



February 23, 2021

**RE: Increasing access to COVID-19 vaccines among people experiencing homelessness**

Dear Governors, State and Local Health Authorities, and COVID-19 Response Leads:

As COVID-19 vaccines continue to be distributed, we agree with [your desire](#) for more federal coordination and appreciate those states that are prioritizing people experiencing homelessness for the vaccine. However, some states are erecting barriers to delivering vaccines to this high-risk population. Failure to immediately prioritize people who are homeless leaves a highly vulnerable population unprotected, compounds racial inequities, and undermines public health efforts to stop the spread of COVID-19 in local communities.

**Given that states are responsible for determining eligibility for priority groups, we write to illustrate the vital importance of giving priority status to people experiencing homelessness, especially individuals living in homeless shelters, encampments, and other congregate settings.** Even federal programs such as HRSA's [newly announced health center initiative](#) (which emphasizes people experiencing homelessness) also require providers to follow state prioritization guidelines. Housing status is a vital factor that must be included as a foundational element of a [health equity response](#). Removing barriers to vaccinating people who are homeless will help ensure a more equitable response.

[CDC guidance](#) acknowledges the risks for people living in homeless shelters because they have high rates of underlying medical conditions and live in congregate settings. Likewise, staff at shelters are considered [essential workers](#) and are prioritized in Phase 1B or 1C. Because of the shared space and increased rates of transmission in congregate settings, CDC acknowledges that jurisdictions may want to vaccinate those who live in homeless shelters at the same time as staff ([in Phase 1B or 1C](#)). To support a targeted vaccine response in the homeless services system, [HUD](#) and [CDC](#) have developed numerous resources and policy guidance. People who are homeless share many characteristics with nursing home populations, however, this population [dies 20 years earlier](#) than the general population (average age of death is 51 among the unsheltered). [Outbreaks](#) have been common in [shelters](#) and other congregate settings across the country. Unfortunately, many states and localities have not followed CDC guidance and instead have placed homeless populations behind lower-risk groups, or not specified them as a priority group.

Given the urgent nature to quell the COVID-19 pandemic by focusing on communities most impacted by the disease, this letter highlights four areas where vaccine access is currently being undermined by policy decisions, along with recommendations to adopt. These issues stem from ongoing feedback from Health Care for the Homeless medical providers and patients experiencing homelessness.

- 1. Rigid prioritization categories based on age—rather than overall risk—limits access.** A number of states are prioritizing vaccine access based on age criteria alone, rather than acknowledging larger risk factors. This has significantly hampered health care providers in their ability to deliver available vaccines to those most in need, and adds to the confusion and inefficiencies related to the rollout. Given the [premature mortality](#) this population experiences, many younger people experience poor health, but are ineligible for vaccines limited to older populations.

Health Care for the Homeless programs in age-restricted areas have been unable to find many eligible patients, yet are forced to bypass other vulnerable patients because they do not meet age criteria. Some states initially prioritized this population, only to [reverse course](#), with one pushing them down to [Phase 4](#). Other states have [not acknowledged](#) this population at all in their state plan. For health care providers on the frontlines, it is also difficult to navigate [threats of legal action](#) and [political interference](#) yet still fulfill our mission to deliver care to vulnerable people.

**Recommendation:** *Jurisdictions should immediately make all adults experiencing homelessness an eligible population for Phase 1B or 1C distribution (similar to [DC](#), [MA](#), [MN](#), and [Baltimore](#)).*

**2. The lack of data on race/ethnicity and housing status undermines both equity and access.**

Approximately [53%](#) of people experiencing homelessness are Black, Indigenous, and People of Color (BIPOC), yet the disparities in COVID-19 illness and lack of access to vaccines in the BIPOC population are well-documented (where data is available). It is shocking that [18 states \(and DC\)](#) still are not reporting race/ethnicity in their vaccine efforts. There is no ability to uncover inequities in distribution—and change course of action—without this data. At the same time, nearly all states have failed to include housing status as a key social determinant of health that can greatly influence risk for COVID-19 illness.

**Recommendations:** *All jurisdictions should immediately require **race/ethnicity data** be reported for every vaccination, rigorously evaluate that data for inequities, and create corrective plans of action if needed. Jurisdictions should also add **housing status** to their tracking systems and [report data](#) from testing and vaccine activities to our data dashboard with CDC (similar to [MN](#), which is able to regularly evaluate impact on this population).*

**3. The near-exclusive focus on mass vaccinations without targeted outreach limits access.** Clearly there is a prevailing public interest to vaccinate as many people as quickly as possible. However, systems only set up for volume will increase inequities. Reversing systematic oppression, which drives health disparities, takes thoughtful intention, resources, and a true desire for accountability. If the only measure of success is the number of doses administered, we will not reach those most impacted by this disease.

Populations like those who are homeless—with high rates of disabilities/limited mobility, histories of trauma, chronic/behavioral health conditions, and limited access to technology and transportation—will have difficulty navigating large, structured vaccination events with thousands of people that require online registration. States that restrain service providers from [taking vaccines offsite](#) are limiting vaccine access for the most vulnerable. Bringing vaccines to their service sites (shelters, food programs, etc.) is a more effective strategy, and one that the [HRSA health center vaccine program](#) is designed to achieve. However, this initiative needs to be supported by local public policies.

**Recommendation:** *In collaboration with state and local health authorities, all states should allow homeless health care providers more flexibility to deliver vaccines to smaller, more targeted settings in order to better reach people who are homeless. Likewise, states should allow health centers participating in the [HRSA vaccine program](#) more flexibility to reach target populations.*

**4. The well-intended suggestion to wait for the one-dose Johnson & Johnson vaccine for this population undermines both access and trust.** Increasingly, we hear suggestions to delay vaccines for homeless populations until the one-dose vaccine from J&J is available because of the logistics of managing two doses in a highly mobile group. Current research shows the J&J vaccine is [66%](#) effective at preventing moderate to severe illness, and it has yet to be authorized for use by the FDA.

The two-dose Moderna and Pfizer vaccines currently being distributed have been shown to be [94%](#) to [95%](#) effective, respectively. Importantly, **one dose of either the Moderna or Pfizer vaccine has been shown to be [over 92%](#) effective in one study, and another study found [89% to 91%](#) effectiveness of one dose of the Pfizer vaccine.** Concerns over the logistics of ensuring ultra-cold freezer requirements are mitigated by recent findings that the Pfizer vaccine can be stored and transported at [normal freezer temperatures](#). Finally, frontline providers deliver high-quality care and are generally able to keep track of second doses in their patients. To assist communities, HUD created [recommendations](#) for tracking vaccine status. Based on currently available data, we believe that advocating for a “one-shot” approach must not delay access to the vaccine for people who are homeless.

**Recommendation:** *All states should immediately prioritize homeless populations and use currently available vaccines. There is no reason to delay care or wait for another vaccine.*

Building “vaccine confidence” and increasing trust among vulnerable, at-risk populations—especially for BIPOC people—is extremely important. [Health Care for the Homeless programs across the country](#) are working every day to ensure high-quality care and to be **trustworthy**; however, policy barriers are impeding these efforts. State-level policymakers must prioritize people who are homeless, collect and use relevant housing status data, and deliver timely vaccines in familiar settings. These changes will not only align life-saving treatments with public health data, but also fulfill our moral obligation to advance an **equitable** pandemic response.

We welcome an opportunity to discuss issues related to homelessness, COVID-19 responses, health equity, and best practices for the delivery of care to this vulnerable population. Please contact Barbara DiPietro, Ph.D., Senior Director of Policy, at [bdipietro@nhchc.org](mailto:bdipietro@nhchc.org).

Sincerely,



G. Robert Watts, MPH, MS, CPH  
Chief Executive Officer

#### About the National Health Care for the Homeless Council

The National Health Care for the Homeless Council supports the [300 Health Care for the Homeless](#) (HCH) federally qualified health centers (FQHCs), [100 medical respite care programs](#) and other organizations providing health care to people experiencing homelessness. Rooted in human rights and social justice, the NHCHC mission is to build an equitable, high-quality healthcare system through training, research and advocacy in the movement to end homelessness. Our members offer a wide range of services including comprehensive primary care, mental health and addiction treatment, medical respite care, supportive services in housing, case management, outreach, and health education. Last year, 300 HCH programs served over one million patients in 2,000+ locations across the country. We work every day to help our patients access health care, housing, and food assistance so they can meet their basic needs and escape homelessness.

CC:

National Governors Association  
Association of State and Territorial Health Officials  
National Association of County and City Health Officials

**THE FOLLOWING 93 ORGANIZATIONS ENDORSE THE RECOMMENDATIONS CONTAINED IN THIS LETTER:****NATIONAL ORGANIZATIONS**

- Affordable Homeownership Foundation, Inc.
- Center for Disability Rights
- Community Solutions
- Drug Policy Alliance
- Evangelical Lutheran Church in America
- Grounded Solutions Network
- Health Alliance International
- Homebase (The Center for Common Concerns)
- Low Income Investment Fund
- National Alliance to End Homelessness
- National CAPACD- National Coalition for Asian Pacific American Community Development
- National Center for Medical-Legal Partnership
- National Coalition for Homeless Veterans
- National Coalition for the Homeless
- National Low Income Housing Coalition
- National Partnership for Women & Families
- National Sobering Collaborative
- NETWORK Lobby for Catholic Social Justice
- RESULTS
- Western Regional Advocacy Project

**STATE & LOCAL ORGANIZATIONS**

- All Home, CA
- Alpha Project for the Homeless
- AZ Housing Coalition
- Bridges Outreach, Inc.
- Caracole
- Charlottesville DSA Housing Justice Work Group
- Corporaicion La Fondita de Jesus
- El Paso Coalition for the Homeless
- Ending Community Homeless Coalition
- Fund for Empowerment
- Hawaii Health and Harm Reduction Center
- Housing Action Illinois
- Interfaith Community Services
- Lighthouse Youth & Family Services
- Massachusetts Coalition for the Homeless
- Muslims for Evidence Healthcare
- National Health Foundation
- Neighborcare Health
- OTR Community Housing
- Public Justice Center
- Sacramento Regional Coalition to End Homelessness
- San Diego Regional Task Force on the Homeless
- Seattle/King County Coalition on Homelessness
- South Alamo Regional Alliance for the Homeless (SARAH)
- Talking Drum Incorporated
- Texas Homeless Network
- The Delores Project
- The Northeast Ohio Coalition for the Homeless (NEOCH)
- Utah Housing Coalition
- Washington Low Income Housing Alliance

**HEALTH CARE & OTHER HOMELESS SERVICES PROVIDERS**

- Albuquerque Health Care for the Homeless, Inc.
- Ascending To Health Respite Care
- Ashley Barker Tolman Consulting
- Bethany House Services
- Boston Health Care for the Homeless Program
- Camillus Health Concern
- Care for the Homeless NYC
- Central City Concern
- Cincinnati Health Network, Inc.

- Colorado Coalition for the Homeless
- Eliot CHS
- Father Joe's Villages
- Fourth Street Clinic
- Greater Portland Health
- Health Care Center for the Homeless (Orlando)
- Health Care for the Homeless (Baltimore)
- Health Partners of Western Ohio
- Healthcare for the Homeless - Houston
- Healthcare for the Homeless Clinic, Durham, NC
- HealthFirst Bluegrass
- Heartland Alliance Health
- Hennepin County Healthcare for the Homeless Program
- Homeless Health Care Los Angeles
- Homeless Persons Health Project
- Interfaith Hospitality Network of Greater Cincinnati, Inc.
- Lutheran Social Services of Central Ohio
- Metropolitan Development Council (MDC)
- Need to Impact
- Neighborcare Health
- Neighborhood Health Association
- Neighborhood Healthcare
- Pat's Pantry Ministry for the Homeless
- Petaluma Health Center
- Public Health Management Corporation
- Saint Joseph's Mercy Care Services
- San Francisco Community Health Center
- Santa Rosa Community Health
- St. James Social Service Corporation
- St. Luke's Health Care Clinic dba Amador Health Center
- The Night Ministry
- The Red Dragonfly Project
- West County Health Centers Inc.
- Yakima Neighborhood Health Services