

March 27, 2020

The Honorable Mike Pence
Vice President of the United States
The White House
Washington, DC 20500

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human
Services
Washington, DC 20201

Benjamin S. Carson, Sr., M.D.
Secretary
U.S. Department of Housing and Urban
Development (HUD)
451 7th Street, SW
Washington, DC 20410

Thomas E. Edes, M.D., M.S.
Executive Director, Geriatrics & Extended
Care Operations
Veterans Administration
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Columbia, MO 65203

Dr. Robert Redfield, M.D.
Director
Centers for Disease Control and Prevention
Atlanta, GA 30329

The Honorable Lance Robertson
Administrator and Assistant Secretary for
Aging
Administration for Community Living
Washington, DC 20201

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Baltimore, MD 21244

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
US House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
US Senate
Washington, DC 20510

Dear Vice President Pence, Secretary Azar, Dr. Carson, Dr. Edes, Dr. Redfield, Administrator Robertson, Administrator Verma, Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

We are writing to thank you for your leadership in combating the impact of the COVID-19 pandemic. We have seen how important such federal leadership is in preventing illness, providing appropriate care, and minimizing deaths. With that in mind we respectfully offer specific recommendations to ensure that older Americans' health and well-being are sufficiently addressed during the COVID-19 crisis.

Older adults represent a high-risk group for COVID-19 as they have higher hospitalization and mortality rates than any other population. But current U.S. recommendations for older adults to stay home can have unintended consequences that could worsen their health. While such measures are important to limit disease spread, they can also cause further isolation for the protected residents, exacerbating loneliness that can impact health outcomes, exacerbate stress and mental health challenges, thereby placing further burden on the system and elevating the possibility of illness, injuries, suffering, and deaths from other causes.

Health systems, including hospitals and nursing facilities, public health systems, technology and the aging services sector should collaborate to assess the health and social needs of older adults, offer screenings and relevant tests, and coordinate delivery of care and services. Such multi-sector collaborations should be customized to address the unique needs of each community and leverage the strengths of each sector. Furthermore, it is important to equip frontline healthcare workers caring for these populations with the equipment needed to protect patients and themselves so there is a strong workforce to fight the virus.

We believe there are opportunities for cross-sector collaboration to improve older adult health and well-being. These efforts should be unified and scaled to help hospitals, nursing homes, public health systems, aging services organizations, and home care providers protect the health of seniors. We believe that the federal government can play a central role in providing leadership to such efforts and to expanding them across the nation.

Attached to this letter is a set of recommendations for COVID-19 federal action steps that we believe is timely and will save many lives. To discuss the content of this letter, please contact John Auerbach at jauerbach@tfah.org or 202-223-9870.

We stand ready to collaborate and discuss these ideas at any time.

Sincerely,

Addiction Connections Resource
ADvancing States
African American Health Alliance
Alzheimer's Association and Alzheimer's Impact Movement
American Academy of Home Care Medicine
American Association on Health and Disability
American Bone Health
American College of Emergency Physicians
American College of Surgeons
American Geriatrics Society
American Public Health Association
Association of Schools and Programs of Public Health
Caregivers of New Jersey
Communities for Older Adult Health
Epilepsy Alliance America
The Family Resource Network

Gerontological Society of America
Health Care Systems Research Network
Health Resources in Action
Hogg Foundation for Mental Health
Immunize Nevada
Institute for Healthcare Improvement
The John A. Hartford Foundation
Lakeshore Foundation
LeadingAge
The Los Angeles Trust for Children's Health
Michigan Advocates for Healthy Checkouts
National Association of Area Agencies on Aging
National Association of County and City Health Officials
National Association of Nutrition and Aging Services Programs
National Council on Aging
Prevent Blindness
The New York Academy of Medicine
Trust for America's Health
UsAgainstAlzheimer's
Washington State Department of Health

CC:

The Honorable Susan Collins
The Honorable Bob Casey
The Honorable Lamar Alexander
The Honorable Patty Murray
The Honorable Roy Blunt
The Honorable Frank Pallone, Jr.
The Honorable Greg Walden
The Honorable Rosa DeLauro
The Honorable Tom Cole
The Honorable Lois Frankel
The Honorable Debbie Dingell
The Honorable Gus Bilirakis

Recommendations to Protect the Health of America’s Older Adults During COVID-19

Problem: COVID-19 threatens to overwhelm hospitals, nursing homes, public health, aging services, and home care providers in the United States and elsewhere. Older adults are disproportionately at risk of contracting the virus, being hospitalized and dying from COVID-19. In response, several specialized activities are necessary to ensure their health and well-being. These range from support for primary prevention and social distancing for extended periods of time to screening, monitoring, and caring for older adults with mild to moderate COVID-19 in the home, to inpatient care, to post-acute services in step-down and rehabilitation facilities. Currently, there is no centralized and coordinated way to ensure that the range of needs for this population are being addressed. Funding of hospitals, nursing homes, community support agencies and public health departments is essential, but insufficient. The U.S. must prioritize collaboration among sectors, including the identification and dissemination of evidence-based practices to assess the most vulnerable older adults, limit exposure of older adults and their caregivers to COVID-19, and better care for older adults who are infected.

Solution: The undersigned organizations offer the following recommendations.

Create a National COVID-19 *Resource Center for Older Adults* under the leadership of the Secretary of Health and Human Services composed of senior officials from several agencies across multiple secretariats, including the Administration for Community Living/Administration on Aging, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration and the Department of Housing and Urban Development. The Center should tap the expertise of state, territorial, local and tribal officials and non-governmental experts in its deliberations. The purposes of such a Center would be to:

1. Identify, curate, and disseminate existing promising and proven practices and tools for the care of older adults in their homes and community-based care settings, in hospitals, and in nursing and acute care facilities
 - a. Develop a set of best practices for older adult health and well-being for the COVID-19 response and after, which could include:
 - i. Providing specialized services to overcome the risks associated with social isolation, such as additional resources for home-delivered meals and other nutrition programs to provide not only food but face-to-face interactions.
 - ii. Streamlining and improving access to screening, testing, and health care services and resources and prioritizing venues older adults can reach.
 - iii. Expanding telemedicine options beyond what is currently covered, providing needed technology to execute televisits, and ensuring that they are safe and comprehensive – not focused solely on the risk of coronavirus.
 - iv. Supporting family caregivers who now have additional responsibilities for homebound individuals.

- b. Create and disseminate tools and provide technical assistance to adopt these best practices throughout the nation.
- c. Identify federal resources and mechanisms to assist states and local communities in establishing their own parallel, multi-sector coordination activities to carry out the identified federal best practices.
- d. Develop formal learning networks of practitioners at the hospital, nursing facility, and community levels to rapidly disseminate best practices and ensure implementation of standards, norms, and best practices to reduce morbidity and mortality of older adults affected by COVID-19.

Funding: Activities would be supported by funding made available through the existing and/or future federal COVID-19 response packages, as well as through ongoing sustainable funding.

Membership: Federal officials should develop a mechanism to utilize the expertise that exists at the state and local governmental levels as well as in non-profit organizations. Such a mechanism could involve ad hoc membership in the Center, an advisory committee to the Center or as a contracted entity to administer the functioning of the Center.