Connecting in Isolation: Caring for Older Adults During COVID-19 & Keeping Them at Home

Moderator: Tanisha Hines
Senior Program Officer
Enterprise Community Partners
Poll the Audience

#1 In 2010, how many adult homeless men in shelter in the U.S. were 46-54 years old?

- a. 1 in 10  
- b. 1 in 8  
- c. 1 in 5  
- d. 1 in 3

#2 True or False: Black and Latinx individuals make up over 85% of the NYC single adult shelter population.
Race/Ethnicity of Single Adults in Shelter, FY 2020

- Black non-Hispanic: 58.7%
- Hispanic: 26.8%
- White non-Hispanic: 9.8%
- Native American: 0.0%
- Unknown: 4.3%
- Asian/Pacific Islander: 0.4%

Source: DHS Data Dashboard
Meet our Panelists

**Jocelyn Groden**  
Assistant Commissioner  
NYC Dept for the Aging

**Kristine Montañez**  
Director  
*Riseboro Community Partnership*

**Amy Chalfy**  
Co-Chief Program Officer  
*Jewish Association Serving the Aging*

**Mira Batra**  
Community Medicine Physician  
*NYU Langone-Brooklyn*
Caring for Older Adults at Home During COVID-19: DFTA’s Approach
NYC Department for the Aging (DFTA)

- New York City is home to approximately 1.64 million older adults
- Our mission is to:
  - Eliminate ageism
  - Ensure the dignity and quality of life of diverse older adults
  - Help individuals age in place through naturally occurring retirement communities, case-management and home-care, home-delivered meal, bill payer programs, HIICAP
  - Promote full and active aging and community connection through Senior Centers, Mental Health and Friendly Visiting Programs, Senior Employment Services Unit, Foster Grandparent program, Volunteer Resource Center.
  - Promote elder justice through addressing and preventing crime and abuse
The Impact of COVID

- Older adults are some of the most impacted and effected
- Parallel pandemic of social isolation
- Loss of community
- Experience of grief and loss
- More clients “showing up” in need of case management, home care, food, mental health, elder abuse and crime and essential needs
- 2nd wave
Pivoting a Service System

Since March, the City has developed a coordinated multi-pronged strategy to quickly reach seniors with unmet needs and connect them with food, mental health, programming and safety support.

- Launched DFTA Direct Meals
  - Pivoting 25K daily congregate meals to home delivered

- Launched social isolation and elder abuse campaigns

- Over 2.3 million wellness calls made

- Service delivery and connection to approximately 200,000 clients

- Wholistic approach to addressing client needs
  - Case management approach
    - Ongoing assessment
    - Support, referral, triage
Pivoting a Service System

• Addressing the digital divide
  o Before COVID approximately 40 DFTA programs providing virtual programming
    o Increased more than fourfold
  o Approx. 200 centers providing virtual programming
    ▪ Exercise
    ▪ Bereavement
    ▪ Arts
    ▪ Education
    ▪ Social/mental health supports
• Pivoted most services virtually increasing contacts and engagement in mental health and elder abuse support
• Paradigm shift around technology
  o Over 10K tablets distributed in partnership with NYCHA
## Housing Insecurity

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Connecting in Isolation: Caring for Older Adults during COVID
RiseBoro’s Divisions & What We Do

We provide programs and services that help communities achieve their potential.

We do this by:

- Connecting every generation with the resources they need to thrive;
- Creating innovative initiatives through listening, engaging, adapting and responding to changing community need;
- Catalyzing change with our inclusive development model.

RB Seniors
RB Housing
RB Education
RB Health
RB Empowerment
How RiseBoro Serves Seniors

Housing
• HUD funded 202 buildings
• On-site social services
• Recreational programming

Programming & Activities
• Art & Computer Classes
• Tai Chi, Yoga, Zumba
• Fall Prevention
• Monthly Seminars
• Social Events

Senior Centers
• On-site medical staff
• Medicaid/Medicare Help
• Aging In Place Programs
• A Safe, Loving Community

Homecare
• Daily check-ins
• Medical Referrals
• Assisted Daily Living
• Meals On Wheels
Keeping Older Adults Safely at Home

Connection & Collaboration
- Reinforce support network and build social capital
- Refer individuals to necessary services
- Provide access to local resources for older adults who live in multi-family settings
- Create space, opportunity for social engagement and community building

Empowering Older Adults
- Educate tenants and clients on issues that affect them
- Ensure tenants and clients are included in conversations about their care
- Encourage self-advocacy with all providers, particularly healthcare
- Healthcare action planning
Changes in Services due to COVID

New ways of engaging with clients
- Home and office visits
- Group activities
- Case Management

Telephone Reassurance Calls and Wellness Checks:
- Purpose & Frequency
- Protocol – Script
- Implications for isolation and tenant mental health

Creative ways of utilizing all staff
- Recreational staff and instructors as emotional support
THANK YOU!

Kristine J. Montañez

krmontanez@riseboro.org
THE GO-TO AGENCY SERVING OLDER ADULTS
JASA

- Supports and partners with more than 40,000 older adults and their families annually
- Over 50 locations and a staff of 2,000
- Offers a continuum of services and programs to address vital needs and help older adults live safely and confidently in the community, including
  - Home-Delivered Meals
  - Affordable Senior Housing
  - Legal Services
  - NORC Programs
  - Senior Centers
  - Elder Abuse Prevention
The Impact of COVID-19

- Social Isolation and Loss of "Community"
- Increasing Numbers of Older Adults in Need
- Food Insecurity
- Risk of Virus-related Illness

Precarious Management of the Usual
JASA Responds to COVID-19

- Improving Agency Capacity
- Modifying Service Delivery
- Implementing Safety Protocols
- Providing New Opportunities for Connection and Engagement
- Distributing Food
- Promoting Resilience
- Supporting the Workforce
Amy Chalfy
Chief Program Officer
Residential, Protective & Legal Services
achalfy@jasa.org
Caring for Residents at the Woodstock SRO during COVID-19

Mira Batra, MD
Physician - Community Medicine
Family Health Centers at NYU Langone-Brooklyn
NYU Langone – Brooklyn
Family Health Centers
Community Medicine Program

Founded 1969 at St. Vincent’s Hospital - care in homeless shelters, SROs and substance abuse programs.

Currently 9 clinics – part of federally-qualified health center

Woodstock clinic opened in 1981 - full medical services, drop in and primary care with physician, medical assistant, navigators and front desk staff

Weekly outreach at senior center and shower room

Open 3 days per week, after-hours coverage available

Long-running relationship and shared goals with Project FIND

https://nyulangone.org/locations/community-medicine-program-family-health-centers-at-nyu-langone

Photo: Marilynn K. Yee, New York Times
Founder and health care pioneer Dr. Philip W. Brickner visits a homebound patient in Chinatown
Woodstock Hotel is full of life!

Built 1903 as a traditional hotel – each room has own bathroom, no kitchen

Operated as level I supportive housing by non-profit Project FIND, began in 1975 (citywide SRO pilot)

Residents are age 55 and over, most formerly homeless, low income, a range of ethnic backgrounds.

About 275 tenants, 75% male, 25% female.

A housing stability model with SW staff onsite to support tenants in remaining independent and permanently housed

Funding from Department of Homeless Services, Department for the Aging, and other public and private sources

Laundry, housekeeping, activities, full-service senior center with DFTA cafeteria, and DHS-funded shower room and Homeless In-Reach onsite

www.projectFIND.org
Photo: Project FIND - monthly jamboree
“Coronavirus KEEP OUT – You are not welcome at Woodstock!” - challenges of the early days

Usual infectious disease protocol is ‘prevent, test and treat’ with evidence-based care

• Lack of training by home health care agencies
• Lack of information, tools, knowledge of this new pathogen
• Changing guidance and protocols re PPE, hygiene, symptoms, isolation, treatments, “am I a carrier?”
• Lack of PPE supplies or testing ability

Low health literacy, individualism, force of habit & routine
Inertia, denial, suspicion, fatalism about health
Some patients recalled polio, swine flu, measles, HIV
Governor: “NYS on Pause” “Matilda’s Law” for those over 70

Photos: Bryant Park, NYC - May 2020
Carlos in homemade PPE
NYU Clinic – Challenges & Innovations

“MAKING IT REAL” – creative – personal – hands-on - available

Telemedicine - phone and video visits when clinic waiting area closed or when reduced staffing

Daily door-to-door & phone call wellness check screening

Referrals to VNS home care and telepsych support

Daily sign-out to social workers – patients seen, watch list, symptoms, 911 and hospitalized, psychiatry referrals

Education – “the wolf is at the door,” “your room is your PPE” – certificates - “THE VIRUS: an avant-garde theater piece”

Since end of May, thankfully, all negative to-date!

Certificate of Achievement
Awarded to
from
NYU-Langone Family Health Centers Clinics
for
COVID Pandemic Support – thank you for your sacrifice – you are saving lives!
Sincerely, Mira Batra, MD, FACP

Pictures: Ms. Doreen – first facetime! Ms. Kathy – birthday party in clinic
Project FIND – Challenges & Innovations

Temp checks, hand hygiene stations, 2x daily sanitations, social distance in common areas

Meals to-go from center; home delivery (breakfast and lunch) later

Services for homeless - new shower room hours, meals pickup offsite

Closure of lobby, senior center, cafeteria, computer, TV and crafts rooms

Zoom tenant meetings, DFTA activities and classes

Assistance with mail-in ballots and online benefits

Buddy system with neighbors

More frequent checks, social visits (birthdays, holidays)

COMMUNICATION
! Coordinate – adapt – modify

Photos: Mr. Harvey & Ms. Bev – socially-distant coffee hour
Ms. Janette – in flu vaccination blouse
Mr. Hiroshi – headed to dialysis
COVID Outcomes – and “The Ripple Effect”

COVID+ residents sent to hospital or discharged to nursing home
Residents with COVID-like symptoms cared for at home
Deaths – in hospital or in nursing home - confirmed COVID+
Found deceased in room – many more than usual, unpredictable who
Unable to visit or even find patients at times, in hospital or nursing home

Stay Home effect – deconditioning, falls, isolation of an already isolated group, boredom, loneliness, grief, depression, anxiety

Chronically ill frail elderly, non-COVID - had excess deaths vs expected
New cases: diabetes, heart failure, weight gain or loss, infestations
Staffing - Clinic staff & home attendants out, students/navigators cancelled
Closures - financial, insurance, benefits, protective services, pharmacies
Digital divide and impaired existing hotel buddy system