



# Office Hours: COVID-19 Planning and Response

February 19, 2021



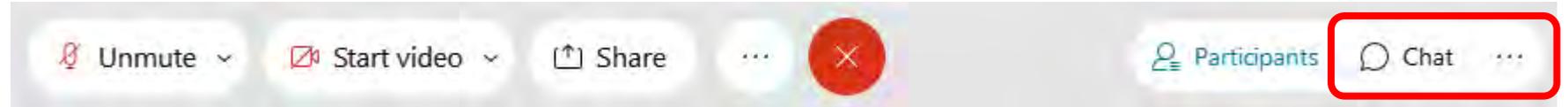
# Housekeeping

- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content will be posted to the HUD Exchange within 2-3 business days
- Event information for upcoming Office Hours, along with copies of all materials can be found here:

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours>

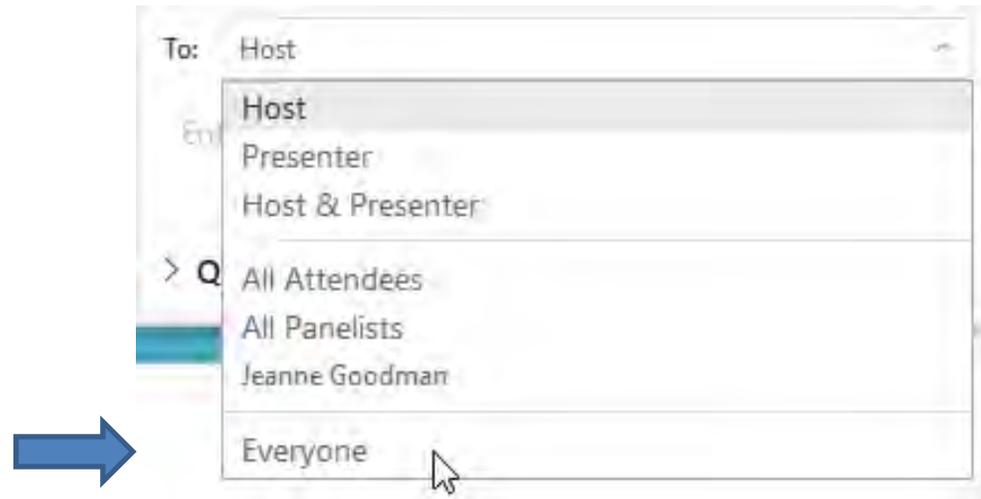
- To join the webinar via the phone, please call in using:  
+1-415-655-0002      Access code: 610 976 677  
(If you need to call in toll-free, call 1-855-797-9485)

# Chat Feature



Select the Chat icon to make a comment or ask a question.

Be certain the To field is set to **Everyone**



# Speakers & Resource Advisors

## Department of Housing and Urban Development

- Office of Special Needs Assistance Programs
  - Norm Suchar
  - Karen DeBlasio
  - Marlisa Grogan
  - Brett Esders
  - Ebony Rankin
  - William Snow
- Michele Williams, HUD TA, Michele S. Williams
- Mary Frances Kenion, HUD TA, ICF

## Worcester City and County, Massachusetts

- Leah Bradley, LCSW, Executive Director, Central Massachusetts Housing Alliance
- Matilde Castiel, MD, Commissioner City of Worcester Health & Human Services
- Jack Moran, HMIS Data Quality Coordinator, CMHA



# Speakers & Resource Advisors

## Michigan State University

- Debra Furr-Holden, PhD, Director, Division of Public Health

## Centers for Disease Control and Prevention

- Emily Mosites, PhD, MPH, COVID-19 At-Risk Population Task Force, Senior Advisor on Health and Homelessness

## National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy

## Department of Veterans Affairs

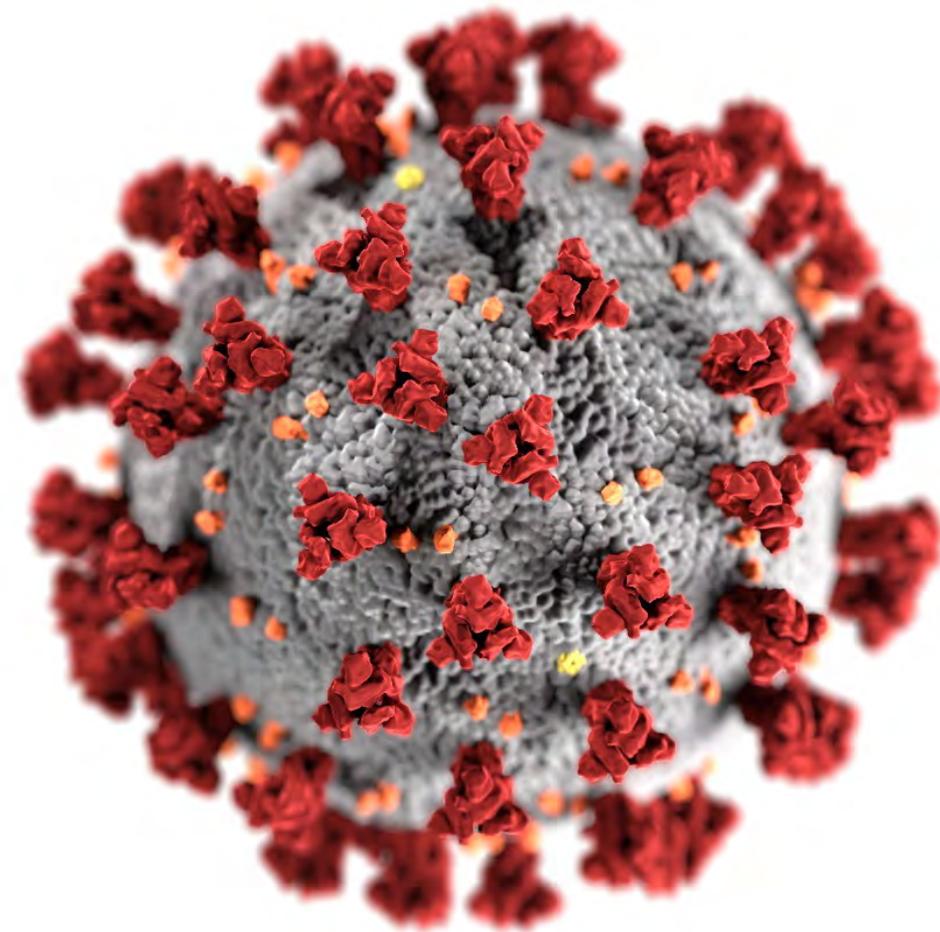
- Dina Hooshyar, MD, MPH, Director, National Center on Homelessness Among Veterans (The Center), VHA Homeless Program Office
- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office



# COVID-19 and Homelessness

Updates

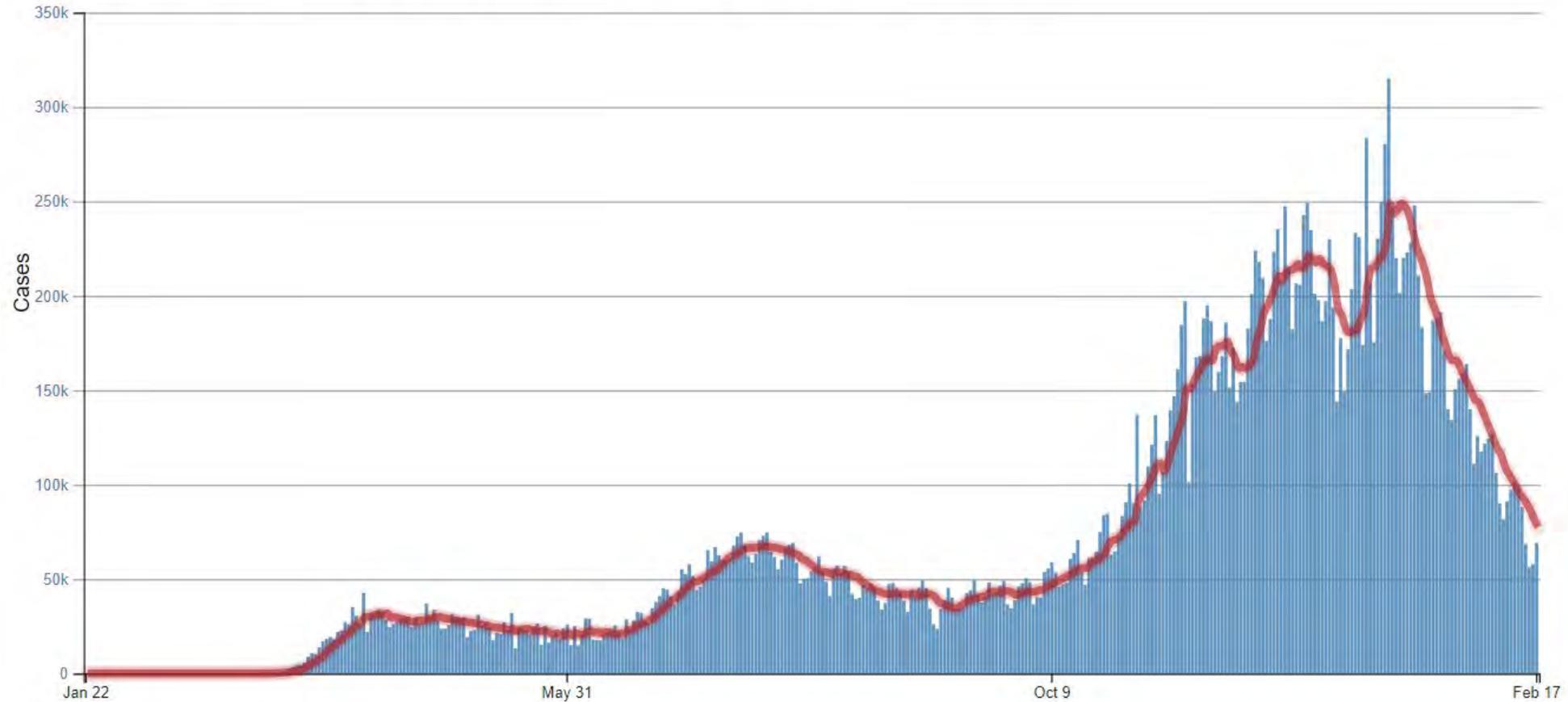
Homelessness Unit  
Disproportionately Affected Populations Team  
CDC COVID-19 Response



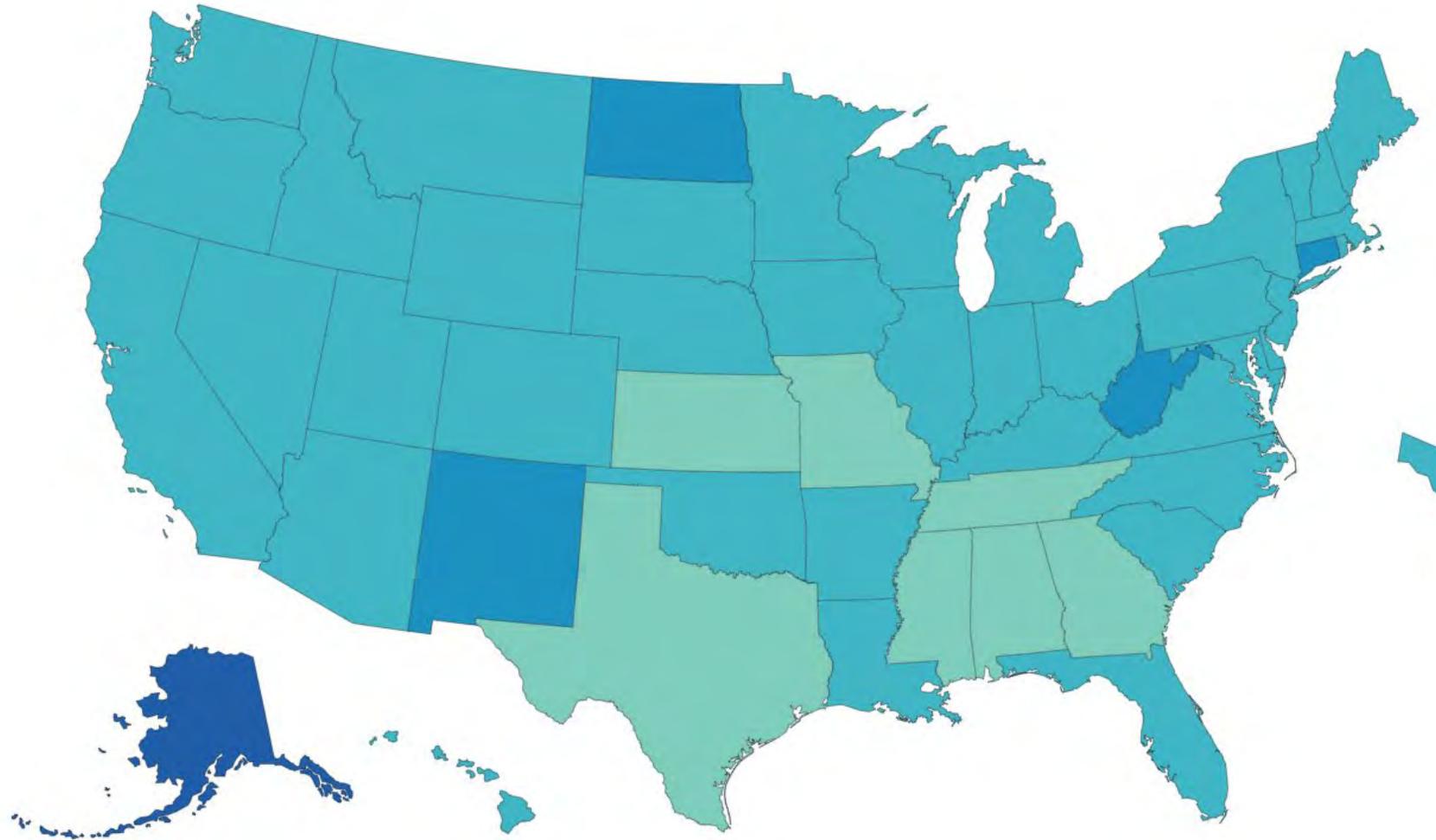
[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# COVID-19 cases continue downward trajectory

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



# Over 41 million people have received at least one dose of vaccine



# First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021

	Percentage of v-safe enrollees reporting reactions			
	Both vaccines	Pfizer-BioNTech vaccine		Moderna vaccine
	Day 0–7	Dose 1, day 1	Dose 2, day 1	Dose 1, day 1
Local and systemic reaction				
Injection site pain	70.9	72.9	79.3	78.1
Fatigue	33.5	21.9	53.5	25.1
Headache	29.5	17.5	43.4	19.9
Myalgia	22.9	14.7	47.2	18.3
Chills	11.6	5.5	30.6	8.4
Fever	11.4	5.8	29.2	8.2
Injection site swelling	10.8	6.2	8.6	12.6
Joint pain	10.4	5.3	23.5	7.3
Nausea	8.9	4.2	14.0	5.5



[https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e3.htm?s\\_cid=mm7008e3\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e3.htm?s_cid=mm7008e3_w)

# CDC Vaccine Resources

Vaccination for people experiencing homelessness guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccination-guidance.html>

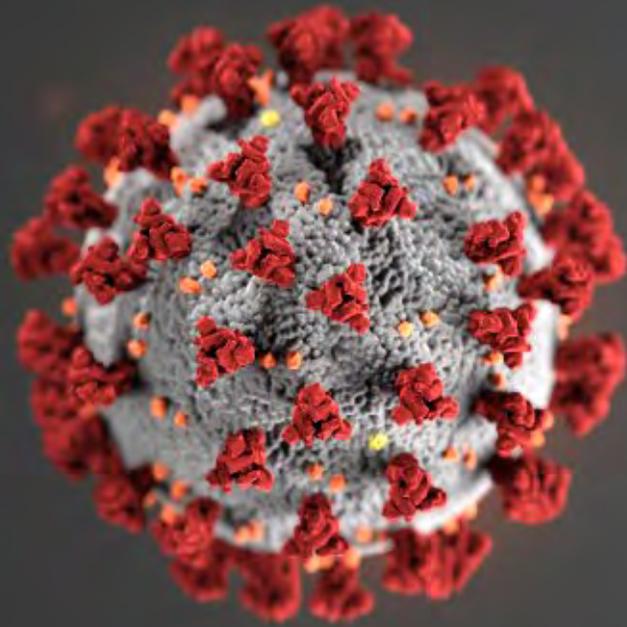
Overall COVID-19 Vaccine Information:

<https://www.cdc.gov/vaccines/covid-19/index.html>

COVID-19 Vaccine Frequently Asked Questions related to homelessness:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccine-faqs.html>





For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Michigan Coronavirus Task Force  
on Racial Disparities

Greater Flint Coronavirus Task  
Force on Racial Inequity

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**Debra Furr-Holden, PhD**

Associate Dean for Public Health  
Integration

Director & C.S. Mott Endowed  
Professor of Public Health

Michigan State University College of  
Human Medicine, Division of Public  
Health

Email comments/ideas/questions:

**Holdenc3@msu.edu**



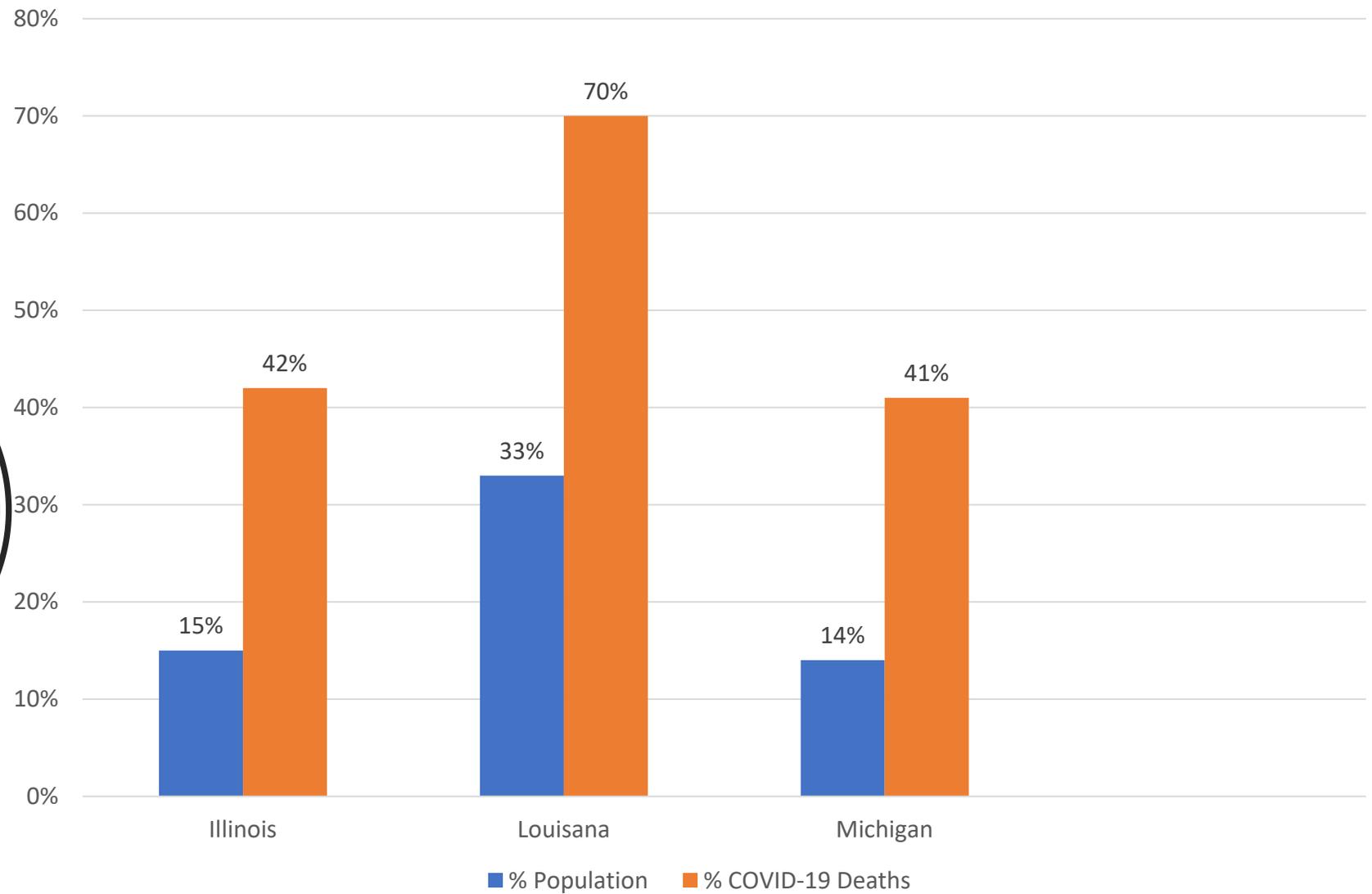
**DrDebFurrHolden**



Lessons Learned from  
Disparities in COVID-19  
Cases and Deaths in  
Michigan and in Flint

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COVID-19  
disproportionately  
affected African  
Americans



☁ 58° Flint, MI >

Sun, Apr 12, 2020

# Newsweek

[U.S.](#) | [World](#) | [Business](#) | [Tech & Science](#) | [Culture](#) | [Newsgeek](#) | [Sports](#) | [Health](#) | [The Debate](#) | [V](#)

**U.S.**

## **ALL CORONAVIRUS DEATHS IN ST. LOUIS, MISSOURI HAVE BEEN AFRICAN AMERICANS**

BY **JEFFERY MARTIN** ON 4/9/20 AT 5:41 PM EDT

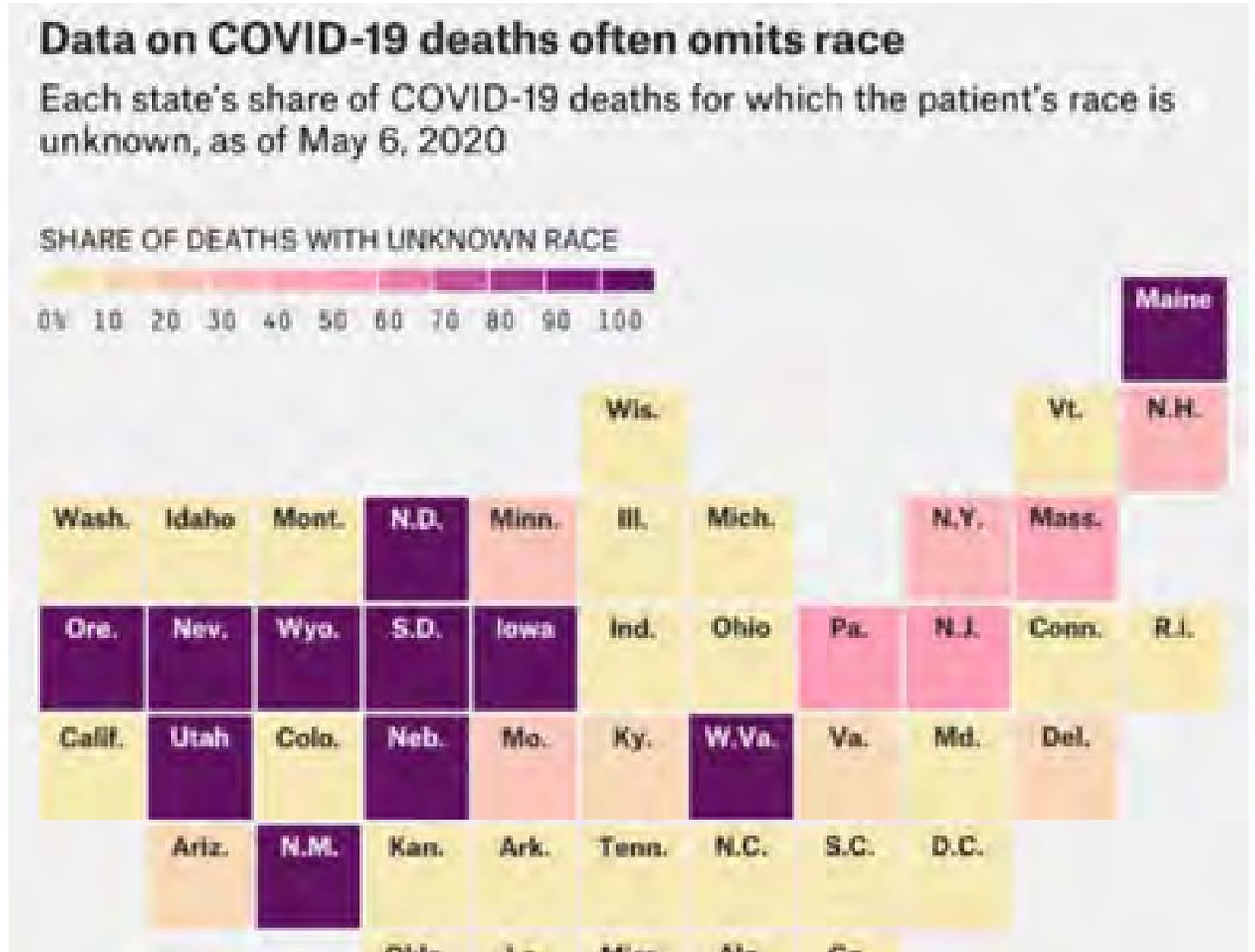
# Mass. lawmakers say the state's ventilator, bed rationing guidelines prioritize whites over patients of color

"Prioritizing those without comorbidities inevitably ranks people of color lower than others."



# Tremendous Racial Disparities in COVID-19

- Confirmed racial disparities in cases and deaths in multiple states and cities across the country....  
...and a *lack of data* continues to fuel the debate
- Confirmed racial disparities in cases and deaths in Michigan...  
...and *at least* we shared the data/facts
- Racial disparities in Texas and many other places  
...and likely in many other states and cities and for many other population subgroups



**HEALTH**

# 'It's not a pretty picture': Why the lack of racial data around COVID vaccines is 'massive barrier' to better distribution

**Nada Hassanein** USA TODAY

Published 5:30 a.m. ET Feb. 1, 2021 | Updated 2:10 p.m. ET Feb. 1, 2021



# Why?



Pre-existing health conditions



Increased exposure



Medical mistrust



Misinformation and/or misunderstanding



Social determinants of health

# Explanations versus Algorithms

- We accepted these usual suspects/explanations
- The explanations to that point were not actionable
- These explanations have influenced algorithms for who gets what
  - Screening
  - Mobile testing
  - Hospital admissions
  - DNRs
- *The algorithms were/are (I believe) in part attributable to excess morbidity and mortality → literally killing people!*

# Solutions???

## Reorder the Algorithm!!!

Turn risk into priority for care



5. Social determinants  
of health



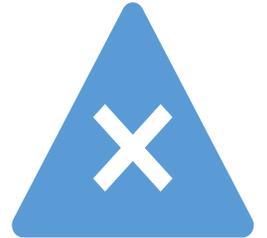
2. Increased exposure



1. Pre-existing health  
conditions



3. Medical mistrust



4. Misinformation  
and/or  
misunderstanding

# Take Aways



BRING A HEALTH  
EQUITY LENS



STOP DESCRIBING  
THE PROBLEM  
AND/OR  
REACTING TO THE  
PROBLEM AND  
PROACTIVELY  
DESIGN AND  
IMPLEMENT  
SOLUTIONS



MAP SOLUTIONS  
ONTO PRIORITIES  
(VS VARIATION IN  
CARE BASED ON  
RISK)



FOCUS ON  
FACTORS WE CAN  
CONTROL/IMPACT.  
STOP BLAMING  
THE DISPARATE



USE DATA TO  
INFORM  
ACTIONS/INTER-  
VENTIONS



STRENGTHEN  
PUBLIC HEALTH  
INFRASTRUCTURE  
& PUBLIC-PRIVATE  
PARTNERSHIPS

How Are We Doing in  
Michigan with COVID-19?

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# Overview

- The daily lives of people in Michigan have been changed significantly by the COVID-19 epidemic *and* mitigation response
- Racial/ethnic minorities have experienced a disparate level of impact
  - High risk of exposure to COVID-19 due to employment and residential inequities
  - Higher rates of infection and severe outcomes during the epidemic
  - Lower levels of health care utilization and preventive screening
- Crucial that health equity lens applied to pandemic response and recovery



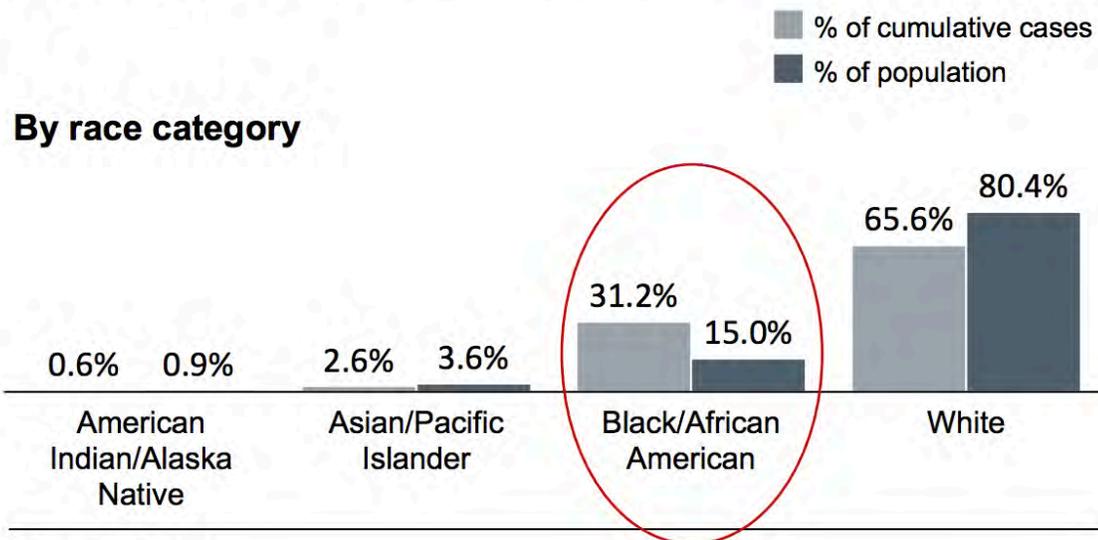
# Racial/Ethnic Disparities in COVID-19 Cases

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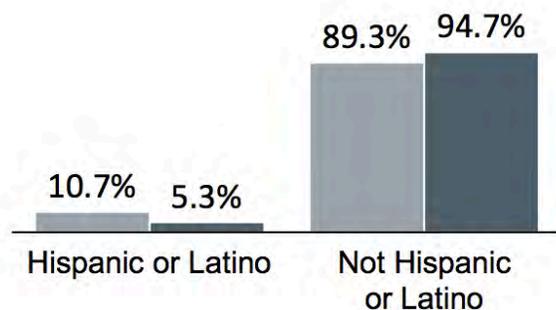
All data/summaries presented provided  
by Sarah Lyon-Callo, PhD, MS Director, Bureau  
of Epidemiology and Population  
Health Michigan Department of Health and  
Human Services

# Cases and population comparison by race and ethnicity

Cumulative confirmed and probable cases vs. population, % of total<sup>1</sup>



By ethnicity

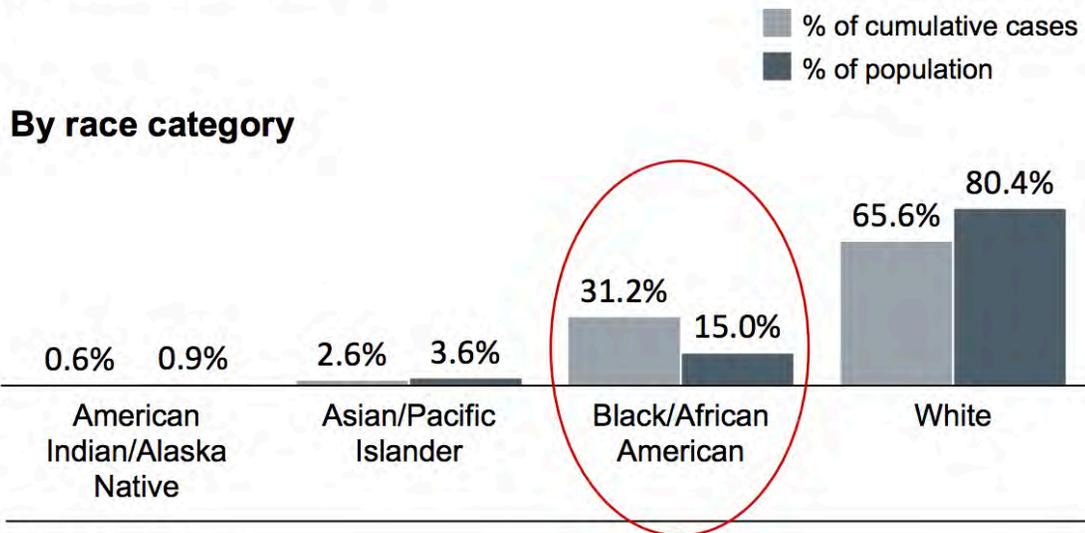


## Proportion of population and cases

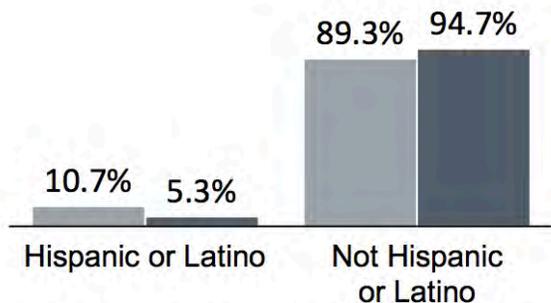
- Black/African Americans make up 15.0% of Michigan population
  - 31.2% of all COVID-19 cases in Michigan
- Hispanic/Latinx 5.3% of Michigan population
  - 10.7% of COVID-19 cases

# Cases and population comparison by race and ethnicity

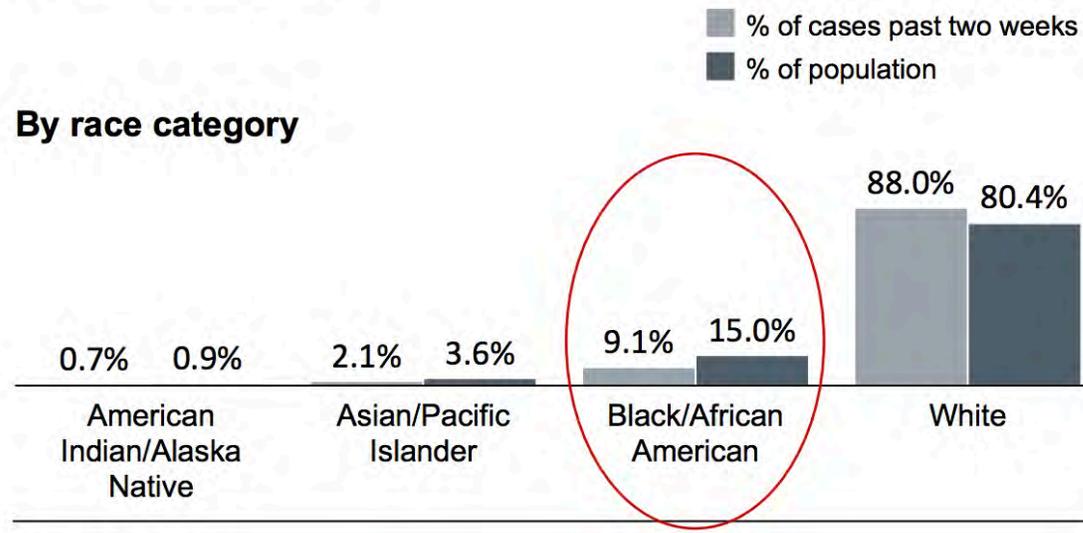
Cumulative confirmed and probable cases vs. population, % of total<sup>1</sup>



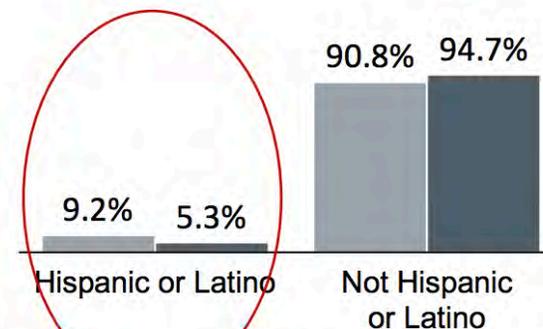
By ethnicity



Past two weeks confirmed and probable cases vs. population, % of total<sup>1</sup>



By ethnicity



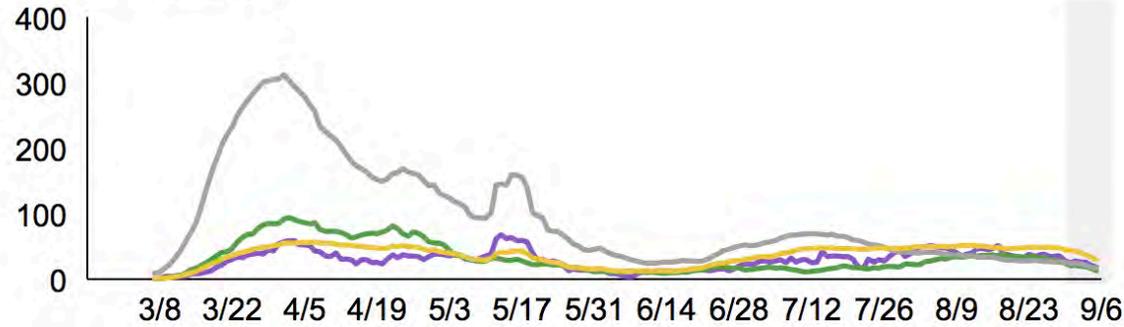
<sup>1</sup> Calculations do not include cases attributed to race and/or ethnicity categories Multiple Races, Other, or Unknown, as population sizes are not available for these (accounting for 5.0% of cumulative cases)

# COVID-19 cases per million people by race and ethnicity

Daily new confirmed and probable cases per million people (7 day rolling average)

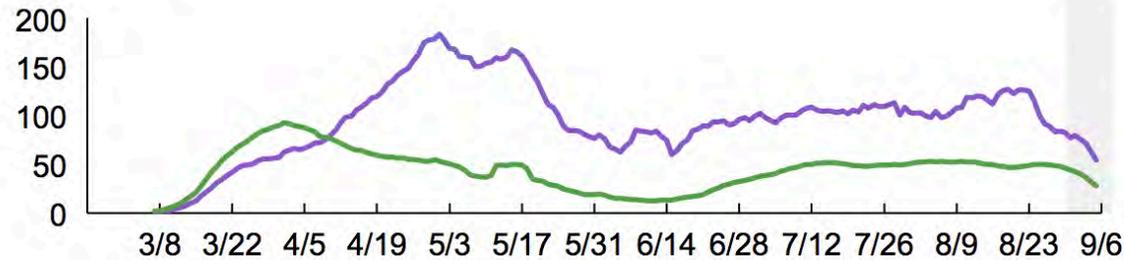
American Indian/Alaska Native    Black/African American  
Asian/Pacific Islander    White

By race category



By ethnicity

Hispanic or Latinx    Not Hispanic or Latino



Cases over time

- African Americans experienced a higher burden of COVID-19 compared to other racial groups

- Hispanics and Latinx continue to experience a higher burden of COVID-19



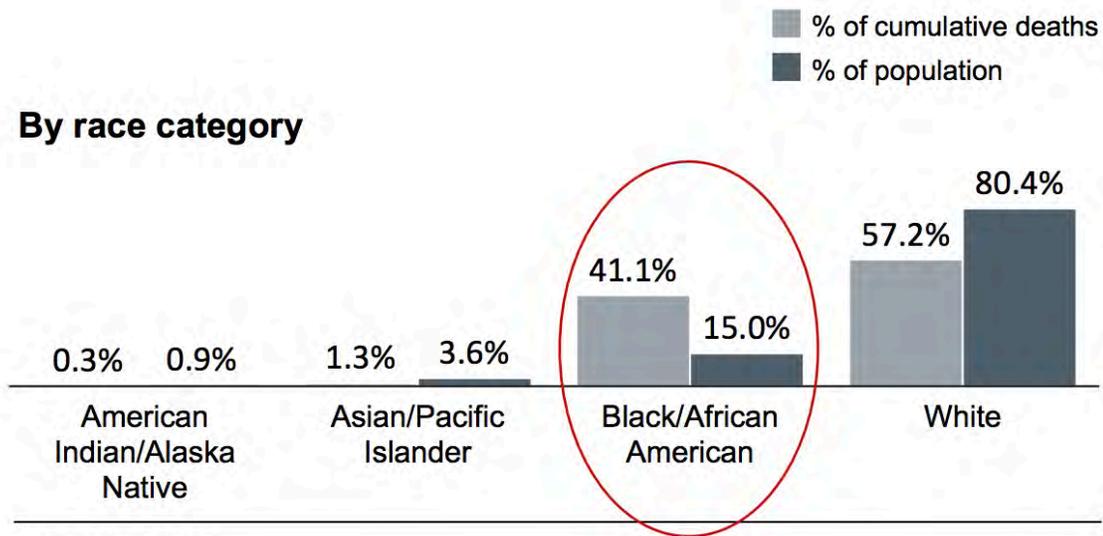
# Racial/Ethnic Disparities in COVID-19 Deaths

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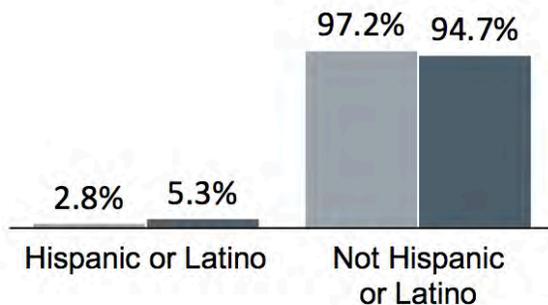
All data/summaries presented provided  
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of Epidemiology and Population  
Health Michigan Department of Health and  
Human Services

# COVID-19 Deaths and population comparison by race and ethnicity

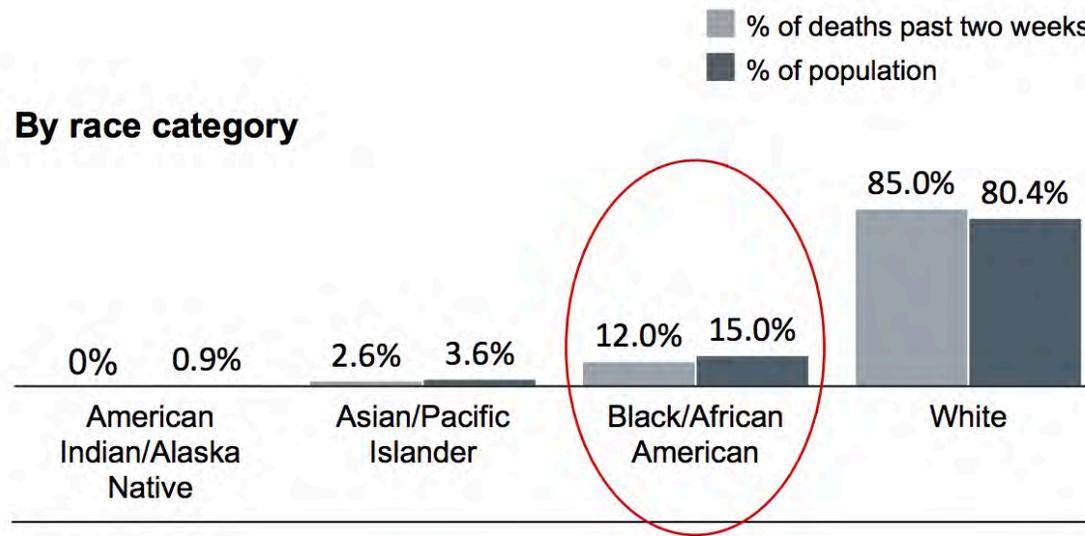
Cumulative deaths vs. population, % of total<sup>1</sup>



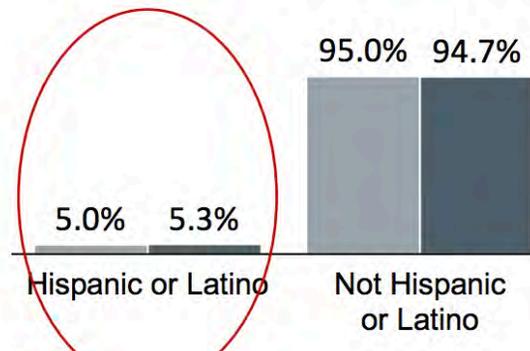
By ethnicity



Past two weeks deaths vs. population, % of total<sup>1</sup>

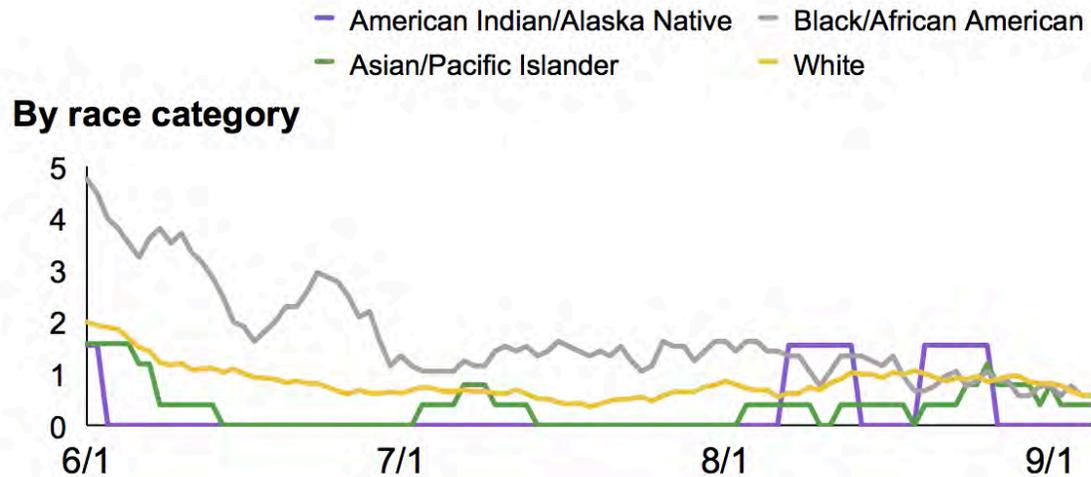


By ethnicity

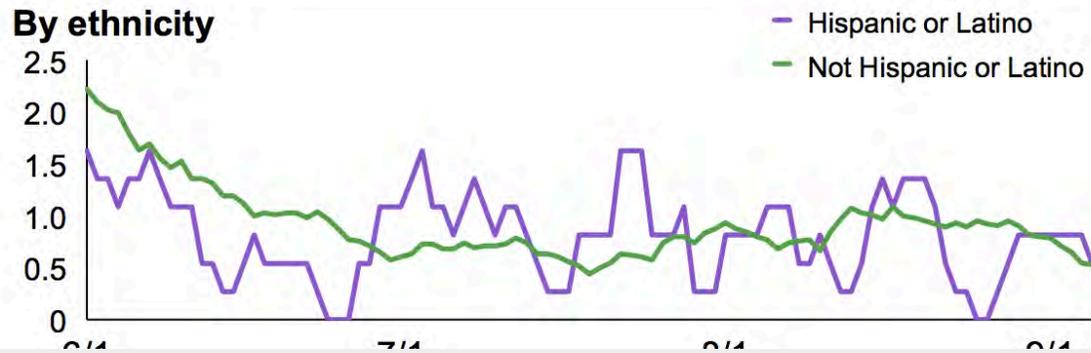


# Average daily new COVID-19 deaths per million residents, by race and ethnicity

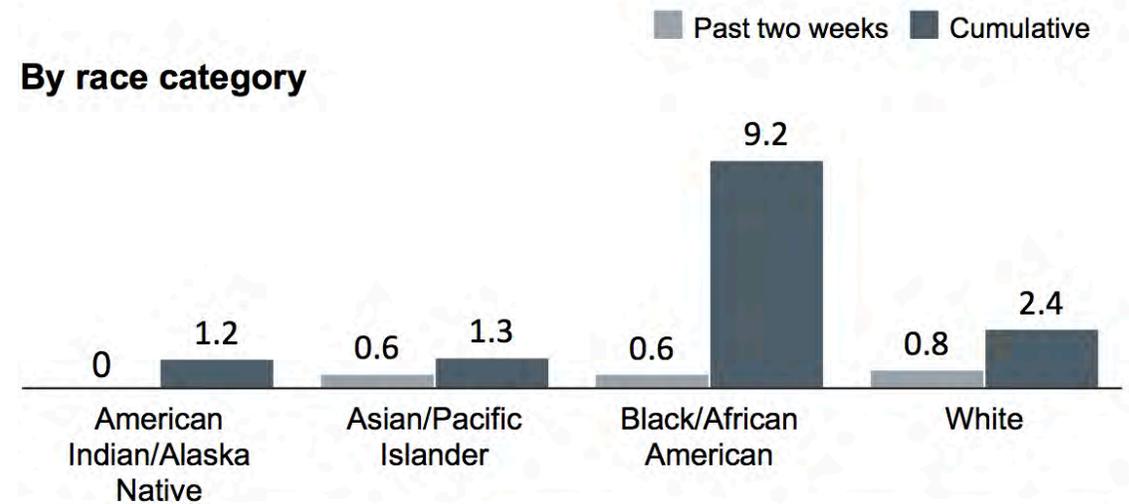
Deaths per million people (7 day rolling average)



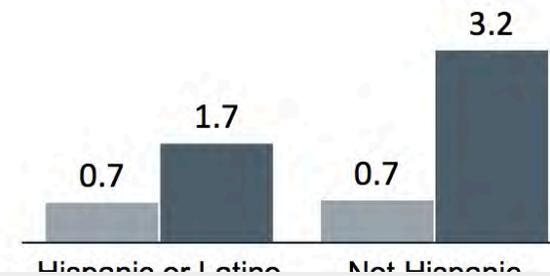
**By ethnicity**



Deaths per million people by race/ethnicity category, last two weeks and entire outbreak



**By ethnicity**



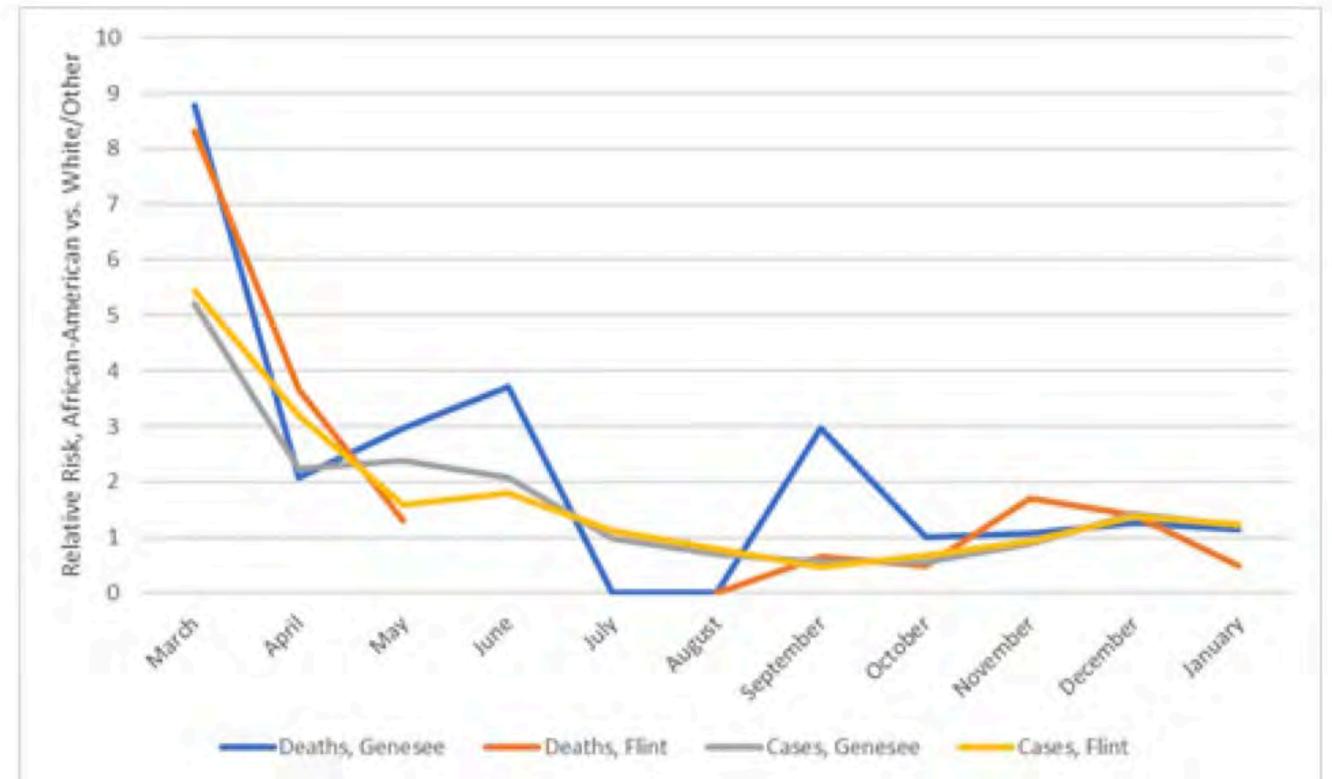
# The Bottom Line

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- Racial disparities in COVID deaths seen early in the pandemic were largely attributable to racial differences in the COVID case rate
- Racial differences in the COVID case rate in Michigan were largely attributable to increased occupational and community exposure, as well as lower levels of health care utilization and preventive screening (may be linked to systemic bias)
- The racial disparities at the state level are narrowing and, for African Americans, have closed
- Important to evaluate the impact of our efforts and know what worked/is working
- Local/county analyses should be.....mandated!

## Progress on Racial Disparities in COVID-19 Cases and Deaths in Flint

- African Americans are 60.4% of Flint residents
- African Americans were 85% of cases and 91% of deaths in March
- African Americans were 38% of cases and 50% of deaths in September 2020
- Racial disparities in COVID remain closed thru February
- Data dashboard has been key





**Genesee County  
Health Department**  
Your Health. Our Work.



**FCHES**  
FLINT CENTER FOR HEALTH EQUITY SOLUTIONS

## **COVID-19 Health Equity Brief** Genesee County and Flint

Current Trends: February 19, 2021

Cases declined in Genesee County and are holding steady in Flint

Current community case rate is 2.9%

### **Vaccine Takeaways:**

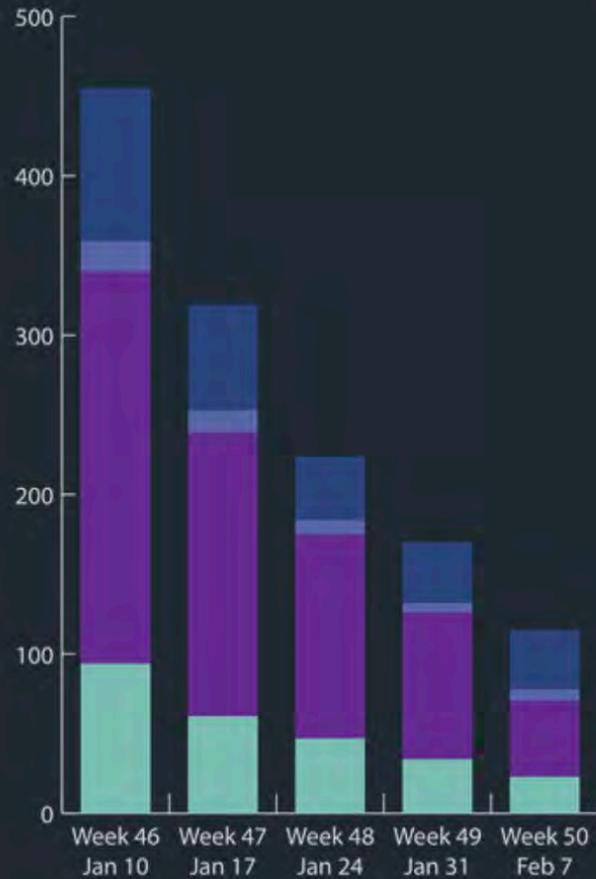
38,728 first doses have been administered

11,722 second doses have been administered in Genesee County

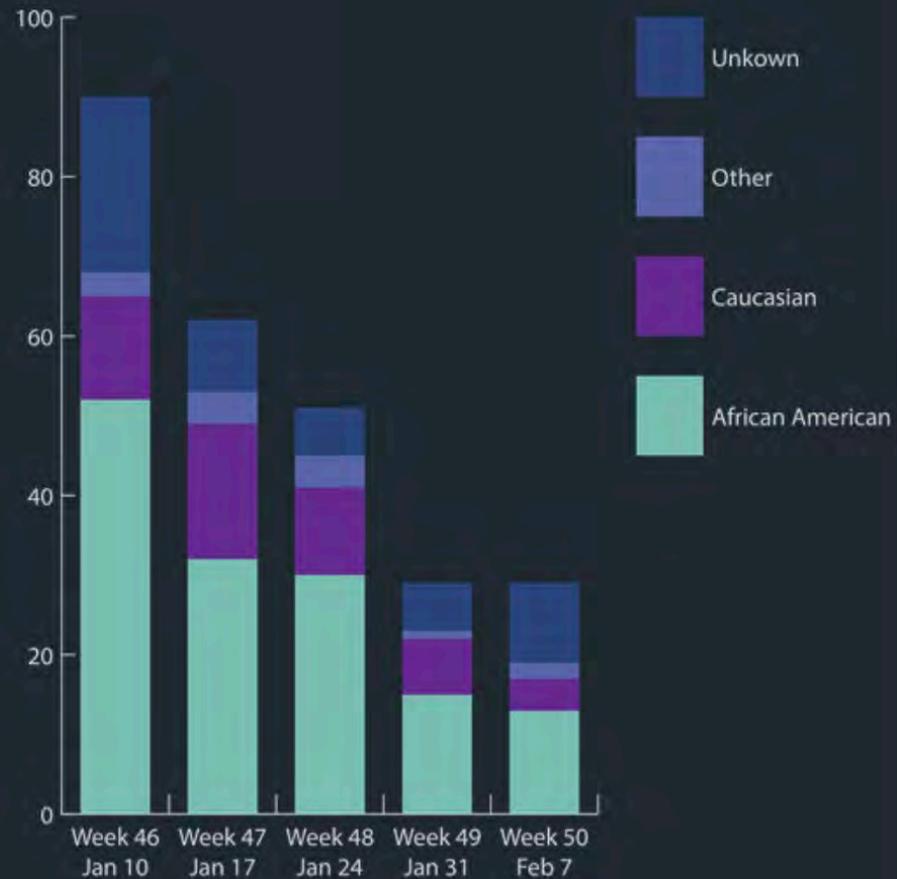
More than 57,000 residents are pre-registered to receive the vaccine

# Case Counts by Race 1/10-02/14

## Genesee County



## Flint



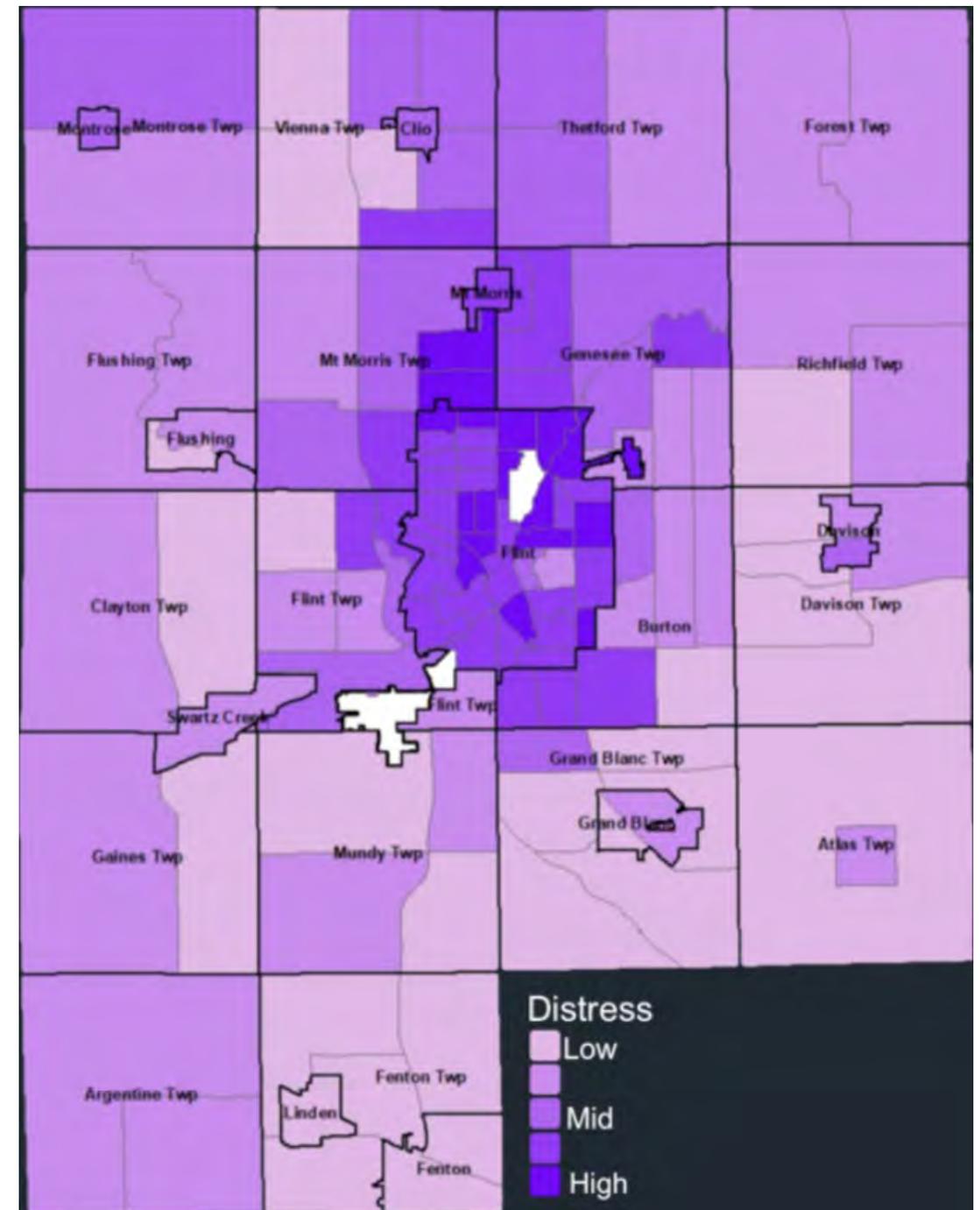
# The Social Vulnerability Index

- Developed by the CDC
- Used in multiple states & counties
- Includes 15 indicators to identify communities that are more likely to suffer adverse health outcomes
- Will be used to prioritize communities for COVID vaccinations



# Distress Index

- Similar to SVI, the DI combines Census variables.
- Four variables are combined to identify communities with greater economic deprivation
- Darker purple areas indicate a greater economic deprivation and need for prioritization for vaccination



# Recommendations for Policymakers

1

Support Governor Whitmer's proposed investments that promote equity including:

- \$2.1 million to establish the Race, Equity, Diversity and Inclusion Office that promotes racial equity and inclusion
- \$8.4 million to improve access to health insurance and other social supports

2

Continue to address health disparities among minority populations by:

- Engaging the Black Leadership Advisory Council
- Requiring MDHHS employees to complete implicit bias training

## How can you help with COVID response and recovery?

Volunteer at an upcoming Genesee  
County Health Department Vaccine Clinic

**Begin Registration**

Download the free MI COVID Alert app  
to help slow the spread of COVID

**MI COVID Alert App**

Go to: [gchd.us/coronavirus](https://gchd.us/coronavirus) for more information

# Equity Needs & Critical Conversations

- Equity in vaccine access for high-risk and vulnerable populations
- Equity in distribution (national and global)
- Equity in other COVID-related resources

# #MandateEquity

- Our natural drift is to inequity
- A federal mandate would push states figure it out
- A federal and/or state mandate would inspire communities of practice
- If equity matters, it should be law(s)
- Need real equity experts to avoid well meaning perpetuation of inequity

# Contact Information and Questions



[HOLDENC3@MSU.EDU](mailto:HOLDENC3@MSU.EDU)



DRDEBFURRHOLDEN ON  
SOCIAL MEDIA



443-226-2807 (MOBILE)

BONUS: Overcoming COVID Vaccine(s)  
Reluctance and Hesitancy in the  
African American Community

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# Myths

Vaccine hesitancy/rejection is high in African American communities

- Adult vaccination rates for Blacks and Whites are only slightly lower for Hepatitis, Influenza, Pneumonia, and HPV
- Childhood vaccination rates are nearly identical for DTaP, Hib, Hepatitis B, MMR, Polio, and Chicken Pox

\*Stats available from CDC or OMH in summary format

# Myths

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Vaccine hesitancy in African Americans stems from 'old stuff' like the Tuskegee Experiments

- Modern day inequity in health care and systems are also driving people's mistrust and sense of fair play
- This narrative blames the disparate and further racist ideologies

## Mass. lawmakers say the state's ventilator, bed rationing guidelines prioritize whites over patients of color

"Prioritizing those without comorbidities inevitably ranks people of color lower than others."



Congressman Joe Kennedy III. –Elise Amendola / AP, File

# Myths

COVID vaccine(s) resistance in the African American community is due solely to mis-information and mistrust

Some people are a well-informed:

'No'

'No for now'

'I will wait and see'

'You go first'

# A Path Forward: The 3T's

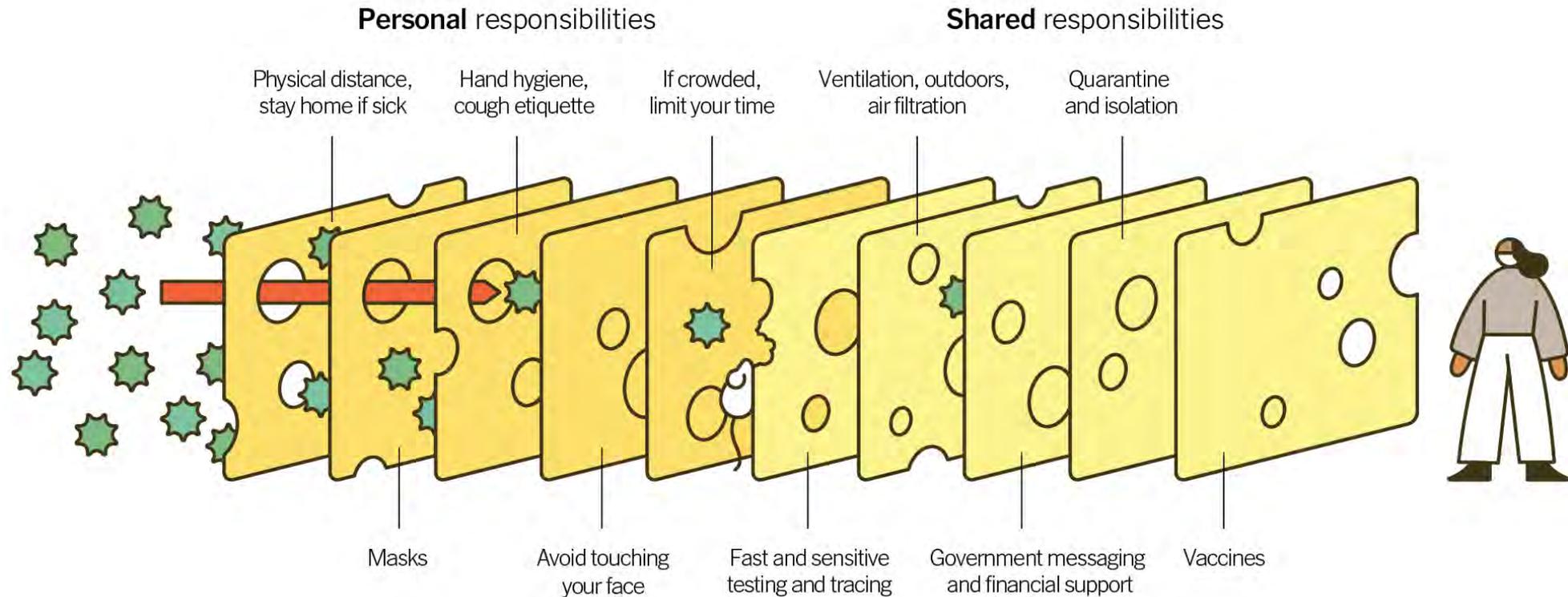
1. Transparency
2. Trust
3. Time



# Transparency: Multiple Layers Improve Success

## Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.



A Path  
Forward:  
How do we  
build trust?

## Relationship

*Relationships are built on trust and trust takes time*

- Isaiah Oliver, CEO Community Foundation of Greater Flint & Founding Chair, Flint Task Force on COVID Inequity

# A Path Forward: Trust

1. Trusted Messages
  - Use the science of health communication
  - Rely on the best, accurate, science, data & information (at the time)
  - Validity and reliability checks are necessary → what's the lived experience?
2. Trusted Messengers
  - Pass the mic
  - Elevate the voice of community
  - Strengthen the voice of local trusted sources
  - Explore the role of influencers

THANK YOU!



# An Equity Lens to Vaccinating Persons Experiencing Homelessness

- Mobile vaccination clinics and the use of HMIS through municipal/CoC partnership



Matilde Castiel, MD, Commissioner City of Worcester Health and Human Services  
Leah Bradley, LCSW, Executive Director Central Massachusetts Housing Alliance (CMHA)  
Jack Moran, HMIS Data Quality Coordinator CMHA

# Pre-COVID Sheltering System in Worcester

## The Housing First Coordinating Council overarching goals:

Housing first and rapid re-housing model

Outreach providers to deploy staff to locations most frequented by homeless community

Shelters to follow “best practices” of low barrier access, safe environment, and appropriate diversion

“Housing First Retention Fund” that strengthens homeless prevention through funds (CMHA, RCAP)

Production of available housing units (25-unit WHA, 18-unit SMOC SROs, East Side CDC/ CIVICO Development for 25-unit Tiny Home Village)

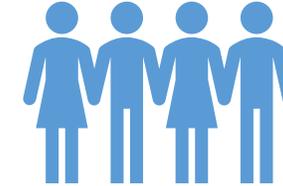
# Identified Gaps In Services



## **Limited number of low barrier sheltering sites**

One SMOC Shelter with 160+ Clients

One Overflow shelter for freezing nights



## **Lack of on-site supportive services:**

Primary Care Services

Substance Use Treatment

Psychiatric Services

Financial Assistance

Benefits Access

Workforce Development

# Shelter Services in Worcester during COVID

March

De-congregation  
SMOC shelter with  
City ESG funds

- 1 COVID + Shelter created at Worcester Technical High School
- 3 non-COVID Shelters at North High School, Ascension Church and St. John's Church

March-April

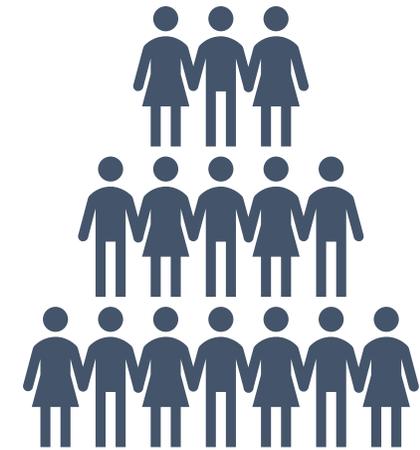
PCR testing available  
for SMOC and 3  
additional non-  
COVID Shelters

- 430 Total COVID Tests Administered to Homeless Individuals
- 245 Total Homeless Population Tested
- 95 Total Homeless Individuals Tested Positive
- 39% Positive for homeless population
- State Hotels for Isolation

April-June

Brought supportive  
services to the  
shelters

- Health Insurance
- Healthcare
- Medically Assisted Treatment
- Workforce Development
- Rapid Re-Housing



## Client Stabilization

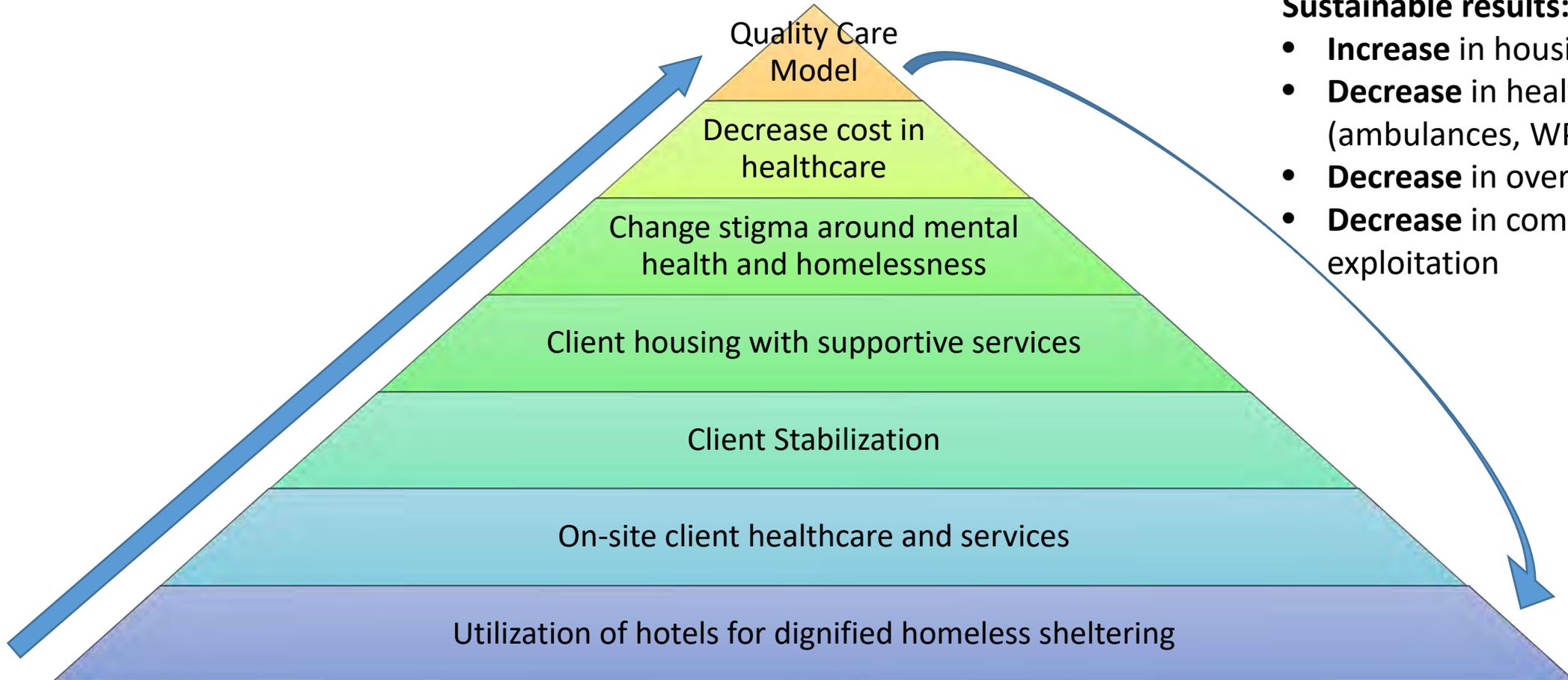
-40+ Shelter clients connected with stable housing



## Model of Care for Homeless Population

-SMOC opens 1 extra drop-in shelter site  
-LIFT opens HARBOR, women's shelter

# Model of Care for Individuals Experiencing Homelessness



## Sustainable results:

- **Increase** in housing retention
- **Decrease** in healthcare and City costs (ambulances, WPD, ER)
- **Decrease** in overdose deaths
- **Decrease** in commercial sexual exploitation

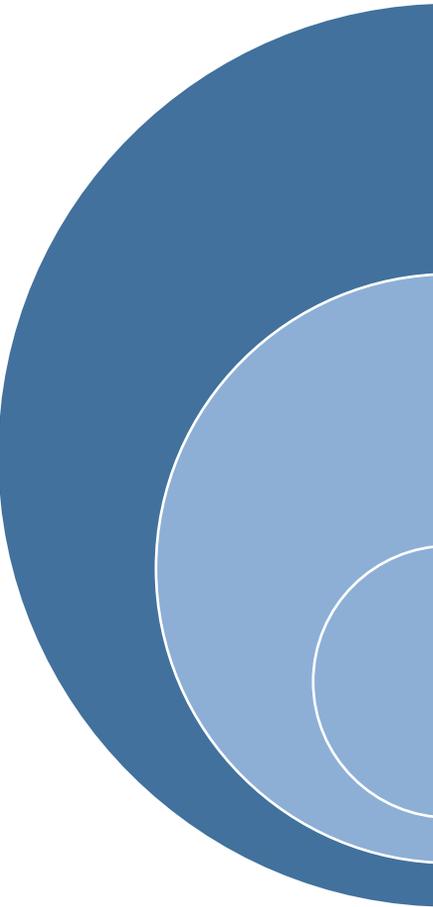
# Bringing Vaccines to the Shelters

- MA centered equity in vaccine roll-out model
- MA prioritized homeless shelter clients and staff
  - High risk of transmission
  - Can't isolate
  - Vulnerable population
- Partnerships
  - City Health Department order and track vaccines
  - Health and Human Services education campaign
  - Medical students (UMass Medical School) administer vaccination under supervision of Commissioner
  - Shelters for vaccination site and client outreach

# Benefits of Mobile Clinics

- Provides equitable access
- Reduces Barriers
  - Transportation
  - Childcare
  - Work schedule
  - Behavioral Health issues (Substance use disorders/psychiatric disorders)
- Brings vaccine to clients, meeting them where they are

# On-site Vaccinations Uplift Equity



In Worcester, Latinx and Black populations are twice as likely to test positive for COVID

- Eliminates barriers in vaccinations
- Engages populations with historical and existing health disparities

Real-time educational opportunity

- Answer questions in real time
- Ambassadors receive vaccine at same time (trusted members of the community)
- Shelter staff are engaged in healthcare for themselves and clients

Addresses stigma

- Changes perspective on homelessness
- Builds new partnerships and knowledge

# HUD Funding

- ESG CV-1 Funds
  - Funding for 3 additional temporary shelter sites
  - Funding for COVID positive site at overflow temporary hospital
  - Funding for additional outreach staffing capacity at HHS
  - Funding for additional bathroom and shower capacity
  - Funding for additional HMIS capacity

# CoC Role in Vaccine Distribution

- Provide resources to sub recipients
  - Facilitate partnerships
  - Facilitate consistent roll out
  - Serve as ambassadors for our clients
- Advocate for mobile clinics in conjunction with City of Worcester
  - On-site vaccinations
  - Most effective way to vaccinate
  - Eliminates barriers

# Use of Homeless MIS

- Reasons for HMIS logging
  - 2<sup>nd</sup> dose causes complication for transient populations to receive
  - Shelter staff can assist in reminding clients of timing for 2<sup>nd</sup> dose
  - Vaccination information can be used to assist with shelter management
- Added a COVID assessment (simple as possible)
  - Note: Worcester CoC uses Clarity a product of Bitfocus – easy to add assessment
- Allows for trend reporting
- Future use to manage shelter population
  - Note: Vaccination status cannot be used to prevent access to shelter services

# COVID Vaccine Assessment in HMIS

- Drop down field for vaccination status
  - Date of first vaccine
  - Date of 2<sup>nd</sup> appointment
  - Location received vaccine
  - Recording of allergy, refusal, etc.
- Notes for staff to provide additional information
- Based on information from medical provider or vaccine card

# Monitoring Functions

- Staff can pull up assessment
- Automatic reports
  - Weekly report
  - Identifies clients who need 2<sup>nd</sup> dose with location
- Aggregate reports to show trends
  - Provide demographic data – race/ethnicity, age, shelter
  - Opportunity to target any gaps identified
  - Overall vaccination progress

# Results to Date

Of the enrolled clients in the individual shelters:

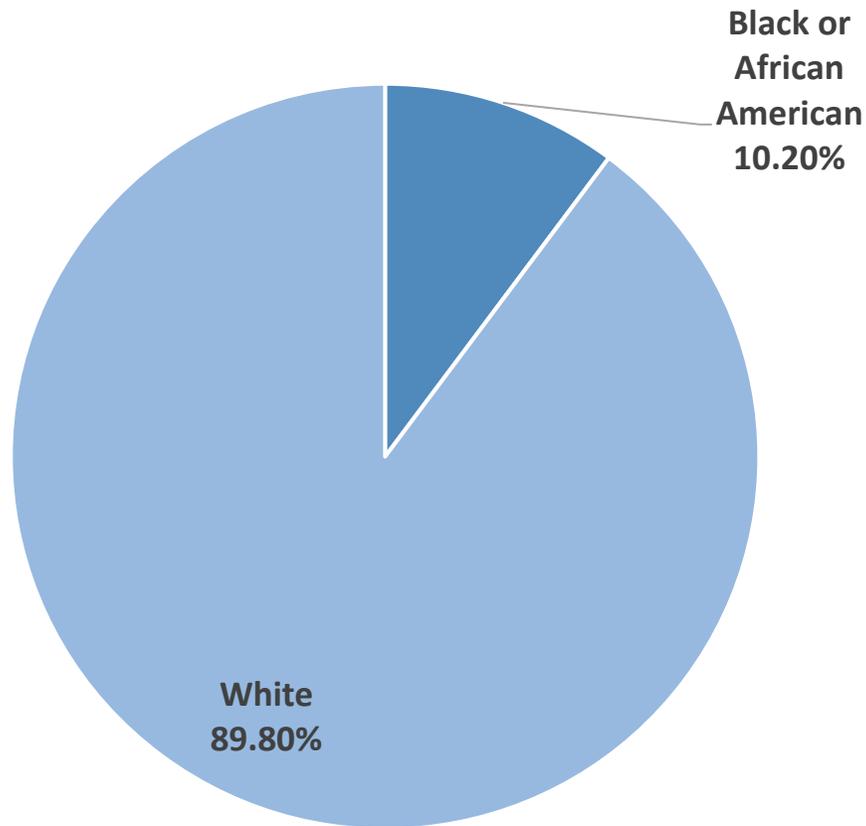
- 86 of 140 enrolled vaccinated
- **61%** of guests

Of those in family shelter that were vaccinated (clients and staff)

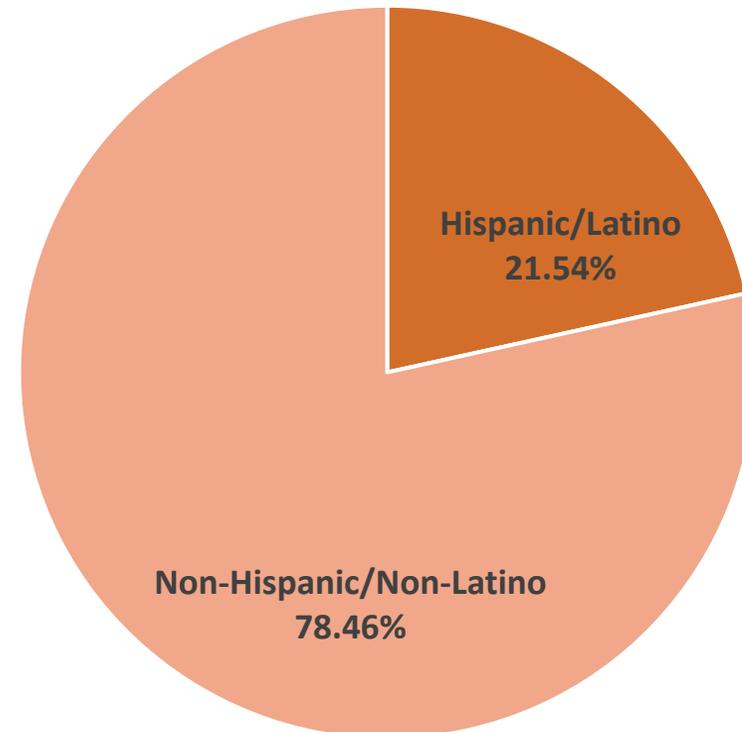
- **47%** Latinx
- **20%** Black
- **33%** White
  - Self-reported race/ethnicity

# Proportional view of vaccinated single adults in shelter by Race and Ethnic category.

Vaccine Log Equity by Race



Vaccine Log Equity by Ethnicity



HMIS users are presented with an assessment screen. The COVID 19 Vaccination Status selection box is the primary feature of the assessment.

PROGRAM: EMERGENCY SHELTER A

Enrollment

History

Provide Services

Assessments

Files

Forms

COVID-19 VACCINE

Assessment Date

02/03/2021



COVID 19 Vaccination Status

Select



COVID 19 Vaccine note

Walgreens Pharmacy



**\*\*\*VACCINE STATUS CAN NOT BE USED TO DENY SHELTER OR SERVICES\*\*\***

This assessment is not an official medical record and is not intended for medical use. It is intended only for use by homeless service providers to support the work of providing services to their clients. This is self-reported information.

# COVID 19 Vaccination Status selection box picklist options

Select

Received two doses of Moderna vaccine

Received one dose of Moderna vaccine, second dose is scheduled for a future date

Not vaccinated and nothing is scheduled

Not eligible for vaccine due to allergy or other medical exception

Client refused the vaccine

Received one dose of Moderna vaccine, missed appointment for second dose

Received one dose of a one dose vaccine

Client doesn't know or refused to answer

No vaccination yet, but an appointment is scheduled

Received two doses of Pfizer vaccine

Received one dose of Pfizer vaccine, second dose is scheduled for a future date

Received one dose of Pfizer vaccine, missed appointment for second dose

Based on the selection, relevant date and appointment field options appear where an administration date or future appointment date can be recorded.

COVID-19 VACCINE

Assessment Date

02/03/2021



COVID 19 Vaccination Status

Received one dose of Moderna vaccine, second dose is scheduled for a ▼

MODERNA - TWO SHOTS ARE EXPECTED ONE MONTH (28 DAYS) APART PER CDC GUIDANCE

COVID 19 Date that the first dose of a two dose vaccine was administered

01/27/2021



COVID 19 Appointment for upcoming vaccine dose

02/26/2021



COVID 19 Vaccine note

Walgreens Pharmacy



**\*\*\*VACCINE STATUS CAN NOT BE USED TO DENY SHELTER OR SERVICES\*\*\***

This assessment is not an official medical record and is not intended for medical use. It is intended only for use by homeless service providers to support the work of providing services to their clients. This is self-reported information.

# Report cycled back to project managers

Assessing Agency Name	Unique Identifier	COVID-19 Vaccination Status	COVID 19 Date the vaccine dose is scheduled for
Greater Worcester Housing Connection	0B92343F7	Received two doses of Moderna vaccine	
Greater Worcester Housing Connection	2075F5D4C	Received two doses of Moderna vaccine	
Greater Worcester Housing Connection	24AC0938D	Received two doses of Moderna vaccine	
Greater Worcester Housing Connection	41FFB276B	Received two doses of Moderna vaccine	
Greater Worcester Housing Connection	8918F9137	Received two doses of Moderna vaccine	
Greater Worcester Housing Connection	A7336A403	Received two doses of Moderna vaccine	
Greater Worcester Housing Connection	D221D8C0B	Received two doses of Moderna vaccine	
Greater Worcester Housing Connection	FEF272E16	Received two doses of Moderna vaccine	
Net of Compassion - Restorer of Broken Bridges	00029A498	Received one dose of Moderna vaccine, second dose is scheduled for a future date	2/16/2021
Greater Worcester Housing Connection	0E3327C54	Received one dose of Moderna vaccine, second dose is scheduled for a future date	2/16/2021
Net of Compassion - Restorer of Broken Bridges	0F2B6E303	Received two doses of Pfizer vaccine	
Greater Worcester Housing Connection	10EFA228F	Received one dose of Moderna vaccine, second dose is scheduled for a future date	2/18/2021
Net of Compassion - Restorer of Broken Bridges	11E13F33D	Received one dose of Moderna vaccine, second dose is scheduled for a future date	2/16/2021
Greater Worcester Housing Connection	123054DEC	Received one dose of Moderna vaccine, second dose is scheduled for a future date	2/18/2021
Greater Worcester Housing Connection	18B61F3C5	Received one dose of Moderna vaccine, second dose is scheduled for a future date	2/18/2021
Greater Worcester Housing Connection	1C4AD09AA	Received one dose of Moderna vaccine, second dose is scheduled for a future date	2/18/2021

The City of Worcester’s vaccination team achieved an on schedule “second dose” rate of 68% at the first follow up clinic.

# Considerations

## Partner

- Partner with shelters to enter HMIS during mobile clinic
- Partner with CHCs Hospitals local DPH to administer

## Ensure

- Ensure sufficient social distancing space

## Administer

- Administer single dose when available

## Explore

- Explore cross program sharing of data (outreach and shelters)

## Plan

- Plan for extra vaccines
  - On-call list for those eligible

# Next Steps

Planning for unsheltered individuals experiencing homelessness

- Wait until Phase 3 – eliminates documenting condition for phase eligibility
- Single dose/no freezing

01 →

Targeted outreach based on aggregate data

02 →

Use vaccination data for shelter management – cohorting

03

Maintain partnerships/collaboration that was created during disaster

- Continue to provide services on-site
- Bring critical services to shelters

04 →

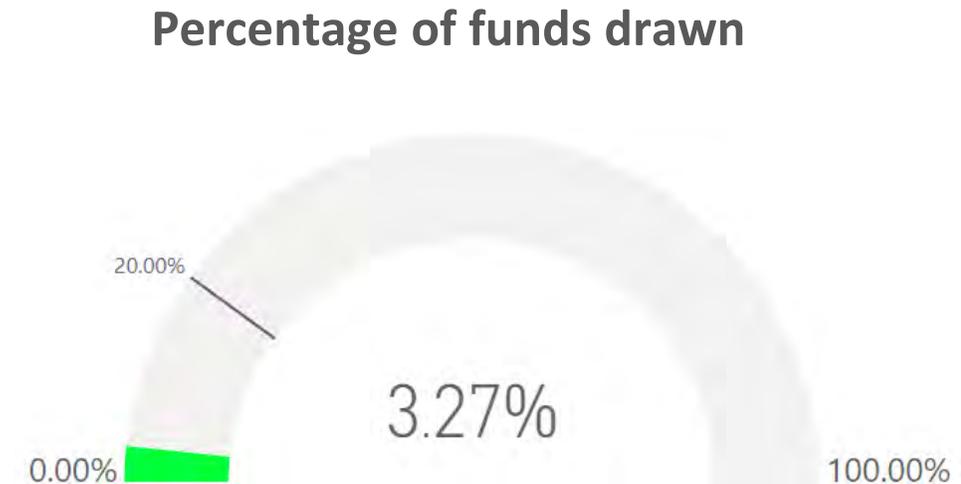
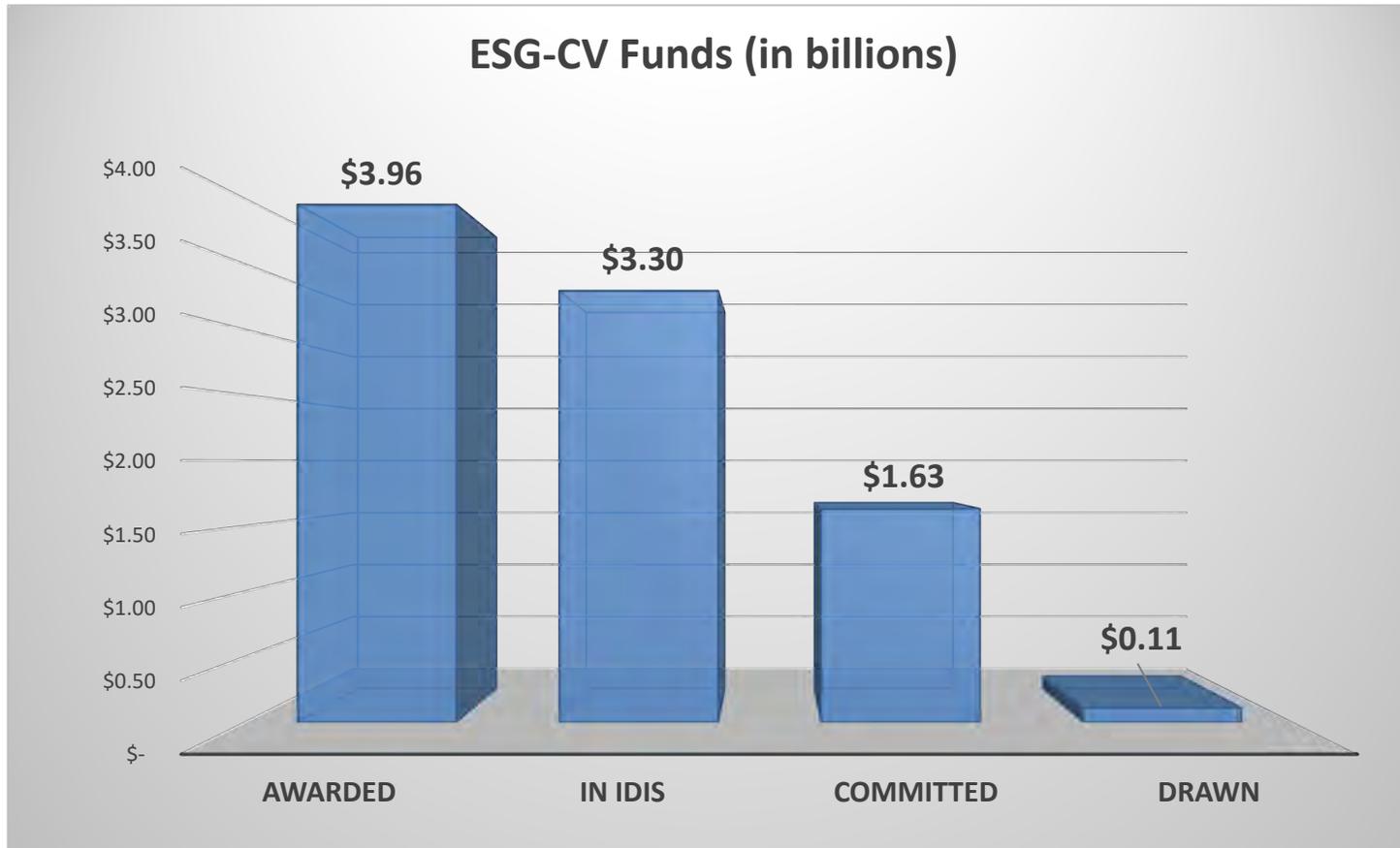
Look at shelter design – lessons learned from COVID

- Single or double room with bathroom – use of SROs
- Limits infectious disease spread
- Privacy for health care – physical and behavioral

THANK YOU!

# ESG-CV Grants Status Report

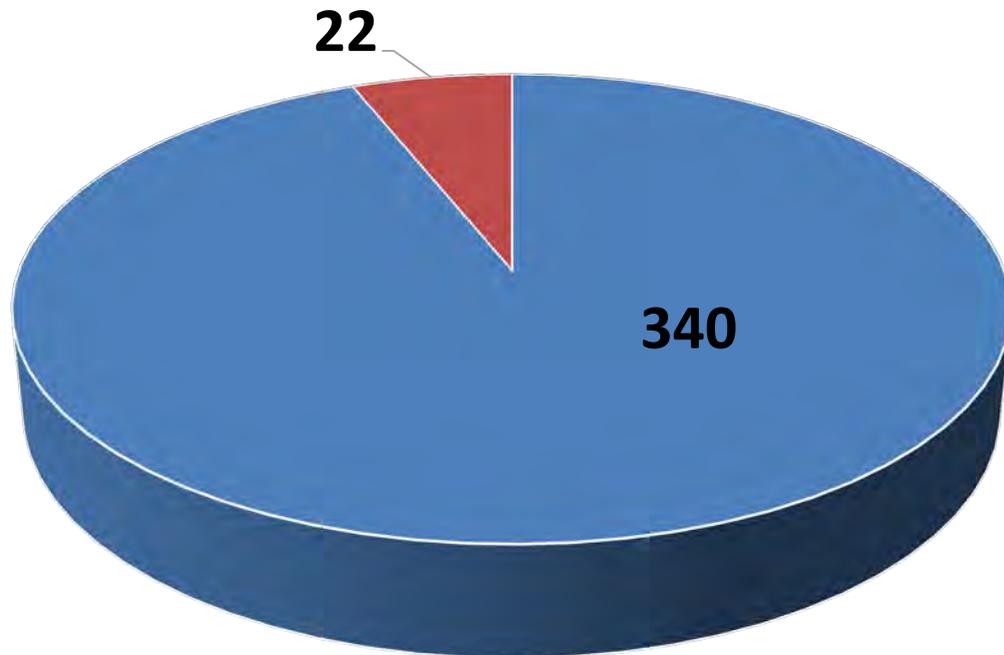
As of February 17, of the 362 ESG-CV Recipients and \$3.96 Billion allocated:



**20% of your grant allocation must be expended by September 30, 2021**

# ESG-CV Grants Status Report

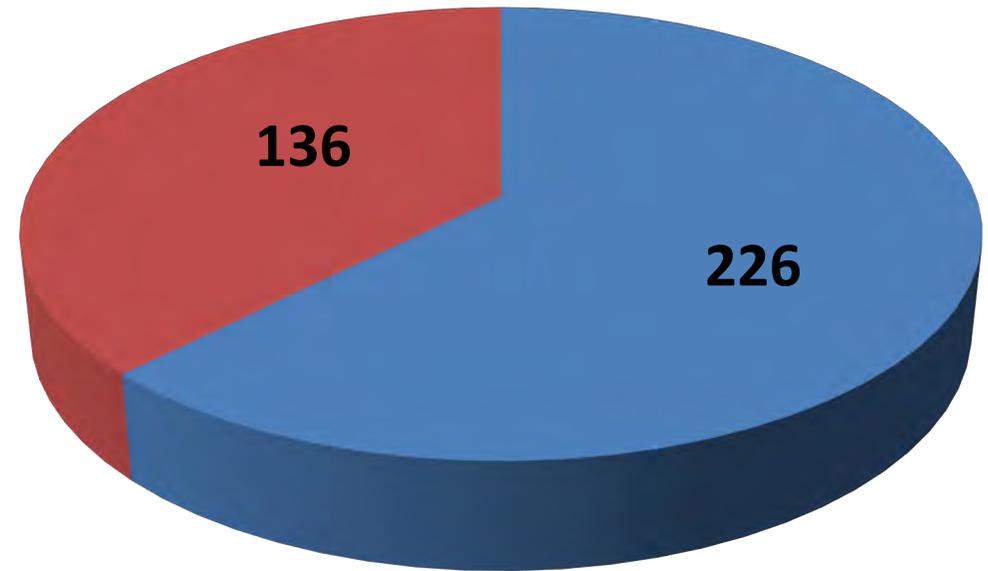
## ESG-CV1 Status



■ Grants in IDIS

■ Remaining to Load in IDIS

## ESG-CV2 Status



■ Grants in IDIS

■ Remaining to Load in IDIS

# TA RESOURCE SPOTLIGHT

- **HUD'S Goals and Objectives for Equitable Vaccine Distribution to People Experiencing Homelessness**



# HUD'S GOALS AND OBJECTIVES

The COVID-19 pandemic has amplified the historic and current discrimination experienced by racial and ethnic minority groups and people experiencing homelessness. Underlying health and social inequities have resulted in Black, Indigenous, and People of Color being disproportionately impacted by the disease. Vaccination against COVID-19 can significantly reduce severe morbidity and mortality among people experiencing homelessness, which will require confronting racial inequities and building vaccine confidence.

HUD is working in partnership with the CDC to provide guidance and planning support to homeless service systems **with the goal of ensuring the equitable distribution of the vaccine to people experiencing homelessness and essential homeless services staff, based on community prioritization strategies.**



# HUD'S GOALS AND OBJECTIVES

To achieve this goal, HUD sets out clear objectives, which includes calling on communities to:

1. Ensure the demographics of people experiencing homelessness who have been vaccinated mirrors the demographics of the population of people experiencing homelessness.
2. Strive for an overall vaccination rate of people experiencing homelessness that is comparable to the vaccination rate of the general population.
3. Lead with a race equity lens by focusing on establishing vaccine confidence in historically marginalized communities, developing meaningful engagement strategies for these populations, and continuously examining our data to determine if we are making measurable improvements.
4. Create engagement strategies that focus on the intersection of race and other historically marginalized populations who are overrepresented in the population of people experiencing homelessness, such as people with disabilities and people who identify as LGBTQ.



- **EQUITABLE VACCINE DISTRIBUTION AND ACCESS**



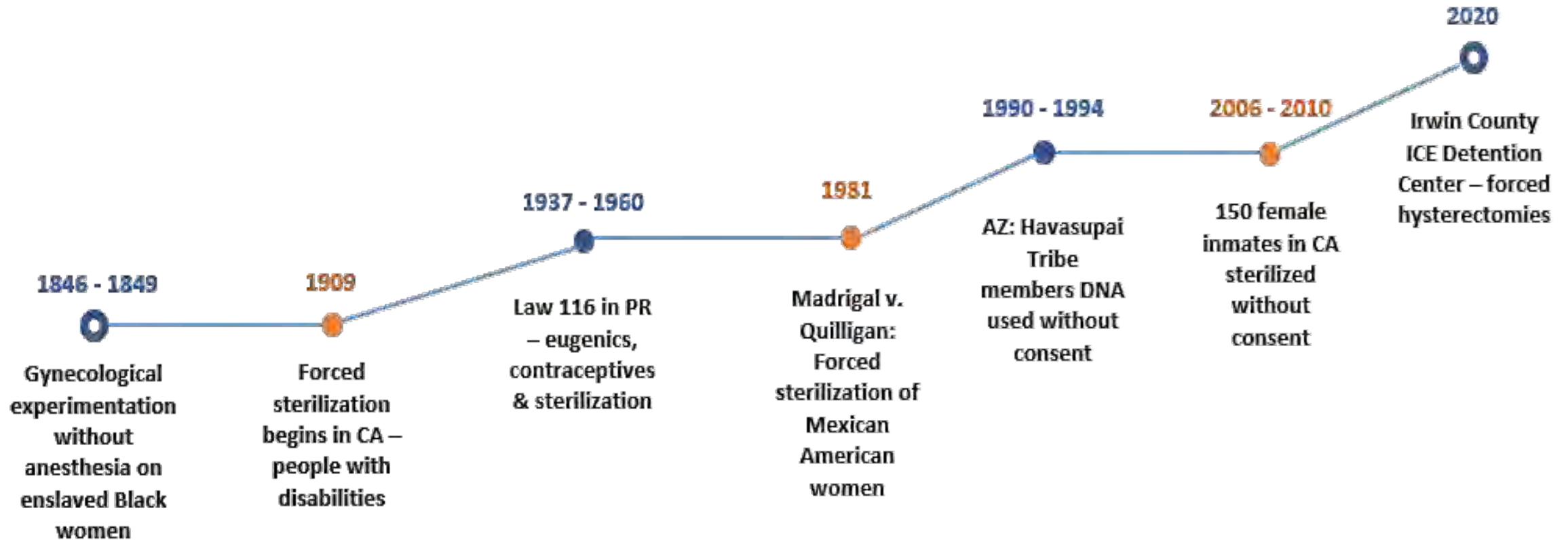
# WHAT CAN WE DO NOW?

- Review, digest and widely disseminate the equity focused newsletter and upcoming special series
- Ensure you have familiarized yourself with state and local vaccine distribution plans
  - While some communities may be averse to deviating from existing plans, people experiencing homelessness may be prioritized in current phases
- Continue to engage communities in dialogue about how to address vaccine hesitancy so people experiencing homelessness who are vaccine hesitant may grow into willingness when communities have a more adequate vaccine supply

# PREVIEW: EQUITY SERIES PART 1

- Understanding the historical roots of public health and medical institution distrust
  - As we continue to design strategies and resources that align with public health guidance in response to COVID-19, it is critical that stakeholders and providers understand the root causes of distrust or uncertainty that BIPOC communities may hold about public health and healthcare systems.

# REPRODUCTIVE HEALTH & BIOMEDICAL RESEARCH INJUSTICE



# INTRO TO SPECIAL SERIES

- The newsletter will be winding down after this week, however there will be a special series that will continue over the next few weeks.
- The special series will continue to highlight historical roots of public health and medical institution distrust to support dialogue on vaccine hesitancy. You can expect to learn about:
  - Asian American/Pacific Islander community and health disparities
  - Immigrants without current legal presence
  - Intersectional identities - LGBTQ+
  - Nuances of navigating vaccine conversations w/BIPOC communities
  - And more!

# ADDITIONAL RESOURCES

[COVID-19 Homeless System Response Racial Trauma and Trauma Informed Services](#)

[COVID-19 Homeless System Response Staff Orientation to Racial Equity](#)

[Racially Equitable Responses to COVID-19](#)

# REMINDER ABOUT COMMUNITY CONTEXT

- **Supply is extremely scarce in many communities regardless of prioritization plans or DPH partnerships**
- Where people experiencing homelessness are not prioritized
  - It may be very hard to get the attention of local DPHs
  - There's A LOT OF WORK to be done NOW to get eligible populations vaccinated (i.e. 65+)
  - Look to the range of health partners to create access

# COMMUNICATION DOCUMENTS

- [Building Vaccine Confidence](#)
- [Language Tools](#)
- [Updated CDC FAQs](#)

# VACCINE DISTRIBUTION & SURVIVOR SAFETY CONSIDERATIONS

- Gaining Vaccine Access for Survivors
- Trauma Informed Support for Decision Making
- Vaccination Site Safety
  - Partnership and Coordination with local VSPs
  - Vaccination Site Safety
  - Data and information Confidentiality and Safety

**You can now  
view your  
Economic Impact  
Payment  
amounts, if any,  
within your  
online account.**



**[www.irs.gov/account](http://www.irs.gov/account)**

Eligible individuals who did not receive the full amounts of both Economic Impact Payments may claim the Recovery Rebate Credit on their 2020 Form 1040 or 1040-SR.



**Cómo reclamar el Crédito de Recuperación de Reembolso en una declaración de impuestos de 2020**

La mayoría de las personas que son elegibles para el Crédito de Recuperación de Reembolso ya lo recibieron, por adelantado, en dos rondas de pagos de impacto económico.

Las personas que recibieron los montos completos de ambos pagos de impacto económico no necesitan completar ninguna información acerca del Crédito de Recuperación de Reembolso en su declaración de impuestos de 2020.

Las personas que son elegibles, y que no recibieron ningún pago de impacto económico o recibieron menos de los montos completos de Recuperación de Reembolso, deben presentar una declaración de impuestos de 2020 para reclamar el Crédito de Recuperación de Reembolso si no suelen presentar una declaración de impuestos.

**Claiming the Recovery Rebate Credit on a 2020 Tax Return**

Most people who are eligible for the Recovery Rebate Credit have already received it, in advance, in two rounds of Economic Impact Payments.

Individuals who received the full amounts of both Economic Impact Payments do not need to complete any information about the Recovery Rebate Credit on their 2020 tax return.

People who are eligible – and either didn't receive any Economic Impact Payments or received less than the full amounts – may claim the Recovery Rebate Credit. They must file a 2020 tax return to claim it even if they don't usually file a tax return.

People received the full amounts of both Economic Impact Payments if:

- ▶ Their first Economic Impact Payment was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each **qualifying child**, and
- ▶ Their second Economic Impact Payment was \$600 (\$1,200 if married filing jointly) plus \$600 for each **qualifying child**.

**About the Recovery Rebate Credit**

The eligibility requirements are the same for the Recovery Rebate Credit as they were for the Economic Impact Payments except that the credit eligibility and the credit amount are based on 2020 tax year information.

File a complete and accurate return to avoid refund delinquency. The IRS urges taxpayers to file electronically and use tax software to figure the Recovery Rebate Credit. The IRS has **Form 1040-RR** and **Form 1040-SR-RR** to help you figure the credit amount. If you don't have a worksheet, you can use the worksheet on the back of Form 1040-RR or Form 1040-SR-RR.

Publication 5496 (02-2021) Catalog Number 754448 Department of the Treasury Internal Revenue Service

[www.irs.gov/rrc](http://www.irs.gov/rrc)



# New Resources Posted

[Establishing a Capitalized Operating Reserve](#)

[Coordination with the Veteran System](#)

[Eligible ESG Program Costs for Infectious Disease Preparedness \*\(rev 2/17\)\*](#)

# Key Websites

**HUD:** <https://www.hudexchange.info/homelessness-assistance/diseases/infectious-disease-prevention-response/>

**CDC:** <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

**NHCHC:** <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

**USICH:** <https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/>

**VA:** <https://www.publichealth.va.gov/n-coronavirus/index.asp>

**HRSA:** <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

# Federal Partner Contacts

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:  
[www.cdc.gov/COVID19](https://www.cdc.gov/COVID19); 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:  
[HUD Exchange Ask-A-Question \(AAQ\) Portal](#)

# Q & A

