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Potential Impact of COVID-19 on People Experiencing Homelessness in Sheltered Settings

Congregant settings present significant challenges for health and safety:

- close sleeping quarters
- communal meals
- shared bathroom and laundry facilities
- limited hours of operation
- Limited cleaning supplies, lack of masks
- Lack of testing



Potential Impact of COVID-19 on People Experiencing Homelessness in Unsheltered Settings

- Often sleep in close quarters and share utensils and other personal items
- Lack access to basic safety necessities like space, soap and water for hand washing
- Have reduced or total loss of access to food because of community-wide shelter-in-place restrictions

Most Minority Groups Make up a Larger Share of the Homeless Population Than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population

RACE

Homeless population



General population



Homeless population data are for a given night in 2017.
Source: 2017 *Annual Homeless Assessment Report to Congress, Part 1*



Resources on Homelessness and COVID

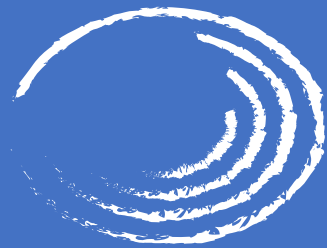
[My twitter: @mkushel](#)

Resources

- <https://endhomelessness.org/coronavirus-and-homelessness/>
- <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>
- <https://nlihc.org/coronavirus-and-housing-homelessness>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

Recent CDC reports

- <https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e2.htm>
- <https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e1.htm>



AMEND

CHANGING CORRECTIONAL CULTURE

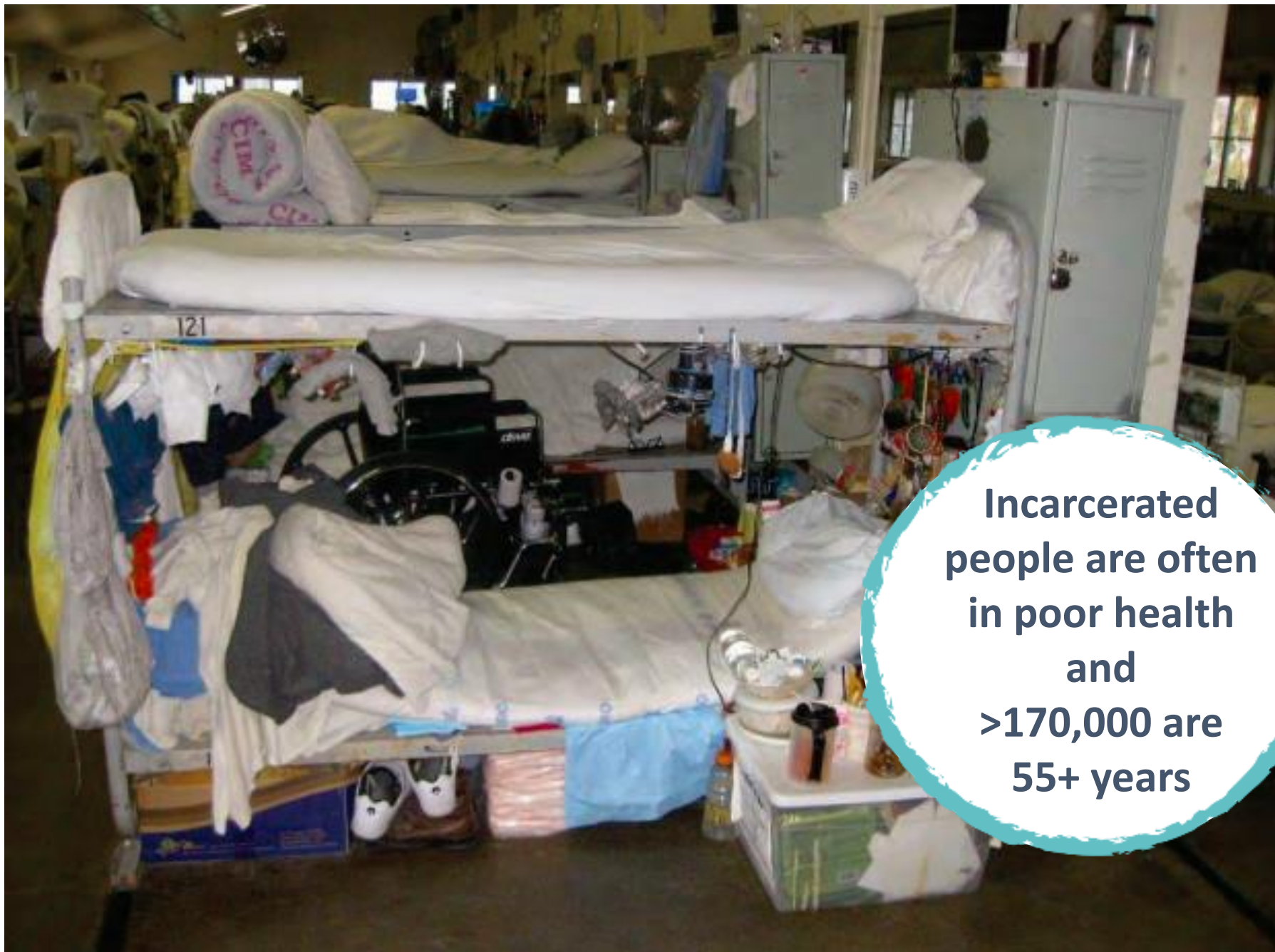
Brie Williams, MD MS
Professor of Medicine, UCSF
Director, Amend at UCSF

A photograph of a crowded jail cell. Numerous inmates are sitting on white metal benches arranged in rows. Many are shirtless or wearing orange clothing. The room has a high ceiling with industrial-style lighting and ventilation ducts. The overall atmosphere is one of a densely packed, institutional environment.

2.2 million Americans are
incarcerated

~11 million cycle through jails
each year

**1:3 black men and 1:6 Latino
men lifetime risk incarceration**



**Incarcerated
people are often
in poor health
and
>170,000 are
55+ years**

Prison Law Office, California Institution for Men, Chino (March 2019)



**Many of the US's >5,000 facilities are
profoundly overcrowded**

...

Social distancing virtually impossible

Our health is interconnected



People who live in prison
People who work in prison
People in the community

Hundreds of thousands of staff enter and exit each day

Prison healthcare systems provide chronic care, but not hospital-level care

- Sick patients must transfer to community hospitals
- Often in rural

Some Concerns of Incarcerated People:

I don't have a mask...

There is one phone for 10 people, not very sanitary...

We can only call our attorney and not our families ...

I already feel so alone, I don't want to tell anyone I am sick because I don't want to be sent to isolation”

Correctional Officers are also Scared:

I am my mother's DPOA and my father's ride for appointments and shopping, and I have little kids. I need to be healthy for them and working in this environment is not healthy. Yes, I know I signed up for this job but none of us saw this coming. It is scary as hell. Too many people are not taking this seriously.

MARCH:

Very few cases documented in prisons and jails across the U.S.



NOW even with poor testing:

8 : 10 largest US outbreaks

>16,300 residents, >5,000 staff

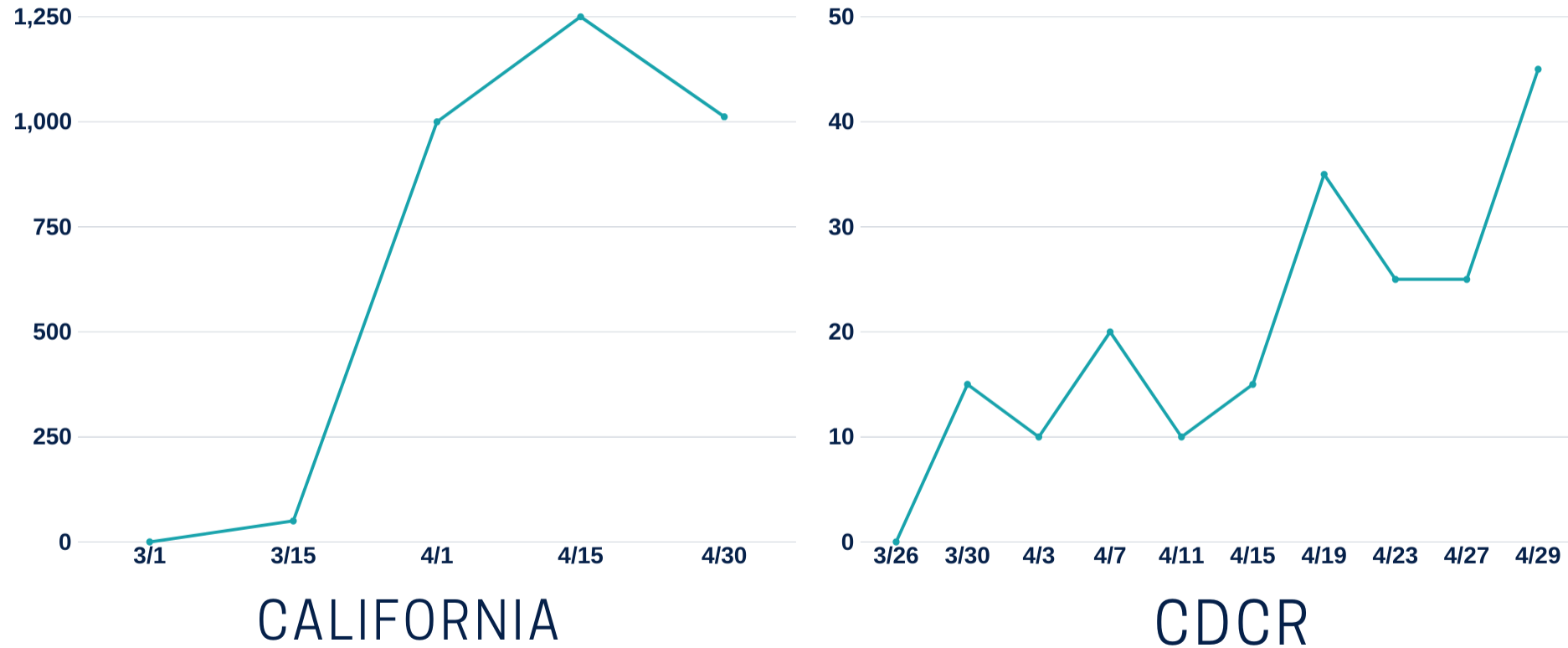
>4,000 are from 2 Ohio prisons

At least 218 resident deaths

@DataPrison
Marshall Project

**Although some states are flattening the curve...
Cases in those same states' prisons are on the rise**

New COVID-19 Cases Per Day



COMMUNITY HOSPITAL PHYSICIAN:

“I asked for the number of my patient’s next of kin to ask what his wishes would be if he could communicate with me. I was told I was not allowed to call them. The prison medical director would decide for him.”

ATTORNEY: *“Her father was moved from the prison to a community hospital. She was told his organs are failing and she needs to sign a DNR order... She wanted to speak to his hospital doctor to make an informed decision. She was told she was not allowed to talk to his doctor. She asked whether someone could put a phone near her dad so that she could say goodbye, she was told that that, too, could not be done.”*

What should we do?



RELEASE

Release substantial numbers of people from facilities operating near, at, or above bed capacity.



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Emergency taskforces should be developed to evaluate & create release plans for housing & medical care for:

1. OLDER / CHRONICALLY ILL

- Enable them to follow social distancing guidelines

2. EVERYONE ELSE

- Allow social distancing among those who remain



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COHORT

Create mini-communities of as few people as possible (<10) and maintain absolute social distance between cohorts.



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TEST

Rapidly scale up local testing in response to suspected or confirmed cases.

Minimum Ethical Care for Prisoner End of Life

1. SELF-DETERMINATION

Ability to choose what medical interventions they do or do not want

2. NAMING A PROXY

Ability to name a family member or friend as a medical proxy decision maker in the event they cannot make the decision themselves

3. SAYING GOODBYE

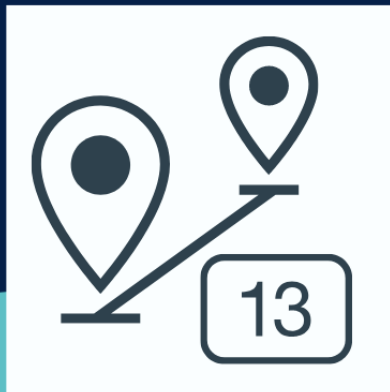
Ability to say goodbye to loved ones (e.g. video conference, phone call)

Correctional Health is Public Health
The Health of all of us is Interconnected

LEARN MORE at www.amend.us/covid

debilitating health
effects of those
environments on
residents and staff

Cohorting Guidelines



**Maintain a distance
of at least 13 feet
between cohorts**



**Cohorts should be
groups of 10
residents or less**



**Do not move people
between facilities
to create new
cohorts**



**One consistent
staff member per
cohort**

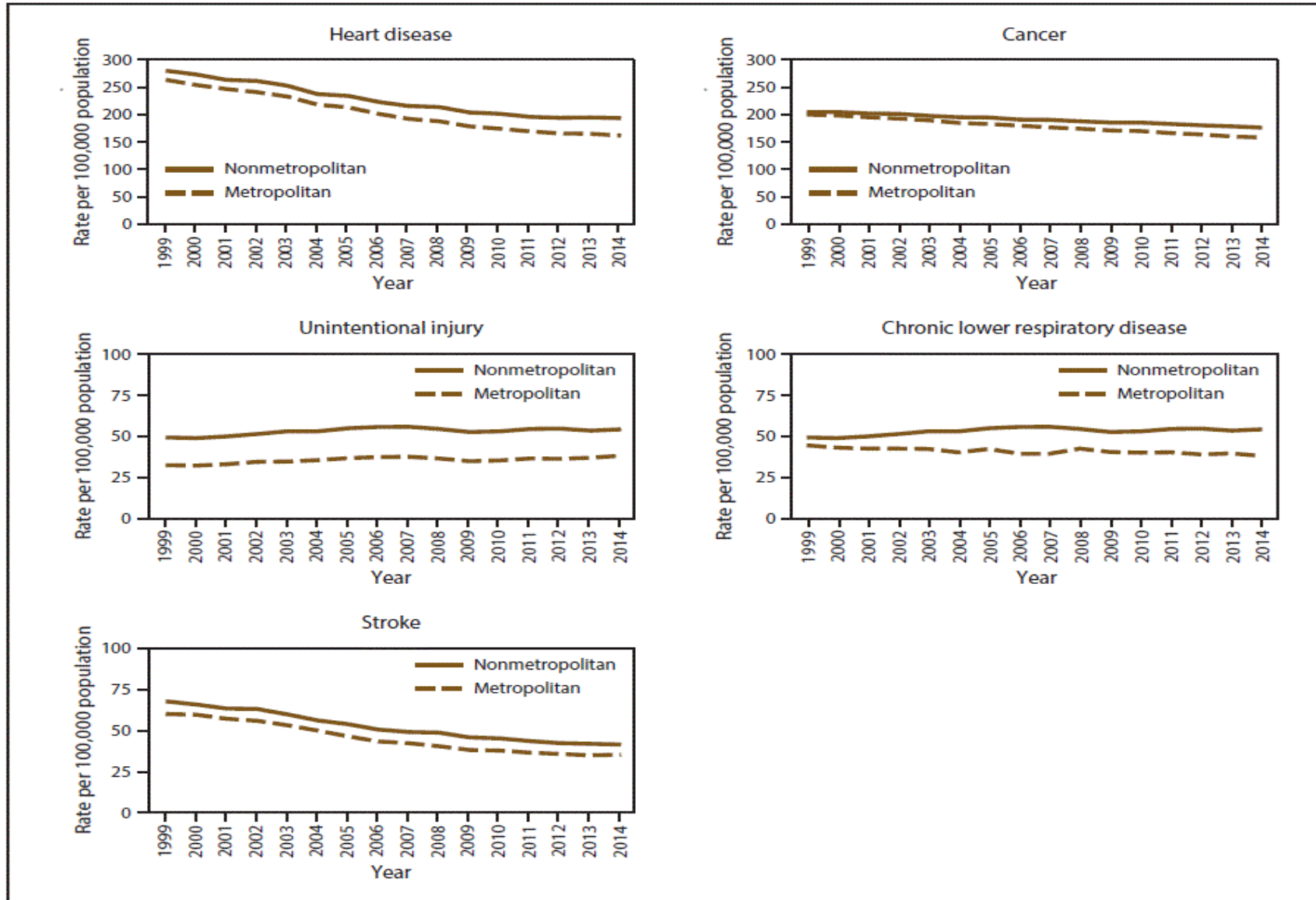


COVID-19 in Rural America: A Perfect Storm?

Carrie Henning-Smith, PhD, MPH, MSW
Assistant Professor, Division of Health Policy and Management
Deputy Director, University of Minnesota Rural Health Research Center
University of Minnesota School of Public Health

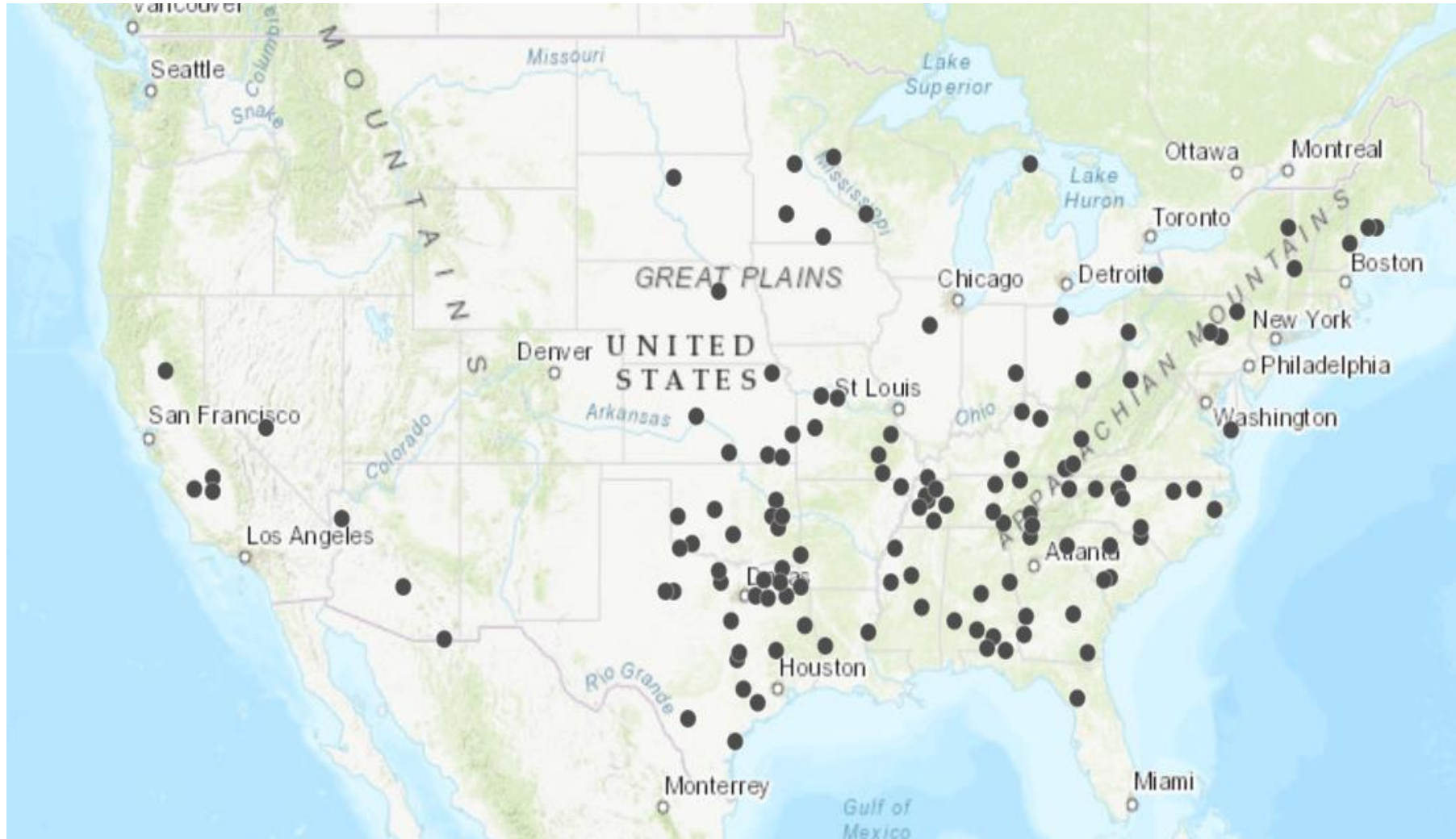
SciLine Media Briefing
May 4, 2020

Death Rates for Leading Causes of



Source: Garcia MC, Faul M, Massetti G, et al. Reducing Potentially Excess Deaths from the. MMWR Surveill Summ 2017;66(No. SS-2):1-7. DOI: <http://dx.doi.org/10.15585/mmwr.ss6602a1>

Rural Hospital Closures, 2005-Present

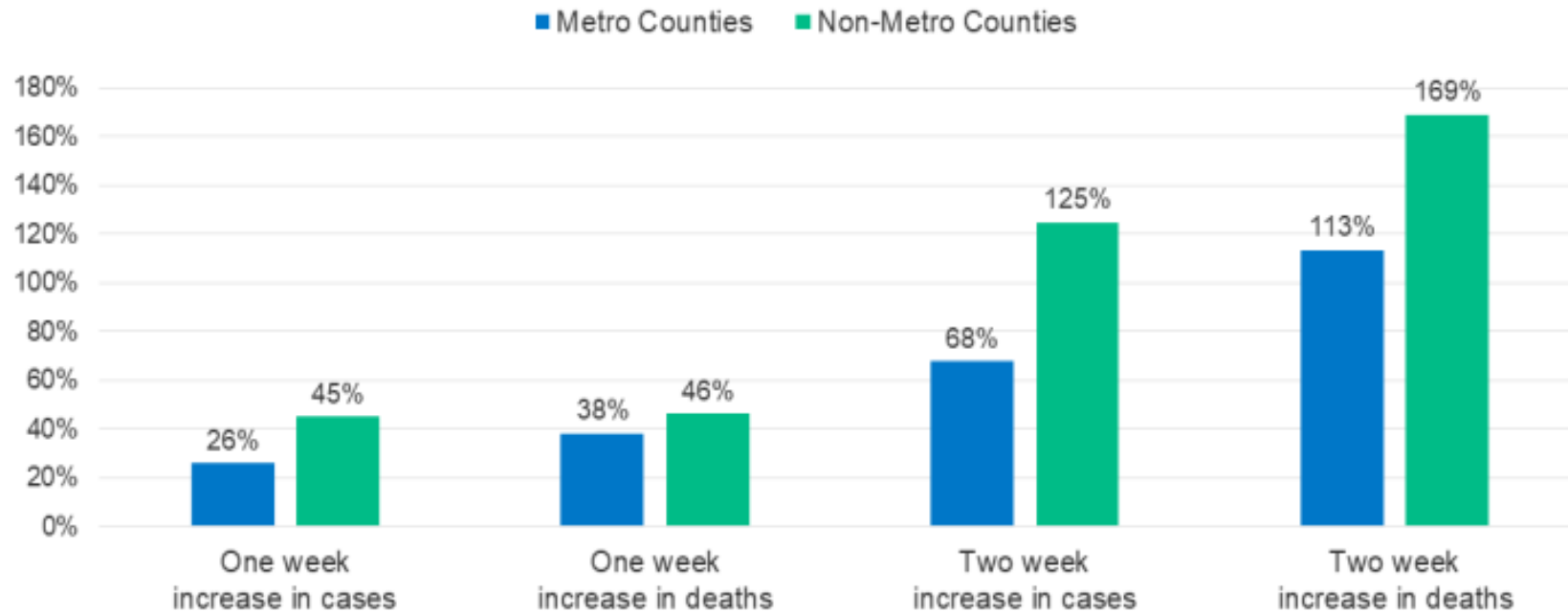


Source: University of North Carolina Cecil G. Sheps Center for Health Services Research:
<https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

Faster Increase in Rural Areas

Figure 2

Rate of Increase in Coronavirus Cases and Deaths



NOTE: Data are as of April 27, 2020. Coronavirus cases and deaths not assigned to a county are excluded.

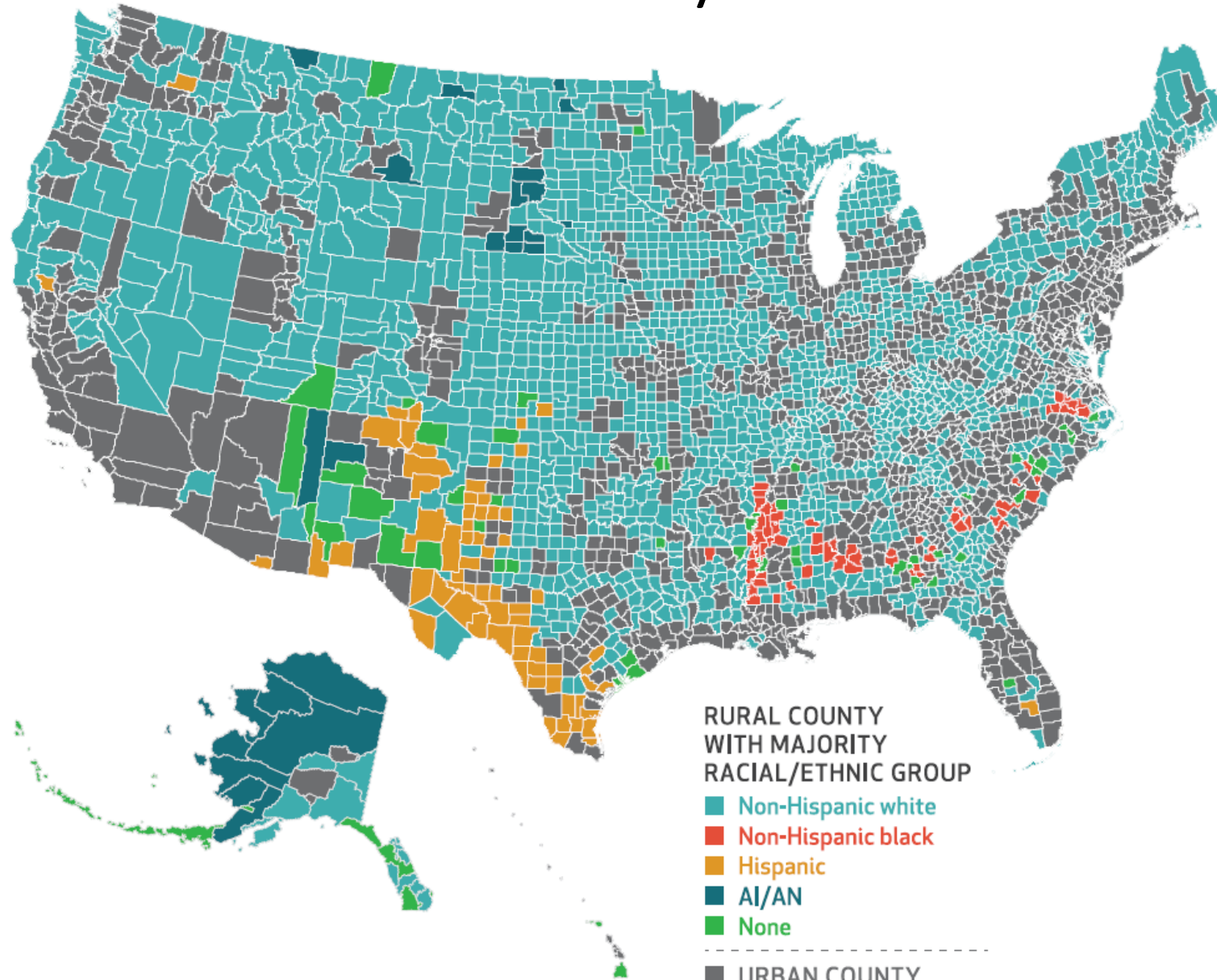
SOURCE: Center for Systems Science and Engineering (CSSE) at Johns Hopkins University; US Census Bureau; Federal Office of Rural Health Policy.



Source: Kaiser Family Foundation; <https://www.kff.org/other/issue-brief/covid-19-in-rural-america-is-there-cause-for-concern/>



Within-Rural Diversity



Source: Henning-Smith et al. (2019) *Health Affairs*

Resources

- [Rural Policy Research Institute COVID-19 Tracking](#)
- [University of North Carolina Sheps Center Hospital Closure Tracking](#)
- [Rural Health Information Hub COVID-19 Resources](#)
- [Rural Health Research Gateway](#)
- [University of Minnesota Rural Health Research Center](#)



Thank you!

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Learn more: rhrc.umn.edu

A microscopic view of several COVID-19 virus particles. The particles are spherical with a textured, greyish surface and a prominent outer layer of red, spike-like proteins. They are set against a dark, reddish-brown background.

Structural Racism and Racial/Ethnic Inequities in the COVID-19 Pandemic

Sharrelle Barber, ScD, MPH

Drexel University Dornsife School of Public Health

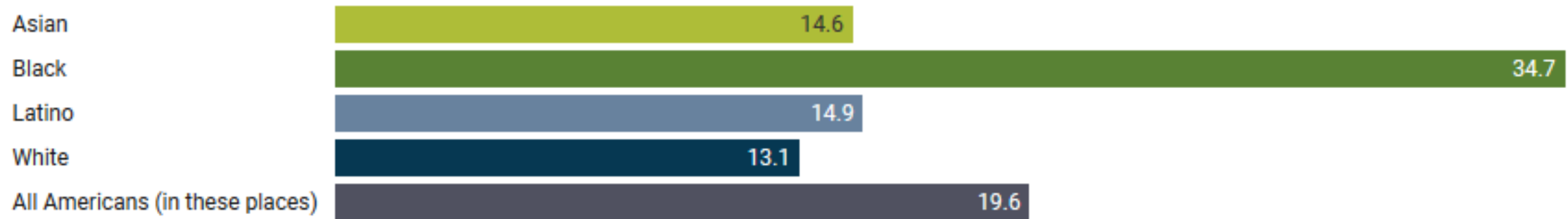
SciLine Media Briefing

Monday, May 4, 2020

The latest available COVID-19 mortality rate for Black Americans is 2.3 times higher than the rate for Latinos, 2.4 times higher than the rate for Asians, and 2.6 times higher than the rate for Whites.

Rate of COVID-19 deaths reported by race/ethnicity through April 30, 2020

For all U.S. states with available data and Washington, D.C. Mortality rate per 100,000 residents of each group.

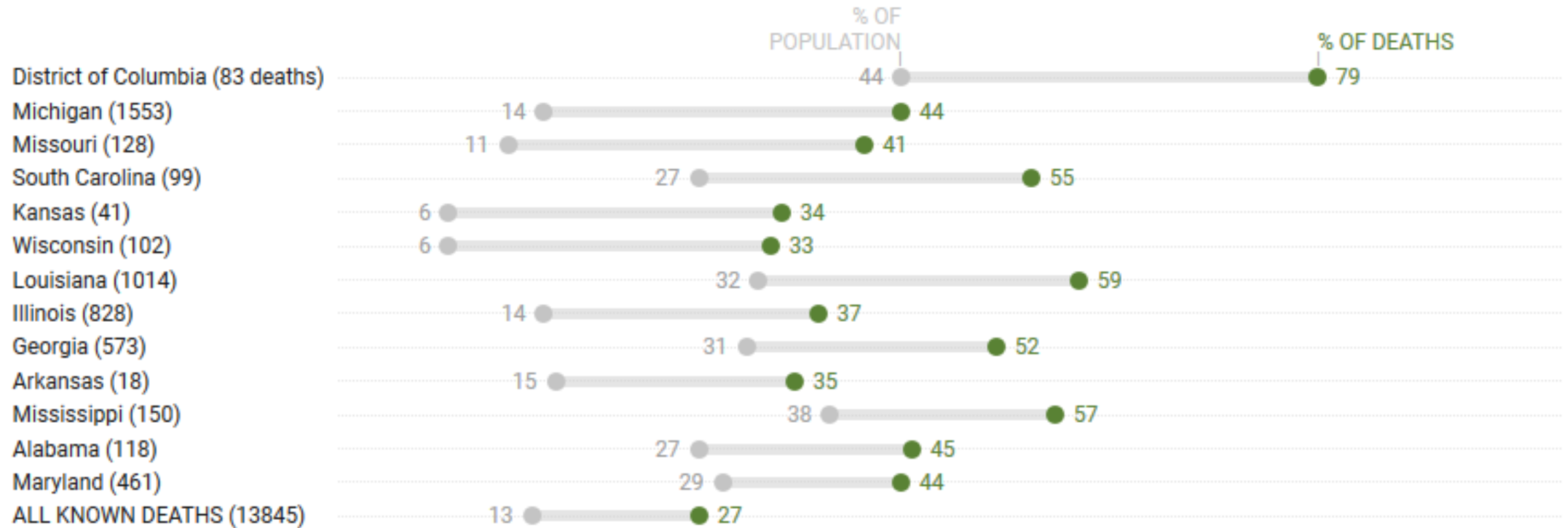


Includes data from Washington, D.C., and the 38 states of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington and Wisconsin. Rates could not be calculated for Indigenous, Native Hawaiian or other Pacific Islander, and other races due to inconsistent data reporting across states.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

Black Americans: Percent of COVID-19 deaths and population, through April 30, 2020

For all U.S. states with available data and Washington, D.C. Sorted from most over-represented to most under-represented.



Racism in the Time of COVID-19

“ . . .while COVID-19 is indiscriminate in its transmission, its propagation within a society steeped in structural racism will undoubtedly, as we are already beginning to see, lead to disproportionate impacts among marginalized racial groups in this country. ”



The Pandemic and Beyond

Solutions to Address Racial/Ethnic Inequalities in COVID-19

Solutions During the Pandemic

- Expand access to free testing and treatment in communities of color
- Provide low-wage essential workers with living wages, adequate protections and guaranteed rights
- Provide adequate economic relief
- Develop reopening strategies that center racial and economic equity and justice

Solutions Beyond the Pandemic

- Provide free, universal healthcare for all
- Provide living wages for all
- Equitably invest in communities of color
- Dismantle systems and structures of racism



Thank You

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Twitter: @HealthEquityDoc

Resources

- **Data on Racial Inequalities and COVID-19**

- The color of coronavirus: COVID-19 deaths by race and ethnicity in the U.S., APM Research Lab: <https://www.apmresearchlab.org/covid/deaths-by-race>
- States' Reporting of COVID-19 Health Equity Data. State Health and Value Strategies: <https://www.shvs.org/states-reporting-of-covid-19-health-equity-data/>
- The COVID Tracking Project: <https://covidtracking.com/>
- "The Fierce Urgency Of Now: Closing Glaring Gaps In US Surveillance Data On COVID-19," Health Affairs Blog, April 14, 2020: <https://www.healthaffairs.org/doi/10.1377/hblog20200414.238084/full/>

- **Commentaries on Racism and COVID-19**

- "Racism in the Time of COVID-19," IAPHS Blog, April 9, 2020 : <https://iaphs.org/racism-in-the-time-of-covid-19/>
- Laster Pirtle, W. N. (2020). Racial Capitalism: A Fundamental Cause of Novel Coronavirus (COVID-19) Pandemic Inequities in the United States. Health Education & Behavior: <https://journals.sagepub.com/doi/full/10.1177/1090198120922942#articleCitationDownloadContainer>

- **Commentaries on Solutions to Racial/Ethnic Inequalities in COVID-19**

- "The Harm Of A Colorblind Allocation Of Scarce Resources, " Health Affairs Blog, April 30, 2020: <https://www.healthaffairs.org/doi/10.1377/hblog20200428.904804/full/>