

Maintaining Independence Through Access to Healthy Foods



Minnesota Association of
Area Agencies on Aging

Change observed

- *Unchanged*, ongoing commitment to mission across the Aging Network
- Model ethnic meal programs successfully serving some groups of diverse elders
- Demonstration of alternative service delivery models resulting in increased access to meals and food
- Grocery delivery services are an important source of healthy food
- Consumer directed nutrition services offer flexibility in meeting needs
- Nutrition services recognized as caregiver support



Changing demographics

- Congregate diners and HDM recipients predominantly older-old and oldest-old
- HDM recipients are increasingly more frail/coping with chronic diseases and/or acute illness
- Baby boomers will *not* need nutrition services for many years. The work at hand is to better serve today's target population most effectively and efficiently with an eye to the future.



Obstacles

- Long-standing assumptions go unchallenged
- AAA role as steward of funds in the face of scarce resources and increasing costs affects relationships with stakeholders
- Perceived/real resistance to change
- Lack of neutral, credible data about new models of service delivery
- Available NAPIS data is unreliable and difficult to capture meaningful information for planning purposes
- Federal Older Americans Act requirements are problematic – e.g. business model, multiple nutrition services titles



Opportunities

- Systematically determine, analyze and act on unmet needs
- Better target nutrition services
- Create excitement about nutrition services
- Re-invent nutrition services – image, branding, products, service delivery options
- Pair evidence-based health promotion and disease prevention services closely with meals and access to healthy food
- Develop strategies with health plans
- Seek stronger partnerships between Title III and private HDM and congregate programs
- Attract new partners



Contact information

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