



A Brief Scan of COVID-19 Impacts on Equity-Deserving Groups and Corresponding Responses

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Introduction

The World Health Organization declared a global outbreak of the coronavirus disease 2019 (COVID-19) on March 11th, 2020¹. The virus is two times more deadly than the influenza virus and can cause a plethora of deleterious health outcomes². 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 homelessness³⁻⁸. However, the COVID-19 pandemic provides Canada with the opportunity to re-evaluate homelessness responses and services to address the systemic barriers that disproportionately affect equity-deserving populations.

This report summarizes how COVID-19 has impacted those identifying as women, indigenous, and LGBTQI2S as well as people who use drugs (PWUD), visible minorities, immigrants, and those who are currently or who were formerly incarcerated. The report also summarizes how agencies and governments have responded to mitigate the impacts of COVID-19 on these populations. 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 equity-deserving groups. Additionally, the purpose of this report is to learn from the global response to the pandemic and understand the 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 30th and April 26th, 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 26th, 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 research was November 13th.

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Disclaimer

Given the heightened risk that COVID-19 poses to equity-deserving populations and those who are experiencing homelessness, the academic and grey literature has been rapidly growing and suggesting responses for agencies to implement to mitigate the crisis within these populations. However, due to the novelty of the COVID-19 pandemic, most of the research on this topic is new. As such, some of the findings contained in this report have 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 30th – November 13th, 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. Lastly, the equity-deserving groups presented here are a list of groups that we were able to find information on in our research activities and are not an all-inclusive list of equity-deserving groups. As such, some sections of the report may be longer than others and are reflective of what information we were able to find on these groups.

The Impacts of COVID-19 on Equity-Deserving Populations

Rates of housing instability, poverty, and homelessness are high among equity-deserving populations, including people of colour and those who were formerly incarcerated, among others⁸⁻¹⁰. Additionally, historical data has also shown that poor health and poverty-related outcomes are positively correlated with pandemic severity¹¹.

Given that equity-deserving groups continue to experience long-standing inequalities, resulting in worse overall health and subsequent pandemic related outcomes, there is evidence to suggest that they are more impacted by the COVID-19 pandemic than other populations. These populations may also experience unique barriers that may or may not be encountered by other populations.

Those identifying as Indigenous

Despite Canada's universal healthcare system, Indigenous populations continue to face poorer health-related outcomes related to employment, secure housing, health insurance, comorbidities, food security, and functional literacy, as well as access to healthcare, technology, and clean running water compared to non-Indigenous populations¹²⁻¹³. Additionally, a high proportion of Indigenous populations live in communities referred to as "reserves" or "settlements"¹³. These communities face significant issues such as a lack of running water, poverty, and a high prevalence of individuals living with comorbidities¹³. Lack of access to running water and housing instability makes it difficult for community members to socially isolate, wash their hands, and practice other COVID-19 preventative measures¹³.

As a result of these negative outcomes and structural barriers, due to historic colonial practices and systemic racism, Indigenous populations are at a higher risk of being infected with COVID-19¹³. Lastly, social distancing measures and lockdowns in these communities have also prevented Indigenous communities from meeting and engaging in cultural practices and ceremonies, which are associated with positive health impacts¹³.

Those identifying as Women

Those identifying as women and experiencing homelessness are particularly vulnerable to engaging in sex work or panhandling to obtain income and shelter and/or to avoid domestic abuse situations^{6, 14-15}. Physical distancing restrictions may reduce the ability to participate in these activities, thus potentially resulting in a loss of income or shelter and can increase the risk of experiencing domestic abuse during the COVID-19 pandemic⁶. Sex work can also increase the risk of encountering someone with COVID-19 due to a lack of physical distancing. For women experiencing homelessness, lockdowns and closure of services due to the pandemic have also increased their risk of experiencing intimate partner violence and inability to turn to supports⁶.

Those identifying as LGBTQI2S

The LGBTQI2S community is also at an increased risk of experiencing violence, with more than 35% of Canadian LGBTQI2S youth experiencing sexual assault and other deleterious health outcomes¹⁵. As such, the Canadian LGBTQI2S community has also been uniquely impacted by the COVID-19 pandemic. A survey conducted in March 2020 by the Innovative Research Group (INNOVATIVE) found that over half of households (53%) identifying as LGBTQI2S were impacted by reduced employment hours or layoffs due to the pandemic compared to 39% of non-LGBTQI2S households¹⁶. In addition to financial questions, the survey also measured mental and physical health and overall quality of life¹⁶. Results revealed that the pandemic has had a greater impact on the LGBTQI2S community on those issues compared to non-LGBTQI2S communities¹⁶.

Currently and formerly incarcerated

According to the Prison Policy Initiative, previously incarcerated populations are close to ten times more likely to experience homelessness as well as barriers to employment^{9, 17}. In New York City alone, more than 54% of individuals accessed shelter systems upon immediate release from prison institutions¹⁸. Inability to access housing and employment for individuals previously incarcerated can be due to discrimination by landlords, property owners, and employers as they may require criminal record checks which, can lead to a reduced likelihood of being housed or being employed^{9, 17}.

As a result of the COVID-19 pandemic resulting in increasing rates of unemployment and rates of eviction, it is likely that these populations, who already faced significant pre-pandemic barriers, will be less likely to be housed.

People Who Use Drugs (PWUD)

Among Canadians experiencing homelessness, a significantly high proportion also meet the criteria for substance use disorder¹⁹. Those experiencing homelessness and who also use drugs are more likely to have higher risks of suffering from outcomes associated with being homeless as well as outcomes related to unsafe drug consumption such as overdose¹⁹. As a result, the

COVID-19 pandemic has uniquely affected PWUD by disrupting the supply of substances, resulting in more drugs becoming adulterated, as well as increasing the risk of COVID-19 exposure and transmission as individuals must break social distancing and quarantine rules to procure their drug(s) of choice¹⁹⁻²¹. Also, more individuals end up using alone, and in novel environments, which can lead to a higher risk of overdose²².

Visible Minorities and Immigrants

As with other equity-deserving groups, the COVID-19 pandemic has brought to light multiple social and health inequalities experienced by visible minorities and immigrants. Discriminatory practices, as well as long-standing structural inequalities present in society, have resulted in visible ethnic and racial minorities experiencing occupational, healthcare access and utilization disparities as well as gaps in income, education, and wealth²³⁻²⁴. Additionally, some members of immigrants and visible minorities are also more likely to live in multi-generational and crowded households, which makes it difficult to practice social distancing and isolate from family members who are elderly or who may have underlying co-morbidities²³⁻²⁸.

These disparities, gaps, and household compositions have placed visible minorities at greater risk of COVID-19 infection, mortalities, and hospitalizations than those are not a visible minority²⁵⁻²⁸. In addition to facing higher risks of COVID-19, the combination of high levels of unemployment rates as well as living in tenuous housing have placed visible minority groups and immigrants at higher risks of being evicted and experiencing homelessness²³.

There is also evidence that the COVID-19 pandemic has exacerbated the mental health wellbeing and employment levels among visible minority Canadians. During the pandemic, a higher prevalence of visible minorities defined their mental health as “poor” or “fair” (27.8%) compared with white or Caucasian Canadians (22.9%)²⁹. Visible minority Canadians have also reported a higher prevalence of symptoms associated with “moderate” or “severe” generalized anxiety disorder (30.0%) than white or Caucasian Canadians (24.2%)²⁹. As of August 2020, Canadians who identified as visible minorities had higher unemployment rates than the national rate (11.1%)³⁰.

Worse mental health and employment rates have also been reported among newcomers to Canada since the pandemic began. Recent newcomers to Canada were more likely to define their mental health as “fair” or “poor” (28%) compared to those who were born in Canada (24%)³¹. Additionally, the employment rate for Canadians who lived in Canada for five years or less fell by 23% between February 2020 and April 2020 compared to 14% for those who were born in Canada³¹.

Strategies focused on mitigating the impacts of COVID-19 on equity-deserving populations

Those Identifying as Indigenous

In Canada and around the world, Indigenous communities have proactively responded to the COVID-19 pandemic with practices that reduce the transmission of COVID-19 as well as help address long-standing inequities such as food security¹³. In Canada, Indigenous communities

have responded to the pandemic by creating protective facemasks¹³. In New Zealand, Indigenous community members who can exit their homes have been distributing food to households with older community members who cannot leave their homes as well as monitoring who is entering and exiting their communities with roadblocks¹³.

The global COVID-19 pandemic offers an ideal opportunity to distribute resources and supports in order to acknowledge and reduce health disparities amongst Indigenous people as well as correct a system that has historically provided inadequate healthcare¹³. Across Canada, numerous provincial governments have begun to respond to the pandemic as it impacts Indigenous communities. In July 2020, the government of Ontario provided an additional \$150 million dollars to municipal and Indigenous community partners to protect vulnerable citizens, improve homeless shelters, and create further opportunities for long-term housing³². In Yellowknife and Iqaluit, the response to the pandemic from all levels of government included strong housing programs, temporary shelters, and harm reduction practices for those experiencing homelessness³³.

While actions conducted by governments show that quick preventative action in addressing inequalities and COVID-19 prevention is possible, a singular strategy in preventing COVID-19 disregards the roles of racism in perpetuating these inequities³³. As such, a strategy that is focused on preventing COVID-19 and is culturally safe is needed³³. Given the relative lack of data on how COVID-19 has impacted Indigenous populations, particularly those experiencing homelessness, Indigenous communities across Canada are calling on health officials to disclose COVID-19 statistics concerning Indigenous demographics to help prepare communities to respond carefully and appropriately to any potential outbreaks¹³.

Those Identifying as Women

Historically, transitional housing has remained an important step for women and girls with support needs in exiting homelessness¹⁴. Data from Statistics Canada in 2019 (prior to the pandemic) showed that emergency shelters turned away nearly 1,000 women and children per day¹⁵. According to a study led by the Women's National Housing and Homeless Network, female clientele who access emergency shelters are often further harmed by bureaucratic policies, including losing custody of children^{15, 34}.

As with other equity-deserving populations, the COVID-19 pandemic can also provide opportunities for governmental authorities and agencies to respond better to the needs of women experiencing homelessness. Providing housing supports with the use of housing first models that are affordable and safe can successfully assist women who are experiencing homelessness out of poverty while also reducing the risk of contracting and transmitting the COVID-19 virus as more women will be sheltered¹⁴. Successfully housing women away from their violent intimate partners can also reduce rates of violence perpetrated against women as well as their families^{6, 14}.

Housing strategies presented can help reduce the increasing rate of homelessness among populations identifying as female¹⁴. Yet, more research is needed to evaluate and determine which housing models and other supports have been effective in improving the lives of women experiencing homelessness during the COVID-19 pandemic.

PWUD and Harm reduction

Since the pandemic, governmental departments, outreach groups, and other agencies across North America and around the world have begun to implement a variety of innovative harm reduction practices³⁵⁻³⁶. On March 27th, British Columbia introduced guidelines focused on providing safe supplies of drugs^{21,37}. Other strategies include the use of tele-medicine to support PWUD, safe supply of substances and methadone, and plans to safely store and dispose of used drug equipment.

Tele-medicine is a promising intervention that can increase access to health services and potentially reduce substance use³⁸. Currently, the United States Drug Enforcement Administration (DEA) has allowed physicians during the pandemic to prescribe controlled substances using tele-medicine as a prerequisite to in-person evaluations³⁹. In response to these regulatory frameworks, physicians in Rhode Island and Boston have implemented a variety of “tele-buprenorphine” strategies^{38,40}.

In Rhode Island a 24-hour Buprenorphine Hotline was established which operates as a “tele-bridge” clinic that allows those with moderate to severe opioid use disorder to be connected with a provider who will conduct an initial assessment, prescribe buprenorphine and link individuals to an outpatient maintenance treatment if appropriate⁴⁰. In Boston, street outreach workers partnered with a low-barrier addiction medicine bridge clinic, to facilitate “tele-buprenorphine” initiation and conducted a case report on two patients³⁸.

While researchers will be conducting follow up studies to evaluate the effectiveness of the hotline, anecdotal observations suggest that the 24 hour hotline in Rhode Island has been very well received by hotline users, while harm reduction providers see the hotline as a promising intervention in addressing treatment gaps⁴⁰. Follow ups on the two patients in the Boston clinic found positive results with one patient expressing interest in stopping their benzodiazepine use and begin withdrawal, while the second reported no withdrawal symptoms when transitioning from heroin/fentanyl to buprenorphine/naloxone³⁸.

Cities across North America, such as Vancouver and Victoria, have been reporting spikes in overdoses and overdose mortalities amid the COVID-19 pandemic^{5, 19, 20, 41,42}. As such, providing a safe supply of non-adulterated substances to PWUDs may be beneficial in helping to prevent overdoses and subsequent death among PWUDs as well as take pressure off health care staff, many of whom are currently experiencing high levels of moral distress, stress, and trauma^{21, 32}³⁹. Safe supply may also decrease the risk of further COVID-19 exposure and transmission as PWUDs will no longer need to break social distancing and quarantine rules to procure their drug(s) of choice^{19, 43}.

In San Francisco, shelter staff have been giving homeless PWUDs small amounts of nicotine and alcohol to prevent withdrawal symptoms and motivate them to remain sheltered and in quarantine³⁹. In New York City, the health department relaxed restrictions around methadone and allowed agencies to deliver methadone to isolation sites as opposed to having individuals travel to methadone clinics as way to prevent crowding at the clinics and on public transits³⁹.

Outreach groups in North America have been instrumental in responding to the needs of PWUD by implementing novel approaches to traditional harm reduction practices and providing supportive environments. Outreach groups have responded to the pandemic in a unique manner by providing those who use substances empty pop bottles and cans to safely store used needles and other drug paraphernalia¹⁹. In alternative care sites in Boston, anecdotal reports have suggested that outreach staff have been essential in supporting PWUD by providing clean drug equipment, supporting referrals to essential services, and working with security personnel to help de-escalate incidents³⁶.

In May 2020, the Canadian Research Initiative in Substance Misuse (CRISM) published a document that focused on describing evidence-informed care for shelter residents who use substances during the pandemic¹⁹. The document recommends that the delivery and design of substance use shelter services during the pandemic incorporate the perspectives of those who currently or have experienced homelessness, housing vulnerability, or substance use¹⁹.

Shelters should assist community members with achieving continuity of care once they leave a shelter as well as incorporate harm reduction practices (supervised consumption services) and other models of care such as managed alcohol programs (MAPs) to support those who use substances¹⁹. For residents who may not accept or be stabilized during evidence-based treatment options, health care professionals can consider providing replacement medication for craving and withdrawal management services¹⁹.

Visible Minorities and Immigrants

The pandemic has worsened the disparities faced by visible minorities and immigrants by disrupting their work and housing situations. Given that many COVID-19 outbreaks have been occurring in factories, farms, and other work environments that are primarily staffed by immigrants and visible minorities, they are less likely to work or receive benefits from their employers²³⁻²⁴. These interruptions in employment could then result in immigrants and visible minorities unable to cover housing costs which, can increase their risk of evictions and experiencing homelessness²³⁻²⁴.

To better mitigate the impacts of COVID-19 among visible minorities and immigrants and reduce their likelihood of experiencing homelessness, several recommendations have been made by researchers:

- Making working conditions safer as well as implementing social distancing and providing personal protective equipment can not only reduce the risk of an outbreak occurring in these environment, and subsequently prevent workers from losing their jobs, but also make work places in general safer that have traditionally been unsafe²³⁻²⁴.
- Incorporating policies that are inclusive of everyone and whose focus is on providing equitable care for all is critical for primary prevention²⁴. Specifically, policies focused on

ensuring equitable access to testing and vaccination, should it arrive, need to be emphasized and implemented²⁴.

- Adapting public health messaging to reflect the culture and language of the intended audience is crucial to communicate public health information and prevent COVID-19 transmission²⁴. Efforts should also be made to enhance trust between community leaders and public health practitioners to work together effectively in establishing evidence-based strategies²⁴.
- Incorporating migrants who may be housed in detention centers in surveillance efforts as well as enhancing their access to health care and testing is essential to minimizing the risk of outbreaks and improve their overall wellbeing²⁴.

There is also a lack of data focusing on how the COVID-19 has impacted visible minorities and immigrants who are also experiencing homelessness. Including self-reported race and ethnicity, as well as country of birth, as part of data collection efforts in agencies supporting those experiencing homelessness would allow for a data-driven response to the pandemic and determine what factors are driving the transmission of COVID-19 within these respective communities²⁴.

Currently and formerly incarcerated

In response to the pandemic, The Correctional Service of Canada (CSC) has reduced the size of populations who are held in correctional institutions⁴⁴. Between April 2020 and February 2020, populations held in correctional institutions decreased by 16%⁴⁴. Other steps that were taken included providing COVID-19 testing for those housed in correctional facilities, releasing those with a low risk of reoffending, and providing other alternatives to custody while awaiting sentencing, trials, and/or bail⁴⁴. Given that many correctional institutions are implementing lockdowns and reducing programming to prevent the spread of COVID-19, many prisoners will become further isolated, which will significantly impact their mental health⁴⁵⁻⁴⁶.

Alongside physical distancing and other COVID-19 prevention strategies, researchers have recommended a variety of strategies to mitigate the potential impact on someone's mental health while in a correctional facility⁴⁶. Recommendations include providing materials for prisoners that would further distract them from the pandemic, such as playing cards or other materials, as well as increased opportunities to participate in activities that would enhance their overall well-being, such as exercise⁴⁶. Additionally, staff should also help assist prisoners in preparing for new stressors that may arise as a result of the pandemic, such as delays in court hearings and deaths of relatives, as well as prioritize care for those experiencing persistent and severe mental issues⁴⁶.

For staff, researchers recommend that leadership have honest discussions with staff regarding the increased risk of moral injury that may arise from the pandemic and, if possible, implement "buddying" systems to destigmatize mental health issues as well as provide debriefing opportunities before and after work shifts⁴⁶.

With a growing number of individuals leaving correctional facilities and potentially experiencing homelessness, there is a critical need for direction in how to address the needs of those who were formerly incarcerated. As such, researchers have outlined several recommendations, prior to the pandemic, to prevent unemployment and possible homelessness among these populations that can be applied today. Some have recommended increasing the number of public housing placements to decrease homelessness among those leaving correctional institutions among other strategies^{7, 9, 18}. Other recommendations include; providing a temporary basic income once someone is released, automatic expungement of a criminal record that would consider the length of time served and offense type, provide tax benefits and bond insurance for employers seeking to hire those formerly incarcerated¹⁷.

Policies should also be reformed, including banning employer discrimination as well as reforming occupational licensing requirements, which would require potential employees passing a criminal record check¹⁷. These strategies could potentially increase public safety and decrease rates of homelessness.

Those identifying as LGBTQI2S

Collaborative and multidisciplinary approaches are essential when mitigating the impacts of the COVID-19 pandemic on those identifying as LGBTQI2S and preventing their risk in experiencing homelessness⁴⁷. Along with visible minorities and immigrants, research has found that LGBTQI2S households have experienced a significantly high disruption in their employment and finances due to the COVID-19 pandemic¹⁶. Additionally, those identifying as LGBTQI2S have a higher prevalence of preexisting mental and physical health conditions as well as socioeconomic constraints which place them at a higher risk for COVID-19 infection⁴⁸.

Lockdowns implemented may force those who identify as LGBTQI2S to isolate in unsupportive environments that increase their risk of domestic violence⁴⁸. The combination of disruptions in work, finances, housing, mental health and other domains of their life puts LGBTQI2S individuals at a significantly high risk in experiencing homelessness.

To counteract these disruptions, multiple LGBTQI2S activist organizations have been providing financial assistance and basic essential supports, as well as promoting health awareness campaigns and creating online support groups using social media and helplines to support those who are struggling⁴⁸.

However, there continues to be a scarcity of research that has assessed how COVID-19 has impacted those who are experiencing homelessness and who identify as LGBTQI2S. Similar to research focusing on visible minorities and immigrants, researchers can focus data collection efforts on gender and sexual identity as well as other important demographics when conducting research on the impacts of COVID-19 on these populations⁴⁷. Researchers can also design studies that are collaborative and inclusive of LGBTQI2S peoples and communities⁴⁷. Alongside implementing a health equity model approach to research, these approaches can ensure not only inclusivity but also provide meaningful data that could aid in public efforts towards addressing these issues among these populations⁴⁷.

Conclusion

Findings from this report conclude that the pandemic has impacted equity-deserving populations in unique ways (i.e. disruption in cultural ceremonies, increased risk in domestic violence) as well as exacerbated already existing issues (i.e. disruptions in work and housing, worse mental health issues) among these populations, which are correlated with experiencing homelessness. As a result, equity-deserving groups may be at a higher risk of not only contracting COVID-19 than other populations but may also potentially experience higher rates of homelessness in the future as a result of the pandemic.

Fortunately, communities, governments, and agencies around the world have begun to respond in creative and collaborative ways to mitigate the impacts of the pandemic on equity-deserving populations, including harm reduction strategies for those using drugs, outreach, and other supports for those identifying as LGBTQI2S and/or Indigenous, amongst others. Unfortunately, this report has also revealed that there is limited information regarding how the pandemic has impacted populations experiencing homelessness and who identify as members of an equity-deserving group.

Additionally, we found that there was a dearth of information on some groups (i.e. those identifying as women and Indigenous) compared to others (i.e. PWUD) in regard to evaluating interventions during the pandemic. Thus, future work should conduct more evaluations and research on what interventions are effective in protecting those experiencing homelessness and members of an equity deserving group as well as how each group has been uniquely impacted by the pandemic.

The pandemic has created urgency around the need to eradicate homelessness and has also thrust the living conditions and struggles of those who are experiencing homelessness into public consciousness⁶. 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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