

Chair Dexter and Members of the Health Care COVID-19 Subcommittee:

Thank you for the opportunity to share what we are seeing in the community in terms of the rollout of COVID-19 vaccines to older adults 75+.

AGE+ is an Oregon nonprofit dedicated to improving the lives of older adults and their families. We bring decades of expertise in the field of aging, especially housing and services for older adults in rural areas. Another of our imperatives is educating and empowering communities to prepare for our state's changing age structure.

AGE+, along with Mid-Columbia Senior Center (MCSC), North Central Public Health District (NCPHD) and Hood River Public Health Department (HRPHD), have been partnering since late Summer 2020 to connect older adults in Wasco, Sherman, Gilliam and Hood River Counties with prevention information, resources and support related to COVID-19.

As older adults have become eligible for vaccines our attention has been focused on providing a bridge specifically between the local health districts and older adults 75+ now eligible for vaccines. NCPHD invited older adults to sign up for email notifications as they become eligible or call to add their name to a manual call list for those without emails. MCSC & AGE+, utilizing MCSC volunteers, conducted outreach about the phone list option and has begun making phone appointments from the list to older adults when vaccines are available. We have also been regularly communicating with older adult households through large print direct mail campaigns, meals on wheels programs and via trusted faith-based partners.

Our direct experience these past weeks and months illustrates the tremendous challenges older adults 75+ have faced in getting information about, making appointments for, or receiving vaccinations, as well as what is needed to adequately serve this population who have experienced the highest rates of death from the virus.

Here is what we have found:

- Ultimately, due to the limited vaccine supply, only a third of the 75+ age group have actually been vaccinated. Oregon is rated 3rd from the bottom in COVID-19 vaccination rate for seniors, of 31 states with data.
- Decentralization of the vaccine rollout to Local Public Health Departments (LPHDs) has resulted in each district having to develop its own plans across the lifespan and culturally specific communities. This is especially challenging for smaller LPHDs in rural areas.

- LPHDs don't have consistent understandings/lens of aging specific needs or resources. Relationships differ greatly by county with local senior services organizations, and many don't know how to effectively reach, or are prepared to reach, older adults in their community outside of licensed settings, such as nursing facilities.
- There is over-reliance on technology for messaging and scheduling via websites, emails, and texts that leaves out many of our most vulnerable residents in the 75+ age group that are less likely to have access to technology or even an email address. Those in the more rural communities of the state may not even have adequate broadband. And, there is an assumption that older adults have family who will help them figure out the technology.
- LPHDs have very little capacity or resources to develop separate, age-friendly systems, tools, and messaging, or make vaccine appointments via telephone.
 - Example: NCPHD is able to accept phone calls for vaccine sign-ups, and create a non-email waiting list, but not able to place outbound calls to those individuals when they become eligible AND appointments are available. Thanks to the partnership with AGE+ & MCSC this is happening in Wasco County.
 - HRPHD, on the other hand, doesn't have the capacity to accept phone calls for vaccine sign-ups or to create a non-email waiting list for older adults in Hood River County.
- LPHDs must rely on single-site distribution models without the capacity to set up mobile vaccination distribution options for those who cannot travel due to health and mobility limitations, distance, or an absence of transportation options.

To illustrate these points and provide solutions, we offer the following:

1. We must pause the rollout schedule to additional age groups and complete the process for the 75+ population AND congregate care settings such as Adult Foster Homes and senior housing that are far from complete. There simply is not enough supply to meet the demand of the schedule. We hear promising news from the new administration that more doses will be coming available soon, so it should not need to be paused for long. But until that becomes our reality, we are jeopardizing the lives of our most vulnerable, honored citizens.
2. Develop a consistent, Age-Friendly appointment scheduling system that pairs older adults with volunteers to schedule appointments. 211 has struggled to keep up with inbound calls, including long hold times and frequent disconnections. We need an outbound call component. The 75+ age group is the least likely to leverage technology and require the most manual assistance to make an appointment. As more tech savvy older adults (65-70) and the general public become eligible and are allowed to schedule appointments, the 75, 80, and 90+ year olds are already being left behind.
 - Example: NCPHD has 249 people 75+ in just Wasco County who joined the non-email notification list. Last week they released 200 1st dose appointments through electronic email notification. The appointments were gone within an hour. Not one of the 249 persons on the phone list got an appointment.

3. Implement additional distribution models beyond LPHDs and the Federal Pharmacy program that are mobile and take the vaccine TO vulnerable populations. This could be done with nursing students, EMTs, or National Guard, just as a few examples.
4. Leverage trusted community partners with expertise communicating with and working with aging populations. Honestly, we and other advocates for older adults have been offering to help and warning officials about these potential challenges since the beginning of the pandemic; yet virtually none of our suggestions have been acted upon.
5. Review and adjust the current prioritization guidelines. Oregon's prioritization system for the vaccine rollout has been flawed and chaotic from the beginning. It does not follow science, best practices, or the data about which communities are most at risk of death from the virus. It prioritized teachers in a blanket manner, even in districts with no plans to return to the classroom, doesn't incorporate those with underlying health conditions regardless of age and ignores families living in multigenerational households, especially those in communities of color.
6. Finally, we believe this experience must act as a wake-up call to review how ill-prepared we are to handle future incidents affecting large numbers of older Oregonians who are at risk in a time of crisis and disasters.

Thank you again for the opportunity to share our experiences in the field and advocate on behalf of older adults in Oregon.

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