



JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

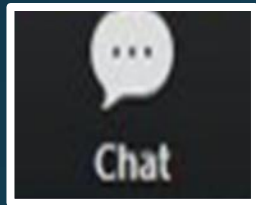
NHCOA
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Getting the Vaccine to the communities that need it most

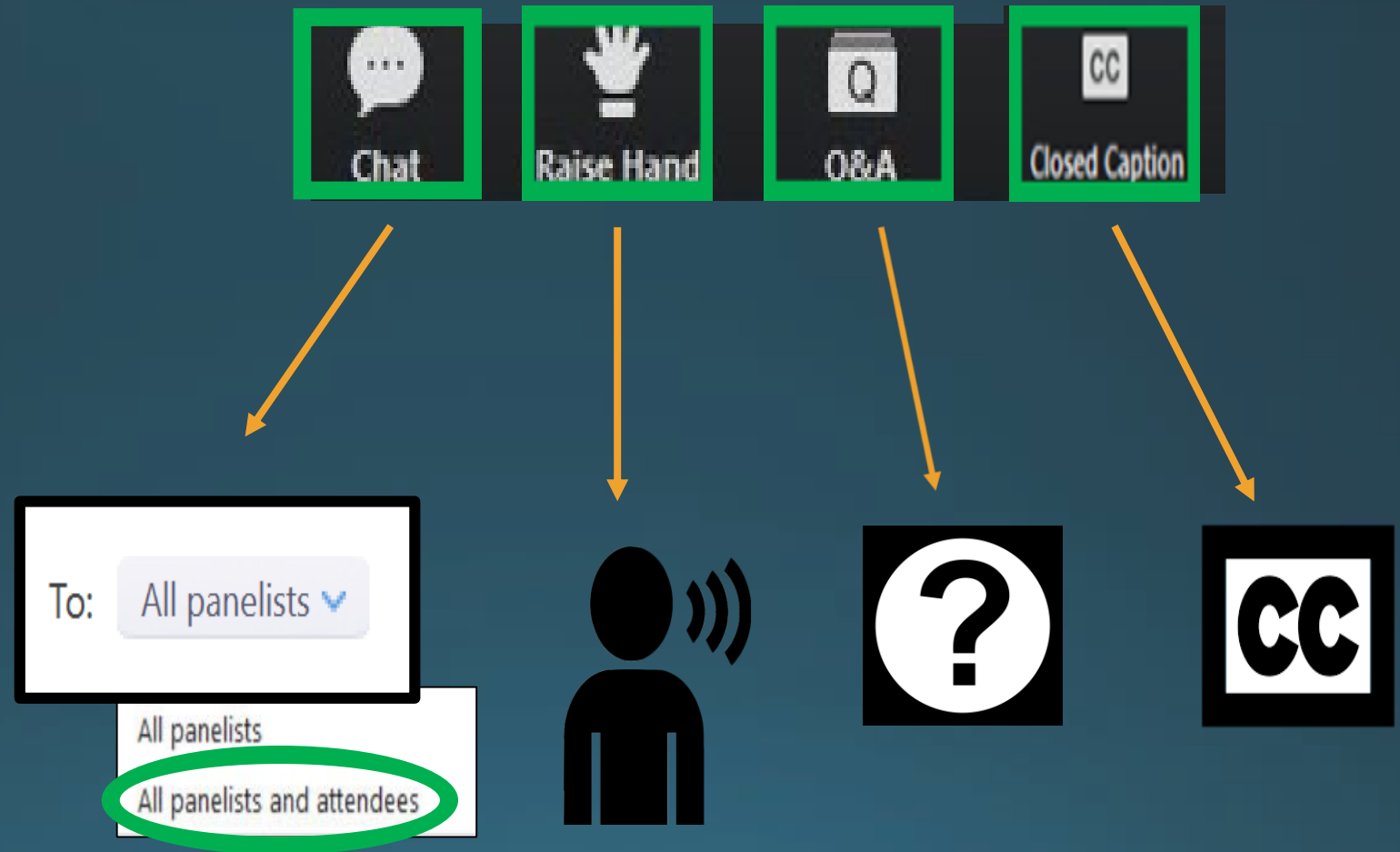
If you lose connectivity during the session, simply **re-click your join link to re-access the webinar**.

If you experience technical difficulties, **send a note using the chat box** on your bottom menu bar. We'll assist you from there.



Enjoy the session!

Technical Notes and Support





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WELCOME AND INTRODUCTION

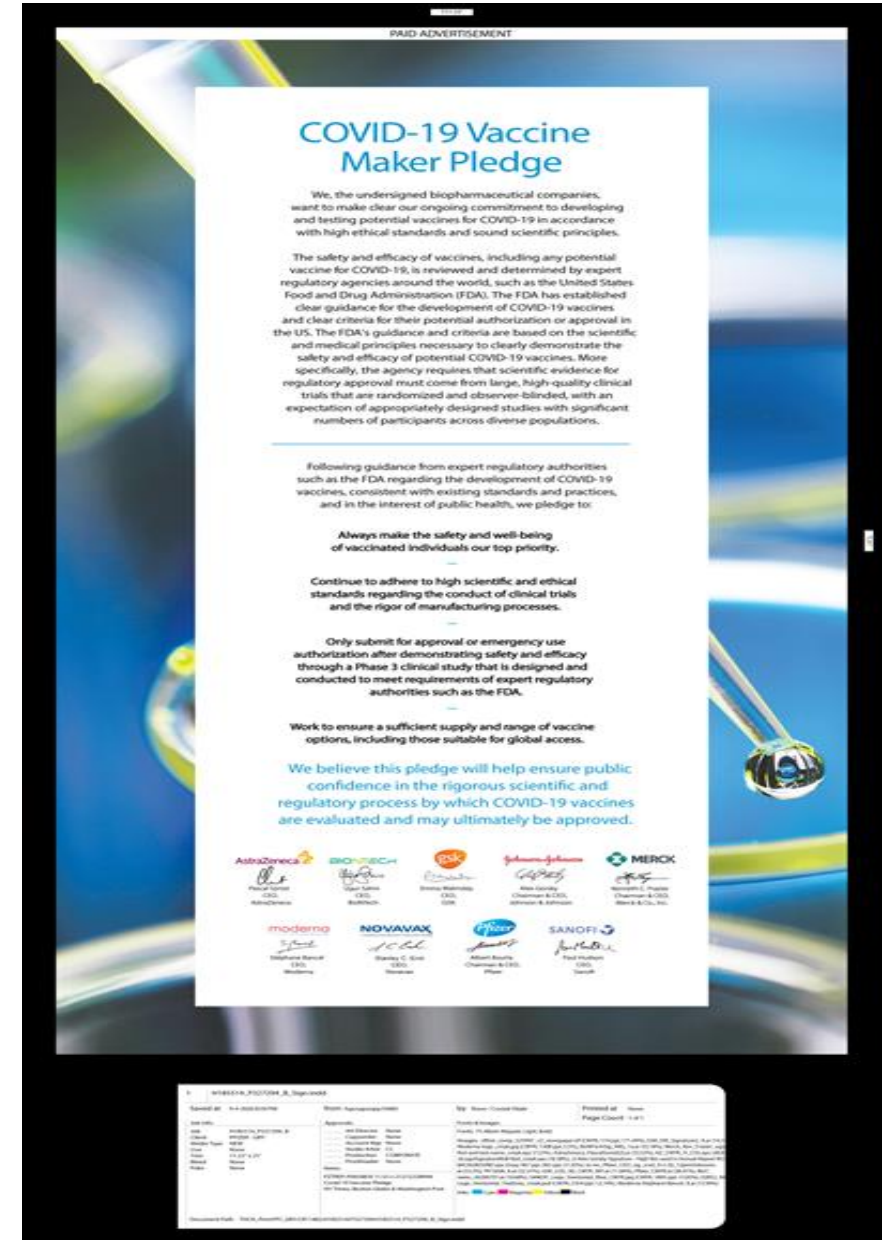
Lauren Pongan, National Director
Diverse Elders Coalition

What brought you to this webinar?

- a. I'm a caregiver who wants to learn more about vaccine access
- b. I'm an older adult who wants to learn more about vaccine access
- c. I'm here to learn more about resources for vaccine access for my community
- d. I just want to learn more about vaccine access
- e. I'm looking to learn more about diverse communities and vaccines

Industry Commitment to Scientific Rigor, Transparency and Diversity

- September 8, 2020
- Nine vaccine company CEOs pledged to uphold scientific and ethical standards
- Pledged to “always make the safety and well-being of vaccinated individuals our top priority.”
- “Together these nine companies have collectively developed more than 70 novel vaccines that have helped to eradicate some of the world’s most complex and deadly public health threats”
- Companies have ensured their clinical trials include many people in various races, ethnic groups and ages with many underlying conditions



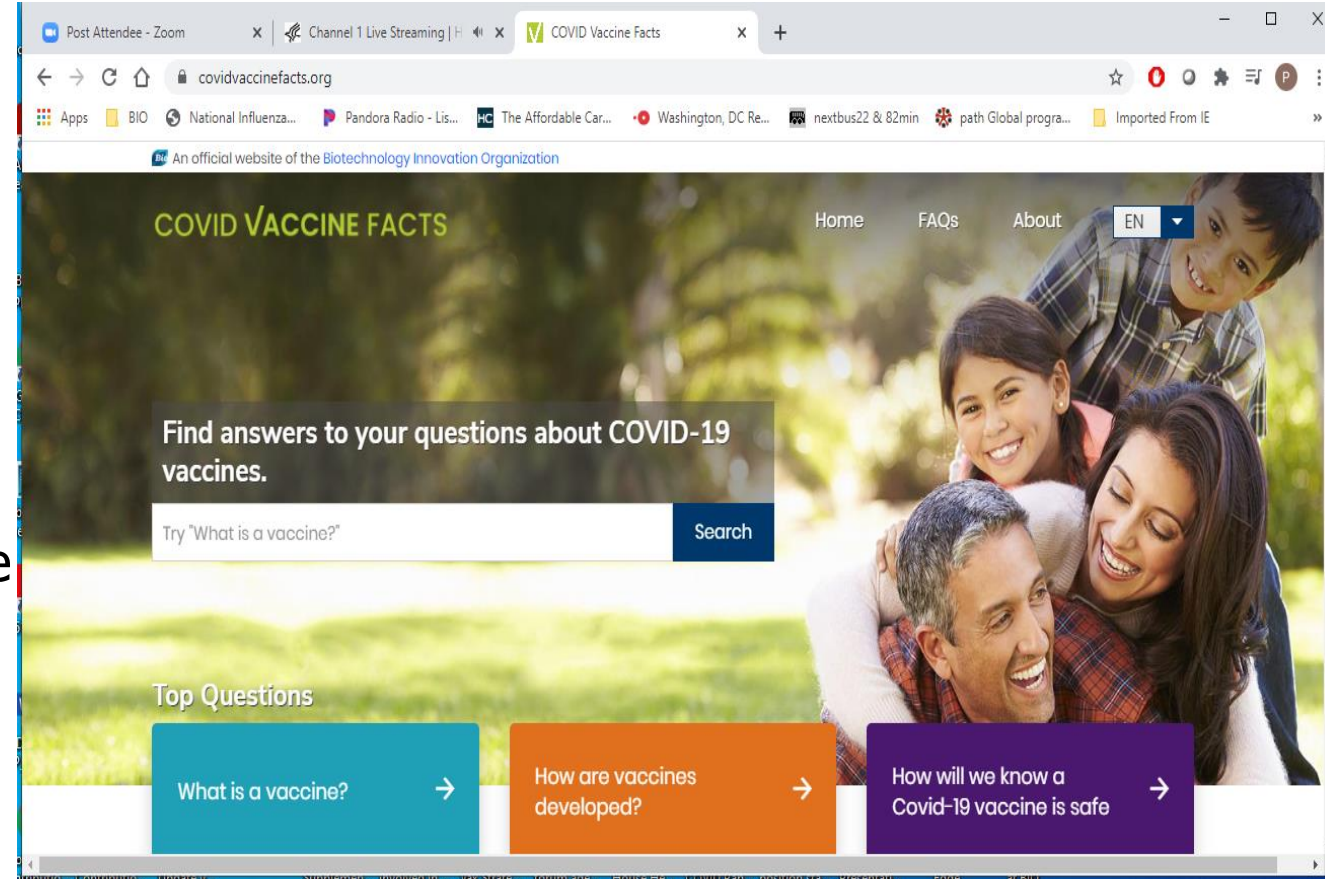
<https://www.cnn.com/2020/09/08/health/covid-19-vaccine-pharmaceutical-companies-pledge-bn/index.html>

www.COVIDVaccineFacts.org

- Launched December 4, 2020
- 38 questions to date
- 2 video animations
 - Speed of development
 - Side effects of the vaccines

Questions on the site:

- How will we know a Covid-19 vaccine is safe and effective?
- Can I be allergic to vaccines?
- Why do we still need to wear a mask?
- Are there differences between the vaccines?
- Were the clinical trials diverse?



Are you eligible to receive the COVID-19 Vaccine? Have you gotten the vaccine?

- a. Yes, I am eligible and HAVE gotten the vaccine
- b. Yes, I am eligible and PLAN ON taking the vaccine
- c. Yes, I am eligible but HAVEN'T gotten the vaccine
- d. No, I'm NOT eligible to get the vaccine, but I plan to get it when I'm eligible
- e. No, I'm NOT eligible to get the vaccine, and I don't plan to get it when I become eligible
- f. I do not think I will become eligible to get the vaccine

How much do you agree with the following statement: I have all of the information I need to know about how the vaccine works, what to expect, and its effects:

- a. I completely agree
- b. I somewhat agree
- c. I'm neutral
- d. I somewhat disagree
- e. I completely disagree



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WELCOME REMARKS

Yanira Cruz, President and CEO
National Hispanic Council of Aging (NHCOA)

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Fair Distribution of the COVID-19 Vaccine

Denny Chan, Directing Attorney, Equity Advocacy

Thursday, March 30, 2021

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Diversity, Equity, and Inclusion

To achieve Justice in Aging, we must:

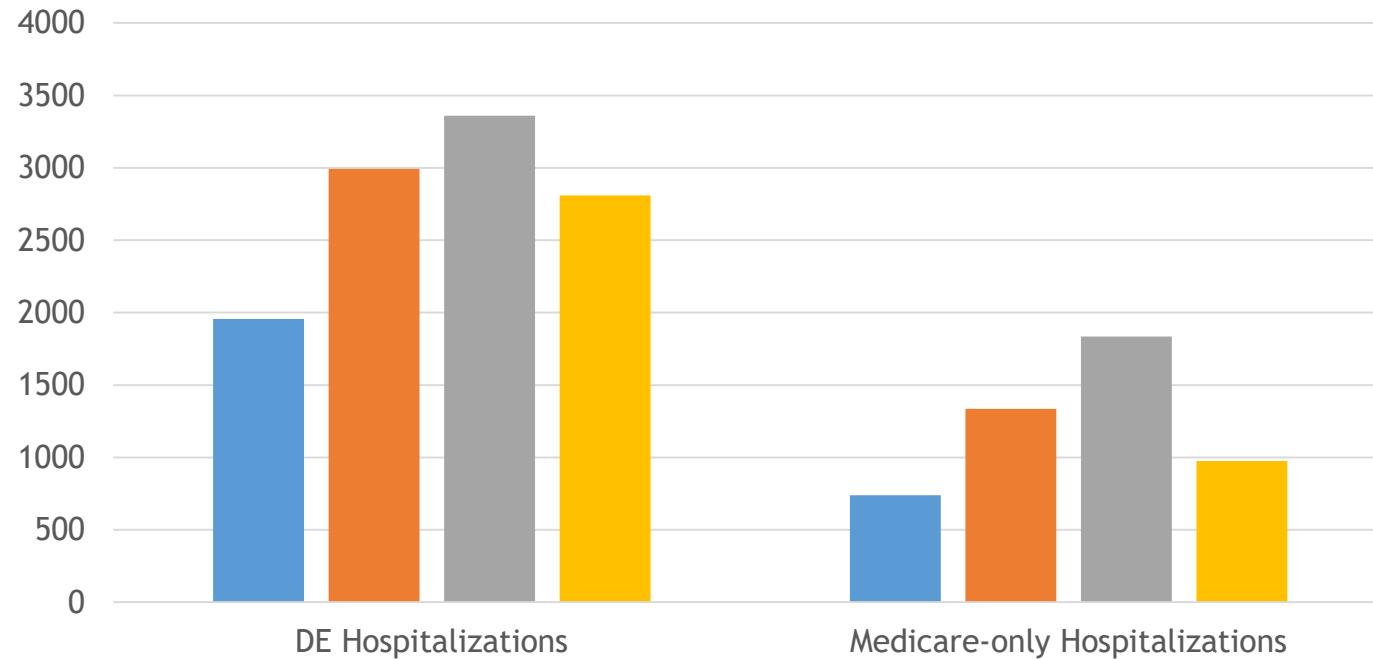
- Acknowledge systemic racism and discrimination
- Address the enduring negative effects of racism and differential treatment
- Promote access and equity in economic security, health care, and the courts for our nation's low-income older adults
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class

Staggering Disparities

- Starting in June 2020, CMS began releasing data on the impact of COVID-19 on Medicare enrollees, including dual-eligible individuals.
- Dual-eligible individuals are over 2.5 times as likely to contract COVID-19 as Medicare-only enrollees, almost 3 times as likely to be hospitalized.
- Many Medicare enrollees of color experience higher rates of COVID-19 hospitalization than white Medicare enrollees.

American Indian, Black, and Hispanic Enrollees Hardest Hit

- American Indian, Black, and Hispanic dual eligible (DE) individuals are 1.71 times, 1.53 times, and 1.44 times as likely to be hospitalized from COVID-19 as white dual-eligible individuals.



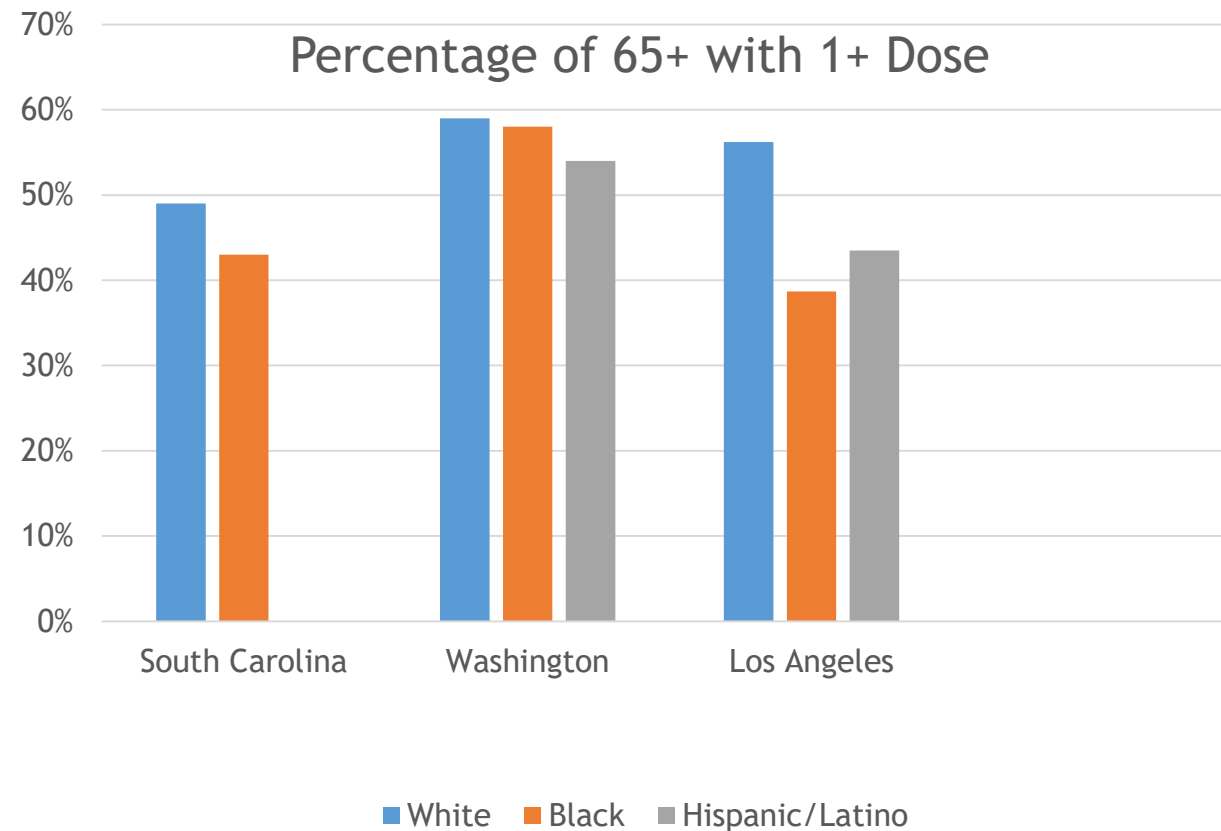
COVID-19 Language Access Protections

- Title VI of the 1964 Civil Rights Act
- Executive Order 13166
- Section 1557 of the Affordable Care Act
- [FEMA Civil Rights Bulletin](#)
- [HHS Office for Civil Rights Bulletin](#)
- Applicable state law

Challenges to Equitable Distribution

- Scarcity
- Reliance on mass vaccination sites and technology
- Accessible registration and sites
- Vaccine logistics
- Vaccine confidence
- States revised allocation plans (e.g. CT's age-based)

Inequitable Distribution



Recommendations

- Create as many channels and sites for vaccination as possible
- Ensure multiple ways to register
- Partner with and compensate CBOs in a targeted manner
- Make the process *accessible*
- Focus on cross-movement coalition building



Questions?

dchan@justiceinaging.org

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Do you have enough translated information to understand the vaccine?

- a. Yes
- b. No
- c. This question does not apply to me.
- d. Other (type in chat)

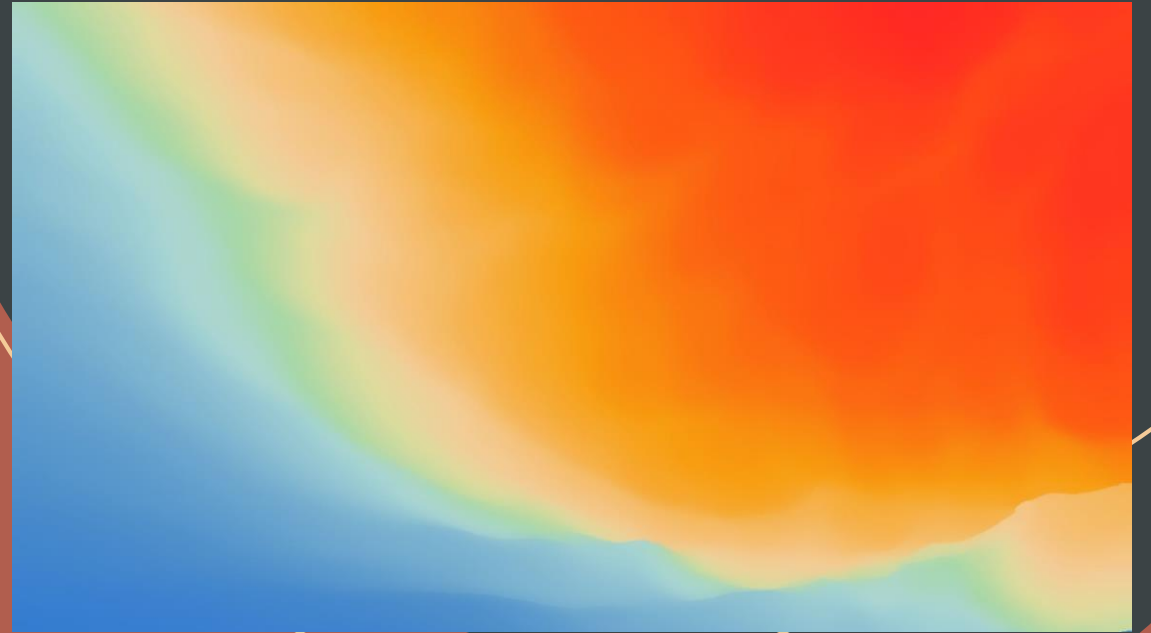
Do you reside in a rural or urban area?

- a. Urban
- b. Rural
- c. Suburban



Vaccine Access in Reservation and Rural Communities

Pamela Monaghan-Geernaert
Northern State University



Social Determinants of Health in Rural and Reservation Communities



lack of access to clean running water and adequate sanitation infrastructure



Multigenerational and often overcrowded homes



limited access to medical resources

The Importance of the Vaccine for Native Americans

Native people were 3.5 times more likely to contract the coronavirus than white people

Native people have nearly 2 times the COVID-19 mortality rate

Native people who died from COVID-19 were much younger than the white people who died.

Access to Vaccines

Indian Health
Services

Tribal Health
Departments

State
Departments of
Public Health

Urban Indian
Health Centers

Vaccine Distribution

- Tribal governments and their health clinics control distribution
 - Priorities:
 - Native Speakers
 - All household members (Tribally enrolled or not)

Checkerboard Communities and Sharing

- The Dawes Act of 1887 – created patchwork of tribal and non-tribal lands
- Inoculation of community members in border towns
- Sharing vaccines with non-Natives in the area
- Herd immunity

Alaska

- A Special Challenge

- Home to 229 of the 574 Federally recognized tribes
- Bush planes Water Craft
- Snowmobile Dog Sled
- "After getting their shots, they'd wait 20 minutes to make sure they didn't suffer allergic reactions. Then the vaccinators would fly to the next village."
- (Operation Togo - 1925 Diphtheria Pandemic)



Three Indigenous principles have helped provide the impetus to get vaccinated

1

Recognize how actions will impact the next seven generations.

2

Act in honor of ancestors who fought to ensure their survival and elders who carry on their traditions and cultures.

3

Hold on to ancestral knowledge in the ongoing fight to protect Mother Earth.

How much do you agree with the following statement: I know exactly how to get a vaccine and when, if I choose to get one:

- a. I completely agree
- b. I somewhat agree
- c. I'm neutral
- d. I somewhat disagree
- e. I completely disagree
- f. I've already received the vaccine



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Additional Barriers to Vaccine Access for AAPI Communities

Webinar: Getting the Vaccine to the Communities That Need It Most

Last Updated: 3.36.21



NAPCA envisions a society in which all Asian Americans and Pacific Islanders (AAPIs) age with dignity and well-being.

In-language and culturally competent (cultural humility) resources

- Community Resource Helpline for Older Adults and Caregivers

Technical assistance for healthcare professionals and service providers

- National Resource Center on AAPI Aging

Advocating for the unique needs of AAPI family caregivers and diverse AAPI representation in research

- Diverse Elders Coalition (www.diverseelders.org)
- CARE Project (www.careregistry.ucsf.edu)
- COMPASS Project (www.compass.ucsf.edu)

Supporting a mature workforce and building economic security

- Senior Community Service Employment Program (SCSEP)
- Senior Environmental Employment Program (SEE)

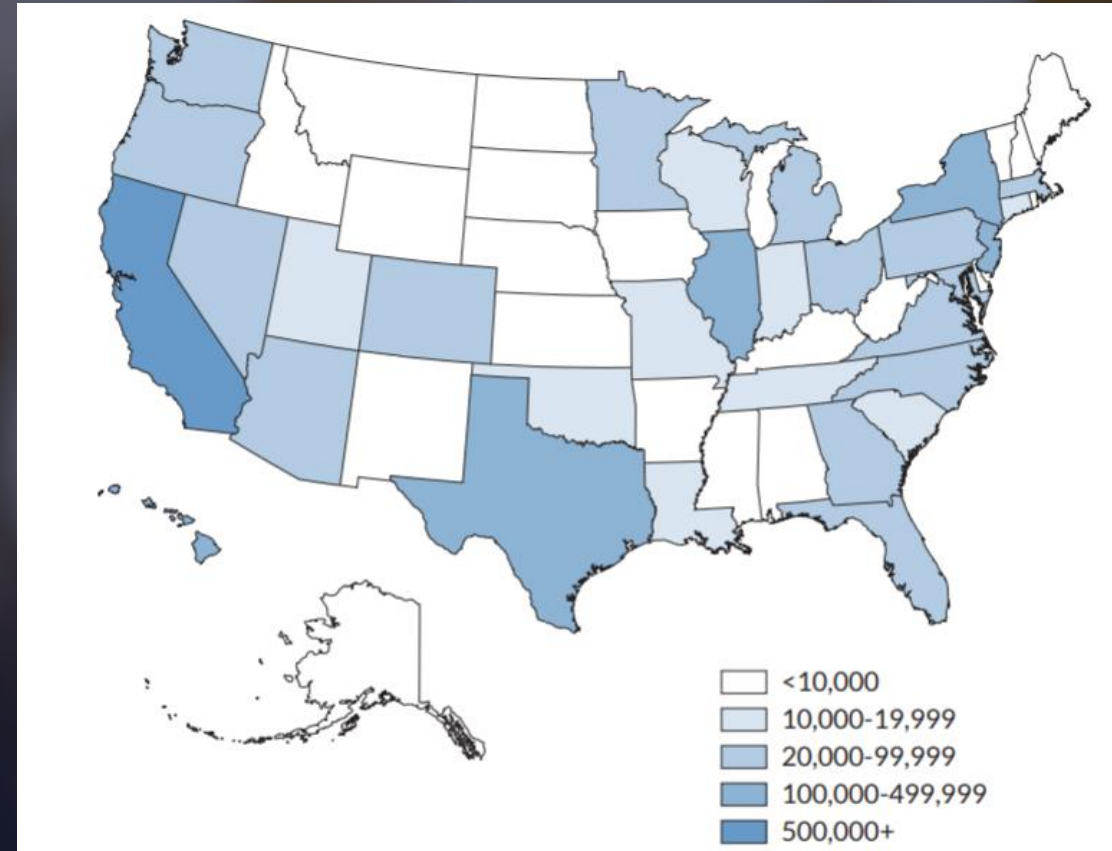
The Diversity of AAPIs

AAPIs represent more than 40 unique cultural and racial identities originating from the Asian continent or the Pacific islands.

AAPIs 55+ make up:

- about 4% of the total U.S. elderly population
- about 20% of the total AAPI population

AAPI Population by State, 55 Years and Older



Source: U.S. Census Bureau, 2010 Census



UCSF IRB Protocol #: 20-31925

COMPASS (www.compass.ucsf.edu) is a nationwide survey about the COVID-19 mental and physical health effects on Asian Americans & Pacific Islanders (AAPI).

- COMPASS findings may help to inform future policies, programs and additional research that can alleviate the adverse effects of COVID-19 for AAPI.
- From October 24, 2020 - January 26, 2021, a total of 5,242 AAPI adults completed the COMPASS survey online, by phone, or in-person.

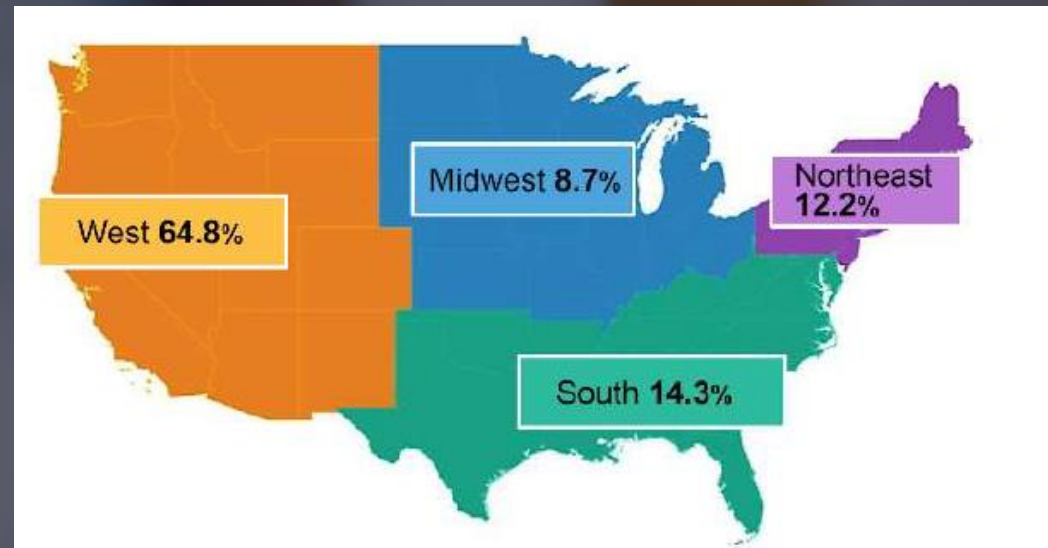
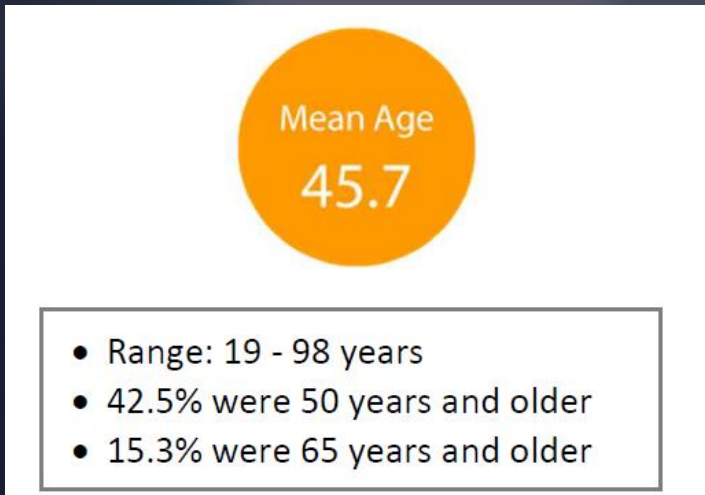
Funded by: Research reported in this publication was supported by the National Institute on Aging of the National Institutes of Health under Award Number R24AG063718. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Note: COMPASS is still conducting targeted recruitment with underrepresented AAPI via community partners

COMPASS Brief Report (3.12.21)

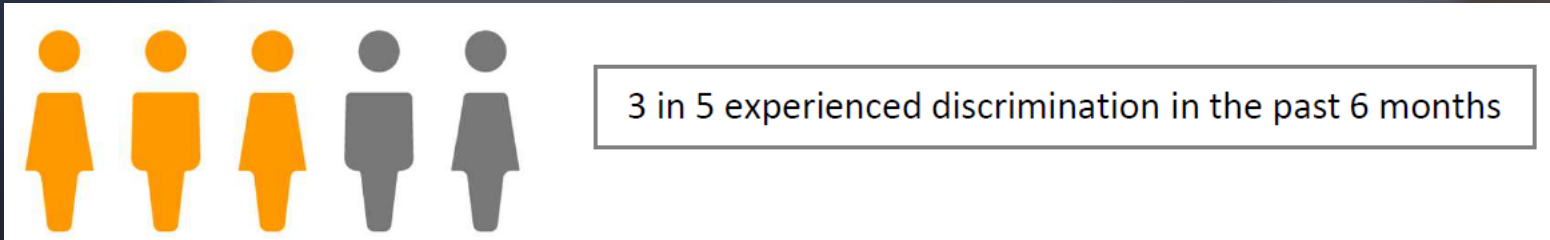
Cultural groups:

- 31.8% Chinese
- 22.3% Korean
- 20.6% Vietnamese
- 6.3% Asian Indian
- 5.4% Taiwanese
- 5.3% Japanese
- 4.6% Filipino
- 3.9% Other
- 2.1% Native Hawaiians or Pacific Islanders (NHPI)
- 1.3% More than one cultural group



Note: Total of 5,242 participants who completed COMPASS survey between October 24, 2020 and March 6, 2021.

Key COVID-19 Discrimination Findings



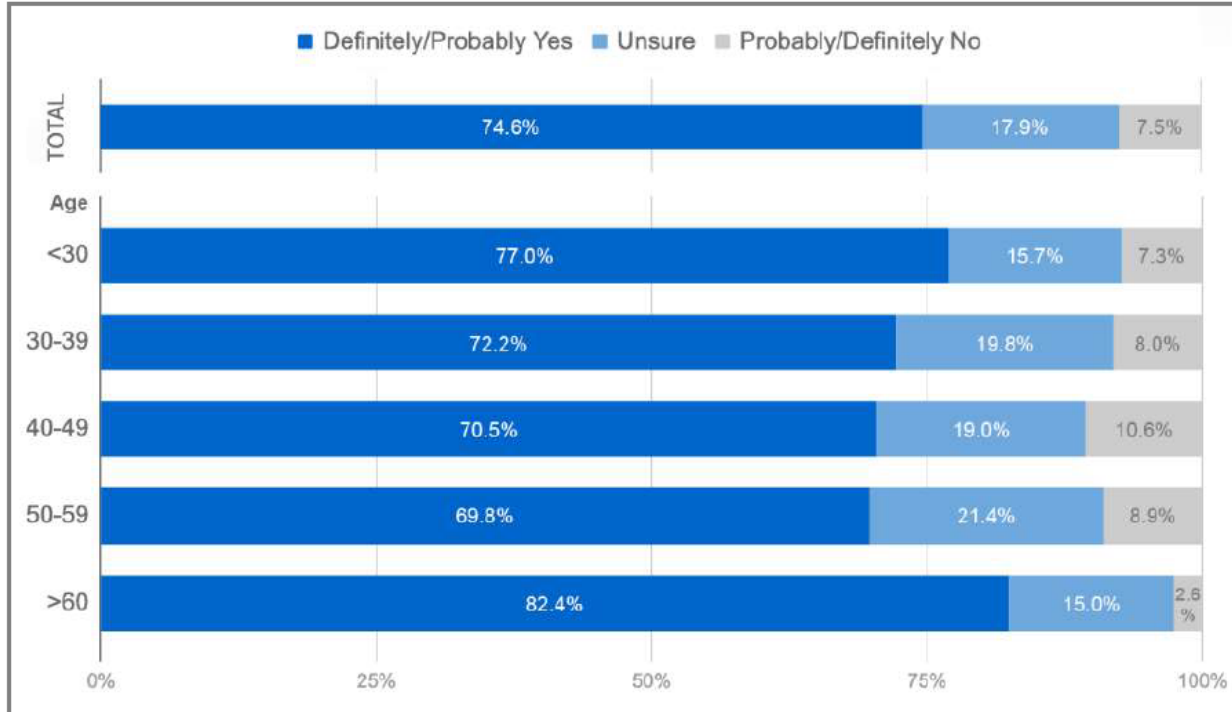
Percentage of who strongly/somewhat agree with beliefs concerning how the COVID-19 pandemic is affecting AAPI

- 59.0% believe that the country has become more dangerous for their ethnic group
- 34.1% worry about people thinking they have COVID-19 because of their race/ethnicity
- 15.3% believe that people of their race/ethnicity will not receive as good COVID-19 healthcare as others

Note: Based on data from 4,971 COMPASS participants who completed the survey between October 24, 2020 and February 13, 2021 and answered all the discrimination questions.

Key Vaccine Willingness & Concerns Findings

Proportion of Participants Willing to Receive COVID-19 Vaccination by Age Group



25.4% said they were “unsure” or “probably/definitely no” to getting the COVID-19 vaccine

- 24.8% for Asian Americans
- 48.4% for NHPI

76% reported having ≥1 concerns about the vaccine

- Most common concern was side effects (65%)

Note: Based on data from 1,646 COMPASS participants who completed the survey between October 24, 2020 and December 11, 2020, which was selected as the cutoff date for this analysis since it was the first day that the FDA authorized a COVID-19 vaccine. A potential follow-up survey with these participants will be conducted pending review of our application for funding for COMPASS II.

How can we make COVID-19 vaccines more accessible and equitable for our diverse AAPI communities, especially those who experience greater health disparities and inequity?

Equity in Vaccine Access

AAPI families have a higher percentage of multigenerational homes and caregiving.

42% of Asian American and Pacific Islanders (AAPIs) are caregivers, compared with 22% of the general population (Source: NAPCA)

King County, Washington

Local advocacy to request the state to lower the age restrictions and allow for older adults who are cared for in multigenerational homes to gain access to vaccines

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(January 2021) Expanded Eligibility for Phase 1b1:

- Age 50 and older if they live in a household where two or more generations live, (such as an elder and a grandchild), and meet these qualifications:
 - Cannot live independently and receives support from a relative or caregiver (paid or unpaid) or someone who works outside the home
 - Lives with and cares for a young child, like a grandparent with a grandchild.

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 - Cannot live independently and receives support from a relative or caregiver (paid or unpaid) or someone who works outside the home
 - Lives with and cares for a young child, like a grandparent with a grandchild.
- Who is left out? Our younger caregivers

<https://nwasianweekly.com/2021/01/old-people-at-home-will-get-vaccinated-but-maybe-not-their-caregivers-state-announces/>

Equity in Vaccine Access

What do our communities look like?

- Multigenerational households and caregivers
- Low-income communities and those experiencing poverty
- Multilingual and proficiency in AAPI languages other than English
- Lack of access to transportation
- Limited digital literacy



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From planning to the distribution of vaccines, we need to center different communities and their unique needs.

- Information on COVID-19 and vaccines
- Health literacy
- Outreach efforts
- Vaccine appointment system
- Physical location and access to vaccine sites



NAPCA's Community Resource Helpline for Older Adults and Caregivers

Our Helpline is available in 8 different languages:

NAPCA Helpline counselors can help navigate the map and resources below in-language. Call Monday, Wednesday or Friday from 8:30 – 1 pm PST for assistance using resources or learning more about the COVID-19 vaccine.



English
1-800-336-2722



日本語 / Japanese
1-800-398-1117



廣東話 / Cantonese
1-800- 582-4218



Tagalog / Filipino
1-800-593-8087



普通话 / Mandarin
1-800-683-7427



Tiếng Việt / Vietnamese
1-800-582-4336



한국어 / Korean
1-800-582-4259



Español / Spanish
1-800-948-3844

NAPCA's Multilingual Vaccine Site Locator

- In-language support available in 10+ languages
- Support with vaccine appointments



Many states only offer vaccine information in English or Spanish. If you need help navigating websites or learning more about the COVID-19 vaccine, call the NAPCA Helpline to speak to a counselor in-language.

Other Multilingual COVID-19 Resources

TranslateCOVID.org

UCLA Institute of American Cultures **UCLA** Fielding School of Public Health **UCLA** Asian American Studies Center

COVID-19 MULTILINGUAL RESOURCE HUB

#translatecovid #UCLAAASC #UCLAFSPH

COVID-19 Vaccine Frequently Asked Questions

վակցինա	টিকা	疫苗	疫苗	vaccine
Armenian	Bangla	Chinese (Simplified)	Chinese (Traditional)	English
نسکاو	vaccin	टीका	tshuaj tiv thaiv	ワクチン
Farsi	French	Hindi	Hmong	Japanese
백신	វ៉ាក់សាំងកូរ៉េ	ສັກຢາວັກຊີນ	вакцина	vacuna
Korean	Khmer	Lao	Russian	Spanish
bakuna	KO E HUHU MALU'I	วัคซีน	vắc xin	
Tagalog	Tongan	Thai	Vietnamese	



Questions



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CLOSING REMARKS

Lauren Pongan, National Director
Diverse Elders Coalition

What other resources regarding vaccine access would be helpful?

- a. Information regarding the safety of the vaccine
- b. Vaccine locations in my area
- c. Vaccine eligibility information
- d. Other (type in chat)