

Ensuring Racial Equity During the COVID-19 Homelessness Response

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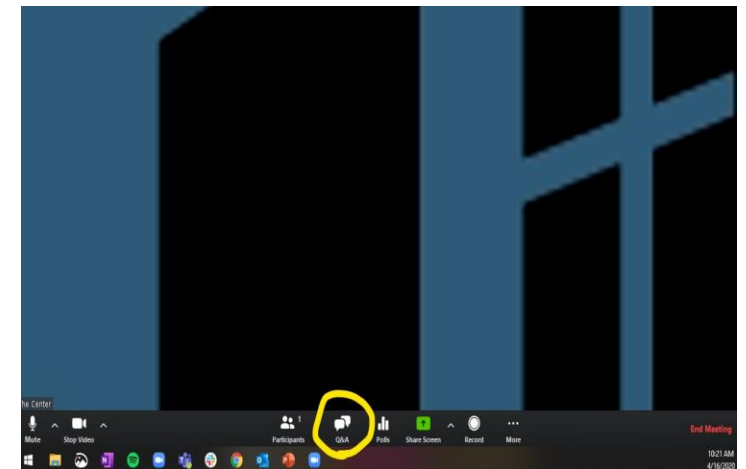
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National Alliance to
END HOMELESSNESS

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**.
- Follow our COVID-19 Webinar Series here - NAEH COVID-19 Webinar Series -
<https://endhomelessness.org/resource/covid-19-webinar-series/>
- 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



TRAINING AND EDUCATION



LENDING



POLICY REFORM



CONSULTING & TECHNICAL
ASSISTANCE



CORONAVIRUS 2019 [COVID-19]

Centering Equity in Times of Crisis

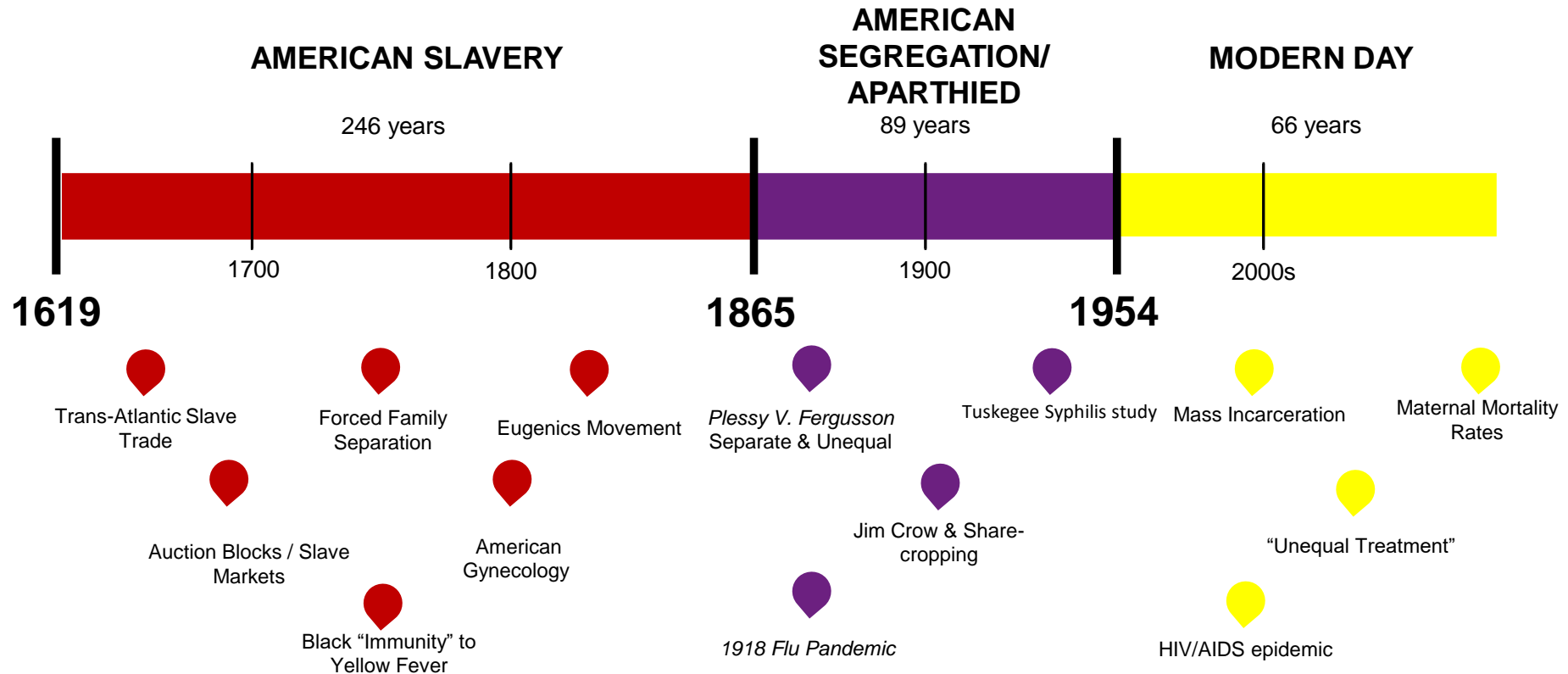
“COVID is just unmasking the deep disinvestment in our communities, the historical injustices and the impact of residential segregation... This is the time to name racism as the cause of all of those things. The overrepresentation of people of color in poverty and white people in wealth is not just a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

Structural Racism is the Root of Racialized Health Inequities



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

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 deaths 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>
- C4 Innovations *Racially Equitable Responses to COVID-19* <https://c4innovates.com/racially-equitable-responses-to-covid-19/>
- NIS *An Equitable Systems Transformation Framework for COVID-19* <https://www.nis.us/blog/0jpt3zevqsdwgd3hv2zv2n74xckhvx>
- Racial Equity Tools *COVID-19 - Racial Equity & Social Justice Resources* <https://www.racialequitytools.org/fundamentals/resource-lists/resources-addressing-covid-19-with-racial-equity-lens?fbclid=IwAR0JS4UnwJlbbCsFIjUtOFWNExp4mxYmke-lhm1mCvHHFGnIjBMDFN-SI4Q>

- **Supportive & Affordable Housing & Homelessness**

- CSH *COVID-19 Community Platform* <https://www.csh.org/2020/03/csh-covid-19-supportive-housing-community-platform/>
- NAEH *Homelessness & COVID-19: Considerations and Action Steps* <https://endhomelessness.org/resource/homelessness-covid-19-considerations-and-action-steps/>
- NLIHC *COVID-19 Coronavirus and Housing/Homelessness* <https://nlihc.org/coronavirus-and-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

ST. JOSEPH CENTER

10,000+

Low-income and homeless people reached
through outreach and direct services



Outreach & Engagement

- 6,163 homeless men, women, and children engaged
- 1,355 of these people were successfully linked to services/ enrolled in housing program
- 23,000 hot, nutritious meals served to homeless men and women at Bread and Roses Café
- 27,345 visits to the Food Pantry

Housing

- 898 homeless people placed in permanent housing
- 1,000 formerly homeless men, women, and children assisted to retain housing

Mental Health

- 20,000 mental health services provided

Education & Vocational

- 87 men and women graduated from our Job Training Programs
- 90% of our Culinary Graduates secured employment, and 74% of our Codetalk graduates
- 56 children ages 18 months to 5 years old received educational and enriching childcare

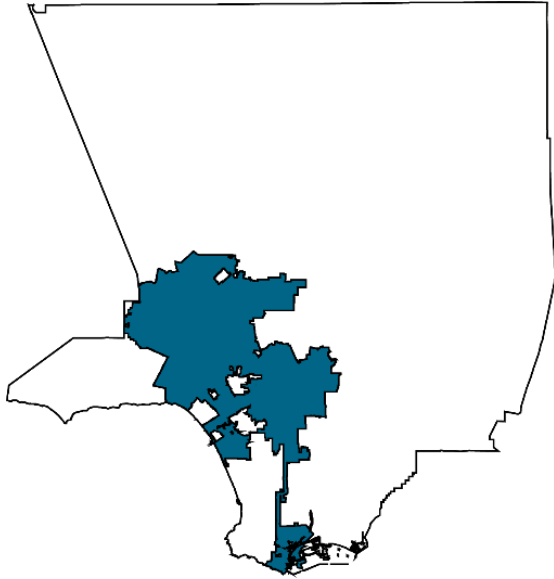


RACIAL DISPARITIES IN HOMELESSNESS

United States

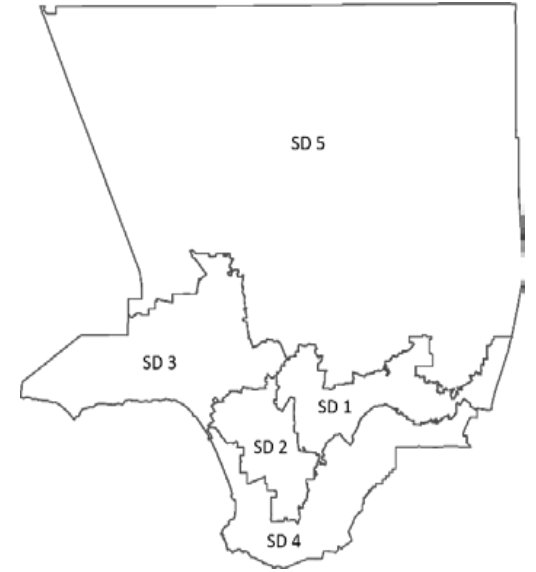
	General Population	Deep Poverty	Homeless
White	73.8%	59.7%	48.6%
Black	12.4%	23.5%	42.6%
American Indian and Alaska Native	0.8%	1.6%	2.5%
Asian	5.2%	4.6%	.8%
Native American and Other Pacific Islander	.2%	.2%	1.1%
Two or more races	3.0%	3.9%	4.6%
Hispanic/LatinX (of any race)	17.2%	24.3%	16.9%

PEOPLE EXPERIENCING HOMELESSNESS 2019



City of
Los Angeles

36,300



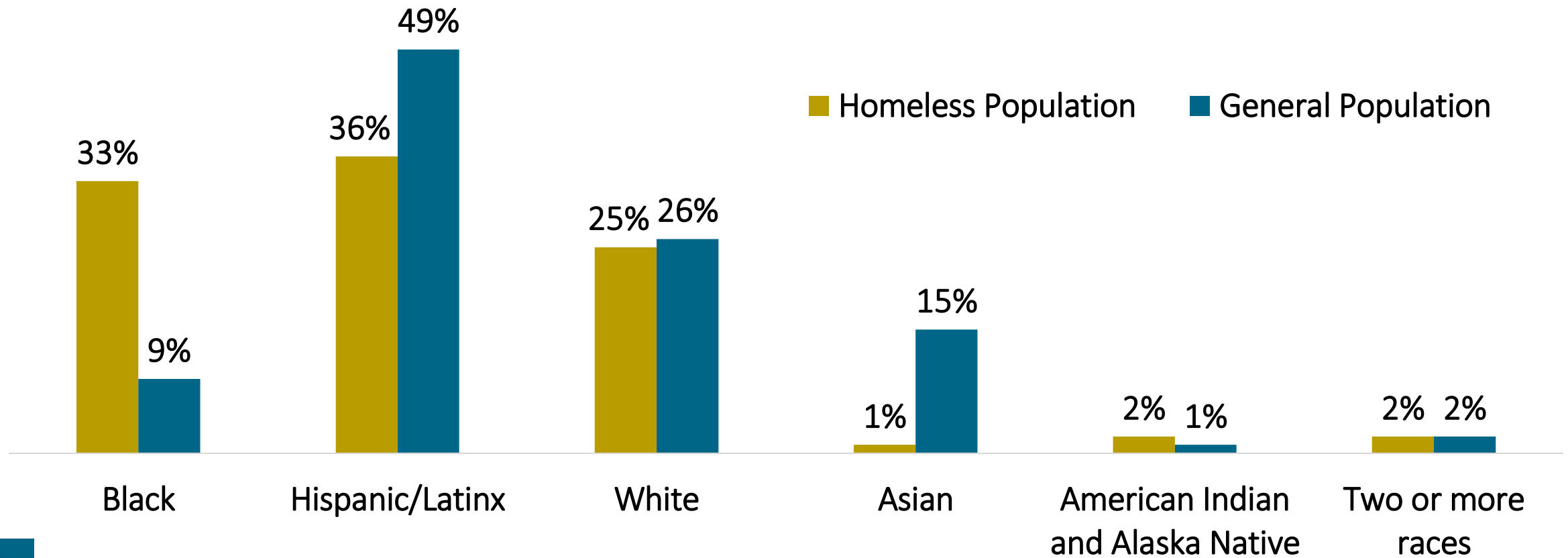
County of
Los Angeles

58,936



Homeless Population vs. General Population by Race & Ethnicity

Los Angeles Continuum of Care, 2019

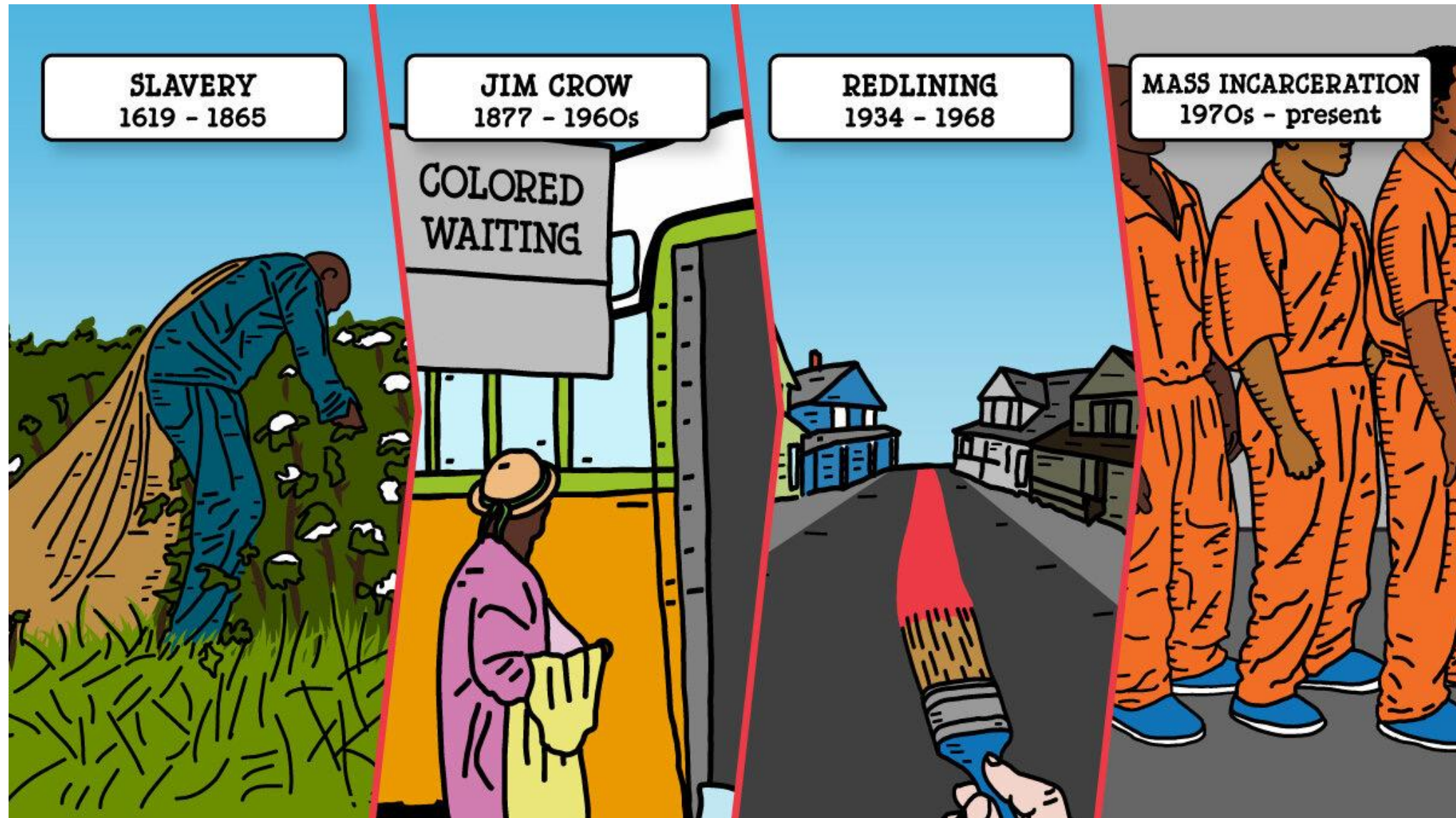


Sources: Homeless population data represent estimates from the 2019 Greater Los Angeles Homeless Count for the Los Angeles Continuum of Care (LA CoC) and excludes the Glendale and Pasadena Continuums of Care. General population data taken from the U.S. Census Bureau.

Los Angeles Homeless Services Authority Ad Hoc Committee on Black People Experiencing Homelessness

- 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

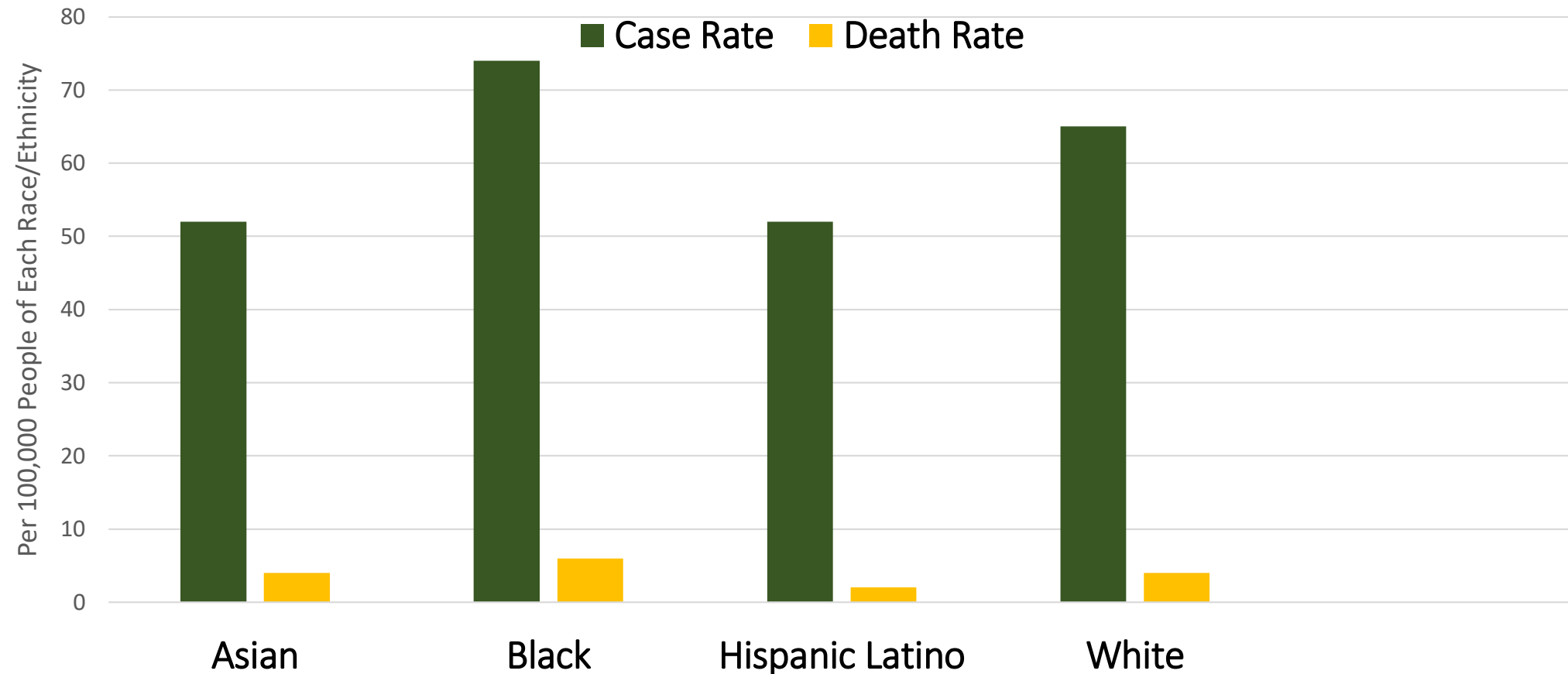




RACIAL DISPARITIES & COVID-19

Rates of COVID-19 in Los Angeles County

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



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



Who's On The Frontline?

- 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

RECOMMENDATIONS

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

Helping America's most vulnerable®



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.

Who gets COVID-19

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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