



# Utilizing Incentives to Increase Vaccine Adherence

Although the COVID-19 vaccine is readily available across the country, vaccine hesitancy is common, particularly among historically marginalized communities such as people experiencing homelessness and communities of color who have a history of being harmed and discriminated against by healthcare systems. Additionally, there are logistical issues that make it challenging for people who do not have a home to complete the two-dose regimen that is required by some of the vaccines currently available.

Overall, research supports the notion that incentives may increase overall vaccination adherence.

This brief provides an overview of incentives, possible funding sources with which to pay for them, and the supporting literature to inform local incentive strategies.

## Types of Vaccine Incentives

Vaccine incentives are rewards used to encourage people to receive the recommended immunizations. They may be monetary (e.g., gift cards, cash payments) or non-monetary (e.g., meal vouchers, hygiene kits).

## Funding Options

Payments of up to \$50 per dose are eligible under any component of the Coronavirus Aid, Relief, and Economic Security (CARES\_ Act Emergency Solutions Grants ([ESG-CV program](#)). Direct cash payments for vaccine incentives may include options such as direct deposit or PayPal since these are simply different transaction methods for giving people cash. Direct cash payments may also include the use of pre-paid credit/debit cards or gift cards that are unrestricted (i.e., not limited to a specific use or a particular retailer such as a specific store or restaurant). Recipients should be sure they provide options for cash payments in a way that is accessible to the people receiving it (e.g., direct deposit, PayPal, cash, unrestricted gift card).

Recipients and subrecipients that want to offer ESG-CV-funded vaccine incentives should track vaccine incentives as a separate budget line item. Recipients will report this activity in their quarterly report in SAGE under "Other ESG-CV Expenditures" as its own budget line item. Recordkeeping must document: a program participant's homeless status, when the vaccine was administered AND that the cash payment was made in conjunction with the vaccine being administered, and the extent to which other vaccine incentives are inaccessible or unavailable to people experiencing homelessness within the community. For more on the use of ESG-CV funds or Annual ESG funds used to prevent, prepare for, or respond to coronavirus, see [ESG-CV Grant Management](#).

If communities are not interested in using federal funds to pay for incentives, they can leverage private and philanthropic funding sources, which are more flexible and often have fewer reporting and administrative requirements than federal dollars.

## Include People with Lived Experience in Incentive Planning

Engage people with lived experience in planning to ensure vaccine strategies are effective. ESG and Continuum of Care (CoC) planning funds are two sources that could be used to pay people for their time.

- [Researchers in Canada](#) found that [economic decision-making policies](#) developed for and by the middle class may not be effective when applied to people living in poverty or experiencing homelessness. This implies that any policies designed to incentivize vaccination without the input of people with lived experience may not be effective.
- [People with lived expertise](#) have a real-world understanding of issues in the homeless service system and valuable input about the concerns of people experiencing homelessness and how vaccines should be messaged and distributed.

## Evidence for Incentivizing COVID-19 Vaccine Adoption

Vaccine incentives are rooted in the psychology of how people make economic and health decisions. Studies on vaccine incentive programs show that they result in a higher adherence to recommended immunizations.

- In 2020, the Benioff Homelessness and Housing Initiative conducted studies among people experiencing homelessness to inform COVID-19 testing models, evaluate attitudes toward vaccinations, and learn effective practices for community health outreach to support vaccine rollout. Researchers reported that incentives (\$10 gift cards, gift bags, and food) seemed to play a part in successful engagements. People were willing to wait an hour to get tested while there was no wait at the free clinic nearby ([HUD Office Hours January 8, 2021](#)).
- In 2015, the [CDC Community Preventative Services Taskforce](#) recommended incentives to increase vaccination rates. After a review of several meta-analysis studies of incentive programs implemented between 1980 and 2012, the Taskforce concluded that incentives increased vaccination rates by a median of 8 percentage points.
- A [literature review](#) of numerous vaccine incentive programs for people experiencing homelessness found that incentive programs increased vaccination uptake. During the H1N1 pandemic, 46 percent of individuals residing in homeless shelters participating in the incentive study chose to receive the H1N1 vaccine. This rate of vaccination is much higher than the 10 percent of the general population who chose to receive the vaccine. The authors find that incentives work best when paired with education about vaccines and interventions to ease vaccine concerns.
- When Australia introduced a nationwide vaccine incentive program for parents to immunize young children, they [reviewed studies of similar programs](#) from across the world. These studies included both non-monetary and monetary incentives, but regardless of the incentive used, those who were offered one had immunization rates 17 percent higher than those who were not offered incentives. The authors conclude that incentives do increase vaccine adherence among parents but are most effective when tailoring incentives to the characteristics of the target population.
- Similarly, a [London-based study](#) of vaccine incentives for adult women who were not fully immunized found that incentives increased vaccination adoption. The study specifically explored whether the incentive was seen as coercive. While 4 percent of participants did see the incentive to vaccinate as coercion or indicative of greater risk, this was outweighed by the 61 percent of participants who saw incentives as positive and encouraging.
- In 2019 and early 2020, Los Angeles County conducted a [street vaccination pilot](#) to reach out to unsheltered individuals. They offered food, hygiene kits, and water bottles as incentives for receiving the vaccine. Overall, only slightly more individuals opted into receiving vaccinations than not (55 accepting vaccination vs. 40 declining). However, this service helped to build relationships and trust with healthcare and service providers.

### Additional Information on Incentivizing COVID-19 Vaccine Adoption

- [Community Preventive Services Task Force Finding and Rationale Statement](#)
- [Los Angeles County Street Vaccination Pilot Lessons Learned](#)
- [Framework for Equitable Allocation of COVID-19 Vaccine](#)