



## Vaccine Readiness Tool – Considerations for populations experiencing homelessness

People experiencing homelessness (sheltered and unsheltered) will be eligible for vaccination no later than [March 29, 2021](#).

This document has been created to assist with planning a vaccination event for community individuals that are unhoused.

It is intended to supplement other event considerations such as where an event will be held. A tool kit for general vaccination planning including setting up temporary vaccination clinics can be located [here](#).

Vaccination for people experiencing homelessness is important. Homeless services are often provided in congregate settings, which could facilitate the spread of infection, including infection caused by the virus that causes COVID-19. This readiness assessment tool includes recommendations intended to help support communities rollout vaccine to people experiencing homelessness as supply becomes available. As your community implements vaccination to the unhoused, it is important to be aware that there may be low levels of trust in the medical system, and this population may have trouble accessing care through traditional methods.

In addition, the [National Health Care](#) for homeless wrote this letter to help states think through prioritization of this population, and shares a lot of helpful information about working with people experiencing homelessness.

### Vaccine Planning Consideration Questions

1. Do you have a working collaboration with your [Local Public Health Authority](#) (LPHA) or another vaccine provider?
2. If you represent an LPHA, have you consulted with your [houseless services providers](#) when creating your vaccination plan for the unhoused population?
3. Have you connected with LPHA about COVID-19 Vaccination Planning?

4. Has your local LPHA already offered vaccination to people living in homeless shelters?
5. Are you aware of an LPHA plan to continuously provide vaccination clinics within shelters in your service area?
6. Do you have a plan for [distribution](#) of the vaccine to your unhoused population?
7. Do you have a plan for administration of the vaccine to your unhoused population?
8. Have you planned for additional coordination and support for vulnerable subpopulations of people experiencing homelessness?
  - Survivors of Domestic Violence
  - Unaccompanied youth
  - Indigenous Communities
  - People with disabilities (to include behavioral health disabilities)
  - Undocumented people/households
  - Trans/non-binary individuals
  - non—English speaking or limited English proficiency
  - \* \_\_\_\_\_
  - (region specific subpopulation)
9. Have you considered the unique needs of people living in unsheltered locations, so they have equal access to vaccination?
10. Have you considered offering hotel rooms for 1-2 nights to help individuals in case they experience common side effects such as soreness and increased fatigue?
11. Have you considered what other services you can provide to homeless individuals while they are attending the event? For example: Boxed hot meals for takeaway; charging stations; and enrollment assistance into services such as Oregon Health Plan, SNAP, WIC, TANF, rental assistance, and affordable housing programs.
12. Have you connected with cross-sector partners in addition to the Local Public Health Authority? E.g. homeless service organizations, [Federally Qualified Health Center's](#), other community-based organizations, clinics that serve low income individuals, emergency departments, housing advocacy organizations, tenants rights organizations.

## Vaccine Event Planning Considerations

Considered overall vaccination event logistics at your chosen site.

- [Guidance for congregate setting vaccination event logistics planning](#);
- [Guidance for congregate setting vaccination event floor planning](#)
- [Guidance on roles and responsibilities in bringing vaccinations to PEH](#)

## Vaccine Event Promotion Considerations

1. Have you initiated any communication about COVID-19 vaccines?
2. Do you have a communication plan?
3. Does your communication plan include at least four-core effective communication strategies?
  - One on one conversations
  - Social media
  - SMS/text messaging
  - Bulletin boards or printed materials at locations utilized by unhoused community members—laundromats, foodbanks, etc.
4. Do your communications reinforce trauma informed care in all forms?
  - **Safety** – The delivery method, format, and language used feels safe for the individuals receiving it
  - **Trust and transparency** – Communication is delivered by trusted messengers, Messages are clear and honest. Communication includes information on the “why” and “how” behind processes and procedures.
  - **Peer support** – when practical, messages are created and delivered by people who have shared lived experiences with the people served.
  - **Empowerment, Voice, and Choice** – Emphasize choice, create collaborative relationships with people being served.
  - Take into account and address **cultural, historical, and gender issues**.

## Vaccine Confidence Considerations

1. Are your staff COVID-19 vaccine confident? Vaccine confidence is the trust that people experiencing homelessness, their families, and providers have in:
  - Recommended vaccines

- Providers who administer vaccines
- Processes and policies that lead to vaccine development, licensure or authorization, manufacturing, and recommendations for use
- [Talking about the vaccines](#)
  - » [Meeting agenda sample](#)
  - » [General vaccine information](#)

2. Has your staff been vaccinated?

3. Have you identified trusted members in your community who can act as vaccine ambassadors to help build confidence in the vaccine among peers?

- A vaccine ambassador is a volunteer or a paid employee, who provides education about vaccine efficacy by sharing personal reasons for confidence in the vaccine based on real-world experience.

#### [Vaccine Ambassador](#)

4. Does your location vaccination plan for people experiencing homelessness need a vaccine ambassador?

5. Have you considered creating different strategies for congregate living situations versus street outreach to encampments?

6. Have you developed a vaccine hesitancy communication plan to ensure message continuity? Note: As with anyone, remember to avoid assumptions and:

- Practice empathy and respect
- Listen attentively
- Provide trust education and information
- Talk about the possible benefits and consequences of taking the vaccine
- Avoid judgmental language when talking to people who are concerned about the vaccine

#### [Language That Works](#)

7. Has your community planning processes engaged communities in a sustainable, equitable and inclusive way?

**As a community, understanding and acknowledging how health inequalities have impacted communities of color and contributed to mistrust, is a critical first step to avoiding historical wrongs.**

- Underscore the need for accurate information, transparency, equitable distribution and access
- Engage with and center the voices and perspectives of trusted messengers who have roots in the community
- Allow and encourage public ownership of COVID-19 vaccination
- Measure and communicate inequities in vaccine distribution

[CDC's Social Vulnerability Index](#)

## Addressing Population Specific Barriers

Barrier	Possible Actions	Planned Action
<p>Distrust of government entities, systems designed to help (e.g. shelters, police) and authority figures due to historical trauma, systemic racism, and discrimination.</p> <p><a href="https://nhchc.org/wp-content/uploads/2021/01/Issue-Brief-on-Consumers-Vaccines.pdf">https://nhchc.org/wp-content/uploads/2021/01/Issue-Brief-on-Consumers-Vaccines.pdf</a></p>	<ul style="list-style-type: none"> <li>• Use trauma informed principles when communicating and providing services.</li> <li>• Acknowledge and address historical trauma, systemic racism, and resulting health inequities.</li> <li>• Build and maintain collaborative relationships with historically marginalized communities.</li> <li>• Provide clear and consistent information, including risks and benefits of vaccines.</li> <li>• Partner with trusted community members to deliver information and provide services.</li> <li>• Ensure there are trusted entities, such as vaccine ambassadors that can minimize harm through human</li> </ul>	

Barrier	Possible Actions	Planned Action
	<p>connection and compassion while offering options and information that would be available to others. Include other helpful resources (e.g. gift cards, sack lunch, pet food, etc.)</p>	
<p>Population is concerned with daily survival including food, shelter, being separated from trusted partners and may not have the capacity for future planning</p>	<p>Set up events as joint, multi-faceted and recurring, possibly tied to existing regular events that can capture as many folks as possible and offer a multitude of services.</p>	
<p>Systemic racism and trauma experienced by racial and ethnic minority groups has led to diminished trust in healthcare systems.</p>	<p>To improve vaccine confidence, communities must provide easily understandable and consistent vaccine information to staff and people experiencing homelessness.</p>	
<p>Transportation</p>	<p>Provide street-level outreach in urban environments or for rural communities consider a mobile vaccination unit. Go to encampments and shelters.</p>	
<p>Lack of official identification</p>	<p>Do not require identification to receive a vaccination. Take information verbally.</p>	
<p>Language &amp; Educational</p>	<p>Provide information in various languages and at an appropriate grade level.</p>	

Barrier	Possible Actions	Planned Action
No one agency or organization is responsible for this population	Create cross-sector, cross-agency partnerships to assist in a holistic way to connect with these individuals.	
Individuals fall outside of system boundaries and not all are connected to services or community.	Coordinate with local community-based organizations that may already have contact with these populations and canvassing, on foot outreach efforts may be the best method.	

## Resources:

- [Oregon Housing & Community Services, Oregon Statewide Unhoused Response & Recovery Network for COVID-19](#)
- [OHA Epidemiologists Shelter Infection Control consultation](#)
- [Community Action Partnership of Oregon Helping People Changing Lives](#)
- [Oregon's Community Health Centers](#)
- [CDC Interim Guidance for Health Departments on COVID-19 Vaccination Implementation for People Experiencing Homelessness](#)

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or [COVID19.LanguageAccess@dhsosha.state.or.us](mailto:COVID19.LanguageAccess@dhsosha.state.or.us).