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Unsheltered-in-Place: A legal epidemiologic review of 2020 executive actions for homeless
populations in five states

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2021

Abstract

Unsheltered-in-Place: A legal epidemiologic review of 2020 executive actions for homeless populations in five states

People experiencing homelessness are at a higher risk of developing severe symptoms from COVID-19. In 2020, an unprecedented number of executive actions were issued across states and cities to protect constituents from the novel coronavirus, however no research has been published to evaluate these laws' effects on protecting people experiencing homelessness from uncontrolled virus spread in public, congregate living settings. This paper presents a foundational framework for observing the characteristics of executive branch actions aimed at homeless populations during the pandemic through legal epidemiology methods. By collecting and analyzing relevant laws across five states and their major cities, this paper delivers the first four components of a full legal epidemiology assessment: a study design, law collection criteria, five state memorandum, and coding scheme. Preliminary results from the collection and coding found that among Colorado, Georgia, Illinois, Minnesota, and Washington, there was significant variety in legal tactics to mitigate COVID-19 spread among homeless populations. Minnesota took a comprehensive approach that involved diverse stakeholders such as public schools, police, and park services, whereas Washington, Georgia, and Illinois offered brief health advisories to people experiencing homelessness. Results remain limited in both legal data and available health data on people experiencing homelessness, but the framework developed in this paper will ultimately support a 50-state legal epidemiology assessment. Further research is needed on more states to determine a larger overall trend between various tactics in executive actions (frequency, content, power, and enforcement) and their impact on protecting people experiencing homelessness from COVID-19 spread in homeless shelters and outdoor encampments.

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Dedication

This research is dedicated to my friends who have experienced homelessness in Williamsburg and Atlanta, and to the local volunteers, medical, and health care workers across the country who did not hesitate to help their neighbors experiencing homelessness as the COVID-19 pandemic broke in February 2020.

Abstract

People experiencing homelessness are at a higher risk of developing severe symptoms from COVID-19. In 2020, an unprecedented number of executive actions were issued across states and cities to protect constituents from the novel coronavirus, however no research has been published to evaluate these laws' effects on protecting people experiencing homelessness from uncontrolled virus spread in public, congregate living settings. This paper presents a foundational framework for observing the characteristics of executive branch actions aimed at homeless populations during the pandemic through legal epidemiology methods. By collecting and analyzing relevant laws across five states and their major cities, this paper delivers the first four components of a full legal epidemiology assessment: a study design, law collection criteria, five state memorandum, and coding scheme. Preliminary results from the collection and coding found that among Colorado, Georgia, Illinois, Minnesota, and Washington, there was significant variety in legal tactics to mitigate COVID-19 spread among homeless populations. Minnesota took a comprehensive approach that involved diverse stakeholders such as public schools, police, and park services, whereas Washington, Georgia, and Illinois offered brief health advisories to people experiencing homelessness. Results remain limited in both legal data and available health data on people experiencing homelessness, but the framework developed in this paper will ultimately support a 50-state legal epidemiology assessment. Further research is needed on more states to determine a larger overall trend between various tactics in executive actions (frequency, content, power, and enforcement) and their impact on protecting people experiencing homelessness from COVID-19 spread in homeless shelters and outdoor encampments.

Acknowledgements

I would like to sincerely thank Mara Howard-Williams for her patience in teaching me legal epidemiology methods, walking me through this body of work, consulting for free on laws and terminology, and continuously showing support for my work and ideas through her mentorship; Thank you to Dr. James Lavery for serving as my thesis, academic, and personal advisor for my two wonderful years at Rollins; Thank you to Abby Ferrell and CDC Public Health Law Program for their enthusiastic support in introducing a layperson into their professional field and family; Thank you to Emily Mosites (CDC) and the National Health Care for the Homeless Council for providing access to their COVID-19 dashboard data; and thank you to the Boozer-Noether fund through Emory Center for Ethics for their project grant that supports community-based student research here in Atlanta.

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Purpose

The purpose of this study is to assess executive orders' effectiveness in protecting people experiencing homelessness during the 2020 COVID-19 pandemic response. This five-state memorandum creates a collection and coding protocol that can be expanded to all jurisdictions for further analysis.

Background

Introduction

Homelessness has been on the rise in the U.S. since the 1980s (NASEM et al., 2018), and several states have recently declared states of emergency over the extremely high volumes of people experiencing homelessness in their cities (NAEH, 2016). Health and housing interventions have recalibrated over the years to reflect improved methods and understandings of underlying issues, such as the housing-first model that meets basic needs before treating mental health concerns (Aubry, 2015). However, little has been done to evaluate these care systems in the face of an epidemic or other broader humanitarian crisis.

The COVID-19 pandemic that hit the U.S. in 2020 left government leaders in a scramble to rapidly protect a variety of constituents -- from schools to small businesses to essential workers -- with new, unprecedented, never-been-tested laws. Law is a powerful public health tool and foundational to all other public health interventions (Frieden, 2010). We might prevent or resolve a crisis through well-written law, or we might exacerbate an issue through poorly executed law. Where law is absent, the wellbeing of an entire community may be left to chance.

One group nearly absent from the conversation was the estimated 567,715 Americans experiencing homelessness each night (HUD, 2020). Though COVID-19 data are limited for this marginalized population, this exploratory paper creates a foundation for studying public health law's interaction with homelessness in this unique new public health context. Now, more than ever, comes the push to critically evaluate the law's role in preparing, protecting, and providing for people experiencing homelessness during an epidemic.

Defining "Homelessness"

Homelessness is often a gray area, rarely a neutral topic, and subject to interpretation. While some might consider "homelessness" limited to people living on public lands and in homeless shelters, homelessness takes many forms. Federal law recognizes several of these in 42

U.S. Code § 11302 with criteria for defining a “homeless person” (see full law in *Appendix A*), which is important for setting the scope of who is legally classified as “homeless”. An abridged summary is presented in *Figure 1.1*.

Figure 1.1. “Homeless Person”

Core Definition:

“An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of:

- *place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground)*
- *publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations;*

In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter or place not meant for human habitation immediately prior to entering that institution.”

*HUD 2012 | Homeless definition summary
42 U.S. Code § 11302 in Appendix A*

While this regulation sets an umbrella definition for the country, states may further define homelessness and create more specific laws so long as it does not conflict with federal law. As every state and city have differences in cultures and beliefs, there is also variation in the language and preferred terms around homelessness. This paper adopts several of these preferred terms which are not found in the above U.S. Code because they are common in other executive branch policies which this paper will explore. This study uses the following widely accepted terms:

- **“People experiencing homelessness” (PEH):** individuals and groups that are unsheltered or impermanently housed.
- **“Encampments”:** two or more PEH living outdoors, in a tent, or in an area (e.g., under a bridge, in a building entrance) unintended for human habitation, and therefore in a public and congregate setting.
- **“Sweeps” and “disbanding”:** when a city or municipality evicts PEH from an outdoor encampment *en masse*, and/or clears their belongings from a public area like a park or sidewalk.

Homelessness as a Public Health issue

People experiencing homelessness (“PEH”) are at higher risk for contracting communicable diseases because they are more frequently in public and congregate settings. Congregate sleep settings in homeless shelters put residents at clear risk for airborne disease transmission, but PEH living in encampments face similar risks as well. According to a study by

the National Law Center on Homelessness and Poverty, about 66% of residents in known U.S. encampments in 2018 reported being there for over one year, and over 25% had been there for more than five years, qualifying many of these ‘transient’ groups as actually semi-permanent communities. Additionally, many encampments are medium to large, with groups of 11 to 50 residents, and 17% of all known encampments had over 100 residents in 2018 demonstrating that even outdoor encampments might be considered congregate settings (NLCHP, 2017). Though states respond to homelessness differently, it is also important to recognize that homeless shelters and encampments are not a single state or city phenomenon: they have been identified in various forms across all 50 states making this a national crisis (NLCHP, 2017). The size, commonplace, and stability of outdoor encampments, therefore, is an important starting point in considering risks of communicable diseases like COVID-19 among residents. Infectious disease risks are further illustrated by the disproportionate prevalence of tuberculosis in both sheltered and unsheltered homeless populations, which is otherwise rare in the general population (CDC, 2020). Amidst the novelty of COVID-19, many questions remain about the lasting impact it will have on this vulnerable population’s health.

Additionally, people experiencing homelessness are at increased risk of developing serious complications from COVID-19 due to underlying chronic conditions. Type 2 diabetes, cardiovascular disease, substance abuse, obesity, HIV, and COPD are all disproportionately prevalent in homeless populations (NHCHC, 2019; Bernstein, 2015). They are also all individual risk factors for severe illness from COVID-19 (CDC, 2021). Given the prevalence of these chronic diseases in PEH, stakeholders like [National Alliance to End Homelessness](#) projected that people experiencing homelessness who contracted the virus would be “twice as likely to be hospitalized, 2-4 times as likely to require critical care, and 2-3 times as likely to die as the general population” (NAEH, 2020).

Finally, those living outdoors face their own additional set of health risks that compound the likelihood their COVID-19 cases might be severe. Prolonged exposure to the elements (e.g., cold, rain, heat) and lack of access to sanitation (e.g., toilets, handwashing stations) and health services weaken immune systems and regularly put unsheltered individuals at higher risk of illnesses (CDC, 2021; NHCHC, 2019).

Beyond the individual health impact, homelessness pressures the public health infrastructure because of the increased costs to governments. Many PEH are uninsured and seek care only during a medical emergency, paid for by the government under the Emergency Medical Treatment and Labor Act (EMTALA) of 1986. Recent research indicates that the average person experiencing homelessness visits the emergency room five times per year, which costs taxpayers

approximately \$18,500 - \$35,578 per person annually (Greendoors, 2008; NAEH, 2015). COVID-19 will increase the cost of homelessness to the government in the coming years but can be mitigated with protective systems and laws.

For the presented risks to PEH and the U.S. health system during the COVID-19 response, policymakers face a moral, social, and economic obligation to proactively protect PEH with evidence-based tactics for COVID-19 mitigation that fit this unique population; the basis of which will be explored in this paper.

Homelessness by State

The five states studied in this paper are Colorado, Georgia, Illinois, Minnesota, and Washington which includes their largest cities: Denver, Atlanta, Chicago, Minneapolis, and Seattle respectively (See *Figure 1.2*). The U.S. Interagency Council on Homelessness ranks these states by volume of PEH: Washington is #5, Georgia is #9, Illinois is #11, Colorado is #13, and Minnesota is #17 (U.S. ICH, 2021). *Figure 1.3* illustrates their respective prevalence of homelessness (number of PEH compared to total number of State residents), based on state-level HUD (2019) and city-level Point-in-Time Count (2020) cross-sectional surveys.

Figure 1.2. State and City jurisdiction selections for this study

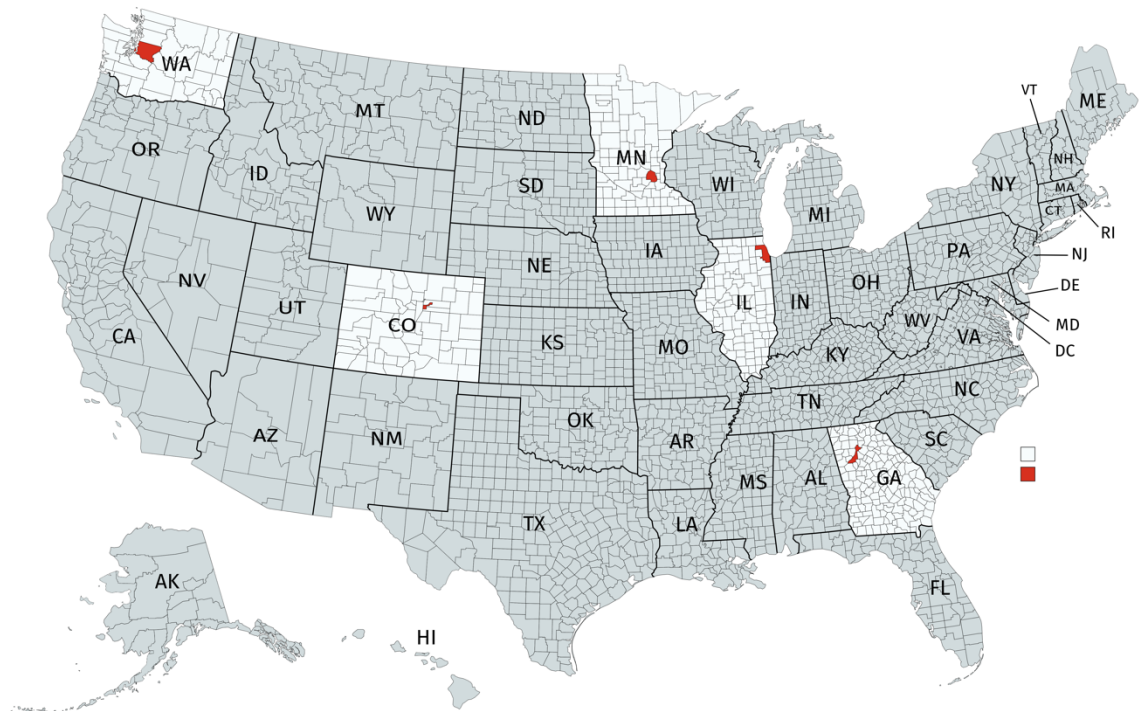
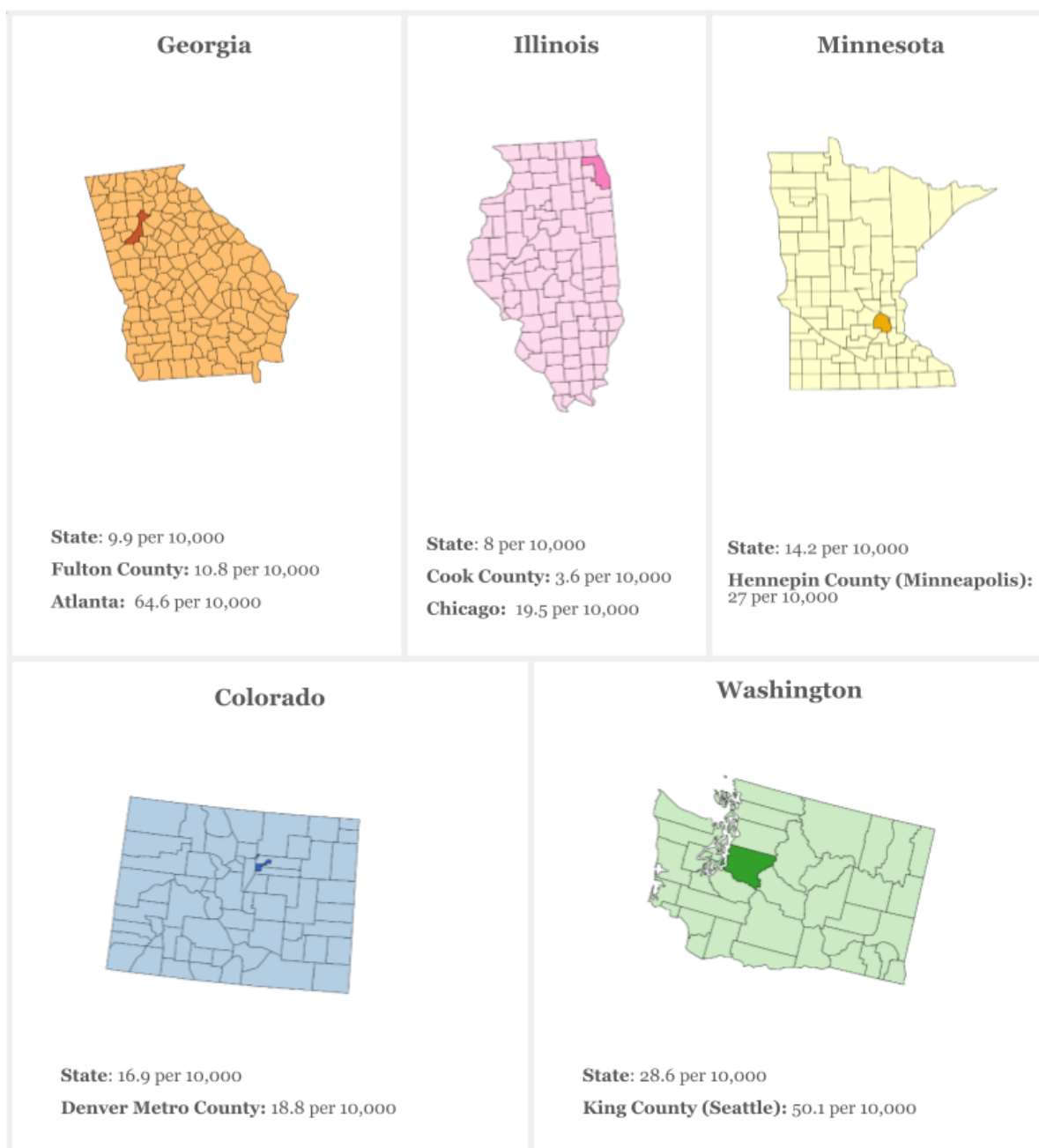


Figure 1.3. Prevalence of homelessness by state and city



Methodology background

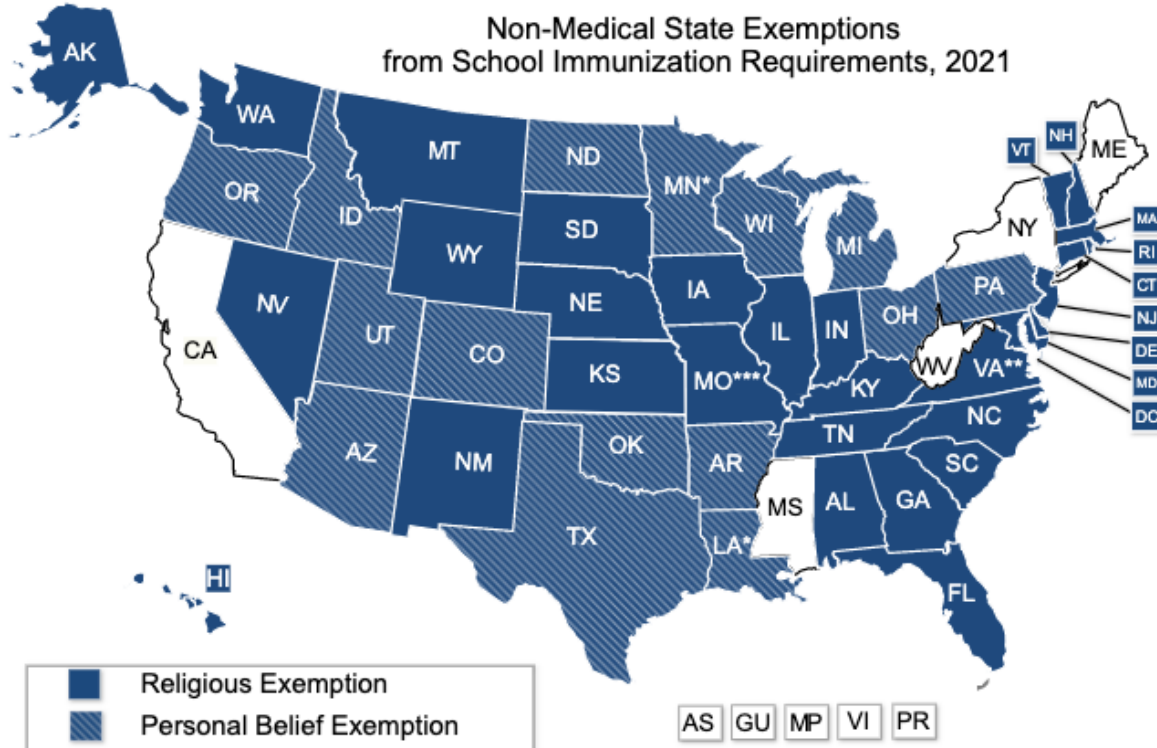
This paper follows a *legal epidemiology* study design, which is defined as “the scientific study of law as a factor in the cause, distribution, and prevention of disease and injury” (OSTLTS, 2018; Ramanathan et al., 2017; Burris, 2016). A relatively new field, legal epidemiology has been

used as a tool in public health law and planning to evaluate causal relationships between a specific policy and its intended health outcome. For example, legal epidemiology can study the impact of enacting a seatbelt law on decreasing car accident deaths by looking at death rates before and after its enactment, and comparing these rates to other states with similar laws.

Legal epidemiology synthesizes complex legal data and isolates the important ‘input-output’ that lawmakers and stakeholders need to address, while aiming to present the information in a simple and accessible way. Because laws are written documents, they are inherently unique from each other and can be difficult to outright compare. Legal epidemiology aims to standardize these extensive written materials by coding them; creating both qualitative and quantitative data. To systematically compare laws across jurisdictions, legal epidemiology implements a simple “Q&A” format for a *coding scheme*, which allows the researcher power in conceptualizing common themes and characteristics of interest in a set of laws. For example, a coding scheme might quantify vaccination requirements for school children, mechanisms of enforcement, compare requirements for how to obtain exemptions, and determine if the law only applies to specific people (e.g., public school students or private school students). Other types of law like local regulations and resolutions can present room for further quantitative or numeric data: charting their frequencies, duration, and volume across a period of time.

Legal epidemiology has defined methods, including quality control. For a fifty-state analysis, a transdisciplinary legal epidemiology team would begin by researching the health issue, in this case, COVID-19 and homelessness. First, a subject-matter expert provides research and background on the topic, policy, and population of interest. Second, a team of lawyers systematically codes laws to convert a group of legal documents into a legal dataset with the significant themes identified by the subject-matter expert. Third, once the legal data are created, a statistician can then overlay relevant health data to make a comparison for statistical significance (Burriss, 2015). These three phases to achieve a final, large-scale legal epidemiologic assessment are all interrelated and iterative. After collecting laws, a researcher may consider available health data to develop a hypothesis, start coding, then collect more laws, and then code again to develop final inclusion and exclusion criteria and coding scheme – all in tandem. The final legal epidemiologic assessment ultimately combines public health and law data to present a *legal map* of policies across multiple jurisdictions and relevant health outcomes to inform stakeholders, researchers, and lawmakers. An example of this is shown in *figure 1.4*.

Figure 1.4. *Legal map example: vaccine exemptions per state*



Source: National Conference of State Legislatures. Legal map adapted from the LexisNexis StateNet Database and the Immunization Action Coalition, May 2019.

Legal epidemiology originally was designed to study statutes and regulations: which require congressional actions or public comment periods to change and therefore do not evolve as quickly as executive orders can. During the COVID-19 response, the executive branches of states have been the primary actors because they are able to respond swiftly through executive orders, emergency orders, and health department directives. Though the executive branch is not able to independently create legislation normally, states are delegated the power to create law under the constitution in the event of an emergency. The executive actions examined in this paper are qualified as law from the legislative grant of power in this rare circumstance. Executive orders may be an unusual and inconsistent form of law as compared to legislation, but are in fact the optimal, if not the only, legal variable to study in a rapidly-evolving pandemic response.

This study focuses on a year in which state-issued laws rapidly changed to protect constituents from an unknown virus. The COVID-19 pandemic triggered an unprecedented deluge of executive orders across the U.S. in 2020. Legal epidemiology has only *recently* been used to study executive actions (Gakh, 2013) and to my knowledge has *never* been used in the context of studying homeless populations. Though health data on people experiencing homelessness is often

limited, public health department records of COVID-19 cases offer a small window into studying the unique intersection between executive actions and homelessness during 2020: which has not yet been observed. This study completes the background investigation phase of a legal epidemiology project and finds that there were a variety of approaches taken to address PEH in executive actions. This research delivers a methodology and framework to conduct a further 50-state legal mapping project to assess the unknown efficacy of COVID-19 executive branch orders in protecting the health of people experiencing homelessness.

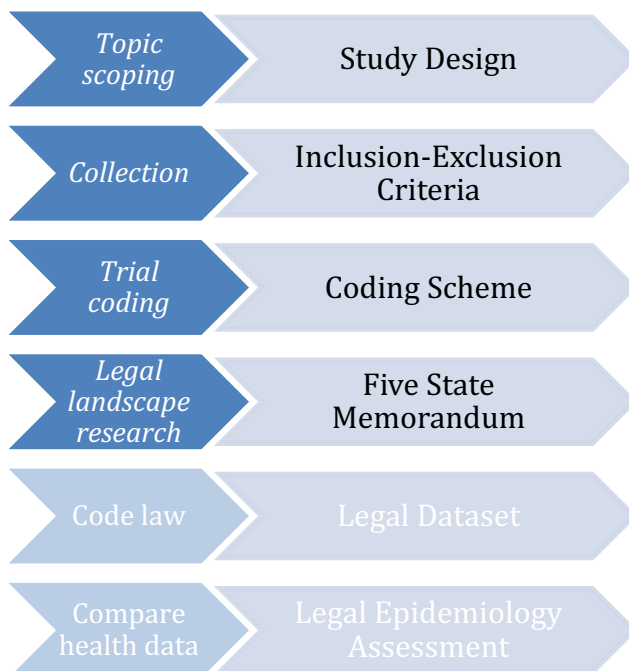
Significance

By comparing orders for their guidelines and mandates on mitigation tactics including social distancing, medical relief, rapid rehousing or simply leaving encampments alone, this project creates a framework to better understand what laws, under what circumstances, best protect people experiencing homelessness in a communicable disease emergency.

Methods

To build the foundation for a larger, 50-state legal epidemiology assessment, this paper delivers the first four steps: study design, collection criteria, coding scheme and five state memorandum as outlined in *Figure 2.1*.

Figure 2.1. Study methods and deliverables



Study Design

This study specifically follows a *policy surveillance* design, which mimics a longitudinal health study that follows changes in the law (‘variables’) over time as opposed to the cross-sectional snapshot typically used in legal assessments which only assesses laws currently in effect at a specific point in time. Here we observe available, publicly accessible executive actions issued within five states over the 2020 calendar year (from Jan. 1, 2020 through Dec. 31, 2020) to begin charting their sequence, contexts, and potential outcomes as new COVID-19 cases rose and fell. As this is a five state survey, observations outside of these five states were excluded outright. The only jurisdictions initially searched within were Colorado, Georgia, Illinois, Minnesota, and Washington and the city and counties for Denver, Atlanta, Chicago, Minneapolis, and Seattle. Documents were collected if they contained the word “homeless”. “Homeless” was selected as the best search string because it is the root word in most relevant phrases (e.g., “homeless shelters”, “people experiencing homelessness”, “rendered homeless”, etc.). “Shelter” did not yield relevant orders because “Shelter-in-place” was a common phrase in 2020 and was non-specific to PEH, whereas “homeless” [shelter] is a more accurate search key for identifying relevant shelter policies.

To account for baseline differences between states’ laws, I conducted a preliminary search of existing federal and state statutes and regulations in Westlaw. (Westlaw search string and protocol is provided in *Appendix B*.) However, the searches returned no relevant results for any of the five states. I additionally searched for CDC agency orders and guidance for all of 2020 to observe context, terminology, and sequence using Archive.org to track changes in CDC guidance over the year. There were no CDC agency orders specific to PEH, but there were four versions of the webpage “[Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 \(COVID-19\) for Homeless Service Providers and Local Officials](#)” updated on 3/22, 5/13, 8/1, and 8/6. These guidelines were used for identifying expected policy themes for coding (e.g., “wash hands”, “socially distance”, “increase shelter space”). Finally, I searched the federal register for relevant executive branch actions and found three orders issued by President Trump that mentioned homelessness in the context of policing, foster care, and evictions on 6/16, 6/24, and 8/4 respectively. None of these orders related to COVID-19 protections for PEH, and all of these federal actions were ultimately excluded from collection.

With no federal or state-specific legislation or regulation to compare, I progressed to locating and manually downloading all executive orders from state, county and city government websites that contained the word “homeless”, with sources outlined in *Figure 2.2*. Cities differ on how their local-level orders are issued. In Atlanta, Chicago, Minneapolis, and Seattle, there are

separate City orders and County orders that affect the city area. Accordingly, both city and county archives were checked for these four cities, as illustrated in *Figure 2.2*. Denver County is both a city and a county, and so all orders are stored on their single website.

Figure 2.2. Collection sources of Executive Orders

Jurisdiction	Archive Origin (web address)
Colorado	Colorado.gov > Public Health and Executive Orders https://covid19.colorado.gov/public-health-executive-orders
Georgia	Georgia.gov > 2020 Executive Orders https://gov.georgia.gov/executive-action/executive-orders/2020-executive-orders
Illinois	Illinois.gov > Executive and Administrative Orders https://www2.illinois.gov/Pages/government/execorders/executive-orders.aspx#y2020
Minnesota	LRL.MN.gov > Legislative Reference Library https://www.lrl.mn.gov/execorders/eoresults
Washington	Governor.WA.gov > Proclamations https://www.governor.wa.gov/office-governor/official-actions/proclamations
<i>Denver (Denver County)</i>	Denvergov.org > Public Orders https://www.denvergov.org/Government/COVID-19-Information/Public-Orders-Response/Public-Orders

<p><i>Atlanta (Fulton County)</i></p>	<p>AtlantaGA.gov > City of Atlanta Coronavirus Disease 2019 (COVID-19) Response</p> <p>https://www.atlantaga.gov/government/mayor-s-office/city-of-atlanta-covid-19-response</p> <p>FultonCountyGA.gov > Orders and Legislation</p> <p>https://www.fultoncountyga.gov/covid-19/orders-and-legislation</p>
<p><i>Chicago (Cook County)</i></p>	<p>Chicago.gov > COVID-19 Orders</p> <p>https://www.chicago.gov/city/en/sites/covid-19/home/health-orders.html</p> <p>CookCountyClerkIL.gov > Search</p> <p>https://www.cookcountyclerkil.gov/</p>
<p><i>Minneapolis (Hennepin County)</i></p>	<p>MinneapolisMN.gov > Official Notices</p> <p>https://www.minneapolismn.gov/government/mayor/official-notices/</p> <p>Hennepin.us > Ordinances</p> <p>https://www.hennepin.us/your-government#ordinances</p>
<p><i>Seattle (King County)</i></p>	<p>Clerk.Seattle.gov > Seattle Comptroller/Clerk Files Index</p> <p>http://clerk.seattle.gov/search/clerk-files/terms/executive%20adj%20order</p> <p>KingCounty.gov > Policies, Orders, and Public Rules</p> <p>https://kingcounty.gov/about/policies/masterlist.aspx</p>

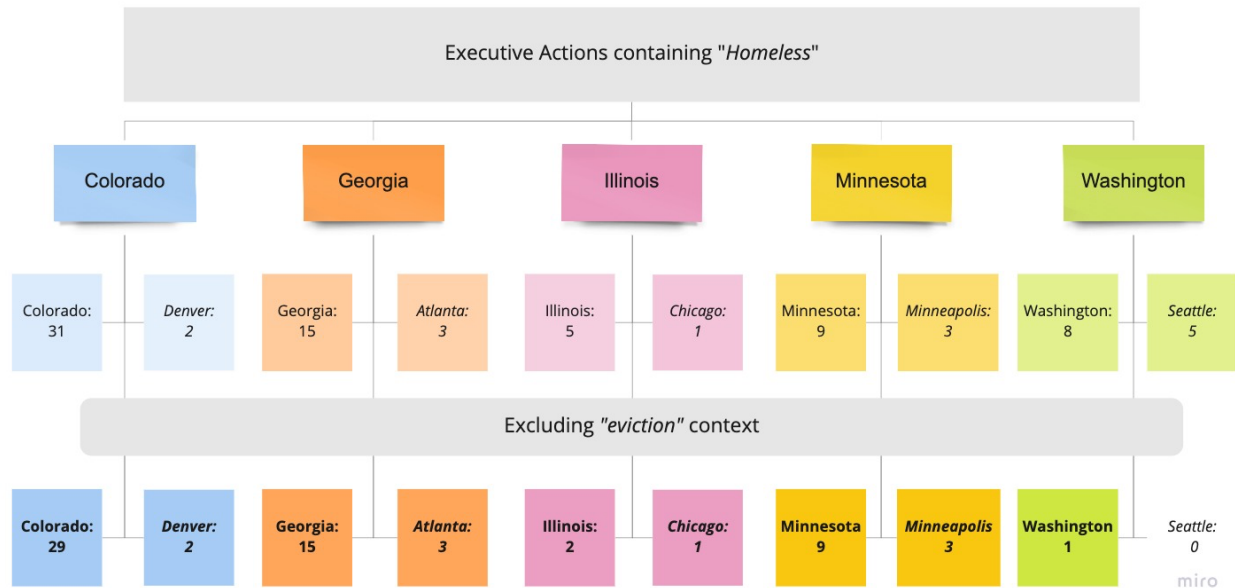
Once all PDFs were collected, they were uploaded into CDC's [Public Health Law Information Portal](#) (PHLIP), a free online software used to systematically compare legal documents through a self-designed set of criteria and queries.

Inclusion & Exclusion Collection Criteria

As illustrated in *Figure 2.3*, collection and inclusion-exclusion criteria were developed over two rounds to distill the final legal dataset. For the initial collection, only orders that referenced COVID-19 and included some form of the word “homeless” were included. This initially yielded: 31 executive actions in Colorado and 2 in Denver, 15 executive actions in Georgia and 3 in Atlanta, 5 executive actions in Illinois and 1 in Chicago, 9 executive actions in Minnesota and 3 in Minneapolis, and 8 executive actions in Washington and 5 in Seattle.

In the second round, I introduced exclusion criteria to filter orders for their relevance to homeless populations. First, an exclusion was made for state and city orders that mentioned homelessness only in the context of eviction prevention. Most commonly this occurred in orders referencing evictions. For example “... Landlords are ordered to pause evictions to prevent increases in homelessness...” would be excluded because the order is targeting housed citizens and not people who are already experiencing homelessness. Secondly, I excluded documents that *only* mentioned homelessness in the preamble or in a non-specific public health planning document, and nowhere else in the order or call-to-action. For example, a preamble that states “whereas cases of homelessness are increasing in Cook County” in a proclamation about providing direct cash payments but does not then state any directed actions at or around PEH would be excluded. Similarly, public health planning documents that discuss capacity-building measures and simply cite ‘PEH as a vulnerable population in need of care’ would be excluded because there are no directions aimed toward a person or entity; it is simply commentary. Documents that mentioned homelessness in the preamble *were* included if the document *also* contained homeless-directed actions. These exclusions removed two Colorado governor’s exec. orders, three Illinois governor proclamations, seven of Washington’s proclamations and “Reopening Plans”, and all of Seattle’s city orders as illustrated in *Figure 2.3*.

Figure 2.3. Inclusion and Exclusion flow chart



The remaining relevant executive actions after applying both of these exclusions are presented in *Figure 2.4*, and serve as the starting dataset for a full legal epidemiology assessment. (Full rounds elimination and citations in *Appendix C*).

Figure 2.4. Refined final dataset of Executive Actions

Jurisdiction	Relevant Executive Actions for dataset (using exclusion criteria)
Colorado	<ol style="list-style-type: none"> 1. Colo. Public Health Order 20-23 (Amended) (March 20, 2020); 2. Colo. Public Health Order 20-24 (March 22, 2020); 3. Colo. Exec. Order No. 20-24 (Updated 1) (Mar. 25,2020); 4. Colo. Public Health Order 20-24 (2nd Amended) (March 27, 2020); 5. Colo. Public Health Order 20-24 (3rd Amended) (April 1, 2020); 6. Colo. Exec. Order 20-24 (April 9, 2020); 7. Colo. Public Health Order 20-28 (April 27, 2020); 8. Colo. Public Health Order 20-28 (1st Amended) (May 4, 2020); 9. Colo. Public Health Order (2nd Amended) (May 8, 2020); 10. Colo. Public Health Order 20-28 (3rd Amended) (May 14, 2020); 11. Colo. Public Health Order 20-28 (4th Amended) (May 26, 2020); 12. Colo. Public Health Order (5th Amended) (June 2, 2020); 13. Colo. Public Health Order 20-28 (6th Amended) (June 5, 2020); 14. Colo. Public Health Order 20-28 (7th Amended) (June 18, 2020); 15. Colo. Public Health Order 20-28 (8th Amended) (June 30, 2020); 16. Colo. Public Health Order 20-32 (July 10, 2020); 17. Colo. Public Health Order 20-28 (9th Amended) (July 30, 2020); 18. Colo. Public Health Order 20-32 (1st Amended) (Aug. 7, 2020); 19. Colo. Public Health Order 20-28 (10th Amended) (August 21, 2020); 20. Colo. Public Health Order 20-32 (2nd Amended) (Sept. 5, 2020); 21. Colo. Public Health Order 20-35 (Sept. 15, 2020); 22. Colo. Public Health Order 20-35 (2nd Amended) (Oct. 8, 2020); 23. Colo. Public Health Order 20-35 (3rd Amended) (Oct. 23, 2020); 24. Colo. Public Health Order (4th Amended) (Oct. 27, 2020);

	<ul style="list-style-type: none"> 25. Colo. Public Health Order 20-36 (Nov. 2, 2020); 26. Colo. Public Health Order 20-36 (1st Amended) (Nov. 17, 2020); 27. Colo. Exec. Order No. 2020-259 (Nov. 19, 2020); 28. Colo. Public Health Order 20-36 (2nd Amended) (Nov. 20, 2020); 29. Colo. Public Health Order 20-36 (3rd Amended) (Dec. 7, 2020);
Georgia	<ul style="list-style-type: none"> 1. Geor. Exec. Order No. 04.02.20.01 (Apr. 2, 2020); 2. Geor. Exec. Order No. 04.23.20.02 (Apr. 23, 2020); 3. Geor. Exec. Order No. 05.12.20.02 (May 12, 2020); 4. Geor. Exec. Order No. 05.28.20.02 (May 28, 2020); 5. Geor. Exec. Order No. 06.11.20.01 (Jun. 11, 2020); 6. Geor. Exec. Order No. 06.29.20.02 (Jun. 29, 2020); 7. Geor. Exec. Order No. 07.15.20.01 (Jul. 15, 2020); 8. Geor. Exec. Order No. 08.15.20.01 (Aug. 15, 2020); 9. Geor. Exec. Order No. 08.31.20.02 (Aug. 31, 2020); 10. Geor. Exec. Order No. 09.15.20.01 (Sept. 15, 2020); 11. Geor. Exec. Order No. 09.30.20.02 (Sept. 30, 2020); 12. Geor. Exec. Order No. 10.15.20.01 (Oct. 15, 2020); 13. Geor. Exec. Order No. 11.13.20.01 (Nov. 13, 2020); 14. Geor. Exec. Order 11.30.2020 (Nov. 30, 2020); 15. Geor. Exec. Order 12.8.2020 (Dec. 8, 2020)
Illinois	<ul style="list-style-type: none"> 1. Ill. Exec. Order 2020-10 (March 20, 2020); 2. Ill. Exec. Order 2020-32 (April 30, 2020)
Minnesota	<ul style="list-style-type: none"> 1. Minn. Exec. Order 20-02 (March 15, 2020); 2. Minn. Exec. Order 20-19 (March 25, 2020); 3. Minn. Exec. Order 20-20 (March 25, 2020); 4. Minn. Exec. Order 20-33 (Apr. 8, 2020); 5. Minn. Exec. Order 20-41 (Apr. 23, 2020); 6. Minn. Exec. Order 20-47 (Apr. 29, 2020); 7. Minn. Exec. Order 20-48 (Apr. 30, 2020); 8. Minn. Exec. Order 20-55 (May 13, 2020); 9. Minn. DOH "Interim Guidance..." (Aug. 7, 2020)
Washington	<ul style="list-style-type: none"> 1. Wash. Proc. 20-25 (Mar. 23, 2020)
<i>Denver (Denver County)</i>	<ul style="list-style-type: none"> 1. Denver Public Health Order (March 16, 2020); 2. Denver Exec. Order (March 20, 2020)
<i>Atlanta (Fulton- DeKalb Counties)</i>	<ul style="list-style-type: none"> 1. ATL Exec. Order 2020-06 (March 16, 2020) 2. ATL Exec. Order 2020-21 (March 23, 2020) 3. ATL Exec. Order 2020-35 (April 8, 2020)

<i>Chicago (Cook County)</i>	1. Chicago Order No. 2020-3 (2nd Amended) (May 29, 2020)
<i>Minneapolis (Hennepin County)</i>	1. Minneapolis P&R Resolution (June 17, 2020) 2. Minneapolis P&R Resolution (July 15, 2020); 3. Minneapolis Emerg. Reg. No. 2020-19 (Oct. 29, 2020);
<i>Seattle (King County)</i>	N/A

Coding Scheme

Preliminary coding categories considered 1.) “Persons/Entities regulated”, 2.) “Actions described”, and 3.) “Mandatory vs. Advisory” order status. Specifically, (1) *Persons* considered the category of person/entity that the executive order regulated (e.g., PEH, homeless shelters, police) (2) *Actions* considered *what* the governor or agency was requesting the Persons to do (e.g., socially distance, supply PPE, allocate funds), and (3) *Mandatory vs. Advisory* considered if the order was (a) required and legally-binding, (b) an exemption and legally excused, or (c) a third non-legal “advisory” category (e.g., “urged”, “should”, or part of the preamble). This *Mandatory vs. Advisory* category is important because it notes the power of an order. If an action is required, it can have real public health implications if enforced. If a group is exempt from an action, they serve as a ‘control’ against another group that *is* required to do an action. And if an action is simply “urged” or advisory, it holds no legal weight in steering a population.

I structured the coding scheme as follows in *Figure 2.5*. This coding scheme is saved publicly on the Public Health Law Information Portal and can be used for future studies. To keep questions flexible for a variety of orders and content, I implemented a checkbox series (“select all that apply”) with a tab feature that automatically produces a cross comparison of the next question’s answers as shown in *Figures 2.6a* and *2.6b* (i.e., if you first select “Take/Seek shelter” and “Shelter-in-place” in Q2, Q2.1 will present both options with a drop down of “required”, “part of an exemption”, “part of the preamble”, or “urged” to clarify how legally-binding this action was.) In these examples for *Figures 3.5a* and *3.5b*, the same paragraph (highlighted in *Figure 3.5b*) would be coded as “urged to take/seek shelter” and “exempt from shelter-in-place requirements” that are directed to all other citizens in the jurisdiction. Comment boxes are included with all questions to allow for unusual phrases or notable policies, and to revise the

coding scheme as needed in the future. A project protocol was used throughout coding to ensure replicability and consistency across formatting and exclusions (see Protocol in *Appendix D*).

Figure 2.5. PHLIP Coding Scheme

<p>1. For Orders or parts of Orders addressed specifically to PEH, what actions are described?</p> <ul style="list-style-type: none"><input type="checkbox"/> Take/Seek shelter<input type="checkbox"/> Socially distance<input type="checkbox"/> Seek medical help<input type="checkbox"/> Seek government assistance<input type="checkbox"/> Shelter-in-place/stay at home<input type="checkbox"/> N/A <p>1.1 Are the prescribed actions for PEH...</p> <ul style="list-style-type: none"><input type="checkbox"/> Required<input type="checkbox"/> Part of exemption<input type="checkbox"/> Urged <p>2. Which additional audiences (not PEH) do the Order(s) address pertaining to treatment of the homeless population?</p> <ul style="list-style-type: none"><input type="checkbox"/> N/A<input type="checkbox"/> Dept. of Health and Human Services<input type="checkbox"/> Government (general)<input type="checkbox"/> Governmental treasury (e.g., Department, Chief Financial Officer)<input type="checkbox"/> Homeless shelter providers<input type="checkbox"/> Hospital organizations<input type="checkbox"/> Landlords<input type="checkbox"/> Medical providers<input type="checkbox"/> Nonprofits<input type="checkbox"/> Park services<input type="checkbox"/> Religious organizations<input type="checkbox"/> Schools or school systems<input type="checkbox"/> Social service providers (case managers, outreach, social workers)<input type="checkbox"/> State or local health department<input type="checkbox"/> State or local police<input type="checkbox"/> Transportation workers<input type="checkbox"/> Other <p>A. What actions are REQUIRED for the target audience?</p> <p>B. What actions are described as EXEMPT for the target population?</p> <p>C. What actions are URGED, part of the PREAMBLE (described or mentioned), or otherwise non-legally binding?</p> <p><i>Actions list:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> N/A<input type="checkbox"/> Allocate funds for homeless services<input type="checkbox"/> Allow or increase access to sanitation (e.g., bathrooms, handwashing stations, cleaning supplies)<input type="checkbox"/> Increase COVID-19 testing in PEH groups (sheltered or unsheltered)<input type="checkbox"/> Increase outdoor shelter/encampment capacity
--

- Increase shelter availability
- Issue guidance
- Pause evictions
- Pause outdoor encampment sweeps or disbandment
- Provide direct financial aid to PEH
- Provide direct medical aid to PEH
- Provide emergency assistance/services/resources to PEH (general language)
- Provide or increase outreach services (e.g., medical aid, health education)
- Provide rapid rehousing service to PEH
- Provide transportation/increase transportation services
- Socially distance
- Supply PEH with PPE (e.g., masks)
- Use COVID-19 mitigation practices (health dept, CDC guidelines) in operations involving PEH
- Other

Figure 2.6a. PHLIP coding interface and tabbed question sample

The screenshot displays the PHLIP coding interface. At the top, there is a navigation bar with 'Project List' and 'Document Management' tabs, the 'Public Health Law Information Portal' logo, and a user welcome message: 'Welcome, Hannah Bunting! (Coordinator) HB'. Below the navigation bar, the main interface is divided into three sections:

- Left Sidebar:** A tree view of questions. Question 2.1, 'Are the prescribed action...', is selected and expanded to show sub-questions: 'Take/Seek shelter' and 'Shelter-in-place/stay at...'. Other questions include 'What was the duration of relev...', 'Which additional audiences...', 'What actions are REQUI...', 'What actions are URGED...', and 'What actions are descri...'.
- Center Panel:** The coding interface for question 2.1. It has tabs for 'TAKE/SEEK SHELTER' (selected) and 'SHELTER-IN-PLACE/STAY AT HOME'. The question text is '2.1) Are the prescribed actions for PEH...'. The options are:
 - Required
 - Urged (with a dropdown menu showing 'Wash. Proc. 20-25 (Mar. 23, 2020)')
 - Part of the Preamble (non-legal)
 - Part of an Exemption
 - N/A
 There is also a 'Comment' field with the placeholder text 'Enter comment'.
- Right Panel:** A list of 'Assigned Documents' with download icons. The list includes:
 - WA 20-19.4.pdf (10/14/2020)
 - WA Reopening Plan 10.7.2020.pdf (10/7/2020)
 - WA 20-19.3.pdf (7/24/2020)
 - WA 20-19.2.pdf (6/2/2020)
 - WA Reopening Plan 5.31.2020.pdf (5/31/2020)
 - WA Reopening Plan 5.4.2020.pdf (5/4/2020)
 - WA 20-19.1.pdf (4/16/2020)
 - WA 20-25.pdf (3/25/2020)

At the bottom of the center panel, there are navigation buttons: '< Previous question' and 'Next question >'.

Figure 2.6b. PHLIP interface with coding example

The screenshot displays a web-based coding interface. At the top, there is a navigation bar with 'Project List', 'Document Management', and 'Public Health Law Information Portal'. The user is identified as 'Welcome, Hannah Bunting! (Coordinator)'. The main header indicates the task is 'Coding "Homeless" 2020 EOs' for 'Washington (state)'. The segment dates are 'Segment Start Date 1/1/2020' and 'Segment End Date 12/31/2020'. A 'PROTOCOL' button is visible in the top right.

On the left, a navigation tree shows a series of steps: '1. What was t...', '2. For Orde...', '2.1. Are th...', '3. Which a...', '3.1. What ...', '3.2. What ...', and '3.3. What ...'. Each step has a checkmark indicating completion.

The central coding form is titled 'SHELTER' and 'SHELTER-IN-PLACE/STAY AT HOME'. It contains a question: '2.1) Are the prescribed actions for PEH...'. Below the question are several options with checkboxes:

- Required
- Urged
- Part of the Preamble (non-legal)
- Part of an Exemption
- N/A

A text box below the 'Part of an Exemption' option contains 'Wash. Proc. 20-25 (Mar. 23, 2020)'. A comment field at the bottom contains the text: '"Shelters" are included in the definition of homee/residences for where people are ordered to'.

On the right, a document viewer shows 'WA 20-25.pdf'. The document text includes:

- c. **This prohibition shall not apply to individuals whose homes or residences are unsafe or become unsafe, such as victims of domestic violence. These individuals are permitted and urged to leave their homes or residences and stay at a safe alternate location.**
- d. **This prohibition also shall not apply to individuals experiencing homelessness, but they are urged to obtain shelter, and governmental and other entities are strongly encouraged to make such shelter available as soon as possible and to the maximum extent practicable.**
- e. For purposes of this Proclamation, homes or residences include hotels, motels, shared rental units, shelters, and similar facilities.

Results

Five State Memorandum

As part of the legal epidemiology study design, the background memorandum summarizes and synthesizes all relevant laws found within the five-jurisdiction frame. As outlined in the methods section, no CDC or other federal laws confound the collected state and city executive orders pertaining to homeless populations, and there was no existing state legislation (prior to Jan. 1, 2020) that outlined protective measures for PEH in a public health crisis. With that blank background, the following summaries are provided for relevant executive actions under each state during the COVID-19 response. Actions are cited according to their corresponding tables below which outline the orders and their ‘family tree’ of amendments and versions (e.g., *Figure 3.1a*), followed by timelines graphing the duration of these actions when they were in effect (e.g., *Figure 3.1b*). Where durations are not known or unclear in the Actions, a star is used to shown the signature date.

Colorado

Of the initial 31 actions that met inclusion criteria in Colorado, 29 were relevant for coding (after exclusions). From 3/25 to 4/26, *PHO 20-24* required PEH to socially distance^{2ab} and urged

them to seek shelter^{2ab}. This was amended on 4/1 to an advisory social distancing.^{2cd} *PHO 20-28*, followed by *PHO 20-35* renewed advisory social distancing for PEH through 11/5.^{3a-j, 5a-c}

Governor Jared Polis issued one relevant executive order that mentioned homelessness in *CO Exec. Order No. 2020-259*, which briefly addressed the General Assembly (categorized as “Government: General”), urging legislation for direct cash payments and allocated funding for youth homeless services.⁷ All other executive actions addressed homeless shelters providers. *PHO 20-23* first exempt shelters from state-wide social distancing requirements on 3/20¹. From 3/22 through 11/5, social distancing AND implementing COVID-19 mitigation practices became mandatory for shelters, and homeless shelter staff were exempt from stay-at-home orders as part of critical infrastructure through *PHOs 20-24, 20-28, 20-32, and 20-35*.^{1,2a-d, 3a-j, 4ab, 5a-c} On 11/17, staying-at-home became advisory for homeless shelter staff.^{6a}

Of the initial 2 executive actions that met inclusion criteria in Denver, both were relevant for coding. In the first order on 3/16, PEH were exempt from social distancing.^A In the second order on 3/20, homeless shelters were exempt from social distancing.^B Duration of these orders is unclear. No updated guidance for either group was given by the county for the rest of the year.

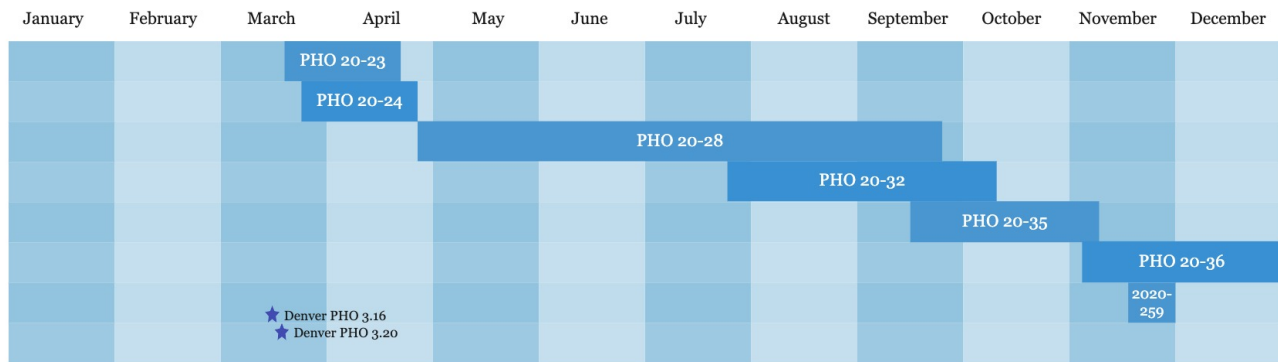
Figure 3.1a. *Corresponding Exec. Actions ‘family trees’*

1. Colo. Public Health Order 20-23 (Amended) (March 20, 2020);
2. Colo. Public Health Order 20-24 (March 22, 2020);
 - a. Colo. Public Health Order 20-24 (1st Amended) (Mar. 25, 2020);
 - b. Colo. Public Health Order 20-24 (2nd Amended) (March 27, 2020);
 - c. Colo. Public Health Order 20-24 (3rd Amended) (April 1, 2020);
 - d. Colo. Public Health Order 20-24 (4th Amended) (April 9, 2020);
3. Colo. Public Health Order 20-28 (April 27, 2020);
 - a. Colo. Public Health Order 20-28 (1st Amended) (May 4, 2020);
 - b. Colo. Public Health Order 20-28 (2nd Amended) (May 8, 2020);
 - c. Colo. Public Health Order 20-28 (3rd Amended) (May 14, 2020);
 - d. Colo. Public Health Order 20-28 (4th Amended) (May 26, 2020);
 - e. Colo. Public Health Order 20-28 (5th Amended) (June 2, 2020);
 - f. Colo. Public Health Order 20-28 (6th Amended) (June 5, 2020);
 - g. Colo. Public Health Order 20-28 (7th Amended) (June 18, 2020);
 - h. Colo. Public Health Order 20-28 (8th Amended) (June 30, 2020);
 - i. Colo. Public Health Order 20-28 (9th Amended) (July 30, 2020);
 - j. Colo. Public Health Order 20-28 (10th Amended) (August 21, 2020);
4. Colo. Public Health Order 20-32 (July 10, 2020);
 - a. Colo. Public Health Order 20-32 (1st Amended) (Aug. 7, 2020);
 - b. Colo. Public Health Order 20-32 (2nd Amended) (Sept. 5, 2020);
5. Colo. Public Health Order 20-35 (Sept. 15, 2020);
 - a. Colo. Public Health Order 20-35 (2nd Amended) (Oct. 8, 2020);
 - b. Colo. Public Health Order 20-35 (3rd Amended) (Oct. 23, 2020);
 - c. Colo. Public Health Order 20-35 (4th Amended) (Oct. 27, 2020);
6. Colo. Public Health Order 20-36 (Nov. 2, 2020);
 - a. Colo. Public Health Order 20-36 (1st Amended) (Nov. 17, 2020);
 - b. Colo. Public Health Order 20-36 (2nd Amended) (Nov. 20, 2020);

- c. Colo. Public Health Order 20-36 (3rd Amended) (Dec. 7, 2020);
- 7. Colo. Exec. Order No. 2020-259 (Nov. 19, 2020);

- A. Denver Public Health Order (March 16, 2020);
- B. Denver Exec. Order (March 20, 2020)

Figure 3.1b. Timeline and durations of Executive Actions



Georgia

Of the 15 executive actions that met inclusion criteria for Georgia, all 15 were relevant for coding. Governor Brian Kemp issued all 15 executive orders over the year with a repeated single sentence urging PEH to seek shelter and seek governmental assistance as needed: “Persons experiencing homelessness are urged to obtain shelter and contact governmental and other entities for assistance.”^{1a-n} No actions were directed to homeless-supporting entities.

Of the 3 executive actions that met inclusion criteria for Atlanta, all 3 were relevant. On 3/16, Mayor Keisha Lance Bottoms ordered the city’s Chief Financial Officer to allocate \$1 million for homeless services,^A and on 4/8 ordered an additional \$1.5 million for homeless services.^C Specifically, these funds were provided for: increasing access to sanitation, providing emergency assistance and resources, increasing transportation services, and increasing shelter availability for people experiencing homelessness. Government (general) was urged to make shelter available and follow COVID-19 mitigation practices.^B Atlanta PEH themselves were urged to take shelter^B and exempt from the stay-at-home order.^B Duration of these orders is unclear.

Figure 3.2a. Corresponding Exec. Actions ‘family trees’

- 1. Geor. Exec. Order No. 04.02.20.01 (Apr. 2, 2020);
 - a. Geor. Exec. Order No. 04.23.20.02 (Apr. 23, 2020);

- b. Geor. Exec. Order No. 05.12.20.02 (May 12, 2020);
- c. Geor. Exec. Order No. 05.28.20.02 (May 28, 2020);
- d. Geor. Exec. Order No. 06.11.20.01 (Jun. 11, 2020);
- e. Geor. Exec. Order No. 06.29.20.02 (Jun. 29, 2020);
- f. Geor. Exec. Order No. 07.15.20.01 (Jul. 15, 2020);
- g. Geor. Exec. Order No. 08.15.20.01 (Aug. 15, 2020);
- h. Geor. Exec. Order No. 08.31.20.02 (Aug. 31, 2020);
- i. Geor. Exec. Order No. 09.15.20.01 (Sept. 15, 2020);
- j. Geor. Exec. Order No. 09.30.20.02 (Sept. 30, 2020);
- k. Geor. Exec. Order No. 10.15.20.01 (Oct. 15, 2020);
- l. Geor. Exec. Order No. 11.13.20.01 (Nov. 13, 2020);
- m. Geor. Exec. Order 11.30.2020 (Nov. 30, 2020);
- n. Geor. Exec. Order 12.8.2020 (Dec. 8, 2020)

- A. ATL Exec. Order 2020-06 (March 16, 2020)
- B. ATL Exec. Order 2020-21 (March 23, 2020)
- C. ATL Exec. Order 2020-35 (April 8, 2020)

Figure 3.2b. Timeline and duration of Exec. Actions



Illinois

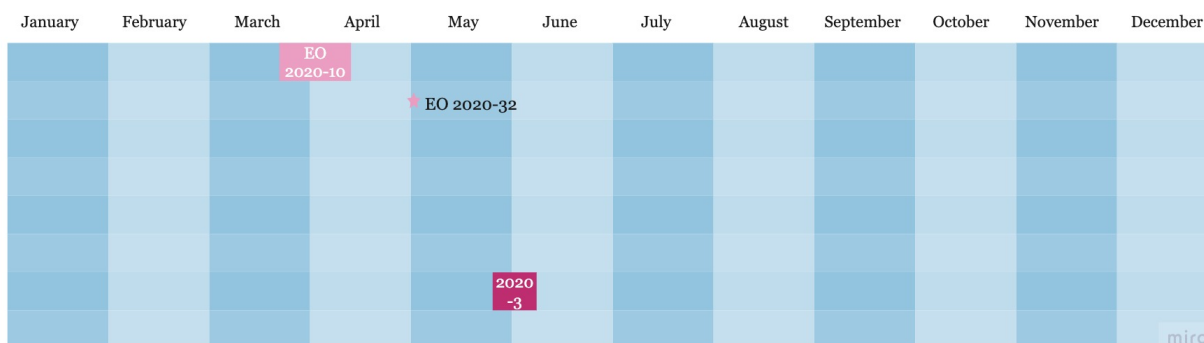
Of the 5 executive actions that met inclusion criteria for Illinois, 2 were relevant for coding. In both orders, issued on 3/20 and 4/30, PEH were exempt from shelter-in-place requirements^{1,2} and urged to take shelter.^{1,2} The government (general) was urged to increase shelter availability^{1,2}, and use COVID-19 mitigation practices within shelter spaces.^{1,2} *Exec. Order 2020-10* was effective from 3/21 through 4/7. Duration of *EO 2020-32* is unclear.

Chicago issued one relevant executive order on 5/29, which also exempt PEH from shelter-in-place^A and urged them to find shelter.^A It also urged governmental entities (general) to make shelter available^A and urged to use COVID-19 mitigation practices in these spaces.^A This order was effective from 5/29 through 6/3.

Figure 3.3a. Corresponding Exec. Actions ‘family trees’

1. Ill. Exec. Order 2020-10 (March 20, 2020);
 2. Ill. Exec. Order 2020-32 (April 30, 2020)
- A. Chicago Order No. 2020-3 (2nd Amended) (May 29, 2020)

Figure 3.3b. Timeline and duration of Exec. Actions



Minnesota

Of the 9 executive actions that met inclusion criteria for Minnesota, all 9 were relevant for coding. From 3/25 onward, PEH were exempt from shelter-in-place advisories in numerous orders.^{3,4,6-8} On 5/13, PEH were additionally urged to take shelter.⁸

From 3/15 onward, public schools were required to “provide emergency assistance” to families or students experiencing homelessness.^{1,2,5} From 3/25 onward, homeless shelter workers were exempt from stay-at-home requirements.^{3,4} On 5/13, Governor Tim Walz ordered the Commissioners of Administration and Dept. of Health and Human Services (HHS) to “provide proposals to support best-effort responses to allocate and distribute ... staffing, services, and PPE to support at-risk and homeless populations...”⁸

Within these orders contained several advisory, non-legally binding statements. From 3/15 onward, public schools were “expected” to provide meals and instructional resources for distance learning to all families, which was written to include families experiencing homelessness.^{1,2,5} On 4/29, Governor Walz authorized the Commissioners of the Minnesota Housing Finance Agency and Human Services to issue further guidance to address homeless encampments.^{6,8} The words “expected” and “authorized” in these two orders are not binding and were thus classified as advisory. Multiple orders beginning 3/25 onward recommended that

neither police^{6,8} nor government (general)^{3,4,8} should sweep or disband homeless encampments. Also from 3/25 onward, government (general) was urged to increase shelter availability,^{3,8} and additionally urged on 5/13 to implement COVID-19 mitigation strategies in shelters.⁸ As illustrated in *Figure 3.4b*, all Minnesota orders stayed in effect through the end of the year once issued.

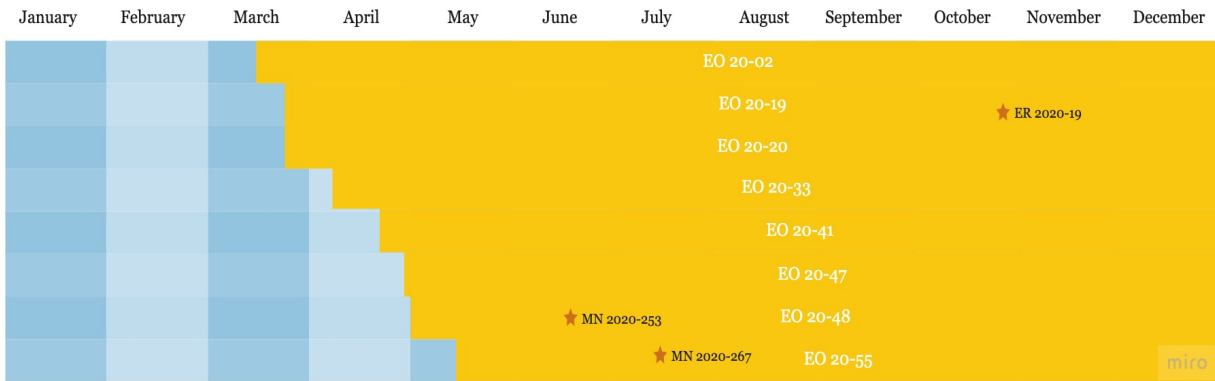
On 8/7 the Minnesota Dept. of Health followed up on the authorization to issue guidance by releasing the “Interim Guidance about People Experiencing Unsheltered Homelessness and Encampment Settings”, which followed CDC guidelines and issued comprehensive strategies for shelter providers and local stakeholders that work with PEH.⁹

For the city of Minneapolis, the Minneapolis Parks & Recreation department issued three Resolutions that specified encampment rules for public parks. On 7/15, the board mandated Park Services provide sanitation access (handwashing stations, toilets) for PEH living in encampments, capped encampment site capacities at 25 tents, and allowed multiple encampments to coexist within a "Refuge Site", with the stipulation that no more than 20 city parks shall host Refuge Sites.^B They also urged the government (general) to allocate more funds for homeless services,^{A, B} urged Park Services to assist with rapid rehousing services for PEH when possible,^A and allowed certified buildings to provide emergency overnight shelter in the colder months (10/29).^C Duration for these actions is unclear.

Figure 3.4a. *Corresponding Exec. Actions ‘family trees’*

1. Minn. Exec. Order 20-02 (March 15, 2020);
 2. Minn. Exec. Order 20-19 (March 25, 2020);
 3. Minn. Exec. Order 20-20 (March 25, 2020);
 4. Minn. Exec. Order 20-33 (Apr. 8, 2020);
 5. Minn. Exec. Order 20-41 (Apr. 23, 2020);
 6. Minn. Exec. Order 20-47 (Apr. 29, 2020);
 7. Minn. Exec. Order 20-48 (Apr. 30, 2020);
 8. Minn. Exec. Order 20-55 (May 13, 2020);
 9. Minn. DOH "Interim Guidance..." (Aug. 7, 2020)
-
- A. Minneapolis P&R Resolution (June 17, 2020)
 - B. Minneapolis P&R Resolution (July 15, 2020);
 - C. Minneapolis Emerg. Reg. No. 2020-19 (Oct. 29, 2020);

Figure 3.4b. *Timeline and duration of Exec. Actions*



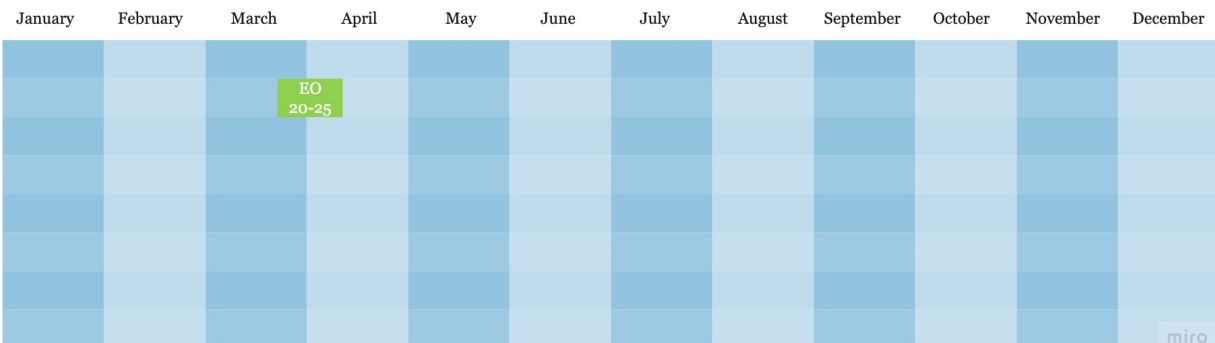
Washington

Of the initial 8 executive orders that met inclusion criteria for Washington, 1 was relevant for coding. From 3/23 through 4/6, *Wash. Proclamation 20-25* exempt PEH from shelter-in-place requirements,¹ but urged PEH to obtain shelter.¹ In the same order, the government (general) was urged to increase shelter availability as well.¹ No Seattle or King County orders were relevant for coding.

Figure 3.5a. Corresponding Exec. Actions

1. Wash. Proc. 20-25 (Mar. 23, 2020)

Figure 3.5b. Timeline and duration of Exec. Actions



In summary, states varied in their frequency, protections, and duration of orders aimed at assisting people experiencing homelessness during the pandemic response. Similarities and differences in the orders' content is described in the following Discussion section.

Discussion

Recalling what a chaotic and unsure time the year 2020 was, it is not surprising to find such volatility and variety in the executive orders that were issued across these five states and cities. Colorado, Georgia, Illinois, and Washington all issued sweeping advisories for homeless shelters and people experiencing homelessness, with surprisingly short order effective periods in Illinois and Washington. Colorado and Georgia had order series where language was recycled, renewed, and repeated through many amended versions of the same order. Though these orders all had end dates (as opposed to Minnesota that did not assign end dates), this strategy for layering made longer cumulative ‘coverage’ periods spanning the year. Minnesota went well beyond the other four states' actions by addressing multiple supporting entities (e.g., police) with very specific policies that remained in effect through the entire year.

Figure 4.1. States’ executive orders by type and status (mandatory, exempt, advisory)

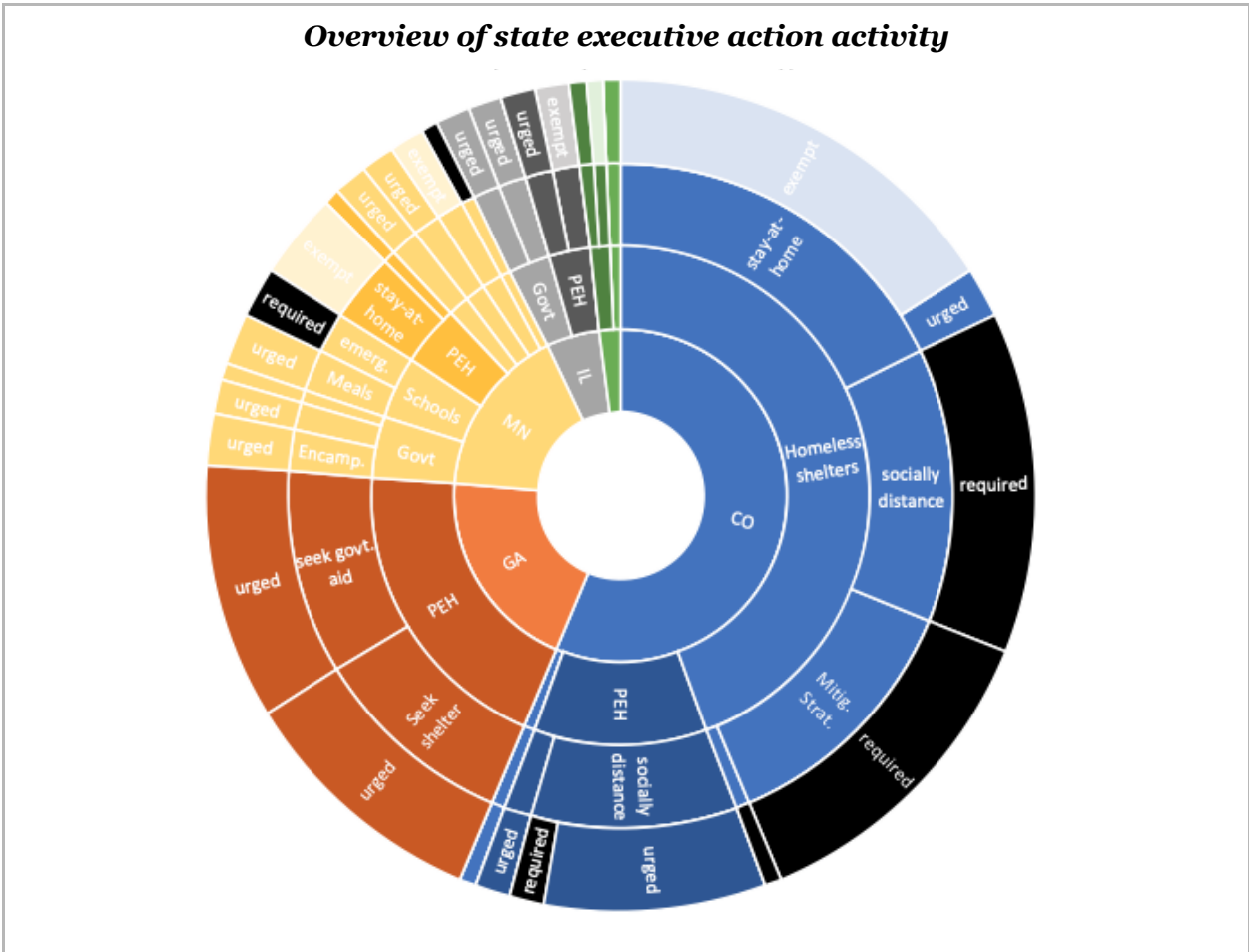


Figure 4.1. Ratio of all orders per state by quantity, where one coded line = 1 count. Darker shaded subsections represent orders directed to PEH. Outer rim indicates if order content was required, exempt, or advisory (“urgently”).

During the COVID-19 response, Colorado issued hundreds of executive orders and created an elaborate phased reopening system and website with specific guidance by county and subpopulation. The guidance directed to homeless populations specifically, though, was limited and repetitive. Over the course of the year, PEH were mostly urged to socially distance and urged to seek shelter. The majority of Colorado homeless-related orders were instead directed at homeless shelter providers and gave standard guidelines on remaining open and observing the CDC COVID-19 mitigation measures when possible.

Georgia had a more minimal approach. All orders repeated the same advisory phrase that urged PEH to seek shelter and governmental assistance. No other entities or resources were called for. As compared to the four other states in this analysis, Georgia could almost serve as a “control group” for how consistent, well-spaced (monthly), and minimal its legal interventions were. The only legal event of potential note was when Atlanta’s mayor authorized an emergency package totaling \$2.5 million to support homeless programs during the response.

Notably, PEH were not explicitly exempt from shelter-in-place (outside Atlanta) as they were in the other states. *Figure 4.2* shows the context of where homeless populations were consistently mentioned in Georgia orders. Based on this phrasing, they were technically *not* exempt. *Figure 4.2* serves as an example of the challenges in interpreting law and the limitations of enforcing a hastily written policy.

Figure 4.2. Georgia Exec. Order

“ORDERED: That an exception to any Shelter in Place requirement set forth hereunder applies in the event of an emergency. In such cases, persons are encouraged to leave their homes or residences and Shelter in Place in accordance with the rules included in this Order at a safe alternate location. Persons experiencing homelessness are urged to obtain shelter and contact governmental and other entities for assistance.”

Georgia Exec. Order No. 04.02.20.01 -- No. 12.8.2020

Illinois’s response was akin to Georgia’s. The two relevant orders urged PEH to seek shelter and exempted them from staying-at-home. They added a recommendation that the Government (generally) should increase shelter space and use the CDC mitigation strategies in shelters when possible.

Washington had an identical response to Illinois. This was surprising, as it has the greatest prevalence of homelessness of the five states (ranked #5 nationally). Washington did, however, issue a remarkable number of eviction protections for tenants to prevent increases in

homelessness and included homeless populations in their “Phased Reopening Plans”, but for the exclusions stated in the Methods section (p.16), these orders were all out of scope as they contained no actions directed at PEH or supporting entities.

Minnesota went above and beyond compared to the other four states by its quantity, quality, and breadth of orders issued for PEH as illustrated in *Figures 4.3* and *4.4*. Orders directed to PEH followed the simple guidelines seen in other states: an exemption from stay-at-home orders and an advisory to seek shelter. But where Minnesota differed was in its wide net of stakeholders that were specifically ordered to create guidance, administer resources, and protect homeless populations.

Figure 4.3. State comparisons of entity engagements

		Colorado		Georgia		Illinois		Washington		Minnesota	
		CO	Den	GA	Atl.	IL	Chi.	WA	Stl.	MN	Min
P E H	Urged to socially distance	✓									
	Urged to seek shelter	✓		✓	✓	✓		✓		✓	
	Exempt from shelter-in-place	✓			✓	✓	✓	✓		✓	
A C T O R S	Homeless shelters	✓	✓							✓	
	Govt. (general)	✓				✓	✓			✓	✓
	Schools									✓	
	Police									✓	
	Financial				✓					✓	
	HHS									✓	
	Park Services										✓

Figure 4.3. Table showing PEH-specific orders by state, and other ‘audiences’ or regulated entities that were called upon in the order collection.

As illustrated in *Figure 4.4*, Minnesota had the most comprehensive array of guidance that was specific, actionable and directly engaged supporting actors like homeless shelters, schools, police, parks and health departments to protect homeless encampments, fortify homeless family resources through schools, and allocate funding through broader health agencies like the

Minnesota HHS. Beyond the initial call-to-action in the Governor’s executive orders, protections were made real at the local-level through a variety of state homeless-specific guidance, Minneapolis Parks & Recreation resolutions, and Minnesota DOH interim guidance that were all consistently referenced and publicly available. Minnesota’s 13-page DOH interim guidance on homeless populations was published within the week of CDC publishing their updated guidance for homeless shelters on August 1. That quick turnaround shows agility and manpower in the response that goes beyond the safe, simple sentences parroted in other states’ executive orders. Minnesota also had several orders that were entirely about homeless populations, which was not seen in the orders of the other jurisdictions. While homeless populations were typically mentioned in a paragraph, a sentence, or a footnote in other states’ orders, Minnesota issued multiple pages worth of specific policies dedicated to the care and protection of this population. Their coordinated engagement of multiple agencies created a wider safety net with many hands and eyes on these policies and their implementation.

Figure 4.4. Minnesota policies by audience, action, and power.



Estimating health outcomes

A major challenge of this topic is that COVID-19 data on homeless populations is extraordinarily limited compared to other populations. To properly evaluate the health impact of executive orders going forward, we ultimately need access to comprehensive, quality health data on homeless populations.

Some initial cross-sectional data has been collected through independent research teams across the U.S., but they are limited in their sporadic observation periods and participant pools. One study from the National Health Care for the Homeless Council (NHCHC) retrieved and published COVID-19 prevalence in a few homeless-designated community health centers and homeless shelters beginning March 2020. According to these data, COVID-19 was less prevalent among homeless populations (PEH) than among shelter staff and the general population. Meanwhile, shelter staff were testing higher than the general population (see *Figure 4.5*).

Figure 4.5. Comparing prevalence estimates from NHCHC data versus General Population

	PEH	Shelter staff	General Population
Colorado	6.92%	22%	8.9%
Georgia	2.5%	N/A	24.2%
Illinois	19.1%	33%	20.4%
Minnesota	8.9%	15%	9.5%
Washington	2.2%	8.33%	7.3%

Figure 4.5 General population estimates are from Johns Hopkins Coronavirus Resource Center (2020). Calculated percentages are the average prevalence over NHCHC's collection periods per state.

This unexpectedly low COVID-19 prevalence for PEH was echoed in multiple other studies. CDC found 5-17% prevalence in Seattle shelters and 4% prevalence in Atlanta shelters in late March and early April (Mosites, 2020). An independent study found that just 2.1% for sheltered and 0.5% for unsheltered Atlanta PEH tested positive in April 2020 (Yoon, 2020), and another study found COVID-19 prevalence across five shelters in Seattle to be only 2% in March and April 2020 (Rogers, 2021). Each of these studies has stated that they believe this to be a gross underestimate of actual COVID-19 prevalence given the environmental risks PEH experience and the significantly lower prevalence compared to the general population's positivity in 2020.

This mysterious prevalence gap should raise a red flag. Homeless shelters reporting almost half the prevalence of COVID-19 among clients compared to the general population reflects inadequate screening and testing. Without proper testing, we cannot calculate the need. Without an estimate of the need, we cannot improve or prepare law. The preliminary legal findings

presented in this paper shine a flashlight on a meager set of state policies protecting people experiencing homelessness. The scarcity of health data on PEH should be a rallying cry for public health professionals, policymakers, and economists across the country who critically need to understand the lasting implications COVID-19 will have on this under-researched, costly, largely invisible population.

Limitations

This paper is limited by design to include only the first part of a larger legal epidemiologic assessment. For the reasons stated above, the lack of health data on homeless populations will be a major challenge for this research going forward. Additionally, this research is conducted in the heat of the pandemic response, and so public health professionals and lawyers are not afforded hindsight yet on the most significant policies and outcomes. However, it is important to begin designing systems to monitor how executive actions may be affecting homeless populations in the immediate response and begin building a rich body of evidence for future policy improvements.

The largest limitation of this paper itself is in policy collection: a common obstacle in law access and visibility. State orders were primarily harvested through CDC Public Health Law Program's comprehensive archive of COVID-19 state executive orders. However, with over 2,800 separate public health authorities in the US, city and county actions are more scattered and integrated in local branches like health departments, park services, and treasuries. Due to the incredible volume of executive actions taken in 2020, it is impossible to guarantee that all actions were successfully identified. Orders are often updated, removed, and relocated on government websites. Therefore, although this study presents a preliminary framework for further research, it is entirely possible that other actions or factors are influencing homeless populations beyond what was scoped in this research. Additionally, orders for the general public can certainly influence PEH. For example, city orders that limited public transit might have indirectly impacted PEH that sleep in those areas, forcing irregular behaviors such as relocating to crowded outdoor encampments. So while this study *only* included orders that specifically mentioned homelessness, a wider scope might find more laws with more nuance for homeless populations.

There is a level of deciphering and detective work involved in reading law and coding, which creates room for error. As discussed in the Results section, several orders had unclear end dates. Not knowing the intended duration of orders makes it difficult to compare health data later on against an undefined period of time.

Finally, this project was completed by a single researcher and so lacks the transdisciplinary approach that is crucial for validating codes, themes, and exclusion criteria in legal epidemiology.

Though there are logistical challenges with presenting this preliminary report and study design, I feel confident that the coding scheme, collection criteria, and limited data available is viable for a larger-scale 50 state survey.

Conclusion

Without proper health outcome data on COVID-19 cases in homeless populations, it is impossible to truly measure the public health impact of these state orders. However, given the minimal advisories from Colorado, Georgia, Illinois and Washington found in this study, it may be reasonable to presume these executive orders played little role in mitigating COVID-19 infections in homeless populations. Minnesota, on the other hand, holds promise for further research. Beyond this single state's actions, however, a larger national legal epidemiologic assessment should be a public health priority.

Law does not occur in a vacuum: it inevitably causes a complex chain reaction through its communities. Current public health laws and data are woefully insufficient to make informed decisions about protecting and monitoring the health of homeless populations in a pandemic, whose unique health risks have taken on a new significance in the context of the pandemic. To effectively evaluate the many intersectionalities of law in this context, more robust legal and health data is critically needed to better protect people experiencing sheltered and unsheltered homelessness across the U.S. from the ongoing COVID-19 epidemic.

Appendix

Appendix A. [42 U.S. Code § 11302](#) | General Definition of Homeless Individual

“Homeless”, “Homeless Individual”, and “Homeless Person” means --

- (1) an individual or family who lacks a fixed, regular, and adequate nighttime residence;
- (2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (3) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- (4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (5) an individual or family who—
 - (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—
 - (i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;
 - (ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
 - (iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking [homeless](#) assistance that is found to be credible shall be considered credible evidence for purposes of this clause;
 - (B) has no subsequent residence identified; and
 - (C) lacks the resources or support networks needed to obtain other permanent housing; and
- (6) unaccompanied youth and [homeless](#) families with children and youth defined as [homeless](#) under other Federal statutes who—
 - (A) have experienced a long term period without living independently in permanent housing,
 - (B) have experienced persistent instability as measured by frequent moves over such period, and
 - (C) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Appendix B. Westlaw search methods for determining relevant existing State and Federal laws

WestLaw Methods Log

1. GA, IL, MN, CO, WA (AND) incl. “Related Federal.”

1. advanced: (outbreak, quarantine, procedure, homelessness, unsheltered,) & (homeless & shelter) & DA(bef 03-01-2020) % covid-19

1. “Regulations” (144 results). Revised language in search string.

2. advanced: (outbreak, quarantine, procedure, homelessness, unsheltered,) & (homeless & shelter) & "homeless shelter" & DA(bef 03-01-2020) % covid-19

1. “Regulations” (15 results).

1. Code of Federal Regulations

- [§ 273.9 Income and deductions.](#) -- who qualifies for shelters and \$ X
- [§ 273.2 Office operations and application processing.](#) – procedures for social services like SNAP X
- [§ 273.10 Determining household eligibility and benefit levels.](#) – procedures for determining eligibility X
- 28 C.F.R. Pt. 36, App. C – Regulations on disability discrimination X
- 24 C.F.R. § 58.1 – HUD recipients info; mentions M-V Act
- 44 C.F.R. [§ 206.221 Definitions.](#) – Emergency Management and Assistance. Definition: “other essential government service” includes homeless shelters.
- [§ 245.2 Definitions](#) – Definition: “Categorically eligible”, “Direct Certification”, “Homeless Child”, “Runaway Child”; mostly in relation to meal assistance programs. X
- 7 C.F.R. § 245.6 – Meal assistance for children (Ag) X
- 28 C.F.R. Pt. 35, App. A – allowing service animals in places. Homeless shelters only mentioned in Section 35.151(e) X
- **28 C.F.R. Pt. 36, App. A** – “ “ but homeless shelters only mentioned in Section 36.406(d) Social Service Center Establishments. Disability standards briefly mentioned in homeless shelters (roll-in showers for overnight guests). Some language on standards of care at homeless shelters. Via Judicial Administration
- § 273.8 Donations, loans, and exchanges. – procedure for ppl (including PEH service providers) to receive donations X
- 28 C.F.R. Pt. 36, App. B – Judicial Administration, disability standards and diagrams for shelter rooms.
- 28 C.F.R. § 36.104 Definitions – “Place of public accommodation” definition, includes homeless shelter facilities

2. Illinois Admin Code

- **59 IL ADC 145.20** – Homeless Definitions
- 89 Ill. Adm. Code 112.78 – temporary assistance for needy families (TANF) employment standards X

3. Washington Administrative Code (WAC)

- WAC 296-17A-6509 Classification 6509 – definition of facilities (like Homeless Shelters) that provide social services (“6509-04: Adult family homes, group homes, treatment centers, safe houses, shelters, halfway houses, and similar facilities not specifically assigned to another subclassification, N.O.C.”)

4. Colorado Admin Code (CAC)

- 1 CCR 204-30:16-2.0 Exceptions Processing Procedures – random

waiver X

- **RED FLAG: 2505-10:8.550. HOSPICE BENEFIT** “adopted regulation” – hospice definitions and regulations with medicaid.

2. **ROUND 1 NOTES:**

1. *Search wasn't narrow enough around diseases/infections. Clarifying search next.*
2. *Do not include single 'children' or youth (families are okay) specific policies, but won't limit from search criteria.*

2. **CO, WA, GA, IL, MN (AND) incl. “Related Federal.”** (Nothing else checked, no All Federal, By Court, or By Circuit)

1. advanced: (epidemic disease outbreak quarantine) & homeless & DA(bef 01-01-2020)

1. **30 Results** (none new or relevant to infectious disease prevention protocol)

3. **CO, WA, GA, IL, MN (AND) incl. “Related Federal.”** (Nothing else checked, no All Federal, By Court, or By Circuit)

1. advanced: (outbreak, quarantine, procedure, homelessness, unsheltered, infection, infectious, disease, prevention) & (homeless & shelter & disease) & "homeless shelter" & DA(bef 03-01-2020) % covid-19

1. **0 New Results** (all same results)

2. **“All Federal Laws”**

1. advanced: (outbreak, quarantine, procedure, homelessness, unsheltered, infection, infectious, disease, prevention) & (homeless & shelter & disease) & "homeless shelter" & DA(bef 03-01-2020) % covid-19

1. **0 New Results**

2. advanced: (homeless & quarantine) & "homeless shelter" & DA(bef 03-01-2020) % covid-19

1. **0 Results**

Appendix C. Refined final qualifying dataset of Executive Orders.

Jurisdiction	Round 1: Executive Actions containing “homeless”	Round 2: Relevant Executive Actions for dataset (using exclusion criteria)
Colorado	<ol style="list-style-type: none"> 1. Colo. Public Health Order 20-23 (Amended) (March 20, 2020); 2. Colo. Public Health Order 20-24 (March 22, 2020); 3. Colo. Exec. Order No. 20-24 (Updated 1) (Mar. 25,2020); 4. Colo. Public Health Order 20-24 (2nd Amended) (March 27, 2020); 5. Colo. Public Health Order 20-24 (3rd Amended) (April 1, 2020); 6. Colo. Exec. Order 20-24 (April 9, 2020); 7. Colo. Public Health Order 20-28 (April 27, 2020); 8. Colo. Public Health Order 20-28 (1st Amended) (May 4, 2020); 9. Colo. Public Health Order (2nd Amended) (May 8, 2020); 10. Colo. Public Health Order 20-28 (3rd Amended) (May 14, 2020); 11. Colo. Public Health Order 20-28 (4th Amended) (May 26, 2020); 12. Colo. Public Health Order (5th Amended) (June 2, 2020); 13. Colo. Public Health Order 20-28 (6th Amended) (June 5, 2020); 14. Colo. Public Health Order 20-28 (7th Amended) (June 18, 2020); 15. Colo. Public Health Order 20-28 (8th Amended) (June 30, 2020); 16. Colo. Public Health Order 20-32 (July 10, 2020); 17. Colo. Public Health Order 20-28 (9th Amended) (July 30, 2020); 18. Colo. Public Health Order 20-32 (1st Amended) (Aug. 7, 2020); 19. Colo. Public Health Order 20-28 (10th Amended) (August 21, 2020); 20. Colo. Public Health Order 20-32 (2nd Amended) (Sept. 5, 2020); 	<ol style="list-style-type: none"> 8. Colo. Public Health Order 20-23 (Amended) (March 20, 2020); 9. Colo. Public Health Order 20-24 (March 22, 2020); 10. Colo. Exec. Order No. 20-24 (Updated 1) (Mar. 25,2020); 11. Colo. Public Health Order 20-24 (2nd Amended) (March 27, 2020); 12. Colo. Public Health Order 20-24 (3rd Amended) (April 1, 2020); 13. Colo. Exec. Order 20-24 (April 9, 2020); 14. Colo. Public Health Order 20-28 (April 27, 2020); 15. Colo. Public Health Order 20-28 (1st Amended) (May 4, 2020); 16. Colo. Public Health Order (2nd Amended) (May 8, 2020); 17. Colo. Public Health Order 20-28 (3rd Amended) (May 14, 2020); 18. Colo. Public Health Order 20-28 (4th Amended) (May 26, 2020); 19. Colo. Public Health Order (5th Amended) (June 2, 2020); 20. Colo. Public Health Order 20-28 (6th Amended) (June 5, 2020); 21. Colo. Public Health Order 20-28 (7th Amended) (June 18, 2020); 22. Colo. Public Health Order 20-28 (8th Amended) (June 30, 2020); 23. Colo. Public Health Order 20-32 (July 10, 2020); 24. Colo. Public Health Order 20-28 (9th Amended) (July 30, 2020); 25. Colo. Public Health Order 20-32 (1st Amended) (Aug. 7, 2020); 26. Colo. Public Health Order 20-28 (10th Amended) (August 21, 2020); 27. Colo. Public Health Order 20-32 (2nd Amended) (Sept. 5, 2020); 28. Colo. Public Health Order 20-35 (Sept. 15, 2020); 29. Colo. Public Health Order 20-35 (2nd Amended) (Oct. 8, 2020); 30. Colo. Public Health Order 20-35 (3rd Amended) (Oct. 23, 2020); 31. Colo. Public Health Order (4th Amended) (Oct. 27, 2020); 32. Colo. Public Health Order 20-36 (Nov. 2, 2020);

	<ol style="list-style-type: none"> 21. Colo. Public Health Order 20-35 (Sept. 15, 2020); 22. Colo. Public Health Order 20-35 (2nd Amended) (Oct. 8, 2020); 23. Colo. Exec. Order No. 2020-227 (Oct. 21, 2020); 24. Colo. Public Health Order 20-35 (3rd Amended) (Oct. 23, 2020); 25. Colo. Public Health Order (4th Amended) (Oct. 27, 2020); 26. Colo. Public Health Order 20-36 (Nov. 2, 2020); 27. Colo. Public Health Order 20-36 (1st Amended) (Nov. 17, 2020); 28. Colo. Exec. Order No. 2020-259 (Nov. 19, 2020); 29. Colo. Public Health Order 20-36 (2nd Amended) (Nov. 20, 2020); 30. Colo. Public Health Order 20-36 (3rd Amended) (Dec. 7, 2020); 31. Colo. Exec. Order 2020-285 (Dec. 18, 2020) 	<ol style="list-style-type: none"> 33. Colo. Public Health Order 20-36 (1st Amended) (Nov. 17, 2020); 34. Colo. Exec. Order No. 2020-259 (Nov. 19, 2020); 35. Colo. Public Health Order 20-36 (2nd Amended) (Nov. 20, 2020); 36. Colo. Public Health Order 20-36 (3rd Amended) (Dec. 7, 2020);
Georgia	<ol style="list-style-type: none"> 1. Geor. Exec. Order No. 04.02.20.01 (Apr. 2, 2020); 2. Geor. Exec. Order No. 04.23.20.02 (Apr. 23, 2020); 3. Geor. Exec. Order No. 05.12.20.02 (May 12, 2020); 4. Geor. Exec. Order No. 05.28.20.02 (May 28, 2020); 5. Geor. Exec. Order No. 06.11.20.01 (Jun. 11, 2020); 6. Geor. Exec. Order No. 06.29.20.02 (Jun. 29, 2020); 7. Geor. Exec. Order No. 07.15.20.01 (Jul. 15, 2020); 8. Geor. Exec. Order No. 08.15.20.01 (Aug. 15, 2020); 9. Geor. Exec. Order No. 08.31.20.02 (Aug. 31, 2020); 10. Geor. Exec. Order No. 09.15.20.01 (Sept. 15, 2020); 11. Geor. Exec. Order No. 09.30.20.02 (Sept. 30, 2020); 12. Geor. Exec. Order No. 10.15.20.01 (Oct. 15, 2020); 13. Geor. Exec. Order No. 11.13.20.01 (Nov. 13, 2020); 14. Geor. Exec. Order 11.30.2020 (Nov. 30, 2020); 15. Geor. Exec. Order 12.8.2020 (Dec. 8, 2020) 	<ol style="list-style-type: none"> D. Geor. Exec. Order No. 04.02.20.01 (Apr. 2, 2020); E. Geor. Exec. Order No. 04.23.20.02 (Apr. 23, 2020); F. Geor. Exec. Order No. 05.12.20.02 (May 12, 2020); G. Geor. Exec. Order No. 05.28.20.02 (May 28, 2020); H. Geor. Exec. Order No. 06.11.20.01 (Jun. 11, 2020); I. Geor. Exec. Order No. 06.29.20.02 (Jun. 29, 2020); J. Geor. Exec. Order No. 07.15.20.01 (Jul. 15, 2020); K. Geor. Exec. Order No. 08.15.20.01 (Aug. 15, 2020); L. Geor. Exec. Order No. 08.31.20.02 (Aug. 31, 2020); M. Geor. Exec. Order No. 09.15.20.01 (Sept. 15, 2020); N. Geor. Exec. Order No. 09.30.20.02 (Sept. 30, 2020); O. Geor. Exec. Order No. 10.15.20.01 (Oct. 15, 2020);

		<p>P. Geor. Exec. Order No. 11.13.20.01 (Nov. 13, 2020);</p> <p>Q. Geor. Exec. Order 11.30.2020 (Nov. 30, 2020);</p> <p>R. Geor. Exec. Order 12.8.2020 (Dec. 8, 2020)</p>
Illinois	<ol style="list-style-type: none"> 1. Ill. Exec. Order 2020-10 (March 20, 2020); 2. Ill. Exec. Order 2020-32 (April 30, 2020) 3. Ill. Proc. (Oct. 16, 2020); 4. Ill. Exec. Order 2020-72 (Nov. 13, 2020); 5. Ill. Proc. (Dec. 11, 2020) 	<ol style="list-style-type: none"> 1. Ill. Exec. Order 2020-10 (March 20, 2020); 2. Ill. Exec. Order 2020-32 (April 30, 2020)
Minnesota	<ol style="list-style-type: none"> 1. Minn. Exec. Order 20-02 (March 15, 2020); 2. Minn. Exec. Order 20-19 (March 25, 2020); 3. Minn. Exec. Order 20-20 (March 25, 2020); 4. Minn. Exec. Order 20-33 (Apr. 8, 2020); 5. Minn. Exec. Order 20-41 (Apr. 23, 2020); 6. Minn. Exec. Order 20-47 (Apr. 29, 2020); 7. Minn. Exec. Order 20-48 (Apr. 30, 2020); 8. Minn. Exec. Order 20-55 (May 13, 2020); 9. Minn. DOH "Interim Guidance..." (Aug. 7, 2020) 	<ol style="list-style-type: none"> 10. Minn. Exec. Order 20-02 (March 15, 2020); 11. Minn. Exec. Order 20-19 (March 25, 2020); 12. Minn. Exec. Order 20-20 (March 25, 2020); 13. Minn. Exec. Order 20-33 (Apr. 8, 2020); 14. Minn. Exec. Order 20-41 (Apr. 23, 2020); 15. Minn. Exec. Order 20-47 (Apr. 29, 2020); 16. Minn. Exec. Order 20-48 (Apr. 30, 2020); 17. Minn. Exec. Order 20-55 (May 13, 2020); 18. Minn. DOH "Interim Guidance..." (Aug. 7, 2020)
Washington	<ol style="list-style-type: none"> 1. Wash. Proc. 20-25 (Mar. 23, 2020); 2. Wash. Proc. 20-19.1 (April 16, 2020); 3. Wash. "Safe Start Washington: A Phased Approach to Recovery" (May 4, 2020); 4. Wash. "Safe Start Washington: Phased Reopening County by County" (May 31, 2020); 5. Wash. Proc. 20-19.2 (June 2, 2020); 6. Wash. Proc. 20-19.3 (July 24, 2020); 7. Wash. "Safe Start Washington: Phased Reopening County by County" (Oct. 7, 2020); 	<ol style="list-style-type: none"> 1. Wash. Proc. 20-25 (Mar. 23, 2020);

	8. Wash. Proc. 20-19.4 (Oct. 14, 2020)	
<i>Denver (Denver County)</i>	<ol style="list-style-type: none"> 1. Denver Public Health Order (March 16, 2020); 2. Denver Exec. Order (March 20, 2020) 	<ol style="list-style-type: none"> 1. Denver Public Health Order (March 16, 2020); 2. Denver Exec. Order (March 20, 2020)
<i>Atlanta (Fulton-DeKalb Counties)</i>	<ol style="list-style-type: none"> 1. ATL Exec. Order 2020-35 (April 8, 2020) 2. ATL Exec. Order 2020-21 (March 23, 2020) 3. ATL Exec. Order 2020-06 (March 16, 2020) 	<ol style="list-style-type: none"> 1. ATL Exec. Order 2020-35 (April 8, 2020) 2. ATL Exec. Order 2020-21 (March 23, 2020) 3. ATL Exec. Order 2020-06 (March 16, 2020)
<i>Chicago (Cook County)</i>	<ol style="list-style-type: none"> 1. Chicago Order No. 2020-3 (2nd Amended) (May 29, 2020) 	<ol style="list-style-type: none"> 1. Chicago Order No. 2020-3 (2nd Amended) (May 29, 2020)
<i>Minneapolis (Hennepin County)</i>	<ol style="list-style-type: none"> 1. Minneapolis Emerg. Reg. No. 2020-19 (Oct. 29, 2020); 2. Minneapolis P&R Resolution (July 15, 2020); 3. Minneapolis P&R Resolution (June 17, 2020) 	<ol style="list-style-type: none"> 1. Minneapolis Emerg. Reg. No. 2020-19 (Oct. 29, 2020); 2. Minneapolis P&R Resolution (July 15, 2020); 3. Minneapolis P&R Resolution (June 17, 2020)
<i>Seattle (King County)</i>	<ol style="list-style-type: none"> 1. Seattle Proc. "Mayoral Proclamation of Civil Emergency" (March 3, 2020); 2. Seattle Exec. Order 2020-04 (April 6, 2020); 3. Seattle Exec. Order 2020-05 (May 2, 2020); 4. Seattle Exec. Order 2020-06 (June 3, 2020); 5. Seattle Exec. Order 2020-12 (Dec. 15, 2020) 	N/A

Appendix D. PHLIP Protocol

Research & Coding Protocol for "Unsheltered-in-Place: Legal Epidemiological Report on Executive

Action in 2020 and homeless populations across five states"

Prepared by Hannah Bunting

1. Research Protocol

1. **Date protocol last updated:** 2/18/2021
2. **Statement on the scope of the research & coding project:** The purpose of this project is to assess what, if any, associations exist between COVID-19 executive branch actions and test positivity of PEH. This project is a 5 state survey and is limited to the jurisdictions of Colorado, Georgia, Illinois, Minnesota, Washington, Denver County, Atlanta, Fulton County, Chicago, Cook County, Minneapolis, Hennepin County, Seattle, and King County. Executive branch actions observed between January 1, 2020 and December 31, 2020 WHICH included the word "homeless" are observed. The aim is to determine what provisions/actions were described (the language used), emerging categories of PEH crisis interventions, the frequency and duration of these Orders, audiences engaged (e.g., people experiencing homelessness themselves or public servants), and legality of the specific ordered actions (required vs. urged).
3. **Project team members:** Hannah Bunting
4. **Primary data collection**
 1. **Dates research was conducted:** Began 01/01/2020, completed 12/31/2020.
 2. **Description of data collection methods**
 1. Databases used:
 1. Westlaw (preliminary findings only)
 2. Colorado: <https://covid19.colorado.gov/public-health-executive-orders>
 3. Georgia: <https://gov.georgia.gov/executive-action/executive-orders/2020-executive-orders>
 4. Illinois: <https://www2.illinois.gov/Pages/government/execorders/executive-orders.aspx#y2020>
 5. Minnesota: <https://www.lrl.mn.gov/execorders/eoresults>
 6. Washington: <https://www.governor.wa.gov/office-governor/official-actions/proclamations>
 7. Denver County: <https://www.denvergov.org/Government/COVID-19-Information/Public-Orders-Response/Public-Orders>
 8. Atlanta: <https://www.atlantaga.gov/government/mayor-s-office/city-of-atlanta-covid-19-response>
 9. Fulton County: <https://www.fultoncountyga.gov/covid-19/orders-and-legislation>
 10. Chicago: <https://www.chicago.gov/city/en/sites/covid-19/home/health-orders.html>
 11. Cook County: <https://www.cookcountyclerkil.gov/>
 12. Minneapolis:

<https://www.minneapolismn.gov/government/mayor/official-notices/>

13. Hennepin County: <https://www.hennepin.us/your-government#ordinances>
 14. Seattle: <http://clerk.seattle.gov/search/clerk-files/terms/executive%20adj%20order>
 15. King County: <https://kingcounty.gov/about/policies/masterlist.aspx>
2. Secondary sources used:
 1. Minneapolis Parks & Rec: http://minneapolisparksmn.iqm2.com/Citizens/Detail_LegiFile.aspx?Frame=&MeetingID=2087&MediaPosition=&ID=5115&CssClass=
 3. Search terms and strings used: "homeless"
 1. Westlaw search strings:
 1. advanced: (epidemic disease outbreak quarantine) & homeless & DA(bef 01-01-2020)
 2. advanced: (outbreak, quarantine, procedure, homelessness, unsheltered, infection, infectious, disease, prevention) & (homeless & shelter & disease) & "homeless shelter" & DA(bef 03-01-2020) % covid-19
 3. advanced: (outbreak, quarantine, procedure, homelessness, unsheltered, infection, infectious, disease, prevention) & (homeless & shelter & disease) & "homeless shelter" & DA(bef 03-01-2020) % covid-19
 4. advanced: (homeless & quarantine) & "homeless shelter" & DA(bef 03-01-2020) % covid-19
 4. Jurisdictions included and/or excluded in project scope: INCLUDED: Colorado (state), Georgia (state), Illinois (state), Minnesota (state), Washington (state), Denver (county/city), Atlanta (city), Fulton County (county), Chicago (city), Cook County (county), Minneapolis (city), Hennepin County (county), Seattle (city), and King County (county).
 5. Inclusion criteria for laws: Executive Actions (public health orders, gubernatorial proclamations, proclamations, resolutions, emergency regulations, agency orders, executive orders, or anything else issued by the Exec. leadership of these jurisdictions)
 6. Exclusion criteria for laws: NOT legislation, NOT issued by federal leadership, NOT outside of 1/1/2020-12/31/2020.
 7. Preserving relevant statutes and regulations: N/A

3. Coding Protocol

1. **Process for determining research questions and indicators:** With the end goal of making a yearlong timeline of each jurisdiction's relevant executive actions and COVID-19 cases in PEH, the guiding research questions ask: WHO said WHAT to WHICH group WHEN, and HOW? Research questions, therefore, follow the format of 1.) Tallying the frequency of EOs within each jurisdiction 2.) Dividing target audiences into 'PEH' and 'RELEVANT PUBLIC SERVANTS' (e.g., police, homeless shelters) 3.) Clarifying WHAT actions the Order describes 4.) Determining if the actions are REQUIRED or URGED.

2. Coding rules

1. General rules applicable to all coding questions:

1. Always code in whole sentences OR between two structural punctuation pieces like a semicolon, comma, or period to capture the context.
2. If a statement is in the preamble, or starts with WHEREAS, include WHEREAS in the text highlight so it is easily identifiable as non-legal and part of the preamble in the notes.
3. IF PART OF A PREAMBLE IT IS NOT LAW. Language may say “to require” but if it is in the preamble or heading, it is NOT coded as a requirement.
 1. If the action described in the preamble is not mentioned anywhere else in the order or action section, the order is OUT OF SCOPE.
4. Do NOT code preamble that doesn't address an audience (e.g., “whereas, temporarily halting eviction proceedings avoids... for those who are forced into homelessness...”) If they're simply stating rationale for an action and homelessness is an avoided byproduct (unofficially clearly not part of the main agenda, just a byproduct).

2. Limited rules applicable to certain coding questions, responses, or jurisdictions:

1. When an ORDER addresses the 'Government' (e.g., "governmental assistance", "government agencies", "government workers") but does not specify which branch or department, simply code as "Government (General)"
 1. For example, many states used the same

sentence: “Governmental and other entities are strongly urged to make shelter available as soon as possible and to the maximum extent practicable...”(Ill. Exec. Order 2020-32).

Though a coder might try to infer the specific agency given the surrounding context (e.g., HHS, Medicaid, mayors), they should not. To avoid speculation and future coding inconsistencies this coding scheme category was intentionally left broad, because it mirrors how the policy was originally written.

2. When an Order allocates funds, include what the funding goes towards in the checklist.
3. “Provide emergency assistance/services/resources to PEH (general)” use “General” when specific liaisons/actors are not named or if this phrase otherwise matches what the Order states. For example, “\$1,000,000 allocated to provide emergency assistance services to PEH through more shelter space and medical services.” Would be coded as 1.) Allocate funding 2.) Provide emergency assistance/resources/services 3.) increase shelter space 4.) provide medical services. Here, the target audience of the order is the CFO. Because transportation workers or shelters were NOT addressed (the matter at hand was funding), they are NOT the target audiences and would NOT be selected from the Q3 list.
 1. e.g., “whereas” in ATL 2020-06 — consider if each action is required or urged, even if part of WHEREAS preamble (maybe cut this line)
4. Always include actions that are EXEMPT (will mark later) Also mark for EXEMPT if it says “may continue to operate as normal” but do include any other req/urge for specifics directed to the general pop., e.g., social distancing guidelines.
5. When coding the exemption, code the action FIRST and then highlight the exempting phrase.

Coding Scheme:

1. For Orders or parts of Orders addressed to specifically to PEH, what actions are described?
 - Take/Seek shelter
 - Socially distance
 - Seek medical help
 - Seek government assistance
 - Shelter-in-place/stay at home

- N/A
- 1.1. Are the prescribed actions for PEH...
 - Required
 - Part of exemption
 - Urged

2. Which additional audiences (not PEH) do the Order(s) address pertaining to treatment of the homeless population?

- N/A
- Dept. of Health and Human Services
- Government (general)
- Governmental treasury (e.g., Department, Chief Financial Officer)
- Homeless shelter providers
- Hospital organizations
- Landlords
- Medical providers
- Nonprofits
- Park services
- Religious organizations
- Schools or school systems
- Social service providers (case managers, outreach, social workers)
- State or local health department
- State or local police
- Transportation workers
- Other

2.1 What actions are REQUIRED for the target audience?

2.2. What actions are described as EXEMPT for the target population?

2.3 What actions are URGED, part of the PREAMBLE (described or mentioned), or otherwise non-legally binding?

Actions list (2.1, 2.2, 2.3):

- N/A
- Allocate funds for homeless services
- Allow or increase access to sanitation (e.g., bathrooms, handwashing stations, cleaning supplies)
- Increase COVID-19 testing in PEH groups (sheltered or unsheltered)
- Increase outdoor shelter/encampment capacity
- Increase shelter availability
- Issue guidance
- Pause evictions
- Pause outdoor encampment sweeps or disbandment
- Provide direct financial aid to PEH
- Provide direct medical aid to PEH
- Provide emergency assistance/services/resources to PEH (general language)
- Provide or increase outreach services (e.g., medical aid, health education)
- Provide rapid rehousing service to PEH
- Provide transportation/increase transportation services
- Socially distance
- Supply PEH with PPE (e.g., masks)

- Use COVID-19 mitigation practices (health dept, CDC guidelines) in operations involving PEH
- Other

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