



June 30, 2021

The Honorable James Clyburn
Chairman
Select Subcommittee on the Coronavirus Crisis
House Committee on Oversight and Reform
Washington, DC 20510

The Honorable Steve Scalise
Ranking Member
Select Subcommittee on the Coronavirus Crisis
House Committee on Oversight and Reform
Washington, DC 20510

Dear Chairman Clyburn and Ranking Member Scalise,

The National Council on Aging (NCOA) appreciates the opportunity to submit this letter for the record to the U.S. House of Representatives Select Committee on the Coronavirus Crisis regarding the critical issue of combatting COVID-19 vaccine hesitancy.

At NCOA, our vision is a just and caring society in which each of us, as we age, lives with dignity, purpose, and security. Our mission is to improve the lives of millions of older adults, especially those who are struggling. Since 1950, we have partnered with thousands of organizations across the country to develop innovative programs that empower older adults to remain healthy, economically secure, and independent in their communities. We believe aging well is something every American deserves—regardless of gender, color, sexuality, income, or zip code.

The coronavirus pandemic has exacerbated existing inequities for older adults, especially African American, Latinx, Indigenous, rural, and frontier populations. This health equity crisis has called into question the once seemingly viable “safety nets” that economically vulnerable individuals aged in and out of throughout their lifetimes. An accessible, effective vaccine has provided a hope for a better future for these individuals as they age, and for their caregivers, families, and communities.

However, misinformation and misunderstanding about the COVID-19 vaccines have had a significant impact on vaccine uptake among various demographic groups. As government, corporate, and community leaders work to create solutions to combat misinformation and the resulting vaccine hesitancy, it is imperative that the needs of older adults stay top of mind and that evaluating their financial, socioeconomic, and health disparities be a basis for informing solutions.

Tremendous progress has been made in getting older Americans vaccinated across the U.S. As of June 30, 2021, 88% of individuals aged 65 and over have received one vaccine and 78% are fully vaccinated, according to the [CDC's COVID Data Tracker](#). Yet, there is still work to be done regarding communities of color, especially African American and Hispanic/Latinx communities, to improve vaccine rates among older adults and other age groups. In addition, certain areas of the country are lagging behind, of most concern being southern and some western states. The [CDC COVID Data Tracker](#) reveals that counties such as Washington Parish, LA, and Clarendon, SC, have yet to achieve vaccination rates among the 65+ that rival the national trends. Further, lower vaccine rates are seen in people aged 50 and younger, as many believe they will not get severe illness if they become infected. Young people provide care and come in close contact with older adults in a variety of settings. A recent report from the Centers for Medicare and Medicaid indicated that 45% of nursing home staff across the U.S. are not fully vaccinated. These low rates present a significant challenge in keeping infections out of nursing homes, including breakthrough infections that have occurred among vaccinated residents in some homes.

Since the coronavirus pandemic was declared in March 2020, NCOA has led numerous efforts focused on educating and advocating for aging network professionals and older adults and their caregivers. We quickly developed an online COVID-19 resource hub, in both English and Spanish, along with PSAs across targeted states where outreach was most needed and safety nets had been nearly severed. These outreach campaigns were focused on working through crisis to provide unbiased, timely information about the virus, strategies to stay safe during the pandemic, and critical information about the vaccines as they received FDA emergency use authorization. One of our key vaccine education and advocacy objectives was to reduce hesitancy among vulnerable and at-risk populations and to ensure equitable distribution of these vaccines.

We collaborated with other national organizations and community-based organizations on town halls, webinars, and conference presentations to disseminate information about what works to reduce hesitancy and increase equitable uptake of the vaccines among older adults. Additionally, we worked with community leaders, advocates, and volunteers from El Paso, TX and Bowie, MD to Seattle, WA and Great Falls, MT. We cast a wide net and used various engagement and outreach strategies deemed highlight effective “playbooks” for finding those hard-to-reach populations, including strategies related to the Census, voter registration, and past efforts to inform vulnerable populations of health coverage during the early days of the Affordable Care Act. We have learned much about what works and what does not work.

Here is what we found:

- **Trust:** Connecting with diverse older adults where they are with targeted messaging from trusted community leaders provides a greater understanding of the importance, safety, and efficacy of the vaccines. This includes engaging with the aging network, local food banks, senior centers, FQHCs, and health care providers, including primary care doctors and pharmacists. Creating spaces to address complex challenges around health equity and economic security, opening up opportunities for dialogue among different populations and leaders is the only way to capture a deep understanding of the history and needs of communities.
- **Faith:** Partnering with churches to educate and provide vaccines is critical. Pastors, bishops, and first ladies can be used as visible trusted partners, reminding individuals of where the community has been and what’s possible. Church leaders can also address the conflict of science and faith that sometimes exists due to historical injustices. Clergy is key to discussing how science and faith can work together to benefit a community. Messaging can build on other campaigns that may already be in place for such things as flu shot outreach campaigns.
- **Messaging:** Messaging must emphasize personal and community benefit. This includes protection from getting sick and being hospitalized for you and others in your community; how communities of color are especially at risk; that vaccine development was built on existing research and included older adults and persons from communities of color; that vaccine side effects are temporary and indicate the body is building immunity to the virus; and that vaccines save lives and mean a return to normalcy.
- **Data:** Committing to data driven outreach is important. For example, use of the CDC COVID Tracker has helped community-based organizations use resources more effectively in targeting neighborhoods with low vaccination rates and partnering with groups having deep ties.

Here are additional findings from across the U.S. about what worked and what proved challenging in efforts to reduce hesitancy and increase uptake by addressing barriers:

- Senior centers are trusted in-person locations for education and vaccine access.
- Translation services are key to getting messages out to those who do not speak English as their primary language.
- Transportation barriers can be addressed by using trusted home health agency staff to administer

vaccines and mobile units to reach homebound older adults. Partnerships with transportation providers such as Lyft also can bring older adults to vaccine clinics.

- African American ministries working in cooperation with community partners, health care entities, HBCUs, and other vehicles for intergenerational messaging have been effective in reducing hesitancy.
- Frontline workers in urban centers, suburban settings, and rural and frontier communities all have different needs. It's important to listen to community leaders to better assess opportunities for access to these individuals who have little to no time to be away from work and caregiving responsibilities that are often intertwined among these populations.
- Rural communities are addressing their challenges by consolidating programs and services to have many touch points in one. Assessments for other social needs can be bundled with conversations around vaccine status and hesitancy. These types of consolidated programs can come, for example, in the form of wellness checks and calls to inquire into food insecurity older adults may have been experiencing at the height of the pandemic. One contact can create multiple opportunities to provide needed services for rural populations. These wellness checks also involved informing and talking through the benefits of the vaccine for older adults, their caregivers, and families.
- Methods to reach older adults in need through drive-through food pantries, senior center meal pickups, and drive-up health clinics, worked well. However, as states implemented online vaccine registration, the high poverty rates and poor access to broadband in particular states made it extremely difficult for older adults to register for the vaccine.

Above all, NCOA learned that all of us can be a trusted messenger to someone else, and we all have a part in ensuring that we keep older adults safe and build upon what we have learned—meeting people where they are and building a stronger sense of the importance of health equity in the communities we serve.

Thank you for the opportunity to share our views. If you have questions or would like additional information, please contact Howard Bedlin, NCOA Vice President for Public Policy and Advocacy, at howard.bedlin@ncoa.org.

Sincerely,

Ramsey Alwin
President and CEO