Homeless Medical Assistance Program (HMAP)

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As stay-at-home orders sweep across the United States, not everyone can adhere. People affected by homelessness struggle to find a place to remain healthy and invulnerable to a rising pandemic. The District of Columbia’s homeless population rises to 6,500 people and poses the most risk for COVID-19 because of the lack of resources available in the city, preexisting health conditions, and substance dependency. Some homeless people with a respiratory condition face a greater likelihood of developing a severe reaction from COVID-19 (Vredevoe, 1992). Furthermore, the homeless population tends to face a mortality rate from five to ten times higher than the general public (Roncarti, 2018). In order to combat these possibilities, we propose a pilot program focusing on providing necessary assistance to vulnerable populations from the ages 35 to 65. Our program, Homeless Medical Assistance Program (HMAP), aims to reduce the number of COVID-19 cases by placing homeless individuals in stadiums with adequate distance, administering food without direct contact, and providing mental healthcare.

It is unfortunate that the vast majority of D.C. residents remain without sufficient resources during the current pandemic. However, D.C.’s adult homeless population are far more disadvantaged than residents who can enjoy the safety and comfort of their homes. For example, some people affected by homelessness find difficulty in social distancing due to the overcrowding of homeless shelters (Stewart, 2020). According to the Centers for Disease Control and Prevention (CDC), social distancing requires that one, “stay at least 6 feet (about 2 arms’ length) from other people who are not from your household in both indoor and outdoor spaces” (Social Distancing, Quarantine, and Isolation, 2020). This poses significant problems given social distancing is the “Gold Standard” for COVID-19 prevention. In addition to concerns with social distancing, homeless people lack access to bathroom and sanitation facilities. Many homeless shelters can facilitate virus transmission given homeless adults cannot regularly practice hygienic behavior such as hand washing (Moffa et al., 2018). Notably, there is also scarce availability of Personal Protective Equipment (PPE) such as masks and gloves for homeless individuals. Without addressing these issues, the spread of COVID-19 will continue to mirror recent, “...outbreaks of typhus, hepatitis A, tuberculosis, trench fever, and Shigella bacteria,” in densely populated homeless areas (Tsai and Wilson, 2020). The D.C. homeless population is in dire need of access to sanitation facilities and social distancing.

Homeless people cannot obtain the proper resources they need for their health, and thus heavily rely on public funding because the problem has outgrown beyond the private sector. They often rely on emergency rooms, clinics, hospitals, and other facilities that serve the poor to an extent. Homeless people, who are more susceptible to certain diseases, have greater difficulty getting health care and are harder to treat than others; this is because of their lack of stable housing (Lee K.H., et al., 2017).

In addition, some homeless individuals are more susceptible to COVID due to substance use. People with narcotic use disorder and methamphetamine use are vulnerable because of those drugs’ effects on the respiratory system. Moreover, individuals with a substance use disorder are bound to experience vagrancy or detainment than normal people. These conditions add difficulties for transmission of the disease that causes COVID-19. Homelessness can also affect a person’s mental health. In one study looking at mental health and homelessness, researchers found that...
homeless adults with anxiety were significantly more likely than those without anxiety to have both suicidal ideation and suicide attempts (Volkow, 2020). Also, homeless adults with drug abuse were significantly more likely than those without drug abuse to have suicidal ideation. The study suggests that to reduce the suicide of the homeless, case managers need to screen mental health and substance abuse issues and to provide appropriate treatment services at homeless shelters (Volkow, 2020).

Due to reasons discussed, the HMAP will aid in addressing the incompetent care that homeless individuals are facing. Many previous stadiums like the Brazil’s Pacaembu Stadium and South Africa’s Pretoria Stadium used to assist their homelessness populations have been ineffective given they failed to adhere to the CDC guidelines for social distancing. HMAP aims to address the failures of those programs. The goal of this 3-month pilot program is to reduce the transmission rate amongst D.C.’s 35-65 year old homeless populations while providing shelter, mental health resources, and nutrition.

The pilot program is a government funded program located at the D.C. Armory in Southeast D.C.. Prior to beginning the HMAP, the Environmental Protection Agency (EPA) or a group of volunteers will come and completely disinfect the entire D.C. Armory facility. Additionally, before entering the shelter, the homeless population will be tested for COVID-19 through the nasal swabs test, regardless of presenting as symptomatic or asymptomatic. Homeless individuals will also be given Personal ID badges that specifies whether or not they recently tested negative or positive for COVID-19. These ID badges will allow them to travel on the HMAP shuttle buses as long as they do not have COVID-19. If the homeless individuals test positive, the program team will assist them by taking them to a local hospital where they can get appropriate care. Those who test positive and do not require hospital stays will be immediately placed in a separate area of the D.C. Armory for quarantine until they test negative for COVID-19.

The D.C. Armory is roughly 70,000 square feet and can accompany a maximum of 400 homeless individuals. Given COVID-19 is reported to transfer up to 13 feet, HMAP will place individuals into a 13’ x 13’ room separated with plastic dividers. The single-occupancy rooms will include a single-sized bed. Volunteers and paid supervisors will be recruited via social media to work for HMAP all days of the week. Volunteers will work 2-hour shifts 8 a.m. to 8 p.m., and supervisors will alternate 4-hour shifts throughout the day and night. Workers will be tested twice a week for COVID-19 through the nasal swabs test along with temperature checks. Also, the program will provide healthy meal plans that follow FDA guidelines and medications to homeless individuals by distributing meals in a manner where there is the least contact. To go into further detail, this consists of delivering sealed food at individual rooms instead of in a dining hall. Furthermore, each HMAP ID will list dietary restrictions and allergies provided from entrance forms. Similarly, for the mental needs of homeless individuals, HMAP will partner with the George Washington Department of Psychiatry and Behavioral Sciences, to provide therapy. To raise funding, HMAP will utilize social media platforms like Instagram, Blog, etc. to link a GoFundMe account.

As the pandemic continues to loom over the district, the homeless population falls vulnerable to infections. Current issues such as the lack of adequate resources, preexisting health conditions, and substance abuse contribute to an increased susceptibility to the pandemic from the lack of access. The Homeless Medical Assistance Program (HMAP) serves to address these disparities by providing homeless individuals in D.C. access to mental health resources, nutrition, sanitation and the opportunity to social distance during the COVID-19 outbreak. The program will
ensure a safe environment for the patients, staff, and volunteers in order to reduce the overall number of COVID-19 cases in D.C’s homeless population.

References


