

Evaluating barriers to remaining in COVID-19 isolation or quarantine among people experiencing homelessness in Anchorage

Background

Homeless services are commonly provided in congregate settings, increasing the risk of spread of coronavirus disease 2019 (COVID-19) among people experiencing homelessness. People experiencing homelessness also have a higher burden of underlying medical conditions that are associated with severe COVID-19 and are hospitalized more often than people in the general population. Therefore, public health measures to prevent spread of COVID-19 are necessary to protect people experiencing homelessness, including effective isolation and quarantine to reduce the risk of SARS-CoV-2 transmission.

Throughout the United States, communities have set up alternate care sites for people who are not able to isolate or quarantine in a residence. However, encouraging people to stay in isolation or quarantine consistently has been identified as a problem at these alternate care sites. We conducted a survey among people experiencing homelessness in Anchorage to evaluate barriers to their staying in isolation or quarantine, including the possible impact of substance use disorder, and to identify additional services that could help them remain at the facility.

Methods

Participants

Eligible participants included people aged ≥ 18 years who were currently staying at the Anchorage municipal isolation and quarantine hotel or had recently stayed at the hotel and were now at one of two congregate shelters. To maximize participation, surveys were conducted at peak hours (e.g., during check-in, mealtime, or COVID-19 testing).

At the hotel, the survey team received a list of all clients who were in isolation or quarantine at the facility that day and then knocked on the door for every other occupied room and asked clients if they would be willing to participate in the survey. If the client did not answer the door, the team returned to the room one more time several hours later; if the client did not answer the second time, they were classified as unavailable. For the two shelters, the survey team asked the director of each facility to identify all clients who had recently returned from the isolation and quarantine hotel. The team then offered participation to a convenience sample of those who were available during the visit. At the first shelter, the facility director provided a list of all clients who stayed at the shelter the previous night and had tested positive for SARS-CoV-2 in the past, with the assumption they had spent time at the isolation/quarantine hotel. At the second shelter, the facility director provided a list of all clients who had spent ≥ 1 night in the shelter during September because most (~90%) had tested positive for SARS-CoV-2 and spent time in isolation or quarantine.

All participants provided written consent (**Appendix A**) and were allowed time to ask questions about the survey prior to starting. Participants were not given incentives to complete the survey.

Interviews

Public health personnel conducted interviews at the isolation/quarantine hotel and the two shelters during September 22–25. The survey contained eight quantitative questions and three qualitative (open-ended) questions regarding barriers to quarantine or isolation and services that could facilitate staying in quarantine or isolation (**Appendix B**). At the end of the quantitative

survey, participants were asked if they wished to continue with the qualitative portion of the survey. Interviewers encouraged clients to express their opinions openly about all topics related to their quarantine experiences. Any additional information given by clients outside of the scope of the survey was noted on the survey form.

Data analysis

Deidentified survey data were entered into a secure database and the paper forms were destroyed. We calculated the number and proportion of participants who responded “yes” to each of the quantitative questions. Information from the open-ended interview was summarized to identify additional barriers or needs and further define reasons for the quantitative responses.

Results

We estimated that 397 people experiencing homelessness were either currently staying at the isolation and quarantine hotel (N=78) or had completed isolation or quarantine at the hotel during the past 2 months and were now at one of two congregate shelters (N=319). Of the 397 possible participants, 48 (12%) completed the survey, 15 (4%) refused to participate, and 334 (84%) were not contacted or were not available.

Of the 48 participants who completed the survey, 33 (69%) were male and the median age was 53 years (range, 23–68 years) (**Table 1**). Eighteen (38%) participants were currently in isolation or quarantine, while 30 (63%) had been medically cleared and were staying at one of the shelters.

The most common reasons participants reported leaving their room while in isolation or quarantine was to spend time outside (N=38, 79%), use tobacco or nicotine products (N=34, 71%), obtain food (N=23, 48%), or seek medical care (N=11, 23%) (**Table 2**). Six (13%) participants reported leaving their room to use alcohol or drugs. Alcohol and cannabis were the two most commonly reported substances with 12 (25%) participants reporting use of each. Withdrawal from drugs or alcohol while staying at the isolation/quarantine facility was reported by 8 (17%) participants.

Of the 48 participants, 35 (73%) reported that additional onsite housing and case management services would help them remain at the isolation and quarantine facility (**Table 3**). Other amenities that would help people stay onsite included different food options (N=31, 65%), a place to spend time outside (N=28, 58%), substance use treatment (N=22, 46%), different entertainment options (N=18, 38%), and mental health treatment (N=17, 35%).

Of the 40 participants who completed the qualitative portion of the interview, 13 identified food services as an area of improvement, with seven individuals remarking on the need more variety or better quality of food, two requesting larger portions of food, and three participants requesting more drink options. One participant reported that he required a soft diet because of dental issues and could only eat food that he would get from a local soup kitchen that is located <0.25 miles from the isolation/quarantine hotel. Additionally, access issues were identified during the qualitative portion of the interview. A client with arthritis reported difficulty getting in and out of her bathroom without assistance despite being in a handicap accessible room. Substance use or treatment was infrequently described as a barrier to isolation; however, four participants described that drug or alcohol use of others at the isolation site was a barrier. Participants also remarked that they had witnessed cigarette sharing between clients and suggested availability of nicotine or nicotine replacement products as a possible solution.

Summary

In this survey, the desire to be outside, food, and tobacco use were the most frequently identified barriers to isolation or quarantine. Over half of participants reported that housing and case management services, different food options, and a place to spend time outside would facilitate their ability to stay in public health isolation. Behaviors related to other substance use were not identified as a primary barrier but were reported as potential contributors; however, 17% of participants reported symptoms of withdrawal while staying in the hotel.

Recommendations

Based on these findings, providing additional onsite services to meet specific needs of people experiencing homelessness might help them maintain isolation and quarantine. Additional services and support could include:

1. Asking if guests have specific needs (like dietary requirements or access issues) upon check-in and periodically assessing client needs;
2. Providing multiple food options and a variety of snacks and drinks between meals to reduce the likelihood that clients will go to the nearby soup kitchen for additional food;
3. Creating an area for confirmed cases to spend time outside separate from smoking areas;
4. Providing access to nicotine or nicotine-replacement therapies;
5. Providing access to substance use treatment or counseling, and support for individuals who might experience symptoms of withdrawal while in isolation or quarantine.

Table 1. Characteristics of survey participants [N=48]

	No.	(%)
Male	33	(69)
Age group in years		
<20	0	(0)
20–39	12	(25)
40–59	26	(54)
60–79	10	(21)
≥80	0	(0)
Isolation or quarantine status		
Current	18	(38)
Completed	30	(63)

Table 2. Reasons survey participants reported for leaving their rooms while in isolation or quarantine [N=48]

	No.	(%)
Spend time outside	38	(79)
Use tobacco or nicotine products	34	(71)
Obtain food	23	(48)
Seek medical care	11	(23)
See friends or family	8	(17)
Drink alcohol or use drugs	6	(13)
See a spouse or partner	2	(4)
Go to work	1	(2)
Care for children or dependents	0	(0)
Seek mental health care	0	(0)

Table 3. Onsite amenities that survey participants reported would help them stay in isolation or quarantine [N=48]

	No.	(%)
Housing and case management assistance	35	(73)
Different food options	31	(65)
Place to spend time outside	28	(58)
Substance use treatment	22	(46)
Different entertainment options	18	(38)
Mental health treatment	17	(35)
Friends or family visit or stay	13	(27)
Medical care	12	(25)

Table 4. Substance use, withdrawal, and treatment reported by survey participants [N=48]

	No.	(%)
Uses the substance on a regular basis		
Alcohol	12	(25)
Marijuana	12	(25)
Opioids	1	(2)
Stimulants	1	(2)
Sedatives	0	(0)
Withdrawal symptoms while in isolation or quarantine	8	(17)
Undergoing medical treatment for alcohol or drugs	2	(4)
Undergoing counseling for alcohol or drugs	1	(2)

Appendix A. Consent form

Purpose

The Centers for Disease Control and Prevention and community partners are conducting interviews with men and women experiencing homelessness to learn about their experience with isolation and quarantine during the COVID-19 pandemic. These interviews will help us determine what factors contribute to people leaving isolation and quarantine and help give the health department recommendations on resources to provide clients while under isolation and quarantine. We expect this interview to take no more than 30 minutes. In the interview we will discuss behaviors associated with leaving quarantine and what resources that you the client would need in order to comply with isolation procedures.

You are the expert on your experience, and your thoughts and opinions are greatly valued and appreciated. We want to learn from you. We encourage you to speak openly and honestly about your experience. There are no right or wrong answers. Should you agree to participate, here are some points you should know.

- **Rights regarding participation.** This interview is completely voluntary. You may choose not to participate or not answer any question at any time for any reason.
- **Privacy.** We will take every precaution to protect your identity and ensure your privacy unless otherwise determined by law. These interviews are anonymous, and we will not be collecting your name. All responses will be summarized anonymously. We will never use your name or the facility's name in any reports.
- **Benefits.** Your participation in these interviews will not result in any direct benefits to you. However, your input will help to develop strategies to better help people staying in isolation.
- **Risks.** These interviews pose minimal, if any, risks to you. You are free to not answer any questions that you find too intrusive or sensitive.
- **Compensation.** You will not receive monetary compensation for your participation.
- **Notes.** We will take notes to help us keep track of your responses. No quotes or comments you make will be linked with your name in any way. We will keep all information and locked in a file cabinet or a secure computer file. Only project staff will be able to access the information. These notes will be destroyed upon conclusion of the project.
- **Questions.** We will answer any questions that you have about this interview before we begin.
- **Contact Numbers.** If you have any questions about this interview, please contact Dr. Matthew Eisenstat 803-292-3952.

Your Consent

The above document describing the benefits, risks, and procedures for this project has been explained to me. I had a chance to ask questions, and my questions were answered. I was given a copy of this consent form. I agree to participate.

Participant

Date

Interviewer

Date

Appendix B. Survey and interview

Questionnaire: Barriers and facilitators of public health isolation													
Section 1: Complete as much of this section as possible prior to the interview. If client declines to complete the survey please note their age, sex and mark "No" under "Consented to Survey".													
Introduction: "Hi my name is _____. I am here to conduct an interview to help the Anchorage Health Department learn how we can help people stay in isolation or quarantine in this hotel. I would like to ask you a few questions about your stay, which should take less than 15 minutes. Your answers will be completely confidential, and we won't write down your name or other identifying information. I will be writing down your answers on this paper which will be shredded once we summarize the results. You don't have to participate and can choose not to answer any questions at any time. If this sounds ok to you, please read through this consent form and sign at the bottom."													
Interviewer name:			Interview date: / /										
1. Patient age			Interview site:										
2. Current sex:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	Consented to Survey:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Completed Survey?		Yes		<input type="checkbox"/>	Refused		<input type="checkbox"/>	Not Present (after 2 attempts)		<input type="checkbox"/>			
Section 2: In-person survey (Ask questions in past tense if you are talking with someone who was recently discharged from the hotel)													
3. I'm going to ask you a few questions about leaving your room. Do you leave your room during the day for any of the following reasons:													
	a.	To get food?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	b.	To see your friends or family?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	c.	To see a spouse or partner?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	d.	To take care of children or dependents?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	e.	To seek medical care?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	f.	To get mental health treatment?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	g.	To go to work?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	h.	To spend time outside?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	i.	To smoke or use tobacco/nicotine products?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	i.	To drink alcohol or use drugs?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
4. Would you be willing to stay in your room more often if there were:													
	a.	Different food options?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	b.	Different entertainment options?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	c.	Your friends or family were here?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	d.	Different medical care available here?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	e.	Mental health treatment available here?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	f.	A space to spend time outside?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	g.	Housing and case management services here?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	h.	Substance use treatment available here?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
5. Do you currently use any of the following substances on a regular basis (more days than not)?													
	a.	Alcohol					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	b.	Marijuana					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	c.	Opioids					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	d.	Stimulants (cocaine, amphetamines etc)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	e.	Sedatives or Tranquilizers (Benzodiazepines, sleeping pills etc)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
6. Since you've been at this hotel, have you had any symptoms that you feel were from withdrawal from drugs or alcohol?													
							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
7. Are you currently undergoing any medical treatment for use or addiction to a drug or alcohol?													
							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
8. Are you currently undergoing any counseling for drug or alcohol use or addiction?													
							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			

Section 3: In person qualitative interview. Reminder to interviewers: Asking the prompts is not required. Use them if warranted by the conversation.

“Thank you for your answers. Would it be ok to ask you just a few more questions?”

8. Can you tell me why you are staying in this hotel?

Prompt: Do you know why people with COVID-19 (also called the coronavirus) are supposed to stay here?

9. Can you tell me more about the reasons you leave the room?

Prompt: Earlier you mentioned X; can you tell me more about that?

Prompt: Can you tell me how alcohol or drug use might contribute to you leaving your room.

10. What are some things or services that would help you stay in your room?

Prompt: Earlier you mentioned X; can you tell me more about that?

Prompt: If you were able to quarantine with a spouse or family would that make you more likely to stay in your room? Explain.