Coronavirus, Disasters, Housing and Homelessness
Hosted by NLIHC and the Disaster Housing Recovery Coalition
March 15, 2021
Agenda

Welcome
• Paul Kealey, NLIHC

New Housing/Homelessness Resources in the American Rescue Plan
• Sarah Saadian, NLIHC

Expanded Child Tax Credit
• Richelle Friedman, Coalition on Human Needs

Resources for Mixed-Status Immigrant Households
• Jackie Vimo, NILC

New Report on COVID-19 Mortality Rates Among People Experiencing Homelessness
• Dr. Kathryn Leifheit, UCLA
• Dr. Chelsea Shover, UCLA

Field Updates
• Elissa Margolin, Housing Action NH
• Katie West, Homes RI, Housing Network of RI
• Melina Lodge, Housing Network of RI
• Cathy ten Broeke, Minnesota Interagency Council on Homelessness

What’s Next: Campaign for Long-Term Solutions

www.nliihc.org
Welcome

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New Report on COVID-19 Mortality Rates Among People Experiencing Homelessness

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Elevated mortality among people experiencing homelessness with COVID-19

Kathryn M. Leifheit, PhD MSPH
Chelsea L. Shover, PhD
National Call on COVID-19, Disasters, Housing, and Homelessness
March 15, 2020
Acknowledgements & Disclaimer

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Disclaimer: This research has not yet been peer reviewed, so results should be viewed as preliminary.
Increased risk of COVID-19 exposure & infection

• Lack of permanent shelter means
  - inability to mitigate exposures through social distancing
  - difficulty preventing infections (e.g. through hand hygiene)

• Health authorities have reported
  - high seroprevalence among people experiencing homelessness (PEH)
  - large outbreaks at homeless shelters and encampments.
Increased risk of serious illness and death from COVID-19

• **Accelerated aging:** PEH develop age-related health problems decades earlier than their housed counterparts
  - Rates of COPD among PEH are 2-3x those of the general population

• 42 to 52-year life expectancy among chronically homeless

• Increased risk of severe COVID-19 outcomes
And yet

• Few data exist to gauge the impact of homelessness on COVID-19 outcomes.

• Few jurisdictions are prioritizing PEH for vaccination

• These are interconnected problems
Filling the data gaps: Case Fatality Rates

\[
\left( \frac{\text{# deaths}}{\text{# cases}} \right) \times 100\%
\]

CFRs tell us

- which populations are most likely to die if infected
- who needs vaccine protection most urgently
Approach

1) Searched for PEH-specific COVID-19 case and death counts on websites from public health agencies with jurisdiction over the
   - 25 most populous U.S. counties (n=25)
   - 25 most populous U.S. cities (n=12 additional)
   - most populous city in each state (n=39 additional).

Data were collected from February 19th – 28th, 2021.
Approach
Approach

1) Searched for PEH-specific COVID-19 case and death counts on websites from public health agencies with jurisdiction over the
   - 25 most populous U.S. counties (n=25)
   - 25 most populous U.S. cities (n=12 additional)
   - most populous city in each state (n=39 additional).

2) Extracted most recent case and death counts for PEH as well as the overall population (age-specific, if available)

3) Compared CFRs for PEH to the overall population

Data were collected from February 19th – 28th, 2021.
Finding #1: data scarcity

• Of the 76 jurisdictions reviewed, only 7 (9.2%) published data on PEH
Finding #2: Elevated mortality risk among PEH

**Figure 1A.** COVID-19 case fatality in U.S. health jurisdictions: People experiencing homelessness (PEH) vs. jurisdiction-wide

March 1, 2020 - February 28, 2021

- Overall: 2.4%
- Los Angeles County, CA: 1.7%
- San Diego County, CA: 2.4%
Finding #2: Elevated mortality risk among PEH

Figure 1A. COVID-19 case fatality in U.S. health jurisdictions:
People experiencing homelessness (PEH) vs. jurisdiction-wide
March 1, 2020 - February 28, 2021

Case Fatality Rate (CFR)

Relative Risk (CFR Ratio)
Finding #2: Elevated mortality risk among PEH

Figure 1A. COVID-19 case fatality in U.S. health jurisdictions:
People experiencing homelessness (PEH) vs. jurisdiction-wide
March 1, 2020 - February 28, 2021

<table>
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<tr>
<th>Location</th>
<th>Jurisdiction-Wide</th>
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<td>Overall</td>
<td>1.7%</td>
<td>2.4%</td>
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<td>Los Angeles County, CA</td>
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<td>Anchorage County, AK</td>
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</tbody>
</table>
Finding #2: Elevated mortality risk among PEH
Finding #3: Elevated age-specific mortality

Figure 1B. Age-Specific COVID-19 Case Fatality, Los Angeles County
Conclusions

• Elevated risk of death among PEH, especially at young ages
  → Need to prioritize this medically vulnerable group

• Variability in risk between jurisdictions
  → Could reflect differences in COVID-19 dynamics, surveillance and testing practices, homeless services, and/or reporting

• Limited data on PEH
  → Limits our ability to 1) prioritize this group for public health interventions and 2) monitor disparities
Limitations

• Convenience sample – most places don’t track housing status

• Misclassification possible – varying definitions of PEH

• More surveillance testing among PEH (diagnosing mild or asymptomatic cases) could mean these CFRs are underestimates
Policy Implications

Jurisdictions should

• Vaccinate PEH regardless of age or comorbidities

• Begin to track and report housing status as part of routine surveillance
Los Angeles Times

L.A.’s homeless residents are 50% more likely to die if they get COVID. Now they’re a vaccine priority

Registered nurse Kevin Hernandez, right, delivers a COVID-19 vaccine to Kerry Cahoon, 34, at Leimert Park Plaza. (Al Seib / Los Angeles Times)

By BENJAMIN ORESKES, DOUG SMITH

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Thank you!

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What’s Next: Campaign for Long-Term Solutions

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Resources

Responding to Coronavirus

Coronavirus and Housing/Homelessness