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Everyday discrimination among formerly homeless persons in permanent supportive housing

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ABSTRACT

Experiences of discrimination are associated with poor health and are particularly common among persons experiencing homelessness. Permanent supportive housing (PSH) provides a foundation for improved well-being among persons with homelessness histories, but research on discrimination among this population is limited. We examined changes in experiences of, and perceived reasons for, everyday discrimination when persons moved into PSH. 421 adults in Los Angeles County completed baseline (pre-housing), 3-, 6- or 12-month post-housing structured interviews. Generalized linear mixed models (GLMM) examined change in discrimination outcomes, controlling for demographic characteristics. Everyday discrimination experiences decreased significantly when persons moved from homelessness into PSH, and remained consistently lower across the first year in PSH. Reports of homelessness/poverty, race/ethnicity, and neighborhood as reasons for discrimination also decreased from baseline levels. PSH may offer respite from everyday discrimination, but the persistence of discrimination and particularly racism in society requires structural solutions addressing implicit bias and systemic inequities.

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Introduction

Experiences of discrimination, which may include acts reflecting negative attitudes and treatment based on color, culture or other group characteristics, have been consistently associated with poor physical and mental health outcomes for persons in marginalized and historically underrepresented groups in the U.S. (Banks, Kohn-Wood, & Spencer, 2006; Pascoe & Smart Richman, 2009). Discrimination is a complex and multifaceted issue, and research to-date has varied in the conceptualization of discrimination. While some studies view discrimination through a single global indicator or focus on major experiences of discrimination (Williams, Yu, Jackson, & Anderson, 1997), another school of thought focuses on discrimination in an everyday context and the effects of chronic exposure to these experiences (Essed, 1991). Further, discrimination may occur for a variety of reasons (e.g. race, ethnicity, gender, age, socioeconomic status, sexual orientation, immigration status, culture), and research has identified discrimination, particularly racism, to be associated not only with a wide variety of poor physical and mental health outcomes, including cardiovascular disease, diabetes, respiratory conditions, depression, PTSD, and general psychological distress (Paradies et al., 2015; Pascoe & Smart Richman, 2009), but also with individual risk behaviors, such as substance use (Clark, Salas-

Wright, Vaughn, & Whitfield, 2015; Hunte & Barry, 2012).

Existing research indicates that discrimination is particularly common among persons experiencing homelessness given, for example, the contexts of stigma, extreme poverty, and mental health disorder associated with homelessness (Johnstone, Jetten, Dingle, Parsell, & Walter, 2015; Phelan, Link, Moore, & Stueve, 1997; Skosireva et al., 2014). There is evidence that perceived stigma and racial discrimination is associated with depression among persons experiencing homelessness (Gattis & Larson, 2016), and that perceived discrimination against persons who have experienced homelessness and comorbid serious mental illness is associated with increased emergency room use, greater substance use, and more severe mental health symptoms (Skosireva et al., 2014). While discrimination has been well documented among persons with lived experiences of homelessness, the chronic everyday exposure to discrimination that this population faces has received less research attention. Further, persons experiencing homelessness are disproportionately likely to be African American (Fusaro, Levy, & Shaefer, 2018), thus experiences of extreme poverty, marginalization, homelessness-based discrimination, and racism may intersect in ways that compound discrimination and exacerbate potential negative consequences for health and well-being (Skosireva et al., 2014). Intersectionality may

therefore provide a helpful lens through which to consider and address discrimination among persons who have experienced homelessness (Crenshaw, 1995; Forchuk, 2018).

Understanding and addressing discrimination among persons experiencing homelessness carry into national, state, and local efforts to address homelessness through permanent supportive housing (PSH). PSH represents the chief means of ending chronic, long-term homelessness among persons experiencing one or more physical or behavioral health challenges (Rog et al., 2014). Positive outcomes associated with the provision of non-time-limited housing and services that characterize PSH include retention in housing and the prevention of further experiences of homelessness (Henwood, Matejkowski, Stefancic, & Lukens, 2016; Wenzel, Henwood, Harris, Winetrobe, & Rhoades, 2017). Although housing retention remains a primary consideration for housing providers and persons who have moved into PSH, increased research attention is being directed to the overall well-being of homeless persons as they move into and live in housing. Studies have already shown that overall quality of life and life satisfaction improve in PSH (Aubry et al., 2015; Bird, Rhoades, Lahey, Cederbaum, & Wenzel, 2017; Henwood et al., 2014; Patterson et al., 2013; Wenzel et al., 2018) and freedom from discrimination is arguably a critical aspect of life quality and well-being.

Given the demonstrated associations between discrimination and health (Paradies et al., 2015; Pascoe & Smart Richman, 2009), and the heightened risks for experiencing discrimination associated with homelessness, poverty, and being a person of color, it is critical to understand whether discrimination persists after a person experiencing homelessness moves into PSH. Individuals who have experienced chronic homelessness may continue to identify with this population even after moving into PSH, thus perceptions of discrimination based on homelessness may linger (Snow & Anderson, 1987). Additionally, the buildings in which formerly homeless residents are housed may be located in neighborhoods with dense populations of persons who remain homeless (Byrne et al., 2013; Wong & Stanhope, 2009), and residents may continue to socialize with these persons in public areas (Harris et al., 2018). PSH provides a foundation for well-being and an improved life in multiple respects, yet there has been no research to our knowledge that has examined experiences of everyday discrimination among formerly homeless persons living in PSH.

The current study

This study will investigate reported experiences of everyday discrimination among a large cohort of individuals who moved into PSH in Los Angeles County, California. Our objectives in this study are to

determine, as reported by residents of PSH: 1. Whether and to what extent experiences of everyday discrimination change when persons move from experiencing homelessness into PSH and over time while living in PSH, and 2. The main reasons respondents report for the discrimination they have experienced, and whether those reasons change over time after moving into and living in PSH. We hypothesize that everyday discrimination will decrease over time for persons in PSH, consistent with research supporting the positive influence of PSH on quality of life and life satisfaction.

Methods

This study involved participants initially enrolled as part of a study that focused on HIV risk among persons in PSH (Wenzel et al., 2016, 2019). Participants were adults experiencing homelessness moving into PSH in the Los Angeles (LA) area between August 2014 and January 2016 and were recruited in partnership with 26 housing providers in Los Angeles County. Participants were initially screened for study eligibility via phone or in person and were eligible if they were moving into PSH provided by one of the partner agencies, 39 years old or older, spoke English or Spanish, and were moving into PSH without minor children. As part of the larger HIV-based focus of this study, the age and non-parenting requirements were implemented to maximize detection of changes in HIV-risk outcomes without the influence of life stages or parenting status.

All participants provided written informed consent and were interviewed before or within five days of PSH move-in and at three, six, and 12 months after moving in. Each interview was administered by a trained study interviewer and lasted for one to 1.5 h. Participants were paid \$20 for the baseline interview and the incentive increased by \$5 at each subsequent time point. Several other techniques also helped ensure high study retention, including the use of a locator form at study enrollment which collected the names of family, friends, and staff whom the participant approved as contacts in the event they could not be reached. Participants were also language and gender-matched when possible with their trained study interviewer, and kept the same interviewer throughout the study, barring a few exceptions. Interviewers reached out to participants monthly during the study to check in and confirm current contact information. If a participant could not be reached, interviewers followed-up with persons listed on the locator form, for example, and visited sites known to be frequented by the participant. If a participant still could not be reached through the above means, public records databases were checked to see if the participant was incarcerated or had passed away. At baseline, 421 persons were enrolled in the study; 405 completed their three

month interview (96.2% retention), 400 completed six month interviews (95% retention), and 383 completed 12 month interviews (91% retention). Reasons for loss at each time point included death, incarceration, withdrawal, and loss of contact. Persons not interviewed at any survey mid-point were eligible for later interviews (excluding those persons who withdrew from the study). All study procedures were approved by the authors' university institutional review board. The study received a certificate of confidentiality from the U.S. Department of Health and Human Services to protect participant data from subpoena.

Measures

Demographic characteristics were assessed at baseline and include age, gender (men and women; transgender participants were included as the gender with which they identified), race/ethnicity (categorized for analysis as white, African American, and another race/ethnicity), and education (categorized for analyses as high school education or more vs. less education).

Experiences of discrimination were measured using the everyday discrimination scale (EDS) created by Williams et al. (1997). Comprised of nine items that assess a variety of day-to-day experiences of discrimination including: (1) being treated with less courtesy than others, (2) being treated with less respect than others, (3) receiving poorer service than others in restaurants or stores, (4) being threatened or harassed, (5) being called names or insulted, and having others act as if (6) you are not smart, (7) they are afraid of you, (8) you are dishonest, and (9) they are better than you. The measure demonstrated high internal consistency in previous research; Cronbach's alpha was reported as 0.88 (Williams et al., 1997). Respondents in the present study identified how often they had each of these experiences in their day-to-day life on a scale of almost every day (1) to never (6) (2 = at least once a week, 3 = a few times a month, 4 = a few times a year, and 5 = less than once a year); scores were reversed and then summed to create an overall score (range = 9–54) with higher scores indicating more experiences of discrimination. Cronbach's alpha for the discrimination scale ranged from 0.88 to 0.90 across 4 waves of study data.

We included a follow-up item assessing perceived reasons for discrimination for anyone reporting at least one of the nine day-to-day discrimination experiences as occurring a few times a year or more frequently. Response options included: (1) Being homeless or poor, (2) Your race/ethnicity or skin color or accent, (3) Your sexual orientation, (4) Your gender, (5) A physical disability, (6) The neighborhood/place or area where you live, and (7) Something else, please specify. "Something else" response options were co-coded by research assistants and collapsed into

several common categories, including characteristics of others (a combined category of responses regarding other peoples' jealousy, rudeness, meanness, insecurity, etc.), and interpersonal behaviors (a combined category of responses about the individual's interpersonal interactions, including if they had outbursts, were prone to silence, or made physical gestures). All coded responses were cross-referenced to identify discrepancies between the research assistants' decisions, and these discrepancies were discussed by the research assistants and project manager to reach consensus on the appropriate category.

Analytic methods

Descriptive statistics are presented for demographic characteristics, overall scale score of discrimination experiences over time, and the most common reasons people cited for discrimination experiences. Generalized linear mixed models (GLMM) were used to examine change over time in discrimination outcomes in models controlling for demographic characteristics. All available data points were included in the analysis (data from respondents who provided information on all included variables for at least one of the interviews were modeled).

Results

The average age of the 421 participants at baseline was 54 years ($SD = 7.53$), 29% were women, and 77% had completed high school or an equivalent level of education. African Americans accounted for 56% of the study sample, with the remaining sample represented as White (24%) and other races/ethnicities (20%).

As shown in Table 1, individuals' experiences of discrimination decreased statistically significantly relative to baseline when they moved from homelessness into PSH, and remained consistently lower than baseline across their first year living in PSH; that is, the everyday discrimination scale score was nearly 25 prior to housing, and decreased to approximately 20 at each follow-up. The proportion of people who reported homelessness or poverty as a reason for the discrimination that they experienced decreased from 53% prior to housing to 37–39% at each follow-up interview. Discrimination related to race/ethnicity, skin color, or accent also declined at each follow-up time point relative to baseline, though to a smaller extent and with a statistically significant difference only detected at 6-months post-housing (going from 43% at baseline to 37–39% at each follow-up). Discrimination experiences associated with the neighborhood or area where an individual lives also decreased over time, going from 46% at baseline to 34–36% across the post-housing follow-up interviews. There were no statistically significant changes over time in sexual orientation, gender,

Table 1. Everyday discrimination over time among persons living in PSH.

	Baseline (n = 421)	3 month (n = 405)	6 month (n = 400)	12 month (n = 383)
	n (%) / mean (SD)			
Everyday discrimination scale score	24.87 (0.53)	20.32 (0.53)	19.63 (0.54)	20.94 (0.54)
<i>Reasons for discrimination (not mutually exclusive)</i>				
Homelessness or poverty	225 (53.44%)	138 (34.07%)	108 (27%)	94 (24.54%)
Race/ethnicity, skin color, or accent	179 (42.52%)	154 (38.02%)	149 (37.25%)	150 (39.16%)
Sexual orientation	34 (8.08%)	25 (6.17%)	25 (6.25%)	23 (6.01%)
Gender	51 (12.11%)	47 (11.6%)	50 (12.5%)	42 (10.97%)
Physical disability	55 (13.06%)	47 (11.6%)	39 (9.75%)	38 (9.92%)
Neighborhood/area where you live	192 (45.61%)	144 (35.56%)	144 (36%)	130 (33.94%)
Characteristics of others (rudeness, jealousy, etc.)	39 (9.26%)	35 (8.64%)	41 (10.25%)	38 (9.92%)
R's interpersonal interactions (silence, outbursts, gestures, etc.)	7 (1.66%)	10 (2.47%)	13 (3.25%)	14 (3.66%)
Another reason	9 (2.14%)	17 (4.2%)	13 (3.25%)	13 (3.39%)

Items in **bold** are statistically significant in GLMM models examining change over time and controlling for age, gender, race/ethnicity and education.

physical disability, or characteristics of others as reasons for discrimination.

Discussion

We expected that permanent supportive housing, a successful method of addressing homelessness, would offer respite from discrimination. As hypothesized, everyday discrimination scale scores decreased among formerly homeless persons over 12 months of residence in PSH, relative to baseline. This finding suggests that reduction in experiences of everyday discrimination may be an important addition to the demonstrated benefits of PSH for quality of life and life satisfaction of formerly homeless residents. Persons with lived experiences of homelessness may face particular risk of discrimination (Gattis & Larson, 2016; Skosireva et al., 2014). Compared to participants in a number of other published studies that have examined discrimination among racial/ethnic minorities (Gonzales et al., 2016; Molina et al., 2018; Mouzon, Taylor, Keith, Nicklett, & Chatters, 2017; Taylor et al., 2017; Taylor, Miller, Mouzon, Keith, & Chatters, 2018; Williams et al., 2017), the average score from the EDS at each time point among participants in the current study of PSH residents was higher, perhaps suggesting increased vulnerability to discrimination among persons with lived experience of homelessness.

Examination of the reported reasons for experiencing discrimination over time is one way to assess possible mechanisms through which PSH is associated with reduced discrimination. Whereas homelessness and poverty together represented the most commonly reported reason for everyday discrimination prior to moving in to PSH, the significant decrease over time in mentions of homelessness and poverty as reasons for discrimination suggests that acquiring stable housing has an important influence on discrimination experiences. The neighborhood in which one lives was another commonly reported reason for discrimination cited prior to move-in. While neighborhood as a reason declined over time, it continued to be endorsed by more than one-third of the sample at each time point after housing. This finding suggests

that for some persons, PSH may offer a means of escaping both one's own deprivation and a neighborhood context that is characterized by deprivation and accompanying stigma. However, this finding also reinforces the importance of neighborhood context for PSH placements, particularly when PSH settings tend to be clustered in neighborhoods in which homelessness and other examples of profound deprivation are prevalent and highly visible (Hsu, Simon, Henwood, Wenzel, & Couture, 2016).

Regarding the reported decrease in everyday discrimination due to race, ethnicity and culture, while it is possible that PSH exerts some protective influence, this potential explanation deserves much caution and demands further research given the entrenched nature of racism in our society (Bailey et al., 2017; Feagin, 2006) and the overrepresentation of persons of color among individuals experiencing homelessness and economic marginalization (Fusaro et al., 2018). Further underlining the importance of paying particular attention to racial and cultural inequities in the context of PSH is that racism has been characterized as a unique stressor in relationship to various health outcomes (Mouzon, Taylor, Woodward, & Chatters, 2017; Williams & Mohammed, 2013). Intersectionality provides a framework for understanding the finding that housing status might influence some, but not all, perceived reasons for discrimination. Notably, the experiences of an individual who is, for example, African American and experiencing homelessness, are multidimensional in nature, and the negative effects of marginalization in this context are compounded (Crenshaw, 1995; McGibbon & McPherson, 2011; Nash, 2008).

Limitations

The everyday discrimination scale (Williams et al., 1997) has been widely applied in research, including among persons who have been systematically marginalized. It has not, however, been applied to persons with experiences of homelessness who are living in PSH, and thus the validity of the instrument has not been specifically tested in this population. We also

acknowledge that the study design precludes an assertion that PSH causes a change in discrimination experiences. There are limitations in self-report data, although more objective observations of everyday discriminatory experiences and the reasons for these experiences might be challenging to achieve, and may not fully capture the lived experiences of persons as they go about their daily lives. Although Los Angeles has one of the largest populations of persons experiencing homelessness in the United States, the results of this study cannot be assumed to generalize to other metropolitan areas. Additionally, since the study focused on persons 39 and older in PSH, findings cannot be assumed to generalize to youth or emerging adult populations.

Conclusions

Our longitudinal observational study of PSH resident experiences of everyday discrimination and the reported reasons for those experiences over time provides a valuable additional perspective on the wellbeing of formerly homeless persons living in PSH. These results suggest that PSH may provide some respite and protection from everyday discrimination by ending homelessness for individuals and, for at least a subset of this population, allowing them to maintain a distance from neighborhoods in which homelessness is particularly entrenched, visible, and stigmatized. Future research should more carefully investigate the characteristics of neighborhoods and buildings in which PSH residents are placed, as well as residents' perceptions and preferences regarding neighborhoods and physical settings. The persistent and pernicious nature of discrimination and racism in society, and the intersectionality of marginalized identities, call for additional solutions. Such solutions should be inclusive of efforts to address any overt and implicit interpersonal biases in communities and among providers serving this population, as well as to remedy structural and systemic inequities in access to resources including housing support.

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Disclosure statement

No potential conflict of interest was reported by the authors.

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