



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

This resource is the fourth 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 3 here](#). In this example, a community's analysis of vaccine-related data indicates that a portion of the population remains unwilling to be vaccinated. The community uses their data to understand who is hesitant about getting vaccinated and for what reason(s).

## 1 Collect Data

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

	Black or African American	White	Native Hawaiian or Other Islander
Believe the vaccine is not safe and may cause serious health complications	30	115	7
Distrust in the healthcare system due to historic and/or current racism	185	0	12
Believe the vaccine will not work/is ineffective	5	5	2
Believe the vaccine is too new	90	35	8
Concerns with the vaccine development process	5	15	14

## 2 Analyze Data

- Based on the collected data, 46% of African-American or Black individuals cite “distrust in the healthcare system due to historic and/or current racism” as their primary reason for not wanting the vaccine.
- It was also found that 57% of white individuals believe the vaccine is not safe and may cause serious health complications.



## 4 Monitor/Evaluate

- Monitor the data weekly to determine if there are improvements in the outcomes.
- Maintain flexibility and adaptability to continue to meet the needs of people experiencing homelessness.

## 3 Strategize

- Offer community meetings and discussions with incentives for participation, where people experiencing homelessness would be able to share their concerns and ask questions to experts and vaccine ambassadors.
- Increase outreach to those who have expressed concerns using culturally-competent partners and vaccine ambassadors to speak directly to key concerns.



## 1. Collect Data

The Emergency Shelter continues to collect the [vaccine screening and vaccine status](#) questions from shelter guests at intake, as well as regularly reassessing the willingness to take the vaccine among those who were previously screened but have not begun the vaccination process. During a recent review of COVID-19 data, the report being used to monitor vaccination indicated that there remains a portion of the population that report they are unwilling to take the vaccine. The community wants to understand who lacks confidence in the vaccine and for what reason(s).

To do this, they utilize the HMIS output report described in Parts 2 and 3 which includes the U.S. Department of Housing and Urban Development's (HUD's) universal data elements, program-specific data elements, and the recommended data elements for [vaccine screening and vaccine status](#). By building a report that provides a wide range of data, the resulting raw data output can be used to respond to the community's questions and concerns as well as make the process for extracting and cleaning the data a uniform one that allows for examination of data over time.

The following example includes the universe of participants who responded "No" to "Are you willing to take the COVID-19 vaccine?" and disaggregates by race responses to the conditional question "If 'No' to 'Are you willing to take the COVID-19 vaccine?', what is the key concern?" to determine if there are trends between reasons for vaccine concern and racial groups that will help communities strategize about who should address vaccine hesitancy AND what the message should be. 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	Totals
Believe the vaccine is not safe and may cause serious health complications	6	4	30	7	115	162
Believe the vaccine will not work/is ineffective	3	1	5	2	5	16
Believe the vaccine is too new	4	7	90	8	35	144
Concerns with the vaccine development process	12	11	55	14	15	107
Believe they are not at risk of getting COVID-19 or risk is low	2	1	5	3	10	21
Believe the vaccine may infect them with COVID-19	4	1	5	2	5	17
Concern that vaccination may lower vulnerability score and/or impact access to services	5	3	25	2	15	50
Distrust in the healthcare system due to historic and/or current racism	14	22	185	12	0	233
Totals:	50	50	400	50	200	<b>750</b>

## 2. Analyze the Data

The data above indicates:

- There are 750 participants not willing to take the vaccine.
- The three most common key concerns noted are:
  - *Distrust in the healthcare system due to historic and/or current racism* (31 percent overall, primary reason [46 percent] among Black people/African Americans)
  - *Believe the vaccine is not safe and may cause serious health complications* (22 percent overall, primary reason [57 percent] among Whites)
  - *Believe the vaccine is too new* (19 percent overall)

## 3. Design Data-Informed Improvement Strategies

Knowing the volume of people who are unwilling to take the vaccine, the primary reasons why there is concern, and if there are subpopulations that have similar concerns 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:

- Increase outreach to those who have expressed concerns using culturally competent partners and [vaccine ambassadors](#) speaking directly to the key concerns.
- Provide access to information such as public service announcements, one-pagers, signage, and videos from experts addressing the specific key concerns (e.g., a video of culturally competent experts explaining how the vaccines were developed, what known information was capitalized on to develop the vaccine, and when the vaccine development process began).
- Work with local public health departments to provide access to experts who can dispel the myths about the vaccine causing serious health complications.
- Offer community meetings/discussions with incentives for participation, where people experiencing homelessness would be able to share their concerns and ask questions of experts and vaccine ambassadors. Incentives should be for participation in the meetings, and not contingent on receiving the vaccine.

Set Goals: In this specific example, the goal could be to increase vaccine confidence among shelter guests by 25 percent within a month. The goal is used as an indicator for how well the strategies are working and is centered in trauma-informed responses and cultural competency. Outcomes should not be centered in coercion of people experiencing homelessness, but rather providing people with information so they can make informed decisions.

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

Communities should monitor data regularly to determine if strategies have had the expected impact in the expected timeframe. Engaging in the data analysis cycle of collecting, analyzing, and interpreting data as a means of monitoring strategies and trends coupled with maintaining flexibility and adaptability will allow communities to respond to the ever-changing COVID-19 landscape and continue to meet the needs of people experiencing homelessness.

## Conclusion:

This series used narrow and specific real-world examples to demonstrate the broader value of having data informed and monitored processes for community planning in times of disaster recovery and as an overall best practice as communities strive to find the most equitable, impactful, and lasting solutions to the needs of those they serve.

More information on HMIS and data collection can be found on the [HUD Exchange](#), including useful guides and community examples. Other useful resources include:

- [COVID-19 Homeless System Response: Vaccine Planning and Distribution](#)
- [Office of Special Needs Assistance Programs \(SNAPS\) Data TA Strategy to Improve Data and Performance](#)
- [Spring 2020 National Human Services Data Consortium \(NHSDC\) HUD Virtual Conference](#)