

Learning Community 9- Subgroup Summary

Compilations

Jimmy Heath House (JHH), a program of Over-the-Rhine Community Housing (OTRCH), is based on the “housing first” principle. This principle is a form of harm reduction that connects individuals experiencing chronic homelessness to stable housing without requiring that clients remain sober or compliant with psychiatric medications to retain housing benefits. Due to relatively stable funding afforded to OTRCH, COVID had little impact on the ability of the organization to continue to provide housing to residents. However, the COVID pandemic, in general, led to increased rates of homelessness in the wider Cincinnati community. According to Strategies to Improve Homelessness, the pandemic led to a “ 14% decline in the number of people served in shelters through September compared to last year [2019]. And a 38% increase in the number of people sleeping unsheltered on the streets in the same timeframe. Similarly, our Central Access Point helpline has already experienced a 25% increase in calls for help.” (7) The major increase in those experiencing homelessness are forced to live “on the street” due to the capacity limitations of organizations serving the homeless populations (7). Additionally, the COVID pandemic disrupted narcotic supply chains, causing many individuals with substance abuse disorder to utilize illicit substances with unknown properties, leading to greater instances of drug-induced overdose and harm (6). JHH offered the stability of housing to their clients throughout the duration of the pandemic, which helped protect them from homelessness and more harmful behaviors.

As students, the pandemic severely limited our ability to directly interact with the very community we were working with. Our group visited JHH only once, and only two of our group members made any direct contact with a client in the form of a Zoom meeting. Considering that our project was aimed at amplifying the voices of clients and people experiencing homelessness in general, hearing more voices would have broadened the experience from which we presented our final project. Furthermore, COVID-19 restrictions framed our project logistics and options. As our project began about eight or more months into the pandemic, we were limited to solely virtual service options. Leading us to create a webinar covering an introduction to harm reduction techniques and providing some narrative perspectives on addiction. Our goal was for the students of the learning community to gain an understanding of the relationship between substance use disorder and housing insecurity, as well as broaden their understanding of harm reduction approaches. Even in this virtual format, our survey results showed that our webinar was successful in enhancing medical education and can serve as a model for future presentations.

Thankfully despite the challenges of interacting with the JHH community, we were able to maintain communication with our Community Project Leader. Our leader reported that we were able to

have effective communication and were able to maintain our working relationship. As our group focused on educating our peers about harm reduction, which was impactful in a virtual environment. Our hope is that we have increased awareness of harm reduction that will help increase research about harm reduction strategies as part of medical care.

The primary population served by JHH are individuals facing chronic homelessness, and the pandemic has increased the number of people experiencing homelessness. These people have been negatively impacted by a lack of resources and access to those resources. For example, homeless individuals are at increased risk of contracting COVID19 due to limited ability to distance in shelters, lack of proper facilities for handwashing and sanitation, and they are at an increased risk of developing severe symptoms due to comorbid and untreated health conditions, including chronic lung disease or cardiovascular disease (1). Additionally, many health care centers that previously allowed drop-in visits limited access to appointment-only visits. Sometimes providers even restricted telehealth visits to emergencies-only, which also impacted the ability of homeless individuals to schedule and obtain appointments. Many public spaces which provided free computer and internet access had closed early during the pandemic, so people who did not have access to a smartphone, computer, or internet were especially limited in their ability to seek medical care. In August of 2021, Hamilton County health commissioner Greg Kesterman stated, “We’re seeing, not only our cases rise, we’re seeing our hospitalizations rise as well as intensive care admissions within the region.” (2) The increase in hospitalizations was reflecting the rise in COVID cases driven by the Delta Variant. The increase in hospitalizations was not only due to COVID, but was also increased due to higher rates of substance use. In a study conducted across seven emergency departments in Chicago from October 2019 to July 2020, there was an increase in the number of patients presenting for alcohol intoxication and substance-use-related medical problems, highlighting the need to provide comprehensive treatment of substance use disorder (3).

According to data from Hamilton County Public Health and the Hamilton County Addiction Response Coalition, syringe exchange services continued to operate during 2020. Over 600,000 clean syringes were distributed through various locations. Most were distributed at sites in Middletown, Corryville, Over-the-Rhine, and Western Hills which each provided over 100,000 clean syringes (4). However, the number of visitors in 2020 dropped to 9,000, compared to 13,000 the year before. Furthermore, fewer than 160,000 syringes were returned in 2020 due to limited services, less than half as many as were returned in 2019 (5). According to a social worker at JHH, there were no significant changes in residents’ access to the community service and employment-related opportunities throughout the pandemic. Regarding medical, psychiatric, and addiction treatment, the improved access to telehealth services generally benefitted clients as it removed barriers that might have hindered communication between different members of their treatment team. Access to outpatient therapy via tablets was also very beneficial because it made it much easier for residents of JHH to show up to their appointments and establish greater continuity of care. However, since the orders

permitting greater access to telehealth services have expired, some residents (especially those being treated for severe psychiatric conditions) have not been able to continue treatment.

During the Covid-19 pandemic, eviction moratoriums were put into place to avoid obligating some individuals to live in closer quarters and prevent increased transmission of the virus. Jimmy Heath House's housing-first model lends itself to this idea that housing is a foundation from which so many other public health outcomes are built. Consequently, reducing stigma through educational events and service opportunities is integral towards developing more students and physicians into effective advocates for this community. Moreover, increasing advocacy at the local and federal levels for extensions on moratoriums and funding for affordable housing programs like Over-The-Rhine Community Housing is important. This two-fold investment in prevention is integral to increase the capacity of residents to make decisions more conducive to their health. Through service and educational events informed by the experiences of those facing housing insecurity, the humanity of these individuals can be better recognized and care provided in a more patient-centered manner. Service events can include free clinics or clinics that accept Medicaid and provide longitudinal care with one or a few providers to ensure optimum care for often chronic conditions and their acute exacerbations. Further, advocacy efforts to increase access to health insurance and health care are integral and include Medicaid expansion, drug price negotiation, and expanding qualification requirements for Medicare.

References

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