



HASTINGS PRINCE EDWARD
Public Health

**Health Equity Impacts of COVID-19 on People
Experiencing Homelessness**

Executive Summary
January 2021

Acknowledgments

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Executive Summary

Background

During an Incident Management System (IMS) and Business Continuity planning meeting for the Hastings Prince Edward Public Health (HPEPH) COVID-19 response, health equity was identified as a must do priority.. ¹ The critical nature of health equity work is aligned with current literature including the 2020 Chief Public Health Officer's report on the state of public health in Canada. ²It also aligns with the Ontario Public Health Standards Health Equity Guideline. The COVID-19 pandemic in 2020 has emphasized significant challenges to health equity, compromising opportunities for many in our region to have a fair chance at staying healthy throughout the pandemic. HPEPH's core values are advocacy, respect, collaboration, and excellence. We are committed to these values as they move the COVID-19 response to be equity informed.

HPEPH has two designated Social Determinants of Health Public Health Nurses (SDOH PHNs). One SDOH PHN focuses on outreach work in the community and identifies direct needs of many of the most vulnerable residents. Although their work has been predominately Belleville-focused, it has recently expanded to include other communities in Hastings and Prince Edward Counties (HPEC). The other SDOH PHN works to ensure corporate priorities and public health programs are informed by the best available evidence to guide health equity action. As part of the health equity work, HPEPH found a recurring group of residents that was being unfairly disadvantaged by the pandemic; those people experiencing homelessness.

Methods

To identify strategies to mitigate the effects of the COVID-19 pandemic on people experiencing homelessness, a rapid health equity impact assessment (HEIA) was completed. This included a focused literature review, a scan of local media, and key informant interviews with community agencies that provide support to the people that experience homelessness in our community.

Key Findings

The HEIA found that public health messaging was non-inclusive to people experiencing homelessness because not only did the prevailing public health messaging not resonate with this group, but it was simply not possible for them to follow the traditional public health guidance.

HPEPH currently emphasizes five fundamental actions to prevent the spread of COVID-19. These include: stay home when ill; always [physical distance](#) with those outside your household; wear a [mask or face covering](#) in public spaces, as well as when physical distancing is difficult or not possible; wash your hands often, and clean frequently touched surfaces; [get tested](#) if you have symptoms of COVID-19 or have been in close contact with someone diagnosed with COVID-19.

Most of these actions are difficult, if not impossible for those experiencing homelessness to practice because of their precarious living conditions. Homelessness has been described as

Canada’s most significant public health challenge. ³ This challenge, coupled with the most lethal respiratory pandemic in a century, positions people experiencing homelessness at a higher risk of significant morbidity and mortality. People experiencing homelessness are at an increased risk of infection with SARS-COV-2 because of the absence of safe housing and the conditions in shelters and drop-in facilities. ⁴

There were several themes that emerged from this assessment that provide insight into the challenges people living with homelessness are experiencing during the pandemic, including: increased health risk, communication of risk, testing, hygiene, isolation and congregate living, day facility, and local context ([Table 1](#)).

Table 1. Challenges faced by the homeless in HPEC

Increased Health Risk	People experiencing homelessness are more likely to have additional risk factors that increase their risks for poorer outcomes if infected with COVID-19
Communication of Risk	People experiencing homelessness have fewer pathways to gain reliable health information in comparison to the general public
Testing	There are additional barriers to getting tested including a lack of a health card, no vehicle, no internet access, and difficulty in accessing results
Hygiene	There are few places in the community for people to use the bathroom, shower, and practice hand hygiene
Isolation and Congregate Living	People experiencing homelessness are at elevated risk due to living in congregate facilities such as the Grace Inn shelter; they also may have increased risk if living in encampments in close contact with a greater number of individuals
Day Facility	There is no current day facility or space where people are welcome to go
Local Context	Challenges unique to the geographic area, including limited infrastructure and human resources to support those experiencing homelessness, as well as large geographic space across North Hastings through Prince Edward County

Recommended Mitigation Strategies

This analysis identified several actions that can be taken by a range of community stakeholders to mitigate the disproportionate risks faced by people experiencing homelessness ([Table 2](#)).

Table 2. Key actions identified through thematic analysis

<p>Advocacy</p>	<ul style="list-style-type: none"> • Encourage the City of Belleville to provide additional personal hygiene facilities including toilets and showers • Encourage primary care providers to expand support for and continue to support people experiencing homelessness • Support the Belleville warming centre and encourage fewer barriers to entry. Encourage and support other municipalities to provide warming centres when appropriate. • Launch campaign on disproportionate effects of COVID-19 on people experiencing homelessness • Increase awareness of the local context in Prince Edward County and smaller municipalities in Hastings County
<p>Outreach</p>	<ul style="list-style-type: none"> • Use PHN to support homeless individuals in community • Improve accessibility to healthcare by providing mobile outreach for chronic disease management in this population • Enhance communications to homeless sector via outreach PHN informed by current best practice
<p>Partnership and Capacity Building</p>	<ul style="list-style-type: none"> • Send regular updates to Grace Inn shelter on status of cases in the community • Support social services to prevent a COVID-19 outbreak • Facilitate the development of a sustainable isolation centre • Support completion of local homeless enumeration when safe
<p>COVID-19 Risk Mitigation</p>	<ul style="list-style-type: none"> • Implement plans for surveillance among people experiencing homelessness if community transmission is high (in consultation with epidemiologist) • Develop protocol for asymptomatic/no high-risk exposure as part of a surveillance plan, consider use of CM paramedics and pop-up tents for testing

With the intention of advancing these issues, HPEPH will be working with a range of community stakeholders to realise the following strategic actions:

1. Engage with social service providers to mitigate the risk of COVID-19 in the homeless population.
2. Undertake advocacy activities to inform decision makers about the issues faced by those experiencing homelessness and to support increased access to an environment that supports their health and well-being.
3. Continue to use our outreach SDOH PHN to support homeless individuals in the community.

4. Seek out partnerships and build community capacity to respond to the unique needs of people experiencing homelessness that affect their risk of COVID-19 and the impact of the pandemic response measures on their health and well-being.

It is noted that there are other groups disproportionately affected by the COVID-19 pandemic and equity-related assessment and support adjust as needed to respond to current regional needs. This HEIA provided rationale for the current and ongoing health equity action for those experiencing homelessness, in addition to other groups in HPEC that are being disproportionately impacted by the pandemic.

References

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