

Building a Collaborative to Address Health of Homeless Persons in Chicago

i. Problem statement

At the start of the COVID pandemic, several challenges faced persons experiencing homelessness, overnight shelters, and the healthcare community. These included continuing to deliver healthcare in the shelters, while reducing the risk of spread among persons making use of these facilities.

ii. Background/context

The Chair of Family Medicine at Rush University and several department members had played a longtime role in supporting student run clinics. As cases of COVID infections began to rise in early March 2020, the Chair convened a small group of students and faculty at Rush University to identify strategies to continue to deliver healthcare during the COVID19 pandemic to approximately 250 guests at a large overnight shelter on Chicago's west side.

iii. Methods

Daily conference calls were held with as many as 90 stakeholders from across the city. This became the foundation of the Chicago Homelessness and Health Response Group for Equity, or CHHRGE ("charge"), Under the leadership of the Chair of Family Medicine, CHHRGE became a convener of representatives from the healthcare, service, housing, advocacy, and government agencies across the City of Chicago, as well as persons with lived experience of homelessness. CHHRGE functioned as a community command center responding both to the crisis of the pandemic, and also building a longterm framework to improve housing and healthcare. Eighteen months later, the group continues to meet twice weekly with regular participation by 60 – 70 members, guided by a multidisciplinary steering committee.

iv. Outcomes

- Working with City of Chicago to decompress shelters during the period of highest COVID prevalence (April through September 2020)
- Providing health care services and education for homeless persons during shelter decompression
- Ensuring shelter guests and staff had access to PPE and sanitizer
- Establishing medically supervised shield housing in an unused hotel which housed over 270 of the oldest and most medically vulnerable homeless persons
- Establishing a rapid response COVID19 testing team to screen entire facilities
- Establishing an on-going medical respite unit where homeless persons with COVID19 could recover
- Implementing a funded shelter-based primary care coordination strategy
- Prioritization of shelter guests and staff for COVID19 immunizations
- Writing editorials in support of mental health services, housing, and alternatives to policing for homeless persons
- Publishing a monograph summarizing our work and making resources available to others (available at www.chhrge.org)