AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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March 11, 2022

Dawn O'Connell
Assistant Secretary for Preparedness and Response
Office of the Assistant Secretary for Preparedness and Response
Department of Health and Human Services
200 Independence Avenue
Washington, DC 20201

Re: 2023-2026 National Health Security Strategy Public Comment

Dear Ms. O'Connell:

The American Geriatrics Society (AGS) greatly appreciates the opportunity to comment and help inform the development of the 2023-2026 National Health Security Strategy. The AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician assistants, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. The AGS believes in a just society – one where we all are supported by and able to contribute to communities and where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. The AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

As the healthcare providers for older adults, particularly with multiple chronic and complex conditions, the AGS believes it is crucial to proactively plan and prepare for potential national health security threats, how to address the challenges, and promising practices to ensure the protection of the health and safety of all Americans. The COVID-19 public health emergency (PHE) underscored the gaps in our current healthcare system, and it is critically important to transform our health systems to ensure that we are prepared to identify and respond to the care needs for the whole of our population in an inclusive and equitable manner. Accordingly, the AGS respectfully submits the following recommendations for your consideration:

Challenges Warranting Increased Attention

Advancing Health Equity. The AGS believes that health equity and the consideration of marginalized populations should be included in every discussion related to planning for any future pandemics, PHEs, and disasters. The COVID-19 pandemic significantly exacerbated existing gaps in expertise and systemic weaknesses in the public health infrastructure and health care service delivery for older Americans and particularly older Americans of color. One critical area of focus should be to invest in solutions that address the health, social, and economic disparities that contributed to people of color being among the

hardest hit by COVID-19. The COVID-19 PHE highlighted the barriers in our nation's planning specific to older adults and communities of color which—as in natural disasters like Hurricane Katrina—resulted in the pandemic having a disproportionate impact on older adults, particularly older adults of color, and those living in nursing homes and other long-term care facilities. It is critically important to review and revise PHE and disaster guidance related to these populations and provide guidance for state and local planning for the next national health threat.

Older Adult Subpopulations. Older adults and nursing home and long-term care residents have been at substantially higher risk for serious complications and death due to COVID-19 compared with other population groups.[1,2] Further, older adults living with Alzheimer's disease (AD) and other dementias are at increased risk for severe consequences from infection, including death, than older adults without AD and other dementias,[3] while individuals with AD and other dementias in long-term care facilities are at increased risk of worsening mental health and behavioral disturbances due to isolation.[4] The AGS believes that subgroups of older adults should be considered during the planning and recovery process for natural health security threats.

Abuse, Neglect, Exploitation. Based on prior public health crises, the World Health Organization and United Nations cautioned about the increased risk of abuse and neglect of older people during the COVID-19 PHE.[5] There was a substantial surge in abuse of older adults during the COVID-19 PHE compared to the existing prevalence estimates prior to the PHE. In both community and institution settings, the prevalence of any type of abuse reported among older adults during the PHE increased by 83.6 percent, physical abuse by 237.5 percent, and financial abuse by 114.3 percent, which are considered conservative prevalence levels.[6] We urge focused attention to ensure detection and mitigation of abuse, neglect, and exploitation of older adults.

Mental Health. Physical distancing measures to reduce transmission of COVID-19 exacerbated the existent higher risk of social isolation and loneliness for older adults relative to younger adults[7] and significantly impacted the mental well-being and delivery of care to older adults.[8] Due to the challenges older adults often face in using technology, the sporadic failure of technology, and limitations in access

[1] Centers for Disease Control and Prevention. COVID-19 Risks and Vaccine Information for Older Adults. Updated August 2, 2021. Accessed March 7, 2022. https://www.cdc.gov/aging/covid19/covid19-older-adults.html.
[2] Centers for Disease Control and Prevention. People Who Live in a Nursing Home or Long-Term Care Facility. Updated September 11, 2020. Accessed March 7, 2022. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-in-nursing-homes.html.
[3] Atkins JL, et al. Preexisting Comorbidities Predicting COVID-19 and Mortality in the UK Biobank Community Cohort. *J Gerontol A Biol Sci Med Sci*. 2020;75(11):2224-2230. doi:10.1093/Gerona/glaa183
[4] Manca R, Demarco M, Venneri A. The Impact of COVID-19 Infection and Enforced Prolonged Social Isolation on Neuropsychiatric Symptoms in Older Adults With and Without Dementia: a Review. *Front Psychiatry*. 2020;11:1986. doi:10.3389/fpsyt.2020.585540
[5] United Nations. 2020 World Elder Abuse Awareness Day: The Impact of COVID-19 on Violence, Abuse, and Neglect of Older Persons. Published June 8, 2020. Accessed March 7, 2022. https://www.un.org/development/desa/ageing/news/2020/06/weaad-2/.
[6] Chang E, Levy BR. High Prevalence of Elder Abuse During the COVID-19 Pandemic: Risk and Resilience Factors. *Am J Geriatr Psychiatry*. 2021;29(11):1152-1159. doi:10.1016/j.jagp.2021.01.007
[7] Courtin E, Knapp M. Social Isolation, Loneliness and Health in Old Age: A Scoping Review. *Health & Social Care in the Community*. 2017;25(3):799-812. doi:10.1111/hsc.12311
[8] Morrow-Howell N, Galucia N, Swinford E. Recovering from the COVID-19 Pandemic: A Focus on Older Adults. *Journal or Aging & Social Policy*. 2020;32(4-5):526-535. doi:10.1080/08959420.2020.1759758

to the technology, communication and social engagement is particularly challenging.[9] Considering the adverse health impacts of social isolation—equivalent to smoking 15 cigarettes per day[10]—and urgent need to address the impacts on social and physical isolation due to the PHE, particularly for older adults, the AGS believes preparing for and responding to mental health needs warrants increased attention.

Medium- and Long-Term Actions to Mitigate Challenges

To enhance our nation's readiness to respond to future national health security threats, we strongly recommend:

- Identifying inequities and investing in solutions to prioritize the populations experiencing health, social, and economic disparities. For example, investments are needed in Federally Qualified Health Centers so that they are equipped to provide care via telehealth during both times of pandemic and normal times. In *Opportunities for Medicaid To Address Health Disparities*, Shilipa Patel and Tricia McGinnis have outlined a number of recommendations for how Medicaid agencies may develop a plan that would reduce the health disparities that contributed to the disparate impact of COVID-19 on communities of color.[11] In addition to the previously mentioned populations, we encourage considering older adults who are "unbefriended" (older adults without advocates and lack the capacity to make medical treatment decisions). Due to social isolation protocols, there is now a subgroup of the "unbefriended" who are different from the typical group in that they enjoy the support of loved ones and caregivers at home.[12] It will be crucial to ensure these populations do not lose their voice in hospitals and clinics due to isolation.[12] The AGS supports a legal system that is better equipped with approaches to guardianship that are more effective and efficient involving partnerships with community agencies. We also recommend the prioritization of physical presence of advocates at the bedside of older adults who lack medical decision-making capacity to reduce the incidence of older adults becoming "unbefriended."

- Establishing and funding an Interagency Task Force that is led by career scientists and public health experts. This Task Force should be charged with developing a coordinated response to any future pandemic—such as estimating the tests, treatments, and vaccines needed—and ensuring that the nation has a plan in place that allows us to address the threat rapidly and effectively, including increasing available testing and beginning needed research that leads to vaccines, treatments, and cures, when applicable. Such a Task Force should be asked to make recommendations as to the agencies to involve and leadership needed in the event of a future pandemic so that we can implement a response that is coordinated across federal agencies, incorporates the lessons we learned from COVID-19 and other health security threats, and that has state and local government participation.

[9] Gorenko JA, Moran C, Flynn M, Dobson K, Konnert C. Social Isolation and Psychological Distress Among Older Adults Related to COVID-19: A Narrative Review of Remotely Delivered Interventions and Recommendations. *J Appl Gerontol*. 2021;40(1):3-13. doi:10.1177/0733464820958550

[10] Holt-Lunstad J, Smith TB, Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. *Plos Medicine.* 2010;7(7):31000316. doi:10.1371/journal.pmed.1000316

[11] Patel S, McGinnis T. Inequities Amplified by COVID-19: Opportunities for Medicaid to Address Health Disparities. Published May 29, 2020. Accessed March 7, 2022. https://www.healthaffairs.org/do/10.1377/hblog20200527.351311/full/.

[12] Major AB, Naik AD, Farrell TW. Finding a Voice for the Accidentally Unbefriended. *JAMA Intern Med.* 2021;181(9):1159-1160. doi:10.1001/jamainternmed.2021.2956

- Equipping long-term care facilities to support the planning, preparation, response, and recovery in the event of national health security threat. A consideration for facilities in areas prone to hurricanes, earthquakes, and the effects of climate change is support for conducting evacuation planning. The AGS encourages implementing measures to ensure that nursing home residents have access to telephones and internet services so they can have "tele-visitation," including access to TTY and TDD services, with loved ones when in-person visits are not possible. Efforts to ensure successful tele-visitation must also include facility access to devices and broadband internet as well as available and trained staff to assist residents that would like to connect to a loved one via audio-video communications.

- Strategies allowing families, surrogates, and other caregivers to visit their older loved ones. This is particularly important for older adults living with AD and other dementias and those who are at the end of life. Such planning will need to include attention to protect visitors, patients, and healthcare workers. During the COVID-19 crisis, essential health care workers working in nursing homes, home health, assisted living, and other congregate living settings were not provided with adequate Personal Protective Equipment (PPE), nor was testing prioritized for these settings. One outcome was that older Americans residing in nursing homes and other congregate living facilities were especially hard hit by COVID-19, accounting for nearly 50 percent of all deaths.[13]

- Establishing permanent committees in health systems to engage with state regulators and develop plans for responding to future national health security threats. Such committees should be permanent to provide for institutional memory and be able to evolve plans over time as each pandemic and disaster will bring new learnings and recommendations for change.

- Disseminating information on emergency/disaster preparedness. The AGS recommends that older adults, their loved ones, and/or caregivers be provided with tailored, easy-to-access information and guidance on how to develop customized emergency plans that is informed by volunteers who are representative of older people and recruited and involved in training material development and implementation.[14]

Opportunities and Promising Practices

There are several public health and medical preparedness, response, and recovery opportunities and promising practices to capitalize on to ensure we are addressing national health security threats in a timely, effective, and equitable manner. The AGS urges the consideration of the following:

- Addressing the entirety of a health system given the variety and number of settings in which systems deliver care. For the past decade, as we have slowly worked to move away from fee-for-service to value-based payment, health systems have become more complex and are delivering care across a variety of settings, ranging from acute care hospitals to individuals' homes. We believe that the health system should reflect the new reality of how care is delivered. In

[13] Chidambaram P. Over 200,000 Residents and Staff in Long-Term Care Facilities Have Died From COVID-19. Published February 3, 2022. Accessed March 7, 2022. https://www.kff.org/policy-watch/over-200000-residents-and-staff-in-long-term-care-facilities-have-died-from-covid-19/.

[14] American Red Cross and American Academy of Nursing. Closing the Gaps: Advancing Disaster Preparedness, Response and Recovery for Older Adults. Published January 23, 2020. Accessed March 7, 2022. https://www.redcross.org/content/dam/redcross/training-services/scientific-advisory-council/253901-03%20BRCR-Older%20Adults%20Whitepaper%20FINAL%201.23.2020.pdf.

particular, it will be crucial to ensure the health and safety of the American public and address what is needed across all settings of care—including but not limited to—acute care hospitals, post-acute, long-term care, health professional offices and clinics, and other care settings that are typically part of a healthcare system, such as urgent care clinics.

- Promoting expanded home-based primary care services. The Home-Based Primary Care (HBPC) Model is a healthcare service provided to veterans with complex healthcare needs and for whom routine clinic-based care is not effective. Under this model, a Department of Veterans Affairs (VA) physician supervises the healthcare team that provides skilled services, case management, and assistance with activities of daily living (e.g., bathing, dressing, fixing meals, taking medicines). This program is also for veterans who are isolated or when their caregiver is experiencing burden. HBPC has been adopted outside the VA as well to deliver longitudinal primary care in the home to those without access to traditional primary care. HBPC practices adapted to challenges imposed by the COVID-19 pandemic to help patients maintain access to health-related services and prevent stays in medical and congregate settings. Some HBPC practices were recognized by health system leaders in its role in caring for older Americans who may be more vulnerable, keeping them out of the emergency department or hospital and building partnerships with the community to identify individuals at risk of food insecurity, experiencing medication shortages, and caregiver burnout.[15] The AGS believes that a strong home-based community support system is as essential a resource as the hospital or doctor's office and must be recognized as such.

- Supporting and protecting the healthcare workforce during times of national health security threat. This protection needs to extend beyond the healthcare workforce to all services, including direct care, food services, cleaning staff, building engineers and maintenance, and security. This responsibility applies to all settings where care is being provided. These steps should include mitigating the shortage of primary care and health professionals specializing in geriatrics across disciplines,[16] particularly the direct care workforce where the demand exceeds the supply while the gap is only expected to grow.[17] Systems should also ensure that all workers have access to paid family, medical, and sick leave; sufficient compensation and benefits; and strengthened training requirements and opportunities for educational and career advancements.

- Identifying and implementing solutions to crisis of older adult abuse, neglect, and exploitation. The AGS supports the expansion of the mental health workforce and programs that address social isolation and loneliness. Individuals who are isolated are more likely to only engage with their perpetrators, increasing the likelihood of abuse, and it will be critical to ensure plans and policies are in place to address investigation challenges and gaps in service when providers and

[15] Ritchie CS, et al. COVID Challenges and Adaptations Among Home-Based Primary Care Practices: Lessons for an Opening Pandemic from a National Survey. *J Am Med Dir Assoc.* 2021;22(7):1338-1344. doi:10.1016/j.jamda.2021.05.016
[16] Health Resources & Services Administration. National and Regional Projections of Supply and Demand for Geriatricians: 2013-2015. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/geriatrics-report-51817.pdf. Published April 2017. Accessed March 7, 2022.
[17] PHI National. (2021). Caring for the Future: The Power and Potential of America's Direct Care Workforce. https://phinational.org/wp-content/uploads/2021/01/Caring-for-the-Future-2021-PHI.pdf. Published January 12, 2021. Accessed March 7, 2022.

mandatory reporters are unable to see their patients or clients.[18] For example, assessing for impaired capacity to make financial and other key decisions may help identify those at increased risk for abuse, neglect, and exploitation and determine how to prevent and intervene.

- Rebuilding the public health and emergency preparedness infrastructure by increasing and strengthening the public health workforce. Years of chronic underfunding of local public health departments, the loss of thousands of state and local public health positions, as well as underfunding of federal preparedness and response programs at the Centers for Disease Control and Prevention have limited our capacity to respond to a pandemic on the historic scale of COVID-19. It is important that we make consistent and adequate investments in public health so that we can meet the challenges of new disease outbreaks; address the drivers of mortality and morbidity risk in the American population,[19] including social determinants of health; and break the cycle of responding only after emergencies arise. In addition to expanding the public health workforce, more must be done to embed public health expertise across the fabric of American life, from health system improvements to community planning initiatives. Importantly, that expertise must embrace unique attention to age and shifting demographics for a U.S. that will continue to evolve—and improve—as we grow older.

- Integrating subject matter experts and stakeholders in public health planning and involving:

    - **Geriatrics health professionals** on pandemic and disaster response and planning teams, given their expertise in caring for older people with medical complexity or advanced illness, leading interprofessional collaboration, implementing knowledge of long-term care across settings and sites, and leading advance care planning. This unique skillset is essential for community-level planning.
    - **Nursing homes and other long-term care settings leadership teams** (e.g., administrators, medical directors, directors of nursing) who are vital for planning how resources can be best deployed during a pandemic or disaster. These teams have expertise in allocating resources within their own facilities; developing community-wide plans in collaboration with acute care hospitals and other post-acute care institutions in their communities; and building understanding of staffing needs, as well as federal and state regulations.
    - **Hospice and palliative care experts** to serve as members of pandemic and planning teams, considering the need to ensure hospitals and other facilities have access to expertise in advance care planning, symptom management, and end-of-life care, where available.

- Greater coordination between federal and state governments. There were multiple instances of price gouging for PPE and testing supplies during the COVID-19 PHE because of a lack of coordination of the supply chain by the federal government so that states had the supplies that they needed.[20] The AGS would like to underscore the importance of ensuring that the nation has

[18] Liu PJ, Delagrammatikas L. Adult Protective Service's Role in Addressing Older and Dependent Adult Abuse in the Age of COVID. *Front Public Health*. 2021;9:815. doi:10.3389/fpubh.2021.659640

[19] Trust for America's Health. The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2020. Published April 2020. Accessed March 7, 2022. https://www.tfah.org/wp-content/uploads/2020/04/TFAH2020PublicHealthFunding.pdf.

[20] Mehrotra P, Malani P, Yadav P. Personal Protective Equipment Shortages During COVID-19 – Supply-Chain-Related Causes and Mitigation Strategies. *JAMA Health Forum.* 2020;1(5)e200533. doi:10.1001/jamahealthforum.2020.0553

sufficient stockpiles of PPE available to protect our frontline healthcare and direct care workers given their heightened risk of exposure while caring for individuals during an infectious disease outbreak. The COVID-19 pandemic has highlighted how important this is when dealing with a novel communicable disease for which there is no vaccine, treatment, or cure. We believe that there should be greater oversight, transparency, communication, and inclusion of various stakeholders to respond to national health security threats.

- Innovating and transforming into age-friendly health care system. The basis of the age-friendly health systems movement—the 5Ms of geriatrics: **M**ultimorbidity, What **M**atters, **M**edication, **M**entation, and **M**obility[21]—works to ensure that all older people have access to coordinated care, while also making sure personal needs, values, and preferences are at the heart of that care.[22] These age-friendly care principles can also benefit younger adults. Our healthcare system, across all specialties, need to keep pace as more of us grow older. Furthermore, the AGS recommends the integration of the Quintuple Aim for health care improvement to advance health equity in addition to the other aims: improving population health; enhancing the care experience; reducing costs; and team well-being, which may incite new efforts to reduce disparities.[23] We also encourage including disaster planning in routine medical care for all adults and particularly for those with AD and other dementias, as part of advance care planning within the broader context of age-friendly health systems, communities, and public health systems.

- Sharing resources across the community so that the public health response to any national health security threat is coordinated across health systems and other care settings. As an example, we believe it would be beneficial for public and community-based pandemic and disaster preparedness training that include modules such as vulnerability assessment; the types of emergencies and actions to take; medication supplies; and preparing emergency kits.[14]

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Thank you for taking the time to review our feedback and recommendations. For additional information or if you have any questions, please do not hesitate to contact, Anna Kim at akim@americangeriatrics.org.

Sincerely,

Peter Hollmann, MD
President

Nancy E. Lundebjerg, MPA
Chief Executive Officer

[21] Adapted by the American Geriatrics Society (AGS) with permission from "The public launch of the Geriatric 5Ms" [on-line] by F. Molnar and available from the Canadian Geriatrics Society (CGS) at https://canadiangeriatrics.ca/2017/04/update-the-public-launch-of-the-geriatric-5ms/.

[22] Institute for Healthcare Improvement. Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults. Published July 2020. Accessed March 7, 2022. https://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf.

[23] Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*. 2022;327(6):521-522. doi:10.1001/jama.2021.25181