

Homelessness and Structural Racism*



** much material is cut and pasted or somewhat modified from original sources, primarily National Alliance to End Homelessness, USICH (U.S. Interagency Council on Homelessness), and Washington Post data published June 11, 2020 and Oct 9, 2020. Specific attributions not included; no claim of original authorship made. Am familiar with House of Ruth, Friendship House, Carpenter's Shelter, and Alexandria Community Shelter, all of which I commend for volunteer participation and/or support.*

INTRODUCTION

The legal definition of homeless varies, but can be defined as lacking stable and minimally appropriate housing. People can be categorized as homeless if they are: living on the streets or places not designed for use as a regular sleeping accommodation for human beings; moving between temporary shelters (e.g. houses of friends, family and emergency accommodation); and also living in private boarding houses without a private bathroom or security of tenure.

There is no methodological consensus on counting the homeless and identifying their needs; therefore, in most cities only estimated homeless populations are known.

Demographics

Washington Post, January **2020**: An annual count of homeless people in the Washington region tallied the fewest number of individuals sleeping outdoors or in emergency or transitional shelters since the Metro Washington Council of Governments began the exercise in 2001. A one-night snapshot conducted Jan. 22 showed 9,763 people who were without beds that night in nine counties of MD, VA. And Washington DC, down 31 from the year before.

I could not find figures for the January 2021 count. Unverified reports of increased street living are logical since shelters had to decrease beds, in some cases over 50%, in order to try to provide safety for residents from potential COVID-19 infection, and to provide isolation areas for those showing symptoms and recovering from COVID-19.

From 2015-2019, the number of people who were literally homeless had declined 20 percent, according to the report, which does **not** count those who have no permanent address but may have been staying temporarily with friends or family.

Individuals. Seventy percent of people experiencing homelessness are individuals who are living on their own or in the company of other adults. The remainder (30 percent) are people in families with children.

Males. Homelessness is significantly defined by gender. Sixty percent of all people experiencing homelessness are male. Among individuals, the numbers are starker—70 percent are men and unaccompanied male youth.

Unsheltered. Far too many people in America sleep outside and in other locations not meant for human habitation. This group includes **more than 200,000** people (**37 percent** of the overall population). Among individuals experiencing homelessness, the numbers are more dire—1 in 2 are unsheltered.

Racial Inequalities in Homelessness By the Numbers

African Americans represent **13 percent** of the general population but account for **39 percent of people experiencing homelessness and more than 50 percent of homeless families with children**. This imbalance has **not** improved over time.

Pacific Islanders and Native Americans are actually most likely to be homeless in America when compared to all other racial/ethnic groups. Within the former, 160 people experience homelessness out of every 10,000 compared to the national average of 17 out of every 10,000. Pacific Islanders and Native Americans are **numerically small groups** within the U.S., making it more difficult for the U.S. Census Bureau and homelessness services systems to count them accurately. Nevertheless, available data suggest they face significant challenges.

Prioritized Groups: for study, sometimes for services. Researchers and the public policy world have emphasized some additional subpopulations. **Chronically homeless** individuals are often “disabled” (i.e. mentally ill and/or substance abusers), and have experienced long-term and/or repeated episodes of homelessness. They are currently **17 percent of the population**. **Veterans**, who are **7 percent** of people experiencing homelessness, are prioritized due to their service to our country. And **unaccompanied youth**, who **represent 6 percent** of the population, are a vulnerable age group consisting of those under 25 years old.

Other Identifiers of Risk to the Homeless

An additional CDC-identified risk group is people with pre-existing health conditions. Before the current crisis, **growing numbers** were experiencing **unsheltered** homelessness—a living situation associated with poor health. A recent study sampled unsheltered individuals from across the country, finding **84 percent** self-reporting existing physical **health conditions**. Only 19 percent of people in shelters said the same.

COVID-19 Vulnerable. According to the CDC, some individuals are at higher risk of becoming seriously ill from COVID-19. They include older adults age 65 and over. However, people experiencing homelessness age faster than housed people. Research indicates they have physical conditions that mirror those of people 15-20 years older than them. On a single day, an estimated 202,623 single adults experiencing homelessness are over age 50, suggesting they may be uniquely vulnerable to becoming seriously ill during the pandemic crisis. [The potential increase of homelessness due to lifting of eviction restrictions after July 1, or whenever that does occur, could be staggering.]

SYSTEMIC CAUSATION FACTORS

People of color experience homelessness at disproportionately high rates due to historic and ongoing systemic racism.

Structural factors that contribute to them include criminalization, poverty, redlining, mental and physical health, incarceration, and more. Each of these will need to be addressed for sustainable change. Legislation, local policies, budget increases for education and training, availability of adequate housing, increased availability of appropriate mental health and substance abuse treatment, and society's attitudinal acceptance are among steps that must be committed to in order to reverse the hopelessness of homelessness.

Poverty

Poverty, and particularly deep poverty, is a strong predictor of homelessness. **Income that is inconsistent, minimal, or lacking altogether is the primary cause.** Black and Latinx groups are overrepresented in poverty relative to their representation in the overall population, and are most likely to live in **deep** poverty, with rates of 10.8% and 7.6% percent, respectively. ^[4]

Segregation/Rental Housing Discrimination

Redlining – systemic housing discrimination supported by the federal government decades ago – is a root cause of the current wealth gap between White households and households of color. Redlining discouraged economic investment, such as mortgage and business loans, in Black and Brown neighborhoods.

The effects are still with us today: African Americans still live disproportionately in concentrated poverty^[2] or in neighborhoods where they are regularly exposed to environmental toxins, and have limited access to quality care, services, nutritious food and economic opportunities. People that become homeless are likely to have lived in these types of neighborhoods.

Incarceration

The racial disparity in incarceration rates has continuously worsened. The rate for African Americans has tripled between 1968 and 2016 and is **more than six times the rate of White** incarceration.^[4] These racial disparities are no accident. Black and Brown people are at far greater risk of being targeted, profiled and arrested for minor offenses, especially in high poverty areas.

The implications of overcriminalization are far-reaching: A criminal history can keep people from successfully passing background checks to secure both housing and employment. People exiting jails and prisons often face significant problems in accessing safe and affordable housing and their rate of homelessness is high.

Access to Quality Health Care

People of color are far more likely to lack health insurance than White people, especially in states without Medicaid expansion. The lack of health insurance for people with chronic medical conditions and/or untreated serious mental illness can place them at risk of becoming homeless or being precariously housed. For example, **people with mental health disabilities are vastly overrepresented in the population of people who experience homelessness.**

Of the more than 550,000 people in America who experienced homelessness on a given night in 2017, **1 in 5 had a behavioral health issue.** While the rate of serious mental illness may not vary by race, studies show African Americans have more difficulty accessing treatment.

IMPACT OF COVID-19

It is too soon to determine the ultimate impact. Eviction prevention measures by USG and local governments undoubtedly prevented a tsunami of homelessness among those newly unemployed or who became marginally employed in part-time or minimum wage positions and lived in housing that was no longer affordable. When landlords can evict, most probably will, or will demand all rent in arrears in a short time and people will have to move because they simply cannot pay it. This will most affect those in the lowest income brackets, further increasing disparity.

Solutions; Intervention Methods with Greater Evaluation of Long-Term Impact.

Often this can be done only locally or even program by program, which inhibits long-term follow-up. On the other hand, a national registry brings challenges to privacy rights, misuse of data, tracking for debt follow-up, etc. Better evaluation of programs and collaborating factors is needed, but few are interested.

The discussion below considers only the primary presenting problem.

Deploy Housing First Systemwide

Housing First is a proven approach that offers people experiencing homelessness permanent housing as quickly as possible. It also provides people with the supportive services and connections to community-based resources they need to keep their housing and avoid returning to homelessness.

Core Components

- Street outreach providers, emergency shelters, and other parts of the crisis response system are working closely with housing providers to connect people to permanent housing as quickly as possible.
- Do not clear encampments without back-up plans, involvement of encampment leaders, knowledge of residents. Partner with politicians and police.
- The community should have a **data-driven coordinated assessment system** for matching people experiencing homelessness to the most appropriate housing and services based on **their** needs.
- The community should have a unified and streamlined process for applying for rapid re-housing, supportive housing, and/or other housing interventions.
- Community leaders work collaboratively to ensure that a range of affordable and supportive housing options and models are available to meet local needs.
- Policies and regulations related to supportive housing, social and health services, benefit and entitlement programs, and other essential services do not create needless barriers to housing.
- **Communities** must work to ensure that people are **not evicted back** into homelessness whenever possible.
- **FEDERAL housing vouchers** can be applicable to local situations cross-country
- **Reparation-related deposits on homes and guaranteed loans** are options
- Rent-controlled good housing programs should be integrated with higher-value homes
- Prevent undervaluing of homes because of “undesirable” neighborhoods – wealth accumulation to escape poverty occurs as real estate is traded.

Landlord Engagement

Private market landlords are critical partners in the work to help people quickly exit homelessness. Strong connections to landlords are even more important in high-cost, low-vacancy markets, where affordable housing options are limited and even those with a voucher may find themselves unable to locate a unit.

Support Services that should be part:

- Integrate Health Care. ...
- Build Career Pathways. ...
- Foster Education Connections. ...
- Strengthen Crisis Response Systems. ...
- Reduce Criminal Justice Involvement. ...
- Build Partnerships. ...
- Prevent **Homelessness in the first place! Livable wages and jobs.**

Tools

Utilize the tools below to strengthen equity within your system.

- [The Alliance's Racial Equity Network Toolkit](#)
- [The Alliance's Racial Equity Network Action Steps](#)
- [Racial Equity and Coordinated Entry: Where Can Disparities Happen in the Process?](#)
- [Racial Equity and Emergency Shelter: Access and Outcomes](#)
- [Police Violence, Homelessness, and Black Lives](#)
- [Using Your Data to Analyze Racial Disparities During the COVID-19 Pandemic](#)
- [Statement on the Revocation of the Affirmatively Furthering Fair Housing Rule](#)
- [Juneteenth: Homelessness, Racism, and the Legacy of Slavery](#)
- [Behavioral Health Disparities in Black and Brown Communities: Making the Connection Between COVID-19 and Racism](#)

Just an aside I came across –

Advice from Counselor of Homeless to Those Who Hesitate to Give Money --: Best Foods and Drink to Give to the Homeless:

1. Water, water, water (but for an even better option, water with electrolytes)
2. Pretzels with peanut butter (has carbs, magnesium and protein to help maintain energy)
3. Granola Bar/Cereal Bar
4. This Bar Saves Lives – A brand that gives aid to children with malnutrition and can help the homeless for a healthy snack during the day
5. Trail Mix without chocolate but WITH FRUIT – protein at its finest
6. Filling foods like Bananas, Easy-peel oranges, Apples
7. Fruit Cups/Pudding Cups
8. Beef Jerky – added protein
9. Crackers
10. Brown Rice Cakes
11. Popcorn (unseasoned)
12. Baked veggie chips
13. Homemade energy balls (link: <https://www.gimmesomeoven.com/no-bake-energy-bites/>)
14. Pumpkin Seeds
15. Raw Nuts

Additionally, here is a list of other items you can include in the sack lunch that would benefit the homeless greatly:

1. Socks
2. Toothpaste
3. Deodorant
4. Band-aids
5. Comb
6. Feminine-care products
7. Toothbrush
8. Bar of soap
9. Washcloth
10. Small pack of hand/body wipes
11. Mini-pack tissues
12. Pocket-sized map or resource guide
13. Lip balm/Chapstick
14. Sunscreen
15. Positive note (affirmations)