Ensuring Racial Equity During the COVID-19 Homelessness Response

April 16, 2020

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Housekeeping & Announcements

• All attendees are on mute, and video options are turned off.
• The Zoom Chat function has been disabled. Please enter your questions in the Zoom Q&A box.
• Join the Ending Homelessness Forum - https://forum.endhomelessness.org/login
• NAEH REN Toolkit - https://endhomelessness.org/resource/the-alliances-racial-equity-network-toolkit/
OPENING REMARKS
Pascale Leone. MPP
Director - Diversity, Equity, & Inclusion, CSH NYC
CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.
Centering Equity in Times of Crisis

“COVID is just unmasking the deep disinvestment in our communities, the historical injustices and the impact of residential segregation... This is the time to name racism as the cause of all of those things. The overrepresentation of people of color in poverty and white people in wealth is not just a happenstance....It’s because we’re not valued.”

- Camara Jones, MD
Disparate Impact

• COVID-19 is not the “great equalizer”

• African Americans and other marginalized groups are disproportionately impacted

• Because of historic and systemic racist policies, African Americans as a group have higher rates of:
  • poverty
  • housing and food insecurity, lack of access to healthy food choices
  • unemployment or underemployment
  • chronic medical conditions and disabilities

• Other Highly Vulnerable & Impacted Groups
  • Homeless/ Unstably Housed (Older Adults)
  • Essential Employees, Hourly and Low-Wage Workers
  • Uninsured / Underinsured
  • Exposure to Environmental Toxins

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Structural Racism is the Root of Racialized Health Inequities

*Image adapted from the National Innovation Service (NIS)*

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Designing Equitable Responses from the Margins

• **Uniform and Inclusive Data Collection**
  - Data disaggregated by age, zip code, race, ethnicity, gender identity & sexual orientation and housing status
  - 25 states (AL, AR, AZ, CA, CT, GA, ID, IL, IN, LA, MA, MD, MI, MN, MS, NY, NC, OH, OK, SC, TN, TX, VA, WA, and WI) and DC report COVID-19 data by race and/or ethnicity. (NASHP)
  - 14 states show disproportionately higher death rates among POC. (NASHP)
  - As of 4/13, among the population experiencing homelessness there were 421 COVID+ cases and 23 deaths (NYC Dept. of Social Services)

• **Inclusively- Designed Decision Making Tables**

• **Health + Housing- focused Interventions that Center Racial Equity**

• **Play the Long Game. Opportunity for Bold Systems Redesign**
Opportunities for Providers to Center Racial Equity

• Apply an equity analysis to current emergency protocols
• Empathy is a practice
• Words matter
• Be trauma-informed.
Racial Equity & Other COVID-19 Resources

• **Racial Equity Focused**
  - The African American Policy Forum Under the Blacklight [https://aapf.org/2020](https://aapf.org/2020)
  - NIS *An Equitable Systems Transformation Framework for COVID-19* [https://www.nis.us/blog/0jpt3zevqsdwdgd3hv2zv2n74xckhvez](https://www.nis.us/blog/0jpt3zevqsdwdgd3hv2zv2n74xckhvez)

• **Supportive & Affordable Housing & Homelessness**
RACIAL DISPARITIES, HOMELESSNESS, AND COVID-19: LOS ANGELES

Va Lecia Adams Kellum, PhD
President & CEO, St. Joseph Center
COVID-19 Webinar Series:
Ensuring Racial Equity during the COVID-19 Homelessness Response

Va Lecia Adams Kellum, Ph.D.
President & CEO
St. Joseph Center

April 16, 2020
<table>
<thead>
<tr>
<th><strong>Outreach &amp; Engagement</strong></th>
<th><strong>Housing</strong></th>
<th><strong>Education &amp; Vocational</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• 6,163 homeless men, women, and children engaged</td>
<td>• 898 homeless people placed in permanent housing</td>
<td>• 87 men and women graduated from our Job Training Programs</td>
</tr>
<tr>
<td>• 1,355 of these people were successfully linked to services/ enrolled in housing program</td>
<td>• 1,000 formerly homeless men, women, and children assisted to retain housing</td>
<td>• 90% of our Culinary Graduates secured employment, and 74% of our Codetalk graduates</td>
</tr>
<tr>
<td>• 23,000 hot, nutritious meals served to homeless men and women at Bread and Roses Café</td>
<td><strong>Mental Health</strong></td>
<td>• 56 children ages 18 months to 5 years old received educational and enriching childcare</td>
</tr>
<tr>
<td>• 27,345 visits to the Food Pantry</td>
<td>• 20,000 mental health services provided</td>
<td></td>
</tr>
</tbody>
</table>

*FY 18-19 Totals*
RACIAL DISPARITIES IN HOMELESSNESS
<table>
<thead>
<tr>
<th>Race/Multiracial</th>
<th>General Population</th>
<th>Deep Poverty</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>73.8%</td>
<td>59.7%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Black</td>
<td>12.4%</td>
<td>23.5%</td>
<td>42.6%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.8%</td>
<td>1.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.2%</td>
<td>4.6%</td>
<td>.8%</td>
</tr>
<tr>
<td>Native American and Other Pacific Islander</td>
<td>.2%</td>
<td>.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>3.0%</td>
<td>3.9%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Hispanic/LatinX (of any race)</td>
<td>17.2%</td>
<td>24.3%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Source: SPARC, 2018
PEOPLE EXPERIENCING HOMELESSNESS 2019

City of Los Angeles: 36,300
County of Los Angeles: 58,936

Source: 2019 HOMELESS COUNT RESULTS
Homeless Population vs. General Population by Race & Ethnicity
Los Angeles Continuum of Care, 2019

Sources: Homeless population data represent estimates from the 2019 Greater Los Angeles Homeless Count for the Los Angeles Continuum of Care (LA CoC) and excludes the Glendale and Pasadena Continuums of Care. General population data taken from the U.S. Census Bureau.
1) Examine the factors contributing to the overrepresentation of Black people among the population experiencing homelessness

2) Identify opportunities to increase racial equity within the homeless service delivery system

3) Develop recommendations to more effectively meet the needs of Black people experiencing or at risk of homelessness

Racial Disparities & COVID-19

**Slavery**
1619 – 1865

**Jim Crow**
1877 – 1960s

**Redlining**
1934 – 1968

**Mass Incarceration**
1970s – present

Source: Ben @ Jerry’s – Justice Remix’d campaign, Driven Studios Inc.
RACIAL DISPARITIES & COVID-19
Rates of COVID-19 in Los Angeles County

Cases & Deaths per 100,000 People by Race & Ethnicity

- Asian
- Black
- Hispanic Latino
- White

Source: Los Angeles County Department of Public Health
Why COVID-19 is Impacting Black Communities

1) Higher rates of underlying health conditions, and less access to care

2) Over-represented in service industry, particularly “essential jobs”

3) Misinformation

4) Housing disparities

Source: Washington Post, 4 Reasons Coronavirus is Hitting Black Communities So Hard, April 10, 2020, Eugene Scott.
RACIAL EQUITY LENS
Key Insights: Los Angeles Homeless Services Authority Ad Hoc Committee Report on Black People Experiencing Homelessness

1) Ensure service providers understand the impact of institutional racism and racial bias on Black people experiencing homelessness

2) Identify opportunities to increase racial equity within the homeless service delivery system

3) Importance of using a racial equity lens in this sector

Racial Equity Lens during the COVID-19 Pandemic informs:

- **WHO** is the most vulnerable
- **WHAT** services are being offered
- **WHEN** the services are provided
- **HOW** the work is done
According to 2017-2018 data from the Bureau of Labor Statistics, fewer than 20% of black workers are able to work from home compared with about one-third of their white counterparts.

Many are service workers and essential staff — delivery drivers, police officers, subway personnel, outreach workers, emergency shelter staff.

People with the least amount of power in our organizations and in the lowest salary bracket.

Source: Bureau of Labor Statistics, 2017-2018
Recommendations for Essential Service Providers

• Employ a racial equity lens within your organization or COC

• Compensate frontline staff with hazard pay and bonuses

• Give frontline warriors raises and promote the “go to” people who put their lives on the line

• Value staff at all levels of your agency equally

• Demand system change
RACIAL DISPARITIES, HOMELESSNESS, AND COVID-19: SOUTHEAST LOUISIANA

Melissa Haley, LMSW
Program Director - Supportive Services, VOA of Southeast Louisiana
The Novel Coronavirus (COVID 19):

Melissa Haley, LMSW Program Director Supportive Services
Many workers in frontline industries have family care obligations.

- More than one-third of frontline workers (35.9 percent) have a minor child at home.
- More than one-third of workers in many frontline industries live in low-income families.
- Roughly a third or more of low-income workers are found in six of the top 5 occupations in the Grocery, Social Services, Convenience, Child Care, and Drug Stores industry group.
- Overall, almost one-quarter of frontline workers (23 percent) live in low-income families (income below 200 percent of poverty).
Workers Overrepresented

• People of color are overrepresented in many occupations within frontline industries. Just over four-in-ten (41.2 percent) frontline workers are Black, Hispanic, Asian-American/Pacific Islander, or some category other than white.

• Hispanics are especially overrepresented in Building Cleaning Services (40.2 percent of workers). Blacks are most overrepresented in Child Care and Social Services (19.3 percent of workers).

• Workers of color are (56.7); percent particularly overrepresented in the following occupations: bus drivers, transit, and intercity.
Healthy People

- Everyone is at risk of contracting the infection
- Pregnant people seem to have the same risk as non-pregnant people.
- People who are at increased risk are those in nursing homes and other long term facilities such as prisons.

Pre-existing conditions

- Cardiovascular disease, diabetes mellitus, cirrhosis, HIV with low CD4 counts
- transplant recipients, chronic lung disease such as asthma, hypertension, chronic kidney disease on dialysis
- cancer tend to develop more severe and often life-threatening illness.
- Smokers
Who gets COVID-19 Continues

• African Americans are affected by these health problems at a rate greater than the overall population so that these documented health disparities place us at greater risk of not only developing the infection but also having worse outcomes.

• The existing racial health disparities are well known. The problem is that all areas have not been including race in their statistics. Of those that do, the facts are alarming.

• In Michigan, African Americans make up 14% of the population but comprise 33% of the cases of COVID-19 and 40% of the deaths.

• In Milwaukee, Wisconsin, African Americans make up 27% of the population but comprise almost 50% of the cases and 81% of the deaths.
How COVID-19 Changed Social Services Provision

Traditional Social Services are done mostly face-to-face contact. The basic element includes:

• Engagement
• Data Collection
• Assessments
• Intervention
• Evaluation
• Termination
Social Service Opportunities

• Ensuring that clients have mechanism to receive tele-health services.
• Identify resources that can meet the client where they are in the community or at home.
• Provide training to implement problem solving methods using tele-health.
• Develop community networking in order to secure unavailable resources.
Opportunities continue

• Social Service providers face challenging with providing service and caring for their own families.
• Ensure providers has appropriate technology including: hardware, software, internet service, and tele-health system.
• Provide ongoing training that includes: safety, social competency, and confidentiality.
• Ensure maximum protect in the community via mask, gloves, and disinfectant.
• Identify resources to assist providers with childcare and homeschooling.
• Develop a merit based increase and incentive opportunities for providers.
References

• World Health Organization
• Center for Economic Policy and Research
• Centers for Disease Control
• Dr. Bernie “Kwadwo” Gallman, MD South Carolina ABSW
Questions?

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