Nutrition and Aging Resource Center

Don’t Let Long-Term Plans Sit on a Shelf: Giving Life to Long-Term Planning

August 6, 2024

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Meet today's speakers

Alexandra Bauman, RD, LDN

Navigation & Supportive Services Director
Iowa Department of Health & Human Services

Eugenia Kendall, MSW

Strategic Planning and Assessment Coordinator
Iowa Department of Health & Human Services

What does long-term planning mean?

- A **long-term or long-range plan** is a concrete set of strategic goals, objectives, strategies, performance measures, and short-term, intermediate, and long-term outcomes that impacts the direction of the agency over multiple years.
- Examples include: strategic plans, business plans, State Plans on Aging and Area Plans on Aging, and Multisector Plans for Aging.
- Involves input from multiple entities including: Subject Matter Experts, Advisory Boards, Board of Directors, Consumers, General Public, Service Providers, and Community Partners.

What is a State Plan and Area Plan?

Older Americans Act (OAA) of 1965, as amended through P.L. 116-131 (3/25/2020)

- Section 306 – gives details on Area Plans requirements.
- Section 307 – gives details on State Plan requirements.

45 CFR Part 1321

- Older Americans Act Guidance is provided at How to Implement the Older Americans Act

Question time!

Panel Question:
Tell us your personal experience in developing long-term plans at the local, Area Agency on Aging, and State level?

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Panel Question:
What tools are helpful for creating a long-term plan?

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What tools are helpful for creating a long-term plan?

- ADvancing States Resource: Developing a State Plan on Aging
- Administration for Community Living (ACL)
  - For more helpful tools and guidance on Long-term planning refer to www.acl.gov

Question time!

Please enter in the chat any additional tools that you use when creating long term plans.

Panel Question: How do I begin?

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How do I begin making a long-term plan?

1. Mission & Values
2. Environmental Scanning
3. Issues Identification
4. Needs Identification
5. Assets Identification
6. Barriers Identification
7. Goals & Objectives
8. Outcomes & Performance Measurement
9. The Plan

How do I begin making a long-term plan? Continued 1

1. Research other State Unit on Aging plans.
    - What are their goals and how many do they include?
    - How many strategies do they identify?
    - How do they measure their work?

2. Review current plan achievements.
    - Did we accomplish our goals?
    - What do we need to carry forward into our new plan?
    - What do we need to discontinue because the nature of our work has changed?

How do I begin making a long-term plan? Continued 2

3. Review service gaps within Area Plans and identify common themes.

4. Draft a new, streamlined view of State Plan on Aging. Utilize research from other state plans, staff feedback, guidance from ACL and common themes from Area Plans.

5. **Idea** for others: hold a series of “Reimagine State Plan on Aging” sessions with program staff to review a crosswalk of current and proposed goals and objectives.

How do I begin making a long-term plan? Continued 3

6. Program staff to develop and add strategies, performance measures and outcomes.

7. Create a conceptual logic model to connect the dots on how you work together to achieve long-term outcomes.

8. Use results from Multi-sector Plan for Aging community engagement process to shape strategies.

9. Receive input from Advancing States, AAAs; post for public and provider feedback.

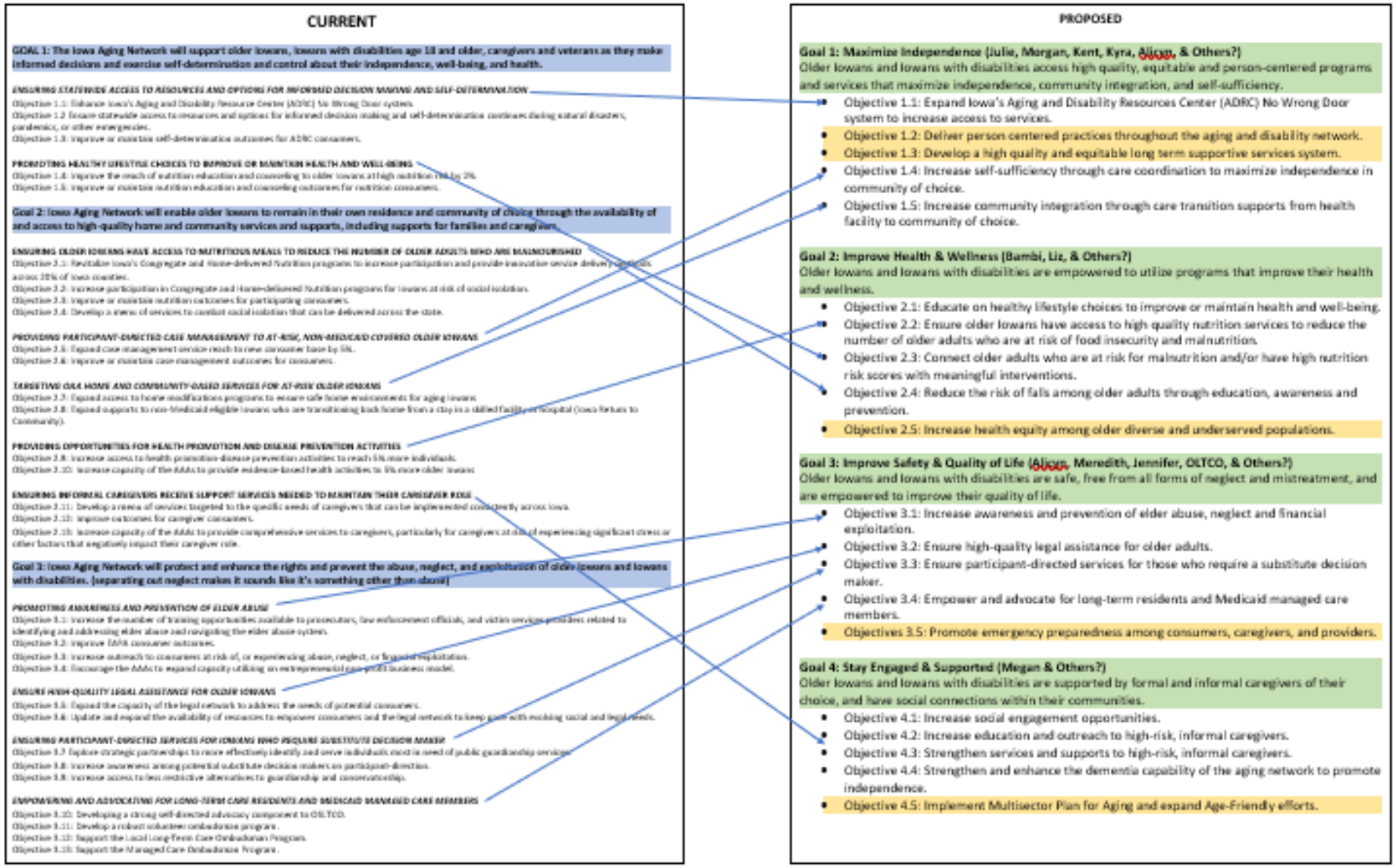
Example Crosswalk between Current and Proposed State Plan on Aging

Current Plan

- 3 Goals
- 31 Objectives

Proposed Plan

- 4 Goals
- 20 Objectives



CURRENT

GOAL 1: The Iowa Aging Network will support older Iowans, Iowans with disabilities age 18 and older, caregivers and veterans as they make informed decisions and exercise self-determination and control about their independence, well-being, and health.

ENSURING STATEWIDE ACCESS TO RESOURCES AND OPTIONS FOR INFORMED DECISION MAKING AND SELF-DETERMINATION

Objective 1.1: Enhance Iowa's Aging and Disability Resource Center (ADRC) No Wrong Door system.
Objective 1.2 Ensure statewide access to resources and options for informed decision making and self-determination continues during natural disasters, pandemics, or other emergencies.
Objective 1.3: Improve or maintain self-determination outcomes for ADRC consumers.

PROMOTING HEALTHY LIFESTYLE CHOICES TO IMPROVE OR MAINTAIN HEALTH AND WELL-BEING

Objective 1.4: Improve the reach of nutrition education and counseling to older Iowans at high nutrition risk by 3%
Objective 1.5: Improve or maintain nutrition education and counseling outcomes for nutrition consumers.

Goal 2: Iowa Aging Network will enable older Iowans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

ENSURING OLDER IOWANS HAVE ACCESS TO NUTRITIOUS MEALS TO REDUCE THE NUMBER OF OLDER ADULTS WHO ARE MALNOURISHED

Objective 2.1: Revitalize Iowa's Congregate and Home-delivered Nutrition programs to increase participation and provide innovative service delivery options across 25% of Iowa counties.
Objective 2.2: Increase participation in Congregate and Home-delivered Nutrition programs for Iowans at risk of social isolation.
Objective 2.3: Improve or maintain nutrition outcomes for participating consumers.
Objective 2.4: Develop a menu of services to combat social isolation that can be delivered across the state.

PROVIDING PARTICIPANT-DIRECTED CASE MANAGEMENT TO AT-RISK, NON-MEDICAID COVERED OLDER IOWANS

Objective 2.5: Expand case management service reach to new consumer base by 5%.
Objective 2.6: Improve or maintain case management outcomes for consumers.

TARGETING OLDER HOME AND COMMUNITY-BASED SERVICES FOR AT-RISK OLDER IOWANS

Objective 2.7: Expand access to home modifications programs to ensure safe home environments for aging Iowans.
Objective 2.8: Expand supports to non-Medicaid eligible Iowans who are transitioning back home from a stay in a skilled facility or hospital (Iowa Return to Community).

PROVIDING OPPORTUNITIES FOR HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

Objective 2.9: Increase access to health promotion-disease prevention activities to reach 5% more individuals.
Objective 2.10: Increase capacity of the AAAs to provide evidence-based health activities to 5% more older Iowans

ENSURING INFORMAL CAREGIVERS RECEIVE SUPPORT SERVICES NEEDED TO MAINTAIN THEIR CAREGIVER ROLE

Objective 2.11: Develop a menu of services targeted to the specific needs of caregivers that can be implemented consistently across Iowa.
Objective 2.12: Improve outcomes for caregiver consumers.
Objective 2.13: Increase capacity of the AAAs to provide comprehensive services to caregivers, particularly for caregivers at risk of experiencing significant stress or other factors that negatively impact their caregiver role.

Goal 3: Iowa Aging Network will protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Iowans and Iowans with disabilities. [separating out neglect makes it sounds like it's something other than abuse]

PROMOTING AWARENESS AND PREVENTION OF ELDER ABUSE

Objective 3.1: Increase the number of training opportunities available to prosecutors, law enforcement officials, and victim services providers related to identifying and addressing elder abuse and navigating the elder abuse system.
Objective 3.2: Improve LAPA consumer outcomes.
Objective 3.3: Increase outreach to consumers at risk of, or experiencing abuse, neglect, or financial exploitation.
Objective 3.4: Encourage the AAAs to expand capacity utilizing an entrepreneurial non-profit business model.

ENSURE HIGH-QUALITY LEGAL ASSISTANCE FOR OLDER IOWANS

Objective 3.5: Expand the capacity of the legal network to address the needs of potential consumers.
Objective 3.6: Update and expand the availability of resources to empower consumers and the legal network to keep pace with evolving social and legal needs.

ENSURING PARTICIPANT-DIRECTED SERVICES FOR IOWANS WHO REQUIRE SUBSTITUTE DECISION MAKER

Objective 3.7 Explore strategic partnerships to more effectively identify and serve individuals most in need of public guardianship services.
Objective 3.8: Increase awareness among potential substitute decision makers on participant-direction.
Objective 3.9: Increase access to less restrictive alternatives to guardianship and conservatorship.

EMPOWERING AND ADVOCATING FOR LONG-TERM CARE RESIDENTS AND MEDICAID MANAGED CARE MEMBERS

Objective 3.10: Developing a strong self-directed advocacy component to OSLTCO.
Objective 3.11: Develop a robust volunteer ombudsman program.
Objective 3.12: Support the Local Long-Term Care Ombudsman Program.
Objective 3.13: Support the Managed Care Ombudsman Program.

PROPOSED

Goal 1: Maximize Independence (Julie, Morgan, Kent, Kyra, Alison, & Others?)
Older Iowans and Iowans with disabilities access high quality, equitable and person-centered programs and services that maximize independence, community integration, and self-sufficiency.

- Objective 1.1: Expand Iowa's Aging and Disability Resources Center (ADRC) No Wrong Door system to increase access to services.
- Objective 1.2: Deliver person centered practices throughout the aging and disability network.
- Objective 1.3: Develop a high quality and equitable long term supportive services system.
- Objective 1.4: Increase self-sufficiency through care coordination to maximize independence in community of choice.
- Objective 1.5: Increase community integration through care transition supports from health facility to community of choice.

Goal 2: Improve Health & Wellness (Bambi, Liz, & Others?)
Older Iowans and Iowans with disabilities are empowered to utilize programs that improve their health and wellness.

- Objective 2.1: Educate on healthy lifestyle choices to improve or maintain health and well-being.
- Objective 2.2: Ensure older Iowans have access to high quality nutrition services to reduce the number of older adults who are at risk of food insecurity and malnutrition.
- Objective 2.3: Connect older adults who are at risk for malnutrition and/or have high nutrition risk scores with meaningful interventions.
- Objective 2.4: Reduce the risk of falls among older adults through education, awareness and prevention.
- Objective 2.5: Increase health equity among older diverse and underserved populations.

Goal 3: Improve Safety & Quality of Life (Alison, Meredith, Jennifer, OLTCO, & Others?)
Older Iowans and Iowans with disabilities are safe, free from all forms of neglect and mistreatment, and are empowered to improve their quality of life.

- Objective 3.1: Increase awareness and prevention of elder abuse, neglect and financial exploitation.
- Objective 3.2: Ensure high-quality legal assistance for older adults.
- Objective 3.3: Ensure participant-directed services for those who require a substitute decision maker.
- Objective 3.4: Empower and advocate for long-term residents and Medicaid managed care members.
- Objectives 3.5: Promote emergency preparedness among consumers, caregivers, and providers.

Goal 4: Stay Engaged & Supported (Megan & Others?)
Older Iowans and Iowans with disabilities are supported by formal and informal caregivers of their choice, and have social connections within their communities.

- Objective 4.1: Increase social engagement opportunities.
- Objective 4.2: Increase education and outreach to high-risk, informal caregivers.
- Objective 4.3: Strengthen services and supports to high-risk, informal caregivers.
- Objective 4.4: Strengthen and enhance the dementia capability of the aging network to promote independence.
- Objective 4.5: Implement Multisector Plan for Aging and expand Age-Friendly efforts.

Example Iowa State Plan FY 2022-2025

Objective 1.4: Improve the reach of nutrition education and counseling to older Iowans at high nutrition risk by 2%.

- Consult with the AAAs on implementing an automated process to identify consumers whose intake or assessment responses show high nutrition risk indicators and refer them to additional service interventions on a monthly basis, such as nutrition counseling or options counseling to increase the percentage of high nutrition risk participants that receive nutrition counseling by 2%.
- Provide quarterly technical assistance to the AAA nutrition directors on developing effective outreach materials to improve awareness and benefits of nutrition counseling services targeting consumers at high nutrition risk or those who have been underserved, including those in poverty.
- Evaluate and expand the number of partnerships with the Department of Public Health's SNAP-Ed program, Iowa's food banks, and Iowa's AAAs to provide wrap-around nutrition services for older Iowans experiencing or vulnerable to food insecurity and malnutrition. This includes establishing, at a minimum, an annual meeting with each of the listed partners.

Panel Question:
Can you tell me more about Logic Models?

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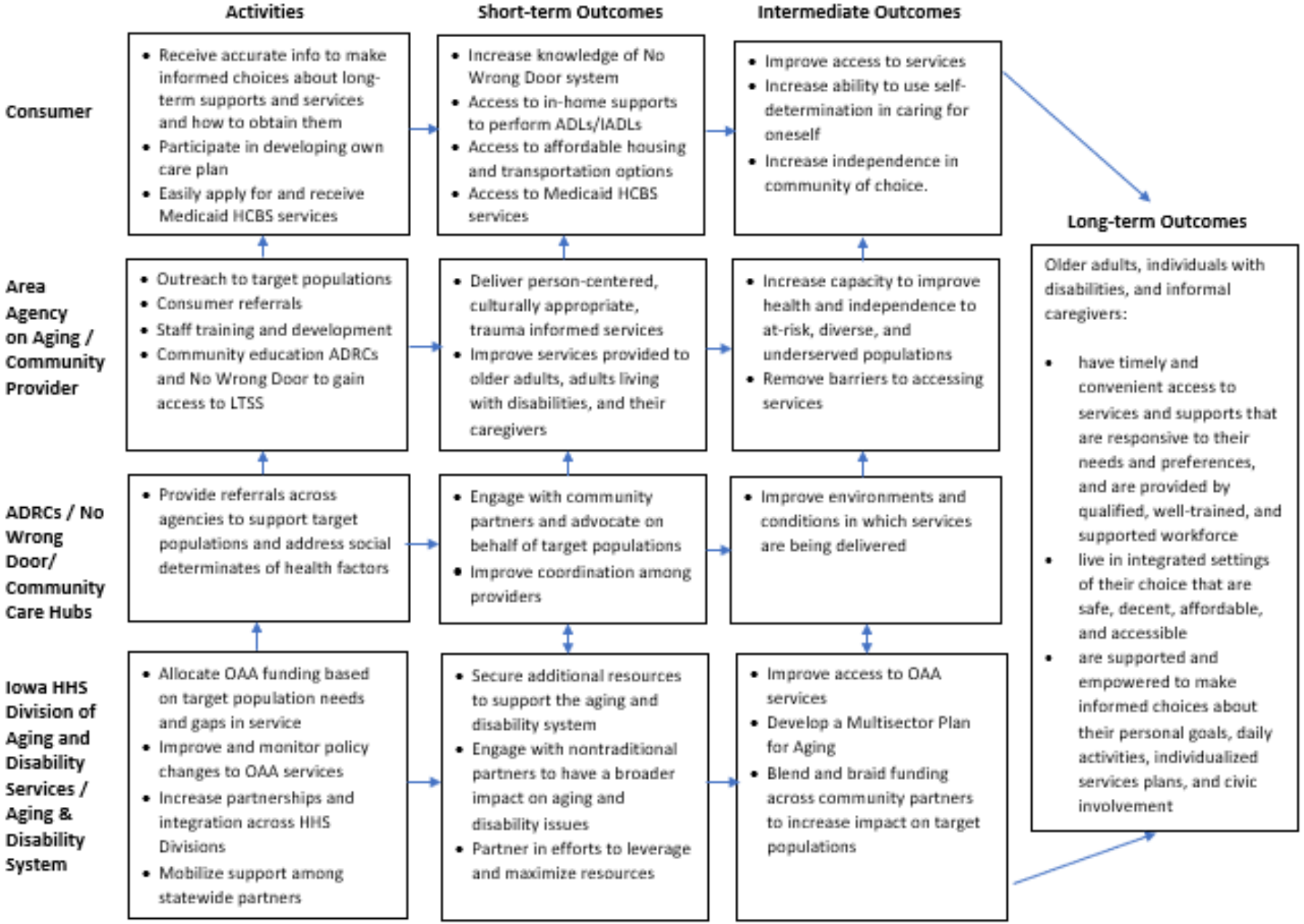
Goal 1: Maximize Independence Logic Model



Panel Question:
What are small changes you are making to the Area Plan creation process?

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Iowa's Area Plan on Aging – Template Changes

1. Common Statewide Goals / Objectives / Measures
2. Drop down boxes to select the objectives
3. Drop down boxes to select populations
4. Pre-populated strategies based on objectives
5. Pre-populated measures based on objectives
6. Option for "Other" to write in own language

Panel Question: How do you create a high-quality goal?

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SMART Goals

Specific, **M**easurable, **A**chievable, **R**elevant, and **T**ime Bound

- Not a SMART Goal: Improve Iowa's congregate nutrition program.
- SMART Goal: Revitalize Iowa's congregate nutrition programs to increase the percentage of rural participants statewide by 10% by 2027.

Question time!

Panel Question:
How do we make usable long-term plans, so they don't "sit on a shelf?"

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