

COVID-19 & the HCH Community: Needed Policy Responses for a High-Risk Group

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As the COVID-19 virus pandemic continues to grow throughout the world and in the United States, state and local public response systems are implementing a number of public health strategies to prevent further exposures and slow the spread of the virus. Infections among people experiencing homelessness will present specific challenges for those individuals, local response structures, and for Health Care for the Homeless (HCH) programs and other homeless service providers.

This issue brief describes why people experiencing homelessness are an especially high-risk population and the immediate public policy responses that are needed to better prevent a more serious outbreak of COVID-19 among a very vulnerable group.

Why Homeless Populations are a High-Risk Group

Poor health is a leading cause of homelessness, and the experience of homelessness creates new health conditions, exacerbates existing ones, and makes getting treatment more difficult. On any given day in the United States, about 550,000 people are experiencing homelessness; many are in poor health and have disabling conditions, making them especially susceptible to the COVID-19 virus. However, it is the combination of the following characteristics that make this population an especially high-risk group:

1. **Poor health:** High rates of *chronic medical conditions* (diabetes, lung disease, cardiovascular disease); *behavioral health conditions* (depression, anxiety, schizophrenia, substance use disorders); *infectious illnesses* (HIV, TB, hepatitis); *acute illnesses* (e.g., pneumonia, respiratory illnesses); and *exposure to elements* (dehydration, sunstroke, hypothermia, and violence).
2. **Congregate settings:** Shelters, public transportation, soup kitchens, health clinics and many other service venues where this population receives care are large, crowded congregate settings.
3. **An aging population:** Many people experiencing homelessness are older, have limited mobility, and have even higher rates of poor health. Of the 1 million patients served by HCH programs in 2018, 40% were age 50 and above.
4. **Limited ability to follow public health advice:** The prevailing public health advice to wash hands, stay at home, and maintain physical distance from others is often not possible for people who are homeless. Crowded shelters and outdoor/encampment conditions seldom have adequate hygiene facilities and offer little protection from public health outbreaks.

WHEN YOU ARE HOMELESS, HOW DO YOU:

- Stay at home?
- Wash your hands?
- Distance yourself from others?
- Disinfect your living space?

5. **Stigma and discrimination:** Communities regularly seek to block or remove people who are homeless due to stigma and discrimination. Local laws and regulations often prevent housing and other services from being able to expand to meet the need. As a result, this population is often isolated from mainstream response systems, and individuals are more likely to be turned away from services than their housed counterparts.

Immediate Policy Actions for Local Response Systems

Federal, state, and local policymakers must understand the high risk of infection that exists for individuals who are homeless and respond in a constructive and proactive manner. Homeless services providers and patients should be given equitable—if not prioritized—access to needed resources. Below are key policy actions that all local response systems need to take immediately to contain the spread of COVID-19 in this population:

1. **Identify appropriate isolation/quarantine venues:** Shelters are frequently not equipped, trained, staffed, or physically able to provide isolation and quarantine spaces. Local response systems need to determine where people who are being tested for COVID-19 or have positive test results will be able to safely stay. This decision-making should happen *in collaboration with* health care and other homeless service providers. Shelters and health care providers should not be left alone with insufficient guidance on what to do with patients/clients who have been identified as needing isolation.
2. **Prevent loss of housing & health care services:** Prohibit evictions, encampment clearings, and other actions that destabilize even the most tenuous living conditions and service connections. Use the flexibilities in the Medicaid program to expand care, prevent loss of coverage, and eliminate out of pocket costs. Expand Medicaid to single adults in the 14 states that have not yet implemented this option, make telemedicine and outreach/street medicine a billable service, and allow 90-day supplies of medications to be issued. Ensure continuity of care to the extent possible to prevent poor outcomes from disruptions in access to services (such as strokes, suicides, overdoses, heart attacks, etc.).
3. **Expand shelter capacity & deliver services to unsheltered populations:** Expand emergency shelter spaces, ensure those accommodations meet infection control standards, and take extra precautions with especially high-risk clients (such as elderly). Install hand-washing stations, rest rooms, and other hygiene/sanitation provisions to encampments, and ensure that outreach teams/mobile services are expanded so that very vulnerable and isolated people are able to receive public health messages as well as continue receiving needed services.
4. **Ensure providers have supplies & protective equipment:** Health care and other homeless services providers are a critical frontline workforce and must be prioritized to receive adequate levels of cleaning supplies and personnel protective equipment (PPE).
5. **Expand medical respite care programs:** Identify emergency funds to expand medical respite programs, which deliver health care and support services to individuals who need ongoing care but do not need to be hospitalized. These venues could be targeted to COVID-19-involved people who need isolation/quarantine, or these could be venues where vulnerable people who are not COVID-19-involved can continue treatment in a safe environment.

Where will
people who
are homeless
be
quarantined?