MN 2030 LOOKING FORWARD

Policy Brief

HEALTHY AGING AND NUTRITION

MINNESOTA BOARD ON AGING

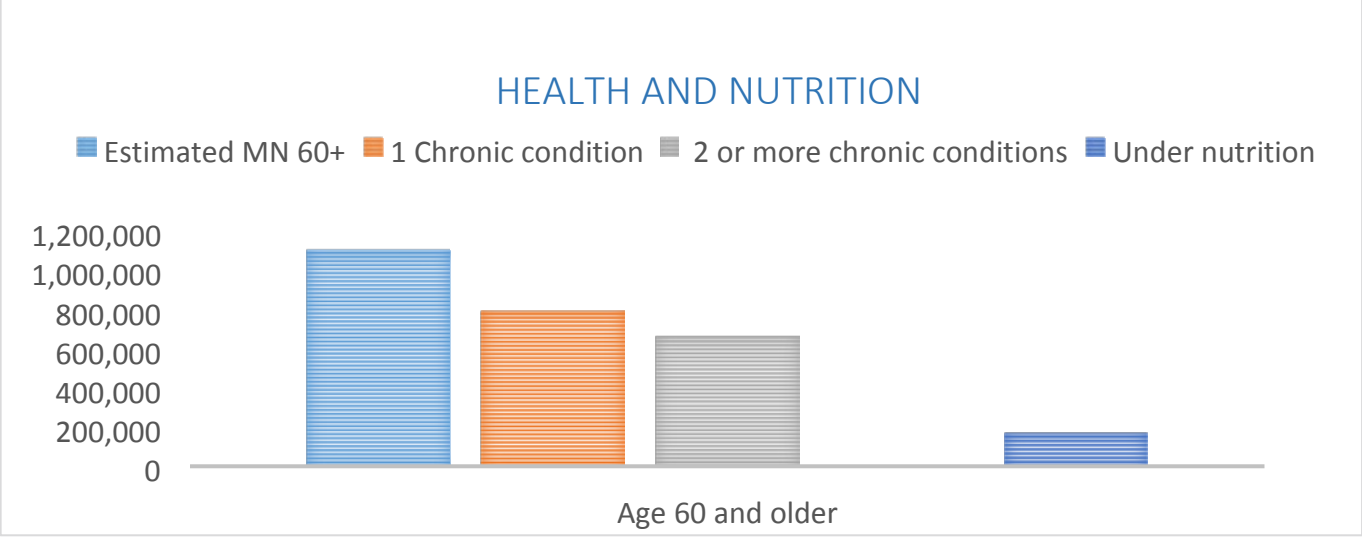
OCTOBER 2017

MN2030 – HEALTHY AGING AND NUTRITION

The Minnesota Board on Aging policy briefs offer an opportunity for stakeholders to learn and engage in a planning effort to reform our system and to prepare communities and the state meet the challenges and opportunities associated with an aging population.

Current Status

In 2016 it is estimated that Minnesota has more than 1.1 million adults age 60 and older. When it comes to the current state of healthy aging and nutrition consider the following, of those age 60 and older, it is estimated that 72 percent have at least one chronic health condition (ongoing health issue) and 60 percent have 2 or more. It is also estimated that up to 15 percent experience under nutrition (not consuming enough calories, protein or nutrients). Those at most risk for under nutrition are older women, minorities, and people who are poor or live in rural areas.



Nutrition

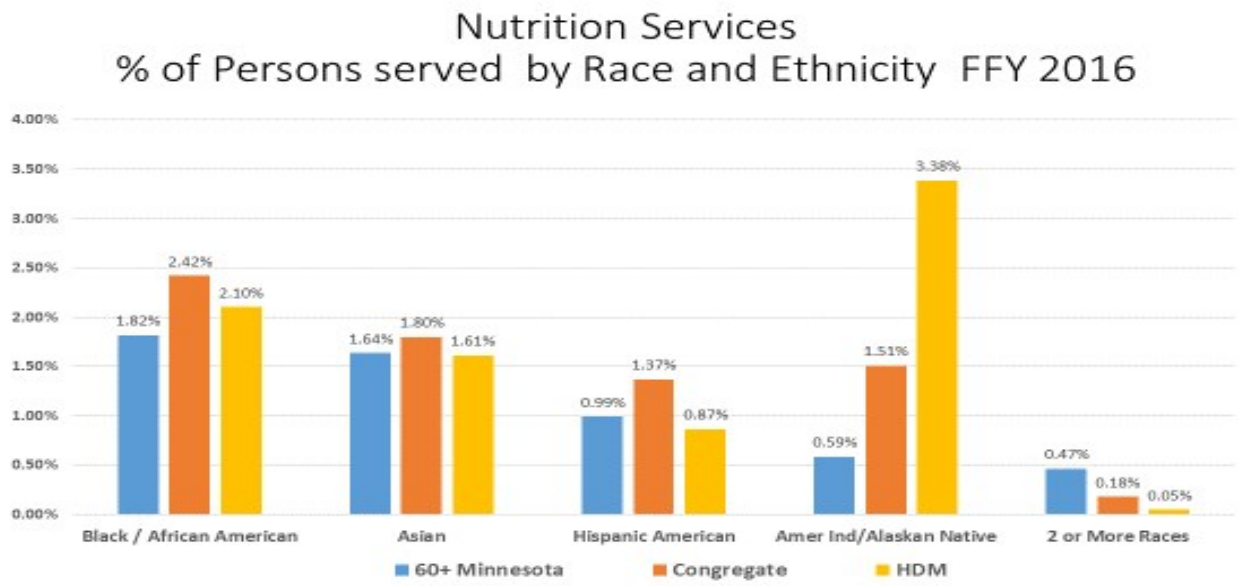
The good news is Minnesota Board on Aging (MBA) funds programs that provide better nutrition, help older adults better manage their chronic conditions and reduce falls. Through these programs older Minnesotans have the opportunity to improve their quality of life, and potentially reduce other costs including the cost of healthcare.

The MBA funds nutrition services, including congregate and home delivered meals, under Older Americans Act (OAA) Title III C1 and C2. Additionally, MBA funds Healthy Aging programs, specifically evidence based health promotion, under OAA Title III D.

Nutrition funding represents the largest single amount of OAA funds that MBA receives. In Federal Fiscal Year (FFY) 2016 a total of 38,503 persons were served 1,478,894 meals through congregate dining. For home delivered meals, MBA saw a 14 percent drop in the number of people served for a total of 10,274. However, at the same time the number of meals served in that time period remained steady at 984,089. This suggests a higher meal per person ratio – people that need the meals and the nutrition they provide are having that need

met through more service. Participant data also shows that home delivered meals are reaching those with higher needs (functional limitations and nutrition risk).

The OAA requires that services are targeted to older adults most in need with a particular focus on reaching people of color and Native Americans. The OAA nutrition services, both congregate and home delivered, are in most cases serving the same percentage of participants as identified in the population overall as shown below.



Healthy Aging

Title III D, evidence based health promotion (EBHP), which includes strategies to encourage healthy decisions and behaviors, is the smallest amount of funding MBA receives.

Under this funding, a range of EBHP programs, including fall prevention and chronic disease self-management programs, are provided through a variety of organizations and in various settings. In FFY 2016 over 3,600 persons participated in an EBHP program or workshop. As of January 1, 2016 OAA funds can only be used to fund EBHP programs that meet the highest level criteria for evidence based programing.

In the last several years, MBA staff have worked with the Area Agency on Aging (AAAs) and many partners to provide a broader range of evidence based programs that have wider appeal to cultural and ethnic communities. As an example, the Tai Ji Quan Moving for Better Balance (TJQMBB) program, does not require any print materials for participants and leaders, while trained in English, can provide the program in the language that best meets the needs of their community.

Challenges and Opportunities

Nutrition

The challenges to nutrition services, while many, often come down to the needs of the populations that are to be served. Some of the current challenges are:

- The expected growth in the population of those age 60 and older in the context of flat or potentially shrinking federal OAA and related state supplemental funds.
- With increasing diversity, we must continue to work with cultural and ethnic communities to tailor the services to best meet their needs and preferences.
- Systemic issues, such as transportation, must be addressed in order to assure access to congregate meals.
- Reaching an increasingly rural population across large geographic areas around the state, especially with a volunteer-based model.
- Changing expectations and tastes of older adults.
- Other providers, who do not receive OAA funds, competing for funding streams that OAA providers count on.
- Lack of access to healthy food choices in some rural and urban areas (food deserts).
- Aging of the workforce (including volunteers) that serves OAA clients.

Healthy Aging

The area of "healthy aging" includes some similar challenges and some unique to this issue:

- Current number of older adults, in Minnesota, affected by 1 or more chronic conditions is more than 750,000 and this number is expected to grow.
- Geographic challenge of offering older adults the opportunity to participate in a class, workshop or have access to exercise and other healthy activities.
- Currently limited or no access to evidence-based programs that address mental health.
- Limited amount of funding and specific parameters as to what can be funded under the OAA.

In early 2017, United Health Foundation released their America's Health Rankings Senior Report. Minnesota was ranked as the number 1 healthiest state, up from number 4 in 2016. The rankings are based upon analysis of older adult population health on a national and state-by-state basis across 34 measures. Minnesota's has many strengths including: a high level of volunteerism, decrease in percentage of those in poverty and, nursing home quality (four and five star ratings), prescription drug coverage and a low prevalence of frequent mental distress.

However, there are also challenges and it is in these areas that Minnesota has the opportunity to continue to lead in creating better lives for older adults:

- Food insecurity: since 2013 food insecurity has risen for Minnesota older adults by 19%; from 8.6% to 10.6%.
- SNAP (Supplemental Nutrition Assistance Program) reach: In Minnesota, 65% of adults age 60 and older, living in poverty are receiving SNAP benefits. While a good percentage, it ranks Minnesota at 27th out of 50 states.
- Obesity: since 2013, obesity in Minnesota has increased 20%: from 23.7% to 28.5% in adults 65+

- Pain management: Arthritis is seen in over 50% of adults 65+ and is a leading cause of disability (limits usual activity). In Minnesota, only 44% of persons those 65+ with arthritis report that they do not experience limits to their usual activity. (MN ranks 37th of 50 states)

Recommendations for Strategic Priorities

Nutrition

- Expand work with cultural and ethnic community providers to tailor services to their older community members.
- Expand work with providers in rural areas to develop new service delivery models that address the workforce/volunteer shortage, transportation barriers and achieving economies of scale.
- Jointly explore new opportunities and potential partnerships that expand consumer choice and geographic reach for both Congregate and Home Delivered meals while meeting the requirements of the OAA Title III C.
- Work with providers to continue to develop and enhance sustainable sources of revenue for program support.
- Continue to explore options to address anticipated workforce shortage across the state.

Healthy Aging

- Develop new opportunities to reach currently unserved populations, particularly in mental health, with evidence based programs.
- Engage community providers to develop sustainable models that provide evidence based programs and services at a reasonable cost for all older adults.
- Look toward new and creative partnerships such as: Veterans Administration, cultural and ethnic community organizations, and healthcare providers to expand opportunities for all older adults to participate in healthy aging programs.
- Consider other models of program delivery such as telehealth, online access or others that meet the standards and outcomes for evidence based programs.