



Office of the State Public Health Director

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Suite 930

Portland, OR 97323

Phone: (971) 673-1222

FAX: (971) 673-1299

<https://www.oregon.gov/oha/PH>

December 18, 2020

The Honorable Senate President Peter Courtney, Co-Chair
The Honorable House Speaker Tina Kotek, Co-Chair
The Honorable Senate Republican Leader Fred Girod, Co-Vice Chair
The Honorable House Republican Leader Christine Drazan, Co-Vice Chair
Joint Interim Committee on the Third Special Session of 2020
900 Court St. NE
Salem, Oregon 97301

SUBJECT: Public health perspective of evictions, housing, and COVID-19

Dear Co-Chairs, Co-Vice Chairs, and Members of the Committee:

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the virus that causes the current coronavirus disease (COVID-19). The risk of transmission differs among settings. Among other variables, the likelihood of transmission from an infected individual to a healthy individual depends on length of exposure, space between individuals, use or non-use of masks, whether expression of air through breathing and talking is greater than normal, and air flow in the environment, including whether it is indoors or outdoors. Good hygiene (such as frequent handwashing and the use of personal protective equipment like masks) also reduces the risk of transmission but does not eliminate it.

Housing plays an important role in the spread of SARS-CoV-2, and maintaining a key infrastructure that will minimize transmission from person to person is crucial for containment efforts. From a public health perspective, evictions are especially dangerous during a pandemic. When people are evicted from their homes, they may move in with friends and family or need to enter a shelter, and that increases the number of contacts in close quarters and thus increases the risk of spread of the virus.

People who experience homelessness, houselessness, or unstable housing are also particularly impacted by the pandemic.¹ The Centers for Disease Control and Prevention (CDC) recommends allowing people who are living unsheltered or in encampments to remain where they are, since clearing encampments can cause people to disperse throughout the community and break connections with service providers.² This increases the potential for infectious disease spread.

People without homes often find it difficult to adhere to public health directives for hand sanitation, physical distancing and wearing of face coverings, putting them at high risk of contracting the virus that causes COVID-19. If exposed, they may be more susceptible to illness or death due to the higher prevalence of underlying physical and mental comorbidities and other risk factors compared to the general population, and because of the increased difficulty to access health care providers.^{3,4,5}

¹ Tsai J, Wilson M. COVID-19: a potential public health problem for homeless populations. *Lancet Public Health* 2020; 5: e186-e187.

² Centers for Disease Control and Prevention. Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials. August 6, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

³ Baggett TP, Hwang SW, O'Connell JJ et al. Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period. *JAMA Intern Med.* 2013; 173: 189-195

A recent analysis of 3,135 US counties found an association between poor housing conditions (defined as having any one of the following: overcrowding, high housing cost burden, incomplete kitchen facilities, and incomplete plumbing facilities) and rates of COVID-19; for each five percent increase in the percentage of households with poor housing conditions, there was a 50 percent higher risk of COVID-19 infection and a 42 percent higher risk of COVID-19 mortality.⁶ Additionally, people under the age of 65 and experiencing homelessness have all-cause mortality that is five to 10 times higher than that of the general population, and COVID-19 infection might further increase this mortality disparity.² In recent years, large outbreaks of hepatitis A among people who are unhoused and people who inject drugs were associated with unexpectedly high rates of hospitalization and death.⁷

We have also been made aware of people and families who have faced barriers accessing their own homes. Our Community Based Organization partners have shared stories of landlords restricting residents from returning to their homes without a negative COVID-19 test. When our community partners talk with people who are being asked to quarantine because of exposure to COVID-19, we hear about the fear of losing housing because of losing the wages to support the cost. Our case investigators and contact tracers are able to connect individuals with resources in the community for them to be able to isolate and quarantine; when we can support payments for housing and utilities, we do.

Several studies examine the relationship between evictions and homelessness. Recent studies examine the relationship between evictions and the spread of SARS-CoV-2. One study found that lifting state moratoriums and allowing eviction proceedings to continue caused as many as 433,700 excess cases of COVID-19 and 10,700 additional deaths in the U.S. between March and September 2020.⁸ The same study found that incidences of COVID-19 have risen in states that lifted moratoriums at 2.1 times the rate of states that maintained them; deaths increased by 5.4 times.

The virus is also currently spreading among congregate residential settings, including shelters for people experiencing homelessness or houselessness, across Oregon. We have investigated several dozen outbreaks in congregate housing settings like homeless shelters and congregate housing for migrant and seasonal farmworkers. During some of these outbreaks, we have been able to enlist the assistance of community-based organizations to provide information, food, and hotel rooms to residents when needed. We work closely with Oregon Housing and Community Services to mitigate spread among the settings that are available to assist people in need, but Oregon lacks enough shelter beds for people currently experiencing homelessness and our combined resources are very limited.

Thank you for the opportunity to share the public health perspective on the relationship between evictions, housing, and COVID-19. Please do not hesitate to reach out with any questions.

Sincerely,

Rachael Banks, MPA
Public Health Director
Oregon Health Authority

⁴ Gelberg L, Rosenheck RA. Changes in physical health after supported housing: Results from the Collaborative Initiative to End Chronic Homelessness. *J Gen Intern Med.* 2019; 34: 1703-1708

⁵ Maremmani AG, Bacciardi S, Gehring ND, et al. Substance use among homeless individuals with schizophrenia and bipolar disorder. *Nerv Ment Dis.* 2017; 205: 173-177.

⁶ Ahmad K, Erqou S, Shah N, et al. Association of poor housing conditions with COVID-19 incidence and mortality across US counties. *PLoS One* 15:e0241327.

⁷ Foster M, Ramachandran S, Myatt K, et al. Hepatitis A virus outbreaks associated with drug use and homelessness—CA, KY, MI, and UT, 2017. *MMWR* 2018;67:1208-1210.

⁸ Leifheit K, Linton S, Raifman J, et al. Expiring Eviction Moratoriums and COVID-19 Incidence and Mortality. *Social Science Research Network.* 2020; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3739576 (pre-print)