Northlake Homeless Coalition
COVID-19 Equity Vision Statement

Effective Date: 8/28/2020

Purpose: It is the Continuum of Care's (CoC) responsibility to transform our homeless response systems so that **all** those we serve have a safe, stable home from which to thrive. Equity must be the foundation of these refined systems, embedding it in the design, implementation, performance measures, and monitoring of our work.

Background: COVID-19 has amplified the historic and current racial biases and discrimination embedded in our systems, processes, and practices. As of May 19, 2020, the national mortality rate for Black Americans is 2.4 times as high as the rate for Whites and 2.2 times as high as the rate for Asians and Latinxs in America. This overrepresentation is replicated in national homeless statistics. Black people are 13% of the population, but 40% of those experiencing homelessness. Native people are 1.3% of the population, but up to 10% of those experiencing homelessness in several states. Latinx-identified people are 18% of the population, but 22% of those experiencing homelessness.

In our region, Blacks comprise 17% of the overall population but 33% of households experiencing poverty and 29% of total homeless persons during the 2019 Point in Time Count. In households with children, blacks comprise 20% of the overall population, but 40% of households experiencing poverty and 41% of homeless families with children during the 2019 Point in Time Count.

Responsible Party: The NHC Board is responsible for ensuring that all policy decisions pertaining to the COVID-19 homeless crisis response are made with a racial justice and equity lens. The scope of the Equity Driven Crisis response recommendations involves a variety of stakeholders, partners and systems of care; it is our hope to influence the COVID-19 response in our community to the greatest extent possible, bringing key leaders together to adopt a common equity-driven agenda across the region. The COVID-19 crisis response is rapidly evolving to meet the needs of the community; as such this vision statement is iterative and will be reviewed on an ongoing basis. The NHC Providers and Stakeholders Association will have the opportunity to review and submit feedback regarding any proposed changes prior to an NHC board vote.

I.   **Definitions**

    A. Equity refers to proportional representation (by race, class, gender, etc.) of opportunities in housing, healthcare, employment, and all indicators of living a healthy life. When talking about equity, it is helpful to distinguish it from equality. Equality is typically defined as treating everyone the **same** and giving everyone access to the same opportunities. The assumption is that everyone will benefit from the same support and services. This is not true. Some populations are situated differently because of historical and current discrimination against them. Equity addresses those **differences**. **Equality** is about sameness; it focuses on making sure everyone gets the same thing. **Equity** is about fairness; it ensures that each person gets what the person/population needs.

B. Racial equity is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, one's housing, economic, and health outcomes. With racial equity, race would no longer be used to predict outcomes, and outcomes for all groups are improved. Racial equity includes addressing root causes of inequities, not just their outcomes. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or otherwise fail to address them. Racial equity is also a process. This means that Black people, Indigenous people, and people of color—those most impacted—are part of the decision-making about funding, policies and programs.

II. **Policy Recommendations for Creating an Equity-Driven COVID-19 Crisis Response**

A. Regional Taskforce:

1. Development of a taskforce made up of experts across various areas including but not limited to:

    a. Racial Equity

    b. Healthcare

    c. Data Analytics/Evaluation-GIS

    d. Housing and Homeless Services

    e. Lived Expertise in Homelessness/Housing Insecurity

2. This regional task force would be responsible for augmenting the ideas listed below. These ideas are rooted in racially equitable system design and intended to prohibit racially inequitable healthcare and housing outcomes during the COVID-19 response. Identifying key community leaders in the areas identified can help to ensure this global pandemic does not disproportionately impact communities of color. The Northlake Homeless Coalition will assist in the development of this regional taskforce by inviting key players throughout the region and building upon already established community coalitions (i.e. St. Tammany Commission on Families, Bogalusa Strong etc.).

3. Including Voices with Lived Experience: Community members of color and people with lived experience of homelessness or housing instability need to be included while planning and guiding efforts in response to COVID-19. Having these voices represented in decision making efforts is an easy way to ensure that in our expediency, we do not neglect to address the needs or barriers unique to marginalized populations. One of the ways to ensure we continue to value voices of people with lived expertise is through the utilization of virtual listening sessions. These virtual sessions would take place with people experiencing homelessness and/or formerly homeless persons at existing supportive housing locations, transitional housing programs or shelter programs throughout the region.

B. Racial Representation within Emergency Response Teams: The primary decision makers during the COVID-19 response are located at Emergency Operations

Centers of local and state government entities. Part of racial equity and social justice is not only including but also valuing the experiences and voices of community members of color. At this time, while outreach efforts and strategic initiatives are being developed, we want to remind our local and state government representatives of the importance of having representation from community members of color as well as other persons with intersectional or marginalized identities in these efforts. Representation from varying community members can help to ensure no communities' needs are neglected or undervalued during this time of urgency and expediency.

C. Housing Eligibility Reconsideration: Restricting persons with non-violent criminal or eviction history disproportionately excludes community members of color and limits where they can live. Additionally, their access to transportation and employment is also limited. We ask that our partner agencies and public housing authorities thoughtfully reconsider housing eligibility and preferences at this time to ensure all community members experiencing homelessness are not further victimized by racist-infused decision-making.

D. Development of Virtual Housing Navigation Sites: Some significant challenges our communities are facing during this time of crisis are closures and direct service limitations of many public facilities, programs, and other service organizations that our participants rely on. This poses a significant challenge in filling vacancies and getting people experiencing homelessness access to the housing they need to successfully practice social distancing and remain healthy. The development of virtual housing navigation sites would allow case managers to continue meeting with clients and to resume activities to further the process of getting households ready to move into housing (i.e. filling out applications, reviewing program eligibility, verifications, deposit assistance. etc.). There are also challenges with collecting vital documentation required for housing (Social security cards, birth certificates, government issued IDs). We request that these requirements be temporarily lifted so as not to impede the ability to get people into housing during this difficult time. We would like to see community partners and municipalities come together to discuss possible utilization of buildings not in use due to COVID-19 (service provider-owned or city-owned properties), to provide a centralized and accessible location for participants to access internet and a virtual housing navigation service. These centralized locations would need to have:

1. Internet access

2. Printers

3. Scanners

4. Computers

5. Extra outlets for charging phones

E. Accessible Testing Sites and Personal Protective Equipment: Historically marginalized communities face elevated risks of exposure to COVID-19 for many reasons that can be addressed by having more accessible and strategically located testing sites. Local municipalities should evaluate existing data to ensure that testing sites are strategically placed within a 5-mile radius of indigent communities or

neighborhoods/zip codes where the population of people of color exceeds their representation in the overall population. These sites must also have well stocked PPE resources. The recommendation to self-isolate makes assumptions about a person's ability to maintain distance from others that may impact families who are doubled-up or large families in small apartments. If possible, we'd like to see testing sites or transportation to testing sites made available in neighborhoods where families are known to reside in motel rooms.

F. Prioritization of Healthcare Resources: Community members of color are more likely to have a pre-existing health condition and are also more likely to be employed in a job that cannot be done from home (bus drivers, grocery store clerks, shelter staff), making them susceptible to contracting COVID-19. We would ask the healthcare industry to be mindful and thoughtful about their prioritization practices to ensure their policies are not exacerbating racially inequitable healthcare outcomes. We also stress the importance of having representation from community members of color on the healthcare triage teams where decisions regarding someone's access to life saving healthcare resources are being determined.

G. Public Statements from City Councils: Our goal is for all regional municipalities to make a public statement on ensuring equitable treatment and access to resources during the COVID-19 crisis. Public statements from all city councils, mayors and other influential government leaders will help instill confidence in the community that the government places value and invests resources to ensure racially equitable healthcare and housing outcomes, especially during a global pandemic.

III. Conclusion

Developing this task force and issuing public statements across the region are vital components to ensuring racial equity remains at the forefront of our community's COVID-19 response. The Northlake Homeless Coalition is prepared to convene and support the ideas outlined above to help ensure all persons experiencing homelessness or housing insecurity are part of strategic conversations and solution-focused sessions. As a result of COVID-19 our country has shifted and will likely never be the same. There are parts of that shift, including but not limited to the barriers of racial inequity; that we will gladly leave in the past. We move forward striving to build new systems that account for systemic, institutional, and interpersonal barriers like racial inequities to avoid past mistakes and patterns. This will build a community that is stronger and more equitable than we ever dreamed possible.