Programs and Services
Margaret White, MSW, RD, LDN
No Disclosures
Objectives

- Identify the direct and indirect services provided to older adults and adults with disability that address SDOH
Who Are We?

16 AAA in North Carolina
Older Americans Act

Funding Flow

- **Federal**
  Administration on Community Living

- **State:**
  NC Division of Aging and Adult Services (DAAS)

- **Regional:**
  Centralina Area Agency on Aging

- **Local:**
  Contracted Service Providers
Family Caregiver Support

• Information & Assistance
  – Resource consultation
  – Disaster preparedness planning

• Respite Care
  – In-home, day programs

• Caregiver Support
  – Educational support programs

• Supplemental Services
  – Incontinence supplies
  – Home modifications
  – Liquid nutrition supplements
  – Handyman services
CARES Act Funding – FCSP

• Transportation
  – Uber fare
  – Gas card

• Food Supplies
  – Grocery store or restaurant gift card
  – Meal prep services
  – Emergency food box

• Financial Support
  – Bill payment
  – Hearing aids
  – Vision enhancement tools

• Trualta
  – Virtual platform

• Practical content related to caregiving
  - What is a Power of Attorney
  - How to lift and transfer

• No charge to access
Senior Nutrition Service Program

• Congregate Meal Programs
  – Community setting
  – Socialization
  – Nutrition education

• Home Delivered Meals
  – For home bound seniors

• Farmers Market Nutrition Program
  – Coupons to low-income congregate nutrition program participants
CARES Act – SNSP

- Congregate home meal delivery
- Congregate grab-n-go meal
- Home delivery of 5 meals
- Emergency food boxes

April 2020 - 13,249 Meals
Jan 2021 - 21,519 Meals
Living Healthy Workshops

MODEL

• Peer led following a scripted manual
• Peer support
• Promote behavior change to improve self-management of health condition

OUTCOMES

• Improved health care behaviors
• Improved health care outcomes
• Increased self efficacy in managing chronic conditions

Diabetes Self-Management Education and Support

MODEL AND GOALS
• Individual assessment
• Group education and support
• Increased self efficacy
• Behavioral change

OUTCOMES
Reduced per capita health care costs associated with diabetes
Increased QOL and decreased mortality

**DSMES Services**

- **June 2019 – July 2021**
  - Two in-person services
  - Two virtual services
  - One telephone service
  - Ongoing yearly DSMES service

- **Comorbidities**
  - Sickle cell disease
  - Parkinson’s disease
  - Chronic kidney disease
  - Neuropathy
  - Cancer

- **Data Collection**
  - One Year – avg 4.5% weight loss
  - DDS – lower at 6 months
    - slight increase at 1 year