



Connecting Data Across Systems to Support Vaccination Efforts with People Experiencing Homelessness

Presented by:

- Geoffrey Gimse, Institute for Community Alliances of Minnesota
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- Josh Leopold, Minnesota Department of Health
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NHSDC SPRING 2022 CONFERENCE
MINNEAPOLIS, MN | MARCH 28-30, 2022

Agenda

Time	Topic
11:15	Introductions and Background
11:20-11:30	HMIS Data Extraction and Processing
11:30-11:45	Hennepin Healthcare Research Institute Data Match
11:45-12:00	Use of Vaccination Data to Inform Strategies and Partnerships
12:00-12:15	Questions

History of Partnership

- **January 2021:** People experiencing homelessness were included in the first phase of Minnesota's vaccination rollout
- **Winter 2021:** Minnesota Department of Health partnered with Hennepin Healthcare Research Institute to identify vaccination uptake in congregate settings
- **February 2021:** Minnesota's HMIS Policy and Prioritization Committee approved data request for HHRI's matching efforts

Minnesota's Continuums of Care





Institute for Community Alliances

Geoffrey Gimse

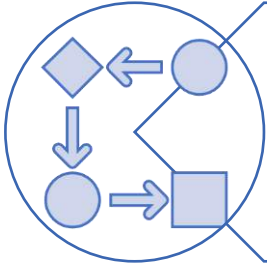
HMIS Data Extraction & Processing

for the COVID-19 Vaccine Data Matching Project

Development Challenge



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Leverage Existing Report Infrastructure within HMIS



Using Existing Reports = Reduced Build Time



Established Report Maintenance Cycle



Limit custom report growth within HMIS



Pipeline Workflow allowed for Greater Flexibility.

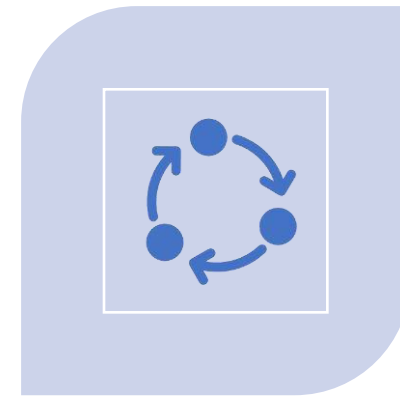
Data Testing and Validation



AS WITH ANY PROCESS: THINGS CAN GO WRONG.

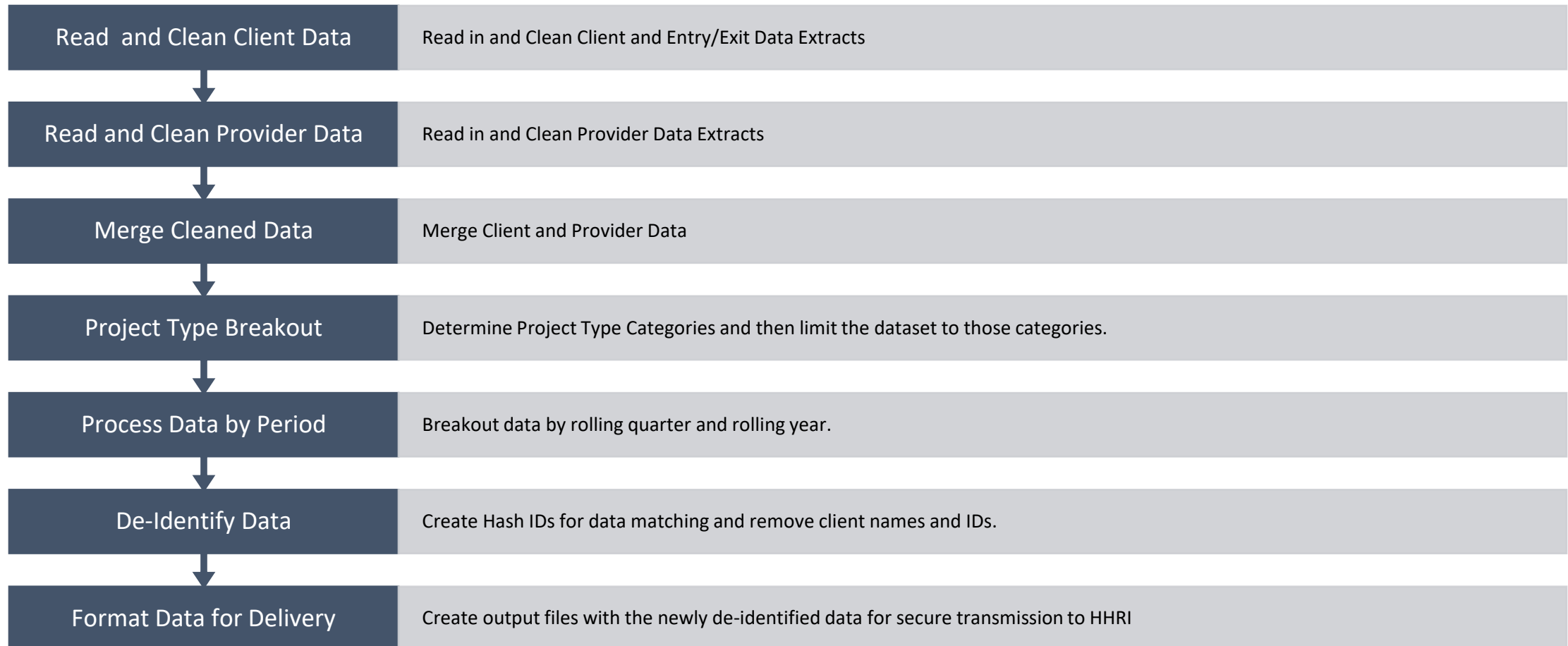


WE'RE LUCKY TO HAVE INTERNAL AND EXTERNAL QA IN THIS CASE.



WE ITERATE AS WE GO, CONTINUOUSLY IMPROVING OUR VALIDATION TESTING SUITE.

Data Processing – Python Backed



Project Types

- Coordinated Entry
- Street Outreach
- Emergency Shelter
 - With Additional Breakout for ES Hotel
- Transitional Housing
 - Scattered Site
 - Site Based
- Permanent Housing
 - Included Rapid Re-Housing
 - Scatter Site
 - Site Based

Data De-Identification

Hash IDs are created Using MN EHR Consortium Guidelines

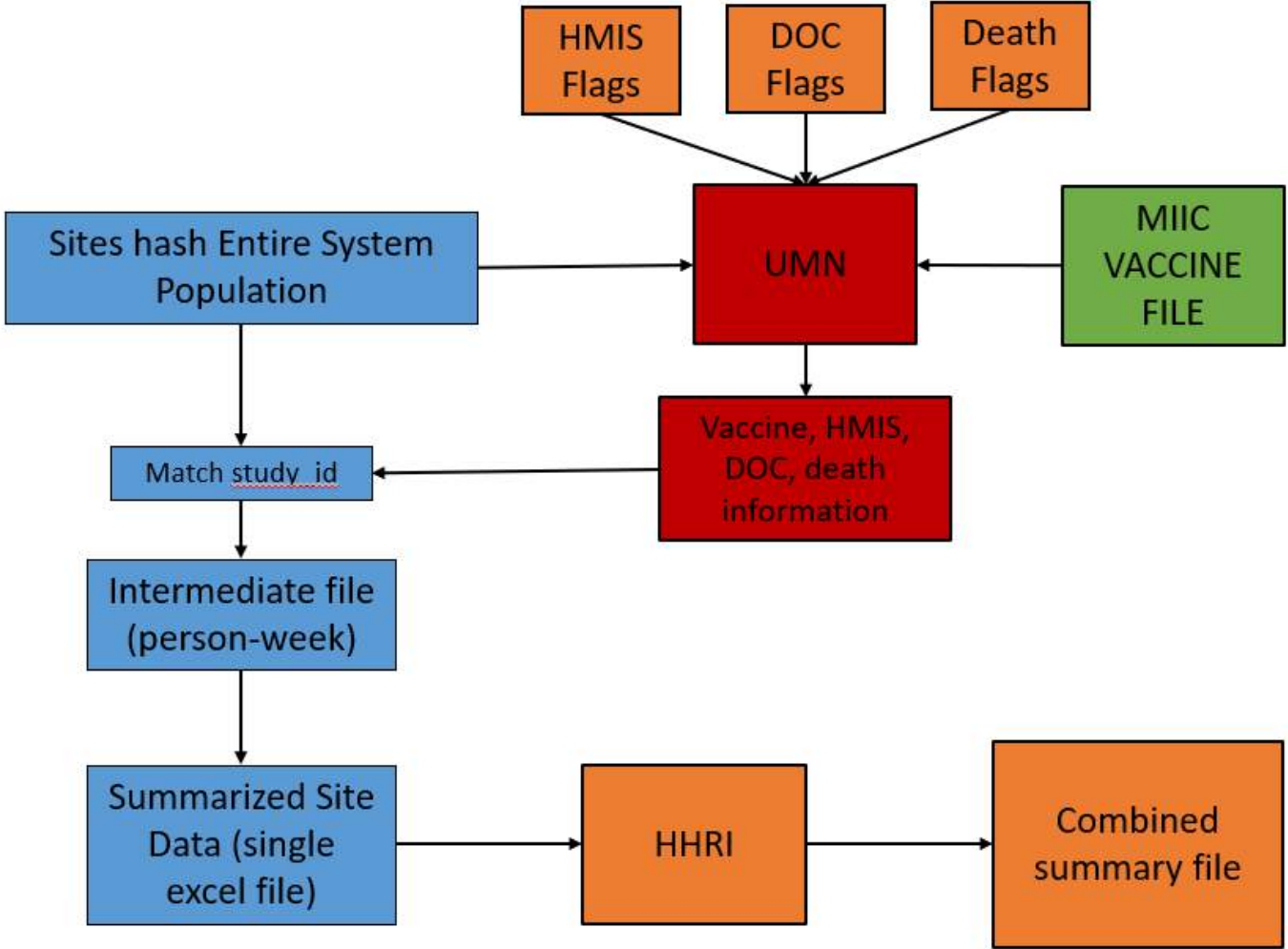
Provide a Method for Matching across Systems while Maintaining Client Privacy.

Once the Hash IDs are created client names and IDs are dropped from the data set.

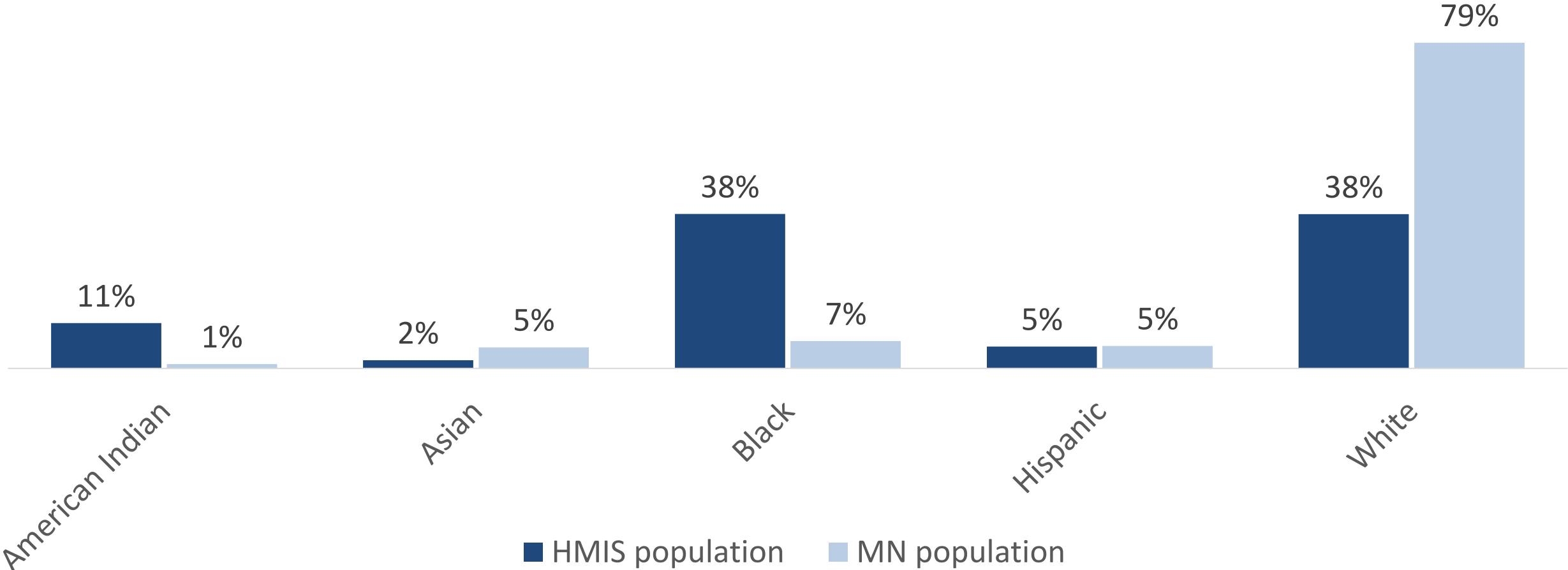
Sylvia Tambe



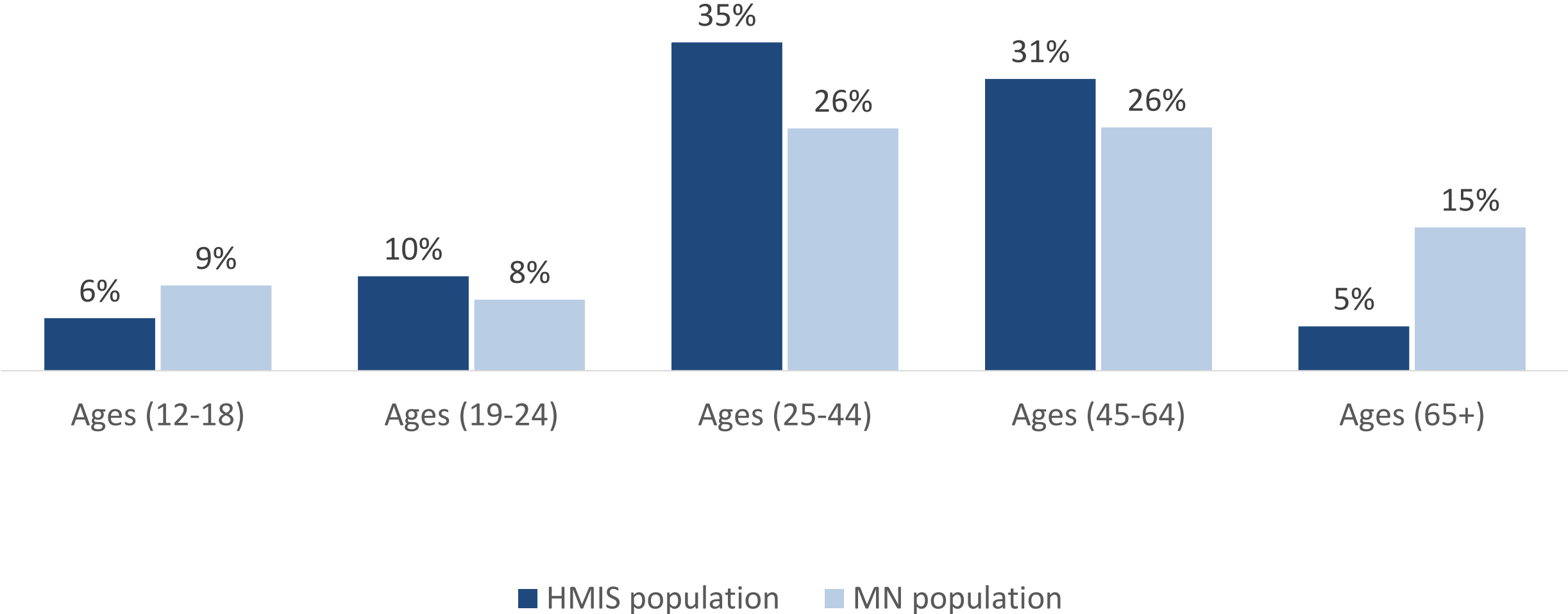
MN EHR Consortium Vaccine Data Integration Process



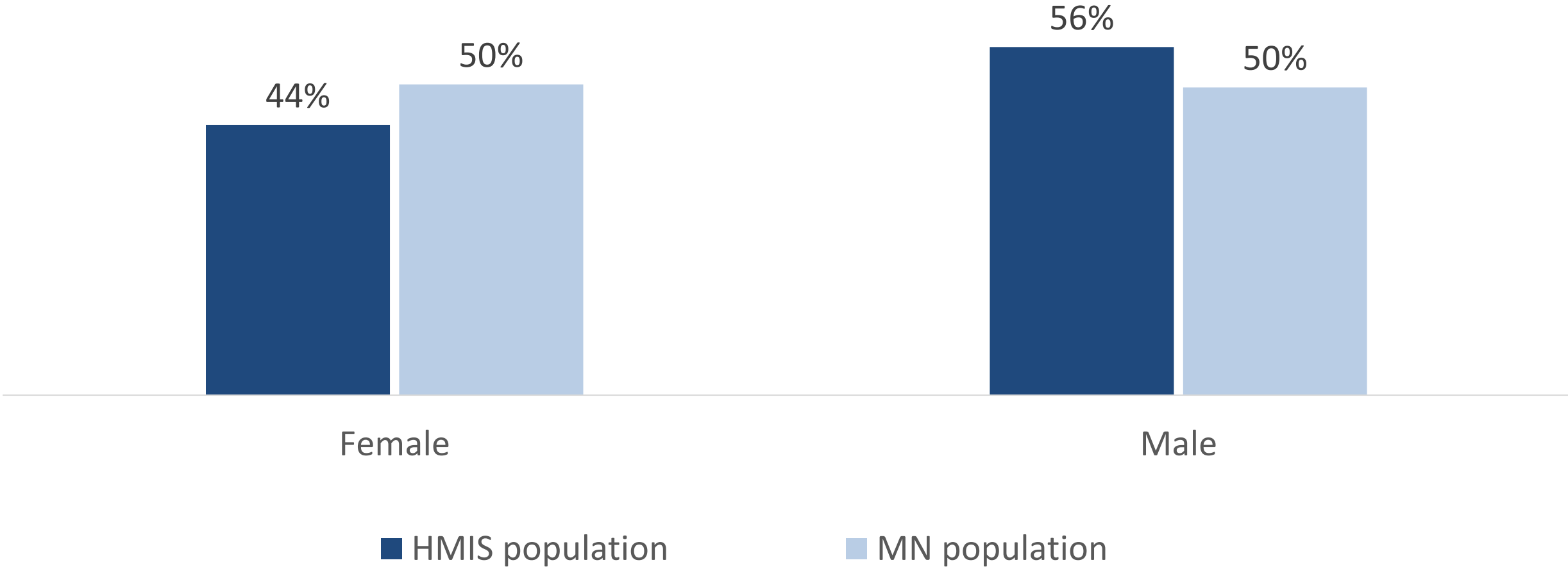
Population characteristics for HMIS vs. MN population, **by Race**



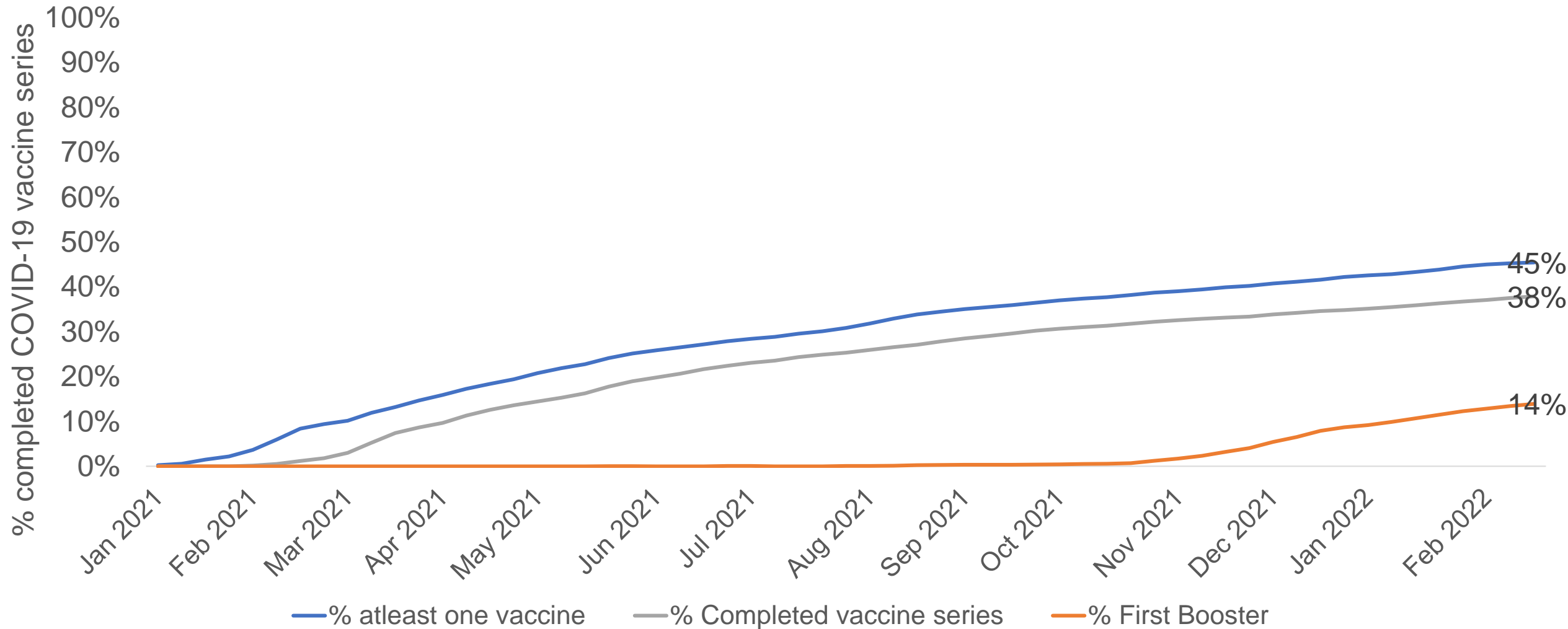
Population characteristics for HMIS vs MN population, by Age (yrs)



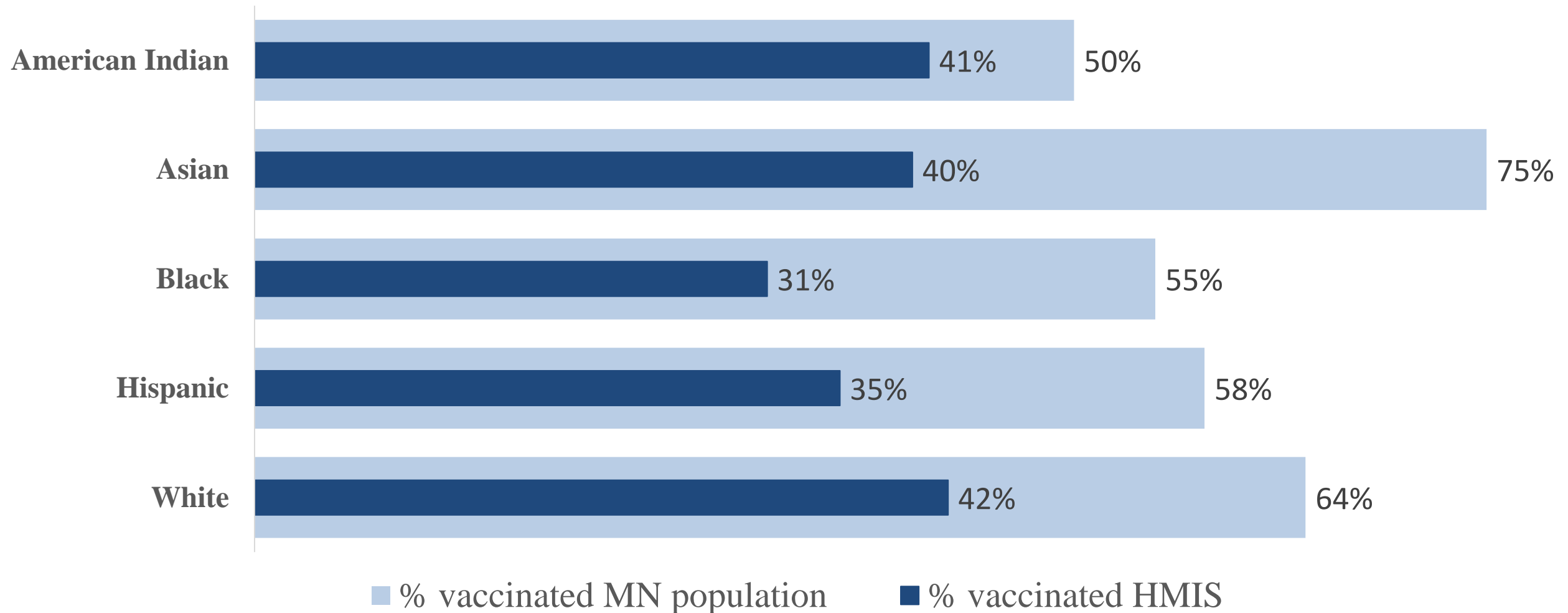
Population characteristics for HMIS vs. MN population, **by Gender**



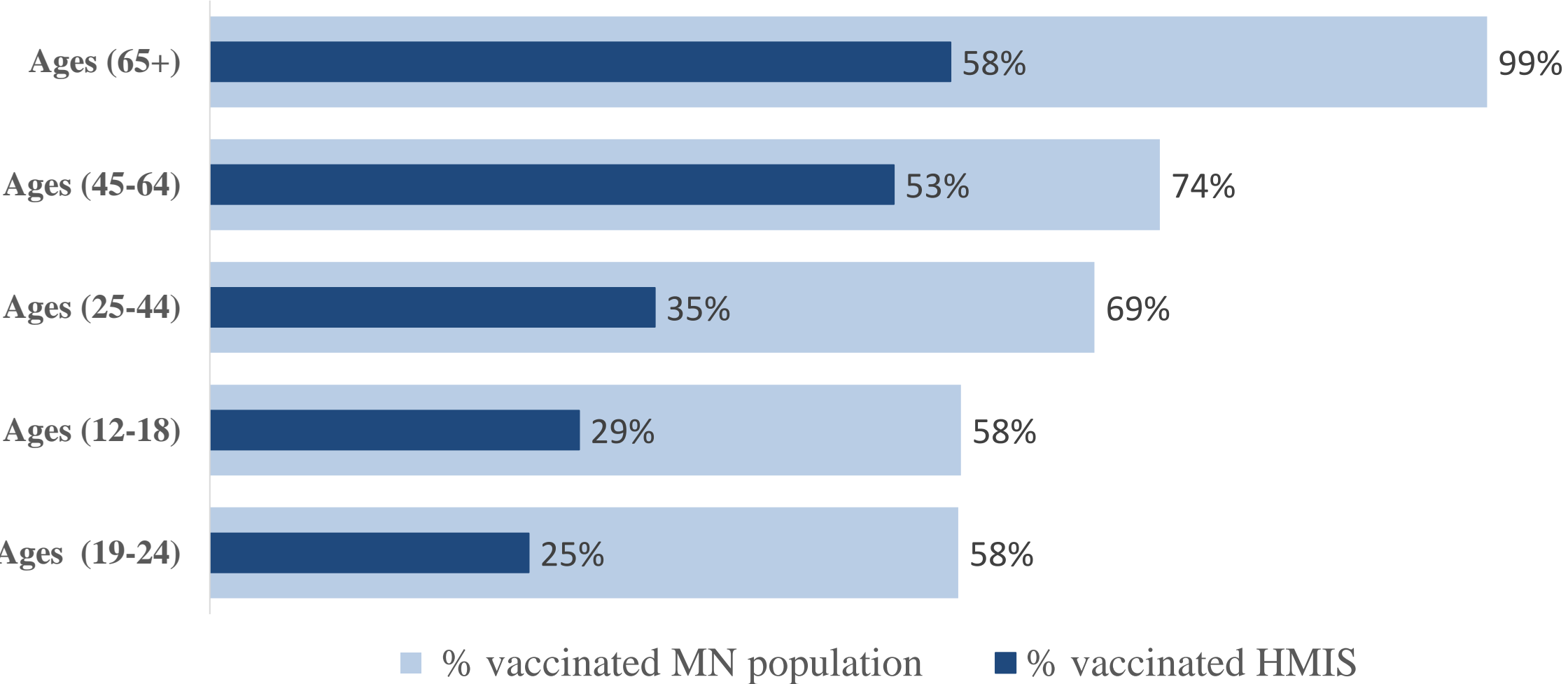
COVID-19 vaccination rates for individuals active in HMIS past 3 months over time



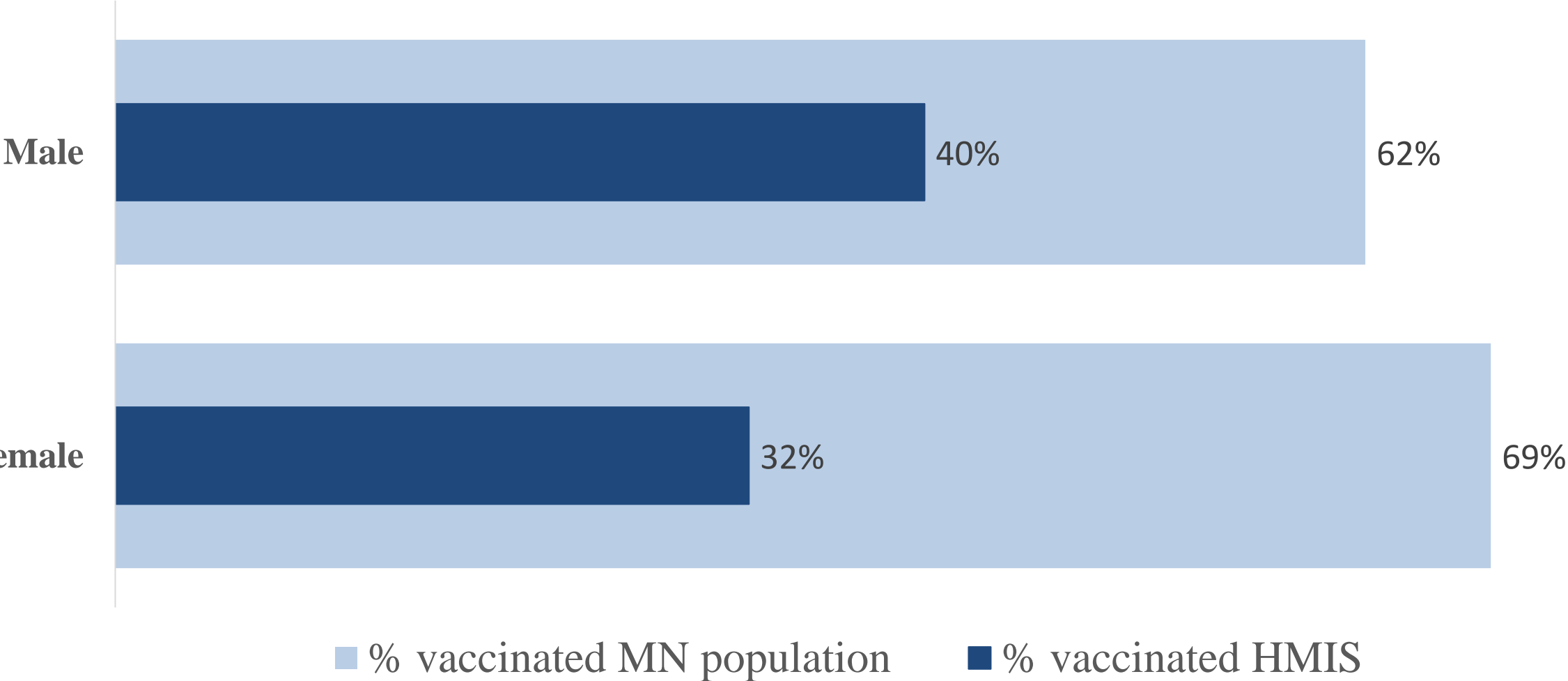
% complete **COVID-19 vaccine** series – active in HMIS past 3 months vs. MN population, by **Race**



% complete **COVID-19 vaccine** series - active in HMIS past 3 months vs. MN population, by **Age (yrs)**



% complete **COVID-19** vaccine series - active in HMIS past 3 months vs. MN population, by **Gender**





Use of Vaccination Data to Inform Strategies and Partnerships

Presented by: Josh Leopold, Minnesota Department of Health

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Structure of State COVID-19 Response for People Experiencing Homelessness

- MDH Highly Impacted Settings Team: Support shelters, jails, other congregate settings with guidance, one-on-one support
- Governor's COVID-19 At-Risk Populations Work Group: Report to Governor on performance measures and strategy
- Local Public Health: Lead local testing, vaccination, isolation and quarantine efforts
- MDH Community Vaccine Team: Contracts with healthcare providers to do vaccine clinics (including retrofitting city buses as mobile vaccine clinics)
- COVID-19 Community Coordinators: MDH-contracted community-based organizations supporting vaccine promotion, logistical support, incentives

Initial vaccine roll-out for homeless settings

- Homeless settings included in Phase 1 of the state roll-out
 - Data on comorbidities, high COVID-19 hospitalization rates for unsheltered helped make the case
- Used Housing Inventory Count in combination with other datasets to identify and map all eligible facilities
- Worked with LPH and MDH-contracted vaccinators to offer vaccine to all eligible facilities
 - Redcap survey assisted with scheduling and eligibility
 - Mixture of onsite clinics and connections to community and mass vaccination clinics

Impact of HHRI vaccination data

- Shifted strategy from access to education and outreach
- Helped with advocacy for additional resources (vaccine incentive program)
- Demographic and geographic break-outs supported new partnerships
 - Youth leaders, African-American vaccinators and community-based organizations, Southwest MN CoC
- Published data in CDC's weekly report (MMWR)
- Built platform for CDC Foundation Center of Excellence on Public Health and Homelessness

Data Limitations

- Hard to tell how trends are affected by external events
- Major differences between longitudinal and point-in-time results
- Topline numbers may underestimate racial/ethnic disparities

Questions?

Thank You!

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