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IMPACTS OF THE CORONAVIRUS PANDEMIC ON THE HOMELESS COMMUNITIES

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**IMPACTS OF THE CORONAVIRUS PANDEMIC ON THE  
HOMELESS COMMUNITIES**

By

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A capstone project submitted for Graduation with University Honors

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**Abstract**

The coronavirus pandemic has had a major impact on the homeless community. The virus is rapidly spreading, and homeless individuals are particularly vulnerable. Homeless persons are more prone to contract the virus due to the lack of access to healthcare. COVID-19 is also causing widespread respiratory sickness in the general population, which could have an even greater impact on the homeless. If homeless persons contract COVID-19, their health may quickly deteriorate. They may develop a fever, body aches, and respiratory infection, which can be fatal if not adequately managed. Furthermore, homeless persons may lose access to basic services such as food and shelter, potentially leading to severe health issues and even death. COVID-19 will have a major and long-term influence on the homeless community. It is critical that we do all possible to prevent the virus from spreading and affecting our community's most vulnerable individuals. The coronavirus pandemic has a tremendous impact on homeless individuals, and we must do everything we can to assist them.

## **Impacts of the coronavirus pandemic on the homeless communities**

On March 11, 2020, the World Health Organization declared a global coronavirus illness outbreak. The virus is two times as hazardous as influenza and can cause a variety of health problems. Homeless persons who are at a higher risk of developing pre existing medical conditions, such as those who have been exposed to COVID-19, are also at risk. COVID-19 served as a wake-up call to some of the country's most egregious health and socioeconomic inequities among homeless people. Homelessness is exacerbated by stigma, a lack of access to health care and social services, and housing conditions that enhance the risk of COVID-19 transmission. The number of vaccine doses handed out increases every time a new confirmed case of COVID-19 is discovered around the world. COVID-19 is a health disaster, but it has had and will continue to have a substantial impact on the economy and other parts of daily life.

The pandemic is putting people's lives in jeopardy as it spreads. The private sector and non-profit organizations also contribute significantly to the response by contributing financial resources, equipment, and expertise (Landgraf et al., 2020). Devex financing data contains details on funding options, events, and breaking news that will help you better comprehend these commitments. This document includes a discussion of the studies, media coverage, and responses from homelessness-serving systems, as well as an outline of the pandemic's impact on homeless people. The outbreak's impact on homeless communities in New York, the United States, and Texas will be the focus of this assessment.

### **Background Information**

The deficiencies of our public health system have been highlighted and accentuated as a

result of the COVID-19 pandemic, particularly for the country's most vulnerable residents, such as the people experiencing homelessness (PEH). We don't want to suggest that being homeless is a character fault, but rather that it is a transient situation that can be addressed. PEH is more likely than the general population to contract COVID-19 and suffer negative health consequences as a result of these causes (Rodriguez et al., 2021). They are also stigmatized and marginalized, making health treatment and other social assistance difficult to obtain, increasing their risk of infection. Lockdown protocols associated with the pandemic severely limited access to common spaces, restrooms, and other necessities. Following the pandemic, several factors contributed to an increase in homelessness in the United States, including an increase in domestic violence and incarceration without access to social services or housing (Rodriguez et al., 2021). As a result of the issue, there have been reports of overcrowded and under-resourced homeless shelters around the country. Due to a multitude of factors, adhering to the standard is difficult. COVID-19 prevention approaches in communal environments such as homeless shelters. The difficulty of maintaining social distance and keeping regular cleanliness, as well as the issue of wearing a mask, are among these problems.

To keep their economies running, governments had to invest massively to fund the response. Companies will close their doors and people will lose their employment as a result of the global financial crisis in March 2020, resulting in a rise in economic investment. This is being led by the IMF, the EU, and the EIB. Health investment peaked in April 2020, with the European Union becoming the sector's largest investor a month later. In this period, however, responses have narrowed to focus on specific issues (Landgraf et al., 2020). Funding for vaccinations and treatments peaked in May 2021, as attempts to encourage vaccine equity became a big element of the global economy restoring normalcy. Because of the health,

economic, and social challenges created by the COVID-19 disaster, international governments are functioning in a state of extreme uncertainty. The new coronavirus has already established a widespread epidemic after only three months in 2020. In 2020, students of all ages were required to take spring vacation, affecting almost a billion people. By November 2020, the COVID-19 virus has infected more than 50 million individuals worldwide, with 1.25 million deaths as a result of its global expansion. The COVID-19 epidemic will have a short- and long-term impact on subnational government functions and finances. The government's activities risk becoming unduly focused on the short term (Bartik et al., 2020). To strengthen regional socio-economic system resilience, immediate response plans must include longer-term priorities.

### **Comparison of the effects of COVID-19 in California to New York and Texas**

The following day, March 19, 2020, California announced a state of emergency after New York and California approved shelter-in-place legislation (Ouyang, 2020). Most governments enacted social distance rules as early as April to prevent "non-essential" businesses from closing, raising consumer health concerns about the looming epidemic. I'll look at how COVID-19 affects California's small business owners using data from April 2020 to January 2020. In April, business owner activity fell by more than 20%, but has since slowly rebounded. Commercial activity, on the other hand, declined from October to January. At least 30 million jobs have been lost as a result of the COVID-19 outbreak, and millions of people have seen their salaries fall. The federal government invests much in public health and the social safety net.

The second wave of the economic recession impacts the livelihoods and employment of public sector employees as state and municipal governments deal with revenue losses and spending increases caused by the epidemic (Bartik et al., 2020). To prevent significant cuts, the

federal government estimates that state and local governments will need \$1 trillion. Due to job and income losses, California will see a significant drop in personal and corporate income taxes in 2020. The Congressional Budget Office forecasts a 14% unemployment rate and a 12% drop in GDP in the second quarter of 2020. Due to a filing delay from April 15 to July 15, there will be no impact on income tax receipts in 2019, but the state's budget for 2020-21 will not be finalized until then. The amount of money collected in payroll taxes has already decreased (Ouyang, 2020). California's reliance on taxes on high-income earners and capital gains would result in a larger loss in income tax collections than other states if financial markets closed substantially lower in 2020. (Ouyang, 2020). The economy will be the main factor behind the recovery of these monies because income tax collections recover more slowly than sales tax collections. Despite the fact that current crisis has already surpassed the Great Recession in terms of the demand for safety net investment, it is far from unique.

Unemployment is at an all-time high, and job losses are at an all-time high. Furthermore, unlike earlier recessions, the epidemic has mandated increased spending on public health, housing, and other efforts to contain the virus's spread. CSU had spent \$50 million on COVID-19 expenses as of May 12, with California expecting to spend \$7 billion by June 30. COVID-19 is more common in institutions such as nursing homes, assisted living facilities, and prisons because of the tight confines they share. In nursing homes, there are numerous factors that raise the risk of infection (Ouyang, 2020). In assisted living homes, there is a dearth of Personal Protective Equipment (PPE) and inadequate staffing, putting older individuals at risk (PPE). Because of the difficulty in preventing social isolation and the presence of old or chronically ill convicts, there is a higher risk of violence in correctional facilities (Stepanova, 2020).



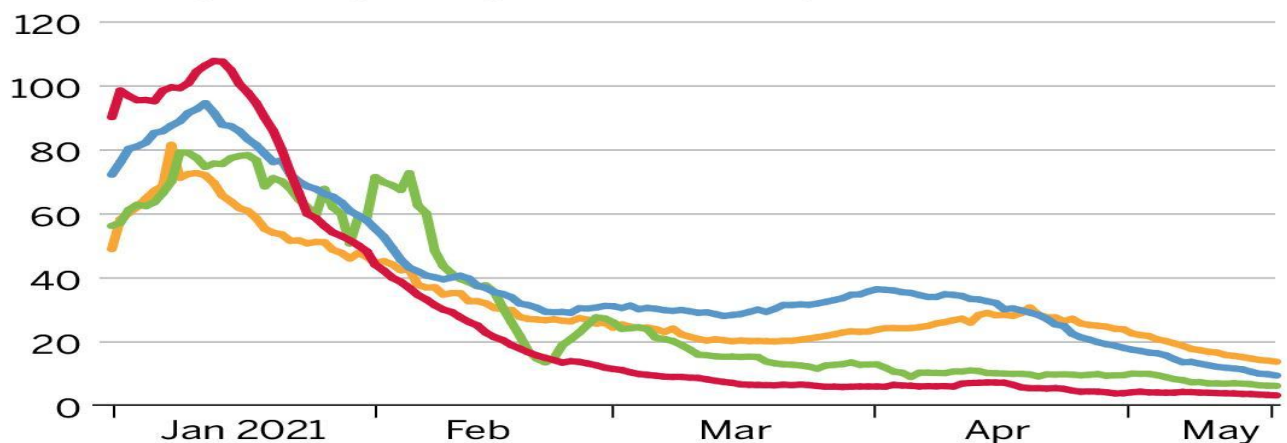
People with intellectual or developmental disabilities (IDD) are more than five times more likely than the general population to get COVID-19, according to a study conducted in New York City. An investigation is undertaken in the event of a confirmed case of COVID-19 or contact with a positive claim. COVID-19 test results are sent to the Texas National Electronic Disease Surveillance System (NEDSS) (Deilamizade & Moghanibashi-Mansourieh, 2020). Texas public health epidemiologists have been utilizing NEDSS since 2004 to monitor and respond to infectious disease issues on a state and local level(Stepanova, 2020). Electronic lab records (ELRs) for symptoms that must be reported are required to control the spread of infectious illnesses across Texas. ELRs are the most important factor in public health disease study. Local health entities (LHEs) are responsible for investigating COVID-19 cases (Stepanova, 2020). To begin with, scientists are looking for a remedy. It can be used to collect data on socio-demographic characteristics and housing kinds, as well as symptoms and comorbidities.

### **FOUR STATES, FOUR GAME PLANS**

The four largest U.S. states have taken very different approaches to reopening and mask requirements. But COVID-19 infection rates have been falling in all of them.

— **California** — **Florida** — **New York** — **Texas**

**Seven-day moving average of new cases per 100K**



Source: Centers for Disease Control and Prevention

BAY AREA NEWS GROUP

## **The political differences on the impacts of COVID-19 to the Red and the Blue states of homelessness**

COVID-19 appears to have a wide variety of probable outcomes. Ethnicity and location have been associated with an increased risk of infection, severe symptoms, and a greater death rate in multiple studies (Sapkota, 2020). The Health and Human Services Department (HHS) is the principal US government agency in charge of ensuring that all Americans have access to basic health and human services (Sapkota, 2020). Medicare and Medicaid, on the other hand, are not the country's main health insurers. Eleven operational divisions administer department-sponsored initiatives and collaborate with state and local government officials (Deilamizade & Moghanibashi-Mansourieh, 2020). Government entities, business sector organizations, religious and non-profit organizations are all common providers of HHS-funded community programs.

HHS programs and housing must be used in tandem for a long-term solution to homelessness (Sapkota, 2020). The Department's activity includes providing treatment and services to homeless people through five programs specifically designed for this group and twelve more general programs. Targeted programs have a smaller reach, but they are designed exclusively for people or families that are homeless (Sapkota, 2020). Specific eligibility restrictions are frequent in mainstream programs, which are normally specified by individual governments but are typically designed to aid low-income citizens. Homeless people may be eligible for these programs' services on a regular basis (Svedin & Valero, 2020). Due to the resources available to mainstream programs considerably outnumber those provided to specific homeless programs, people who are homeless are more likely to receive mainstream services from HHS.

Although homelessness has climbed marginally in the United States, the rate per 10,000 people is at its lowest level ever. This is due to the fact that the number of homeless persons is increasing at a higher rate than the overall population. The highest rates of homelessness were found in the District of Columbia (D.C.) and Hawaii, while the lowest were found in Mississippi. Between 2016 and 2017, the number of people experiencing homelessness in the United States increased by 0.7 percent. (Valero & Svedin, 2020). The greatest significant increases were seen among unaccompanied children and young adults (14.3 percent increase), chronically homeless individuals (12.2% increase), and those experiencing unsheltered homelessness (12.2% increase) (9.4 percent increase). Between 2011 and 2012, the number of families experiencing homelessness decreased by 5.2 percent. In the United States, emergency shelters, temporary housing, rapid rehousing, and permanent supportive housing all play a part in the fight against homelessness (Svedin & Valero, 2020). Over the last decade, the focus has changed away from short-term solutions like transitional housing and toward long-term options like permanent supportive housing and rapid re-housing. Individuals with little income are more prone to become homeless (Sapkota, 2020). Finally, this is due to the scarcity of fairly affordable housing. Smeeding & Thévenot (2016) found that 6,902,060 low-income renter households were facing a severe housing expense burden at the end of 2016. Although it is down 3.1 percent from 2015, it is still 20.8 percent greater than 2007. According to a research of the 2016 American Community Survey, an estimated 4,609,826 persons lived "doubled up" with relatives and friends in disadvantaged homes. This is one of the most common scenarios for people who are on the verge of being homeless. In California & Taxes, the 2016 rate is 5.7 percent lower than in 2015, although it is still 30.0 percent more than in 2007.

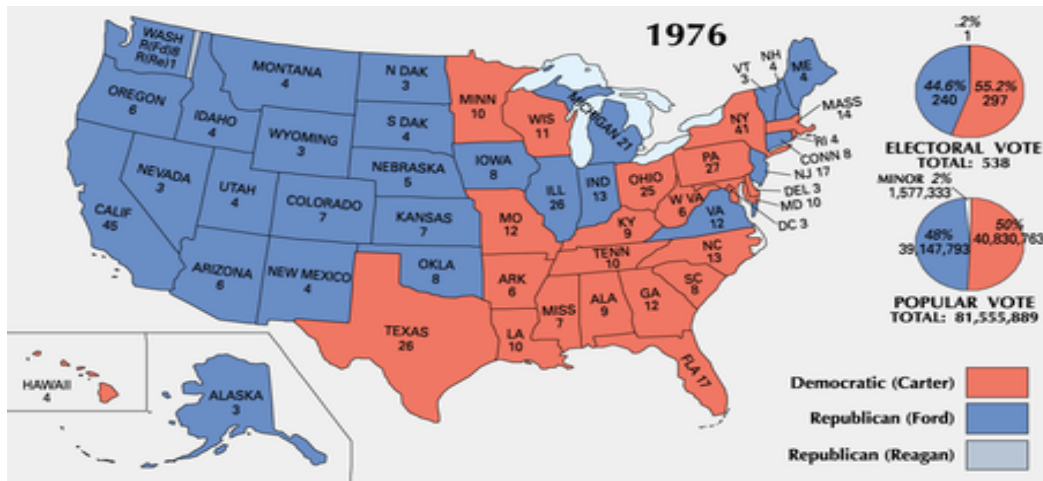
According to official data, California had approximately 130,000 homeless persons last year, accounting for roughly a quarter of the country's total. (Smeeding & Thévenot, 2016)

Homelessness is becoming more visible. More than 90% of the city's homeless people live in open spaces such as highways, parks, and streets. In terms of homelessness rates, however, when the inhabitants of each state or area are considered, Washington, D.C. comes out on top, followed by New York, Hawaii, and California. West Virginia, on the other hand, has one of the lowest rates of homelessness in the country, at just.04 percent. Housing costs are also among the lowest in the country (Sapkota, 2020). Despite having the greatest poverty rate, Mississippi has one of the lowest rates of homelessness among all states, according to census data. Because it is always warm in California and Hawaii, more people can survive outside than in New York, where only a small percentage of homeless people are unsheltered (Smeeding & Thévenot, 2016). To begin with, a family's homelessness might be caused by a variety of factors. Many of these elements come into play regardless of where you are in the world. Many homeless individuals in America are the product of institutionalized racism, according to a recent study in this field.

African-Americans account for a disproportionately big proportion of the homeless population in the state.

Racism has a huge role in this equation as well. Housing and homelessness harm historically marginalized communities more than many other aspects of American society. People of color are more likely to be homeless due to factors such as greater incarceration rates, higher unemployment rates, lower wages, and less access to healthcare. In the United States, white people account for more than a quarter of a million homeless people (Deilamizade & Moghanibashi-Mansourieh, 2020). Historically marginalized racial groups are substantially more likely than the overall population to become homeless for a variety of reasons. Between 2019

and 2020, there was a 2% increase in national homelessness. This is the fourth consecutive year that the population has increased. Homelessness has been on the decline for eight of the previous nine years prior to the current trend.



### Programs put into place to assist the homeless communities

Every year, thousands of young people in the United States are forced to escape their families or become homeless. The Runaway and Homeless Youth Program of the Family and Youth Services Bureau funds outreach, emergency shelters, long-term housing transitions, and maternity group homes for these young adults. As part of the assessment (ASPE) 2022, the Basic Center Program assists in the development and expansion of community-based initiatives to support runaway and homeless children under the age of 18. BCP's mission includes reuniting children with their families or finding them new homes. The Transitional Living Program's purpose is to support organizations that provide long-term residential care for homeless teenagers. If you are under the age of 22, you are not eligible to apply. For a maximum of 21

months, services are offered. It is possible that the young person will remain at a facility until they become 18, but this is not guaranteed.

The Street Outreach Program can be used by organizations all throughout the country to help homeless adolescents. The grantees of the program encourage street youths, such as runaways and the homeless, to build ties with the outreach professionals with whom they work on the streets. Furthermore, grants support young people in obtaining safe homes and becoming self-sufficient. The program's ultimate purpose is to avoid sexual assault or exploitation among young people who are homeless or in precarious housing. The Child Support Enforcement Program, a joint federal, state, tribal, and municipal effort to help families, strives to enhance family self-sufficiency and child welfare. Nearly every state and territory has a child support enforcement program. A family must apply directly to the agency or one of the tribes that administers the program to receive payment from the state or local government. It's a given that one of the parents has primary custody of a child in a family receiving TANF assistance while the other parent is absent. Grants are utilized to improve existing programs and start new ones on Native American reservations and in Alaskan Native towns.

Additionally, five resource centers that disseminate research and information are accessible to support domestic violence initiatives in local areas (Evaluation, ASPE, 2022). States can get social services through the Social Services Block Grant program. States are given funds based on their population. Money is linked to strategic goals and objectives to support efforts to improve the lives of the poor. States will be able to spend their money on a wide range of services in 2022, according to ASPE. Individuals' social and economic needs must be met simultaneously as part of the SSBG, which is best carried out by state and local governments.

## **Strategies to improve the homeless people**

Since 1988, HUD has sponsored programs for the homeless, such as transitional housing, long-term supportive housing, and other associated services. HUD is an acronym for the Department of Housing and Urban Development. Numerous studies show that public institution workers aren't the only ones to blame (Goode et al., 2019). A lack of understanding about this benefit, their eligibility for it, or how to apply are just a few of the barriers attached to folks. Homelessness complicates the process of applying for legal government assistance, on top of the difficulties faced by those with low incomes (Goode et al., 2019). Obstacles coming from a lack of the benefit or service are almost always imposed on top of those that occur at the individual level for any use or service that is not an entitlement. A community-wide approach to improving access and the inclusion of various unique mechanisms targeted at raising the mainstream benefits and services available to the homeless were more essential than the excellent work of a single agency (Goode et al., 2019). Smoothing mechanisms remove street-level obstacles to mainstream access, making it easier for the homeless to understand their eligibility, apply, and interact with mainstream benefit offices.

## **Conclusion**

Taxes, officials from the United States and New York City, and non-governmental organizations are all contributing assistance to persons affected by the coronavirus virus epidemic, as well as civil society and non-governmental organizations. Many of the organizations that responded to this survey work with homeless people, and it is hoped that the information presented here will be useful to these vital service providers as the pandemic

progresses, especially if there is an increase in cases in the coming months that necessitate mobility restrictions. If there is enough knowledge on the ability of homeless communities to engage, health outcomes and pandemic response efforts can be enhanced. Steps to assist vulnerable populations must take into account their views, as well as the advice and participation of community-based organizations and leaders who are familiar with the needs and resources in their region. Community-based groups, such as homeless shelters, should be involved in the pandemic response strategy. Homelessness does not have a one-size-fits-all answer, necessitating the creation of pandemic response and effective mitigation techniques tailored to local situations. Public health disasters demand a more comprehensive disaster response strategy that takes into account PEH's unique characteristics.



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