

Adeleye, Joy Adedapo

Department of Urban and Public Affairs, University of Louisville, Louisville, KY, United States, jaadel02@louisville.edu

*Corresponding Author: Adeleye, Joy Adedapo, Department of Urban and Public Affairs, University of Louisville, Louisville, KY, United States, jaadel02@louisville.edu

Abstract: The longitudinal study presented a decennial review of homelessness in Louisville, with a particular focus on the exacerbating effects of the COVID-19 pandemic. Drawing upon insights gleaned from scholarly reviews and extrapolations from archival data on homelessness sourced from the city's coalition for the homeless, two hypotheses were constructed and subjected to deductive testing. While existing scholarly literature has underscored factors like social exclusion, domestic violence, and cumulative disadvantage among many others as contributors to homelessness, highlighting the interplay of economic, social, and personal intricacies, limited attention has been given to the pandemic's impact on homelessness, especially in Louisville Metropolis. Therefore, this exploratory study fills this gap by investigating the pandemic's influence on homelessness in the city.

I discovered that homelessness in Louisville is not merely a housing issue but a complex interplay of complex phenomenological factors. Also, the findings indicate a worsened situation in both sheltered and unsheltered homelessness, particularly evident in 2019, 2020, and 2022 (during and after the pandemic). Demographic trend analyses revealed the intricate and multifaceted nature of homelessness trends, influenced by factors beyond the pandemic. This underscores the necessity for targeted interventions and raises further research inquiries regarding public shelter conditions and interventions for specific categories of homelessness. Ultimately, the study aims to inform sustainable policy and practice in addressing the evolving challenges arising from the intersection of the pandemic and homelessness.

Keywords: Homelessness, COVID-19 Pandemic, Homeless Facility Design, Sustainable Policy.

1. INTRODUCTION

In December 2019, a novel coronavirus, causing the infectious disease known as COVID-19, initiated a global pandemic that resulted in an excess of 6.5 million fatalities (Wang et al., 2020). This unprecedented event brought forth substantial socioeconomic transformations, alterations in daily routines, and a myriad of stressors with deleterious implications not only on physical health but also on mental well-being (Vindegaard & Benros, 2020). Xiong et al. (2020) observed that the pandemic-induced socioeconomic decline led to an escalation in unemployment rates, exacerbating precarious living conditions and contributing to the instability and social disadvantage experienced by certain populations. Furthermore, the pandemic appears to have heightened the vulnerability of individuals grappling with homelessness or unstable housing, as well as those already socially and physically disadvantaged (Xiong et al., 2020).

Buchino et al (2019) asserted that homelessness has become a burgeoning national issue, representing one of the most challenging social problems intricately interwoven with various facets of social policy at both community and national levels. Emphasizing the broader implications, Buchino et al (2019) furtherunderscored the correlation between deindustrialization and sweeping transformations in the U.S. economy since the 1970s which has led to heightened wealth concentrations, wage stagnation at the lower echelons of the economy, and concomitant reductions in public funding for numerous overarching social safety net programs.

Also, Neal & McCargo (2020) contended that more recently, the repercussions of the Great Recession in 2008, banking crises, and the ensuing foreclosure crisis have wrought havoc on numerous families, adversely impacting their employment, financial reserves, and housing situations, with communities of color bearing some of the most severe consequences. An appraisal of homelessness in the United States in 2020, disclosed that nearly 600,000 individuals across the nation are grappling with homelessness, finding themselves either in temporary shelters or sleeping on the streets (Shinn & Khadduri, 2020).

The United States Housing and Urban Development Department has defined a person as homeless if one sleeps in a place not meant for human habitation like a car, outside, or an emergency shelter (Sullivan, 2023). Also, the McKinney-Vento Act of 2002 categorized a person as experiencing homelessness if they lack a fixed, regular, and adequate nighttime residence, living in a shelter, or people imminently losing their primary nighttime residence. In addition, unaccompanied youth and families with children, individuals, and families who are fleeing domestic violence or other dangerous conditions are defined as homeless under other federal statutes.

Perez (2022) posited based on the categorization and definition of homelessness, this phenomenon has entrenched itself as a persistent aspect of urban existence in several American cities. A survey by Buchino et al (2019) depicted that the homeless population declined by 27.6 percent from 2012 to 2016 but increased by 5.1 percent from 2016 to 2017 with the unsheltered homeless population accounting for 22.2 percent rise from the previous year, followed by a 4.2 percent increase in 2017. According to the Coalition for the Homeless 2022 report, there was an unprecedented upswing in homelessness following the 2008 housing crisis with a peak of 9,348 citizens served throughout 2009. However, there was a steady decrease in the number of people receiving homeless services between 2012 and 2018, but the trend changed from 2019 to 2022 showing a 41% increase in the number of people experiencing homelessness (7,572 to 10,640).

Considering the empirical findings on homelessness, coupled with the need to mitigate the gravity of this urban point of concern, the study within the broader spectrum of the nexus between the Covid-19 pandemic and homelessness investigated the impact of the Covid-19 pandemic on homelessness in Louisville city, the challenges and possible innovative response to this menace. The research questions are: (i) How has the incidence of homelessness in the city evolved in the last twelve years? (ii) What changes in the occurrence of homelessness can be observed in the city before and after the COVID-19 pandemic, specifically between 2018 and 2022? (iii) Are there other factors contributing to the incidence of homelessness in the city beyond the temporal scope of the pandemic? For further validation of the study, the following hypothetical statements were tested: (i) The COVID-19 pandemic has significantly increased the homeless population in Louisville. (ii) The varied trend in categories of homelessness is not a function of the COVID-19 pandemic alone.

2. LITERATURE REVIEW

The literature is replete with discussions on the scope, severity, and degrees of homelessness, highlighting the complex and multifaceted nature of the issue. Research consistently documents the varied experiences and conditions that characterize homelessness, from temporary housing instability to chronic and severe forms of deprivation (Avery, 2013; Coward, 2018). Studies have delved into the extent of homelessness, encompassing both visible and hidden populations, and examined the severity of its impacts on individuals' health, well-being, and access to essential services (Muzorewa, 2019; Simanjuntak et al, 2023). Furthermore, the literature addresses the spectrum of homelessness, recognizing that the experience of homelessness ranges from episodic to persistent, and involves different degrees of vulnerability and social exclusion (Caton, Wilkins, and Anderson, 2007; Woolrych, 2015).

Homelessness and Social Justice

Numerous scholars have examined homelessness through the theoretical paradigm of social justice, highlighting its emergence because of neoliberal policies. Ghosh (2020) investigated the ramifications of a large-scale demolition project initiated by a governing institution in India, which resulted in the displacement of thousands, rendering them homeless. Similarly, Watson & Cuervo (2017) delved into the intersection of subjectivity, stigma, and neoliberalism, focusing on the experiences of young

homeless women in Australia. In South Africa, Mahlangu & Kgadima (2021) undertook a comparable study, incorporating the theoretical framework of Ubuntu alongside neoliberal analysis. Additionally, Sadiki &Steyn (2021) scrutinized the victimization of homeless individuals in both rural and urban areas of South Africa, perpetrated by those wielding significant leverage.

Homelessness, Social Exclusion, and Indigenous Coping Strategies

Homelessness has been associated with social exclusion (Cuthill 2019; Clapham 2007). Marybeth Shinn's (2010) research delved into the nexus between social policies, cultural norms, and homelessness, examining the influence of social welfare programs, access to income, employment opportunities, wealth, and housing on homelessness at both individual and societal levels. Mahlangu & Kgadima (2021) investigated the social exclusion and stigma encountered by homeless individuals in South Africa. They advocated for the adoption of indigenous coping strategies such as ubuntu, which underscores interconnectedness, compassion, and shared humanity. This approach seeks to uphold human rights, address vulnerabilities, and promote the dignity and interconnectedness of all individuals, especially those experiencing homelessness (Cuthill, 2019).

Cumulative Disadvantage and Rising Homelessness

The concept of cumulative disadvantage explains how various economic, social, and personal factors combine to worsen homelessness, with housing scarcity and economic shifts being significant contributors (Evans et al, 2013; Remster, 2019). Nunes et al (2021) identified housing scarcity, economic shifts, addiction, mental health issues, and external events like natural disasters as factors contributing to homelessness. The authors note a substantial increase in homelessness in Rio de Janeiro from 4,628 individuals in 2016 to 7,272 in 2021, with the majority being young men (82%) from black or brown communities, and women forming a smaller proportion (around 18%) who often experience homelessness at a younger age when compared to men.

Links Between Homelessness, Domestic Violence, and Mental Health

Some scholarships have established a correlation between homelessness and domestic violence perspective (Lown, Schmidt, and Wiley, 2006; Baker et al, 2010; Nooe, Roger, &David, 2010). According to Buchino et al(2019), one significant factor causing homelessness in the United States is domestic violence, with 22 to 57 percent of homeless women citing it as the immediate cause. Middleton et al (2022) asserted that homeless youth are also affected and have been victims of violence at one time or another, over 19 percent have been victims of human trafficking, and 15 percent subjected to sex trafficking. Additionally, mental health plays a role, with 45% of all homeless individuals having some form of mental illness, and 25% receiving a diagnosis of serious mental illness. Elisabeth et al (2019) also asserted that homelessness is also associated with victimization, violence, and trauma.

Housing and Health in Homelessness

Other streams of research have emphasized the pivotal nexus between housing and the health status of individuals experiencing homelessness (Purkey & McKenzie, 2019). Elizabeth et al (2019) opined that individuals lacking stable housing encounter heightened instances of disease, disability, and constrained healthcare accessibility in contrast to their stably housed counterparts. The prevalent health issues encompass conditions such as tuberculosis, mental health disorders, substance use problems, and food insecurity. In response to these challenges, the authors advocated for efficacious interventions, including but not limited to permanent supportive housing, housing-first models, medical-legal partnerships, and mobile health outreach programs, as remedial measures to address this pervasive predicament (Elizabeth et al, 2019).

Barriers to Healthcare for the Homeless: Implications and Solutions

Furthermore, within the realm of scholarly inquiry into homelessness, a consistent focus has been placed on elucidating the impediments encountered by individuals without stable housing in their pursuit of healthcare services (Thorndike et al., 2022). Plage & Parsell (2022), opined that such impediments contribute to health disparities and accentuate the vulnerabilities inherent in the homeless demographic. Purkey& MacKenzie's (2019) investigation, conducted in southeastern Ontario, employed a methodology involving focus group discussions and in-depth interviews with

homeless individuals, healthcare professionals, and social service providers. The study's findings underscored the inadequacies of healthcare services in meeting the needs of homeless and vulnerable individuals, lacking universality, and patient-centeredness. In response to these identified barriers, the study recommended the adoption of an Equity-Oriented Health Care (EOHC) framework as a prospective solution (Sayani et al, 2021). The proposed framework holds the potential to instigate a more equitable and inclusive healthcare system tailored to the unique challenges faced by this population.

Hence, after a comprehensive review of scholarly literature encompassing assertions, positions, and findings, the investigation into homelessness has established associations with various indices serving as causative factors and triggers. Also, the urban milieu has witnessed the manifestation of several social menaces attributable to the COVID-19 pandemic. However, scant scholarshiphas specifically associated the pandemic as a direct causative factor for the surge in homelessness, and none has distinctly linked it up with the upsurge of homelessness in Louisville Metropolis. Consequently, this study aims to address this gap in the existing scholarship.

3. MATERIALS AND METHODS

The source of data for this study wassecondary data obtained from archival data sets of Louisville Metro homeless census data and Subpopulation Count from 2013 to 2022 taken by the coalition for the homeless in Louisville. This longitudinal data provided the required dataset needed for a decennial appraisal of homelessness, the researcher's extrapolations, and investigation of the incidence and rate of homelessness in Louisville City pre- and post-pandemic. Also, several scholarly scholarships were explored to evaluate the varied dynamics of homelessness across categories, demographics, time, and space.

4. RESULTS AND DISCUSSION OF FINDINGS

As presented in Table 1 and Plate 1 below, the trend in sheltered homelessness exhibited a decline from 2013 to 2016, succeeded by notable escalations in 2019, 2020, and 2022. Conversely, the instances of unsheltered homelessness demonstrated fluctuation from 2013 to 2018, yet underwent a remarkable surge, transitioning from a significant decrease (-89.66% %) to notable increases of 1081.25%, 46.19%, and 175.87% in 2019, 2020, and 2021, respectively. This pronounced escalation during the period of 2019 to 2021 for both categories of homelessness can be attributed to the multifaceted impacts of the COVID-19 pandemic on urban centers. Additionally, there was a discernible 0.09% rise in sheltered individuals during severe weather conditions (referred to as "White flag count") between 2018 and 2019. Although the figures diminished in 2020 and 2021 (-6.21% and -53.91% respectively), however, it rebounded in 2022with a 10.39% increase. This highlights a concerted effort to provide shelter during extreme weather events which was initially attained but could not be sustained, due to the aftermath of the 2019 pandemic. As a result, there was an increase observed in 2022. These findings corroborate the first hypothetical statement.

Furthermore, the total percentage change in sheltered homelessness evidenced a reduction of 26.69% from 2013 to 2022, implying an overarching decline in the population residing in sheltered accommodations over the decade. This decline may be construed as progress in addressing homelessness within the city. Conversely, unsheltered homelessness surged by 1,118.73% during the same timeframe, indicating two primary phenomena: firstly, an overall escalation in the population experiencing unsheltered homelessness, thus underscoring a burgeoning and intricate challenge in tackling homelessness; and secondly, a preference among a growing number of homeless individuals for street living or alternative forms of shelter over government and non-government provided shelters. Furthermore, the count of white flag homelessness decreased by 52.24%, indicative of a reduction in individuals seeking emergency shelter during severe weather conditions, thus signaling a decline in the need for emergency shelter provision.

Moreover, the average percentage change in sheltered and unsheltered homelessness, which stood at 0.23% increase and 31.76% increase, respectively, denotes an overall rise in both sheltered and unsheltered homelessness. Additionally, there was a decrease in both the average annual and overall total white flag cases, indicative of a diminishing need for emergency shelter provision over time.

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Year	Category of homelessness	Census	Total Census	% change based on the category of homelessness	Overall%changeofallcategoriesbyTotal Census			Total % changeeach category			Avera Count		annual
					S	US	WFC	S	US	WFC	S	US	WFC
2012	Sheltered Unsheltered	8,466 315	8,781										
2013	Sheltered	8,380	8,608	-1.02% decrease from 2012									
	Unsheltered	228		-27.62% decrease from 2012									
2014	Sheltered	7,086	7,697	-15.44% decrease from 2013									
	Unsheltered	611		167.98% increase from 2013									
2015	Sheltered	6,129	6,737	-13.51% decrease from 2014									
	Unsheltered	608		-0.49% decrease from 2014									
2016	Sheltered	5,630	6,373	-8.14% decrease from 2015									
	Unsheltered	743		22.20% increase from 2015									
2017	Sheltered	5,921	6,695	5.17% increase from 2016	26	.75		- 26.7	1,119.4	- 52.24	6415	1,213	1,749
	Unsheltered	774		4.16% increase from 2016									
2018	Sheltered	5,224	7,572	-11.77% decrease from 2017									
	Unsheltered	80		-89.66% increase from 2017									
	WFC	2,272											
2019	Sheltered	5,509	8,745	5.16% increase from 2018									
	Unsheltered	945		1,081.25 % increase from 2018									
	WFC	2,274		0.09 % increase from 2018									
2020	Sheltered	6,178	9,693	12.14% increase from 2019									
	Unsheltered	1,382		46.19% increase from 2020									
	WFC	2,133		-6.21% decrease from 2020									
2021	Sheltered	5,844	10,640	-5.41% decrease from 2020									
	Unsheltered	3,813		175.87% increase from 2020									
	WFC	983		-53.91% increase from 2021									
2022	Sheltered	6,206	11,130	6.19%		1							1

Table1. Louisville Metro homeless census from 2012 – 2022

	Unsheltered	3,839		increase from 2021 0.68 % increase from						
	WFC	1,085		2021 10.39% increase from 2021						

Source: Author's Extrapolation (2024)

S = Sheltered, US = Unsheltered, WFC = White Flag Count (Sheltered during severe weather conditions) Plate 1 below depicts the following:**2018:** Of the 7,572 individuals, 69% were sheltered, 30% were housed due to extreme weather conditions, and 1% were on the streets or elsewhere.

2019: Among the 8,745 individuals, 63% were sheltered, 26% were housed due to extreme weather conditions, and 11% were on the streets or elsewhere.

2020: Out of the 9,693 individuals, 64% were sheltered, 22% were housed due to extreme weather conditions, and 14% were on the streets or elsewhere.

2021: Of the 10,640 individuals, 55% were sheltered, 10% were housed due to extreme weather conditions, and 35% were on the streets or elsewhere.

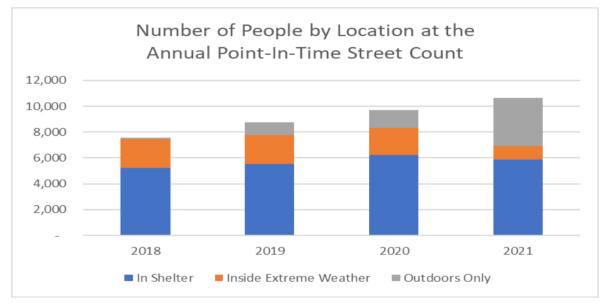


Plate1. Showing Homeless Subpopulation Count from 2018 – 2022 (Sources: Coalition for Homeless, 2022)

Table 2 below provides a comprehensive trend analysis of homelessness across diverse demographic cohorts. Singular individuals exhibited a consistent decline from 2013 to 2015, albeit followed by an upsurge in 2016 and a notable 21.3% increment in 2017, hinting at potential shifts influenced by alterations in support services or economic circumstances. Subsequent years depicted fluctuating increments and decrements, culminating in a 4.8% elevation in 2022 compared to the preceding year.

Homeless families encountered formidable obstacles, experiencing a 29% reduction in 2014, persisting until 2016. The dynamic altered with an escalation in 2018, reaching a noteworthy 38% surge in 2021, albeit slightly tapering in 2022. Individuals within family units mirrored these patterns, undergoing a decline until 2016. However, the paradigm shifted with a substantial 44% increase in 2019, maintaining an upward trajectory with a 31.3% rise in 2021 relative to 2018. Fluctuations were evident among children (<18) and unaccompanied youths, notably escalating by 22.2% in 2021, with a sustained albeit moderated upward trend in 2022. Conversely, unaccompanied youths experienced a decline until 2016, followed by sporadic fluctuations, including a decrease noted in 2022.

Individuals with disabilities demonstrated a relatively stable trend until 2017, characterized by a significant 21.5% surge. This pattern persisted with subsequent increments, peaking in 2019 before declining in 2022. Victims of domestic violence encountered a notable 33% decline in 2014, followed by variable increases and fluctuations, including an 18.1% rise in 2020 compared to 2019. Chronically

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homeless individuals depicted significant oscillations, notably experiencing a substantial 67.8% decline in 2014. Veterans witnessed declines until 2013, succeeded by fluctuations, with a noteworthy 11.7% increase in 2019 relative to 2018. Youth lacking familial support beyond the age of 25 exhibited a significant increase in 2017, followed by fluctuating trends, including a substantial 84.9% decrease in 2021.

r		1					1			
Categori es of homeless	20 13	2014 ((% +ve/- ve) from 2013)	2015 (Perce ntage increas e/ decreas e from 2014)	2016 (Perce ntage increas e/ decreas e from 2015)	2017 (Perce ntage increas e/ decreas e from 2016)	2018 (Perce ntage increas e/ decreas e from 2017)	2019 Percen tage increa se/ decrea se from 2018)	2020 Percen tage increa se/ decrea se from 2019)	2021 Percen tage increa se/ decrea se from 2020)	2022 Percen tage increa se/ decrea se from 2021)
Single Individual s	6,8 12	5,582 (18% decrea se)	5,002 (10% decreas e)	4,909 (1.9% decreas e)	5,205 (6% increas e)	5,294 (2% increas e)	7,113 (21.3% increas e)	7,851 (9.4% increas e)	8,349 (6.3% increas e)	8,751 (4.8% increas e)
Homeless families	62 8	449 (29% decrea se)	429 (4% decreas e)	362 (15.6% decreas e)	337 (7% decreas e)	266 (21% decreas e)	330 (24% increas e)	396 (20% increas e)	546 (38% increas e)	572 (4.8% increas e)
People in families	1,7 96	1,299 (28% decrea se)	1,317 (1% increas e)	1,139 (13.52 % decreas e)	1,012 (11% decreas e)	853 (16% decreas e)	1,232 (44% increas e)	1,519 (23% increas e)	1,995 (31.3% increas e)	2,076 (4.1% increas e)
Children (<18 & unaccomp anied youths)	1,1 96	1,362 (14% increa se)	1,257 (8% decreas e)	1,079 (14% decreas e)	1,084 (0.5% increas e)	1,049 (3% decreas e)	1,302 (19.43 increas e)	1,366 (4.91% increas e)	1,669 (22.2% increas e)	1,682 (0.8% increas e)
Unaccom panied Youths	56 2	499 (11% decrea se)	418 (16% decreas e)	443 (7% decreas e)	453 (2.3% increas e)	510 (13% increas e)	400 (21% decreas e)	323 (19.3% decreas e)	296 (8% decreas e)	303 (2.3% increas e)
People with disabilitie s	3,4 47	3,422 (1% decrea se)	3,471 (1.4% increas e)	3,549 (2.2% increas e)	3,616 (2% increas e)	3,324 (8% decreas e)	5,351 (60.9% increas e)	6,271 (17.1 increas e)	6,855 (9% increas e)	6,552 (4.4% decreas e)
Victims of domestic violence	1,3 21	879 (33% decrea se)	1,042 (19% increas e)	1,249 (19.8% increas e)	1,349 (8% increas e)	1,584 (17% increas e)	775 (51% decreas e)	915 (18.1% increas e)	1,032 (13% increas e)	1,121 (8.6% increas e)
Chronical ly homeless	1,6 61	535(6 7.8% decrea se)	904 (40% increas e)	773 (14% decreas e)	-	-	-	-	-	-
Veterans	91	904	791	706	708	726	822	819	719	755

 Table 2. Homeless Subpopulation by Percentage (%) Increase/decrease from 2013 -2022

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	6	(1% decrea se)	(13% decreas e)	(10.8% decreas e)	(0.28% increas e)	(2.5% increas e)	(13.2% increas e)	(0.36% decreas e)	(12.2% decreas e)	(5.0% increas e)
Youth w/no other family member older than 25	-	-	-	-	847	773 (8.7% decreas e)	898 (16.2% increas e)	954 (6.24% increas e)	144 (84.9% decreas e)	123 (14.6% decreas e)

Source: Author's Extrapolation (2024).

This trend analysis affirms the second hypothetical proposition which underscores the fact that the changing trend in categories of homelessness is not a function of the COVID-19 pandemic alone, but rather a function of the multifaceted nature of homelessness, shaped by phenomenological factors such as economic conditions, social policies, and the efficacy of support services. The varied increments and decrements observed across distinct demographic categories underscore the imperative for targeted interventions and continuous surveillance to address the unique challenges encountered by different groups.

5. CONCLUSION

This study investigated the impact of the COVID-19 pandemic on homelessness within the geographical confines of Louisville. The findings illuminated a discernible escalation in homelessness, particularly among the unsheltered, amid the pandemic. The intricate nature of this issue is underscored through demographic variances, necessitating precision in interventions tailored to the distinct needs of diverse homeless cohorts. The recommendations emphasize the imperative understanding of the intersectionality between homelessness and health, advocating for targeted and sustainable remedies to adeptly address the multifaceted dimensions of homelessness. Additionally, in response to emerging inquiries stemming from this research, it is suggested that further inquiries be conducted into the adequacy of shelters catering to the homeless population, encompassing their conditions, capacities, and the availability of requisite infrastructure. Such investigation will play a pivotal role in elucidating the existing provisions pertinent to the homeless demographic, thereby furnishing invaluable insights for the policymaking process. Consequently, this will facilitate governmental entities and urban administrators in effectively navigating the intricate challenge of homelessness, particularly in the context of this global crisis.

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AUTHORS' BIOGRAPHY



Adeleye, Joy Adedapo is currently a Research Assistant and doctoral student at the Department of Urban and Public Affairs, University of Louisville, Louisville, Kentucky, United States. Joy is a lover of social good and an advocate for environmental planning, and sustainability.

However, before he transitioned to the United States for further studies, he obtained a Bachelor of Technology (BTech) in Urban and Regional Planning from Ladoke Akintola University of Technology, Ogbomoso, Oyo State, Nigeria in 2015. Not satisfied with that level of knowledge acquired already, he proceeded to the University of Ibadan, Ibadan, Oyo State, Nigeria, for

postgraduate studies, where he bagged a Master of Science (MSc) in Urban and Regional Planning in 2019. Joy has had experience working in the public sector and academia to deliver some urban planning and environmentally related services.

Since his transition to the United States, he's been conducting environmentally tailored and sustainable-oriented planning research either as an individual or with cohorts.

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