

# Dane County Senior (60+) Nutrition Program

**Presented on January 26, 2021  
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# The Aging Network

**U.S. Department of Health & Human Services**



**Administration of Community Living /  
Administration on Aging (AoA)**



**State Unit on Aging ( WI Bureau of Aging and Disability  
Resources, Division of Public Health)**



**Area Agencies on Aging (Dane, GWAAR, Milwaukee)**



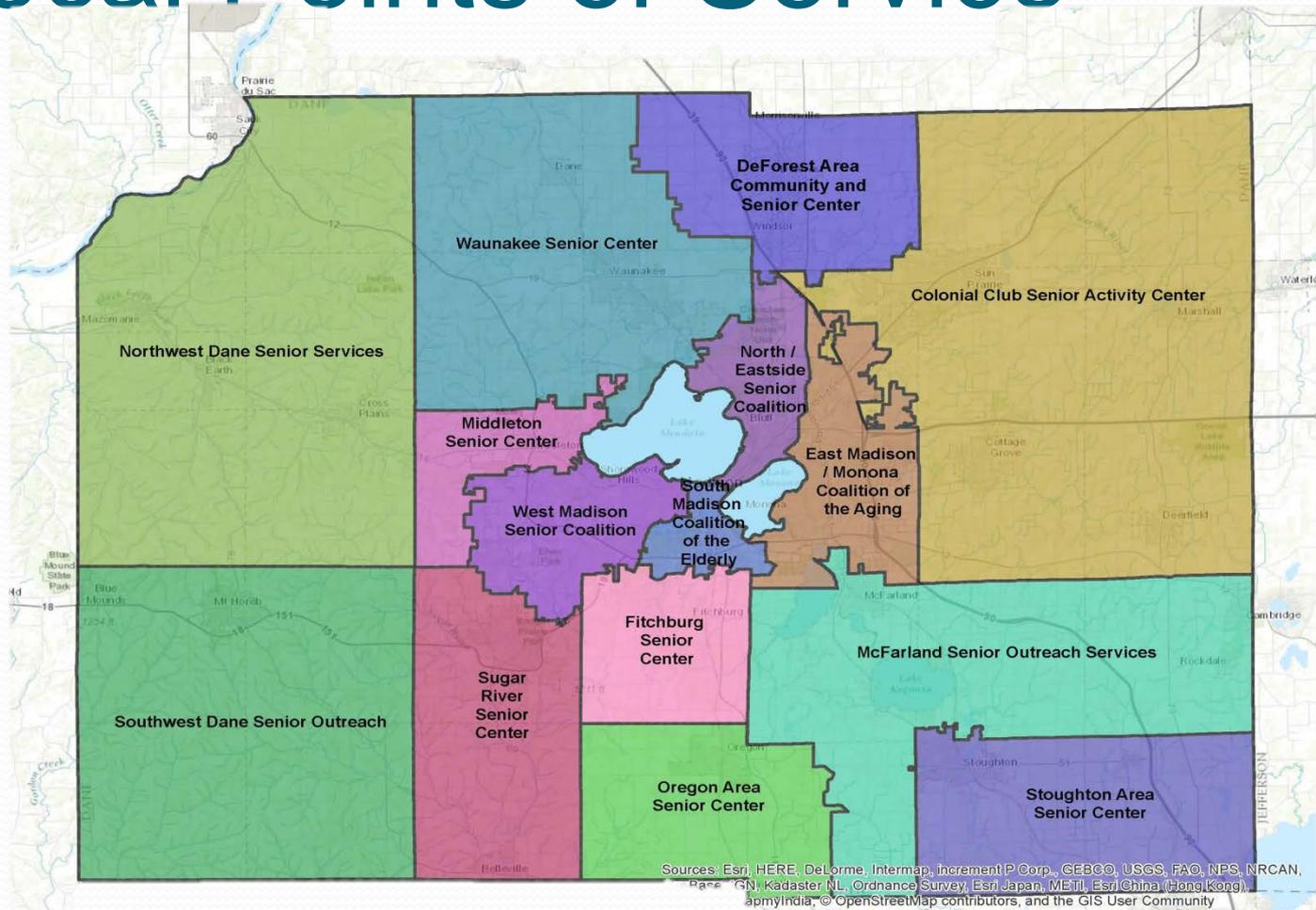
**Focal Points and other Community Partners**

# What is AAA of Dane County?

- Supports successful delivery of aging programs
- Provides the following to ensure quality programs and services for older adults:
  - Policy interpretation / assistance in implementation
  - Training
  - Technical assistance
  - Advocacy
  - Quality assurance and improvement
  - Area Planning for Aging
  - Funding



# Focal Points of Service



# Title III

- Largest title funded in OAA
- Target populations:
  - Low-income older adults
  - Older adults from minority populations
  - Older adults living in rural areas
  - Socially and economically needy
- No income or asset test
- People must have the opportunity to contribute but they **cannot be charged a fee**
- Counties must match 10-20% of all money.



# Older American's Act Title III

- Title III C1 (congregate meals) and C2 (home delivered meals) are the largest funded services in the OAA.
- Federal and State funding formulas rely on Population Data
- Current formula is heavily weighted to poverty (90%) and percent of aging population (10%).
- Due to problems with the poverty data at the Federal Level, Dane County revised funding formula in 2015 to use 5 year ACS rolling average and replaced poverty numbers with actual Food Share numbers as a better indicator for poverty in Dane County.

# 2020 Funding Formula-Dane County

Focal Point	2020 Base	Eligible Meals Served 6/1/2018-5/31/2019	% of Total Meals	Age 65 + Living Alone 12.5%			Eligible FoodShare Participant Age 60+ at 12.5%			Rural Factor - Elderly (Age 60+) Density at 12.5%				Minorities Age 60+ at 12.5%			2020 Formula	
				(50% Meals Served Factor)	#	%	\$	#	%	\$	Density	Area sq mi	%	\$	#	%		\$
Belleville	7280	8211	4.0%	\$4,041	622	3.3%	\$ 851	82	2.2%	\$ 556	55.7	58.1	6.1%	\$ 1,548	74	1.8%	\$ 462	\$ 14,737
Colonial Club	25480	25621	12.4%	\$12,608	1,976	10.6%	\$ 2,702	349	9.3%	\$ 2,365	49.4	217.7	22.8%	\$ 5,801	271	6.6%	\$ 1,689	\$ 50,646
DeForest	18200	14409	7.0%	\$7,091	730	3.9%	\$ 998	68	1.8%	\$ 461	81.1	45.2	4.7%	\$ 1,204	73	1.8%	\$ 456	\$ 28,409
EMMCA	10920	6053	2.9%	\$2,979	2,890	15.5%	\$ 3,952	529	14.1%	\$ 3,585	376.6	0.0	0.0%	\$ -	583	14.3%	\$ 3,639	\$ 25,074
Fitchburg	18200	13808	6.7%	\$6,795	696	3.7%	\$ 952	182	4.8%	\$ 1,233	161.0	0.0	0.0%	\$ -	305	7.5%	\$ 1,906	\$ 29,087
McFarland	11648	9573	4.6%	\$4,711	733	3.9%	\$ 1,002	102	2.7%	\$ 691	52.3	97.6	10.2%	\$ 2,600	92	2.2%	\$ 573	\$ 21,224
Middleton	18200	10639	5.1%	\$5,236	1,001	5.4%	\$ 1,369	139	3.7%	\$ 942	313.4	0.0	0.0%	\$ -	164	4.0%	\$ 1,025	\$ 26,771
NESCO	29120	12026	5.8%	\$5,918	1,845	9.9%	\$ 2,523	666	17.7%	\$ 4,513	460.8	0.0	0.0%	\$ -	499	12.2%	\$ 3,113	\$ 45,187
Northwest Dane	18200	7910	3.8%	\$3,893	439	2.4%	\$ 600	53	1.4%	\$ 359	18.7	181.1	18.9%	\$ 4,824	27	0.7%	\$ 166	\$ 28,042
Oregon	18200	11256	5.4%	\$5,539	521	2.8%	\$ 712	61	1.6%	\$ 413	58.8	54.3	5.7%	\$ 1,446	31	0.8%	\$ 192	\$ 26,502
South Madison	47320	19256	9.3%	\$9,476	935	5.0%	\$ 1,279	604	16.1%	\$ 4,093	430.4	0.0	0.0%	\$ -	634	15.5%	\$ 3,954	\$ 66,122
Southwest Dane	18200	15259	7.4%	\$7,509	503	2.7%	\$ 688	70	1.9%	\$ 474	16.4	126.4	13.2%	\$ 3,367	18	0.4%	\$ 110	\$ 30,348
Stoughton	18200	21603	10.4%	\$10,631	763	4.1%	\$ 1,044	185	4.9%	\$ 1,254	52.0	72.2	7.5%	\$ 1,923	51	1.3%	\$ 320	\$ 33,371
Waunakee	18200	26422	12.8%	\$13,002	1,069	5.7%	\$ 1,462	94	2.5%	\$ 637	54.3	103.7	10.8%	\$ 2,762	91	2.2%	\$ 568	\$ 36,632
West Madison	17336	5010	2.4%	\$2,465	3,907	21.0%	\$ 5,342	575	15.3%	\$ 3,897	691.9	0.0	0.0%	\$ -	1,170	28.7%	\$ 7,302	\$ 36,341
Total	294704	207056	100.0%	\$101,894	18,162	100%	\$ 25,474	3,976	100.0%	\$ 25,474		956.23		\$ 25,474	4,082		\$ 25,474	\$ 498,494

# Senior Nutrition Program Purpose

As defined by the Federal Older Americans Act:

1. Reduce hunger, malnutrition, and food insecurity
2. Reduce isolation through socialization
3. Promote the health and well-being of older individuals by assisting them to gain access to nutrition and other disease prevention and health promotion services

# SNP Components

- **Meals** that meet at least 1/3 of the dietary requirements for healthy aging
  - ❖ Congregate Meals in a Group Setting
  - ❖ Home Delivered Meals
- **Nutrition Risk Screening**
- **Nutrition Education**
- **Nutrition Counseling**
- **Referral to Evidence-based Healthy Aging programs**

# Balanced meals reduce hunger & malnutrition

Healthy eating helps:

- increase mental acuteness (memory function)
- Increase resistance to illness and disease
- Improve energy levels
- Build immune system strength
- Increase recuperation speed
- Increase effectiveness of chronic disease management
- Reduce risk of heart disease, stroke, type 2 diabetes, bone loss, cancer and anemia

# More About Meals...

- Diet directly affects or prevents 7 of the top 10 chronic conditions.
- Nutrient needs change with age, senior meals are planned accordingly (Vitamin A, C, D)
- Meals can help avoid or delay placement into costly long-term care facilities (4 in 10 home delivered meal participants nationwide meet the criteria for admission to long-term care facilities).

# Risk Factors for Malnutrition

- **Numbers of chronic conditions** – 4 out of 5 older adults have chronic diseases that are affected by diet.
- **Daily eating habits** – 1 in 5 adults skip meals daily and only 13% of adults eat the minimum amount of fruits and vegetables needed.
- **Tooth loss and mouth pain** – make it difficult to eat well and enjoy eating.
- **Economic hardship** – lower income as we age is making it very hard to get the foods needed to stay healthy.

# Risk Factors cont.

- **Reduced social contact** – 1/3 of all older people live alone and it is proven that being with others has a positive effect on eating.
- **Multiple medicines** – greater the number of medicines, the greater the chance for side effects especially when combined with poor diet.
- **Involuntary weight loss or gain** – increases poor health outcomes.
- **Need for assistance in self-care** – one in five older adults have trouble walking, shopping, buying and cooking food as they get older.



Income is only one predictor for malnutrition and thus Federal Older Americans Act funding for this program prohibits the use of an income test for participation. Instead, seniors are encouraged to donate what they can reasonably afford toward the cost of the program – and they do!

# Screening for Malnutrition

<b>What's Your Nutrition Risk? Circle if Yes</b>	<b>Yes</b>
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables, or milk products	2
I have 3 or more drinks of beer, liquor or wine almost every day	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6-months.	2
I am not always physically able to shop, cook, and or feed myself.	2
<b>TOTAL</b>	

# % of Self-Reported Risk Factors 2017

Risk Factor	HDM	Congregate
I have an illness or condition that made me change the kind and/or amount of food I eat	40.5	30.6
I eat fewer than 2 meals per day.	16.3	9.7
I eat few fruits or vegetables, or milk products	39.0	31.7
I have 3 or more drinks of beer, liquor or wine almost every day	2.9	1.8
I have tooth or mouth problems that make it hard for me to eat.	22.8	10.6
I don't always have enough money to buy the food I need.	22.2	16.7
I eat alone most of the time.	69.7	52.3
I take 3 or more different prescribed or over-the-counter drugs a day.	84.6	71.2
Without wanting to, I have lost or gained 10 pounds in the last 6-months.	34.0	20.1
I am not always physically able to shop, cook, and or feed myself.	55.4	17.1

# Food Insecurity Among Participants

Food insecurity is a significant factor in the frequency of attendance at senior dining sites.

In Dane County, of those who attend one or more times per week:

- ❖ 17% skipped meals during the last month because they had to use money for other living expenses.
- ❖ 34% would not have at least one hot, freshly prepared, well-balanced meal to eat daily.
- ❖ 22% don't always have enough money to buy food
- ❖ 51% reported the senior meal is more than ½ of all the food they will eat that day.

# 2020 Dietary Guidelines

Nutrient	Minimum Standard (unless otherwise noted)
Calories	675 calories
Protein	19 g
Dietary Fiber	8 g
Saturated Fat	<10% of calories
Calcium	400 mg
Potassium	1565 mg
Sodium	1200 mg or less target (1400 mg max)
Magnesium	110 mg
Zinc	4 mg
Vitamin A	275 mg RAE
Vitamin B6	0.6 mg
Vitamin B12	0.8 mcg
Vitamin C	30 mg
Vitamin D	120 IU
Folate/Folic Acid	135 mcg

# Required Meal Pattern

Meal Component	Minimum # of Servings per Meal
Grains	1 serving (½ of offered grains are whole grains)
Fruit and/or Vegetable	3 servings
Dark Green Vegetable	1 serving per week*
Red/Orange Vegetable	2 servings per week*
Beans/Peas	1 serving per week*
Starchy Vegetable	2 servings per week*
Fluid Milk	8 oz or 1 cup
Protein Foods	3 oz equivalent
Fats and Oils	1 tsp served on side or used in cooking
Dessert (optional)	

# Combating Social Isolation

Social isolation is the silent killer...socially isolated people are twice as likely to die prematurely.

It is a powerful predictor of heart disease, cognitive decline, stroke, depression and suicide.

Couple isolation with gender, and men age 65 and older have the highest suicide rate in America.

# Risk Factors for Social Isolation in Older Adults

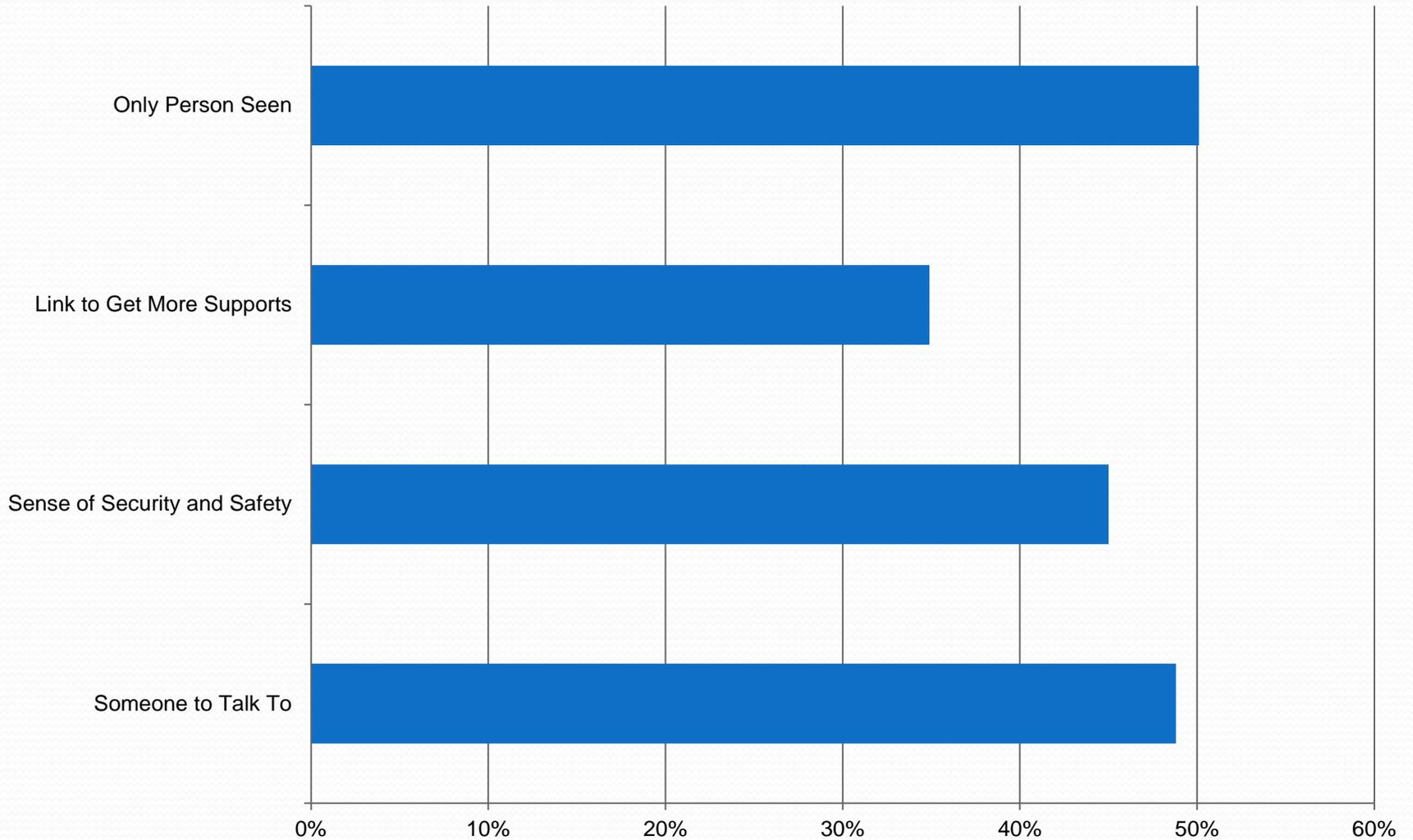
- Physical or geographical isolation
- Caregiving
- No longer able to drive
- Lack of good transportation options
- Identifying as LGBT
- Language barrier
- Disability
- Death of spouse or partner

NCOA estimates 1 in 6 seniors face such risks with women being at higher risk.

# Social Isolation in Dane County

- 52.3% of senior dining site participants report normally eating alone most meals
- 73% of all group meal participants reported the number one reason they attend, aside from nutrition, is to visit with friends.
- 69.7% of HDM recipients report eating alone
- 70.2% of meal participants that live alone self-report High Nutrition Risk
- 54% of rural seniors self-report High Nutrition Risk

# Dane County Home Delivered Meals & Isolation



# Dane County Funded Meals

Seniors age 60 and older can dine by donation.

## 28 Congregate (group) Meal Sites

- 4 Faith Community Sites (1 Kosher, 1 Hmong)
- 6 Restaurant Sites
- 1 Senior Housing Building
- 6 Community/Municipal Centers
- 12 Senior Centers

## Home Delivered Meals

- SSM Health Meals on Wheels (City of Madison)
- Senior Focal Point meal sites outside of Madison

# Dane County Food Options

- Regular Menu-Daily
- Meatless Option-Daily
- Salad Entrée Option – 1 day per week
- Kosher Option – 1 day per week
- Special Diets – Pureed, Mechanical Soft with Doctor's order
- Milk Choices- Skim, 1% or 2% white or chocolate
- Breakfast or Lunch – Restaurants have 8-10 choices
- Hmong Culturally Specific Meal 5 days per week

# What's New-2014 to 2020

## My Meal-My Way

- Cranberry Creek Café- Monona
- Finks Café- Mt. Horeb
- DeForest Family Restaurant- DeForest
- Festival Foods- Madison
- Ziggy's BBQ & Ice Cream Parlor- Oregon
- Cuco's Mexican Restaurant-East Madison



Partnership between Nutrition Program and Local Business resulting in:

- Increased participation
- Increased satisfaction
- Increased choice
- Increased donations
- Increased use of other aging services
- Increased business traffic
- Decreased cost per meal

# Cranberry Creek Café



# Finks Café



# DeForest Family Restaurant



# Ziggy's BBQ & Ice Cream Parlor

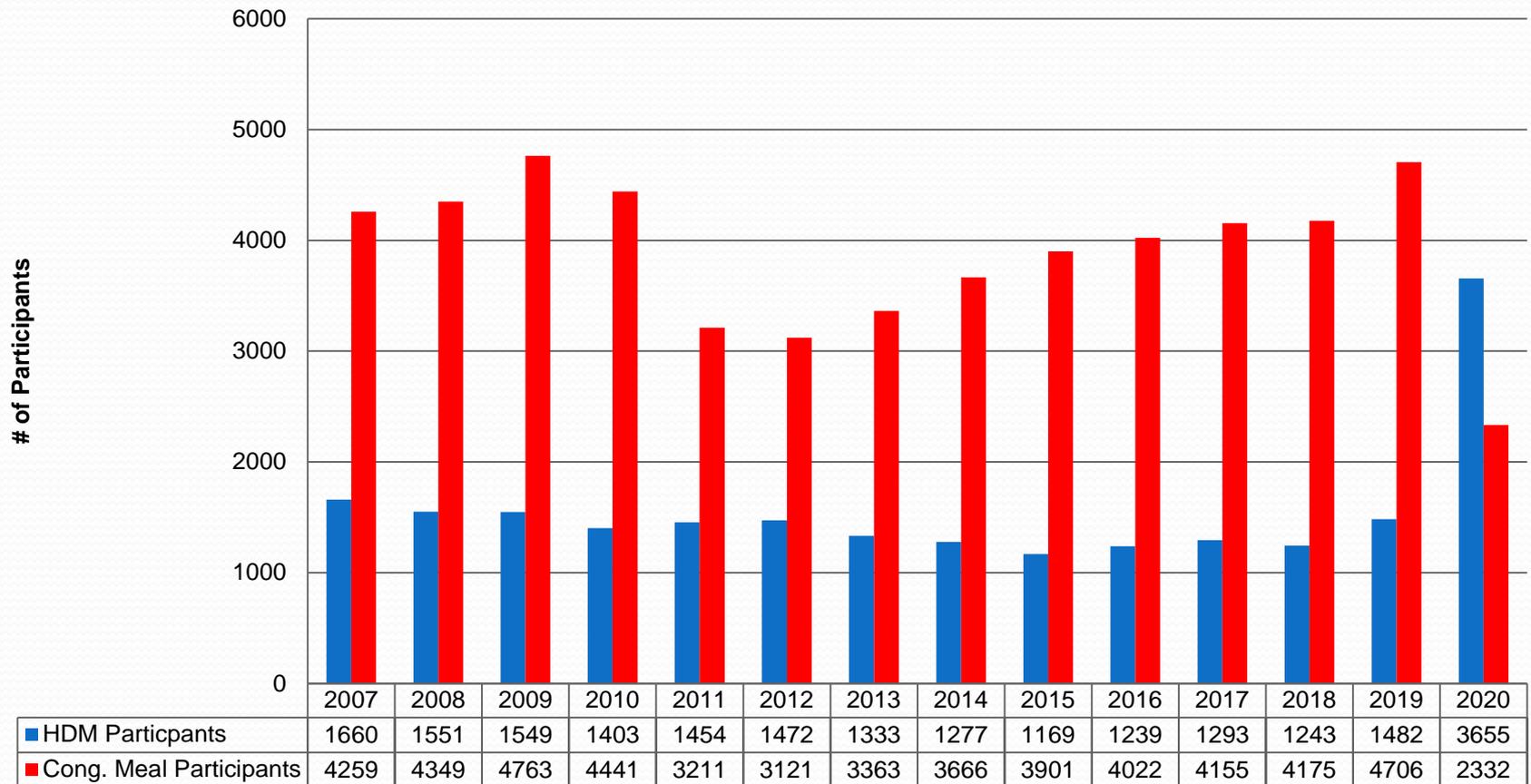


# Festival Foods

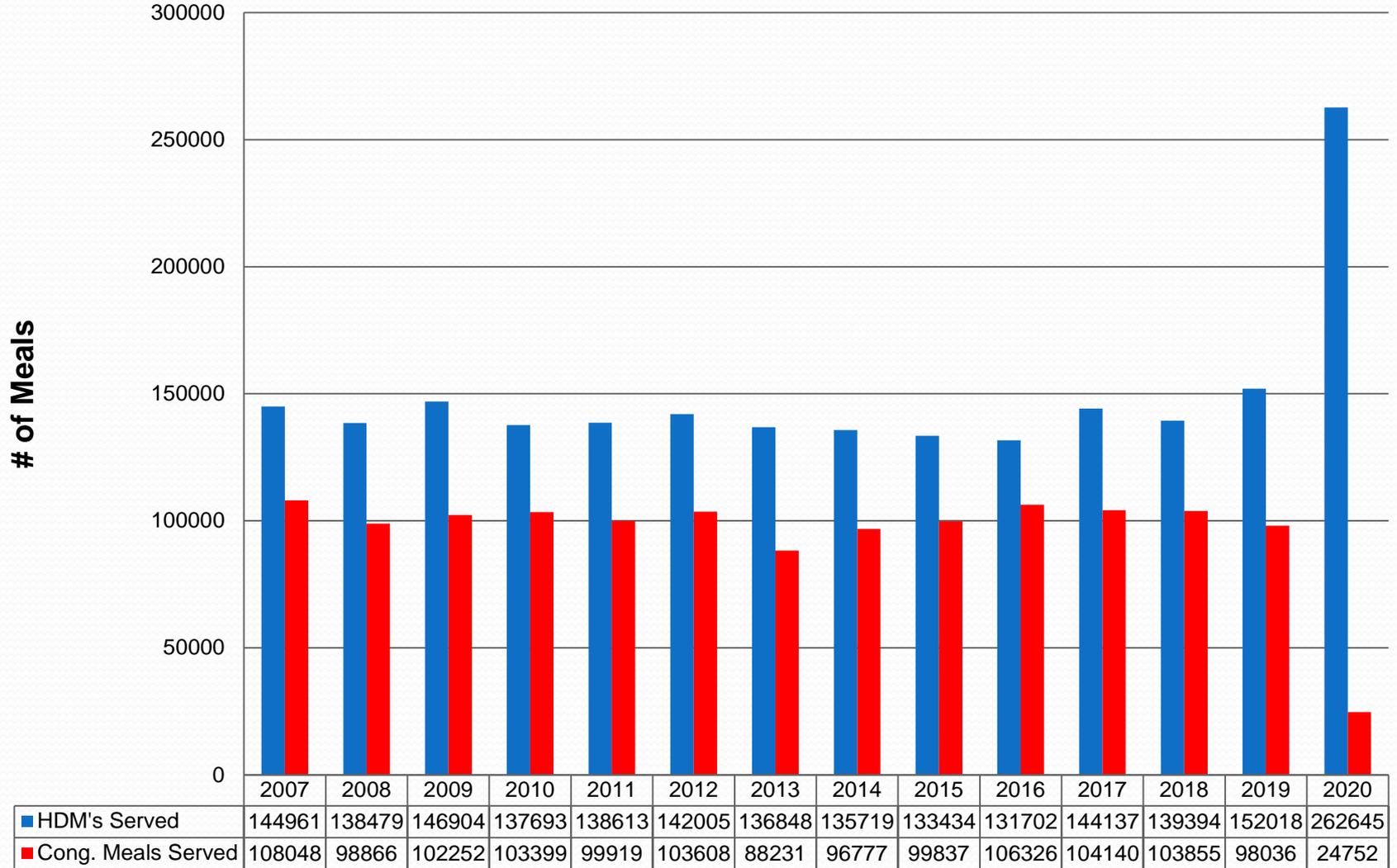


# Dane County Meal Trends

**Dane County Nutrition Program Participants (Unduplicated)**



# Dane County Nutrition Program Meals Served



# Program Benefits

Benefit (2015 OAA-POMP Survey Measures)	HDM	Congregate
Eat healthier foods	90%	82%
Achieve or maintain healthy weight	83%	70%
Improved health	81%	71%
Feel better	85%	78%
See friends more	n/a	90%
Live freely where I choose	95%	83%
Improved quality of life	n/a	84%
Maintained or improved health condition	67%	54%

# Other Meal Services

- Private-Pay evening home-delivered meal program by Marquardt for City of Madison (not funded by Dane County)
- Private-Pay home-delivered meal program by Home Health United Meals on Wheels
- Shared Table Community Meals- McFarland and Sun Prairie, Warner Park (Intergenerational)
- Catholic Multicultural Center – Daily evening meal (Intergenerational)
- Various Community Meals via Agencies (River Food Pantry) & Communities of Faith

# COVID IMPACT

- All congregate dining locations closed as of March 18.
- Congregate diners placed onto Home Delivered Meals
- Home Delivered Meals at Capacity due to food shortages and lack of older adult volunteer meal delivery drivers
- Drive-Up meals at existing partner restaurants
- Drive-up meals at 2 new restaurants (Northside & Downtown)
- Transportation services used to deliver meals, groceries and supplies
- Drive-up at restaurants and senior centers provide essential supplies, masks, activities
- Volunteers deliver food boxes from food pantries to older adults
- Meal drop-off and pick-up locations in high minority and poverty areas

# COVID IMPACTS

- Increased social isolation: 5 known suicides of congregate meal participants between June and December 2020.
- Virtual activities via Zoom, Conference call lines
- 805 Craft kits to isolated older adults
- Activity bags for 2,000 older adults
- Wellness calls to high risk older adults
- Music Therapy for Caregivers
- Trualta on-line caregiver training resources launched
- Bird seed and bird watching activity to get outside
- Drive-up events, ice cream floats, movie & popcorn, coffee and donuts, costume parades and so much more
- Social Isolation Guide Produced  
<https://aaa.dcdhs.com/pdf/Social%20Isolation%20Resource%20Guide.pdf>

# Points to consider beyond COVID?

- Data indicates a 2.1% county-wide increase in the number of POC served meals during the pandemic, with as high as 5.9% increase at our carryout sites.
- Activities to reduce social isolation were only possible due to COVID relief funds.
- Communities of Faith enabled us to serve greater numbers of POC
- OAA meal program reliance on older adult volunteers
- Establishing prioritization criteria for meal shortages
- What efficiencies and virtual programming do we keep?



# Questions?

## Contact Information:

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