COVID-19 WEBINAR SERIES

COVID-19 & the HCH Community:
Vaccines for Clients and Staff

December 18, 2020
AGENDA FOR TODAY’S DISCUSSION

• Learn **current status** of COVID-19 vaccines

• Hear from two HCH programs—-in Boston and Denver—-about their **internal and external planning and implementation activities**

• Highlight our **recent issue brief** on vaccines

• Hold a **panel discussion** about the steps needed to ensure a successful vaccination campaign in the HCH community
  
  → For both staff and clients

  → For both HCH programs and the broader homeless services/CoC community

• **Address as many of your questions/comments** as possible!
TODAY’S DISCUSSION PANEL

- **Emily Mosites, PhD, MPH**, CDC COVID-19 Response, Homelessness Unit Lead, Centers for Disease Control & Prevention (CDC), Atlanta, GA

- **Denise De Las Nueces, MD, MPH**, Medical Director, Boston Health Care for the Homeless Program; Assistant Professor of Medicine, Boston University School of Medicine, Boston, MA

- **Ed Farrell, MD**, Medical Director of Integrated Health Services, Colorado Coalition for the Homeless, Denver, CO

- **Katie League, LCSW-C**, COVID-19 Project Manager, National Health Care for the Homeless Council

→ **Moderator**: Barbara DiPietro, PhD, Senior Director of Policy, National Health Care for the Homeless Council
COVID-19 vaccination for people experiencing homelessness

Emily Mosites, PhD MPH
LCDR, United States Public Health Service
Homelessness Unit
Disproportionately Affected Populations Team
CDC COVID-19 Response
December 18, 2020

Covid-19 Vaccine Planning

Denise De Las Nueces, MD, MPH
Medical Director, BHCHP
Massachusetts COVID-19 Vaccine Planning

- State has published a COVID-19 Vaccination Plan that is publicly available
- DPH has convened a COVID-19 Vaccine Advisory Group; health centers are represented by the Mass League of CHCs (our state primary care association)
- Mass League has convened its own Vaccine Initiative Group, meets weekly
- National Health Care for the Homeless Council’s issue brief on vaccine planning for HCH programs has been a great resource
- Massachusetts governor publicly announced state’s vaccination plan last week
## Estimated COVID-19 Vaccine Timeline

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<tbody>
<tr>
<td>Estimated available doses by month</td>
<td>300 K</td>
<td>Phase One</td>
<td>Phase Two</td>
<td>1.9 M+</td>
<td>Phase Three</td>
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### Groups per current advisory group prioritization

**In order of priority**
- Clinical and non-clinical healthcare workers doing direct and COVID-facing care
- Long term care facilities, rest homes and assisted living facilities
- Police, Fire and Emergency Medical Services
- Congregate care settings (including shelters and corrections)
- Home-based healthcare workers
- Healthcare workers doing non-COVID facing care

**In order of priority**
- Individuals 2+ comorbidities (high risk for COVID-19 complications)
- Early education, K-12, transit, grocery, food and agriculture, sanitation, public works, and public health workers
- Adults 65+
- Individuals with one comorbidity

Vaccine available to general public
When can I get a COVID-19 vaccine in MA?

**PHASE ONE**
In order of priority
- Clinical and non-clinical healthcare workers doing direct and COVID-facing care
- Long term care facilities, rest homes and assisted living facilities
- Police, Fire and Emergency Medical Services
- Congregate care settings (including corrections and shelters)
- Home-based healthcare workers
- Healthcare workers doing non-COVID-facing care

**PHASE TWO**
In order of priority
- Individuals with 2+ comorbidities (high risk for COVID-19 complications)
- Early education, K-12, transit, grocery, utility, food and agriculture, sanitation, public works and public health workers
- Adults 65+
- Individuals with one comorbidity

**PHASE THREE**
Vaccine available to general public

December - February
Estimated timeframes

February - April

April - June

For more information on vaccine distribution visit Mass.gov/COVIDvaccine
**What are we doing in preparation to receive vaccine?**

- Internal working group convened to put the infrastructure in place needed to safely store and handle vaccine
  - Storage and handling considerations
  - Exploring partnering with other entities (other CHCs, Boston Medical Center) to share and store doses
  - Registered for the COVID vaccine program through the Mass Immunization Information System
  - Working to figure out how to best and most equitably distribute vaccine while it remains in limited
BHCHP Internal Priority Groups

- We’ve defined our internal priority groups based on state’s prioritization categories and risk of exposure to COVID
  1. Health care workers (all disciplines and departments) working in BMH COVID ward
  2. Residents and staff of congregate shelters (adult and family shelters; including shelter staff and BHCHP staff at those sites)
  3. HCWs in other BHCHP spaces
  4. All other BHCHP patients (not staying in congregate settings)
- Sub-prioritization within these groups will be needed, as we expect to get vaccines in 100 dose batches
CDC Social Vulnerability Index (SVI) uses U.S. Census data to determine the social vulnerability of every census tract. The CDC SVI ranks each tract on **15 social factors**, including poverty, lack of vehicle access, and crowded housing. This index helps emergency response planners and public health officials identify and map communities that will most likely need support before, during, and after a hazardous event.

**FIGURE 3-2** A phased approach to vaccine allocation for COVID-19.
Equitable Distribution of COVID-19 Vaccine

The Advisory Group took a strong stance on equity:

- Prioritizes all COVID-facing individuals in healthcare settings, including food service and environmental (not just doctors and nurses) as well as home health workers.
- 20% additional vaccine allocated to communities that have experienced disproportionate COVID burden and high social vulnerability.
BHCHP’s Approach to Equitable Vaccine Delivery

- Convened an internal advisory group to help guide our distribution efforts at BHCHP, starting with how we prioritize staff vaccination upon receiving first allocation of vaccines (expected by end of this month)
- Advisory group members include staff from different disciplines throughout the program who have expressed a commitment to ensuring equity at BHCHP
- Also meeting with our Consumer Advisory Board (CAB) to inform our vaccine prioritization, delivery and messaging campaign
- We have also created a staff survey to help us gather staff input on the vaccine and any concerns, fears or uncertainties they may have in getting vaccinated
When will we expect the vaccine?

- Vaccinations for BMH COVID ward staff are being offered starting **THIS WEEK**
- We expect our first shipment of 100 doses of vaccine (Moderna) to arrive by week of December 28th
Where are we? The COVID Tracking Project

NATIONWIDE COVID-19 METRICS SINCE APRIL 1. 7-DAY AVERAGE LINES

<table>
<thead>
<tr>
<th>Metric</th>
<th>Date</th>
<th>Value</th>
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<tbody>
<tr>
<td>Daily Tests</td>
<td>Dec 17</td>
<td>1.87M</td>
</tr>
<tr>
<td>Daily Cases</td>
<td>Dec 17</td>
<td>241,620</td>
</tr>
<tr>
<td>Currently Hospitalized</td>
<td>Dec 17</td>
<td>114,237</td>
</tr>
<tr>
<td>Daily Deaths</td>
<td>Dec 17</td>
<td>3,438</td>
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https://covidtracking.com/data/charts/us-all-key-metrics
Why Paying People to Be Vaccinated Could Backfire

https://www.nytimes.com/2020/12/14/upshot/covid-vaccine-payment.html
NHCHC Issue Brief: Vaccines for Patients and Staff

Katie League, LCSW-C, COVID-19 Project Manager

December 18, 2020
State Plans

• State plans prioritize based on risk: most adopted the ACIP’s guidance for Phase 1a of prioritizing health care workers and long-term care facility staff and residents. This include HCH Programs.

• Definition of health care worker varies broadly and does not always explicitly include health centers, FQHCs, etc.

• Specific inclusion of the HCH Community varies:
  • Prioritize People who are Homeless: Mississippi, Nevada, North Carolina
    • Massachusetts – includes homeless shelters in Phase 1a
  • Broad language on critical populations: Rhode Island, West Virginia
Key Factors for Successful Vaccine Campaigns

Factors specific to homelessness:
1. Known inequities in access to care and lower immunization rates traditionally
2. Lack of trust due to history of mistreatment
3. Logistics of complex vaccines
4. Retaining public health measures

Common factors across the system:
1. Clear communication/messaging
2. Uncertainty: delivery, effectiveness, triaging limited supply
Action Steps to Take Now

1. Communicate with your local/state health authority

2. Ensure vaccination campaigns reach all those without homes, to include at unsheltered locations

3. Develop “vaccine ambassadors” among clients and staff who are knowledgeable about the vaccine and can engage/educate others

4. Partner with consumer advisory boards or other consumer groups to discuss effective messaging/communications approaches as well as needed supports

5. Openly discuss systemic racism in health care & what is needed to overcome understandable distrust