



## PHASED REOPENING GUIDELINES FOR SENIOR NUTRITION PROGRAM OPERATIONS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Returning to a “New Normal”

May 5, 2020

On April 16, 2020, President Trump unveiled the three-phased [Guidelines for Opening Up America Aqain](#). Developed as a collaborative effort between the National Resource Center on Nutrition and Aging, National Association of Nutrition and Aging Services Programs, National Council on Aging, and the Administration for Community Living (ACL), the following document provides some suggestions for senior nutrition programs to consider as their states move forward through those phases.

This guide is not intended to be an exhaustive list of every aspect related to the safe handling of food. For technical assistance on how to safely and effectively run a nutrition program see the [National Resource Center on Nutrition and Aging](#).

Nutrition services authorized under Title III-C of the Older Americans Act (OAA) are designed to promote the general health and well-being of older individuals. The services are intended to:

- Reduce hunger, food insecurity and malnutrition;
- Promote socialization; and
- Delay the onset of adverse health conditions.

Services are not intended to reach every individual in the community. Programs target adults age 60 and older who are in greatest social and economic need, with particular attention to the following groups:

- Low-income older individuals
- Minority older individuals
- Older individuals in rural communities
- Older individuals with limited English proficiency
- Older individuals at risk of institutional care

As always, states and localities can use the existing flexibility of the OAA to adapt their policies and procedures to operate under the “new normal” changes that are required by social distancing protocols and other changes brought about by the COVID-19 pandemic. The complexities and logistics of providing an older individual a meal, promoting socialization, and promoting health and well-being have been tested more than ever before, not only for senior nutrition programs, but also for older individuals, their families, and caregivers.

As senior nutrition programs begin to establish their new normal, they will need to consider how to measure the impact of their programs. Policies and procedures should ensure that senior nutrition programs are

reaching the intended population and should align with the goals of the OAA, i.e., offering a meal and opportunities for socialization to delay the onset of adverse health conditions. Furthermore, policies and procedures must be consistent with guidance from state and local health departments and emergency management agencies to ensure safety of participants and providers. We are confident that the aging services network will rise to this current challenge, as it is no stranger to everyday challenges. We encourage the network to be creative, look for new partnerships, and rely on the technical assistance provided by ACL and resources that are available via the [National Resource Center on Nutrition and Aging](#).

### Who is impacted? Vulnerable Individuals.

The [Guidelines for Opening Up America Again](#) describes “vulnerable individuals” as:

- Elderly individuals. In fact, between 10 and 27 percent of people over the age of 85 who were confirmed to have COVID-19 died from the disease, according to the [Centers for Disease Control and Prevention](#). CDC also warns that people who are 65 or older are at higher risk for developing severe illness from COVID-19; and
- People with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised. CDC’s web site says, “Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

### Important Note: Addressing social isolation is very important during all phases.

*Consider these Tips to Engage Older Adults Virtually:*

- Leveraging social networking platforms such as Twitter, Facebook, and Instagram to share content such as encouraging messages and helpful resources, and to stay connected with others.
- Offering computer-friendly services to support new users of electronic devices.
- Using platforms like Mail Chimp and Constant Contact to create email newsletters.
- Establishing or expanding virtual friendly-visiting programs and engaging staff and volunteers to make daily phone calls to older adults.
- Identifying virtual events (i.e. online concerts, museum tours, amusement park rides, aquarium visits) and sharing these events or website links using email.
- See more tools for virtual connections at [ACL.gov/COVID-19](#).

## Guidance for Serving Older Adults During Phase One:

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

**During this phase, all vulnerable individuals should continue to shelter in place.**

### Home-Delivered Meal Programming

For clients of home-delivered meals clients and former clients of congregate meals, *consider*:

- Offering fresh or frozen drive-through, pick-up, or personal delivery meals, preferably using non-touch delivery methods. See resource on [Safely Accepting Deliveries](#)
- Delivering a one-week or two-week supply of frozen meals and/or shelf-stable meals with milk or dairy alternate, whole grain bread, fresh fruits and vegetables (when possible) on rotating schedules.
- Replacing daily check-ins with phone calls to maintain social connections and to assess well-being and ability to prepare and cook meals.
- Alternatively, to limit personal contact by aging services network personnel, offering program participants weekly or bi-weekly drop-shipped frozen or fresh meals to include, when possible, milk (fluid milk or powdered or dairy alternate), whole grain bread, fresh fruits and vegetables. The aging services network should appropriately package foods for transport and use food vendors providing this service through delivery companies such as USPS, UPS, or FedEx and combine with regular daily check-ins with phone calls to assess well-being.
- Collaborating with local restaurant voucher partners to create “to go” meals or meal delivery. See the [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.
- Supplementing the meal program for with groceries (one- or two-week supply) that can be hand-delivered by staff or volunteers (using appropriate precautions), delivered by grocery store partners, or drop-shipped using delivery companies such as USPS, UPS, or FedEx. Groceries should not be counted as meals. Shipping and delivery of 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, then move to a distance greater than six feet away to verify receipt with the person getting the delivery. This eliminates the need for close contact between you and the person getting the delivery. Feel free to visit [What Food and Grocery Pick-up and Delivery Drivers Need to Know](#)

Due to the increase in demand, you may need to prioritize home delivered participants. Assessments for home delivered meals do not need to be done in person. You may use phone or online screening tools and mechanisms.

### Congregate Nutrition Programming

*Consider:*

- Coordinating or hosting virtual congregate sites using media such as FaceTime, Zoom, GoToMeeting, UberConference, etc. to host group breakfast, lunch, dinner, and the provision of nutrition education, including at coffee hours.
- Coordinating or fostering the development of a buddy system where one person virtually dines with an older individual.
- Coordinating or fostering these options via phone calls for older individuals who do not have access to other virtual media platforms.

## **Guidance for Serving Older Adults During Phase Two:**

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

**During this phase, all vulnerable individuals should continue to shelter in place.**

### **Home-Delivered Meal Programming**

Consider all options and guidance provided under [Phase One](#), plus the following:

- Collaborating with local food trucks to deliver to neighborhoods or locations. Maintaining social distancing guidelines such as maintain six feet between participants and using cloth face coverings. Older individuals should pick up meals and return to their residence, or a food truck employee delivers the meal to the home, if possible.
- Offering small group programming where participants register in advance to attend a class, where they can receive nutrition education, prepare a meal together, socialize, and take their meal home to eat.
- Resuming daily or weekly meal delivery while practicing social distancing guidelines, such as maintaining a distance of 6 feet apart and using cloth face coverings.

### **Congregate Nutrition Programming**

Consider all options and guidance provided under [Phase One](#), plus the following:

- Setting up a lunch “buddy program” where a person dines (in person or virtually) with an older individual. *Please note that 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 older individuals.*
- Implementing a reservations system to manage and limit the number of participants congregating at any one time. This may require creating multiple dining opportunities with extended serving times in order to accommodate all participants (i.e. less than 50 persons at a time, maintaining social distancing guidelines such as spacing 6 feet apart, or based on state and local guidance).
- Limiting congregate sites to less than 50 people at a time, abiding by social distancing guidelines by limiting and/or arranging seating, or using a reservation system.
- Collaborating with local restaurants, catering services, or food trucks to deliver to congregate locations. Maintaining social distancing guidelines, such as spacing six feet apart between participants and wearing face coverings. An older individual picks up a meal and eats with a small group of friends while maintaining social distancing.
- Implementing multiple pop-up cafes to allow for smaller groups to gather in traditional and non-traditional congregate meal settings such as places of worship, fire houses, YMCAs, community centers, libraries, drive-in theatres, housing units, etc. See more information on how to set up pop-up cafes on the [National Resource Center on Nutrition and Aging](#)
- Collaborating with local restaurant to create a voucher program. See the [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.

## **Guidance for Serving Older Adults During Phase Three:**

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

***During this phase, vulnerable individuals can resume public interactions, but should practice social distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.***

As states begin to relax the social distancing requirements and stay-at-home orders, considerations will be given to re-opening congregate sites with social distancing. As a consequence, the manner in which programs offer meals may change. This may be different from the way programs provided services during social distancing and may be different than how programs offered meals in the past.

Programs may also have to continue assessing clients virtually (on a regular basis) if they are uncomfortable allowing others into their homes or coming out to a site. In establishing a new normal under Phase Three, be sensitive to the reluctance and fear of individuals who may have lost a loved one to COVID-19. It may take longer for them to adjust, so they may require more accommodating programming. Also consider that programs may need to screen former congregate clients who have been receiving home-delivered meals. Their functional ability may have declined and they may be unable to return to a congregate setting. Feel free to consider any of the suggestions outlined above for Phases One and Two.

### **Additional Resources**

CDC -- [Best Practices on Use of Face Coverings](#)

CDC -- [Running Essential Errands, including Accepting Deliveries and Takeout Orders](#)

FDA – [Food Safety and Coronavirus](#)

[Connecting While Socially Distancing](#)

[Addressing Social Isolation for Older Adults During COVID-19](#)