



Tucson Pima Collaboration
To End Homelessness

COVID-19

PROMOTING VACCINE CONFIDENCE
AMONG PEOPLE EXPERIENCING HOMELESSNESS



PIMA COUNTY
HEALTH DEPARTMENT

TOOLKIT FOR HOMELESS ADVOCATES
AND SERVICE PROVIDERS, APRIL 2021



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Sections of this toolkit have been adapted and/or directly sourced from public materials developed by the U.S. Department of Housing & Urban Development (HUD), HUD Community Compass Technical Assistance teams, U.S. Centers for Disease Control and Prevention, Certified Community Health Specialists (CCHS) Foundation, and MHP Salud. We are grateful to benefit from the work of these organizations and privileged to share it with the community of homeless advocates working to promote vaccine confidence among people experiencing homelessness.





Introduction

The COVID-19 pandemic has required homeless service agencies, health providers, and public health specialists to partner in new ways and develop shared strategies to protect and support people experiencing homelessness (PEH). As communities begin and sustain vaccination campaigns, these cross-sector partners are faced with a new challenge: promoting vaccine knowledge and confidence among a sector of the population which has a long history of discrimination and negative interactions with medical services.

A small-scale pilot study conducted in Los Angeles County in February 2021 found that 48% of PEH surveyed reported vaccine hesitancy and 41% did not accept a vaccine when offered. While this initial research includes a small sample, it is consistent with anecdotal impressions being reported by homeless services staff and medical providers regarding vaccine fear and hesitancy expressed by PEH.

Many communities have prioritized PEH for early vaccination; however, the effectiveness of these strategies depends on targeted efforts to educate PEH about their vaccine options, dispel vaccine myths, and nurture vaccine confidence. Homeless advocates – people with established and trusting relationships with PEH – including homeless services staff, volunteers, faith leaders, and people with lived experience of homelessness themselves are uniquely positioned to achieve these goals.

Homeless advocates have worked alongside health professionals since the COVID-19 crisis began. As communities move into the next phase of the pandemic, one in which vaccination is widely available, homeless advocates have an important role to play. Through this toolkit, we call on you to join us in the important work of vaccine ambassadorship.

About This Toolkit

This toolkit is provided as a resource for outreach, shelter, housing, and other service programs supporting PEH during the COVID-19 pandemic. It promotes a layperson approach to vaccine ambassadorship that readies homeless services staff, volunteers, people with lived experience of homelessness, and other trusted community members with honest, accurate information about COVID-19 vaccination and trauma-informed strategies to help PEH overcome vaccine fears and build vaccine confidence.

Our approach draws on the principles of successful community health worker/promotores and peer support models to help homeless advocates with limited or no health training support vaccination efforts in the local community. This community-based outreach model acknowledges that we are all both teachers and learners – and that we learn more and are better able to question and interrogate our personal beliefs when we are comfortable and at ease with those around us.

The toolkit is divided into five chapters:

- Chapter 1: Vaccine Ambassadorship: An overview of our approach to vaccine ambassadorship and the critical role that homeless advocates can play in promoting vaccine confidence among PEH.
- Chapter 2: COVID-19 Basics: General information about COVID-19 and its effects.
- Chapter 3: Vaccine Basics: A general overview of currently available COVID-19 vaccines, side effects, safety, and efficacy.



Chapter 4: Understanding Vaccine Hesitancy: An exploration of the most common reasons people may be hesitant to accept the COVID-19 vaccine.

Chapter 5: Promoting Vaccine Confidence: A review of common concerns and vaccine fears, conversation starters, and strategies to build vaccine confidence.

A Note on Employing Dedicated Staff or Volunteer Vaccine Ambassadors

In many communities, organizations are employing dedicated staff or volunteer community health outreach workers (CHOWs) as vaccine ambassadors. This toolkit is not designed to provide guidance for dedicated CHOW programs and should not be used to replace more comprehensive education and planning to incorporate CHOW activities at your organization.

If your organization is interested in employing dedicated CHOWs as staff or volunteers, we encourage you to consult local health professionals, established community health worker/promotores programs, and applicable community health worker certification requirements in your area.

The UCSF Benioff Homelessness and Housing Initiative's [Community Health Outreach Worker Key Considerations for Vaccine Ambassador Programs](#) and [Vaccine Ambassador Program and Job Description](#) provide an introduction to dedicated Vaccine Ambassador strategies for PEH.

Frequently Used Terms

This guide includes a number of terms and acronyms which may be unfamiliar to you.

Community Health Outreach Worker (CHOW): Community Health Outreach Workers are frontline public health workers who have a close understanding of the community/communities they serve and provide community-based health advocacy and education. Many states have adopted registration/certification standards for CHOWs.

Homeless Advocate: We use this term throughout this guide to refer to people who provide supports, services, and/or other types of assistance to people experiencing homelessness. The term has been chosen because of its broad application to people working in outreach, shelter, day center, coordinated assessment, navigation/diversion, housing, and supportive service programs as well as faith leaders and communities that provide meal assistance and/or other physical/spiritual nourishment, librarians, municipal leaders, and people experiencing homelessness themselves.

People/Person Experiencing Homelessness (PEH): This term and acronym are used throughout this guide to refer to people in sheltered and unsheltered homeless situations. This guide is not written to align with any specific definition of homelessness and can be broadly applied to people served through a variety of homeless assistance programs.

Promotores/Promotoras de Salud: Promotores/Promotoras are trained professionals who provide community-based health education and advocacy targeting Latinx communities. Promotores/Promotoras receive specialized training and may be lay workers or CHOWs.



Racial Trauma: Racial trauma refers to the cumulative effects of racism on an individual’s mental and physical health. Black, Indigenous, and People of Color (BIPOC) in the United States are exposed to racial trauma as a result of living under a system of white supremacy.

Vaccine Ambassador/Ambassadorship: Vaccine ambassadorship refers to concentrated efforts to provide honest, accurate information that increases vaccine confidence and uptake in the community. Vaccine ambassadors are people who have educated themselves about COVID-19 illness and vaccines, and committed to spreading the word and promoting vaccination in ways that they are able.

Vaccine Confidence: Vaccine confidence is the trust that people have in recommended vaccines, the providers who administer them, and the processes and policies that lead to vaccine development, authorization, manufacturing, and recommendations for use.

Vaccine Hesitancy: Vaccine hesitancy refers to delay in acceptance or refusal of a vaccine despite availability of vaccine services. Vaccine hesitancy is complex and context specific. It varies across time, place, and vaccines. Vaccine hesitancy is influenced by factors such as complacency, convenience, and confidence.

Vaccine Uptake: Uptake refers to the number of people who accept a vaccine. This term is used along with vaccine confidence throughout this guide to focus conversations on the goal of encouraging and increasing vaccination rates among PEH.

Toolkit Updates

This toolkit will be updated as needed based on changing conditions and lessons learned in the field. As communities across the country respond to the COVID-19 pandemic and advance vaccine strategies among PEH, we will all be learning from each other. We welcome input and recommendations from your work with PEH to improve and expand this toolkit. Please email your suggestions to tpch@tucsonaz.gov.

Updates to this toolkit will be posted at www.tpch.net/vaccine-toolkit.

Tucson Pima Collaboration to End Homelessness

Tucson Pima Collaboration to End Homelessness (TPCH) is a community-based coalition of non-profit organizations, government agencies, faith communities, volunteers, and people with lived experience of homelessness working together to prevent and end homelessness in Tucson and throughout Pima County. As the region’s U.S. Department of Housing & Urban Development (HUD) Continuum of Care, we serve as the regional planning and coordination body for homelessness prevention and homeless assistance programs throughout Pima County.

TPCH is administratively supported by the City of Tucson Housing & Community Development Department (Continuum of Care Lead Agency/Collaborative Applicant) and the Pima County Community & Workforce Development Department (Homeless Management Information System Lead Agency).



Chapter 1: Vaccine Ambassadorship

Vaccine ambassadors are everyday people who provide accurate information about COVID-19 vaccine options and safety to PEH. They provide education about COVID-19 vaccine options and efficacy by sharing their personal reasons for confidence in available vaccines based on real-world experience. Vaccine ambassadorship requires homeless advocates to listen to and honor the concerns and fears that PEH may have about the COVID-19 vaccines, dispel myths when possible, and help PEH who choose to be vaccinated prepare for and obtain the vaccine when they are eligible.

Our homeless vaccine ambassadorship approach is rooted in principles and best practices of successful peer outreach models, community health worker/promotores programs, and other effective health promotion strategies being used to address COVID-19 and other health crises among PEH and other populations.

Homeless advocates including homeless services staff, volunteers, and people with lived experience of homelessness are uniquely positioned to facilitate vaccine ambassadorship and promote vaccine confidence among PEH, especially those with whom they share racial, ethnic, linguistic, cultural, faith, sexual orientation, and/or gender identities.

Who Can Help PEH Build Vaccine Confidence?

Our vaccine ambassadorship strategy centers known homeless advocates, those with trusted and established relationships with PEH in the local community, as key messengers to promote vaccine confidence and uptake among sheltered and unsheltered people. Experience has proven that vaccine ambassador efforts are most successful when ambassadors share directly from their own experience – particularly experiences of COVID-19 illness, of taking the COVID-19 vaccine, of homelessness, as part of a racial or ethnic minority group, or as a staff person or volunteer working in settings that serve PEH.

With the right information and preparation, any homeless services staff member, volunteer, person with lived experience, or other trusted community member can be an effective vaccine ambassador. To answer the question of who can help PEH build vaccine confidence, you need only look in the mirror. With the right information, we can all play a part in promoting vaccine confidence.

- Individuals with lived experience of homelessness and homeless services staff/volunteers, especially those who have been vaccinated or plan to be, can share their reasons for vaccine confidence.
- People who have had COVID-19 and recovered and/or who have family members that have had COVID-19 and recovered can share their personal experience with the illness and the vaccine's value in protecting the health of PEH and the community.
- People who have lost a loved one or friend due to COVID-19 illness can share their personal experience of loss and the vaccine's value in protecting PEH from illness and death.
- People who work in outreach, shelter, housing, and other programs for PEH can remind participants that they care about them and their health, and share their reasons for vaccine confidence.



- Faith leaders, mentors, peer support specialists and other people who provide support for people experiencing homelessness such as librarians and meal program volunteers can share information about vaccine safety and effectiveness and their personal reasons for vaccine confidence.

Instead of asking who can help PEH build vaccine confidence, ask yourself how you will help your neighbors experiencing homelessness protect themselves and each other from COVID-19?

Homeless Services Staff and Volunteers: A Front Line in Health Promotion Among PEH

Homeless services staff and volunteers have been on the front lines helping PEH navigate the COVID-19 pandemic since its onset. Outreach, shelter, housing, and supportive service programs have provided basic information about prevention and testing, offered education to help PEH understand and mitigate their risk of exposure and transmission, acted as liaisons between PEH and public health professionals, and adapted service models and approaches to keep themselves and PEH safe while maintaining critical outreach, shelter, supportive housing, and other services open and accessible.

As communities move into the next phase of the pandemic, begin vaccination efforts, and sustain strategies to increase vaccine uptake, targeted approaches are needed to promote vaccine confidence among sheltered and unsheltered PEH. It is only logical that homeless services staff and volunteers – people who have already established trusting relationships with PEH and been their primary source of information and education throughout the pandemic - continue to deliver health promotion messages to reduce vaccine hesitancy.

The table below indicates some of the ways that homeless advocates are already supporting PEH navigate health issues during the COVID-19 pandemic and is adapted from *Community Health Workers and COVID-19*, by MHP Salud.

| COVID-19 Challenges | Role of Homeless Advocates |
|---|--|
| Self-medication and self-diagnosis due to lack of health insurance. | Homeless services staff/volunteers assist PEH to apply for health insurance (AHCCCS / Medicaid , Medicare , VA , etc.) and connect PEH to indigent and community-based medical services. |
| Lack of health information available in their language. | Homeless services staff/volunteers assist with the translation of documents and information if multi-lingual, connect PEH to community translation options, and advocate for development and distribution of documents and information in languages in which PEH are fluent. |
| Lack of health information available in their literacy level. | Homeless services staff/volunteers explain documents and information in ways that are easily understood by PEH and advocate for the development and distribution of accessible, simple language documents and materials. |
| Fear of accessing services due to immigration status | Homeless services staff/volunteers assist with clarifying immigration myths and make referrals to community agencies that could offer assistance. |



| | |
|---|---|
| <p>Misinformation due to word of mouth and false news.</p> | <p>Homeless services staff/volunteers direct PEH to credible and reliable sources of information about COVID-19 and vaccines, and can use the messages described in our “Homeless Advocates’ Guide to Discussing Vaccine Hesitancy with People Experiencing Homelessness.”</p> |
| <p>Lack of effective communication with health providers (due to language barriers, mental illness, or other issues).</p> | <p>Homeless services staff/volunteers provide patient advocacy and assist with patient/provider communication with the consent of PEH.</p> |
| <p>Lack of transportation to medical appointments and services including COVID-19 vaccine appointments.</p> | <p>Homeless services staff/volunteers direct PEH to available transportation services including public transit, arrange transportation using ride share services, or provide transportation to appointments directly.</p> <p>Homeless services staff/volunteers help PEH access transportation options through AHCCCS/Medicaid or other health insurance if eligible.</p> |

How Can I Help PEH Build Vaccine Confidence?

Homeless advocates can provide accurate information about the COVID-19 vaccine and help build vaccine confidence among PEH in many ways. This list has been adapted from the [Vaccine Ambassador Job Description](#) developed by the [UCSF Benioff Homelessness and Housing Initiative](#).

- Learn as much as you can about COVID-19 vaccine safety and efficacy (participate in training, review this guide, and stay up to date on vaccine information released by the U.S. Centers for Disease Control and Prevention, your local health department, and other reliable sources).
- Learn about histories of medical abuse and mistreatment experienced by people experiencing homelessness and communities of color, and how these histories influence mistrust and vaccine hesitancy.
- Learn about local requirements for receiving the vaccine and help PEH navigate these requirements to improve access (i.e. arranging transportation to/from appointments and for drive-thru events, ID requirements, etc.)
- Provide accurate information about COVID-19 vaccine safety and efficacy through ongoing outreach to PEH through personal interactions, social media, resident newsletters, and other strategies.
- Display vaccine-reinforcing materials in homeless services settings and use visual cues to encourage vaccine discussions with PEH accessing services.
- Listen to and honor concerns expressed by PEH and share your personal reasons for vaccine confidence.
- Engage in supportive conversations that help PEH explore and interrogate their underlying beliefs about COVID-19 and the vaccine.
- Help PEH understand vaccine options and provide assistance with vaccine scheduling.



- Provide honest information about what to expect at a vaccine appointment and potential side effects.
- Help PEH receiving a two-dose vaccine schedule their second dose appointment, provide appointment reminders, and arrange transportation or accompany PEH to receive their second dose.
- Provide linkages to services and care for PEH who experience expected symptoms from the vaccine or have an adverse reaction.
- Honor the autonomy and self-direction of PEH and provide harm reduction education to PEH who decline vaccination.
- Educate PEH, regardless of vaccination status, about the continued need to practice risk reduction strategies such as social distancing and mask-wearing.

Rely on Health Professionals for Medical Advice

Homeless advocates can play an important role in helping people experiencing homelessness build confidence in the COVID-19 vaccine by sharing honest, accurate information about vaccine options and our personal experiences with COVID-19 and vaccination. While we can help build vaccine confidence, we need to know our own limitations. Speak from personal experience and be honest if you do not know how to answer a question or address a specific concern.

Never give medical advice unless you are a medical professional. Your local Health Department, [Healthcare for the Homeless](#) program, and federally qualified health centers (FQHC) are great resources for people experiencing homelessness in need of medical advice or services.

Conclusion

Homeless advocates have been on the front lines of the community response to the COVID-19 pandemic all along. They have collaborated with health professionals, government agencies, and PEH to prevent, prepare for, and respond to the pandemic as it is experienced by people in sheltered and unsheltered settings. They have served as the primary messengers to PEH about health risks, safety, testing, and vaccination since the onset of the pandemic and are uniquely positioned to promote vaccine confidence among this population.

By learning about COVID-19 and available vaccines, exploring their own personal experience, sharing accurate information, and engaging in trauma-informed, strengths-based conversations with PEH, homeless advocates can help prevent needless illness and death.



Chapter 2: COVID-19 Basics

While you do not need to be a medical professional or public health specialist to help PEH understand COVID-19 and build vaccine confidence, it is important to understand what is known about COVID-19, how it is spread, and who is at the highest risk.

COVID-19 and Symptoms

Sources: [U.S. Centers for Disease Control & Prevention Community-Based Organizations Vaccine Toolkit](#) and [“Symptoms of Coronavirus”](#) webpage.

SARS-CoV-2, the virus that causes COVID-19, can result in a range of illnesses, from mild symptoms to severe illness and death. About 30% of persons infected with SARS-CoV-2 do not have symptoms. No one can predict how severe any person’s illness might be, but certain factors may increase their risk.

People experiencing homelessness are at risk of COVID-19.

Homeless services are often provided in congregate settings, which could facilitate the spread of infection. Because many people experiencing homelessness are older adults or have underlying medical conditions, they may also be at [increased risk for severe illness](#).

According to the [U.S. Centers for Disease Control and Prevention](#), anyone can have mild to severe symptoms. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

List of Most Common Symptoms

- Fever
- Cough
- Headaches
- Fatigue
- Muscle or body aches
- Loss of taste or smell
- Sore throat
- Nausea
- Diarrhea

Other symptoms are [signs of serious illness](#). If someone has trouble breathing, chest pain or pressure, or difficulty staying awake, they should get medical care immediately.

Influenza and COVID-19: Key Differences

Source: [U.S. Centers for Disease Control and Prevention “Symptoms of Coronavirus”](#) webpage.

Influenza (flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (SARS-CoV-2) and flu is caused by infection with [influenza viruses](#).

COVID-19 seems to spread more easily than flu and causes more serious illness in some people. It can also take longer before people show symptoms and people can be contagious for longer. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and [testing](#) may be needed to help confirm a diagnosis.



How COVID-19 Spreads

Source: U.S. Centers for Disease Control and Prevention “How COVID-19 Spreads” webpage.

COVID-19 spreads very easily from person to person.

COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet). People who are infected but do not show symptoms can also spread the virus to others. Cases of reinfection with COVID-19 have been reported but are rare. We are still learning about how the virus spreads and the severity of illness it causes.

How easily a virus spreads from person to person can vary. The virus that causes COVID-19 appears to spread more efficiently than influenza but not as efficiently as measles, which is among the most contagious viruses known to affect people.

COVID-19 most commonly spreads during close contact.

- People who are physically near (within 6 feet) a person with COVID-19 or have direct contact with that person are at greatest risk of infection.
- When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce respiratory droplets. These droplets can range in size from larger droplets (some of which are visible) to smaller droplets. Small droplets can also form particles when they dry very quickly in the airstream.
- Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.
- Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.
- As the respiratory droplets travel further from the person with COVID-19, the concentration of these droplets decreases. Larger droplets fall out of the air due to gravity. Smaller droplets and particles spread apart in the air.
- With passing time, the amount of infectious virus in respiratory droplets also decreases.

COVID-19 can sometimes be spread by airborne transmission.

- Some infections can be spread by exposure to virus in small droplets and particles that can linger in the air for minutes to hours. These viruses may be able to infect people who are further than 6 feet away from the person who is infected or after that person has left the space.
- This kind of spread is referred to as airborne transmission and is an important way that infections like tuberculosis, measles, and chicken pox are spread.
- There is evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising. Under these circumstances, scientists believe that the amount of infectious smaller droplet and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people. The people who were infected were in the same space during the same time or shortly after the person with COVID-19 had left.



- Available data indicate that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission.

COVID-19 spreads less commonly through contact with contaminated surfaces.

- Respiratory droplets can also land on surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.
- Spread from touching surfaces is not thought to be a common way that COVID-19 spreads.

COVID-19 rarely spreads between people and animals.

- It appears that the virus that causes COVID-19 can spread from people to animals in some situations. CDC is aware of a small number of pets worldwide, including cats and dogs, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Learn what you should do [if you have pets](#).
- At this time, the risk of COVID-19 spreading from animals to people is considered to be low. Learn about [COVID-19 and pets and other animals](#).

Preventing the Spread of COVID-19

Source: U.S. Centers for Disease Control and Prevention “How COVID-19 Spreads” webpage.

- Stay at least 6 feet away from others, whenever possible. This is very important in preventing the spread of COVID-19.
- Cover your mouth and nose with a mask when around others. This helps reduce the risk of spread both by close contact and by airborne transmission.
- Wash your hands often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Avoid crowded indoor spaces and ensure indoor spaces are properly ventilated by bringing in outdoor air as much as possible. In general, being outdoors and in spaces with good ventilation reduces the risk of exposure to infectious respiratory droplets.
- Stay home and isolate from others when sick.
- Routinely clean and disinfect frequently touched surfaces and take other steps to stop the spread at home.
- Get the COVID-19 vaccine as soon as you are eligible.

Pandemics can be stressful, especially when you are staying away from others. During this time, it's important to [maintain social connections and care for your mental health](#). Learn more about what you can do to [protect yourself and others](#).

Precautions for People Experiencing Homelessness

Source: U.S. Centers for Disease Control and Prevention “People Experiencing Homelessness” webpage.





Many of the [recommendations to prevent COVID-19](#) above may be difficult for a person experiencing homelessness to do. Although it may not be possible to avoid certain crowded locations (such as shelters), people experiencing homelessness should:

- Try to avoid other crowded public settings.
- If using public transportation, follow the CDC guidance on how to [protect yourself when using transportation](#), try to travel during less busy times, and clean your hands as soon as possible after their trip.
- If possible, use take-away options for food.
- Maintain a distance of 6 feet (about two arms' length) from other people.
- Wash their hands with soap and water for at least 20 seconds as often as possible, and cover their coughs and sneezes.

Conclusion

Our understanding of COVID-19 is continuing to grow and, while we don't have all of the answers yet, a great deal is known about how COVID-19 is transmitted, its symptoms, risk factors, and steps that can be taken to prevent its spread. PEH may be at higher risk for severe illness associated with COVID-19 because of underlying health conditions and/or age. They face unique challenges to risk reduction in congregate shelters and encampments, and homeless advocates should provide honest information about COVID-19 risk and harm reduction strategies to help PEH prevent their risk of exposure to COVID-19.



Chapter 3: COVID-19

Vaccines

Understanding the basics about current COVID-19 vaccines that includes their administration, effectiveness, safety, and side effects is essential to delivering accurate, honest information about vaccination to PEH. This section of the toolkit provides an overview of currently available COVID-19 vaccines and is adapted from the [U.S. Centers for Disease Control and Prevention Community-Based Organizations Vaccine Toolkit](#) and currently published research regarding the Pfizer, Moderna, and Johnson & Johnson vaccines.

Vaccination is the Safest Way to Build Protection

Getting the virus that causes COVID-19 may offer some natural protection, or immunity, known as antibodies, but experts don't know how long this protection lasts. The risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. COVID-19 vaccination helps protect people from illness by building immunity to the virus that causes COVID-19 without the risk of severe illness that natural immunity poses. It is easy to be confused by all the information that is circulating, some of which may be conflicting. Here are a few [facts](#) from the U.S. Centers for Disease Control and Prevention.

- COVID-19 vaccines will not give you COVID-19.
- People who have gotten sick with COVID-19 may still benefit from getting vaccinated.
- Getting vaccinated can help prevent getting sick with COVID-19.
- COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests. Vaccination may cause a positive result on a serologic (antibody) test because the bodies' immune response to the vaccine creates antibodies to fight the virus that causes COVID-19.

Key facts about COVID-19 vaccination



Getting vaccinated can help prevent getting sick with COVID-19



People who have already gotten sick with COVID-19 may still benefit from getting vaccinated



COVID-19 vaccines cannot give you COVID-19



COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests*

Source: CDC Community-Based Organizations Vaccine Toolkit



How COVID-19 Vaccines Work

Source: U.S. Centers for Disease Control and Prevention COVID-19 Vaccine “Key Things to Know” webpage.

COVID-19 vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. It typically takes two weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. That means it is possible a person could still get COVID-19 before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.

People are considered fully protected two weeks after their second dose of the Pfizer-BioNTech or Moderna COVID-19 vaccine, or two weeks after the single-dose Johnson & Johnson’s Janssen COVID-19 vaccine.

Everyone should keep using all the tools available to protect themselves and others until they are fully vaccinated. After someone is fully vaccinated, they may be able to start doing some things they had stopped doing because of the pandemic. Learn more about what someone can do when they have been fully vaccinated.

Types of Vaccines

Currently, there are three main types of COVID-19 vaccines that are authorized and recommended, or undergoing large-scale (Phase 3) clinical trials in the United States. Below is a description of how each type of vaccine prompts our bodies to recognize and protect us from the virus that causes COVID-19. None of these vaccines can give someone COVID-19.

- **mRNA vaccines** contain material from the virus that causes COVID-19 that gives our cells instructions for how to make a harmless protein that is unique to the virus. After our cells make copies of the protein, they destroy the genetic material from the vaccine. Our bodies recognize that the protein should not be there and build T-lymphocytes and B-lymphocytes that will remember how to fight the virus that causes COVID-19 if we are infected in the future.
- **Protein subunit vaccines** include harmless pieces (proteins) of the virus that causes COVID-19 instead of the entire germ. Once vaccinated, our bodies recognize that the protein should not be there and build T-lymphocytes and antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future.
- **Vector vaccines** contain a modified version of a different virus than the one that causes COVID-19. Inside the shell of the modified virus, there is material from the virus that causes COVID-19. This is called a “viral vector.” Once the viral vector is inside our cells, the genetic material gives cells instructions to make a protein that is unique to the virus that causes COVID-19. Using these instructions, our cells make copies of the protein. This prompts our bodies to build T-lymphocytes and B-lymphocytes that will remember how to fight that virus if we are infected in the future.

Vaccine Safety

Sources: U.S. Centers for Disease Control and Prevention “[Safety of COVID-19](#)” webpage and “[Community-Based Organizations COVID-19 Vaccines Toolkit](#)”.

COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met FDA’s rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization (EUA). [Learn more about EUAs](#).



Millions of people in the United States have received COVID-19 vaccines, and these vaccines will undergo the most intensive safety monitoring in U.S. history. This monitoring includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.

Results are reassuring.

Results from monitoring efforts are reassuring. Some people have no side effects. Others have reported common side effects after COVID-19 vaccination like:

- swelling, redness and pain at injection site
- fever
- headache
- tiredness or muscle pain
- chills
- and nausea

These reactions are common. A small number of people have had a severe allergic reaction (called “anaphylaxis”) after vaccination, but this is extremely rare. If this occurs, vaccination providers have medicines available to effectively and immediately treat the reaction. When someone receives a COVID-19 vaccine, they are asked to stay for 15–30 minutes so they can be observed in case they have a severe allergic reaction and provided treatment in the rare case it is needed.

Vaccine Safety Measures

COVID-19 vaccines are being held to the same safety standards as other routine vaccines. Several expert and independent groups evaluate the safety of vaccines being given to people in the United States.

Before ANY vaccines receive authorization or approval, the Federal Drug Administration (FDA) carefully reviews all the safety data from clinical trials. In addition to FDA safety review, an independent body of experts known as the Advisory Committee on Immunization Practices (ACIP) reviews all safety data before recommending use. FDA and ACIP have qualified scientific and clinical experts with minimal conflicts of interest reviewing the data.

Safety of COVID-19 vaccines is a top priority

COVID-19 vaccines are being held to the same safety standards as all vaccines.

| | |
|---|--|
| <div style="background-color: #800000; color: white; padding: 5px; text-align: center; font-weight: bold;">Before Authorization ↻</div> <ul style="list-style-type: none"> ▪ FDA carefully reviews all safety data from clinical trials. ▪ ACIP reviews all safety data before recommending use. | <div style="background-color: #800000; color: white; padding: 5px; text-align: center; font-weight: bold;">After Authorization ↻</div> <ul style="list-style-type: none"> ▪ FDA and CDC closely monitor vaccine safety and side effects. There are systems in place that allow CDC and FDA to watch for safety issues. |
|---|--|



Vaccine Adverse Event Reporting System
www.vaers.hhs.gov



after vaccination health checker

Source: CDC Community-Based Organizations Vaccine Toolkit



After ANY vaccines are authorized and in use, both FDA and CDC continue to monitor their safety. Existing systems can rapidly detect possible vaccine safety problems. These systems are being scaled up for COVID-19 vaccine introduction to fully meet the needs of the nation. Additional systems and data sources are also being developed to further enhance safety monitoring capabilities.

There are multiple systems in place that allow CDC and FDA to watch for safety issues:

- **CDC - V-safe:** A new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines. V-safe uses text messaging and web surveys from CDC to check in with vaccine recipients following COVID-19 vaccination. V-safe also provides second vaccine dose reminders if needed, and telephone follow up to anyone who reports medically significant (important) adverse events.
- **CDC and FDA - Vaccine Adverse Event Reporting System (VAERS):** The national system that collects reports from healthcare professionals, vaccine manufacturers, and the public of adverse events that happen after vaccination; reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with specific studies.

Vaccine Effectiveness

Source: U.S. Centers for Disease Control and Prevention “COVID-19 Vaccines Work” webpage.

COVID-19 vaccination will help keep you from getting COVID-19. Getting a COVID-19 vaccine will help create an immune response in your body against the virus without your having to experience illness. Based on what is known about vaccines for other diseases, experts believe that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19.

COVID-19 vaccines will help protect you from getting sick or severely ill with COVID-19.

- Large-scale clinical studies found that COVID-19 vaccination prevented most people from getting COVID-19.
- All COVID-19 vaccines available in the United States are effective at preventing COVID-19.
- It typically takes about 2 weeks for the body to build protection after vaccination. That means it is possible you could still get COVID-19 soon after vaccination. This is because your body has not had enough time to build full protection.
- Some people who are fully vaccinated against COVID-19 will still get sick because the vaccines are not 100% effective against COVID-19 illness.
- Based on data from clinical studies, COVID-19 vaccine may also help keep you from getting seriously ill, even if you do get COVID-19.

We are all still learning.

Although COVID-19 vaccines are effective at keeping people who have been vaccinated from getting sick, scientists are still learning how well vaccines prevent them from spreading the virus that causes COVID-19 to others, even if they do not have symptoms. Early data show the vaccines do help keep people with no symptoms from spreading COVID-19, but we are learning more as more people get vaccinated.



We're also still learning how long COVID-19 vaccines protect people. For these reasons, people who have been fully vaccinated against COVID-19 should keep taking precautions in public places like wearing a mask, staying 6 feet apart from others, avoiding crowds and poorly ventilated spaces, and washing your hands often.

COVID-19 vaccines and new variants of the virus.

New variants of the virus that causes COVID-19 illness have emerged. Current data suggest that COVID-19 vaccines used in the United States should work against these variants. For this reason, COVID-19 vaccines are an essential tool to protect people against COVID-19, including against new variants. CDC recommends getting vaccinated as soon as vaccine is available to you.

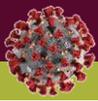
Evidence is limited on how the new COVID-19 variants will affect how COVID-19 vaccines work in real-world conditions. CDC has systems in place to monitor how common these variants are and to look for the emergence of new variants. CDC will continue to monitor variants to see if they have any impact on how COVID-19 vaccines work in real-world conditions.

Vaccine Effectiveness

- All COVID-19 vaccines currently available in the United States are **effective** at preventing COVID-19.
- COVID-19 vaccination is an important tool to help stop the COVID-19 pandemic.
- COVID-19 vaccines help protect people who get vaccinated from getting sick or severely ill with COVID-19 and may also help protect people around them.
- CDC recommends you get a COVID-19 vaccine as soon one is available to you.
- Experts continue to monitor and evaluate how COVID-19 vaccination may affect the severity of illness from COVID-19, as well as its ability to keep people from spreading the virus that causes COVID-19.



Source: CDC - Ensuring COVID-19 Vaccines Work



COVID-19 Vaccine Comparison

There are currently three vaccines approved to prevent the spread of COVID-19 in the United States. These include the [Pfizer-BioNTech](#), [Moderna](#), and [Johnson & Johnson/Janssen](#) vaccines.

| | Pfizer-BioNTech | Moderna | Johnson & Johnson |
|---|--|---|---|
| Number of Doses | 2 doses, 21 days apart | 2 doses, 28 days apart | 1 dose |
| How the Vaccine Works | mRNA vaccine that teaches cells to make a spike protein from COVID-19 | mRNA vaccine that teaches cells to make a spike protein from COVID-19 | Viral vector vaccine that enters your cells to make a spike protein from COVID-19 |
| Demographics of Clinical Trial Participants | 82% White, 26% Hispanic, 10% African American, 4% Asian, 21% 65 or older, 50% male/female | 79% White, 20% Hispanic, 10% African American, 5% Asian, 23% 65 or older, 53% male, 47% female | 59% White, 45% Hispanic, 10% Native American/Alaska Native, 19% African American, 3% Asian, 20% 65+, 55% male, 45% female |
| Most Common Side Effects | Pain, redness, swelling, tiredness, headache, muscle pain, chills, fever, nausea | Pain, redness, swelling, tiredness, headache, muscle pain, chills, fever, nausea | Pain, redness, swelling, tiredness, headache, muscle pain, chills, fever, nausea |
| Clinical Trial Size | 18,904 people | 15,208 people | 13,934 people |
| Protection from Illness | 95% effective | 94% effective | 66% effective |
| Allergen Information | Does not contain eggs, preservatives, latex | Does not contain eggs, preservatives, latex | Does not contain eggs, preservatives, latex |
| Protection from Variants | 94% effective in Israel where 80% of infections are UK variant, worked less well against South African variant | Not tested against real variants, tested against pseudovirus similar to UK variant and worked well, less well against South African variant | 64% effective in South Africa where 95% of infections are caused by South Africa variant, not tested against UK or Brazilian variants |
| Protection from Hospitalization/Death | Nearly 100% (7-14 days after 2 nd dose) | Nearly 100% (at least 14 days after 2 nd dose) | Nearly 100% (at least 28 days after vaccination) |
| Protection from Severe Disease | 100% (9 cases in placebo, 0 in vaccine arm) | 100% (30 cases in placebo, 0 in vaccine arm) | 85% in South Africa, US, and Latin America |

Sources: [CDC](#), [FDA](#), [FDA](#), [FDA](#)



Getting Vaccinated

The U.S. Centers for Disease Control and Prevention recommends that people get the COVID-19 as soon as they are eligible. Vaccination is provided based on local prioritization strategies and PEH are being prioritized for vaccine access in many communities. Depending on the community in which they live, PEH may be able to receive vaccinations on-site at shelters, day centers, or when visited by mobile vaccination outreach teams in encampments and other places unsheltered people congregate. Regardless of where or when PEH are able to receive their vaccine, they can be confident that the [COVID-19 vaccine](#) they receive is effective at protecting people from getting sick. This information will help you support PEH as they prepare for their COVID-19 vaccination.

What to Expect

When someone gets a vaccine, both they and the healthcare provider administering the vaccine will need to wear a mask that covers their nose and mouth. The vaccination process is usually very fast with a simple injection although there may be a long line or wait when you arrive. Many people say that the actual vaccine is less painful than other vaccines they have taken for the flu, hepatitis, or tetanus.

After getting the vaccine, the person will be asked to wait for 15-30 minutes before leaving the vaccine sites. It is important to stay and to report any concerns or reactions to health professionals on site so that they provide care in the unlikely event of an adverse reaction.

People receiving the Pfizer-BioNTech or Moderna vaccines will need to schedule another appointment to receive their second dose of the vaccine within the recommended timeframe.

Don't get a COVID-19 vaccine at the same time as other vaccines.

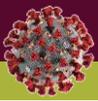
Wait at least 14 days after your COVID-19 vaccine before getting any other vaccine, including a flu or shingles vaccine. Or if you have recently received any other vaccine first, wait at least 14 days before getting your COVID-19 vaccine.

However, if you do get a COVID-19 vaccine within 14 days of another vaccine, you do not need to be revaccinated with either vaccine. You should still complete both vaccine series on schedule. When we have more data on the [safety](#) and [effectiveness](#) of COVID-19 vaccines given at the same time as other vaccines, CDC may update this recommendation.

About taking medication before getting vaccinated.

For most people, it is not recommended to avoid, discontinue, or delay medications for underlying medical conditions around the time of COVID-19 vaccination. However, a person's healthcare provider should talk to them about what is currently known and not known about the effectiveness of getting a COVID-19 vaccine when taking medications that suppress the immune system.

People should not take over-the-counter medicine – such as ibuprofen, aspirin, or acetaminophen – before vaccination to prevent vaccine-related side effects. It is not known how these medications might affect how well the vaccine works. However, if someone takes these medications regularly for other reasons, they should keep taking them before they get vaccinated. It is also not recommended to take antihistamines before getting a COVID-19 vaccine to try to prevent allergic reactions. Talk to your doctor or vaccination provider if you have questions about medications that you are taking.



What to expect after getting a COVID-19 vaccine.

People may experience common side effects like pain, redness, or swelling at the injection site or mild flu-like symptoms after getting a COVID-19 vaccine. Rest, over-the-counter pain medicine, and hydrating with fluids can help reduce these side effects.

It takes time for the body to build protection after any vaccination. People are considered fully vaccinated 2 weeks after their second dose of the Pfizer-BioNtech or Moderna COVID-19 vaccines, or 2 weeks after the single-dose J&J/Janssen COVID-19 vaccine. People should continue using all the tools available to protect themselves and others until they are fully vaccinated.

After someone is fully vaccinated against COVID-19, they may be able to start doing some things that they had stopped doing because of the pandemic. Learn more about what you can do when you have been fully vaccinated.

Conclusion

There are currently three available vaccines to protect people in the United States from COVID-19. Each of these vaccines are effective in preventing COVID-19 illness. Although there are differences between the three vaccines, it is important to remember that each of the vaccines has undergone extensive review and is proven to be safe and effective. People may be asking themselves – which vaccine is the right vaccine for me?

The answer is clear – any vaccine is the best vaccine to protect yourself, your loved ones, and your community against COVID-19.



the best
vaccine is
the vaccine
you can get
right now



Chapter 4: Understanding Vaccine Hesitancy

What is Vaccine Hesitancy?

Source: World Health Organization – SAGE Working Group on Vaccine Hesitancy

Vaccine hesitancy refers to delay in acceptance or refusal of a vaccine despite availability of vaccine services. Vaccine hesitancy is complex and context specific. It varies across time, place, and vaccines. Vaccine hesitancy is influenced by factors such as complacency, convenience, and confidence.

It is important to understand that vaccine hesitancy is common and experienced by people regardless of their housing status. It should not be pathologized or trivialized as “crazy talk” or “conspiracy theories.”

Vaccine hesitancy can stem from past traumas with medical/health services, negative experiences with an adverse side effect of a vaccine or medication, lack of accurate information available in language that is understandable, or widespread misinformation campaigns in popular and social media, among other reasons. Listening openly to the concerns expressed by PEH, responding with accurate information, and sharing relatable personal experiences about COVID-19 illness and vaccines offer effective strategies for helping PEH explore underlying beliefs about vaccines and make informed decisions about their health.

Common Themes in Vaccine Hesitancy Among PEH

There are many reasons that an individual may be hesitant to get the COVID-19 vaccine. While every individual's perception and concerns about COVID-19 vaccines are uniquely influenced by their personal beliefs, experiences, and social context; several common themes in vaccine hesitancy have emerged among PEH and others. By understanding and exploring these themes, homeless advocates can play an important role in dispelling vaccine myths and encouraging vaccine confidence among PEH.

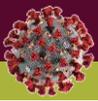
Misinformation and Lack of Basic Knowledge

Inaccurate and/or incomplete information about COVID-19 and available vaccines can spread like wildfire especially in such a quickly evolving pandemic environment. PEH who may not have regular access to reliable information about the virus and the development and availability of vaccines can be especially susceptible to misinformation shared through social media and other formats.

Misinformation and a lack of basic knowledge about COVID-19 illness and vaccines can lead to a variety of vaccine concerns. Sharing honest, accurate information about COVID-19 can go a long way in helping PEH build vaccine confidence.

Perception of Risk

Many people, including some PEH, believe that the COVID-19 vaccine isn't needed if you are healthy and/or at lower risk of severe illness. Some PEH don't have accurate information about risk factors and



may not realize how use of congregate shelters, public transit, and other public accommodations may increase their risk of exposure.

Sharing honest, accurate information about COVID-19 risks and the role of widespread vaccination in creating herd immunity and protecting people at higher risk, along with relatable personal experiences about COVID-19 illness and vaccination, provide effective strategies to help PEH evaluate their own risk and consider vaccination as a strategy to protect others.

Vaccine Safety / Mistrust

Many people, including some PEH, have concerns about vaccine safety and/or are mistrustful of the vaccine development process and/or those involved in the process. These concerns may be exacerbated by misinformation, especially among people with serious mental illness and/or substance use disorders that may impact their ability to interrogate vaccine falsities. Sharing accurate information from medical experts and relatable personal experiences about vaccine safety and vaccine confidence can help PEH re-examine their vaccine concerns. People who have established trust with PEH are especially effective in influencing their perspectives about vaccine safety and trust.

Medical Concerns and Histories

Many PEH have underlying health conditions and/or complicated medical histories that may impact their comfort obtaining the vaccine and confidence in its safety as it relates to their health needs. It is also possible that they have experienced negative interactions or traumatic experiences with medical services in the past. Sharing honest, accurate information about vaccine recommendations related to common health conditions, validating past experiences, and connecting PEH to medical professionals who they trust can help PEH make informed decisions about their health and vaccination.

Symptoms and Perception of Severity

Some people, including some PEH, do not believe that the COVID-19 vaccine is needed for people who are healthy. Because many people can recover safely and without major medical complication from COVID-19 infection, PEH may not believe that vaccination is important.

Sharing honest, accurate information about health risk associated with COVID-19, the importance of widespread vaccination to support herd immunity, and relatable personal experiences about discomfort and serious COVID-19 illness are effective strategies to encourage vaccine confidence. Providing this information in a way that highlights the benefits of the vaccine, as opposed to the consequences of not getting the vaccine, can be especially effective.

Racial Trauma and Health Disparity

Racial trauma and inequitable access to affirming healthcare and health information that centers the health experiences and concerns of Black, Indigenous, and People of Color can lead to vaccine hesitancy and mistrust. Validating and respecting the legitimacy of these concerns while providing information about COVID-19 vaccine safety and connecting BIPOC and other medically disenfranchised communities to experts and advisors with whom they share racial, ethnic, cultural, linguistic, and/or spiritual ties have proven to be effective strategies in promoting vaccine confidence.

Religious and Spiritual Concerns

Faith is central to many people's lives and decision-making. Faith has provided reassurance and solace to many people, including many PEH, throughout the pandemic and should be honored in vaccine



conversations. Most faith communities encourage adherents to get the COVID-19 vaccine, however, there are exceptions. Helping PEH explore their faith's perspective on vaccination and connecting them to faith leaders with whom they have established trust can be effective strategies to reducing vaccine hesitancy.

Honoring the Self-Direction and Health Decisions of People Experiencing Homelessness

The strategies described in this guide are intended to help people explore and interrogate their underlying beliefs about COVID-19 and vaccines. It is not intended to force anyone to get vaccinated or to invalidate their vaccine concerns.

PEH, like all of us, deserve the respect and autonomy to make their own health decisions without fear of retribution. Vaccination should never be required to access homeless services and PEH should not be prevented from accessing housing or services they need because of their vaccine status. Instead, PEH who choose not to be vaccinated should be encouraged to practice harm reduction strategies including continuing to follow CDC recommendations for social distancing, masking, and handwashing can reduce the risk of COVID-19 exposure and illness.

See the section of Chapter 5 titled, "Respecting 'No' and Harm Reduction" for information about reducing the risk of exposure and illness to PEH and others.

Racial Trauma and Vaccine Hesitancy

Examples of medical experimentation and abuse of Black, Indigenous, and People of Color (BIPOC) can be found throughout American history. They range from the Tuskegee syphilis experiments conducted on unknowing Black men to the involuntary sterilization of Native American women and, more recently, lead paint studies that caused unjust harm to Black and Brown children. After these and other collective experiences of racial trauma, trust in medical systems has been broken for many BIPOC communities.

Current discussions of racial trauma and medical mistrust too often stop there, reducing racial trauma to a collection of historical experiences. The truth is that racial trauma is inflicted on BIPOC communities every day in very direct and tangible ways. The influence of white dominant culture overwhelmingly centers the health concerns and needs of white people and systemic racism disenfranchises BIPOC communities from accessible and affirming healthcare resulting in health disparities like those observed throughout the COVID-19 pandemic.

Misinformation about COVID-19 and available vaccines is available in every language and circulates social media; however, readily accessible and accurate health information that centers the health experiences and concerns of BIPOC communities remains scarce. And while equity-focused vaccine distribution and communication strategies are being developed and implemented across the nation, it is only reasonable that this sudden focus on racial equity in vaccine distribution may lead to skepticism, especially if those efforts are led by the same systems and institutions that have inflicted past harm.

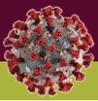
An equity-focused approach requires us all to acknowledge the very real harm that BIPOC communities have experienced, to affirm and validate those experiences and the resulting mistrust, and to act with cultural humility when addressing vaccine hesitancy that results from racial trauma and as we work to build more trustworthy systems of health, housing, and social services.



Centering the voices of trusted BIPOC community leaders in vaccine messaging and creating opportunities for BIPOC experiencing homelessness to discuss their vaccine concerns with people who share common racial, ethnic, linguistic, and/or spiritual ties are especially effective strategies to helping them address vaccine hesitancy within the framework of their own lived experience.

Conclusion

Vaccine hesitancy is a common experience. It is not a pathology or a moral failing. By validating the concerns of PEH, sharing accurate and honest information, and providing opportunities for PEH to explore and interrogate their underlying beliefs about COVID-19 and available vaccines, homeless advocates can play an important role in helping PEH make informed health decisions.



Chapter 5: Promoting Vaccine Confidence

Vaccine hesitancy research consistently indicates that conversations with someone you trust, when based in honest and accurate information, can play a significant role in increasing vaccine confidence and uptake. Homeless advocates - those who have already built trusting and proven relationships with people experiencing homelessness - are uniquely positioned to help their unhoused neighbors explore their vaccine concerns, interrogate their underlying beliefs about COVID-19 and vaccination, learn the facts, and make informed decisions about their health.

Discussing COVID-19 Vaccine Hesitancy – Our Core Values

- People experiencing homelessness have the right to accurate health information in language they can understand.
- Vaccine hesitancy is common among all people, regardless of their housing status, and should not be pathologized or trivialized.
- Trauma histories may influence receptiveness to healthcare (including vaccines) and deserve validation.
- People experiencing homelessness are able to make informed decisions about their bodies and healthcare.
- Harm reduction strategies can help people who choose not to be vaccinated lower risk to themselves and others.
- Vaccination should not be required to access services or used to prevent someone from obtaining housing or assistance.

Tips for Talking with PEH about the COVID-19 Vaccine

The following recommendations from the U.S. Department of Housing and Urban Development's ["COVID-19 Vaccination Conversation Tips for Homeless Service Providers"](#) can help you prepare for conversations about the COVID-19 vaccine.

Start from a Place of Empathy

- Emotions are high as we navigate the realities of protecting our nation from continued COVID-19 outbreaks.
- Acknowledge the stressful nature of the pandemic.



- Acknowledge the history of distrust with the medical establishment by Black, Indigenous, and People of Color (BIPOC).

Provide Truthful Education and Information

- Discuss how widespread vaccination will end the COVID-19 pandemic.
- Currently, three COVID-19 vaccines (Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen) have been authorized for use under an Emergency Use Authorization (EUA) by the United States Food and Drug Administration (FDA).
- COVID-19 vaccines seem to have appeared quickly in terms of finding a vaccine, and that is good news.
- These vaccines have gone through rigorous clinical trials at an accelerated scale to ensure they meet safety standards.
- The vaccine development process included voluntary participation of BIPOC medical professionals and clinical trial participants.
- The vaccines have been authorized for distribution in the United States and no major safety concerns have been reported.
- There can be minor side effects such as headache, fever, muscle aches and fatigue that should resolve a day or two after vaccination.
- There are limits to the amount of vaccine being manufactured, so the vaccine may not yet be available for everyone. Continue to follow public health guidelines about proper use of masks, social distancing, and hand washing to avoid illness before and after vaccination.
- Program leaders are a trusted resource for people who may be confused or unsure about COVID-19 vaccination. Being a caring and empathetic source of information is crucial to vaccine education and protecting the health of your clients and team.

Listen Attentively

- Encourage questions to maintain credibility. Reassure PEH that you want to help answer their questions so they can feel confident about getting vaccinated. If you do not know the answer to their question, assure them that you will get the information, tell them when to expect it from you, and follow through.
- Offer to schedule an appointment for the person with whom you are engaging if they are interested.

Responding to Common Vaccine Concerns

The tables below offer possible responses for homeless advocates discussing vaccine options with people who may be hesitant to get the COVID-19 vaccine. As previously mentioned, these talking points are merely a guide. Your discussion should be personalized to your situation, relationship to the person with whom you are discussing vaccination, and your experience with COVID-19 illness and vaccines.



Throughout this guide you will find encouragement to share relatable personal experiences and stories. Research shows that these “real talk” conversations are effective in building vaccine confidence. As you choose what to share, it is important to be mindful of the potential impacts on the person with whom you are talking and to avoid sharing details that may be traumatizing for the listener. Likewise, be mindful not to use your personal experiences to pressure or guilt anyone into being vaccinated.

Remember, it is not our job as homeless advocates to coerce people experiencing homelessness, or anyone, into taking a vaccine. Our job is to provide honest information in a way that allows people experiencing homelessness make informed choices about their health.

Common Concerns: Basic Knowledge and Misinformation

[Learn the basics about COVID-19 vaccines.](#)

| Statement or Belief | Potential Responses |
|--|---|
| I didn't know that there was a vaccine for COVID-19. | <ul style="list-style-type: none"> There are currently three vaccines that have been authorized to protect you against COVID-19. They're safe and effective. Our community is prioritizing people who are at higher risk for the vaccine and that includes people who are sleeping outside or staying in shelters. Would you like to get the vaccine? |
| I'm not old enough to get the vaccine. Aren't they only giving it to older adults and the police? | <ul style="list-style-type: none"> You're right – older people and first responders were some of the first people who were able to get vaccinated. But our community is prioritizing other people too – and that includes people who are sleeping outside or staying in shelters. You are eligible to get the vaccine now and it will protect you from getting sick. What do you say? There are lots of things that can put people at risk – and we want you to stay safe. That's why the vaccine is already available for people who are sleeping outside or staying in shelters. I even got it already because I want to keep us both safe. I'd love to help you get yours too. |
| I don't know what the vaccine does. | <ul style="list-style-type: none"> The vaccine works to protect you from catching the virus that causes COVID-19. It's safe and effective, especially when it comes to preventing serious illness – the kind that could put you in the hospital or even kill you. I wasn't sure how the vaccine worked either but I did some reading and talked to my doctor/nurse. I learned that these types of vaccines have been studied for decades and they are perfectly safe. After I took it my arm was a little sore and I had a small headache – nothing that a Tylenol couldn't help – and now I feel a ton better knowing that I won't get sick or put someone else at risk. |
| I can't afford it/don't have health insurance. | <ul style="list-style-type: none"> The vaccine is free and you don't have to have health insurance. The government made sure it was free so that everyone can get it. COVID-19 has taken its toll on all of us and we want to get back to |



| | |
|--|---|
| | living life without so much fear. That’s why I got/am getting vaccinated and it’s why I hope you will too. Want to make an appointment? |
|--|---|

Common Concerns: Perception of Risk

[Learn about COVID-19 risk.](#)

| Statement or Belief | Potential Responses |
|--|--|
| I’m healthy. I don’t need to be vaccinated. | <ul style="list-style-type: none"> ● COVID-19 can affect anyone. Even healthy people can get very sick from the virus. Getting the vaccine can keep you healthy, though. What do you say? ● And I want you to stay that way. The vaccine can keep you from getting sick. ● When you get the vaccine, you aren’t just protecting yourself. You’re also protecting the people around you. Do you know some people who aren’t as healthy as you are? By getting the vaccine, you can help protect them too. ● If you have had COVID-19 or someone you know has, share a personal story about the illness and why it’s important to get vaccinated, even if you are healthy. |
| I wear my mask all the time and I camp by myself. I don’t need the vaccine. | <ul style="list-style-type: none"> ● COVID-19 is very easy to spread. Even when we take all the right precautions, we might get it. The vaccine is one more layer of defense to help keep you safe. ● There is no foolproof way to protect ourselves from a virus. Our best bet is to have a couple layers of protection. Think of it like a slice of Swiss cheese. Each piece has some holes in it. But if you put a couple slices together, the holes are covered up. That’s what we’re trying to do with masks, social distancing, and the vaccine. When we use all of these options together, we’re the most likely to stay safe and healthy. ● If you have had COVID-19 or someone you know has, share a personal story about contracting the virus despite following the recommended precautions and trying to stay safe. |
| I already had COVID-19. I’m cured/have natural immunity. | <ul style="list-style-type: none"> ● I’m sorry you had it – what was that like? If the person says it wasn’t a big deal, say something like “Wow, it sounds like you were lucky,” or if they say that it was bad, say something like, “That sounds hard, I’m sure you don’t want to go through that again.” |



| | |
|--|---|
| | <p>Explain that scientists don't know yet how long natural immunity lasts and, while it is rare, some people have been re-infected.</p> <ul style="list-style-type: none"> • COVID-19 is a virus and there is no cure. You might have what doctors refer to as natural or acquired immunity. This means your body made antibodies to fight COVID-19 but we don't know yet how long those antibodies last or how well they fight against infection later. It's sort of like chicken pox – you can have it as a child but then you might get it again as shingles when you're older. Right now, the vaccine is the best way we know to keep you healthy. |
| <p>I never get the flu vaccine but I stay healthy. I don't need vaccines.</p> | <ul style="list-style-type: none"> • Even though the symptoms can be similar, COVID-19 and the flu are very different. More than half a million people have died in the US from COVID-19. I want to help you stay healthy and the vaccine is a great way to do that. • Why don't you get the flu vaccine? Use this as an opportunity to discuss other underlying beliefs about vaccines that may be influencing the person's receptiveness to the COVID-19 vaccine. It's also a great opportunity to encourage the annual flu vaccine. |

Common Concerns: Vaccine Safety/Mistrust

Learn about COVID-19 vaccine [safety](#) and [effectiveness](#).

| Statement or Belief | Potential Responses |
|--|---|
| <p>The vaccine was rushed. It isn't safe.</p> | <ul style="list-style-type: none"> • The technology used to develop the new COVID-19 vaccines isn't new. In fact, it's been studied for decades. • Each of the vaccines went through rigorous clinical trials with tens of thousands of people studied, and the results were all reviewed by multiple independent advisory panels before they were reviewed. • Millions of Americans have already been vaccinated across the country and right here in our town. • If you have been vaccinated or plan to be, share your personal reasons for vaccine confidence. |
| <p>I heard the vaccine has a micro-chip in it to track me or I heard that it's connected to 5G and it's part of a</p> | <ul style="list-style-type: none"> • There are a lot of untrue stories about the vaccine out there. The vaccine does not have a microchip or any other kind of device. It's actually impossible to put a microchip in a vaccine. • The pandemic has been hard for all of us and it's easy to be afraid. This vaccine actually went through a rigorous process that involved |



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| <p>government plan to control or track me.</p> | <p>the drug manufacturers, government, and independent councils. There have been thousands of people involved in getting the vaccine to us. I'm sure that someone would have spoken out if it was part of a government plot.</p> <ul style="list-style-type: none"> • Thousands of doctors and medical professionals agree that the vaccine is safe, just like other vaccines we get for the flu or measles. • If you have had skepticism about the vaccine, share your personal experience and the reasons you now believe that the vaccine is safe. • Explain how you learned the facts about the COVID-19 vaccines and offer to show the person information from the CDC or other reliable sources that refute false claims. |
| <p>Why am I getting the <fill in the blank> vaccine? Are they trying to give us the crappy stuff?</p> | <ul style="list-style-type: none"> • Each of the vaccines are safe and effective, especially when it comes to preventing serious illness that leads to hospital stays or death. • Vaccine supply is still very limited and almost no one has been able to choose which vaccine they receive. The best vaccine is the vaccine we can get right now. • Even though the vaccine supply is limited and there isn't a choice about which vaccine to get yet, you are being prioritized because we know that people sleeping outside or in shelters face higher risks to getting COVID-19 and experiencing serious illness. We want you to be safe and healthy. • If your community is prioritizing single dose Johnson & Johnson vaccines for people experiencing homelessness, explain that they are making this vaccine available so that you don't have to make a second appointment. It's easy to forget or miss an appointment and we want everyone to be fully vaccinated. • If your community has multiple options, explain the options to access various vaccines and offer to help the person get the vaccine they prefer. |
| <p>I don't want to be a guinea pig. They're just giving it to us so they can see what's wrong with it before they give it to everyone else.</p> | <ul style="list-style-type: none"> • The vaccines have all gone through rigorous testing and are proven to be safe and effective. Tens of thousands of people participated in the clinical trials that determined the vaccines were safe. • Millions of people have already taken the vaccine including health workers, older adults, and other people who are at higher risk of getting sick. I don't think that doctors and nurses would have taken the vaccines first if they weren't convinced that they were safe. • You are able to get the vaccine sooner than most people because your life and health matters. We know that people sleeping outside or in |



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| | <p>shelters can be at higher risk of getting sick and everyone wants you to be safe and healthy.</p> |
| <p>I know someone who got the vaccine and they got really sick.</p> | <ul style="list-style-type: none"> • We all respond to the vaccine differently but most people only have mild symptoms like some soreness in their arm or a fever/headache that usually goes away in day or two. Tylenol is usually all someone needs to feel ok after the vaccine. • Some people do have more severe symptoms – and it seems like that’s what people are talking about a lot. But the reality is that most people have very mild side effects and the benefits make it all worth it. Getting the vaccine gets us all one step closer to getting back to normal and we can feel better knowing that we are keeping ourselves and our community safe. • If you’ve been vaccinated, share your personal experience with the vaccine. Focus on the benefits of the vaccine (i.e., feeling safer knowing that you won’t get yourself or your family sick, etc.) |
| <p>I heard you can get COVID-19 from taking the vaccine.</p> | <ul style="list-style-type: none"> • The COVID-19 vaccine doesn’t include a live virus and you can’t get COVID-19 from the vaccine. • Millions of people have been vaccinated and there are no known cases of someone getting COVID-19 from the vaccine. |
| <p>I heard that vaccines cause autism (or other blanket statements about vaccines causing illness).</p> | <ul style="list-style-type: none"> • There have been a number of studies. Medical experts have determined that vaccines do not cause autism. This is a myth that was first told about the measles, mumps, and rubella vaccine – and it’s been disproven. • The COVID-19 vaccines have all been rigorously studied and are safe. There has been no indication that the COVID-19 vaccine causes autism or any other illnesses. |
| <p>The vaccine will change my DNA.</p> | <ul style="list-style-type: none"> • The COVID-19 vaccines do not affect your DNA. A lot of people have been confused about some of the vaccines and the difference between DNA and messenger RNA. Messenger RNA (mRNA) is used in some of the vaccines to help your body create antibodies against COVID-19. None of the vaccines can alter your DNA in any way. • There are a lot of untrue stories about the vaccine out there. The vaccine does not have DNA in it and cannot change your DNA in any way. • If you have had skepticism about the vaccine, share your personal experience and the reasons you now believe that the vaccine is safe. |



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| | <ul style="list-style-type: none"> • Explain how you learned the facts about the COVID-19 vaccines and offer to show the person information from the CDC or other reliable sources that refute false claims. |
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Common Concerns: Medical Concerns and Histories

Learn about COVID-19 vaccine [safety](#) and [effectiveness](#).

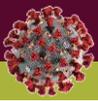
| Statement or Belief | Potential Responses |
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| <p>I got a vaccine for something else and I got really sick. I'm allergic to vaccines.</p> | <ul style="list-style-type: none"> • Every vaccine is different. You might react badly to one vaccine but just fine to others. It's a good idea to talk to a doctor or nurse you trust to find out if the vaccine is safe for you. Is there someone we can call? • Most people only experience some soreness in their arm or mild symptoms like a fever or headache after the COVID-19 vaccine and these usually pass within a day or two. Some people do have more severe reactions though. Could we call a doctor or nurse you trust to talk about your experience with vaccines and find out if the COVID-19 vaccine is safe for you. |
| <p>I'm sick this week.</p> | <ul style="list-style-type: none"> • If you have symptoms of COVID-19, you should get tested. I can help you schedule a test right now if you'd like. Since the symptoms look a lot like the flu and other common illnesses, it's good to check and know for sure. As long as you don't have COVID-19, you can get the vaccine once your symptoms go away. • If your symptoms aren't like COVID-19, it's still a good idea to wait until you feel better to get the vaccine. In the meantime, you can take other precautions like continuing to wear your mask whenever you're around other people, keeping a safe distance, and washing your hands with soap and water or using hand sanitizer often. • I'm sorry to hear that. How are you feeling? Any major symptoms? Do you want to see a doctor to get it checked out? I can help you make an appointment. |
| <p>I'm pregnant/breastfeeding or I'm trying to get pregnant.</p> | <ul style="list-style-type: none"> • There isn't a lot of research yet but doctors and medical experts believe that the vaccine is safe for people who are pregnant, breastfeeding, and/or trying to get pregnant. Plenty of people who are pregnant/breastfeeding have gotten the vaccine safely. Still, it's a personal choice and I understand your fear. If you aren't sure whether to get the vaccine while you're pregnant/breastfeeding, maybe we could talk to a doctor or nurse you trust and see what they recommend? |



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| | <ul style="list-style-type: none"> • All the more reason to think about getting the vaccine. People who are pregnant are at a higher risk of severe illness from COVID-19. Doctors also think that people who are pregnant and have COVID-19 might be at higher risk for other complications like pre-term birth. I know it's a hard decision to make – would you feel better if you talked to a doctor or nurse you trust and see what they recommend? |
| <p>I'm on hormone replacement therapy (HRT).</p> | <ul style="list-style-type: none"> • It's ok to get the vaccine while you're on hormone replacement therapy. Doctors haven't seen any adverse reactions between the vaccine and HRT meds but it never hurts to check with your own doctor. Have you talked to the doctor who helps you with your HRT meds to see what they recommend? I can help you call if you'd like. • If you're taking hormones that weren't prescribed, it's probably a good idea to call a doctor or nurse you trust and talk about the vaccine. We can even call the health department and ask some questions without sharing too much information about yourself if you're worried about getting in trouble. |
| <p>I'm taking medication for HIV/AIDS (HAART) or I'm on Pre-Exposure Prophylaxis (PrEP)</p> | <ul style="list-style-type: none"> • Medical experts agree that there is no reason that someone with HIV/AIDS should avoid the vaccine, regardless of whether they are taking HAART. The vaccines don't contain a live virus and is safe for people living with HIV/AIDS. • The COVID-19 vaccines do not cause COVID-19, even in people with weakened immune systems. HIV doctors agree that the COVID-19 vaccine is safe and recommended for people living with HIV/AIDS. • Medical experts agree that there is no reason that someone who is taking PrEP should avoid the COVID-19 vaccine. Just like PrEP helps you lower your risk of contracting HIV/AIDS, the COVID-19 vaccine can help lower your risk of contracting COVID-19 or becoming sick. |
| <p>I have hepatitis/chronic liver disease.</p> | <ul style="list-style-type: none"> • There hasn't been a lot of research about liver disease and the COVID-19 vaccine but medical experts and doctors don't believe there is any reason someone with chronic liver disease or hepatitis shouldn't get the vaccine. If you are immune-suppressed, the vaccine may not be as effective as it is for other people but it will still offer you at least some protection – and that's important. Is there a doctor or nurse your trust that we could call to see what they recommend for you? • All the more reason to think about getting the vaccine. People with liver disease can be at higher risk for getting sick from COVID-19, especially if your immune system is suppressed. I know it's a hard decision to make – would you feel better if you talked to a doctor or nurse you trust and see what they recommend? |



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| <p>I'm taking medication for heart disease.</p> | <ul style="list-style-type: none"> • Doctors agree that people with heart disease should get the vaccine as soon as they can. Unfortunately, heart disease can put you at higher risk for getting sick if you contract COVID-19. You have to be careful about taking over the counter pain reliever after your vaccine, though. Let's call your doctor or nurse to see what they recommend. • The American Heart Association put out a statement in January encouraging everyone to get the COVID-19 vaccine as soon as they can. Heart disease puts you at higher risk of serious illness from COVID-19 and we all want you to be safe and healthy. Is there a doctor or nurse who knows about your condition that we could call for advice? |
| <p>I'm allergic to eggs. I can't take the vaccine.</p> | <ul style="list-style-type: none"> • There are no egg products in any of the three COVID-19 vaccines. If you want to take a look at the vaccine ingredients, we can look at them together online (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html). |
| <p>I have another condition not listed here.</p> | <ul style="list-style-type: none"> • Most people can get the COVID-19 vaccine safely. We all want to protect our health and be as safe as we can though. Why don't we call a doctor or nurse you trust and see what they can tell us about safe options with your condition? |
| <p>I hate doctors.</p> | <ul style="list-style-type: none"> • The vaccine process is actually really fast and easy. Most people say you can barely feel it when you get the shot. The hardest part is usually scheduling or waiting in line. Once you see person giving you the vaccine, it's usually over in a couple of minutes. I can go with you if you like. • I hear you – I don't think anyone really likes going to the doctor. But here's the thing –most of the time, you're getting your vaccine from a nurse or a first responder, and it isn't even at the doctor's office. It still can be scary, though. I keep telling myself a few minutes now is better than possibly getting sick and having to spend time in the hospital later. Would it be easier for you if I came along? It's nice to have some moral support sometimes and I'd love to celebrate with you after you get your vaccine. • Share a personal experience about your own discomfort in healthcare settings (doctors, hospitals, dentists) and why you still think the vaccine is worth it. Highlight the benefits of getting the vaccine and its advantages over a hospital stay. |
| <p>I'm afraid of needles.</p> | <ul style="list-style-type: none"> • I'm sorry – a lot of people feel that way. This vaccine can prevent you from getting sick and spreading the virus to others. One quick stick can save your life and protect your family, friends, and community. |

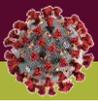


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| | <ul style="list-style-type: none"> • The vaccine keeps you safe from COVID-19 so that you don't get sick and have to spend days or weeks in a hospital. • What if I came with you and we let the person giving you the vaccine know that you are afraid of needles. We can distract you while they give you the shot. Most people say they barely feel it and that it is even easier than the flu vaccine. |
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Common Concern: Symptoms and Perception of Severity

Familiarize yourself with the symptoms of COVID-19 and the risk of severe illness.

| Statement or Belief | Potential Responses |
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| I don't have any symptoms. | <ul style="list-style-type: none"> • Let's keep it that way! The vaccine can prevent you from getting sick and getting symptoms. Getting COVID-19 can make you sick for weeks and even months. If you have a bad case, you could end up in the hospital or die. • The vaccine isn't used to treat COVID-19. It helps prevent it so you don't have to get sick. The vaccine is safe and effective so why risk it? |
| COVID-19 isn't that serious. | <ul style="list-style-type: none"> • Millions of people have died from COVID-19 across the world. Right here in our town, ### people have died from the illness. The vaccines are safe and effective – they help protect you from COVID-19 and are almost 100% effective in preventing serious illness or death. Why take the risk? • COVID-19 can make you very sick. It can even kill you, especially if you have underlying medical conditions. Sure, a lot of people recover but they usually describe the illness as being incredibly painful and frightening. Some say it feels like your lungs are filled with broken glass – that sounds awful. I don't want to experience that – that's why I got/am getting the vaccine and it's why I hope you will too. • Share a personal experience about yourself or someone you know who has gotten sick with COVID-19. Explain that you don't want anyone else to have to go through this and that's why you are encouraging people to take the vaccine. |
| I've got a strong immune system. I can fight it off myself. | <ul style="list-style-type: none"> • Even people with strong immune systems can get very sick from COVID-19. A strong immune system isn't always enough to protect you – but the vaccine is. Why take the risk? • Even if your body can fight off COVID-19 without you getting very sick, you could still make other people sick while you have it. COVID-19 is very contagious and it's easy to spread through everyday contact. What if you accidentally spread it to someone who |



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| | <p>wasn't as healthy? You don't want to make someone else sick. That's why we want everyone to get vaccinated. It doesn't just protect us, it protects everyone around us too.</p> <ul style="list-style-type: none"> • Share a personal experience about yourself or someone you know who was healthy but got sick with COVID-19 and why vaccines are important to stay healthy and prevent the spread. • Share a personal story about someone in your life, or in the life of the person with whom you are talking, who is at higher risk and how getting the vaccine helps to protect them too. |
| <p>I don't care if I get sick.</p> | <ul style="list-style-type: none"> • I care if you get sick, and I know other people do too. Let's talk about some of the people who matter to you. How would they feel if you got sick? How would you feel if someone you care about got sick? • No one wants to go through the pain of losing someone we care about or worrying about them getting sick. The vaccine can provide some assurance that you won't get sick or die from COVID-19. |

Common Concerns: Racial Trauma

Familiarize yourself with these and other resources about vaccination in BIPOC and non-citizen communities.

- [The Conversation: Between Us, About Us](#)
- [National Hispanic Medical Association – Increasing Vaccines in Latino Communities](#)
- [Department of Homeland Security Statement on Equal Access to Vaccines and Vaccine Distribution Sites](#)

| Statement or Belief | Potential Responses |
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| <p>I don't trust the doctors/health system. They've abused us before.</p> | <ul style="list-style-type: none"> • I know, over the years a lot of terrible things have been done to people of color in the name of science. It's a personal decision and I respect whatever you choose. Whose opinion do you trust the most about this kind of a thing? Maybe we could see what they say? • Did you know that doctors and medical experts of all races are encouraging people to take the COVID-19 vaccine? The vaccine trials included people from most races and are safe and effective for anyone. Is there anything that would help you feel safe about getting the vaccine? • We've definitely gotten it wrong before and we aren't doing it perfectly this time either. I don't want you to miss out on protecting yourself from COVID-19 without exploring all your options, though. What kind of information would help you make your decision? |



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| | <ul style="list-style-type: none"> • If you share a racial/ethnic identity with the person with whom you are talking, share your personal experience and why you decided to get the vaccine. |
| I'm not a citizen – I can't get the vaccine. | <ul style="list-style-type: none"> • The vaccine is free for everyone regardless of your citizenship status. • You don't have to share your immigration status with anyone to get the vaccine. It's perfectly legal for everyone to get it. • The federal government is worried that folks who aren't citizens may be afraid to get the vaccine. That's why immigration officials aren't allowed to conduct enforcement activities at or near vaccine sites. It's probably hard to trust that – but it's the same rules that they have followed for a long time at hospitals and doctors' offices. • I understand why you might be worried and I respect whatever you decide. Maybe we could call the consulate or an organization you trust to see what they think? |
| The research was all about white people. How do I know it's safe? | <ul style="list-style-type: none"> • Each of the vaccine trials included a diverse group of people from different races. We can look up some information about the race/ethnicity of people who participated in the trials if you would like. • Millions of people have taken the vaccine, including hundreds of thousands of Black, Indigenous, and People of Color. The vaccines have all proven that they are safe and effective regardless of your race or ethnicity. |

Common Concerns: Religious or Spiritual Concerns

Familiarize yourself with various faith communities' beliefs about vaccines.

| Statement or Belief | Potential Responses |
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| My religion prohibits vaccines. | <ul style="list-style-type: none"> • I didn't know that. Faith is important to a lot of us and I understand why that might influence your decision about getting the vaccine. Have you spoken to your pastor/imam/rabbi/spiritual advisor? I know a lot of religious groups are encouraging people to take the vaccine, even some of the groups who don't usually. • I understand. How are people in your faith keeping themselves safe and healthy? Can I share some information so that you can reduce your COVID-19 risk, even if you don't get the vaccine? |



Respecting “No” and Harm Reduction

The goal of this guide is not to force people experiencing homelessness, or anyone, to take the COVID-19 vaccine. While it is our hope that this guide helps homeless advocates dispel myths and build vaccine confidence, it is critical that we, as homeless advocates, honor the self-direction of people experiencing homelessness and their right to make their own health decisions. If someone does not want to talk or chooses not to get the vaccine the first time it is offered, do not despair. Take a moment to think about the time you probably spent weighing your options, talking with family or friends, and doing your research before you decided whether to get the vaccine. Do people experiencing homelessness deserve any less?

The decision to get vaccinated requires us all to take a step of faith during an uncertain and unfamiliar time in which misinformation abounds. This is just as true for people experiencing homelessness, especially those whose experiences of racial and/or medical trauma have eroded confidence in the systems around them.

When someone indicates that they do not want to discuss or get the COVID-19 vaccine today, keep the door open for continued conversation. Ask for permission to check in with them again after they have had a few days to think about it. And let them know that you are able to help if they want to talk or learn more about the vaccine.

Our job is not to make decisions for PEH. It is to help them make the most informed decision they can for themselves. This means respecting their decision to say no when they choose.

Vaccination status or decisions should never be used to prevent someone from accessing services or housing and no one should be made to feel guilty because of their health decisions. People who choose not to get the vaccine can still reduce the risk of illness to themselves and to others by continuing to follow CDC recommendations to prevent the spread of COVID-19.

Practice Harm Reduction Strategies to Reduce Risk to Yourself and Others Even if You Don’t Get the COVID-19 Vaccine

- ➔ Wear a mask that covers your mouth and nose.
- ➔ Avoid close contact – stay 6 feet apart from other people.
- ➔ Avoid crowds and poorly ventilated spaces.
- ➔ Wash hands often with soap and water.
- ➔ Use alcohol-based hand sanitizer if you do not have soap/water.
- ➔ Avoid touching eyes, nose, and mouth with unwashed hands.
- ➔ Clean and disinfect frequently touched surfaces daily.



Conclusion

PEH, like others, may experience any number of concerns about the COVID-19 vaccine. And while it is not our role as homeless advocates to coerce them to take the vaccine, we can leverage our trusting relationships with PEH to dispel vaccine myths, share honest and accurate information, and connect PEH who are hesitant about vaccination to professionals who can answer their questions.

Vaccination is a personal health decision and everyone, including PEH, deserve the right to accurate information, an opportunity to weigh their options, and respect.

Download this Toolkit and Other Resources

Visit www.tpch.net/vaccine-toolkit to download this document, our Homeless Advocate's Guide to Discussing COVID-19 Vaccine Hesitancy with People Experiencing Homelessness, and other resources.