Transforming the Path to Housing: From Bias to Balance

AJ Jacobs, Mariana Martins Carvalho, Jenna Miller, Roshan Poudel

Sewanee DataLab

The University of the South

July 21, 2023

Authors' Note

AJ Jacobs linkedin.com/in/ajr-jacobs

Mariana Martins Carvalho linkedin.com/in/mariana-martins-carvalho

Jenna Miller linkedin.com/in/jnamlr

Roshan Poudel linkedin.com/in/roshpdl

Jacobs, Miller, and Poudel are students at The University of the South.

Martins Carvalho is a student at Concordia College.

We have no conflicts of interest to disclose.

Correspondence concerning this article should be addressed to AJ Jacobs, Email:
jacobar0@sewanee.edu

Index

Abstract

The issue of homelessness is a complex problem with various contributing factors such as lack of affordable housing, discrimination, systemic racism and poverty. This report explores the Place Value Assessment, a tool used to assess risk of homelessness and provide housing for unsheltered individuals. Our findings suggest that BIPOC women tend to face higher levels of vulnerability and have lower scores on the prioritization list for housing assistance.

Keywords: homelessness, bias, housing, vulnerability, equity

Introduction

Homelessness is a complex issue that adversely impacts individuals and families all across the nation. Multiple factors contribute to homelessness, including lack of affordable housing options, poverty, unemployment, low wages along with underlying aspects such as mental health issues or substance abuse disorders among others. Natural disasters and housing displacement, as well as systemic issues like racism and discrimination, worsen the problem.

To address the challenges faced by the homeless population and create proper intervention strategies, it is important to identify all contributing factors.

Homelessness in Chattanooga

Following the onset of the pandemic, there has been an alarming rise in unsheltered homelessness in Southeast Tennessee. The 2019 Point-in-Time survey found 463 homeless individuals in the Chattanooga area. That number quickly climbed to 3,172 as of January 2022, likely due to unemployment caused by the Covid-19 pandemic. The number fell back down to 1,735 in January 2023. The CRHC, the lead agency of TN-500 CoC has been working actively to reduce the rate of unsheltered homelessness and provide support to individuals with severe service needs. TN-500 established the Regional Outreach Cooperative (ROC) as a unified strategic outreach effort involving various service providers, including mental health organizations, victim service providers, HIV/AIDS providers, homeless shelters, hospitals, government agencies, and more. Best practices are shared through training opportunities and participation in conferences and events with other outreach workers. The CoC and ROC continuously evaluate performance, providing additional resources or training. TN-500 views the ROC as a successful model and encourages other

communities to replicate its efforts. TN-500's Regional Outreach Cooperative (ROC) carries out street outreach within the Continuum of Care's (CoC) geographic area to engage individuals experiencing unsheltered homelessness. The ROC performs housing assessments during these engagements, enrolling individuals into Coordinated Entry for potential housing connections. All contacts and relevant data are documented in TN-500's local Homeless Management Information System (HMIS). (Source: "TN-500 CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs")

Biases and Equity in Homelessness

From slavery to segregation, people of color have historically faced systemic denial of rights and socioeconomic opportunities, a struggle shared by other minority groups. The disproportionate rates of homelessness among these groups are a consequence of systemic inequity, as the lasting effects of racism continue to perpetuate disparities in crucial areas that impact homelessness rates. (National Alliance to End Homelessness, 2023).

Poverty plays a significant role in predicting homelessness, particularly deep poverty. Black and Latinx groups are overrepresented in poverty relative to their overall population representation and are more likely to live in deep poverty. Redlining, a form of housing discrimination supported by the federal government in the past, has contributed to the existing wealth gap between white households and households of color. Its effects persist today, as people of color continue to disproportionately reside in areas of concentrated poverty or neighborhoods characterized by environmental risks, limited access to quality care, services, nutritious food, and economic opportunities. Individuals who become homeless are often from these types of neighborhoods. (National Alliance to End Homelessness, 2023).

For minority groups, the transition to neighborhoods with lower crime rates, fewer environmental hazards, and proximity to services poses challenges. A study by the U.S

Department of Housing and Urban Development (HUD) on racial discrimination revealed that people of color are frequently shown fewer rental units, experience higher lease denials compared to White individuals, and face disparities in rental terms. (Turner et. al 2013). White individuals, on the other hand, are often offered lower rents, with negotiable move-in costs, making it easier for them to secure housing units. (National Alliance to End Homelessness, 2023).

The racial disparity in incarceration rates has been steadily worsening. These disparities are not coincidental; people of color face a significantly higher risk of being targeted, profiled, and arrested for minor offenses, particularly in areas with high poverty rates. Overcriminalization has far-reaching implications, as a criminal history can hinder individuals from passing background checks necessary for securing housing and employment. People exiting jails and prisons often encounter significant challenges in accessing safe and affordable housing, resulting in high rates of homelessness among this population. (National Alliance to End Homelessness, 2023).

Access to quality healthcare is another critical factor. People of color are more likely to lack health insurance compared to white individuals, particularly in states without Medicaid expansion. In 2021, 40.0 percent of the population were people of color, but they accounted for 62.8 percent of the uninsured population. (Peter G. Peterson Foundation, 2022). The absence of health insurance for individuals with chronic medical conditions or untreated serious mental illness puts them at higher risk of homelessness. Individuals with behavioral health issues are disproportionately represented among the homeless population, with nearly 1 in 5 people experiencing homelessness in 2022 having a behavioral health issue. (HUD 2022) While the rate of serious mental illness may not significantly vary by race, studies indicate that people of color face greater difficulties in accessing mental health treatment. (National Alliance to End Homelessness, 2023).

The article "Recognizing and Responding to Women Experiencing Homelessness with Gendered and Trauma-Informed Care" by Milaney et al. tackles the importance of providing specialized support to homeless women, considering the impact of sex-based violence and trauma. Trauma-informed care recognizes the prevalence of trauma among the homeless population and incorporates strategies that promote safety, trust, collaboration, and empowerment. While trauma and mental health issues certainly affect the whole unhoused community, Milaney et al. highlights the significance of understanding the unique needs and experiences of homeless women in developing effective interventions that address their trauma and facilitate their journey towards stable housing and self-sufficiency (Milaney et al., 2020). Although the study was conducted in Canada, this research is important to our context as in 2022 women made up 38.3% of the total homeless population in America (USA Facts Org, 2023).

I.   Demographics

The following analysis is based on PVA data from 02.13.23-06.26.23 and the PIT count of January 2023.

Race:
- In the Point-in-Time (PIT), the racial breakdown of the homeless population is the following:
  - White: 71.9%, 1248
  - Black or African American: 24.4%, 424
  - Native/Indigenous: 0.6%, 11
  - Asian: 0.4%, 7
  - Multiple Races: 2.6%, 45
- In the Place Value Assessment (PVA), the racial breakdown of the surveyed population is the following:
  - White: 48.8%, 436
  - Black or African American: 47.7%, 426
  - Skip this question: 2.2%, 20
  - American Indian or Alaskan Native: 0.8%, 7
  - Native Hawaiian or Other Pacific Islander: 0.2%, 2
  - Asian: 0.2%, 2

Race	PIT Count	PIT %	(PIT–PVA)	PVA Count	PVA %
Black/African American	424	24.4	+2	426	47.7
White	1248	71.9	812	436	48.8
Native/Indigenous/American Indian/Alaskan Native	11	0.6	4	7	0.8
Native Hawaiian or other Pacific Islander	N/A	N/A	N/A	2	0.2
Asian	7	0.4	5	2	0.2
Multiple Races	45	2.6%	N/A	N/A	N/A
Skip this Question	N/A	N/A	N/A	20	2.2

Key insights:
- The PIT count indicates that Native/Indigenous individuals and Asians are underrepresented in the homeless population compared to their representation in the general population.
- The PVA data shows a higher percentage of Black or African American individuals in the homeless population compared to their representation in the PIT
- While white individuals make up 71.9% of the PIT count, they make up 48.8% of the PVA count.

Sex:
- In the PIT count, the breakdown of the homeless population by sex is the following:
  - Female: 32.7%, 568
  - Male: 65.2%, 1131
  - Gender that is not singularly "Female" or "Male": 0.692%, 13
  - Transgender: 1.01%, 18
  - Questioning: 0.228%, 5
- In the PVA, the breakdown of the surveyed population by sex is the following:
  - Female: 57.8%, 516
  - Male: 41.9%, 374
  - Skip this question: 0.2%, 2
  - Gender Non-conforming: 0.1%, 1

Sex/Gender	PIT Count	PIT %	(PIT–PVA)	PVA Count	PVA %
Female	568	32.7	52	516	57.8
Male	1131	65.2	757	374	41.9
Gender that is not singularly "Female" or "Male"	13	0.692	N/A	N/A	N/A
Transgender	18	1.01	N/A	N/A	N/A
Questioning	5	0.228	N/A	N/A	N/A
Gender Non-Conforming	N/A	N/A	N/A	1	0.1
Skip this question	N/A	N/A	N/A	2	0.2

Key Insights:
- There are 18 Transgender Individuals represented in the PIT count. The closest related column in the PVA is "Gender Non-Conforming," in which there are only 3 individuals counted. This would indicate there is a larger number of Transgender individuals experiencing homelessness in Chattanooga than have been assessed by the CRHC using the PVA.
- There are 757 Males unaccounted for in the PVA assessment count.

Age:
- In the PIT count, the breakdown of the homeless population by age is the following:
  - Under 18: 3.8%, 66
  - 18-24: 11.7%, 203
  - 25-34: 14.4%, 250
  - 35-44: 21.9%, 380
  - 45-54: 20.5%, 356
  - 55-64: 19%, 329
  - 64 and over: 8.7%, 151
- In the PVA, the breakdown of the surveyed population by age is the following:
  - Under 18: 0.11%, 1
  - 18-24: 12.89%, 115
  - 25-34: 20.85%, 186
  - 35-44: 24.44%, 218
  - 45-54: 21.08%, 188

- 55-64: 14.91%, 133
- 64 and over: 5.72%, 51

Age Group	PIT Count	PIT %	(PIT–PVA)	PVA Count	PVA %
18-24	203	11.7	88	115	12.89
25-34	250	14.4	64	186	20.85
35-44	380	21.9	162	218	24.44
45-54	356	20.5	158	188	21.08
55-64	329	19	196	133	14.91
Under 18	66	3.8	65	1	0.11
64 and over	151	8.7	100	51	5.72

Key insights:
- Individuals in age group 55-64 and 64 and over are under-represented in the PVA.
- Individuals in age group 25-34 are over-represented in the PVA.

II. Creation and Function of the PVA

The Place Value Assessment (PVA) is an assessment and scoring tool developed by Storm Walker in 2022 to support housing referrals, primarily by homeless coalitions and other similar organizations. The PVA produces an assessment score which serves as an "indicator of risk, vulnerability, and/or need." This score supports the coalition in determining a prioritization list, which must place those with more severe service needs and higher levels of vulnerability at the top of the list.

The PVA is broken down into five categories, each representing one digit in a five digit number. The digit occupying the ten thousand place would hold the most "weight" in determining the place on a prioritization list, and the digit occupying the last would hold the least. At the CRHC, these categories are broken down as:

1. Ten Thousands Place: Length of Time Homeless

2. Thousands Place: Health Scale

3. Hundreds Place: Risks and Barriers

4. Tens Place: Household Type

5. Ones Place: Living Situation

The scales within the subcategories range from 1-9, so the theoretical "highest score" (which would indicate the absolute highest level of vulnerability), is 99,999. Thus, the score decodes into valuable information. The Place Value Assessment score does not support math operations which include averages, as each digit represents categorical data.

The PVA may be modified by the CoC using it to fit the community's needs. The above order of categories is the order that has most recently been determined to support the Chattanooga Homeless Populations' specific risks and needs.

III. Methods

In our analysis, we used aggregated data from the 2023 Point-in-Time survey conducted by the Chattanooga Regional Homeless Coalition in January, as well as anonymized, de-identified HMIS data from the Place Value Assessment beginning February 13, 2023, and ending June 26, 2023. While Point-in-Time aggregated data was used for demographic visualizations and insights, Place Value Assessment data was used for our analysis of the Chattanooga Regional Homeless Coalition's intake process. From the Point-in-Time survey, we derived vital information about the homeless population in Chattanooga. These numbers and insights are represented in the Demographics section of this paper.

To properly analyze our data, we first drew conclusions from the demographic groups represented in the Point-in-Time survey and the Place Value Assessment. However, due to limitations surrounding the size of our dataset, we had to combine demographic groups into six categories: "White Female, White Male, White other, BIPOC Female, BIPOC Male, BIPOC other." The composition of this dataset broken down into these categories can be seen
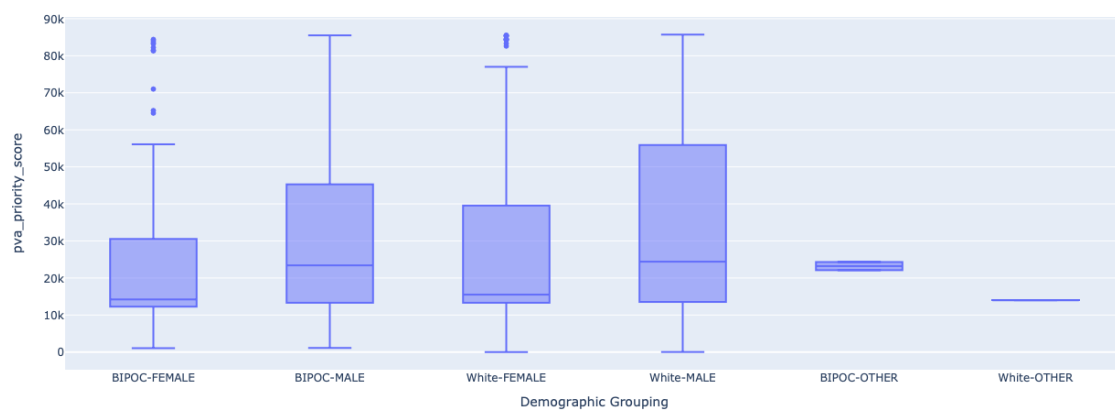
below.

Distribution of Individuals in the PVA
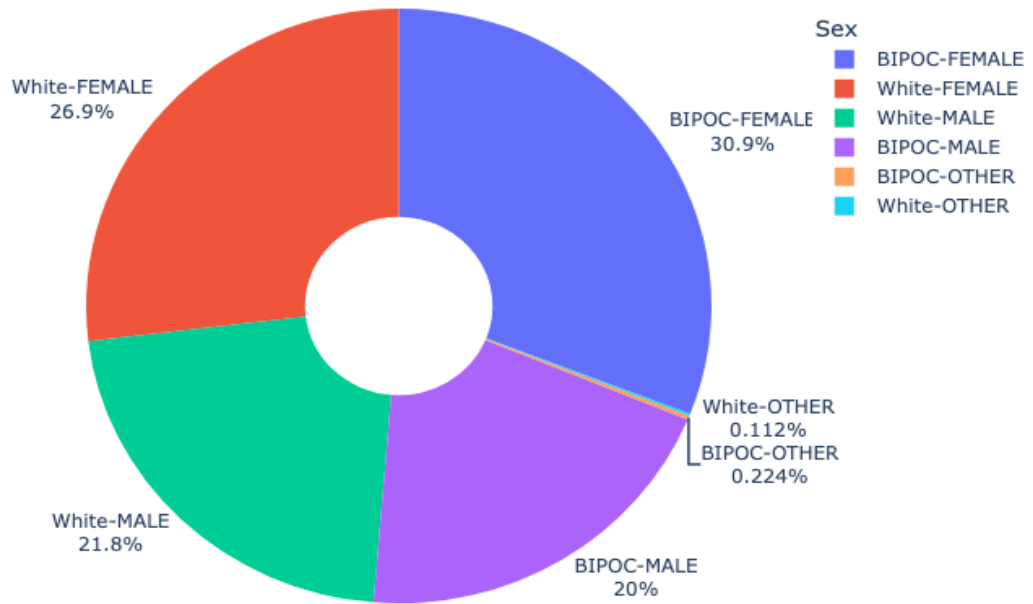
IV. Findings

Overall Score Distribution

Out of the demographic groupings with statistically significant population sizes, the central

tendency of scores is lowest for BIPOC Females. This would indicate that they are generally

scoring lower than other demographic groupings and falling lower on the priority list, thus getting access to housing and resources later.

10,000s: Length of Time Homeless
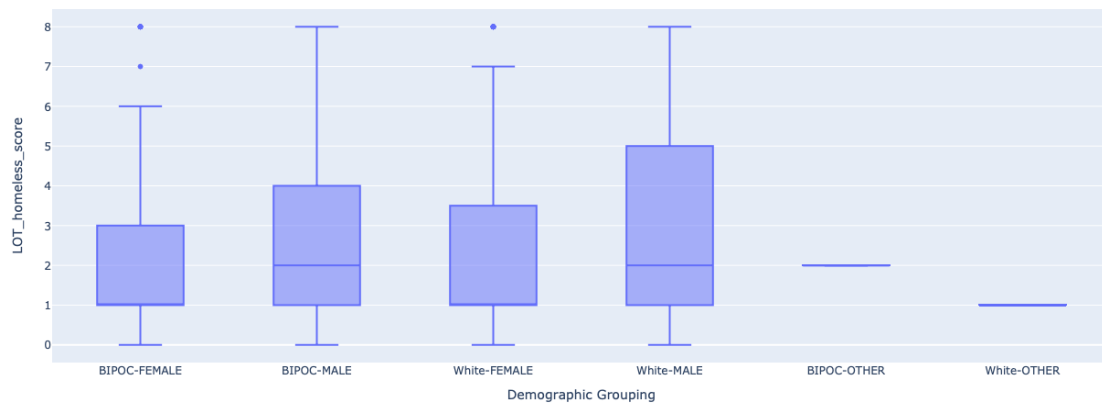
Length of Time Homeless currently occupies the 10,000s place, or the highest weighted category. It is scored from 0-8, with 8 indicating a longer length of time homeless and 0 indicating a shorter length of time homeless..

From this boxplot, you can see that 75% of BIPOC Females scored a 3 or below in this category, and 50% scored a 0 or 1. This would indicate that BIPOC Females are typically falling at the bottom of the list. Both BIPOC and White Males have a median score of 2, while BIPOC and White Females have a median score of 1. BIPOC and White Other had medians of 2 and 1 respectively, but due to a low population size in these categories at the time of our analysis, we are unable to derive any insights.

With this category in the 10,000s place, this places BIPOC Females at a disadvantage in the prioritization list, as BIPOC and White Males have a much broader distribution of scores and subsequently generally occupy higher spots on the prioritization list.

Distribution of 8+ years in LOT Homeless by race and gender
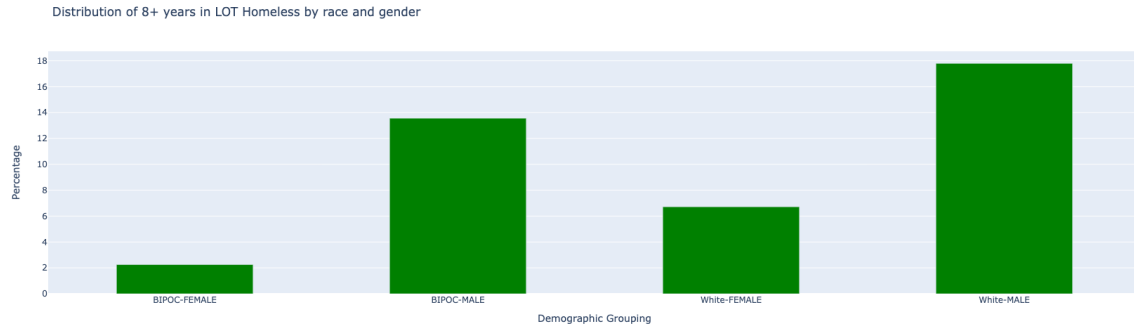
White and BIPOC Males had significantly higher rates of 8+ years of homelessness compared to White and BIPOC Females.

1,000s: Health Scale
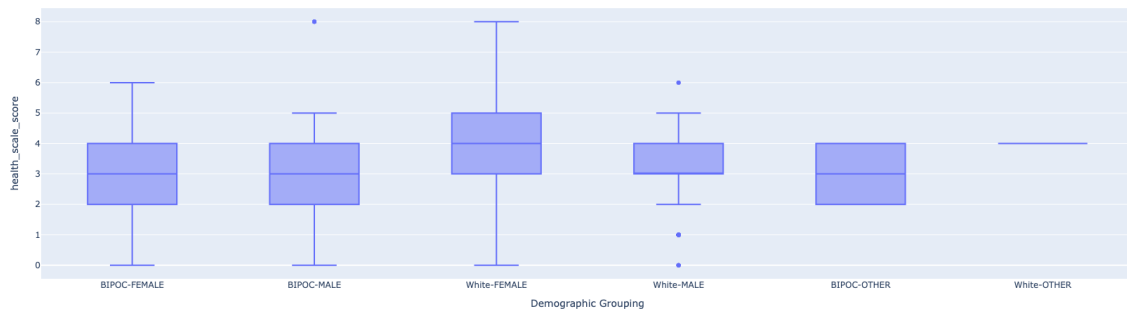
White Females have a higher median and central tendency in this category, indicating that they are generally reporting worse health than other demographic groupings.

Distribution of Reported Poor Health by race and gender
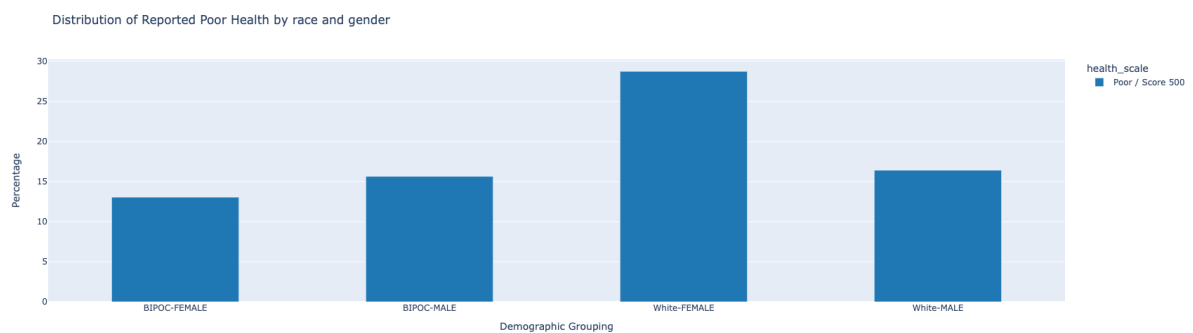
28.7% of White Females reported poor health, compared to 13.04% of BIPOC Females,

15.64% of BIPOC Males, and 16.41% of White Males,

100s: Risks and Barriers

The risks and barriers section is meant to account for risks and barriers to housing that are not

accounted for elsewhere in the survey. Additionally, it identifies risks and barriers to housing

that are common among marginalized groups, such as housing discrimination.
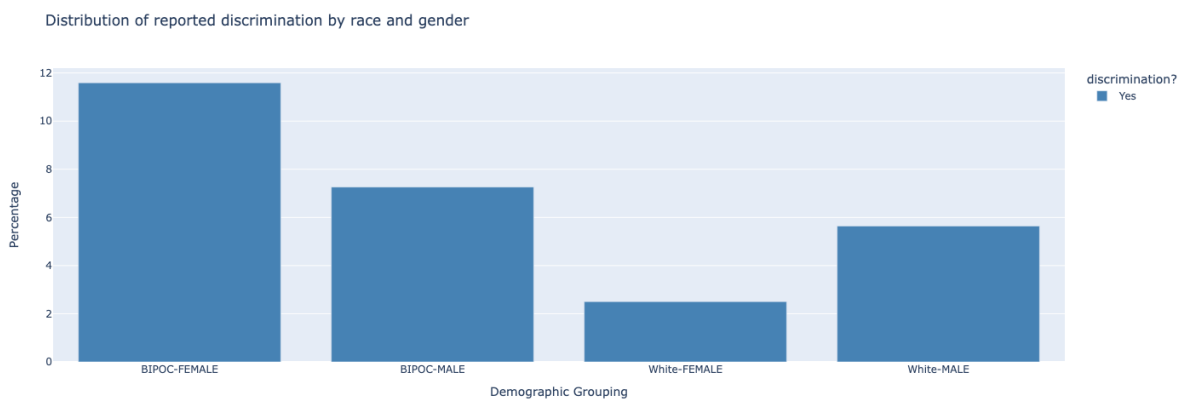

BIPOC Males and Females reported having experienced housing discrimination based on

race or ethnicity at higher rates than White Males and Females. However, 5.6% of White

Males reported having experienced housing discrimination based on race or ethnicity. After

checking to see if this could be accounted for by other members of the household, we

discovered that only 3/11 had more than 1 individual in their household.
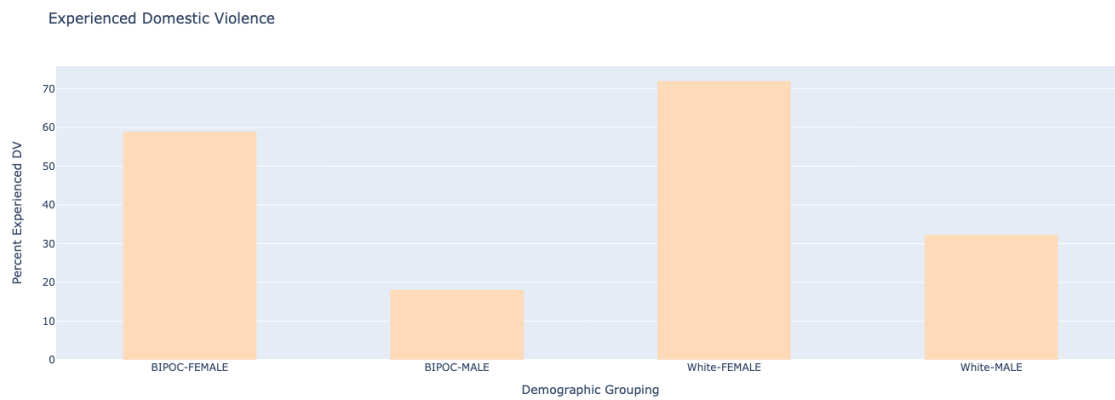
By combining responses to 2 questions ("Are you currently attempting to flee physical abuse

or violence by a partner / family

member?" and "Have you ever experienced abuse or violence by a partner / family

member?") we were able to get a count of how many people assessed with the PVA since

February have experienced Domestic Violence.

We found that 58.9% of BIPOC Females, 72.0% of White Females, 18.2% of BIPOC Males,

and 32.3% of White Males have experienced Domestic Violence.
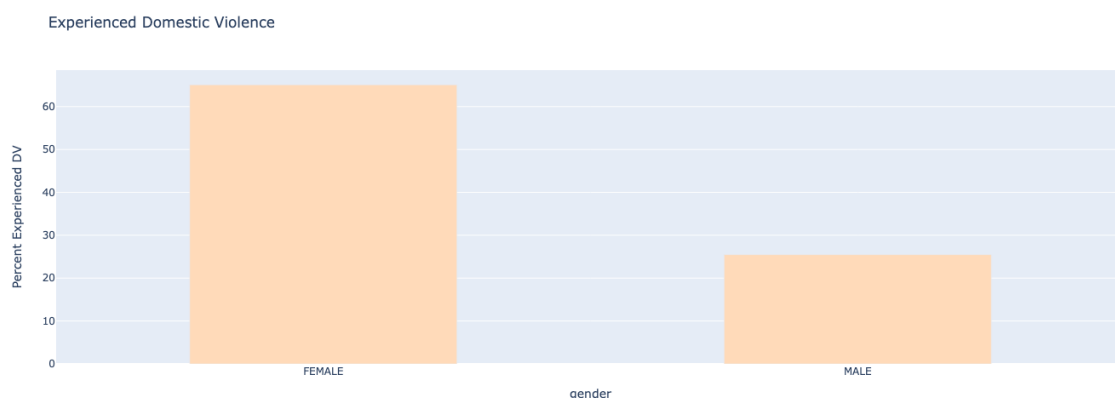
When we narrowed this down to just "Male" and "Female" we found that 65.0% of Females

and 25.4% of Males in the dataset have experienced DV.

Skips in Risks and Barriers
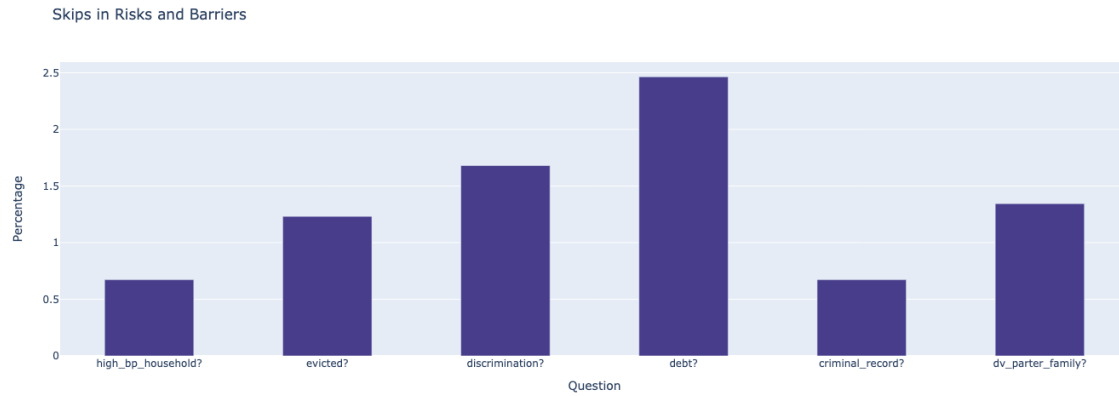
This category has the highest rate of skipped questions out of any category. This indicates that individuals being assessed are unsure whether answering this question honestly will benefit or harm them.
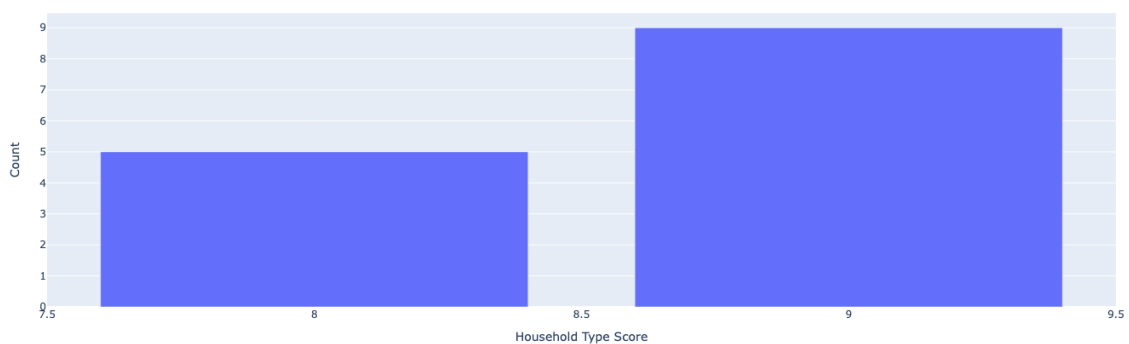
10s: Household Type
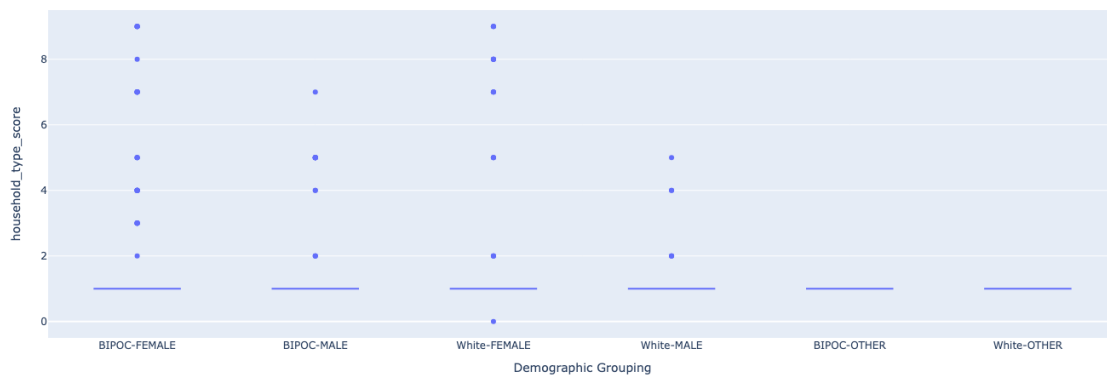
The distribution of scores in this category do not match the distribution of answers to the relevant questions.

Fleeing Domestic Violence
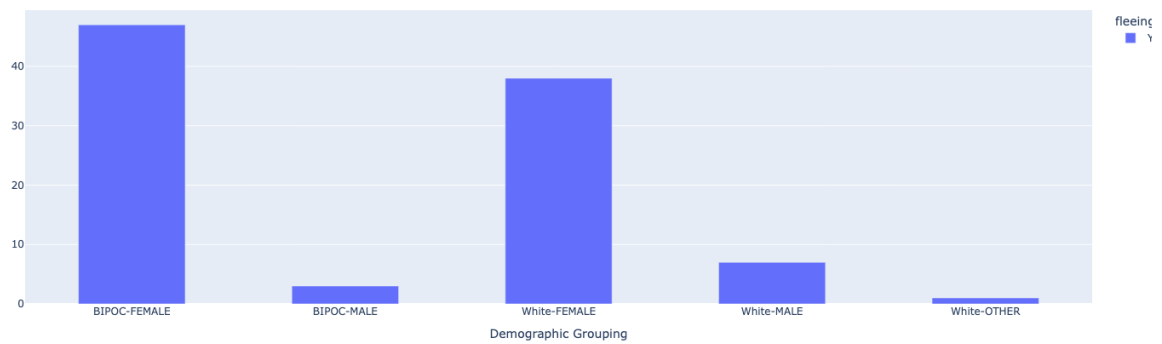
96 people reported fleeing domestic violence, but only 14 were scored the appropriate score for an individual or family fleeing domestic violence.

Count of scores indicating an individual is fleeing domestic violence

A score of 8 or 9 would indicate an individual or family fleeing domestic violence. However, there are only 5 and 9 individuals/households scored 8 or 9.

Distribution of Household Type Score by race and gender
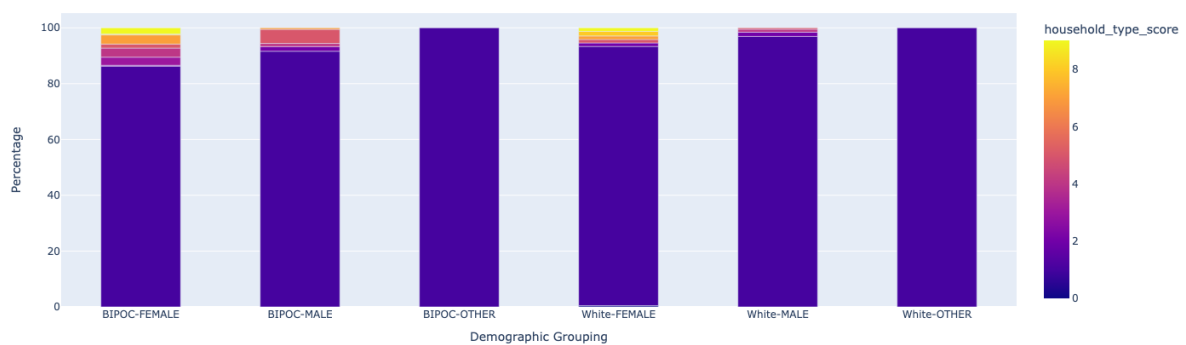
At least 80% of every demographic grouping scored a 1 in this category. However, the responses to the questions do not indicate that 80% of each demographic grouping is a single adult aged 24 or over, as the score would indicate.

For example, while 86.2% of BIPOC Females scored a 1, only 43.8% reported only one individual in the household.
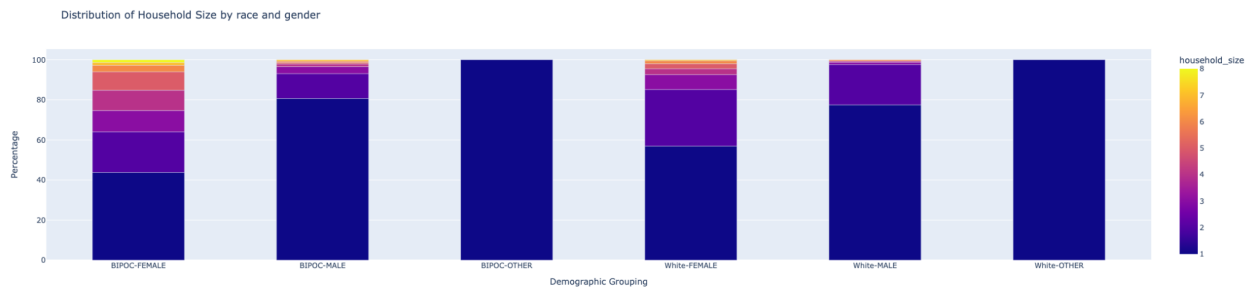
1s: Living Situation
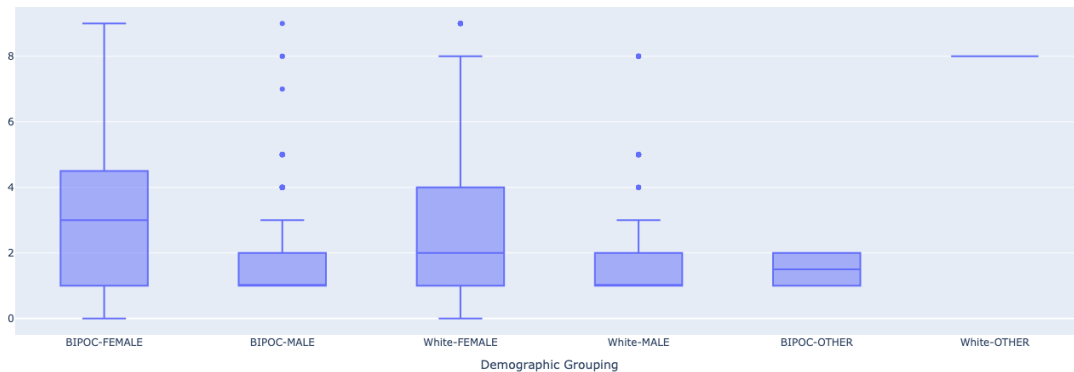
The median and central tendency of scores is much lower for BIPOC and White Males compared to BIPOC and White Females. However, over 80% of each demographic grouping is experiencing literal homelessness, indicating that they should be receiving higher scores.

Distribution of Literal Homelessness Scoring by race and gender
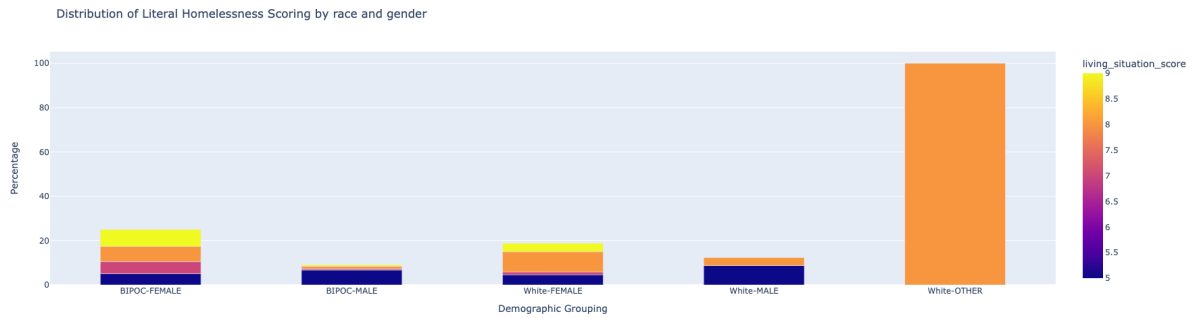
Less than 25% of each demographic group scored indicating they are experiencing literal homelessness.

VI. Research-Based Recommendations

When obtaining data from a population in need, it is important to get the most accurate information possible. One way to ensure accurate survey responses is to incorporate inclusive language. According to the American Psychological Association (2021), "…those committed to effecting change must acknowledge language as a powerful tool that can draw us closer together or drive us further apart… The words we use are key to creating psychologically safe, inclusive, respectful, and welcoming environments." (APA 2021). This resource from the American Psychological Association provides context and insight on the importance of inclusive language, as well as inclusive language examples and the reasonings behind them.

Questions to consider editing & reasoning:

1. Q13 How do you identify your gender?
   - Female (1)
   - Male (4)
   - Trans Female (5)
   - Trans Maile (6)
   - Gender Non Conforming (7)
   - Skip this question (8)

Changes to this question, Q13, include incorporating inclusive language. Despite the misspelling of "Maile," there are other changes to be made. Sex and gender are separate

terms, denoting different things. According to the American Psychiatric Association, "**Sex** is often described as a biological construct defined on an anatomical, hormonal, or genetic basis. In the U.S., individuals are assigned a sex at birth based on external genitalia." The American Psychiatric Association also states, "**Gender** has two components:

1. **Gender identity** – a person's basic internal sense of being a man, woman, and/or another gender (e.g., gender queer, gender fluid).

2. **Gender expression** – conveyed through appearance (e.g., clothing, make up, physical features), behaviors, and personality styles. These means of expression are often culturally defined as masculine or feminine. The ways in which people express their gender identity are both particular to each individual and variable across cultures."
   ([APA 2023](#))

Recording an individual's sex and/or gender identity is important in ensuring they are placed in housing that affirms their gender identity. However, Q13, as it is now, is too ambiguous and therefore not receiving complete and accurate responses. The terms "Trans Male" and "Trans Female" are ambiguous because they imply that an individual has fully transitioned to male or female. An individual may be trans, but does not identify as "Trans Male" or "Trans Female" for many reasons. Some of these reasons may include; The individual might be in the process of medically transitioning, or they have not started transitioning yet. Therefore these individuals might answer this question with their sex assigned at birth, which could lead them to be placed in housing that is not gender-affirming.

Associated Recommendation: Ask two separate questions;

    Q13* How do you identify your gender?

- Man (cisgender)
- Woman (cisgender)
- Trans Man

- Trans Woman
- Non-binary/Gender non-conforming
- Other (allow to self-identify and record accordingly)
- Skip this question

Subject to change as determined by the Chattanooga Regional Homeless Coalition.

The revised options incorporate inclusive language guidelines as put forth by the American Psychological Association. (APA 2021)

Q13.5* What is your sex according to your birth certificate or driver's license?

- Male
- Female
- Intersex
- Non-binary
- X
- Other (allow to self-identify and record accordingly)
- Skip this question

The revised options include terms assigned at birth and terms recognized across the U.S. as options for non-cisgender individuals who would like to change their sex on their birth certificate and/or driver's license.

Subject to change as determined by the Chattanooga Regional Homeless Coalition.

2. Q40 Have you or any other adults in your household ever experienced housing discrimination based on race or ethnicity?
   - Yes
   - No
   - Skip

Distribution of discrimination? by race and gender
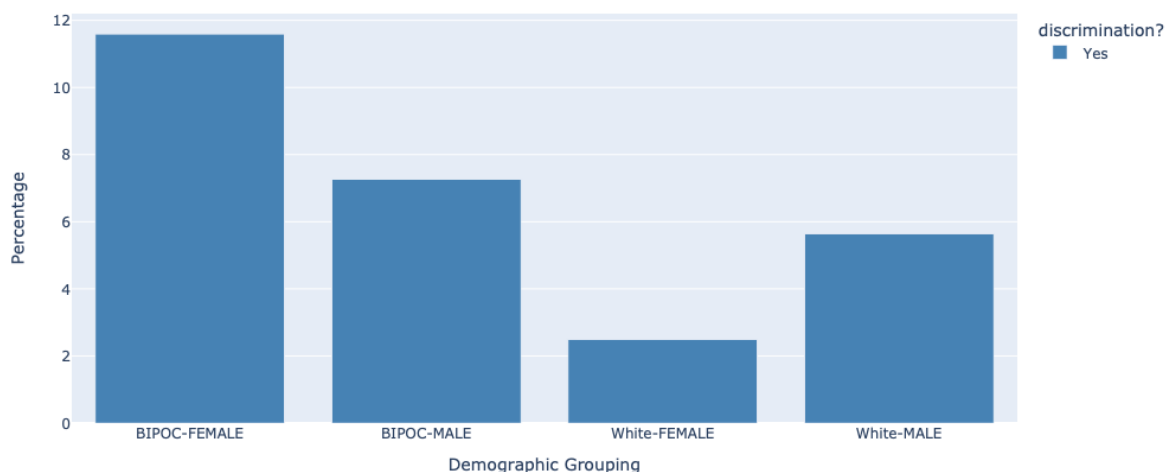
5.64% of White Males and 2.5% of White Females reported having experienced housing discrimination based on race or ethnicity. According to the CRHC, one of the primary purposes of the Risks and Barriers section is to identify and account for unique risks and barriers commonly experienced amongst marginalized groups. Because people from all demographic categories are answering "Yes" to this question, it is not properly accounting for the unique barrier that is discrimination in terms of race and/or ethnicity.

Associated Recommendation: If the individual is White and non-Hispanic, and they are the only individual in their household, do not ask this question (Q40). This will partially eliminate inaccurate responses to this question. (As White individuals are not a marginalized group, they cannot experience discrimination based on race). If the individual is White, non-Hispanic, and they are not the only adult in their household, we propose you ask them a new and separate question from Q40;

"Q40.5*: Have any of the other adults in your household ever experienced housing discrimination based on race or ethnicity?"

Asking this question will aid in identifying the unique barrier that is discrimination based on race and/or ethnicity. These questions could potentially be turned into branch logic questions following the Demographics section.

Subject to change as determined by the Chattanooga Regional Homeless Coalition.

Recommendations concerning the order of categories:

Although the distribution of scores in the Living Situation category appear to vary significantly between demographic groups, the rate of Literal Homelessness is over 80% in every group. With this category in the 10,000s place, every individual would have a better chance of high prioritization.

Resources

American Psychological Association. (2021). *Inclusive language guidelines.*

https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.p
df

American Psychiatric Association. (2023). *Definitions of gender, sex, and sexual
orientation and pronoun usage*. Psychiatry.org - Definitions of Gender, Sex, and
Sexual Orientation and Pronoun Usage.
https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-ge
nder-nonconforming-patients/definitions-and-pronoun-usage

Bravo, J., Buta, F. L., Talina, M., & Silva-Dos-Santos, A. (2022, September 26).
*Avoiding revolving door and homelessness: The need to improve care transition
interventions in psychiatry and Mental Health*. Frontiers in psychiatry.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9548635/

Burt, M. R. (2010, March 31). Homeless families, singles, and others: Findings from
the 1996 national ...
https://www.researchgate.net/publication/237560025_Homeless_families_single
s_and_others_Findings_from_the_1996_National_Survey_of_Homeless_Assist
ance_Providers_and_Clients

The effect of covid-19 on homelessness in the US: United way. United Way NCA.
(2021, November 12).
https://unitedwaynca.org/blog/the-impact-of-the-covid-19-pandemic-on-homele
ssness-in-the-united-states/

Encyclopædia Britannica, inc. (n.d.). *Vagrancy*. Encyclopædia Britannica.

https://www.britannica.com/topic/vagrancy

Lee, B. A., Tyler, K. A., & Wright, J. D. (2010, August 11). The New Homelessness

Revisited | Annual Review of Sociology.

https://www.annualreviews.org/doi/abs/10.1146/annurev-soc-070308-115940

Milaney, K., Williams, N., Lockerbie, S. L., Dutton, D. J., & Hyshka, E. (2020, March

26). *Recognizing and responding to women experiencing homelessness with*

gendered and trauma-informed care - BMC public health. BioMed Central.

https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8353-1

National Alliance to End Homelessness. (2023, April 14). *Homelessness and racial*

disparities. National Alliance to End Homelessness.

https://endhomelessness.org/homelessness-in-america/what-causes-homelessnes

s/inequality/#_ftn2

Nearly 30 million Americans have no health insurance. Peter G. Peterson Foundation.

(2022, November 17).

https://www.pgpf.org/blog/2022/11/nearly-30-million-americans-have-no-health

-insurance#:~:text=In%202021%2C%2040.0%20percent%20of,percent%20of%

20the%20uninsured%20population.

O'Sullivan, E. (2020). Responding to Homelessness. In *Reimagining Homelessness* (pp.

22–47). essay, Bristol University Press: Policy Press.

Turner, M. A., Santos, R., Levy, D. K., Wissoker, D., Aranda, C., & Pitingolo, R. (2013,

June). *Housing discrimination against racial and ethnic minorities 2012 - HUD*

USER. HOUSING DISCRIMINATION AGAINST RACIAL AND ETHNIC

MINORITIES 2012.

https://www.huduser.gov/portal//Publications/pdf/HUD-514_HDS2012.pdf

U.S. Department of Housing and Urban Development . (2022, December 6). HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations.

https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf

What is trauma-informed care? - trauma-informed Care Implementation Resource Center. Trauma. (2022, July 7). https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/