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Potential Impact of COVID-19 on People Experiencing Homelessness in Sheltered Settings

Congregant settings present significant challenges for health and safety:

- close sleeping quarters
- communal meals
- shared bathroom and laundry facilities
- limited hours of operation
- Limited cleaning supplies, lack of masks
- Lack of testing
Potential Impact of COVID-19 on People Experiencing Homelessness in Unsheltered Settings

• Often sleep in close quarters and share utensils and other personal items
• Lack access to basic safety necessities like space, soap and water for hand washing
• Have reduced or total loss of access to food because of community-wide shelter-in-place restrictions
Most Minority Groups Make up a Larger Share of the Homeless Population Than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population

RACE

Homeless population

<table>
<thead>
<tr>
<th>Two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>Native Hawaiian and Pacific Islander</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>White</td>
</tr>
</tbody>
</table>

General population

Source: 2017 Annual Homeless Assessment Report to Congress, Part 1

National Alliance to End Homelessness
Resources on Homelessness and COVID

My twitter: @mkushel

Resources
• https://endhomelessness.org/coronavirus-and-homelessness/
• https://nlihc.org/coronavirus-and-housing-homelessness

Recent CDC reports
• https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e2.htm
• https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e1.htm
2.2 million Americans are incarcerated

~11 million cycle through jails each year

1:3 black men and 1:6 Latino men lifetime risk incarceration
Incarcerated people are often in poor health and >170,000 are 55+ years.
Many of the US’s >5,000 facilities are profoundly overcrowded...

Social distancing virtually impossible
Our health is interconnected

People who live in prison
People who work in prison
People in the community

Hundreds of thousands of staff enter and exit each day

Prison healthcare systems provide chronic care, but not hospital-level care

- Sick patients must transfer to community hospitals
- Often in rural areas
Some Concerns of Incarcerated People:

- I don’t have a mask...
- There is one phone for 10 people, not very sanitary...
- We can only call our attorney and not our families ...
- I already feel so alone, I don’t want to tell anyone I am sick because I don’t want to be sent to isolation”

Correctional Officers are also Scared:

- I am my mother’s DPOA and my father’s ride for appointments and shopping, and I have little kids. I need to be healthy for them and working in this environment is not healthy. Yes, I know I signed up for this job but none of us saw this coming. It is scary as hell. Too many people are not taking this seriously.
MARCH:
Very few cases documented in prisons and jails across the U.S.

NOW even with poor testing:
8 : 10 largest US outbreaks
>16,300 residents, >5,000 staff
>4,000 are from 2 Ohio prisons
At least 218 resident deaths

@DataPrison
Marshall Project
Although some states are flattening the curve...
Cases in those same states’ prisons are on the rise
Serious concerns arising about ethical medical care for seriously ill patients.

COMMUNITY HOSPITAL PHYSICIAN:
“I asked for the number of my patient’s next of kin to ask what his wishes would be if he could communicate with me. I was told I was not allowed to call them. The prison medical director would decide for him.”

ATTORNEY: “Her father was moved from the prison to a community hospital. She was told his organs are failing and she needs to sign a DNR order... She wanted to speak to his hospital doctor to make an informed decision. She was told she was not allowed to talk to his doctor. She asked whether someone could put a phone near her dad so that she could say goodbye, she was told that that, too, could not be done.”
What should we do?
RELEASE

Release substantial numbers of people from facilities operating near, at, or above bed capacity.

Emergency taskforces should be developed to evaluate & create release plans for housing & medical care for:

1. OLDER / CHRONICALLY ILL
   • Enable them to follow social distancing guidelines

2. EVERYONE ELSE
   • Allow social distancing among those who remain

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**COHORT**
Create mini-communities of as few people as possible (<10) and maintain absolute social distance between cohorts.
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**TEST**
Rapidly scale up local testing in response to suspected or confirmed cases.

Minimum Ethical Care for Prisoner End of Life

1. SELF-DETERMINATION
   Ability to choose what medical interventions they do or do not want

2. NAMING A PROXY
   Ability to name a family member or friend as a medical proxy decision maker in the event they cannot make the decision themselves

3. SAYING GOODBYE
   Ability to say goodbye to loved ones (e.g. video conference, phone call)
Correctional Health is Public Health
The Health of all of us is Interconnected

LEARN MORE at www.amend.us/covid
debilitating health effects of those environments on residents and staff
Cohorting Guidelines

- Maintain a distance of at least 13 feet between cohorts
- Cohorts should be groups of 10 residents or less
- Do not move people between facilities to create new cohorts
- One consistent staff member per cohort

COVID-19 in Rural America: A Perfect Storm?

Carrie Henning-Smith, PhD, MPH, MSW
Assistant Professor, Division of Health Policy and Management
Deputy Director, University of Minnesota Rural Health Research Center
University of Minnesota School of Public Health

SciLine Media Briefing
May 4, 2020
Death Rates for Leading Causes of Death

Rural Hospital Closures, 2005-Present

Faster Increase in Rural Areas

Rate of Increase in Coronavirus Cases and Deaths

![Chart showing rate of increase in cases and deaths between metropolitan and non-metropolitan counties.]

NOTE: Data are as of April 27, 2020. Coronavirus cases and deaths not assigned to a county are excluded.

SOURCE: Center for Systems Science and Engineering (CSSE) at Johns Hopkins University; US Census Bureau; Federal Office of Rural Health Policy.

Within-Rural Diversity

Source: Henning-Smith et al. (2019) Health Affairs
Resources

- Rural Policy Research Institute COVID-19 Tracking
- University of North Carolina Sheps Center Hospital Closure Tracking
- Rural Health Information Hub COVID-19 Resources
- Rural Health Research Gateway
- University of Minnesota Rural Health Research Center
Thank you!

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Structural Racism and Racial/Ethnic Inequities in the COVID-19 Pandemic

Sharrelle Barber, ScD, MPH
Drexel University Dornsife School of Public Health
SciLine Media Briefing
Monday, May 4, 2020
The latest available COVID-19 mortality rate for Black Americans is 2.3 times higher than the rate for Latinos, 2.4 times higher than the rate for Asians, and 2.6 times higher than the rate for Whites.

Rate of COVID-19 deaths reported by race/ethnicity through April 30, 2020

For all U.S. states with available data and Washington, D.C. Mortality rate per 100,000 residents of each group.

<table>
<thead>
<tr>
<th>Race</th>
<th>Rate per 100,000 residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>14.6</td>
</tr>
<tr>
<td>Black</td>
<td>34.7</td>
</tr>
<tr>
<td>Latino</td>
<td>14.9</td>
</tr>
<tr>
<td>White</td>
<td>13.1</td>
</tr>
<tr>
<td>All Americans</td>
<td>19.6</td>
</tr>
</tbody>
</table>


Source: APM Research Lab • Get the data • Created with Datawrapper

Black Americans: Percent of COVID-19 deaths and population, through April 30, 2020

For all U.S. states with available data and Washington, D.C. Sorted from most over-represented to most under-represented.

While COVID-19 is indiscriminate in its transmission, its propagation within a society steeped in structural racism will undoubtedly, as we are already beginning to see, lead to disproportionate impacts among marginalized racial groups in this country.

The Pandemic and Beyond

Solutions to Address Racial/Ethnic Inequalities in COVID-19

**Solutions During the Pandemic**

- Expand access to free testing and treatment in communities of color
- Provide low-wage essential workers with living wages, adequate protections and guaranteed rights
- Provide adequate economic relief
- Develop reopening strategies that center racial and economic equity and justice

**Solutions Beyond the Pandemic**

- Provide free, universal healthcare for all
- Provide living wages for all
- Equitably invest in communities of color
- Dismantle systems and structures of racism
Thank You

smb483@drexel.edu

Twitter: @HealthEquityDoc
Resources

• **Data on Racial Inequalities and COVID-19**
  - The COVID Tracking Project: https://covidtracking.com/

• **Commentaries on Racism and COVID-19**

• **Commentaries on Solutions to Racial/Ethnic Inequalities in COVID-19**