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Fairfax Area Long Term Care Coordinating Council (LTCCC) and No Wrong Door Advisory Committee Meeting

Committee Name:	Long Term Care Coordinating Council
Meeting Location:	Held Virtually, due to the COVID-19 Pandemic
Date & Time:	January 13, 2021, 7:00 p.m.
Notes-taker:	Jennifer Disano

ATTENDEES:

LTCCC Members Present: Steve Morrison-Chair, Tom Bash, Doug Birnie, Jan Buchanan, Melanie Bush, Sharon Canner, Carolyn Cukierman, Tisha Deeghan, Jennifer Disano, Carol Edelstein, Nancy Fiedelman, Allegra Joffe Fahringer, Orlene Grant, Megumi Inoue, Dorothy Keenan, Anita Light, Rose Mario, Terence McCormally, Robin McGlothlin, Courtney Nuzzo, Cheryl Rodakowski, Bob Sargeant, Judy Seiff, Chuck Thornton, Diane Watson, Ron Wiersma, Pat Williams and Marie Woodard.

LTCCC Members Absent: May Al-Barzinji, Christine Amorosi, Phil Beauchene, Matrona Busch, Renuka Chander, Chip Cagle, Christi Clark, Cathy Cole, Lyn Crawford, Ken Crum, Janelle Ellis, Rikki Epstein, Sonia Gow, Denise Hyater, Suheir Kafri, Heisung Lee, Susan LeFande, Mary Jayne Panek, April Pinch-Keeler, Elana Plotnick, Ayeshia Quainoo-Tefera, Aaron Rebuck, Nancy Scott, Joan Thomas, Michael Toobin, and Linda Watkins.

Guests: Chris Leonard, Incoming Deputy County Executive for Human Services

Staff: Sharon Arndt, Laura Nichols, Patricia Rohrer, Dr. Ben Schwartz and Tara Turner.

AGENDA ITEMS ADDRESSED:

1. **Call to Order** - LTCCC Chairman, Steve Morrison, called the meeting to order at 7:00 p.m.
2. **Motions to Proceed with Electronic Meeting** - 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.

To assure public access, LTCCC Chairman, Steve Morrison, asked LTCCC members to state their names and where they were joining the meeting from. The Chairman passed the virtual gavel to Vice-Chair, Rose Mario. The Chairman 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 Chuck Thornton. The motion carried.

Next the Chairman 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 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 a dedicated video and audio conferencing line. The motion was seconded by Diane Watson. The motion carried.

Next the Chairman 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 Judy Seiff. The motion carried. The Vice-Chair passed the virtual gavel back to the Chairman.

3. **Thank you to Tisha Deeghan, Retiring HHS Deputy County Executive and introduction of Chris Leonard, Incoming HHS Deputy County Executive** – Chairman Steve Morrison acknowledged and thanked Tisha Deeghan for her support of the LTCCC's work, for participating in LTCCC meetings, for providing annual budget and other updates to the LTCCC, and for constant support of older adults and adults with disabilities. He added that she has been available to the LTCCC and was open to our input. He wished her well and hopes she enjoys her new life and said that we will miss her. Tisha commended the council for the work done in support of adults with disabilities and older adults. She shared that she is excited to enter into her retirement and thrilled that Chris Leonard is her replacement. Tisha introduced Chris and he stated his appreciation for the Council and the strategic visioning work done in service of the community. Steve welcomed Chris on behalf of the council.
4. **Vote to approve Meeting Notes from July 29, 2020 Meeting** – A motion to approve the meeting notes for the last LTCCC meeting, held on July 29, 2020 was made by Sharon Canner and seconded by Nancy Fiedelman. Motion passed.
5. **COVID-19 Update** – Dr. Ben Schwartz, Director of Epidemiology of the Fairfax Health District begin by sharing a PowerPoint presentation on the COVID-19 impacts and vaccination rollout. In Fairfax 58% of deaths occurred in long term care facilities (LTCF) residents and 72% of deaths in persons 70+ years old. There is a greater risk of death and lower median age among Hispanic and African American populations. Numbers are not necessarily the whole picture of what people are experiencing with difficulties related to COVID-19. Since October, cases have increased due to mitigation fatigue, family gatherings and more time indoors. The real key to ending the pandemic is immunity. For COVID-19, "herd" or "community immunity" is likely to occur when 60-70% of the population has become immune. There are two ways to become immune: to get COVID-19 disease with all the risks associated with disease and the chance of spreading infection to others, or to get the COVID-19 vaccine.

Due to misinformation and fear, some individuals in our community have expressed trepidation to acquire the vaccine. As vaccine is being rolled out in Fairfax County and across the country, it is important to share information that can help people better understand the vaccines, how they work, and what the studies showed about their safety and effectiveness, so that people can make the best decisions about vaccination for themselves, their families and their communities.

In mid-December, two vaccines produced by Pfizer and Moderna, using mRNA technology were authorized by the Federal Drug Administration (FDA) and recommended by the Centers for Disease Control (CDC). Before that authorization, each vaccine was studied in trials with over 30,000 volunteers. Following the studies, independent scientists reviewed all the study data and made a recommendation to FDA to authorize the vaccines. Throughout vaccine development and testing, the same process was used for COVID-19 vaccines as all other vaccines and no corners were cut.

The vaccine includes messenger RNA which is genetic material that provides instructions on making the coronavirus spike protein which is found on the surface of the virus. The mRNA is packaged in a lipid particle and once the vaccine is injected in our bodies, the particles deliver the instructions to our cells. Once inside our cells, those mRNA instructions cause our cells to produce the protein which is displayed on the surface of the cell and stimulates our body to produce an immune response, making antibodies that will protect us from infection.

In these vaccines, mRNA technology has been studied for more than a decade, so when COVID-19 was first identified, companies had a lot of experience with this technology, and it was ready to apply to the virus. In addition, because the federal government provided significant money to vaccine manufacturers, they were able to work more efficiently than when it is their own money at risk, for example developing the manufacturing capacity while the clinical studies still were ongoing. The vaccine prevents disease and additionally lessens the effects of the virus. Overall, both vaccination studies offered effectiveness across all individuals regardless of race, ethnicity or age (no studies with pregnant women and some severe health conditions). Site of injection discomfort may occur, but most individuals report that such reactions resolve in a few days. Anaphylaxis is low risk with this vaccine. No other serious side effects are currently reported but as the vaccine is administered more widely, more may be learned.

Rollout

The vaccination is targeted to balance two goals: preventing serious illness and death, and preserving societal functioning. Vaccinations will go to healthcare personnel, frontline essential workers and other essential workers, long-term care facility residents (1a), persons 75 years and older (1b), and person 65-74 (1c)

For Fairfax County's population 75+ years old: 64,478 (5.6%) will receive the vaccine at the Government Center (Sa, T, W, Th) and Health Department Clinics (T, W, Th, F). Registration is available online and through the call center. One caregiver is allowed to accompany people who need assistance. Mobility accommodations are being explored.

Issues

Initially, phone in registration for vaccination appointment requests became overwhelmed so, more staff has been added to handle the volume. Other registration options are now available online. The system is getting better, and service has improved.

There was a question and answer time, following Dr. Schwartz's remarks providing answers to questions that were submitted prior to the meeting. A summary of answers is as follows:

- People with immunosuppressed conditions can be vaccinated.
- Talk to your health care provide to determine if you have a contraindication for allergy to the vaccine.
- What determines non-profit staff for vaccine priority? Currently, nothing explicitly defines that non-profit staff would qualify for prioritization.
- Due to the limited supply of the vaccine, only qualified candidates will be administered the vaccine. This excluded family members of eligible candidates.
- Vaccine doses received are not stockpiled. All doses are administered as quickly as possible.
- Vaccination phasing moves forward under guidance from state and county officials.
- Registration is required for vaccination by the county. As more vaccine becomes available more venues and distribution sites will become available.

- The county is working with a variety of publications and media outlets to reach individuals that may not have the capacity to go online or have other communications limitations.
- The vaccine is 86% effective to prevent COVID-19 disease. However, mitigation and precautions should continue to avoid asymptomatic transmission.
- Studies are ongoing to learn more about transmission following vaccination.
- There is no aluminum and no thimerosal (which contains mercury) in the vaccine ingredients.
- Individuals that have had COVID-19 are eligible for the vaccination.

6. **Committee Report**

COVID-19 Impact & Response Committee – Committee Chair, Carolyn Cukierman, provided an update on the committee’s work. She reported on the committee’s areas of focus (wellness, equal access/equity and organizational operations) and that they gathered observations and recommendations to respond to the “new normal” created by the pandemic. LTCCC members participated in a survey with the following key finding: that communication and social isolation for older adults and adults with disabilities are top concerns, during the pandemic. A handout was provided with a longer summary of the survey findings (see attached.) The committee’s Action Plan includes expanding programs that reduce social isolation for older adults and adults with disabilities in the Fairfax area. To assist with this, Carolyn asked LTCCC members to share what their organization (or they) have been doing to alleviate social isolation for older adults and adults with disabilities during the pandemic; and invited LTCCC member organizations to consider partnering with other LTCCC organizations to increase capacity of these programs. LTCCC staff support, Patricia Rohrer, will send an email about this and gather responses. Committee member, Orlene Grant, thanked the committee and encouraged collaboration among LTCCC members and other organizations for a collective impact response. Ron Wiersma mentioned that Zoom technology has helped with social isolation. Carolyn responded saying that the committee is also focusing on a subset of older adults and adults with disabilities who do not have access to (or prefer not to use) electronic methods of connecting and communication.

7. **No Wrong Door Report (NWD)**

Ombudsman Program Activity During COVID-19 – Laura Nichols, Northern Virginia Long Term Care Ombudsman Program Director shared that since mid-March 2020, all advocacy and investigations shifted to being done remotely due to restrictions in facilities. Ombudsman outreach efforts to residents included: distributing laminated cards with program information and contact information to all residents; producing a video on Resident’s Rights for distribution to residents and facility staff; and coordination of volunteers in the Fairfax Area Agency on Aging to become “friendly callers” to isolated residents. Outreach and consultation to facility staff included: compiling a list of COVID-19 allowable activities; sharing funding opportunities for devices for residents to talk with their family/friends; providing infection control training opportunities and information about absentee voting. Ombudsman staff also attended trainings to keep up-to-date on COVID-19 related information for long-term care. The program continues to research and plan ways to work with residents in an infection controlled environment. COVID-19 related intake calls and emails peaked in the March to June time frame and slowed down until a new smaller spike in September. Specific concerns raised included the following issues: issues:

- Restrictions on visitation by family and friends
- Transparency from the facility about positive cases
- Testing for COVID-19
- Personal protective equipment (PPE)
- Resident isolation and loneliness

- Vaccinations

Board of Supervisors COVID-19 Response Plan for Older Adults – Tara Turner, Director, Fairfax County Area Agency on Aging shared the BOS COVID-19 Response Plan for Older Adults. With the help of stakeholders, focus groups met virtually to identify several key issues: social isolation, technology access/knowledge, and wellness/mental health. The group provided several short-term initiatives including work with the Alzheimer’s Association for Healthy Brain and Body Program, which was adapted for social isolation. Holidays guidance for staying well and safe was created by the Fairfax County Health Department and Channel 16 aired a registered dietitian TV spot for cooking a holiday meal. Service Source’s technology grant program is working to get technology into the hands of older adults and individuals with disabilities. In addition, a “Think Tank” challenge is now available to address the needs of socially isolated older adults. She said to expect another mental health first aid course for older adults training from the Community Services Board (CSB) in first quarter 2021. Finally, targeted outreach efforts are ongoing from the health department to inform older adults of high risk activities.

8. **Adjournment** - Steve Morrison moved to adjourn the meeting. Seconded by Jennifer Disano. Motion carried. The meeting adjourned at 9:00 p.m.

Next LTCCC Meeting – TBD.