SENIOR NUTRITION PRIORITIES and DIRECTIONS 2001 – 2005

Adopted by the Minnesota Board on Aging – June 15, 2001

1. **Increase targeting to frail seniors and others who are at the greatest risk of losing their independence.**

- Our top priority is to target frail seniors who lack resources and support. This includes persons with low incomes, chronic health conditions, limited mobility or disabled, minority, limited or non-English speaking, and physically or socially isolated. To ensure high quality services, providers may need to train staff and/or re-design and modernize programs.
- Some examples include expanding sites in subsidized housing, ethnic and minority communities and other appropriate locations. Identifying seniors at high nutritional risk and referring them for appropriate follow-up. Increasing home delivered meals, groceries and nutrition education and counseling for persons with special needs.

2. **Find new partners and new ways to serve the frail.**

- New partners strengthen our capacity to serve frail and "at risk" seniors by maximizing resources, sharing expertise and discovering new ways to better meet the needs of our target population. This includes partnering with adult day services, housing providers, block and parish nurses and county aging service providers.
- Continue to coordinate with supportive service providers and link seniors to grocery shopping assistance and other food assistance programs, such as food shelves, food stamps and commodities.

3. **Support and strengthen our emphasis on health promotion and self-help strategies.**

- We have an opportunity to provide current, accurate and unbiased health and nutrition information to at least 90,000 seniors each year. Health promotion and self-help strategies support independent living, and are a vehicle for reaching seniors and family caregivers who do not participate in the programs but can benefit from information.
- Continue state, regional and local partnerships to promote healthy aging. Some examples are health communications campaigns, health screening and education, nutrition and health information, and strength and balance training to prevent falls.

BACKGROUND -- SERVICE DELIVERY ISSUES and TRENDS

In a 2000 statewide survey of Minnesota's AAAs and nutrition providers, respondents were asked to identify nutrition service delivery trends, issues and opportunities for redesigning services to address the changing needs of seniors (see Reference 1 below).

Service Delivery Trends

- Over the past four years, nutrition programs have shifted a significant number of dining sites to locations serving the frail. This includes affordable housing and other locations. For example, the number of dining sites in affordable housing units has increased by 18% from 1995 to 1999, or from 141 to 167. In 1999, over one million congregate meals were served in affordable housing, plus another 250,000 home-delivered meals provided for homebound seniors.
- Dining sites are smaller in size but growing in number. A recent site manager survey found that the average number of meals per day is 32 senior dining and 13 home delivered (3). Ten years ago it was common to serve at least 70 – 90+ meals per site each weekday. The number of dining sites grew by 11.5% from 1995 – 1999 (497 to 554, respectively), for a total increase of 24.2% from 1990 – 1999 (446 to 554, respectively).
- The average number of home-delivered meals per person increased by 35.5% from 1990 to 1999 (81.0 and 111, respectively), by 20.8% for senior dining (35.6 and 43, respectively). This indicates increased targeting.
- From 1995 – 1998, the number of minority elders served by senior nutrition programs increased by 29% in senior dining (1777 to 2293), and by 25% (650 to 811) in home delivered meals (4). These figures are due to increased service to African American, American Indian and Southeast Asian elders.
- There's been a steady increase in the demand and use of home-delivered meals from 98% in 1990 to 1999 (932,000 to 1,850,280, respectively). A growing number of meals are subsidized with federal elderly waiver (EW) and state alternative care (AC) funds.
- Only slight shifts in meal preparation methods (on-site, catered and satellite) occurred during this period. The number of meals prepared on-site or catered decreased by 1.8% and 2.7% respectively. The number of satellite meals, or those prepared and transported from a neighboring kitchen, increased by 5.2%. Changes may be more significant at the program level.

Service Delivery Issues [4]

- Serving an increasingly frail population with current resources. The surveys report increased staff responsibilities associated with serving frail seniors, including more problem-solving and linking to other services, and more reporting associated with multiple funding streams.
- Increased market pressures including food, labor and fuel costs. Maintaining cost efficiencies when operating a larger number of small sites.

[4] A national study entitled *Nutrition 2030 Grass Roots Survey* (2) found similar administrative and funding issues among the 47 States that responded.

- Recruiting and retaining qualified staff due to low wages and part-time hours. Staff and volunteers are also growing older.
- "Mixing" younger and older seniors due to different needs and preferences. Being responsive to the needs of racially and ethnically diverse seniors.
- Rural service delivery issues include smaller dining sites, a loss of community food resources including grocery store and cafes, a lack of transportation and long travel distances.

Opportunities:

AAAs and providers identified the following as opportunities:

- Develop/expand working relationships with home- and community-based service providers to better meet the needs of frail and "at risk" seniors. This includes case managers, parish and block nurses, housing and adult day service providers, minority communities and disability groups.
- Support family caregivers by making home delivered meals, senior dining and nutrition and health information available through sites.
- Expand meals and nutrition services to meet the needs of frail and "at risk" seniors, such as groceries, second meals, weekend meals, nutrition screening, education and counseling.
- Restructuring of operations where feasible.

Redesigning Services:

- Develop/expand the range of nutrition services available as opposed to meals only.
- Shift our focus from serving as many meals as possible to meeting the nutritional needs of frail and "at risk" seniors.
- Integrate existing transportation programs with senior dining.
- Work more closely with family caregivers and organizations that support them.
- Develop more public/private partnerships—perhaps some fee-for-service arrangements.
- Explore a one-stop shop (or focal point) concept for rural areas that makes a variety of services available through a single point of entry.
- Encourage service delivery models that provide flexibility and choice, such as integrated service models and vouchers.

REFERENCES

1) Senior Dining Program Survey. (2000). Area Agencies and Aging and Nutrition Providers.
2) Wellman, N.S., et al. (1999). Nutrition 2030 Grassroots Survey Report. Administration on Aging Grant Number 90AM00889.
3) 1999. Survey of Nutrition Site Managers. Minnesota Board on Aging.
4) State Program Reports. 1994 – 1999.