

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

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

How has COVID impacted the work of Shelterhouse?

Shelterhouse has lost both operations staff and case managers as a direct result of COVID-19 and the health and childcare concerns the pandemic has created. These losses have necessitated some degree of cross-coverage between departments, with case managers assisting in operations on a regular basis. Additionally, Shelterhouse has had to reduce the number of volunteers they are able to take in order to limit the total number of individuals in the facility at any given time.

Shelterhouse has taken numerous steps to ensure the safety of clients and staff. Surfaces are sanitized frequently and staff are required to wear masks at all times within the facility, except while in their offices. Clients may be required to wear masks while meeting with case managers, and they are strongly encouraged to do so at all other times. Transportation services have been reduced, and client meetings with case managers have been largely moved to virtual settings or larger meeting rooms. These changes have also affected the number of patients Shelterhouse has been able to serve. Early in the pandemic, Shelterhouse had to limit intakes. Residents of the women's shelter were moved to hotels, as the shared rooms on-site were unable to accommodate social distancing requirements. While some residents remain in hotels, others began to return to the facility in June. Intakes resumed at this point, but at a reduced rate, in order to continue to maintain a safe environment. Those who continue to reside in hotels receive daily in-person wellness checks and are supplied with food by Shelterhouse. These changes, along with difficulties in securing outside housing through partner organizations, have led to prolonged stays by clients. Moving forward, Shelterhouse will continue to operate with a high degree of caution, so as to continue to limit risk to staff and clients. Those staff who are able to work from home will continue to do so when necessary.

The effects of COVID-19 have similarly been felt by numerous organizations that partner with Shelterhouse in serving Cincinnati's unhoused population. Organizations that previously provided in-person counseling and group sessions at Shelterhouse, such as Greater Cincinnati Behavioral Health Services, have had to move these services online. Shelterhouse has continued to receive donations of food and supplies from individuals and community partners, as highlighted on the organization's Facebook page. Contract renewals and payments, however, have still been delayed as the financial impact of COVID-19 continues to reverberate throughout their partner network.

Looking at the big picture, in June 2020 the city of Cincinnati held a series of budget meetings in which city council and the community were allowed to make a case for the reallocation of city funding for the 2021 fiscal year. The plan included \$32 million dollars in budget cuts and will require community resources and departments to do more with less funding and staff. This was in an effort to make up for a \$73 million dollar deficit. Previously the Human Services Fund was promised to receive 1.5% of city funding by 2023. With the newly voted upon 2021 budget, the city of Cincinnati will allocate 1.37% of funds to Human Services. After a

large push by the community at these city council meetings, \$6.6M will be injected into the affordable housing trust fund and 25% of all tax increment financing will be set aside for the continued support of affordable housing projects. This increase will make it easier for clients at Shelterhouse to find stable, affordable housing and will assist in the transition out of homelessness. In addition, \$500,000 was allocated for emergency rental assistance. This is double the budget allocated for the last fiscal year. This increase should help limit the amount of individuals who experience homelessness by providing a much needed buffer before individuals face evictions and homelessness.

How has COVID impacted the community and clients served by Shelterhouse?

According to the “Double Jeopardy: The Coronavirus and Homelessness in Ohio” report commissioned by the Coalition on Homelessness and Housing in Ohio, 12,100 Ohioans were homeless in 2019. Of these, 10,000 people were sheltered, predominantly in congregate facilities. Unfortunately, shelters are not set up to accommodate social distancing requirements, thus putting individuals experiencing homelessness at greater risk for COVID-19 infection. Shelterhouse did not restrict the movement of their residents in light of the COVID-19 crisis and only continued to practice their 9 pm curfew. It is not unreasonable to assume that many of the residents felt uncomfortable about living in a large facility with many other individuals who could leave the facility and therefore increase the risk of COVID-19 spread. Most, if not all, of the emergency housing shelters and transitional programs in Ohio operate on a lean budget, and therefore heavily rely on volunteers and donations to make their operations possible. Due to the COVID-19 crisis, many shelters have had to limit the volunteer presence at their facilities, and due to the economic downturn, donations have likely decreased. Furthermore, aside from the potential increase in homelessness due to unemployment and the resulting financial precarity, the actions of institutions other than homeless shelters are expected to drive an increase in homeless due to COVID-19. The “Double Jeopardy: The Coronavirus and Homelessness in Ohio” report commissioned by the Coalition on Homelessness and Housing in Ohio indicated that the early release of jail inmates due to COVID-19 concerns, and the decreased activity of nursing homes, residential care programs, and public housing agencies will increase the demand for homeless shelters that are already trying to reduce overcrowding. There is an immediate need to create additional spaces at existing shelters or identify new shelter sites so that individuals experiencing homelessness can reside in a safe space that follows social distancing requirements.

Furthermore, it is likely that individuals experiencing homelessness may be at particular risk for COVID-19 infection. A model from the University of Pennsylvania and the University of California Los Angeles estimated that homeless individuals infected with COVID would be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times more likely to die, when compared to the general population. Additionally, it is not just the health risk that individuals experiencing homelessness may face. At Shelterhouse, many clients lost their employment and had difficulty applying for unemployment benefits. Due to the loss of income, Shelterhouse is seeing an increased length of stay in both their housing and shelter programs.

How might students and physicians use their platform to advocate for the needs of Shelterhouse and their community?

Physicians have historically been afforded a privileged place in society, and their words have carried great weight even in those domains not specifically related to healthcare. As medical students, we recognize the opportunity inherent in such a role to advocate for those who might otherwise be overlooked in the current tumultuous climate.

In light of the COVID-19 pandemic, it is the duty of healthcare professionals to equip all members of the community with the necessary knowledge to protect themselves and slow the spread of the virus. Physicians need to take a step beyond providing treatment and resources to keep the community safe and healthy. It is necessary to vocalize reliable practices and information about our developing understanding of COVID-19 and take a strong stance against medically unsafe misinformation that circulates at all levels of our community from Youtube videos to Facebook posts to the rumor mill around the now virtual watercooler. It is especially important to spend time with those who are too often overlooked in our society, especially people struggling with homelessness. These individuals are, in many cases, some of the most vulnerable to the effects of COVID19, and we cannot effectively flatten the curve if preventative measures are neglected at any level of our community.

Recognizing that the circumstances surrounding homelessness contribute to increased risk for viral transmission and a poorer prognosis, it is vital that we help individuals acquire the skills necessary to find housing. It was serendipitous, then, that our group's service-learning project dealt with increasing computer literacy among Cincinnati's homeless population. While originally conceived as a skill to aid in finding employment and housing, knowledge of and access to online platforms are often prerequisites to making one's voice heard. In our advocacy, it is important to remember those who don't have access to a platform and consider which voices are absent in our discussions. It is crucial that we use our privileged position to uplift the voices of those most affected by the issues we're advocating about.

In addition to our service project, the shift to remote working in light of the pandemic has further brought into focus the need for consistent internet access in order to fully participate in society and live a safe and healthy life. Jobs and housing are found online. Doctor's appointments are scheduled and sometimes held virtually. Work, classes, public events, and socializing are increasingly virtual. This leaves people without regular internet access disengaged and on the margin of society. We ought to include in our advocacy a call to ensure equitable access to the internet, even to treat internet access as a public utility.

Government classification of utilities is not the only protection cities, states, or even federal agencies could offer to those struggling in these unprecedented times. Over the course of our time working with Shelterhouse, we were repeatedly told about the difficulty many of the clients face in acquiring housing, one being the extremely high standards that landlords have for people living in poverty. Because of their low income or issues with their credit, some people are asked to pay deposits for multiple months to be able attain housing. This is very difficult for

someone who just obtained a job to do. The result is people staying in the shelter for longer periods of time, and the capacity of the shelters are strained and ultimately serve less people. Especially in these unprecedented times with people losing their jobs and businesses due to COVID-19 and having difficulty obtaining a new job, we are advocating against these housing policies that make it harder for people to get housing based on their past. In line with the CDC moratorium, we are advocating against eviction during the COVID-19 pandemic. Many people who may have just obtained housing were being evicted after losing their job or receiving hospital bills due to COVID-19. At this time, it is more important than ever to support each other and ensure that people have a safe and stable place to stay. Not only do we support the CDC moratorium, but we are advocating for the enforcement of this moratorium at the local level and that this information is made widely available to the public.

In recent years, physicians have been told to “stay in your lane” when addressing topics that are not directly related to the practice of medicine, but where ought we to draw the line? Certainly, very few could argue that medical practitioners advocating for healthy eating and smoking cessation programs somehow crosses a line, in large part because these have been shown to improve the health of those who participate. When internet access and secure housing have likewise been linked to better health outcomes, physicians should not be discouraged from speaking out in support of public intervention. The phrase ‘social determinants of health’ is appropriately stated; these social factors do, in fact, determine health, and it is our responsibility to our fellow members of society to ensure that economic calamities, pandemics, and even rotten luck do not destine a person for illness.

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