

Senior Nutrition Program: Community Input

- I. Nutrition Provider Meeting
- II. Participant & Community Input
- III. Survey of Washington Area Agencies on Aging (W4A)

I. 2008 ADS Senior Nutrition Provider Questions & Responses

At a February 2008 meeting with staff from the currently funded Congregate and Home Delivered programs the Stakeholder Survey questions were asked, recorded, and discussed as a group. Ten Contracting programs were represented and provided comments.

A. What are some of the Strengths and Weaknesses of the Congregate and Home Delivered Programs?
(Please note if the comment is specific to a particular group, site or need)

CONGREGATE MEAL PROGRAM

Strengths:

- Socialization / Preserving Culture
- Language based socialization
- We are the primary source of their meal
- Helps elders to live independently
- Keeps them healthier
- Low cost
- Opportunity to avoid isolation
- Place for food bank distribution
- Learn new information / education
- Resource Center to access other services: medical, translation, etc.
- Place for ethnic food
- Opportunity for networking

Weaknesses

- Expense to agency (low cost of meal to participants)
- Diminished resources – the array of services available has decreased (nursing, etc.)
- Lack of adequate Transportation
- Lack of funding
- Population has issues with health
- Seniors get older and die; need to outreach to younger seniors
- Vendors use the group to advertise their product

HOME DELIVERED MEAL PROGRAM

Strengths: [Some of the same strengths also listed above for Congregate]

- There is need in the community
- COPES referrals from Case Managers

Weaknesses

- Finding the eligible participants
- Ethnic groups find it embarrassing (lack of education and outreach to decrease the stigma)
- Not enough networking between providers
- Meals that need preparation by participants with less capacity
- Gas costs increasing for delivery

B. What works well with the program? (Include examples of successful program models, local and national, that we should explore.)

CONGREGATE MEAL PROGRAM

- Provide transportation to wider group (to current participants who are not eligible for transportation)
- Translation & referrals as part of the program
- Ethnic Meal Programs
- Health, Fitness, and Education for life changes:
Examples: UW nursing students,
Cross-cultural fitness program,
Step-up fitness program (w/ Parks),
Lettuce Link (Pike's new collaboration for fresh veggies)
- Education –
Examples: How to arrange your own transportation,
Health & prevention topics
Finances
Emergency preparation
- Funding from Food stamp program (Snohomish Co.)
- Boomerang – a planning process w/ elders (Montgomery Co., Pennsylvania)
- NYC (recent presenters, Bill and Marlena)

HOME DELIVERED MEAL PROGRAM

- Constant Outreach – creative & specific to locations
- In-coming Referrals
- Radio outreach & information
- Farmer's Market Baskets

As we plan for long term program improvements, please help us identify gaps in the services for both Congregate and Home Delivered meal programs and gather ideas for addressing those needs.

C. What eligible populations are not being served, or are being underserved? (Please describe the characteristics of these populations, i.e.; ethnicities, age groups, rural/urban, or other specific geographic areas, people with specific health issues, transportation or scheduling barriers, etc.)

- Ages 55-59
- Elders caring for grandchildren (more attendance if child programs/activities provided)

- Asian, Korean elders: some sites & transportation were cut (Eastside and North of Seattle)
- Baby boomers are not attracted (both low income and middle income)
- Isolated: those who may not have heard about the program
- People with mental health issues (i.e., depression)
- Disabled and lonely elders
- Working Seniors who do not have the time to attend the program
- Those who want it more frequently but find none (programs operating limited days)
- Those who need specific language
- Those who do not have \$\$ to contribute

D. Why do you think eligible seniors are not accessing, or are underutilizing the Senior Nutrition meal program? (Please note if the comment is specific to a particular group or site)

CONGREGATE

- Donation is prohibitive (participants compare themselves to others, i.e., they see others giving but they cannot contribute)
- Stigma
- Cultural – feel shameful or stigma – don't want to go primarily for food
- Transportation (lack of)
- Lack information – don't know about the program
- Lack of welcome (come once, don't feel welcome so don't return)
- Health
- Other schedule / activity conflicts
- Social expectations (Don't want to attend due to social expectations of group or site)
- Unknown (we need to ask)
- Weather
- Safety (ex.; bus not always safe, theft when crossing street)

HOME DELIVERED

- Lack information/ don't know about the program
- Don't know they are eligible
- Don't know it is free (miss-information)
- Want a different menu (not RDA, i.e.; fried chicken meal)
- Taste (don't like the food)
- Schedules can interfere (i.e.; chemo, dialysis, etc.)
- Privacy – don't want someone to come to home
- Don't want to give personal information
- Already have caregivers

E. What are some specific ways that the Senior Nutrition program could better meet the needs of eligible seniors? (Please note if the comment is specific to a particular group or site)

- Increase funding for resources (*\$ needed for food, chefs, transportation, rent, etc*)
- Increase site for seniors to access (some of the specialized meals, e.g., ethnic, are served at limited sites that are too far for some elders to travel)

- Welcoming facility/setting
- Include culture and language
- Too many program restrictions (Federal) i.e.; 1/3 RDA, and age eligibility
- Find a way to provide the meal for free without obligation to donate
- Find a way to collect the donation without the stigma
- Don't call them Senior Centers
- Lower the age eligibility to 55 yrs and better
- Transportation (better information and support from METRO regarding Senior's needs: long rides may result in health risks)

F. Are there places in King County where older adults currently gather that might be appropriate for serving congregate meals (i.e.; low-income housing, parks and recreation programs, community centers, churches, etc.)?

- Parks and Recreation locations
- Low-income Senior Housing
- Faith based sites
- Flee markets/ swap meets
- South Park Community Center
- Health clinics where ethnic communities go
- Libraries
- Consejo Counseling Services
- VHF, Clubs, Halls
- VA sites

II. Participant & Community Input

ADS received input from two target groups through an on-line survey:

- Participants in the Senior Nutrition program, and eligible older adults and their caregivers
- People who work with older adults and/or food related programs in King County

The surveys were open from March 1 through April 17. Each survey had 38 respondents for a total of 76 completed surveys. Some meal providers chose to distribute paper copies of the survey to participants, and those are included in the total number of responses.

The survey questions were qualitative in nature -- what do people like or dislike about the program; what ideas do they have for changes or improvements, etc.. In addition to the surveys, ADS Advisory Council members visited congregate meal sites and shared their experience and impressions in a short questionnaire.

Participant Survey Findings

- 82% of respondents on the participant survey used the program regularly (at least once a week)
- 76 % were from Seattle; 10% from East King County; 10% from South King County; and 5% from North King County.
- Most common reasons for not attending Congregate meal programs were
 - 16% “don’t like the food”
 - 33% “too hard to get there”
- The social element of the program was the most cited among things participants like.
- Many respondents also identified the food and the low cost as things they liked about the program.
- Food and was cited most frequently as things they didn’t like or would like to see improved.
 - Healthier meals, including more fresh fruits and vegetables
 - Not enough food/Too much food
 - More choices
- Transportation issues and the ability to access the program were also listed as things that they didn’t like, or that need improvement.

Community Survey Findings

- The opportunity to socialize was identified as one of the programs strengths. Providing a low cost meal to people who need it was also a common response.
- Respondents identified the following potential populations as underutilizing the program:
 - Asians (gaps on the Eastside)
 - Latino (county wide)
 - African immigrants
 - Eastern European immigrants
 - Rural residents
 - Homeless
 - Ages 50-59 people with disabilities
- Transportation was cited as one of the main reasons these populations don’t attend. Cultural barriers were also commonly cited – i.e., inappropriate food, as was lack of awareness about the program.
- Suggested program improvements included: more funding; lower donation amount; food quality and choices; offer interesting activities; marketing and outreach; and provide transportation.
- Ideas for future meal sites included: community centers; faith based facilities (churches, mosques, etc.); and low-income housing.

III. W4A Survey

ADS solicited program input from other Area Agencies on Aging (AAAs) in Washington state. AAA Directors, Program Managers and nutrition sub-contractors provided information on service delivery models, meal costs, program strengths and challenges. Seven of thirteen AAAs responded to the survey, including Pierce and Snohomish County.

- The number of sub-contractors per AAA ranges from 1-11 (35 contracts statewide per AAAs responding).
- The number of sites per AAA ranges from 5-44 (not including restaurant vouchers, 136 meal sites statewide per AAAs responding).
- Approximately 20 restaurants accepting vouchers in rural parts of the State.
- Most AAA's have some combination of central kitchen, off-site catering and on-site cooking; Pierce is primarily on-site purchase and preparation.
- Avg. total cost of congregate meal is under \$7.
- Home Delivered meal report was incomplete, however King County has both high and low end of the range: \$2.27 to \$8.30.
- Pierce, King, Snohomish and Southeast Washington counties receive data electronically from sub-contractors and import into AAA systems; other AAAs do data entry centrally using hard copies of Participant Information Form (PIF) and attendance forms submitted by sub-contractors.
- Nutrition related services (dietician, education, etc) are arranged by sub-contractors, many of whom have Registered Dieticians (RD) on staff, others contract out. King County has a separate contract with an RD to work with ethnic providers at 16 sites.
- Successes include:
 - restaurant vouchers for rural areas
 - on-site "scratch" meal preparation, including ethnic specific programs
 - RDs work directly with Home Delivery clients in Snohomish County to improve nutritional risk and coordinate services
 - partnerships and grants for education and physical activity programs
 - more meal choices
 - flexibility of providers to tailor programs to best serve their clients
 - stable and solid sub-contractors
 - some funding increases and opportunities to leverage funding from other sources
- Challenges include:
 - declining attendance
 - lack of participation by "younger" seniors
 - finding money and resources to address increasing food, gas and staffing costs
 - staff turnover and management of volunteers
 - meeting the needs of rural residents and ethnic populations
 - coordination with shared kitchens
 - transportation - getting meals to Home Delivered clients and Congregate clients to sites.