COVID-19 and Homeless Urban Indians

Urban Indian Health Institute / Chief Seattle Club
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Objectives

- Provide information on COVID-19
- Describe unique challenges facing homeless individuals in a COVID-19 outbreak
- Discuss lessons learned from on-the-ground homeless service provider
- Provide key recommendations for homeless service agencies:
  - Before an outbreak
  - During an outbreak
  - After an outbreak
- Q&A
What is COVID-19?

COVID-19 (2019 Novel Coronavirus) is a viral respiratory illness caused by a coronavirus that has not been found in people before. It can lead to lower respiratory illnesses like pneumonia and bronchitis.¹
What is the current status of COVID-19?

Current case counts

**Global**
- Total Cases: 209,839
- Deaths: 8,778

**United States**
- Total Cases: 10,442
- Deaths: 150
How is COVID-19 spread?  

1. Through person-to-person spread
2. Between people who are in close contact with one another (within 6 feet)
3. Spread from contact with contaminated surfaces or objects
It is nearly impossible for individuals experiencing homelessness to follow public health recommendations for protecting against COVID-19.

Colleen Echo-Hawk (Pawnee)
Unique challenges for homeless individuals

• They have limited access to soap and water, hand sanitizer, and wipes.
• They are unlikely to have a primary care doctor or health insurance.
• Encampments and shelters can be overcrowded.
• Tight-knit family and support groups can spread the virus faster.
• There is a lack of ability in a shelter to self-quarantine or to recover from an illness.

• Frequent movement makes treatment difficult and can increase exposure of others.
• They may have underlying health conditions.
• If currently employed, they may lack access to sick leave or job protection.
Lessons learned from an urban Indian homeless organization
The Indigenous people of this Country have the highest rates of homelessness
60% of the homeless population in Anchorage, Alaska are Alaska Native
Our Native relatives are 27.1x more likely to be homeless in Minneapolis.
10% of the homeless population in Seattle are Native
To provide a sacred space to nurture, affirm, and renew the spirit of urban Native peoples

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Communication

Use as many methods as possible and keep sharing.
Communication

Remember traditional medicines – take a deep breath and ask for ancestral wisdom
OFFER Assurance AND SUPPORT BEFORE YOU SCREEN
Screening

• Do you have shortness of breath?
• Are you coughing?
• Do you have a fever?
• Would you like us to check for fever?
• Have you been exposed to Covid-19?
After Screening

- Masks
- Quarantine
- Social Isolation
- Transportation to clinic or hospital
- Stick with your relative
Be focused on trauma resilience

• Tone of voice
• Assure that they are in a safe place
• Be ready to offer medical resources
• Be ready to listen
• Offer information
• Encourage
• Be gentle
Risk reduction plan

• Move chairs and tables
• Model physical distancing
• Consider moving your services to areas with better ventilation
• 6 feet is best
• Consider reduction of hours
• Reduce cross contamination
• Reduce hours that staff are in contact with your clients
• Stagger meal times
Innovate and Evolve!

- Move people into motels
- Understand food systems and adapt
- Traditional medicines
Infection control recommendations for homeless service agencies
Before an outbreak 4,5,8

- Create a Plan
  - CA State Guidance for Homeless Assistance Providers on COVID-19 8

- Anticipate Staff Challenges
  - Plan for staff and volunteer absences.
  - Train staff and volunteers on the emergency preparedness plan and proper procedures.

- Client Management
  - Identify high-risk clients.
  - Designate separate room(s) and bathroom(s) if available.
  - Plan for higher usage during the outbreak.
During an outbreak 4–6,8–10

- Keep sick and high-risk staff and volunteers out of the agency and away from clients.
- Minimize face-to-face interactions with sick clients.
- If caring for sick clients, use personal protective equipment if available (facemask, gloves, gown).
- Limit visitors.
- Frequently clean and disinfect all common areas.
DURING AN OUTBREAK
Outreach workers

- Continuation of outreach may depend on staffing needs at facility.
- Know the signs and symptoms of COVID-19.
- Avoid close contact (within 6 feet).
- Refer sick people to testing and medical care, per public health instructions.
- Use protective equipment (gloves, masks, etc.) for situations where unable to maintain distance.
- Wash hands frequently.
DURING AN OUTBREAK

For all clients 4–6,8–10

- At check-in, screen for symptoms using public health standards.
- Space out sleeping arrangement.
- Provide proper trash disposal.
- Monitor high-risk clients; reach out regularly.
- Avoid congregating large groups; stagger meals or common room access.
- Wash hands at entry and have hand sanitizer at key points in facility.
  - Stock bathrooms and sinks with hand soap.
DURING AN OUTBREAK

Clients with symptoms 4–6,8,9

- Give a mask to cover nose and mouth immediately.
- Isolate in an individual room if possible.
- Follow local public health guidance on getting client access to testing.
- Try to prevent movement around facility.
- Designated sites for isolation may be full or overwhelmed.
  - Local public health may have additional sites (e.g. hotels) for isolation.
Harm Reduction Strategies

- Harm reduction refers to policies and practices that aim to reduce the harm associated with behaviors that individuals are unable or unwilling to stop.
  - The focus is on the prevention of harm to the best of your ability
DURING AN OUTBREAK

Pet care

- Sick individuals are recommended to not have contact with animals.
- Have a plan for pet care and management if the owner requires medical attention.
- If client is experiencing symptoms, recommend frequent hand washing before and after touch their pet.
- Suggest sleeping 6 feet away from pets.
AFTER THE OUTBREAK

Follow-up 4,5,12

- Remember: the COVID-19 outbreak could last a long time and considerably impact your facility.
- Talk with clients and staff to evaluate your plan of action.
- Continue practicing everyday preventive actions.
- Maintain and expand emergency planning.
- Allow time for mourning and grief for any deaths or illnesses that occur.
Public Health Policy Recommendations

- Prioritize homeless people during outbreak.
  - CA Gov. Newsom announced the intent to do so
- Prioritize homeless individuals for quarantine facilities.
- Allocate response funds for non-standard equipment such as, mobile handwashing stations, access to PPE, etc.
- Have dedicated public health nurses for facilities during outbreak.
Questions?

We’ve provided resources for community at uihi.org/covid
Find more COVID-19 resources and stay up-to-date by visiting uihi.org/covid