

FAIRFAX AREA LONG TERM CARE COORDINATING COUNCIL (LTCCC)

MEETING INFORMATION:

Committee Name:	COVID-19 Impact & Response Committee
Meeting Location:	Held Virtually, due to the COVID-19 Pandemic
Date & Time:	Tuesday, April 6, 2021, 4:00 p.m.
Note Taker:	Ozun Dalaran-McClary and Patricia Rohrer

ATTENDEES:

Carolyn Cukierman, Committee Chair; Debi Alexander, Christine Amorosi, Doug Birnie, Jan Buchanan, Laura Glass, Orlene Grant, Nadia Hoonan, Allegra Joffe Fahringer, Anita Light, Doris Ray, Patricia Rohrer, Chuck Thornton, and Diane Watson.

AGENDA ITEMS ADDRESSED:

Agenda Item	Discussion	Outcome/Action Steps
Call to Order	The meeting was called to order at 4:02 p.m. by Carolyn Cukierman, Committee Chair.	
Motions to Proceed with Electronic Meeting	<p>The COVID-19 Impact and Response Committee of the LTCCC conducted a wholly electronic meeting because the COVID-19 pandemic made it unsafe to physically assemble a quorum in one location or to have the public present. The meeting was held via video and audio using Zoom for computer access and a toll-free telephone number for access via telephone.</p> <p>To assure public access, Carolyn (Committee Chair) asked committee members to state their names and where they were joining the meeting from. The Committee Chair passed the virtual gavel to Assistant Committee Chair, Anita Light, to conduct confirmation of the following motions. The Chair moved that each member's voice was adequately heard by each other committee member, and specifically that each voice was clear, audible, and at an appropriate volume for all other members. The motion was seconded by Dianne Watson.</p> <p>Next, the Chair moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for this committee to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, Freedom of Information Act (FOIA's) usual procedures, which require the physical assembly of the COVID-19 Impact and Response Committee of the LTCCC and the physical presence of the public, cannot be implemented safely or practically. I further move that this committee may conduct this meeting electronically through</p>	<p>The motion carried.</p> <p>The motion carried.</p>

	<p>a dedicated video and audio-conferencing line. The motion was seconded by Doug Birnie.</p> <p>Next, the Chair made a motion that it is required that the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the LTCCC's lawful purposes, duties, and responsibilities. The motion was seconded by Chuck Thornton.</p> <p>The Assistant Committee Chair passed the virtual gavel back to the Committee Chair.</p>	The motion carried.
Approval of Summary Notes from March 16, 2021 Meeting	The summary notes from the March 16, 2021 meeting were reviewed.	The summary notes from the March 16, 2021 meeting were approved as written.
Appointment of new Committee Assistant Chair	Carolyn announced that Anita Light recently agreed to take on the responsibility of Assistant Chair of the committee. She has a background in social work, is retired from American Public Human Resources Association and currently works as a contractor on an IT project that connects child welfare data from one state to another. She is representing The City of Fairfax on LTCCC. Carolyn acknowledged and thanked Christine Amorosi for having fulfilled this role and that she is unable to continue, due to her work schedule.	
Update: COVID-19 High Risk Community Task Force (HRCTF)	<p>Patricia Rohrer provided an update from the Health Department's COVID-9 High Risk Community Task Force (HRCTF) regarding older adults and adults with disabilities and asked if committee members had new suggestions to take to the task force. The County's Director of Epidemiology stated that 75% of the over 65 population in Fairfax County has been vaccinated. Current vaccines administered by the Fairfax County Health Department (Moderna, Pfizer and Johnson & Johnson) provide significant coverage for the current known variants, however, it is possible that booster vaccinations will be needed in time. It is anticipated based on surveys that 15 – 20 percent of the U.S. population will opt not to get vaccinated. Seventy percent of the population being vaccinated may be enough for herd immunity. The Fairfax County Vaccine Equity Strategy continues to be implemented Addressing the Disproportionate Impacts of COVID-19 on Marginalized Communities in Fairfax County. Maps show where highest rates of disease and lowest rates of vaccinations are located, and these are made a priority for equity vaccination clinics. These areas are all informed and vaccinated with the help of trusted community partners that work with Fairfax County Health Department.</p>	<p>Committee members should continue to bring recommendations for the HRCTF, related to older adults and adults with disabilities, to committee meetings and Patricia will relay back to the HRCTF.</p> <p>For general questions or specific scenarios about vaccinations or the pandemic, email Patricia.</p>

Following up on the issues that were raised during previous LTCCC COVID-19 Impact & Response Committee meetings, the committee had asked that information about COVID-19 scams be provided to the public. The following blog that is now on the county's website was provided as well as flyers that can be posted. [Don't Fall Victim to These 6 COVID-19 Scams - Fairfax County Emergency Information \(wpcomstaging.com\)](https://www.fairfaxcounty.gov/emergency-preparedness-response-recovery/communications/communications-2020-09-23) There was a question about whether email blasts were sent to health partners and providers because so they can inform their patients about vaccine eligibility. The Health Department has already been sending a series of health alerts to health providers, and there is a specific point person who makes sure updated information gets disseminated to them. Regarding how Inova informs people of their second vaccination, this issue has been investigated and confirmed that Inova sends a reminder email to schedule the second doses, but it is encouraged that people proactively log into MyChart and schedule their second dose. Regarding the issue of shortening time for vaccine cancellations online, the response was that wait times when calling has been significantly reduced on a consistent basis, so a person calling to cancel when less than four hours should not result in wait time, or only a very short one. Allegra Joffe-Fahringer added that her experience still finds wait times of up to 60 minutes to call and cancel an appointment, when cancelling in less than four hours, because the calls need to be transferred to people who can perform cancellations. This additional feedback will be taken back to the HRCTF. Patricia next asked for new issues to take back to the HRCT. Chuck Thornton had emailed Patricia since the last committee meeting about that when he received his second vaccine at Inova's Schlar Center (Inova was vaccinating from the County's registration list that day), there was a line of hundreds of people inside and outside and that the parking lot was packed with people driving around to find a space. It took two hours from his appointment time to get out. Feedback was provided to Inova about this, and Chuck suggested that resources may not be properly disseminated. Patricia noted that the County does not provide staffing at Inova and that his concern has been taken back to Inova. Anita Light mentioned that she had a different, positive experience for both shots at Inova. Allegra Joffe-Fahringer asked if the county can expand their definition of those eligible for a homebound vaccination. Patricia clarified that the county's definition may be narrower than the homebound definition for other services. She added that if transportation is needed it will be provided, including wheelchair transit. Chuck Thornton asked if home health caregivers are required to get vaccines? Patricia said that, legally, no one can be forced to get a vaccine. Orlene Grant noted that some long term care facilities make vaccination a prerequisite for

	<p>hiring but if you cannot get one and get hired you cannot be forced afterwards. Carolyn Cukierman said that the vaccine phone number is still not prominently displayed on the county's website (hidden.) Patricia will follow up again about this request.</p>	
<p>Think Tank Challenge – Complete the Proposal</p>	<p>Carolyn shared that there are seven questions on the Think Tank challenge application to be answered. Assignments to committee members were returned and Carolyn combined the answers on a single document. One of the problems faced was it is not easy to put it in tank challenge guidelines. Carolyn presented three options: 1) Friend Mobile, 2) Information Campaign or 3) not submit a proposal. The challenge focuses on social isolation among older adults and adults with disability because of COVID-19, with an emphasis on those who do not have access to, or a desire to use, technology to take advantage of offerings that alleviate isolation. The two categories to submit under are: 1) Design a strategy or program that will help address social isolation for older adults and people with disabilities who have little or no technology, and 2) Create a technical assistance toolkit addressing older adult social isolation during COVID-19. The areas of judgement and merit are: 1) minimize need for coaching, 2) simplicity of design and use 3) specifically addresses the challenge selected 4) demonstrating an understanding of challenges for older adults and adults with disability. Questions to be answered are: 1) Describe the project in 50 words or less. What is the project's purpose and function? 2) What is your target audience? 3) How has your product been designed for usability and accessibility? What makes it easy to use, usable by many people including those with limitations. Product usability and accessibility are important.</p> <p>Carolyn used two possibilities from ideas presented by the committee as possibilities to consider for the Think Tank: 1) SOS toolkit – Save Our Seniors Toolkit: This project is a delivery and receipt system between trained volunteers and isolated persons. Volunteers make contact, then deliver a box with multi-colored grip cards to isolated persons. The color-coded cards contain activities to be engaged in to be less isolated (such as make friends on the phone), information on how to do the activities and contact numbers. The target audience is older adults and adults with disabilities. The main benefit of the SOS toolkit is that it brings the volunteer face-to-face to the isolated person to encourage social interactions. The SOS toolkit is designed to be a tactile, accessible package written in large print and simple language for older adults and adults with disabilities. Volunteers will aid in communicating to those who are need assistance. Doris Ray mentioned that print material be formatted for alternative</p>	<p>The committee decided to move forward with the Friend Mobile project. Carolyn Cukierman and Chuck Thornton will further edit the document, with ideas contributed during the meeting, and finalize for submission by April 18, 2121.</p>

formats using the Library of Congress standards for large print, and include audio, or the braille alphabet. Carolyn asked the committee to consider how they envision this project would be funded. The last part of the design is to train volunteers to use and disseminate information. Orlene Grant asked how the project would find people to reach out to and how they can use without internet. Under item action plans it is mentioned that there will be trainings set up for users and target audience. Doris Ray asked who will be doing all the action points listed. Carolyn said that other LTCCC committees could consider assisting and that this Committee will encourage LTCCC organizations, neighborhood associations, and other groups to initiate a pilot SOS program and disseminate toolkits. She added that organizations can test the toolkit with their members and their target audiences. Chuck Thornton noted that the product and the project needs to be simple and should not require so much training. Doris Ray asked if this is something to be delivered to people with sensory disabilities and hearing impairments. She said that for their protection, some prefer not to answer their door if a door-to-door approach is used. There was general committee consensus that this idea's financing was not clear and that it would require a lot of part partnerships and coordination.

The second project possibility that Carolyn shared from committee submissions is 2) a Friend Mobile. Potentially using the county's CareVan concept to meet the needs of the older adults and disabilities populations by "meeting them where they live," this project would reach these populations on a rotating schedule, bringing information, entertainment, food, companionship, healthcare, and more to where they live. The Friend Mobile could host outdoor performances and provide personally delivered programs, activities, entertainment, and access to information. The function of the Friend Mobile is to encourage engagement for many people in their homes. Intergenerational volunteers are suggested. Partnerships could include organizations such as AARP. It could accommodate any type of neighborhood or building, could utilize outdoor parking areas or sides of streets, and can be designed to meet accessibility standards. A partnership with the county's CareVan could be a starting point. It was agreed to begin as a pilot. Several committee members noted that the Friend Mobile project proposal is a happier project, a more unique idea and may be easier to implement with help of other partners and committees. Data from meals-on-wheels volunteers could help identify isolated older adults to begin taking the program. Committee members voted to go with the Friend Mobile project. The committee next provided input and edits and it was agreed that Chuck Thornton and Carolyn Cukierman

	will take the information already submitted and from today's meeting to complete and submit the application.	
Future Committee Work	See Outcome/Action Column for specific actions and assignments for committee work. 1) Review LTCCC member survey results to determine if results warrant more additions to the Committee Action Plan. 2) Continue to implement the Committee Action Plan and identify new actions.	
Adjournment	The meeting was adjourned at 5:59 p.m.	

Next Committee Meeting Date: Tuesday, April 27, 2021, 4:00 – 6:00 p.m., to be held virtually due to the COVID-19 pandemic.