

## **Evaluation of Challenges and Interventions for People Experiencing Homelessness (PEH) during COVID-19: a Canadian Perspective**

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### **Abstract:**

The COVID-19 pandemic has led to adverse consequences on individuals and countries around the world, including Canada. This has affected several aspects of life, with the economy, the vulnerable societal groups, and public health particularly being severely impacted. In Canada, it has become increasingly evident that People Experiencing Homelessness (PEH) are facing disproportionate challenges from the COVID-19 pandemic, in addition to their ongoing concerns and needs that remain inadequately addressed. PEH are not only more vulnerable to the infection of COVID-19, but also are facing a lack of social support, financial crises, and an unusual peak in overdose rate. Governments at all levels have devised intervention plans, which are insufficient to provide PEH with assistance. To overcome these unique challenges for PEH, possible intervention plans were proposed.

**Key Word:** Homelessness; COVID-19; Pandemic; PEH; Interventions

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### **I. INTRODUCTION**

Infectious diseases have particularly severe consequences on those experiencing poverty and marginalization<sup>1</sup>. During the SARS-CoV-2 (COVID-19) pandemic, this disproportionate impact for the homeless is apparent in various sectors ranging from epidemiological control, financial crisis, to social welfare support. In particular, homeless emergency shelters could function as a hub for COVID-19 transmission due to its limited and shared living space, crowding, and limited supply of PPE<sup>1</sup>. This paper discusses and evaluates the unique challenges and consequences of COVID-19 on People Experiencing Homelessness (PEH), as well as some governmental measures taken to mitigate their risk of infection and improve the quality of life, with a focus on Canada. Various intervention plans are also highlighted, which could help minimize the risks and challenges facing PEH during the COVID-19 pandemic. This paper will particularly take a Canadian perspective although many of the points of discussion can be generalized.

### **II. UNIQUE IMPACTS OF COVID-19 ON PEOPLE EXPERIENCING HOMELESSNESS**

The unique challenges experienced by the homeless population can be largely discussed and divided into 4 categories.

#### **Increased risk of infection**

Homeless individuals have a greater risk of infection and transmission of COVID-19 due to the nature of homeless housing and gatherings. Owing to the lack of personal, compartmentalized space and sanitation in a homeless shelter environment, pragmatically, a safe, 2 m-social distancing measure is impossible to achieve if the number of homeless individuals accommodated remains unchanged. Hence, the spread of the virus will be rapid, difficult to trace, and difficult to contain<sup>1</sup>. In addition, PEH are susceptible to systemic diseases including cardiovascular diseases (61%-71% higher), hepatitis A, and tuberculosis<sup>2,3,4</sup>. This high prevalence of medical comorbidities among PEH increases their risk of infection of COVID-19 and may lead to severe medical outcomes and death, given that COVID-19 patients with pre-existing comorbidities have a more deteriorating prognosis than the normal population<sup>5</sup>.

### **Lack of social support**

Many staff and organizations are involved in the community to provide social services and support for PEH. These include homeless shelter workers, mental health workers, caregivers, and custodians. However, with PPE resources prioritized for healthcare providers and clinicians, there is an inadequate supply of PPE protecting social workers for PEH in order to implement Federal guidelines<sup>6</sup>. In addition, with reduced staffing in social services providers during the COVID-19 pandemic, the access to social services for PEH is evidently reduced as well<sup>1</sup>. These multiple challenges facing social workers adversely limits PEH from receiving life-sustaining support during the COVID-19 pandemic.

### **Financial crisis**

In Canada, roughly 25% of PEH are employed, most of whom are earning minimum wage or below living wage<sup>7</sup>. In the wake of COVID-19, Statistics Canada has reported that 1/5 of Canadian businesses laid off 80% of staff<sup>8</sup>. In addition, as COVID-19-related job loss was heavily concentrated among low-wage workers<sup>9</sup>. Hence, it is highly likely that a great majority of PEH are also included in this percentage, placing a huge personal financial burden on PEH. Furthermore, PEH who earn money via sex work face greater challenges. The public's fear of COVID-19 infection and government distancing measures will deprive these groups of PEH with their source of revenue. They would not seek nor be eligible for government-funded social, economic initiatives due to criminalization and stigma surrounding sex work<sup>10</sup>. Finally, given that social distancing measures are practically difficult to achieve for PEH, unfair fines for its violation—as high as \$10 000—are also posing financial concerns for PEH<sup>1</sup>.

### **Substance use and overdose**

Recently, British Columbia reported a spike in substance overdose deaths among PEH during the COVID-19 pandemic, reaching about 4700 overdose fatalities, defying the decreasing trend observed in pre-pandemic years<sup>11</sup>. Similar trends were reported in many counties in the United States as well<sup>12</sup>. In addition, social distancing and isolation measures are implemented in all parts of the world. However, these spikes are seen due to the safety measures. Social distancing and isolation disrupts a sense of community, which is a fundamental aspect of drug addiction recovery programs that rely on social structural support and community<sup>12</sup>.

## **III. MANAGEMENT OF COVID-19-ACTIVE HOMELESS INDIVIDUALS**

For the PEH, implementation of appropriate COVID-19 responses is also a challenge. Generally for PEH, healthcare is not readily accessible; 17% of PEH has reported unmet medical needs just in Toronto<sup>13</sup>. This, in turn, has a negative effect on the national management of COVID-19 as the national COVID-19 tracking and its data are not available for PEH. With a lack of COVID-related healthcare for PEH, in the event of inadequate and low testing rates, the virus could spread rapidly throughout communities, especially given that many COVID-19 cases can be asymptomatic. This issue could further be aggravated, considering the nature of homelessness; PEH have an impermanent, transient location, who, if infected with COVID-19, cannot be contained and may transport the virus to different locations in public spaces<sup>1</sup>. This could be more dangerous as current studies suggest the risk of airborne transmission of COVID-19<sup>14</sup>. Furthermore, prevention of transmission is difficult as well for PEH because in order to adhere to the Federal guidelines for COVID-19 safety measures, shelters must have single, private rooms and bathrooms, personal food delivery with full PPE gears for staff, which exceed the capacity for emergency shelters in Canada<sup>6</sup>.

## **IV. CURRENT GOVERNMENTAL AND OFFICIAL MEASURES FOR PEH DURING COVID-19 IN CANADA**

There are few measures implemented by federal and provincial governments in Canada to aid PEH amid the pandemic. For example, Canada issued a \$207 million investment divided among different social organizations such as the Reaching Home program for PEH, Women and Gender Equality Canada, and Indigenous Services Canada<sup>15</sup>. Provincial governments took more practical measures including the extension of testing for PEH in homeless shelters, moratorium on at-risk children aging out of the child welfare system, redeployment of staff to homeless shelters, and repurposing of recreation centres and hotels for isolation and emergency sheltering<sup>16,17</sup>.

## **V. DISCUSSION**

As aforementioned, it is evident that the impact of COVID-19 is disproportionate for PEH who are faced with increased risk of infection, financial crisis, and substance overdose. Hence, during the pandemic, exacerbating their health and quality of life. Therefore, for future pandemics or subsequent waves of COVID-19, the existing measures should be modified to better and equitably ensure the safety and welfare of PEH. It is

equally critical for intervention measures to target the fundamental roots of homelessness lest the impacts on PEH are amplified in future national emergencies.

First, without widespread programs for housing, food, and COVID-19 protection measures for PEH in place, PEH should be given special, situational exemption from charges for disobeying COVID-19 social distancing and quarantine by-laws. It is nearly impossible for PEH to completely adhere to the physical distancing orders and laws when lining up for shelter, meal programs or sitting in park benches, for example. As mentioned before, they unjustly received fines and charges as high as \$10 000, which is an inequitable consequence faced by many PEH that must be resolved<sup>1</sup>.

Second, health, social, and governmental bodies should cooperate to extend basic COVID-19-related medical care for PEH. With some dental services being halted during the beginning of the pandemic, many dentists, hygienists, and students have been quick to establish volunteer groups and initiatives to support crisis response. This spirit of volunteerism and collective effort could provide a wide access of COVID-related testing and care for PEH during the pandemic, all while staying reasonably within the allocated budget for homelessness. Expansion of basic healthcare will ensure that PEH are equally protected from COVID-19 and more efficient tracing and data collection for COVID-19. For its success, clinicians or medical students should also be trained in workplaces and schools to provide palliative, respective, and compassionate healthcare for PEH and other marginalized patients.

Third, for issues of mental health or substance overdose, social services should be continued through non-contact platforms in the form of hotlines and online meetings with drug recovery coaches using the technology available at emergency shelters. Through 24-hour available hotlines and appointment-based one-to-one meetings with social workers, social services for PEH could continue and safety of both parties could be ensured.

Finally, as the spread of COVID-19 becomes more controlled and the national economy and housing market begins to stabilize, governments, in collaboration with various social organizations, should strengthen funding and social frameworks to focus on long-term recovery for PEH. Despite the governmental financial measures for PEH, they are not wide-spread and insufficient to fully address the needs and ensure the safety of PEH across all emergency shelters and PEH in Canada, as reflected in the Canadian Alliance to End Homelessness's (CAEH) recent release of 6-point "Recovery for All" plan. It outlines that homelessness could be resolved by 2030 with federal fund reallocation of \$52 billion to end homelessness, which includes providing affordable housing and life-sustaining resources for permanent settlement<sup>18</sup>. However, since it is not feasible to reallocate this large funding at once, the saving and fund allocation process for homelessness should begin and be accumulated over a long period of time to resolve the fundamental issue of homelessness in order to minimize the disproportionate disadvantages faced by PEH in future crises.

## **VI. CONCLUSION**

COVID-19 evidently poses disproportionate consequences on the lives of PEH, from increased risk of infection and threat on personal health to financial burden and substance overdose. Homelessness poses a particular challenge for governments during the pandemic as it is difficult to enforce safety distancing measures, tracing, and isolation of potentially-active patients. Measures have been taken place both on federal and provincial levels to help mitigate the impact of COVID-19 faced by PEH, including re-purposing of community centres and businesses, increased funding, redeployment of staff, and extension of social programs. However, the safety demands of governments and the various needs of PEH are beyond the capabilities of homeless shelters. Hence, their challenges and fundamental needs must be considered to implement effective and equitable measures. This COVID-19 pandemic has re-emphasized the issue of safe housing, and lack of social and financial support for PEH. The current intervention approaches for PEH should therefore be re-evaluated.

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