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 'home-bound' guidelines

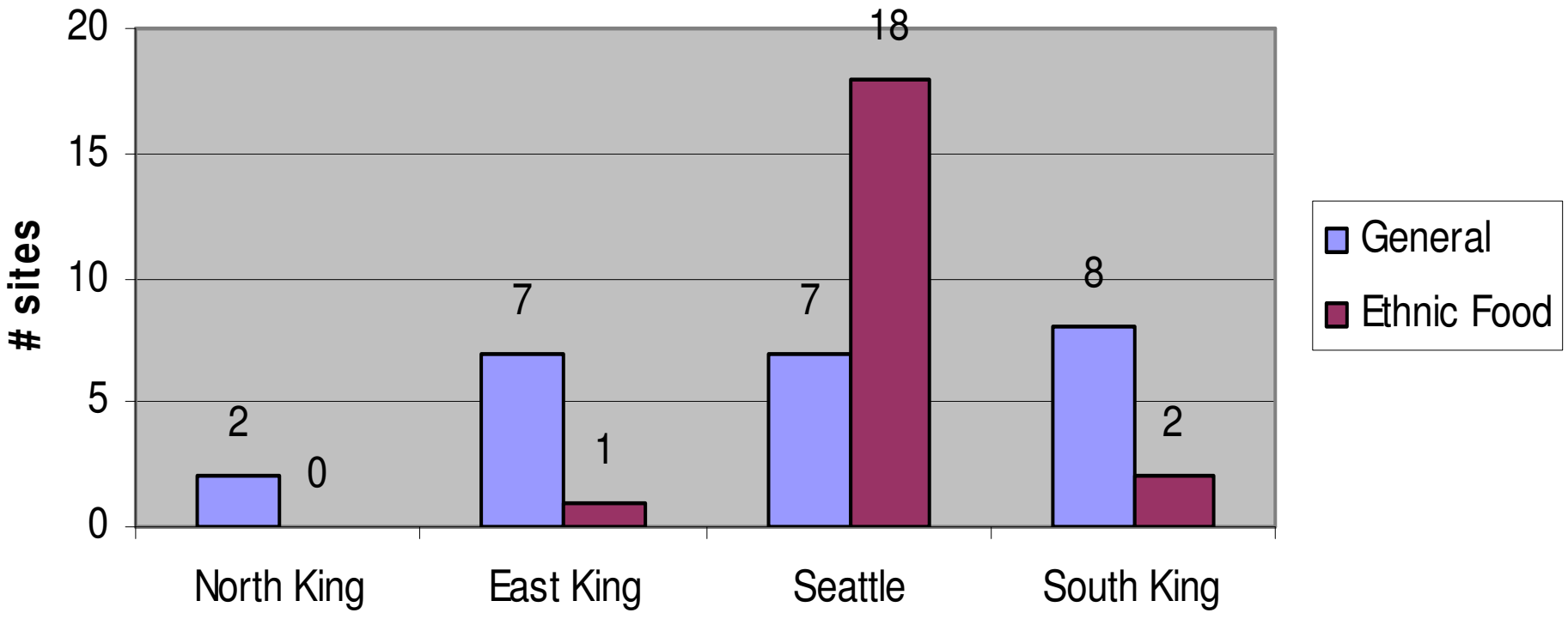
Federal & State Requirements

- 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

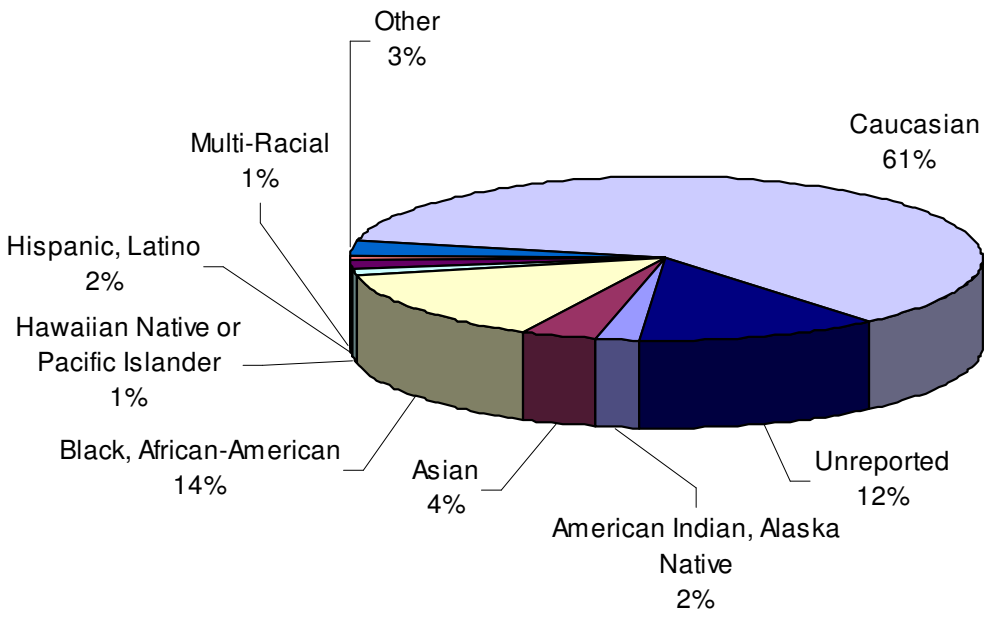
Congregate Nutrition Sites, by Subregion, 2008



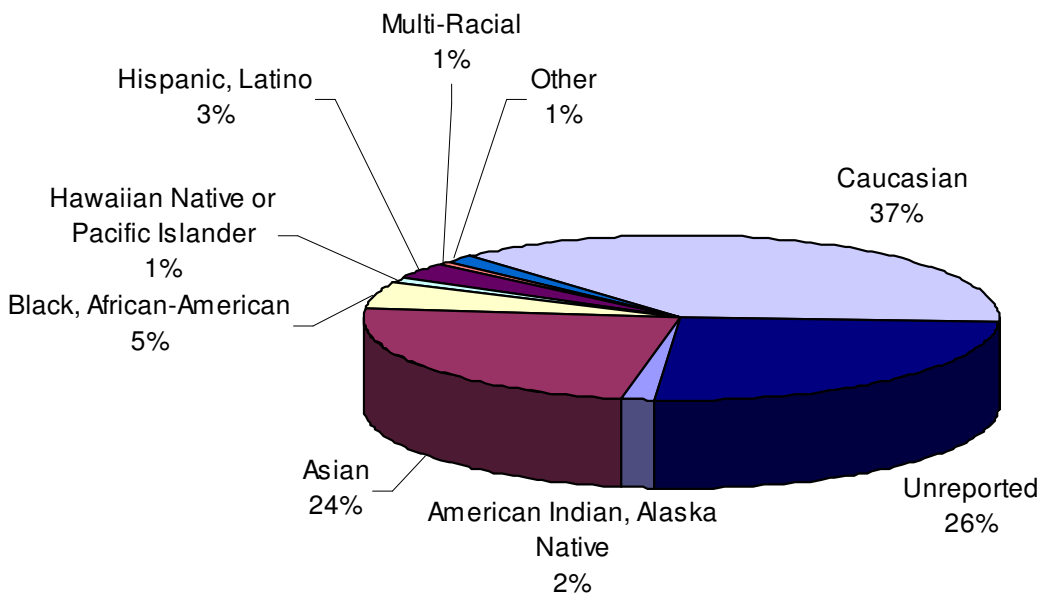
Who We Serve: 2007 Profile

Congregate	Home Delivered
➢ 9,206 participants	➢ 2,588 participants
➢ 37% Minority	➢ 27% Minority
➢ 31% Live Alone	➢ 55% Live Alone
➢ 13% Limited English	➢ 6% Limited English
➢ 36% Ages 75+	➢ 66% Ages 75+

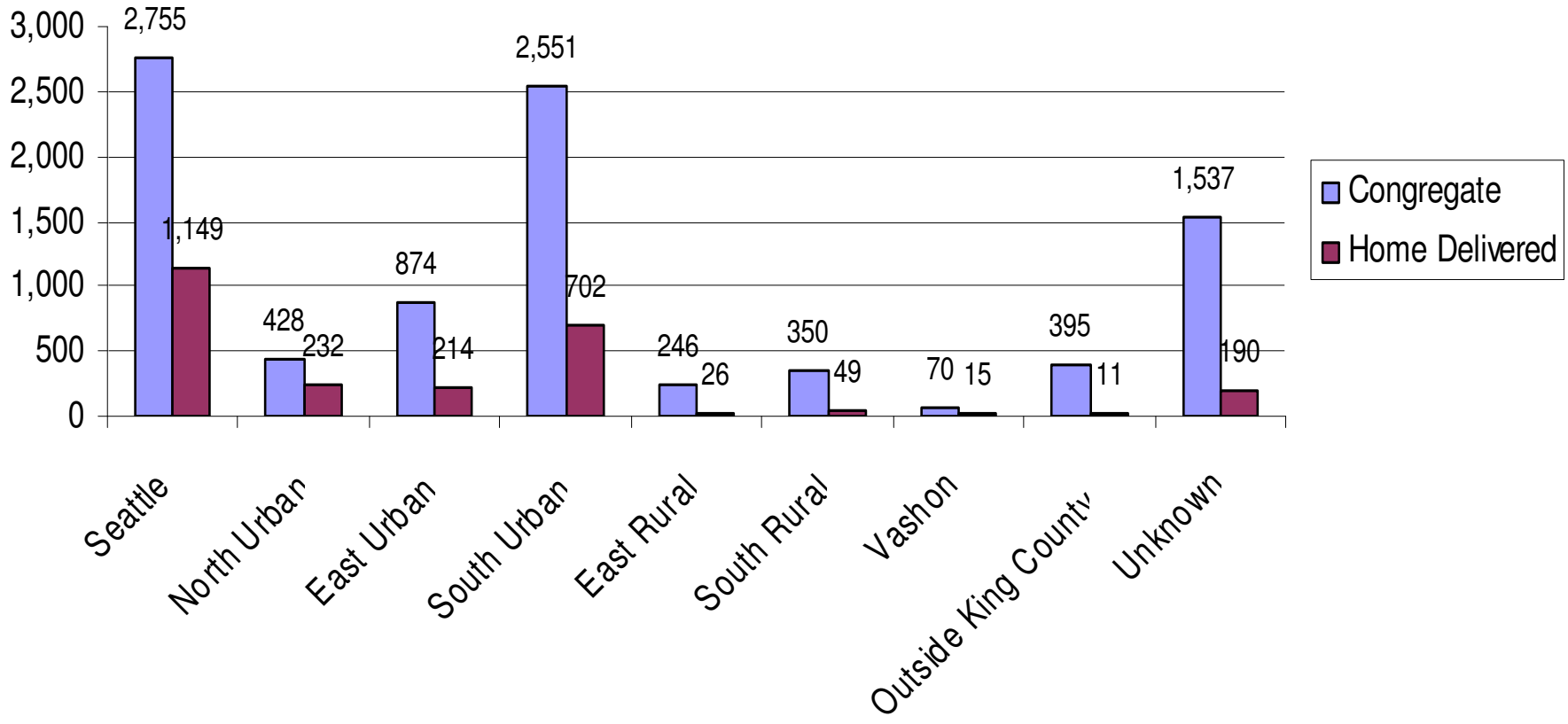
Home Delivered Meal: Participant Ethnicity



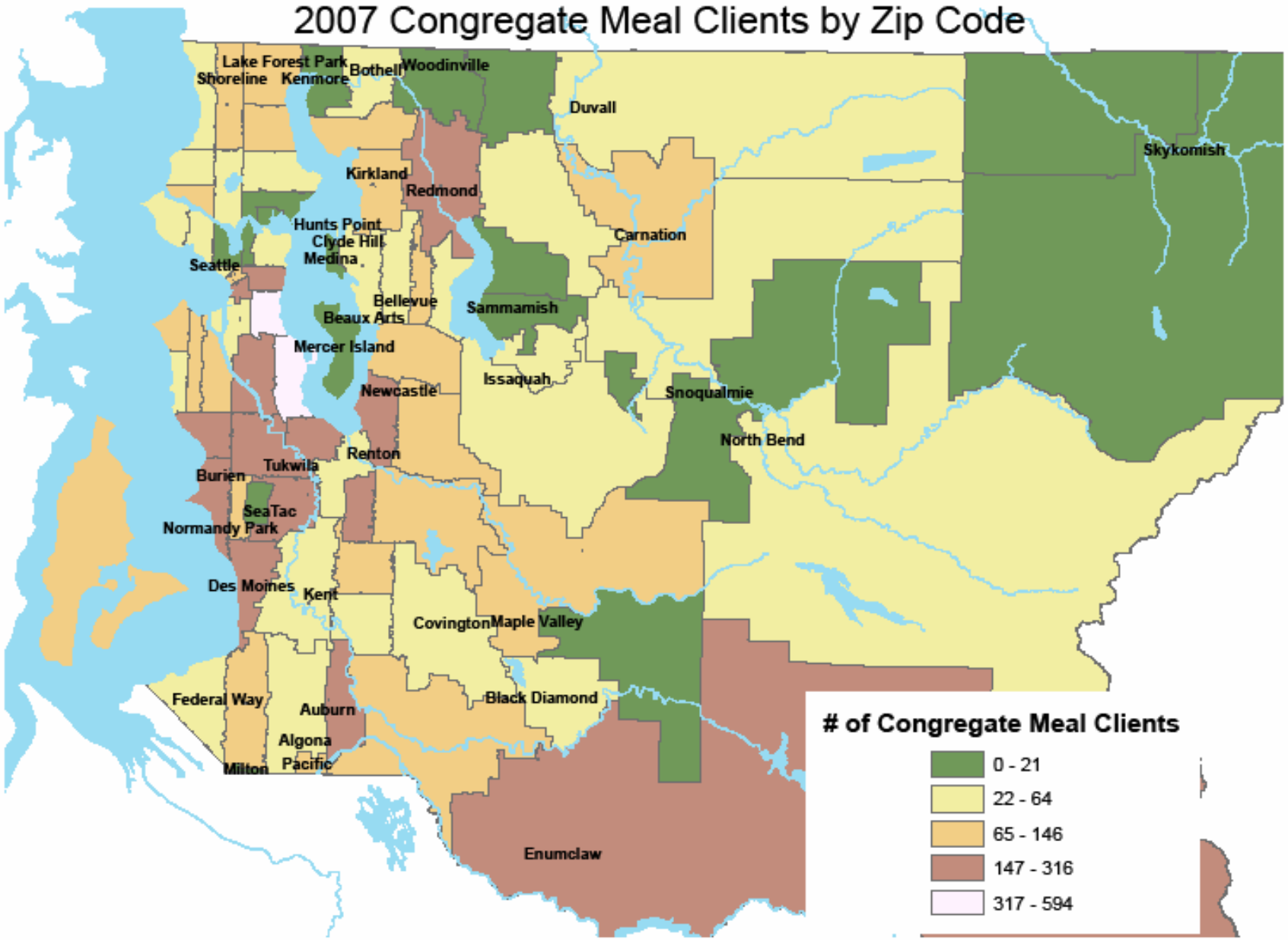
Congregate Meal: Participant Ethnicity



2007 Nutrition Program Participants by Sub-Region



2007 Congregate Meal Clients by Zip Code



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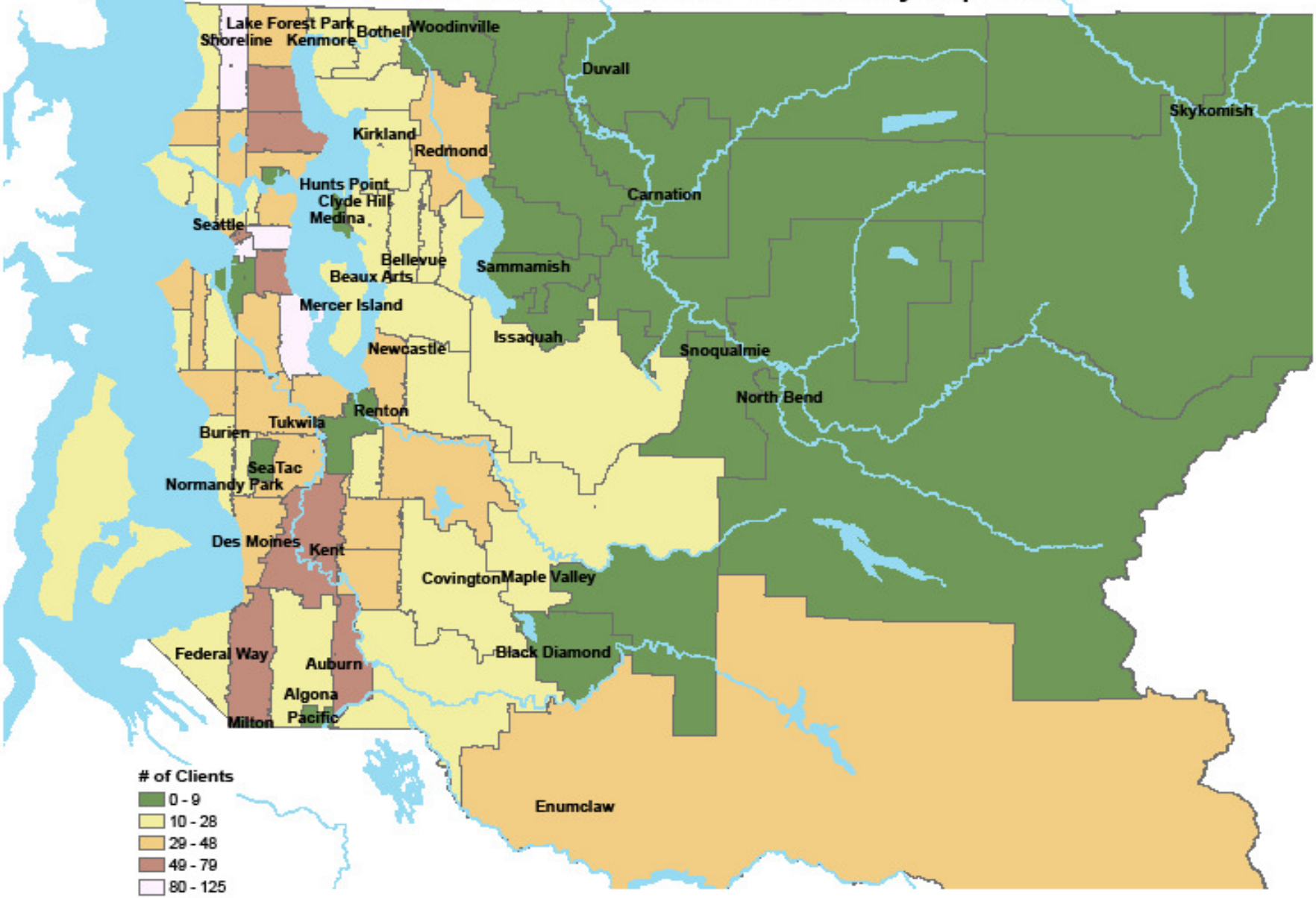
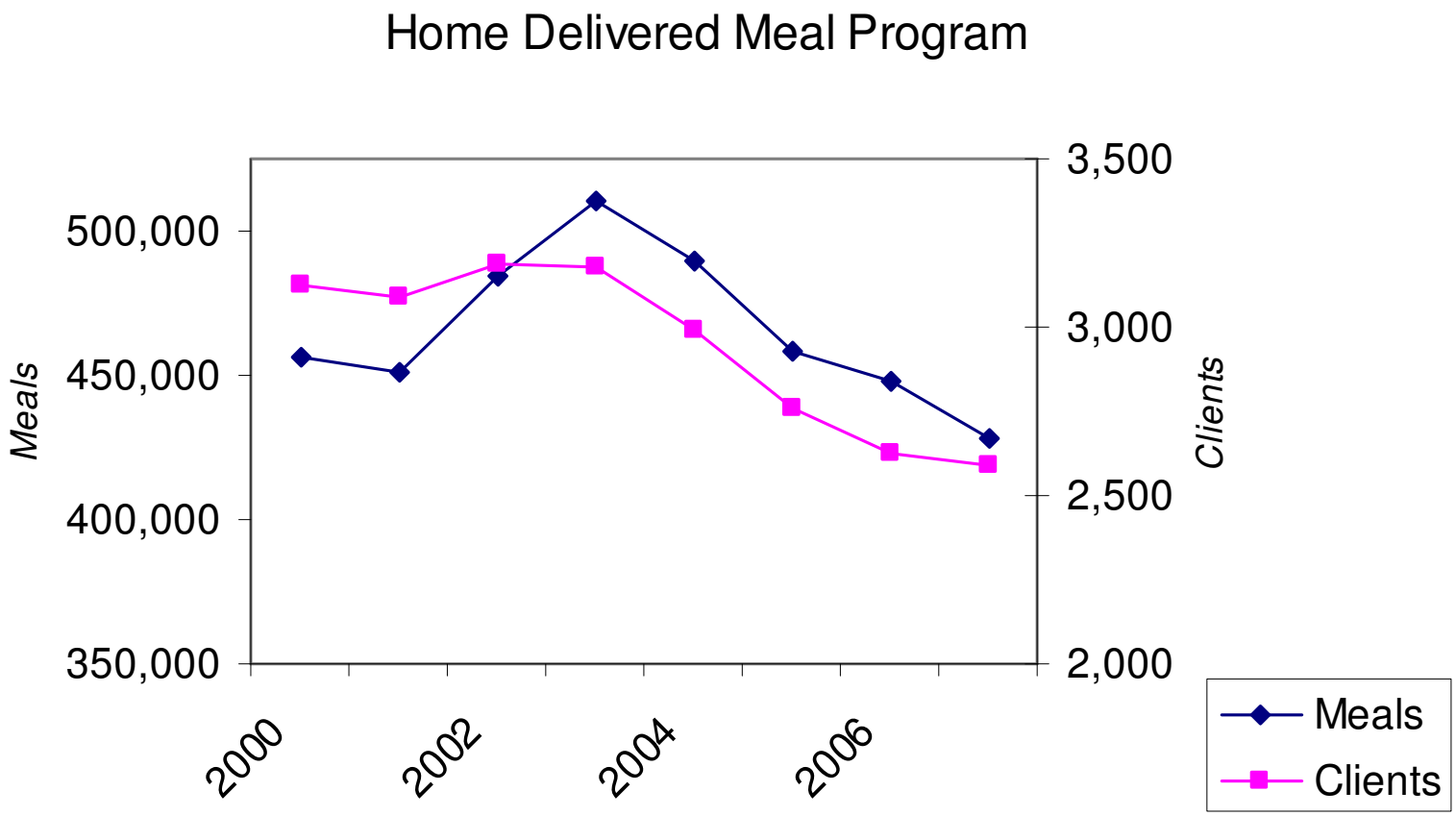
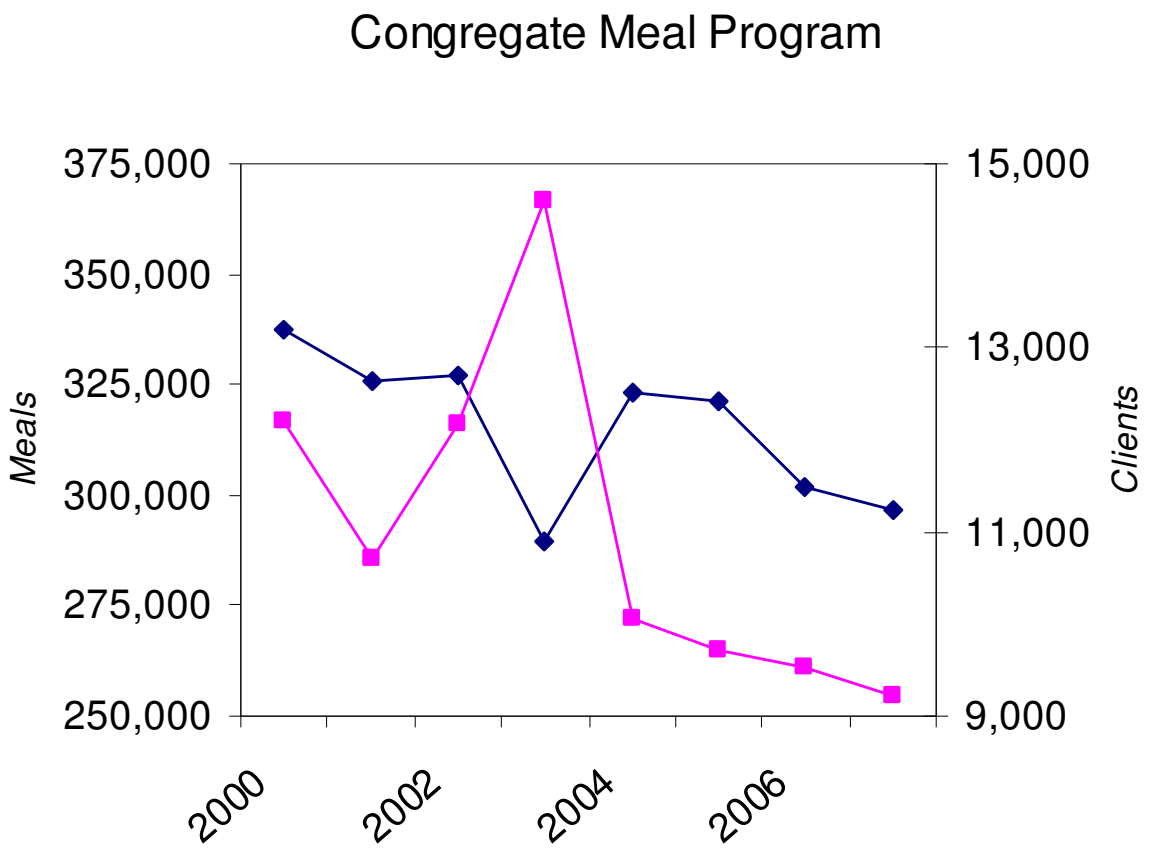
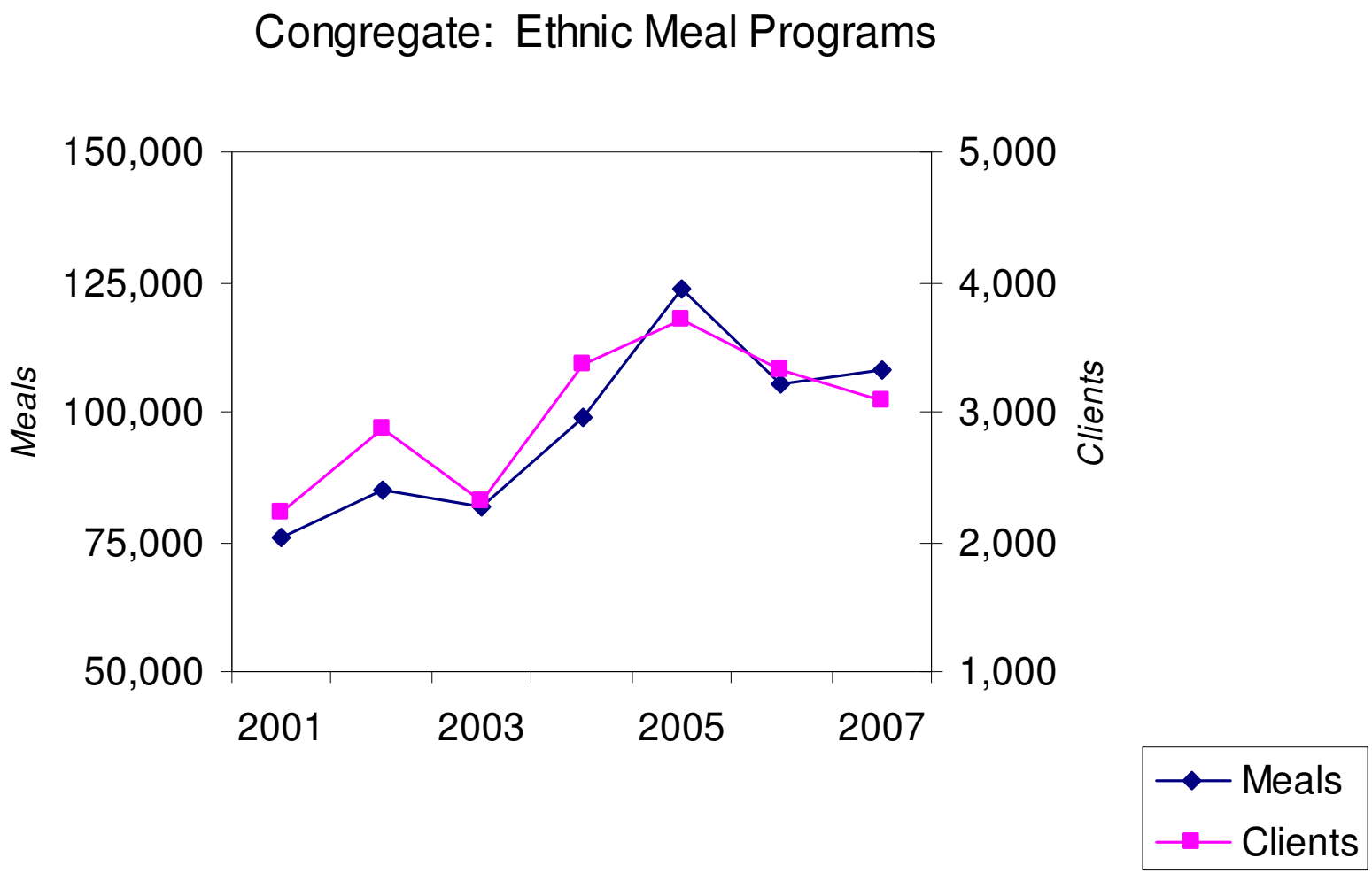


Program Trends




Congregate Meal Program
375,000
350,000
325,000
300,000
275,000
250,000
Meals
15,000
13,000
11,000
9,000
Clients
2000
2002
2004
2006


Congregate: Ethnic Meal Programs
150,000
125,000
100,000
75,000
50,000
Meals
5,000
4,000
3,000
2,000
1,000
Clients
2001
2003
2005
2007
Meals
Clients

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
- Potasium
- 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

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	Rainer	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
Total All Countries*	571	624	384	548	716	550	353	265	7	7	4	494	4,523

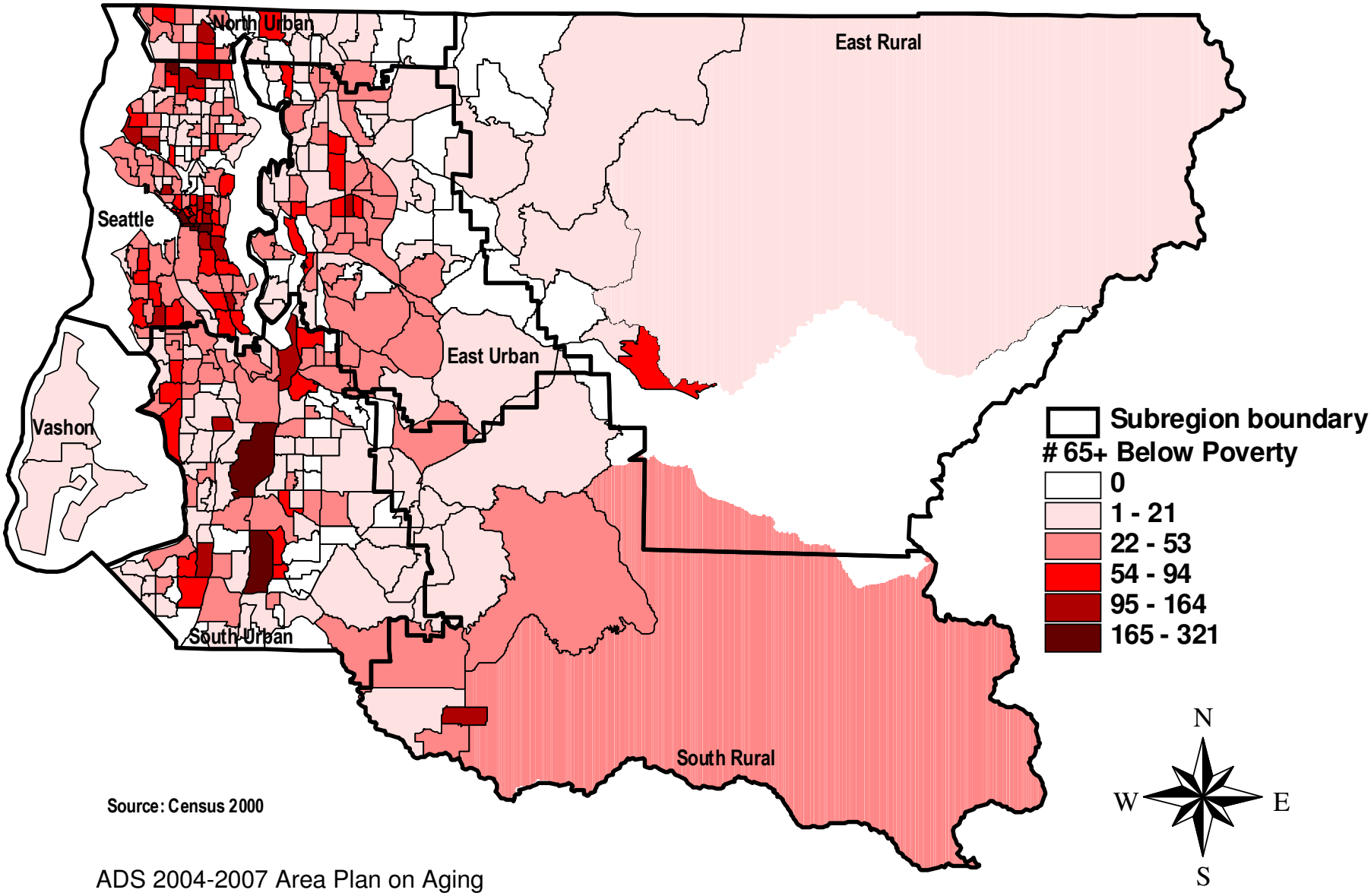
*Total includes figures from countries not shown above
Data as of February 2008 from ACES warehouse
Unduplicate number of LEP elder age from 55+ who receives any type of DSHS service in Region 4 Oct-Dec 2007.

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%

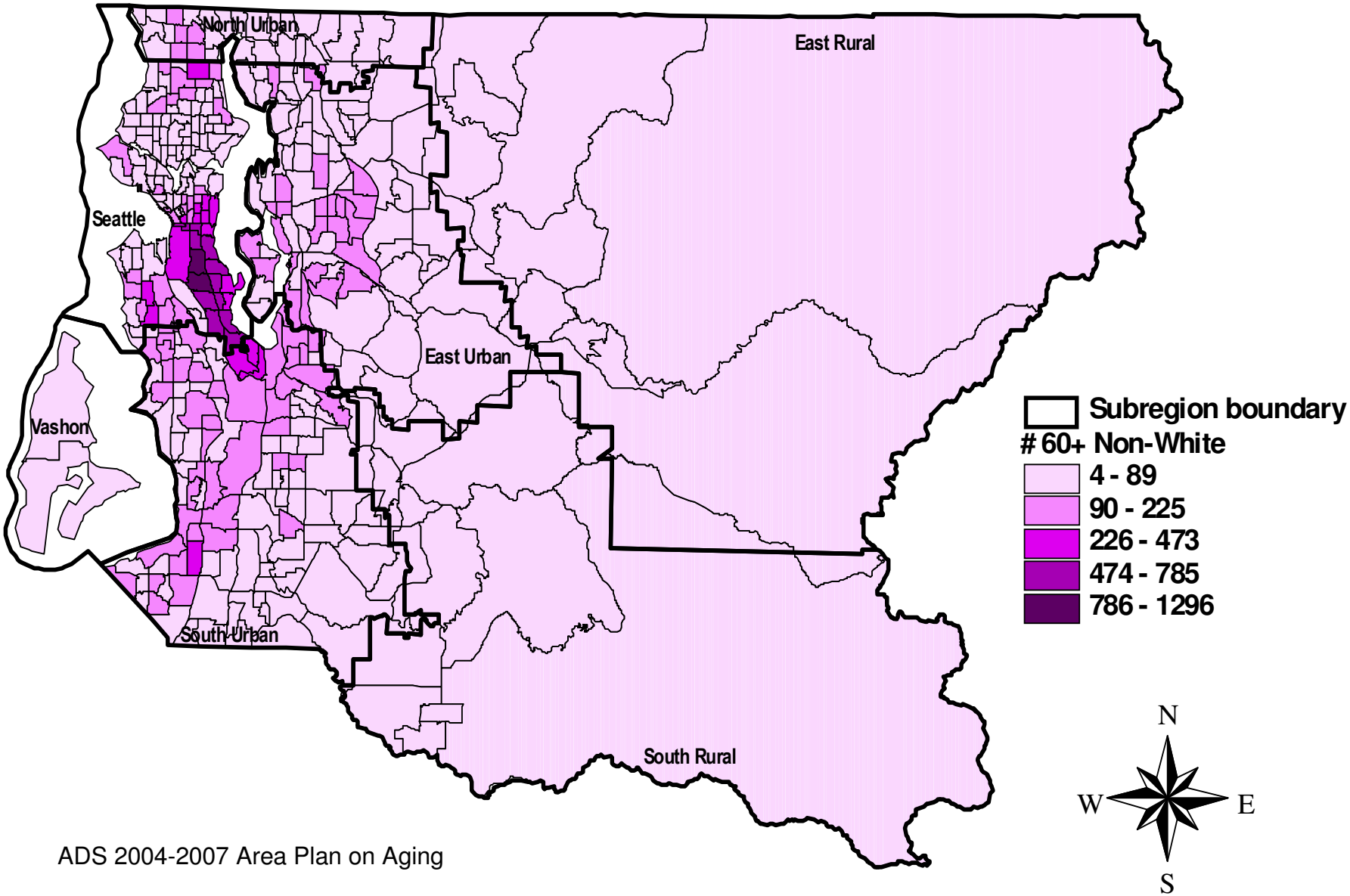
*Geolytics, 2006 estimate

Map 4. 65+ Below Poverty



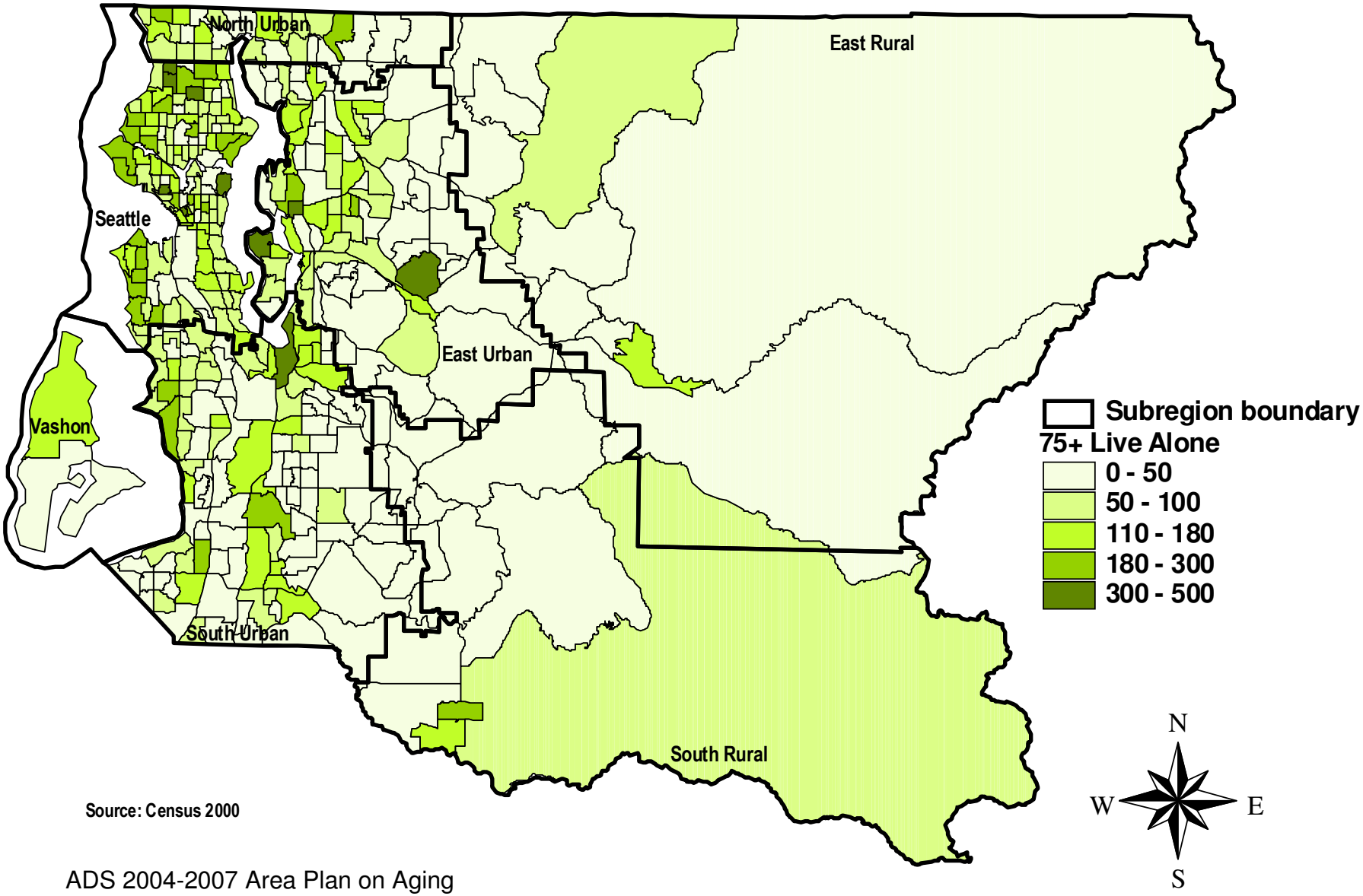
ADS 2004-2007 Area Plan on Aging

Map 3. 60+ Persons of Color



ADS 2004-2007 Area Plan on Aging

Map 6. 75+ Residents Who Live Alone



Source: Census 2000

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

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