



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

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

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Table of Contents

Introduction	3
Methods	3
Acknowledgments	3
Disclaimer	4
The shelter impacts of COVID-19 on populations experiencing homelessness	4
Prevalence of COVID-19 at the shelter level	4
Transmission of COVID-19 at the shelter level	4
Responses and strategies focused on mitigating shelter impacts	5
Protective measures in Shelters	5
Shelter Closures and Restrictions	6
Alternatives to Shelters	6
Conclusion	7

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 homelessness³⁻⁷.

This report summarizes the emerging literature, media reports and homelessness-serving systems' responses to the pandemic and the impacts that it has had pertaining to shelters caring for individuals 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 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 search was September 3rd, 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 30th – September 3rd 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 shelter impacts of COVID-19 on populations experiencing homelessness

Prevalence of COVID-19 at the shelter level

There is also emerging research that is suggesting that the prevalence of COVID-19 may be higher among those experiencing homelessness who are sheltered compared to those who are unsheltered. The *Coalition for the Homeless* report also found that the age-adjusted mortality rate is the highest among homeless populations who live in congregate shelters⁸.

In Atlanta, researchers tested 2,875 individuals experiencing homelessness at 24 shelters and nine unsheltered outreach events and discovered that, among those experiencing homelessness and who were sheltered (n = 1,684), 2.1% tested positive compared to 0.5% of those who were unsheltered (n = 628)⁹. Despite the low prevalence, the number of positive cases was four times higher among those who were sheltered than those who were unsheltered⁹.

Based on news reports and studies, the prevalence of COVID-19 among populations experiencing homelessness who have been tested in shelters varies from 22% to 66%. This range of values only pertains to those tested at the shelter level. In one study, researchers tested 1,192 residents in 19 homeless shelters across four American cities (Atlanta, Boston, San Francisco, Seattle)¹⁰. Of all residents tested, 293 people (25%) tested positive for COVID-19¹⁰. The highest percentage of positive results was in San Francisco, with 66% percent testing positive¹⁰.

Transmission of COVID-19 at the shelter level

Studies and media reports have confirmed that COVID-19 can spread very rapidly in shelters^{6, 9, 11, 12}. To date, three studies have investigated the spread of COVID-19 among American homeless populations^{9, 11-12}. In Boston, researchers conducted symptom assessments and COVID-19 tests for 408 shelter residents over two days with 147 shelter residents (36%) testing

positive¹¹. This suggested that COVID-19 symptoms might be uncommon among those who access shelters, and that universal testing is preferable¹¹.

Researchers in King County, Washington detailed the spread of COVID-19 between three shelters between March 30th and April 8th¹². Initially, one infected resident was identified in one shelter on March 30th, and by April 1st, 7 out of 43 (16.3%) shelter residents tested positive¹². By the end of the testing cycle, across the three shelters, COVID-19 was diagnosed in 35 out of 195 (18%) shelter residents¹². Based on their analysis, the researchers have highlighted five factors that contributed to the spread of COVID-19 among shelters including¹²;

- (1) Community members' mobile nature and use of multiple shelters
- (2) Challenges implementing physical distancing in shelters
- (3) Unavailability of Personal Protective Equipment and/or face coverings for residents
- (4) Asymptomatic transmission
- (5) Crowding of shelters and use of congregate sleeping arrangements

Based on these factors, the researchers recommend that shelters isolate symptomatic residents and those with confirmed diseases, enforce shelter orders, and test all residents and staff¹².

Responses and strategies focused on mitigating shelter impacts

Protective measures in Shelters (Social Distancing and Personal Protective Equipment)

While large scale housing solutions may be difficult to implement, continually operating existing shelter systems are important during the pandemic. However, existing shelters are diminishing the number of beds available in order to comply with social distancing requirements that slow the spread of COVID-19¹³. Despite these difficulties, shelters can implement social distancing requirements and provide Personal Protective Equipment (PPE) where appropriate.

Spacing out individuals and complying with social distancing regulations can help stunt outbreaks^{6, 14}. Father Bill's & Mainspring, a non-profit in Massachusetts, was able to depopulate one of their shelters much earlier than the other¹⁵. The shelter that was socially distanced first had only a 4% COVID-19 infection rate, while the other shelter had a 32% infection rate¹⁵. Yet, despite social distancing measures, outbreaks are still happening in some shelters where social distancing is practiced (i.e. Union Rescue Mission in Los Angeles)¹⁶.

Secondly, in order to mitigate the spread of the virus amongst populations experiencing homelessness, shelter systems can implement practices to disinfect areas as well as provide residents and staff with PPE. Effective cleaning practices and PPE are the first line of defense against the virus.

Practices, in order from most to least effective, include decontamination using alcohol or bleach-based products, cleaning of surfaces regularly, maintaining hand hygiene, physically distancing, and providing access to PPE¹⁷. Yet, like social distancing, there are current difficulties in implementing these procedures in shelter systems. Addiction and mental health

challenges among residents, as well as a lack of medical care access, can make it difficult for residents to adhere to public health directives while costs and potential unavailability of PPE may make it difficult to implement PPE procedures^{6, 18}.

Shelter Closures and Restrictions

Access to shelters with social distancing measures and basic hygiene supplies helps to mitigate the spread of COVID-19^{7, 19-23}. However, several challenges currently exist for shelters during the pandemic. Inadequate shelter space presents challenges, as shelters may be forced to turn away individuals seeking shelter due to capacity restrictions, lack of space, and lack of beds^{13, 24}.

Additionally, given the close proximity within shelters, there is also the risk that COVID-19 can rapidly spread among shelter residents and lead to closures which subsequently put vulnerable populations at an increased risk of contributing to mass virus transmission. For example, a shelter in Santa Cruz, California was forced to close shelter doors due to a handful of residents and staff testing positive for COVID-19²⁵.

Despite the difficulties in sheltering vulnerable populations during the COVID-19 pandemic, multiple steps can be implemented. Preventative actions such as face masks, sanitization requirements, and screening clients helps to keep infection rates low amongst shelter users^{20, 22}. The Miami-Dade County Homeless Trust organization found that of the 2,000 homeless clients tested for COVID-19, less than 1% tested positive²². They attributed their success to regular testing of shelter-users, providing access to hygiene resources, and providing housing services²². Officials are calling upon city and government personnel to find shelter spaces that can accommodate large populations while maintaining physical distancing requirements^{24, 26}.

As the pandemic continues to evolve, many cities are witnessing closures of mass shelters developed for the purpose of mitigating COVID-19 transmission^{20, 27-28}. Service personnel and researchers state that the closure of shelters is premature, and that careful prevention strategies, such as maintaining shelters, must be upheld in order to inhibit the spread of COVID-19 amongst vulnerable populations^{6, 24}. Efforts to eliminate homelessness through expanded services and providing accessible resources appear to affect individuals transitioning to housing. In Bremerton, Washington, for example, roughly half of the shelter's population found housing within the past four months, including sober homes and shared living programs²⁹.

Alternatives to Shelters

With fewer shelter beds available, many cities are converting unused public spaces into makeshift shelters where individuals experiencing homelessness can be protected from the elements and access essential needs while practicing physical distancing^{13, 26, 30-32}. Examples include Edmonton's EXPO Centre (now decommissioned), Windsor's Water World, and school gymnasiums. Some cities like Vancouver have created tent cities, with demarcated physical distancing requirements, while others, such as Toronto, have built modular homes to function as small studio apartments³²⁻³⁴. For those living in their vehicles, safe parking areas have been established in California³⁵⁻³⁷.

Emerging research regarding these alternatives to shelters and hospitals is promising. Statistical models projecting the impact of COVID-19 management strategies for those experiencing

sheltered homelessness in Massachusetts found that non-hospital alternate care sites (ACS), such as large tents or non-hospital facilities located in convention centers staffed with on-site medical staff, can achieve comparable clinical outcomes among populations experiencing homelessness as in hospital-based care³⁸. Thus, ACS are useful in managing COVID-19 amongst populations experiencing homelessness and in decreasing costs³⁸.

All of these solutions help individuals maintain physical distancing. However, they only work if food, hygiene, testing, and other basic needs are provided on-site³⁹⁻⁴⁶. There have been shortages of food in some areas, such as Dublin⁴⁷. As with the hotels, the lack of opportunity to acquire and safely use drugs for those who have dependencies can lead to risky behavior or overdose⁴⁸⁻⁵².

Outcomes from these measures have been promising. The safe parking areas in California have been filling up with people living in their vehicles, and the project has been considered “a local success story”³⁵. However, there has been some community backlash against encampments, modular homes, and other makeshift shelter congregations⁵³⁻⁵⁴.

Conclusion

There is a strong body of evidence that COVID-19 is especially dangerous for populations experiencing homelessness and can spread quickly in a shelter environment if appropriate social distancing, protective and sanitization measures are not undertaken^{6, 11, 44-46}. 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 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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