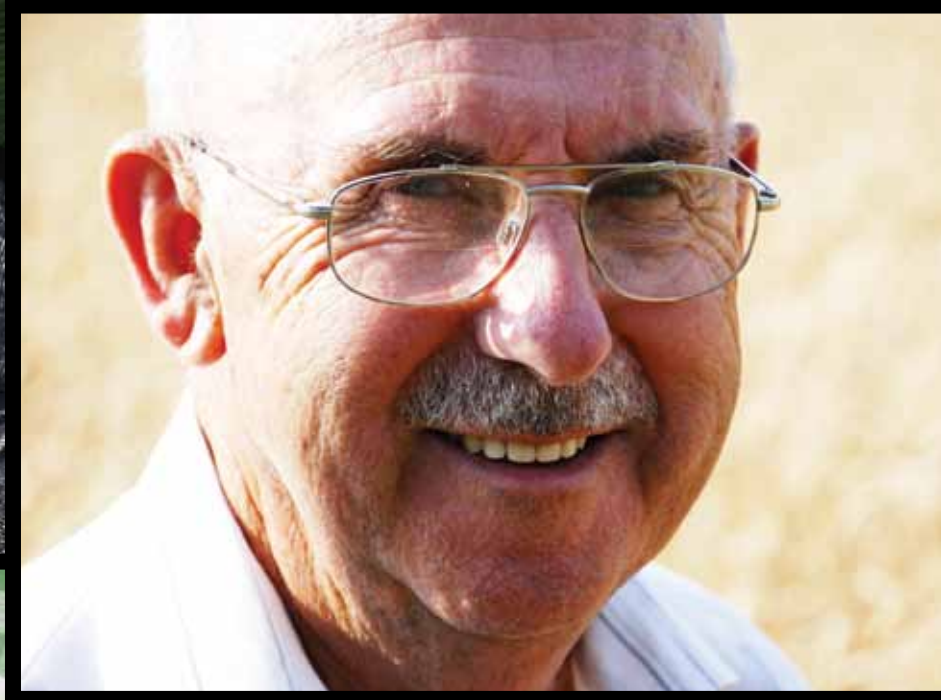


Provided by
North Dakota
Senior Service Providers
(NDSSP)



Feeding Grandpa

A 2015 Legislative Document

“ A tremendous “Thank You!” Today, January 27, is a beastly below zero day and, despite the awful cold, a lovely gray-haired lady delivered my hot meal about 11:00 a.m. ”

— Meals on Wheels client, Grand Forks, N.D.

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If you only have five minutes, read this

We are North Dakota Senior Service Providers (NDSSP) and one of the things we feel most passionate about is **Feeding Grandpa** (and Grandma too).

Feeding Grandpa is our 2015 campaign to educate legislators about the Nutrition Programs we provide to older adults in the state of North Dakota and why it is important to support these programs.

Our Nutrition Programs are made up of three parts:

- **Senior Dining:** where older adults gather together for nutritious meals and fellowship (in government-speak we call this Congregate Meals)
- **Home-Delivered Meals:** meals delivered to homebound older adults (often referred to as Meals on Wheels)
- **Non-Federal Meals:** these meals provide important nutrition options for seniors, but currently do not receive Older Americans Act funding because they do not fit within Senior Dining or Home-Delivered Meals programs. Examples of non-federal meals are frozen congregate meals, nutritional supplements (such as Ensure), and take-out meals.

Why **Feed Grandpa**?

- Grandpa wants to remain in his home as long as possible and our Nutrition Programs help him do that
- Feeding Grandpa nutritious meals keeps him healthy
- Keeping Grandpa healthy keeps him out of the hospital and the nursing home
- Keeping Grandpa out of the hospital and nursing home saves our state a lot of money in reducing Medicaid costs
- Saving our state a lot of money saves us all in taxes and, of course, helps Grandpa

It makes financial sense to Feed Grandpa and it's the right thing to do. Currently in the state of North Dakota, those agencies which provide meals to Grandpa and Grandma do not get paid for all the meals they provide. This needs to change.

**We are asking for your support to fund a
basic unit rate for ALL senior meals in the
Department of Human Services budget.**

This is the gist of it, my friend.

For the numbers that back up why it makes sense to **Feed Grandpa**, read on.

The Aging of North Dakota

America and its communities, including the state of North Dakota, are aging and aging rapidly. The baby boomer generation, born between 1946 and 1964, has entered retirement age. One third of the total population of North Dakota is part of the baby boomer generation (Rathge, 2007). Such a demographic shift will increase the number of people over the age of 60. As people live longer, the number of people over the age of 85 increases. North Dakota is already seeing significant increases in the oldest-old population. From 2000 to 2010, the number of people over the age of 85 grew 13.3%; however, the number of North Dakotans age 90 and over grew 23.5%. This information is important because people over the age of 85 are the most likely to need the support of family, friends, and the community to remain living independently (National Association of Area Agencies on Aging & MetLife Foundation, 2007).

The Aging of North Dakota

Age Group	2010 Census	2020 Projected	% Increase
60 and older	133,350	170,117	28%
85 and older	16,688	20,106	20%

Information provided by ND Dept of Human Services, *The Graying of North Dakota 2000-2020*

“ At my age, I live alone and find it hard to fix a well-balanced meal for one person. I truly find it difficult on a retired income with the rise in grocery prices in Dickinson. I’m grateful for this service. The staff is a wonderful group of people who seem to enjoy the service they give to the elderly generation.” ”

— Meal client, Dickinson, N.D.

Nutrition Program (OAA Title III C)

What is it?

What's its purpose?

Who does it serve?

Enacted in 1965 via the Older Americans Act (OAA) Title III, funding flows to the state from the Administration for Community Living (ACL).

The purpose of the Nutrition Program is to:

- Reduce hunger and food insecurity in older adults
- Promote socialization of older individuals
- Promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services

The federal Nutrition Program consists of two primary components:

- **Congregate Nutrition Services** (providing nutritious meals for seniors in a social, group setting)
- **Home-Delivered Nutrition Services** (providing meals for homebound seniors)

The nutrition programs are required to give priority for services to the following older adults:

- Those residing in rural areas
- Those with greatest economic need
- Those with greatest social need
- Those with severe disabilities
- Those with limited English proficiency
- Those with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caregivers of such individuals
- Those at risk for institutional placement

“ I get to share good meals with friendly and interesting people. ”

— Congregate Meal Client, Hettinger, N.D.

North Dakota Senior Service Providers

Who are we?
Who do we serve?

North Dakota Senior Service Providers (NDSSP) is comprised of agencies which provide services to older adults across the entire state of North Dakota. Here is a list of the member agencies of NDSSP which provide both congregate and home-delivered meals at the local level.

Region 1

Williston Council for the Aging

Region 2

Minot Commission of Aging

Kenmare Wheels & Meals, Inc.

Tri County Senior Meals & Services, Rugby

Region 3

Senior Meals and Services, Inc., Devils Lake

Cavalier County Senior Meals & Services

Nutrition United Inc. /RCSMS, Rolla

Region 4

Greater Grand Forks Senior Citizens Assoc., Inc.

Pembina County Meals & Transportation

Walsh County Nutrition Program

Region 5

Valley Senior Services, Fargo

Region 6

Dickey County Senior Citizens

James River Senior Citizens, Jamestown

South Central Adult Services, Valley City

Region 7

Mandan Golden Age Services

Burleigh County Senior Adults Program

Kidder Emmons Senior Services

Mercer McLean Counties Commission on Aging

Region 8

Elder Care, Dickinson

Statement of the Problem

Currently there are **215 meal sites** in North Dakota serving **13,644 congregate clients** and **5,215 home-delivered meal clients** (Aging Services, 2014). Over 70% of these clients are from the rural areas (Aging Services, 2014). In federal fiscal year 2013, **607,572 congregate meals** and **512,171 home-delivered meals** were provided across the state (Aging Services, 2014). According to North Dakota Senior Service Providers (NDSSP), an additional 64,000 non-federal meals were also provided with local funding.

In 2013, North Dakota Senior Service Providers (NDSSP) received basic unit rate **funding for only 80% of the meals provided**. We are asking to be **reimbursed for ALL of the meals** we provide just as many other agencies and nursing homes are reimbursed for all of their services.

The following research will show that providing meals to seniors keeps them healthier and helps them remain in their home setting and out of costly nursing homes, thus **saving the state Medicaid dollars in the long run**. It will also show funding has not kept up with meal costs, thus putting these programs in jeopardy of cuts, waiting lists, or elimination.

“ You have made it possible to return home and remain independent. I live on the third floor with no elevator. It's very difficult for me to get groceries upstairs. Thanks to friends and service programs, you make independent life possible. ”

— Joe, Bismarck, N.D.

FACT STATEMENT #1

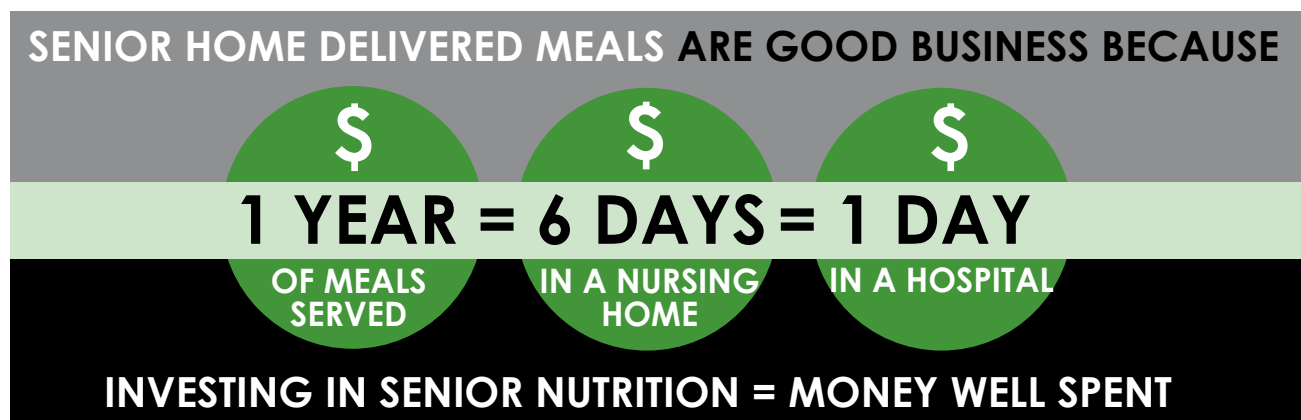
Congregate & home-delivered meals are cost effective

“ The cost of one day in the hospital is equal to one year of Home Delivered Meals. ”

(Wunderlich, Bai, & Piemonte, 2010)

Many of the chronic health conditions which result in frailty and disability, loss of independence, and reduced quality of life in older adults are preventable at a low cost through lifestyle interventions incorporating proper nutrition and physical activity (Wunderlich et al, 2010). Clearly preventive services, such as those provided by NDSSP, are crucial for saving valuable health and long-term care dollars. **The more successful we are at providing nutritious food to older adults in their homes, where they prefer to be, the less money we will spend overall** (U.S. Committee on Health, Education, Labor and Pensions: Subcommittee on Primary Health and Aging, 2011).

The congregate meal program has been found effective in improving physical health, emotional health, and the quality of life of the older adult population (Wunderlich et al, 2010). An analysis by the Administration on Aging confirms that OAA Title III services play an important role in helping elderly adults remain living independently in the community (Altshuler & Schimmel, 2010). In fact, **ninety-two percent of home-delivered meal clients report that meals allow them to remain in their homes** (Meals on Wheels Association of America, 2014).



Source: Meals on Wheels Association of America, 2013.

FACT STATEMENT #2

Senior hunger is growing in N.D. and it will impede successful aging

“ North Dakota is losing ground in the war on senior hunger and food insecurity. The percent of seniors facing the threat of hunger rose 42.4% from 2011 to 2012. ”

(Ziliak & Gundersen, 2014)

Food security is the knowledge that food is available to you. On the other hand, food insecurity is the very real threat of hunger. **Food insecurity is associated with a host of poor health outcomes; while food security and good nutrition are key factors in successful aging.** Together they help reduce disease-related disability, promote health and active engagement with life, and support increased mental and physical functioning (State Units on Aging, 2006). Research shows consuming a healthy diet and being physically active are more important than genetic factors in avoiding the declines associated with aging (State Units on Aging, 2006). The role of nutrition in maintaining the health of older adults involves both the prevention of malnutrition and the management of common chronic disease conditions.

North Dakota is losing ground in the war on senior hunger and food insecurity. The percent of seniors facing the threat of hunger rose 42.4% from 2011 to 2012 (Ziliak & Gundersen, 2014). **Out of those North Dakota seniors who face the threat of real hunger, the majority have incomes above the poverty line. These seniors are younger and they are white** (Ziliak & Gundersen, 2014). Some reasons for the sharp increase are: North Dakota's exploding economy has brought the challenges of increasing or abnormally high rents; other cost of living expenses increasing rapidly such as food and gas, while most seniors live on fixed incomes that cannot absorb these increases; and physical and mental disabilities that may prevent a senior from continuing to work.

FACT STATEMENT #2 (cont.)

Nutritional status is closely associated with an older person's ability to function and remain independent. The goal of improving nutritional status through adequate dietary intake is to prevent the occurrence of malnutrition which occurs in both underweight and obese individuals (Institute of Medicine, 2000). Seniors at risk of hunger (Feeding America & NFESH, 2014) were:

- 50 percent more likely to be *diabetic*
- Twice as likely to report fair or *poor general health*
- Three times more likely to *suffer from depression*
- 30 percent more likely to report *at least one Activities of Daily Living (ADL) limitation*
- 14 percent more likely to have *high blood pressure*
- Nearly 60 percent more likely to have *congestive heart failure or experienced a heart attack*
- Twice as likely to report having *gum disease or asthma*

Hospitalized older adults suffer from many adverse effects when malnourished.

They have poor outcomes and poor wound healing, which increases the time spent in the hospital and makes them more likely to be readmitted. Their immune system is weakened, increasing the risk of infections. Their medications do not work as effectively and many cannot continue critical treatments such as chemotherapy. They suffer muscle weakness which leads to an increased risk of falls and fractures (Waters, 2014). Unaddressed, malnutrition and the fractures it causes result in nursing home placement in many cases (Institute of Medicine, 2000).

“ Meals are well-balanced, healthful, inexpensive and affordable, even for those living on only Social Security. ”

— Eloise, Bottineau, N.D.

FACT STATEMENT #2 (cont.)

Nutrition keeps older adults healthier by reducing the risk of chronic diseases and related disabilities. Nutrition is central to chronic disease treatment and management. All top nine chronic health conditions in older adults (heart disease, hypertension, stroke, emphysema, asthma, chronic bronchitis, cancer, diabetes, and arthritis) have dietary and nutritional implications. Obesity is a risk factor for many of these chronic conditions. Obese older adults are more likely to become disabled and report difficulties with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) which impact their functional independence (Reynolds, Saito & Crimmins, 2005).

Informal, unpaid family caregivers are another group of people affected by malnutrition. These caregivers provide a critical function in our state: they provide the majority of care for underserved populations, including those seniors residing in rural settings, those seniors suffering from dementia, and those seniors receiving hospice care. **The caregiver must be concerned with his or her own nutritional status as well**, but so often the stress of caregiving may place him/her at malnutrition risk through skipped meals or unhealthy meals and inattention to the management of one's own chronic diseases or conditions. **The ability for the caregiver and care recipient to receive nutritious meals delivered to the home relieves one burden from the caregiver.**

Because NDSSP is part of the OAA Title III Nutrition Program, we comply with the latest edition of the *Dietary Guidelines for Americans* and the *Dietary Reference Intakes*. These menu requirements recognize the specific nutrient requirements of an aging population. Meal programs target older high-risk populations such as low income, rural, and minority populations. Because of this, these clients have significantly better nutrient intakes than those not receiving services (Institute of Medicine, 2000). The ability to provide meals tailored to older adults helps prevent nutritional deficiency, reduces the risk of chronic diseases, and improves health over the long term (SUA, 2006).

“This program keeps elderly people in their own homes longer and families know their parents are eating healthy. Please keep up this program.”

— Beverly, Drake, N.D.

FACT STATEMENT #3

Money is saved by the state because NDSSP clients, many whom are candidates for expensive nursing home placement, are receiving community-based nutrition services which allow them to remain at home.

Altshuler and Schimmel (2010) identified the following factors as leading to increased risk of nursing home entry:

- *Demographic characteristics:* Older individuals and those who are non-Hispanic white
- *Socioeconomic characteristics:* Individuals with low incomes
- *Health status and physical functioning:* Those with certain health conditions (such as cognitive impairment, cancer, high blood pressure, diabetes, and a history of strokes and falls) and those who have difficulty performing Activities of Daily Living (ADLs)
- *Prior healthcare utilization:* Individuals who have spent time in a hospital or in a nursing home
- *Living arrangements and family structure:* Those who live alone (including widowed and divorced individuals), do not own their own home, and have fewer children
- *Availability of support:* Individuals who lack caregiver support

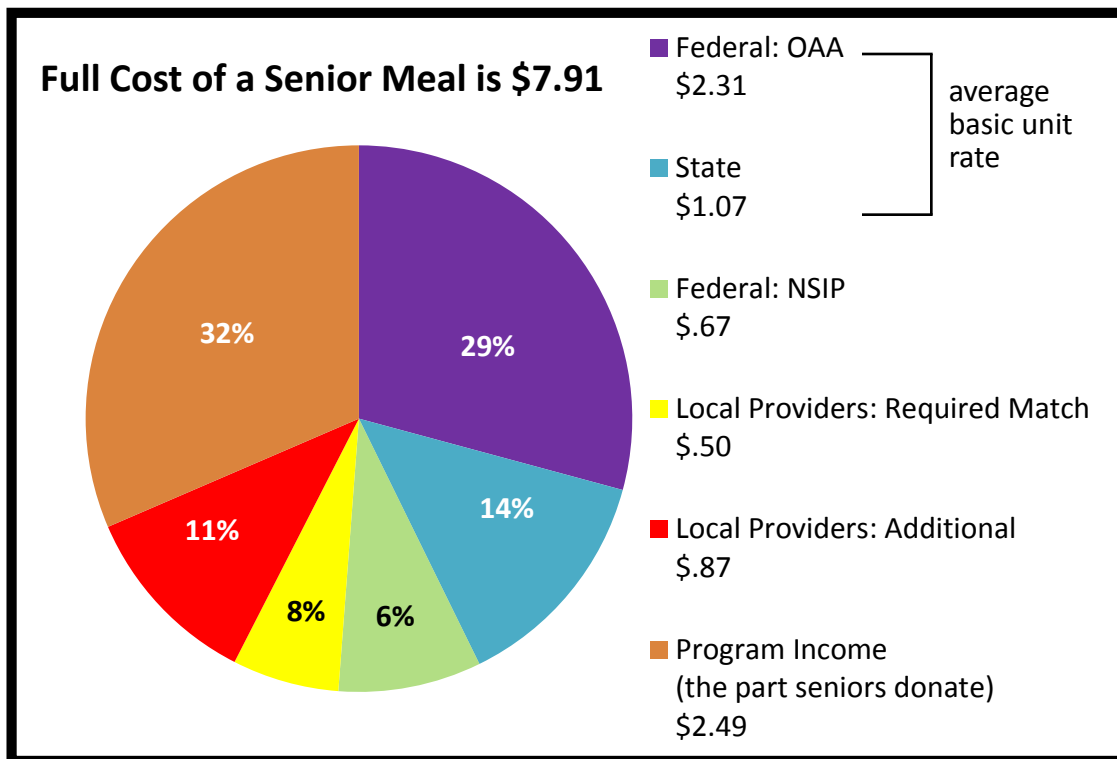
Title III participants share many of the characteristics that make older adults more vulnerable to nursing home admission. They are older than their peers; more likely to live in poverty, live alone, and not be married; have no local caregiver; and have multiple health conditions (Barrett & Schimmel, 2010). In federal fiscal year 2013, 228 of the 5,215 home-delivered meal clients scored with 3+ ADL (Activities of Daily Living) limitations AND were Medicaid eligible (Aging Services, 2014). This is a conservative estimate of the nursing home eligible clients on Home Delivered Meals. The average cost of a year of North Dakota nursing home care was \$78,044 (ND Long Term Care Association, 2013). **Consider the tremendous savings by keeping these seniors where they want to be, at home.**

The Medicaid cost to the state for nursing home care for these 228 people would have been \$17.8 million in 2013.

FACT STATEMENT #4

Funding for meals is lagging behind ever-increasing costs and the long-term aging of the population

The average full cost to provide a senior meal was \$7.91 in 2013 (Aging Services, 2014). Below is a chart identifying where the money came from in 2013 for these senior meals.



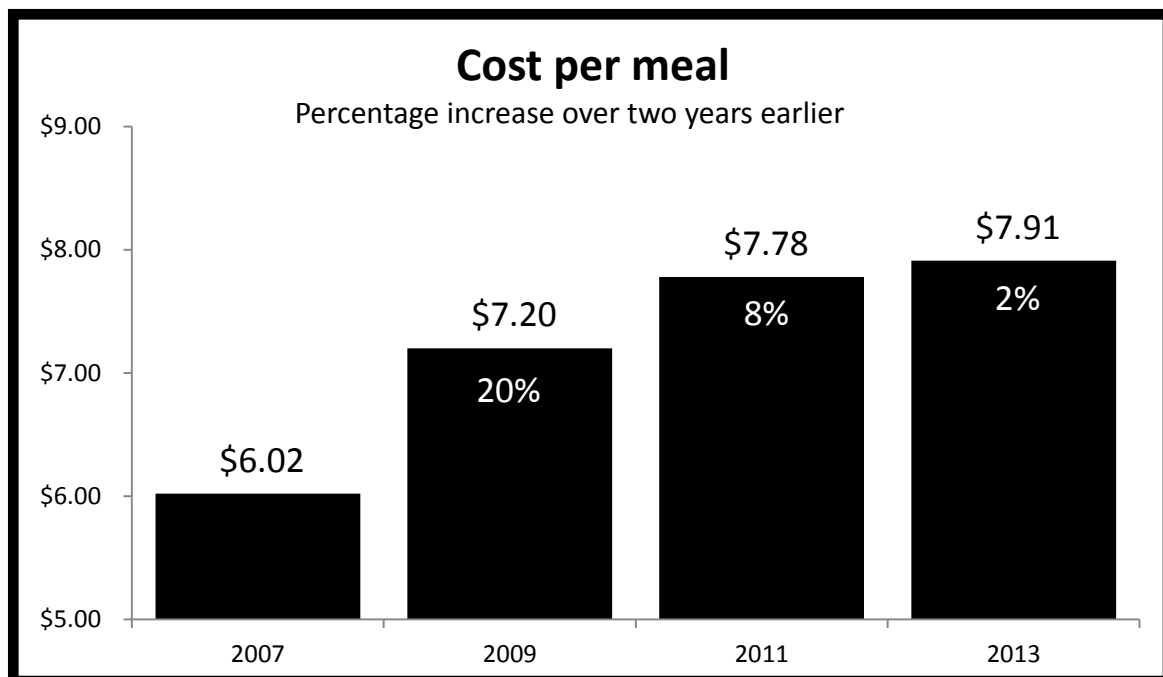
Volunteers across the state who assisted with meals for seniors either at dining sites or for home-delivered meals allowed senior nutrition programs to spend their funds on food, not on additional labor costs. **Thousands of hours of free labor were provided for these programs by meal volunteers in 2013.** This amount, while extremely significant, is not included in the graph above.

FACT STATEMENT #4 (cont.)

The average cost of a senior meal has increased 30% in the past six years. While the state has added additional funding in the 2009, 2011, and 2013 state legislative sessions, it has not been enough to keep up with inflation.

In federal fiscal year 2013, 607,572 congregate meals and 512,171 home-delivered meals were provided across the state. Of these meals, **over 174,500 meals received no federal or state funding**. This brings down the average reimbursement of what the Federal and State Funds provided to \$3.38/meal. An additional 64,000 non-federal meals were provided with only local funding. Why is this important? With a significant increase in the aging population, **local agencies are finding they cannot keep up with increasing costs without assistance**. There is no incentive to open new meal sites, extend days/hours of operation or provide non-federal meals.

In past sessions, NDSSP has only looked to fund a basic unit rate on the Older American Act (OAA) Nutrition Program eligible meals. But there are other meals being served, and could be expanded, in order to meet the changing needs of the state's older generations. Take-out meals are not allowable federal meals under OAA, but can provide great nutritional support to working older adults, many who are working due to insufficient income to pay their bills. Frozen congregate meals were no longer allowable in the 2012 contracts with Aging Services. Many seniors across the state were using these meals to meet their nutritional needs for evenings, weekends and holidays when congregate meal sites are usually closed. Nutritional



FACT STATEMENT #4 (cont.)

supplements, such as Ensure, were also no longer allowable in the 2012 contracts unless that was the client's only source of food. Many older adults were using these highly nutritious supplements as meal replacements due to chewing and swallowing difficulties, chemo treatments, or convenience for people who don't cook.

North Dakota has the means to fund these additional non-federal meals. The meals can still meet OAA nutrient requirements, but be funded with state money. NDSSP is asking that these meals be included in the request to fund a basic unit rate for ALL meals, OAA eligible and non-federal. This will be a huge move toward meeting the nutritional needs of ALL seniors across the state. Please refer to page 17 for the math for the additional state funds required to meet this need.

We look to the state as a natural partner in helping us to meet this need due to the savings the state will realize in Medicaid spending.

Without sufficient funding to provide a basic unit rate for ALL of the meals we serve, agencies will have to set limits on the number of meals we can provide, implement waiting lists, or even close some meal sites. All of this will affect the ability of the senior population to age at home. As our senior population continues to grow, we need to work collaboratively in a proactive way so essential services will not be cut. This will help seniors remain in their homes and out of costly nursing homes as long as possible.

“ My Meals on Wheels volunteers not only warm my body, they warm my heart. ”

— Janet, Grand Forks, N.D.

Conclusion

For almost fifty years, the Older Americans Act Title III Nutrition Programs have provided North Dakota older adults with the nutrition resources they need to remain where they want to be — healthy and in their own homes. The state has always been fiscally conservative. An increase in the state funds needed to support a basic unit rate for all meals is a fiscally conservative step to take.

Please do not underestimate the value and cost-effectiveness of a relatively small investment into the state senior nutrition programs that prevent or mitigate extremely costly expenditures in Medicaid.

Providing adequate food to older adults is a vital service which will ensure our parents and grandparents can remain independent for as long as possible. Furthermore, at a time when rising Medicaid costs are a growing concern,

funding nutrition programs is a commonsense state investment that will reduce the burden on the Medicaid program.

These vital nutrition programs have been extraordinarily successful in specifically targeting the needs of a diverse range of urban and rural communities across the state both in home-delivered and congregate meal settings. They remain the most cost-effective way to support a dignified, healthy retirement for thousands of our state's senior citizens. Please do all you can to support **Feeding Grandpa**.

See page 17 for the "Older Americans Act Nutrition Services Increases in State Funds Needed for the 2015-17 Biennium." This worksheet shows the necessary additional state funding needed to provide a basic unit rate for all meals served in the senior meal programs.

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Call to Action

If you only have five minutes, take action
to **reduce Medicaid spending** and
support a basic unit rate
for ALL meals served in the
senior nutrition meal programs.

Thank you!



State Funds Needed for the 2015-17 Biennium

OLDER AMERICANS ACT NUTRITION SERVICES

August 2014

INCREASES IN STATE FUNDS NEEDED FOR THE 2015-17 BIENNIUM

Statement of Purpose: Title III Older Americans Act Service Providers are requesting to be paid the basic unit rate of \$4.60 for ALL senior meals that are provided statewide.

The current amount of Federal-State money is not sufficient to pay for all meals.

Note: The \$4.60 meal rate covers only part of the total cost of the meals.

Local match is required for each meal provided. Voluntary contributions from clients and additional local funds cover the rest of the cost of each meal provided.

See page 11. Figures used in this document come from the most recent Aging Services State Program Report dated October 1, 2012 - September 30, 2013.

1. Federal and State Funds Needed to Pay for All Meals

SERVICE	NUMBER OF MEALS PROVIDED October 2012 - Sept 2013	UNIT RATE NEEDED PER MEAL	TOTAL FED - STATE FUNDS NEEDED
Congregate Meals	607,572	\$4.60	\$2,794,831
Home Delivered Meals	512,171	\$4.60	\$2,355,987
Non-Federal Senior Meals	64,000	\$4.60	\$294,400
Federal/State Funds Needed to Pay a Unit Rate for All Meals			\$5,445,218

2. Estimated Federal and State Money Available

Congregate Meals	Federal Money	\$1,591,372
Home Delivered Meals	Federal Money	\$993,315
State Funds to Providers-Current (1/2 of \$1,264,502)	State Money	\$632,251
State Equalization Funds for Meals (1/2 of \$2,750,000)	State Money	\$1,375,000
Total Federal and State Meal Funds Expected for One Year		\$4,591,938

3. Shortfall in State Funds Needed to Pay for all Meals - 1 yr

(\$853,280)

4. Shortfall - State Funds Needed to Pay for Meals -Biennium

(\$1,706,560)

5. Current Line Item for State Funding for Meals (2013-15 Budget)

\$2,750,000

6. Shortfall - State Funds Needed to Pay for Meals -Biennium

\$1,706,560

7. TOTAL LINE ITEM NEEDED FOR STATE FUNDS FOR MEALS

\$4,456,560

Document from North Dakota Senior Service Providers, August 2014

North Dakota Senior Service Providers

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Bismarck, ND 58502-2264

Phone 701-224-1815

e-mail: ktupa@aptnd.com

Thank you!

North Dakota Senior Service Providers would like to thank the 2013 ND Legislators for their support of Feeding Grandma. A total of \$1.55 million/ biennium was added to Congregate and Home Delivered Meals across the state.

“The North Dakota Senior Service Providers (NDSSP) provide nutritional meals to seniors in congregate settings and home delivered meals to those that are home bound. This program saves the state of North Dakota millions of dollars every year because grandpa and grandma can stay in their own home. The alternative, many times, is to place grandpa and grandma in a nursing home on public assistance where the costs are much greater. The tax payers are getting a big bang for each dollar invested in the NDSSP Nutrition Programs, however the most important aspect is the quality of life for these seniors to be able to live in their own homes and receive nutritious meals.”

—*State Senator Rich Wardner*

“As we age, being able to remain as long as possible in a familiar home setting is a goal for which we all strive. Situations where seniors can gather with friends for a nutritious meal also include the socialization so important to maintaining a healthy lifestyle. Interacting with others at a group site or just with someone delivering the meal to your home may also provide early warnings of potential health problems, warding off much higher healthcare expenses that result from delayed treatment and a move to a nursing home. Senior citizen home-based and congregate meals provide multiple benefits to the individual, their family and the State of North Dakota.”

—*State Representative Rick Holman*

“The Senior Meals Programs are an internal factor in promoting independent living for our senior citizens. These programs not only provide nutritional benefits for each individual, but also offer social interaction with others that promotes a healthy and wholesome lifestyle. I am proud to support these essential programs in all of our communities.”

—*State Representative Jon Nelson*

“I had the opportunity to shadow a Meals on Wheels volunteer in March 2014. What a wonderful experience. Besides making it possible for many of these seniors to stay in their own homes, rather than a long-term care facility, this daily contact with volunteers from the Senior Center is their daily connection to the community. In many cases these volunteers delivering meals are the first line of defense in finding out if something is going wrong with grandma or grandpa. The state would be wise to continue investing in this critical program that pays dividends to our seniors and to our taxpayers.”

—*State Senator Ray Holmberg*

“South Central Adult Services provides essential services to many citizens in Griggs County. Whether meals are provided through in-home delivery or in a congregate setting, this vital service provides valuable nutritional benefit for elderly, homebound, and disabled individuals throughout our region.”

—*State Representative Don Vigessaa*