The Impact of COVID-19 on Adults Experiencing Homelessness

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ABSTRACT
People experiencing homelessness have sustained significant impacts to safety, health, and well-being during the COVID-19 pandemic. Occupational therapy has a distinct role in identifying the disruption in safety and routines experienced, as well as the long-term impacts of COVID-19. This CE article presents the ways in which people experiencing homelessness were uniquely affected by COVID-19 and the role of occupational therapy in addressing these factors. Strategies and interventions range from working with individuals to identifying and implementing actions for advocacy in the community.

LEARNING OBJECTIVES
After reading this article, you should be able to:
1. Identify three ways COVID-19 impacted people experiencing homelessness.
2. Describe the roles of occupational therapy in addressing the barriers to occupation caused by COVID-19 in people experiencing homelessness.
3. Discuss 3 to 5 strategies and/or resources to address the needs of people experiencing homelessness in response to COVID-19.
4. Identify 2 to 3 advocacy actions to address the needs of people experiencing homelessness in the community during and following COVID-19.

INTRODUCTION
As a global pandemic, COVID-19 has had a significant impact on virtually everyone and their occupations. Unfortunately, COVID-19 only highlighted and exacerbated social and health inequities within the United States, as those with health disparities and in economically distressed communities experienced more severe consequences of the pandemic than others (Patel et al., 2020). Occupational deprivation, defined as a “state in which people are precluded from opportunities to engage in [activities] of meaning due to factors outside their control” and occupational marginalization, defined as “the injustice seen when everyday options or choices are not available to every member of the society or community,” are daily occurrences for people experiencing homelessness (Whiteford, 2000, p. 200). This population faces significant barriers to engaging in priority and meaningful occupations, such as health and self-care, and lack opportunities for stability available to people with stable housing (Marshall et al., 2017; Schultz-Krohn & Tyminsii, 2018). The onset of COVID-19 and its related restrictions only enhanced the deprivation and marginalization, coinciding with the increased risk of contracting COVID-19. This article reviews the impact on safety and occupations for people experiencing homelessness as a result of the COVID-19 pandemic, and the role of occupational therapy in reducing the resulting occupational deprivation and marginalization. Even as the risk of COVID-19 decreases with the use of vaccines and continued safety measures, occupational therapy has the opportunity to play a significant role in advocacy to respond to the long-term effects of COVID-19 on both health and housing policies.

Defining Homelessness
Homelessness may be defined in several ways. The U.S. Department of Housing and Urban Development (HUD) uses the federal definition of homelessness, which states a person is considered homeless if they lack “a fixed, regular, and adequate nighttime residence” (General Definition of Homeless Individual,
OCCUPATIONAL DEPRIVATION, HOMELESSNESS, AND COVID-19

COVID-19 and homelessness are similar in that they both impact all areas of life. Prior to COVID-19, people experiencing homelessness were already altering their routines in order to access resources, often determined by external factors, creating difficulty in engaging in preferred occupations. Unfortunately, COVID-19 closures for public safety ultimately resulted in people experiencing homelessness to have even fewer access to resources for these occupations.

Activities of Daily Living
People experiencing homelessness face significant barriers, many environmental, to completing ADLs (Brown et al., 2017; Simpson et al., 2018). For those who are staying in shelters, the ability to complete ADLs depends on the accessibility of the space for various mobility needs, availability and conditions of bathroom and shower spaces, and the time during which these spaces can be used. For those who are not in shelter spaces or spaces without onsite facilities, individuals must rely on the availability of spaces such as drop-in centers, mobile shower units, or public restrooms. All people experiencing homelessness may have limited access to ADL supplies, having to prioritize purchasing some items over others, or relying on what may be donated. COVID-19 closures of public spaces resulted in many people no longer having access to facilities to complete ADLs, even toileting and using the bathroom, let alone being able to shower or wash up. Those living in congregate spaces such as shelters faced increased risk with shared bathroom spaces, and less ability to acquire sanitation supplies, such as toilet paper, soap, and hand-sanitizer.

Instrumental ADLs
Much like ADLs, instrumental (IADLs) were also severely impacted by COVID-19. Safety and emergency maintenance, which includes reducing potential threats to health and safety, was restricted as a result of limited ADLs and hygiene supplies, and environmental restrictions to following public health recommendations, such as isolating and “stay at home orders” (AOTA, 2020; NHCHC 2020a). For those without homes, congregate shelter spaces presented a high risk for virus transmission, and those staying on the streets had no safe place to be away from the public. Masks were unavailable or costly, preventing many with limited incomes from being able to buy recommended supplies to reduce the risk of infection. Public spaces where people experiencing homelessness may spend their time as respite from the weather were also closed. With the closure of facilities routinely utilized by people experiencing homelessness, such as meal programs, drop-in centers, and social services programs, additional barriers were experienced with a lack of access to meals and food, public transportation, and communication resources such as public internet and phone services.

Health Management
In addition to elevated health and safety risks due to experiencing homelessness, health management was also more difficult. Many public health clinics utilized by people experiencing homelessness temporarily closed or have had reduced hours, making it more difficult to access emergency or regular care. With community and public programs and buildings closed, some individuals also lost access to safe spaces to store medications and health supplies or had limited hours during which they could access these supplies (Peate, 2020). Pharmacy shortages caused some individuals to be unable to access prescribed medications. Clinics serving at-risk populations had to make difficult decisions regarding the health and safety of their clients: remaining open potentially increased risk of infection with more individuals going into and out of the clinic; while closing or reducing services could have other health impacts on those who were more closely monitored by providers.

At the height of the pandemic, health care resources were scarce and health systems were overwhelmed with COVID-19 cases. People experiencing homelessness generally have more difficulty accessing health care resources (Baggett et al., 2010). In this case they faced more barriers to testing and treatment for COVID-19. If they were diagnosed with it, many initially had no place to stay or recover if they didn’t require hospitalization. With the progression of COVID-19, communities began establishing Alternative Care Sites to allow for recuperation and isolation for those experiencing homelessness.

Work, Social, and Leisure Participation
People experiencing homelessness routinely have decreased access to work opportunities and leisure engagement. As with
other occupations, these options were limited even further with the onset of COVID-19. Publicly accessible leisure spaces such as parks and libraries closed or had restricted hours and services. As many people across the U.S. focused on familiar or new leisure pursuits, people experiencing homelessness did not have the opportunity to engage in activities to assist in managing the stress or adjusting to different ways of spending time. Closures of businesses and relying primarily on essential workers meant many lost their jobs or temporary income. Many people within the U.S. transitioned their in-person social engagements to virtual methods, using video chatting and other technology-based services to remain connected. People experiencing homelessness often do not have the income or resources for more expansive technology supports or have had limited opportunity to learn how to use various technologies. Spaces for social engagement often are the same as where other resources are accessed, and these closures impacted both self-care and social occupations.

Rest, Sleep, & Routines
Even without COVID-19, persons experiencing homelessness have extreme disruption to their routines, or have routines that are entirely based on the availability of various resources (Helfrich & Synovec, 2019). Closure of these resources significantly impacted any semblance of routines, and a lack of access to supports resulted in important occupations being unavailable. Like other occupations, rest and sleep are highly affected by the experience of homelessness. In order to avoid transmission of COVID-19, some shelters in communities closed or reduced the number of beds available. Without an immediate solution, many were forced to sleep outside or in other unstable settings. For many, COVID-19 exacerbated mental health symptoms, due to both the concerns for safety as well as the severe disruption in routines. For those experiencing homelessness, the consequences of chronic stress and mental health may have been greater than it was for most of the housed population, who had access to the supports of leisure engagement, technology, and social systems, as well as private spaces to safely isolate and follow stay-at-home orders.

OCCUPATIONAL THERAPY INTERVENTION TO ADDRESS OCCUPATIONAL DEPRIVATION

Occupational Therapy Intervention to Respond to COVID-19
Just as in other settings where occupational therapy practitioners work, practitioners working with people experiencing homelessness focus on the factors limiting occupational engagement and functional skills. For this population, the interventions focus both on individuals, and on solving problems and navigating contextual and structural barriers to participation. Occupational therapy practitioners may specifically work with individuals experiencing homelessness in shelter and transitional housing settings, permanent supportive housing, health centers and community clinics, and drop-in/community centers. Practitioners may also work with people experiencing homelessness in more traditional health care settings, although interventions may be more focused on rehabilitation of a specific medical issue. Regardless of setting, understanding the contextual barriers experienced by this population is critical and became increasingly important during COVID-19 (Synovec et al., 2021a). Occupational therapy has several opportunities to address occupational deprivation and marginalization through individual and population-based interventions.

Activities of Daily Living
With more factors restricting ADLs, occupational therapy practitioners can work with individuals to identify alternative and compensatory strategies, including:

- Alternative methods for hygiene (wipes, dry shampoo, mouth wash) when facilities are not available.
- Alternative methods for hand hygiene (sanitizer when available, wipes).
- Creating face coverings from available resources.
- Advocating for temporary structures and spaces for ADLs (e.g., mobile hygiene units) and accessibility of these spaces (Comstock & Sandell, 2020).

Identifying New Resources and Establishing New Routines
Practitioners can play a role in identifying resources and providing updates on what may be opened or closed with their communities. Resources identified might include:

- Alternative locations for ADLs.
- Alternative locations for food and meals.
- Facilities to access WiFi.
- Where to find information regarding available resources and supports.

Practitioners can also work with individuals to establish new routines based on restrictions and resources available, such as:

- Incorporating new strategies for ADLs.
- Creating strategies for sleep and relaxation.
- Identifying new and alternative leisure activities with available resources.
- Providing a safe space for occupational engagement in spaces and programs that remain open.

Health Management
Health and safety are of high priority to prevent and respond to COVID-19. Strategies to effectively manage ongoing physical and mental health needs are critical. Supporting safety and health management can occur through:

- Providing or educating on ways to access supplies to follow COVID-19 guidelines.
- Providing education as precautions and instructions change, and recommending resources to access this information.
- Identifying coping strategies to manage long-term stress of the pandemic.
- Identifying strategies and resources to cope with grief and loss as a result of the pandemic.
- Communicating with providers who may not be aware of limitations in technology or transportation access.
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• Providing education on harm-reduction strategies for those who are using substances, such as identifying needle exchange locations, Narcan training, and setting up “timed check-ins” with a support person after using has stopped (Kimmel et al., 2020; National Harm Reduction Coalition, 2020; NHCHC, 2020b).

Technology Use and Communication
Skills for using technology have become increasingly important. Occupational therapy practitioners can address technology and communication through identifying access to technology resources and helping persons who are homeless to:
• Develop skills for using technology such as telehealth programs or for leisure engagement.
• Develop communication skills to effectively discuss their needs over the phone and engage with providers as needed.
• Redevelop or practice social cues and reading body language with social distancing and masking guidelines.

Leisure and Social Engagement
Leisure and social engagement are integral occupations for health and well-being. Practitioners can increase opportunities for engagement in leisure and social activities for people experiencing homelessness through:
• Developing activity packets that are client-centered and include preferred activities.
• Providing supplies to engage in activities.
• Providing education on what former activities might be safe (such as going for walks at a distance).
• Developing and providing activities at COVID-19 testing and vaccination sites to address anxiety with wait times.
• Identifying safe social engagement activities.
• Providing education and practice to adapt to new procedures to access public spaces.
• Providing strategies to manage anxiety that may occur in public or crowded spaces.
• Providing guidance on how to respond to someone demonstrating COVID-19 symptoms or who is potentially unsafe.

Self-Advocacy
Due to the experience of stigma and marginalization, people experiencing homelessness benefit from support to develop skills for self-advocacy (Lebrun-Harris et al., 2013; Magwood et al., 2019). Interventions to develop self-advocacy may include:
• Supporting skill development for self-advocacy in health care spaces, including in emergency situations.
• Supporting clients in completing advanced directives for health interventions (Leung et al., 2015).
• Supporting skill development to safely engage in advocacy and social justice work, nationally and locally.
• Providing education and support to navigate resources for housing and eviction prevention (NHCHC, 2020a).

Occupational Therapy and Role Resumption Following COVID-19 Recovery from COVID-19
Although best practices for COVID-19 recovery continue to emerge, occupational therapy practitioners working in settings directly serving adults experiencing homelessness should have an awareness of continued barriers to health and engagement. While the number of people experiencing homelessness who were diagnosed with COVID-19 is ultimately unknown, this population lacks regular access to health care, including primary and specialty care (Baggett et al., 2010). This was exacerbated during COVID-19, and many persons experiencing homelessness who had it may not have accessed community-based services or rehabilitation for recovery. Ways to support persons experiencing homelessness recovering from COVID-19 may include:
• Teaching strategies for managing fatigue and decreased energy, and advocating for individuals to access spaces to rest during the day.
• Assessing for and addressing cognitive and neurological impacts.
• Developing health management strategies for long-term conditions and chronic conditions worsened by COVID-19.

Addressing Trauma and Mental Health
People experiencing homelessness have higher rates of trauma, mental health, and substance use diagnoses than the general population (Ayano et al., 2020; Fazel et al., 2014). Being diagnosed with COVID-19 and the trauma of extreme lack of safety during the pandemic added to existing mental health symptoms. Additionally, many experienced several types of loss. Acknowledging and addressing potential trauma and mental health needs is also within the scope of occupational therapy. Some areas to address can include:
• Identifying resources for behavioral and mental health supports, including individual therapy, peer support and support groups, addiction, and recovery treatment.
• Identifying strategies for coping with and managing new or increased mental health symptoms or substance use behaviors.
• Developing strategies to manage trauma and adjustment from being diagnosed and sick with COVID-19.
• Addressing trauma and grief related to losing support systems, family, and friends from COVID-19.

OPPORTUNITY FOR ADVOCACY AND COLLABORATION
All of the occupations addressed at an individual level can also be addressed through population-level advocacy actions. As citizens, occupational therapy practitioners always have the opportunity to engage in civic and public action. However, practitioners can also use their distinct lens and perspective to support and inform advocacy efforts.

Housing and Shelter Access
Many communities sought to increase public safety and the health of people experiencing homelessness by opening new shelter sites where individuals had private space and could
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safely reside. This often used already existing community resources, such as motels and previously vacant spaces (such as nursing homes), to provide safe and temporary housing. These actions increased safety as individuals were able to safely isolate and avoid public spaces, and provided consistent access to spaces for ADLs, health management, meal preparation, and storing personal belongings. Some communities have begun to look at the sustainability of this model as COVID-19 risk and restrictions lessen. Occupational therapy practitioners can support and advocate for the continuation of these spaces to increase opportunity for occupation, and help implement them through a trauma-informed lens. Additionally, a lack of affordable housing is pervasive across communities in the U.S. (National Low Income Housing Coalition, 2020). Continued advocacy is necessary to ensure that everyone who needs housing has access to spaces that are safe, affordable, and accessible, so that all may live and thrive in the communities of their choice.

Medical Respite and Recuperative Care
The emergence of Alternative Care Sites demonstrated the value for communities to have a safe place for people experiencing homelessness to recover after hospitalization or acute illness. Although these were implemented in response to COVID-19, medical respite care has existed in some communities for many years. Medical respite care is defined as “acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in the hospital” and has demonstrated many positive outcomes, including decreased health care costs, increased access to community health care, and improved health and well-being for people experiencing homelessness (National Institute for Medical Respite Care, 2021). Occupational therapy practitioners can advocate for Alternative Care Sites to transition to medical respite programs or to establish medical respite care in their community as a long-term resource for people experiencing homelessness. Further, medical respite programs may be a vital opportunity for individual to engage with occupational therapy practitioners to address occupational performance needs and minimize barriers to care (Synovec et al., 2021b).

Prevention of Homelessness
COVID-19 has also increased the risk of eviction and a new onset of individuals and families becoming homeless, due to lost wages and income during the pandemic. Although the federal eviction moratorium prevented people from moving out of rented units during the pandemic, this moratorium expired in August 2021 without any federal action or aid to support those who have been unable to pay rent. As time goes on, communities may see a significant increase in the number of people and families experiencing homelessness but may lack critical resources to prevent this or respond quickly to avoid long-term homelessness. Members of communities can work with public and private organizations to support those at risk of or becoming homeless, and to ensure there are adequate resources to implement evidence-based interventions, such as critical-time case management, to minimize the impacts of the loss of housing (HUD, 2020).

Reducing Disruption of Encampments
Many advocacy organizations have consistently advocated against the practice of the disruption and removal of encampment spaces. This was further supported by the Centers for Disease Control and Prevention (CDC) recommendation to avoid disrupting encampments for public health concerns (CDC, 2021). Despite this, several communities continuously disrupt encampments without a long-term plan to support the residents of these areas. Again, occupational therapy provides a critical perspective on the harm of these practices, understanding the value of personal belongings, the loss associated with having routines and items disrupted, and knowledge of trauma-informed practices. Occupational therapy practitioners can also educate public officials who often implement and direct encampment removal orders on the importance of personal and individualized solutions. Often the alternative presented to those in encampment spaces is shelter stays (not housing), despite the fact many have avoided shelter settings due to previous trauma and preferences to avoid congregate settings.

Public Health
Initially, vaccine access was limited. Despite being at higher risk of health complications and exposure, not every community prioritized people experiencing homelessness or those in congregate housing for vaccine distribution. Fortunately, many health centers and community programs that provide resources for people experiencing homelessness and unstable housing have been able to supply vaccines or partner with public health organizations to do so. Although occupational therapy practitioners do not administer vaccines, they can support public health efforts to reach all members of a community, develop resources that meet health literacy and accessibility guidelines, and problem solve ways for those with disabilities, technology, and mobility limitations to access the same resources as other members of the community. As health providers, practitioners who represent or are from diverse communities or have lived experience can provide knowledge, support, and peer services to address concerns and questions regarding vaccines and continued safety measures as local and federal government restrictions ease (National Innovation Service, 2020).

CONCLUSION
COVID-19 highlighted the many disparities in health and occupational engagement faced by people experiencing homelessness. Occupational therapy can play a critical role in responding to these disparities through individual intervention and population-based advocacy using a framework of occupational justice. By doing so, practitioners can serve as a resource to improve the health and well-being of people experiencing homelessness within their communities.
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REFERENCES

How to Apply for Continuing Education Credit
A. To get pricing information and to register to take the exam online for the article The Impact of COVID-19 on Adults Experiencing Homelessness, go to http://store.aota.org, or call toll-free 800-729-2682.
B. Once registered and payment received, you will receive instant email confirmation.
C. Answer the questions to the final exam found on pages CE-7 & CE-8 by December 31, 2024
D. On successful completion of the exam (a score of 75% or more), you will immediately receive your printable certificate.

Schultz-Kronh, W., & Tymins, K. (2018). Community-built occupational therapy services for those who are homeless. OT Practice, 23(11), CE-1–CE-8
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**RELATED READINGS**

To learn more about occupational therapy’s role with people experiencing homelessness, the following readings are recommended:


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**Final Exam**

**Article Code CEA1221**

**The Impact of COVID-19 on Adults Experiencing Homelessness**

To receive CE credit, exam must be completed by December 31, 2024

**Learning Level:** Intermediate

**Target Audience:** Occupational Therapists and Occupational Therapy Assistants

**Content Focus:** Category 2: Occupational Therapy Process; Evaluation, Intervention, and Outcomes

1. The Department of Housing and Urban Development (HUD) includes all the following in their definition of homelessness except:
   - A. Participation
   - B. People staying in encampments.
   - C. People who are “doubling up” and staying with others.
   - D. People staying in an abandoned building.

2. Occupational deprivation is defined as:
   - A. A preventable difference in health states among a population of people.
   - B. A state in which people are precluded from opportunities to engage in [activities] of meaning due to factors outside their control.

3. Examples of occupational deprivation encountered by people experiencing homelessness that were exacerbated by the COVID-19 pandemic include:
   - A. Lack of access to spaces to complete ADL.
   - B. Lack of access to health care services.
   - C. Lack of opportunity for leisure engagement.
   - D. All of the above.

4. A contextual factor impacting occupational performance of people experiencing homelessness as a result of COVID-19 is:
   - A. Increased mental health symptoms resulting in decreased motivation.
   - B. Closure of public spaces, such as libraries and restrooms.
   - C. Having symptoms of COVID-19 such as fatigue or difficulty breathing.
   - D. All of the above.

5. A community resource developed to provide support to people experiencing homelessness diagnosed with COVID-19 was:
   - A. Alternative Care Sites
   - B. Rehabilitation and Recovery Centers
   - C. Congregate Shelters
   - D. Encampments

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**RESOURCES**

- National Harm Reduction Coalition
- National Health Care for the Homeless Council
- National Institute for Medical Respite Care
- National Innovation Service

**SUGGESTED ACTIVITIES**

To learn more about the impact of and recommended response to families and children experiencing homelessness, visit the National Alliance to End Homelessness website and publications: https://endhomelessness.org/supporting-children-and-families-during-the-pandemic/
6. Strategies to increase ability to complete ADLs for people experiencing homelessness during the COVID-19 pandemic include:
- A. Developing coping skills to address increased stress and anxiety.
- B. Practice using telehealth apps and technology.
- C. Establishing mobile shower units.
- D. Developing and providing activity packets.

7. Strategies to address mental health needs for people experiencing homelessness during the COVID-19 pandemic to engage in leisure include:
- A. Developing coping skills to address increased stress and anxiety.
- B. Practicing using telehealth apps and technology.
- C. Establishing mobile shower units.
- D. Developing and providing activity packets.

8. Strategies to address mental health needs for people experiencing homelessness during the COVID-19 pandemic include:
- A. Developing coping skills to address increased stress and anxiety.
- B. Practicing using technology to have video calls with family and friends.
- C. Establishing mobile shower units.
- D. Developing and providing activity packets.

9. A harm-reduction strategy for people experiencing homelessness who are also using substances includes:
- A. Encouraging full sobriety and to refrain from using substances.
- B. Using proper body mechanics when carrying personal belongings.
- C. Establishing a plan for a support person to check-in intermittently after using has stopped.
- D. Assisting the person to transition from living in an encampment to living in a shelter.

10. An advocacy action an occupational therapy practitioner can take to improve well-being and occupational engagement of people experiencing homelessness includes:
- A. Advocating for affordable housing and independent living within their community.
- B. Advocating for the removal of encampments within their community.
- C. Supporting the end of the eviction moratorium without establishing supports to address individuals and families facing housing insecurity and homelessness.
- D. Encouraging communities to return to using congregate shelter facilities.

11. An opportunity to improve the ability of people experiencing homelessness to recover from acute medical needs (including COVID-19) includes establishing which type of community program?
- A. Congregate shelters
- B. Mobile shower units
- C. Needle exchange units
- D. Medical respite facilities

12. An occupational therapy practitioner can support public health initiatives in response to COVID-19, including:
- A. Administering vaccines during a vaccination drive.
- B. Developing informational resources to meet accessibility and health literacy guidelines.
- C. Diagnosing individuals experiencing homelessness with COVID-19 based on their symptoms.
- D. Assisting an individual in making a mask out of available resources.

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