Feeding Grandma

Provided by North Dakota Senior Service Providers (NDSSP)
“ I come to our local senior meal site every day. I know I will receive a hot, well-balanced meal which I can no longer prepare for myself. Going to the meal site gives me a reason to get up everyday and get dressed. ”
— Eileen, Rugby, N.D.

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If you only have five minutes, read this . . . .

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

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

Our Nutrition Programs are made up of two parts:

- **Senior Dining**: where older adults gather together for nutritious meals and fellowship (in government-speak we call this Congregate Meals)
- **Home-Delivered Meals**: meals delivered to homebound older adults (often referred to as Meals on Wheels)

**Why Feed Grandma?**

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

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

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We need your support to fund a basic unit rate for ALL senior meals in the Department of Human Services budget.
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This is the gist of it, my friend.

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For the numbers that back up why it makes sense to **Feed Grandma**, read on.
The Aging of North Dakota

America and its communities, including the state of North Dakota, are aging and aging rapidly. The baby boomer generation, born between 1946 and 1964, is reaching retirement age. One third of the total population of North Dakota is part of the baby boomer generation (Rathge, 2007). Such a demographic shift will increase the number of people over the age of 60. As people live longer, the number of people over the age of 85 is also increasing. North Dakota is already seeing significant increases in the oldest-old population. From 2000 to 2010, the number of people over the age of 85 grew 13.3%; however, the number of North Dakotans age 90 and over grew 23.4%. This information is important because people over the age of 85 are the most likely to need the support of family, friends, and the community to remain living independently (National Association of Area Agencies on Aging & MetLife Foundation, 2007).

The Aging of North Dakota

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2000 Census</th>
<th>2010 Census</th>
<th>Difference</th>
<th>% Change</th>
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</thead>
<tbody>
<tr>
<td>60 and older</td>
<td>118,985</td>
<td>133,350</td>
<td>14,365</td>
<td>12.1%</td>
</tr>
<tr>
<td>85 and older</td>
<td>14,726</td>
<td>16,688</td>
<td>1,962</td>
<td>13.3%</td>
</tr>
<tr>
<td>90 and older</td>
<td>5,271</td>
<td>6,505</td>
<td>1,234</td>
<td>23.4%</td>
</tr>
</tbody>
</table>

Information provided by State Data Center, NDSU, May 2012.

“"I am now a widow and am going to be 82 in two months. When I go there (the Senior Center meal site), I know I’ll get a good nutritional meal. Just as important, I get to eat with other people and visit.”"  

— Gerry, Ellendale, N.D.
The Elderly Nutrition Program

What is it? What’s its purpose? Who does it serve?

The Elderly Nutrition Program (ENP) was enacted in 1965 via the Older Americans Act (OAA) Title III and funding flows to the state from the Administration on Aging (AoA) (see Administration on Aging Elderly Nutrition Program fact sheets on pages 14-15).

The purpose of the Elderly Nutrition Program is to:
• Reduce hunger and food insecurity
• Promote socialization of older individuals
• Promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services

The Elderly Nutrition Program consists of two primary components:
• Congregate Nutrition Services (providing nutritious meals for seniors in a social, group setting)
• Home-Delivered Nutrition Services (providing meals for homebound seniors)

The nutrition programs are required to give priority for services to the following older adults:
• Those residing in rural areas
• Those with greatest economic need
• Those with greatest social need
• Those with severe disabilities
• Those with limited English proficiency
• Those with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction and the caregivers of such individuals
• Those at risk for institutional placement
North Dakota Senior Service Providers

Who are we?
Who do we serve?

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

Region 1
  Williston Council for the Aging
Region 2
  Minot Commission of Aging
  Kenmare Wheels & Meals, Inc.
  Tri County Senior Meals & Services, Rugby
Region 3
  Senior Meals and Services, Inc., Devils Lake
  Cavalier County Senior Meals & Services
  Nutrition United Inc. /RCSMS, Rolla
Region 4
  Greater Grand Forks Senior Citizens Assoc., Inc.
  Pembina County Meals & Transportation
  Walsh County Nutrition Program
Region 5
  Valley Senior Services, Fargo
Region 6
  Dickey County Senior Citizens
  James River Senior Citizens
  South Central Adult Services, Valley City
Region 7
  Mandan Golden Age Services
  Burleigh County Senior Adults Program
  Kidder Emmons Senior Services
  Mercer McLean Counties Commission on Aging
Region 8
  Elder Care, Dickinson
Statement of the Problem

Currently there are 183 meal sites in North Dakota serving 13,994 congregate clients and 5,030 home-delivered meal clients (Hague, 2012). In federal fiscal year 2011, 686,631 congregate meals and 480,547 home-delivered meals were provided across the state by NDSSP agencies (Hague, 2012).

North Dakota Senior Service Providers (NDSSP) receive basic unit rate funding for only 82% of the meals we provide. We need to be reimbursed for ALL of the meals we provide just as many other agencies and nursing homes are reimbursed for all of their services.

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

“Meals on Wheels helped my mom live independently in her home until she was 99 1/2 years old. What a wonderful service!” — Jim, Fargo, N.D.
FACT STATEMENT #1

Congregate & home-delivered meals are cost effective

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

(Wunderlich, Bai, & Piemonte, 2010)

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

The congregate meal program has been found effective in improving physical health, emotional health, and the quality of life of the older adult population (Wunderlich et al, 2010). An analysis by AoA confirms that OAA Title III services play an important role in helping elderly adults remain living independently in the community (Altshuler & Schimmel, 2010). In fact, **ninety-one percent of home-delivered meal clients report that meals allow them to remain in their homes** (Pilot Study, 2004). Agency surveys across the state also support this high percentage (GF Senior Center, 2011). Inversely, the lack of good food assistance and nutrition programs may lead to increased disability and the use of additional expensive services (U.S. Committee on Health, Education, Labor and Pensions: Subcommittee on Primary Health and Aging, 2011).

“I definitely feel the Meals on Wheels program helped keep my parents in their home an additional 2 to 3 years before they entered a nursing home.”

— Larry, Minot, N.D.
FACT STATEMENT #2

Good nutrition is important for successful aging

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

North Dakota has the lowest rate of senior hunger in the nation at 5.52% (Ziliak & Gundersen, 2012). Our state has done a good job of offering over 180 meal sites across the state. However, this does not mean that senior hunger doesn’t exist. Out of those North Dakota seniors who face the threat of real hunger, the majority have incomes above the poverty line. These seniors are younger and they are white (Ziliak & Gundersen, 2012). The challenges of our current economy, physical or mental disabilities, and a changing economic climate in the western part of the state are just some of the factors which place older adults at risk for hunger. For hundreds of older North Dakotans, the meals provided by the Elderly Nutrition Program may be their primary source of food (Ziliak & Gundersen, 2012).

Nutritional status is closely associated with an older person’s ability to function and remain independent. The goal of improving nutritional status through adequate dietary intake is to prevent the occurrence of malnutrition which occurs in both underweight and obese individuals (Institute of Medicine, 2000). Malnourished older adults have limited muscle strength, more exhaustion and reduced physical activity, placing them at risk for falls and hip fractures (Sharkey, 2004). Unaddressed, malnutrition and the fractures it causes result in nursing home placement in many cases (Institute of Medicine, 2000).

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

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

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

“ If I didn’t eat here, I’d just cook wiener for lunch. I would not cook for just myself. I like the diversity of lunch mates. I tell people you can’t go to the store and get a piece of meat for what the meal costs here. ”

— Sharon, Bismarck, N.D.
FACT STATEMENT #3

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

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

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

Title III participants share many of the characteristics that make older adults more vulnerable to nursing home admission. They are older than their peers; more likely to live in poverty, live alone, and not be married; have no local caregiver; and have multiple health conditions (Barrett & Schimmel, 2010). In federal fiscal year 2011, 345 of the 5,030 home-delivered meal clients in North Dakota scored as nursing home eligible AND Medicaid eligible (Hague, 2012). The average cost of a year of North Dakota nursing home care is $71,000 (ND Insurance Dept., 2012). Consider the tremendous savings by keeping these seniors at home where they want to be.

The Medicaid cost to the state for nursing home care for these 345 people would have been $24.5 million in 2011.
FACT STATEMENT #4

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

The average full cost to provide a senior meal was $7.79 in 2011 (Hague, 2012). Below is a chart identifying where the money came from in 2011 for these senior meals.

*Full Cost of a Senior Meal is $7.79*

- Federal (OAA) $2.24 (29%)
- Federal (NSIP) $1.48 (19%)
- State $0.69 (9%)
- Local Providers $2.51 (32%)
- Program Income (the part seniors donate) $0.87 (11%)
The average cost of a senior meal has increased 29% in the past five years. While the state has added additional funding in the 2009 & 2011 state legislative sessions, it has not been enough to keep up with inflation.

In federal fiscal year 2011, 686,631 congregate meals and 480,547 home-delivered meals were provided across the state. Of these meals, over 80,000 meals received no federal or state funding. In 2012, that number will jump to 215,000 meals due to a change in the state unit rate. Why is this important? With a significant increase in the aging population, local agencies are finding they cannot keep up with increasing costs without assistance.

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

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

“...We wanted Mom to be able to have something she could just pop in the microwave and eat. We were worried she was forgetting to eat or she would just eat cereal."

— Kathleen, Grand Forks, N.D.

Kathleen’s mom, Rose from Larimore, received frozen meals as part of the home-delivered meals program for people in rural areas.
Conclusion

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

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

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

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

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

See page 17 for the “Older Americans Act Nutrition Services Increases in State Funds Needed for the 2013-15 Biennium.” This worksheet shows the necessary additional state funding needed to provide a basic unit rate for all meals served in the congregate and home-delivered meal programs.
References

Altshuler, N. and Schimmel, J. (2010). Aging in place: Do Older Americans Act Title III services reach those most likely to enter nursing homes? Administration on Aging Research Brief Number 1. [Electronic version]. www.aoa.gov/aoaroot/program_results/docs/2010/AoA_1_NursingHomes_041211.pdf


Institute of Medicine, Committee on Nutrition Services for Medicare Beneficiaries (2000). The role of nutrition in maintaining health in the nation's elderly: Evaluating coverage of nutrition services for the Medicare population. Washington, D.C.: National Academy Press.


INTRODUCTION
With the aging of the U.S. population, increased attention is being given to delivering health and related services to older persons in the community. Since adequate nutrition is critical to health, functioning, and the quality of life, it is an important component of home and community-based services for older people.

ELDERLY NUTRITION PROGRAM
The Administration on Aging’s (AoA) Elderly Nutrition Program provides grants to support nutrition services to older people throughout the country. The Elderly Nutrition Program, authorized under Title III, Grants for State and Community Programs on Aging, and Title VI, Grants for Native Americans, under the Older Americans Act, is intended to improve the dietary intakes of participants and to offer participants opportunities to form new friendships and to create informal support networks. The legislative intent is to make community-based services available to older adults who may be at risk of losing their independence.

The Elderly Nutrition Program provides for congregate and home-delivered meals. These meals and other nutrition services are provided in a variety of group settings, such as senior centers, faith-based settings, schools, as well as in the homes of homebound older adults. Meals served under the program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans, issued by the Secretaries of Departments of Health and Human Services and Agriculture. In practice, the Elderly Nutrition Program’s 3 million elderly participants are receiving an estimated 40 to 50 percent of required nutrients from meals provided by the Program.

The Elderly Nutrition Program also provides a range of related services through the aging network’s estimated 4,000 nutrition service providers. Programs such as nutrition screening, assessment, education and counseling are available to help older participants meet their health and nutrition needs. These also include special health assessments for such diseases as hypertension and diabetes.

Through additional services, older participants learn to shop, plan, and prepare nutritious meals that are economical and enhance their health and well-being. The congregate meal programs provide older people with positive social contacts with other seniors at the group meal sites.

Volunteers and paid staff who deliver meals to homebound older persons often spend some time with the elderly, helping to decrease their feelings of isolation. These volunteers and paid staff also to check on the welfare of the homebound elderly and are encouraged to report any health or other problems that they may note during their visits.
In addition to providing nutrition and nutrition-related services, the Elderly Nutrition Program provides an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, physical activity programs, and even home repair and home modification programs.

ELIGIBILITY
Under Title III, Grants to State and Community Programs on Aging, a person must be 60 years of age to be eligible. While there is no means test for participation in the Elderly Nutrition Program, services are targeted to older people with the greatest economic or social need, with special attention given to low-income minorities and rural older people.

In addition to focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive service including:

- A spouse of any age;
- Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- Disabled persons who reside at home and accompany older persons to meals; and
- Nutrition service volunteers.

Since American Indians, Alaskan Natives, and Native Hawaiians tend to have lower life expectancies and higher rates of illness at younger ages, Tribal Organizations, funded under Title VI, Grants for Native Americans, are given the option of setting the age at which older people can participate in the program.

In 2003, the Administration on Aging funded Pilot Study: First National Survey of Older Americans Act Title III Service Recipients which showed that services provided by the Departments of Health and Human Services and Agriculture. In practice, the Elderly Nutrition Program’s 3 million elderly participants are receiving an estimated 40 to 50 percent of required nutrients from meals provided by the.

NATIONAL AGING SERVICES NETWORK ARE:
- Highly rated by recipients;
- Effectively targeted to vulnerable populations;
- And provide assistance to individuals and caregivers, which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

THIS STUDY ALSO FOUND THAT HOME-DELIVERED NUTRITION SERVICES ARE:
- Effectively targeted to vulnerable populations, the majority of whom either lived alone, or were poor or near poor, were over 75 years old and/or had difficulty with activities of daily living (ADLs) – such as eating, dressing or walking;
- Successfully targeted to the socially isolated, about one-half reported that they would like to do more with respect to their social activities. This rate is more than twice the rate for the general older population;
- And high quality and reliable in the perception of the service recipient

MEALS ARE PROVIDED TO INDIVIDUALS WHO NEED THEM MOST:
- 73% were at high nutritional risk; 25% were at moderate risk.
- 62% received one half or more of their daily food intake from their home delivered meal.
- 25% reported they did not always have enough money or food stamps to buy food.
Call to Action

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

Thank you!
State Funds Needed for the 2013-15 Biennium

OLDER AMERICANS ACT NUTRITION SERVICES

INCREASES IN STATE FUNDS NEEDED FOR THE 2013-15 BIENNİUM

July 2012

Statement of Purpose: Title III Older Americans Act Service Providers need to be paid the base unit rate of $4.00 for ALL eligible meals that are provided statewide. The current amount of Federal-State money is not sufficient to pay for all meals.

Note: The meal rate set by the state only covers part of the total cost of the meals, local match is required for each meal provided. Voluntary contributions from clients and additional local funds cover the rest of the cost of each meal provided.

Figures used in this document come from the most recent Aging Services State Program Report dated October 1, 2010 - September 30, 2011 (page 22).

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

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>NUMBER OF MEALS PROVIDED October 2010 - Sept 2011</th>
<th>UNIT RATE PER MEAL AS SET BY THE STATE</th>
<th>TOTAL FED - STATE FUNDS NEEDED</th>
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</thead>
<tbody>
<tr>
<td>Congregate Meals</td>
<td>686,631</td>
<td>$4.00</td>
<td>$2,746,524</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>480,547</td>
<td>$4.00</td>
<td>$1,922,188</td>
</tr>
<tr>
<td><strong>Federal/State Funds Needed to Pay a Unit Rate for All Meals</strong></td>
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<td></td>
<td><strong>$4,668,712</strong></td>
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2. Federal and State Money Available For the Same Period

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>FUND来源</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congregate Meals</td>
<td>Federal Money</td>
<td>$1,705,089</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>Federal Money</td>
<td>$912,248</td>
</tr>
<tr>
<td>State Funds to Providers-Current</td>
<td>State Money</td>
<td>$587,334</td>
</tr>
<tr>
<td>State Funds for Meals</td>
<td>State Money</td>
<td>$600,000</td>
</tr>
<tr>
<td><strong>Total Federal and State Meal Funds Expected for One Year</strong></td>
<td></td>
<td><strong>$3,804,671</strong></td>
</tr>
</tbody>
</table>

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

**($864,041)**

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

**($1,728,082)**


$1,200,000

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

$1,728,082

7. TOTAL LINE ITEM NEEDED FOR STATE FUNDS FOR MEALS

$2,928,082

Document from North Dakota Senior Service Providers, July 2012

North Dakota Senior Service Providers
PO Box 2264, Bismarck, ND 58502-2264
Phone 701-224-1815 Extension 2 Cell 701-319-6666
e-mail: ktupa@aptnd.com
I don’t have a car and it makes it hard to get to the grocery store often. Senior meals provide me with a well-balanced meal 5 days a week. They deliver the meal to my door which is convenient. The meals help me stay in my home and help me by doing the cooking for me. I’m a bachelor and never learned how to cook a well-balanced meal.

— Larry, Towner, N.D.

For many years I had health problems where I could not eat certain things. I had to watch what I ate. Eating good is important to me. I grew up that way. My family ate plain, nutritious food.

— Violet, Bismarck, N.D.