



MOBILIZING NETWORKS TO MITIGATE HEALTH DISPARITIES AMONG OLDER RESIDENTS IN MASSACHUSETTS DURING THE COVID-19 PANDEMIC

PROBLEM STATEMENT

Early in the COVID-19 pandemic, it became clear that older adults were at higher risk of developing severe COVID-19.¹ As was the case elsewhere, rates of COVID-19 hospitalizations and deaths in Massachusetts increased with age.² Concurrently, the pandemic had a disproportionate impact on those belonging to minority racial/ethnic groups, of low socioeconomic status, and living in neighborhoods of higher deprivation, who experienced higher rates of COVID-19 infections and deaths.³ **The Commonwealth of Massachusetts** adopted a health equity approach to mitigate these documented disparities.⁴ One of the first steps taken by the Government of Massachusetts to address the emergency, was the establishment of the COVID-19 Command Center to coordinate the actions of the key social and public health agencies.^{5,6} Whereas the Command Center had several work streams responding to different COVID-19-related issues, this write-up focuses on a few of the actions undertaken to mitigate COVID-19 disparities among low-income older adults, one of the groups most affected by the pandemic.

THE MASSACHUSETTS EXECUTIVE OFFICE OF ELDER AFFAIRS (EOEA)

- 21** Area Agencies on Aging
- 24** Aging Services Access Points
- 350** Councils on Aging and senior centers
- 11** Aging and Disability Resource Consortia

EOEA, Massachusetts' state unit on aging, was one of the key collaborators with the COVID-19 Command Center. EOEA supports the 1.7 million older adults in Massachusetts to enable them to live and thrive in the communities of their choice. **EOEA oversees programs and services for older adults through the aging services network**, composed of 21 Area Agencies on Aging, 24 Aging Services Access Points, 350 Councils on Aging and senior centers, and 11 Aging and Disability Resource Consortia in communities throughout the state. This network reaches older adults and their caregivers with programs and services that include home care, protective services, information and referrals, nutrition, caregiver support, health and wellness services, supportive services in housing, insurance counseling, support for individuals living with dementia, and behavioral health services, among other federally and state funded programs and services.⁷

Working with the COVID-19 Command Center allowed EOEA staff to be in close communication with agencies in charge of data collection and disease surveillance, as well as of allocation and deployment of personal protective equipment, COVID-19 tests, and vaccines. In turn, EOEA was quickly able to relay critical information to providers and professionals working with older adults through the aging services network. One of the key examples of the role of EOEA in this partnership was in the planning for COVID-19 vaccination roll-out. Because vaccine supply was initially limited, it was critical to set priorities for vaccine deployment. EOEA worked with the Command Center to understand regional vaccine supply on a real time basis and was able to inform the elder services network. **EOEA also advocated to prioritize vaccinations to low-income older adults.**

¹U.S. Centers for Disease Control and Prevention. COVID-19 Risks and Vaccine Information for Older Adults. Updated August 4, 2021. Available on: <https://www.cdc.gov/aging/covid19/covid19-older-adults.html#:~:text=increased%20risk%20of%20severe%20illness%20from%20COVID%2D19,Older%20adults%20are&text=The%20risk%20increases%20for%20people,having%20certain%20underlying%20medical%20conditions>.
²Massachusetts Department of Public Health COVID-19 Dashboard. See for example Deaths and Death Rate by Age Group for Last Two Weeks and Hospitalizations & Hospitalization Rate by Age Group for Last Two Weeks on the weekly COVID-19 reports. <https://www.mass.gov/doc/weekly-covid-19-public-health-report-november-5-2020/download>
³Magesh S, John D, Li WT, et al. Disparities in COVID-19 Outcomes by Race, Ethnicity, and Socioeconomic Status: A Systematic Review and Meta-analysis. JAMA Netw Open. 2021;4(11):e2134147. doi:10.1001/jamanetworkopen.2021.34147
⁴Attorney General's Health Care Division, Building Toward Racial Justice and Equity in Health: A Call to Action, [Internet]. Available in <https://www.mass.gov/info-details/building-toward-racial-justice-and-equity-in-health-a-call-to-action>
⁵The COVID-19 Response Command Center Situation Reports are available here: <https://archives.lib.state.ma.us/handle/2452/824496>.
⁷<https://www.mass.gov/orgs/executive-office-of-elder-affairs>

MOBILIZING THE AGING SERVICES NETWORK

EOEA hosted **FIVE WEBINARS** on vaccines and boosters and continues to communicate with over **500 PROFESSIONALS** in the aging services network regularly.




In a rapidly changing health information landscape, **the EOEA identified the need to ensure older people, caregivers, and the direct care workforce were aware of the latest COVID-19 information as a priority action.** The state-wide aging services network provided a perfect platform for this. EOEA used several strategies to mobilize the network. One was the development of informational materials for providers working with older populations which were disseminated online via the network's listserv. Another was the organization of periodic COVID-19 webinars for staff from network affiliates. Often featuring subject matter experts, the webinars addressed a broad range of relevant issues, including the use of personal protective equipment and strategies to prevent COVID-19 transmission; COVID-19 testing sites (availability and protocols); and the latest information on COVID-19 vaccines and vaccine boosters. This allowed the aging services network to furnish their consumers with information based on the best evidence available and to help them navigate COVID-19 testing and vaccination. To illustrate, when the U.S. Centers for Disease Control and Prevention recommended the COVID-19 vaccine boosters in early 2021, EOEA organized a webinar with information on the boosters available and on the eligibility criteria, strategies to conduct community-based outreach to increase booster uptake (including on how to host mobile vaccination clinics), links to informational material to accompany outreach efforts; and instructions on how to schedule booster appointments.

PARTNERSHIP WITH HOUSING AGENCIES

In addition to webinars with aging service providers, EOEA also took the lead in sponsoring regular webinars with senior affordable housing providers. Interactions with these providers helped EOEA identify a gap in vaccination for older adults, specifically older adults living independently in subsidized and affordable senior housing. **In a vaccine supply constrained environment, EOEA advocated at state level to allocate vaccines to this population and channel state funding for mobile vaccination clinics in partnership with local housing agencies, vaccine providers (including retail pharmacies, local boards of health, and independent pharmacies), and aging service providers in the network.** The strategy was meant to overcome structural barriers to vaccine access consistent with a health equity approach and to ensure that all older adults could easily access vaccines while staying safe at home.

As a result of EOEA advocacy efforts, all residents and staff of public and private low income and affordable senior housing became a priority population with early eligibility for vaccines, including residents of public housing operated by Local Housing Authorities and private subsidized age-restricted rental housing.

In addition to securing funding for the sites, and determining vaccine allocations, EOEA supported housing staff to set up vaccination clinics at senior affordable housing. EOEA paired senior housing properties with interested available vaccine providers and developed guidance on how to hold a successful onsite vaccine clinic (e.g., logistics required to run a clinic, such as appointment management, space, clinic staffing, and information management, among others). EOEA also held webinars with senior housing staff and hosted an email account to answer questions and problem solve with individual housing providers as needed. All of this work was done in partnership with the state housing agencies that oversee senior affordable subsidized housing, the Massachusetts Department of Housing and Community Development and MassHousing. **This program and the other outreach efforts were a success as more than 99% of people over the age of 65 in Massachusetts received at least one dose of the COVID-19 vaccine by September 2021, above the national average of 92% of fully vaccinated adults 65 and older.⁸** The program was later extended to provide in-home vaccinations and therapeutics for older adults who are unable to leave their homes.

 **99%** of people over the age of 65 in Massachusetts received at least one dose of the COVID-19 vaccine

National Average:

 **92%**

September 2021

BARRIERS AND FACILITATORS

The Massachusetts model of providing onsite place-based services for older adults living independently in **low-income housing is a promising strategy consistent with a health equity focus**, which could be adapted to other settings and in future emergencies. When planning for replication of this initiative, it is important to note two contextual factors that were critical to the success of the strategy. One was **Massachusetts' longstanding availability of universal health insurance**, which has over the years brought low-income populations closer to the healthcare system. The second was the **state's commitment to health equity**, which facilitated obtaining state buy-in to prioritize low-income older adults for vaccination and other COVID-19 related services and programs. In addition, it is important to note that, at local level, the towns with existing trusting partnerships among social service agencies and the community, developed over many years, were able to respond most rapidly to the opportunity.

However, the implementation of this multi-pronged strategy was not without challenges. One challenge was the limited availability of vaccines early on, which made housing managers and vaccine providers have to be 'on-the-ready' without knowing specifically on which dates the clinics would happen. Further, **the communities with less organized partnerships were the least likely to take advantage of the mobile vaccine clinic opportunities**. There were many solutions; for example, if a housing manager encountered barriers to working with large pharmacy chains they may have partnered with local pharmacies which were more flexible and responsive to the needs of the communities.



LESSONS LEARNED AND CONCLUSIONS

One of the silver linings of the COVID-19 pandemic in Massachusetts is that the Command Center developed to respond to the crisis, is **now a structure that will remain in place to coordinate at state-level the multiple agencies serving the most vulnerable populations**. This structure, and the relationships established as part of this work, can be rapidly activated to respond to new innovations related to COVID-19, such as for distribution of antigen tests for in-home use or increased access to therapeutic drugs to treat COVID-19, as well as to respond to other conditions, such as flu vaccination, or to future emergencies.

A lesson learned from the pandemic was the importance of having a quick mechanism to **share best practices, messages, and information across aging services providers**.

The aging services network ... will remain in place beyond COVID-19 to continue to inform those working with older adults in Massachusetts about the latest health information developments and resources available to ensure that adults are accessing them.



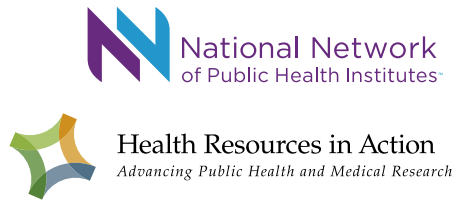
EOEA continues to communicate with aging services providers via a biweekly newsletter. **Importantly, this ensures equitable access to evidence-based information across the state.** As a central agency, the EOEA was in a key position of not only sharing information from the Department of Health and the CDC with local agencies, but also to share best practices from local level to other sites in the state, allowing municipalities to learn from each other.

The health crisis underscored the need to strengthen the public health workforce within an agency working with older adults. EOEA plans to expand its workforce internally, through the **hiring of a director with public health expertise who can provide technical assistance related to COVID-19** and other **emergencies to the aging services network**; as well as externally by expanding public health expertise throughout the network through the hiring of staff trained in infection control, testing, and public outreach.

Locally, the relationships between aging services providers, housing authorities, local pharmacies, and community-based organizations are a sustainable gain for communities, as they can be repurposed for other emerging needs.

Together, the efforts described above will bolster state- and community-level emergency preparedness in the future and are a model to mitigate health disparities by using data and resources to focus on those most at risk.

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