

Race, Homelessness, and COVID-19

Guidance for Homeless Services Providers

As the COVID-19 pandemic surges through communities in Ohio and the nation, new and historic dimensions of inequality are left exposed. African-Americans already fare relatively worse in terms of poverty, homelessness, substandard housing conditions, chronic illness and pre-existing conditions, and lack of access to timely, quality health care. COVID-19's disparate impact on racial and ethnic minorities will determine in part who shall live and who shall not as this crisis continues to unfold.

Demographic data on coronavirus cases released by Ohio health officials for the first time on Thursday, April 9, 2020 show the number of people with confirmed cases are disproportionately black. Of the 4,450 total confirmed cases at this point, nearly one in every five (18%) involved individuals identifying as Black or African-American. In Ohio, only 12% of the total population is Black, according to the 2020 American Community Survey conducted by the U.S. Census.

The data, although incomplete, is the first window into how the virus is affecting persons of color statewide. The picture becomes clearer when examining trends in states such as Michigan, Illinois and Wisconsin where the coronavirus is impacting Black communities at alarming and disproportionate rates.

"In Michigan, black Americans comprise 14.1 percent of the state population, but an ungodly 40 percent of coronavirus deaths. In Washtenaw County, home to Ann Arbor, 48 percent of residents hospitalized with the coronavirus are black, though black people make up only 11 percent of the county. In Illinois, the infection rate among black Americans is twice their percentage of the state population. In North Carolina's Mecklenburg County, which includes Charlotte, black people comprise 32.9 percent of the residents, but 43.9 of the confirmed coronavirus cases, as of March 30. In Milwaukee, black Americans make up 26 percent of the county, but nearly half of the infections and a maddening 81 percent of deaths as of Friday." - Ibram X. Kendi¹

It also reminds us of the racial disparities that exist in the homeless system. Data from the Ohio Human Services Data Warehouse shows that among all Ohioans accessing homelessness services in 2017, 48.3% were African-American. Given what we know about racism and homelessness from the work of COHHIO's Committee on Race Equity and Homelessness:

- homelessness is caused by structural racism and oppression of brown and black people;
- long-standing racial discrimination has prevented people of color from building wealth through homeownership, the primary driver of wealth in America;
- the persistence of inequality has caused African-Americans to be overrepresented in the homeless population

We have a responsibility to respond equitably to this crisis.

¹ "What the Racial Data Show: The Pandemic Seems to Be Hitting People of Color the Hardest." The Atlantic. Monday, April 6, 2020. Ibram X. Kendi, Director of the Antiracist Research and Policy Center at American University

Below are considerations COHHIO is asking providers and partners to take into consideration in order to center race equity in our collective COVID-19 response:

- Understand that the folks on the frontlines and the folks in the homeless system are disproportionately African-American, particularly in urban cities. People of color are overrepresented in many vulnerable groups and will feel the impact of COVID-19 in some way
- Conduct our work in a way that centers equity in all decisions, strategies, goals, and outcomes.
- Keep in mind that we are making decisions for individuals who are not adequately represented in leadership and understand that the decisions we make could have a disparate impact or perpetuate white supremacy.
- Strive to understand how this pandemic will affect different populations/minority groups. For example, where are isolation and quarantine facilities located and how accessible are they to people of color?
- Research² shows that African-Americans do not receive the same level of care as others in the healthcare system. Ensure you are advocating for individuals to be served with the highest standard of care.
- Understand the historic issues³ that have caused distrust between minority groups, specifically African-Americans, and the US healthcare system, and how this might play out when working with clients who present with symptoms, but may be resistant to going to the hospital.
- Remove barriers to housing where possible, especially in terms of client experience with the criminal justice system. African-Americans are incarcerated at far higher rates than other groups⁴ and therefore may need more help finding housing.
- Remove barriers to shelter related to employment and work schedules. People of color make up a large portion of essential workers, which places them in more danger of exposure to COVID-19⁵.
- Avoid depending on law enforcement for non-essential dispute resolution. Federal and state prisons are not prepared⁶ for COVID-19 and as such any jail or prison stays could mean unnecessary exposure to COVID-19.
- Lastly, solutions should emphasize transformative and long-term solutions that impact multiple systems. Here's what that might look like:
 - Identifying/supporting undervalued and under-resourced organizations that are led by or in deep relationships with racial, ethnic and other minorities.
 - Building equity into the structure of the response system by gathering input, advice and recommendations on an on-going basis.
 - Prioritizing the creation of new permanent housing solutions that ensure housing stability and protections for the lowest-income renters, and not just during times of crisis.

Advocacy organizations, nonprofits and media outlets are highlighting how communities of color, low-wage workers, and incarcerated or otherwise detained and homeless populations are at disproportionate risk of being affected both by the coronavirus and the response to its spread. In times of crisis we tend to push matters of this nature further down our priority list. Race equity work should not be the can we kick down the road, but rather the work we lift up and center in these unprecedented times.

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540621/> Health Disparities: Gaps in Access, Quality and Affordability of Medical Care by Wayne J. Riley, MD, MPH, MBA, MACP

³ <https://www.nytimes.com/interactive/2019/08/14/magazine/racial-differences-doctors.html> The 1619 Project

⁴ <https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/> The Color of Justice: Racial and Ethnic Disparity in State Prisons by Ashley Nellis, Ph.D.

⁵ <https://www.aclum.org/en/publications/data-show-covid-19-hitting-essential-workers-and-people-color-hardest> by Lauren Chambers

⁶ <https://www.10tv.com/article/union-president-says-ohio-department-rehabilitation-and-correction-not-prepared-coronavirus> by Bennett Haerberle

Below is a list of resources that we found insightful.

Resources:

National Innovation Service (NIS): [An Equitable Systems Transformation Framework for COVID-19](#)

Beloved Community: [COVID-19 Response Strategy Mini Equity Audit](#)

NAACP [Ten Equity Implications of the COVID-19 Outbreak in the United States](#)

Center for Community Investment: [Reimagining Strategy in Context of the COVID-19 Crisis: A Triage Tool](#)

Berkley Media Studies Group: [Talking about health, housing, and COVID-19: Keeping equity at the forefront](#)

Relevant Articles/Media:

Center for American Progress: [The Coronavirus Pandemic and the Racial Wealth Gap](#)

Los Angeles Times: [L.A. releases first racial breakdown of coronavirus fatalities; blacks have higher death rate](#)

PBS: [COVID-19 may not discriminate based on race — but U.S. health care does](#)

Washington Post: [4 reasons coronavirus is hitting black communities so hard](#)