

Tucson Homeless Vaccine Incentive Program

Program Impact Report
October 2022



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Background

Many people experiencing homelessness are at increased risk of serious medical complications associated with COVID-19 due to underlying health conditions. Prior trauma, negative past experiences with health services, and other challenges generally result in lower rates of vaccination among people experiencing homelessness than the general public. Targeted vaccination programs have proven effective in promoting vaccination among people experiencing homelessness, especially when vaccine incentives are provided.

The City of Tucson, Pima County Health Department, and the Tucson Pima Collaboration to End Homelessness have partnered since the onset of the COVID-19 pandemic to prevent and respond to outbreaks of COVID-19 among people experiencing homelessness. These efforts have included the creation and implementation of a comprehensive vaccine hesitancy toolkit; dozens of vaccine clinics held in emergency shelters, outreach centers, and other places unsheltered individuals and families congregate; service provider training; and distribution of accurate, timely health and vaccine information.

For more information about local strategies used to promote vaccine uptake among people experiencing homelessness in the Tucson area, visit <https://tpch.net/resources/vaccine-toolkit/>.

TPCH COVID-19 Vaccine Resources

Vaccine Hesitancy Toolkit

Advocates' Guide to Discussing COVID-19 Vaccines with People Experiencing Homelessness

Vaccine Ambassador Training

Overview

In July 2022, the City of Tucson Housing and Community Development Department launched the Tucson Homeless Vaccine Incentive Program, a 90-day surge effort to encourage acceptance of the COVID-19 booster for persons who were previously vaccinated and to promote initial vaccine series acceptance among persons experiencing homelessness who were not previously vaccinated. The initiative was jointly funded by the City of Tucson Housing and Community Development Department which provided funding for project staffing to coordinate and implement the initiative as well as cash incentives for eligible persons accepting the COVID-19 vaccine, and Pima County Health Department which funded contracted vaccinators to administer vaccinations at vaccine clinics during the 90-day campaign.

This report provides a summary of the 90-day campaign, its results, and lessons learned which may inform similar activities in the future.

Program Design

The 90-day Tucson Homeless Vaccine Incentive Program provided \$50 cash incentives for persons experiencing literal homelessness, including unsheltered persons and persons residing in emergency shelter and safe haven programs, who opted to receive an initial or booster COVID-19 vaccine at community vaccine clinics conducted in community shelters and other places frequented by people experiencing homelessness.

Cash incentives were administered in compliance with federal program rules and used to leverage publicly available free vaccination services funded and coordinated by Pima County Health Department. Vaccine clinics were staffed by the City of Tucson and Premier Medical Group, an independent vaccinator firm contracted by Pima County Health Department to support the initiative.

Nineteen vaccine clinics for people experiencing homelessness were conducted during the 90-day campaign, and 502 unduplicated persons received one or more doses of the COVID-19 vaccine. Twenty-two individuals obtained both doses of a two-dose series during the campaign. Of the 502 individuals vaccinated, 444 were currently experiencing homelessness and eligible for the campaign's \$50 cash incentive provided in the form of a pre-paid debit card. This number accounts for 18% (or one in six) of the 2,680 persons known to be experiencing homelessness during the campaign period as reported on the Continuum of Care's "by name list".

The 90-day campaign leveraged homeless sector and public health resources to address the COVID-19 vaccination needs of individuals and families experiencing homelessness. The program included four key partner entities and 11 government and non-profit vaccine clinic sites.

Program Partners



The City of Tucson Housing and Community Development Department served as the project lead and was responsible for coordinating the scheduling and implementation of vaccine events for eligible persons experiencing homelessness. The City of Tucson administered all vaccine incentive payments and was responsible for project documentation, recordkeeping, and reporting.



Pima County Health Department provided oversight guidance and technical assistance related to the vaccine incentive program. Through outside funds, Pima County Health Department maintains contractual relationships with contracted vaccinator organizations that administer COVID-19 vaccines to people experiencing homelessness through the project.



The Tucson Pima Collaboration to End Homelessness (TPCH) conducted campaign outreach and member agencies hosted vaccine clinics at 11 community locations including emergency shelter, safe haven, and outreach day center programs.



Premier Medical Group was contracted by Pima County Health Department to administer regional vaccination programs. The organization’s vaccination teams confirmed vaccine eligibility and administered COVID-19 vaccines at each of the vaccine clinics described in this report.

Vaccine Clinic Locations (Host Sites)

- City of Tucson Housing First Shelter
- Goodwill Metro/REC
- Z Mansion
- Sister Jose Women’s Center
- Salvation Army Hospitality House
- Community Bridges, Inc. Shelters
- Pima County Emergency Shelter
- Grace St. Paul’s Episcopal Church
- Primavera Foundation
- La Frontera Center (Sonora House)

BY THE NUMBERS

\$23,300

Value of Vaccine Incentives Distributed

444

Persons Experiencing Homelessness Vaccinated

524

Vaccine Doses Administered

Vaccine Distribution

The charts that follow provide an overview of the vaccine distribution achieved through the 90-day campaign.

FIGURE 1 – VACCINES DISTRIBUTED BY LOCATION

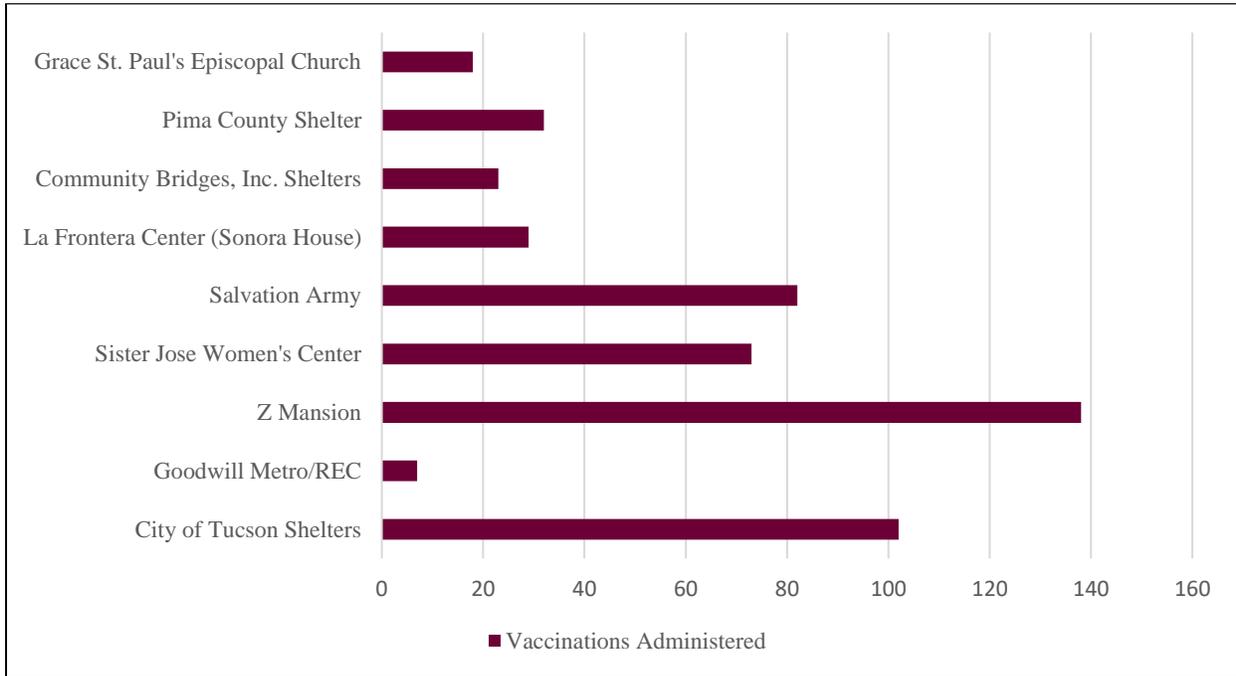


FIGURE 2 – VACCINES DISTRIBUTED BY DOSE TYPE

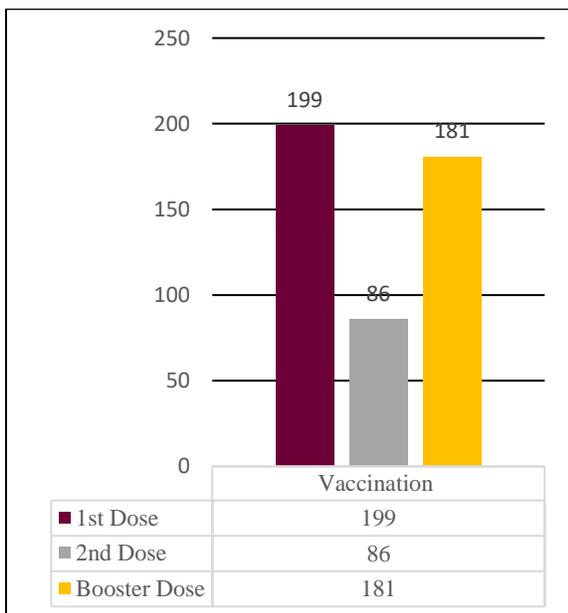
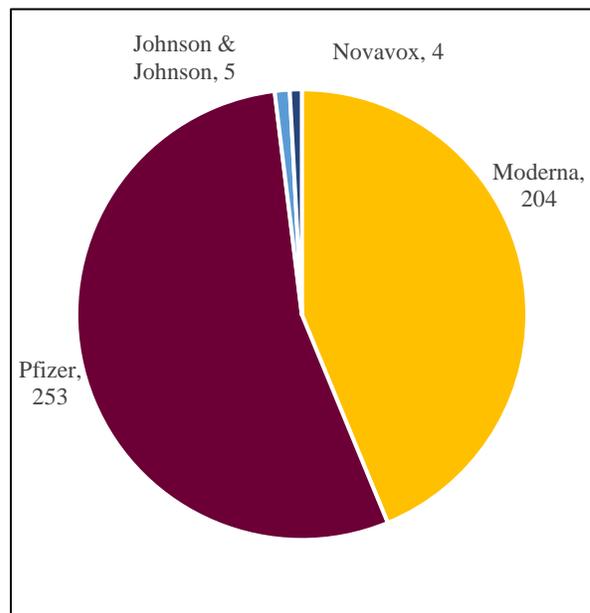


FIGURE 3 – VACCINES DISTRIBUTED BY MANUFACTURER



Beneficiary Data

As previously reported, a total of 502 unduplicated persons were vaccinated through the campaign including 444 unduplicated persons experiencing homelessness and 58 other adults including shelter workers and other housed persons. The beneficiary data reported below is limited to the 444 unduplicated persons experiencing homelessness who were vaccinated and received a cash incentive.

Of the 444 persons experiencing homelessness who participated in the campaign, 432 were adults and 12 were children. Participants were more likely to be male-identified than female-identified; transgender and gender non-conforming (TGNC) persons were under-represented within the beneficiary population suggesting the need for increased outreach and engagement with this population of people experiencing homelessness.

Approximately 57% of beneficiaries identified as a Non-White race and/or Hispanic/Latinx ethnicity. Significantly, near parity was achieved with the region’s unsheltered homeless population in vaccine and incentive distribution.

Just under half (49%) of adult beneficiaries were unsheltered on the day they received a vaccine dose and incentive.

FIGURE 4 – ADULT AND CHILD BENEFICIARIES BY GENDER

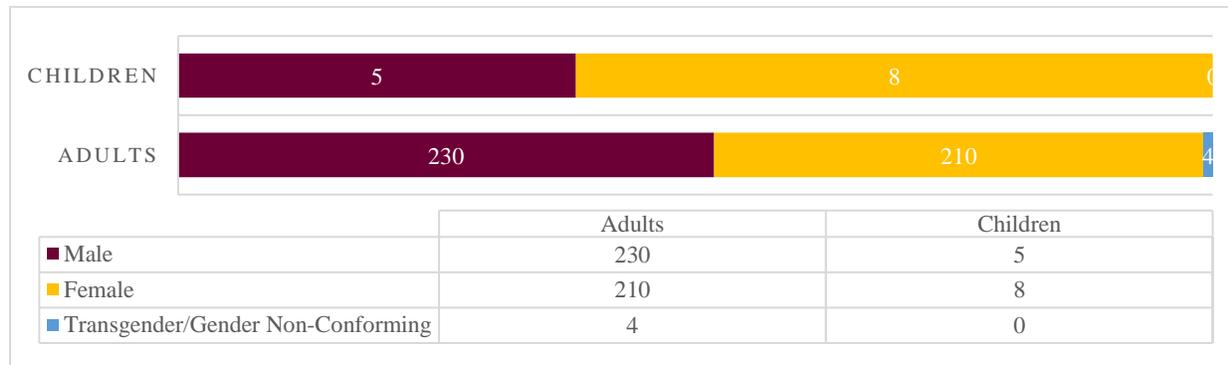


FIGURE 5 – AGE OF PROGRAM BENEFICIARIES

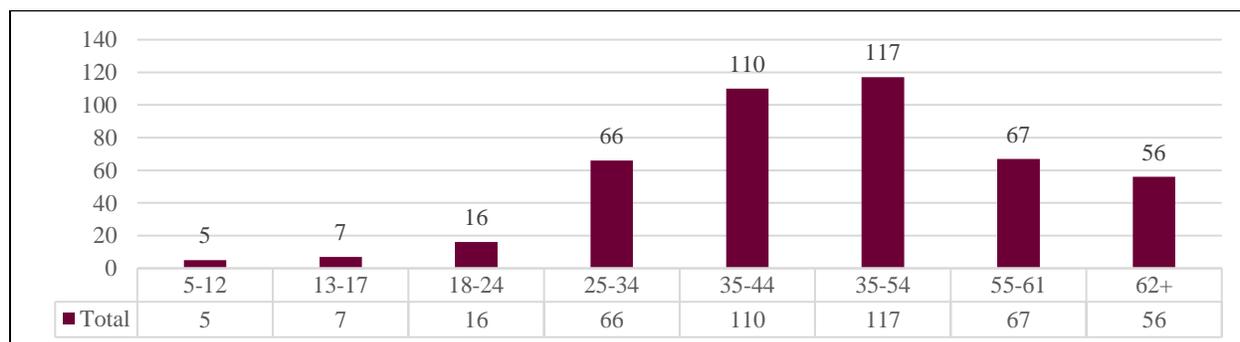


FIGURE 6 – RACE OF PROGRAM BENEFICIARIES

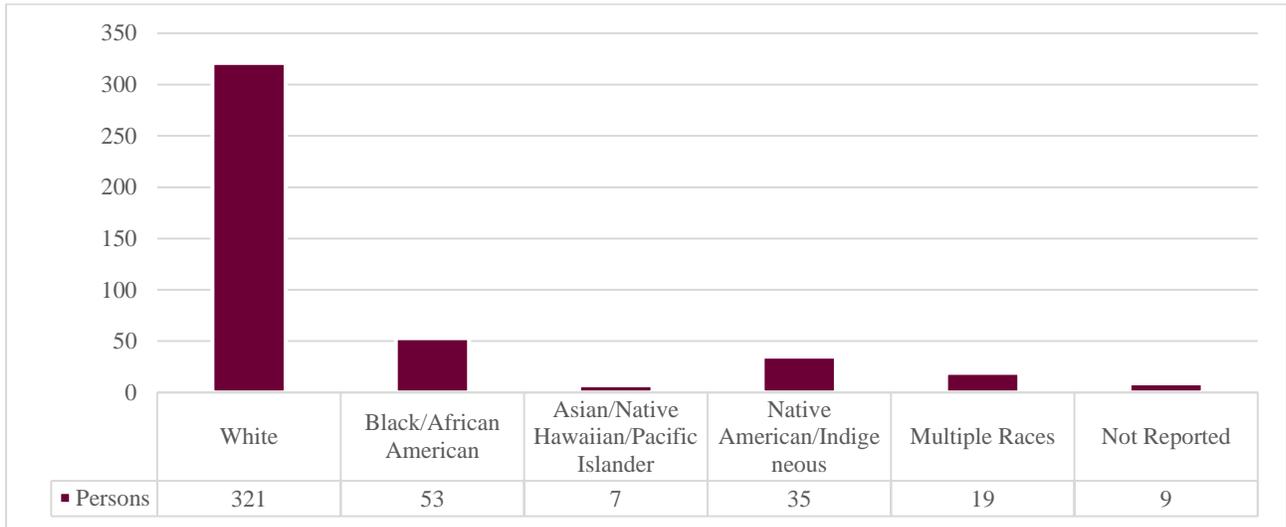


FIGURE 7 – ETHNICITY OF PROGRAM BENEFICIARIES

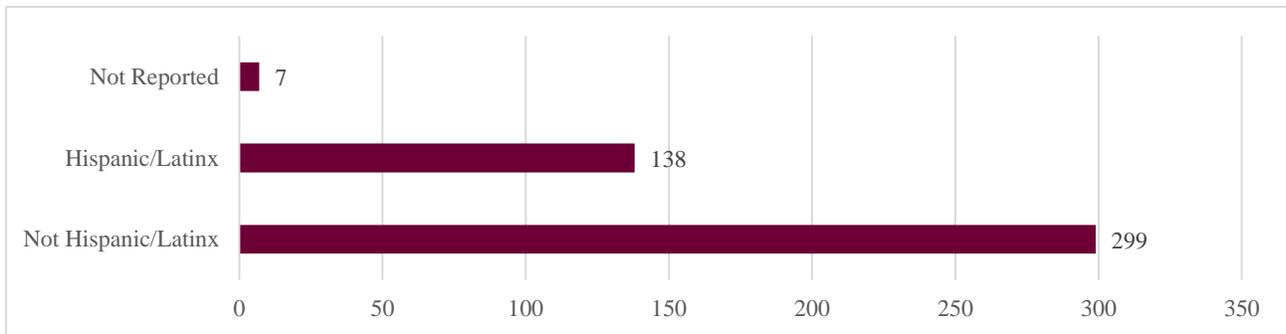
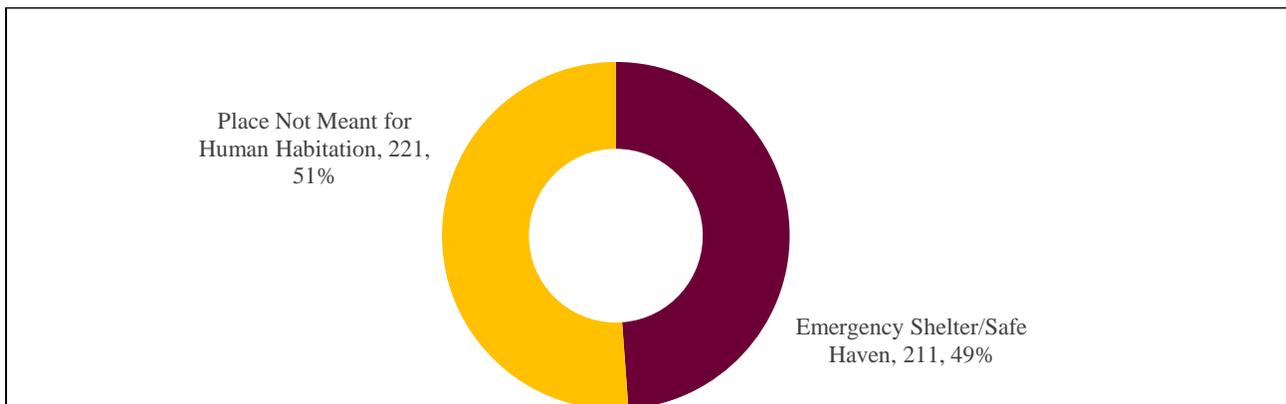


FIGURE 8 – SLEEPING LOCATION OF ADULT BENEFICIARIES



Lessons Learned

Program Staffing

The original program design under-estimated the staffing demand associated with coordination of the vaccine clinics, administration of vaccine incentives on-site, and completion of project paperwork and recordkeeping requirements. The project was originally slated for 1 FTE dedicated staffing with supervisory assistance to be provided at vaccine clinics as needed. Implementation proved that a project of this type requires 3-5 on-site personnel during vaccine clinics to support paperwork completion, event coordination, and incentive administration/distribution.

Scheduling

Pro-actively scheduling second visits to clinic sites approximately two weeks after the initial visit was effective in promoting returns for second dose(s) of initial series; however, the project team believes that a more coordinated approach including reminder contact would positively benefit similar campaigns in the future to reduce the rate of incomplete two-dose series.

Affirmative Outreach

Affirmative outreach to disparately impacted communities is necessary to effectively reach subpopulations which may be less likely to engage in the absence of such outreach. Culturally affirming outreach and health promotions activities are needed to mitigate vaccine hesitancy among groups which may have had negative prior experiences with the health and/or homeless response systems and/or experienced structural and systemic injustice (e.g. BIPOC and LGBTQ+ communities).

Additionally, the project focused on the most commonly used emergency shelter and outreach center programs. If a similar initiative is launched in the future, additional attention should be paid to selecting sites commonly used by populations which were under-represented in the beneficiary population (families with children, unaccompanied youth, transgender and gender non-conforming persons, etc.)

Conclusion

The Tucson Homeless Vaccine Incentive Program provided COVID-19 vaccination for 1 in 6 known persons experiencing unsheltered homelessness using a 90-day surge strategy. More than half of all doses administered were part of the initial dose series suggesting a continued need for targeted vaccination campaigns and strategies to protect the health of people experiencing homelessness and prevent infectious disease outbreaks in community shelter and service programs.

Vaccine acceptance was significantly increased as a result of the introduction of cash incentives, a strategy which may prove beneficial for ongoing COVID-19 vaccine

programs as well as efforts related to other infectious diseases (e.g. Hepatitis A/B, influenza, pneumonia, monkey pox, etc.)

Although the 90-day surge campaign has ended, vaccination opportunities, including incentives when possible, and other health services should be integrated into community resource events and activities popular among people experiencing homelessness. The program team recommends exploring opportunities to host “pop-up” vaccination events for people experiencing homelessness at Tucson Homeless Connect, the Southern Arizona Veterans Stand Down, and other resource events as they are scheduled.

Acknowledgments

The Tucson Homeless Vaccine Incentive Program was successful because of the contributions of more than a dozen local organizations and the professionalism and commitment of their dedicated staff and volunteers.

City of Tucson Program Team: Elle Millyard, Sharon Francis, Alexander Puca, Jason Thorpe

Pima County Health Department: Kat Davis, Jen Wagner, Dr. Theresa Cullen

Event Volunteers: Thelma Magallanes, Melissa Scaff, Latifah Hill, Cat Polston, Austin Puca, Mayra Gamez, Brandi Champion, Kim Noble, Alex Manriquez, Cliff Wade, Robert Wil

Premier Medical Group Vaccination Team: Shalisha Jones, Joe Tukovitz

Pima County Homeless Management Information System: Cheryl Lopez, Susanna Rodriguez

Vaccine Clinic Hosts: Goodwill Metro/REC, Z Mansion, Sister Jose Women’s Center, Primavera Foundation, Salvation Army Hospitality House, Community Bridges, Inc., Pima County Community & Workforce Development Department, La Frontera Center, and City of Tucson Housing First.