

# 2008 Senior Nutrition Task Force

October 10, 2008

10:00 a.m. – 2:30 p.m.

Whitney Senior Center, St. Cloud

## **Attendees**

Barb Arrell, Senior Services Consortium of Ramsey County  
Kari Benson, MN Board on Aging staff  
Margaret Bisek, MN Board on Aging staff  
Monica Douglas, Lutheran Social Service  
Rolf Hage, MN Board on Aging staff  
Ruth Hunstiger, Catholic Charities of St. Cloud  
Gail Jerve, Prairie Five  
Grace Lee, MN Board on Aging  
Beth Nelson, Task Force Chair, MN Board on Aging  
Marilyn Ocepek, Arrowhead Economic Opportunity Agency  
Mary Pat Raimondi, Facilitator, The Milestone Group  
Dawn Simonson, Metropolitan Area Agency on Aging  
Arlene Theye, Southeast MN Area Agency on Aging  
Ellie Vollmer, MN Board on Aging  
Lori Vrolson, Central MN Council on Aging  
Jean Wood, Executive Director, MN Board on Aging staff

## **Proposed Workgroups**

Jean Wood opened the meeting by proposing two workgroups that would begin to meet in Nov/Dec 2008 and continue after the end of the formal task force process. MBA staff are looking for provider and AAA volunteers to participate in these workgroups. Volunteers do not have to be members of the task force.

- Data Workgroup – objectives: 1) identify and facilitate implementation of technology that might include bar code cards, scannable participant registration forms, and finger print tracking; 2) establish benchmarks to reach 100% participant registration form completion; and 3) identify statewide data components that will be utilized to inform nutrition program planning.
- Contracts Workgroup – objectives: 1) update and streamline the contracting process; 2) conduct statewide RFP for CY 2010, using new contract forms and process; 3) establish statewide standardized cost definitions and program standards; 4) identify methods to minimize provider risk (including mid-course contract renegotiations); 5) ensure payment of necessary, allowable and reasonable costs.

## **Presentation: “What’s Going On? Interviews with other State Units on Aging, Area Agencies on Aging and Service Providers”**

Mary Pat Raimondi presented her findings from interviews that she conducted with seven states regarding their Senior Nutrition Programs at the state, regional and local levels. See attached powerpoint presentation.

- The task force discussed the nutrition risk assessment currently included in NAPIS. The DETERMINE your nutrition risk checklist is meant to be self-administered as a beginning step in eating more healthy. It was not meant to be used as an assessment conducted by a professional. The task force agreed that we need to follow-up on the nutrition risk assessment in order to make it a meaningful activity and to really support a person’s efforts to minimize their nutrition risk. Are there other assessment tools we should use? Who should do this assessment? When should it take place? The task force agreed that we should provide feedback to AoA on nutrition risk questions and possible alternative tools.
- The task force discussed eligibility determination. This is the reason why the nutrition service providers have to do an A-133 audit, because they determine eligibility. Who should do the eligibility determination? Should it continue to be the providers? Should it be in a different part of our aging services system?
- The task force requested that Mary Pat/Kari find and share the effectiveness data on the Chef Charles program.
- The task force requested that Mary Pat/Kari learn more about the bar coding technology used in King County, Washington.
- The task force discussed the need to determine the costs and benefits of the various program models currently being implemented in the state – volunteers vs. paid staff, bundled delivery vs. HDM, etc.

## **Workgroup Assignments: OAA Targeting Requirements What should Minnesota’s targeting priorities be for the Senior Nutrition Program?**

### Workgroup 1: Older individuals with greatest economic need

1. Referring to the OAA definition, how many of our current participants meet this criteria? How do we know this? Are they participants of the congregate program or the home delivered meals program or both?
  - NAPIS – other registered services, Census, other government data (food stamps (use of EBT – by age), hunger studies, inference on income
  - Not much difference between home delivered meal participants and congregate dining participants
  - Legislative Commission to End Poverty 2020
2. How many current non-participants meet this criteria? How do we know this?
  - Medicare Savings Program – provide estimates of eligible individuals who are not participating, at 135% poverty level

3. What more do we need to know? What data do we need?
  - See above
4. Is this a target group for the congregate program? Home delivered meals program? Or both?
  - Income – target for both
5. How much emphasis do we want to place on meeting the nutrition needs of the individuals that meet this criteria? How much emphasis for the congregate program? How much emphasis for the home delivered meal program?
  - Not highest priority
  - Social/isolation, at risk for institutional placement and nutrition risk are higher priorities
6. What other service programs reach this target group? What are the opportunities to coordinate with/integrate meals into their service delivery?
  - Individual with the lowest income have the richest benefit set through EW or AC. Title III-funded meals need to be targeted to those individuals who are not yet financially eligible for AC.
  - Need to look at assets. But, currently, the nutrition program registration forms do not ask about asset levels.
  - Need to take into account other resources to serve the 60+ population – EW, AC, food stamps, etc.
  - What does targeting mean? Define. How does it apply? Should compare existing sites' experiences with the data that we use to chart need.

#### Workgroup 2: Older individuals at risk for institutional placement

1. Referring to the OAA definition, how many of our current participants meet this criteria? How do we know this? Are they participants of the congregate program or the home delivered meals program or both?
  - It varies by region in the state – west central: majority of participants in both programs meet this criteria; northeast: majority of home delivered meal recipients, less than half of congregate; metro: majority of home delivered meal recipients, 10-15% of congregate.
2. How many current non-participants meet this criteria? How do we know this?
  - This also varies by region.
3. What more do we need to know? What data do we need?
  - Metro AAA is working with the U of M to map demographic and program data using GIS to help inform the delivery of nutrition and other services to older adults in the metro area. The nutrition program should use GIS for this purpose. Items included in the maps would be: congregate dining site locations, home delivered meal program delivery ranges, population density by age (60+, 75+, 85+), poverty levels, etc.

4. Is this a target group for the congregate program? Home delivered meals program? Or both?
  - Definitely a target for the home delivered meal program.
  - Should be a part of the targeting criteria for the congregate dining program as well.
5. How much emphasis do we want to place on meeting the nutrition needs of the individuals that meet this criteria? How much emphasis for the congregate program? How much emphasis for the home delivered meal program? N/A
6. What other service programs reach this target group? What are the opportunities to coordinate with/integrate meals into their service delivery?
  - Need to look at the use of Title III dollars in the context of other available resources – both public programs like EW and AC but also other community resources that are available to meet similar needs.
  - A target should be pre-AC eligible individuals for both programs who are functionally at risk but not financially eligible for AC.

#### Workgroup 3: Older individuals with greatest social need

1. Referring to the OAA definition, how many of our current participants meet this criteria? How do we know this? Are they participants of the congregate program or the home delivered meals program or both?
  - NAPIS – usually better data for home delivered meal participants
  - Home delivered meal participants – about 80-85% are homebound and isolated
  - Should run NAPIS data, identify the blanks in the data, and work to improve our data collection.
2. How many current non-participants meet this criteria? How do we know this?
  - Census
  - 2007 survey – high percentage in both home delivered meals and congregate dining surveys indicated that the meals help them live in their own home longer.
  - Need to put emphasis on the social part.
3. What more do we need to know? What data do we need?
  - See above
4. Is this a target group for the congregate program? Home delivered meals program? Or both? N/A

5. How much emphasis do we want to place on meeting the nutrition needs of the individuals that meet this criteria? How much emphasis for the congregate program? How much emphasis for the home delivered meal program?

- What are the participants' goals? Is it to stay involved? Stay active? Stay engaged?
- The way that the current program sites tap into volunteers provides participants with a reason to show up – because they help prepare/serve the meal.
- Social isolation should be a top emphasis of the program. Why they are isolated is less of a concern.
- We need to refer to studies about social isolation in older adults.
- Focus groups?
- Does depression/loneliness lead to nursing home placement?
- Does social contact keep people healthier?
- Is the best way to address social isolation to provide a meal?
- Do we know that people eat better/more when they are together?
- What truly reduces social isolation? Is it other Title III-funded services? Combination of services? Different kind of bundled service?
- We should flag those identified in NAPIS as socially isolated and link them to other services.
- Is there another place to gather in the community?

#### **Wrap-Up and Next Steps**

- Mary Pat and Kari will develop the first draft of the 2009-2014 Senior Nutrition Priorities and Directions for the task force to review prior to the next meeting.
- Several members of the task force expressed concern that the group had not accomplished enough and wouldn't be ready to submit a document to the MBA after the next/last meeting on Nov. 7. Suggestions included having an additional task force meeting in December and reconvening the task force after the two proposed workgroups make some progress on their assignments.
- Kari will contact each task force member before the Nov. 7 meeting to gather more feedback regarding the task force process, critical pieces to address, and holding additional meetings. Kari will also be checking with each task force member to see if they are going to volunteer for one of the proposed workgroups.