

COVID-19 & the HCH Community

Vaccines for Patients and Staff

Issue Brief | December 2020

COVID-19 vaccines are in the process of being approved for use and distributed to states. This presents a significant advancement in protecting people from future COVID-19 infections, but a mass-vaccination campaign comes with [significant challenges](#). The federal government has not given specific directives for distributing vaccines, but instead has relied on states to develop their own plans for vaccinating the public. To help states with this task, the CDC's [Advisory Committee on Immunization Practices](#) (ACIP) issued a set of [ethical principles](#) for allocating the initial supply of vaccinations, identifying [health care workers and residents of long-term care facilities](#) as the highest priority groups. As plans evolve to prioritize vaccine distribution to various groups of people based on risk factors, there are specific considerations for people experiencing homelessness and the providers who serve them.

Throughout this pandemic, Health Care for the Homeless programs (HCH), homeless service providers, and Continuums of Care (CoCs) have been working together in new ways to serve people without homes. **This brief is intended to (1) [assess the initial state vaccination plans as they relate to people experiencing homelessness, homeless service settings, and health centers](#); (2) [identify the key factors for successful vaccination campaigns for both patients¹ and staff](#); and (3) [identify actions the larger homeless services community needs to take](#).** Health care providers and homeless services providers will have different roles and responsibilities for vaccination campaigns, but effective partnerships will help ensure wider access to life-saving vaccines.

State COVID-19 Vaccine Plans

[Each state](#) has a draft vaccination plan that [prioritizes groups based on risk](#) and outlines outreach efforts to specific populations identified by the CDC, which includes people experiencing homelessness. Not only is this population [at high risk](#), but [shelters](#) have been the source of significant COVID-19 outbreaks. Some states only mentioned the importance of homelessness generally, while others prioritized homelessness as one of the top-tier groups for vaccine distribution.

Frontline health care workers are also a top priority, but the discussion of this wide-ranging workforce is usually focused on hospital and nursing home venues, and is not explicit about the many other types of direct health care providers working outside these settings [e.g., health centers, especially staff serving high-risk populations]. Regardless of how states prioritize different groups, there will not be enough vaccines available immediately to vaccinate everyone in Phase 1, and states warn that the [vaccination process will take time](#).

¹ Note: Use of the term "patient" illustrates the clinical nature of administering a vaccine, regardless the venue of delivery (e.g., shelter, encampment, etc.) or the relationship with the vaccine recipient (e.g., first encounter during a vaccine event).

Examples of state plans that focus on aspects of the HCH Community:

- Those that prioritize people who are homeless: [Mississippi](#), [Nevada](#), [North Carolina](#)
- Those with broad language on critical populations: [Rhode Island](#), [West Virginia](#)
- Those that have prioritized health centers: [Idaho](#), [Louisiana](#), [New Jersey](#), [Pennsylvania](#)

Based on [the CDC guidance](#), staff at health centers (to include HCH programs) should be among the first receiving vaccinations in their state, however more consistent attention must be brought to the complex risk factors for people experiencing homelessness, as well as staff working in homeless services settings, such as shelters.

Key Factors Influencing Successful Vaccination Campaigns

A number of factors will determine the success of any vaccination campaign. Many of these issues are common across the health care and human services system, but some issues are more specific to homeless services.

Specific to the homeless services community:

1. **Lack of trust due to mistreatment:** While the [general public](#) as well as the [health care workforce](#) have expressed reservations about getting the vaccine, people experiencing homelessness may have even greater hesitations about receiving the vaccine. Not only do they share the reservations others have expressed (e.g., safety, politics, etc.), but many in this population have had [negative experiences](#) in the health care system. Additionally, people of color are [over-represented](#) among those without homes and [racism in the health care system](#) is well-documented.
2. **Barriers in access to care and disproportionate impact of COVID-19:** Those experiencing homelessness have long experienced barriers to accessing care and traditionally have [low vaccination rates](#). At the same time, COVID-19 has disproportionately impacted [low-income](#) workers and [people of color](#). These factors combined put additional disease burden on this population, complicating vaccination efforts.
3. **Logistics of complex vaccines:** Administering and tracking vaccines, especially those that need [ultra-cold storage](#) and/or require [two-doses](#) several weeks apart, will be especially difficult serving a patient population without stable housing (even more so in smaller programs, unsheltered locations, and/or rural areas).
4. **Retaining public health measures:** Adherence to ongoing public health measures after vaccination (masking, distancing, etc.) will be important to mitigating ongoing infections, but this is especially burdensome to those staying in congregate settings.
5. **Impact of side effects on staff & patients:** A portion of staff and patients will experience side effects post-vaccination (fever, headache, muscle pain), which likely will mirror those for COVID-19. This may result in short-term workforce absences and the need for increased isolation/quarantine spaces for patients. This is especially important for smaller programs.

Common across the health care and human services system:

6. **Clear communications:** Ensuring clear & consistent public health messages is key to increasing staff and patient trust and willingness to get the vaccine.
7. **Lack of detail in state plans:** Many states' plans discuss the "health care workforce" and "essential workers" quite broadly, but it is unclear when community-based settings such as health centers and/or shelter staff will receive vaccines compared to those in hospital/nursing home settings or transportation/child care jobs, respectively.
8. **Uncertainty on delivery:** Providers may not yet know when vaccines will arrive, how many doses will be included, and which vaccine will be delivered. Further, smaller or more rural providers may not receive vaccines directly and may be relying on other local distribution venues.
9. **Uncertainty on effectiveness:** Information related to safety/effectiveness data for each vaccine is yet to be publicly known (e.g., protection between doses, likelihood of protection if miss second dose, length of time protected after receiving, etc.).
10. **Uncertainty on triaging limited supply:** Should providers receive an insufficient supply of doses to vaccinate their entire staff and patient base, decisions will need to be made on how to prioritize the highest-risk individuals.

What Happens Next

Information about vaccines is rapidly developing and initial shipments of supplies to states are just starting. [Education](#) about the vaccine and community trust-building will be essential to an effective vaccine distribution. The [Biden Administration](#) plans to make the data from the clinical trials available to the public to help address fears and concerns about the vaccine process. In addition, the Administration plans to develop a national dashboard to make real-time data available about infection transmission.

Action Steps to Take Now

1. **Communicate with local/state health authority** to discuss vaccine distribution and ask for more information about [prioritization plans](#) (both for vaccinating health center staff/patients and for partnering with other homeless services providers for broader community vaccination campaigns among people experiencing homelessness). Identify any costs associated with storage/distribution and available funding sources to cover these costs. Ensure each shelter provider has a formal health care partner who can help develop vaccination campaigns in these settings.
2. **Develop messaging campaign** – Providers should begin conversations about COVID-19 vaccine during patient visits and discuss the importance of being [fully vaccinated](#). Appropriate posters and printed materials developed by public health experts can help with education. Leverage relationships with patients and community partners to begin honest conversations about concerns and identify helpful messaging strategies.
3. **Engage staff and patients** to discuss issues of racism in health care, the resulting low trust, and strategies for achieving [racial equity in vaccine distribution](#).

4. **Develop a strategy** for storing, transporting, distributing, and tracking vaccines. Full immunization for the initial vaccines requires a second dose four weeks after initial vaccination. Consider using HIMS systems (or other record systems) to ensure a second vaccine dose (if needed) is delivered on time.
5. **Prioritize according to risk** and develop a [tiered approach to vaccinating staff](#) and patients based on vaccine availability. Focus on those age 55+, those with chronic health conditions, and those providing direct patient services.
6. **Employ vaccine ambassadors** among both staff and patients to engage those who are hesitant to receive the vaccine. Focus on safety, myth-busting, and cultural/educational experiences.
7. **Collaborate with [Consumer Advisory Boards](#)** (CABs) or other consumer groups to develop communication and implementation strategies and establish a feedback loop as vaccines become available.
8. Vaccinate on a **staggered schedule** (if possible) to minimize staff outages. Anticipating that some staff may have side effects from the vaccination, it will be important to plan for unscheduled time away from work to recover. Also plan for increased isolation and quarantine capacity for patients needing time to recuperate.
9. **Consider incentives** for consumers to receive the vaccine, such as gift cards, socks, etc.
10. **Advocate for those who may not be willing or able to get the vaccine** to ensure they are not stigmatized or denied essential services, such as shelter, housing, health care, etc.

Conclusion

COVID-19 vaccines are an essential part of ending this pandemic, but there are many challenges to ensuring successful and equitable vaccination campaigns. A number of key factors will influence the success of these campaigns for people experiencing homelessness and the providers who serve them. Health centers and homeless service providers should be taking action steps now to create an intentional operations plan, an effective communication and engagement strategy, and broad community partnerships to ensure COVID-19 vaccines are available to everyone.

Resources

- [CDC: How the CDC is Making COVID-19 Vaccine Recommendations](#)
- [CDC: Frequently Asked Questions about COVID-19 Vaccination](#)
- [National Association of State Health Policy: States Plan for Vaccinating their Populations against COVID-19](#)
- [Frequently Asked Questions: COVID-19 Vaccine Distribution Considerations for the Disability Community](#)