



# Initial Vaccine Planning Data Considerations for Homeless Systems

## Introduction and Purpose

In October 2020, states submitted [vaccine distribution plans](#) to the Centers for Disease Control and Prevention (CDC). Although vaccine rollout will vary across the U.S., each strategy must be [rooted in equity](#) and informed by those with lived expertise of homelessness. U.S. healthcare systems have a longstanding history of mistreatment and discriminatory behaviors towards Black, Indigenous, and people of color (BIPOC) and individuals who identify as LGBTQ+. These issues contribute to diminished trust in healthcare providers and the larger medical system. Continuums of Care (CoCs) and healthcare providers will need to work with trusted community validators and organizations that serve these populations to ensure that they feel comfortable in receiving the vaccine.

## In the Coming Weeks:

- Jurisdictions will operationalize their plans in accordance with CDC guidance, which includes prioritizing individuals living in congregate settings (emergency shelters) and essential workers (shelter staff and outreach workers).
- Homeless services systems can assist public health authorities with quantifying people experiencing homelessness to provide [local decision-makers and public health departments](#) with an estimated number of vaccines needed.
- Communities that quantify needs and assist planners and decision-makers in estimating the number of doses in a community will help ensure that people experiencing homelessness and homeless service staff are prioritized appropriately.

## Use Available Data

Data sets useful to plan for and quantify the need for vaccines for people experiencing homelessness include:

- The most recent Housing Inventory Count (HIC).
- The Point-in-Time (PIT) count.
- The community's by-name list, prioritization list, or coordinated entry data.
- The community's Homeless Management Information System (HMIS) and other homeless service provider data.

## Initial Activities

With the data available, local CoCs and HMIS Lead Agencies can take steps to educate local decision-makers about the impact of vaccine prioritization on people experiencing homelessness and the degree to which their current plan may exclude subpopulations or those living in specific situations. Solidify the key messages you want to ensure decision-makers understand. It may be useful for you to:

- Understand your community's HMIS limitations and be aware of coverage rates.
- Collaborate with partners who may not participate in HMIS—including Victim Service Providers and faith-based service centers that serve clients in sheltered or unsheltered situations—to ensure a comprehensive understanding of the current number of people experiencing homelessness.
- Aggregate data about people experiencing homelessness in both sheltered and unsheltered settings, and broken out by priority group (i.e., age, comorbidity, etc.).
- Present data to local decision-makers to encourage prioritization of all people experiencing homelessness for vaccines, regardless of living situation.
- Ensure your local [HMIS privacy policy](#) is up to date.