THE SENIOR Solution

Detroit Area Agency on Aging — The Senior Solution

FOOD & FRIENDSHIP Connections

Planning and Implemention Toolkit

A Guide to Serving Older Adults Living with HIV

2023

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Acknowledgements

This Food & Friendship Connections Planning & Implementation Toolkit: A Guide to Serving Older Adults Living with HIV was prepared by Anne Holmes Davis, MUP, Post-Graduate Certificate in Gerontology - DAAA Vice President, Planning & Program Development; Gilberto Lopez, RD, MPA - DAAA Director of Nutrition Services/Community Health Promotion; and Fredrick Thomas, MPA, MPH, DAAA Program Development Associate with support from Jennifer Mendez, Ph.D. (Retired) and LaTonya A. Riddle-Jones, MD., Wayne State University School of Medicine, and the Food & Friendship Connections Affinity Group. Special thanks to the Michigan Department of Health and Human Services, the Bureau of HIV and STI Programs and the Bureau of Aging, Community Living and Supports for funding and administrative support.

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The Senior Solution

FOOD & FRIENDSHIP Connections

MDHHS
Michigan Department of Health & Human Services

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Executive Summary

In November 2019, the Detroit Area Agency on Aging (DAAA) and Tri-County Office of Aging (TCOA) joined forces with the Bureau of Aging, Community Living and Supports (ACLS Bureau - formerly, the Aging and Adult Services Agency) and the Michigan Department of Health and Human Services Bureau of HIV STI Programs to launch Food & Friendship Connections, two demonstration pilot projects designed to provide supportive services to older adults living with HIV. DAAA was selected to serve older Detroiters while TCOA focused on older adults living in the Lansing area (Michigan's state capitol). The goal of the state demonstration project was to pilot the delivery of supportive services to this vulnerable population over a two-year period to develop best practices that could be used to replicate the program across the State of Michigan. After the Ryan White grant ended, DAAA continued to operate the People Living with HIV (PLWH) program with scaled down services which was initiated with nutrition services, wellness checks, peer support coordination, networking opportunities and educational sessions along with transportation. To sustain the program, medical transportation was eliminated and replaced with transportation support to special events and referrals to other transportation services available in the community. In addition, wellness checks were also discontinued.

DAAA targeted older adults living in the City of Detroit during Year I and expanded services to its entire Region in Year II. The agency included the delivery of hot or frozen meals, liquid nutrition, peer support coordination with educational workshops, wellness checks in addition to medical transportation as interventions to provide a safety net for the targeted population to improve their quality of life. Originally, 60-plus individuals were targeted, but the state lowered the eligible participants to 55-plus for Year II. In addition, Year I target numbers of reaching 150 older adults was lowered to 75 individuals in Year II.

Living with HIV continues to be challenging for older adults approaching retirement or enjoying their golden years. The trajectory of this chronic condition, even when treated, often robs these individuals of their health; their ability to prepare nutritious meals and to have a support system and adequate transportation that assists them in the care that they need. Many of these older residents find themselves alone; often ostracized or disconnected from their families or have experienced the loss of their spouse or significant others.

Demographic Profile of Participants

During the pilot period, the DAAA established a Food & Friendship Connections Affinity Group and partnered with three service provider agencies to provide services and to eventually deliver services to 31 older adults living with HIV with the following characteristics:

- **73% -** Male; **27%** Female
- **77% -** Single

- **53% -** Receive monthly Social Security checks as primary source of income
- **73% -** Earn income Less than $12,700 per year
- **38.5% -** Have limited Finances for Food
- **96% -** Benefit from Health Insurance Coverage
- **37% -** ER Visit Within Last 12 months
- **13% -** Hospitalized in Last 14 Days
- **97% -** Covid-19 Vaccinated
- **88% -** Take three or more Prescriptions a Day

Key Program Outcomes

The key program outcomes resulting from the implementation of the pilot project are highlighted below:

- Food & Friendship Connections enrolled 31 PLWH over the two-year program period with nutrition services, peer support/networking support, educational opportunities, wellness checks and transportation being rendered.
- The majority of the participants enrolled in the program were interested due to their need for food assistance and two participants enrolled solely for the peer support group for social engagement.
- Reasons for exiting the program varied including the need to participate in rehabilitation, increased caregiver support from a family member, death, timing of meal delivery was not in alignment or removal from the program due to an inability to contact them.
- About 82% of 55-Plus participants were very satisfied with Food & Friendship Connections overall.
- Hot, frozen and liquid nutrition services were provided including 1,098 hot meals, 4,465 frozen meals and 3,048 liquid meals.
- Peer support services were provided to 17 participants with ninety-six percent (96%) of FFC peer support participants across 4 quarterly client satisfaction surveys reporting that they ‘strongly agree’ or ‘agree’ that Peer Support adds value to their life. That exceeds the 90% target program goal for Peer Support Client satisfaction.
- Peer support and wellness checks helped participants improve loneliness scale scores during the COVID-19 pandemic as they were socially isolated during the outbreak. Thirty-seven percent (37%) of participants showed improvement in social engagement through their UCLA Loneliness scale results.
- Eleven (11) participants benefitted from 151 trips through transportation services to medical appointments.
- The viral loads of participants living with HIV generally remained stable during the grant period.

Plans for Sustainability

After grant funding ended after the two-year pilot, the Detroit Area Agency on Aging elected to continue the program for interested 60-plus individuals:

- All meal clients were absorbed into the regular Home Delivered meals program whether they were receiving hot, frozen, and/or liquid meals.
- Individuals that were participating in Peer Support Services continue to maintain the relationships that

were forged during the two-year grant period. Fredrick Thomas, the Peer Support Coordinator, was available to participants after moving to another position.

- Several older adults under the age of sixty were referred to partner agencies to ensure continuity of services.
- A significant number of the older adults have opted to utilize the DAAA's Senior Telehealth Connect services.
- Several participants have perished after participating in the program with their peers ready to honor them and support their legacy.

Program Cost

During the two-year grant period, DAAA spent down $548,990 of Ryan White funding on Food & Friendship Connections. These services included salaries/wages and fringe benefits, indirect cost, meals as well as medical transportation.

Key Lessons Learned

A few key lessons were learned through the implementation of the Food & Friendship Connections Program:

- There is a PLWH 55+ population in the DAAA service area that continues to need nutrition services and other support to improve their quality of life, health and social engagement.
- Meal services and peer support helped the participants loneliness scale scores improve during the COVID-19 Pandemic when residents were being asked to minimize close contact.
- Ryan White funding is very specific about what it can be used for in terms of services. Therefore, future programs considering starting a Food and Friendship Connections program may want to consider securing different or supplemental funding that allows for greater latitude for expenditures.
- Use of Ryan White funding may require significant program reporting where confidentiality is paramount. Program staff utilized Electronic Grants Administration & Management System (EGrAM), CAREWare, and SHOARS for program reporting in addition to DAAA's Aging Information Management System (AIMS).
- Establishment of an Affinity Group consisting of organizations serving PLWH can assist organizations to fast track the planning and development of their programs and serve as a point of referrals.
- Strategies utilized for outreach and marketing should take confidentiality of participants into consideration as well as focus on targeted referrals.
- Offer as many food options as possible for participants including hot, frozen, liquid and catered meals for special events.
- Participants really appreciated the 'Lunch and Learns' events at local parks allowing for food, friendship and gaining knowledge regarding a wide variety of subjects. For example, some networking opportunities have consisted of art therapy, HIV facts trivia contest, museum visits, attending a theatrical performance and candle-making.
- Participants preferred selecting topics for educational workshops that were of interest to them.
- Transportation services increased access to medical appointments, other destinations and program events. Options included door-to-door transportation, ridesharing and Lyft Concierge services.

Conclusion

Older adults living with HIV are a key vulnerable population within some urban, suburban and rural communities that need a safety net to improve their quality of life. A number of these individuals have chronic illnesses, few familial supports and need social engagement. Programs that connect them to health care, peer support, nutrition services and social engagement can significantly improve their lives if shaped with their interest and input in mind. Partnering with organizations that service PLWH can assist organizations who have not previously served this population. Ryan White funding through State government, when coupled with other resources, can improve, and enrich the lives of this vulnerable population.

Recommendations

1. Organizations who would like to provide similar services should consider securing funding that allows for the types of social events that the participants want to engage in through a Food and Friendship Connections Program.
2. Consider supplementing Ryan White funding with other more flexible funding to support your program.
3. Establishment of an Affinity Group consisting of organizations that service PLWH can assist in fast tracking the development of a new program and provide referral opportunities.
4. Develop a marketing and outreach strategy that generate agency and word-of-mouth referrals rather than region-wide marketing to maintain confidentiality of participants. The later approach can be used to increase awareness about PLWH.
5. Carefully examine the frequency of Wellness Checks needed and warranted and allow participants who are not interested to opt out.
6. Incorporation of peer support services and networking opportunities shaped by participants can provide immeasurable satisfaction to participants and provide social engagement and support to PLWH.
7. Using volunteers with the same or similar diagnosis as peer support group leaders is appreciated and preferred by participants. The participants of the peer support group valued having peer support services facilitated by someone who is also living with HIV.
8. Organizations replicating these services should examine ways to provide transportation including door-to-door transportation, ridesharing, and Lyft Concierge services. This provides connectivity to medical transportation, grocery shopping and program activities.
9. Carefully evaluate who you want to evaluate your program if using an outside evaluator and put the plan in place upfront.
10. Consider preparing a final report and toolkit to support replication as well as disseminating findings through Innovation and Achievement Awards at state, regional or national conferences.

Introduction

In November 2019, the Detroit Area Agency on Aging (DAAA) and Tri-County Office of Aging (TCOA) joined forces with the Bureau of Aging, Community Living and Supports (formerly, the Aging and Adult Services Agency) and the Michigan Department of Health and Human Services Bureau of HIV STI Programs to launch Food & Friendship Connections (FFC), two demonstration pilot projects designed to provide supportive services to older adults living with HIV. DAAA was selected to serve older Detroiters while TCOA focused on older adults living in the Lansing State Capitol area. The goal of the state demonstration project was to pilot the delivery of supportive services to this vulnerable population over a two-year period in order to develop best practices that could be used to replicate the program across the State of Michigan.

As DAAA launched the FFC Program, the agency targeted older adults living in the City of Detroit during Year I and expanded services to its entire Region in Year II. The agency included the delivery of hot or frozen meals, liquid nutrition, peer support coordination with educational workshops, wellness checks in addition to medical transportation as interventions to provide a safety net for the targeted population to improve their quality of life. Originally, 60-plus individuals were targeted, but the state lowered the eligible participants to 55-plus for Year II.

DAAA identified 600 older adults living with HIV who could potentially benefit from assistance and decided to focus on 25% of this population initially. In Year II, this targeted number was reduced to 75 targeted participants. Older adults to be served through DAAA's Food and Friendship Connections were to be empowered through peer support coordination designed to nurture relationship building, personal advocacy and skilled decision-making. An Affinity Group consisting of state and local partners was tapped to develop the local model. These partners included AASA (now Bureau of ACLS), Michigan Department of Health and Human Services Bureau of HIV STD Programs, Detroit Health Department, SAGE Metro-Detroit, Affirmations, Corktown Health Center, Matrix Human Services, Detroit Recovery Group and the Detroit Rescue Mission. Later, additional advocates were added including Wayne State University, Midwest HIV-AIDS Education Center, Unified HIV Health and Beyond as well as Health Emergency Lifeline Program (HELP).

After the Ryan White grant ended, DAAA continued to operate the program with scaled down nutrition services, peer support coordination, networking opportunities and educational sessions. Medical transportation was eliminated and replaced with transportation support to special events and referrals to other transportation available in the community. Wellness checks were discontinued in lieu of six month assessments.

Overview of HIV – City of Detroit

When launching Food & Friendship Connections, DAAA found that the City of Detroit's HIV epidemic was a silent phenomenon that was steadily driving up the HIV numbers for the State of Michigan. Accounting for a third of the HIV cases within the state, the Detroit HIV rate was rivaling cases in Southeast Michigan which was primarily spiking because of the Opioid crisis. About 719 people per 100,000 Detroit residents were living with HIV compared to 163 per 100,000 statewide, according to the Michigan Department of Health and Human Services. In fact, Detroit's HIV rate was more than four times Michigan's average (Detroit Free Press, 2017).

For 60-plus older adults living with HIV, the number of cases decreases with age, but still negatively impacts this population. Many of these HIV survivalists had lived the longest with the condition with few supports. A significant number of these individuals were ostracized from their families and/or were outliving their pensions, which had often been ransacked to survive the earlier years when they believed that they would not live to see their golden years. Still others had lived on modest incomes throughout their lives.

Individuals 50 – 59 represented 25% of HIV cases compared to 13% for those 60 years and over. In the Detroit area, about 77% of the older age group were living with HIV and saw a doctor at least once a year compared to 80% of its 50 – 59 cohort. Unfortunately, new cases of HIV are four times higher (12%) for the 50 – 59 age group compared to 3% for the older 60-plus age group. Those living with Stage 3 HIV (formerly called AIDS) represent 17% of the population versus 31% for the 50 – 59 age group. The fact that 23% of those 60-plus are not seeing a doctor at least once per year means they have poor access to care, a weaker or non-existent support system or may have transportation or other barriers. These vulnerable individuals are more likely to live in isolation and are susceptible to depression. Other common physical and psychological challenges of older adults living with HIV consist of the following:

- Depression is the most common mental health disorder in all people infected with HIV, with some studies suggesting that older HIV patients have increased risk for both depression and cognitive impairment. With age comes increased medical comorbidity that may present with depressive like symptoms such are decreased energy, libido and appetite, sleep disruption, and decreased mentation. (American Association of HIV Medicine, January 26, 2016)
- Chronic infection burdens repair and immune functions that are already slowing as a result of aging. Particularly important is the age-related shift in glutathione status, leaving a more pro-oxidant state in cells. The slower protein assembly of aging plays out as impaired muscle, organ, and bone repair. Impaired protein assembly yields "immune senescence"—an inability to activate naïve T cells and generate memory T cells. Immune cell activity is sensitive to nutrition deficits; HIV infection alters gut cell structure, impeding all nutrient absorption. (AAHIVM, February 1, 2016)
- The incidence of type 2 diabetes mellitus is reported to be as much as four times higher in patients living with HIV compared to uninfected patients and increases with age. The incidence of metabolic syndrome is also higher. (AAHIVM)
- Osteoporotic bone disease affects people with HIV infection disproportionately when compared with others of similar age. Bone density is lower, and the fracture rate as much as 60% higher, in HIV-infected individuals. (AAHIVM)
- Cardiovascular disease (CVD) is the leading cause of death in the United States and world-wide. Since the main predictor of heart disease is age, and since PLWH are living longer and growing older as a result of effective antiretroviral therapy (ART), the prevalence of CVD will increase. (AAHIVM, November 19, 2017)

Program Overview

DAAA and partner agencies designed the Food & Friendship Connections model to link older Detroiters living with HIV with many of the social determinants of health as possible. The goal of the conceptual model is highlighted below:

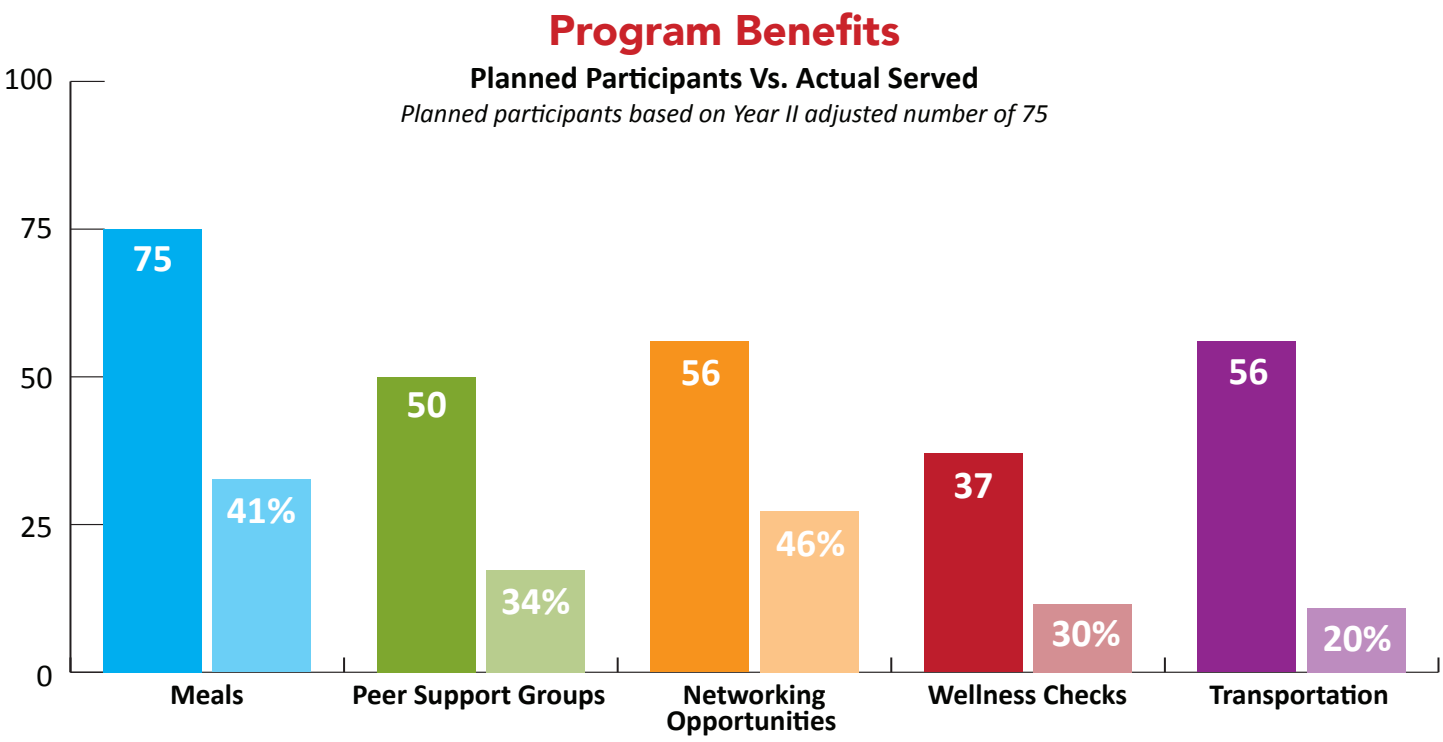
Program Goal:

To provide nutrition, social support and transportation services to 25% of the 600 older persons aged 60 years and over living with HIV in the City of Detroit (This was lowered to 75 individuals in Year II).

Objectives:

- To provide nutritious Home-Delivered Meals to older persons living with HIV.
- To provide wellness checks to promote socialization and improved access to community resources to a minimum of 50% of the participants.
- To offer leader-led or self-directed peer support coordination to at least 75% of participants to increase social engagement and empower them to improve their personal advocacy and decision-making skills.
- To provide medical transportation services to at least 50% of program participants to increase access to care.

Program Benefits



Program Start Up

Upon receiving the MDHHS Ryan White grant award of approximately $450,000 annually, DAAA assembled an internal workgroup to line up a Project Manager, Nutrition Assessor, Peer Support Coordinator and Planning and Development Team to plan, develop and launch the program. In addition, contractual agreements were drafted for nutrition services, transportation and the program evaluation.

Food & Friendship Connections Team	Roles
Ronald S. Taylor, President & CEO, Detroit Area Agency on Aging	Overall administrative oversight of Food & Friendship Connections
Anne Holmes Davis, Vice President – Planning & Program Development	Planning, Program Development and Implementation; Preparation of Grant Application
Crisshara Allen – Associate Planner	Affinity Group Coordination and Planning and Development Support
Gilberto Lopez, Director of Nutrition & Health Promotions	Coordination with Nutrition Vendors; Overall Operations, Contract Compliance, Program Reporting
Brianna Askew, Nutrition Assessor Supervisor	Program Supervisor – Supervision of program staff; oversight of client tracking, service orders - External
Messina Gilchrest – Baker, Food & Friendship Nutrition Assessor	Initial and Reassessments – 3-month intervals; Wellness Checks; Ordering of Services - Internal
Fredrick Thomas, Peer Support Coordinator	Peer Support Coordination, Networking/Educational Opportunities, Training and Coordination of Select Student Interns; Participant Recruitment
DiAnna Solomon, Director of Communications & Fund Development/ Helen Love, Public Relations	Assisted the Food & Friendship Connections Team in the development of Promotional Flyers, Advertisements and news articles to promote the program. Communications and Marketing Materials
Vernest “Rick” Spivey, Mobility and Home Repair Manager	Coordinated Transportation of Food & Friendship Connections participants to medical appointments and networking events

Program Partners & Subcontractors

TRIO Community Services, Precise Home Health Care and Advance Seniors Healthcare Group were contracted to provide nutrition and transportation services respectively. The proposed model was to be evaluated by Wayne State University School of Medicine – Internal Medicine Division so that lessons learned could be disseminated and shared through a final report and toolkit for other Area Agencies on Aging. Ultimately, WSU School of Medicine helped shape the model during its inception and provided some basic analysis of the data supplied by the DAAA team but did not execute the formal contract for the evaluation. DAAA would like to thank Latoya Riddle-Jones, MD and Jennifer Mendez, Ph.D. (retired) for their contributions to this project.

Food & Friendship Subcontractors	Services
Advance Seniors Healthcare Group	Non-Emergency Medical Transportation Services
TRIO Community Services	Frozen Meals and Liquid Nutrition Services
Precise Home Health Care – Community Meals	Delivery of Hot Meals

Food & Friendship Connections Affinity Group

The Food and Friendship Affinity Group partners engaged a variety of organizations who served the HIV population, including advocacy groups and state and local health departments. Ultimately, the following partners joined and served as members of the Affinity Group. During Year I, partners participated in Program, Education, Marketing and Evaluation Workgroups that met bi-weekly, monthly and then quarterly as the program was rolled out. Letters of Agreement were signed by some organizations who agreed to refer prospective clients to Food & Friendship Connections.

Affinity Group Members	Membership
Michigan Department of Health and Human Services Bureau of HIV STI Programs	Kristina Leonardi, Director – Bureau of ACLS Sharon Courtland, MDHHS HIV STI Data Manager
Bureau of Aging, Community Living and Supports (Formerly Aging and Adult Services Agency-AASA)	Year I – Cynthia Ferrell, DHHS State Administrative Manager Rachel Telder, DHHS Adult Field Operations Analyst Year II – Sophia Hines, Health & Wellness Specialist Marla Price, RD, Nutrition Specialist
Affirmations	Kathleen Redmon, Director of Programs
Corktown Health Center	Anthony C. Williams, Chief Executive Officer
Detroit Area Agency on Aging	Ronald Taylor Anne Holmes Davis Gilberto Lopez Brianna Askew Messina Gilchrest-Baker Fredrick Thomas Crisshara Allen Vernest “Rick” Spivey, Transportation Manager
Detroit Health Department - HIV/AIDS Division	Renai Edwards-Malayali, HIV/STI Prevention Manager
Health Emergency Lifeline Program (HELP)	Teresa Roscoe, Chief Operating Officer
Matrix Human Services	Gregory McPherson Deena Kennedy
Midwest AIDS Training Education Center	Mary Rose Forsyth, Program Coordinator (Retired)
SAGE Metro-Detroit (currently MI Gen)	Cornelius Wilson
Unified HIV Health and Beyond	Various Staff
Wayne State University – School of Medicine	Jennifer Mendez, Ph.D. – WSU Evaluator (Retired 2021) LaTonya Riddle-Jones, MD – Volunteer Evaluation Advisor

Service Delivery Approach

Monthly Check-Ins

To provide technical assistance, training and support to the two pilot projects, Michigan Department of Health and Human Services (MDHHS)/Bureau of Aging, Community Living and Supports (ACLS Bureau) required monthly check-ins of program staff. These meetings included updates by the State Department, DAAA and the Tri-County Office on Aging. All meetings were held on Microsoft Teams due to the Covid-19 Public Health Emergency.

Required Staff Training

A variety of training was required of program staff to maintain compliance. This included annual training on Ryan White program requirements, CAREWare, SHOARS and Security and the Privacy Act. Program staff were required to use CAREWare for client tracking. SHOARS was introduced during the end of the first year to facilitate ongoing training as well as contract amendments. Grant funding and performance were monitored via EGRAMs.

Maintenance of Client Records

Client records for the Food & Friendship Connections were maintained in CAREWare, AIMS and an MS Excel Spreadsheet. ACLS Bureau required maintenance of health and social service information in CAREWare while nutrition assessments and meal delivery was tracked in AIMS. A spreadsheet was used to track wellness checks as well as transportation interventions.

Marketing and Outreach

To recruit program participants, DAAA primarily depended upon partner referrals but also utilized a variety of outreach and marketing strategies. This included development and dissemination of several promotional flyers, promotion of the program on social media, advertisements in Metro Times and Between the Lines as well as presentations on Zoom or through outreach events. A feature article also appeared in Second Wave, an online publication.

Program Enrollment

DAAA's Information and Assistance Call Center was responsible for conducting an intake and screen and referring prospective participants to Nutrition Services so participants could be enrolled in the program. Referrals from partner agencies came directly to the Nutrition Services Department.

An intake was performed prior to the initial assessment to determine eligibility. Then eligible participants were put into CAREWare and an initial assessment was performed and entered into the Aging Information Management (AIM) system to track meal services. The Nutrition Assessor also determined the participant's interest in peer support coordination, wellness checks and transportation. The UCLA Loneliness Survey identified clients who could benefit from Wellness Checks and Peer Support Coordination. This client data was entered into CAREWare and AIMs. All participants were offered medical transportation services, as needed.

After the initial assessment, participants were assessed every three months to determine if there was a change in their needs. The chart below depicts the total number of older adults enrolled in the program, termination, number of initial and reassessments and wellness checks:

Total # of Clients Enrolled	Total # of Terminations	Total # of Initial Assessments	Total # of Reassessments	Total # of Client Receiving Wellness Checks
31	7	31	59	11

Ordering of Services - Nutrition Services

Participants who needed nutrition services were referred to TRIO Community Services for Frozen and Liquid Meals or Precise Home Health Care for Hot meals. Hot meals were delivered Monday – Friday while five Frozen meals delivered once a week on Mondays. For those qualifying for Liquid Nutrition with a prescription from their physician, they received Ensure or Glucerna monthly. After the start up the program, MDHHS allowed participants to qualify for both a hot and/or frozen meals and liquid nutrition, if needed.

Total # of Clients Enrolled in Nutrition Services Overall	Total # of Clients Receiving Hot Meals	Total # of Clients Receiving Frozen Meals	Total # of Clients Receiving Ensure	Total # of Clients Receiving Glucerna
27	8	19	15	0

Wellness Checks

Participants who scored high on the UCLA Loneliness Scale during their initial assessment or reassessment qualified for a Wellness Check. The Wellness Check consisted of a check in and referral to community resources customized to the participant's needs. A total of 11 individuals participated in this program, although some participants declined using wellness checks along with the re-assessments. A score of 4 on the UCLA Loneliness Scale denoted the need for more support while a score of 1 denoted less isolation and loneliness. Referrals to services consisted of health services, housing assistance, benefits counseling and other needs.

Total # of Clients Enrolled in Wellness Checks	Total # of Wellness Checks Performed
11	30

Peer Support Coordination

The Food & Friendship Connections Peer Support Coordination service model was developed with input from participants and the Affinity Group. The Peer Support Group Coordinator conducted a literature review to identify successful models and polled participants about the type of services they desired. Throughout the grant period the input from participants was sought to guide meetings.

The Peer Support Coordinator trained select members to lead the group. During the grant period, the program used two (2) trained volunteers to coordinate the service and five (5) Wayne State University student interns to work on strategies to enhance the program. The key recommendations from the WSU interns were to introduce a linkage to care model via social media creating innovative pathways to untapped resources. They also

recommended linking older adults living with HIV to young adults to share experiences.

Peer Support Coordination participants were enrolled in DAAA's PSC program by its Peer Support Coordinator. Weekly Peer Support Group meetings consisted of a check-in, some type of educational topic, and discussion led by the Peer Support Coordinator or the trained Facilitator. There were 17 total peer support program participants over the course of two years. Twelve individuals were served in FY 2021. Thirteen (13) were served in FY 2022.

Peer group members were most concerned with having access to resources and being a part of a safe stigma-free community. The connection that the participants formed was strong and extended beyond the weekly one-hour group meetings. The outcome that is most enduring are the friendships that were formed.

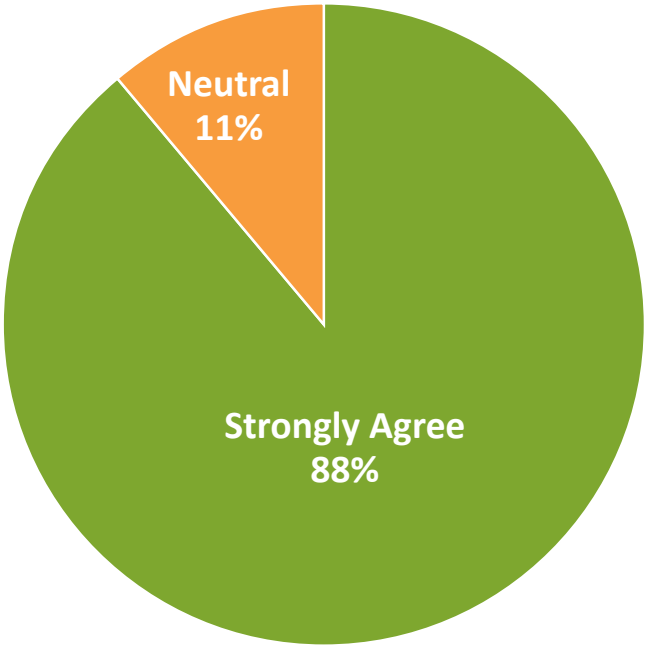
Food & Friendship Connections
Peer Support Program Targets

Group Enrollment: 50 Participants	Trained Volunteer Peer Support Specialists: 1 established group	90% of Peers find support groups valuable

Aim of Peer Support Coordination

- While group enrollment fell short of its aim, the numbers are consistent with other peer group numbers for this targeted demographic in similar programs within the provider network.
- Target was met for training and deploying peer support facilitators for the peer group. Two facilitators were trained and led group sessions for the duration of the program.
- An anonymous Likert Scale survey was used to assess participant satisfaction for 4 quarters that showed 96% of respondents either 'strongly agree' or 'agree that' FFC Peer Support added value to their lives.

"Food & Friendship Connections Adds Value to My Life"



Strongly Agree	8
Agree	0
Neutral	1
Disagree	0
Strongly Disagree	0

Quarter/Year	Responses of Peer Support Coordination Participants
04 / 2021	4
01 / 2022	6
02 / 2022	9
03 / 20212	8
4 Quarters	27

Number of Peer Support Coordination Meetings (June '21-Sept '22)

Total # of Peer Support Coordination Sessions	Total # of Clients Enrolled in Peer Support Coordination	Total # of Clients Trained to be Peer Support Coordinators	Total # of Students supporting PSC
47	17	2	5

Networking Opportunities for Social Engagement

The Food and Friendship Program offered networking events via email announcements or shared information during peer support group meetings by facilitator, coordinator or between peers. Other networking opportunities were offered provided by other partner and service providers.

To build relationships within Peer Support Coordination services, DAAA utilized other resources to bring peer support group participants together seasonally when safe to do so during the COVID-19 pandemic. These activities included the following:

Networking Opportities						
Event 1	Event 2	Event 3	Event 4	Event 5	Event 6	Event 7
'Sunny Summer Soiree', with Art Therapy by Quinn Art Therapy, PLLC August 26, 2021	'Early Fall Sprawl at William G. Milliken Park' Community Lunch. HIV-facts Trivia Contest. Sept. 30, 2021	'Virtual Winter Dinner Celebration' (Virtual due to COVID numbers uptick). Each peer member received Door Dash delivery and celebrated virtually. December 23, 2021	'Bringing in the Spring at the Charles H. Wright Museum' March 24, 2022	'Sun Up Sundown event at William G. Milliken Park' with a special Presentation HIV Health and Spiritual Wellness Coach, Sterling Sangoma, June 30, 2022	'Dinner with Friends Event.' Starters Bar and Grill Midtown, Detroit, Sept 29, 2022	'Winter Holiday' Celebration.' Holiday gift exchange and Dinner at Southern Fires, December 22, 2022
6	7	10	8	7	10	7

Transportation Services (Non-Emergency Medical)

Detroit Area Agency on Aging (DAAA) supported and coordinated Non-Emergency Medical Transportation (NEMT) services with Advance Seniors Healthcare Group (AHG) for Food & Friendship Connection program (FFC), through a Memorandum of Understanding (MOU).

AHG provided door-to-door transportation services to designations throughout the Metro Detroit area for 11 older adults living with HIV. Transportation services (NEMT) were scheduled utilizing an on-demand format, for medical appointments- non-Emergency. Programs participants contacted AHG directly to schedule their NEMT trips. In addition, AHG provided quarterly trip volume reports for all trips that were scheduled, to the DAAA Mobility Manager. Following, are trip volume and dates that has occurred as of September 30, 2022:

7/1 - 9/30	10/1 - 12/31	1/1 - 3/30	4/1 - 6/30	7/1 - 9/30	Total
8	0	12	31	101	151

Evaluation Plan & Methodology

During the project start-up, the Affinity Group's Evaluation Workgroup consisting of several representatives from Wayne State University School of Medicine Internal Medicine's Department provided guidance on the development of the evaluation plan of the program. This included the adoption of the key elements of the RE-AIM Dimensions framework (https://www.re-aim.org/) developed by Glasgow and colleagues to evaluate the program. This framework uses Reach, Effectiveness, Adoption, Implementation, and Maintenance to measure program success.

REACH – How Do I Reach My Targeted Population?

Developing a strategy for identifying, recruiting and enrolling older adults living with HIV became paramount as the Detroit Area Agency on Aging launched Food & Friendship Connections as the agency sought to target the population that was to be served. This marketing and outreach strategy was expected to be challenging given the stigma that is still associated with this chronic condition.

To expand its reach into the community, DAAA solicited the help of agencies whose mission aligned with serving this vulnerable population as well as other community stakeholders and partners. This unique marketing and outreach strategy focused on primarily using word of mouth, partner referrals, targeted advertising in traditional and social media-driven strategies to recruit participants. These strategies were supported through Affinity Group referrals, the dissemination of promotional flyers through e-blast, social media posts, and paid advertising placed in Between the Lines and Metro Times. The program staff also conducted information sessions for additional outreach opportunities. Program materials were added to the DAAA as well as partner websites. An

FFC team member also joined the Southeast Michigan HIV/AIDS Council (SEMHAC) to promote the program and solicit referrals. The promotional flyer below is the first marketing piece used to promote the program. Fifty Chromebooks were offered to participants during the initial enrollment period since services had to be rendered virtually or with minimal contact during the Covid-19 Public Health Emergency.

The DAAA believed that those who engaged in Food & Friendship Connections the most would have the best program outcomes. Therefore, the agency sought to focus on how it could reach the targeted population and engage them in various interventions:

- Number of assessments and wellness checks
- Number of programs services clients participated in during the grant period
- Participation in peer support group sessions
- Participation in food programs
- Participation in transportation

During the grant period, DAAA was able to provide a safety net for the 31 individuals who participated in the program after lowering its targeted numbers from 150 to 75 in Year II:

	Planned Clients	Actual Clients	%	Actual Units
Home-Delivered Meals	75	31	41%	8,611
Wellness Checks	37	11	30%	30
Peer Support Group	50	17	34%	47
Networking Opportunities	56	17	30%	7
Transportation	56	11	20%	151

In addition to the primary program of providing nutrition, peer support coordination and transportation services there were secondary goals which were to be attained during the program. The secondary goals of the program were to:

- Assess and address changing needs of patients/clients over time
- Strengthen partnerships with the Affinity Group members, and engage community volunteers and student interns
- Promote program agency to community
- Increase number of adults >60 with HIV utilizing organizations for community services over time
- Increase community awareness about Older Adults living with HIV

Over the course of the program, the FFC Team had access to client information through the assessments, wellness checks and peer support groups to provide wrap around support to participants. The Director of Nutrition Services, Program Manager, Nutrition Assessor and Peer Support Coordinator use this information to establish service plans and order services. In addition, key partners in the Affinity group were able to provide guidance. During the program, DAAA was able to engage 10 organizations serving this targeted population in its Affinity Group, a number of whom provided referrals. In addition, three vendors were contracted with to provide services.

DAAA's Communications team also assisted program staff to market the program as well as to increase awareness about the plight of older adults living with HIV via social and traditional media. An online article about the program was also published in FY-2022 and circulated throughout the State of Michigan.

Effectiveness – How Do I Know My Intervention is Effective?

To measure program effectiveness, DAAA focused on interventions that could demonstrate results. These measures included monitoring meal quality, wellness checks, viral loads and interaction with health care providers via CAREWare client data, Peer Support Coordination/Networking Opportunities, and Transportation services to measure program effectiveness.

- Wellness survey completion and any changes over-time (improvement with increased engagement),
- Improved CD4 counts and decreased viral loads,
- Number of times labs were completed and reported based on length of time participating in the program (every 6 months – 1 set of labs/visit to PCP or ID provided,
- Labs completed within 6-month intervals (+/- 4 weeks),
- Client satisfaction surveys should improve over time and with increased participation in the program.

Wellness Checks vs Quarterly Assessments

DAAA found that conducting at least three Quarterly assessments on participants was more than enough contact to check in on the status of participants. Since these assessments were conducted, only 11 individuals participated in the additional Wellness Checks. These individuals scored high on the UCLA Loneliness scale.

Analysis of Client Lab Data

In reviewing the baseline Viral Load and CD4 (t-cell) lab results in CAREWare upon program entry compared to one year of program participation in Food and Friendship Connections, the FFC Team observed the following:

- The participants remained relatively consistent in maintaining undetectable viral loads <200 and manageable CD4 cell counts >400 with the exception of two (2) outliers.
- Demographic data pulled from the Client labs show participant characteristics: 95% black, 5% white, 21% Identify as female, 79% Identify as male, 38% Identify as heterosexual, 38% Identify as gay males, 22% Identify as bisexual, and that 95% resided in Detroit and 5% resided in Highland Park.

Food & Friendship Lab Results

(N = 19 Clients)

HIV+ Diagnosis Date Ranges

1980:	5.3%
1991-1999:	47%
2000-2010:	52%
2011:	5.3%

Age Ranges of Lab Data

60 years - 82 years

Enrollment in 1 - 3 Services

3/22/2021 - 1/10/2022

(Participants in Lab Data)

Gender of Lab Cohort

15 Males

4 Females

CAREWare Lab Analysis

Sexual Orientation

Heterosexual:	38%
MSM:	38%
BI:	11%
Missing Data	13%

Viral Load Range

VL #1:	20 - 61
VL #2:	20 - 41,462
VL #3:	20 - 29,482

Results

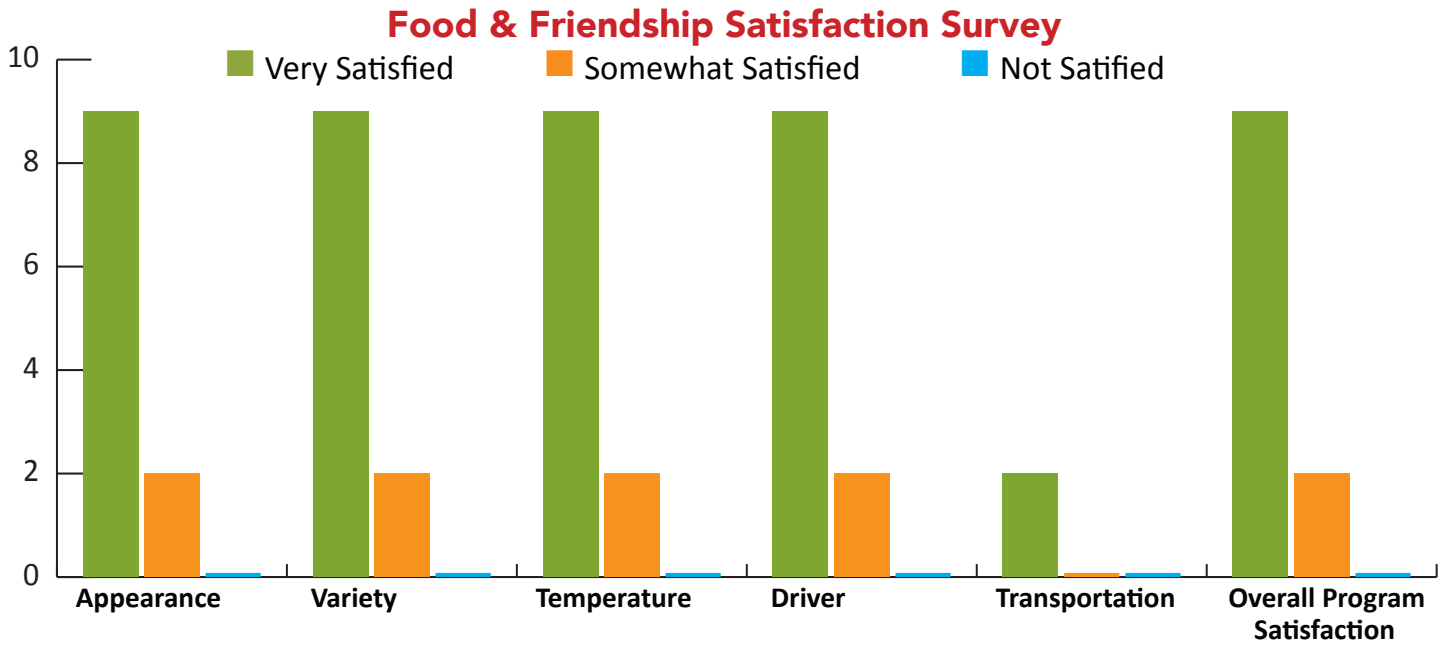
Results 1:	19
Results 2:	16
Results 3:	11

T-Cell Results

CD4 1:	154 - 1,395
CD4 2:	113 - 1,486
CD4 3:	405 - 1619

Food & Friendship Client Satisfaction Survey Data

- In examining satisfaction of participants with services, data was gathered regarding meal service, peer support coordination and transportation services. Transportation satisfaction data was collected by the vendor directly and not by Food & Friendship Connections. The following bar chart depicts the satisfaction level of meals through examining meal appearance, variety, temperature, driver, delivery and overall satisfaction of satisfaction surveys returned:



Of the nutrition participants responding to the Client Satisfaction Survey, 81.8% noted that they were very satisfied and 8% were satisfied and 0 were not satisfied. The majority of participants entered the program due to access to meal services. Over the course of the program, one participant left the nutrition program due to additional caregiver support when a loved one moved into their home and one exited the program due to the timing of their meal delivery.

Adoption – How to Develop the Institutional Support to Deliver the Services

As described in the Introduction, DAAA was able to garner support from the Michigan Department of Health and Human Services, regional partners and internal departments to implement Food & Friendship Connections. The funding and administrative support from the Bureau of HIV STI Programs as well as the ACLS Bureau was critical in the success of the pilot project. The Bureau of HIV STI Programs provided access to client tracking systems, training and financial compliance with HRSA funding. The ACLS Bureau staff coordinated monthly check ins with DAAA and TCOA where both Area Agencies on Agency provided updates and also technical assistance as needed. Both pilot sites shared valuable best practices as well as challenges.

The DAAA worked with its internal workgroup and Affinity Group partners to review every aspect of the program weekly, monthly and/or on a quarterly basis. These reviews looked at indications of engagement, as noted previously. Each enrolled participant's profile was reviewed on an individual level to look at changes in survey scores for each measurable outcome of the program, comparing participants to themselves if they have more than one point of engagement/evaluation to assess for change in behavior, wellness score, lab attainment and lab values.

The participants were compared to others based on engagement in program activities and outcome measures to assess the effectiveness of the overall program. The final analysis was completed by multivariate logistic regression. This regression used the outcome measure of categorical improvement in the validated UCLA Loneliness Scale (third edition). It is a 20-item scale designed to measure participants subjective feelings of loneliness and feelings of social isolation and was used by participants at initial enrollment and subsequent program engagements. The number of times a person completed this survey was a proxy for program engagement and the DAAA believed that the more a participant engaged in the program, the better their

overall wellness would be, as would be shown by decreasing loneliness scores throughout the course of the program. Challenges were shared with the Affinity Group as a whole or through Subcommittees focused on Marketing, Program Delivery and/or Evaluation.

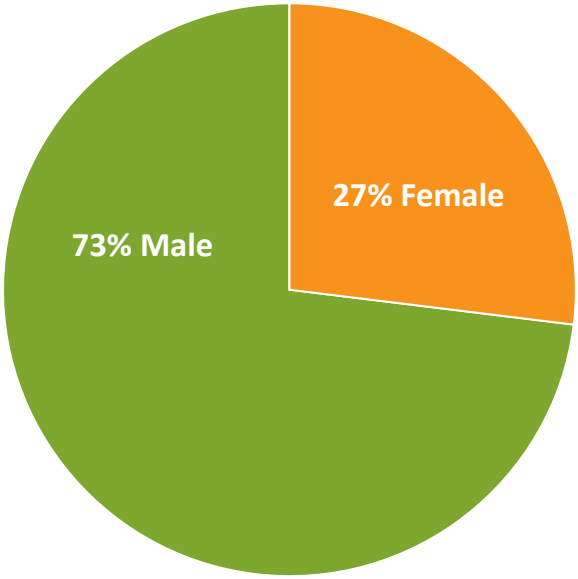
IMPLEMENTATION - How Can I Ensure That the Interventions are Delivered Properly?

To provide services to older adults living with HIV, DAAA's Food & Friendship Connections team executed the planning model and made adjustments as needed. A summary of those participating in the program follow:

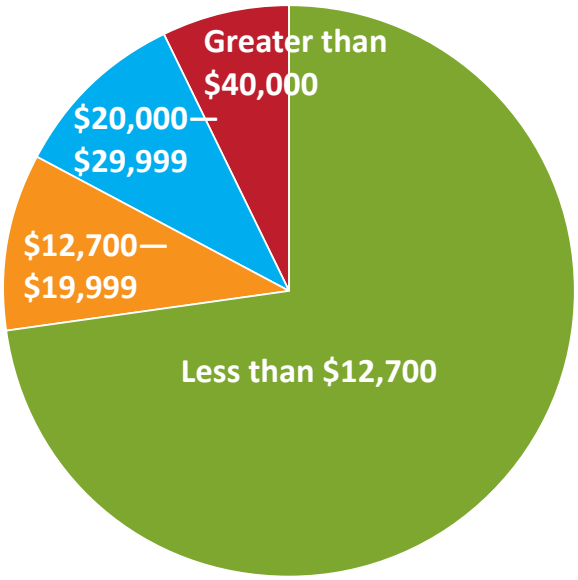
Results: Demographics of Participants Receiving Home-Delivered Meals

(Source: AIMS Database)

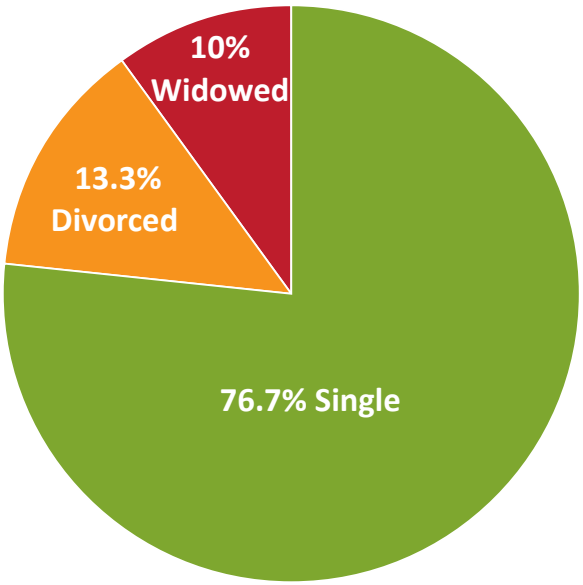
Gender of Meals Participants



Income Status



Marital Status



Source of Income

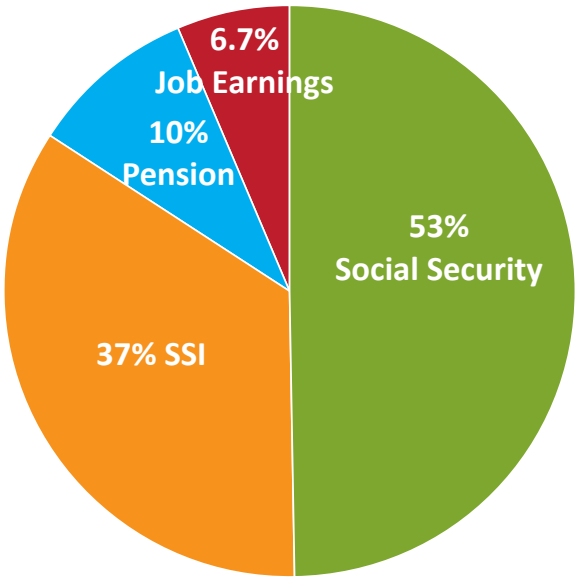


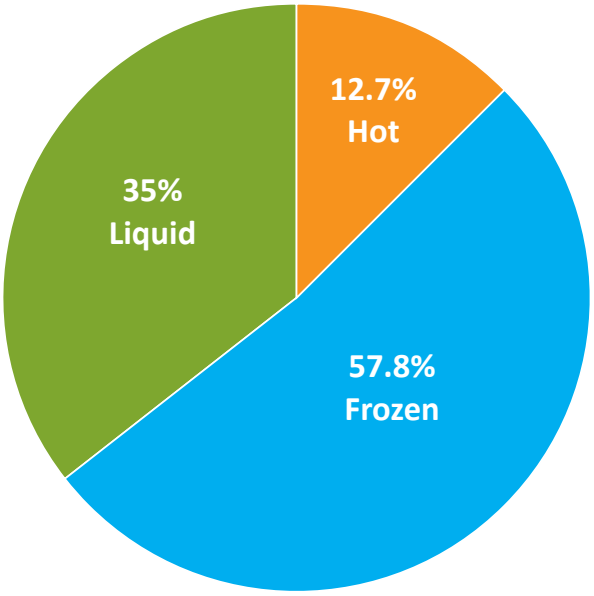
Table 1: Participant Demographics

Characteristic			Frequency, n	%
Sex				
	Female		8	27
	Male		22	73
Marital Status				
	Single		23	76.7
	Married		0	0
	Divorce		4	13.3
	Widowed		3	10
Employment Status & Income				
	Employed		2	6.7
	Social Security		16	53.3
	Pension		3	10
	SSI		11	36.7
	Income			
		<$12,700	22	73.3
		$12,700 - $20,000	3	10
		$20,000 - $30,000	3	10
		$30,000 - $40,000	0	0
		>$40,000	2	6.7
	Bridge Card		19	6.3
	Homebound		9	30
	Limited Finances for Food		10	38.5
Health				
	Health Insurance Coverage		29	96.7
	Hospital Discharge w/in 14 days		4	13.3
	ER visit w/in 12 months		11	36.7
	3+ medications/day		22	88
	10 lb weight change in last 6 months		6	20
	3+ Alcoholic beverages/day		1	4
	Influenza Vaccine		29	96.7
	Covid Vaccine		29	96.7
	Oral Health Concerns		4	16
	Dentures		15	50
	Hearing Aid		4	13.3
	Glasses		21	70
	Cane		15	50
	Walker		13	43.3
	Scooter		2	6.7
	Prosthetic		2	6.7
	Need transportation to pharmacy		20	66.7
Housing				
	Heat Assistance needed		2	6.7
	Hot water		29	96.7
	Fans/Air condition		28	93.3
	Unable to cook, shop, feed self		5	19.2

Demographic Characteristics

- **31 total clients were served during the two years. FY'21 = 22 clients and FY'22 = 9 Clients**
- **31 total clients participated in the Meals programs. FY'21 = 27 and FY'22 =9 clients**
- **Total number of meals served:**
  - **Hot 1,098**
  - **Frozen 4,465**
  - **Liquid 3,048**
- **FY'21**
  - **Hot 310**
  - **Frozen 1,122**
  - **Liquid 144**
- **FY'22**
  - **Hot 788**
  - **Frozen 3,254**
  - **Liquid 2,904**

Meal Type Provided During Grant Period



Feedback

As the Food & Friendship Connections Team analyzed program implementation, it reviewed reasons why participants enrolled in the program or exited to improve the customer service experience to make improvements over time. A summary of reasons for joining or existing the program are highlighted below:

Participants' Reasons for Joining /Exiting the program

ENROLLED

- Majority of the clients were interested in the program due to their need for food assistance
- 2 clients enrolled only in Peer Support, both for social engagement

EXITED

- 1 client left the program due to being enrolled in rehab
- 1 client left the meal program due to family member moving in and assisting with food provision and preparation
- 1 client died while enrolled in the program
- 2 declined the meal services due to the timing of the meal delivery
- 4 clients that were removed due to inability to contact (Unable To Contact).

The Program Participation Measures Table below highlights some of the characteristics, behaviors and preferences of program participants during implementation:

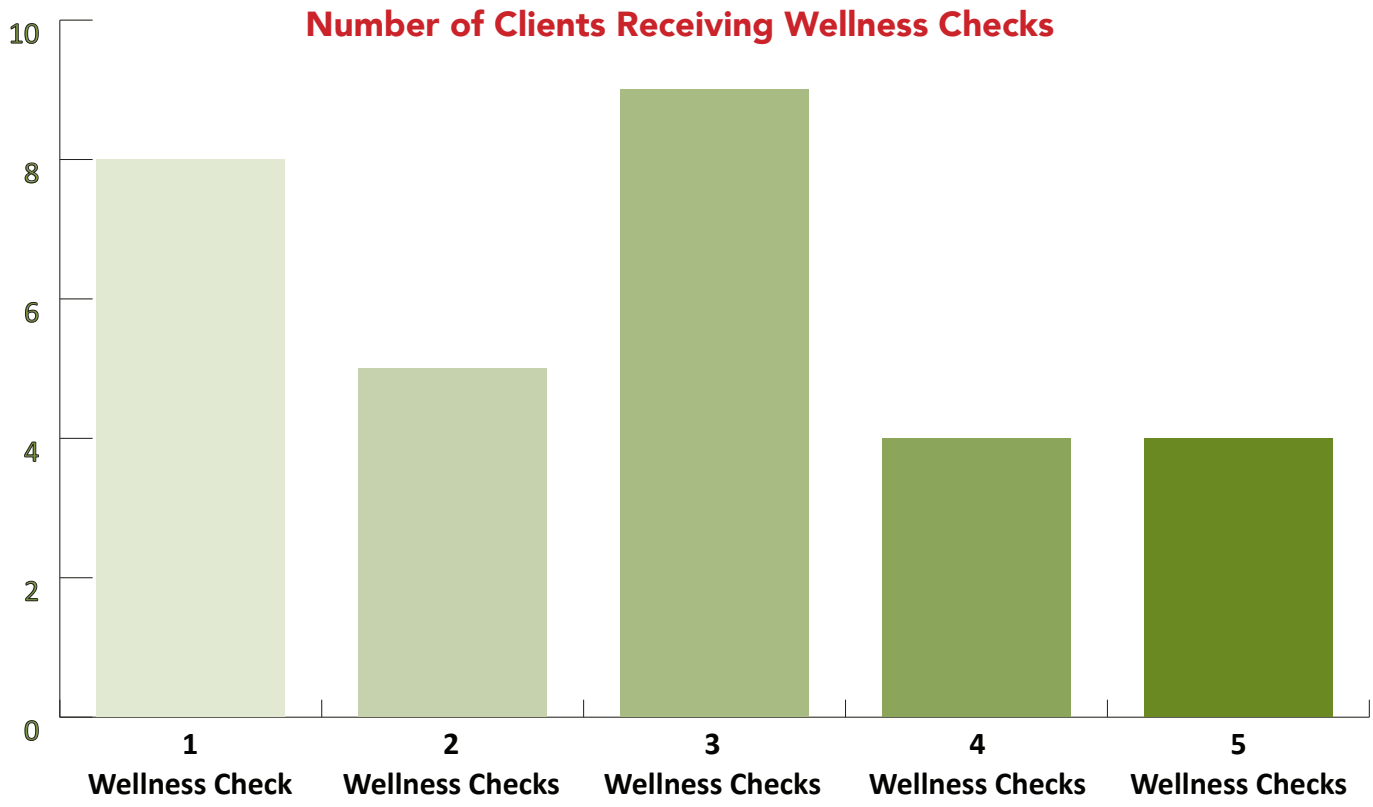
Table 2: Program Participation Measures			
Program Participation & Interest		**Frequency, n**	**%**
Eating Habits			
	Eat alone	27	90
	Eat <2 meals/day	10	40
# of Loneliness Assessments			
	1	8	26.7
	2	5	16.7
	3	9	30
	4	4	13.3
	5	4	13.3
# of Wellness Checks		10	33.3
Participation in Food Delivery Programs		30	100
	Liquid Meals	5	16.7
	Frozen Meals	18	60
	Hot Meals	8	27.7
	Fresh Fruits & Vegetables	28	93.3
Support Group Interest		27	90
	Women's group	3	11.1
	Men's group	9	33.3
	LGBTQ+ group	2	7.4
	Married Couples	1	3.7
	Other	9	33.3

Wellness Checks

As the Food & Friendship Connections Team implemented wellness checks, it became apparent that it would be difficult to cleanly tie some behaviors to interventions because of the inability to take a deep drive into analyzing participant data. However, there are some linkages of wellness checks, peer interactions and meal delivery to some positive loneliness outcomes while introduction of the nutritional meals, transportation and referrals to services via wellness checks were not easily linked. Some of the hypothesis for the impact of interventions on participants are highlighted below followed by results in some instances:

Expected Behavioral Changes

- Change in Participant's Nutritional Status (Hot, Frozen and Liquid Meals)
- Change in Participant's Access to Community Resources (Wellness Checks)
- Change in Participant's Social Engagement (Peer Support Coordination/Networking Opportunities)
- Changes in Health and Health Behaviors over time (Increased Access to Care & Medical Transportation)



Goal achievements

The following table depicts changes in loneliness scales resulting from Wellness Checks and potentially other factors such as peer support coordination and/or networking. Keep in mind that this program was piloted during the Public Health Emergency resulting from the Covid-19 pandemic.

Table 3: Loneliness Assessment Results		
Change in UCLA Loneliness Score	n	%
Score improved	11	36.7
Score worse	1	3.3
Category Improved	5	16.7
Category remains same	17	56.7
Category worse	0	0
Only 1 assessment completed	8	26.7

37% of Participants Showed Improvement in Socialization

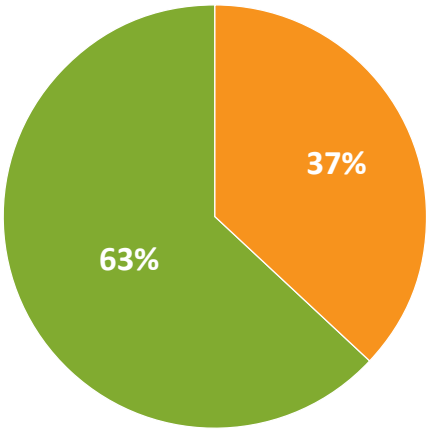


Table 4: Loneliness Score Improvement (numbers) based on Food Program Participation		
Measures	p-Value	95% Conf. Interval
Number of Overall Program Engagements	0.008	1.48, 14.53
Liquid Meal Program	0.925	0.03, 50.80
Hot Meal Program	0.227	0.2, 1091.5
Frozen Meal Program	0.801	0.03, 80.95

Table 5: Loneliness Score Improvement (categories) based on Food Program Participation		
Measures	p-Value	95% Conf. Interval
Number of Overall Program Engagements	0.086	0.09, 5.11
Liquid Meal Program	0.71	0.055, 71.21
Hot Meal Program	0.754	0.04, 78.91
Frozen Meal Program	0.801	0.01, 2.88

Participant and Staff Perspectives

During program implementation, the participants' and staff perspective on programs were collected and are featured below:

Participants

- "I truly look forward to our meetings because I stay to myself quite a bit"
- "I enjoy these meetings. When I attend, I have a sense of purpose. I enjoy having a friendship among people that have the same medical issues. Even family can ostracize you and make you feel worthless. But not in this group...and this I appreciate whole HEARTEDLY."
- "Peer support meetings brighten my week."
- My peers are like family and we each get to speak our minds without criticism."

Staff Perceptions

- "Stigma causes a kind of Post Traumatic Syndrome Disorder (PTSD) for many folks and becomes a barrier. People fear seeking treatment or disclosing their diagnosis with their families and friends. So, they might not get the services and support that they need."
- "Food and Friendship Connections is a safe space."

MAINTENANCE – How Do I Incorporate the Intervention So it is Available Long Term?

After the two-year pilot ended, DAAA incorporated the program into its service delivery portfolio.

- All meal clients were absorbed into the regular Home Delivered meals program whether they were receiving hot, frozen, or liquid meals.
- Individuals that were participating in Peer Support Coordination services continue biweekly to maintain the relationships that were forged during the two-year grant period.
- Networking opportunities continue to be provided quarterly.
- Transportation services are continued through referrals and/or directly to networking events.

Key Lessons Learned

A few key lessons were learned through the implementation of the Food & Friendship Connections Program:

- There is a PLWH 55+ population in the DAAA service area that continues to need nutrition services and other support to improve their quality of life, health and social engagement.
- Meal services and peer support helped the participants loneliness scale scores improve during the COVID-19 Pandemic when residents were being asked to minimize close contact.
- Ryan White funding is very specific about what it can be used for in terms of services. Therefore, future programs considering starting a Food and Friendship Connections program may want to consider securing different or supplemental funding that allows for greater latitude for expenditures.
- Use of Ryan White funding may require significant program reporting where confidentiality is paramount. Program staff utilized Electronic Grants Administration & Management System (EGrAM), CAREWare, and SHOARS for program reporting in addition to DAAA's Aging Information Management System (AIMS).
- Establishment of an Affinity Group consisting of organizations serving PLWH can assist organizations to fast track the planning and development of their programs and serve as a point of referrals.
- Strategies utilized for outreach and marketing should take confidentiality of participants into consideration as well as focus on targeted referrals.
- Offer as many food options as possible for participants including hot, frozen, liquid and catered meals for special events.
- Participants really appreciated the 'Lunch and Learns' events at local parks allowing for food, friendship and gaining knowledge regarding a wide variety of subjects. For example, some networking opportunities have

consisted of art therapy, HIV facts trivia contest, museum visits, attending a theatrical performance and candle-making.

- Participants preferred selecting topics for educational workshops that were of interest to them.
- Transportation services increased access to medical appointments, other destinations and program events. Options included door-to-door transportation, ridesharing and Lyft Concierge services.

Conclusion

Older adults living with HIV are a key vulnerable population within some urban, suburban and rural communities that need a safety net to improve their quality of life. A number of these individuals have chronic illnesses, few familial supports and need social engagement. Programs that connect them to health care, peer support, nutrition services and social engagement can significantly improve their lives if shaped with their interest and input in mind. Partnering with organizations that service PLWH can assist organizations who have not previously served this population. Ryan White funding through State government, when coupled with other resources, can improve, and enrich the lives of this vulnerable population.

Recommendations

1. Organizations who would like to provide similar services should consider securing funding that allows for the types of social events that the participants want to engage in through a Food and Friendship Connections Program.
2. Consider supplementing Ryan White funding with other more flexible funding to support your program.
3. Establishment of an Affinity Group consisting of organizations that service PLWH can assist in fast tracking the development of a new program and provide referral opportunities.
4. Develop a marketing and outreach strategy that generate agency and word-of-mouth referrals rather than region-wide marketing to maintain confidentiality of participants. The later approach can be used to increase awareness about PLWH.
5. Carefully examine the frequency of Wellness Checks are needed and warranted and allow participants who are not interested to opt out.
6. Incorporation of peer support services and networking opportunities shaped by participants can provide immeasurable satisfaction to participants and provide social engagement and support to PLWH.
7. Using volunteers with the same or similar diagnosis as the participants as peer support group leaders is appreciated and preferred by participants. The participants of the peer support group valued having peer support services facilitated by someone who is also living with HIV.
8. Organizations replicating these services should examine ways to provide transportation including door-to-door transportation, ridesharing, and Lyft Concierge services. This provides connectivity to medical transportation, grocery shopping and program activities.
9. Carefully evaluate who you want to evaluate your program if using an outside evaluator and put the plan in place upfront.
10. Consider preparing a final report and toolkit to support replication as well as disseminating findings through Innovation and Achievement Awards and state, regional or national conferences.

Appendix

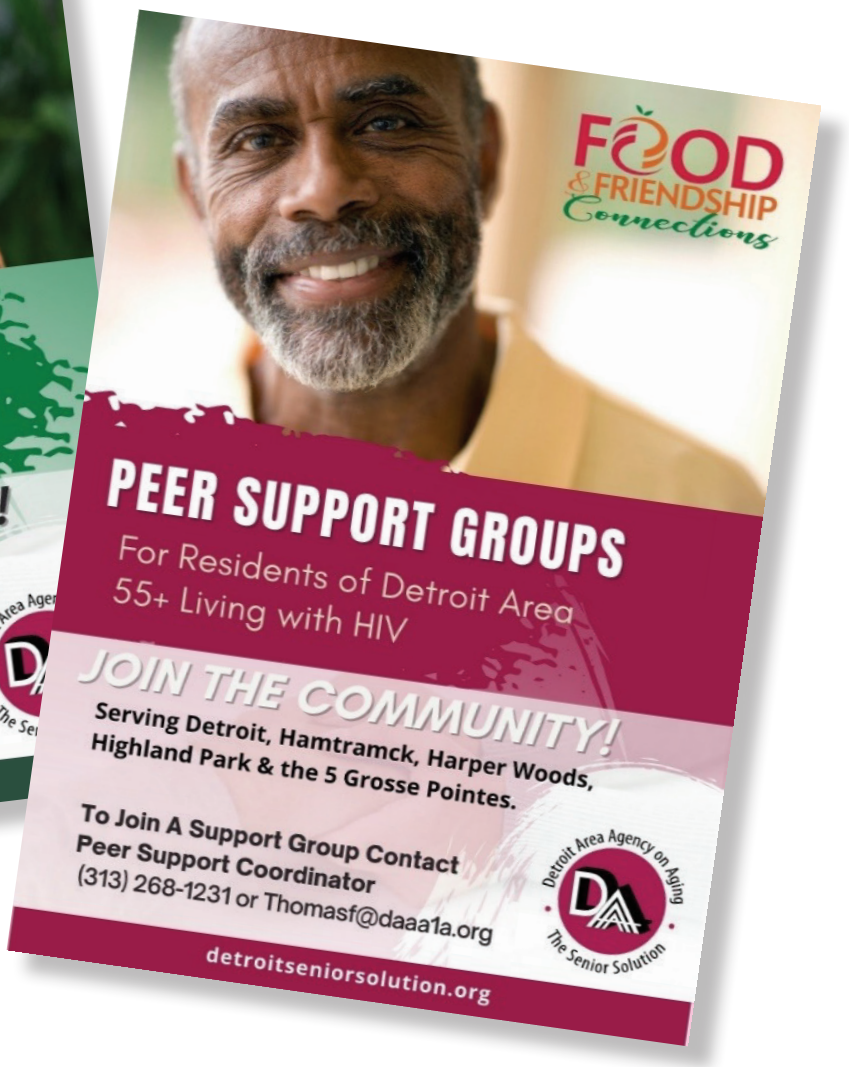
A. Marketing and Outreach Materials

- Promotional Flyers
- Student Interns social media marketing option
- Online Article

B. Work Flow Matrix

C. Glossary of Terms

D. Assessment Guide



Program brings friendship, needed resources to older adults living with HIV in Detroit and Lansing

Seventy-five Detroit- and Lansing-area residents have benefited from a pilot program called Food and Friendship Connections, which offers meals, transportation, and community for older adults living with HIV.

www.secondwavemedia.com

Work Flow Matrix

Marketing and Outreach	Promotional Flyer, Kicker Cards, Social Media, PSA Release, SEMHAC,
Partner Recruitment/ Referral	Partners review Caseload and Identify 10 – 20 participants and reach out to encourage referral to Food & Friendship Connections
Self-Referrals	Older adults completes intake and screen from I & A Call Center (Time Frame: 1 & 3)
Referral to Food & Friendship Connections	1. I & A Referral to Led Nutrition Assessor (LNA) 2. Lead Nutrition Assessor verifies eligibility: CareWare Search: Verify Age, Residency and Existing Lab Work for Eligibility (Time Frame: 1-3 days) 3. If new Participants Requests Prospective Enrollee to obtain needed physician "referral" and Labs (Time Frame: 7-14 days) Assist client w/ appointment for labs
CAREWare Verification – PCP and Labs	If PCP / Labs are current, enrolls participant in DAAA services and creates/ updates progress notes
Scheduling of Initial Assessment	LNA schedules Telephonic Initial Assessment / Peer Support Coordinator PSC Updates Client Record in CareWare (Time Frame: 1-3 days)
Development Service/Care Plan	Assessor Team (Program Manager and Lead Nutrition Assessor Creates Service Plan with Participant (Client notes in CareWare) (Time Frame: 1-2 days)
Ordering of Services **(Time Frame After Enrollment: 10 Business Days)**	Services in the Care Plan are ordered: 1. Program Manager orders Hot or Frozen meals from Precise or TRIO (Thursday for the following week) – Emergency meals ordered as needed 2. Liquid Nutrition is ordered from TRIO Community Services if participants needs a nutrition supplement 3. Participant is matched with other participants in a Peer Support Group – Start Up date is scheduled 4. Participant Transportation Schedule shared with Transportation Manager 5. Wellness Check Frequency Scheduled and tracked Care Plan uploaded into CAREWare / Manual Client File 6. Participants invited to Education and Training as well as Social Networking activities virtually or face-to-face

Monthly Wellness Check	1. Schedule Monthly Wellness Check Up / Update Progress Notes in CAREWare 2. Determine protocol for more frequent wellness check-up and need for referrals to other services / mental health intervention - depression
Peer Support Group Scheduling, Tracking & Monitoring	1. Develop protocol / criteria for matching participants in Peer Support Groups 2. Develops PSG Schedule MT, Zoom, WebEx to protect privacy 3. Confidentiality Sign Off / Etiquettes 4. Monitoring Peer Support Groups in collaboration with student interns/staff team 5. Tracking all PSGs and updates client progress notes so units are counted monthly
Bi-Monthly Educational and Training and Social Networking Opportunities	1. Polls/surveys participants to obtain their input and interest in educational topics and networking activities 2. Peer Support Groups works with participants and partner agencies to make educational seminars/webinars and social networking opportunities available 3. Creates Events Calendar – Educational Sessions and Social Networking (weekly, monthly, bi-monthly, quarterly, annually) 4. Promotes educational opportunities 5. Tracks in participant records
Client Satisfaction	1. Program Evaluator/Partners develop client satisfaction forms: Participant, Volunteer and Partner 2. Perform Participant Survey Semi-Annually 3. Perform Student Survey – May 2021 4. Perform Six Month Partner Survey – August 2021
Annual Review – CAREWare / Re-Enrollment	Team completes Annual Review in CareWare – September 2021 to determine Carryover – FY 2022
Monthly Program Reports	F&FC Team prepares Monthly Report – Clients/Units Served, New Enrollments, Services delivered so this can be reconciled with Finance / Vendors
Quarterly Reports	Supervisor to prepare Quarterly Report - EGRAM
Monthly Financial Status Reports	Gil Lopez follows up with Finance to review and ensure submission
Program Evaluation – Year One (FY 2021)	DAAA and Affinity Partners work with WSU School of Medicine (Internal Medicine) to complete program evaluation
Public Awareness Campaign	Affinity Group raise awareness about needs of Older Adults Living with HIV (Editorials) - DMC, City of Detroit, FQHCs, LGBT Detroit
Policies & Procedures/ Protocols	Director of Nutrition, Create protocols and procedures for the program.

Glossary of Terms

Affinity Group – A group of individuals linked by a common purpose, ideology or interest that was brought together to develop services for older people living with HIV.

AIMS - Aging Information Management System (AIMS) is a client tracking system created and managed by Saber Corporation that is used by the Detroit Area Agency on Aging

CAREWare - CAREWare is a free, electronic health and social support system for Health Resources & Services Administration (HRSA)'s Ryan White HIV/AIDS Program recipients and providers first released in 2000.

EGRAMS – Electronic Grants Administration and Management System used by Michigan Department of Health and Human Services to manage grant agreements and aid users in the grant application and reporting process.

Food & Friendship Connections – A program for older persons living with HIV developed by the Detroit Area Agency on Aging for individuals in the Detroit Area. Piloted from 2021 through 2022, it continues to provide nutrition services, peer support, networking opportunities and limited transportation to these 60-plus individuals.

HIV/AIDS - Human immunodeficiency virus or acquired immune deficiency syndrome. HIV damages the immune system and interferes with the body's ability to fight infection and disease. HIV spreads through contact with infected blood, semen, or vaginal fluids. There is no cure, but medications can control the infection and prevent disease progression. Currently, there are fewer than 200,000 US cases per year.

HRSA - Health Resources & Services Administration is a division under the US Department of Health and Human Services

PLWH – Acronym for People Living with HIV/AIDS, a human immunodeficiency virus or acquired immune deficiency syndrome

RE-AIM - A framework to guide the planning and evaluation of programs according to the 5 key RE-AIM outcomes: Reach, Effectiveness, Adoption, Implementation and Maintenance.

Ryan White Care Act - Legislation that created the Ryan White HIV/AIDS Programs that provides a comprehensive system of care that includes medical care and support services for people with HIV who are uninsured or underinsured. The program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. It is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) HIV/AIDS Bureau.

Security and Privacy Training - Annual training that promotes compliance to HIPAA and the Privacy Act.

SHOARS - SHOARS is a customer relations software that is better known as STI/HIV Operations and Resource System introduced in Michigan in 2022.

Viral Load - The amount of virus in an infected person's blood. This is demonstrated through the number of viral particles in each milliliter of blood. A higher viral load can have different implications for different viruses but typically means the infection is progressing.

MEMORANDUM OF UNDERSTANDING

Detroit Area Agency on Aging

and

_____

Purpose

This Memorandum of Agreement establishes the responsibilities and procedures for the Detroit Area Agency on Aging and members of the Food and Friendship Connections Affinity Group to support the planning, development and implementation of the Older Adults Living with HIV Program. The purpose of Food and Friendship Connections is to improve or maintain the health and welfare of older adults living with HIV through the strengthening of their supports and services. The desired program outcomes include reducing social isolation, improving the health and nutrition status of those served and increasing access to care, information and other needed resources. As a result of participation in the program, it is also anticipated that participants will increase their knowledge and use of community resources, decrease depression and social isolation, become more socially connected, and experience improved health and nutritional status.

Period of Agreement/Mailing Address

This Memorandum of Agreement between Detroit Area Agency on Aging (hereinafter referred to as DAAA) with a mailing address of 1333 Brewery Park Blvd., Suite 200, Detroit, Michigan 48207-4544, and _____ (hereinafter referred to as Affinity Group member) with an administrative mailing address of _____, is effective February 1, 2021 through September 30, 2022.

Contact Information

DAAA Administrative Contact: Anne Holmes Davis, Vice President-Planning & Program Development

Telephone: 313-446-4444, ext. 5803

Email: davisanne@daaa1a.org

Affinity Group Contact:

Telephone:

Email:

Alternate Contact:

Telephone:

Email:

Affinity Group Member Responsibilities

The Affinity Group Member agrees to:

1. Participate in Affinity Group meetings to support the planning, development and implementation of the Older Adults Living with HIV.
2. Participate in at least one Subcommittee and/or adhoc Committee to support the development and ongoing services.
3. Provide an alternate staff representative, where possible to encourage engagement in the program.
4. Provide ideas about the development and implementation of the program that would meet the needs of older adults living with HIV while maintaining their privacy, independence and dignity.
5. Promote the program to their program participants who could benefit from the program as well as to the larger community.
6. Provide clinical, education and training and other services to eligible participants in alignment with HRSA and Michigan Department of Health and Human Services / Aging and Adult Services Agency.
7. Make referrals to the program of older adults who are age 60 years and over who are verified as being HIV positive/City of Detroit residency under the CareWare information tracking system guidelines. Each partner making referrals should track the number of monthly referrals to DAAA. Service referrals should supplement and not duplicate efforts of both organizations.
8. Participate in education and training, program evaluation and other program promotion activities.
9. Protect the privacy of client information in alignment with HIPAA guidelines and the Privacy Act as supported by the Business Associate Agreement.
10. Provide input into the final report to share lessons learned and to promote improvements in the program.

DAAA Responsibilities

1. Maintain copies of the Food and Friendship Connections Affinity Group Agreement.
2. Provide an orientation of Affinity Group members to the Older Adults Living with HIV.
3. Provide Written, MS Outlook, Zoom and/or Microsoft Office invites to member organizations.
4. Engage members in the planning, development and implementation of the program.
5. Provide updates to membership on program outcomes.
6. Work with Affinity Group members to market the program through traditional/social media and outreach efforts internally and within the broader community.
7. Submit all required program reports to funders and reporting agencies.
8. Make referrals of participants to Affinity Group members, when appropriate.
9. Accept referrals of member agencies to DAAA programs and services.
10. Engage members in the evaluation of the program during Year one and adopt ongoing continuous quality improvement (CQI) measures to support quality services.

Participant Referrals

1. All Participants Food and Friendship Connections Referral forms are to be sent to DAAA to the attention of Nutrition Services Department.
2. Participants referred should be verified as being a City of Detroit resident, 60 years and over who are verified to be HIV positive in the CareWare system with appropriate lab work.
3. A Client Release of Information (ROI) must accompany the Referral form and/or be verified in the CareWare client tracking system.

Confidentiality

All client information is to be handled in a private, confidential manner. Information shall not be disclosed without the individual's informed consent. Affinity Group members providing client referrals will do so while maintaining privacy and a ROI.

Insurance

All Affinity Group member organizations agree to maintain proper insurance during the term of this contract, for its employees performing any service.

Affinity Group member making referrals shall hold DAAA harmless and the Detroit Area Agency on Aging shall do the same.

Termination & Amendments

Either party may terminate this Agreement at anytime by giving thirty (30) days prior written notice to the other party. This Agreement may be amended upon written approval of the parties at any time.

This Agreement contains all the terms and conditions agreed upon by the parties. No other understanding, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind any of the parties.

Authorization

Signing below indicates the individual is duly authorized to enter into this Agreement on behalf of the organization, and assures compliance with the terms of this Agreement as described herein.

Detroit Area Agency on Aging

_____
CEO

_____
Date

Affinity Group Member /Authorized Official

_____
(Signature)

_____
(Printed Name & Title)

_____
Date

Food and Friendship Connections Assessment

Date: _____ ID#: _____ Assessment Re-Assessment

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Marital Status: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____ Permission to Contact EC: _____

Financial Status:

1. In the last 6 months have you been unable to afford food?
   - ☐ Yes
   - ☐ No
2. Do you receive bridge card assistance?
   - ☐ Yes
   - ☐ No
3. Do you have transportation to get to/from medical appointments/pharmacy?
   - ☐ Yes
   - ☐ No

Nutritional Information:

4. Do you require a liquid diet?
   - ☐ Yes
   - ☐ No
5. Do you prefer hot meals delivered daily (Monday – Friday)?
   - ☐ Yes
   - ☐ No
6. Do you prefer 5 frozen meals delivered once per week?
   - ☐ Yes
   - ☐ No

7. Would you say for diet consists of healthy foods?

☐ Yes
☐ No

8. Do you east alone most of the time?

☐ Yes
☐ No

Health Status

9. Have you been discharged from a hospital in the last 14 days?

☐ Yes
☐ No

10. Have you visited the Emergency Room in the last year?

☐ Yes
☐ No

Assistive Aids – ADL's

11. Do you currently use any of the following:

☐ Walker
☐ Cane
☐ Scooter
☐ Prosthetic
☐ Dentures
☐ Glasses
☐ Hearing Aide

Home Status

12. Are you homebound?

☐ Yes
☐ No

13. Do you need assistance heating your home?

☐ Yes
☐ No

14. Do you have fans or air conditioning?

☐ Yes
☐ No

15. Does your home have hot water?

☐ Yes
☐ No

Mental Health Status

16. Do you have an adequate support system?

☐ Yes
☐ No

17. Do you live alone?

☐ Yes
☐ No

18. Do you have feelings of isolation?

☐ Yes
☐ No

19. Do you have feelings of depression or sadness?

☐ Yes
☐ No

20. Would you say your mental state is happy?

☐ Yes
☐ No

Pre-Survey

1. How would you rate your current mental health?

☐ Good
☐ Fair
☐ Poor

2. Do you feel isolated or lonely?

☐ Yes
☐ No

3. Do you have a lack of food?

☐ Yes
☐ No

4. Are you ever unable to get to the pharmacy/medical appointments due to lack of access to transportation?

☐ Yes
☐ No

5. Do you participate in any socialization events (virtual or in-person)

☐ Yes
☐ No

Post-Survey

1. How would you rate your current mental health?
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

2. Do you feel as isolated or lonely as you did a year ago when you started the FFC program?
   - ☐ Yes
   - ☐ No

3. Have you improved any food insecurity that you had a year ago due to your participation in the FFC program?
   - ☐ Yes
   - ☐ No

4. Has having reliable transportation available to you been beneficial?
   - ☐ Yes
   - ☐ No

5. Has your participation in social events increased from a year ago?
   - ☐ Yes
   - ☐ No

6. Has your participation in this program improved your quality of life?
   - ☐ Yes
   - ☐ No