

Improving Home Food Delivery to Seattle's Hungry and Homebound

Understanding how local home food delivery
works and recommendations to strengthen it

Prepared for
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Homelessness Intervention and Block Grant Administration

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Executive Summary

Home food delivery is a critical service in Seattle. While many hungry people can go to food banks or congregate meal sites, homebound vulnerable seniors, people with disabilities, and people with chronic illnesses are unable to do that. **Hungry, homebound people in Seattle face multiple barriers** to accessing food including not knowing who to call for help, lack of transportation, dietary restrictions, inability to prepare meals, mental illness, and other physical constraints. These populations have limited options for procuring food. To bridge this lack of access and decrease barriers, non-profits, faith communities, and other human service **providers established meal and grocery delivery programs to bring food to this homebound population.**

Seattle's network of home food delivery programs has been developing over the past few decades. **In 2006 the City of Seattle joined the list of funders contributing to home food delivery** programs in Seattle.

The City of Seattle has recently increased funding for home food delivery, which has prompted staff of the City of Seattle Human Services Department to **seek an objective and comprehensive understanding of home food delivery programs**, its place in the larger emergency food system, and how funding for it serves the community. This report provides an overview of how home food delivery works in Seattle, how funders help and may hinder it, and how the Seattle Human Services Department can contribute to strengthening the home food delivery network.

Seattle is home to two types of home food delivery programs: meal and grocery delivery programs. Home food delivery programs are often one program among many that human services providers and food banks offer. **Grocery delivery** in Seattle is tethered to food banks. Food banks assemble grocery bags from donated food on site (as they do for clients able to come into the food bank) and deliver those bags to low-income, homebound people free of charge. **Meal delivery** in Seattle is typically run by non-profit providers who either cook meals in-house or order them from meal preparation businesses. For some meal programs nutritional requirements, cultural relevance, and consumer choice influence meal content. Meals may be delivered hot or frozen.

Home food delivery programs in Seattle are independent yet communicative. The programs handle their intake processes, delivery patterns, data management and reporting, and soliciting of client feedback in ways they feel best serve their clients. The programs try to remain communicative via coalitions and partnerships that meet regularly.

Funding for these programs is disbursed through a variety of sources including the Homelessness Intervention and Block Grant Administration (HIBGA) and Aging and Disability Services (ADS), both part of **the City of Seattle's Human Services Department.**¹ HIBGA disburses City of Seattle General Fund monies across Seattle and ADS disburses federal Older Americans Act monies across King County, including Seattle. HIBGA wants to explore the possibility of coordination with ADS. **Coordination between HIBGA and ADS would require considerable planning, technical assistance, and negotiating the restrictions ADS faces** as the King County broker of federal monies. A HIBGA-ADS collaboration might lead to only minor improvements in data reporting for food delivery programs and possibly no significant improvement to service to hungry people.

Right now, the City of Seattle lacks a road map for how to improve home food delivery and there is a dearth of documented best practices for food delivery from other communities. **To improve home food delivery across Seattle, HIBGA must (1) define its priority goals and**

¹ While ADS is a division of the Seattle Human Services Department, it also works in partnership with King County and United Way as the King County Area Agency on Aging. ADS' combined city and county service area and its brokering of federal monies can be confusing.

outcomes, (2) identify those to pursue with other stakeholders, and (3) determine roles for leading the various changes.

The consulting team was asked to suggest policy options to aid HIBGA in framing how it can influence food delivery in Seattle. The consulting team offers the following goals and principles as a tool for further deliberation and development of policies.

Proposed goals

- Provide sufficient nutritional and culturally appropriate food so homebound hungry people have three meals a day.
- Ensure homebound hungry people have access to food delivery services.
- Make it easy for homebound hungry people to obtain home food delivery with dignity.
- Collect only data that provide a reasonable level of accountability and are used for substantial improvements in client service.

Proposed principles

- Work with other funders and providers to provide a coherent, consistent, simplified system for homebound hungry people to obtain needed food.
- Assume there is very little fraud and that efforts to identify it would have costs and adverse consequences far beyond what could be gained.
- Match requirements for providers to their capacity, and provide technical assistance as needed.
- Minimize the administrative burden on providers to allow a greater proportion of time to be spent serving clients.

Below is a list of possible outcomes HIBGA, ADS, and home food delivery programs could pursue and the consulting team’s assessment of which should be pursued if HIBGA were to adopt the proposed goals and principles above.

Possible Outcomes	Recommendation
Increased cultural competence of service	Pursue
Simplified data collection and reporting	Pursue
Increased information exchange between funders	Pursue
Increased streamlining of referrals to programs	Pursue
Improved understanding of expectations between grantees and funders	Pursue
Increased support to HIBGA staff	Pursue
Increased knowledge of level of food insecurity among homebound	Pursue
Increased distribution of healthy foods to enhance nutrition	Pursue with caution
Increased outreach to serve more people	Pursue with caution
Map geographic coverage and explore collaborative deliveries	Pursue with caution
Establish best practices	Pursue with caution
Establish shared intake among programs	Do not pursue
Increased linkage to other resources	Do not pursue

HIBGA (and potentially ADS) can make significant positive changes in the home food delivery network in Seattle. Technical advisors have been suggested to help HIBGA in its decision-making and action steps. Recommended actions for HIBGA include:

- **Research unmet need** and make a plan to fill the gap in partnership with other funders.²
- **Connect with other funders** to share information and data management practices.
- **Ask home food delivery programs how they could help** strengthen the field.
- **Bridge the technology divide** among programs by providing technical assistance
- **Align reporting requirements** to match food bank reporting and other funders' forms.
- **Adapt to the field's existing service** models, reporting practices, and terminology.

While HIBGA (and ADS) work to create funding and data requirement efficiencies **home food delivery providers can harness their strengths to fortify the network** as a whole by:

- Formally **self-mapping their individual delivery offerings** so all information sources can tell hungry homebound people who to call.
- Using knowledge of various funder reporting requirements to **provide a proposal to funders for how funders can collaborate** with each other to better serve the community.
- Collaborating with each other and funders to **find the best ways to meet specific cultural and ethnic needs** of local populations.

With the right planning, support, and flexibility home food delivery programs in Seattle could serve hungry homebound people even better.

² Unmet need includes the many homebound hungry people do not know home food delivery exists or do not know how to enroll as well as people participating in home food delivery able to meet only a portion of their nutritional need.

Table of Contents

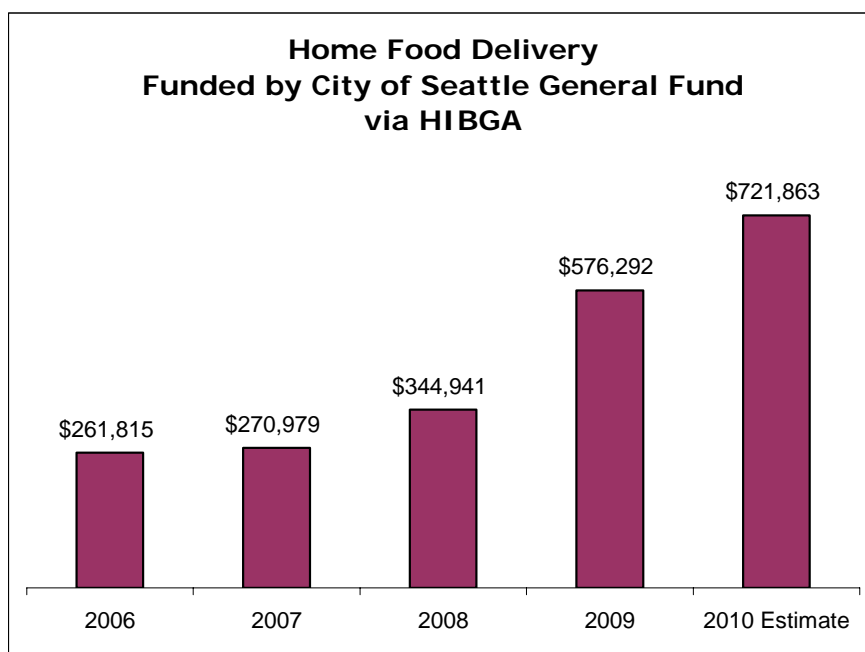
Purpose of this report	1
Home food delivery is a critical service in Seattle	1
Why understanding home food delivery is urgent	1
Concepts covered in this report	2
Who helped create this report	3
Hungry and homebound in Seattle and how to get food	3
How it feels to be hungry	3
Barriers to accessing food if you are homebound	3
Limited options for hungry, homebound people in Seattle	4
Resourcefulness: Using more than one home food delivery program	5
A closer look at Seattle’s home food delivery network	5
Types of home food delivery programs	5
Working together	6
Typical flow of information	6
Types of home food delivery funders	9
Proportions of funding	13
Define goals for “improvement” and choose outcomes to pursue	14
Proposed goals and principles	14
Understanding possible outcomes	14
Increased cultural competence of service	15
Simplified data collection and reporting	16
Increased information exchange between funders	18
Increased streamlining of referrals to programs	19
Improved understanding of expectations between grantees and funders	20
Increased support to HIBGA staff	21
Increased knowledge of level of food insecurity among homebound	21
Increased distribution of healthy foods	22
Increased outreach to serve more people	23
Map geographic coverage and explore collaborative deliveries.....	23
Establish best practices	24
Establish shared intake among programs	25
Increased linkage to other resources	25
Prioritizing Action	26
Contributions of HIBGA	26
Contributions of home food delivery programs	31
Conclusion	31
Appendices	
A. Participation in COPES.....	32
B. Difference between TEFAP and EFAP.....	33
C. Measuring food insecurity	34
D. Areas in Seattle at risk for food insecurity.....	36
E. Measuring adequate nutrition	37

Purpose of this report

Home food delivery is a critical service in Seattle. Programs giving food to hungry people in need have existed in Seattle for decades. While many hungry people can go to food banks or congregate meal sites, homebound seniors, people with disabilities, and people with chronic illnesses are unable to do that.³ These populations are at greater risk of experiencing hunger than other Seattle populations. To bridge this lack of access, non-profits, faith communities, and other human service providers established meal and grocery delivery programs to bring food to this homebound population.

Seattle's network of home food delivery programs has been developing over the past few decades, forming relationships among programs and bringing new funders into the fold. While the City of Seattle had been funding programs to provide food to people via food banks since the 1980s it was not until 2006 that it joined the list of funders contributing to home food delivery programs in Seattle.⁴

The graph below illustrates City of Seattle funding to home food delivery programs since 2006.



Source: Homelessness Intervention and Block Grant Administration Division, City of Seattle, 2009.

Why understanding home food delivery is urgent. The City of Seattle continues to support food delivery with increasing amounts of funding. City Council members and executive decision makers need to have comprehensive knowledge of how home food delivery programs work, their place in the larger emergency food system, and how they are using funding to serve the community. The City of Seattle and home food delivery programs must anticipate future trends in the needs of its vulnerable, hungry, homebound residents and the most effective, socially just, and fiscally responsible approach to serve hungry people with dignity.

³ For purposes of this report the term "homebound" will include people with limited mobility for whom going to a food bank would be taxing.

⁴ Some food banks offering home food delivery used their City of Seattle funding to pay for delivery of grocery bags to food bank clients who could not come into the food bank. In 2006, the City of Seattle declared food delivery as a separate funding category.

Trends include:

- Some homebound Seattle residents still do not have enough food or worry regularly about being able to get enough to eat. There has been a steady increase in this need.
- The current estimate of hungry people in Seattle is about 43,000 (based on the 2007 food insecurity rate of 7.5 percent). To date, there is no accurate estimate of how many of those hungry people are homebound and how many hungry homebound people are living in poverty.
- As people age their risk of going hungry increases. The baby boomer generation is aging so the City of Seattle must be poised to meet this increase of hungry people. Estimates for 2006-2008 show 63,762 Seattle residents are ages 65 and older (11.2 percent of the total population). This number is expected to increase dramatically over the next several decades.⁵ The number of residents ages 85 and older has been climbing since 1990, and is expected to continue.⁶
- Seniors and people with disabilities living in Seattle public housing have been identified as disproportionately food insecure (lacking food and resources or access to get it).⁷ In 2007, a study concluded that 34 percent were low food secure and 21 percent were very low food secure.⁸
- Estimates for 2006-2008 show 90,999 Seattle residents living with a disability (17.2 percent of population over age 5).⁹
- Poverty is a strong determinant of hunger. According to the 2006-2008 American Community Survey 3-Year Estimates, 6,709 Seattle residents ages 65 and older are living below the federal poverty level. Census Bureau estimates for 2005 show that 8.9 percent of King County residents 65 and older are living below the federal poverty level, up 2 percent from 1990.¹⁰
- According to research published in 2006 by the University of Washington Program on the Environment, some 63,000 Seattleites can be classified as food insecure, and 31,500 as hungry. Another 13.8 percent of Seattle residents cannot always afford to eat balanced meals.¹¹

Concepts covered in this report. The City of Seattle faces multiple challenges as it assesses its place as a home delivery funder. This report will help the City of Seattle and other local stakeholders understand the following:

- The existing home food delivery system in Seattle.
- The respective roles and feasibility of coordination between the Homelessness Intervention and Block Grant Administration Division of the Human Services Department of the City of Seattle (HIBGA) and Aging and Disability Services for Seattle-King County (ADS).

⁵ 2006-2008 American Community Survey 3-Year Estimates

⁶ Bourguignon, M. (2008). *Seattle Emergency Food Programs. 2008 Supplemental Recommendations*. Submitted to City of Seattle Human Services Department, Spring 2008.

⁷ Food insecurity is experienced when there is (1) uncertainty about future food availability and access, (2) insufficiency in the amount and kind of food required for a healthy lifestyle, and/or (3) the need to use socially unacceptable ways to acquire food. http://books.nap.edu/openbook.php?record_id=11227&page=22%29

⁸ Johnson, B. (2008). *Food security for seniors and persons with disabilities project. A look at household food security for seniors and persons with disabilities in Seattle's low-income housing*. Prepared for Solid Ground. Seattle, WA.

⁹ 2006-2008 American Community Survey 3-Year Estimates.

¹⁰ Bourguignon, M. (2008). *Seattle Emergency Food Programs. 2008 Supplemental Recommendations*. Submitted to City of Seattle Human Services Department, Spring 2008.

¹¹ Garrett, S., Naas, J. Watterson, C., Henze, T., Keithly, S., Radke-Sproull, S. (2006). *Sound Food Report: Enhancing Seattle's Food System. A report to: The City of Seattle*. June 20, 2006.

- How to help support and improve home food delivery while being mindful of program capacity and the changing economy.
- How to define what “improvement” means, defining goals and principles, and taking action to improve outcomes for hungry homebound people in Seattle and home food delivery programs.
- The building blocks necessary to strengthen the working relationship between the City and non-profit home food delivery providers in order to create a more systemized, citywide approach to meal and grocery deliveries.
- How future investments could best serve the community.

Who helped create this report. The Survival Service Unit in the Homelessness Intervention and Block Grant Administration Division of the Human Services Department of the City of Seattle (referred to as HIBGA for this report) engaged an independent consulting group, Heliotrope, to conduct the research and analysis for this report. Home delivery providers, funders, City staff, and a data base designer familiar with food bank data management were interviewed for their insights.

If widely distributed this report can help the City of Seattle, food delivery programs, and other stakeholders understand:

- How home food delivery works in Seattle
- How funders help and may hinder it
- How the City of Seattle can help strengthen the home food delivery network

Hungry and homebound in Seattle and how to get food

How it feels to be hungry. Hungry people, whether or not they are homebound, typically experience several of these conditions:¹²

- They worry their food will run out before they can buy more.
- The food that they bought did not last and they cannot buy more.
- They cannot afford to eat balanced meals.
- They cut the size of their meals or skip meals.
- They eat less than they feel they should.
- They are hungry but do not eat.
- They are losing weight unintentionally.
- They do not eat for a whole day.

Barriers to accessing food if you are homebound. Many seniors, people with disabilities, and people with serious physical and mental health conditions are homebound and face significant barriers to accessing food.

- Limited knowledge of resources or not knowing about free or low-cost food sources can cause people to go without food and worsen their health and quality of life.

¹² United Way of King County. (2009). Hunger Relief Now! A plan to reduce hunger in King County.

- Physical and health limitations make it difficult for some people to wait in long lines or prepare food.
- Mental illness makes it difficult for some vulnerable people to enroll in services or leave home to use them.
- Dietary needs are difficult for home food delivery programs to meet, especially when reliant on donated food. People can have a variety of disabling conditions, such as HIV/AIDS, renal disease, multiple sclerosis, diabetes, and cancer that require very careful meal planning and preparation.
- Transportation is challenging for vulnerable people who cannot drive and have difficulty using public transportation.

If a person is homebound, going to food banks and/or congregate meal sites, or carrying groceries home are not options.¹³ People who are ill or living with severe disabilities may be unable to cook for themselves so they depend on other means for getting food. Below are the options for hungry homebound people to acquire food in Seattle.

Limited options for hungry, homebound people in Seattle

- **Relying on family and friends.** Hungry homebound people with nearby relatives and friends may be fortunate enough to have them prepare meals, select groceries, collect food from food banks or congregate meals, and bring those items to the homebound loved one. This practice may not be affordable or sustainable for many relatives and friends and homebound people may worry they are perceived as “burdensome.”
- **Food stamps and vouchers.** For qualifying people with low-incomes, the federal government provides funding for “food stamps,” the common name for the Washington Basic Food Program. In Washington, this program is part of the Department of Social and Health Services (DSHS) and provides money to buy food.¹⁴ Voucher programs, like the Senior Farmers’ Market Food Baskets and Vouchers Program, help eligible people purchase baskets of fresh fruit and vegetables from local growers. Applying for food stamps or vouchers may feel complex and confusing to some and people seeking help often run into bureaucratic roadblocks. For many seniors and people with disabilities, the amount of money they receive from food stamps is not worth the bureaucratic hassle. Hungry homebound people would need to make arrangements for their caregivers to use their food stamps and vouchers on their behalf. Food stamps and vouchers are inadequate to pay for all of the food a person needs.
- **Home food delivery.** Hungry homebound people (or case managers or loved ones working on their behalf) can sometimes participate in home food delivery programs. In the world of home food delivery in Seattle, there are two types: grocery or meal delivery. Depending on the programs’ availability and food options, the home food delivery programs deliver food to the hungry person’s home. The amount of food provided by grocery or meal delivery programs varies; for example, one Seattle program delivers one bag of groceries a month while another program delivers several meals a week. One thing is certain; no single home food delivery program can provide a hungry homebound person all of the food s/he needs.

¹³ Congregate meals are hot meals served at a site to large groups. Often congregate meals serve specific populations such as seniors, specific ethnic groups, homeless people, etc. Some congregate meals request donations. Some non-profits provide congregate meals as their sole function and others provide them in addition to their food bank and/or meal delivery programs (using separate contracts). Congregate meal programs by nature do not deliver meals to homebound people and are therefore not part of the discussion on home food delivery.

¹⁴ Instead of using paper “food stamps” the program now issues an Electronic Benefits Transfer (EBT) card. EBT cards work like debit cards and participants can spend their monthly benefits in participating grocery stores and other food retailers, including some farmers markets.

- **Skipping meals.** It is an unfortunate reality that many vulnerable homebound people cannot cobble together enough food and must skip meals altogether. This invisible sacrifice of nutrition compromises their immune systems and lowers their quality of life.¹⁵

Resourcefulness: Using more than one home food delivery program

No single home food delivery program can give a homebound person all of the food s/he needs to survive. Food stamps and vouchers are not enough to fill this gap. Home food delivery program providers believe that if there are hungry homebound people getting food from more than a single program it is due to resourceful, hungry people rather than to uncoordinated programs. Providers said:

- “We don’t deliver 100 percent of someone’s food resources. We provide 1/3 to 2/3 of his needs. He’ll have to get [additional] delivery from someone else. I don’t think anybody provides 100 percent of someone’s food needs.”
- “How much people get for delivery depends on how much food we have to give.”
- “The food bank system is designed so there is overlap.”

A driven hungry person could cobble together home food delivery from several programs. There is no indication of whether or not this is frequent. At intake, home food delivery programs ask applicants if they are receiving deliveries from other programs. If applicants say they are not, the programs presume the applicants are telling the truth. Providers said:

- “Because of what little food they get, I don’t think [using multiple delivery programs] is a problem.”
- “I don’t see duplication as an issue. The people we serve only get our services. The City is getting these ideas [about duplication] in their dreams.”
- “We don’t double check them [just] because they are poor. If they were rich we would believe them. ”

Sometimes funders are curious if and how much hungry homebound people might be using multiple home food delivery services. To track that kind of data would require funders to conflict with food providers and conduct invasive data collection directly with hungry homebound people. If funders pursued removal of services they would need to help hungry people replace the meals or groceries they no longer receive.

HIBGA and ADS are not concerned about hungry homebound people getting food from more than one home food delivery program but have yet to declare this policy position to their grantees.

A closer look at Seattle’s home food delivery network

Types of home food delivery programs. Seattle is home to both types of home food delivery programs: meal and grocery delivery programs. Some programs provide both groceries and meals. Home food delivery programs are often one program among many that human services providers and food banks offer.

Grocery delivery in Seattle is tethered to food banks and is embedded in the larger emergency food system. Food banks assemble grocery bags from donated food on site and deliver those bags

¹⁵ Brad Johnson, Emerson Hunger Fellow, Congressional Hunger Center: *Food Security for Seniors Project*, presentation at Solid Ground, January 30, 2008. Based on a survey of 7 subsidized buildings with 726 units (6 SHA buildings and 1 HUD Section 8 Project-based building). A total of 188 households were sampled for a 25.9% survey rate.

to low-income, homebound people free of charge. The grocery bags contain what is typically at the food banks and cannot always include desirable levels of fresh fruits, vegetables, or protein. Grocery bags are not assembled to specifically address special dietary needs. Some home food delivery programs purchase food to supplement the contents of the bags. When food banks receive fewer donations, the grocery bags reflect that decrease in their contents. Grocery delivery from food banks should not be confused with grocery stores or other services (such as the Mobile Market offered through Senior Services) that charge to deliver bags of groceries with content clients can customize. In essence, grocery delivery clients are food bank clients that cannot come into the food bank.

Meal delivery in Seattle is typically run by non-profit providers who either cook meals in-house or order them from meal preparation businesses. Some clients who use meal delivery programs are already receiving other human services for medical issues, services for older adults, or services for people with disabilities. For some meal programs, nutritional requirements, cultural relevance, and consumer choice influence the content of individual meals. Depending on the meal delivery program, these meals may be delivered hot and ready to eat or frozen.

Programs work together. The grocery and meal delivery programs of Seattle are independent yet communicative. Home food delivery programs (this includes both grocery and meal delivery) handle their intake processes, delivery patterns, data management and reporting, and soliciting of client feedback in ways they feel best serve the people using their services. Seattle home food delivery programs function independently yet try to remain communicative via coalitions and partnerships that meet regularly.

“Seattle’s emergency food system grew in response to need – neighborhood by neighborhood, group by group. This loose organizational structure is a strength, in that it promotes close, local relationships between food providers and the people they serve. To coordinate their efforts, Seattle’s emergency food providers have organized themselves into the Seattle Food Committee and the Meals Partnership Coalition. These umbrella groups of providers collaborate to make bulk buy purchases of supplemental food, organize trainings to help individual providers better serve their communities, and help plan responses to changing conditions.”¹⁶

Examples of collaborations include:

- A meal delivery program partnered with a grocery program so that one driver could deliver both items, giving the homebound person more choice and better nutrition.
- A new grocery delivery program acquired intake materials from one local home food delivery program and a list of waiting clients from another.
- When home food delivery programs decide to deliver to all eligible residents of a low-income housing building, they often communicate with each other to ensure the residents are not already being served.

Typical flow of information

Phase 1. A hungry homebound person learns about local home food delivery programs.

A hungry homebound person (or loved ones or case managers working on his/her behalf) may learn about home food delivery programs from a variety of sources, including information hotlines. Those sources provide the hungry homebound person contact information for various home food delivery programs.

¹⁶ Bourguignon, M. (2008). *Seattle Emergency Food Programs. 2008 Supplemental Recommendations*. Submitted to City of Seattle Human Services Department, Spring 2008.

Home food delivery program contact information can come from sources such as:

- **Centralized Referral Services**
 - People Point housed at the City of Seattle
 - 211 Community Resources Hotline
 - Senior Information and Assistance housed at Senior Services (which also houses the Meals on Wheels meal delivery program)
 - Ethnic Information and Assistance Services
 - Mayor's Office for Senior Services
- **Direct providers**
 - Grocery and meal delivery programs themselves
 - Food banks
 - Case managers in various agencies and SHA buildings
 - Medicaid Home and Community Services of the U.S. Department of Health and Human Services including participation in the Community Options Program Entry System (COPES). See Appendix A.
 - Agencies serving older adults, people with disabilities, and homebound people
- **Word of Mouth**
 - Neighbors receiving home food delivery
 - Friends and family at food banks, congregate meals, etc.

Providing contact information should not be confused with intake and/or case management. Unless working with one's own case manager, these information services do not conduct intake, create case files, or enroll callers in a program.

It is unknown how comprehensively informed the people and organizations providing information on home food delivery programs are about all of the programs available in Seattle. Some staff at food banks or social service agencies might refer hungry homebound people to their in-house programs or neighboring programs without having information about all Seattle home food delivery programs. Hungry people, loved ones, or case managers often must make several calls to find out if a home food delivery program can serve the hungry person; this is due in part to (1) lack of a single information source listing all programs and (2) funding stream restrictions.

Phase 2. A home food delivery program conducts intake with the hungry homebound person. Callers contact home food delivery programs and most home food delivery programs serve those callers on a first come first served basis. The programs do not have the capacity, history, or philosophy to screen for or prioritize by "need."

Each home food delivery program organizes its intake to accommodate the eligibility and reporting requirements of its many funders; eligibility requirements are on a continuum of strictness. As funders request more data on client demographics (age, ethnicity, income, etc.) the intake forms lengthen to accommodate more questions. Depending on funder reporting requirements, intake of clients could require different sets of demographic or behavioral questions. These varying questions do not apply to all clients of a delivery program. Below are some examples of contradicting funder requirements that affect intake and future service:

- Clients of one home meal delivery provider who are HIV positive being served with Ryan White Comprehensive AIDS Resources Emergency Act of 1990 monies will be asked extensive questions about their sexual health and history and exposure to HIV to assess their health and nutritional needs. Questions asked of that client are not necessarily appropriate for an 85 year old client who would be funded with federal Older Americans Act monies. Questions asked of that 85 year old client could in turn be inappropriate for a

homebound veteran suffering from dementia funded with privately fundraised dollars. Each of these clients would be asked a different combination of intake questions and would be monitored and served according to different funder requirements.

- Clients who receive food that is funded with COPES monies *cannot* be asked to donate to their home food delivery program while clients receiving food funded with Older Americans Act monies *must* be asked if they would like to donate. Clients are eligible to participate in both funding streams simultaneously and home food delivery programs must manage this contradiction and make sure their volunteers adhere to the protocols.

Home food delivery programs with multiple funders (and restrictions and reporting requirements per each funder) tag each client to the appropriate funding streams to keep program reporting to funders accurate. The more diversified a programs funding, the more exponentially rigorous its intake and then tracking must be.

Funding stream requirements also affect wait-listing. If a caller contacts a home food delivery program that is full (has no availability to serve that person with the funding it has), that program may put the caller on a wait-list, recommend another program, or suggest calling a referral source such as 211. There is no singular list of all home food delivery programs in Seattle for that program to give that caller.

The notion of wait-listing is complex as funders have specific requirements of the kind of client (medical need, geography, age) who qualifies for those dollars or the number of slots those dollars can serve. The capacity of a home food delivery program to serve a client is bound by the flexibility of its funding dollars. A program may have availability/dollars from one kind of funder to spend on one kind of client but not another. That said, some programs serve more people than they are funded to serve and try to balance their budgets to meet reporting requirements every month.

Phase 3. The home food delivery program delivers food to the hungry homebound person. The process of acquiring food, meal preparation and delivery varies from program to program as they serve different amounts and types of food on different days. Grocery delivery programs deliver groceries from donations within the food banks that house them. Meal delivery programs place specific orders in house or through meal preparation businesses for customization and efficiency. Some programs serving an entire low-income building make an effort to not overlap with another program.

Most deliveries are made possible with volunteers so planning routes must take ever-changing volunteer availability into account. Coordinating client locations, routes, delivery schedules and distributor and volunteer delivery capacity are managed independently by each program.

Funding restrictions also affect how deliveries are conducted including communiqués with clients and numbers of meals they receive. Delivery coordinators must make sure deliveries are completed according to protocols and that their volunteer and paid drivers remember who can and cannot be delivered certain foods or asked certain questions.

Phase 4. The home food delivery program reports its service data to its funders. Home food delivery programs report to various funders monthly. Home food delivery programs manage their data at varying levels of sophistication, from Access databases to 3x5 cards, and many request technical support.

The programs view their clientele as hungry people; some coming in for food and some needing it delivered. Some funders may want additional information on homebound clientele. Consequently, people coming into the food bank are documented in non-invasive ways while people who cannot come into the food bank are documented more stringently.

Most funders request information on the age ranges of people served (whether coming in for food or having it delivered) and some may request anecdotal examples. Several reporting forms are almost identical due to a collaboration between several funders (including City of Seattle Human Services staff when it was still funding only food banks) who wanted to standardize terminology and reporting standards.

- A certain food distributor requires its grantees to supply food to hungry people regardless of whether or not they provide personal information, including if they live in the food bank's service area. While this makes receiving food easier on hungry people, this policy can make reporting demographic data to other funders more difficult for food banks. Hungry people are counted as "served" but there might be no identifying information attached to them. Individual programs must find ways to meet these expectations.

Many reporting forms must be completed by hand (rather than entered online) and either mailed or faxed in. It is unknown how individual funders manage, analyze, or use these data once they receive them.

[Types of home food delivery funders.](#) Many home food delivery programs in Seattle have a combination of different funding sources. Many programs share the same funders.

Some funders are foundations such as Mazon. Some funders are larger nonprofits such as the United Way. Some funders are distributors such as Northwest Harvest and Food Lifeline who contribute food rather than monies. Some funders are government programs such as the federal Ryan White Comprehensive AIDS Resources Emergency Act of 1990, The Emergency Food Assistance Program (TEFAP), or the state Emergency Food Assistance Program (EFAP). See Appendix B for more detail on TEFAP and EFAP.

Funders have specific restrictions on what (equipment only, fresh produce only, etc.) or on whom (a specific ethnic population, people with a specific disease, etc.) their money can be spent. Each home food delivery provider must keep track of various funder requirements for monthly reports. Some providers complete more than a dozen reports per month.

Funding restrictions and reporting requirements are another reason why referral and intake are handled at individual programs. By doing exhaustive intake, delivery programs have enough background information to attach clients to another funding stream if the one they were using is not longer available.

This report focuses on the funding streams the City of Seattle Human Services Department oversees. Below is an overview of the funding streams the Human Services Department of the City of Seattle administers to home food delivery programs via the Homelessness Intervention and Block Grant Administration (HIBGA) and Aging and Disability Services (ADS) of Seattle-King County.

On the federal level, the **Older Americans Act (OAA)** provides older adults with services including home care, congregate meals, adult day care, care management, legal services, transportation and caregiver support programs, and home-delivered meals. Although older individuals may receive services under many other federal programs, the OAA is considered the major vehicle for the organization and delivery of social and nutrition services to older adults and their caregivers. The OAA authorizes a wide array of service programs through a national network of 56 state agencies on aging, 629 Area Agencies on Aging, nearly 20,000 service providers, 244 tribal organizations, and 2 Native Hawaiian organizations representing 400 Tribes.

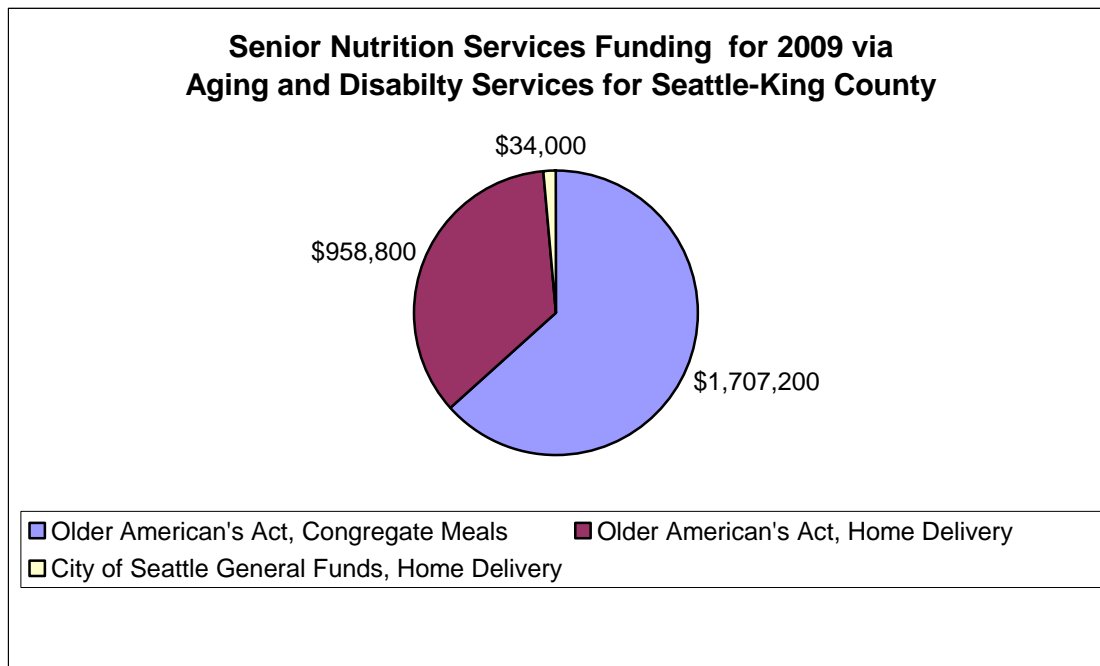
The part of the OAA that funds home-delivered meals is called **Home-Delivered Nutrition Services** (part of Title III C2, OAA Section 336). These services provide meals, nutrition screening, education, assessment, and counseling as appropriate. These services are available to individuals who are age 60 or over and homebound and the spouse of an older individual

regardless of age. Services may be available to individuals who are under age 60 with disabilities if they reside with the homebound older individual.

Only States and U.S. Territories which have state Area Agencies on Aging (AAA) designated by the governors and an approved state plan are eligible to receive these grants. Washington State has 13 Area Agencies on Aging. The local AAA for Seattle and King County that administers Home-Delivered Nutrition Services is called **Aging and Disability Services (ADS)**.

While ADS operates as a division of the Seattle Human Services Department, it also works in partnership with King County and United Way. ADS's simultaneous city and county service area and its brokering of federal funds is confusing to many providers. People may also confuse ADS with the Washington state-level *Aging & Disability Services Administration (ADSA)*.

ADS allotted approximately \$2,700,000 in 2009 to its local Home-Delivered Nutrition Services programming called **Senior Nutrition Services**. The funding came from the OAA and some City General Funds and was to be spent on home delivered meals and congregate meals for seniors in King County.¹⁷ The chart below illustrates how Senior Nutrition Services monies were categorized.



Source: Aging and Disability Services, Seattle-King County Area Agency on Aging, 2009.

ADS disbursed \$992,800 (including \$34,000 from the City of Seattle General Fund) of the \$2,700,000 to three non-profit home food delivery programs. Those three agencies were Lifelong AIDS Alliance (which operates Chicken Soup Brigade), Senior Services (which operates Meals on Wheels), and El Centro de la Raza (which operates its own home food delivery program).¹⁸

The hot or frozen home delivered meals funded (with OAA monies) via ADS are delivered to homebound seniors across King County who are 60 and older regardless of income. Home delivered meals funded with (OAA and City of Seattle General Funds) monies via ADS are estimated to serve approximately 2,000 people in 2009.

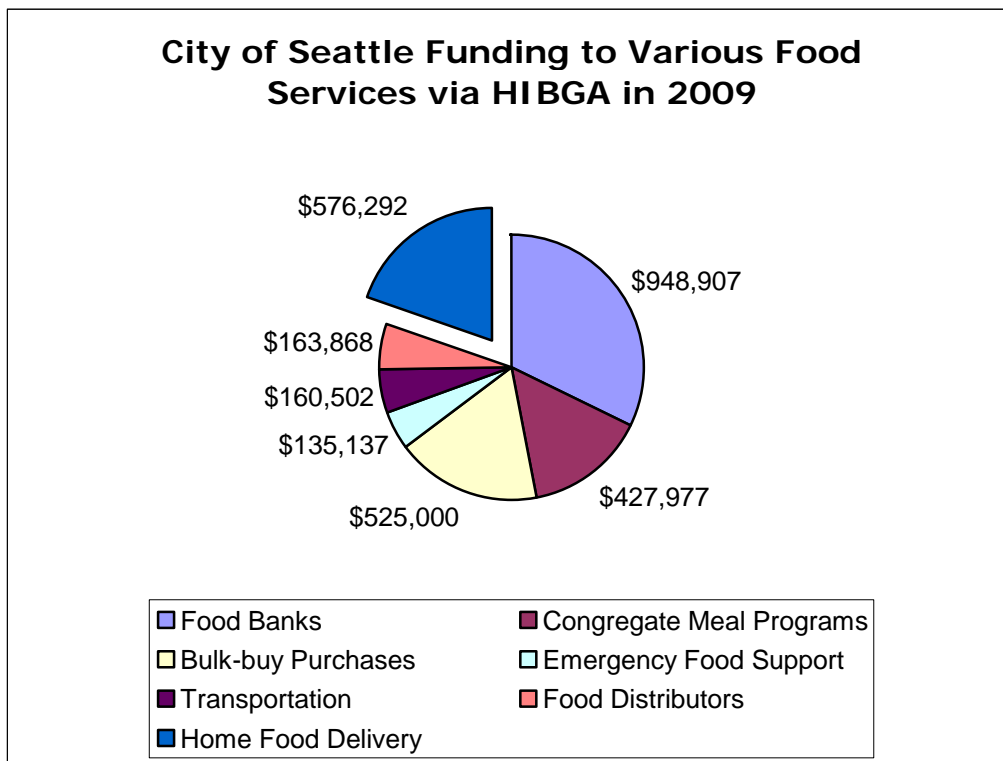
¹⁷ General Funds help provide culturally specific services for agencies serving ethnic communities in Seattle.

¹⁸ ADS also funded SCIPDA \$6,250 for January to March 2009. SCIPDA has since discontinued their home delivered services.

ADS also administers the **Community Options Program Entry System (COPES)**. COPES is a federal waiver program under Medicaid that provides alternatives to placement in a medical facility. COPES provides case managers and up to one hot or frozen meal per day to low income homebound adults and seniors receiving Medicaid. In the COPES program, people can get additional meals, but doing so reduces the number of caregiving hours they receive.¹⁹ Only Lifelong AIDS Alliance (which operates Chicken Soup Brigade) and Senior Services (which operates Meals on Wheels) are COPES providers in Seattle and both serve King County. See Appendix A for more detail.

On the City level, **the Homelessness Intervention and Block Grant Administration (HIBGA)** is a division of the Human Service Department of the City of Seattle. HIBGA manages funding in various categories of the *Emergency Food System*; a misnomer since many vulnerable, homebound, and/or people living in poverty have come to rely on portions of the system even when not in a state of emergency.

Below is a chart of the various categories and amount of funding HIBGA disperses to programs providing food and coordination services to reduce hunger in Seattle. A portion of that funding goes to home food delivery services.



Source: Homelessness Intervention and Block Grant Administration Division, City of Seattle, 2009.

¹⁹ Personal care hours are reduced whether the client gets the meal under OAA or COPES. For COPES meals, .5 hours are manually deducted for each meal authorized before authorizing personal care payments. For meals provided by an informal support or a community resource such as OAA meals, a percentage of time is deducted based on the information provided on the meal preparation screen and overall client need. If meals are provided by a community resource such as OAA, it must be reflected on the meal preparation screen in the status field as "Met" or "Partially Met."

Emergency Food System Funding Categories for City of Seattle

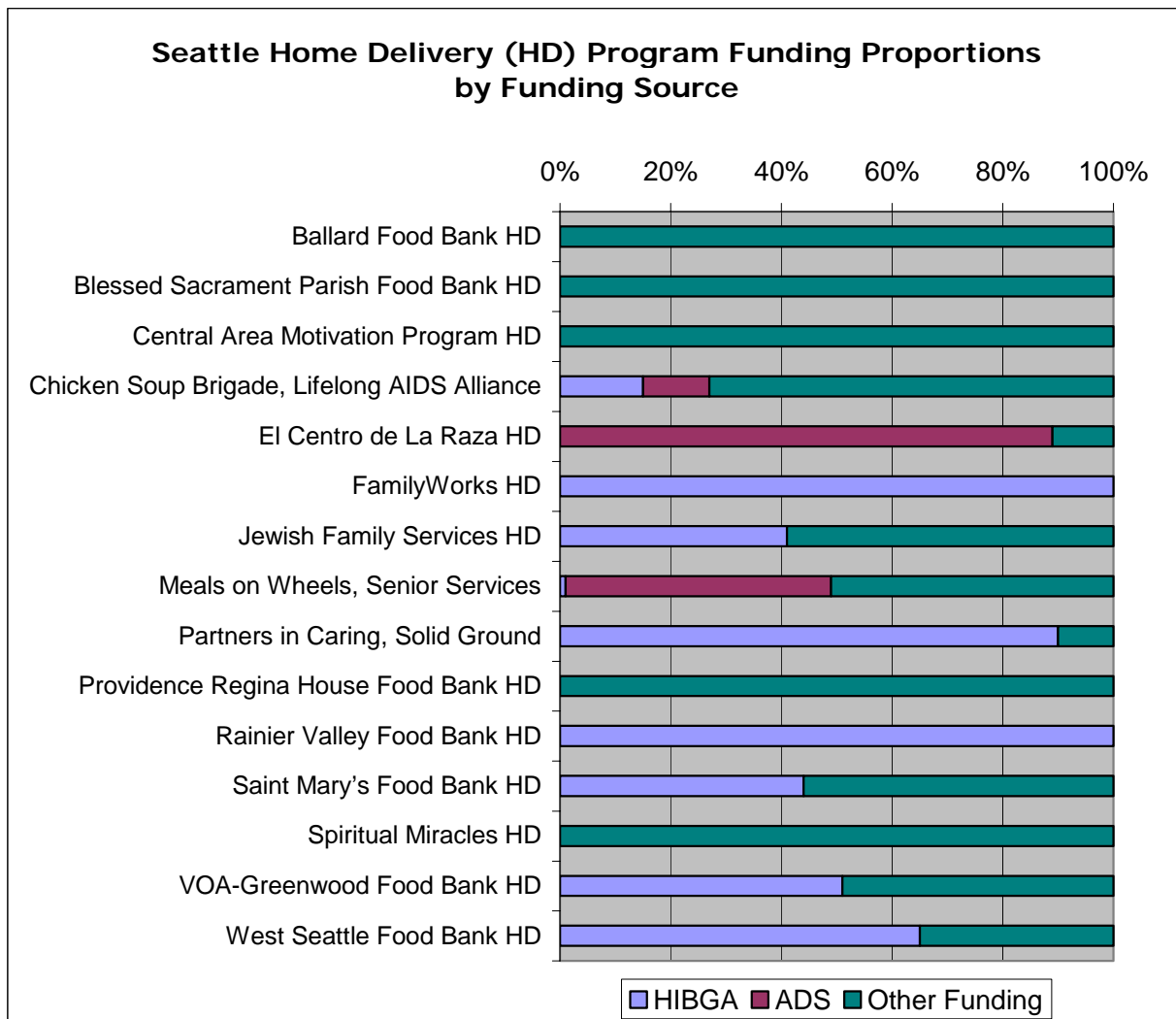
- **Food Banks:** This category funds 16 food banks located throughout Seattle. This category also includes Special Projects administered by Solid Ground (Lettuce Link and Baby Boost).
- **Congregate Meals Programs:** This category funds 8 congregate meal (serving meals to groups at a single site) programs throughout Seattle.
- **Bulk Buy Purchases:** This category funds 2 distributors (Food Lifeline and Emergency Feeding Program) to purchase fresh and nutritious products. Food Lifeline coordinates the types of purchases with the bulk-buy subcommittees of Seattle Food Committee and Meals Partnership Coalition.
- **Emergency Food Support:** This category funds staff the Seattle Food Coalition and Meals Partnership Coalition. These coalitions provide technical support and coordination of services within their coalitions.
- **Transportation:** This category funds the Food Resource program to coordinate all food bank related transportation logistics, staff, fuel, and truck leases.
- **Food Distributors:** This category funds 2 distributors (Food Lifeline and Emergency Feeding Program) to provide food in bulk to food banks.
- **Home Food Delivery:** This category funds 9 programs providing groceries or meals to homebound hungry people in Seattle. Funds help meet operating expenses and purchase food.²⁰

²⁰ Providers receiving HIBGA funding for the general services of their food bank (for clients not using food delivery) can not use those funds to purchase food.

Proportions of funding. HIBGA does not fund all home food delivery providers in Seattle; it *partially funds some* of Seattle’s home food delivery programs.

Some programs receive funding for their home food delivery programs but forego City of Seattle funding. Some programs absorb the cost of providing home food delivery without any supplementary funding. Some food banks receive HIBGA funding for their food banks but not for their home food delivery. Some food banks have a food bank contract with HIBGA for their food bank services and another contract with HIBGA for providing home delivery.

Below is a table illustrating the proportion of HIBGA, ADS, and other funding sources for Seattle-based home food delivery programs.



Source: Homelessness Intervention and Block Grant Administration Division, City of Seattle, 2009 and Aging and Disability Services, 2009.

Define goals for “improvement” and choose outcomes to pursue

Proposed goals and principles. The consulting team was asked to suggest policy options to aid HIBGA in framing how it can influence food delivery in Seattle. The consulting team offers the following goals and principles as a tool for further deliberation and development of policies.

Proposed goals

- Provide sufficient nutritional and culturally appropriate food so homebound hungry people have three meals a day.
- Ensure homebound hungry people have access to food delivery services.
- Make it easy for homebound hungry people to obtain home food delivery with dignity.
- Collect only data that provide a reasonable level of accountability and are used for substantial improvements in client service.

Proposed principles

- Work with other funders and providers to provide a coherent, consistent, simplified system for homebound hungry people to obtain needed food.
- Assume there is very little fraud and that efforts to identify it would have costs and adverse consequences far beyond what could be gained.
- Match requirements for providers to their capacity, and provide technical assistance as needed.
- Minimize the administrative burden on providers to allow a greater proportion of time to be spent serving clients.

Understanding possible outcomes. The City of Seattle lacks a road map to get from where it is to where it wants to be in the realm of home food delivery. Identifying goals and principles is only the beginning. Selecting desired outcomes is critical to plotting this map and achieving success.

While HIBGA, ADS, and home food delivery programs talk about improving home food delivery, they lack a shared philosophy of precisely what they want to improve and how to go about it. Until the three groups (1) define their priority goals and outcomes, (2) identify those to pursue with other stakeholders, and (3) determine roles for leading the various changes, “improvement” will be a stalemated conversation.

Below is a list of possible outcomes HIBGA, ADS, and home food delivery programs could pursue. The possible outcomes are separated into three groups based on the opinion of the consulting team: Pursue, Pursue with caution, and Do not pursue.

In general, the consulting team recommends HIBGA pursue outcomes that ultimately benefit hungry homebound people and forgo those that do not.

Possible Outcomes	Recommendation
Increased cultural competence of service	Pursue
Simplified data collection and reporting	Pursue
Increased information exchange between funders	Pursue
Increased streamlining of referrals to programs	Pursue
Improved understanding of expectations between grantees and funders	Pursue
Increased support to HIBGA staff	Pursue
Increased knowledge of level of food insecurity among homebound	Pursue
Increased distribution of healthy foods to enhance nutrition	Pursue with caution
Increased outreach to serve more people	Pursue with caution
Map geographic coverage and explore collaborative deliveries	Pursue with caution
Establish best practices	Pursue with caution
Establish shared intake among programs	Do not pursue
Increased linkage to other resources	Do not pursue

Each outcome and recommendation is discussed below and is followed by considerations (including findings from this assessment and quotations from home food delivery providers) illustrating what influenced the consulting team’s recommendations.

Possible outcome: Increased cultural competence of service

Recommendation: Pursue

Considerations include:

- Cultural competency is missing within some home food delivery programs.
- Reaching Seattle’s diverse populations, including many immigrant and refugee populations, requires bilingual and bicultural employees and volunteers who speak the home languages of hungry homebound people. Clear communication ensures understanding of their nutrition needs, cultural norms, and culturally appropriate foods. Not many food banks have multi-lingual staff. Various populations are uncomfortable with mainstream providers who do not speak their language.
 - “There is a need to serve ethnic groups but there are barriers: appropriateness, hot meals versus frozen, and language.”
 - “Translation is very challenging for home food delivery programs.”
- Culturally appropriate food content and preparation are rarely donated so it must be purchased. This includes purchase and preparation of halal and kosher meals, and providing familiar varieties of beans and rice, masa, cornmeal, tofu, and recognizable vegetables.
 - “We can’t give peanut butter sandwiches to the groups we serve.”
 - “The attitude is if they are hungry, they’ll eat anything. That is not the right attitude.”
 - “Should we cut staffing to make up the difference? Then how do we deliver?”

- Immigrants and refugees have difficulty accessing meal delivery because of the shame and/or inappropriateness of the food. For example, a home food delivery program wanting to attract Asian clients simply added rice as a side option. This did not increase Asian participation.
 - “You can’t just be politically correct; you have to do it for the right reasons.”
 - “There is no culturally appropriate [menu] option.”
- Homebound elderly immigrants and refugees have limited language and transportation tools. Culturally competent outreach is often face -to -face and can be more expensive. Community agencies familiar to elderly immigrants and refugees can identify who needs home food delivery. At this time there are few appropriate places to refer them.
 - “There are more [hungry homebound immigrants and refugees] than we know.”
 - “Outreach? I have to go out and find them.”

Possible outcome: Simplified data collection and reporting

Recommendation: Pursue in collaboration with other funders

Considerations include:

- Because of the influx of a large amount of general fund dollars for home food delivery HIBGA began collecting a great deal of data about individuals receiving food deliveries for accountability and planning purposes.
- HIBGA was unable to (due to staffing and timing challenges) carefully assess the feasibility and implications of providers setting up new data collection systems (intake forms, reporting forms, etc.) to meet HIBGA’s greatly increased requirement for data.
- Treating clientele who cannot come into food banks or to congregate meal sites as distinctly different from those who can is a problem for food delivery providers. Collecting detailed demographic data at intake on hungry people who are homebound who would not normally be tracked in great detail is a philosophical shift. This shift creates multiple challenges and concerns for hungry people and providers.
- The emergency food services world has historically respected people’s privacy; this was based on the assumption that people with money and food do not request home food delivery. Programs have not traditionally asked for addresses, income, or household composition.
 - “If you need service, you get service.”
- There was neither time nor staff capacity for either HIBGA or providers to adequately anticipate that expanded data collection requirements would become the source of very substantial amounts of work, generate very high levels of frustration among HIBGA staff and providers, and perhaps fail to accomplish the desired purposes.
- Compared to other funder’s reporting requirements and even its own food bank requirements, the HIBGA data reporting forms for home delivery are significantly longer, confusing, use terminology inconsistently, and have been changed multiple times between monthly reporting periods. HIBGA has also requested programs to redo older forms to reflect new criteria. This tremendous variation in reporting requirements creates an administrative strain on home food delivery programs, especially those without funding or staff for sophisticated data management.
- HIBGA has not clarified what it plans to do with these demographic data.

- “Clarity for the purpose of the info would be great. It great that the City is moving away from outputs to outcomes.”
 - “I think it is ok to ask for data...but what is the use of the data? We are not providing data into a black hole. Are they tracking outcomes to reimburse us for?”
- HIBGA has not clarified where these data are stored or protected. It is also unclear who would “own” a collective database.
- HIBGA data requests conflict with other contract requirements around protecting client privacy (such as Emergency Food Assistance Program or EFAP, and HIPPA, the acronym for a US law designed to provide privacy standards to protect patients’ medical records and other health information provided to health plans, doctors, hospitals and other health care providers) so programs must create separate releases of information forms specifically for the HIBGA questions.
 - “[One of our contracts] says we cannot share any info about our clients. The City ignores our other requirements.”
- Programs are worried about privacy violations of clients. Programs still serve those clients who opt out of participating in HIBGA data collection, including those who are concerned this could be a HIPPA violation.
 - “Is the City creating a map of where HIV clients live?”
 - “This is a gray area for us. Is this a violation? We are emailing a spreadsheet of people who are sick.”
- HIBGA home food delivery data reporting paperwork is very time-consuming and complex. Experienced, well-staffed programs struggle but can do it. Small and inexperienced programs can not. Some agencies have only 2-3 staff and rely on volunteers who may lack technology skills and expertise to gather and report data. Some organizations are recording data on 3 x 5 cards. Technical assistance would help struggling programs that lack technical capacity and staff with data management skill to collect and deliver data more quickly and accurately.
 - “Smaller programs could not do this.”
 - “It takes an ED and a grant manager. A small program would sink; they wouldn’t make the cut.”
 - “I don’t know how a mom and pop home food delivery program could handle it. ”
- Home food delivery programs would like to advise the HIBGA on how to make the most useful form that can be efficiently administered while being respectful to clients.
 - “The City Council wants simple data; how many people you serve and what does it cost.”
 - “The Human Services Department doesn’t ask the right questions but the home delivery world knows what the City Council wants to know.”
- Home food delivery programs spend a lot of resources filling in paperwork to report to funders. They believe this funding could be better spent delivering food.
- While the two contracts are managed by the same two staff at HIBGA and the same staff at the food bank, the reporting requirements are significantly more demanding for the home delivery contract. This difference is challenging for grantees because they are providing the same food to the same clientele with the addition of delivery.

- Home food delivery programs complete monthly or quarterly reports for all of their funders all of whom ask for similar information in different ways. This parallel data reporting creates time-consuming recalculations for how the same client pool is “counted.”
 - “It would be great if we could synchronize our reports even if they asked more questions. Like the East King County reports online. Seven or eight cities share the website but you submit one report.”
 - “Any consolidation of data [reporting] would be great.”
- Relative to other contract reporting requirements, which average one half-page, the HIBGA home food delivery form is by far the longest and includes redundant questions.
 - “[The City of Seattle home food delivery monthly reporting form] is ten times the work.”
 - “Making home food delivery different from food banks is asynchronous.”
- The City of Seattle has reformatted its intake requirements several times and grantees were unprepared for the change
 - “We got no training, no input, no notice, and there were new things in there including asking for names and addresses. Everyone flew off the handle.”
- HIBGA could match its home food delivery reporting forms to other funders (like HIBGA food bank contract, EFAP, etc.)
- ADS grantees must provide extensive data on their clients because of federal OAA requirements; for the two larger grantees with complex databases, this is difficult but possible. For the smaller program, this is very challenging.
- If ADS and HIBGA were to share data they collected from grantees, it is unknown who would fund, own, and manage such a database. Since HIBGA has more flexibility with how it conducts data collection it is more likely that HIBGA would need to model ADS rather than the two offices creating a new system.

Possible outcome: Increased information exchange between funders

Recommendation: Pursue

Considerations include:

- About fifteen years ago, government funders (City of Seattle and EFAP) and distributors (Northwest Harvest and Food Lifeline) collectively constructed a reporting form with standardized terminology. HIBGA could again participate in a similar collaboration with home delivery funders to align and streamline its home delivery reporting form. The single form could be online allowing all programs to report to a single place and all funders to access those data.
 - “Please create an online document for us to fill out. The signature part can be separate.”
- Some funders ask for data based on different definitions of poverty and ask grantees to distinguish numbers of people served with their funding versus other funders which is an additional accounting task.
 - “Our City forms refer to client income as percent of median income, but another funder’s forms require income stated as percent of Federal Poverty Level. We track

actual income and try to update our records annually for 1,000+ clients. This is quite a task.”

- Many home food delivery programs have existed for decades while HIBGA has only been involved in home food delivery for a few years. HIBGA would benefit from a better understanding about how home food delivery programs work so data reporting is easier.
- Home food delivery programs are familiar with what funders want to know and can recommend clear ways to report their services and successes to funders.
 - “It would benefit the City to get home delivery input. It is the City Council and staff who decide what goes into the report. We could educate the Human Services Department with accurate info to give the Council.”
 - “The City doesn’t use us at all in terms of being proactive”
 - “Why not invite us into a conversation about what they are trying to accomplish? It would be meaningful and easy. I see that the City mandates and the home food delivery world reacts.”
- Terminology variations make data reporting to City of Seattle arduous.
 - “The City wants us to change our terminology that we’ve been using for 20 years.”
 - “The City is caught up with the terminology issue. Why don’t they use the same language as the food bank forms?”
 - “The City wants apples and oranges. We count households and people. They didn’t know how they wanted households.”

Possible outcome: Increased streamlining of referrals to programs

Recommendation: Pursue by providing comprehensive program service information to all referral sources (“no wrong door” approach) rather than creating one centralized service (“only one right door” approach).

Considerations include:

- Hungry homebound people can find out about home food delivery from many different sources. Currently, there is not a source that provides information on all home food delivery programs in Seattle.
- Information services and hotlines do not provide intake and/or case management. Callers are given information to contact programs directly and then the individual program conducts intake and enrollment.
- Home food delivery programs indicated that they direct (refer) people seeking delivery to each other when appropriate. Well-meaning demands by HIBGA to collaborate do not recognize the history of existing collaborations and could undermine them.
 - “We are involved in ‘cooperatition’ [sic]. The City says, ‘Not everyone is gonna get funded but tell us how you’ll work together. It is like Survivor.’”
 - “Instead of using the many food bank directors and managers as a professional source, we are often treated [by the City of Seattle staff] as if we are slightly suspect. ”
- Home food delivery programs could formally map among themselves where they deliver so that they can inform applicants, food banks, referral and information lines, case managers,

etc. about their services comprehensively. A comprehensive list of food banks exists; creating and disseminating a list of all home food delivery programs in Seattle would be easy.

o "It would be nice if food banks who don't do delivery could refer clients to home food delivery programs."

- There are multiple layers of restrictions for how funders' money can be spent. This means that a program may have availability for a client that fits one funder's criteria but not another type of client. Such nuanced decisions are made by each program manager which is why creating a centralized referral specialist would add an additional layer of administration for the home food delivery programs rather than eliminate one.
- Due to the complex set of restrictions about how dollars can be spent on which client per program, centralizing intake for all home food delivery programs would require a centralized referral specialist to know every single contract requirement of every single home food delivery program to know if a single caller fits the criteria for that available slot.
- A comprehensive list of all home food delivery programs with their contact information, service areas, and a map of where they deliver could be distributed to all of the people and organizations hungry homebound people talk to. Rather than creating a "centralized referral system" this would create a "no wrong door" system. This type of information dissemination would strengthen the existing system and would be quick and cost effective.

Possible outcome: Improved understanding of expectations between programs and funders

Recommendation: Pursue

Considerations include:

- Funders and grantees are not aware of all of the players in Seattle home food delivery and their relationships to one another.
- Several home food delivery programs are not aware that ADS funds home food delivery.
- Several key informants confused ADS and the non-profit Senior Services and whether they were City of Seattle departments or not.
- Home food delivery programs affiliated with food banks might not communicate with programs unaffiliated with a food bank and vice versa.
- Food banks (via the Seattle Food Committee) meet monthly. Members have created an ad hoc committee of home food delivery programs. City of Seattle representatives are invited to these meetings. This could be an opportune place for ADS to educate home food delivery programs about the Older American's Act and COPES funding they manage.

Possible outcome: Increased support to HIBGA staff

Recommendation: Pursue

Considerations include:

- HIBGA relationship with home food delivery programs is challenging to providers.
- Non-profit providers say HIBGA expectations are unclear and its staff is slow to respond. Home food delivery programs have gotten ambiguous answers from the City of Seattle
 - "They give us money but they are not a private foundation. I thought there was an open door."
 - "I feel like [HIBGA staff] don't know how to do their jobs."
- Several home food delivery programs said HIBGA home food delivery contracts were frequently delivered very late yet programs were required to make up the time and spend down their funding very quickly, often in unsustainable ways.
- For several years HIBGA staff did not make annual site visits yet required programs to come to the City offices.
 - "If they saw our impact they would have a different idea."
 - "The City is so disconnected they don't understand the repercussions of their decisions."
 - "If there is need for Seattle Food Committee members to meet with the Human Services Department or vice versa, we are "summoned" downtown despite the enormous inconvenience for many of us to get there."
- The HIBGA staff person assigned to home food delivery contract management in 2009 has made multiple site visits and is repairing home food delivery programs' working relationships with HIBGA. This staff person is also working to clarify confusion around data collection.

Possible outcome: Increased knowledge of level of food insecurity among homebound

Recommendation: Pursue

Considerations include:

- The USDA provides an established protocol and data collection tool to measure hunger insecurity. See Appendix C. Survey conductors could add additional questions regarding mobility and food delivery needs.
- Research around food insecurity is already conducted by other organizations and government departments; HIBGA could be a liaison between these groups and its grantees.
- Data collection by home food delivery programs is administrative and financially difficult so programs would need additional funds, training, and technical support to take on this level of research.
- Home food delivery programs often provide the maximum food their funding streams will allow which is often 1/3 or less of the meals people need. Hungry people are responsible for filling the gap of the other 2/3 of the food they need.

- There are no data on exactly how people fill the 2/3 nutrition gap; they may rely on family and friends, join an additional home food delivery program, or skip meals altogether.
- It is unclear if this gap exists because of funder policy, oversight, denial, a philosophy favoring feeding more people less food, or hands being tied.
- HIBGA and ADS have the opportunity to define their positions on this gap and discuss how to research and bridge it.

Possible outcome: Increased distribution of healthy foods

Recommendation: Do not pursue without additional funding and technical support for interested programs. Allow programs to voluntarily participate in addition to existing services.

Considerations include:

- Most hungry homebound people do not eat the recommended daily servings of fruits and vegetables, and may not be getting sufficient protein or iron in their diets. They often already have compromised health.
- Food donations are down and food prices are increasing.
- Some home food delivery programs cannot afford to buy or handle fresh produce and high protein foods that require refrigeration.
- Some grocery delivery clients receive donated foods that are high in starch, sugar, and preservatives which can further harm compromised immune systems. A lack of nutrition contributes to higher rates of diabetes and obesity, which raises clients' cost of living and medical costs for the community.
- Nutritional content, rather than pounds of food delivered, should be a better measure of program success and effectiveness of services.
 - "It bothers me, that attitude that poor people will be happy with anything so we keep it cheap and fill the bag with trash. They have the right for nutrition, too."
 - "In the future private funders and savvy funders will prioritize nutrition and nutrition outcomes even if it is just eating better. They'll move away from pounds distributed."
 - "Let's uniformly decide what should be in a bag."
- Increasing nutritional content of meals and groceries is more costly than simply increasing the overall amount of food distributed.
- ADS has identified quality food as an area needing further funding in its Area Plan on Aging for 2008-2011. HIBGA has not made a declaration to invest in and track nutrition.
- Tracking output of nutritious food is a more feasible option (rather than tracking health improvements among food recipients) for home food delivery programs.
 - Measuring health improvements in clients requires staff with medical training which home food delivery programs lack. Funders will need to invest in medical professionals to track body mass indexes, blood sugar levels, and other health indicators over time.

- o Even if home food delivery recipients showed improvements in their health, it would be unknown if the home food delivery was the cause.
- Home food delivery programs are under-funded for the current demands of data reporting. Tracking the output of more nutritious food would require additional funding though a separate grant for interested programs to participate and technical support from funders.

Possible outcome: Increased outreach to serve more people

Recommendation: Pursue only after program capacity is funded to meet increase in participation.

Considerations include:

- Home food delivery program participation turnover is low. Once people join a home food delivery program, they typically participate until they no longer need it or pass away.
- Home food delivery programs easily fill their available slots. Many programs are at capacity or over capacity. Some have waiting lists. Additional outreach is unnecessary (unless reaching immigrants, refugees, or other isolated people) until program capacity is funded to grow.
 - o “Outreach is not an issue; maybe prioritization. How do we choose? Right now it is first come first served.”
- The City of Seattle could gather more information about who is hungry and underserved to target its funding although previous studies show isolated people, south Seattle, and refugees and immigrants are underserved.
 - o “The underserved are quieter, on the margins, older, and want to be self-sufficient.”
 - o “The City should survey all food banks to learn about home food delivery. Who does home food delivery? Where do they deliver? Who are they missing?”
 - o “Track clients who refuse home food delivery. Is it because of the undue burden of bureaucratic nonsense?”

Possible outcome: Map geographic coverage and explore collaborative deliveries

Recommendation: Do not pursue unless willing to fund programs to serve each isolated area

Considerations include:

- Coordinating home food delivery is more complex than just aligning routes as programs deliver foods at different rates at different times of the month. Coordinating delivery would have to account for funding streams of who can deliver where. The cost of administrative time would have to be balanced with the savings of fuel.
- Many programs must coordinate their deliveries with volunteers. If programs were to coordinate deliveries, they would have to train all of the volunteers to adhere to protocol for working with another program’s clients, maintaining privacy, who to report to if they see someone in need, etc.
- The rising cost of fuel makes it more difficult to collect and distribute food. Coordinating with other programs creates additional administrative tracking costs.

- Home food delivery programs able to expand their service areas could determine amongst themselves if it is feasible to expand, combine, or coordinate their delivery routes to reach underserved areas. The programs may recommend that new home food delivery programs (and food banks) be based in those underserved areas to ensure better, even more localized services.
- HIBGA funded food delivery programs are required to report the addresses of each homebound client they serve. It is unknown how these very personal data will be used to improve services to hungry homebound people and what could be learned from such an exercise.
 - Mapping addresses of home food delivery recipients would show areas where programs conduct deliveries (which programs could report without this client level data) and underserved areas (which we already know are mostly in south Seattle).
 - Another issue with mapping where homebound clients live is that a “dot” on a map could mean a single person in a house or dozens of people in a building. To distinguish the number of people represented by that dot, HIBGA would refer to the data reports it already receives from programs.
 - A map of food insecure areas on Seattle already exists. For a map of food insecure areas see Appendix D.

Possible outcome: Establish best practices

Recommendation: Pursue only with buy-in from all home food delivery programs.

Considerations include:

- Most information about best practices in home food delivery focuses on nutrition and consumer choice. There is a dearth of information on system efficiencies, flexibility, technology, and sustainability.
- More research could be conducted within the nonprofit world to see if the for-profit world has practices that would improve the quality and decrease the cost of home food delivery.²¹
- Funders should not compare home food delivery programs to each other just “by the numbers” because they deliver to different ratios of buildings to individual houses, have different ratios of staff to volunteers, and deliver at different frequencies to different populations, and with different food content. This comparison leads to some programs looking more or less effective when client retention, health, and satisfaction are important factors as well. Playing a “numbers game” misses the real characteristics and success of programs. Understanding the benefits and dangers of relying on numbers can help inform the process for building a best practices model.

²¹ The nationwide service *Mom's Meals* is a complement to existing home delivered meal programs for the frail, elderly, & people with disabilities in remote areas. As a current home delivered meal provider (Medicaid Waiver & Title III C-2) in over 20 states, the program prepares, packages, and ships fresh meals to any address in the contiguous United States via UPS or FedEx. Pricing for meals under state sponsored programs depends on the programs available in the customer's area.

Possible outcome: Establish shared intake among programs

Recommendation: Do not pursue

Considerations include:

- Information sharing among delivery programs happens before client intake so that clients begin service with the most appropriate (local, medically appropriate, etc.) program. This way continuous brokering of services at the client level need not continue over years of delivery.
- Programs do not “share” information on clients with each other. Programs have unique intake processes, service practices, funding restrictions, and delivery patterns and adjust their intake accordingly. Because they are so unique, and have varying levels of data management capacity and sophistications, it is not feasible for them to have a uniform intake process or a shared database.
 - “Stop trying to standardize intake forms because we have different databases anyway.”
- Centralizing intake would require home food delivery programs to keep the “centralized intake specialist” informed every time they add a new funding stream (and its requirements), assign a client to a different category thus altering availability of service, or engage a new client directly. Program staff are more suited to make these decisions on a case-by-case basis for their programs.
- If funding streams change for a program, the program can refer to its intake materials to move clients around to different funding streams. If intake is not program specific, programs will lose this option.
- Funder data requests make the intake process longer and more complex. Intake forms (and the intake process in general) become lengthier as programs try to accommodate the many questions asked on behalf of funders, especially the HIBGA home food delivery contract.
 - “Intake used to be 2 minutes. [HIBGA requirements] make it 30. We could have 40 clients to process in one night. This slows down our response.”
- Food delivery programs have varying levels of sophistication in the realm of data management with most them being just starting to manage their data with Access. Until programs are on equal footing with their data management, it will be extremely difficult for them to share data.

Possible outcome: Increased linkage to other resources

Recommendation: Do not pursue.

Considerations include:

- It is rare for a client receiving home food delivery to request help with other social services from the person who delivers food or other program staff.
- If staff or volunteers doing delivery witness a person living in squalor or hoarding food bags, they report that information to the home food delivery program supervisor who follows the program’s protocol for handling that situation. Programs are careful as this could be a liability issue if they handle reporting incorrectly or violate someone’s privacy.
- Sometimes home food delivery programs can work directly with case managers if they have concerns. For example, if there is a concern with a Seattle Housing Authority building resident case managers are available for referral.

- Programs do not have the capacity to provide full resource and referral information to clients. The City of Seattle could provide resource lists about social service agencies and food stamps for distribution in food bags.
- If funders want to increase referrals to other services and not just food access, they will need to fund the coordination of these other services. Home food delivery programs are not set up to provide referrals like a multi-service center would be.

Prioritizing Action

Contributions of HIBGA. For each of the outcomes HIBGA chooses to pursue it will need some combination of more stakeholder buy-in, money, capacity, and technical support. Due to limited funding and staffing, HIBGA, ADS, and home food delivery programs must collectively prioritize and sequence the outcomes they want to see and contribute to improving home food delivery in Seattle.

Below is a list of actions HIBGA (and potentially ADS) can take to make significant positive changes in the home food delivery system of Seattle and achieve the outcomes recommended above. Technical advisors have been suggested where applicable. These actions include:

- Research unmet need (most home food delivery can only provide 1/3 of people's overall nutritional needs) and make a plan to fill the gap in partnership with other funders.
- Connect with other funders to share information and data management practices.
- Ask home food delivery programs how they could help strengthen the field.
- Bridge the technology divide among programs by providing technical assistance.
- Align reporting requirements to match food bank reporting and other funders' forms.
- Adapt to service models, reporting practices, and terminology of home food delivery.

1. **Action: HIBGA shares this report with its grantees, fellow funders, and appropriate stakeholders and decision makers.**

- Sharing this report will provide background information to providers, funders, and decision makers involved in food delivery.
- Sharing the report will efficiently illustrate HIBGA's role and relationships to the home food delivery network.
- Sharing the report will help HIBGA "test the waters" with other stakeholders and lay the groundwork for acquiring buy-in for future planning.

2. **Action: HIBGA, ADS, and their contacts create and disseminate a comprehensive list of all food delivery programs.**

- HIBGA (in partnership with the Seattle Food Committee) creates a comprehensive list of all food delivery programs (whether HIBGA grantees or not) serving Seattle residents.
 - This information is already assembled within the Seattle Food Committee food bank list and can be called out easily.
- On one page, list contact information, services provided, areas delivered to, and client eligibility requirements.

- HIBGA and Seattle Food Committee post the list online and distribute to every information source a hungry person would use.
 - A sample list of information sources is provided in this report.
 - The more service providers who have this list, the better integrated home food delivery programs will be in the larger disabilities and senior serving infrastructures.
- Encourage list recipients to disseminate and update the list as well as post the link on their websites.
- Encourage all recipients of this list to share the list in its entirety with anyone trying to participate in home food delivery service (hungry people, their advocates, loved ones, and case managers).

3. Action: HIBGA encourages all home food delivery programs to create and manage a listserv to stay current on each other's availability for service and waitlists.

- HIBGA (in partnership with the Seattle Food Committee) helps all food delivery programs (whether grantees of HIBGA or not) set up a listserv to keep each other abreast of available slots to serve more people and waitlists.
 - Listservs are easy to set-up, free, and any participant can disseminate information at anytime.
 - Listservs are flexible so programs can provide as much or as little information as necessary to one another to help serve more people faster. Participants share important information on service changes whenever they can so there do not need to be protocols for emailing one another updates. Members of the listserv can regulate it as they see fit.
 - Disseminating current information to all food delivery programs simultaneously would allow food delivery programs to participate in the "no wrong door" approach to an even greater degree by helping hungry homebound people calling for service prioritize which programs to contact because they are the most likely to have space. This communication provides the benefits of shared database knowledge without the administrative burden.
 - A listserv would also allow home food delivery programs keep each other abreast of advances in the field, funding opportunities, and future administrative collaborations.

4. Action: HIBGA carefully defines its goals, principles and desired outcomes and how it can best contribute to jointly achieving those outcomes with providers and other stakeholders.

- HIBGA develops goals and principles.
- HIBGA prioritizes outcomes it will pursue.
- HIBGA identifies necessary stakeholders including home food delivery programs, funders, and ADS who are integral to achieving those outcomes to determine if they value and want to pursue the same outcomes.
- HIBGA decides how it can contribute (financially, technically, and with staffing) to the existing home food delivery network to meet its desired outcomes.

5. Action: HIBGA generates buy-in of other stakeholders and builds on the strengths of the existing home food delivery network.

- HIBGA begins strategic planning with stakeholders on how all will contribute (financially, technically, and with staffing) to realize mutually valued outcomes for home food delivery.
- HIBGA works with home food delivery programs toward mutual understanding of mission and roles and shared desire to build on the strengths of the existing infrastructure, including the larger emergency food system, and services for seniors and people with disabilities.
- HIBGA takes advantage of the existing informal communication system among home food delivery programs. HIBGA can be supportive of and participate in the organic exchange of information already happening between programs.
- HIBGA and ADS clarify “who is who” so all home food delivery programs understand available funding streams, what they can apply for, and the data management expectations.
- HIBGA gathers information about why some home food delivery programs do not pursue HIBGA funds and then reaches out to those programs.

6. Action: HIBGA works with ADS to determine if they share mutual goals and assess costs and benefits of collaborating.

- HIBGA and ADS determine if they share the same desired outcomes and prioritize what they will tackle jointly.
- HIBGA and ADS evaluate if funding distribution of a comprehensive list of home food delivery programs contributes to their shared goals.
 - This could be the easiest place to begin collaboration between the two funders as both want a more comprehensive and easily accessible source of information on where hungry homebound can enroll in food delivery.
 - This would be very low-cost with immediate results.
- HIBGA and ADS evaluate if using the same RFP process to make joint allocations is feasible and contributes to their shared goals.
 - This may not be possible as the complexity of different funding streams of both offices must be taken into account; ADS is essentially a conduit of federal monies.
 - Currently, HIBGA already funds two of the three programs that ADS funds.
- HIBGA and ADS evaluate if using the same data collection strategy to gather client demographics and/or feedback contributes to their shared goals.
 - The complexity of different data management capacity of both offices and ownership of data must be taken into account. ADS does not have a great deal of flexibility as it must meet strict requirements of federal funds.
 - If HIBGA decides to stop collecting client level address data (since it does not need to track multiple program use), creating a more complex data management system is unnecessary.
- HIBGA and ADS evaluate if formalizing their relationship through policy change or updated administrative protocol contributes to their shared goals.

- This may not be an option as ADS is the Seattle-King County Area Agency on Aging rather than a division administered entirely in the Human Services department solely serving Seattle.

7. Action: HIBGA (and ADS) find efficient and useful ways to collect data to inform future decision-making

- HIBGA (and ADS) inform all of their grantees that neither department is concerned about hungry homebound people getting food from more than one program.
 - Both agencies document and distribute this position to their grantees, fellow funders, and the public to reduce fears or confusion.
 - ADS explains that it manages the OAA funding for home delivered meals which allows for clients to also use COPES dollars for additional food and solicits other programs to participate.
 - By not needing to monitor if clients use more than one food delivery program, there is even less need for HIBGA and ADS to track individual client addresses.
- HIBGA outlines how its data management practices help improve the amount and quality of food and delivery service reaching hungry homebound people.
- HIBGA works with Ken Craig, a food bank database developer, for a simplified database management system to help finalize its reporting forms. HIBGA and Mr. Craig offer a workshop to food delivery programs on how to collect, manage, and report data more accurately and efficiently with proper database management training.
- HIBGA finalizes its food delivery reporting form for 2010 and outlines how it will manage, analyze, share data.
 - Data that are not analyzed and shared should not be collected as collecting and tracking data can be invasive for clients, burdensome for programs, and wasteful for City staff.
- HIBGA (and ADS) get logistical planning advice from a trusted program familiar with HIBGA (and ADS) data requirements. Chicken Soup Brigade is poised to advise on complex data management because it:
 - Receives both HIBGA and ADS (OAA and COPES) funding and is familiar with reporting to both (and many other funders).
 - Does meal and grocery delivery.
 - Manages a great deal of data.
 - Accommodates nutritional and cultural needs.
 - Has begun tracking distribution of more nutritious foods.
- HIBGA works with home food delivery programs to find a respectful and practical way to collect and report the most meaningful data.
- HIBGA aligns its home food delivery reporting forms to its own food bank contracts and other funders.
- HIBGA collaborates with home food delivery funders to create a single online reporting form that could be accessed by multiple funders to efficiently relay up to date, accurate data.

- HIBGA could model the joint North & East King County Cities Reimbursement Request Form that is part of the Human Services Pooled Funding Program. It is a joint online reporting form shared by the cities of Bellevue, Bothell, Issaquah, Kenmore, Kirkland, Mercer Island, Redmond, Sammamish, Shoreline, and Woodinville.
- HIBGA clarifies why data are collected, how they are protected, and how they will be used so food delivery recipients, staff, and volunteers know what they are being asked to reveal and why. HIBGA carefully considers provider feedback about additional or more informative data points to track.
- HIBGA models successful collaborations between grantors and grantees to make mutually beneficial decisions about expectations and reporting for the future.

8. Action: HIBGA (and ADS) strengthen culturally competent home food delivery

- HIBGA and ADS consult with the Refugee Women’s Alliance, a culturally competent congregate meal provider, to gather information on cultural competency cost, outreach, and using food as a means to connect people of color, refugees, and immigrants to more services.
- HIBGA and ADS consult with the Emergency Feeding Program, a culturally competent grocery distributor, about cost effective and efficient ways of disbursing more diverse foods that reflect Seattle’s changing populations.
- HIBGA funds providers that already have the appropriate staffing, expertise, community knowledge and trust to identify, engage, and serve culturally diverse and marginalized populations.
- HIBGA funds culturally competent programs to coach less culturally competent home food delivery programs.

9. Action: HIBGA (and ADS) research food insecurity and who else could be engaged in the home food delivery system

- HIBGA works with Susan Kinne, of King County Public Health and City of Seattle Human Services, (currently assisting with evaluation planning in the Human Services Department) to learn what nutrition and food insecurity data already exist in Seattle and King County to determine how much additional data HIBGA wants to collect. See Appendices C and E for approved examples of approved data collection tools.
- HIBGA collaborates with home food delivery programs and other funders to learn which data they already collect and their suggestions for the best ways to increase nutrition and client well-being.
- HIBGA solicits research assistance from the University of Washington. The Program on the Environment, Department of Epidemiology, Geography, and Department of Urban Design and Planning are examples of departments with faculty and students interested in food policy.
- HIBGA decides which food insecurity and service improvement data it will compile (or collect in addition) and creates an RFP inviting home food delivery programs to participate. The RFP will supply those programs with training, intake materials, and technical support in addition to their existing home food delivery contracts.

- HIBGA continues to fund programs to supplement their food bags/meals with more nutritious foods.
- HIBGA, perhaps in collaboration with other funders, releases a report on where hungry people are and where to extend services to aid in funder planning and funding allocations.

Contributions of home food delivery programs. While HIBGA and ADS work to create efficiencies for funding and data requirements, home food delivery providers can harness their strengths to fortify the system as a whole. These home food delivery provider contributions include:

- Formally self-mapping their individual delivery offerings so all information sources can tell hungry homebound people whom to call.
- Using knowledge of various funder reporting requirements to provide a proposal to funders for how funders can collaborate with each other to better serve the community.
- Collaborating with each other and funders to find the best ways to meet specific cultural and ethnic needs of local populations.

Conclusion

If all home food delivery programs and funders in Seattle (including HIBGA and ADS) establish shared outcomes and commit to achieving them, they can create a city-wide meal and grocery delivery network that:

- Helps hungry homebound people get the food they need with dignity.
- Harnesses the power of existing relationships among home food delivery programs, their many funders, volunteers, communities, and clients.
- Builds upon current home food delivery efforts and investments.
- Maximizes efficiencies and strengths.
- Eliminates redundant administrative activities.
- Fills geographic gaps and decreases service fragmentation.
- Provides comprehensive information on home food delivery availability.
- Outlines efficient and respectful ways to collect and report client data.
- Informs future decision-making with sustainable methods.

Appendix A

Participation in the Community Options Program Entry System (COPES)

What is COPES?

COPES is a categorically needy (CN) waiver program (entitlement) that provides clients (described in WAC 388-515-1505) with alternatives to placement in a medical facility. The goal of this program is to provide a safe level of care with maximum independence.

How COPES works

COPES provides case managers and up to one hot or frozen meal per day to low income homebound adults and seniors receiving Medicaid. Most are age 60 or older. In the COPES program, people can get additional meals, but doing so reduces the number of caregiving hours they receive.²²

How people can join COPES

A Comprehensive Assessment is completed by Home and Community Services (HCS) or Area Agencies on Aging (AAA) staff for all clients to determine initial or ongoing HCS Waiver/COPES eligibility. A client attains *Institutional Status* when he/she receives HCS Waiver/COPES services. The Eligibility Determination Process includes:

1. Determine both financial need and functional need.
2. Complete both eligibility determinations concurrently.
3. Both financial and functional eligibility must be determined before authorizing HCS Waiver/COPES.

Who administers COPES

Washington State's Aging and Disability Services Administration (ADSA) is an agency within the Department of Health and Social Services (DSHS). ADSA delivers services throughout Washington State through a partnership of Area Agencies on Aging (AAA) and the Home and Community Services Division (HCS). HCS completes the initial comprehensive assessment and authorizes services for all new applications. Clients receiving in-home services are then transferred to AAA for continuing case management. HCS maintains the case management for clients in facilities while. AAA manage, review, and reauthorize cases of client receiving in-home long-term care services administered by ADSA.

The AAA for Seattle and King County is Aging and Disability Services (ADS). COPES home delivered meals served approximately 130 people across King County between January and September 2009. ADS also manages Older American's Act federal funding which includes monies for home food delivery.

What is confusing about COPES

The deduction from personal care services for meal preparation covered by home delivered meals has caused some confusion. In addition, there has been ongoing confusion about which source [Older Americans Act (OAA) or COPES] should provide home meals for people who are eligible for both programs.²³ Because service requirements for the two funding streams are contradictory, some home food delivery programs serve clients using one funding stream or the other.

²² Personal care hours are reduced whether the client gets the meal under OAA or COPES. For COPES meals, .5 hours are manually deducted for each meal authorized before authorizing personal care payments. For meals provided by an informal support or a community resource such as OAA meals, a percentage of time is deducted based on the information provided on the meal preparation screen and overall client need. If meals are provided by a community resource such as OAA, it must be reflected on the meal preparation screen in the status field as "Met" or "Partially Met."

²³ According to Washington State's Aging and Disability Services Administration, "Referral [to the Older Americans Act (OAA) Home Delivered Meals (HDM) program] is appropriate for a COPES client (60 years or older) if there is still unmet need in meal preparation for other meals, and the client would prefer to get that need met with a home-delivered meal rather than having the in-home provider prepare the meal. (COPES can only provide one meal a day)."

Appendix B

Difference between TEFAP and EFAP

TEFAP is **The Emergency Food Assistance Program**. TEFAP is administered at the Federal level by the Department of Agriculture's Food and Nutrition Service. With TFAP, the USDA buys food, including processing and packaging, and ships it to states. The amount each state receives depends on its low-income and unemployed population.

State agencies receive the food and supervise administration and distribution. The states select local organizations that either directly distribute to households or serve meals or distribute to other local organizations that perform these functions.

The TEFAP State Distribution Agencies in Washington are Child Nutrition Services and the Department of General Administration Food Programs.

TEFAP is different from EFAP, the **Emergency Food Assistance Program**. The Community Services Division (CSD) of the Washington State Department of Commerce contracts with local service providers around the state to deliver EFAP. EFAP assists Washington organizations and tribes in providing food to low-income, vulnerable individuals.

EFAP funds come from the Washington State General Fund. EFAP funds may be used by food banks to pay for staff, operational expenses, equipment, and food. EFAP funds may also be used to purchase food for clients with special dietary needs, such as diabetes, HIV/AIDS, cancer, heart disease, those who are pregnant, or those who have cultural preferences. EFAP may also pay for training for food bank staff and volunteers. EFAP funds may not be used for prepared meal programs.

Appendix C

Measuring Food Insecurity

Food insecurity is a concept that refers to the social and economic problem of lack of food due to economic deprivation, not voluntary fasting or dieting or for other reasons.

Food insecurity is experienced when there is (1) uncertainty about future food availability and access, (2) insufficiency in the amount and kind of food required for a healthy lifestyle, and/or (3) the need to use socially unacceptable ways to acquire food.

Food insecurity is a complex, multidimensional phenomenon which varies through a continuum of successive stages as the condition becomes more severe. Each stage consists of characteristic conditions and experiences of food insufficiency to fully meet the basic needs of household members, and of the behavioral responses of household members to these conditions.

A standard 6-item subset of the indicator questions has been developed for circumstances in which limitations on survey time are insurmountable, designed to *capture reliably the first two thresholds identified in the full continuum measured by the food-security/hunger scale -i.e., the threshold of identifiable household food insecurity and the threshold of identifiable hunger among household members*. Testing has shown this standard subset to be significantly more reliable in classifying households accurately to the appropriate food security status level than alternative small, idiosyncratic sets of food-security indicators selected on impressionistic or "face-validity" grounds alone. (Bickel G, Nord M, Price C, Hamilton WL, Cook JT. Guide to measuring household food security: revised 2000. Alexandria (VA):; Department of Agriculture (US), Food and Nutrition Service; 2000.)

Below is a survey tool to be used by staff. The 6 survey questions used to determine food insecurity (affirmative answers to 2 or more items):

The next few questions ask about having enough food. Please tell me if the statement is often true, sometimes true or never true for your household.

1. The first statement is "The food that **[/we] bought**] just didn't last, and **[I/we]** didn't have money to get more." Was that often, sometimes, or never true for **[you/your household]** in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

2. "**[I/We]** couldn't afford to eat balanced meals." Was that often, sometimes, or never true for **[you/your household]** in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

3. In the last 12 months, since **[month]** did **[you/you or other adults in your household]** ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No

4. How often did this happen – almost every month, some months but not every month, or only 1 or 2 months?

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months

5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

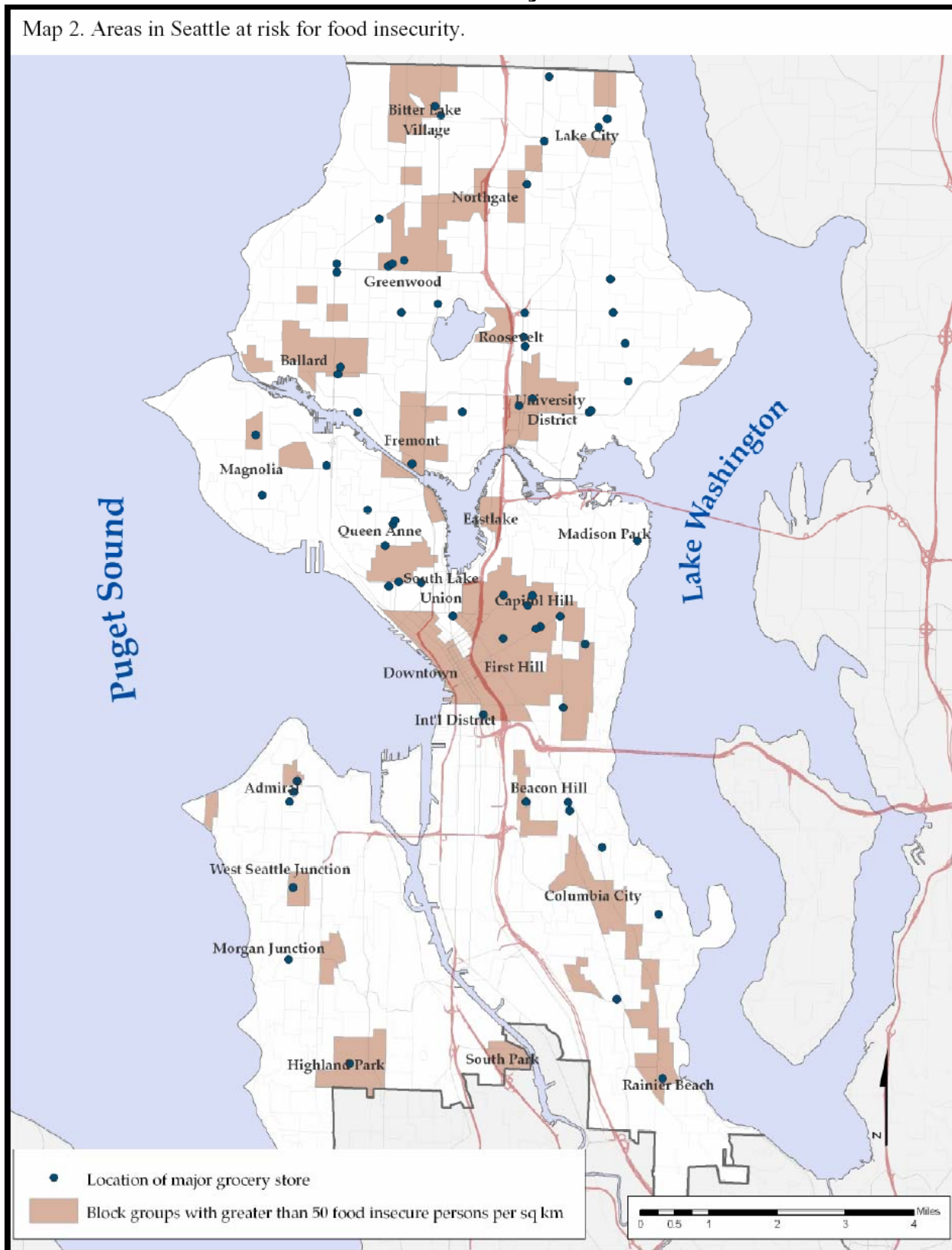
- 1 Yes
- 2 No

6. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1 Yes
- 2 No

Appendix D Areas in Seattle at Risk for Food Insecurity

Map 2. Areas in Seattle at risk for food insecurity.



Appendix E

Measuring Adequate Nutrition

The American Academy of Family Physicians, in partnership with the American Dietetic Association and the National Council on Aging, has promoted the Nutrition Screening Initiative (NSI). The NSI has developed a simple screening tool that may be self administered or graded by any health care professional or family member.

Below is a part of the NSI screening tool to find out if someone is at nutritional risk. Administrators read the checklist, rate the severity of the person's answer, and then add the numbers to find the person's nutritional score.

Determine Your Nutritional Health

10. I have an illness or condition that made me change the kind and /or amount of food I eat.

11. I eat fewer than two meals per day.

12. I eat few fruits or vegetables, or milk products.

13. I have three or more drinks of beer, liquor or wine almost every day.

14. I have tooth or mouth problems that make it hard for me to eat.

15. I don't always have enough money to buy the food I need.

16. I eat alone most of the time.

17. I take three or more different prescribed or over-the-counter drugs a day.

18. Without wanting to, I have lost or gained 10 pounds in the last six months.

19. I am not always physically able to shop, cook and/or feed myself.

Total the nutritional score. If it's--

- 0-2 Good! Recheck your nutritional score in six months.
- 3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in three months.
- 6 or more You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.