

Targeting Senior Nutrition Services: What does it mean?

Age & Disabilities Odyssey

Tuesday, August 18, 2009

10:30 a.m. – 11:45 a.m.

Kari Benson, MN Board on Aging

Connie Bagley, SE MN Area Agency on Aging

Marilyn Ocepek, Arrowhead Economic
Opportunity Agency



Overview of Session

- Background and Current Efforts
- Eligibility vs. Targeting
- Possible Goals for Targeting
- MN Level of Care Criteria Changes
- Data on current program participants
- How do we move forward – together?



Background - OAA

- The Older Americans Act was reauthorized in 2006.
- Language was added to the Act to further delineate priority population groups to receive Older Americans Act-funded services.
- Language was also added to increase the priority of meeting consumer needs and preferences.



Current Efforts – Task Force

- In May 2008, the Minnesota Board on Aging established the Senior Nutrition Task Force.
- In March 2009, the Task Force provided a report to the Board.
- Included in the report were updated Senior Nutrition Priorities and Directions, as well as targeting criteria for the program.



Current Efforts – Senior Nutrition Priorities and Directions

- Priority 1 – Maximize Resources
- Strategy 1 – Target the most vulnerable.
 - Balance the need for socialization with health and nutrition needs.
 - Target older adults at high nutrition risk.
 - Develop criteria for services.



Current Efforts – 2009 Targeting Criteria

- Congregate Meals
 - 60+ and moderate-high nutrition risk
 - Moderate nutrition risk: score 3-5 on Nutrition Risk checklist
 - High nutrition risk: score 6 or higher
 - (handout)



Current Efforts – 2009 Targeting Criteria

- Home-Delivered Meals
 - 60+, high nutrition risk, 2+ Activities of Daily Living limitations
 - Activities of Daily Living:
 - Working towards consistent interpretation
 - (handout)



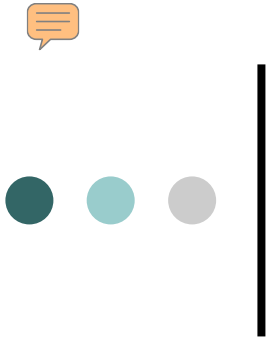
Current Efforts – 2009 Targeting Criteria

- Greater priority for low income individuals who are also: member of diverse pop., LEP or live in rural area
 - Diverse populations
 - Limited English Proficiency
 - Rural
 - (handout)



Targeting vs. Eligibility

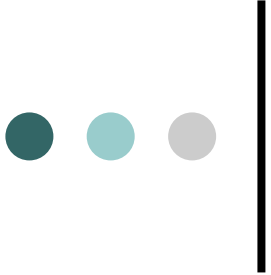
- Preparing for Jan. 1, 2010 “launch” of statewide effort to improve participant data collection and targeting of nutrition services.
- There is a lot of “room” between targeting criteria and basic program eligibility (age).
- How do we move forward - together?



Targeting vs. Eligibility: Should we set goals?

Some of AoA's indicators:

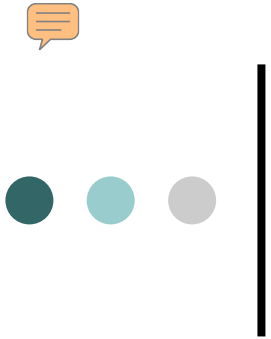
- Increase the percentage of OAA clients who live in rural areas to 10% greater than the percentage of all U.S. elders who live in rural areas.
- Increase number of states that serve more elderly living below poverty level.



Targeting vs. Eligibility: Should we set goals?

Some of AoA's indicators:

- Increase percentage of congregate meal recipients who live alone.
 - Improve well-being and independence



Targeting vs. Eligibility: Should we set goals?

Some of AoA's indicators:

- Increase % of home-delivered meal recipients with 3+ IADL limitations.
 - Improve well-being and independence
- Increase the number of severely disabled clients (defined as persons with 3+ ADL limitations) who receive selected (home-delivered meals) home and community-based services.
 - Target services to vulnerable elders



MN's New Level of Care Criteria

- Effective January 1, 2011
- Change in functional threshold to be eligible for benefits
- Based on objective functional criteria
- Previously it was more heavily weighted by clinical judgement



MN's New Level of Care Criteria

- One or more of the following:
 - High need for assistance with 4 or more (of 8) ADLs, or
 - Dependence on one “critical” (non-schedulable) ADL, or
 - Ongoing need for clinical monitoring, or
 - Assistance due to difficulty with memory, or
 - 90 day qualifying stay in nursing home, or
 - High risk of institutionalization



Target Group for new Essential Community Supports Program

- Impacts 3,000 people on EW/AC and 400 people on CADI
- All but 1,100 are eligible for MA State Plan Services
- Those who will not receive MA State Plan Services will be eligible for Essential Community Supports grants
- Will be administered similar to how AC is implemented



Essential Community Supports Program: Nutrition Implications

- \$400 monthly allocation (starting 1/1/2011)
- Must need at least one of the following:
personal emergency device/system,
caregiver support, homemaker or chore.
- Service coordination is included.
- Those who need home delivered meals
will be referred to a Title III nutrition
service provider.



TIME TO REVIEW

- Senior Nutrition Targeting Criteria
- 2+ ADLs = highest priority
- Upstream of AC and EW – also upstream of Essential Community Supports
- Our focus needs to be on how to most strategically use state and federal senior nutrition funds
- Now we'll look at current program

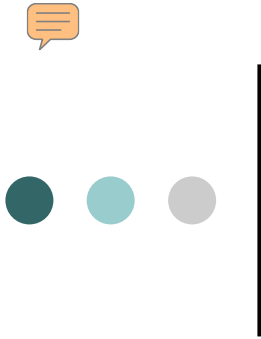
Public and Private Pay Target Groups

% 2009 Federal Poverty	At or below 100%	At or below 200%	At or below 250%	Above 250%
	EW	EW-SIS AC	Title III	Title III
			Private Pay – fee for service	Private Pay – market rate
Gross Monthly Income (1)	\$903	\$1,806	\$2,258	\$2,259
Gross Monthly Income (2)	\$1,214	\$2,428	\$3,035	\$3,036



Current Program Participants: Congregate (2008 NAPIS)

- 56,801 participants
- 60+: 2,663 missing age
- High nutrition risk: 1,037 (2%)
- Income below poverty: 7,706 (14%)
- Rural: 38,236 (67%)
- White: 43,052 (76%)
- Live alone: 18,653 (33%)



Current Program Participants: Home-Delivered (2008 NAPIS)

- 15,122 participants
- 60+: 598 missing age
 - 2 IADLs: 969 (6%)
 - 3+ IADLs: 4,941 (33%)
 - 2 ADLs: 584 (4%)
 - 3+ ADLs: 1,505 (10%)
- High nutrition risk: 4,900 (33%)
- Income below poverty: 3,290 (22%)
- Rural: 9,705 (64%)
- White: 14,369 (95%)



2007 Survey of Nutrition Program Participants

- Statewide survey
- Conducted survey at every third site
- Congregate: 2033 responses
- Home-delivered: 900 responses
- First time a scannable survey form was used.
- No plans to conduct another survey – instead the focus will be on improving NAPIS data



2007 Survey of Nutrition Program Participants

Congregate dining survey

○ How often do you usually eat with
Senior Dining?

Daily or almost every day	52.3%
Once or twice a week	31.5%
Once or twice a month	7.4%
Not often – rarely	5.9%



2007 Survey of Nutrition Program Participants

Congregate dining survey

○ Do you eat less than 2 meals a day?

Yes	12.5%
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No	81.2%
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2007 Survey of Nutrition Program Participants

Congregate dining survey

- Are there times when you are not physically able to shop or cook for yourself?
 - Yes 21.3% No 72.1%
- Are there times when you are not physically able to feed yourself?
 - Yes 4.9% No 91.5%



2007 Survey of Nutrition Program Participants

Congregate dining survey

○ In general, how would you rate your health status?

● Poor	3.6%
● Fair	31.9%
● Good	50.3%
● Excellent	9.6%



2007 Survey of Nutrition Program Participants

Home-delivered meal survey

- How often do you usually receive a hot home-delivered meal?
 - 3-5 times a week 42%
 - Daily or almost daily 39.9%
 - Once or twice a week 7.8%
 - Less than once a week 2.0%



2007 Survey of Nutrition Program Participants

Home-delivered meal survey

- Do you eat less than 2 meals a day?
 - Yes 14.3%
 - No 81.4%



2007 Survey of Nutrition Program Participants

Home-delivered meal survey

- Are there times when you are not physically able to shop or cook for yourself?

- Yes 46.8%
 - No 48.2%

- Are there times when you are not physically able to feed yourself?

- Yes 2.7%
 - No 93.3%

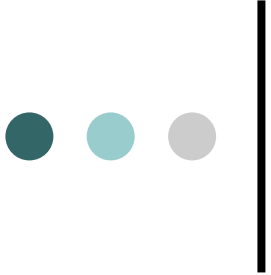


2007 Survey of Nutrition Program Participants

Home-delivered meal survey

- In general, how would you rate your health status?

Poor	7.9%
Fair	47.2%
Good	37.2%
Excellent	5.1%



What resources are available?

- DHS data portal

- www.dhs.state.mn.us

- Aging – Public planning and reporting
- County level demographic data
- Economic Security Index data by county

- BRFSS data

- <http://www.cdc.gov/brfss/about.htm>

- County level chronic health data



Where do we go from here?

- AAA and Provider perspective
 - What's changed since the program started?
 - What is the current program context and how does that affect who we serve?
 - Who is our market?
 - How do we show the value of our service?



Contacts

Kari Benson

651-431-2566

kari.benson@state.mn.us

Connie Bagley

507-288-6944

connie@semaarochestermn.org

Marilyn Ocepek

800-662-5711, ext. 225

mocepek@aeoa.org