

## CONCLUSION

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The main objective of disaster management is to have an effective plan in place before the event occurs. However, emergency planning is often not prioritized in the allocation of time and resources; particularly for health and social service providers who must dedicate often scant resources to addressing the significant demands of providing direct client services. As a result, little attention is dedicated to effectively plan for vulnerable populations, such as the homeless population. Such planning is necessary to protect their lives and to protect the lives of the general population. While there is a well-documented need for pandemic planning to address high-risk populations, these efforts have often overlooked the complex situations and vulnerabilities of homeless people.

Homelessness presents key challenges for emergency and pandemic planning due to complex health, situational, and structural vulnerabilities. It is widely documented that homeless people suffer from much poorer health status and health outcomes than the general population (Chambers et al., 2014; Daiski, 2007; Fischer & Breakey, 1991; Frankish, Hwang, & Quantz, 2005; Hwang, 2001; Hwang et al., 2011; Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009; Khandor et al., 2011; Krausz et al., 2013; Pauly, 2014; Perry & Craig, 2015; Sasaki, Kobayashi, & Agui, 2002; Snow, Baker, Anderson, & Martin, 1986). These medical and health related issues combine with social exclusion to create particularly significant vulnerability to infectious disease transmission and recovery. Using social exclusion as an analytic framework, Gaetz and Buccieri highlighted earlier in this book the challenges created by homeless people's severely restricted access to social and economic goods and institutions, as well as the spatial marginalization created by their segregation from broader society's living arrangements and access to services. Waegemakers Schiff, Pauly, and Schiff also highlight in a chapter of this book the ways in which homeless people in Canada have profoundly different health status and health service utilization when compared to

the general population. These medical and health care challenges lead to increased individual vulnerability to infectious disease and transmission among the broader population.

As the authors in this book highlight, it is essential to ask what kind of impact an influenza pandemic might have on homeless individuals and others across the country. Estimates suggest there has been a rise in homelessness in Canada, and 200,000 or more individuals use homeless shelters annually (Gaetz, Donaldson, Richter, & Gulliver, 2013; Gaetz, Gulliver, & Richter, 2014). The homelessness response system has historically been focused on emergency responses. This system is characterized by overcrowded sleeping conditions, poor air quality and a range of other public health issues. Homeless shelters are often not open for clients during daytime hours, meaning that if you are homeless and ill then there are poor options for rest and recovery. Homeless people typically suffer from poor health, nutritional vulnerability, compromised immune systems and barriers to accessing health services (Frankish et al., 2005). In the event of a pandemic, it is not clear whether the infrastructure to address homelessness, public health or the health care system in general would be prepared to adequately respond to the risks faced by the homeless population.

A multi-site research study, “Understanding Pandemic Preparedness in the Context of the Homelessness Crisis” (Pandemic Research Project – PRP) was designed to investigate the ways in which current approaches to pandemic planning and the structure of the homelessness service system would affect the vulnerability of homeless populations in the event of a pandemic. Four cities were selected (Victoria, Toronto, Calgary and Regina) in which to conduct the analysis. Recognizing variations in the ways that homelessness is experienced and addressed across Canada, research sites were selected to represent diverse geographic locations, size, and demographics. This book presents findings from this study, as well as a broad look at challenges with and recommendations for pandemic planning for the homeless population.

About two years after H1N1, the results of this research project provide the homelessness sector in particular, and the pandemic planning infrastructure in general, with a detailed review of lessons learned. Although H1N1 did not

result in a severe outbreak, at least in Canada, a thorough analysis of both the planning and implementation stages is urgent to understand the current state and the level of preparedness if a real pandemic outbreak were to occur in Canada.

Gaetz and Buccieri considered the issues created by homelessness service infrastructure, particularly the shelter and emergency shelter systems which exacerbate vulnerabilities to infectious disease among an already vulnerable population. They illustrate how homelessness must be considered through the lens of social exclusion, where that exclusion contributes to homeless people's restricted access to goods and services, resulting in their increased susceptibility to infectious disease. While the existing service infrastructure and shelter system present challenges to infectious disease control, Gaetz and Buccieri suggest that the expertise among existing front-line service workers, in working with homeless and marginalized populations, is critical to pandemic planning in this context. Building on this base of expertise, they suggest that six factors need to be addressed in order to improve planning and coordinate a response in the event of pandemic outbreaks. These factors are highlighted in many of the individual case study chapters and include the need to address: support for planning; infection control capacity in the shelter system; overall service system capacity; inter-sectoral collaboration; communications and training; and the heightened challenges of unpredictability faced by the homeless population.

Mosher's discussion also identified issues of social exclusion as discussed by Gaetz and Buccieri, while highlighting significant legal and ethical concerns related to the current approaches to pandemic planning and infection control. Mosher draws attention to the need for a theoretical shift from the dominant narrative of security and national security to one focused on social justice. This chapter calls for a new narrative that will avoid the victimization of vulnerable populations, including those that are marginalized based on race and socioeconomic status. This chapter also draws attention to recent shifts in public health discourse which highlight the significance of social determinants and which have begun to be included in guidelines for pandemic planning and preparedness. Pauly's chapter on the Victoria case study continues this discussion with a focus on communications and inter-sectoral collaboration for public health agencies. Mosher's chapter concluded

with a few considerable recommendations. In particular, she highlights the duty of law and lawyers to create positive state obligations within the context of pandemic preparedness and response. Mosher also concludes with a recommendation that is echoed in other chapters throughout this book: that is, the need to move beyond reactive responses to health and illness and toward long-term measures that can support health and prevent illness by diminishing or eliminating social and health inequities.

While there are several reports that have documented and demonstrated the poor health status and outcomes of homeless people, most of these have been isolated to individual cities. Waegemakers Schiff et al brought together data on self-reported health status and health-seeking behaviours across four diverse Canadian cities. Their findings confirm existing knowledge, while adding to our understanding of additional vulnerabilities, in part through comparison with the health status of the general population. This chapter also provides insight into the experiences of homeless people during the H1N1 pandemic, along with recommendations for planning that have been drawn from experiences across all four cities, to aid in future planning.

The case studies of four diverse Canadian cities also illustrate many of the concerns and suggestions noted by Gaetz and Buccieri. In her discussion of the Victoria, British Columbia experience, Pauly draws attention to the daily challenges faced by homeless people, challenges that became even more apparent in the response to H1N1. While the Victoria experience highlights some accomplishments in cross-sector collaboration and planning, it also points to some important lessons for future planning and for planning in other locations. Pauly notes that in the Victoria experience, “A key factor in the response to H1N1 was the importance of public health taking a lead role in planning and coordinating services and communicating information.” The benefit of cross-sector collaboration, as seen in the Victoria experience, is identified as a key challenge and area for improvement in the other three cities where such an approach was lacking. Buccieri also notes the need for public health to take a lead role in planning and coordination in the Toronto context.

The four case study chapters also note the need for improved access to supplies and resources to help mitigate and control the spread of infectious disease. A number of specific suggestions regarding supplies and resources

also emerged from the Calgary and Toronto experiences, including suggestions to establish a temporary central distribution point for resources during a pandemic and to develop a communal stockpile in the homelessness sector for pandemic supplies, to be rationed between agencies.

The chapters on Calgary, Regina and Toronto point to a number of additional thematic considerations and recommendations. The Regina and Calgary case studies include a few common suggestions. In particular, they identify a lack of readiness for H1N1 and the need for improved preparedness for future pandemics. They also note a need for improved communication from government and health care authorities in relaying critical information to the homelessness sector.

A number of other issues and recommendations are thematically identified in the Calgary, Regina and Toronto case studies:

- The homeless population needs to be included in definitions of high-risk populations when planning for a pandemic (Calgary).
- Planning for the homeless population is very different from planning for the general population; this planning should be done with rather than for homeless people, as this engagement will help ensure relevant and acceptable approaches (Calgary).
- Immunization/vaccination procedures need improvement (Calgary).
- Improved coordination is needed in the homelessness sector (Regina).
- Improved education and awareness for service providers and homeless people is needed (Regina).
- There are challenges for treatment and isolation of infected individuals, given the current infrastructure at shelters and service provider locations (Regina).
- New social service agencies should be purpose-built with public health considerations in mind (Toronto).
- More funding is needed for shelters and drop-in centres to cover the costs involved in operations, supplies and staff salaries associated with pandemic preparedness (Toronto).
- Designated funding should be made available to allow homelessness sector agencies to enact public health initiatives (Toronto).

Although diverse in terms of geographic location, size and demographics, the case study communities provide some consistent key findings and recommendations for pandemic planning, particularly in the context of homelessness. Many of these findings build upon the base of previous knowledge identified by Gaetz and Buccieri and the legal context discussed by Mosher. In particular, the findings of these case studies and the national data suggest that:

- Homeless people experience significantly worse health status than the general population.
- Homeless people have more difficulty accessing health services and health information, and this is particularly an issue during pandemic outbreaks.
- There is a need for cross-sectoral pandemic planning to improve preparedness for pandemics, and this should include participation by the homelessness sector and people with lived experience of homelessness, with Public Health taking a lead role in these efforts.
- Government and health authorities should identify more effective methods for providing shelters and homeless people access to vaccination and to adequate supplies to mitigate and control infection. This should also include improved education and awareness initiatives which can respond to the unique context of homelessness and associated service provision.
- There is a need to design and build a new service infrastructure that will be adequate in the face of pandemic events and other public health concerns. This will require commitment from government and other funders to ensure adequate and appropriate construction and design.

We suggest that these recommendations might provide a starting point for new approaches to pandemic planning among the homeless population. However, it is critical to consider homelessness as a broader challenge in the work toward achieving social justice and equity for all people. While immediate pandemic planning efforts need to consider the impact of social and economic marginalization, the long-term goal of our collective efforts should be the elimination of those inequalities.

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