



Plenary 3: Taking Action on Equity

Racial Equity Resources for Homeless Systems of Care: Addressing Racial Disparities Among Youth Experiencing Homelessness

The What: Why Take Action Now?

Homeless systems of care and Continuums of Care (CoCs), specifically, are embarking on the journey of creating racially equitable systems and programs. As CoCs work to prevent and end youth homelessness, they are recognizing and responding to issues of racial equity and disparity that result in the overrepresentation of some racial and ethnic groups among youth experiencing homelessness. The November 2017 Voices of Youth Count report, [*Missed Opportunities: Youth Homelessness in America*](#), found that:

- Hispanic, non-White youth had a 33 percent higher risk of reporting homelessness compared to youth in other ethnic groups.
- Black or African American youth had an 83 percent higher risk of reporting homelessness compared to youth of other races. This risk remains even when researchers control for other factors, such as income and education.

In this compilation of resources, communities will find guidance and recommendations on how to plan for the process of creating racially equitable systems for all individuals experiencing homelessness, including youth. This process requires sensitivity, patience, collaboration, data, and a strategy. This toolbox of resources on racial equity includes guidance on collecting and analyzing data and imbuing system processes with values that reflect the scope, intensity, and significance of the work.

The How: Taking Action on Equity

This toolbox offers definitions, frameworks, considerations, and links to resources that are critical to creating and maintaining equitable systems. Additionally, there are several preexisting toolkits in use by racial justice practitioners that discuss in great detail the content and approach necessary to execute strategic plans to address systemic racial inequities and disparities. Many of those resources are referenced here.

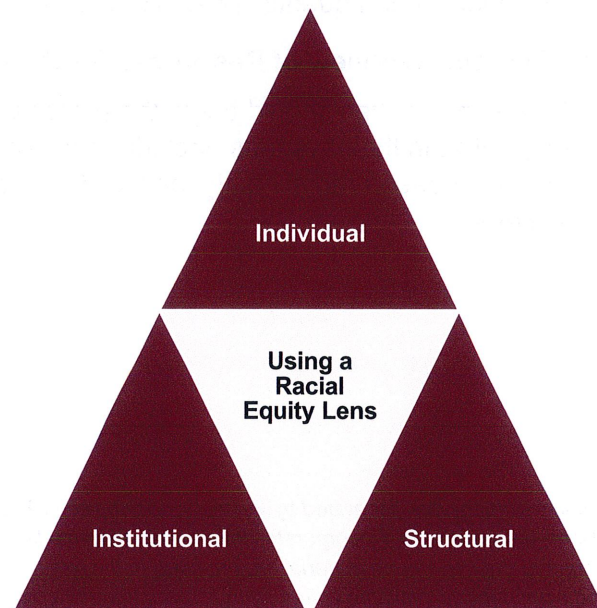




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Note: This document was generated by technical assistance (TA) providers to support direct TA for the Forum on Ending Youth Homelessness, and it incorporates information from multiple sources without attribution to the original source material. References to original source material are provided in the relevant resource sections of this document. The information was collected from publicly available online sources and, therefore, not every piece of information may be completely accurate or up to date. Participants who notice incorrect or outdated information are encouraged to speak up so that everyone at the forum receives the most complete and current information available. This document is not endorsed by the U.S. Department of Housing and Urban Development (HUD), Substance Abuse and Mental Health Services Administration (SAMHSA), or any other federal agency, and it is not intended for distribution outside the Forum on Ending Youth Homelessness.



Frequently Used Terms and Definitions

The following terms are commonly used in racial equity discussions and implementation practices. The terms and definitions are from the racial equity toolkits referenced throughout this document. Terms are cited with direct links to the resources containing these definitions at the end of the listing.

Terms & Definitions

Bias: Prejudice toward one group and its members relative to another group.

Community indicator: The means by which we can measure socioeconomic conditions in the community. All community indicators should be disaggregated by race, if possible.

Contracting equity: Investments in contracting, consulting, and procurement should benefit the communities a jurisdiction serves, proportionate to the jurisdiction's demographics.

Equity result: The condition we aim to achieve in the community.

Explicit bias: Biases that people are aware of and that operate consciously. They are expressed directly.

Implicit bias: Biases people are usually unaware of and that operate at the subconscious level. Implicit bias is usually expressed indirectly.

Individual racism: Pre-judgement, bias, or discrimination based on race by an individual.

Institutional racism: Policies, practices, and procedures that work better for white people than for people of color, often unintentionally.

Intersectionality: A particular way of understanding social location in terms of crisscrossing systems of oppression. Specifically, intersectionality is an "analysis claiming that systems of race, social class, gender, sexuality, ethnicity, nation, and age form mutually constructing features of social organization."

Performance measure: Performance measures are at the county, department, or program level. Appropriate performance measures allow monitoring of the success of implementation of actions that have a reasonable chance of influencing indicators and contributing to results. Performance measures respond to three different levels: 1) Quantity—*How much did we do?*, 2) Quality—*How well did we do it?*, and 3) *Is anyone better off?* A mix of these types of performance measures is contained within the recommendations.

Racial equity: The Greenlining Institute defines racial equity as the condition that would be achieved if one's race or ethnic origin was no longer a determining factor in one's success. This concept focuses on achieving comparable favorable outcomes across racial and ethnic groups through the allocation of resources in ways designed to remedy disadvantages some people face through no fault of their own.

Racial inequity: Race can be used to predict life outcomes, e.g., disproportionality in education (high school graduation rates), jobs (unemployment rate), criminal justice (arrest and incarceration rates), etc.



Structural racism: A history and current reality of institutional racism across all institutions, coming to create a system that negatively impacts communities of color.

Workforce equity: The workforce of a jurisdiction reflects the diversity of its residents, including across the breadth (functions and departments) and depth (hierarchy) of government.

References

- Government Alliance on Race and Equity. (2016). *Local and Regional Government Alliance on Race & Equity, Racial Equity Toolkit: An Opportunity to Operationalize Equity*. Retrieved from: https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf.
- The Greenlining Institute. (2013). *Racial Equity Toolkit: Implementing Greenlining's Racial Equity Framework*. Retrieved from: <http://greenlining.org/wp-content/uploads/2013/07/GLI-REF-Toolkit.pdf>.

Communities are Also Encouraged to Review

- MP Associates and the Center for Assessment and Policy Development [The Racial Equity Tools Glossary](#)
- W.K. Kellogg Foundation [Racial Equity Resource Guide Glossary](#)
- [Equity Matters, Access and Inclusion Tool](#)



Toward a Framework for Addressing Racial (In)Equity in Homelessness and the Delivery of Homeless Housing and Services

This component of the Racial Equity Resource Toolkit is comprised of two tools:

Framework Schematic

This resource provides an overview of the proposed linear process for addressing racial inequity and disparity in homeless crisis response systems. This framework considers common homelessness CoC features and decision points where communities may assess how racial equity and systems change principles may inform and reform homeless systems of care.

Resource Crosswalk

This resource provides supplemental resource and reference materials to support identification of issues and causes, development and implementation of interventions, and evaluation and revision of interventions and system equity.

Toward a Framework for Addressing Racial (In)Equity in Homelessness and the Delivery of Homeless Housing and Services: Framework Schematic

<p>Step 1 IDENTIFY AND QUANTIFY the issue(s)</p>	<p>Step 2 Identify the CAUSE(S)</p>	<p>Step 3 Develop INTERVENTION(S)</p>	<p>Step 4 IMPLEMENT the intervention(s)</p>	<p>Step 5 EVALUATE AND REVISE the intervention(s)</p>
<p>Who is experiencing homelessness? What does "racial inequity" mean and look like? Are there disparities between racial or ethnic groups experiencing homelessness and the general population? What's the difference between inequities and disparities? What's the role of leadership in addressing any inequities or disparities? What data do we have readily accessible? What additional data do we need? Are we collecting data in a culturally-competent manner? How can we collect the appropriate data?</p>	<p>Once the issue(s) are quantified... What specific factor(s) is/are driving any identified disparities between racial or ethnic groups experiencing homelessness and the general population? How do we quantify the impact that each individual factor has? Which is/are most important? To what extent do we, as a homeless response system, have influence over the cause(s)? At what level? To what extent is the cause a natural outcome of an otherwise racially or ethnically neutral policy?</p>	<p>Once the cause(s) are identified... Which persons and/or organizations should be involved in the development of the intervention(s)? What action(s) can we take to address the causes of any disparities between racial or ethnic groups experiencing homelessness and the general population? Can we incorporate this into pre-existing best practices? How does it relate? Do we expect that this intervention will improve racial inequities or disparities? How do we measure success? How can we test the efficacy of the intervention?</p>	<p>Once intervention(s) are developed... What are the barriers preventing us from successfully implementing the intervention? How can we overcome those barriers? What partners do we need to incorporate into the process to successfully implement the intervention? Are we collecting appropriate data to measure the efficacy of the intervention?</p>	<p>Once the intervention(s) are implemented... Did the intervention have the intended effects? What unanticipated factor(s) influenced the success or lack thereof of the intervention? What adjustments can be made to improve the efficacy of the intervention? What else is needed? [Return to Step 1 if necessary]</p>
<p>Who is receiving homeless housing/services? What does "racial inequity" mean and look like? Are there disparities between racial or ethnic groups receiving housing/services and the overall homeless population? What's the difference between inequities and disparities? What's the role of leadership in addressing any inequities or disparities? What data do we have readily accessible? What additional data do we need? Are we collecting data in a culturally-competent manner? How can we collect the appropriate data?</p>	<p>Once the issue(s) are quantified... What specific factor(s) is/are driving any identified disparities between racial or ethnic groups receiving homeless housing/services and the overall homeless population? How do we quantify the impact that each individual factor has? Which is/are most important? To what extent do we, as a homeless response system, have influence over the cause(s)? At what level? To what extent is the cause a natural outcome of an otherwise racially or ethnically neutral policy?</p>	<p>Once the cause(s) are identified... Which persons and/or organizations should be involved in the development of the intervention(s)? What action(s) can we take to address the causes of any disparities between racial or ethnic groups receiving homeless housing/services and the overall homeless population? Can we incorporate this into pre-existing best practices? How does it relate? Do we expect that this intervention will improve racial inequities or disparities? How do we measure success? How can we test the efficacy of the intervention?</p>	<p>Once intervention(s) are developed... What are the barriers preventing us from successfully implementing the intervention? How can we overcome those barriers? What partners do we need to incorporate into the process to successfully implement the intervention? Are we collecting appropriate data to measure the efficacy of the intervention?</p>	<p>Once the intervention(s) are implemented... Did the intervention have the intended effects? What unanticipated factor(s) influenced the success or lack thereof of the intervention? What adjustments can be made to improve the efficacy of the intervention? What else is needed? [Return to Step 1 if necessary]</p>

SYSTEM INPUTS
Among those experiencing homelessness...

SYSTEM OUTPUTS
Among those receiving housing/services and maintaining housing stability...



Toward a Framework for Addressing Racial (In)Equity in Homelessness and the Delivery of Homeless Housing and Services: Resource Crosswalk

The proposed framework is designed to make the process of addressing racial equity manageable. The framework outlines five key steps and questions to explore to identify and address racial inequity in homeless systems of care. Below are references to additional resources for communities to use and cross reference when working through the framework and planning their racial equity strategies. These additional resources provide the substantive, detailed content and context communities will need to discuss and answer the questions posed by the framework.

STEP 1: Identify and Quantify the Issues

Key Topics to Explore Further

- What racial inequity means and looks like
- The role of leadership in addressing inequities or disparities

Resources and Reference Materials

- [Racial Equity Tools Glossary](#)
- [Applying the Racial Equity Tool Seminar](#)

STEP 2: Identify the Causes

Key Topics to Explore Further

- Specific factors driving the identified disparities between racial or ethnic groups experiencing homelessness and the general population
- Homeless response systems' abilities to influence causes

Resources and Reference Materials

- [Center for Social Inclusion Strategies \(4 Strategies\)](#)
- [Racial Equity Tools and Related Resources](#) on identifying key institutional areas of disproportionate power dynamics
- [Racial Equity Tools and Related Resources](#) on community assessments
- [Racial Equity Tools and Related Resources](#) on organizational assessments

STEP 3: Develop Intervention(s)

Key Topics to Explore Further

- Persons and/or organizations that should be involved in the development of the intervention
- Expectations that the intervention will improve racial inequities or disparities

Resources and Reference Materials

- [Racial Equity Action Plans: A How-to Manual](#)
- [Racial Equity Impact Assessment Toolkit](#)



- [Seattle Race and Social Justice Initiative Racial Equity Toolkit to Assess Policies, Initiatives, Programs, and Budget Issues](#)
- [Race Forward's Racial Equity Impact Assessment Toolkit](#)

STEP 4: Implement the Intervention(s)

Key Topics to Explore Further

- Barriers preventing successful implementation of new interventions
- How to overcome any such barriers

Resources and Reference Materials

- [Racial Equity Tools and Related Resources](#) on communication strategies
- [Racial Equity Tools and Related Resources](#) on sustainment strategies
- [Racial Equity Tools and Related Resources](#) on other strategies to achieve racial equity

STEP 5: Evaluate and Revise the Intervention(s)

Key Topics to Explore Further

- Measuring an intervention's success in achieving intended effects
- Adjustments that can be made to improve the efficacy of the intervention

Resources and Reference Materials

- [Racial Equity Tools and Related Resources](#) on how to evaluate the work (allies, research questions, and theories of change)
- [Racial Equity Tools and Related Resources](#) on how to collect data (methodologies that account for race, racism, and privilege in the processes and content of data collection)
- [Racial Equity Tools and Related Resources](#) on how to analyze data
- [Racial Equity Tools and Related Resources](#) on how to share findings
- [Racial Equity Tools and Related Resources](#) for additional data sources



Federal Policies and Resources for Addressing Racial Equity

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HHS’s Office of Minority Health documents the health disparities among racial and ethnic minorities in the United States with a mission of improving health policies and programs that will eliminate health disparities.

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SAMHSA’s Office of Behavioral Health Equity coordinates agency efforts to reduce behavioral health disparities for diverse populations.

Health Resources & Services Administration (HRSA) 15

HRSA’s Office of Health Equity (OHE) works to reduce health disparities so communities and individuals can achieve their highest level of health. OHE provides leadership on topics related to communication and health policy and racial equity.

Centers for Disease Control (CDC) 15

The CDC’s Office of Minority Health and Health Equity advances health equity and women’s health through the CDC’s science and programs. The office is comprised of the Women’s Health, Diversity and Inclusion Management, and Minority Health and Health Equity units.

U.S. Food and Drug Administration (FDA)..... 16

The FDA’s Office of Minority Health works to promote and protect the health of diverse populations through research and efforts that address health disparities.

Center for Medicare and Medicaid Studies (CMS)..... 17

CMS’s Office of Minority Health offers a comprehensive source of information on eliminating health disparities and improving the health of all minority populations, including racial and ethnic minorities, people with disabilities, members of the LGBTQ+ community, and rural populations.

National Institute of Mental Health (NIMH)..... 18

NIMH’s Minority Health and Mental Health Disparities Program aims to reduce disparities in access to, quality of, and outcomes of care.

National Institute of Health (NIH)..... 19

NIH’s National Institute on Minority Health and Health Disparities (NIMHD) work touches the lives of millions of Americans burdened by disparities in health status and health care delivery, including racial and ethnic minority groups, rural populations, populations with low socioeconomic status, and other population groups.

Agency for Healthcare Research and Quality (AHRQ)..... 20

AHRQ’s National Healthcare Quality Report and National Healthcare Disparities Report compiles over 250 measures of quality to teach and evaluate performance of the U.S. health system.



Administration for Children and Families (ACF) Report..... 20

ACF's *Identifying Racial and Ethnic Disparities in Human Services: A Conceptual Framework and Literature Review* helps build the base of knowledge necessary to reliably identify and interpret racial and ethnic differences in relation to ACF's human services programs.

U.S. Department of Housing and Urban Development (HUD) Office of Fair Housing and Equal Opportunity (FHEO)..... 22

FHEO's mission is to eliminate housing discrimination, promote economic opportunity, and achieve diverse, inclusive communities by leading the nation in the enforcement, administration, development, and public understanding of federal fair housing policies and laws.

HUD Community Planning and Development (CPD)..... 25

CPD seeks to develop viable communities by promoting integrated approaches that provide decent housing and a suitable living environment and expand economic opportunities for low and moderate-income persons.

U.S. Department of Veterans Affairs (VA) Office of Health Equity (OHE) 28

OHE supports the Veteran Health Administration's vision to provide appropriate individualized health care to each veteran in a way that eliminates disparate health outcomes and assures health equity.

VA Center for Minority Veterans (CMV) 29

CMV is the Department of Veterans Affairs model for inter-and intra-agency cooperation to ensure all veterans receive equal service regardless of race, origin, religion, or gender.

National Center for Veteran Analytics and Statistics..... 30

The National Center for Veteran Analytics and Statistics' 2015 Minority Veterans Report chronicles the history of minorities in the military and as veterans and profiles the characteristics of minority veterans in 2014.



U.S. Department of Health and Human Services (HHS)

Office of Minority Health (OMH)

In 1985, the United States Department of Health and Human Services (HHS) released a landmark report, the [Secretary's Task Force Report on Black and Minority Health \(Heckler Report\)](#). It documented the existence of health disparities among racial and ethnic minorities in the United States and called such disparities “an affront both to our ideals and to the ongoing genius of American medicine.”

The Office of Minority Health (OMH) was created in 1986 as one of the most significant outcomes of the Heckler Report and was reauthorized by the Affordable Care Act (ACA) in 2010. The mission of the OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.

Initiatives & Working Groups

[National Partnership for Action to End Health Disparities](#)

The National Partnership for Action (NPA) is a community-driven, partnership-based, multi-level, and multi-sector approach that focuses on addressing the social determinants of health (SDoH) as the root causes of health disparities. It does this by increasing the effectiveness of programs that target the elimination of health disparities through the coordination of leaders, stakeholders, and partners committed to action and by bringing attention to SDoH.

The NPA is implemented at the federal level by the Federal Interagency Health Equity Team (FIHET) and at the regional level by 10 Regional Health Equity Councils (RHECs). State Offices of Minority Health (SOMHs) work at the state level to align policies and programs with the NPA and with local and national partners to promote health equity in their communities.

[Federal Interagency Health Equity Team \(FIHET\)](#)

The Federal Interagency Health Equity Team (FIHET) provides federal leadership for the NPA through convening federal leaders to end health disparities by 1) building capacity for equitable policies and programs, 2) cultivating strategic partnerships, and 3) sharing relevant models for action.

FIHET team members include representation from the following federal agencies:

- [U.S. Consumer Product Safety Commission](#)
- [U.S. Department of Agriculture](#)
- [U.S. Department of Commerce](#)



- [U.S. Department of Defense](#)
- [U.S. Department of Education](#)
- [U.S. Department of Housing and Urban Development](#)
- [U.S. Department of Justice](#)
- [U.S. Department of Labor](#)
- [U.S. Department of Transportation](#)
- [U.S. Department of Veterans Affairs](#)
- [U.S. Department of Health and Human Services](#)

Policies & Reports

[The National CLAS Standards](#)

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

[HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#)

The HHS Action Plan to Reduce Racial and Ethnic Health Disparities outlines goals and actions HHS will take to reduce health disparities among racial and ethnic minorities. The OMH is leading the charge to put into practice the HHS disparities action plan, at all levels of the department and in the communities with which HHS works.

Resources

[State Minority Health Contacts](#)

Individuals and providers can use this map to find the minority health point of contact for their state or territory.

[Minority Population Profiles](#)

These profiles provide detailed demographic, language fluency (where relevant), education, economic, insurance coverage, and health status information, as well as full census reports.

[Healthy People 2020 Health Disparities Data Widget](#)

The Office of Disease Prevention and Health Promotion (ODPHP), National Center for Health Statistics (NCHS) and the OMH created the Healthy People 2020 Health Disparities Data widget. The widget provides an easy way to find health disparities data related to the [Healthy People 2020](#) objectives for the leading health indicators (LHIs). LHIs are critical health issues that when addressed will help reduce the leading causes of death and preventable illnesses.



Substance Abuse and Mental Health Services Administration (SAMHSA): Office of Behavioral Health Equity

In accordance with the ACA, SAMHSA established an [Office of Behavioral Health Equity \(OBHE\)](#) to coordinate agency efforts to reduce behavioral health disparities for diverse populations. OBHE is organized around five key strategies: data, communication, policy, workforce development, and customer service/technical assistance. OBHE seeks to impact SAMHSA policy and initiatives by:

- Creating a more strategic focus on racial, ethnic, and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations in SAMHSA investments;
- Using a data-informed quality improvement approach to address racial and ethnic disparities in SAMHSA programs; and
- Building on the ACA's attention to health disparities to influence how SAMHSA does its work, including grant-making operations and policy development.

Initiatives & Working Groups

[National Network to Eliminate Disparities in Behavioral Health](#)

OBHE coordinates the National Network to Eliminate Disparities in Behavioral Health (NNED), which brings together, in a virtual network structure, community-based organizations addressing the behavioral health needs of diverse racial, ethnic, and LGBTQ populations. The network supports information exchange and peer-to-peer training and technical assistance for its member organizations and affiliates.

Policies & Reports

[Behavioral Health Disparities Impact Statement \(DIS\)](#)

SAMHSA requires all grantees to submit a behavioral health disparities impact statement identifying disparate populations in their service areas. The statement must also describe a plan of how grantees will use data to monitor disparities and implement strategies to improve access, service use, and outcomes among the disparate populations. The quality improvement plan must include the implementation of the enhanced national CLAS standards.

Resources

[Behavioral Health Disparity Impact Statement Examples](#)

The following are examples of DISs for each major type of grant program—services, infrastructure, and training and technical assistance, as well as an example for tribal grantees. These examples can be used as references for format and types of information that should be included in the DIS. The submission date and content requirements are listed in the Notice of Award (NoA). Additional guidance may be provided by a Government Project Officer on the NoA.

Each example DIS includes:



- Project numbers of who will be served/trained/reached by race and ethnicity, gender, and sexual orientation. This is typically accompanied by a short description of what information/data supports the projects.
- A quality improvement plan, which outlines how data and information will be reviewed in an ongoing way throughout the program and with respect to each step. In addition, these plans often will also discuss how this work fits into the larger evaluation efforts.
- Adherence to CLAS Standards. This section includes some information about training and hiring practices and protocols as well as language offerings.

Examples

- Services example:
<https://www.samhsa.gov/sites/default/files/disparity-impact-statement-example-services.pdf>.
- Infrastructure program example:
<https://www.samhsa.gov/sites/default/files/disparity-impact-statement-example-infrastructure.pdf>.
- Training/technical assistance example:
<https://www.samhsa.gov/sites/default/files/disparity-impact-statement-example-training-technical-assistance.pdf>.
- Tribal grantee example:
<https://www.samhsa.gov/sites/default/files/disparity-impact-statement-example-tribal.pdf>.
- PATH grantees example:
https://www.samhsa.gov/sites/default/files/grants-path-disparity-impact-statement-examples_0.pdf.

Population-specific Behavioral Health Equity Resources

Behavioral health and in-language resources, national survey data and reports, and information on federal initiatives and related resources are available for the following populations:

- [American Indian and Alaska Native \(AI/AN\)](#)
- [Asian American, Native Hawaiian, and Pacific Islander \(AANHPI\)](#)
- [Black or African American](#)
- [Hispanic or Latino](#)
- [Lesbian, Gay, Bisexual, and Transgender \(LGBT\)](#)



Health Resources & Services Administration (HRSA): Office of Health Equity

The Office of Health Equity (OHE) works to reduce health disparities so that communities and individuals can achieve their highest level of health. OHE provides leadership on racial equity in HRSA in a number of areas, including communication; health policy; public health systems (care delivery and integration); social determinants of health; strategic agency/organizational partnerships; and workforce development, clinical care, and provider-patient relationships.

Policies & Reports

[HRSA Health Equity Report 2017](#)

The 2017 HRSA health equity report presents a comprehensive analysis of HRSA’s program efforts in reducing health disparities and promoting health equity for various populations at the national, state, and local levels.

Resources

[Culture, Language, and Health Literacy Resources](#)

HRSA guidance and resources to help health care providers recognize and address the unique culture, language, and health literacy of diverse consumers and communities, including resources on cultural and linguistic competence, HIV/AIDS, and maternal and child health.

[Health Equity for Diverse Populations](#)

Research, reports, health workforce training and guidance, and other related resources are available for the following populations:

- [African Americans](#)
- [American Indian/Alaskan Native](#)
- [Asian Americans](#)
- [Hispanics/Latinos](#)
- [LGBT](#)
- [Native Hawaiian or Other Pacific Islanders](#)
- [Rural health communities](#)

Centers for Disease Control (CDC): Office of Minority Health and Health Equity (OMHHE)

CDC’s Office of Minority Health and Health Equity (OMHHE) advances health equity and women’s health issues across the nation through CDC’s science and programs. OMHHE also increases CDC’s capacity to leverage its diverse workforce and engage stakeholders to this end. OMHHE is comprised of three units including [Women’s Health](#), [Diversity and Inclusion Management](#), and [Minority Health and Health Equity](#).



Policies & Reports

[Racial/Ethnic Health Disparities Among Rural Adults – 2012–2015](#)

This report provides an overview of racial/ethnic health disparities for selected indicators in rural areas of the United States.

Strategies for Reducing Health Disparities: [2014](#) and [2016](#)

CDC’s OMHHE published reports in 2014 and 2016 to highlight effective public health programs for addressing health disparities at the local and national levels.

[CDC Health Disparities & Inequalities Report 2013](#)

The *CDC Health Disparities and Inequalities Report* highlights health disparities and inequalities across a wide range of diseases, behavioral risk factors, environmental exposures, social determinants, and health care access by sex, race and ethnicity, income, education, disability status and other social characteristics.

Resources

[Health Equity Matters Newsletter](#)

A quarterly e-newsletter in which the CDC OMHHE shares news, perspectives, and progress in the science and practice of health equity.

[Conversations in Equity Blog](#)

A blog operated by the CDC dedicated to increasing awareness of health inequities and promoting national, state, and local efforts to reduce health disparities and achieve health equity.

U.S. Food and Drug Administration (FDA): Office of Minority Health

The mission of FDA’s Office of Minority Health (OMH) is to promote and protect the health of diverse populations through research and communication that addresses health disparities. OMH aims to:

1. increase the amount of clinical trial data available on racial and ethnic minorities; improve the data quality to determine how minorities react to medical products; and increase transparency and access to available data;
2. strengthen FDA’s ability to respond to minority health concerns; and
3. promote health and safety communication to minority populations who often experience low health literacy and/or speak English as a second language.



Initiatives & Working Groups

[Minority Health Research and Collaboration Program](#)

The Minority Health Research and Collaboration Program works with FDA centers and external partners to support research studies about minority health and health disparities. Aims of these research studies include reducing health disparities by advancing minority health-focused research, education, and scientific exchanges and the study medical conditions that disproportionately affect racial and ethnic subgroups.

Resources

[Minority Health Resources](#)

FDA's OMH offers many easy-to-use and culturally-appropriate resources on minority health, [health disparities](#), and related topics.

Centers for Medicare & Medicaid Services (CMS): Office of Minority Health

The CMS Office of Minority Health (OMH) offers a comprehensive source of information on eliminating health disparities and improving the health of all minority populations, such as racial and ethnic minorities, people with disabilities, members of the lesbian, gay, bisexual, and transgender community, and rural populations.

Policies & Reports

[CMS Equity Plan for Improving Quality in Medicare](#)

The CMS Equity Plan for Improving Quality in Medicare outlines CMS's path to help advance health equity by improving the quality of care provided to minority and other underserved Medicare beneficiaries. The framework for the plan consists of three interconnected domains: 1) increasing understanding and awareness of disparities, 2) creating and sharing solutions, and 3) accelerating implementation of effective actions.

[Guide to Preventing Readmissions among Racially and Ethnically Diverse Medicare Beneficiaries](#)

This guide provides an overview of key issues related to readmissions for racially and ethnically diverse Medicare beneficiaries, resources for hospital leaders to take action to address readmission, and case examples of strategies and initiatives.



Resources

[Mapping Medicare Disparities Tool](#)

The CMS OMH has designed an interactive map, the Mapping Medicare Disparities Tool, to identify areas of disparities between subgroups of Medicare beneficiaries (e.g., racial and ethnic groups) in health outcomes, utilization, and spending.

[CMS Minority Health Information Products](#)

Information products developed by the CMS OMH provide an overview of key data and policy reviews on health services and outcomes for minorities.

- [Data Snapshots](#): One-page fact sheets focused on health disparities in the Medicare population.
- [Data Highlights](#): National and regional data on health care service utilization and spending.
- [Issue Briefs](#): Issue briefs offer insight and examination into a variety of health and health disparity topics.

[Building an Organizational Response to Health Disparities Resource Guide](#)

Resources and key concepts to address disparities and improve health care quality throughout a health provider organization. Components of the resource guide include:

- [Disparities Action Statement](#)
- [A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities](#)
- [Guide to Developing a Language Access Plan](#)
- [Providing Language Services to Diverse Populations: Lessons from the Field](#)

National Institute of Mental Health (NIMH): Minority Health and Mental Health Disparities Program

The goals of the NIMH Minority Health and Mental Health Disparities Program are to:

- Foster research across the NIMH strategic objectives through the recruitment and study of diverse racial and ethnic groups;
- Increase the understanding of mechanisms underlying disparities and differences in mental health status;
- Scale up evidence-based interventions to reduce disparities; and
- Reduce disparities in access to, quality of, and outcomes of care.



Resources

[Closing the Gaps: Scaling Up to Reduce Mental Health Disparities in the United States](#)

An event summary from September 2013 NIMH meeting to address the significant disparities in mental health care related to race and ethnicity.

Funding Opportunities

[Research to Support the Reduction and Elimination of Mental Health Disparities \(Administrative Supplement\)](#)

This funding opportunity announcement seeks to support administrative supplements to active NIMH grants to foster research across the NIMH strategic objectives that target the reduction and elimination of mental health disparities by race and ethnicity, geography, and socioeconomic status in the United States.

National Institutes of Health (NIH): National Institute on Minority Health and Health Disparities (NIMHD)

The National Institute on Minority Health and Health Disparities (NIMHD) is one of the 27 institutes and centers of the National Institutes of Health (NIH), the nation's premiere medical research agency. NIMHD's work touches the lives of millions of Americans burdened by disparities in health status and health care delivery, including racial and ethnic minority groups, rural populations, populations with low socioeconomic status, and other population groups.

NIMHD has organized minority health and health disparities research around three research interest areas: clinical and health services research, integrative biological and behavioral sciences, and community health and population sciences. Each research area focuses on impacting the health determinants that contribute to poor health outcomes and to health disparity conditions.

Policies & Reports

[NIMHD Minority Health and Health Disparities Research Framework](#)

The NIMHD Minority Health and Health Disparities Research Framework reflects an evolving conceptualization of factors relevant to the understanding and promotion of minority health and to the understanding and reduction of health disparities. The framework serves as a vehicle for encouraging NIMHD- and NIH-supported research that addresses the complex and multi-faceted nature of minority health and health disparities.

Resources

[HDPulse Data Portal](#)

This online health disparities resource offers interactive graphics and maps that provide visual support for deciding where to focus public health disparities control efforts. The



data portal brings together data that are collected from public health surveillance systems by using either their published reports or public use files.

- The [Data \(Links\) page](#) provides data to analyze health disparities.
- The [Analytic Tools page](#) provides tools to analyze health disparities.
- [Analyses page](#) links to analyses that shed light on health disparities.

Funding Opportunities

[Addressing the Challenges of the Opioid Epidemic in Minority Health and Health Disparities Research in the U.S.](#)

This funding opportunity announcement seeks to support investigative and collaborative research focused on determining the mechanisms for the variation in the prevalence of opioid use disorder (OUD), and understanding and reducing disparities in opioid care in minority health and health disparity populations in the U.S.

[Health Services Research on Minority Health and Health Disparities](#)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage innovative exploratory and developmental health services research to improve minority health and/or reduce health disparities at the health care system-level as well as within clinical settings.

Agency for Healthcare Research and Quality (AHRQ): National Healthcare Quality Report and National Healthcare Disparities Report

AHRQ's [National Healthcare Quality and Disparities Report \(QDR\)](#) compiles more than 250 measures of quality and disparities to track and evaluate the performance of the U.S. health system. The report helps policymakers, public health advocates, health system leaders, and others prioritize efforts to improve care for conditions prevalent among vulnerable populations.

The QDR is supported by the following resources:

- [National Healthcare Quality and Disparities Report Chartbooks](#)
- [Quality and Disparities Report Data and Tools](#), including [state-level summaries and snapshots](#) across measures of quality and disparity
- [Data Query \(search data across specific measures\)](#)

Administration for Children and Families, Office of Planning, Research and Evaluation: *Identifying Racial and Ethnic Disparities in Human Services: A Conceptual Framework and Literature Review*

The November 2017 report, *Identifying Racial and Ethnic Disparities in Human Services: A Conceptual Framework and Literature Review*, helps the Administration for Children and



Families (ACF) build the base of knowledge necessary to reliably identify and interpret racial and ethnic differences in relation to ACF's human services programs. This report synthesizes the existing research on racial and ethnic differences and disparities in relation to the service delivery systems of six programs or program areas administered by ACF:

- Temporary Assistance for Needy Families (TANF)
- Child Support Enforcement Program
- Child Care and Development Fund
- Head Start
- Family and Youth Services Bureau programs for runaway and homeless youth and adolescent pregnancy prevention

To facilitate this synthesis, the report provides a clear definition of disparities. It also develops a conceptual framework for identifying racial and ethnic differences throughout the service delivery system and for distinguishing racial and ethnic differences from disparities.

Report Recommendations

To improve its understanding of racial and ethnic disparities in human services, the field should systematically

- estimate underlying population need;
- assess program access and participation by race and ethnicity;
- assess services and treatment by race and ethnicity; and
- assess outcomes by race and ethnicity.

Moving toward a better understanding of racial and ethnic differences and disparities in ACF human services programs would require

- greater emphasis on collecting data that can support analyses of racial and ethnic differences; and
- greater exploration of analytic techniques that can reliably estimate racial and ethnic differences when existing data are insufficient.



U.S. Department of Housing and Urban Development (HUD)

Office of Fair Housing and Equal Opportunity

The mission of the [Office of Fair Housing and Equal Opportunity](#) (FHEO) is to eliminate housing discrimination, promote economic opportunity, and achieve diverse, inclusive communities by leading the nation in the enforcement, administration, development, and public understanding of federal fair housing policies and laws.

Policies & Reports

[Fair Housing Act](#)

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and disability.

[Title VI of the Civil Rights Act of 1964](#)

Title VI prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance.

[Section 109 of Title I of the Housing and Community Development Act of 1974](#)

Section 109 prohibits discrimination on the basis of race, color, national origin, sex, or religion in programs and activities receiving financial assistance from HUD's Community Development and Block Grant Program.

[Affirmatively Furthering Fair Housing \(AFFH\)](#)

Affirmatively Furthering Fair Housing (AFFH) is a legal requirement that federal agencies and federal grantees further the purposes of the Fair Housing Act. HUD's AFFH rule provides an effective planning approach to aid program participants in taking meaningful actions to overcome historic patterns of segregation, promote fair housing choice, and foster inclusive communities that are free from discrimination.

[Assessment of Fair Housing \(AFH\)](#)

The AFFH Final Rule includes a requirement for certain HUD grantees (public housing agencies and community planning and development block grant consolidated planning agencies) to conduct an assessment of fair housing (AFH) planning process. The AFH planning process will help communities analyze challenges to fair housing choice and establish their own goals and priorities to address the fair housing barriers in their community.



Resources

AFFH Rule Guidebook	This guidebook provides guidance on the AFFH rule and the AFH.
AFFH Rule Fact Sheet	This fact sheet provides an overview of the duty to affirmatively further fair housing (AFFH) and the AFFH Final Rule.
Guidance on HUD's Review of Assessments of Fair Housing (AFH)	This document assists program participants in understanding how HUD will conduct its review of an AFH and apply the standards established in in Section 5.162 of the AFFH Rule.
AFFH Fact Sheet: The Fair Housing Planning Process Under the AFFH Rule	This fact sheet describes the fair housing planning process under the AFFH rule. The rule clarifies existing fair housing obligations for HUD program participants to analyze their fair housing landscape and set locally-determined fair housing priorities and goals through the AFH.
AFFH Data and Mapping Tool	<p>The AFFH Data and Mapping Tool (AFFH-T) is publicly available and also for use by program participants to access HUD-provided data to conduct the fair housing analysis required as part of the AFH. Supporting resources for the AFFH-T include:</p> <ul style="list-style-type: none">• AFFH-T User Guide: This guide describes how to use the AFFH-T.• AFFH-T Data Documentation: This document explains the data methodology in the AFFH-T.• AFFH-T Known Issues: This document describes known issues present in the AFFH-T.• AFFH-T Raw Data: These files contain the raw data for the AFFH-T.
Assessment of Fair Housing Tool for Public Housing Agencies	<p>HUD has created an assessment tool that public housing agencies (PHAs) and any collaborating PHAs must use to conduct and submit an AFH. Program participants will submit their AFH to HUD using a web-based portal—the AFH Assessment Tool User Interface (UI). Supporting resources for the UI include:</p> <ul style="list-style-type: none">• AFH Assessment Tool User Interface Quick Guide• AFH Assessment Tool User Interface Registration Instructions• AFFH User Interface (UI) Webcast



[AFH Assessment Tool User Interface \(UI\)](#)

The assessment tool is accessed through a web-based portal referred to as the User Interface (UI). This user interface assists program participants in completing each step of the AFH. This web system assists program participants in locating applicable instructions and the HUD-provided maps and tables to be used for each question.

[How Program Participants Can Collaborate on Their AFH Submissions](#)

This fact sheet explains the options program participants have to work collaboratively to complete and submit an AFH and the required process program participants must follow when working collaboratively.

[Community Participation and Affirmatively Furthering Fair Housing \(Guidance for Consolidated Plan Program Participants\)](#)

This fact sheet outlines the community participation requirements under the AFFH rule for Consolidated Plan Program participants.

[Community Participation and Affirmatively Furthering Fair Housing \(Guidance for Public Housing Agencies\)](#)

This fact sheet outlines the community participation requirements under the AFFH rule for PHAs.

[2018 AFFH Regional Training Schedule](#)

This schedule provides an overview of the dates and locations of the 2018 AFFH regional trainings.

[AFFH Training Webcasts](#)

The following AFFH training webcasts are available:

- [Introduction to AFFH and the New Rule](#)
- [Procedures of the New AFFH Process](#)
- [AFFH Community Participation Requirements for Consolidated Plan Program Participants](#)
- [AFFH Community Participation Requirements for PHAs](#)
- [The Fair Housing Planning Process Under the AFFH Rule](#)
- [Overview of the AFH](#)
- [AFFH User Interface \(UI\) Webcast](#)

[Fair Housing Organizations](#)

This resource provides a listing of HUD-funded organizations and nonprofits that ensure fair housing opportunities across the nation.



Funding Opportunities

Fair Housing Initiatives Program (FHIP)

The Fair Housing Initiatives Program (FHIP) provides funding to public and private organizations that develop programs that are designed to prevent or eliminate discriminatory housing practices. FHIP offers the following grant opportunities:

- The Fair Housing Organizations Initiative (FHOI) provides funding that builds the capacity and effectiveness of non-profit fair housing organizations by providing funds to handle fair housing enforcement and education initiatives more effectively.
- The Private Enforcement Initiative (PEI) funds non-profit fair housing organizations to carry out testing and enforcement activities to prevent or eliminate discriminatory housing practices.
- The Education and Outreach Initiative (EOI) provides funding to state and local government agencies and non-profit organizations for initiatives that explain to the general public and housing providers what equal opportunity in housing means and what housing providers need to do to comply with the Fair Housing Act.

Fair Housing Assistance Program (FHAP)

The Fair Housing Assistance Program strengthens nationwide fair housing efforts by helping individual state and local governments administer laws of their own that are consistent with the Federal Fair Housing Act.

HUD provides FHAP funding annually on a noncompetitive basis to state and local agencies that enforce fair housing laws that HUD has determined to be substantially equivalent to the federal Fair Housing Act. These agencies investigate and enforce complaints of housing discrimination that arise within their jurisdiction.

Community Planning and Development (CPD)

The Office of Community Planning and Development (CPD) seeks to develop viable communities by promoting integrated approaches that provide decent housing, a suitable living environment, and expand economic opportunities for low and moderate income persons. The primary means towards this end is the development of partnerships among all levels of government and the private sector, including for-profit and non-profit organizations.



Consolidated Plan

The consolidated planning process serves as the framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from the four CPD formula block grant programs:

- [CDBG: Community Development Block Grant Program](#)
- [HOME: HOME Investment Partnerships Program](#)
- [ESG: Emergency Solutions Grants Program](#)
- [HOPWA: Housing Opportunities for Persons with AIDS Program](#)

As part of the consolidated plan, all grantees must certify that they will affirmatively further fair housing, which means conducting an analysis of impediments to fair housing choice (AI), taking appropriate actions to overcome the effects of any impediments identified through that analysis, and keeping records of these actions. Requirements for the analysis of impediments include:

- Grantees are to assume the responsibility of fair housing planning by conducting an analysis to identify impediments to fair housing choice within their jurisdictions;
- Grantees are strongly encouraged to annually update their analysis of impediments; and
- Grantees are to take appropriate actions to overcome the effects of any impediments identified through their analyses, and maintaining records reflecting the analyses and related actions.

Resources

[Fair Housing Planning Guide](#)

This guide provides information on how to conduct an analysis of impediments to fair housing choice (AI), undertake activities to correct the identified impediments, and the types of documentary records to be maintained.

[Basically CDBG for Entitlements: Chapter 19: Fair Housing, Accessibility, and Equal Employment](#)

Chapter of [Basically CDBG for Entitlements](#) guidebook that summarizes the key regulations and requirements of fair housing, accessibility, and equal employment and contracting laws applicable to CDBG projects, including applicable fair housing laws and Analysis of Impediments to fair housing choice requirements.

Continuum of Care Program

The [Continuum of Care \(CoC\) Program](#) is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.



The CoC program encourages CoCs to address racial disparities in receipt of homelessness services by analyzing data to determine if disparities exist; and if disparities are identified, asking CoCs what steps they are taking to address them.

Funding Opportunities

CoC Program

The HUD CoC program 2018 Notice of Funding Availability asks a scored question on how CoCs are addressing racial disparities in homelessness through assessing data on race and ethnic disparities in receipt of homelessness assistance; and, if disparities are identified, asking CoCs what steps are taken to address those disparities.



U.S. Department of Veterans Affairs (VA)

Office of Health Equity

In 2011 the Veterans Health Administration chartered a health care equality workgroup. The purpose of the workgroup was to determine how VA could provide a more equitable health care delivery system. The workgroup's recommendations supported a dedicated national-level office to champion equitable health care for all veterans. As a result, the Office of Health Equity (OHE) was established in 2012. OHE supports the VHA's vision to provide appropriate individualized health care to each veteran in a way that eliminates disparate health outcomes and assures health equity.

Policies & Reports

[VHA Health Equity Action Plan \(HEAP\)](#)

The VHA Health Equity Action Plan (HEAP) establishes five implementation activities that the VHA—with the leadership of OHE and partners—will undertake to advance and achieve equitable health for all in the VHA and every veteran.

[National Veteran Health Equity Report – FY 2013](#)

The *National Veteran Health Equity Report* details patterns and provides comparative rates of health conditions for vulnerable veteran groups.

[VA Health Equity Supplement](#)

The Office of Health Equity (OHE) teamed up with the *American Journal of Public Health* to bring focus to health equity issues on our nation's veterans through the release of the VA Health Equity Supplement. The supplement was released online with open access to all on August 6, 2014. The supplement includes over 20 articles, comprising editorials and peer reviewed research articles and briefs specific to health equity and veterans. The articles focus on improving the understanding of the root causes of health and health care disparities and reducing/eliminating such disparities among vulnerable veteran populations.

Resources

[VA National Veteran Health Equity Report Data Visualization Tool](#)

OHE developed the data visualization tool to supplement the *National Veteran Health Equity Report*. This tool allows users to interact with the data used in the report.

[Virtual Health Equity Learning Hub](#)

The Virtual Health Equity Learning Hub is a dedicated space located in the VA Virtual Medical Center ([VA-VMC](#)). The Virtual Health Equity Learning Hub, located off the main lobby of the VA-VMC, provides a space where veterans and stakeholders can meet, interact, and learn with others to



	discuss and understand health equity issues impacting veterans.
<u>Virtual Patient Training Modules</u>	<p>The Virtual Patient Training Modules were created by OHE to assist clinicians, non-clinicians, veterans, and stakeholders in understanding the importance of assessing, and increasing competency, of health equity issues for veterans.</p> <ul style="list-style-type: none">• <u>Determinants of Health and Healthcare for All Employees</u>: Provides an awareness of veteran populations that are at risk for health disparities, factors that put them at risk, and what you can do within your area of influence to move toward attaining the highest level of health for veterans.• <u>Casting the Health Equity Lens on Routine Check-up: Lucille F. 54</u>: Provides an interactive example of incorporating social determinants of health in the delivery of patient-focused care.
<u>Competing on Health Equity – Organizational Assessment</u>	This tool can help assess whether your organization (e.g., the facility where you receive care or the section in which your work) makes health equity a priority.

Center for Minority Veterans

The Center for Minority Veterans (CMV) is the Department of Veterans Affairs' model for inter- and intra-agency cooperation to ensure all veterans receive equal service regardless of race, origin, religion, or gender. CMV is charged with identifying barriers to service and health care access, as well as increasing local awareness of minority veteran related issues by developing strategies for improving minority participation in existing VA benefit programs.

CMV is overseen by an Advisory Committee on Minority Veterans (ACMV), consists of veterans who represent respective minority groups and are recognized authorities in fields pertinent to the needs of the minority group they embody.

Policies & Reports

[2017 Annual Report of the Advisory Committee on Minority Veterans](#)

This 2017 Annual Report provides the ACMV's observations, recommendations, and rationales that address the effectiveness of the VA delivery of benefits and services to minority veterans.



National Center for Veteran Analytics and Statistics: *2015 Minority Veterans Report*

The National Center for Veteran Analytics and Statistics' [*2015 Minority Veterans Report*](#) chronicles the history of minorities in the military and as veterans, profiles the characteristics of minority veterans in 2014, illustrates how minority veterans in 2014 utilized some of the major benefits and services offered by the Department of Veterans Affairs (VA), and discusses challenges of minority veterans in relation to VA.



Racial and Ethnic Disparity System Performance Measures to Consider

Data Measurements to Identify and Quantify Racial Disparities

Data collection and evaluation supports the first step toward addressing racial inequity in homeless systems of care. This allows communities to identify and quantify the issue(s) in their systems. From there, communities can proceed through the framework to subsequently identify causes of inequities and disparities, develop interventions, implement interventions, and then further evaluate and revise the interventions.

Communities should consider using the following two quantitative means of identifying and measuring racial and ethnic disparities:

1. **U.S. Department of Housing and Urban Development (HUD) system performance measures**
2. **Coordinated Entry System (CES) evaluation by phase and decision point**

Additional Considerations: How to Collect and Analyze the Data

1. Decision points: system inputs and outputs

There are multiple decision points or places of system-consumer interaction where racial or ethnic disparities may appear. While not exhaustive, the following performance measures use a broad approach by dividing decision points into system inputs and outputs, both when reviewing HUD's system performance measures and in a CES evaluation. This highlights the fact that disparities may originate inside or outside of the system, and the system's impacts on the people experiencing these disparities can be exacerbating, relieving, or nonexistent. Therefore, data collection and analysis should address the decision points in a comprehensive way to ensure clear identification of where disparities lie and how disparities impact both consumers and system functioning.

2. Complexity of race and ethnicity issues and solutions

Avoid trying to identify, analyze, or understand race and ethnicity as another subpopulation. There are multiple factors that influence how racial and ethnic disparities and inequities arise. These are structural and systemic (from national to local and outside of the CoC context), geographic and cultural, and they vary at the intersection of many other diverse characteristics (e.g., age, LGBTQ+ identification, gender, socioeconomic status, etc.). For this reason, racial and ethnic disparities must be analyzed in a way that recognizes the intersections of the disparities and other systems or personal characteristics.

3. Framing the data and completing the analysis

Data analysis is not complete without a foundational understanding of racial and ethnic disparities. Knowing what is happening, especially in the context of structural racism and any current system and program level inequities, is key to knowing how and why disparities arise and what to do about them.



Please be sure to check with an expert in racially equitable systems change principles for a more comprehensive and accurate framing of this data and to understand the full scope of systems disparities and inequities revealed through the analysis.

4. Collecting SOME data vs. collecting NO data

While collecting all the data listed in the following section will not always be feasible, most of the data are available, as they are required for CoC funding. It is highly recommended that each community begin by determining: (1) what data are available, and (2) from what project types or CES phases the community is most interested in obtaining data to begin planning interventions to close the gaps.

5. Aligning state and federal obligations

Many communities may already be collecting much of this information as part of their commitments and obligations under various federal and state plans and funding agreements. Communities are encouraged to compare the quantitative data points below to their existing state and federal plans and commitments to ensure all program and system level efforts to realize racial equity are aligned.



HUD System Performance Measures

Homeless Management Information System (HMIS) data entered in compliance with CoC program requirements (in the form of HUD performance measures) capture a significant amount of relevant data on racial and ethnic disparities. The list of specific data elements below is meant to be a starting point, not an exhaustive list, to analyze data already being recorded. HMIS data elements referenced here may be found in the *HMIS Data Standards Manual, 2017* version. Communities may wish to track and evaluate data elements in the chart below, each broken down by race and ethnicity.

- Race, HMIS Data Element 3.4
- Ethnicity, HMIS Data Element 3.5

Note: Race and ethnicity are two separate measures informing the question of difference or disparity in the system. Communities should be sure to distinguish between these two data points.

Data Point	Relevance	Data Source
System Inputs		
Living situation	Identify type of living situation and length of stay immediately prior to project start	HMIS Data Element 3.917
Income and sources	Identify whether clients have any income <i>at program entry</i> , and number of sources; may further evaluate data by specific income sources	HMIS Data Element 4.2
Non-cash benefits	Identify whether clients receive any benefits <i>at program entry</i> , and number of sources; may further evaluate data by specific benefits	HMIS Data Element 4.3
Health insurance	Identify whether clients receive or are covered by health insurance <i>at program entry</i> ; may further evaluate data by source of insurance	HMIS Data Element 4.4
Disability	Identify disabilities, including physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, substance abuse	HMIS Data Elements 4.5-4.10



Domestic violence	Identify survivors of domestic violence, and whether currently fleeing domestic violence	HMIS Data Element 4.11
Veteran status	Identify those with veteran status	HMIS Data Element 3.7
System Outputs		
Project type	Identify types of projects accessed	HMIS Data Element 2.4
Destination	Identify outcome for client immediately after exiting a project	HMIS Data Element 3.12
Housing move-in date	May use alongside project start date to identify clients who entered project and time until move-in, or whether move-in ever occurs	HMIS Data Element 3.20
Income and sources	Identify whether clients have any income <i>at exit or update</i> , and number of sources; may further evaluate data by specific income sources	HMIS Data Element 4.2
Non-cash benefits	Identify whether clients receive any benefits <i>at exit or update</i> , and number of sources; may further evaluate data by specific benefits	HMIS Data Element 4.3
Health insurance	Identify whether clients receive or are covered by health insurance <i>at exit or update</i> ; may further evaluate data by source of insurance	HMIS Data Element 4.4
Housing assessment disposition	Identify referrals following brief assessment. Note that this element may be utilized differently across communities and thus vary in relevance	HMIS Data Element 4.18
Length of time persons remain homeless	Measures change in average and median length of time persons are homeless in shelter, transitional housing (TH), and some other situations	HUD System Performance Measure 1



Extent to which persons who exit homelessness to permanent housing destinations return to homelessness	Measures returns to shelter, transitional housing, contact with street outreach, and some other situations among those with successful exit to permanent housing recorded in HMIS	HUD System Performance Measure 2
Number of homeless persons	Measures change in point in time (PIT) counts of sheltered and unsheltered persons experiencing homelessness, and change in annual count of sheltered homelessness in HMIS	HUD System Performance Measure 3
Employment and income growth for homeless persons in CoC program-funded projects	Measures changes in multiple types of income for those in shelter, transitional housing, rapid rehousing (RRH), or permanent supportive housing (PSH) programs in HMIS	HUD System Performance Measure 4
Number of persons who become homeless for the first time	Measures change in the number of people in shelter, transitional housing, and some other situations with no prior enrollment in HMIS	HUD System Performance Measure 5
Successful placement from street outreach	Measures change in placements from street outreach to permanent, temporary, and some institutional settings	HUD System Performance Measure 7
Successful placement in or retention of permanent housing	Measures change in exits to or retention of permanent housing	HUD System Performance Measure 7



CES Evaluation by Race and Ethnicity

Communities should review each CES phase for disparities, examining the inputs and outputs **by race and ethnicity**. For instance, “who” refers to the racial and ethnic composition of the person providing the input or experiencing the output.

Subpopulation data are also valuable here. Communities should aim to obtain data for their relevant subpopulations (e.g., domestic violence survivors, transition-aged youth (TAY), single parent households, veterans, and/or others as relevant to the community) by race and ethnicity for each of the inputs and outputs.

Note: System and community **demographics** (using census or other data) should be included in this evaluation.

Note: Some communities may treat matches and referrals as the same step. If the match happens separately from the actual referral (e.g., on a different day, by a different person, in a different process, through a different system, etc.) then review data for these two steps separately by race and ethnicity.

CES Phase	Inputs for Evaluation (By race and ethnicity)	Outputs for Evaluation (By race and ethnicity)
Planning	<p>Who is designing the CES?</p> <p>Who is monitoring the CES?</p> <p>Who is/are the matchmakers?</p> <p>Who is participating regularly in case conferencing?</p> <p>Who are the system’s decision makers (e.g., collaborative agency lead personnel; community-based organization stakeholder lead personnel; CoC and emergency solutions grant (ESG)-funded provider lead personnel)</p> <p>What training on race and equity is provided to those involved in CES, including planners, service providers, intake and referral personnel,</p>	



and other decision makers or stakeholders?

Access	Types of diversion resources offered to client (services, funding, etc.)	# of successful diversions from homelessness
	Types of diversion resources accepted by client (services, funding, etc.)	# of successful diversions from homeless system of care
	Types of diversion resources rejected by client (services, funding, etc.)	# using emergency shelters
	Types of prevention resources offered to client (services, funding, etc.)	
	Types of prevention resources accepted by client (services, funding, etc.)	
	Types of prevention resources rejected by client (services, funding, etc.)	
		# reached by outreach
		# calls in to 2-1-1
	# who accesses each access point in the system	

Assessment

	# of assessments conducted
	Average assessment score
	Median assessment score
	Score distribution
Which access points are conducting reassessments?	# of re-assessments conducted
	# of reassessments with change in assessment score



in each housing intervention range (e.g., PSH, RRH, etc.)

of people identified as chronically homeless

Prioritization	Who is at the top of the prioritization list?	
	Who is at the bottom of the prioritization list?	
		# of people identified as members of other priority populations (e.g., subpopulations: disabled, TAY, senior, veteran, etc.)

Matching

Who is matched to each housing intervention?

able to self-resolve without intervention of from homelessness system

matched to housing navigation services

matched to prevention services

matched to diversion services

matched to board and care programs or nursing homes

Are there differences in who is matched to population-specific resources (e.g., behavioral health programs, domestic violence survivors, veterans) vs. resources open to broader population?





Referral		# of referrals to each housing intervention (PSH, TH, RRH, etc.)
		# of referrals to housing navigation services
		# of referrals accepted by service providers
		# of referrals rejected by service providers
		# of referrals declined by client

Program Entry

Length of time to contact client for program referrals

of attempts to contact client for program referrals

successfully enrolled in programs to which they were matched and referred

Of those matched but not enrolled, what were the reasons they were not enrolled?

Rate of retention by program

Rate of retention by project type

Timing		Average length of time between first contact and completion of the assessment
		Median length of time between first contact and completion of the assessment
		Average length of time between completion of the



		first assessment and first match/referral to housing
		Median length of time between completion of the first assessment and first match/referral to housing
		Average length of time to first match/referral to non-housing services (such as shelter or other interventions)
		Median length of time to first match/referral to non-housing services (such as shelter or other interventions)
		Average length of time from making a match/referral to housing to enrollment in that housing program
		Median length of time from making a match/referral to housing to enrollment in that housing program
		Average length of time between match/referral to non-housing services and enrollment in that program
		Median length of time between match/referral to non-housing services and enrollment in that program
		Average length of time between enrollment in a housing program and housing move-in date
		Median length of time between enrollment in a housing program and housing move-in date



Getting Started: Overview of Resources for Racial Equity Systems Change

Recommendations for Beginning the Process

Before fully embarking on the five-step process outlined in the framework schematic, seek out and review existing documents, such as funder-required statements and reports, that contain already-compiled information about racial equity issues in your community, including details about the underpinnings of any such issues and any existing plans to address them.

For example, SAMHSA requires its grantees to submit a behavioral health disparities impact statement identifying disparate populations in their service areas, and certain HUD grantees have various requirements relating to fair housing reporting, including analyzing challenges to fair housing choice and establishing goals and priorities to address fair housing barriers in their communities. Locating and reviewing those and other mandated statements and reports can provide a foundation for continued work toward racial equity. The [Federal Policies and Resources for Addressing Racial Equity](#) resource in this toolkit contains information about a variety of documents that may have already been developed in your community around the topic of racial disparity or inequity.

Additionally, a number of existing racial equity toolkits provide clear and comprehensive tools and information to operationalize racial equity in large systems and may be helpful for homelessness CoCs.

These tools recognize that equity and disparity reduction are a process, which means that training alone is insufficient and that “diversity” is not the goal. The toolkits also address how to incorporate the persons most impacted by inequities and disparities, while educating communities on how and why racial equity matters and is distinct from racial and ethnic disparities.

Communities are encouraged to use these toolkits to develop systems change that is relevant and necessary to their community’s needs. The materials that follow can be used to supplement the background, guides, and action plans developed by these sources.

GARE Racial Equity Tools

Government Alliance on Race and Equity (GARE) provides a variety of tools aimed at operationalizing racial equity in systems. Resources aim to assist jurisdictions to use a racial equity lens to identify metrics, to implement community processes that advance racial equity, to improve decision-making, and offer guidance for racial equity planning for systems and local governments.

GARE Tools and Resources

- [Racial Equity Toolbox: An Opportunity to Operationalize Equity](#)
- [Racial Equity: Getting to Results](#)
- [Racial Equity Action Plans: A How-To Manual](#)



Annie E. Casey Foundation's Race Matters Toolkit

This toolkit aims to help agencies use goal setting to produce equitable opportunities and results. It also provides sample approaches and guidance on using racial equity tools.

- [Annie E. Casey Foundation's Race Matters Toolkit](#)

Greenlining Institute: Racial Equity Toolkit

The Greenlining Institute provides step-by-step guidance on how to implement racial equity principles. The toolkit also provides case studies on racial equity processes in action.

- [Greenlining Institute: Racial Equity Toolkit](#)



Profiles in Preventing and Ending Youth Homelessness: Equity

The following profiles on equity have been curated from the Coordinated Community Plans of Round 1 YHDP grant recipients.

Austin/Travis County, TX

In Austin, African Americans and LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning) youth are overrepresented in the homeless population. African American youth make up 40 percent of Travis County's homeless youth compared to the county's overall 8 percent African American population. LGBTQ+ youth make up 23 percent of Travis County's homeless youth population, which is more than triple the number of LGBTQ+ youth in the general population.

Austin's YHDP initiative plans to address disparities by taking action in the following areas: 1) identification of all youth experiencing and at risk of homelessness; 2) agency and individual assessment and training in cultural competence, humility, and responsiveness; 3) hiring practices that promote diversity in the workplace; 4) service delivery that models best practice in creating safe and affirming spaces and provides an array of housing options that promote youth choice; and 5) outcome and assessment evaluation that regularly evaluates the demographics of housed youth and the time it takes to house them.

1) Identification of Youth

- Systemically analyze demographics of youth served to ensure the Continuum of Care (CoC) is equitably meeting the needs of young people.
- Ensure affirming survey tools are used to further understand LGBTQ+ youth and that survey tools address their preferred gender pronoun, sexual orientation, and gender identity with nonbinary options.
- Tailor outreach efforts to ensure subpopulations at a higher risk of homelessness are reached and served equitably.

2) Agency & Individual Cultural Competency Assessment and Training

- Utilizing Homeless Management and Information System (HMIS) data, reporting, and analysis, agencies serving youth will be familiar with the special populations they are serving. Training will align and evolve to address the special needs of the populations they are serving.
- Assessment and training occur at both an administrative and direct staff level (existing and new) to promote organizational competence.
- Training topics should include but are not limited to the following:
 - Cultural competency, humility, and responsiveness
 - Motivational interviewing
 - Nonviolent communication



- Suicide prevention and harm reduction
- HUD equal access rule
- Training and assessment should be ongoing for both new and existing staff to promote personal growth.
- Using True U and True Inclusion Assessment by True Colors Fund (an agency/community assessment) to ensure inclusion and affirming practices of LGBTQ+-identified youth.

3) Hiring Practices of Youth-serving Organizations

- The recruitment and retention of a diverse staff are essential to providing culturally competent services.
- Promote hiring practices that consider language and qualifications and include opportunities for populations disparately discouraged or excluded by larger systems from applying (e.g., education requirements, background checks that do not affect the scope of work being done, encouraging the recruitment of qualified persons with lived experience).

4) Youth Service Delivery

- The programs create safe, affirming spaces for youth no matter their self-expression. Practices include the following:
 - Nonbinary intake/client assessment tools
 - Nonbinary shelters and restrooms
 - A physical environment that has been considered for trauma-informed practices
 - An accessible and transparent process for young people to report harassment and discrimination, as well as a formalized response process for agencies

5) Outcome Assessment & Evaluation

- Use data to track whether high-risk subpopulations are served less frequently or less effectively.
- Quarterly, programs will self-evaluate program inflow and outflow to identify and resolve potential disparities.
- The CoC will evaluate the demographics of youth identified as homeless (inflow) compared to youth who are housed (outflow) each month. This will allow timely identification of disparities and swift action for addressing inequities in the CoC.
- Reporting should include system inflow and outflow, program enrollment, housing outcomes, and days to housing.

Austin's plan is for the CoC and YHDP programs to operate in ways that ensure the youth least likely to apply for assistance are reached, youth experiencing homelessness are treated as equal partners in determining their own future, housing options located in high-opportunity areas are available, and service data is regularly analyzed and used to ensure all subpopulations have equitable access to services. Austin's commitment to accountability is the bookend that holds the system and individual programs accountable for effective cultural responsiveness and social responsibility.



Seattle/King County, WA

Youth of Color Needs Assessment¹

The Youth of Color Needs Assessment, a project of the NW Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse, examined the overrepresentation of youth of color among homeless and unstably housed youth in King County, WA. In collaboration with the King County Comprehensive Plan to End Youth and Young Adult Homelessness, this qualitative research project used a participatory, community-based approach to conduct focus groups with youth of color (ages 13–24) experiencing homelessness across the county. The needs assessment lifted and centered the voices of youth of color to clarify their unique experiences, strengths, and needs.

The report highlights opportunities and barriers for the county's ongoing efforts to address homelessness among youth of color. Based on these findings, the report provides recommendations for stakeholders throughout the region to strengthen available resources and continue building capacity to address and prevent disproportionate rates of homelessness for youth of color in King County.

Housing, Education, and Employment Needs	Social and Emotional Well-being
<ul style="list-style-type: none">• Provide support for services and information systems to remain nuanced and reflexive in their understanding of the complex roles that families play in youth of color's lives and experiences of homelessness.• Increase the incorporation of features and components of services wanted by youth of color into the program, including strength-based and flexible services that support self-determination.• Build organizational pathways that allow program participants to move into leadership positions and gain employment within the homeless response and youth-serving fields.	<ul style="list-style-type: none">• Continue addressing the structural conditions that undergird the experiences of homelessness for young people of color.• Identify opportunities to expand the positive relationships young people of color experiencing homelessness can build with caring adults.• Address the feeling of judgment and harm received by pregnant and parenting young adults from case managers who are not parents themselves.

¹ NW Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse. (2017, May). *King County youth of color needs assessment*. Retrieved from <https://www.nwnetwork.org/youth-of-color-needs-assessment>



SYSTEM GOAL: EQUITY-ELIMINATING DISPARITIES: Youth of color and LGBTQ+ youth have equal access and equivalent outcomes as their peers.

Objective #1: Access to Continuum of Care Coordinated Entry for All (CEA) housing and exits to permanent housing in YHDP projects will be comparable across race and ethnicity.

1. Incorporate racial equity measures into by name list (BNL) data elements and case conferencing to ensure access parity.
2. Closely track the permanent housing objective in monthly contract reports and provide technical assistance where needed.
3. Include specific targets in all Requests for Proposals (RFPs) and in YHDP-funded projects.
4. Develop a strategy/system to measure, collect, analyze, and utilize customer service qualitative data and disaggregate by race/ethnicity.
5. Review shelter and housing rules/eligibility standards that could allow differential treatment.
 - a. Establish workgroups by service types and collectively review the rules/eligibility; ensure groups include youth of color with lived experience.
 - b. Issue recommendations to improve rules and actively eliminate rules that disproportionately affect youth of color; use the learnings and recommendations from the Youth of Color Needs Assessment.
 - c. Measure customer service and impact on youth and young adults' (YYA) experience of the system across all YYA providers using multiple methods of gathering feedback, including participant surveys, focus groups, and site visits facilitated by the Youth Advisory Board.
 - d. Shift from punishments to consequences consistent with trauma-informed care (TIC).

Objective #2: All YYA, in particular youth of color, have geographic access to homeless services (drop-in, emergency shelter, employment/education, and housing).

1. For youth of color, review CEA preferred geographic area in case conferencing and track the percentage of YYA who are successfully housed in their preferred geographic-identified area.
2. Map YYA homeless services by neighborhood/school area to identify the gaps in service, particularly in low-income communities and communities of color.
3. Engage the community to determine need in underserved areas.
4. Develop a funding strategy for projects in needed areas, once identified.



Objective #3: Ensure staff reflect the race, culture, and lived experience of the populations they serve and ensure governance and oversight bodies include youth of color and LGBTQ+ youth.

1. Provide technical assistance to establish best practices for recruiting staff and board members who reflect the population served.
2. Establish metrics to track the cultural, racial, and ethnic representation of the staff.
3. Measure the impact of system changes on youth experience by including youth voices in decision-making and policy review.
4. Providers and funders perform outreach to 100 percent of system-wide identified avenues to actively recruit staff, board, and advisory members who reflect the populations served.

Project Principles for Serving Youth of Color

These project principles are to be incorporated into all YHDP-funded programs in Seattle/King County:

- Provide staffing that reflects young people's race/ethnicity and ensure all staff are trained in cultural competency and understand structural racism and its connection to homelessness.
- Review quantitative and qualitative program data to ensure programs are provided in an equitable way and that YYA of color are showing the same amount of success in programming as white YYA.
- Ensure services are available in geographical areas that youth frequent.

Kentucky Balance of State

Racial disparities and overrepresentation of minorities among people experiencing homelessness have been noted in many urban settings but have received very little attention in rural communities. While non-Caucasian students represented just 3.8 percent of the total numbers of students throughout the Kentucky Promise Zone in the 2015–2016 school year, African American students, students of two or more races, and Hispanic students were disproportionately represented among students identified as being homeless.

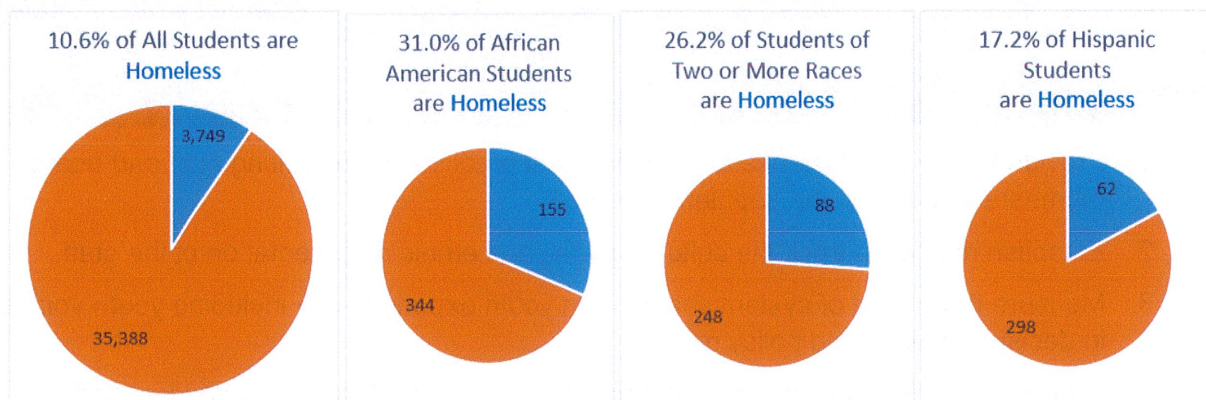


Figure 11. Minority Groups are Disproportionately Represented in the Homeless Count Using the McKinney-Vento Definition of Homelessness. The graphs here represent data from the Department of Education for the 2015-2016 school year.

One strategy outlined in the Kentucky Balance of State Coordinated Community Plan for addressing these racial disparities is to determine why minorities are disproportionately represented among youth experiencing homelessness in the Promise Zone and determine what programs, outreach, and education changes are needed.

Santa Cruz, CA

Cultural Humility

Cultural humility was a concept introduced to the YHDP Community Steering Committee and adopted as a guiding principle of the work. Cultural humility is defined by three core elements:

1. Lifelong learning and critical self-reflection
2. Recognition of a challenge to power imbalances
3. Institutional accountability

Recognition of power and privilege imbalances was discussed among the YHDP steering members. *Power* is defined as the ability to decide who will access resources; the capacity to direct or influence the behaviors of others, oneself, and the course of events. *Privilege* is defined as unearned access to resources readily available only to some people as a result of their advantaged social group membership.

Youth Advisory Board members frequently remark on the importance of applying the concepts of privilege and power to developing trusting relationships. Embedding the concept of cultural humility in projects will set YHDP projects apart from traditional service strategies that are not successful with this population.

Cultural Responsiveness

Cultural responsiveness was also explored in particular among YYA special populations that are at increased risk of homelessness and trauma. For Santa Cruz County, these include LGBTQ+ youth, pregnant and parenting youth, commercially and sexuality exploited children, Latino youth, justice-involved and foster care-involved youth, and minors.