

Connecting Public Health and Long-Term Care Communities
Engaging Key Stakeholders and Partners to Support
Nursing Home & Other Long-term Care Facilities with
Strike Team Funding from the American Rescue Plan Act of 2021

Paper #1

On October 1st, 2021 guidance was issued related to building [nursing home and other long-term care facilities strike teams and infrastructure](#). This total of \$500 million will be supported through the American Rescue Plan Act (ARPA) of 2021. It is awarded through the CDC's Epidemiology and Laboratory Capacity cooperative agreement to the current 64 ELC recipients. The CDC, with support and facilitation from The John A. Hartford Foundation (JAHF), invited volunteers to participate in a taskforce that would advise on ways to inform and support the implementation of these funds through the state departments of public health, which can and should align with additional ARPA funding available for [strengthening HAI/AR program capacity](#).

This document, summarizing input from the CDC/JAHF taskforce, is meant to serve as resource to the states and territories as they develop workplans for the activities supported by this ARPA funding and is divided into 2 sections: "Planning and Identifying Areas of Support" describes a process and key areas to support facility infection prevention and control efforts and maintain clinical operations; "Key Stakeholder Analysis and Mapping" compiles examples of health department and external partners to consider in the strategic planning and implementation of funded activities. The suggestions in these sections are not exhaustive and innovative ideas within the context of the CDC guidance that may not be listed below are welcome. If you have examples that might be of use to other states, send to NHStrikeTeams@cdc.gov.

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A companion paper is also available that provides examples of how strike teams from various states and locations across the country executed their role during the COVID-19 pandemic to date, along with examples of other kinds of collaborations among stakeholder organizations that have helped address the pandemic's negative impact in long-term care settings. The companion paper and other useful documents can be found on this [resource page](#).

Planning and Identifying Areas of Support

While jurisdictions may have varied approaches to determining how these resources can be most meaningfully directed to meet the needs of nursing homes and other long-term care facilities, below are a few considerations while developing strategies and workplans.

- Engage providers to understand the current landscape, challenges and needs

- Probe on topics such as staffing recruitment and retention, supplies and capacity for SARS-CoV-2 testing and management, infection prevention and control capacity
- Seek examples from other localities, regions or states that addressed the challenges prioritized for your jurisdiction: [ARPA 2021 Nursing Home & Long-Term Care Facility Strike Team and Infrastructure Projects: Resources to Help Connect Public Health and LTC Communities](#) (at johnhartford.org)
- Identify partners who can facilitate implementation of these activities

The following are examples of supports to strengthen and sustain nursing home and other LTC infrastructure for both prevention and response to COVID-19 and other infectious pathogens, and to support clinical staff and operations:

- Provision of onsite or remote technical support to facilities to strengthen capacity to detect, prevent and respond to SARS-CoV-2 and other infectious pathogens (e.g., emerging antibiotic resistance, influenza, norovirus)
 - Infection prevention assessment and implementation assistance
 - Testing supplies and resources
 - Distribution and administration of COVID-19 therapeutics
 - Education and access to COVID-19 and influenza vaccine
- Training and provision of supplies to support safe use and handling of personal protective equipment, including respiratory protection programs with capacity to conduct medical clearance and fit-testing
- Initiatives to increase the eligible LTC direct care workforce
 - Campaigns highlighting the importance and value of long-term care
 - Scholarship or loan-forgiveness programs for LTC workers
- Initiatives to support the existing LTC workforce, including training and resources on infection prevention
 - Professional development opportunities for personnel in LTC
 - Scholarship or loan-forgiveness programs for LTC workers
 - Child-care supports
 - Mental health and grief counseling services
- Innovations to address staffing crisis and offer surge support
 - Use of community health workers to expand the pool of available workforce personnel during emergencies
 - Partnership with national guard or other medical reserve

Key Stakeholder Analysis and Mapping

Effective planning activities to develop and implement Strike Team support will engage and partner with individuals and organizations that can help to identify, understand and address the current needs of long-term care settings impacted by the COVID-19 pandemic.

Key stakeholder analysis and mapping is a process to inform and develop activities. According to a World Health Organization [report](#), “information generated from stakeholder analysis may serve several purposes: to provide input for other analyses; to inform the development of action plans; to increase support for a reform policy; or to guide a participatory, consensus-building process.”

Identifying key stakeholders should relate directly to the purpose and goals of state activities. Input from a diverse group of partners both within and external to the public health program will maximize the utilization and impact of these resources.

State health department programs

In addition to the project directors for the ELC Co-operative agreement, consider representatives from the following:

- HAI/AR prevention program
- Preparedness, including healthcare coalition support
- State licensing/certification program
- State Medicaid program
- Immunization services program

External state partners

Consider the following key stakeholder organizations (in no particular order):

- Nursing home and other LTC providers (e.g., [AHCA/NCAL](#), [Leading Age](#), [Argentum](#))
- Clinical and administrative staff and practitioners (e.g., [AMDIA](#), [NADONA](#), [AAPACN](#), [GAPNA](#), [NAHCA](#))
- Residents and families (e.g., [State Ombudsman program](#), resident/family advocacy groups)
- State quality improvement partners (e.g., [CMS funded QIN-QIO](#))
- State licensing boards for clinical staff including LPNs, CNAs
- Local health departments
- Emergency management organizations; healthcare systems and coalitions
- Academic medical, nursing and allied health programs
- Patient safety/quality improvement research groups

While state organizations can be a resource for understanding the current challenges and needs of their members, always consider the impact of hearing directly from LTC staff, residents and families about their experiences and ways to seek out their input.