

COVID-19 Vaccine Equity: Implications for Unhoused and Sex Worker Populations

The problem: Commercial sex workers and housing insecure people are more vulnerable to contracting COVID-19 or becoming seriously ill with it than the general population. Previously, little was known about the challenges faced by these people in terms of their willingness and ability to receive a COVID-19 vaccine. These populations are highly mobile, difficult to contact, and often are drug users and/or mentally ill—this poses a unique set of challenges for their vaccine uptake.

Background

An estimated half a million people in the U.S. were unhoused in 2017, and one million people at any given time were working in the country's sex industry during 2012.

- The two groups are not mutually exclusive.
- Members of these groups are disproportionately Native American, Hispanic/Latinx, and Black.

These individuals have not been a public health priority, despite being vulnerable to contracting and spreading COVID-19 based on their unique circumstances.

- Unhoused people are more likely to live in communal situation, use public transportation, and do not have consistent access to sanitation facilities, personal protective equipment, or hand sanitizer, all of which prevent viral spread.
- These groups' high rates of community contact means that safe social distancing is not always realistic, whether pre- or post-COVID-19 exposure.
- This relationship is two-way: unhoused people who have contracted COVID-19 or who have symptoms are not admitted to shelters and so must find somewhere else to ride out the illness. This can put them at greater risk of physical injury or serious COVID symptoms.
- These individuals are more likely to have comorbidities which places them at higher risk for severe illness related to COVID-19.

These circumstances have important implications for viral spread and pose a unique set of challenges in vaccinating individuals in these vulnerable groups.

Our Survey

Our team used the CDC's COVID-19 Vaccine Confidence Rapid Community Assessment Guide, adapting Appendix B to evaluate perceptions of COVID-19 and available vaccines.

- Community health workers & graduate students in Public Health surveyed 25 unhoused/unstably housed people and commercial sex workers in Albuquerque, NM in February 2021.

Key findings:

1. Difficult to find and reach housing insecure and sex worker community members, which will be a barrier to vaccine distribution. Community organizations and community health workers know these communities the best and can act as a voice for these hard-to-contact groups.
2. Vaccine administration sites are difficult to access with public transportation (monetary cost, travel time due to limited transportation options in some areas in addition to limited services due to COVID restrictions/schedule, lost income incurred while traveling, and the need for some to use IV drugs every 4-6 hours to avoid withdrawal symptoms).
3. Members of these communities distrust healthcare professionals and the state, though they generally express a willingness to receive the vaccine. Many are wary of a single-dose vaccine and perceive it to have a lower efficacy.

“I know the one-shot vaccine isn't as good as the other ones, so I am not surprised that they want to give it to us, we are the guinea pigs.”

– *Community Member*

Policy Options

OPTION 1: COMPENSATION FOR POSSIBLE LOSS OF INCOME OCCURRED IN TRAVEL TO VACCINE ADMINISTRATION SITES OR SIDE EFFECTS OF THE VACCINE.

- Multiple options, not merchant cards only – community advocates recommended alternate forms of compensation as sex workers and unhoused people are often banned from or unwelcome in major retail spaces in their neighborhoods.
- Public transportation vouchers – bus (both daily and monthly), train, or metro passes.
- Motel vouchers – receiving the vaccine would take up valuable time spent meeting daily housing needs and thus provide a strong incentive to receive a vaccine. Has the added benefit of stimulating the local economy.
- Monetary compensation – we recommend the value of monetary compensation or above compensation methods be about two nights in a local motel. Also stimulates the economy and allows people the opportunity to rest post-vaccination.

OPTION 2: MOBILE VACCINE CLINICS IN STRATEGIC LOCATIONS.

- Reduces costs associated with travel and missed work when visiting clinics.
- Sex workers do not want social workers approaching them while looking for dates, so mobile clinics should visit locations that are accessible but not at popular work spots.

OPTION 3: STRATEGIC CONSIDERATION OF WHETHER A ONE- OR TWO-DOSE VACCINE IS MOST APPROPRIATE.

- Some may perceive two-dose vaccines to be more effective than a single-dose vaccination, though our survey results show that it will be difficult to locate individuals again for the second shot at the correct time.
- The single-dose vaccine is one-and-done, however unhoused people and sex workers may view this option as the health system discriminating against them, due to perceived lower efficacy. Providing this as the only option available to these groups may perpetuate mistrust. Specific incentives for the second dose may be considered to increase the completion if the two-dose vaccine is given or is the only vaccine in supply.

Our Recommendation

Our team recommends that federal, state, and local agencies increase funding for mobile vaccines with appropriate incentives given to members of the unhoused or sex worker population. We also recommend that individuals are given the choice of a one- or two-dose vaccine (given availability), as a way to strategically mediate distrust while allowing them to prioritize convenience or perceived vaccine efficacy. It is imperative that experienced local community organizations and community health workers are involved in both the planning and implementation stages of vaccine outreach and administration because of their relationships with and knowledge about these vulnerable populations.

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