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National Association of  
Area Agencies on Aging

# **#AAAsAtWork** for Older Adults

**A Snapshot of Area Agency on Aging Responses to COVID-19**



## **The COVID-19 pandemic has hit the nation's population of older adults hard.**

Older adults, especially those with chronic conditions, have experienced some of the most severe cases of the virus, and, unfortunately, the highest mortality rates. Meeting the needs of older Americans has been at the heart of what the nation's network of Area Agencies on Aging (AAAs) and Title VI Native American aging programs have done for nearly 50 years. However, this crisis has amplified the need for the critical services these vital agencies provide to help older adults remain safely at home, **now more than ever.**



## To understand how its members are responding to the pandemic, the National Association of Area Agencies on Aging (n4a) surveyed them in mid-May 2020.

This resulting report highlights how these local leaders on aging and community living have stepped up to expand, adapt and revamp their services and supports to serve older adults, people with disabilities and caregivers through the COVID-19 outbreak.

At the time of this survey, many n4a members had received emergency relief funds provided by Congress for select AAA and Title VI programs and services through the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and

Economic Security (CARES) Act—although some had not yet accessed those resources but subsequently have or will. Those resources are instrumental in supporting the work detailed in this report.

Given the small size of the Title VI respondent pool, the data in this report only reflects answers from AAA members of n4a; however, we know that Title VI aging programs have encountered similar challenges and come up with similar solutions to those devised by their AAA counterparts.





# The Needs of Older Adults: *Growing and Complicated*

**The mission of AAAs** is to maximize the health, safety and independence of older adults so they can live at home and in the community as they age. To that end, AAAs provide a broad range of supportive services that include information and assistance, congregate and home-delivered meals, transportation, chore services and caregiver support. Additionally, AAAs assist individuals who need help with activities of daily living such as bathing, dressing and toileting, so they see firsthand the physical and cognitive vulnerabilities of their most frail older adult clients. They also promote healthy aging in all that they do, providing health promotion and social engagement programs to assist older adults prevent injury, or help to manage chronic illness or cognitive decline.

That's why these vital local agencies moved swiftly to respond to the needs of our nation's older adults once the COVID-19 crisis hit. Almost overnight, AAAs revamped their critical supportive programs to address the needs of their current client base and ensure that they were positioned to meet what they correctly predicted to be a growing need among many other older adults in their communities.

As senior centers, adult day centers, congregate meal sites, and health promotion and social engagement programs had to pause in-person activity due to the health risks to their clients, AAAs immediately made dramatic programming changes to reflect the new public health restrictions. Our members knew what stay-at-home realities would mean for those they serve—and moved quickly to address the unintended consequences of COVID-19.

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**Almost overnight, AAAs revamped their critical supportive programs to address the needs of older adults.**



As stay-at-home orders went into place across the country, millions of older Americans found themselves with a reduced ability to secure food and prescriptions and cut off from family, friends and neighbors who they depended upon for support and companionship. **Without the intervention of AAAs and the service providers they partner with, these older adults would have been left hungry, unassisted and socially isolated.**

This explains why AAAs saw dramatic increases in the numbers of new clients: fully 93 percent of respondents to our May survey reported they were serving more clients since the pandemic began, and 69 percent indicated they were also seeing an increased need for AAA supports and services among existing clients.

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As the numbers of older adults in need increased so, too, did their need for services. As depicted in Figure 1, the most commonly requested services related to COVID-19 indicate an immediate (and ongoing) need for nutritious food, whether in the form of a meal or help with groceries—and was nearly universal (98 percent) across AAAs and echoed by the community nutrition programs they partner with to deliver these services.

As the crisis has continued, older adults have become more socially isolated and lonely. The survey found that 84 percent of AAAs experienced increased demand for telephone reassurance and wellness checks, which enables AAAs to check on both the health and social isolation needs of physically distancing older adults. AAAs also have been providing information and referral services, helping those clients locate AAA and other local resources that can provide help during this critical time; increased demand for this type of assistance was seen by 66 percent of AAA respondents.

## Figure 1. Services with increased demand

Home-delivered meals (98%)



Telephone reassurance and wellness checks (84%)



Information and Referral/Assistance (66%)



Caregiver supports (52%)



Other meals\* (45%)



Financial assistance (40%)



In-home services (33%)



Long-term care ombudsman (32%)



Transportation (24%)



\*such as grab-and-go meals that replaced congregate meal programs in some instances



Given the increased demand for many programs, it's important to note that this survey represents a snapshot in time, taken three months into the crisis for most communities. However, AAAs are already reporting concerns about the longer-term effects of the COVID crisis on older adults, as they delay needed medical visits as well as personal care and hygiene, and, perhaps, experience elder abuse that will likely go unreported. In other cases, AAAs noted that the longer older adults remain at home—and without interventions in the form of programs and services provided by AAAs—the greater the risk they will experience the negative health effects of being isolated.



## Food and Supply Pantry Delivery

**Ventura County  
Area Agency on Aging  
Ventura, CA**

**Story  
from the  
FIELD**

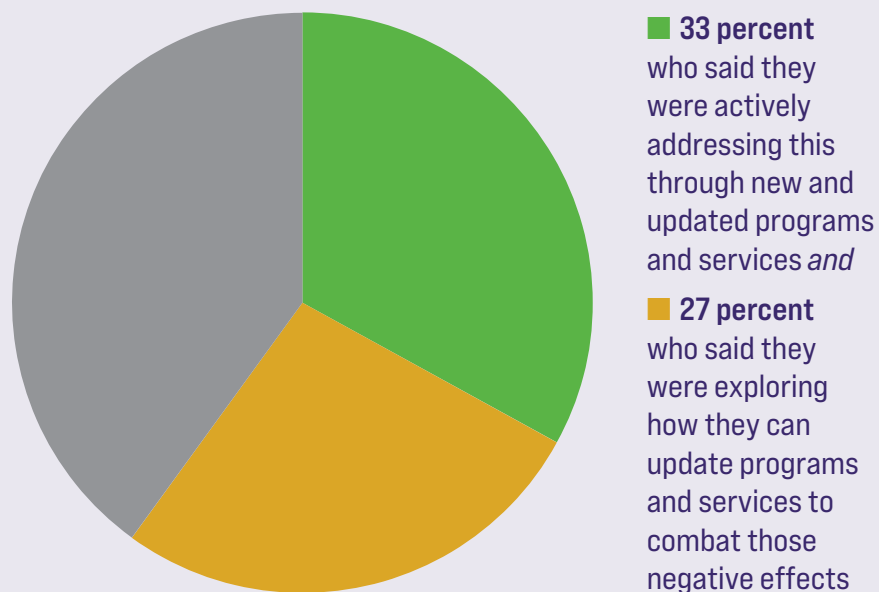
In response to COVID-19, the Ventura County Area Agency on Aging (VCAAA, [www.vcaaa.org](http://www.vcaaa.org)) is now offering a full-service food and supply pantry at no cost to older adults and people with disabilities living in Ventura County. In order to help older adults stay at home during COVID-19, VCAAA's Senior Nutrition Program increased its normal pantry supply and is now delivering groceries. The no-contact delivery contains at least two weeks' worth of groceries, including fresh produce, dry goods, canned foods, pet foods, restaurant meals, and toilet paper. The food supply is approved by the agency's registered dietitian to ensure the grocery components meet the nutritional needs of older adults. Since the pandemic began, the Senior Nutrition Program has served nearly 17,000 people, more than quadruple their normal client base.



In fact, 60 percent of responding AAAs indicated they were already seeing the negative health effects of social isolation on the older adults they serve. The survey results indicate that this is a concern for nearly all agencies; an additional 34 percent reported “not at this time, but...” they are preparing for and attempting to prevent such harms.

## Figure 2. The negative health effects of social isolation

**60 percent of responding AAAs said they were already seeing the negative health effects of social isolation, including:**



## Helping Older Adults Stay Sharp During COVID-19

**Story**  
from the  
**FIELD**

### Advantage Aging Solutions Tallahassee, FL

Advantage Aging Solutions, the Area Agency on Aging for North Florida ([www.aaanf.org](http://www.aaanf.org)), joined forces with longtime partner Elder Care Services to help older adults stay active—both physically and mentally—throughout the COVID-19 crisis and combat social isolation that comes about from physical distancing. To complement online opportunities offered for social interaction, the AAA and Elder Care Services joined forces to develop and offer hands-on activities that allow the hands, mind and body to work together and help older adults stay sharp in their activities of daily living. Thanks to more than \$3,000 in donations from the community, the two agencies compiled goody bags filled with hands-on activities like painting and puzzles and delivered the bags to 500 older adults in their community.



# The AAA Response: *Fast, Flexible and Focused*

**The speed at which AAAs converted their services** is matched only by the ingenuity and innovation they tapped to respond to the threat of COVID-19 in their communities while meeting the nutritional, personal care and social needs of their clients.

As COVID-19 spread across the country, AAAs continued to operate—albeit in new ways. When states and localities issued stay-at-home or safer-at-home guidance, AAAs had just a few hours or days to figure out how to take two of their largest programs (home-delivered meals and congregate meals) and adapt them to meet new safety protocols.

## Meeting Immediate Nutrition and Safety Needs

Recognizing the importance of getting food to older adults, AAAs worked with their

community providers to stand up “grab-and-go” meals in the parking lots of senior centers, ensuring that older adults who had been participating in their congregate meals programs had access to food. They also have been providing home-delivered groceries for clients who could not leave their homes or who did not have transportation. Helped in part by a relaxing of federal rules governing these Older Americans Act (OAA) programs, AAAs (see Figure 3) were able to shift some or all of the clients who had been participating in their congregate meal programs to their home-delivered meals programs, which were revamped to ensure minimal contact between the staff or volunteers who provide the meals and the clients who receive the meals.

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**AAAs were able to shift some or all of the clients who had been participating in their congregate meal programs to their home-delivered meals programs.**



### Figure 3. Which of the following actions has your agency taken in response to COVID-19?

Transitioned congregate meal clients to the home-delivered meals program (90%)



Expanded/adapted existing or launched a new telephone reassurance program (76%)



Serving congregate meal clients through grab-and-go meal sites (67%)



Providing groceries and personal care supplies such as incontinence products, hand sanitizer, etc. (64%)



Working with non-contracted community groups (e.g., YMCAs, food banks, faith-based groups) (61%)



Expanded/adapted existing and/or launched new activities to reduce social isolation (53%)



Working with non-traditional partners to deliver services (e.g., restaurants, other vendors) (52%)



Engaging the community in supporting older adults (e.g., volunteer match program, friendly caller) (41%)



Expanding the use of volunteers and/or referrals to volunteer opportunities (35%)



Medication delivery (28%)





## Going Virtual and Telephonic

As an interim measure as the crisis continues, AAAs are increasingly moving their social and wellness programming online. We expect the numbers of AAAs doing so to increase over time, as agencies adapt more of their service offerings on a temporary basis to a virtual environment, as a means to enable them to continue offering vital services to older adults in their communities. A major obstacle in the transition to virtual programming was the fact that many agencies and clients lack the equipment or reliable internet connections to truly go virtual. For many older adults, the landline telephone remains their technological lifeline and primary form of communication. As a result of these circumstances, AAAs have worked hard to expand programs in any and every way they can, utilizing any devices or platforms that are available to the agency and the older adults they serve.

## Telephone Reassurance Partnership

### Aging and Long Term Care of Eastern Washington Spokane, WA

As Washington state became a hot spot for the COVID-19 crisis, Aging and Long Term Care of Eastern Washington (ALTCEW, [www.altcew.org](http://www.altcew.org)) adapted its Information and Assistance program to also provide telephone reassurance calls. To supplement the AAA staff making these calls, ALTCEW engaged Washington State University nursing students, who earned community practice hours, and later, at semester's end, turned to Retired Senior Volunteer Program participants. Older adults can opt to receive pre-scheduled reassurance calls to mitigate isolation and monitor overall well-being. If needs are identified during the calls, a AAA staff member handles the follow up to connect the older adults with additional resources or support. Before launching the program, the AAA identified clients who had previously received options counseling and support but were no longer active and worked with its close partners to identify others who may be at risk.

**Story**  
*from the*  
**FIELD**

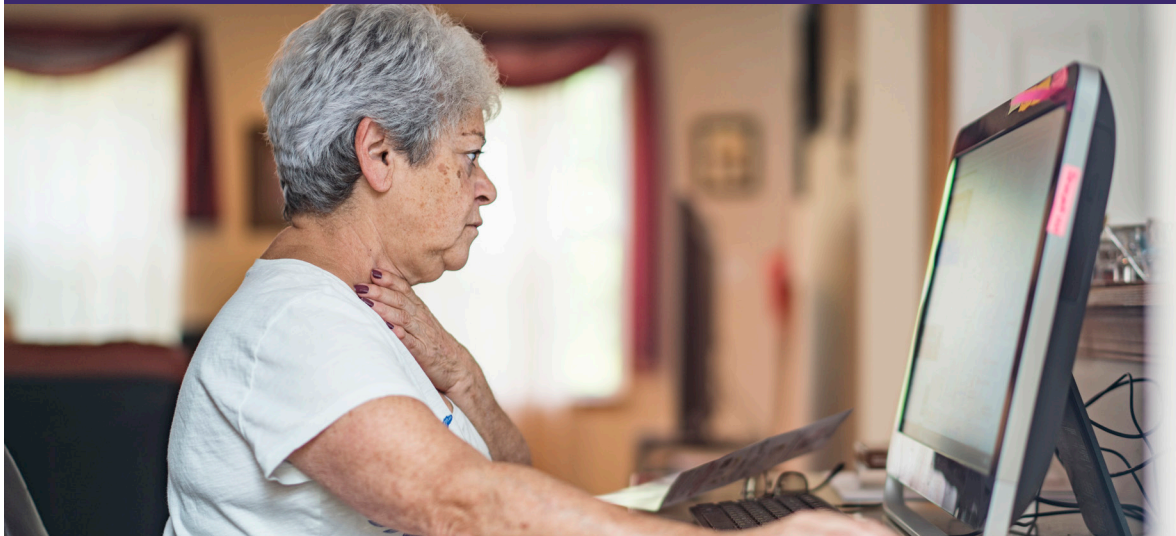
## Figure 4. What programs have you moved to an online format?

Caregiver programs (41%)

Evidence-based health and wellness classes (40%)

General wellness programming (35%)

Additional programming for senior center or adult day participants (26%)



A key role of AAAs is to assess the needs of potential and existing clients, which is both a necessary part of qualifying for some programs (e.g., Medicaid home and community-based services) and critical in all cases to ensuring older adults receive the support and services that best match their needs. In response to COVID-19, AAAs overwhelmingly (more than 90 percent) shifted their assessments and re-assessments, usually conducted in the client's home, to occur over the telephone, protecting clients and staff from COVID-19, while allowing AAAs to continue providing critical services and for these services to remain person-centered. Given AAAs' expertise as in-home care experts and their personal connection with the clients they serve, we expect that in-person assessments and/or assessments that blend in-person with virtual elements will gradually resume over time, as dictated by local conditions and client safety.



## Virtual Senior Center Programming

Anne Arundel County  
Department of Aging and Disabilities  
Annapolis, MD

Story  
from the  
FIELD

Following the closure of seven senior centers in response to COVID-19, the Anne Arundel County Department of Aging and Disabilities ([www.aacounty.org](http://www.aacounty.org)) developed and launched a new series intended to keep senior center participants and the broader community engaged while practicing physical distancing. The new series, titled Remote Online Virtual Education Resources for Seniors (R.O.V.E.R.S.), offers a daily message, activities and virtual socialization to keep older adults safe, connected and informed. Community members can participate in online exercise classes, art classes, crafts, line dancing, music and history lessons through R.O.V.E.R.S. videos shared on the AAA's website, Facebook and Twitter. The videos are also broadcast on local television channels.



## Adapting Transportation

Another key service for older adults is transportation—the affordable, accessible provision of which creates a vital connection between older adults and the community at large. During stay-at-home orders, the demand for transportation lessened as older adults refrained from making all but the most critical trips, but it remains a critical service for older adults who need to get to medical or other essential appointments. AAAs operating transportation programs directly or via contract (a vast majority) have adapted these programs during the pandemic to respond to other needs (e.g., 33 percent are using transportation program vehicles to help with home-delivered meal or grocery deliveries) and put into place new safety protocols.

*Note: these figures are likely suppressed by the fact that a minority of transportation programs were suspended, and so would not yet have implemented these common-sense measures at the time of the survey.*

### Figure 5. Which, if any, of the following has your agency implemented in your transportation programs in response to COVID-19?

New protocols for drivers (58%)



New protocols for cleaning of vehicles (55%)



Prioritized trips to essential medical care, such as dialysis or cancer treatment (47%)



Limited the number of passengers (44%)



Modified transportation program vehicles to deliver meals/groceries (33%)



Other\* (26%)



\*e.g., do not operate a program, limited services, using volunteer drivers for meal delivery instead of rides, etc.





## Safeguarding Clients' Health and Well-Being

One of the major hallmarks of AAAs is their personal connection to their clients. They are the trusted resource for millions of older adults and as such offer eyes-on-the-client access as they are welcomed into their homes. To that end, AAAs offer in-home supportive services, core services of both the Older Americans Act and Medicaid home and community-based services, that are designed to help older adults with the chores and personal care tasks they need to ensure they can continue living independently and safely in the home of their choice.

Pausing all in-home care services to fend off the spread of COVID-19 was not a feasible option for many older adults who rely on AAA staff to support them in their activities of daily living such as bathing, dressing and toileting. Many, if not most, of AAA clients receiving in-home services live alone and/or live with cognitive impairments

such as dementia. AAAs have triaged to find solutions that balance the risks from COVID-19 to clients and workers with the needs of their clients who must have this critical support to stay safe and healthy in their homes. More than 40 percent of AAAs reported they reduced the frequency or duration of in-home services; reserved in-home services for the most at-risk or vulnerable; prioritized personal care over chore support; and made other alterations to balance COVID-19 realities with their clients' very individual and significant needs. Given the aforementioned high needs of the in-home care population, it's not surprising that 45 percent of AAAs indicated they have continued to provide all in-home services.

Only 14 percent of AAAs (generally in areas with the most intense outbreaks) reported that they have had to temporarily suspend in-home services—but they have worked with family caregivers and others to develop alternative plans for their clients until services could be safely resumed.

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One of the biggest challenges for AAAs in providing in-home care as well as other AAA services was—and in 63 percent of responding agencies remains—access to personal protective equipment (PPE). Without these supplies, AAA staff and their providers could not provide these very personal services in clients' homes. Because PPE is also essential to safely providing other services, such as meal delivery, it will be vital to ensuring the safe restoration of many community services going forward.



## AAA Directors Say...

“We are using technology such as FaceTime and telemedicine to ensure clients can keep medical appointments. Staff bring our technology and WiFi to clients' homes to accomplish this, as most don't have smartphones or computers.”

“We are sending out daily messaging, care packages with activities, PPE and disinfecting supplies.”

“Using flexible dollars to help family caregivers to hire an outside caregiver to be able to have some respite.”

“Our health and wellness programs will be filmed and broadcast on local access cable as well as YouTube thanks to local volunteer and staff leaders.”



## Pulling It All Together

The flexible structure of AAAs means there are numerous examples of COVID-19–related efforts happening in communities across the country that are not reflected in the previous charts and tables. Our members told us that, as part of their COVID-19 response, they were also distributing to older adults information on COVID-19 and how to access local services in both electronic and hard-copy formats (including n4a's [Eldercare Locator](#)<sup>1</sup> and [engAGED fact sheets](#)<sup>2</sup>); offering rent and utility assistance; creating activity kits for self-isolating older adults; distributing animatronic pets to help combat feelings of loneliness and isolation; and so much more.

Achieving this range of adapted, expanded or newly launched services in such a short period of time while maximizing safety protocols has required innovation, which AAAs have in abundance. AAAs have

continued operations, albeit with many staff working remotely and their access to public-facing offices temporarily restricted (84 percent). Agencies also repurposed their staff to focus on the most urgent client priorities; tapped new volunteers to fill in gaps that resulted from a drop-off of older adult volunteers (which 42 percent of respondents experienced) or to meet increased service demands (24 percent); and expanded their provider networks to work with non-traditional partners such as restaurants (52 percent) or community groups (61 percent) in more formal ways.

Recruitment of new volunteers has been a major challenge and opportunity for the AAAs that typically rely heavily on volunteers to support or supplement service delivery. Many AAA volunteers are themselves older adults, which created safety and logistical difficulties. To fill gaps in AAAs' volunteer workforce, several common tactics emerged.

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**Recruitment of new volunteers has been a major challenge and opportunity for the AAAs that typically rely heavily on volunteers to support or supplement service delivery.**



Interestingly, 32 percent of respondents indicated that new volunteers came to them unsolicited, thus eliminating the need for recruitment. One issue to watch: as stay-at-home orders are lifted but older volunteers remain uneasy about returning to their former volunteer duties, will the new volunteer force still be available?

While AAAs faced many challenges in the early days of the pandemic, it's clear that creativity, their dedicated and tireless staff, major showings of community support and enhanced communication at all levels were the bedrock of their success in meeting the immediate, urgent and ongoing needs of their clients.

Whether it was joining statewide efforts or partnering with food banks, civic groups or local companies, AAAs—already known for having a multitude of partnerships—understood that the situation required more than the usual hands on deck, and were rewarded for their inclusion of others who wanted to help and their flexibility when called to serve roles they normally do

## Figure 6. Do any of the following currently apply to your agency's volunteer tactics?

Tapping background-checked employees in the community (e.g., teachers, nonessential county employees) [35%]



Using college students from the community [21%]



Recruiting community members through new advertisements [20%]





not. From the small (donated supplies) to the large (a AAA worker redirected to coordinate housing for older adults and others diagnosed with COVID-19), our members expressed tremendous gratitude for their community provider networks as well as their new allies in the mission to serve older adults.

An increasingly common AAA partnership is with health care entities: acute health care providers, hospitals or health systems, and managed care or other health plans. More than one in five (23 percent) of AAA respondents indicated that they've experienced new interest from health care entities as a result of the COVID-19 crisis.

With many long-term care institutions experiencing alarming infection and death rates from COVID-19—and with all at particular risk for infection spread—the focus and expertise of AAAs on the provision of home and community-based services quickly became that much more valuable to individuals, providers and health plans seeking to keep their loved ones and patients safe.

## AAA Directors Say...

“A sister AAA in our state now makes our frozen meals so we can meet demand.”

“We enlisted the assistance of Probation, Public Works and National Guard in our senior nutrition program.”

“I am pleased how much the community saw us as a valuable resource to which they turned and how well our partners worked together.”





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**AAAs have been very attuned to conditions in nursing homes and have worked diligently to continue to advocate for the nursing home residents they serve as ombudsmen.**

Additionally, given the impact of the crisis on hospitals and long-term care facilities, it is fortunate that many AAAs also have roles and responsibilities in both venues. Many AAAs also reported higher demand for their care transitions programs, which assist people who are returning to the community from a hospital, nursing home or other care facility and need assistance to successfully live at home.

More than half of AAAs operate the Older Americans Act Long-Term Care Ombudsman Program locally. As a result, these AAAs have been very attuned to conditions in nursing homes and have worked diligently to continue to advocate for the nursing home residents they serve as ombudsmen.

## **AAA Directors Say...**

**“Our AAA provides assistance with**

**hospital discharge of COVID-19–positive patients; we developed a rapid response discharge system.”**

**“Health plan expanded our community outreach contract to nine additional counties.”**

**“Approached by a health system to partner in building a command center to address temporary direct care worker shortages, to ensure older adults aren’t left without care and potentially end up in the ER.”**



# What's Ahead and What's Needed

**While few can predict precisely the impact that COVID-19 will have on the older adults,** people with disabilities, caregivers and communities that AAAs serve, our members are keenly aware of, and preparing for, the challenges still to come.

As long as the risk to older adults from the spread of COVID-19 remains high, life cannot go back to normal for either this population or n4a member agencies.

And the longer that older adults need—for their own health and well-being, outside of relaxed rules from local, state or federal governments—to continue to minimize contact with people outside their household,

the greater their risks become from *other* dangers, such as the harms of social isolation and loneliness, of unaddressed health and well-being needs, of increased depression, or of advancing cognitive or physical decline.

That is why it is so important that even as Americans begin to resume activities outside their homes, older adults remain a top focus of families, communities, health care, policymakers and other leaders at all levels.

**As they look to the future, AAAs are planning and preparing for, already addressing, or raising the following issues as larger societal concerns.**

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## Direct Care Workforce Gaps

A challenge before COVID-19, the direct care workforce that AAAs rely upon to provide in-home supportive services to clients has been further strained by the obvious health and safety issues that the virus presents to those working in the homes of vulnerable older adults. More than two-thirds indicated they were dealing with workforce supply issues, which included not enough funding, not enough workers, or both. Only 32 percent indicated they had adequate funding and workers to meet need.

When asked to share their most pressing workforce issues beyond the direct care workers, roughly half of AAA directors identified lack of PPE and agency personnel issues (morale, technology, increased workloads, reorganization of duties) as top issues.

### Figure 7. Status of AAAs' direct care workforce

Have increased funding and have enough direct care workers [32%]



Have increased funding, but do not have enough direct care workers [31%]



Other \* [24%]



Not enough funding or workers to meet current needs [8%]



Have enough workers, but not enough funding to pay for the increased need and hours [5%]



\*e.g., workers unable to find childcare; hiring is limited due to "closed to the public status"; fearful clients refusing services; anticipating near-future funding cuts



## Need for More Technology

As workplaces, public institutions and families went “virtual” in response to COVID-19, AAAs often struggled to make these transitions due to lack of technological resources within the agencies as well as the fact that the population they serve is less likely to have access to, familiarity with and/or the ability to independently use personal technology devices, and that’s assuming access to broadband internet. As AAAs expand their activities and programs to reduce social isolation and loneliness, modern technology, while not a necessity, presents a key means of achieving that goal, yet many older adults don’t have adequate access, and thus risk becoming even more socially isolated.

When asked about technology, 88 percent said they needed technological solutions to support clients who have limited or no access to technology. Seventy-seven percent also indicated they needed technological solutions to support clients who need help using the technology they have.

AAAs also want to deploy technology to build out new programs that respond to the current and future reality of life for older adults in a COVID-19 world: 83 percent desire technological solutions to create new programs to reduce social isolation and nearly half wanted to use technology to offer telehealth support/navigation for their clients. Given the increasing numbers of new clients and expanded needs of their existing clients, AAAs recognize that even post-COVID-19 they will need to find a way to effectively blend in-person services with technological approaches in order to meet growing need.

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**Modern technology presents a key means of reducing social isolation and loneliness, yet many older adults don’t have adequate access.**



## Figure 8. AAAs need technological solutions to:

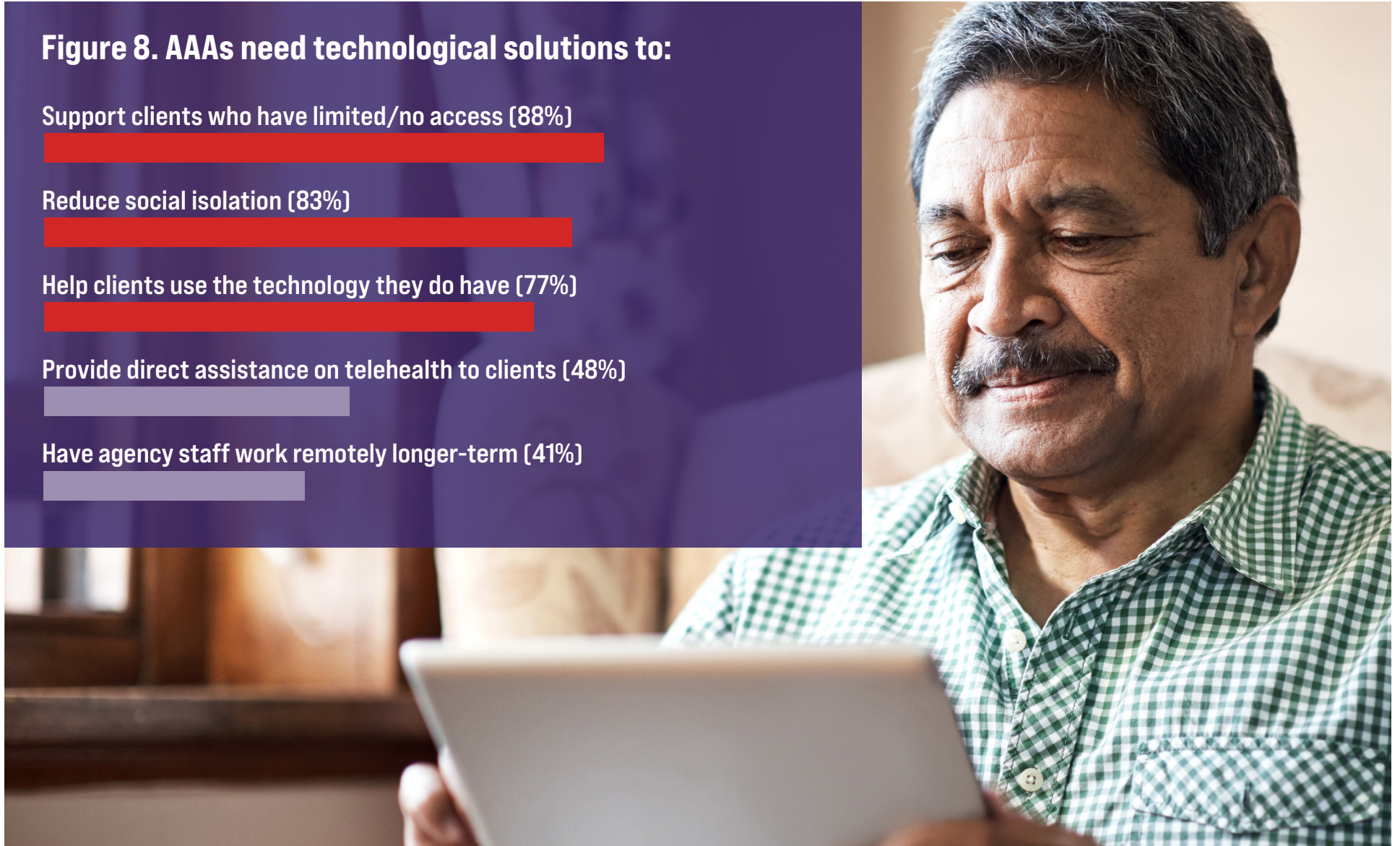
Support clients who have limited/no access (88%)

Reduce social isolation (83%)

Help clients use the technology they do have (77%)

Provide direct assistance on telehealth to clients (48%)

Have agency staff work remotely longer-term (41%)





## Rising Mental Health, Elder Abuse and Caregiver Issues

Even if workforce and other internal issues (such as insufficient technology) were resolved, AAAs remain concerned about rising needs among their clients. When asked what is keeping them up at night beyond the issues already mentioned in this survey report, respondents indicated mental health, elder abuse, the health and well-being of caregivers, housing, transportation and other issues that were challenges prior to this pandemic, but are particularly difficult to prevent or address in a physically distanced and economically hurting community.

### AAA Directors Say...

“One of our senior centers has initiated a phone buddy system to keep people connected.

Another is using senior transportation buses and vans to take people out to parks or for a drive, just to allow them safe time out of the house. We’re increasing our counseling efforts, increasing calls of reassurance, and increasing mental health supports.”

“We have behavioral health technicians serving in our Information & Referral call center to triage older adults that call in.”

“We are offering mental health counseling and supports due to the fact that 40 percent of our callers express feelings of sadness and depression on the Patient Health Questionnaire-2 scale.”



## Moving Forward Safely

Although AAAs never stopped operating, many of the in-community services they fund and/or deliver (such as congregate meals, activities at senior centers, exercise or health classes) were paused or moved online, requiring them to ramp up their services to meet increasing demand in new and different ways.

Looking ahead, AAAs, along with their state and local aging and disability partners, have a significant responsibility to determine how and when to resume paused or otherwise altered activities or what a new version of AAA services looks like.

When looking to the future to what will be the “new” or “next” normal in aging services, the majority of respondents told us they wanted guidance on re-opening group activities (84 percent); training and technical assistance on reducing social isolation among clients and other consumers (82 percent); examples from

peers on modifying their agency’s programs and policies (65 percent); help in securing additional PPE (63 percent); and policies to protect clients, volunteers, staff (61 percent) and the agency itself (58 percent).

To respond to the older adults and local agency realities reflected in this report, n4a has provided a range of assistance to our members during the COVID-19 crisis,<sup>3</sup> and will continue to provide advocacy, training and technical assistance, leadership and whatever else our members need to meet their collective mission during these extraordinary times.

**For n4a resources on COVID-19, including more examples of AAA adaptations and programs,** please visit [www.n4a.org/COVID19](http://www.n4a.org/COVID19).

**For n4a’s latest advocacy efforts and policy recommendations on what older adults and the agencies that support their independent aging at home and in the community need,** visit [www.n4a.org/advocacy](http://www.n4a.org/advocacy).

.....  
**AAAs, along with their state and local aging and disability partners, have a significant responsibility to determine how and when to resume paused or otherwise altered activities.**



# Conclusion

**n4a salutes the incredible efforts** of our member agencies to serve the elevated needs of older adults and caregivers during this national crisis. Despite many obstacles, AAAs and Title VI Native American aging programs have risen to the challenge, meeting it with leadership, swift action, creativity, flexibility, resiliency, clear communication and most importantly, *with the needs of the older adults and caregivers they serve at the very forefront.*

We are not at the end of our struggle with COVID-19. [The resources Congress provided to the Aging Network in spring 2020<sup>4</sup>](#) have been invaluable at expanding nutrition, supportive services, health and wellness, Information and Referral, and caregiver services to meet the greater need demonstrated in communities across

the country. Flexibilities granted in the emergency relief packages have also assisted AAAs' rapid, effective responses to local need. **However, it is clear that AAAs, Title VI programs, and all their partners in the National Aging Network, will need additional resources, support and flexibility as time goes on.**

Supporting the needs of older adults to enable them to live with maximum health, safety and independence where they choose is a hallmark of AAAs' longstanding work. The COVID-19 crisis has highlighted the important role AAAs have played as they swiftly and efficiently adapted to changing circumstances and changing needs of the populations they serve to ensure that older adults were not forgotten during the pandemic.

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**Despite many obstacles, AAAs and Title VI Native American aging programs have risen to the challenge.**



## Methodology

This internal n4a membership survey was conducted among n4a members during the period May 7 to May 15, 2020. For Area Agencies on Aging, the response rate was 46 percent, with balanced representation of AAA structure (e.g., nonprofit, county-based) and service area (e.g., rural, urban).

While not represented statistically in this survey, n4a members also include the tribal aging programs funded under the Older Americans Act, Title VI Native American aging programs. Title VI programs face virtually the same challenges as AAAs but, due to years of low funding, are even more under-resourced and serve populations with higher rates of chronic conditions, poverty, health disparities and other risk factors. (For more on this population and programs that serve them, see also the [National Title VI Program Survey](#), 2017.<sup>5</sup>)

## Acknowledgments

Lead n4a staff for this effort were [Amy E. Gotwals](#), Chief, Public Policy and External Affairs; [Rebecca Levine](#), Membership and Outreach Coordinator; and [Sandy Markwood](#), CEO. Additional writing and editorial support was provided by [Joellen Leavelle](#), Director, Communications.

## Notes

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