The Area Agency on Aging (AAA) draft proposal to reopen senior centers is composed of four sections:

1. Overall Framework and Background History
2. Grant Application for Community Based Senior Centers
3. Mission, Core Areas and Key Activities of Senior Center (Attachment A)
4. Additional Federal, State and County senior program information

1. Overall Framework and Background History

Purpose and Framework

To provide overview of the proposed restructuring of service delivery for the provision of recreation, education and meals to individuals age 60 and older, and assistance and support to caregivers of adults age 60 and older.

To promote, fund and aid locally driven service delivery of recreation, education, health promotion, and assistance to individuals age 60 and older and their caregivers.

To collaborate with the Area Agency on Aging (AAA) to encourage healthy aging, strengthen community supports and address barriers to services and assistance for older persons.

To solicit input from communities to foster service delivery based on local need, and provide activities to promote good health and well-being as desired by community members.

To modify the agency’s Four Year Plan in the area of service delivery for the nutrition program and senior center recreation and education specifically, partially based on community feedback about the evolving needs and changing dynamics of the 60+ population in their local area. Changes to the Plan must be approved by the NYS Office for Aging as part of the annual review and update process.

Introduction to Background

The following draft proposal is a culmination of program analysis; research and discussion; review of local, state and federal health improvement goals; review of the AAA Four Year Plan. This draft proposal includes initial input received from community members and stakeholders.

This draft proposal considers client satisfaction, program sustainability, and overall impact on healthy aging to support the older person’s right to safely age in place while exercising maximum independence and autonomy. It also offers solutions to criticisms of the program suggested as barriers to participation.
This draft proposal assumes strong partnership and collaboration between grant recipients and the Area Agency on Aging and other related agencies and organizations.

**Background**

Cortland County Senior Centers closed on March 16, 2020 in response to the COVID-19 pandemic. While forced closure proved to be difficult for many on multiple levels, it provided opportunity to evaluate nutrition programming and socialization opportunities for older persons relative to the agency mission and depth of impact on lives.

In June 2020, the Chair of the HHS Committee Legislator Cathy Bischoff formed an Ad-Hoc Working Committee for Senior Centers. The purpose of this work group was to assess current programming and service delivery and consider more sustainable and community tailored options for nutrition programming and meal service. Members include: HHS Chair Legislator Cathy Bischoff, Legislators George Wagner, Richard Stock, and Chris Newell, (also an Older Americans Advisory Board Legislative Representative), Rob Corpora, County Administrator, and Liz Haskins, Director Area Agency on Aging.

This group engaged in the following activities:

- Review of current programming under the AAA’s state approved Four Year Plan
- Review of sites, attendance, activities
- Evaluation of revenues and expenses
- Review and assessment of program requirements under AAA funding streams
- Understanding the depth of connection between the Aging Services and Nutrition units.
  - Neither can be viewed as stand-alone units. Both congregate and home-delivered meals serve as gateway programs to Aging Services programs and services and supports.
- Research and consideration of successful and emerging models across the country
- Creation of search committee for the Cortland Center
- Meeting with three staff members who previously served as Senior Center Managers in the Scott, Homer and Marathon centers
- Review of past needs assessments and focal groups
- Comparison with contiguous counties (Broome, Chenango, Madison, Tompkins and others)
- Discussions with NYS Office for Aging
- Discussions with AAA to across the state to gain insight to alternate program models and best practices
- Review of key components of the draft proposal to the Older Americans Act Advisory Board for input
- Meetings with Senior Center Presidents expanded to other members of senior center councils beginning in April of 2021
- HHS Chair, County Administrator and AAA Director met regularly as able to pull work group activities together and present a draft proposal for stakeholder input

Based on a review of past customer/client surveys and a current needs assessment, two main areas requiring attention and possible change concerned the congregate meals provided, and the type of
activities held in the senior centers. With respect to meals, several issues were identified which are listed below accompanied by an explanation of the regulatory constraints under which AAA and staff operate.

1. Dislike for reservation system
   - Clients do not wish to commit and state they have busy schedules and do not know where they want to do from one day to the next
   Justification: Agency must have cost containment measures in place to control food waste. The reservation system addresses this issue and serves as a best practice across the state.

2. Disappointment that participants are unable to bring food in to share
   - Clients enjoy sharing baked goods or food dishes prepared in their own homes
   Justification: It is a liability issue for the County based on risk for food borne illness secondary to possible unsafe food handling during preparation in an uninspected kitchen. One accusation of food poisoning could put the entire program at risk.

3. Dislike for some of the meals due to need to meet 33 1/3% of macro and micro nutrients with focus on high fiber and low sodium
   Justification: Nutritionally balanced meals is an essential component of healthy aging. Federal and state funding streams require this. Prior to shut down caused by the pandemic, the AAA met with the Nutrition Task Force (group of representatives from each center) monthly to review menus and make adjustments based on preferences as expressed by the majority. The AAA distributes meal satisfaction surveys on a regular basis throughout the year and conducts lengthy annual surveys to ensure preferences are obtained and menus are modified as indicated in response to client input.

4. Frustration that left overs are wasted and cannot be taken home
   Justification: It is a liability issue for County due to potential for food borne illness secondary to possible mishandling of food once it leaves the site

5. Prefer flexible meal options
   - Prefer access to meal when convenient for them as opposed to a scheduled time
   Justification: Congregate meals are prepared in the central kitchen and delivered to the site as part of the home delivered meal route. Strict time and temperature guidelines are in place dictating the time the meal must be served. The noon meal will be the only meal served from the central kitchen at this time.

Program regulations, requirements for cost control measures and mitigation of liability risks do not support flexibility to adjust policies in response to client input to improve satisfaction in areas as noted above. The proposed draft proposal is structured to provide maximum flexibility with respect to meals which will be discussed later. With respect to activities, a larger more diverse selection which includes more focus on assistance to caregivers, health and lifelong learning, resources to help with home management, navigation help with federal and state programs, is now included in this draft proposal. A
separate document prepared for the Cortland County Health & Human Services Committee that explored issues relative to activities and possible programmatic responses is provided along with this draft proposal.

2. Grant Application for Community Based Senior Centers

Overview

The Cortland County AAA grant application for senior centers seeks to implement a senior center hub located in or around the city of Cortland with a limited number of community-based satellite center sites strategically located throughout the county to ensure all older adults have reasonable access to services.

Senior Center Hub

Identify site for individuals age 60 and older to serve as a hub for services including but not limited to:

- Traditional subsidized congregate meal service available Monday – Friday
- Accessible meeting place available five days a week for a minimum of three hours per day
- Staffed by AAA employee and volunteers
- Tier Three activities plus – structured and non-structured offerings as listed in Mission, Core Areas and Key Activities of Senior Center referred to as Attachment A.
- Supplemental Restaurant voucher program will be offered
- Health and Wellness and/or personal growth activities may be offered through partner agencies off site
- AAA Core Services including Information and Application Assistance, Caregiver Support and Counseling, volunteer opportunities, Health and Wellness programming, educational activities, personal growth activities, and other activities as determined by a local needs assessment
- Volunteer led social and recreational activities as listed in Attachment A
- Accessible transportation to central hub to enable participation of older adults in outlying areas

The decision to issue a grant application for the senior center hub comparable to the process outlined in the next section for satellites or, to issue a grant application whereby the center is AAA directed and supervised with collaborative community partnerships, has not yet been finalized. Regardless of whether it is a community-based approach with AAA involvement or a AAA program with community agency participation, it is anticipated that the physical location of this center hub site may be temporary until a more suitable space can be found. A final decision on whether the senior center hub will be a fully community-based and supervised center or one partially supervised by AAA with collaborative arrangements with one or more community agencies will be rendered in May.

Community-Based Satellite Centers
In response to repeated stakeholder input that socialization is the primary attraction for a senior center and customer/client criticism of program regulations, this proposal fosters a partnership between the AAA and selected entities throughout the county for the provision of recreation and education activities. This proposal does not require or assume meals will be provided at satellite centers. The federal and state requirement for meal provision is fulfilled by the Senior Center Hub. Therefore, the satellites will be able to exercise maximum flexibility with respect to meal provision if they so choose.

A minimum of five grants will be awarded county-wide with an emphasis on geographic location as an effort to provide older adults reasonable access to socialization and services regardless of where they live. AAA funded meals will be accessed through transportation to the Senior Central Hub subsidized meals and/or a supplemental restaurant voucher program.

The restaurant voucher program has successfully been implemented in Washington, Erie and Chautauqua counties and is growing in popularity across the state as an effort to increase participation and provide the flexibility clients are seeking. The restaurant voucher program reinvests tax payer dollars into the community by supporting local restaurants.

Options for meal service at the Senior Center Hub include 1 through 4 and for satellite senior centers could include 2 through 4 which may involve a private pay model. However, it is important to note that the primary, regulatory compliant provision of meals will occur in the Senior Center Hub.

1) Subsidized Meals – traditional congregate setting. Family type dining (subject to Covid CDC guidelines).
   a. Hot noon meal
   b. Reservation needed
   c. Transportation to hub

2) Restaurant program – selected menu items as approved by Registered Dietitian
   a. Flexible – breakfast, lunch or dinner can be offered
   b. Agreements with local restaurants to offer selected meals
   c. AAA contracts with restaurant
   d. Offered under funding guidelines still includes customer/client contribution towards meal expense
   e. No reservation needed

3) Single Serve meals may be possibility pending approval by NYS Office for Aging
   a. Can be offered at a volunteer led site
   b. Verbal approval for smaller isolated sites such as Harford
   c. Meal drop off
   d. Reservations required
   e. Contributions and/or a private pay model

4) Grab and Go mobile meals – Not available at this time but may be a future option pending interest and NYS Office for Aging approval
a. Pre-packaged “bag” meals
b. Meal drop off
c. Reservations required
d. Contributions and/or a private pay model

Another important distinction from the former senior center approach in addition to meals is staffing. Satellite sites will not be staffed by the Area Agency on Aging or other county employee. Applicants may hire staff and/or provide services through core volunteers. A lead person must be identified as the primary contact responsible for oversight, communication and reporting. However, AAA staff will provide informational, educational, instructional and technical assistance services on an agreed basis as part of the local senior center program design.

2021 Time Line

April 19  Meeting with representatives from municipalities and host sites for senior centers under pre-covid program service delivery
April 22:  Presentation of draft proposal to Cortland County Health & Human Services Committee
May 15  Letter of Intent from parties interested in applying
        The letter of intent does not serve as a commitment
May 20  Presentation of Final Draft AAA Senior Center Proposal to Cortland County Legislature
June 1  Grant application released
July 23  Grant application deadline
August  Grant awards announced
September 1  Grant activities begin

It is understood that applicants may be at various levels of ability to begin programming. A time line for program start-up will be granted and addressed in the grant application.

The initial grant period will extend from September 1, 2021 through to December 31, 2022.

Individual Grant Application Process

Application for funding to enter into partnership with the Cortland County and the Area Agency on Aging to provide local opportunities for socialization and access to services to support health and wellbeing of individuals age 60 and older and their caregivers.
Open to Municipalities, faith-based organizations, senior clubs, and other community-based entities. Partnerships and collaborative relationships are encouraged.

All applications must conform to the following Standard Assurances:

1) Provide opportunity for older adults and their caregivers to gather, socialize and conduct activities that will include core areas and activities as specified in Attachment A.
2) Serve as a designated focal point for connection to services and programs available through the Area Agency on Aging and community partners through the provision of private and group meeting space.
3) Provide outreach activities to increase participation based on demographic data and targeting objectives as included in the Area Agency on Aging Four Year Plan as approved by the NYS Office for Aging and as identified through the applicant’s community needs assessment process for older adults and caregivers of older adults and individuals with disabilities.
4) Partner with the Area Agency on Aging to identify and provide outreach activities as specified in Attachment A to underserved and older adults in greatest social or economic need including but not limited to those older adults who are:
   a. Low income (OAA)
   b. Low income minorities (OAA)
   c. Individuals with limited English proficiency (OAA)
   d. Rural Residents (OAA)
   e. Native Americans (OAA)
   f. Institutionalized/at risk for institutionalization (OAA)
   g. Individuals with Alzheimer’s disease and related dementias (OAA)
   h. Individuals with disabilities (OAA)
   i. Caregivers for individuals with Alzheimer’s/related dementias and individuals with disabilities (OAA)
   j. Minorities (9NYCRR 6651.2(i))
   k. Frail (9NYCRR 6651.2(i))
   l. Vulnerable (9NYCRR 6651.2(i))
   m. LGBT (NYS Human Rights Law)
   n. Homebound (NYSOFA standard definition)
   As well as other locally identified populations in greatest social or economic need.

Senior Center Hub (TBD)

Community Based Satellite Grants

Satellite senior center grant applicants can apply for one of three levels of senior centers. As levels increase, so do the requirements for the number of open days and hours, and the number of structured and unstructured activities. The base requirements of Tier One also apply to Tier Two and Tier Three.

1. **Tier One: Social Connectivity – Recreation and Education**

Applicants will:

1. Provide an accessible meeting place for the 60 plus population to be available at least one day per
week for a minimum of three hours per day.

2. Conduct local needs assessment to identify gaps and barriers to services and supports experienced by individuals age 60 and older and caregivers of older people age 60 and older and solicit input from community for center activities and future direction.

3. Refrain from charging fee to attend and/or participate in activities. Exceptions may include travel, mini golf, dining out, painting class, pottery class, and other such activities.

4. Organize and schedule activities that involve older persons in courses, workshops, health promotion, and other learning activities to satisfy use of free time.

5. Implement measures to protect participants from financial exploitation and abuse and ensure presenters are reputable. Cannot show bias when securing speakers outside of the Area Agency on Aging or partner agencies. Must include fair representation from all providers and not exclusive to one in areas of: insurance, financial planning, and other for profit entities.

6. Provide additional individual and group programs to promote personal development and social enrichment for people age sixty and older.

7. Display AAA program and service information in prominent location.

8. Serve as focal point to provide time and private space preferably with internet connectivity for AAA and partner agencies to present and meet with clients regardless of level of participation in site activities (example: participant vs. non-participant).

9. Market and promote site and AAA activities in order to enhance the delivery of service and to increase attendance at said site.

10. Publicize the availability of these activities as appropriate and to give due recognition to the Area Agency on Aging and Cortland County.

11. Maintain adequate fiscal and program records so that expenses and benefits relating to the "County's" financial assistance are clearly identifiable.

12. Provide monthly reports to the Area Agency on Aging on program activities and elderly participation, both units of service and unduplicated count.

13. Allow the "County" the right to review financial records and report program activities relative to the "County's" funding of the program.

14. Refrain from charging fees, as a condition of participation, for any activities supported in whole or in part, by the "County."

15. Provide timeline for program implementation activities. This timeline will specify actions needed to include expected date of completion. Applicants should understand that older adults are eager for socialization activities to begin.
16. Participate in quarterly partnership meetings.

2. Tier Two: Health and Wellness through Social Connections and Health Promotion

In addition to Tier One requirements, goals and parameters:

- Increase frequency of an accessible meeting place for the 60 plus population to be available at least two days per week for a minimum of three hours per day.

- Implement a minimum of two Tier Two impact activities as listed in Attachment A on a quarterly and/or other regular basis.

- Additional activities to address barriers to supports as identified by local needs assessment will also be considered

3. Tier Three: Health and Wellness through Social Connectivity, Health Promotion and Community Supports

In addition to Tier One and Two parameters, applicants must:

- Increase frequency of an accessible meeting place for the 60 plus population to be available at least two days per week for a minimum of four hours per day.

- Implement a minimum of four Tier Three impact activities as listed in Attachment A on a monthly and/or other regular basis.

It is Mutually Agreed That:

No person, over 60 years of age will be denied access to services because of race, religion, color, national origin or sex.

All services will be targeted toward and made available to those most in need, socially and/or economically.

The Program will be accessible to the handicapped.

(Additional warranties and guarantees (i.e. standard boilerplate) language will be added in final draft.)

4. Mission, Core Areas and Key Activities of Senior Center (Attachment A)

Mission

Primary mission of the Center for Aging Well grant process is to foster older adult engagement in structured and unstructured activities that promote physical, mental, and spiritual growth with a focus on well-being geared to enable seniors to exercise more control over how, where and with whom they choose to live their life. Activities are designed to provide seniors the knowledge, skills and where appropriate, resources to help them achieve
and/or maintain a safe, secure, nourishing and emotionally fulfilling environment however they may define that term, acknowledging that term will evolve as seniors evolve through various aging stages. Based on national best practices, eleven (11) core areas will serve as a guide for those program activities required for each of the four levels of senior center programs: Tier One, Tier Two, Tier Three and HUB. By way of example, the chart below illustrates what areas and activities are required (X) for a Tier One Program.

### Core Areas and Program Key Activities

- Community Profile
- Outreach & Public Relations
- Health Promotion and Education
- Lifelong Learning
- Nutritional Self-Care and Support
- Health & Balance
- Fitness & Movement
- Financial Wellness
- Socialization and Recreation
- Physical and Emotional Safety and Support
- Public and other Community Resources

<table>
<thead>
<tr>
<th>Core Area</th>
<th>Key Activity</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>HUB</th>
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<tbody>
<tr>
<td>Community Profile</td>
<td>Initial and annual community-wide needs assessment based on targeted populations identified in senior center grant application</td>
<td>X</td>
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<tr>
<td>Outreach &amp; Public Relations</td>
<td>Planned periodic outreach using population specific and varied communication methods to build and expand senior citizen involvement in center activities</td>
<td>X</td>
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<tr>
<td>Health Promotion, Education, and Assistance</td>
<td>AAA Focal Point; Monthly Info &amp; Assistance by AAA</td>
<td>X</td>
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<td></td>
<td>Annual health screening including group nutritional review and counsel (the health welfare checkup)</td>
<td>X</td>
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<td></td>
<td>Semi-annual center customer feedback &amp; planning assessment</td>
<td>X</td>
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<tr>
<td>Socialization and Recreation</td>
<td>Regular informal and formal activities designed to encourage group interaction and participation in age and skill appropriate socialization activities such as games (cards, chess, bingo), field trips, pot lucks (for satellite programs only)</td>
<td>X</td>
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<td>** Regular formal activities designed to encourage group interaction incorporating gross and fine physical coordination abilities such as pottery, sewing, knitting, table tennis, scrapbooking etc.</td>
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<td>Nutritional Self-Care and Support</td>
<td>Periodic Individual nutritional assessment and counseling</td>
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<td></td>
<td>Semi-annual group instructional activities designed to strengthen and broaden meal planning and preparation activities</td>
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<tr>
<td>(AAA dietitian)</td>
<td><strong>Regular group instructional activities designed to strengthen specific skills for healthy meal planning and preparation activities (AAA dietitian)</strong></td>
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<td></td>
<td>Scheduled regular drop and serve meals (subsidized or non-subsidized?)</td>
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<td>Scheduled periodic meals (subsidized or non-subsidized?) example: birthday and/or holiday at a minimum of twice per month</td>
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<td></td>
<td>Collaborate with AAA for restaurant voucher program (subsidized)</td>
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<td></td>
<td>Implement private pay drop and go meals – Pilot program</td>
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**Public and Other Community Resources**

|  | Collaborate and coordinate with AAA directed transportation services to other senior center resources | X |
|  | Develop and/or identify individuals to provide generic informational, educational, skill or knowledge transfer services to centers | X |
|  | **Collaborate and coordinate with AAA to identify and/or incorporate individuals certified in approved courses or services for targeted populations** |  |
|  | Develop and/or collaborate with AAA to foster and maintain restaurant partnerships for a meal voucher program |  |

**Health & Balance**

|  | Baseline requirements are fulfilled under the Health Promotion section of Attachment A | X |
|  | **Quarterly health assessments on rotating issues such as blood pressure, physical balance, breathe, etc** |  |
|  | **Periodic provision of activities to strengthen breathing and balance such as chair yoga** |  |
|  | ** Provision of certified instructors to provide such courses as Bone Builders** |  |
|  | ** Provision of Evidenced-Based Health Promotion Programs meeting ACL/AAA’s definition for an evidenced-based. Prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, improved mental health, falls prevention, physical activity and improved nutrition** |  |

**Fitness & Movement**

<p>|  | Annual speaker or one day session addressing the importance and how-tos of regular physical movement for longevity and well-being | X |</p>
<table>
<thead>
<tr>
<th><strong>Limited multi-session course or program involving some fitness area such as dance therapy, yoga, light weight training.</strong></th>
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<tbody>
<tr>
<td><strong>Regular single or multi-session courses or programs involving a fitness area such as dance therapy, yoga, light weight training, light martial arts, light cardio</strong></td>
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<tr>
<td><strong>Lifelong Learning</strong></td>
<td>Bi-annual speakers and/or one day session addressing a topic of keen interest to the center’s customers</td>
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<td><strong>Limited multi-session course or program involving some lifelong learning area such as computer literacy, what are and how to use an app, how to raise container vegetables</strong></td>
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<td><strong>Regular single or multi-session courses or programs involving lifelong learning areas such as how to travel in your 70s and beyond, photography, birding, how to talk with your grandchildren when all they want to do is talk to their phone</strong></td>
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<td><strong>Financial Fitness</strong></td>
<td>Annual national and local individual finance update including how to identify and avoid a scam</td>
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<td><strong>Limited session or program addressing a financial competence and/or planning topic</strong></td>
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<tr>
<td><strong>Physical and Emotional Safety &amp; Support</strong></td>
<td>Establish process whereby target population can communicate a need for transportation, respite care, in-home safety and support, chore assistance, etc., on an on-going basis</td>
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<td><strong>Annual speaker on caregiving, the role, the challenges, available governmental funding, sources of on-going support and assistance</strong></td>
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<td><strong>Seminars and/or programs providing information, education, counseling support and/or training on how to be, and/or how to continue to flourish as, caregivers in one’s family.</strong></td>
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<td><strong>Provides transportation and/or escort to medical appointments, shopping, worship service, social activities</strong></td>
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<td><strong>Provides services and activities designed to support older people who are isolated because of physical and/or cognitive limitations. These services may include but are not limited to:</strong></td>
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<td><strong>Shopping assistance – shopping on behalf of an older person</strong></td>
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<tr>
<td><strong>Friendly visiting – A scheduled visit to an older person to provide socialization, recreation and the opportunity to observe and report the person’s condition and circumstances</strong></td>
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<tr>
<td><strong>Telephone Reassurance – Regularly scheduled telephone contact with an older person with follow-up as necessary</strong></td>
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</table>
Tier 3 only – Vetted assistance with paying bills and balancing checkbook

**Provides short-term substitute care and supervision of functionally impaired older individuals in order to offer their caregivers temporary rest and relief from caregiving responsibilities.

**Shoveling, lawn mowing, leaf raking, minor repairs to support safety (AAA).

**Periodic assistance with housekeeping chores

| Grant Funding                  | $3,500-$5,000 | $5,000-$7,500 | $7,500-$10,000 |

** Impact activities

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## 5. Additional Federal, State and County senior program information

### History

The Nutrition Program started in 1973. The program experienced growth for many years and was heavily supported by volunteers who assisted with meal service and recreation activities. Participation has gradually declined in the past 15 to 20 years and is consistent with the trend seen across the country. Contributing factors include older adults working longer due to delayed retirement and financial need, grandparents raising grandchildren, stigma associated with senior centers, and lack of engagement activities attractive to many individuals between the ages of 60 to well into their seventies and older for some. Many are physically active and engaged in community activities that support continual learning and personal growth. Local efforts to increase participation over the years includes the expansion of meals served to include breakfast and supper, outreach, and other measures including door-to-door invites. While centers experienced some level of success, participation continued to decline.

In 2020, the county reduced the number of days of operation for seven of the eight sites ensuring individuals had reasonable access to sites. In response to the rising costs of senior center operations and the continued decline in participation, the 2021 budget transitioned centers to meal sites open three hours per day serving as agency focal points for the AAA focusing on the provision of meals, nutrition counseling and education, application assistance, educational presentations, and service related activities.

### Overview of Nutrition Program
Healthy, nutritious, balanced meals are served to older New Yorkers, up to five days a week, in senior centers, senior clubs, senior housing complexes, town halls, and other community locations. There are approximately 1,000 locations across the state that provide meals and many kinds of social activities. Up-to-date information about wellness and healthy eating habits is provided to those who receive meals. Registered dietitians offer private nutrition counseling to older people with questions about diabetes, weight loss or gain, and healthy eating. Participants do not need to get meals to meet with the registered dietitians. Some community sites provide transportation for those who need help getting to one of the meal locations.

**Funding Streams:**

**Title IIIC-1 Congregate Nutrition Services – Older Americans Act - Federal**

The congregate meal settings provide the opportunity for social interaction and the delivery of support services such as recreation, nutrition education, shopping assistance, counseling and information and referral to other needs and services. Congregate programs are also coordinated with community based long term care efforts. Transportation and escort services are provided to allow older people to participate.

**Nutrition Services Incentive Program (NSIP) - Federal**

Historically known as Cash-in-Lieu of Commodity Foods at the AAA level. Funded by USDA until 2003 and was transitioned to the Administration on Aging. The program reimburses 100% of the cost of US grown food up to an entitlement rate per eligible meal served during the preceding federal fiscal year. The rate is adjusted annually and is derived from the federal appropriation divided by the number of eligible meals served nationally. The entitlement rate for the 2021 fiscal year is 74 cents per eligible meal.

**Wellness in Nutrition (WIN) – State**

WIN meals are home delivered meals serving as a key component of in-home services necessary to meet the needs of increasing numbers of older New Yorkers who require long-term care support or post hospital nutritional assistance. Eligibility guidelines are consistent with federal Older Americans Act IIIC-1: clients must be assessed; be age 60 and over, incapacitated due to accident, illness or frailty, and be unable to prepare their own meals. The WIN program is targeted to those who live alone, are over 75 years of age and are economically disadvantaged. WIN may also provide Congregate Meals.

In Cortland County, WIN funds help support home delivered meals and the Harford Senior Center.

**Contributions**

Section 315(b) of the OAA states that “Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under this act provided that the method of solicitation is
noncoercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.” AAAs and service providers may not means test for any service for which contributions are accepted or deny services to any individual who does not contribute to the cost of the service. OAA § 315(b)(4) requires AAAs to ensure that each service provider will: a) provide each recipient with an opportunity to voluntarily contribute to the cost of the service; b) clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary; c) protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution; d) establish appropriate procedures to safeguard and account for all contributions; and e) use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this Act.

Contracts

Prior to COVID, statistics show that people are living longer than we did in 1965. Baby boomers began aging into the 60 plus population in 2011 and traditional funding streams have not modernized to reflect the growing needs of older adults in the 21 century. The NYS Office for Aging is providing business acumen training to AAA’s to support the implementation of a for profit business model type of service delivery as an effort to increase revenues to expand and promote sustainable programming. To date the agency contracts with three insurance companies to provide home delivered meals to members regardless of age.

County Cost

Required match for the nutrition service delivery for both congregate and home delivered meals is $9,927. County cost for both congregate and home delivered meals far exceeds required match as seen below.

<table>
<thead>
<tr>
<th>Year</th>
<th>County Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$596,818</td>
</tr>
<tr>
<td>2016</td>
<td>$561,004</td>
</tr>
<tr>
<td>2017</td>
<td>$637,547</td>
</tr>
<tr>
<td>2018</td>
<td>$706,097</td>
</tr>
<tr>
<td>2019</td>
<td>$606,131</td>
</tr>
<tr>
<td>2020</td>
<td>$560,606</td>
</tr>
<tr>
<td>2021</td>
<td>$550,003</td>
</tr>
</tbody>
</table>
Senior Center Participation Analysis

<table>
<thead>
<tr>
<th>Center</th>
<th>Total Participants</th>
<th>Number of Cortland County Participants</th>
<th>Number Out of County Participants</th>
<th>1-2 visits per week</th>
<th>2 - 3 visits per week</th>
<th>3 - 4 visits per week</th>
<th>4 visits per week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cortland</td>
<td>316</td>
<td>282</td>
<td>34</td>
<td>246 (78%)</td>
<td>38 (12%)</td>
<td>11 (3%)</td>
<td>10 (3%)</td>
<td>11 (4%)</td>
</tr>
<tr>
<td>Harford</td>
<td>88</td>
<td>61</td>
<td>27</td>
<td>70 (80%)</td>
<td>6 (7%)</td>
<td>4 (5%)</td>
<td>5 (8%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>Homer</td>
<td>173</td>
<td>153</td>
<td>20</td>
<td>143 (83%)</td>
<td>13 (7%)</td>
<td>10 (6%)</td>
<td>5 (3%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>McGraw</td>
<td>79</td>
<td>74</td>
<td>5</td>
<td>58 (74%)</td>
<td>6 (8%)</td>
<td>3 (4%)</td>
<td>8 (10%)</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>Marathon</td>
<td>99</td>
<td>85</td>
<td>14</td>
<td>80 (81%)</td>
<td>6 (6.5%)</td>
<td>7 (7.5%)</td>
<td>0</td>
<td>4 (4%)</td>
</tr>
<tr>
<td>Scott</td>
<td>122</td>
<td>89</td>
<td>33</td>
<td>90 (74%)</td>
<td>18 (15.5%)</td>
<td>3 (3%)</td>
<td>5 (4.5%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Truxton</td>
<td>55</td>
<td>50</td>
<td>5</td>
<td>45 (82%)</td>
<td>7 (13%)</td>
<td>2 (3%)</td>
<td>1 (2%)</td>
<td>0</td>
</tr>
<tr>
<td>Willet</td>
<td>137</td>
<td>90</td>
<td>47</td>
<td>100 (73%)</td>
<td>15 (11%)</td>
<td>4 (3%)</td>
<td>6 (4%)</td>
<td>10 (8%)</td>
</tr>
</tbody>
</table>

When cost is applied to participation levels, return on investment is negatively impacted based on numbers alone.

Work group members recognize that numbers are only one variable and understand the depth of impact socialization has on an older person regardless of the number in attendance.

2020 attendance is not included due to early closure secondary to pandemic.

Eligibility

Anyone 60 years old or older is eligible. This is not an income-based program. The spouse of an individual 60 and older is eligible. Any person with a disability younger than 60 is living with an individual 60 and older may receive home delivered or congregate meals. When a community dining site is open in a housing complex for older adults (primarily), people with disabilities who live there may get meals, as well.

Cost to Client
There is no charge for meals, nutrition information or counseling, but each person is given the opportunity to make a suggested voluntary contribution for meals. All contributions are used locally to help serve more people. Some programs also provide the opportunity to make a suggested voluntary contribution for nutrition counseling.

**Senior Center, Recreation and Education** - Activities organized and scheduled through the AAA or its contractors which involve older persons in courses, workshops, other learning activities and satisfying use of free time.

**Program Data**

There are three populations served through congregate sites:

- Individuals who rely on and need a nutritional balanced meal
  - It may be the only meal they eat for the day due to financial reasons, cognitive impairments, or simply don’t want to cook for one person
  - Likely to consume foods high in sodium, sugar and fat contributing to poor nutritional status and exacerbation of symptoms related chronic disease such as diabetes and cardiovascular conditions.
- Older adults who want and need socialization and consider the meal a secondary service
  - They do not need the meal but enjoy the service
- People who do not eat meals but attend centers for socialization and activities