The COVID-19 crisis has upended our lives, changing the way we offer and deliver services and challenging us in unimaginable ways. But this crisis also presents cities, counties, states, Continuums of Care (CoCs), and Emergency Solutions Grants (ESG) recipients and subrecipients with an opportunity to transform our homeless response systems into systems that ensure **all** those we serve have a safe, stable home from which to thrive. We must make **equity** the foundation of these refined systems, embedding it in the design, implementation, performance measures, and monitoring of our work.

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 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.

Aggregated deaths from COVID-19 in these 40 states and the District of Columbia have reached new highs for all groups:

- 1 in 1,850 Black Americans has died (or 54.6 per 100,000)
- 1 in 4,100 Asian and Latinx Americans has died (or 24.3 and 24.9, respectively, per 100,000)
- 1 in 4,400 White Americans has died (or 22.7 per 100,000)

Dramatic mortality disparities exist for Indigenous residents in the states of Arizona and New Mexico. In Arizona, the Indigenous mortality rate is more than five times the rate for all other groups, while in New Mexico, the rate exceeds seven times all other groups. With 315 known deaths among Indigenous residents, these two states alone account for two-thirds of all known Indigenous deaths. Source: APM Research Lab

This overrepresentation of Black, Native, and Latinx people in America is replicated in homelessness numbers.

- 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 a number of states1
- Latinx-identified people are 18% of the population, but 22% of those experiencing homelessness.

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What do we mean when we talk about equity and racial equity?

Equity

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 that person/population needs.

To achieve *equity*, policies and procedures may result in an *unequal* distribution of resources, but will lead to equitable outcomes for **everyone**.

Racial Equity

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. Sources: Center for Assessment and Policy Development and Center for Social Inclusion

Getting Started: Use a Racial Equity Impact Assessment to guide your planning and implementation.

What are Racial Equity Impact Assessments? A Racial Equity Impact Assessment (REIA) is a way to examine how different racial and ethnic groups will likely be affected by proposed funding decisions, processes, programs, and policies. REIAs are used to reduce racial and ethnic disparities and inequities and identify more equitable alternatives.

Components of an REIA:

1. Inclusion. The people that are most impacted by the decision, process, or policy should be part of the process of developing it. Specifically, Black people, Indigenous people, people of color, those with lived experience of homelessness, and other marginalized populations should be part of the teams making funding allocation decisions, developing rehousing processes, refining prioritization protocols, and developing policy guidelines.

Demographics to Consider:			
•	Race	•	Age
•	Ethnicity	•	Gender
•	Ability/Disability		

2. **Data.** Use your data to identify the greatest disparities in access, services, housing, etc. Disaggregate HMIS data by race and ethnicity, gender, household size, and the intersection of those demographics.

Example: Your data shows that there are a disproportionate number of single Black males returning to homelessness in less than six months after exiting from shelters.

3. **The Story Behind the Data.** Identify the factors that are contributing to the disparities and inequities your data is showing.

Example: Your data shows that you have a disproportionate number of single Black males returning to homelessness in a short period of time—determine what factors and root causes are contributing to those returns (i.e. longer times for Black people to receive call backs for jobs and start working, landlord discrimination, insufficient services needed to achieve employment, etc.)

4. **Strategies.** Once you have identified the contributing factors, develop strategies (policies, programs, practices) to address and mitigate those disparate factors.

Example: If additional time is needed to secure employment, work with case managers to build their capacity to provide and deliver supportive services around employment and job training, facilitating access to mainstream programs for clients, etc. Light-touch case management may not be sufficient to remedy

disparate factors. Providers may have to deploy significant supportive services in order to ensure clients land in and remain in housing and may need to extend the length of time for rental assistance through rapid rehousing (RRH) programs.

- 5. Impact. With your team, identify both the disparate and positive impacts each funding decision, policy, program, and practice will have on each population (i.e., Black single males, Native American families, etc.). Revise your decision, policy, or program to reduce the disparate impact and advance the positive, more equitable impact.
 - *Example:* Implementing a policy of placing all clients in housing in certain neighborhoods. Take the time to understand the **positive and negative** impacts of placing all clients there. Are those neighborhoods where people of color feel comfortable, and have support systems? Are there businesses reflecting their culture and communities of faith?
- 6. **Evaluation.** Use HMIS disaggregated data and feedback from those with lived experience to monitor the impact that your decision, policy, or program has on each population.
- 7. **Refine.** Where you find continued disparities, refine and revise the decision, policy, or program and continue to monitor.

Remember: The team working on refining should be representative of the populations you serve—including those with lived experience.

This process can be used to examine the impact of your decision/policy/program/practice on all marginalized populations. For additional information on using an REIA, see Example: Race Forward Racial Equity Impact Assessment.

In addition, here are excellent examples of how some cities and states are centering racial equity as they redesign and refine their systems:

- Example: Metro Denver Housing Initiative
- Example: COHHIO Racial Equity Committee Framework