

# A Brief Scan of COVID-19 Impacts on People Experiencing Homelessness: Health Impacts and Responses

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A Brief Scan of COVID-19 Impacts on People Experiencing Homelessness.

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#### Introduction

The World Health Organization declared a global outbreak of the coronavirus disease 2019 (COVID-19) on March 11<sup>th</sup>, 2020<sup>1</sup>. The virus is two times more deadly than the influenza virus and can cause a plethora of deleterious health outcomes<sup>2</sup>. Additionally, COVID-19 poses a particular risk for those who already suffer from or who have a higher risk of suffering from pre-existing medical conditions, such as populations experiencing homelesness<sup>3-7</sup>.

This report summarizes the emerging literature, media reports and homelessness-serving systems' responses to the pandemic specifically exploring the health impacts of COVID-19 on those who experience homelessness.

Any strategies and recommendations presented in this report are intended to be suggestive and exploratory as opposed to prescriptive. That is, this paper is to serve as a starting point for readers interested in doing more research on topics related to COVID-19 and homelessness. Additionally, the purpose of this report is to learn from the global response to the reality of homelessness in the pandemic and understand the evidence of various responses to the pandemic to assist with informing regional practice, program, and policy decision making.

#### **Methods**

Initially, we conducted an online media and academic search on COVID-19 among populations experiencing homelessness and shelters between March 30<sup>th</sup> and April 26<sup>th</sup>, 2020. We also conducted one-on-one telephone interviews with 5 shelters across Canada and the United States to gain an "on the ground" perspective during the early stages of the pandemic.

Since April 26<sup>th</sup>, we have been reviewing daily online news reports, as well as documents published in the academic (i.e. peer-reviewed journal articles) and grey (i.e. evaluations, government documents, working papers, etc.) literature to understand the impact of COVID-19 on equity-deserving populations or those experiencing homelessness as well as developing strategies focused on helping to mitigate that impact.

Our end date for our literature and media search was September 3<sup>rd</sup>, 2020. Literature and media searches revealed that most of the research originates from the United States and only a handful have been conducted elsewhere including Canada and England.

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#### Disclaimer

Given the heightened risk that COVID-19 poses to individuals experiencing homelessness, the academic and grey literature, while small, has been growing at a rapid pace and suggesting responses for agencies to implement to mitigate this crisis within populations experiencing homelessness. However, due to the novelty of the COVID-19 pandemic, most of the research on this topic is new. As such, most of the research contained in this report has not yet been peer-reviewed and may change or be refuted in the future.

Please note, this report is not meant to be an academic paper or systematic review but rather a summary and snapshot of the emerging media reporting and academic investigations of the pandemic's impact on the previously mentioned populations during a specific timeframe (March 30<sup>th</sup> – September 3<sup>rd</sup> 2020).

The hope is that this report will stimulate further research and inter-agency collaboration on the topics presented here to support those experiencing homelessness. As this work is exploratory, we are continuously conducting additional work on these topics.

### The impacts of COVID-19 on populations experiencing homelessness

#### Health vulnerability among those experiencing homelessness and COVID-19

Homeless populations are vulnerable to COVID-19 infections due to factors such as prevalence of underlying health conditions, lack of access to COVID-19 information and personal protective equipment (PPE) including hygiene materials and face masks as well as limited distancing abilities<sup>7</sup>. Studies show that geriatric syndromes are more prevalent in older homeless populations compared to older populations that are not homeless<sup>8-9</sup>. For example, a recent systematic literature review revealed that cardiovascular disease is nearly three times more common amongst homeless individuals, and that homeless populations are at a greater risk of hypertension and cardiovascular disease mortality<sup>10</sup>.

Additionally, studies conducted in England and Canada have found that populations experiencing homelessness are often malnourished, overweight, obese, or suffer from poor diets and food insecurity, which is correlated with poorer health 11-12. Mental health disorders, such as bipolar disorder, are also more prevalent among populations experiencing homelessness compared to the general population 13-14.

#### Prevalence and rate of COVID-19 among those experiencing homelessness

Despite the novelty of COVID-19, research surrounding the rate and prevalence of COVID-19 among populations experiencing homelessness is emerging<sup>15-18</sup>.

A report conducted by the *Coalition for the Homeless* estimated that the COVID-19 mortality rate for sheltered New Yorkers experiencing homelessness was higher (321 deaths per 100,000 people) than the overall rate (200 deaths per 100,000 people)<sup>17</sup>. A study modelling future COVID-19 related hospitalizations and mortalities among American populations experiencing homelessness estimated a peak infection rate of 40%<sup>15</sup>. In England, researchers estimate that 15,448 individuals (34% cumulative incidence) experiencing homelessness could be infected with COVID-19 if no interventions are implemented to protect them from the virus<sup>16</sup>.

As of April 26<sup>th</sup>, the total number of known positive cases of COVID-19 among Canadian populations experiencing homelessness, based on news reports, is 178 while in select cities in the United States is 1,525 cases<sup>19</sup> (also see Figure 1 on page 5). Given the estimated number of homeless individuals in the United States (552,830) and Canada (235,000), the prevalence of COVID-19 in homeless populations is less than 1% (0.3%, 0.1% respectively)<sup>20-22</sup>.

Tests in other cities such as Dallas (26%) and Salt Lake City (46%) have also revealed a high prevalence of COVID-19 among populations who visit shelters<sup>23-24</sup>. It is important to note that in North America, the prevalence of COVID-19 among populations experiencing homelessness is clustered in cities such as New York, Boston, Seattle, and Toronto. Currently, New York City has the highest number of COVID-19 cases and COVID-19 related fatalities among populations experiencing homelessness.

#### Transmission of COVID-19 at the city level

Figure one summarizes the number of COVID-19 Cases between March 17<sup>th</sup> and April 26<sup>th</sup>. The number of positive COVID-19 cases in select American and Canadian cities from *Figure 1* was extracted from numerous media sources<sup>23-55</sup>.

# Of COVID-19 Cases Among Populations Experiencing Homelessness In Select

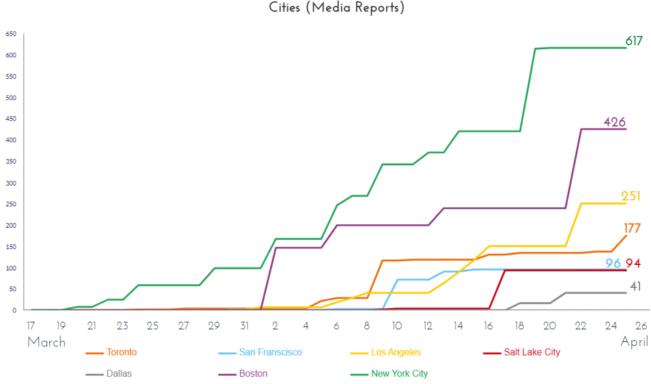


Figure 1: Estimates of positive cases from media reports

These results revealed that the spread of COVID-19 varies between cities in the US and Canada, with some cities reporting gradual increases in positive cases over time, such as New York City and Los Angeles (Figure 1). For example, within a five day period, the number of positive cases

among the populations experiencing homelessness grew from 41 to 151 cases in Los Angeles (April 12<sup>th</sup> – 16<sup>th</sup>) while, in Toronto, the number of cases grew from 4 on April 4<sup>th</sup> to 117 on April 9<sup>th</sup> 2<sup>5</sup>, 2<sup>7</sup>-3<sup>1</sup>, 5<sup>0</sup>. Other cities, such as Dallas and Salt Lake City, reported sharp increases in cases over seven days<sup>23</sup>, <sup>24</sup>, <sup>26</sup>. However, growth largely depended on the rate of testing as well as other confounding variables that have not yet been investigated. It is also important to note that all these estimates are based on media reports and are likely underreporting actual estimates of positive cases and should be interpreted with some caution.

#### Responses and strategies focused on mitigating the impacts of COVID-19

In order to mitigate the spread of COVID-19 in vulnerable populations, it is imperative that cities address homelessness through preventative programs such as trauma-informed and client-centered counselling and social support, as well as developing sheltered accommodations in accordance with guidelines from health authorities such as the *Centre for Disease Control and Prevention (CDC)* guidelines<sup>6, 7, 56</sup>.

#### **Testing**

Worldwide, clinics, medical students, public health groups, non-profits, and hospitals have provided specific testing for COVID-19 in populations experiencing homlessness<sup>57-60</sup>. In Seattle, various homeless shelters have been relying on researchers who are part of the Seattle Flu study to conduct testing among individuals experiencing homelessness<sup>61</sup>. Additionally, a Seattle Medical Center launched a mobile COVID-19 testing clinic for people who are accessing Seattle's homeless shelters or living in supportive housing programs<sup>62</sup>. Additionally, the use of mobile units, specialized outreach teams, and homeless shelters themselves have also provided testing<sup>63-65</sup>.

In the initial wave of the COVID-19 pandemic (March 16<sup>th</sup> – April 26<sup>th</sup>), most shelters and public health officials in North America tested only symptomatic homeless individuals. In contrast, the Toronto municipal public health department has been responsible for conducting universal screening testing for all shelters (Phone Interview, 2020). Individuals who conduct these tests are medical students and other professionals (Phone Interview, 2020). Additionally, Covenant House in New York provides testing and treatment on-site to any of the 120 youths residing in the shelter, however, most shelters in New York do not have access to testing (Phone Interview, 2020). Current research has found that among those who experience homelessness, most spreaders of COVID-19 are asymptomatic<sup>66</sup>. Thus, according to researchers, universal testing is the preferred strategy (i.e. testing for staff and community members who are symptomatic or asymptomatic)<sup>66-68</sup>.

#### **Universal Testing**

The CDC recommends that all residents and staff members (i.e. universal testing) be tested regardless of symptoms<sup>69</sup>. Shelters where clusters of COVID-19 cases have been detected should be prioritized<sup>69-71</sup>. If testing is accessible, regular testing in shelters before identifying clusters should also be considered<sup>20,65</sup>. This creates more opportunity to identify and isolate COVID-19 positive individuals as well as trace those with whom they have interacted to flatten

the curve. When this strategy was implemented in Boston, it was confirmed that many cases are indeed asymptomatic<sup>72</sup>. Due to a limited supply of tests, there has been some controversy over who will be tested first. Although homeless individuals are a known vulnerable demographic, in San Francisco, universal testing in a homeless shelter was canceled in order to test nursing home residents<sup>73</sup>.

#### **Triaging in Testing for COVID-19**

In Canada, at the start of the pandemic there were protocols in place that prioritized testing for COVID-19 for those who were older and who had pre-existing conditions. Universal testing was recommended by the CDC, since many cases were asymptomatic; moreover, people who are homeless are especially vulnerable. At the date of this writing, in Alberta, all those who wish to be tested can be tested.

#### **Management of Unofficial Encampments**

Unofficial encampments have also sprung up in many cities as individuals experiencing homelessness flee crowded shelters<sup>74-76</sup>. There has been community backlash against these encampments, citing safety and cleanliness issues<sup>76-77</sup>. Health officials warn that clearing encampments displaces individuals and thus can lead to a faster spread of COVID-19<sup>69-71</sup>. Unfortunately, many cities are choosing to heed community pressures and are clearing encampments, displacing many who do not feel they have anywhere else to go<sup>78</sup>.

The CDC in the United States recommends that jurisdictions ensure encampments with more than 10 people have access to restrooms or portable toilets and to hygiene materials<sup>69-71</sup>. Additionally, efforts should focus on helping people spread out within encampments (at least 12-by-12 feet of space per person) <sup>69-71</sup>. Essential basic needs are being provided to those in encampments who can more easily stay in place<sup>79</sup>. In Minneapolis, officials have begun constructing a fence around one encampment to try and limit its growth while at the same time, monitoring the area for criminal activity<sup>80</sup>. Officials will also install a hygiene station at the site with hand-washing stations, portable toilets, and trash receptacles<sup>80</sup>. The impact of this measure is currently unknown.

The CDC also recommends mapping the location of encampments, and the people living there<sup>69-71, 81</sup>. This can be critical to helping communities prioritize services and implement effective contact tracing<sup>81</sup>. Outreach workers can go to these encampments and monitor the health and well-being of individuals who may be at greater risk<sup>81</sup>. Mapping encampments also allows outreach workers to give communities data surrounding the pandemic, including updates on how fast COVID-19 has spread throughout the area<sup>69-71, 81</sup>.

#### Outreach

Many organizations have continued outreach services during the pandemic to provide a steady and reliable flow of information to unsheltered people<sup>79,82</sup>. They feel it is in the best interest of every community to do early detection of all individuals experiencing homelessness<sup>65</sup>. Using the pandemic as a reason presents an opportunity to re-engage people that declined services

before the pandemic as well as streamlining more people who experience homelessness toward housing.

However, anecdotal reports from several communities are noting that some people that had stayed in shelters are moving outside because they have a belief that being outside will be safer than being inside a shelter<sup>75, 76, 83-86</sup>.

#### Conclusion

There is a strong body of evidence that COVID-19 is especially dangerous for populations experiencing homelessness and can spread quickly if appropriate social distancing, protective and sanitization measures are not undertaken<sup>6, 66, 69-71</sup>. There have been many creative and collaborative responses around the world, which have had both positive and negative impacts in their respective communities. The pandemic has created urgency around the need to eradicate homelessness and has also thrust the living conditions and struggles of those who are homeless into the public consciousness<sup>6</sup>. It is critical that we learn from other communities and consider the impacts and evidence when we make decisions around interventions.

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