



# COVID-19 and Homeless Urban Indians

Urban Indian Health Institute / Chief Seattle Club  
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# Objectives

- Provide information on COVID-19
- Describe unique challenges facing homeless individuals in a COVID-19 outbreak
- Discuss lessons learned from on-the-ground homeless service provider
- Provide key recommendations for homeless service agencies:
  - Before an outbreak
  - During an outbreak
  - After an outbreak
- Q&A

# What is COVID-19?

COVID-19 (2019 Novel Coronavirus) is a viral respiratory illness caused by a coronavirus that has not been found in people before. It can lead to lower respiratory illnesses like pneumonia and bronchitis.<sup>1</sup>



# What is the current status of COVID-19?

Current case counts

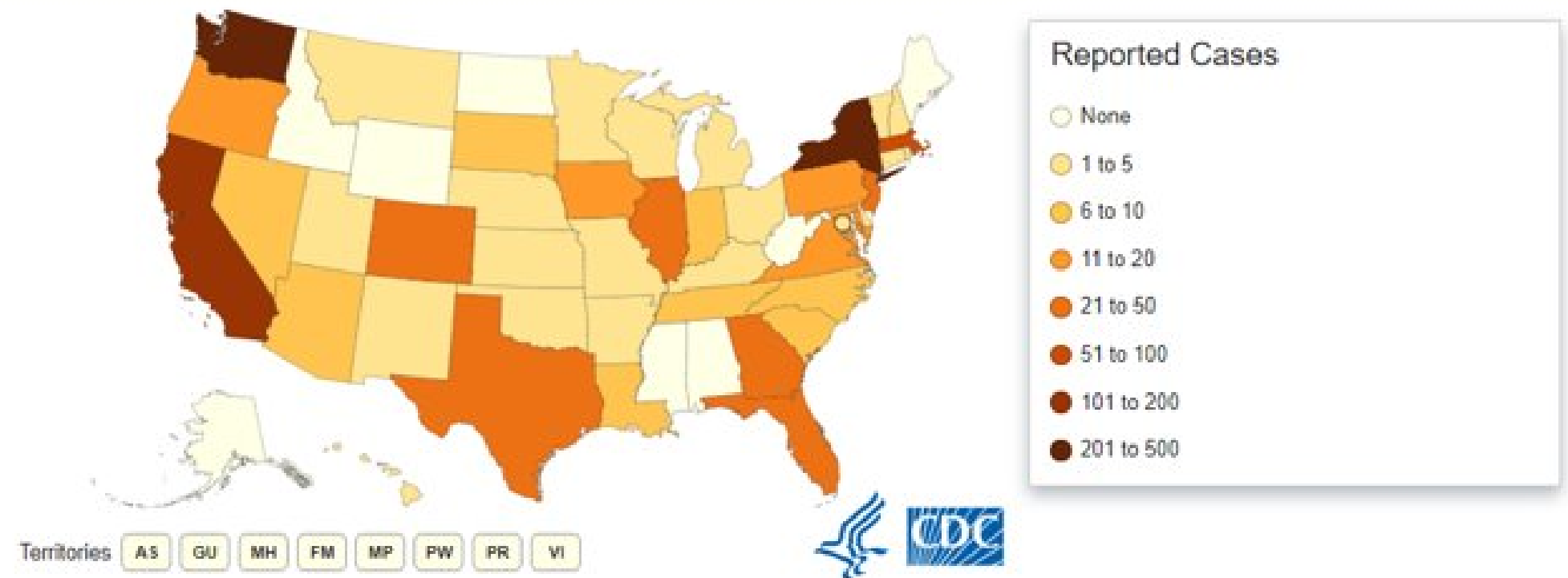
## Global <sup>2</sup>

- Total Cases: 209,839
- Deaths: 8,778

## United States <sup>3</sup>

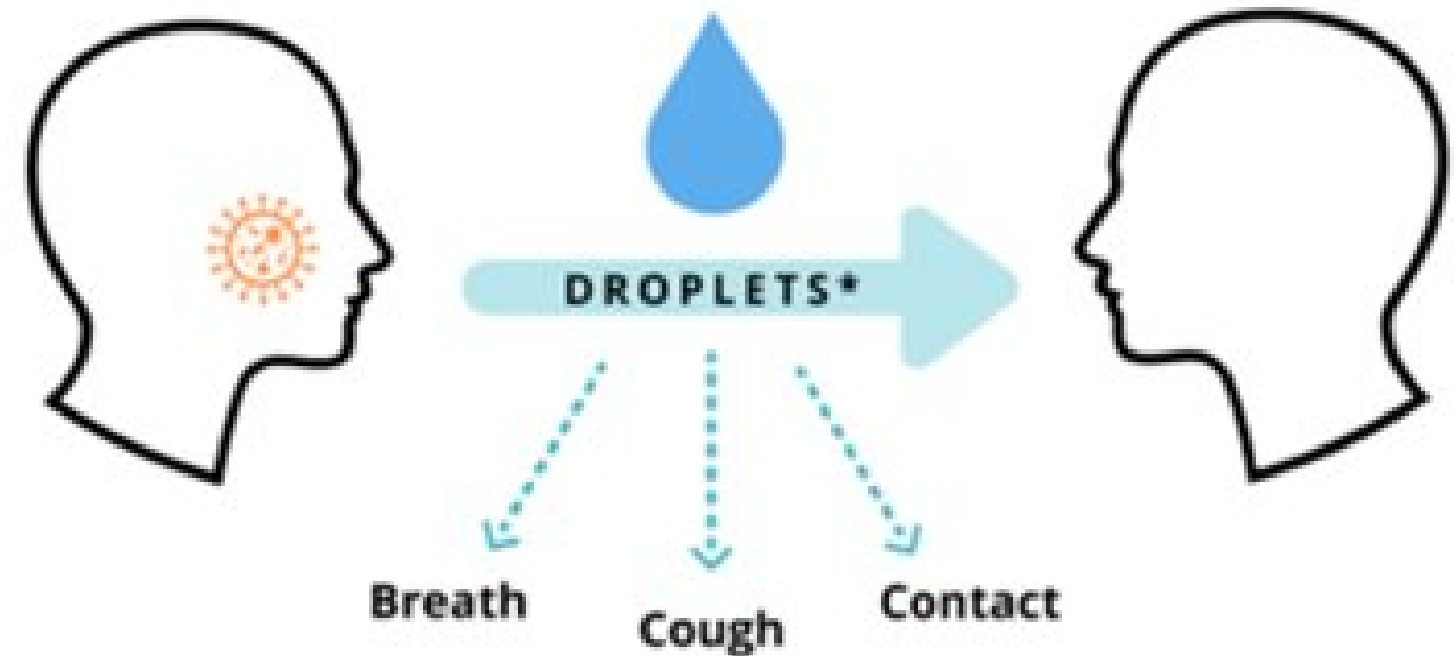
- Total Cases: 10,442
- Deaths: 150

States Reporting Cases of COVID-19 to CDC\*

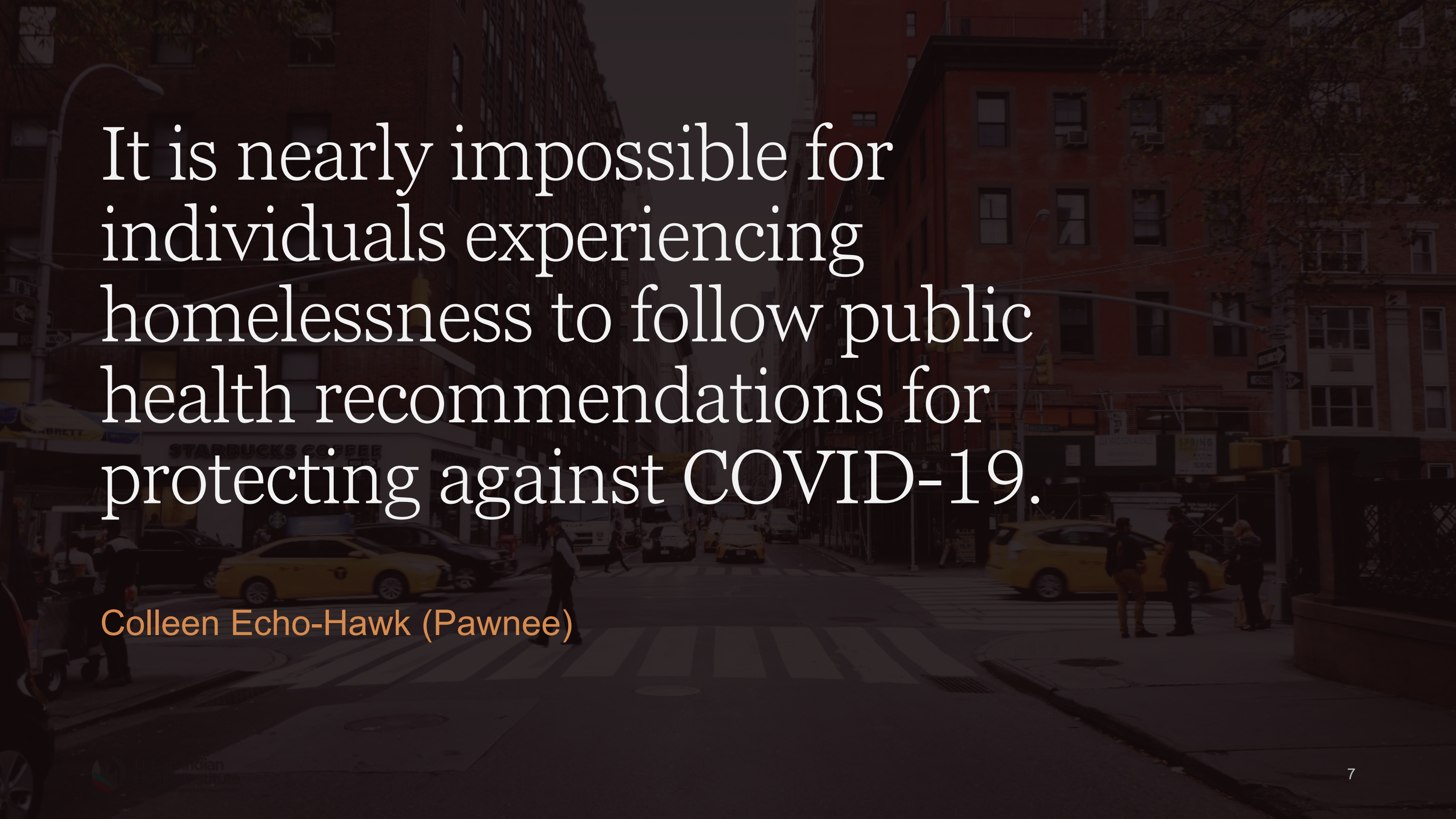


# How is COVID-19 spread? <sup>1</sup>

- Through person-to person spread
- Between people who are in close contact with one another (within 6 feet)
- Spread from contact with contaminated surfaces or objects



*\* Droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.*

A dark, dimly lit city street scene, likely in New York City, featuring tall buildings, a Starbucks, and yellow taxis. The text is overlaid in white, serif font.

It is nearly impossible for individuals experiencing homelessness to follow public health recommendations for protecting against COVID-19.

Colleen Echo-Hawk (Pawnee)

# Unique challenges for homeless individuals <sup>4-7</sup>

- They have limited access to soap and water, hand sanitizer, and wipes.
- They are unlikely to have a primary care doctor or health insurance.
- Encampments and shelters can be overcrowded.
- Tight-knit family and support groups can spread the virus faster.
- There is a lack of ability in a shelter to self-quarantine or to recover from an illness.
- Frequent movement makes treatment difficult and can increase exposure of others.
- They may have underlying health conditions.
- If currently employed, they may lack access to sick leave or job protection.



# Lessons learned from an urban Indian homeless organization

The Indigenous people of this Country have the highest rates of homelessness



60% of the homeless population in Anchorage, Alaska are Alaska Native



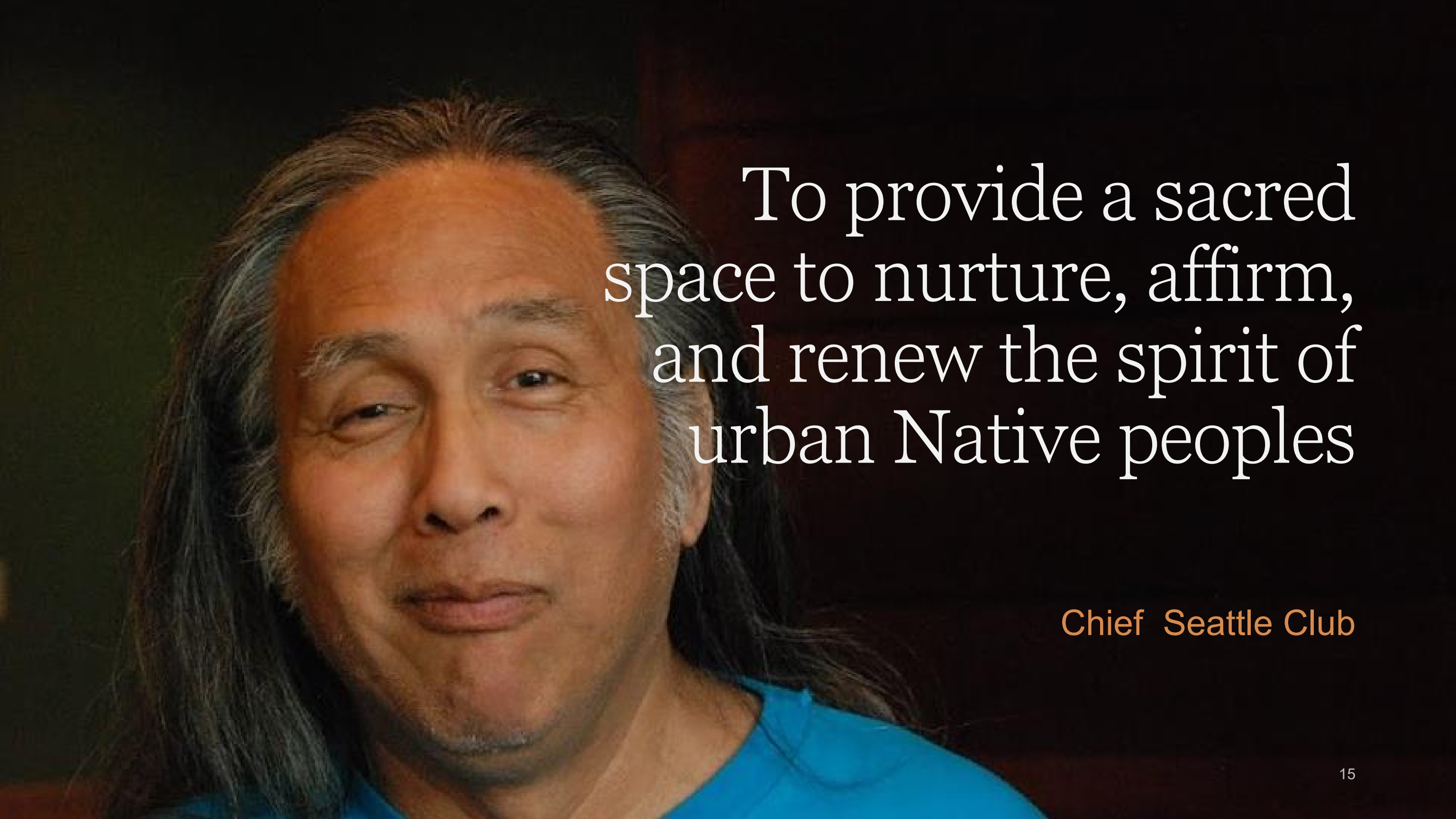
Our Native relatives  
are **27.1x** more likely  
to be homeless in  
Minneapolis



10% of the homeless population in Seattle are Native





A close-up portrait of a man with long, straight, grey hair. He is looking directly at the camera with a neutral expression. He is wearing a bright blue t-shirt. The background is dark and out of focus.

To provide a sacred  
space to nurture, affirm,  
and renew the spirit of  
urban Native peoples

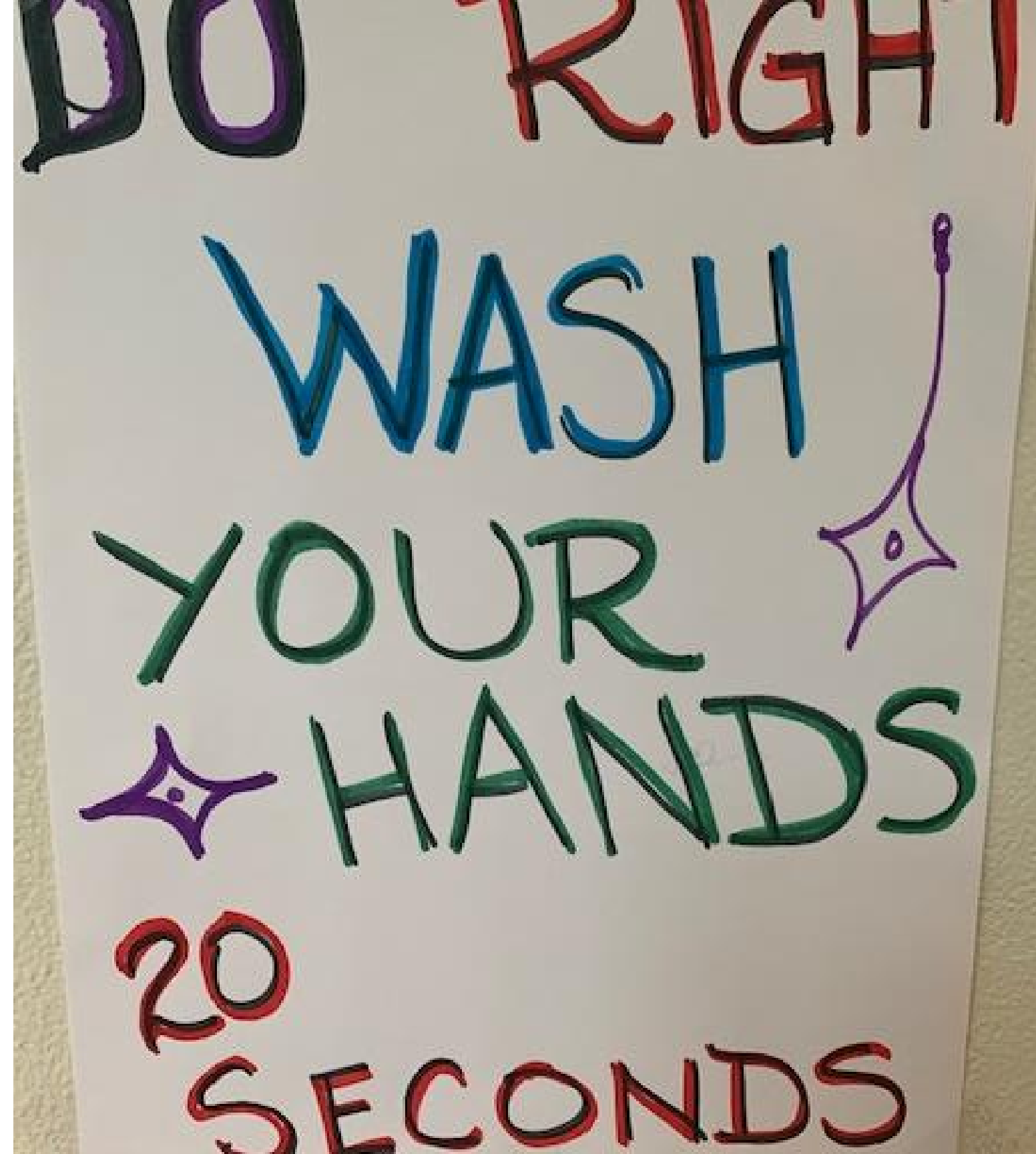
Chief Seattle Club





## Communication

Use as many methods as possible and keep sharing.



# Communication

Remember traditional medicines  
– take a deep breath and ask for  
ancestral wisdom



# OFFER Assurance AND SUPPORT BEFORE YOU SCREEN

# Screening

- Do you have shortness of breath?
- Are you coughing?
- Do you have a fever?
- Would you like us to check for fever?
- Have you been exposed to Covid-19?



# After Screening

- Masks
- Quarantine
- Social Isolation
- Transportation to clinic or hospital
- Stick with your relative



# Be focused on trauma resilience

- Tone of voice
- Assure that they are in a safe place
- Be ready to offer medical resources
- Be ready to listen
- Offer information
- Encourage
- Be gentle



# Risk reduction plan

- Move chairs and tables
- Model physical distancing
- Consider moving your services to areas with better ventilation
- 6 feet is best
- Consider reduction of hours
- Reduce cross contamination
- Reduce hours that staff are in contact with your clients
- Stagger meal times

# Innovate and Evolve!

- Move people into motels
- Understand food systems and adapt
- Traditional medicines





# Infection control recommendations for homeless service agencies

# Before an outbreak <sup>4,5,8</sup>

- **Create a Plan**
  - CA State Guidance for Homeless Assistance Providers on COVID-19 <sup>8</sup>
- **Anticipate Staff Challenges**
  - Plan for staff and volunteer absences.
  - Train staff and volunteers on the emergency preparedness plan and proper procedures.
- **Client Management**
  - Identify high-risk clients.
  - Designate separate room(s) and bathroom(s) if available.
  - Plan for higher usage during the outbreak.

# During an outbreak<sup>4–6,8–10</sup>

- Keep sick and high-risk staff and volunteers out of the agency and away from clients.
- Minimize face-to-face interactions with sick clients.
- If caring for sick clients, use personal protective equipment if available (facemask, gloves, gown).
- Limit visitors.
- Frequently clean and disinfect all common areas.

# Outreach workers <sup>9</sup>

- Continuation of outreach may depend on staffing needs at facility.
- Know the signs and symptoms of COVID-19.
- Avoid close contact (within 6 feet).
- Refer sick people to testing and medical care, per public health instructions.
- Use protective equipment (gloves, masks, etc.) for situations where unable to maintain distance.
- Wash hands frequently.

DURING AN OUTBREAK

## For all clients 4–6,8–10

- At check-in, screen for symptoms using public health standards.
- Space out sleeping arrangement.
- Provide proper trash disposal.
- Monitor high-risk clients; reach out regularly.
- Avoid congregating large groups; stagger meals or common room access.
- Wash hands at entry and have hand sanitizer at key points in facility.
  - Stock bathrooms and sinks with hand soap.

## Clients with symptoms <sup>4–6,8,9</sup>

- Give a mask to cover nose and mouth immediately.
- Isolate in an individual room if possible.
- Follow local public health guidance on getting client access to testing.
- Try to prevent movement around facility.
- Designated sites for isolation may be full or overwhelmed.
  - Local public health may have additional sites (e.g. hotels) for isolation.

DURING AN OUTBREAK

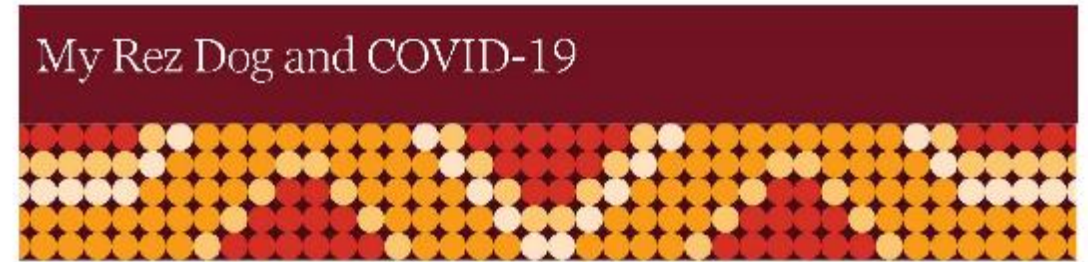
# Harm Reduction Strategies

- Harm reduction refers to policies and practices that aim to reduce the harm associated with behaviors that individuals are unable or unwilling to stop.
  - The focus is on the prevention of harm to the best of your ability

## DURING AN OUTBREAK

# Pet care <sup>10,11</sup>

- Sick individuals are recommended to not have contact with animals.
- Have a plan for pet care and management if the owner requires medical attention.
- If client is experiencing symptoms, recommend frequent hand washing before and after touch their pet'
- Suggest sleeping 6 feet away from pets



### How can I keep my pets safe during the COVID-19 outbreak?

If you or a family member have confirmed or suspected coronavirus disease (COVID-19) here are some helpful tips to keep care of yourself and your pets:

- You should restrict contact with pets and other animals while sick.
- When possible, have another person care for your animals while you are sick.
- If you must care for your pet, wash your hands before and after you interact with pets and wear a facemask
- Have your pet sleep at least 6 feet away

### Everyday healthy pet care suggestions



**Feed pets on a set schedule** and make sure they have access to water, shelter, and exercise



**Do not feed pets human food,** raw pet food, or treats that aren't fully cooked (e.g. pig ears)



**Clean pet food and water bowls daily**



**Store pet food in rodent-proof containers** and use a scoop (not your hands) to fill bowls



**Do not allow pets in food preparation or eating areas**



**Wash your hands with soap and warm water** after petting, feeding, and cleaning up after your pet

Information from

Health care services for people living homeless. (2018, December). Retrieved from <https://www.kingcounty.gov/depts/health/locations/homeless-health.aspx>

Environmental Health Services Division of Seattle & King County Public Health Department. Stay Safe & Healthy. Toolbox for Facilities & Communities That Serve People Experiencing Homelessness.

Prepared by Urban Indian Health Institute, a division of Seattle Indian Health Board

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AFTER THE OUTBREAK

## Follow-up<sup>4,5,12</sup>

- **Remember: the COVID-19 outbreak could last a long time and considerably impact your facility.**
- Talk with clients and staff to evaluate your plan of action.
- Continue practicing everyday preventive actions.
- Maintain and expand emergency planning.
- Allow time for mourning and grief for any deaths or illnesses that occur

# Public Health Policy Recommendations

- Prioritize homeless people during outbreak.
  - CA Gov. Newsom announced the intent to do so
- Prioritize homeless individuals for quarantine facilities.
- Allocate response funds for non-standard equipment such as, mobile handwashing stations, access to PPE, etc.
- Have dedicated public health nurses for facilities during outbreak.

# Questions?

We've provided resources for community at [uihi.org/covid](https://uihi.org/covid)

# Citations

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11. Centers for Disease Control and Prevention (2020). Animals and COVID-19. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/animals.html>
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