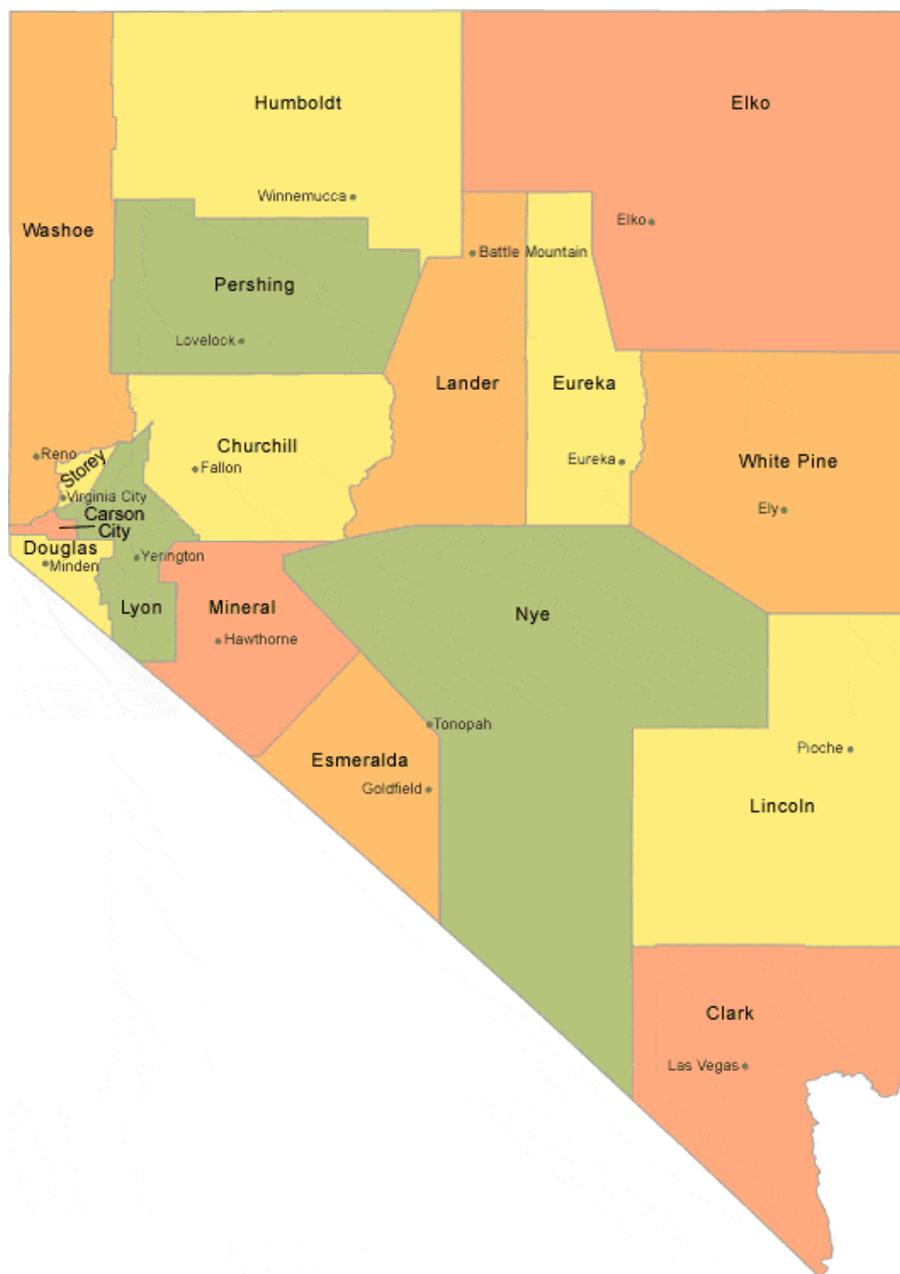


# Nevada COVID-19 Aging Network (NV CAN) Rapid Response Plan

Sharing the Nevada Example to Offer Ideas and Resources for  
State and Local Aging Service Providers

March 26, 2020



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We are pleased to acknowledge our many colleagues and partners who contributed ideas and supported us over the last week in dedicating our time to this response-planning effort. While there are many who we cannot list here to offer our thanks, we specifically thank: Nevada Governor Steve Sisolak for his leadership, as well as the Governor's COVID-19 Medical Advisory Team; Richard Whitley, Director of the Nevada Department of Health and Human Services; Dean Thomas Schwenk (UNR Med); Dean Trudy Larson (UNR CHS); and the entire teams at the UNR CHS DEER Program, the UNR Med Sanford Center for Aging, Nevada Senior Services and the Nevada Aging and Disability Services Division, Nevada Department of Health and Human Services. We would also like to thank Bill Benson, Principal, Health Benefits ABCs, for his gracious input and guidance as we developed this resource report.

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*Drs. Reed and Carson receive funding for their work at UNR Med Sanford Center for Aging and UNR CHS DEER Program, respectively, from a variety of sources, including the State of Nevada Aging and Disability Services Division, the State of Nevada Division of Public and Behavioral Health and the US Health Resources and Services Administration Geriatric Workforce Enhancement Program.*

## **Introduction: What this Resource Is and Is Not (with Important Caveats)**

This report includes the latest version of Nevada’s plan to mobilize its statewide network of aging service providers, along with the state’s universities, volunteers and other partners to ensure currently homebound elders receive the resources required for them to successfully stay home and stay well during the COVID-19 aging services crisis. This plan has evolved significantly over the past 10 days, and as of 2/26 is being rolled out to statewide aging services partners for immediate implementation.

The authors view the current crisis as, by far, the most important and pressing challenge we have faced in our careers as public health gerontologists and aging service professionals. A central message in our thinking is that the public widely recognizes COVID-19 as causing a public health crisis, a health care crisis and even a financial crisis, but that there is an equally important AGING SERVICES CRISIS that sits squarely beside the other crises, demanding immediate action, and we believe we need to collectively raise the alarm bells on the need to mobilize a rapid response. The (already stressed) community-based aging services network (and we refer to this in the broadest sense) has struggled for decades to offer support to meet the basic needs and well-being of elders, especially low-income, at-risk elders. In this crisis, with elders being highly encouraged/required to stay home, ALL elders are NOW at-risk homebound elders. This fact requires that we integrate and mobilize coordinated efforts at the state, county and/or local levels to redirect existing resources and agencies toward a set of key priorities to ensure all elders are safe from exposure to coronavirus, well-supplied with daily essentials, free from social isolation, and have access to telehealth services. That context of urgent need is the ‘top-line, working theory’ that informs this report.

It is important to note that everything included in this packet is part of the current version of Nevada’s plan to bolster aging-services delivery during the COVID-19 crisis. This document primarily outlines a vision for a rapid response that is just now moving into implementation, with infrastructure and relationships being actively built. We fully recognize there will be many challenges and barriers to implementation that will necessitate revisions to our currently-proposed strategy.

Also, worth noting is that throughout this report and its various attachments, when we refer to the ‘aging services network’, we are referring in the broadest sense to all government (state and county) aging service agencies, *along with* other community-based service agencies that deliver a wide range of health and social services to community-dwelling elders. While certain elements of this plan may be relevant for other target populations, our focus is on supporting the general group of homebound, community-dwelling elders, including people living with dementia and their family care partners. However, this plan does not address the equally-important crisis now underway in long-term care.

We also recognize that Nevada is a unique state in terms of its large geographic area and relatively small population size. It also has a streamlined structure for its aging services network, in which the State Unit on Aging (the Nevada Aging and Disability Services Division) serves as a single *defacto* Area Agency on Aging. The rapid integration and mobilization plan outlined below will certainly be more challenging to enact in larger states and counties with decentralized systems. Despite variability in structures across the country, we hope this resource will offer some ideas and inspiration to you and your colleagues, so that you can, as the saying goes, *take what you need and leave the rest*.

## Nevada COVID-19 Aging Network (NV CAN) Rapid Response

**Final Plan: March 26, 2020**

### **Rationale:**

Directly alongside the public health, health care and financial crises of the Coronavirus (COVID-19) pandemic sits an AGING SERVICES CRISIS that has the potential to negatively impact all elder Nevadans. However, the severity of its impact can be mitigated with an integrated, statewide rapid mobilization of state, county, academic, community-based and volunteer resources.

Elders are disproportionately affected by COVID-19 in terms of the impact of the virus on their health, with estimated mortality rates elevated for all Nevadans ages 50 and older, and mortality potentially reaching as high as 25% among people 80 years and older. Simply put, all elder Nevadans need to stay home for the foreseeable future. This means that the statewide Aging Services Network, led by the Nevada Aging and Disability Services Division (ADSD) and supported by county senior services agencies and numerous community-based aging services organizations, needs to immediately mobilize an integrated, well-coordinated effort to meet elders' life-sustaining and urgent physical, social and emotional needs. The Aging Services Network has historically served low-income and high-risk elders with multiple chronic conditions and cognitive impairment by offering a wide range of support and education services; doing so with a workforce already stretched thin. Today, in this present crisis, ALL elders are at-risk, homebound elders. Thus, **all 454,221 elder Nevadans are at risk of death, serious illness, social isolation, food insecurity and lack of needed medications.**

The entire Aging Services Network must be immediately mobilized for rapid action around a single goal with key, achievable objectives. Together, **Nevada CAN** will sufficiently support elders in their homes to keep them safe, well-supplied and connected to needed social and health resources.

### **NV CAN Goal:**

To mobilize all available resources and ensure that every elder Nevadan has access to medical, social and daily essentials in their home, and thus reduce COVID-19 exposure and impact, by ensuring all elders are safe, that their basic daily requirements and medical needs are met, and that they are free from social isolation during this time of physical separation.

### **NV CAN Objectives:**

- 1) To communicate actively with all homebound, community-dwelling elders *and* aging service providers through widespread dissemination of credible information and resource availability.
- 2) To mobilize a core of volunteers to connect via telephone and internet with homebound, community-dwelling elders to check on basic, medical and social service needs, as well as to engage them in meaningful one-to-one social interactions and virtual small-group peer support opportunities.
- 3) To assess individual needs and deliver tele-social work as well as primary care, geriatrics, psychiatric and other available clinical services via telemedicine to homebound, community-dwelling elders.
- 4) To assess individual needs for support in basic daily requirements of homebound, community-dwelling elders (i.e., food, medication, transportation, etc.) and mobilize county senior service agencies, volunteers, and community aging services organizations in meeting elder needs through home delivery.

## **Major Activities:**

- 1) **Mobilize statewide media campaign** to broadly advertise and direct elder Nevadans (60+), other concerned citizens, potential volunteers and donors to the **NV CAN website**. This effort will be led by Communications and Outreach Action Team (COAT).
- 2) **Launch and maintain NV CAN website** as an age- and dementia-friendly website to include:
  - a) Information and resource link: Connects to Nevada Health Response website, as well as state and federal websites for accurate information and updates
  - b) Online form to request needed services and resources (completed by, or on behalf of, an elder)
  - c) Program and resource page: Information regarding available statewide aging services and programs
  - d) Volunteer sign-up portal and donation button to contribute time and resources to NV CAN
  - e) Aging network provider link: Information, resources and funding opportunities for provider network
- 3) The **online form** links to a database accessed by ADSD / Aging and Disability Resource Center (ADSD) **case managers** who immediately triage and connect elders to service providers based on reported needs. Case managers use an easy-to-follow list of service providers in each county, as well as various statewide resources, to facilitate service connection in collaboration with three NV CAN Action Teams.
- 4) **Elders connect with NV CAN services**

**Essential Daily Needs:** The **Food and Medication Action Team** (FMAT) will work with county services in each of Nevada's 17 counties to deliver food and medications, bringing enhanced county capacity through mobilizing volunteers into a new *County Compassion Corps* to either grocery shop or pick-up packages at pre-determined locations and deliver to elders. The NV CAN Leadership Team will aim to establish relationships with grocery store chains statewide to pre-pack essential groceries for easy pick-up and delivery, with an account charged to ADSD. Food and medication recipients with means, or any community member, can donate to the fund, managed by ADSD.

**Virtual Social Support:** The **Social Support Action Team** (SSAT) will provide two types of social support, including regular checks of elder status and needs. Elders can opt for either or both options.

- A. **One-to-One Check-in Calls:** Will leverage service-learning students from NSHE institutions as well as other aging service and community volunteers who will receive training, a client list and reporting tools to support a group of specific individuals (10 elders per volunteer) on an ongoing basis, with calls at least twice per week, engaging in meaningful social interaction and utilizing the online form as a resource.
- B. **Small-Group Peer Support:** Will recruit and train a network of volunteers to create virtual 'NESTs' for all interested elders via Zoom and teleconference. *[Note: NEST stands for Nevada Ensures Support Together.]* NESTs provide facilitated small-group peer support. It's not just about what NV CAN do for elders, but also what elders can do for each other.

**Telehealth Resources:** The **Telehealth Action Team** (THAT) will manage two clinical services.

- A. **Tele-Social Work:** Licensed social workers from aging services organizations and NSHE student interns will deliver assessment and case management services.
- B. **Telemedicine:** Licensed health care professionals will use integrated clinical referral process to deliver primary care, psychiatry, geriatrics and other clinical services as available.

**NV CAN Rapid Response Leadership Team:**

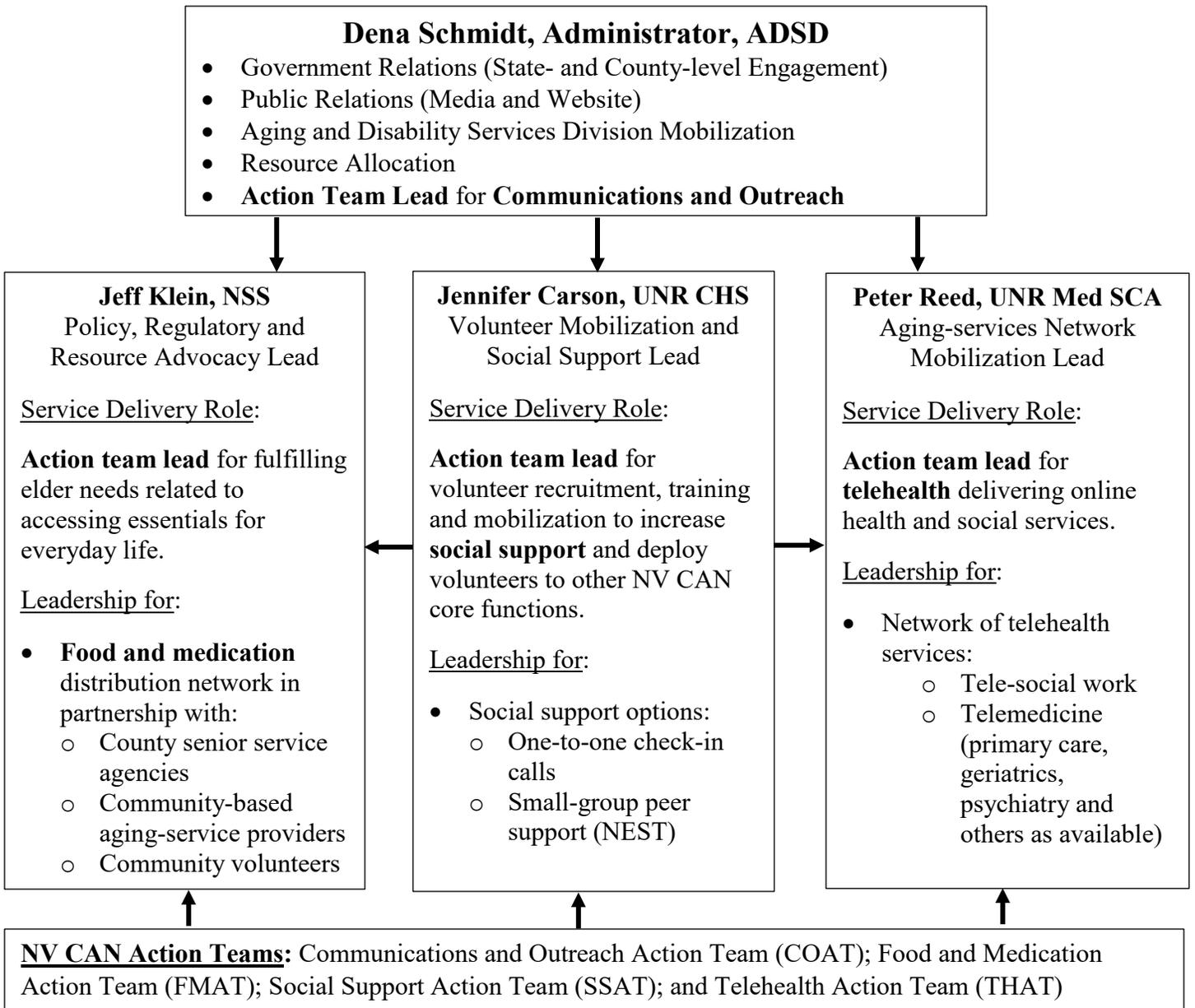
Director: **Dena Schmidt**, Administrator, NV Aging and Disability Services Division (ADSD), Carson City

Co-Director: **Jeff Klein**, CEO, Nevada Senior Services (NSS), Las Vegas

Co-Director: **Peter Reed**, PhD, MPH, Director, UNR Med Sanford Center for Aging (SCA) and Professor of Community Health Sciences (CHS), Reno

Co-Director: **Jennifer Carson**, PhD, Director, UNR CHS Dementia Engagement, Education and Research (DEER) Program / Dementia Friendly Nevada, Reno (works extensively with rural NV communities)

Network Mobilization: **Entire statewide network** of state- and local-government service agencies, community-based aging-services organizations and university-based resources will support an integrated response to the needs of homebound elders in Nevada during the COVID-19 aging-services crisis. Specific community-service delivery partners will be identified and engaged throughout launch and implementation.



## **Partners Mobilized:**

- Nevada Aging and Disability Services Division
- County Senior Services / Social Service Agencies (in all 17 counties)
- 27 Nevada Tribal Governments and the Inter-Tribal Council of Nevada
- Community-based aging services organizations (current ADSD grantees and others)
- HRSA Geriatric Workforce Enhancement Programs in Nevada (UNLV and UNR GWEPs)
- NSHE general undergraduate student volunteers
- NSHE medical, nursing, social work, public health and physician assistant programs, as available
- Existing community volunteers in the Aging Services Network
- New community volunteers
- Clinical social workers and social work student interns
- Telemedicine medical providers (primary care, geriatrics, psychiatry and others)
- Local and statewide media outlets

## **Key Activities, Proposed Timeline and Accountability for Rapid Mobilization:**

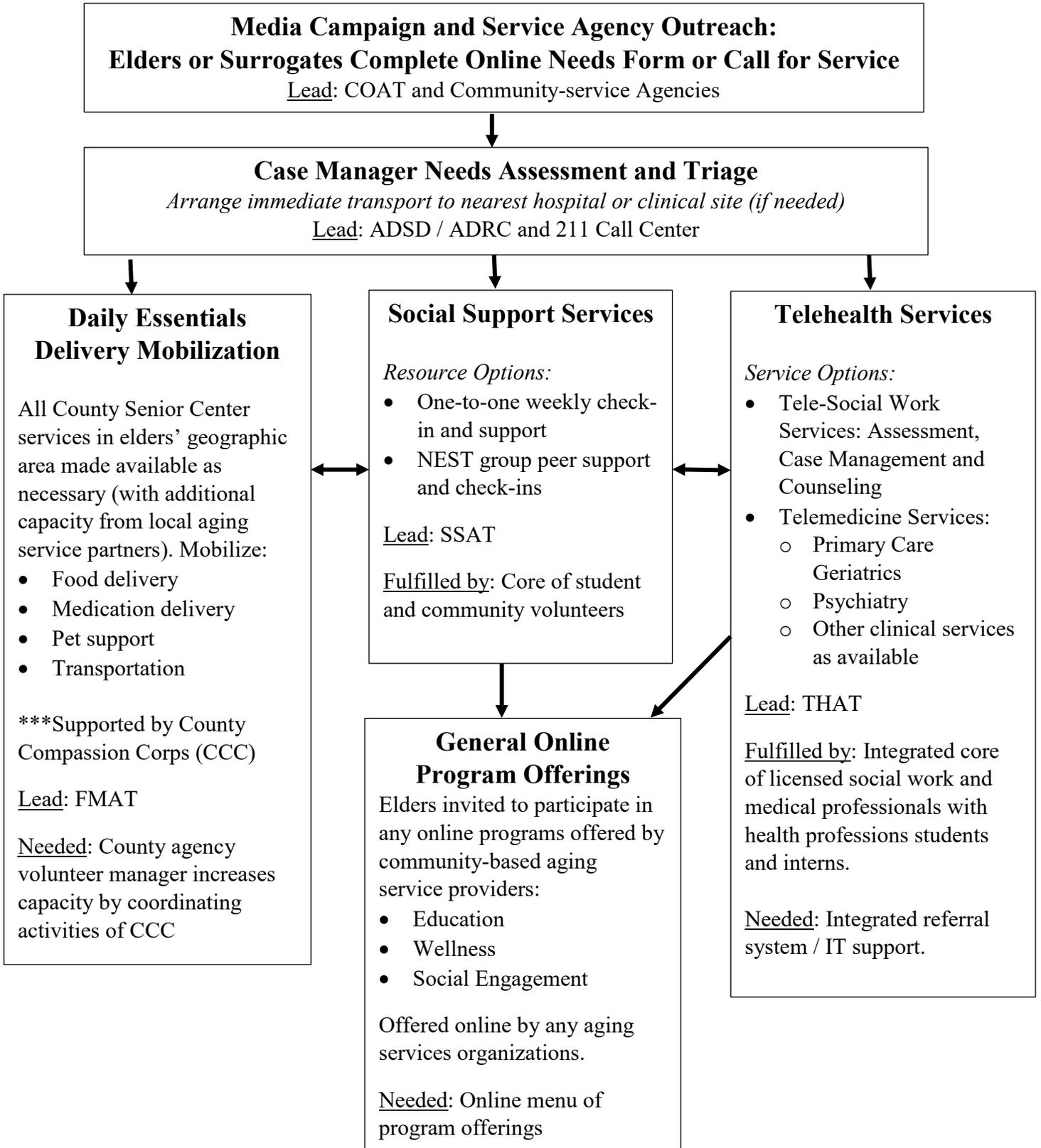
<b>Completion Date*</b>	<b>Key Activity</b>	<b>Accountable</b>
Week 1	Announce NV CAN and recruit partners to participate in Action Teams and service delivery activities at state and local level	Leadership
Week 1	Orient all partners to the mobilization strategy as well as their unique roles on Action Teams and appropriate service delivery participation	Leadership
Week 1	Redirect <i>available</i> , non-essential aging services funding <i>within</i> each currently-funded organization to NV CAN statewide mobilization	ADSD
Week 1	Provide additional emergency funds to close gaps in infrastructure and capacity (amount TBD)	DHHS
Week 1	Launch NV CAN website and outreach campaign to raise awareness of statewide mobilization and alert elders to available resources	COAT
Week 2	Finalize volunteer service plan, tools, training programs and materials	All Teams
Week 2	Finalize 'check-in' tool and call-management functionality	SSAT
Week 2 (Ongoing**)	Recruit, enroll and train student and community volunteers	Leadership + SSAT
Week 3	Initiate statewide integrated NV CAN service delivery	All Teams
Ongoing**	Deliver social support services as requested by elders	SSAT
Ongoing**	Respond to elder service requests by triaging elders in need to: 1) available services coordinated by action teams and service agencies	ADRC + 211
Ongoing**	Connect elders with needed local services to meet urgent basic daily needs (i.e., food, medications, pet care, etc.)	FMAT
	Connect elders with needed tele-social work and telemedicine primary care, geriatrics, psychiatric and other needed health services	THAT
Ongoing**	Monitor and evaluate elder service utilization and key outcomes	Leadership
Ongoing**	Sustain integrated mobilization of aging services until COVID-19 crisis has abated and elders return to routine community activities	All Action Teams

***\*Expected NV CAN launch by March 30, 2020. \*\* Anticipate 90 – 100 days of full implementation.***

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Resources included may be leveraged and shared with acknowledgement of the report authors, as appropriate.

**Integrated Aging Services Flow & Triage Strategy:**



## **Select Resources, Ideas and Innovations**

### Consolidated List of Web-based Resources (Compiled by UNR Med Sanford Center for Aging)

We are doing our best to repair broken links as online resource rapidly change, so please forgive any that may be temporarily down. Also, please forward us any resources you think we should add.

<https://med.unr.edu/aging/covid-19-resources-for-professionals-in-aging>

### NESTs (Nevada Ensures Support Together)

'NESTs' are a new virtual social peer group model conceived by Dr. Jennifer Carson in discussion with several colleagues to ensure small groups of elders come together to visit with each other, share resources, problem solve and offer mutual support. NESTs will include one volunteer host supporting up to 5 community elders (or 5 dyads if needed) in group meetings, using online technology and/or teleconference calls no less than twice per week. Volunteers will include students from Nevada System of Higher Education (NSHE), the existing base of volunteers within partner aging service organizations (i.e., Dementia Friendly Nevada, RSVP, AARP, Alzheimer's Association, etc.), and any new volunteers that step forward to support this effort. This innovation is built around the principle that it's not just about what NV CAN do for elders, but also what elders can do for each other.

### One-to-One Virtual Social Support and Check-in Calls

Reducing social isolation and increasing social support is a critical need in this aging services crisis to ensure homebound elders remain socially connected to others. This plan proposes the creation of a service-learning opportunity to recruit undergraduate students from across NSHE institutions to take responsibility for individually calling each member of an assigned 5-elder panel at least twice weekly. We will also invite existing and new community volunteers to join this effort in connecting with elders via telephone on an ongoing basis throughout this crisis. These calls will include a friendly conversation, as well as a structured brief check-in using the Elder Needs Survey (see details on the following page), with any identified needs reported to NV CAN case managers.

### County Compassion Corps

The 'County Compassion Corps' (CCC) is a proposed group of local community volunteers recruited to serve in each county to extend the capacity of County Senior Services in delivering food and other daily essentials to homebound elders. This extended capacity may also offer opportunities for supporting elders who do not meet the eligibility criteria of basic county services. For example, if an elder does not meet the criteria for Meals-on-Wheels, then a CCC volunteer could be assigned to the elder, and with appropriate safety protocols, provide grocery shopping, medication delivery, pet management and help meet other essential daily life service needs, without ever crossing the threshold of the front door. The CCC volunteers would be based at the local level in each community and directly managed by a county services volunteer coordinator.

### A Note on Dementia

Supporting people living with dementia has been a staple in the life's work of Jennifer Carson and Peter Reed as they have sought to ensure people live well despite a diagnosis of dementia. We know

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Resources included may be leveraged and shared with acknowledgement of the report authors, as appropriate.

the same is true for many colleagues around the country who may read this report. Providing support to meet the 'every-day needs' of people living with dementia demands significant effort at all times, and that challenge will be dramatically complicated during this crisis. We understand many of the ideas outlined in this report for mobilizing an aging services response to this crisis are not specific to dementia. However, we hope that by building infrastructure for rapid delivery of resources to all elders, it will also help meet the needs of Nevadans living with dementia and their care partners, alongside the needs of the broader elder community. While we apply our focus to supporting the broader population of elders, we encourage others to develop tools for a dementia-specific response.

### Elder Needs Survey to Direct Targeted Service Delivery (Draft)

Note: This online survey will be widely advertised and can be completed by any elder with access to the internet or by any family member, neighbor, or concerned citizen on behalf of elders lacking internet access or capacity. This survey can also be completed over the telephone with an aging service professional or ADRC - 211 case manager. The survey will gather the following information:

#### *Tell us how to contact you:*

- First Name
- Last Name
- Telephone Number
- Home Address with Zip Code
- Email Address

#### *Current Services Received:*

- Do you currently have a primary care provider? If so, name and phone number?
- Do you currently receive support from any aging services organizations? If so, please list the organizations.

#### *Tell us what you need: (Check all services you would like to receive)*

1. Food
2. Medical services
3. Social Work Services
4. Medical supplies
5. Prescription Medications
6. Transportation
7. In-home care (i.e., support with ADLs)
8. One-to-one check-in calls
9. Online or telephone-based social peer group
10. Legal information and support
11. Emergency financial assistance
12. Home repairs
13. Assistance with pet care

*Extending reach:* Do you know anyone else who needs these services? If so, please share their name and contact information.

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Aging and Disability Services Division

*Helping people. It's who we are and what we do.*



Dena Schmidt  
Administrator

March 26, 2020

Re: ADSD COVID-19 Crisis Update and Launch of NV COVID-19 Aging Network (NV CAN) Rapid Response

Dear Aging Network Members,

Recent events have Nevada facing a challenge unlike anything we have seen in our lifetimes. At the same time, the communities, families, and individuals that the Aging and Disability Services Division provides services to need us more than ever. I first want to update you on the status of current operations: ADSD has been maintaining all essential services including the Adult Protective Services, Long Term Care Ombudsman, Home and Community Based Services, Children's Services and Developmental Services. We have transitioned many of our 1000+ staff to a primarily telecommuting workforce, while others are on alternative schedules in order to practice maximum social distancing while ensuring essential services continue across the state.

The unprecedented aging services crisis caused by the COVID-19 pandemic is impacting the entire Nevada Aging Services Network, with many demands on our time as well as our services as we try to maintain the quality of life of Nevada's currently 454,221 homebound, at-risk elders. We must recognize that all of Nevada's elder citizens are currently homebound and at-risk, because at the current time (and for an unpredictable duration), all people ages 65 and older are highly encouraged not to leave their homes, due to an elevated risk of serious complications if they contract the coronavirus. This highly-encouraged physical separation itself has the potential to cause a range of impacts on elder health and well-being, including among others, a lack of access to basic daily essentials such as food and medications, social isolation and a lack of access to needed health care and social services.

Keeping Nevada's elders safe from exposure to the coronavirus, while ensuring they are well-supplied, have access to medical and social services, and remain free from social isolation (while being physically separated) are now our collective top priorities as an aging network.

To enact a rapid response, Aging and Disability Services is leading a partnership with the University of Nevada, Reno School of Medicine (UNR Med) Sanford Center for Aging (SCA), UNR School of Community Health Sciences (CHS) Dementia Engagement, Education and Research (DEER) Program, Nevada Senior Services and Nevada 2-1-1, to plan and implement a comprehensive and coordinated approach to meet the needs of the potentially hundreds-of-thousands of newly-isolated elders. This new statewide, integrated aging services response to the COVID-19 crisis will carry the aspirational name of **NV CAN**, the Nevada COVID-19 Aging Network (CAN) Rapid Response.

This approach will require expansive engagement, inclusive collaboration, highly effective coordination, and resource re-allocation with deliberate prioritization across our network. We are focusing our collaborative efforts on, and will engage you in, the following priority areas:

1. Broad-based communication and outreach to elders, aging services organizations and the public;
2. Volunteer mobilization to support critical areas of need;

3. Access to daily essentials (e.g., food and medications);
4. Social support and regular one-on-one check-ins; and
5. Access to telehealth services.

We are developing and launching a website in coordination with Nevada 2-1-1 that will offer a single point of entry intended to provide elders and their caregivers the ability to easily send a request for help that clearly identifies their specific needs in a defined set of essential areas. In addition, this important new website will provide seniors access to credible information and updated federal and state guidance regarding the COVID-19 crisis and response.

The website will also provide support to the aging network with timely information, guidance and tools during this evolving situation. We want to be sure our partners have the most recent information as well as the ability to share ideas, tools and resources with one another to fully support collaboration across the state. We know how hard you are working to address the needs of vulnerable Nevadans across our state, and know that together we can “flatten the curve” of COVID-19, while also supporting the well-being of Nevada’s elders.

We need each one of you to make this effort a success. The statewide, coordinated approach at the heart of NV CAN will include the following three priority service areas:

1. **Access to Essentials for Daily Life**, i.e., food and medications, with a statewide Action Team led by Jeff Klein of Nevada Senior Services;
2. **Volunteer Mobilization and Virtual Social Support/One-to-One Check-ins**, with an Action Team led by Dr. Jennifer Carson of the UNR CHS DEER Program; and
3. **Access to telemedicine and tele-social work services**, with an Action Team led by Dr. Peter Reed of the UNR Med SCA.

The participation of all Nevada’s aging services agencies and many others will be essential to the success of NV CAN and its coordinated efforts. Your support and active engagement is needed at this time as we all come together to tackle the biggest challenge we have ever faced in supporting the well-being of Nevada’s elders. There will be much more information coming shortly to explain how you, your organization and your volunteers can actively participate in NV CAN. Please review the attached program plan for more details of the structure and function of NV CAN, and please reach out through the identified channels to get engaged.

I would like to express my deepest gratitude to each of you and your teams as we work together to lead and support such an amazing group of passionate advocates and service professionals working together to serve elders during this crisis. Together, I know that the aging network of Nevada CAN come together to meet the demands we now face. Thank you for everything you are doing, and please watch for more resources and information from NV CAN shortly.

With tremendous gratitude and respect for our entire network,



Dena Schmidt, Administrator

cc: Richard Whitley, Director  
Rique Robb, Deputy Administrator



March 25, 2020

Dear Colleagues,

Whether you are an aging professional engaged in research, advocacy, community services, health care or one of the many other important roles needed to support the quality of life and well-being of elders, we suspect that you share our strong conviction that we have never experienced a challenge like the one facing us today: the global pandemic of the novel coronavirus (COVID-19). The public knows that this pandemic has sparked a public health crisis, health care delivery crisis and financial crisis. We believe it is critical that awareness be raised, and the alarm bell sounded, about the *aging services crisis* that is also now underway due to COVID-19.

In good times, our network is stressed to meet the high demands of community elders who either need or choose to participate in the range of basic services, health and social programs we offer. Because the impact of COVID-19 is felt most severely among people ages 60+ as well as those living with a range pre-existing chronic conditions, all elders are being asked to maintain sufficient social distancing by remaining in their homes. Therefore, in our current environment, **all elders are now potentially at-risk, homebound elders**. The ability of the aging services network to respond to this dramatic increase in demand for service, as well as fulfill the basic essentials of everyday life, will likely be quickly overwhelmed.

In Nevada, aging service leaders statewide are trying to develop an appropriate response to mobilize our resources in extending needed services to a much larger segment of the elder population than we typically serve. While we realize this is a bit unorthodox for a report of this sort, we think it would be helpful to share the story of how we ended up developing this plan in less than a week's time, and the various key milestones along our journey. It is first important to understand that we, Jennifer Carson and Peter Reed, are not only colleagues as public health gerontologists, but also life partners. Therefore, beginning Tuesday, March 17, 2020, we suddenly became locked in our home together with grave concerns for the elders we have committed our lives to serving. And thus, a perpetual planning meeting ensued, to which we invited many colleagues and partners to join via telephone and Zoom.

Our first concern was to get over the 'hump' of transitioning the operations of our respective teams to home-working environments. Fortunately, both the Dementia Engagement, Education and Research (DEER) Program, led by Jennifer at the UNR School of Community Health Sciences, and the UNR Med Sanford Center for Aging, led by Peter, had begun their transition the prior week. On Thursday, March 12<sup>th</sup>, DEER moved its typically in-person, volunteer-driven dementia-friendly community group meetings (including urban, rural and tribal communities across Nevada) to a virtual platform. On Friday, March 13<sup>th</sup>, after spending the week consulting with local and state health officials, all in-person programs and services of the Sanford Center were suspended, with many programs quickly being transitioned online, including chronic disease self-management programs, fall prevention programs and our interdisciplinary, geriatric clinical assessments being delivered via a HIPAA-compliant Zoom. After completing the transition to a new virtual work life and making sure our teams were settled, we began outlining ideas, because we knew we simply *had to do something*.

Through our many discussions between Tuesday and Thursday (3/17 – 3/19), we started forming a plan to mobilize the entire statewide network of aging services partners in a consolidated, well-coordinated effort to respond to the COVID-19 crisis by identifying a single, overarching goal and priority objectives to ensure continued delivery of essential services with dramatic expansions to meet the rapidly-growing demands of the newly-homebound elders. By Thursday morning, we felt we were ready to begin sharing our initial ideas and reached out to the Administrator of the Nevada Aging and Disability Services Division (ADSD), Dena Schmidt. In Nevada, ADSD is not only our State Unit on Aging, but also serves in a role equivalent to the Area Agencies on Aging in other states. Dena had of course already been engaging her ADSD leadership team and other partners in discussions about what could be done to address the crisis. She welcomed a tele-conference between Jennifer, Peter, herself and the ADSD leadership team and agreed to combine forces. In this initial meeting, we outlined the broad strokes of a strategy we believed could be feasible; though we recognized it would require decisive, aggressive actions to mobilize the network and get us all moving toward the same goal.

Dena, and the ADSD team, asked us (Jennifer and Peter) to put ideas on paper, and we submitted a draft plan to her by Friday morning (3/20). We also agreed that we should enlist Jeff Klein, President and CEO of Nevada Senior Services (in Las Vegas) and Immediate Past Chair of the Nevada State Commission on Aging, onto our planning team to leverage his leadership, expertise, and ensure statewide reach. This new leadership team is symbolic of the statewide collaboration required to implement our aggressive plan. Through the day (and night) on Friday, we brainstormed ideas, re-shaped the plan and decided we should move it forward. Dena Schmidt delivered and discussed the draft with Richard Whitley, Director of the Nevada Department of Health and Human Services, while Jennifer and Peter routed it to Dean Trudy Larson of the UNR School of Community Health Sciences, who also serves as one of four experts on Governor Sisolak’s COVID-19 Medical Advisory Team. We received a very positive response as well as some helpful feedback to continue shaping the plan.

Saturday morning (3/21), we began to realize that what we originally outlined in the plan and submitted the day before was too organizationally-complex and, while intentionally bold, was perhaps too ambitious. It was also an 8-page plan, which we recognized was too long for the rapid consumption needed by state leadership already in crisis. Therefore, on Saturday morning (3/21) the leadership team met to dramatically revise the plan, removing several of the more operationally-challenging elements. Major pieces that were dropped from the initial draft included: 1) an initial step of mobilizing a minimum of 1500 college students in a massive phone tree to proactively place a ‘check-in’ phone call to *each* of Nevada’s 454,221 elders within three weeks of launch (apparently, on day 1 of our planning, we forgot the internet still existed), and 2) an elaborate organizational structure that included eight separate action teams with numerous pre-identified partners. We also changed the name of this effort to an acronym that was an aspirational word: the Nevada COVID-19 Aging Network (NV CAN) Rapid Response. After several more revisions to the initial plan, a final (2-page) plan was completed by Monday 3/23 and re-submitted to the Governor’s Medical Advisory Team, again receiving a positive reception. On March 26<sup>th</sup>, Dena Schmidt, ADSD Administrator, shared the final, expanded 5-page version (included above) with the Nevada aging services network along with a letter introducing NV CAN.

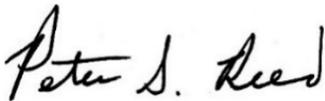
In the ‘resource report’ you now have, we share the details of NV CAN as a potential resource for other states, counties and aging services organizations. We are not sure how helpful these documents will be in your planning, but if there is even one idea that you are able to seize upon for your state and local response to the aging services crisis underway, then sharing this report is well worth it. We also are receptive to the feedback and input from our colleagues around the country and encourage you to share your ideas for how we can continue to strengthen our approach. We realize that there are many colleagues and leaders who may read this

report and identify holes and flaws (or limitations for the academics among us); and that is perfectly fine. We are totally open to critique and remain fully aware that we will be able to improve our approach as the situation evolves in the coming months. However, we felt strongly that we should immediately move forward with our best thinking in this moment and that we should, in real time, share the story of our COVID-19 aging services journey in the early days of this crisis as a resource for our many colleagues around the county. So, as the saying goes, *take what you need and leave the rest*. Also, critique if you must, but do not judge us for trying to do *something*, as we believe it would have been unethical for us to ignore the emergency and not pour all of our energy and ideas into planning and supporting an immediate response.

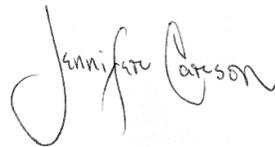
We hope that you and your colleagues will find helpful ideas and resources in this example offered by your colleagues in Nevada, or if not, that you will at least draw inspiration and develop immediate plans of your own. It is essential that we urgently mobilize all available partners in redirecting existing resources and expanding available resources to put toward ensuring that all currently homebound elders across the US are safe from exposure to the virus, well-supplied, have access to medical and social services, and remain free from social isolation. It is our top and only current priority. We are extremely grateful for your efforts and wish you great success in addressing this crisis in your state and communities.

Finally, we hope each of you will first prioritize your own health and well-being, as well as that of your family and neighbors. Self-care among each of us is essential for ensuring we maintain a fully-functioning aging services network. We look forward to hearing your ideas and seeing the impact of your hard work to support elders in your respective states and communities.

Sincerely,



Peter Reed, PhD, MPH  
 Director, Sanford Center for Aging  
 Professor, Community Health Sciences  
 School of Medicine  
 University of Nevada, Reno



Jennifer Carson, PhD  
 Director, Dementia Engagement, Education  
 and Research (DEER) Program  
 School of Community Health Sciences  
 University of Nevada, Reno



During the COVID-19 Aging Services Crisis, the entire team at the Sanford Center has been receiving web resources from a wide range of sources. We have decided to consolidate those resources we feel are credible and make them available to our aging-services partners. We will update this list as we get changes and additions. Email [ybeasley@med.unr.edu](mailto:ybeasley@med.unr.edu) with ideas for additions. *List updated March 25, 2020.*

## COVID-19 UPDATES FROM CREDIBLE SOURCES

- **Nevada COVID-19 Case Data** - from State of Nevada Dept. of Health and Human Services: <http://www.nevadatomorrow.org/tiles/index/display?alias=COVID19>
- **U.S. COVID-19 Cases at a Glance** - info from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

## UNR SCHOOL OF MEDICINE TOOLS AND RESOURCES

- **Project ECHO update on COVID-19 for providers:** Sessions are 12:15 p.m. on Thursdays, April 2 and April 9, to be led by Charlie Krasner and Mark Pandori. UNR School of Medicine approves the program for one hour of AMA PRA Category 1 Nursing Continuing Education Credit. Call for ECHO information: [projectecho@med.unr.edu](mailto:projectecho@med.unr.edu). Link to join: <https://echo.zoom.us/j/684551843>
- **University Health patient information:** <https://med.unr.edu/coronavirus>
- **UNR Med:** <https://med.unr.edu/>

## HELPFUL SAFETY/WELLNESS TIPS

- **CDC resources for the home, including a plan-ahead checklist:** <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>
- **Cleveland Clinic online risk assessment and screening:** <https://tinyurl.com/umdb89y>
- **Gerontological Society of America "Social Distancing" tips:** [https://www.geron.org/images/navp/Social\\_Distancing\\_GSA\\_NAVP.pdf](https://www.geron.org/images/navp/Social_Distancing_GSA_NAVP.pdf)
- **World Health Organization: "Mental Health Considerations during the COVID-19 Outbreak":** <https://tinyurl.com/rm72nlo>

## FOOD RESOURCES

- **Food and grocery store information for local elders:** <https://tinyurl.com/nevada-food-help-covid>
- **Raley's pre-packed "Senior Essentials" bags:** <https://www.raleys.com/senior-essentials-bag>



## STATE RESOURCES

- **Nevada Aging and Disability Services Division:** Information and resources for providers and the community at large. At the bottom of the page are FAQs based on questions received from ADSD subrecipients. [http://adsd.nv.gov/Home/Coronavirus/ADSD\\_Community\\_Resources\\_for\\_Coronavirus](http://adsd.nv.gov/Home/Coronavirus/ADSD_Community_Resources_for_Coronavirus)
- **Nevada Division of Public and Behavioral Health (DPBH) - Nevada Health Response:** <https://nvhealthresponse.nv.gov/>
- **Nevada State Public Health Lab:** <https://med.unr.edu/nsphl>
- **Nevada Rural Counties Retired & Senior Volunteer Program (RSVP):** <https://nevadaruralrsvp.org/>
- **UNLV Med:** <https://www.unlv.edu/coronavirus>

## NEVADA HEALTHCARE RESOURCES

- **Nevada medical care options for those who are uninsured:** [http://dhhs.nv.gov/Find\\_Assistance/Medical\\_Assistance/](http://dhhs.nv.gov/Find_Assistance/Medical_Assistance/)
- **Telemedicine options for people on Medicare:** <https://www.medicare.gov/coverage/telehealth>
- **Telemedicine Providers in Washoe County:** <https://www.washoecounty.us/health/files/ephp/communicable-diseases/COVID-telemedicine.pdf>

## NATIONAL RESOURCES

- **AARP:** <https://www.aarp.org>
- **American Geriatrics Society:** <https://www.americangeriatrics.org/covid19>
- **CDC COVID-19 page:** <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- **CDC COVID-19 information for elders:** <https://tinyurl.com/u2t5bop>
- **CDC video - "What older adults need to know":** <https://www.youtube.com/watch?v=TjcoN9Aek24>
- **Corporation for National and Community Service:** <https://www.nationalservice.gov/coronavirus>
- **John A. Hartford Foundation:** Large list of links for elders, care partners and health professionals: <https://tinyurl.com/ubfphdf>
- **National Association for Area Agencies on Aging:** <https://tinyurl.com/s9cknke>
- **National Council on Aging:** <https://www.ncoa.org/>

- **Gerontological Society of America** links to helpful resources related to COVID-19: <https://tinyurl.com/s2d2go9>
- **POLST and COVID-19 frequently asked questions:** <https://polst.org/covid/>
- **Q&A - COVID-19 and older adults:** <https://tinyurl.com/s84vh5y>

### FOCUS ON DEMENTIA

- **Alzheimer's Disease Research Center:** Caring-for-coronavirus fact sheet for people providing informal care for persons living with Alzheimer's and related illnesses: <https://aspe.hhs.gov/system/files/pdf/263566/Caregiving%20COVID%202020.pdf>
- **Alzheimer's Disease International - Dementia Care during COVID-19:** <https://www.youtube.com/watch?v=zM6cd1QSSFo>
- **Alzheimer's Association COVID-19 Tips for Caregivers:** <https://tinyurl.com/wxnccc3>

### AT-HOME CARE AND LONG-TERM CARE

- **COVID-19 and Nursing Homes** - What residents and families need to know, from The National Consumer Voices for Quality Long-Term Care: <https://theconsumervoice.org/uploads/files/general/covid-19-consumer-fact-sheet.pdf>
- **CDC information for professionals coordinating home care** and isolation of people with confirmed or suspected COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
- **Eden Alternative discussions on COVID-19 and loneliness in long-term care:** Recordings and links to live discussions, "Loneliness, Helplessness and Boredom for Isolated Elders": <https://www.facebook.com/227054177305934/posts/3059272134084110/?d=n>

### FOR NONPROFIT/PROGRAM MANAGERS

- **CDSME (Chronic Disease Self-Management Education)** - Guidance on continuing the programs during COVID-19: <https://tinyurl.com/cdsme-during-covid>
- **Operating Volunteer Driver Programs in a Pandemic:** <http://www.nadtc.org/wp-content/uploads/Volunteer-Driver-Suggestions-COVID.pdf>



## GUIDELINES FOR VOLUNTEER AND CLIENT SAFETY IN SANFORD CENTER PROGRAMS

**PURPOSE:** These guidelines provide information and instructions to volunteers for the Senior Outreach Services and the Volunteer Mobility Program regarding provision of specific support to the older adult clients in these programs.

**Given the significant need for client support in basic needs at this time, and in light of potential risks, these guidelines have been developed specifically to address safety concerns for volunteers and clients connected to both grocery shopping and/or medication pick-up activities.**

Given the potential health risks for all older adults related to COVID-19, these guidelines are meant to assist the older adult client and the volunteers to make informed decisions before requesting or providing the necessary grocery shopping and medication pick up.

For the health and safety of both volunteers and clients, the volunteer is not to provide transportation for the client.

**The volunteer is fully entitled to make their own decision, based on their own judgment of risk, before agreeing to engage in these supportive tasks,** and thus, the guidelines are not intended to in any way imply that volunteers are required to shop for groceries and/or pick up medication on behalf of older adult clients in the Senior Outreach Services and/or the Volunteer Mobility Program.

The program managers for these two programs\*, along with the Associate Director of Community and Social Services and the Director of the Sanford Center for Aging, are available to answer questions the older adult clients and/or volunteers may have before engaging in grocery shopping and/or picking up medications.

**PROCEDURES:** Volunteers on behalf of the older adult, and/or older adults in the two Sanford programs may request support with needed grocery shopping and medication deliveries. For the Senior Outreach Services program, the specific volunteer assigned to support each individual client is the first option for completing the specific tasks. The program managers for the Senior Outreach Services and Volunteer Mobility Program will identify other options in the event the volunteer is not available or is unwilling to shop for groceries and/or pick up medications, which volunteers have complete discretion to determine for themselves.

**Prior to carrying out the task(s)** the volunteer and program manager will review current and reliable information regarding steps to take in order to reduce risk of becoming infected or transmitting COVID-19. This information will be provided via email, regular mail, or over the telephone to assist the volunteer in learning about safeguards for the older adult client and themselves. The same information will be made available to the older adult client. The most up-to-date information is in Appendix A, and will be updated as the situation evolves.

**The older adult will order and make the payment for the groceries and/or medications in advance for the volunteer to pick up.** The volunteer can assist the older adult to place the order via the telephone or the web. The Senior Outreach Services, or the Mobility Program volunteers will not cover the cost of groceries or medications. If prepayment cannot be arranged by the older adult program client, the program managers will identify other options to fulfill their needs.

### \* QUESTIONS/INFORMATION

- Senior Outreach Services director Sina Ward, sinaw@unr.edu, (775) 784-7506
- Volunteer Mobility Program director Crissa Markow, cmarkow@unr.edu, (775) 682-8001

March 24, 2020



## WHAT YOU NEED TO KNOW

### Resources for our volunteers

#### HEALTH AND SAFETY

- Are you washing hands the right way? Five easy steps from the U.S. Surgeon General — <https://www.youtube.com/watch?v=XnJ1wvllcbs&t=4s+>
- Social distancing: What is it, and where does it apply? [https://www.geron.org/images/navp/Social\\_Distancing\\_GSA\\_NAVP.pdf](https://www.geron.org/images/navp/Social_Distancing_GSA_NAVP.pdf)
- What to watch for: Symptoms of coronavirus — <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

#### NUTRITION AND FOOD

- Nevada resources for elders (scroll to bottom for a sample 2-week menu) — [http://adsd.nv.gov/Home/Coronavirus/ADSD\\_Community\\_Resources\\_for\\_Coronavirus/](http://adsd.nv.gov/Home/Coronavirus/ADSD_Community_Resources_for_Coronavirus/)
- Food safety and coronavirus: Information from the CDC — <https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>
- Raley's pre-packed "Senior Essentials" grocery bags — <https://www.raleys.com/senior-essentials-bag/>
- Suggested emergency food supplies and ideas from FEMA — <https://www.ready.gov/food>

#### FACTS ABOUT COVID-19 FROM TRUSTED SOURCES

- "Myth busters": The World Health Organization separates COVID-19 fact from fiction — <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
- Find out how COVID-19 spreads — [https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Ftransmission.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Ftransmission.html)
- Have you been in close contact with a person who has COVID-19? Here's what to do — [http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/OPHIE/dta/Hot\\_Topics/Nevada\\_DHHS-DPBH-PHIE\\_SelfMonitoringStepsforCloseContactsof2019NovelCoronavirus\\_021220\\_ADA%20\(1\)\(1\).pdf](http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/OPHIE/dta/Hot_Topics/Nevada_DHHS-DPBH-PHIE_SelfMonitoringStepsforCloseContactsof2019NovelCoronavirus_021220_ADA%20(1)(1).pdf)

Compiled by the Sanford Center for Aging  
March 24, 2020



## **STEP-BY-STEP SUGGESTIONS FOR SHOPPING TRIP VOLUNTEERS**

For the health and safety of both volunteers and clients, the volunteer is not to provide transportation for the client.

To limit your own exposure, try to make the trip directly from your home to the client's home, then to the store/pharmacy, and immediately return to the client's home.

### **SAMPLE VOLUNTEER TRIP SCENARIO**

1. Use hand sanitizer before your visit.
2. There should be no physical interaction, if possible.
3. The client can place the shopping list & money outside in front of their door when you arrive.
4. You shop, hand sanitize, place the groceries, receipt and change outside the door, then knock on the door or call to notify the client. Before leaving, you may step back at least six feet from the door to wait for the client to recover the package if you choose.
5. If your client is physically unable to carry groceries, ask that they open the door but step back at least six feet to allow you to carry the groceries into the kitchen. Remember keep your distance as much as possible and avoid unnecessary contact with any surfaces to protect your client.

### **QUESTIONS/INFORMATION**

- Senior Outreach Service director Sina Ward, [sinaw@unr.edu](mailto:sinaw@unr.edu), (775) 784-7506
- Volunteer Programs director Crissa Markow, [cmarkow@unr.edu](mailto:cmarkow@unr.edu), (775) 682-8001

*March 24, 2020*