

Prioritizing the Health and Safety of 2SLGBTQ+ Youth Experiencing Homelessness During COVID-19

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What is our research about?

Our research sought to examine the impact of the COVID-19 pandemic on 2SLGBTQ+ youth at risk of, and experiencing, homelessness. Utilizing a mixed-methods convergent parallel design, 92 youth completed virtual surveys and 47 individuals (youth and frontline staff and management from youth serving organizations) participated in virtual one-on-one interviews. All participants were from the Greater Toronto Area and surrounding areas.

How did COVID-19 impact 2SLGBTQ+ youth experiencing homelessness?

People with a recent history of homelessness are more likely to contract COVID-19 and experience worse health outcomes compared to the general public, due to a higher burden of comorbidities and systemic health inequities. Numerous barriers, such as congregate living conditions and restricted access to public washrooms have made it difficult for people experiencing homelessness to follow public health guidelines. The pandemic has also exacerbated mental health and substance use issues for this population due to isolating with unsupportive and/or abusive family, and losing access to safe, supportive, and inclusive community spaces and health and social services.

Why take action?

During and after the 3rd wave of the pandemic, young people made up the largest number of COVID-19 cases. This is especially concerning for the most marginalized youth who face additional risks and barriers associated with the virus. Despite the compounding health and safety concerns that 2SLGBTQ+ youth experiencing homelessness face, public health messaging/guidelines and the COVID-19 vaccine rollout were inequitable and inaccessible to this group in many ways. 2SLGBTQ+ inclusive, targeted and trauma-informed public health messaging and vaccine strategy must be prioritized in order to ensure the health and safety of this population moving forward.

Based on: The Impacts Of COVID-19 On LGBTQ2S Youth At-Risk Of, And Experiencing, Homelessness

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Action Area #1: 2SLGBTQ+ inclusive & targeted public health messaging & guidelines

In response to...

- Widespread mistrust in social and health systems, resulting in youth rarely seeking information from government and public health agency sources.
- Public health messaging failed to consider the lived realities and accessibility needs of 2SLGBTQ+ youth experiencing homelessness.
- Public health messaging and guidelines that are infeasible or irrelevant for this demographic:

“Stay at home”

Those experiencing homelessness typically do not have a stable, secure, or safe home to stay at.

“My mask keeps my parents safe”

Identity-based family conflict is the leading cause of homelessness for 2SLGBTQ+ youth. Incentivization of parent safety may not be effective for this demographic.

Mandatory mask guidelines

Affordability is a barrier to accessing masks.

Social distancing

Congregate living conditions make social distancing difficult to follow.

Ways forward:

- Create targeted, accessible, and trauma-informed public health messaging geared towards the unique needs and lived realities of 2SLGBTQ+ youth experiencing homelessness.
- Ensure that public health guidelines are feasible for unhoused youth to follow, provide more graphics to illustrate key concepts, simplify messaging, and avoid jargon.
- Deliver public health messaging through trusted and familiar sources, such as social media channels, community leaders, peer support workers, and service providers.
- Offer space for two-way dialogue inviting youth to engage in discussions about any questions and concerns they may have regarding public health guidelines and safety during the pandemic.

Action Area #2: Targeted and trauma-informed vaccination strategy

In response to...

- Historical and current-day traumatizing and oppressive experiences within healthcare (e.g., racism, homophobia, transphobia) have eroded trust in the healthcare system.
- Accessibility barriers, such as mental health issues, transportation to vaccination clinics, and different levels of health literacy limit the ability for this group to get vaccinated.
- Youth experiencing homelessness may not have a history or familiarity with immunizations.
- Perception of COVID-19 as non-threatening relative to lived experiences.

Ways forward:

- Prioritize 2SLGBTQ+ youth experiencing homelessness in vaccine rollout.
- Engage peer ambassadors to disseminate vaccine-related information to youth.
- Staff vaccination clinics with trusted 2SLGBTQ+ inclusive, trauma-informed workers.
- Educate frontline workers on how to discuss COVID-19 vaccine hesitancy with youth.
- Ensure that youth have accessible options when getting vaccinated (e.g., location, time of day).
- Provide incentives to increase motivation for youth to get vaccinated in a timely manner.