

Age-Friendly Status Check

EMERGENCY PREPAREDNESS

SEPTEMBER 2021



AGE-FRIENDLY MINNESOTA

Emergency Preparedness

We will live in communities that are ready to keep us safe, connected, and autonomous before, during, and after a crisis—be it public health, weather, or other disaster.

Background

This document is one of eight briefs that explore current approaches and impact of the Minnesota Board on Aging, Minnesota's aging network¹ and Department of Human Services. A better understanding of the foundation provided by our existing work will guide us as we develop strategies for Age-Friendly Minnesota. We aim to stretch our thinking about what aging can and should mean for all Minnesotans—creating policies, communities, and services that see age in everything and empower us with what we need to live with dignity and autonomy at every stage.

The briefs are not exhaustive but aim to capture major ideas, prompt needed questions and discussions, and help us identify priority opportunities for greater impact and better outcomes. All briefs are available at the Age-Friendly Minnesota website..

Overview

Public emergencies can take many forms. Crises in 2020—especially the COVID-19 pandemic, but also civil unrest in the aftermath of George Floyd's killing—highlighted the importance of emergency preparedness specifically for older adults. The increase in extreme weather events also necessitates better planning. Such hazards disproportionately threaten older adults who need extra care or assistance due to physical, cognitive, or medical issues. Events in 2020 also demonstrated that multiple crises can hit simultaneously, intensifying the overall impacts and vulnerability.

No one state agency is responsible for emergency planning. Homeland Security and Emergency Management analyzes various threats to the state and develops preparedness guidance and response plans to address them. The Minnesota Department of Health Center for Emergency Preparedness and Response leads the state's efforts for integrated preparedness, response, and recovery planning among state, local, and tribal public health and health care partners. However, opportunities and responsibilities to better prepare communities and older Minnesotans abound in many places, including the Minnesota Board on Aging (MBA) and divisions of the Minnesota Department of Human Services (DHS), particularly the Office of Ombudsmen for Long-Term Care (OOLTC).

The Governor's Council on an Age-Friendly Minnesota added emergency preparedness as a ninth domain² of focus for the initiative. As the state prepares to undertake a deeper, more concerted

¹ The Older Americans Act of 1965 established a national network of federal, state, and local agencies to plan and provide services that help older adults, including American Indian and Alaska Native elders, to live independently in their homes and communities. This interconnected structure of agencies is known as the aging network.

² The AARP age-friendly framework includes eight domains: Outdoor Spaces and Buildings; Housing; Transportation; Social Participation; Respect & Social Inclusion; Communication & Information; Civic Engagement & Employment; and Community Support & Health Services.

emergency preparedness effort as part of Age-Friendly Minnesota, it is worth examining how the aging network, MBA, and DHS responded to changing and, often, urgent needs over the course of 2020 due to COVID-19. The pandemic, unprecedented in this lifetime, taught important lessons about older adult needs in an emergency and how well we are positioned to meet those needs—which include choice and autonomy—in the inevitable event of another crisis, be it weather, public health, or otherwise.

What Was Learned in 2020

This section presents key takeaways from the work of Area Agencies on Aging (AAAs), Office of Ombudsmen for Long-Term Care (OOLTC), and others in the face of COVID-19. We can learn how they mobilized to help grantees, service providers, and communities meet the pandemic challenges they observed among older Minnesotans throughout the state. Consistent, thoughtful planning guides the work of the aging network, yet most plans for 2020 were upended by COVID-19, and work across the board was compelled to shift gears on a dime to address quickly changing needs and circumstances as the pandemic unfolded.

AAAs dealt closely with immediate needs of older residents across the state. The nature of their responses to pandemic challenges can largely be grouped into four categories:

- Redirecting funds to address changing needs
- Supporting and guiding grantees to help them meet changing needs
- Swiftly adapting in-person services, trainings, and classes to online platforms
- Creating forums for service providers to learn from and support each other as they navigated pandemic conditions

More detail on these and other actions is found below, including the most pressing needs observed. Broader themes are noted in bold, followed by examples and descriptions to help illustrate the work.

Basic needs took center stage.

Across the state, agencies and service providers observed basic needs become top priority. Food and social connection were at the top of the list.

Food and nutrition

AAAs and providers across the state saw the need for food surge during the pandemic—especially home-delivered meals. They responded to the need in a variety of ways, such as:

- **Using newly available federal funds to provide meals**
 - *Granting out COVID-19 Relief Nutrition funds to regional organizations.* Often the majority of the funds went to provide home-delivered meals, with a small amount for grocery delivery. In some cases, AAA staff held several calls with stakeholders prior to making the grants in order to plan and foster collaboration.
 - *Awarding COVID-19 Response Funding from the MN Council of Foundations area food shelves,* which had a considerable increase in users from previous years.

- **Amending grantee contracts to redirect dollars to food and nutrition**
 - *Transitioning all Title-III C-1 funds (Older Americans Act Nutrition Program) to provide home-delivered meals during the period of greatest need.*
 - *Helping Title III³ grantees transition services to new service delivery models and new services to meet pandemic needs. Partnerships with food shelves, groceries-to-go, and prescription delivery services were encouraged.*
- **Providing technical assistance and support to grantees**
 - *Meeting with all nutrition providers on a weekly basis to provide technical assistance and share updates on service needs, supplies, and transitions.*
- **Connecting with new partners and providers**
 - *Working with a regional partner to promote their 7-day meal box program that operated in partnership with local grocery stores in several counties.*
 - *Providing technical assistance and funding for meal distribution to homeless elders and take-home options for caregivers.*
- **Supporting creative and innovative solutions**
 - *Switching to drive-up or take-out meal services at the onset of the pandemic.*
 - *Working with rural bus programs and other transportation services to find creative ways to deliver food to participants when some drivers were reluctant to continue delivering during the pandemic.*
 - *Awarding funding to an organization to provide \$200 per month for food to new immigrants with an elder family member.*
- **AAAs were able to provide many meals to American Indian tribal elders.**

Numerous AAAs worked with tribes and partner organization to fund (with COVID-related dollars in some cases) and coordinate provision of meals to tribal elders, caregivers, and grandkin, amounting to tens of thousands of meals across the state.

Because of the high amount of additional funding that was used during COVID-19, some AAAs' staff are concerned about organizations continuing to meet the high demand for nutrition in 2021 without the supplemental funding that was available during the pandemic.

Social isolation

Social isolation also emerged as a high priority need, especially early on. The OOLTC dealt first-hand with the trauma in long-term care centers caused by COVID-19. It received an unprecedented number of calls regarding loneliness and isolation as residents were confined to their rooms with no visitors allowed or continued restrictions on visitation.

³ Title III of the Older Americans Act—Grants for States and Community Programs on Aging—funds supportive services (of numerous types), nutrition programs, health promotion and disease prevention services, and caregiver support.

Regional ombudsmen usually visit all 361 licensed nursing homes in person once per quarter, but during COVID-19 they transitioned to telephone and video communication outreach, as well as outreach through written materials—for both staff and residents. This stopgap measure helped the regional ombudsmen maintain some level of contact with people during the pandemic to offer services and supports. OOLTC eventually resumed in-person visitation, first through outdoor and window visitation and later through inside visitation.

As in other areas, AAAs and providers found themselves shifting resources and attention to outreach to ensure that individuals were well and had their basic needs met. AAAs helped their partners learn to identify social isolation, and pivoted Title III funds toward telephone reassurance. Many held frequent, regular calls with grantees to address pandemic concerns and increase provision of telephone reassurance for isolated rural older adults, caregivers, and persons with disabilities.

Several also promoted federal CARES Act grant funding opportunities to organizations in their regions and provided technical assistance and funding ideas. This resulted in numerous organizations being selected to provide services focused on increasing social engagement for older adults during COVID-19. In one region, virtual meetings across three subregions were held to focus specifically on ways that community and residential facilities could help clients and staff maintain social connections.

Supporting caregivers during an emergency

Caregivers faced particular challenges during the pandemic. In some cases, stay-at-home orders and safety concerns deprived caregivers of needed breaks and support. In others, visitor restrictions meant that for long periods, caregivers were unable to see loved ones who live in care facilities.

Moving online: virtual caregiver support

AAAs were able to transfer many caregiver services to virtual platforms as a way to continue supporting caregivers during a difficult period. Caregiver coaching and counseling was offered via online platforms like Zoom, and caregivers who participated reported benefiting from the meetings.

Several AAAs noted providers' creativity and resilience in adapting to online services. Providers conducted virtual respite in many creative forms, such as volunteers watching movies over the phone with a care receiver, virtual group sing-alongs, and activity baskets. One provider offered virtual services for care receivers as well as a separate virtual meeting for the caregiver at the same time. Another established a niche for Caregiver Consulting focused on those caregivers who have a loved one in the nursing home setting and struggled with being unable to see them.

Despite this, some AAAs saw drops in the number of caregivers served during 2020 due to cancellation of in-person services and a lack of technology access and literacy among some caregivers. One AAA noted that providers reported high caregiver stress, rapid decline in care receivers, and technology difficulties.

However, virtual services also made it possible to reach care receivers who usually wouldn't be eligible for group setting respite due to bathroom requirements. Likewise, when one region's caregiver support groups shifted online during the second half of 2020, it enabled them to reach more people by making the support group available in additional areas, including reservations.

Creating opportunities for learning and support

MBA and AAAs provided much-needed opportunities for caregiver service providers to gather (virtually) and learn from and support each other. The statewide MBA Caregiver Coalition became invaluable as a place for providers across the state to gather ideas for service delivery changes or additions during the pandemic. One AAA initiated a regional Caregiver Consultant Network at the beginning of 2020, with most topics centering on providing caregiver support during the COVID-19 crisis. Similarly, another AAA facilitated 10 virtual Title III-E Caring & Sharing meetings to support and generate ideas for meeting the pandemic-related needs of caregivers and care receivers.

Successful shifts to virtual platforms

Across the board, agencies and service providers needed to quickly figure out how to offer services virtually—whether Evidence-Based Health Promotion (EBHP) programs or training for Caregiver Consultants. The majority of classes and services successfully transferred to online formats, with many lessons learned in the process. AAAs undertook this shift internally and helped grantees do the same. The transition required a great deal of time and other resources.

AAAs provided technical assistance to grantees and partners to help establish virtual services. They also found ways to fund programs that include the purchase of devices that participants could use to access services or classes. For example, one AAA amended its Title III award to CommonBond to include purchase of needed devices (50 iPads and 12 internet hotspots) so that older adults could join EBHP programs. Another AAA used CARES Act funding to support programs that provided tablet devices and internet service to older adults to allow them to participate in classes and stay socially connected. A third provided technical assistance to partners, including a church, to help them provide virtual classes, including Aging Mastery, and one provided classes for its class leaders focused on delivering classes on Zoom, who found it critical to success and engagement.

Don't waste a crisis

Amidst the immense challenges and suffering that resulted from COVID-19, some important lessons and opportunities emerged.

New connections and relationships

In some cases, the changing needs driven by COVID-19 opened doors for AAAs and providers to connect with groups that AAAs seek to engage and support but who are sometimes difficult to reach. Examples of new opportunities in various regions include the following:

- Reaching out to low-income senior housing residents related to grocery delivery services, which became especially important and desirable during the pandemic.
- Engaging with tribes and AI CHO (American Indian Community Housing Organization) regarding nutrition needs of elders living both on and off of the reservation, and ultimately providing \$171,525 of COVID-19 Relief Nutrition funds to these entities to provide home-delivered meals.
- In response to the pandemic, holding weekly/biweekly coordination calls with regional partners, including tribal entities. These calls increased collaboration with tribal entities and led to Older Americans Act service opportunities; in the second half of 2020, two mini-grants were made to a transit service on a reservation for assisted transportation.

- As a result of a referral from MBA staff, one AAA and a senior dining provider connected with the urban Indian office regarding ways to support the nutritional needs of their 120 urban elders. Newly formed relationships with two nations' urban offices are anticipated to continue well into the future.

Smarter, increased use of technology

So many services, trainings, classes, and other aspects of work shifted online under rapid fire. This was a steep but highly instructive learning curve. The experience resulted in discovery of new possibilities that will strengthen and expand the reach of the aging network.

AAAs report that Title III providers are utilizing technology more and more to reach and engage participants and are likely to continue to do so, even as COVID subsidies and circumstances no longer necessitate it. In one region, caregiver information sessions, which traditionally target specific locations, now have been made broadly available online. In another, while COVID-19 prevented the AAAs from integrating health promotion programming in congregate dining sites as planned, classes moved to an online format. As a result, hybrid classes—some participants attend in person, some attend online, and others by phone—are being pursued for the future, providing participants with new choices.

Age-friendly communities

Several Minnesota cities that are members of the AARP Network of Age-Friendly States and Communities reported that their age-friendly initiatives put them in a stronger position to respond to COVID-related challenges for several reasons:

- Organizational connections and relationships were already established and aided rapid, coordinated action.
- Greater knowledge of older adults' needs, wishes, and existing resources facilitated more effective responses.
- Strategies and methods were in place to support quick and effective communications of critical information.
- Elevated profile of older residents is established and increasingly "on the radar" of city and community leaders.

This helps speak to the potential and power of community-wide age-friendly initiatives and their ability to help communities be more resilient and better absorb the stressors caused in emergency situations.

Where We Go from Here

A year like no other, 2020 was difficult—an understatement—but a good teacher. Lessons gleaned from what Minnesota's older adults and communities experienced, and how the aging network and other key divisions responded, should be used to inform emergency preparedness work to be undertaken as part of Age-Friendly Minnesota.

Long-term care

Numerous issues related to long-term care emerged during COVID-19. In addition to those mentioned above, there also is a need for the following:

- Better infection control practices in long-term care
- Addressing continued staffing shortages, including new staffing resources to tap in the case of emergency
- Policies that take into account the health and safety effects of isolation—such as ensuring that residents have continued access to family or other informal caregivers even during a pandemic.

Ageism

Ageism is widely regarded as playing an influential part in how COVID-19 impacted older people—such as the nature of public discourse, which devalued older people; the ‘protective’ policies that can be considered patronizing and that neglected the health consequences of social disconnection; the documentation of deaths of older adults; and the lack of preparation in long-term care homes.⁴

Our attitudes, shaped by media messages and public discourse, show up in our actions, decisions, and policies. Ageism is a common thread in all aspects of age-friendly work, but COVID-19 provides a very immediate example of how it comes to life. Specific attention must be given to how perceptions and attitudes about aging and older people show up in our planning, engagement, and policies.

Utilizing older adults as the rich resource they are

While some older adults are indeed vulnerable and have needs that require deliberate planning for emergency response, it also must be noted that older adults who are not vulnerable can be a tremendous asset in helping those who are. AmeriCorps Senior (formerly SeniorCorps), a program that connects people 55 and older with volunteer opportunities, provided some COVID-19 response, but there is opportunity for them to be better utilized for future emergency responses.

Thank you to Minnesota’s seven Area Agencies on Aging and the OOLTC for the examples of work highlighted in this brief.

⁴ Fraser, Lagac, Bongué, et al. “Ageism and COVID-19: What does our society’s response say about us?” *Age and Ageing*, Vol. 5, Issue 49, Sept. 2020.