Snapshot audit of COVID-19 vaccination status among street-present people experiencing homelessness in Perth – as at 21 January 2022

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Background:

This document summarises the findings of an audit undertaken between January 20 to 24, 2022 to determine, via Australian Immunisation Register (AIR) records, the extent of COVID-19 vaccination among a cohort of the street-present population in Perth and Fremantle. This audit was undertaken in response to concerns about the level of COVID-19 vaccination among people who are homeless in Perth and its surrounds, and the difficulties of ascertaining this, due to homelessness not being an identifier in routine COVID-19 vaccination statistics, and multiple service providers involved in vaccinations to this vulnerable population group.

Methods:

Homeless Healthcare extracted from its clinical records, a list of all individuals seen by its Street Health teams over a 12 month period, 20 Jan 2021 to 20 Jan 2022. This list included name, DOB (where known), Medicare number (where known). COVID vaccination status (and where received, dates for each dose) was checked by searching for each individual, in the AIR by Medicare number or, where not available, by name and date of birth (DOB) on the Australian Immunisation Register (AIR). The audit included vaccinations administered up and including 21 January 2022.

An initial cohort of 586 individuals who had seen Street Health in the one year period was identified, of whom 64 were then excluded due to: i) having died during the 12 month period (14 individuals); ii) being under the age of 5 (3 individuals); or iii) there being insufficient information to identify vaccination information within the AIR (39 individuals). Thus, a cohort of 522 individuals was available for analysis to ascertain vaccination status.

Results:

The graph below summarises visually the key findings. Further explanation and detail is provided on the next page. As shown, **32% had had no COVID vaccine doses as at 21 January. 68% had had one dose, 46.7% two doses, and only 6.5% have had three doses (i.e. two plus booster).** Black horizontal lines indicate the uptake rates for the 1st, 2nd and 3rd doses for all of WA as at 21 January.

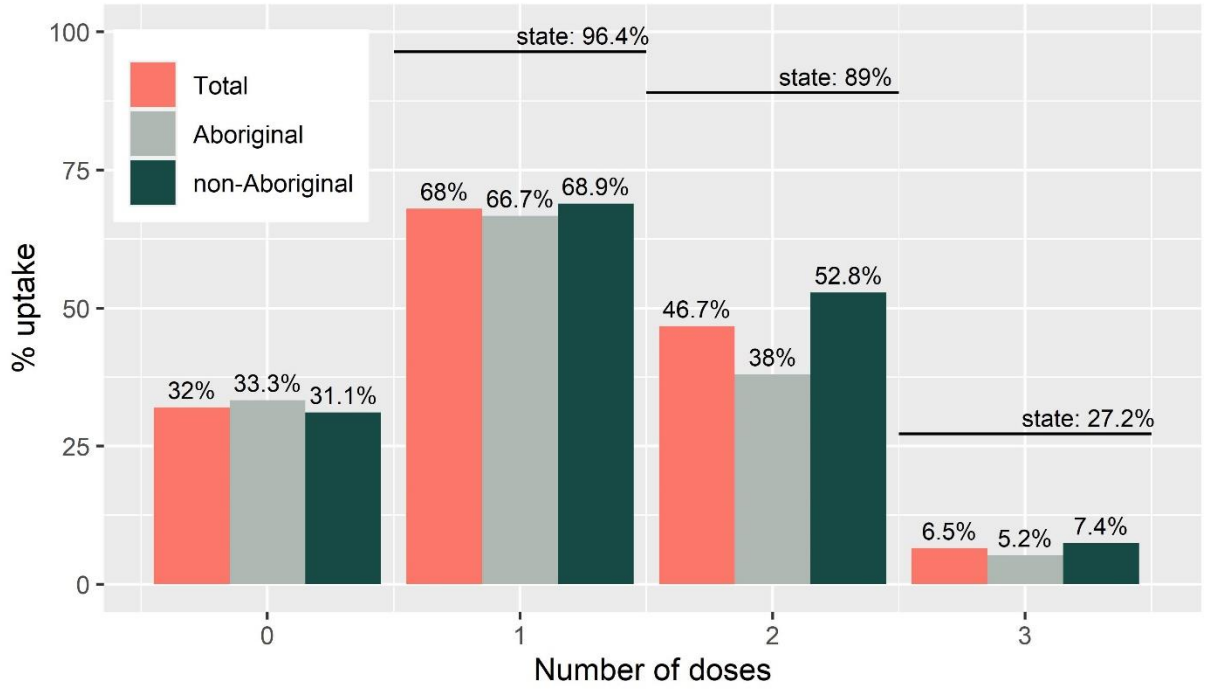

Figure 1. Vaccine uptake, stratified by percentage for each dose and Aboriginality

Table 1 shows summary statistics regarding the number of people within the cohort (n=522) who had received, no, one, two or three COVID-19 vaccine doses, stratified by Aboriginality (Aboriginal, i.e. Aboriginal and/or Torres Strait Island versus non-Aboriginal) and sex. The mean age of individuals receiving each number of doses is also shown.

Table 1. Summary statistics

		Doses			
% (n)	**Total**	**0**	**1**	**2**	**3**
Total	522	32 (167)	68 (355)	46.7 (244)	6.5 (34)
Aboriginal	40.8 (213)	33.3 (71)	66.7 (142)	38 (81)	5.2 (11)
non-Aboriginal	59.2 (309)	31.1 (96)	68.9 (213)	52.8 (163)	7.4 (23)
female	35.1 (183)	32.8 (60)	67.2 (123)	41 (75)	5.5 (10)
male	64.2 (335)	31.3 (105)	68.7 (230)	49.9 (167)	7.2 (24)
mean age (years)	43.7	41	44.9	44.9	47.9

Of the 111 individuals (both Aboriginal and non-Aboriginal) who had had 1 but not a second dose of the vaccine, **65.8% (n = 73) were eligible for that second dose**. Note: eligibility defined here by the passing of at least 3 weeks since the 1st dose of Pfizer or Moderna, or the passing of at least 3 months since the 1st dose if that dose was AstraZeneca.

Of the 210 individuals (again both Aboriginal and non-Aboriginal) who had had 2 but not a third dose of the vaccine, **22.4% (n = 47) were eligible for that third (i.e. "1st booster") dose**. Note: eligibility is here determined by the passing of at least 4 months since the second dose, regardless of whether that dose was Pfizer, Moderna or AstraZeneca.

Aboriginal people comprised 41% of the cohort with AIR records in this audit – the % who had received no or one dose were similar for Aboriginal and non-Aboriginal people, but the % who had received a second dose of the vaccine was markedly lower among Aboriginal people in the cohort. There were no significant differences by sex (male/female) in the percentage of individuals who had received zero, 1, 2 or 3 vaccine doses.

Summary / conclusions:

- People experiencing homelessness in Perth are at substantially greater risk of COVID-19 severity and mortality due to the much higher prevalence of co-morbidities (underlying conditions) that have been shown to be affected by COVID-19[1,2] and their inability to self-isolate or stay home. Two thirds (67%) of Homeless Healthcare patients have at least one chronic health condition[3], including high rates of conditions that are risk factors for COVID-severity (such as diabetes, heart disease, chronic respiratory illness and liver disease).
- The covid vaccination rates identified in this audit are thus of immense concern, particularly given the mounting evidence for the need for the third booster vaccine dose for better protection against the omicron variant and its impacts on health.
- The more recent expansion of vaccine provision by services known to the homeless population (such as Homeless Healthcare, Street Doctor, Aboriginal service providers); outreach vaccinations to people who are street present, and engagement through day centres and other services people trust and are familiar with has led to an upswing in vaccination among people street present in recent months, but as shown in this audit, the proportion with first, second dose and /or third doses all remains significantly lower than the general WA population. Other barriers and enablers to vaccination among this group have been identified through the WA Health funded Coronavax study and its recent focus groups with social sector service providers, and interviews and surveys with people with a lived experience of homelessness (see attached summary)

[1] Wood, L.J., Davies, A.P. and Khan, Z. (2020), COVID-19 precautions: easier said than done when patients are homeless. Med. J. Aust., 212: 384-384.e1. https://doi.org/10.5694/mja2.50571

[2] Cumming, C., Wood, L. and Davies, A. (2021), People experiencing homelessness urgently need to be recognised as a high risk group for COVID-19. Health Promot J Austral, 32: 359-360. https://doi.org/10.1002/hpja.355

[3] Vallesi, S., Tuson, M., Davies, A. and Wood, L. (2021), Multimorbidity among People Experiencing Homelessness—Insights from Primary Care Data. Int. J. Environ. Res. Public Health, 18, 6498. https://doi.org/10.3390/ijerph18126498

The content below is taken from the preliminary findings from the 'vulnerable groups' phase of the **Coronavax Community Study** (a joint initiative of The University of Western Australia (UWA) and Wesfarmers Centre of Vaccines and Infectious Diseases, based at Telethon Kids Institute) - a research initiative that has been exploring Western Australians' attitudes, concerns, motivations and information needs regarding COVID-19 vaccination.

This vulnerable groups sub-study has been led by Professor Lisa Wood and the *Home2Health* research Team, and focusses specifically on those with lived experience of homelessness, as well as service providers from the homelessness, disability, mental health, family and domestic violence, and AOD sectors.

Who we have spoken to so far:

- **34 surveys with people experiencing homelessness** (& other disadvantages) immediately following COVID-19 vaccination at pop up clinics in drop-in day centres
- **3 focus groups with service providers** (13 individuals from across homelessness, mental health, AOD, FDV, disability sector)
- **Verbal/email feedback from 5 service providers** unable to attend a group
- **4 one-on-one interviews** with people with lived experience of homelessness

Barriers to vaccination uptake:

- **Hesitancy**
  - Past traumatic experiences of the health system (e.g. involuntary mental health admissions, negative experiences with health professionals, feeling judged)
  - Fear of vaccine process (e.g. fear of needles, fear of clinical settings, fear of medical processes)
  - Distrust in government - often associated with trauma and negative experiences of government services (e.g. child removal, justice system, stolen generation)
  - Not a 'norm' – not uncommon to know many people who haven't had it
  - People they look up to are opposed to vaccination – family, mob, social circles
  - Rumours and conspiracy theories spread via word of mouth
  - Concerns about experiencing side effects with no safe place to rest and recover
- **Practical barriers to vaccine access –** don't have a GP, no transport, no computer or phone to access covid-19 information or make booking
- **Delayed access to vaccination in settings they feel comfortable** delivered by services they already trust. Outreach and pop up clinics involving services known to people homeless happening now, but needed to be much earlier.
- **More pressing health and life issues**
  - E.g. food/shelter needs, dealing with other health conditions, finding accommodation
- **Fatalism**
  - A sense that they [experiencing homelessness / rough sleepers] will likely succumb to other health or lifestyle issues anyway

    "I spoke to some of the guys on the street about whether they have had the covid vaccination. They said why bother, doomed to die anyway living on the streets" - Male, lived experience mental health, homelessness, disability
- **Existing feelings of exclusion from society**
  - Feelings of alienation common, often rooted in trauma and experiences of exclusion and broken trust.

    "Why [get the vaccine] when I don't trust you? I don't wanna do that, when you don't necessarily do anything for me. I'm on Centrelink and you make it difficult for me to be on that, it's a humiliating experience to be on that. You're constantly pushing me to do things that are probably not conducive to make me feel like a part of this community. Again, I feel separate" - Male, lived experience of homelessness

Enablers for increased vaccine uptake:

- **Peer-led involvement**
  - Strong desire from service providers and people with lived experience for peer-to-peer role in encouraging vaccination. Word of mouth and influence of others is powerful
- **Co-design from outset re information needs and vaccination access**
  - Involvement of people with lived experience gives sense of ownership and credibility (i.e. not seen as imposed by centralised government and designed by/for people 'not like us')
  - Need for involvement of people with lived experience at all levels - from policy decisions to on the ground engagement
- **Offering vaccination in settings people feel comfortable, with services they trust involved**
  - Make use of trust & rapport with sector service providers and healthcare workers known to people (e.g. Homeless Healthcare) This has been key other states but been slower in WA
  - It can take time for people to warm to idea of getting vaccinated – service providers often spend many weeks building rapport and gently encouraging people to get vaccinated – one -off clinics or engagements less effective
  - As some people don't or wont access services, outreach vaccination options (as now occurring) important, and would have been good to have commenced earlier
- **Word of mouth is powerful**
  - Often the main source of information for this population comes from people they know in similar circumstances, or trusted service providers
  - Word of mouth can work for and against attitudes towards vaccination
    - Spread of conspiracy theories in social/family circles
    - Trusted friend / service provider motivates patient to be vaccinated
- **Tailored information that is co-designed**
  - Information on websites etc not accessible if don't have computer or have literacy challenges. Language matters eg assumptions that people have a GP, can rest after vaccination, will be able to remember when next dose due etc
  - Co-designed covid-vaccination information for people homeless and services they work with has been effective in some other states

Some post-vaccination survey results

- ***Following vaccination:***
  - **88%** of respondents would recommend others to get vaccinated
  - **65%** know someone who does not want to be vaccinated
- ***When asked where respondents get information about COVID-19:***
  - **44%** identified GPs/Health Service providers as a source
  - **35%** identified mainstream news outlets as a source
  - **29%** identified social media as a source
  - **24%** identified friends and family as a source
  - **6%** identified official government sources
- **Leading motivators for vaccination:**
  - Friend or family convinced me to get vaccinated
  - Mandates / restrictions
  - Healthcare worker / service provider encouraged me to get vaccinated
  - For my own health

For more information about the Coronvax study, see the website: https://www.uwa.edu.au/projects/vaxpol-lab/coronavax-project

Note: this summary prepared by Lisa Wood and Jake Turvey to accompany Homeless Healthcare's summary of covid vaccination audit findings. It is not for separate dissemination without permission.