

COVID-19: A Framework for Health and Housing Partnerships for Vaccine Distribution

INTRODUCTION

Collaboration and partnership between health and housing providers contribute significantly to the health of a community, particularly in pandemic. Now, more than prior to COVID-19, broader stakeholders and more people are coming to understand that the health of ALL persons in our communities are interconnected. Herd immunity is the concept that above 70% of the population must be unable to spread the virus due to vaccination or prior, non-fatal experience of the illness. For our country and our communities to reach herd immunity, **ALL** people must be included in the above 70%. Our nation's health care sector historically and currently has structural inequities and we have seen through COVID-19 and now vaccine distribution access to healthcare is limited or can exclude segments of the population including persons of color, those experiencing homelessness, migrant seasonal worker, those with limited English proficiency, tribal, rural and frontier populations.

Addressing the COVID pandemic through vaccine distribution gives communities the opportunity to find strategies and activities that ensure all are included. Health and housing partnerships can work to break down structural barriers to ensure there is access to vaccines, vaccine boosters and other therapies that may emerge as the country moves towards the "new normal".

Reflecting on Corporation for Supportive Housing's (CSH's) [Health and Housing Partnership: Strategic Guidance for Health and Housing Partnerships](#), and [COVID-19: A Framework for Health and Housing Partnership During the Pandemic](#) this brief will examine those partnership in the context of vaccine distribution for vulnerable populations, particularly homeless populations.

KEY PARTNERS NECESSARY FOR EFFECTIVE COVID-19 VACCINE DISTRIBUTION



Housing: Homeless systems, homeless housing and service providers have expertise connecting households facing homelessness and housing instability to community resources that meet a broad range of needs. They have direct access and are engaged with those in supportive housing, emergency shelters, and even those living in unsheltered situations. Homeless systems and housing providers have built partnerships across sectors by aligning goals, responsibilities and partner capacity. They are able to leverage established communication networks, access points and partners to connect vulnerable populations with information and resources, testing and vaccination during the emergency health crisis.



Health Centers: Health centers provide comprehensive primary care, preventive services, chronic disease management and support services to underserved populations. Health Care for the Homeless (HCH) grantees are also required to offer addiction services to address the importance of integrating of primary and behavioral health care for comprehensive care. Because health centers serve as safety net providers across the country they are uniquely positioned to provide testing, vaccination and treatment to clients with complex needs and keep these clients connected to health care during the COVID-19 pandemic.



Public Health: Public health departments at the state, county and local levels are leading the response to COVID-19 and vaccine distribution. Their guidance is the primary driver for any testing, vaccination, health and housing response to the pandemic.



Community Services: Hospitals, behavioral health providers, including substance use disorder treatment providers, as well as culturally specific social services, workforce, education, legal services, public housing authorities, are all critical partners to have at the table for a coordinated response to the pandemic and getting vulnerable populations vaccinated.

EQUITY IN VACCINE DISTRIBUTION

Racism and inequities in health care from access, to quality, to medical professionals' response to identical symptoms has been the norm, not the exception for centuries.¹ Communities of color are more likely to be employed as essential workers², are less likely to have health insurance coverage,³ are less likely to have access to paid sick leave⁴, and are more likely to have underlying health conditions that increase the likelihood of death or hospitalization if a person does contract COVID.⁵ The CDC outlines a variety of factors that contribute to increased risk from COVID including:⁶

- Discrimination
- Health Care Access and Utilization
- Occupation
- Educational, Income and Wealth Gaps
- Housing

Many of these inequities are driven by the Social Determinants of Health or SDOH. The Centers for Disease Control and Prevention (CDC) defines SDOH as “conditions in the places where people live, learn, work and play that effect a wide range of health and quality of life risks and outcomes.” Housing, food, transportation and economic security are the most common examples of the Social Determinants of Health and have shown to have a large impact on who is affected and how severely they are impacted by COVID-19. SDOH now plays a role in access to vaccine distribution.

The [National Academies](#) developed a framework for equitable allocation of vaccines, building on learnings from prior pandemics.⁷ The framework prioritizes ethical foundational principles and ensuring that procedural principles are grounded in fairness, transparency and evidence based. Communities that are committed to an equitable response are using a variety of strategies to build towards that equitable response. There must be concerted and coordinated efforts through the partnership of housing, health centers, public health and community services to ensure there is equitable access to COVID-19 vaccine.

ENGAGEMENT WITH SHARED POPULATIONS AND CARE COORDINATION

At the core, the COVID-19 pandemic has highlighted the cross section and overlap of those served by health centers, homeless and housing providers, and other community based organizations and how to ensure safety and well-being people cannot be served in a silo manner. Engagement and coordination of care has been shown to be crucial during the pandemic and must play even a larger role during vaccine distribution.

¹ <https://www.penguinrandomhouse.com/books/185986/medical-apartheid-by-harriet-a-washington/>

² <https://www.epi.org/publication/black-workers-covid/>

³ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>

⁴ <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>

⁵ <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

⁷ <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus>

Housing: Supportive housing providers, homeless programs and homeless system are equipped to find and engage vulnerable populations within a community. Those that are homeless, housing unstable, or those who require support within housing have built relationships with outreach staff and case managers that can provide direct connections to accessing vaccines.

Health Centers: Health Resources and Services Administration (HRSA) health center program grantees serve people with limited access to health care, including migrant and seasonal farmworkers and their families; persons experiencing homelessness; and/or residents of public housing. Health centers are embedded in communities and they serve as the primary vehicle to get the COVID-19 vaccine. In the center or in the streets, health centers play a vital role in vaccine distribution in getting shots in arms.

Public Health: Public health departments continue to lead the COVID-19 response on a statewide and local level. They have the most up to date information on vaccines and vaccine distribution and provide partnerships in large scale vaccine events.

Community Services: Social services, community based organization, and culturally specific service providers support around all aspects of social determinants of health (SDOH) and many times are trusted institutions within the community that can engage vulnerable populations on vaccine confidence.

COMMUNICATION AND ACCESS

COMMUNICATION

During the COVID-19 pandemic public messaging has included topics such as the community threats of COVID-19 virus and how it is transmitted, actions the public should take to protect their health and actions the public, government and businesses need to take to protect the health of their community. Now messaging also includes information on the COVID-19 vaccine, safety of vaccines, access to the vaccine and continued public health measures that need to be adhered to while the population is getting vaccinated.

Health centers, housing providers, service providers and community based organizations are trusted and respected leaders in their communities and learning the basics of Health Communications can assist in widely and effectively sharing the messages communities need to hear about current knowledge and resources to lessen the impact of COVID-19. Common Best Practices in Public Health Messaging include:

1. Accept and Involve stakeholders as legitimate partners

Health Centers have requirements to have patient representation on their board of directors. Many health centers also have a Consumer Advisory Board or similar group of current patients who offer guidance into health center planning and operations. This can be a great place to start the conversation for what messages the community needs to hear, who are trusted and respected members of the community and how to spread those messages. Health Centers that are planning communications messaging should also work to understand who are trusted messengers in the communities.

Health centers also have additional community partners that they should engage. Any agency that serves the same community be it a school, food pantry, homeless shelter, specialized behavioral health clinic or housing program is a potential partner and stakeholder. Housing programs likely have resident councils or other groups

that are reflective of those they serve and those groups can be conduits to a larger sample of the community. The pandemic presents an opportunity to collaborate and develop new networks and relationships.

2. Trusted Messengers

Different communities have trust in different messengers. Ensuring that trusted messengers are enlisted to deliver the necessary public health message is key to ensuring that your message is heard. Messengers that can reach communities and certain sub-populations are often more effective if they demographically reflect the communities themselves. Different communities and cultural groups have different local leaders and champions that can be engaged to deliver the message more effectively. Adults with disabilities, older adults and other groups are all likely to have different concerns regarding the public health messages and matching messengers to target group, will make your message go further and be accepted.

3. Keep It SIMPLE

One of the greatest challenges of COVID has been the evolving messages because of the evolution of the disease and now vaccines. Keeping the message simple, direct, concrete and actionable makes it more likely that more people will understand the message. Simple messaging tells people clearly what to do, so they are more likely to follow through. Simple messaging also makes it more likely that people are able to follow through. Strategies and resources to help people adhere to the directions also have been shown to increase adherence.

4. It is a Process

All of us are currently weighing the pluses and minuses of taking the vaccine. Relatively few people immediately accept what is told to us. Rather time is taken to educate ourselves, talk to our friends and family, trusted networks such as our primary care doctor, a family member who is in the medical field, or our communities of faith. If at first approach someone refuses the vaccine, hear their concerns; keep the discussion open and approach the topic again later. The principles of motivational interviewing can be good guidance, training and reminders for staff. Shaming those who are not adhering to public health guidelines is NOT an effective strategy and should be discouraged.

5. Listen and address concerns

As you engage your patients around vaccine adherence, hearing and addressing their concerns openly and honestly will make your patients more likely to keep an open mind. Patients have a variety of reasons why they might not want to get the vaccine. Disinformation is out there in a variety of platforms and trusted messengers like health center staff are in an ideal position to counter such disinformation and address those concerns.

6. Be honest, truthful, frank and open

Conversations around vaccines can be challenging for both health center staff and their patients. Organize workflows and take the time needed for vaccine related conversations. Prepare your team for the reality that many people will have an array of responses to being offered a vaccine. Therefore, prepare your team for difficult conversations that should remain honest, frank and open. Supporting staff, so they have an easy way to access reliable information can facilitate these conversations.

ACCESS

When we think about vaccine access for vulnerable populations, particularly for those that are without a home or housing unstable, it is important to utilize the cross sector partnership to provide as much access as possible to receive the vaccine and create the ability to meet people where they are at. This is most evident when trying to employ some best practices in vaccine distribution. These practices include:

- **Vaccination Events:** Mass vaccination events can take many forms which requires partnerships. Events can happen within emergency shelters in outdoor locations or other public sites that could provide vaccinations to large numbers of homeless, unstably housed or other special and vulnerable populations within a community.
 - **Housing:** Support housing providers, homeless programs and homeless system can lead in planning and implementation of vaccine events and provide space in emergency shelters or secure other public spaces where those experiencing homelessness are comfortable going. They can be trusted messengers with event information and engagement in receiving vaccines. They can convene community partners and culturally specific organizations that serve the same populations to market event and engage people on going. They can help organize and provide transportation to the event.
 - **Health Centers:** Can provide staffing and vaccines for administration on event day. They can be trusted messengers with event information and engagement in receiving vaccines. Health centers can also engage in other needed health services.
 - **Public Health:** Can provide public health and safety resources for the day of the event. They can support planning and implementation of the event to ensure it is safe as possible for all those that work the event and receive a vaccine that day. They can provide up to date public health information for all those that attend the event.
 - **Community Services:** Social services, community based organization, and culturally specific services providers can be trusted messengers and engage people in going to the event. They can provide needed transportation and engage on other services they may provide.
- **One to One Outreach:** Outreach and one and one engagement, meeting people where they are at ensures you are reaching your targeted population. This strategy is labor intensive, takes times, and requires partnership to find and engage people individually on accepting vaccines where they are at.
 - **Housing:** Outreach teams can partner with mobile health outreach to be trusted messengers and engage people in receiving the vaccine. They can engage around housing and other needed services and provide direct access and referral to those services.
 - **Health Centers:** Can organize, implement, staff and provide vaccine for mobile vaccine outreach. They can be trusted messengers on the vaccine and can engage on other needed health services and referral to other services.
 - **Public Health:** Can provide real time public health information who and where populations have not accessed vaccines, provide public health information that can increase vaccine confidence, and provide public health and safety resources for those doing one on one vaccines in the community.

- **Community Services:** Social services, community based organization, and culturally specific services can provide access to patients as they are receiving services at their organization. They can be trusted messengers and engage people in accepting the vaccine.
- **Low Barrier Access:** Having access at health clinics and alternative sites that is as low barrier as possible allows for those that are the hardest to engage or most resistant to engage in services easy access to vaccines by not requiring vaccine appointments, or only providing them at certain times. Have staff that can engage in a trauma informed way and allow for vaccines to happen when the person is ready even if they are being seen for another reason, and reduce any administrative barriers to the patient as much as possible.
 - **Housing:** Supportive housing providers, homeless programs and homeless system can be trusted messengers and engage in a trauma informed way and employ motivational interviewing skills on vaccine acceptance. They can provide transportation to sites and work with people to ensure there are no barriers to receiving a vaccine.
 - **Health Centers:** Can provide safe spaces for people to receive vaccine no matter what services they came to the health center for. Staff can engage in a trauma informed way that creates trust around the vaccine. They can create open doors for whenever a person is ready to receive the vaccine.
 - **Public Health:** Can provide real time public health information on who and where populations have not accessed vaccines, and provide public health information that can increase vaccine confidence.
 - **Community Services:** Social services, community based organization, and culturally specific services providers can be trusted messengers and engage people in a trauma informed way and can aid with vaccine acceptance. They can also provide transportation to sites and work with people to ensure there are no barriers to receiving a vaccine.

Health and housing systems working in partnership, while utilizing best practices can effectively increase access and distribution of COVID-19 vaccinations and boosters. It is imperative that no one works in a silo and engagement on vaccines of vulnerable populations across all interactions they have with systems can work to increase acceptance and ensure **ALL** have access to the COVID-19 vaccine.

Health and Housing Partnership Vaccine Distribution Resources

The following links provide resources on how health and housing partnerships can support vaccine distribution. These resources include multiple case studies and best practices in how health and housing partners can effectively work together in vaccine distribution.

[HRSA COVID-19 Information for Health Centers and Partners](#)

[Health Center Resource Clearinghouse COVID-19 Resources](#)

[HUD COVID-19 Homeless System Response: Vaccine Planning and Distribution](#)

[HUD and HHS COVID-19 Vaccinations and Testing Toolkit](#)

[CDC Resources to Support Homeless Populations](#)

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