Patients Experiencing Homelessness: The Impact of and Response to Covid-19

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My Role

- Employed by Brown Medicine
- Faculty in Division of General Internal Medicine and Addiction Medicine Fellowship
- Primary Care Physician at RIH Center for Primary Care
- Attending Physician on Med B (academic medicine service) at RIH
- Lifespan Street Outreach, in partnership w/ House of Hope (people experiencing homelessness)
- Lifespan Transitions Clinic (people exposed to carceral system)
- Center for Primary Care Recovery Clinic (people with opioid use disorder)
Why does this matter?
Social and structural determinants of health

SDoH: “The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels” (WHO).

Clinical care accounts for 10-20% of the changes that lead to better population health; the SDoH account for the other 80-90% (Hood, Gennuso, Swain, & Catlin, 2016).

Slide borrowed from: Megan Smith, House of Hope
Structural Competence

The trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, medication “non-compliance,” trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health (Metzel, 2014)

→ this frame can help us understand what the SDoH look like in clinical encounters, and concretize how we can act on them
What this looks like in the lives of patients experiencing homelessness
Patients experiencing homelessness have multiple barriers to care and achieving equity during Covid-19

Logistical barriers:
- Lack of transportation
- Inconvenient hours
- Appointment scheduling & rescheduling without consistent phone access
- Stolen medications & documents
Patients experiencing homelessness have multiple barriers to care and achieving equity during Covid-19

Bureaucratic barriers:

- Punitive discharge policies (e.g., a probationary period after missing three appointments)
- Difficulty navigating insurance protocols
- Challenges in establishing continuity of care & communication of health history in settings of fragmented care
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Unwelcomeness in care settings (stigma):
- Overemphasis on substance use
- Assumptions about care-seeking: “He just wants a place to sleep”
- Derogatory language: “the homeless guy in bed 5,” “she’s just a drunk”
- Triggering building design (e.g. similar to prison)
- Prior negative treatment experiences
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Structurally incompetent discharges:

- Impossible discharge instructions
  - “Stay off your ankle”
  - “Take this pill three times a day with food”
- Communication of diagnoses, procedures, and treatment plans unclear for the patient
- Lack of accessible follow-up
- Discharge to the street
Unchanged, our system gets us this:

49

(O’Connell, 2005)
Covid-19 Landscape for Patients Experiencing Homelessness

Rhode Island Coalition for the Homeless (RICH)

Social Service Providers

State of RI (RIDOH, BHDDH, DOA)
Impact on Homelessness

- Number of people experiencing homelessness and/or housing insecurity has soared
- Decreased shelter beds due to Covid-19 precautions
  - Beds separated by 6 feet
  - Head to toe sleeping
  - Take out meals (no dining in)
  - Encouraging residents to remain in-shelter during day
- Informal Point in Time Count in October predicts that ~500 people will be street-level homeless this Winter (significantly higher than any prior year in recent history)
Rhode Island’s Response

Isolation and Quarantine:

- March – June 2020: Isolation and Quarantine Hotels

- November 2020 – ongoing: Isolation and Quarantine Hotel
  - Fellowship Health Resources
  - Contact: Amy Bragger: 401-486-8664
Rhode Island’s Response

Permanent Housing:

• Approximately 80 people were transitioned from the two Isolation Hotels to permanent housing this past Summer
• Whether similar Isolation only facilities will open this Winter remains unknown

• Safe Harbor Program via United Way: Income-eligible tenants experiencing financial hardship b/c of Covid-19 and, as a result, are at risk of eviction, can apply for up to 6 months of rent assistance.
  – Providers who screen for housing insecurity can pull this website up for their patients and help them fill out application
Rhode Island’s Response

Surveillance Testing:

• RICH partnered with RIDOH, a private lab and a private ambulance company to implement surveillance testing at shelters
• Shelters may opt into testing
  • Few shelters have declined, including Providence Rescue Mission and some DV shelters
• Frequency: currently every 3-4 weeks, but goal is every 2 weeks

• People living on the street are missed; plan is to implement a street-testing site soon, but there are over 30 encampments in Rhode Island and many other people live in solitude on the street – these people will be missed
Rhode Island’s Response

Surveillance Testing:

- Prior to 6/8 (Brown University/Lifespan testing): 644 unique sheltered people tested, 485 negative, 76 positive – 11.8%

- Since 6/8 through 11/2 (mobile testing): 2,062 unique sheltered people tested, 47 positive, 15 inconclusive – 2.2%
Rhode Island’s Response

Access to Shelter:

- Coordinated Entry is the centralized route to shelter for patients. Historically, patients had to call the phone number or walk into Crossroads.
- It is shifting hands from Crossroads to RICH this month
  - RICH is hiring a formal call center
  - Phone number: 401-277-4316 (save in your phone; call w/ patients)
  - Expanded hours: M-F 8am – 8pm, Sat/Sun 12pm – 5pm
  - Soon there will be options to help patients get into shelter also using text, online webform (providers can fill this out), chat features, etc.
Rhode Island’s Response

Access to Shelter:

Shelters for Women and Families

- **Aquidneck**: McKinney and Lucy’s Hearth
- **Southern**: Welcome House, Warm Shelter
- **Northern**: CCA (women and families), Harvest Community Church (Winter only)
- **Providence**: Crossroads-- women and families, Amos House (Winter only)
- Try to avoid Providence Rescue Mission (often the only place taking people and can call directly so appealing to patients, but high risk during Covid-19)
- Screen DV shelters by asking if they are doing surveillance testing
Rhode Island’s Response

Substance Use

- Upcoming DATA Waiver Trainings
  - Nov 20, Dec 8, Jan 25 and 29 from 1-5pm via Zoom
  - Send e-mail to Rahul.vanjani@lifespan.org to sign up

- For waivered providers who want more practical experience w/ buprenorphine, check out these short CME videos on relevant topics
  - https://cme-learning.brown.edu/content/demand-translating-buprenorphine-training-practice#group-tabs-node-course-default3
Rhode Island’s Response

Resources for Providers to Address SDOH:

- www.docsforhealth.org
Thank you

Contact: Rahul.vanjani@lifespan.org or 401-410-4011

Special Thanks:
House of Hope
Amos House
Crossroads
RICH
RIDOH
BHDDH
Fellowship Health Resources