

A Window on the Root Causes of Homelessness

2020's Converging Housing, Healthcare, and Racial Inequity Crises

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Disparities in COVID-19 outcomes track pre-pandemic health, housing, and homeless disparities

Higher rates of COVID-19 complications and death correlate with health and housing risks shown to increase homelessness

Risk factors in common for COVID-19 and homelessness (partial list)

- Identifying as [Black, Indigenous, and People of Color](#) (BIPOC)
- [Overcrowded living arrangements and rental housing instability](#)
- [Underlying chronic health conditions](#)
 - Higher rates of incidence and mortality for common chronic diseases:
 - [BIPOC](#)
 - [People living in low-income zip codes with higher density of BIPOC](#)
 - [People experiencing homelessness](#)

Coronavirus outbreaks among people living homeless have spotlighted core inequities and policy failures

- About 550,000 people experience homelessness on any given night
- 40% are Black, as compared to 13% of the general population
 - Not explained by poverty rate, as 26% of those living in poverty are Black
 - In NYC and Philadelphia, Black people are 16 times more likely to use shelters than Whites
 - Black youth are 83% more likely to experience homelessness and White youths
- People identifying as American Indian and Alaska Native (AI/AN) make up about 4.2% of the unsheltered homeless population nationally, but about 1% of the total U.S. population
 - In King County AI/AN people are 7 times more likely to be homeless than Whites
- Impossible for many local homeless systems to keep pace
 - King County in 2019 saw its homeless services system exit 19,600 people, but had a *net increase in homelessness* as 21,200 new people entered the system

Federal wage and housing policies seed homelessness, particularly among BIPOC

- 8 Million-plus households were already teetering on the edge of losing rental housing *pre-pandemic*
 - [Worst Case Housing Needs](#) report to Congress in 2017, showed an almost 40% increase from 2005 to 2015 in households at highest risk:
 - Low-income renters, not receiving government assistance and who
 - Paid more than ½ of income for rent
 - Lived in severely inadequate conditions
 - Or both
 - *Dramatically disproportionate share of these renters are BIPOC*
- [Only ¼ of high-risk renter households receive federal rental assistance](#)
 - 63% of these households not served have children or are headed by a person who is elderly or has disabilities
- In 44 states a minimum wage worker must work at least [70 hours per week to afford a modest 2-bedroom rental home](#)
 - In WA, it's 90 hours per week
- [Wage stagnation](#) is a major driver of housing instability

BIPOC face compounding risks of becoming homeless

- Higher rates of exacerbating factors:
 - [Extremely low-income renters](#)
 - [Eviction](#)
 - [Incarceration](#)
 - [Chronic disease and early mortality](#)
 - [Housing overcrowding](#)
 - [Unemployment](#)
 - [Lower wages](#)
- Lower rates of preventive factors:
 - [Home ownership](#)
 - [Family wealth accumulation](#)

The pandemic is highlighting oft-overlooked public health aspects of homelessness

- Investigations of Coronavirus outbreaks in shelters found [infection rates of 17-66%](#)
 - In a [Boston](#) testing surge, the equivalent of 10% of the entire homeless population tested positive
- [HUD](#) and [CDC](#) have moved quickly to educate states and communities about underlying health issues elevating COVID-19 risk for people experiencing homelessness
- *Pre-pandemic*, various studies of the health of people living homeless showed:
 - Life expectancy approximately [30 years shorter](#) than the general population
 - Over 80% have [at least](#) one chronic disease and many struggle with [co-occurring chronic conditions and accelerated aging](#)
 - Significantly higher rates of incidence and mortality from [communicable diseases](#)
 - [HIV](#), [Tuberculosis](#), [Influenza](#), [Hepatitis](#), and [many others](#)
 - High incidence of [serious mental illness](#), experiences of [abuse and trauma](#), and [disabilities](#) limiting or preventing employment
 - Homeless population is [aging rapidly](#), with increasing rates of [cognitive impairment](#)

Fundamental structural problems within the current federal homeless policy framework

- Local communities cannot simultaneously resolve the upstream causes of homelessness and address its downstream impacts on the most vulnerable
 - Communities are unrealistically expected to prevent homelessness, given that the gap between income and rent costs has become increasingly untenable for low-income workers over the past 2 decades
 - National pool of over 8 Million-households with “Worst Case Housing Needs” *(see above)*
 - Federal rental assistance only getting to ¼ of at-risk renters *(see above)*
 - The more intensive, longer-term homeless services needed to stabilize people with acute and chronic medical and behavioral health needs must compete for federal, state, and local resources with interventions that are less intensive and less expensive, but also less effective for the most vulnerable people, including those experiencing chronic homelessness

Changing course: Proposed changes to the federal approach

- In addition to providing short-term relief to reduce pandemic-related evictions, the federal government can significantly reduce the upstream pressure on homeless services systems by directly addressing factors that increase the flow of new people into homelessness and disproportionately impact BIPOC
 - *Examples:*
 - *Raise the federal minimum wage enough to significantly reduce rent burdening*
 - *Provide meaningful rental assistance to the ¾ of high-risk renter households that currently receive none*
 - *Target assistance to neighborhoods with the most pronounced disparities impacting BIPOC*
- Pair such federal investments in preventing homelessness with incentives to encourage and enable communities to utilize evidence-based practices and carefully tailored healthcare services for stabilizing the most vulnerable people experiencing homelessness, those with needs that exceed the capacity of shelters and other crisis-oriented service providers to meet

About Gilvar Consulting

- A unique vantage point on endemic homelessness, housing, and community health issues
- 20 years of collaborative leadership across the publicly-funded housing and healthcare sectors
 - Community Health Center / Health Care for the Homeless leadership
 - Public Health policy and operational management
 - Disaster preparedness and response
 - Health disparities
 - Homelessness
 - Sustained partnerships supporting cross-agency, cross-sector service models
 - Shelters
 - Homeless housing providers
 - Public Housing Authorities
 - Hospitals
 - Community mental health and substance use agencies
 - City and County elected officials and department directors
 - Public Health
 - Housing and homelessness
 - Healthcare delivery
 - First responders