

COVID-19 VACCINE ACCESS IN SUPPORTIVE HOUSING SURVEY - 2022

Corporation for Supportive Housing is conducting a nationwide survey of residents in Permanent Supportive Housing (PSH) to understand how tenants have been impacted by COVID-19.

What your data will be used for:

This short survey is focused on vaccine access and uptake in order to understand and identify any barriers experienced by tenants in regards to their healthcare during the pandemic. Data gathered by this survey is completely anonymous and will be used to inform strategies and technical assistance for health centers and housing providers seeking to improve services and outreach.

What your data will not be used for:

Submissions to this survey will not be shared outside the immediate project team at a person-level. Responses will not be used or attempted to be used to identify any person.

If you have any questions please contact Jamie.Blackburn@CSH.org (<mailto:Jamie.Blackburn@CSH.org>).

* Required

Respondent Information

In this section we will collect some basic demographic information from you to be used to compare outcomes across personal characteristics like race, gender, and geographic location. Please enter the information below that best describes you.

1. Enter the postal code (ZIP) where you reside or work. *

If you are a resident of supportive housing, please indicate the ZIP where you live. If you are a supportive housing provider, please indicate the ZIP where you work.

2. Age *

Number must be between 18 ~ 110

3. Gender (select as many as apply) *

- ☐ Female
- ☐ Male
- ☐ A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender)
- ☐ Transgender
- ☐ Questioning
- ☐ Prefer not to say/Don't know

4. Race (select as many as apply) *

- ☐ American Indian, Alaska Native, or Indigenous
- ☐ Asian or Asian American
- ☐ Black, African, or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Prefer not to say/Don't know

☐

Other

5. Ethnicity *

- ☐ Non-Hispanic/ Non-Latin(a)(o)(x)
- ☐ Hispanic/ Latin(a)(o)(x)
- ☐ Prefer not to say/Don't know

6. Are you a supportive housing tenant or provider? *

- ☐ I am a tenant in supportive housing
- ☐ I am a supportive housing provider
- ☐ None of these options applies to me

7. Veteran status *

- ☐ Veteran
- ☐ Non-Veteran

8. Household *

Household comprises your family and people who you reside with

- ☐ Adults only household
- ☐ Household with minor children

Tenant Experience Related to the COVID-19 Vaccination

9. Have you ever tested positive for COVID-19? *

- ☐ Yes
- ☐ No
- ☐ Have never tested

10. Are you vaccinated for COVID-19? (As a reminder, all collected information is completely anonymous) *

- ☐ Yes
- ☐ No, but I am planning to be vaccinated
- ☐ No, and I am not planning to be vaccinated
- ☐ Still deciding

11. How many vaccine doses have you received? *

- ☐ 1
- ☐ 2
- ☐ 3

12. Where did you receive your vaccine? *

☐ Mass vaccination site

☐ Pharmacy

☐ Health Center

☐ Mobile Service

☐ Primary Care provider

☐

Other

13. Did you receive any assistance with scheduling and/or receiving your vaccination? *

☐ Yes

☐ No

14. Please tell us your motivations for being vaccinated *

☐ I want to protect myself and/or a family member or person close to me

☐ Sense of personal responsibility

☐ I was required to for work purposes

☐ It was required in order to access things in my community

☐ To attend social functions requiring vaccination

☐ It was required for school or education purposes

☐

Other

15. If you are not vaccinated, please indicate the reasons why. Select all that apply to you. *

- ☐ Lack of transportation or access
- ☐ Sincerely held religious beliefs
- ☐ The vaccine hasn't been around long enough
- ☐ The vaccine doesn't work
- ☐ I'm worried about vaccine side effects
- ☐ Medical exemption
- ☐ Still deciding

☐

Other

16. If you are not yet vaccinated, please indicate the reasons why. Select all that apply to you. *

- ☐ Lack of transportation or access
- ☐ Sincerely held religious beliefs
- ☐ The vaccine hasn't been around long enough
- ☐ The vaccine doesn't work
- ☐ I'm worried about vaccine side effects
- ☐ Medical exemption
- ☐ Still deciding

☐

Other

Healthcare Access During COVID-19

17. Please select your type of health insurance *

- ☐ Medicaid (States may have different names e.g., MediCal, MaineCare)
- ☐ Medicare
- ☐ State Children's Health Insurance Program (CHIP)
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance obtained through COBRA
- ☐ Private Pay Health Insurance (including non-Medicaid obtained through state or federal health exchanges)
- ☐ None of these, I do not currently have health insurance
- ☐ I don't know
- ☐
Other

18. Have you seen your healthcare provider in the last year? *

This could include seeing your regular doctor, primary care provider, or going to a health center or clinic.

- ☐ Yes
- ☐ No
- ☐ I don't have a healthcare provider

19. Where do you primarily receive your healthcare? *

- ☐ Private medical practice
- ☐ Community Health Center
- ☐ Healthcare services are brought to my residence
- ☐ Healthcare services are available in my building
- ☐ Somewhere else
- ☐ I don't have a healthcare provider

20. Do you manage a chronic condition such as diabetes, hypertension, substance use or mental health? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

21. Have you experienced any disruptions to your healthcare since the beginning of the COVID-19 pandemic (March 2020)? *

- ☐ Yes
- ☐ No

22. Have you participated in any tele-health medical appointments during the COVID-19 (March 2020)? *

Tele-health means contacting your healthcare provider by phone, virtually online, video calls or Zoom.

- ☐ Yes
- ☐ No

23. Do you feel that the pandemic has affected your mental health? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

24. If you would like to provide additional details on how the pandemic has impacted your mental health, please use the space below.

Housing Provider Survey

This section of the survey is for housing or service providers, not residents of supportive housing.

25. Please select your role as a housing provider *

- ☐ Outreach worker
- ☐ Peer worker/advocate
- ☐ Case manager/worker
- ☐ Clerical support (intake, data input, etc.)
- ☐ Service provider or coordinator
- ☐ Property management
- ☐ Executive leadership

☐

Other

26. Have you been vaccinated for COVID-19? *

- ☐ Yes
- ☐ No
- ☐ Still deciding
- ☐ Prefer not to say

27. What supportive services does your organization offer to tenants either directly or via referral. Check all that apply. *

- ☐ Case Management
- ☐ Transportation
- ☐ Food/nutritional support
- ☐ Healthcare
- ☐ Peer support
- ☐ Employment services
- ☐ Behavioral health or substance use services

☐

Other

28. Please describe your organizational partnerships with healthcare providers (if any).
Check all that apply. *

Many housing providers partner with health centers to deliver services to tenants.

- ☐ COVID-19 Vaccination effort
- ☐ Non-COVID vaccination effort (such as the seasonal flu)
- ☐ Primary care services
- ☐ Behavioral Health and/or substance use services
- ☐ Well-child or pediatric care services
- ☐ Maternity or pre-natal care services
- ☐ We don't have healthcare partnerships
- ☐ Our organization provides both housing and health services

☐

Other

29. Please estimate the vaccination rate for your tenants. *

- ☐ Less than 50%
- ☐ More than 50% but less than 75%
- ☐ More than 75%
- ☐ I don't know

30. Please select the type of assistance you or your organization provided to tenants to access the COVID-19 vaccine *

- ☐ Scheduling
- ☐ Transportation
- ☐ Language-specific support/translations
- ☐ Peer support / advocacy
- ☐ Accompanying to appointment / support and encouragement
- ☐ No assistance was provided

☐

Other

31. Please indicate your response to the following statements: *

	Strongly disagree	Disagree	Agree	Strongly agree
Overall, our tenants in supportive housing have been able to access the COVID-19 vaccine easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I or my organization provided assistance to a tenant that led to them being vaccinated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Without this assistance, the tenant would not be vaccinated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Please describe any changes to your services and/or support provided to tenants since the beginning of the COVID-19 pandemic (if any).