



2008 Senior Nutrition Task Force Final Report

Goal: Older Minnesotans will maintain their independence through access to healthful foods.

February 2009

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Introduction

The Minnesota Board on Aging is the designated State Unit on Aging for Minnesota for purposes of administering the federal Older Americans Act. Its 25 board members are appointed by the Governor and represent diverse backgrounds, ages, interests and communities across the State. The MBA administers more than \$23.1 million in federal funds (Title III of the Older Americans Act) and an additional \$6.8 million in state funds annually. The Older Americans Act stipulates that the MBA designates a statewide network of multi-county Area Agencies on Aging (AAAs). These local AAAs subsequently leverage an additional \$16.7 million in local dollars and resources, ensure local input and accountability for service funding and promote local innovation in problem-solving.

Minnesota has undertaken extensive efforts to rebalance its system of long-term care over the last several years in order to better meet the needs and preferences of current and future older adults. These efforts are guided by the principles and strategies developed by work of the Minnesota Long-Term Care Taskforce (legislative/executive branch - 2001) and strengthened through an interagency project: Transform 2010. Minnesota's goals for its long-term care system are to:

- Increase the proportion of individuals supported in the community and living as independently as possible;
- Decrease Minnesota's reliance on institutional services; and
- Increase the person-centeredness of the long-term care system.

Minnesota's Aging Network (MBA, AAAs and local partners) has been a leader in Minnesota's long-term care systems development efforts. The MBA and AAAs must manage funding resources on an aggregate level in order to develop a comprehensive and coordinated system of home and community-based services, as required under the Older Americans Act. In addition, the MBA and AAAs must be flexible enough to evolve and change with the times. In 2001 to 2004, MBA worked to reduce administrative costs and realign services funding. The number of AAAs went from 14 to 7, statewide service quality standards were established, and funding became more population based.

With the 2006 Reauthorization of the Older Americans Act (OAA), Congress modernized the roles of the national aging services network. The OAA calls for State Units on Aging, Area Agencies on Aging and local aging service providers to target individuals at risk for Medicaid spenddown or nursing home placement.

Strategic roles for the national aging services network include:

- Consumer Empowerment: making it easier for older adults and family caregivers to learn about and access the existing services and supports that are available in their communities.
- More Choices for High Risk Individuals: providing flexible service models to help older adults who are at high risk of nursing home placement to remain in their own homes.
- Building Prevention into Community Living: making it easier for older adults to learn about and take advantage of low-cost evidence-based prevention programs that can empower them to take more control of their health.

Minnesota's Aging Network is working together to modernize their roles and the system of home and community-based services through these three strategic roles. One key focus is on keeping essential and demanded services in place that are targeted at those individuals not yet eligible for Alternative Care or Elderly Waiver. These services (transportation to medical appointments, chore – both heavy and light, homemaker services, caregiver respite and home delivered meals) enable at-risk older adults stay out of the public safety net.

The Senior Nutrition Program, administered by the Aging Network, fulfills an important component of the home and community-based service system. The Senior Nutrition Program plays a critical role in supporting at-risk older adults and building prevention into community living. Through this program, Minnesota's Aging Network provides 3.3 million nutritionally balanced meals each year for 78,000 older adults in their homes and at senior dining sites across Minnesota.

Scope

The 2008 Senior Nutrition Task Force (Task Force) was established by the MBA in July 2008 to help shape future directions of the program. The MBA established the Task Force in response to the data coming out of Project 2030 and Transform 2010 highlighting the demographic pressures on the state's home and community-based service system and the importance of helping people help themselves. Changing market preferences, demand for more choices, and resource constraints have increased the importance of targeting services to those most in need. In addition, the MBA is committed to paying an adequate reimbursement rate for nutrition services, taking into account donations and local match, to help providers weather economic pressures.

Members of the Task Force included Minnesota Board on Aging members, representatives of the AAAs and nutrition services providers. Task Force members represented all areas of the state. See Appendix A for a listing of Task Force members. MBA staff provided staff support to the Task Force. An independent contractor was hired to facilitate the Task Force meetings and to collect information for the Task Force deliberations. The charge for the Task Force was to develop a set of recommendations for the program that would become the statewide 2009-2014 Senior Nutrition Priorities and Directions, to be approved by the Minnesota Board on Aging and used to guide the program over the next five years. The Task Force met in person four times between July 2008 and November 2008 in St. Cloud. A fifth meeting was held via conference call in December 2008. The Task Force identified the following as key areas of focus to set priorities and directions:

- 1) Maximize resources in the time of a stressed economy,
- 2) Build relationships between all stakeholder groups, and
- 3) Create a sustainable program that will be viable in the long-term and meet the needs of older Minnesotans.

The Task Force organized their discussion around these three areas. To access all of the materials provided to the Task Force and shared by Task Force members, including meeting agendas, minutes, handouts and presentation materials please go to: www.mnaging.org/admin/ntf.htm.

July 15, 2008 Task Force Meeting

1. Presentations of the Current Landscape

MBA staff, an Area Agency on Aging (AAAs) representative, and a nutrition provider representative presented their perspectives on current challenges and opportunities in the Senior Nutrition Program. .

Highlights included:

- Congregate diners and home delivered meal (HDM) recipients are predominantly the older-old and oldest-old.
- HDM recipients are increasingly more frail and coping with chronic diseases and/or acute illness.
- The “oldest old” are the fastest growing group.
- There are significant differences between metro and non-metro regions.
- Consumer preferences are changing.
- There is a shift of participants from congregate dining to home delivered meals.
- Older adults continue to live in rural communities, which are losing other sources of food.
- Gas prices and other rising costs are finding more older Minnesotans more stressed.
- It is a challenge to manage scarce resources.
- Requests for special and ethnic meals are increasing.

Opportunities identified by the presenters included:

- Build on the long-standing commitment to mission of the Senior Nutrition Program.
- Gather information and learn from other states and communities.
- Improve participant data collection and analysis to inform service delivery.
- Explore use of expanded technology to increase efficiency.
- 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
- Attract new partners, including for-profit entities.
- Expand bundled service, frozen meals and other choices to meet unmet needs.

2. Task Force Survey Results

A survey was sent to all members of the Task Force before the first meeting to identify what should be the main areas of focus and key issues. The results were:

- Maximize resources in the time of a stressed economy.
 - Target the most vulnerable
 - Empower consumers
- Build relationships between all stakeholder groups including the MBA, MBA staff, AAAs, providers and most importantly older Minnesotans.
 - Improve communication
 - Build trust
- Create a sustainable program that will be viable in the long-term and meet the needs of older Minnesotans.
 - Meet unmet needs
 - Build capacity

Other suggestions and comments were received from the Task Force for possible future discussion. These included:

- Recognize the differences in rural and urban settings.
- Include discussions about the transfer of funds out of federal Title 3 Congregate and HDM.
- Streamline the contracting process so that projects are not as burdened with the unfunded mandates that increase their costs.
- Encourage opportunities to form local financial partnerships.
- Test underlying assumptions. Re-invent senior nutrition - branding, image, focus. Bring people to food. Use congregate dining funding for health promotion/disease prevention activities.
- Look at new models to support high risk people in accessing healthy choices.
- Increase cooperation between providers and AAAs to determine how to use the available Title 3 and state funding as efficiently and effectively as possible.
- Evaluate the cost of MBA/AAA mandates (i.e. outreach, nutrition education, NAPIS tracking, assessments, etc.).

3. Meeting Outcomes

At this meeting the 2001-2005 Nutrition Priorities and Directions was reviewed, a document used to help the MBA in services planning. The Task Force agreed that this guiding document would be revised and submitted as the deliverable by the Task Force to the Minnesota Board on Aging for their review and approval. Three workgroups, based on the three areas identified through the survey, were established and members of each stakeholder group were assigned to the workgroups.

August 2008 Workgroup Meetings

The workgroups met in August either via conference call or in person. Each group shared the results of their meeting with all members of the Task Force. Work groups included MBA, AAA and provider members of the Task Force. MBA staff coordinated the workgroup meetings, took notes and were available for questions and clarifications. The following section outlines the results of the workgroup discussions.

1. Maximize Resources Workgroup

- Achieve a collective understanding of available resources and identify ways to leverage/maximize them.
 - MBA needs to share information on the history of the Older Americans Act and state Senior Nutrition Program funding and current status.
 - The full Task Force needs to be willing to look at all nutrition services, all funding sources and to step back and think about how nutrition services in general can work the best.
 - Explore ways to move towards shared provider risk.
 - Explore collaborative funding opportunities like the Minnesota Food and Nutrition Network grants.
 - Explore ways to deliver program components more efficiently.
- Target the most vulnerable.
 - Better understand who is our target population(s) and how they can be best supported in the community.
 - Determine how to deal with the trade-off of serving the maximum number of meals versus supporting the most vulnerable individuals.
 - Better understand the trade off between meeting the nutritional needs of individuals who are at high nutrition risk vs. meeting the social needs of isolated individuals.
- Improve data collection and methods of information sharing.
 - Develop partnership between providers, AAAs and state to update the data system.
 - Seek funding to support updates.

2. Build Relationships Workgroup

- Build trust at all levels.
 - Update and streamline the contracting process.
 - Identify one or more statewide priorities or goals that all could work toward together.
 - Eliminate variations on how programs are administered and managed between AAAs.
 - Leave the baggage at the door and start fresh.
 - Inventory what data is needed versus what is good to know.
- Improve communication channels across Minnesota's aging network.
 - Provide more information on transfers of funding.
 - Facilitate more frequent in-person meetings.
 - Use the MBA extranet to set-up an area to share information on the nutrition program.
 - Participate in existing networks to make sure nutrition services are included and linked to other services.
- Work together to determine efficient/effective use of funds.
 - Learn more about how Elderly Waiver and Alternative Care meal contracts work.
 - Separate meals from the other components of the program to determine how best to deliver/pay for each of them. Components include assessment, outreach, nutrition education, nutrition counseling.

3. Improve Sustainability Workgroup

- Meet unmet needs of older adults.
 - Learn more about unmet nutrition needs in older adult population.
 - Analyze data sources to determine unmet need including 2007 participant survey, Census data, and other nutrition program data.
- Identify innovative models and approaches to reinvent senior nutrition and support high risk older adults.
 - Learn from other states and communities.
 - Learn from current efforts in Minnesota, including diners clubs, bundled service delivery, frozen meal delivery and in-home assessment pilot.
- Build agency capacity both individually and collectively.
 - Provide training to nutrition provider staff regarding other services that nutrition program participants might need and how to access those services.

September 16, 2008 Task Force Meeting

1. Workgroup Reports

At the September meeting, the Task Force met in workgroups to continue the discussion of the issue areas face to face. Each Workgroup reported to the full Task Force the results of their discussions. MBA staff also offered a synopsis of the August workgroup discussions and potential next steps for the consideration of the Task Force which were:

- Celebrate the 35th Anniversary of the Senior Nutrition Program.
Develop and implement collaborative activities during the last week in October. These efforts will raise the visibility of the program, recognize the value this program and the staff that deliver it brings to the lives of older adults.
- Work together to improve program administration at all levels and achieve greater efficiencies in particular focusing on the contracting process and data collection. By doing this, it was hoped that this would build trust and a transparent program while gaining an understanding of what each group contributes to the overall health of older Minnesotans.
- Identify the Senior Nutrition Program target population(s). To do so, the Task Force felt a need to learn more who is being served now, determine what changes are needed for the next five years, what are the unmet needs for nutrition services and the role that Title III-funded services can play within the larger service system context.
- Identify cost-effective practices in Minnesota for delivering the different components of the Senior Nutrition Program (outreach, assessment (NAPIS), meals, delivery, transportation, nutrition education). This process will involve determining which entity can most effectively deliver each of the components and implications for the contracting process. Replicate these practices across the state.

2. Informational Presentations

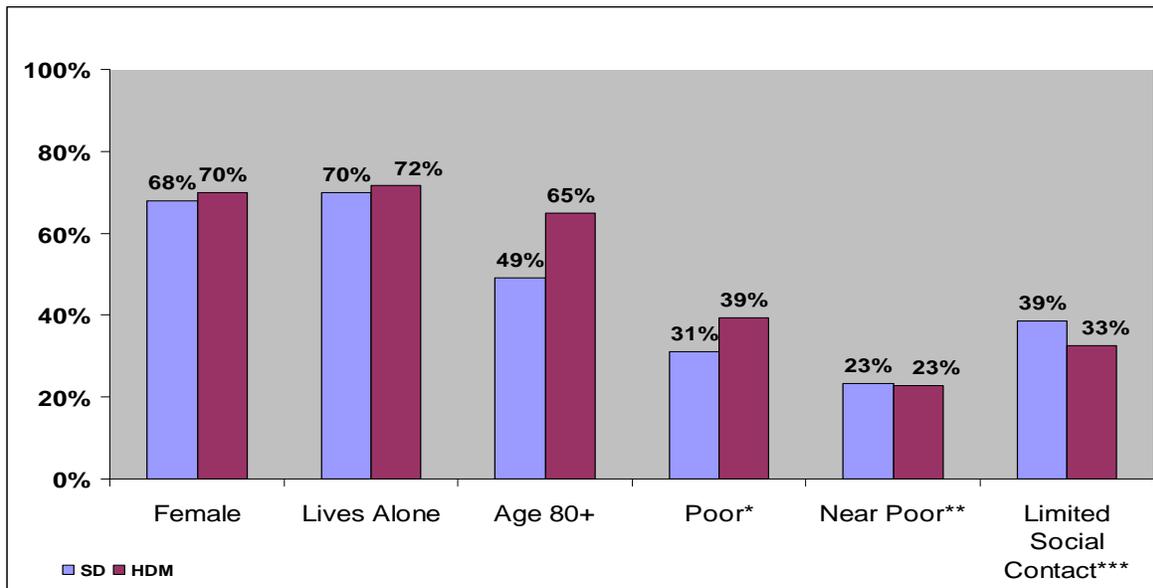
The Task Force was provided information related to demographic trends impacting the nutrition program, other market information, and program data.

a. Nutrition Program Participant Data: information from the 2007 Participant Survey was shared with the Task Force.

The survey found that, as a result in participating in the program,

- 89% of Home Delivered Participants continue to live in their own homes and eat more balanced meals,
- 78% of Senior Dining Participants continue to live in their own homes and 84% eat more balanced meals.

Characteristics of senior dining (SD) and home delivered meal (HDM) participants include:



b. Demographic Trends Data: additional information was provided regarding age and key nutritional health indicators for general older adult population.

c. National Nutrition Provider Survey Data: results of a survey that was sent to members of the National Association of Nutrition and Aging Service Providers (NANASP), the largest organization of congregate dining providers, were shared. Key findings from the 93 provider responses included:

- On-site and central kitchen prepared meals received the highest satisfaction ratings, frozen meals received the lowest satisfaction rating.
- When asked to rate the biggest challenge in providing nutrition services, 74% indicated the cost of food and supplies was their number one concern. The second major concern was finding and retaining volunteers.
- Over half of the respondents use a consultant dietitian to provide nutrition education.
- Targeting efforts have focused on the old, frail and socially isolated.

d. History and Current Status of MN's Senior Nutrition Program: a “state of the state” report was given by MBA Executive Director, Jean Wood, and Task Force Chair Beth Nelson.

Key data points regarding the current status of the nutrition program include:

- Senior Nutrition services are well distributed throughout the state.
- Annually 3.3 million meals are served to approximately 78,000 people.

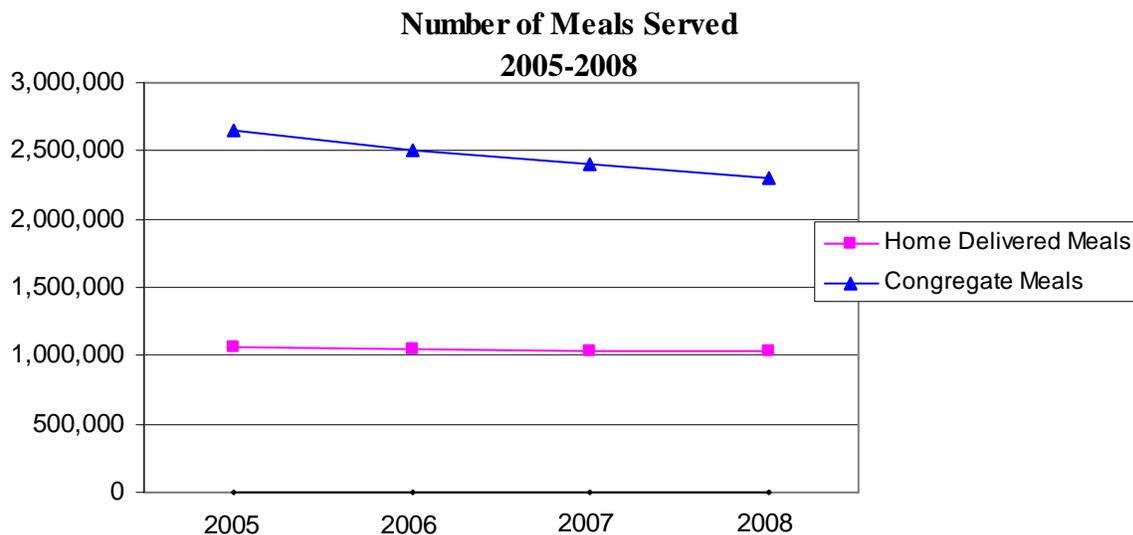
- Each weekday 12,000 Congregate meals are provided at 545 sites (200 of which are located in low-income housing) and 8,000 Home Delivered Meals are delivered to people in their own homes.
- Over 80% of participants have incomes below 200% of poverty level.
- Participants are more likely to be physically impaired and live alone than the general population.

Role of MBA and AAAs:

- Managers of OAA-funded home and community-based service system.
- AAA roles informed by outcomes of Long-Term Care Reform Task Force and OAA mandates.
- Responsibility of filling in gaps as identified at local level, including through the county Gaps Analysis.

Current trends and challenges facing the program:

- The basic programs – developed in the 1970s – have not changed and need to be modernized.
- This modernization includes new models to better target nutrition services in ways that current and future consumers need and prefer.
- The older adult population in Minnesota is growing, making accurate targeting essential.
- State and federal nutrition funding for Minnesota has been essentially flat.
- Costs of running the program have increased. Participant contributions are expected to decrease.
- As the diversity of Minnesota’s population increases, so do consumer needs and preferences.
- Congregate meals have decreased due to changes in consumer preferences.



e. Elderly Waiver (EW), Alternative Care (AC) and Nutrition Services: Lisa Rotegard, Manager, EW and AC Programs, DHS, discussed how the EW and AC programs support home delivered meals for eligible individuals. Both programs are rate-based, not cost-based. There is variation in rates paid for home delivered meals across the state. There are no access issues for people in need of AC- and EW-reimbursed meals.

3. Priority Setting

A draft data template was provided to begin the discussion of targeting and setting priorities for the Senior Nutrition Program. The template identified age, race, ethnicity, income, rural, isolation, chronic disease, nutrition risk and food insecurity as possible measures to use in determining priority populations to receive nutrition services. The Task Force discussed the ways in which priorities are currently set and how that could change in the future with including all relevant parties in appropriate discussions.

4. Program Cost Data

MBA staff shared summary cost data that was included in the current CY 2008 nutrition program contracts between the AAAs and providers. The Task Force discussed the need for uniform cost definitions and consistent reporting of costs statewide.

5. Meeting Outcomes

The Task Force agreed to the following next steps at the end of the meeting.

- Review the requirements for the Senior Nutrition Program included in the Older Americans Act 2006 Reauthorization and other relevant sources at the next meeting.
- Research costs and process to implement a bar-coding system for NAPIS participant level data.
- Plan more discussion on how to identify priorities and targeting resources including draft framework and data sources of a decision-making process.
- Develop a standard format for program-specific cost information. This information could be used to discuss meal reimbursement rates, possible areas of coordination with EW and AC, and potential changes to the contracting system.
- Develop and review a first draft of the 2009-2014 Senior Nutrition Program Priorities and Directions for discussion at the next meeting.
- Begin the collection of information that will be used to update the Senior Nutrition Program contracting process.

October 10, 2008 Task Force Meeting

1. Establishment of New Workgroups

Based on discussions of the Task Force and Workgroups had to date, the MBA staff proposed two workgroups be established that would continue to meet after the official end of the Task Force process. These workgroups would help increase communication between all levels and institutionalizing a more inclusive problem-solving approach to program implementation. The issues to cover for each group were:

A. Data Workgroup –

- 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;
- 3) Identify statewide data components that will be utilized to inform nutrition program planning.

B. Contracts Workgroup –

- 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.

2. Informational Presentation: Results of Interviews with other States, AAAs and Providers

Telephone interviews were conducted with six states that included representatives of the State Units on Aging, AAAs and nutrition service providers. 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 and North Carolina.

Key findings were:

- Targeting efforts are done loosely
- NAPIS data is collected in many different ways
- Innovation is key to sustainability of program and some current initiatives include:
 - Modernize the program, offer deli lunch and choices
 - Restaurant vouchers
 - Less disposables
 - Expansion of nutrition counseling
 - Going back to a senior center type approach that offers many services rather than just the meal that is often in a church.

- More training and information shared on the value of nutrition and cost savings it provides
- Focus on healthy aging
- Hiring a chef to coordinate menus and meal preparation.

3. Workgroup Discussions: Establishing the Target Population(s) for Minnesota's Senior Nutrition Program

The three workgroups (Maximize Resources, Build Trust, and Improve Sustainability) were given questions to guide their discussions regarding the targeting criteria included in the 2006 Older Americans Act and to help them develop recommendations for Minnesota's target population(s). These questions were:

- 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?
- How many current non-participants meet this criteria? How do we know this?
- What more do we need to know? What data do we need?
- Is this a target group for the congregate program? Home delivered meals program? Or both?
- 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 other service programs reach this target group? What are the opportunities to coordinate with/integrate meals into their service delivery?

4. Meeting Outcomes

The Task Force did not reach agreement regarding the target populations for the Senior Nutrition Program. Many questions were raised regarding current participants in the program and ideas were shared regarding what data the group could use to inform targeting decisions.

The Task Force discussed the progress of their work up to this point and expressed concerns that some major issues needed to be discussed in order for the group to be able to move forward. Some issues had been discussed in the Workgroups but the Task Force had not discussed them as a full group. The Task Force agreed that these issues would be discussed at the next meeting. Additional concerns were expressed regarding the lack of progress on specific operational issues related to program implementation. The Task Force discussed the role of the Contracts and Data Workgroups in resolving these operational issues and the need to keep the Task Force discussions at a "big picture" level.

Prior to the November 7th meeting of the Task Force, MBA staff contacted each Task Force member to identify the issues that needed to be on the agenda. The issues that were identified included transfers between Older Americans Act funding allocations, priority setting and roles of each group.

November 7, 2008 Task Force Meeting

1. Reaching Consensus

The Task Force discussed how consensus would be reached on the recommendations outlined in the Future Directions and Priorities report, and how consensus would be defined. Agreements were:

- Consensus had to be based on Task Force members' acceptance rather than full agreement of the proposed directions and other issues.
- Individual Task Force members may not agree with a particular recommendation but could accept it after the discussion. The Future Directions and Priorities report would be developed through negotiation, a give and take process between all members of the Task Force and MBA staff. The Future Directions and Priorities report draft was crafted based on the discussion and comments shared during meetings, phone calls and emails.
- The goal of the new directions and priorities had to be on making life better for older Minnesotans.
- Task Force members who disagree with a proposed direction, which the majority of members do agree, will provide their objections in writing as a minority opinion.

The remainder of the meeting involved discussing the tough issues identified by the Task Force members. A summary of these issues were as follows:

2. Roles of Stakeholders

Members gave input on what they felt is their roles, their perception of the other groups' roles are and what should these roles be. Members also discussed who should define the roles. To build trust and understanding, Members were asked to share one thing they could do to make the role delineation clearer rather than suggestions on what other groups could do. This thoughtful exercise increased awareness of the value that all stakeholders contribute to the program. The Task Force fleshed out a chart outlining the roles of MBA staff, AAAs and providers to help keep communication lines open and a respect for each group's contribution. This chart will be updated with input by all stakeholders at the first annual "year in review" meeting (see below).

Agreements on the Issue of Roles

After much discussion and clarification, the following were the agreed upon resolution options.

- Improve communication to reach a common understanding between all nutrition providers, AAAs and MBA members and staff.
- Implement feedback loop on requests and requirements to increase communication between all levels.
- Hold an Annual Meeting to conduct a year in review and invite all stakeholders.
- Explore the option of establishing an Extranet and/or listserve to improve communication.
- Explore AAA participation in other AAAs' application review process.

3. Priorities of the Program

Tension was voiced trying to determine if the medical model (nutrition risk and chronic disease) or the social model (isolation) should be used for priority setting. Both models have important yet different positive outcomes.

Agreements on the Issue of Priority Setting

After much discussion, the following were the agreed upon resolution options:

- Identify unmet needs that include but are not limited to waiting lists, intake requests and Senior Linkage Line calls.
- Pilot nutrition risk targeting.
- Investigate, and if warranted, pilot private pay approach as a way to assure sustainability and maximize resources.
- Use CMS income data by zip code to target the most in need.
- Investigate ways to maximize contribution levels including offering enhanced meal options.
- Develop criteria for services – phase in migration to higher risk/need.

4. Meeting Outcomes

Members agreed that the resolution options identified above would be included in the full report of the Task Force (this document) and will be implemented through a partnership of MBA, AAAs and providers as a way of moving forward.

Some Task Force members expressed again their concern that not enough progress had been made on the charge to the group. Some concerns raised that The Task Force agreed to meet one more time in December by phone. More specifically, some members felt that the issue of transfers, which the Task Force did not have time to fully discuss at this meeting, needed to be discussed at the December meeting.

December 15, 2008 Task Force Meeting

1. Discussion of Tough Issues, Continued: Transfers

It was agreed that transfers of funding between OAA Titles complies with federal statute. A tension occurs where there are limited resources and a balance must be achieved between meeting nutrition needs with other needs, as documented through the Gaps Analysis and reviewed by local aging advisory committees and Area Agency governing boards.

Agreements

After much discussion, the following were the agreed upon resolution options:

- There will be dialogue between the AAA and providers to help both understand the issues and needs before funding decisions are made.
- The AAAs will communicate with providers about the date when public input is solicited to help decision makers prioritize funding.
- There will be more openness and discussion throughout the whole process.
- Data driven information along with stories will be used to make the case for funding nutrition services.
- There will continue to be a thorough review of AAA funding carry-over by the MBA in order to understand the reasons and identify solutions.

2. Community Based Budgeting

The Task Force briefly discussed the approach used by Lutheran Social Services to generate community investment in congregate dining sites, called Community Based Budgeting. In order to move on to the review of the draft Nutrition Priorities and Directions, MBA staff offered to set-up a conference call at the earliest possible time to reach a resolution on this topic.

3. Review of draft Senior Nutrition Priorities and Directions 2009-2014

As the Task Force agreed at its first meeting, the Senior Nutrition Priorities and Directions were updated in order to be the key deliverable from the Task Force to the Minnesota Board on Aging. The draft Priorities and Directions were developed based on all of the Task Force discussions and recommendations. The document was sent to Task Force members two weeks prior to the December meeting. Members of the Task Force were given an opportunity to approve or disapprove each point and offer suggestions. Task Force members were encouraged to suggest other recommendations and priorities.

4. Meeting Outcomes

The Task Force agreed to all of the points in the Priorities and Directions draft document, with recommended changes to some of the items. MBA staff agreed to update the draft and send it out to all Task Force members for their final review.

Members were encouraged to gather the input of their colleagues who were not members of the Task Force, if they had not already done so.

See Appendix B for the Proposed 2009-2014 Senior Nutrition Priorities and Directions. Appendix C includes written comments received from the Senior Nutrition Providers Association in February 2009. Appendix D includes written comments received from the MN Association of Area Agencies on Aging in February 2009.

Next Steps

The MBA is committed to implementing key changes recommended by the 2008 Senior Nutrition Task Force. Listed below are steps that the MBA will take, in partnership with the AAAs and providers, in 2009 and 2010.

A. Simplify the contracting process.

Feedback received from the nutrition providers and the Area Agencies on Aging indicates that the current contracting process and forms are cumbersome, time consuming and not user friendly. The MBA will revise the Senior Nutrition Program contracting templates and process to simplify the contract forms, eliminate duplicate requests for information, consolidate contract components and provide automatic fillable forms. In addition, the templates for annual contract renewals will be streamlined to require only a notification of exceptions to the original contract.

- Discard requests for letters of intent and pre-application.
- Represent funding sources as one estimated dollar amount for congregate meals and one dollar amount for home delivered meals. Simplify Price Proposal cover sheet.
- Simplify Costs Spreadsheet, provide uniform budget definitions.
- Consolidate Management, Technical and Price Questionnaires.
- Eliminate narrative outcomes requirement. Replace with participant data reports.

B. Improve targeting of meals.

With the reauthorization of the Older Americans Act, the U.S. Administration on Aging instituted additional targeting requirements on nutrition services. At the same time, the older adult population is growing in number and diversity of culture, need and preference.

1. Improve Participant Data

The MBA will eliminate the requirements for nutrition education and outreach services in the revised contract templates so that providers can focus their efforts on improving participant data. More comprehensive and accurate participant data will support the targeting of congregate and home delivered meals to those most in need. MBA will work with the AAAs to establish benchmarks for improvements by provider over a three year period, beginning in CY 2010. The benchmarks will track documentation for eligible meals, completion of nutrition risk assessment, and completion of ADL assessment through the AIM database. Pilot implementation of technology to streamline participant registration and meal counts will be pursued.

2. Target Populations

In contract/calendar years 2010-2012, the MBA will begin a process to improve the targeting of meals to those most in need. Outlined below are the target populations for Congregate and Home Delivered Meals.

Congregate Meals: individuals age 60+ who are at moderate to high nutrition risk. Additional consideration will be given to those individuals who meet at least one of the following criteria:

- incomes at or below poverty level,
- members of diverse populations,
- limited English proficiency, and/or
- live in rural areas.

Home Delivered Meals: individuals age 60+ who are at high nutrition risk and have 2 or more limitations in Activities of Daily Living (ADLs). Additional consideration will be given to those individuals who meet at least one of the following criteria:

- incomes at or below poverty level,
- members of diverse populations,
- limited English proficiency, and/or
- live in rural areas.

The MBA, in partnership with the AAAs, will track the progress of providers in targeting the populations described above through the benchmarking process related to improving participant data. This process will be based on the current proportion of program participants that meet the targeting criteria. For example, the majority of current participants are age 80 or older. The expectation is that targeting efforts will focus on reaching this benchmark on a site by site basis.

3. Align Service Provision with Target Populations

The MBA will work with the AAAs and nutrition service providers to analyze program participant data, demographic data and health statistics to determine the implications of the targeting criteria on the provision of congregate and home-delivered meals. The expectation is that during the 2010-2012 timeframe the AAAs and providers will determine steps to be taken to shift congregate sites to those serving the target population, verify eligibility for home delivered meals, and analyze the cost-effectiveness of current methods of provision. AAAs will work with providers to explore a range of service provision options including consumer directed in order to maximize the use of limited resources to meet the needs of the target populations.

Appendix A: 2008 Senior Nutrition Task Force Members

Minnesota Board on Aging Representatives

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Appendix B: Proposed 2009-2014 Senior Nutrition Priorities and Directions

Priority 1 - Maximize Resources

Strategy 1. Target the most vulnerable.

Tactics

- Ensure that Older Americans Act targeting criteria are met.
- Balance the need for socialization with health and nutrition needs when possible
- Target older adults who are identified to be at high nutrition risk. Give priority to providing nutrition services to individuals who are at high nutrition risk in both the congregate and home-delivered meals programs.
- Develop criteria for services – phase in migration to serving higher risk/need. In part, use CMS income data by zip code to target services.
- Develop statewide policy on opening and closing sites, and on allowable reductions in service.
- Investigate, and if warranted, pilot private pay approach as a way to assure sustainability and maximize resources.
- Investigate ways to maximize contribution levels including offering enhanced meal options.
- Identify unmet need by tracking waiting lists, intake requests and Senior LinkAge Line calls and other potential methods that were identified.

Strategy 2. Achieve a collective understanding of available resources and identify ways to leverage these resources.

Tactics

- Establish the Contracts Workgroup represented by providers, AAA, and MBA staff to update and streamline the contracting process. Evaluate and adjust the new contracting process on an annual basis, with input from providers and AAAs.
- Implement a new RFP/Contract Template that will include statewide standardized cost definitions, reviewed standards aligned with minimum OAA requirements, and additional methods to minimize provider risk, and mid-course contract renegotiations.
- Ensure adequate communication about available resources between Area Agencies on Aging and providers.
- Make appropriate use of Elderly Waiver, Alternative Care and Title III to provide nutrition services to older Minnesotans.

- Leverage other nutrition programs, including the Nutrition Assistance Program for Seniors (NAPS), Senior Farmers Market, and Food Support/Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) to help maximize resources.

Strategy 3. Expand the use of technology and identify other ways to streamline data collection that will more fully use data to drive program changes.

Tactics

- Establish the Data Workgroup to:
 - 1) identify and facilitate implementation of technology that might include bar code cards, scannable forms and finger print tracking
 - 2) research financial sources and partners to implement new technology
 - 3) establish benchmarks to reach 100% NAPIS registration form completion
 - 4) identify statewide data components that will be utilized to inform nutrition program planning.
- Explore options to facilitate completion of NAPIS registration forms, with particular emphasis on the nutrition risk assessment.

Strategy 4. Enhance nutrition education to empower consumers to make healthful choices

Tactics

- Partner with other organizations/networks that are focused on the health of older adults, including University of MN Food and Nutrition Network and University of Minnesota Extension.
- In collaboration with the MN Department of Health, disseminate evidence-based health promotion and disease prevention models statewide, including Eat Better Move More and Healthy Eating for Successful Living.

Priority 2 - Build Relationships in the Aging Network

Strategy 1. Rebuild trust at all levels.

Tactics

- MBA will meet in-person at least annually with providers and AAAs to collectively address challenges in service delivery. Opportunity for discussion on these topics will be included to gather input from all groups
- MBA will establish and coordinate regularly scheduled communication between providers, AAAs and MBA. This will include implementing the feedback loop on requests and requirements.
- Encourage AAAs to have representatives from other AAAs participate in their proposal review process.

Strategy 2. Improve communication channels across Minnesota's aging network.

Tactics

- Establish an area on the MBA extranet for Area Agency and nutrition provider staff to share program forms, information, new ideas, and challenges related to providing nutrition services to older Minnesotans.
- Build and expand referral networks for providers including long term care and home health providers. Assure that nutrition services are included with these groups and linked to other services as appropriate.
- Develop and use a consistent message about the value of the Senior Nutrition Program that can be communicated to funding sources including state and local government.

Priority 3 - Improve Sustainability

Strategy 1. Explore innovative methods of cost containment.

Tactics

- Incorporate the nutrition program into federal long-term care reform efforts, such as Project 2020.
- Determine costs and benefits of existing and new service delivery models, including bundled service delivery, frozen meals, group purchasing and/or a single caterer for multiple programs.
- Disseminate models identified as cost-effective statewide, as appropriate.

Strategy 2. Enhance methods to assure quality of service.

Tactics

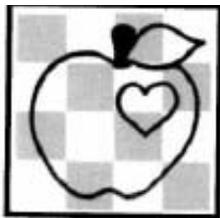
- Define and measure quality standards based on metrics that include consumer preference, costs, current research and cultural needs.

Strategy 3. Develop new models to recruit and retain volunteers.

Tactics

- Facilitate program exchanges between Minnesota's Area Agencies on Aging and providers on ways to engage volunteers. Continue to learn from other states on ways to recruit and retain volunteers.
- Develop a process to assess the costs and benefits to using volunteers versus paid staff.

Appendix C: Written Comments from Minnesota Association of Nutrition Services



Minnesota Association of Senior Nutrition Services

February 4, 2009

Beth Nelson, Nutrition Task Force Chair

Dear Beth,

The Minnesota Association of Senior Nutrition Services were pleased that several of their members participated in the Senior Nutrition Task Force. It was an opportunity for providers and funders to come together for a common goal of helping older Minnesotans maintain their independence through access to healthful foods. Due to time constraints, important topics that were noted e.g. "Elephants in the Room", didn't get adequately addressed or resolved.

The transfer issue is undermining the concern that many Minnesotans do not have access to nutrition services. When AAA's transfer significant amounts of funding out of nutrition into AAA activities, how do we resolve or address the unmet needs? Adding to the problem is the significant amounts of nutrition funds that go unspent each year. Hopefully, the contract committee will work the latter concerns out. When weather, unforeseen circumstances, or sites are closed under the directive of an AAA, the provider should not have to shoulder the entire financial burden for the loss of contracted meals. It should be easier for parties to re-negotiate and for providers to receive reimbursement for their fixed costs and agencies should be supported in their need to discontinue meal service if they are over their contracted meal numbers or be given additional funds to cover the overage.

In 2009, \$1.3 million was transferred from nutrition services in Minnesota. From this amount over \$900,000 was transferred into Program Development and Coordination to supplement AAA administrative costs. A significant amount of these funds are used for the Senior Linkage Line. When the AAA's have the ability to transfer monies from nutrition services into their operational account, it places the nutrition providers in a controversial role with the AAA's. Nutrition providers are in direct competition with their funding source.

In order to move forward to meet the nutritional needs of older Minnesotans, there must be more transparency on how the Older Americans Act Title III funds are used. Until this happens, the mistrust will continue between the AAA and the nutrition providers and a positive work environment is non-existent. When we work together, many more Minnesotans will be reached with nutrition services.

When our Association met in January, we reviewed the SENIOR NUTRITION PRIORITIES and DIRECTIONS 2009 – 2014 document. Our comments and responses are attached.

On behalf of the Nutrition Association,

A handwritten signature in black ink, appearing to read "M Ocepck", written over a circular scribble.

Marilyn Ocepck, President

Priority 1 - Maximize Resources

	Acceptance Y/N	Need More Information and/or comments
Strategy 1. Target the most vulnerable.		
Tactics		
<p>Ensure that Older Americans Act targeting criteria are met.</p> <p>Balance the need for socialization with health and nutrition needs when possible</p>	<p>Y</p> <p>Y</p>	<p>More information regarding the criteria, who will develop the criteria, and who will establish limits. Concern with implementation.</p>
<p>Target older adults who are identified to be at high nutrition risk.</p> <p>Give priority to providing nutrition services to individuals who meet these criteria in both the congregate and home-delivered meals programs.</p> <p>Pilot nutrition risk targeting.</p>	<p>N</p> <p>Y</p> <p>N</p>	<p>Delete - Concern with validity of self-assessment</p> <p>Criteria such as high nutrition risk, low income, etc.</p> <p>More information regarding cost effectiveness of staff time/mileage to conduct a home assessment</p>
<p>Develop criteria for services – phase in migration to serving higher risk/need. In part, use CMS income data by zip code to target services.</p> <p>Develop statewide policy on opening and closing sites, and on allowable reductions in service.</p>	<p>N</p> <p>N</p>	<p>Need more information. Providers need to be involved with the development</p> <p>Need more information. Providers need to be involved with the development</p>
<p>Investigate, and if warranted, pilot private pay approach as a way to assure sustainability and maximize resources.</p> <p>As one approach, investigate setting contribution levels based on ability to pay. Investigate ways to maximize contribution</p>	<p>N</p> <p>Y</p>	<p>Not a priority for Title III, but it should be at the discretion of Providers</p>

levels including offering enhanced meal options.		
Identify unmet need by tracking waiting lists, intake requests and Senior LinkAge Line calls (other potential methods to be determined).	Y	
Strategy 2. Achieve a collective understanding of available resources and identify ways to leverage these resources.		
Tactics		
<p>Establish <u>Contracts Workgroup</u> of providers, AAA staff, and MBA staff to update and streamline the contracting process. Evaluate the new contracting process on an annual basis, with input from providers and AAAs.</p> <p>Use new RFP/Contract Template for CY2010. Include statewide standardized cost definitions, reviewed standards (aligned with minimum OAA requirements), and additional methods to minimize provider risk (including mid-course contract renegotiations).</p> <p>Separate payment for meals and related costs, nutrition education and outreach, and NAPIS registration through separate RFPs.</p>	<p>Y</p> <p>Y</p> <p>N</p>	<p>Don't establish limits to the number of providers, AAA or MBA that participate; allow any interested party to participate in the process</p> <p>Use new simplified/streamlined template</p> <p>Oppose separate RFP's for each function/service. Allow reimbursement of these cost to the providers.</p>
Increase communication about available resources between Area Agencies on Aging and providers.	Y	Include more transparencies regarding transfers and carryover of funds.
Clarify and maximize the use of Elderly Waiver, Alternative Care and Title III to provide nutrition services to older Minnesotans	N	Delete
Leverage other nutrition	Y	Providers currently leveraging

<p>programs, including the Nutrition Assistance Program for Seniors (NAPS), Senior Farmers Market, and Food Support/Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) to help maximize resources.</p>		<p>these resources</p>
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	Acceptance Y/N	Need More Information
<p>Strategy 3. Expand the use of technology and identify other ways to streamline data collection and to more fully utilize data to inform program implementation.</p>		
<p>Tactics</p>		
<p>Establish <u>Data Workgroup</u> to:</p> <ol style="list-style-type: none"> 1) Research, identify and facilitate implementation of technology that might include bar code cards, scannable forms and finger print tracking, 2) research financial sources and partners to implement new technology, 3) establish benchmarks to reach 100% NAPIS registration form completion, and 4) identify statewide data components that will be utilized to inform nutrition program planning. 	<p>Y</p> <p>Y</p> <p>Y</p> <p>?</p>	<p>Combine 1 & 2</p> <p>Research other types of nutrition risk forms and format.</p>
<p>Explore options to facilitate completion of NAPIS registration forms, with particular emphasis on the nutrition risk assessment.</p>	<p>Y</p>	<p>Explore options other than NAPIS</p>

Priority 1 - Maximize Resources

	Acceptance Y/N	Need More Information
Strategy 4. Enhance nutrition education to empower consumers to make healthful choices		
Tactics		
Investigate options of statewide nutrition education contract through competitive RFP for CY 2010 or other innovative approaches.	N	Delete
Partner with other organizations/networks that are focused on the health of older adults, including for example the University of MN Food and Nutrition Network and University Extension.	Y	Currently partnering with these entities
In collaboration with the MN Department of Health, disseminate evidence-based health promotion and disease prevention models statewide, including for example Eat Better Move More and Healthy Eating for Successful Living.	Y	As long as it is not a significant expense to the providers.

Priority 2 - Build Relationships in the Aging Network

	Acceptance Y/N	Need More Information
Strategy 3. Rebuild trust at all levels.		
Tactics		
MBA will meet regularly (at least annually) with providers and AAAs to collectively address challenges in service delivery.	Y	
MBA will establish and coordinate a meeting schedule to ensure regular communication between providers, AAAs and MBA. Meetings include quarterly provider association meetings. Bring everyone together for at least one in-person meeting per year.	Y	
Implement feedback loop on requests and requirements. Opportunity for discussion on these topics will be included in the regular meetings with providers, AAAs and MBA.	Y	
Encourage AAAs to have representatives from other AAAs participate in their proposal review process.	Y	
AAA will include Nutrition Providers on their advisory boards as ex-officio members.	Y	

Priority 2 - Build Relationships in the Aging Network

Strategy 4. Improve communication channels across Minnesota's aging network.	Acceptance Y/N	Need More Information
Tactics		
Establish an area on the MBA extranet to share program forms, information, new ideas, and challenges related to providing nutrition services to older Minnesotans. Area Agency and nutrition provider staff would have access.	Y	
Build and expand referral networks for providers including long term care and home health providers. Assure that nutrition services are included and linked to other services as appropriate.	Y	
Develop and use a consistent message about the value of the Senior Nutrition Program that can be communicated to funding sources including state and local government .	Y	

Priority 3 - Improve Sustainability

	Acceptance Y/N	Need More Information
Strategy 1. Explore innovative methods of cost containment.		
Tactics		
Incorporate the nutrition program into federal long-term care reform efforts, such as Project 2020.	Y	Need more information
Determine costs and benefits of existing and new service delivery models, including bundled service delivery, frozen meals, group purchasing and/or a single caterer for multiple programs. Disseminate models identified as cost-effective statewide, as appropriate.	Y	Need more information. Good idea, but how will it play out and will the providers be involved in the process?
Strategy 2. Enhance methods to assure quality of service.		
Tactics		
Define and measure quality standards based on metrics that include consumer preference, costs, current research and cultural needs.	Y	Who will define? Include providers in the process of defining and establishing standards.
Strategy 3. Develop new models Continue to develop methods to recruit and retain volunteers.		
Tactics		
Facilitate program exchanges between Minnesota's Area Agencies on Aging and providers on ways to engage volunteers. Continue to learn from others	Y	

states on ways to recruit and retain volunteers.		
Develop a process to Assess the costs and benefits to using volunteers versus paid staff.	N	Need more information

SENIOR NUTRITION PRIORITIES and DIRECTIONS 2009 – 2014

Priority 1 - Maximize Resources

Strategy 1. Target the most vulnerable.

Tactics

- Ensure that Older Americans Act targeting criteria are met.
- Balance the need for socialization with health and nutrition needs when possible
- Target older adults who are identified to be at high nutrition risk. Greater detail is needed on the specifics of the targeting criteria both from a policy and implementation perspective.
 - ~~Pilot nutrition risk targeting~~ Develop and implement statewide nutrition risk targeting.
 - Give priority to providing nutrition services to individuals who meet these criteria in both the congregate and home-delivered meals programs.
 - Develop both a policy and implementation plan focused on the targeting criteria for both home delivered meals and congregate dining.
 - Targeting criteria will be written into the revised home delivered meal and congregate dining RFP template. Training will be provided to AAA contract managers on the new template prior to implementation.
- Develop criteria for services – phase in migration to serving higher risk/need. In part, use CMS income data by zip code to target services.
- Develop statewide policy on opening and closing sites, and on allowable reductions in service.
- Develop a template to analyze project demand by targeted population of any new site request and demonstrated commitment of community.
- Investigate, and if warranted, pilot private pay approach as a way to assure sustainability and maximize resources.
- Investigate ways to maximize contribution levels including offering enhanced meal options.
- Develop an improved and consistent method to identify and track both the unmet needs of underserved communities and the waiting lists of current sites. ~~by tracking waiting lists, intake requests and Senior LinkAge Line calls and other potential methods that were identified.~~

- Encourage [meeting](#) unmet needs and waiting lists through the expanded use of consumer directed supports and private fee for service options.

Strategy 2. Achieve a collective understanding of available resources and identify ways to leverage these resources.

Tactics

- Establish the [Contracts Workgroup](#) represented by providers, AAA, and MBA staff to update and streamline the contracting process. Evaluate the new contracting process [after year one of implementation and re-evaluate contracting process every 3-5 years.](#) ~~on an annual basis, with input from providers and AAAs.~~
- Implement a new RFP/Contract Template that will include statewide standardized cost definitions, reviewed standards aligned with minimum OAA requirements, and additional methods to minimize provider risk, and mid-course contract renegotiations.
- Issue separate RFPs for:
 - costs and payment for meals and related costs
 - nutrition education and outreach [\(We support removing the requirement of nutrition education and outreach from the RFP containing meals. However, we believe it is important to have nutrition education and outreach remain a priority of nutrition funding. An AAA may have a separate RFP for nutrition education to implement an evidenced based or evidenced informed program.\)](#)
 - ~~—~~ [NAPIS registration](#)
- Assure adequate communication about available resources between Area Agencies on Aging and providers.
- Clarify and maximize the use of Elderly Waiver, Alternative Care and Title III to provide nutrition services to older Minnesotans [of the targeted population.](#)
- Leverage other nutrition programs, including the Nutrition Assistance Program for Seniors (NAPS), Senior Farmers Market, and Food Support/Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) to help maximize resources [of the targeted population.](#)
- [In serving older adults outside the statewide developed targeted population, encourage referrals to fee-for-service options.](#)
- [Encourage the development of income producing nutrition services outside of Title III.](#)

Strategy 3. Expand the use of technology and identify other ways to streamline data collection that will more fully use data to drive program changes

Tactics

- Establish the Data Workgroup to:
 - 5) identify and facilitate implementation of technology that might include bar code cards, scannable forms and finger print tracking
 - 6) research financial sources and partners to implement new technology
 - 7) establish benchmarks to reach 100% NAPIS registration form completion
 - 8) identify statewide data components that will be utilized to inform nutrition program planning.
- Explore options to facilitate completion of NAPIS registration forms, with particular emphasis on the nutrition risk assessment.
- Improve the use of technology to collect and analyze detailed cost information by site.

Strategy 4. Enhance nutrition education to empower consumers to make healthful choices

Tactics

- Investigate options of statewide nutrition education contract through competitive RFP or other innovative approaches.
- Partner with other organizations/networks that are focused on the health of older adults, including University of MN Food and Nutrition Network and University of Minnesota Extension.
- In collaboration with the MN Department of Health, disseminate evidence-based health promotion and disease prevention models statewide, including Eat Better Move More and Healthy Eating for Successful Living.

Priority 2 - Build Relationships in the Aging Network

Strategy 5. Rebuild trust at all levels.

Tactics

- MBA will meet in-person at minimum at least annually with providers and AAAs to collectively address challenges in service delivery. Opportunity for discussion on these topics will be included to gather input from all groups
- ~~MBA will establish and coordinate a schedule to ensure regular communication between providers, AAAs and MBA. This will include implementing the feedback loop on requests and requirements. (move to strategy 2)~~
- Encourage AAAs to have representatives from other AAAs participate in their proposal review process.

Strategy 6. Improve communication channels across Minnesota's aging network.

Tactics

- Ensure regular communication between providers, AAAs and MBA through establishing an area on the MBA extranet ~~Establish an area on the MBA extranet for Area Agency and nutrition provider staff to share program forms, information, new ideas, and challenges related to providing nutrition services to older Minnesotans.~~
- Build and expand referral networks for providers including long-term care and home health providers. Assure that nutrition services are included with these groups and linked to other services as appropriate.
- Develop and use a consistent message about the value of the Senior Nutrition Program that can be communicated to funding sources including state and local government.