



Minority Stress and Women's Issues Q&A

Can you please say more about racially-explicit services for women of color experiencing homelessness, compared to the systems now which purport to be race-neutral but favor white people?

- The status of people living in public housing should not put housing at risk. For example, policies that don't allow extended family or men not involved in the current pregnancy (but may be parents of other children living in the home) should be more flexible;
- The number of people allowed to live in public housing with a pregnant person or the variability of who that person/those people are should not be punitive;
- The use of child protective services, specifically claims of neglect should be evaluated through the lens of poverty and not blame

I am currently a Peer Navigator at a day shelter for women and transgender people experiencing poverty and homelessness. As a white male, I'm wondering what are some ways that someone like myself who is not part of these marginalized groups, to be part of the solution in addressing systemic racism and gender inequality. In other words, what is a way that a white male can be part of the solution without being paternalistic or unintentionally acting like a white savior?

- Accountability circle with people of color and others working on anti-racism work;
- Figuring out one's role in justice work with readings, book clubs and discussion groups;
- Refuse to be the face of the organization and always offer to present with a person your serve (ideally 2) and begin to develop them as your future workforce and replacement.

I am grateful that you are promoting fair payment for the expertise of community members. Do you have suggestions about how to move institutions toward provision of compensation? ie how to get community members who may not have degrees, traditionally required experience, on the payroll?

- Paid apprenticeship models within the organization;
- Paid community advisory board to help with mission, vision, values, and direction of the organization;
- Intentional support of people you serve and targeted training for positions opening up in the future or ones written into grants and other proposals.

Kinds of things are effective stress reducers for WOC?

- Obviously good sleep/rest, nutritious food, and meditation;
- Free Chair and neck massage within your organization for WOC and the staff;
- Mitigation of the need for multiple trips/transitions for people we serve (bundled appointments, childcare, no punitive actions for lateness or missed appointments)



What are some current, empirical medical studies that are predicated & focused upon "stress" (especially chronic stress) upon the individual re: long-term? Are there studies you could provide that are current? Have studies been done that are broken down based upon on respective racial groups?

The chronic, toxic stress and weathering hypothesis has been put forward by Arline Geronimus (University of Michigan), see a sprinkling of her work here:

<https://www.ncbi.nlm.nih.gov/pubmed/25930147>

<https://www.ncbi.nlm.nih.gov/pubmed/21607787>

<https://www.ncbi.nlm.nih.gov/pubmed/21279452>

<https://www.ncbi.nlm.nih.gov/pubmed/20436780>

Dr. McLemore, I've read that the field of epigenetics teaches that environmental factors during pregnancy, like stress, affect the expression of genes for generations. How does that inform the importance of failing to address the stress experienced by Women of Color experiencing homelessness?

You can read more about the developmental origins of human disease (DOHaD) below:

<https://dohadsoc.org/>

These are some articles specific to DOHaD and pregnancy/homelessness/epigenetics:

<https://www.ncbi.nlm.nih.gov/pubmed/30532646>

<https://www.ncbi.nlm.nih.gov/pubmed/30349741>

<https://www.ncbi.nlm.nih.gov/pubmed/30072057>

<https://www.ncbi.nlm.nih.gov/pubmed/30067291>

In what ways can shelters and programs like Rapid Re-Housing provide more culturally responsive services with respect to serving people of color?

- Fix the discrimination we already see in rental properties and housing;
- Seamlessly, fully integrate job training and skills acquisition, education into rapid rehousing;
- Stop focusing on specific populations (veteran homeless, family homelessness, youth homelessness) and attempt to address community homelessness.
- Hire people of color, formerly homeless folks to run and manage these program.

Is there a racial disparity in referring vulnerable to social services in Emergency room visits?

I actually don't know the answer to this question. But let me ask a question in response, why would social services be managed in emergency health service provision? Isn't that an expensive way to manage things? I get that crises happen (and that's where a lot of social workers and other professionals work), but could we envision this differently?



What more can be done to work with providers to stop the re-traumatization of people experiencing homelessness. Particularly when they do not recognize the harm they cause?

- Diversify the health/provider work force;
- Have navigators (like doulas, or peers in oncology) assigned to support homeless people during visits;
- Group visits with others experiencing homelessness;

Resources I mentioned

1. Benioff Community Innovators: <https://pretermbirthca.ucsf.edu/benioff-community-innovators-program>
2. Black Mamas Matter Alliance: <https://blackmamasmatter.org/resources/>
3. The Lost Mothers Series (ProPublica/NPR): <https://www.propublica.org/series/lost-mothers>
4. Death By Delivery: <https://fusion.tv/video/390130/death-by-delivery/>