

NH COVID-19 Vaccination Strategy for Homebound Populations March 3, 2021

New Hampshire is taking a phased approach to vaccine rollout, prioritizing vulnerable populations utilizing the initial allotment of vaccines. All phases of vaccine rollout are outlined in a separate document, the [NH COVID-19 Vaccination Plan](#). Beginning in Phase 1b and continuing in each subsequent phase, individuals over 65 and medically vulnerable individuals are eligible for vaccine. Homebound individuals fit within Phase 1b.

NH's Vaccine Equity Allocation Guidelines identify all persons who are homebound or who have physical barriers to travel to state or other vaccine points of dispensing sites as priority populations to be vaccinated. Data show that certain populations are more vulnerable to severe illness and death from COVID-19. The current system in NH of distributing vaccines will work for most, but not all people. DHHS is increasing vaccine access to these vulnerable populations by addressing physical, language, social and transportation barriers. The purpose of this document is to aid in decision making regarding vaccination of NH's homebound populations. This document is subject to change, as vaccine efficacy and safety data emerge and national guidance evolves. This document provides:

- An overview of NH's homebound populations
- An overview of NH's multi-pronged strategic approach to vaccinating homebound populations

Population Overview

Defining the Homebound Population: According to the NH COVID-19 Vaccination Allocation Guidelines, reasons for being homebound¹ include:

- a) The person's doctor believes that their health or illness could get worse if they leave the home;
- b) The person requires the help of another person and/or medical equipment to leave the home, or find it difficult to leave the home and typically cannot do so.

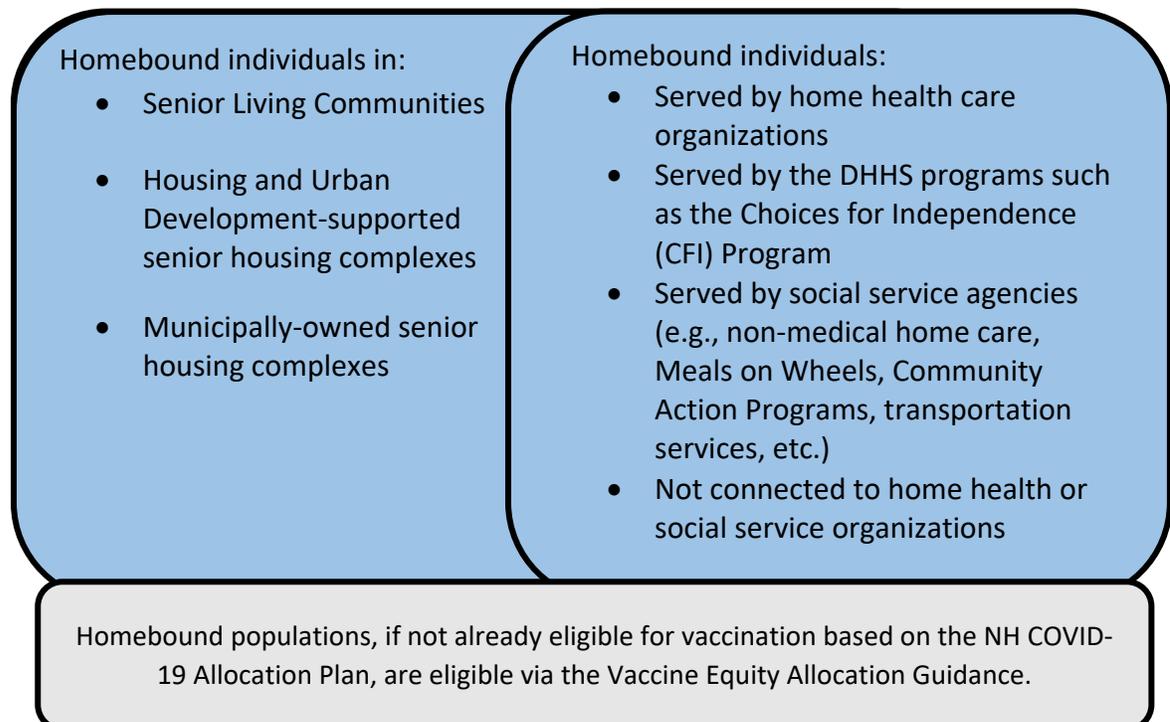
Additionally, physical barriers to travel to the state and other vaccine points of distribution, such as access to transportation that limits one's ability to access vaccine.

¹ Note: Persons who are considered homebound may still leave the home for medical appointments or treatment, for short periods, or for special non-medical events.

Quantifying the Homebound Population: The Homecare, Hospice and Palliative Care Alliance of New Hampshire (“the Alliance”) has provided an estimate of 10,000 individuals who are homebound as described above. The US Census includes a broader range of conditions in their definition of “Independent Living Difficulty” as those individuals who, “because of a physical, mental, or emotional problem, have difficulty doing errands alone such as visiting a doctor’s office or shopping.” In 2019, it was estimated that 5.3% of NH residents (approximately 58,000 individuals) could be classified as having an Independent Living Difficulty (U.S. Census Bureau, 2019). According to the CDC’s Social Vulnerability Index, the percentage of NH households without a vehicle in 2018 ranged from 3.1% (+- 0.4%) in Rockingham County to 7.4% (+/- 1.3%) in Coos County (CDC, 2018). This plan is based on the estimate provided by the Alliance as their members have the most intimate knowledge of this population.

Strategic Approach

In order to identify and reach the greatest number of homebound people as quickly as possible, NH will use a multi-pronged approach to implement the Vaccination Strategy for various Homebound Populations, as shown below.



Regional Public Health Networks (RPHNs), NH's community based public health entities, are working through existing partnerships and contracted agencies to reach homebound individuals in the region they serve. All RPHNs and partner agencies are currently working to vaccinate groups of homebound individuals living in senior living communities, HUD-supported and municipally owned senior housing complexes. Additionally, RPHNs are accepting vaccination referrals for homebound persons from community-based organizations, outpatient practices, EMS, and municipal health officers, with some already providing vaccines through mobile strike teams or existing community partnerships. Ongoing activities will continue to focus on enhancing identification and vaccination of homebound persons.

Identifying the Homebound Population: Three strategies will be used to identify individuals who are homebound:

1. Vulnerable Populations/Homebound Call Center: To support identification of homebound individuals and their caregivers who do not have existing relationships with home health or social service organizations, the Department of Health and Human Services (DHHS) will provide public messaging to increase awareness of the vaccine program for homebound individuals directing these individuals, or others acting on their behalf, to call 211. Beginning March 5, 2021, a selection for homebound individuals and individuals needing transportation will be available when calling the 211 call center. Call Center staff will screen individuals for an in-home visit and collect the individual's demographics. The Covid-19 Coordinating Office (CCO) will provide these referrals to the RPHN serving the region where the individual lives. The RPHN will contact each individual to introduce themselves, provide information about the program, discuss options to be vaccinated and schedule the individual for a vaccination visit. In the event that a transportation barrier exists, or 211 is unable to identify if the patient is eligible for an in-home vaccine appointment, the caller will be transferred to the Homebound Call Center in the CCO. If the caller is able to visit a fixed vaccination site, but needs transportation, a vaccination appointment will be made, and the caller will be connected to a dispatcher who will arrange transportation to the site.

2. Collaboration with Home Health and Human Service Providers: In addition to receiving referrals through the specialized Homebound Call Center, DHHS and RPHNs will collaborate with home health and social service organizations to identify homebound individuals that would like to receive vaccination at home. The Home Care, Hospice and Palliative Care Alliance of NH member agencies will generate lists of their clients and forward to DHHS on a secure File Transfer Protocol (sFTP) site. Agencies that provide client names to DHHS will

receive approval from their clients. These lists will be vetted to ensure that the client has not been contacted for and/or received a vaccination and sorted by public health region. Similarly, DHHS staff will provide to the Homebound program staff lists of clients enrolled in the Choices for Independence (CFI) program and other state programs serving this population, which will be compared against the list from the Alliance members in order to develop a single, comprehensive list for RPHN use. The client lists will be forwarded, with patient approval, to the RPHN's for scheduling of a home vaccination visit. Other local health and human services organizations will also be asked to review current patient censuses and client lists to identify persons who meet the definition of homebound and will contact these individuals to assess interest in receiving the COVID-19 vaccine. After gaining permission, the organization will share this information with the RPHN. RPHN's and their partner agencies will assist individuals who are homebound due solely to a lack of transportation by linking them with transportation services and supports needed to access a state or other vaccination location.

3. Collaboration with municipalities and places of worship: RPHNs will also collaborate with municipalities (e.g., town welfare offices, police departments, EMS/fire departments, health officers) and places of worship to identify homebound individuals who are not connected to health and social service organizations but who may benefit from receiving COVID-19 vaccination at home.

Vaccinating the Homebound Population: RPHN strategies for vaccinating individuals unable to be vaccinated at a fixed state or other site include:

1. Working with DHHS-contracted home health and other organizations to vaccinate people in their home²;
2. Utilizing RPHN-established mobile teams, including Medical Reserve Corps members to vaccinate people in their home;
3. Collaborating with community partners to utilize mobile vans to vaccinate people in their home;
4. Collaborating with municipal EMS and other agencies contracted by DHHS to vaccinate people in their home.

² Note: Select home health agencies will vaccinate their own homebound patients. Home health agencies and other contracted organizations will provide medical direction services.

NH DHHS and the RPHNs will continuously monitor utilization of this program and work with collaborating agencies to ensure that opportunities to be vaccinated are available to all residents who are homebound and wish to be vaccinated.

Supporting Implementation of the NH Vaccination Strategy for Homebound Populations

NH DHHS provides support to the RPHNs and their implementing partners in the form of training, medical direction, technical assistance, and quality control. Training and guidance materials are attached in a separate file, and include:

1. The NH Immunization Program's "Mobile & Alternate Site Vaccine Clinic Training for Mass Vaccination Clinics.
2. COVID-19 Response-Mass Vaccination Clinics. Module 1: Mobile & Alternative Site Vaccine Clinic Training, Attestation of Course Completion
3. Pfizer BioNTech COVID-19 Handling and Administration
4. Moderna COVID-19 Vaccine Storage and Handling Fact Sheet
5. Janssen (Johnson & Johnson) COVID-19 Vaccine Storage and Handling Fact Sheet
6. The NH Immunization Program's COVID-19 Vaccine Transport Satellite, Temporary, or Off-Site Vaccination Clinics Guidance
7. The NH Immunization Program Satellite, Temporary, or Off-site Clinic Guidelines and Checklist
8. The NH Immunization Program's COVID-19 Vaccine Transfer Checklist
9. The NH Immunization Program's COVID-19 Vaccine Cold Chain Incident Report
10. CDC Vaccine Tracking Labels
11. CDC's Vaccine Administration Needle Gauge and Length Guidance
12. CDC's COVID-19 Vaccine Expiration Date Tracking Tool
13. COVID-19 Vaccine Emergency Use Authorization Fact Sheets for Recipients
14. CDC's V-Safe After Vaccination Health Checker Smartphone Tool Fact Sheet
15. NH DHHS' FAQs for NH COVID-19 Vaccination Strategy for Homebound Populations

The following, manufacturer-developed web-based training programs (available through [CDCTrain](#)) are also used:

1. Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know (Web Based) - WB4461
2. Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know (Web Based) WB4464
3. Janssen (Johnson and Johnson) web based information is not yet available but is expected soon.

Technical assistance is provided via standing technical assistance calls with the RPHNs and one-on-one technical assistance available through assigned DPHS Public Health Nurses.

References

Centers for Disease Control and Prevention (CDC)/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program (2018). *CDC Social Vulnerability Index 2018 Database New Hampshire*. Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html.

U.S. Census Bureau. (2019). *Disability characteristics, 2019 American Community Survey 1-year estimates*. Retrieved from <https://data.census.gov/cedsci/table?q=disability%20characteristics&g=0400000US33&tid=ACST1Y2019.S1810&hidePreview=false>