

Characteristics of a Single State Nutrition Program: Consideration of the Massachusetts Model

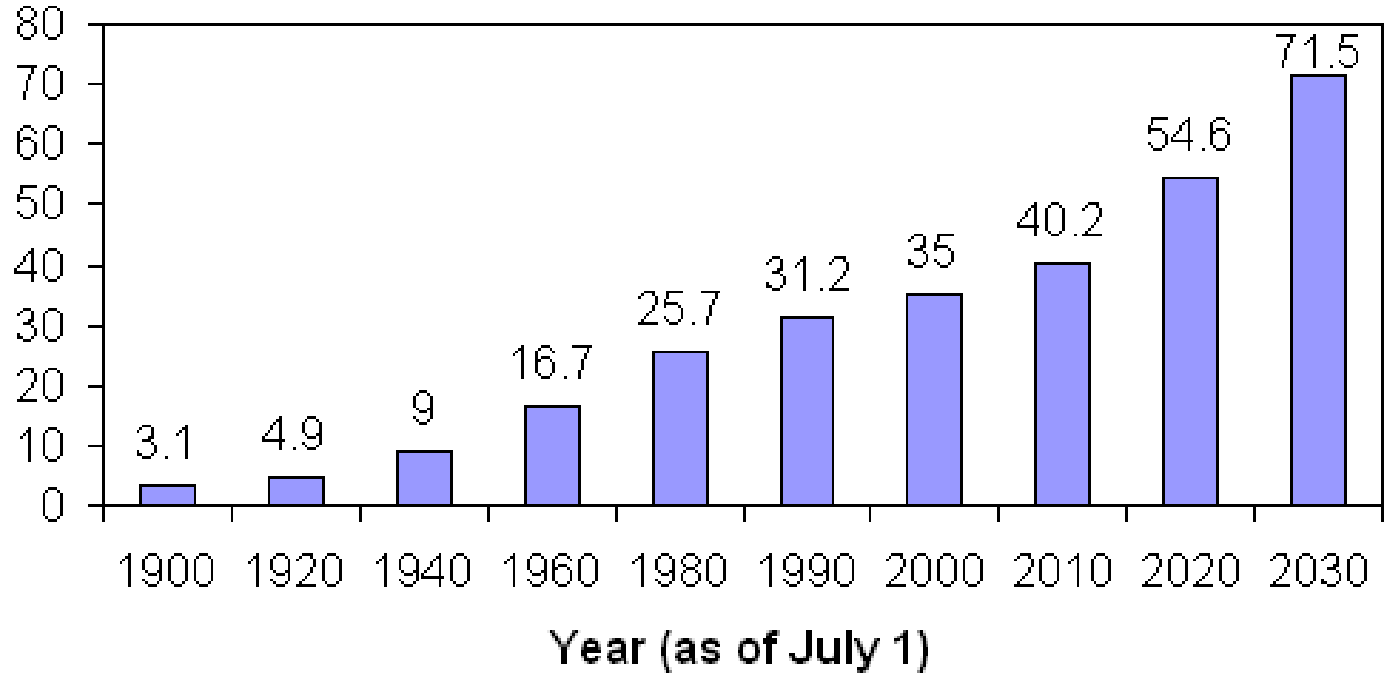
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HCBS Conference
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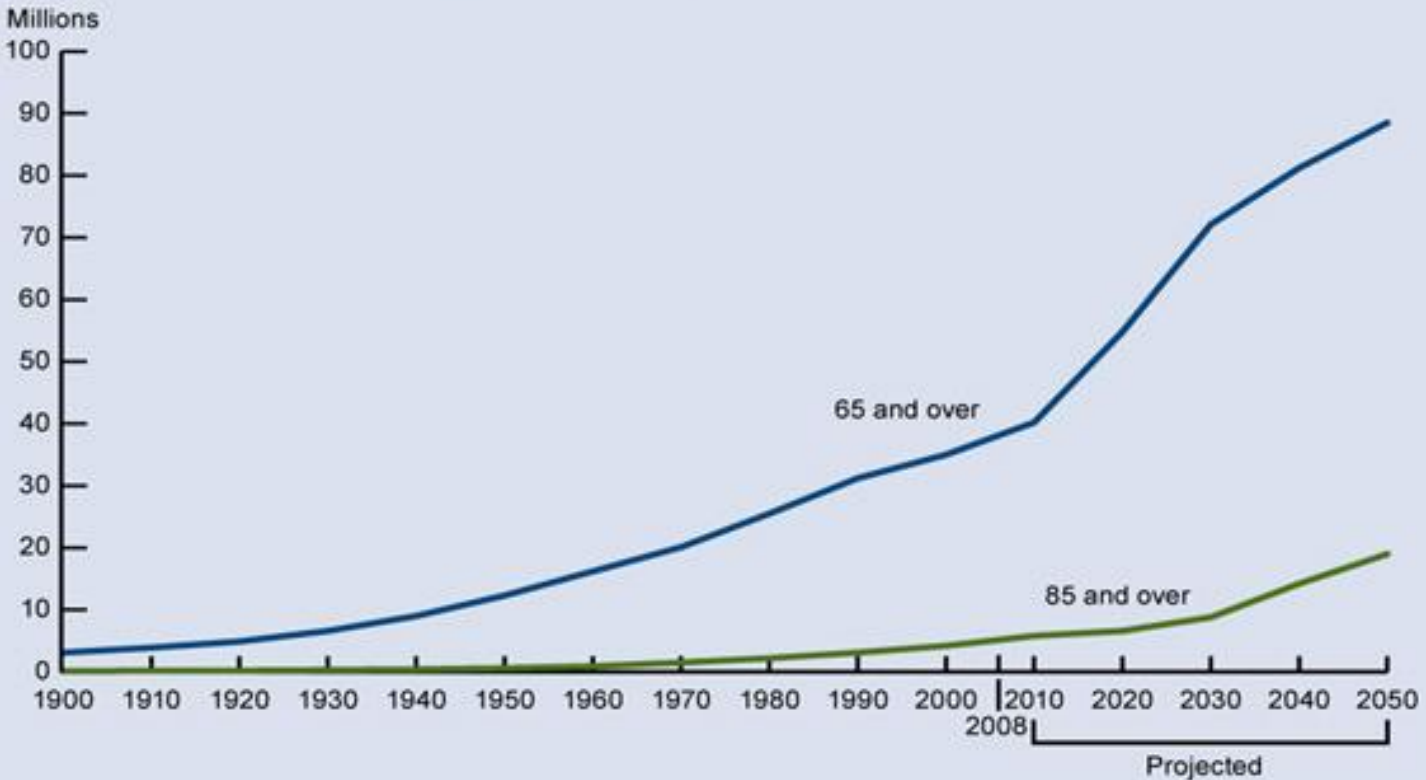
Number of Persons 65+, 1900-2030

**Figure 1: Number of Persons 65+,
1900 - 2030** (numbers in millions)



Future Growth

Population age 65 and over and age 85 and over, selected years 1900–2008 and projected 2010–2050



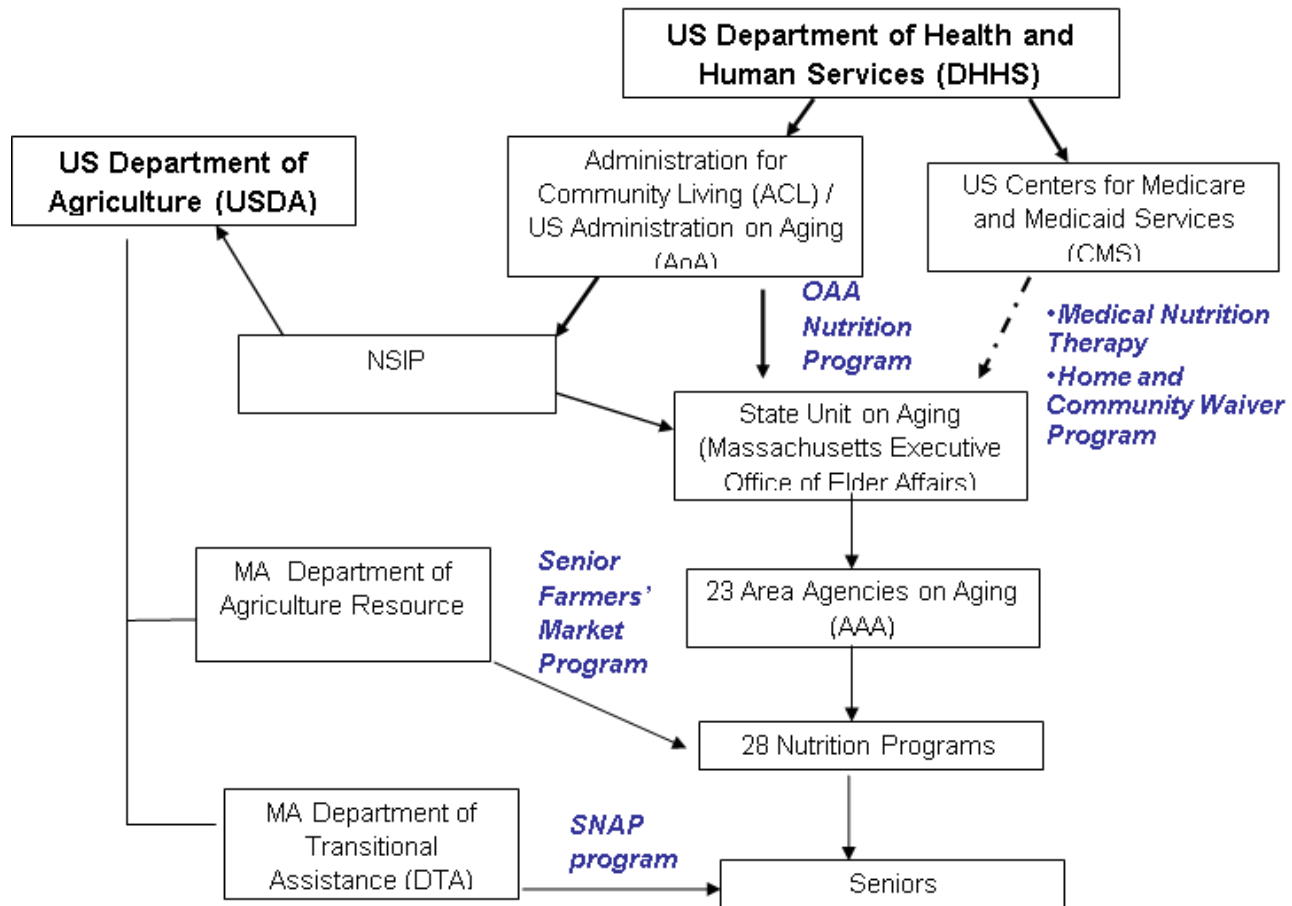
NOTE: Data for 2010–2050 are projections of the population.
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

The Older Americans Act



1. Adequate income in retirement
2. Best possible physical & mental health
3. Suitable housing
4. Full restorative services
5. Opportunity for employment
6. Retirement in health, honor & dignity
7. Pursuit of meaningful activity
8. Efficient community services
9. Immediate benefit from proven research
10. Freedom, independence and the free exercise of individual initiative in planning & managing one's own life.

Network



National Evaluation Report (1993-1995)

- The Older Americans Act senior nutrition program serves highly vulnerable seniors.
- The Older American Act senior nutrition programs is a component in the larger network of home and community based care.
- The meals provided under the Older Americans Act senior nutrition program are nutritionally significant to the older adults who consume them.
- The Older Americans Act senior nutrition program offers a national model for successfully utilizing and leveraging federal funds.

Nutrition Program for Elderly

- Eligibility
 - Home Delivered Meals:
 - People age 60 or older.
 - Meet home delivered meal eligibility requirements.
 - Individuals with disabilities who reside at home with older individuals who are eligible
 - No income eligibility test is required.
 - Congregate meals:
 - People age 60 or older, and their spouses at any age.
 - Disabled people under age 60 who live in housing facilities occupied primarily by the elderly, where congregate meals are served. These clients can attend the congregate meal sites at the housing facility.
 - No income eligibility test is required.
- Voluntary contribution
- Meal Requirements (1 / 3 DRI)

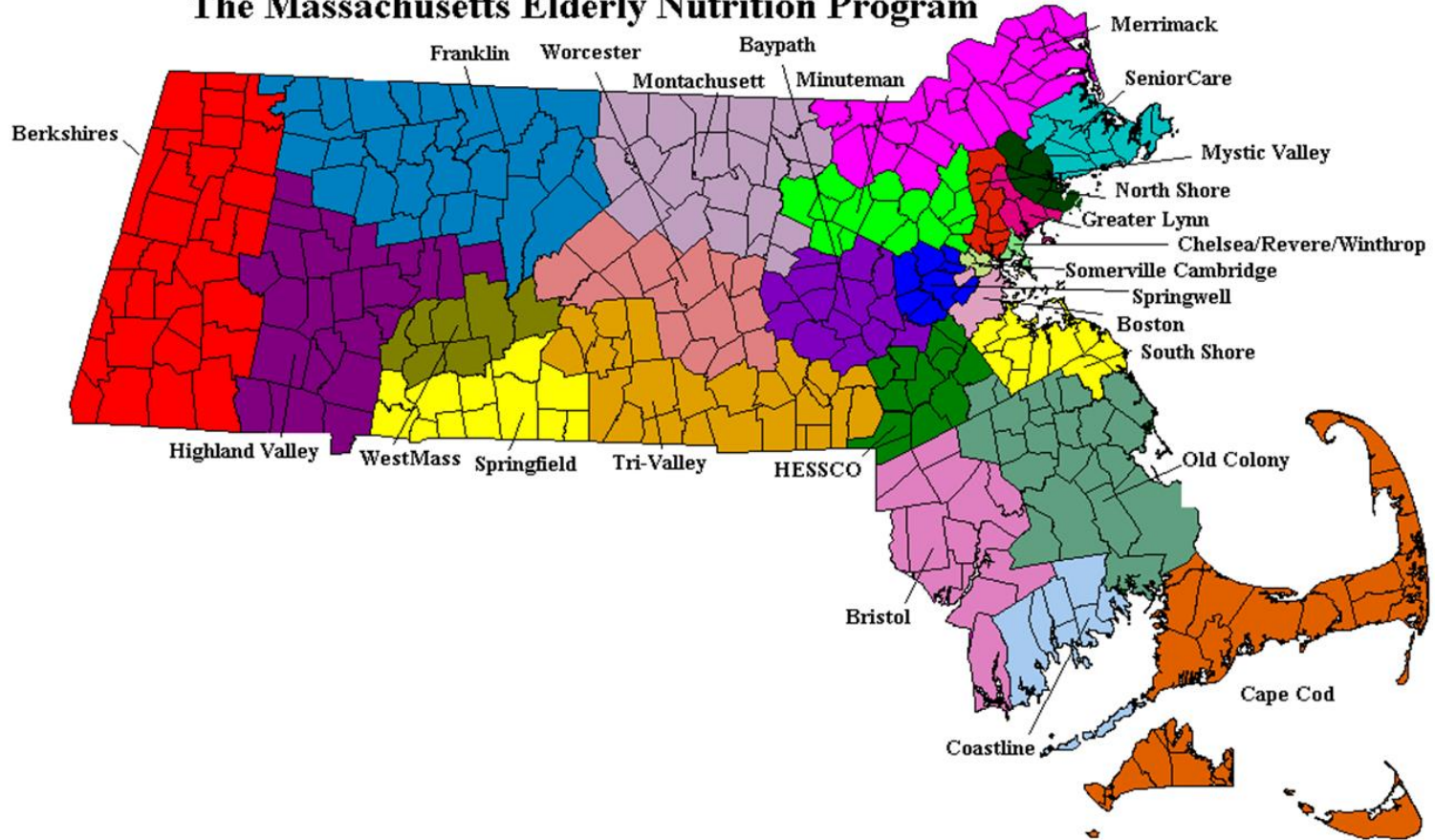
**MASSACHUSETTS
ELDERLY NUTRITION PROGRAM**

MISSION



- Secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; and
- Provide a continuum of care for vulnerable older individuals

The Massachusetts Elderly Nutrition Program



OVERVIEW

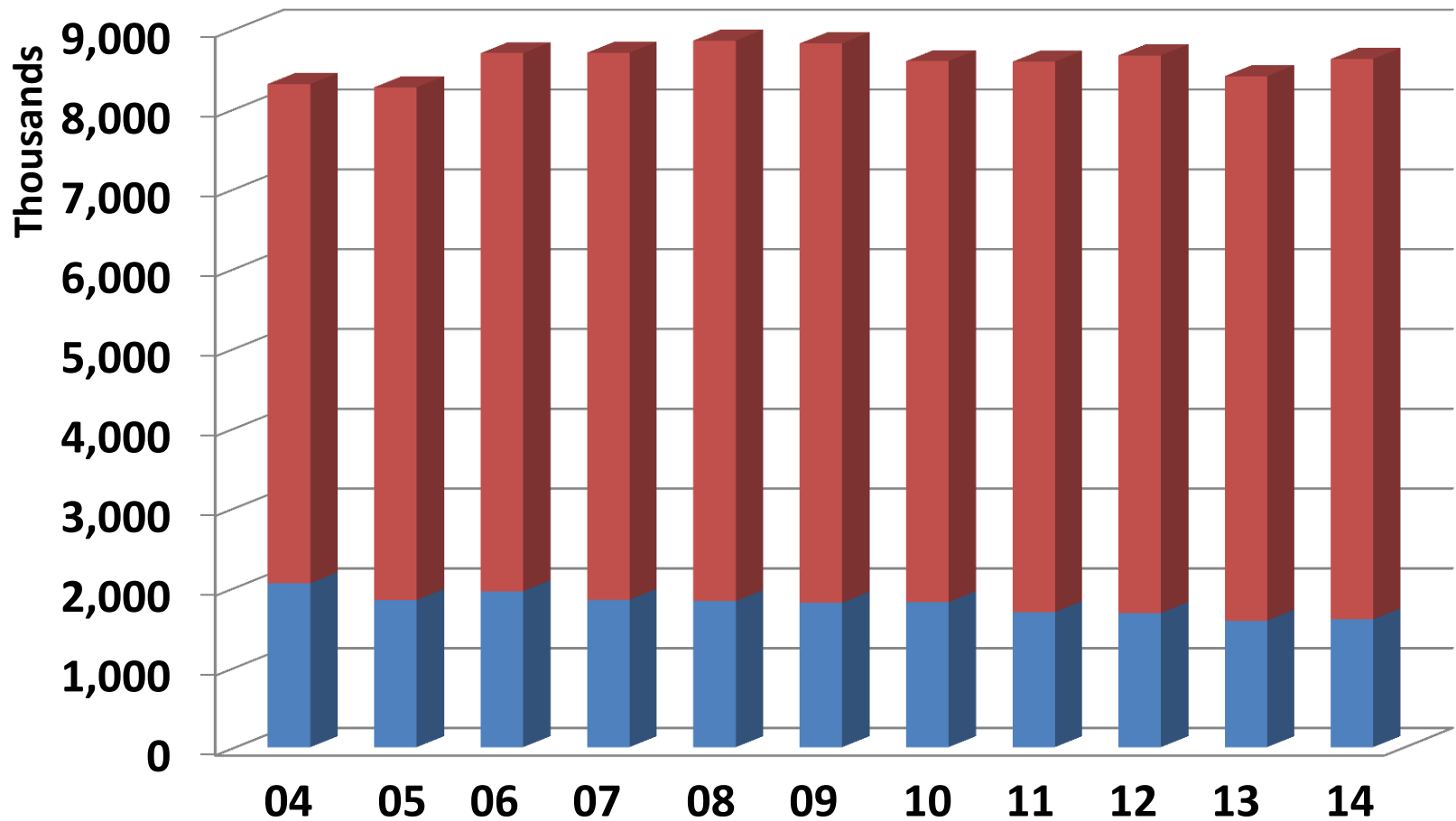
- 28 nutrition projects across Massachusetts serving 8.8 million meals a year
- 7,000 volunteers contribute 450,000 hours yearly to the Elderly Nutrition Program.
- The program addresses multiple problems faced by elders including: poor nutrition, food insecurity, chronic disease, and social isolation.

Meal Program

- Ninety percent of the senior meals are provide by food service contractors through a competitive bidding process.
- All the contracts are for a three year period, and are renewed up to five years.
- The cost per meal ranges from \$2.85 to \$4.50.
- The average USDA commodity usage is 20 to 35 cents per meal.
- The prices of the group purchasing program are compatible to all the major food service contract prices, and most of the time are lower.

CONGREGATE AND HOME DELIVERED MEALS

FY 04-14



FY 2004-2014

Services

- Meal Services – Congregate & Home delivered
- Nutrition services
 - By licensed or registered dietitian
 - Nutrition Education (group)
 - 2x year at all meal sites
 - Medical Nutrition Therapy (home visits)
 - Nutrition Screening
 - Nutrition assessment, counseling, intervention, and follow-up

Unique Characters of Massachusetts' Elderly Nutrition Program

- Robust combined financial resources
- Aggregated buying power
- Statewide standardized policies

Robust Combined Financial Resources

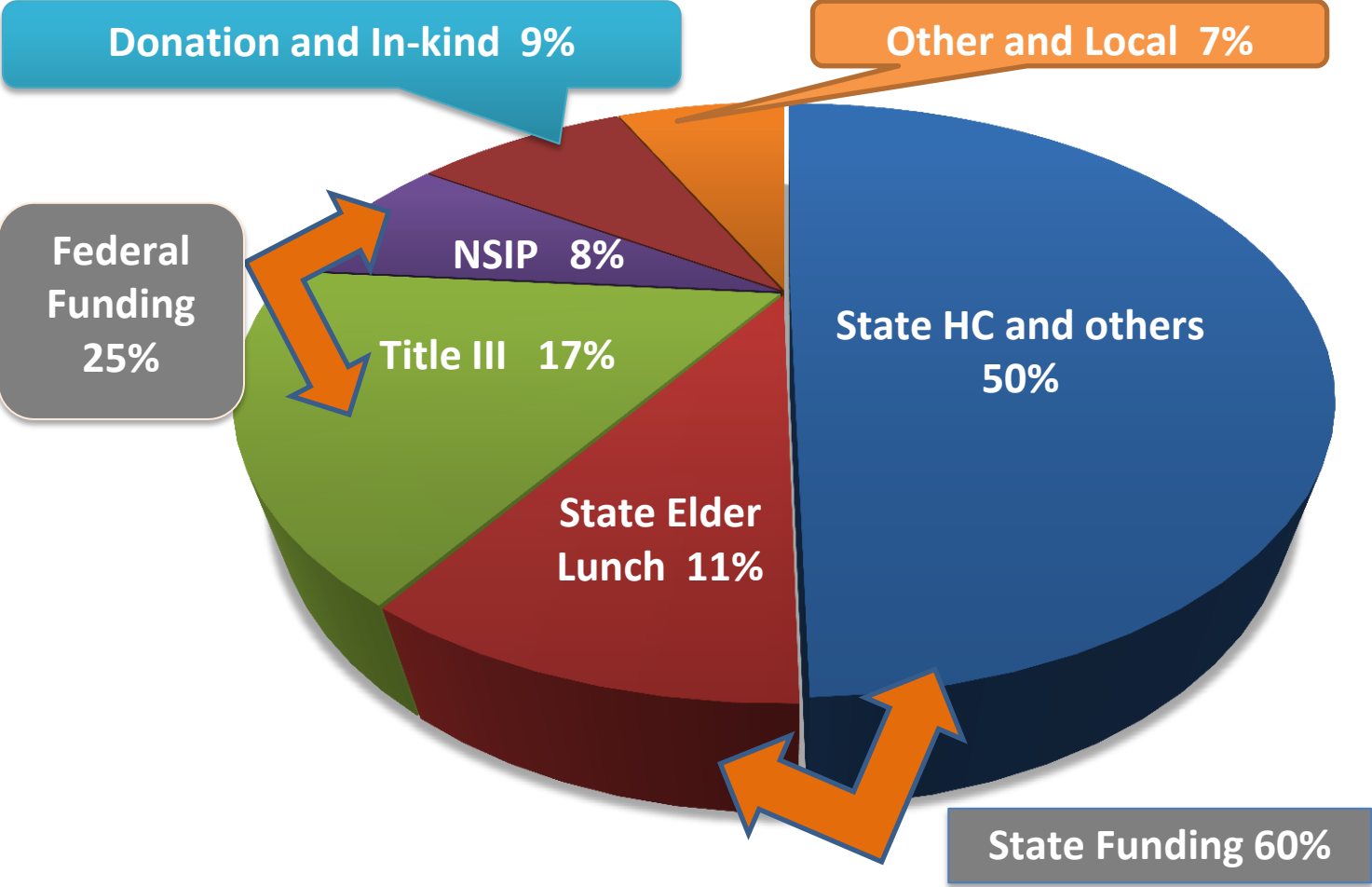
OAA/NSIP

State

CMS HCBW

Managed Care Organizations (SCO, PACE)

FINANCIAL RESOURCES FY 2014



For FY 2014 MA Elderly Nutrition Program Total expenditures were \$64,058,001 (8,623,147 meals) \$7.42 per meal

Enhance Financial Resources

Programs

- Senior Community Option (SCO)
- Program of All-Inclusive Care for the Elderly (PACE)

Individual Seniors

- Senior Farmers Market Nutrition program (SFMNP)
- Commodity Supplemental Food Program (CSFP)
- SNAP program
- Food Bank Brown Bag Program
- Child and Adult Care Food Program (CACFP)

Aggregated Buying Power

Statewide USDA Commodity
Distribution/Processing Program
Group Purchasing Agreement

- Utilize NSIP funds in a combination of cash and food. The state selects food items with the best/highest value from USDA, processes foods as needed, and engages a commercial distributor to warehouse and transport the product.
- The state uses the combined purchasing power of its nutrition projects to negotiate best value (quality and price) products for all nutrition programs.

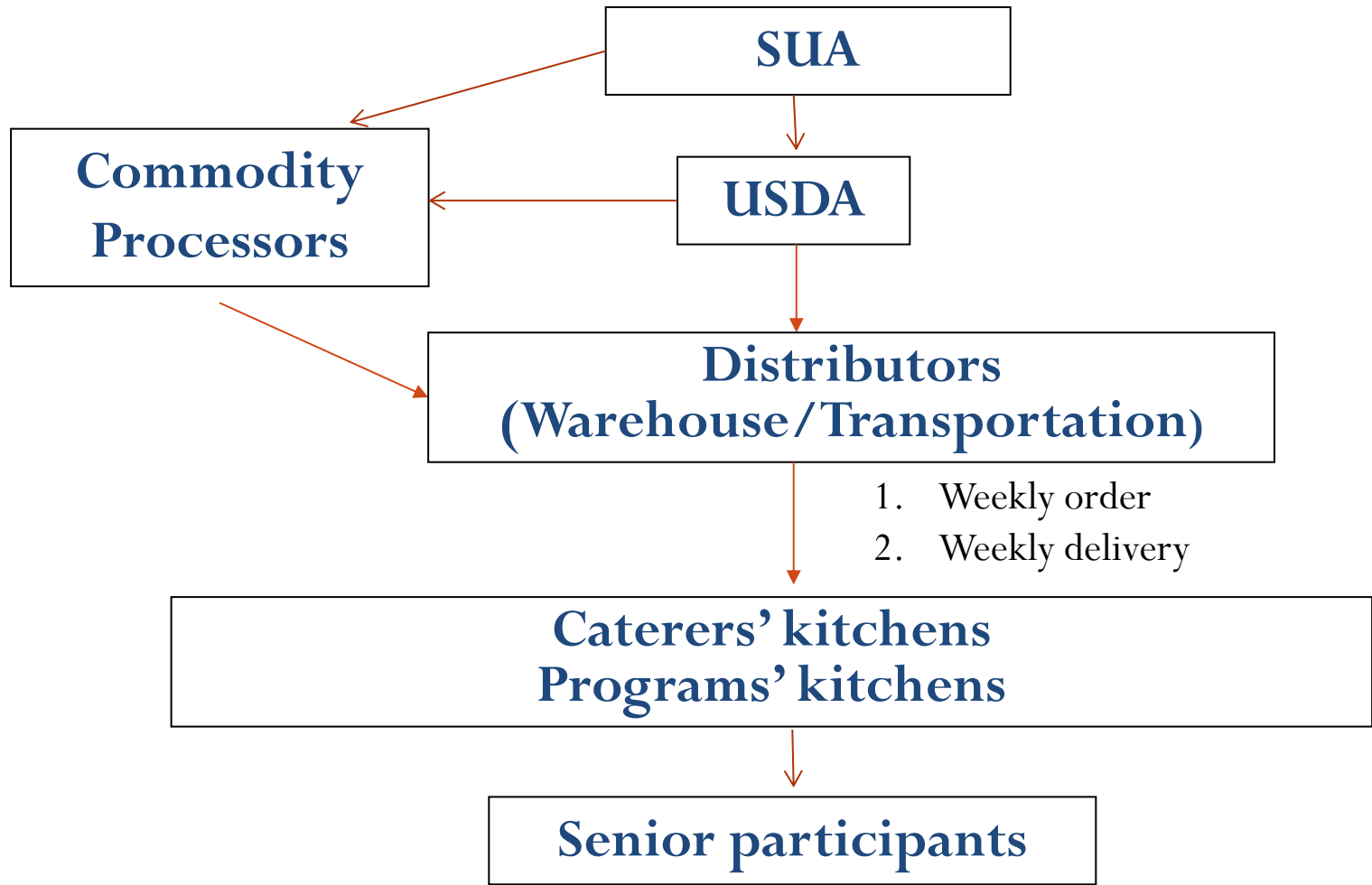
COMMODITY/PURCHASING ITEMS ORDER GUIDE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	ORIGINAL PIZZA OF BOSTON		PH 800-255-4256														MASSACHUSETTS COMMODITY	1
2	Amy Richardson		Fax 401-333-4785															
3	PO Box 304				Account													
4	Lincoln, RI 02865-0304				Name:								Alt: ELMACOMMOH					
5																		
6																		
7	ITEM #	UM	DESCRIPTION		PACK	COST	OH HAND	delivery Apr 6 - 10	delivery Apr 13-17	delivery Apr 20-24	delivery Apr 27-May 1	delivery XXX	Total Usage					
8	E99650	cs	Apricot Tango smoothie	a	96.6oz	19.20	145											
9	E99662	cs	Cherry smoothie	a	96.6oz	19.20	128											
10	E99663	cs	Raspberry smoothie	a	96.6oz	19.20	117											
11	E51408	cs	Snack n loaf LW. cherry	b	72/2 oz	11.53	58											
12	EA408	cs	Peaches, cing, sliced	f	6/10#	19.40	512											
13	EA431	cs	Pear, halves in lite syrup	f	6#10	21.06	569											
14	EA434	cs	Pear, diced	f	6#10	18.88	49											
15	EA537	cs	Turkey roast	m	40#	29.51	945											
16	E7590	cs	Stuffed cabbage	m	20#	28.80	893											
17	EA608	cs	Ground beef	m	40#	60.00	1											
18	EA563	cs	Chicken fajita	m	30#	63.90	1276											
19	EP4824	cs	Tyson chicken quarters	m	30#	39.00	610											
20	E13890	cs	Pork roast F/C approx 14#	m	2/7#	32.20	1087											
21	E3701	cs	Breaded pork chops	m	100/3.1oz	40.00	65											
22	E06590	cs	Stuffed peppers 48/7oz	m	20#	28.80	2005											
23	E3734	cs	Pork rib	m	160/2oz	80.00	110											
24																		
25																		
26																		
27																		
28																		
29																		
30																		

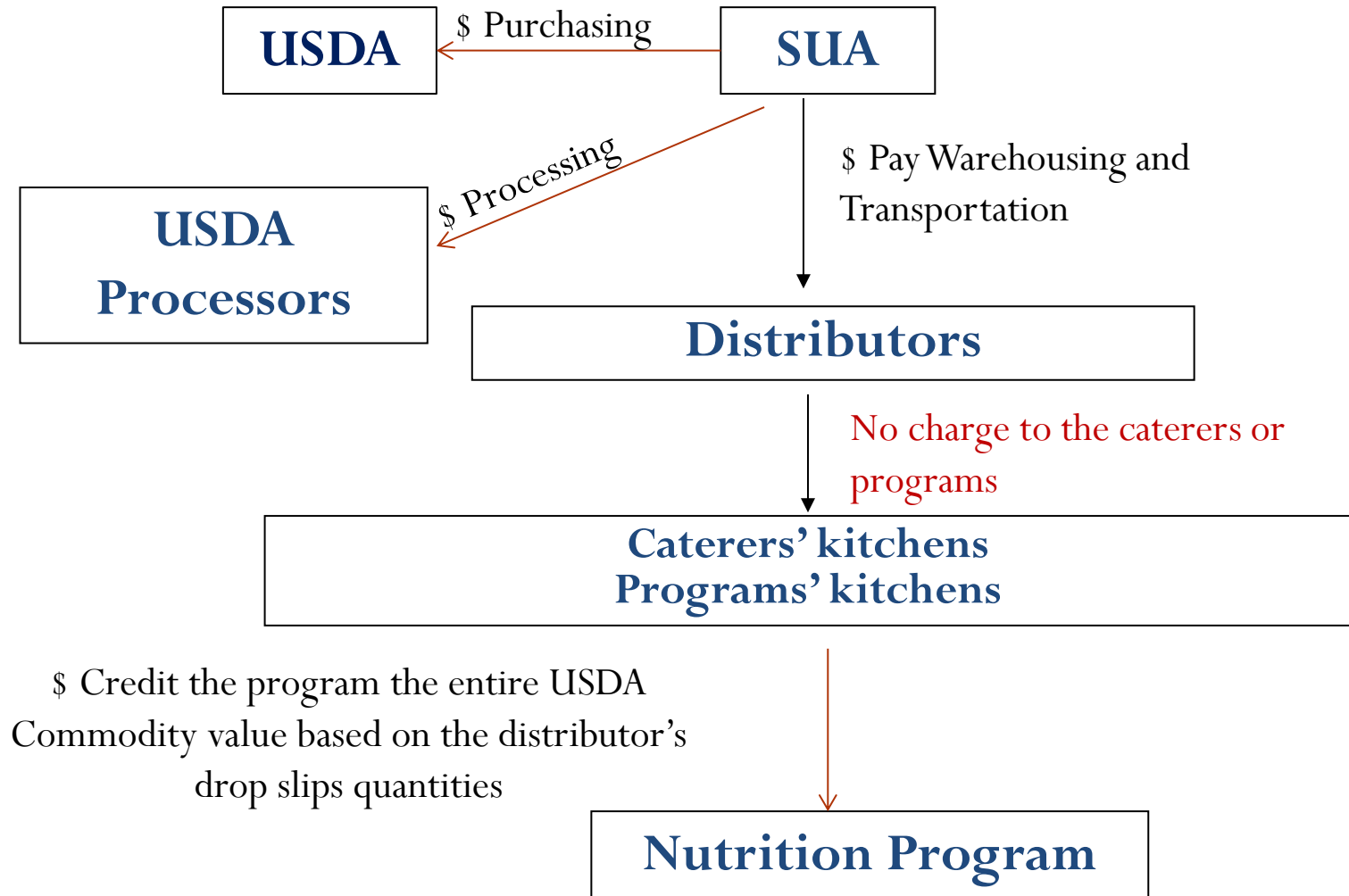
Quality and Nutrition Value

- The USDA has standard quality specifications that are met when food is purchased. This quality is often higher than commercial specifications.
- Each commodity food offered has a corresponding fact sheet that provides nutrition information such the amount of calories, fat, carbohydrates, protein, along with some vitamins and minerals
- Food safety recall
- All nutrition values are in COMPUTRTION

Operational Flow



Financial Flow



Commodity Processing Program

- The EOEPA intends to award at a minimum, a single contract award and potentially multiple contract awards to responsive vendor(s) based on the evaluation/award criteria.
- The awarded vendor has to be an approved USDA processor

Awarding Criteria

- Nutrition value
- Taste testing
- Pricing
- Commitment of pricing for multiple years
- References
- Delivery
- Discounts being offered : i.e., volume, prompt payment etc.

Samples of Purchase Agreement Items

- **Seafood**

- Wild caught Salmon
- Catch of the Day (Highliner)

- **Meat**

- Good Neighborhood Franks; low sodium, low fat
- Sara Lee's Farm Ham

- **Dairy**

- Upstate Yogurt

- **Bakery**

- South Hadley Bakery
- Sara Lee's, Bistro line

- **Frozen Meals**

- GA Frozen meals: The program was designed to create a bulk purchasing opportunity, while still allowing local nutrition programs to have access to place orders. 36% savings than program handles individually.

- **Disposable**

- Oliver Packaging & Equipment Company 14 years.

Outcome – Nutrition and Food Safety

- Food quality and safety (USDA commodity/ processing products)
 - US grown
 - Meet nutrition standards
 - Fully cooked, to avoid cross contamination
 - Known vendors, easy to trace any food safety issues
 - Tested and approved by meal participants
 - Menu analysis
- Higher cost items (Roast Pork, Boneless Chicken Breast, Salmon, and fish Florentine) can be used often as menu items

Outcome – Food Cost

- No waiting list for the past 20 + years due to food cost issue
- Average \$100k + bonus items from USDA yearly
- Average 28-35 cents commodity usage per meal
- Able to have a food cost 15-20% lower than the same quality at market price
- Annual food cost increases remain lower than the CPI
- Any bidding allowances, or buying incentives go directly back to the price

Outcome – Overall Operations

- Smaller independent kitchens can have the same quality foods as a national company
- Able to support different types of meals
- Able to provide multiple services, such as frozen meals, weekend meals, emergency meals
- Brokers' role turns into technical assistance

		Total pounds Jan-March/2016
Purchasing Programs		
Salmon	Universal	6,000
Trout, Rainbow	Clear Spring	2,500
Salmon boat	Bell Pepper	1,080
Florentine	Viking	970
Pier 17	"	1,740
Broocoil/cheese	"	120
Fiesta	"	90
		12,500
Commodity Processing		
Pollock (Highliner)	potato crunch	7,800
	sweet potato	1,650
	fish sticks	2,880
	Krunch delight	6,600
	bites (one month)	1,280
	cheese	680
		20,890
Ttotal		33,390



Statewide Standardized Policy

Nutrition/Sanitation Standards,

Menu Policy

COMPUTRITION

Nutrition Education

Caterers' RFR

Satisfaction Survey

Meal Quality, Safety and Nutrition Standards

Nutrition Standards

- Menus must comply with the *Elder Affairs Menu Policies and Nutrition Standards*
 - **Incorporates Dietary Guidelines for Americans and the Surgeon General's Report on Nutrition and Health**



Dietary Guidelines for Americans

Nutrition Standards

- Dietary Guidelines for Americans
- Each meal contains at least 1 / 3 Dietary Reference Intake (DRI), Institute of Medicine of the National Academy of Sciences
- Calorie range 700-800
- Meets clinical "No Added Salt" criteria 3-4 gm Na
- Only two higher salt days (entrée >700mg), marked on menu
- Reduced fat content (<35%), no trans-fat

Nutrition Standards (Menu Pattern)

- **Complete menu pattern**
 - Meat/Meat Alternative: 2.5 (B) - 3oz (A)
 - Vegetables/Fruits: 2 servings of 1/2 c each
 - Bread/Bread Alternative: 1 serving or 1/2 cup
 - Dessert: 1/2 c (regular or diet)
 - Milk: 8oz (low fat)
- **Fruit**
 - Served as dessert at least 3 times a week



Special Focus Nutrients

- **Protein**
 - Prevent sarcopenia, whole muscle meat at least twice a week
- **Vitamin C**
 - Good food source daily
- **Vitamin A**
 - Good food source 3 times a week
- **Calcium**
 - Daily 8 oz milk or other source
- **Signed menu checklist submitted to state 4 weeks in advance**



Nutrition Standards (Matrix)

- Chicken minimum 1x a week
- Whole muscle meat (A) at least 2x a week
- Fruit dessert at least 3x a week
- Good food sources of Vitamins A (3x/wk) and C (daily) are required in the menus
- 3 fruit desserts a week
- Foods high in fiber (high fiber breads)
- Menus and signed checklist submitted to the state 4 weeks in advance

Nutrition Standards: Therapeutic Diets

- Modified diet as an alternative to all regular meals (no concentrated sweets, low fat, low sodium)
- Therapeutic diets (e.g. renal, diabetic, heart healthy, texture modified)
- Need doctors orders and review by project qualified nutritionist (RD/LDN)

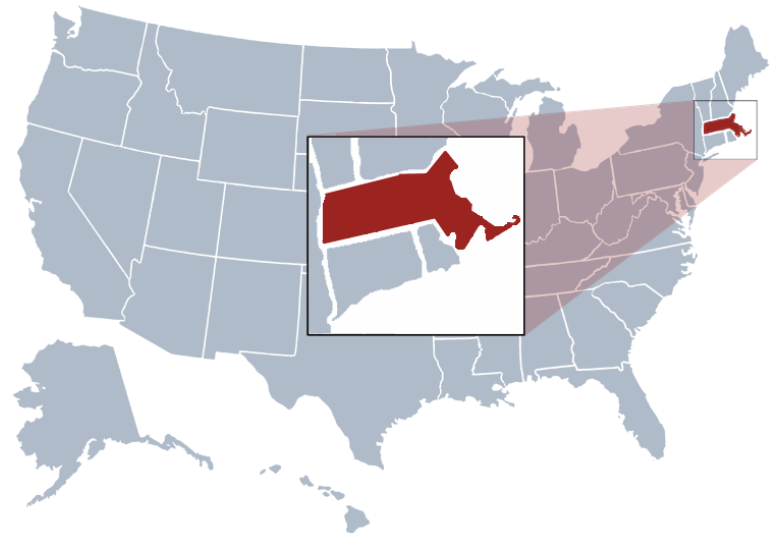
Therapeutic Meals

<u>Therapeutic meals</u>	<u># Nutrition projects</u>
Modified meals (2 gm Na, no concentrated sweets, low fat)	28 (100%)
Cardiac meals	22 (78%)
Renal meals	10 (45%)
Low Lactose	8 (29%)
Ground/Soft	8 (29%)
Puree	3 (11%)

Nutrition Standards: Dietary Preferences

Meals reflect preferences of the elderly population within a program's service area:

- Religious
- Ethnic/Cultural
- Regional



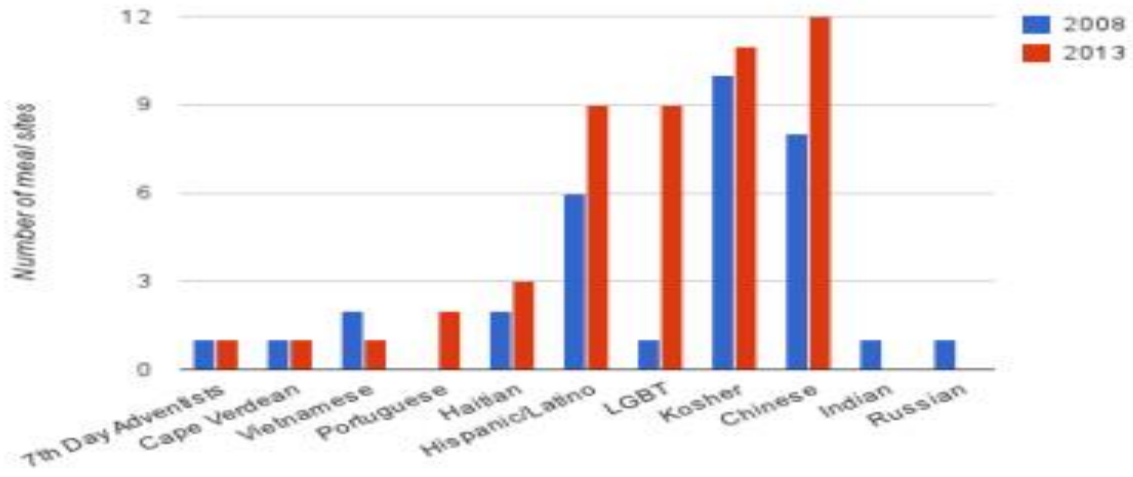
Diverse Meals

- Some examples include: Kosher, Latino, Chinese, Vietnamese, Caribbean, Southern/Traditional, Indian, Italian, Russian, and Haitian...
- Opportunity to socialize, connect to services, and speak primary language.
- The state currently has 15 LGBT meal sites

For a listing of diverse meal sites in MA, see:

<http://www.mass.gov/elders/docs/nutrition-services-diverse-populations.pdf>

Diverse meal sites for seniors then and now



Map showing the diverse and ethnic meal sites for seniors in Massachusetts



Kosher

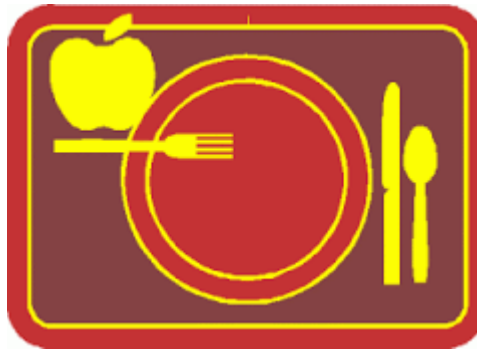


- Fall River
- Pittsfield
- Worcester
- Springfield
- Marblehead
- Salem
- Peabody
- Stoughton
- Randolph
- Brookline
- Newton

Menu Development

Registered and/or Licensed Dietitian:

Nutrition Standards
Menu Pattern
Menu Matrix
Computation
Special Site Requests
Good menu planning
(e.g. Colors, Texture)
Taste all meals



Final Menu

Kitchen Manager/ Chef:

Production
Availability
Presentation
Holding ability
New items
Cost distribution

Site Supervisor and senior feedback:

Likes and dislikes
Serving difficulties
Recommendations

Menu Planning: Computrition

Statewide system for menu planning & nutrition analysis



COMPUTRITIONTM

FOODSERVICE SOFTWARE SOLUTIONS

- Premier nutrition analysis system used by healthcare facilities
- Used by program dietitians during menu planning to ensure standards
- Built from the ingredients up into recipes
- Contains actual products currently in use by kitchens
- Uses programs' actual recipes
- Information maintained and reviewed by state

COMPUTRITION

FOODSERVICE SOFTWARE SOLUTIONS

- Statewide reporting (can detect nutrient deficits, research the problem, and create an intervention plan)
- Efficient method of meeting federal and state reporting requirements
- Automated nutrition analysis for recipes & menus
- Can easily adjust menu to meet nutrition standards (e.g. 1/3 DRI)
- Tool for participant's self-management of healthy eating/lifestyle

COMPUTRITION™

FOODSERVICE SOFTWARE SOLUTIONS

- Nutrition information provided directly on client menus (e.g. calories, sodium)
- Nutrition information can be used for education (e.g. carbohydrates, calcium)
- Menus posted online
- Used by clients for disease self-management
- Easily shared with physicians and caregivers
- 84% of clients indicated that the nutrition analysis on the menu has been helpful to them.

SENIOR SERVICES Congregate Dining Menu

Sodium (Na) is listed next to each item in milligrams

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3	4	5	6	7 HIGH
Portuguese Kale Soup (340) Roast Chicken w/Lemon Dill Sauce (172) Whipped Potatoes (135) Whole Wht Bread (153) Mixed Fruit (40)	Meatballs w/Sweet & Sour Sauce (450) Brown Rice (85) Carrots (42) Rye Bread (200) Pineapple (10)	Breaded Pork w/Gravy (510*) Potato Whip (175) Broccoli (15) White Bread (145) Rice Pudding (155) Diet:Van. Pudding (190)	Corn Chowder (345) Stuffed Cabbage w/Tomato Sauce (312) Green Beans (24) Whole Wt Bread (175) Mandarin Oranges (12)	SODIUM DAY Split Pea Soup (250) Slice Ham w/ Pinapple Sauce (710*) Sweet Potatoes (65) 7 Grain Bread (175) Fresh Fruit (25)
Sodium (NA): 840mg	Sodium (NA): 878mg	Sodium (NA): 1,000mg	Sodium (NA): 868mg	Sodium (NA): 1225mg
Calories: 698	Calories: 745	Calories: 800	Calories: 782	Calories: 650



Donate



Americans consume too much sodium, sugar, and solid fats, but they do not consume enough potassium, fiber, calcium, and vitamin D.

To help get enough potassium and fiber, make half of each meal fruits and vegetables. Beans and peas are an excellent way to get these nutrients and also get protein and other nutrients. Also, choose whole grains over refined grains. To increase your intake of calcium and vitamin D without increasing too many calories from solid fat, choose low-fat or non-fat milk.

For more information on the new dietary guidelines, visit <http://www.health.gov/dietaryguidelines>.

To view this month's Home Delivered meals menu, click [here](#).

To view next month's Home Delivered meals menu, click [here](#).

Brown Bag Grocery Program [Top of Page](#)

What is it?

A program providing free groceries once a month. Groceries include items from each of the four food groups.

Who's eligible?

Low income individuals, aged 60 or over.

What areas does Bristol serve?

Assonet, Dighton, E. Freetown, Fall River, Norton, Raynham, Somerset, Swansea, Taunton, and Westport.

Is there a cost?

No.

How do I apply?

Download an [application](#) now and mail back to Bristol, or call Bristol at (508) 675-2101 or e-mail us at Info@bristolelder.org .

Food Safety

- In general, people over 65 and people with chronic illnesses are more likely to suffer severe consequences from foodborne illness
- Increased risk for those 65 and older due to:
 - A weakened or compromised immune system because of: aging, existing chronic conditions, major surgery or cancer treatments
 - Decreased stomach acidity creating a more neutral environment in which harmful bacteria can survive
 - Malnutrition

Sanitation & Safety (Requirements)

- FDA 2013 Food Code
- Massachusetts Department of Public Health 105 CMR 590.000, State Sanitary Code for Food Establishments
- Temperatures documented at all steps during the cooking, holding, delivery and serving process
- Frozen sample meal (dated, labeled, and retained for 1 week)
- Limited cross-contamination: cooked or IQF high risk items
- HACCP procedures

Sanitation & Safety (Inspection)



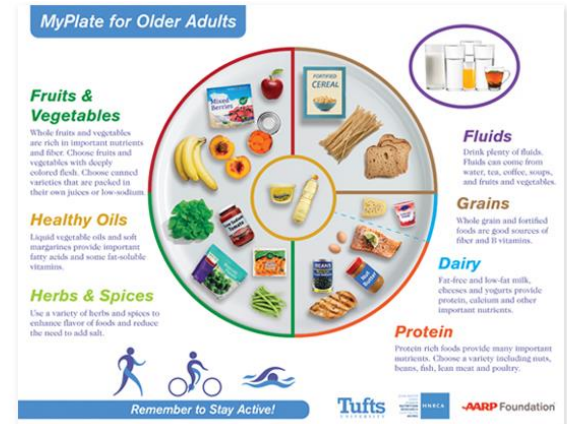
- Two kitchen inspections conducted each year by *ServSafe* certified personnel
- 10 page standardized format
- Inspections are both announced and unannounced/follow-up inspections
- Review local board of health inspections

Sanitation & Safety (Training)

- Meal site manager must receive *annual food safety training issued by state* and must pass examination with a certificate issued by the Secretary.
- Collaboration with DPH Food Protection Program
- State wide partnership of Food Safety Education

Nutrition Education

- Curriculum which includes lesson plan, handouts, and a pre/post test to measure effectiveness of the program.
- Examples of topics include general nutrition (e.g. bone health, vitamins and minerals), food focused (e.g. cooking for one, healthy eating on a budget, popular media), and disease focused (e.g. diabetes).



Nutrition Education

- Follow-up to nutrition education demonstrated that more than half of participating seniors retained the knowledge gained from these sessions many months after the program.
- Nutrition information is also provided to homebound elders through
 - backs of home delivered meals menus
 - newsletters
 - cable public access television

Evidence Based/Evidence Informed Programs

- The Healthy Living Center of Excellence (HLCE)
- Food Dollar\$ program – Healthy Eating on a Budget for Adults 50 and Older
- My Life My Health: The Chronic Disease Self Management Program -An Evidence-based Patient Focused Program
- A Matter of Balance: Managing Concerns About Falls
- Healthy Eating Successful Aging – Hebrew Senior Life

Standard Bid Specifications (Food Service Vendor's RFR)

GOALS:

- To help both the caterers and the nutrition programs comply to the same standards and guidelines
- To help the nutrition program choose the best value providers
- To protect the nutrition programs from all potential legal and operational issues.
- To help the caterers present informative proposals
- To maintain a healthy caterers pool
- Competitive bidding

Standard Bid Specification

- Evaluation Criteria
- Termination Procedure
- Payment Schedule
- Contract Duration
- Kitchen Audit from 3rd party –Safe maximum production load. (Menus, Production schedule, type of business, capacity)
- Group Purchasing Agreement
- NSIP Commodity Program

Food Service Vendor's Proposal

- Vehicle Information
- Location of Food Preparation site (60 miles)
- Equipment and Supply (who owns them)
- Number of Meals (what is included, what is not included)
- Meal Cost Analysis
 - Base cost
 - Sliding scale
- Menu analysis –cost, standards, purchasing power
- Kitchen Audit Report
- Financial Statement

Annual Caterer's Forum

- The Forum sponsored by the SUA, AAA nutrition programs, and MA Restaurant Assn. actively seeking motivated companies with high quality products and innovative services.
- Emphasize benefits of the contract :
 - **guaranteed customer counts**
 - **calculated profit margin**
 - **standard menu pattern**
 - **controlled food cost**
 - **marketing potential and growing market business**
- The Forum provided an overview of the MA Elderly Nutrition Program, nutrition and sanitation standards, RFR , how to prepare a bid and presentations from programs accepting bidders.
- To maintain a healthy vendors' pool

Statewide QA (Satisfaction) Survey/ Program impact

- Standardized survey of satisfaction and outcomes
- In FY 15, over **10,500** participants returned the anonymous survey.
- Almost **80%** rated highest satisfaction with variety, taste, appearance, and how meals were cooked.



Sample Survey Form

Congregate Meals Satisfaction Survey

Dear Participant: In order to provide a high quality service, we ask you to complete the following survey. Your answers are anonymous and confidential. We value your input

1. How long have you been attending the meal site?

- Less than 1 year 1 – 2 years
 3 – 5 years 6 – 10 years
 More than 10 years

2. How many days per week do you typically attend the meal site?

- 1 2 3 4 5

3. Indicate your age range?

- 60 – 69 70 – 79 80 – 89
 90 – 99 100+

4. Gender?

- Male Female

5. Your City/Town?

6. Is it easy to cancel a meal on time?

- Yes No

7. Do you feel welcome at the meal site?

- Yes No

8. Is the dining room clean?

- Yes No

9. Has the donation policy been clearly explained to you?

- Yes No

10. On the days you do not eat at the meal site do you eat...

- More Food Less Food
 About the Same Amount

11. How would you rate the meals?

- Excellent Very Good
 Good Fair Poor

12. How much does the meal contribute to all food you eat in a day?

- Less than one-third
 One-third to one-half
 More than one-half

13. Do you eat your main meal of the day at the meal site?

- Yes No

14. Would you recommend the meal program to a friend?

- Yes No

15. How would you describe your overall experience with the meal site staff?

- Excellent Very Good
 Good Fair Poor

16. If it were not for the program, on most days would you have a prepared meal to eat?

- Yes No

17. What would encourage you to attend the meal site more often?

- Meal site open more days
 Transportation Activities
 Different food Other

Additional explanation: _____

18. What nutrition education topics are you interested in (set by nutritionist)?

- _____
 Other _____

Please turn over →

19. How often are you satisfied ...

	Never	Rarely	Sometimes	Usually	Always
a. With the overall quality of the meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. With the taste/flavor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. With the way the food looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. With the variety of foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. With the way the food is cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. With the entrée (e.g. meat/fish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. With the starch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. With the vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. With the dessert (including fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. With the portion size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. With the temperature of hot foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. With the temperature of cold foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Does attending the meal site help you to:

a. Continue to live at home

- Yes No

b. Eat healthier foods

- Yes No

c. Achieve or maintain a healthy weight

- Yes No

d. Improve your health

- Yes No

e. Maintain a health condition (e.g. diabetes)

- Yes No

f. Feel better

- Yes No

g. Socialize with other people

- Yes No

21. What are your favorite menu items that we serve?

22. What are your least favorite menu items that we serve?

23. How have the meals helped you?

24. Do you have any recommendations to improve the meal service?

- Yes No

25. If any what recommendations do you have for improving the service?

Optional: Provide contact information if you would like to discuss this survey.

Name: _____

Number: _____

Meals are Vital to Seniors Living Independently in the Community

- **84%** of home delivered recipients and **69%** of congregate participants report that the meals help them **to live independently.**
- Over half (**51%**) of seniors in the home delivered meal program report that they would prefer an additional meal delivered each day rather than groceries that need to be prepared.
- **Fifty two** of the participants who completed surveys were **100 years old or older**, and 13 of these attend meals at congregate sites.

The Program is Important for the Food Security of Many Seniors.

- Over **one-third (37%)** of home delivered meal recipients report that they would have a **shortage of food** in the house if it weren't for the program, a 9% increase from 2014.
- Approximately **84%** of congregate participants said that the meal helps them to **save money on food**. This demonstrates that program participants recognize the value of the meals.

Evidence Indicates that Nutrition Plays a Critical Role in the Health of Seniors

- 71% of homebound respondents reported that the meal was their main meal of the day.
- Even though meals are only required to contain 1 / 3 of the Dietary Reference Intake (DRI) for older adults*, 85% of meal recipients responded that meals contribute to more than 1 / 3 of total daily intake, with 26% reporting that meals contribute to more than 1/2 of daily intake.

*Statewide nutrition analyses demonstrated that meals provide on average approximately 40% of estimated daily needs for calories, 100% of protein, 800 mg of sodium, and 100% of the DRI for 16 other nutrients including fiber, vitamins and minerals.

Meals Help Homebound Participants

- **78%** of homebound participants felt that the program helps them to **control a health condition**.
- **80% or more** of homebound participants reported that the meals helped them to:
 - **Improve health (82%)**
 - **Feel better (89%)**
 - **Achieve/maintain a healthy weight (84%)**
 - **Eat healthier foods (86%)**
- **86%** of respondents indicated that the **nutrition analysis** on the menu has been helpful to them.

The Program Encourages Socialization and Reduces Isolation

- More than 1 / 3 (36%) of home delivered meals respondents **live alone with no one to check on them but their drivers.**
- **77%** of home delivered meals participants **feel less lonely** because of their driver
- **90%** of congregate participants reported that they **feel less lonely** because they attend the meal site.

Future

Challenges for the Future

- Demographic changes (aging baby boomers)
- Policy Environment (LTSS, HCBS)
- The Continued Services Model (transitional care)
- Demographic needs (no more one size fits all)
 - Life style changes.
 - Cultural diversity
 - Under 60 disabled population
 - Malnutrition and food insecurity
 - Boomer Health/Nutrition needs (supplements, fitness center, internet nutrition information, and comprehensive health care coverage)