

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

December 7, 2020

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Dear Drs. Burke Harris and Pan,

Justice in Aging, on behalf of the undersigned aging and disability advocacy organizations, writes to thank the Administration for your continuing efforts—through the state’s COVID response, the Master Plan for Aging process, and other avenues—to build a state that is committed to valuing the lives of older adults and people with disabilities. We write today to ask that the state maintain its commitment to older adults and people with disabilities in its COVID-19 vaccination allocation and distribution plan.

We are pleased that many aging and disability organizations were named to the state’s Community Vaccine Advisory Committee (CVAC), and we request that the steps laid out below be taken to ensure that the needs of older adults and people with disabilities are prioritized in the vaccine distribution process. With older adults constituting nearly 75% of COVID-19 deaths in California, we urge you to prioritize older adults in the planning and the implementation process.<sup>1</sup> Below we identify four steps we believe are necessary to the overall success of the state’s vaccine rollout and critical in prioritizing the needs of older adults—especially older adults of color—who have been most impacted and are most at risk.

## Define Settings and Prioritize Facilities in Phase 1-A to Protect the Most At-Risk Older Californians

We applaud the state to include residents of congregate settings in Phase 1-A with frontline medical workers as recommended by the CVAC and the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP), and which is also in line with the National Academies of Sciences, Engineering, and Medicine’s (NASEM) framework for equitable allocation.<sup>2</sup>

In doing so, the state must define “congregate settings” broadly. The state has already indicated it will prioritize those most impacted and at risk in its plan, which requires defining congregate settings to include not only skilled nursing facilities but also assisted living facilities, affordable senior housing residences, group homes, mental health residential facilities, and jails and prisons. All workers in these settings should also be included.

Given a recent report from the California Health Care Foundation indicating that disproportionately higher rates of COVID-19 cases occur in nursing facilities with at least 2% of Black residents and 26% of

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Latinx residents, we further recommend the state elevate the priority of these facilities in particular.<sup>3</sup> The vaccine should go first to the settings where there is the highest demonstrated risk.

#### Include High-Risk Older Adults and People with Disabilities in the Community in Phase 1-B

We strongly recommend that the state include high-risk older adults and people with disabilities who reside in the community in Phase 1-B with the state's other essential workers. We encourage the state to define this category as individuals who use home and community-based services (HCBS), including individuals who privately pay for them, many of whom would be in a nursing facility without these vital community supports. If that group is too large, we encourage prioritizing those on Medicaid HCBS. Focusing on HCBS users would operationalize California's draft plan, reflective of ACIP's initial considerations, and be even more specific than NASEM's Phase 1-B recommendation.<sup>2,4</sup>

Older adults have been asked to shelter in place and have given up either partially or entirely many of the necessary services and programs that keep them happy, healthy, and in the community. The longer they languish without appropriate in-person services and supports and while waiting for a vaccine, the more likely they will face institutionalization. California must take all necessary steps to ensure that the pandemic does not result in unnecessary increased institutionalization of the state's older adults.

#### Conduct Outreach to Older Adults and People with Disabilities Recognizing the Intersectionality of Their Lived Experiences

We urge the state to act swiftly to conduct targeted outreach to older adults and people with disabilities that recognizes the intersectionality and historic injustices of their lived experiences. Both ACIP and NASEM list transparency—fostered through public participation or community engagement—as part of their foundational principles.<sup>2,4</sup> Although the CVAC remains an important forum to provide feedback and input on the plan, relying on the committee members themselves to conduct outreach is insufficient.

With shipments of a vaccine arriving as early as mid-December, we recommend the state critically consider the legitimate distrust certain communities of older adults feel toward medical providers or government action as a result of systemic racism or other historic injustice. Efforts to develop an equitable vaccine distribution plan coupled with distrust of the vaccine among older adults of color, who are also high-risk, requires continual targeted outreach to these communities. Recommendations 4 and 5 from NASEM respond to this distrust built from historic medical exploitation and other racial injustices.<sup>2</sup>

Following in other states' footsteps, California could assemble mini-focus groups with older adults to better understand their concerns and work with them to get feedback on outreach and educational materials. At a minimum, materials must be translated in the state's threshold languages, and the state should consider tailored but consistent messaging for certain communities of older adults when shown to be more effective and culturally resonant. Continual engagement with older adults—and particularly older adults of color—will promote not only equity in distribution but also equitable uptake.

#### Prepare to Collect and Release Intersectional Data

California has been a leader in combatting health disparities and championing health equity. We have appreciated efforts to date to release state-level COVID-19 infection, death, and race and equity data. Similarly, as California focuses on vaccination efforts, we request that the state make public the real-

time monitoring of who is getting the vaccine—disaggregated by race, age, disability other protected characteristics—and in what settings. Data should also be presented in an intersectional manner (e.g. race and age, race and setting). This level of data collection will allow the state to more readily address COVID-19 disparities among California’s older adults and other communities. This effort would also be reflective of the CDC’s COVID-19 Response Health Equity Strategy and NASEM’s Recommendation 2 regarding the promotion of equity through monitoring and evaluation.<sup>4,5</sup> Specifically for congregate settings, we urge the state to put in place specific data sharing requirements with CVS and Walgreens, who will be distributing the vaccine in these settings, so that the state has a clear understanding of who within these settings is getting vaccinated.

California undoubtedly faces a challenging winter with respect to the state’s transmission rates and difficult decisions to create a fair and equitable vaccine distribution and allocation plan for all. By prioritizing and committing to the needs of older adults and people with disabilities in the plan, the state is prioritizing the needs of those most impacted and at-risk, dramatically reducing the deaths from COVID-19, and potentially marking a significant victory in the state’s fight against the virus.

Sincerely,



Denny Chan  
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California Advocates for Nursing Home Reform (CANHR)  
California Alliance for Retired Americans (CARA)  
Choice in Aging  
Disability Rights California  
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LeadingAge California  
Lifelong Medical Care

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