



COVID-19 Vaccine Access for Homebound Older Adults: Challenges and Solutions

March 31, 2021

3:00 PM – 4:30 PM Eastern



@HealthyAmerica1



Audio

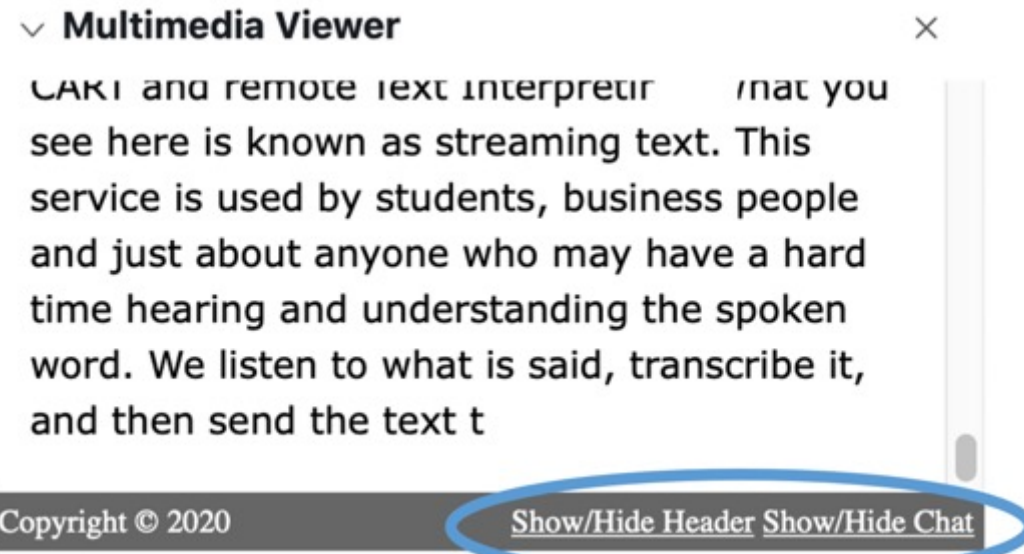
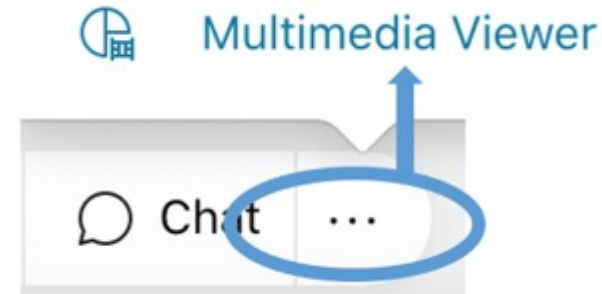
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Closed Captioning

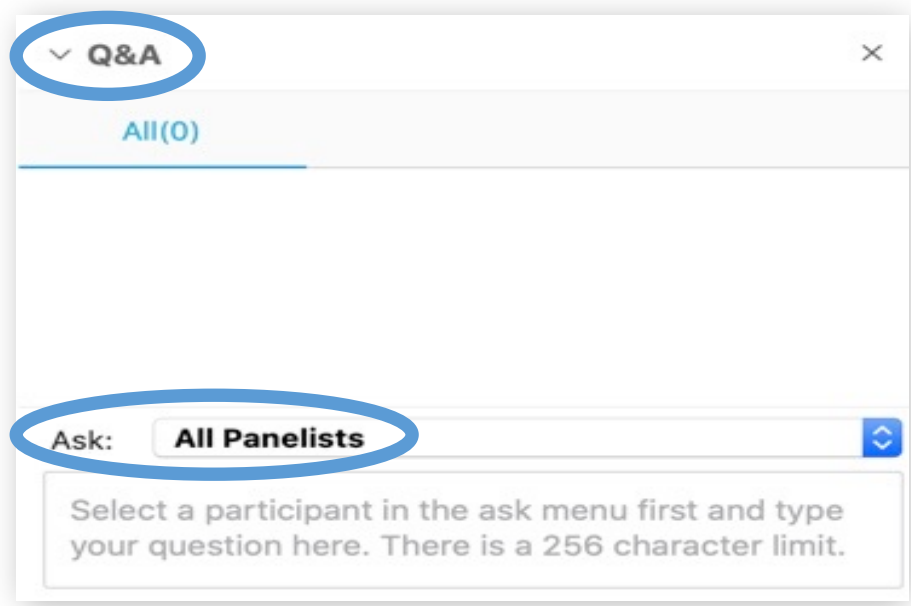
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Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the Q&A box
3. Select Ask: All Panelists
4. Hit Enter



Moderator



Megan Wolfe, JD

Senior Policy Development Manager
Trust for America's Health

[tfah.org](https://www.tfah.org)



Today's Webinar

Purpose

- Share the challenges associated with ensuring access to the COVID-19 vaccine for older adults and those with disabilities who are homebound
- Share innovative examples for responding to these challenges
- Share TFAH's policy recommendations for addressing these challenges across the country

Web Platform Information

- Recording the webinar
 - All attendees are muted
 - Use Question/Answer function to pose questions for our panelists
-



Our Funders



The
John A. Hartford
Foundation



Vaccine Access for Those Who Are Homebound

- Most live in the community
- May be socially isolated
- Family caregivers
- Challenging or impossible to leave home



Population of Homebound Individuals

National Health and Aging Trends Study (NHATS), 2011: ~2 million

AARP Study, 2015: ~12 million

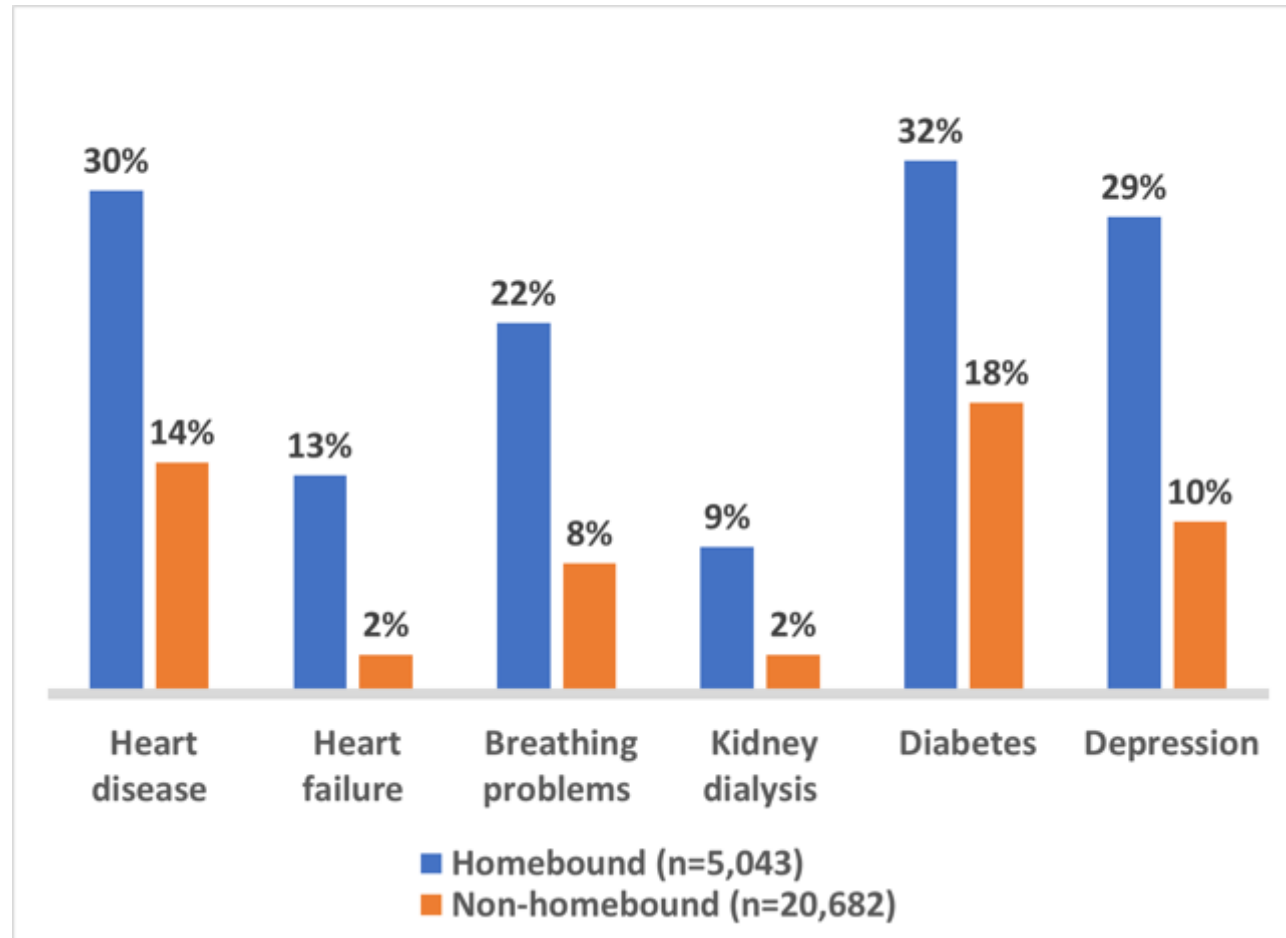
		Homebound (n=5,043)	Non- homebound (n=20,682)
Gender	Female	63%	59%
	Male	37%	41%
Age	< 64	6%	1%
	64–69	45%	68%
	70–74	13%	14%
	75–79	12%	9%
	80–84	11%	5%
	85+	14%	3%
Income	High	50%	56%
	Medium	35%	32%
	Low	13%	11%
Minority Status	Low	44%	49%
	Medium	46%	44%
	High	7%	5%

Ornstein, K.A., Leff, B., Covinsky, K.E., Ritchie, C.S., Federman, A.D., Roberts, L., Kelley, A.S., Siu, A.L., Szanton, S.L. (2015). Epidemiology of the Homebound Population in the United States. *JAMA Intern Med.* 175(7):1180-1186.

Musich, S., Wang, S.S., Hawkins, K., Yeh, C.S. (2015). Homebound older adults: Prevalence, characteristics, health care utilization and quality of care. *Geriatric Nursing*, 36(6): 445-450.



Comorbidities for Homebound Adults

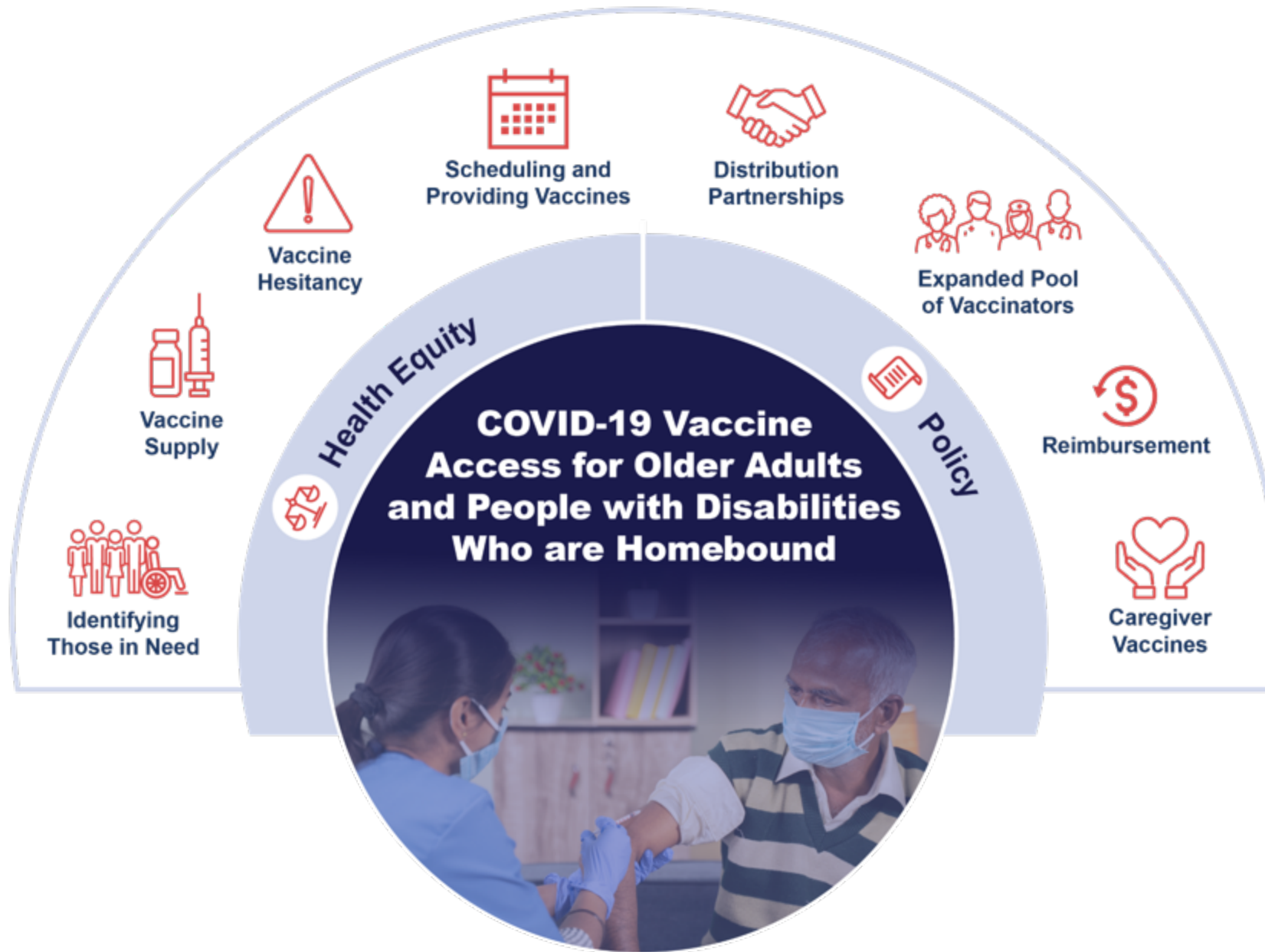


Musich, S., Wang, S.S., Hawkins, K., Yeh, C.S. (2015). Homebound older adults: Prevalence, characteristics, health care utilization and quality of care. *Geriatric Nursing*, 36(6): 445-450.

Barriers, Challenges, Problems

- Vaccinate as many as possible
as quickly as possible
- Who are they?
- Registration and scheduling
- Vaccinating caregivers
- Reimbursement
- Hesitancy
- Vaccinator capacity





Panelists



Capt. Amanda Cohn
Chief Medical Officer
Vaccine Task Force and the
National Center for
Immunization and Respiratory
Diseases
Centers for Disease Control
and Prevention



Thomas Cornwell
Senior Medical
Director Village
Medical at Home



Ingrid Ulrey
Policy Director
Seattle-King County
Health Department





Capt. Amanda Cohn, MD

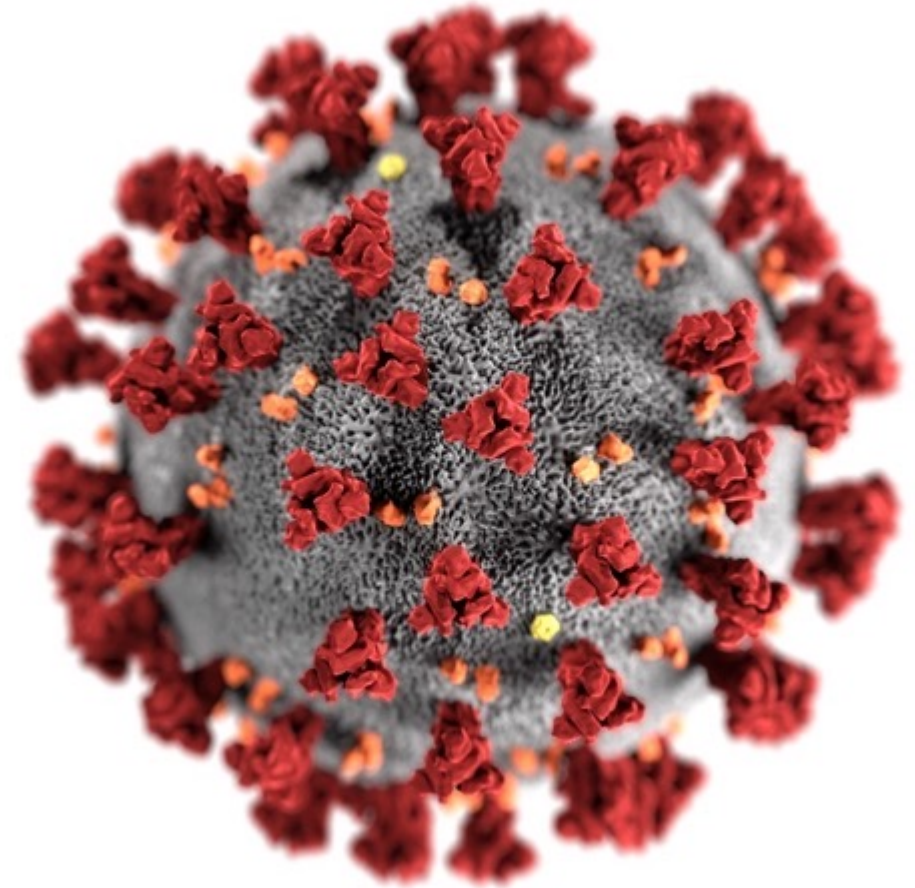
Chief Medical Officer

Vaccine Task Force and the National Center
for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

[cdc.gov](https://www.cdc.gov)

COVID-19 Vaccine Implementation: Considerations for Vaccination of Older Adults

March 31, 2021



Introduction

- The risk of severe outcomes from COVID-19 increases with age.
- People with disabilities:
 - Many have underlying medical conditions.
 - Some cannot maintain distance from caregivers.
- Many states have already begun vaccination of older adults and adults with underlying medical conditions.
 - Some older adults and people with disabilities may face several challenges getting COVID-19 vaccination.
- I will provide some updated background information on considerations for COVID-19 vaccination of older adults, including those who may have disabilities

Risk of hospitalization and in-hospital death increase with age

	Hospitalization ¹	Death ²
18-29 years	Comparison Group	Comparison Group
30-39 years	2x higher	4x higher
40-49 years	3x higher	10x higher
50-64 years	4x higher	30x higher
65-74 years	5x higher	90x higher
75-84 years	8x higher	220x higher
85+ years	13x higher	630x higher

1. Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are unadjusted rate ratios.

2. Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html.

Hospitalization rates per 100,000 population by age and race and ethnicity and rate ratios compared to Non-Hispanic Whites – COVID-NET, March 1, 2020-January 30, 2021

Age Category	Non-Hispanic American Indian or Alaska Native		Non-Hispanic Black		Hispanic or Latino		Non-Hispanic Asian or Pacific Islander		Non-Hispanic White	
	Rate	Rate Ratio	Rate	Rate Ratio	Rate	Rate Ratio	Rate	Rate Ratio	Rate	Rate Ratio
0-17 yrs.	37.0	2.8	39.9	3.1	51.7	4.0	17.6	1.4	13.0	1.0
18-49 yrs.	638.0	6.5	372.7	3.8	518.7	5.3	123.3	1.3	98.5	1.0
50-64 yrs.	1454.2	4.6	1080.3	3.4	1255.5	3.9	390.6	1.2	318.5	1.0
65+ yrs.	2208.0	2.3	2173.7	2.3	2114.2	2.2	864.7	0.9	960.9	1.0

Older adults increasingly confident in getting vaccinated: COVID-19 vaccination intent among surveyed adults, by vaccination priority group — United States, September and December 2020

Intent among those 65 years and older	IPSOS, Sep 2020* (n = 3,541)	Av. of Dec IPSOS [†] and NORC [§] (n = 2,033)	Difference between Dec and Sep estimates
Absolutely certain/very likely**	49.1 (45.6 to 52.6)	66.2 (61.5 to 70.8)	17.1 (11.3 to 22.9)
Somewhat likely	21.1 (18.3 to 23.9)	15.1 (11.6 to 18.6)	-6.0 (-10.5 to -1.5)
Not likely	29.8 (26.6 to 33.0)	18.7 (14.3 to 23.0)	-11.1 (-16.5 to -5.7)

* IPSOS KnowledgePanel Survey, fielded September 3–October 1.

† IPSOS KnowledgePanel Omnibus Survey, fielded December 18–20.

§ NORC AmeriSpeak Omnibus Survey, fielded December 18–20.

** Might include some persons who already received the COVID-19 vaccine.

Older adults, for the most part, are optimistic about COVID-19 vaccination

Table 1: Views of Current Status of Vaccine Distribution in U.S. by Age, Race/Ethnicity

Percent who say each of the following describes how they feel about current status of COVID-19 vaccination in the U.S.:	Age				Race/Ethnicity		
	18-29	30-49	50-64	65+	Black	Hispanic	White
Optimistic	64%	66%	63%	70%	65%	70%	65%
Frustrated	48	46	55	53	55	42	52
Confused	40	30	32	33	46	38	31
Satisfied	32	27	29	41	31	43	30
Angry	25	20	26	23	22	24	23

Kaiser Family Foundation survey reported Jan 22, 2021 [KFF COVID-19 Vaccine Monitor: January 2021 | KFF](#)

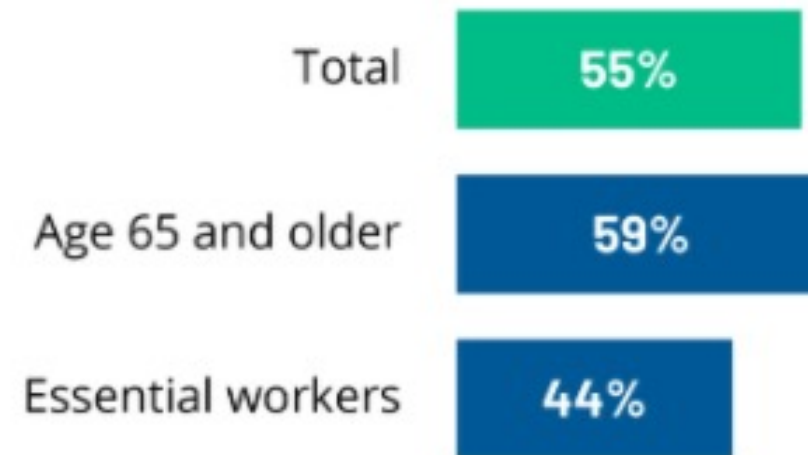
Majorities Say They Don't Have Enough Information About When, Where To Get COVID-19 Vaccine

Percent who say they **do not** have enough information about:

When people like them will be able to get the COVID-19 vaccine



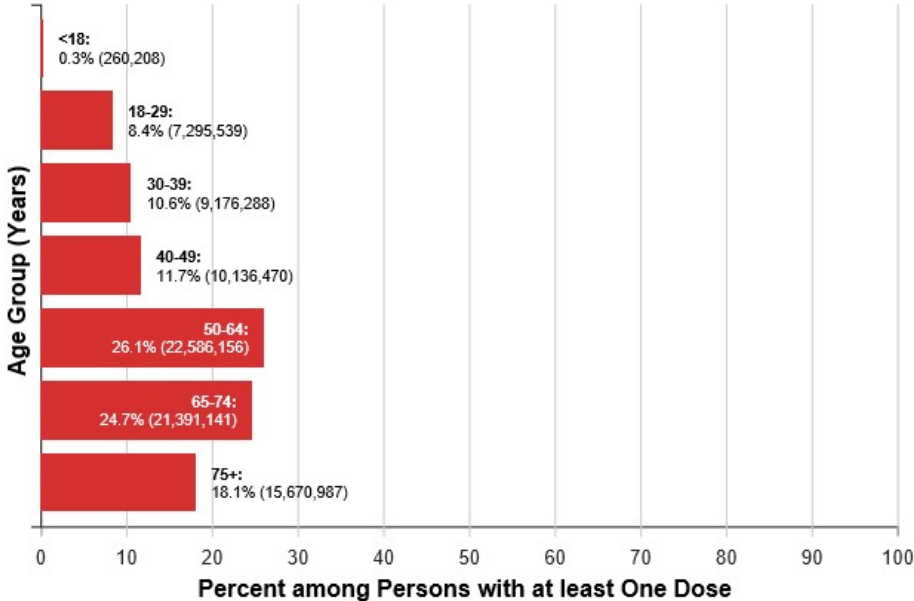
Where they will get a COVID-19 vaccine



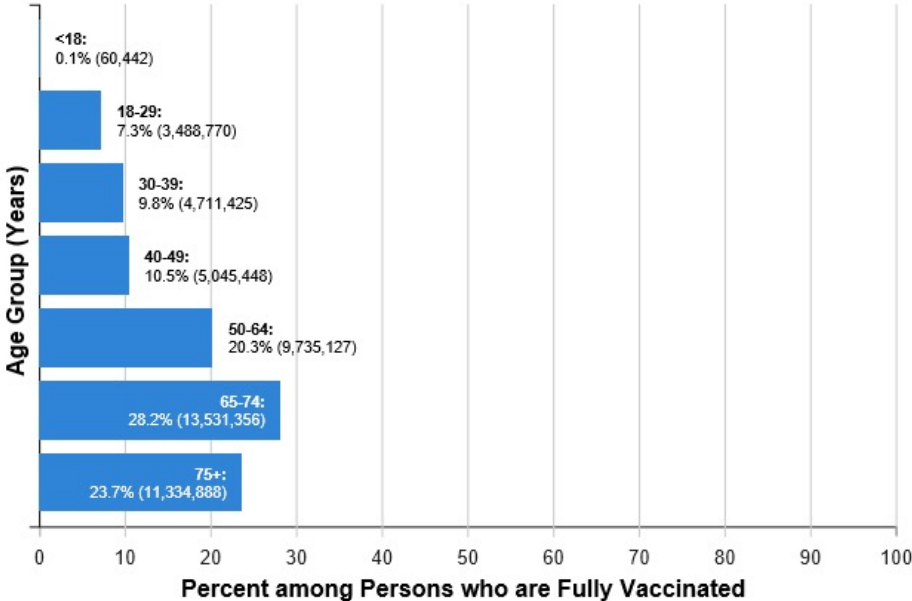
Kaiser Family Foundation COVID-19 Vaccine Monitor poll (conducted January 11-18, 2021). [KFF - Health Policy Analysis, Polling and Journalism](#)

CDC COVID Tracker - vaccinations reported by age group

Data from 93,631,163 people with at least one dose administered. Age was available for 86,516,789 (92%) people with at least one dose administered.

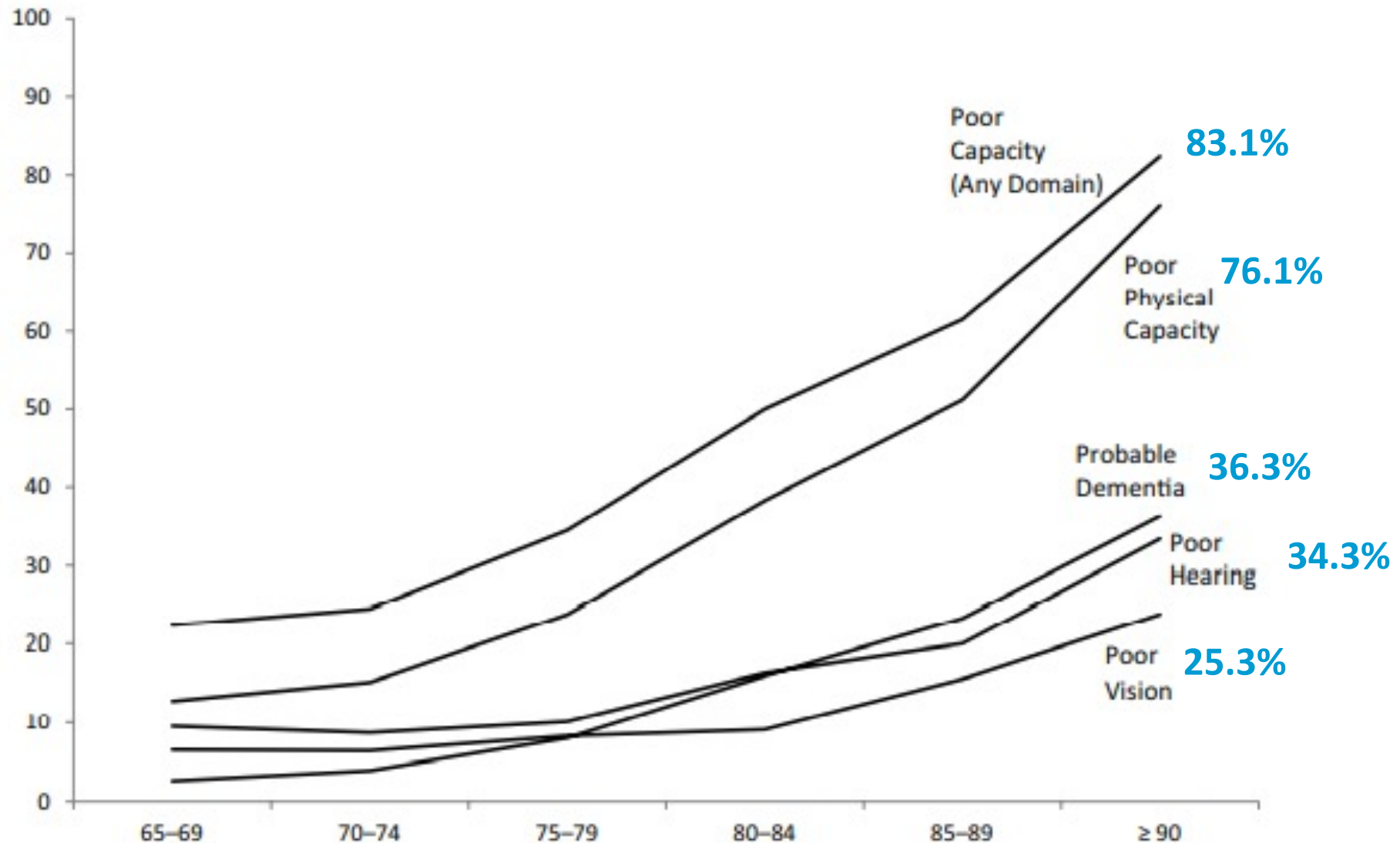


Data from 51,593,564 people fully vaccinated. Age was available for 47,907,456 (92%) people fully vaccinated.



As of March 28: 72.4% (n= 39,588,144 persons) \geq 65 years had received 1 or more doses of COVID-19 vaccine.

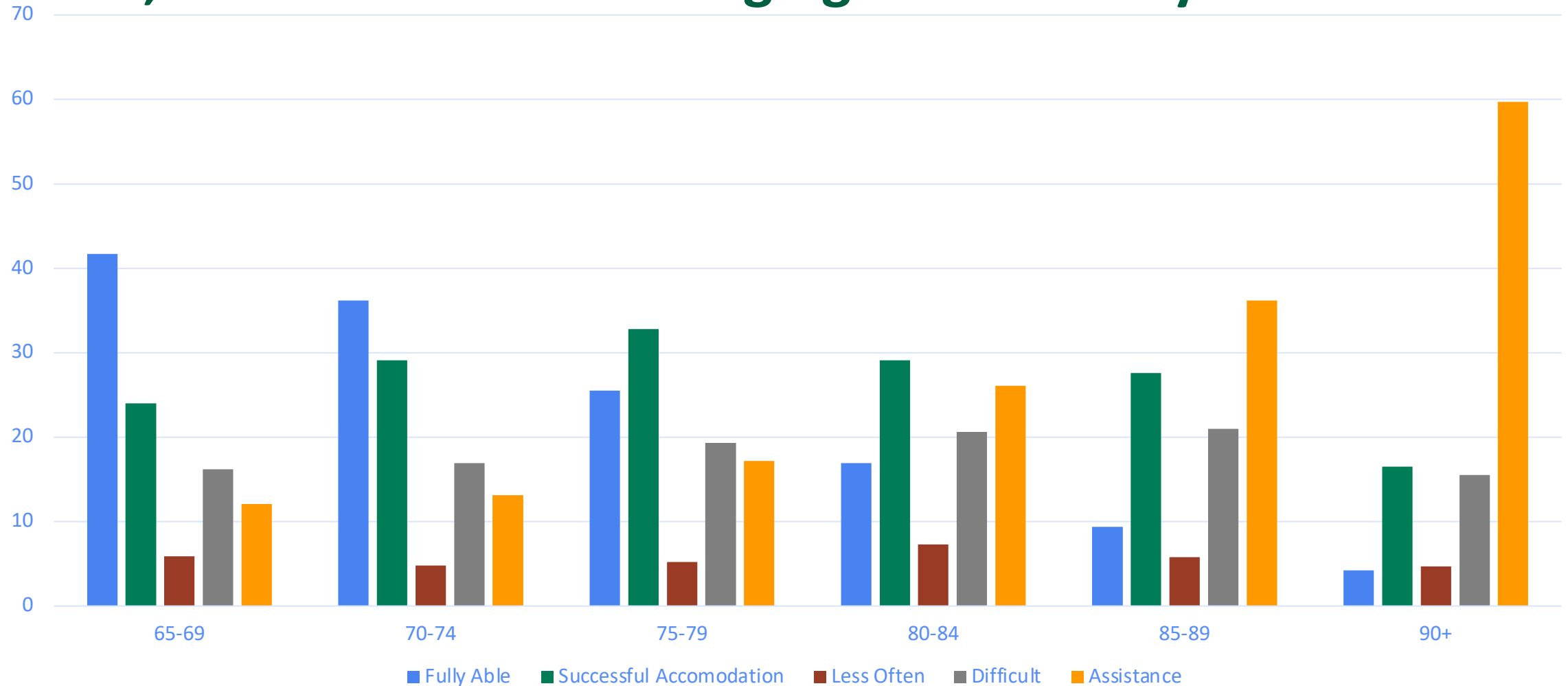
Percentage of adults with certain disabilities by age group



[Eight Demographic Trends Transforming America's Older Population – Population Reference Bureau \(prb.org\)](https://www.prb.org)

[Download: Future Directions for the Demography of Aging: Proceedings of a Workshop | The National Academies Press \(nap.edu\)](https://www.nap.edu)

Limitations in daily activities among adults 65 years and older, National Health and Aging Trends Study 2015



Homebound persons need special considerations

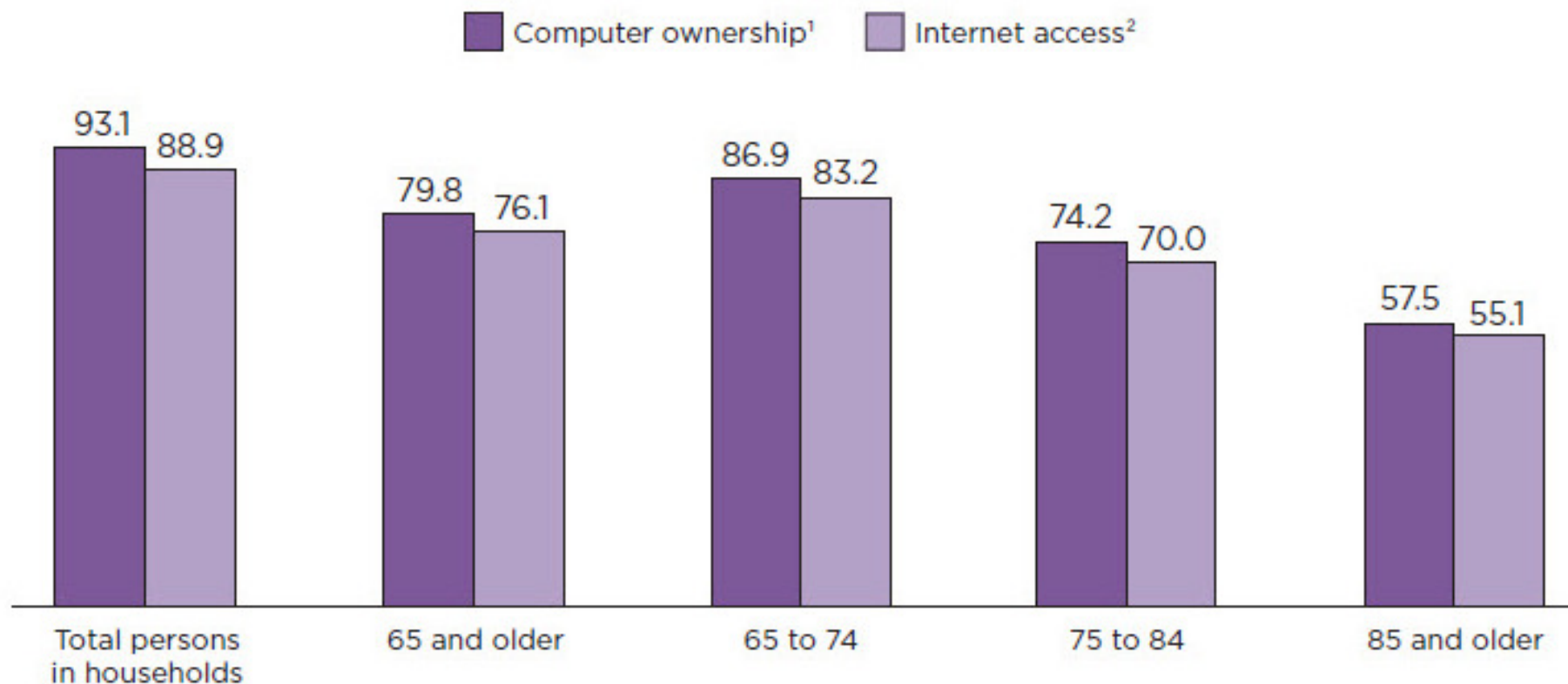
- Medicare (CMS) considers someone homebound if:
 - They need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their doctor believes that their health or illness could get worse if they leave their home, AND
 - It is difficult for them to leave their home and they typically cannot do so.
- Approximately 21% of adults 65 years and older were homebound in 2011 Medicare beneficiary survey.
- Newly posted guidance for vaccination of homebound persons for HCP who vaccinate persons who are homebound:
www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html.

Older adults and people with disabilities need accessible COVID-19 vaccine information

- Include messaging that does not only rely on websites and social media.
 - Examples: newspaper, radio, and TV
- Work with local partners to distribute written information to those without internet access.
- Communication should meet **the necessary requirements** of the Americans with Disabilities Act, the Rehabilitation Act, the Patient Protection and Affordable Care Act, the Plain Language Act, and other applicable disability rights laws for accessibility throughout the vaccination process.
 - Examples: ASL, Braille, easy to read, large text with pictures or visual cues, text in other languages

Computer Ownership and Internet Access by Age: 2016

(Percent distribution among persons in households, excluding group quarters. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/acs)



¹ Types of computer ownership include desktop or laptop, smartphone, tablet or other portable wireless computer, and some other type of computer.

² Types of Internet access include any combination of a cellular data plan, broadband or high-speed Internet service, satellite Internet service, dial-up Internet service, and any other service that provides access to the Internet.

Source: U.S. Census Bureau, 2016 American Community Survey, 1-year estimates.

New and upcoming CDC resources for vaccination of older adults and people with disabilities

- Vaccinating Homebound Persons With COVID-19 Vaccine: www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html. (posted Feb 11, 2021)
- Guidance for vaccinating older adults and people with disabilities at vaccination clinics [Vaccinating Older Adults and People with Disabilities at Vaccination Clinics | CDC](https://www.cdc.gov/vaccines/imz/iq/older-adults-and-people-with-disabilities-at-vaccination-clinics.html) (posted Feb 17, 2021)
- What Older Adults Need to Know about COVID-19 Vaccines <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>. (Feb 19, 2021)

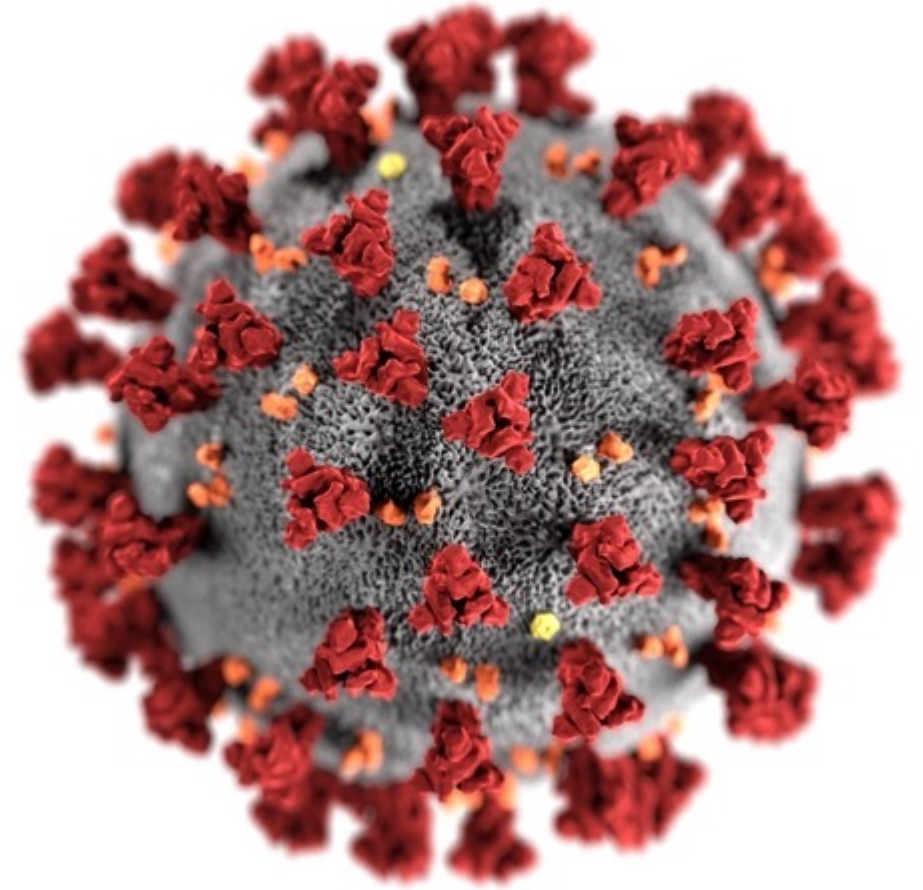
Additional Resources

- Adults and their caregivers can find local aging services in their area at www.eldercare.acl.gov or by calling 1-800-677-1116.
- Centers for Independent Living Locator can assist with finding resources for persons with disabilities at <https://acl.gov/programs/centers-independent-living/list-cils-and-spils>.
- Resources for planning curbside or drive-through vaccination clinics: www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/curbside-vaccination-clinics.html.
- Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations:
- www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html.
- CDC *Vaccine Storage and Handling Toolkit*: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.
- USP COVID-19 Vaccine Handling Toolkit: www.usp.org/covid-19/vaccine-handling-toolkit.

Conclusions

- The risk of severe illness from COVID-19 increases with age and older adults are recommended to be included in early phases of COVID-19 vaccination.
- Older adults are, for the most part, very interested in getting vaccinated, however many older adults may have challenges accessing COVID-19 vaccines.
- New guidance is available to aid in vaccination of homebound persons.
- Efforts will be needed to identify persons who need assistance with
 - Learning about COVID-19 vaccines
 - Scheduling vaccination appointments
 - Accessing transportation to vaccination locations or
 - Arranging for vaccination by mobile vaccine providers

Thank you



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Thomas Cornwell, MD
Senior Medical Director
Village Medical at Home

villagemedical.com



COVID-19 Vaccine for Homebound Older Adults: Challenges and Solutions



Thomas Cornwell, MD
Senior Medical Director, Village Medical at Home
Executive Chairman, Home Centered Care Institute



The Forces Behind the Return of the House Call

- Aging and Chronic Illness
- Increased Home and Community-Based Payments
- Technology
- The Value of House Calls
- Payment Reform

The Invisible Homebound: The Value of Home-Based Primary Care



Elsa



The Invisible Homebound: The Value of Home-Based Primary Care

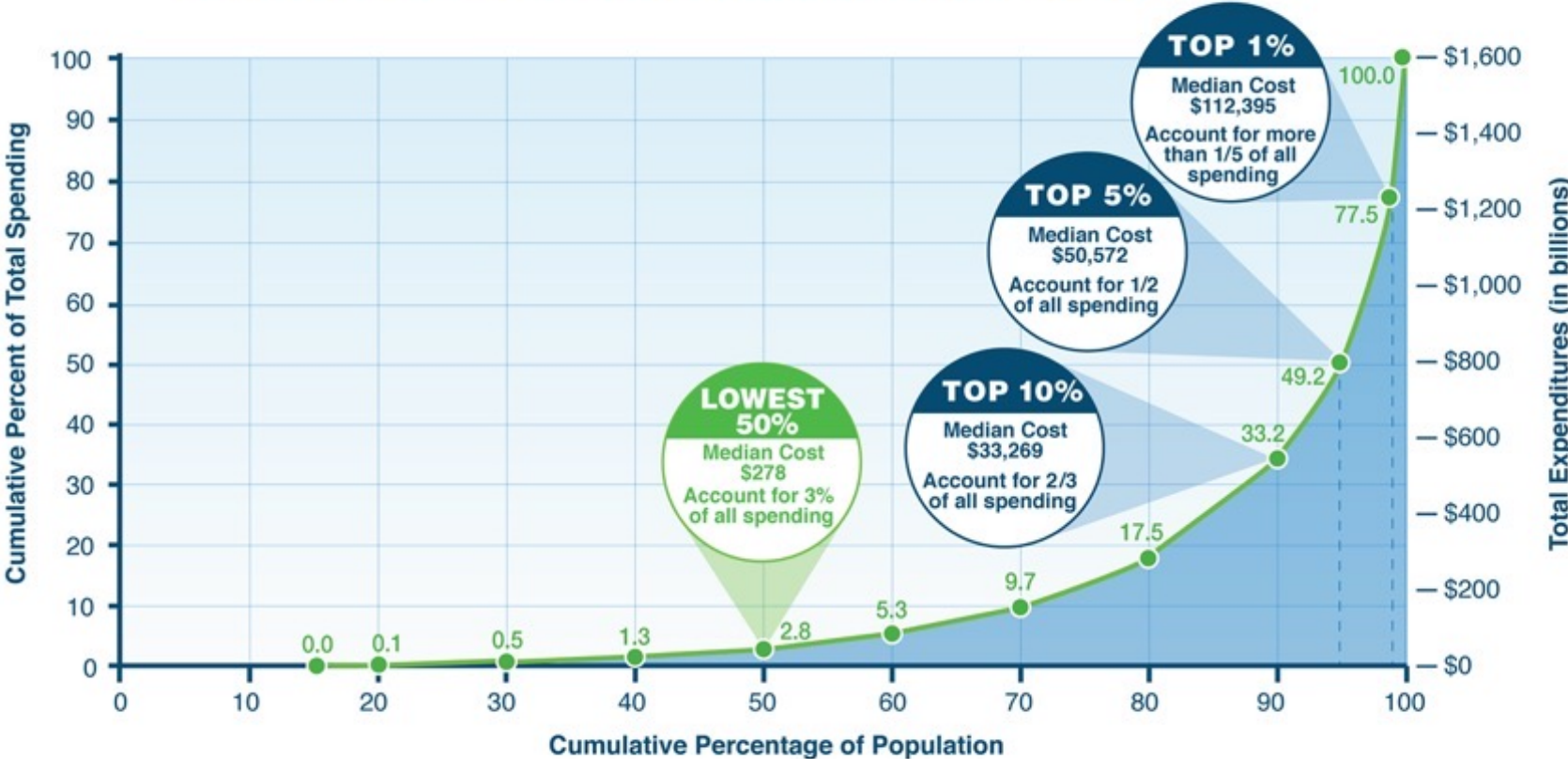


Elsa



Aging and Chronic Illness: Cost

Health Care Spending Is Highly Concentrated Among a Small Portion of the US Non-Institutionalized Population

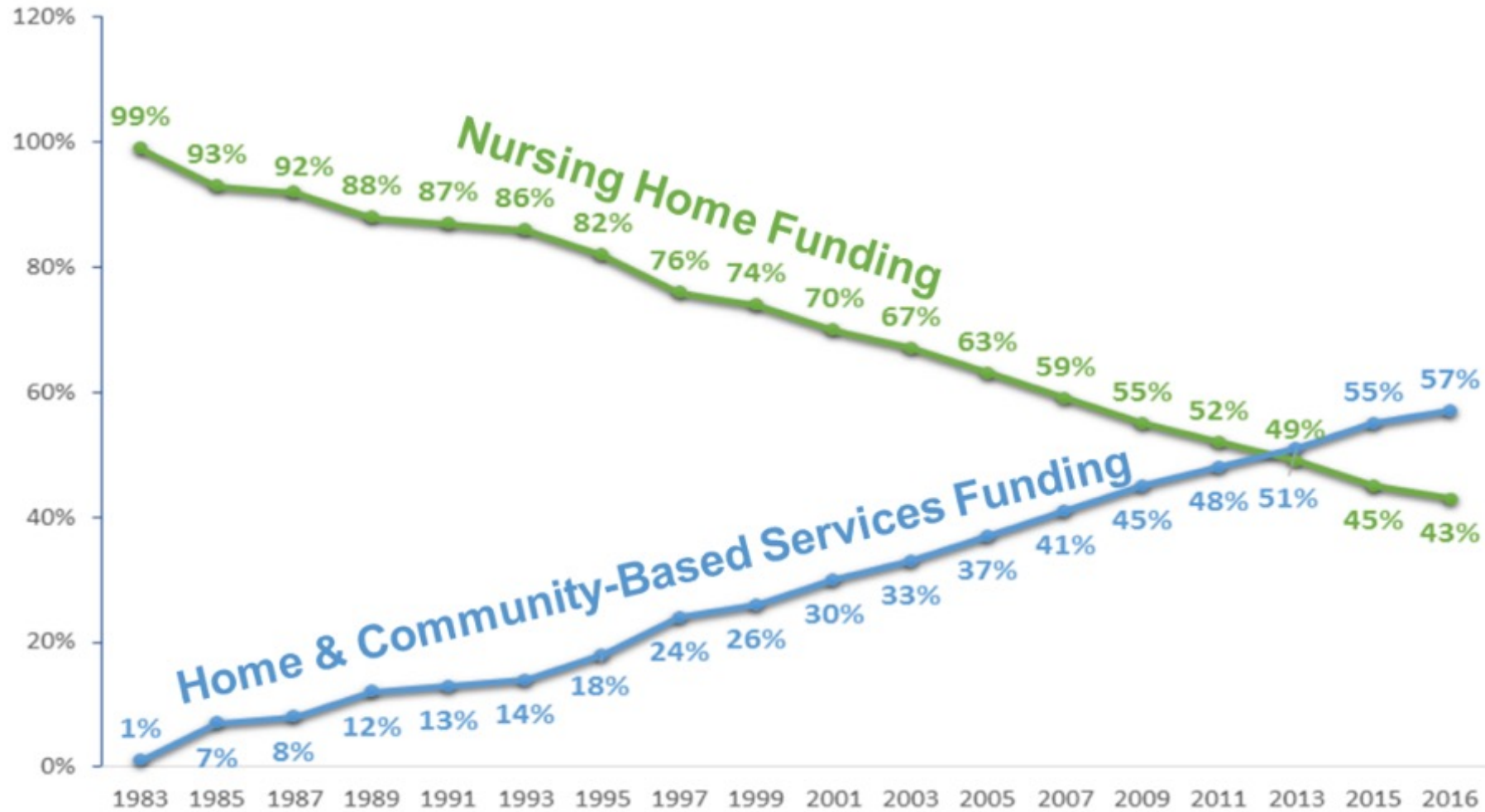


Percent of Civilian Non-Institutionalized Population Ordered by Health Care Spending, 2015

Source: Agency for Healthcare Research and Quality Medical Expenditure Panel Survey, Household Component, 2015



Home & Community-Based Services



<https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltssexpenditures-2017-2018.pdf>

Technology

Diagnostic

Smart Phone



X-rays



Ultrasound



Labs



Therapeutic

Dialysis



Smart Pump



Value of HBPC I Improves Care, Lowers Cost

VA Home-Based Primary Care (2002: 11,334 Patients)

Site of Care	Before HBPC	After HBPC	Change	
			(\$)	(%)
All Home Care	\$2,488	\$13,588	\$11,100	+460%



Value of HBPC | Improves Care, Lowers Cost

VA Home-Based Primary Care (2002: 11,334 Patients)

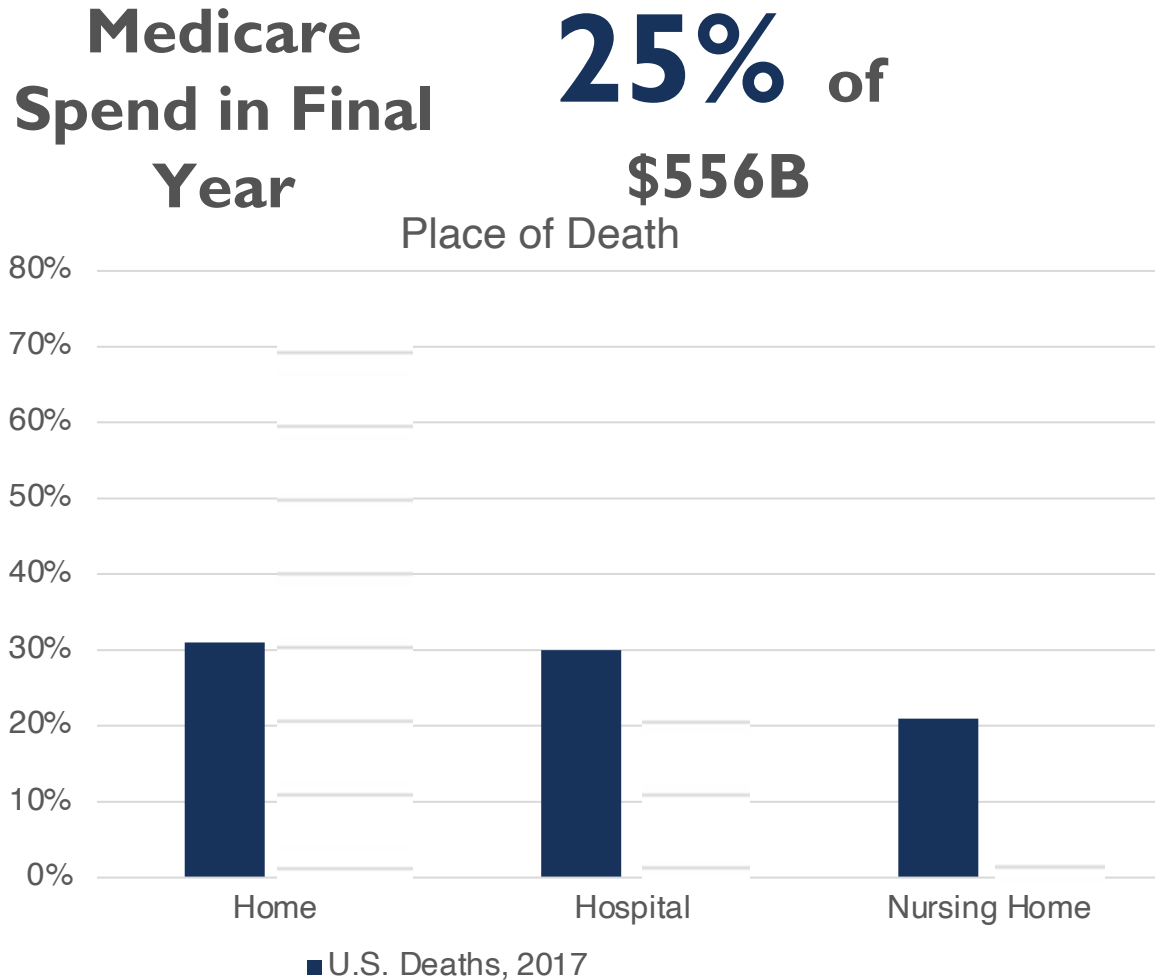
Site of Care	Before HBPC	After HBPC	Change	
			(\$)	(%)
All Home Care	\$2,488	\$13,588	\$11,100	+460%
Outpatient	\$6,490	\$7,140	\$650	+10%
Nursing Home	\$10,382	\$1,382	(\$9,000)	-87%
Hospital	\$18,868	\$7,026	(\$11,842)	-63%
Total Cost VA Care	\$38,228	\$29,136	(\$9,092)	-24%

P < 0.0001

\$103,048,728



Value of HBPC: End-of-Life Care



**U.S. Deaths
2015**

65%

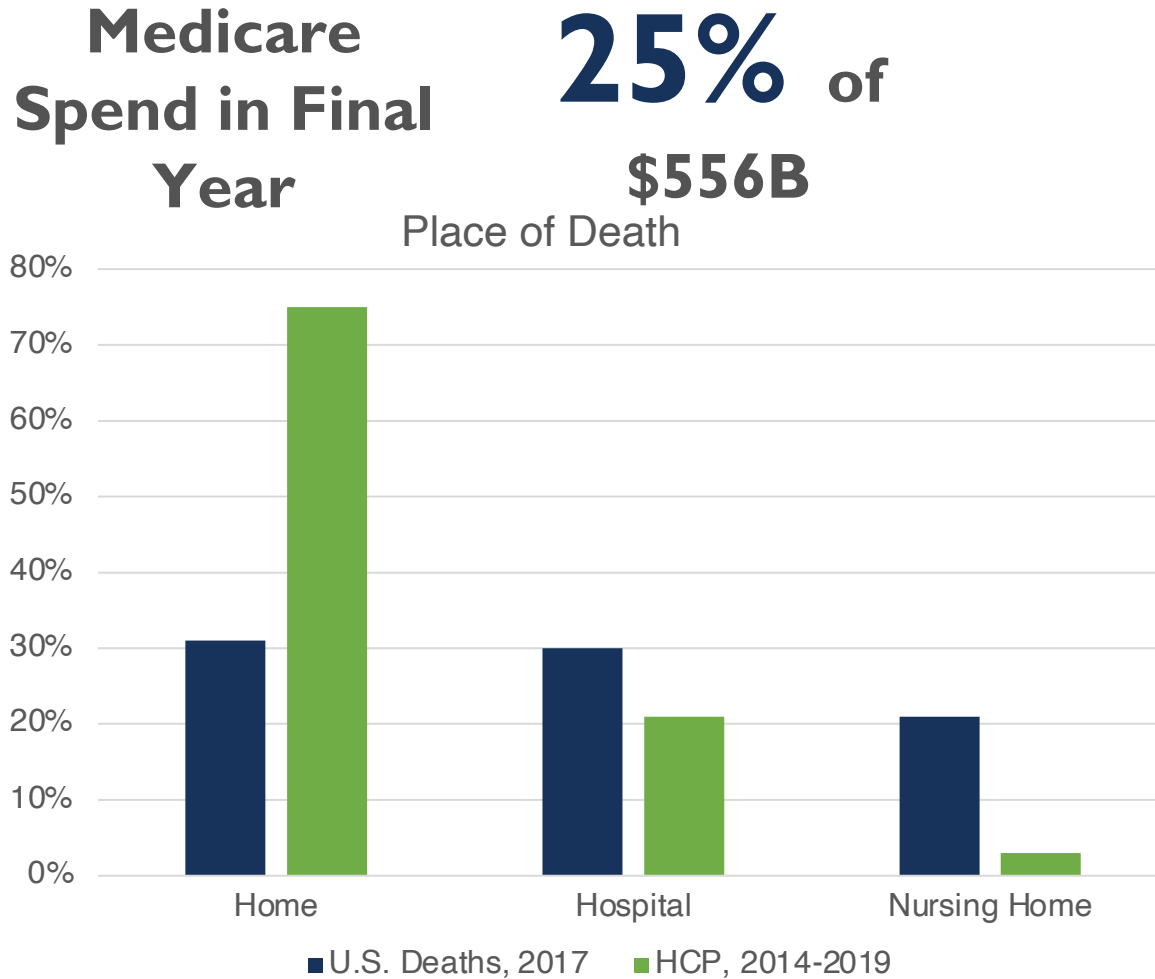
**Hospitalization in
final 90 days of life**

29%

ICU in final 30 days



Value of HBPC: End-of-Life Care



Home Care Physicians (HCP) Northwestern Medicine

**U.S. Deaths
2015**

65%

**Hospitalization in
final 90 days of life**

**HCP Deaths
2017-2019**

37%

29%

ICU in final 30 days

5%

All information in this deck is confidential – property of VillageMD



Riley, Lubitz; *Long-Term Trends in Medicare Payments in the Last Year of Life*, Health Services Research, 4/2010
 Cross, Warraich; *Changes in the Place of Death in the United States*; NEJM, 12/19
 Teno; *Site of Death, Place of Care, and Health Care Transitions Among US Medicare Beneficiaries*, JAMA 2018

COVID-19 Vaccine in the Home: Making the Invisible Visible



The New York Times

COVID-19 Vaccine in the Home: Logistics

Mass vaccination vs. At Home

- Who: HBPC, Home Health, Public Health, Pharmacists, Paramedics
- Cold Chain
- Travel time
- Observation time
- Costs/Payment



Manufacturer	Efficacy	Doses	Doses/Vial	Long-Term Storage (F)	Short-Term Storage (F)	After Puncture (F)
Pfizer-BioNTech	95%	2, 3-weeks apart	10	-112 to -76	-13 to 5 2 weeks	35-77 up to 6 hours
Moderna	94.1%	2, 4-weeks apart	10	-25 to -15	36-46 30 days	36-77 up to 6 hours
J & J-Janssen	72% 86% severe	1	5	36-46	36-46	36-46 up to 6 hours 36-77 up to 2 hours





Ingrid Ulrey

Policy Director

Seattle-King County Health Department

kingcounty.gov



IN-HOME VACCINE DELIVERY

Public Health – Seattle & King County



Ingrid Ulrey
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Public Health Approach

Five Key Steps

- 1. Define eligibility for in-home vaccination.**
- 2. Work with community partners to generate demand.**
- 3. Identify vaccinators and pilot delivery protocols.**
- 4. Develop capacity to screen, appoint, dispatch and report.**
- 5. Ensure ongoing capacity for routine immunization**

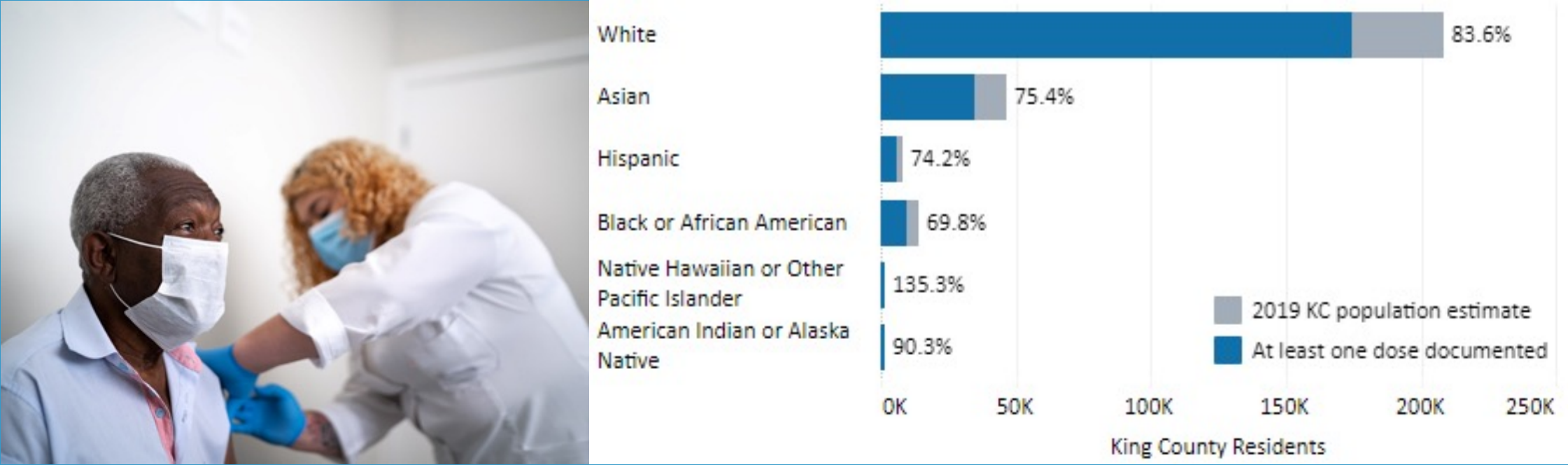
KING COUNTY, WASHINGTON



- Population - 2.2 million people
- Goal - equitably, efficiently and quickly vaccinate 70%+ of all eligible adults.
- Progress - Yesterday, we passed the 1 million mark for shots in arms.

FOCUS ON EQUITY

People Age 65+, First Dose



MULTI-MODAL DELIVERY STRATEGY

Mode	Setting	Output Capacity	Focus Populations
High Volume Sites	large drive-through or walk-up spaces	High	anyone eligible in phase
Health Systems	hospitals or outpatient clinics	High	patients, community
Community Health Centers	clinic or community sites	Medium	patients, community
Pop-Up Community Events	community and faith-based locations	Medium	defined communities
Employer Based Clinics	work sites and other	Medium	essential workers
Pharmacies	drug stores / grocery stores	Medium	anyone eligible in phase
Mobile Teams	congregate facilities, housing complex	Low	older adults, homeless
<u>In-Home Vaccination</u>	private home	Low	homebound

NOTE: *High* capacity: 1,000 – 10,000 doses per day; *Medium* capacity: 500 – 1,000 doses per day *Low* capacity: 50– 500 doses per day

#1 DEFINE ELIGIBILITY

Eligibility for In-Home Vaccination:

Adults age 16 and above who have not yet been vaccinated, who have an injury, developmental disability or medical condition that makes it difficult to leave the home and for whom it would require considerable and taxing effort to access vaccine outside the home.



#2 GENERATE DEMAND

Generate referrals from - Aging Network, Health Care Providers, Social Services Agencies

Curate Lists of Potential Eligibles - State Agencies, Primary Care, Managed Care Organizations

Reach Out to Community - Cross post, publicize




#3 IDENTIFY VACCINATORS

- ✓ Fire Departments
- ✓ Public Health Nurses
- ✓ Pharmacies
- ✓ Health Systems



#4 DEVELOP SYSTEMS AND CAPACITY

- Screen
- Schedule Appointments
- Dispatch Teams
- Report and Track



King County Novel Coronavirus Call Center

If you are in King County and believe you were exposed to a confirmed case of COVID-19, or if you're a healthcare provider with questions about COVID-19, contact our novel coronavirus call center:

206-477-3977

Open daily from 8 a.m. to 7 p.m. PST

For general questions about COVID-19 or Washington State's response, contact the Washington State Novel Coronavirus Call Center: **800-525-0127**

Public Health
Seattle & King County



#5 ENSURE ONGOING CAPACITY



After the initial emergency response, how will COVID vaccination for homebound be built into routine care?

Who are the largest in-home care providers?

What is their level of readiness going forward?



LESSONS LEARNED IN KING COUNTY

- ✓ **Make vaccine sites in the community accessible and arrange for transportation to reduce need for in-home visits.**
- ✓ **Use single-dose Janssen vaccine for in-home visits to expand feasibility and reach.**
- ✓ **Serve caregivers and all eligible in household to improve efficiency and increases throughput.**
- ✓ **Recruit vaccinators with pre-pandemic understanding of and relationship with the homebound population.**
- ✓ **Build on partnership and trust between public health and the aging sector.**

TESTIMONIAL

“ My mother is 96. She lives with advanced dementia and accompanying physical decline. She lives at home with round the clock care (I manage her care and visit daily). She has not left the house in two years. Our caregivers, alarmed by anti-vaccine propaganda, have declined to get Covid19 vaccines. My sister, a Covid19 denier and anti-vaxxer, nonetheless visits regularly. Needless to say, I am frantic to get my mom vaccinated. Her health care provider says the only way my mother can be vaccinated is to come to the hospital and wait in line. Her advanced dementia and associated physical decline prevent this. Are you aware of **any** resources available to help fragile homebound elders like my mom to obtain Covid19 vaccines? ”

WE GOT THIS KING COUNTY



COVID-19

Vaccine Delivery

kingcounty.gov/covid

Public Health
Seattle & King County 

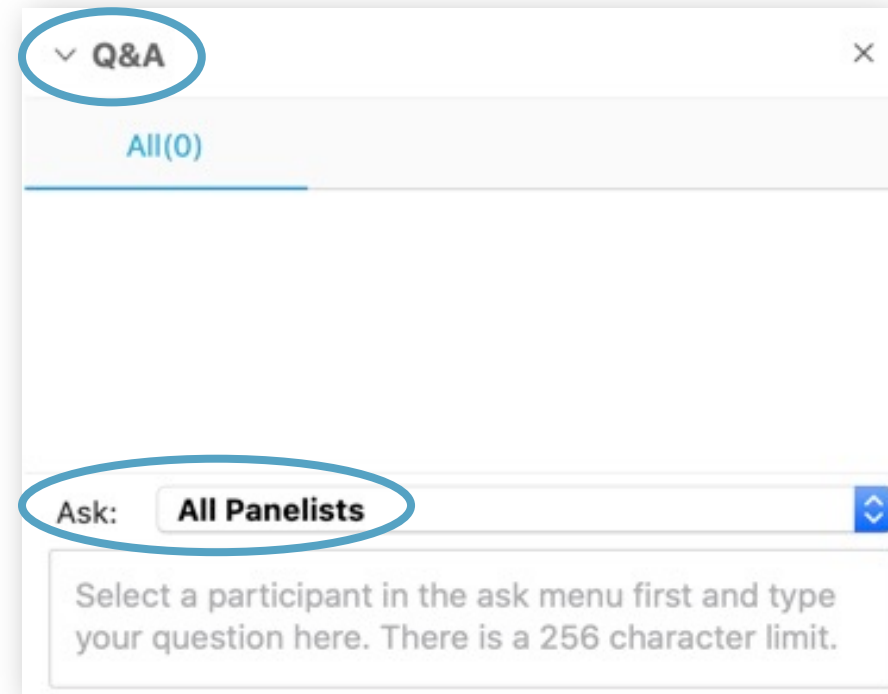
Policy Recommendations

1. Prioritize the homebound and their caregivers
2. Define the population
3. Identify data sources, initiate data sharing agreements
4. Engage trusted community partners
5. Government covers all costs
6. Ensure equitable access to vaccine
7. Vaccinators reflect their community
8. Allow flexibility and creativity
9. Make registration and scheduling easy



Submit Questions for Our Panelists

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the Q&A box
3. Select Ask: All Panelists
4. Hit Enter



Thank You to Our Panelists



Capt. Amanda Cohn
Chief Medical Officer
Vaccine Task Force and the
National Center for
Immunization and Respiratory
Diseases
Centers for Disease Control
and Prevention



Thomas Cornwell
Senior Medical
Director Village
Medical at Home



Ingrid Ulrey
Policy Director
Seattle-King County
Health Department



Wrap-up

- Thank You
- TFAH Policy Brief to be published in early May
- Webinar recording will be available at:
www.tfah.org/initiatives/age-friendly-public-health
- Bi-weekly Huddle Calls for April:
 - April 2 – Donna Walsh, Health Officer, DOH-Seminole
 - April 7 – Dr. Tom Lally, Bloom Health

Please send additional information and questions to:
afphs@tfah.org

