



Senior Nutrition Task Force

Report to the Minnesota Board on Aging

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Executive Summary

The second phase of the Senior Nutrition Task Force (March – Nov. 2009) has focused on improving targeting, modernizing the program through increased use of technology, and expanding program innovations. This report is submitted to the Minnesota Board on Aging (MBA) and outlines the recommendations by the Task Force for key strategies, activities and benchmarks to guide program implementation efforts over the next five years. The Task Force believes that this work will result in a Senior Nutrition Program that is more efficient, consumer-centered, flexible and innovative.

Targeting

The 2006 reauthorized Older Americans Act (OAA) includes new language to target services to individuals at risk for institutional placement and defined this as individuals with 2 or more limitations in Activities of Daily Living. Additional targeting criteria focus on nutrition risk and reaching older adults who live in rural areas, have Limited English Proficiency and are members of diverse populations. The Task Force recommends that MBA staff, Area Agencies on Aging (AAAs) and Nutrition Providers continue to improve the accuracy and comprehensiveness of the participant data and to regularly compare the status of Minnesota's targeting with national benchmarks tracked by the U.S. Administration on Aging.

Program Innovations

The AAAs and Nutrition Providers are already undertaking significant work to modernize the Senior Nutrition Program. Each service area has adapted to the statewide trends affecting the program by implementing approaches that best meet the needs, and tap the resources available, in their communities – the strength of locally based decision making.

- It is in this context that the Task Force recommends charging each Area Agency on Aging to work with its nutrition providers to expand at least one of its existing innovations in CY 2010.
- In addition, each Area Agency on Aging, in partnership with the nutrition providers, must identify at least one innovation new to their service area to implement through the CY 2011 Area Plan. In order to do so these innovations must be systematically evaluated and chosen by July 2010.

Some of these innovations have already been implemented in at least one service area of the state: Diners Club/vouchers, rural bundle delivery, ethnic meals and grocery shopping, broader food resource outreach and awareness, increased consumer choice of meals and delivery, nutrition integrated into chronic care management and healthy eating programs. Additional innovations to consider include: bar code cards for meal tracking, contributions and discounts; and expanded voucher and other consumer directed options.

Technology

The Task Force recommends that significant improvements be made to the NAPIS data system in order to increase administrative efficiency, targeting effectiveness, flexibility, user friendliness and improve report functions. In addition, MBA staff, AAAs and Nutrition Providers will continue to explore the use of technology at meal sites, such as bar code cards and scanners, to increase efficiencies.

Increase Communication

The Task Force recommends that MBA staff, AAAs and Nutrition Providers continue to build relationships across the network. The Task Force agreed on a schedule of regular communication, problem solving and training to facilitate implementation of the strategies and activities outlined in this report.

Background

In May 2008, the Minnesota Board on Aging established the Senior Nutrition Task Force (Task Force). The original charge to the Task Force stated: “The forces shaping the nutrition needs and preferences of current and future older adults, as well as the impact on the Senior Nutrition Program, must be reviewed. The current focus on at-risk, frail individuals needs to be analyzed in conjunction with the need to either deliver food to frail persons or to transport people to the food.”

In March 2009, the Task Force presented their report to the Minnesota Board on Aging (MBA). The Task Force articulated a vision for the Senior Nutrition Program: **Older Minnesotans will maintain their independence through access to healthy foods.** The Task Force also updated the Senior Nutrition Priorities and Directions for 2009-2014. The Priorities and Directions were organized under three major priority areas:

1. Maximize Resources,
2. Build Relationships, and
3. Improve Sustainability.

Targeting criteria for congregate and home-delivered meals was included in the report to highlight the importance of strategically using program resources to serve those individuals with high levels of need for service but who are not yet eligible for other public home and community-based service programs.

Congregate Meals: individuals age 60+ who are at moderate to high nutrition risk. Greater priority will be given to individuals with incomes at or below poverty level and who meet at least one of the following criteria: (a) member of diverse population, (b) limited English proficiency, and/or (c) lives in rural area.

Home Delivered Meals: individuals age 60+ who are at high nutrition risk and have 2 or more limitations in Activities of Daily Living (ADLs). Greater priority will be given to individuals with incomes at or below poverty level and who meet at least one of the following criteria: (a) member of diverse population, (b) limited English proficiency, and/or (c) lives in rural area.

In accepting the Task Force Report, the MBA stated that it understands the Priorities and Directions will continue to be refined and made more specific. In addition, the MBA requested that more specific proposals regarding new models of service delivery, modernizing the program through increased use of technology, and targeting will be presented. The MBA directed that the Task Force work on these three issues continue with a report to the Board at the December 2009 meeting.

Statewide Trends

The trends described below have a particularly significant impact on the statewide Senior Nutrition Program. They will continue to do so over the next 10 years. It will be important for the MBA, Area Agencies on Aging (AAAs) and Nutrition Providers to understand and respond to these trends in order to continue to provide high quality, consumer-focused service in the most cost-effective ways.

Aging of the Population

- Minnesota's age 65 and older population is expected to rise sharply over the next two decades (by 125%) and represent an increasing proportion of the total population (going from the current 12% to 22%).
- According to the State Demographer, while 30 percent of the state's total population lives in rural Minnesota, 41 percent of those aged 65 and older live there.

Increasing Diversity

- Between 2000 and 2007, the Latino, Asian and Black populations all increased at a much faster pace than the white, non-Latino population.
- Older adults are expected to make up increasing proportions of these population groups, including immigrants particularly from Southeast Asia. The vast majority of these older adults will live in the Twin Cities metro area.

Economic Downturn

- As a result of the current economic downturn, Minnesota – and the nation – has seen an increase in unemployment numbers, the number of households living below poverty level, and a marked increase in the number of people going to food shelves.
- Minnesota's older adult population has been affected significantly by the poor economy. In addition, individuals who once thought they were near retirement are reevaluating their situation and future prospects.

Senior Nutrition Program

- Annually 5 million meals are served to approximately 85,000 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.
- Starting in the 1990s, both nationally and in Minnesota, the congregate dining program has seen a steady decrease in persons participating and number of meals.
- 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.

Regional Trends and Innovations

Each Area Agency on Aging, in partnership with its nutrition providers, has responded to these trends through targeting program resources and implementing innovative service delivery models in different ways. Described below is a sampling of their efforts.

Northeast

Three of the seven counties in Northeast Minnesota continue to lose population while the remaining counties experience modest growth. Those counties experiencing a loss in total population have witnessed a related decrease in population density. Many communities in the service area have very limited resources to provide the nutrition needed by older adults. Distances between these resources can be quite large. In response, the Arrowhead Economic Opportunity Agency (AEOA), in partnership with the Arrowhead Area Agency on Aging (Arrowhead AAA), **delivers bundles of groceries, frozen meals, prescription drugs** and other items to older adults who are living in these increasingly rural and isolated areas. These individuals may not otherwise receive nutrition services due to the high cost of making a daily delivery. This program has served a very low income population to date, a significant number of whom are on Alternative Care or Elderly Waiver. The counties report a decrease in emergency calls to the houses of the bundled service recipients as a result of this service.

Central

The Central Minnesota service area expects to continue to see an increase in total population and in older age groups over the next several years. Older adults from diverse populations currently make up a small proportion of the overall population but are expected to move to the area to be with younger family members over the next 10 years. Older adults living outside of the St. Cloud metropolitan area are living in increasingly rural and isolated areas. This dichotomy presents unique challenges in meeting the nutrition needs of older adults in the service area. The Central MN Council on Aging and Catholic Charities have been exploring the role of the home-delivered meal assessment in identifying the nutrition needs of high risk older adults (and family caregivers) as well as their other needs for support. Often these individuals are just beginning to access services such as chore, homemaker and transportation. This could be the strategic time to “catch” them and offer **chronic care management** supports and resources, as well as caregiver support, in order to better stabilize their health and living situation. In 6 congregate dining sites, Catholic Charities has partnered with MN Pharmacy Solutions, LLC to incorporate **medication management** into the noon meal gathering time. A Doctor of Pharmacy meets with the older adults to provide group education on medication management topics and conducts one on one counseling regarding medication matters specific to each individual.

Metro

The Twin Cities Metro area has over 45% of the state's older adult population. This population is expected to continue to grow in most of the seven counties. The area has also seen a modest increase in diversity, including growing numbers of Southeast Asian and African elders. In addition, there are significantly more older adults going to food shelves and fewer participating in *traditional* congregate dining. However, demand for ethnic meals in congregate settings continues to increase. There is also a growing preference among congregate diners and recipients of home delivered meals to exert choice in what and when they eat.

MAAA and its nutrition provider partners are responding to trends and demand. For example, Presbyterian Homes offers home delivered meal participants **choice of meal options and in frequency of delivery**: hot daily, frozen weekly or frozen bi-weekly. Presbyterian Homes also trains its staff drivers to conduct in-home assessments of meal recipients at the time of delivery. In 2009 MAAA, Presbyterian Homes and United Cambodian Association of Minnesota (UCAM) partnered to **meet the nutrition needs of Cambodian, Karen and Bhutanese elders** through a twice weekly noon meal and transportation to an East Asian grocery store with an outdoor farmers market. Other new services in 2009 include expanded Halal and kosher sites and no-beef/no pork option for Title III sites in Hennepin County. MAAA is also **partnering with area food shelves** and food banks to conduct outreach promoting congregate dining sites.

MAAA is closely monitoring its **strategic reimbursement model** implemented in 2008 to establish a uniform range of rates with consideration of the average participant contribution collected by each contractor. This new funding model incents performance and services to the target population.

MN Indian AAA

The Minnesota Indian Area Agency on Aging's (MIAAA) service area includes tribal reservations of The Minnesota Chippewa Tribe. These reservations are separated by many miles and tend to be very isolated. Many American Indian elders lack telephones, computers, Internet access, vehicles and many simply do not drive. As a result, the Senior Nutrition Program plays a critical role in not only meeting the nutrition needs of participants but also in connecting them with other needed services and social opportunities. The four Nutrition Program sites are implementing the **Matter of Balance** program with participants to reduce their fear and risk of falling. In addition, they are building raised gardens and incorporating more locally grown fresh foods into their noon meals.

Intergenerational gardening programs have been effective in connecting the generations and often involve elders teaching traditional cooking techniques and dishes to school-age children.

Southeast

The 2010 projection for the 60+ population in Southeast Minnesota is expected to show an increase overall and in diverse populations. A significant proportion of those older adults have incomes at or below poverty. In addition, the service area has, on average, the longest life expectancies in the state. The Southeast Minnesota Area Agency on Aging (SEMAAA) partnered with Three Rivers CAP to implement **Fresh Foods for Feasting**, a program for older adults interested in learning how to purchase and use foods from the local Farmer's Market on a budget. A Registered Dietician accompanies the group on trips to the Farmer's Market to guide their purchases and assist them with journaling their purchases, expenses and experiences along the way. The group also attends classes on how to use the fresh produce in a variety of ways. This program has been implemented once to date with 16 participants. All participants, except for one, had incomes at or below 200% federal poverty level. SEMAAA worked with the Rochester Senior Center to provide **vouchers to an East African restaurant** located on the same block. The vouchers are distributed by a staff person at the senior center who is able to assist with interpretation needs. The senior center also conducts English as a Second Language (ESL) classes. Approximately 20 male Somali older adults participate in this program.

Southwest

The population of Southwest Minnesota is diverse in economic status and includes people living in isolated rural areas as well as a fairly large economic center, Mankato. The economic downturn has affected older adults and their ability to meet basic needs. The number of older adults from diverse populations is small but expected to grow over the next ten years. Minnesota River Area Agency on Aging, Inc ® (MNRAAA) **increased access to Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) and food shelves** to older adults. This effort included public education about nutrition risk and available resources, developing referral protocols with the nutrition resources, incorporating the SNAP screening tool into aging service providers' intake/assessment process, informing congregate dining participants about options and expanding the delivery routes of Second Harvest Heartland. MNRAAA awarded Title III funding to LSS to provide **consumer choice meals for East African elders** in Willmar. Meals are available one day per week with approximately eight to ten elders participating. Completion of NAPIS Registration forms continues to be challenging, however several methods for collecting the required data are being explored and implemented.

Northwest

The Northwest service area of the state has the highest proportion of older adults who are spread over the largest geographic area and who are poorer than older adults in other service areas. The recent growth of the older population occurred in only 6 of the 21 counties in the service area, highlighting the continuing trend of younger individuals migrating from small towns to larger economic centers. These trends, coupled with the economic downturn, place serious pressures on

the Senior Nutrition Program. The Land of the Dancing Sky Area Agency on Aging (Dancing Sky AAA) is working closely with both of its nutrition providers to address these issues. To address the increasing isolation of older adults in the deep rural areas, Nutrition Services, Inc (NSI) **matches home-delivered meal recipients with volunteers** who regularly eat their noon meal together. Throughout the service area, there is an ongoing effort to balance cost-effective service delivery with maintaining social connections. Lutheran Social Services (LSS) has increased its education and outreach efforts with senior dining participants to **increase awareness of other food support options**, such as SNAP (formerly known as food stamps). SNAP participation by older adults in the service area has increased as a result of their efforts.

Program Priorities and Benchmarks

The following pages describe the context and progress to date for the major strategies that are being implemented to modernize the Senior Nutrition Program. Following these descriptions a 5-Year Implementation Plan will provide more detail regarding activities that will be implemented under each objective.

Priority 1: Maximize Resources **Objective A: Improve Targeting**

The targeting criteria outlined in the March 2009 Task Force Report mirrors the targeting language in the 2006 Reauthorized Older Americans Act (2006 OAA). The 2006 OAA includes new language to target services to individuals at risk for institutional placement and defined this as individuals with 2 or more limitations in Activities of Daily Living (see Appendix D for definition). This highlights the increased emphasis by the U.S. Administration on Aging to use Older Americans Act funds to strategically target those individuals with high levels of need for service but who are not yet eligible for other public home and community-based service programs. For Minnesota that means targeting individuals who are near eligibility for the Alternative Care and Elderly Waiver programs. Older Americans Act programs, such as the Senior Nutrition Program, can play a critical role in stabilizing the health and living situation of these individuals and delay – or even prevent – them from becoming eligible for other public programs.

In the 2009 Legislative session, a new program called Essential Community Supports was established for individuals who will no longer be eligible for Alternative Care or Elderly Waiver once a set of new level of care criteria take effect. Through this program, eligible individuals will be able to receive homemaker, chore, personal emergency response, and caregiver training/education. If needed, they will be referred to the Older Americans Act Title 3 funded Senior Nutrition Program to receive home-delivered meals. The Area Agencies on Aging and nutrition providers will focus a portion of their program resources on meeting the needs of these individuals. The result of this effort will be increased targeting of the Senior Nutrition Program.

In addition, MBA staff will work with Area Agencies on Aging and nutrition providers to improve targeting of services within the remaining population of older adults. Part of this effort will be continued work to improve the accuracy and comprehensiveness of the participant data. Another component of this effort will involve regular analysis of the participant data at the state, service area and local/site levels to compare the status of MN's targeting with national benchmarks tracked by the Administration on Aging.

Benchmarks

- Increase the percentage of Title 3 Senior Nutrition Program participants (congregate and home-delivered) who have a high initial nutrition risk score.
- Increase the percentage of Title 3 Senior Nutrition Program participants with 2 or more limitations in Activities of Daily Living who receive home-delivered meals.
- Increase the percentage of Title 3 Senior Nutrition Program participants, with a high initial nutrition risk score, who receive 5 or more meals per week (congregate and home-delivered).
- Maintain the percentage of Title 3 Senior Nutrition Program participants who live in rural areas as equal to the percent of all MN older adults who live in rural areas.
- Increase the percentage of Title 3 Senior Nutrition Program participants who have incomes 100-200% federal poverty level to 10% greater than the percent of all MN older adults who have incomes 100-200% federal poverty level.

Objective B: Improve Technology

The most significant piece of technology used by the Senior Nutrition Program is the National Aging Program Information System (NAPIS) data system that tracks program participants and meal counts. The majority of the data that is collected and reported is required by the Administration on Aging. The data system also provides functionality that supports implementation of the program at the local site level. A key focus of CY 2010 will be to make significant improvements to the NAPIS data system in order to increase administrative efficiency, targeting effectiveness, flexibility, user friendliness and improve report functions.

In May-September 2009, three Area Agencies on Aging and nutrition providers participated in a pilot program to test the use of bar code cards and scanners at congregate dining sites. The goal of the pilot was to determine if there is time saved with the use of this technology, as well as if there is any increase in the accuracy of the data. Three congregate dining sites participated in the pilot:

- Warren Senior Center, Warren;
- Whitney Senior Center, St. Cloud; and
- Lincoln Park Senior Center, Duluth.

The pilot did not show significant time savings. The pilot sites learned that, if this model is disseminated more widely, it would need to be implemented in a way in which the registration information could be collected electronically at the registration desk without being connected to the internet. Any further implementation will need to be put on hold until major improvements are made to the NAPIS data system. Those system improvements will support changes to site level data collection.

Further enhancements to the bar code card could make it an even more attractive option for congregate dining sites around the state. King County, Washington uses a bar code card for participant registration at their congregate meal sites. Card holders also receive discounts from local businesses. In Kansas, two congregate dining sites are piloting the use of a bar code card for participant donations so that participants are using their “credit card” just as other customers do at restaurant sites. The State of Ohio sends every resident age 60+ a Golden Buckeye Card that gives them access to discounts from over 20,000 businesses.

Benchmarks

- Increase the percentage of NAPIS data system users who report they are very satisfied with the data system and feel confident in their ability to collect and report necessary data.
- Increase the average amount of time saved per month to collect and report meal counts by site with the use of technology.

Priority 2: Build Relationships

Objective A: Increase Communication

A significant issue identified by the original Senior Nutrition Task Force was the lack of communication between and among state, Area Agency on Aging and nutrition provider staff. This lack of communication led to the need to rebuild relationships across the network. Within the last 18 months, the Task Force – and the broader statewide nutrition program staff – have made important progress in establishing regular communication and collective problem solving. This effort will continue in 2010 and into the future. One significant component of the communication will involve regular training for nutrition providers as well as Area Agency on Aging staff to guide targeting and quality assurance efforts.

Benchmarks

- Increase the percentage of Area Agency on Aging and nutrition provider staff who report they have a good understanding of program innovation efforts underway in other parts of the state.
- Increase the percentage of Area Agency on Aging and nutrition provider staff who report they receive adequate training, guidance and support from state staff in order to do their job well.

Priority 3: Improve Sustainability

Objective A: Disseminate Innovative Models

The innovations highlighted on pages 6-8 demonstrate the significant work that is already taking place in each service area to modernize the Senior Nutrition Program. The service areaal summaries also show that each service area is different and adapts approaches to best meet the needs, and tap the resources available, in their communities – the strength of locally based decision making.

- It is in this context that the Task Force recommends charging each Area Agency on Aging to work with its nutrition providers to expand at least one of its existing innovations in CY 2010.
- In addition, each Area Agency on Aging, in partnership with the nutrition providers, must identify at least one innovation new to their service area to implement through the CY 2011 Area Plan. In order to do so these innovations must be systematically evaluated and chosen by July 2010.

The AAAs and nutrition providers may choose an innovation from those included in the service areaal summaries on pages 6-8, or a different innovation. Another type of innovation for the Area Agencies on Aging and nutrition providers to consider is consumer direction. One model for **vouchers** that is currently implemented by some of the providers is what is commonly known as the **Diners Club**. However, this typically only provides one option to older adults and oftentimes in a small rural community where there may be only one restaurant. Questions remain regarding this model and possible variations. How could this model work for low income older adults in mid to large size cities? Could multiple dining options be made available where participants could use their vouchers? What are other ways to provide cost-effective consumer directed options for program participants that also ensure that the meals consumed meet OAA nutrition requirements?

Benchmarks

- In CY 2010, increase the percentage of nutrition sites that implement at least one existing innovation in each service area.
- In CY 2011, increase the percentage of nutrition sites that implement at least one new innovation in each service area.
- Increase the percentage of program participants who use a consumer directed option to receive their meals.

5-Year Implementation Plan

Vision: Older Minnesotans will maintain their independence through access to healthy foods.

Goals	Objectives	Description of 2010-2015 Activities
Priority 1: Maximize Resources	A. Improve Targeting	Regularly analyze NAPIS data to gauge success at reaching target populations. Use data to inform service delivery approaches and adjustments. Prepare for and implement monthly meal payment based on NAPIS data. Prepare for implementation of new Essential Community Supports Program.
	B. Improve Technology	Prepare for and implement significant improvements in NAPIS data system. Continue to test the use of technology at meal sites.
Priority 2: Build Relationships	A. Increase Communication	Increase frequency of technical assistance and training provided to AAAs and providers regarding NAPIS, targeting and quality assurance. Implement regular feedback loop on program improvement efforts.
Priority 3: Improve Sustainability	A. Disseminate Innovative Models	Expand existing innovations. Evaluate costs and benefits to identify and implement new service area innovations. Explore consumer directed nutrition options.

Calendar Year 2010 Workplan

Objectives	Activities	Timeline
Improve Targeting	1. Update participant data records in NAPIS data system. Increase proportion of participants with full NAPIS data.	Jan. 1, 2010 - ongoing
	2. Practice monthly NSIP reporting through NAPIS data system. Compare against separate monthly NSIP reports. Prepare for monthly meal payments to be based on NAPIS data only.	February 2010 and monthly
	3. Establish workgroup of state staff (DHS and MBA), AAAs and providers to prepare for implementation of Essential Community Supports (ECS) Program. Determine referral protocols, system capacity to meet nutrition needs of ECS participants and ECS participant/meal tracking.	January 2010 Quarterly mtgs and Email correspondence
	4. Conduct interim review of NAPIS data. Share report with AAAs and providers.	July 2010
Improve Technology	1. Clean up duplicate participant records in NAPIS data system. Improve participant data as noted above.	Jan. – Sept. 2010
	2. Implement action to improve NAPIS data system that was agreed upon in late CY 2009.	Jan. – Dec. 2010
Increase Communication	1. Conduct first annual statewide Nutrition Program-In-Review meeting (videoconference).	Feb. 11, 2010
	2. Conduct quarterly webinar trainings to increase consistency of participant and meal data entry and tracking, provide guidance on preparing data for system improvements, and compiling monthly meal reports in NAPIS data system.	Feb. (during statewide mtg), May, August, Nov.
	3. Shift MBA webpage for Senior Nutrition Task Force to Senior Nutrition Program Resource page. Page will provide information for AAAs and providers. www.mnaging.org/admin/ntf.htm	Jan. 2010
Disseminate Innovative Models	1. Expand at least one existing innovation per service area.	Jan. – June 2010
	2. Analyze costs/benefits of innovations.	Jan. – June 2010
	3. Identify at least one new innovation per service area for inclusion in Area Plans.	July 2010

Calendar Year 2011 Workplan

Objectives	Activities	Timeline
Improve Targeting	1. Launch monthly meal payment process based on NAPIS data only.	Jan. 1, 2011 and monthly
	2. New ECS Program begins.	Jan. 1, 2011
	3. Compile and disseminate CY2010 NAPIS Report.	Feb. 1, 2011
	4. Develop criteria for opening and closing meal sites.	July – Dec. 2011
Improve Technology	1. Launch improved NAPIS data system.	Jan. 1, 2011
	2. Provide ongoing technical assistance and trouble-shooting to AAAs and providers regarding use of data system.	Jan. 1 and ongoing
Increase Communication	1. Conduct second annual statewide Nutrition Program-In-Review meeting.	Feb. 2011
	2. Conduct quarterly webinar trainings on use of improved NAPIS data system and quality assurance strategies.	Feb. (during statewide mtg), May, August, Nov.
Disseminate Innovative Models	1. Implement new service area innovations.	Jan. – June 2011
	2. Evaluate mid-term and full year implementation efforts.	June and Dec. 2011
	3. Determine approach to replication.	Dec. 2011

Calendar Years 2012-2015 Workplan

Objectives	Activities	Timeline
Improve Targeting	1. Use new criteria for opening/closing meal sites – as well as NAPIS and Census data – to inform adjustments to service delivery methods.	Jan. 2012 and ongoing
	2. Review first year implementation of ECS Program. Determine if any changes are necessary to referral protocols or other aspects.	Feb. 2012 (during statewide mtg) and annually
	3. Compile and disseminate annual NAPIS report.	Feb. annually
Improve Technology	1. Pilot the use of remote online NAPIS registration form completion (bring laptops into homes of home delivered meal participants, new and reassessments).	2012
	2. Pilot the use of a scannable NAPIS registration form.	2012
Increase Communication	1. Conduct annual statewide Nutrition Program-In-Review meeting.	Feb. annually
	2. Conduct quarterly webinar trainings on program implementation and improvement efforts.	Feb. (during statewide mtg), May, August, Nov.
Disseminate Innovative Models	1. Implement replication approach decided upon in late 2011.	2012-2015

Appendix A: 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. 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.
- Clarify and maximize the 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 to more fully use data to improve program efficiencies and 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.
- Use improved NAPIS reporting to improve targeting and increase program efficiencies.

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 B: 2009 Senior Nutrition Task Force Members

July – December 2009

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Appendix C: Bar Code Card Pilot Report

Introduction

The Senior Nutrition Task Force was established in June 2008 by the Minnesota Board on Aging to chart out a new direction for the Senior Nutrition Program. As part of their work, the Task Force updated the Senior Nutrition Priorities and Directions for 2009-2014. One of the strategies included in the Priorities and Directions is to: expand the use of technology and identify other ways to streamline data collection.

A pilot of bar code cards for daily registration was implemented May – September 2009. The goal of the pilot was to determine if there is time saved with the use of this technology, as well as if there is any increase in the accuracy of the data. Three congregate dining sites participated in the pilot:

- Warren Senior Center, Warren
- Whitney Senior Center, St. Cloud
- Lincoln Park Senior Center, Duluth.

At each site, regular dining participants were given a card with their name on one side and a bar code with ID number on the other side. Participants were asked to bring their card each day they ate lunch at the dining site and scan their card at the registration desk. The bar code was instantly recorded in the NAPIS database (AIM) and added one meal to the daily meal count for that site. It was anticipated that potential time savings would result from no longer having to record daily participation on a paper roster sheet and keying it in. It was also anticipated that the use of the cards would increase the accuracy of the daily meal counts, resulting in less time spent making corrections at the end of each month.

The findings contained in this report will be used to inform the decision by the MN Board on Aging, Area Agencies on Aging and Nutrition Service Providers regarding whether or not to expand the use of this technology to additional congregate dining sites in the state. The following pages describe the pilot experience at each of the participating sites, including results of participant surveys.

Implementation Costs

Cost Item	Detail	Cost	Source
Laptop	3 @ \$750 each	\$2,250	MBA – in-kind
Scanner – short range	3 @ \$80 each	\$240	MBA purchase
Scanner – long range	3 @ \$152 each	\$456	MBA purchase
Scanner stand	3 @ \$24.95 each	\$74.85	MBA purchase
Internet access	Initial set-up, 3 @ \$50 each	\$150	Provider purchase
	Re-wiring/adjustments 1 provider @ \$300	\$300	MBA purchase
	Maintaining connection 3 providers @ \$45/mo x 2.5 months	\$337.50	Provider purchase
Bar Code Cards	300 @ \$1.00 each	\$300	Company in-kind donation
MBA staff time	Initial logistics – 16 hrs	\$480	MBA in-kind
	Linking cards with participants (including changing participant IDs) – 10 hrs	\$300	MBA in-kind
	(3) Pilot site visits – 30 hrs	\$300	MBA in-kind
AAA staff time	Initial site visit, reprogramming scanner, conference calls with site and MBA – 3 AAAs @ 100 hrs each	\$6,000	CMCOA in-kind
Provider/pilot site staff and volunteer time	Printing rosters, highlighting pilot participants – 3 providers @ \$12 each	\$36	Provider in-kind
	Staffing registration desk, assisting participants with scanning (including set-up and take down of equipment) 3 providers @ \$2,463 each	\$7,389	Provider in-kind
	Reviewing daily scanning, making adjustments 3 providers @ \$616 each	\$1,848	Provider in-kind
	Reviewing monthly meal count, comparing against paper roster counts, making adjustments 3 providers @ \$31 each	\$93	Provider in-kind
	Conference calls with MBA, AAA 3 providers @ \$215 each	\$645	Provider in-kind
	Pilot site visit 3 providers @ \$182 each	\$546	Provider in-kind
	TOTAL COST	\$21,745	

Lincoln Park Center, Duluth

Start Date	June 1, 2009
End Date	August 31, 2009
Total participants at site	9
Number of participants with bar code card	17
Successes	<p>For the most part, participants did not have trouble remembering to bring their cards. Some participants have memory loss so it was challenging for them to remember.</p> <p>If a card will not scan, wiping it off helped.</p>
Challenges	<p>Establishing internet connection: Attempted to first use wireless internet that is accessed one floor above dining site. This did not work. Site had to get internet connection hardwired to registration desk (cost \$300).</p> <p>Scanner: first scanner was a short-range scanner that was very difficult to use. Changed to a long-range scanner that more easily read the bar codes.</p> <p>Multiple log-in for computer and AIM database is challenging for staff and volunteer.</p> <p>When a participant's card is scanned their ID number shows on the laptop screen – not their name. It is hard to verify if the card was read correctly if the name is not seen.</p> <p>The laptop times out too quickly.</p> <p>Scanning participant bar codes (for those who forgot their card) on paper roster was very difficult.</p>
Impact	
Set-up at registration desk	20 minutes
Entering weekend data (Friday and Sunday meals were tracked by paper roster after volunteer refused to use scanner)	<p>30-45 minutes required to check roster for accuracy and make any necessary corrections.</p> <p>30 minutes spent reconciling paper roster with AIM (double book-keeping to track accuracy of scanned bar codes and meal counts).</p>
End of month paperwork	3 hours

Results of Participant Surveys (15 total responses)

1. Overall, how satisfied are you with your Diner's Card?				
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
2	0	3	9	1
2. How difficult is it for the scanner to read your Diner's Card?				
Very difficult	Somewhat difficult	Neutral	Somewhat easy	Very easy
0	1	2	4	8
3. How difficult it is to remember to bring your Diner's Card to the dining site?				
Very difficult	Somewhat difficult	Neutral	Somewhat easy	Very easy
0	1	4	4	6
4. Would you recommend that your senior dining site continue to use the Diner's Cards?				
Yes	Neutral	No		
7	2	6		
5. Do you have any additional feedback that you'd like to provide?				
<ul style="list-style-type: none"> • Cashier very nice & does good job & always pleasant in her job. • Why is it necessary? 				

Warren Senior Center, Warren

Start Date	May 18 June 1 – participants received cards to take with them
End Date	August 31
Total participants at site	31
Number of participants with bar code card	45 use cards; 32-40 take their cards with them
Challenges	Establishing internet connection: First attempt with wireless did not work – connection was not strong or consistent enough. Had to get hardwired – delayed start date for 2 weeks.
	Scanner: first scanner was a short-range scanner that was very difficult to use. Changed to a long-range scanner that more easily read the bar codes.
	Laptop times out too quickly. Site manager had extended the “sleep period” to 50 minutes but even that was not long enough.
	Most participants had difficulties scanning. Either they could not hear beep when their card was scanned, so they scanned it multiple times, or they thought they heard it but the card had not gotten scanned.
	Participants had a hard time remembering their punch card for their meals as well as the diners card.
Impact	
Daily corrections	At the end of each day, site manager would have to check the daily meal count and make corrections before verifying the data. This added 15 minutes to her staff time each day. This was too much to ask a volunteer to do.

Results of Participant Surveys (18 total responses)

1. Overall, how satisfied are you with your Diner's Card?				
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
0	1	11	3	1
2. How difficult is it for the scanner to read your Diner's Card?				
Very difficult	Somewhat difficult	Neutral	Somewhat easy	Very easy
0	6	7	1	4
3. How difficult it is to remember to bring your Diner's Card to the dining site?				
Very difficult	Somewhat difficult	Neutral	Somewhat easy	Very easy
0	3	5	2	7
4. Would you recommend that your senior dining site continue to use the Diner's Cards?				
Yes	No			
9	8			
5. Do you have any additional feedback that you'd like to provide?				
<ul style="list-style-type: none"> Participants felt that, to make the card worthwhile, it should be used for other purposes – discounts, contributions, etc. 				

Whitney Senior Center, St. Cloud

Start Date	May 27 July 1 – participants received cards to take with them
End Date	September 30
Total participants at site	107 average daily participation
Number of participants with bar code card	90
Successes	<p>Long range scanner worked better than short range. It made it easier for volunteers to ensure scanning was successful.</p> <p>Pilot worked better once a few volunteers were trained to watch over the scanning for the 1.5 hours of the noon meal. This allowed the site manager to get her other work done.</p>
Challenges	<p>Internet connection: Initially the internet connection from the nearby computer lab was extended to the registration desk. Midway through the pilot the internet service was stopped and took 2 weeks to get back up and running.</p> <p>Scanner: first scanner was a short-range scanner that was very difficult to use. Changed to a long-range scanner that more easily read the bar codes.</p> <p>Initially participants feared that they would lose or forget their card so they did not want to have to keep them.</p> <p>Front desk volunteers had difficulty hearing the scanner so didn't know when it had successfully scanned a card.</p> <p>Laptop times out too quickly.</p> <p>In order to accurately track who had a bar code card and who did not, Catholic Charities main office staff had to highlight pilot participants on the daily roster before sending that over to Whitney.</p> <p>Some participants were confused by the card, questioned if they still had to make a contribution if they had the card.</p>

Impact	
Set-up at registration desk	Site manager always did set-up and take down of scanning equipment. 15 min.
Volunteers sometimes oversaw participants scanning cards	Different volunteers were needed than those who would normally help staff the registration desk.
End of month paperwork	Catholic Charities office staff saved 20 minutes of time compiling monthly meal counts.

Results of Participant Surveys (51 total responses)

1. Overall, how satisfied are you with your Diner's Card?				
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
6	9	21	4	10
2. How difficult is it for the scanner to read your Diner's Card?				
Very difficult	Somewhat difficult	Neutral	Somewhat easy	Very easy
1	8	11	12	17
3. How difficult it is to remember to bring your Diner's Card to the dining site?				
Very difficult	Somewhat difficult	Neutral	Somewhat easy	Very easy
2	4	10	12	21
4. Would you recommend that your senior dining site continue to use the Diner's Cards?				
Yes	No			
16	26			

5. Do you have any additional feedback that you'd like to provide?

1) None 2) Three Nos 3) It helped to alleviate unnecessary hassle. It made identification easier. 4) Keep up the good work, what a wonderful place to come too. 5) This is a wonderful place to come too. The people are friendly and the food is good. It feels like home. 6) Takes time to do properly but ok. 7) Complete waste of money and effort. Worthless. We have enough volunteers to keep records and register diners. 8) The numbers are hard for me to see and place under camera, poor vision. 9) It shouldn't be used. 10) Bring on the good food. Does not carrying card – diner blind. 11) The card simply isn't necessary. 12) Doing one or the other. 13) Please settle on one system or the other. 14) Information believe too personal – name – ID number. 15) Your choice. 16) Flunked – too many cards in wallet already. 17) Whatever works best for your system.

Conclusion

A total of 84 pilot participants responded to a survey regarding their experience using a Diner's Card. The highlights below summarize the survey results across the three pilot sites.

- 45% of the survey respondents indicated they were neutral when asked for their satisfaction level with the Diner's Card.
- Of the remaining respondents, most indicated they were satisfied or very satisfied with the Diner's Card.
- 35% of survey respondents indicated that it was very easy to scan their Diner's Card.
- An equal proportion indicated that it was either somewhat easy or they were neutral about scanning their card.
- 68% of survey respondents indicated that it was somewhat easy or very easy to remember to bring their Diner's Card to the dining site.
- When asked if they would recommend that their dining site continue to use the Diner's Card 43% of the survey respondents said yes and 54% said no.

A significant finding of the pilot was that it did not save staff time but, rather, shifted: (1) the amount of time spent on pilot-related activities from one staff person to another or (2) the proportion of time spent by one staff person from one activity to another activity.

If this technology is disseminated more widely it would need to be implemented in a way in which the registration information could be collected electronically at the registration desk without being connected to the internet. Any further implementation will need to be put on hold until major improvements are made to the NAPIS data system. This may involve improvements to AIM or switching over to a different data system.

Appendix D: Definitions

Impairment in Activities of Daily Living (ADL) --The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

Impairment in Instrumental Activities of Daily Living (IADL) -- The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance).