NEVADA OFFICE OF FOOD SECURITY

NUTRITION PROGRAMS GAP ANALYSIS FOR OLDER NEVADANS



ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Food insecurity affects Nevadans of all ages but older adults face a significant health impact when they lack consistent access to enough food. Food insecurity is a condition that is assessed and represented in USDA reports. It is a household-level economic and social condition of limited or uncertain access to adequate food (1).

On February 12, 2014, Governor Brian Sandoval established the Governor's Council on Food Security (GCFS) per Executive Order 2014-03. The GCFS was established within the Department of Health and Human Services' (DHHS) Office of Food Security (OFS) and tasked with effectively improving the quality of life and health of Nevadans by increasing food security throughout the state. GCFS is the recognized advisory board on strategies to improve food security, whereas the Governor's Commission on Aging (CoA) is the recognized advisory body on strategies to improve the health and wellbeing of older adults in Nevada.

To better understand how the current food system works in addressing the needs of food insecure older Nevadans, how funding for these programs is distributed, and what the trends and projections are for the population, the OFS commissioned a gap analysis. To oversee the development of this gap analysis, a Stakeholder Study Group (SSG) was convened and included members from food banks, state and local government, nonprofit organizations, and local coalitions. The SSG was responsible for approving research questions, identifying key informants, and developing strategies and recommendations.

Social Entrepreneurs, Inc. (SEI) conducted research to understand the current and projected environmental factors facing older Nevadans in the context of food insecurity. Data was collected from state sources, sponsors of food programs that reach older Nevadans, and independent research was conducted on demographics, projections, and trends. SEI mapped food security resources by county, and SSG members provided additional data and maps. Finally, budgets and other funding data were collected to help identify gaps. Key informant interviews with individuals identified by the SSG as having specialized knowledge about the food service spectrum in Nevada were conducted to gather insight regarding the critical issues facing older Nevadans who do or may suffer from food insecurity.

QUICK FACTS

- About 80**,000** older Nevadans (ages 60 years and older) were food insecure in 2016
- Nevada will see a 36% increase in the older adult population over the next ten years
- Therefore, it is estimated by 2025, 17,000 more older Nevadans will need nutrition services than those today, totaling almost 100,000 older Nevadans
- One in three older Nevadans had a disability in 2015
- Over 40% of older Nevadans lived alone in 2015
- Two out of three older Nevadans were considered burdened or very burdened with the cost of housing in 2013
- Nearly 90% of older Nevadans rely on Social Security benefits

DATA SUMMARY

In 2015, the total population in Nevada of those 65 years and older was 380,706, representing 13.6% of the state's total population. Population estimates by the Nevada State Demographer show that by 2025, Nevadans who are 65 years or older will make up approximately 16.5% of the population (2). Nevada's older adult population is anticipated to increase by 36% over the next 10 years. Currently, 14.8% of older Nevadans are food insecure. While trends in food insecurity have improved in recent years, the percentage will continue to rise as the population grows unless strategies are implemented to address the concern.

Research and data from SSG members illustrated several barriers to addressing the needs of food insecure older Nevadans:

- Federal nutrition benefits are under-utilized by eligible older adults in Nevada.
- Pantries cover the largest percentage of food insecure older Nevadans served through charitable means, which will likely increase disproportionately to the growth of other nutrition services due to program requirements, caseload restrictions, and program costs; yet pantries do not receive any dedicated funds for food purchases or services such as home delivery.
- Meal sponsors are burdened by expenses that far exceed the per meal reimbursement provided by state, local, and federal government funds resulting in wait lists, reduced days of meal service (or fewer delivered meals), and threatens the very existence of program providers/sponsors.
- Cost per meal reductions won't fully satisfy the gap between operational costs and reimbursement. Although the Nevada Legislature raised per meal reimbursements for sponsors for new meals provided to clients previously on the waiting list, additional increases may be needed and warranted.

RECOMMENDATIONS

Based on the research and key informant interviews, the SSG developed recommendations under three broad categories of Policy, Operations, and Funding.

POLICY

- Establish the Governor's Council on Food Security as a permanent advisory committee, board, or commission.
- Maximize food access by encouraging utilization of all available food programs for which older Nevadans and their dependents are eligible.
- Provide the Gap Analysis to the Governor's Council on Food Security and the Governor's Commission on Aging for review, adoption, and implementation as appropriate.
- Support person-centered planning and service delivery through a "no wrong door" approach for all providers of nutrition services and create a continuum of nutrition services.
- Collaborate with transportation services to promote access to food.
- The Governor's Council on Food Security should regularly review food and nutrition state plan proposals to make recommendations related to senior nutrition.

- Provide the Aging and Disability Services Division's (ADSD) Meal Cost Study (Fall 2018) to the Governor's Council on Food Security and the Governor's Commission on Aging to develop recommendations based on the study's results.
- Request the Governor's Council on Food Security and the Governor's Commission on Aging support advocacy efforts to oppose changes to SNAP that increase stigma and eliminate entitlement.

OPERATIONS

- Implement strategies to encourage and reduce barriers to SNAP participation among eligible older adults.
    - Lengthen certification period to promote participation
    - Work with the Division of Welfare and Social Services (DWSS), Senior Famers' Market Coupon Program, EBT access at Farmers' Markets, and ADSD to implement new practices
    - Promote a SNAP enrollment drive among older Nevadans
- Support innovative approaches for home delivered groceries and meals through:
    - Reimbursable services (Medicaid and Medicare)
    - Food insecurity grant funds/success contracts through DHHS
    - SNAP redemptions via online grocery ordering
    - SNAP redemptions to support senior nutrition non-profit sponsors
    - Increase the number of programs and amount of funding for offering home-delivered groceries for self-prepared meals
    - Connect food delivery to social engagement
- Utilize banquet meals rescue for non-reimbursable meals for congregate settings.
- Support partnerships and capacity building to create greater efficiencies in programs that would allow for a greater number of older Nevadans to be served.
- Expand diversity of foods available through food banks and commodity foods to address client needs for animal protein and dairy as part of a balanced diet.

FUNDING

- Support all efforts to secure Medicaid and Medicare funding for the reimbursement of nutrition related services.
- Request the Governor's Council on Food Security and the Governor's Commission on Aging support advocacy efforts to increase meal reimbursement rates based on the findings of the ADSD Rates Study to create parity between children and senior meal programs.
- Request the Governor's Council on Food Security and the Governor's Commission on Aging support advocacy efforts to Congress to increase funding for senior meal programs through the Older Americans Act and provide states greater flexibility in administration rules to meet local needs.

INTRODUCTION

On February 12, 2014, Governor Brian Sandoval established the Governor's Council on Food Security (referred to as "Council") per Executive Order 2014-03. The GCFS was established within the Department of Health and Human Services' (DHHS) Office of Food Security (OFS) and tasked with effectively improving the quality of life and health of Nevadans by increasing food security throughout the state. The Council is charged with implementing the statewide strategic plan: *Food Security in Nevada: Nevada's Plan for Action*. This plan of action outlines the priorities for the state, which include:

Lead

- **Goal 1**- Establish the systems and positions necessary to implement a permanent, sustainable, accountable state leadership structure for food security to increase all Nevadans' understanding, value, and support of food security solutions.
- **Goal 2**- Promote a policy agenda to increase food security in Nevada.

Feed

- **Goal 1**- Maximize participation in each federal nutrition program available to the state.
- **Goal 2**- Establish and integrate an actual or virtual "one-stop-shop" system to increase access to food and other services for food-insecure Nevadans.

Grow

- **Goal 1**- Increase the number of servings of nutritious foods consumed by Nevadans – with emphasis on foods that are produced in Nevada.

Reach

- **Goal 1**- Change the current models of purchase (commodities) and distribution of nutritious foods to increase economies of scale, and link frequency of deliveries and availability of local food to the specific needs of communities throughout the state (rural, urban, and food deserts).
- **Goal 2**- Develop the technology to connect and share data among multiple state agencies, regional food banks, community agencies, and faith-based organizations for efficient and effective targeting of services and populations.

The mission of the Office of Food Security is to, "**IMPROVE THE QUALITY OF LIFE AND HEALTH OF NEVADANS BY INCREASING FOOD SECURITY THROUGHOUT THE STATE**."

The guiding principles for the OFS are:

1. Incorporate economic development opportunities into food security solutions.
2. Use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance.
3. Focus on strategic partnerships between all levels of government, communities, and nonprofit organizations including foundations, private industries, universities, and research institutions.
4. Use available resources in a more effective and efficient way.
5. Implement research-based strategies to achieve measurable results.

> *Food insecurity is defined as the state of being without reliable access to a sufficient quantity of affordable, nutritious food.*
>
> United States Department of Agriculture

One area of importance to the OFS is ensuring older Nevadans are food secure with the resources needed to remain healthy and independent. Nevada's shifting demographics and population projections indicate the likelihood of an increased need for nutrition services for older Nevadans that may strain the service delivery system charged with meeting that need. At the same time research and surveys from Nevada's Food Security Plan (2013) indicate that stigma and lack of awareness of nutrition programs and services can be barriers to accessing services when in need. Finally, differences in funding of services in rural versus urban areas, coupled with stagnant federal funding for nutrition programs may exacerbate the issue, making underserved areas more vulnerable to a fragile delivery system.

The OFS commissioned a gap analysis to better understand how the current food system works in addressing the need of food insecure older Nevadans, how funding for these programs is distributed, and what the trends and projections are for the population.

METHODS OF THE STUDY

To oversee the development of this gap analysis, a Stakeholder Study Group (SSG) was convened. The group included members of the following agencies:

- Aging and Disability Services Division (ADSD)
- Food Bank of Northern Nevada (FBNN)
- Three Square Food Bank
- Division of Welfare and Supportive Services (DWSS)
- Catholic Charities of Southern Nevada
- Nevada Senior Center Association
- AARP Nevada
- Division of Public and Behavioral Health (DPBH)
- Healthy Communities Coalition (HCC)
- Washoe County Senior Services
- Helping Hands of Vegas Valley
- Nevada Office of Food Security (OFS/DHHS)
- Nevada Women, Infants, and Children (WIC)

The SSG was responsible for approving research questions, identifying key informants, providing data, and developing recommendations.

Research and Data Collection

Research was conducted to understand current and projected environmental factors facing older Nevadans in the context of food insecurity. The research sought to answer the following questions:

1. What financial resources are available to support food programs for older Nevadans?
2. What is the projected need for food services for older Nevadans?
3. What are the variances by county?
4. What trends have been forecasted for older Nevadans?
5. What are the non-food social determinants of health for older Nevadans?
6. Are programs accessible to meet the needs of older Nevadans? (Where are we opening doors to food services for older Nevadans?)
7. What gaps exist?
8. What are innovative approaches to serving older adults in other states?

SEI was contracted by the OFS to conduct the gap analysis. SEI is a privately held corporation whose mission is to improve the lives of people by helping organizations realize their potential. SEI collected data from state sources, sponsors of food programs that reach older Nevadans, and conducted independent research on demographics, projections, and trends. SEI mapped food security resources by county, and SSG members provided additional data and maps. Finally, budgets and other funding data were collected to help identify gaps.

For the purposes of this report, Fiscal Year (FY) is reported as the period of July 1 to June 30.

Key Informant Interviews

SEI conducted key informant interviews to gather insight regarding the critical issues facing older Nevadans who do or may suffer from food insecurity. Interviews focused on identifying barriers, challenges, and system strengths and weaknesses. Twenty-one interviews were conducted between June 26 and July 21, 2017 with individuals identified by the SSG as having specialized knowledge about the food service spectrum in Nevada. SEI staff conducted the one-hour interviews by telephone.

Food Insecurity Risks

Food insecurity has been linked to:

- Poorer self-reported health
- Lower quality of life
- Cardiovascular disease
- Diabetes
- Anemia
- Obesity
- Functional impairment
- Anxiety and depression
- Cognitive function

Environmental factors such as food cost, availability, distance to obtain food, walkability, safety, and available transportation all influence dietary intake.

When one of these factors is compromised, it can have a detrimental impact on the nutritional status of an older individual (7).

CONTEXT OF THE STUDY

During the Governor's Council on Food Security meeting on January 11, 2017, the issue of older Nevadans who are food insecure was presented to the Council. While much of the work in Nevada to date has focused on child and adult food insecurity, food insecurity for older adults is equally important as 18.8% of older Nevadans were deemed food insecure in 2014 (3). It is anticipated the prevalence of food insecurity will increase nationally through 2025, when the youngest baby boomers turn 60 years of age (4). The impact will be even more pronounced in rural counties, which tend to have a higher percentage of older adults when compared to urban counties (5). This means rural Nevada will face extreme challenges in providing needed services to the older population. Urban areas will also face barriers in serving older Nevadans due to the significant size of the older adult population base (6).

The older adult population faces unique challenges compared to other age groups. Those living at home are at an increased risk of hunger due to poor health conditions; lack of reliable social support and transportation; low fixed incomes; and disability or functional limitations that impact their ability to obtain or prepare food (7) (8). Low socioeconomic status is a known cause of food insecurity in older adults due in part to the limited financial resources available for purchasing food; often, money goes toward cheaper and less nutritious foods so other life necessities can be paid, such as housing, utilities, and prescriptions.

The older population is not limited to just those who are 65 years and older. Aging trends indicate this population consists of three generations (6):

- Pre-retirement (ages 50-64)
- Retirement qualified (ages 65-84)
- Oldest old (85 and older)

Because many sources, including the U.S. Census Bureau and the Nevada State Demographer, report population breakouts in five-year age increments, the pre-retirement group consists of ages 55-64 years for the purposes of this gap analysis. Nutrition-related services in Nevada for older adults serve the population aged 60 years and older.

STUDY LIMITATIONS

There were several limitations to the gap analysis that should be considered:

- The analysis is limited in outlining the tribal perspective of older American Indian food insecurity. The Nevada Department of Agriculture (NDA) provided input about the Food Distribution Program on Indian Reservations (FDPIR); however, researchers were unable to secure an interview with a tribal representative.
- The analysis does not address food insecurity among older Nevadans who are veterans.
- Some data sets were not available at the county level, which impacted the ability to provide some statewide comparisons.
- Interviews on the strengths, weaknesses, and opportunities are focused on people already receiving services from public and private entities in the food system. Individuals who are not being reached by those systems were not represented by those interviewed.

PROFILE OF OLDER NEVADANS

Food insecurity is not a direct result of any one factor. It is a culmination of several medical, social, economic, and cultural constraints. For this reason, it is important to understand not only the population projections of older Nevadans, but also their social determinants of health.

Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, and age. These conditions affect a wide range of health risks and outcomes, particularly in older adults (10). SDOH can affect the well-being, functional independence, and quality of life for older Americans.

The following sections provide a comprehensive profile of the older Nevadan population. Geographical information about Nevada, as well as demographic data for the older population, is presented followed by data categorized by the SDOH framework.

FIGURE 1 HEALTHY PEOPLE 2020 SOCIAL DETERMINANTS OF HEALTH

NEVADA LANDSCAPE

Nevada encompasses 110,567 square miles, making it the seventh largest state by area. Nevada is roughly 492 miles long and 322 miles wide and consists of mostly mountainous and desert terrain. Altitudes vary widely from 500 feet to over 13,000 feet.

Approximately 86% of Nevada's land is owned by the U.S. federal government under various jurisdictions both civilian and military. Much of this land mass is found in Nevada's 15 rural counties (11).

DEMOGRAPHIC PROFILE OF OLDER NEVADANS

More people are living beyond their 80s due to advances in medicine and technology. According to U.S. Census Bureau population estimates, the nation's median age rose from 35 years in 2000 to 38 years in 2016. This rise is attributed to the baby-boomer generation. Residents aged 65 years and older grew from 35 million in 2000 to 49 million in 2016, a 40% increase (12). Nevada also experienced an increase in median age during this period, and projections anticipate this trend will likely continue over the decade.

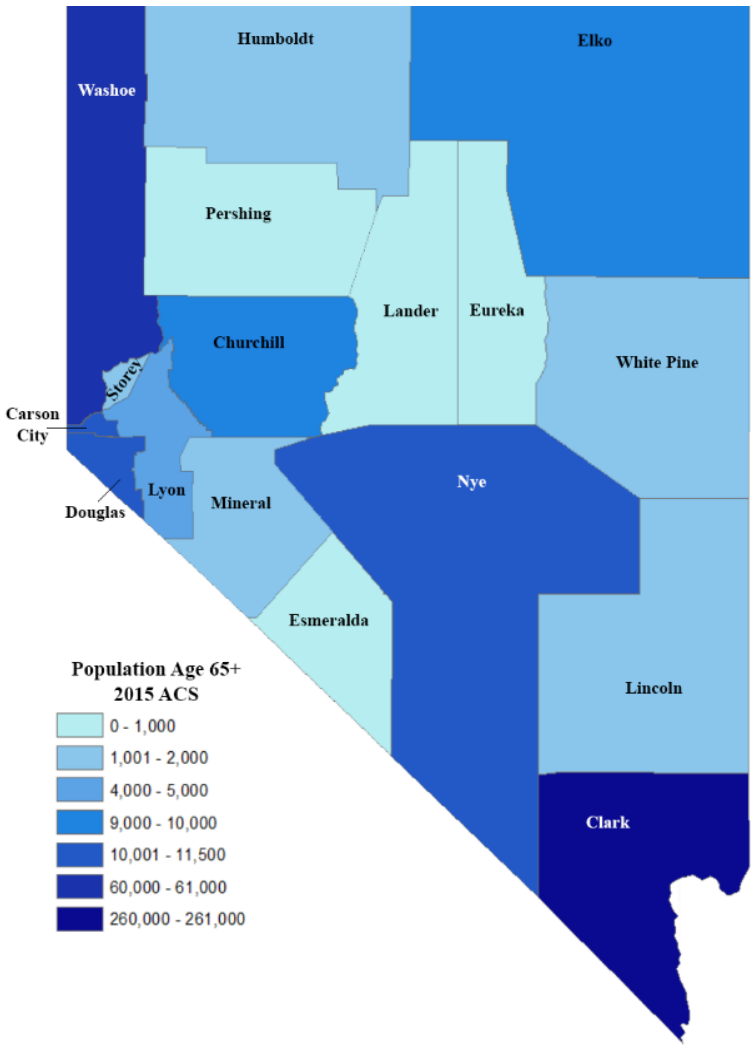
In 2015, the population in Nevada of those 65 years and older was 380,706, representing 13.6% of the state's total population. Approximately 32.3% of these seniors (or 123,124) had incomes at or below 200% of the federal poverty level (FPL) (13). Population estimates from the Nevada State Demographer show by 2025, Nevadans who are 65 years or older will make up approximately 16.5% of the population (2).

Figure 2 shows the 2015 population estimates for older Nevadans by county (ages 65 years and older). Urban areas, such as Clark and Washoe Counties, have the largest older Nevadan population, consistent with those areas having the highest population base throughout the state. Nye County has the largest population of older Nevadans when compared to the remaining frontier and rural counties.

When breaking down the older Nevadan population by the three generations (including ages 55 years and older), the 2015 U.S. Census Bureau shows:

47% or 339,203	Are pre-retirement (age 55-64 years)
48% or 344,490	Are retirement qualified (65-84 years)
5% or 36,216	Are oldest old (age 85+ years)

FIGURE 2 NEVADA POPULATION AGE 65+: 2015



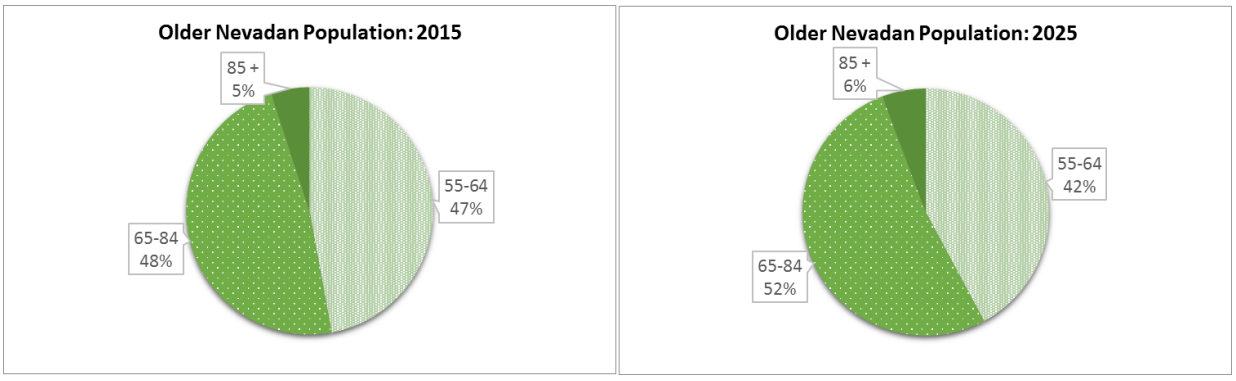
Population projections indicate there will be considerable changes between 2015 and 2025 within the three populations of older Nevadans. The following changes are presented in the table below, categorized by both county and the generation of older Nevadan (Table 1).

TABLE 1 POPULATION PERCENT CHANGE BETWEEN 2015 AND 2025

County		Age 55-64			Age 65-84			Age 85+		
		2015 Pop.	2025 Pop.	% Change	2015 Pop.	2025 Pop.	% Change	2015 Pop.	2025 Pop.	% Change
Urban	Clark	233,501	276,893	18.6%	236,458	324,593	37.3%	24,065	34,335	42.7%
	Washoe	57,304	57,118	-0.3%	54,082	77,653	43.6%	6,572	7,649	16.4%
Rural	Carson	7,823	7,778	-0.6%	8,472	8,556	1.0%	1,546	1,631	5.5%
	Churchill	3,184	3,110	-2.3%	3,730	4,170	11.8%	400	565	41.3%
	Douglas	8,264	7,686	-7.0%	10,179	13,782	35.4%	917	1,854	102.2%
	Elko	6,145	6,591	7.3%	4,267	7,150	67.6%	366	583	59.3%
	Esmeralda	151	111	-26.5%	261	194	-25.7%	38	52	36.8%
	Eureka	249	285	14.5%	196	380	93.9%	47	39	-17.0%
	Humboldt	2,339	1,868	-20.1%	1,560	2,329	49.3%	125	227	81.6%
	Lander	875	594	-32.1%	743	937	26.1%	74	101	36.5%
	Lincoln	549	605	10.2%	966	1,045	8.2%	35	155	342.9%
	Lyon	7,646	6,902	-9.7%	8,868	10,481	18.2%	867	1,496	72.5%
	Mineral	796	441	-44.6%	913	865	-5.3%	119	147	23.5%
	Nye	7,315	6,001	-18.0%	10,488	11,537	10.0%	860	1,867	117.1%
	Pershing	780	657	-15.8%	926	962	3.9%	48	141	193.8%
	Storey	889	981	10.3%	1,004	1,529	52.3%	917	105	250.0%
	White Pine	1,393	629	-54.8%	1,377	1,575	-14.4%	107	272	154.2%
	Nevada	339,203	378,250	**11.5%**	344,490	467,738	**35.8%**	36,216	51,219	**41.4%**

Figure 3 demonstrates the shift between the three age categories of older Nevadans at a statewide level between 2015 and 2025. It is significant to note while there is only a one percentage point change for those 85 years and older over the decade, as a proportion of Nevada's total population, the actual numbers represent a growth from 36,216 people in 2015 to 51,219 in 2025.

FIGURE 3 OLDER NEVADAN POPULATION BY AGE: 2015 & 2025



GENDER

A nationwide trend shows older women tend to outnumber older men as they have a longer life expectancy. Nevada follows this trend; most older Nevadans (65 years and older) are female and represent 53% of the older Nevadan population, while males make up 47% of the population.

RACE/ETHNICITY

Figure 4 shows the breakdown of race/ethnicity according to each age category of older Nevadans. Nevada's older population is primarily White (71%), followed by Hispanic (13%), and Asian or Pacific Islander (eight percent).

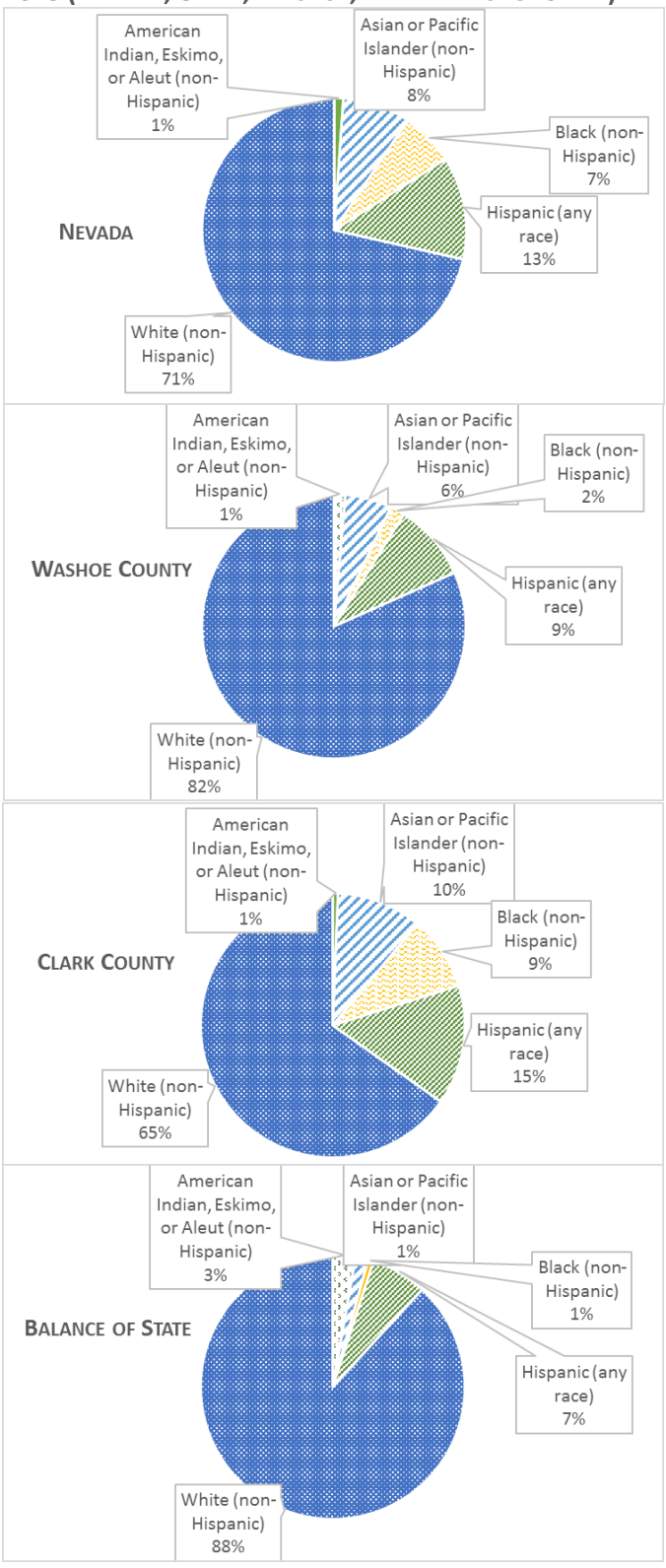
Washoe County's older population is primarily White (82%), followed by Hispanic (nine percent), and Asian or Pacific Islander (six percent).

Clark County has the most diverse racial/ethnic population in Nevada. Almost two thirds (65%) are White, followed by Hispanic (15%), and Asian (10%). Clark County also has the highest percentage of older Nevadans who are Black (nine percent).

The "balance of state" has the highest percentage of older Nevadans who are White (88%), followed by Hispanic (seven percent) and American Indian (three percent).

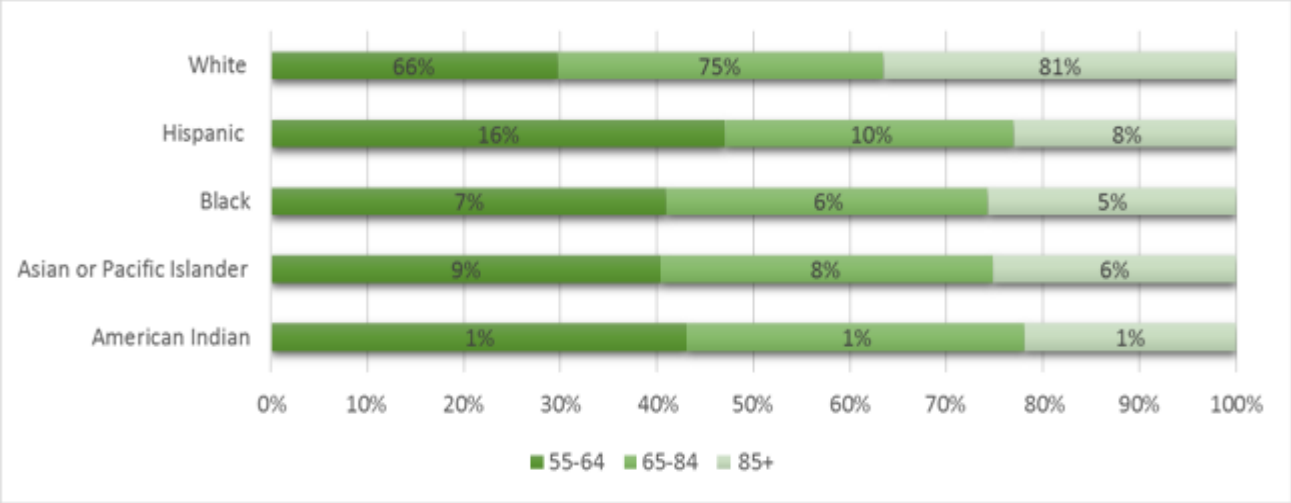
Figure 5 on page 10 demonstrates among the three categories of older Nevadans, the racial make-up is largely White. This is especially pronounced within the 85+ years age category, in which 81% of individuals are White. Individuals who are Hispanic are the next largest ethnic group; they make up 16% of the 55-64 years age group. There is some

FIGURE 4 RACE/ETHNICITY OF OLDER NEVADANS AGES 55+ - 2015 (NEVADA, CLARK, WASHOE, AND BALANCE OF STATE)

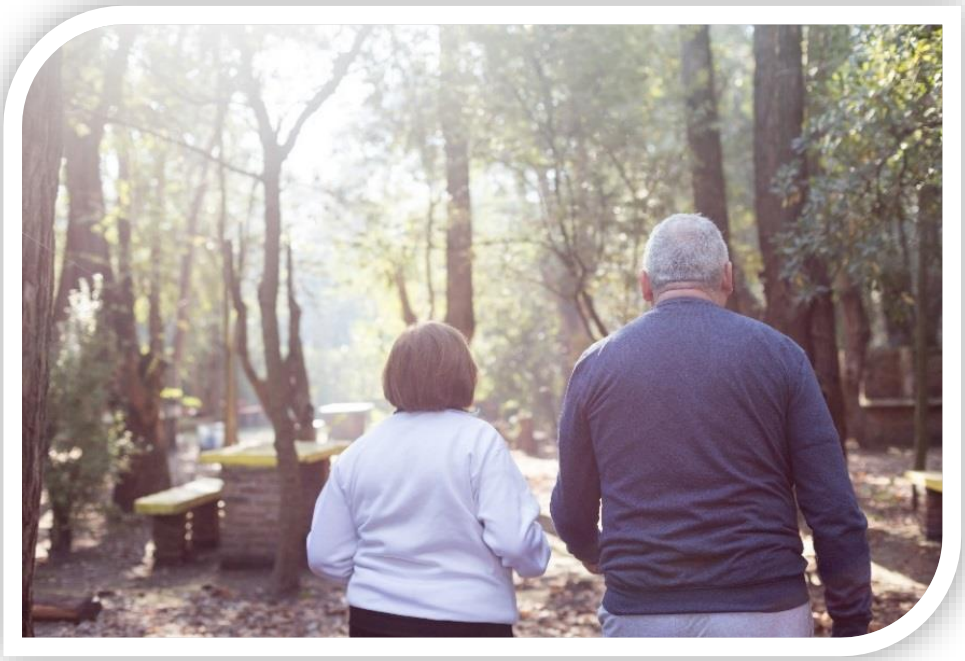


representation of Black and Asian or Pacific Islander within the three age categories. Individuals who are American Indian represent only one percent within the three categories (14).

FIGURE 5 OLDER NEVADANS RACE BY AGE GROUP - 2015



Considering the projected increase in Nevada's population and that by 2030 more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White), it is anticipated the racial composition of older Nevadans will shift in the future (15) (6).



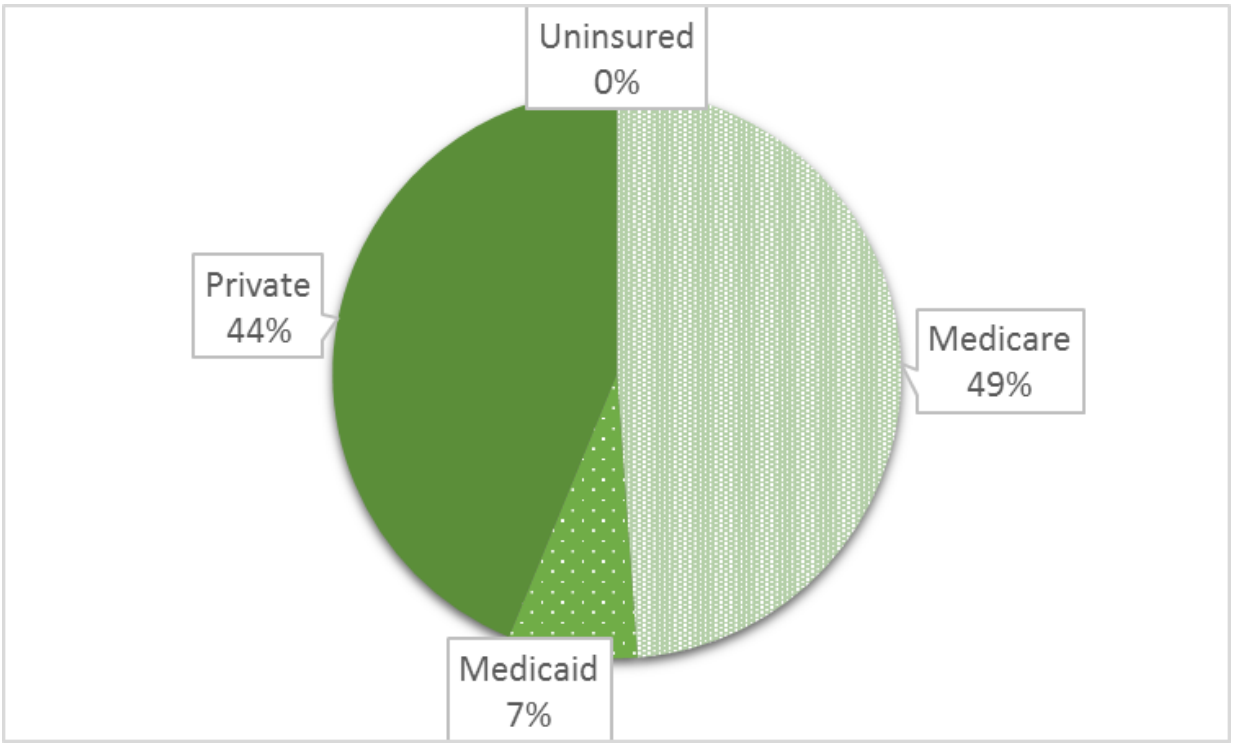
HEALTH AND HEALTH CARE

Healthy People 2020 has identified several conditions which contribute to a strong health and health care environment within the SDOH framework. Each of the conditions applicable to this study's target population are explored briefly with information specific to Nevada. Other determinants such as disability status and chronic health conditions, which are not included in the Healthy People 2020 framework but that impact this category for Nevadans, are also presented.

MEDICAL COVERAGE

Healthy People 2020 tracks the proportion of persons with medical insurance and the proportion of persons with a usual primary care provider. Figure 6 shows many older Nevadans in 2015 were covered by Medicare (49%) or private insurance (44%). Medicaid covered a small percentage of older Nevadans (seven percent), and less than one percent were uninsured (16).

FIGURE 6 HEALTH INSURANCE COVERAGE FOR OLDER NEVADANS - 2015

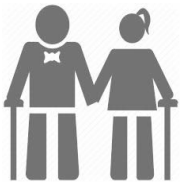


In addition to health insurance coverage, another important indicator of health is having a primary health care provider. In 2015, 90.9% of older Nevadans (ages 65 years and older) reported they had either one or more than one dedicated health care provider (17).

CHRONIC HEALTH CONDITIONS

Chronic health conditions explored for this analysis include:

- Disability
- Obesity and Physical Activity
- Self-Reported Health
- Diabetes

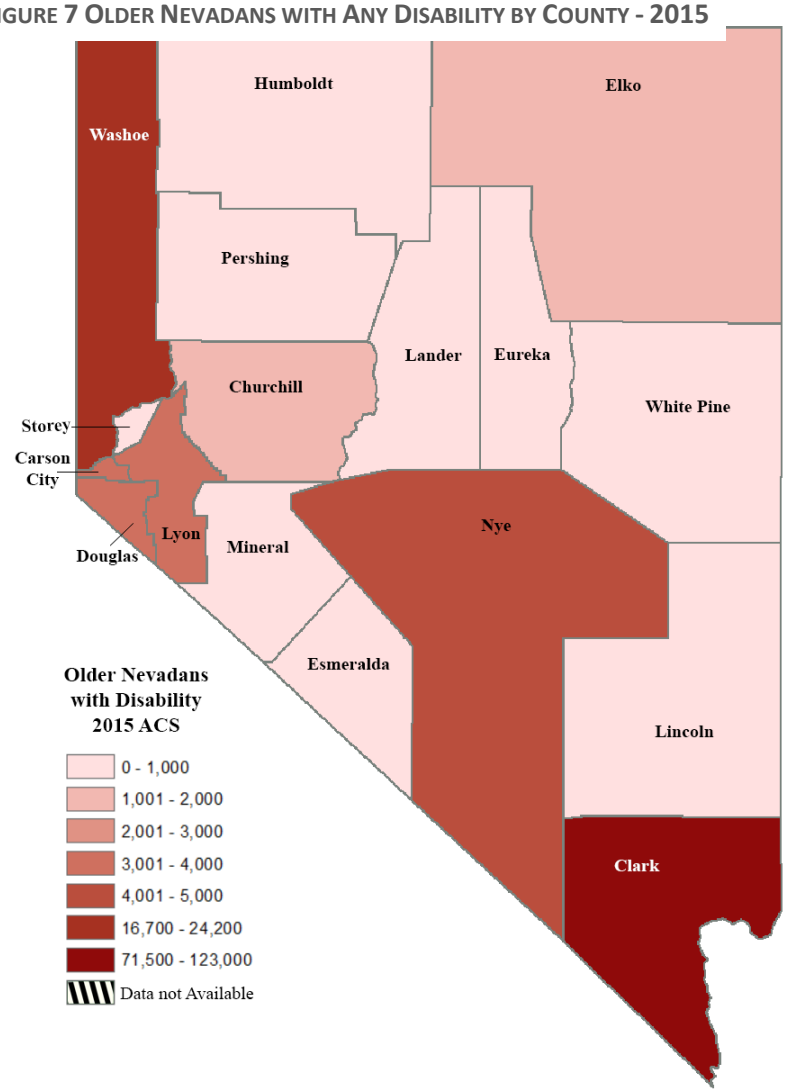


DISABILITY

Disability is an important characteristic to consider when addressing food insecurity for older Nevadans. According to the U.S. Census Bureau, **over a third** of Nevadans ages 65 years and older had a disability in 2015 (36%).

Figure 7 depicts older Nevadans with any disability by county.

FIGURE 7 OLDER NEVADANS WITH ANY DISABILITY BY COUNTY - 2015



Older Nevadans who are disabled may face mobility challenges which make it difficult to leave their home; however, identifying and counting the number of homebound seniors in Nevada is difficult. One strategy is to utilize the Centers for Medicare and Medicaid Services' (CMS) definition of "confined to the home" to determine an estimate of homebound older Nevadans. "Confined to the home" means having either a self-care or independent living difficulty (18). In 2015, the number of older Nevadans with either of those difficulties was 50,360 persons. Another potential method for identifying homebound older Nevadans is to determine the number who have an ambulatory disability (serious difficulty walking or climbing stairs). In 2015, 59,920 (23%) older Nevadans (ages 65 years and older) had an ambulatory difficulty (19), and it is likely many of these individuals may be homebound.

Additionally, a requirement of the home delivered meals program (HDM) is for clients to be demonstrably home-bound. In 2016, a total of 16,622 clients (approximately four percent of the older Nevadan population) were served through the HDM program in Nevada.[1] This number is likely only a small percentage of the actual population of homebound older Nevadans.

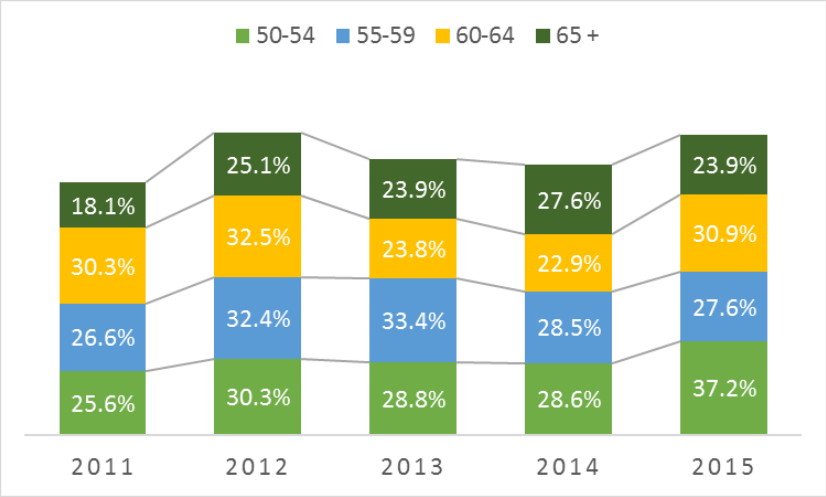
OBESITY & PHYSICAL ACTIVITY

The Centers for Disease Control and Prevention (CDC) administers the Behavioral Risk Factors Surveillance System (BRFSS), which reports the percentage of older adults with obesity and those who report no physical activity within the past month. Both are indicators of poor nutritional health status and may point to food insecurity risk.

Over a five-year period, the percentage of older Nevadans who are obese increased for all age categories (Figure 8). The largest increase is demonstrated in the category of those ages 50-54 years in which 25.6% were obese in 2011, which increased to 37.2% in 2015.

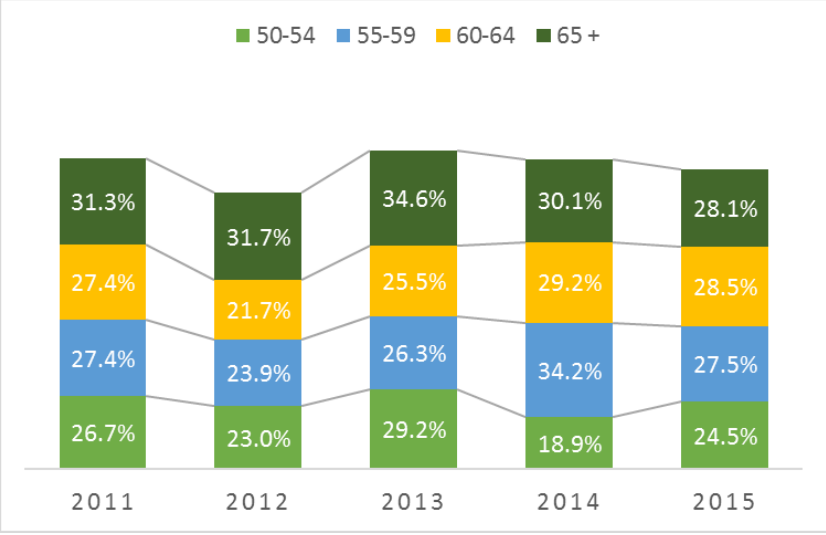
[1] A requirement of the program is for the individual to be homebound due to illness, disability, or geographic isolation.

FIGURE 8 BRFSS - PERCENT OF OLDER NEVADANS WHO ARE CURRENTLY OBESE BMI OF 30 OR HIGHER



The percentage of older Nevadans reporting no leisure time physical activity varied among the age categories. Fewer Nevadans ages 50-54 and 65 years and older reported having leisure time physical activity in 2015 as compared to 2011 (Figure 9).

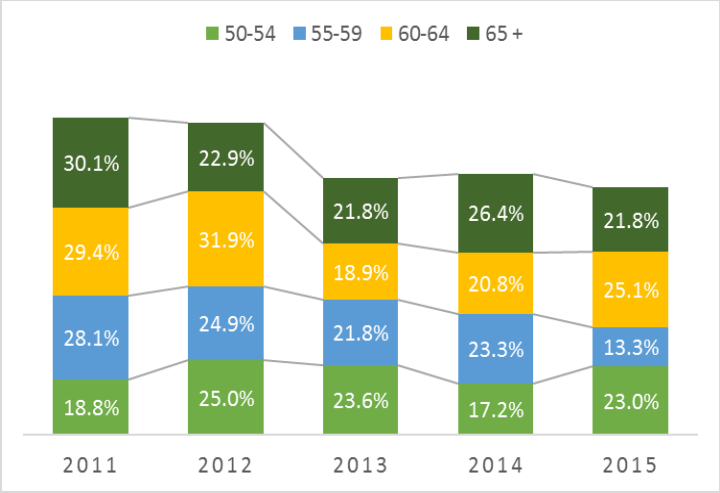
FIGURE 9 BRFSS - PERCENT OF OLDER NEVADANS WHO HAVE NOT HAD ANY LEISURE TIME PHYSICAL ACTIVITY



SELF-REPORTED HEALTH

Another data set in BRFSS which may indicate a risk of food insecurity is self-reported health:

FIGURE 10 BRFSS - PERCENT OF OLDER NEVADANS REPORTING POOR OR FAIR HEALTH: 2011-2015

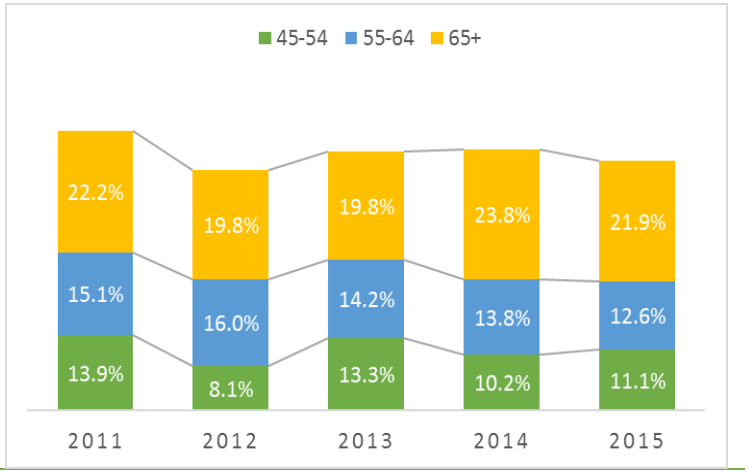


Over a five-year period, the percentage of older Nevadans self-reporting poor or fair health decreased for all age groups, except those between the ages of 50-54 years, which increased by four percent.

DIABETES

BRFSS also includes a question regarding diabetes diagnosis.[2] The percentage of older Nevadans reporting a diabetes diagnosis decreased slightly from 2011 to 2015 (Figure 11). However, the more notable finding is the greater percentage of older Nevadans reporting diabetes in the 65 years and older age group as compared to the other age groups.

FIGURE 11 BRFSS - PERCENT OF OLDER NEVADANS REPORTING DIABETES DIAGNOSIS: 2011-2015



Because food insecurity is associated with chronic health conditions such as obesity, fair and poor

[2] This question differs from the others, as it includes adults 45 and older.

health, and diabetes (20) (21), these indicators from BRFSS may point to older populations in Nevada who are at risk of becoming or are food insecure.

When people experience difficulties accessing food, ensuring their food selection fits with their diabetes or weight management regimen is even more difficult. In addition, older Nevadans with health conditions such as diabetes may find themselves in a situation with **competing priorities** such as buying food while also purchasing medicine and supplies for treating diabetes and managing other living expenses (21).

SOCIAL AND COMMUNITY CONTEXT

Many of the conditions under Healthy People 2020 SDOH related to social and community context are specific to younger populations or are outside the boundaries of this gap analysis. Presented below is the one Healthy People 2020 SDOH condition that is applicable, which is social and emotional support. In addition to the Healthy People 2020 data, the number of older Nevadans who live alone is also presented to give a better sense of those who may be at risk of social and emotional isolation.

SOCIAL AND EMOTIONAL SUPPORT

Studies have shown increased levels of social support are associated with a lower risk for physical disease, mental illness, and death (22). Older adults can be at high risk for suicide if they experience depression and social isolation. In 2014, Nevada's suicide rate for individuals ages 65 and older was nearly double the national average (33 per 100,000 compared to 17 per 100,000 nationally) (23).

HOUSEHOLD CHARACTERISTICS

U.S. Census Data shows in 2015 that **265,684** households in Nevada included one or more people ages 65 years and older.

Older Nevadans who live alone are more likely to be isolated and lack socialization. In 2015, **41.3 percent of Nevada's older adult (ages 65 or older) population lived alone**. While this does not necessarily mean all individuals living alone are isolated, it does put them at risk of loneliness. Loneliness has been associated with earlier mortality, increases in depressive symptoms, and greater than normal cognitive decline (24).

Table 2 depicts the number of older Nevadans who lived alone, by county, in 2015.

Older Nevadans, like many others, prefer to "age in place," meaning stay in their homes and neighborhoods. The extent to which older Nevadans can age in place depends on their level of ability or disability, as well as the availability and affordability of services, conveniences, and products that allow them to modify their home environment to meet their health needs or to obtain services that allow them to remain in their home (4).

TABLE 2 PERCENT OF OLDER NEVADANS LIVING ALONE BY COUNTY – 2015

County	Older Nevadans Living Alone	
	Number	Percent
Carson City	5,350	53.4%
Clark	106,554	40.9%
Douglas	3,439	30.9%
Lyon	3,164	32.5%
Nye	3,881	34.2%
Washoe	27,476	45.3%
Churchill	No data available	
Elko	No data available	
Esmeralda	No data available	
Eureka	No data available	
Humboldt	No data available	

Lander	No data available
Lincoln	No data available
Mineral	No data available
Pershing	No data available
Storey	No data available
White Pine	No data available

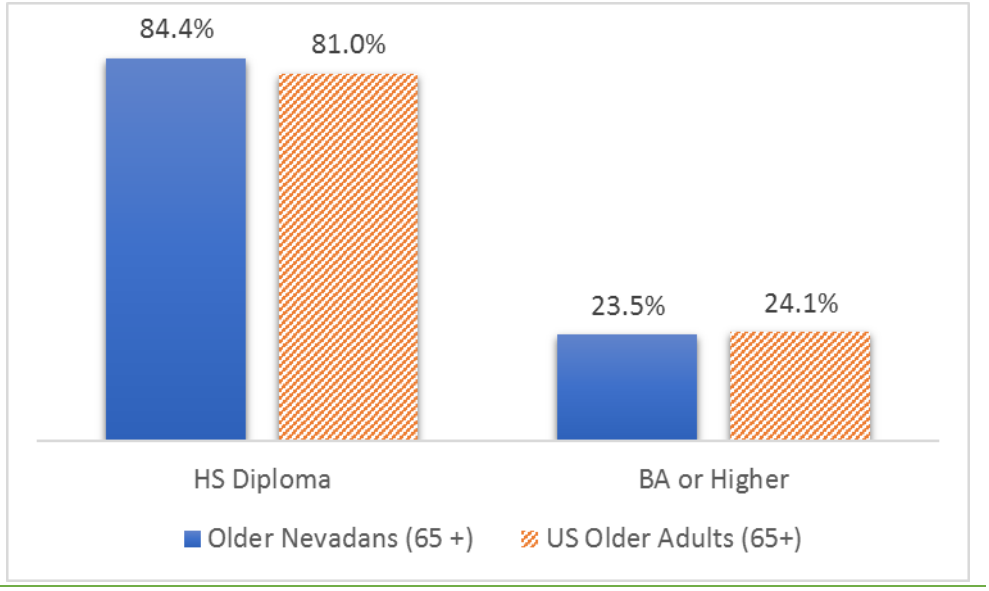
EDUCATION

Healthy People 2020's SDOH characteristics for education are aimed at early intervention for youth and are not applicable to older Nevadans. However, AARP's study of food insecurity among older adults demonstrates that food insecurity decreases consistently with education (25). Due to this association, the educational attainment for this population is presented in this section.

EDUCATIONAL ATTAINMENT

Like other older Americans, most older Nevadans (ages 65 years and older) had their high school diploma in 2015 (84.4%). A smaller percentage of older Nevadans had a Bachelor's degree (23.5%) as compared to the US average of 24.1% (26).

FIGURE 12 EDUCATIONAL ATTAINMENT FOR OLDER NEVADANS AND US (65 AND OLDER) - 2015



ECONOMIC STABILITY

Economic stability can impact a person's health. Healthy People 2020 measures this characteristic by examining the proportion of persons living in poverty, the proportion of households experiencing housing cost burden (including those who spend more than 30% and more than 50% of their income on housing), and food insecurity.

This section will present data on the number of older Nevadans living in poverty, housing cost burden, and food insecurity. While not part of the Healthy People 2020 framework, it will also include data on employment and income for older Nevadans.

ECONOMIC CHARACTERISTICS

Economic characteristics explored for this study include:

- Food Insecurity
- Labor Force
- Poverty
- Household Income
- Social Security Income
- Supplemental Security Income

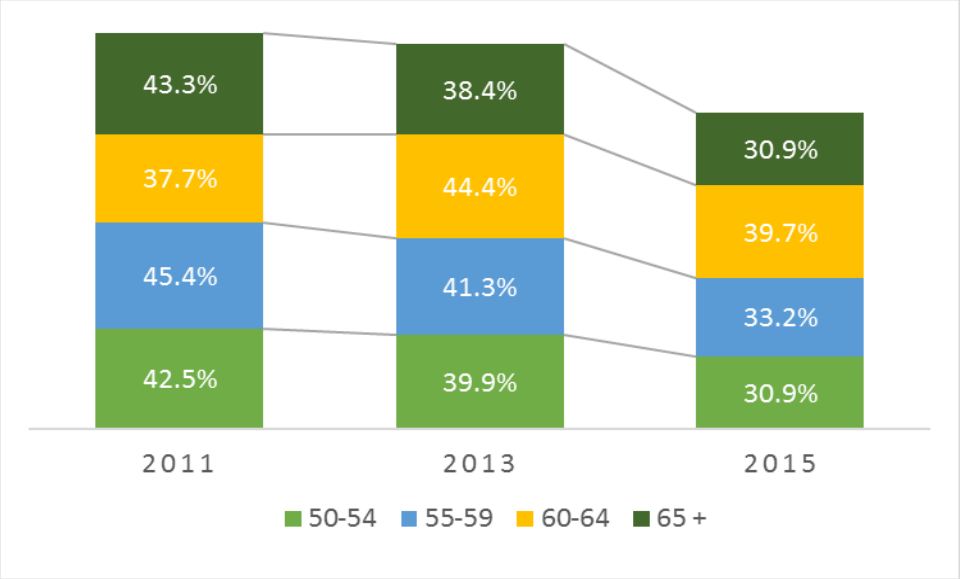
FOOD INSECURITY AND NUTRITION BEHAVIORS

One in seven older Nevadans ages 60 years and older (14.8%) were estimated to be food insecure in 2016 (27). Studies have documented the link between food insecurity and poor health. Food insecurity is a strong predictor of poor health and disease, such as heart disease, stroke, lung disease, and diabetes, and impacts the ability of the individual to age in place (3).

14.8% or 1 in 7 older Nevadans (ages 60 and older) were food insecure in 2016 (27)

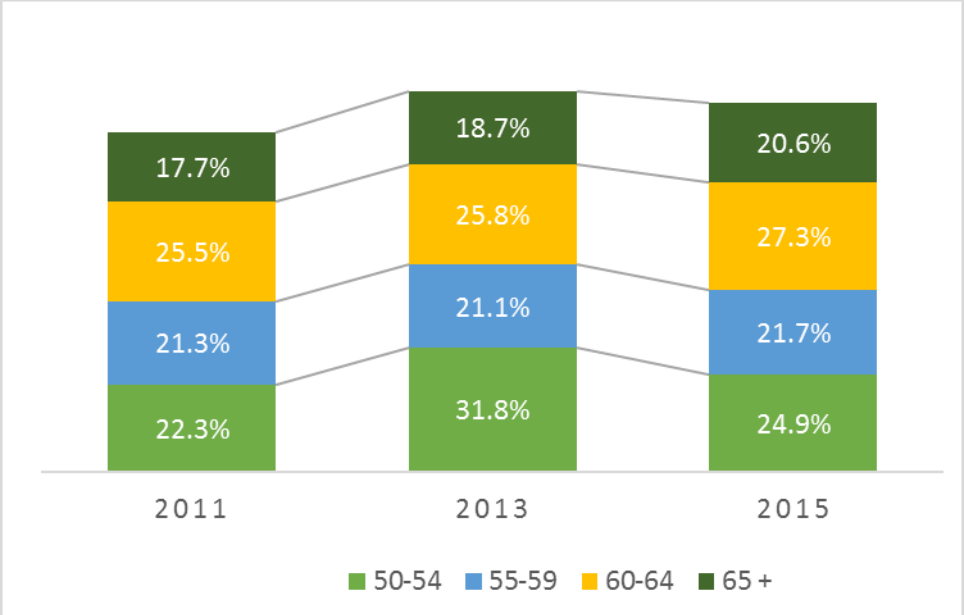
The nutrition behaviors of older Nevadans may be an indicator of their food security. BRFSS includes data on fruit and vegetable consumption and shows over a four-year period, the percentage of older Nevadans indicating they consumed the recommended daily servings of fruits decreased in all age populations (Figure 13).

FIGURE 13 BRFSS - PERCENT OF OLDER NEVADANS WHO CONSUME 2 OR MORE FRUITS DAILY: 2011-2015



Conversely, BRFSS data shows over the same four-year period, the percentage of older Nevadans indicating they consumed the recommended daily servings of vegetables increased slightly in all age populations, with the exception of the 55-59 years age group, in which it remained unchanged (Figure 14).

FIGURE 14 BRFSS - PERCENT OF OLDER NEVADANS WHO CONSUME 3 OR MORE VEGETABLES DAILY: 2011-2015



Nevada 2-1-1 is an information and referral resource available statewide to all residents. 2-1-1 services include identifying places to find emergency food, providing information on housing and emergency shelter locations, support for older Nevadans and people with disabilities, and mental health and counseling services, among many others.

In FY 2016-2017, 2-1-1 received a total of 10,821 calls from Nevadans ages 55 years and older and provided a total of 58,664 referrals. 2-1-1 typically provides callers with multiple referrals for each requested service. The majority of referrals were for basic needs, including food (5,177 referrals), housing and shelter (12,000 referrals), utilities (6,078 referrals), and transportation (3,188).

Raising grandchildren is a trend more older adults in the U.S. are facing. AARP conducted a study about grand families and found that one in 10 grandparents have grandchildren living in their home and 43% indicated they are the primary caregiver of at least one grandchild. The cost of raising a child can be burdensome to an older adult who may already be living on a fixed income, and is now incurring additional expenses such as food, housing, healthcare, school expenses, childcare, and clothing (28).

In Nevada, 25,653 grandparents are responsible for grandchildren who live with them. Of these:

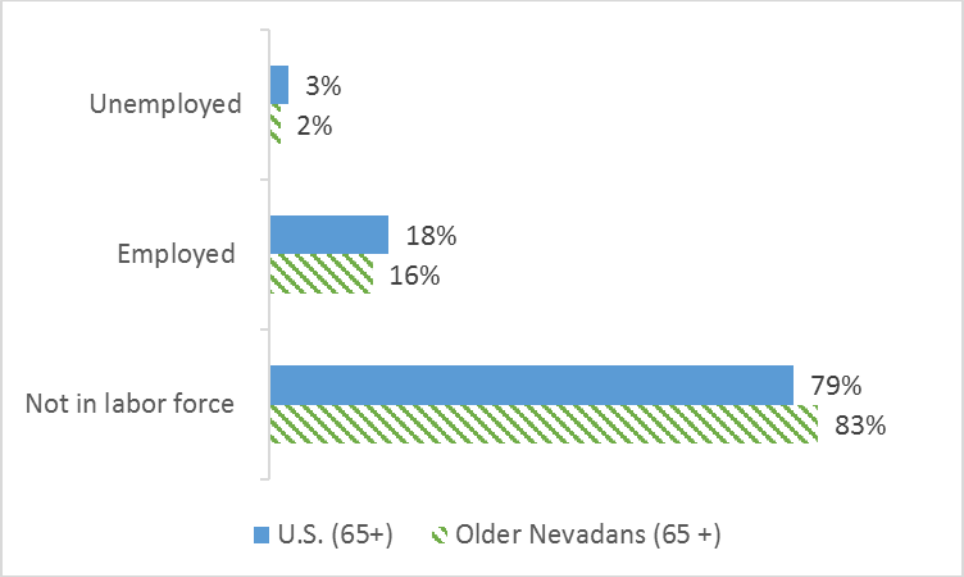
- 6,695 (26.1%) do not have the child's parents present
- 4,284 (16.7%) are in poverty
- 5,886 (23.0%) of the grandparents have a disability (29)

LABOR FORCE

The U.S. has seen an increase in the number of older Americans, ages 65 years and older, working in the labor force (30). Eighteen percent of older Americans were employed in the labor force in 2015.

Figure 15 shows there are fewer older adults employed in the labor force in Nevada compared to the national rate. Only 16% of older Nevadans were active in the labor force in 2015. Most of Nevada's older adult population (83%) was not active in the labor force (19). This proportion is forecasted to change as retirement ages are delayed for Social Security benefits to 67 and 70 years of age.

FIGURE 15 EMPLOYMENT STATUS FOR OLDER NEVADANS AND U.S. ADULTS 65 YEARS AND OLDER - 2015



Employment rates when broken into age categories are presented in Table 3:

TABLE 3 NUMBER AND PERCENT OF EMPLOYED OLDER NEVADANS

Age	Employed Older Nevadans	
	Number	Percent
55-59	109,460	65.0%
60-64	77,075	49.7%
65-69	33,735	27.3%

The Senior Community Service Employment Program (SCSEP) is the nation's oldest program to help low-income, unemployed individuals ages 55 years and older find work. AARP Foundation first matches eligible older job seekers with local nonprofits and public agencies so they can increase skills and build self-confidence, while earning a modest income. Based on their employment interests and goals, participants may also receive supportive services and skills training through an educational institution. Their SCSEP experience most often leads to permanent employment (31). Wages earned through SCSEP are exempt from income eligibility determinations for federal housing programs and SNAP (32).

In Fiscal Year (FY) 2016-17, SCSEP had a total of 188 participants and 23 vacancies in Nevada. These participants provided a total of 135,922 hours, or 724 hours per participant worked, in service to the general community (33).

POVERTY

The U.S. Census Bureau uses a set of income thresholds varying by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty (34).

Poverty guidelines are the other version of the federal poverty measure. The guidelines are issued each year in the Federal Register by the U.S. Department of Health and Human Services. The guidelines are a simplification of the poverty thresholds used for administrative purposes — for instance, determining financial eligibility for certain federal programs. In 2017, the guideline for a one-person household was $12,060 per year ($1,005 per month) and was $16,240 per year ($1,353 per month) for a two-person household (35).

In 2015, 8.4% of older Nevadans (ages 65 years and older) lived below 100% FPL, which is slightly lower than the U.S. rate of 9.4% (27). An additional 10.1% of older Nevadans lived between 100% to 149% FPL. The percentage of older Nevadans living in poverty varies by county, with some counties experiencing much higher levels. Table 4 shows the percent of older Nevadans living below 100% FPL and between 100-149% FPL by county:

TABLE 4 PERCENT OF OLDER NEVADANS LIVING IN POVERTY - 2015

County	Older Nevadans Below 100% Poverty		Older Nevadans between 100-149% poverty level	
	Number	Percent	Number	Percent
Carson City	982	9.8%	1,433	14.3%
Clark	22,926	8.8%	25,531	9.8%
Douglas	555	5.0%	810	7.3%
Lyon	234	7.4%	964	9.9%
Nye	1,021	9.0%	1,350	11.9%
Washoe	4,610	7.6%	6,551	10.8%
Total Nevada*	**31,979**	**8.4%**	**38,451**	**10.1%**
Total US	**4,493,200**	**9.4%**	**5,066,800**	**10.6%**
Churchill	No data available			
Elko	No data available			
Esmeralda	No data available			
Eureka	No data available			
Humboldt	No data available			

Lander	No data available
Lincoln	No data available
Mineral	No data available
Pershing	No data available
Storey	No data available
White Pine	No data available

*Total for Nevada is the entire state, including those where county-level data is not available.

HOUSEHOLD INCOME

The median household earnings for older Nevadans, ages 65 years and older, in 2015 was $50,195, slightly lower than the overall median income for all ages in Nevada ($51,847). Older Nevadans earned more income compared to the U.S. average for households with adults ages 65 years and older who earned $47,432 in 2015 (36).

SOCIAL SECURITY INCOME

The Old Age, Survivors and Disability Insurance program (OASDI, and more commonly known as Social Security) is a major source of income for most older Americans, as nine out of ten individuals ages 65 years and older receive Social Security benefits.

In Nevada, 86.2% of individuals ages 65 years and older received OASDI benefits in 2015 (14).

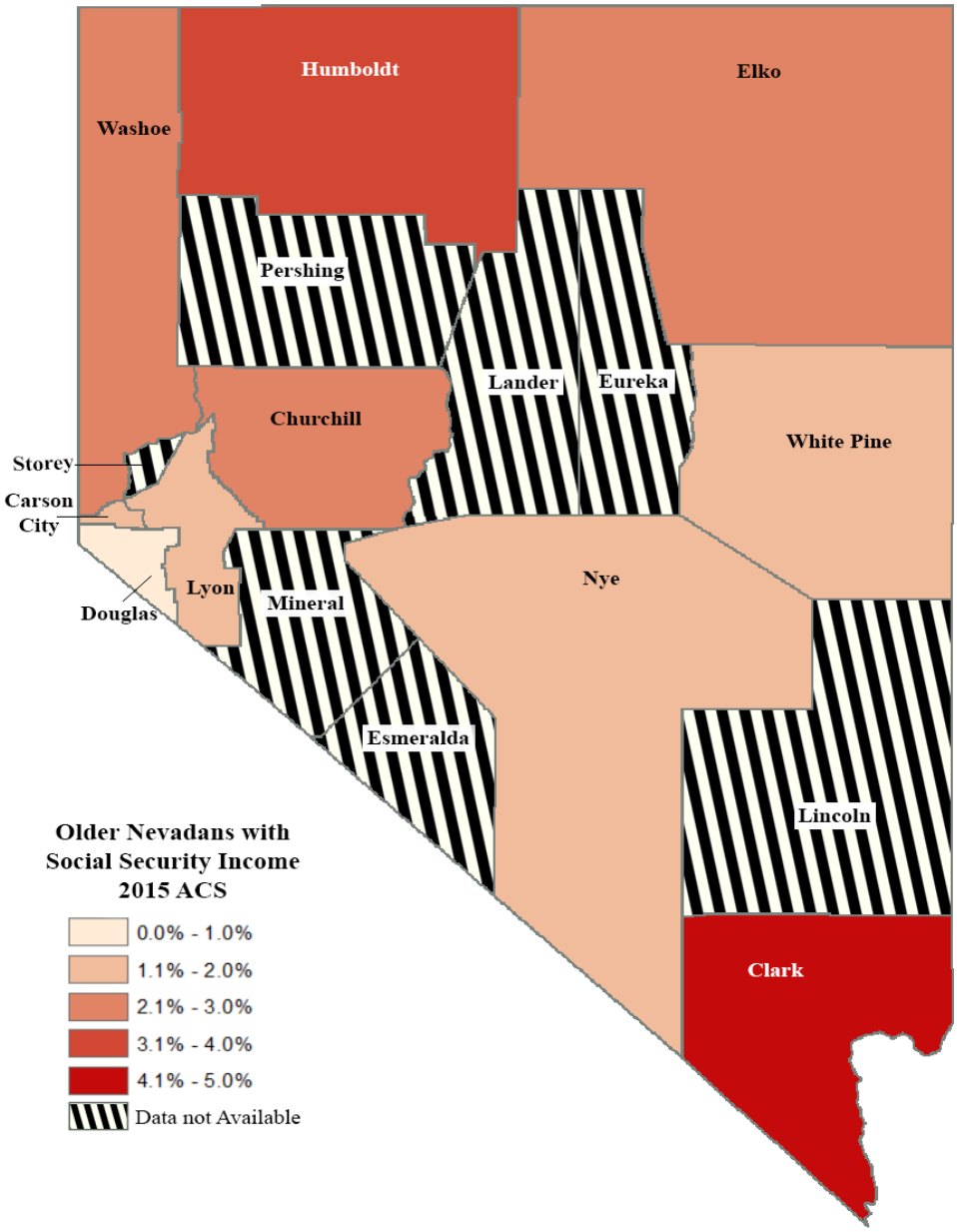
SUPPLEMENTAL SECURITY INCOME

Supplemental Security Income (SSI) is a cash assistance program providing monthly benefits to low-income aged, blind, or disabled persons.

The Social Security Administration 2015 data indicates 26% of those receiving SSI are older Nevadans ages 65 years or older (37). Of the disabled older Nevadan population (137,054 in 2015), it is estimated only 10% receive SSI.

Figure 16 displays a map detailing the percent of the senior population receiving SSI by county.

FIGURE 16 OLDER NEVADANS WITH SSI: 2015



HOUSING

Older adults have a variety of housing choices. Senior retirement communities, age-restricted apartments, manufactured housing communities, assisted living facilities, congregate housing, skilled nursing facilities, residential group homes, and low-income housing units give seniors a variety of options depending on their physical health and economic circumstances (6).

Despite such variety, Nevada's ongoing affordable housing shortage has limited the options for older adults. The shortage for extremely low income (ELI) renters

of all ages is **15 affordable and available homes for every 100 ELI households** (38). This shortage is more pronounced for the older Nevadan population.

The Nevada Housing Division's 2016 Annual Affordable Apartment Survey identified that out of all the low-income housing tax credit (LIHTC) properties in Nevada reported, only 39 percent were either senior or senior/disabled units (9,223). These senior units had an average vacancy rate of 2.3 percent (about 212 vacant units). The low availability of affordable senior housing and low vacancy rates puts a burden on older Nevadans and increases their risk of food insecurity.

The cost of housing can burden households, especially those of older adults who may be on a fixed income. Households paying more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation, and medical care (39).

- In 2013, **44%** of older Nevadans were **burdened** with the cost of housing, in that more than 30% of their income was spent on housing.
- Another **19.5%** of older Nevadans were **very burdened** with the cost of housing, in that more than 50 percent of their income was spent on housing (16).

Some nonprofit organizations in Nevada, such as Nevada HAND, have programs available for older adults where no more than 30 percent of their income is spent on rent.

Over 24,000 low-income households in Nevada used federal rental assistance in 2016 to rent housing at an affordable cost. Approximately 32% of these were older Nevadan households (40).

The Southern Nevada, Rural Nevada, and Reno Housing Authorities administer voucher programs for which older Nevadans may be eligible. These are:

- Public Housing – Provides decent and safe rental housing for eligible low-income families, older adults, and persons with disabilities.
- Housing Choice Voucher Program (Section 8) – a Federal program for assisting low and very low-income families, older adults, and the disabled to afford decent, safe, and sanitary housing (that they choose) in the private market.

In addition to the rental assistance and voucher programs, the Housing Authorities in Nevada also own several developments designated for older adults.

Southern Nevada Regional Housing Authority has six (6) designated developments for older adults, four (4) designated older adult/disabled

developments, and a mixed-finance public housing property in which one (1) is a development for older adults (41). Reno Housing Authority has three (3) complexes for older adults (42) and the Rural Nevada Housing Authority has one (1) dedicated development for older adults located in Winnemucca, NV (43).

Nevada has several types of housing projects designed to end homelessness. These are:

- **Emergency Shelters (ES)** - Any facility at which the primary purpose is to provide temporary shelter for the homeless.
- **Transitional Housing (TH)** - A project designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living. The housing is short-term, typically less than 24 months.
- **Permanent Supportive Housing (PSH)** - A project that is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
- **Rapid Rehousing (RRH)** - A project that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.
- **Safe Havens (SH)** - A program that is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

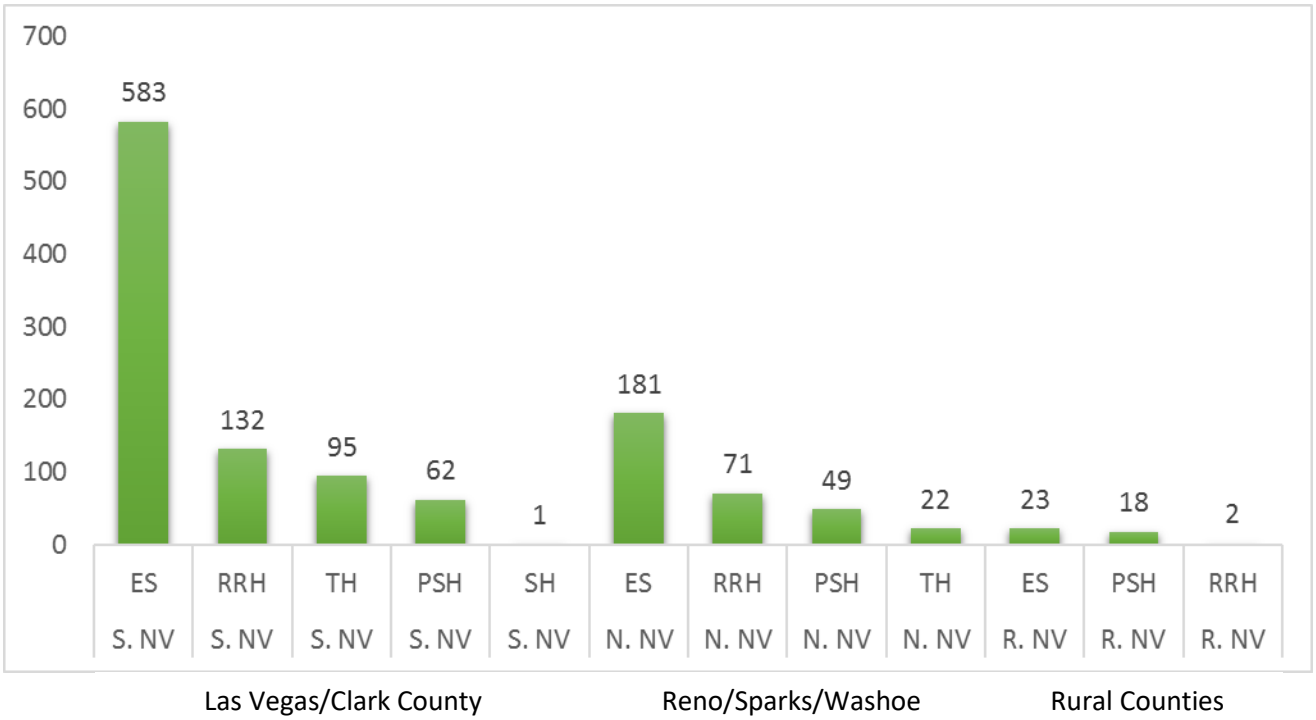
Nevada has three Continua of Care (CoC) that oversee housing funds from the U.S. Department of Housing and Urban Development. CoCs are designed to promote communitywide commitment to the goal of ending homelessness (44). Nevada has three CoCs:

- NV-500 – Las Vegas and Clark County
- NV-501 – Reno, Sparks/Washoe County
- NV-502 – Balance of State

Between July 1, 2016 and June 30, 2017, the three (3) CoCs in Nevada served a total of 1,239 older Nevadans (ages 65 years and older).

Figure 17 shows the number of older Nevadans served by housing type in each CoC, who are likely food insecure.

FIGURE 17 OLDER NEVADANS SERVED BY HOUSING PROJECTS IN NEVADA - 2016-2017



NEIGHBORHOOD AND BUILT ENVIRONMENT

Healthy People 2020 has identified several conditions which contribute to a strong neighborhood and built environment within the SDOH framework. It is important to consider other factors that may impact the Council's goal of improving quality of life and health. Each of the conditions that apply to this study's target population is explored briefly with information specific to Nevada presented for consideration.

AIR QUALITY INDEX (AQI)

The AQI is an index for reporting air quality in terms of how clean or polluted the air is, and what associated health effects might be a concern. An AQI value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level the U.S. Environmental Protection Agency (EPA) has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered unhealthy-at first for certain sensitive groups of people, then for everyone as AQI values get higher (45).

Nevada is ranked 31st in the U.S., with an average AQI of 42.1 (46).

HAZARDOUS SITES RISKS

The National Priorities List (NPL) is the list of sites of national priority among the known releases or threatened releases of hazardous substances, pollutants, or contaminants throughout the United States and its territories. The NPL is intended primarily to guide the EPA in determining which sites warrant further investigation (47).

Nevada currently has one site on the NPL: the Carson River Mercury site in Churchill and Lyon counties. The Anaconda Copper Mine in Yerington has been proposed to be included in the NPL as of 2016 (47).

HOUSING UNITS WITH PHYSICAL PROBLEMS

Good health depends on having homes safe and free from physical hazards (e.g., lead paint and asbestos). When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, and injuries (10).

In 2016, approximately 22% of Nevada's occupied housing units had moderate or severe problems (48). This was higher than the national median of 13%.

HOMICIDES

Homicides are an extreme outcome of the broader public health problem of interpersonal violence.

In 2015, Nevada's homicide rate (age-adjusted, per 100,000 population) was 6.7%, slightly higher than the national rate of 5.7%.

PHYSICAL ASSAULTS

Like homicides, an individual's risk of injury and violence may be impacted by many social, personal, economic, and environmental factors. Nevada's estimated aggravated assault rate was 372.1 per 100,000 population. Like homicides, this measure is also higher than the national rate of 232.5 per 100,000 population (49).

STATE-LEVEL INCENTIVE POLICIES

States are considered to have food retail policies that incentivize food retail outlets to provide foods that are encouraged by the dietary guidelines for Americans if their policies support: (1) the building and/or placement of new food retail; (2) renovation and equipment upgrades of existing food retail outlets; (3) increases in, and promotion of, foods encouraged by the 2005 Dietary Guidelines for Americans stocked or available at food retail.

The CDC identified Nevada as one of the eight (8) states that have state-level policies incentivizing food retail outlets due to Senate Bill (SB) 352, Chapter 407, which was adopted in 2007 (50). The bill required the Southern Nevada Enterprise Community Advisory Board to develop a project to make improvements to infrastructure and extended a temporary tax incentive for locating or expanding businesses that are or will become grocery stores.

FOOD DESERTS

Food deserts are identified as Census tracts with low income and low access to nutritious food within a half-mile. Although food deserts are not included as a social determinant of heath, they are presented as they are a known barrier for food insecure older Nevadans.

The term "food desert" describes areas that lack adequate access to healthy food, typically in the form of a supermarket. The USDA identified food deserts in 40 of 687 census tracts in Nevada. Those living in a food desert may have inadequate options to obtain fruits and vegetables and, consequently, may have difficulty meeting dietary guidelines (51). The following maps show food deserts in Las Vegas, Reno, and statewide. In

addition, the maps also include housing for older Nevadans to demonstrate the number of units located in food deserts. These maps do not reflect census tracts that may be food deserts but do not have senior housing adjacent.

FIGURE 18 SENIOR HOUSING IN FOOD DESERTS – NEVADA

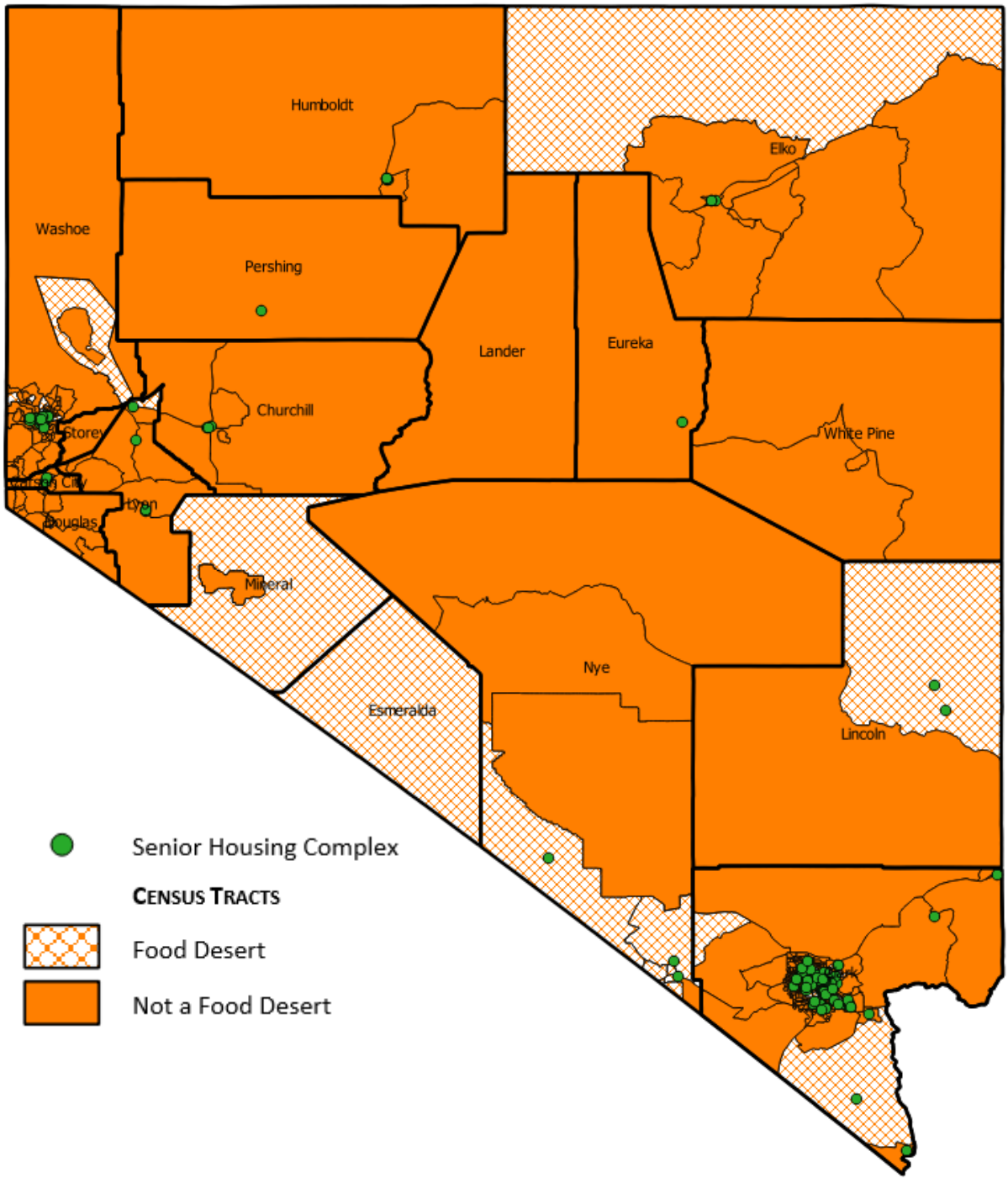


FIGURE 19 SENIOR HOUSING IN FOOD DESERTS - LAS VEGAS

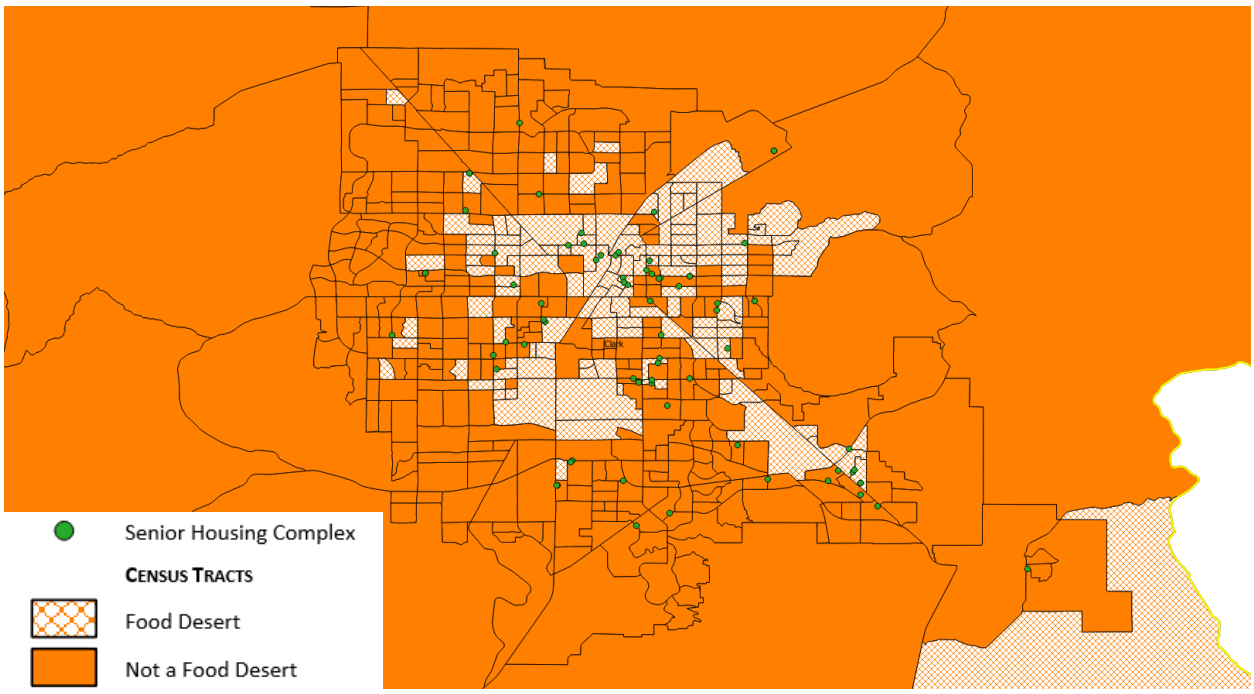
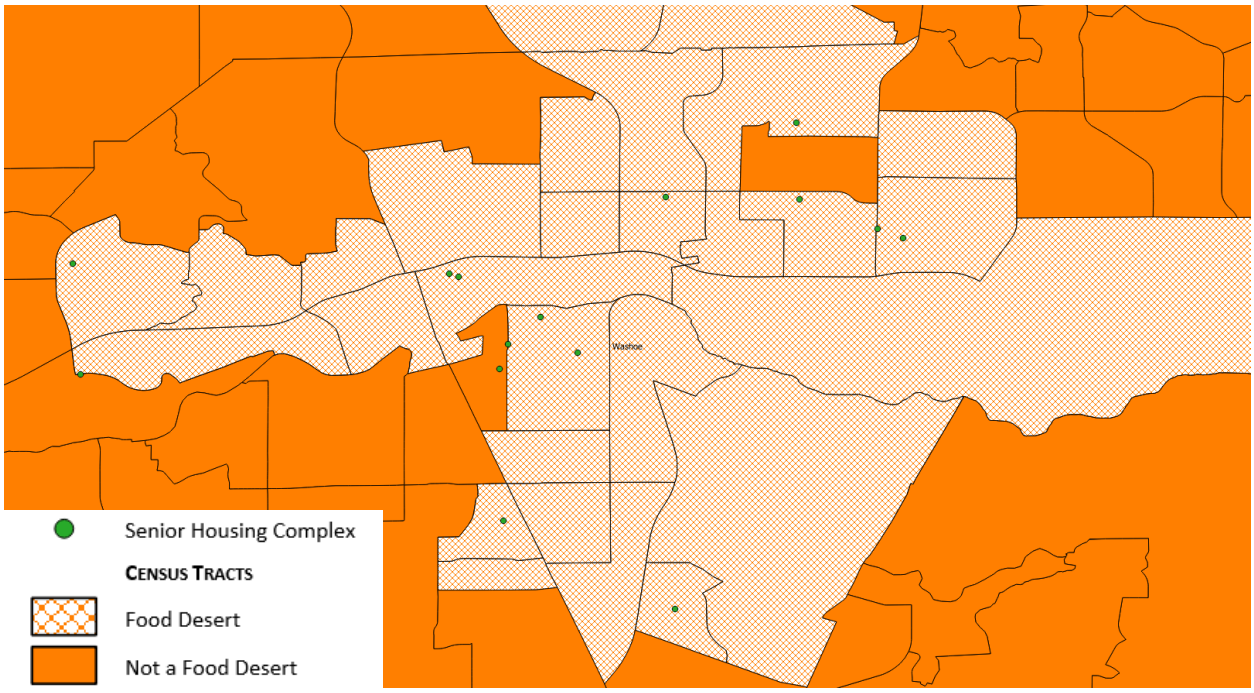


FIGURE 20 SENIOR HOUSING IN FOOD DESERTS - RENO



Transportation is a major issue affecting Nevadan's throughout the state. While it is not part of the Healthy People 2020 framework for conditions affecting the neighborhood and built environment, the topic is presented here for consideration of the impacts on older Nevadans.

TRANSPORTATION

Transportation is the number one need as identified by older Nevadans in both rural and urban areas. It is a critical component of the ability of people to maintain independence as they age in their communities. When older adults do not own a vehicle, or aren't capable of driving, they must rely on friends, family, or public transportation to buy groceries and medications, visit the doctor, attend to nonmedical necessities, or participate in social functions. A lack of transportation can lead to depression, isolation, loneliness, and self-neglect (52).

Nevada is home to four urban transit systems (Carson City, Las Vegas, Reno, and Lake Tahoe) and eight rural transit systems (BlueGo, Ely Bus, North Eastern Area Transit, Silver Rider-Laughlin, Silver Rider-Mesquite, Churchill Area Regional Transportation, Douglas Area Regional Transportation, and Lincoln County Transportation) (53).

Transportation services for older adults to access urban areas are critically important in rural Nevada, because small, remotely located communities do not have an adequate infrastructure to provide the services older adults need to sustain independent living. The distance between major rural towns averages 100 miles, with distances of up to 180-200 miles in more isolated areas. Ten of 15 county seats average 155 miles from the state's primary aging services centers in Carson City, Elko, Las Vegas, and Reno. This also affects many Native American tribes isolated in rural Nevada (54).

Many older Nevadans, disabled residents, tribal reservation members, and the public in rural areas depend on Nevada Department of Transportation (NDOT) transit services. Each year over one million rides are given on vehicles provided through NDOT using Federal Transit Administration (FTA) funding. These rides contribute to the quality of life and independence for many rural residents by providing access to employment, medical care, shopping, and government services. In addition, many older Nevadans and persons with disabilities rely on nonprofit agencies for their transportation needs (53).

In Washoe County, the Regional Transportation Commission's (RTC) ACCESS program is the paratransit provider for older adults and persons with disabilities. RTC recently developed the Short-Range Transit Plan (SRTP), which provides a strategy for transit service over the next five years. The short-term, fiscally constrained transit program includes existing service plus the following modifications planned for FY 2018 through 2022, including a pilot program for 2-3 days per week circulator service in outlying areas, targeted to older Nevadans, and increased subsidy and expansion of eligibility for Taxi Bucks/Washoe Senior Ride Program. RTC also partners with not-for-profit providers and offers competitive grant funding to organizations that provide enhanced mobility for seniors and persons with disabilities. Mobility services currently funded through this program specifically for older Nevadans include:

- Seniors in Service volunteer program to provide social support for older Nevadans, including transportation to doctor appointments, grocery stores, pharmacy's, etc.
- Senior Outreach Services volunteer program at the Sanford Center for Aging at UNR to provide transportation for frail, homebound, below poverty older Nevadans.

The proportion of seniors served by the projects and services in the regional transportation plan is lower than the county average; this is because of the high senior populations in lower density, outlying areas such as Cold Springs and southwest Reno, which are not served by RTC (55).

Clark County's RTC offers two types of transportation for older Nevadans. The first, Silver STAR, is a fixed route loop service, and the second is a demand response advance reservation service known as "Flexible Demand Response" (FDR). There are currently 12 Silver STAR and three FDR routes serving an average of more than 5,600 Southern Nevada seniors each month. Southern Nevada Transit Coalition (SNTC) also offers less frequent service in various rural areas of Clark County. In addition to public transit provided by the RTC and regional paratransit service providers, seniors and the disabled may also use transportation services offered by more than 50 non-profit and for-profit organizations operating in Clark County. Many of these organizations use federal funding from agencies other

than the U.S. Department of Transportation to provide or arrange for transportation services for their clients (56).

In rural Nevada, several transit systems (e.g., Elko Get My Ride, Nye County RTC, etc.) provide transportation services. In many cases, local rural senior centers will offer transportation to and from the center (57). It is important to note that even in urban areas, paratransit systems only serve a very small area and number of people.

As part of the Coordinated Human Services Transportation Plan (CHSTP), NDOT conducted surveys in 2008 and 2011 to identify and document rural transit services, needs, and challenges. CHSTP is a requirement of federal transit funding recipients and includes an objective to enhance the mobility of transportation-disadvantaged populations including older adults. The surveys indicated inadequate funding was the primary factor limiting the most desired services in rural communities (58).

TRENDS WITHIN THE AGING POPULATION

By 2030, one in five Americans is projected to be age 65 years or older; by 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White); and by 2060, nearly one in five of the nation's total population is projected to be foreign-born (15).

In addition to being one of the fastest growing populations, older Americans are also the fastest growing food insecure population. **Currently, 1 in 11 older adults are food insecure in the United States** (59).

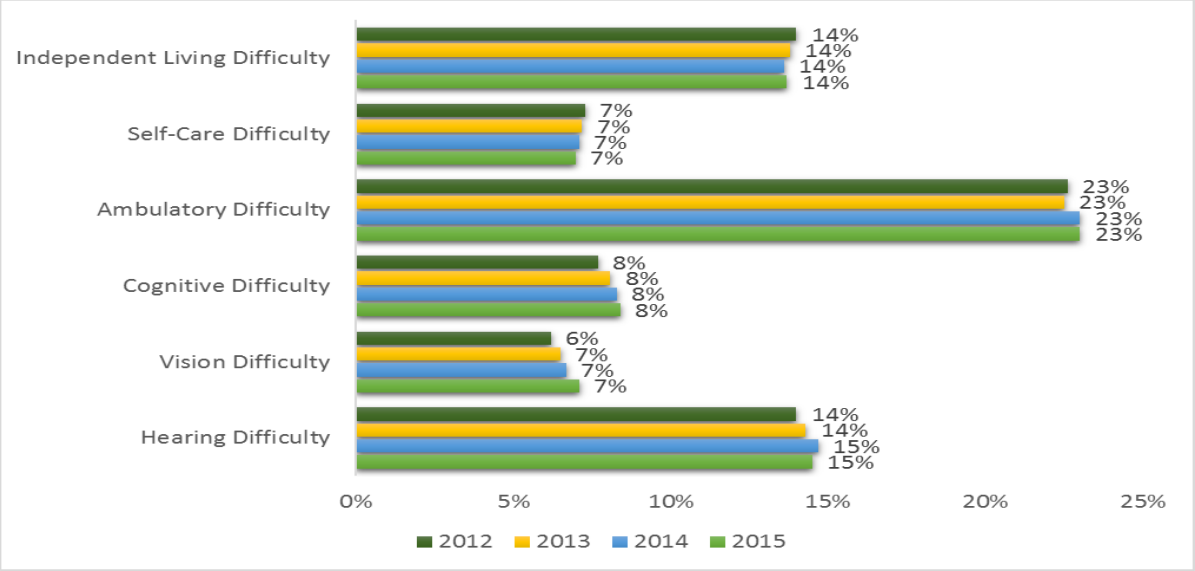
The anticipated increase in Nevada's older population highlights the importance of tracking the trends in aging related to disability and food insecurity.

DISABILITY TRENDS

In 2015, **36%** of Nevadans ages 65 years and older had a disability. The American Community Survey (ACS) tracks six disability types by age. The percentage of older Nevadans reporting one of the six types of disabilities remained relatively unchanged between 2012 and 2015 (Figure 21).

- **Independent living difficulty**: Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.
- **Self-care difficulty**: Having difficulty bathing, dressing, or cooking.
- **Ambulatory difficulty**: Having serious difficulty walking or climbing stairs.
- **Cognitive difficulty**: Because of a physical, mental, or emotional problem having difficulty remembering, following written instructions, concentrating, or making decisions.
- **Vision difficulty**: Blind or having serious difficulty seeing, even when wearing glasses.
- **Hearing difficulty**: Deaf or having serious difficulty hearing.

FIGURE 21 DISABILITY BY TYPE OF OLDER NEVADANS - 2012-2015



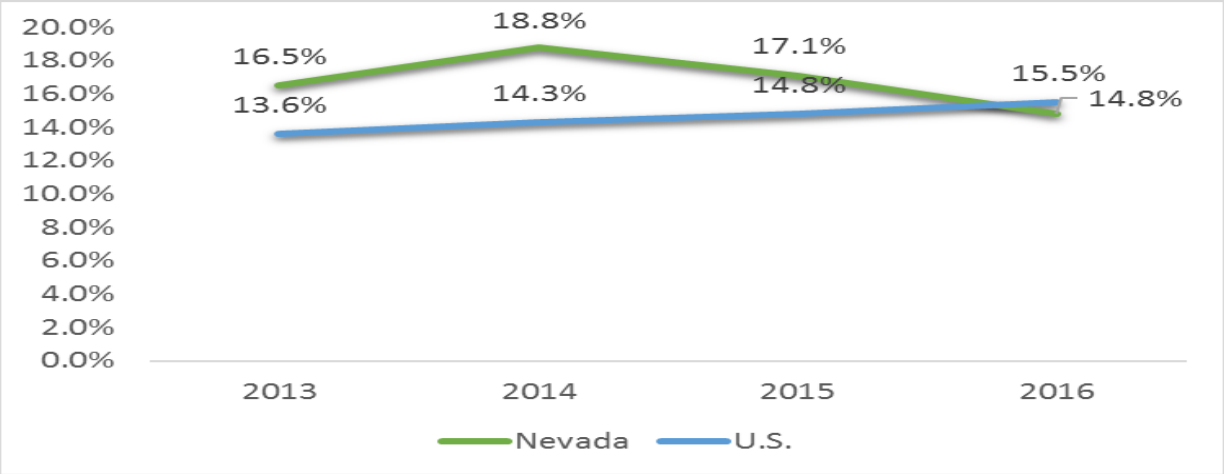
Most older Nevadans with a disability (23%) reported having an ambulatory difficulty. While the percentage of older Nevadans with these disabilities remained largely unchanged over the past four years, the expected growth of the aging population will likely increase the number of people who are aging and have a disability.

FOOD INSECURITY

The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (1). As discussed in this section, food insecurity pertains to the percentage of adults ages 60 years and older who are marginally food insecure based on the USDA's Core Food Security Module Survey (27).

Food insecurity rates for older Nevadans ages 60 years and older have fluctuated over time. As demonstrated in Figure 22, rates in Nevada increased between 2013 and 2014, and decreased in 2015 and 2016. For the first time in several years, the percentage of food insecure older Nevadans in 2016 was near the national average (27). The cost of food during this time mirrors the food insecurity rate in Nevada, with food prices rising and then falling from 2013 to 2016. This indicates a correlation between the price of food and food insecurity (60).

FIGURE 22 PERCENTAGE OF FOOD INSECURE OLDER ADULTS IN NEVADA AND US - 2013-2016



FOOD AND NUTRITION PROGRAMS FOR OLDER NEVADANS

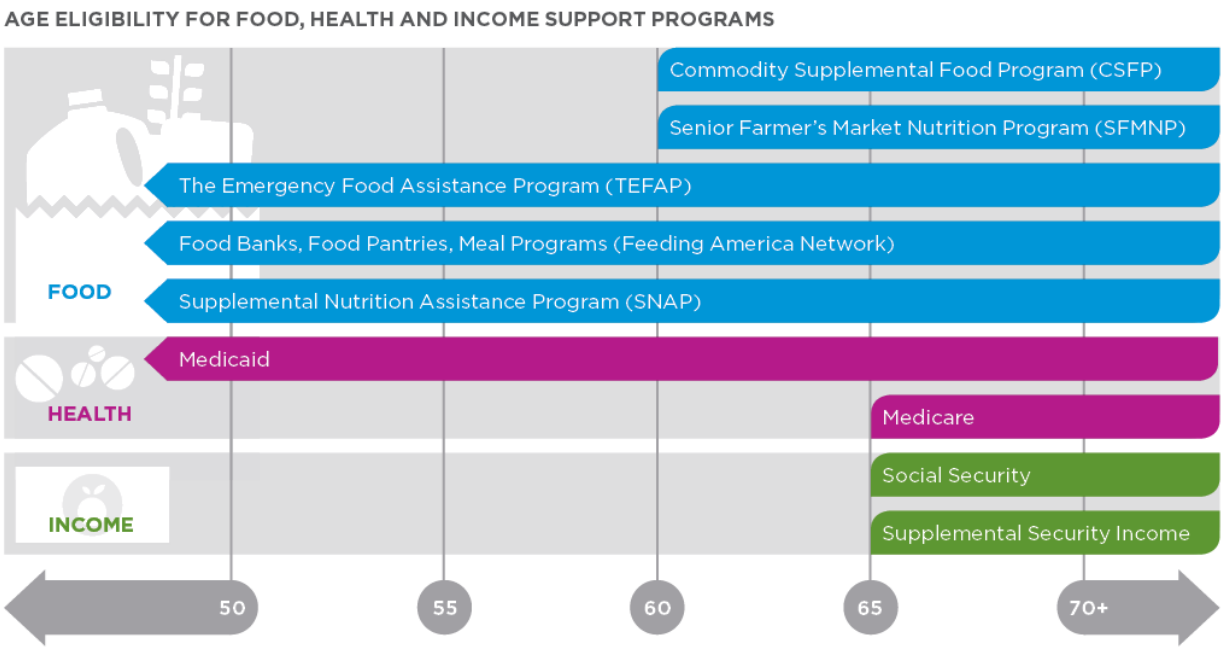
There are many food, health, and income support programs available to older adults to bridge the gap so they can remain food secure. However, the age of an older adult impacts his or her eligibility for certain programs. Younger, pre-retirement adults (ages 50-64 years) do not qualify for some services and supports such as Medicare, Social Security, and SSI which may put them at a greater risk of food insecurity. And during the recession, it took longer for unemployed older adults to become re-employed. The proportion of older Nevadans who work saw a return to pre-recession levels only very recently (19) (Table 5).

TABLE 5 PERCENTAGE OF OLDER NEVADANS WHO WORKED IN THE PAST 12 MONTHS

Year	% of Older Nevadans
2006	20.88%
2007	21.65%
2008	21.75%
2009	20.74%
2010	20.11%
2011	19.84%
2012	18.75%
2013	20.64%
2014	17.93%
2015	20.25%

An excerpt from Feeding America (Figure 23) shows the type of food, health, and income support programs and the age of eligibility. Programs such as The Emergency Food Assistance Program (TEFAP), food banks, food pantries, meal programs, and SNAP are available to older adults no matter their age. Other programs such as the Commodity Supplemental Food Program (CSFP) and Senior Farmer's Market Nutrition Programs have age restrictions prohibiting anyone younger than 60 years of age from participating.

FIGURE 23 FEEDING AMERICA EXCERPT - AGE ELIGIBILITY FOR FOOD, HEALTH, AND INCOME SUPPORT PROGRAMS



Note that programs represented are of varying size. For example, in FY2015, CSFP was budgeted at $209M whereas SNAP was budgeted at $82B. Additionally, some programs, such as SNAP and Medicaid, are means-tested, meaning that applicants must prove income eligibility, whereas other programs are entitlement-based, such as Medicare and Social Security.

Figures 24, 25, and 26 show the location of the food and nutrition programs listed previously compared to the populations for Clark and Washoe counties. As anticipated, urban areas such as Washoe and Clark counties have more food and nutrition resources available due to their larger senior population base. Although some counties may appear to not have resources according to the map, they are often serviced by a neighboring county.

FIGURE 24 LOCATION OF FOOD AND NUTRITION PROGRAMS COMPARED TO POPULATION: 2015

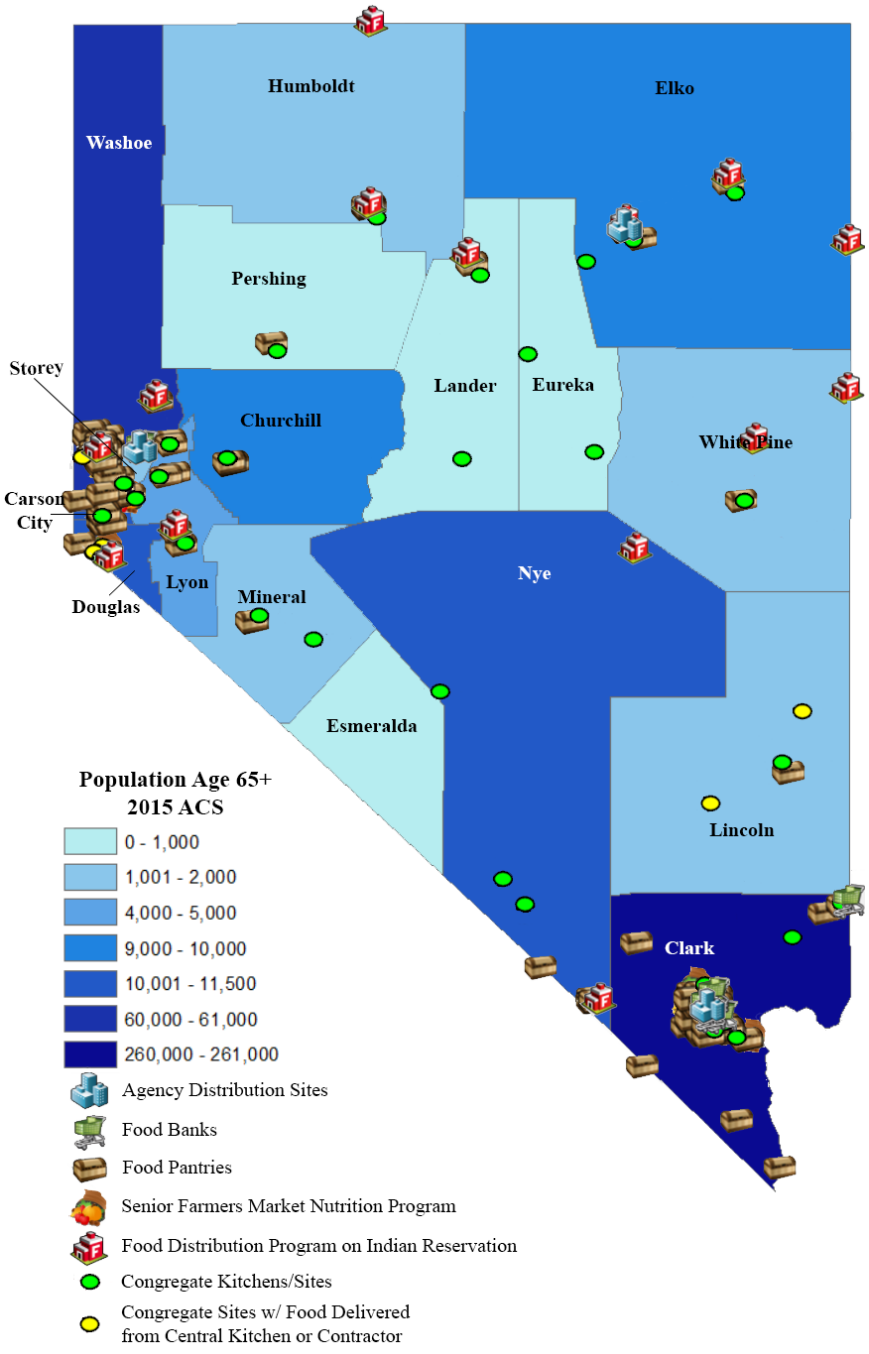


FIGURE 25 FOOD AND NUTRITION PROGRAMS – LAS VEGAS

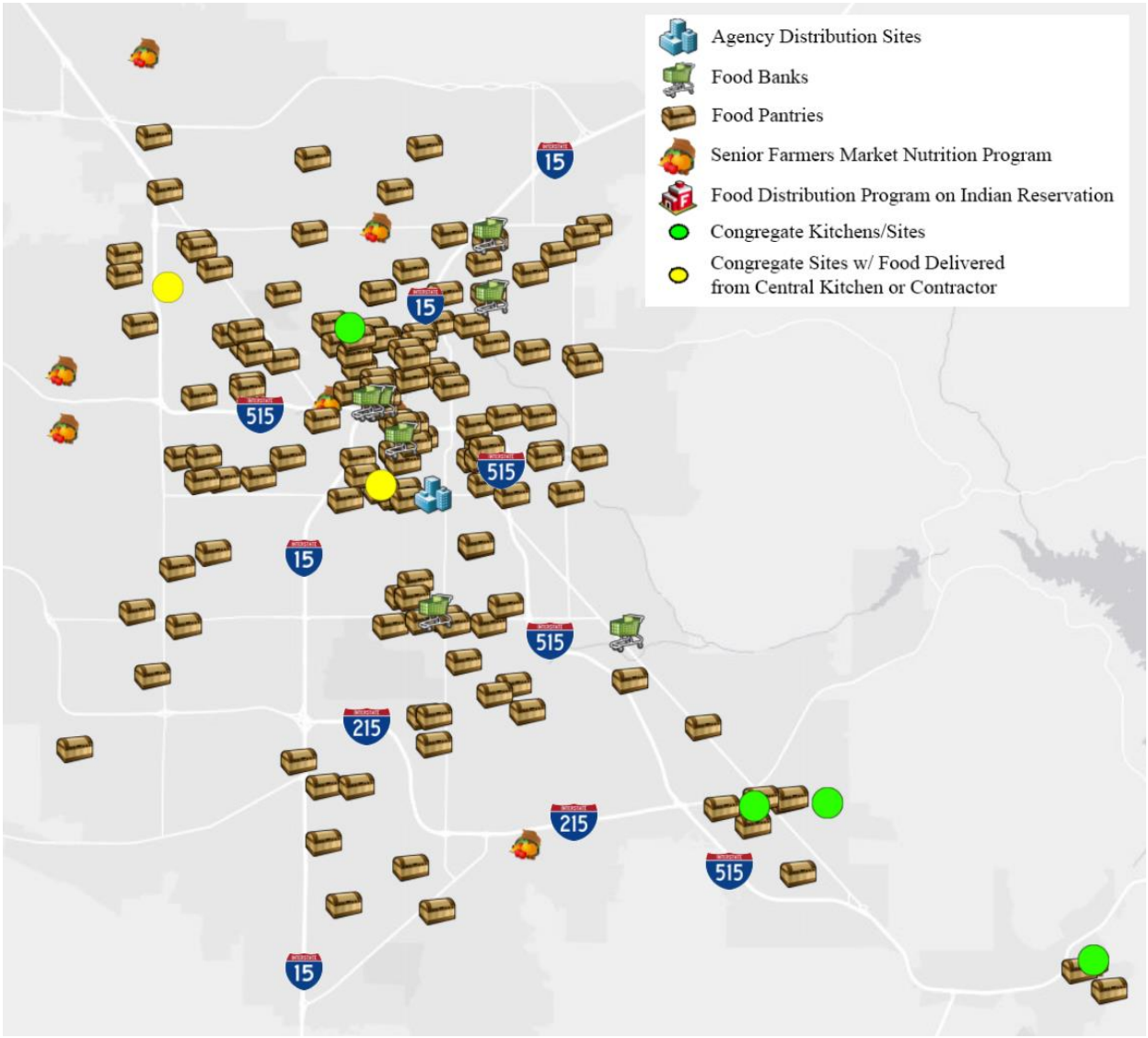
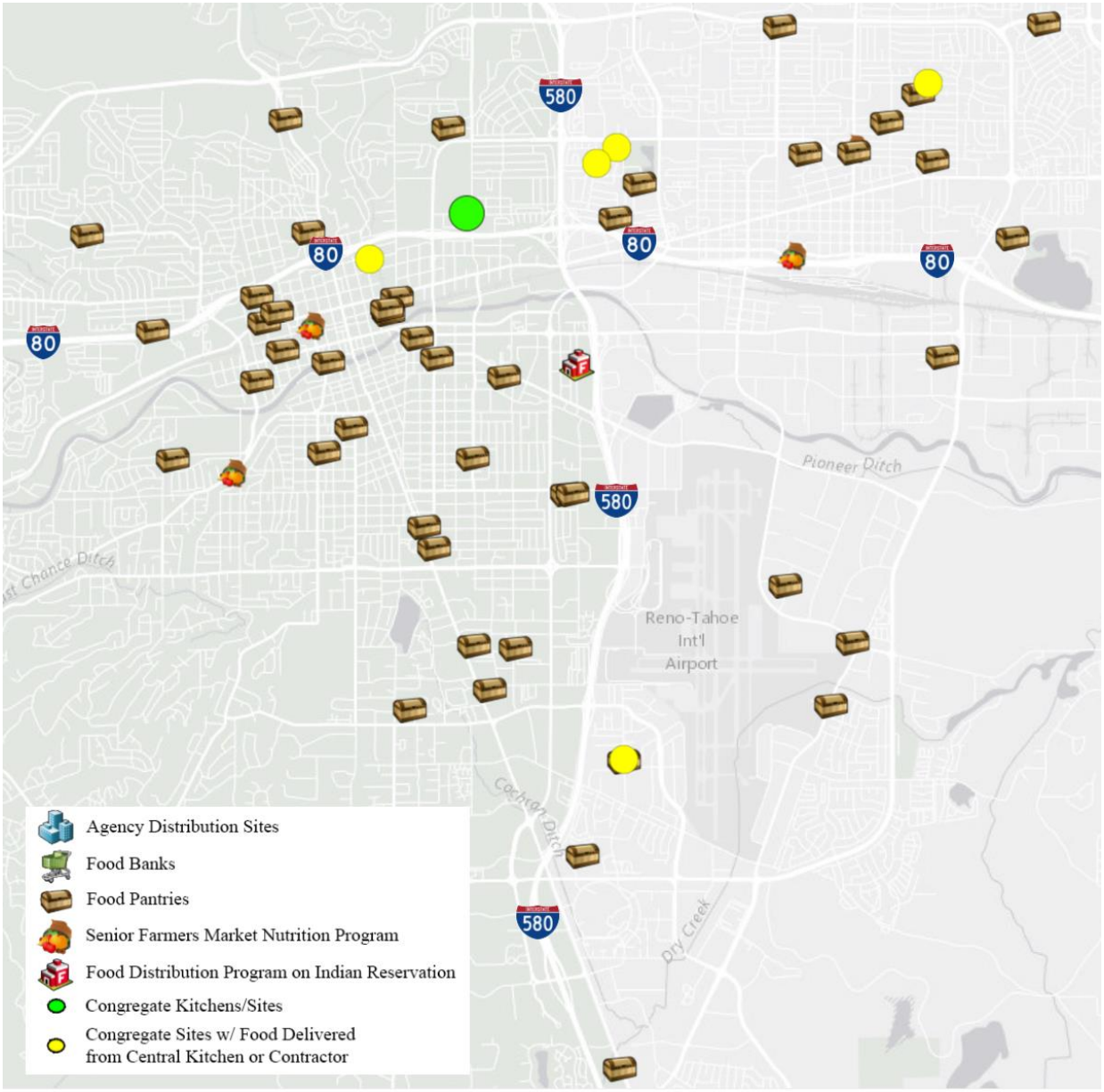


FIGURE 26 FOOD AND NUTRITION PROGRAMS – RENO/SPARKS



To better understand the programs available to older Nevadans who are food insecure, the following section details food and nutrition programs. For the purposes of the gap analysis, only the programs serving older Nevadans are presented. Programs specific to child and family food and nutrition have been omitted.

Program Description	2016 Number of Clients Served
Congregate Meals There are currently 27 congregate meal grantees across Nevada receiving Older American Title III-C funding through ADSD. Congregate meals are served in group settings, usually at a senior center. The program provides one meal per day to older Nevadans (ages 60 years and older) and qualified individuals (spouse of an older adult, and a person with a disability living in housing where a congregate site has been established, or living with an eligible older adult). In addition to providing food, congregate meals allow older Nevadans to socialize (61). Figure 27 shows the number of congregate meal clients served by county.	➢ A total of **34,544** older Nevadans were served by Congregate Meal programs in **2016** ➢ **1,179,905** total meals were served or about **34** meals per client
Home Delivered Meals Home delivered meals (HDM) provide meals to homebound older Nevadans who are at high risk of food insecurity. Depending on the program, clients receive a hot meal on delivery day and frozen meals to store. To qualify for HDM, older Nevadans must be older than 60 years and homebound due to illness, disability, or geographic isolation and unable to attend a congregate meal site (61). Figure 28 shows the number of HDM clients served by county.	➢ A total of **16,622** older Nevadans were served by HDM programs in **2016** ➢ **2,931,822** total meals were served or about **176** meals per client
Supplemental Nutrition Assistance Program (SNAP) SNAP offers nutrition assistance to eligible, low-income individuals and families including older adults. The amount of benefits received is based on USDA's Thrifty Food Plan, which estimates the cost to buy food to prepare nutritious, low-cost meals. SNAP benefits help supplement an individual's or a family's income to help buy nutritious food. Most households must spend some of their own cash along with their SNAP benefits to buy the food they need (62).	➢ Monthly average SNAP benefit for a single individual is **$119.29** ➢ SNAP had a monthly caseload of **47,499** older Nevadans ages **60** years and older in July **2017**

PROGRAM DESCRIPTION	2016 NUMBER OF CLIENTS SERVED
Nevada has a waiver for older adults ages 60 years and over to deduct their prescriptions and medical costs from their income, which increases their benefit allotment in most circumstances. Nevada also has a waiver to reassess SNAP eligibility every one to two years rather than annually, when incomes are less likely to change. Figure 29 shows the number of Nevada SNAP participants, ages 60 years and older, by county in July 2017. SNAP reports monthly caseloads with detailed demographic data. Average annual caseloads are available; however, the data is not broken down by age group. For additional maps showing the caseload for 2017 for each older Nevadan age group, please refer to Appendix B.	
NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) NSIP (formerly Nutrition Program for the Elderly) is a joint program between ADSD and NDA. It is authorized through the OAA Title III-C to provide cash funding based on the number of meals served in the previous year. Programs have the option to use a percentage of their option to purchase commodity foods through NDA.	➢ **BECAUSE THE FUNDING FROM NSIP IS A CASH OPTION FOR PROGRAMS, THE NUMBER OF CLIENTS SERVED CANNOT BE DETERMINED. MEALS WERE COUNTED IN HOME DELIVERED MEALS AND CONGREGATE MEALS.**
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) Administered through the NDA, CSFP improves the health of low-income, older adults at least 60 years of age by supplementing their diets with nutritious USDA foods. Older Nevadans who utilize this program receive commodity boxes at distribution sites in Washoe, Clark, and Elko (63).	➢ **A TOTAL OF 7,949 CLIENTS ARE SERVED EACH MONTH**
SENIOR'S FARMER'S MARKET NUTRITION PROGRAM (SFMNP) The SFMNP provides low-income older Nevadans with coupons that can be exchanged for eligible foods at participating farmers' markets and roadside farm stands. The purpose is to increase the consumption, production, and distribution of fresh, locally grown	➢ **A TOTAL OF 5,580 SENIORS WERE SERVED IN 2016**

PROGRAM DESCRIPTION	2016 NUMBER OF CLIENTS SERVED
fruits and vegetables and to supplement the nutritional needs of older Nevadans (63).	
FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATION (FDPIR) The FDPIR provides commodity foods to low-income households, including older Nevadans, residing on Indian reservations. This is an alternative to SNAP because many households do not have easy access to food stores (63). The recommendations of the National Commission on Hunger include removing this restriction so reservations can receive both. This program increases support and access to one of the most vulnerable groups in Nevada. NDA administers one of the three FDPIR programs in Nevada. The remaining two are operated by the Nevada Shoshone Paiute Tribe and the Nevada Yerington Paiute Tribe.	➢ BECAUSE FDPIR DOES NOT EXCLUSIVELY SERVE OLDER NEVADANS, THE NUMBER OF CLIENTS SERVED IS NOT AVAILABLE
FOOD BANKS Food banks are non-profit organizations that collect and distribute food to hunger-relief charities. Food banks act as food storage and distribution depots for smaller front-line agencies such as food pantries, and usually do not themselves give out food directly to people struggling with hunger. The Food Bank of Northern Nevada (FBNN) and Three Square Food Bank (TS) are the two major food banks operating in Nevada (64).	➢ THREE SQUARE SERVES OVER 19,000 OLDER NEVADANS MONTHLY ➢ 22,828 OLDER NEVADANS WERE SERVED THROUGH FBNN IN 2016

FIGURE 27 ADSD CONGREGATE MEAL CLIENTS BY COUNTY - 2016

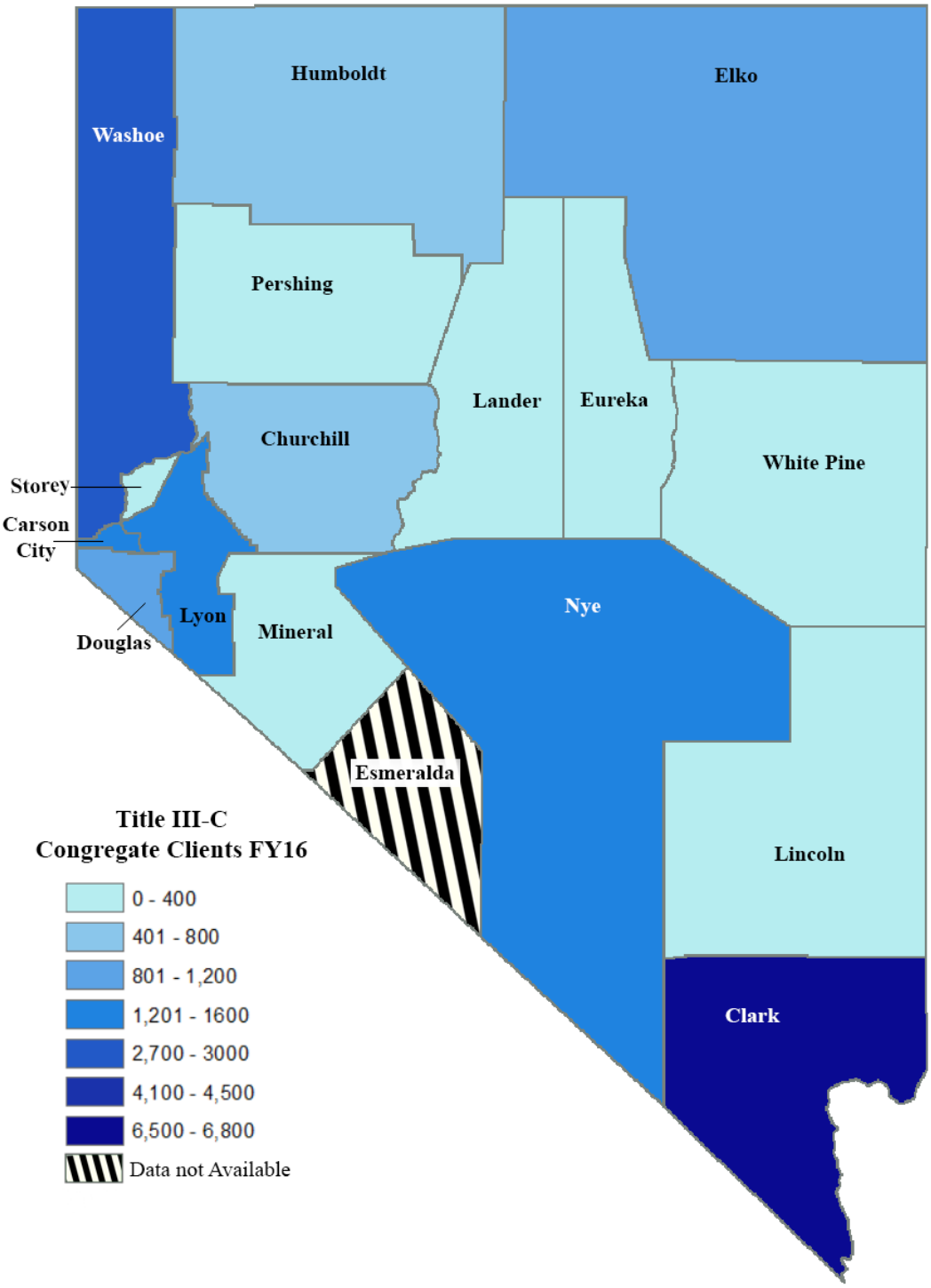


FIGURE 28 HOME DELIVERED MEALS CLIENTS SERVED BY COUNTY - 2016

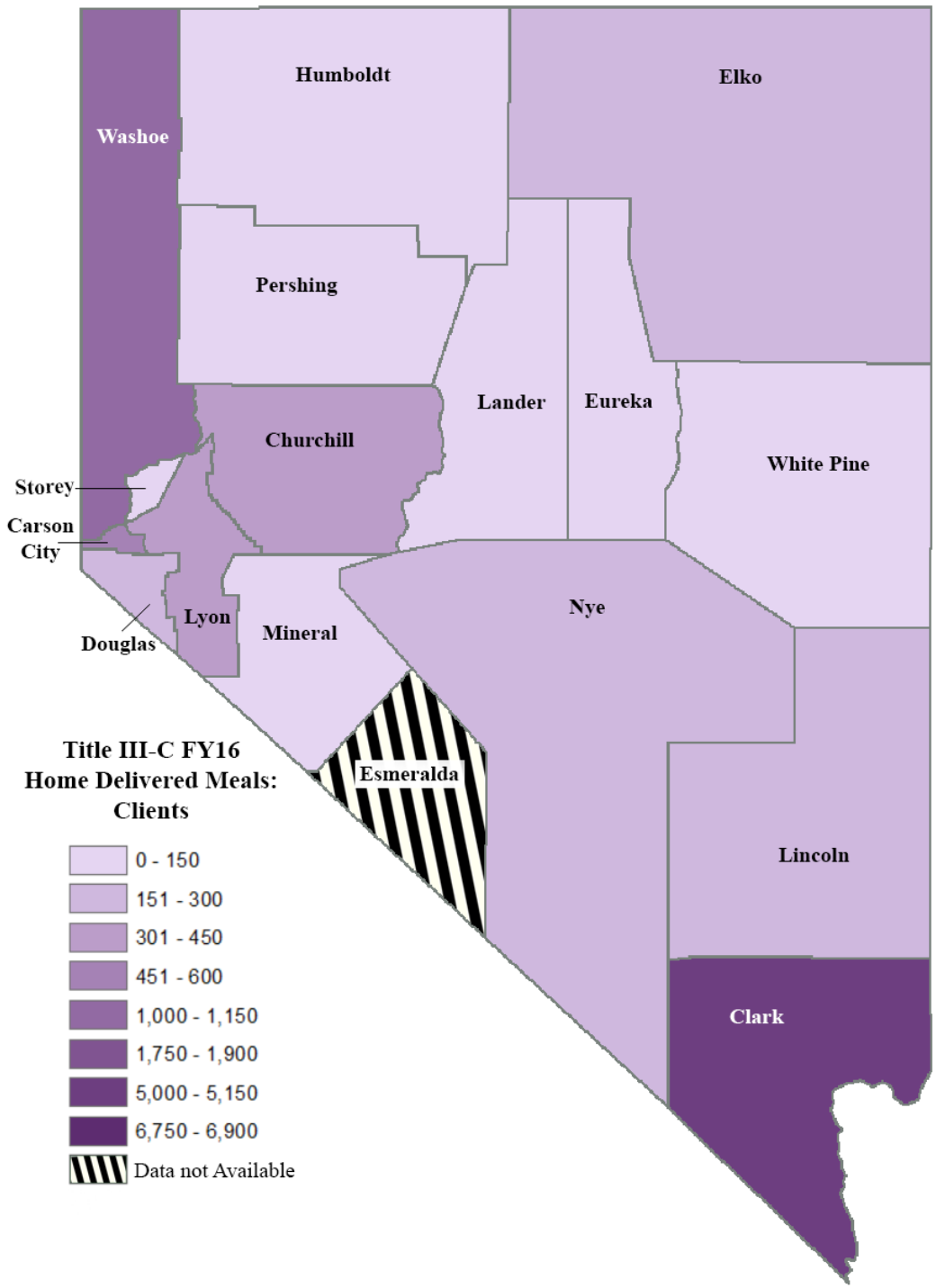
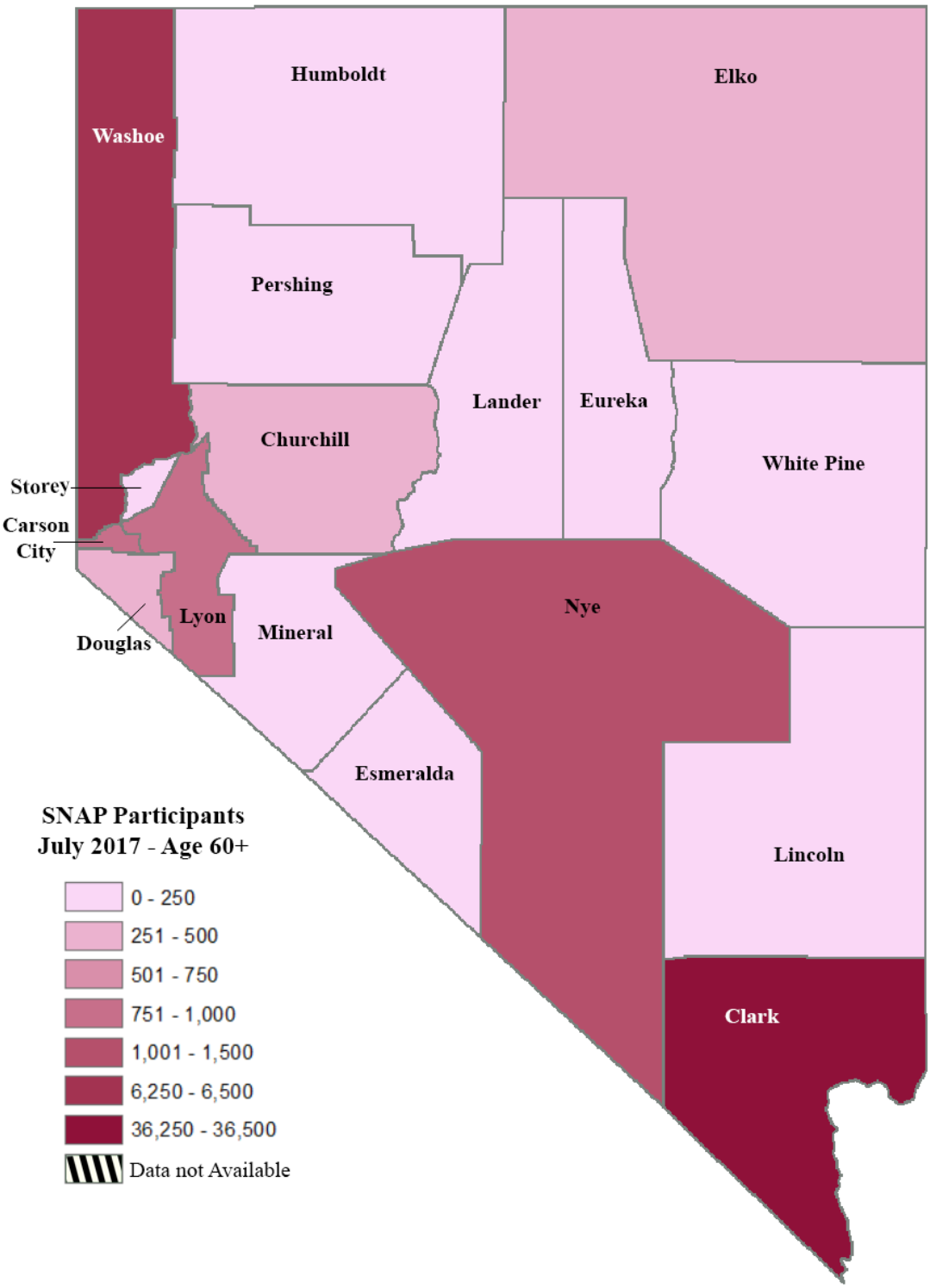


FIGURE 29 OLDER NEVADA SNAP CASE LOADS BY COUNTY – JULY 2017



CURRENT SENIOR NUTRITION SERVICE SYSTEM

To better understand the current nutrition service system for older Nevadans, key informant interviews were conducted to gather insights regarding how well the nutrition and food service system is currently meeting the needs of this food insecure population. This included a discussion about the challenges associated with serving food insecure older Nevadans and identification of any critical issues.

A total of 21 key informants were interviewed, including:

Providers

- **13 individuals** at the state and county provider level:
  - 7 providers serve rural counties
  - 3 providers serve Washoe County/Northern Nevada
  - 1 provider serves Clark County/Southern Nevada
  - 2 providers oversee statewide programs

Clients

- **2 individuals**, both clients of a home delivered meals/food program in Southern Nevada

Experts

- **6 individuals** who have knowledge of older Nevadans and food insecurity

SERVICE SYSTEM ABILITY TO MEET CLIENT NEEDS

Key informants were asked to rate how well the services currently in place meet the food needs of older Nevadans. Informants were asked to rate the system on a scale of 1 to 5: 1 = not well, 2 = somewhat well, 3 = neutral, 4 = well, 5 = very well.

Sixteen informants felt they had the knowledge to rate the service system. The average rating given to the system was **3.06**, which indicates a neutral rating. Five key informants felt they didn't have sufficient knowledge or research about the service system to give it an objective rating.

KEY INFORMANT ANALYSIS

The following section describes the strengths, challenges, barriers, gaps, and opportunities as identified through key informant interviews and supported by the research. For brevity, the major category is presented along with a small description and key points as acknowledged by the key informants.

	STRENGTH	CHALLENGE	BARRIER	GAP	OPPORTUNITY
Public Outreach, Engagement, and Education ➢ Congregate dining and HDM provide outreach and education to clients. ➢ One county has expanded Adult Services to assist with eligibility determination and home visits. ➢ Identifying food insecure older Nevadans is difficult as there is no tracking system. ➢ Many older Nevadans have a stigma against receiving assistance; more education is needed. They may also distrust the "system." ➢ There is a lack of information about available resources for older Nevadans. ➢ There has not been enough outreach to older minority and tribal populations.	✓ (4)	✓ (14)	✓ (15)	✓ (3)	✓ (4)
Resources for Nutrition Programs ➢ Some informants felt there are sufficient numbers of food pantries and meal programs to feed food insecure older Nevadans. ➢ Funds are resourcefully utilized to serve as many older Nevadans as possible. ➢ Some programs have wait lists due to limited resources. ➢ Private sector caregiving, faith-based homecare programs, and student training programs are focused on client-centered services, including ensuring clients have access to nutrition programs. ➢ Reimbursement rate does not cover the full cost of the meal for congregate meals and HDM. ➢ Distributing resources equally among older Nevadans is challenging as some may "double dip" to access similar services elsewhere.	✓ (6)	✓ (9)	✓ (8)	✓ (10)	✓ (2)

	STRENGTH	CHALLENGE	BARRIER	GAP	OPPORTUNITY
➢ Staff turnover in programs can create capacity issues, especially in smaller counties. ➢ Conduct a statewide needs assessment to determine where additional meal programs are needed.					
Nutrition Programs (Congregate Meals and HDM) ➢ Nutrition programs provide needed food to a vulnerable population and address socialization which helps with isolation and depression. ➢ Congregate meal sites are multi-purpose: they provide meals but also work to connect older Nevadans to other resources, such as Medicaid and SNAP. ➢ Quality food is provided to older Nevadans. ➢ Congregate meals and HDM are provided statewide, including rural areas. ➢ SNAP provides benefits to older Nevadans, but clients feel SNAP does not provide sufficient benefits and do not want to apply. ➢ Opportunity to implement a "no wrong door" approach among nutrition program providers.	✓ (12)	✓ (3)	✓ (1)		✓ (3)
Socialization and Isolation ➢ Programs provide some opportunities for socialization (frequency of meal delivery varies by program, with some delivering daily and others weekly). ➢ HDM drivers conduct well checks to ensure client is eating meals and in good health. The frequency of the checks depends on the agency and caseload. ➢ Communities have other resources (volunteers and AmeriCorps) to provide socialization to older Nevadans.	✓ (5)	✓ (6)	✓ (10)		✓ (2)

	STRENGTH	CHALLENGE	BARRIER	GAP	OPPORTUNITY
➢ Homebound older Nevadans and those living in rural areas are at risk of isolation and food insecurity, and lack opportunities for socialization.					
Transportation ➢ There is a lack of transportation options for older Nevadans in rural and urban areas. ➢ Many older Nevadans, including those with disabilities do not live near services, such as food pantries or senior centers. ➢ Service providers may have a large client base they are unable to reach with the limited number of delivery vehicles they own. ➢ Costs for fuel and maintenance for both older Nevadans' vehicles and service delivery trucks can be prohibitive. ➢ Limited number of public transportation options for the disabled and older Nevadans. ➢ Expand para-transit's income eligibility threshold or offer additional resources to cover the co-pay.		✓ (8)	✓ (9)	✓ (10)	✓ (2)
Collaboration ➢ State agencies, providers, and communities collaborate to implement food programs. ➢ Nonprofits and community coalitions work collaboratively across the state with other providers. ➢ Counties work with emergency personnel and medical providers to identify possible food insecurity when they are assisting older Nevadans. ➢ Some respondents felt there is a lack of state and community collaboration. ➢ Increase collaborative efforts to address food insecurity among older Nevadans (e.g., low cost mini-market	✓ (10)			✓ (1)	✓ (2)

	STRENGTH	CHALLENGE	BARRIER	GAP	OPPORTUNITY
onsite at senior centers, collaborating with businesses to donate excess meals, include pet food in meal deliveries, explore relationship between food pantries, commodities, home delivered groceries, and NDA to develop approaches to food insecurity).					
Access to and Consumption of Healthy Food Options ➢ There is a lack of access to nutritious foods for some populations and areas in Nevada. ➢ Dietary guidelines for older Nevadans are confusing, and food preferences can make it difficult for providers to ensure meal consumption.		✓ (9)	✓ (7)	✓ (4)	
Health Care ➢ Access to medical care for older Nevadans is difficult. ➢ Older Nevadans with chronic health conditions often require specialized foods. ➢ Increases in substance abuse among older Nevadans is a barrier to addressing food insecurity.		✓ (1)	✓ (5)	✓ (2)	
Cost of Living ➢ Older Nevadans who are food insecure are forced to choose between purchasing food or paying for other necessities (medication, rent, utilities, etc.). ➢ Some older Nevadans face eviction as they are unable to pay their rent.		✓ (5)	✓ (4)		
Aging in Place ➢ Allowing older Nevadans to age in place could be a cost-effective opportunity.					✓ (1)

While the key informant interviews produced great insights regarding the issue of food insecurity among older Nevadans, only two of the key informants were service recipients. To ensure the consumer voice is reflected in the gap analysis, food related priorities and recommendations from the 2016 "Needs, Priorities, and Recommendations: A Meta-Analysis Summary Report for Services and Supports for Nevada's Aging Population and Persons with Disabilities" are provided below. The meta-analysis included focus groups, town hall meetings, key informant interviews, and surveys with older Nevadans and persons with disabilities to obtain recommendations and identify priorities (65).

Access: Many older Nevadans and persons with disabilities are food insecure and rely on food pantries and/or food banks. They need access to nutritious food, nutrition education, and SNAP. Consumers recommended expanding access options for older Nevadans to food and nutrition services.

Strong Supportive Systems: Consumers recommended promoting partnerships with non-profit and religious organizations that provide food to address food insecurity and socialization.

Quality of Life: Consumers identified the need to enrich the lives of isolated seniors and those who live in group homes. They recommended strengthening neighborhood supports that encourage seniors to "age in place." Engaging community partners in offering an array of active living, social, and community activities was also identified, including encouraging service providers to offer an array of social engagement opportunities.

FINANCIAL PROFILE OF NEVADA SENIOR NUTRITION PROGRAMS

There is a financial benefit to the state to allowing older Nevadans to age in place and providing the supports they need to the extent possible. **Providing one meal per day to one person for a single year is nearly equivalent to the cost of a one-day stay in the hospital** (66).

A Brown University study demonstrated for every $25 states spend on meal programs per year per person ages 65 years and older there is a decrease of one percent in the low-care nursing home population (67).[3]

The Older Americans Act (OAA) has been the primary piece of federal legislation supporting social and nutrition services to Americans ages 60 years and older. OAA programs are vital for seniors who are at significant risk of hunger, isolation, and losing their ability to live independently. Title III of the OAA establishes a grant system to fund programs addressing the unique needs of vulnerable seniors. These include services such as:

- HDM and congregate meals
- Transportation
- In-home personal care and community supports
- Caregiver assistance
- Preventive health and wellness programs
- Employment services and training

> IN SPITE OF NEVADA'S SKYROCKETING OLDER ADULT POPULATION, FUNDING HAS REMAINED FLAT AND IN SOME CASES DECREASED. THE STATE IS CHALLENGED IN MERELY SUSTAINING EXISTING AND VITAL SUPPORTIVE SERVICES, NOT TO MENTION INCREASING CAPACITY TO ADEQUATELY SERVE THE GROWING NEED.
>
> -ADSD 2016-2020 STATE PLAN FOR AGING SERVICES

In Nevada, OAA Title III-C covers 90% of the total cost to provide meals to older Nevadans. Programs rely on contributions from state, local, private donations, and other resources to cover the remaining 10% (66).

ADSD oversees administration of OAA Title III-C programs (congregate meals and HDM). The state also has three programs for older Nevadans funded through the USDA. Lastly, Nevada's two food banks, FBNN and Three Square, also offer specific programs for food insecure older Nevadans.

Food pantries do not receive funding for assistance specifically for older Nevadans aside from a few grants from ADSD specifically for older adults, and very few pantries in Nevada serve older adults

[3] Low-care nursing home residents are those who neither require assistance with the Katz Activities of Daily Living five core activities of daily living nor fall into the Clinically Complex or Extensive Rehabilitation Resource Utilization Groups.

exclusively. Less than 10 food pantries in Nevada offer home-delivered grocery programs. Nevada provides $2.3 million in food security grants each year; the funding is primarily directed to pantries that offer food with the addition of other services and are required to serve clients across the lifespan, which automatically inhibits nonprofit senior centers from applying (68).

Funding was a key issue discussed during the key informant interviews as it has implications for the number of older Nevadans who are food insecure who can be served through the food service system. The following are the identified funding-specific issues.

Per Meal Reimbursement and Funding Formula. Five key informants specifically discussed the per meal reimbursement and funding formula used. The current per meal reimbursement rate is less than the cost of the actual meal. At the time of the interviews, the fixed-fee reimbursement rate for congregate meals is $2.20 per meal served. For HDM, the fixed-fee reimbursement rate is $2.65. ADSD has since increased the reimbursement rates for congregate meals to $3.15. When meals cost upwards of $5-10 to make, it is hard to get new providers who are willing to sustain a program because they are already operating at a loss. Until the per meal reimbursement is increased, it will be difficult to incentivize new food providers to create new nutrition programs in Nevada. As shown in Figure 30, Nevada was ranked 50th in per meal funding for HDM, with $2.42 spent per meal in 2014. Alaska was ranked as 1st with per meal spending at $13.94.

FIGURE 30 2014 HOME DELIVERED MEALS FEDERAL & STATE FUNDING BY STATE

2014 HOME-DELIVERED MEALS FEDERAL & STATE FUNDING BY STATE										
	Funding			Meal Count	Funding per Meal			Rank: Funding per Meal		
US States + DC	Total	Federal	State		Total	Federal	State	Total	Federal	State
Top 10 in State Funding										
Hawaii	$4,997,198	$505,206	$4,491,992	380,529	$13.13	$1.33	$11.80	2	38	1
Alaska	$6,190,865	$1,160,075	$5,030,790	443,992	$13.94	$2.61	$11.33	1	12	2
North Dakota	$4,448,190	$823,688	$3,624,502	516,600	$8.61	$1.59	$7.02	3	32	3
New Hampshire	$10,473,127	$1,980,946	$8,492,181	1,327,768	$7.89	$1.49	$6.40	7	34	4
Massachusetts	$50,890,620	$6,638,693	$44,251,927	7,021,362	$7.25	$0.95	$6.30	9	50	5
Wisconsin	$17,934,071	$4,645,726	$13,288,345	2,115,846	$8.48	$2.20	$6.28	4	20	6
Wyoming	$4,314,713	$1,109,823	$3,204,890	525,767	$8.21	$2.11	$6.10	6	23	7
Utah	$7,751,138	$1,159,425	$6,591,713	1,140,401	$6.80	$1.02	$5.78	17	46	8
New Mexico	$10,700,623	$1,348,622	$9,352,001	1,700,670	$6.29	$0.79	$5.50	26	51	9
Louisiana	$20,721,442	$3,140,356	$17,581,086	3,270,553	$6.34	$0.96	$5.38	24	48	10
Bottom 10 in State Funding										
Tennessee	$9,117,327	$5,153,719	$3,963,608	1,328,194	$6.86	$3.88	$2.98	15	3	42
North Carolina	$14,685,569	$6,672,577	$8,012,992	2,736,822	$5.37	$2.44	$2.93	39	13	43
Pennsylvania	$37,119,945	$22,521,272	$14,598,673	5,122,753	$7.25	$4.40	$2.85	10	1	44
Kentucky	$8,898,625	$4,833,959	$4,064,666	1,441,160	$6.17	$3.35	$2.82	30	5	45
Maryland	$6,350,154	$3,446,082	$2,904,072	1,105,098	$5.75	$3.12	$2.63	37	6	46
Rhode Island	$1,452,015	$833,124	$618,891	241,566	$6.01	$3.45	$2.56	33	4	47
Washington	$6,262,091	$3,648,658	$2,613,433	1,523,976	$4.11	$2.39	$1.71	49	15	48
Arizona	$6,821,074	$4,430,162	$2,390,912	1,550,617	$4.40	$2.86	$1.54	48	10	49
Mississippi	$5,076,370	$2,209,250	$2,867,120	2,259,122	$2.25	$0.98	$1.27	51	47	50
Nevada	**$2,816,792**	**$2,497,421**	**$319,371**	**1,161,805**	**$2.42**	**$2.15**	**$0.27**	**50**	**21**	**51**

Data Sources: http://www.agid.acl.gov/DataGlance/SPR/ and ADSD

Rate Review. Two key informants stated the last time the fixed-fee reimbursement rate had been increased was nearly two decades ago. The current reimbursement rate is a threat to a provider's sustainability, and should be adjusted to account for inflation. If the reimbursement rate was changed and coupled with a startup incentive, that might bring in more food and nutrition service providers. An issue brief prepared by Three Square and FBNN in January 2017 further highlighted the need for a reimbursement rate review. It noted that ADSD sets the reimbursement rates per meal claimed by the sponsor, and the **rates have not increased in 16 years**. In addition, meal sponsors who serve older Nevadans receive significantly less than sponsors of federal children's meals programs even though they have similar, high nutrition standards, and higher transportation costs, which further increases the gap between the reimbursement rate and the sponsors' operating costs (68).

Alternative Funding Sources and Expanding Caps. Two key informants suggested exploring alternative funding sources for food programs, such as reimbursing the meal cost as a Medicaid/Medicare benefit or implementing a sliding fee scale for meals where a small cost is charged to the client based on their income. Some federally funded programs, such as CSFP have a limit on the number of older Nevadans who can be served. One key informant felt that if programs did not impose a cap, they would be able to serve many more eligible older Nevadans.

Funding Loss. Not all areas in Nevada receive county funding for their nutrition programs for older adults. Some counties are surviving without county funding but at a loss. One key informant noted they were losing $100,000 each year. Because some of these agencies may be more focused on maintaining operations, they have fewer resources to address food insecurity.

FINANCIAL PROFILE

The following is a financial profile of the nutrition programs available for older Nevadans.

PROGRAM	BUDGET	ANNUAL COST PER CLIENT (IF APPLICABLE)
CONGREGATE MEALS THROUGH OAA TITLE IIIC	2017: $1,591,409 2016: $1,500,261	2016: $43.43
HOME DELIVERED MEALS THROUGH OAA TITLE IIIC	2017: $4,099,843 2016: $3,949,453	2016: $237.60
SNAP	2018: $58,698,053	NOT APPLICABLE, BUDGET INCLUDES CHILDREN, ADULTS, AND OLDER NEVADANS
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)	2017: $470,381	2017: $4.93
SENIOR'S FARMER'S MARKET NUTRITION PROGRAM (SFMNP)	2016: $151,758	2016: $25.74

Program	Budget	Annual Cost per Client (if Applicable)
Nutrition Services Incentive Program (NSIP)	2017: $1,457,149	Cash option provided, # of clients served is not available
Food Distribution Program on Indian Reservation (FDPIR)	2017: $262,777 (includes children and adults)	Number of seniors served is not available
FBNN	2015-2016: $159,779 (CSFP) $1,390,483 (food distribution programs)	Cost to serve clients is pennies on the dollar
Three Square	2015-2016: $325,194	
General Funds for Rural Sponsors	2016: $165,000	Not Applicable

For the programs with county-level funding data available, a map is presented in Figure 31 showing how the funding is distributed across the state. Much of the funding is allocated to Washoe and Clark counties due to their large population base of older Nevadans. However, Lyon, Churchill, Nye, and Elko counties also receive more funding than other counties with smaller population bases.

Figure 32 displays the per capita expenditures of OAA Title III-C funds for the 2015 older Nevadan population.

FIGURE 31 COUNTY LEVEL FUNDING OF NUTRITION PROGRAMS FOR OLDER NEVADANS

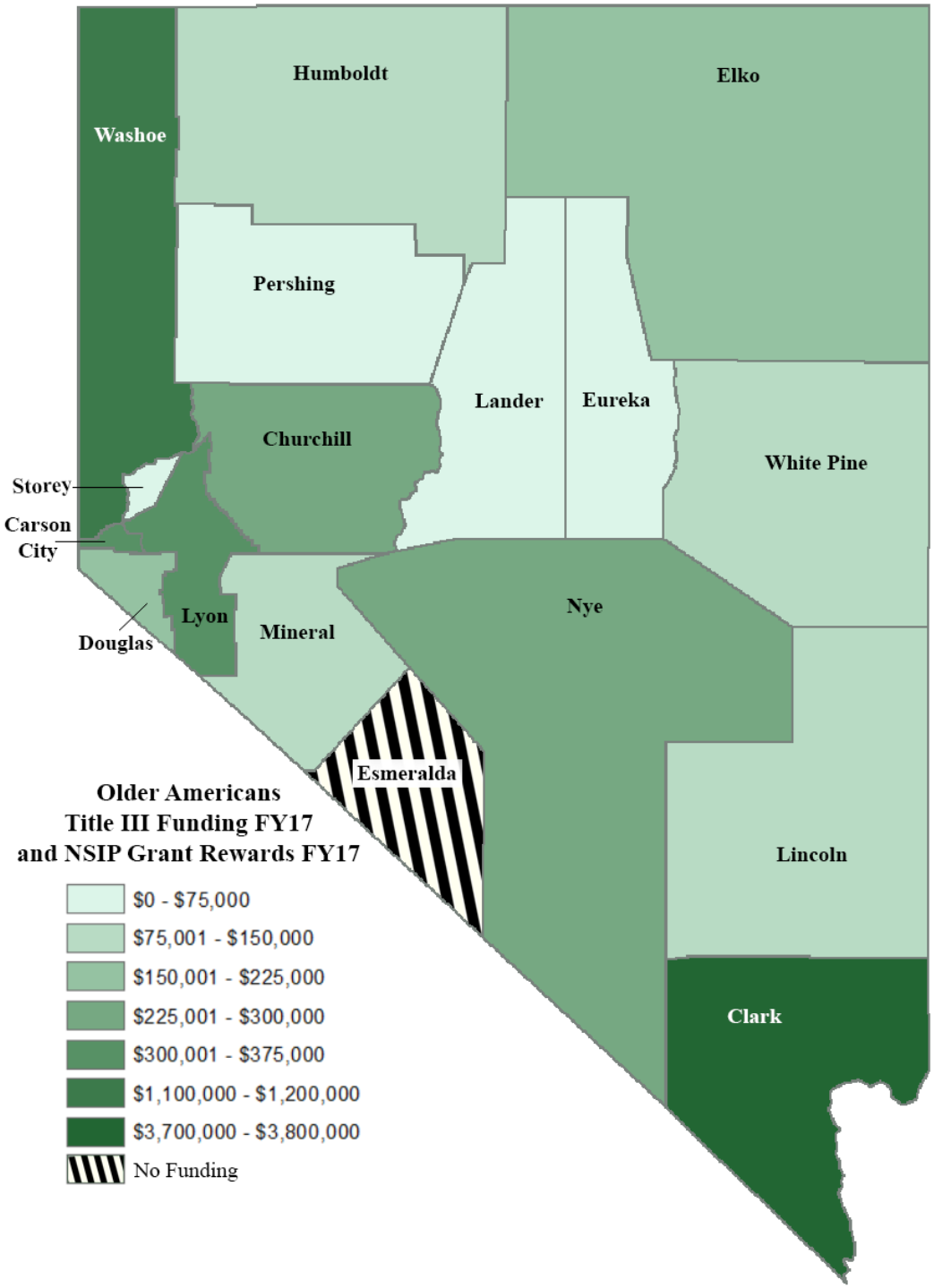
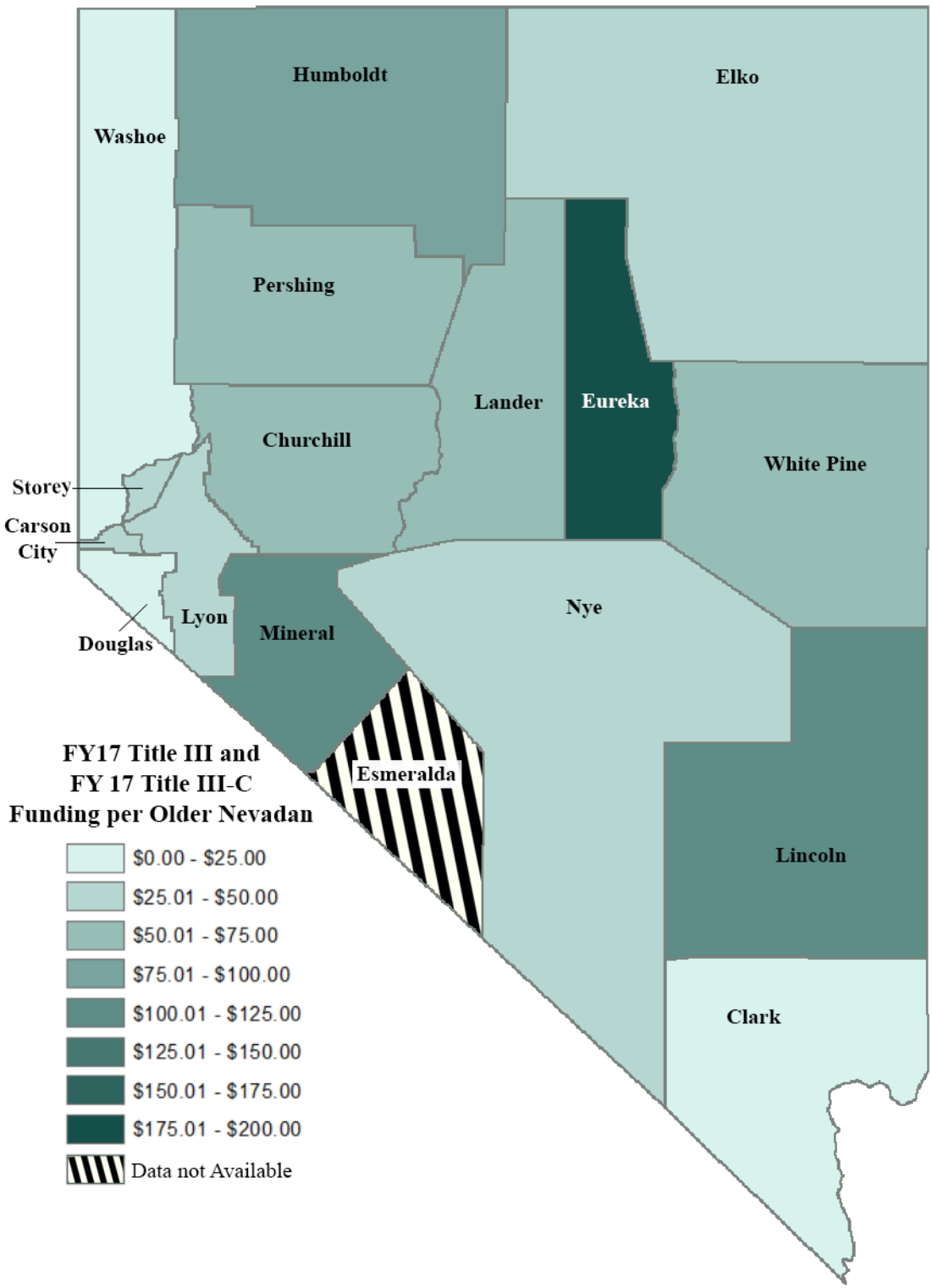


FIGURE 32 PER CAPITA EXPENDITURES FOR OLDER NEVADANS - 2017



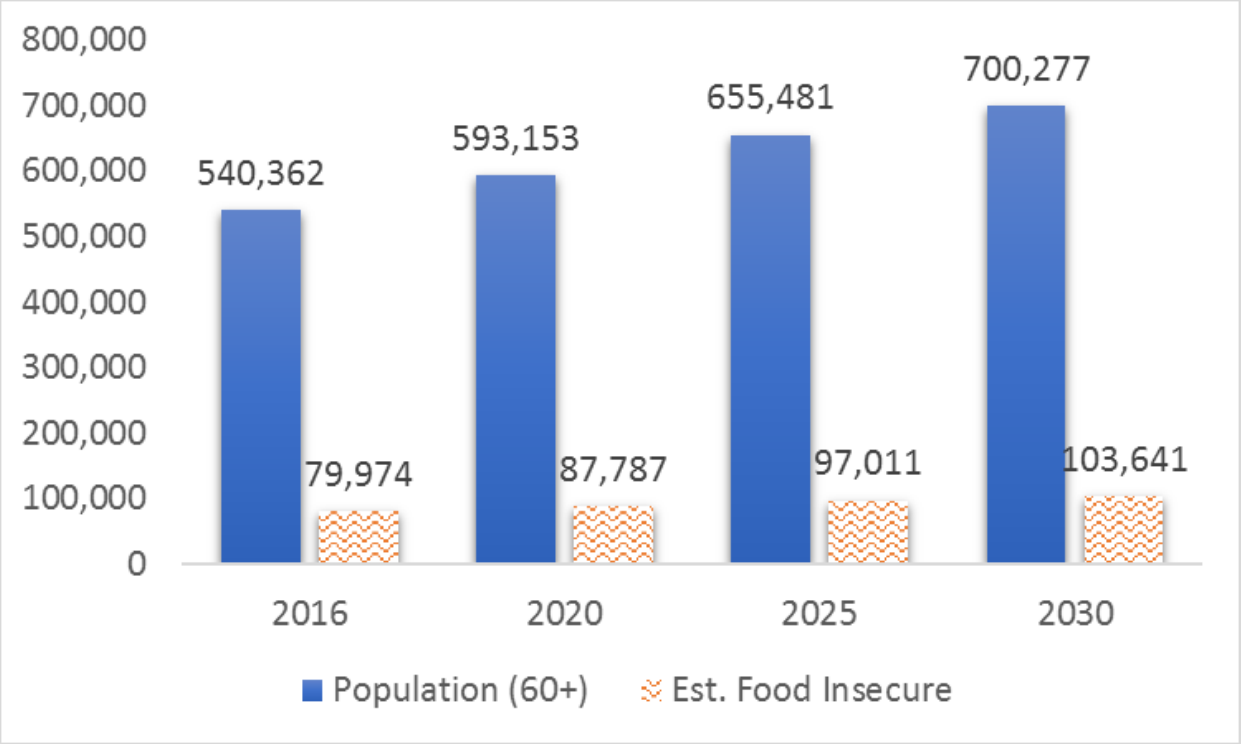
FORECAST OF OLDER NEVADAN NEEDS

Nevada's older adult population is anticipated to increase by 36% over the next ten years. Currently, 14.8% of older Nevadans are food insecure. While trends in food insecurity have improved in recent years, the percentage will continue to rise as the population grows unless strategies are implemented to address the concern.

To estimate the projected need of older Nevadans, the number of food insecure adults was derived from 2016 population estimates of adults ages 60 years and older, because that is the minimum age requirement for Older Americans Title III-C funded programs (congregate meals and HDM).

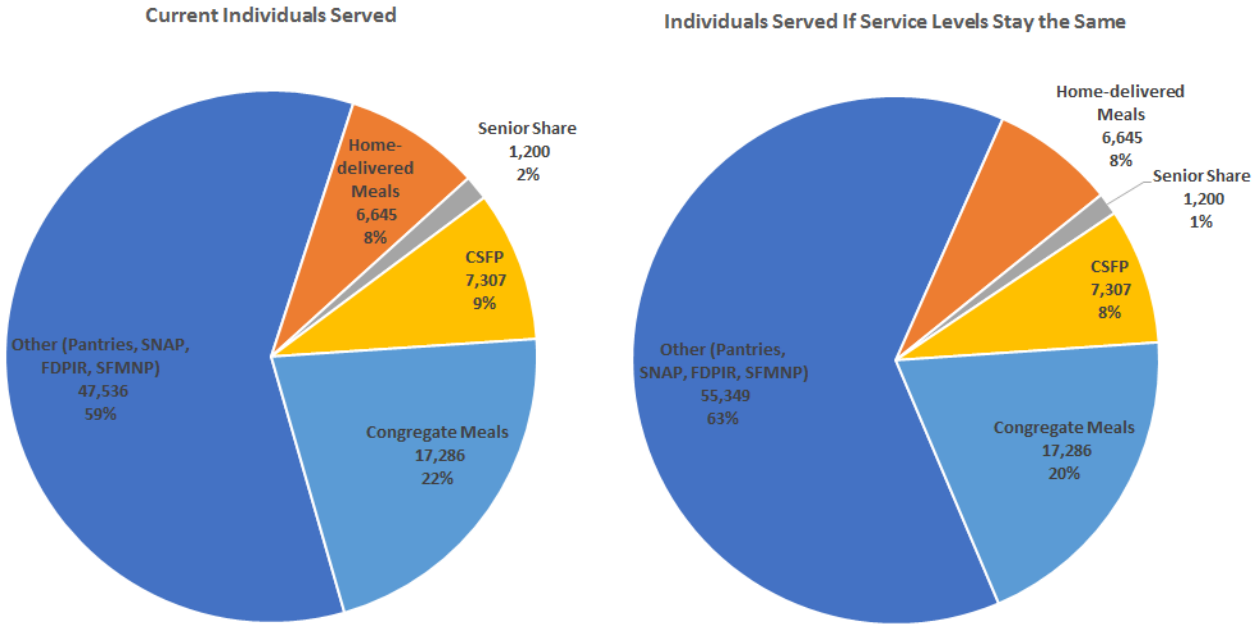
The number of food insecure older Nevadans (ages 60 years and older) in 2016 was 79,974. If the current food insecurity rate is applied to population projections (ex: 593,153 x .148 = 87,787 estimated food insecure older Nevadans in 2020), it becomes evident the number of older Nevadans who require food assistance will quickly grow beyond the current service capacity (Figure 33).

FIGURE 33 PROJECTED POPULATION GROWTH (AGES 60+) AND ESTIMATED FOOD INSECURITY



Many older Nevadans who need food assistance are served through other programs such as food pantries, SNAP, FDPIR, and SFMNP (59%). The remaining 22% are served through congregate meals, CSFP (nine percent), HDM (eight percent), and Senior Share (two percent). If service levels remain the same through 2020, other programs (pantries, SNAP, FDPIR, SFMNP) will face an increase in the number of older Nevadans who are food insecure (Figure 34).

FIGURE 34 CURRENT INDIVIDUALS SERVED AND PROJECTED INDIVIDUALS SERVED IF SERVICE LEVELS ARE STATIC



If service levels were adjusted, nutrition programs for older Nevadans would see a more proportionate increase in the number of clients served. Figure 35 shows the distribution as well as the funding needed to maintain proportionate levels of service.

FIGURE 35 ADJUSTED SERVICE LEVELS AND FUNDING TO MAINTAIN LEVELS OF SERVICE

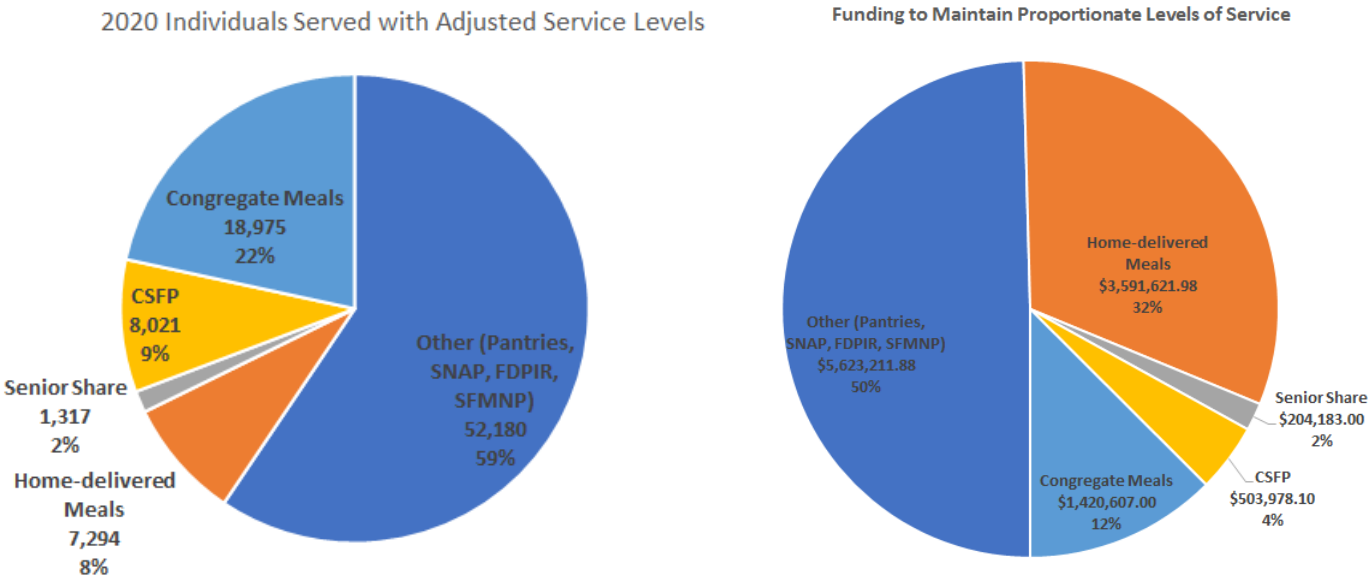


Table 6 shows increases in funding for other programs, HDM, Senior Share, and CSFP are needed in order to proportionately serve more food insecure older Nevadans.

TABLE 6 NUTRITION PROGRAMS CURRENT AND PROJECT SERVICE LEVELS AND FUNDING (2015-2020)

Program	Current Individuals Served	Current Funding	2020 Individuals Served	2020 Funding
Other (Pantries, SNAP, FDPIR, SFMNP)	47,536	$5,000,000.00*	52,180	$5,623,211.88
Home-delivered Meals	6,645	$3,193,247.00	7,294	$3,591,621.98
Senior Share	1,200	$181,496.00	1,317	$204,183.00
CSFP	7,307	$448,110.00	8,021	$503,978.10
Congregate Meals	17,286	$1,420,607.00	18,975	$1,420,607.00
Total		**$10,243,460.00**		**$11,343,601.96**

*Note: The $5,000,000 funding amount for "Other" is an approximation, not an exact figure.

RESEARCH-BASED STRATEGIES TO ADDRESS SENIOR NUTRITION

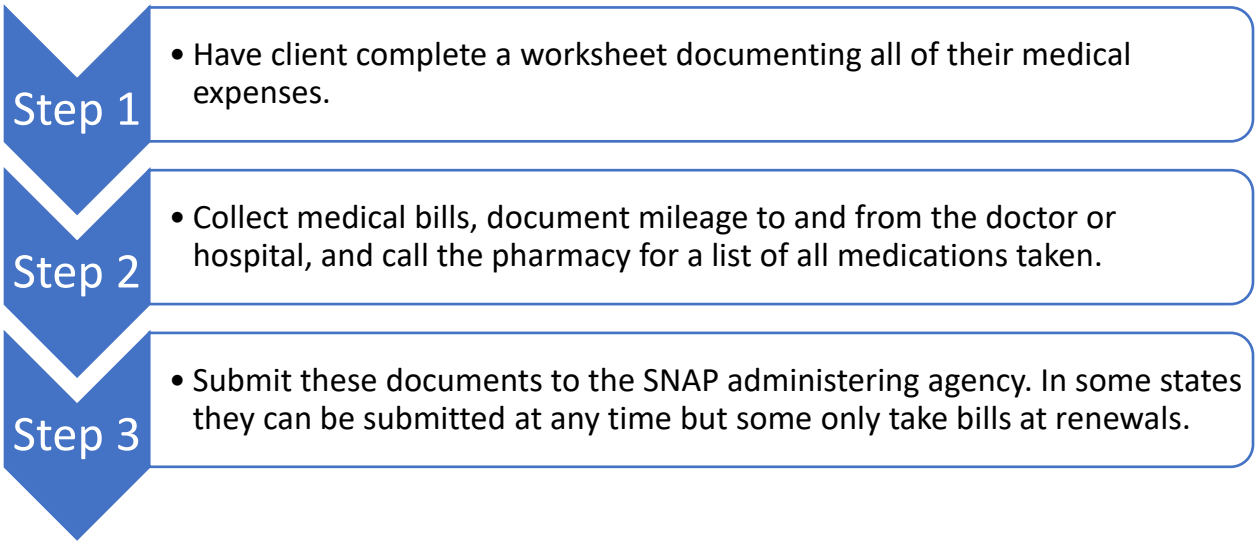
STREAMLINING SNAP ENROLLMENT

In a presentation made to the Stakeholder Study Group in August 2017, the National Council on Aging (NCOA) identified several best practices pertaining to maximizing client benefits and streamlining SNAP enrollment. NCOA recommended the following to increase SNAP participation:

- Provide clients with accurate information to empower them to make an informed decision
- Provide comprehensive assistance to clients to help them navigate the complicated application process and maximize their benefit amounts
- Develop community partnerships with organizations fighting hunger among older adults

NCOA also encouraged maximization of benefits by claiming deductions, such as the standard, shelter, dependent care, and medical deduction. Medical expense deductions increase client benefits by reducing net income. Only 14% of older adults claim the medical expense deduction. Every senior applying for SNAP can claim this deduction. This allows medical costs above $35 a month to be deducted from net income for SNAP eligibility purposes.

Several best practices were identified during the presentation:



The Nevada SNAP Outreach Program partners with thirteen Community Based Organizations and a State Agency, Aging and Disability Services Division, to provide application assistance. Currently three of the partners are approved to complete the initial SNAP interview. Medical deductions for SNAP applicants 60 years of age or older or who are disabled have been documented in Nevada since the regulation became allowed. One area identified for innovation was through the Elderly Simplified Application Project (ESAP). ESAP is proven to increase SNAP participation among seniors and people with disabilities. It streamlines the application, certification, and enrollment process, and is available to households where all members are 60+ and have no earned income. ESAP also improves the customer service experience for vulnerable households. Nevada is one of the states that is already in the process of implementing ESAP.

SITUATIONAL ANALYSIS

During the October 2017 SSG meeting, members participated in a strengths, weaknesses, opportunities, and threats (SWOT) analysis to capture the knowledge and ideas that were not necessarily identified in the key informant interviews or through research. The results of the SWOT are presented below.

STRENGTHS	WEAKNESSES
• Existence of the Food Security Council • Collaboration among providers (State, county, local) • Programs provide services to many people and act as a safety net • Innovative in bringing systems together • Charitable entities are serving the most volume without adequate funding • Food insecurity among seniors was on the legislative radar • Seniors are participating by providing donations for home delivered and congregate meals • Medicare and Social Security are safety nets for seniors • Meal programs eligibility is based on age (not income) • Flexibility for participating in meal programs • Resiliency of safety net programs • Each county has strong sense of community • Rural communities are very creative • Can prioritize food insecure, low income seniors (prioritize low income, minorities, rural, low income minorities) • Lyon County has utilized AmeriCorps and are beginning year three. They are participating in home bound deliveries, socialization, and yard clean-up • In Nevada, there is $2.1 million for Fund for Healthy Nevada food security grants to address potential priorities • SNAP-ED added seniors as a priority population • Nevada is in the process of implementing Elderly Simplified Application Project (ESAP)	• No dedicated funding for grocery/brown bag programs that do home delivery to offset transportation barriers • Reimbursement rates for congregate and home delivered meals are not adequate • Some programs have outdated facilities and equipment, cannot keep pace with growth • Stigma of attending senior center or receiving SNAP benefits • Lack of transportation in the rural counties • Value of SNAP – perception about the value of applying for what you will get is not worth the effort • Lack of flexibility in dietary requirements for congregate and home delivered meals ○ Spices are expensive, meals need to be low sodium • Outreach to tribal populations and older minorities • Lack of public information about available resources • Lack of funding for overhead and fixed costs for programs • Waitlists for home delivered meals • Senior housing is concentrated in food deserts • Lack of capacity for cold and shelf storage results in higher costs per unit, and lack of contingency plan • Harder to fundraise for seniors compared to other populations • Nevada is last in state contributions to senior meal programs • SNAP participation is 4th or 5th from the bottom of state rankings • Gap in CSFP caseloads

	• Seniors on wait lists for programs that may not be the most appropriate • Little coordination among senior programs
OPPORTUNITIES • Clients are empowered to create change • Increase reimbursement rates for congregate and home delivered meals • Social service providers to work together to share overhead and fixed costs • Implement a "no wrong door" approach among nutrition program providers • Backhauling to bring food to rural communities • At a national level, there has been a trend to build community centers with a senior center in the building. Reduces overheard costs because they can charge membership fees • NASCAR has started a national campaign with the Meals on Wheels program • Other nutrition programs (besides HDM) marketed to seniors as options • Assist grandparents raising grandchildren by pairing with children's programs (family resource centers) • More cooperation between providers of meals (non-daily) to other types of socialization opportunities (i.e., Sheriff's Office and other programs use phone reassurance) • Identify frequent utilizers of 9-1-1 and proactively refer them to nutrition programs • Work with emergency personnel and medical providers to identify possible food insecurity • Opportunity to improve and strengthen collaboration between state and community providers • Prioritize seniors in county funding • Other opportunities to fundraise through restaurants, Amazon Smile, Target, etc.	**THREATS** • County funding is threatened • Perception that using more than one resource appears to be double dipping and is inappropriate when no one resource can meet all nutritional needs identified • There isn't a sponsor for the part-time AmeriCorps program in Southern Nevada • Federal funding uncertainty drives uncertainty at the state and county, and inhibits planning • Focus on home delivered meals as "only senior nutrition program" when other programs along the continuum of nutrition services could be more appropriate for many older Nevadans

• County Health Rankings and the Nutrition Programs Gap Analysis Report are opportunities for creating change • ADSD is conducting more outreach to seniors, and will create a stigma fact sheet to remove stigma from SNAP • Opportunity to educate seniors that SNAP benefits can be contributed to programs they already use • Publicize ESAP for SNAP to help with the homebound population	

RECOMMENDATIONS

Based on the results of the research, key informant interviews, and SWOT analysis, the SSG identified the following priority recommendations to address the nutrition programs gaps:

POLICY

- Establish the Governor's Council on Food Security as a permanent advisory committee, board, or commission.
- Maximize food access by encouraging utilization of all available food programs for which older Nevadans and their dependents are eligible.
- Provide the Gap Analysis to the Governor's Council on Food Security and the Governor's Commission on Aging for review, adoption, and implementation as appropriate.
- Support person-centered planning and service delivery through a "no wrong door" approach for all providers of nutrition services and create a continuum of nutrition services.
- Collaborate with transportation services to promote access to food.
- The Governor's Council on Food Security should regularly review food and nutrition state plan proposals to make recommendations related to senior nutrition.
- Provide the ADSD Meal Cost Study (Fall 2018) to the Governor's Council on Food Security and the Governor's Commission on Aging to develop recommendations based on the study's results.
- Request the Governor's Council on Food Security and the Governor's Commission on Aging support advocacy efforts to oppose changes to SNAP that increase stigma and eliminate entitlement.

OPERATIONS

- Implement strategies to encourage and reduce barriers to SNAP participation among eligible older adults.
    - Lengthen certification period to promote participation
    - Work with DWSS, Senior Famers' Market Coupon Program, EBT access at Farmers' Markets, and ADSD to implement new practices
    - Promote a SNAP enrollment drive among older Nevadans

- Support innovative approaches for home delivered groceries and meals through:
    - Reimbursable services (Medicaid and Medicare)
    - Food security grant funds/success contracts through DHHS
    - SNAP redemptions via online grocery ordering
    - SNAP redemptions to support senior nutrition non-profit sponsors
    - Increase the number of programs and amount of funding for offering home-delivered groceries for self-prepared meals
    - Connect food delivery to social engagement
- Utilize banquet meals rescue for non-reimbursable meals for congregate settings.
- Support partnerships and capacity building to create greater efficiencies in programs that would allow for a greater number of older Nevadans to be served.
- Expand diversity of foods available through food banks and commodity foods to address client needs for animal protein and dairy as part of a balanced diet.

FUNDING

- Support all efforts to secure Medicaid and Medicare funding for the reimbursement of nutrition-related services.
- Request the Governor's Council on Food Security and the Governor's Commission on Aging support advocacy efforts to increase meal reimbursement rates based on the findings of the ADSD Rates Study to create parity between children and senior meal programs.
- Request the Governor's Council on Food Security and the Governor's Commission on Aging support advocacy efforts to Congress to increase funding for senior meal programs through the Older Americans Act and provide states greater flexibility in administration rules to meet local needs.

APPENDIX A. KEY INFORMANT INTERVIEW QUESTIONS

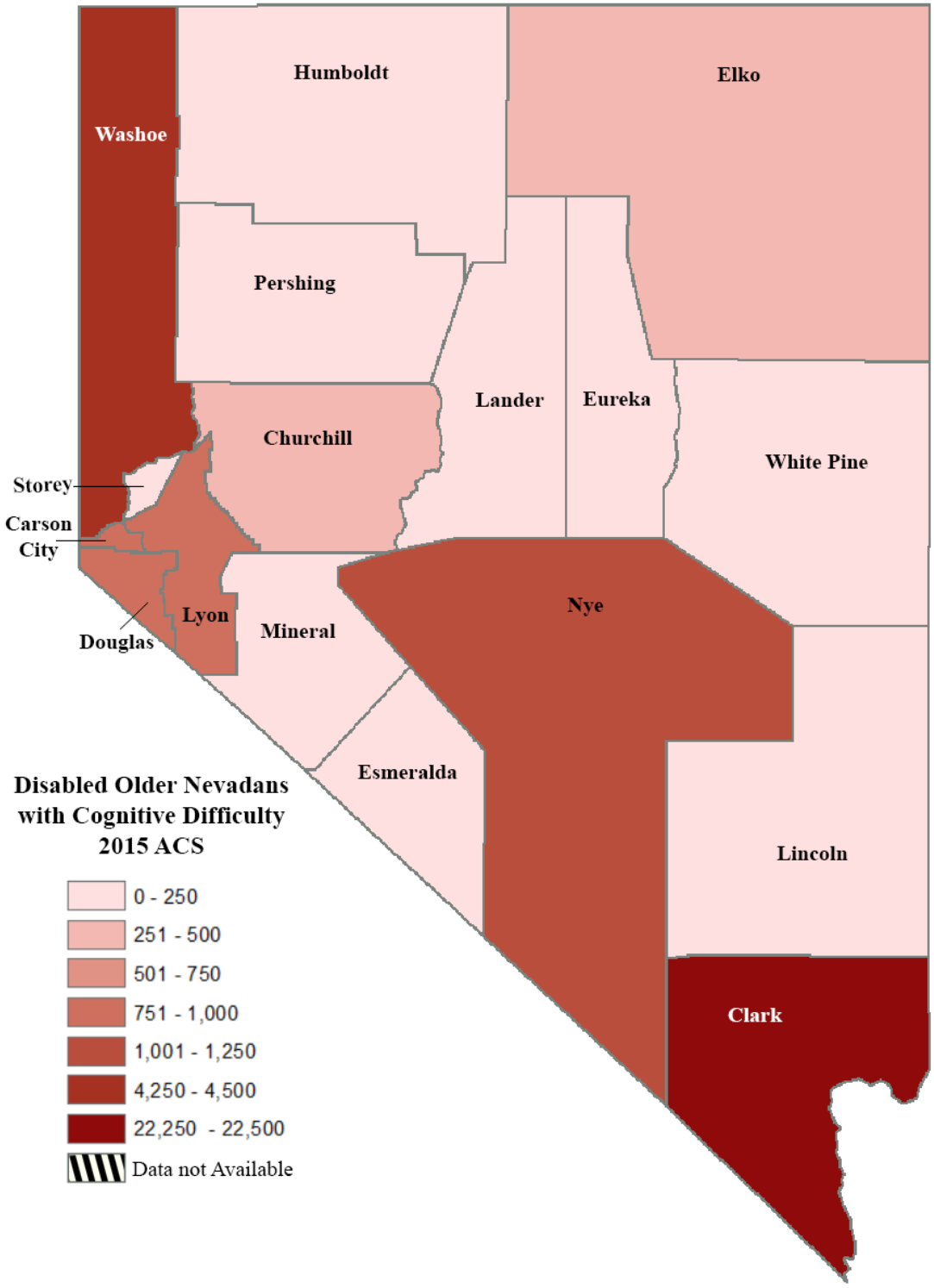
PROVIDERS

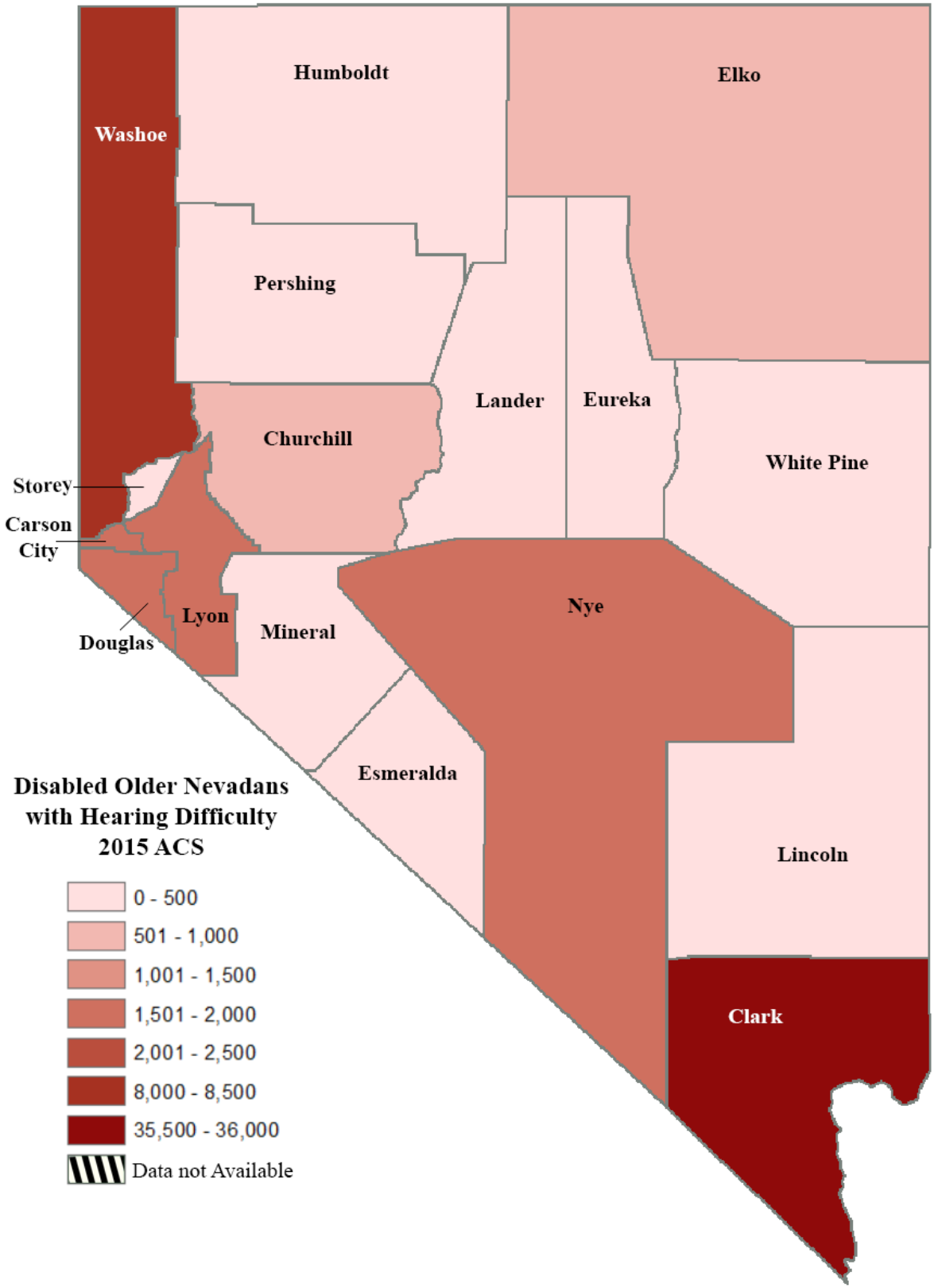
1. **Please tell me about yourself (current role, number of years in position). What is your role or experience with older Nevadans who do/may experience food insecurity?**
2. **When you think of the food spectrum of services, what programs are you thinking of? (programs such as congregate meals, home delivered meals, etc.)**
3. **Based on question 2, on a scale of 1 – 5, how well are the services on the spectrum currently in place addressing food security for older Nevadans? (1 = not well, 2 = somewhat well, 3 = neutral, 4 = well, 5 = very well).**
    a. **Why did you give that rating?**
4. **What are some of the most significant challenges in addressing the food insecurity experienced by older Nevadans?**
5. **What seems to be working well to ensure food access for older Nevadans, and/or to address food insecurity?**
6. **What are the strengths of the nutrition food programs for older Nevadans?**
7. **What are the barriers faced by older Nevadans who are food insecure?**
8. **What gaps do you believe exist in nutrition food programs for older Nevadans, considering the spectrum of food service needs?**
9. **What geographic differences exist in delivery of, or needs related to, nutrition food programs for older Nevadans?**
10. **If you had a magic wand and could change one thing about the spectrum of services, what would it be?**
11. **Are there specific programs or projects (either in the state or nationally) that could be leveraged or could be replicated in Nevada?**
12. **Do you know of any best practices/other research that should be included in the study?**
13. **Is there anything I should have asked but didn't, or anything else you would like to share?**

CLIENTS

1. **Please tell me about yourself (how old are you, where do you live). What is your experience with food programs such as congregate meals, home delivered meals, commodity boxes, food pantries, etc.?**
2. **When you think of the food programs and services, what programs are you thinking of? (programs such as congregate meals, home delivered meals, etc.)**
3. **Based on question 2, on a scale of 1 – 5, how well do you feel the food programs and services are addressing hunger/food security for older Nevadans? (1 = not well, 2 = somewhat well, 3 = neutral, 4 = well, 5 = very well).**
    b. **Can you tell me why you gave that rating?**
4. **What do you think are some of the most significant challenges in addressing hunger/food insecurity experienced by older Nevadans?**
5. **What seems to be working well to ensure older Nevadans have access to food and are fed?**
6. **What are the strengths of the nutrition food programs for older Nevadans?**
7. **What are the barriers faced by older Nevadans who are food insecure/face hunger?**
8. **Are there gaps that you believe exist in nutrition food programs and services for older Nevadans?**
    a. **If yes, what are they?**
9. **Do you think there are geographic differences in delivery of, or needs related to, nutrition food programs for older Nevadans?**
    b. **If yes, could you explain those differences?**
10. **If you had a magic wand and could change one thing about the food programs and services, what would it be?**
11. **Have you heard or do you know about other programs or projects (either in the state or nationally) that you think could be leveraged or could be replicated in Nevada?**
14. **Is there anything I should have asked but didn't, or anything else you would like to share?**

APPENDIX B. ADDITIONAL MAPS

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Clark
Disabled Older Nevadans with Hearing Difficulty 2015 ACS
0 - 500
501 - 1,000
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2,001 - 2,500
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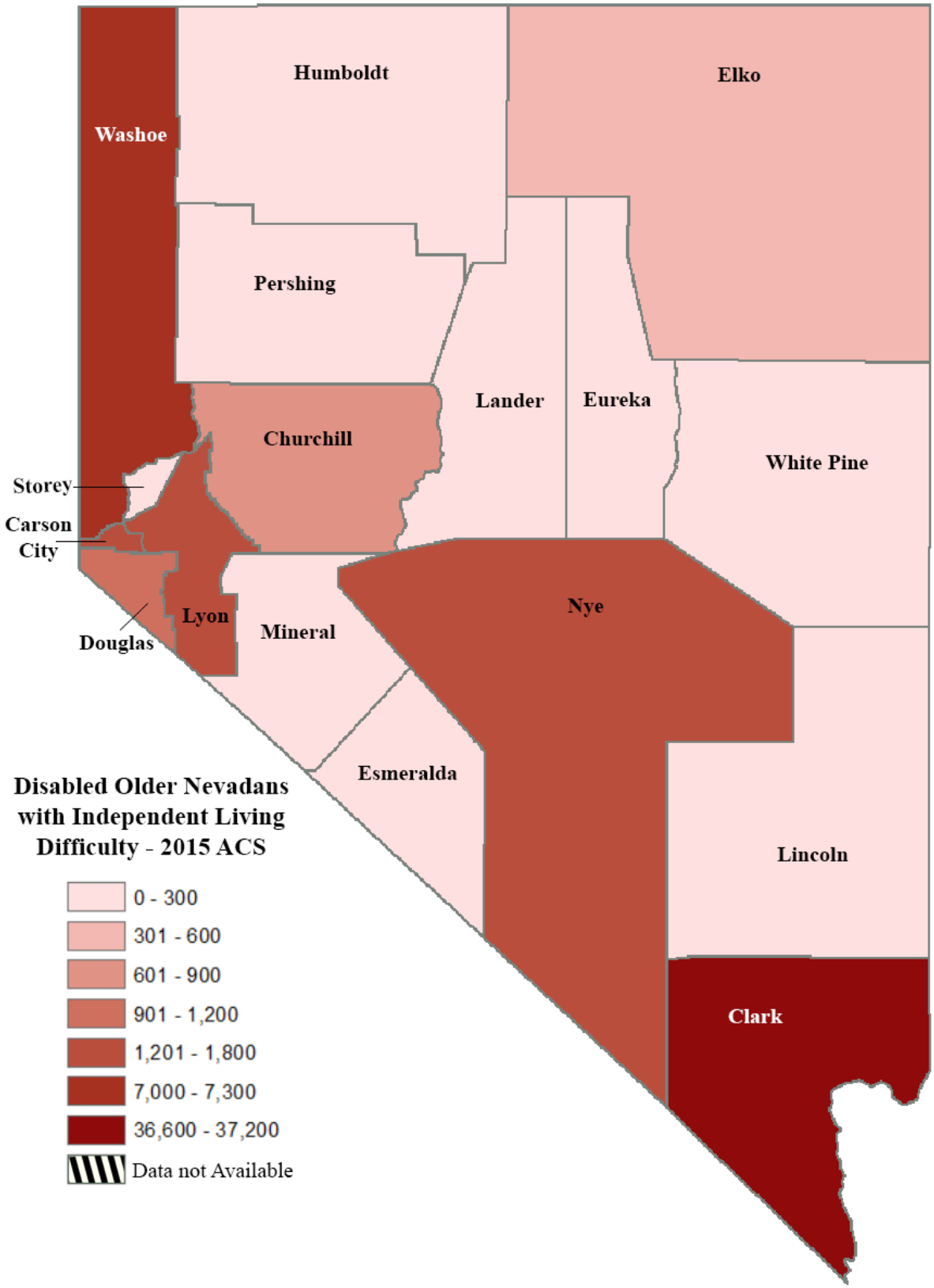
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Disabled Older Nevadans with Independent Living Difficulty - 2015 ACS
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601 - 900
901 - 1,200
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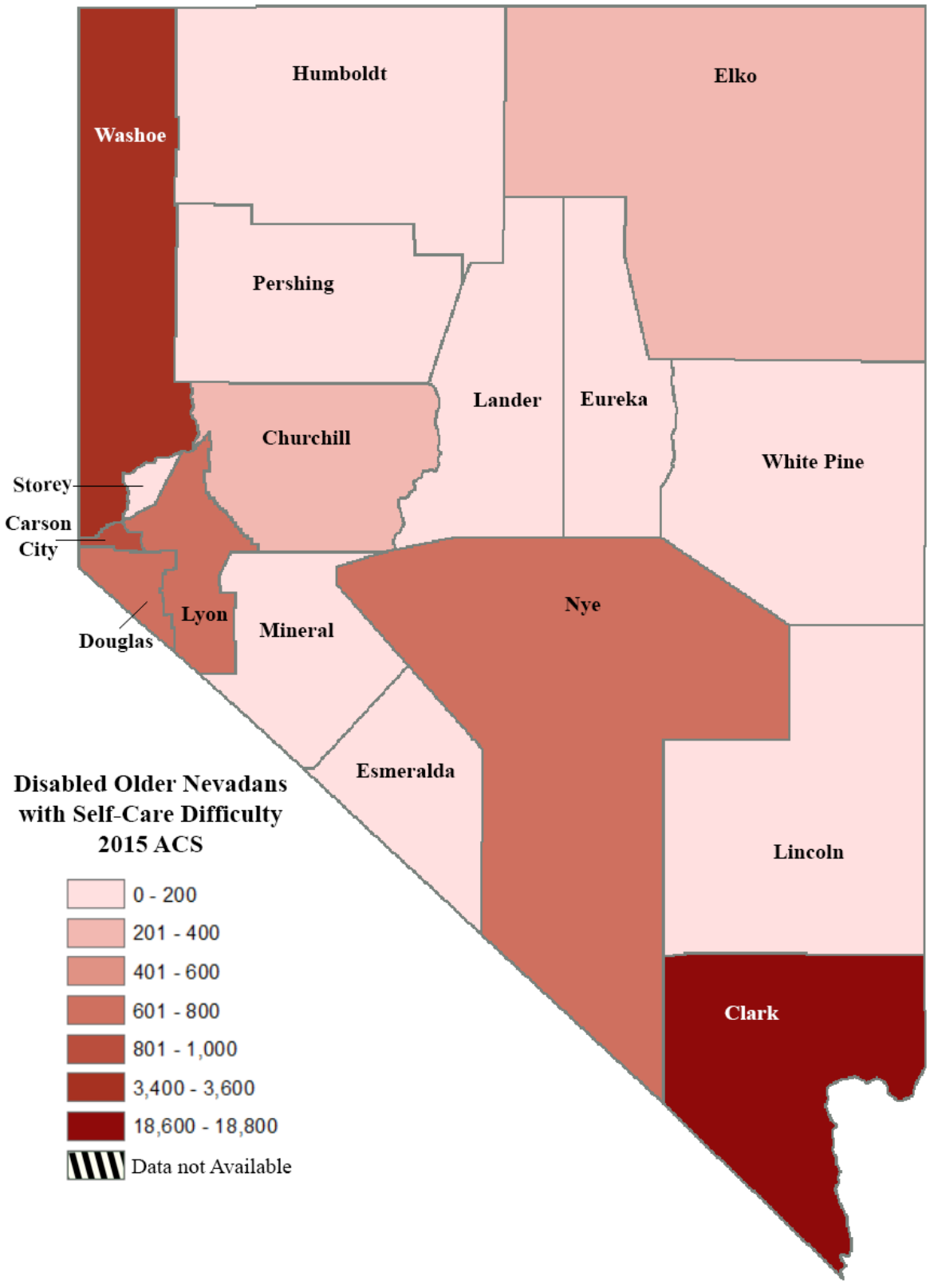
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Esmeralda
Lincoln
Clark
Disabled Older Nevadans with Self-Care Difficulty 2015 ACS
0 - 200
201 - 400
401 - 600
601 - 800
801 - 1,000
3,400 - 3,600
18,600 - 18,800
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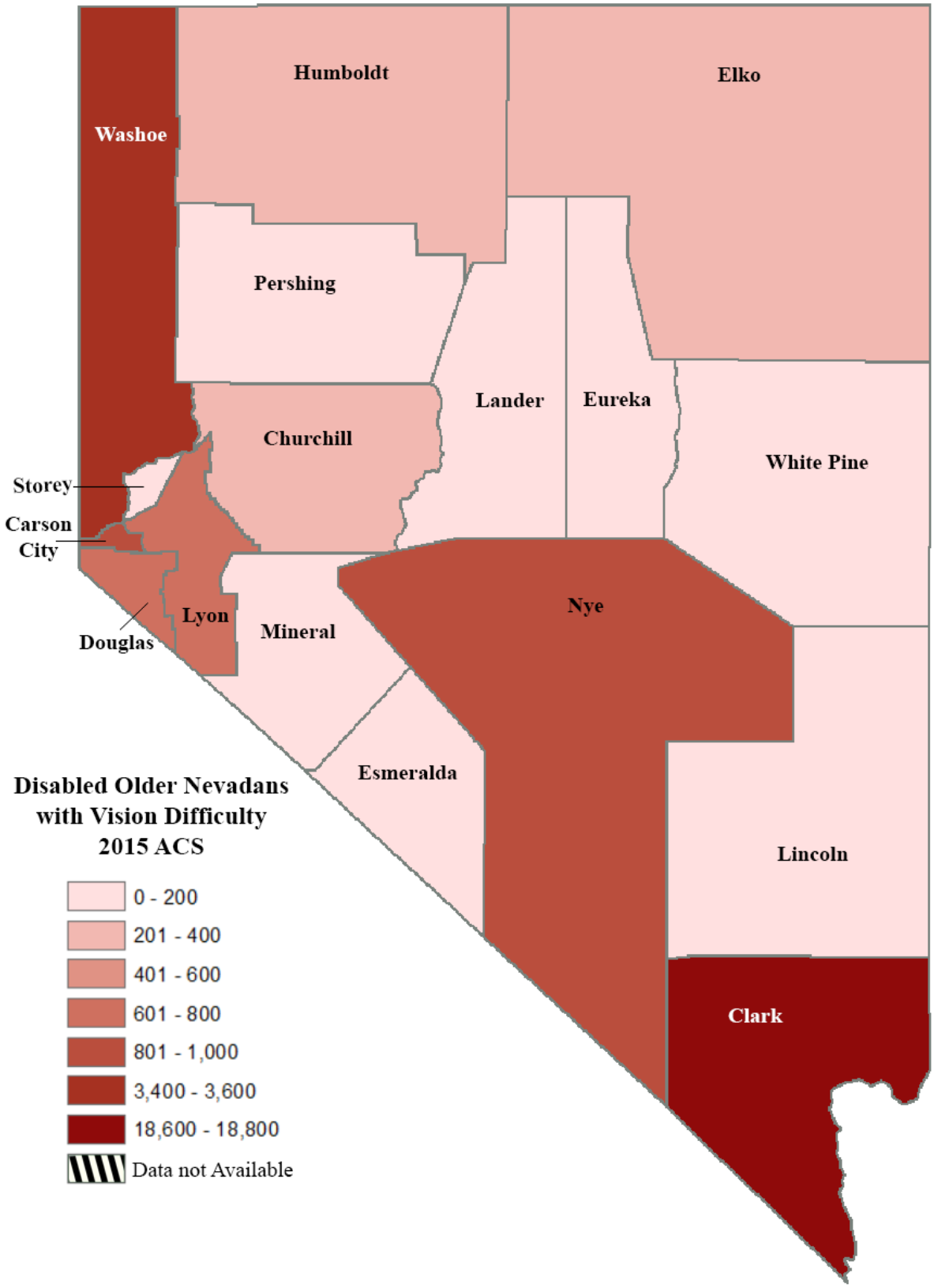
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Disabled Older Nevadans with Vision Difficulty 2015 ACS
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401 - 600
601 - 800
801 - 1,000
3,400 - 3,600
18,600 - 18,800
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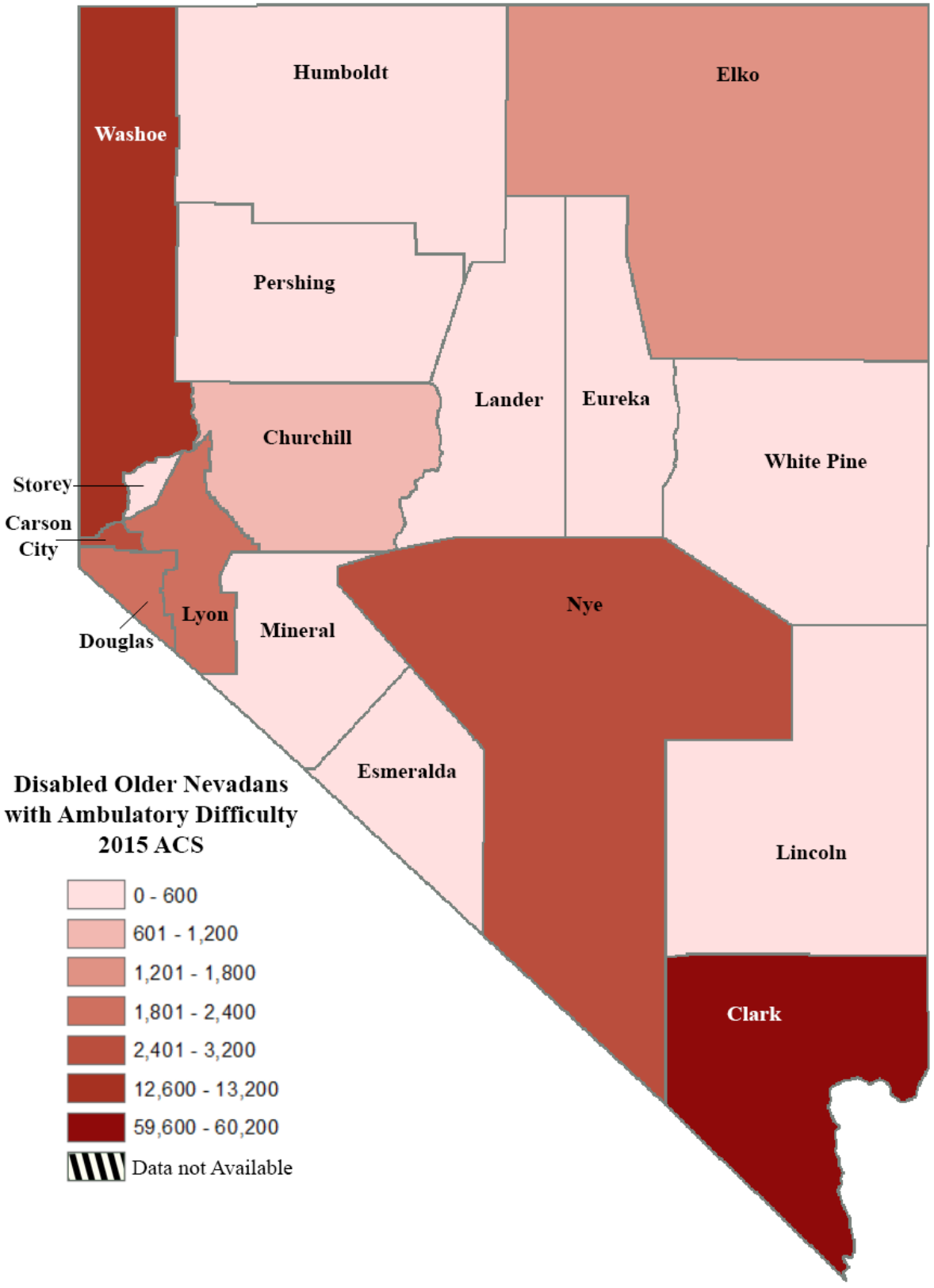
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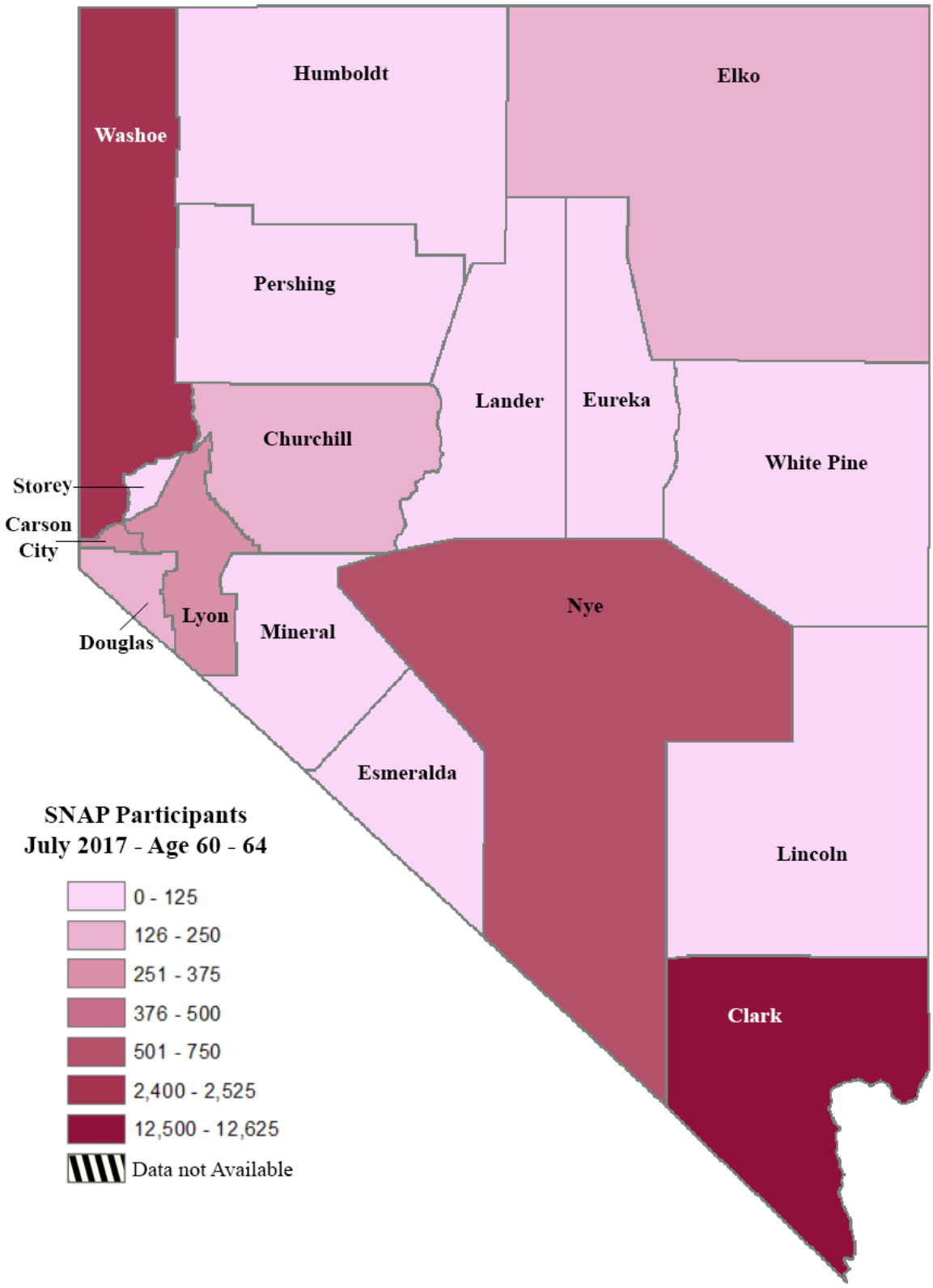
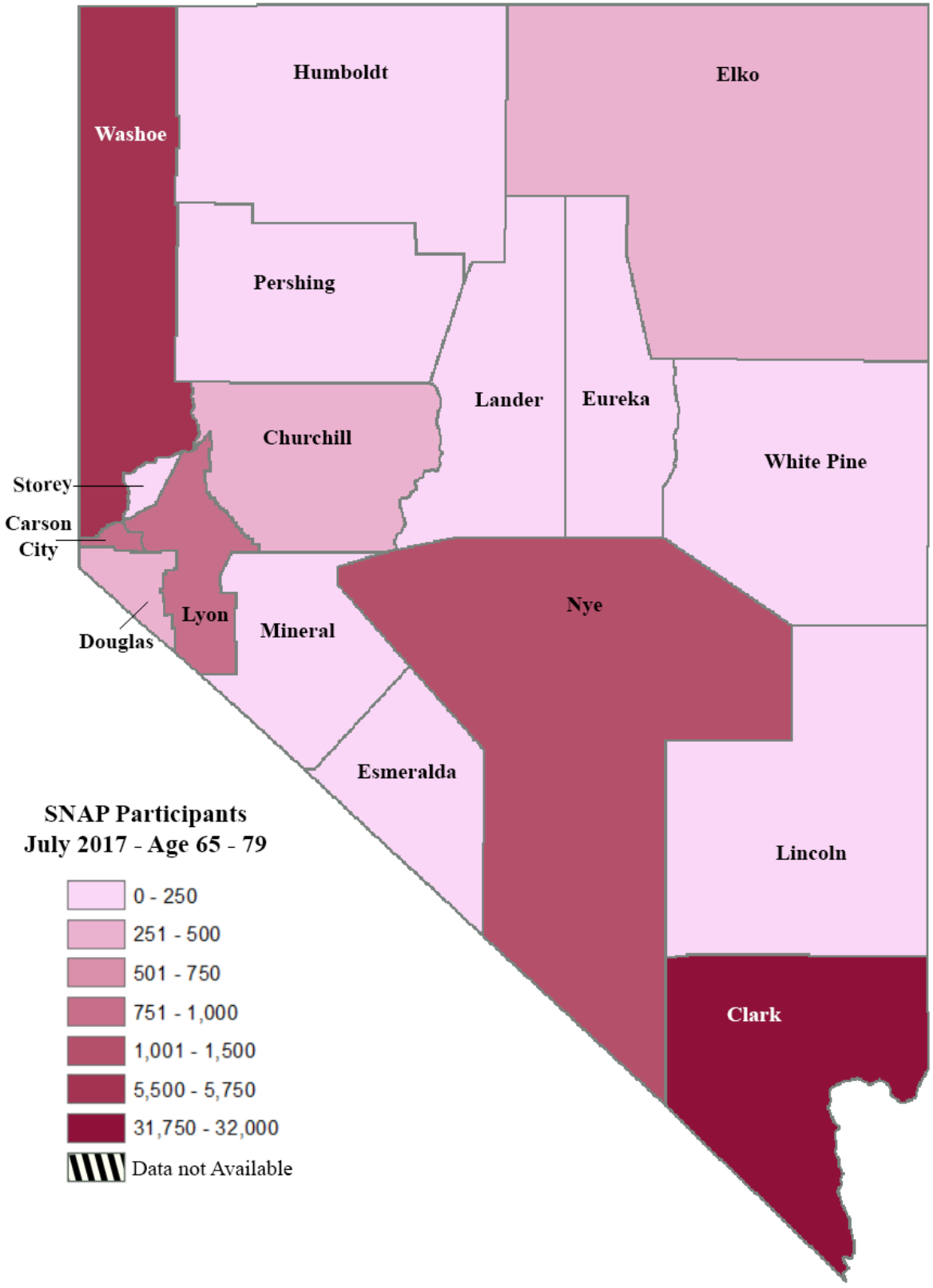
Lincoln
Clark
Disabled Older Nevadans with Ambulatory Difficulty 2015 ACS
0 - 600
601 - 1,200
1,201 - 1,800
1,801 - 2,400
2,401 - 3,200
12,600 - 13,200
59,600 - 60,200
Data not Available


Humboldt
Elko
Washoe
Pershing
Lander
Eureka
Churchill
White Pine
Storey
Carson City
Lyon
Douglas
Mineral
Nye
Esmeralda
Lincoln
Clark
SNAP Participants
July 2017 - Age 60 - 64
0 - 125
126 - 250
251 - 375
376 - 500
501 - 750
2,400 - 2,525
12,500 - 12,625
Data not Available


Humboldt
Elko
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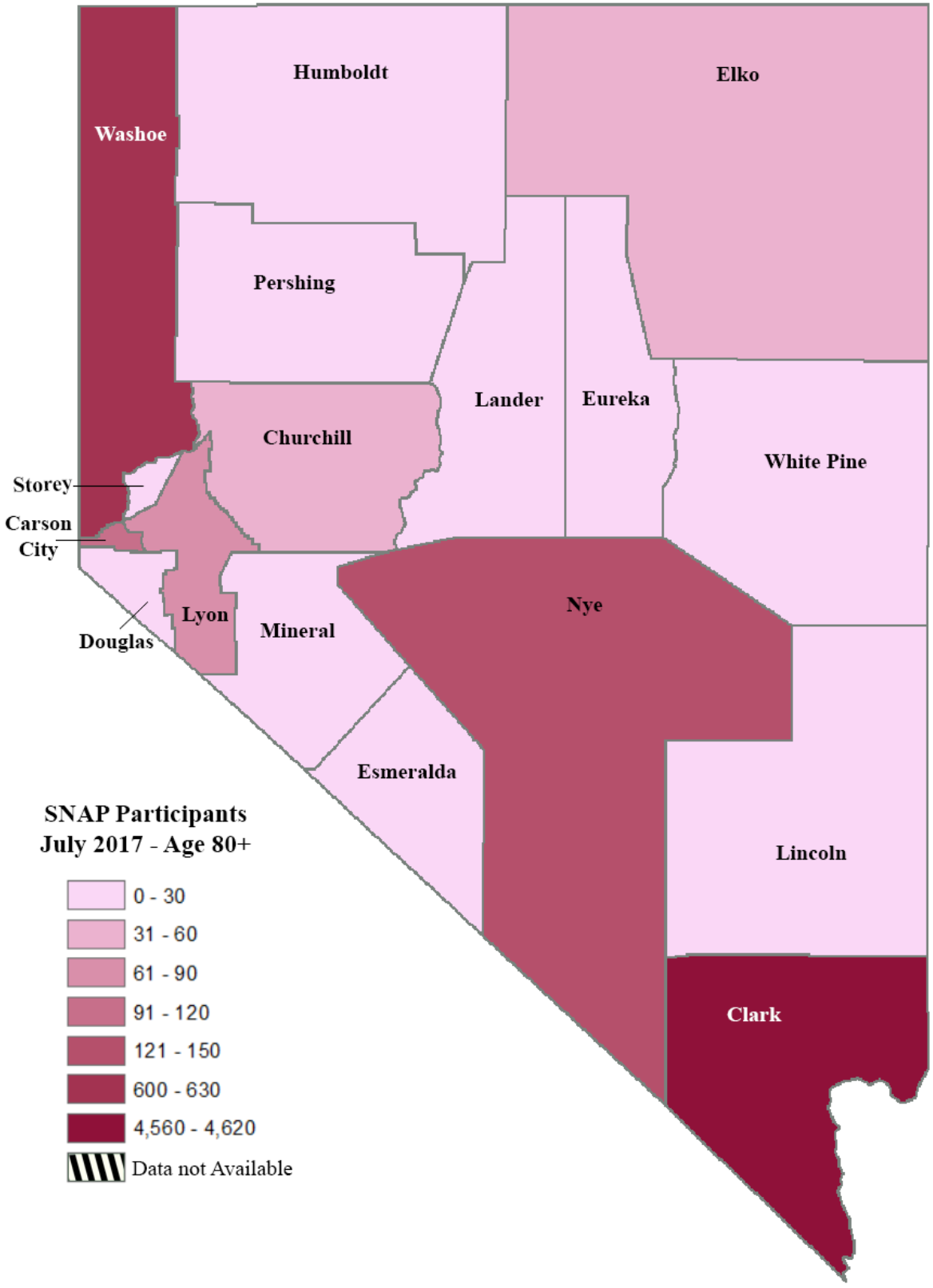
Pershing
Lander
Eureka
Churchill
White Pine
Storey
Carson City
Lyon
Douglas
Mineral
Nye
Esmeralda
Lincoln
Clark
SNAP Participants
July 2017 - Age 65 - 79
0 - 250
251 - 500
501 - 750
751 - 1,000
1,001 - 1,500
5,500 - 5,750
31,750 - 32,000
Data not Available


Humboldt
Elko
Washoe
Pershing
Lander
Eureka
Churchill
White Pine
Storey
Carson City
Lyon
Douglas
Mineral
Nye
Esmeralda
Lincoln
Clark
SNAP Participants
July 2017 - Age 80+
0 - 30
31 - 60
61 - 90
91 - 120
121 - 150
600 - 630
4,560 - 4,620
Data not Available

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