

Senior Nutrition in MN

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2008 Senior Nutrition Task Force
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Overarching Goal:

***Help Older Minnesotans maintain
their independence through
access to healthy foods.***

Outline

- ◆ Demographics
- ◆ Challenges and Opportunities
- ◆ Current Status of Senior Nutrition Program
- ◆ Looking to the Future

Demographic Trends

- ◆ “Oldest old” are fastest growing group
- ◆ Beginning of permanent demographic shift
- ◆ Changing role of family caregivers
- ◆ Significant differences between metro and non-metro regions
- ◆ Changing consumer preferences
- ◆ Aging boomers represent different market

Changes in Program

- ◆ Decrease in congregate meals provided
- ◆ Fewer participants at congregate sites
- ◆ Increase in ethnic meal sites
- ◆ Increased use of frozen foods and new delivery methods

Challenges

- ◆ Increasing complexity in needs and preferences of consumers
- ◆ Mismatch in existing policies (senior hsg)
- ◆ Complicated revenue streams
- ◆ Serious economic challenges
- ◆ Meeting multiple responsibilities with fixed resources
- ◆ Balancing targeting with sustainability

Opportunities

- ◆ Learn from other states and communities – we're not alone
- ◆ "Close distances" with technology and collaborations
- ◆ Potential new roles through AoA Choices for Independence
- ◆ Help shape the future of the program

Congress' Priorities for the Aging Network

- ◆ Target older adults who are at risk for falling into the safety net
- ◆ Provide flexible, affordable and effective services
- ◆ Help older adults manage their own health risks

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History of Program

- ◆ 1972: Nutrition services included in OAA
- ◆ 1976: State Legislature appropriated state funds
- ◆ 1981: All nutrition services managed by AAAs
- ◆ 1995: Shift to competitive bid process (contracts)
- ◆ 2000: USDA per meal reimbursement ended
- ◆ 2004: MBA revised intrastate funding formula
- ◆ 2005: EW shifted into managed care
- ◆ 2007: State Legislature appropriated \$125,000

Current Status

Federal Funds

- Interstate funding formula – based on 60+ only
- Intrastate funding formula – 60+ and other factors
- ◆ Older Americans Act Title III
- ◆ Nutrition Services Incentive Program

State Funds

- Appropriated – and administered – as supplement
- ◆ Senior Nutrition Services
- ◆ Nutrition Expansion, Support, Hard-to-Serve

Transfers

- OAA transfers allow Area Agencies on Aging to develop comprehensive and coordinated systems of supportive services, including nutrition services.
- Transfers historically based since 1978 on filling needs in the supportive services system.
- Transfers from C fund to B fund supports transportation, chore and special access services.
- Done with the approval of the AAAs advisory/governing board.

2007 Nutrition Survey: Congregate



- ◆ Half are age 80+
- ◆ Over half participate daily or almost every day
- ◆ Fewer participants in poverty, but near poor
- ◆ More likely to be from diverse populations
- ◆ Somewhat more likely to indicate being isolated
- ◆ Less likely to indicate hospitalization within last year or poor health status
- ◆ Less likely to indicate program helped them to stretch food resources further or continue to live at home

2007 Nutrition Survey: Home Delivered



- ◆ Over 60% are age 80+
- ◆ Over 40% receive meal 3-5 times per week
- ◆ Same proportion receive daily or almost every day
- ◆ Just as likely to be female and living alone
- ◆ More likely to have a friend or relative to call
- ◆ Somewhat more likely to be at nutrition risk
- ◆ Twice as likely to have difficulty shopping or cooking for themselves

Role of Task Force

- ◆ Develop a common understanding and shared vision for the future of Senior Nutrition in MN
- ◆ The state must react – we want to do so with you as partners
- ◆ We need to seriously consider new service delivery models
- ◆ We need to look forward and explore options to make administrative improvements, increase efficiencies, and maximize our resources