



SANITATION ACCESS NEEDS FOR HOMELESS POPULATIONS

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Public Health Services

County of San Diego Health and Human Services Agency

California Water Board

April 19, 2019



ROOT CAUSE



- Homelessness is closely connected to declines in **physical** and mental health.
- Homeless persons experience high rates of health problems, such as **HIV** infection, alcohol and **drug** abuse, mental illness, tuberculosis, and other conditions.



POVERTY

What city has the worst homelessness crisis?

It depends on how and what you count. Here are four different ways to look at homelessness in America's 30 largest cities with a population of more than 600,000.

**BY METRO AREAS
RATE PER 10,000 RESIDENTS**



BY STATE, RATE PER 10,000 RESIDENTS



2018: Most people experiencing homelessness

1. New York
2. LA
3. Seattle area
4. San Diego area
5. San Jose area (D.C. was 5th in 2017)

BY NUMBER OF PEOPLE IN HOMELESSNESS



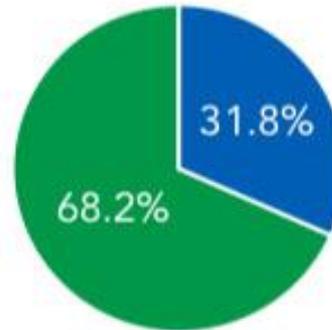


CALIFORNIA



Total Homeless, 2017
134,278

34 in every **10,000**
people were experiencing
homelessness



n Unsheltered (91,642)
n Sheltered (42,636)

Source: Annual Homeless Assessment Report to Congress, 2017

Estimates of Homelessness

112,756 individuals

21,522 people in families
with children

15,458 unaccompanied
homeless youth

11,472 veterans

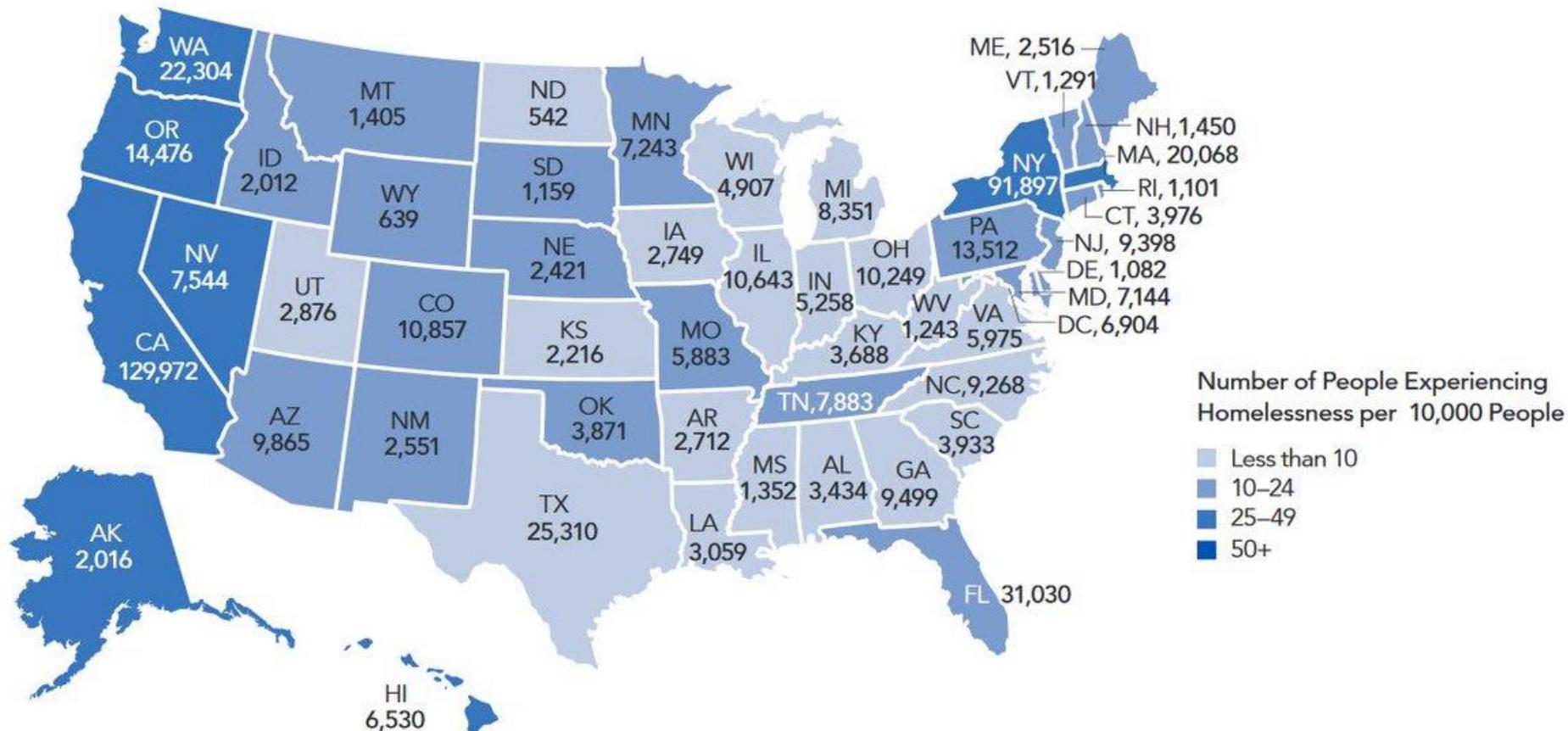
35,798 chronically homeless
individuals

HOMELESS POPULATION OVER 610,000, 2018



Estimates of Homeless People

By State, 2018



***California has 12% of U.S. population and 24% of U.S. homeless**

WHAT DOES PUBLIC HEALTH HAVE TO DO WITH HOMELESSNESS?



- Homeless individuals are at risk for many diseases because of:
 - Limited access to sanitation and hygiene
 - Barriers to medical care
 - Increased exposures to infectious diseases and inability to self-isolate when ill (e.g., TB, hepatitis A)

WHAT DOES PUBLIC HEALTH HAVE TO DO WITH HOMELESSNESS?



- Impacted by environmental-related factors:
 - Extreme temperatures (e.g., heat & cold)
 - Disasters (e.g., fires)
- Limited access to optimal nutrition or physical activity
- Health needs of homeless children may not be addressed (e.g., behind on vaccinations)

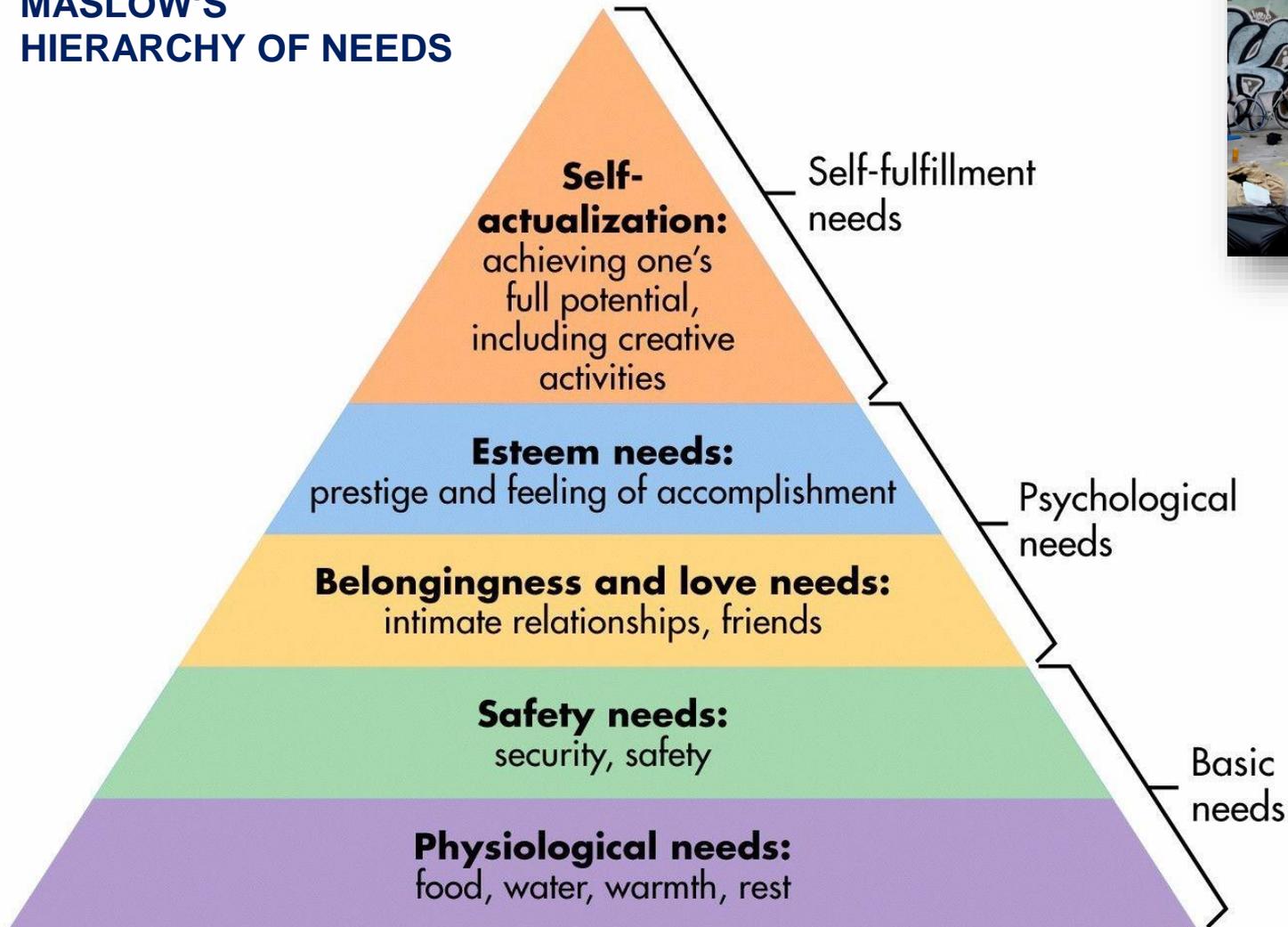


- Lack of transportation
- Communication with the population is difficult
- Difficult to reach for outreach and interview
- Low vaccination rates among adults for CDC indications (e.g., hepatitis A)

NEEDS OF THE HOMELESS



MASLOW'S HIERARCHY OF NEEDS



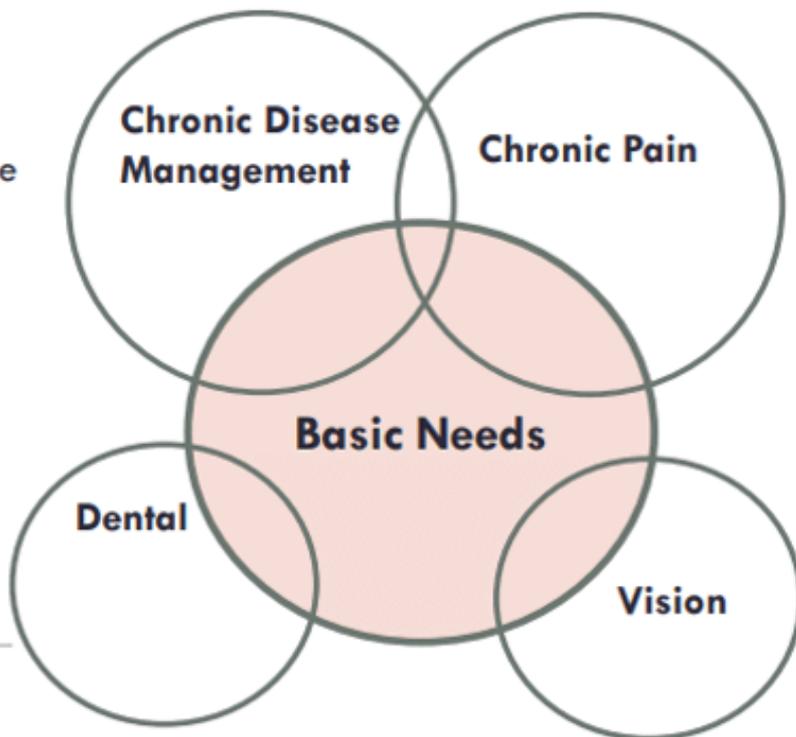
Maslow's hierarchy of needs is a description of the **needs** that motivate human behavior.



Disease Burden: overall, individuals described the same costly, complex, and preventable conditions as the general population: diabetes, asthma, hypertension, cardiovascular disease, and cancer.

The major differences are frequency of co-occurring conditions and challenges to stop disease progression.

Dental Care: reported needs included emergency surgeries and complex oral health needs due to access issues, chronic disease progression, and challenges with basic oral hygiene.



Basic Physiological Needs

- Food, water and refrigeration: limited control over when and what is available
- Showers, laundry, and bathroom access
- Rest and recovery: safe and comfortable places to sleep uninterrupted
- Communicable and transmittable disease concerns (lice, TB, hepatitis A)

Physical Pain: stems from rough sleeping, early onset of arthritis and aging, disabilities, untreated or undiagnosed conditions, wounds, and lack of medication access.

Emotional Well-being: additional pain and suffering from chronic stress, trauma, and untreated mental health conditions. Alcohol, smoking, and other substance use were intertwined in reports of pain.

Vision Care: reported needs included frequent eye glass replacement, vision loss from diabetes, other disease, and traumatic brain injury.

AT RISK FOR ILLNESS



LAC DPH Health Update:
Outbreaks of Flea-Borne Typhus in Los Angeles County
October 12, 2018



This message is intended for internal medicine, infectious disease, family medicine, pediatrics, emergency medicine, and urgent care providers.

NEWS RELEASE



313 N. Figueroa Street, Room 806 • Los Angeles, CA 90012 • [\(213\) 240-8144](tel:2132408144) • media@ph.lacounty.gov
[Facebook.com/LAPublicHealth](https://www.facebook.com/LAPublicHealth) • [Twitter.com/LAPublicHealth](https://twitter.com/LAPublicHealth)

For Immediate Release:
February 07, 2019

For more information contact:
Public Health Communications
[\(213\) 240-8144](tel:2132408144)
media@ph.lacounty.gov

Update on Flea-Borne Typhus in Los Angeles County

LOS ANGELES – Los Angeles County Department of Public Health (DPH) has announced that elevated levels of flea-borne typhus cases in Los Angeles County. An increase in flea-borne typhus cases in recent months has been observed in the South Los Angeles area.

“Flea-borne typhus is regularly found each year throughout Los Angeles County. Flea-borne typhus is a bacterial illness that is transmitted by fleas that support wild animals that can harbor infected fleas,” said M. “We encourage residents to continue to support wild animal clean-up and rodent control activities, and I continue to encourage residents to practice safe flea control as well.”

have now been identified in both the area of South Los Angeles. We have identified several patients in LA County. In patients with febrile illness of unknown origin (slowly developing). Flea-borne typhus to Los Angeles County is a public health working day. Residents should use standard contact precautions.

PASADENA PUBLIC HEALTH DEPARTMENT

Home ABOUT RESIDENTS BUSINESS

Home • News & Announcements • Elevated Levels of Flea-Borne Typhus

Elevated Levels of Flea-Borne Typhus

October 5, 2018 News & Announcements

Happy Pets, Healthy People Protect Yourself & Your Family From Flea-borne Typhus

Do:

- Use flea control on pets
- Keep a clean and maintained home

Avoid:

- Providing resting places for flea-carrying animals
- Feeding wildlife

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factors
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MURINE TYPHUS

LOS ANGELES, FEBRUARY 2019



- **Acute febrile illness caused by *Rickettsia typhi*, is distributed worldwide.**
- **Mainly transmitted by fleas of rodents, associated with cities and ports where urban rats (*Rattus rattus* and *Rattus norvegicus*) are abundant.**
- **In the US, cases are concentrated in TX and CA.**
- **Contrary to the classic rat-flea-rat cycle, most important reservoirs of infection in these areas are opossums and cats.**
- **Cat flea, *Ctenocephalides felis*, has been identified as principal vector.**

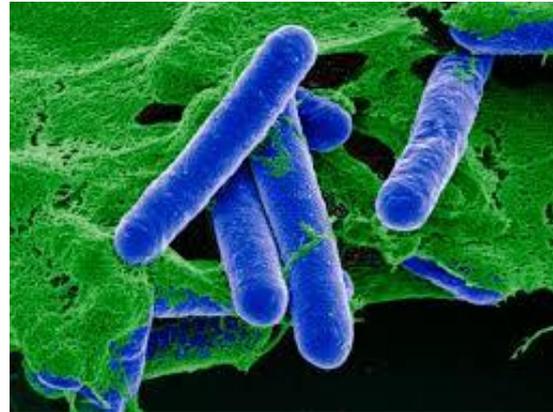


Photo: CDC



WOUND BOTULISM

- 6 cases of wound botulism San Diego County in the Spring 2018, including one death
- Cases are linked to the use of black tar heroin





OUTBREAKS AMONG HOMELESS IN SEATTLE AND ALASKA

- Group A streptococcus
- Shigella
- Bartonella Quintana (Trench fever due to body louse)

Seattle area: Bartonella, Group A strep infections on the rise among the homeless

by NEWS DESK

🕒 March 18, 2018

📰 [Headlines, US News](#)

3 Disease Outbreaks In King County Put Homeless At Risk

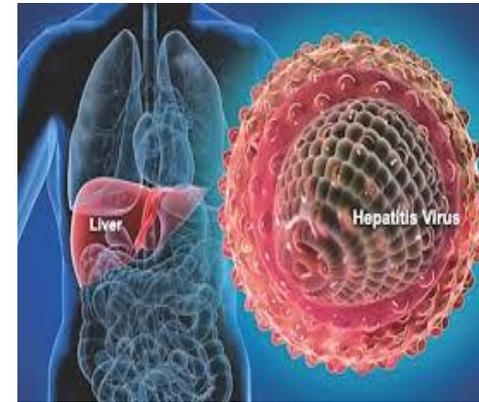
King County investigators are watching three disease outbreaks - and possibly a fourth - that may hit the homeless harder.

By [Neal McNamara](#) | Feb 28, 2018 11:52 am ET

HEPATITIS A OUTBREAK STATISTICS



592 Outbreak
related cases



70%
Hospitalized

20
Deaths

34% - Homeless & Illicit Drug Use
15% - Homeless Only
13% - Illicit Drug Use Only

28% - Neither

9% - Unknown (no record or interview)

HEPATITIS A EPI CURVE



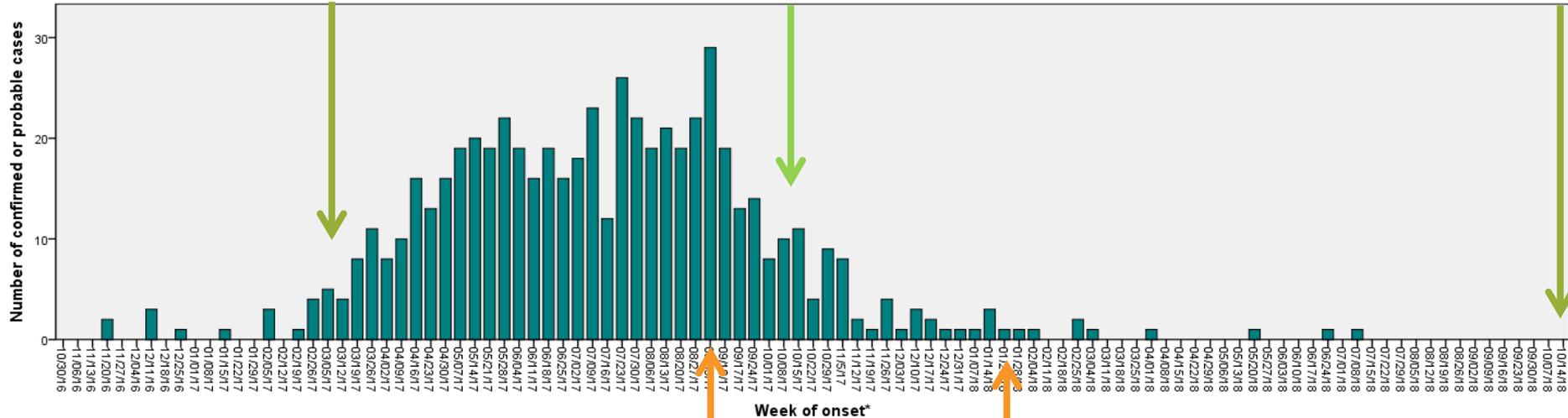
3/8/17
Outbreak
Determined

10/13/17
CA State of
Emergency
Declared

10/19/18
Outbreak
Declared Over

Outbreak-associated Hepatitis A cases by onset week

11/1/2016–10/18/2018, N = 592*



*Date of specimen collection or report used if onset date unknown; dates may change as information becomes available

9/1/17
Local Health
Emergency
Declared

1/23/18
Local Health
Emergency
Ended

CAMPAIGN TO VACCINATE



- Over 209,000 vaccinations via:
 - Public Health Centers
 - Medical institutions
 - Jails during intake and to inmates
 - Substance use disorder treatment programs
 - Homeless service providers
 - Emergency Departments
 - Behavioral Health System
 - Law Enforcement/Paramedics
 - Internal partners



Enhanced
Approaches

New
Approaches

HOW INFECTIONS CAN BE SPREAD?



**Touching objects
or eating food that
an infected person
has handled**

**Close person-to-
person contact
with an infected
person**

**Use of recreational
drugs, whether
injected or not**

**Sexual contact
with someone who
has is infection**



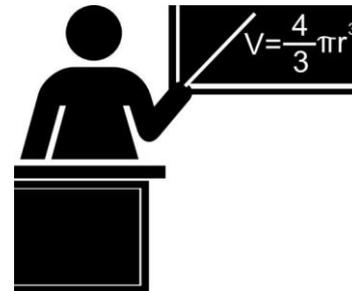
- **Treatment/Vaccinate**



- **Sanitize/Hygiene**



- **Educate**



SANITATION & HYGIENE EFFORTS



PHS staff member with “Hepatitis A prevention kits” for distribution to raise awareness among homeless about hepatitis.

They contain water, non-alcohol hand sanitizer, cleaning wipes, clinic location information, HAV Fact sheet, and plastic bags.



Handwashing station being used in downtown San Diego on 9/2/18 (Photo: San Diego Union Tribune)

SANITATION



County of San Diego Department of Environmental Health 5500 Overland Ave. #170 San Diego, CA 92123 858-505-6814

For more information on Hepatitis A or to report individuals with vomiting, diarrhea or fever associated with food consumption, contact:
Email: epidemiology.thd@sdcounty.ca.gov
Phone: (858) 505-4814
Website: www.sdcdeh.org



HEPATITIS A DISINFECTION GUIDELINES

Hepatitis A is a liver infection caused by the Hepatitis A virus. Highly contagious, the Hepatitis A virus is usually transmitted by the fecal-oral route, either through person-to-person contact or consumption of contaminated food or water. Contamination can occur when infected persons do not wash their hands properly after going to the bathroom and then touch other objects or food items. Surfaces that are frequently touched should be cleaned and sanitized often.

- Toilet Room Surfaces
- Kitchen Surfaces
- Doorknobs
- Recreation Equipment
- Light Switch Plates
- Phones
- Computer Keyboards
- Railings
- High Chairs
- Tables and Chairs
- Wheelchairs and Walkers
- Remote Controls

Effective Disinfectants

Chlorine Bleach: Mix and use the chlorine solution promptly. Allow 1 minute of contact time and then rinse with water.

- 5000 ppm: 1 and 2/3 cups bleach in 1 gallon water.

Steps to Clean Spills of Vomit or Feces

- Put on personal protective equipment, including two sets of gloves, masks and gowns.
- Block-off area immediately.



Photo: San Diego Union Tribune



Photo courtesy of CoSD LUEG

SANITATION PROCEDURES FOR PUBLIC RIGHT-OF-WAYS



UPDATED OCTOBER 6, 2017

OBJECTIVE

The purpose of this document is to provide operating procedures and recommendations for the sanitation of public right-of-ways (e.g., sidewalks, streets, and gutters) in times of elevated risk to public health, (example: Declared Public Health Emergency for Hepatitis A outbreak).

PUBLIC NOTIFICATION

Public notification must adhere to the respective jurisdiction regulations and/or constitutional protections prior to the cleanup, removal, and storage of personal property found on public right-of-ways. Each jurisdiction should consult with its legal counsel concerning these or related requirements.



GUIDELINES FROM THE COUNTY DEPT. OF ENVIRONMENTAL HEALTH

County of San Diego Department of Environmental Health 5500 Overland Ave. #170 San Diego, CA 92123 858-505-6814

For more information on Hepatitis A or to report individuals with vomiting, diarrhea or fever associated with food consumption, contact:
Email: publichealth@hhsd.co.san-diego.ca.gov
Phone: (858) 505-6814
Website: www.sandagov.org



HEPATITIS A INFECTION PREVENTION & CONTROL

Hepatitis A is a liver infection caused by the Hepatitis A virus. Highly contagious, the Hepatitis A virus is usually transmitted by the fecal-oral route, either through person-to-person contact or consumption of contaminated food or water. Contamination can occur when infected persons do not wash their hands properly after going to the bathroom and then touch other objects or food items. Surfaces that are frequently touched should be cleaned and sanitized often.

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- Remote Controls

Effective Disinfectants

Chlorine Bleach: Mix and use the chlorine solution within 20 minutes. Allow 1 minute of contact time and then rinse with water.

- 5000 ppm: 1 and 2/3 cups bleach in 1 gallon water. Use for stainless steel, food/mouth contact items, tile floors, nonporous surfaces, counters, sinks and toilets.

Other Disinfectants:
Other disinfectants may be approved for use if they are effective against Hepatitis A. This must be clearly indicated on specification sheets or product label.
Note: Most Quaternary Ammonium disinfectants are not effective against Hepatitis A. They may only be used if specifically stated on their label or specification sheets they are effective against Hepatitis A.

Steps to Clean Spills of Vomit or Feces

- Use personal protective equipment such as gloves, masks and gowns.
- Block-off area immediately.
- Clean up visible debris using disposable absorbent material (paper towels or other type of disposable cloths) and minimize aerosols.
- Discard soiled items carefully in an impervious plastic bag.
- Thoroughly clean affected area
- Disinfect area and objects surrounding the contamination with an appropriate disinfectant effective against Hepatitis A. [See box to the left "Effective Disinfectants" for 5000 ppm sanitizing solution.](#)
- Take off gloves, gown and mask, in that order, and discard before exiting contaminated clean-up area.
- Place discarded PPE in an impervious plastic bag.
- Re-glove and transport bag to a secure trash container; do not allow the bag to come into contact with clothing.
- Always wash your hands after handling any contaminated material, trash or waste.

Specific Cleaning Methods

Wear Gloves and Protect Your Clothing

- **Hard Surfaces**
 - Disinfect surface with bleach, or other approved disinfectant ensuring 1 minute of contact time. If surface is in a food preparation area, make sure to rinse with water after.
- **Surfaces that are Corrodible or Damageable by Bleach**
 - Use registered products effective against Hepatitis A.



(Rev. 07/17)

1

CREATED TO ASSIST RESTAURANTS WITH DISINFECTION GUIDANCE,
IT IS A HELPFUL GUIDE FOR ANYONE WITH A PUBLIC RESTROOM

Sanitation Procedures, Public Right-of-Ways



- Outdoor Sanitation
 - Sanitation of streets occurred during local emergency primarily in downtown City of San Diego

SANITATION PROCEDURES FOR PUBLIC RIGHT-OF-WAYS



UPDATED OCTOBER 6, 2017

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PUBLIC NOTIFICATION

Public notification must adhere to the respective jurisdiction regulations and/or constitutional protections prior to the cleanup, removal, and storage of personal property found on public right-of-ways. Each jurisdiction should consult with its legal counsel concerning these or related requirements.

When applying a disinfectant/sanitizer, notice of application must be in accordance with Title 3 California Code of Regulations (3CCR) 6618.

HAZARD ASSESSMENT

For the safety of everyone working in the area to be sanitized, it is recommended that a hazard assessment be conducted to identify any hazardous or otherwise unsafe items prior to conducting any sanitation activities. These items can include, but are not limited to hazardous chemicals, infectious waste (e.g., hypodermic needles/sharps), drug paraphernalia, firearms, live ammunition, explosives, or weapons. All employees or contractors should be properly trained prior to conducting a hazard assessment or any activities included in this sanitation procedure. Training should include, but is not limited to:

- 40 hour HazWoper training with current refresher training
- [Occupational Safety and Health Administration \(OSHA\)](#) Universal and Standard Precautions for Bloodborne Pathogens and other Potentially Infectious Materials
- Employers must assure employees that handle disinfectants comply with employee safety requirements in 3CCR Division 6, Chapter 3, Subchapter 3 or the applicable requirements of 8CCR (see 3CCR 6720(c) for corresponding provisions)

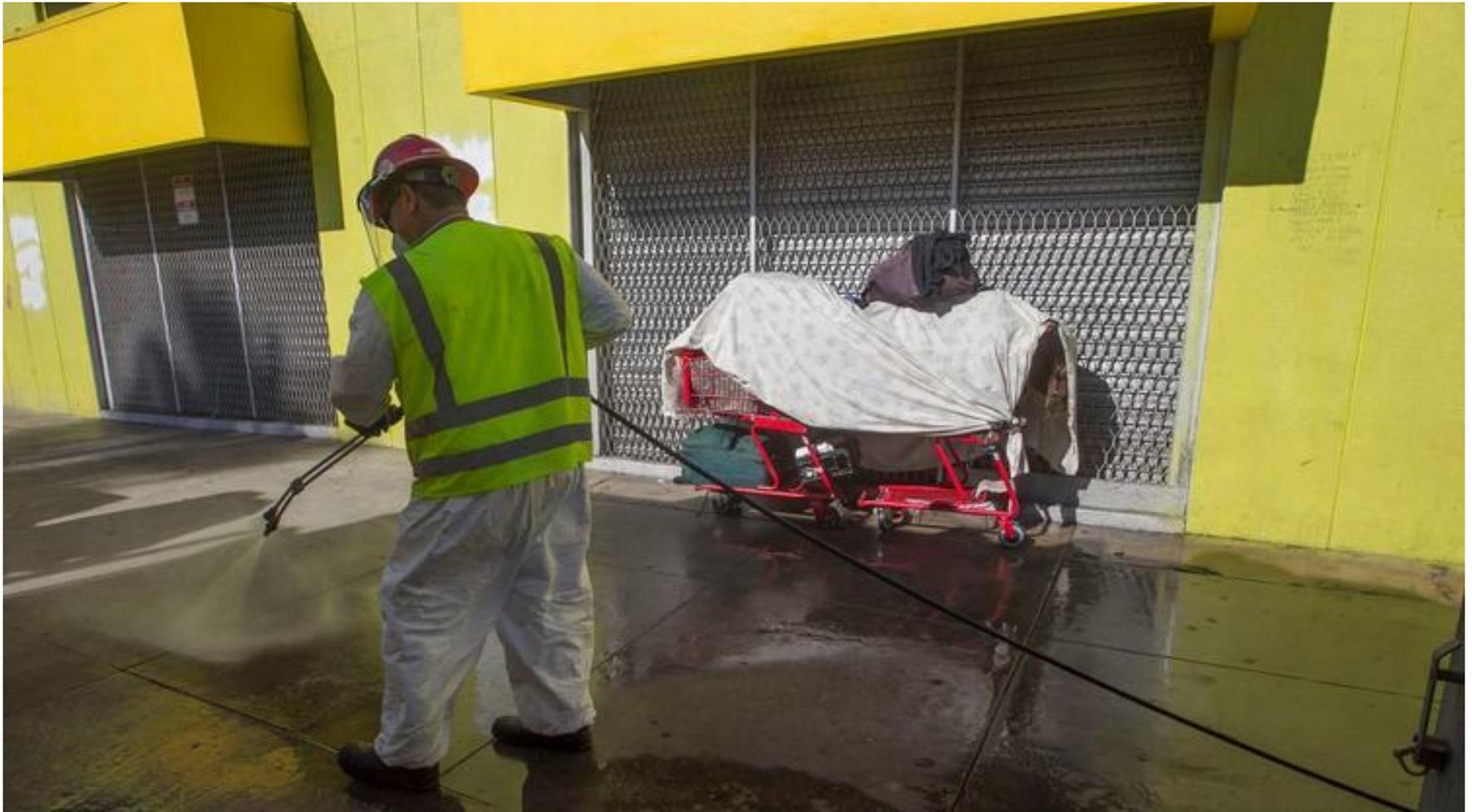
Other training may be required for the safe handling of hazardous and biohazardous wastes.

SANITATION PROCEDURE

Disinfectants used must be registered with the United States Environmental Protection Agency (EPA) and the California Department of Pesticide Regulation (CDPR). Only registered disinfectant products approved for Hepatitis A are recommended for use. Application of the disinfectant must be in accordance with label specifications.

Product names can be searched in the CDPR registered product data base at: <http://cdpr.ca.gov/docs/label/labelque.htm>. Additionally, questions on product labels can be directed to County of San Diego Department of Agriculture, Weights and Measures Pesticide Regulation Program at (858) 694-8980.

High concentration chlorine (sodium hypochlorite) solutions are effective and universally available products for the disinfection of a wide range of surfaces. For the purposes of sanitizing public right-of-ways, it is recommended, and consistent with the 2012 City of Los Angeles Department of Public Works Bureau of Sanitation Operation Healthy Streets Protocol, that the following procedures be followed after conducting a hazard assessment:



City contractor cleaning a street in downtown San Diego on 9/11/18 (Photo: San Diego Union Tribune)

IMPACT



HOMELESS (HEALTHY)

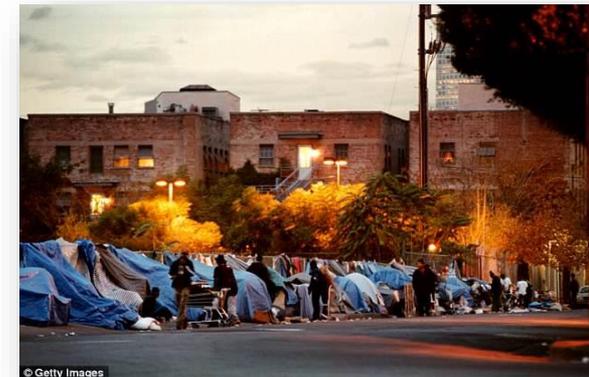
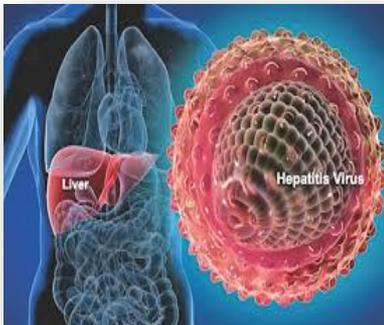
- Ensure homeless individuals maintain good health
 - Garbage
 - Feces/Urination
 - Crime

ENVIRONMENT (SAFE)

- Ensure public environments are kept clean and safe
 - Feces/Urination
 - Fire
 - Hazardous Materials (Batteries or Oil)

COMMUNITY (THRIVING)

- Ensure the community continues to thrive by supporting business friendly environments and keeping communities safe and clean
 - Business
 - Fire
 - Crime



SANITATION



IMPROVE ABILITY FOR HOMELESS TO MAINTAIN HYGIENE

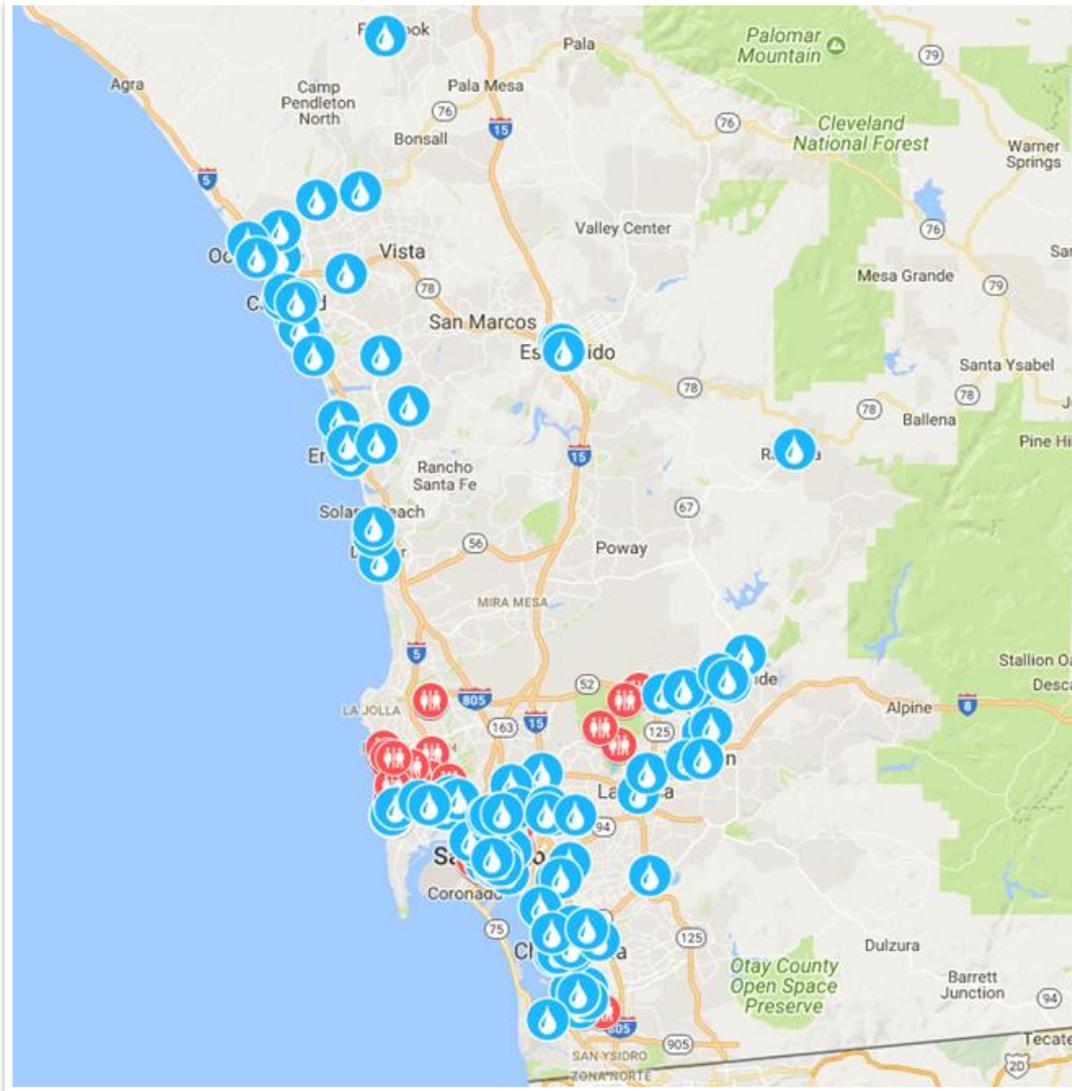


Photo credit: San Diego Union Tribune



Photo credit: San Diego Union Tribune

ACCESS TO HYGIENE



211 San Diego



Photo by Catherine Blaser, CoSD



ADDRESS HOMELESS NEEDS THROUGH PARTNERSHIPS



- **Multiple County Departments**
- **Healthcare partners:** Local medical providers, federally qualified health centers, and related organizations (e.g., Hospital Association, Medical Society and Medical Foundation)
- Local homeless service and behavioral health providers and related organizations, including Regional Task Force on Homeless
- **Local municipalities:** 18 cities and unincorporated areas
- **Other local partners,** including but not limited to local restaurant association, food and beverage association, faith-based organizations, food banks and pantries, hotel motel association, farmers market and agricultural growers, chamber of commerce, Board of Pharmacy, Caltrans, MTS
- **State partners,** including but not limited to California Department of Public Health, California Emergency Medical Services Authority
- **Federal partners,** including Centers for Disease Control and Prevention, and Housing and Urban Development

- Bridge Shelters
 - Alpha Project: Capacity 350 (Individuals)
 - Father Joe's Village: Capacity 150 (Families)
 - Veterans Village of San Diego: Capacity 200 (Veterans)



BEST PRACTICES



SAFE PARKING PROGRAMS

- Capacity
- Sanitation Standards
 - Bathroom, Shower, and Handwashing
 - Trash Reciprocals
 - Disposal Resources for Hazardous Materials
 - Batteries
 - Oil
 - Solid Waste
- Safety Standards
 - Onsite Security
- Resources and Access to Social Services





KRESGE EMERGING PUBLIC HEALTH LEADERS INITIATIVE

Goal #3: Develop a process to collaborate and coordinate efforts between public health and city municipalities.

- Develop a mechanism to enhance collaboration and coordination between city municipalities and local health department for public health emergencies, threats, and concerns. (Emergency Preparedness)
- Develop a Policy, Systems, and Environmental framework to enhance collaboration and coordination between city municipalities and local health department to promote population health. (City Planners)
- Educate municipal partners on relevant public health issues and provide city profiles for each municipality.
- Develop systems mapping for prioritized topics identified by municipalities.
- **Develop MOA with the 18 municipalities and unincorporated areas.**

BECOMING A CHIEF HEALTH STRATEGIST



Roles and Responsibilities!



COLLECTIVE IMPACT



MEMORANDUM OF UNDERSTANDING

DATE: March 27, 2019

SUBJECT: Memorandum of Understanding between the City and County of San Diego to Ensure Awareness and Appropriate Response in Public Health Matters

The following Memorandum of Understanding (MOU) is intended to ensure that the City of San Diego (City) is aware of disease outbreaks or other public health concerns and what actions can be taken to protect the health of its residents.

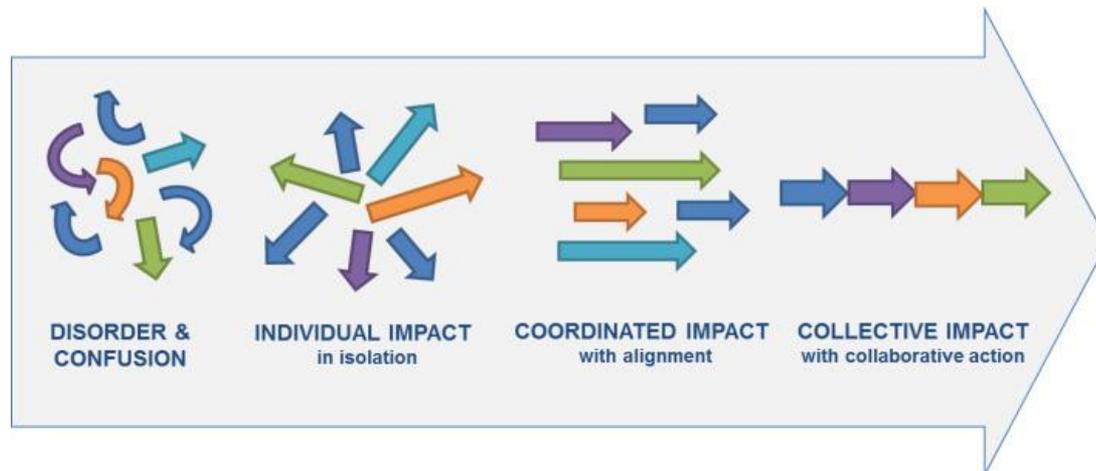
It is intended to clarify the roles and responsibilities of each jurisdiction over public health matters, and to include city leadership in coordinating response efforts when public health matters, such as disease outbreaks, that affect the City's residents. Each party recognizes the need to fully share information, to be able to ask the other questions and quickly relay concerns. The City understands the role of the Public Health Officer and is committed to take any reasonable measures requested as early as possible to minimize risks to the public's health. The County of San Diego (County) recognizes that the City needs timely data and other information to take timely and effective action.

This MOU is made between the City and the County to further describe and clarify the understanding by the City and County's Second Basic Agreement (Agreement) for Public Health Services authorized in 1977 and reaffirmed by the City's subsequent resolution of November 5, 2018. This MOU implements the Agreement and is not intended to supersede the Agreement. If there is a conflict between this MOU, the Agreement, or any subsequent agreements entered into pursuant to Section 2.5, the Agreement or subsequent agreements will take precedence over this MOU. It is the intent of this MOU to clarify roles and responsibilities in routine or emergency public health matters, and to improve communication between the parties.

1. **Administration of Agreement:** The City and County identify the following individuals to serve as the authorized administrative representatives for each jurisdiction. Either jurisdiction may change its administrative



- Through collective impact with collaborative actions, we can develop further policies, best practices, and programs to address sanitation efforts for persons who are homeless.



THANK YOU



 **LIVE WELL**
SAN DIEGO



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(619) 542-4181

QUESTIONS?

