

Impact of COVID-19 on Harm Reduction Housing in Cincinnati LC 9

For the past year, we had the privilege to work with the community of Over-The-Rhine (OTR), Cincinnati's oldest and most historic neighborhood. For historical context to this community, in 1977, Race Street Tenant Organized Cooperative was founded with the mission of providing sustainable quality housing for individuals below the poverty line. In 1988, OTR Housing Network was created to revitalize the neighborhoods of OTR. In 2006, the two organizations merged to form OTR Community Housing and in 2010, Jimmy Heath House (JHH) was opened. Our specific population within OTR is the current residents of JHH. The residents of JHH are individuals with active substance use disorders, or in recovery from a substance use disorder, who were also chronically homeless until given shelter through the JHH.

As one can imagine, people experiencing homelessness and communities such as OTR Community Housing and JHH have been heavily impacted by COVID-19. According to the program director at JHH, the program operations have changed drastically. In an urban facility such as this, there is minimal space for residents and staff to appropriately socially distance. Thus, the majority of the pre-existing resources, programs, and gatherings have been curtailed, in order to prevent the residents and staff from gathering. Group meetings and group meals no longer occur, which previously served as some of the primary functions of the program. All staff and residents are required to wear masks in public spaces. Guests are no longer allowed at the facility, due to rising case numbers in Hamilton county. These policies are constantly adapting and changing in accordance with state regulations and case numbers.

Initially, it was difficult for JHH to access cleaning supplies and masks, and the program was forced to rely on what supplies they already had as well as sewn masks donated by volunteers. Since then, JHH has received grants to purchase supplies including masks, hand sanitizer, and cleaning materials, but there are still some items that the program does not have access to. Fortunately, the pandemic has not yet significantly increased the demand for housing at JHH. The program director believes this is due to housing of people experiencing homelessness at hotels early in the pandemic, the moratorium on evictions, and CARES Act funding. However, ancillary housing service use in the area has recently increased, and so the program director is expecting that client demand for JHH will soon rise as well.

A number of JHH revenue streams have been interrupted because of COVID-19. JHH's income from rent has significantly decreased because residents struggle to maintain rental payments. Fortunately, the CARES Act has allowed JHH to subsidize some of the tenants, but these funds are not enough to meet the current demand. Furthermore, JHH relied heavily on other revenue from parking lots in the downtown Cincinnati area. Revenue from these lots has dried up because of decreased traffic through the downtown and the statewide lockdown. JHH has also been forced to cancel several social programs aimed at increasing social cohesion among residents and combating isolation. Alternative programs through Telehealth have been created but are subject to limited resources and technological challenges.

JHH was designed to house chronically homeless individuals with active substance abuse disorders or those in recovery from a substance abuse disorder. As one can infer COVID-19 brought with it financial and logistical hardships in obtaining substances of abuse such as

alcohol, opioids, cocaine, etc. These financial hardships were encountered as last wages due to a receding economy. The logistical hardships were faced in terms of a damaged supply chain of substances further exacerbated by decreased personal ability to get to places to acquire the substances at the end of the supply chain. Due to this difficulty in obtaining substances a common concern among the actively using population of the JHH was that of withdrawal, particularly alcohol withdrawal as alcohol withdrawal can be fatal. These concerns were recognized by the JHH director and addressed. With respect to the more dangerous alcohol withdrawal, the director of JHH stated that he had arranged a partnership with an addiction specialist doctor who was comfortable prescribing specific amounts of alcohol necessary to avoid withdrawal for alcohol dependent clients.

With regard to more illicit substances, particularly opioids, the director stated that many medically assisted treatment programs had lowered their barriers to program entry, due to COVID-19, with many promising immediate inductions. Interestingly, the JHH director expanded on the effect of COVID-19 on illicit substance supply and overdose: “Also of concern was overdose, as COVID-19 seems to have altered supply lines for drugs, leading to stronger or weaker products. There have been two overdose alerts in Hamilton county since the start of the pandemic and serious concerns about Fentanyl in powder cocaine, crack, and meth. There have been a lot of overdoses related to new users of opiates and people using crack, meth, and cocaine, who did not expect to have Fentanyl in their batch.”

Overall, the clients and community served by Over the Rhine Community Housing (OTRCH) were impacted negatively but were still able to access many resources in a way that accommodates the clients. One of the initial concerns of COVID-19 impact on the clients’ daily living was access to safe and reliable methods of addiction management. Prior to the pandemic, clients were able to receive free clean needles through the Cincinnati Needle Exchange Program. In order to minimize the number of dirty needles within the community, the program was established as a 1:1 model. However, to reduce exposure risks and in-person contact, the program was modified so that clients could receive a two weeks supply at every needle exchange visit.

In addition to addiction management, another area of concern was the impact of the statewide business shut down on clients’ abilities to access resources such as food pantries and social services. Communication with the clients and staff revealed that despite the shutdowns, clients were still able to meet their basic needs, but the daily life has changed with modified visitor policies and decreased contact in the lobby of the JHH. Initially the clients were hesitant about these changes, as low health literacy led to skepticism about the disease. However, our site leader mentioned that the community followed recommended public health protocols like wearing masks in public and social distancing.

The COVID-19 pandemic has also brought along new challenges in access to healthcare, as patients are more apprehensive to seek primary healthcare services and go to the emergency department. Other treatments typically given in person have been halted. At OTRCH, clients who are technologically literate and have access to technology have adapted well to attending telehealth visits. However, this barrier is just one of many for the individuals experiencing homelessness in their access to healthcare services. It can be surmised that access to healthcare services for this population has only decreased, not increased. It is of importance to note that

public libraries, the main public source of Internet access, have been closed or have had limited hours due to the COVID-19 pandemic.

At this time, we are unsure of any initiatives by the Hamilton County Health Department or Cincinnati Health Department to accurately monitor the impact and spread of COVID-19 throughout homeless populations. Dr. Kiesler and the Cincinnati Health Network, who have consistently offered primary care appointments to JHH clients, have been very proactive in monitoring patients for and educating patients about COVID-19 symptoms. The fact that people experiencing homelessness are at a higher risk not only for infections in general, but are also living in close quarters, cannot be ignored by public health authorities.

Additionally, one cannot discuss the homeless population in Cincinnati without mentioning the rising eviction crisis. As unemployment has soared in the past few months with a predicted slow recovery, more people are living in fear of eviction. Although there have been calls from the Department of Housing and Urban Development to delay evictions, there are strong underlying fears of housing crises to come. As of September 4th, 2020, the Cincinnati Metropolitan Housing Authority has extended their moratorium on evictions through the end of October. There is a potential that the client base that OTRCH serves could soar in the next few months to years.

Medical students have a unique platform to advocate for their communities and support their medical peers. We have identified five avenues for medical students to make a positive impact during the pandemic: social media, friends and family, policy advocacy, medical student peers, and community outreach.

Social media is an accessible platform for people to access information and advocate for their cause. During the pandemic, social media is a safe option for organizations to seek information and aid, provided they have a large enough audience and sufficient attention. However, advocacy through social media should be expanded to real world actions to have a meaningful impact. JHH leadership relied on Zoom meetings for information and aid during the COVID-19 lockdown. This use of social media was not particularly helpful because the meetings were not followed by aid with material support. Support such as cleaning supplies, gloves, and COVID-19 testing were needed but not provided.

COVID-19 has forced cities to relocate their citizens experiencing homelessness into hotels and areas where they were not present before. These new locations have created a new visibility for people who are often ignored. This increase in public awareness provides the opportunity to have conversations about the challenges of experiencing homelessness. The discourse begins with one's own friends and family. The goal is to challenge assumptions about underrepresented demographics and encourage others to build long term relationships through longitudinal volunteering commitments at shelters.

Another way that we can use our platform as medical students and physicians is through policy change. As healthcare providers, we strive to cultivate trust between ourselves and the community. Traditionally, that relationship stays in the confines of the examination room; however, more recently, physicians and medical students have been using their platform to advocate for systemic change. Physicians have the unique ability to advocate for policy changes concerning accessible healthcare and the effectiveness of the harm-reduction model of treating

and caring for IV drug users. Such issues are particularly urgent for the homeless population due to the COVID-19 crisis. Advocating for policy change was used to implement different needle-sharing facilities across the county and can be used to advocate for public housing as a measure towards improving health outcomes.

While students often feel ignorant medically, a basic knowledge of infectious disease and public health provides an excellent base to help educate and support the community. Organizations such as the American Medical Association are empowering medical students to be vocal. Further, a clearer understanding of the struggles that other medical professionals go through creates a sense of empathy and community. Therefore, medical students can support both the public community through increased advocacy and education as well as their medical professional peers through support and encouragement.

In order to advocate for the community, medical students and professionals must understand the needs of the populations they wish to serve. While speaking with our community partner about the effects of COVID-19 on JHH operations, we learned that the established connections with physicians were a significant boon to altering operations at the start of the lockdown. It was difficult for JHH to garner advice from public health offices, so the existing relationships they had with physicians in the community became invaluable sources of advice. This suggests that physicians and physicians-in-training need to seek out connections with community organizations so they can use their platform to advocate for their needs. Community outreach is the perfect vehicle for forging such connections. Some examples of community outreach that can foster such connections are the grocery delivery services recently spearheaded by UCCOM students and the previous class' efforts to establish a needle exchange near JHH. By fostering connections to the community, we will be able to understand their needs and better use our unique position to advocate on their behalf.

References

Mincemoyer, Claudia (2016). Talking with Families about Sensitive Topics (Better Kid Care). Better Kid Care (Penn State Extension), extension.psu.edu/programs/betterkidcare/early-care/tip-pages/all/talking-with-families-about-sensitive-topics.

Guo C., Saxton G. (2013). Tweeting social change: how social media are changing nonprofit advocacy. *Nonprofit and voluntary sector quarterly*, 43(1), 57-79. <https://doi-org.proxy.libraries.uc.edu/10.1177/0899764012471585>.

Guo C., Saxton G. (2017). Speaking and being heard: how nonprofit advocacy organizations gain attention on social media. *Nonprofit and Voluntary Sector Quarterly*, 47(1), 5-26. <https://doi-org.proxy.libraries.uc.edu/10.1177/0899764017713724>.