

5-2021

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Educational Intervention for the Chinatown Homeless Community to Stay Safe from COVID-19

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09/11/2020

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CSUMB's Community Health Engagement program provides social support services for low-income and homeless people who live in the Chinatown area in Salinas; including counseling, case management, housing navigation, and street outreach. The macro level health problem is that individuals who live in the homeless community have a higher exposure risk to illnesses (including COVID-19) and have a shorter life span compared to the general population. The micro level problem is that the homeless people in Chinatown lack education and awareness of their risk of contracting the COVID-19 virus. The purpose of the project was to increase the knowledge of the homeless community of the risk for COVID-19 by creating and distributing information flyers for people to learn about how to keep themselves safe including how to properly wear masks, practice social distancing and wash their hands, and other CDC practices to protect themselves. The expected outcome was to increase their knowledge about how to prevent COVID-19 infection. The agency can keep informing the clients about new updates and information about COVID-19 that comes out.

Keywords: Educational intervention, Chinatown homeless community, COVID-19 virus

CR# 1.1: Agency information and partnering organizations

(9/11/20)

The Community Health Engagement Center CHE, formerly known as the Chinatown Community Learning Center, is a 501 (c) (3) non-profit organization that is completely funded by grants. The agency's mission is to enhance the health and wellness of low-income and homeless individuals through community health engagement in partnership with local service providers; Chinatown is for individuals who do not have homes and are living on the streets, in tents or in their cars. The agency's vision is to create a thriving community for people who are homeless by providing services specifically designed to address their unique needs. (Community Health Engagement, 2020).

The Community Health Engagement Center, provides services for the homeless people who live in the Chinatown area including basic and preventive medical care, mental health stabilization, support counseling, life skills classes, psychoeducational groups, case management, housing navigations and street outreach services (Community Health Engagement, 2020, paras.1). These programs and services support the agency's mission because the clients receive individualized case management and the housing navigator provides the resources necessary for the clients to obtain health care services, financial stability, and permanent housing. The programs also provide clients with coordinated delivery of services that puts the client at the center of the care and addresses the full range of physical, mental, social, and environmental influences that affect a person's health and well-being. (Community Health Engagement, 2020).

Some of the changes that the agency has had to implement in order to keep offering their services to the homeless community because of the COVID-19 pandemic includes having to schedule all of their clients for individual appointments. Before the pandemic the clients had walk-ins which meant that they could just drop in anytime the agency was open and if the staff did not have any clients, then they could help the clients who came in looking for the services that they needed without having to schedule an appointment. However, now everyone is required to have a pre scheduled appointment, with only one person allowed in the facility at a time. Additionally, clients are provided with a new mask and hand sanitizer, and their

temperature is recorded as soon as they arrive and before their appointment. The agency also had to discontinue providing group training classes and computers for their clients during this pandemic.

The primary community partners in Chinatown that the agency collaborates with in order to provide services include some houses of worship, the Monterey County Health Department's Whole Person Care Program and the Chinatown Navigation Center. The homeless individuals who are looking for temporary and permanent housing come to the agency to apply for housing and if they qualify they are referred to the Chinatown Navigation Center. The Navigation Center is a temporary shelter where both men and women stay after they have been assessed. Whole Person Care is a County program that funds the Community Health Engagement Center in order for the agency to provide specific health, behavioral health, and social services in a patient-centered manner.

CR # 1.2: Communities Served: Demographic Profile and Needs Analysis (9/25/20)

The Community Health Engagement Center (CHE) program serves the homeless community and low income individuals who live in Salinas. They primarily serve and work with the homeless community that live in the Chinatown area in Salinas. The CHE clients are people who are in their mid-twenties and later 50s. 77% of the people in Chinatown that the agency serves are between the age of 26-59, and 15% are ages 60 and over (Monterey County Behavioral Health, 2020). The agency serves people of different races, 11% are Black, 51% Hispanic, and 38% White, 26% are females and 74% are males. Table 1 shows the demographic profile of the clients that are served by the agency including the age range, race, poverty level, high school graduate. Compared to the state the agency's population consists of more people of color such as Hispanics and African Americans. The majority of the agency's community served come from a lower socioeconomic status and lower educational level.

Table 1: Data for the Homeless Community in Chinatown Monterey County Behavioral Health 2020

Race/ Ethnicity	
White	80%
Asian	14%
Black	11%
Mexican/ Mexican	41%
Eastern European	23%
Primary Language Spoken	
English	70%
Spanish	30%
Other language	1%
Age Range	
16-25	8%
26-59	77%
60 and up	15%

Table 2: Comparing demographic data between national, state, county, and agency

Comparison table	US	CA	Monterey County	CHE Clients
Black	13.4%	6.5%	3.4%	7%
Latino	18.5%	39% ⁴	59.4%	51%
White	60.1%	36.5%	29.4%	38%
Below federal poverty level	63.0%	63.3%	59.5%	N/A
High school graduate	88.0%	83.3%	71.5%	N/A

2019 U.S. Census Bureau

Community Health Engagement

Most (72%) of the CHE program's clients are male (Monterey County Behavioral Health, 2020, p. 58).

Table 2 compares population demographic data between county, state, and national levels. (U.S. Census

Bureau, 2019). The table below compares data for the city, county, state, and country. The data that are compared are poverty level, high school graduation, housing unit and those in the civilian labor force. For example, the poverty level for the population in Salinas is higher than the county, state, and country overall.

Table 2: Comparison of housing, education, economy, and poverty level for local, state and national residents.

	Salinas	Monterey County	California	United States
Poverty level	16.8%	12.6%	11.8%	10.5%
High School graduate or higher	59.2%	71.5%	83.3%	88.0%
Owner occupied housing unit	44.8%	51.0%	54.8%	64.8%
In civilian labor force	63.7%	59.5%	63.3%	63%

2019 U.S. Census Bureau

The primary problem that the community faces is a lack of affordable housing, the majority of the agency's clients are homeless and live in tents, in their cars, and in the streets. According to the County of Monterey, the causes of homelessness are poverty, lack of work opportunities, the lack of affordable housing, mental and/or physical illness, shrinking public services, addiction, and domestic violence. Twenty one percent of the homeless population is chronically homeless. (Monterey County, 2019). Other issues that the clients face are higher levels of substance abuse and mental health problems compared with the general population, as well as a lack of access to services to address them (Monterey County, 2019).

Since many of the people of color that the agency serves have a lower socioeconomic status and lower educational level, these differences result in health, social, and economic disparities. As reported by Monterey County Behavioral Health (2020), 51% of the agency's clients' ethnicity are Hispanic/Latino. One of the questions that a client is asked when they come for certain services is, what is their highest educational level. The majority of them answer that their highest level of education is a high school diploma. This means that most of the agency's clients do not have a college degree or other forms of higher

education that can help them attain higher paying jobs. Homeless people of color are also the most vulnerable and at higher risk to contracting the COVID-19 virus. According to Center on Budget and Policy Priorities (2020) “...risks fall especially hard on groups already experiencing disproportionate homelessness including Black and Hispanic people, American Indians and Alaska Natives, survivors of family violence, LGBTQ+ youth, young adults “aging out” of the foster care system, and people returning home from jails and prisons (para.2).

Some of the community assets that exist that could be used to address the issues and needs that the community faces are the individuals who interact and work with the clients including the agency’s outreach workers; and case managers. Another asset is the nearby agencies that work in collaboration with the CHE program to provide additional services to the homeless population. For example, one of the partnering agencies that are located in the Chinatown area include the Housing Navigation Center. The Navigation Center is a shelter that provides shelter for both men and women, and they provide services such as case management, housing assistance, food, and other services. The agency’s case manager has clients who stay at the Navigation Center and so she goes there to work with the clients to help them obtain permanent housing.

CR# 1.3: Initial Capstone Project Ideas (1-2 pgs.)

(10/9/20)

After I had discussed possible capstone ideas with my agency mentor to develop an educational intervention that can help the homeless community that I am working with to educate them on how they can better take care of their health and to prevent them from getting sick from COVID-19. With many people being infected with the virus, getting sick and having to go to the hospital for emergency services, and some dying from COVID-19, it was necessary to offer the community multiple opportunities to learn about how to protect themselves.

Although the virus has affected everyone, the people who have been most affected are the most vulnerable populations such as those who are homeless. The homeless population are at higher risk of contracting the virus because of their lack of a safe home to practice social distancing and avoid contact with others who may be infected, lack of access to health services, limited access to the latest news and updates about the pandemic that can help them to take care of themselves better, and a lack of workable prevention strategies that they can use in order to stay safe.

My plan was to develop educational materials that can help educate the homeless community and to provide them with more information about the COVID-19 virus and also provide them with the most recent and effective preventive strategies to help them take care of themselves and others in the community. Most of the homeless population do not have the information that the rest of us have because many of them do not have a tv, cellphone, and other forms of social media to keep them informed and updated with the latest news and reports about the virus.

The way that I carried out this project was by going out in the community and finding out how much people knew about the virus, for example, how does a person become infected, and what are the preventive strategies that they can take in order to protect themselves. After I collected this information, I provided the homeless community with more information on the virus and how they can protect themselves by taking the necessary safety measures that could work for those who do not have a home.

Title: Educational Intervention for the Chinatown Homeless Community to Stay Safe from COVID-19

Project Description:

The capstone project is an outreach and educational intervention to help the homeless community learn how to stay safe from the COVID-19 virus. The project consisted of researching the COVID-19 virus and creating flyers with important information about how people who are homeless can protect themselves and then distribute the flyers in Chinatown, along with masks and hand sanitizers, to areas where people who are homeless live and/or congregate.

Justification:

The project was implemented because it was important to help the homeless community stay safe from the COVID-19 virus. The issue that this project addressed was the lack of information and knowledge that the homeless population had about the pandemic that was affecting their health and was putting them at risk, especially since they are more at-risk because of the lack of resources and health services. The purpose (shorter term objective) of the project was to help the homeless community stay informed about how to protect themselves and to take the best safety measures (e.g., wearing masks and social distancing) in order to not get sick from the COVID-19 virus. The agency's longer term goal is to protect the clients health and help the homeless community to stay safe.

Stakeholders:

The people who were most interested in this project are the agency staff, the homeless population that lives in Chinatown, and the Coalition of Homeless Service providers. The agency staff were interested in this project because this helps their clients stay safe and therefore results in fewer people testing positive for the COVID-19 virus and getting seriously ill. The clients were also interested in this

project because they also do not want to get infected with the virus because they can get very sick and would need to be hospitalized. Also, people in the homeless community do not have easy access to the health services that they would need if they get sick. The community leaders and agencies that work with the homeless population are also interested in this project in order to better serve; their clients

Benefits:

The positive impact as a result of the project was that the homeless community were better informed about the COVID-19 virus and how they can protect themselves. After I provided the information to the Chinatown homeless community hopefully this means that there were fewer positive COVID cases in and fewer people were sick and hospitalized. The agencies also benefited because now they can better serve the clients when they are more informed and prepared and not hospitalized. The healthcare workers also benefited because there were probably fewer sick people to take care of. The CSUMB Community Health Engagement agency benefited because with fewer COVID-19 positive cases, the agency can remain open and keep serving the homeless people in Chinatown.

Implementation Method:

The strategy that was used was to organize a community event for the homeless community to help them learn and stay informed about COVID-19. A flyer was created with information about how to protect oneself from contracting the COVID-19 virus and was distributed to the homeless community in Chinatown. Research was conducted into the most effective ways to communicate the information to the homeless community. The components included conducting research about COVID-19 to better understand the virus, how it spreads and how people living without shelter can protect themselves. I counted how many flyers were distributed and assessed the reaction and level of engagement of the Chinatown homeless community.

The Centers for Disease Control and Prevention (2020) provided the information about the best practices that have been demonstrated to be effective in order to help slow down the spread of COVID-19, especially within the homeless community. Some of the practices are to avoid crowded public settings and public transportation, maintain 6 feet distance from other people, and wash their hands often for 20 seconds. These recommendations are for all the general population to follow including the homeless population, even if it can be more difficult for them to follow since they do not have access to a permanent stable home and other resources that the general public has available. Although these recommendations are clearly effective, according to the Yale School of Medicine (2020), homeless people are unable to follow the CDC recommendations because it is nearly impossible to remain 6 feet apart in shelters or other public spaces (para.5). Furthermore, they do not have places where they can wash their hands and take care of hygiene. They also lack access to masks, sanitizers, and other protective equipment to protect themselves from COVID-19.

Participants:

The individuals who participated in this project included the agency mentor, case manager, outreach workers, clients, and myself. The mentor provided direction and guidance for all aspects of this project and helped to develop the implementation activities and reviewed and approved final deliverables. The agency staff also participated in the project by helping and giving advice on what information and safety measures were most important to provide to the homeless community. The agency staff helped gather the materials and resources that were needed in order to implement the community event such as papers needed to make the flyers, a printer to print them out, and masks, and hand sanitizers. The agency's clients who reside in Chinatown were the primary participants who received the educational intervention that helped them learn how to protect themselves from COVID-19 infection by using appropriate safety measures.

Resources:

The resources that were needed to implement this project were personnel time from the mentor and staff to support the project, printer and papers to make the flyers, and a time and location to distribute the flyers. The agency provided the materials needed to implement the educational training. Other resources that were needed were masks and hand sanitizers.

Supplemental:

The need for this project was determined because it was apparent that the COVID-19 virus disproportionately affected the homeless population. The US Department of Housing and Urban Development (2020) states that people experiencing homelessness have a higher risk for exposure to communicable diseases and have little access to health care systems and treatment in their communities (para.1). As stated by the Centers for Disease Control Prevention, many people who are homeless are older adults aged 65 and up and those with underlying medical conditions who are more likely at increased risk for severe illness than the general population. For many of the homeless people it is difficult to follow the many of the recommendations to prevent COVID-19 (CDC). However, it is still important they follow the recommendations that they can in order to stay safe, since they are at higher risk for contracting the virus

because they live in encampments where they cannot properly follow all the recommendations that other people who have housing can.

Potential challenges

The challenges that came up when working on the project consisted of some clients who were not willing to participate in the project. Another challenge was not being able to successfully communicate the information to the homeless community and so those who were not reached were not able utilize and understand the information to their benefit and as a result they were not able to follow the safety precautions. Finding the best time and location to implement the project was another challenge that came up, since there are many other homeless encampments in Salinas. The last challenge was that many people were going out for lunch, appointments or were working when I went out to distribute the flyers.

COVID-19 Accommodations

The actions that were taken in order to practice safety precautions included maintaining social distance and wearing masks while working on the project in the agency and also within the community. The agency staff and I worked together to follow safety measures by wearing masks, gloves, and washing our hands when working together and also when working directly with the clients.

Scope of work

This project was implemented in four phases which consisted of selecting the capstone project, then planning the project, implementing the project, and lastly assessing the project. The activities included researching about COVID-19 , for example, how a person can get infected and the risks it represents for the homeless population, developing educational flyers, identifying locations to distribute the flyers and determining what is the best time to distribute them. The research for the project began in the fall 2020 semester and additional research about COVID-19 and the homeless population continued throughout the spring 2021 semester.

Scope of Work Template					
Title: Educating the Chinatown Homeless Community about COVID-19 and Safety Measures.					
Project Description: This educational intervention provided the homeless population in Chinatown with information about COVID-19 infection risks, safety precautions and measures to stay safe and protected from the virus.					
Goal: The longer term agency goal to decrease the number of positive cases of the virus within the Chinatown homeless commu					
Primary objective of the project: The objective of this project was to increase the knowledge of the homeless community about how the virus spreads and what safety precautions they should take to protect themselves.					
Phases		Activities/Tasks		Deliverables	Timeline/ deadlines
1	Select capstone project	1.1	Discuss capstone project ideas with mentor and agency staff	Generate a list of capstone project ideas.	Sept 2020
		1.2	Discussed ideas with agency staff	Submit list of potential ideas to mentor for review/approval	Oct 2020
2	Plan project	2.1	Develop communication tools	Submit draft flyers; to mentor for review/approval	Oct 2020
		2.2	Identify the best locations to distribute flyers	Submit a list of the best areas to mentor for review/approval	Dec 2020
3	Implement project	3.1	Distribute flyers at Chinatown	Submit data of the number of the people accepting flyers at the location.	March 2021
4	Assess project	4.1	Identify Criteria for success	Submit a list of draft criteria to mentor for review/approval	April 2021
5	Report on project findings	5.1	Complete reporting requirements	Final agency and capstone reports	Apr 2021
		5.2	Prepare capstone presentation in selected format	Present at Dress Rehearsal for grading	Apr 2021
		5.3	Final preparation for Capstone Festival	Final Capstone Festival presentation!	May 2021

CR#1.6. Problem description & problem model (2-3 pgs.)

(11/20/20)

Introduction

The micro-level problem is that the homeless population is at higher risk for COVID-19 infections. The causes are lack of access to resources and personal protection equipment to protect themselves from COVID-19 and also many of them live in closed and crowded spaces where they can't properly follow the CDC recommendations for COVID-19. The consequences to this micro-health problem are increased death rates and infections within the homeless community and increased healthcare costs. The macro-health

problem is that the homeless people are exposed to more illnesses compared to the general population and also have a shorter life expectancy. The causes are Lack of healthcare access and exposure to illnesses such as HIV, heart diseases, diabetes, and many others. The consequences are that the homeless people die at a much earlier rate than the general population and have a much lower quality of life.

Problem Model

Figure 1. Problem Model Template		
CONTRIBUTING FACTORS TO AGENCY PROBLEM	AGENCY-SPECIFIC “MICRO-LEVEL” PROBLEM ADDRESSED BY PROJECT	CONSEQUENCES TO AGENCY
Don’t have resources for PPE and hygiene	The Homeless population in Chinatown is at higher risk for infection.	Increased rates of infection, related health problems or higher death rates
Live in congregate living situations/shelters or camps without social distancing		Increased healthcare costs due to hospitalization and lack of insurance
Lack of knowledge about COVID-19.		
CONTRIBUTING FACTORS TO BROADER PROBLEM	BROADER “MACRO-LEVEL” HEALTH/SOCIAL PROBLEM	CONSEQUENCES TO SOCIETY
Exposed to illnesses such as diabetes, asthma, heart issues.	Homeless community have higher rate of exposure to illnesses and have shorter life expectancy	Shorter life expectancy, dies earlier than the general population.
Lack of Healthcare access and insurance.		The homeless people’s quality of life is diminished.

Problem Description

The agency specific micro-level problem is that the homeless population in Chinatown is at higher risk of contracting COVID-19 virus. The homeless people are not being educated and given the information they need in order to protect themselves from COVID-19. The homeless people in Chinatown are affected because some of them have already gotten sick in shelters and in their tents and had to be taken to the emergency department. Due to the homeless people getting COVID-19, it makes it challenging to work with

clients because the process to help and work with them slows down. The people that are most affected by this micro-level health problem are young adults, middle age, and elderly people.

The contributing factors to this problem include that the homeless people in Chinatown don't have the resources to take care of their health and to protect themselves, these resources are masks, hand sanitizers, hygiene products. They also live in congregate living shelters and camps where they cannot properly practice social distancing and where they are more exposed to the virus. The consequences for this problem include that there is an increased healthcare costs due to hospitalization and lack of health insurance.

Homeless people have poor access to healthcare that leads to delayed clinical visits, higher rates of hospitalization, and increased visits to the emergency departments (Baggett et 2010). An increased rate of infection amongst the homeless population can result in a higher death rate because of health problems that they may already have. Rogers et al (2020) reports that homeless populations in shelter settings may be at elevated risk for outbreaks because of overcrowding and shared hygiene facilities. Shelters are frequently not equipped, trained, staffed, or physically able to provide isolation and quarantine spaces (National Healthcare for the Homeless Council, 2020).

The macro-health problem is that the homeless community have a higher exposure to illnesses and also a shorter life span compared to the general population. The National Alliance to End Homelessness (2020) reports that conditions such as diabetes, heart diseases, HIV/AIDS are at high rates among the homeless population, sometimes three to six times higher than that of the general population. The contributing factors include why the homeless population has a shorter life expectancy is because of health issues and diseases such as diabetes, hypertension, chronic health conditions, and many others. "Living on the streets or in crowded homeless shelters is extremely stressful and made worse by being exposed to communicable diseases, violence, malnutrition, and harmful weather exposure" (National Healthcare for the Homeless Council, 2019). They also lack healthcare access and health insurance. The consequences include homeless people being exposed to more illnesses and getting treated properly is that they have a shorter lifespan compared to the general population. According to the National Coalition for the Homeless (2018),

people who experience homelessness have an average life expectancy of around 50 years, which is almost 20 years lower than the housed population. Another consequence to this problem is that the quality life of the homeless is not really low because of the environment that they live in and the illnesses that they are exposed to.

CR#2.2 Project Assessment Plan (1-2 pgs.)

Expected Outcome(s)

This project consisted of organizing a community event to engage the people living in the Chinatown homeless community, developed an educational intervention and provided information about COVID-19 to the homeless community. The short term outcomes for this community event was the level of participation and the increased knowledge of the Chinatown homeless population about COVID-19.

Measure(s)

The measures that were used included counting the number of people who participated in the event, the number of flyers that were distributed, how many people accepted the flyers and if they were engaged by listening and asking questions, and lastly if they accepted the PPE that were handed out to them.

Method

The method that was used to gather evidence for the short term outcome was to use a paper and pencil to write down the information and data collected at the event.

Short term outcome	Intermediate outcome	Long term outcome
Participation in the event by residents of Chinatown homeless communities	Behavior change by following the CDC recommendations in order to protect themselves from COVID-19	Decrease of positive COVID-19 cases within the Chinatown homeless population

[CR#3. Final Capstone Report \(10-15 pgs.\)](#) (May 2021)

Findings

For the findings of my project, I made and printed 30 COVID-19 informational flyers in total and afterwards distributed them to the homeless people in Chinatown. In total 15 people were interested in the information that I gathered and provided to them. I was able to engage with 15 people and talk to them about the COVID-19 virus and how it is spread and how they can protect themselves and others. About half of the people were willing to listen and engage with me. All 15 people took the flyers and the personal protection equipment that I handed out to them, and took the time to stand and talk with me for a moment.

My project achieved the short term expected outcome which was to engage the Chinatown homeless community and talk to them about COVID-19. The people showed interest in the information and a few of them asked me questions that they did not know or were not sure about the COVID-19 virus and the COVID vaccine. Many of the people read the information on the flyer and asked questions that came up

while reading the flyer. The strengths of my project's design, methods, and activities was the location that I chose to implement the project. Chinatown has the most homeless people and I was already familiar with the majority of the people, and I think that made it easier for them to take a moment and engage with me.

Recommendations

The benefits that my project provided to my agency were the new updated COVID-19 information that I gathered from my research. I provided in depth and recent information about both the COVID-19 virus and the COVID vaccine. The information was useful for the agency and most importantly for their clients. Although my coworkers and I were already outreaching to the homeless people in Chinatown and other encampments, my agency thought that it was a good idea to not only talk to the clients about COVID-19 and inform them but to also hand out flyers that had reliable and updated information about the COVID-19 virus and COVID vaccine. The agency also thought that it was a good idea to hand out personal protection equipment such as masks and hand sanitizers. My recommendation to the agency is to continue to educate the homeless community about COVID-19 and the COVID vaccine. Although, now I think that the priority should be the COVID vaccine, since it is important that more homeless people are vaccinated in order to have more protection against the COVID-19 virus. Things that could be done differently is to try to educate homeless people in different locations and encampments in Salinas. My project relates to the broader health problem because it addresses one of the many illnesses and viruses that homeless people are more exposed to due to the fact that many of them live in the streets and shelters. My project gave the agency better understanding and an example of how they can address the broader health problems. For example, the agency knows that it is more effective to educate the homeless people about the illnesses and diseases that are prevalent in the community. They can use this project as an example of how to engage and provide the homeless people with the important information that they need to learn more and protect themselves from other illnesses and diseases.

Personal reflection

Some of the important insights that I learned during the year-long research and report writing process is the knowledge that I gained on how to research and gather reliable data from the internet. I learned how to access data and information more efficiently. The report writing process helped me to work on my writing more, receive feedback, make the corrections and improve my writing. I learned that it takes a lot of time, energy, and planning to develop and implement a project and that it is important to be patient and not try to rush the process. The project helped me to learn how to work in collaboration with others such as my mentor, agency staff, and the clients. I learned to receive feedback and learn from my mistakes that I did during the project. The experiences that contributed the most to my learning was working in collaboration with others, since I am not used to working by myself. However, having the support of others and not working by myself on this project made it easier for me both to develop and implement the project. The challenges that I faced when working on this project was thinking that I would not be able to develop and implement the project. It was something that I had never done before and I thought that it was going to be too difficult for me to do. However this project helped me to gain the confidence to believe in myself that I can develop and implement any project that I am given to do or any project that I want to implement. What I will remember about this project in 10 years is the people that I worked with and just how supportive everyone was of me. My advice for future CHHS students interns is to not stress too much and to take self care time. I would also advise them to not procrastinate and to get things done little by little so that the work does pile up for them.

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