Racial Inequality in the Homeless Population

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Abstract

People of color are disproportionately represented in the homeless population. The purpose of this practicum is to address the racial inequality in the homeless population. An extensive database search and abstract review of race and homelessness along with a full text review of the most relevant studies relating to behavioral health was conducted during the practicum. The practicum took place at the Center for Social Innovation (C4), an organization that promotes best practices that improve the lives of marginalized and vulnerable people and focuses on complex public health issues such as homelessness, trauma, mental illness, and addiction. I had the opportunity to work with the Research Manager and the Chief Executive Officer on this practicum, both of who are extremely passionate about the racial inequality in the homelessness population. Through this work, the process of developing a scoping review will clearly describe what is known and what remains to be explored in the areas of housing, health, behavioral health and other critical areas in regards to race.

Keywords: race, people of color, racial inequality, homelessness, housing, behavioral health, scoping review, practicum
Racial Inequality in the Homeless Population

Racial inequality persists in the United States despite significant attention to this issue over past decades. Recent assessments of the contemporary racial dynamic suggest that racism has not declined but has instead become less overt (Bonilla-Silva, 2014). One manifestation of the nation’s current racial realities is that people of color are disproportionately represented in the homeless population. African-Americans, in particular, are more likely to become homeless than people of other racial and ethnic backgrounds. A study of shelter utilization in New York City and Philadelphia found that Blacks were 16 times more likely than Whites to end up in shelters (Culhane & Metraux, 1999). Although African-Americans comprise 13% of the US population and 26% of those living in poverty, they account for more than 40% of the overall homeless population (US Census Bureau, 2013; Carter, 2011; HUD, 2015). This suggests that poverty rates alone do not explain the over-representation of African-Americans in the homeless population. Furthermore, African-American men remain homeless longer than White or Hispanic men (Molina-Jackson, 2007; Carter, 2011).

Research investigating the causes and correlates of these patterns is limited (Carter, 2011; Hopper & Milburn, 1996). Additionally, there is little documentation of how pathways in and out of homelessness differ across racial groups. While some studies have explored historical perspectives of homelessness among African-Americans (Johnson, 2010) and differences in social networks among Black and Hispanic homeless men (Molina-Jackson, 2007), few studies to date have fully examined the complex relationship between race and homelessness (Carter, 2011).

Homelessness reflects the failure of our social systems to serve people equally in housing, education, health care, and justice. While no single initiative can end structural racism
across all systems, I believe that it is possible to create positive change in attitudes and behaviors that will begin to close the racial gap that has led to the disproportionate prevalence and duration of homelessness among African-Americans.

**Update of Aims and Rationale**

The public health issue I addressed in this practicum is racial inequality in the homeless population. People of color are disproportionately represented in the homeless population. African-Americans are more likely to become homeless than people of other racial and ethnic backgrounds. There is little documentation of how pathways in and out of homelessness differ across racial groups.

During the practicum, I joined the Supporting Partnerships for Anti-Racist Communities (SPARC) team at the Center for Social Innovation (C4). SPARC is a project of C4 where a group of people working with members of several communities are learning how race and ethnicity affect homelessness. The premise of this project is to conduct interviews to better understand how homelessness and racism are connected. The hope is to use this information to prevent homelessness, improve services for people of color, and learn more about their experiences with being homeless. Over the course of the practicum, I traveled with the SPARC team to two cities, Syracuse, NY and Atlanta, GA where I conducted focus groups and interviews of chosen homeless service organizations.

After traveling with the SPARC team, I see that homelessness reflects the failure of our social systems to serve people equally in housing, education, health care, and justice. While no single initiative can end structural racism across all systems, it is possible to create positive change in attitudes and behaviors that will begin to close the racial gap that has led to the disproportionate prevalence and duration of homelessness among African-Americans.
After working with the SPARC team, I hope to continue to better understand what is known about race and homelessness. I have an interest in behavioral health issues and hope to align my interest in a behavioral health scoping review as part of this practicum, which was discussed earlier in my practicum proposal.

**Update of Approach, Methods, and Findings**

As part of my practicum, the SPARC team and I will partake in writing a scoping review with the SPARC team. A scoping review is a methodology designed to map the existing literature when little is known about a particular area of research, or when not enough empirical data exist to merit a meta-analysis or systematic review (Levaq, Colquhoun, & O’Brien, 2010). A scoping review following this framework is similar to a systematic review in terms of transparent methods and rigor. However, unlike a systematic review that aims to sum up the best available research on a narrow question, a scoping review addresses broader topics and include many different study designs. By undertaking a scoping review, we would frame future research questions, identify gaps in the knowledge base, and illuminate the most common approaches researchers have used to study the intersection of behavioral health, race, and homelessness.

An extensive database search and abstract review in the area of race and homelessness along with a full text review of the most relevant studies relating to behavioral health was conducted. The hope was to publish these findings by the end of my practicum with the SPARC team. The review would have clearly described what is known and what remains to be explored in the areas of housing, health, and behavioral health and other critical areas. With the knowledge I have now after doing my practicum, there is nothing I would do differently if I were to undertake the practicum now. The process of conducting interviews and research were
exactly as how I expected it to be. The practicum is still in progress. I found that there were a few things that occurred in my practicum that were beyond my control.

As part of my practicum, I traveled to Syracuse and conducted seven interviews during March 9-10, 2017. There were plans to travel to Atlanta during the week of March 27th; however, the homeless service organizations that we are organizing with had asked to push the visit back to mid-May. Although this pushed back my own timeline in completing the final report for the practicum, it did allow me enough time to debrief, read several articles for the scoping review, and prepare for the next site visit with my practicum advisor. Writing the behavioral health scoping review is still part of my practicum, but it has been slow to start due to travel commitment.

**Reflection on the Practicum**

I found the practicum experience to be a good one. I found it relatively easy to work with the Research Manager. She had a lot of insight and experiences in this topic area whereas I had very little. Her role in this practicum was very important. Not only did she advise me, but also provided insightful feedback on my interview skills during the site visit. It was helpful for me to review the interview protocol with her prior to interviewing those who were selected to be part of the study and who had experienced homelessness and any kind of racial discrimination in a homeless setting. We were also able to do a mock interview, which was also helpful during the site visit.

There were a few challenges during the practicum. Although I had created a timeline and was it approved for this practicum, it was beginning to become difficult to adhere to it. My advisor, along with her other work commitment, was asked to travel a few weeks at a time. I was still given enough work to do during the time she was away, but could have used a few more
face-to-face check-in meetings to ensure I was on the right track. My advisor’s travel schedule was beyond my control but I was able to address any questions I had by emailing her and or checking in with her over the phone that were normally outside of normal working hours.

This experience has changed how I think about public health practice. Working with an organization that deals with complex public health issues was interesting and inspiring. I was introduced to a population of people who often do not have access to health care. As I worked on this project, I found that homelessness is in fact a serious public health issue. Studies have shown that those who are homeless, or with lower socioeconomic and poverty status, lack access to primary and preventive health care. This contributes to an increased prevalence of physical illness and chronic disease. Homelessness has become a new area of interest for me to apply my interest in public health and health care.

As I get closer to completing my MPH degree, I aspire to become an expert on the issue of health care and health policy. I would like to write research and policy papers on this issue that affects those who have a lower socioeconomic status. I believe that this is a real area of need because people are not familiar with this area and I would like to dedicate myself to informing the public and helping to make health care a top priority. Through my work at C4, I have learned that there is a lot of work that still needs to be done for this underserved population who have limited access to health care and who face racial inequalities when experiencing homelessness.

**Conclusion**

It was a pleasure to work with C4 and the SPARC team on this practicum. I found it useful for my future work in public health. Working in this area is important to the work that I do as I continue with my degree at the University of Massachusetts Amherst. Having the
opportunity to work with extremely passionate people on the racial inequality in the homelessness population was inspiring. Through this work and through the process of developing a scoping review, it will hopefully clearly describe what is known and what remains to be explored in the areas of housing, health, behavioral health and other critical areas in regards to race.
References


