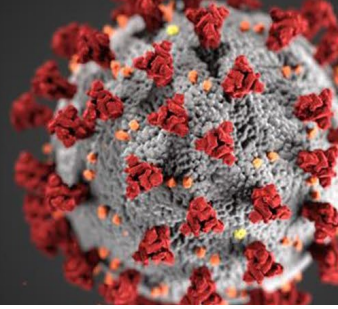

Reopening Considerations
FOR SENIOR NUTRITION PROGRAMS

Updated April 2021

Senior nutrition programs have risen to meet the many challenges presented by COVID-19. During the pandemic, senior nutrition programs have adapted services, activities, and events to continue safely supporting their communities across the nation. As states move toward reopening congregate meal programs and other aging network activities, this guide offers considerations to help programs adapt once again.

There are countless aspects of safely reopening, from the safe handling of food and site cleaning to mitigating the spread of the virus through distancing and masks. The strategies and suggestions in this guide are not exhaustive. These ideas can help you manage the complexities of reopening and develop policies and procedures. Funded by the Older Americans Act (OAA), the intent of the National Senior Nutrition Program is to provide: 1) nutrition, 2) socialization, and 3) health and well-being. Therefore, as senior nutrition programs consider reopening options, approaches that are created must align with the goals of the OAA.

ACL urges the aging network to continue employing creative and adaptive approaches to meeting the needs of seniors. Many new systems, such as drive-thru meals and phone assessments, are feasible even after the disaster flexibilities end. In many cases, reopening will require a blend of strategies, from forming new partnerships, evaluating which approaches to continue, and continuing or developing hybrid (mix of in-person and virtual) programming. ACL will continue to offer support through resources such as this guide and those found on its main COVID-19 webpage and in the National Resource Center on Nutrition and Aging's COVID-19 section.

Also available to supplement this guide are a resource on safety signage and communication and a list of resources on a range of reopening-related topics, including:

- Symptoms and Getting Sick
- Testing and Vaccination
- Site Cleaning and Ventilation
- Masks and Handwashing
- Social Distancing and Community Spaces
- Guidance for Staff and Volunteers
- Mental Health Resources and Approaches
- Communication

The best strategies can be scaled up or down, depending on evolving local situations, as well as allowing for changes in the availability of workforce and participants' circumstances. In general, senior nutrition programs are encouraged to plan two steps ahead while also preparing for a step backward, while keeping their staff, volunteers, and participants

aware of the possibility of these changes. Also, consider reopening one service or location before expanding to all of your sites.

Staff and volunteers may require unplanned absences, and participants may need to shift between congregate meals to home-delivered meals or other services due to changes in their circumstances. It is also important to keep in mind feasibility, practicality, and legality in each community. New COVID-19 guidance, developments around emergent variants, or other changes should result in an immediate reevaluation of reopening and service delivery decisions.

Funding & Programming Flexibilities

The OAA has consistently, and long before the COVID-19 emergency, provided significant state and local flexibility. State Units on Aging (SUAs) are responsible for developing policies, procedures, guidance, and technical assistance for nutrition service implementation. An SUA may delegate some of this responsibility to Area Agencies on Aging (AAA) or local service providers, which may outline further policies and procedures. Therefore, state and local entities have considerable flexibility to simultaneously meet older adults' needs and preferences, adhere to local public health requirements, and follow other community virus mitigation guidance.

COVID-19 introduced new financial and policy flexibilities tied to specific federal funding vehicles and the major disaster declaration. These enhanced flexibilities affect options and decisions about resource allocations, including those associated with reopening, such as:

- Purchasing new meal site equipment to accommodate distancing;
- Providing personal protective equipment for staff and volunteers returning to on-site services;
- Additional staff or volunteers to support mandatory health protocols, including providing meal service when self-service is not feasible and assisting participants with safety protocols;
- Purchasing or assembling single-serving utensil sets;
- Supplying fresh or hot foods after a period of offering all-frozen grab-and-go meals; and
- Assuring meals meet OAA nutritional standards (see Nutrition Requirements: DRIs/DGAs Under Supplemental Funding Due to COVID-19 Emergency).

Additional guidance on funding flexibilities will be available soon.

Donations

The OAA does not allow ACL to waive the donation provision, which requires that participants be offered the opportunity to donate toward the cost of the meal. It is up to AAA and local nutrition service providers to decide how best to implement this requirement during the pandemic and beyond. Some common methods for collecting contributions include:

- Add online donation options to organization websites.
- Inform participants of the opportunity to contribute at curbside events and through newsletters.
- Give participants a monthly statement of the number of meals provided, including the actual cost of the meal.
- Supply self-addressed envelopes to encourage contributions by check in person or through the mail.
- Place a locked box at grab-and-go locations and curbside events, congregate dining rooms, or other in-person gatherings.
- Distribute envelopes so participants may give their contributions to home-delivered meal drivers or grab-and-go staff.

Planning & Outreach

Include Participants and Equity Approaches

Prior to any change in program activities, including reopening, participants' readiness for change should be assessed. Consider involving meal program committees, board members, and community leaders, such as cultural organizations and faith-based organizations. Evaluate the participation data by racial and ethnic group before and during the pandemic to identify and implement successful approaches for serving these targeted populations.

Mindset & Variety

During COVID-19, providing an older adult with a nutritious meal, enhancing social connections, and promoting health and well-being has been an unprecedented undertaking. For many seniors, their families, and caregivers, the challenges of the pandemic have been indescribable. Experiences — and preferences — during this time will vary. Some people may be hesitant to, or restricted from, resuming participation in congregate meals and other group activities.

Certain participants may have to transition to home-delivered services permanently, and in those cases, programs may need to expand their home-delivered programs accordingly. Others may wish to take part in a combination of virtual and in-person programming due to preference, variation in transportation access, illness, quarantine requirements (e.g., after out-of-state travel) or other factors, and some may need training, support, and/or equipment to participate online. Those who are comfortable returning to in-person activities may be unable to participate due to concern around their own or family member's health risk for COVID-19 or until certain transportation options resume.

It is important to assess and meet all participants where they are. Collecting their input during planning — and as you go, to see how things are working — will help you to develop and adjust the best strategy for your unique program and community.

Programming Ideas by Status

The following are possible approaches to programming during various stages of program status, from total physical closure to nearly/fully open. View these stages on a sliding scale, customizing and combining options as appropriate. Additionally, unless noted otherwise, all approaches can continue to be funded post-pandemic by either Title IIIC-1 (congregate) or Title IIIC-2 (home-delivered), respectively.

Facilities Closed

Home-Delivered Meals

- Offer fresh or frozen drive-thru (also known as grab-and-go), pick-up, or home-delivered meals.
- Deliver a one- or two-week supply of frozen meals and/or shelf-stable meals with milk or dairy alternative, whole grain bread, and fresh fruits and vegetables (as possible) on rotating schedules.
- Offer participants weekly or biweekly drop-shipped frozen or fresh meals to include all meal components (e.g., milk) when possible. Remember, package all food appropriately for transport using reputable vendors, such as USPS, UPS, or FedEx.
- Collaborate with local restaurant voucher partners to create to-go meals or meal delivery.

Congregate Meals

- Host virtual congregate sites using FaceTime, Zoom, GoToMeeting, UberConference, or similar platforms. Host group breakfast, lunch, dinner — and include nutrition education.
- Coordinate or foster the development of a buddy system where one person from outside a person's household dines virtually with a meal participant.
- Provide options via phone calls for seniors who cannot or prefer not to use the virtual video platforms during meals.
- As possible, create socially distanced outdoor gatherings such as picnics, possibly along with drive-thru meals.

Operational Considerations

- Refer participants to social connection activities, like special meal celebrations, intergenerational notes, live music, etc. Find additional ideas located on the ACL Community Tools webpage.
- Consider whether certain congregate meal sites should reopen, perhaps relocate meal sites, or engage with new community partners to expand reach to targeted populations.
- Use meals as an outreach vehicle for other aging network programs like Senior Medicare Patrol (SMP) and State Health Insurance and Assistance Program (SHIP).
- Ensure all three components of the intent of the Older Americans Act (i.e., nutrition, socialization, and health and well-being) are addressed.
- Ensure adequate communications with staff and volunteers to assign tasks, monitor activities, and provide reminders about relevant safety considerations.
- Supplement the meal program with groceries (one- or two-week supply) that can be delivered by staff or volunteers (using proper precautions), delivered by grocery partners, or drop-shipped. Refer to Using Groceries and Other Nutrition Services to Meet the Needs of Senior Nutrition Program Participants.
    - Note: Groceries should not be counted as meals. Shipping and delivering food can be supported through Title III-B funding and the public health emergency supplemental funding.
- Practice contactless deliveries to the greatest extent possible:
    - Leave the delivery at the recipient's doorstep. Ring the doorbell, knock, or call. Then move to a distance greater than six feet away to verify receipt with the person getting the delivery.
- Replace daily check-ins with wellness/comfort calls to maintain social connections, ability to prepare and cook meals, and assess overall health and well-being. Refer clients to available social activities and services, such as online exercise and nutrition education classes, as appropriate. See Health, Well-Being, and/or Social Connections in a Remote Environment.
- Maintain safety measures, such as sanitizing high-touch surfaces and items and providing individually wrapped items and/or single-use condiments. Consider additional resources or staffing needed for these activities.
- Conduct intake and assessments via phone and online.
- Establish a prioritizing system to ensure you are serving those most in need. See the Senior Nutrition Program Quick Guide to Prioritizing.

Facilities have Limited Capacity/Partially Open

All approaches described above for programs closed to participants can be used by those operating at limited capacity. Remain mindful that you may have to scale back to full closure after partial reopening.

Following are *additional* ideas for programs that are partially open.

Home-Delivered Meals

- Collaborate with local food trucks to provide food service to neighborhoods or other community locations. Maintain local COVID-19 guidelines like social distancing and use of face coverings. Older adults may pick up meals and return to their residence, or a food truck employee can deliver the meal to the home, if possible.
- Offer small group programming where participants register in advance to attend a class and receive nutrition education, prepare a meal together, socialize, and take their meal home to eat.
- Resume daily or weekly meal delivery while practicing social distancing guidelines.

Congregate Meals

- Set up a lunch "buddy program" where a non-household volunteer dines (in person or virtually) with an older individual.
    - Note: the OAA allows nutrition project administrators the option to offer a meal to individuals providing volunteer services on the same basis as meals provided to participating seniors.
- Implement a reservations system to manage and limit the number of participants congregating at any one time. This may require limiting congregate sites to allow for social distancing guidelines, creating multiple dining opportunities with extended serving times to accommodate all participants and/or rearranging seating or using a reservation system for timed entry.
- Collaborate with local restaurants, catering services, or food trucks to deliver to congregate locations.
- Implement multiple pop-up cafes to allow for smaller groups to gather in traditional and non-traditional congregate meal settings, such as faith-based organizations, firehouses, community centers and organizations, libraries, drive-in theatres, and housing units.
- Collaborate with local restaurants to create a restaurant voucher program. This Step By Step Guide to Working with Food Retailers (Restaurants and Grocery Stores) For Meals provides tips and ideas.

Operational Considerations

- As you plan for the sustainability of expanded services and clients, consider moving some services to a fee-for-service model.
- Perform re-assessments and transition clients from home-delivered meals to congregate and other programs such as exercise, nutrition education, or evidence-based workshops.
- Develop policies that allow for congregate meal participants to temporarily move to receive home-delivered meals (for example, while on a 14-day quarantine) while reducing client and staff burdens for data collection.
- Inform clients that certain services may have limited capacity in the future due to in-person programming. Encourage or facilitate the transition to meals as well as non-meal programming, including volunteer activities.
- Solicit new volunteers and train on protocols. Re-train returning volunteers on new protocols.
- Consider staffing and equipment needs to assist with enforcing cleaning and personal protective equipment requirements as well as related participant management and education.

Facilities are Nearly/Fully Open

When sites are nearly or fully open, the goals and activities may be similar to programming in the past. However, the manner in which meals and other activities are conducted may look very different. Remain mindful that you may have to scale back to a limited capacity approach, or even full closure, after reopening.

All approaches described above for programs closed to participants and those partially open can be used by those operating at near or full capacity, even if scaled up slightly.

Operational Considerations

- Consider providing meals for individuals who may experience sudden changes in their ability to attend a congregate meal site.
- Keep in mind you may have to scale back to a limited capacity approach, or even full closure, after reopening.
- Ensure that the reopening plan you implement reflects your participants' input — and adjust as often as necessary to ensure all participants feel safe, welcomed, and informed.
- Train or re-train staff and volunteers on new guidance and protocols.

Combatting Social Isolation Virtually: Always Important

No matter the reopening status of a program, virtual engagement is an effective strategy for connecting with older adults. Even after COVID-19 begins to truly subside, connecting virtually will continue to play a significant role in providing services going forward. Here are a few tips to keep people connected. Also, check out ACL's Engaging Virtually infographic and Commit to Connect campaign for more ideas.

- Leverage social media platforms like Twitter, Facebook, and YouTube to share content. Encouraging messages, educational tips/videos, and safety or nutrition reminders all make good reasons to connect.
- Offer computer-friendly services to support new users of electronic devices. From a list of assistive technologies to walkthroughs of how to join a video call, there are many ways to help people learn new ways to connect.
- Use platforms like MailChimp and Constant Contact to create e-newsletters. Share what you are working on, encourage interaction, and remind participants that you are thinking of them through regular, engaging emails.
- Establish or expand virtual "friendly visit" programs. Engage as many staff and volunteers in this effort as you can and try to find ways to keep daily/weekly calls fresh — remember they need to stay connected, too!
- Identify virtual events (e.g., online concerts, museum tours, amusement park rides, aquarium visits) and encourage participants to join them — possibly even "together."
- Encourage older adults to reach out to each other via phone, email, text, or other methods. This type of connection also works well as an addition to the "buddy program" strategy and can include sharing a meal virtually.

Quick Closure Planning

All facilities, whether partially or fully reopened, should be prepared for situations requiring immediate closure and reversal back to preopening procedures. Additionally, programs should consider the quick provision of meals for individual participants who may need to shift from on-site dining to home delivery to assure they don't risk missing needed meal services.

Things to Include in a Quick Closure Plan

- Process to evaluate the need for a quick closure and who is involved in the decision making
- Services that will continue during closure (e.g., curbside meals, virtual events, home-delivered meals) and any immediate adjustments needed to keep them open
- Communication plan for participants that includes:
    - Staff responsible for communications
    - Draft script for immediate/initial contact
    - Timing of communications (e.g., after staff are informed, frequency of status updates)
    - Channels (e.g., email, phone calls, website announcements, social media updates, newspapers, radio)
- Communication plan for staff and volunteers that includes:
    - Parties responsible for communications
    - Draft script for immediate/initial contact
    - Meeting(s) upon the decision to close and thereafter
    - Timing of communications
    - Channels (e.g., email, phone calls, website announcements, social media updates, newspapers, radio)
- Managing physical space
    - Shutdown steps (e.g., locking, security, signage)
    - Cleaning and other public health considerations
- Reporting requirements (e.g., notice of closure to decision-makers, funders, partners, other stakeholders, and, if required, state or county public health officials)
- How the program will evaluate the ability to reopen after a quick closure and who is involved in the decision making