COVID-19 HMIS Data Usage Series—Part 2 of 4

This resource is the second of four documents that comprise the COVID-19 Homeless Management Information System (HMIS) Data Usage Series, which shows how communities can use a performance improvement strategy grounded in both equity and data. Access Parts 1, 3, and 4 here. A hypothetical community has been using the Vaccine Screening Questions and Responses recommended in the Data Collections Options for COVID-19 Vaccines to screen all participants in their emergency shelter. In this example, the community uses data gauging interest in vaccination to inform their outreach and engagement strategies.

1 Collect Data

- Collect vaccine confidence data for several months. Here is an example of the data a CoC might collect:

	American Indian	Asian	Black	Native Hawaiian	White
Total Surveyed	35	15	275	30	145
Not Willing	7	4	115	12	36
Percent of Total	20%	27%	42%	40%	25%

2 Analyze Data

- Based on the data collected, the community finds that the data shows the largest number and percentage of those not willing to receive the vaccine identify as Black or African American.
- They also find that Native Hawaiians are equally as high in percentage, but lower in numbers.

3 Strategize

- Work with community leaders specific to the populations expressing hesitancy, including faith-based leaders, minority-led organizations, etc.
- Engage/hire vaccine ambassadors who properly reflect the population.
- Set goals with community validators, outreach specialists, and peer workers.

4 Monitor/Evaluate

- Monitor data weekly.
- Report these results to community stakeholders to be as transparent as possible.
- Adjust your improvement strategies as the data shows shifts in trends.

https://www.hudexchange.info/resource/6229/covid19-homeless-system-response-vaccine-planning-and-distribution/

Background:

A community has been using the Screening Questions and Responses recommended in the Data Collections Options for COVID-19 Vaccines to gather information from all participants in their emergency shelter about their interest in getting vaccinated. The community uses this HMIS data to inform their engagement strategies. To do this, they produce a report that includes the screening questions and responses as well as the universal data elements. They analyze the data collected and produce a simple report disaggregating the data by community-defined criteria to identify which groups of people are least likely to take the vaccine. This example analyzes the number of people surveyed and responses of "No" to the question "Are you willing to take the COVID-19 vaccine?" disaggregated by race.

Race is the largest predictive factor of inequitable outcomes in homelessness systems. Across all age groups, genders, household types, and geographic type, Black, Indigenous, and people of color (BIPOC) are documented as experiencing:

- Higher rates of homelessness
- Longer periods of homelessness
- Fewer exits to permanent housing
- Higher rates of returns to homelessness

By centering improvement processes in racial equity, communities are more likely to see successful and sustainable outcomes, which, in this case, means equitable access to and distribution of COVID-19 vaccines.

1. Collect Data

The community has been collecting vaccine confidence data for several months and has provided the following data to their Continuum of Care (CoC).

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
Total surveyed	35	15	275	30	145
Not willing	7	4	115	12	36
Percent of total	20%	27%	42%	40%	25%

2. Analyze the Data

Using the above data, the largest number and percentage of those not willing to receive the vaccine identify as Black or African American. Equally as high in percentage, but lower in numbers, are Native Hawaiian or Other Pacific Islander. Understanding which groups have a higher percentage of initial hesitancy prior to a vaccination event should not prevent staff and ambassadors from asking participants again if they would like the vaccine before the event or from continuing to engage with that population. People may change their minds at any time.

Further Analysis: This document is not intended to be an exhaustive list of options for data analysis. At times, as in this case, it may make sense to do further analysis based on initial findings. In this example, the screening questions include a follow-up question of "What is the key concern?" if the respondent answered "No" to "Are you willing to take the COVID-19 vaccine?" This will give those working to instill vaccine confidence an understanding of what concerns to address.

3. Design Data-Informed Improvement Strategies

Knowing which populations comprise the largest groups of people reporting vaccine hesitancy informs the community about how to design their outreach and engagement strategies to increase vaccine confidence. Improvement strategies will vary based on the community and the infrastructure in each region. Some examples of potential improvement strategies include:

- Work with trusted community leaders specific to the populations expressing hesitancy, including faith-based leaders, minority-led organizations, etc.
- Engage/hire vaccine ambassadors who reflect the population.
- Analyze the "Why" of vaccine hesitation. Listen to the reasons people do not have confidence in the vaccine, and work with your public health department to craft messages that directly address those concerns.
- Develop and revise signage/flyers, written communications/messages, information sessions, and screening processes to specifically address the concerns of people experiencing homelessness.
    - Consider and explicitly acknowledge the history of racism in the medical community and the mistrust based on unethical practices within the medical community toward BIPOC.
- Speak directly to people who are experiencing homelessness and use the information they provide about why they lack confidence in the vaccine to inform outreach and engagement strategies.
- Set goals with community validators, outreach specialists, and peer workers (e.g., *Reduce the percentage of Black or African American people experiencing homelessness who are unwilling to take the vaccine by 15 percent).* Goals should be:
    - Specific
    - Measurable
    - Achievable
    - Realistic
    - Timely

4. Monitor and Evaluate Strategies to Assess Whether the Intended Results Have Been Achieved

After improvement strategies have been put in place, it is important to continually monitor outcomes to ensure the strategies are having the intended consequences. Communities should maintain flexibility and adaptability while being prepared to change their approach based on the lessons learned throughout this process. Examples of potential monitoring and evaluation techniques include:

- After the improvement strategy has been implemented, monitor the data weekly to determine if there are improvements in the outcomes.
- Report these results to community stakeholders to be as transparent as possible.
- Adjust your improvement strategies as the data shows shifts in trends.
- In this specific example, the expected outcome could be an overall increase in vaccine confidence and specific increases in vaccine confidence among populations targeted in the improvement strategies.