



Questions to Assist CoCs and Public Health Authorities to Plan and Prepare for Vaccine Distribution

Each state has a vaccination plan that prioritizes groups based on public health risks, which includes people experiencing homelessness (PEH). Homeless system leaders and public health authorities are facing significant logistical issues associated with administering and tracking vaccines. They are also confronting a long history of health inequities that must be accounted for to increase vaccine confidence and support equitable allocation among members of the community experiencing homelessness, especially Black, Indigenous, People of Color (BIPOC).

Successful vaccination strategies for PEH require careful planning and consideration of questions that can only be answered through collaboration between public health, homeless system leaders, and PEH at the local level (community partners). These questions may assist local jurisdictions to focus initial conversations; at all times local public health authorities' instructions take priority.

Cross-sector Coordination

1. In your community, which organization is responsible for the distribution of the COVID-19 vaccine? Does this organization have an understanding of intersecting risks facing people experiencing homelessness? Are they actively recruiting PEH to be at decision-making tables and utilizing their expertise in the development of plans?
2. Are homeless system leaders and PEH positioned to inform public health of unique aspects that may affect the roll out of a vaccine?
3. Are planning tables representative of the racial and ethnic makeup of critical populations?
4. What are the special populations within people experiencing homelessness requiring additional coordination and consideration (i.e., survivors of Domestic Violence, unaccompanied youth, Indigenous communities, rural communities, people with disabilities (to include behavioral health disabilities), undocumented households, non—English speaking, etc.)?

Prioritization

1. In conversation with public health in your community, which sub-populations will be prioritized among people experiencing homelessness (e.g., individuals in congregate shelter, individuals living in unsheltered situations)? Who is at greatest risk of being exposed to COVID-19, transmitting disease to others, or suffering severe COVID-19 illness due to chronic health conditions? (Keep in mind the effects of systemic racism on access to healthcare)
2. What strategies will community partners design, in partnership with PEH, to ensure that prioritization plans are implemented equitably?
3. How will community partners work to give people living in unsheltered locations equal access to vaccination?
4. Every jurisdiction will prioritize different segments of the community based on vaccine availability. Full availability is expected in the middle of 2021. Until then, organizations will have to track staff, volunteers, and participants with discordant vaccination status – how will emergency management, public health, and the homeless service system plan for this scarcity?

Logistics

1. Including outreach, shelter, and operations staff and PEH in initial discussions may provide public health authorities with valuable information on opportunities and barriers related to vaccination at shelter sites. Have they been directly participating in logistical discussions regarding vaccination events?
2. Have CoC's estimated the number of PEH to assist public health planners in determining the number of doses required locally?
3. Are there encampments or other places where people gather that can be utilized to distribute the vaccine? How can existing outreach programs facilitate vaccine access? How can encampment leaders be involved in the planning?
4. What staff, volunteer, and healthcare provider partners and resources are available to support vaccine distribution, especially in lower capacity and rural communities?
5. What resources and systems (staff, data, procedures) are available to ensure individuals complete the two-dose vaccine regimen?

6. The vaccine can cause side effects. What guidance can public health provide to agencies regarding vaccinating and responding to side effects among staff and residents? How will agencies plan to allow staff and residents time to be monitored by medical staff post-vaccine for immediate side effects? How will agencies plan to provide safe isolation and quarantine spaces for people who develop common side effects like headache, fatigue and body aches?
7. Some people will decline to be vaccinated or will be medically unable to receive the vaccine, but CoCs are required to continue providing services. How will the CoC continue to serve both those who choose to be vaccinated and those who decline?

Community Engagement and Communications

1. Who is leading the specialized communication strategy with the PEH community to increase confidence in vaccine efficacy?
2. Recent polling data shows that approximately one third of the US population would not accept the vaccine if offered today. These numbers are even higher among some populations, like Black, Indigenous, and Latinx individuals. How will homeless services providers work with trusted partners to build confidence in the vaccine?
3. Who are trusted members of your community who can act as vaccine ambassadors to help build confidence in the vaccine among peers?
4. How can homeless system leaders engage PEH to design strategies that lower barriers and improve access to the vaccine?
5. What information do you need to fully support the vaccine roll out with accurate public health messages about the vaccine efficacy, benefits, risks? Is information accessible and available in different languages to all populations? For large geography CoCs, has your CoC identified ways to support this conversation within multiple local communities?