



# COVID-19 HMIS Data Usage Series—Part 3 of 4

This resource is the third 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, 2, 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 HMIS data to: 1) Monitor the impact of engagement strategies; 2) Identify those who are included in groups currently prioritized for vaccination; and 3) Understand who is accessing the vaccine.

## 1 Collect Data

- Collect information on the willingness and administration of the vaccine. Here is an example of what data a CoC might collect:

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
Willing to take Vaccine	28	9	160	18	109
Eligible under current phase	18	2	102	6	76
Taken Dose 1	8	0	38	2	40
Percent of Total	44%	0%	37%	33%	53%



## 2 Analyze Data

- From the collected data, 53% of Whites who are willing and eligible for the vaccine have begun the protocol.
- It was also found that only 37% of Black or African-Americans have started the protocol, which also represents the largest number of eligible people that have not received the vaccine.



## 4 Monitor/Evaluate

- Evaluate the need to continue with the strategy, collecting the data, and monitoring the data.
- Monitor the data weekly to determine if there are improvements in the outcomes.



## 3 Strategize

- Work with providers and participants to understand the barriers to vaccine access and develop strategies to mitigate those barriers.
- Increase outreach to those eligible and willing who have not been vaccinated using culturally-competent partners and vaccine ambassadors.
- Consider the location of vaccination events and the proximity to the location of the various populations identified.



## Background:

As the vaccine is now being distributed to the homeless population, the community collects vaccine status data. The community wants to monitor the number of participants who receive the vaccine, the follow-up rate among those in a two-dose regimen, and the equitability of access. To do this, they produce an HMIS output report which includes HUD's universal data elements, program-specific data elements, and the recommended data elements for [vaccine screening and vaccine status](#).

The community regularly reviews the number of people experiencing homelessness willing to take the vaccine who are included in the groups currently prioritized for vaccination. Who is prioritized depends on the local community vaccine rollout plan and may be derived from age, disabling condition, and other universal or program-specific data elements.

### 1. Collect Data

The community disaggregates their data by the demographic of race and uses that with responses to "Are you willing to take the COVID-19 vaccine?" and whether they have taken dose 1 to understand who, among those currently prioritized, has been vaccinated. The following report was provided to the Continuum of Care:

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
Willing to take vaccine	28	9	160	18	109
Prioritized under current phase	18	2	102	6	76
Taken dose 1	8	0	38	2	40
Percent of total	44%	0%	37%	33%	53%

Note: this example presumes that only two-dose vaccines are available within the community. As one-dose vaccines become available, further data analysis would be required.

### 2. Analyze the Data

The data above indicates that 53 percent of White people who are willing and included in a group prioritized for the vaccine have begun the protocol whereas only 37 percent of Black people or African-Americans have. While 55 participants who identify as American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander are willing to take the vaccine, only 10 of them have begun the protocol—a participation rate of only 18 percent.

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. The community may disaggregate the data differently, such as by shelter location and/or sheltered vs unsheltered population, to further evaluate the data.

### 3. Design Data-Informed Improvement Strategies

Knowing how many people experiencing homelessness have not yet started the vaccination protocol, disaggregated by race and other demographics, informs the community about how to design their outreach and engagement strategies to ensure people experiencing homelessness begin the vaccination protocol. Examples of potential improvement strategies include:

- Identify both disparities in service delivery (in this case vaccination rates being significantly lower among people of color) and investigate how the disparities came to be.

- Deliberately and swiftly correct course and monitor progress toward more equitable outcomes.
- Increase outreach to those who have not been vaccinated using culturally competent partners and [vaccine ambassadors](#).
- Consider whether the location of vaccination events and the proximity to the location of the various populations identified are barriers to vaccine access.
- Work with providers and participants to understand the barriers to vaccine access and develop strategies to mitigate those barriers.
- Set Goals: In this specific example, a goal could be to have proportionate vaccination rates among the disaggregated populations based on the rate at which any given population experiences homelessness in your community.

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

Due to the ever-changing landscape during this pandemic, communities should maintain flexibility and adaptability in their processes. Communities should plan for how they will monitor the impact of strategies and be prepared to adjust based on what they learn as they work toward desirable outcomes.

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.
- Evaluate the need to continue with the strategy by collecting and monitoring the data. Ask questions like:
  - Has vaccination saturation been achieved?
  - Has the current strategy achieved maximum results?
  - Can the community now focus on other efforts?