Health Equity for People Experiencing Homelessness During the COVID-19 Pandemic

Jill S. Roncarati, ScD, MPH, PA-C  jsr790@mail.harvard.edu
Maggie Sullivan, DrPH, FNP-BC  mas3977@mail.harvard.edu
Virtual Seminar for FXB Center for Health & Human Rights
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Outline

Objectives & Background
- Vocabulary and Demographics
- Special Subpopulations
- HCH Programs 15 min

Health & Homelessness 5 min

COVID-19 Basics and Relevant Issues 5 min

Impacts on HCH Programs 10 min

Strategies and Implications 10 min

Discussion 15 min
Objectives

- Increase awareness among our academic community about homelessness and health, including:
  - Magnitude, types and trends of homelessness across the US
  - Unique health inequities and vulnerabilities related to COVID-19
- Invite feedback and input on the direction of our work and practice
## Helpful Vocabulary

### Populations
- Individuals or adults
- Families (primarily women with children)
- Unaccompanied youth or adolescents

### Subpopulations
- Chronically homeless
- Sheltered and unsheltered
- Veterans
- Elders
- Permanent supportive housing
- Immigrants and limited-English speakers
- Transgender
Demographics

• Data for National estimates from HUD* are from two sources:
  • Point-In-Time annual count (PIT)
  • 567,715 homeless people during PIT (2019)\(^1\)
• One-Year shelter visit data estimates (HMIS)
  • 1.4 Million used emergency shelter in one-year (2017)\(^2\)

*HUD: U.S. Dept of Housing and Urban Development
1 HUD 2019 Annual Homeless Assessment Report to Congress Part 1
2 HUD 2017 Annual Homeless Assessment Report to Congress Part 2
2019 Point-In-Time Data

- 63% Sheltered
- 37% Unsheltered

- 35% Unsheltered Adults
- 2% Unsheltered Families
- 35% Sheltered Adults
- 28% Sheltered Families

- 70% Adults
- 30% Families
2019 Estimates of Homelessness by State

*https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf*
Boston Homeless Census 2019

Homeless Population 6,203
Sheltered Adults 2,227
Unsheltered Adults 121
Sheltered Families 3,855
Health Care for the Homeless (HCH) Programs

1985: 19 demonstration projects funded by RWJF and Pew Memorial Trust

1987: Federal funding began: Stewart B. McKinney Homeless Assistance Act


2018: 299 HCH programs nationally (7 in MA) provide health care services at 2,500 sites to 1 million patients. There are 58 stand-alone HCH programs across the country.
Link Between Homelessness & Health

• 1.5 million homeless
• PEH have higher rates of illness and die on average 12 years sooner than the general US population
  • Poor health is a major cause of homelessness
• Homelessness creates new health problems and exacerbates existing ones
• Recovery and healing are more difficult without housing
More than half of PEH have thoughts of or attempted suicide

40% homeless teens struggle with depression (vs 28% among housed teens)

75% of PEH with SUD also have comorbid mental illness

25%-30% have AUD and 50% used/abused illicit drugs

Mental Health & SUD

PEH = people experiencing homelessness
SUD = substance use disorder
AUD = alcohol use disorder
Mortality Among 445 Unsheltered Adults in Boston: 2000-2009

- Average age: 44 (67% Non-Hispanic White, 72% men)
- 134 deaths
  - Average age: 53
- All-cause mortality rate nearly 10 times higher than MA population and nearly 3 times higher than homeless cohort
- NCDs (cancer, heart disease), alcohol use disorder, chronic liver disease
- Black/African American individuals had more than half the rate of death compared with White individuals
Mortality Among Homeless Adults in Boston

Shifts in Causes of Death Over a 15-Year Period

Toni P. Baggett, MD, MPH; Stephen W. Huang, MD, MPH; James J. O’Connell, MD; Brian C. Porcher, MS; Erin J. Streff, MPH; E. John Chui, PhD; Daniel E. Singer, MD; Nancy A. Bickel, MD

Background: Homeless persons experience excess mortality. Few US-based studies on this topic are confined or lack information about causes of death. To our knowledge, no studies have examined shifts in causes of death for this population over time.

Methods: We assessed all-cause and cause-specific mortality rates in a cohort of 28,033 adults 18 years or older who were seen at Boston Health Care for the Homeless Program from January 1, 2003, through December 31, 2008. Deaths were identified through probabilistic linking to the Massachusetts death occurrence files. We compared mortality rates in this cohort with rates in the 2003-2008 Massachusetts population and a 1999-2003 cohort of homeless adults in Boston using standardized ratio estimates with 95% confidence intervals.

Results: A total of 1,302 deaths occurred during 40,940 person-years of observation. Drug overdose (n=285), cancer (n=256), and heart disease (n=243) were the major causes of death. Drug overdose occurred for one-fifth of deaths among adults younger than 45 years. Overall rates were relatively low overall. Mortality rates were higher among whites than nonwhites. Compared with Massachusetts adults, mortality disparities were most pronounced among younger individuals, with rates about 4-fold higher in 25-44 year-olds and 3-fold higher in 45-64 year-olds. In comparison with 1999-2003 rates, reductions in deaths from human immunodeficiency virus (HIV) were offset by 3- and 2-fold increases in deaths owing to drug overdose and psychiatric substance use disorders, resulting in no significant difference in overall mortality.

Conclusions: The all-cause mortality rate among homeless adults in Boston remains high and unchanged since 1999-2003 despite a major increase in clinical services. Drug overdose has replaced HIV as the emerging epidemic. Interventions to reduce mortality in this population should include behavioral health integration into primary medical care, public health initiatives to prevent and reverse drug overdose, and social policy measures to end homelessness.


For editorial comment see page 178

CME available online at wwwjamainternmed.org and questions on page 177

In view of recent advances in HIV treatment and expansion of federally funded health care for homeless persons, we urge the federal and state governments to provide the necessary funding to support the homeless medical services, the mental health services, and the necessary housing to address the needs of these individuals.
Service Utilization of 6,496 Adults in Boston: 2010

- “…a majority of individuals have mental illness and SUDs, either alone or co-occurring. Approximately one third of ED visits and half of hospitalizations were attributable to behavioral health disorders.”

- Burden of disease is higher in this population, so costs are higher, but “states are already likely to be paying for services for homeless individuals in less effective and fragmented systems.”
Prior Epidemics Among Individuals Experiencing Homelessness

- HIV
- TB
- Hepatitis A & C
- Meningitis
- Norovirus
- Opiate use

Risks Related With

- Sharing needles, unprotected sex
- Crowded conditions and inability to adhere to social distancing guidelines
- Limited access to hand hygiene, clean water, food safety
- Limited access to vaccinations
- Immune status: underlying disease, poor nutrition, chronic stress
- Increased involvement with criminal justice system (greater risk of certain infections related to incarceration)
- Lacking knowledge because of limited access to internet, media outlets, TV
- Histories of trauma, poverty, lack of social supports, mental health
Timeline of Key Events: COVID-19

12/31/19-1/3/20
44 cases of PNA in China

1/7/20
Novel coronavirus identified in China

1/21/20
1st case in US (WA state)

1/30/20
WHO declares global health emergency

2/28/20
1st death in US (WA state)

2/28/20
CDC lifts restriction on testing

3/3/20
MA State of Emergency

3/10/20
MA State of Emergency

3/11/20
WHO Declares Pandemic

3/13/20
National Emergency Declared

3/20/20
MA DPH reports 1st death

3/20/20
MA DPH reports 1st death

3/23/20
Case identified in homeless community (GA)

3/24/20
MA closes non-essential services. Stay-at-home advisory.

3/26/20
MA dedicates former hospital for shelter

3/29/20
Boston announces plan for homeless
COVID-19 by the Numbers (as of early 4/2/20)

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>956,588</td>
<td>48,583</td>
</tr>
<tr>
<td>US</td>
<td>216,722</td>
<td>&gt; 3,603</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>7,738</td>
<td>122</td>
</tr>
<tr>
<td>Boston</td>
<td>1,057</td>
<td>7</td>
</tr>
</tbody>
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Cases among people experiencing homelessness have been reported in several states, including CA, CO, GA, MA, NV, NY.
COVID-19 Considerations for Homeless Populations

- Space: proximity to others, little control over cleaning measures
- Less access to sinks/running water, soap and hand sanitizers
- Prevalence of underlying comorbidities
- Higher rate of tobacco use
- Lower average age expectancy
- Less access to reliable and accurate information
Projected COVID-19 outcomes for US homeless population (assuming peak 40% infection rate)

Proportionate distribution of hospitalizations, ICU, and mortality among homeless individuals due to COVID-19 pandemic

Estimates based on 40% infection rate and 15-year accelerated aging

Table 1: Projected COVID-19 outcomes for U.S. homeless population assuming peak 40% infection rate at a given time

<table>
<thead>
<tr>
<th></th>
<th>Number of cases</th>
<th>Percent of total population</th>
<th>Range across scenarios</th>
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<tbody>
<tr>
<td>Hospitalization</td>
<td>21,295</td>
<td>4.3%</td>
<td>2.4%-10.3%</td>
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<tr>
<td>Critical Care</td>
<td>7,145</td>
<td>1.4%</td>
<td>0.6%-4.2%</td>
</tr>
<tr>
<td>Fatality</td>
<td>3,454</td>
<td>0.7%</td>
<td>0.3%-1.9%</td>
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Map 1 depicts the proportionate distribution of hospitalizations, ICU admissions, and mortality among homeless individuals across the United States as a result of the COVID-19 pandemic. It is largely reflective of the distribution of the homeless population generally, with cases concentrated in urban areas and most regions seeing very few COVID-19 cases and low mortality.


Grey areas indicate counties where no data is available.
HCH Program Interventions

Goal to shrink existing services (routine and non-urgent care) to slow transmission

Healthcare Workforce
- Anticipate drop in staff due to age and medical conditions
- Task-shifting for staff > 65 and with medical conditions
- Transparent prioritization of PPE during shortages
- Childcare for essential staff
- Mental health support
- Frequent staff communication

Social Distancing
- Defer routine and non-urgent medical visits
- Increase use of telehealth
- Wellness check-in phone calls
- Decrease number of patients in waiting area
- Support delivery of medications
- Limit size of support groups and meetings
- Stagger mealtimes and clothing distribution

Screening
- Establish and update protocols for symptoms and exposure
- Screen outside prior to entry
- Call patients proactively to screen prior to clinic arrival
- Work with shelter staff to screen widely at shelters

Testing
- Widespread shortage of swabs and testing kits
- Some labs may be able to prioritize rapid testing for vulnerable populations
- Expansion of commercial testing

Quarantine & Isolation
- Repurpose old and allocate new spaces
- Maintain capacity to practice hand-hygiene and toilet facilities
- Increase cleaning facility measures
- Post clear, multi-lingual and low literacy information on prevention
- Low-threshold considerations for patients with mental health conditions or active substance use disorders
Implications

**Patients**
- Decreased access to routine medical care, urgent care (overburdened system) and support/recovery groups
- Interrupted relationships with service providers and staff
- Isolation, loneliness, anxiety, uncertainty
- Higher vulnerability to illness and death

**Staff**
- Stress, fatigue, anxiety, burnout
- Increased exposure to COVID-19

**Program**
- Increased demands for quick synthesis of information, innovation and iteration, new processes and protocols, partnerships
- Changes to core programming
- Reduction in staffing
- Loss of revenue
- Low supply of PPE
Patient Considerations

- Welcoming spaces and dignified treatment
- Increase education, information and communication for patients with limited English proficiency
- Focus on trauma-informed approaches where possible
- Focus on behavioral strategies for prevention and de-escalation in settings of high stress
- Access to pastoral care
- Engage behavioral health staff for messaging
HCH Program: Essential Partnerships

- City and State Health Department
- Hospitals
- State & Local Legislators
- Local Businesses & Organizations
- Educational Institutions
- Primary Care Association
- State Medicaid Office
Discussion

• Will all individuals in shelters be exposed? Will more individuals choose to sleep outside?
• Will there be/how much of an increase in the numbers of homelessness as a result of COVID-19?
• How sustainable are new programmatic efforts?
• What are the trade-offs of redirection away from other acute and chronic conditions, redirection away from quality of care, etc.?
• How will the opioid epidemic be impacted by the COVID-19 pandemic?
• What are the implications of all the variability of containment strategies and practice?
Suggested Resources

Interim Guidance

- Seattle-King County DPH: [Interim Guidance on COVID-19 for Homeless Service Providers](https://www.seattle.gov/health-provider/epi/2019-coronavirus-interim-guidance-homeless-service-providers)
- CA DPH: [Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness](https://www.cdph.ca.gov/Programs/EID/DPH/COVID19/COVID19StrategicApproaches.cfm)
- LA County DPH: [Guidance on Congregate Living Facilities: COVID-19](https://www.lacounty.gov/covid19/)
- NYC Health: [COVID-19 Interim Guidance for Homeless Shelters](https://www1.nyc.gov/site/coronavirus/homeless-guidance.page)
- HUD: [Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness](https://www.hud.gov/yucca/COVID-19)
- [Harm reduction guideline](https://www.hud.gov/yucca/COVID-19)

Resources

- NHCHC: hosting regular [townhalls](https://www.nhchc.org/townhalls/) starting 03/27/2020
- HUD: [Infectious Disease Prevention & Response Resources](https://www.hud.gov/yucca/SitePages/COVID-19ResponseResources.aspx)
- HUD: [Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease for People Experiencing Homelessness](https://www.hud.gov/yucca/SitePages/COVID-19ResponseTools.aspx)
- National Low-Income Housing Coalition: [Coronavirus and Housing/Homelessness](https://nlihc.org/coronavirus)
- VA: [VA COVID-19 Response Plan](https://www.va.gov/COVID-19/)
- PartnersHealth Care, BHCHP: established Hotlines, Telemedicine
Suggested Resources

Webinars
- NHCHC: Coronavirus and the HCH Community: Status Updates, Available Guidance, Local Preparations, and Outstanding Issues 3/20/20
- HUD: Infectious Disease Preparedness for Homeless Assistance Providers and Their Partners (webinar 3/10/20, slides here; webinar 3/13/20)
- Homelessness Learning Hub: Pandemic Preparedness (2015 re H1N1 in Canada)
- Various Grand Rounds: MGH Medical Grand Rounds “A Coordinated, Boston-wide Response to COVID-19” Livestream available here (03/12/2020)

Peer-Reviewed Articles
- Lancet: Efforts escalate to protect homeless people from COVID-19 in UK by Kirby (3/26/20)
- BU, Penn, UCLA: Estimated Emergency and Observational/Quarantine Bed Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, ICU and Mortality by Culhane et al. (3/24/20)

News Media
- Reuters: Homeless shelters, programs ill-equipped for coronavirus, U.S. cities warned by C. Biron (3/10/20)
- NYT: Coronavirus Outbreak Has America’s Homeless at Risk of ‘Disaster’ by T. Fuller (3/10/20)
- ABC News: Coronavirus and the homeless: Why they’re especially at risk, ways to stop a spread ‘like wildfire’ by E. Shapiro (3/11/20)
- Daily Beast: Will Coronavirus Make America Finally Care About the Homeless by B. Nelson (3/11/20)
- Huff Post: Homeless People Are Especially At Risk Amid Coronavirus Pandemic by Ruiz-Grossman (3/11/20)
- WBUR: Tent Medicine to Treat Those with Coronavirus in Boston’s Homeless Community by M. Bebinger (3/23/20)
- New Yorker: Coronavirus spurs a movement of people reclaiming vacant homes by D. Goodyear (3/28/20)
- Boston Magazine: Boston Coronavirus News: Suffolk Dorm to Shelter the Homeless by A. Vaughn (3/30/2020)
- City of Boston press conference: Boston Mayor Walsh Press conference (03/29/2020)
- CNN: How do you stay home when you’re homeless? (4/2/20)