



Addressing Social Isolation for Older Adults During the COVID-19 Crisis

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About This Resource

ADvancing States took action during the COVID-19 crisis to assist state aging and disability agencies in responding to, and meeting the needs of, facility residents and an older adult population sheltering at home. This resource was created through one-on-one conversations with states and a call for ideas in the Friday Update, a weekly email reaching over 15,000 aging and disability professionals. This resource is intended to assist states and others with creative and thoughtful approaches to social isolation and loneliness in older adults, and to also facilitate sharing and learning across states. It is our hope this collection of ideas and actions across states and organizations will reduce social isolation for some of the country's most vulnerable older adults during the COVID-19 crisis.

COVID-19 Background & Impact

The novel coronavirus (COVID-19) is an infectious respiratory illness. COVID-19 symptoms include fever, fatigue, cough, and difficulty breathing. In the most severe cases, the virus can cause pneumonia and eventually, death. Older adults and people with underlying medical conditions and immunocompromised health systems are especially at risk of complications arising from COVID-19.

The extremely contagious nature of COVID-19 resulted in strict stay-in-home or “shelter at home” and social distancing policies and practices. Older adults and others at risk have been encouraged to stay home as much as possible and, if outside or in the community, to keep a minimum of six feet away from others who do not live in the same home. This has had an incredible impact on day-to-day lives and activities. Older adults in the community are limiting their activities outside of the home, and where possible having food delivered instead of going to the grocery store. Nursing facilities are restricting visitors and redesigning activities to meet social distancing guidelines. Active older adults who were used to meeting up for congregate meals, attending adult day programs, or volunteering at a local non-profit are now spending more time in the home, decreasing opportunities for social interaction.

Social Impact to Older Adults

Broadly speaking, several studies have shown social isolation has negative impacts to older adult physical health. This includes early mortality¹, high blood pressure, and heart disease.² Loneliness also has an impact on mental and emotional health, as older adults experiencing loneliness are at increased risk of depression and cognitive decline.³

¹ <https://www.pnas.org/content/110/15/5797.full>

² <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

³ *ibid*

At the beginning of the pandemic, many state aging and disability agencies and community-based organizations (CBOs) turned their immediate attention to ensuring basic needs for older adults were met. This included activities such as recruiting and mobilizing volunteers, meeting needs for steep increases in home delivered meals, and staffing grocery and prescription delivery services. As agencies and CBOs stabilized these processes, they shifted focus to address social and emotional needs, brainstorming creative ways to address and help mitigate the negative health impacts of loneliness and reduce social isolation in ways consistent with social distancing guidelines.

In addition to populations served in home and community-based programs, states and providers also recognized social interaction for residents of nursing facilities and assisted living facilities needed to be addressed. With facility visitors restricted to help prevent the spread of COVID-19, there was widespread concern that residents would become more at risk for depression and mental decline. States and facility staff have shared ways they are working to minimize this risk and engage residents in thoughtful ways to keep individuals connected and hopeful.

This document is intended to be a living resource for state aging and disability agencies as well as providers, Area Agencies on Aging, and other CBOs. ADvancing States is honored to share this information with our members and the general public and will continue to update this document as ideas and best practices are shared.

How States Have Responded to Address Social Isolation in Older Adults

ADvancing States reached out to state aging and disability agencies and community-based organizations (CBOs) for ways they were responding to the COVID-19 crisis and addressing increased social isolation and loneliness. States and CBOs have shared the following. If you are interested in any of these responses for your state or organization and would like to be connected to these entities, please contact ADvancing States. Additionally, if you would like to edit your state's information, please email April Young at ayoung@advancingstates.org.

- Alabama – The Alabama Department of Senior Services (ADSS), through the thirteen Area Agencies on Aging (AAA), began purchasing and delivering robotic companion pets to socially isolated seniors, people with disabilities, and caregivers utilizing the CARES Act funding. During the COVID-19 pandemic, social isolation has become a serious challenge and ADSS started planning early ways to help combat this inevitable problem. The interactive companion pets have been proven to help combat social isolation and depression by improving overall mood and quality of life. The pets are meant to be an alternative to traditional pet therapy and can help give a reprieve to caregivers who are stressed about caring for a loved one, especially those living with Alzheimer's or another type of dementia. To date, at least 130 pets have been purchased and delivered out into communities across the state, but plans are in place to purchase many more, including pets for isolated nursing facility residents. The DeJong Gierveld Loneliness Scale is being utilized in assessing the effectiveness of the robotic companion pets. At delivery, this loneliness scale is being completed by either the person to receive a companion pet or a caregiver with the help of a representative from the AAA distributing the pet. The scale will then be completed again at three, six and twelve months to assess if feelings of loneliness and isolation have been reduced.

- Alaska – Alaska’s Senior and Disabilities Services, housed within their Department of Health and Social Services, shared the following from their Grants Unit:
 - Hospice of Anchorage (SIH)
 - Pictures with a Purpose - Launched a campaign asking kids from around the country to draw pictures and send them to the office. Staff then mailed the pictures along with a statement about Pictures with a Purpose to clients.
 - Spark of Joy Program - Staff sent weekly mailings and/or deliveries for the first 20 weeks of the pandemic and have shifted to every other week mailings and/or deliveries to all clients. The goal for each package is to bring a little bit of joy into the person’s home. The program has received positive feedback. Deliveries have included fridge magnets, portable fans, DVDs of a volunteer pianist, and tea baskets filled with local treats.
 - Rendezvous (Adult Day)
 - Makes meals for delivery every day. The delivery person has to see the individual and makes sure they are upright and talking. The individual has to come to the door so staff can see them and talk to them, while maintaining distance.
 - Staff made large signs and jump up and down and wave to clients who come to their window twice a week.
 - Two staff make cards and cookies to put in home-delivered lunches.
 - Catholica Community Services (Adult Day)
 - In addition to 1:1 programming, Catholica Community Services makes weekly wellness calls to clients and caregivers and offers support.
 - Staff also put together fun activity bags for each participant. Activity bags include card games, crossword puzzles, journals, bubbles and more, in an attempt to keep clients cognitively stimulated and engaged.
 - Eastern Aleutian Tribes (Senior In Home)
 - Eastern Aleutian Tribes has created elder care packages and boxes of fresh fruit and produce, since many elders were not going to the grocery store. Staff also set up phones for individuals who do not have access to a telephone so they can keep in touch with loved ones. The phones are sanitized, dropped off, and then picked up the same day/next day and sanitized for someone else to use.
 - Nome Community Center (Adult Day)

- Nome noticed seniors were losing touch with what was going on in the community. The center obtained a donation from the local newspaper, the famous Nome Nugget. The paper is delivered with meals each week.
 - The center also does welfare checks each week on all seniors. A masked staff member knocks on the person's door and converses with them from 6 feet away to see how they are doing.
 - Wasilla Area Seniors (Senior In Home)
 - More frequent check-in calls: Calling participants to check in on wellbeing and monitor for changes to the participant's situation.
 - Delivery of essential goods: Picking up and delivering groceries, medications, and other essential items
 - Rides to the store during senior hours and to appointments.
 - Virtual social activities: Health Promotion Disease Prevention – Healthy Aging Program is offering activities such as virtual Strong Seniors and Tai Chi and Out Doors Strong Seniors and Tai Chi
 - Chugiak Senior Citizens (Adult Day)
 - Most ADS participants of this program also live in their assisted living home, so they have been doing hallway games like bingo and bean bag toss, where seniors participate from their doorways.
 - Nutrition/Transportation/Support and Health Promotion Programs
 - Purchased Tai Chi videos for at home practice
 - Grocery deliveries with trivia and board games included in the delivery
 - Online nutrition education classes
- Arkansas – Arkansas Department of Health Services began a program to ensure that a staff member telephoned every personal care and long-term services and supports waiver beneficiary for a check-in and to ensure their care aides were continuing to provide care in the home. Beneficiaries are called at least once per week.
- California – Created a campaign called Neighbor-to-Neighbor that encourages neighbors to connect using the Nextdoor website or app. Volunteers will be able to use the site to share ways to safely connect and ensure neighbors have necessities during California's stay at home order. Information and ways to volunteer can be found on the [California Volunteers](#) website. The California Peer-Run Warm Line: (855) 845-7415 and the Substance Abuse Mental Health Services Administration (SAMHSA) Disaster Distress

Helpline: (900) 885-5990 are available 24/7 for anyone feeling stress due to the emergency.

- Colorado – The State Unit on Aging provided an evidence-based class through video connection technologies (such as a Zoom meeting). Colorado is also utilizing their Americorp volunteers and transportation providers to deliver groceries and home delivered meals to older adults.

The AAAs in Colorado are providing reassurance calls for many of their clients receiving in-home services. An innovative and socially distanced night out was provided by the Weld County Area Agency on Aging. This AAA held a “Drive-In Dinner & Concert” for older adults. Meals were brought to attendees in their vehicles while a jazz band provided live music.

- Delaware – During the COVID-19 pandemic, the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) and its service providers are offering expanded services and supports through different delivery methods. New services include:
 - Weekly check-in calls: Calling participants once a week to check in on health and wellbeing and monitor for changes to the participant’s situation.
 - Delivery of essential goods: Picking up and delivering groceries, medications, and other essential items
 - Virtual social activities: In collaboration with Delaware’s Senior Centers, offering activities such as virtual chair aerobics, education classes, social hours, etc
 - Family caregiver support services: Supporting eligible caregivers who are providing emergency companionship, enrichment and personal care.

More information can be found at the Aging and Disability Resource Center (ADRC) at 1-800-223-9074.

The Delaware Division of Substance Abuse and Mental Health (DSAMH) has launched a phone line dedicated to helping Delawareans cope with stress and address behavioral health needs during the coronavirus pandemic. The Delaware Hope Line (1 (833) 9-HOPEDE or (833) 946-7333) is open 24 hours a day, seven days a week to connect callers to a variety of resources and information, including support from clinicians and peer specialists plus crisis assistance. The Hope Line, which is free, provides a single point of contact for individuals to tap into DSAMH's range of services and resources. The Hope Line will also help Delawareans who may be struggling with loneliness from social

isolation and anxiety. Delawareans can also get behavioral health tips and reminders by texting DEHOPE to 55753.

Health plans providing managed LTSS programs in Delaware have also been proactive in making arrangements to keep in touch with their members, including connecting members with social groups, making additional phone outreach, and setting up Microsoft teams for face to face meetings.

- District of Columbia –
 - DC’s Department of Aging and Community Living (DACL) created a new “Call & Talk” program. Older adults can sign up to be paired with staff and volunteers for regular conversations, whether that is every day or weekly. The program has enjoyed celebrating birthdays and even hosted a double date so far. DACL has also requested all of their grantees call their participants on a daily basis, Monday through Friday, to check in while grant-funded programs are limited to remote work.
 - DACL partnered with the Humane Rescue Alliance to make connections with seniors and pets in foster care. The goal of the [Senior Pet Connect](#) program is to support efforts in combatting isolation by enabling homebound seniors to interact with pets, whether virtually or in-person. If a senior you know is interested in participating, please email dacl.communications@dc.gov.

- Florida – The Florida Department of Elder Affairs (DOEA) has implemented the following initiatives to mitigate the impact of COVID-19:
 - 1) Meals - Before the pandemic, over 45,000 meals a day were provided to older adults throughout Florida. While one third of these meals were delivered to the homes of those too frail to participate in community activities, the remaining two thirds received their meals in a congregate setting such as senior centers, community meal sites, and non-residential adult care facilities.

Many of these older adults receive their only meal for the day when attending programs that serve meals and face going without a meal when these sites are closed. It cannot be overemphasized how important a meal is to these individuals. In many situations, they are one meal away from a medical crisis.

Essentially all congregate meal sites were closed throughout the state to prevent the spread of COVID-19. To ensure that all older adults continued to receive meals, DOEA afforded service providers program flexibility. Providers now have the option of allowing them to come to a meal site and “drive-thru” affording them a meal while also complying with social distancing. For older people who do not have transportation, or where community regulations restrict travel, meals are delivered directly to their homes. There is not one older adult who received meals in a congregate setting prior to site closures that has not had a meal made available to them during site closures.

Not only that but the number of meals being provided has increased exponentially to almost 200,000 a day, most of which are home delivered.

To assist in that huge effort, DOEA partnered with the Florida Department of Business and Professional Regulation (DBPR) and the Florida Restaurant and Lodging Association (FRLA) to match the needs of these older adults and meal delivery services with the needs of the business community and those who work in the restaurant business. This partnership will utilize the hospitality talent pool to ensure older Floridians continue to receive nutritious meals and remain connected with their communities, make use of the unused operational capacity of restaurants to prepare meals in large quantities, meet the needs of those older Floridians, and provide much-needed income to restaurants and restaurant workers when they are paid to prepare and deliver meals to Florida seniors.

The responsibility for this initiative rests with the 11 Area Agencies on Aging (AAAs) throughout the state who will work with their local Aging Network providers to identify restaurants interested and able to assist in preparing and delivering meals to the vulnerable older adults in their community. They will independently:

- Communicate to restaurant partners the nutrition and feeding needs of older adults so the restaurants understand who they are feeding and what their nutrition requirements might be.
- Develop Memorandums of Understanding (MOU) as necessary to enable the flow of resources.

- Ensure restaurants have (and maintain through duration of MOU) an active license with DBPR and comply with Florida Administrative Code 64E-11 regarding food safety at all touch points of the process (preparation, packaging, delivery).

As of 05/08/20, 140,000 meals have been prepared and delivered by restaurants participating in the initiative.

2) Project VITAL - During the time when frail older adults must remain isolated, we must ensure they remain connected with their communities and their loved ones. There are approximately 700 nursing homes and 3,000 assisted living facilities in Florida, with currently 171,000 combined residents. Public entry into nursing homes and assisted living facilities is already severely restricted and visitation is suspended. In addition, because of health officials' cautions against gatherings of groups of 10 or more people, nursing home and assisted living facility residents likely are not dining together or congregating for group activities or social events, which essentially means they are left alone in their rooms which will lead to loneliness.

While isolation and loneliness have negative effects on people of all ages, research shows that those negative impacts, coupled with chronic health conditions, can lead to a high rate of morbidity among older adults. It is therefore a serious public health issue.

Although it is imperative for individuals to practice social distancing as we combat COVID-19, social distancing does not have to result in complete social isolation. To mitigate these circumstances, DOEA and the Alzheimer's Association have developed an initiative called Project: VITAL (Virtual Inclusive Technology for ALL).

This project will support the well-being of seniors, their families and caregivers by allowing them to remain virtually engaged and connected through specially designed tablets that can access resources like music, books, games and the ability to video chat and email with family outside. It will also facilitate educational and support opportunities for staff through a video-based learning platform and offer opportunities for virtual and online education and support for families/caregivers at home.

During the initial pilot phase, 150 care communities were identified and supplied two tablets per community, as well as virtual training on how to use the equipment and

platform. The tablets are preloaded with software programming from iN2L, enabling residents to connect with their loved ones via video chat with a simple tap on the home screen. The tablet further fosters connection with family by creating individual profiles for every resident, with the added ability for family to add personal photos and videos to those profiles for residents to view whenever they like. Also included on the tablet is an expansive, easily personalized library of applications that supports cognitive, emotional, social, physical, and spiritual wellness for the ultimate person-centered engagement experience.

Considerations for expansion include increasing partners, such as the State Unit on Medicaid, health care associations, philanthropic foundations, age-friendly communities, health care companies, insurance companies, and communications companies for connectivity.

3) MP3 players - DOEA began delivering over 1,000 pre-loaded MP3 players to socially isolated seniors and adults living with Alzheimer's Disease and Related Dementia (ADRD). The gift of music is made possible through a donation from the Florida Alzheimer's Association. Each unit will be mailed to the caregivers and families of those living with ADRD.

Each device is pre-loaded with various musical genres ranging from patriotic and country to Broadway tunes and gospel. The distribution of music will be matched to the preference of the recipient, or with input provided by the caregiver whenever possible.

Because areas of the brain linked to memories of music are often left undamaged by dementia, listening to music becomes an important part of treating and interacting with persons living with ADRD.

Music can be powerful. Studies have shown music may reduce agitation and improve behavioral issues that are common in the middle-stages of the disease. Even in the late stages of Alzheimer's, a person may be able to tap a beat or sing lyrics to a song from childhood. Music provides a way to connect, even after verbal communication has become difficult.

4) **Robotic pets** -The department began delivering over 750 robotic pets to socially isolated seniors and adults living with ADRD. The interactive pets help combat social isolation and depression among these individuals by improving overall mood and quality of life. The pets are meant to be an alternative to traditional pet therapy and can help give a reprieve to caretakers who are stressed about caring for a loved one with Alzheimer's or another dementia during the COVID-19 crisis, according to the department. Researchers say robotic pets can be a good alternative for people with dementia who are scared of animals or live in a home or healthcare facility that does not accept animals for fear of infections or other issues, such as allergies, bites or scratches.

Robotic pets have been used in various countries since 2003 and have previously shown positive results similar to those of real animals, according to a 2016 study published in the "Journal of Alzheimer's Disease," which looked to assess the [effectiveness of robotic pet therapy](#) in treating dementia-related symptoms such as anxiety and depression. The study found that the robots helped decrease stress and anxiety and also caused a reduction in the use of psychoactive medications and pain medications for patients with dementia.

5) **Scent Preservation Kits** - DOEA is partnering with Scent Evidence K9 to distribute 2,000 Scent Preservation Kits® to caregivers of those living with ADRD. As Florida seniors stay at home to limit their risk of exposure to COVID-19, those older adults with ADRD may have an increased tendency to wander and become lost. If that happens, proactive family safety measures, such as the Scent Preservation Kit®, are providing effective response systems to locate missing persons and return them to safety. These kits provide K9 responders with uncontaminated scent articles that significantly reduce the time it takes to locate someone.

6) **Mental Health** - Project VITAL is being implemented to address the impact of social isolation on older adults residing in long-term care (LTC) facilities. But what about those older adults and individuals with compromised health systems who are still living in their homes and communities? For their safety and protection, we have asked this population to isolate at home. But how do we protect this population, already at high risk for loneliness, from the health risks that come with isolation? Additionally, the stress caused by an economic downturn will most likely add to these health risks.

During times of crisis, mental health cannot be overlooked. Loneliness and social isolation for older adults have a deep, emotional impact, sometimes leading to social disorders such as depression and anxiety. Social isolation has also been linked to increases in emergency department visits, hospitalizations, and nursing home placements.

During the pandemic, proactive information sharing can help older adults cope with social isolation and the accompanying sense of grief, anxiety and stress. Outreach and links to helpful resources can reduce feelings of loneliness and replace them with a sense of inclusion. Accordingly, the department is developing an initiative to address the mental health needs of older adults during this time of the pandemic and economic uncertainty using available technology as a force multiplier. This initiative will address at a minimum the following:

- Increased outreach
 - Providing timely, relevant information
 - Teletherapy
 - Telephone reassurance
 - Reinforce crisis response services
 - Dedicated helpline for mental health
 - Expand availability of evidence-based programs
 - Strengthen community self-help and social supports
- Georgia – Georgia convened a social isolation workgroup, including the Division of Aging Services, the Department of Behavioral Health and Developmental Disabilities, and Tools for Life (Georgia's Assistive Technology group). Initiatives include developing policy around telephone reassurance and connecting people to assistive technology. Many congregate sites have moved toward virtual/telephonic/radio programming.
 - Idaho – Idaho's State Ombudsman is participating in a strike force that is crafting re-opening plans and is a voice for the residents. All Area Agencies on Aging are running friendly caller programs. The Idaho Commission on Aging (ICOA) has created a 6 online learning module course to train loneliness volunteers and staff. The modules can be accessed [here](#).

- Indiana – The state’s Area Agencies on Aging (AAA) are using the UCLA Three-Item Loneliness Scale to identify, assess, interpret, report, and address loneliness among Medicaid participants receiving home- and community-based services. The Loneliness Scale is incorporated into procedures for recording information about a new participant and is administered quarterly thereafter. For existing participants, the assessment is initially administered to determine a baseline value and quarterly thereafter. Care managers record each participants’ data in the Person-Centered Monitoring Tool (PCMT) and update the information with each visit. To see if there have been any positive or negative changes based on implemented interventions, care managers compare the results over time to determine whether someone’s experience of loneliness has changed in the intervening period. An individual who scores five or higher on the scale should have a social connectedness plan addressed in their care plan, which includes loneliness interventions and frequency of intervention. This plan is also addressed quarterly or as circumstances change for the individual. Judgments can then be made about whether the implemented intervention has benefited the participant or whether adjustments to the intervention would improve loneliness outcomes for the participant.
 - A non-exhaustive list of intervention examples include the following: face-to face interaction; student and young adult interaction, for example with the nonprofit organization Create Circles; voice technology such as Alexa, Siri, or Google Assistant who keeps the individual in touch with their community, news, and personal entertainment; caregiving companion, for example with GeriJoy Companion; telephone befriending, with CICOA (AAA) or contacting other Area Agencies on Aging to learn of local support hotlines; engagement with a new group of people in an activity and/or facilitated discussion; pet therapy, for example with the company Paws & Think; using technology to view performances from different groups and artists like operas, symphonies, or Broadway plays, and utilizing volunteer opportunities such as Connect2Affect and VolunteerMatch websites to find opportunities in the participant’s area.
- Iowa – Area Agencies on Aging (AAAs) are reaching out with phone safety checks every 2-4 days to all Older Americans Act program recipients. Iowa AAAs also put together a one-pager detailing three social resources accessible by phone that are available nationwide (see below for details).

- Kentucky – The Long-Term Care Ombudsmen are conducting well-check calls and also have access to civil monetary penalty funds to purchase technology equipment so residents can communicate with family. Nursing facilities report playing hallway bingo, where each person participates from their door. AAA partnerships have included food trucks, Head Start programs, and county jails to help increase home delivered meal output.

Kentucky is also working on a project to connect High School seniors with seniors in the local community, called Seniors Helping Seniors. Students will call their designated senior weekly and engage in telephone reassurance. Senior Centers are also being creative and sending bingo cards out at the beginning of the week. Each meal delivery has a new set of bingo numbers written on the box.

- Massachusetts – The Commonwealth has taken the following actions to combat social isolation and loneliness for older adults:
 - The Baker-Polito Administration created a Nursing Home Family Resource Line, a dedicated telephone line that connects family members of nursing home residents with the information and resources they need. This resource was created so that family and community members have one central contact that they can reach out to if they have questions or concerns about the care their loved one is receiving during the COVID-19 outbreak. The line is staffed from 9 AM – 5 PM, seven days a week. Staff coordinate across state agencies to help callers find answers to their questions.
 - The Massachusetts Executive Office of Elder Affairs has shifted community-based aging services, including home care, family caregiver support, and behavioral health, to be conducted telephonically where possible. This includes many services including companion visits, consultations, and counseling.
 - Several aging services programs, including Adult Protective Services and Elder Mental Health Outreach Teams, are maintaining in-person visits conducted outside with safe physical distancing practices. This has particularly been helpful for individuals living with behavioral health conditions.
 - The aging services network, including ASAPs/AAs and Councils on Aging, are conducting telephonic wellness checks with older adults and family caregivers.

They are also deploying volunteers to provide home delivered meals, grocery delivery and care packages. Many are working with local partners, such as libraries, to reach out to individuals who have not historically engaged with the aging services network.

- The Massachusetts Executive Office of Elder Affairs and Joint Committee on Elder Affairs created a short script for state legislators and staff to conduct wellness calls with constituents and provide basic information about local aging services providers.
 - The Massachusetts Executive Office of Elder Affairs created a [resource](#) with links to online tools and resources for family caregivers to engage older adults at home. The resource includes virtual tours, sing alongs, musicals and other online forms of engagement. The resource was created as a form of respite for family caregivers.
 - The aging services network is offering more telephonic or video conference support groups for older adults (e.g., “Be Safe, Feel Safe” weekly group call) and family caregivers and transitioning memory cafés to a virtual mode of delivery.
 - The Massachusetts Executive Office of Elder Affairs, Department of Mental Health and Department of Public Health participate in a biweekly roundtable discussion focused on social isolation and loneliness with stakeholders facilitated by AARP Massachusetts. The discussion is a forum to share emerging practices and ongoing challenges.
 - The Massachusetts Executive Office of Elder Affairs and its partners is in the process of pivoting the state’s Age-Friendly Action Plan to prioritize strategies related to COVID response and recovery. The plan will be updated with a specific lens on diversity, equity, access and justice and the goal of reaching all older adults in the Commonwealth.
- Michigan – The state of Michigan shares the following aging coronavirus initiatives:
 - Information and Assistance
 - The State of Michigan launched a COVID-19 hotline that runs seven days per week from 8 a.m. to 5 p.m. The hotline is staffed by State of Michigan employees. The hotline’s older adult menu option routes older adults to

staff from the Aging & Adult Services Agency who are volunteering their time to support the hotline.

- A statewide [landing page](#) has been established for older adults to request services. These requests are forwarded on to the Area Agencies on Aging.
 - The state partnered with GetSetUp, an interactive learning platform providing health and learning benefits for older adults. Sponsored by the Michigan Health Endowment Fund, the classes are free to all older Michiganders, age sixty and over. The e-learning channel can be found by clicking [here](#). Their most popular classes include: “Schedule & Host a Zoom Session this Holiday Season,” “Make Great Meals in Thirty Minutes or Less,” “Gmail – Useful Things you May Not Know,” and “Thanksgiving Fun – Games and Social Hours.” These virtual classes help participants not only learn new skills, but also to socialize in order to help alleviate anxiety, depression, and isolation. Additional effects of these virtual classes are improved cognitive functioning and increased cognitive reserve; creation of economic opportunities; and a new or increased positive perception which helps older adults plan for independent living as they age. Mastery of new skills and independence has a positive impact on older adults’ self and community perception and a positive perception of oneself significantly increases quality of life.
 - Launched a media campaign including social media posts to reduce social isolation and tips for adults. Video series:
 1. [MI Resilience: Reach Out to Older Michiganders](#)
 2. [MI Resilience: Avoid COVID-19 Scams](#)
 3. [MI Resilience: Tips for Seniors](#)
 - Working with economic stability administration on a person-centered approach to accessing food assistance for older adults. Materials highlight aging friendly regional navigators. This work also includes an information line and “hands-on assistance” for Federal Assistance Programs for over-the-phone application.
- Direct Support

- Quarantine Box (Q Box) project partnership with Michigan Food Bank Council to provide box of non-perishable food items to seniors at home. Michigan is partnering with the Council on a virtual statewide food drive to expand the [Q Box program](#).
 - MI is repurposing \$500,000 of state allocated funds for senior center wellness programs to provide programming specific to coronavirus, including virtual delivery of evidence-based programs (EBPs), virtual support groups, and friendly reassurance. Grants will be made in the amount of \$5,000 in accordance with boilerplate requirements.
 - MI established a [portal](#) where volunteers can sign up to support senior services (delivering meals, packages, or friendly reassurance).
 - MI continues to secure and distribute donated personal protection equipment (PPE – gloves and masks) to AAAs and service providers across the state.
- Policy Flexibility
 - Working with policy office, Michigan assisted living association, and waiver agents to redirect surplus medical volunteers (CNAs, LPN, and RNs) to assist with direct care.
 - Policy waiver on Personal Emergency Response Systems (PERS) - to permit AAAs who didn't include PERS in Annual Implementation Plan (AIP) to add it to increase use.
 - Nearly 40 policy waivers for local AAAs and aging network agencies to respond to increased demand for programs, including remote provision of services and provision of community-based services in virtual settings. Examples include:
 - In-home community health workers/direct care workers connecting health departments utilizing Zoom video conferencing software to assist with COVID-19 testing.
 - Utilizing senior transportation services to support medical appointments, grocery shopping/pick up and prescription pick up or delivery.
 - Expanding the Respite Care service unit definition to include weekly wellness checks with family caregivers and clients, weekly support group phone calls with family caregivers, and when

appropriate, using respite staff to deliver food, medications, and essential items to caregivers and clients.

- Coordinated with Medicaid office to develop statewide guidance to direct care workers and home care agencies on the provision of in-home services during the COVID-19 emergency.

- Minnesota –

- Minnesota’s Legal Assistance Developer is working with project partners to monitor current legal trends, analyze efficacies of legal delivery tools for isolated communities and develop community legal responses for post-crisis implementation.
- Minnesota’s information and referral service, the Senior LinkAge Line, is utilizing specialists to reach out to older adults and their caregivers. They have adjusted their service delivery models so staff who had been providing in-person support are also on the phones. This helps reduce wait times and increases the number of people that can be reached.
- Homeless older adults who were in shelters and displaced have been transitioned to hotels/motels. The state is currently working to bridge delivery of meals & other services to older adults experiencing homelessness.
- Majority of the Title III providers are shifting to Telephone Reassurance and conducting frequent check-ins with clients served. In addition, non-nutrition providers are shifting services to meal and prescription delivery services
- Statewide wiki of older adult services developed for availability of services during pandemic. Content is updated daily to assist older adults and caregivers.
- Title III providers are offering quite a few virtual options, ranging from health promotion classes to support groups and caregiver consultation. There is an increase in telephone check-ins and follow up from Senior LinkAge Line Information & Referral calls.
- The MN Long-Term Care Ombudsmen staff work daily to assure facility staff are directly assisting residents and families to utilize alternative forms of communication such as creating video greetings, using video conferencing (Skype, FaceTime) and sending and receiving handwritten letters and cards. A number of family members and loved ones are visiting with their family member from the outside through a window or glass door.

- MN is also providing iPads to some Spanish-speaking older adults to help address social isolation.
- Montana –
 - Virtual – All areas of the state have been doing telephone reassurance to keep in touch with seniors and adults with disabilities they were serving pre-COVID to assess their current needs. Handouts related to stress and loneliness were distributed via email lists. Phone groups were arranged for the Foster Grandparent Program so they could visit with one another. Facebook is used to share recipes, information, and stories. AARP Montana hosts a friendly Voice Calls program throughout the state and hosted several virtual trivia nights through the end of 2020.
 - Senior centers – Some offer online exercise classes, online social gatherings, and presentations from AAA staff. Handouts related to stress and loneliness were given to senior centers. Some centers have done community drive by events where drivers follow each other along a set route, drive by senior housing and assisted living, and wave to the residents.
 - Deliveries – Printed materials are delivered with meals that outline physical exercises; grocery and pharmacy deliveries are available.
 - Determining needs – Outdoor small support groups and virtual support groups and assessments of clients are used to determine individual and collective needs.
 - Tribes – Tribal partners also provide telephone reassurance on a regular basis. Focusing on those that have difficulty leaving the home, one tribe started a pen-pal program using Facebook and quickly garnered sixteen thousand shares and many actual letters received through the mail. Tribes have had window decoration contests, sending puzzles and coloring supplies with home delivered meals. Occasionally a phone number will be put underneath a home delivered meal and the individual who gets the number wins a prize when they call in. Some regular senior center participants call each other to check in and visit over the phone. For holiday fun, they participate in virtual events such as pumpkin carving, decorating, and stay at home poster contests for the chance to win a prize.
- Nevada –

- The state created a Nevada COVID-19 Aging Network (Nevada CAN) Rapid Response in partnership with Nevada 2-1-1 to enable a simple way to request assistance during the pandemic. This program had four focus areas; food and medication delivery, telehealth services, social supports, and outreach. The four teams are led by executive level team members and have worked to build collaboration amongst providers across the network. This has created new collaborations and coordination of service delivery, with many partners working together to support the community.
- The Social Support Action Team has recruited volunteers to provide weekly one on one check in calls and group meetings. Volunteers also connect individuals to counseling services when appropriate. This volunteer team receives in depth training prior to providing services. The team has conducted outreach to skilled nursing facilities and is working to deliver tablets to each nursing facility to support social connections for residents. This team also created a technology assistance team which is a group of college students who are creating training material and will conduct in person technical assistance to older adults. They provide older adults with training on how to use technology and support them with technical assistance. This collaborative is known as Nevadans Ensuring Supports Together, or NEST. NEST flyers were made available to community partners and the Nevada 211 website. An example of one of the flyers can be found [here](#).
- The state Long Term Care Ombudsman is purchasing tablets for every skilled nursing facility, assisted living facility and residential group home to ensure residents have access to the Ombudsman program as well as their friends and family. The volunteers from the Social Support Team are setting up these tablets and creating technical guides to help residents utilize the tablets and reduce any burden on facility staff. Additionally, they have purchased visitation stations that will allow residents to safely visit with family and friends.
- The Social Support Team recruited and trained a group of student volunteers who will be providing technical assistance to individuals needing assistive technology. They are also creating technical guidance sheets for several applications to help individuals using their devices to stay connected to friends and family. The guidance sheets will be provided to individuals as well as assisted living facilities, skilled nursing facilities and residential group home settings. This

team of volunteers will also be available by phone to provide in person assistance when requested.

- New Hampshire –
 - In April of 2020, New Hampshire was awarded Aging and Disability Resource Center (ADRC) COVID-19 funds from the Administration on Community Living. New Hampshire focused on social isolation and technology in the use of their ADRC COVID-19 funds. Counties released Requests for Applications (RFA) for the funding and used an appendix that contained detail of what was considered when distributing the funds where it would be needed the most.
 - ADRC grant funds will also be distributed to ServiceLink Resource Centers (SLRC) in response to COVID-19 related needs. To best understand the needs of individuals, communities, and SLRCs, UNH Center on Aging and Community Living (CACL) analyzed data about the older adult population for each county in the state, including impacts of COVID-19. It is important to note that certain populations are disproportionately affected by COVID-19, specifically minority populations, people who are 85+, and communities with higher rates of co-morbidities. Special attention was paid to ensure that these high-risk communities were analyzed and represented in the analysis and in funding allocations and priorities.
 - To understand the current landscape of the pandemic, a rapid scan of COVID-19's geographical spread was conducted. At the time of the rapid scan, Hillsborough and Rockingham County had the highest number of COVID-19 cases, hospitalizations, deaths, and are most at risk for continued outbreaks. However, given that the pandemic is evolving, other areas of New Hampshire could potentially see high rates of infection in the future.
 - The [NH Alliance for Healthy Aging](#) will be highlighting social isolation at the next quarterly meeting in December 2020.

- New Jersey – To mitigate social isolation, the 21 county area agencies on aging in New Jersey and their providers and partners have instituted a number of measures, including:
 - Telephone Reassurance
 - Offering wellness check calls to their telephone reassurance consumers, senior center participants, care management clients, transportation riders, nutrition program participants, caregivers, and many more. The NJ Division of Aging Services shared a telephone reassurance template for its partners that includes the importance of connecting with friends and family via phone and internet, providing do-it-yourself mask options, and focusing on positive topics rather than on the coronavirus.
 - Identified an emergency contact for clients and have advised the emergency contact to be in close contact with the vulnerable senior.
 - In partnership with local Centers for Independent Living, contacting registered clients for wellness checks utilizing *Register Ready*, a statewide database of individuals with access and functional needs used for emergency management planning.
 - Connecting with hospital discharge social workers to refer all COVID-19 discharge patients who are at risk of isolation when they return home to the area agencies on aging to be assessed for additional services including crisis contact numbers, local volunteer organizations, home delivered meals, and wellness checks.
 - Nutrition Programs
 - Sending out games, information sheets and other activities with home delivered meals. These materials include coloring pages, word searches, crossword puzzles, jigsaw puzzles, activity books, Centers for Disease Control and Prevention information sheets, nutritional and health information booklets and resource directories.
 - Will be sending out Mother's Day goodie bags, birthday cards and/or thinking-of-you cards to participants as well as their caregivers.
 - Social Distancing Visits
 - Several senior centers, although closed for in-person visits, are providing curbside visits with participants and drive-by parades to remind older adults that their community is still there for them.

- Some senior buildings have begun to offer "Doorway Coffee and Cake," which includes coffee urns brewing in the hallway to spread smell of coffee while residents sit in doorways that are more than six feet apart and have coffee, tea, and cake served to them. Other senior buildings have begun a slight variation called "Doorway Bingo" where a staff person in the hall calls numbers to people in the apartment doorways. CB radios are placed in the hallway as makeshift speakers. Still other sites have organized musical performances on the balconies of apartment buildings where residents can sit out on their individual balconies and either listen or take part in the collaborative musical experience.
 - Remote Programming
 - Many providers are offering classes, exercise programs, and group meetings via video conference. Activities such as learning beginning guitar, Italian, Zumba, Qi Gong, and low impact aerobics have proved to be quite popular.
 - Our partners at Rutgers University's Comprehensive Services on Aging (COPSA) Institute for Alzheimer's Disease and Related Disorders are hosting virtual caregiver support groups.
 - One Adult Day Center has sent out to its participants a web link to a YouTube tutorial in which a staff member from the Center, along with her child, demonstrate how to make simple crafts. Craft supplies have been delivered to participants (along with their hot meal for that day) so that they and their caregiver do the craft along with the video.
 - Some seniors have started phone, text, and email chains to share what they have been up to, including funny photos.
 - The Asian Women's Christian Association has text distribution groups in three different languages (Korean, Japanese, and Chinese).
 - Donations
 - One county area agency on aging was getting many inquiries from residents asking how they could help during this time. The area agency on aging found that the most helpful way to help is to contribute gift cards from stores such as Rite Aid, Walmart, etc. that the agency can then distribute to consumers in need.

- New Mexico – In the early days of growing concerns surrounding COVID-19 and the vulnerable population of seniors and adults with disabilities, Governor Michelle Lujan Grisham directed the Aging and Long-Term Service Department (ALTSD) to respond to the immediate need of food insecurities as well as the psycho-social needs of those in isolation.
 - Food Boxing Operation: ALTSD prioritized meeting the immediate needs of seniors and adults with disabilities by standing up an entire food boxing operation, creating a partnership with a local High School, in which their gymnasium was transformed into a warehouse, complete with a social distancing assembly line. In total, the department will have distributed nearly half a million meals by the end of June. Additionally, in lieu of the senior center meals, the AAA's continue to deliver meals to homebound seniors who were previously participating in congregate meal offerings.
 - The ADRC: The ADRC call center has responded to more than 55,000 calls since COVID-19 first spread to New Mexico on March 11, 2020. They field requests for food and supplies, wellbeing concerns, Medicaid and Medicare questions, scams and concerns, and act as a call center for seniors and adults with disabilities.
 - Virtual Programming: Innovations focusing on the ability to connect those in isolation to our programs via an On Demand virtual application and web-based connectivity, using the emergency funding from ACL. This program will include the ability for Ombudsman on Demand, Information and Assistance on Demand, and Protective Services on Demand.
 - Welfare Checks Collaboration: Our ADRC team has initiated a partnership with the University of New Mexico's (UNM) Office of Community Health to conduct well checks to our seniors and adults with disabilities who have been awaiting a home and community-based waiver allocation. We identify these individuals as our higher risk population, and the team has begun this amazing effort utilizing Community Health Workers and graduate students within the UNM Health Sciences programs.
 - Create and Connect: Is a program focused on sharing encouraging and uplifting messages to the most vulnerable in our community. The campaign seeks to leverage partnerships at every level to engage with city, county and tribal leaders to share encouraging messages. The campaign has three components:
 - Send It! A letter writing/ pen pal program. Partner organizations across the state have committed to writing letters that will be distributed to

- homebound seniors and adults with disabilities as well as residents living in long-term care facilities.
 - Stream It! A reoccurring live segment called Senior Social Hour that includes educational, engaging, and encouraging messages, classes and interviews. ALTSD is working on forging additional partnerships to expand viewership across the state with a focus on tribal and rural areas.
 - Broadcast It! This component is in the works. It would provide a platform for digital messages to be shared via traditional mediums like television or radio. This portion would also include expanding viewership to include residents in Long-Term Care facilities with access to the 350 tablets distributed by the Ombudsman program (more info below).
 - Ombudsman: Our Ombudsman program launched a recruitment campaign to bolster their volunteers in early 2020. We are increasing these efforts as their services have been in high demand. The State Ombudsman has been working tirelessly to help nursing home residents and their family members address concerns about abuse, neglect, isolation, resident rights, and facility compliance, and has facilitated the purchase and distribution of 350 tablets to Nursing Homes, so that residents can connect with loved ones, the Ombudsman, and the Create & Connect campaign.
 - Townhalls for Q & A: The Department is regularly hosting question and answer townhalls in which community members, residents and their family members have access to ALTSD leaders and when applicable the Department of Health to ask questions about nursing homes, testing, compliance, Ombudsman services, volunteerism, food boxes and other ALTSD programs.
 - Counseling: Our State Ombudsman has been working in collaboration with the State Human Services Department’s Behavioral Health Division to provide virtual counseling to residents in long-term care.
- New York – Established top 5 priority services in the state, including home delivered meals, groceries and supplies, medication delivery, transportation to critical services, and combatting social isolation. New York is also responding in the following ways:
 - All congregate settings (senior centers, Social Adult Day Services, etc.) closed down – any staff that could be reprogrammed to address the top 5 services were directed to do so

- Many older workers and volunteers are under a stay at home order and have been directed to focus on combatting social isolation – making phone calls, skype, etc.
 - Most counties have both non-essential state staff and county staff that have been told to stay home and many are making social isolation calls
 - The Governor set up a general volunteer portal for people who want to volunteer in any capacity – many are making check in calls
 - Twice a week calls with the county Office for the Aging and advocates – NY continues to push out resources and guidance with an emphasis and focus on combatting social isolation
 - Friendship line – 800-971-0016
 - Mental health line (for depression, anxiety, isolation) almost 7,000 mental health professionals volunteered – 844-863-9314
 - Grief groups [Grief.com](#)
 - AARP Foundation [connect2affect](#)
 - [AARP Community Connections](#)
 - NY conducted a successful 12 county pilot to test the efficacy of animatronic pets and their impact on social isolation of community-dwelling older adults. Results of the pilot showed 70% of older adults who were isolated and adopted a pet had a reduction/significant reduction in social isolation after 1 year.
 - NY State Office for the Aging is sending 1,100 animatronic pets statewide to combat isolation
- North Dakota –
 - North Dakota Department of Health (NDDoH) Long Term Care Facility COVID-19 Preparedness Survey
 - NDDoH Health Facilities surveyors participated in training and then conducted a comprehensive onsite survey the week of March 16, 2020 of the state’s 218 long-term facilities. The facilities include nursing homes, basic care, and assisted living, to determine the level of preparedness related to COVID-19.
 - The surveyors asked questions related to education and training of direct care staff; health screening of staff; restrictions for visitors; adequacy of PPE supplies; and procedures for treating severe respiratory infections.
 - Reduce Social Isolation and Increase Access to LTC Ombudsman Program

- Aging Services is partnering with ND Assistive (State Assistive Technology organization) to provide technology solutions to nursing homes and basic care facilities – especially those in rural areas – so that facility residents, their families and caregivers can stay connected and assure virtual access to the LTC Ombudsman program.
 - The ND Long-Term Care Association is helping by surveying their members to identify technology and other communication needs in each facility.
 - Based on those results, ND Assistive will be distributing assistive technology devices and will help residents access internet and telephone service solutions (based on their communication needs). ND Assistive will also provide virtual training to participating facilities on how to best use device features with residents.
 - Funds for this initiative are being provided through the ACL ADRC grant and additional Ombudsman's funding provided in the CARES Act. Aging Services is also working in collaboration with the NDDoH to assure we are not duplicating any efforts or access to technology available through the CMP funds that may already be available to skilled nursing homes.
 - COVID-19 Emergency Rent Bridge
 - Provide temporary rental assistance to eligible renters who are experiencing a loss of household income due to COVID-19.
 - Eligibility is restricted to households with income at or below 60% of the area median income adjusted for household size and county of residence. Other eligibility criteria will also apply.
 - Applicants will be responsible for paying 30% of their total monthly income towards their housing costs. The rent bridge will pay the difference between total rent due and the tenant portion of rent, up to the maximum rent limits for each community. Rental assistance cannot exceed 3 months.
 - In addition, under the ACL ADRC grant we will provide community transition support to help meet the needs of older adults and individuals with disabilities who entered a nursing home.
- South Carolina – In order to address social isolation during the COVID-19 pandemic, the South Carolina Department on Aging initiated South Carolina Senior Care Calls. The

SCDOA issued Program Instructions and a handbook to direct the Area Agencies on Aging and service providers on protocols to make calls that help seniors fight social isolation. Care Calls are made weekly, bi-weekly, or daily by staff, volunteers, or members of the faith-based community.

In addition, the Department on Aging has issued program instructions to provide seniors with grocery vouchers, telephone assessments, medication, sanitation supplies, and guidance for reopening of meal sites for activities and socialization.

- Tennessee – Tennessee is feeding more seniors with supplemental funds and is using some of those funds to obtain meals from small, independent restaurants across the state. Small restaurants were one of the many groups hit dramatically hard by the COVID crisis. The state needed the meals and the restaurants needed the business. Existing providers are also stepping up their food production. Tennessee recognizes feelings of social isolation and loneliness may persist throughout the older adult population during the COVID-19 outbreak. The state is engaging with the community and showing [Care Through Conversation](#). The purpose of the Tennessee Commission on Aging and Disability Care Through Conversation program is to provide support to all older adults and caregivers across the state during the COVID-19 crisis. Telephone reassurance will engage older adults in conversation and assess their needs, including access to meals, groceries or essentials, and medications. *(Note: Tennessee graciously shared their program guides for the Care Through Conversation program, in addition to a volunteer training guide. Please email ADvancing States at ayoung@advancingstates.org if you would like these materials sent to you.)*
- Texas –
 - Created a COVID-19 Mental Health Support Line available 24/7 for individuals to speak with a mental health professional to help with anxiety, depression, stress, grief or worry. The state also created a list of resources for individuals seeking behavioral health services.
 - The “Know Your Neighbor” campaign was created to increase connection and engagement and reduce risks of isolation and loneliness with older neighbors while following social distancing guidelines and remaining safe during the COVID-

19 pandemic. Texans who are interested are encouraged to follow these five steps:

- 1) Reach out through written correspondence;
 - 2) Invite the person to contact you via phone, email, or video chat;
 - 3) Engage with the person via virtual get-together;
 - 4) Assist your neighbor as you get to know them – they might share their needs or concerns; and
 - 5) Tell others – if you have a positive experience, encourage others to do the same. More details and considerations for each step can be found [here](#).
- A Virtual Volunteer Toolkit for Activity Directors was created as a planning guide for nursing facility volunteer managers to prepare for and establish a virtual volunteer program model. The planner walks the facility volunteer manager through simple steps to solidify facility virtual programs, discover which formats are most beneficial for residents, establish policies and procedures, assess technology capabilities, and determine basic program operations for staff and volunteers. To request the Virtual Volunteer Toolkit, email “Age Well Live Well at AgeWellLiveWell@hhs.texas.gov.
- Vermont – According to the U.S. census, 40,000 older Vermonters live alone, and 10,000 live below the poverty level. Vermont knows that social isolation and its negative health impacts have increased during the pandemic, especially for those without access to the internet. In addition, places like senior centers and adult day centers, where older Vermonters often went for socialization and support, are closed. People are receiving basic essential services at home (for example, Meals on Wheels) but are alone for most of the time. The Department of Disabilities, Aging and Independent Living (DAIL) and its community providers, such as Area Agencies on Aging, senior housing/Support and Services at Home (SASH), and senior centers, have been working to try to address isolation in a variety of ways:
 - Delivery of essentials – meals, groceries, prescriptions, etc., often with a quick safety check (eyes on the individual).
 - Weekly or daily check in calls with clients and participants, both formal case management calls and informal social calls.
 - Innovative programs to engage people like Zoom Tai Chi, telephone bingo, and puzzle/book exchanges.

- Pen pals and letter writing campaigns in some areas between school children and older Vermonters.
 - Loans or purchases of smart devices to those at high risk, and in some cases internet support and technology education, to connect people to both services and social connection.
 - DAIL has relaxed rules and provided significant program and funding flexibility both under Choices for Care, our long-term care Medicaid program, and under Older Americans Act programs, to allow local agencies to address social isolation with individuals in new ways. All of Vermont’s guidance is located [here](#).
- Virginia –
 - Virginia has a number of Area Agencies on Aging (AAAs) and community-based organizations taking action to address social isolation. These activities can be found in [social connectedness resources](#) made available through the Virginia Department for Aging and Rehabilitative Services, titled COVID-19: Creative and Promising Social Connectedness Practices, and COVID-19: More Creative and Promising Practices From the Aging Services Network. Creative ideas to address older adult social isolation were collected through interviews, conversations, and a statewide survey (with a 100% response rate from AAAs!) In addition, Fairfax County launched a [Virtual Senior Center](#) through partnerships with several county agencies. Their “Lunch Bunch”, facilitated by ServiceSource, enables the participants to virtually eat together. Two of their Caregiver Specialists also facilitate a Caregiver Lunch Bunch twice a week with discussion topics of interest to caregivers.
 - In addition, the Virginia Department for Aging and Rehabilitative Services worked in partnership with the Virginia Hospital and Healthcare Association to develop a social isolation resource page for their hospital case managers and care transitions team. If you would like to see the resource page, please email ayoung@advancingstates.org.
 - Virginia Assistive Technology Systems (VATS) and VATS Assistive Technology (AT) Consultations
 - Prior to the pandemic, VATS worked with AAA partners to develop kits to address the most common AT needs of older adults. Through funding

available from the Aging and Disability Resource Center/No Wrong Door CARES Act, the Virginia No Wrong Door (NWD) and VATS partnered together to develop three enhanced AT kits in response to COVID-19 to support older adults and persons with disabilities. Each kit supports a specific focus area, such as emergency preparedness, social inclusion, and training:

- The emergency preparedness kit includes the following items: a plug in/rechargeable emergency flashlight, wind up radio, folding cane, solar charger power bank, batter operated can opener, whistle, spring assist scissors, and cooler/ice packs.
- The social inclusion kit includes items to help combat social isolation. Beyond supporting social connections via technology, the kit provides tangible supports that can help comfort and support anxiety reduction, such as Amazon Alexa, Facebook Portal, a robotic companion pet, webcam, Wi-Fi picture frame, natural sun lights (sun lamp), UV wand (for equipment sanitization), soft fidget blanket, artificial fish tank, phone/tablet stands, Ring doorbell, and a Wyze camera and headphones.
- The training kit provides training on several different types of technology. In this kit, VATS provides trainings to AAA clients and/or staff on several different topics including an introduction to smart phones, introduction to iOS; introduction to android; using apps to order food online; video calling with friends; and smart home devices.
- Implementation of these kits was rolled out with existing NWD partners. Kits were made available to all of Virginia’s sub-grantees on the CARES Act grant, as well as all certified NWD partners participating on the technology platform for making an electronic referral.
- Virginia NWD and VATS have had several webinars with AAAs to determine who would be interested in utilizing the kits. Interested AAAs reach out to VATS to loan the kits to anyone within their

client population who need assistance. There are no eligibility requirements.

- While VA NWD and VATS primarily focus on implementing the kits with AAAs and Centers for Independent Living, the kits are also available to any of the 228 NWD certified partners throughout the state.
 - Virginia plans on utilizing these kits post-pandemic. For example, kits can support rural Virginians who lack connection and access to technology and services. Additionally, caregivers who respond remotely can use these kits to ensure their loved ones have access to tools and equipment that support social inclusion and emergency preparedness.
 - Free of charge, staff at VATS can help individuals and providers learn about the range of available technology, select the most appropriate devices for a variety of lifestyles, and receive training on how to use the selected device. There are no eligibility requirements and all services the VATS provides are free to any Virginian. Residents can enroll to sign up for a Social Connection Assistive Technology Consultation by visiting VirginiaNavigator by clicking [here](#). An explanatory video can be watched by clicking [here](#).
- Washington - The state of Washington hired an outside entity who assigned a case manager to each nursing facility with COVID-19 residents. The case manager's primary responsibility is to aid communication from the resident to the resident's family members. Case managers carry an iPad with them to help facilitate connection.
 - West Virginia – Using restaurants to help with meal delivery
 - Wisconsin –
 - The “WI Coalition to End Social Isolation and Loneliness” was formed in November 2020 to engage diverse partners in reimagining how to combat the root causes and adverse consequences of social isolation and loneliness among older adults and people with disabilities. The aims of the coalition are to raise awareness of loneliness as a public health issue and the actions that can be taken to improve connections and a sense of purpose; create a research-driven

knowledge base to support and inform the coalition’s work; improve detection and access to meaningful and culturally relevant resources and services; and advocate for public policy solutions that combat the root causes and adverse consequences of isolation and loneliness.

- To address each aim, the coalition has an Awareness Team, a Research Team, an Access Team, and a Policy Team.
 - The core team includes: the Wisconsin Department of Health Services (WI DHS) who provide backbone support; AARP; Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR – the state’s 70-county AAA); the Wisconsin Institute for Health Aging; the Community-Academic Aging Research Network; Wisconsin Association of Senior Centers; the Bureau of Aging and Disability Resources’ (BADR’s) Office for the Promotion of Independent Living; BADR’s Office on Aging; University of Wisconsin (UW)-Madison Extension, and UW-La Crosse’s research arm. The coalition is continuing to build outwards and to bring in missing voices to the table and additional agencies and partners have expressed interest in engaging in the coalition’s work across perspectives and systems. The outreach process allows anyone to engage with the coalition.
 - Engagement levels – highest level includes participation on the core team or within workgroups; mid-level engagement entails interest in serving as a consultant to the core team and workgroups; low level engagement is for those who are interested in staying connected and only getting information about the work of the coalition.
 - The coalition elevates and supports work already being done on social isolation.
- Virtual options – Hosting online choirs for people with dementia. A statewide list of virtual caregiver events is open to everyone regardless of where they live and can be accessed [here](#). Event examples include: Caregiver Coffee Hour; Northeast WI Telephone Support Group; Family Caregivers for a Loved One with Dementia in the Early Stages; Let’s Talk Over Coffee; Alzheimer’s/Dementia Caregiver Support Group; Male Caregiver Support Group; KINnect Relative Caregivers of Children Support Group; Caregiver Book Club; and more.

List of Activities and Ideas to Address Social Isolation in Older Adults

The following activities and resources to support socialization have been collected through various webinars, news articles, community resources, and also as part of a call for ideas in the ADvancing States Friday Update. Please note this is simply a collection of resources, ideas and activities. ADvancing States does not endorse any of the following and strongly encourages states and other entities to use their best judgment in participation. We will continue to update this list as activities are shared:

Activities-Based Ideas and Resources

- Writing letters or sending children’s art to nursing facility residents
- List of technology-based and technology-free activities at the [Texas Aging and Longevity Center](#). Examples include recording family histories, making gratitude journals, and virtual happy hours.
- [Google Earth National Park Tours](#) – “Visit” national parks across the country and talk about which ones older adults have been to. What did they see? Who were they with?
- Listen to free audio books on [Audible](#).
- [Volunteer to sew masks for nurses and front-line medical staff](#).
- [Journey Meditation](#) – A meditation app; offering free services for the rest of the year
- [United Nations Volunteers](#) – Online volunteering with the United Nations allows organizations and volunteers to connect from anywhere in the world on any device.
- [Translators Without Borders](#) – For those who are fluent in more than one language. Volunteer to translate information
- [LibriVox](#) – Read and record chapters of books in the public domain and make them available for free on the internet.

Resources Primarily Focused on Social Engagement and Connection

- Facility staff: Contact another facility and start a pen pal program between residents
- [Memory Well](#) – Offering free interactive digital timelines to help promote connection between family members through videos, pictures, audio, letters, and notes.
- Information from the University of California, San Francisco on [Maintaining Wellness for Older Adults and Caregivers](#).
- Assigning a nursing facility staff member as a primary contact for families to facilitate inbound communications as well as outbound
- Fostering partnerships with new entities, such as local police, mail carriers, high school students and school bus drivers to pick up and deliver prescriptions, groceries, and home delivered meals for older adults
- [Lifetime Connections Without Walls](#) by Family Eldercare - Telephone activities program providing opportunities for older adults to connect with others in their community and across the country using a telephone conference call system.
 - Referral:
(888) 500-6472
lcww@familyeldercare.org
- [Find or start a mutual aid group through AARP](#)
- Check out [AARP's Connect2Affect webpage](#) for tools to overcome social isolation
- [SAGEConnect](#) - SAGEConnect links LGBT elders with their broader community, reducing isolation and promoting well-being. Interested individuals can register at the link provided or call the registration line at 929-484-4160.

Virtual Classes and Technology Tips/Assistance

- [Well Connected](#) by Covia – Connects individuals to virtual classes, conversations, and activities by phone. Programs available in English and Spanish
 - Referral:
(877) 797-7299 (English)
(877) 400-5867 (Spanish)
- This tip sheet from NCOA describes different [Tools for Reaching A Remote Audience](#) Many different tools are included, including Facebook Live, GoToMeeting, Google Hangouts, Microsoft Teams, etc.
- [Techboomers.com](#) is a free educational website that teaches older adults basic computer skills about websites that can help improve their quality of life. Over 100 free courses are available. Topics include online entertainment, shopping online, and social

websites and apps. Includes tips and videos on how to stay connected using [Skype](#) and [Facetime](#).

Helplines, mental and emotional support:

- [Friendship Line](#) by Institute on Aging - The Friendship Line is both a crisis intervention hotline and a warmline for non-emergency emotional support calls. It is a 24-hour toll-free line and the only accredited crisis line in the country for people aged 60 years and older, and adults living with disabilities. Toll-Free Line: (800) 971-0016
- [Happy](#) – A free app that provides emotional support 24/7. Recommended by the American Heart Association, Mental Health America, and others.
- National Alliance on Mental Illness Helpline: 800-950-6264
- Disaster Distress Helpline through the American Red Cross: 1-800-985-5990
- National Domestic Violence Hotline: 1-800-799-7233
- Substance Abuse and Mental Health Services Administration National Helpline: 1-800-662-4357
- National Suicide Prevention Lifeline: 1-800-273-8255



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