# Utilizing Incentives to Increase Vaccine Adherence

In many states, people experiencing homelessness (PEH) will receive priority access to the COVID-19 vaccine. However, vaccine hesitancy is common, particularly among historically marginalized communities like PEH 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 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, 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). Incentives should not be conflated with interventions designed to make receiving a vaccine less burdensome, such as transportation, free cost of vaccination, or childcare during a vaccine appointment.

### **Funding Options**

Many communities leverage private and philanthropic funding sources, which are more flexible and often have fewer reporting and administrative requirements. Cash payments to program participants are never allowed under the Emergency Solutions Grants (ESG) program. Additionally, purchasing gift cards (including food vouchers to area grocery stores) is not, in and of itself, an eligible cost under the ESG or ESG-CV programs. However, a recipient or subrecipient may use non-ESG funds to purchase a gift card for program participant use. If the program participant provides receipts showing that gift card funds were used for eligible ESG costs, ESG funds may be used to reimburse the recipient or subrecipient for those eligible costs. If the recipient or subrecipient is not able to ultimately determine and document that the program participant used the gift card to pay for eligible ESG program costs, ESG or ESG-CV grant funds may not be used to reimburse the purchase of gift cards.

#### 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.

- <u>Researchers in Canada</u> found that <u>economic decision-making policies</u> 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.
- <u>People with lived expertise</u> have a real-world understanding of issues in the homeless service system and valuable input about the concerns of PEH 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 PEH 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 huge part in successful engagement. People were willing to wait an hour to get tested while there was no wait at the free clinic nearby (<u>HUD Office Hours January 8,</u> 2021).

- In 2015, the <u>CDC Community Preventative Services Taskforce</u> recommended incentives to increase vaccination rates. After a review of several metanalysis 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 <u>literature review</u> of numerous vaccine incentive programs for PEH 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 access.
- When Australia introduced a nationwide vaccine incentive program for parents to immunize young children, they <u>reviewed studies of similar programs</u> 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 <u>London-based study</u> 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 <u>street vaccination pilot</u> 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

- <u>Community Preventive Services Task Force Finding and Rationale Statement</u>
- Los Angeles County Street Vaccination Pilot Lessons Learned
- Framework for Equitable Allocation of COVID-19 Vaccine