

***SENIOR NUTRITION PROGRAM
TASK FORCE
REPORT***



***Prepared by:
The Ontario County
Senior Nutrition Program
Task Force
June 2016***



***Office for the Aging
Working towards a society for
all ages***

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INTRODUCTION

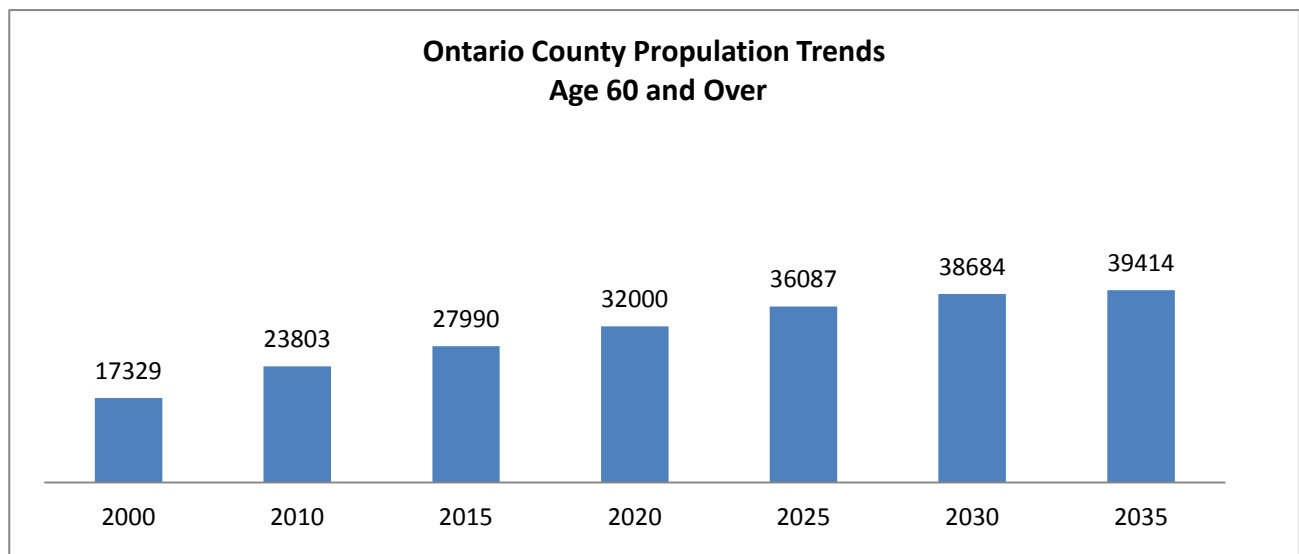
In 1900 life expectancy in the United States was 47 years; today it is 79 years (76 for men and 81 for women). The largest generation in American history, the Baby Boomers, started turning age 65 in 2011 at the rate of about 8000 per day and the leading edge of the boomer generation turns 70 this year. Many people are living longer because of better systems of health care. These factors combined are creating an unprecedented age wave in America. The aging of the population will have wide ranging implications for the country.

The size and structure of the older population is important both socially and economically. The projected growth of the older population in the United States will present challenges to policy makers and programs such as Social Security, Medicare and Medicaid. It will also affect families, businesses and health care providers.

- 90% of seniors surveyed want to age in their own homes yet adequate home-based and community-based services are limited in most communities. Among elders needing care, 60% live in their own homes, 31% live with family or friends, 5% live in nursing homes, and 4% live in assisted living (AARP/Alliance for Caregiving)
- 25% of families in America are caring for an older family member, a friend or an individual with a disability
- More than 50% of family caregivers are between the ages of 35-64 and are balancing work, children, and their caregiving duties
- Nursing homes and assisted living facilities have become the default option for frail elders, because no other comprehensive options exist. The National Institute on Aging study published in August 2010 found 53% of those admitted to a nursing home died within 6 months; the mean for males was 3 months
- 60% of all nursing home residents NEVER have a visitor

Data Source: Dr. Allan Teel, ACUU Conference 2016

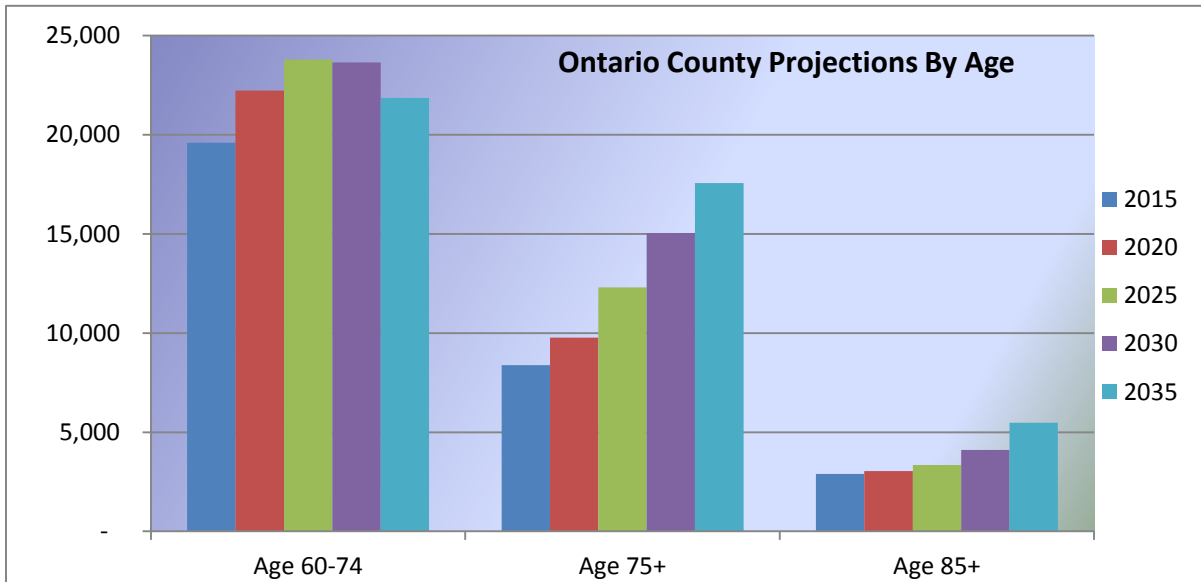
Ontario County, just like the rest of the nation has a growing population of older adults. Based on the 2010 Census there is an estimated 24,000 older adults age 60 or over living in Ontario County, about 22% of the county's total population. Population projections based on the American Community Survey suggest that by the year 2020 that number will grow to 32,000 or 29% of the total population and by 2035 the older adult population will grow to about 39,500 or 33% of the county's population. These demographic shifts highlight the demands that will be placed on personal, governmental and community resources. See Appendix 1.



Ontario County Demographic Trends 2015 to 2035

- The population age 60 and over is projected to increase by 6.5%
- The population age 75 and over is projected to more than double
- The population age 85 and over will increase by about 89%
- The number of minority older adults is projected to more than double
- The disabled population over age 65 is expected to increase by about 65%
- The Age dependency ratio is expected to go from 3.34 in 2015 to 1.85 in 2035

Note: The age dependency ratio is the ratio of older dependents, people older than 64, to the working age population, people age 15-64. It is used to measure the pressure on the working population. Data are shown as the proportion of dependents per 100 working-age population



Based on the American Community Survey 5 Year Estimates 2010-2014, 25% or more of the population in the towns of East Bloomfield, Geneva, Manchester, Richmond, Victor, and West Bloomfield are age 60 or over. In the towns of Canandaigua, Gorham and South Bristol at least 30% of their population is age 60 or over. See Appendix 2.

The Ontario County Office for the Aging (OFA) was established in 1971 under the regulations and funding of the Older Americans Act. Its mission is to help older adults remain independent and living in the community as long as possible. OFA provides information, guidance and direct services geared toward helping older adults take on the challenges and opportunities of longer life. One of those services is the senior nutrition program.

The nutrition program is a key component in rebalancing long term care from institutionalization toward home and community-based services. The program helps older adults remain living in their own homes as long as possible. Funding from state and federal sources has remained relatively flat over the past five years and is not expected to increase sufficiently to meet the needs of a growing population.

On April 22, 2016 the Ontario County Board of Supervisors adopted Resolution 286-2016 and authorized the formation of a task force to evaluate the nutrition program. The task force is charged with identifying the most efficient and cost-effective means to provide nutrition services to our growing population of older adults. The task force members appointed are: Mary Beer, Public Health Director; Irene Coveny, Director, Office for Aging; Mary Gates, Director of Finance; Mary Krause, County Administrator; Jeremy Marshall, Director, Veterans Service Agency; Denise Morley, Director of Human Resources and Lea Nacca, Assistant County Attorney.

SENIOR NUTRITION PROGRAM OVERVIEW

The nutrition program is a vital piece of the puzzle that helps people “age in place.” Services include a congregate meal program (Community Dining Program), home delivered meals (HDM), nutrition counseling, education and a Farmers Market Coupon program. A registered dietician monitors the menu and ensures compliance with New York State Health Department and New York State Office for the Aging regulations and policies. OFA operates its own central kitchen which produces the meals for the program.

The nutrition services promote the health and well-being of older individuals and help to prevent premature institutionalization. There are no income qualifications for the program but services are targeted at those with low to middle incomes, at risk of institutionalization, minorities and those living in rural communities. There is no cost for the services but participants are asked to make a donation, however no one is denied service based on an inability to donate. The goals of the program are to:

- Reduce hunger and food insecurity
- Promote socialization of older individuals
- Promote the health and well-being of older individuals and delay adverse health conditions
- Promote “aging in place”

Currently, the program has very high satisfaction rates among participants. A Client Satisfaction Survey is conducted annually. In 2015, a survey of the congregate and home delivered meal program showed that 88% of the participants were highly satisfied with the meals including the temperature, taste and variety of food. Participants were also highly satisfied with the courtesy of the staff and volunteers.

The Home Delivered Meals Program (HDM) provides a hot nutritious meal, a friendly face and independence for homebound, frail or recuperating older adults. Case managers are assigned to all clients to coordinate all needed services for the homebound person. A dedicated force of volunteers delivers the hot meals on 28 different routes throughout the county. Frozen meals are available to individuals who do not live along a hot meal delivery route. Frozen meals are picked up at the kitchen by relatives or friends. The program provides one meal a day, five days a week. The program currently cannot accommodate the need for two meals per day, weekend meals or special diets necessary to address chronic diseases such as diabetes, hypertension and heart disease. According to an informal survey of OFA caseworkers, over 50% of their current HDM clients would benefit from two meals per day.

To be eligible for a home delivered meal a person must be:

1. Age 60 or over; and
2. Incapacitated due to accident, illness or frailty; and
3. Lack the support of family or neighbors; and
4. Unable to prepare meals because of a lack of or inadequate facilities such as refrigeration, stove, etc.; or an inability to shop and cook for oneself; or an inability to safely prepare meals; or lack of knowledge or skills.

The Community Dining Program offers a nutritious balanced meal and a place to socialize. OFA operates seven (7) community dining sites. The sites are located in a variety of locations including Canandaigua, Geneva, Shortsville, Victor, Gorham, Clifton Springs and Honeoye. The programs in Geneva, Shortsville and Clifton Springs serve five days per week, Monday through Friday; Canandaigua serves three days per week; Honeoye serves twice per week; and Victor and Gorham serve twice per month. The

Clifton Springs dining program offers an evening meal; the other locations offer a noon meal.

To be eligible for the program a person must be:

- a. Age 60 years or over; or
- b. A disabled adult of any age, who resides in a building in which a congregate meal site is located; or
- c. A non-institutionalized disabled person of any age who resides at home with and accompanies an adult age 60 or over to a congregate site; or
- d. Spouses, regardless of age, who attend the congregate site with their eligible spouse

PROGRAM DATA - 2015

Home Delivered Meals:

- 54,756 meals were served to 442 people
- Of the total meals served 8,162 were frozen meals and the remainder were hot meals
- 42% of the clients have been receiving meals for 1 - 2 years
- 3.5% have been receiving meals for 10 or more years
- 40% of clients are age 85 or older
- 84% of clients are considered frail or disabled
- 69% of clients live alone
- 20% of clients are veterans
- 44% of clients are considered high nutritional risk
- Approximately 92% of clients are white, 5% are black and 4% are Hispanic
- 20% of clients live at or below the Federal Poverty Level

Community Dining Program:

- 13,804 meals were served to 271 people
- The number of meals served increased 41% from 2014

- 44% of clients are between the ages of 60 and 74; 35% are between the ages of 75 and 84; 15% are age 85 or older
- 45% are considered frail or disabled
- 60% live alone
- 15% are veterans
- 24% are considered high nutritional risk
- Approximately 95% are white, 2% are Hispanic
- 23% of the clients live at or below the Federal Poverty Level

* See Appendix 3

PROGRAM STAFFING LEVELS – 2015

Direct Service Staff:

- Cook Manager – 1 FTE
- Cook – 2 FTE
- Food Service Helper – 1 FTE
- Dietician - .32 FTE
- Bus Drivers - 2.3 FTE (1 FT, 3 PT)
- Food Site Aides – 3.8 FTE (11 PT)

Administrative/Support Staff:

- OFA Director- .16 FTE
- Coordinator of Services - .10 FTE
- Principal Account Clerk - .30 FTE
- Aging Service Specialists (Volunteer Coordinator and Information & Assistance Specialist) - .73 FTE
- Human Services Worker (Manager) – .85 FTE
- Office Specialists I - 1 FTE

STATE AND REGIONAL LEVEL ANALYSIS

The task force reviewed a survey conducted by the New York Association on Aging in 2013 and a 2015 survey conducted by OFA of seven local counties in order to compare program components and costs.

State Level:

- 31% of counties run the nutrition program directly
- 25% subcontract the entire program
- 45% run some parts and subcontract other parts of the program
- Of those that subcontract, 86.5% utilize a subcontractor for meal production for both congregate and home delivered meals
- 42% offer one home delivered meal per day and 42% offer more than one meal based on the client's need
- 80% offer weekend meals
- The cost per home delivered meal paid to subcontractors ranges from \$2.50 to \$15.64 with an average of \$5.55 per meal
- The cost per congregate meal paid to contractors ranges from \$3.00 to \$19.28 with an average of \$5.47 per meal
- 55% of OFA's coordinate the home delivered meal volunteers directly
- 64% reimburse volunteers mileage

See Appendix 4

Regional Level:

- Monroe, Livingston, Steuben, Seneca, Wayne, Genesee, Yates were surveyed in 2015
- Per meal cost ranges from \$4.07 to \$7.98 but varied on number of meals served per day and whether delivery was included
- Three of the seven counties offered two meals per day
- All seven counties surveyed contracted for meal production and four included delivery in the contract

2015 Surrounding Counties Survey

County	One Meal	Two Meals	Contractor	Delivery Included
Seneca		\$7.95	Huntington Living Center	Yes
Steuben	\$4.97	\$7.09	Corning MOW, Pro Action	Yes
Livingston	\$4.31		Morrison Senior Living	No
Genesee	\$4.88		ARC	No
Wayne	\$4.10		ARC	Yes
Yates		\$7.98	Pro Action	Yes
Monroe	\$4.07		Red Cross	No
Ontario	\$11.86		County Operated	Yes

FINANCIAL DATA

The task force compared Ontario County's per meal costs and program components to other counties that responded to the state-wide and regional surveys. The cost per meal analysis shows that Ontario County costs are significantly higher than both the state-wide and regional average. In addition, the majority of counties offer expanded components of the program which may include two meals per day, weekend meals or special diets. Ontario County offers only one meal per day, five days per week.

- Ontario County's total program expenditures (congregate and HDM combined) increased approximately 5.3% from \$771,523 in 2014 to \$812,818 in 2015
- State and Federal funding decreased approximately 1.2% from \$394,858 in 2014 to \$390,045 in 2015
- Participant donations decreased approximately 2.5% from \$63,123 in 2014 to \$61,485 in 2015
- County cost increased by approximately 15% from \$313,542 in 2014 to \$361,288 in 2015
- Managed Long Term Care Plans (MLTCs) are now contracting with OFA to provide meals to their Medicaid patients; this is a new source of revenue for the program. In 2015, 1,872 meals were provided to Medicaid clients and this number is expected to grow significantly in 2016. Revenue is projected to be approximately \$15,000 in 2016

- In 2013, the State-wide congregate cost per meal ranged from \$3.00 to \$19.28 with an average of \$5.47 per meal and the home delivered per meal cost ranged from \$2.50 to \$15.64 with an average of \$5.55 per meal, excluding administrative costs
- In 2015, the average combined program (congregate and HDM) cost per meal for surrounding counties was \$4.82, excluding administrative costs
- In 2015, Ontario County's combined (congregate and HDM) cost per meal was \$11.86, excluding administrative costs (\$14.68 congregate, \$9.82 HDM)
- In 2015, Ontario County's total cost per meal, including administrative costs, was \$15.78 per congregate meal and \$10.87 per home delivered meal

RECOMMENDATIONS

The Senior Nutrition Program Task Force met on April 29, 2016; May 13, 2016; May 27, 2016; June 3, 2016; and June 14, 2016. The task force reviewed Ontario County demographic, program and financial data and compared it to state-wide and regional data. An evaluation was done comparing program components and per meal costs.

- The task force recommends that services be expanded to offer two meals per day and/or weekend meals and special diet meals
- The task force recommends that Ontario County issue a Request for Proposals (RFP) to solicit proposals from potential contractors for the senior nutrition program including the production of meals and the delivery of food to the community dining sites and the home delivered meal drop sites. Optional future services may include program administration and volunteer coordination.
- The task force recommends that the criteria for evaluating the proposals include:
 - Cost effectiveness
 - Experience in meal production
 - Knowledge of the State and Federal nutrition program regulations and compliance requirements
 - Ability to produce the same or better quality meals
 - Ability to demonstrate high satisfaction rates with current services

- Ability to expand services to include two meals per day and/or weekend meals and offer meals for special diets
- The task force recommends that the members of the task force continue as the Review Committee to evaluate submitted proposals
- The task force recommends that two members of the Human Service Committee participate in the review process

RECOMMENDED ACTION PLAN AND TIMELINE

- July 6, 2016 – Presentation to Human Services Committee and acceptance of the task force report
- July 7, 2016 – Meeting with nutrition program staff to communicate the recommendations made by the task force
- Beginning July 7, 2016 initiate and maintain communications with staff, clients, volunteers and the public to keep them updated as new information becomes available
- July 14, 2016 - Supervisor Pamela Helming, Chair of the Human Service Committee, will update the Board of Supervisors
- July 18, 2016 - Issue a Request for Proposals (RFP)
- September 16, 2016 – Proposals due
- September 23 to October 31, 2016 – Review Committee meets to review submitted proposals
- November 9, 2016 – Report to the Human Services Committee on the RFP evaluation results

Appendix 1 - Ontario County Selected Demographic Data Trends

Population Trends	2010	2015	2020	2025	2030	2035
Total Population	107,931	109,739	111,483	113,324	115,144	116,926
Under 18 Years	24,300	23,184	22,797	22,513	22,649	22,865
Ages 18 to 44 Years	34,123	33,399	33,689	34,571	34,959	34,727
Ages 45 to 59	25,705	25,166	22,997	20,153	18,852	19,920
Ages 60 years and over	23,803	27,990	32,000	36,087	38,684	39,414
Ages 75 Years and over	7,777	8,386	9,771	12,301	15,041	17,559
Ages 85 years and over	2,565	2,888	3,034	3,340	4,104	5,475
Minority Elderly						
Ages 60 years and over	760	961	1,242	1,533	1,913	2,337
Ages 65 years and over	535	625	837	1,065	1,351	1,731
Ages 75 years and over	197	252	340	391	541	760
Ages 85 years and over	48	63	73	88	114	177
Dependency Ratio						
Total (18 to 64)/(under 18+65 and over)	1.64	1.54	1.40	1.27	1.15	1.09
Aged (18 to 64)/(ages 65 and over)	4.03	3.34	2.75	2.33	2.00	1.85
Disabled Population						
Total Population		13,257	13,468	13,691	13,910	14,126
Ages 65 and over		6,548	7,756	8,966	10,141	10,828
Poverty Age 65+						
Below 100%	418					
Below 125%	1,864					

**Appendix 2 - Ontario County Government Subdivisions Population Estimates
2010-2014 American Community Survey 5-Year Estimate**

Government Subdivision	Total Population Estimate	Age 60+	Percent	Age 65 +	Percent	Age 85+	Percent
Ontario County	108,975	26,154	24.0%	18,032	16.5%	2,180	2.0%
Bristol Town	2,294	449	19.5%	251	10.9%	21	.9%
Canadice Town	1,680	279	16.6%	248	14.8%	15	.9%
Canandaigua City	10,532	2,500	23.7%	1,968	18.7%	338	3.2%
Canandaigua Town	10,285	3,248	31.5%	2,073	20.2%	368	3.6%
East Bloomfield Town	3,618	908	25.0%	650	18.0%	76	2.1%
Farmington Town	12,501	1,613	12.9%	1,324	10.5%	105	.8%
Geneva City	13,202	2,571	19.5%	1,753	13.3%	352	2.7%
Geneva Town	3,252	929	28.5%	688	21.2%	159	4.9%
Gorham Town	4,258	1,334	31.3%	862	20.2%	54	1.3%
Hopewell Town	3,732	776	20.8%	626	16.8%	106	2.8%
Manchester Town	9,439	2,457	26.0%	1,724	18.3%	3,260	3.5%
Naples Town	2,505	607	24.2%	451	18.0%	61	2.4%
Phelps Town	7,039	1,628	23.0%	1,165	16.6%	171	2.4%
Richmond Town	3,333	963	28.9%	637	19.1%	44	1.3%
Seneca Town	2,742	478	17.4%	401	14.6%	33	1.2%
South Bristol Town	1,643	520	31.7%	390	23.7%	44	2.7%
Victor Town	14,387	3,623	25.0%	2,386	16.6%	210	1.5%
West Bloomfield Town	2,533	630	25.0%	435	17.2%	26	1.0%

Appendix 3 - 2015 Nutrition Program Data

	HDM	Congregate		HDM	Congregate
Meals Served	54,756	13,804	Has Medicaid	24%	5%
Clients Served	442	271			
			Frail/Disabled	84%	45%
Age:					
Under Age 60	2%	4%	Lives Alone	69%	60%
60 – 74	32%	44%			
75- 84	26%	35%	Veteran	20%	15%
85+	40%	15%			
			Nutritional Risk:		
HDM Length of Service	#	%	High	44%	24%
10 years	15	3.5%	Moderate	51%	24%
9 years	7	1.5%	Low	3%	52%
8 years	9	2%			
7 years	18	4%	Race:		
6 years	9	2%	White	92%	95%
5 years	26	6%	Black	5%	<1%
4 years	35	8%	Hispanic	4%	2%
3 years	35	8%	2 or more races	0	<1%
2 years	71	16%	Asian	0	<1%
1 year	115	26%	Am Indian/Alaskan Native	0	0
< 1 year	102	23%	Native Hawaiian/Pacific Islander	0	<1%
LOS Summary:			Meals by Town/Category		
< 1 year	23%				
1 - 2 yrs.	42%		Geneva	9803	2563
3 – 5 yrs.	22%		Honeoye	699	
6-10 yrs.	13%		Manchester/Shortsville	2406	2057
			Naples	2480	
Poverty Level:			Phelps	1064	
< 100% FPL (\$11,770)	20%	23%	Victor/Farmington	6483	129
125% FPL (\$14,714)	16%	10%	Bloomfield	1419	
150% FPL (\$17,655)	18%	24%	Canandaigua	15113	1833
185% (\$21,775)	20%	14%	Clifton Springs	2534	4347
185%+	26%	29%	Gorham		155
			Frozen Meals	8162	
			Eligible Volunteer Meals	2726	1407
			Medicaid	1872	203
			Guest Meals		366
			Staff		208
			Other		486

Note: Data based on 2015 program statistics

Appendix 4 - 2013 Association on Aging Statewide Survey Responses of Selected Questions

Question:			
Does your agency run the nutrition program directly or subcontract?	31% - Directly	25% Subcontract	45% Run some parts and subcontract others
Do you utilize a subcontractor for Congregate, HDM or both?	87% - both	8 % Congregate only	5% HDM only
Who is/are the subcontractors you use to run your nutrition program?	Congregate: 35% For profit 12% Senior Center 59% Nonprofit	HDM 38% For profit 9% Senior Center 63% Nonprofit	
How are your subcontractors paid?	Congregate: 14% lump sum 58% per meal 33% Per meal w/cap	HDM: 9% lump sum 61% per meal 30% Per meal w/cap	
How much do you pay your subcontractors per meal? If price varies due to multiple providers, please type a range.	Congregate: Range \$3.00 - \$19.28 Average = \$5.47	HDM: \$2.50 - \$15.64 Average = \$5.55	
What is included in the price per meal paid to subcontractors?	Congregate: Raw food, food prep, delivery to site, on site staffing and disposables	HDM: Raw food, food prep delivery to site, delivery to home, on site staffing, disposables	
Do you have an RD on staff and or use a consultant RD?	33% RD on staff	58% Consultant RD	8% Both
Do you provide weekend meals?	62% Yes – frozen	21% only upon request	
If your agency offers weekend meals, are there any qualifications/requirements to receive one of these meals?	82% Based on need, additional qualifications reviewed/approved regularly for all HDM	12% weekend meals for all HDM	
If your agency offers 2 HDM meals daily are these meals provided automatically to all HDM recipients or only for those meeting certain requirements?	76% additional requirements	24% to all HDM clients	