

## **Background of the Hygiene Project:**

In partnership with Sisters Of The Road, located in Old Town/Chinatown, it was determined that a deep exploration of the hygiene needs and challenges of people experiencing poverty and homelessness was needed. Master of Social Work students in a graduate level poverty course at the School of Social Work (PSU) worked in collaboration with community members, people who are unhoused, to determine the survey questions and methods for outreach. In February 2014 an IRB was granted by Portland State University's Institutional Review Board and outreach and surveying began. A total of 550 surveys (N = 550) were completed and analyzed (2016); subsequently this report was created to report back the stories and input we heard from people living outside highlighting their struggle to meet their basic human need for hygiene and health.

## **Access to hygiene, access to health:**

Access to hygiene plays a critical role in health and well-being. Inaccessible hygiene has been linked to the spread of disease (individual and community) including Methicillin-Resistant Staphylococcus Aureus (MRSA); fungal, strep and staph infections and skin infections (e.g. scabies, head lice and body lice). It also has potential public health implications such as Hepatitis A, B, and C; various bacterial and viral diseases as well as potential introduction of environmental toxins in the cleanup of human waste in public spaces and the contamination of public water sources.

In terms of connection to hygiene and health, 40% (n = 222) of respondents reported medical problems related to inaccessible or non-existent hygiene resources. Survey respondents reported developing staph infections, MRSA, scabies, endocarditis, and urinary tract infections. As a result of these medical issues, many respondents reported using hospital systems including emergency rooms to meet their health needs. Others reported accessing Urgent Care, Primary Care Clinics including CCOs, or other community based medical clinics (e.g. Central City Concern).

## **Some access, however, it is limited:**

The lack of access to hygiene includes, but is not limited to, access to bathrooms, shower facilities, laundry, feminine hygiene, and dental hygiene. Many respondents reported using bathrooms in public facilities (55%, n = 305; e.g. Central Library, City Hall, and the mall), the Portland Loo (33%, n = 183), and shelter restrooms (32%, n= 176). Other locations respondents noted included privately owned businesses, outside/street/brush, or through the use of plastic jugs or buckets.

In Portland, as is the case in other towns and cities across Oregon, we criminalize poverty. There are numerous ordinances that allow for citations for various infractions to people who are living outside. As of 2014 the city of Portland had eleven ordinances which targeted specific behaviors ; e.g. sanitation, hygiene, public urination or defecation; sleeping, camping, lodging; food sharing; and standing, sitting, resting. While one may conceive these laws are necessary we must recognize that they do affect people living outside at greater numbers than those of us who are housed. Respondents noted experiencing harassment by private security or police (40%, n=222); reported having been cited or ticketed (21%, n=115); reported being denied access to meals, foods or services due to lacking hygiene (22%, n=123) and denied access to shelter due to lacking hygiene (20%, n=111).

## **Where do people go to get clean?**

To meet hygiene needs we must recognize this struggle is much more than just access to bathrooms but also consider showering, washing clothes and access to feminine hygiene supplies as well. Respondents most frequently reported utilizing Transition Project, Inc. (46%, n = 253) and JOIN (11%, n = 61). Some respondents (37%, n = 206) noted getting some hygiene needs met at various other locations including Red Door (St Andre Bessette), Rose Haven, Sisters Of The Road, Union Gospel Mission, and the Portland Rescue Mission. It is important to know that many of the above mentioned organizations are open for limited 'business' hours and most are only open Monday through Friday (9am-5pm) with limited weekend hours, if any at all. TPI and JOIN are just a few places that provide showers, laundry, and bathroom access. JOIN is able to provide approximately 40 showers a day/5 days per week and also provides vouchers for laundry at a nearby laundromat. TPI provides approximately 100 slots for showers daily and has the capacity to provide approximately 48 loads of laundry per day. So while the respondents frequently reported TPI as a

place to go for hygiene needs it does not accurately indicate that the hygiene needs are being met. Indeed, respondents frequently reported barriers to getting hygiene needs met including limited hours (51%, n =280), facilities are too far away (30%, n = 163), and other issues (29%, n = 160) which included long lines, health barriers, cleanliness of facilities, and time limits.

### **A community hygiene center:**

The most recent *Point-in-time Count of Homelessness (Portland/Gresham/Multnomah County, 2015)* report noted that 3,801 people were defined as homeless according to the U.S. Department of Housing and Urban Development's (HUD) definition of homelessness. We know from this report that the number of African Americans who were unsheltered increased by 48% from 2013-2015; we know that the number of unsheltered women increased by 15%; and families with children increased 24% during this same time period. The number of people with disabilities did not increase from 2013-2015, but remains extremely high at 57% and 67% of women surveyed noted they had disabilities.

This report exhibits the need by highlighting the experience and voices of people struggling to meet their human need for hygiene: to get their bodies clean, to have access to clean restrooms with warm water and soap and access to free laundry facilities to clean their clothing. As human beings, unhoused or housed, we are all deserving of health and to be free from debilitating and sometimes life threatening diseases, particularly those that are related to hygiene. Access to hygiene is vital to achieve this goal, especially for our unhoused community members. Through in-depth conversations with community members they voiced what is needed as experts in their own lives and experience – here is what they said is needed in a hygiene center:

- Open seven days per week, at least 12-14 hours per day (47%, n=260);
- Accessible showers and supplies (50%, n=260);
- Accessible bathrooms (51%, n=283);
- Washer/dryer laundry facilities (82%, n=453);
- Storage/locker space (47%, n=255) is needed.

Thank you for this opportunity to present this important data. Our collective creativity and allocation of financial resources to support the needs of our unhoused community members is vital.

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Homelessness is tragic and it is unacceptable. We are currently experiencing a housing crisis here in the Portland Metro area and we don't foresee an end to homelessness in our immediate future. We assert that we must approach this calamity from every possible angle with creative approaches at multiple levels.