

# BACKGROUND INFORMATION FOR “OUTBREAK: THE FIRST RESPONSE”

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## ABOUT THE DOCUMENTARY

“Outbreak: The First Response” is a new documentary that provides a firsthand and personal view of the first coronavirus outbreak in the United States, in the Seattle area. Told through the eyes of the county’s health director, a family experiencing homelessness, and a family with a relative in a nursing home, the documentary reveals the impact of this historic pandemic on the city, including its most vulnerable communities. The documentary was developed by Soledad O’Brien Productions in partnership with the de Beaumont Foundation, a public health foundation based in Bethesda, Maryland.

The idea to create a documentary to bring public health to life started long before the coronavirus outbreak started. Research by the de Beaumont Foundation and others has consistently shown that Americans value the services that public health provides -- such as ensuring clean air and water, safe food, and protection against preventable diseases -- but they don’t understand the role of public health professionals. Partly because public health operates behind the scenes, funding for public health at the local, state, and federal levels has dropped significantly over the past decade.

Soledad O’Brien Productions and the de Beaumont Foundation hope “Outbreak: The First Response” sparks conversations about the important role of public health professionals and the impact of social and economic factors on the health of communities and individuals.

# KEY ISSUES

## SOCIAL DETERMINANTS OF HEALTH

- CDC: [Social Determinants of Health: Know What Affects Health](#)
- Health Affairs: [Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health](#)
- Health Affairs: [Coronavirus Responders Deserve Better](#)
- Kaiser Family Foundation: [Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity](#) (pdf)

## PUBLIC HEALTH FUNDING

- Of all U.S. health spending, only [3 percent is for public health](#). Since the 2008 recession, state and local health departments have lost 40,000 positions, or 15 percent of their workforce. See blog post [When We Need Them Most, the Number of Public Health Workers Continues to Decline](#) and infographic [Cuts to Public Health Hurts U.S. Preparedness](#) (pdf)
- Matter of Fact TV interview on public health and COVID-19: [Funding the First Line of Defense: Public Health](#)
- Trust for America's Health report: [Ready or Not: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism 2020](#), with state-by-state assessment of preparedness (pdf)

## HOMELESSNESS AND HEALTH

- [National Alliance to End Homelessness: Coronavirus and Homelessness](#)
- CDC: [COVID-19 and Homeless Populations](#)
- National Health Care for the Homeless Council: [Homelessness and Health: What's the Connection?](#) (pdf)

## NURSING HOMES AND COVID

- Associated Press: [Nearly 26,000 COVID Deaths in Nursing Homes Spur Inspections](#)
- AARP: [How to Track COVID-19 Nursing Home Cases and Deaths in Your State](#)
- AARP: [When Can Visitors Return to Nursing Homes?](#)
- CDC: [COVID-19 and Nursing Homes & Long-Term Care Facilities](#)

## WHAT IS PUBLIC HEALTH?

When Americans say “health,” they often mean healthcare or health insurance — not public health or community health. Our nation spends more on healthcare than any other developed country, but we rank below comparable countries in nearly every indicator, including life expectancy, heart disease, obesity, and diabetes. Healthcare often (but not always) occurs after someone has become sick and doesn't keep people healthy in the first place—public health does.

Eighty percent of a person's health is shaped by his or her access to items like stable housing, quality and healthy food, parks and public transportation, and more. Public health workers touch all of these through their work with government agencies, nonprofits, and other local organizations to make sure people have safe, stable affordable housing, food on the table, clean water, and access to parks and public transportation – in addition to responding to disease outbreaks, natural disasters, and environmental threats. In a nutshell, they are focused on prevention – keeping people healthy in the first place.

## When We Need Them Most, the Number of Public Health Workers Continues to Decline

By Brian Castrucci and Monica Valdes Lupi

As the COVID-19 pandemic spreads, public health professionals are on the front lines protecting American communities by:

- Finding answers and tracking cases to slow the spread of COVID-19;
- Testing people and processing tests in public health labs;
- Being a credible voice of reason about what's happening now, what may happen next, and ways to keep people healthy and safe;
- Using data to inform critical decision-making like closing schools or businesses;
- Driving the community's response and coordinating with hospitals, schools, first responders, and other partners; and
- Performing many other tasks that are seen and unseen by the public.

Often risking their safety, state and local government public health staff have been working tirelessly for months. They are playing a critical role on the front lines, but their efforts often go unnoticed, under-appreciated, and — more importantly — underfunded. While the public health workforce has been called the most essential element in our collective efforts to ensure the public's health, without adequate funding, it has been shrinking.

Since the Great Recession, state and local government health agencies have lost at least 40,000 positions, more than one-fifth of the total workforce. We have a significantly smaller "team" of responders than we did for H1N1 in 2009-2010. The number of employees in local public health agencies has declined by more than 15 percent, and in state agencies, that number is also about 15 percent.

There is an unfortunate yet common misconception that health departments can simply "staff up" to respond to public health crises. But preparing for and responding to even a "minor" epidemic requires careful planning, specialized skills, and sustained funding — and it's even more true for a historic pandemic like COVID-19. The public health field does not have an endless supply of people or dollars to pull from when emergencies arise. Communities don't wait until there's a fire to start hiring firefighters. When there's a fire, we expect firefighters to show up with the right number of people and the right

equipment. Our public health system should be no less prepared.

Political leaders from both parties, media professionals, business leaders, and the public have ignored repeated calls for additional funding and concern about a shrinking workforce from national public health advocacy organizations.

It is now clear that we are not as prepared as we should be. Our neglect of the public health infrastructure and repeated cuts to public health funding mean necessary staff or supplies aren't available. It slows the response. It means we are always playing catch-up. With each cut, we take a greater risk with our nation's health than we would with a fully funded response led by public health experts.

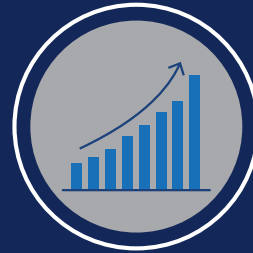
Prominent leaders are calling for consistent funding for local and state health departments, but will it happen? Similar calls came during the H1N1, Zika, and Ebola outbreaks. But as the number of cases decline, Americans slowly slide back into complacency, media attention ebbs, and the interest and political will to strengthen our public health system dissipates.

Unlike these past outbreaks, the spread and apparent ease of transmission of COVID-19 has already caused businesses to close, crashed the stock market, and disrupted our daily lives with school closures, canceled events, and increased social distancing. Maybe the disruption caused by COVID-19 will help us recognize that our nation's local and state public health agencies are more than rapid-response systems, that they need funding to build preparedness teams and protocols. Maybe this will finally be enough to help us recognize that continued cuts to public health infrastructure jeopardize not only our health but also our economy and our very way of life. We must capitalize on the nation's shared concerns to fortify our public health infrastructure and stay committed to it even after the nation's attention moves on.

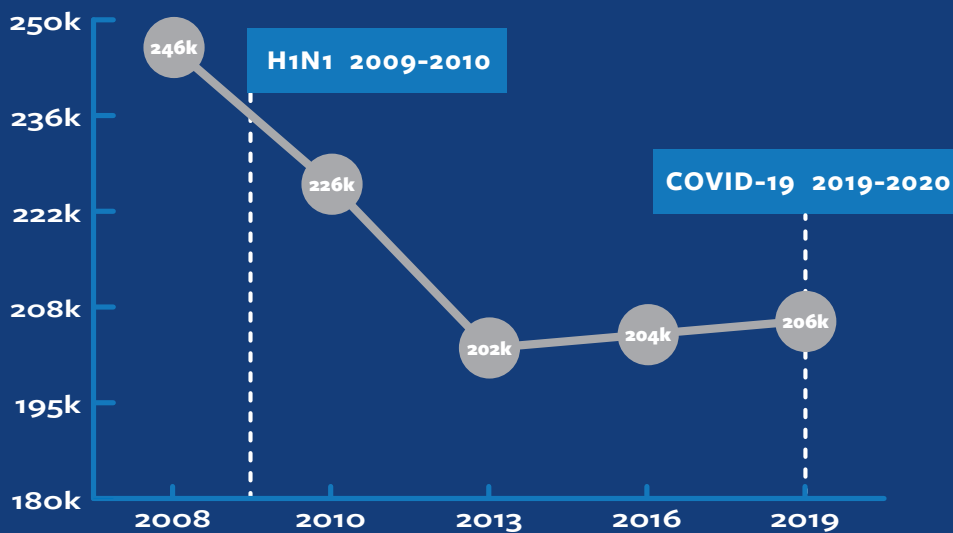
*Brian C. Castrucci, DrPH., MA, is president and CEO of the de Beaumont Foundation. Monica Valdes Lupi is a senior fellow at the de Beaumont Foundation.*

# Cuts to Public Health Hurt U.S. Preparedness

Public health workers are protecting communities through screening, monitoring, and data-driven communication.



But the number of public health workers has declined...  
at a time we need them most.



Source: Analysis by JP Leider and the de Beaumont Foundation using data from ASTHO and NACCHO Profile Surveys 2008, 2010, 2013, 2016, and 2019.

The COVID-19 pandemic is testing the limits of a system that's already stretched, due to a chronic lack of funding and the loss of 40,000 jobs in the past decade. Learn why investing in public health matters:

VISIT [WHYPUBLICHEALTHMATTERS.ORG/VIDEOS](https://www.whypublichealthmatters.org/videos)

# COVID-19

## WHY HOMELESS POPULATIONS ARE A HIGH-RISK GROUP



### POOR HEALTH

High rates of chronic medical conditions, behavioral health conditions, infectious illnesses, acute illnesses, & exposure to elements.

### CONGREGATE SETTINGS

Shelters, public transportation, soup kitchens, health clinics & other service venues where this population receives care are large, crowded congregate settings.



### AN AGING POPULATION

Many people experiencing homelessness are older, have limited mobility, & have even higher rates of poor health.

### LIMITED ABILITY TO FOLLOW PUBLIC HEALTH ADVICE

Washing hands, staying at home, & maintaining physical distance from others is often not possible for people without homes.



### STIGMA & DISCRIMINATION

Communities regularly seek to block or remove people who are homeless. Laws often prevent housing & other services from being able to expand to meet the need.

[www.nhchc.org](http://www.nhchc.org)

#VisualizeHomelessness

NATIONAL  
HEALTH CARE  
for the  
HOMELESS  
COUNCIL

Source: [www.nhchc.org/covidbrief](http://www.nhchc.org/covidbrief)

See our coronavirus resource page for more information and guidance on COVID-19:  
[www.nhchc.org/coronavirus](http://www.nhchc.org/coronavirus)





# HOUSING AND HEALTH

Source: National Alliance to End Homelessness: State Homelessness 2020 Edition. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

A safe, affordable, and stable home is a foundation for good health and well-being. Unfortunately, people in communities of all types and sizes across the country, face challenges for multiple reasons that existed even before the current pandemic.

## BEING WITHOUT A STABLE HOME IS DETRIMENTAL TO ONE'S HEALTH.

For the more than half a million people in America experiencing homelessness,<sup>1</sup> housing instability creates disruption at work, at school, and within social networks and contributes to chronic stress. Those experiencing instability are more likely to experience poor health in comparison to their stably housed peers. Housing instability is also associated with health problems among youth, including increased

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1 National Alliance to End Homelessness: State Homelessness 2020 Edition. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

risks of teen pregnancy, early drug use, and depression.

Those in America who are chronically homeless feel the health impacts of housing instability even more, with substantially higher rates of both physical and mental health challenges and lower life expectancy. Many who are chronically homeless also experience traumas on the streets or in shelters, which has long-standing adverse impacts on their mental health and well-being.<sup>2</sup>

## THE BURDEN OF HIGH HOUSING COSTS STANDS IN THE WAY OF GOOD HEALTH.

As housing costs have outpaced local incomes across the country, more than 1 in 10 households shoulder the burden of severe housing costs, meaning they spend more than half of what they earn on their rent or mortgage. This burden disproportionately impacts renters, with 1 in 4 renters severely housing cost burdened. The numbers for low-income renters are even higher: more than half of low-income renters spend 50 percent of what they earn on housing.<sup>3</sup>

When families are burdened with high housing costs, little room is left in their budget for other essentials that contribute to good health, such as healthy food, medicine and doctor's visits, and transportation to work and school.

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2 Health Affairs: "Housing And Health: An Overview Of The Literature," Health Affairs Health Policy Brief, June 7, 2018. <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>

3 Country Health Rankings: 2019 County Health Rankings Key Findings Report. [https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR\\_KeyFindings2019.pdf](https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR_KeyFindings2019.pdf)

# COVID-19 AND HOMELESSNESS

## KEY HOUSING STATISTICS

Over 45 million U.S. households—37 percent—don't have enough cash on hand or in savings to weather an emergency and subsist at the poverty level for three months without income.<sup>4</sup> A May U.S. Census survey found almost half of respondents or another adult in their household had lost employment income since March, with 39 percent expecting they or someone in their household would lose employment income in June. The survey also found 21.3 percent of adults reported only slight or no confidence in being able to pay next month's rent or mortgage on time.<sup>5</sup> With unemployment rates reaching 14.7 percent in April—improving slightly in May to 13.3 percent<sup>6</sup>—and COVID-19 eviction moratoriums beginning to lift,<sup>7</sup> housing instability for those who are financially insecure will increase, putting their health at risk.

People who are experiencing homelessness are some of those most vulnerable to COVID-19.<sup>8</sup> Of the more than half a million people experiencing

- Prior to COVID-19, 567,715 people in America were experiencing homelessness with 96,141 experiencing chronic homelessness.<sup>1</sup>
- Thirty percent of people experiencing homelessness are families. Seventy percent are individuals, including veterans and unaccompanied youth.<sup>2</sup>
- Nearly 4 in 10 U.S. households cannot weather a financial emergency.<sup>3</sup>
- More than 1 in 10 households in America spends more than half of what they earn on where they live. One in four renters and 1 in 2 low-income renters is severely housing cost burdened.<sup>4</sup>
- A recent U.S. Census survey found 1 in 5 households reported only slight or no confidence in being able to pay next month's rent or mortgage on time.<sup>5</sup>

1 National Alliance to End Homelessness: Population At-Risk: Homelessness and the COVID-19 Crisis. <https://endhomelessness.org/wp-content/uploads/2020/03/Covid-Fact-Sheet-3.25.2020-2.pdf>

2 Ibid.

3 National Alliance to End Homelessness: Population At-Risk: Homelessness and the COVID-19 Crisis. <https://endhomelessness.org/wp-content/uploads/2020/03/Covid-Fact-Sheet-3.25.2020-2.pdf>

4 County Health Rankings: 2019 County Health Rankings Key Findings Report. [https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR\\_Key-Findings2019.pdf](https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR_Key-Findings2019.pdf)

5 U.S. Census Bureau: New Household Pulse Survey Shows Concern Over Food Security, Loss of Income. <https://www.census.gov/library/stories/2020/05/new-household-pulse-survey-shows-concern-over-food-security-loss-of-income.html>

4 Prosperity Now: The Unequal Impact of the COVID-19 Crisis on Households' Financial Stability. [https://prosperitynow.org/sites/default/files/PDFs/Scorecard%202020/Unequal\\_Impact\\_of\\_COVID-19.pdf](https://prosperitynow.org/sites/default/files/PDFs/Scorecard%202020/Unequal_Impact_of_COVID-19.pdf)

5 U.S. Census Bureau: New Household Pulse Survey Shows Concern Over Food Security, Loss of Income. <https://www.census.gov/library/stories/2020/05/new-household-pulse-survey-shows-concern-over-food-security-loss-of-income.html>

6 U.S. Bureau of Labor Statistics: Labor Force Statistics from the Current Population Survey. <https://data.bls.gov/timeseries/LNS14000000>

7 Marketplace: U.S. looking at "a tsunami of evictions" as moratoriums expire. <https://www.marketplace.org/2020/05/29/u-s-looking-at-a-tsunami-of-evictions-as-moratoriums-expire/>

8 Centers for Disease Control and Prevention: Homelessness and COVID-19 FAQs. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/faqs.html>

homelessness, 202,632 are over the age of 50 and a recent study found 84 percent of unsheltered individuals and 19 percent of people in shelters reported having pre-existing medical conditions.<sup>9</sup> Those experiencing homelessness also often lack access to healthy foods and are unable to get sufficient sleep and rest, impacting their overall health and ability to fight diseases.

9 National Alliance to End Homelessness: State of Homelessness 2020 Edition. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

Crowded shelters, encampments, sleeping outdoors, and housing instability make it difficult to follow recommended guidelines for preventing the spread and contraction of COVID-19. While communities are finding creative solutions to address crowding in shelters—such as renting currently vacant hotels—and are adopting the CDC’s interim guidelines to prevent the spread of the virus, maintaining social distancing is still a challenge in these crowded settings. Additionally, for those who are unsheltered or are only in shelters at night, they often lack adequate access to hygiene and sanitation facilities and healthcare services.

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## STRATEGIES FOR ADDRESSING HOMELESSNESS AND HOUSING COSTS

Housing those experiencing homelessness has consistently been shown to improve health outcomes and decrease health care costs, particularly among chronically homeless people. In Oregon, within a group of 10,000 people experiencing unstable housing, the provision of affordable housing decreased Medicaid expenditures by 12 percent and emergency room visits declined by 18 percent. Another study found that the provision of housing generated cost offsets of up to \$29,000 per person per year, after accounting for housing costs.<sup>11</sup>

Every community’s needs are different and while there is no one-size-fits-all approach to addressing housing challenges, these evidence-based strategies offer three ways communities can help reduce homelessness and increase access to affordable homes:

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10 National Alliance to End Homelessness: Population At-Risk: Homelessness and the COVID-19 Crisis. <https://endhomelessness.org/wp-content/uploads/2020/03/Covid-Fact-Sheet-3.25.2020-2.pdf>

11 Health Affairs: “Housing And Health: An Overview Of The Literature,” Health Affairs Health Policy Brief, June 7, 2018. <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>

**RAPID RE-HOUSING PROGRAMS:** These programs provide support services to move families or individuals experiencing homelessness into permanent housing, usually within 30 days. The program support usually lasts about 4-6 months to help families and individuals get back on their feet.<sup>12</sup>

**HOUSING FIRST PROGRAMS:** Housing First programs are a form of permanent supportive housing, and usually serve people who experience chronic homelessness and have persistent mental illness or problems with substance abuse or addiction. The programs provide rapid access to permanent housing, without a pre-condition of treatment, along with ongoing support services such as crisis intervention, needs assessment, and case management. Unlike rapid re-housing programs, there are no time limits for Housing First support and participation.<sup>13</sup>

**INCLUSIONARY ZONING POLICIES:** This policy requires developers to set aside a portion of housing units for low- and moderate-income residents, helping to ensure that residents, regardless of income, have access to affordable homes. This policy works well in “hot” markets to promote affordable options alongside new development.<sup>14</sup>

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12 County Health Rankings: What Works for Health: Rapid re-housing programs. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/rapid-re-housing-programs>

13 County Health Rankings: What Works for Health: Housing First. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/housing-first>

14 CityHealth: Affordable Housing Policy Breakdown. [http://city-healthdata.org/download/CH\\_AffordableHousing\\_1PGR\\_2019\\_B.pdf](http://city-healthdata.org/download/CH_AffordableHousing_1PGR_2019_B.pdf)



## FOR MORE INFORMATION

“Outbreak: The First Response” was created by Soledad O’Brien Productions in partnership with the de Beaumont Foundation. For more information, contact Mark Miller, Vice President of Communications at de Beaumont at [miller@debeaumont.org](mailto:miller@debeaumont.org) or 301-802-6783.

### SOLEDAD O’BRIEN PRODUCTIONS



[Soledad O'Brien Productions](#) is a documentary production company dedicated to uncovering and producing empowering untold stories that take a challenging look at often divisive issues of race, class, wealth, opportunity, poverty and personal stories.

The company produces character-driven, experiential documentaries that illuminate the challenging issues facing people today. We focus on diverse characters with powerful stories that are interwoven into complex social issues that are often overlooked or avoided. Soledad O'Brien Productions partners with some of the world's leading brands, agencies, non-profit groups, and organizations to produce non-fiction programming, profiles, and stories with powerful messages that resonate with global audiences across multiple platforms.

Founder and CEO Soledad O'Brien is an award-winning journalist, speaker, author and philanthropist who anchors and produces the Hearst Television political magazine program “Matter of Fact with Soledad O'Brien.” She also reports for HBO Real Sports, the PBS NewsHour, and WebMD, and has authored two books. She has appeared on networks Fox and Oxygen and anchored and reported for NBC, MSNBC, and CNN. She has won numerous awards, including three Emmys, the George Peabody award, an Alfred I DuPont prize, and the Gracie. Newsweek magazine named her one of the “15 People Who Make America Great.” With her husband, she is founder of the PowHERful Foundation, which helps young women get to and through college.

### DE BEAUMONT FOUNDATION

**de Beaumont**

BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES

Founded in 1998, the [de Beaumont Foundation](#) advances policy, builds partnerships, and strengthens public health to create communities where people can achieve their best possible health. The Foundation's programs and investments strengthen the public health system, facilitate collaboration, and provide practical tools to improve the health of all Americans.

- **Policy:** We advance policies that improve community health, so that current and future generations can benefit from changes enacted by today's leaders.
- **Partnerships:** We build partnerships, often among unlikely allies, so that leaders can achieve the shared goal of creating healthier communities.
- **People:** We create practical solutions that strengthen the public health system and workforce, so that professionals are equipped to make their communities healthier.

[Brian C. Castrucci](#), DrPH, MA, president and CEO, is a national leader in epidemiology, health policy, and philanthropy. He held leadership positions in state and local health departments for more than 10 years. Dr. Castrucci has published more than 70 articles in the areas of public health systems and services research, maternal and child health, health promotion, and chronic disease prevention. His recent work has focused on the public health needs of large cities, the need for better data systems, and public health system improvements.