

FY 2023 PERFORMANCE PLAN

Home-Delivered Meals		ADSD/CSCB/AAA	Helen King x1734 Rachel Coates x1727
Program Purpose	Enhance nutrition and socialization for home-bound adults aged 60 and older, persons with disabilities and their caregivers so that vulnerable adults may remain independent in the community and link with other supportive home and community-based services.		
Program Information	<ul style="list-style-type: none"> • Home-Delivered Meals (HDM) are mandated by the Federal Older Americans Act (OAA) and administered locally by the Arlington Area Agency on Aging (AAA), part of the Department of Human Service’s Aging and Disability Services Division (ADSD), Community Supports and Coordination Bureau. • The program promotes self-sufficiency and opportunities for participants to remain independent in the community by targeting meal delivery to frail, homebound adults aged 60 or over and persons with permanent disabilities. • Home Delivered Meals has traditionally been synonymous with Meals on Wheels, but during the COVID-19 pandemic it also included meal deliveries outside of the Meals on Wheels program including the delivery of meals to independent living residences, boxes of shelf-stable food, and the ethnic meal program. • ADSD’s Aging and Disability Resource Center (ADRC) screens all referrals for eligibility, performs intake assessments and submits qualified applicants to Meals on Wheels of Arlington. Initial assessments and annual reassessments for program participants are performed by one of the overstrength Human Services Specialists. Assessments and reassessments consist of the Uniform Assessment Instrument (UAI) and Nutrition Screening Instrument (NSI). Participants at higher risk are referred to nutrition counseling provided by a registered dietician. • Meals on Wheels of Arlington, a nonprofit organization, coordinates volunteers to deliver the meals. The meal vendor, Jeffrey’s Catering Company, prepares and delivers meals to a central location in Arlington. • The meals provide 66 and 2/3 of daily dietary requirements for participants. • Meals are prioritized to older adults with greatest need (lower income and limited English proficiency) and there is no cost required per guidelines from the federal Older Americans Act. Participants are invited to contribute based on a sliding fee scale tied to federal poverty; however, no one is denied service due to inability to pay. Federal and state funds are used to pay for the cost of the meals. • Home-Delivered Meals is often one of the initial home/community-based services that an older adult receives and is a primary access point for additional long-term services and supports. • Meals on Wheels of Arlington subsidizes meals for a limited number of participants under the age of 60. The organization accepts donations to help off-set the costs of these meals. 		

FY 2023 PERFORMANCE PLAN

Service Delivery Model	<ul style="list-style-type: none"> Beginning in March 2020, due to the COVID-19 pandemic, operations shifted to bulk delivery: ten meals (five flash frozen and five fresh), once per week to protect the safety of participants and volunteers. The program continues to operate under this model, and clients express an overwhelming preference for the once a week delivery. A daily route of two meals per weekday is offered to individuals who are not able to participate in the bulk delivery, or for whom a daily check-in is vital to their ability to remain independent and safe in the community. The waiver for the homebound requirement ended when the emergency declaration ended in May 2023. The program continues to dedicate part of one of the ADRC overstrength positions to perform the required initial assessments and annual reassessments for program participants. This allocation of resources ensures the program is able to meet our statutory requirements in a timely manner.
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PM1: How much did we do?

Staff	<p>Total 1.25 Staff FTEs:</p> <ul style="list-style-type: none"> 0.30 FTE Supervisor/AAA Director (35% of 1 FTE) 0.40 FTE Overstrength Assessment/Reassessment Specialist 0.30 FTE Staff Human Services Clinician (30% of 1 FTEs) 0.15 FTE Staff Registered Dietician (15% of 1 FTE) 0.10 FTE Outreach Specialist (10% of 1 FTE)
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Customers And Service Data		FY 2020	FY 2021	FY 2022	FY 2023
	Participants	310	453	341	321
	Participants Age 80+	223	213	131	127
	Meals on Wheels Participants	230	227	230	240
	Meals Delivered	77,133	97,294	89,357	80,143

PM2: How well did we do it?

2.1	Customer Satisfaction with Food Quality, Nutrition and Choice
2.2	Compliance with Eligibility Determinants

PM3: Is anyone better off?

3.1	Participants continue to live independently and are more likely to be referred to other services
3.2	Stabilize and Reduce Nutritional Risk

FY 2023 PERFORMANCE PLAN

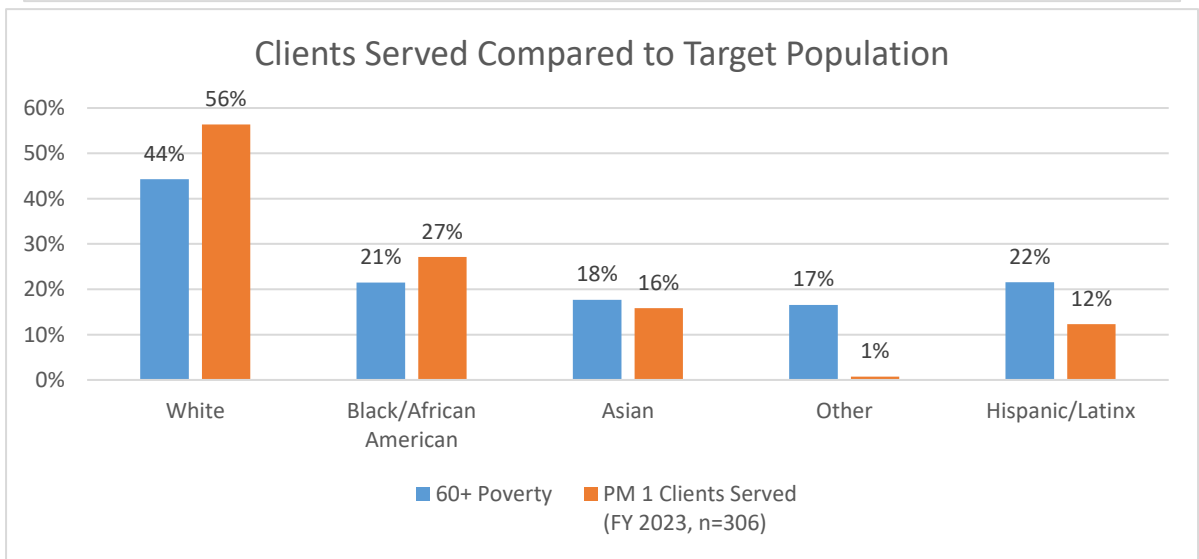
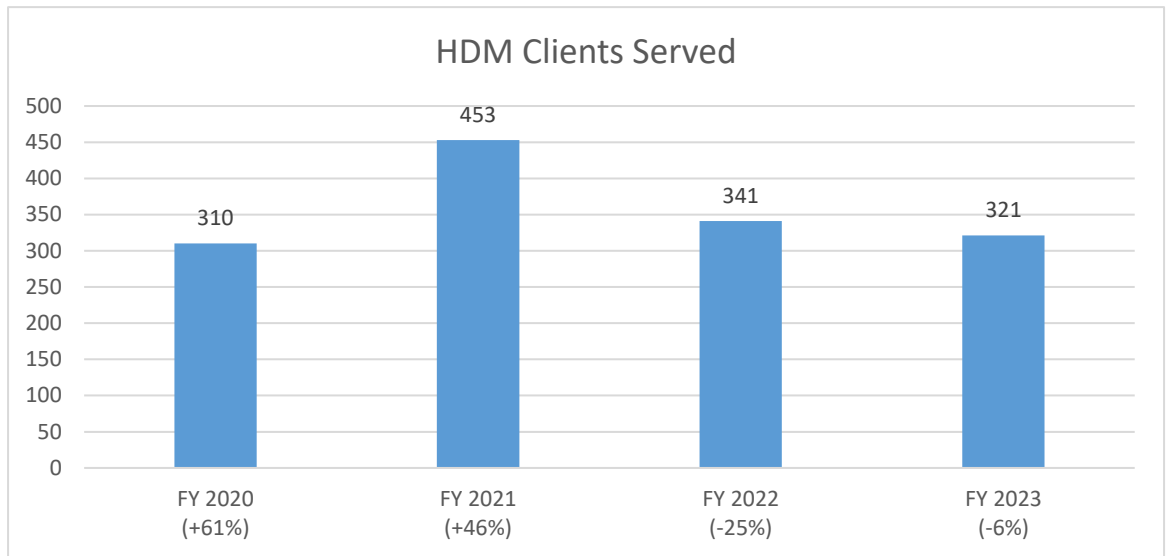
Home Delivered Meals

Measure

1

Program Participants

Data



Data Summary

- In FY 2023 there was a 6% decrease in the number of HDM clients served. The number of participants in the Meals on Wheels program increased $\pm 94\%$.
- The number of participants 80+ years old decreased 3%. The total number of meals delivered decreased 10%.
- The Home Delivered Meals Program serves a higher percentage of white and black residents than the overall population of Arlington residents 60+ in poverty. Hispanics are underserved.

What is the story behind the data?

- The number of participants has increased 67% since FY 2019.
- The Home Delivered Meals program requires that participants meet the definition of homebound defined in the State Service Standards issued by DARS. These regulations were

FY 2023 PERFORMANCE PLAN

relaxed during the pandemic to ensure that older adults maintained safe, reliable access to healthy nutrition. The increase in the number of Meals on Wheels participants is a result of the continued flexibilities into FY 2023. The emergency declaration was lifted in May 2023 and the program returned to the stricter definition of home bound in determining eligibility.

- In FY 2022, an ethnic meal pilot offered Spanish/ Latin American food to an independent living residence with a large population of Hispanic residents. The decrease in the percentage of Hispanic clients from 18% last year to 12% in FY 2023 is likely due to the program not continuing into FY 2023. Additional programming, including ethnic meal programs, were not realized in FY 2023 due to staffing constraints.
- Jeffery’s Catering has added Asian flavors to their menu rotation, and continue to offer occasional new meals. In FY 2023 the percentage of participants who identify as Asian increased from 7% to 16%.
- The demand for services remained high, and the team referred on average 2-4 clients per week for home delivered meals. An exit survey of participants who leave the program within the first month is still planned to analyze the main reasons for terminating service.
- Additional funding sources, such as ARPA, will expire in September 2024. With the rising cost of meals, and the increasing demand, the program may be facing a wait list for services for the first time.
- In FY 2023: the average age of participants was 77 years; 57% were female and 63% of all participants were in poverty. Close to three quarters (70%) of participants lived alone. Participants with limited English proficiency comprised 19% of the total individuals served. A majority of the participants (66%) required assistance with 2 or more activities of daily living.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to evaluate underserved populations, including individuals with medical diet restrictions, who could benefit from home delivered meals. • Evaluate targeted outreach to participants who discontinue the service within the first month to determine root cause, and explore feasibility of an exit survey. 	<ul style="list-style-type: none"> • Ongoing • Q2 FY 2024
Forecast	
<ul style="list-style-type: none"> • For FY 2024, anticipate the number of participants to increase slightly to 330. 	

FY 2023 PERFORMANCE PLAN

Home Delivered Meals

Measure

2.1

Customer Satisfaction with Food Quality, Nutrition and Choice

Data



Data Summary

- In FY 2023, 128 of the 198 active MOW recipients were contacted to participate in the customer satisfaction survey. 53 participants responded to the survey, equating to a response rate of 41%.
- Of the survey respondents, 36% identify as white, 30% identify as black/African American, 2% identified as Asian, 28% identify as other, and 6% Hispanic. 4% declined to respond.
- The results were as follows:
 - 89% of respondents (47/53) reported the meals were “very satisfying” or “somewhat satisfying”.
 - 79% of participants (42/53) responded “Always” or “Usually” when asked whether they like the taste of the meals.
 - 77% of participants (41/53) reported that they “Always” or “Usually” eat healthier because of the meals.
- The satisfaction survey is administered annually between April – June, conducted via phone by AAA staff and interns. Results are collected via Microsoft Forms.

What is the story behind the data?

- For FY 2023 the survey was conducted over 1 a one week period in early April by the nutrition intern. Most of the survey respondents reported receiving bulk delivery once a week. Of the participants surveyed, 89% report a preference for bulk delivery once a week.
- The survey was modified in FY 2023 to include a 4-point scale.
- The vendor, Jeffery’s Catering, began introducing more variety into the menu in 2022. Survey respondents called out more variety as positive in the survey.
- Negative feedback on the meals generally focuses on seasoning, preference for more fresh foods, and too many beans. There were several negative comments related to the freshness

FY 2023 PERFORMANCE PLAN

of the fruits and vegetables this year. Also more comments about the amount of bread and breading used.

- The AAA Registered Dietician participates in the quarterly menu planning, reviewing the menus to ensure meals meet dietary requirements and offering recommendations to improve taste.

Recommendations

Target Dates

- Continue to conduct satisfaction surveys annually and incorporate additional questions to get more specific feedback on the taste and quality of the meals. Survey all Meals on Wheels participants in FY 2024.
- Continue to incorporate feedback from the survey into the quarterly menu planning meetings.
- Evaluate options to incorporate more variety into the menu.

- Q4 FY 2024
- Quarterly
- Ongoing

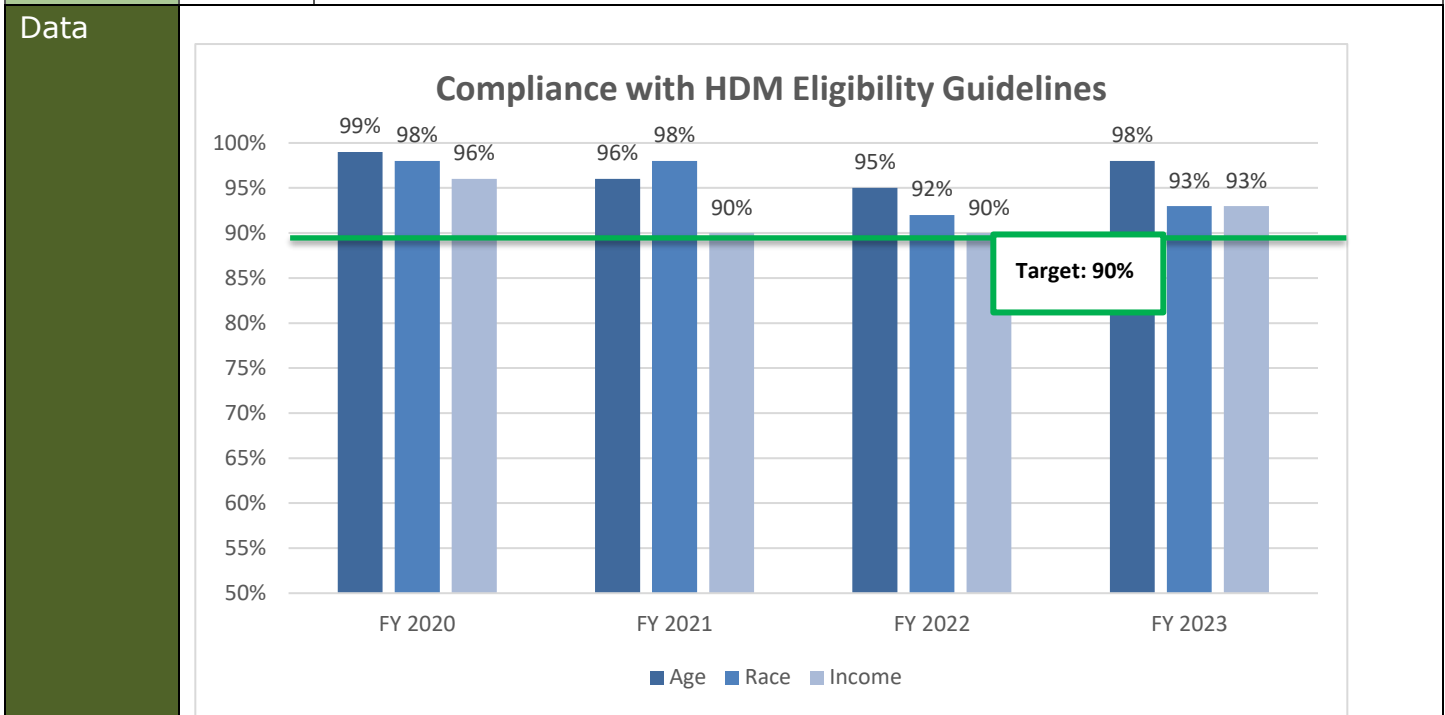
Forecast

- FY 2024: Continue to see satisfaction rates at or above the target of 85%.

FY 2023 PERFORMANCE PLAN

ADSD/AAA/HDM

Measure	2.2	Compliance with Eligibility Determinants
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Data Summary	<ul style="list-style-type: none"> • Virginia Department of Aging and Rehabilitative Services (DARS) program guidelines requires no more than 10% of program participants to have missing demographic information that includes: age, race, and income (poverty status). Any percentage less than 90% places the AAA out of compliance with eligibility guidelines. • In FY 2023, compliance improved for all metrics and all metrics met eligibility guidelines. • AAA staff monitor program eligibility metrics on a quarterly basis and data reflects compliance with state guidelines.
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What is the story behind the data?

- Program eligibility is established by the Federal Older Americans Act to ensure priority to the most vulnerable populations. Participants must be age 60 or older, and priority is given to low-income minorities.
- According to governing guidelines, required demographic information about age, race, and income must be collected during the initial assessment, which is conducted by AAA/ADRC staff.
- The Age category increased to 98% compliance this year. Race and Income both increased to 93% this year.
- Staff enter information in an online database, PeerPlace, and update during annual reassessment or when any significant change in status occurs.
- Dedicated staff who complete assessments and reassessments have helped to significantly improve compliance, especially with a substantial increase in new referrals and reassessments for participants who remain active in the program.
- Age is the most seamlessly requested eligibility requirement, whereas race and income may be perceived as more sensitive to reveal.

FY 2023 PERFORMANCE PLAN

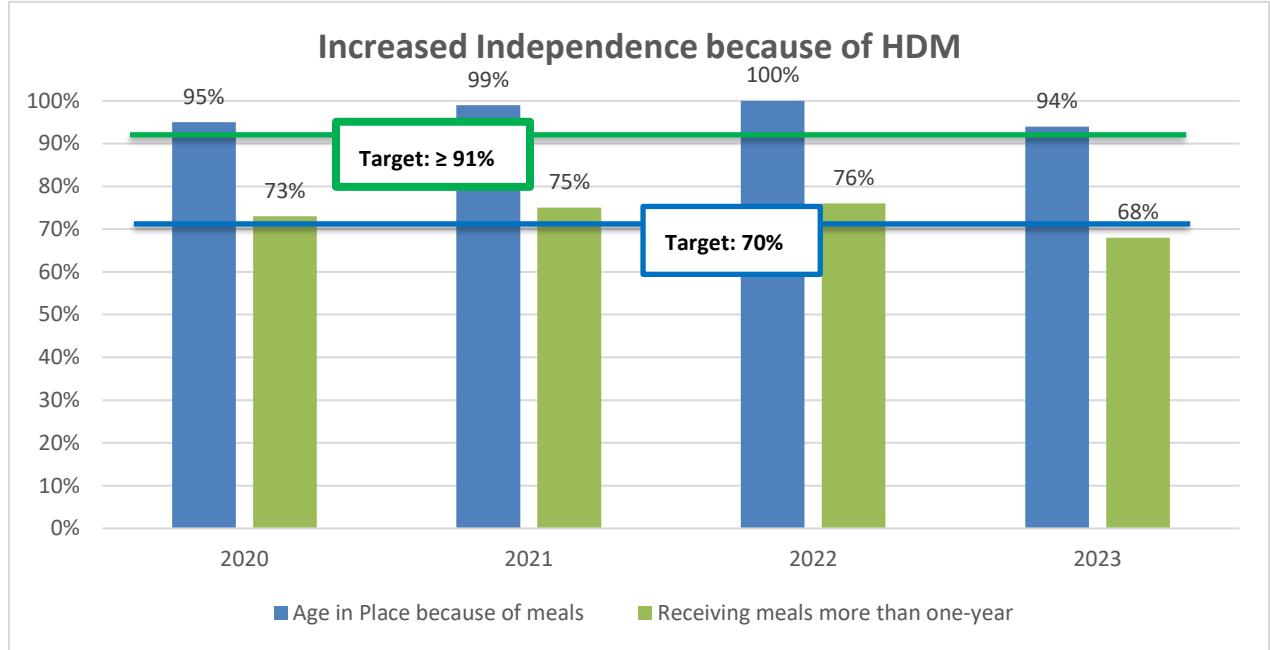
Recommendations	Target Dates
<ul style="list-style-type: none">• Continue to conduct quarterly quality assurance to ensure compliance with federal guidelines.• Review demographic reports with staff to maintain focus on proper data recording.• Continue to utilize focal points of contact for MOW assessments and reassessments to facilitate consistent data gathering.	<ul style="list-style-type: none">• Quarterly• Quarterly• Ongoing
Forecast	
<ul style="list-style-type: none">• In FY 2024, target $\geq 90\%$ data completion for all demographic data to remain in compliance with reporting required eligibility information.	

FY 2023 PERFORMANCE PLAN

ADSD/AAA/HDM

Measure 3.1 Participants continue to live independently and remain in the community

Data



Data Summary

- In FY 2023, 128 of the 198 active MOW recipients were contacted to participate in the customer satisfaction survey. 53 participants responded to the survey, equating to a response rate of 41%.
- As part of the annual customer satisfaction survey, participants are asked if they can continue to live at home because of the meals. In FY 2023, 94% of participants responded that they age in place because of the meals.
- In FY 2023, 68% of individuals who received services in FY 2022 continued to receive services from the program. Seven (7) participants have been in the program for 11 years, the average length of participation is 2 years. Data is derived from the PeerPlace data system.
- The satisfaction survey is administered annually between April – June, conducted via phone by AAA staff and interns. Results are collected via Microsoft Forms.

What is the story behind the data?

- Participants remain in the program because it promotes aging in place, independence and healthy living.
- Most older adults who live independently will need supportive services. Living independently with home and community-based services results in **cost savings** compared to a nursing facility, estimated at \$11,467 per month for a semi-private room in the D.C. metro area.
- The home-delivered meals program provides participants with a nutritious meal, plus a safety check and face-to-face contact to improve quality of life. By targeting support to vulnerable adults who are homebound and isolated, the program helps to provide opportunities for socialization, extending the length of time an older adult may live independently in the environment of their choice.
- The shift to once a week delivery has reduced the daily face-to-face check-ins. Survey questions targeted to assess social isolation reveal that 87% report being satisfied with the frequency of contact from their children or friends, and 84% rate satisfaction with their life at

FY 2023 PERFORMANCE PLAN

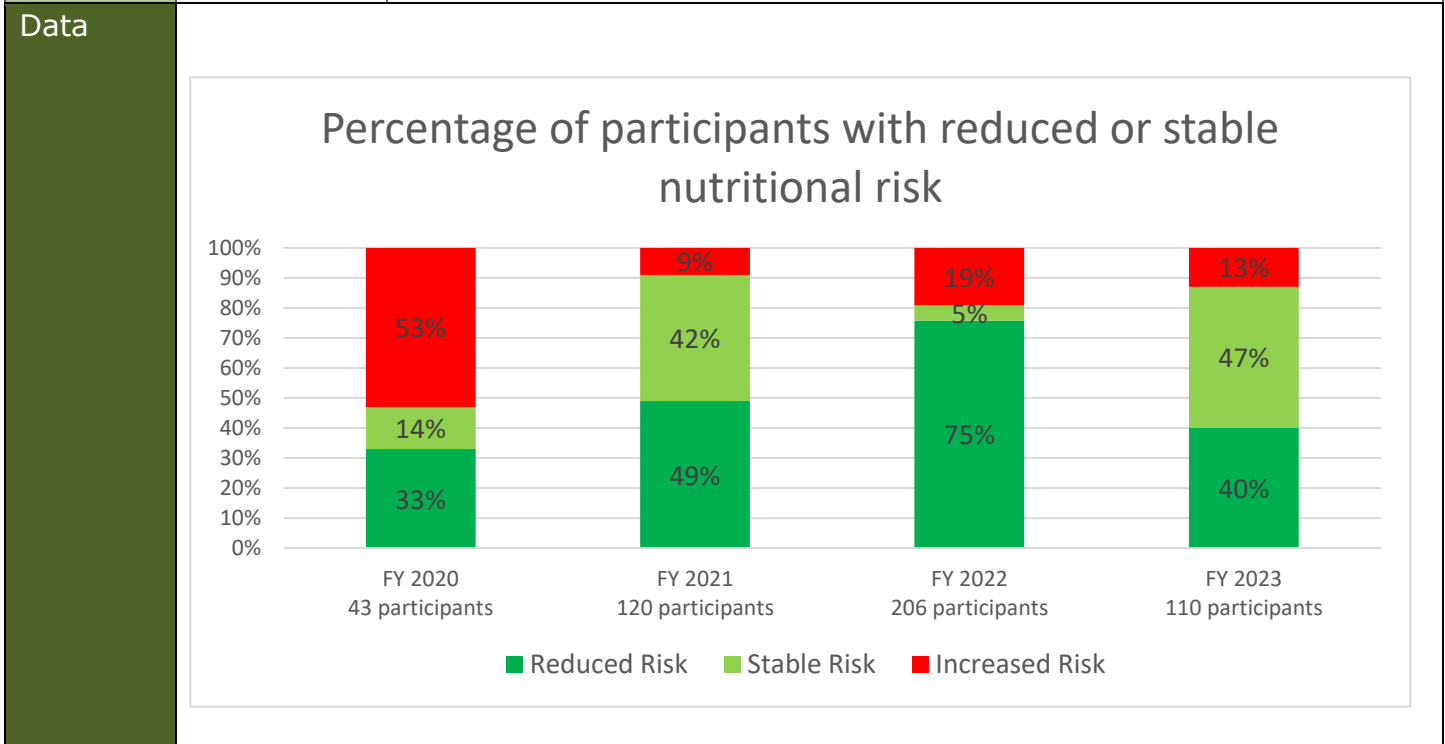
7 or higher (on a 10 point scale) - and improvement from 71% and 67% in FY 2022. 57% reported no hospitalizations over the past year, a 2 percentage point improvement from last year.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to promote the holistic benefits of the program, namely nutrition, socialization and wellness. • Continue to ensure volunteers and staff are trained to recognize risk factors, know how to refer for services, and understand benefits of interventions. • Review discharge reasons on a quarterly basis to understand reasons for service discontinuation. Analyze closing reasons by age, race and ethnicity. • Explore options to increase participation from racial/ethnic groups who may not feel food/meal options meet their needs and preferences. • Explore options to identify and address social isolation. 	<ul style="list-style-type: none"> • Continuous • Quarterly • Q3 FY 2024 • Q3 FY 2024 • Q4 FY 2024
Forecast	
<ul style="list-style-type: none"> • FY 2024: AAA anticipates these numbers will continue to remain constant, at or above 91% as aging in the community is the reported preference among older adults and 70% of individuals will remain in the program. 	

FY 2023 PERFORMANCE PLAN

ADSD/AAA/HDM

Measure 3.2 Stabilize and Reduce Nutritional Risk



Data Summary

- Between July 2022 and June 2023, 199 participants were assessed for nutritional risk. Comparison data from FY 2022 is available for 110 participants.
- Nutrition Screening Initiative scores were compared between FY 2023 and the previous fiscal year to determine if the nutrition risk score was lower, remained the same or had increased.
- Of those assessed, 87% reflected reduced or stable risk and 13% reflected increased risk.

What is the story behind the data?

- Nutrition is an important factor in maintaining health and independence, especially for older adults. Malnutrition can result in a decline in physical health, including loss of bone and muscle mass, decline in cognitive function, higher hospitalization rates, and mortality.
- As part of the initial assessment and annual reassessment process, participants are asked questions from the Nutrition Screening Initiative (NSI) checklist and a score is computed based on their answers. A score of six or higher is considered high-risk.
- The NSI reflects a point in time assessment. Factors such as a recent hospitalization or fall could result in a higher score that is not necessarily reflective of the client’s overall functioning.
- Dedicated staff to focus on the assessments and reassessment kept the program in compliance with the state mandates and enables a more accurate reflection of the effectiveness of the program and the benefit of having staff support dedicated to the program.
- Age is a factor in nutrition risk. Research indicates that adults aged 85 and older are at particular risk for malnutrition. In FY 2023, for the participants who received the NSI, 23%

FY 2023 PERFORMANCE PLAN

(45/199) are ages 85 and above. Of those age 80 and above, 91% scored a 6 or higher on the NSI.

- The AAA Registered Dietician (RD) offers one-on-one nutrition counseling to all participants who score 6 or higher on the NSI. In FY 2023, the AAA RD provided nutrition counseling to 51 individuals.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to closely track and analyze nutritional screening scores and offer education and referrals for participants who score moderate to high nutritional risk. 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Continue to counsel and refer participants to appropriate services based on need: SNAP benefits, Arlington Food Assistance Center (AFAC) for supplemental groceries, VICAP for Patient Assistance to help with medication costs, socialization programs, and Community Living Program (CLP). 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Consider analyzing nutrition risk by race and ethnicity. 	<ul style="list-style-type: none"> • FY 2024 Q4
Forecast	
<ul style="list-style-type: none"> • In FY 2024, we anticipate meeting or exceeding target rates of 80% of reduced or stable risk. 	