Audio

Audio is through your computer speakers or headphones.
**Closed Captioning**

To see real time captioning:

1. At the bottom of your screen, click to open **Multimedia Viewer**
2. Click **Show/Hide Header**
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
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

Cambia Health 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

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


Comorbidities for Homebound Adults

Barriers, Challenges, Problems

• Vaccinate as many as possible as quickly as possible
• Who are they?
• Registration and scheduling
• Vaccinating caregivers
• Reimbursement
• Hesitancy
• Vaccinator capacity
COVID-19 Vaccine Access for Older Adults and People with Disabilities Who are Homebound
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
COVID-19 Vaccine Implementation:
Considerations for Vaccination of Older Adults
March 31, 2021

For more information: www.cdc.gov/COVID19
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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalization¹</th>
<th>Death²</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29 years</td>
<td>Comparison Group</td>
<td>Comparison Group</td>
</tr>
<tr>
<td>30-39 years</td>
<td>2x higher</td>
<td>4x higher</td>
</tr>
<tr>
<td>40-49 years</td>
<td>3x higher</td>
<td>10x higher</td>
</tr>
<tr>
<td>50-64 years</td>
<td>4x higher</td>
<td>30x higher</td>
</tr>
<tr>
<td>65-74 years</td>
<td>5x higher</td>
<td>90x higher</td>
</tr>
<tr>
<td>75-84 years</td>
<td>8x higher</td>
<td>220x higher</td>
</tr>
<tr>
<td>85+ years</td>
<td>13x higher</td>
<td>630x higher</td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Non-Hispanic American Indian or Alaska Native</th>
<th>Non-Hispanic Black</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic Asian or Pacific Islander</th>
<th>Non-Hispanic White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate Ratio</td>
<td>Rate</td>
<td>Rate Ratio</td>
<td>Rate</td>
</tr>
<tr>
<td>0-17 yrs.</td>
<td>37.0</td>
<td>2.8</td>
<td>39.9</td>
<td>3.1</td>
<td>51.7</td>
</tr>
<tr>
<td>18-49 yrs.</td>
<td>638.0</td>
<td>6.5</td>
<td>372.7</td>
<td>3.8</td>
<td>518.7</td>
</tr>
<tr>
<td>50-64 yrs.</td>
<td>1454.2</td>
<td>4.6</td>
<td>1080.3</td>
<td>3.4</td>
<td>1255.5</td>
</tr>
<tr>
<td>65+ yrs.</td>
<td>2208.0</td>
<td>2.3</td>
<td>2173.7</td>
<td>2.3</td>
<td>2114.2</td>
</tr>
</tbody>
</table>

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

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

* IPSOS KnowledgePanel Survey, fielded September 3–October 1.
† IPSOS KnowledgePanel 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>
<thead>
<tr>
<th>Percent who say each of the following describes how they feel about current status of COVID-19 vaccination in the U.S.</th>
<th>Age</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-29</td>
<td>30-49</td>
</tr>
<tr>
<td>Optimistic</td>
<td>64%</td>
<td>66%</td>
</tr>
<tr>
<td>Frustrated</td>
<td>48</td>
<td>46</td>
</tr>
<tr>
<td>Confused</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>Satisfied</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Angry</td>
<td>25</td>
<td>20</td>
</tr>
</tbody>
</table>

Kaiser Family Foundation survey reported Jan 22, 2021  
[Link to KFF COVID-19 Vaccine Monitor: January 2021 | KFF](https://files.kff.org/attachment/KFF-COVID-19-Vaccine-Monitor-Table-1)
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

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>60%</td>
</tr>
<tr>
<td>Age 65 and older</td>
<td>58%</td>
</tr>
<tr>
<td>Essential workers</td>
<td>55%</td>
</tr>
</tbody>
</table>

Where they will get a COVID-19 vaccine

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>55%</td>
</tr>
<tr>
<td>Age 65 and older</td>
<td>59%</td>
</tr>
<tr>
<td>Essential workers</td>
<td>44%</td>
</tr>
</tbody>
</table>

Kaiser Family Foundation COVID-19 Vaccine Monitor poll (conducted January 11-18, 2021). KFF - Health Policy Analysis, Polling and Journalism
As of March 28: 72.4% (n=39,588,144 persons) ≥65 years had received 1 or more doses of COVID-19 vaccine.
Percentage of adults with certain disabilities by age group

- Poor Capacity (Any Domain): 83.1%
- Poor Physical Capacity: 76.1%
- Probable Dementia: 36.3%
- Poor Hearing: 34.3%
- Poor Vision: 25.3%

---

Eight Demographic Trends Transforming America’s Older Population – Population Reference Bureau (prb.org)
Download: Future Directions for the Demography of Aging: Proceedings of a Workshop | The National Academies Press (nap.edu)
Limitations in daily activities among adults 65 years and older, National Health and Aging Trends Study 2015

Download: Future Directions for the Demography of Aging: Proceedings of a Workshop | The National Academies Press (nap.edu)
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.

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)

- **Computer ownership**
  - Total persons in households: 93.1%
  - 65 and older: 79.8%
  - 65 to 74: 86.9%
  - 75 to 84: 74.2%
  - 85 and older: 57.5%

- **Internet access**
  - Total persons in households: 88.9%
  - 65 and older: 76.1%
  - 65 to 74: 83.2%
  - 75 to 84: 70.0%
  - 85 and older: 55.1%

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

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:


CDC Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.

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)

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
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

All information in this deck is confidential – property of VillageMD
Home & Community-Based Services


All information in this deck is confidential – property of VillageMD
Technology

Diagnostic

Smart Phone

X-rays

Ultrasound

Labs

Therapeutic

Dialysis

Smart Pump

All information in this deck is confidential – property of VillageMD
## Value of HBPC | Improves Care, Lowers Cost
VA Home-Based Primary Care (2002: 11,334 Patients)

<table>
<thead>
<tr>
<th>Site of Care</th>
<th>Before HBPC</th>
<th>After HBPC</th>
<th>Change ($)</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Home Care</td>
<td>$2,488</td>
<td>$13,588</td>
<td>$11,100</td>
<td>+460%</td>
</tr>
</tbody>
</table>

Better Access, Quality and Cost for Clinically Complex Veterans with Home-Based Primary Care; Edes, et al JAGS 10/14

All information in this deck is confidential – property of VillageMD
## Value of HBPC I Improves Care, Lowers Cost

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

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

**$103,048,728**

*Better Access, Quality and Cost for Clinically Complex Veterans with Home-Based Primary Care; Edes, et al JAGS 10/14*
Value of HBPC: End-of-Life Care

25% of $556B Medicare Spend in Final Year

Place of Death

- 80%
- 70%
- 60%
- 50%
- 40%
- 30%
- 20%
- 10%
- 0%

Home

Hospital

Nursing Home

85%
65%
29%

U.S. Deaths, 2015

Hospitalization in final 90 days of life

ICU in final 30 days

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
Value of HBPC: End-of-Life Care

Medicare Spend in Final Year

- 25% of $556B

Place of Death

- Home: 70%
- Hospital: 20%
- Nursing Home: 10%

U.S. Deaths, 2017
- ICU: 29%
- Hospitalization: 65%

Home Care Physicians (HCP) Northwestern Medicine
- ICU in final 30 days: 5%
- Hospitalization in final 90 days of life: 37%

HCP Deaths 2017-2019

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

Riley, Lubitz; Long-Term Trends in Medicare Payments in the Last Year of Life, Health Services Research, 4/2010
COVID-19 Vaccine in the Home: Making the Invisible Visible
COVID-19 Vaccine in the Home: Logistics
Mass vaccination vs. At Home

- Cold Chain
- Travel time
- Observation time
- Costs/Payment

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Efficacy</th>
<th>Doses</th>
<th>Doses/Vial</th>
<th>Long-Term Storage (F)</th>
<th>Short-Term Storage (F)</th>
<th>After Puncture (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>95%</td>
<td>2, 3-weeks apart</td>
<td>10</td>
<td>-112 to -76</td>
<td>-13 to 5 2 weeks</td>
<td>35-77 up to 6 hours</td>
</tr>
<tr>
<td>Moderna</td>
<td>94.1%</td>
<td>2, 4-weeks apart</td>
<td>10</td>
<td>-25 to -15</td>
<td>36-46 30 days</td>
<td>36-77 up to 6 hours</td>
</tr>
<tr>
<td>J &amp; J-Janssen</td>
<td>72% 86% severe</td>
<td>1</td>
<td>5</td>
<td>36-46</td>
<td>36-46</td>
<td>36-46 up to 6 hours 36-77 up to 2 hours</td>
</tr>
</tbody>
</table>
Ingrid Ulrey
Policy Director
Seattle-King County Health Department

kingcounty.gov
IN-HOME VACCINE DELIVERY
Public Health – Seattle & King County

Ingrid Ulrey
Policy Director
Public Health - Seattle & King County
Ingrid_Ulrey@kingcounty.gov
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

- White: 83.6%
- Asian: 75.4%
- Hispanic: 74.2%
- Black or African American: 69.8%
- Native Hawaiian or Other Pacific Islander: 135.3%
- American Indian or Alaska Native: 90.3%

2019 KC population estimate: 1,200,000
At least one dose documented: 8,500

King County Residents
## MULTI-MODAL DELIVERY STRATEGY

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

**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.
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
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? "

COVID-19 Vaccine Delivery kingcounty.gov/covid
WE GOT THIS 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