

# **Solving Homelessness in Delaware Requires Resolving the Disparities That Cause It**

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## **Abstract**

There are several paths to homelessness for adults and families, including a lack of affordable housing, financial crises such as unemployment, underemployment and low wages, and domestic violence. For youth, homelessness can be the result of running away from family conflict, family poverty, domestic violence, being put out of their homes, or loss of resources after aging out of state programs like foster care. The aim of this essay is to discuss the common paths to homelessness for adults, youth, and survivors of domestic violence as well as the associated health outcomes related to homelessness in relation to health equity and the social determinants of health. Additionally, this piece identifies existing disparities in homelessness, highlights Delaware resources, and seeks ways that Delaware can end involuntary homelessness in Delaware. Homelessness disproportionately affects minority populations more than other groups and has direct adverse health consequences on these populations. The poor health outcomes linked to homelessness can be many, co-occurring, and lifelong. If social determinants continue to be lacking, homelessness can become chronic. Homelessness is a prevalent public health issue in Delaware. With a health equity lens, state and community resources and solutions can be applied to help reduce homelessness and its disparities.

## **Introduction**

Each day you get up, shower, dress, grab food from your kitchen, get in your car, and head to work. In contrast, an unsheltered person experiencing homelessness gets up, packs their belongings, walks to the nearest publicly accessible bathroom, checks the stalls, and finding no one, can have privacy to clean themselves and their child. Then they need to find food and get their child to school. Even with a job working 30 hours a week, more than their income is necessary for reliable transportation and a safe, permanent home for themselves and their family.

According to evidence-based data, in multiple studies, the homeless and home insecure are vulnerable populations that face increased risks for poor health outcomes, and homelessness predominately affects minority populations.<sup>1-12</sup> The disparities in the prevalence of adverse health outcomes and risk factors in minority populations due to inequitable access to health care, education, and environmental or socioeconomic factors experienced by socially disadvantaged groups are preventable differences.<sup>12</sup>

## **Adverse Health Outcomes and Disparities Within the Homeless Population**

The adverse health outcomes resulting from homelessness include increased mortality rates, pre-term birth and low birth weight infants in pregnant mothers, increased risk of mental health and substance abuse disorders, increased risk of infectious diseases, and high rates of suicidal thoughts.<sup>1-5,11</sup> Other harmful outcomes associated with homelessness include increased

vulnerability to trauma such as sexual assault or victimization, chronic homelessness, delay and lapse in seeking care, and increased risky behaviors.<sup>3,11</sup>

Sixty-one percent of people experiencing homelessness in the U.S. in 2022 identified as African, African American or Black and Hispanic/Latino/a/x.<sup>7</sup> Persons identifying as Black are four times more likely to experience homelessness than persons identifying as White in their lifetime.<sup>10</sup> The 2022 Annual Homelessness Assessment Report (AHAR) reported that 37% of all persons experiencing homelessness and 50% of families with children identified as Black nationally.<sup>7</sup> Black residents accounted for 61% of the total Delaware homeless population – nearly two-thirds – according to the data.<sup>6-9</sup> Comparatively, Black residents comprise only 23% of the Delaware population.<sup>9</sup> Among homeless Delawareans in 2022, 6% identified as Hispanic or Latino/a/x.<sup>6</sup> Asian or Asian American, American Indian, Alaska Native or Indigenous, Native Hawaiian or Other Pacific Islander, and persons identifying as more than one race accounted for just over 7% of homeless Delawareans.<sup>6</sup> The combined outcomes, risks, and disparities elevate homelessness to a public health and health equity priority.

## Delaware Homelessness by the Numbers

Delaware's homeless or home insecure, which comprise people in a variety of unstable living situations, includes those outlined in the proposed Delaware 2023 House Bill 55, Bill of Rights for Individuals Experiencing Homelessness<sup>13</sup>:

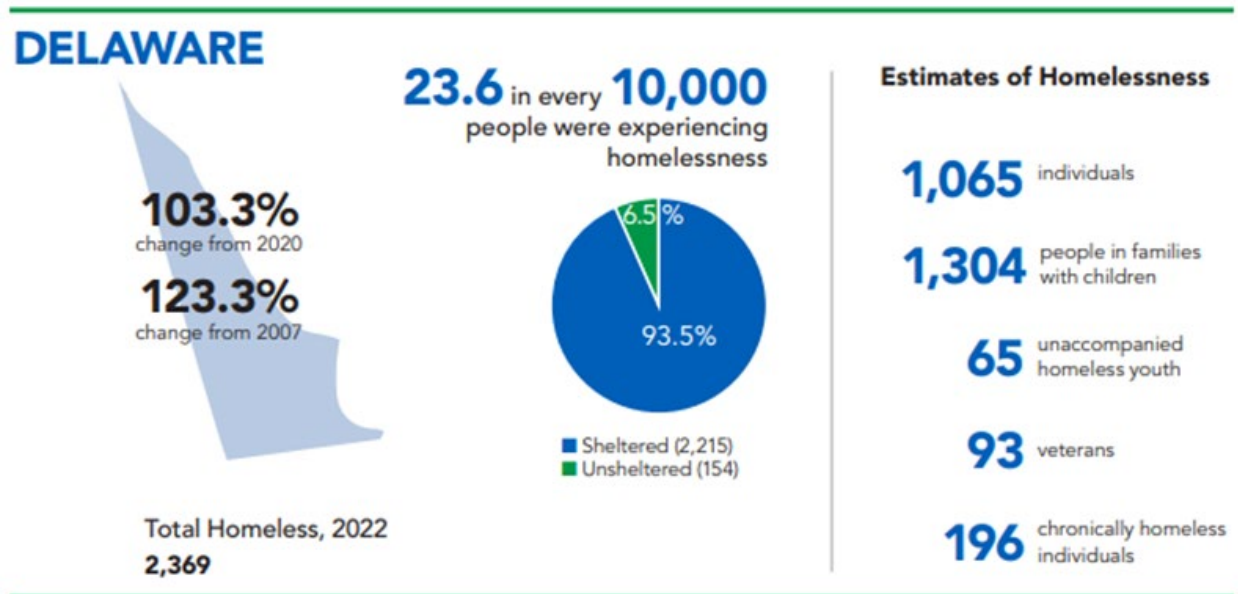
- An individual who is living in a place not meant for human habitation or in a temporary shelter
- An individual who is exiting an institution and who met the...status of living or having lived on the street, in a temporary shelter, or other temporary residence immediately before entering the institution
- An individual who will lose the individual's housing within 14 days
- An unaccompanied youth or a guardian with a child that does not have housing and is unlikely to obtain housing, including an unaccompanied youth or guardian with a child that satisfies either of the following:
  - Has not had a lease or ownership interest in a housing unit in at least the previous 60 days and is unlikely to obtain housing
  - Changed housing at least twice in the last 60 days, and who is unlikely to obtain housing
- An individual who is fleeing or attempting to flee domestic abuse, has no other housing, and lacks the resources or support networks to obtain housing
- An individual regarded as being an individual experiencing homelessness.

The proposed Delaware Bill of Rights for Individuals Experiencing Homelessness acknowledges homelessness as an issue at the state level. If passed, the bill would support the current resources to tackle the adverse health outcomes and inequities faced by people experiencing homelessness and home insecurity, discussed later in this essay.

Continuums of Care (CoC) located in the regions and locales throughout the U.S. perform annual Point-in-Time Counts of sheltered and unsheltered persons experiencing homelessness on a

single night in each state, usually within the last ten days of January.<sup>7</sup> According to the 2007-2022 Point in Time Estimates by State, there were 2,369 homeless individuals in Delaware in 2022, which is more than double the 1,082 homeless individuals counted in 2018 (Figure 1).<sup>7</sup> The 2022 AHAR reports that Delaware is one of three states with the largest percentage increase in homelessness, a rise of 103% from 2020 to 2022.<sup>7</sup> This is a new trend; Delaware had the second largest percentage increase in the number of individuals experiencing homelessness from 2007 to 2022.<sup>7</sup> Delaware was also one of 26 states reported to have increases in families with children who experienced homelessness between 2020 and 2022, impacted by the Coronavirus 2019 (COVID-19) pandemic.<sup>7,8</sup> As the numbers rose, the Delaware Department of Health and Social Services, Division of State Service Centers (DSSC) increased emergency housing, and the State served as the largest emergency shelter provider in 2021 and 2022.<sup>8</sup> Moreover, Delaware was one of three states having the largest absolute increases of families with children experiencing homelessness, a total increase of 205%, totaling 876 more individuals, from 2020 to 2022.<sup>7</sup> This rise coincides with the increase in family homelessness during the more extended period from 2007 to 2022, with Delaware showing the most significant documented percentage increase of 278%, totaling 959 individuals.<sup>7</sup> These increases tell an unavoidable truth: this Delaware issue needs improvement.

Figure 1. Point in Time Estimate of Homelessness, Delaware, 2022<sup>7</sup>



Common factors contributing to homelessness are linked to the social determinants of health (SDoH) and vital conditions<sup>1</sup> that can lead to poor health outcomes. The Centers for Disease Control and Prevention (CDC) lists these SDoH related to homelessness and housing instability: economic stability; access to quality education; access to quality health care; the neighborhood and built environment; and social and community context.<sup>1</sup> Tracking these data and indicators help to identify communities and precise geographic locations where inequities harm vulnerable populations. The Equity Counts Data Center within Delaware's My Healthy Community (MHC) portal is a prime place to research these health concerns among home-insecure Delawareans. One can find geographically based state data such as the Social Vulnerability Index indicators by census tract. For example, census tract 504.06 covers a portion of Seaford, Delaware, and has an

overall vulnerability ranking of 0.98 out of 1.0, indicating a high level of vulnerability.<sup>14</sup> Additional vulnerability ranking data can be tracked, such as socioeconomic status, household characteristics, racial and ethnic minority status, housing type, and transportation for that and other state census tracts.

## **Circumstances Leading to Homelessness**

The most common circumstances that can lead to homelessness include lack of affordable housing, financial crises such as unemployment, underemployment and low wages, and domestic violence.<sup>1,2,8,11,15</sup> Deficits in any of the social determinants, compounded with homelessness, can result in complications from poor nutrition due to food insecurity and malnutrition, mental health issues including depression, high rates of substance use disorders, chronic diseases such as hypertension, and in the worst instances, even premature death.<sup>1,3,11</sup> Housing instability can also adversely affect physical health and make it difficult to access health care,<sup>1</sup> though it is needed. Many Delawareans earning minimum wage often struggle to cover rent and other basic needs. In 2021, the fair market value of a Delaware two-bedroom apartment was \$1,183 per month, meaning an employee would need a job earning at least \$22.76 to afford the apartment.<sup>8</sup> Comparatively, Delaware's 2022 minimum wage is \$10.50, equating to the affordability of a \$546 per month rental for an employee working full time.<sup>8</sup> A one-bedroom unit at fair market value in Delaware averages \$972, and a studio, \$874, both options that could lead to housing instability and potential homelessness.<sup>8</sup> Data found within MHC show that in 2020, 37.3% of Delaware renters were rent burdened.<sup>14</sup> A study in New York indicated that chronic disease is more common among persons who are newly homeless than the general population.<sup>1</sup>

Lack of affordable housing can lead to overcrowding which may adversely affect mental health, stress, and sleep and increase the risk of close-contact infectious diseases.<sup>1</sup> According to Housing Alliance Delaware, there is a shortage of more than 18,000 affordable and available rentals for extremely low-income Delawareans and only 8,282 affordable and available rentals that meet the needs of that vulnerable population.<sup>8</sup> Without an available reliable address to receive sensitive personal documents, homeless people face barriers when applying for aid and services such as opening a bank account, registering to vote, or requesting required documentation for gainful employment. Having a post office box or general delivery are not uniformly accepted, posing additional hurdles.

## **Youth Homelessness**

Youth homelessness has many factors, including runaway youths, families putting youths out of their homes, family poverty, and youths who become homeless due to a lack of resources as they are discharged from state programs such as foster care as they age out.<sup>2,3</sup> Youths run away from home because of family conflict, home instability due to alcohol or drug addiction of a family member or someone living in the home, and physical abuse by a family member or someone living there. Once a youth is homeless, they are at risk of their essential needs not being met. They may lose access to food, clothing, quality education and have difficulty in school.<sup>3</sup> Having a grumbling belly, sleeping on a different couch every night or in an abandoned car, and wondering how to shower before school the next day eclipses homework. Not all homeless youth stay in shelters. Some youths are abandoned in hospitals, sleep in tents, or huddled in corners on sidewalks with little to no access to clean water or clean clothes. This can result in school absenteeism due to bullying or embarrassment. Between 2018-2021, data collected by school

districts showed that 37% of students experiencing homelessness were reported as chronically absent – missing 10% or more of school attendance days and enrolled for at least ten days.<sup>16</sup> In the 2020-2021 school year, 66.4% of the 2,576 Delaware students who were homeless were also chronically absent, a percentage that has increased annually since the 2016-2017 school year and which was similarly impacted by COVID-19 as the number of homeless families with children increased.<sup>16</sup>

Students experiencing homelessness may not finish high school.<sup>3</sup> This may hinder their ability to find a job and affordable housing, propelling them into chronic homelessness. Such dire straits lead to adverse health outcomes, including obesity, substance use, and unintentional injury.<sup>12</sup> With less education, youth may not be able to understand health information, have increased health risks, and be unable to make informed health decisions.<sup>12</sup> Homeless youth without additional resources may not have access to quality health care. These can lead to poor health outcomes for youth. Adverse childhood experiences (ACEs), a Delaware School Survey (DSS) measure, include homelessness as a trauma.<sup>17</sup> In addition to the trauma of homelessness or home insecurity, homeless youth may also face post-traumatic stress disorder, high rates of depression, thoughts of suicide, and substance use disorders.<sup>3,17</sup> These issues may be co-occurring and compounded by the stressors of family, school, mental health, and other common risks associated with homelessness, including lack of basic safety.<sup>2,3,5,17</sup> In the 2021 DSS, 1% of eighth-grade students and less than 30 individual eleventh-grade students confirmed that they had experienced homelessness or instability in their housing in the past 30 days.<sup>17</sup> In the same survey, 22% of eighth-grade students and 21% of eleventh-grade students reported ever seeing or hearing violence between adults in the home.<sup>17</sup> The DSS report includes additional collected data on individual ACEs indicators that align with the common causes that can lead youth to homelessness. A review of available data revealed a study that found that street youth experiencing homelessness have higher risks of mortality than general youth and that most deaths are caused by suicide or substance use.<sup>2</sup>

As a minority population, youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer, and others (LGBTQ+) are disproportionately affected by homelessness.<sup>3,5</sup> In Delaware, there is a gap in data on this subpopulation. To address this data concern, the Delaware Division of Public Health's (DPH) Bureau of Health Equity is contracting with community partners to estimate the number of Delaware youth who have experienced or are at risk for homelessness, those that identify as LGBTQ+ within that group, and an informed guide to assessing the needs of this vulnerable population. Additionally, in this issue of the Delaware Journal of Public Health, there is an analytic essay on this topic titled *LGBTQ+ Youth Homelessness in Delaware: Building a Case for Targeted Surveillance and Assessment of LGBTQ+ Youth Needs and Experiences*. LGBTQ+ youths are more likely to experience homelessness in a single year than youth who identify as heterosexual or cisgender.<sup>3</sup> LGBTQ+ youths face the same common contributing factors as other homeless youth, including family conflict, domestic violence, and physical abuse.<sup>1-3</sup> LGBTQ+ youths also face the possibility of family rejection, sexual abuse by a family member or someone living in the home, and being asked to leave their homes because of their sexual orientation, gender identity, or gender expression.<sup>2,3</sup> LGBTQ+ youths also suffer higher rates of school bullying and violence.<sup>12</sup> Homeless LGBTQ+ youths and youth in foster care are particularly vulnerable. According to one study, homeless LGBTQ+ youths reported higher levels of victimization, including being physically abused, raped, beaten, or other assaults.<sup>3</sup> These additional distresses can lead to mental health disorders atop the risk for poor health outcomes due to physical traumas and deficits in the social determinants.<sup>5</sup> National survey data

indicate that about 20% of homeless youth identify as LGBT.<sup>3</sup> The secondary DSS reported that 3% of eighth and eleventh-grade students self-identified as gay or lesbian and 12% and 13% as bisexual, respectively.<sup>17</sup> In the same survey, 4% of eighth-grade students self-identified as “other” and 7% were unsure, while 3% of eleventh-grade students self-identified as “other” and 4% were unsure.<sup>17</sup>

In the review of reported U.S. Department of Education data, in the 2019-2020 and 2020-2021 school years, Hispanic/Latino students predominately experienced homelessness among their enrolled ungraded, 3- to 5-year-olds and kindergarten to grade 13 peers.<sup>9</sup> For Delaware however, students identifying as Black or African American made up 54.7% (1,409) of the homeless enrolled student population in the 2020-2021 school year.<sup>9</sup> Please note: a limitation/challenge in comparing data for homeless youth is found in the definition used for youth in different sources. Some research does not delineate youth from those unaccompanied, without a parent or guardian or family member. Those within a family and others define homeless youth to include persons as old as 25, including college students as unaccompanied homeless youth. For this article, unaccompanied youth refers to minors up to and including the age of 18 if they are still in foster care.<sup>1-3,5,7,8,17</sup> Further, not all data is provided for all years. States began reporting race and ethnicity data of students experiencing homelessness in the 2019-2020 school year, but not all states were able to report the data.<sup>9</sup>

## **Domestic Violence and Homelessness**

Domestic violence contributes to youth homelessness and is a primary cause among families with children, especially women.<sup>18</sup> Reported by the National Coalition for the Homeless, 80% of women experiencing homelessness with children were previously victims of domestic violence.<sup>2</sup> Domestic violence can include intimate partner violence, stalking, elder abuse, sexual abuse, child abuse, and physical or economic abuse. It usually occurs in a family or domestic setting when a person holds power over another person.<sup>1</sup> In Delaware fiscal year 2022, over 3,350 calls were made to domestic violence hotlines, a slight increase from 2021.<sup>19</sup> Adult survivors of sexual abuse, intimate partner violence, physical abuse, and elder abuse are the reference for this essay. Survivors of domestic violence may experience homelessness multiple times, with or without children. Persons with children in domestic violence relationships often choose between continuing to live in an unsafe, abusive environment or homelessness. According to the Domestic Violence Coordinating Council, in the 2022 fiscal year, children were present for 38.9%, or 4,160, of the criminal domestic violence incidents in Delaware.<sup>19</sup> Survivors leaving abusive situations with children must consider if there is a chance that they will be separated from their children due to shelter policies or if their children will be removed from their care and placed in foster care.<sup>2</sup> They may stay in abusive relationships to ensure shelter for their children and themselves.

Forty-five percent of domestic violence survivors report staying with abusive partners because they had nowhere else to go.<sup>2</sup> To flee, survivors need the opportunity away from abusers to access resources for help, including relocating to shelters. Delaware survivors of domestic violence would have also faced an increased likelihood of violence due to stay-at-home orders and increased barriers to prevention and help. Domestic violence survivors face additional hardships when overcoming homelessness, especially if children are involved. Healing is emotional and mental and may be physical and economical. Reported intimate partner criminal incidents in Delaware decreased for the last five fiscal years, 2018 to 2022, but there were still

935 reports where physical injury occurred to the intimate partner victim.<sup>19</sup> Coming out of the COVID-19 pandemic, where mixed reports showed domestic and intimate partner violence rates both increased and decreased, some survivors reported that they did not seek help or report abuse during the stay-at-home period while confined with their abusers. That resulted for some in social and psychological consequences, even post-traumatic stress symptoms, in addition to the physical symptoms.<sup>19,20</sup> These health consequences can co-occur with housing instability and homelessness when trying to leave and recover from abusive relationships. Intimate partner and sexual violence can lead to unplanned pregnancies, resulting in economic hardships, mental stress and depression, and sexual and reproductive health issues.<sup>19</sup> Mental stress and depression were evidenced in one study that found one-third of mothers experiencing homelessness attempted suicide at least once, compared to one-quarter of housed and poor mothers.<sup>2</sup>

As a result of domestic violence, some survivors may have unfavorable employment histories due to their abuse, making it difficult for them to find employment.<sup>18</sup> Consequently, finding affordable housing or landlords willing to rent to survivors may be more challenging, especially if there are records of eviction or eviction due to domestic violence.<sup>1,18</sup> Survivors with children who choose to leave an abusive and unsafe situation must find affordable housing but may not be financially stable. Domestic violence claims made up 23.5% of claims totaling \$624,300.36 in Delaware's Victim's Compensation Assistance Program received in fiscal year 2022.<sup>19</sup> Compounding health consequences with one or multiple deficits in the social determinants can make it that much more challenging for a survivor of domestic violence experiencing homelessness. During the 2022 fiscal year, 1,009 individuals were sheltered in Delaware, an increase from before males were included in the count in 2016.<sup>20</sup> Of those 1,009 individuals, 20 identified as male, 511 identified as female, and 478 were children. Although resources exist this shows that the full need is yet unmet.<sup>19</sup>

## Homelessness Resources in Delaware

The Delaware Department of Health and Social Services, DPH, and many community-based organizations and coalitions are working towards improving health risks by addressing the SDoH and disparities Delawareans experiencing homelessness face. DPH's MHC platform is a powerful tool that is regularly updated with indicators related to community health that link community priorities to social determinants.<sup>14</sup> Among those community-based organizations galvanized around health disparities are the<sup>1</sup>:

- Housing Alliance Delaware, which is the lead agency for the Delaware Continuum of Care and addresses the need for affordable housing<sup>8</sup>;
- Delaware Racial Justice Collaborative, which collaborates on the Equity Counts Data Center and advocates to eliminate inequitable policies<sup>14</sup>;
- United Way of Delaware, which connects people to emergency assistance and resources; and
- Better Homes of Seaford, which provides safe, affordable housing in its community.

Three programs provide evidence-based intervention services comprising hotlines, counseling, case management, and foster care support as well as shelters for homeless adults, with or without children:

- Child, Inc., whose domestic violence shelters are in confidential locations<sup>19</sup>;

- People's Place II, which has emergency shelters in Kent and Sussex counties<sup>19</sup>; and
- The Springboard Collaborative, which recently opened the 40-unit Springboard Pallet Village in Georgetown.<sup>21</sup>

An additional adult resource, Casa San Francisco in Milton, provides an emergency shelter and food pantry in the county where a high percentage of homeless persons sleep as of 2021.<sup>8</sup> One in three homeless Delawareans lived in Sussex County in 2021 and 2022.<sup>8,21</sup> And, West End Neighborhood House in Wilmington offers housing for homeless LGBTQ+ youth over 18.

In October 2018, the Advisory Committee on Immunization Practices recommended that all persons one year or older experiencing homelessness be routinely immunized against hepatitis A.<sup>4</sup> Since then, DPH has offered hepatitis A vaccinations to the Delaware homeless population at shelters, organizations providing transitional housing, and outpatient facilities.<sup>4</sup> Additional resources for persons experiencing homelessness include the seven public libraries that offer reservable kiosks where patrons can use high-speed internet and an iPad for private, wheelchair-accessible video and audio telehealth appointments, interviews, job training, education, and social service and legal appointments. To help with barriers to protected data, anyone born in Delaware can obtain a Delaware birth certificate with valid government or state-issued photo identification and payment. Also, when applying for assistance through DE ASSIST, those without a permanent address are permitted to use the address of any Delaware State Service Center and enter “N/A” for housing and utility expense information, then explain why during their interview.

As a result of the pandemic, in 2022 DSSC provided housing vouchers for hotels or motels to over 1,000 people, a significant increase from the 50 persons prior to the relief program.<sup>8</sup> The Delaware public health emergency ended on May 11, 2023. The emergency expansion and federal waivers of several programs were discontinued, such as the DSSC’s pandemic relief program, which ended October 1, 2022,<sup>8</sup> expanded Supplemental Nutrition Assistance Program benefits, which ended April 1, 2023, and Medicaid continuous enrollment, which ended March 31, 2023; the federal student loan pause is expected to end in the summer of 2023. The impact of the loss of these programs on the Delaware homeless population and those relying upon those benefits who were home insecure is yet unknown. Even before the pandemic, persons experiencing homelessness in Delaware existed, and data tell the story that the resources provided, such as shelters, weren’t enough.

## Limitations

Homelessness data is not perfect, and gaps in data exist. The CoC Point-in-Time Count estimates include data from unsheltered persons on a single night annually, except during the COVID-19 pandemic. Per the 2021 Point-in-Time Count, not all CoCs performed counts, including Delaware.<sup>6</sup> In 2022, some counts were delayed and were taken when some shelters were not open to persons experiencing homelessness due to warmer weather.<sup>7</sup> Data about homeless youth is primarily collected and reported by departments of education, but only if the youth are enrolled in public school.<sup>9,17</sup> Further, because homeless youth may attend more than one school in a school year, the data reported may contain duplicates when more than one school reports the same student.<sup>17</sup> Inconsistent definitions of youth, unaccompanied youth, and young adults across research methodologies may cause other inaccuracies or gaps.



## Reducing Homelessness in Delaware

The first step towards purging involuntary homelessness in Delaware is creating a defined state plan that includes passing legislation and policies supporting this vulnerable population, such as the Homeless Bill of Rights. Connecticut, Illinois, Puerto Rico, Rhode Island, Baltimore, Maryland, Duluth, Minnesota, and Madison, Wisconsin, have passed legislation for their homeless populations.<sup>2</sup> 2023 House Bill 55 is one of several attempts at passing a Bill of Rights in Delaware to address inequities and disparities facing Delaware's vulnerable homeless population, but it cannot be counted as a resource until legislation is passed.<sup>13</sup> The plan should present impactful steps to make Delaware a homelessness-free state by increasing affordable housing to meet the needs of the extremely low-income workforce, setting a livable wage that allows families to pay fair market value for rent at 30% or less of their income, and designating funding for initiatives similar to Springboard Pallet Village or West End Neighborhood House's Life Lines Housing and resources for LGBTQ+ persons.

The plan should provide more resources for community-based programs that offer pathways for economic stability for both older teens and adults without creating additional barriers, such as the goals of the proposed Family Justice Centers. Another step in the plan is to include a call for additional funding to permanently increase the capacity of shelters to meet the number of those counted as unsheltered. Ongoing surveillance of home-insecure and homeless youth of all ages and subpopulations should be included to better fill the gap in data and address the needs of youth. Finally, since the need may only be made known if the ask is made, it can become the clinical standard to complete a SDoH screening for every patient, known homeless or not, using validated tools that incorporate questions about food, safety, and housing insecurity. Homeless and home-insecure patients can then be connected to assistance and available resources in an upstream and proactive manner.

## Conclusion

Homelessness must be a public health and community priority in Delaware. The data show that although resources exist and groups are tackling the issue, we must continually evaluate Delaware's homelessness and home insecurity landscape compared to the community's needs. It is necessary to determine why homelessness predominately affects certain groups more than others and where and why disparities persist despite the resources aimed to fight them. Once we understand the whys, we must swiftly address them across all the social determinants because the consequences and cost of those inequities are lives. By prioritizing resources using a racially, ethnically, and gender-unbiased health equity lens, we can reduce and hopefully eliminate health inequities linked to homelessness and the number of those disproportionately affected by it.<sup>1-4,7,8,10,15</sup>

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