

## ENVIRONMENTAL SCAN

# Health Protection Actions for People Experiencing Homelessness during the COVID-19 Pandemic

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## Key Messages

- People experiencing homelessness are at an increased risk of COVID-19 infection and severe outcomes. Pre-existing conditions, the social determinants of health, living in congregate settings, lack of ability to physically distance, and lack of access to basic sanitation contribute to this risk.
- Health protection actions for people experiencing homelessness during the COVID-19 pandemic include: enhancing hygiene and reducing crowding in existing shelters; establishing new shelters; providing separate facilities to self-isolate for those awaiting test results or who have tested positive; providing basic sanitation facilities; addressing food insecurity; and providing health and mental health services.
- It is unclear how effective these health protection measures are in improving outcomes of people experiencing homelessness. There is evidence that shelter spaces that allow people to be isolated (e.g., single rooms vs. dormitories) may be most effective to reduce COVID-19 transmission.
- Jurisdictions that have added new shelter spaces and temporarily housed people in hotels/motels report that people who were homeless are sheltered, although these arrangements have been initiated on a temporary basis. However, temporary solutions pose challenges for transition plans at the end of the pandemic, and do not address the systemic issues of poverty and access to permanent housing.

## Background

It is estimated that, prior to the Coronavirus Disease 2019 (COVID-19) pandemic, approximately 35,000 people in Canada,<sup>1</sup> and 12,000 people in Ontario,<sup>2</sup> experience homelessness on a given night. The pandemic has brought to light the insufficiencies of the housing system in Canada, and the challenges that people experiencing homelessness experience in accessing minimum protections to stay safe during the pandemic. People experiencing homelessness are at an increased risk of poor health outcomes and have an increased risk of developing severe COVID-19 illness.<sup>3,4</sup> Pandemic response measures are intended to reduce transmission of the virus, but have also led to a number of unintended consequences, such as a reduction in the services and supports available to people experiencing

homelessness, reduced or closed shelter spaces, limited access to food, reduced outreach services, closures of public washrooms (with access to running water and sanitation), reduced day programs, harm reduction, and health and income services.<sup>5</sup> Reports of COVID-19 outbreaks in crowded shelters aggravate this situation,<sup>6-12</sup> driving many to tents and outdoor encampments to avoid exposure to COVID-19.<sup>13-15</sup> Temporary structures are also challenging due to their overall lack of suitability to Ontario's winter climate, creating exposures to other types of hazards such as cold exposure and fire.<sup>16</sup> Actions relating to material circumstances, such as income, housing, health behaviours, and access to and experiences with health services, can reduce risk and susceptibility of COVID-19.<sup>17</sup>

## Request and Scope

This environmental scan was conducted to identify actions being taken over the course of the COVID-19 pandemic to meet the basic health and social needs of people experiencing homelessness. This scan focuses on actions that are currently being implemented, rather than announcements, planning documents or guidebooks. The scope of this scan does not include actions taken to prevent homelessness, such as moratoria on evictions. Further, the scope was not intended to broadly address the systematic and underlying determinants of homelessness and the long-term actions required to solve this complex problem. Rather, this scan presents a starting point: short and intermediate-term actions that are being taken to address the basic health and safety needs of those experiencing homelessness during the pandemic. Our findings may be informative for decision-makers and leaders across sectors involved in policies and programs supporting people experiencing homelessness.

For the purposes of this scan, we define homelessness as “the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.”<sup>18</sup> Indigenous homelessness refers to “Indigenous Peoples who are in the state of having no home due to colonization, trauma and/or whose social, cultural, economic, and political conditions place them in poverty.”<sup>19</sup> We included a specific focus around homelessness and Indigenous communities given the disproportionate representation of Indigenous people among those experiencing homelessness in many Canadian cities.<sup>20</sup> We acknowledge that other racialized groups, refugees and newcomers to Canada are also over-represented in populations experiencing homelessness,<sup>21</sup> and included this information among the findings.

## Methods

The literature reviewed for this environmental scan contains actions that have been implemented since the declaration of the COVID-19 pandemic by the World Health Organization in March of 2020. On December 2, 2020, Public Health Ontario's (PHO) Library Services developed and conducted a primary literature search in MEDLINE, the National Institutes of Health iSearch COVID-19 Portfolio, and grey literature search. Key terms included, but were not limited to: homelessness, COVID-19, cold weather, shelter, sanitation, and food. We reviewed citations from included studies to identify additional research. In addition, supplemental Google searching was conducted by hand-searching media reports on COVID-19 and homelessness programs or strategies and Indigenous communities on December 3 and 4, 2020.

English-language peer-reviewed and non-peer-reviewed records that described implemented actions relating to COVID-19 and homelessness were included. To manage volume and understand other health protections unique to this population, we excluded screening and testing from our scope. These are standard public health measures and may be the focus of many documents. We excluded policy

recommendations that were not documented actions. Further, actions focused on preventing homelessness or long-term efforts to address homelessness were not in scope.

## Summary of Findings

A variety of actions to meet basic health and safety needs were identified. These include actions to provide shelter, reduce food insecurity, increase availability of water and sanitation, and to support physical and mental health. While it is likely that there is no “one-size-fits-all” approach to protect the health and safety of people experiencing homelessness during COVID-19,<sup>22</sup> and a mix of actions would be beneficial, we have summarised findings below by action type.

### Actions to Provide Safe Shelter

Actions specific to shelters fall into two categories: increasing shelter supply, and reducing COVID-19 risks within shelters.

Many jurisdictions added new shelter spaces to house those previously without shelter, or to increase safe capacity (i.e., maintain physical distancing) and reduce the risk of COVID-19 transmission in shelters. San Diego, California and Multnomah County, Oregon created temporary shelters in convention centres while other jurisdictions opened temporary new shelters.<sup>22-26</sup> To provide surge capacity for safe and/or self-isolating spaces, several jurisdictions in the United Kingdom (UK), Canada, Australia and the United States (US) made use of hotel/motel rooms,<sup>22-24,27</sup> government buildings,<sup>28</sup> vacant office buildings,<sup>29</sup> parking lots,<sup>30</sup> and in one case, an unused prison.<sup>31</sup> However, isolation in hotels may pose other risks such as overdose, as suggested by a trend toward more overdose deaths occurring in hotels, motels, and inns in Ontario during the pandemic.<sup>32</sup>

The supplemental Google search found several shelter-related actions specifically for Indigenous communities. In Manitoba, Keewatinowi Okimakanak Inc. provided financial support to the YWCA Thompson to continue sheltering First Nations people living off reserve using a housing first – harm reduction approach. The funding allowed the YWCA to implement COVID-19 measures such as physical distancing, screening, hand-washing, masks and gloves, and access to laundry and shower facilities.<sup>33</sup> In London, Ontario, an Indigenous housing hub with 10 resting spaces and an outreach team allows Indigenous people who are experiencing homelessness to gather, learn and reconnect with their culture.<sup>34</sup> A sports centre in Montreal provides an additional 40 beds when the existing Indigenous shelter is full. The centre provides hot meals, showers, cleaning staff, and intervention workers (i.e. social workers, nurses) who are familiar to the Indigenous community experiencing homelessness. The centre accommodates individuals using substances who might not otherwise be housed in other shelters, as well as a shuttle to the sports centre.<sup>35</sup>

Some jurisdictions also provide dedicated spaces for people to isolate or recover from COVID-19.<sup>26</sup> For example, in England, a central command team coordinates two categories of resources: COVID-CARE for people who are symptomatic or have tested positive, and COVID-PROTECT for people who need to self-isolate for shielding from infection.<sup>24,27</sup> There have been efforts to triage an approach for people experiencing homelessness based on identifying increased health risks and delivering services accordingly.<sup>36</sup> Seattle-King County in Washington State created two specialized teams to support its pandemic response. One team was established to respond quickly to suspected outbreaks in shelters and the other to refer people to isolation, quarantine or recovery sites.<sup>22</sup>

To reduce COVID-19 transmission within existing shelters, actions include physical distancing,<sup>22</sup> the use of visual cues to encourage physical distancing,<sup>37</sup> enhanced cleaning protocols,<sup>27,38</sup> as well as staggering meal times and use of common areas.<sup>37</sup> Other actions include, modifying dining rooms to serve take-away meals, delivering meals to rooms or external locations, closing shower and laundry facilities, reducing occupancy, suspending group activities where social isolation could not be maintained, and adding security to oversee social distancing requirements.<sup>27</sup> Training and assistance to encourage physical distancing, as well as best practices in building environmental cleaning and maintenance were also referenced.<sup>38</sup>

## Actions to Support those without Shelter

Actions specific to those who are unsheltered fell into two categories: removing encampments, and providing supports to those who are living in encampments.

In some cases, including in Edmonton (Alberta) and Victoria (British Columbia) encampments are being evacuated. Although some wraparound services may be offered, evacuations pose safety and ethical issues for those living there, including considerations for autonomy and self-determination, and are not generally considered a health protection measure.<sup>39,40 25</sup>

In San Francisco, "Safe Sleeping Villages" serve existing encampments with food, water, sanitation and health care.<sup>22</sup> New York City increased outreach efforts at specific subway stations frequented by unsheltered persons to continue connecting people to needed services and other shelter options.<sup>22</sup> Similarly in Vancouver and Victoria, people living in encampments were offered safe, temporary accommodations with wraparound supports (such as health care services, harm reduction, meals and storage for personal belongings) to protect their health and safety in the overlapping COVID-19 and overdose crises.<sup>25</sup>

Anishnawbe Health Toronto turned a recreational vehicle (RV) into a mobile health service to provide outreach to Indigenous people experiencing homelessness in Toronto. Basic health care and COVID-19 testing is provided, as well as connections to temporary housing until longer term options can be secured.<sup>41</sup> Day centres have also been operating to allow people experiencing homelessness to drop in to rest in the warmth,<sup>37,42-44</sup> access food,<sup>37,42-46</sup> access washrooms and showering facilities,<sup>42,44,46-49</sup> do laundry,<sup>46,48</sup> and pickup hygiene products,<sup>50</sup> and clothing.<sup>42,49,51</sup> Others have provided tents, heavy-duty sleeping bags, and insulated blankets for those camping outdoors.<sup>44,49,51-53</sup> Concerns over COVID-19 transmission, theft, violence and substance use deter some people experiencing homelessness from making use of shelter facilities.<sup>54</sup> Montreal reported the use of municipal buildings for residents of homeless shelters to store their belongings.<sup>55</sup> In Barcelona, Spain, an app to enlist community members to help locate people experiencing homelessness so outbreak teams can approach them to offer support.<sup>49</sup>

## Actions to Increase Availability of Water and Basic Sanitation

Many cities recognized the gaps created when public washrooms closed at the start of the pandemic. In many cases, cities widely distributed hand sanitizer and other materials to prevent the spread of COVID-19.<sup>22</sup> Portable washrooms and hand-washing stations were installed in many cities, while in others, park facilities with showers, washrooms, and drinking water for individuals experiencing homelessness were identified.<sup>37,47,22</sup> In Philadelphia, a collaboration between a number of organizations resulted in a series of informational murals alongside portable hand-washing stations. The murals depict how viewers can protect themselves through physical distancing, wearing a mask, and thorough hand-washing. The

organization leading the project estimated that more than 2500 people, including members of the larger public, used the hand-washing stations daily.<sup>56</sup>

## Actions to Reduce Food Insecurity

Nova Scotia, Ontario and British Columbia have provided emergency support for food banks and additional funding to support food security measures.<sup>23</sup> Other food-related supports for individuals experiencing homelessness during COVID-19 include:

- Eating Apart Together (EAT Initiative), Austin Public Health with various partners. This program centralized distribution of bags with a week of shelf-stable food, as well as masks, hand sanitizer, toilet paper, and educational flyers about preventing the spread of COVID-19. Bags were taken directly to known encampments as well as existing meal delivery programs. Packaged, ready-to-eat meals were also delivered to existing service locations for pick up by residents experiencing food insecurity.<sup>22</sup>
- Step Up to the Plate Program, Philadelphia: A meal and food deployment plan using new emergency outdoor meal sites that also offer medical or other programming in areas where there are many people living without shelter. The Step Up to the Plate Program offered more than 10, 000 meals weekly while adhering to physical distancing guidelines.<sup>22</sup>
- The City of Detroit, Michigan partnered with a local non-profit and area restaurants to distribute surplus restaurant meals. The program is mutually beneficial, supporting residents with food insecurity, while providing businesses with tax credit.<sup>22</sup>

## Actions to Support Health and Mental Health

In addition to actions relating to shelter, food insecurity and sanitation, this scan found a number of additional actions to support physical and mental health. Table 1 summarizes these actions, which are further detailed below.

**Table 1: Actions to Support Health and Mental Health**

Medical Services	COVID-19 related services	Counselling	Supports related to substance use	Supports to shelter in place
<ul style="list-style-type: none"> <li>• Provision of medical services</li> </ul>	<ul style="list-style-type: none"> <li>• Screening</li> <li>• Testing</li> <li>• Contact tracing</li> <li>• Accommodation to isolate</li> <li>• Risk stratification (i.e., increased medical risk)</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of counselling services</li> </ul>	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Harm reduction</li> <li>• Provision of opioid agonist treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription delivery</li> <li>• Provision of mobile phones</li> <li>• Games and activities</li> </ul>

It was common for jurisdictions to indicate their shelters have medical staff onsite or on call to provide general health services,<sup>26,35,45,49,57-60</sup> or regular screening for COVID-19 symptoms.<sup>33,45,57</sup> Some service providers also provide health care in locations where people experiencing homelessness gather.<sup>41,61</sup> In other jurisdictions, private ambulances were sourced to transport symptomatic individuals to receive further medical attention.<sup>49</sup> The UK and the Republic of Ireland set up separate accommodations for people who are experiencing homelessness who are also medically vulnerable.<sup>49,62</sup> In Australia, Homeless Healthcare runs clinics at drop-in centres and crisis accommodation settings. They also have nurses on the streets each day and providing home visits to individuals who have been recently housed.<sup>61</sup>

In addition to addressing supports for physical health, many jurisdictions also address the mental health and substance use needs of clients in shelters or at encampment sites by providing counselling services,<sup>33,35,46,58,63-65</sup> providing substance use case management or harm reduction services,<sup>35,41,45,47,59,63,65-68</sup> delivering opioid agonist therapy to shelters,<sup>62</sup> having separate facilities for those who use substances,<sup>49</sup> or enhancing needle collection service in the vicinity of sheltering facilities.<sup>57</sup>

To encourage people experiencing homelessness to reduce their mobility, some service providers deliver medications to shelters,<sup>62,69</sup> provide mobile phones, and activities such as computer games and puzzles, for shelter residents to stay connected and keep busy.<sup>34,45,49,69</sup> Some shelters accept clients staying in shelters with their pets.<sup>66,70</sup>

Operating in parallel to preventing COVID-19 amongst people experiencing homelessness is the protection of and support for the staff. To that end, jurisdictions (e.g., Manitoba, City of Toronto) distribute personal protective equipment to shelters<sup>33,49,66</sup> or establish a supply chain to secure protective equipment.<sup>71</sup> In some countries, volunteer groups deliver face masks or sanitary materials for staff and clients at shelters.<sup>43,49</sup>

## Effectiveness

Little is known regarding the effectiveness of these interventions to meet the needs for health and safety of people experiencing homelessness during COVID-19. A simulation study by Chapman et al. concluded that in areas experiencing high rates of COVID-19 transmission, actions taken to protect shelter residents such as daily symptom screening, regular universal testing and wearing of masks are unlikely to prevent outbreaks. The authors suggest that non-congregate housing arrangements for people experiencing homelessness are most effective to reduce outbreak risk.<sup>72</sup> In the case of interventions intending to house those experiencing homelessness, many jurisdictions provide information on the number of people who have been housed in the first wave of the pandemic.<sup>28,49,62,73,74</sup> However, there are also reports that many temporarily housed people were once again experiencing homelessness when funding ended during the period of decline in COVID-19 incidence in the summer.<sup>30,74</sup>

## Limitations

Our search strategy was not exhaustive, had a specific time cut-off and some evidence/reports may not have been found. In particular, innovative community-based approaches are likely not represented. We are aware of a policy briefing to be published in early 2021 by the Royal Society of Canada Working Group on Homelessness.<sup>75</sup> Additionally, some jurisdictions have launched permanent housing solutions

in response to COVID-19 but may not have been captured in the scope of our search on emergency health protection.<sup>76,77</sup> There are several gaps in the literature as identified for this environmental scan. The published and grey literature search did not yield many results relating to specific communities experiencing oppression, such as Indigenous people. The safety (physical and psychological) conditions of shelters was unknown; additionally we are unclear about the harms that some actions (e.g. evacuating encampments) may cause. There were no results relating to gender, bias, discrimination or racism. The findings represent a snapshot of information available at the time the search was conducted; it may be important to update the search to include information relating to cold/winter conditions and the rolling out of COVID-19 vaccines.

## Conclusion

People experiencing homelessness are at an increased risk of COVID-19 infection and severe outcomes. This environmental scan includes actions to support people experiencing homelessness to during COVID-19 and mitigate unintended consequences caused by the COVID-19 pandemic. These include actions to reduce crowding and enhance hygiene in existing shelters; the establishment of new temporary shelters and the use of vacant public and private premises (e.g., hotel/motels, government buildings, convention centres); provision of separate facilities for those tested positive for COVID-19 or pending test results to self-isolate; provision of basic sanitation such as public washrooms, showers and hand-washing stations; actions to reduce food insecurity; and provision of health and mental health services. The majority of actions in the literature review included in this scan relate to temporary shelter.

Limiting the search to implemented initiatives, programs and policies highlights the feasibility of action and provides models for other interested jurisdictions. These represent key learning opportunities for implemented interventions that aim to support health and safety for people experiencing homelessness in Canada, the US, Europe and elsewhere during the COVID-19 pandemic.

The pandemic has highlighted the pre-existing vulnerabilities of people experiencing homelessness and the need to address housing issues, as well as unique challenges for this population during a pandemic. Public health agencies are well positioned to bring together community partners across their jurisdictions, to assist in the collection, analysis, and use of data to identify needs, and to support policies and programs to protect the health and safety of people experiencing homelessness in general, and during COVID-19. To address the housing crisis (and accompanying social and health issues) exacerbated during this pandemic, collaboration between national and regional governments and community service providers could strengthen the mobilization of resources while avoiding duplication. Experience from many jurisdictions during the first wave of the pandemic also shows that partnership between the public service and business sectors, as well as involvement of the community (i.e. use of volunteers) can greatly add to the momentum of managing the homelessness crisis during the pandemic and in the recovery phase.<sup>49,59,78,79</sup>



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