

LPC Weekly Report

Friday, August 12 2022



Highlights for LPCs:

Developing Successful Volunteer Opportunities in Dementia Programs: This NADRC webinar will be held on **Tuesday, August 30, 2022, from 1:00 p.m. to 2:00 p.m. ET** and will discuss how volunteers can provide support to organizations serving people with dementia and their caregivers through helping them expand their capacity for long-term sustainability. The discussion will focus on how selected dementia programs recruit, train, and retain volunteers by providing them with meaningful work. Register [here](#).

COVID-19 Related Updates:

New COVID Community Guidance (NOT FOR HEALTHCARE SETTINGS). CDC released updated COVID guidance today for community settings. Guidance updates are based on this [Morbidity and Mortality Weekly Report](#). (See details from CDC in item #12 below.) **The new guidance does not apply to healthcare settings**, though we are told we are getting closer to seeing updates for healthcare settings too. There has been confusion in the past about which guidance different LeadingAge member settings should follow. Nursing homes (including residents, staff, and visitors) will continue to follow the healthcare settings guidance. CDC is currently in discussion about which guidance other settings, such as assisted living, should follow. We will share updates as they are released.

CDC Guidance on Monkeypox. Keeping monkeypox on your radar. . .don't forget to review the CDC recommendations [here](#). While you may be watching for monkeypox related to resident sexual contact, be mindful of other ways in which this virus might spread, including other physical contact or high-contact care. Be mindful of exposure between residents, residents and visitors, and residents and staff.

Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems. CDC [published an MMWR on guidance for minimizing the impact of COVID-19 on individual persons, communities, and health care systems](#). High levels of immunity and availability of effective COVID-19 prevention and management tools have reduced the risk for medically significant illness and death. To prevent medically significant COVID-19 illness and death, persons must understand their risk, take steps to protect themselves and others with vaccines, therapeutics, and nonpharmaceutical interventions when needed, receive testing and wear masks when exposed, receive testing if symptomatic, and isolate for ≥ 5 days if infected. Medically significant illness, death, and health care system strain can be reduced through vaccination and therapeutics to prevent severe illness, complemented by use of multiple prevention methods to reduce exposure risk and an emphasis on protecting persons at high risk for severe illness.

COVID-19 Self-Test Data: Challenges and Opportunities. CDC [published an MMWR on COVID-19 Self-test data](#). COVID-19 self-test use has increased but reporting of results is not required. During October 31, 2021 to June 11, 2022, 10.7 million test results were voluntarily reported by users of four manufacturers' self-tests; during that period, 361.9 million laboratory-based and point-of-care test results were reported. Completeness of reporting demographic variables and trends in percent positivity were similar across test types. Self-tests are a valuable risk-reduction tool that can guide individual actions, but they currently offer limited utility in enhancing public health surveillance.

Laboratory-based and point-of-care test result data, in combination with other COVID-19 surveillance information, continue to provide strong situational awareness.

Advocacy Updates and Hill News:

New Report Released “Direct Care Workers Count: Why Data Matters to Advance Workforce Equity.”

The Center for Advancing Racial Equity and Job Quality in Long Term Care released a new report on the role of data in advancing workforce equity for the direct care workforce. The report makes a number of recommendations, some of which are underway and some which need to be acted upon. The recommendations are:

- Create a federal standard dataset of direct care workforce data which sets a “floor” for states to build upon;
- Coordinate the national data collection effort;
- Appropriate designated federal funds to equitable data collection and system maintenance
- Collect robust demographic data in standardized categories and disaggregate the federal standard dataset to facilitate cross-referencing and equity assessments;
- Mandate meaningful worker engagement and participatory, community-led data collection, and utilize a Black Women Best model and “data feminism” framework; and
- Center workers in their own words by designing and implementing the first national worker-centered survey of direct care workers.

The full report can be found [here](#).