People experiencing homelessness bear a disproportionate burden of chronic illnesses and are unable to consistently practice social isolation; unsurprisingly, they have been disproportionately affected by the coronavirus disease 2019 (COVID-19) pandemic. Studies from the early months of the pandemic in the United States demonstrated infection rates and, in some places, hospitalization rates in this population that were substantially higher than in those with stable housing. Like many social predicaments, homelessness is generally treated by health systems as unfortunate but ignorable; patients without homes are discharged to the street if their medical needs do not require immediate hospitalization. But the COVID-19 pandemic has made homelessness unignorable and brought the responsibility for housing squarely into the hands of health practitioners; patients experiencing homelessness who are diagnosed with or under investigation for COVID-19 may not meet inpatient or observation criteria, but they may spread the virus to others if discharged from the hospital.

To address this situation, a number of innovative solutions were rapidly developed. Among them were alternative care sites (ACSs), places other than shelters or hospitals for isolation and quarantine of people who are homeless or cannot isolate safely at home. Some of these ACSs were established in medical tents, unoccupied hospitals, and even convention centers.

The current study by Fuchs and colleagues describes the association of staffed hotels used as ACSs. During the course of 2 months, a team of physicians, nurses, and behavioral health specialists provided comprehensive care to 1009 clinically stable individuals with COVID-19, persons under investigation, and close contacts—all of whom were experiencing homelessness or marginal housing. In this model of care, persons who met criteria were referred from San Francisco hospitals, homeless shelters, hotels not designated as isolation and quarantine sites, and other community sites for care at 1 of 5 isolation and quarantine hotels leased by the city and county of San Francisco.

There are 2 major findings from the present analysis worth comment. First, the authors found that this collaborative intervention had great potential to offload the health care system by averting hospitalizations. More than 70% of the 1065 referrals for hotel placement came from the emergency department, urgent care, and ambulatory care clinics. Only 4% of participants needed to return to the hospital for COVID-19–related concerns. The isolation and quarantine hotels offered a mechanism for the inpatient hospital to avoid being overwhelmed by nonacute patients with COVID-19 and for beds, staff, and resources to be directed toward acute and critically ill patients.

Second, the program’s retention was high. The study investigators found that only one-fifth of patients prematurely discontinued isolation and quarantine (defined as leaving prior to the prescribed isolation period), a number that fell to less than 15% when factors such as need for higher level of care, administrative reasons, or safety concerns due to behavioral issues were excluded. Those who did prematurely discontinue their study included those experiencing unsheltered homelessness (adjusted odds ratio [aOR], 4.5; 95% CI, 2.3-8.6), women (aOR, 1.8; 95% CI, 1.2-2.7), and Black or African American participants (aOR, 1.7; 95% CI, 1.0-2.9), suggesting opportunities to improve the program to be more inclusive in meeting needs.

Notably, medical comorbidities, mental health disorders, substance use disorders, and history of jail encounter—factors associated with elopement or leaving emergency departments and inpatient care prematurely—were not associated with premature discontinuation from the isolation and quarantine hotels. The hotel-based strategy was likely successful for these populations because it met their needs beyond isolation and quarantine. In addition to symptom monitoring and wellness...
checks, patients were provided meals that met specific dietary needs; hygiene kits; storage for their belongings; laundry services; accommodations and resources for children, including diapers and formula; and the ability to keep pets onsite. Moreover, patients with substance use and substance use disorders were offered tailored harm reduction services—everything from medications for opioid use disorder and designated smoking areas to medical cannabis and access to alcohol to prevent withdrawal. Overall, this study suggests that both individual and public health outcomes are improved when people have access to resources that meet a broad variety of needs, recognizes them as whole people, and provides support to address social determinants of health.

There are currently more than 500,000 individuals in the United States experiencing homelessness nightly—a number that will grow if the national eviction moratorium expires. The impact of housing on health cannot be understated. People experiencing homelessness disproportionately experience chronic medical conditions, such as heart disease, diabetes, and substance use disorders as well as overdose and suicide. People experiencing homelessness live, on average, 20 years less than those with stable housing. Given that millions of people are at risk of becoming newly homeless this year, there has been no better nor more urgent time to end homelessness in the United States. It is clear what needs to be done: expand affordable and low-income housing, establish pathways to regain stable housing, and begin to transform the national mindset among health care practitioners that housing is health care. These steps will require partnerships between the medical and public health communities, government, nonprofits, community-based organizations, and the private sector. Fuchs and colleagues have provided us with evidence that such partnerships are possible. In our current crisis, it is apparent that housing for all is a critical part of our public health response and of sustaining the viability of our health systems. In every moment, housing is both simple compassion and a matter of health for our whole society.