

Communicating COVID-19 Risks and Prevention Measures among People Experiencing Homelessness

Communication Plan

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Background

When Coronavirus Disease 2019 (COVID-19) began to spread throughout the United States in early 2020, advocates and policymakers recognized that people experiencing homelessness were particularly vulnerable to the negative outcomes associated with the disease^{1,2}. Large-scale communication plans capable of changing attitudes³ around COVID-19 are needed to support continued efforts to mitigate the negative impacts of this illness in this population. For communication plans to provide the most benefit, they need to be grounded in feedback from a variety of individuals who have experienced homelessness, as well as those who have provided services to people experiencing homelessness, during the pandemic.

In May 2021, the Centers for Disease Control and Prevention (CDC) Office of the Associate Director for Communication (OADC) contracted with Oak Ridge Associated Universities (ORAU) to address communicating effectively with people experiencing homelessness regarding COVID-19 risks and prevention measures. Working closely with the National Coalition for the Homeless (NCH) and four regional partners (see below, *Acknowledgements*), CDC OADC and ORAU conducted 21 focus groups between June – July 2021, with people experiencing homelessness and service providers who had communicated to people experiencing homelessness during the COVID-19 pandemic. In November 2021, ORAU conducted 30 additional in-depth interviews with people experiencing homelessness. Focus groups and interviews explored lessons learned and communication preferences under normal conditions and during the pandemic. ORAU staff coded and analyzed transcripts to identify commonalities and key themes that form the basis for recommendations included in this Communication Plan. Any references throughout this plan to people experiencing homelessness messaging preferences are based on these data collections.

Intended Audience

This Communication Plan aims to support **federal agencies, state and local public health departments, and local coalitions and social service providers** to build plans for delivering accurate, actionable, and timely COVID-19 and other infectious disease information to people experiencing homelessness.

Purpose

Guided by insights from people experiencing homelessness and service providers, with support from national and regional partners advocating on behalf of people experiencing homelessness, this Communication Plan:

- Provides guiding principles to consider when developing and implementing health communication plans for people experiencing homelessness (*Section 1*)
- Recommends best practices, as identified by service providers and people experiencing homelessness, for tailoring the messages and design of COVID-19 and other infectious disease information (*Section 2*)
- Outlines a multi-tier approach to distribute messages to people experiencing homelessness including suggested partners, methods, and material types (*Section 3*)
- Introduces considerations and challenges for evaluating communication impacts among people experiencing homelessness (*Section 4*)

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- **National Coalition for the Homeless**
- **Colorado Coalition for the Homeless**
- **Greater Cincinnati Coalition for the Homeless**
- **Practice of Peace Foundation**
- **Sacramento Regional Coalition to End Homelessness**

Section 1: Guiding Principles

People experiencing homelessness, service providers, and health communicators recognize that each individual's experience of homelessness is unique. There are many factors that can affect perceptions of and responses to communications. It is also a reality that time and resources available to tailor and distribute communications to any specific group are limited, particularly during a pandemic.

This section provides guiding principles intended to direct agencies and organizations invested in communicating to people experiencing homelessness toward strategies that will make best use of limited resources. These principles were developed through analysis of focus group findings from people experiencing homelessness and service providers who had experienced communication challenges during the COVID-19 pandemic and articulated several clear recommendations for improvement.

Engage the community of people experiencing homelessness throughout the process of building, implementing, and evaluating communication plans.

Most communication plans instruct institutions of government and public health in delivering information and knowledge they have to community members (i.e., one way delivery of information). However, organizations seeking to share information with people experiencing homelessness will be most successful if they actively and meaningfully engage people experiencing homelessness in design, delivery, and evaluation. Community engagement offers a framework for a collaborative approach to the design and delivery of information that seeks to understand and act upon people experiencing homelessness needs and aspirations to protect themselves and their community.

As a starting point, organizations can consider:

- Forming (or engaging) a Community Advisory Board (CAB) of people experiencing homelessness. This group can give counsel when drafting a communication plan and evaluating/refining it during and after a response. A CAB can also help implement the plan by organizing groups of disseminators made up of people experiencing homelessness and monitoring reach of the information across the community.
- Establish Outreach Teams of people who are currently experiencing, or who have experiencing homelessness, to support dissemination, particularly to people in encampments or to those who may not regularly engage with service providers.
- Formally (through focus groups, interviews, or surveys) or informally (through conversations on the streets or during service delivery) gather information from people experiencing homelessness representing diverse demographic and housing circumstances. At minimum, inform messages, materials, and dissemination by asking about:
 - local knowledge about the specific topic of interest (e.g., COVID-19, other infectious disease)
 - information needs
 - motivations for engaging in desired public health actions

- communication preferences (information sources, from whom, in what format, delivered in what ways)

Equip local agencies and organizations to lead information dissemination to and with people experiencing homelessness in their communities.

People experiencing homelessness stated they often get their information from people they know who live near them, and that they prefer face-to-face communication. They cited most trusting information that comes from individuals close to them (family and friends) and individuals working in community organizations whom they believe have a level of expertise on a topic (healthcare providers, case managers, and service providers). A correlation exists between the amount of trust people experiencing homelessness have in a message and the number of times they hear the message from local peers and experts. For many people experiencing homelessness, the further the message source moves away from them geographically, the less trust it garners. **Local individuals, agencies, and organizations who routinely interact with people experiencing homelessness during normal conditions are the best messengers to disseminate COVID-19 information to people experiencing homelessness. National and state level organizations seeking to communicate messages to people experiencing homelessness should establish dissemination partnerships with local agencies trusted by people experiencing homelessness.** For more details on this approach, see [Section 3: Multi-tier Approach to Distribute Messages to People Experiencing Homelessness](#).

Deliver consistent messages across agencies and organizations operating in a local community.

People experiencing homelessness are more trusting of information they hear repeated from multiple, unrelated sources and/or individuals. Listening for repetition was a primary method many people experiencing homelessness described using to assess the veracity of a message. Independently, many people experiencing homelessness stated that hearing the same message from three independent sources was the tipping point at which the message gained credibility. Many reported experiencing confusion or frustration when they hear “mixed messages” or conflicting information from different sources. Given people experiencing homelessness may interact with many individuals and organizations daily or weekly to meet basic needs, **coordinating messaging across organizations operating within a local community is important for generating trust and credibility in the information among people experiencing homelessness.**

During a pandemic or infectious disease outbreak, information can change rapidly. People experiencing homelessness who participated in focus groups about their experiences during the COVID-19 pandemic mostly understood the changing situation and resulting shifts in messaging. For many, the fact that guidance changed over time did not adversely affect their view on the credibility of local information sources or their desire to take recommended actions; however, concurrent inconsistency and opposing information across sources did. **If delivered consistently across organizations, evolutions in information – acknowledged clearly and openly – will not harm trust and desire to act among people experiencing homelessness.**

Distribute the same message, multiple times, using different methods.

People experiencing homelessness can have inconsistent or insufficient access to modes of communication, including internet and mobile phones. Some people experiencing homelessness are transient, staying in a place for only a short time before moving to another location. Others experience episodic homelessness, regularly entering and exiting situations in which they may have more or less access to communication. **Local organizations should strive to distribute messages using many different methods to account for the many experiences of homelessness and their impacts on access to communication resources.**

We recognize that organizations' abilities to communicate using multiple methods are influenced by staff time and funding. The good news is that – when asked to recommend the best means of communicating COVID-19 messages in their communities – people experiencing homelessness and service providers rarely recommended paid media efforts. Most often, they recommended:

- **In-person conversations with local peers and trusted providers**
- **Print materials**
- **Text-messages to those with access to a mobile phone**

To account for high intake of mainstream media news and social media among people experiencing homelessness, communities may want to consider additional communication methods described in Section 2 (see *Section 2: Recommended Material Formats, [Print](#) and [Digital](#)*).

People experiencing homelessness noted that when information is new, as is often the case during a pandemic or infectious disease outbreak, many will be hesitant initially to act on health recommendations. **Hearing the same message, multiple times, can encourage people experiencing homelessness to take desired actions.**

“Repeating information over and over is a good thing, because I mean, I was dead set against it [getting a COVID-19 vaccine]. The more I seen it, I was like, ‘Hmmm, maybe I should.’ It put a big question in my mind that maybe I should do it. Get on the bandwagon with what everyone was saying.” – person experiencing homelessness, Denver

Leverage the trust people experiencing homelessness have for healthcare providers.

People experiencing homelessness report their most trusted sources of information on COVID-19 and their health generally are healthcare providers, health clinics, and hospital systems. **Include local healthcare providers, nurses and behavioral health professionals known to people experiencing homelessness in developing and distributing health messages** (particularly providers working in free clinics, emergency departments, and facilities that serve high numbers of people experiencing homelessness).

Some people experiencing homelessness shared that their providers highly influenced their decisions to receive a COVID-19 vaccination when the provider personalized CDC recommendations to their individual circumstances. For example, one person experiencing homelessness shared that her provider

led her to get a COVID-19 vaccine by explaining that she had a serious pre-existing condition and thus she was at higher risk of getting and dying from COVID-19. Others shared that they received the vaccine after their providers described the benefits to individuals such as themselves who are pregnant or providing care for vulnerable loved ones. Many people experiencing homelessness—particularly in areas where they had accessible health services at no-cost – discussed communicating with their providers and providers’ office staff regularly to verify COVID-19 testing, vaccination, and/or isolation information they received from mainstream media and peers. **Where possible, healthcare providers should engage in one-on-one conversations with people experiencing homelessness, asking about information they are hearing (and questioning) and personalizing health recommendations to their individual (health and social) circumstances and priorities.**

Some people experiencing homelessness in some communities may be fearful of healthcare providers and systems due to prior negative encounters and concerns related to historical racism and discrimination. Local agencies and organizations may decide that people experiencing homelessness in their communities have high levels of mistrust in healthcare systems and thus including medical professionals may decrease trust among the specific people they serve. However, based on our focus group analysis, **the importance of one-on-one conversation with trusted healthcare providers for encouraging COVID-19 protective measures among people experiencing homelessness cannot be overstated. Prioritize including trusted providers in events and outreach tailored to people experiencing homelessness.** In addition, consider:

- Including health clinic or hospital system branding on materials
- Using images of and quotes from trusted providers in materials
- Recording video statements from providers to share on TVs playing in shelters or the lobbies of local service provider agencies and organizations

Pair health information and recommendations with specific instructions on where and how to access local resources.

During focus groups, people experiencing homelessness expressed clearly that COVID-19 and other health messages for their community should include specific information about how to access local resources that enable them to carry out the recommended guidance. Desired information often aligned with the “who, what, when, where, why, how” questions common to journalistic reporting. In absence of such information, some people experiencing homelessness shared that they would be less attentive to the information; others expressed they would be frustrated or discouraged from taking action.

Local organizations should tailor protective action messages and materials with information that enables

“If you gave me the extra resources, like, ‘oh, there’s the place at this address, you can get hygiene stuff here. You can take a shower here. You can wash your hands here ... we’re following the guidelines Monday through Friday, 7:30 AM in the morning until’ ... that would be helpful. That’s what I would hope to see. Add the extra resources for people who are experiencing homelessness.” – Person experiencing homelessness, Cincinnati OH

people experiencing homelessness to act on those recommendations. Specific examples provided by people experiencing homelessness included:

- Locations and hours of public facilities with restrooms or handwashing stations
- Where to access free or low-cost hygiene resources, including masks, hand sanitizer, and cleaning supplies
- Locations and hours of organizations offering laundry facilities to wash re-usable masks
- Locations and hours of testing and vaccination sites
- How to access available transportation supports (e.g. Uber vouchers, bus passes) for COVID-19 vaccination clinics
- Physical markers in shelters, food service lines, waiting areas, and other congregate settings to denote social distancing

Maintain awareness that people experiencing homelessness are highly engaged in news and social media.

People experiencing homelessness reported regularly engaging with national and local news via newspapers, television, and online (websites and social media). Many people experiencing homelessness reported engaging with news “all the time.” **Where possible, state and local public health agencies** (specifically public information officers [PIOs] or representatives of a joint information center [JIC]) **should encourage local news agencies to consider the needs of people experiencing homelessness when delivering information to the public by including local resource information** (see Guiding Principle, [Pair Health Information](#)).

It is also important to recognize that frequent media consumption, particularly on social media, can expose people experiencing homelessness to misinformation and myths that they often share with one another (potentially reinforcing perceptions of their validity).

Regular meetings with advisors of people experiencing homelessness (or advisory boards) can alert local organizations of misinformation and myths circulating in a community.

Creating and sharing tailored information to address specific myths and misinformation – if coordinated across local agencies and organizations – may help to curtail the spread of misinformation. At minimum, directly addressing misinformation will provide an alternative viewpoint that people experiencing homelessness may consider when determining actions to protect themselves and others.

“It’s amazing... the rumor mills around the homeless community can be insane, just insane... And you’re just like, okay. I’m just going to go directly to the source and talk to them.” – Person experiencing homelessness, Denver CO

Prioritize factors that have the greatest impact on the abilities people experiencing homelessness’ abilities to take recommended actions when tailoring communications.

There are many factors that can affect perceptions of and responses to communications among individual people experiencing homelessness (including race/ethnicity, gender, age, LGBTQ+ identity,

physical and mental health status, substance use, shelter status, access to medical care, prior traumas, language, and culture). Local organizations are best equipped to determine which factors are most important to consider when tailoring materials for people experiencing homelessness in their specific communities.

In focus groups, people experiencing homelessness and service providers recommended that **COVID-19 communication plans and materials prioritize addressing the unique needs of housed and unhoused people experiencing homelessness**. Many people experiencing homelessness noted that the ability to take protective actions, notably social distancing, were heavily influenced by their living situation (i.e., outside, in a car alone, sharing a tent, individual shelter room, congregate shelter). **Differences in recommendations based on specific living environments should, where possible and applicable, be addressed explicitly in conversations and materials distributed to people experiencing homelessness in these environments and assisted by use of floor markers and “physical reminders” or barriers. It is also important to address the distinct differences in access to and sources of information among housed and unhoused people experiencing homelessness.**

Acknowledge that some people experiencing homelessness have experienced trauma, are under extreme stress, and may suffer from mental health or substance use disorders.

Both service providers and people experiencing homelessness shared that many people experiencing homelessness feel discriminated against and disenfranchised from society. Many of the service providers discussed the challenges of communicating to people experiencing homelessness about health information due to the amount of trauma they may have experienced, or are experiencing, as well as competing priorities (e.g., safety, food, shelter). **Being more trauma-informed when creating and delivering communication to people experiencing homelessness can serve to more effectively engage, build trust, and improve the likelihood that people experiencing homelessness will take recommended actions to improve their health.**

People experiencing homelessness were adamant that they did not want to feel pandered to or placated, and were very aware when efforts seemed disingenuous. **Staff providing health information should therefore be carefully selected.** Consider providing training on trauma informed approaches and using the following tactics when communicating with people experiencing homelessness:

- Ask open-ended questions
- Explain why actions are recommended
- Listen actively
- Be respectful
- Use repetition (when communicating in person)
- Be open and honest
- Message consistently and frequently

For more guidance on becoming a trauma-informed organization, system, or service provider, see SAMHSA’s [*Concept of Trauma and Guidance for a Trauma-Informed Approach*](#).

Many people experiencing homelessness and some service providers acknowledged there is a portion of the population of people experiencing homelessness that – they believe – despite best efforts, are not able to take in and act upon presented health information. Most often, these individuals were described as having untreated substance use disorders and/or mental illness. In addition, some people experiencing homelessness expressed reservations that their own efforts to directly engage or confront such individuals about taking (or not taking) recommended health actions could result in negative outcomes, such as verbal or physical confrontations which could result in them being dismissed from shelters or other areas of service provision. Individuals with severe, untreated substance use disorders or mental health conditions may be best reached by more intensive programs outside of the scope of this Communication Plan.

Section 2: Message Development, Materials, and Design

This section describes recommendations for developing messaging and designing materials to communicate COVID-19 and other infectious disease outbreak information to people experiencing homelessness. They are based on feedback and recommendations from people experiencing homelessness and service providers and can be adapted to unique and often changing pandemic scenarios.

Crafting an Effective Message

Keep messages brief and directive.

Written communication for people experiencing homelessness should **focus on informing them of recommended actions and how to take those actions, as succinctly as possible**. Numbered lists or bullets are helpful. Avoid tendencies to repeat messages for emphasis in written materials (example shown in box to the right).

For print materials:

Do provide the same message via different methods and sources.

Do Not provide the same message, many times in the same material.

Always include a way for people experiencing homelessness who desire further information to obtain it via a website or (preferable to people experiencing homelessness) a phone number where they can speak to a live person, or list a shelter/service providers' name. Data, research, and citations are good to include in this second layer of information (as some people experiencing homelessness seek to verify the information they receive and will click on and read linked articles). This information should not be included in advertisements or signs intended to capture the attention of people experiencing homelessness; they can make a material appear longer and discourage some people experiencing homelessness from reading.

Avoid commands. Instead, emphasize choice.

Many people experiencing homelessness are sensitive to threatening or authoritative language, or recommendations that could be misconstrued as a “command” or “mandate.” Others may be cautious or skeptical of recommendations and offers to help. For example, service providers in New York shared that some people experiencing homelessness at high-risk of COVID-19 complications in their community were reluctant to accept offers of free shelter when the pandemic first began. They worried that they were “being rounded up” for harmful purposes.

When communicating with people experiencing homelessness about COVID-19 protective measures, emphasize that taking protective measures is a “choice” and that “their decisions” can have many benefits for themselves and those they care about. Consider sharing stories of nearby, trusted individual’s personal choices to follow recommended guidance. This includes stories of known healthcare providers, service provider staff, or leaders in the homeless community following recommendations and discussing why (i.e., “here’s why I am choosing to [take protective action]”).

If a specific protective measure (e.g., vaccination, masking) is required to receive services in a particular facility, state the rules clearly and the impacts of deciding to engage or not engage in the behavior.

Some service providers shared that their communities are particularly sensitive to authoritative language. To best communicate health recommendations, they recommend:

Replacing commands (e.g., “Wash your hands for 20 seconds”) with catchy and non-threatening phrases (e.g., “Got 20 seconds?”).

Saying “please” and “thank you” in materials and during one-on-one conversations to soften health recommendations and express gratitude to people experiencing homelessness.

For example, consider saying

This: To protect all of our guests and staff from COVID-19, everyone must wear a mask inside. If you choose not to wear a mask, you will be asked to leave.

Not: Masks are mandatory in this facility.

This: Choose to get vaccinated.

Not: Get a COVID-19 vaccine.

Emphasizing “choice” during conversations about COVID-19 vaccination is particularly important, given high levels of concern about vaccine safety among people experiencing homelessness. **Follow “trauma-informed principles”** (see Guiding Principle, [Acknowledge Experienced Trauma](#)) **by listening to concerns about the COVID-19 vaccine and addressing them in a non-judgmental way.** Individual autonomy and decisions to opt-out of vaccination should be respected. This does not mean that individuals trusted by people experiencing homelessness cannot repeat offers of vaccination or provide education about the

vaccine, as some may eventually choose to get vaccinated. In fact, many service providers reported late in the pandemic (February 2022) successfully vaccinating people experiencing homelessness who were initially very hesitant based on the consistent, kind, and low-pressure one-on-one conversations of outreach staff.

Keep messages positive, but avoid pandering.

Emphasize the benefits or what people experiencing homelessness will gain from engaging in recommended health behaviors versus what they will lose. In addition, keep the tone of messages positive and avoid language that may be perceived as “a threat” or “trying to create fear.” Many people experiencing homelessness experienced high levels of fear and anxiety during the pandemic; messages that use images (e.g., image of a coffin) or strong language intended to “scare people experiencing homelessness into action” will likely engender mistrust or lead to ignoring the message. True negative outcomes (e.g., illness, death, complications) can be included, but will be received best when paired with actionable ideas around contributing to community “protection” and “safety.”

“If you’re saying ‘if you don’t get a vaccine, you can die,’ you’re coming at me negatively in the first couple of words in the sentence. So right there, you come at me negatively, I’m going to shut you down.” – Person experiencing homelessness, Bronx NY

For example, consider saying

This: Your decision to vaccinate helps control the spread of COVID-19.

Not: Not getting a COVID-19 vaccine can cause COVID-19 to spread in a community, causing serious illness and death.

Emphasize the impacts the health behaviors and choices of people experiencing homelessness have on those close to them.

Many people experiencing homelessness clearly stated they are motivated by a desire to protect their loved ones and community. Others expressed that they cared little about their own health or described philosophies of “what will be will be” or “we are all going to die some day”; however, these same individuals noted that they were uncomfortable with the idea that their decisions or behaviors could harm someone else. Of note, materials that included images of mothers/children and messages about getting vaccinated to protect children resonated across people experiencing homelessness, including those who did not have children themselves.

People experiencing homelessness trust and care about those closest to them (see Guiding Principle, [Equip Local Agencies](#)). **In messaging, focus on how the decisions and protective behaviors people experiencing homelessness make impact those close to them. People experiencing homelessness recommended referring to a few types of “close others” in messaging – specifically “family,” “loved ones,” and “community” and recommended including “staff” at local shelters and facilities where they receive services (when the material is posted in those locations).** They felt that mentioning more than one group was important, given many people experiencing homelessness have “chosen families” and close relationships to those in their camps, shelters, or on the streets. **Of note, we do not recommend including “those who cannot be vaccinated.” Many people experiencing homelessness across groups were confused by the phrase “protect others who cannot be vaccinated.” This led to questions about vaccine eligibility and access rather than motivating them to get the vaccine.**

“I want to protect everyone. With me, like my kids. Doctors and nurses, like the people who actually help us in the community. If I could trade places with one of those people, I would do it.” – Person experiencing homelessness, Cincinnati OH

“It makes me think about me causing harm to other people by not getting it. If it’s just myself at risk, which I’m allowed to put myself at risk if I want, but like putting other people around me at risk seems like an irresponsible thing to do.” – Person experiencing homelessness,

For example, consider saying

This: Your decision to vaccinate protects you and your family, loved ones, and community from COVID-19.

Not: The COVID-19 vaccine will protect you from serious illness and death.

Leverage Togetherness as Motivation.

Construct messages that describe desirable social consequences of engaging in health behaviors in addition to physical consequences (e.g., preventing illness, hospitalization, and death). Social

consequences specifically mentioned as motivating to people experiencing homelessness in the summer of 2021 included:

- Getting to be with friends and family (without worry)
- Participating in family and community events, such as picnics and barbeques
- Travelling freely around the community
- Pursuing employment and advancement opportunities
- Acquiring services more easily

Consider leveraging the motivations people experiencing homelessness have to be with and help those in their community in other ways, such as:

- Encouraging people experiencing homelessness to “go get vaccinated together”
- Openly sharing their vaccine status and positive experiences with others on the streets, in shelters, and on social media

Take opportunities to promote general hygiene messages and educate that COVID-19 protective actions protect people experiencing homelessness from other illnesses.

People experiencing homelessness in focus groups distinguished messages that always apply as part of protecting one’s health (e.g., hand washing, avoiding touching your face) from those that seemed new or unique to the COVID-19 pandemic (e.g., wearing a mask, social distancing). Messages that are part of routine health guidance (often referred to as “common sense,” “things we should be doing anyway”) were supported by a larger number of people who were willing to do and promote the actions, regardless of their perspectives on COVID-19 risk mitigation.

Service providers, particularly shelters, should consider distributing materials that focus on limiting the spread of germs that cause many illnesses, including COVID-19. As needed, include information about facilities and resources for carrying out recommended actions. Such messages may reach an audience that includes those that are skeptical of or disinterested in COVID-19.

For example, consider saying

This: Wash your hands well (for at least 20 seconds) and often to reduce the spread of many diseases, including diarrheal illnesses like Hepatitis A and E. coli, skin and eye infections, flu, colds, and COVID-19.

Not: Wash your hands well (for at least 20 seconds) and often to reduce the spread of COVID-19.

Consider where a material will be posted when deciding to label it as “for people experiencing homelessness.”

In focus groups and message testing, people experiencing homelessness expressed mixed feelings about materials labeled as “For Persons Experiencing Homelessness.” Many cautioned against overtly stating that a material is for people experiencing homelessness, sharing that it would make them feel “targeted” and that it may reinforce stigma, feelings of disenfranchisement, or even make them more suspicious of the message. Others expressed that labeling a material for people experiencing homelessness was attention-grabbing and helpful, as it let them know that the information included was specifically for them.

Materials appearing in public spaces (e.g., parks, downtown streets, public restrooms, etc.) should address the general public and not overtly call out people experiencing homelessness (e.g., avoid titles such as “For Persons Experiencing Homelessness”). Many people experiencing homelessness felt that the COVID-19 information geared to the general public was suitable to their needs (once it was supplemented with information about how to access local supportive resources).

Materials appearing in specific venues frequented primarily by people experiencing homelessness and trusted service providers (e.g., shelters, encampments) are appropriate places for explicitly discussing homelessness within the messaging (see Guiding Principle, [Prioritize Factors](#)).

Apply general health communication best practices.

Service providers emphasized that individuals experiencing homelessness deserve to receive messages that are easy for them to read and understand. **Use the following principles, all best practices for communicating to any population, when creating messages for people experiencing homelessness.**

- Develop content in the audience’s preferred reading language
- Ensure content is culturally appropriate and not just multi-lingual
- Ensure content is written in [plain-language](#) and at an appropriate reading level
- Avoid medical jargon and be receptive to using “street terms” (i.e., slang)

Recommended Material Formats

There are three primary types of distribution recommended for materials directed to people experiencing homelessness: word of mouth, print, and digital. The following are recommendations for materials to create for each distribution category.

Word of Mouth

Develop simple, up-to-date talking points and scripts to support the desire people experiencing homelessness have for word-of-mouth information from trusted individuals, including ambassadors with lived experience of homelessness and service providers. These will assist efforts to provide people experiencing homelessness with consistent, repeated messages from multiple trusted sources.

Local coalitions, organizations, and agencies should determine the best methods for coordinating development and distribution of talking points and an acceptable frequency for sending them to partners and their staff. Options to consider include:

- Delivering via a pre-determined, regular email update (e.g., each Monday morning, during peak response times, all staff will receive an email with updated talking points for the week)
- Maintaining a response-specific section on a single, coalition or organizational website where all partners can get information
- Hosting an app or Google drive folder that ambassadors and outreach staff can access while in the field

Talking points and scripts to consider keeping up-to-date include:

- Protective actions
- Where to access local resources to take action
- Information on local events providing health services to people experiencing homelessness
- Addressing specific myths or misinformation known to be circulating among people experiencing homelessness
- Changes to organizational policies/procedures and the reasons behind them (e.g., why appointments are now required for services)
- Where people experiencing homelessness can go for more information

Tip: When recommending Protective Actions, emphasize “what to do” instead of “what not to do.”

Tip: When communicating via word-of-mouth to people experiencing homelessness in clinics, encampments, and “on the streets,” outreach staff/people experiencing homelessness ambassadors/service providers can provide people experiencing homelessness printouts to emphasize key talking points and remind them of important access points for local resources. When budget allows, consider printing in small sizes (e.g., business card or palm card), on cardstock, or laminating to make the material sturdier and less likely to be thrown away.

Print

Develop packets of print materials to share among local coalitions, organizations, and agencies to encourage protective actions, increase awareness of local events and resources available to support people experiencing homelessness taking protective actions, and reinforce messages delivered through word-of-mouth. Recommended print materials include

- Cards handed to people experiencing homelessness following one-on-one conversations with outreach staff, healthcare providers, and service providers to emphasize key points
- Advertisements (e.g., posters, flyers) promoting key protective actions, local resources, and upcoming health events (e.g., testing, vaccination clinics)
- Informational packets given to all new shelter residents describing shelter health policies, protective actions, and where to access local resources
- Signs and markers providing reminders and instructions for protective actions within specific areas of shelters or areas of service provision (e.g., tape markers for spacing beds apart, signs on headboards in shelters reminding individuals where to place their head [to encourage “sleeping head to toe” [as recommended by CDC](#)], stickers showing where to stand to maintain social distancing in food service and designated smoking areas of shelters)
- Brief taglines or easy-to-remember phrases promoting protective actions printed on t-shirts, hygiene bags, bandanas, hats, masks and other materials given to people experiencing homelessness. Possible phrases include “I’m vaccinated for COVID-19. Are you?”
- (In some cases) Paid print advertisements on billboards, transit stations, public transportation, and park benches

Tip: Laminate print materials posted in shelters to avoid them being torn or damaged.

Consider distributing print materials in the following priority areas:

- Waiting rooms, offices, and exam rooms in clinics and hospitals (particularly the emergency department)
- On bulletin boards and in high-traffic areas where services are provided to people experiencing homelessness (e.g., building entrances, elevators, waiting areas, lines, case management offices, shelter sleeping areas, showers, food service lines)
- Public libraries
- Social service agencies
- Transit stations/shelters and on public transportations (e.g., buses, street cars, subways)
- Public restrooms
- Fast food venues
- Convenience stores/gas stations
- Local parks, town squares, and other public areas where people experiencing homelessness may congregate in a community
- Grocery stores
- Bars/clubs
- Faith-based organization buildings/places of worship

Digital

People experiencing homelessness most often engage with digital and social media content and sources geared to the general public; however, **there were a few specific digital materials that people**

experiencing homelessness and service providers recommended to capture the attention of people experiencing homelessness, specifically to advertise local health events (vaccination, testing).

- Videos and graphic advertisements to play on TVs in public spaces – in shelters and those in large squares or parks run by the city or local businesses
- Text message alerts
- Recorded messages played on public transit

Tip: Work with people experiencing homelessness who have many online friends and followers to share social media content.

Social media was mentioned by people experiencing homelessness as a top source of information; however, most did not consume content from local hospitals, clinics, or coalitions. Similarly, service providers acknowledged that social media was a top source of COVID-19 misinformation among people experiencing homelessness, but noted that they do not regularly engage clients via social media. Instead, service providers reported using social media to engage funders, advocates, and policymakers. Coalitions hoping to reach people experiencing homelessness on social media should consider developing content and sharing with ambassadors within the community of people experiencing homelessness and outreach staff, particularly those connected on social media with many others in the community.

Print and Digital Material Design

People experiencing homelessness and service providers offered the following design recommendations for creating new materials.

In general,

- Always use large fonts (16 and above for key calls-to-action or recommended health behaviors) to capture attention and serve those with poor eye sight
- Always use infographics and other visuals to accompany text
- Use visuals to depict “why” to engage in recommended protective actions, where possible. For example, people experiencing homelessness in focus groups responded positively to illustrations showing droplets projecting from a person’s nose and mouth onto another person to display the consequences of not wearing a mask or standing closer than six feet apart
- Use bright colors to grab attention and stand out from the many signs and advertisements that people experiencing homelessness encounter regularly on the streets
- Avoid using colors associated with hospitals and clinics (e.g., bright turquoise was referred to as “hospital scrub blue” by a few people experiencing homelessness)

When considering specific images to include in materials,

- **Use**
 - Illustrations depicting diverse groups of people to emphasize ideas of “protecting loved ones and community”
 - Real photographs of known, trusted local individuals and groups, particularly when promoting decisions to vaccinate
- **Avoid**
 - Stock photography
 - Showing needles on vaccine promotion messages
 - Using illustrations without facial features (eyes, nose, and mouth). Some people experiencing homelessness guessed the purpose of such illustrations (to make them more generalizable), but more often they were described as “creepy” or “scary”

Tips: Illustrations for people experiencing homelessness

People experiencing homelessness want to see diverse representations in materials including different races and ethnicities, ages, and gender identities as well as varying body types and disability statuses.

They questioned why existing materials geared to high-risk individuals failed to show elderly people and those who were overweight, pregnant, or using walkers and wheelchairs.

People experiencing homelessness also desired to see illustrations that included individuals they described as “cool” (e.g., “with Mohawks and tattoos,” “wearing cooler masks and clothing”).

The most consistently expressed recommendation for depicting people experiencing homelessness without stereotyping or “targeting” was to include illustrations of people wearing backpacks. When images of people experiencing homelessness wearing backpacks were tested with service providers, most felt these images were appropriate and would resonate with their communities. One service provider stated that such images perpetuated negative stereotypes about people experiencing homelessness and preferred using photographs of their community members or illustrations of people wearing business attire.

Tip: A Health Communication Campaign for People Experiencing Homelessness to Encourage COVID-19 Vaccination in Local Communities

When analyzing focus group feedback in July 2021, analysts were struck by the number of people experiencing homelessness (30% or more) who believed that COVID-19 vaccines are causing death and permanent side effects in a high number of people. The prevalence of this myth was a primary reason many people experiencing homelessness had not been vaccinated. Their stories mainly came from social media, but several shared “friend-of-a-friend” stories or personal stories of loved ones they believe had died from receiving the vaccine.

To address this seemingly common myth, local organizations should make a concerted effort to share videos, photographs, and testimonials from known, trusted individuals (people experiencing homelessness, service providers, healthcare providers, newscasters, and local (non-politician) celebrities) who have received a COVID-19 vaccine. Testimonials should include why each individual “made the choice” to receive a COVID-19 vaccine and reinforced ideas that vaccines protect family, loved ones, and the community (in addition to other more individualized reasons, including being a parent or caregiver, having specific pre-existing conditions, etc.). Consider including in some testimonials descriptions of personal reactions to vaccines (e.g., “I had a fever and felt tired for 48 hours, but soon after I felt great”), as some people experiencing homelessness were very concerned about side effects and thought they were “worse than getting the disease.”

See Section 5: *Checklists and Implementation Guides*, [Gathering Quotes for Compelling COVID-19 Materials](#) for more detailed instructions.

Section 3: Multi-tier Approach to Distribute Messages to People Experiencing Homelessness

As stated in *Section 1: Guiding Principles – Equip Local Agencies and Organizations*, a correlation exists between the amount of trust people experiencing homelessness have in a message and the number of times they hear the message from local peers and experts. Additionally, people experiencing homelessness trust information more when they hear it from multiple, unrelated sources. Therefore, to be most effective, we recommend a three-tiered approach to distributing messages to people experiencing homelessness (see Figure 1).

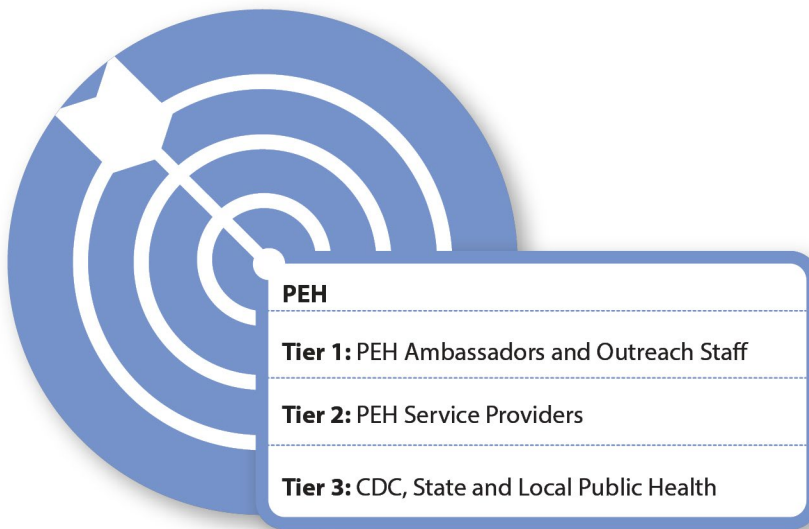


Figure 1: Multi-tier approach to message distribution to people experiencing homelessness

Tier 3: CDC, State, and Local Public Health Agencies

Federal, state, and local public health agencies invested in communicating to people experiencing homelessness should focus their efforts on equipping local organizations with timely information formatted and delivered in ways that save them time and effort to distribute. Depending on the specific community, we acknowledge that in many instances, local public health may function more in Tier 2, by directly providing services and communications to people experiencing homelessness, or may concurrently function in both Tier 3 and Tier 2.

Public health agencies may consider:

- Creating message and material templates that are easy to tailor with local, individual branding and information (or include space for multiple local organizations to co-brand)
- Hosting a single website or repository of information for local organizations (including information specific to people experiencing homelessness and information for the general public relevant to people experiencing homelessness)
- Sending periodic emails outlining any changes to key guidance, recommendations, or materials

- Developing a mechanism for two-way communication with Tier 2 organizations to understand current communication needs that can inform creation or modifications of resources
- Developing a just-in-time training curriculum and resources for Tier 2 organizations to use in standing up Tier 1 outreach teams
- Including Tier 2 agencies in preparedness and response planning and exercises

Tier 2: Local Organizations and Agencies that Serve People Experiencing Homelessness

Tier 2 organizations may include, but are not limited to:

- Continuum of Care (CoC) (regional or local planning bodies that coordinate housing and services for people experiencing homelessness)
- Healthcare providers, case managers, behavioral health workers, peer navigators
- Shelter managers and staff
- Housing and Urban Development staff
- Coalitions
- Service provider organization staff and volunteers (e.g., Salvation Army, faith leaders and communities, soup kitchens, shower houses, clothing closets)
- Other individuals (and their affiliated agencies) with whom people experiencing homelessness interact on a daily basis, including transit operators/ drivers, law enforcement, parks service, street cleaners/workers
- Hospitals, and healthcare agencies

Tip: Consider conducting message testing using focus groups or **soliciting informal feedback from advisors within the community of people experiencing homelessness** before widely disseminating materials. This will likely yield suggestions to help improve clarity and effectiveness of messages.

We recommend that agencies work within their CoC, form a task force, or that a single organization lead coordination of messaging across agencies. This will help to reduce the likelihood that people experiencing homelessness are exposed to conflicting messages that impede their response to calls to action.

Tier 2 organization leads should look for existing communication materials or key messages from Tier 3 organizations and use them to adapt or create new materials that are more relevant to the people they serve. Tier 2 organizations should follow best practices for developing communication materials for people experiencing homelessness and work with subject matter experts and public health to review and/or clear materials after development and then distribute them to other partners.

Tips from Service Providers: Coordinating Communication across Agencies and Organizations during COVID-19

Tip 1: CoCs, task forces, or lead agencies can host regular meetings to discuss challenges, successes, and new initiatives even when there is not a current infectious disease outbreak. Regularly assessing the strength of existing relationships and forming new partnerships to address gaps in outreach to people experiencing homelessness during non-emergency times will greatly enhance response efforts during an emergency or infectious disease outbreak.

Tip 2: When adapting or creating new materials, review them with people experiencing homelessness and a range of service providers. Request their feedback on the content and design before disseminating.

Tip 3: Create internal processes for coordination during COVID-19 and other infectious disease outbreaks and consider drafting memorandums of understanding, which outline responsibilities. At a minimum, identify:

- Who should be involved and how
 - How and how often to communicate (e.g., weekly virtual meeting, daily conference call, monthly in-person meetings, etc.)
 - What resources can be shared, and what process to use for sharing resources (e.g., shared Google Drive, email, listserv, etc.)
-

Tier 1: People Experiencing Homelessness as Ambassadors/Outreach Staff

Tier 1 should ideally be made up of persons who have already gained the trust of the community of people experiencing homelessness or have influence in the community, including people experiencing homelessness (“ambassadors”) and outreach staff. Equipping ambassadors with the necessary knowledge and materials can help reach, the often unsheltered, people experiencing homelessness who may not come into regular contact with Tier 2 service providers. Using outreach teams made up of Tier 2 staff, in addition to training ambassadors, can help reinforce messages among this segment of people experiencing homelessness. Identify people experiencing homelessness who are well known, connected, and respected in the community and who can draw from their experience living in conditions similar to those targeted for outreach (e.g., encampments, on the streets). Tier 1 ambassadors and teams should be encouraged to share personal stories about taking COVID-19 protective actions and encourage other people experiencing homelessness to share the information with others. They should also be equipped with the knowledge and resources to connect interested people with vaccine and other health services.

“It only takes a few for the word to spread ... once you get started, it will spread automatically” – Person experiencing homelessness, Bronx NY

“I don’t really see nobody else coming out to talk to the homeless. Even if it’s a homeless person talking to another homeless person, we supposed to encourage each other and bring each other up and inform each other and keep each other safe. If anything, we are the community. So, if we don’t do it ourself, what makes you think that somebody else who’s a professional is going to do it?” – Person experiencing homelessness, Sacramento CA

These ambassadors and teams should be ready to respond to questions and be able to provide a referral to someone who can answer questions they can not. Conducting role playing exercises and rehearsing the key messages prior to conducting outreach is recommended to ensure ambassadors and outreach staff are comfortable and confident in their information delivery.

There is a need for messages tailored to specific types of environments where people experiencing homelessness stay (i.e., housed or unhoused). To be most successful, these specifics should be communicated by word-of-mouth by service providers with simple, highly visual, supporting hard copy materials available.

Access to simple, up-to-date talking points, scripts, and messages that can be further tailored with local resources can support word-of-mouth information sharing by trusted individuals. Using appropriately trained and compensated peer support professionals, community opinion leaders and/or community health workers as “vaccine ambassadors” can build trust and enhance message uptake.

Tier 2 organizations should help identify trusted people experiencing homelessness with influence in the community (ambassadors) and outreach staff and equip them with these resources. Organizations should ensure ambassadors and outreach staff are trained in trauma-informed approaches. Fair compensation for peers performing these activities is vital and should be managed by Tier 2 organizations.

Tip: The Minnesota Heading Home Alliance created a “Vaccine Ambassador Program” to engage people experiencing homelessness and homeless service providers to build vaccine confidence. They have many materials available to other communities considering implementing similar programs. See their [Preparing Your Site](#) resource page (view in Chrome or other modern browser) and the [Vaccine Ambassador Program and Job Description](#).

Section 4: Considerations for Evaluating Communication Impacts among People Experiencing Homelessness

We acknowledge the resource limitations and time constraints that make it challenging to do comprehensive, formal evaluations of outbreak response communications to people experiencing homelessness. Nonetheless, many service providers are already adept at engaging their community members and soliciting their opinions about specific communication materials and messages. We encourage service providers to intentionally consider these existing processes, which often may be innate or subconscious. These processes strengthen and encourage less formal evaluation observations among staff members who interact with their clients the most and know them the best. Even just quick report outs on “what seems to be working?”, “what seems to be misconstrued or confusing?” from front line staff and ambassadors may help those developing communication materials pivot or tweak materials in ways that may significantly improve their uptake. As time and resources allow, service providers could consider employing the following informal evaluation strategies:

- Before and after materials or messages are deployed, intentionally seek out respected leaders among people experiencing homelessness to ask:
 - Would this capture people’s attention?
 - Would they understand it? What would their takeaway be?
 - What sorts of questions or hesitations might they have about what’s being asked of them?
 - What resources or details would they need to be able to do this?
- Consider if there are facility staff members or volunteers who are seated near posted health communication materials (e.g., front door security staff who are stationed near mask mandate signs, food service staff near signs about social distancing in lines). When posting new materials, ask those staff to watch for engagement with the materials and to listen for verbal and nonverbal feedback offered by clients.
- When posted materials are defaced or removed by clients or residents, ask why in an open, curious and upbeat way. Note or record the responses. If the conversation allows, ask, “What might work better for you?” to see if useful feedback can be gained.
- Depending on the interests and skills of individuals within your client base, invite clients who are gifted in art or written communication to help design materials, or ask them to revise messages or critique current designs. Consider having a space where client-generated content (which has been reviewed and posted by staff) can be displayed in common areas.
- If feasible and appropriate, consider posting flyers or posters that have the details of where to do the recommended action duplicated on “tear-away tabs” or notecards that individuals can take with them. The number of tabs or notecards taken may indicate audience interest in the message.

Section 4: Considerations for Evaluating Communication Impacts among People Experiencing Homelessness

- Meet regularly with outreach staff and ambassadors to report on outreach activities (e.g., how many people they talked with, what questions were asked, did they encounter any misinformation that needs to be corrected, etc.)
- Employing and tracking QR code usage may be an easy way to get a count of individuals who are taking the next step to get more information about topics discussed on posters or flyers. There are several online websites that offer free QR code generators and free tracking for a limited number of codes and paid sites that offer more robust tracking capabilities. One set of instructions for creating free trackable QR codes can be found at the University of Maine's Plugged In web page, [Creating Trackable QR Codes](#).

Section 5: Checklists and Implementation Guides

A. Material Development Planning Checklist

Communicating with people experiencing homelessness about COVID-19

Use this checklist to develop materials for people experiencing homelessness about COVID-19 protective measures.

Engaging people experiencing homelessness

Collaborate with persons experiencing homelessness to design materials. Engage community advisory boards, outreach staff, or other trusted people experiencing homelessness to assure that materials

- Recommend specific protective actions that will benefit the community of people experiencing homelessness
- Account for different circumstances (e.g., sheltered, unsheltered) that may impact abilities to engage in recommended protective actions
- Appeal to motivators people experiencing homelessness have for engaging in recommended protective actions
- Address specific gaps in knowledge about COVID-19 and the recommended action among people experiencing homelessness

Show final materials to people experiencing homelessness prior to dissemination. At minimum, ask:

- Is the material eye catching?
- What is the call-to-action (or recommended protective action)?
- Does the material include all of the information people experiencing homelessness need to take the recommended action?
- Is there any confusing information that should be deleted, clarified, or rephrased?
- Is there anything about the material that is offensive?

Messaging

Assure the main message is brief and directive. Focus on informing people experiencing homelessness of recommended protective actions and how to take those actions, as succinctly as possible.

Include specific, local information about where and how people experiencing homelessness can take recommended actions. For COVID-19 vaccination, this will include:

- Sponsoring organizations (named in text or logos)
- A web address and phone number for more information
- Locations and hours offered (include nearby landmarks, when possible)
- How to access available transportation supports (e.g. Uber vouchers, bus passes)
- Emphasizing any incentives (e.g., food, gift cards) being given

- Any location-specific instructions (e.g., where to check in, masks required, specific vaccines available, etc.)

Avoid authoritative language and commands. Where possible, frame the recommended action in terms of the individual’s choice and demonstrate respect for their autonomy and agency. For example, “Choose to get vaccinated” versus “Get a vaccine.”

Use a positive tone. Avoid language that people experiencing homelessness may perceive as threatening or a scare-tactic. Consider adding “please” and “thank you.”

Emphasize the benefits of engaging in recommended protective actions. Highlight in words and images that taking protective action helps children, loved ones, and the community.

Determine if the recommended actions are feasible for most subsets of people experiencing homelessness in the community (e.g., those in congregate living settings, those living outside). Include setting specific instructions or additional materials, as needed.

When applicable, **mention other illnesses affecting people experiencing homelessness – in addition to COVID-19 – that the action helps prevent** (e.g., diarrheal illnesses, skin and eye infections, colds, flu).

Check for [plain language](#).

- Put the most important message first. Present other information in order of importance to the audience
- Break text into logical chunks and use headings
- Write in the active voice
- Choose words and numbers your audience knows
- Keep sentences and paragraphs short. Delete unnecessary words, sentences, and paragraphs
- Include “you” and other pronouns
- Use bulleted lists, tables, text boxes, and images

Design

Include logos from local hospitals, clinics, service providers, and homeless coalitions. Co-brand with multiple organizations trusted by people experiencing homelessness, where possible.

Use large fonts to capture attention and serve people experiencing homelessness with poor eyesight. Use size 16 font or larger for key calls-to-action (recommended health behaviors).

Use bright colors to grab attention and stand out from other signs and advertisements that people experiencing homelessness encounter regularly on the streets.

Use illustrations and infographics to help convey key points (e.g., images showing that masks help to decrease the number of particles spread after a sneeze, infographic showing the number of people hospitalized who were vaccinated versus unvaccinated).

Avoid titles such as “For Persons Experiencing Homelessness” or use only when the material will be posted in locations primarily used by people experiencing homelessness.

Testimonials

Consider creating and disseminating testimonial-based materials to supplement more directive, recommendation-focused materials.

Include photos and quotes from known, trusted individuals (e.g., people experiencing homelessness, service providers, healthcare providers, newscasters, and local celebrities) describing why they chose to take the recommended actions and the positive outcomes that resulted.

Be sure to seek permission from people experiencing homelessness to use their photos and quotes.

- Clearly describe how and where the materials will be used, for how long, and by which organizations so that people experiencing homelessness can make an informed decision
- Be sure to explain that their decision whether or not to participate will have no impact on your relationship or the services they receive from local organizations (“no retaliation”)
- Where possible, secure permission in writing

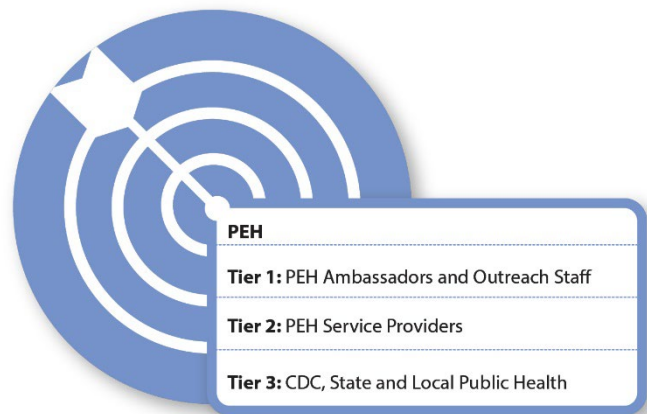
B. Dissemination Planning Checklist

Communicating with people experiencing homelessness about COVID-19

Use this checklist to ensure key communication dissemination steps are completed. Use the writing spaces to record notes and action items.

Identify a single organization (e.g., Continuum of Care, Task Force) to lead coordination of messaging across agencies. This will help to reduce the likelihood that people experiencing homelessness are exposed to conflicting messages that impede their response to calls to action.

Identify trusted people experiencing homelessness with influence in the community (people experiencing homelessness who are ambassadors) and service providers to disseminate COVID-19 information to people experiencing homelessness.



Tier 1: Ambassadors and Outreach Teams

—Identify people experiencing homelessness and outreach staff who are well connected and respected among people experiencing homelessness. Consider involving people experiencing homelessness with experience living in conditions similar to those targeted (e.g., encampments, in shelters).

Tier 2: Service Providers for People experiencing homelessness—Identify trusted organizations serving people experiencing homelessness. Consider case management agencies, faith-based and recovery support organizations, shelters, and service providers offering food, showers, laundry services, and day programs. Consider other agencies that people experiencing homelessness may interact with regularly (e.g., transit, park services, government and social services).

Tier 2: Service Providers for People experiencing homelessness – Healthcare —Identify organizations and specific, trusted clinicians and behavioral health professionals to engage.

People experiencing homelessness listed local health clinics and providers as their most trusted sources of information on COVID-19.

❑ Establish dissemination partnerships with identified Tier 1 and Tier 2 partners. People experiencing homelessness are more trusting of information they hear repeated from multiple sources that appear to be unrelated. Make plans with Tier 1 and Tier 2 partners to disseminate the same materials and messages to people experiencing homelessness. Most Tier 2 agencies will not have dedicated staff to support communications work. It is important to discuss their willingness and abilities to disseminate COVID-19 materials and learn about the existing communication resources that they have available. *Use [Table 1](#) on page 29 as a guide.*

❑ Encourage partners to distribute the same message, multiple times, using different methods. Local organizations should strive to distribute messages using many different methods (or “channels”) to account for the many experiences of homelessness and their impacts on access to communication resources. *Using Table 1*, seek commitments from each organization or individual to use at least two communication methods to disseminate messages to their clients and friends.

❑ Gain approval to post print materials in public locations that people experiencing homelessness frequent. Some specific locations recommended by people experiencing homelessness and service providers include:

- Public libraries
 - Transit stations and shelters and on public transportations (buses, street cars, subways)
 - Public restrooms in parks, squares, and transit stations
 - Fast food venues
 - Convenience stores/gas stations
 - Grocery stores
 - Bars and clubs
 - Faith-based organization buildings and other places of worship
-
-
-

❑ Engage local media outlets (print, online, TV, and radio) regularly to disseminate messages. People experiencing homelessness reported regularly engaging with national and local news via newspapers, television, radio, and online (websites and social media).

Table 1. Material and Messages Dissemination Planning Chart

Tier 2: Service Providers for People Experiencing Homelessness							
Organization Name and Primary Communication Contact (address, name, email, phone)	Description of services and specific population served (i.e., demographic groups served, special language or cultural needs addressed)	Willingness to engage in 1:1 conversations with people experiencing homelessness using talking points provided? Y/N	Willingness to post or share content on their social media? Y/N	Willingness to post print materials in their buildings? Y/N	Willingness to deliver print materials to persons on the streets or in camps? Y/N	Willingness to post announcements on their website?	Other communication resources willing to use to disseminate messages (i.e. text message system, newspaper, newsletter, advertising paid via grant funds)
		If yes, list specific staff positions who may be tasked with talking to people experiencing homelessness	If yes, available social media channels <ul style="list-style-type: none"> • Facebook (page link) • Instagram (page link) • Twitter (page link) • Other (page link) 		If yes, can they print materials from a digital file, or do they require printed materials delivered to them?	If yes, how quickly can new content be posted on the web? Webpage link:	
Tier 1: Ambassadors among People Experiencing Homelessness							
Name and Contact Information (phone, email)	Teams or affiliations, if any (e.g., faith-based orgs, volunteer group)	Willingness to engage in 1:1 conversations with people experiencing homelessness they serve using talking points provided? Y/N	Willingness to post or share content on their social media? Y/N	Other communication resources willing to use to disseminate messages (i.e. text message system, newspaper, newsletter, etc.)			

C. Gathering Quotes for Compelling COVID-19 Materials

Highlighting personal, relatable stories is a common and effective health communication strategy when trying to persuade an audience to reconsider a viewpoint they hold or take a specific action. One easy and cost-effective way to employ a personal storytelling approach is to use a verbatim quote from either a trusted spokesperson. The following steps will help you select a quote appropriate for your communication material.

- 1. Clearly identify your communication purpose for the quote**, generally and specifically. Generally, are you trying to increase awareness, provide new knowledge, counter prevailing myths or misinformation, inspire action, or do something else altogether? Specifically, what is your key message? Examples of quotes elicited from people experiencing homelessness explaining why they choose to get vaccinated are shown in Table 2 below.
- 2. Clearly identify audience(s) you most want to reach.** Remember, you may be more effective if you try to create change in a specific portion of your population than if you try to generally reach everyone in one message (e.g., focusing first on older residents at the shelter, before trying to find a quote that might be meaningful to all residents).
- 3. Identify whom your audience(s) view as experts on the topic** (see Callout Box: Research-to-Practice). Take a few minutes to ask members of the audience whom they trust or want to hear from on the topic. Similarly, ask whom they distrust or are not interested in hearing from on the topic. Someone relatable to your audience, who has overcome similar barriers, can be an important spokesperson to include (peer-to-peer communication). If you use an “expert” as a spokesperson, it is critical that you

Research-to-Practice:

Factors Influencing Trust of COVID-19 Information among People Experiencing Homelessness

People experiencing homelessness were asked how they determine if the COVID-19 information they encounter can be trusted. They gave a variety of responses, but a few themes emerged. By far, their most commonly stated method of verifying credibility of information is to obtain it from “experts.” Most often, the experts they had in mind were local medical providers with whom they have an established relationship.

People experiencing homelessness were also asked about other, non-COVID-19, information. Most people experiencing homelessness described verifying the information they receive by checking it against word of mouth on the streets, or for some, against what they find through their own research online. This verification process was a second significant factor that increased trust people experiencing homelessness had in a message. People experiencing homelessness said they often get their information from people they know who are in close geographic proximity to themselves, and that they prefer face-to-face communication.

A correlation exists between the amount of trust people experiencing homelessness have in a message and the number of times they hear the message from local peers and experts. For many people experiencing homelessness, the farther the message source moves away from them geographically, the less trust it garners (e.g., they place more trust in a CDC message if it is endorsed and disseminated by a local clinic where they routinely receive care).

ensure the target audience views the individual as an expert on the topic. Recognize their trusted experts on the topic may be different from your own.

4. **Ask the spokespersons open-ended questions to elicit quotes.** You can seek quotes from spokespersons by having short, verbal conversations with them or by posing written questions through email or other channels. Note that verbal conversations will likely produce more genuine, natural sounding quotes, as people often subconsciously write differently than they speak. If you conduct verbal conversations, obtain permission and record it to ensure you capture all the unique and compelling details of their quotes. Many smartphones have [voice memo features](#) (Apple devices) or [voice recording apps](#) (Android devices) pre-installed that can be used for this purpose. Ensure spokespersons understand your purpose in talking with them and how you plan to use their responses. A few example questions starters follow.
 - What do you think is the main benefit [*specific target audience*] receive from [*call to action*]?
 - What helped you overcome/address [*specific barriers/concerns*] related to [*call to action*]?
 - What convinced you that [*call to action, desired knowledge*] is the right choice/true?
 - What do you most want [*specific target audience*] to know about....?

5. **Seek approval from spokespersons prior to disseminating material.** In some cases, light editing may be warranted (e.g., removing filler words such as “um,” clarifying unclear pronouns such as “they,” “it”) from verbatim quotes. Draft the materials with quotes, share them with the quoted individuals, and secure their approval prior to finalization and dissemination.

Table 2: Vaccine Motivations and Quotes	
Vaccination Motivations	Supporting Quotes from People Experiencing Homelessness
Vaccines are effective at preventing illness; we routinely take other vaccines	<i>I'm 65 years old and I know vaccinations keep virus like polio away so I got mine... the ideal protection way ahead of time? You can't beat that. Vaccination is great.</i>
	<i>We all had to have polio shots. Now look what it did, it eradicated polio.</i>
Protect self; reduce fear of COVID	<i>Why to get vaccinated? To protect yourself...You need to get that shot. Shoot. It's better than getting no shot at all.</i>
	<i>When I got the vaccination, it was a relief to actually be able to finally get it because I was working at a grocery store. So now that I have my vaccination, I feel better.</i>
Comorbidities; recommendation from doctor	<i>I talked to my doctor about it and he says, "You of all people,"...I have a predisposition because I'm still healing from surgery. I'm looking at potential surgeries in the future. He said I would benefit greatly from it. And I'm like, okay. That's the only reason why I did it....he basically talked me into get it because I was dead set against it.</i>

Table 2: Vaccine Motivations and Quotes	
Vaccination Motivations	Supporting Quotes from People Experiencing Homelessness
	<i>If your immune system is low or messed up, you need the shot so you can live more.</i>
We take lots of medications without fully knowing their side effects or ingredients	<i>Somebody brought this up...If a doctor prescribes you medication, you don't ask, you just take it. When it comes down to the vaccine, I still see things differently, but it makes you think. There were times I was offered medication, and I never asked what the medication, what the side effects are...I'm still very cautious.</i>
	<i>There's other stuff I know that we put in our body that we don't know what it is and we just put it in our bodies because they say it's going to heal us.</i>
Protect loved ones	<i>My mom has four types of cancer...if I was to have [COVID], my mom could get really deathly sick.</i>
	<i>My son has Usher syndrome type two. So I know that was a major thing for me to get it just because, I want to protect him.</i>
Only way to return to normal	<i>If you want things to go back to the way they were, in my opinion, you have to get the vaccine.</i>
	<i>What was cool for me was when I was vaccinated, I was like, oh, I get to go places. I get to say "what's up" with the people I ain't seen in a year.</i>
Seeing more people getting the vaccine and not having significant side effects	<i>First, my mom got the vaccine, but she was a nurse, she was going to get it regardless. I really didn't trust that, but then my best friend got it, and I saw that he was okay. Then the more people that I saw get it and say that they were okay, that's what motivated me to say, "You know what? I think it's safe enough for me to actually get it."</i>
	<i>Believe me I was one of the most skeptical people. I got my vaccine, it is nothing to be scared of...it just takes one person to step outside the box and so you can be the one to say, "Look, I went and did it, I am okay."</i>
Loved ones recommended it	<i>My grandson, he's 9, he said, "You better take it. Don't come by me grandpa [until you do]." I'm like okay.</i>
Prevent the spread of COVID	<i>My definition of the reason to get the vaccine is to prevent spread.</i>

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