



March 8, 2021

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Teresa D. Miller, Secretary
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Robert Torres, Secretary
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Sent via E-mail: abeam@pa.gov, teresamill@pa.gov, rotorres@pa.gov

Dear Acting Secretary Beam, Secretary Miller, and Secretary Torres,

The undersigned aging and disabilities advocacy organizations are working together to seek solutions to the racial and ethnic disparities which exist in access to and quality of long term services and supports in Pennsylvania. It is imperative that Pennsylvania state government develop coordinated strategies to address long-standing racial, societal, cultural, and institutional inequities that COVID-19 has exposed in long-term care (LTC) Facilities. One particular area of concern relates to vaccine distribution and acceptance by residents and staff in LTC Facilities. While we applaud the successes of the Federal Pharmacy Partnership (FPP) program and Rite Aid partnership, we know that not all residents and staff have been vaccinated in LTC facilities and we fear there are racial disparities in the results of the vaccination effort.

We are writing to offer recommendations concerning actions which we urge the Departments to take - specifically focused on identifying and addressing racial, ethnic and language disparities in the COVID-19 vaccination process in LTC facilities. As discussed in

more detail below, we believe that the state must 1) designate a Vaccine Czar for LTC facilities and Home and Community Based Services, who will serve as point of contact and as accountable coordinator of vaccine distribution, 2) collect meaningful data concerning the results of the vaccination effort; and 3) conduct outreach to those not yet vaccinated.

We address this letter to all three Departments due to the need for a coordinated strategy to address vaccine outreach, education, and widespread distribution to LTC facilities. We urge the Departments to identify a single accountable individual who will be responsible for coordination and oversight of vaccine distribution efforts across the three Departments.

1. Recommendation #1: Designate a LTSS Vaccine Czar for LTC facilities and Home and Community Based Services, who will serve as point of contact and as accountable coordinator of vaccine distribution.

We urge the Departments to identify a single accountable individual who will be responsible for coordination across the three Departments and for ensuring accountability. This person will be the point of contact and will lead the vaccination education, outreach, and distribution efforts. Stakeholders should be engaged with planning and in helping to identify emerging issues for the LTSS Vaccine Czar to troubleshoot and expeditiously resolve. The LTSS Vaccine Czar should also standardize and oversee implementation of protocols for obtaining informed consent for vaccinations and ensuring language access for individuals with Limited English Proficiency. We ask that this person center racial and ethnic equity as they identify and address cross-agency policy and operations on vaccine education, outreach, and distribution. Trusted community agencies need to be engaged to partner with the state to support these efforts. As part of its communication strategy to ensure timely, unified messaging, the office of the LTSS Vaccine Czar should have a toll-free number, contact link, and accessible public website for LTC facility administrators/staff and residents along with HCBS Waiver Program providers/ staff and participants, and families/responsible parties to obtain information. Weekly public reporting to a website dashboard should include transparent information about the LTSS Vaccine Czar's activities. Once the LTSS Vaccine Czar's coordination of the LTSS vaccine distribution is complete, the role can be expanded to address other vulnerable populations such as those who are dually eligible for Medicare and Medicaid. The most recent use of a cross-agency Czar in response to the opioid epidemic provides a highly successful model for the state to replicate.

2. Recommendation #2: Collect meaningful data concerning the results of the vaccination effort for LTC facility residents and staff.

We believe it is imperative that the state collect and maintain racial, ethnic, and language data concerning who among LTC facility residents and staff have received the vaccine, who have not, who declined the vaccine, and the reasons why the vaccine was not received (including but not limited to missed, hospitalized, recently vaccinated with another vaccine, no consent form, refused, lack of medical decision-maker). We understand that data collection is challenging, but would appreciate the opportunity to discuss with you what vaccine and demographic data is being collected and ways that this data could be

captured, including by utilizing all available data sources, including the federal Minimum Data Set (MDS), the Pennsylvania Individualized Assessment (PIA) system, the Client Information System (CIS), the Community HealthChoices Managed Care Organizations' Managed Information Systems, or others, and use this along with data collected from facilities.

3. Recommendation #3: Conduct outreach to those LTC facility residents and staff not yet vaccinated.

We recommend that the Departments implement efforts to vaccinate those not already vaccinated or who may have missed their second dose, including through the use of data to identify those in need of this outreach. To this end, we recommend that the state:

- a. Allocate state funds to continue the Federal Pharmacy Partnership (FPP) program and Rite Aid partnership or develop a plan such as utilizing the existing LTC pharmacy partners for each nursing home to administer vaccines to ensure that new residents and staff are vaccinated in LTC Facilities.
- b. Implement a plan to reach those LTC facility residents and staff who were not vaccinated through the FPP – whether because they were not eligible at time of clinics (due to receipt of another vaccine, antibody treatment, or active COVID infection), whether they were otherwise missed (for example, due to a brief hospital stay), because they refused, or even because they were admitted after the FPP administered the vaccine on-site. We urge the state to:
 - i. Create a protocol for an accountable statewide Vaccine Czar office to triage response to vaccine misses, refusals, and admissions after the FPP or Rite Aid clinics were completed;
 - ii. Require pharmacies, other vaccine distributors, and facilities to report every resident and staff person who misses or refuses, in order to facilitate follow-up efforts;
 - iii. Require facilities to report every resident that is discharged before getting the second dose and every staff person that does not receive a second dose. The state should ensure a plan for second shot receipt;
 - iv. Develop a plan to identify temp agency/home health agency staff as well as staff with multiple jobs to record whether vaccinated and, if not, target for outreach and education.
 - v. Articulate exactly who (state staff or other) is accountable for handling vaccination and education efforts for residents who missed, refused, or were admitted subsequent to the effort;
 - vi. Target diverse, culturally, and linguistically competent outreach and education to staff and residents (as well as residents' designated representatives involved in decision making) who have declined the vaccine;
 - vii. Utilize CHC-MCO service coordinators and LTC facility social workers to inform and educate about vaccine process, inform of the right to refuse, and connect a medical professional to answer vaccine questions.
 - viii. Use LTC facility physicians and pharmacists for nursing facility residents and family physicians and pharmacists for other residents in other LTC settings to

- inform and educate about vaccine and answer medical questions to ensure informed consent;
- ix. Partner with local communities to help educate LTC facility staff and residents' family members about the vaccine;
 - x. Consider deploying diverse, culturally, and linguistically competent, mobile vaccination units to offer vaccination to those in LTC facilities who missed or declined when the FPP or Rite Aid partnership completed the three clinic visits or establish clinics for residents who can travel to a site; and
 - xi. Partner with community groups who have established trust for outreach and planning to address disparities in vaccine acceptance. Research suggests that for individuals who have experienced racism or discrimination within the health care system, it is important to have trusted sources of information to address safety and other concerns.

Along with the Departments, we are dedicated to helping improve the lives of long term care residents and appreciate the dedication you and your staff have shown during this difficult time. We would appreciate the opportunity to meet with your staff in the weeks ahead to further discuss our recommendations. You can reach us by emailing Pamela Walz at pwalz@clsphila.org and/or Diane Menio at menio@carie.org.

Sincerely,

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