

Strategies for Vaccinating People Who Are Homebased

Insights From the Field

According to the federal government, a [homebased](#) individual is one who requires the help of a person or supportive device to leave the home, someone who is advised against leaving the home by a physician, or someone for whom it is extremely taxing to leave the home. Compared to non-homebased adults, homebased people are [more likely](#) to be older, have lower income, and belong to racial minority groups—as well as [live with disabilities, chronic health conditions, and comorbidities](#). Individuals who are homebased therefore tend to be at [increased risk](#) for COVID-19 morbidity and mortality.

Accessing COVID-19 vaccines has been a significant challenge for individuals who have difficulty leaving their homes. Of the approximately two million homebased individuals in the United States, [more than half](#) face at least one barrier to accessing the COVID-19 vaccine. Common barriers include living alone, lacking a social network to assist with scheduling and transportation, and technological challenges. In-home vaccination also presents challenges to health agencies distributing vaccines, such as unique attentiveness to vaccine storage temperatures, handling, and administration.

In collaboration with CDC, ASTHO provided full-time disability and preparedness specialists to 14 jurisdictions to better plan for and respond to the needs of people with disabilities during emergencies. This brief details federal programs supporting in-home vaccination, as well as accounts from three specialists with extensive experience establishing and maintaining state accessibility programs.

National Support for Homebased Individuals

Federal health agencies and organizations have taken steps to improve access to the COVID-19 vaccine for people who are homebased. In [June 2021](#), the Centers for Medicare and Medicaid Services increased payment for in-home vaccination for Medicare beneficiaries to incentivize providers to vaccinate this population. CDC continues to [address](#) other barriers to in-home vaccination, such as storage and handling. The [Disability Information Access Line](#), a collaboration between disability organizations and the National Association of Area Agencies on Aging, is available to assist individuals with disabilities in accessing information about the COVID-19 vaccine. Older adults can also access vaccine information through the [Eldercare Locator](#), a service provided by the U.S. Administration on Aging.

Success Stories and Strategies for In-Home Vaccinations

Delaware: When Debra Young joined Delaware Health and Social Services (DHSS) as a specialist in January 2021, DHSS had already begun plans for its homebased vaccination program. Early on, DHSS, through the Division of Public Health, established a [call center](#) for individuals requiring assistance accessing the vaccine. The Office of Preparedness worked alongside other divisions serving people with disabilities, such as the Division of Services for Aging and Adults with Physical Disabilities, to develop a comprehensive program to vaccinate people who are homebased. These divisions piloted vaccination programs that involved collaboration between the [Delaware Transit Corporation](#), national guardsmen, hospital systems, in-home nursing services, and emergency medical services. The Division of Public

Health established mobile clinics to distribute vaccines to disproportionately impacted communities and other individuals not served by a specific division. Outside of the health agency, faith-based organizations (FBOs), like the [Ecumenical Council for Children and Families](#), have reached out to community partners to access vaccines for in-home use for individuals affiliated with the FBOs.

Mississippi: Beginning in May 2021, Adrienne Williams, the specialist at the Mississippi State Department of Health (MSDH), actively assisted with planning and implementing the state's homebased vaccination program. The program began with the establishment of mobile vaccination units staffed by public health nurses, emergency medical services, and national guard, which intended to bring COVID-19 vaccines to select rural communities and individuals who are homebased. To maximize efficiency, when an in-home vaccine was scheduled, MSDH vaccinated as many individuals in and around the home as possible. MSDH relies on existing partnerships with community-based organizations (CBOs), FBOs, and disability networks to disseminate information and effectively reach individuals who are homebased. People who are homebased can reach out to MSDH for [more information on the program](#) via email or phone hotline.

Missouri: Sara Hart Weir, the specialist at the Missouri Department of Health and Senior Services (DHSS), has been working on Missouri's strategy to vaccinate individuals who cannot leave their homes. DHSS has developed a partnership between the [Area Agencies on Aging](#) (AAA), local public health agencies, and EMS to ensure that people who are homebased can easily access the COVID-19 vaccine. The program and partnerships implemented by the state are supplemental to existing homebased vaccination programs established at the local level. In Missouri, people who are homebased, caregivers, family members, and healthcare providers can register them for a COVID-19 vaccine through AAA or the [Missouri Vaccine Navigator](#). Following registration, AAA contacts individuals to coordinate in-home vaccination. Lists of registered people who are homebased are presented to local health agencies and EMS to schedule and conduct in-home vaccinations.

Key Considerations for In-Home Vaccination Programs

Specialists recommend the following when developing in-home vaccination programs:

- 1. Define the population and their location.** A necessary first step to ensure that vaccination efforts are accurately capturing the population is to develop a harmonized definition of homebased across the state. Additionally, federal resources, such as [HHS emPOWER](#), should be leveraged to identify where people who are homebased are located within the community.
- 2. Lean on existing partnerships.** To reach individuals who are homebased, state and territorial health agencies should collaborate with other state agencies and CBOs. By bringing in FBOs and CBOs, states will have greater success identifying individuals who may not be clearly recognized as requiring in-home vaccination through state-level resources.
- 3. Strive for efficiency.** In-home vaccination demands additional resources, such as time and personnel, compared to other modes of vaccination. States and territories should prioritize getting needles in arms, including offering the vaccine to all individuals present during an in-home visit.
- 4. Ensure two-way, accessible communication.** People who are homebased, their caregivers, and family members should have the ability to contact state or territorial health agencies to request in-home vaccination. For many states, registration pages and hotlines specific to people who are homebased have proven successful in helping schedule vaccine appointments. Additionally, marketing and communication campaigns should prioritize making materials accessible for all.