Navigating Ethics & Equity in a COVID Aware World

March 29, 2023
Acknowledgement

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“Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.”
Housekeeping

- Meeting Style
- Type Questions in Chat Feature (make sure to select “Everyone”)
- Designated Q&A Period
- Evaluation Poll
Hosts and Presenters

NHCHC Hosts
- Katie League, Behavioral Health Manager
- Kevonya Elzia, Director of Justice, Equity, Diversity & Inclusion
- Lauryn Berner-Davis, Senior Research Manager

Presenters
- Omar Marrero, Director of Operations, Barbara McInnis House, Boston Health Care for the Homeless Program
Ethics

Biomedical ethics

- Autonomy
  - Respect individual choice

- Beneficence
  - Do the most good

- Nonmaleficence
  - Do no harm

- Justice
  - Distribute resources equally

Respect

Individual choice

Distribute

Equally

Do no harm

Do the most good

Beneficence

Nonmaleficence
When you think of moral injury, what comes to mind? 

- The bullshit system that creates homelessness in the first place
- Working in healthcare, covid
- Actions that cause injury to my heart & spirit
- A whole lot of bs
- Discrimination...currently: banning of books; erasure of lived experiences
- Deliberate cruelty from our policymakers
Moral Injury

Changes in biological, psychological, social, or spiritual functioning resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations.

The psychological, behavioral, social, and/or spiritual distress experienced by individuals who are performing or exposed to actions that contradict their moral values.

The strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code.

The challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control.

Perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.

Zefferman & Mathew, 2020  
HHS, 2020  
Williamson, et. al., 2021  
Dean, et. al., 2019  
Litz, et. al., 2009
Ethics, COVID, HCH, and Moral Injury

- **Rationing of scarce resources**
- **Difficult triage decisions based on a patient’s likelihood to benefit from or survive certain resources**
- **Fears of infection and infecting their families that may influence their decision-making about the type, level, or rapidity of care provision**
- **Administrative and policy decisions that represent an organization’s best efforts to respond yet confront workers with impossible choices**
- **Being unavailable to care for seriously ill patients who do not have COVID-19 and who need attention**
- **Being barred from work when colleagues and patients desperately need help**
When did you first hear the phrase "moral injury"?
Systemic Racism, Ethics, & Moral Injury

Impact on Clinicians of Color

- Systemic racism + stressors created and perpetuated by COVID-19
- Lived experiences of racism + the moral stress of working in healthcare – seeing injustice - increases risk of moral injury
- Balancing burden, responsibility, and purpose when caring for your own community + your community is disproportionately impacted

Systemic Racism, Ethics, & Moral Injury

Impact on Patients

- History of Ethical Failings in Health Care Understandably leads to Mistrust
- Impact of COVID on Racialized Communities
- Are our guidelines and practices ethical and fair when considering all people?

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7445719/
Case Example

Omar Marrero
Director of Operations
Barbara McInnis House
Boston Health Care for the Homeless Program
The transformation of the Peer support component in respite through the Covid pandemic
Learning Objectives:

Learn about BHCHP’s Consumer Advisory Board (CAB) and their involvement in BHCHP’s program development

Understand how a peer can facilitate a series of recovery focused groups in medical respite and how this model evolved during the COVID19 pandemic.

COVID-19 restrictions and the impact on the patient’s experience

The role of the Peer Support component through the COVID-19 restrictions
CONSUMERS ADVISORY BOARD

1993: The first-ever Consumers Advisory Board (CAB) is formed at BHCHP. This group is made up of homeless or formerly homeless men and women.

The CAB meets monthly to develop BHCHP’s advocacy agenda and to provide feedback to help shape programs and policies.

Two of the CAB members are members of BHCHP’s Board of Directors

The CAB is tasked with coordinating and participating in Focus Groups, Health Fairs and special events in various sites, including our Respite Programs

CAB members are actively involved in various program wide committees
Respite Evening Peer Recovery Group Program:

With the help of our BH team, one of our CAB members was designated to start the Peer Recovery Groups

2015- we started bringing AA/NA commitments to our respite program (twice a week)

The CAB member developed relationships with local recovery meetings, coordinating, scheduling and connecting with the 12 steps groups in the local area to generate consistent evening groups in respite.

2017- from 2 meetings a week we grew to 5 meetings weekly, including weekends
Pre-COVID-19: Peer Recovery Groups

The CAB member will work with the Volunteer Coordinator in order to identify appropriate volunteers with a specific interest in peer support from a public health perspective.

We are fortunate enough to be in an area where there are a lot of teaching hospitals and we as a program reached out to them and were able to connect with a large portion of our volunteers.

Volunteer qualifications: able to work at night, commitment to recovery and homeless patients, comfortable with a strength-based approach towards working with the homeless population.
Pre-COVID-19: Events and Programs coordinated by the CAB members

Annual Special events available for all respite patients:
Stigma surrounding Addiction
McInnis House Annual flu presentation (offering flu shots)
Worlds Aids day (Peers living with aids share their stories and after the presentation offering HIV testing)
Alcohol awareness month
Overdose Prevention event (Narcan training)
Recovery Month event (outside resources- detoxes, halfway houses, sober houses)
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<thead>
<tr>
<th>Date and Time</th>
<th>Group Name</th>
<th>Contact Name/Number</th>
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<tbody>
<tr>
<td>Saturday Feb. 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Recovery Movie</td>
<td>Atrium</td>
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<tr>
<td>Sunday Feb. 2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>New Way of Life</td>
<td>Chris</td>
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<tr>
<td>Monday, Feb. 3rd</td>
<td>Leave open</td>
<td>Andrew M Unavailable</td>
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<tr>
<td>Tuesday Feb. 4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Patient-run meeting</td>
<td>Recovery Volunteer</td>
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<td>Thursday Feb. 6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Sober House Incoming</td>
<td>Andrew M</td>
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<td>Sunday Feb 9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Recovery Movie</td>
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<td>Monday Feb 10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>New Way of Life</td>
<td>Chris</td>
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<td>Tuesday Feb. 11&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Patient-run meeting</td>
<td>Travis H</td>
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<td>Saturday, Feb. 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Marshfield Serenity</td>
<td>Bob</td>
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<td>Sunday, Feb. 16&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Putting on N/A meeting</td>
<td>Donald H.</td>
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<td>Monday, Feb. 17&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Melrose Sunday Night</td>
<td>JP</td>
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<td>Tuesday, Feb. 18&lt;sup&gt;th&lt;/sup&gt;</td>
<td>East Boston Orients Heights</td>
<td>Jim</td>
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<td>Thursday, Feb. 20&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Brookline into Action</td>
<td>Matt</td>
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<td>Sunday, Feb. 23&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>New Way of Life</td>
<td>Chris</td>
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<td>Monday, Feb. 24&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Brookline Young People</td>
<td>Rebecca</td>
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<td>Tuesday, Feb. 25&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>Travis H</td>
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<td>Saturday, Feb. 28&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Recovery Movie</td>
<td>Atrium</td>
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The reality of COVID hits our respite program

Early March- Patient Town Hall Meeting (discussion of upcoming restrictions)

March 9, 2020- patient restrictions are put in place

March 13th, we opened our first version of the COVID-19 unit (9 beds)

By April we went from 9 to 13, from 13 to 26, ending with 52 beds by the middle of April
Early identification of Respite Risk (Congregate setting):
No in person AA/NA Recovery meetings
No volunteers allowed into our facility
Patients restricted to their rooms
No support groups
CAB members were not allowed in our facility
Other commitments not allowed
- Sunday Service
- Therapy dogs
- Writing groups
- Bingo activity
What needed to happen for the unit to open:

Changes in the infrastructure of the building- Plastic barriers

We received support and guidance from the infectious control team at BMC

Have non-clinical staff willing to work in the covid unit proved to be more challenging than expected:
- Food services
- Housekeeping (external vendor)
- Security (meeting with management)
- Front desk
What needed to happen for the unit to open: (continuation)

• We needed a dedicated space designated for Covid care that provided adequate space for PPE storage, appropriate donning and doffing spaces, safe space for staff to take their lunches

• New Infectious control measures on:
  - Trash disposal
  - Meal deliveries at bedside
  - Coffee stations and snacks
  - Sanitizing of common surfaces
  - Movement through the building
What needed to happen for the unit to open: (continuation)

Restrict patient movement by managing patients by floor and implementing social distancing

We didn’t have enough respite staff to manage the new operations, so we needed to deployed staff from other departments to help us run the COVID unit.

Laundry
Methadone in house (take home dosing)
Increased Behavioral Health Coverage for off hours
Transportation services
Elevator monitoring
What was needed for staff

Sustainable support systems for staff on a regular basis
Trauma supports
Free meals
Therapy dogs
Support cards (community support)
Time off eligible
Hazard pay
Recharge room
Transparency with program modifications (weekly program wide meetings)
Weekly meetings with non-clinical departments
Patient experience:

March 2020- patients were asked to remain in their rooms with minimal time to spent outside in group spaces. Over time and as we learned more about COVID-19, various efforts were brought in to improve our patient experience for both regular respite care and COVID care.

Increase in anxiety symptoms, decrease in treatment and support systems.

No visits, no drop offs, no outpatient team access.
How to improve patient experience: (what needed to change)

Welcoming back our CAB member (Normalizing Peer support within Covid restrictions)
Patients supports were rapidly identified (Groups, laundry, food, etc..)
Support groups on the floors
Outside commitments (zoom)
Spiritual care/ Sunday service (zoom)
Cigarettes
More food options
More activities on the patient floors
McInnis Gazette
Welcome packets
Peer Support Program presentations during COVID-19

What does recovery mean to me
Asked patients at BHCHP about what recovery means to them and discussed various treatment available including SMART recovery AA and NA to stay clean and sober

Role of suboxone in recovery
Interviewing patients who have used suboxone in their recovery

Recovery meetings biweekly
Hidden Surprises and Benefits of COVID19 Restrictions

• Higher Attendance
• More accessible meetings
• More meetings offered because of the convenience of zoom
I value my recovery because:

my life is very important to me and I'm a mother and soon to be wife to my love of my life.
I define my recovery as:

- being thinking and acting as my best self
- the methods, ideologies and behaviors that I choose and work best to remain sober and healthy

Summary

Remaining healthy in both mind and soul is in the way that works best for me.
The meetings help get through the rough times that I'm having. I think they should continue to have these meetings.
ZOOM Meetings are very good.
Next best thing to being at a live meeting should have Zoom Meeting 5x a week.
Recovery is

Feeling empowered and supported in making healthy, positive changes!

Recovery ≠ Abstinence
this is my first time in a program like this one, I understand how to deal with my bad feelings, my depression, how to face up my decide that I did not that I have I'm so greatfull with Borbon, He furnish house and all the staff (Doctors, Nurses Social Worker)
Discussion
Baltimore, MD
May 15 – 18
HCH2023
Toward Justice:
Leading With Lived Expertise
Follow us on social media!

National Health Care for the Homeless Council

National Institute for Medical Respite Care