

**FY 2022 PERFORMANCE PLAN**

<b>Home-Delivered Meals</b>		<b>ADSD/CSCB/AAA</b>	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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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 hired in March 2022. 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.</li> <li>• 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.</li> <li>• The meals provide 66 and 2/3 of daily dietary requirements for participants.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The program helps older adults and persons with disabilities age in place with two-thirds of the participants (69%) continuing to receive meals for 1-3 years and 9% report participating for four years or longer. Two participants have been part of the Home Delivered Meals program for 8+ years.</li> <li>• In FY 2022, in partnership with La Cocina, an ethnic meal program was piloted where 5 Latin American/Mexican meals were delivered to 30 residents at Hunters Park. The pilot ran for 8 weeks starting at the end of March. 82% of</li> </ul>		

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	the participants who responded to a survey reported liking the way the food tasted and 91% reported they would participate again.
Service Delivery Model	<ul style="list-style-type: none"> <li>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.</li> <li>The homebound requirement for eligibility has been waived until September 2022, due to the emergency declaration resulting from the COVID-19 pandemic.</li> <li>In FY 2021, the program dedicated part of a contract resource to perform the required initial assessments and annual reassessments for program participants. In FY 2022, with the approval of 2 overstrength positions in the ADRC, part of one of these positions is dedicated to this function. This allocation of resources ensures the program is able to meet our statutory requirements in a timely manner.</li> </ul>

**PM1: How much did we do?**

Staff	<p>Total 1.25 Staff FTEs:</p> <ul style="list-style-type: none"> <li>0.30 FTE Supervisor/AAA Director (35% of 1 FTE)</li> <li>0.40 FTE Overstrength Assessment/Reassessment Specialist</li> <li>0.30 FTE Staff Human Services Clinician (30% of 1 FTEs)</li> <li>0.15 FTE Staff Registered Dietician (15% of 1 FTE)</li> <li>0.10 FTE Outreach Specialist (10% of 1 FTE)</li> </ul>
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Customers and Service Data		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
	Participants	192	310	453	341
	Participants Age 80+	88	223	213	131
	Meals on Wheels Participants	192	230	227	230
	Meals Delivered	54,297	77,133	97,294	89,357

**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

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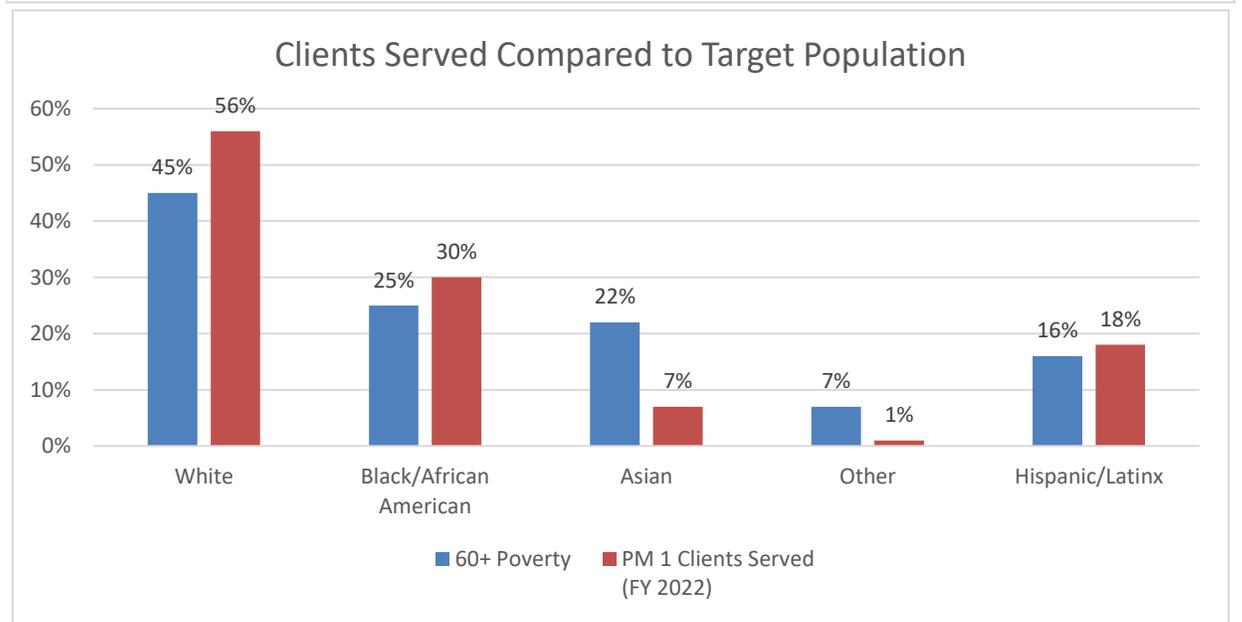
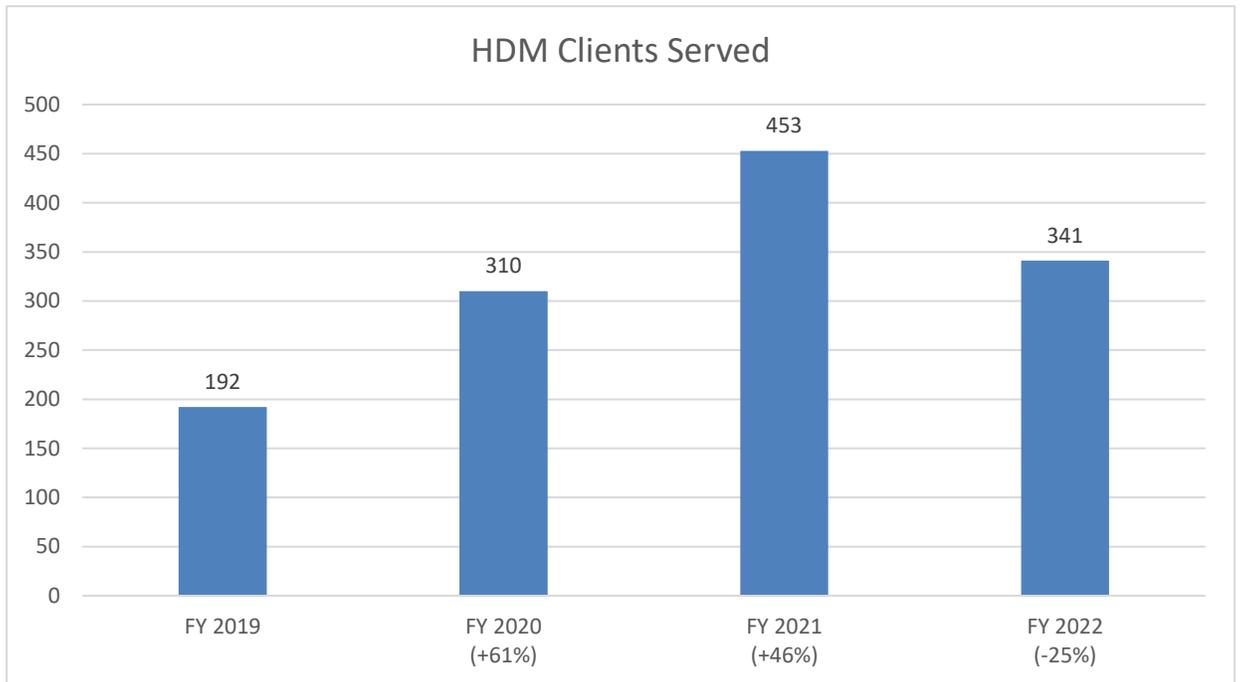
Home Delivered Meals

Measure

1

Program Participants

Data



Data Summary

- In FY 2022 there was a 25% decrease in the number of HDM clients served. The participants in Meals on Wheels remained consistent.
- The number of participants 80+ years old decreased 38%. The total number of meals delivered decreased 8%.
- The Home Delivered Meals Program serves a higher percentage of white and black residents than the overall population of Arlington residents 60+. Asians and Other races and significantly underserved by the program.

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**What is the story behind the data?**

- Programs offered in FY 2020 and FY 2021 to ensure that older adults had safe, reliable access to food during the height of the pandemic were not continued in FY 2022, resulting in an overall reduction in the number of HDM clients served. However the demand for services remained high, and the team referred on average 2-4 clients per week for home delivered meals.
- In FY 2022: the average age of participants was 77 years; 55% are female and 60% of all participants are in poverty. Close to three quarters (71%) of participants live alone. Participants with limited English proficiency comprise of 18% of the total individuals served. A majority of the participants (66%) require assistance with 2 or more activities of daily living.
- The state of emergency allowed the homebound eligibility requirement to be waived which allowed additional residents to be served. This waiver remains in place through September 2022.
- In FY 2021, 27% of clients served by the program identified as Asian due to temporary expansion of meal delivery to the Woodland Hill community. This program ended in FY 2022, however, and Asian residents were underserved by the HDM program in FY 2022. Staff are exploring options for ethnically appropriate meals to better meet the preferences of this population.
- A partnership between the AAA and La Cocina delivered 5 Latin American/Mexican meals per week to the residents of Hunters Park for 8 weeks beginning in March 2022.

**Recommendations**

**Target Dates**

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| <ul style="list-style-type: none"> <li>• Pilot a meal option that is more in line with the taste preferences of our Asian residents.</li> <li>• Continue to evaluate underserved populations, including individuals with medical diet restrictions, who could benefit from home delivered meals.</li> <li>• Evaluate targeted outreach to participants who discontinue the service within the first month to determine root cause, and explore feasibility of an exit survey.</li> </ul> | <ul style="list-style-type: none"> <li>• Q3 FY 2023</li> <li>• Ongoing</li> <li>• Q4 FY 2023</li> </ul> |
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**Forecast**

- For FY 2023, anticipate the number of participants to increase slightly to 350 as we pilot additional ethnic meal options.

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Home Delivered Meals

Measure

2.1

Customer Satisfaction with Food Quality, Nutrition and Choice

Data



Data Summary

- In FY 2022, the customer satisfaction survey was offered to 188 meals on wheels participants. 78 participants responded to the survey, equating to a response rate of 41%. This response rate is comparable to the response rate achieved in FY 2021.
- Of the survey respondents, 51% identify as white, 33% identify as black/African American, 3% identified as Asian, 3% American Indian/Alaskan, and 3% Hispanic, and 6% declined to respond.
- The results were as follows:
  - 91% of participants (71/78) reported the meals were “very satisfying” or “somewhat satisfying”.
  - 96% of participants (75/78) reported “Yes” or “Sometimes” when asked whether they like the taste of the meals.
  - 100% of participants (78/78) reported that they 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 2022 the survey was conducted in April and May. Most of the survey respondents reported receiving bulk delivery once a week.
- Of the participants surveyed, 77% report a preference for bulk delivery once a week.
- The vendor, Jeffery’s Catering, began introducing more variety in the menu selection this year.

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- Negative feedback on the meals generally focuses on seasoning, preference for more fresh foods, and too many beans.
- 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**

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| <ul style="list-style-type: none"> <li>• Continue to conduct satisfaction surveys annually and recommend enhancements to the menu and program based on feedback.</li> <li>• Modify the response scale for the FY 2022 survey to include a 4-point scale: always, usually, sometimes, never.</li> <li>• Continue to incorporate feedback from the survey into the quarterly menu planning meetings.</li> <li>• Evaluate options to incorporate more variety into the menu.</li> </ul> | <ul style="list-style-type: none"> <li>• Q4 FY 2023</li> <li>• Q3 FY 2023</li> <li>• Quarterly</li> <li>• Ongoing</li> </ul> |
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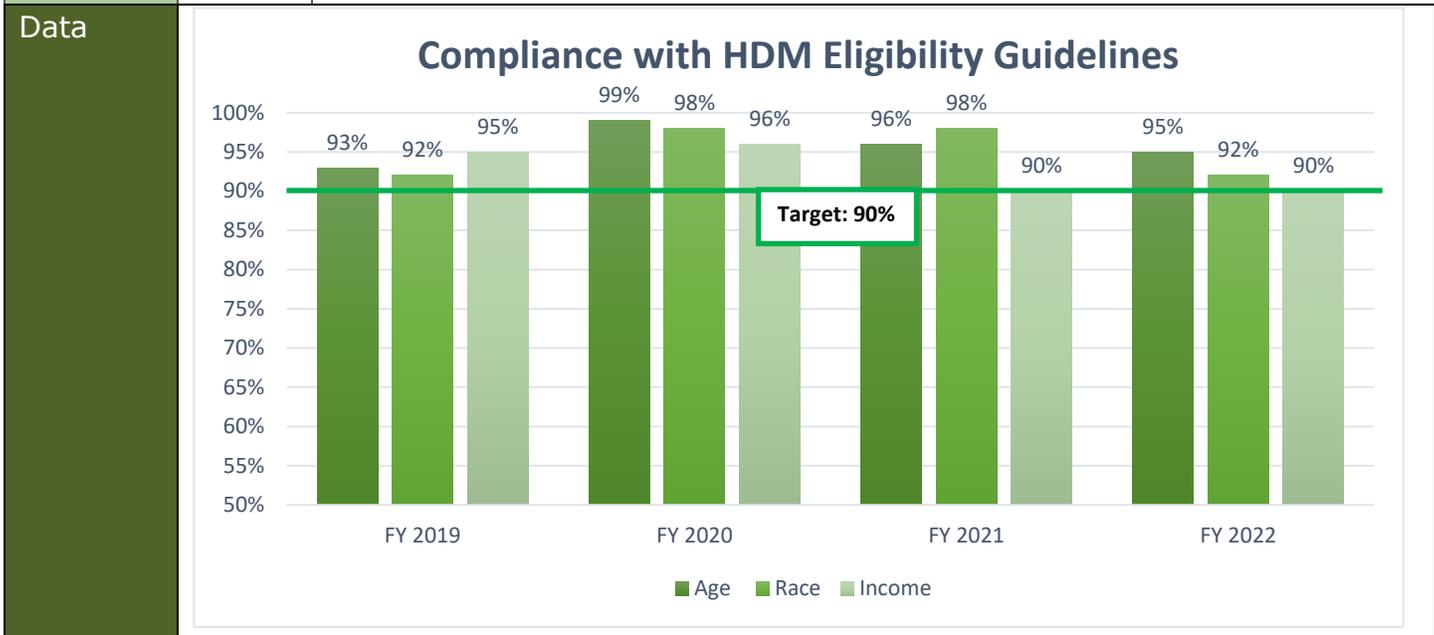
**Forecast**

- FY 2023: Continue to see satisfaction rates at or above the target of 85%.

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**ADSD/AAA/HDM**

<b>Measure</b>	2.2	Compliance with Eligibility Determinants
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<b>Data Summary</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• In FY 2022, all metrics met eligibility guidelines.</li> <li>• AAA staff monitor program eligibility metrics on a quarterly basis and data reflects compliance with state guidelines.</li> </ul>
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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 Race category dropped in percentage this FY. One factor that contributed to this was the differences in documentation required at the additional meal sites added to support older adults during the pandemic.
- 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.

<b>Recommendations</b>	<b>Target Dates</b>
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<ul style="list-style-type: none"><li>• Continue to conduct quarterly quality assurance to ensure compliance with federal guidelines.</li><li>• Review demographic reports with staff to maintain focus on proper data recording.</li><li>• Continue to utilize focal points of contact for MOW assessments and reassessments to facilitate consistent data gathering.</li></ul>	<ul style="list-style-type: none"><li>• Quarterly</li><li>• Quarterly</li><li>• Ongoing</li></ul>
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**Forecast**

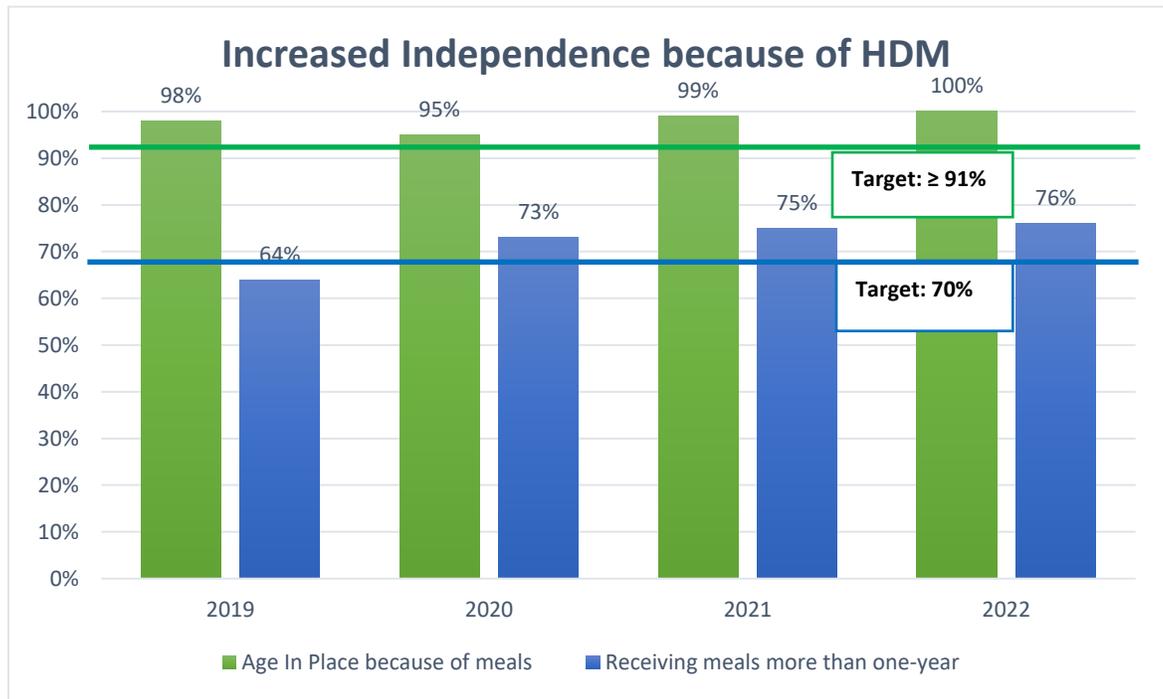
<ul style="list-style-type: none"><li>• In FY 2023, target <math>\geq 90\%</math> data completion for all demographic data to remain in compliance with reporting required eligibility information.</li></ul>
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FY 2022 PERFORMANCE PLAN

ADSD/AAA/HDM

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

Data



Data Summary

- In FY 2022, the customer satisfaction survey was offered to 188 meals on wheels participants. 78 participants responded to the customer satisfaction 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 2022, 100% of participants responded that they age in place because of the meals.
- In FY 2022, 76% of individuals who received services in FY 2021 continued to receive services from the program. Eight (8) participants have been in the program for 10 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 \$11,726 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.

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- 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 71% report being satisfied with the frequency of contact from their children or friends, 67% rate satisfaction with their life at 7 or higher (on a 10 point scale), and 55% reported no hospitalizations over the past year, a 2% increase from last year.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Continue to promote the holistic benefits of the program, namely nutrition, socialization and wellness.</li> <li>• Continue to ensure volunteers and staff are trained to recognize risk factors, know how to refer for services, and understand benefits of interventions.</li> <li>• Review discharge reasons on a quarterly basis to understand reasons for service discontinuation. Analyze closing reasons by age, race and ethnicity.</li> <li>• Explore options to increase participation from racial/ethnic groups who may not feel food/meal options meet their needs and preferences.</li> <li>• Explore options to identify and address social isolation.</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous</li> <li>• Quarterly</li> <li>• Q2 FY 2023</li> <li>• Q2 FY 2023</li> <li>• Q3 FY 2023</li> </ul>

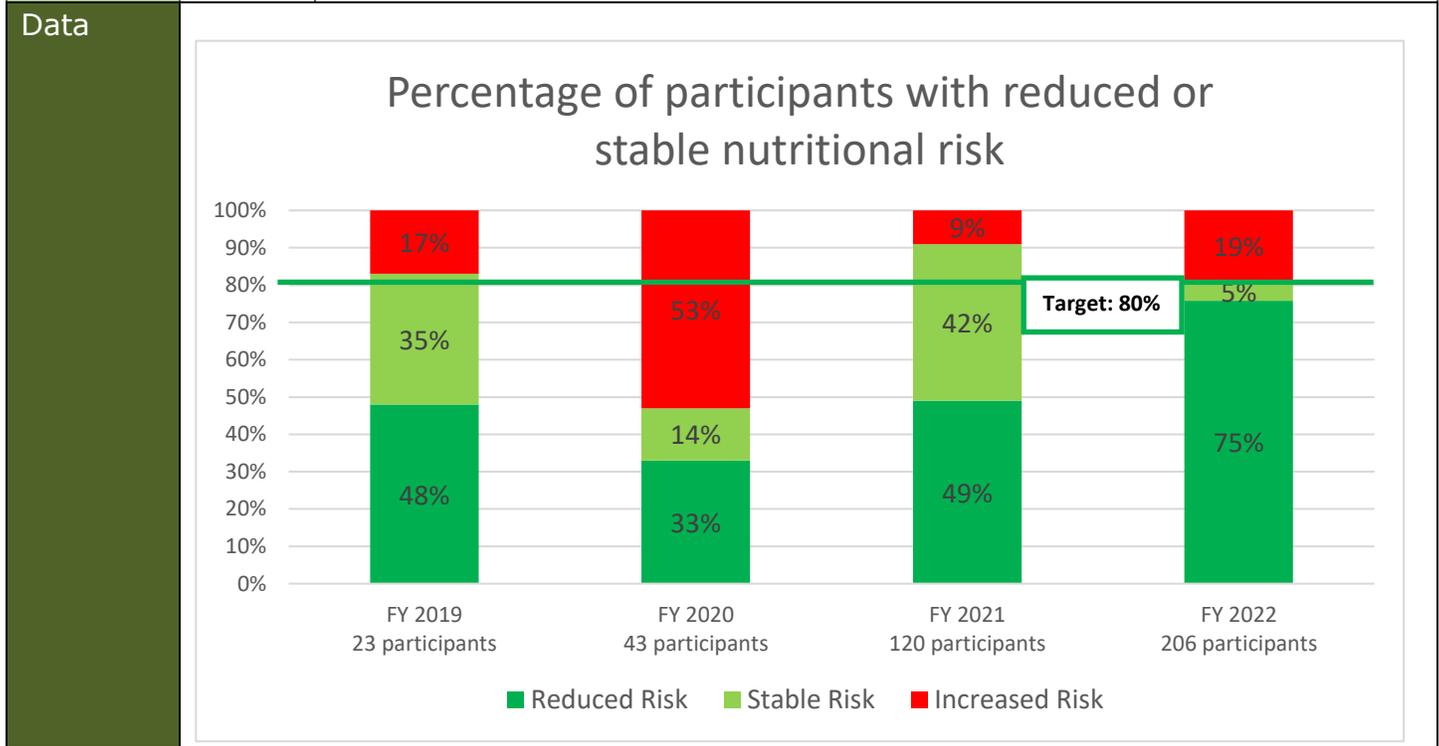
**Forecast**

- FY 2023: 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.

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**ADSD/AAA/HDM**

**Measure**      3.2      Stabilize and Reduce Nutritional Risk



**Data Summary**

- Between July 2021 and June 2022, 211 participants were assessed for nutritional risk. Comparison data from FY 2021 is available for 206 participants. The number of participants is higher than previous years, as a result of having dedicated staff for reassessments.
- Nutrition Screening Initiative scores were compared between FY 2022 and the previous fiscal year to determine if the nutrition risk score was lower, remained the same or had increased.
- Of those assessed, 80% reflected reduced or stable risk and 19% 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.

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- Age is a factor in nutrition risk. Research indicates that adults aged 85 and older are at particular risk for malnutrition. In FY 2022, for the participants who received the NSI, 22% (48/211) are ages 85 and above. Of those age 80 and above, 80% 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 2022, the AAA RD provided nutrition counseling to 51 individuals.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Continue to closely track and analyze nutritional screening scores and offer education and referrals for participants who score moderate to high nutritional risk.</li> <li>• 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).</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> </ul>

<b>Forecast</b>
<ul style="list-style-type: none"> <li>• In FY 2023, we anticipate meeting or exceeding target rates of 80% of reduced or stable risk.</li> </ul>