

Community Health Worker Led Outreach, Education, and COVID Testing for People Experiencing Homelessness



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BACKGROUND

People experiencing homelessness (PEH) are often overlooked in disaster planning¹.

- PEH had an increased risk of adverse health outcomes due to high transmission in communal spaces and high rates of preexisting conditions²
- PEH struggle with access to medical care and accurate health information

Rapid identification of cases is critical to preventing further transmission via rapid testing technology

- Despite CDC recommendations for rapid COVID-19 testing in congregate settings, homeless shelters have faced substantial barriers to testing.

Community health workers (CHWs) effectively reach vulnerable populations³ and have the potential to improve outreach, education, and service delivery for PEH.

Our community partner, LTHC Homeless Services, serves as the initial point of entry for PEH in Tippecanoe County, serving 80-100 guests daily.

Through an ongoing partnership that introduced on-site rapid testing at the shelter, **we designed an intervention that centered CHWs as the leaders of COVID-19 educational sessions and examined the impact of shelter-based testing at LTHC.**

OBJECTIVES

1. Examine the effect of CHW-led education on the COVID-related **knowledge, attitudes, and beliefs** of PEH
2. Identify **barriers** and **motivators** to shelter-based COVID rapid testing among PEH
3. Understand **the role and impact of rapid testing on shelter operations** and guest daily activities



METHODS

We employed our CHW to:

- Lead **educational focus groups** with PEH and **pre-post questionnaires**
- Deliver **rapid assessment surveys** and follow-up qualitative **interviews with PEH** who have been tested at LTHC
- Conduct semi-structured in-depth qualitative **interviews with LTHC staff**

We also engaged LTHC and other community partners in **ongoing meetings through a pre-established group**, Health and Wellness Committee (HAWC), to share our findings.



Study team member, Darya Mansoori conducts post-survey with focus group participant



Focus Group led by CHW, Rebecca Ziolkowski

REFLECTION & CONCLUSION

Other shelters can utilize and build on this study to design health education interventions and services tailored to PEH.

- Through educational sessions, we provided information and increased COVID-19 knowledge within this population.
- Employing a CHW to aid our study's objectives strengthened cultural connectivity within the community and existing rapport between LTHC guests/staff and our team.

Lessons from offering rapid testing at LTHC can be used to inform future pandemic planning for homeless shelters, and demonstrates the importance of infrastructure to support diagnostic technology in pandemic response.

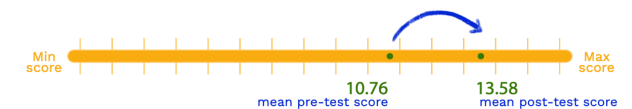
- Rapid assessment surveys with guests and staff provided additional insights into shelter-based testing.
- While rapid testing provided easier access to testing, there were several challenges, that, combined with the current state of the pandemic, ultimately leading to the shelter closing of this program.

IMPACTS

78 participants took part in the education sessions, **55** PEH took rapid assessment surveys, **41** guests were interviewed, and **14** staff were interviewed.

Educational sessions resulted in an increase in knowledge scores and positive changes in attitude toward testing and vaccination

91% improved by at least 1 and up to 10 points



39% of unvaccinated participants were willing to get vaccinated compared to 21% pre-test

92% of participants were willing to get tested after exposure, compared to 83% pre-test.

Through individual interviews with guests and staff, we were able to understand the role of rapid testing.

Barriers to testing included:

- Shelter access restrictions
- Pain/fear of swab

Motivators to testing included:

- Exposure to COVID-19
- Symptoms of COVID-19
- Desire to protect others

Impacts on the shelter included:

- Improved testing accessibility
- Limited space to isolate
- Shelter lockdowns, admittance restrictions

“How do you quarantine yourself in a homeless shelter?!”

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REFERENCES

1. Rodriguez NM, Cromer R, Martinez RG, Ruiz Y. Impact of covid-19 on people experiencing homelessness: A call for critical accountability. *American Journal of Public Health*. 2022;112(6):828-831. doi:10.2105/ajph.2022.306768
2. Wood LJ, Davies AP, Khan Z. COVID-19 precautions: Easier said than done when patients are homeless. *Medical Journal of Australia*. 2020;212(8):384. doi:10.5694/mja2.50571
3. Kim K, Choi JS, Choi E, et al. Effects of community-based health worker interventions to improve chronic disease management and care among vulnerable populations: A systematic review. *American Journal of Public Health*. 2016;106(4). doi:10.2105/ajph.2015.302987