council, our county council and our representatives.” – Co-researcher, Sheltered Group*

*“..... Seeing a massive amount of people that that normally wouldn't be on the street, on the street and in the parks and living in tents, living in their cars, and it’s because they lost their jobs. I’m in the food business. So, I’m a dishwasher, and to have that shut down and not have that that work.... I enjoy working, and I love working. I love the job I do. And I like interacting with my coworkers and the chefs and the servers and the bartender and having that family and literally like a family, and then to have that just, ‘OK, there’s no work. You know, you can come in and you can clean but there’s no work.’ But there was no, there’s no prep. There’s no cooking. There is nothing. The restaurant was just shut down.” – Co-researcher, Unsheltered Group*

### **Perception of Homelessness**

Co-researchers noted that the public’s perceptions of people experiencing homelessness were often based on negative stereotypes of “the homeless.” Co-researchers also described policies as, in effect, criminalizing homelessness (e.g., sit-lie bans, parking restrictions, and sweeps). They argued that these policies relied on perceptions of “the homeless” as criminals taking public spaces away from the public.

Co-researchers also observed positive and negative changes in the perceptions of “the homeless” by the larger community during the pandemic. Positive changes included “being seen” by the housed community more frequently (e.g., having positive interactions with strangers on the street, being greeted and looked in the eyes, etc.). Negative changes included the community viewing people experiencing homelessness as unsanitary, dirty, and carriers of COVID. Co-researchers also referenced instances in which they felt discriminated against. Co-researchers attempted to challenge these perceptions and advocate for themselves.

*“We get to the motel, and I’m so grateful for the motel. And I say, oh, yeah, a pool, I’m supposed to swim for my hip and back. Oh, ‘that’s not for you people.’... you know, they don’t understand how those things hurt. And I know they don’t mean to say that. They just can’t see it from our point of view. There’s no way you can unless you’re there.” – Co-researcher, Sheltered Group*



*“Yeah, when you get your—when you go in to get your coffee or the Safeway, if you're going to get your coffee, you were, you were harassed by security. Like you go you go use the bathroom, you get your coffee, you get settled, you try to settle yourself in to go back outside the door, and they'll be rushing you out the door. ‘Oh, you can't sit here. You're not even sitting. You're just standing there.’”*  
– Co-researcher, Sheltered Group

### **Policy Clarity**

Co-researchers described the ways that federal, state, and local policies and regulations affected their lives during the pandemic in both positive and negative ways. Co-researchers shared that some policies were unclear and hard for them to understand. Other policies were unclear regarding accessibility to resources to satisfy basic needs (e.g., access to local restrooms, access to drinking water, and access to services provided by local organizations).

*“Because Santa Barbara has a ‘no camping’ law. That's what they call it when you have a sleeping bag, a tent, and you're out in the park. It's considered camping. So, they have a ‘no camping’ law. But during the pandemic, it was—the law was still in existence. They just didn't enforce it. And that was up until two weeks ago. And two weeks ago, the city council said, ‘no, you can't.’ As of the 15th, no, no camping, no loitering and no trespassing. So, it just, it just dropped. So, they displaced all these people in the park. My being one of them, too. It's just that—I don't know how I did it, but it's my faith, my belief in God. And I prayed for a place, and I just happened to find [one]”*– Co-researcher, Unsheltered Group

*“It's hard enough to keep track of news. You know, it was nice when I when I had a home that was private, and I could open up my laptop. and I could read a laptop. I'm not slave to a little tiny phone screen, you know, trying to read that thing and get the truth of the news of what's happening today. Is this a mask day? Is this a no mask day? You know, are we supposed to stay inside and hide or is it okay to go out and play in the park? I mean, who knows?.....”*– Co-researcher, Sheltered Group

### **Positive Effects of COVID**

Co-researchers discussed ways that the pandemic had positive effects including not being bothered as often by other community members or police, experiencing equalizing effects during the pandemic because everyone was focused on mitigating COVID risk regardless of one's housing status, and having more free time.

*“People with food and just handing me money. And it was just I couldn't believe it. And the things they would say to me just it just blew me away because, you know, they'd say, hang in there. And, you know, some people would ask, you know, they'd ask, what's your story? And I tell them, you know, I got laid off because of this thing, and, you know, and sometimes I wouldn't have any gear with me. So, they didn't realize I was homeless, you know? And some people say, oh, you're homeless, too, you know? And I'm like, yeah. They were very generous. Unbelievable with your generosity. It even, after that, like the times where I was in the restaurant, I'd go for lunch, and this is when I got, after I got sick, I was in back of the restaurant several times. Where people would say hi to me, they were going into a doctor's office back there some, and they'd come back to me and I had no sign, no baggage, no nothing, and several times women handed me 40 dollars. 40 dollars; it was always 40 dollars. I mean, this happened like eight or nine times. And I went back in and told the owner, I said this woman paid me forty dollars.”* – Co-researcher, Sheltered Group

*“You guys want to know how COVID has treated me, and, uh, it's gotten me healthier. You know, it's helped me to be healthier. It's gotten me a bank account, that I haven't seen a bank account in over, you know, probably ten years. You know, it's giving me positive hope that things can be better, you know, when there is none.” – Co-researcher, Sheltered Group*

Additional positive effects of COVID extended into other areas of co-researchers lives. These included the following:

1. **Equalizing Effect of COVID:** Co-researchers suggested that COVID was a universal experience for both those experiencing homelessness and those not experiencing homelessness, which had an equalizing effect. For example, all people were doing their best to stay safe, including washing their hands, masking, and distancing, regardless of housing status.

*“I think as a community, we can just, we can learn that, you know, hey, we all know how scary this whole thing has been. This has freaked out everybody. It's affected everybody.” – Co-researcher, Vehicular Group*

*“In this picture I see, like she touched on how the pandemic had changed everybody and how he said that it made him feel different in my source. I see in the picture a person that was brought to the streets or is staying on the streets with natural people walking by. So this pandemic actually put everybody on the same level, didn't care if you're black, white, purple, you know, didn't care, you know, if you were rich or poor. You were walking the same streets as we were of that time...And there is a man living there, you know, I mean, a man that, you know, needs water, needs to bathe, needs medical attention, needs a lot of things that people just walk right by. But they're not thinking about the pandemic in itself. And that's how it spreads. And it's not his fault. It's not our fault. It's what it is. It's a disease. So we all got to work together as human beings to beat it. And that's what I think that we've accomplished is it put us all on the same level.” – Co-researcher, Unsheltered Group*

2. **More Free Time:** Co-researchers discussed having more free time as a result of the pandemic. Given that many places were closed, and they were not expected to move around as often. They had more recreational time to do as they pleased. Common ways that they used their free time were to take time to reflect or develop a new hobby.

*“And so you've got a lot of time and personality, and, um, it shows. It comes out in what you do, and, um, I think everybody's got a little bit more to themselves in that way, you know, I've spent more time doing that instead of rushing around doing everything else.” – Co-researcher, Vehicular Group*

*“My absolutely favorite part of the pandemic was less people about, less traffic, less chaos. Everybody slowed down.” – Co-researcher, Vehicular Group*

3. **Fewer Encounters with Law Enforcement:** Co-researchers reflected that a positive effect of COVID was that law enforcement officials came around less often, and they were able to exist without needing to move locations.

*“The cops, they didn't even want to get close to a lot of us. They still don't. That's probably our saving grace out here. Homeless people notoriously been harassed in Santa Barbara from what I*

*hear. I have not been homeless in Santa Barbara pre-pandemic. You know, I don't know, but I know one thing, hardly any harassment.” – Co-researcher, Vehicular Group*

### **Social Support**

Co-researchers frequently discussed different ways in which they received and relied on social support throughout the pandemic. This included how they felt supported by and received informational support from caring service providers and staff, how they learned about resource availability in the community, and other tangible forms of support. The co-researchers also discussed how they provided social support themselves, both to others experiencing homelessness and staff and service providers.

*“... Literally without you guys having stepped in, I could have easily not made it. And the fact that there was such beautiful help around in so many different, very basic, important things like hygiene and safety....You know, which was critical to me at that point, being able to have like a system where, you know, I mean, just everything. You guys were doing it all in such an incredible way. And it's lifesaving....” – Co-researcher, Sheltered Group*

*“So, during the pandemic, they did not try to focus on a person's negative aspects in life to get rid of them and just keep the positive aspects. They opened their arms to everybody, and they gave them the chance to get right. So, during the pandemic, that's what a lot of people needed, was that net, that safety net, and the [organization in Santa Barbara] provided that for us. This was crucial for me during the pandemic because after I lost my job, this is all I had left. This or the streets and being stuck out here in the open for sure. I was scared. That was the scariest thought in the world” – Co-researcher, Unsheltered Group*

### **Therapeutic Outlets**

Some co-researchers used the extra time during the pandemic to engage in therapeutic outlets such as art, reading, or spending time in nature.

*“Watching nature is, is incredibly, I think, very healing and very serene.” – Co-researcher, Vehicular Group*

*“I still have a little bit of cognitive and short-term memory issues. but I read. I've been reading like crazy. Another one of my photos, you know, I have read over 100 books, you know, originally from the library. And then when they were doing with the hashtag, you know, thing in the back like a book exchange type deal. I have read Pulitzer Prize winning novels, you know, and fascinating stories.... I mean, amazing, amazing stories. So that's another thing that, you know, not only to help myself recover.” – Co-researcher, Vehicular Group*

### **Trauma**

During the pandemic, co-researchers referred to feeling the effects of trauma explicitly or implicitly as well as instances in which the co-researcher describes a traumatic event (e.g., experiences of violence, abuse, dehumanization, sudden and unexpected death). Some co-researchers illuminated instances in which they experienced or witnessed abuse (e.g., physical, emotional, or sexual abuse). Co-researchers stated they were treated as less than human or witnessed someone else being treated as less than human. This included people treating them like animals or describing them in animalistic terms.

*“... They did take my stuff. They took ten thousand dollars of my property. I'm an artist. And they took my canvases, my paint, my luminescent paint. That's expensive, my paintbrushes. And I'm*

*telling you, they're just throwing our stuff, putting it in black bags, to make it a facade that what we have is invaluable.” – Co-researcher, Sheltered Group*

*“Homeless people notoriously been harassed in Santa Barbara from what I hear. I have not been homeless in Santa Barbara pre-pandemic. You know, I don't know, but I know one thing, hardly any harassment. It's still a little. It's still an us versus them mentality. ‘A homeless person might have a disease. Look out, Jim. Don't touch him.’ [laughs]. They don't want to take anybody to jail. They don't want to transport anyone anywhere.” – Co-researcher, Vehicular Group*

### **Uncertainty**

Co-researchers expressed feelings of stress and uneasiness in the uncertainty and unknown of the pandemic. Additionally, due to closures to restaurants, public restrooms, and grocery stores, co-researchers did not know where to access food or areas to engage in basic hygiene practices.

*“It's a gamble. It's all a gamble. It's symbolic of the gamble I'm taking. I'm gambling with all kinds of things out here. First of all, I'm gambling with my life. You live out here, you're gambling with your life. You live in your vehicle; you're rolling that dice. It's real. It's not just a dramatic thing. It's very real. It can cost you your life. You don't have the security that you have in a home. You don't have it. At home, you can lock your door. You can draw the shades. People can't see you. You don't have to look at them. You don't have to listen to them. If they stomp around on your lawn and cause too much of a fuss? Why you call the man. The men in black will come and take them away. Make them stop. You can't do that out here. Out here, you got no rights, baby. You call the men in black; they're going to look at you sideways and say, ‘What you call us for, Mr. Homeless Man? What's he calling us for? Maybe you're hearing things Maybe you're off your meds. Maybe we'll pay attention to your complaint tonight.’” – Co-researcher, Vehicular Group*

*“And so, I think the pandemic broke a lot of dreams, a lot of dreams that people had, hopes, and they wanted that to come to fruition and never did it. And then not knowing, not knowing what you're to get sick, you're going to die. And then, having that fear of...of uncertainty. And maybe, you know, somebody passes because it is possible. So, there is a lot of, a lot of scariness, a lot of fear.” – Co-researcher, Unsheltered Group*

### **Discussion of Themes and Co-researchers' Recommendations**

This research study aimed to better understand the impact of the COVID-19 pandemic on people experiencing homelessness in SBC. Data demonstrates that for individuals experiencing homelessness during the COVID-19 pandemic—whether it be vehicular, sheltered, or unsheltered homelessness, homelessness often forced them into challenging situations, in which they consistently faced contradicting policies and impossible choices. So many of the challenges that existed pre-pandemic were enhanced during the pandemic. For example, co-researchers pointed out the contradictions in policies that encouraged increased personal sanitation and closed facilities that are necessary to maintain personal hygiene. Co-researchers recognized that these decisions were made by people who had no experience with homelessness and pointed out the importance of people experiencing homelessness having a voice in places where these decisions are made.

Through the extensive data analysis process, co-researchers provided several broad recommendations to effectively help and advocate for individuals experiencing homelessness during the COVID-19 pandemic and future crises. Whereas local initiatives have focused on quarantine and testing for individuals experiencing homelessness, co-researchers pointed to more basic needs. They

recommended policies and approaches that ensured that people living unhoused have access to resources and information (both pandemic-related and general information on how to access services and assistance). They encouraged the community to work to leverage the progress made during the pandemic response for the future and emphasized the importance of people with lived experience having a voice in the pandemic response and homelessness policy.

### Co-researchers' Recommendations

Below are co-researchers' recommendations for changes that can be implemented to help individuals experiencing homelessness, particularly during disaster response efforts. Each recommendation includes an exemplary quote.

#### **Co-researchers' Recommendation 1: Need for Uninterrupted Access to Resources**

One key recommendation from co-researchers that emerged was the need for continuous, uninterrupted access to basic resources and resource hubs. They suggested that uninterrupted access to specific vital resources could be accomplished through:

- maintaining access to individual resources, such as meals, hot water, and bathrooms to maintaining health and hygiene during a crisis situation. Some suggestions for ways to maintain access to showers include:
  - Using volunteers or youth needing community service as volunteers for shower programs.
  - Charging a quarter per shower to provide funding that can be used to maintain and keep shower stations open.
- maintaining access to key resource hubs, such as public libraries so that individuals have access to charging stations, internet communications, and employment assistance.

*"There was a restroom up at the parking garage by the library, but it was shut. It was shut down during the whole thing. And several of the other public restrooms were shut down as well. And it was a pain in the [bad word]. And I mean, they're only open 12 hours a day to begin with." – Co-researcher, Unsheltered Group*

#### Coresearchers' Specific Recommendations for Uninterrupted Access to Resources

1. Open more public restrooms and have at least one or two open 24 hours a day.

*"I found that having access to 24-hour sanitation is extremely important, especially if you're asking us to wash our hands and/or we're being asked to wash our hands and do that regularly, and we don't have a place to do it, let alone go to the bathroom. But just to stay clean enough, you know, by the pandemic standards. You know, it's been impossible, you know, so why even put it out there?" – Co-researcher, Sheltered Group*

2. More portable toilets and hand washing stations for people experiencing homelessness to access.

*"..... It would be nicer to have more of those portable toilets and especially the hand washing station stations, which are phenomenal." – Co-researcher, Vehicular Group*

3. Install more working public drinking fountains on State Street.

*“...Most of the drinking fountains that are the public drinking fountains up and down State Street don't even work.” – Co-researcher, Unsheltered Group*

4. Provide a mobile laundromat, a mobile salon, or mobile restroom/shower station.

*“So try and look into possibly a mobile laundromat, even a salon to get your haircut, or you know, and that type of thing, you know, even possibly maybe a shower and with my pictures and whatnot, a bathroom. Because, you know, they have these the bathrooms out there, but they closed them at sunset and whatnot. Well, that don't help much at all. And it don't help, I mean, anybody else who doesn't have the opportunity, pandemic wise or not, to be able to use the bathroom. I know in Santa Barbara; I've seen that they have some outhouses and whatnot on the streets during the pandemic. Here they didn't have none of that, nothing like that. So, I mean, that would have made it a lot easier, especially when you turn around looking at law enforcement, and they see if you have to go to the bathroom. And you're outside; you know, you know that the law, the law mandates now if you expose yourself or whatever, just taking a leak or whatnot, that it could be a sexual offense. And then you have to register as a sexual offender, and why not just because you didn't have nowhere to go to the bathroom.” – Co-researcher, Unsheltered Group*

*“But like this thing they have on Wednesdays, they had a portable shower thing come in and at least, you know, we could go over there and take a shower. And that really helped.” – Co-researcher, Unsheltered Group*

5. Install solar powered charging stations.

*“There are public call boxes every quarter mile, and there's solar powered. Why can't they put a solar powered charging station up and down the street? Having a public charging station (e.g., a metal box) where you can place your phone” – Co-researcher, Unsheltered Group*

6. Provide services for physically disabled people experiencing homelessness.

*“To go into PATH or to go into the Salvation Army, you need to be referred by Behavioral Wellness to get any assistance. And you have to be mentally ill, a rehab—drug and alcohol rehabilitation, or criminally or medical, like a six week on a medic, immediate medic. And that's what I'm saying. The people who are physically disabled, that are mentally sane, pretty much didn't do this to themselves. We're being erased and eliminated. There's no services if you're physically disabled.” – Co-researcher, Sheltered Group*

7. Provide food stamps for hot meals or provide a way to have access to hot meals.

*“Why do they not give us food stamps for hot food if you don't have a kitchen when you're out on the road?” – Co-researcher, Sheltered Group*

*“Personally, I think you have better health. Yeah. As well, if there was a way to have hot food, I don't know how that's going to happen, you know, in a situation like this, because they're afraid*

*of spreading. I'm not sure what the whole thing was with the hot food issue was that, you know, even if there was some way to have some microwaves available or whatever, but just, you know, I notice my health, especially with my digestive system issues. Yeah, hot food makes a difference, especially during the wintertime when it's cold. Even if it's just hot cocoa or hot soup. If I start feeling a cold coming on, I'll break down and spend seven to ten dollars on a thing of soup, you know, from a restaurant. Even though I really don't have the extra money to do it because it can kick it out.” – Co-researcher, Vehicular Group*

8. Use abandoned buildings for drop-in centers or places that people experiencing homelessness can access.

*“So, I mean, there's a lot of places around here that, open them up, and you do what you're supposed to, you know, like even a drop-in center. That's fine. You know, use it at least for the older people, have a place for them.” – Co-researcher, Vehicular Group*

*“And you know, I wouldn't mind seeing this building opened up and making it like a media center or a project for City Council to take more than just open it up and give the guys somewhere to go during the day. So, they're out of the eyes of the public. So, they're not hanging around being a nuisance, you know?” – Co-researcher, Unsheltered Group*

9. Provide open spaces for homelessness encampments.

*“In Arizona, they had a parking lot that was empty like that, and they put the homeless people in it. And they put them in parking spaces, put them six feet apart, even their own parking space. So, no space where they can keep their stuff. They could lay out at night. They could come and go as they wanted to come and go from the states. And it was monitored, of course, you know, so, you know, there's some security there, but any lot in Santa Barbara would probably work for that, you know, and having not the greatest place in the world, but a safe place, a legal place, you know, would be better than nothing.” – Co-researcher, Sheltered Group*

10. More emergency shelters.

*“I would say more emergency shelters because the winter shelters around here only run during the winter months when it gets too cold to be outside. But I say if you implement some type of study group that would actually take on a project as drop-in centers, drop-in centers like the Wellness Center and all that, people know about that. But there are some places that are close by where people hang out that are empty, abandoned, then nothing is being done with them, you know. And if the focus is put on the little things, you'll see that a lot of the big problems that are being created are handled a lot smoother if you look at what's right in front of your face. Because so many people, like I said, it's all about money now and trying to rebound. But a lot of money has already went out to keep people afloat.” – Co-researcher, Unsheltered Group*

### **Coresearchers' Recommendation 2: Impact of Messaging on Those Experiencing Homelessness in Crises**

Co-researchers suggested a need for positive messaging about those experiencing homelessness during crisis situations. They indicated that the fear, scapegoating, and harassment that can be associated with

vulnerable populations in times of crisis should be addressed to effectively care for individuals experiencing homelessness and promote public health. Many co-researchers indicated that there was a negative shift in the perceptions of homelessness during the pandemic, evidenced by how the homelessness community was viewed as unsanitary, dirty, or carriers of COVID.

*“The cops, they didn't even want to get close to a lot of us. They still don't. That's probably our saving grace out here. Homeless people notoriously been harassed in Santa Barbara from what I hear. I have not been homeless in Santa Barbara pre-pandemic. You know, I don't know, but I know one thing, hardly any harassment. It's still a little. It's still an us versus them mentality.” – Co-researcher, Vehicular Group*

*“In December of 2020, that's when it really fully affected the shelters. Hundreds from PATH, the Salvation Army, and the Rescue Mission were quarantined throughout December 2020. That was an entire year after the start, but they tried to say it was the homeless people all along. And they made us feel like, you know, we were diseased, and we weren't.” – Co-researcher, Sheltered Group*

*“There's a lot of stigma, and then with the pandemic, it was like amplified because a lot of people thought that we would make it worse—the homeless population would make it worse.” – Co-researcher, Unsheltered Group*

#### Coresearchers' Specific Recommendation for Messaging

1. Provide a Community Liaison to assess people experiencing homelessness

*“I think they need a liaison. Like you have the community service officers—a liaison that comes out and actually talks to these people and asks them and then determines—maybe give them an assessment for mental illness. Or if there's a, there's a disorder, or there's something that asks—what is the, what's the key, what is the cause, what is the reasons why you're like this?...Because you can take someone like this and put them in a home, and it's not going to make any difference. They're just going to bring more people in, and it's still going to be the same thing. There's no solution to that. You've got to find a solution to their—what is missing? ..... What are their needs? Are their needs medical, psychological, or monetary?” – Co-researcher, Vehicular Group*

#### **Coresearchers' Recommendation 3: Need for Opportunities to Develop Community Relationships**

Co-researchers discussed the need for opportunities to develop positive relationships with law enforcement and elected officials to address stigma in decision-making during times of crisis. They shared their belief that education and training for these leadership groups as well as face-to-face interaction are instrumental components of destigmatizing perceptions and views surrounding individuals experiencing homelessness.

According to co-researchers, educating the community can also be accomplished by:

- Building relationships with police. This can include hosting more community events to develop positive relationships with law enforcement.
- Building relationships with elected officials, educating them about individuals experiencing homelessness, and focusing on improving the messaging and education surrounding the homelessness community.



*“Make them [the community] more aware that there are people that are suffering. Bring to light that, hey, this is a person that needs help, and if you can't see that because of whatever reason, your own judgment or belief...they can be helped. That person right there can be a productive. That person right there is probably a good worker if you put them in the right position. Probably a beautiful person to befriend. But because of the situation, and then using the pandemic as an excuse... And all they need is, I always say, ‘a hand up and a boot down.’ And seems like most people just want to be listened to. They want to be heard. Because I'm sure this person probably could tell you a lot of things.” – Co-researcher, Sheltered Group*

#### Coresearchers' Specific Recommendations for Developing Community Relationships

1. Provide hands-on training on how to interact with people experiencing homelessness through universities or directly to Law Enforcement

*“The police, as far as I know, they are all supposed to have some form of training with the homeless people or people that are developmentally disabled, things like that. When you're dealing with the public, maybe they also ought to be in this situation where you're dealing with...many people that have done the same thing that I have.” Co-researcher, Vehicular Group*

*“I think another one could also be through the University and City College. They could use it, you know, maybe they could use this as part of an educational tool in sociology classes and technology classes, master level, you know, or maybe even with, like I mentioned, like the police. You know, they are supposed to have some training. Maybe this should be part of their training...It's easy to judge until you walk in someone's shoes” – Co-researcher, Unsheltered Group*

2. More community involvement by the Police Department

*“I think that the community, the police department needs to have more speakers events. They used to have speaker at the park where the police would come together and give rallies and give barbecues and give basketball and baseball games. They've become a community, whether they're the enemy. You know, it's hard to live in a town where the police is your enemy. I've lived in towns like that, like I lived in L.A. before, and the police was the enemy. Well, they never came to help. They always came to break up something here. It's a different you know, I like to see the police department here in Santa Barbara get back to police in the community by really caring about people.” – Co-researcher, Sheltered Group*

#### **Coresearchers' Recommendation 4: Importance of Maintaining Opportunities Resulting from the COVID-19 Pandemic**

Co-researchers' perceived benefits of changes and opportunities that arose during the pandemic and recommended carrying forward these opportunities in the future. For example, co-researchers communicated the benefits of having free reign at the parks to spread out their belongings and spend time uninterrupted. Co-researchers suggested that ways to provide similar benefits moving forward (e.g., creating designated safe spaces for individuals to pass their time uninterrupted) should be explored. Other co-researchers noted the benefit of the “all in this together” mentality created by the pandemic.

*“The dignity of having a clean place to sink in and get your life together and have a phone and a place to rest and, you know, people that support you” – Co-researcher, Sheltered Group*

*“Ordinary, everyday people that weren’t really organized stepping up and, you know, they, they came to the park, they came behind the building, certain small churches. And then just certain people just say a mother and daughter would show up, you know, a mother, daughter, and a friend of the daughter, and they would show up, and they would give people food.” – Co-researcher, Unsheltered Group*

#### Coresearchers’ Specific Recommendations for Maintaining Opportunities from the COVID-19 Pandemic

1. Provide a fenced off area for people experiencing homelessness to sleep. Also, have law enforcement police the fenced off area.

*“Like Nevada has a fenced off area where they have people sleep. But they have security. So, I mean, they watch their stuff kind of.” – Co-researcher, Sheltered Group*

2. Have an area in the community where individuals experiencing homelessness can park cars

*“[Have a] community spot where you can park your cars and be safe.” – Co-researcher, Unsheltered Group*

#### **Coresearchers’ Recommendation 5: Foregrounding Input from Those with Lived Experience**

Co-researchers invited community leaders to see the world from their perspective before making decisions and asked for the perspectives of different subpopulations (e.g., unsheltered, sheltered, vehicular) to be included in the decision-making process.

*“What would I say to people if I had a voice? What would I say to people, you know, that might have some power or some ability to do something positive should this type of thing come around again or just in the middle of this sort of thing? ...Perhaps if my voice is heard, other voices will be heard. That's what I was hoping for. That's what I want to put across to folks out there, you know, who don't know what it's like.” – Co-researcher, Sheltered Group*

#### Coresearchers’ Specific Recommendations for Foregrounding Input

1. Minimize food waste by changing policies.

*“Making sure that we're not wasting because we waste so much...And that's what I thought about because I, I know there's a lot of good foods, a lot of good restaurants, but a lot of them, a lot of grocery stores have a rule that you can't go back into the dumpster just because of insurance. So somehow, I know insurance and laws and all that has to get figured out. But that's something governmental. I'm just saying I just hate the thought of food getting wasted when there's hungry people.” – Co-researcher, Sheltered Group*

2. Offer restaurant vouchers for people experiencing homelessness.

*“Bring restaurant vouchers for us to eat there. Why? Because to eat in a restaurant and to have healthy food is a very huge part of being dignified and feeling whole when you eat good food, not when you're given food that you know nobody else would want. So that's number one, but*

*the key here is, is the dignity comes because the homeless people are going to be bringing business to the local restaurants through this initiative, which would be a voucher program...This offers the homeless the much needed good nutrition for health and the dignity of giving back to the community by supporting the food industry of [place-Santa Barbara County].” – Co-researcher, Sheltered Group*

3. Provide more information about the benefits associated with EBT cards

*“So about the EBT card— I found out online, and I wish it was out there more so people would know, especially if you want to eat fresh food, go to the farmer's market, which I've been to the [place downtown Santa Barbara], and [suburb in Santa Barbara]. And you take your EBT card, and there is actually a kiosk with a certain tent color. And you tell them, ‘OK, I want ten dollars-worth of, you know, off of my card,’ and they will give you an additional ten dollars for free. ....That means you can get like twice the amount of produce. I wish that would be explained more because I found out on my own online.” – Co-researcher, Vehicular Group*

4. Develop a program for people to donate old vehicles to churches

*“If they wanted to find ways to help people try to get some kind of program. I know people used to donate old vehicles to churches and stuff. If they can get some kind of program, you know, to help people find an automobile as a shelter for them, you know?” – Co-researcher, Vehicular Group*

5. Dedicate businesses or places for people experiencing homelessness to obtain ice for medical purposes.

*“I have to have actually one ice chest I dedicate just for my ice bags because now I have a slip disc and acute sciatica in one of my legs. And so, I, I've been told by my provider, my primary, I've got to ice it and you know, it's, it costs money. It, you know, they melt and it's like, ‘OK, well where am I going to get the ice now?’ And it would be really nice if there were dedicated places or a business. They could work something out because I know it's not just me, especially the ones people that have cars that can have coolers that can afford it or whatever.” – Co-researcher, Vehicular Group*

*“There could be somebody that has, you know, that's diabetic, and they've got insulin. And they have to have it refrigerated.” – Co-researcher, Unsheltered Group*

6. Provide more support to veterans through Veterans Affairs involvement.

*“The VA administration should be out here a little bit more. They should be able to take care of their veterans a little bit more because there are a lot of veterans out here from ages 30 to all the way to 73 that are out here in the public that feel like the country they fought for is not giving them the help they need just because they're homeless or they choose to be comfortable in their way of life.” – Co-researcher, Unsheltered Group*

## Conclusion

This study demonstrates that individuals experiencing homelessness in SBC in the spring of 2021 were impacted in some ways that public health officials expected (e.g., not having access to safe places to quarantine), but not all. When asked directly, people experiencing homelessness pointed to the exacerbation of pre-existing issues related to social determinants of health (e.g., lack of access to sanitation facilities and healthy food) as the most detrimental impacts. Co-researchers rarely discussed needing a place to quarantine, whereas they ubiquitously discussed needing space to exist and access to toilets. This study suggests that addressing these social determinants of health is most important for preparing for future public health crises among this population in addition to focusing on the typical pandemic protection measures. The study findings will be shared more broadly with community leaders, service providers, and the general public to help disseminate knowledge specific to homelessness communities in crisis response efforts.

## References

1. Cheezum RR, Rosso MT, Niewolak N, Cobb T. Using PhotoVoice to understand health determinants of formerly homeless individuals living in permanent housing in Detroit. *Qualitative health research*. 2019;29(7):1043-1055.
2. McKinsey E, Pruitt AS, Austin T. "It's not the end of the story:" Understanding the continued recovery from homelessness using Photovoice and content analysis. *Journal of Community Psychology*. 2021;49(5):1100-1120.
3. Pruitt AS, Barile JP, Ogawa TY, et al. Housing first and photovoice: Transforming lives, communities, and systems. *American journal of community psychology*. 2018;61(1-2):104-117.
4. Wang C, Burris MA. Photovoice: Concept, methodology, and use for participatory needs assessment. *Health education & behavior*. 1997;24(3):369-387.
5. QSR International Pty Ltd. (2020) NVivo (released in March 2020), <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>
6. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
7. Coronavirus Disease 2019 (COVID-19): People Experiencing Homelessness. . U. S. Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/homelessness.html>
8. Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials. . U. S. Centers for Disease Control. Accessed February 20, 2022. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>
9. Tsai J, Wilson M. COVID-19: a potential public health problem for homeless populations. *The Lancet Public Health*. 2020;5(4):e186-e187.
10. Kowitt S, Woods-Jaeger B, Lomas J, et al. Peer Reviewed: Using Photovoice to Understand Barriers to and Facilitators of Cardiovascular Health Among African American Adults and Adolescents, North Carolina, 2011–2012. *Preventing Chronic Disease*. 2015;12
11. Wang CC. Photovoice: A participatory action research strategy applied to women's health. *Journal of women's health*. 1999;8(2):185-192.
12. LaCalle EJ, Rabin EJ, Genes NG. High-frequency users of emergency department care. *The Journal of emergency medicine*. 2013;44(6):1167-1173.
13. Israel BA, Eng E, Schulz AJ, Parker EA. *Methods for Community-Based Participatory Research for Health*. Wiley; 2012.
14. Nykiforuk CI, Vallianatos H, Nieuwendyk LM. Photovoice as a method for revealing community perceptions of the built and social environment. *International journal of qualitative methods*. 2011;10(2):103-124.

## Appendix A

**Table 2.** Codes and Sub-codes Used for Data Analysis Process

Code and Sub-codes <sup>a</sup>	File <sup>b</sup>	References <sup>c</sup>
<i>Access to Resources</i>	13	164
Closures	11	93
Identifying pre-existing resources	6	32
Openings	6	33
Virtual Access	4	17
Agency Dignity	7	74
Dignity - taking pride in one's appearance, status	1	1
Alone	8	55
Isolation_Loneliness	2	8
Solitude	4	16
Basic Needs	14	315
Food	10	83
Health Support	9	60
Hygiene	12	84
Phone	5	24
Rest	7	27
Safety	13	62
Shelter	11	88
Space	3	19
Parking	1	1
Storage space for belongings	1	2
Community	9	37
Emotional Response	0	0
Despair	5	39
Fear	9	50
Gratitude	9	59
Emotional Support	7	77
Animals and pets as emotional support	5	60
Friends	6	29
Faith	7	28
Family	5	15
Biological Family	2	5
Grief-Loss	7	16
Hope	8	43
Negative Effects of COVID	11	161
Chaos and change	7	31
Increased homelessness	5	10
Job loss	6	28
Negative emotional response from the community	6	16
Unclear Policies	3	21
Perceptions of homelessness	11	88
Advocacy	3	5
Already criminalized	11	44
Changes in perceptions of homeless community	2	7

Code and Sub-codes <sup>a</sup>	File <sup>b</sup>	References <sup>c</sup>
Perceived Discrimination	7	39
Viewed as unsanitary, dirty, carriers of COVID	6	16
Positive Effects of COVID	10	58
Community left people alone	2	3
Equalizing	3	3
Equalizing effect of COVID	3	12
More free time	5	13
Police left them alone	3	4
Policies	1	1
Unclear Policies	2	4
Updated park policies	2	2
Stimulus Funds	6	10
Recommendations for change	13	138
Resilience Adaptability	6	32
Social Support	7	46
Caring staff and service providers	4	27
Information Support	4	4
Resource Availability	4	5
Tangible Support	4	18
To staff and service providers	3	16
To those experiencing homelessness	7	28
Therapeutic Outlets	7	54
Art as therapy	5	18
Reading	2	11
Therapeutic benefits of nature (outside, being in nature)	6	36
Trauma	6	30
Abuse	4	23
Dehumanization	6	13
Violence	1	11
Uncertainty	7	41

<sup>a</sup> Code and sub-codes are the words, phrases, and/or ideas from the coding tree. A deductive coding process was used to develop the coding tree.

<sup>b</sup> File denotes the number of focus group transcript(s) that the code or sub-code appeared in.

<sup>c</sup> References denotes the number of times the code and/or sub-code appeared in a file. A code and/or sub-code may appear multiple times in one file.

**Table 3.** Codes Used for Data Analysis Process

Code	File <sup>b</sup>	References <sup>c</sup>
Access to Resources	13	164
Agency Dignity	7	74
Alone	8	55
Basic Needs	14	315
Community	9	37
Emotional Response	0	0
Emotional Support	7	77
Faith	7	28
Family	5	15
Grief-Loss	7	16
Hope	8	43
Negative Effects of COVID	11	161
Perceptions of homelessness	11	88
Positive Effects of COVID	10	58
Recommendations for change	13	138
Resilience Adaptability	6	32
Social Support	7	46
Therapeutic Outlets	7	54
Trauma	6	30
Uncertainty	7	41

<sup>a</sup> Code are the words, phrases, and/or ideas from the coding tree. A deductive coding process was used to develop the coding tree.

<sup>b</sup> File denotes the number of focus group transcript(s) that the code or sub-code appeared in.

<sup>c</sup> References denotes the number of times the code and/or sub-code appeared in a file. A code and/or sub-code may appear multiple times in one file.



## Appendix B

**Table 4.** Coding Matrix Showing Intersections Between Main Themes Derived from Secondary Content Analysis

	Access to Resources <sup>a</sup> (n=164)	Basic Needs <sup>b</sup> (n=315)	Negative Effects of COVID <sup>c</sup> (n=161)	Perceptions of Homelessness <sup>d</sup> (n=88)	Positive Effects of COVID <sup>e</sup> (n=58)	Recommendations for Change (n=138)
	<b># of references shared between themes</b>					
<b>Access to Resources</b>	164 (100%)					
<b>Basic Needs</b>	97 (59.1%)	315 (100%)				
<b>Negative Effects of COVID</b>	59 (36.0%)	77 (24.4%)	161 (100%)			
<b>Perceptions of homelessness</b>	14 (8.5%)	74 (23.5%)	73 (45.3%)	88 (100%)		
<b>Positive Effects of COVID</b>	15 (9.1%)	47 (14.9%)	47 (29.2%)	6 (6.8%)	58 (100%)	
<b>Recommendations for change</b>	35 (21.34%)	112 (35.6%)	113 (70.2%)	31 (35.2%)	10 (17.2%)	138 (100%)

<sup>a</sup> Access to Resources includes closures, identifying pre-existing resources, and opening

<sup>b</sup> Basic Needs includes food, health support, hygiene, phone, rest, safety, and shelter

<sup>c</sup> Negative Effects of COVID includes job loss and negative emotional responses from the community

<sup>d</sup> Perceptions of Homelessness includes changes in perceptions of the homelessness community and being viewed as unsanitary, dirty, carriers of COVID

<sup>e</sup> Positive Effects of COVID includes equalizing effects of COVID