SUA DISCUSSION WEBINAR
June 2020
INTRODUCTION/SETTING THE STAGE
COMMUNICATION, CONNECTIONS, AND THE CHALLENGES OF NAVIGATING THE WAVES OF A PANDEMIC IN 2020

ERIK WHITE MS RDN LMNT
NUTRITION COORDINATOR

June 22nd, 2020
OVERVIEW OF YOUR STATE UNIT ON AGING

The State Unit on Aging (SUA) oversees funding to help Nebraskans stay in their homes. These funding sources include the Older Americans Act, the Nebraska Community Aging Services Act, the Aging & Disability Resource Center Act, and the Senior Community Services Employment Program (SCSEP). The SUA is located in Lincoln Nebraska at the State Office Building.

Area Agencies on Aging (AAA) and other providers deliver a wide range of services to the community. These services promote health, safety and long-term independence. Services are available to older adults, persons with a disability or a caregiver. Nebraska currently has eight Area Agencies on Aging.
COVID-19 STORY: STATUS OF YOUR STATE

• As of **6/18/2020** there have been 17,226 total positive cases in Nebraska. 144,996 individuals have been tested. There have been 234 fatalities from COVID-19.

• **See Link Here:** [https://nebraska.maps.arcgis.com/apps/opsdashboard/index.html#/4213f719a45647bc873ffbf58ef3f3f](https://nebraska.maps.arcgis.com/apps/opsdashboard/index.html#/4213f719a45647bc873ffbf58ef3f3f)

• In the beginning, all AAA’s closed centers, continued with HDM’s and began “curb-side” or “to-go” meals.

• It was with the change in services that came the **challenge** of adjusting and adding services in our data software. Also **communicating** this with the AAA’s.

• The demand for HDM’s increased dramatically and has remained high ever since.

• Nebraska has 196 total senior centers, as of mid-June there are 23 centers open, 14 of which are actually serving limited congregate meals. The rest are only holding limited social activities with precautions.
COVID-19 STORY: STATE LEVEL CHALLENGES

• Meetings and calls with several levels of DHHS (extra calls per week initially); in the beginning some of these calls overlapped but have now become more routine and fewer.

• Federal calls have been consistent, and timely. ACL national calls have been weekly, then moving to every other week; ACL regional calls are weekly. Resource sharing at the federal level has been helpful. Response time from the feds has been beneficial as well!

• Reporting requirements on new funding was slow; we worked extensively with the data provider to tie down accurate reporting service names and regulations.

• Getting the major disaster declaration took some time here in Nebraska, as well as the clarification within state government on what it meant for the aging program flexibility.
• The SUA team has been in contact with providers (AAAs, SCSEP grantee, etc.) on issues related to services provided by the program. The state is exercising a lot of flexibility within these programs.

• The AAAs have participated in calls with the SUA on a number of topics. System issues, reporting, tracking, and how to track the new money and services. They have been responsive to the new information and made changes where it worked best for their service area.

• Overall, assuring clients receive meals and services was the biggest challenge after the changes in services, sub-awards and instructing AAA’s on how to utilize funding.
COVID-19 STORY: HOW HAVE YOU ENGAGED PROVIDERS

What were some opportunities realized?

– Monthly Nutrition Coordinator calls which include AAA directors and SUA staff.

– Webinars for navigating through new services and educating providers on new flexibilities with sub-awards.

– Regular emails to a large number of individuals from AAA’s that include ACL guidance as well as CDC guidelines and best practices.

How have these strategies worked out for your state?

– Finding the right way to communicate and becoming consistent helped to connect the SUA with its providers in a way that reduced unnecessary confusion and uncertainty.

– So far Nebraska has fared well with our transition of programming and we continue to strive for consistent and accurate communication with providers.
What were some lessons learned?

- We should have started calls sooner with the AAAs, just to touch base. We didn’t need something in place yet to start the calls. The sharing between agencies was not happening at the level we thought it was. When we did have the calls, we asked each agency individually to report, and that improved reporting/sharing of ideas/etc.

- Thanks to our business analyst on staff, we were better prepared for work from home capabilities than many. We are a small team, and the flexibility was useful in that regard. When requested prior to this, we permitted working from home. A small team has more flexibility than a statewide huge team.

What lies ahead for your state and providers?

- Finding ways to spend funding as we continue with the pandemic, assure centers operate safely and finding new ways to implement programming in a innovative way that continues to reach older adults in both rural and urban areas.
LOOKING AHEAD

Nebraska is looking forward to:

• Keeping our clients safe.

• Keeping our clients living in their own homes while fighting social isolation.

• Continuing to maintain great communication with AAA’s, ACL and The National Resource Center on Nutrition and Aging.

• Crushing the curve.

• Being progressive in our endeavors of finding innovative ways to serve.

• Navigating through the “New Normal”.

@NRCNA_engAging
Thank you!

Erik White MS RDN LMNT

DHHS Program Coordinator

MEDICAID & LONG-TERM CARE, STATE UNIT ON AGING

Nebraska Department of Health and Human Services

Email: erik.white@Nebraska.gov
ACTIVELY PARTNERING WITH AAAS AND LOCAL SERVICE PROVIDERS TO MEET THE NUTRITION NEEDS OF OLDER ADULTS: LESSONS LEARNED

RENAE C. BROWN, MS, RD, LD
CHIEF DIETITIAN, GEORGIA DIVISION OF AGING SERVICES

June 22, 2020
OVERVIEW OF YOUR STATE UNIT ON AGING

• Georgia at a glance:
  - ~10.6 million total population\(^1\)
  - Department of Human Services Division of Aging Services is the SUA

• Service area as of fiscal year 2019:
  - 35,947 HCBS clients; 84% receive nutrition services\(^2\)
  - 12 Area Agencies on Aging operating 206 senior centers

COVID-19 STORY: STATUS OF YOUR STATE

• Georgia as of June 16, 2020:

Confirmed COVID-19 Cases: 58,414
Deaths: 2,494

COVID-19 STORY: STATE LEVEL CHALLENGES

• Creating unified guidance for diverse AAAs
  – urban vs. rural
  – varying models of service delivery

• Marrying creative solutions with required data reporting
  – Providing flexibility in assessments and data entry
  – Adjusting to influx of new funding and clients
COVID-19 STORY: PROVIDER LEVEL CHALLENGES

• Transitioning congregate meals to home-delivered/drive-through options
  – Vendor shortages
  – Lack of available volunteers
  – Increased unit costs
  – Serving new populations due to COVID-19

• Reimagining senior center models
  – Transition to virtual programming
  – Collaboration with restaurants
  – Addition of grocery delivery
COVID-19 STORY: HOW HAVE YOU ENGAGED PROVIDERS

To engage providers, GA utilized:

- **Email:**
  - FAQ sheet distributed to AAA directors daily with policy flexibilities
  - Surveys administered to AAAs re: nutrition strategies, strengths, challenges

- **Conference phone/video calls:**
  - Biweekly update calls with SUA staff and AAA directors
  - Weekly data entry instruction calls with SUA budget staff and AAA staff
  - Aging and Disability Resource Connection (ADRC) “office hours”
  - SUA attendance at AAA calls with meal providers & senior center staff

- **Electronic guidance documents**
  - Meal Provider list
  - Meal Pattern Guide during time of Nutrient Target Flexibilities
  - Guidance on Serving Senior High Rises
  - Virtual Programming Guide
EXAMPLES OF SURVEY UTILIZED

At this point, how are you handling data entry?

Nutrition Services During COVID-19: May 2020

* Required

Email address *
Your email

First and Last Name *
Your answer

AAA *
Your answer

How do you prefer to receive information?

- AAA-wide phone call: 27.3%
- Email: 54.5%
- Neither is preferred over the other: 18.2%
COVID-19 STORY: LESSONS LEARNED

• Foster relationships and develop trust

• Unite internally before delivering externally
  – Request questions prior to calls
  – Check policy changes cross-departmentally
  – Arrange a “call before the call”

• Provide multiple platforms to allow provider feedback
  – Anonymous surveys may increase honest responses

• Clearly define creative solutions that exist within policy

• Quality guidance > Quick guidance
COVID-19 STORY: ROAD AHEAD

• Reimagining “the new normal”
  – Increasing use of “senior center without walls” model
  – Amplifying partnerships with restaurants, grocery stores, recreation facilities
  – Expanding use of vouchers for transportation, meals, etc.

• Revising policies to allow flexibility in service delivery
  – Updating monitoring guides
  – Exploring long-term virtual programming options

• Streamlining data entry
  – SUA creating a data entry workgroup with AAAs
THANK YOU

Renae C. Brown, MS, RD, LD
Chief Dietitian/Nutritionist
GA DHS Division of Aging Services
renae.brown1@dhs.ga.gov
Q & A

GROUP DISCUSSION
GROUP DISCUSSION QUESTIONS

• How does the experiences in GA and NE relate to your situation in your state?

• In what ways are you engaging successfully with providers? How can you strengthen your engagement?

• We are hearing from providers that they need more guidance. Why do you think that is?

• Share one word that describes how you are feeling about your state’s COVID-19 journey to date.

• What would you tell your December 2019 self in order to prepare them for March 2020?
LOOKING AHEAD
SAVE THE DATE: COMMUNITY OF PRACTICE CONVERSATION

• In conjunction with the Meals on Wheels America Annual Conference and Expo, NRCNA Staff will be hosting an online convening of SUA Nutrition Professionals. Details to follow. Mark your calendars!

• Format: Online networking/information sharing meeting
• Date: Wednesday, September 2, 2020
• Time: 11:00am ET – 12:30pm ET
THANK YOU

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