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HOMELESS WITH BREAST CANCER

Pepperdine University

Graduate School of Education and Psychology

HOMELESS WITH BREAST CANCER ON SKID ROW, LOS ANGELES:

A REVIEW OF SERVICES FOR WOMEN

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Eva Dittrich

July, 2020

Carrie Castañeda-Sound, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Eva Dittrich

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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DEDICATION

This paper is dedicated to Shobha, a brave woman in India I had the privilege to interview and photograph in 2008, who was ostracized by her family and friends and made homeless upon her breast cancer diagnosis. Your positive attitude, song, willingness to share your experience with a stranger, and determination to survive even in the harshest of circumstances have inspired me more than you may ever know.

(Photograph used with permission.)



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ABSTRACT

This study reviews the literature on breast cancer in general and narrows to within the context of the homeless population of Skid Row, Los Angeles, positing that the experience of breast cancer while homeless is a compounded traumatic experience with complex and numerous practical challenges. It poses the following questions: What services are available to homeless women on Skid Row, Los Angeles, the information about which can be found online? Which and how many services are dedicated to breast cancer screenings and treatment? Are other types of cancer screening and treatment services advertised on the included service organizations' websites? A thorough online search was conducted to identify services for women living homeless on Skid Row, and a master list of 46 organizations and agencies was created to serve as the foundation for a future website and booklet that will meet the need for a comprehensive and easy-to-use resource for this population. The process of finding the relevant information online about services proved to be more difficult than expected. Information gathered from this search was analyzed to answer the research questions, providing data on the most common services found in the online search as well as the very low level of attention to breast cancer screening and complete lack of cancer treatment options located in the immediate area. Conclusions from this study support the literature that not only is obtaining an early cancer diagnosis more difficult for homeless women overall than for the general population, but also that initiating and being able to follow through on cancer treatment is even more of a challenge. Organizations providing services to homeless women on Skid Row are recommended to improve on two major tasks: a) Increase programming for breast cancer and other types of cancer awareness, screening, and treatment, and b) Improve their websites so that they thoroughly and efficiently communicate their offerings to women or their helpers who may be searching online for immediate help.

Chapter 1: Introduction

Personal Narrative

From 2008-09, I met with and interviewed 25 women with breast cancer and breast cancer advocates in India, the Philippines, Dubai, Japan, and the United States (Hawaii, New York, and Kansas) about their experiences of the disease. The stories I was told were shocking, to say the least. What started with the intention to be an interesting cultural study quickly turned into an intense investigation and advocacy campaign.

In India, the Philippines, Dubai, and Japan, the experience of breast cancer was multidimensionally and unequivocally terrible, and not just because of the disease. Social and cultural beliefs and stigma about cancer, interpersonal and relational failures of family and friends to provide much-needed support, and lack of resources and education created situations in which women with breast cancer were pushed to the limits of physical and mental human tolerance and survival. Having never heard about breast cancer before, the women I interviewed in India were kicked out of their homes and ostracized from family and friends upon diagnosis because it was assumed that they had performed an obscene sexual act with someone besides their husbands, that the gods were punishing them for bad behavior in a past life, and that the cancer was contagious. Japanese women were isolated due to the cultural stigma of cancer, especially female cancers, and their husbands made treatment decisions on their behalf. American expats living in Japan could not tell their employers about their cancer because they would lose their jobs and health benefits, so they wore realistic wigs to hide their bald heads, lots of makeup to hide their tired eyes, and met me for interviews and photographs on their lunch breaks as they sat in chemotherapy chairs with needles in their arms in the hospital clinic. A 32-year-old Japanese, American-educated finance professional with a MBA took a job in New York

City upon her breast cancer diagnosis to avoid having to tell her traditional Japanese parents she had breast cancer and let them watch her through treatment, simply because of the burden and stigma it would place on them. The Filipino women I interviewed were recommended preemptive double mastectomy with no family history of breast cancer or personal indicators of presence or risk, because of fear-mongering and greed by private surgeons; poor women fundraised, and others gave away their life savings for the surgeries, which were often botched and left them with deformities and infections. Wealthy educated Emirati wives in Dubai expressed discomfort talking to their husbands about their bodies and lamented the cultural and religious stigma of the female body. They told me that it made them feel lonely and unable to talk to anyone besides their doctors about their disease.

While the results of the in-depth interviews I conducted with breast cancer patients and survivors internationally cannot be generalized to all women from these countries, the disheartening and horrifying stories point to a range of factors that warrant further study. For women from Western cultures, the experience was better. Although treating breast cancer is undeniably unpleasant, at a minimum, British women living in Dubai and Americans in the United States and abroad had the support of their husbands, families, peers of the same culture, and the “Pink” social culture that organizes fundraising walks and events for breast cancer. The women of these Western cultures in Dubai, Japan, and the United States who responded to my requests for interviews were part of an established breast cancer support group and of middle- to upper-class socioeconomic status.

The information I gathered during my travels prompted me to enroll in New York University’s Trauma and Violence Transdisciplinary Studies graduate program, where I conducted literature reviews on the links between living in extreme poverty, traumatic

experience, and the experience of breast cancer. My main conclusion was that women who live in extreme poverty are not only constantly stressed and compromised by lack of food, clean water, health services, education, and shelter, in many cases, they are also more prone to traumatic experience that has negative mental and physical health impacts. In this context, then, a diagnosis of breast cancer likely results in a deeply compounded traumatic experience and worse health outcomes than women with more resources and support. Breast cancer is difficult enough when an individual has plentiful or enough financial resources, prior education about the disease, good and accessible health services, and a supportive spouse, family, and friends. Without these supports and with even more psychological damage and stress, such as an abusive family or a culture that stigmatizes female diseases and tells them it is their fault, the experience of breast cancer becomes much, much harder.

When I moved to Los Angeles in 2010 and saw the pervasive homelessness, sense of unrest and volatility across the city, and the stark contrast between the rich and the poor, I began to consider what the experience of breast cancer as a low-income or homeless woman in the United States would be like, as all of my prior research was about women in either “Eastern” cultures or middle- to upper-class women in Western cultures. I realized that there are separate and insular ethnic neighborhoods within Los Angeles that traditional, male-dominated cultural values rule, immune to mainstream American culture. I learned about the mental health issues contributing to homelessness and the densely homeless populated area called Skid Row in downtown Los Angeles. Given all of this information, it made sense to me that if so many of the women I had met in different countries of various cultures and socioeconomic statuses had experienced lack of access to appropriate health care and stigma, and discrimination because of breast cancer, then it was likely that there were many women in Los Angeles suffering similar

circumstances. This prompted me to start the 501(c3) nonprofit organization, Shobha, named after the first woman I met with a compounded traumatic experience of breast cancer in India. The mission of the organization is to improve the quality of life and contribute to positive health outcomes for underserved breast cancer patients and survivors; to increase awareness of the issues surrounding breast cancer in underserved populations; and to facilitate discussion about breast cancer across culture and socioeconomic status. The goal is to provide assistance to those women with breast cancer who have “fallen through the cracks” of the available services and face paramount life problems and barriers to successful health care.

Statement of the Problem

For the purposes of this dissertation, I focused on the experience of breast cancer for homeless women living on Skid Row in downtown Los Angeles and the available services to help them. In addition to conducting a critical review of the scholarly literature pertaining to homeless women experiencing breast cancer, I reviewed and presented the local services available to this population in an effort to supplement the existing literature and, ultimately, provide a useful, user-friendly resource guide for women in need.

Chapter 2: Literature Review

Before reviewing the available services for women on Skid Row, it is important to understand breast cancer epidemiology and demographics, homelessness and cancer screening and treatment inequalities, and other factors affecting quality of life and health outcome; and to make the case for viewing living in extreme poverty with breast cancer as a compounded traumatic experience that likely requires multidimensional and individualized case management.

Breast Cancer Overview

Breast cancer occurs when cells originating from breast tissue divide and grow without their normal control, most commonly from the inner lining of milk ducts or the lobules that supply the ducts with milk (Sharma, Dave, Sanadya, Sharma, & Sharma, 2010; Susan G. Komen Breast Cancer Foundation, 2018). There are different types and classifications that will inform treatment needs.

Types and classifications. Ductal carcinoma in situ (DCIS) occurs when the abnormal cells grow inside the milk ducts but have not spread to nearby tissue. DCIS is the most common type of noninvasive breast cancer and has a very high cure rate. In contrast, invasive breast cancer has spread to nearby tissue and includes metastatic breast cancer, which occurs when it spreads to organs and other parts of the body, most often the bones, lungs, liver or brain. Although metastatic breast cancer is not curable, it can be treated for several years and that focuses on length and quality of life (Balentine, 2018; Desantis, Ma, Bryan, & Jemal, 2014; Susan G. Komen Breast Cancer Foundation, 2018). The most common form of breast cancer overall is invasive ductal carcinoma, which starts in a duct of the breast and grows into the surrounding tissue; this makes up about 80% of invasive breast cancers. Invasive lobular

carcinoma starts in the glands of the breast that produce milk and is the second most common type of invasive breast cancer, making up 10% of the category (Balentine, 2018).

Other less common forms of breast cancer include the following: Mucinous carcinoma (formed from mucus-producing cancer cells), medullary carcinoma (infiltrating breast cancer with well-defined boundaries between cancerous and noncancerous tissue), inflammatory breast cancer (breast skin appears red and feels warm due to the blockage of lymph vessels by cancer cells), triple-negative breast cancers (subtype of invasive cancer with cells that lack estrogen and progesterone receptors and have no excess of the HER2 protein on their surface; more common in younger and African-American women), Paget's disease of the nipple (starts in the ducts and spreads to the nipple; presents with crusting and redness around the nipple), adenoid cystic carcinoma (glandular and cystic features; tend not to spread aggressively; good prognosis), lobular carcinoma in situ (not cancer; abnormal cell growth that can lead to invasive breast cancer later). Other uncommon types of breast cancer include papillary carcinoma, phyllodes tumors, angiosarcoma, and tubular carcinoma (Balentine, 2018).

Breast cancer is also described as one of three classifications according to test results after diagnosis. The first is hormone receptor positive (estrogen and/or progesterone receptor positive, also known as ER-positive or ER1) or hormone receptor negative (estrogen and/or progesterone receptor negative, also known as ER-negative or ER-); this label depends on whether there are more estrogen and progesterone receptors than normal and if so, this type of breast cancer has a poorer prognosis than other types and requires treatment to block estrogen and progesterone to stop the quick cancer growth. Another classification of breast cancer is HER2/neu positive or HER2/neu negative, which reflects how many human epidermal growth factor type 2 receptor (HER2/neu) genes an individual has and how much HER2/neu protein is

made in a sample of tissue. If there are more HER2/neu genes or higher levels of HER2/neu protein than normal, the cancer is called HER2/neu positive and is expected to grow quickly and spread to other parts of the body. It requires treatment with drugs that target the HER2/neu protein, including trastuzumab and pertuzumab. As mentioned above, an individual can also be diagnosed with triple negative breast cancer (TNBC; 15-20% of breast cancer cases in the United States), meaning that she tests negative for estrogen receptors, progesterone receptors, and HER2/neu receptors. This implies that the patient cannot be treated with hormone therapies or anti-HER2 targeted therapies and must undergo a combination of surgery, radiation therapy and chemotherapy (Desantis et al., 2014; National Cancer Institute, 2018; Susan G. Komen Breast Cancer Foundation, 2018). Triple negative breast cancers tend to be more aggressive (grow faster) than other types and, as with other ER-negative breast cancers, may recur early and spread to other parts of the body. It has a poorer prognosis than ER-positive breast cancer for at least the first five years after diagnosis, but if a woman survives that long without a recurrence, her chances of survival are high (National Cancer Institute, 2018).

Overall, breast cancer diagnosis is given within what is called the TNM system and, as of 2018, includes the following information: tumor size, lymph node status (number and location of lymph nodes with cancer), metastases (whether or not cancer has spread to other areas of the body), tumor grade (based on normal or abnormal cell appearance, growth rate, and differentiation; grades one to three), estrogen receptor status, progesterone receptor status, and HER2 status. Based on this information, the stages of breast cancer range from 0 to IV (0 to 4) and the highest stage (stage IV) is any cancer with metastases (M1), no matter the size of the tumor, the lymph node status or other factor. In general, the higher the stage of the cancer, the poorer the prognosis will be (Susan G. Komen Breast Cancer Foundation, 2018).

Risk and protective factors. Researchers have identified several risk factors for breast cancer and recommend using tentative terms because some women develop breast cancer while others with the same risk factors do not, and it is unclear why. It is likely that a combination of risk factors, some of which are still unknown, cause a person to develop breast cancer at a certain time (Susan G. Komen Breast Cancer Foundation, 2018).

Lifestyle. Several lifestyle factors are known to increase the risk for breast cancer. Some of these include having fewer children (Desantis et al., 2014), delayed childbearing, weight gain and obesity (Desantis et al., 2014; Susan G. Komen Breast Cancer Foundation, 2018), alcohol intake (Desantis et al., 2014; Singletary & Gapsture, 2001; Susan G. Komen Breast Cancer Foundation, 2018), light at night and night shift work, and current or recent use of birth control pills (Susan G. Komen Breast Cancer Foundation, 2018). Obesity is a complicated risk factor because while many studies link Body Mass Index (BMI) to breast cancer risk, the relationship is different before and after menopause; being overweight or obese before menopause modestly decreases breast cancer risk, but being overweight or obese after menopause increases the risk (Susan G. Komen Breast Cancer Foundation, 2018). However, it is known that saturated fat intake negatively impacts breast cancer survival, meaning that it decreases survival years (Brennan, Woodside, Lunny, Cardwell, & Cantwell, 2015).

Alcohol use is a significant risk factor for breast cancer because it metabolizes how estrogen works in a woman's body, causing blood estrogen to rise which, in turn, may increase the risk of breast cancer. Studies have shown that women who had two to three alcoholic drinks per day had a 20% higher risk of breast cancer compared to women who did not drink alcohol, and for each alcoholic drink consumed per day, the relative risk of breast cancer increased by seven percent (Susan G. Komen Breast Cancer Foundation, 2018). In addition to increasing

estrogen levels, alcohol also increases androgen levels in women, which enhances the risk of developing breast cancer. Susceptibility to the breast cancer-enhancing effect of alcohol may also be affected by dietary factors such as low folate intake, lifestyle habits such as use of hormone replacement therapy, or biological characteristics such as tumor hormone receptor status (Singletary & Gapsture, 2001).

At the same time, several lifestyle factors serve as protection against breast cancer. Some known protective factors include high levels of fruit and vegetable consumption (Desantis et al., 2014), more physical activity, (Desantis et al., 2014; Susan G. Komen Breast Cancer Foundation, 2018), and breastfeeding (Susan G. Komen Breast Cancer Foundation, 2018).

Biological and medical. Several biological and medical factors increase the risk for breast cancer. These include being born female, high birth weight, younger age at first period, high breast density, taller height, high bone density, race and ethnicity (White, Black, and Ashkenazi Jewish), older age, older age at menopause, heavier body weight after menopause, high blood androgen and prolactin hormone levels, high IGF-1 hormone levels before menopause, high blood estrogen levels after menopause, personal history of cancer (including lobular carcinoma in situ (LCIS)), hyperplasia (a proliferative but benign breast condition), BRCA1 or BRCA2 gene mutation, family history of breast and other cancers (Susan G. Komen Breast Cancer Foundation, 2018), and the use of menopausal hormones, specifically combined estrogen and progestin therapy (Desantis et al., 2014; Susan G. Komen Breast Cancer Foundation, 2018).

Family history of breast and other cancers is a particularly elevated risk factor for developing breast cancer. Although most women with breast cancer do not have a family history of the disease-in fact, only 13% of those diagnosed have a first-degree female relative (mother,

sister, or daughter) with breast cancer-that one relation nearly doubles the risk. If a woman has more than one first-degree female relative with a history of breast cancer, her risk is three to four times greater, and that increases with younger relatives' age at diagnosis. The risk also increases with a family history of ovarian cancer. In addition, a woman's risk of breast cancer increases if a close male relative (father, brother or uncle) has a history of breast or prostate cancer, with the same inverse relationship to their age at diagnosis. Although it is unclear why a family history of prostate cancer increases breast cancer risk, it is known that some inherited gene mutations can increase the risk of both cancers and the link may also be related to shared lifestyle factors. However, inherited gene mutations account for only five to 10% of all breast cancers diagnosed in women in the United States (Susan G. Komen Breast Cancer Foundation, 2018).

Environmental. Breast cancer risk also increases with exposure to radiation in general, radiation from medical imaging, and radiation treatment during youth (Susan G. Komen Breast Cancer Foundation, 2018).

Prevention and early diagnosis. Continued progress in the control of breast cancer and to improve breast cancer outcomes will be shown through increasingly providing thorough screening, consistent follow-up of abnormal results, prompt diagnosis, and high-quality treatment to all population groups (Desantis et al., 2014). Regular screening tests are used to find breast cancer before it causes any warning signs or symptoms, which is when the chances of survival are highest. Overall, earlier diagnosis means longer survival. Screening tests include clinical breast exam and mammography for the general population, as well as breast MRI for some women at higher risk. Mammography is generally recommended beginning between the ages of 40 and 50, with variations in recommendations depending on the health care provider and several personal factors. The National Comprehensive Cancer Network recommends special

breast cancer screening guidelines for women with a strong family history of breast or ovarian cancer. This includes the following: a clinical breast exam every 6 to 12 months; mammogram every year, starting 10 years younger than the youngest breast cancer case in the family (but not before age 30); and breast MRI every year, starting 10 years younger than the youngest breast cancer case in the family, yet not before age 25 (Susan G. Komen Breast Cancer Foundation, 2018).

Once identified as high risk for developing or recurring breast cancer, medical researchers advocate the use of chemoprevention, or taking medications to prevent breast cancer onset or recurrence. This area of research shows promising results for women at an increased risk of breast cancer or recurrence, but data from the 2010 National Health Interview Survey suggested that the use of breast cancer chemoprevention drugs was remarkably low (well under one percent), with only a slight increase in use since 2000. These preventive drugs include tamoxifen, raloxifene, and exemestane, all of which are currently approved by the United States Food and Drug Administration to prevent breast cancer occurrence or recurrence (Desantis et al., 2014; National Cancer Institute, 2018).

Symptoms of breast cancer. Because early screening and diagnosis is crucial to improve treatment options and longevity, it is important to understand the range of symptoms that women may experience and when they tend to seek treatment. Recent literature has evolved from separating those with a breast cancer diagnosis into having “lump” or “non-lump” breast symptoms (Koo et al., 2017, p. 141) to a more diverse range of presenting symptoms (such as Koo et al., 2017; Golubnitschaja, 2017). Koo et al.’s (2017) study of 2,316 women with a diagnosis of breast cancer in the United Kingdom found that most who had symptoms experienced relatively short times to diagnosis but a significant minority had prolonged

diagnostic intervals, likely due to atypical presentations— with symptoms other than breast lump (p. 140). The study concluded 56 distinct presenting symptoms in 95 unique phenotypes before participants sought medical care. The most common symptoms were as follows: breast lump (83%), nipple abnormalities (7%), breast pain (6%), breast skin abnormalities (2%), back pain (1%), and (0.3%) weight loss (Koo et al., 2017, p. 141). Overall, one in six women with breast cancer in this study presented with a wide range of symptoms other than a breast lump, and women who presented with non-lump breast symptoms tended to delay seeking help (Koo et al., 2017, p. 142). 164 women (9%) waited more than 90 days before seeking help, including one in five women with non-lump breast symptoms such as breast ulceration (50%) waited more than 90 days, while nipple abnormalities (23%) and breast infection (21%) or inflammation (Koo et al., 2017, p. 142). Only 2% of women waited 90 days or longer from their first general medical practitioner to see a specialist (Koo et al., 2017, p. 141); their symptoms included non-specific breast abnormalities, back pain, musculoskeletal pain, chest pain, and fatigue or weakness (Koo et al., 2017, p. 142).

Golubnitschaja (2017) focused on non-lump symptoms of breast cancer in an effort to move the literature further toward recognizing and incorporating what is known in epidemiological studies into mainstream medicine for women and doctors. These include deficient thermoregulation, altered sensitivity to different stimuli (pain, thirst, smell, light, stress provocation), dehydration, altered circadian and sleep patterns, tendency towards headache, migraine attacks and dizziness, and local and systemic hypoxic effects. Because they are not commonly included in breast cancer literature, many women and doctors miss these signs and, “As soon as severe symptoms appear, it is frequently too late...and treatment is palliative in

nature” (p. 18). This research emphasizes the need for increased public awareness of a range of non-lump symptoms to obtain an earlier diagnosis, to increase survival rates.

In an effort to see what information is most readily available to the general public, I performed a Google search of “breast cancer symptoms.” Cancer Treatment Centers of America is the first result and associates various symptoms with both type and stage of breast cancer diagnosis. The website states that the most commonly recognized symptoms of breast cancer is a lump or mass in the breast, but women should also be aware of other changes in the breast or nipple. Early warning signs include skin changes (swelling, redness, or other visible differences) in one or both breasts, increase in size or change in shape of the breast(s), changes in the appearance of one or both nipples, nipple discharge other than breast milk, general pain in/on any part of the breast, and lumps or nodes felt on or inside of the breast. In addition to these, symptoms more specific to invasive breast cancer may include irritated or itchy breasts, change in breast color, increase in breast size or shape over a short period of time, changes in touch (may feel hard, tender or warm), peeling or flaking of the nipple skin, breast lump or thickening, redness or pitting of the breast skin (like the skin of an orange, often called *peau d’orange*), nipple retraction (turning inward), red, scaly, or thickened nipple or breast skin, and a lump or swelling in the underarm lymph nodes (Cancer Treatment Centers of America, 2020). It is important to note here that few of the non-lump symptoms cited in Koo et al. (2017) appear in the Cancer Treatment Centers of America main page of symptoms, and none of those cited in Golubnitschaja (2017) are mentioned.

The Cancer Treatment Centers of America website (2020) also describes symptomatology of particular types of breast cancer, citing several that are asymptomatic and some that cannot even be seen in a mammogram. Ductal carcinoma in situ (DCIS) does not

cause symptoms but is detected with a mammogram; Lobular carcinoma in situ (LCIS) does not cause symptoms and cannot be seen with a mammogram, instead usually detected when a patient is having a breast biopsy done for other reasons. Inflammatory breast cancer (IBC) rarely causes breast lumps and may not appear on a mammogram or ultrasound, although this type can progress quickly; however, symptoms include the following: Red, swollen, itchy breast that is tender to the touch; ridged or pitted breast surface; heaviness, burning, or aching in one breast; one breast is visibly larger than the other; inverted nipple; no mass is felt with a breast self-exam; swollen lymph nodes under the arm and/or above the collarbone; and symptoms remain unresolved after a course of antibiotics.

Metastatic breast cancer is sometimes asymptomatic but when symptoms are present, they depend on the part of the body to which it has spread as well as its stage. These range from breast or chest wall symptoms as explained above; symptoms of bone disease including pain, fractures, constipation, or decreased alertness; symptoms of lung tumors such as shortness of breath or difficulty breathing, coughing, chest wall pain, or extreme fatigue; symptoms of impacted liver including nausea, extreme fatigue, increased abdominal girth, or swelling of the feet and hands; symptoms of brain or spinal cord tumors such as pain, confusion, memory loss, headache, blurred or double vision, difficulty with speech, difficulty with movement, or seizures (Cancer Treatment Centers of America, 2020).

Papillary carcinoma may be detected by a mammogram before symptoms appear. For those who experience symptoms, they may feel a cyst or lump in the breast of 2-3 cm in size, and about half of this type of breast cancer occurs beneath the nipple, causing bloody nipple discharge. Triple-negative breast cancer presents similarly to other types but importantly, as described in literature cited above, it is a more aggressive type and its cells tend to resemble the

basal cells lining the breast ducts. The cells may also be higher grade, which means that they no longer resemble normal, healthy cells. Finally, although this study focuses on women, male breast cancer must be noted; men experience similar symptoms to women, including lumps in the breast (usually painless), thickening of the breast, changes to the nipple or breast skin (dimpling, puckering or redness), and discharge of fluid from the nipples (Cancer Treatment Centers of America, 2020).

Treatment. Recommended treatment varies depending on the specific diagnosis, including stage of cancer as described above. For early and locally-advanced breast cancers (in stages I, II, and III), treatment goals are to remove the cancer from the breast, destroy any cancer that might still be in the body, and prevent it from coming back by using a combination of surgery, radiation therapy, chemotherapy, hormone therapy, and targeted therapy (drugs designed to attack a certain molecular agent or pathway involved in the development of cancer). These treatments are categorized as local or systemic therapy; local therapy surgically removes the cancer from a limited area such as the breast, chest wall, or lymph nodes in the underarm and sometimes follows with radiation therapy to the breast area. Systemic therapy (chemotherapy, hormone therapy, and targeted therapy) is always in supplement to breast surgery and therefore is sometimes called adjuvant therapy. These drug therapies, administered either intravenously or in pill form, kill cancer cells that may have spread beyond the breast to other parts of the body that are too small to see on scans or measure in lab tests (Susan G. Komen Breast Cancer Foundation, 2018).

Physical side effects of treatment. All breast cancer treatments have some short-term physical side effects that differ for everyone, but most can be managed, and many can be prevented. Each stage and type of treatment has its own set of potential or expected side effects.

Surgery in the form of lumpectomy (removing the tumor) or mastectomy (removing the breast), with or without breast reconstruction, causes pain in the chest, underarm, and shoulder. If lymph nodes in the underarm are removed, an individual can develop lymphedema (when lymph fluid collects in the arm, hand, fingers, chest or back, causing swelling) or numbness in the arm. As with any surgery, infection is also a possibility (Susan G. Komen Breast Cancer Foundation, 2018).

Radiation therapy can most commonly cause short-term breast tenderness, redness, or swelling, fatigue, pain, and skin irritation that begin within a few weeks of starting treatment and relieve within a few weeks after treatment ends. Potential long-term side effects of radiation therapy include breast firming or shrinking, tanning or discoloration of the skin, lymphedema. Rare short-term side effects include nausea and loss of hair on arms or chest (an issue for some men with breast cancer), and rare short- or long-term side effects include rib fracture, heart problems, inflammation of the lungs, nerve damage, and a second cancer, especially cancers of the connective tissue (Susan G. Komen Breast Cancer Foundation, 2018).

Chemotherapy has many common short-term side effects, including constipation, diarrhea, fatigue, fingernail and toenail weakness, hair loss, mouth and throat sores, and nausea and vomiting. Common long-term side effects include early menopause and weight gain, and rare side effects include heart problems and leukemia. Targeted therapy drugs such as trastuzumab (Herceptin), pertuzumab (Perjeta), and neratinib (Nerlynx) have fewer side effects than chemotherapy, presumably because they kill cancer cells while causing little damage to healthy cells. The biggest risk of trastuzumab is temporary or permanent congestive heart failure in two to three percent of those also treated with chemotherapy, compared to less than one percent of those treated with chemotherapy alone. Pertuzumab is always given in combination

with trastuzumab and the most common side effects are diarrhea, fatigue, and an increased risk of heart problems. Neratinib (Nerlynx) is used after treatment with trastuzumab and most commonly causes diarrhea but can also cause nausea, abdominal pain, fatigue, vomiting and rash, and liver damage (Susan G. Komen Breast Cancer Foundation, 2018).

Hormone therapies include tamoxifen and aromatase inhibitors that are taken for five to ten years. The most common side effects of tamoxifen include hot flashes and night sweats, irregular periods or spotting (uterine bleeding), loss of sex drive, and vaginal dryness and itchiness. More rarely, patients can develop blood clots in the large veins (deep venous thrombosis), blood clots in the lungs (pulmonary emboli), bone loss (premenopausal women only), cancer of the uterus (uterine or endometrial cancer), cataracts, and stroke. Common short-term side effects of aromatase inhibitors include hot flashes and night sweats, joint and muscle pain, loss of bone mineral density that may lead to osteoporosis or bone fractures, loss of sex drive, and vaginal dryness and itchiness. Rarer side effects include carpal tunnel syndrome, hair thinning, heart problems, increased blood pressure, increased cholesterol, and mood swings and depression (Susan G. Komen Breast Cancer Foundation, 2018).

Supportive care throughout treatment. Due to the potentially prolonged breast cancer treatment process and many difficult side effects, multidimensional supportive care is recommended to assist patients upon diagnosis, during treatment, and in recovery. Completing the full breast cancer course of treatment recommended by a patient's team of health care professionals directly increases the chance of survival, so it is important for an individual to plan ahead and also receive ample support to adhere properly, particularly with difficult long-term treatment such as hormone therapies. This includes palliative care specifically to prevent or relieve the physical side effects of treatment and the help of other professionals for emotional,

social, spiritual, and practical needs. A common health care team treating a breast cancer patient includes physicians involved in cancer treatment (oncologists, surgeons, radiation oncologists), physicians involved in other care for people with breast cancer (radiologists, pathologists, genetic counselors and others), nurses, dietitians, social workers, physical therapists, palliative care or pain specialists, patient navigators, pharmacists, and other providers (Susan G. Komen Breast Cancer Foundation, 2018).

Follow-up care. Breast cancer survivors should see their health care providers regularly to discuss any symptoms or concerns and obtain referrals to other specialists for further supportive care. The goals of follow-up visits include the following: to find recurrence of breast cancer in the breast, chest or nearby lymph nodes or that has metastasized (spread to other parts of the body); manage medication problems and side effects of treatment; discuss how to lower the risk of recurrence; monitor for signs of lymphedema; monitor family history and refer to genetic counseling if appropriate; provide routine health screenings, primary care, medical updates, emotional support, resources to manage anxiety or depression; and follow-up care after breast cancer, including physical exams, mammograms, bone health tests, and pelvic exams. (Susan G. Komen Breast Cancer Foundation, 2018)

Other factors that affect quality of life and health outcome of breast cancer. Quality of life (QOL) in this context describes an individual's overall well-being, including emotional and physical health, ability to perform daily roles, sexual function, insomnia, loss of appetite, nausea, pain, fatigue, and other side effects of treatment or symptoms of breast cancer, and non-health related issues such as financial concerns, fear of dying, and health insurance issues such as what to do if a claim is denied or paying for medications and other out-of-pocket expenses. Effectively managing issues that can worsen quality of life is important for everyone with breast

cancer but especially for those with metastatic breast cancer, generally an enduring condition (Susan G. Komen Breast Cancer Foundation, 2018), as many of these issues are directly related to survival rates. Specifically, poverty, less education, living in lower-income areas, and a lack of health insurance are associated with lower five-year survival rates than those in higher-income areas at every stage of diagnosis.

Earlier it was stated that high levels of fruit and vegetable consumption and physical activity have been linked to a lower risk of ER- breast cancers (Desantis et al., 2014). In preparation for later topics in this paper, it is important to note that inner-city tracts in the United States have significantly lower levels of food store sales than non-inner-city tracts (Diao, 2014); that for millions of Americans—especially people living in low-income communities of color—full-service grocery stores, farmers’ markets, and other vendors that sell fresh fruits, vegetables, and other healthy foods cannot be found in their neighborhoods (Treuhaft & Karpyn, 2010), called “food deserts” (Hilmers, Hilmers, & Dave, 2012). In addition, low-income neighborhoods have greater access to food sources that promote unhealthy eating (Hilmers et al., 2012), and the overabundance of fast food and lack of access to healthier foods in low-income, urban areas have increased African American and Latino communities' vulnerability to food-related death and disease (Freeman, 2007).

As stated earlier, those who complete their full course of breast cancer treatment have a higher chance of survival but completing treatment can be difficult due to a variety of barriers, including the financial costs. In fact, some cannot afford bus fare or gas to get to medical appointments or the co-pays for life saving medications. The 2016 Cancer Care Patient Access and Engagement Report surveyed 3,000 people with cancer and found that 38% postponed or did not fill drug prescriptions, 31% cut their pills in half, 21% missed a utility bill, and 17% missed a

rent or mortgage payment (Susan G. Komen Breast Cancer Foundation, 2018). It is important to note, in preparation for later topics in this paper, that those surveyed would not likely include homeless women; even those who endorsed not being able to afford bus fare had enough resources to be available for the survey at doctors' offices or through the mail at formal addresses. Therefore, it is likely that homeless women with breast cancer are in worse situations than even the poorest who participated in the survey, with less access to screening and treatment and less resources and support to complete treatment recommendations.

Breast Cancer Demographics

Prevalence. 1.7 million women worldwide were diagnosed with breast cancer in 2012 (Woolston, 2015) and in the United States in 2014, the latest year for which data is formally available, of 799,734 new cancer cases 236,968 were female breast cancer (U.S. Cancer Statistics Working Group, 2017). In 2018, it is estimated that there will be 266,120 new cases of invasive breast cancer among women and 2,550 new cases of invasive breast cancer among men in the United States (Susan G. Komen Breast Cancer Foundation, 2018). Men get breast cancer at the rate of one to 100 compared with women and often have poorer outcomes due to delays in diagnosis (Sharma et al., 2010); however, for the purposes of this paper and the focus of the nonprofit Shobha, the topic will be women with breast cancer. Overall, one in eight women in the United States is estimated to develop breast cancer in her lifetime, accounting for nearly one in three cancers in women (Desantis et al., 2014; Think Health LA, 2017) and there are approximately 154,000 individuals with metastatic breast cancer in the United States (Susan G. Komen Breast Cancer Foundation, 2018). More locally relevant for the purposes of this paper, from 2010-14 Los Angeles County had a breast cancer incidence rate of 114.7 per 100,000 females, slightly lower than the overall California rate of 120.7 per 100,000 (National Cancer

Institute, 2016). In 2014, the age group with the highest incidence of breast cancer in the United States was 65-69 for all races (33,696) followed by 60-64 (31,987), 55-59 (29,286), and 70-74 (27,029; U.S. Cancer Statistics Working Group, 2017).

Survival. In 2013, breast cancer was the second leading cause of cancer death among women after lung cancer (Desantis et al., 2014). Currently, one in 36 women in the United States will die from breast cancer (Think Health LA, 2017), equaling approximately 40,920 deaths in 2018. As described earlier, breast cancer survival depends on an individual's diagnosis and treatment and a major factor is stage at diagnosis; those with ductal carcinoma in situ (DCIS) or early stage invasive breast cancer have a better chance of survival than those with later stage cancers (Susan G. Komen Breast Cancer Foundation, 2018). The most recent National Cancer Institute SEER (Surveillance, Epidemiology, and End Results) database reflects data from 1973 to 2015 for all patients diagnosed and reported in the United States and shows the following five-year survival rates for stages of breast cancer: Stage 0: 100%, Stage I: 100%, Stage II: 93%, Stage III: 72%, and Stage IV: 22% (Balentine, 2018; National Cancer Institute, 2017).

The role of race and ethnicity.

Prevalence. In the United States in 2014, White women had the highest invasive breast cancer incidence rate (actual number 195,802) followed by Black women (27,593), Hispanic women (19,032), Asian-Pacific Islanders (9,363), and American Indian/Alaska Native women (1,368). Please note that data for specified racial or ethnic populations other than White and Black should be interpreted with caution, and Hispanic origin is not mutually exclusive from racial categories (White, Black, Asian/Pacific Islander, American Indian/Alaska Native; U.S. Cancer Statistics Working Group, 2017). Non-Hispanic White women had the highest overall

breast cancer incidence rates in most age groups for 2006 to 2010 and the highest rate of ER-positive breast cancer in every age group.

Black women had higher rates among those younger than 40 and the highest rates of ER-negative breast cancer in every age group. These differences may reflect racial variations in the prevalence of risk factors that differ by ER status; for example, reproductive history and obesity appear to be more strongly associated with ER-positive breast cancer, whereas lower socioeconomic status is associated with an increased risk of ER-negative breast cancer. There may also be a genetic component as suggested by studies that include Black women with breast cancer in Africa (Desantis et al., 2014). While triple negative breast cancer (TNBC) occurs across population groups, it occurs more frequently in younger women, Black women, those with a BRCA1 gene mutation, and Hispanic women compared to White women (Susan G. Komen Breast Cancer Foundation, 2018). It is also important to note that Black women tend to undergo more mammograms than other groups, utilizing the screening method 11.2% more in 2015 than the overall population (National Cancer Institute, 2016).

Survival. In 2014, Black women in the United States died from breast cancer at the highest rate (27 per 100,000), followed by Whites (26.6), Asian/Pacific Islander (11.4), Hispanic (10.3), and American Indian/Alaska Native (8.0; U.S. Cancer Statistics Working Group, 2017). Even when they share the same geographic area, Black women in the United States have a higher mortality rate from breast cancer than Whites (Balentine, 2018) despite their lower incidence rate. As of 2010, United States breast cancer death rates for all stages of cancer were 41% higher for Black women compared to White women, and Black women had the lowest 5-year survival rate overall (78.9%) of any racial or ethnic group. Asian American/Pacific Islander women had the highest 5-year breast cancer survival rate (91.1%). For regional stage breast cancer in

particular, the 5-year survival rate was 74% for Black women compared with 86% for White women (Desantis et al., 2014).

Research suggests that racial disparities in cancer mortality are driven by later stage at diagnosis and worse stage-specific survival, in large part due to differences in socioeconomic status. Specifically, the differences in mortality rates of Black and White women with breast cancer in the United States began in the early 1980s due to a combination of factors, including growing differences in stage at diagnosis, obesity, and other comorbidities and tumor characteristics, as well as access to, compliance with, and response to treatment (Desantis et al., 2014).

Historical trends and cautions. Since the 1980s, breast cancer incidence has increased, and mortality has decreased overall. Breast cancer deaths in the United States dropped 34% from 1990 to 2013 (Desantis et al., 2014) and 39% from 1989 to 2015 (Susan G. Komen Breast Cancer Foundation, 2018). The increase in breast cancer incidence reflects changes in reproductive patterns such as delayed childbearing and having fewer children, rising rates of obesity, and the use of menopausal hormones (all known risk factors for breast cancer), but it is also due in part to the rapid increase of mammography screening. In the 1980s, cancers were being diagnosed one to three years earlier than they would have been without screening and may have led to the detection of cases not requiring treatment and related inflation of the incidence rate (Desantis et al., 2014).

Between 2002 and 2003, breast cancer rates dropped nearly 7%, most likely due to the decreased use of menopausal hormones after the 2002 publication of the results of the Women's Health Initiative randomized trial. This decline occurred primarily in white women, in women aged 50 and older, and in women with ER-positive breast cancer, and may partly reflect declines

in mammography screening, the rates of which have generally stabilized to parallel updated screening recommendations described earlier. Breast cancer incidence rates as reported have been relatively stable among women younger than age 50 since 1985 and among women age 50 and older since 2004 (Desantis et al., 2014).

Psychological Effects of Breast Cancer

Many studies have documented and described the traumatic effects of having cancer, and breast cancer has its own unique features in regard to specific women's issues that augment these very powerful forces. There is ample research on the full range of mental health issues for individuals diagnosed with any type of cancer, including many studies on posttraumatic stress disorder in breast cancer patients and survivors, particularly those alive past 5 years since diagnosis (Bultz & Carlson, 2005; Henoeh & Danielson, 2009; Mehnert, 2004; Montazeri, Sajadian, Haji-Mahmoodi, & Ebrahimi, 2004; Palmer, Kagee, Coyne, & Demichele, 2004; Parkin, Bray, Ferlay, & Pisani, 2005; Sadeh-Tassa, Yagil, & Stadler, 2004; Shelby, Golden-Kreutz, & Andersen, 2008). From diagnosis to treatment to outcome, breast cancer can be seen as a series of traumatic stressors (Moran, 2004). These broadly include the following: existential issues; the pressure of making important decisions regarding treatment options; undergoing surgeries that change the body such as mastectomy and subsequent body image and romantic intimacy issues; the painful physical side effects and emotional impacts of chemotherapy, radiation therapy, and long-term medications described above, including the sense of being "punished" and self-blame; interpreted burden on family and/or friends, especially a sense of shame within the family if the cancer is genetically linked; social stigmas and cultural taboos about breast cancer and the female body; early menopause and the inability to bear children or breastfeed after surgeries and treatments; being "in remission" for the rest of one's life with the

threat of the cancer returning; and what it means to be a "survivor" (information gathered from the author's personal interviews with breast cancer patients and survivors from 2008 to 2009; Susan G. Komen Breast Cancer Foundation, 2018).

Regardless of whether the life expectancy of patients diagnosed with cancer is long or short, many are wrestling with profound existential issues; all patients who are "told they have cancer think they are going to die of it, even though half the people will live to die of something else" (Moran, 2004, p. 26). Murata and Morita (2006) termed this "psycho-existential suffering," or "pain caused by extinction of the being and the meaning of the self" (p. 279). In this state, a person is feeling the "...loss of essential components that compose the being and the meaning of human beings: loss of relationships (with others), loss of autonomy (independence, control over future, continuity of self), and loss of temporality (the future)" (Murata & Morita, 2006, p. 279). In their literature review on existential concerns among cancer patients, Henoch and Danielson (2009) divided the components of qualitative studies into two main themes: the struggle to maintain self-identity and threats to self-identity. Spirituality has also been identified as a major factor in the struggle for existential meaning among cancer patients and survivors, as it stems from the commonly held notion that cancer is associated with progressive disease and death. In this struggle, the existential concerns of patients with cancer include meaning-making processes; faith and belief; meaning and purpose; love, belonging, forgiveness and giving; peace; harmony and connectedness; guidance in life and death; and hope (Henoch & Danielson, 2009). It is important to note that these studies were limited to English language publications and also that they imply that the populations being discussed have an original sense of meaning that can be lost, which may not exist as a baseline for all patients. This will be discussed in-depth later in this paper, but it is important to note here that in conditions of daily human suffering due to other

problems that underserved populations such as the homeless have, including extreme poverty, lack of social support, substance addiction, and untreated mental health disorders, it is possible if not likely that the practical, psychological, and emotional states of homeless women with breast cancer are significantly worse than the majority of patients included in the existing literature.

While the trauma of a cancer diagnosis is disruptive, existential concerns are actually viewed among some health professionals working within oncology as enhancing patients' wellbeing (Hench & Danielson, 2009). Seeking a "sense of peace, purpose and connection to others, and beliefs about the meaning of life" can be a "motivating quality that is interrelated with the everyday routine and concerns of...individuals" with cancer (Hench & Danielson, 2009, p. 225). The "...lived experience and suffering of breast cancer were frequently characterized by a change in course, variously referred to as transition, transformation, transcendence and finding meaning, whereby the person regained integrity, balance and wholeness" (Hench & Danielson, 2009, p. 226). In other words, existential concerns instigated by having cancer can actually bring about natural coping and possibly healing mechanisms.

Nonetheless, beginning at diagnosis, each step along the path of cancer brings with it new challenges and dimensions: "From the time of diagnosis to treatment, termination of treatment, survivorship, or recurrence and palliation-the incidence of emotional distress in North America ranges from 35% to 45%" (Bultz & Carlson, 2005, p. 6440). One study on the prevalence of posttraumatic stress disorder among breast cancer patients found that symptoms of arousal and re-experiencing were relatively common among the 41% of women who responded to breast cancer with feelings of "intense fear, helplessness, or horror," and the women with these symptoms were more likely to be younger (Palmer et al., 2004). Although a cancer diagnosis in general should not be immediately treated as trauma, the connection is significant enough that

the DSM-IV (American Psychiatric Association, 2000) broadened the definition of "traumatic stressor" and included a focus on life-threatening illness generally and cancer specifically as possible precipitants of posttraumatic stress disorder. However, revisions made in the DSM-5 (American Psychiatric Association, 2013) narrowed the types of events that qualify as "traumatic" and excluded non-immediate, non-catastrophic life-threatening illness, such as terminal cancer, regardless of how stressful or severe it is. One study found that 60% of PTSD cases that met *DSM-IV* but not *DSM-5* PTSD criteria were suddenly excluded from diagnosis because the traumatic events involved only nonviolent deaths (Pai, Suris, & North, 2017). Whether breast cancer is included in the formal definition of trauma—which may change yet again in the future—does not alter how powerful the experience is for many people.

Some have suggested that the experience of cancer diagnosis and treatment typify trauma, even granting that cancer differs in many ways from more typical traumatic stressors (e.g., rape, combat, and childhood sexual abuse). However, while an intense negative emotional reaction to breast cancer is common, the full criteria for PTSD appears to have low prevalence in this population (Palmer et al., 2004). Of the four percent of the study population (115 breast cancer patients) who experienced posttraumatic stress disorder according to DSM-IV criteria, the following were the symptom groups: re-experiencing (recurrent, intrusive, and distressing recollection; recurrent dreams; acting or feeling as if the event were recurring; intense psychological distress at exposure to symbolic cues; physiological reactivity at exposure to symbolic cues); avoidance (efforts to avoid thoughts, feelings, conversations associated with breast cancer; efforts to avoid activities, places, or people that arouse recollection; inability to recall an important aspect of the experience; markedly diminished interest or participation in significant activities; feeling detached or estranged from others; restricted range of affect; sense

of foreshortened future); and arousal (sleep difficulties; irritability or angry outbursts; difficulty concentrating; hypervigilance; exaggerated startle response). Thirty-eight percent of the sample reported low, 24% moderate, and 38% elevated posttraumatic stress symptoms. Consistent with these rates, arousal and intrusive thoughts among cancer survivors were related to current cancer symptoms and enduring side effects of treatment, and such thoughts may be interpreted as appropriate vigilance and efforts to manage physical symptoms rather than as maladaptive responses (Palmer et al., 2004).

This particular study, a typical study on this topic, consisted mainly of middle-class, European-American, middle-aged, married women who had access to financial and informational resources and medical care at a comprehensive cancer center (Palmer et al., 2004). They were well-educated, with 93% having completed high school and 50% having completed at least a 4-year college degree; approximately half were employed (53%) and most were parents (90%). Thus, the results are most confidently generalized to this segment of the population with breast cancer. Factors on which the sample was relatively homogenous, such as access to financial and informational resources and social and environmental stability, likely act to moderate the impact of breast cancer on adaptation, and women from less enriched environments may differ in their risk for difficulties in adjustment (Palmer et al., 2004).

The actual diagnosis of breast cancer can be a traumatic event in itself, which, if perceived as such, can set off a negative predisposition to proceeding treatments. Traumatic stress results in significant effects on emotion and cognition, and the parts of the brain that control these correspond neuroanatomically to what is sometimes described as the "speechless horror" of trauma: a profound dysregulation of feelings, thoughts, and visual imagery associated with the traumatic event, accompanied by a diminished capacity to express those feelings in

words (Moran, 2004). All of these features are familiar to patients diagnosed with cancer. For example, the trauma of a diagnosis can so severely disrupt cognition that hearing and processing critical information provided by surgeons and physicians during consultations can be difficult or impossible. Patients told they have cancer hear as little as 15% of what a physician tells them; for that reason, patients at Stanford's Cancer Center receive an audiotape of important medical consultations so they can listen again with family members (Moran, 2004). "Everything you do is suddenly a decision; there are no automatic routines...Whether to go back to work, how to find your way to the hospital-everything you have to do involves choices...In addition to the emotional arousal, that can make processing information extremely difficult" (Moran, 2004, p. 26).

Hospital treatments may also ignite past traumas or spark new symptoms. As stated above, a major symptom of posttraumatic stress disorder involves reliving the traumatic event, sometimes in the form of flashbacks, especially when there are cues in the environment that bring up the past traumatic event. For example, the patient who experienced frequent beatings as a child may automatically cringe and relive that trauma when having a painful intrusive medical procedure, such a special tap or intravenous (IV) line placed. For some patients, extended hospitalization with its frequent, painful, and intrusive interruptions by medical staff, sleep disruption, fear of the unknown, and isolation, can cause symptoms of posttraumatic stress during or after the experience. If untreated or ignored, these symptoms can prevent those with cancer from seeking treatment or persisting with follow-up care and puts them at an increased risk for other problems such as depression, substance abuse, and changes in immune function (increasing a person's chance of getting an infection) and stress hormone regulation (American Cancer Society, 2002).

The actual cancer treatments—"sometimes called 'slash, poison, and burn'—feel like punishment" and can lead to complex emotional responses beyond the painful physical side effects. "The treatments feel much worse than the disease for much of the course of the illness, ...So there is a kind of interaction in which patients feel punished by their doctors" One breast cancer patient told her doctor on September 12, 2001, "Welcome to my world. Now you know what it feels like to have breast cancer, because I feel I have been attacked by my body"—referencing the terror attacks on American soil. The tendency of cancer patients to self-blame is related; individuals will imagine a script in which they are somehow responsible for the trauma as a way of exercising control. "People would rather feel guilty than helpless ...[and] helplessness is the essence of trauma." This leads to "a vicious cycle of bad adjustment' to traumatic stress that leads to a bad outcome, with clear therapeutic implications" (Moran, 2004, p. 26).

Homelessness

Demographics.

Rates of homelessness in the United States. In the United States, approximately 2.3-3.5 million people experience homelessness annually (Baggett et al., 2015; Koh & O'Connell, 2016) and on a night in January 2015, around 564,000 people lived in homeless shelters and on the streets—a figure cited in the U.S. Department of Housing and Urban Development (HUD) report. This figure was likely an underestimate given the varying definitions of homelessness, traveling populations, and the inability to locate and count every homeless person (Koh & O'Connell, 2016). The nonprofit organization Project HOME, which seeks to break the cycle of poverty and homelessness, notes that it is difficult to calculate the exact number of people

experiencing homelessness because many live in hidden park areas, vehicles, or abandoned houses, and because numbers fluctuate based on weather (2018).

For the same report on a night in January 2017, there were 553,742 people experiencing homelessness in the United States, with 65% having some form of shelter and 35% unsheltered. 20% (114,829) were minors (under the age of 18) and 10% (53,438) were between the ages of 18 and 24. Of the total 168,257 of those under the age of 24, 40,799 were alone, 55% were unsheltered, and 12% of those (4,800) were minors. Seventy percent (385,475) of those experiencing homeless were 25 years old or older (The U.S. Department of Housing and Urban Development, 2017).

Overall, two-thirds of those experiencing homelessness were individuals and one-third identified as a member of a family experiencing homelessness. Twenty four percent (86,962) and 5% of people in families (8,457) were chronically homeless, meaning that they had disabilities and were either continuously homeless for one year or more or had experienced at least four episodes of homelessness in the past 3 years where the combined length of time homeless was at least 12 months. Seventy percent of chronically homeless individuals were unsheltered (The U.S. Department of Housing and Urban Development, 2017).

Rates in California and Los Angeles County. In the January 2017 homeless count, California accounted for more than half (53%) of the nation's unsheltered chronically homeless individuals (The U.S. Department of Housing and Urban Development, 2017). The 2018 Greater Los Angeles Homeless Count showed a total of 53,195 individuals experiencing homelessness on a night in January; 13,369 were sheltered and 39,826 were without shelter (Los Angeles Homeless Services Authority, 2018).

Homelessness among groups. Homeless people come from all walks of life and include those often excluded from mainstream society, such as runaway adolescents, LGBT (lesbian, gay, bisexual, and transgender) youth, victims of domestic violence, veterans, displaced factory workers, migrant laborers, refugees, illiterate individuals, the elderly, and those discharged from mental hospitals or overcrowded prisons. Persons of color are disproportionately represented, making up one-third of those unsheltered (Koh & O'Connell, 2016), and on a night in January 2017, 40,056 veterans were experiencing homelessness in the United States (nine percent of all homeless adults), of which less than 10% were women (The U.S. Department of Housing and Urban Development, 2017).

Trends. The HUD report noted an overall decline in homelessness in the United States by 11% from 2007 to 2015, but the numbers of homeless people increased in cities with rising housing costs such as New York and Los Angeles (Koh & O'Connell, 2016). Homelessness nationally then increased by 0.7% between 2016 and 2017, accounted for by a 9% increase in unsheltered homeless individuals and a three percent decrease in sheltered homeless individuals. Chronic homelessness among individuals increased by 12% from 2016 to 2017 but declined overall by 27% since 2007. From 2009 to 2017, the number of homeless veterans decreased by 45% (33,311) (The U.S. Department of Housing and Urban Development, 2017). The Los Angeles County Homeless Count decreased three percent overall from 2017 to 2018 (Los Angeles Homeless Services Authority, 2018).

Skid Row, Los Angeles. “Skid Row is the neighborhood for those whose lives skid out, who are unhoused, unemployed, ailing from addictions and mental health conditions. In other words, it is for those who do not fit in other, proper neighborhoods” (Crubaugh, 2017, p. 16). Skid Row in downtown Los Angeles is considered ground zero for homelessness in the City

(“Council Approves...”, 2019) and is “often dubbed ‘the homeless capital of America’” (Vazquez & Tu, 2018). Thus, for the purposes of this paper, Skid Row will be used to provide a focused and contained snapshot of the struggles of the homeless and to narrow the scope of nonprofit and service organizations analyzed.

The Union Rescue Mission (URM), established in 1891 and located on Skid Row, is one of the largest rescue missions in the United States and the oldest in Los Angeles. It defines the geographical boundaries of Skid Row as 3rd and 7th Streets to the North and South, and Alameda and Main to the East and West, covering 54 square blocks of downtown Los Angeles. When URM first opened, the area was a congregating spot for “hobos, aimless rail riders, transient workers, and people running away from past lives because it was the last stop on the train for the whole country” (Union Rescue Mission, 2018, “About Skid Row”), and was mostly made up of bars and brothels to cater to the population’s culture. Over time, as development began and industrial markets grew, various groups continually tried to improve the community. In 1975, a Redevelopment Plan was adopted that included a “Policy of Containment,” which concentrated social service agencies and people experiencing homelessness into the section of the city where many of them already congregated, with the goal of stabilizing and centralizing services. Since then, there have been improvements in services available for the homeless, two parks have been rehabilitated, and nonprofit-owned single-room occupancy (SRO) buildings have been built. Service providers have also recognized the need to rehabilitate people overall and provide 24-hour services, not just provide meals and beds (Union Rescue Mission, 2018).

Causes and process of homelessness. Research shows that the main cause of homelessness is a lack of affordable housing, followed by unemployment or underemployment, and the main cause of people filing for bankruptcy and losing financial stability is medical bills

(“The Woman Giving Homeless Women Hope...”, 2019). In large cities like Los Angeles, New York, Honolulu and San Francisco, where gentrification is spreading and housing costs are rising dramatically, people are unable to pay new rent prices and so homelessness is on the rise. Los Angeles alone reported a 5.7% increase in its homeless population in 2015, the second year in a row with a jump (Nagourney, 2016).

The National Coalition for the Homeless survey of 182 homeless men and women in Sacramento, California (Acuña & Erlenbusch, 2009) found that 70% stated economic reasons for homelessness: 38.9% had insufficient income, 31.1% lost their job, and 26.1% stated a disability contributed to their homelessness. Over 90% were not currently working, but 70.9% wanted to work full-time, 20% wanted to work part-time, and nearly 60% needed disability accommodations to work. Over 37% percent reported a disability, and 37.3% a health issue, as significant barriers to finding and keeping employment. Sixty percent stated they could not find work or gave up pursuing it; 43% reported lack of training and education as barriers to employment; over 40% reported that being homeless itself was a barrier; 40% cited lack of appropriate clothing and/or appearance; and 30% cited lack of transportation to work. Importantly, 40% of those surveyed had a license or certificate for their job skills; over 40% had warehouse skills, and over 33% had computer, hospitality, construction, or retail skills. As many as 81.3% stated they wanted to get further education and training, with 27.7% wanting to attend a four-year college, 22.6% wanting to attend technical school, and over 33% wanting to attend community college (Acuña & Erlenbusch, 2009). This information is important to include as it helps to dispel any public misconception that people experiencing homelessness lack motivation to work or self-improve.

Respondents to the survey also cited barriers to receiving employment assistance, in addition to finding work itself. Thirty one point six percent said they were denied employment assistance services because they were homeless; 30.6% stated they were unaware of employment assistance services available to homeless people; 25% stated lack of transportation to assistance services was a major barrier. Other barriers included being disabled, having a criminal background, the long waiting lists at agencies, and lack of agency follow-up (Acuña & Erlenbusch, 2009).

Specific to Skid Row, Los Angeles, recent research shows that 90% of women experiencing homelessness are survivors of sexual or domestic violence, and there is a common triple comorbidity of substance abuse, mental health problems, and physical health problems that, if not the cause of homelessness, contributes to maintaining it (Slayton, 2019). A Skid Row resident describes her descent into homelessness: “After I got cancer, I lost my job of 22 years. . . I slept on cement steps and in the back of someone’s car” (Skid Row Housing Trust, n.d.). The combination of individual financial issues and the lack of affordable housing in Los Angeles are increasingly impacting women (Hillard, 2018). Community health workers describe the causes and maintaining factors of homelessness and commonly associated behaviors:

Georgia Berkovich of the Midnight Mission on Skid Row says,

They are you or I divided by circumstance. A catastrophic illness in the family that depletes their savings. A victim of domestic violence who would rather live on the street than be with their abuser. No one ever imagines they'll end up on these streets. First you would stay with friends and then you'd stay with family and maybe you'd wear out your welcome and you say, “We'll just stay in our car.” The next step is usually a shelter. But most of the shelters are full. So, you get a tent. But now the drug dealers and pimps have taken over your tent. Now you're doing things you swore you would never do” (Hillard, 2018).

A licensed marriage and family therapist with a long history of working on Skid Row also offers a helpful narrative:

So often people are quick to make misguided judgments about the homeless. They think all people are on the streets because of drugs or mental illness when those are more often results of homelessness than the cause. Mental health issues affect between 13 to 30% of the homeless population. And with women who are using substances, most reported that they started using after they became homeless, to stay awake at night to be safe, to cope with trauma (“The Woman Giving Homeless Women Hope...”, 2019).

Demographics. On a night in January 2018, survey workers counted a total of 4,294 homeless individuals on Skid Row (down seven percent from 2017), 2,149 who were sheltered and 2,145 who were unsheltered. Of these, 2,761 were male (1,399 unsheltered, 1,362 sheltered) and 1,442 were female (770 sheltered, 672 unsheltered), up 35% from 2017. Sixty-six percent (2,830) were African American, 17% were Hispanic/Latino, and 12% were White. Of those aged 18 or older, 32% had a serious mental illness, 20% had a physical disability, 15% had a substance use disorder, 10% had a developmental disability, and three percent had HIV/AIDS. Of these, 29% were chronically homeless, 29% had experienced intimate partner violence, and nine percent were homeless due to fleeing domestic abuse by an intimate partner (Los Angeles Homeless Services Authority, 2018).

Challenges of living homeless. The following anecdote from a journalist observing and documenting homeless life on Skid Row highlights some of the most disturbing aspects of being homeless in a big city like Los Angeles:

Homelessness has a harsh, daily routine. Morning means waking up on a sidewalk at San Pedro and 5th and rolling up your belongings before heading off to wherever the day takes you.

On Skid Row, one homeless person shuffles from one side of the street to the other as police and sanitation workers clear it for deep cleaning.

On those rare days when it rains, a blanket serves as an umbrella. In fact, a blanket for a homeless person is like armor. It offers warmth and privacy and fends off intruders, both well-meaning and malevolent.

Homelessness has become so normalized in Los Angeles that a man waiting at a crosswalk for a light, engrossed in his phone, doesn't even notice the body on the

sidewalk under a blanket next to his feet. A worker outside a downtown storefront simply sweeps around a man sleeping on the sidewalk, taking care not to disturb him.

Those who are homeless carry on through the day, harrowing though it may be. An addict and her boyfriend near MacArthur Park refuse to go to an overnight shelter with its numerous rules. An Iraq War veteran on the streets of Hollywood says he keeps his hands filthy to repel anyone who may come too close.

(Orr, 2018, para. 6-10)

Many homeless people avoid shelters not only because of the rules mentioned that often prohibit drug use, but also because violence complicates every aspect of homeless life in general on a daily basis and the threat is intensified in crowds (Koh & O'Connell, 2016, para. 4).

Health disparities for the homeless in general are heightened by a complex burden of medical, mental health, and substance use problems. Those experiencing homelessness are much more susceptible to communicable diseases such as tuberculosis, HIV/AIDS, and hepatitis, and infections, injuries, and other acute conditions fester without treatment (Koh & O'Connell, 2016). Medical conditions can be created and are exacerbated for those who are sleeping rough, living in unstable situations, and have little access to food at all, let alone nutritious food. Homeless individuals may be using intoxicants, living with untreated mental health conditions including posttraumatic stress disorder (PTSD) and other effects of trauma, and are often estranged from family and support systems. They also face discrimination, ableism, racism, and classism and when they do try to access care, they are often treated poorly or not at all, dismissed as “drug seeking,” and can be banned from health services for poor hygiene or inappropriate behavior (Stajduhar, Mollison, Gleave, & Hwang, 2017)—some of the very things they need help with. Stajduhar et al. (2017) stated that even if people experiencing homelessness “...are treated respectfully by health care professionals, the institutions they visit can serve to re-institutionalize, re-traumatize, and re-colonize them” (para. 7), and once they face the end of life,

the individual, organizational, systemic, and structural barriers prevent access to dignified palliative care.

Effects on health. In real terms, the daily struggle for food, shelter, clothing, and safety takes priority over health, a reality for the homeless that exacerbates disease, complicates treatment, and causes excess mortality. A 2016 study of the homeless population in Boston showed that at least half of homeless deaths were caused by tobacco, alcohol, or other drugs. Approximately three-quarters of the homeless population reported using tobacco, which dramatically increases the risk for chronic conditions such as cancer and heart disease (Koh & O'Connell, 2016). These issues apply even to the younger homeless population; a study of the 6-year mortality rate of a group of street youth in San Francisco recruited in 2004 showed that their death rate was more than ten times greater than that of the general population, and the majority were due to suicide and/or substance abuse (Auerswald, Lin, & Parriott, 2016; Koh & O'Connell, 2016). Overall, it is clear from the literature that the homeless population has layers of complex challenges that inevitably make even the most basic of daily life tasks extraordinarily difficult.

Cancer among the homeless. Case studies are an important way to keep researchers grounded in the real-life impacts and meaning of this work. The following is an excerpt describing the tragic story of a homeless man named Toby:

Toby died 5 October 2015. The cause on his death certificate read "Small cell lung cancer." He was 56. Toby had been living rough, sleeping on the street until his cancer-riddled body could no longer tolerate the cold. He was proud to have found housing for a few months before he died. He lived in a 10×12-foot room, on a mattress on the floor. His diet consisted of two cans of Boost daily (traded for part of his disability cheque to the man down the hall who picked it up for him). His toilet was a bucket beside him on the floor. His "safety plan" when he struggled to breath or when the pain became unbearable was to bang a stick on the floor and hope that someone in the building would hear him, because he did not have a telephone. He had no family and no friends. Toby's cancer-filled lungs failed him. But, ultimately, poverty was what killed him. (Stajduhar et al., 2017, para. 2)

Research literature shows that cancer incidence and mortality rates are significantly higher in homeless populations than among the general housed population. A study of homeless men in Glasgow, Scotland from 1975 to 1993 found an excess of lung and upper aerodigestive malignancies, pointing toward the potential role of tobacco and alcohol use in elevating the risk of cancer risk. A 2013 study of homeless adults in Boston found that cancer was the second leading cause of death and the leading killer among those aged 45 years and older. Studies of homeless and marginally housed individuals in Canada and Sweden have also documented a high number of cancer deaths (Baggett et al., 2015).

Certain behavioral and environmental risk factors compounded in the homeless population increase their risk for developing cancer. A 2015 study found that between 68 to 80% of those surveyed were current cigarette smokers and 29 to 63% drank alcohol at problematic levels. As described above, hepatitis (C) and HIV infections are disproportionately prevalent among homeless individuals, and dietary inadequacy and prolonged sun exposure are common—all factors that increase the risk of certain types of cancer. Competing priorities for surviving each day detract from the personal urgency of cancer prevention and screening, and certain screening tests such as colonoscopy, pap smears, and breast exams pose numerous logistical challenges in the setting of homelessness (Baggett et al., 2015). Specifically in regard to the latter, two primarily female health issues—low socioeconomic status (including homeless women and women with severe mental health challenges—associated with under-screening or never being screened for breast and cervical cancer (Moravac, 2018).

Baggett et al.'s (2015) study of 28,033 Boston area homeless adults followed for a median of 3.3 years showed 459 incident cancers in 446 individuals, including 361 incidents and 168 deaths among men and 98 incidents and 38 deaths among women. The leading types of

incident cancer among men were bronchus and lung (85), prostate (59), colon and rectum (36), liver and intrahepatic bile duct (34), and oral cavity and pharynx (25). Among women, the most common incident cancers were bronchus and lung (23), breast (21), cervix uteri (10), colon and rectum (7), and oral cavity and pharynx (5). Current smokers made up 88% of incident bronchus and lung cancers, 83% of incident oral cavity and pharynx cancers, and 75% of all 11 tobacco-related cancer types combined. A total of 157 cancer cases were attributed to smoking, equaling 34% of all incident cancers in the study cohort. Leading causes of cancer death among men were bronchus and lung (61), liver and intrahepatic bile duct (22), colon and rectum (19), oral cavity and pharynx (9), and pancreas (9) cancers; the leading causes of cancer death among women were bronchus and lung (14) and breast (5) cancers. Overall, men had a significantly higher cancer incidence rate and both sexes had significantly higher cancer mortality rates than the general population.

Summary: Homeless with Breast Cancer

It is clear that the process of breast cancer from diagnosis through treatment for the average American woman profoundly disturbs not only her physical but also her psychological well-being, as she may experience painful and limiting physical side effects, symptoms of posttraumatic stress, existential questions, body image issues, pauses or delays in her family life and career, financial strain, and more. The literature on homelessness has emphasized the multidimensional challenges that the population faces and the urgent need for improved healthcare accessibility and substance use intervention, including reducing tobacco use. There is a distinct link between homelessness and a significantly increased risk for cancer and dying from cancer overall, and breast cancer was the second leading cancer incidence and cause of cancer death among homeless women in one large recent study. Combining this information leads to the

logical conclusion that if each of the experiences of breast cancer and homelessness is painful, complex, and often traumatic in itself, then the experience of being homeless with breast cancer is likely a living nightmare that, without intervention, may lead to a horrific, lonely death.

Need for Further Study

Additional research is needed to inquire into the specific needs of women experiencing both breast cancer and homelessness as well as available services, including any gaps and limits to access. Ample research exists on the multidimensional aspects of breast cancer among the general population in the United States. However, it is apparent that even the worst-case scenarios presented in the studies about stressors that breast cancer patients face, logically do not include the experiences of homeless women living on the streets of Skid Row. For example, a situation was cited in the literature in which a survey was given to breast cancer patients in the waiting room of an oncology clinic and the researchers found that some patients struggle to have enough bus fare to get to appointments. While this certainly sounds stressful and an experience not to be discounted, by default, the survey excluded those who ultimately could not get to the medical appointment, which may be the case for many women experiencing homelessness due to lack of transportation and other reasons explained above. It is the nature of large studies-the most frequently cited-to use formal means of gathering information through quantitative design and analysis instead of individual interviews. Obtaining the relevant information about the needs of homeless women with breast cancer living on Skid Row requires a much more individualized approach of interviews and needs assessments, which is outside the scope of this paper but planned in the future through the nonprofit Shobha. As medical Dr. James O'Connell, president of the Boston Health Care for the Homeless program, pioneering street doctor, and assistant

professor of medicine at Harvard Medical School says, “The cardinal rule is, you cannot wait for someone to come to you. If you wait, they’ll never come” (McFarling, 2016, para. 29).

In regard to the need for further research about the available resources for this specific population and improved resource accessibility in the form of one information resource that is easy to find and use, a series of Google searches for “guide to resources on Skid Row” in quotes (ending on 12/20/2019) resulted in no direct hits (see Appendix B for the first page of results). The first 14 of 14,600,000 results in a search without quotes (to capture as many relevant results as possible) were articles about homelessness on Skid Row, Los Angeles and individual service provider websites. The fifteenth result was a Los Angeles Unified School District Homeless Education Office PDF list of community resources (“Resource Guide Local District East,” 2019) “to assist parents or guardians in finding community services.” The list is 38 pages, organized by type of service offered, e.g., Educational/Academic Assistance, Emergency Shelter & Transitional Housing Services, and the services listed include at least nine zip codes. A Google search for “resources for women with breast cancer Skid Row Los Angeles” on 1/2/2020 resulted in no direct hits. The first 10 of 433,000 results included breast cancer nonprofits and health care agencies; again, this is helpful information to add to a comprehensive resource guide specific to women living homeless with breast cancer in the Skid Row, Los Angeles area, and no such guide has yet been found.

Before any such guide can be created and shared with those it is intended to help, services for women in the Skid Row area must be assessed, understood, and the information about them organized and presented in a comprehensive, systematic way. This particular process guided the remaining research performed and presented for this study.

Research Questions

The following research questions guided this study:

1. What services are available to homeless women on Skid Row, Los Angeles, the information about which can be found online?
2. Which and how many services are dedicated to breast cancer screenings and treatment?
3. Are other types of cancer screening and treatment services advertised on the included service organizations' websites?

Chapter 3: Methodology

Research Design

The literature review summarizes data on psychological and physical aspects of breast cancer and the experience of homelessness and impacts on health outcomes, and concludes the likelihood that women living homeless with breast cancer face a complex set of psychological, physical, and practical circumstances that creates more barriers to accessing services. Thus, as a foundational step toward directly helping this population, this study aimed to answer the research questions posed by starting at the beginning of the process and assessing the services for women experiencing homelessness on Skid Row that have an online presence. The purpose of this review of services and discussion was to understand what is available to the women specified in the literature review, those experiencing homelessness and a variety of other comorbid conditions, namely breast cancer, on Skid Row. This study did not involve human subjects so a non-human subjects approval was received by Pepperdine's Institutional Review Board (see Appendix E).

Ultimately, this information is intended to be used in the future to develop a comprehensive resource guide of free and income-based services of all types for women living homeless on Skid Row, that is easily accessed and understood: a website and a booklet, available in both English and Spanish, efficiently outlining all of the available services in the Skid Row area for women, with a special part under "Health Services" about the most prevalent types of cancer (among the female homeless population) with the services to help. In order to develop this resource, for the purposes of this study, a large amount of information about available services for homeless women on Skid Row was compiled, reviewed, analyzed, and summarized.

This study partially relied on the assumption that at least some women in need have access to the Internet either via a mobile phone, tablet, laptop, or computer use at a public library, nonprofit organization, shelter, or cafe with free wireless Internet, and are looking for services/help-seeking for themselves, or that their loved ones or personal advocates are looking online for services on Skid Row.

Systematic Review Procedure

To complete this study, I used the Internet, specifically Google searches using certain key terms that a woman living homeless on Skid Row might use during help-seeking, to find and review services provided to homeless women on Skid Row that have an online presence, including county- and state-wide programs. Thorough online searches for available services were conducted until the point at which websites or organization names repeated, so that I know I have been diligent and could confidently report the findings. I observed the process of searching for and analyzing services and included my observations of ease of use, consistency of information, and other topics as they arose in the Discussion portion of the remaining report.

Primary sources for information included organizations' websites, and secondary sources, i.e. news and journal articles about services, were carefully considered and compared with the information from primary sources to ensure validity. Services included in the review were those listed with physical addresses in or within less than half a mile of Skid Row, which is located between the boundary of the following intersections: 7th Street and South Alameda Street, 3rd Street and South Alameda Street, East 3rd Street and South Main Street, and 7th Street and South Main Street, in downtown Los Angeles, as well as statewide social services. Google searches were conducted for "homeless services women Skid Row Los Angeles," "free services for women Skid Row Los Angeles," and "breast cancer homeless services Skid Row Los Angeles,"

and the first three pages of results for each search phrase were documented and included in the observations within the Discussion section and itemized in Appendix D. The phrases were searched without quotation marks in order to allow the maximum number of relevant keywords to appear in search results. Those search results were included in a cohesive list of services and expanded upon beyond those included in the initially documented process observations, to ensure a thorough search and as accurate of findings as possible, to ultimately be useful to the women intended to benefit from this work.

Content Analysis

Information about organizations and services offered were first compiled, re-organized to be easily understandable and cohesive, then summarized in a master list (Appendix C) to be used as the foundation for analysis and the future resource guide. This narrative data was organized in a Microsoft Excel spreadsheet by organization and type of service offered in an abbreviated format, the categories of which depended on the wording the websites used to describe services. The services were organized in tables within the Results section, both by organization and by number of each service type available. The results are also explained in narrative descriptions.

Limitations of the Study

This study has several limitations, the largest of which is that, while every attempt to be thorough was made, no guarantee is possible that the study includes all services available to women experiencing homelessness on Skid Row, for several reasons. First, because online search results prioritize websites that have been designed with keyword search assistance embedded, sponsored (paid for) ads, and websites with heavy visitor traffic, such as news outlets and social media websites, small organizations or those that do not prioritize a professional web presence are likely to appear later in search results in general. It is not possible for an individual

researcher to analyze all of the millions of Google search results, so using common sense and scouring the results until at least several began to repeat was the best possible method to ensure thoroughness. Further, although it is common for organizations or even community advocates to have websites and social media pages, it is possible that there are services available to this study's population group that do not have an online presence; therefore, they would not be found in an online search and could not be included in this study.

In addition to the technological limitations regarding the ability to find relevant services online, there is another key aspect of using the Internet as the source of data for this study that is important to observe and address but could not be fully investigated within this paper. Instead, the researcher's observations of the process of gathering data were included in the Discussion portion to help inform the results and point toward future research as appropriate. Ease of use and accessibility factors for each website matter in the process of finding services online, taking into account aspects of websites such as languages available and accommodations for the hard of hearing and visually impaired. However, formally analyzing these aspects of the process of finding services would be an adjacent but entirely different research project.

Researcher Reflexivity

A regular practice in research is to develop a "researcher-as-instrument," or self-reflective, statement to assess who the researcher is, what her biases are, and how she will ensure that the study maintains trustworthiness and rigor (Morrow, 2005). Within a programming review, this could mean that the researcher becomes aware of her expectations of the study in order to manage personal bias, and ensures to the highest degree possible that intrinsic factors such as physical and visual stamina and accuracy while gathering and organizing data, and individual comprehension level do not impact the information included in the study.

In terms of the process of compiling data, I expected that the organizations' websites I found and obtained information from would vary from highly organized, streamlined, and easily understood, to very limited, and worse, to overly verbose and disorganized. I made these assumptions based on my knowledge of nonprofit and government organizations as generally composed of well-meaning individuals who are overwhelmed with cases, rushed, and underpaid, and the written materials often represent this reality. This seems to be especially true for volunteer-based organizations. I intended for this study to not be critical of the organizations providing much-needed services to my selected population, rather to help them by ultimately providing a cohesive resource to those they serve that clearly outlines their services and how to access them. I am also aware of my expectation of conclusions to this study. Although I did not yet know what services were available for homeless women on Skid Row, I assumed there are ample nonprofits and government agencies that provide all of the relevant types of aid but that they may be overall somewhat difficult to find and access, besides personal factors for each woman that may prevent her from utilizing them.

As I gathered and organized data and made observations, I was aware of my own psychological and emotional state due to my significant personal and time investment in this cause since 2008, and my level of commitment to my ideas about how to help this population. For example, I anticipated that the process of gathering data online would simultaneously be laborious and dry, while also exposing me to traumatic stories of homeless women who I care deeply about and want to help. I was aware of my own thought and emotion boundaries and my lack of resources and time to help these women in practical terms at the moment, and could not allow my frustration of not yet being able to help shadow this study, which is crucial to

succeeding in my future goals with my nonprofit. I reported my findings without bias and delivered as thorough and insightful a conclusion as possible.

I regularly consulted with my dissertation committee chairperson, Dr. Carrie Castaneda-Sound, Ph.D., and continued to attend my own personal psychotherapy, an appropriate platform for addressing any issues of countertransference toward service organizations that may occur in the process of this study. Lastly, it should be noted that while related to and inspired by the mission of the nonprofit I founded, Shobha, to help underserved women with breast cancer, this study is separate, more specific, and intended to provide a research-based foundation toward practical ways to directly help this population, starting with a focus on homeless women on Skid Row, Los Angeles.

Chapter 4: Results

Types of Services for Homeless Women on Skid Row

Tables 1-5 below provide detailed information about the services available to homeless women on Skid Row, based on the websites of, as well as adjunctive news articles and social media pages about, 46 nonprofit organizations, public agencies, and other types of service providers. The services are as follows, organized here in order of general similarity: 24-hour availability, specified walk-in hours, emergency services, food, family services, childcare, infant formula, sack lunches for children, bathrooms (toilets and sinks), showers, drinking fountains, laundry services, sharps collection box, hygiene supplies, diapers, clothing, storage, telephone access, computer and Internet access, mailing address, banking services, transportation, general evaluation, case management, referrals to other service providers, Coordinated Entry System Access Center, outreach services, information telephone hotline/helpline, text line, pet services, makeovers, haircuts, emergency shelter, day center, beds, overnight shelter, domestic violence shelter, family community center, enclosed courtyard, housing resources and information, housing vouchers, supportive housing, transitional housing, women's crisis and bridge housing, permanent affordable housing (rental apartments), community-based housing, primary health care services, health clinic on-site, physical assessment, medical case management, health education, nutrition education, medications, tuberculosis testing, immunizations, mammograms, general cancer screening, vision screening, foot screening, HIV and AIDS testing and counseling services, sexually transmitted disease testing and treatment, dental care, chiropractic services, mental health services, psychological assessment, psychiatric referrals, crisis counseling, peer support groups or group therapy, social interaction and support, wellness services, health and wellness counseling, enrichment workshops and activities, fitness classes, substance abuse

education and treatment/12-Step Program, smoking cessation, domestic violence education, anger management, parenting skills, financial management education, spiritual guidance, mentorship, job training and assistance, direct employment opportunities, formal education, community activism and advocacy, public benefits registration and assistance, legal aid, community watch, Rider Relief Transportation Distribution, Metro TAP Passes, bus tokens, and Veteran services. See Appendix C for a detailed description of these services and the organizations that provide them.

The following Table 1 (Types of Service with Abbreviation Key) shows the range of services that were found across 46 organizations that serve homeless women on Skid Row. These abbreviations are used in Tables 2 and 3 to show the results of this study. The wording used for these categories of services is specific to that used on organization websites and may also refer to more general concepts where needed to avoid concept overlap and aid in consolidation where appropriate. It is important to note that although there seems to be overlap, e.g., “Beds” being included as a separate category in addition to specific types of shelter and housing, this was done to avoid confusion with the details of services offered. For example, an organization may offer “Day Rooms,” but the website does not specify if this means “Beds.” There are also several types of housing options that the homeless-serving organization pool seems to describe with common language, of which I was not aware at the outset of this study, so I have included all specific phrases used across websites to fully capture the different types of housing, e.g., “Bridge Housing” and “Transitional Housing.” One housing category, “Permanent Housing/Apartments/ Affordable Housing,” was combined because it became apparent while gathering data that in the context of homeless service providers, permanent and/or affordable housing means rental apartments.

In addition to the various types of housing offered, I was surprised by several other services that I had not previously specifically expected to find, such as services for pets, the ability to get a bank account and mailing address, community security watch, and enclosed courtyards. The latter was especially informative about the reasonable fear of many homeless people that being in enclosed shelters is often dangerous to their physical and belongings' safety, among other individual reasons, so some shelters provide supervised, enclosed outdoor courtyards to allow people a safe space from the street but do not require that they are physically inside.

Table 1

Types of Services with Abbreviation Key

Services A - D	Services E - L	Services M - S	Services T - W
Advocacy/Activism (Ad)	Enclosed Courtyard (EC)	Mental Health Services (MH)	Telephone (Tel)
Anger Management (AM)	Enrichment Workshops/Activities (EW)	Mentorship (M)	Text Line (TL)
Banking Services (BS)	Evaluation (Ev)	Metro TAP Passes (MTAP)	Transitional Housing (TH)
Bathrooms (B)	Family Community Center (FCC)	Nutrition Education (NE)	Transportation (Tr)
Beds (Bed)	Family Services (FamS)	Open/available 24 hours a day (24)	Trauma Treatment (TT)
Benefits Assistance/Workshops (BA)	Financial Management Education (FM)	Outreach (Out)	Veteran Services (VetS)
Bus Tokens (BT)	Fitness Classes (FC)	Overnight Shelter (OS)	Vision Screenings (VS)
Cancer Screening (Can)	Foot Screenings (FS)	Parenting Skills (PS)	Walk-In Hours (WIH)
Case Management (CM)	Haircuts (H)	Peer Support Groups/Group Therapy (PSG)	Wellness (W)
CES Access Center (CES)	Health & Wellness Counseling (HWC)	Permanent Housing/Apartments/Affordable Housing (PerH)	Women's Crisis/Bridge Housing (WCBH)
Childcare (Ch)	Health Clinic (HC)	Pet Services (Pet)	
Chiropractic Services (CS)	Health Education (HE)	Physical Assessments (PA)	
Clothing (Cl)	HIV/AIDS Testing/Counseling/Services (HIV)	Primary Health Care (PH)	
Community Watch (CW)	Housing Resources/Information (HR)	Psychiatric Referrals (PR)	

(Continued)

Services A - D	Services E - L	Services M - S	
Community-Based Housing (CBH)	Housing Vouchers (HV)	Psychological Assessment (PsyA)	
Computer/Internet (C)	Hygiene Supplies (HS)	Referrals (R)	
Crisis Counseling (CC)	Immunizations (I)	Rider Relief Transportation Distribution (RRTP)	
Day Center (DC)	Infant Formula (IF)	Sack Lunches for Children (SLC)	
Day Rooms (DR)	Information Hotline/Helpline (IH)	Sharps Collection Box (SCB)	
Dental Care (DC)	Job Training & Assistance (JT)	Showers (S)	
Diapers (D)	Laundry (L)	Smoking Cessation (SC)	
Domestic Violence Education (DVE)	Legal Aid (LA)	Social Support (SS)	
Domestic Violence Shelter (DVS)	Mailing Address (MA)	Spiritual Guidance (SG)	
Drinking Fountains (DF)	Makeovers (Mak)	STD Testing & Treatment (STD)	
Education (Ed)	Mammograms (Mam)	Storage (St)	
Emergency Services (ESe)	Meals/Food (MF)	Substance Abuse Education/Treatment/12-Step (SA)	
Emergency Shelter (ES)	Medical Case Management (MCM)	Supportive Housing (SH)	
Employment Opportunities (E)	Medications (Med)	TB Tests (TBT)	

Table 2 (below) shows the services offered by each organization found in the online search that serves homeless women on Skid Row. For example, 211 L.A. is a 24-hour helpline that offers housing resources and referrals for a wide variety of services. Beauty 2 the Streetz offers makeovers, meals, showers, and social support, and so on. Because the quality of services is not defined in terms of how many are offered by a particular organization, a comparison of the number of services is not helpful. Rather, these services are displayed here as a reference guide for what is available to this population group.

Table 2

Services Available to Homeless Women on Skid Row

SERVICE ORGANIZATION	SERVICES AVAILABLE (ABBREVIATED)
211 LA	24, IH, HR, R
Beauty 2 the Streetz	Mak, MF, S, SS
The Bin/Free Storage	St
Central City Community Outreach	Ad, CM, E, JT, MF, PSG, R, SS
Chrysalis	C, Cl, E, HS, JT, R, Tel
Crisis Text Line	CC, TL
Down But Not Out	Cl, MF, HS
The Downtown Women's Center	Ad, B, BA, BT, C, CBH, Cl, CM, DC, E, Ed, Ev, EW, FamS, FC, FS, HC, HE, HIV, HR, HV, HWC, JT, MA, Mam, MCM, MF, MH, MTAP, PerH, PH, PSG, RRTP, S, SH, TBT, Tel, VetS, VS, W, WIH
Eyes Not Forgotten	EW, Cl, HS, MF, SS
Fred Jordan Missions Chapel	Cl, FamS, HS, MF, Out, SG
Happy Period/#HappyPeriod	HS
Homeless Health Care LA Center for Harm Reduction	PerH, PSG, MH, SA
Highly Favored	HS
Hippie Kitchen	MF
Inner City Law Center	Ad, BA, LA, VetS
John Wesley Community Health Homeless Health Care LA	PA, R
LA Centers for Alcohol and Drug Abuse Downtown Outpatient Services and HIV/AIDS Service Center	HIV, MH, PSG, SA

(Continued)

LA Christian Health Centers Joshua House Clinic	Can, CM, DC, FamS, HE, HIV, Med, MH, PA, PH, R, SA, SH, STD, TBT, VS
LA Community Action Network	Ad, CW, HR, LA, MF, NE
LA County Dept. of Mental Health Downtown Center	CC, E, FamS, JT, MH, Out, PsyA, R, VetS
LA County Dept. of Public Social Services	BA, IH
LA Homeless Outreach Portal	Out
LA Homeless Services Authority	CES, HR, IH, Out, R
The LA Mission	AM, B, Cl, CS, D, DC, DVE, E, Ed, ESe, EW, FamS, FC, FM, HC, HR, HS, IF, JT, LA, M, MF, MH, OS, Out, PH, PR, PS, PSG, R, S, SA, SC, SG, SS, St, TH, W, WCBH, WIH
Legal Aid Foundation of LA	Ad, BA, FamS, LA
Little Tokyo Service Center	BA, CC, CM, DVS, Ed, ES, EW, FamS, FM, IH, JT, MH, PerH, PH, PSG, R, SA, SS, TH, W
#LunchBag	MF
Midnight Mission	B, BA, C, CC, CM, DVE, E, Ed, ES, ESe, Ev, FamS, FC, FM, HR, HWC, JT, LA, MF, MH, NE, PH, PS, PSG, PsyA, R, SA, SS, TH, TT, W, WCBH
PATH LA	FamS, HR, Out, PerH, SH, WCBH
The People Concern	B, Bed, BS, CM, ES, HR, JT, L, MF, MH, PerH, PH, PSG, S, SA, SH, SS, WCBH
Piece by Piece	E, Ed, EW, JT, SS
Pit Stops	B, S
Pet Resource Center	LA, Pet, R
Public Counsel Law Center	BA, LA, VetS
ReFresh Spot Skid Row	24, B, DF, L, R, S, SCB
Services Not Sweeps	Ad

(Continued)

Skid Row Housing Trust	CM, Ev, EW, PerH, PsyA, R, SA
SRO Housing Corp.	Ad, Ed, ES, EW, HV, NE, SH, SS, TH, WCBH
Street Watch LA	Ad, LA, Out
St. Vincent de Paul of LA Cardinal Manning Center	AL, B, BT, C, CM, Ed, EW, FamS, FC, FM, HS, JT, LA, MF, MH, NE, Out, PH, PSG, R, SS, Tel, VetS, W, WIH
Substance Abuse Service Helpline	IH, R, SA
United Coalition East Prevention Project	Ad, SA, W
Union Rescue Mission	24, B, BA, Bed, BS, C, Cl, Ch, CM, D, DC, DR, EC, Ed, ES, ESe, Ev, FamS, FCC, FM, H, HC, HE, HR, HS, I, IF, JT, LA, MA, Med, MF, MH, NE, OS, PA, PerH, PH, PS, PSG, PsyA, R, S, SA, SG, SLC, SS, St, Tel, TH, Tr, TT, WCBH, WIH
VA Downtown Clinic	DA, PH
Volunteers of America LA	24, AM, B, BA, Bed, CM, DVS, Ev, ES, FamS, FM, L, Med, MF, MH, PerH, PH, PSG, PsyA, R, S, SA, TH, Tr, VetS
Weingart Center for the Homeless	BA, Bed, BT, C, Cl, CM, DC, E, ES, ESe, FamS, FCC, HC, HIV, HR, LA, JT, MF, MH, PH, R, SA, SS, Tel, TH, VetS, WIH

Table 3 (below) shows a numerical ordering of services by type. Referrals (R) to other providers were the most frequently found service described online and is offered by 18 of the 46 organizations. Sixteen described offering meals or food (MF), 13 offered services for families (FamS), 13 offered mental health services (MH), and so on. It should be noted that for certain specifically named services, especially those with a low number, this does not necessarily mean that the service is not offered at other organizations as well. Instead, the low number may mean that the organization's website did not specify beyond more general categories of services and cannot be assumed. For example, an organization that offers a Health Clinic (HC) may also offer

vision screenings (VS) and HIV services (HIV) but did not specifically mention these on their website, so the services would not be included in the vision screening or HIV services categories within this results table. The numbers listed here for other services, such as those for the pets of homeless individuals $PS = 1$, are likely accurate given the specialized nature of the service and certain separate resources and training needed to fulfill the need. Overall, Table 3 serves as a general visual guide to identify the most common services available, with some contextual processing necessary if analyzing each service individually.

Table 3

Number of Service Organizations Found for Homeless Women on Skid Row (Abbreviated and ordered by quantity)

R = 18	B = 9	W = 6	HC = 4	DVE = 2	Ch = 1	PR = 1
MF = 16	HS = 9	WCBH = 6	HIV = 4	DVS = 2	CS = 1	RRTP = 1
FamS = 13	Cl = 8	Ev = 5	BT = 3	FCC = 2	CW = 1	SC = 1
MH = 13	E = 8	IH = 5	DC = 3	HV = 2	DF = 1	SLC = 1
SA = 13	Ed = 8	NE = 5	HE = 3	HWC = 2	DR = 1	SCB = 1
JT = 12	EW = 8	PsyA = 5	L = 3	IF = 2	EC = 1	STD = 1
SS = 12	Out = 8	SH = 5	Med = 3	MA = 2	FS = 1	TL = 1
CM = 11	PerH = 8	Tel = 5	PA = 3	OS = 2	H = 1	PR = 1
LA = 11	S = 8	WIH = 5	PS = 3	TBT = 2	I = 1	RRTP = 1
HR = 11	VetS = 8	24 = 4	SG = 3	Tr = 2	M = 1	
PH = 11	ES = 7	Bed = 4	St = 3	TT = 2	Mak = 1	
PSG = 11	TH = 7	CC = 4	AM = 2	VS = 2	Mam = 1	
BA = 10	C = 6	ESe = 4	BS = 2	Can = 1	MTAP = 1	
Ad = 9	FM = 6	FC = 4	D = 2	CES = 1	Pet = 1	

Table 4 shows the 20 most common services that were found in this study and the associated number of organizations offering each service.

Table 4

The Twenty Most Common Services Found in Online Search of Organizations Offering Services for Homeless Women on Skid Row

Type of Service	Number of Organizations Offering the Service
Referrals	18
Meals and Food	16
Family Services	13
Mental Health Services	13
Substance Abuse Education and Treatment/12-Step Program	13
Job Training and Assistance	12
Social Support and Interaction	12
Case Management	11
Legal Aid	11
Housing Resources and Information	11
Primary Health Care Services	11
Peer Support Groups or Group Therapy	11
Public Benefits Assistance	10
Community Activism and Advocacy	9
Bathrooms (Toilets and Sinks)	9
Hygiene Supplies	9
Clothing	8

(Continued)

Direct Employment Opportunities	8
Education	8
Enrichment Workshops and Activities	8

Table 5 shows the organizations found within this study that specified breast cancer or cancer in general as a focus of service.

Table 5

Breast Cancer and Other Cancer Services Found for Homeless Women on Skid Row

Type of Service	Organization	Number of Organizations
Breast Cancer Services	The Downtown Women's Center	1
General Cancer Services	LA Christian Health Centers Joshua House Clinic	1

Overall, it is apparent from the data gathered that while daily living resources seem to be, understandably, a top priority among Skid Row services for homeless women, there is little attention to breast cancer and other types of cancer screening and no mention of treatment options.

Chapter 5: Discussion

This review of the available services found online for homeless women on Skid Row provides the relevant data to answer the research questions posed in this study. To review, those questions were: What services are available to homeless women on Skid Row, Los Angeles, the information about which can be found online? Which and how many services are dedicated to breast cancer screenings and treatment? Are other types of cancer screening and treatment services advertised on the included service organizations' websites?

The results of this study demonstrated an overview of the services available to women who are living homeless on Skid Row. The 12 most common services for homeless women on Skid Row that were found in the online search included the following: Referrals, food, family services, job training and assistance, social interaction and support, case management, legal aid, housing resources and information, primary health care, and peer support groups or group therapy. While 11 organizations operating on Skid Row described offering primary health care services, four described having health clinics on-site, and three described conducting physical evaluations, only LA Christian Health Centers' Joshua House Clinic mentioned cancer screening services in general and the Downtown Women's Center specified free mammograms. These results do not necessarily mean that breast and other types of cancer screening are not available at the sites offering primary health care services, although it may be so; this study cannot answer that question. Rather, the vast majority of the websites did not explicitly describe such services. Notably, none of the 46 organizations' websites reviewed described offering cancer treatment or recommended where to go; this may indicate that there are no cancer treatment services on Skid Row and would support the scholarly literature that not only is obtaining an early cancer

diagnosis difficult for homeless women, but also that initiating and being able to follow through on cancer treatment is even more challenging.

The earlier literature review concluded that homeless individuals are in such dire, constant need of food, water, shelter, and basic hygiene supplies, and homeless women in particular are in constant danger of physical and sexual assault, that health concerns are sidelined or ignored and early signs of breast and other types of cancer are likely to be missed. The dearth of specific attention to breast and other types of cancer screenings and treatment in the services found within this study may reflect this harsh reality. Cancer screening and treatment does not appear to be a priority among the organizations that serve homeless women on Skid Row, presumably because providing for their basic daily survival needs proves to be an ongoing uphill battle.

Reflections

Process of gathering data. In the process of gathering data for this study, I ran into a frustrating and shocking problem: My task as researcher became apparent as not only to gather and organize the information about services for homeless women on Skid Row in order to answer the research questions posed. My role—no, responsibility—was also to experience trying to find services and being disappointed, confused, and overwhelmed by the many irrelevant or outdated online search results, or contradictory information across websites about essential services such as emergency overnight shelter. As I experienced this for myself as researcher, and as an advocate for the women I aim to serve, I was simultaneously aware that this process would be intensified multiple times over if I were in dire immediate need, facing homelessness and a variety of other imminent problems, perhaps including serious health concerns, with children, and carrying all of my belongings. I experienced significant sadness, disappointment, and

disbelief through the extensive data-gathering phase, trying to imagine the experience of the women I aim to serve and realizing over and over again how such a seemingly simple thing—using a Google search to find a local service—was so unnecessarily complicated and time-consuming when it came to nonprofit services. Although assessing the ease of use and accessibility factors of service organizations' websites and the process of finding services online in general would be an entirely different study, I was so moved that I documented the exact search results in order of appearance on Google, summarized what they were, and wrote some personal reflections along the way, as can be read in Appendix D.

From the beginning of the online search for services, the information was even more difficult to decipher than expected. I had anticipated that the organizations' websites would vary in ease of use, terms used to describe certain services, and professionalism. I did not foresee that within the first two search results, there would already be a discrepancy in important details—whether or not the Downtown Women's Mission, one of the largest and best-established organizations serving women on Skid Row, offers overnight shelter or just a day center. The following is an excerpt from my reflections in this stage of the process:

After reviewing the first two links, I was already overwhelmed by all the details, and I even expected them as an academic and researcher. I can only imagine what it would be like as a woman experiencing homelessness, perhaps physically and/or mentally ill with no support, trying to find services. There was already confusion based on the similarity of their names, about the difference between the Downtown Women's Center and Downtown Women's Center Inc., which are two separate women's organizations on Skid Row. Then, the Curbed LA article from 8/2019 said that the first had opened up space for 25 women to sleep there, but the organization's website clearly states in bold, "DWC is not an overnight shelter..." and their website is stamped C. 2020. I double checked that they were both the same DWC (not Inc.). If I were seeking emergency overnight shelter, I would not know whether to go to DWC or if it would be a wasted walk, perhaps in the rain or cold, possibly with a child or children, endangering myself to the risks of life on Skid Row such as assault, robbery, and rape, and likely carrying belongings. (January 2020)

It was not just confusion between web pages about services. There were also times in the search process when I struggled to make sense of services advertised by certain organizations on their own websites, and was befuddled as to why the website writer would not just organize and consolidate the information into intuitive pages for both beneficiaries and supporters (e.g., donors, volunteers). Many organizations' websites appeared geared toward the latter and made it nearly impossible to find information about how to access their actual services, which I believe is missing a major opportunity to be found by those in need outside of word-of-mouth sharing. I was amazed that a 1990 journal article about homelessness appeared as #17 in a Google search for "homeless services women Skid Row Los Angeles" (not in quotation marks in order to capture as many relevant sites as possible), but one of the oldest and largest missions providing crucial help did not appear until much later. Certainly, the results placement depends on several factors, and just one of them is the keywords matched between my searches and the webpages, but it was disappointing that major organizations had not ensured better website visibility. Although grateful that they cared enough to publish on the topic, I was overwhelmed by how many news articles about homelessness I had to read through to find out about services and organizations, and then had to later search just for that agency's name to find their website.

I was dismayed, but not surprised, that a thorough search did not result in any resource guides for women on Skid Row, given the sharply increasing number of homeless women in the area. The best that I could find was on the website of a biohazard cleaning company that, for some reason, had an extensive and well-organized list of services for the homeless in the greater Los Angeles area in a section called "Homeless Encampment Cleanup" (EcoBear Biohazard Cleaning Company, n.d.). It included clear, concise summaries of services (though not details about times or specific programs), links to the organizations' websites, addresses, and phone

numbers. I had hoped that I would be wrong, that my idea for a resource database for homeless women on Skid Row would prove to be recreating the wheel, so to speak, and therefore unnecessary. However, the process of this study only highlighted questions as to why this does not already exist online and further impetus to create it; see Implications for future areas of focus.

I was also dismayed by the dearth of attention to breast and other types of cancer among homeless women on Skid Row. There are organizations just for makeovers, homeless people's pets, and feminine hygiene products, but none especially dedicated to breast cancer advocacy for homeless women, which seems like a priority to me given the higher rates of advanced stage cancer diagnosis and mortality among the homeless. The Downtown Women's Center was the only organization on Skid Row stating that they offer mammograms, and even then, this was briefly listed among many other services and with no other education or information about it. I thought previously that someone would have realized the need for more specialized education and advocacy in this regard and was disappointed to find otherwise.

When an organization got their website right, meaning that it was easy to use and read with all relevant details about how to access services clearly posted, it was refreshing and encouraging to me. This made me wonder what the differences are between the organizations with helpful versus frustrating or scant websites. What I found to be especially helpful on websites were if their landing page was written for those they serve and had a brief, visually simple, easy-to-read list of services and how to access them, including times available, address, and any required documentation or prerequisites. Unfortunately, this was a rare occurrence.

Implications

Recommendations for service providers. Based on my observations in the process of compiling data for this study, service providers should make the information about their services more easily accessible and effective online for the purposes of those in need who are potentially searching for immediate help. If an organization provides cancer screenings and/or treatment, they should explicitly say so on their websites and give at least a basic description of what the service is; for example, describe what a mammogram is. Otherwise, online help-seekers may not know where to go for help if they have symptoms of cancer or simply want to obtain regular screening, and valuable time may be wasted that could have assisted in obtaining an earlier cancer diagnosis and improved chances of recovery. The difficulty of the online search process, discussed above in the Reflections section of this paper, may be overwhelming to a help-seeker. With all of her daily pressing concerns, she may give up on finding help soon after her search begins if the relevant services, with explicit directions on how to access them, do not appear within the first several online search results for basic phrases such as “breast cancer services Skid Row.” The goal for service providers should be to translate their available services into the clearest communication possible for quick and easy accessibility for those they intend to serve.

Future programming and resources. Improving service organizations' websites would not be the only way to improve resources for homeless women on Skid Row. Based on this research, I recommend that service organizations on Skid Row, breast cancer organizations that operate state- or nationwide, such as the Susan B. Komen Foundation, and/or local hospitals that are nearest to the area, create cancer advocacy programs focused on homeless women that recognize their unique circumstances and educate, screen, and provide clear treatment options. This could be accomplished through partnerships between organizations and hospitals as well as

expanded programming within existing student training sites. Community outreach advocates and social workers could be trained in basic cancer education and screening and provide pamphlets to their clients.

While these programs would help the cause of cancer advocacy among the homeless, there are still major gaps that need to be addressed to obtain women's buy-in for seeking health services. First, mental health issues can be a barrier to accessing services. For example, because many homeless women have experienced significant trauma, often sexual assault and abuse, they may avoid health appointments due to trauma triggers that would be activated by intimate touch. This could be a major factor when considering not just making cervical and breast cancer education, screening, and treatment more accessible on Skid Row, but also figuring out how to provide mental health care as an intermediary step in gaining the target population's trust and buy-in. Essentially, this might look like treating Posttraumatic Stress Disorder specific to this context.

As discussed earlier, and contrary to the commonly held belief among the general public that more shelters and housing are the solution to homelessness, many homeless individuals avoid shelters because of restrictions on drug use and risks to personal and belongings' safety. As a secondary option, shelters offer enclosed courtyards to make this population safer in a way they are more comfortable with while the organization introduces them to other types of services. Similarly, while the general perspective on homelessness prioritizes housing as a first step toward meeting other needs, mental health workers have reported that many homeless individuals do not want to be housed. Thus, although establishing enough affordable, accessible housing is important to solving the problem of homelessness, there are several steps before

housing the homeless population of Skid Row that must be addressed. Mental health and the influences of negative life experiences are likely significant topics that require care.

Future programming also includes my own work. The next stage of my project is to create the website and booklet guide to resources for women experiencing homelessness on Skid Row. I plan to include a section with information about breast cancer and highlight the nearest places to go for screening and treatment. In the future, I aim to utilize an integrated care model to provide high quality mental health and wellness services, case management, and personal advocacy to underserved women in need, so that I can help fill the gaps between existing services and access to them.

Future research. The laborious process of gathering data about services available to homeless women on Skid Row that are listed online, in order to inform this study, lends to a future study that assesses the accessibility of help-seekers to these services. Such a study may include having 20 research participants rate each website using a detailed list of aspects of accessibility, which could not be included here. Other research might include an in-person survey given to women living homeless on Skid Row, inquiring into their circumstances, how they find out about services (word-of-mouth, flyers, online search, etc.), and factors that encourage or keep them from accessing services to determine who may be falling through the cracks and why. Yet other endeavors, such as planned through my nonprofit, could focus on conducting individual needs assessments of homeless women to determine how to best aid them in improving their lives.

Summary

This study sought to answer the following questions: What services are available to homeless women on Skid Row, Los Angeles, the information about which can be found online?

Which and how many services are dedicated to breast cancer screenings and treatment? Are other types of cancer screening and treatment services advertised on the included service organizations' websites? A review of 46 organizations and agencies that provide services to homeless women on Skid Row, ranging from small nonprofits and advocate groups to well-established missions and state-wide public services, found that the priority was immediate basic needs. One organization specified that they offer free mammograms, and a different organization offered general cancer screening, among other services. There was no mention of cancer treatment in the immediate area nor in the context of referrals or partnerships. Considering the quickly growing population of homeless women in Los Angeles, specifically Skid Row, and that the homeless in general tend to miss or ignore early symptoms of health problems because navigating daily life takes precedence, the lack of attention to breast and other types of cancer services does not bode well for those in need.

As I gathered data for this study, I tried to imagine that I was suddenly without a home and trying to figure out how to get immediate help; I would search for nearby services on my phone. Similarly, if I thought I was experiencing symptoms of breast cancer and needed to have a breast cancer screening, I would use Google to search for the nearest site and also be looking for the address, walk-in hours or appointment-only, and any application process or documents required to obtain services. As a researcher with a professional background in the nonprofit sector, I had expected to find a wide range of levels of professionalism on the organizations' and agencies' websites, usually due to the variety in funding levels and ability to hire professional web designers and writers. I did not expect to be frustrated by seemingly preventable problems with many of the websites, including discrepancies about important services like emergency overnight shelter, and difficulty finding walk-in hours, address, and descriptions of services. I

was also surprised by the many irrelevant or outdated Google search results for basic key phrases, unnecessarily extending the time it took to find helpful websites. The most efficient websites used concise language and had a “Need help?” webpage.

While analyzing the accessibility and ease of use of finding services on the Internet would be a different project entirely, some recommendations could be made for service providers in this regard and others. These include the following: Simplify and clarify information about services on their website, including a page titled “Need help?”; if they offer any cancer services, specify this on their website and provide a basic description of what the service is, for example, a mammogram; and if they do not offer cancer services, consider partnering with a hospital or breast cancer nonprofit and feature the program on their website. My next step is to improve the accessibility of services to homeless women on Skid Row by utilizing the master list of services compiled in the process of this study to create a database and resource guide both online and in a printed booklet. I plan to include a brief educational section highlighting the main symptoms of breast cancer, current guidelines for screening recommendations, and where to find help, in both English and Spanish. While this study successfully answered the questions posed, it was also only one building block toward my goal of providing practical assistance to women in need.

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APPENDIX A

Literature Review Table

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Abram, S., 2018	Life in Skid Row as a woman	N/A	N/A	Editorial	N/A
Acuña, J., & Erlenbusch, B., 2009	Homeless employment report	N/A	N/A	Reference data	N/A
American Cancer Society, 2002	Post-traumatic stress disorder in cancer patients	N/A	N/A	Informational	N/A
American Psychiatric Association, 2000	Mental health disorders	N/A	N/A	Diagnostic manual	N/A
American Psychiatric Association, 2013	Mental health disorders	N/A	N/A	Diagnostic manual	N/A
Auerswald, C. L., Lin, J. S., & Parriott, A., 2016	Six-year mortality rate for a cohort of street youth in the U.S.	Street youth 15–24 years of age recruited from San Francisco street venues in 2004	-Age, race, gender -Cause of death -Number of deaths -National Death Index (NDI) -Stratum-specific comparison of mortality rates -SAS version 9.3 -Excel -OpenEpi version 3.03 -Fischer's 2-sided exact test	Qualitative/ Quantitative	11 of 218 died from enrollment in 2004 through 2010, most to suicide and/or substance abuse.
Baggett, T. P., Chang, Y., Porneala, B. C., Bharel, M., Singer, D. E., & Rigotti, N. A., 2015	Assess cancer incidence, stage, and mortality in homeless adults relative to general population standards	28,033 adults seen at Boston Health Care for the Homeless Program in 2003–2008, and Massachusett s cancer registry and vital registry records	-Age-standardized cancer incidence and mortality ratios (SIRs and SMRs) -Tobacco use -Trend tests to compare cancer stage distributions	Empirical/ Quantitative	Cancers were diagnosed at more- advanced stages than in general population. 1/3 of incident cancer were smoking- attributable.

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Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Balentine, J. R., 2018	Breast cancer causes, types, symptoms, signs, stages, and treatments	N/A	N/A	Educational	N/A
Brennan, S. F., Woodside, J. V., Lunny, P. M., Cardwell, C. R., & Cantwell, M. M., 2015	To clarify the association between dietary fat and breast cancer mortality	N/A	-Multivariable adjusted estimates comparing highest vs. lowest categories of intake -Random-effects meta-analyses -MEDLINE -EMBASE	Systematic review/Meta-analysis	Saturated fat intake negatively impacts upon breast cancer survival.
Bultz, B. D., & Carlson, L. E., 2005	Convince health care professionals to recognize emotional distress as a core indicator of a patient's health and well-being	N/A	N/A	Literature review/ Correspondence	N/A
Campos, C., 2019	Skid Row Housing Trust	N/A	N/A	Informational	N/A
Cancer Treatment Centers of America, 2020	Symptoms of breast cancer	N/A	N/A	Informational	N/A
CBS, 2019	Grant for homeless housing on Skid Row	N/A	N/A	Informational	N/A
Cedars-Sinai Medical Center, 2019	Community health needs assessment	N/A	N/A	Informational	N/A
Cedars-Sinai Medical Center, 2019	Community health plan	N/A	N/A	Informational	N/A
Chandler, J., 2019	New overnight shelter for women on Skid Row	N/A	N/A	Editorial	N/A

(Continued)

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
City News Service, 2019	Grant for homeless housing on Skid Row	N/A	N/A	Informational	N/A
CNN Wire Service, 2015	About Skid Row	N/A	N/A	Editorial	N/A
County of Los Angeles, 2018	County digest	N/A	N/A	Informational	N/A
Cristi, C., 2019	Aerial tour of Skid Row	N/A	N/A	Editorial/ Video	N/A
Crubaugh, B., 2017	Review of F. Stuart's book	N/A	N/A	Book review	N/A
Desantis, C., Ma, J., Bryan, L., & Jemal, A., 2014	2013 Breast cancer statistics	Women	-Incidence, probabilities for developing cancer, and cause-specific survival -Age, race/ethnicity, ER status -SEER data (National Cancer Institute) -Joinpoint regression program -Pearson correlation coefficient -DevCan	Empirical/ Quantitative	232,340 new cases of invasive breast cancer, 39,620 deaths expected in 2013, most among women aged 50 and older. A woman in the U.S. has a 1-in-8 lifetime risk of breast cancer.
Diao, M., 2014	Propose a new approach to test whether and to what extent inner-city neighborhoods are "underserved"	165 Inner-city Boston neighborhoods as defined by the ICIC	-Food supply, food demand, and locational characteristics -Multivariate regression models of local food retail provision -Model estimation: Moran's I test, GeoDa -Market potential estimation -Sensitivity analysis	Empirical/ Quantitative	Developed a new analytical framework for "food deserts" and improved market potential index. 27.1% of inner-city neighborhoods in Boston are underserved.

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Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Dignity Health California Hospital Medical Center, 2019	Community health needs assessment	N/A	N/A	Informational	N/A
Downtown Dog Rescue, 2018	About the Pet Resource Center on Skid Row	N/A	N/A	Organization	N/A
Downtown Women's Center, 2019	House financial services committee hearing on homelessness	N/A	N/A	Informational	N/A
Downtown Women's Center, 2020	Services for homeless women on Skid Row	N/A	N/A	Organization	N/A
EcoBear Biohazard Cleaning Company, n.d.	Services for the homeless in L.A.	N/A	N/A	Informational	N/A
Freeclinics. com, 2020	Free and income-based clinics in CA	N/A	N/A	Informational	N/A
Freeman, A., 2007	Food oppression as institutionalized inequality, Call for advocacy	N/A	N/A	Literature review	N/A

(Continued)

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Golubnitscha- ja, O., 2017	Highlights a series of underestimated symptoms for consequent breast cancer risk assessment and patient stratification, provides functional links and proposes new approaches in breast cancer management	N/A	N/A	Literature review	Deficient thermo-regulation altered sensitivity to different stimuli (pain, thirst, smell, light, stress, provocation), dehydration, altered circadian and sleep patterns, tendency towards headache, migraine attacks and dizziness, as well as local and systemic hypoxic effects are discussed for breast cancer patients.
Goop.com, 2019	Downtown L.A. women's shelter	N/A	N/A	Editorial	N/A
Great Nonprofits, n.d.	Los Angeles homeless & housing nonprofits and charities	N/A	N/A	Informational	N/A
Henoch, I., & Danielson, E., 2009	Existential concerns among cancer patients and interventions to help	N/A	N/A	Literature review	No interventions applicable to everyday health-care practice were found.

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Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Hernandez, M., 2019	Living on Skid Row during the winter	N/A	N/A	Editorial	N/A
Hillard, G., 2018	Experience of women on Skid Row	N/A	N/A	Editorial	N/A
Hilmers, A., Hilmers, D. C., & Dave, J., 2012	Neighborhood disparities in access to healthy foods	N/A	N/A	Literature review	Low-income neighborhoods offered greater access to food sources that promote unhealthy eating.
Homeless Health Care Los Angeles, 2017	Resources and referrals for service providers	N/A	N/A	Informational	N/A
Homelessshelterdirectory.org, n.d.	L.A. homeless shelters and services	N/A	N/A	Informational	N/A
Invisible People	Stories of homelessness	N/A	N/A	Editorial	N/A
Illumination Foundation, 2020	Stories of how people ended homelessness	N/A	N/A	Organization	N/A
Inner City Law Center, 2019	Free legal services	N/A	N/A	Organization	N/A
Insider, 2019	Woman who gives makeovers to homeless	N/A	N/A	Editorial/ Video	N/A
Josehuizar.com, 2019	Grant for homeless housing on Skid Row	N/A	N/A	Informational	N/A
JWCH Institute, Inc., 2017	Skid Row outreach and services	N/A	N/A	Organization	N/A
Keck Medicine of USC, 2018	Community newsletter	N/A	N/A	Informational	N/A
KFI AM 640	Grant for homeless housing on Skid Row	N/A	N/A	Informational	N/A

(Continued)

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Kim, N. C., 2019	About Piece by Piece homeless arts organization	N/A	N/A	Informational	N/A
Koh, H., & O'Connell, J., 2016	Advocating for improved health care for homeless	N/A	N/A	Informational	N/A
LA County Library, & Our Children LA., 2015	Directory of services for homeless youth in Los Angeles	N/A	N/A	Informational	N/A
La Ganga, M. L., 2019	Cities with large homeless encampments	N/A	N/A	Editorial	N/A
L.A. Mission, 2020	About homelessness, services for homeless on Skid Row	N/A	N/A	Organization	N/A
LAUSD, 2019	L.A. Local District East resource guide	N/A	N/A	Informational	N/A
Laworks.com, n.d.	Downtown Women's Center	N/A	N/A	Informational	N/A
Legal Aid Foundation of Los Angeles, n.d.	Free legal services for homeless	N/A	N/A	Organization	N/A
Lopez, S., 2005	How to help Skid Row	N/A	N/A	Editorial	N/A
Los Angeles County Department of Public Social Services, n.d.	Homeless services	N/A	N/A	Organization	N/A
Los Angeles County Office of Education, n.d.	Referral guide for homeless children, youth and families	N/A	N/A	Informational	N/A

(Continued)

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Los Angeles Homeless Services Authority, 2018	2018 Homeless count results	N/A	N/A	Reference data	N/A
Loury, E., 2012	Downtown Women's Center mammograms	N/A	N/A	Editorial	N/A
McGahan, J., 2019	Doctor for homeless on Skid Row	N/A	N/A	Editorial	N/A
McFarling, U. L., 2016	Doctor for homeless on Skid Row	N/A	N/A	Editorial	N/A
Mehnert, A., 2004	Prevalence of PTSD, anxiety and depression in breast cancer patients	N/A	N/A	N/A	N/A
Midnight Mission, 2020	Services for homeless	N/A	N/A	Organization	N/A
Montazeri, A., Sajadian, A., Fateh, A., Haji-Mahmoodi, M., & Ebrahimi, M., 2004	Factors predicting psychological distress in cancer patients	N/A	N/A	N/A	N/A
Moran, M., 2004	Commonalities between trauma and cancer patients	N/A	N/A	N/A	N/A

(Continued)

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Moravac, C. C., 2018	<p>-To provide new insights about women's decision-making processes</p> <p>-To describe the barriers to and facilitators for breast and cervical cancer screening</p> <p>-To offer recommendations for future outreach, education, and screening initiatives developed specifically for under/never-screened, marginalized women living in urban centers</p>	26 women aged 24-74 living in homeless shelters and women with severe mental health challenges in Toronto	-Factors influencing decision-making processes regarding breast and cervical cancer screening	Qualitative	3 thematic constructs: contextual factors, trust, and power. For some women, high anxiety, substance abuse, and/or severe depression precluded leaving their homes for screening. Also, an idea for some that they must be mentally well before getting a screening.

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Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Morrow, S. L., 2005	Credibility of qualitative research	N/A	N/A	Literature review	Quality research includes social validity, subjectivity and reflexivity, adequacy of data, and adequacy of interpreta- tion. Strategies for conducting and writing qualitative research reports are suggested.
Murata, H., & Morita, T., 2006	Conceptuali- zing psycho- existential suffering in Japanese health care	N/A	N/A	N/A	N/A
Nagourney, A., 2016	Aging of U.S. homeless	N/A	N/A	Editorial	N/A
National Cancer Institute, 2016	State cancer profiles	N/A	N/A	Reference data	N/A
National Cancer Institute, 2017	Cancer incidence data	N/A	N/A	Reference data	N/A
National Cancer Institute, 2018	Cancer data	N/A	N/A	Reference data	N/A
NBC Southern California, 2018	Gangs targeting Skid Row homeless	N/A	N/A	Editorial	N/A
NBC Southern California, 2019	Period products for homeless women on Skid Row	N/A	N/A	Editorial	N/A

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Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Orr, F., 2018	Experience of homelessness	N/A	N/A	Editorial	N/A
Pai, A., Suris, A., & North, C., 2017	Changes in PTSD criteria in DSM-5	N/A	N/A	Literature review	N/A
Palmer, S. C., Kagee, A., Coyne, J. C., & Demichele, A., 2004	Examine the relationships between the experience of trauma, psychological distress, and PTSD among a waiting room sample of patients with breast cancer	115 patients with breast cancer	Measures of general distress, post-traumatic stress symptoms, and semi-structured diagnostic interview	Qualitative	41% had intense fear, helplessness, or horror. Full PTSD related to cancer was uncommon (4%).
Parker, T., 2019	Plan for Skid Row homeless women	N/A	N/A	Editorial	N/A
Parkin, D. M., Bray, F., Ferlay, J., & Pisani, P., 2005	Summary of International Agency for Research on Cancer 2002 worldwide incidence, mortality and prevalence of 26 cancers	N/A	N/A	Reference data	The most prevalent cancer in the world was breast cancer. Most commonly diagnosed were lung, breast, and colorectal. Most common causes of cancer death were lung, stomach, and liver.
Project HOME, 2018	Facts about homelessness	N/A	N/A	Informational	N/A

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Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Sharma, G. N., Dave, R., Sanadya, J., Sharma, P., & Sharma, K. K., 2010	Types, causes, clinical symptoms and various treatment approaches of breast cancer	N/A	N/A	Literature review	N/A
Shelby, R. A., Golden-Kreutz, D. M., & Andersen, B. L., 2008	Testing the association between the magnitude of cancer-related PTSD symptoms, comorbidity, and functioning	74 Breast cancer patients with node positive disease (stage II and III) and surgically treated with breast- conserving surgery	-PTSD symptoms at diagnosis/ surgery and 18 months later -Control variables: Demographic/ medical covariates, baseline/initial score of the outcome, and current psychiatric morbidity (other than PTSD) -Structured Clinical Interview for DSM-IV -PTSD Checklist- Civilian Version (PCL-C) -Life Stressor Checklist-Revised (LSCL-R) -Karnofsky Perfor- mance Status (KPS) -The Medical Outcomes Study Short Form-36 item (SF-36) -ANOVAs -Freeman-Halton (1951) -Linear regression models	Empirical/ Quantitative	12 patients had PTSD predating cancer, 5 had subsyndromal PTSD since cancer diagnosis, and 47 had no PTSD symptoms. PTSD is associated with poorer functioning and lower quality of life among breast cancer survivors.

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Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Singleton, K. W., & Gapstur, S. M., 2001	Summarize information on the association of alcohol consumption with increased risk for breast cancer	N/A	N/A	Literature review	Increased estrogen and androgen levels in women consuming alcohol underlie the association between alcohol and breast cancer.
Skid Row Housing Trust, n.d.	Housing assistance for homeless on Skid Row	N/A	N/A	Organization	N/A
Slayton, N., 2019	Downtown Women's Center shelter for women	N/A	N/A	Editorial	N/A
Southworth, P., 2017	Homelessness in downtown L.A.	N/A	N/A	Editorial/ Video	N/A
SRO Housing Corporation, 2019	Homeless housing	N/A	N/A	Organization	N/A
St. Francis Center, n.d.	Community resources	N/A	N/A	Organization	N/A
St. Vincent de Paul of Los Angeles, Cardinal Manning Center, 2020	Social services	N/A	N/A	Organization	N/A
Stajduhar, K., Mollison, A., Gleave, D., & Hwang, S., 2017	Cancer among the homeless	N/A	N/A	Editorial/ Informational	N/A
Stanford Health Care, 2019	Breast cancer program	N/A	N/A	Organization	N/A

(Continued)

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Susan G. Komen Breast Cancer Foundation, 2018	Breast cancer advocacy	N/A	N/A	Organization	N/A
Thehelplist.com, 2020	Community resource guide	N/A	N/A	Informational	N/A
The U.S. Department of Housing and Urban Development, 2017	2017 Annual Homeless Assessment Report	N/A	N/A	Reference data	N/A
Think Health LA, 2017	Breast cancer incidence rate	N/A	N/A	Reference data	N/A
Thomas, S. P., 2018	Increase in homeless women on Skid Row	N/A	N/A	Editorial	N/A
Treuhaf, S., & Karpyn, A., 2010	Disparities in access to healthy food	N/A	N/A	Informational	N/A
UniHealth Foundation, n.d.	Searchable grants database	N/A	N/A	Informational	N/A
Union Rescue Mission, 2018	Skid Row services	N/A	N/A	Organization	N/A
Union Rescue Mission, 2020	Skid Row services for homeless	N/A	N/A	Organization	N/A
United Way Greater Los Angeles, 2018	Skid Row doctor	N/A	N/A	Editorial	N/A
U.S. Cancer Statistics Working Group, 2017	United States Cancer Statistics: 1999-2014	N/A	N/A	Reference data	N/A
Vazquez, A., & Tu, A., 2018	Women's experiences living on Skid Row	N/A	N/A	Editorial	N/A
Volunteer Match, 2020	Volunteer organizations	N/A	N/A	Informational	N/A

(Continued)

Author/Year	Topic/ Research Question/ Objective	Sample	Variables/ Instruments/ Measures	Source Type/ Research Approach/ Design	Major Findings
Volunteers of America Los Angeles, 2020	Adult programs and services	N/A	N/A	Organization	N/A
Weingart Center for the Homeless, 2020	Services for homeless	N/A	N/A	Organization	N/A
Woolston, C., 2015	Breast cancer overview	N/A	N/A	Literature review	N/A

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APPENDIX B

Results of Google Search for “Guide to Resources on Skid Row”

First page of results from 12/20/2019 Google search for “Guide to resources on Skid Row”

About Skid Row - Union Rescue Mission

<https://urm.org/about/faqs/about-skid-row>

- What Are The Physical Boundaries of Skid Row, Los Angeles?
- Why Does Skid Row Exist in Los Angeles?
- What Is The History of Skid Row?
- There may be several definitions of the boundaries of Skid Row, but the one we see to be most accurate and widely accepted is 3rd and 7th Streets, to the North and South, and Alameda and Main, to the East and West, respectively.
- See more on urm.org
- General Jeff's Neighborhood Guide to LA's Skid Row
<https://la.curbed.com/2016/4/12/11405274/los-angeles-skid-row-neighborhood-guide>
- Apr 12, 2016 · Our guide to Skid Row is none other than General Jeff Page, who is known to many as the unofficial mayor of the neighborhood. Find him on Twitter and Facebook.
 - Author: Bianca Barragan
- How Los Angeles Created Skid Row - The Daily Beast
<https://www.thedailybeast.com/how-los-angeles-created-skid-row>
- Apr 14, 2017 · Part of what makes Skid Row so popular with the homeless community is that there is a collection of resources there—from soup kitchens to social workers, from ...
 - Author: Forest Casey
- ReFresh Spot
<https://hhcla.org/refresh-spot.html>
- It is a public facility open to anyone in the community with no discrimination for entry. The ReFresh Spot is open 24 hours a day, 7 days a week and includes a 24/7 Safe Passage Program, which is designed to create added safety for guests and visitors near and around the Skid Row area.
- The New Skid Row Squad - Curbed LA
<https://la.curbed.com/2016/5/19/11674392/skid-row-housing-first-c3-los-angeles>
- May 19, 2016 · Santana is part of a new program called C3 that is taking that reality to heart, coordinating public and private resources to meet the individual ...
 - Author: Elijah Chiland
- Current Programs & Services - Skid Row Housing Trust
skidrow.org/work/services/current-programs-services
- Current Programs & Services. Through this project, the Trust utilized the Vulnerability Index tool to identify and assist Skid Row residents most likely to die on the streets without intervention. The outstanding results of the Prioritization Project helped to pave the way for a Los Angeles-wide Coordinated Entry System that streamlines all homeless...
- Myths - Skid Row Housing Trust
skidrow.org/about/history/myths
- The Skid Row Housing Trust (the Trust) provides permanent supportive housing so that people who have experienced homelessness, prolonged extreme poverty, poor health, disabilities, mental illness and/or addiction can lead safe, stable lives in wellness.

- The Reclamation of Skid Row: The LAPD's efforts are ...
<https://www.city-journal.org/html/reclamation-skid-row-13041.html>
- The Reclamation of Skid Row. Actor Martin Sheen penned an op-ed for the Los Angeles Times yoking the sidewalk law to America's "useless nuclear arsenal" and worldwide starvation. Gates received "stinging letters," he says, from the West Side, Los Angeles's sylvan enclave for ...
- Skid Row | Album Discography | AllMusic
<https://www.allmusic.com/artist/skid-row-mn0000026367/discography>
- Skid Row Biography by Barry Weber + Follow Artist. One of the very last pop-metal bands to hit the mainstream before grunge took over in the early '90s. Read Full Biography. Overview ↓ Biography ...
- Skid Row (American band) - Wikipedia
[https://en.wikipedia.org/wiki/Skid_Row_\(American_band\)](https://en.wikipedia.org/wiki/Skid_Row_(American_band))
- Skid Row is an American heavy metal band, formed in 1986 in Toms River, New Jersey. Their current lineup comprises bassist Rachel Bolan, guitarists Dave Sabo and Scotti Hill, drummer Rob Hammersmith and vocalist ZP Theart.
 - Genres: Glam metal, hard rock, heavy metal
 - Origin: Toms River, New Jersey, United States
 - Members: Dave Sabo, Rachel Bolan, Scotti Hill, Rob ...
 - Years active: 1986–1996, 1999-present
- About Skid Row
<https://www.skidrow.com/band/42-scotti-hill#!>
It's us against the world again — and by us I mean the band and the fans who stick with us and carry the Skid Row torch without fail." Now, Skid Row is gearing up to record the final installment of the United World Rebellion trilogy. Recording new songs means capturing the signature Skid Row energy for drummer Rob Hammersmith.
- Skid Row Documentary | Part 3: Drugs | GOOD Magazine - YouTube
https://www.youtube.com/watch?v=bbxm5sCXZ_Y
- Feb 17, 2008 · Alongside Skid Row's hustlers, transients, and cops are a lesser known population of children, social servants, and religious workers whose daily lives play out
- Thickskin - Wikipedia
<https://en.wikipedia.org/wiki/Thickskin>
- Thickskin is the fourth studio album by American heavy metal band Skid Row, and first to feature Sebastian Bach replacement Johnny Solinger and only to feature drummer Phil Varone. The comeback album alienated most Skid Row fans due to the absence of Bach, with many of them believing a reunion without Bach was not really Skid Row.
- Skid row - Wikipedia
https://en.wikipedia.org/wiki/Skid_Road
- A skid row or skid road is an impoverished area, typically urban, in English-speaking North America whose inhabitants are people "on the skids". This specifically refers to the poor, the homeless, or others either considered disreputable or forgotten by society.

APPENDIX C

Master List of Services for Women on Skid Row, Los Angeles

1. 211 LA

<https://www.211la.org>

The central source for providing information and referrals for all health and human services in LA County.

-2-1-1 phone line is open 24 hours, 7 days a week, with trained Community Resource Advisors prepared to offer help with any situation, any time. Community services go far beyond phone referrals; explore the website to learn more.

-If you are calling from outside Los Angeles County or cannot directly dial 2-1-1, call (800) 339-6993.

2. Beauty 2 the Streetz

Email: Beauty2TheStreetz@gmail.com

Phone: (562) 285-7254

<https://www.beauty2thestreetz.org>

Feeds the homeless of Skid Row, offers showers, hair wash and color, make-up, wigs, social connection.

No set times or locations listed. Please contact them for more information.

3. “The Bin” Free Storage

538 San Pedro St. (Btwn 5th/6th St.)

(213) 629-1050

AND

540 S. San Pedro St. (Btwn 5th/6th St.)

Free storage space for the homeless

-Register before being assigned a bin and a bin card. Items are stored in a 60-gallon bin.

Excludes illegal material, drugs and firearms.

-Once assigned, individuals can pick up and drop off items Monday-Friday 8AM–4:30 PM, Saturday 8AM–1PM, closed Sunday.

4. Central City Community Outreach (CCCO)

419 E. 6th St. (At San Pedro, look for the big green diagonal door)

(213) 689-1766

Andrew@lacentralcity.org

www.lacentralcity.org

“Through transformational practices that holistically address the needs of the Skid Row community, CCCO walks alongside individuals and families, together breaking the cycle of poverty by working towards reconciliation, justice, and renewal.”

Services:

-Karaoke Coffee Club: Every Wednesday night 7-10 PM, Central City hosts an evening of Karaoke, coffee, and snacks. No pre-registration needed.

-Social Enterprise: Opportunities for homeless individuals to develop the skills and experience needed to support sustainable transformation through community-based jobs, training, and mentorship.

-Parish Chaplaincy: Maintains a presence in the community; Provides a “secondary level of supportive care” for individuals and families that are seeking to transition out of homelessness, by working with program participants, case managers, social and mental health workers from local organizations to help sustain a holistic and long-term plan for housing sustainability, and identify individuals and families within our community as candidates for entering the continuum of care (CoC); Collaborates with the grassroots reconciliation efforts of individuals and communities in the neighborhood towards a more just and peaceful community.

-Mental Health Group Therapy: A joint effort with the Los Angeles Christian Counseling Center (also located in Skid Row) to offer direct mental health services in the form of group therapy. Meeting periodically throughout the year, leaders and therapists organize topical groups around issues pertinent to the community (trauma, violence, domestic abuse, etc.) and provide resources, support, and an active referral process to higher levels of mental health care.

5. Chrysalis

<https://www.changelives.org>

522 S. Main St. (Between 5th and 6th St.)

Phone: (213) 806-6300

Hours: Monday-Thursday, 7 a.m. to 4 p.m. (Employment Specialists available at 8 a.m. daily), Friday, 7 a.m. to 12 p.m

Helps people prepare for, find, and keep jobs. Services are free and available to all.

Services:

- One-on-one support from an Employment Specialist
- Job search toolkit & employment preparation classes
- Tips on addressing convictions with employers
- Resume writing services & practice interviews
- Online job application assistance
- Computer lab & telephone access
- Professional attire & hygiene items
- Transitional employment opportunities
- Referrals to community partners

Bring two forms of ID if possible (example: Social Security Card, CA Identification Card). The first step is to attend orientation, held Monday – Thursday at 8 a.m.

6. Crisis Text Line

Text LA to 741741

<https://www.crisistextline.org>*Connect with a trained crisis counselor to receive free crisis support via text message.***7. The Downtown Women's Center (DWC)**<https://www.downtownwomenscenter.org>

Day Center: 442 S. San Pedro St., Los Angeles (Winston St./San Pedro St.)

(213) 680-0600

Info@DowntownWomensCenter.org

Call instead of emailing for fastest help.

Care and empowerment for female-identifying people experiencing homelessness and formerly homeless.

Services: Housing, Medical and Mental Health, Wellness, Employment, Advocacy. A day center, a health clinic, a supportive housing facility, and an educational and training enterprise. Not an overnight shelter.

<https://www.downtownwomenscenter.org/need-services/>

-Drop-in Day Center for homeless women:

-Hours of operation: Monday – Friday: 6 a.m. – 4 p.m., Saturday and Sunday: 7 a.m. – 3 p.m.,
Holiday Hours: 8 a.m. – 2 p.m.

-At the Day Center, any woman can drop in to receive a meal, use clean, private bathrooms and showers, make phone calls, access a computer, secure a mailing address, and get a fresh change of clothes. In addition, women are encouraged to participate in case management, enrichment workshops, counseling, health clinic activities, and job-readiness.

-Serves 3 meals per day, seven days a week: Breakfast at 8am, lunch at noon (except on the first Thursday of every month, when lunch is served at 11am), and an afternoon snack at 2pm. Please note: *doors close at 7:45am for breakfast and 11:45am for lunch*, so plan to arrive before those times in order to participate in our meal service. After women are welcomed into the Day Center for mealtimes, our doors are closed to promote a safe community environment, so you must arrive on time.”

-Health clinic exclusively for women in Skid Row:

-On-site health clinic appointments are available on Tuesdays and Fridays from 8am – 4pm. TB tests, Free mammograms, vision and foot screenings, TB tests and HIV testing & counseling

-Medical case management

-Monthly health education workshops

-Weekly drop-in fitness classes

-Peer support groups

-Health & wellness counseling

-One-on-one benefits assistance and monthly benefits workshops

-Sign up for health clinic services by signing up for day services case management (above) or by walking in to speak to a member of the health care team on Tuesdays and Fridays from 9-11am

in the Day Center. Depending on your health insurance coverage or your specific medical needs, you may be required to wait for an appointment at the DWC clinic or you may be referred to another health clinic.

-Job training programs for participants, led by volunteers and staff. To participate, visit the Day Center and join the Employment & Education Orientation on Tuesdays at 9:30am.

-Will not turn away a woman in need. Strongly encouraged to attend a Day Center Orientation within the first week of receiving services. Orientations take place three times per week and are led by peer leaders (other participants) to acquaint new participants with the breadth of services available at DWC. During an Orientation, receive a tour of the Center, learn how to access case management and our health clinic, learn how to sign up for Day Center chores, and get to know other women at DWC. Any woman can sign up for case management by speaking with a desk worker in the Day Center, or by contacting the Clinical Program Manager Kristine Chavez at (213) 680-0600.

-Rider Relief Transportation Distribution (RRTP): Coupon booklets for discounts on Metro TAP passes are distributed for Senior/Disabled, Student, and Regular Riders. Participants must bring the following documents to receive a discount booklet: ID, Paycheck stub, W-2, Medi-Cal card, Medi-Care card, Lifeline, reduced-fare lunch receipt, or other proof of income. RRTP Distribution Hours: Every Wednesday at 9-9:30am. Tokens: Tokens are only given out to Downtown Women's Center participants. Participants must show proof of an appointment to receive tokens.

-Housing First model: Houses women who have experienced chronic homelessness in 119 on-site apartments and through community-based housing program.

8. Eyes Not Forgotten

A nonprofit with a mission to bring positive change to people and communities in the United States and around the world through fundraising, partnerships and direct service. Partners with organizations in Skid Row to host outreach and service events for the homeless.

Events include:

- Block party, Friday, July 12th, 2020 3:00 PM-5:00 PM: Meals, music, and hygiene bags
- Help the Homeless event, May 11, 2020: Sunscreen, ponchos and chapsticks donated from Eating Recovery Center, bags from Olympia USA and medical supplies through various sources.
- May 12, 2018: ENF partnered with The Weingart Center and L.A. County Department of Public Social Services to host a day of community action in the Weingart Garden on Skid Row in Los Angeles, CA.
- February 28, 2018: 150 backpacks with hygienic supplies, snacks and bottled water were given to those in need, and homeless men and women met with volunteers from Weingart Center & Americorps about job placement opportunities and housing programs.

9. Down But Not Out

(323) 519-8220

instagram.com/dbnohelps

<https://www.facebook.com/dbnohelps/>

dbnohelps@gmail.com

“Helping others in need is what life is all about, creating human connections with people who may be down on their luck but with hopes of getting back up.”

- Provides food, clothing and hygiene kits to the homeless of Skid Row.
- Monitor their social media pages for event/handout updates.

10. Fred Jordan Missions Chapel

<https://www.fjm.org>

(626) 915-1981

fjmoffice@fjm.org

445 Towne Ave (Btwn 4th/5th St.)

M-Sat 8 AM-5 PM

Serves homeless men, women, and children by providing hot meals, food bags, snacks, cold water, bottled drinks, clothing, shoes, hygiene products, blankets, household goods, toys, and other items.

- Chapel Services
- Hot Meals: Home-cooked meals for those who attend daily Chapel Services.
- Front Desk: Distributes food, drinks, socks, clothing, blankets, snacks, and other items through our lobby. Prayer for those in need.
- Holiday Events: Hosts 6 major holiday events on Skid Row to minister to the needs of the homeless: Easter, Mother’s Day, Father’s Day, Back To School, Thanksgiving, and Christmas.
- Mobile Outreaches: Conducts evangelism crusades and outreaches in various locations using the Hope Rig, a 46-foot trailer equipped with a dropdown stage and plenty of storage for packing inflatable bounce houses, barbecues, food bags, and other items for guests to enjoy.

11. Happy Period: #HappyPeriod

<https://hashtaghappyperiod.org>

Hands out period products to women on Skid Row, supporting anyone that is homeless, low-income, and/or living in poverty, including LGBT, non-binary, teens, veterans, and disabled.

Contact using the online submission form at <https://hashtaghappyperiod.org/contact/>

12. Highly Favored: A Blessing to Others

<https://ablessingtoothers.org/>

No physical address listed

Email: ablessingtoothers@yahoo.com

(909) 815-5241

-Highly Favored organizes an annual Thanksgiving drive collecting donations for the homeless in Skid Row and the downtown L.A. area. Assembles and distributes care packages with toothbrushes, toothpaste, soap, lotion, deodorant, baby wipes, shampoo/conditioner, chapsticks, etc.

-They also host an annual Mother's Day Brunch for women and children, historically at the Good Shepherd Center (1650 Rockwood Street, Los Angeles, CA 90026), and give gift bags to mothers.

13. Homeless Health Care Los Angeles Center for Harm Reduction

512 E. 4th St. (Between Towne Ave/Crocker St.)

(213) 617-8408

<https://hhcla.org>

Behavioral health and housing.

-Immediate first steps to provide substance use treatment and prevention.

-Syringe exchange and disease prevention services for people who inject drugs.

-Treatment for co-occurring mental health disorders.

-Connection to permanent housing options.

-Groups are offered in Spanish and English.

-Hours: Monday-Friday 8:30 AM-10:30 AM, 12 PM-2 PM, Saturday/Sunday 8:30 AM-12 PM

14. Hospitality (Hippie) Kitchen

821 E. 6th St. (At Gladys Ave.)

(213) 614-9615

info@lacatholicworker.org

<http://www.lacatholicworker.org>

Operated by the Catholic Worker House, Hippie Kitchen serves meals and maintains a food bank for economically disadvantaged people, including homeless men, women, and children.

Hours: Tues., Thurs., Sat. 9 AM-12 PM

Closed on Thanksgiving, Christmas Day, New Year's Day, and July 4

15. Inner City Law Center

<https://www.innercitylaw.org>

1309 E. 7th St. (Corner of 7th St./Central Ave.)

(213) 891-2880

Email: info@innercitylaw.org

Hours of operation: M-F 9 AM-5 PM

Works to end the crisis of homelessness by providing free legal services to the poorest and most vulnerable residents of Los Angeles. Lawyers and other professionals fight for decent, safe, secure housing for low-income tenants, working poor families, veterans, immigrants, and people living with disabilities or HIV/AIDS.

-**Healthy Homes:** Promotes decent, affordable housing and addresses conditions that threaten the health and safety of low-income tenants. ICLC educates and organizes tenants so as to empower them to force landlords to repair buildings and improve unhealthy conditions. ICLC sues landlords who fail to comply with the legal requirements of safe and decent housing.

-**Homeless Veterans:** Homeless Veterans Project represents disabled, homeless veterans in their claims for disability benefits, with particular focus on service-connected disabilities such as Post-Traumatic Stress Disorder, Traumatic Brain Injury, and Military Sexual Trauma. Advocates for discharge upgrades and expungement of minor criminal offenses. Advocates for veterans so that they obtain and maintain housing, health and other assistance, thereby ensuring veterans receive the benefits they need and have earned.

-**Homelessness Prevention:** Homelessness Prevention Program provides legal assistance to keep low-income families in their homes, prevent homelessness, and preserve affordable housing.

-**Public Benefits:** ICLC's public benefits advocacy helps low-income individuals, families, and people living with disabilities apply for and maintain social security disability benefits, food stamps, general relief, and other benefits.

-**Housing Policy:** Advocates for innovative and effective policy changes that have the potential to dramatically improve clients' lives, focusing on healthy homes, veteran homelessness, homelessness prevention, permanent supportive housing, and tenants' rights.

-**HIV/AIDS:** Provides legal services and advocacy to people living with HIV or AIDS and their families. Helps clients fight discriminatory housing practices, maintain safe and affordable housing, and gain access to vital public benefits. ICLC is a founding member of the LA HIV Law and Policy Project and works in close partnership with the LA Housing and Community Investment Department.

16. John Wesley Community Health/Skid Row Medical Outreach Team/Homeless Health Care Los Angeles (HHCLA)

<http://jwchinstitute.org/homeless-health-care/srot/>

Community health workers conduct health assessment and referrals at sites in the Skid Row area including:

-Hippie Kitchen, 821 E. 6th St. (At Gladys Ave.) (213) 614-9615, Tuesday & Thursday
8:30AM-11:30PM

-Midnight Mission Shelter, 601 S. San Pedro St. (Btwn 6th/7th St.) (213) 624-9258, Monday, Wednesday & Friday 9:00AM – noon

At each clinic session, while the other team members conduct health assessments, the peer outreach case manager meets with homeless people individually and in groups, offering resources for substance abuse treatment, incentives for treatment, and a listening ear. Clients in need of further health care are referred to the JWCH Medical Clinic at the Weingart Center and to Homeless Health Care LA for outpatient substance abuse treatment.

17. Legal Aid Foundation of Los Angeles

(800) 399-4529

<https://lafla.org>

Legal Aid Foundation of Los Angeles seeks to achieve equal justice for people living in poverty across Greater Los Angeles through direct representation, systems change, and community education.

-Skid Row General Legal Clinic: 838 E. 6th St. (Ceres Ave./Gladys Ave.)

-Hosts a weekly legal clinic in partnership with LA Community Action Network (LA CAN) in response to tenant rights violations, illegal evictions, and other growing displacement pressures. Staffed by LAFLA attorneys, UCLA law students and trained LA CAN members (with ongoing cross-training between Legal Aid and LA CAN).

-Promotes equal access to the justice system through advocacy, self-help services, community education, legal counseling and representation.

-Free, high-quality civil legal services: Wednesdays 6-8 PM (arrive at 5:30, but no later than 6:15). Walk-ins available. Register by 6:30 p.m. at front desk.

-Quality affordable housing: Helps people keep their homes in various ways, including fighting illegal harassment by landlords, challenging unfair termination from programs such as Section 8, and getting tenants needed repairs made to their homes. Depending on the case, they may offer legal education, counsel and advice, representation at hearings, or help with negotiations to help clients solve housing issues. Also provides transactional assistance and negotiate community benefits agreements for community-based nonprofits that seek to increase and preserve affordable housing as well as support groups focusing on community land trusts, co-operatives or other avenues to achieve this goal.

-Prevent displacement and homelessness:

-For Resident and Community Groups: LAFLA aims to secure development without displacement, so that long-term residents can remain in their homes in the face of new development and enjoy community improvements that come with this investment. Works on land-use cases and policies that address the displacement of long-term, low-income residents. Provides legal assistance, education, and representation to residents and community groups working to protect low-income households from threats of displacement caused by habitability, harassment, rising rents, expiring contracts, and other factors.

-For Individuals and Families: LAFLA helps individuals who are facing eviction, including Section 8 tenants and public housing residents who are in danger of losing their Section 8 vouchers or housing. Through the Los Angeles County Homeless Initiative, LAFLA also provides legal services to households at risk of homelessness, as well as homeless individuals and families, in the South Bay/Harbor area and southeast areas of Los Angeles County.

-Advocate for the unhoused: LAFLA has a longstanding commitment to upholding the civil rights of unhoused individuals, from providing direct legal services at a weekly legal clinic in Skid Row to filing groundbreaking lawsuits that challenge municipalities' unlawful practices. In addition, LAFLA provides legal services in collaboration with homeless services providers to unhoused individuals and families to remove barriers to housing and income benefits.

-Address fair housing and housing discrimination: It is illegal to discriminate against someone because of race, color, religion, sex (including pregnancy, childbirth, or medical conditions related to them, as well as gender and perception of gender), sexual orientation, marital status,

national origin, ancestry, family status, source of income, medical condition, mental disability, or physical disability. LAFLA provides assistance to low-income tenants who believe they may have been discriminated against because they fall into one of the categories listed above. The California Department of Fair Employment and Housing has a number of helpful resources on topics related to prohibited housing practices and other matters, which can be found here.

-Files groundbreaking lawsuits that challenge the city's unlawful practices. Here are a few: 1) Mitchell v. City of Los Angeles, March 2016: Filed to stop the illegal seizure and destruction of homeless people's property, a violation of their Fourth and Fourteenth Amendment rights. In April 2016, a federal judge granted a preliminary injunction ordering the city to stop destroying homeless people's belongings and to provide fundamental due process protections. The City reached a settlement in March 2019. 2) Valentine v. City of Los Angeles, December 2015: Filed to stop the Los Angeles Police Department from enforcing an illegal closure of Los Angeles beaches, which was used to target homeless people in Venice. 3) Los Angeles Catholic Worker v. Los Angeles Downtown Industrial District Business Improvement District, September 2014: One of the first lawsuits of its kind in the country, plaintiffs sued a business improvement district in Skid Row as well as the City of Los Angeles for violating homeless people's constitutional rights by using BID security guards to harass homeless residents of Skid Row and take their belongings.

-LAFLA has five community offices, four self-help legal access centers, and three domestic violence clinics located throughout Greater Los Angeles.

-Closest Community Office to Skid Row: 7000 S. Broadway, Los Angeles, CA 90003. Hours: M-F 9 AM-5 PM

-Closest Domestic Violence Clinic: Toll Family Law Counseling Center, Superior Court, Central District

111 N. Hill St., Room 245 (2nd floor), Los Angeles, CA 90012. Hours: M, W, F 8:30 a.m.–12:00 p.m. & 1–3 p.m. Closed Tuesdays and Thursdays. Walk-ins only, no appointments are available.

18. Little Tokyo Service Center

231 E. 3rd St., Suite G-106 (Between S. Los Angeles Ave./San Pedro St.)

<https://www.ltsc.org>

(213) 473-3030

To speak with a social worker, call (213) 473-3035.

A one-stop service center with multilingual assistance for those in need. With a staff of more than a dozen experienced social workers, LTSC assists senior citizens and low-income residents of Little Tokyo and surrounding areas, as well as people of all ages in the broader Southern California Japanese American community.

Services:

-Counseling and Therapy: For individuals and families struggling with issues such as family dysfunction, depression and other mental health problems.

-Domestic Violence Transitional Housing: Kosumosu, transitional housing for survivors of domestic violence and their families. In addition to a physically and emotionally safe

environment, residents can receive counseling, job assistance, financial management and more. Services are provided in English, Korean, Mandarin and Japanese.

-Domestic Violence Services for Japanese Nationals: In cooperation with the Japanese government, LTSC provides special services to Japanese nationals who are victims of domestic violence. Those services include: Education (what is domestic violence?), Information and referral (where can I get help?), Housing information (emergency shelter and transitional shelter), Help creating a safety plan, Legal referrals (including assistance with immigration status), Counseling and care management

-Information and Referral: Provides basic intake and information and referral assistance either on the phone or face-to-face for individuals seeking help. LTSC's social workers help to identify client needs, determine available services and link clients with those services.

-Multilingual Care Management: LTSC social workers provide the support necessary for clients to effectively manage medical and mental health conditions as well as social issues. Services include assistance with Social Security, Medicare and Medi-Cal. Our social workers speak in English, Japanese, Korean, Spanish, Cantonese and Mandarin and help low-income individuals and families with sensitive issues in their daily lives. -Multilingual Hotlines:

-Nikkei Helpline: The first crisis hotline for the Japanese American community. Assistance with everything from immigration, education, and traffic accidents to illness, drug abuse, relationship crises and other emergencies. NHL serves both English and Japanese-speaking community members. Call the helpline at 1-800-645-5341.

-Ryugakusei Hotline: Provides information and referral services to Japanese students living in the U.S. on weekdays from 10 a.m. to 5 p.m. Trained volunteers help these students, who may be experiencing isolation, with an array of issues including mental health, relationships, landlord-tenant matters, alcohol and drugs, auto accidents and immigration. Call the Hotline at 213-473-1630.

-Affordable Housing: LTSC has been building affordable housing in Little Tokyo, in addition to community facilities and commercial space. LTSC's projects in Little Tokyo include: the Far East Building, a rehabilitation of a red-tagged historic building into 16 units of affordable housing and two commercial storefronts; the San Pedro Firm Building, a 1923 building threatened with demolition by the City that now provides 42 units of affordable housing to low-income seniors; and Casa Heiwa which provides 100 units of affordable housing for both seniors and young families. For more information, please contact Takao Suzuki at tsuzuki@ltsc.org.

-Educational Workshops: Throughout the year covering various issues including Medicare, financial literacy and low-income assistance.

-Free and Affordable Social Activities: Through the Far East Lounge, a multi-purpose gathering space for seniors and others in Little Tokyo and surrounding areas, LTSC provides a number of free and low-cost activities in language, arts and crafts, music and wellness.

-Support Groups: LTSC facilitates various support groups to assist families dealing with challenging issues regarding caregiving, health problems, end of life and other matters.

-Small Business Assistance: LTSC works to promote small businesses in Little Tokyo and throughout Los Angeles County. LTSC's small business counselor provides technical assistance to small business owners and aspiring entrepreneurs in Los Angeles County, with a focus on Little Tokyo and the broader Japanese American community. LTSC also participates in the Asian Pacific Islander Small Business Program (API SBP), a collaborative including LTSC and four other nonprofit agencies that provides free business counseling services and workshops to 2,500 people annually on business plans, loan applications, access to capital, basic business

preparations and franchise acquisitions. For more information, contact Mariko Lochridge at mlochridge@ltsc.org.

-And more

19. Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA)

Downtown Outpatient Services and HIV/AIDS Service Center

470 East 3rd Street, Suites A & B (Between Omar St./Crocker St.)

(213) 626-6411

administration@lacada.com

<https://www.lacada.com>

Schedule an appointment: <https://www.lacada.com/appointment/>

-Outpatient Treatment: 6-9 months. Services vary in intensity and duration; morning, afternoon, and evening activities; individual and family counseling, educational groups, process groups, gender responsive groups.

-HIV/AIDS services

20. Los Angeles Christian Health Centers (LACHC)

Joshua House Clinic

311 Winston Street (Between Wall St./San Pedro St.)

(213) 893-1960

<http://www.lachc.com/locations/>

Hours: M-F 7:30 AM-4:30 PM. Closed Sat./Sun.

Same-day appointments are available.

Judgment-free medical, dental and behavioral health care for the uninsured, homeless and shelter populations. Detox programs, rehab programs, supportive housing.

Primary care services include general adult and pediatric medical services, TB, screening and prophylaxis, health screening (diabetes, blood pressure, cholesterol), sexually transmitted disease (including HIV) screening and treatment, cancer screening (cervical, breast, colon, prostate), subspecialty clinic referrals, adult and pediatric dental care, case management, and mental health services. On-site dispensary, laboratory, health education, optometry.

21. Los Angeles Community Action Network (LA CAN)

<https://cangress.org>

838 E. 6th St. (Ceres Ave./Gladys Ave.)

(213) 228-0024

Mon - Fri: 9:00 - 5:00

Advocacy, Justice, Legal Clinic

Services:

-DWAC (Downtown Women's Action Coalition):

-Consists of service providers, advocates, and downtown residents whose goals are to improve current housing and services for women and increase the resources available for women's housing and service programs.

-Meets every Tuesday at 9:30 am

-Community Organizing:

-Recruits and trains extremely low-income and homeless people to promote human rights and address multiple forms of oppression faced by extremely low-income, predominately African American and Latino, residents.

-Residential Organizing Committee (ROC): (Open Membership): 1st and 3rd Fridays at 6:00 pm

-Legal Clinic:

-A weekly legal clinic in partnership with the Legal Aid Foundation of Los Angeles (LAFLA) in response to tenant rights violations, illegal evictions, and other growing displacement pressures. Staffed by LAFLA attorneys, UCLA law students and trained LA CAN members (with ongoing cross-training between Legal Aid and LA CAN).

-Promotes equal access to the justice system through advocacy, self-help services, community education, legal counseling and representation.

-Free, high-quality civil legal services: Wednesdays at 6:00 pm (arrive at 5:30, but no later than 6:15)

-Food & Wellness Collaborative:

-Meets every Tuesday at 11:15 am

-Skid Row Marketplace: Organic produce for free, or at a price affordable to houseless and low-income residents; Every Thursday from 10:00 a.m. to 2:00 pm

-Rooftop and Community Gardens: Education workshops about various types of gardening

-The People's Medicine Project: The role of "food as medicine"

-Food advocacy

-Housing Justice:

-Preserving and improving extremely low-income housing

-Organizes housing committees in Downtown LA and South LA. These committees identify pressing issues and develop campaigns to address them. A core member of the Los Angeles Human Right to Housing Collective, focused on building a Citywide voice for extremely low-income tenants and homeless residents.

-Coalition building, Know Your Rights training, community-lawyering projects, policy research and policy advocacy, and other strategies to advance housing rights.

-Housing Committee: Every Friday at 11:00 am

-Human Rights:

-Works to ensure that equality and equity are valued and upheld

-Community Watch: An alternative private security presence in the community, trained to ensure that civil and human rights violations by the Los Angeles Police Department and Business Improvement District (BID) security guards and others are stopped. LA CAN trains and deploys groups of residents to document police and private security actions to prevent and respond to human rights violations in the community. Community watch teams also contribute to community education efforts and develop civil rights campaigns based on patterns of egregious actions that are documented.

-Fighting for the civil rights of poor and homeless people, and more recently against the assault by the City and LAPD to implement the “Safer Cities Initiative” to harass and criminalize residents of Skid Row.

-Human Rights Committee: Every Monday at 12:30 pm

22. Los Angeles County Department of Mental Health Downtown Center (DMH-DT)

529 Maple Ave (Between 5th/6th St.)

Phone: 213-430-6700

24 Hour Hotline: 1-800-854-7771 or Text “LA” to 741741

Hours: Monday-Friday, 8 AM-5 PM

<https://dmh.lacounty.gov>

Mental health screening and assessment, Referral to a service provider, Crisis counseling, Mobilizing field response teams, Linkages to other resources, Employment, Services for children and families, teen/young adults, single adults, women, veterans.

23. Los Angeles County Department of Public Social Services (DPSS)

Closest offices to Skid Row, both appx. 2.5 miles away:

2615 S. Grand Ave. 90007

2855 E. Olympic Blvd 90023

(626) 569-1399 Local Number Customer Service Center

(310) 258-7400 Local Number Customer Service Center

(818) 701-8200 Local Number Customer Service Center

(866) 613-3777 Toll-Free Customer Service Center

(877) 597-4777 Toll-Free Health and Nutrition Hotline

(877) 244-5399 Toll-Free Child-Care Hotline

Los Angeles County Websites

<http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services>

<http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/homeless-services/>

Apply online: Benefitsca.org or contact your county social services agency in your county.

Access public services including cash assistance, food and nutrition, health, job programs, and community services.

Some examples of services include:

-CalWORKs (California Work Opportunity and Responsibility to Kids):

<https://www.cdss.ca.gov/calworks>

A public assistance program that provides cash aid and services to eligible families that have a child(ren) in the home. The program serves all 58 counties in the state and is operated locally by county welfare departments. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, they may be eligible to receive immediate short-term help. Families

that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses.

-Homeless Programs and Services for CalWORKs Families: The DPSS Housing Program offers a number of benefits and services designed to assist CalWORKs families who are homeless or at-risk of homelessness to move out of the current housing crisis into affordable permanent housing. These homeless benefit and services are administered together by Eligibility Workers and Homeless Case Managers in CalWORKs district offices and Homeless Supportive GAIN Services Workers in GAIN regions. To learn more about any of these benefits and services or to apply, visit the CalWORKs office nearest you.

-MediCal: Health programs to cover the needs of everyone regardless of age, race, or immigration status. Programs for children and youth, pregnant women, families, seniors, persons with disabilities, and single adults. <https://www.medi-cal.ca.gov>

-CalFresh: CalFresh was established to improve the nutrition of people in low-income households. It does that by increasing their food-buying power, so they are able to purchase the amount of food their household needs. CalFresh benefits are used instead of money at the grocery store.

24. Los Angeles Homeless Outreach Portal (LA-HOP)

<https://www.lahsa.org/portal/apps/la-hop/>

Operated by the Los Angeles Homeless Services Authority (LAHSA), LA-HOP is designed to assist people experiencing homelessness by dispatching homeless outreach teams throughout Los Angeles County.

25. Los Angeles Homeless Services Authority (LAHSA)

<https://www.lahsa.org/get-help>

Information Hotline: (213) 225-6581

Hours of Operation: Monday through Friday, 7:30 a.m. to 4:30 p.m.

Resources for individuals and households experiencing homelessness or at-risk of becoming homeless.

-Find shelter, connect with a CES access center, get outreach services.

-Find resources across LA County for: Veterans experiencing homelessness, Experiencing housing crisis, Finding a safe area to sleep in a vehicle, Domestic violence, Slavery or trafficking, General health services, Mental Health services, Contemplating suicide or harming yourself, Other community resources

The Coordinated Entry System (CES) for Single Adults, Youth, and Families coordinates supportive services and housing resources across Los Angeles County. A network that connects homeless individuals and households to services and housing. Clients can access CES outreach teams, access centers, and 211. Quickly and efficiently matches people to available housing resources and services that best fit needs.

FIND A SHELTER:

ADULTS: If you are an adult in need of shelter, please call (800) 548-6047.

FAMILIES: If you are a family with minor children in need of shelter, please call 211 or click on the link below. <https://www.211la.org>

CONNECT WITH A CES ACCESS CENTER in the Skid Row area:

Weingart Access Center
501 East 6th Street, Los Angeles, CA 90021
Mon-Fri 7:30am-6:00pm
(213) 833-5020, (213) 689-2152
edwin@weingart.org

Downtown Women's Center
442 S. San Pedro St.
Los Angeles, CA 90013
Mon, Wed, Fri 9:00am-2:00pm (on a first-come, first-serve basis)
(213) 680-0600

26. The Los Angeles Mission

303 E. 5th St. (Wall St./San Julian St.)
(213) 629-1227 ext. 400
<https://losangelesmission.org/>
info@lamission.net

Los Angeles Mission exists to provide help, hope and opportunity to men, women and children in need. Meals, overnight shelter, clothing.

Services & Programs:

-Contact Women's Services: Anne Douglas Center Reception Desk (213) 629-1227, ext. 518
-Program Intake Hours: Monday-Friday 9 AM-3 PM

-Emergency Services:

-3 hot meals daily, overnight shelter, clean clothing, showers, temporary baggage storage
academic courses, employment workshops, job search assistance, and referrals.
-Meal Times (Overnight Guests and Community): Breakfast 5:30 AM, Lunch 12:30 (Service in Spanish & English), Dinner 6:45 PM (Service in Spanish & English)
-Contact (213) 629-1227 ext. 347.

-Life Start:

-Spiritual Growth: Classes about Christianity, access to chaplains
-Life Skills: Help to become self-sufficient in the community; Includes topics like financial training and parenting.
-Career Development: Classes toward a career path, job interview skills, resume writing and apprenticeship courses

- Housing: Learn about resources available and how to secure stable housing
- Mentorship: Pair up with a volunteer mentor in the community who helps students grow professionally and spiritually.
- Community: Join a community that fits your spiritual and/or personal needs.
- Contact Allen Ceravolo at (213) 629-1227 ext. 517.

-Bridge Housing:

- In partnership with Chrysalis, provides free temporary housing for up to 90 days to individuals who are employed, have a “Section 8” housing voucher, and are in need of temporary housing. The program consists of 35 beds total for adult men and women, meals and showers, as well as supportive services to those in the program.
- Contact Steven Schultze (213) 629-1227 ext. 343 or SSchultze@lamission.net.

-Residential Life Recovery/Rehabilitation Program:

- Individual, family and conjoint counseling, psychiatric referrals
- Life Skill courses such as anger management, domestic violence, parenting and smoking cessation
- Discipleship classes
- Academic classes such as GED preparation, computer literacy, ESL, and tutoring
- Employment readiness workshops, job search assistance, vocational training
- Group sessions, socialization
- Transitional housing
- Contact Brenda Tennell at BTennell@lamission.net (213) 629-1227 ext. 510 or MTrinh@lamission.net.

-Anne Douglas Center for Women:

- Call (213) 614-0743.
- 12-month intensive Residential Life Recovery Program: Shelter, meals and clothing, skills for independence
- Relational Life Recovery: Spiritual Counseling, Spiritual Self-worth, Chapel Services, Exercise Program, Recreation and Arts Curriculum, Self-Defense Training, Academics
- Career Skills Development: Job preparation
- Restoration: Women who complete a year in the Urban Training Institute recovery program may continue in a 12-month Transition Program designed to complete the process of preparing them to re-enter the mainstream of society. The Action Plan for the Transition Program includes: Job Readiness, Job Placement Assistance, Transitional Housing, Money Management, Family Ministry, Higher Education, Referral Service
- Support Services: Family Reunification, Liaison Assistance for Social and Legal Proceedings, Medical, Dental, and Chiropractic Services, Alumnae Services
- Day Services: Nutritious Meals, Clothing, Showers, Personal Hygiene Products, Children’s Clothing, Infant Supplies, Toys, English-as-a Second Language, Free Community Clinic Medical Assistance
- Mommy & Me: On Saturday mornings, women and their children can receive a hot breakfast while “shopping” for clothing in the Mission’s donated-clothing room.
- Application online: <https://losangelesmission.org/anne-douglas-center-for-women/>.

-Must meet the following criteria: Commit 1 year to recovery from drugs, alcohol, etc.; Participate in classes/counseling sessions that are Christ-centered, biblically-based; Capable of meeting physical fitness criteria, including daily ministry and vocational assignments, such as chores and job readiness training; A TB clearance within the past 12 months and a Medical Evaluation; Mentally capable of participating in all aspects of the program, including attending classes and working cooperatively with program staff; A mental health evaluation; If you have a diagnosis that requires medication, you will need a 30-day supply and a prescription for refills as needed; Comply with all program policy and procedures; Students who are accepted into the program are restricted to the premises for the first 30 days and will not be allowed to leave the building, make/receive phone calls or have visitors; Not allowed cell phones, portable electronic, any Wi-Fi devices for the first 10 months of the program; Based upon income, a \$150/mo. Occupancy Fee, payable after completion of the 30-Day Jumpstart Phase; Put relationships (other than legal or common law marriages) on hold while in the program

-Free Legal Clinic, The Abraham H. Pischevar, II Pro Bono Legal Clinic:

-On-site at the L.A. Mission

-Free legal advice and representation from professionals who practice law

-Contact Steven Schultze (213) 629-1227 ext. 343 or SSchultze@lamission.net.

-Food Baskets:

-Helps low-income, food-insecure individuals and families gain access to nutritious food through a weekly Food Basket Program.

-Food baskets contain various perishable items as well as toiletries with a minimum value of \$100. Each basket feeds an entire family and provides 8 meals. Baskets for families of more than 4 individuals are also available.

-About 50 baskets are given every Wednesday to low-income families who are living in Single Room Occupancy Units and hotels in the Greater Los Angeles area.

-Contact Ralph Sutton at (213) 629-1227 ext. 386 or RSutton@lamission.net.

-Mental Health Treatment:

-The Mission's Mental Health Services program provides services on-site by The Chicago School of Professional Psychology and the Los Angeles Christian Health Centers (L.A.C.H.C.).

-Workforce Development:

-Urban Training Institute (UTI) educational services and a Career Development program that helps provide job training, vocational training, professional wardrobe, job placement, professional mentors and university/college partnerships.

-Medical & Dental Services:

-Medical and dental services are offered to program students (and guests) through a partner agency, Los Angeles Christian Health Centers.

-Urban Training Institute:

-Life Skills classes such as Anger Management, Domestic Violence, Smoking Cessation and Parenting taught by certified instructors; open to the public.

-Contact Ana Ceravolo (213) 627-1227 ext. 387.

-Outreach Services:

- Ongoing support for those who have graduated from Mission programs.
- Housing, referral services and assistance with addressing the various roadblocks and obstacles that often accompany reentry into society.
- Contact Antwone Sanford at (213) 629-1227 ext. 347 or John Kelly at (213) 629-1227 ext 401.

-Prayer Requests:

- Email LAMPrayer@lamission.net.

-Additional Programs:

- 12-Step Class
- Health + Wellness Classes
- Money Smart
- Recreational Activities
- Relapse Prevention
- Career Fair

27. #LunchBag

<https://www.hashtaglunchbag.org>

Email: hello@hashtaglunchbag.com

Provides bagged lunches with love messages.

28. Midnight Mission

601 S. San Pedro Street (Between 6th/7th St.)

(213) 624-9258

<https://www.midnightmission.org/>

For information on services, email Karen Santana, Program Manager
ksantana@midnightmission.org or call 213-624-9258, x 1645.

Shelter and support services for men, women, and children experiencing homelessness. A bridge to self-sufficiency through recovery services, counseling, education, training, workforce development and continued care services. Food, shelter, clothing, personal hygiene needs and medical care.

Services:

<https://www.midnightmission.org/our-services/>

-Emergency Services:

- Food: Three meals a day, six days a week and twice on Sunday
- Shelter: Safe, quiet and controlled environment, Air conditioning and heating, Clean accessible restrooms, Onsite managing security personnel
- The Courtyard Outreach Program: outdoor courtyard is open to anyone during the day and is a safe, monitored outdoor space to sleep in at night for those who are resistant to the idea of shelters
- Courtyard Hygiene Center: safe, clean, permanent, 24/7 restrooms

-Women's Crisis and Bridge Housing Center: On-site medical and mental health care, temporary housing, meals, case management and service triage, access to our on-site school, computer learning center and job and career counselor and connections with housing resources

-Healthy Living Program:

-Designed to assist people to end the cycle of homelessness and address underlying issues

-Education: For information, email Manuel Cuadros at mcuadros@midnightmission.org or call (213) 624-9258 x 1665.

-Health and Wellness: Primary healthcare, fitness and exercise opportunities designed to improve physical, social and emotional health; Help with chronic conditions and injuries; Yoga, Meditation, Tai Chi, one-on-one consultation, training, and dietary guidance; sports and community activities, team sports like basketball, ping pong, volleyball, and social games; the Midnight Runners, part of The Skid Row Running Club with founder Judge Craig Mitchell every Monday and Thursday at 6:00 am. The club meets in the lobby at The Midnight Mission and is open to anyone in the community. For more information, email Valerie Mayers Health and Wellness Coordinator vmayers@midnightmission.org, 213-624-9258, Ext. 1661.

-Healthy Living Advocacy: Advocate and participant work together to create opportunities to maintain healthy living standards, secure housing and provide support to maintain it while building independence. Assistance with legal, medical, social, employment and educational issues are customized to fit each participant's needs. For more information: Email Matt Scharf, Recovery Program Manager, at mscharf@midnightmission.org or call 213.624.9258 x 1710.

-Job Readiness: identifying jobs and employment resources, interview-skills workshops, and collaboration with local businesses and major job developers in the Los Angeles area. After having secured a job, our participants will gradually move into our Transitional Housing center or back into the community, as a success. Our staff works closely with each participant so that job readiness becomes a lasting asset and guarantee for a better future. For more information: Email Laurie Collister or call 213.624.9258 x1940.

-Transitional Housing: For more information, email Jeanette Rowe or call 213.624.9258 x 1650.

-HomeLight Family Living:

-Career Preparedness: Workshops and training; A collaborative community forum called the Transitional Housing Action Team where service providers meet quarterly to exchange useful resources and job leads.

-Child Development: Mental Health/Psychological Counseling, after-school tutoring and educational programs. HomeLight Family Living summer camp: Each summer, current and alumni children experience summer camp, trips to the beach, camping and many other exciting activities. Enriched learning environment, specialty volunteers and staff offer one-on-one tutoring, basic literacy and computer classes, and a book club for our school aged children. Academic tracking, regular discussions with parents regarding their child's academic progress, report cards are monitored each semester.

-Continued Care: A supportive service plan 90 days prior to transitioning from the program. Staff follows up with home visits and maintains a plan for families to remain socially connected. All families continue to have access to individual counseling and mental health groups such as Parent Effectiveness and Self-Esteem. Employment assistance and staff advocacy resources are available to all of our alumni families. Continued care services for children include tutoring, educational activities, summer camp, picnics and outdoor adventures.

-Counseling: needs assessment, comprehensive and personalized case management plans; focused counseling service for survivors of domestic violence and human trafficking is available immediately upon arrival. Ongoing counseling provides individual, family and group services to address the varied needs of our participants. Each adult receives one hour of individual therapy per week and is required to participate in two mental health-oriented educational groups per week, provided onsite by trauma-informed professionals experienced with at-risk families addressing issues of self-esteem, self-care, parenting skills, trauma, conflict management and personal safety.

-Education: Microsoft® IT Academy, PLATO Learning Environment®, Computer Literacy and Life Skills coursework. HomeLight staff assists participants in setting goals for self-sufficiency through education and ultimately, career preparation, vocational training, connections to local community colleges, universities and other academic institutions.

-Life Skills: Employment Skills (Building a resume, Applying for jobs, Interview skills), Personal Skills (Money management, Meal Planning/Cooking, Filing taxes, Filing for benefits, Time management), Social Skills (Effective communication, Building healthy relationships, Teamwork)

-Mental Health Services: Professional treatment for short-term crisis intervention and long-term therapy for survivors of domestic violence and their children; Information about the dynamics of abuse. Adult participants and children have access to mental health services through our extensive partnerships in the community. Healing from past trauma. Depression, anxiety, PTSD, domestic violence, substance abuse. Parent-child wellness. Self-esteem building.

-Referrals to housing, drug and alcohol services and other beneficial services

-For more information, email Ricardo Rosales or call 213.624.9258 x2100.

29. PATH Los Angeles

Beyond Shelter Mall (single & 2 parent families)

www.epath.org

Email: path@epath.org

Phone: (323) 644-2200

PATH provides the support that homeless individuals, families, and Veterans need in order to successfully transition from living on the street, or in shelters, to thriving in homes of their own.

-Employment, outreach, homelessness prevention, housing navigation, interim housing, rapid rehousing, and permanent supportive housing

30. The People Concern

<https://www.thepeopleconcern.org>

-Get Help: <https://www.thepeopleconcern.org/get-help.php>. Call (310) 450-4050. Si usted no tiene hogar y busca servicios, por favor llame (310) 450-4050.

-Housing: <https://www.thepeopleconcern.org/housing.php>

-If you are a victim of domestic violence and looking for services, please call the 24-Hour Hotline: (310) 264-6644. Si usted es una víctima de violencia doméstica y busca servicios, por favor llame a nuestra línea directa de 24 horas (310) 264-6644.

Operates multiple housing programs with supportive services throughout LA County. In the Skid Row area, interim housing includes:

-El Puente: 711 N. Alameda Street (at Arcadia/101). Bridge housing with case management services to get into permanent housing. Beds, restrooms, showers, meals; social, health, job, and rehabilitative services.

-The Village/LAMP Village: 527 S. Crocker St. (Between 5th/6th St.). Year-round emergency shelter beds for men and women, including individuals affected by HIV/AIDS and those exiting the prison system without a home. 3 meals a day, access to support groups, case management and other services leading towards permanent housing and increased stability.

-Public Toilet, Laundry and Shower Services, Hours of Operation: Showers and Restrooms: 5 AM- 9:30 PM. Laundry Facility: 7 AM-3 PM.

-Personal banking services

-Housed and homeless permanent supportive housing

-Outpatient mental health center and shelter for individuals receiving emergency medical care

31. Pet Resource Center (PRC) on Skid Row

1309 E. 7th St. (Between S. Central Ave./S. Alameda St.)

<https://downtowndogrescue.org/programs/serving-skid-row-with-inner-city-law-center/>

Wednesdays 10 AM-2 PM

Pet care services for low-income clients or those experiencing homelessness.

-Provides the following services to people and pets: Free spay/neuter vouchers, Assistance with animal registration, Legal assistance for pet-related housing issues, Referrals to city and county social services, Vaccinations, Microchips, Animal registration and ID tags, Collars, Leashes, Crates, Medical care at approved partner veterinarian clinics, Assistance with transportation to animal hospitals, Legal assistance for pet-related housing issues, Referrals to city and county human-services.

-Income-based pet boarding for those who are experiencing financial hardship, homelessness, and for veterans who are in residential treatment facilities for help with substance dependency or PTSD.

32. Piece by Piece

<https://www.piecebypiece.org>

For Studio & Workshop Address Please E-mail: info@piecebypiece.org

(213) 683-0522 Ext. 601

Arts learning, skills training, and community building in Skid Row. Mission: To provide low-income and formerly homeless people free mosaic art workshops using recycled materials to develop marketable skills, self-confidence, earned income and an improved quality of life. An arts organization that teaches mosaic work in under-served communities, allowing participants grow in stages and eventually, to earn income as full-time artists creating large scale installations.

- The Piece by Piece Learning Community: Creates a culture of mutual support and high expectations for individual success. Participants train in the context of meaningful contribution to the learning community, with personal connection the key factor promoting achievement.
- The Piece Shop: Social enterprise aspect of the program; Sells or commissions artists' works, a unique line of MosaicWares, individual artwork, and custom commissions.
- Free Workshops: Build community and a sense of belonging. Learners are inspired to set goals for themselves and are invested in the success of others. The resulting impact is improved connection, esteem and motivation leading to increased stability and quality of life.
- Certificate Program: Guides participants through mastering a series of mosaic skills and techniques; helps artists challenge themselves, set goals and earn much-needed supplemental income. Each person works at their own pace to complete up to four different levels: Level One: Artists have the opportunity to offer their work for sale through Piece by Piece venues, retaining 60% of each sale. 40% supports programming. Level Two: Artists can participate in small commissions of creating awards and centerpieces, earning supplemental income. Level Three: Large scale commissions are fulfilled by teams of Level Three artists, who are able to earn supplemental income. Level Four: For those who wish to pursue art more deeply and further their professional development, this level supports individuals by helping them create a resume, a portfolio of their work, and an artist's statement. Piece by Piece also supports them by hosting a "Featured Artist" reception and exhibit.

33. "Pit Stops"

Automated Public Toilets (APTs)

Open daily 7 AM-7 PM
Staffed

- E. 6th St./Gladys Ave.
- E. 5th St./Los Angeles St.
- E. 5th/Hill St.
- E. 5th St./San Julian St.
- Midblock on San Pedro St. between 5th/6th St.
- E. 5th St./San Pedro St.

Shower Trailers Tuesday-Saturday

- E. 6th St./Gladys Ave.
- 330 Wall St. (Between Boyd St./1st St.)
- Wall St./6th St.
- 529 S. Maple Ave. (Between 5th/6th St.)

34. Public Counsel Law Center

610 South Ardmore Avenue, Los Angeles, CA 90005
(Not Skid Row, but serves low-income individuals for free)

Tel: (213) 385-2977

Hours: Monday - Friday 9:00 a.m. - 5:15 p.m.

Clients seen by appointment only - No walk-ins

<http://www.publiccounsel.org>

Hablamos Español

Provides a wide variety of legal services to low-income individuals.

-Children and Youth Legal Issues: Adoption of Foster Youth, Children with Developmental Disabilities, Education, Foster Youth Benefits and Legal Issues, Guardianship, Immigration for Abandoned Children (SIJS), Pregnant & Parenting Minors, Regional Center Advocacy, Truancy, Tickets and Delinquency Issues

-Consumer and Debtor Issues: Bankruptcy (Chapter 7), Bankruptcy Self Help Desk, Consumer Fraud, Foreclosure Scams, Legal Advice at Walk-in Clinics, "Property Assessed Clean Energy" (PACE) loans

-Federal Court Cases: Pro Se Clinic

-Government Benefits: CalWORKS, CalFresh (Food Stamps), Cash Assistance Program for Immigrants (CAPI), General Relief, My Healthy LA, Medi-Cal, Social Security, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), VA (Veterans) Benefits

-Homelessness Prevention: Tenant Counseling, Evictions, Fighting fines for quality-of-life infractions and misdemeanors, Government Benefits Advocacy, Legal Advice at Walk-In Clinics, Tickets and Warrants, Homeless Court

-Women and Girls: Legal Support for Low-income Women & Girls, Support for Women Entrepreneurs, Workshops and Training

-Immigration: Abused or Battered and Need Immigration Assistance, Asylum, Deferred Action for Childhood Arrivals, Immigration for Abandoned, Neglected or Abused Children (SIJS), Immigration Detention, Support for Deported Veterans, Victims of Trafficking and Violent Crimes (U and T Visas)

-Veterans: Deported Veterans Legal Services Project, Legal Representation for Veterans, Servicemembers Civil Relief Act Claims, Certain State and Federal Warrants Resolved, VA and Other Government Benefits Advocacy

As a private nonprofit, Public Counsel generally does not charge for its legal services. In some areas, there are far more clients seeking help than there are resources available to help. Applying for legal services will not automatically result in acceptance of your case.

35. ReFresh Spot Skid Row

544 Towne Ave. (Between 5th/6th St.)

Showers, restrooms, drinking fountains, and laundry facilities, sharps collection box, referrals for additional homeless services.

-Open 24 hours, 7 days/week

36. Services Not Sweeps

<https://servicesnotsweeps.com>

Email: press@servicesnotsweeps.com

- An LA-based coalition made up of over 35 community organizations.
- Advocacy for LA's homeless to get better notice and better treatment from the city regarding sweeps and criminalization.

37. Skid Row Housing Trust (SRHT)

1317 E. 7th St. (Between S. Central Ave./S. Alameda St.)

Hours: M-F 8 AM-12 PM, 1-5 PM

Phone: (213) 683-0522

<https://skidrow.org>

Provides permanent housing to people who are experiencing chronic homelessness with mental and/or substance use disorders. Case management for housing, assessing mental health and substance use, and referral to medical and dental services and legal counsel for accessing public benefits.

-Subsidized Housing:

-30% of monthly gross income used to calculate rent.

-Requirements: Single individual only, homeless or chronically homeless (verification required), qualifying disability (verification by a licensed physician), income qualified (verification required), valid California I.D. & Social Security card, participation in S+C services is expected for those enrolled in the S+C program, criminal background check required (Project Based Program & MOD RE-HAB Section 8 buildings only).

-How to apply: Please visit one of the three Coordinated Entry System locations: Volunteers of America San Julian Access Center, Lamp Community Frank Rice Access Center, Downtown Women's Center.

-Unsubsidized Housing:

-Units that are not subsidized through the HACLA rental assistance program; pay full market rate rent

-Requirements: Single individual only, valid California I.D. & Social Security Card, income qualified (verification required)

-Some units are for artists only.

-How to Apply: Visit the Skid Row Housing Trust Leasing Office 613 Maple Ave. (213) 623-9730, Hours: Monday-Friday 9AM – 5PM

-Star Apartments: 240 E. 6th St. (Between Maple Ave./Wall St.)

A permanent supportive housing community for people who have experienced homelessness. The center provides housing for 100 formerly homeless individuals with special medical needs. It also boasts programs which include services such as arts education.

38. Social Model Recovery Services

United Coalition East Prevention Project (UCEPP)

<https://socialmodelrecovery.org/united-coalition-east-prevention-project-ucepp>

ucepp@socialmodel.com

804 E. 6th St. (Between Gladys Ave./Stanford Ave.)
(213) 622-1621

A community-based alcohol and drug prevention program, with a mission to engage the most vulnerable populations of Central City East (Skid Row) to challenge systemic conditions and social disparities. Priority is to prevent and/or reduce the impact of drugs, alcohol, and tobacco in the community by using grassroots research, assessment and innovative approaches to inspire social justice and positive change.

- Community organizing and mobilizing: Partners with community members to identify neighborhood problems and develop strategies to address them. Hosts activities and planning meetings throughout the year with the aim of creating an environment that is conducive to wellness, neighborhood cohesiveness, and a sense of pride. Encourages community members to participate in local government with the goal of improving the manner of operation of local bars, liquor stores, and hotels in the community that are magnets for nuisance activity.
- Conducts grassroots research and releases policy briefs aimed at increasing public debate as well as influencing public policies.
- Uses grassroots research, assessment, and innovative approaches to inspire social justice.
- Philosophy is rooted in the Public Health Model approach to prevention which recognizes that problems result from the interaction between the person, substance, and setting.
- Believes that people who live and/or work in a community will have more success in solving problems than “outside experts.”
- To build a prosperous neighborhood, fosters community-led solutions by nurturing initiatives aimed at enhancing wellness and reducing coercive influences.
- Through civic engagement drive, supported a cadre of residents to advocate on behalf of the neighborhood. Recognizing that no one individual or Agency can solve community ills, partners with residents, social service providers, and local community organizations, as well as faith-based groups among others to collectively address these issues.

39. SRO Housing Corp.

Administrative Office (213) 229-9640

James M. Wood Community Center: 400 E. 5th St. (Between San Julian St./San Pedro St.) (213) 229-9602

Rental Office (213) 229-9365 8:00 AM - 4:00 PM

<https://www.srohousing.org>

This agency develops and manages housing for people who might otherwise be homeless.

- Provides the full continuum of housing: short-term/emergency, transitional, and permanent supportive housing (PSH), all in private units.
- The largest provider of affordable single-room-occupancy homes in the Western United States. Over 2,300 formerly homeless and low-income men and women reside in 30 properties and they have over 400 homes currently in development.

-James M. Wood Community Center: Serves as both a catalyst and resource for community recovery as well as an important home to community-building efforts. Three community spaces are available for meetings and special events. Residents of the Central City East (Skid Row) reclaim and rebuild their community through organizing and participating in social, recreational, educational, artistic, nutritional, civic, recovery and community prevention activities.

40. Street Watch L.A.

https://www.dsa-la.org/street_watch_mission_statement
hnh@dsa-la.org

Monitors and documents homeless population abuses of criminalization, destruction of personal belongings, and banishment.
 Outreach to the unhoused about these issues.

41. St. Vincent de Paul of Los Angeles

Cardinal Manning Center

231 Winston St. (Between S. Los Angeles St./Wall St.)
<https://svdpla.org>
 (213) 229-9971
 Email: socialservices@svdpla.org

Day Center Community Service:

- Drop-in services that assist individuals in meeting basic needs, obtaining housing, employment, and educational goals.
- Respite area
- Restrooms
- Drinking water
- Hygiene kits distribution
- Access to telephone and computer services
- Light breakfast and sack lunches
- Transportation assistance: Bus tokens and coupons/vouchers
- Health and mental health: Nutrition, exercise, awareness, therapeutic groups, etc.
- Housing: Monthly housing fair, tenant/owner rights and responsibilities
- Case management, referrals and linkages to housing, legal clinics, immigration services, medical services, mental health services, drug & alcohol treatment, and more
- Women's Issues
- Financial literacy
- Personal development groups: Arts, financial literacy, movies & documentaries, chess, Seniors' Bingo, and more
- Outreach services by partner organization (Veterans outreach, employment, and other supportive services)
- Legal clinic referrals: Immigration clinics, etc.
- DMV voucher issuance to obtain California ID at no fee

42. Substance Abuse Service Helpline

1 (844) 804-7500

<http://publichealth.lacounty.gov/sapc/>

Operated by the Los Angeles County Department of Public Health, this hotline provides screening, resources and service referrals regarding substance use disorders.

43. Union Rescue Mission

<https://urm.org/urm/>

545 S. San Pedro St. (5th/6th St., Also entrance on San Julian)

(213) 347-6300

thewayhome@urm.org

Emergency housing, skills training, and meals for single men, single women, single mothers with children, single fathers with children, two-parent families, and families with teenage children experiencing homelessness.

Services: Shelter, Overnight Shelter, Emergency Shelter, Counseling, Healthcare Services, Family Center, Thrift Shop

<https://urm.org/services/>

-Emergency Services:

-Emergency shelter for women and children open 24 hours a day, every day of the year. Walk-in/check-in hours for women: 6:30 AM-8 PM.

-Upon arrival through the San Julian entrance of URM, men and women should first stop at the contact office window/Emergency (Guest) Services.

-Day rooms provide shelter and rest. Sign up for beds, eat 3 meals a day, take showers, get haircuts, pick out fresh clothes, and receive medical care. Counseling is also available to discuss options about recovery programs or other service providers in the area.

-Food: 3 warm, nutritious meals every day of the year. Infant formula and baby food, and sack lunches for children to take to school. Mealtimes listed below do not include special events such as Thanksgiving. Breakfast: 7-8:30 AM. Lunch: 11:30 AM-2:30 PM. Dinner: 5:30-7 PM. Lunch is the only meal open to the public; women are served from 12-12:30 PM.

-Shelter: Houses an average of 924 men, women, and children each night, including about 62 families. Women's Crisis and Bridge Housing has 57 beds.

-Clothing: Donated clothing. Women & Children: (Every day) 10:30 AM-12 PM.

-Personal Hygiene: Restrooms, hot showers, and personal hygiene supplies. Diapers for mothers with children. Showers: Women: Daily 2 PM-5 PM; Wednesday only: 9-12:00 PM. Hygiene Items: Women & Children: Daily 10:30 AM-12:00 PM

-Storage is provided for personal belongings. Two bags are allowed in the safe and secure baggage area. The baggage area is opened at the same time as showers and hygiene.

-Clinics: URM has partnered with local universities who graciously donate their time and expertise to provide guests with services, essential dental care, professional mental health services, and full-time legal aid counseling.

-Day Center: URM is open every day to provide a safe place for hundreds of men, women, and children with nowhere else to go. Separate spaces for men and women with enclosed courtyards and spacious assembly areas offer a safe, caring environment.

-Family Community Center: A special place where mothers and children can get off the streets and enjoy one-on-one interaction or find a quiet space where a tired toddler can nap, or a mother can rock a baby to sleep. Provides books, games, toys, puzzles, and crafts.

-Hospitality Center: Mail, telephone, and banking services

-Individual Assessment/Counseling: Counselors assess each individual guest to determine their unique circumstances and needs. Individualized assistance and referrals for employment, housing, government aid, substance abuse, recovery, and other services.

-Life Management Classes: Trained staff and community volunteers address a variety of issues and critical needs. Classes include recovery from substance abuse, vocational guidance, parenting skills, nutrition education, and financial management.

-Spiritual Encouragement: Daily chapel services, Bible studies, and discipleship programs. Daily worship services: Women's Chapel 7:00 PM

-Emergency Services for Families: Food, shelter, clothing. Stay is limited to 90 days with comprehensive help 1) Families are assessed by a multidisciplinary team of members from the Department of Public Social Services, Department of Child and Family Services, Department of Mental Health and Department of Public Health within the first 1-2 days. Parents must present a valid ID, proof of income (General Relief, Social Security, Cal Works, etc.), and obtain other documentation such as social security cards, immunization records, and birth certificates. Well-child exams for children under 17 are mandatory and access to medical, dental, legal, and mental health clinics is available. 2) After assessment and initial intake, case workers refer parents and children to the appropriate services. Families may be linked with short-term shelter, transitional housing, or permanent housing. While at URM, families are required to save a minimum of 30% of their income. Employment is strongly encouraged, and case managers can provide resources and employment referral. 3) After a maximum of 45 days, once families are linked to appropriate resources and services, they are assisted in moving forward to the next step. One of the referrals in moving forward may be Hope Gardens Family Center. The goal is that no family will have to stay longer than necessary. With the help of case managers, families will be equipped to move forward to long-term services, employment, and housing.

-Gateway Project:

-A program designed for single men and women who need more than Emergency Services, but who cannot commit to the longer-term and more intensive Christian Life Discipleship Program.

-In addition to ongoing safe shelter, 3 meals a day, and access to health and dental services, men and women enrolled in the Gateway Project receive the following benefits: Increased access to various areas inside the building including the dorm area. Guests receiving Emergency Services who are not enrolled in our Gateway Project or longer-term Life Transformation Program are required to leave the dorm area each morning. The opportunity to attend life-skills classes that teach means of better financial management; access to constructive help that enables guests to pay bills in a timely manner; and personalized tutoring to equip students with better job interview skills. A personal storage locker for belongings. Ongoing case management.

-\$210 Required Monthly Fee to help pay for beds, meals, and other services the Mission offers.

-Hope Gardens Family Center:

-71 acres in Sylmar, California. Transitional housing campus for single women and children who are experiencing homelessness, and permanent supportive housing for senior women in Sequoia Lodge.

- Helps women transition from homelessness to independence in 12-36 months by offering long-term rehabilitation programs, services, and spiritual care.
- Women and children have a safe place to live while they receive counseling, training, encouragement, and help to escape homelessness forever.
- Family Program: Designed to help single mothers gain the skills, support, and necessary resources to recover from past trauma, while planning for the future and preparing to maintain permanent housing. Onsite therapy, Life skills education, Financial and job training, Educational and social support, Childcare, Three daily meals, Access to medical and dental care, Transportation
- Youth Development Program: A supportive and empowering environment for children who live with their mothers at Hope Gardens. Onsite tutoring, Social and character education, Mentoring, Leadership development, Family therapy, Planned recreational activities. Infants and preschool-aged children participate in PEEPS, the onsite childcare and early childhood development program.
- Senior Care Program: Affordable permanent housing for elderly ladies. Single-occupancy room with a personal bathroom, 3 meals a day, 24/7 security, Transportation, Medical and legal referrals, Access to a library, computers, dining area, kitchen, sewing room, living/community room, atrium chapel, patio, and garden grounds.

-Clinics:

- Several local universities donate their time and expertise to provide free health, dental, psychological, and legal-aid services for URM guests.
- The UCLA School of Nursing Health Clinic: Monday-Friday, 7:30 AM- 4 PM (Closed 12:00 PM-1:00 PM) Care for the primary medical needs of people experiencing homelessness. All services provided free of charge. Physical assessments, Diagnosis and treatment of some acute and chronic illnesses, Medications, Immunizations, Limited diagnostic tests, Medical counseling and health education, Referrals to other agencies as needed. For questions or to ask about making an appointment, please contact (213) 347-6300 ext. 2249.
- USC Dental Clinic: Monday-Friday, 8 AM-2 PM (Closed 11 AM-12 PM). Provides comprehensive care completely free of charge. Open to all neighboring shelters and programs serving underprivileged people in the downtown Los Angeles area. The only dental clinic on Skid Row to offer care to children. Provides Cleanings, Fillings, Tooth extractions, Root canals, Dentures. For questions or to ask about making an appointment, please contact (213) 347-6300 ext. 2247.
- Jerry Butler/Pepperdine Mental Health Clinic: Tuesday, Thursday, & Friday, 8 AM-4:00 PM (Closed 12 PM-1 PM). Provides essential psychological services to men, women, and children. Provides Psychological assessments to clarify diagnosis, Treatment plans, Individual psychotherapy sessions, Marriage counseling, Group therapy sessions. For questions or to ask about making an appointment, please contact (213) 347-6300 ext. 3337. Open to guests by case manager referral only.
- Pepperdine Legal Aid Clinic: Monday-Friday, 8:30 AM-5:00 PM (Closed 11:30 AM-12:00 PM). Helps men and women experiencing homeless at URM overcome past legal issues. The Legal Aid Clinic provides the following services: Interviewing, advising, and counseling, Assistance in resolving tickets and warrants, Preparation of court paperwork in child support, custody, and visitation cases, Expungements (dismissing criminal convictions), Government benefits, Assistance with income tax controversies, Preparation for Homeless Court. For

questions or to ask about making an appointment, please contact (213) 347-6300 ext. 4413. Open to guests by case manager referral only.

-Learning Center:

-A multimedia educational facility equipped with 30 online computer terminals and staffed by fully credentialed LAUSD Belmont Adult Day School instructors. Instructors help students develop an Individual Learning Plan and help them work toward their educational goals.

-Available for all the men and women in URM's recovery programs, as well as alumni of URM recovery programs.

-Also provides additional vocational education and trade support, such as janitorial services certification, through programs offered from various community partners.

-Academic and professional program services include: Microsoft (MOS) certification for Office software programs, including MS Word, MS Excel, and MS Access; Basic math and English skills instruction; Computer/typing literacy; Graphic arts/design; Business marketing & retail; English as a Second Language (ESL) classes; Literacy tutoring; GED preparation; Specialized vocational services

-For questions or to get involved with the learning center please call (213) 347-6300 ext. 4402.

44. VA Downtown Clinic (Nearest VA to Skid Row)

351 E. Temple St. (at N. Alameda St.)

(213) 253-2677

<https://www.losangeles.va.gov>

Serves the comprehensive medical needs of vets, including the provision of healthcare services to homeless vets. These services include everything from emergency care to preventative healthcare.

45. Volunteers of America Los Angeles

(213) 389-1500, TDD: (213) 388-8280

Email: info@voala.org

<https://voala.org/services/adults/>

Relief and support services for women, men, and families, including those struggling with homelessness, alcoholism and drug addiction, and those returning to the community from the corrections system.

-Emergency Shelter and Supportive Services:

-San Julian Access Center: A resource facility that operates 24-hours a day, 7 days a week.

Intake and assessment, 32 respite beds, showers, public restrooms, referral service flyers, laundry facilities, case management, referrals, on-site medical services, and linkages to housing, drug and alcohol treatment, mainstream benefits, Veteran's Administration, health and mental health resources, HIV/AIDS services, employment, and domestic violence services.

-Permanent Housing and Supportive Services:

-Ballington Plaza: Provides 270 subsidized housing units and support services for veterans, graduates of substance abuse programs, people with disabilities, and the working poor.

-Transitional Housing and Supportive Services:

-Downtown facility provides safe emergency housing and support services. Each client receives 3 meals a day and an Individual Service Plan to ensure a successful transition to longer term or permanent housing. Emergency shelter beds, case management, benefits referrals and education, and life skills classes, including anger management, budgeting, etc.

-Outpatient Recovery:

-Step II: 90-day outpatient substance use treatment program that provides case management and wraparound services for homeless individuals, including veterans. Individual counseling, mental health referrals, and aftercare with the ultimate goal of getting the individual into stable permanent housing.

-Living With Hope/Southern California Alcohol and Drug Program: Substance use and mental health services for those at risk or living with HIV/AIDS and/or Hepatitis. Provides group and individual counseling, case management and aftercare services, on-site testing and referrals for therapy, medical treatment and medication.

-Residential Recovery:

-Central City Recovery: Downtown Los Angeles (9th floor of the Historic Weingart Building). Residential treatment for substance use disorders; 30-120 days; co-ed; evidence-based, trauma-informed care model of cognitive behavior therapy and motivational interviewing; Emphasizes coping and life skills; Provides assessments, individual and group therapy and counseling, treatment planning, case management and referrals; Must have or qualify for Medi-Cal or My Health LA in LA County, be over 18 years of age, have an imminent need for substance-use disorder treatment, and be comfortable in a multicultural setting with individuals of diverse ethnicities and lifestyles. Contact number (213) 689-2179.

-Angel Step Inn (Domestic Violence Shelter; Location confidential):

-Emergency shelter for victims of domestic violence and their children.

-A 45-day transitional shelter that provides a place of escape and safety for victims fleeing domestic violence who are also dealing with substance use disorders.

-30 beds

-Stabilize and protect clients and their children.

-Educate clients and their children about domestic violence.

-Provide viable resources and referrals for additional services and safe housing.

Although no substance use treatment is offered on this site, referrals for outpatient or residential treatment are available.

-On-site Substance Abuse education, case management, linkage and transportation to social services, as well as discharge planning for transition to safe or permanent housing.

-Transitional housing referrals are made when client exits the facility.

46. Weingart Center for the Homeless

566 S. San Pedro St. (Between E. 5th/6th St.)

<http://weingart.org>

(213) 627-5302

Access Center, call (213) 833-5020

Provides high-quality human services to homeless men, women, and families, giving them hope and an opportunity to move from the streets to self-sufficiency with basic skills necessary to stabilize their lives, secure income, and find housing.

- Walk-in Hope Row Resource Center: Provides 15,000 homeless individuals with bus tokens, legal aid, emergency housing, and other referral services.
- Transitional Residential Housing/Weingart Transitional Program: Provides housing for 600 homeless men and women daily. Serves and assists 3,000 individuals annually through residential programs. Walk-ups only. Participants can sign up for a bed starting at 7:30 AM at the Weingart Access Center. Beds will be available on a first-come, first-serve basis.
- Medical and Mental Health
- Substance Abuse Recovery
- Workforce Development: Offers free computer and internet access to clients for performing job searches and posting resumes. Gives professional attire to clients who are going on job interviews, appointments, or starting work. Teaches clients job search skills and interviewing techniques and provides vocational training programs.
- Long-Term Management
- Family Reunification
- Community Re-entry
- Benefits Enrollment
- HIV/AIDS Services
- Programs for veterans
- Programs for women
- AmeriCorps Hope for the Homeless program
- Has five facilities: An 11-story residential building, the Weingart Café, the Center for Community Health, the Family Solutions Center, and Metro Special, a site dedicated to employment services.
- Distributes phone numbers free of charge to homeless clients through a community voice mail program.
- Serves 225,000 hot, healthy meals made from fresh ingredients annually to program clients.

APPENDIX D

Google search results for “Homeless services women Skid Row Los Angeles,” “Free services for women Skid Row Los Angeles,” and “Breast cancer homeless services Skid Row Los Angeles”

With personal reflections on the process of searching for these services

Appendix D provides a complete list and impressions of accessibility of the first three pages of Google search results for each of the following phrases, not in quotation marks:

“Homeless services women Skid Row Los Angeles,” “Free services for women Skid Row Los Angeles,” and “Breast cancer homeless services Skid Row Los Angeles.”

January 2020 Google search results for “homeless services women Skid Row Los Angeles,” not in quotes, of 1,240,000 results:

Page 1 search results:

3 Google Maps locations:

1. Downtown Women's Center: Women's health clinic, 442 San Pedro St, Closes 4PM (213) 680-0600
2. Downtown Women's Center Inc: Non-profit organization, 333 S Los Angeles St, (213) 628-8150
3. Union Rescue Mission: Homeless shelter, 545 San Pedro St, Closes 5PM (213) 347-6300
4. Option to click on “More places”

Then:

Web search results list:

1. Article by Curbed Los Angeles about how the Downtown Women’s Center opened a sleeping area for 25 women each night in Aug. 2019
2. Downtown Women’s Center website. The landing page is not intuitive and the “Need Services?” box is somewhat small to the bottom left. That page is dense with explanations that could be simplified. It is overwhelming to scroll, make sense of and parse out what all the different services are and how to access them, and I am a doctoral candidate who specializes in this type of work. I don’t understand why the “Need Services?” box doesn’t just list the services first with brief details of how to access them.

Reflection: After reviewing the first two links, I was already overwhelmed by all the details, and I even expected them as an academic and researcher. I can only imagine what it would be like as a woman experiencing homelessness, perhaps physically and/or mentally ill with no support, trying to find services. There was already confusion based on the similarity of their names, about the difference between the Downtown Women’s Center and Downtown Women’s Center Inc., which are two separate women’s organizations on Skid Row. Then, the Curbed LA article from 8/2019 said that the first had opened up space for 25 women to sleep there, but the organization’s website clearly states in bold, “DWC is not an overnight shelter...” and their website is stamped C. 2020. I double checked that they were both the same DWC (not Inc.). If I were seeking emergency overnight shelter, I would not know whether to go to DWC or if it would be a wasted

walk, perhaps in the rain or cold, possibly with a child or children, endangering myself to the risks of life in Skid Row such as assault, robbery, and rape, and likely carrying belongings.

3. Downtown Women's Center website.
4. Article by Los Angeles Downtown News, "Number of Homeless Women Spikes in Skid Row," 6/12/2018: Details population of women in Skid Row, and presents information about the Union Rescue Mission, mentions Chrysalis (a nonprofit); A comment by a reader mentions DWAC (Downtown Women's Action Coalition) and her profile mentions Skid Row Neighborhood Council.
5. Article by Los Angeles Downtown News, "Downtown Women's Center Opens 25-Bed Emergency Shelter on Skid Row": Describes the DWC's new emergency overnight shelter for 25 women, called a bridge housing facility, with the aim of transitioning them into permanent housing; It is part of Mayor Eric Garcetti's A Bridge Home program, which intends to set up temporary transitional shelters across Los Angeles; Mentions the program's first bridge housing facility, a 45-bed space at El Pueblo downtown
6. A NPR article that explains the conditions of life in Skid Row, mentions the Midnight Mission, causes and process of homelessness, special risks for women.
7. Union Rescue Mission website: The landing page states that, "Women are most at risk," and invites the site user to donate \$24.25 to pay for 3 full meals and a day of shelter and care. The site is easy to use with a lot of well-organized information. The services appear comprehensive and well-rounded. The site seems oriented toward the donor and volunteer, rather than the beneficiaries/"guests." It was easy to find the phone number, and people experiencing homelessness are encouraged to call several places. It was more difficult to find the hours of operation for various services (walk-in vs. by case referral only), located on the FAQ page. They say they are the only 24-hour emergency shelter for women and children in central LA, but it is unclear given the initial contact hours listed just above, if women and children can arrive and be taken in outside of those times.
8. An article by Spectrum News 1 about Mayor Eric Garcetti's plan to provide housing and trauma care for 100 women living homeless in Skid Row, which "...will have a significant and disproportionate impact, positive impact on black women who are experiencing homelessness in Los Angeles."
9. L.A. Works website, profile for Downtown Women's Center: A very dense, long paragraph detailing DWC and statistics. This website is designed for people looking to volunteer and those seeking volunteers and ways to get involved in nonprofits. It is not intended for the use of those seeking help.
10. An article by Goop about the Downtown Women's Center, cites statistics by the Los Angeles Homeless Services Authority, the causes of homelessness.

End page 1.

Reflection: So far, only a few service organizations and programs have been mentioned, and several took reading the entire articles to get to names and links. I am surprised at how complicated the search is, and that so much reading is required to get to actual services and how to access them. The Google Maps links at the top of the page so far seem the most directly helpful with practical information that does not require searching and scouring to gather basic information.

Page 2 search results:

11. An article by L.A. Daily News entitled, “I've had to become tough': How homeless women survive the dangers of Skid Row”: Clicking on the links prompts the user to pay for a subscription to the online newspaper. Clicking the “X” to close that box redirects the user to the home page, from where the original article is lost.
12. A profile of a homeless woman in Los Angeles, on a website for the 501c3 Invisible People.
13. The Los Angeles Mission website: Provides phone number, email, online contact form, easy to read and use website, but cannot find hours that people can go for services-”Services & Programs” is a different page from “Need Help?” which gives a dropdown list of “Poverty Resources” and “HUD-Housing”, misleading me to think that was all the tab contained. When you click on the tab name itself, it takes you to the hours for walk-ins, times of meals, and more specific contact information for different programs. This may be an accessibility challenge; it seems more intuitive for the details to be included/consolidated with the “Services & Programs” list of services that comes first in the tabs line from left to right.
14. ABC7 article about homelessness in L.A., about a homeless woman, and briefly describing an outreach group called Highly Favored: A Blessing to Others.
15. KFI AM 640 article about funding approved for Skid Row homeless assistance (housing, hygiene facilities, storage); highlights the partnership with DWC, mentions Saint Vincent de Paul but does not describe what that is or link to it.
16. CBS Local article about \$1.5 million city funding for trauma-assistance pilot program Wednesday to help homeless women living on skid row.
17. JSTOR 1990 journal article “Social Networks in Time and Space: Homeless Women in Skid Row, Los Angeles,” prompts educational institution login to view, then sends user to home page without linking to article sought from search.
18. An ad entitled “30 Things Not to Do in LA | Visiting Los Angeles” (Did not click.)

End page 2.

Page 3 search results:

19. A NY Times article about the aging American homeless population; mentions Alice Callaghan, an Episcopal priest who has spent 35 years working with the homeless in Los Angeles, the Hippie Kitchen, which serves breakfast to the homeless in Skid Row 3 mornings a week, and Downtown Women’s Center. Includes a seeming discriminatory attitude toward homeless: “But more than anything, these are men and women who, as they enter old age, have settled into patterns they seem unwilling, or unable, to break,” and other discriminatory attitudes such as how they tax the public systems and ,”few of the older homeless people have worked the time required to qualify for Social Security, much less put aside money for a 401(k) or employee retirement plan.”
20. A website called Homeless Shelter Directory that lists homeless shelters by city. It has many paid ads for “Public Records Online,” finding out secret information about people by name, mortgage refinancing, and more, which are very distracting. All of the shelters on the initial list say Los Angeles, then when you click on each name, it tells you what neighborhood it is in. There is no way to search for Skid Row or a particular

neighborhood. Using the website requires scrolling down extensively and clicking on each link to see if it is relevant. After clicking on the first 15 sources, came to a shelter within a mile of Skid Row, the Zahn Memorial Center/Salvation Army. The site is set up to help people in need but is difficult to navigate, with lots of details, scrolling, and ads, and unclear differentiation of the many different neighborhoods within L.A.

21. An article on Councilmember Jose Huizar's website detailing funds approved for Skid Row and DTLA Homeless Services Authority Engagement Teams, shower and restrooms at The People Concern and St. Vincent de Paul, drinking fountains and automatic public toilets, "The Bin" storage space, and installation and servicing of Sharps collection boxes. It also mentions the United Way's Supportive Housing Tracker list, which tracks the number of housing units for the homeless approved by each council member and number of units built-an accountability measure for the 2018 L.A. Councilmembers' pledge to aid homelessness. This website is written for public policy information and updates.
22. A Huffington Post article about the harsh experiences of women in Skid Row and local advocates, such as Angelia Harper, who goes by the name "Big Momma of Skid Row." Cites a 2016 assessment of homelessness by the DWC, and statements by URM employees.
23. A L.A. Times article about the cold and rain soaking and flooding L.A.'s homeless with no relief because winter shelters through the LAHSA would not open for another two weeks "due to funding constraints." Cites URM lamentations about still waiting on city approval to turn a parking structure into a shelter for women. Refers to Wendell Blassingame, nicknamed the "skid row fixer," the nonprofit KTown For All, the group Street Watch L.A., and the Services Not Sweeps coalition. I had a strong emotional reaction, cried.
24. A L.A. Times article about similarities and differences in the homeless population and housing availability in Boise, Idaho and Los Angeles.
25. A surprisingly helpful and well-written list of homeless housing, medical, and food resources in the broader Los Angeles area on the website of a biohazard cleaning company with extensive information about homelessness in a section titled "Homeless Encampment Cleanup." Thus far, this is the best homeless resource guide for Los Angeles that I have found online. It includes clear, concise summaries of services (though not details about times or specific programs), links to their websites, addresses, and phone numbers. It is not specific to Skid Row but includes several relevant resources to include in the database.
26. A document by the Chief Program Officer of the Downtown Women's Center that is advocating for women to be classified as a uniquely vulnerable population requiring specific attention and resources.
27. Midnight Mission website: Extensive, thorough, detailed, easy search bar. Services come first, then more information about the organization and tabs for donors and volunteers. I wish this organization's website came up earlier in this search.
28. An NBC Southern California news article and video about the charities Happy Period, which Hands Out Period Products to Women on Skid Row, and #HashtagLunchbag, a charity that bills itself as "a party with a purpose" by meeting the last Saturday of every month. Hundreds of volunteers gather at the nonprofit's event, making lunches, love

notes and – with the help of #HappyPeriod – feminine hygiene kits. The kits are later distributed to shelters.

End page 3.

Search results for “free services for women Skid Row Los Angeles” (not in quotes), of 157,000,000 results:

Page 1 search results:

-Google Maps results listed:

1. Los Angeles Christian Health Centers-Joshua House, Free Clinic, 311 Winston St.: Clicking takes you to a more detailed Google Maps page with the website linked.
2. Downtown Women’s Center
3. Los Angeles Mission

(And offering more results if the user clicks.)

Search results:

1. Downtown Women’s Center website
2. St. Francis Center website list of Community Resources: Not translatable to Spanish. The overall website for the Center is thorough and the “Homeless Well Being” page outlines hours and processes, but is generally written to address the outside observer, not help-seekers. Its home page is directed toward donors and volunteers.
3. John Wesley Community Health (JWCH) website page about their Skid Row Medical Outreach Team in partnership with Homeless Health Care Los Angeles (HHCLA). Provides information about the hours that help-seekers can go to three addresses for medical outreach team assessment and referrals. Mentions JWCH.
4. Skid Row Housing Trust website: Information on subsidized and unsubsidized housing units, and requirements. Subsidized requirements (rent is 30% of income) include: Single individual only, Must be Homeless or Chronically Homeless (verification will be required), Must have a qualifying disability (verification will be required by a licensed physician), Income qualified (verification will be required), Valid California I.D. & Social Security card, Participation in S+C services is expected for those enrolled in the S+C program, Criminal Background check required (Project Based Program & MOD RE-HAB Section 8 buildings only). The requirements seem difficult to come by for homeless individuals, and no families or couples are accepted. How does one verify homelessness? What if social security card and/or ID were stolen, thrown away by the city, or destroyed in the rain?
5. EcoBear website List of Services Available to the Homeless in Los Angeles, described above.
6. Volunteers of America Los Angeles website page, takes the user directly to the “Services-Adults” tab as though it is intended for help-seekers to find. The pages specifically for adults, women, families, etc. are easy to find and read, with brief summaries of services followed by locations of different programs organized by type. The page for families includes services that serve homeless families, including a family emergency center in Los Angeles. However, the exact location of the family emergency

center is not listed, nor are hours for intake. When the user clicks on “Get Help,” the only way to start the process is to submit an online message. A TDD number (a telecommunications device for the deaf) is listed in addition to the regular number at the bottom of the website.

7. The Los Angeles Mission website, described above.
8. Union Rescue Mission website, described above.
9. Article by Curbed Los Angeles about the Downtown Women’s Center, described above.
10. An ad for “Free Woman Clinic-Health Facilities Near You” that links to a strange search website that is not related to my search.
11. An ad for “Free Health Clinics-Low Income Assistance” that links to American Health Resources website, which prompts you to enter your personal information, including full name, date of birth, gender, phone number, employment status, etc. to get “information on assistance, financial help, government help, individual and family resources, and much more.” On the final “Submit” page, it makes you agree to receive texts and calls from the company and its marketing partners. The disclaimer at the bottom states it is a for-profit company that pays operating costs through ads. This appears to be a marketing scheme to sell people’s information, by advertising to vulnerable people.
12. A YouTube video entitled, “Woman Offers Makeovers To Homeless People On Skid Row” about the organization Beauty 2 the Streetz, mentioned above.
13. Wikipedia description of Skid Row, or Central City East. After a long history of the area, there is a paragraph as follows: “Services for homeless people in Los Angeles are centralized in Skid Row. Examples include the Volunteers of America, the Union Rescue Mission, The Jonah Project, Downtown Mental Health (a branch of the Department of Mental Health), LAMP, Downtown Women's Center, The Weingart Foundation, Los Angeles Mission, Fred Jordan Mission, The Society of St. Vincent de Paul's Cardinal Manning Center, and Midnight Mission. In 2007, Union Rescue Mission opened Hope Gardens, a facility outside of Skid Row which is exclusively for women and children.”

End page 1.

Page 2 search results:

14. An article by Spectrum News 1 about Mayor Eric Garcetti’s plan to provide housing and trauma care for women living homeless in Skid Row, described above.
15. Los Angeles Christian Health Centers website page about their health clinic locations and hours. The landing page is a large Google map of the locations, but it is not functioning and says, “For development purposes only.” If the user scrolls down, there is health clinic information.
16. An article by L.A. Daily News entitled, “I've had to become tough!: How homeless women survive the dangers of Skid Row,” described above.
17. A Los Angeles Unified School District Homeless Education Office PDF list of community resources “to assist parents or guardians in finding community services.” The list is 38 pages, organized by type of service offered, e.g., Educational/Academic Assistance, Emergency Shelter & Transitional Housing Services, etc., and the services listed include at least nine zip codes. Described in text section in this paper entitled “Need for Further Study.”

18. Cardinal Manning Center at St. Vincent de Paul website: Services only for men.
19. Homeless Health Care Los Angeles (HHCLA) website: Addresses substance use treatment and prevention, co-occurring disorders, and housing. Site is written for donors and volunteers, as there is no information for help-seekers about ways to get help or when to visit. The only address for the Center for Harm Reduction (512 E. 4th), which addresses substance use, is in an illustration at the top of the page and is not readily noticeable. The main office page is listed on the website as 2330 Beverly Boulevard, which is not in Skid Row.
20. Inner City Law Center's website: Very well-made site with large bold lettering and succinct descriptions of services. The nonprofit law firm "works to end the crisis of homelessness by providing free legal services to the poorest and most vulnerable residents of Los Angeles. Our lawyers and other professionals fight for decent, safe, secure housing for low-income tenants, working poor families, veterans, immigrants, and people living with disabilities or HIV/AIDS." The site has a tab *En Espanol* that is the same size as the other tabs. There are two separate tabs for "Our Services" and "Get Help," the latter which is written for help-seekers. This page provides specific links and contacts with phone numbers for each of their services. They even provide a list of referrals for people seeking other types of legal services and emergency help.
21. Downtown Dog Rescue website: This link takes the user to the page for the Pet Resource Center on Skid Row, which is clearly and concisely written. The rest of the website was somewhat unclear as to locations and hours, and some important links were non-functional.
22. An ad: "Single Moms Homeless Shelters | Financial Help for Single Moms: 100% Free Access for Qualifying Single Moms Who are Struggling or Experiencing Hardship. You may be Eligible for a List of Benefits, Programs and Resources." Upon clicking the link, the user is taken to a form that asks for first and last names, and email address to "Check Eligibility," which adds the email to a marketing list. Similar to other ads, the disclaimer at the bottom of the site states that it is a for-profit entity.
23. An ad offering a search for "Free Clinics For Women" takes the user to an Internet search page, which has already generated search results for free health insurance and clinics for women. The results are surprisingly relevant and helpful, including links to legitimate websites such as <https://www.freeclinics.com>, which, upon clicking "Los Angeles," lists 70 free and income-based clinics in or around Los Angeles, California. Other links are irrelevant to Los Angeles.
24. An ad for "Free Woman Clinic | Health Facilities Near You: View Results on Free Woman Clinic. Discover Facts, Articles & More About Healthcare Facilities & Available Resources." This search page brings up a wide variety of health-related websites from around the United States. It is overall not helpful to a help-seeker in Skid Row.

End page 2.

Page 3 search results:

25. Thomas article described above.
26. U.S. Department of Health & Human Services webpage for the Skid Row Housing Trust: This article was originally written as a "Grantee Spotlight" and uses very dense, technical

public policy language intended for review by funding sources, not help-seekers. It provides lists of community partners and links to various aspects of the Trust, including Case Management, Self-care for Providers, Housing and Shelter, Employment, Trauma, Social Inclusion, and Youth. The website is available for translation to 15 languages besides English.

27. A KFI AM 640 news article about the \$2.2 million approved by the Los Angeles City Council in November 2019 to address homelessness in Skid Row.
28. An L.A. Times news article from 2005 listing 18 Skid Row community resources with one-sentence descriptions and their websites.
29. The website called Homeless Shelter Directory, described above.
30. The Los Angeles County Department of Public Social Services webpage for Homeless Services for CalWORKs families. This requires that a family is registered with CalWORKs before receiving the L.A. County Homeless Services. The page provides links to descriptions of all the programs, as well as a link to CalWORKs office locations in order to get more information and apply. The webpage is straight-forward, dry, and somewhat difficult to read as the titles and body text are in the same font with no clear break between topics. The website provides 3 font sizes available, translation into Spanish, and a link to the Americans with Disabilities Act (ADA) notice of non-discrimination on a separate page.
31. A video and article about Dr. Susan Partovi, a “street doctor” working in the streets of Skid Row to help the homeless as well as medical director of Homeless Health Care LA.
32. Weingart Center for the Homeless “Online Media Kit” from May 2013, a PDF document detailing their programs and services at the time, contact information, and Board of Directors. There are no links in this document to current services or the main website. I am dismayed that this apparently longstanding and prolific nonprofit, which serves homeless women, men, and families in Skid Row with a wide variety of essential services, has not come up in a search until now, and that the link is to a seven-year-old document. At first, it appears that in order to get to the actual website to find out current services and how to access them, the help-seeker would have to manually type in the URL or delete the remainder of the current PDF URL after “weingart.org.” However, upon further review, the website in the footer at the bottom left of each page of the document is linked, although it does not appear so. The only other time “Weingart” has been mentioned in the Google searches thus far is in the list of community resources on Wikipedia’s page, described above as hidden in the middle of a large amount of historical text about Skid Row, and there the organization is referred to as The Weingart Foundation.
33. A United Way article about Dr. Lisa Abdishoo of the Los Angeles Christian Health Centers’ Joshua House Clinic, the main organization which has been found twice in this particular search so far. The article describes and links to the Six Four Nine Lofts, approved in 2018 to be built as a mixed-use development of 55 supportive housing apartments for the homeless, and describes the new Joshua House Health Center directly under the apartments. Unfortunately, the link is broken to the Six Four Nine Lofts.
34. The Vazquez and Tu article in The Huffington Post on the harsh experiences of women living in Skid Row.
35. An ad by ABC7 News entitled, “L.A’s homeless: Aerial tour of Skid Row, epicenter of crisis...” that shows overhead video of parts of Skid Row’s homeless encampments.

36. Legal Aid Foundation of Los Angeles webpage for “Homeless Advocacy,” briefly summarizing their services, including direct legal services at a weekly legal clinic in Skid Row and filing lawsuits on their behalf.
37. An ad for “Free Clinic For Women | See Facts, Articles & More” that links to one of the same ads on the page 2 search.
38. An ad entitled “30 Things Not to Do in LA | Visiting Los Angeles” (Did not click.)
39. The same ad for “Free Clinics in Los Angeles,” listed above.

End page 3.

Search results for “breast cancer homeless services Skid Row Los Angeles” (not in quotes), of 170,000 results:

Page 1 search results:

-An ad for “Breast Cancer Therapy Center - Fight For A Better Tomorrow,” which takes the user to the website for California Protons Cancer Therapy Center in San Diego.

-Google Maps results listed:

1. Union Rescue Mission
2. Los Angeles Christian Health Centers - Joshua
3. Inner City Law Center

(And offering more results if the user clicks.)

Search results:

1. SRO Housing Corporation website: Webpage about events and partnerships, the first three including hosting UCLA students, participation in 2018 Breast Cancer Awareness Month, and a Town Hall Meeting/Listening Session in 2018. While the website introduces the user to a major, longstanding housing nonprofit in Skid Row, which was only brought up thus far in any search once in a list of resources on a different website, the nonprofit or page itself does not have anything to do with breast cancer services. The website does not offer translations.
2. A Spectrum News article and video about a formerly homeless woman in Skid Row who experienced breast cancer and works as an artist. The article introduces the Skid Row Trust's Star Apartments and the nonprofit Piece by Piece, neither of which has yet come up in a search.
3. A L.A. Times article about how the Downtown Women’s Center included monthly breast screenings into its services starting in May 2012 and partners with Inner Images, a mobile mammography service, and JWCH Institute community clinic.
4. Great Nonprofits website page that lists nonprofit organizations that help the homeless in Los Angeles through a variety of services, with 38 pages of results. The website allows the user to search for nonprofits by city nationwide, nonprofit rating by the public, and issue, with “breast cancer,” “women,” and “homeless and housing” as options. When I searched in the location box for “Skid Row, Los Angeles,” nonprofits in Vermont, Texas, Tennessee, and other states showed. There is no option to translate the site into languages besides English.

5. National Health Care for the Homeless Council website that profiles Los Angeles Christian Health Center, a member of the council, and links to its website.
6. A Los Angeles Magazine article about Dr. Susan Partovi, “The Skid Row Doctor” described above in a separate search.
7. The webpage for the nonprofit Illumination Foundation that highlights success stories of formerly homeless beneficiaries. The nonprofit is based in Orange County, California.
8. A NBC news video clip about gangs targeting Skid Row homeless residents, and what Mayor Eric Garcetti plans to do about it.
9. A NBC news video clip interviewing Dr. Susan Partovi, who has been mentioned several times in searches thus far, stating that the myriad of diseases and health conditions of the homeless in Skid Row are not public health risks.
10. Inner City Law Center’s webpage showcasing successful legal representation and advocacy on the topics of healthy homes, homelessness prevention, and homeless veterans. One story is about a woman who was diagnosed with breast cancer, applied for Social Security Disability Insurance and was denied, and approached Inner City Law Center for help.

End page 1.

Page 2 search results:

11. The Weingart Foundation’s “Why It Matters” webpage with a live video feed of Skid Row that is not functional, and below, videos of clients, staff, community partners, and board members.
12. A webpage on thehelplist.com with a list of Los Angeles area government, non-profit, and faith-based organizations. The page has several large ads for mortgage financing, which misaligns resource listing text and makes it visually difficult to read. The list itself appears helpful but none of the websites listed are linked and the page is very long and not organized in any identifiable pattern, which forces the user to scroll down and try to decipher what each organization does, then copy and paste the website into a new search window.
13. A Daily Mail UK series of videos and article showing the living conditions in Skid Row, Los Angeles and describing homelessness in Santa Barbara as well.
14. Keck Medicine of USC newsletter showcasing Down But Not Out, a Skid Row nonprofit, free cancer screening by dermatology students to Los Angeles Firefighters, the 2018 cancer prevention conference, the USC Norris Comprehensive Cancer Center Office of Community Outreach and Engagement partnership with SHARE, and more.
15. A City of Los Angeles document that appears to be a grant application for the State of California’s Homeless Housing Assistance and Prevention Program (HHAPP) program. It includes funding appeals from the nonprofits Chrysalis, Downtown Women’s Center, and the Los Angeles Central Providers Collaborative.
16. County of Los Angeles newsletter highlighting the Department of Public Social Services’ (DPSS) volunteer activities in Skid Row and other unrelated county-sponsored events.
17. 2010 Skid Row Housing Trust newsletter describing uses of funding, success stories, and events.

18. A Google Books search page for Los Angeles Magazine from 2004 with several Wells Fargo nonprofit organization partnerships listed.
19. Event page for “At Home on the Great Streets of LA,” a 2018 roundtable discussion on the topic of “Design for Dignity...to achieve dignified living conditions for all Angelenos,” hosted by the American Institute for Architects Los Angeles.
20. UniHealth Foundation grants database.
21. 2015 Directory of Services for Homeless Youth in Los Angeles.
22. Homeless Health Care Los Angeles 2017 resources and referrals list for service providers, with the intention of the user being “able to access information to assist anyone in need.” The list is divided by service area and issue, including public social services and social security offices. Service Planning Areas (SPAs) include Antelope Valley, San Fernando Valley, San Gabriel Valley, Metro, West, South, East, and South Bay. Skid Row fits within the Metro service area. Of all the search results thus far, this resource guide is the most directly helpful for the purposes of this paper and most similar to the proposed resource guide specific to services for women in Skid Row. No languages besides English are available.
23. Ad for “Breast Cancer Experts - Discover Proton Therapy,” which takes the user to the same website above for California Protons Cancer Therapy Center in San Diego.
24. Ad for “Breast Cancer Treatment - Stanford Breast Cancer Experts.”
25. Stanford Health Care’s webpage for their breast cancer treatment program. No languages besides English are available. Neither a search for “Skid Row” or “Downtown Los Angeles” resulted in any service locations.

End page 2.

Page 3 search results:

26. Los Angeles County Office of Education’s Referral Guide for Homeless Children, Youth and Families: A 114-page document that lists all services by Service Planning Area (SPA), as in the Homeless Health Care Los Angeles (2017) resources and referrals list above. This is an incredibly useful resource list for providers such as case managers and social workers to access on behalf of their child, youth, and family clients and contributes significantly to the Referral Network; however, no date of publication can be found and the user must scroll through the document to find various services. The document is searchable. There is no immediately available option to change the language.
27. A 1991 journal article about homeless Vietnam era and Vietnam combat.
28. A Google Books search result for a 2009 book, *Posttraumatic Stress Disorder: Acute and Long-Term Responses to Trauma*. The page that is shown is from a chapter, “PTSD Among Homeless Veterans.”
29. A brief 2015 article about Skid Row, which mentions the Midnight Mission.
30. A 2019 Community Health Needs Assessment analyzing “five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.” It is intended “to guide the hospital’s community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health.” SPA 4, in which Skid Row is part, is included in this report.

31. Cedars-Sinai Medical Center's 2019 Community Health Needs Assessment: A 130-page document detailing Los Angeles populations' demographics, conditions, and needs.
32. Cedars-Sinai Medical Center's 2019 "Community Benefit Update and Plan," which was in follow-up to their state and federally mandated Community Health Needs Assessment (CHNA) (#31), to develop plans and implementation strategies to address health focus areas. This is a 23-page document detailing Cedars' service area population and plans to address identified needs.
33. An online newsletter database with health news from California. The stories for May 30, 2019, the page that showed in this search, are "A Final Comfort: 'Palliative Transport' Brings Dying Children Home," "California Lawmakers Overwhelmingly Pass Legislation To Expand Access For All Undocumented Immigrants In State," "Measure Would Allow California Residents To Receive Their First 30-Days Of PReP Without A Prescription," and, "In Pivotal Legal Settlement, LA Won't Put Ceiling On Amount Of Property Homeless People Can Keep On Skid Row."
34. Volunteer Match nonprofit organization page linking volunteers with organizations seeking help in Montebello, California, which is about 8 miles from Skid Row. Although the website is not intended for help seekers to find services, it functions in this way well when the user types in "Skid Row" in the search box and sorts by distance. While the first two results were a museum and dance center, the following results on the first page appeared to be directly relevant to serving the basic needs of homeless residents. The website could not be viewed in languages besides English.
35. A 1991 journal article on the impact of age, race, social class, and hospital type on diagnosis of breast and cervical cancer. The results of the analysis showed that in New York City, older Black, lower-class women in public hospitals received later-stage diagnoses of breast and cervical cancer than did younger White, high social class women in non-public hospitals.

End page 3.

APPENDIX E

Pepperdine University Non-Human Subjects Institutional Review Board Form

PEPPERDINE UNIVERSITY IRB NON-HUMAN SUBJECTS NOTIFICATION FORM
FOR RESEARCH THAT DOES NOT INVOLVE HUMAN SUBJECTS

Investigator Name: EVA DITTRICH
 Status: Faculty: _____ Student: PSY D
 Faculty Chair (if applicable): CARRIE CASTANEDA-SOUND, PH.D.
 Proposal Research Title: Homeless with Breast Cancer on Skid Row, Los Angeles : A Review of Local Services and Areas of Growth
 Per Pepperdine University Institutional Review Board (IRB) guidelines all proposed research that does not involve direct contact with human subjects requires a notification form be submitted for review.

Research that requires IRB review must meet the definition of human subject's research. The code of federal regulations provides the following definitions:

- For the purposes of the IRB, research is defined as a systematic investigation designed to develop or contribute to generalizable knowledge.
- Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains
 - (1) Data through intervention or interaction with the individual, or
 - (2) Identifiable private information.

If your research does *not* involve the participation of human subjects **and** you are *not* using/collecting any data that has identifiable private information, your research is not subject to IRB review and approval but *does* require the submission and filing of a non-human subjects notification form to the IRB office.

When submitting this notification form please include the following as separate documents:

- Signatures by ALL Principal Investigator(s) (student and/or faculty) and Faculty Chair (if applicable).
- Abstract (no more than 1-page) outlining the study's research design and methodology.

I verify that this proposed research does not involve the use of human subjects, either directly or indirectly.

<p><u><i>Eva Dittrich</i></u> Principal Investigator(s)/Student Signature</p> <p><u>EVA DITTRICH</u> Print Name (s)</p>	<p><u>12/20/2019</u> Date</p>
<p><small>Carrie Castaneda-Sound, Ph.D. Digitally signed by Carrie Castaneda-Sound, Ph.D. Date: 2019.12.20 15:10:53 -08'00'</small></p> <p><u>Carrie Castaneda-Sound, PhD</u> Faculty Chairperson Signature (if applicable)</p> <p><u>Carrie Castaneda-Sound, PhD</u> Print Name</p>	<p><u>12/20/19</u> Date</p>