



February 12, 2021

Community Vaccine Advisory Committee
Sacramento, CA 95899

United Way of Greater Los Angeles
1150 South Olive Street, Suite T500
Los Angeles, CA 90015

To the Honorable Community Vaccine Advisory Committee Members:

On behalf of the Los Angeles community of homeless service providers, advocates, and various stakeholders this letter is a response to the recent shift to an age-based prioritization plan for COVID-19 vaccination across the state. Rather than an age-based prioritization for people experiencing homelessness (PEH), our recommendation is a site-based strategy which supports greater logistical and resource efficiency and addresses health equity concerns. PEH age 20 years older than the housed population with an over representation of people of color. Due to the unique challenges and vulnerability of people experiencing homelessness, we strongly recommend that a site-based approach is allowed where entire congregate shelter sites (including staff) and street-based encampments are vaccinated at once regardless of age.

1. Treat shelters and street-based encampments like nearly every other high-risk residential setting in CA has been treated and allow everyone who touches those sites vaccinated in the fastest and most efficient manner (i.e. site based vaccination surges that are age-agnostic); and
2. Stop applying a uniform age-based construct to a population that is seeing a COVID-19 mortality rate that is 2-5 times higher for nearly all age groups.

Numerous states have chosen to prioritize this population per CDC ACIP recommendation, and as the state with the largest homeless population in the country we consider it an oversight to include homeless shelters in the state's age-based strategy when the CDC recommends a site-based approach as well. As the most populous county in California, Los Angeles County is also home to over 66,000 people experiencing homelessness on any given night and thousands of shelter workers. Vaccine uptake within our county's homeless population will be critical to the health and safety of the greater Los Angeles community as we work towards collective immunity.

Maximizing Logistical & Resource Efficiency

Other congregate settings such as nursing homes and adult residential facilities have been vaccinated through a site-based approach—the same standard should be applied for homeless shelters to promote 2nd dose uptake/tracking and vaccine access within a highly mobile and medically-vulnerable population. With an age-based approach we can expect confusion in shelters and street-based encampments when it comes to abiding by protective measures like social distancing and mask-wearing among people who are immunized and those who are not. This puts the onus on homeless service providers and shelter operators to ensure safety while also contending with conflicting messages and risk-taking behavior driven by a sense of (literal and figurative) immunity. On top of coordinating logistics with medical teams, providers and operators will also have to explain why some clients can get vaccinated while

others cannot to a population that may consider chronological age an arbitrary measure of vulnerability given the toll that experiencing homelessness has on their bodies and lives.

The current age-based strategy would limit the vaccination to PEH who are 65 years of age and older. This strategy creates a significant resource burden on DHS, as their medical teams will have to return to sites time and time again—risking COVID-19 exposure—as vaccine prioritization moves down age groups and second/booster doses are needed. Costs associated with additional PPE, transportation, staffing, and coordination alone will put burden on limited dollars and staff capacity at a time when medical teams and county budgets are already overextended.

Ensuring Equitable Vaccine Access

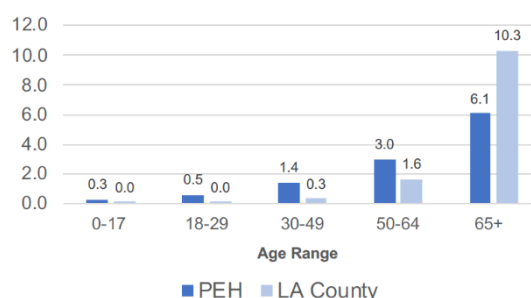
In addition to logistical and resource considerations, there are equity concerns around an age-only prioritization approach for our unhoused population. The current strategy does not account for the fact that Black and Latinx people experiencing homelessness have been disproportionately impacted by the pandemic across all age groups. Additionally, there are insurmountable barriers for vaccine eligible PEH including transportation barriers, lack of walk-up vaccination sites, requiring internet access to schedule vaccination appointments, and minimal same day appointments. Due to the COVID-19 pandemic, PEH have less access to healthcare with many primary health clinics transitioning to telehealth appointments or due to mandatory quarantine in a shelter.

Premature Aging

While an age-based approach aims to decrease deaths and hospitalizations, the data shows that among PEH, COVID-19 fatality rates are 2-5 times higher. PEH are more likely to suffer from underlying medical conditions and complex health issues that result in premature agingⁱ. This means that many PEH suffer from geriatric medical conditions that make them extremely vulnerable to COVID-19 with a shorter life expectancy rate almost 20 years lower than housed populations.ⁱⁱ The pandemic has also negatively impacted non-COVID mortality among PEH as well.

- Although cases among PEH are most seen in people aged 30-59, fatality rates sharply increase among PEH aged **50** and overⁱⁱⁱ
- Over half of all PEH deaths due to COVID-19 have been of individuals aged 50 and older
- The fatality rate for the county overall is 1.59%; for PEH it is 2.34%

LA County Age-specific COVID-19 Case Fatality Rates: People Experiencing Homelessness (PEH) vs. General Population
Current through 2/2/2021



Disproportionate impact of COVID-19 on BIPOC Communities

According to the CDC, in the first month of COVID-19 vaccinations in the U.S.— only 5.4% of all dose 1 vaccine recipients were Black/African Americans, 11.5% were Hispanic/Latinx, and 60.4% were White.^{iv} This early data point to disproportionate vaccination rates within different race/ethnic groups.

- As on February 8, 2021

- 64% of all COVID-19 cases among PEH in the county have been of Black/African American or Hispanic/Latinx individuals. These groups also account for 73% of all PEH COVID-19 deaths.^v
- Black/African American and Hispanic/Latinx PEH have fared worse than their housed counterparts; 49% of all LA County cases are made up of Black & Latinx individuals and Black and Latinx individuals make up 57% of all LA County COVID-19 related deaths.^{vi}

Fostering Trust

Communities of color have a deep distrust of academic and research institutions that stem from a history of predatory medical practices like the Tuskegee syphilis study and the former Trump administration's politicization of the pandemic and how that may have impacted the quality and safety of the vaccine. Additionally, people of color have voiced concern of a "rushed" vaccine, and the lack of knowledge of the long-term consequences of these vaccinations. Offering vaccines in familiar and trusted shelter settings without age requirements can go a long way in reinforcing good will toward the vaccine.

We strongly urge the State of California to allow for a site-based approach for vaccinating PEH and shelter staff regardless of their chronological age. An age-based approach excludes many at the frontline of the COVID-19 pandemic. With nearly 20,000 PEH staying in shelter on any given night across LA County^{vii}, and thousands more in street-based encampments, it is imperative that *everyone* who wants to get vaccinated can.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Ko", with a stylized flourish at the end.

Chris Ko,
Vice President, Impact and Strategy Community Impact
United Way of Greater Los Angeles

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- ⁱ Remembering Those Lost to Homelessness. (2018). https://uwgla.sharepoint.com/:w:/r/sites/COVID-19/_layouts/15/Doc.aspx?sourcedoc=%7B0B4D88ED-6280-4C68-A724-932683350CA2%7D&file=Vaccine%20Advocacy%20Letter.docx&nav=eyJljo2MDA2ODY1MjI9&action=default&mobileRedirect=true
- ⁱⁱ Summary Report of COVID-19 in People Experiencing Homelessness (PEH). (2021). http://publichealth.lacounty.gov/media/coronavirus/docs/SummaryReport_People_Experiencing_Homelessness.pdf
- ⁱⁱⁱ Centers for Disease Control and Prevention. (2021). Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program — United States, December 14, 2020–January 14, 2021 <https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e1.htm#:~:text=During%20the%20first%20month%20of%20the%20U.S.%20COVID%2D19%20vaccination,%25%20were%20non%2DHispanic%20White>
- ^{iv} Summary Report of COVID-19 in People Experiencing Homelessness (PEH). (2021). http://publichealth.lacounty.gov/media/coronavirus/docs/SummaryReport_People_Experiencing_Homelessness.pdf
- ^v Locations & Demographics. (2021). <http://publichealth.lacounty.gov/media/coronavirus/locations.htm#peh-settings>
- ^{vi} Scharff, D. P., Mathews, K. J., Jackson, P., Hoffsuemmer, J., Martin, E., & Edwards, D. (2010). More than Tuskegee: understanding mistrust about research participation. *Journal of health care for the poor and underserved*, 21(3), 879–897. <https://doi.org/10.1353/hpu.0.0323>
- ^{vii} LAHSA Homeless County Total Point In Time Data Summary. (2020). <https://www.lahsa.org/documents?id=4692-2020-greater-los-angeles-homeless-count-total-point-in-time-homeless-population-by-geographic-areas>