Factors Associated with Unsheltered Latinx Homelessness in Los Angeles County

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Abstract

Nationally, approximately 211,293 persons experiencing homelessness (PEH) are unsheltered (i.e., live in a place not meant for human habitation, including sidewalks, cars, or abandoned buildings); 23 percent of these persons are Latinx (HUD, 2019). Unsheltered persons are highly vulnerable, with poor housing outcomes, high service needs, and low levels of treatment engagement. These characteristics parallel patterns seen among Latinxs experiencing homelessness, who are less likely than their peers to use shelters or other homeless services. Yet, research on Latinx homelessness is limited and has primarily focused on the role of social supports in avoiding the use of homeless services. Little is known about factors associated with the unsheltered status among Latinxs experiencing homelessness and the implications of these characteristics in tailoring services to meet the needs and vulnerabilities of this population.

The authors analyzed 2019 Los Angeles County homeless count data to identify the demographic, economic, and health characteristics of Latinx single adults and adults in families experiencing homelessness (n=12,086). The authors compared unsheltered Latinxs on age, gender, length of homelessness, income, and health characteristics with sheltered Latinx and other unsheltered ethnic/racial groups in Los Angeles County. The authors found that unsheltered Latinx PEH have vulnerabilities that are different (all findings are significant at p<.05) from both sheltered Latinxs and other unsheltered populations. Compared with sheltered Latinx, unsheltered Latinx were more likely to include adult males (72 percent/57 percent), to report alcohol (23 percent/5 percent) and drug use (26 percent/6 percent), and to have significantly lower rates of public benefits enrollment—including lower rates of Medicaid (21 percent/88 percent), Medicare (2 percent/6 percent), and Supplemental Nutrition Assistance Program, or SNAP (38 percent/96 percent). When compared with unsheltered non-Latinx African-American and non-Latinx White PEH, unsheltered Latinx PEH reported slightly higher rates of full-time employment (Latinx 3 percent; African-American 1 percent; White 1 percent), part-time employment (Latinx 5 percent; African-American 2 percent; White 2 percent), or active pursuit of employment while unemployed (Latinx 31 percent; African-American 26 percent; White 24 percent), but were less likely to report more than $200 in monthly income (Latinx 46 percent; African-American 62 percent; White 56 percent).

Abstract (continued)

The authors' findings suggest the value of tailoring vocational and substance use disorder interventions to address the needs of unsheltered Latinxs. Additional research is needed to identify person- and contextual-level barriers to the receipt of public benefits to develop culturally responsive interventions for this population.

Introduction

Nationally, approximately 211,293 persons experiencing homelessness (PEH) are unsheltered; 23 percent of these persons are Latinx (i.e., self-identify as Latinx regardless of reported race) (HUD, 2019). Unsheltered PEH live in places not meant for human habitation, including sidewalks, cars, or abandoned buildings. In contrast, sheltered PEH reside in emergency shelters or transitional housing (HUD, 2019). Unsheltered persons are highly vulnerable, with poor housing outcomes, high service needs, and low levels of treatment engagement (Ferguson et al., 2011; Larsen, Poortinga, and Hurdle, 2004; Montgomery et al., 2016; Petrovich et al., 2020). Los Angeles has the largest number of unsheltered homeless individuals (n=49,287, 72 percent of Los Angeles-based PEH) of any county in the nation (LAHSA, 2020). Latinxs make up more than one third (37 percent) of the homeless population in Los Angeles (LAHSA, 2020) and are less likely than other racial/ethnic groups to use homeless services, e.g., shelter placements (Chinchilla and Gabrielian, 2020; Conroy and Heer, 2003a; Culhane et al., 2019; Homelessness Policy Research Institute, 2018). That pattern was also observed in Philadelphia (Culhane et al., 2019). Yet, little is known about person- and contextual-level factors associated with homeless services use for unsheltered Latinx persons.

Unsheltered PEH generally have higher service needs than sheltered PEH, including for health services (Petrovich et al., 2020), supplemental income support (Montgomery et al., 2016), and substance use disorder services (Larsen, Poortinga, and Hurdle, 2004). Unsheltered PEH also experience longer periods of homelessness (Montgomery et al., 2016). Shelters are important spaces for identifying individuals' needs and facilitating referrals to services; shelters are associated with an increased use of services that facilitate housing stabilization (e.g., job training, health services, and government social welfare programs), decreased substance use, decreased risky sexual behavior, and increased social support (De Rosa et al., 1999; Pollio et al., 2006). Latinx engagement with homeless services is complicated by a number of factors, including potential barriers associated with immigration status and language access (Chinchilla and Gabrielian, 2020; Culhane et al., 2019). Historically, Latinx have used public services at lower rates than other racial/ethnic groups (Conroy and Heer, 2003b; Ku and Bruen, 2013; Molina, 2000), are less likely to report using homeless shelters, and are more likely to report sleeping in an informal setting such as a car or an abandoned building (Conroy and Heer, 2003a). Factors associated with shelter use among Latinx PEH (e.g., demographic characteristics) and the use of public resources among this population are poorly understood.

Latinxs are the second largest racial/ethnic group in the United States, making up 18 percent of the national population. The more than 60 million Latinxs in the United States are a heterogeneous population; each group faces its own unique challenges. About 35 percent of Latinxs are foreign-born, 22 percent of whom are not naturalized citizens (U.S. Census, 2019c). Latinx individuals also come from multiple countries of origin, with the largest group being of Mexican descent (62 percent) (Krogstad and Noe-Bustamante, 2020). In 2019, Latinxs made up 22 percent of the total homeless population in the United States (HUD, 2019). However, research on Latinx homelessness is limited and has focused on the role of social supports in avoiding the use of homeless services, including shelters and housing vouchers (Conroy and Heer, 2003a; Molina, 2000). Although Latinxs' reliance on social networks can provide essential assistance, this reliance may place undue financial stress on family and friends and/or increase the number of doubled-up households that live in overcrowded and substandard housing—a common challenge in the Latinx community (Myers and Lee, 1996; Solari and Mare, 2012). Further, poor engagement with homeless services can result in a disconnection from key benefits and increased exposure to unsafe conditions on the streets.

Importantly, an improved understanding of population characteristics associated with the unsheltered status among Latinx PEH can identify vulnerabilities in this population that housing experts can respond to with targeted engagement strategies. To inform such strategies, this article uses point-in-time homeless count data to assess the characteristics (e.g., demographic, economic, and health) of Latinx PEH in Los Angeles County. The authors compare sheltered and unsheltered Latinx populations and subsequently focus on how the Latinx unsheltered population compares with other unsheltered ethnic/racial groups in the county. This study contributes to a limited body of research examining Latinx homelessness (Chinchilla and Gabrielian, 2020; Conroy and Heer, 2003a; Culhane et al., 2019; González Baker, 1996) by studying the characteristics of unsheltered Latinx adults in Los Angeles County.

Methods

Setting. Los Angeles County is a region with some of the highest numbers of unsheltered homelessness across the nation (LAHSA 2020) and a large Latinx population (49 percent) (U.S. Census Bureau, 2019d), 38 percent of which is estimated to be foreign-born (U.S. Census, 2019c). The largest segment of the Latinx population is of Mexican descent (78 percent), with Salvadoreans (9 percent) and Guatemalans (6 percent) representing the second and third largest nationalities in the county (Markle, 2017). Approximately 16 percent of the Latinx population in Los Angeles County live in poverty, compared with 9 percent of the White population (U.S. Census, 2019a).

In 2019, Latinxs made up 37 percent of the total population identified as experiencing homelessness (20,523 individuals). Of these individuals, 15,887 were reported to be unsheltered, including 14,385 over 25 years of age (LAHSA, 2019b). The shelter system is a key component of Los Angeles County's homeless services system. Shelters provide a safe place to stay in the short-term, with access to resources and services that help an individual or family exit homelessness. The Los Angeles Continuum of Care (LACoC) has a total of 10,528 shelter units, which include emergency shelters, transitional housing, and safe havens (LAHSA, 2019a). Programs vary with regard to the allowable length of stay and may include 30-day limits on emergency shelters and

90-day limits on transitional housing. In an effort to create a safe and welcoming environment, the Los Angeles Homeless Services Authority (LAHSA) requires that homeless services providers have a plan in place for responding to law enforcement matters, including immigration enforcement activities (LAHSA Department of Policy and Planning, 2017), and has provided guidance for working with non-citizen populations (LAHSA, 2017).

Further, Los Angeles County consists of eight Service Planning Areas (SPAs)—geographic regions used by the Department of Public Health to target resources and activities for local public health and clinical needs (LA County Department of Public Health, n.d.).[1] Each SPA is responsible for planning public health and clinical services according to the health needs of local communities. Several resources are distributed at the SPA level, including homeless services. Los Angeles County SPAs consist of the following regions: (1) Antelope Valley, (2) San Fernando, (3) San Gabriel, (4) Metro, (5) West, (6) South, (7) East, and (8) South Bay/Harbor (Appendix exhibit 1). SPA boundaries are drawn to enable the efficient distribution of services and are not equal in population size. SPAs vary in size, ranging from less than half a million residents in the Antelope Valley to more than 2 million in San Fernando. Shelter placement is the result of various considerations, including the size of the SPA population experiencing homelessness and the ability to site a structure in the local community.

Participants. The Western Institutional Review Board, a third-party reviewer, approved all study activities. The authors used data on adults ages 25 and older from the 2019 Greater Los Angeles homeless count, a yearly cross-sectional tabulation of PEH conducted by LAHSA that includes data submitted to the U.S. Department of Housing and Urban Development (HUD) for the Annual Homeless Assessment Report (AHAR). The homeless count establishes the dimensions of homelessness in a region and helps policymakers and program administrators track progress toward ending homelessness. The 2019 Greater Los Angeles homeless count includes three data sources: (1) a point-in-time (PIT) count of the unsheltered population conducted in the month of January; (2) a voluntary demographic survey of unsheltered adults administered by trained volunteers throughout Los Angeles County and conducted from December 2018 to March 2019 in the months before, during, and after the homeless PIT count; and (3) administrative data from the Homeless Management Information System (HMIS), a registry of PEH who use homeless services, to capture the sheltered population as of December 2018. These data points are combined to create a descriptive picture of the population experiencing homelessness; the sheltered count comes directly from HMIS, and the unsheltered count is a combination of the PIT count and the demographic survey. The authors' data are specifically derived from two sources in the homeless count: (1) the voluntary demographic survey of unsheltered adults (n=3,931); and (2) administrative data from the HMIS that captures the sheltered population (n=8,155). A total of 12,086 PEH over the age of 25 were included in the sample, 30 percent of whom self-identified as Latinx regardless of reported race (n=3,639). PEH ages 16 to 25 are captured in the Transitional Age Youth population and were not included in the sample. Data include information on PEH within the LACoC, which coordinates housing and services funding within 85 cities throughout Los Angeles County; those cities do not include Glendale, Pasadena, and Long Beach, which have

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[1] For more information regarding Service Planning Areas in Los Angeles County, visit: http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm

their own CoCs. Data are aggregated at the level of race/ethnicity; the authors were unable to access person-level data for any of the variables described here. All data, except the location in which each PEH was identified, were self-reported.

Conceptual framework. Factors associated with shelter use can be understood through the Gelberg-Andersen Behavioral Model for Vulnerable Populations (Gelberg, Andersen, and Leake, 2000), an adaptation of the Anderson Model (Andersen, 1968; Andersen, 1995) that conceptualizes factors associated with health service utilization for homeless and other vulnerable populations. The Gelberg-Andersen model identifies *predisposing, enabling,* and *need* factors that influence the behavior of service use. Predisposing factors are individually focused characteristics—such as demographics and health concerns—that influence service use in response to needs. Enabling factors are contextual (e.g., income, receipt of public benefits) and can support or impede service use. Last, need factors include both self-perceived and objectively evaluated need for services (Gelberg, Andersen, and Leake, 2000). This study aims to identify predisposing and enabling factors that were associated with the behavior of shelter use among Latinx PEH. Because the authors are focused on unsheltered PEH, they conceptualized need in the domain of shelter services, which is present across the sample; as such, need factors were not examined in these analyses. Consequently, predisposing and enabling factors are the authors' primary domains of interest. Both predisposing and enabling domains help to explain the use of services by PEH. Factors within these domains potentially contribute to individuals' disadvantaged status, thus impeding the use of services. In this study, predisposing variables are conceptualized as individual demographic and health characteristics that may be associated with the likelihood of experiencing vulnerability to homelessness; enabling variables are conceptualized as factors that enable individuals to exit homelessness. Length of homelessness and place of residence prior to being surveyed were captured as enabling variables because they may enable individuals to use available resources (e.g., first-time homeless persons may not be familiar with how to access homelessness resources).

Variables. The 2019 Greater Los Angeles homeless count demographic survey and HMIS data both capture demographic data, economic characteristics, public benefits enrollment, employment/income, health characteristics, the location in which homelessness was experienced, and the length of homelessness. The demographic survey captured added factors including additional employment characteristics (e.g., on disability, retired, and self-employed), receipt of cash assistance (e.g., Social Security, General Assistance, and California Work Opportunity and Responsibility to Kids [CalWORKs]), information regarding health status (e.g., mental illness, physical illness), systems involvement (e.g., foster care, justice involvement, human trafficking, and mandated inpatient/outpatient care), factors identified as contributing to homelessness, and the place of dwelling in the last month prior to the survey (e.g., street, encampment, vehicle). All variables are listed in exhibit 1. To reconcile differences in data captured by the demographic survey and HMIS data, group comparisons between sheltered and unsheltered PEH only used variables available in both data sets.

Exhibit 1

Predisposing and Enabling Characteristics, Unsheltered and Sheltered PEH

Sheltered		Unsheltered	
Predisposing	**Enabling**	**Predisposing**	**Enabling**
Age (25–30; 31–40; 41–50; 51–60; 61 and over) **Gender** **Sexual Orientation** (straight) **Veteran Status** **Health Status** (developmental disability; alcohol; drugs; physical disability; HIV (human immunodeficiency virus))	**Service Receipt** (Medicaid; Medicare; Women, Infants and Children (WIC); Supplemental Nutrition Assistance Program (SNAP)) **Factors Contributing to Homelessness** (Intimate Partner Violence) **Employment** (full time; part time; seasonal; unemployed, looking; unemployed, not looking) **Monthly Income** ($0-25; $26–50; $51–100; $101–200; > $200) **Location of Homelessness** (City of Los Angeles and SPA) **Length of Homelessness** (homeless < 1 year; homeless 1–2 years; homeless 2–3 years; homeless 3–4 years; homeless 4–5 years; homeless 5–10 years; homeless > 10 years) **Times Homeless** (1 time; 2–3 times; 4 times; 1 time in 3 years; 2–3 times in 3 years; 4 times in 3 years; chronically homeless[a])	**Age** (25–30; 31–40; 41–50; 51–60; 61 and over) **Gender** **Sexual Orientation** (straight) **Veteran Status** **Health Status** (developmental disability; alcohol; drugs; physical disability; HIV (human immunodeficiency virus); mental illness; physical illness; traumatic brain injury; severe depression; post-traumatic stress disorder (PTSD))	**Service Receipt** (disabled/ on disability; Medicaid; Medicare; Women, Infants and Children (WIC); Supplemental Nutrition Assistance Program (SNAP); Calworks[b]/Temporary Assistance for Needy Families (TANF); General Relief (GR)/ General Assistance (GA)[c]; Social Security Insurance (SSI)/ Social Security Disability Insurance (SSDI)/Disability) **Systems Involvement** (human trafficking; justice system involvement; mandated inpatient/outpatient; foster care) **Factors Contributing to Homelessness** (unemployment/financial reasons; alcohol/ drug use; mental health issues; conflicts with family/household; break-up, divorce, or separation; medical, physical disability or illness; no friends or family available; release from jail or prison; eviction or foreclosure; death or illness of family member; intimate partner violence) **Employment** (retired; self-employed; temporary work; unemployed/ student; full time; part time; seasonal; unemployed, looking; unemployed, not looking; disabled/on disability) **Monthly Income** ($0¬25; $26¬50; $51–100; $101–200; > $200) **Location of Homelessness** (City of Los Angeles and SPA) **Place of Residence Prior** (vehicle; street; encampment, tent, makeshift shelter; transit/station (bus, train, metro); uninhabitable dwelling; newly homeless) **Length of Homelessness** (homeless < 1 year; homeless 1–2 years; homeless 2–3 years; homeless 3–4 years; homeless 4–5 years; homeless 5–10 years; homeless > 10 years) **Times Homeless** (1 time; 2–3 times; 4 times; 1 time in 3 years; 2–3 times in 3 years; 4 times in 3 years; chronically homeless)

[a]*Chronically homeless is defined as an individual who:*

1. *(1a.) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND (1b.) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least four separate occasions in the last 3 years where those occasions cumulatively total at least 12 months; AND (1c.) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 [42 U.S.C. 15002]), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;*
2. *An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or*
3. *A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless (HUD, 2016).*

[b]*California Work Opportunity and Responsibility to Kids (CalWORKs) is a public assistance program that provides cash aid and services to eligible families that have a child(ren) in the home.*

[c]*General Relief (GR)/General Assistance (GA) provides relief and support to indigent adults who are not supported by their own means, other public funds, or assistance programs. In California, each county's program is established and funded by its own board of supervisors.*

PEH = persons experiencing homelessness. SPA = Service Planning Area.

Predisposing variables for sheltered and unsheltered PEH included demographic (e.g., race/ethnicity, age, gender, sexual orientation, veteran status) and health characteristics (e.g., substance use, disability status, and HIV/AIDS). Enabling variables for sheltered and unsheltered PEH included experience with intimate partner violence as a factor contributing to homelessness, economic variables (e.g., receipt of public benefits, employment status, monthly income), the location of homelessness (e.g., city and SPA), and homeless chronicity (e.g., length of homelessness and number of times homeless). Data on unsheltered PEH consisted of additional predisposing variables—including further health characteristics (e.g., mental and physical illnesses, traumatic brain injury, severe depression, and post-traumatic stress disorder (PTSD)) and enabling factors—including economic variables (e.g., receipt of cash assistance), the location of homelessness (e.g., place of dwelling 1 month prior to the survey), systems involvement, and factors contributing to homelessness (e.g., unemployment/financial reasons, eviction or foreclosure, and release from jail or prison).

Statistical analysis. The authors present the rates of predisposing and enabling characteristics among Latinx adults ages 25 and older experiencing sheltered and unsheltered homelessness in 2019. The authors compare sheltered and unsheltered Latinx populations using X^2 tests and subsequently compare the unsheltered Latinx population to unsheltered non-Latinx African-American and White adults in Los Angeles County using X^2 tests. Group comparisons used a significance level of $p < 0.05$. Data reported in results represent statistically significant differences among comparison groups. All analyses were conducted using Stata 15 (StataCorp LLC, n.d.).

Limitations

The use of the LA homeless count data resulted in limitations. First, these data were only available at the aggregate group level (e.g., Latinx, non-Latinx African-American, non-Latinx White population), as opposed to the person level. As a result, analyses were limited to bivariate statistics describing key differences among comparison groups. The authors were unable to undertake multivariate analyses that adjust for predisposing and enabling variables to identify what factors may be most predictive of unsheltered status among Latinx PEH. Second, the homeless count from which these data are derived (i.e., both the demographic survey and the sheltered count) is a cross-sectional estimate of how many people experience homelessness during a snapshot in time and cannot be used to understand homelessness throughout the year. It is possible that the characteristics of those who experience homelessness differ throughout the year. Third, data on sheltered homelessness are provided through HMIS, an administrative system that captures information from homeless service providers funded through the LACoC. As a result, individuals sheltered by non-LACoC providers are not included in these data.

Fourth, the unsheltered homeless count is based on visual counts and in-person surveys conducted by volunteers. Inclusion in the unsheltered count is determined by the neighborhood areas that volunteers visit and the individuals that agree to be surveyed. For example, unsheltered individuals in hard-to-reach areas, such as watersheds or freeway underpasses, may be difficult to identify and include in the homeless count. Further, language access may determine whether a person is able to participate in the survey. Although some surveys are administered in other

languages, this capability depends on the availability of bilingual or multilingual volunteers. In the case of the authors' population of interest, it can mean that monolingual Spanish-speaking Latinxs may be under-represented in unsheltered numbers. Fifth, all data—with the exception of the location in which a person was identified as experiencing homelessness—are self-reported, which can lead to misreporting or underreporting of health behaviors and needs (Newell et al., 1999). Misreporting may occur due to inaccurate knowledge regarding clinical diagnosis or health challenges. Several factors, including the stigma attached to various medical needs, may cause underreporting. For example, mental health needs may be particularly challenging to identify among the Latinx population, given perceived stigma and self-stigma (Interian et al., 2007; Vega, Rodriguez, and Ang, 2010). Lastly, population characteristics captured by the PIT count are limited and do not include country of origin, language preference, or citizenship status—all factors that can significantly impact access to resources. For example, fears around the involvement of U.S. Immigration and Customs Enforcement (ICE) are frequently at the forefront of non-citizen populations that worry about being apprehended or having homeless service providers gather and share sensitive information (NAEH, 2017). Future data collection efforts that capture these factors will provide a more complete understanding of the experience of ethnic populations with large immigrant subgroups.

Despite these limitations, annual homeless counts offer the most reliable estimates of people experiencing homelessness. This study contributes to the limited body of research examining Latinx homelessness by studying the characteristics of unsheltered Latinx adults in Los Angeles County.

Results

In this article the authors detail differences in studied populations on predisposing and enabling factors; all data presented in these results are statistically significant at p<.05.

Predisposing Factors: *Demographics.* Exhibit 2 compares Latinx unsheltered versus sheltered persons experiencing homelessness. Unsheltered Latinxs were significantly less likely to be between 25–30 years of age (15 percent) compared with Latinxs experiencing sheltered homelessness (18 percent), more likely to be male (72 percent versus 57 percent sheltered), and less likely to identify as veterans (4 percent versus 8 percent sheltered). However, unsheltered Latinxs were on average younger compared with both unsheltered non-Latinx African-American and White PEH (exhibit 3). Further, there were slightly fewer male unsheltered Latinxs (72 percent) compared with unsheltered non-Latinx African-American PEH (75 percent). In addition, unsheltered Latinxs (91 percent) were slightly less likely to identify as straight when compared with unsheltered non-Latinx African-American PEH (94 percent).

Exhibit 2

Predisposing and Enabling Characteristics for Latinx PEH Unsheltered Versus Sheltered

Variable	Unsheltered %	Sheltered %	Variable	Unsheltered %	Sheltered %
Age			**Monthly Income**		
25—30*	15	18	$0—25	36	33
31—40	29	28	$26—50***	1	14
41—50	25	24	$51—100***	2	35
51—60	21	18	$101—200	15	14
61 and over	10	11	> $200 ***	46	5
Gender			**Location of Homelessness**		
Male ***	72	57	City of Los Angeles*	58	62
Sexual Orientation			SPA 1	3	5
Straight	91	91	SPA 2*	15	18
Veteran Status			SPA 3***	10	16
Veteran***	4	8	SPA 4 ***	30	23
Health Status			SPA 5	5	5
Developmental Disability***	6	10	SPA 6*	15	19
Alcohol***	23	5	SPA 7 **	14	10
Drugs***	26	6	SPA 8 ***	8	4
Physical Disability	24	24	**Length of Homelessness**		
HIV***	2	4	Homeless < 1 year	25	24
Service Receipt			Homeless 1—2 years***	30	53
Medicaid***	21	88	Homeless 2—3 years**	10	7
Medicare***	2	6	Homeless 3—4 years***	9	4
WIC***	0	5	Homeless 4—5 years***	6	3
SNAP ***	38	96	Homeless 5—10 years***	12	5
Factors Contributing to Homelessness			Homeless >10 years***	8	4
Intimate partner violence***	43	19	**Times Homeless**		
Employment			1 Time***	93	54
Full Time***	3	8	2—3 Times ***	4	25
Part Time	5	6	4 Times***	3	21
Seasonal*	3	2	1 Time in 3 years***	89	48
Unemployed, looking***	31	46	2—3 Times in 3 years***	7	27
Unemployed, not looking***	24	14	4 Times in 3 years***	4	24
			Chronically homeless***	30	18

*<0.05 **<0.01 ***<0.001

HIV = human immunodeficiency virus. PEH = persons experiencing homelessness. SNAP = Supplemental Nutrition Assistance Program. SPA = Service Planning Areas. WIC = Women, Infants and Children.

Source: 2019 Los Angeles County Homeless Count including (1) voluntary demographic survey of unsheltered adults (n=3,931); and (2) administrative data from the Homeless Management Information System that captures the sheltered population (n=8,155)

Exhibit 3

Predisposing and Enabling Characteristics for Unsheltered Latinx, Non-Latinx African-American, and Non-Latinx White PEH (1 of 2)

Variable	Latinx %	African-American %	White %	Variable	Latinx %	African-American %	White %
Age				**Employment**			
25—30	15	12*	9***	Retired	2	4**	6***
31—40	29	19***	20***	Self-employed	12	11	11
41—50	25	21*	26	Temporary work	2	1*	2
51—60	21	32***	31***	Unemployed/student	0	0	0
61 and over	10	16***	14*	Full Time	3	1**	1***
Gender				Part Time	5	2***	2***
Male	72	75*	68	Seasonal	3	1**	2
Sexual Orientation				Unemployed, looking	31	26**	24***
Straight	91	94***	93	Unemployed, not looking	24	25	29**
Veteran Status				Disabled/ on Disability	19	28***	23*
Veteran	4	8***	9***	Monthly Income			
Health Status				$0—25	36	24***	23***
Developmental Disability	6	8	8	$26—50	1	1	0**
Alcohol	23	16***	21	$51—100	2	1*	2
Drugs	26	20**	29	$101—200	15	12	19*
Physical Disability	24	25	27	> $200	46	62***	56***
HIV	2	2	2	**Location of Homelessness**			
Mental Illness	27	33**	32**	City of Los Angeles	58	74***	56
Physical Illness	18	16	21	SPA 1	3	6**	9***
Traumatic Brain Injury	6	4*	8*	SPA 2	15	5***	19**
Severe Depression	24	23	27	SPA 3	10	5***	8
PTSD	15	18	18	SPA 4	30	38***	21***
Service Receipt				SPA 5	5	9**	18***
Disabled/ on Disability	19	28***	23*	SPA 6	15	29***	5***
Medicaid	21	20	24	SPA 7	14	2***	12
Medicare	2	5***	3	SPA 8	8	7	7
WIC	0	0	0	**Place of Residence Prior**			
SNAP	38	35	42*	Vehicle	13	8***	13
CALWORKs / TANF	1	0	0	Street	63	70**	68*
GR/GA	26	32**	27	Encampment, tent, makeshift shelter	21	17	17*

Exhibit 3

Predisposing and Enabling Characteristics for Unsheltered Latinx, Non-Latinx African-American, and Non-Latinx White PEH (2 of 2)

Variable	Latinx %	African-American %	White %	Variable	Latinx %	African-American %	White %
SSI/SSDI/ Disability	11	23***	21***	Transit/station (bus, train, metro)	2	3	1
Systems Involvement				Uninhabitable dwelling	1	2	1
Human Trafficking	15	16	16	Newly homeless	17	14	11***
Justice System Involvement	61	65*	68**	**Length of Homelessness**			
Mandated inpatient/ outpatient	12	18***	20***	Homeless < 1 year	25	25	19***
Foster care	13	15	12	Homeless 1—2 years	30	27	26
Factors Contributing to Homelessness				Homeless 2—3 years	10	10	11
Unemployment/ Financial reasons	49	44*	45	Homeless 3—4 years	9	9	8
Alcohol/ drug use	19	12***	18	Homeless 4—5 years	6	7	7
Mental health issues	11	15**	12	Homeless 5—10 years	12	12	16**
Conflicts with family/household	19	14**	16*	Homeless >10 years	8	11*	14***
Break-up, divorce, or separation	17	12**	11***	**Times Homeless**			
Medical, physical disability or illness	8	8	8	1 Time	93	93	92
No friends or family available	12	12	10	2—3 Times	4	5	5
Release from jail or prison	6	8	6	4 Times	3	2	3
Eviction or foreclosure	8	6*	9	1 Time in 3 years	89	89	84**
Death or illness of family member	4	9***	9***	2—3 Times in 3 years	7	6	9
Intimate partner violence	43	37**	48**	4 Times in 3 years	4	5	7**
				Chronically homeless	30	37***	35**

*<0.05 **<0.01 ***<0.001

GR/GA = General Relief/General Assistance. HIV = human immunodeficiency virus. PEH = persons experiencing homelessness. PTSD = post traumatic stress disorder. SNAP = Supplemental Nutrition Assistance Program. SPA = Service Planning Areas. SSDI = Social Security Disability Insurance. SSI = Social Security Insurance. TANF = Temporary Assistance for Needy Families. WIC = Women, Infants and Children.

Source: 2019 Los Angeles County Homeless Count including (1) voluntary demographic survey of unsheltered adults (n=3,931); and (2) administrative data from the Homeless Management Information System that captures the sheltered population (n=8,155)

Health status. Unsheltered Latinxs reported lower rates of developmental disability (6 percent) compared with the sheltered Latinx population (10 percent) and HIV/AIDS (2 percent versus 4 percent sheltered) but notably higher rates of alcohol (23 percent versus 5 percent sheltered) and

drug use (26 percent versus 6 percent sheltered). Additionally, unsheltered Latinx were more likely to report alcohol (23 percent) when compared with unsheltered non-Latinx African-American PEH (16 percent) and drug use (26 percent versus 20 percent, non-Latinx African-American); there were no significant differences when compared with unsheltered non-Latinx White PEH. Unsheltered Latinxs were less likely to report challenges with mental illness or traumatic brain injury when compared with both unsheltered non-Latinx White and African-American PEH.

Service receipt. Unsheltered Latinx PEH had significantly lower rates of public benefits enrollment than sheltered Latinxs, including lower rates of Medicaid (21 percent versus 88 percent sheltered), Medicare (2 percent versus 6 percent sheltered), Special Supplemental Nutrition Program for Women, Infants, and Children (0 percent versus 5 percent sheltered), and Supplemental Nutrition Assistance Program (SNAP) (38 percent versus 96 percent sheltered). Unsheltered Latinxs were slightly less likely to report having Medicare (2 percent) when compared with unsheltered non-Latinx African-American PEH (5 percent) and less likely to be enrolled in SNAP when compared with unsheltered non-Latinx White PEH (38 percent versus 42 percent). There were also lower rates of General Relief/General Assistance for unsheltered Latinxs (26 percent) when compared with unsheltered non-Latinx African-American PEH (32 percent) and lower rates of enrollment in disability benefits (11 percent) (e.g., Supplemental Security Income and Social Security Disability Insurance) compared with both unsheltered non-Latinx White (21 percent) and African-American PEH (23 percent).

Length of Homelessness. Unsheltered Latinx PEH were more likely to report being homeless for longer than 2 years. Unsheltered Latinx reported higher rates of chronic homelessness (30 percent) when compared with sheltered Latinx PEH (18 percent). Yet, compared with both non-Latinx African-American and White PEH, unsheltered Latinx adults were less likely to be chronically homeless (i.e., experienced homelessness for at least a year—or repeatedly—while struggling with a disabling condition [HUD, 2016]) or to experience homelessness for more than 10 years.

Enabling Factors: *Employment and income.* Unsheltered Latinx PEH were less likely to be working full-time (3 percent) compared to sheltered Latinxs (8 percent), slightly more likely to report being seasonal workers (3 percent versus 2 percent sheltered), and less likely to be looking for employment if unemployed (31 percent versus 46 percent sheltered). However, when compared with both unsheltered non-Latinx African-American and White PEH, unsheltered Latinxs were more likely to be unemployed and looking for work (31 percent for Latinx, compared to 26 percent for non-Latinx African-American and 24 percent for non-Latinx White PEH). They were also slightly more likely to report being employed part-time (5 percent) or full-time (3 percent) when compared with both unsheltered non-Latinx African-American (2 percent / 1 percent) and non-Latinx White PEH (2 percent / 1 percent) and more likely to report being seasonal workers (3 percent) when compared with unsheltered non-Latinx African-American PEH (1 percent).

Compared with sheltered Latinxs, unsheltered Latinx PEH had lower rates of extreme poverty, defined as living on $2 to $4 per day per person (Allen, 2017; Deaton, 2018; Shaefer and Edin, 2012). Specifically, unsheltered Latinx PEH were more likely to report monthly incomes greater than $200 (46 percent versus 5 percent sheltered) and less likely to report monthly incomes between $26 and $100 (1 percent versus 14 percent sheltered) compared with sheltered Latinx

PEH. Yet, when compared with both unsheltered non-Latinx African-American and White PEH, unsheltered Latinxs generally reported lower earnings.

Systems involvement and factors contributing to homelessness. Unsheltered Latinx PEH were more than twice as likely to report having experienced intimate partner violence (43 percent) compared with sheltered Latinxs (19 percent). Although data regarding factors contributing to homelessness for sheltered PEH were limited, a closer look at the unsheltered population provides additional information. Intimate partner violence was a notable challenge across all unsheltered groups. Unsheltered Latinx (43 percent) reported higher rates of intimate partner violence than unsheltered non-Latinx African-American PEH (37 percent) and slightly lower rates than unsheltered non-Latinx White PEH (48 percent). Further, compared with both non-Latinx African-American (14 percent) and White PEH (16 percent), unsheltered Latinx (19 percent) often reported conflicts with family members or separation from significant others as factors contributing to homelessness. Latinx respondents were also more likely to report alcohol/drug use (19 percent) compared with unsheltered non-Latinx African-American PEH (12 percent) and less likely to identify mental illness (11 percent versus 15 percent non-Latinx African-American) as factors contributing to homelessness. Lastly, data on unsheltered homelessness provided information regarding systems involvement. When contrasted with both unsheltered non-Latinx African-American and White PEH, unsheltered Latinx PEH were slightly less likely to report contact with the justice system or to have been mandated to stay in inpatient/outpatient facilities.

Location of Homelessness. Analyses showed that SPAs 4, 7, and 8 had higher rates of unsheltered Latinx PEH, whereas SPAs 2, 3, and 6 had lower rates of unsheltered Latinx PEH. Compared with non-Latinx African-American PEH, Latinxs were less likely to be unsheltered in SPAs 1, 4, 5, and 6, but the opposite was true for SPAs 2, 3, and 7. Compared with non-Latinx White PEH, Latinx PEH were less likely to be unsheltered in SPAs 1, 2, and 5 but more likely to be unsheltered in SPAs 4 and 6.

Discussion and Implications

Unsheltered Latinx PEH experience notable vulnerabilities when compared with both sheltered Latinxs and other unsheltered populations. Compared with sheltered Latinx, unsheltered Latinx were more likely to include working-age adult males and to report being chronically homeless. Although they were less likely to report physical health problems than their sheltered peers, unsheltered Latinx PEH did report notable alcohol and drug use rates and were more likely to experience challenges with full-time and stable employment. When compared with unsheltered non-Latinx African-American and White PEH, unsheltered Latinx PEH reported greater rates of employment or active pursuit of employment but notably lower wages. Further, unsheltered Latinx PEH were more likely than other unsheltered racial/ethnic groups to report low rates of public benefits enrollment and a loss of social supports as a factor contributing to homelessness (see exhibit 4 for key findings).

Exhibit 4

Key Findings, Predisposing and Enabling Characteristics for Unsheltered Latinx PEH in Los Angeles County

Population Characteristics (in comparison to sheltered Latinx PEH)		Population Characteristics (in comparison to unsheltered non-Latinx African-American and White PEH)	
Age	• More likely to be **25–30 years of age**	Age	• More likely to be younger than **50 years of age** when compared to both unsheltered African-American and White PEH
Gender	• More likely to be **male**	Gender	• Less likely to be **male** when compared to unsheltered African-American PEH
Veteran Status	• Less likely to be a **Veteran**	Veteran Status	• Less likely to be a **Veteran** compared to both unsheltered African-American and White PEH
Health Status	• More likely to report **alcohol and drug use** • Less likely to report a **disability**	Health Status	• More likely to report **alcohol and drug use** when compared to unsheltered African-American PEH • Less likely to report **mental illness** when compared to unsheltered African-American and White PEH
Service Receipt	• Less likely to receive **Medicaid, Medicare, WIC, or SNAP**	Service Receipt	• Less likely to receive **Medicare and SNAP** when compared to unsheltered White PEH; • Less likely to receive **General Relief/General Assistance** compared to unsheltered African-American PEH; • Less likely to receive **disability benefits** compared to both unsheltered White and African-American PEH
Factors Contributing to Homelessness	• More likely to report **intimate partner violence**	Factors Contributing to Homelessness	• More likely to report **intimate partner violence** compared to unsheltered African-American PEH • Less likely to report **intimate partner violence** compared to unsheltered White PEH • More likely to report **conflicts with family members or separation from significant others** compared to both unsheltered White and African-American PEH • More likely to report **alcohol /drug use** compared to unsheltered African-American PEH • Less likely to report **mental illness** compared to unsheltered African-American PEH
Employment	• Less likely to report being **employed full-time** • More likely to report being **unemployed and looking for work**	Employment	• More likely to report being **full-time or part-time employed** compared to both unsheltered African-American and White PEH • More likely to be looking for work if **unemployed** when compared to both unsheltered African-American and White PEH
Monthly Income	• More likely to report over $200 a month	Monthly Income	• Less likely to report **over $200 a month** when compared to both unsheltered African-American and White PEH
Location	• Less likely to be in the **City of Los Angeles**	Location	• Less likely to be in **City of Los Angeles** compared to unsheltered African-American PEH
Length of Homelessness	• More likely to be **chronically homeless**[a]	Length of Homelessness	• Less likely to be **chronically homeless** compared to both unsheltered African-American and White PEH

[a] *Chronically homeless is defined as an individual who has experienced homelessness for at least a year—or repeatedly—while struggling with a disabling condition (HUD, 2016).*
*All data presented here represent findings that were statistically significant (p<.05)
PEH = persons experiencing homelessness. SNAP = Supplemental Nutrition Assistance Program. WIC = Women, Infants and Children.
Source: 2019 Los Angeles County Point-In-Time Count including (1) voluntary demographic survey of unsheltered adults (n=3,931); and (2) administrative data from the Homeless Management Information System that captures the sheltered population (N=8,155)

Unsheltered Latinx PEH reported slightly lower rates of extreme poverty than sheltered Latinxs. Yet, monthly incomes for unsheltered Latinxs were still relatively low when compared with other unsheltered populations. When compared with both unsheltered non-Latinx African-American and White PEH, unsheltered Latinx PEH were more likely to report being employed (i.e., part-time or full-time) or unemployed but looking for work. Previous research has also identified similar patterns, noting low-wage work or underemployment as a notable challenge for Latinx PEH (Castañeda, Klassen, and Smith, 2014; Flaming, Burns, and Carlen, 2018). Nationwide, patterns show that Latinxs are disproportionately represented among the working poor (BLS, 2016). Further, although this study was not able to examine the distinctions among the countries of origin due to data limitations, research indicates that foreign-born and unauthorized citizens within the Latinx population are particularly economically vulnerable, being prone to experience "housing cost burden"—spending 30 percent or more of household income on housing costs (Chavez, 2012; McConnell, 2013). In Los Angeles County, nearly 38 percent of Latinxs are foreign-born, 59 percent of whom are not naturalized citizens (U.S. Census, 2019c). Services focused on job training and employment opportunities may be particularly valuable for Latinx PEH regardless of immigration status. Further, advocacy efforts aimed at increasing economic opportunity through minimum wage laws and worker protections would have important implications for this group.

The economic challenges of unstable and low-wage work are likely compounded by low rates of public benefits enrollment intended to provide economic relief for low-income households. Sheltered Latinxs reported higher rates of public benefit receipt than unsheltered PEH. Although some of these differences may be due to population characteristics—for example, only mothers with children qualify for WIC—shelter connection is also a contributing factor; shelter use is associated with increased access to and use of supportive services (De Rosa et al., 1999). Previous assessments have determined that individuals exiting homeless programs supported by HUD have higher rates of enrollment in mainstream benefits, including food stamps and general assistance (Burt, 2010). Greater benefit enrollment is likely due to the availability of case management at homeless shelters and coordination efforts with mainstream public benefit organizations. Increased utilization of homeless shelters for unsheltered Latinx could support public benefit receipt and would require an evaluation of current barriers to shelter use among this population.

Patterns of public benefits receipt among unsheltered Latinx PEH are mixed when compared with both unsheltered non-Latinx African-American and White PEH. Relatively lower levels of Medicare and disability benefits enrollment are likely due to unsheltered Latinx PEH being younger and less likely to report health challenges. In contrast, lower rates of SNAP enrollment or receipt of General Relief/General Assistance may be the result of barriers to access for the unsheltered Latinx population, including qualification requirements or a lack of knowledge regarding resources. Although information on the country of birth in homelessness data is limited, 38 percent of Latinx residents are foreign-born (U.S. Census, 2019b). Consequently, for a proportion of Latinx PEH, immigration status may be a barrier to public benefit enrollment. Such barriers may be due to misinformation regarding the impact of public benefits on immigration status (Chinchilla and Gabrielian, 2020) or programmatic rules limiting access. Most recently, the Public Charge rule, which went into effect in February 2020, blocks immigrant pathways to obtaining a green card if an immigrant is deemed reliant on federal assistance for food, health care, and housing. Although

the rule applies to a limited segment of the population, it is likely to have a net chilling effect that adversely affects Latinxs' willingness to seek public benefits (USCIS, n.d.). Misinformation regarding the impact of government services on immigration status was an ongoing concern that is being compounded by public charge[2] (Pelto et al., 2020). Given these challenges, there is an opportunity to improve outreach efforts to clarify requirements and increase the rates of enrollment for public benefits, particularly for SNAP, among qualifying individuals and families (Thomsen, 2016). Further, advocacy efforts must look to identify resources that can be accessed regardless of citizenship status and make this information publicly available.

When asked about factors contributing to homelessness, unsheltered Latinx were more likely than non-Latinx White and African-American populations to identify conflicts with family members or separation from significant others. Notably, previous research has identified social networks as key resources for Latinxs in preventing or coping with homelessness (Molina, 2000; Molina-Jackson, 2008; Perez and Romo, 2011). Unsheltered Latinx PEH may therefore represent a particularly vulnerable population, one that experiences challenges connecting to both formal and informal supports. Further, it is unclear how other factors, such as high rates of reported alcohol and drug use, may compound barriers to housing stability, including ties with social supports.

Analyses showed that some regions in Los Angeles County were more likely to report disproportionate numbers of unsheltered Latinx PEH. Specifically, in the county's Metro (SPA 4), East (SPA 7), and South Bay/Harbor (SPA 8) regions, Latinx adults were more likely to be unsheltered. In 2019, SPAs 4, 7, and 8 all saw double-digit increases in the number of people experiencing homelessness (LAHSA, 2019b). However, changes ranged by racial/ethnic groups, and between 2018 and 2019, Metro saw a 35-percent increase, East a 1-percent decrease, and South Bay/Harbor a 30-percent increase in the number of Latinxs experiencing homelessness (LAHSA, 2019b). Growth patterns alone do not explain why Latinxs are more likely to be unsheltered in these regions. Additional analyses are needed to understand how these regions may differ regarding resource allocations, including service characteristics (e.g., cultural and language access).

Conclusions

Understanding the characteristics of Latinx PEH is a key step in developing tailored interventions that meet the needs and vulnerabilities of this population. Latinx PEH are more likely than other groups to be disconnected from mainstream homeless services (Chinchilla and Gabrielian, 2020; Conroy and Heer, 2003b; Culhane et al., 2019). The authors' findings suggest that unsheltered Latinx PEH are notably vulnerable, reporting high levels of alcohol and drug use, low earnings, and limited connection to both mainstream public benefits and social supports. The authors' findings highlight the potential value of tailoring vocational and substance use disorder interventions to address the needs of unsheltered Latinxs. Such interventions must account for Latinxs' cultural and linguistic diversity. It is also necessary to have concerted efforts to increase access to public benefit programs for this population. These efforts may include increased partnerships between homeless services and immigration legal aid that can assist in clarifying immigration policies and

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[2] USCIS stopped applying the Public Charge Final Rule to all pending applications and petitions on March 9, 2021. https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge

advocacy efforts to ensure that safety net programs are accessible to all, regardless of immigration status. Further, given that unsheltered Latinx are more likely to report conflicts with their family or household as a factor contributing to homelessness, homelessness prevention strategies for this population may require greater attention to the role of family and social supports. Additional research is needed to identify person- and contextual-level barriers to the receipt of public benefits to develop culturally responsive interventions for this population.

Exhibit 5

(Supplemental): 2019 Homelessness, Los Angeles County Service Planning Areas

Service Planning Areas (SPA)	Regions	Population+	Homeless Count (all persons)*	Latinx Homeless Count (all persons)	Non-Latinx African-American Homeless Count (all persons)	Non-Latinx White Homeless Count (all persons)	Shelters*
SPA 1	Antelope Valley	397,583	3,293	819	1,258	985	1,004
SPA 2	San Fernando	2,262,277	7,730	3,214	1,323	2,745	2,607
SPA 3	San Gabriel	1,808,263	4,489	2,059	967	1,239	1,720
SPA 4	Metro	1,185,794	16,436	5,823	6,613	3,095	5,375
SPA 5	West	667,863	5,262	1,107	1,418	2,285	1,317
SPA 6	South	1,057,694	9.543	3,199	5,115	872	6,059
SPA 7	East	1,321,304	5,095	2,626	662	1,540	1,099
SPA 8	South Bay/ Harbor	1,578,056	4,409	1,676	1,363	1,110	1,460

+*July 1, 2018 Population Estimates prepared for LA County ISD, 6/26/2019*
**"All persons" captures adults, transitional age youth, and minors; shelters includes emergency shelters, transitional housing, and safe havens for adults, families, and transition age youth.*
Sources: LAHSA, 2019b; LAHSA, 2019a

Acknowledgments

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