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Area Agencies on Aging Provide Crucial Support for Older New Yorkers During COVID-19

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The COVID-19 pandemic presents new risks and magnifies existing threats to the health and wellbeing of older adults.[1] During the pandemic, stay-at-home orders reduced older Americans' ability to shop for groceries and pick up prescriptions safely. It also limited their access to informal supports from friends and family.[2] Area Agencies on Aging (AAAs) provide a broad range of support services that maximize older Americans' health, safety, and independence.[3] The COVID-19 pandemic has highlighted the importance of AAAs' work supporting older adults in disaster-impacted communities.[3]

KEY FINDINGS

- Area Agencies on Aging (AAAs) rapidly adapted to address emergent needs and minimize COVID-19 exposure risk for older adults.
- AAAs' trusted relationships with older adults and community partners improved their ability to prioritize needs and coordinate appropriate supports.
- Policymakers should ensure that AAAs receive sustained financial and technical support to provide community-based services for older adults throughout pandemic response and recovery.

This brief summarizes the results from a study published in the *Journal of Applied Gerontology*. I interviewed directors and program managers representing 20 Area Agencies on Aging in New York State. Participants were asked to describe strategies their organization used to respond to the COVID-19 pandemic. They also identified factors that supported or hindered AAAs' ability to support older adults during the pandemic.

AAAs rapidly expanded capacity and dramatically modified their program offerings, communications activities, and service delivery to address emergent needs and minimize COVID-19 exposure risk for staff and clients. Participants described diverse approaches to service delivery during the pandemic, reflecting differences in AAAs' geographic and political context and the needs and preferences of older adults in their communities.

Health & Social Isolation

Older adults' vulnerability to negative health and social consequences during the COVID-19 response period varied widely, according to participants. AAA staff's existing knowledge of clients' health issues and support needs allowed for tailored outreach. Staff prioritized clients with mental health conditions, those with little family support, and clients and caregivers of individuals with dementia. All participants discussed concerns about social isolation due to pandemic response measures limiting traditional social interactions for older adults. Many discussed older adults seeking social support from AAA staff through brief interactions at drive-through meal pick-ups, mask distribution events, or case management calls.

Service Access

AAAs devoted significant attention and resources to providing older adults with access to key social services in spite of pandemic risks and disruptions. Participants described AAAs creating new service offerings, modifying existing services, expanding service delivery, and canceling services. All participants reported a significant increase in demand for AAA services due to COVID-19 restrictions. The greatest increase in demand was for home-delivered meals, as older adults' traditional sources of support with grocery shopping or meal preparation were disrupted by COVID-19 restrictions.

Balancing tradeoffs to maximize older adults' overall wellbeing and provide equitable service during COVID-19 often resulted in difficult decisions for AAA leadership. AAA leadership weighed the competing risks of social isolation and service disruption with potential COVID-19 exposure in their approaches to service delivery during pandemic response.

While a few participants referenced existing disaster plans that informed their approach, most AAA COVID-related decisions and policies were made in real-time, especially in the early weeks of the response period. Several participants expressed the need for more proactive and comprehensive disaster preparedness. However, all participants saw flexibility as central to AAAs' ability to support older adults throughout COVID-19 response. Participants emphasized the importance of ensuring AAA leadership and staff were invested in supporting innovative and fast-paced response efforts.

> *"As director I really emphasize cross-training, and that we are public servants. We're not a job title... In this case, I feel like that expectation was already established and there was no, 'that's not my job.' Everybody jumped right in to do what needed to be done."*
> *-a study participant on staff flexibility*

Education & Communication

AAAs' COVID-19 communication activities included educational messaging and connection to appropriate services and resources. Topics included public health guidance on hygiene and social distancing, updates on program changes and service eligibility criteria, information local COVID-19 response activities and closures, educational and entertainment content, health information, scam alerts, and census reminders.

AAAs used a range of strategies to communicate with older adults during COVID-19. Many mailed newsletters and flyers and included printed communications materials with home-delivered meals or with deliveries of masks and hygiene supplies to clients. Several AAA directors spoke on local TV or radio about COVID-19 risks and AAA supports. Several AAAs conducted broad outreach to all adults over a certain age to notify them of AAA services. Many participants also discussed AAA involvement in staffing county-wide COVID-19 information hotlines. Many participants acknowledged that communication through mail, phone, or online would be less effective for engaging older adults than face-to-face communication.

Partnerships

AAAs frequently collaborated with partners at the community, county, and state level to facilitate coordinated and efficient service delivery. Sharing knowledge between the state's network of AAAs was invaluable. They described adapting plans and protocols from other AAAs, collectively brainstorming strategies for service modifications, and sharing experiences and lessons learned between directors.

Coordination with public health departments, human service agencies, and community organizations frequently provided insight and allowed AAAs to provide accurate information about community services like grocery and prescription medication delivery. AAAs that contracted out services described unprecedented levels of communication with contractors to coordinate expanded services, modified safety protocols, and changes to staffing and volunteer supports.

> *"Our state Office for Aging, along with the director of the state association, they have been phenomenal. Like weekly phone calls, and they're doing food surveys, so they ask on a regular basis, 'Where are we for capacity? Do we have the food we need? Do we have the volunteers we need? What do we need?' And if there's any unmet need there, they are working to fill them."*
> *-a study participant on support at the state level*

Support for AAAs from the New York State Office for the Aging (NYSOFA) was also viewed positively by participants. NYSOFA leadership was seen as responsive to AAA needs and committed to the mission of serving older adults.

Federal, state, and local funding and policy support strongly influenced AAA capacity during pandemic response. Many participants expressed appreciation for federal funds from the CARES Act, but worried that budget shortfalls would negatively impact AAA operations. The governor's pandemic response activities and funding decisions were broadly well-received. At the county level, some participants described considerable support and leadership from elected officials, while others described a lack of administrative and financial support.

Data-driven Decision-making

Data-driven decision-making was a priority for AAAs. Participants described making use of COVID-19 surveillance data, state and CDC guidance on preventing exposure for staff and clients, and academic research on effective interventions to reduce social isolation. However, given the unprecedented nature of the pandemic's disruption, AAAs were often required to make decisions under conditions of uncertainty. Participants expressed frustration with recommended protocols for reopening congregate dining sites that they saw as unfeasible and misaligned with their clients' needs. While many participants expressed interest in allowing some return to in-person services, they wrestled with the lack of clear data-driven guidance on safe approaches to in-person service delivery.

> *"They want the people to be six feet apart. Everybody has to wear a mask when they get out of their seat. Everything has to be thrown out... the amount of preparation for something like this, and then some sites, it's never going to work, because they're too small, it's just unfeasible."*
> *-a study participant on reopening protocols*

Navigating Resource Constraints

Given limited funds and widespread demand for services under normal circumstances, AAAs use a standardized assessment process to prioritize services. Many participants also described a strong volunteer base as essential to meeting AAA service demands in spite of budgetary constraints. However, COVID-19 challenged AAAs' traditional approaches to efficient budgetary management.

With increased demand for services brought on by COVID-19 restrictions for older adults, AAA leadership chose to prioritize scaling up service delivery over screening for eligibility. Service expansion was enabled by increased flexibility authorized by NYSOFA. NYSOFA's decision to pause assessment requirements and allow AAAs to provide services without indicating precisely how they would be paid for enabled AAAs to fully address community needs in a crisis situation.

AAAs also faced a reduced volunteer pool during COVID-19 because many AAA volunteers were themselves older adults and were prevented by state-wide COVID regulations from in-person volunteering. Additional volunteers were recruited when possible; teachers and other furloughed government employees were seen as ideal volunteers because they already have background checks and could begin volunteering immediately.

"My staff's doing everything they can just to do their jobs from home, to reach seniors. And I'm doing everything I can to keep up. I don't have someone that can find volunteers, train them, get them background-checked, get them trained on what we need them to do. It's easier to just work 12 hours and do it yourself."
-a study participant on operating with reduced staff and volunteers

Given county-level budget shortfalls due to the pandemic, AAAs were forced to operate with temporary or permanent staff reductions. AAAs responded to ongoing service demand by increasing the number and type of responsibilities for remaining staff, or by eliminating activities that would exceed staff capacity. Many in AAA leadership saw these strategies as necessary responses to the realities of the budgetary situation, but ultimately counterproductive to the efficiency of the AAA's work.

Another participant explained that as director, she was replacing batteries for clients' emergency response systems herself since the person responsible for the program had been furloughed. She noted that the county's decision to furlough her staff both decreased her efficiency as director and produced minimal savings for county budgets because funding for furloughed positions came from state and federal grants.

Implications for Policy and Practice

Collaborating with a range of partner organizations was central to AAAs' ability to access critical resources and advocate for older adults' unique needs during COVID-19 response. In the future, AAA leadership should be included in multidisciplinary disaster planning groups to ensure that the needs of older adults are considered in plans for diverse disaster situations. Doing so would allow AAAs to proactively identify opportunities for collaboration during disaster response.[4]

Study findings suggest a need for funding and policy support to ensure that AAAs are fully equipped to provide services for community-dwelling older adults during pandemics and other disasters. Specifically, financial support and technical guidance are needed for the proactive development of disaster preparedness, response, and recovery policies and programs. Funding could support disaster preparedness planning workshops for AAA leadership or training in first aid and other response skills for AAA staff. It could also be used to develop models for disaster preparedness, response, and recovery. Protocols and communication materials for specific disaster scenarios could then be tailored to specific AAA needs, reducing the demand to develop disaster-related materials from scratch.

Pandemics and other disasters often lead to reductions in government revenue and increased demand for services among high-risk populations. Maintaining or expanding funding and technical support for AAAs during disaster response is necessary to avoid undermining the availability and quality of aging services at a time when they are most critical.

Data and Methods

The data used in this brief come from a Syracuse University study conducted in June-July 2020. Semi-structured interviews were conducted with a sample of 20 Area Agencies on Aging in New York State. 19 interviews were audio-recorded and professionally transcribed. Detailed notes were taken in lieu of recordings for one interview. Transcripts were analyzed using thematic analysis. For a more detailed discussion of our study's methods and findings please see: https://journals.sagepub.com/doi/10.1177/0733464821991026

Table 1. AAA Approaches to Modified Service Delivery During Pandemic Response

Change in AAA Service Approach	Activities supported by AAAs during COVID-19 response
Service creation	Creation of wellness call programs to address social isolation
	Purchase, donation coordination, and delivery of hygiene supplies
	Purchase and delivery of groceries
	Coordination or donations and delivery of emergency food
	Coordination of mask distribution events
	Dissemination of animatronic pets to address social isolation
	Creation of senior nutrition hotline
	Purchase and delivery of tablets and provision of tech support
	Creation of directory of available community services and supports for food and medication access
Service modification	Transition of caregiver support groups from in-person to phone format
	Transition of educational and social programming to online format
	Transition to remote benefits counseling and case management (with some availability for socially distanced in-person service)
	Modification of home-delivered meal delivery practices to minimize exposure risk and address increased capacity demands
	Provision of two-week shelf-stable meal supply to allow for potential two-week kitchen closure
	Transition of congregate meals to home-delivered meals or take-out meals
	Modification of transportation program availability and seating protocols
	Provision of creative activities, games, and brain stimulation by mail and phone
	Modification of kitchen staffing schedules to accommodate increased demand alongside reduced capacity requirements
	Transition of high-risk volunteers to remote volunteering activities or modified programming to reduce volunteer demand
	Provision of options for counseling to support older adults unable to access in-home support due to aide shortage
	Modification of farmers' market coupon delivery procedure
	Temporary elimination of assessment requirement for home-delivered meal recipients
Service expansion	Modification of staff responsibilities and recruitment of additional volunteers to address increased home-delivered meal demand
	Increase in staff time spent providing informal social support during interactions with clients
Service cancellation	Cancellation of annual summer picnics, health fairs, and social events
	Closure of congregate meal sites and community centers
	Cancellation of in-home service provision and assessments (with exceptions for urgent need)

References

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