

LC 12: Shelterhouse - The Esther Marie Hatton Center for Women

<http://shelterhousecincy.org/womens-center/>

Subgroup #1: What was the mission of your community partner and how did COVID impact execution of that work? How did COVID impact your service-learning experience as a student?

Shelterhouse is an organization within Hamilton County that currently operates three different shelters throughout the Cincinnati area. Shelterhouse's mission emphasizes a "housing first" policy and aims to serve individuals experiencing homelessness by providing temporary shelter, safety, food, and medical care, while assisting these individuals in finding permanent housing. Typically, clients are placed in permanent housing within 30 days of joining the Shelterhouse community¹.

COVID-19 affected Shelterhouse's operations in several ways. To maintain a safe environment, Shelterhouse imposed social distancing safety measures within the Men's and Women's shelters. These new space requirements diminished each shelter's capacity and made it difficult to accept new clients (even while the population experiencing homelessness continued to rise due to the economic impact of COVID-19). To address these limitations, Shelterhouse worked with local government entities to increase capacity by renting hotel rooms for more vulnerable clients, and to provide masks and hand sanitizer to clients on the streets. Shelterhouse could no longer rely on external in-person volunteers and had to constantly readjust their services as the pandemic continued to unfold¹.

On September 4, 2020, the Centers for Disease Control and Prevention (CDC) implemented a temporary, nationwide moratorium on residential evictions as a measure to prevent further spread of the COVID-19 virus². This halt on evictions was intended as an effective strategy to facilitate self-isolation, assist with distancing directives, and protect individuals from exposure to congregate centers, where close quarters promote virus transmission. As an unintended consequence, the moratorium hindered the ability for organizations like Shelterhouse to execute housing-first programs which help clients quickly exit homelessness by rapidly returning to permanent housing. With the decreased turnover in affordable housing units, Shelterhouse was unable to sustain the rapid rehousing rates they achieved prior to the pandemic. With this stagnation, Shelterhouse continued to have minimal space for new clients.

As students conducting our service-learning project during the COVID-19 pandemic, we felt an inability to connect with the Shelterhouse community. Apart from one short in-person visit to Shelterhouse, our interactions with clients were limited to phone interviews and second-hand information provided by staff. Thus, we found it difficult to develop the empathy and meaning that our group had collectively appreciated from prior service experiences. In regard to our project, we found that this disconnect may have hindered our ability to effectively evaluate needs and serve the Shelterhouse community.

Working with Shelterhouse through their own challenges with COVID-19 presented an additional unique challenge for us as learners. The nature of the pandemic meant that it was omnipresent in every aspect of our lives, including the professional work we were trying to complete with our community partner. COVID-19 fatigue quickly became something we struggled with and was an obstacle we consistently had to overcome in order to be the best resource for our community partner. This highlights the need to support vulnerable populations, as well as those involved in community advocacy work, especially in the context of a persistent public health threat such as COVID-19.

Sources:

- (1) Homelessness. Shelterhouse Web site. 2021.
<https://www.shelterhousecincy.org/homelessness/>. Accessed April 24, 2021.
- (2) Temporary Halt in Residential Evictions to Prevent the Further Spread of COVID-19. Federal Register: The Daily Journal of the United States Government. September 2020.
<https://www.federalregister.gov/documents/2020/09/04/2020-19654/temporary-halt-in-residential-evictions-to-prevent-the-further-spread-of-covid-19>. Accessed September 3, 2021.

Subgroup #2: How did COVID impact the community and clients served by your community partners?

In a community already facing limited access to housing, healthcare, and other resources, the COVID-19 pandemic has created new challenges and further exacerbated these pre-existing barriers.

Over 10,000 individuals experience homelessness every night in Ohio¹. In the Hamilton County area, many of these individuals rely on organizations such as Shelterhouse to find housing. Unfortunately, over the past year the ripple effects of the pandemic have decreased the resources available to Shelterhouse.

Due to social distancing requirements, Shelterhouse had to reduce shelter capacity. Initially, many clients were moved into hotels to provide adequate social distancing and maintain client health. Although federal programs such as the CARES Act and Emergency Rental Assistance provided funding for shelters, this funding was often inadequate to cover the full shelter population, or only covered certain groups². For example, Shelterhouse was able to house veterans in individual hotel rooms to reduce the risk of infection but did not have the resources to house all clients in this way.

As funding dwindles, most clients have been moved back into the shelter space. This transition has made following public health guidance more difficult. For example, social distancing is nearly impossible in the shelter's sleeping quarters. Additionally, most shelters in Ohio have difficulty accessing sanitation and hygiene supplies, which impacts the cleanliness of clients' physical surroundings and their ability to take precautions against COVID-19³. With limited resources, Shelterhouse is unable to consistently provide masks and other forms of PPE to their clients.

Shelterhouse uses a multifaceted approach, providing social support and mental health resources in addition to helping clients find stable housing¹. However, in the context of COVID-19, social and group situations carry a higher risk of infection, and prioritizing physical health can mean sacrificing the social support and resources targeted toward mental health. Isolation can be especially difficult for people facing challenges such as substance use disorders who may rely on a social network for the support that they need. Formal mental health treatment has also become more difficult to obtain, as the pandemic has only exacerbated barriers to care.

The pandemic has decreased healthcare access for an already underserved population. Individuals experiencing homelessness tend to utilize the emergency department more often due to an inability to access a primary care provider³. Hospital capacity has been overwhelmed by the pandemic, and some emergency rooms have had to turn patients away due to capacity restrictions, including UCMC as recently as August 2021. Even if an individual has an existing PCP, many physicians have transitioned to online appointments, which require access to an electronic device, an internet connection, and ideally, a private place for conversation. These resources are not readily available to unhoused individuals.



Figure 1: Simplified Fishbone diagram identifying critical challenges as a result of COVID-19

Early in the pandemic, experts warned that individuals experiencing homelessness would be more vulnerable to severe illness, and that shelters across Ohio did not possess adequate support and resources to address this disparity³. The damage cannot be undone, but as we move forward out of the pandemic, resources must be mobilized to help this community recover.

Sources:

- (1) Homelessness. Shelterhouse Web site. 2021. <https://www.shelterhousecincy.org/homelessness/>. Accessed April 24, 2021.
- (2) Urgent Message About Prioritizing People for Emergency Housing Vouchers. Housing Equity Framework Web site. July 2021. <https://housingequityframework.org/federalfunds#Urgent-Message%20About-Prioritizing-People-for-Emergency-Housing-Vouchers>. Accessed September 3, 2021.
- (3) Poppe B, Hetrick A. Double Jeopardy: The Coronavirus & Homelessness in Ohio. *Coalition on Homelessness and Housing in Ohio*. 24 March 2020. <https://cohhio.org/wp-content/uploads/2020/03/DoubleJeopardy-web.pdf>. Accessed September 3, 2021.

Subgroup #3: How might students and physicians advocate for the needs of your partners and their community? What are needs that are particularly need of support at this time?

COVID-19 has revealed how critical it is for the medical community to address social determinants of health. The houseless population has been disproportionately affected by the pandemic, with chronic homelessness increasing 15% between 2019 and 2020¹. Through our work with Shelterhouse, we have identified critical areas for interpersonal, organizational, and policy level advocacy: affordable housing, rebuilding trust in the Black community, and extending healthcare literacy.

Affordable housing is defined as spending no more than 30% of gross income on housing². However, in 2018, Harvard University found that 10.9 million renters spent more than 50% of their income on housing³. With the COVID-19 pandemic causing increased rates of unemployment and the recent expiration of the eviction moratorium, access to affordable housing continues to be limited. At first, it may not seem like this is within a physician's wheelhouse. However, poor housing quality or lack thereof has been associated with numerous health conditions⁶. Although there are organizations like Shelterhouse that assist folks experiencing homelessness, resources are limited, and it is our duty to advocate for this population.

Beyond housing, there are social issues that come into play when we consider how to support those experiencing homelessness. African Americans only make up 14% of Ohio's population, but 49% of the homeless population. Throughout this pandemic, a disproportionate number of African Americans have been infected and killed by COVID-19; 19% of the state's COVID-19 deaths are among Blacks. Black people are at the highest risk for coronavirus, but the least likely to take the vaccine. KHN's analysis shows that only 22% of Black Americans have received a shot, and Black vaccination rates lag behind in almost every state. Why? American medicine has a long history of both abusing and excluding people of color; from the Tuskegee Syphilis studies and NC Eugenics program, to Henrietta Lack's stolen stem cells, there are decades of painful history. Trust in the healthcare system will not appear overnight, and it is the duty of healthcare professionals to ensure all patients have equal and fair treatment.

Finally, health literacy is the basis of patient-centered care and is especially vital to vulnerable populations. Many homeless individuals do not have regular access to news, and when they do, they must differentiate between quality and faulty information. These challenges are not theoretical, as conspiracies have undermined the authority of public health officials and continue to be cited as an excuse to remain unvaccinated⁴. In general, poor health literacy has been associated with higher rates of morbidity/mortality, hospitalization, health expenditures, and poor outcomes⁵. Advocating for health literacy at a basic level can have a profound effect, and for Shelterhouse, education about preventative health hygiene has been beneficial. A low-cost and effective way to promote education is through approachable, instructional graphics that cover a breadth of topics. Those suffering from houselessness have limited ability to seek healthcare; prevention is a major priority. Overall, it is the medical community's duty to advocate for patients in all aspects of their lives that may impact their health.

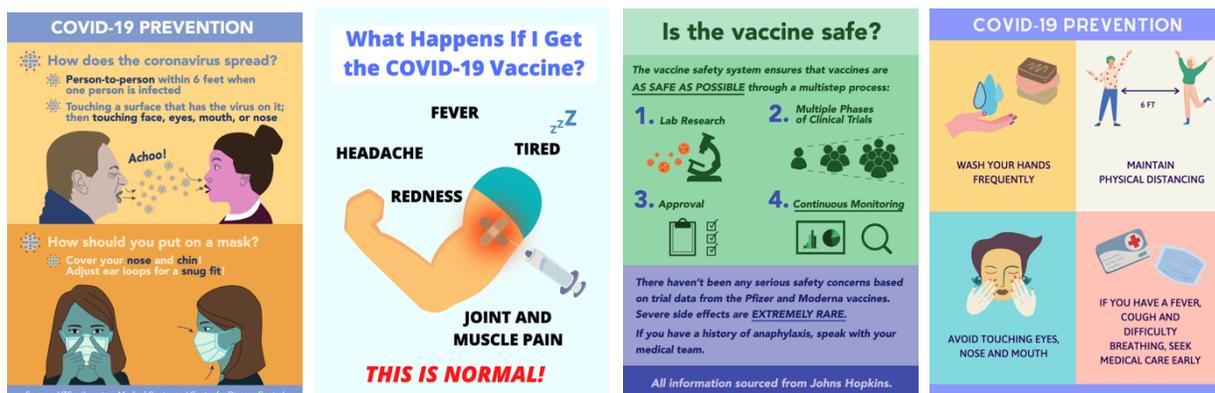


Figure 2: Examples of Educational Signage on COVID-19 Prevention and Vaccines

Sources:

- (1) New report shows rise in homelessness in advance of covid-19 crisis. National Alliance to End Homelessness. <https://endhomelessness.org/new-report-shows-rise-in-homelessness-in-advance-of-covid-19-crisis/>. Published March 18, 2021. Accessed September 3, 2021.
- (2) What is Affordable Housing? <https://localhousingsolutions.org/housing-101-the-basics/what-is-affordable-housing/#:~:text=Affordable%20housing%20is%20housing%20that,%2C%20transportation%2C%20and%20health%20care.&text=The%20federal%20government%20typically%20defines,percent%20of%20a%20household's%20income>. Accessed September 3, 2021.
- (3) Joint Center for Housing Studies of Harvard University. America's Rental Housing 2020. https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Americas_Rental_Housing_2020.pdf. Accessed September 3, 2021.
- (4) Hiltzik M. Column: Ivermectin, another bogus COVID treatment, becomes a darling of conspiracy-mongers. Los Angeles Times. <https://www.latimes.com/business/story/2021-07-22/ivermectin-another-bogus-covid-treatment>. Published July 22, 2021. Accessed September 3, 2021.
- (5) Odoh C, Vidrine JI, Businelle MS, Kendzor DE, Agrawal P, Reitzel LR. Health Literacy and Self-Rated Health among Homeless Adults. Health Behav Res. 2019;2(4):13. doi:10.4148/2572-1836.1055
- (6) <https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/Housing2.pdf>