

# **Navigating Ethics & Equity in a COVID Aware World**

March 29, 2023

# Acknowledgement

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# About NHCHC

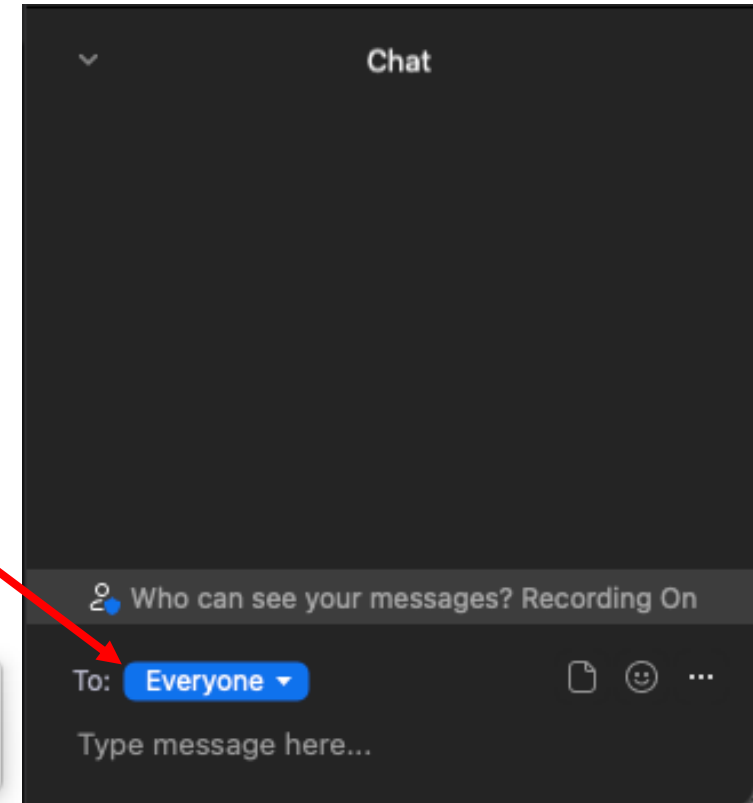
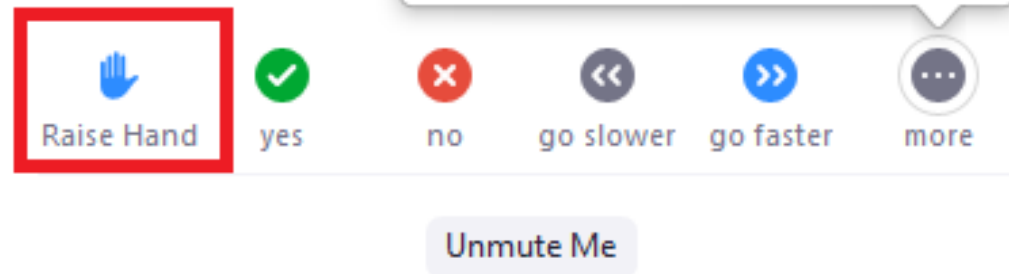
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*“Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.”*

# Housekeeping

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



# Hosts and Presenters

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## 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

# Agenda

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Framing



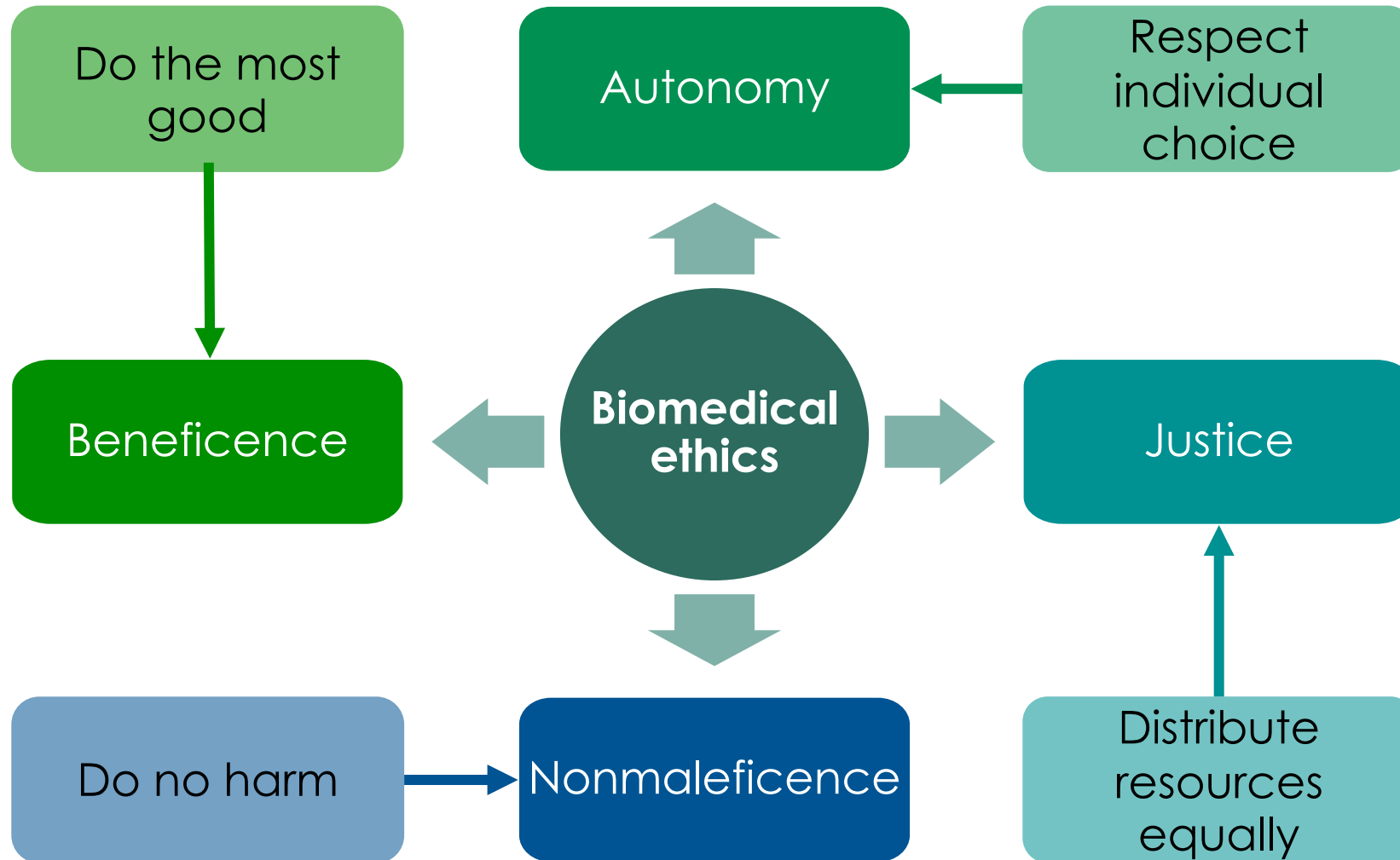
Case Examples



Discussion

# Ethics

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

6 Answers

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

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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.

[Zefferman & Mathew, 2020](#)

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

[HHS, 2020](#)

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

[Williamson, et. al., 2021](#)

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

[Dean, et. al., 2019](#)

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

[Litz , et. al., 2009](#)

# Ethics, COVID, HCH, and Moral Injury

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Rationing of scarce resources

Difficult triage decisions based on a patient's likelihood to benefit from or survive certain resources

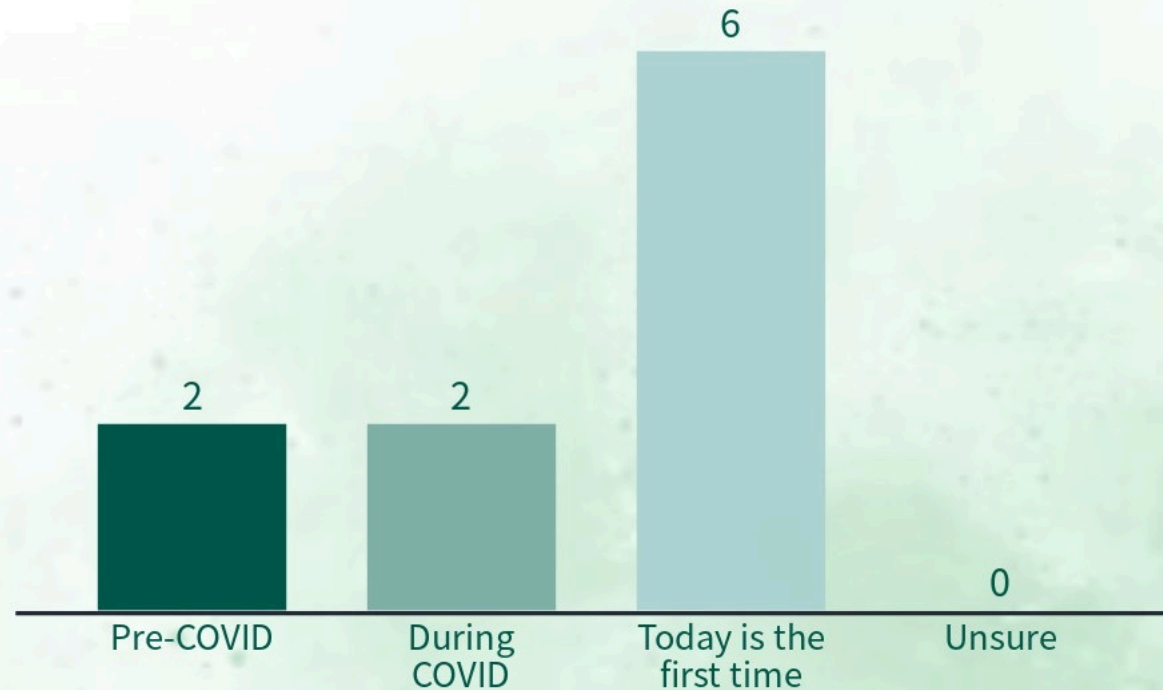
Fears of infection and infecting their families that may influence their decision-making about the type, level, or rapidity of care provision

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

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## Impact on Clinicians of Color



Systemic racism + stressors created and perpetuated by COVID-19

Lived experiences of racism + the moral stress of working in health care – 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

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## 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.moralinjuryguide.ca/Documents/racial-inequities-and-moral-distress.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7445719/>

# Case Example

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**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)

<b>Date and Time</b>	<b>Group Name</b>	<b>Contact Name/Number</b>
Saturday Feb. 1 <sup>st</sup>	Recovery Movie	Atrium
Sunday Feb. 2 <sup>nd</sup>	New Way of Life	Chris
Monday, Feb. 3 <sup>rd</sup>	Leave open	Andrew M Unavailable
Tuesday Feb. 4 <sup>th</sup>	Patient-run meeting	Recovery Volunteer
Thursday Feb. 6 <sup>th</sup>	Sober House Incoming	Andrew M
Sunday Feb 9 <sup>th</sup>	Recovery Movie	Atrium
Monday Feb 10 <sup>th</sup>	New Way of Life	Chris
Tuesday Feb. 11 <sup>th</sup>	Patient-run meeting	Travis H
Saturday, Feb. 15 <sup>th</sup>	Marshfield Serenity	Bob
Sunday, Feb. 16 <sup>th</sup>	H&I Putting on N/A meeting	Donald H.
Monday, Feb. 17 <sup>th</sup>	Melrose Sunday Night	JP
Tuesday, Feb. 18 <sup>th</sup>	East Boston Orients Heights	Jim
Thursday, Feb. 20 <sup>th</sup>	Brookline into Action	Matt
Sunday, Feb. 23 <sup>rd</sup>	New Way of Life	Chris
Monday, Feb. 24 <sup>th</sup>	Brookline Young People	Rebecca
Tuesday, Feb. 25 <sup>th</sup>	Patient-run meeting	Travis H
Saturday, Feb. 28 <sup>th</sup>	Recovery Movie	Atrium

## **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:

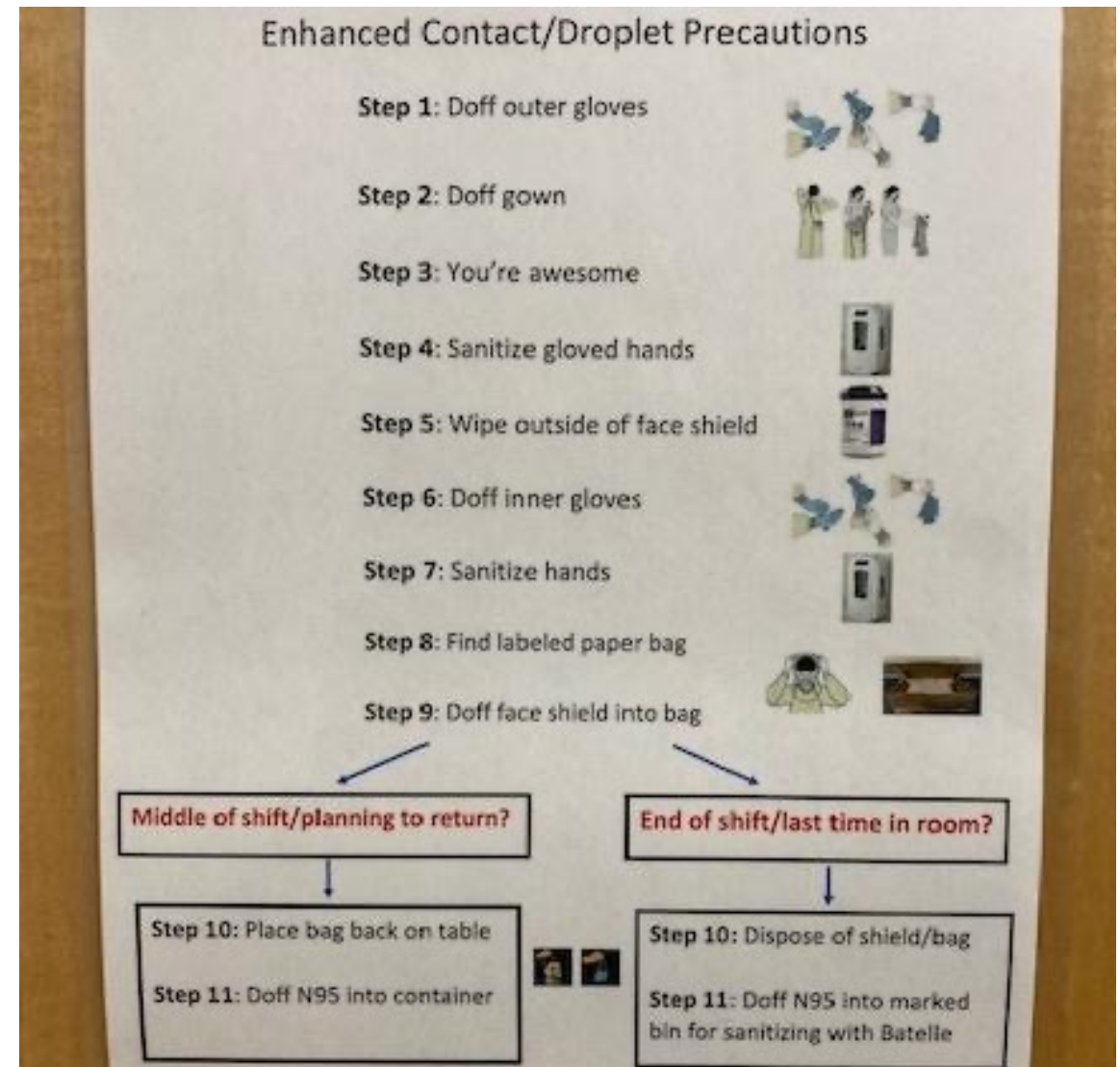
- Food services
- Housekeeping (external vendor)
- Security (meeting with management)
- Front desk





## 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 deploy 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
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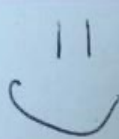
MONTH



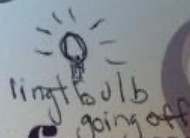
**I value my recovery because:**

♥ my life is very important to me  
and i'm a mother and soon to  
be wife to my love of my life..♥





NATIONAL  
RECOVERY  
MONTH



**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 →

both in body, mind and soul

Summary

Remaining healthy in body,  
mind + soul & in the  
way that works best  
for me! 😊

The meetings helps get  
through the ruff  
times that im having  
I think they should continue  
to have these meetings

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ZOOM Meetings  
Give Very Good  
Next best thing  
to being at a live  
meeting

Should have zoom  
meeting 5x a week

**Patient  
Reviews  
NA Zoom**



NATIONAL  
RECOVERY  
MONTH



**Recovery is**

Feeling empowered + supported in  
making healthy, positive changes!

Recovery ≠ Abstinence



this is my first Time in a  
program like this one, I learned  
how to deal with my  
bad feelings my depression,  
how to face up my decision  
that I did not that I have.  
I'm so grateful with  
Borbon McFinnis House and  
all the staff (Doctors, Nurses  
Social Worker) ...

# Discussion

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**Baltimore, MD**

**May 15 – 18**

**HCH2023**

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**Toward Justice:**

**Leading With Lived Expertise**

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**HOMELESS  
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