

COVID-19 Talking Points

1. What is CHPA doing to respond to the COVID-19 emergency?

- a. Revised our intake process to include recommended questions from the Centers for Disease Control (CDC).
- b. Set aside quarantine space in the event a youth manifests COVID-19 symptoms.
- c. Distributed cleaning materials, tissues, and hand sanitizer throughout our programs for staff and youth to use.
- d. Regularly disinfecting frequently used common areas of our buildings and all surfaces (e.g., door knobs, handles, cabinets, railings, etc.).
- e. Developed emergency staffing protocol, including remote work where possible, minimal staffing (i.e., essential personnel only), and staff travel ban on both international and domestic travel.
- f. Maintain two-week stock of emergency supplies at all sites, including food, linens, masks, hand sanitizers, cleaning materials, and medicines.
- g. Monitor the spread of COVID-19 and all official information, including guidance by the CDC and Department of Health.
- h. Drafted an emergency preparedness plan for the COVID-19 health crisis that addresses youth and staff safety, communications, facilities care, program disruption, temperature taking, and supplies and resources.

2. What are the unique risks of the COVID-19 outbreak to homeless communities?

- a. Not only are people facing homelessness more susceptible to the coronavirus, they also are likely to get much sicker or die than the general population. And once the virus infects a person living in a shelter or encampment, it is likely to spread quickly among the other residents.
- b. Vulnerability: People facing homelessness are more vulnerable to infection because:
 - i. They have a higher rate of poorly treated chronic illnesses and compromised immune systems.
 - ii. People facing homelessness have higher rates of respiratory infections.
 - iii. They have greater difficulty accessing health services.
 - iv. They live crowded together in traditional shelters or encampments in cramped, unsanitary conditions with inadequate ventilation.
 - v. Lack of public hand-washing stations, with soap and hot water.
 - vi. There is nowhere for people facing homelessness to self-quarantine if they begin to feel ill and suspect they may be suffering the effects of the virus.
 - vii. Once they get sick, they lack the proper care to get better, including a comfortable place to rest, warm liquids, and medication.
 - viii. They are a “silent” and “hidden” population among whom disease outbreaks are recognized more slowly than in the general population.
 - ix. They don’t have the means to stock up on critical supplies that would stave off illness, such as hand sanitizer, tissues, and nutritious food.

- x. They may tend to move around more, making them harder to reach with information and precautions, and potentially increasing the spread of COVID-19 if they are carriers.
- xi. They may not realize the seriousness of the outbreak because their day-to-day focus is survival in the face of all the regular hazards.
- xii. Shelters are already stretched to meet every day needs of people facing homelessness, and having to prepare for and respond to COVID-19 will stretch their resources.

3. What are the unique risks of COVID-19 to young people facing homelessness?

- a. Youth without homes often bear the stress and poor health engendered in their violent or dysfunctional households of origin.
- b. Once they're on the streets, they're compelled to prioritize daily survival over simmering health issues and come to suffer extraordinarily high rates of both chronic and acute health problems.
- c. Nutrition is hardly uppermost in their minds, and they eat when and what they can.
- d. Sleeping on the streets or in crowded shelters leaves youth vulnerable to infections like flu and hepatitis and to conditions such as diabetes, hypertension, and respiratory illnesses, including asthma and pneumonia, which require regular, uninterrupted treatment.
- e. Youth facing homelessness often lack health insurance, so these problems go unchecked, medication is beyond their reach, and even a minor untreated infection can morph into a major health emergency.
- f. Youth facing homelessness face many of the same adversities as adults, but they are still developing physically, cognitively, psychologically, and emotionally, and the risks and trauma they experience at this time can have long-lasting effects.

4. What are some additional considerations regarding COVID-19 and homelessness?

- a. Health officials are dealing with the complexities of managing a pandemic in the middle of a homelessness crisis.
- b. An affordable housing crisis that has forced many individuals and families out of their homes and into the street creates a situation of homelessness that is a threat to the community in many ways.
- c. Public health officials are beginning to worry that an outbreak among homeless populations could lead to further stigmatization of an often-marginalized group of people. (One Seattle paper called for forcing homeless people into a shelter, lest they use public facilities and spread the illness. Yet there are hazards within shelters as well, as noted above.)
- d. Community initiatives to provide safe beds (as in some interreligious collaborations) may find their members have become infected with the virus and have to shut down their services or move them to another, more distant location, leaving more people on the street and at risk.
- e. Advocates of the homeless are calling for the following: Assign a public health nurse to each shelter to reduce demands on staff to screen residents; establish what a

quarantine protocol would look like; increase funding for supplies; increase space between beds in shelters.

5. How might COVID-19 impact low-wage earners?

- a. Sectors that will be directly affected by “social distancing”--restaurants, retail (excluding online), and personal services, among others--are those where workers have lower-than-average wages. These workers also have low rates of paid sick leave and lack access to health insurance coverage. According to the latest U.S. federal data, just 45% of workers in the hotel and food service industries get paid sick leave versus 97% in the financial industry, for instance.
- b. If these workers are temporarily idled by quarantines, school closures affecting their children, or work closures motivated by general distancing efforts, they won't get paid.
- c. These workers tend to have little savings and live precariously in good times. Without work, they and their families face near-term risks of intense economic hardship and possible eviction.
- d. Because of their necessary in-person interactions with consumers/customers/clients, they are constantly exposed to possible infection by the coronavirus. But low-wage workers without paid sick leave are often reluctant to skip work, even if they are ill, since they need the money.
- e. In cities where low-wage workers do have the benefit of sick days, they often can't avail themselves of them because they may work multiple jobs and can't accrue enough hours for sick time in any of them.
- f. Ironically, if the coronavirus continues to spread, companies may try to accelerate the automation of some jobs currently performed by low-wage earners. This won't work for all service jobs, but may accelerate in those that are apt for it.

6. How might closures of public schools due to COVID-19 affect our population?

- a. 22 million kids nationwide are relying on free or reduced school lunches right now. But when schools are closed, those kids don't get fed, putting them at a higher risk for lifelong physical and mental health complications. School closures due to COVID-19 may/will leave millions of kids without options for food for an uncertain amount of time.

