
COVID-19 EQUITY SNAPSHOT

ADVANCING HEALTH EQUITY FOR INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS

APRIL 3, 2020



The Public Health Alliance of Southern California (Alliance) launched **“The COVID-19 Equity Snapshot”** to support our partners in advancing equity in response to COVID-19. The COVID-19 Equity Snapshot is meant to serve as a consistent, curated resource, aimed at elevating a few key in

real time equity-focused resources, tools and best practices (both here in California and nationally).

This week’s snapshot will highlight another critical equity concern for jurisdictions throughout California, the impact of COVID-19 on individuals and families experiencing homelessness.

This snapshot includes analysis, resources, and best practices to assist public health departments in addressing the multiple equity challenges related to the impact of COVID-19 on people experiencing homelessness, including a focus on:

- » **Experiencing Homelessness in the Midst of a Pandemic: How COVID-19 Puts Individuals and Families Experiencing Homelessness at Increased Risk**
- » **Advancing Equity for Individuals and Families Experiencing Homelessness**
- » **Framing COVID-19: Tips for Putting Data into Context**
- » **Equity Spotlight: Connecting Individuals and Families to Shelter and Housing**

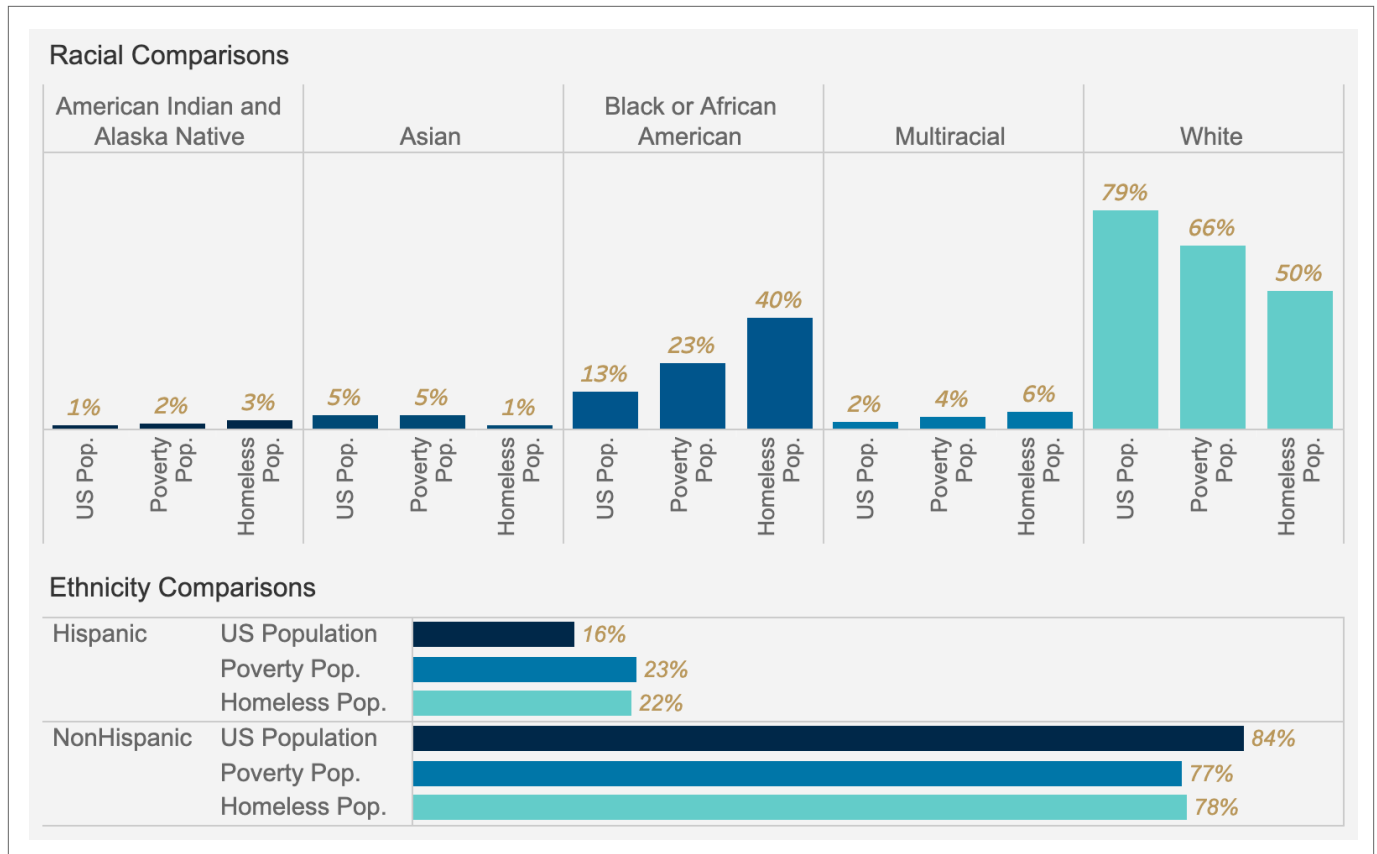


EXPERIENCING HOMELESSNESS IN THE MIDST OF A PANDEMIC: HOW COVID-19 PUTS INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS AT INCREASED RISK

Across the United States, 552,830 people were experiencing homelessness on a single night in 2018. As of January 2019, California had an estimated 151,278 individuals experiencing homelessness on any given day.

Public school data reported to the U.S. Department of Education during the 2017-2018 school year shows that an estimated **263,058 public school students** experienced homelessness over the course of the year.

Gender and racial demographics also play an important role in understanding the impact of homelessness. The homeless population is largely male. Among individual adults, **70 percent are men**. White Americans are the largest racial grouping, accounting for 49 percent of those experiencing homelessness. However, **African Americans and American Indians are dramatically overrepresented** in the Point-in-Time Count compared to their numbers in the general population.



Source: <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/>

HOMELESSNESS & COVID-19

People experiencing homelessness are uniquely vulnerable to contracting COVID-19, and experience harsher effects of the virus. These effects disproportionately impact people of color, who are overrepresented in the homeless population.

According to the U.S. Department of Housing and Urban Development, people living in shelters are more than **twice as likely** to have a disability compared to the general population. Conditions such as diabetes, heart disease, and HIV/AIDS are found at high rates among the homeless population, sometimes **three to six times higher** than that of the general population. About **31 percent** of homeless people in the US were over the age of 50 in 2014 (the Center for Disease Control and Prevention reports that the risk of COVID-19 drastically rises after the age of 60).

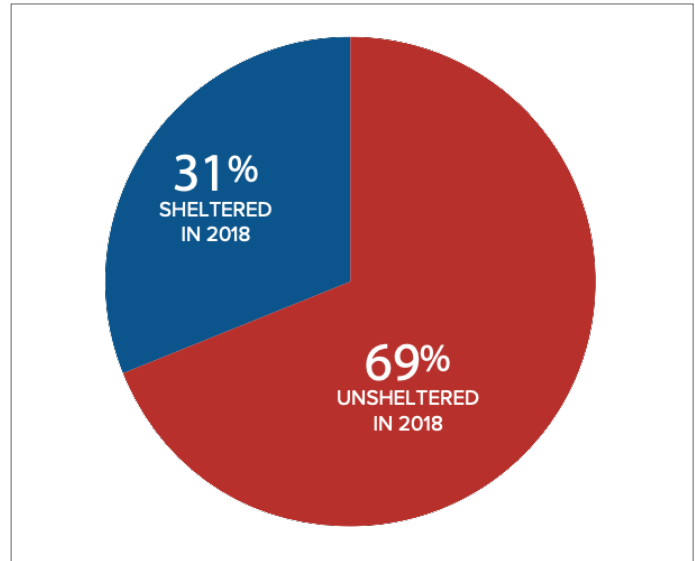
In recent models of potential scenarios of COVID-19 severity, hospitalization and fatality among homeless populations, homeless individuals infected by COVID-19 would be:

- **2X** as likely to be hospitalized
- **2-4X** as likely to require critical care
- **2-3X** as likely to die than the general population

People living in unsheltered settings and places not meant for human habitation face serious threats to their health and safety during COVID-19. In California, **two thirds of the unhoused population lives outdoors**, which is about twice the national average. People who are unhoused are at particular risk due to:

- **Lack of access to basic hygiene necessities**, like soap and water for hand washing that can help prevent the spread of illness
- Often **sleeping in close quarters** without the ability to practice social distancing
- **Having reduced access to food** because of community-wide "Stay at Home" restrictions
- A **decreased likelihood** of health insurance coverage
- **Staff and volunteer reductions**

Counties across Southern California are working hard to address the disproportionate impact of COVID-19 on individuals and families experiencing homelessness. Those jurisdictions who have proactive strategies to connect homeless individuals with temporary and longer-term housing opportunities during this crisis, **will emerge from this crisis with an even stronger homeless response system.**



Source: <https://endhomelessness.org/wp-content/uploads/2019/08/CA-fact-sheet-2019-copy.pdf>



Source: <https://www.vox.com/2020/4/21/21227629/coronavirus-homeless-covid-19-las-vegas-san-francisco>

ADVANCING EQUITY FOR INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS

The National Alliance to End Homelessness, a leading national voice for policy solutions and strategies, provides the following framework for how community and system leaders can strategize to reduce infection, negative health outcomes, and homelessness, including ways to prioritize CARES Act funding for persons experiencing homelessness:

- 1. Prevent.** Prevent sheltered and unsheltered homelessness. Advocate to ensure safeguards are in place so people who lose employment do not spiral straight into shelter; consider eviction moratoriums, rent forgiveness, and legal assistance to prevent evictions.
- 2. Promote.** Promote the health and safety of people experiencing unsheltered homelessness (e.g. deployment of public health workers to provide/expand mobile health care services).
- 3. Move.** Move as many people out of shelter/unsheltered homelessness as quickly as possible to stop the spread of COVID-19.
- 4. Support.** Support formerly homeless individuals and families (specifically those receiving Rapid Rehousing and Permanent Supportive Housing) so they can successfully sustain permanent housing.
- 5. Identify.** Identify the racial makeup of people at-risk of homelessness in the community and work to ensure that people of color who are most at-risk are able to access prevention assistance.
- 6. Ask.** Ask ourselves: *“How do we envision homeless services in the future, post-pandemic?”*

For more resources related to the impacts of COVID-19 on individuals and families experiencing homelessness, refer to the NAEH Coronavirus and Homeless Resource Page [HERE](#).

For more information on the State of California’s first in the nation initiative to secure more housing for individuals experiencing homelessness during COVID-19, refer [HERE](#)

FRAMING COVID-19: PUTTING DATA INTO CONTEXT

To support local health department efforts in communicating emerging data on the disparate impact of COVID-19 on low-income communities and communities of color, the Alliance requested additional communications materials from Berkeley Media Studies Group with recommendations on putting COVID-19 demographic data into context.

When discussing underlying health conditions as drivers of inequities, describe why we have different rates of underlying health conditions. Dr. Michael Lu, Dean of UC Berkeley School of Public Health, explained this well:

“Differential access to healthcare is only one of many social determinants which determine who gets sick from COVID-19. Living in crowded housing or on the streets increases your risk exposure. Breathing toxic air from nearby brownfields, oil refineries, and freeways increases your risk for asthma and chronic lung disease, two major risk factors for COVID-19. Growing up in a food desert with limited access to healthy food increases your risk for obesity and diabetes, also major risk factors for COVID-19.”

To access the full BMSG brief on putting COVID-19 data into context, please refer [HERE](#).

EQUITY SPOTLIGHT

CONNECTING INDIVIDUALS AND FAMILIES TO SHELTER AND HOUSING DURING COVID-19

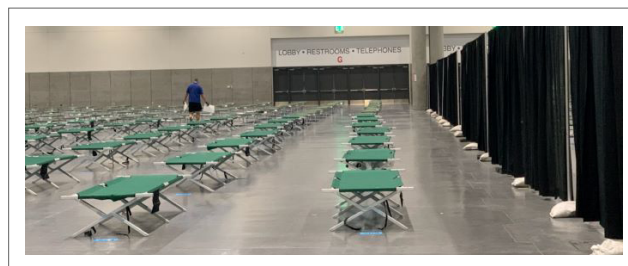
The Alliance “Equity Spotlight” is intended to highlight in real time efforts from Cities and Counties both here in California and nationwide, that are working to advance equity in response to COVID-19. The Spotlights are meant to showcase (not promote), these efforts for departmental consideration and adaptation. The Alliance strongly recommends that any department wishing to launch similar efforts ensure efforts comply with the most recent local, state, and federal laws, policies and guidelines.

SAN DIEGO COUNTY: OPERATION SHELTER TO HOME

The Regional Task Force on the Homeless in partnership with the region’s cities, the County of San Diego, San Diego Housing Commission and homeless service providers developed “Operation Shelter to Home.” It’s a system-wide plan to help sheltered and unsheltered individuals remain healthy during the global COVID-19 pandemic.

A Focus on Housing

“Operation Shelter to Home” supports a broader regional approach to addressing homelessness during a state of emergency. Staff at the Convention Center will be focused on finding housing for individuals as well as sheltering them. The Operation Shelter to Home Incident Command team has identified a number of exit strategies to quickly transition people into permanent housing solutions – ultimately reducing the number of individuals experiencing homelessness in the region.



Source: <https://visitsandiego.com/2020/04/beginning-operation-shelter-home>

LOS ANGELES COUNTY: PROJECT ROOMKEY

The Los Angeles Homeless Services Authority (LAHSA) is working closely with the Los Angeles County Department of Public Health (DPH) as well as other City, County, and Federal Partners to implement a coordinated COVID-19 response related to people experiencing homelessness in Los Angeles. The County launched an unprecedented effort called Project Roomkey, a coordinated effort to secure 15,000 hotel and motel rooms in L.A. County. These rooms will act as temporary shelters for seniors 65+ and those suffering from chronic illness. This includes people experiencing homelessness who do not currently have symptoms but are at high-risk for hospitalization if they contract the virus.

