

SERVICE AREA:
FOOD BANK/HOME-DELIVERED MEALS

Food Bank/Home-Delivered Meals includes the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

SERVICE ACTIVITIES:
FOOD SHELF; FOOD VOUCHERS; HOME-DELIVERED MEALS; and ON-SITE MEALS

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SERVICE AREA REVIEW SUMMARY

1.	Relationship to HRSA Allowable Services:	HRSA Support Service Area (N)
2.	Relationship to Continuum of Prevention and Care:	Essential Care Service and HIV Additional Service
3.	Relationship to Comprehensive Plan:	<u>Not</u> part of Comprehensive Plan
4.	2006 Service Priority Ranking:	13 out of 23
5.	Funding	

*Note that food vouchers had been previously included as a category under Emergency Financial Assistance; total allocation for EFA was \$209,342. The information on spending is drawn from Hennepin County reports.

2006-7 Allocation	2006-7 Expenditure	Activity	2007-8 Post Award Allocation
\$138,938	\$138,935	Home Delivered Meals	\$171,054
\$135,400	\$135,400	On Site Meals	\$167,072
*	\$83,242	Food Vouchers*	\$101,710
\$30,020	\$30,020	Food shelf	\$37,039

SERVICE ACTIVITY DEFINITIONS:

Food Shelf - Allows for the purchase of food and non-food items, office expense and salaries for the operation of a food shelf. Distributions should provide a minimum of two (2) days worth of food items for eligible individuals.

Food Vouchers – Provision of supermarket or grocery store vouchers for the purchase of food and personal care items.

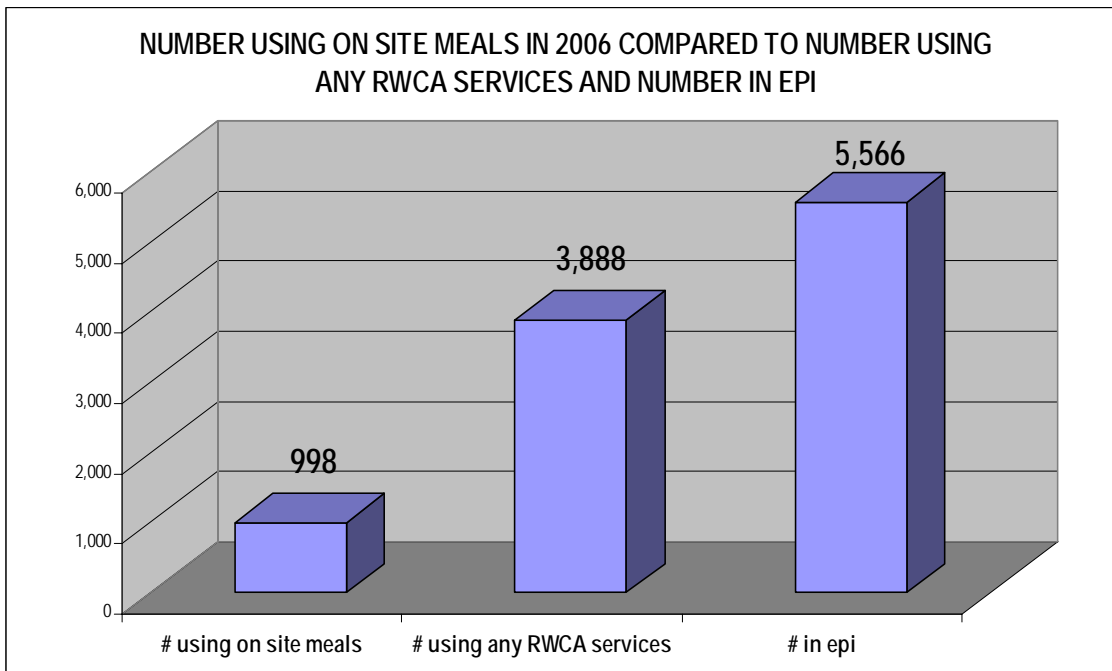
Home Delivered Meals – Meals are delivered to people who are home bound and unable to prepare meals due to HIV/AIDS illness. Meals must be nutritionally balanced and the menu must be reviewed and approved by a registered dietician.

On-Site Meals – Meals are provided in a community setting. Meals must be nutritionally balanced and reviewed/approved by a registered dietician. Agencies must comply with all state and local health laws and ordinances concerning preparation, handling and serving of food.

SERVICE ACTIVITY: On-Site Meals

SERVICE ACTIVITY UTILIZATION HISTORY FOR ON-SITE MEALS:

Year	On-Site Meals	Total Epidemiology	Percent of Epidemiology	Total in HIV Services	Percent of those in HIV services
2006	998	5,566	17.9%	3,888	25.7%
2005	844	5233	16.1%	3752	22.5%
2004	874	5,002	17.5%	3,838	22.8%
2003	800	4,895	16.3%	3,399	23.5%
2002	780	4,598	17%	3,121	25%
2001	729	4,331	16.8%	2,801	26%



CONSUMER RANKING OF SERVICES:

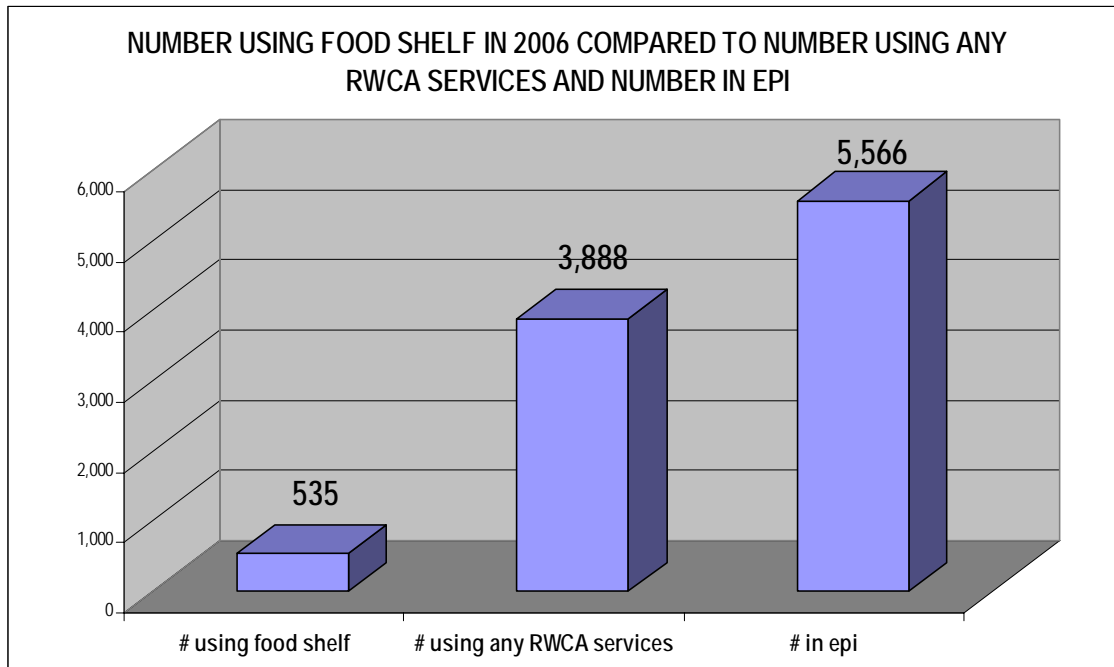
From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
On-Site Meals	Not ranked	12

SERVICE ACTIVITY: Food Shelf

SERVICE ACTIVITY UTILIZATION HISTORY FOR FOOD SHELF:

Year	Food Shelf	Total Epidemiology	Percent of Epidemiology	Total in HIV Services	Percent of those in HIV services
2006	535	5,566	9.6%	3,888	13.8%
2005	491	5,233	9.4%	3,752	13.1%
2004	504	5,002	10.1%	3,838	13.1%
2003	508	4,895	10.4%	3,399	14.9%
2002	462	4,598	10.0%	3,121	14.8%
2001	428	4,331	9.9%	2,801	15.3%



CONSUMER RANKING OF SERVICES:

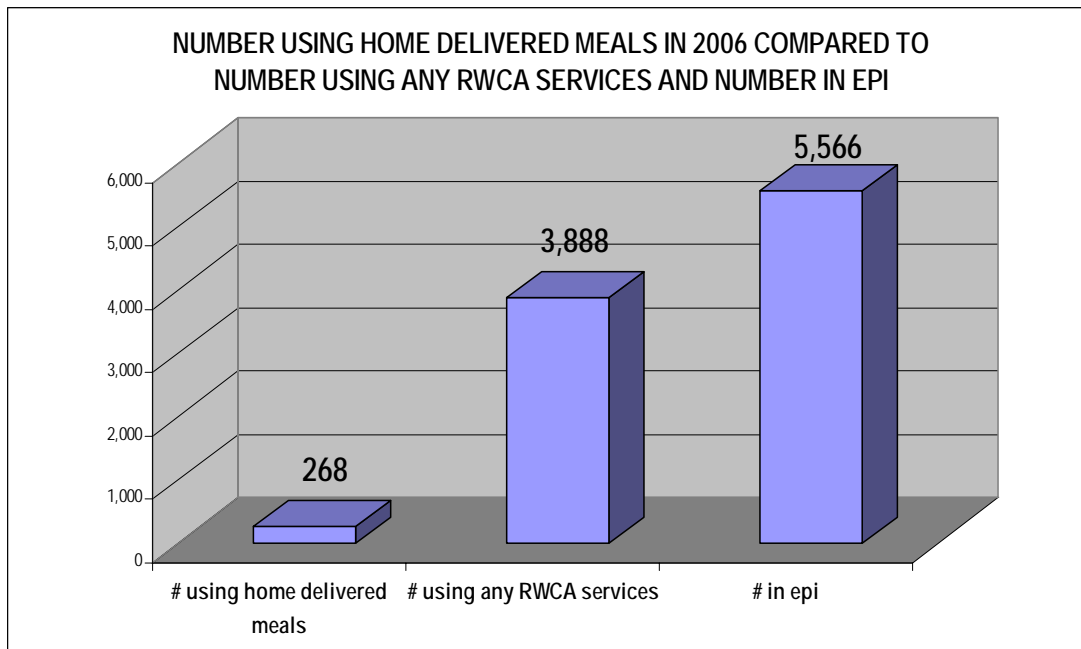
From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
Food Shelf	10	11

SERVICE ACTIVITY: Home Delivered Meals

SERVICE ACTIVITY UTILIZATION HISTORY FOR HOME DELIVERED MEALS:

Year	Home Delivered Meals	Total Epidemiology	Percent of Epidemiology	Total in HIV Services	Percent of those in HIV services
2006	268	5,566	4.8%	3,888	6.9%
2005	298	5,233	5.7%	3,752	7.9%
2004	285	5,002	5.7%	3,838	7.4%
2003	266	4,895	5.4%	3,399	7.8%
2002	245	4,598	5.3%	3,121	7.9%
2001	197	4,331	4.5%	2,801	7.0%



CONSUMER RANKING OF SERVICES:

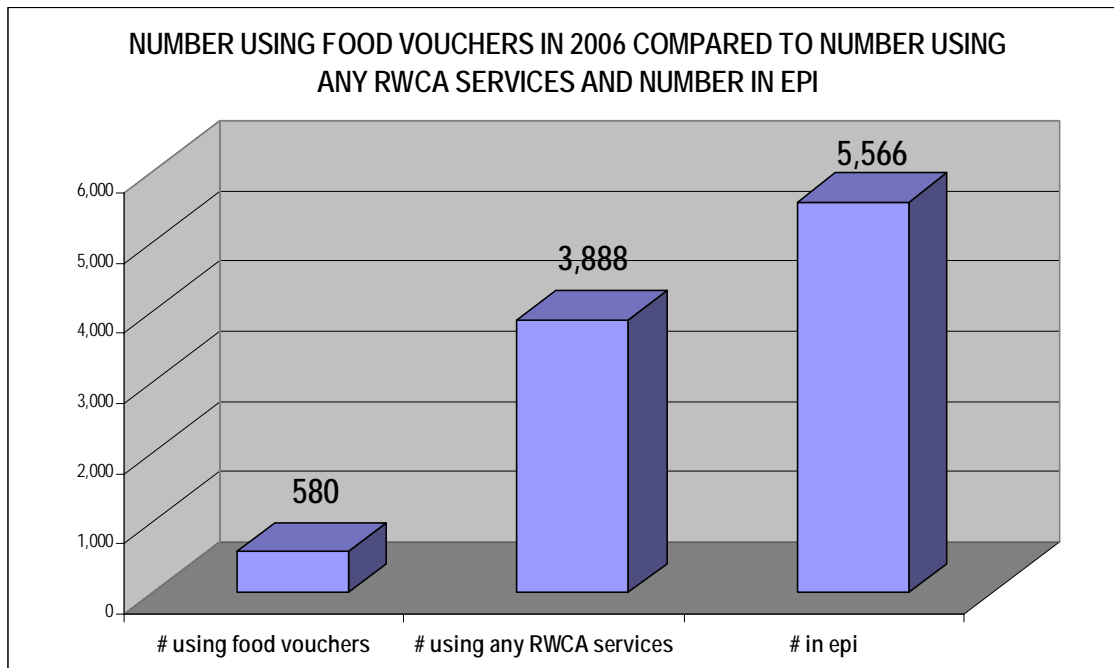
From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
Home-Delivered Meals	15	17

SERVICE ACTIVITY: Food Vouchers [Previously under EFA]

SERVICE ACTIVITY UTILIZATION HISTORY FOR FOOD VOUCHERS:

Year	Food Vouchers	Total Epidemiology	Percent of Epidemiology	Total in HIV Services	Percent of those in HIV services
2006	580	5,566	10.4%	3,888	14.9%
2005	447	5,233	8.5%	3,752	11.9%
2004	465	5,002	9.3%	3,838	12.1%
2003	464	4,895	9.5%	3,399	13.7%
2002	393	4,598	8.5%	3,121	12.6%
2001	318	4,331	7.3%	2,801	11.4%



CONSUMER RANKING OF SERVICES:

From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans: Food Vouchers were previously part of Emergency Financial Assistance.

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
Emergency Financial Assistance	4	1

KEY POINTS FOOD BANK/HOME DELIVERED MEALS

[Key points are created for and approved by the Needs Assessment and Evaluation Committee of the MHSPC, based on their review of a service area (SAR), which includes utilization data, outcome data, and detailed information from past Needs Assessments.]

Background: Currently one community-based agency is funded for home delivered meals; and another community-based agency for on-site meals and food shelf. Food vouchers are provided through Emergency Financial Assistance, which is administered through a community-based agency. Food vouchers are available for up to \$40 in gift certificates, which count as part of the annual cap (currently \$410 for those who live in the 13 county metro area, or the Transitional Grant Area).

The committee is aware that while several of the vendors have tried to develop ways to provide more ethnically preferred and appropriate foods, this remains a challenge.

Points from the SAR Data:

This is a very highly valued service area, providing important nutritional benefits as well as easing financial strains on people who are HIV positive. [As the NA&E Committee noted earlier, there is anecdotal evidence that people are using medically-prescribed nutritional supplements as needed calories, but not necessarily for nutritional or medical benefit.]

- All past needs assessment evidence points to high levels of need and use of food and nutrition services. The **2003 Needs Assessment** by CLEAR showed that nearly 20% of people reported two or more days a month when they didn't have anything, or barely anything, to eat. Of those interviewed, **61% indicated they had used food shelf** in the previous six months, while **55% report accessing free meals** in the prior six months.
- The **2006 Needs Assessment** by CCG and Positive Outcomes identified unmet needs among case managed clients. These included 5.1% of clients who identified **food or food vouchers** as a service needed by not received in the prior six months.
- There has been a **steady use or increase** in the utilization of all of the activities included in this service area (home delivered meals, on-site meals, food vouchers and food shelf). Note that while the numbers of people using this service has increased, the percentage of all HIV+ people and of HIV+ people in services has not increased – as there are a greater number of positive people.
- The food and nutrition outcomes data have demonstrated a **positive impact** on the health of persons living with HIV. Data (collected since February 2001 and now including 895 unduplicated clients) indicates that among those who completed outcome forms in November 2007:
 - ✓ 69% of respondents said that regular meals helps them take medications on schedule all or most of the time;
 - ✓ 65% of respondents said that eating the right food helps them manage side effects all or most of the time; and
 - ✓ 89% said that meals make a difference in maintaining a healthy weight all or most of the time.

Committee members also note that these services (on-site or home delivered meals) have benefits in reducing isolation and increasing peer support.

Developed by NA&E Committee 2.25.08, revised on 3.25.08