



Office Hours: COVID-19 Planning and Response

December 4, 2020



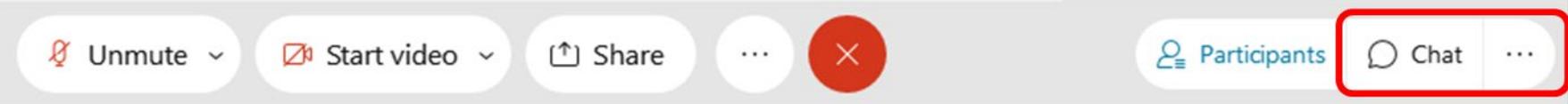
Housekeeping

- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content will be posted to the HUD Exchange within 2-3 business days
- Event information for upcoming Office Hours, along with copies of all materials can be found here:

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours>

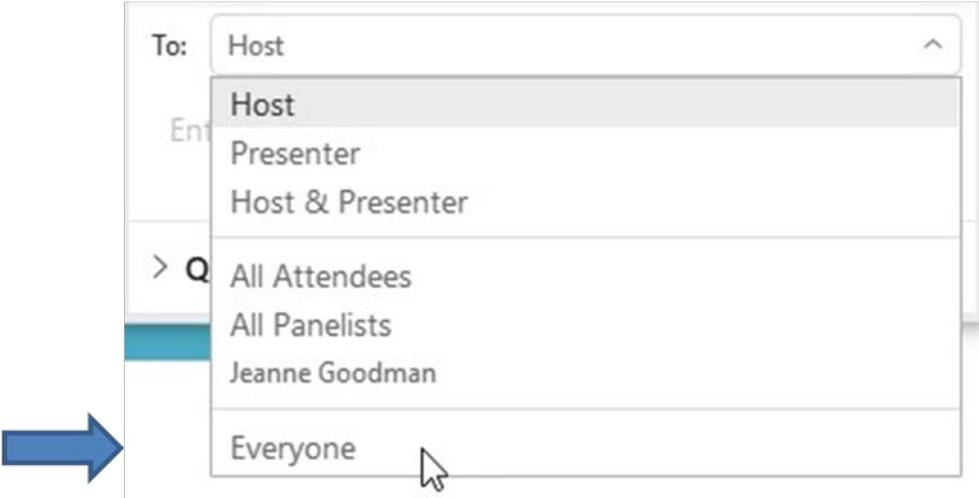
- To join the webinar via the phone, please call in using:
+1-415-655-0002 Access code: 610 976 677
(If you need to call in toll-free, call 1-855-797-9485)

Chat Feature



Select the Chat icon to make a comment or ask a question.

Be certain the To field is set to **Everyone**



Speakers & Resource Advisors

Department of Housing and Urban Development

- Office of Special Needs Assistance Programs
 - Norm Suchar
 - Karen DeBlasio
 - Latesha Balam
 - Lisa Coffman
 - Brett Esders
 - Marlisa Grogan
 - Ebony Rankin
 - Sharon Singer
 - William Snow
- Taylor Kiely, CPD Representative, Chicago Field Office
- David Canavan, HUD TA, Canavan Associates

Speakers & Resource Advisors

Centers for Disease Control and Prevention

- Emily Mosites, PhD MPH- COVID-19 At-Risk Population Task Force, Senior Advisor on Health and Homelessness

National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy

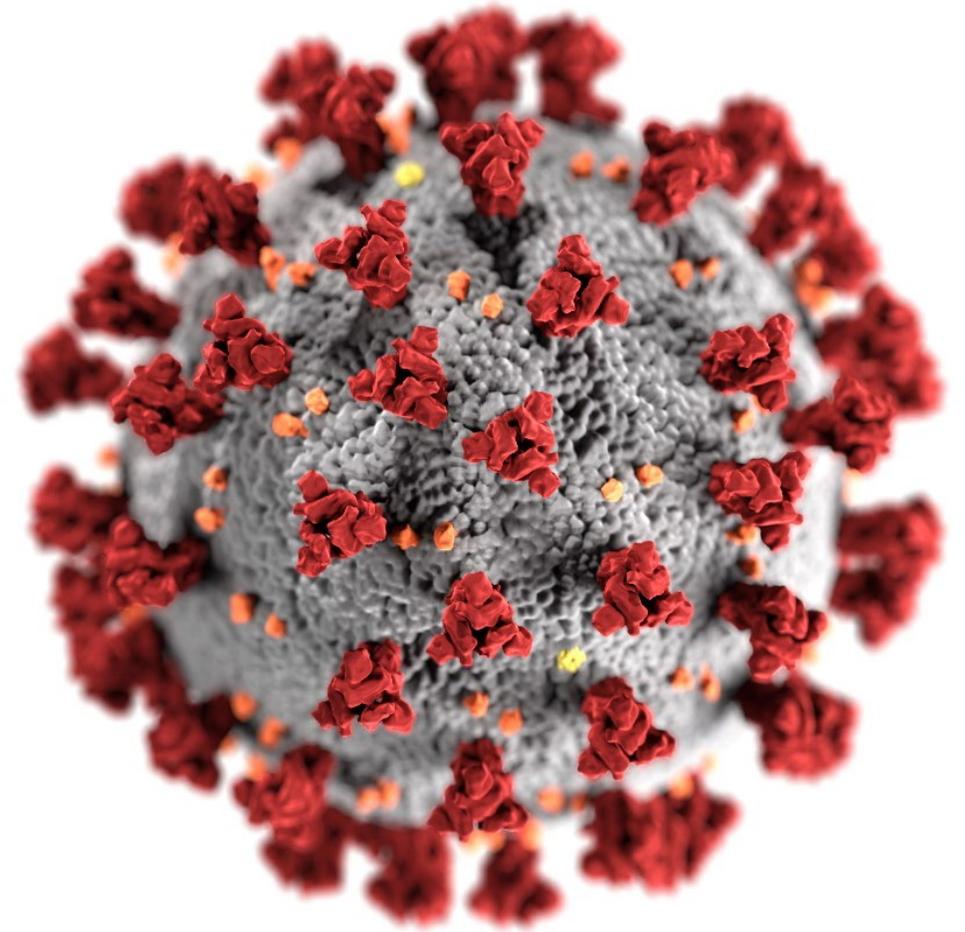
Department of Veterans Affairs

- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office

COVID-19 and Homelessness

Updates

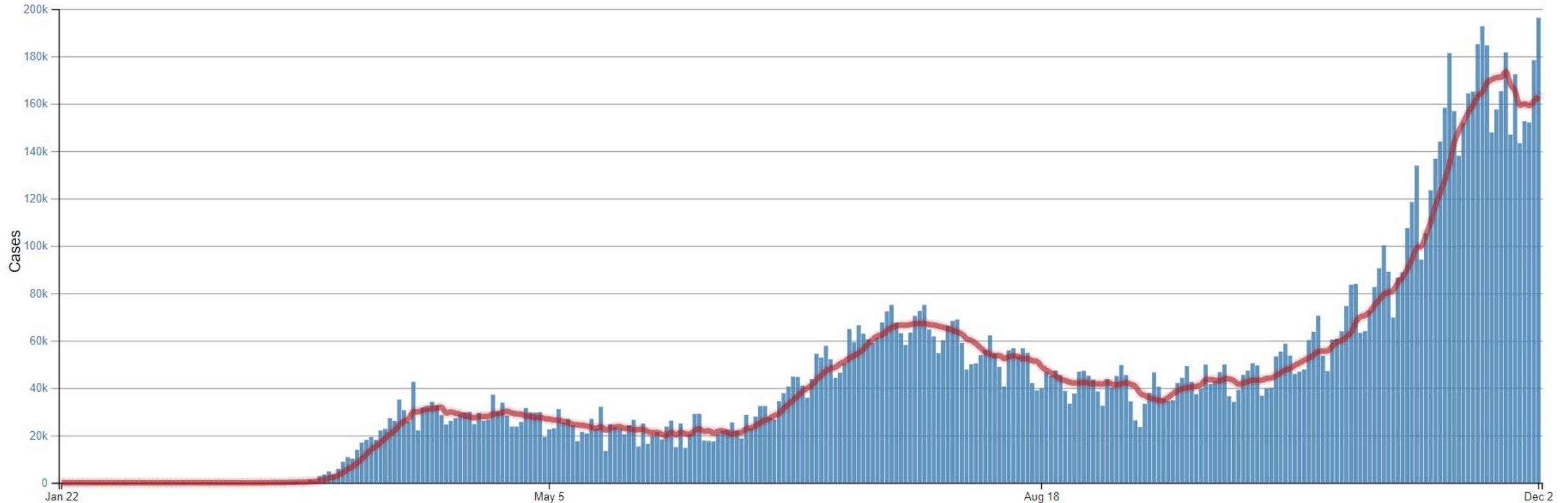
Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response



cdc.gov/coronavirus

196,000 cases, 2,762 deaths on 12/2/20 in the United States

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



Universal testing data dashboard

updated 12/2/22



Vaccine acceptability



COVID-19 Vaccine Acceptability

- **58%** of the general public said they would receive a COVID-19 vaccine
(as of an October 2020 Harris Poll)

Factors weighing on acceptance:



Concern about side effects



Efficacy



Risk perception



Associated costs

COVID-19 vaccine more acceptable if:



Healthcare provider said it was safe



There are no costs to the individual



It would help get back to school
and work



They could get it easily

The vaccine demand continuum

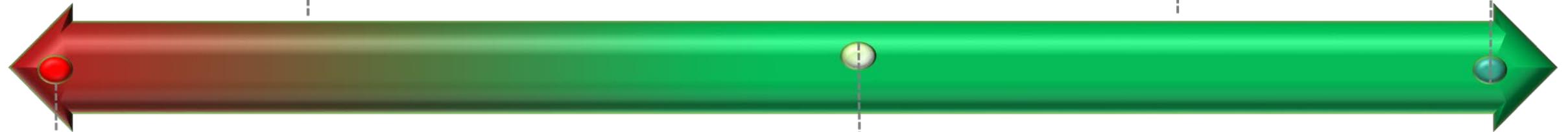
INCREASING CONFIDENCE IN VACCINE, VACCINATOR, AND HEALTH SYSTEM

**May have questions, take “wait and see”
approach, want more information**

Demand

Refusal

Passive
Acceptance





Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Reinforce Trust

Objective: Regularly share clear and accurate COVID-19 vaccine information and take visible actions to build trust in the vaccine, the vaccinator, and the system.

Empower Healthcare Providers

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, increase collaboration and build trust in COVID-19 vaccine.



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Reinforce Trust

Objective: Regularly share clear and accurate COVID-19 vaccine information and take visible actions to build trust in the vaccine, the vaccinator, and the system.

- ✓ **Communicate transparently** about the process for approving, making recommendations for, monitoring the safety of, and distributing COVID-19 vaccines.
- ✓ **Provide regular updates** on benefits, safety, and effectiveness, including updates from an independent vaccine safety monitoring group.
- ✓ **Proactively address and mitigate the spread and harm of misinformation** via social media platforms, partners, and trusted messengers.



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Empower Healthcare Providers

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

- ✓ Engage systems and healthcare personnel often and early to ensure clear understanding of the vaccine development and approval process, and the benefits of vaccination.
- ✓ Ensure healthcare systems and medical practices create a culture that is supportive of COVID-19 vaccine administration.
- ✓ Support empathetic vaccine conversations in healthcare encounters to confidently address vaccine-related questions and provide tailored vaccine information to patients.



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, increase collaboration and build trust in COVID-19 vaccine.

- ✓ Work with jurisdictions to engage new community partners for vaccine distribution.
- ✓ Work with jurisdictions and national partners to collaborate with communities around vaccine uptake and service delivery strategies.
- ✓ Collaborate with trusted messengers in communities of color to tailor and share culturally relevant messages and materials.

Address myths and misconceptions about COVID-19 vaccination

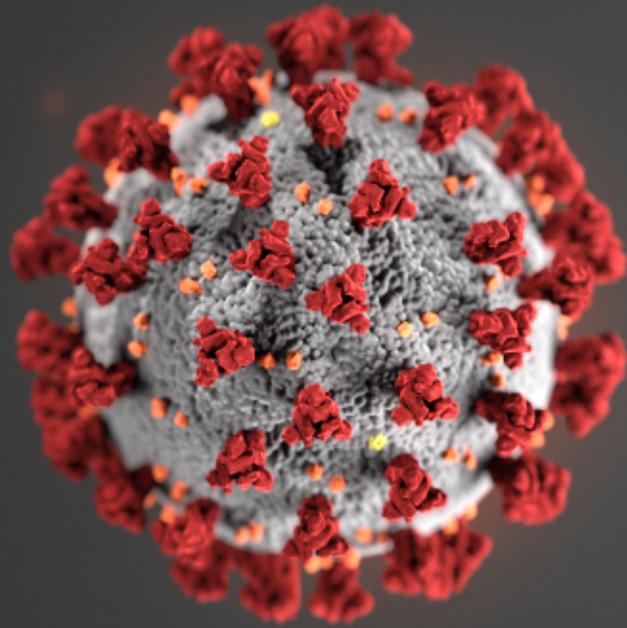


COVID-19 vaccines will not give you COVID-19

People who have gotten sick with COVID-19 may still benefit from getting vaccinated

Getting vaccinated can help prevent getting sick with COVID-19

COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



HUD TA SPOTLIGHT

- COVID-19 Informational Flyers



Symptom Screening

Shelters should regularly screen shelter residents for COVID-19 symptoms (i.e., cough, fever, shortness of breath) and separate people with symptoms.

[Screening Clients for Respiratory Infection Symptoms at Entry to Homeless Shelters](#)

HELP STOP THE SPREAD OF COVID-19 BY WATCHING FOR THESE POSSIBLE SYMPTOMS:

IF YOU FEEL ANY OF THESE SYMPTOMS,
TALK TO SHELTER STAFF:



Headache



Fever/chills



New or
worsening cough



New or worsening
shortness of breath



Sore throat



Congestion/runny nose



Diarrhea



Loss of smell/taste



Muscle/body aches



Difficulty breathing



Nausea/vomiting



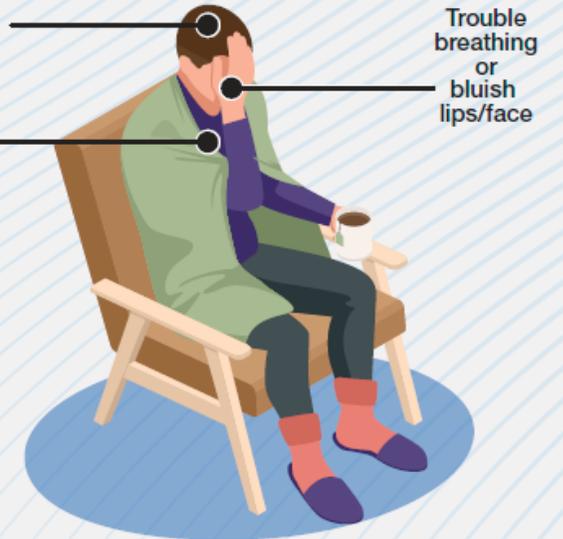
Fatigue

Symptoms of COVID-19 may appear
2-14 days after exposure

IF YOU FEEL ANY OF THESE OTHER SYMPTOMS,
ASK SHELTER STAFF TO CALL 911 AND GET
EMERGENCY MEDICAL ATTENTION:

New
confusion
or
inability to wake/
stay awake

Persistent pain/
pressure in
your chest



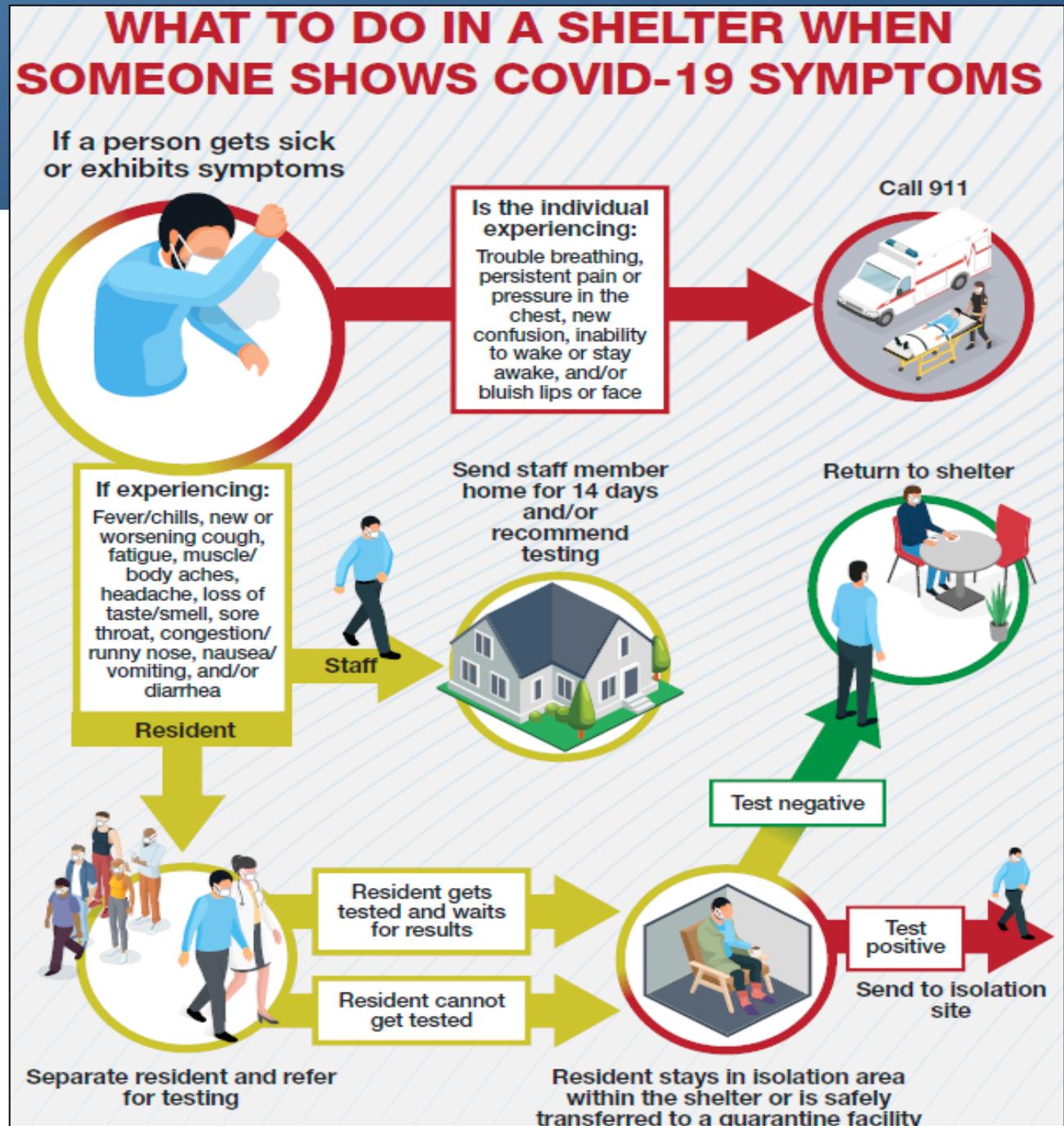
Trouble
breathing
or
bluish
lips/face

C-19

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Facility Procedures

Establish alternate care sites for healthcare providers to offer medical care and sheltering in non-traditional environments. Communities are using hotels/motels and large public spaces like community centers.



Shelter Sanitation

Adjust operations:
Implement
extensive cleaning
schedules, expand
use of outdoor
spaces, convert to
24-hour access

[Environmental Cleaning
and Disinfection
Recommendations](#)

YOU KNOW YOU'RE READY WHEN YOU HAVE...



C-19

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Facility Layout

COVID-19 Facility Layout

YOU KNOW YOU'RE READY WHEN YOU HAVE...



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* PUT YOUR SLEEPING AREAS AWAY FROM HEAVILY TRAFFICKED ZONES

Winter Shelter Planning During the Pandemic

This resource was designed for system leaders and planners to help congregate shelters maintain reduced capacity to prevent the spread of COVID-19. Communities should maximize **Alternative Spaces for Winter Sheltering** and increase **Diversion Strategies** to reduce the need for congregate shelter.



1 Supporting Alternative Spaces for Winter Sheltering

- Utilize hotel/motel rooms or other non-congregate shelter options
- [Increase Alternative Sheltering Options](#)
- Expand medical respite programs
- Maintain active outreach to encampments to ensure survival and safety. Provide the following:
 - Assistance in winterizing tents
 - Food and water
 - Hygiene and disinfection supplies/equipment
 - Connections to non-congregate shelter or housing

2 Strengthening Diversion Strategies

- Expand Diversion programs that help people resolve housing crises instead of entering the homeless system
 - Flexible cash assistance
 - Connections and mediation with family/friends
 - Connection to benefits and community based resources
- Consider a dedicated hotline to triage needs

3 Sustaining Congregate Shelters at Reduced Capacity for COVID-19

- Congregate shelters must have referral options and resources to maintain reduced capacity
 - Maintain low barrier access
 - Provide funding for short term motel vouchers for people seeking shelter to maintain reduced shelter capacity
 - Provide transportation to alternative shelter space

C-19

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- Coordinate with Public Health Partners to plan for winter
- Keeping shelters at decompressed levels will be important in colder months
- Setting up non-congregate shelter will be important to prevent outbreaks in the homeless population

Shelter Management During an Infectious Disease Outbreak (cont'd)

Shelter Management During an Infectious Disease Outbreak

- Closing a shelter during a public health outbreak could have serious health implications for the homeless people being served and cause increased disease spread in the community
- Continuums of Care should be actively reaching out to shelters (publicly and non-publicly funded) to document resource needs and to help problem solve
- If you are facing the tough decision to shut down your shelter, there are steps you can take...

Shelter Management During an Infectious Disease Outbreak (cont'd)

When facing the possibility of a shelter closure:

- 1) Reach out to your local public health partners and emergency management partners to determine if staffing and supply resources can be accessed locally
 - Ensure these partners understand the community ramifications for closing these sites
- 2) Create a plan for alternative sheltering such as non-congregate solutions or establishing overflow spaces
- 3) Please reach out to HUD (field office or AAQ) – HUD technical assistance is available to support you!

Key Websites

HUD: <https://www.hudexchange.info/homelessness-assistance/diseases/infectious-disease-prevention-response/>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

NHCHC: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

USICH: <https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/>

VA: <https://www.publichealth.va.gov/n-coronavirus/index.asp>

HRSA: <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

Federal Partner Contacts

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:
www.cdc.gov/COVID19; 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:
[HUD Exchange Ask-A-Question \(AAQ\) Portal](#)

Q & A

