

BEST PRACTICE TITLE: COVID-19 Vaccine Data Collection – ESG Funded Emergency Shelters

EFFECTIVE DATE: 8/20/2021

POLICY: All Emergency Solutions Grant funded emergency shelter projects should collect COVID-19 vaccine related information during each client enrollment per the procedure outlined in this policy. The goal of this best practice is to help providers connect clients experiencing homelessness to available vaccines and to assist them to get fully vaccinated. Access to COVID-19 vaccines is an important tool to protect clients from emerging variants of the virus and mitigate the risk of ongoing COVID-19 outbreaks in shelter and housing project settings.

PROCEDURE:

Emergency shelter projects should collect the COVID-19 Vaccine Assessment data (Appendix A) on all current clients, effective immediately, and then on all entering clients going forward.

Clients may decline to answer questions about COVID-19 vaccine status. If clients refuse to provide responses to these questions, staff should record the client response as “don’t know/refused.” Providers are encouraged to revisit the vaccine assessment questions with clients over time and/or to explore with clients the reasons for their refusal to respond to the assessment questions. Revisiting these questions may provide opportunities to further engage with and educate clients about vaccine safety, address concerns they may have, and promote vaccine acceptance.

Appendix B to this procedure is a one-page document that can be distributed to clients who express vaccine hesitancy or who want more information about COVID-19 vaccines.

Youth between the ages of 12 and 18 are presently eligible to receive the Pfizer vaccine. Youth experiencing homelessness who are not accompanied by a parent, or a guardian may also elect to receive a COVID-19 vaccine.

Vaccine products and protocols can change in the future and should be evaluated periodically. More information about COVID-19 Vaccination for People Experiencing Homelessness is available through the Centers for Disease Control and Prevention online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccine-faqs.html>

Appendix A
Screening Questions and Responses

| Question/Field Name | Dependency | Response Category/Data Type | Descriptions |
|--|------------|-----------------------------|---|
| "Are you willing to take the COVID-19 vaccine? This has no bearing on your ability to access services through our agency." | None | No | Client <u>IS NOT</u> willing to take the COVID-19 – provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic. Advise about potential financial incentive from Ohio Medicaid. |
| | | Yes | Client <u>IS</u> willing to take the vaccine – refer to standing, weekly County Health clinic, or other clinical provider (e.g. Cincinnati Health Network), or email Jessica Skelton (Hamilton Co. Public Health Clinic Coordinator) at Jessica.Skelton@hamilton-co.org . May also reference Armor Vax site, https://armorvax-app.azurewebsites.net/Account/Login for other vaccine locations. Advise about potential financial incentive from Ohio Medicaid. |
| | | Client unsure/does not know | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Client declined to answer | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Data not collected | |

| Question/Field Name | Dependency | Response Category/Data Type | Descriptions |
|---|---|---|--|
| If 'Yes,' have you gotten the first shot/dose in the last 12 months? | Are you willing to take the COVID-19 vaccine – Yes. | No | If client has not begun the protocol, refer for a vaccine. |
| | | Yes | |
| | | Client does not know | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Client declined to answer | |
| | | Data not collected | |
| If 'No' to “Are you willing to take the COVID-19 vaccine?” “What is the key concern?” | Are you willing to take the COVID-19 vaccine—No. | Believe the vaccine is not safe and may cause serious health complications. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Believe the vaccine will not work/is ineffective. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | Are you willing to take the COVID-19 vaccine—No. | Believe the vaccine is too new. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Concerns with the vaccine development process. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | | |

| Question/Field Name | Dependency | Response Category/Data Type | Descriptions |
|---|--------------------------|--|---|
| | | Believe they are not at risk of getting COVID-19 or risk is low. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Believe the vaccine may infect them with COVID-19. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Concern that vaccination may lower vulnerability score and/or impact access to services. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Distrust in the healthcare system due to historic and/or current racism. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| | | Other. | Provide one-page document on vaccine hesitancy and advise about standing, weekly County Health clinic or ability to access another clinical provider. Advise about potential financial incentive from Ohio Medicaid. |
| If 'Other' reason not willing to take the COVID-19 vaccine. | If 'No,' reason—'Other'. | [Text] | Enter the reason the client declines to take the vaccine. Confirm that the reason does not match any of the categorical responses to "If 'No,' to 'Are you willing to take the COVID-19 vaccine?' What is the key concern?" |

| Question/Field Name | Dependency | Response Category/Data Type | Descriptions |
|---|--|-----------------------------|---|
| If 'No' to "Are you willing to take the COVID-19 vaccine?" What would you need to feel safe taking the vaccine? | If 'No' to "Are you willing to take the COVID-19 vaccine?" | [Text] | Enter the measure that would help the client feel safe or more comfortable taking the vaccine. Base potential referral off method that would be most helpful to fit client's concern or need. |