



Addressing Homelessness During the COVID-19 Pandemic 1st Annual CHHRGE Symposium

Wayne M. Detmer, MD

Thomas D. Huggett, MD, MPH

Lawndale Christian Health Center, Chicago

May 8, 2021

waynedetmer@lawndale.org

thomashuggett@lawndale.org



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.



1st symptom and temp screening at Salvation Army-Harbor Light on March 25, 2020 by UIHealth med student Taylor Vandenberg



Medical Care
Cuidado Médico



Pharmacy
Farmacia



Eye Clinic
Clínica de Optometría



Dental Clinic
Clínica Dental



 **LAWNDALE CHRISTIAN
FITNESS CENTER**
Spirit. Strength. Life.
Fitness Center
Gimnasio



 **GREENTOMATOCAFÉ**
at LAWNDALE CHRISTIAN
Stay Planted.
Green Tomato Cafe
Café Tomate Verde



 **LAWNDALE CHRISTIAN
CONFERENCE CENTER**
Connecting Christ's Community
Conference Center
Centro de Conferencias



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.

THIS IS LAWNDALE HEALTH



Our Mobile Health Team is Here to Help YOU!

Care by our highly qualified and caring Doctors, Nurse Practitioners, Therapists and Outreach Staff



We can help you with:

- Basic medications
- Screening for TB
- Screening for HIV using oral testing (no needlestick)
- Care for persons with HIV
- School and work physicals
- Referral for eyeglasses
- Foot care
- Pregnancy and urine tests
- Urine drops for drug testing
- Immunizations for kids
- Care for mental health concerns
- Help with smoking cessation, including patches and other medications



LAWNDALE CHRISTIAN
HEALTH CENTER

Loving God. Loving People.

(872) 588-3000

www.lawndale.org

LCHC Mobile Health Team Cares for People at 12 Shelters on Chicago's West Side

Chicago Tribune



QUESTIONS? CALL 1-800-TRIBUNE

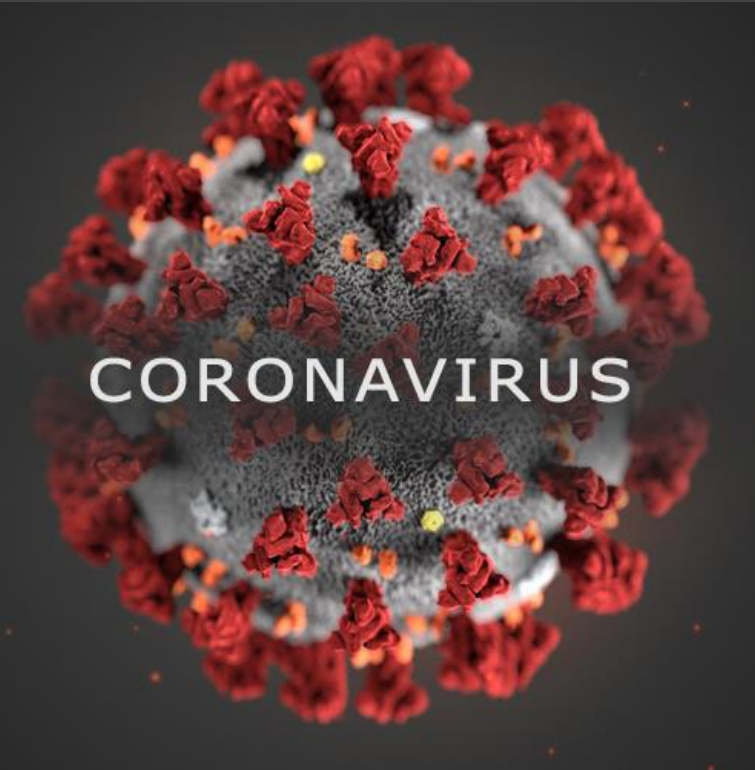
SATURDAY, MARCH 21, 2020

BREAKING NEWS AT CHICAGOTRIBUNE

CORONAVIRUS OUTBREAK

Illinois has **585** confirmed cases across 25 counties, including **163** new cases announced Friday. The statewide death toll has risen to **5**, the most recent being a Cook County woman in her 70s.

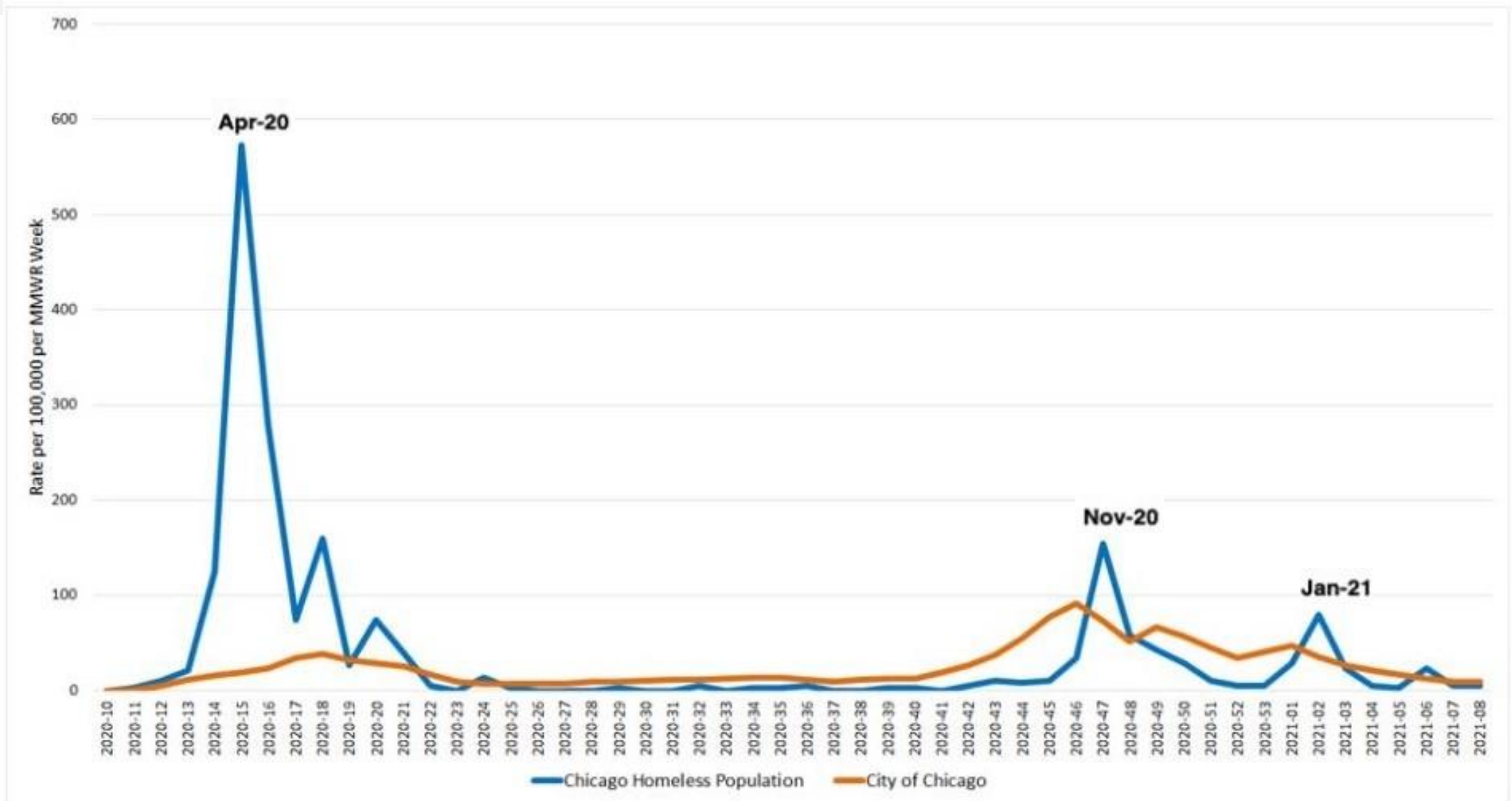
'STAY AT HOME'



CORONAVIRUS



Chicago SARS-CoV-2 Test Positivity Rates



Staying in Larger Shelters Increases Risk of SARS-CoV-2 Infection



Open Forum Infectious Diseases

Open Forum Infect Dis. 2020 Nov; 7(11): ofaa477. PMID: 33263069
 Published online 2020 Oct 12. doi: 10.1093/ofid/ofaa477

Risk Factors for Severe Acute Respiratory Syndrome Coronavirus 2 Infection in Homeless Shelters in Chicago, Illinois—March–May, 2020

Isaac Ghinai,^{1,2} Elizabeth S Davis,³ Stockton Mayer,⁴ Karrie-Ann Toews,^{1,2} Thomas D Huggett,⁵

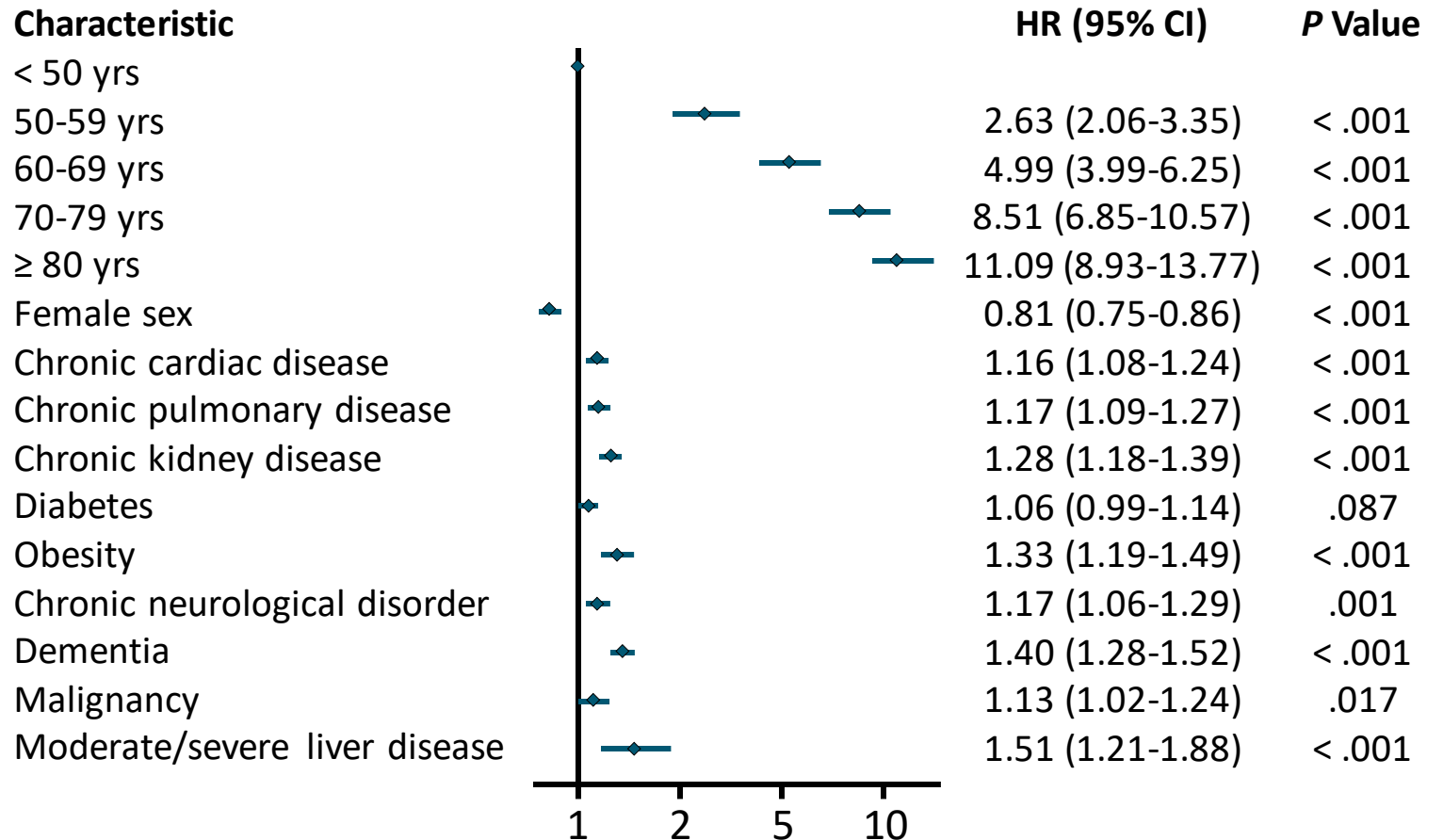
Table 4.
 Prevalence Ratios of SARS-CoV-2 Infection in Residents of Homeless Shelters, Adjusted for Individual- and Facility-Level Factors in a Multilevel Log Binomial Model—Chicago, March–May 2020

| Characteristic | Adjusted Prevalence Ratio ^a n = 1268 | (95% CI) | P Value |
|------------------------------------|---|-------------|---------|
| Individual-Level Factors | | | |
| Current smoker | 0.71 | (0.60–0.85) | <.01 |
| Sleeping Arrangements | | | |
| Single room | 1.0 | | |
| Shared room (2–4 people) | 1.35 | (0.87–2.11) | .19 |
| Shared room (5–8 people) | 1.59 | (1.00–2.53) | .05 |
| Shared room (9–20 people) | 1.64 | (1.00–2.70) | .05 |
| Shared room (>20 people) | 1.76 | (1.11–2.80) | .02 |

Factors Associated with Increased Mortality Among Hospitalized COVID-19 Patients

- Prospective observational cohort study of hospital admissions in UK during February 6 - April 19, 2020 (N = 20,133)
- Significantly increased risk of mortality among **older age > 50 yrs, men, chronic comorbidities**
 - HTN, CVD, COPD, asthma, CKD, obesity, liver disease most common

Multivariate Survival Analysis



1st Lesson: Act Quickly

- March 26: Commissioner Novara discusses LCHC involvement in possible isolation facility for homeless with Dr. Detmer; mass symptom screening continues at Salvation Army-Harbor Light with UIHealth students
- March 27: LCHC meets with CDPH staff at Hotel 166
- March 30: Mass symptom screening starts at PGM with isolating and rounding at PGM's isolation ward
- April 1: LCHC receives CDPH hand-off of 12 guests and IC/PPE instructions
- April 2: LCHC receives first 16 guests from PGM
- April 7: Hotel 166 shifts from isolation to shielding model
- In a week, through April 9, LCHC would have 92 intakes to Hotel 166
- April 11: Isolation Facility opens at A Safe Haven

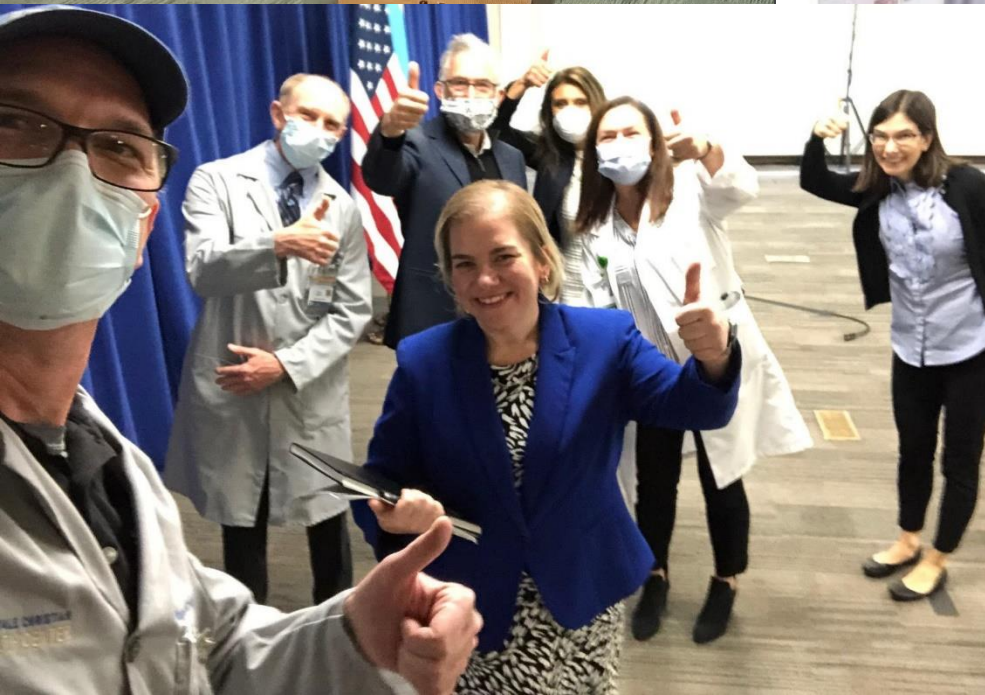
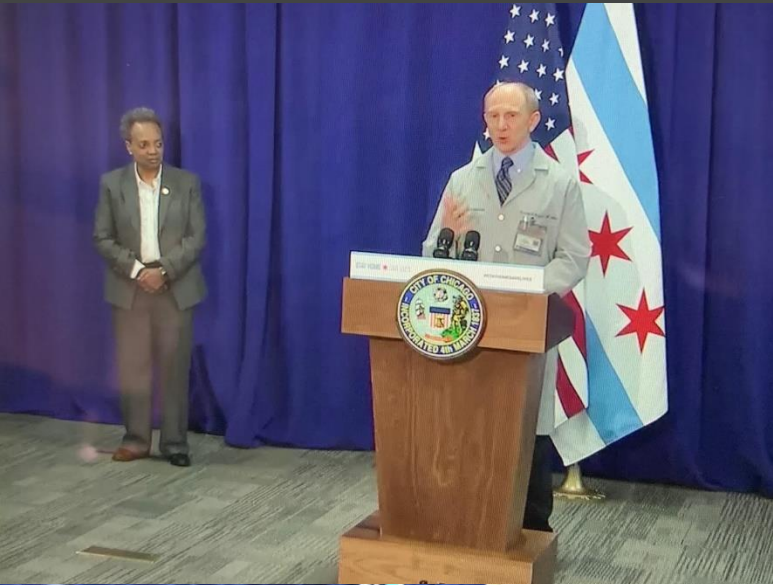


Working with Deep Gratitude to:

The Mayor's Office, Department of Public Health,
Department of Family and Support Services,
Department of Housing, Heartland Alliance Health,
Chicago Continuum of Care, All Chicago, CHHRGE,
UIHealth, Rush University, Lurie Children's, Family
Guidance, Shelter Partners, Hotel 166, & others...



Building Relationships with City Leadership



What made quick action at Hotel 166 happen?

- Pre-existing relationships with city agencies and shelters; CDPH handover
- Mobile Health Team with 25-30 years of experience working with people experiencing homelessness – suitcase of meds and supplies ready, flexible, broad knowledge base (primary care, MAT, methadone, wound and foot care, HIV, Hep C, psychiatry, dealing with personalities, de-escalation, etc.)
- Soup-to-nuts service: operations, transportation, meal delivery, laundry, medical care, delivery of meds to hotel, IT expertise
- Staff available because usual clinics closed; deep bench developed
- Willing to work in crisis before contract signed; CDPH & Hotel 166 flexible



Hotel 166: Protective Housing

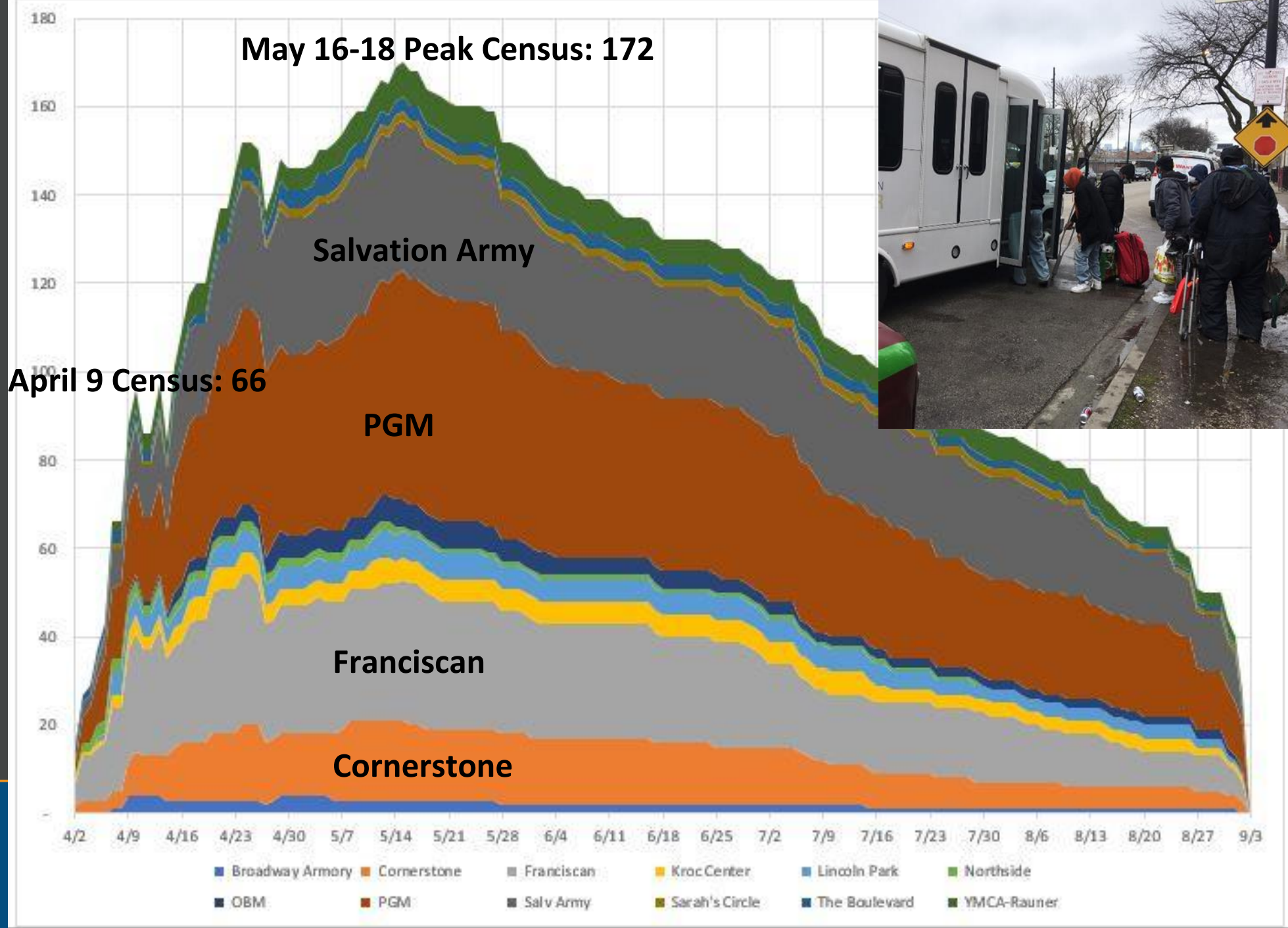
Developing relationships with city of Chicago agencies, shelter providers, opioid treatment programs, behavioral health providers, housing providers, & Rush/U of Illinois/Lurie Children's testing teams, LCHC isolated/shielded 259 high-risk persons experiencing homelessness from 16 shelter sites at Hotel 166 on the Magnificent Mile, April 2-September 3, 2020.



[City of Chicago agencies included: the Mayor's Office; the Office of Emergency Management; the Departments of Public Health, Family and Support Services (oversees city-funded shelters), and Housing]; Photo credits: Lawndale Christian Health Center

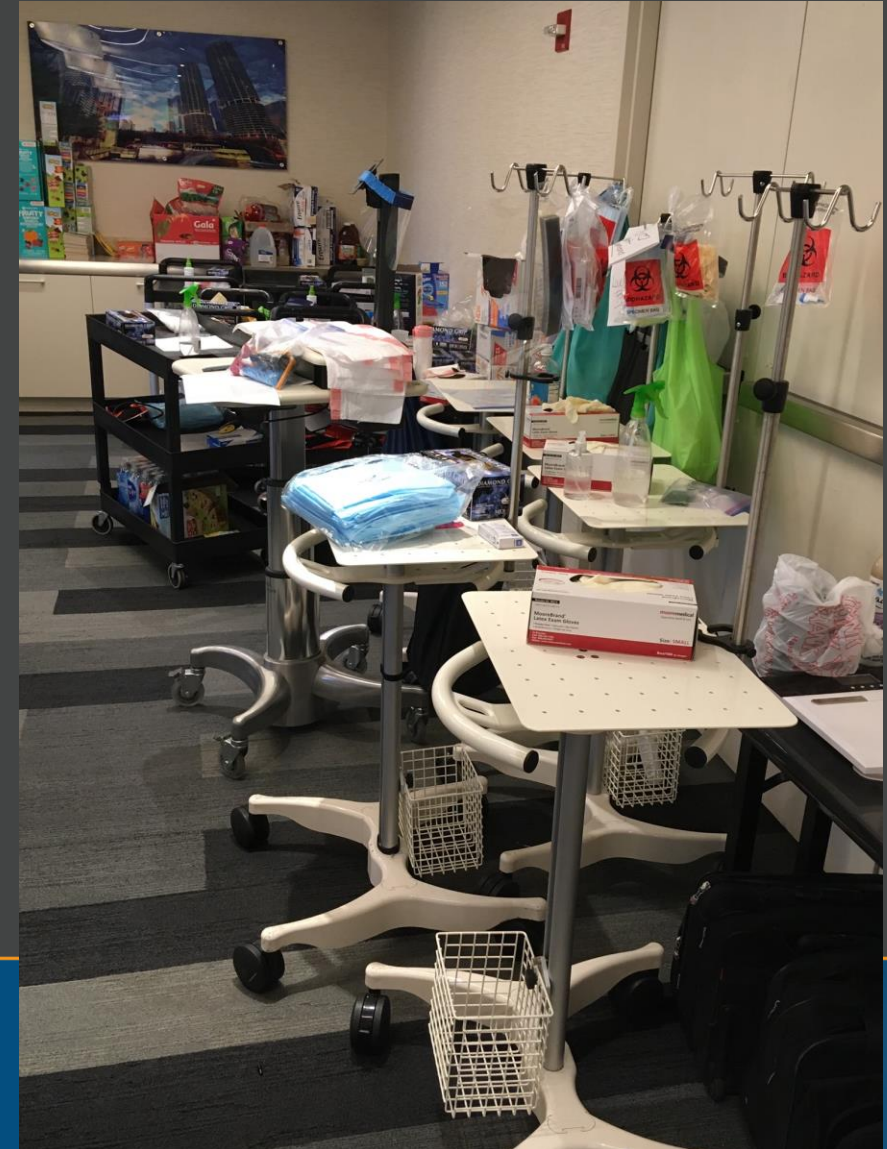


Hotel 166
 Census by
 Shelter Origin:
 assessed 23
 shelter sites,
 received
 guests from 16
 sites of
 12
 organizations



259 Hotel Guests - Diagnoses

- 146 - Mental Health Diagnoses (56%)
- 141 - Hypertension (54%)
- 126 - Tobacco Use Disorder (49%)
- 88 - Substance Use Disorder (34%)
- 66 - COVID-19 (25%)
- 57 - Diabetes mellitus (22%)
- 61 - COPD/Asthma (24%)
- 51 - Obesity (20%)
- 14 - Hepatitis C
- 9 – HIV/AIDS
- 6 – Skin Ulcers



Success at Shielding Hotel

- Daily medical/behavioral/social evaluations including temps and oxygen saturation levels
- 66 (25%) had COVID-19; of these, 9 were transferred 2 blocks to Northwestern Memorial Hospital; 8 in ICU; 6 were intubated; 0 died

Photo credit: Joshua Lott, Wall Street Journal



SERVING AT HOTEL 166



- >>Shielding in place and social isolation was hard for guests - “it feels like prison” – awareness of racial power dynamics, need for social connections, but also recognized resilience and strength of guests
- >>Everyday medical contacts can build trust, stabilize medical and mental health issues, and influence housing outcomes



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.

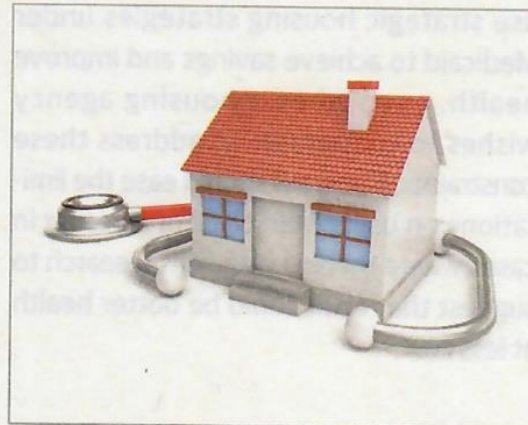
Housing decreased hospitalizations by 29%

The JAMA Forum

Housing as a Step to Better Health

Stuart M. Butler, PhD

The medical profession now broadly recognizes that there is much more to good health than having affordable access to excellent medical care. In particular, housing difficulties are seen as comprising an important determinant in the underlying health condition of many families, and they often are a factor in acute episodes of illness. Poor living conditions can trigger such developments as respiratory problems and stress-related ill-



Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults

A Randomized Trial

Laura S. Sadowski, MD, MPH

Romina A. Kee, MD, MPH

Tyler J. VanderWeele, PhD

David Buchanan, MD, MS

Context Homeless adults, especially those with chronic medical illnesses, are frequent users of costly medical services, especially emergency department and hospital services.

Objective To assess the effectiveness of a case management and housing program in reducing use of urgent medical services among homeless adults with chronic medical illnesses.

Design, Setting, and Participants Randomized controlled trial conducted at a public teaching hospital and a private, nonprofit hospital in Chicago, Illinois. Participants were 407 social worker-referred homeless adults with chronic medical illnesses (89% of referrals) from September 2003 until May 2006, with follow-up through December 2007. Analysis was by intention-to-treat.

Intervention Housing offered as transitional housing after hospitalization discharge, followed by placement in long-term housing; case management offered on-site at primary study sites, transitional housing, and stable housing sites. Usual care participants received standard discharge planning from hospital social workers.

Main Outcome Measures Hospitalizations, hospital days, and emergency department visits measured using electronic surveillance, medical records, and interviews. Models were adjusted for baseline differences in demographics, insurance status, prior hospitalization or emergency department visit, human immunodeficiency virus infection, current use of alcohol or other drugs, mental health symptoms, and other factors.

Results The analytic sample (n=405 [n=201 for the intervention group, n=204 for the usual care group]) was 78% men and 78% African American, with a median duration of homelessness of 30 months. After 18 months, 73% of participants had at least 1 hospitalization or emergency department visit. Compared with the usual care group, the intervention group had unadjusted annualized mean reductions of 0.5 hospitalizations (95% confidence interval [CI], -1.2 to 0.2), 2.7 fewer hospital days (95% CI, -5.6 to 0.2), and 1.2 fewer emergency department visits (95% CI, -2.4 to 0.03). Adjusting for baseline covariates, compared with the usual care group, the intervention group had a relative reduction of 29% in hospitalizations (95% CI, 10% to 44%), 29% in hospital days (95% CI, 8% to 45%), and 24% in emergency department visits (95% CI, 3% to 40%).

Conclusion After adjustment, offering housing and case management to a population of homeless adults with chronic medical illnesses resulted in fewer hospital days and emergency department visits, compared with usual care.

Trial Registration clinicaltrials.gov Identifier: NCT00490581

JAMA. 2009;301(17):1771-1778

www.jama.com

stantial health and economic consequences.

Prior intervention research has focused on subgroups of the homeless

Author Affiliations are listed at the end of this article. **Corresponding Author:** Laura S. Sadowski, MD, MPH, Collaborative Research Unit, Department of Medicine, Stroger Hospital of Cook County, 1900 W Polk St, Room 1606, Chicago, IL 60612 (sadowski@cchil.org).

For editorial comment see p 1822.

©2009 American Medical Association. All rights reserved.

(Reprinted) JAMA, May 6, 2009—Vol 301, No. 17 1771





Photo credit: Joshua Lott, Wall Street Journal

Homelessness and Coronavirus: A Day in the Life of a Doctor Treating the Vulnerable



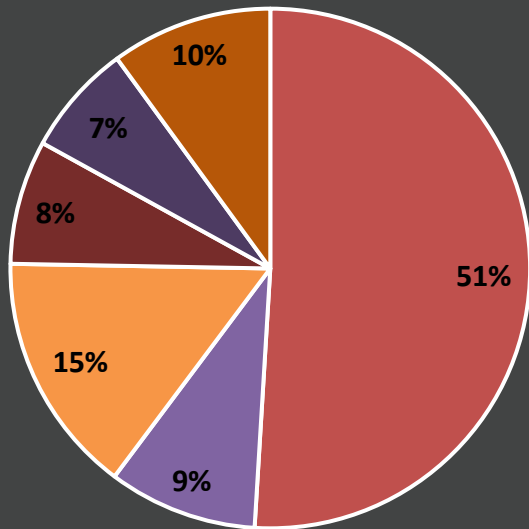
**CRAIG MELVIN
Chicago Dr. on treating homeless:
The most vulnerable have no home to stay in**

(click on images for links to stories)



Nothing About Us Without Us: Our Guests/Patients Voice Their Concerns and Their Need for Safe, Supportive Housing

Hotel 166 Exits: The Majority Went to Housing



- Housing (132)
- Residential Recovery Program (24)
- Covid +, to isolation facility (39)
- Hospital (20)
- Guest desired to return to shelter (18)
- Self-discharge, destination unknown (26)

Data Source: Lawndale Christian Health Center

Key Partners in working on housing included: All Chicago (Chicago Continuum of Care Collaborative applicant); permanent supportive housing and rapid rehousing providers; city of Chicago Department of Housing; Chicago Housing Authority; behavioral health providers for ACT/CST support; A Safe Haven for isolation of SARS-COV-2 POS persons; and others



BRIAN CASSELLA/CHICAGO TRIBUNE

Joeal Hamlin was offered a room at Hotel One Sixty-Six Magnificent Mile where the Lawndale Christian Health Center oversees a makeshift isolation facility for people who are homeless.

‘Housing is health care’

Hotel has become haven for people living on the street, others at risk

BY ALICE YIN AND CECILIA REYES

The 66-year-old couldn't do this just a month ago. He Lawndale Christian Health Center oversees a makeshift

Story and photo credit: Chicago Tribune



Hotel 166 guests leaving to go to their new home



What else was going on...

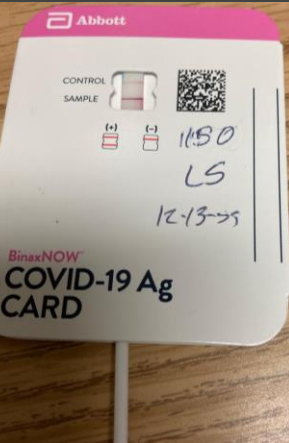
- 55% increase in opioid overdose deaths, hitting the West Side of Chicago hard
- George Floyd protests and marches, looting on May 30 and August 9, bridges up across the Chicago River, stores closed and boarded up
- Social isolation, increased unemployment, school disruption, presidential election>increased mental stress
- Infection Control Trainings at shelters
- Continued primary care at shelters – formulation of Standards of Care
- Telehealth for many hotel providers
- Outreach to encampments
- LCHC PUI Rapid Testing Van





Identifying New Cases in Shelters:
Mobile Rapid Testing of Persons Under
Investigation (PUIs) with Symptoms of
COVID-19 with Abbot ID NOW machine
>193 tests completed,
25 POS transferred to isolation

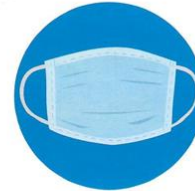
Shelter Infection Control Sessions



GETTING 'BACK TO NORMAL'
IS GOING TO TAKE ALL OF OUR TOOLS

PROTECT
CHICAGO

Wear a mask.



Wash hands often.



Stay 6 feet from others,
and avoid crowds.



Get Vaccinated.

If we use all the tools we have, we stand the best
chance of getting our families, communities,
schools, and workplaces "back to normal" sooner.



chicago.gov/COVIDvax

12/17/2020



LAWNDALE CHRISTIAN
HEALTH CENTER

Loving God. Loving People.

Shelter Infection Control Measures



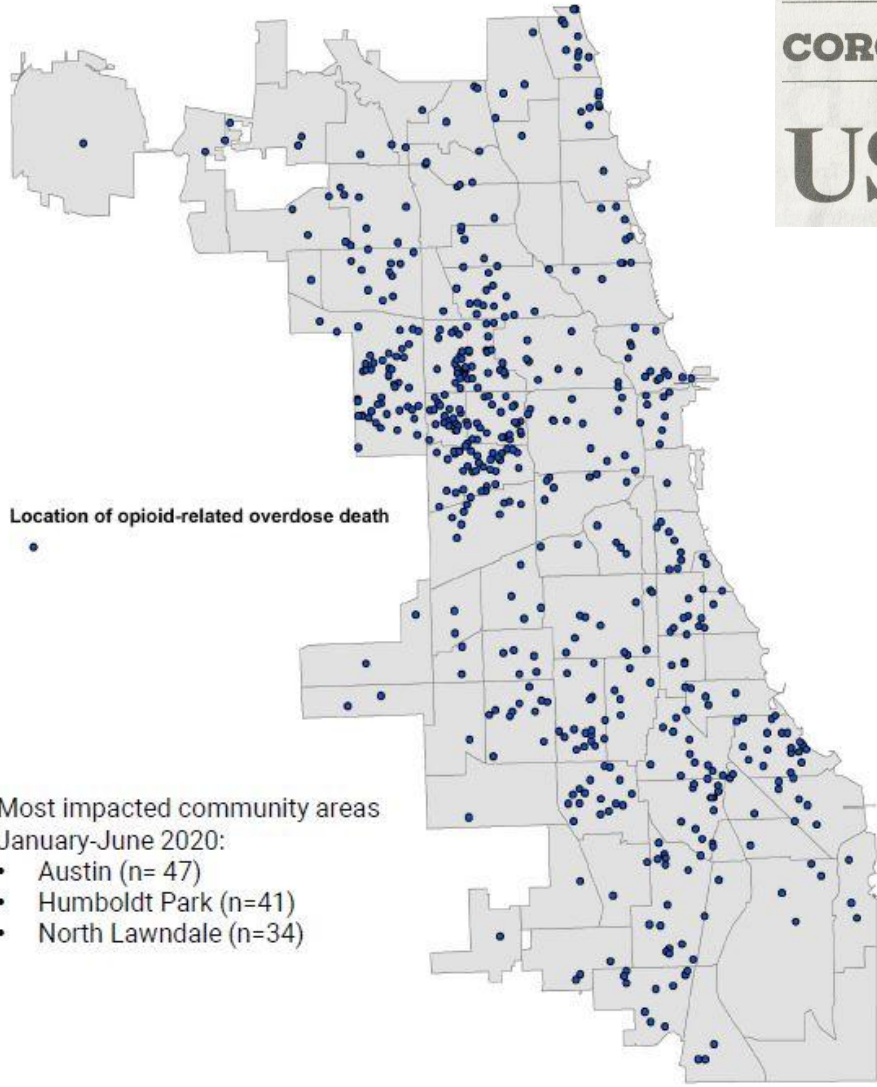
Olive Branch Mission has:

- All clients and staff wear masks unless sleeping or eating
- Printed signs that adhere to the floor to encourage social distancing
- Modified mealtimes and switched to disposable plates and utensils
- Installed additional hand sanitizer machines all over the building, partitions - including urinal screens, touch-less water coolers
- Daily COVID screening for staff and clients (electronic self-screening for staff that automatically emails to supervisors)
- Opened separate entrances for the different populations



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.

**Opioid-Related overdose deaths that occurred in Chicago,
January-June 2020 (n=573)**



CORONAVIRUS OUTBREAK

US overdose deaths appear to spike

Chicago Department of Public Health



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

September 1, 2020

Mid-Year Chicago Opioid Update

Key Messages and Action Steps

- From January 1, 2020 through June 30, 2020, Chicago has seen a **61% increase in opioid-related EMS responses** and a **55% increase in opioid-related overdose deaths** when compared to January 1, 2019 through June 30, 2019.
 - There were 7,301 opioid-related¹ EMS responses.
 - There were at least 573 opioid-related overdose deaths in Chicago².

OVERDOSE DEATHS HAVE SKYROCKETED IN CHICAGO, AND THE CORONAVIRUS PANDEMIC MAY BE MAKING IT WORSE

LUKE 13:3

The Mustard Seed

Gallileans were worse sinners than all other Gallileans, because they suffered such things?
 3 "I tell you, no; but unless you repent you will all likewise perish.
 4 "Or those eighteen on whom the tower in Siloam fell and killed them, do you think that they were worse sinners than all other men who dwell in Jerusalem?
 5 "I tell you, no; but unless you repent you will all likewise perish."
 6 He also spoke this parable: "A certain man had a fig tree planted in his vineyard, and he came seeking fruit on it and found none.
 7 "Then he said to the keeper of his vineyard, 'Look, for three years I have come seeking fruit on this fig tree and find none. Cut it down; why does it use up the ground?'
 8 "But he answered and said to him, 'Sir, let it alone this year also, until I dig around it and fertilize it.'
 9 "And if it bears fruit, well. But if not, after that you can cut it down."
 10 Now He was teaching in one of the synagogues on the Sabbath.
 11 And behold, there was a woman who had a spirit of infirmity eighteen years, and was bent over and could in no way raise herself up.
 12 But when Jesus saw her, He called her to Him and said to her, "Woman, you are loosed from your infirmity."
 13 And He laid His hands on her, and immediately she was made straight, and glorified God.
 14 But the ruler of the synagogue answered with indignation, because Jesus had healed on the Sabbath; and he said to the crowd, "There are six days on which men ought to work; therefore come and be healed on them, and not on the Sabbath day."
 15 The Lord then answered him and said, "Hypocrite! Does not each one of you on the Sabbath loose his ox or his donkey from the

16 "So ought not this woman, being a daughter of Abraham, whom Satan has bound—think of it—for eighteen years, be loosed from this bond on the Sabbath?"
 17 And when He said these things, all His adversaries were put to shame; and all the multitude rejoiced for all the glorious things that were done by Him.
 18 Then He said, "What is the kingdom of God like? And to what shall I compare it?
 19 "It is like a mustard seed, which a man took and put in his garden; and it grew and became a large tree, and the birds of the air nested in its branches."
 20 And again He said, "To what shall I liken the kingdom of God?
 21 "It is like leaven, which a woman took and hid in three measures of meal till it was all leavened."
 22 And He went through the cities and villages, teaching, and journeying toward Jerusalem.
 23 Then one said to Him, "Lord, are there few who are saved?" And He said to them,
 24 "Strive to enter through the narrow gate, for many, I say to you, will seek to enter and will not be able.
 25 "When once the Master of the house has risen up and shut the door, and you begin to stand outside and knock at the door, saying, 'Lord, Lord, open for us,' and He will answer and say to you, 'I do not know you, where you are from.'
 26 "then you will begin to say, 'We ate and drank in Your presence, and You taught in our streets.'
 27 "But He will say, 'I tell you I do not know you, where you are from. Depart from Me, all you workers of iniquity.'
 28 "There will be weeping and gnashing of teeth, when you see Abraham and Isaac and Jacob and loose his ox or his donkey from the

STEP 2

Came to believe that a Power greater than ourselves could restore us to sanity. Luke 13:10-13

The New Testament is filled with accounts of God's healing as transmitted by Jesus' touch upon the sick and infirm. For those of us seeking emotional infirmities of a of a restoring God.

The history of recovery is built upon innumerable delivered miraculously from otherwise. The style of the Some have experienced deliverance from old com others, recovery has been transformation. Whatever was earnestly sought, the was unmistakable.

While healings are significant, even more important as purpose. That purpose is more meaningful relation

Recovery Community Behavioral Health Groups at LCHC



Group Treatment for Substance Abuse

SECOND EDITION

A Stages-of-Change Therapy Manual

Mary Marden Velasquez, Cathy Crouch, Nanette Stokes Stephens, and Carlo C. DiClemente

Over 350,000 in Print

THIRD EDITION

MOTIVATIONAL INTERVIEWING

Helping People Change

William R. Miller and Stephen Rollnick



Medications for Opioid Use Disorder

For Healthcare and Addiction Professionals, Policymakers, Patients, and Families

TREATMENT IMPROVEMENT PROTOCOL

TIP 63

SAMHSA

RECOVERY RECUPERACION

- **Step 1: We admitted we were powerless over ... that our lives had become unmanageable.**
I often find that I have the will to do good, but not the power. That is, I don't accomplish the good I set out to do, and the evil I don't really want to do I find I am always doing. **Romans 7:19**
My life is consumed by anguish and my years by groaning; my strength fails because of my affliction, and my bones grow weak. **Psalms 31:10**
They reel to and fro, and stagger like a drunken man, and are at their wits' end. **Psalms 107:27**
- **Step 2: Came to believe that a Power greater than ourselves could restore us to sanity**
Then they cry out to the Lord in their trouble, and He brings them out of their distresses. He calms the storm. **Psalms 107:28-29**
I would have lost heart, unless I had believed that I would see the goodness of the Lord in the land of the living. **Psalms 27:13**
We should not trust in ourselves but in God who raises the dead, who delivered us from so great a death, and does deliver us, in whom we trust that He will still deliver us. **2 Corinthians 1:9-10**

SERENITY

A Companion for Twelve Step Recovery

Complete with New Testament, Psalms & Proverbs



lives over

our own under

erbs 3:5-6

them deny

org

is a patient of Lawndale Christian Health Center's Medically Assisted Treatment for Heroin (Opioid) U

Please do not take away their Suboxone - it has been prescribed by a certified medical provider so they be free of addiction to heroin.

Please call us at 872-588-3000 with questions.

LAWNDALE CHRISTIAN HEALTH CENTER

Loving God. Loving People.

Sublocade™

(buprenorphine extended-release) injection for subcutaneous use

100mg-300mg

intramuscular injection only. Single use vial. Discard unused portion.

Vivitrol

(naltrexone tartrate extended-release injectable suspension)

360 mg/vial

Drugs of Abuse Test Cup

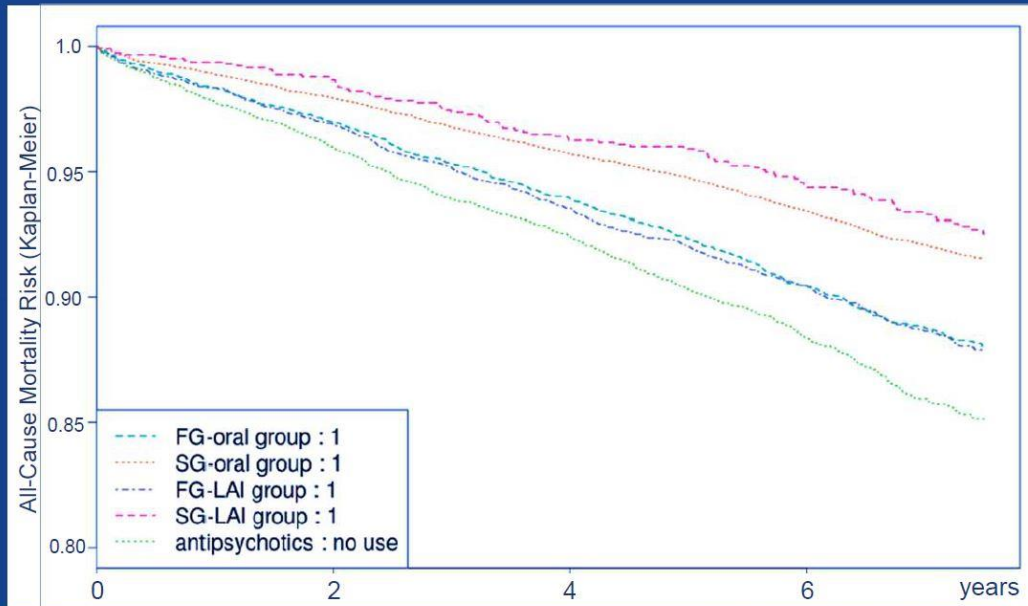
CLIA WAIVED

Donor ID _____

Date _____

Use of Long-Acting Injectable (LAI) Antipsychotics

LAI's are Associated with Lower All-Cause Mortality



© 2019 American Psychiatric Association. All rights reserved.

Taipale, et al. 2018

13

An APA and SAMHSA Initiative

PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

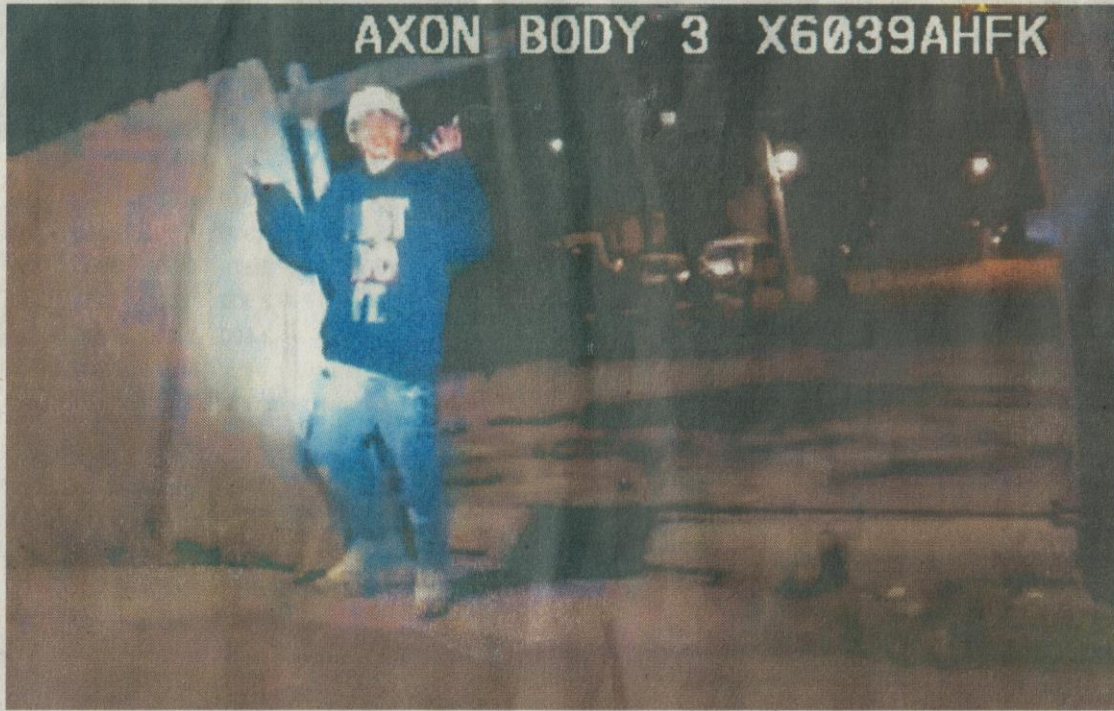
Taipale, et al, Schizophrenia Research
197 (2018) 274-280; also decreased
symptoms and rehospitalizations



LAWNDALE CHRIST
HEALTH CENTER
Loving God. Loving People.



Racial Injustice, Trauma, Stress, and Health



Adam Toledo raises his hands just before being shot and killed on March 29 in Little Village. Video from a parking lot shows him running down an alley from a distance. The video and other images from police body cameras were published on the website of the Civilian Office of Police Accountability, which is now charged with investigating the fatal shooting of the teenager. **CIVILIAN OFFICE OF POLICE ACCOUNTABILITY**

Chicago Tribune, April 16, 2021



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.

The COVID-19 Pandemic in the Context of Racial Justice

*Fighting for justice
and honoring the
memory of
George Floyd

*Lawndale Staff in
solidarity on the roof
of Hotel 166

*June 3, 2020



What is systemic racism?



Systemic racism:
the way policies & practices of organizations or systems advantage some populations, while disadvantaging others, creating different outcomes for different racial groups

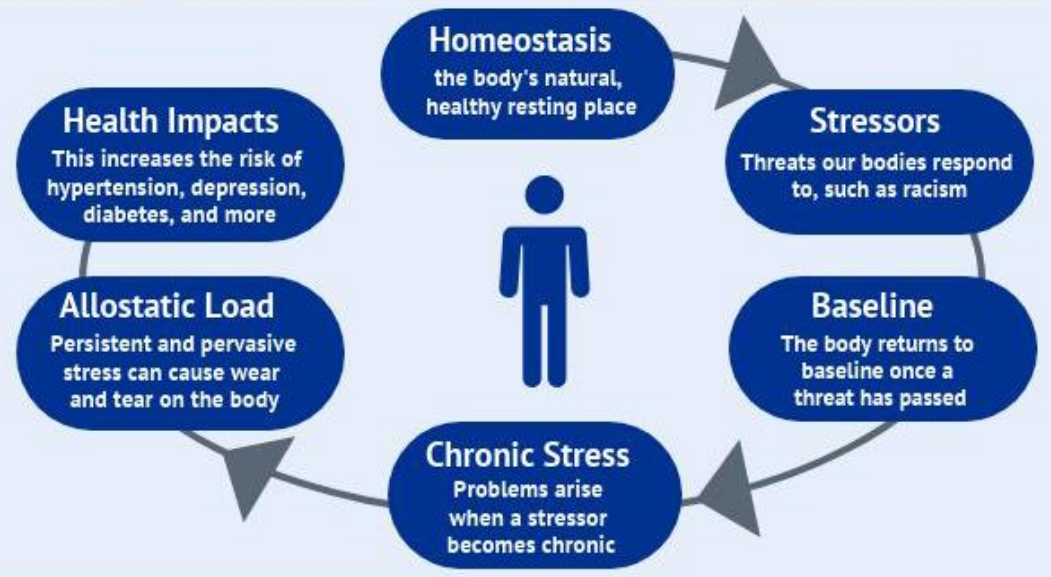
Among Black Americans, systemic racism has led to long-standing inequities and striking disparities linked to COVID-19.

COVID-19 highlights the link between racism and health

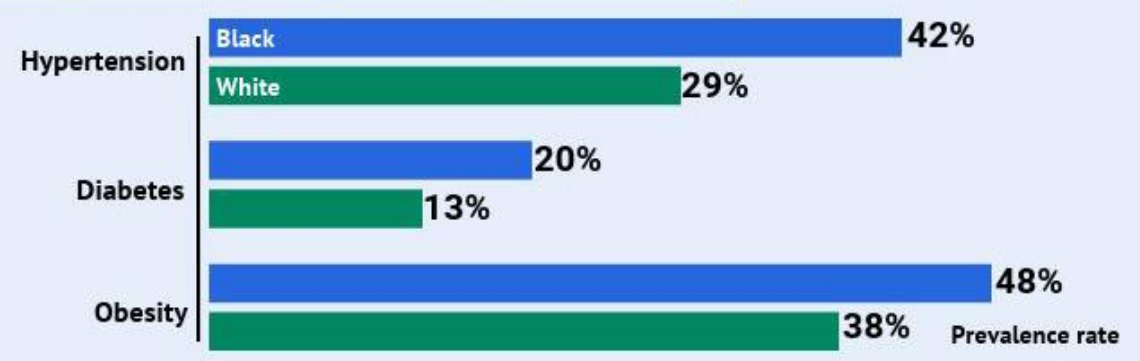


Black people are dying from COVID-19 at a rate **2.4x higher** than White people

How does systemic racism and the stress of racism impact health?



Snapshot of resulting health disparities



What makes the Black community more at risk for COVID-19?



Higher rates of pre-existing health conditions



Over-represented in frontline & essential worker jobs



Unequal access to quality health care & insurance coverage



More likely to live in hypersegregated neighborhoods

Maternal Mortality
Black women are **3-4x** more likely to die giving birth than White women

Homelessness & health are closely related and amplified by COVID-19

Homelessness is characterized by **extreme poverty** + **a lack of stable housing**



Compared to the general population, homeless individuals infected by **COVID-19** are estimated to be:

2X more likely to be hospitalized

2-4X more likely to require critical care

2-3X more likely to die

Summary: Persons Experiencing Homelessness and SARS-CoV-2

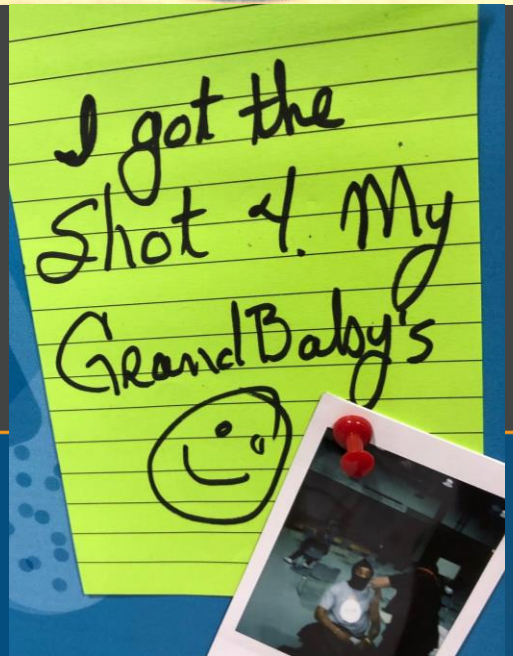
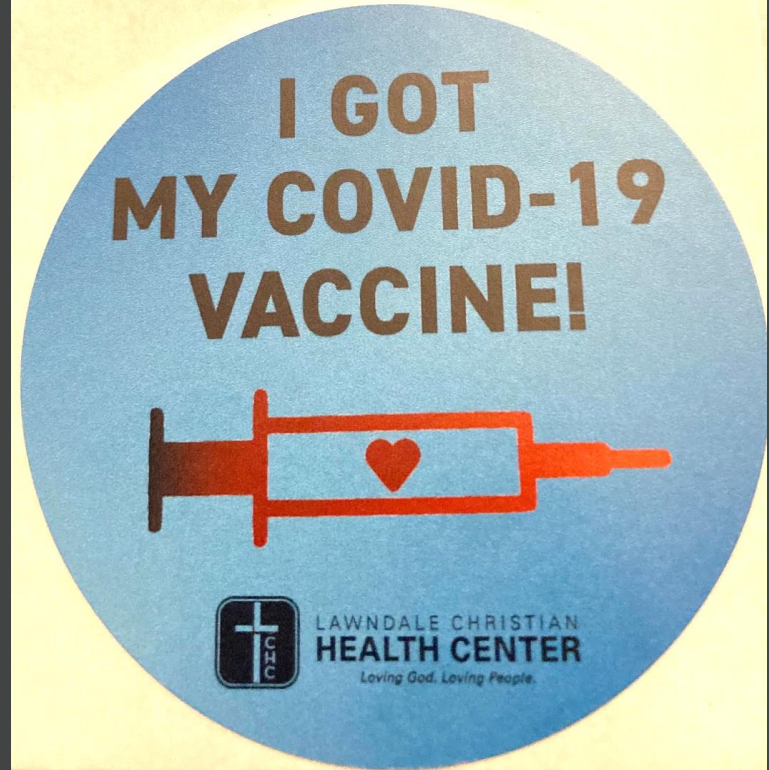
HOMELESSNESS AND COVID

- People Experiencing Homelessness (PEH) are at increased risk from COVID
- Both CDC and HUD issued guidances for protecting PEH and reducing transmissions in congregate settings and for unsheltered PEH
- Use of Alternate Care Sites (ACS) for Isolation and Quarantine for PEH
- More humane approach to encampments
- Challenge of Testing
- Pandemic brought into sharp relief inequities and inadequacies of our health and social systems

Vaccination Engagement Efforts



Shelter Vaccine Events



COVID-19 Vaccine Uptake in Chicago

Chicago Department of Public Health



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

COVID-19 Vaccination Summary as of 5/3/2021

| Type | No. who received at least one dose | Percent of population who have received at least one dose | No. who have a completed vaccine series | Percent of population who have a completed vaccine series |
|--|------------------------------------|---|---|---|
| All Chicago Residents | 1,219,108 | 45.3% | 861,640 | 32.0% |
| Age Group | | | | |
| 18 + | 1,207,118 | 56.4% | 859,064 | 40.2% |
| 65 + | 241,595 | 66.6% | 203,192 | 56.0% |
| Race-Ethnicity | | | | |
| Latinx | 278,273 | 35.8% | 189,606 | 24.4% |
| Black, non-Latinx | 228,198 | 29.7% | 157,905 | 20.5% |
| White, non-Latinx | 469,520 | 52.1% | 348,598 | 38.6% |
| Asian, non-Latinx | 92,488 | 50.1% | 62,890 | 34.0% |
| American Indian/Alaska Native, non-Latinx | 3,712 | | 2,357 | |
| Native Hawaiian/Pacific Islander, non-Latinx | 2,093 | | 1,450 | |
| Other, non-Latinx | 48,786 | | 43,637 | |
| Unknown | 96,038 | | 55,197 | |



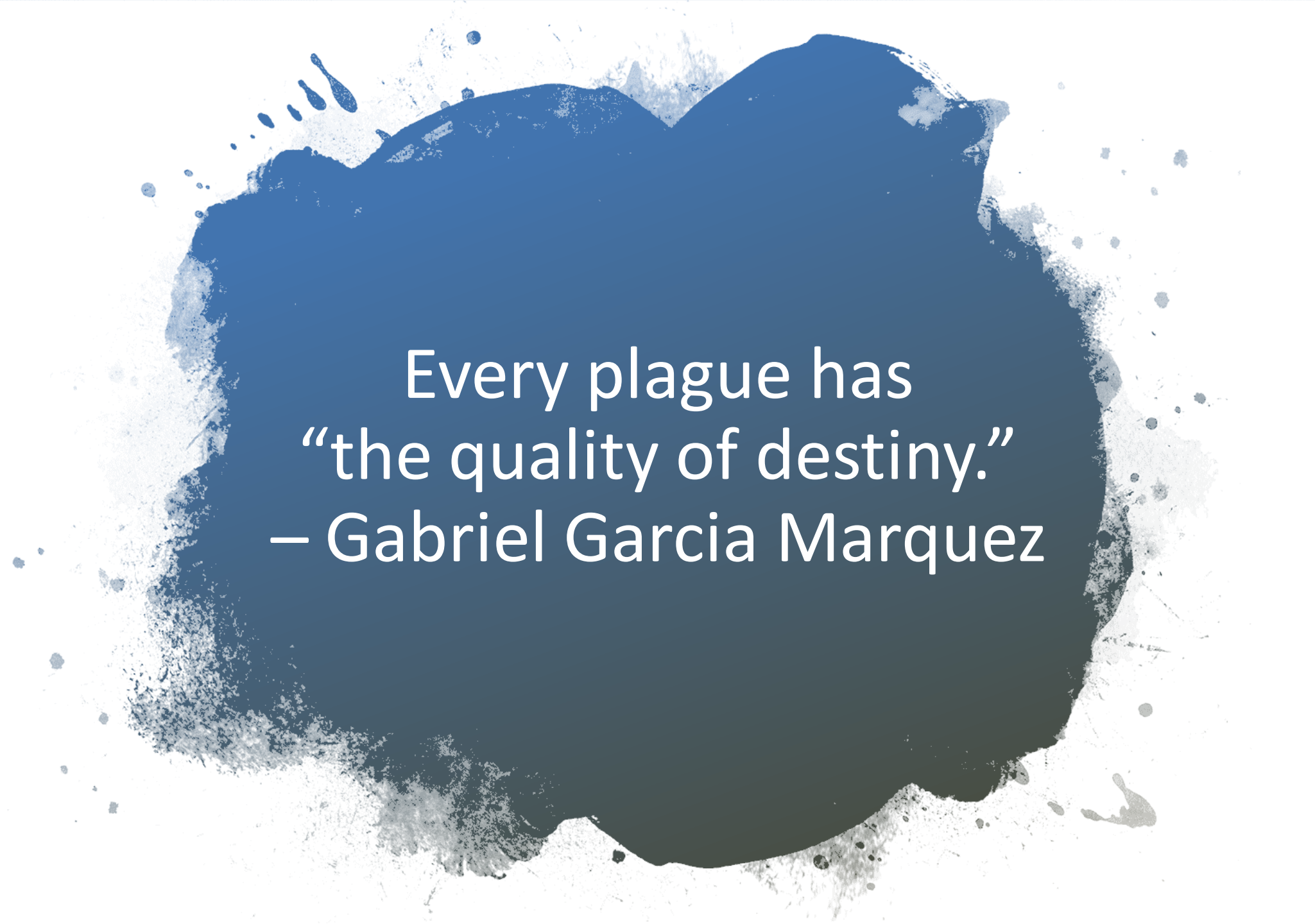
32.0% of all Chicago residents have completed COVID-19 vaccine series.

City of Chicago Vaccine Coverage Data for PEH (including sheltered, unsheltered, staff, and other) from 1-26-2021 to 4-22-2021

| Updated: 4/22/2021 | Shelter Population | | | Unsheltered Population | | |
|--|--------------------|-------------|------------|------------------------|------------|-------------|
| | Resident | Staff | Other | Attendees | Other | Totals |
| Dose 1 Moderna | 948 | 322 | 259 | 232 | 192 | 1953 |
| Dose 2 Moderna | 1244 | 1147 | 214 | 83 | 99 | 2787 |
| Single Dose J&J | 170 | 38 | 214 | 99 | 72 | 593 |
| Total Completed Vaccinations | 1414 | 1185 | 687 | 182 | 171 | 3639 |
| Total Number Needing Vaccination (Denominator) | 2,742 | 1,869 | - | 1,529 | - | |
| Uptake % | 52% | 63% | - | 12% | - | - |

- Denominator for Sheltered Residents over the age of 18 is the 2020 PIT Count.
- Denominator for Shelter Staff is self-reported by shelters.
- 5435 total vaccines given in shelters to guests and staff
- 70-75% to BIPOC
- 62-75% to PEH

Data Source: Chicago Department of Public Health – NOT AUTHORIZED FOR FURTHER DISTRIBUTION



Every plague has
“the quality of destiny.”
– Gabriel Garcia Marquez