

What's Going On?

**Interviews With Other State Units on Aging, Area
Agencies on Aging and Service Providers**

2008 Senior Nutrition Task Force

Oct. 10, 2008 Meeting

Mary Pat Raimondi, Facilitator

Methodology

- States were identified that either are similar to Minnesota (rural + urban), heard to be innovative or have recognized leaders
- States interviewed were-
 - Alabama
 - California
 - Illinois
 - Iowa
 - Kansas
 - Kentucky
 - North Carolina

How Are Targets Determined?

- Some states follow only the OAA language; other look at the that and the landscape of the community
- The use of GIS mapping seems to help target services and has worked well
- Politics
- Census data is used and helps secure local funding
- Another has providers do face to face presentations on what they offer, community needs etc before the decision makers
- Good question
- Lack of means testing makes it more difficult

How Are Targets Determined?

- One AAA has a defined formula based on census data, public hearing and categories they have determined vulnerable. They have shifted monies from the C programs to B because they feel B has not kept pacing in federal funding allocation. It has not effected providers much because often the same providers still get the new monies
- Targeting boomers who appear to have more expectations translate to more services offered at centers which results in less meals served

NAPIS Nutrition Risk Assessments

- All nutrition program participants are registered on NAPIS which includes the 10 nutrition questions
- Some states have the information done by the participants
- Others have AAA staff member or case manager
- Most states have RD follow-up, a few do nothing with information

Nutrition Education

- This varied widely
- Not everyone happy on how this is provided
- AAA that had a dietitian on staff placed more emphasis on this seeing the value
- Iowa- approximately 3000 congregate participants are in the Chef Charles program
- Successful partnerships with Extension, hospitals

Nutrition Education

- For most states, it seemed like it might be provided more as a top-down education piece rather than an interactive discussion. I also did not find that most groups used new information on nutrition research and food trends
- Others used-
 - Newsletters
 - HDM coordinators that make home visits
 - Evidenced based nutrition education programs

Outreach Services

- The AAA takes on this role in several states
- Often providers are expected to do this as well without funding
- Some AAA send regular newsletters to the community

Data Collection/Management System

- Bar coding system-
 - No one has done this but have heard of other AAA doing this
 - All thought it would be great for the participants

Participants From Diverse Populations

- Few had significant numbers in this area
- For those that do have more diverse populations they do offer culturally specific meals and they are not more expensive
- Sometime it is more difficult to figure out the DRIs in these meals and wish there was another way to do it

Innovations

- Modernize the program, offer deli lunch and choices
- Restaurant vouchers
- Less disposables
- Training for AAA on how to offer meal choices
- State wide nutrition summit for AAA staff and board members

Innovations

- Bi-monthly newsletter provides information on nutrition and general healthy aging topics. Provides latest information on healthy aging
- Expansion of nutrition counseling
- Policies and cost information developed jointly by AAA and providers

Innovations

- Going back to a senior center type approach that offers many services rather than just the meal that is often in a church. This can provide better socialization, get the older adults more services and do better information and referral
- Hot meals from Hy-Vee
- More training and information shared on the value of nutrition and cost savings it provides

Innovations

- Focus on healthy aging
- Tightening the approval process for use of frozen meals to not lose the daily contact piece
- More state funding
- Hiring a chef to coordinate menus and meal preparation. Chef was from a well known restaurant and was happy to trade long hours for Monday-Friday job with benefits. Attendance continues to increase

Trends/Observations

- Participants are aging in place-same ones from 25 years ago still come
- Big shift to HDM
- AAA need to be better skilled in obtaining local funding
- Need to recruit younger staff
- Nutrition risk information should result in action

Trends/Observations

- Need a more holistic approach on providing services and ADRD does not meet this
- Need to have a discussion the future of providing service to the older disabled
- With more demands placed on providers to still do outreach and I&R although many times not funded, it is the meal that has suffered. Agencies need to have these picked up somewhere, so cheaper meals can offset this. However, the concern voiced is maybe it has become “you get what you pay for” situation

Other Exciting Things Happening

- statewide caterer that delivers meals from six locations. Food to the congregate sites are delivered hot, for HDM frozen is used. This has decreased cost significantly
- Pet food program-this program based all on donations is to help seniors provide for their pets without using the meals they receive
- Blanket donation program-given to participants for winter

Other Exciting Things Happening

- Shelf stable and emergency plans for hurricanes
- One AAA is going to expand their contracts and have one in each county (right now it is one for three counties). More control, better food and more local food
- Collaborations with energy assistance programs

Other Exciting Things Happening

- One state is seeing contracts go from caterers to onsite to increase participation and quality of food
- Site was going to close because of declining participation (7-8/day). Seniors in the community asked for time to turn it around. Received local support, changed the menu, added china and offered activities. Participation is now solidly 100+ per day