


# Senior Nutrition Program: A Community Conversation

Aging & Disability Services  
Seattle Human Services Department  
May 12, 2008



# Agenda

- RFI Timeline & Process
  - Program Overview
  - Summary of research, best practices, community input, and other data
  - Policy Direction
  - Q&A
  - Short Break
  - Break out Sessions
  - Short Closing
- 

# Purpose for Meeting

- Share research and other information
- Provide opportunity for networking and develop partnerships
- Learn from each other



# Why are we opening funding for Senior Nutrition Services?

- Four year cycle for funding
- Opportunity to respond to program and population trends
  - Declining attendance
  - Increase in aging population
  - Increase in food insecurity
  - Growing diversity among King County elders

# Funding, Cont.

- Develop new ways to provide quality services that will meet the needs of our elders:
  - What would make the services more appealing and utilized?
  - How can we effectively channel resources to those in most need?

# RFI Timeline & Process

- June 18 – planned date for RFI release
- July 8 - Bidder's Conference
- Proposals due early August
- August/September – ADS review of proposals.
- Late September – Funds Awarded
- January 1, 2009 – Contracts begin

# RFI Details

- Estimated funds available:
  - Congregate \$1,943,248
  - Home Delivered \$989,371
  - (includes Federal, NSIP, Seattle General Funds)
- Other nutrition related services (anything other than meals) will not be open for applications.
  - Transportation & Ethnic Dietician will be reviewed in 2009.
  - Outreach services must be incorporated in the meal program, not a separate service.
- Must meet HSD contracting guidelines

# Senior Nutrition Program

- Goal of congregate & home delivered meals
  - Improve dietary intake;
  - Decrease social isolation; and,
  - Improve physical and mental well being of participants.
- Authorized by the Older American's Act (OAA)
  - Eligible participants are ages 60+ (some exceptions)
  - No income requirements or fees; suggested donation only

# Congregate Meals

- Provide social and physical exercise opportunities, information and education on health/nutrition issues, and serve nutritious, culturally appropriate meal.
- Group setting (such as senior or community centers)
- 5 or more days/week when feasible
- Meals must meet nutrition, serving and sanitation guidelines.

# Home Delivered Meals

- Hot, cold, or frozen meals delivered to homebound elder's homes
- Screen for nutritional risks and in-home assessments at least yearly
- Available for ages 60+ who meet 'homebound' guidelines

# Federal & State Requirements

- Priority given to persons with greatest economic and social need; low-income, minority, and elders living in rural areas, limited English proficient.
- Meals must meet 1/3 recommended Dietary Reference Intakes (DRI, previously RDA )
- Monitoring by registered dietician (or individual with comparable expertise)
- Collect and report participant and service data for NAPIS

# 2008 Contracted Services

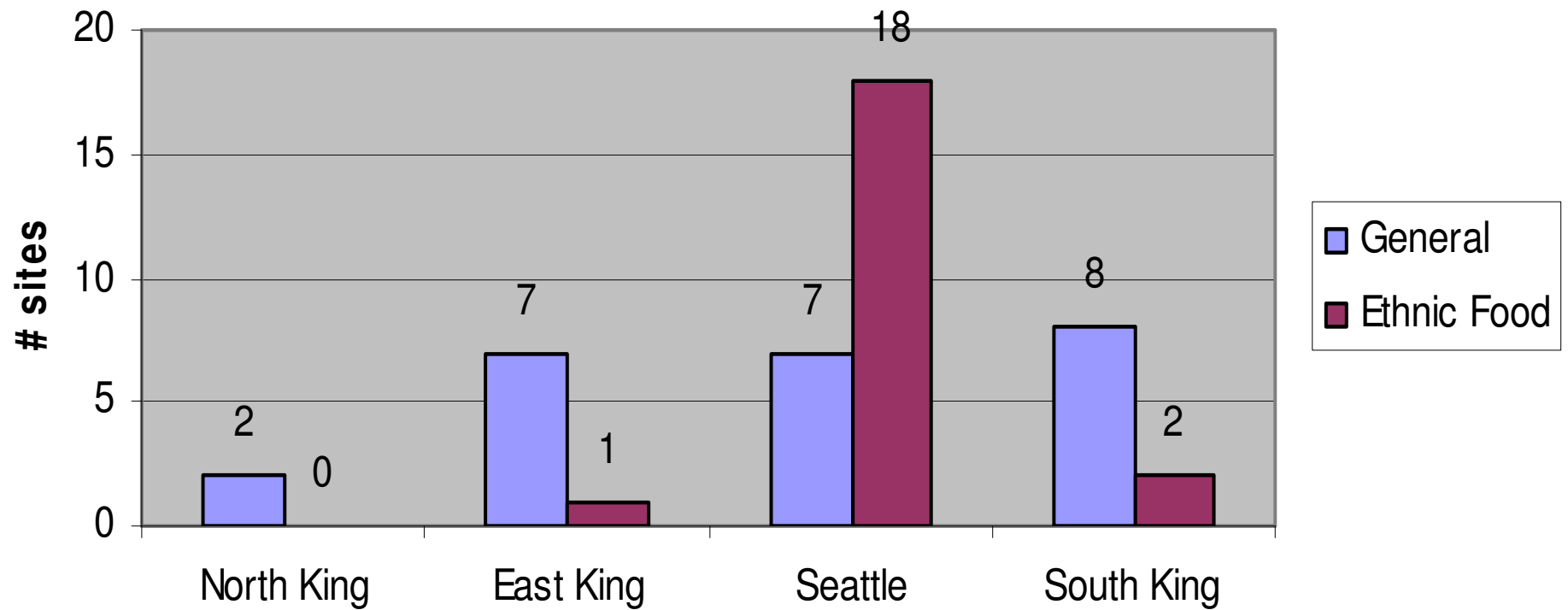
## ➤ Congregate Meals

- 10 contracts, 42 lunch sites
- Service goals: provide 290,000 meals to 9,016 participants
- Contracted funds: \$1,943,248

## ➤ Home Delivered Meals

- 3 contracts
- Service goals: provide 2,284 home bound seniors with 430,000 meals
- Contracted funds: \$989,371

## Congregate Nutrition Sites, by Subregion, 2008



# Who We Serve: 2007 Profile

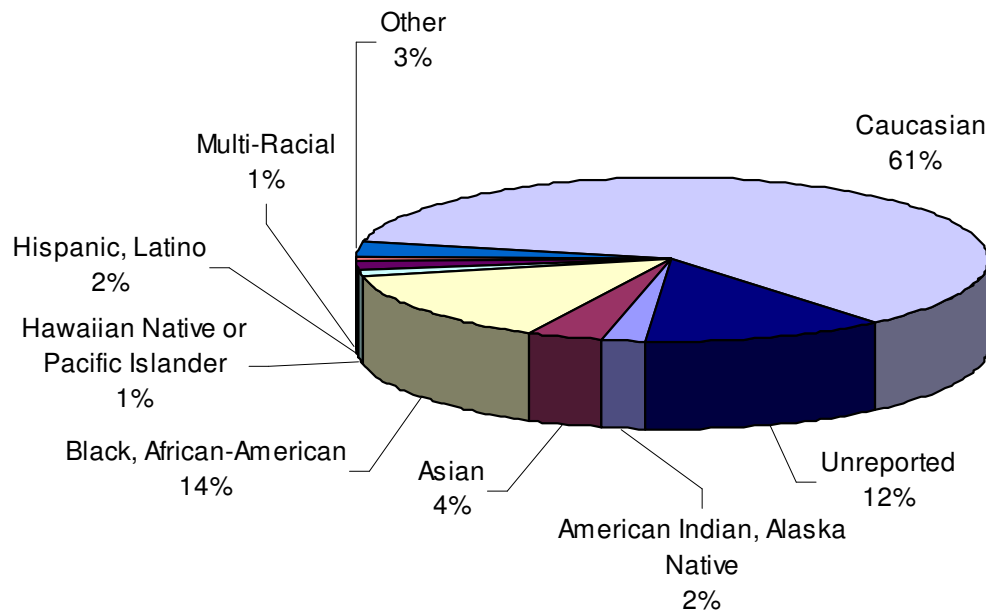
## Congregate

- 9,206 participants
- 37% Minority
- 31% Live Alone
- 13% Limited English
- 36% Ages 75+

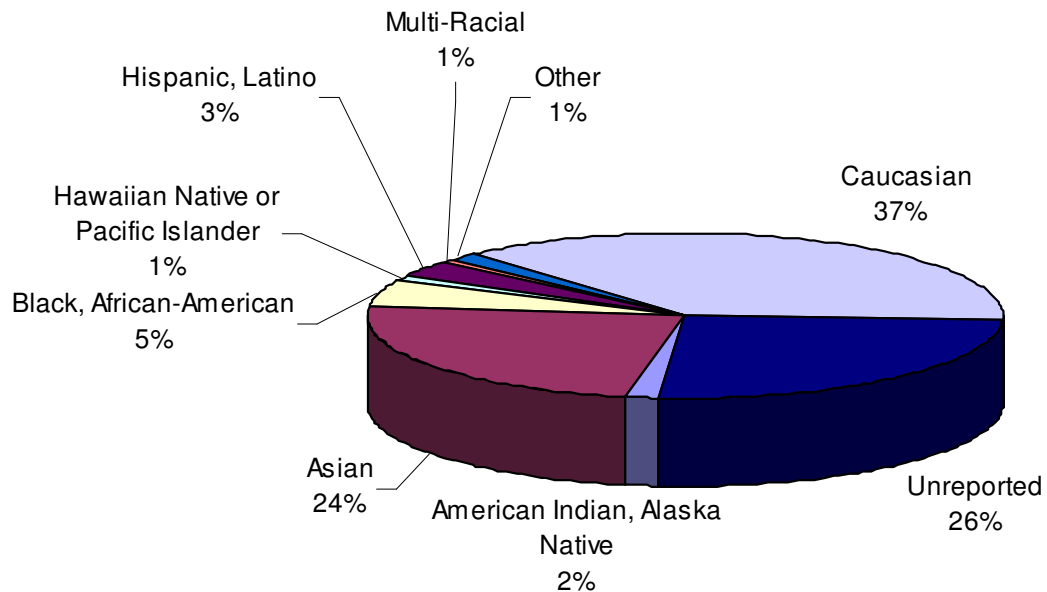
## Home Delivered

- 2,588 participants
- 27% Minority
- 55% Live Alone
- 6% Limited English
- 66% Ages 75+

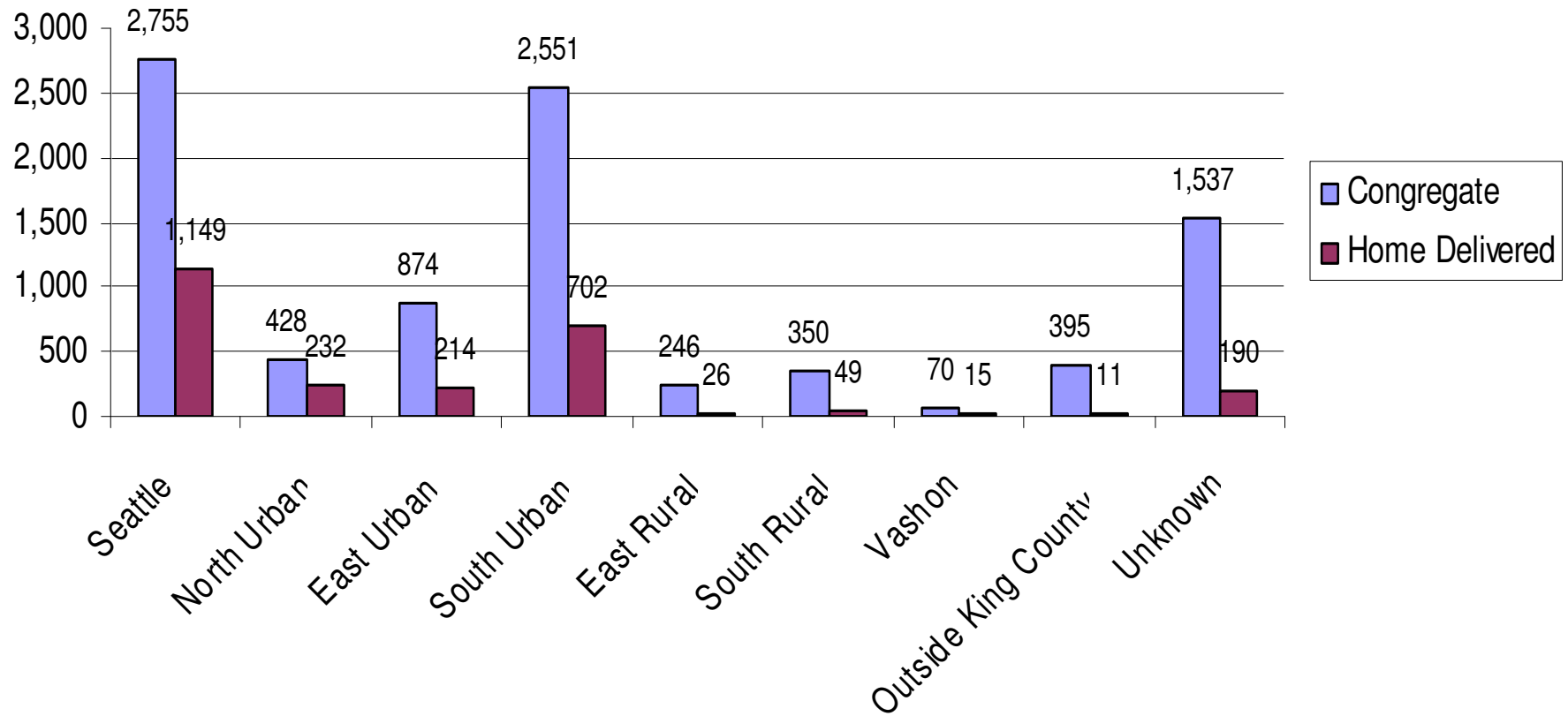
# Home Delivered Meal: Participant Ethnicity



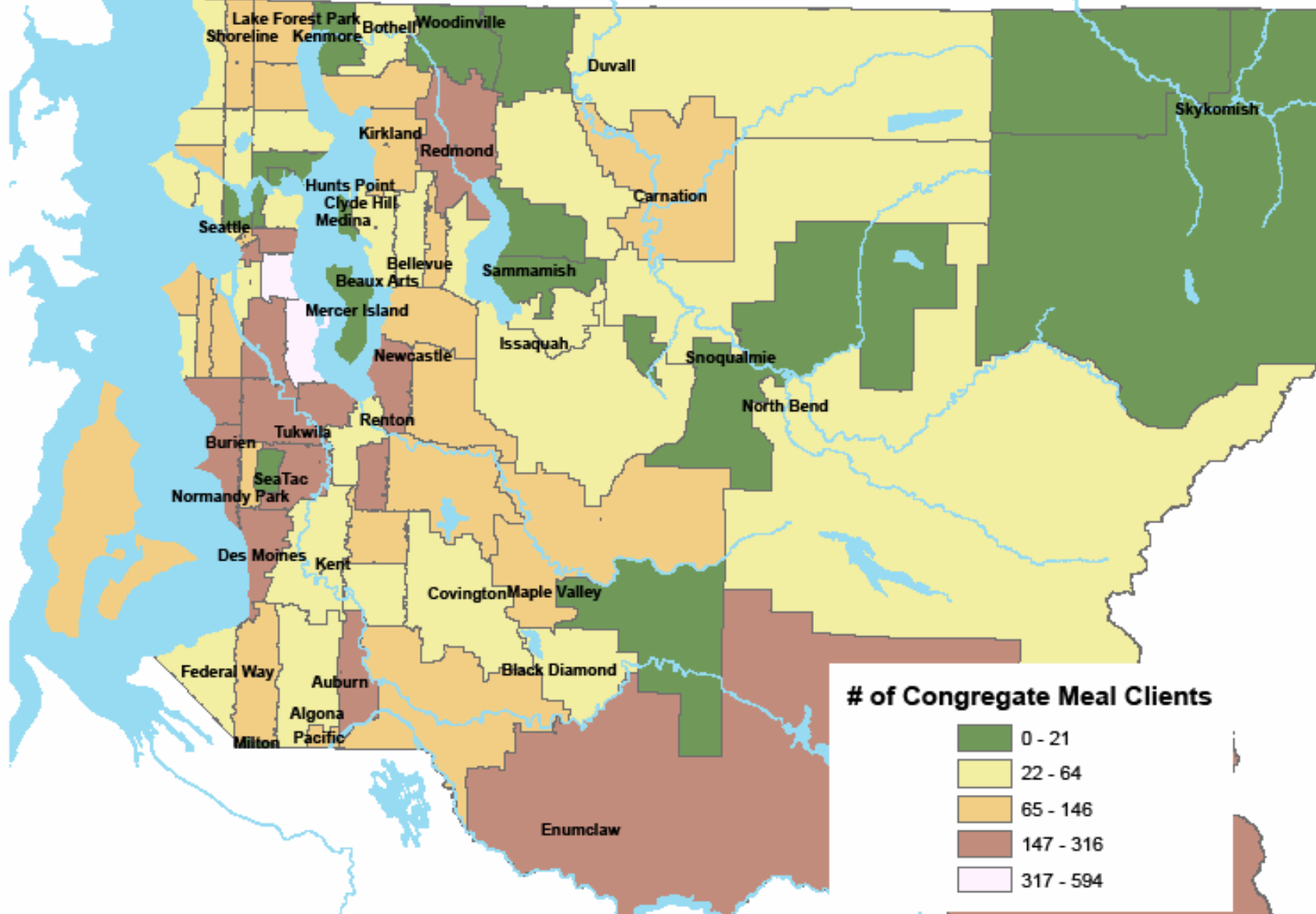
# Congregate Meal: Participant Ethnicity



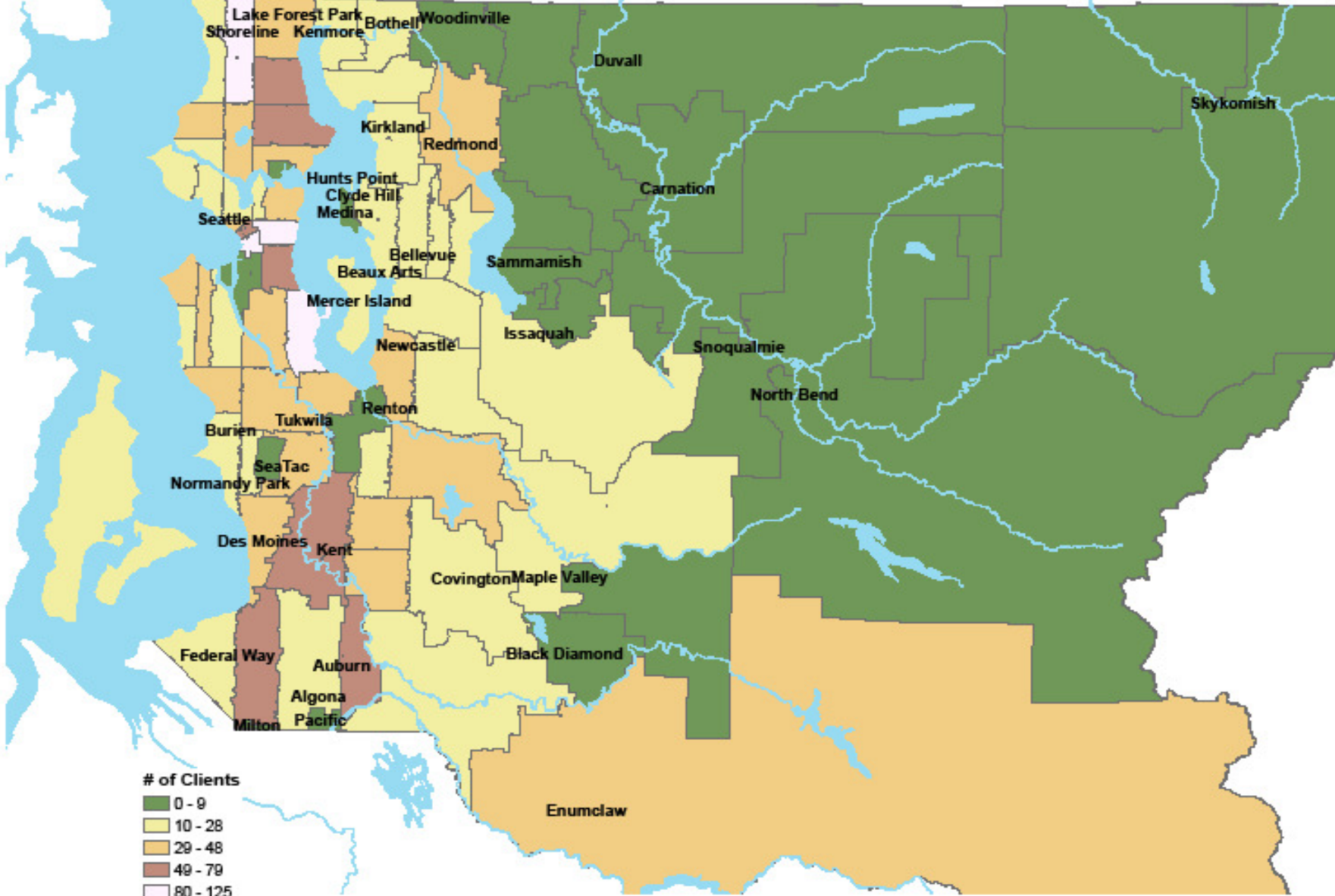
## 2007 Nutrition Program Participants by Sub-Region



## 2007 Congregate Meal Clients by Zip Code



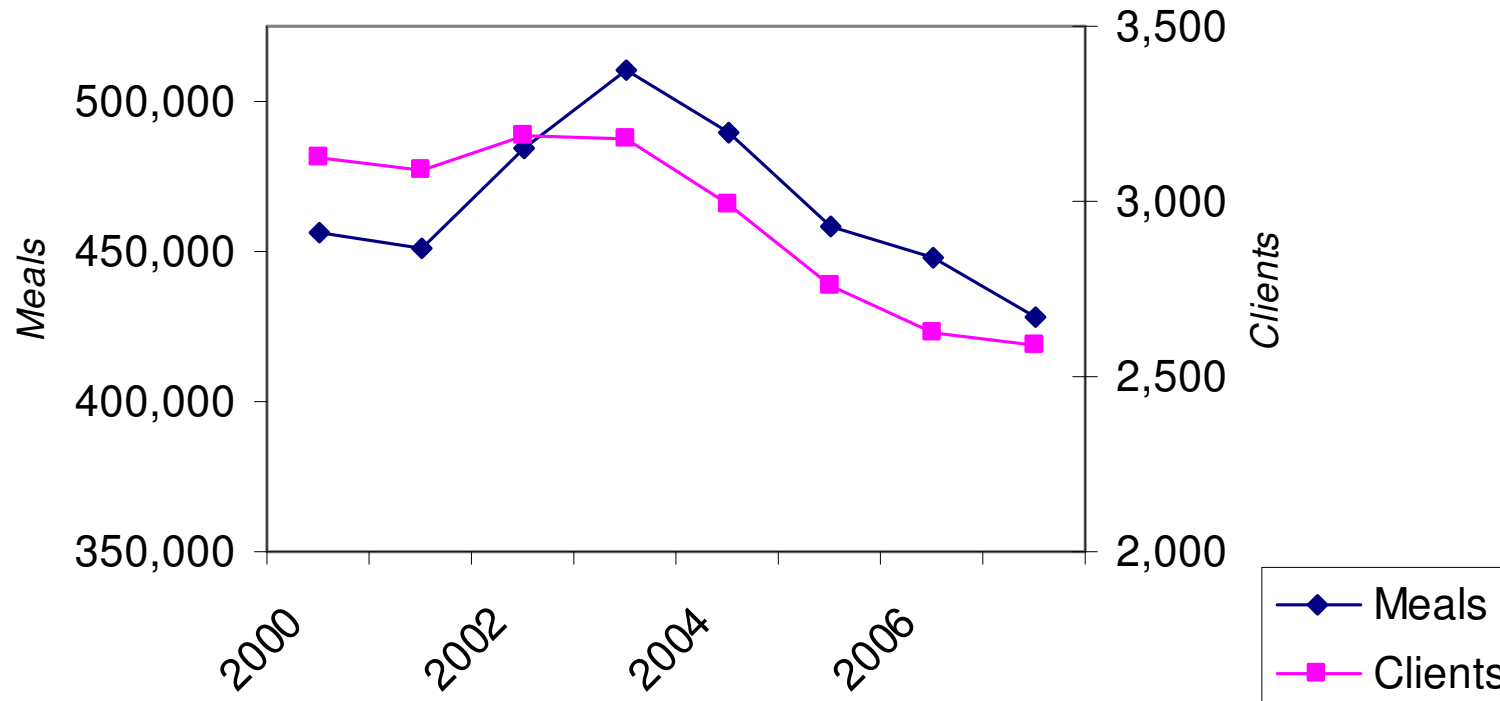
# 2007 Home Delivered Meal Clients by Zip Code



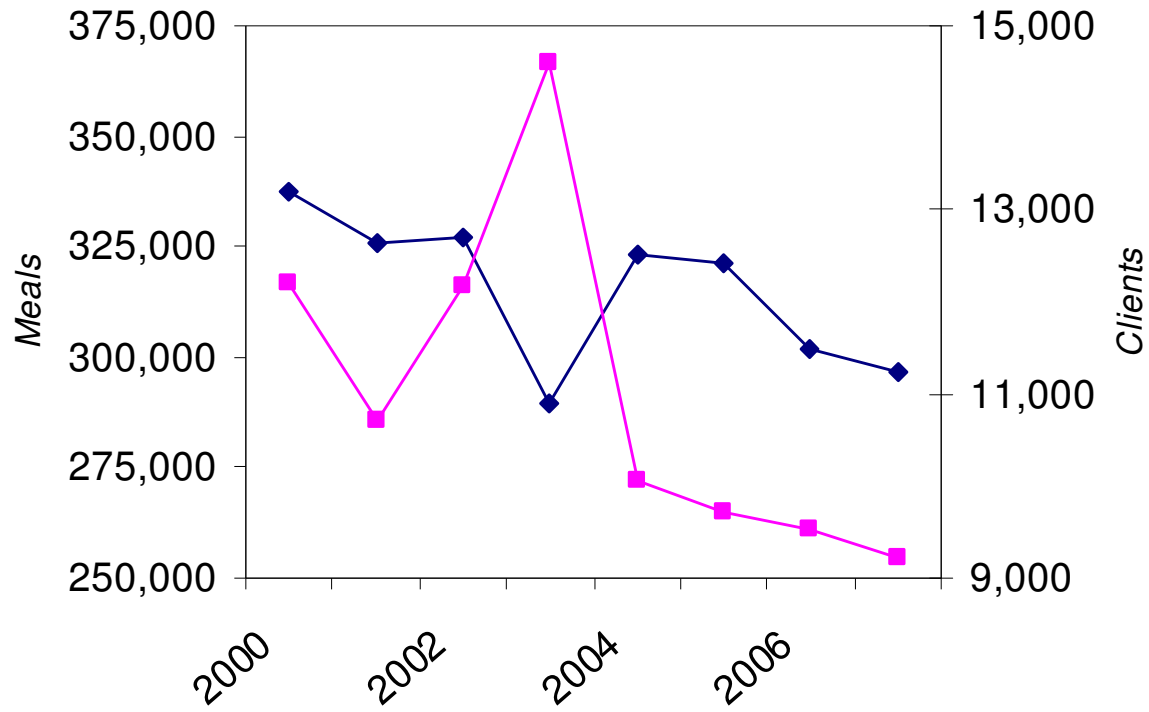
- # of Clients
- 0 - 9
  - 10 - 28
  - 29 - 48
  - 49 - 79
  - 80 - 125

# Program Trends

## Home Delivered Meal Program



# Congregate Meal Program



## Congregate: Ethnic Meal Programs



# Where We Looked for Answers

- Research: University of Washington, Science to Policy Papers; Hunger Fellow Study, 2003 surveys and study
- Best practices: local and national programs
- Community Input: participants, providers and other stakeholders
- Other Data: population trends, possible service gaps

# UW, Science to Policy Papers

- Nutritional Risk – identify major risk factors and approaches for targeting resources to those most in need.
- Nutrition Education – best practices & effective approaches for older adults
- Food Quality – assess the impact of food quality on participation and nutritional status, and recommend strategies for improving access to high quality foods.

# Best Practices & Other Models

- Carter-Burden Luncheon Club, New York City
- Mather's Café, Chicago
- Loaves and Fishes, Portland, OR
- Mom's Meals – Iowa based home delivery program
- Local resources
  - Survey of AAA's in Washington state
  - Other local food providers
  - Restaurant voucher programs

# Community Input

- Participant surveys
- Community surveys
- Provider and stakeholder meetings
- Advisory Council member site visits
- “Rethinking Congregate Nutrition” – 2003 UW report

# Population Data & Possible Service Gaps

- Housing Study (June 2008)
- BRFSS Food Insecurity
- DSHS CSO data
- Area Plan on Aging
  - Census Data
  - Populations Estimates (geolytics)

# Summary of Findings

- Strengths and challenges of current program
- Diet and menu recommendations
- Critical components of successful programs
- Effective nutrition education practices for older adults
- Populations most at risk and underserved groups

# Current Strengths

- Fellowship and socialization
  - Key to mental and physical health
  - Minority and LEP elders can share language and culture (rephrase)
- Balanced meal (primary meal of day for many)
- Reasonable price / low cost
- Adequate food quality

# Strengths, Cont.

- Access to other services:
  - Language specific assistance and information
  - Culturally relevant food bank
  - Physical exercise
  - Other social and health promotion activities
- Flexibility of providers to tailor services to their participants

# Participant Comments

## “What do you like?”

*“I like the people. The company and good food is healthy for us.”*

*“.. the opportunity to connect, visit, ... have something to do.”*

# Challenges

## ➤ Transportation

- Getting clients to meals
  - Cost of gas
  - Inability to drive
  - Challenges of public transit and Access
- Impact of gas prices on home delivery program, especially for rural areas and volunteer deliveries

# Challenges, Cont.

## ➤ Declining Enrollment

- Difficult to attract younger seniors
- Many people don't know about the program
- Need to pre-register for meals – can be difficult to “drop-in”
- Cultural differences – feelings of not being accepted or honored

# Challenges, Cont.

## ➤ Donations

- amount is high for low-income seniors
- perceived pressure to “pay full price”

## ➤ Food

- poor quality
- few choices

# Challenges, Cont.

- Funding – need more money for:
  - Quality food
  - Transportation
  - Staff and administrative costs
  - Other related program services (outreach, fitness, education, etc.)

# Participant Comments on Food

*“Beats not eating at all.”*

*“It’s great!”*

*“Unhealthy ... not appealing.”*

*“Hot and delicious ... just the right amount.”*


*“You can’t please me all the time, and I accept that.”*

# Diet and Menu

Older adults need to consume more:

- Vitamins D, E, B12, K,
- Folate
- Calcium
- Potassium
- Fiber

Older adults need to consume less:

- Sodium
  - Protein
  - Fat
- 

# Diet & Menu, Cont.

- Offer choices
  - Special diets (i.e., diabetic, hypertension, etc.)
  - Portion sizes
    - salad bars
    - family style meals
    - take home left-overs or “grab & go” meals
- Provide more fresh foods
  - Fruit
  - Vegetables
  - whole grains
- Meals prepared on-site

# Critical Program Features

- Welcoming and social atmosphere
  - Greeters, culturally welcoming pleasant setting
  - Donation system that encourages participation
  - Activities and meal presented with respect (such as table clothes, individually served, etc.)

# Critical Program Features, Cont.

## ➤ Supported Service

- Transportation support
- Variety of activities such as exercise, field trips, family and community activities, computer training, etc.
- Flexible scheduling to meet needs of population
- Culturally appropriate services and meals for non English Proficient and minority elders.

# Critical Program Features, Cont.


## ➤ Marketing & Outreach

- Ongoing and integral part of program
- Reach out to seniors and specific populations
- Create awareness in the larger community – key to developing a source of volunteers, support and funding

# Critical Program Features, Cont.

- Creative fund-raising and development of other resources
  - Successful programs rely on up to 2/3 non-government funds or resources.
  - Research on risk factors, diet & menu also indicate need for more resources for quality and variety of food

# Critical Program Features, Cont.

- Strong leadership and participant involvement
    - The site leader(s) shows passion for and takes ownership of the service
    - All players (elders, volunteers, staff) participate in planning, fund raising, food selection, etc.
    - Everyone's voice is heard
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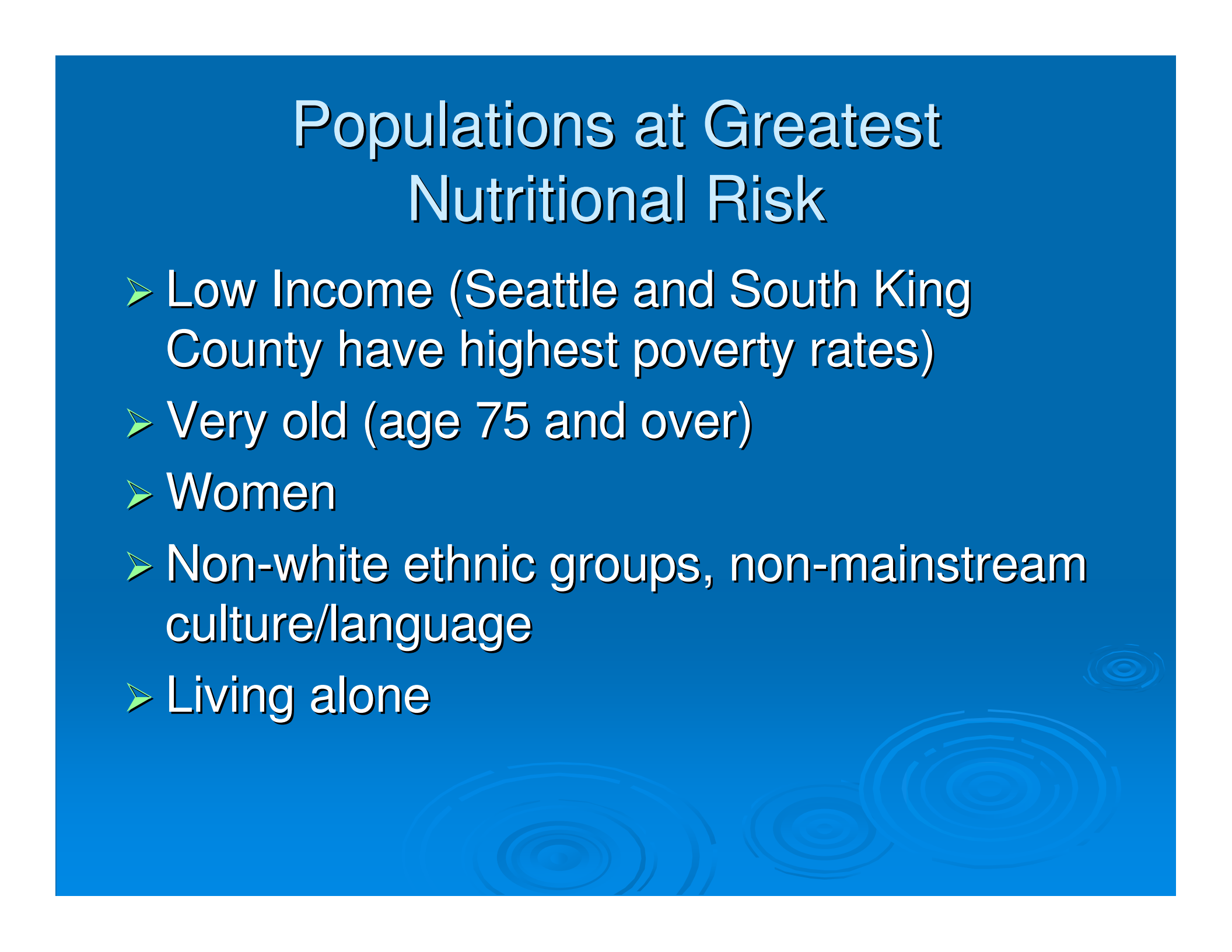
# Nutrition/Health Education “best practices”

- Participant driven: ask what topics are of interest to them
- Include hands-on activities,
- focus on 1-2 messages over multiple sessions
- Use peer educators and train staff & volunteers to provide information sessions

# Characteristics of Nutritionally At-Risk Older Adults

- A limited income
- Loneliness
- Reduced activity
- Living alone/ eating alone
- Social isolation
- Lack of social and family support
- Chronic invalidism
- Poor dental health
- Mental impairment

# Populations at Greatest Nutritional Risk

- Low Income (Seattle and South King County have highest poverty rates)
  - Very old (age 75 and over)
  - Women
  - Non-white ethnic groups, non-mainstream culture/language
  - Living alone
- 

# Possible Service Gaps

- SHA and KCHA senior housing residents ([Solid Ground's Emerson Hunger Fellow Report](#)).
  - 54.8% of 188 households surveyed were food insecure
  - 21.3% very low food security
- Non-English proficient elders (DSHS RIA data)

Region 4 DSHS LEP Clients, Ages 55+ (Country of Origin and CSO)

DSHS Community Service Office													
Country Name	East King	Rainier	North / Ballard	South King	White Center	Federal Way	Capitol Hill	Belltown	West Seattle	Auburn	Lake City	Renton	Total
VIETNAM	48	259	46	82	258	38	95	57	5	1	3	124	1,016
RUSSIA	149	4	71	105	35	82	4	11		1	1	44	507
CHINA	57	79	43	8	11	12	100	72				30	412
UKRAINE	22		13	113	6	140	1	4		2		41	342
SOMALIA	3	88	17	49	93	1	21	8				48	328
CHILE	52	12	9	6	2	4	28	37				12	162
KOREA (SOUTH)	14		12	4	9	74	27	6				7	153
CAMBODIA KAMPUCHEA	22	20	7	10	51	13	7	3				17	150
EITHOPIA	3	32	19	2	28	1	19	8	1			14	127
LAOS	10	42	2	8	8	3	3	2		1		27	106
MEXICO	14	3	7	10	19	28	4	8				13	106
IRAN	72		10	1	3	4	3	4				4	101
<b>Total All Countries*</b>	<b>571</b>	<b>624</b>	<b>384</b>	<b>548</b>	<b>716</b>	<b>550</b>	<b>353</b>	<b>265</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>494</b>	<b>4,523</b>

\*Total includes figures from countries not shown above

Data as of February 2008 from ACES warehouse

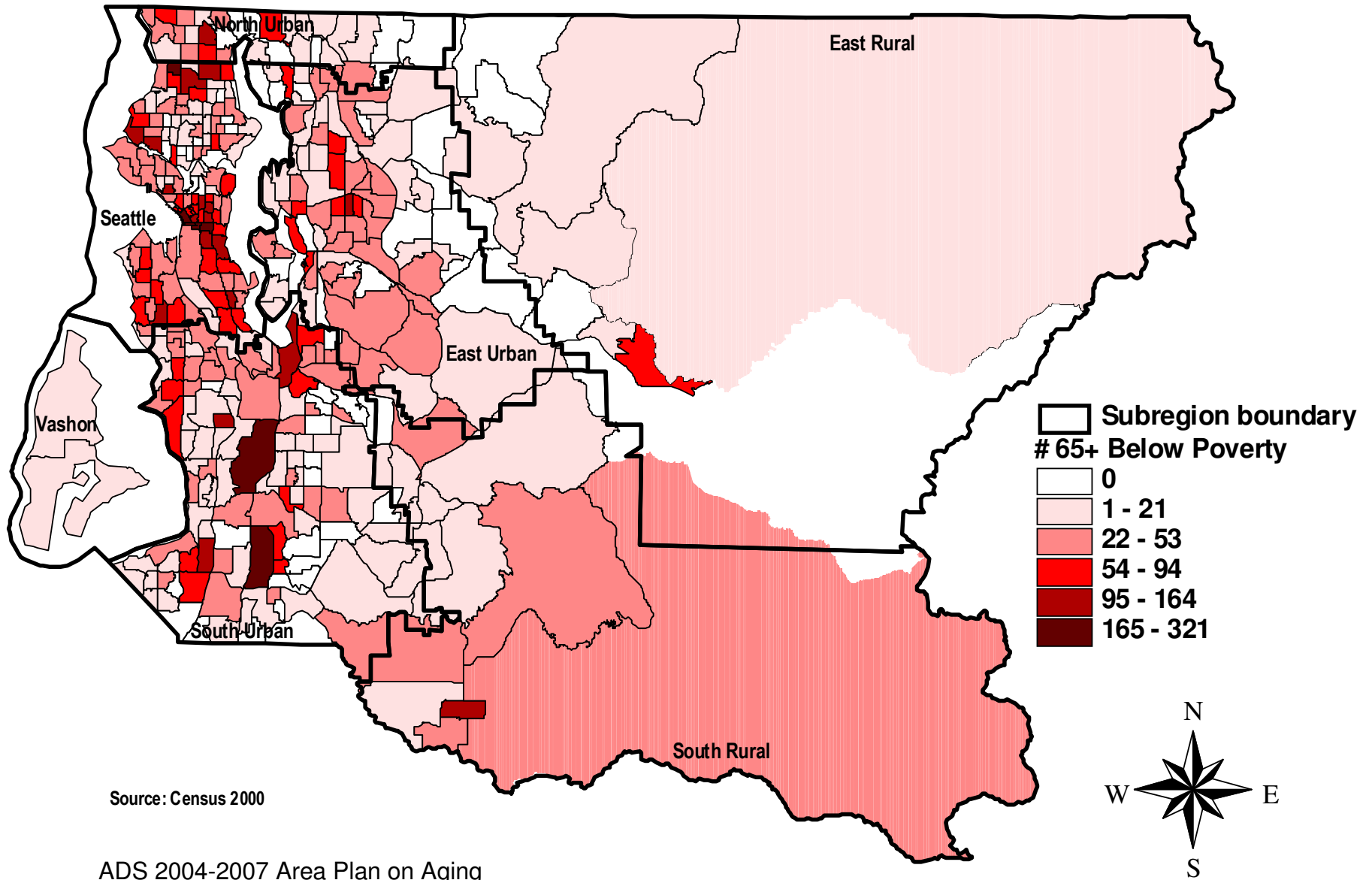
Unduplicate number of LEP elder age from 55+ who receives any type of DSHS service in Region 4 Oct-Dec 2007.

# 2007 Program Participants Compared to Population, ages 60+

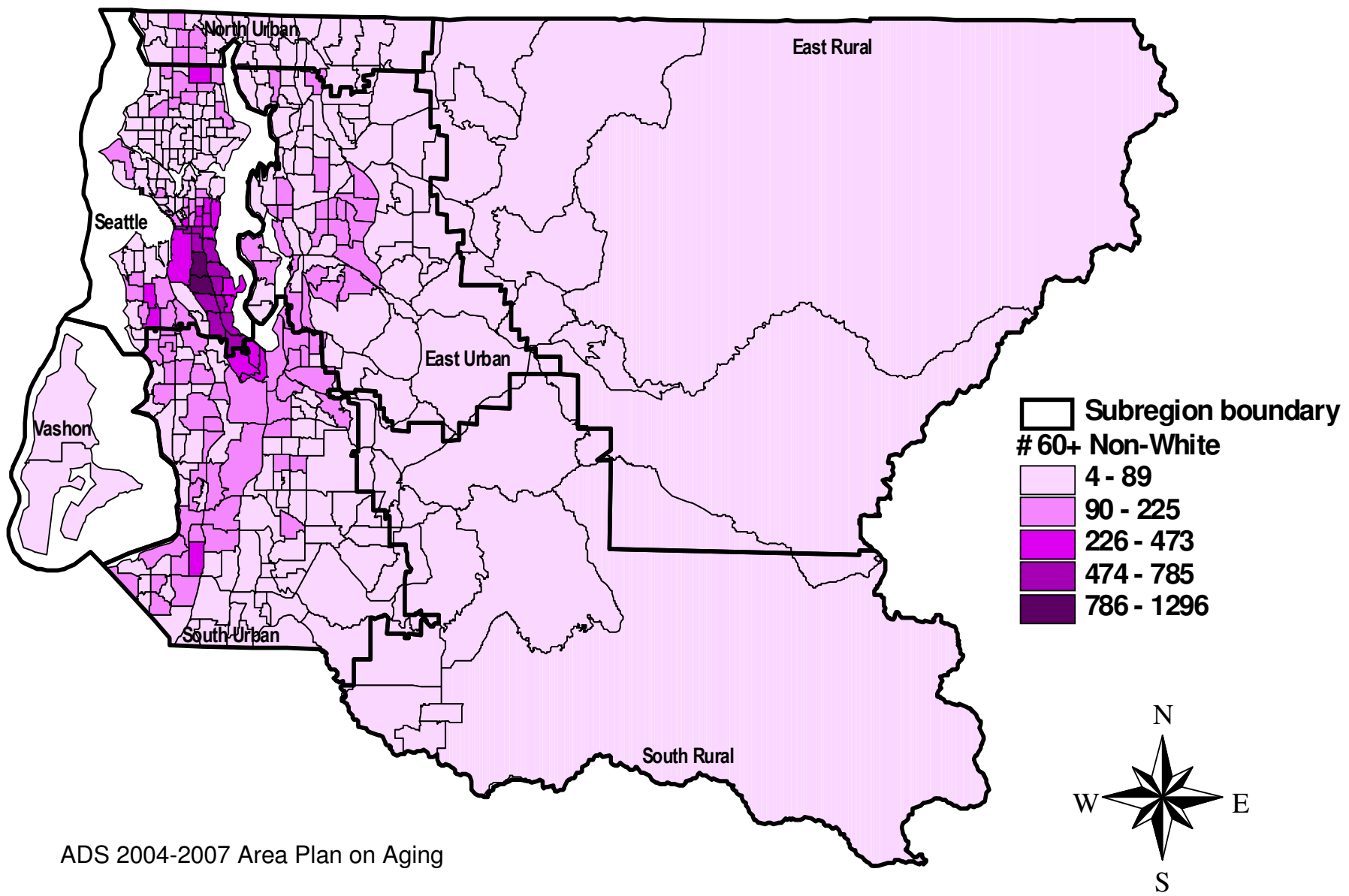
Sub-Region	Congregate	Home Delivered	*Population Age 60+
Seattle	29.9%	44.9%	32.5%
North Urban	4.6%	9.1%	8.5%
East Urban	9.5%	8.4%	22.6%
South Urban	27.7%	27.4%	30.7%
East Rural	2.7%	1.0%	2.0%
South Rural	3.8%	1.9%	3.0%
Vashon	0.8%	0.6%	0.8%

\*Geolytics, 2006 estimate

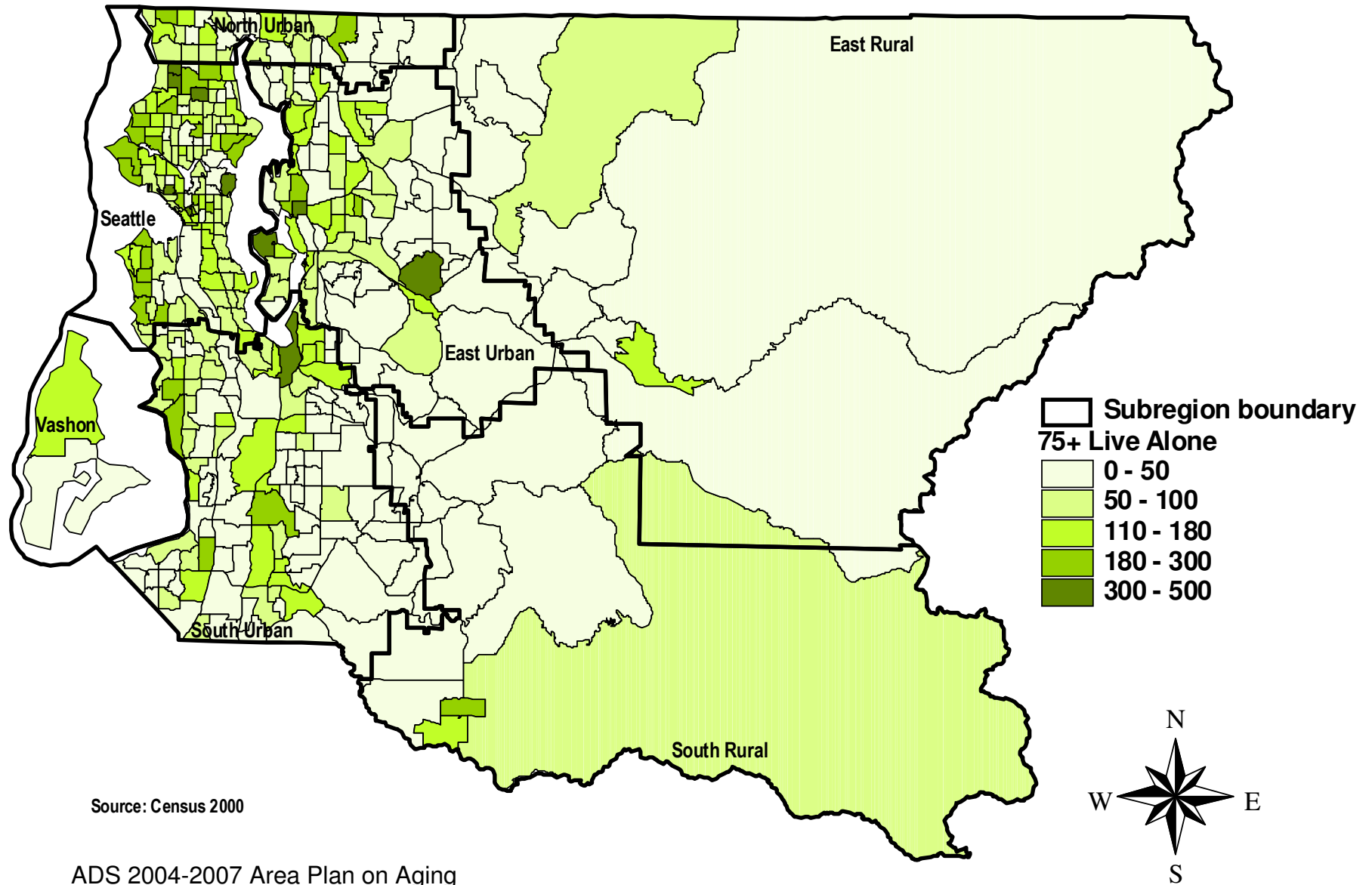
# Map 4. 65+ Below Poverty



# Map 3. 60+ Persons of Color



# Map 6. 75+ Residents Who Live Alone



# ADS Policy Direction: Funding

- Distribute a balance of funds to serve:
  - All regions of the county, and
  - Priority populations (highest need and nutritional risk)
- Applicants must bring significant resources to the table.

# ADS Policy Direction: Partnerships

- Encourage collaboration and partnerships to reach communities with limited capacities
  - Partnership approaches must have low administrative costs
  - Capacity is limited in terms of the number of contracts ADS can support

# ADS Policy Direction: Program Elements

- Provide fresh, quality, on-site prepared meals with choices as much as possible
- Promote cultural competency between partners, within organizations, and among participants
- Demonstrate participatory leadership at all levels

# Questions & Comments



# Resource Materials

ADS Web Site

[www.agingkingcounty.org](http://www.agingkingcounty.org)

Materials will be posted in the “Highlights”  
section, lower left corner of the home page