

The Face of Senior Hunger



Older Adult Toolkit Minnesota Hunger Initiative

Table of Contents

Introduction and Background

Trends and Data

- Disabilities
- Living Above the Poverty Line
- Younger Seniors
- Living with Grandchildren
- Race and Ethnicity
- Hunger in Minnesota
- Health Implications

Needs in Your Area

- Identifying the Scope of Need in Your Service Area
- Links to Accessibility Assessments

Tools and Resources

- Food Shelf Assessment
- Self Assessment for Serving Older Adults
- Nutrition Checklist
- Determine Your Nutritional Health
- Messaging and Marketing to Older Adults
- Resources

Appendix

- Older Adult Food Shelf Survey in Minnesota
- Resources and Organizations
- About Information in This Toolkit

Introduction

Minnesota Hunger Initiative is a collective impact group focused on increasing the awareness of hunger in our communities and the impact of policy efforts, increasing access to healthy foods and increasing the capacity of food shelves and meal programs to serve those in need.

www.mnhungerinitiative.org.

Minnesota Hunger Initiative is comprised of hunger relief organizations who share a common vision of ending hunger through the engagement of partners, strategies and community efforts.

Each year a work plan is put together to address particular issues around hunger. The Face of Senior Hunger is a project of the Increasing Access to Healthy Foods Task Force. The goal of this project was to identify the scope of the issue related to older adults and food insecurity in Minnesota and to provide links to data and resources to assist food shelves throughout the state in serving this growing population.

Background

Over the course of more than a year, the Task Force brought in speakers on the topic of older adults and food insecurity. Representatives from Minnesota Area Agency on Aging (MAAA) and AARP joined the group, adding great expertise. To garner the views of existing providers in relation to serving the older adult population, a survey was sent out to all food shelves in Minnesota.

Some of the barriers to serving older adults included:

- the stigma of seeking services
- pride of older adults in not wanting to need or use services that others could use
- not knowing if there were older adults who were food insecure in a given geographic area
- transportation to get to where services were located
- funding to make a building handicap accessible, and ways to market to this population

We have attempted to address these issues, and in cases where the issue is larger—such as transportation—the results of the survey and input has been helpful in creating legislation to fund mobile food trucks to serve areas in need.

The age range for “older adults” starts at 50 with the group from 50-65 often those who are most in need, falling through the cracks in terms of service eligibility. The needs for older adults varies a lot by age. Whether you have a significant population of older adults coming to you for services now or not, with the aging of the baby boomers there will be a larger population of older adults to serve in the near future.

We appreciate your feedback on this resource so we can continue to improve it over time to reach more older adults that can benefit from affordable, healthy food.

Trends and Data



(Source: Feeding America, Spotlight on Senior Hunger Executive Summary)

In 2011, almost one in every 12 seniors above the age of 60 in the United States was food insecure. That represents 4.8 million seniors nationwide, which is more than double the number of food insecure seniors in 2001.

Based on historical trends, this dramatic increase in need was not anticipated. In the mid-2000s, based on data from 2001-2005, a study projected that in 2025 there would be 3.9 million food insecure seniors. However, with the onset and continuing effects of the Great Recession this projection became a reality in 2009. There has been a substantial increase in food insecurity among seniors since the start of the Great Recession. Compared to 2007, the number of food insecure seniors was 50% higher in 2011.

The dramatic increase in need among seniors has had and will continue to have profound impacts on the demand for nutrition assistance. A Feeding America study found that in 2009 over half of seniors aged 65+ accessing food pantries were recurrent clients, meaning they have used a pantry every month for at least 12 months. Given the nationwide increase in the number of seniors struggling with food insecurity and need for ongoing food assistance among many seniors, it is imperative that we protect and strengthen nutrition programs to support healthy aging.



4.8M

4.8 MILLION AMERICAN SENIORS (THAT'S NEARLY 1 IN 12) ARE FOOD INSECURE.

UP 2X

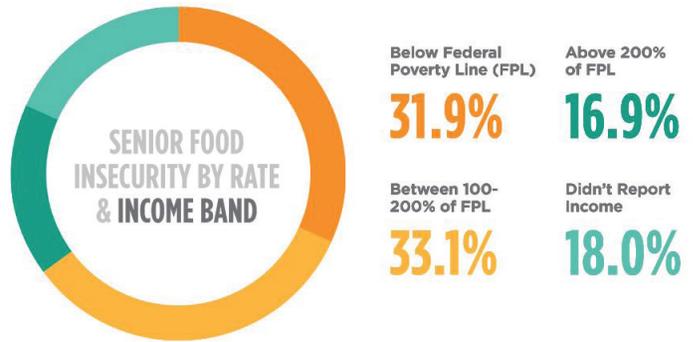
THE SENIOR FOOD INSECURITY RATE HAS MORE THAN DOUBLED SINCE 2001.

Ziliak, J. & Gundersen, C. (2008). *The Causes, Consequences and Future of Senior Hunger in America*. University of Kentucky Center for Poverty Research and Iowa State University.

Echevarria, S., R. Santos, E. Waxman, E. Engelhard & T. Del Vecchio. (2012). *Food Banks: Hunger's New Staple*. Feeding America.

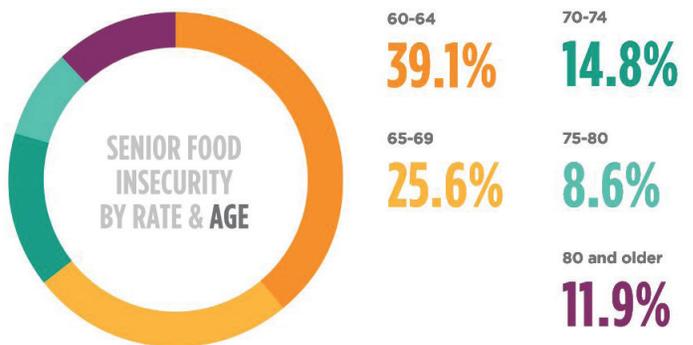
Disabilities

Seniors living with a disability are more likely to be food insecure than their counterparts. Additionally, almost one-third of food insecure seniors are disabled. This suggests that service providers and policy makers should be cognizant of barriers that prevent seniors with disabilities from accessing nutrition programs.



Living Above the Poverty Line

While seniors living below the poverty line experience higher rates of food insecurity than their peers with higher incomes, more than two-thirds of those reporting income live above the poverty line. Oftentimes seniors living above the poverty line do not have access to government assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), that help mitigate the risk of food insecurity.



Younger Seniors

The likelihood that a senior will experience food insecurity declines as they age. Every year for the last decade, younger seniors have experienced higher rates of food insecurity than their older counterparts; in 2011, nearly 65% of food insecure seniors were below the age of 69. Given that an estimated 10,000 Baby Boomers will turn 65 everyday until 2030, service providers and policy makers should be aware of the need among seniors in this age range.

10,000

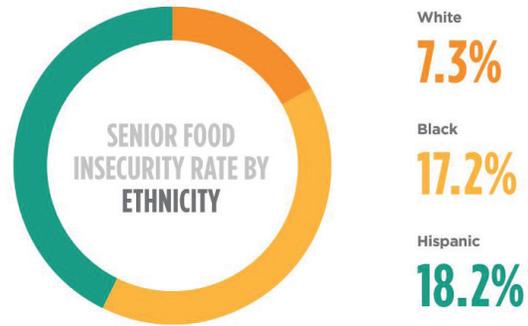
BABY BOOMERS WILL TURN 65 EVERY DAY UNTIL 2030.

Living with Grandchildren

The prevalence of food insecurity is higher among seniors living in a household with a grandchild present. In 2011, nearly one in every five seniors living with grandchildren was food insecure. The number of grandparents living with grandchildren has significantly increased since the early 1990s. In 2009, 7.8 million children lived with at least one grandparent, a 64% increase since 1991. The higher rates of food insecurity among seniors living with a grandchild highlights the need for service providers and policy makers to apply an intergenerational approach when trying to meet the nutritional needs of these seniors.

Race and Ethnicity

It is well-documented that some racial and ethnic groups in the United States are disproportionately at risk of food insecurity. This reality holds true for the senior population as well. Black and Hispanic seniors experience higher rates of food insecurity than White and Non-Hispanic seniors. Furthermore, the projected increase in the number of Non-White seniors is substantially higher than the projected increase in the number of White seniors. Given the higher rates of food insecurity among Non-White older adults and expected population growth trends, service providers and policy makers need to ensure that culturally appropriate nutrition services for are available for older adults.



Hunger in Minnesota

- 50th in state rank for older adult risk of hunger
- 47th USDA state food insecurity ranking
- 3.74% of older adults at risk of hunger
- 13.8% of residents reported not having enough money to buy food in the last year

Feeding America (2013). Spotlight on Senior Hunger: Executive Summary

Rose M. Kreider and Renee Ellis (2011). Living Arrangements of Children: 2009. U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau

U.S. Department of Health and Human Services, Administration on Aging. (2010). A profile of Older Americans: 2010

Health Implications

Food insecure seniors have lower nutrient intakes than food secure seniors. Additionally, the health outcomes for depression, general health, diabetes and ADL limitations are worse for food insecure people. Without proper nutrients seniors are at risk of the following:

- Deterioration of existing health conditions
- Increased disability
- Decreased resistance to infections
- Lengthening of hospital stays
- Deteriorating mental health
- Increased risk of underweight

Although low-income senior citizens are at higher risk of food insecurity, all food insecure senior citizens – regardless of income – experience lower nutrient intake and poorer health outcomes than food secure seniors.

That's according to recently released research by Feeding America and the National Foundation to End Senior Hunger. Entitled *Spotlight on Senior Health: Adverse Health Outcomes of Food Insecure Older Americans*, the study reveals that food insecurity among seniors is associated with a number of diseases and other negative health consequences.

When compared to food secure seniors, food insecure seniors are:

- 60 percent more likely to experience depression;
- 53 percent more likely to report a heart attack;
- 52 percent more likely to develop asthma; and
- 40 percent more likely to report an experience of congestive heart failure.

In addition, the study finds that food insecure seniors are more likely than those who are food secure to have lower nutrient intake and to be at a higher risk for chronic health conditions and depression.

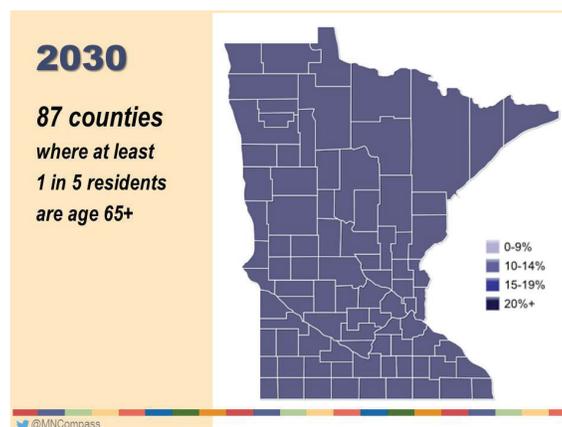
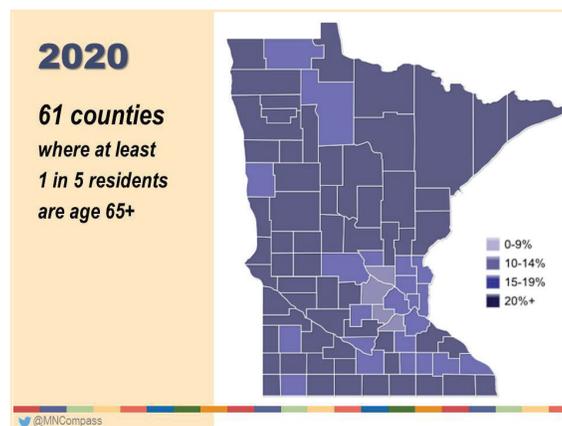
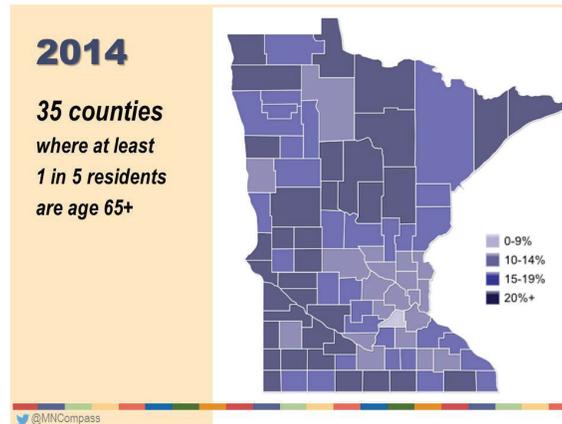
The study also shows that those aged 60 and older experience more severe health consequences as a result of food insecurity compared to younger adults, underscoring the critical nature in identifying solutions for seniors struggling with hunger.

What's most troubling is the number of food-insecure senior citizens in the U.S. has doubled since 2007, the onset of the downturn in the economy. According to Feeding America, the food insecurity level among Connecticut senior citizens was 6.8 percent in 2011, which is the most recent data available. Many of them are making tough choices every day, whether to pay rent, utilities, medicine or food.

Needs in Your Area

Identifying Scope of Need in your Service Area Using Census Data to Determine Potentially Unserved Food Insecure Older Adults

Whether you are currently seeing a large older adult population or not, the changing demographics show larger numbers of older adults with increasing needs in future years.



Links to Accessibility Assessments

There is information available on line related to the census if you know how to access and interpret the data. The following sites walk you through this information. This allows you to compare data and analyze it to better plan for your organization's service delivery goals.

Resources and Tools

Food Shelf Assessment

The age range of 50-65 is considered a young older adult group that may not fit into other food support programs and may have some unique needs despite being young as compared to individuals who are over 65 years of age.

Physical/structural

Compliance with ADA regulations are often necessary for government grants. These regulations also serve as a guide for helping to better serve older adults. <http://www.ada.gov/>

Comment:

Do you have the following: **Check all that apply.**

- There are ramps and handicap accessible doors to the building
- Items on shelves within reach rather than on high or very low shelves
- Assistance to help in reading small print on items: Magnifying glasses, volunteers
- Benches/chairs within your shopping area if someone needs to stop and rest
- Waiting area with things to read for all ages including referral info to other resources
- Assistance available to carry items out to a car or bus
- Good lighting throughout your facility
- Small, strong bags with good handles

Comments:

Purchasing Practices:

Please check all of the following that you presently do and provide comments at the end.

- Special programs that allow older adults and caregivers to come to your location more than once a month to pick up fewer items each time
- Allow for family members, or caregivers, and/or friends to pick up items for older adults
- Special labeling or information related to typical health conditions for seniors such as items that are low in sodium, or low in fat or suitable for individuals with diabetes
- Cans and boxes that provide smaller serving sizes for seniors
- Items available that are easy to open
- Items that can be prepared in a microwave for those not comfortable cooking on a stove
- Staff or volunteers that are able to help shoppers

Comments:

Self-Assessment for Serving Older Adults

Transportation:

- Is your facility located on public transportation such as a bus-line or light rail?
- Deliver to individuals who are homebound or who have difficulty in getting to your location
- Organization has a mobile food shelf program
- Older adults or others able to order on-line to expedite pick-ups
- Have locations near any concentrations of older adult populations

Comments:

Marketing/Outreach/Complementary Programs:

- Special “older adult days” or “older adult hours”
- Help enroll seniors in SNAP and/or provide information on how to enroll in SNAP
- Health screenings, programs, activities or resource and referrals for older adults
- Provide nutritional risk assessments at your sites
- Do Bridges to Benefits Assessments
- Post information related to a range of services

If you do not provide nutritional risk assessments, would it be helpful to have information on nutritional risk assessments? Yes / No

How do you market your program to senior populations? **Check all that apply:**

- Through Public Service Announcements
- We specifically discuss services and foods for particular age groups and populations
- We have information on how to sign up/use food shelf in short infomercials at health clinics
- We provide information for seniors and why they should use food shelf at local churches
- We market to home health care agencies
- We market to caregivers (if yes, how have you marketed to caregivers?)
- Large wall posters to market other programs for which seniors might be eligible.
- Other:

For any of the items that you did not check because you are not doing this activity or step, what are the barriers that prevent you from doing these particular things? **Check all that apply:**

- Space limitations
- Too few staff and/or volunteers
- Not enough equipment
- Would need funding to accomplish this

Do you have information on hand that helps explain expiration and sell by dates on food or terms such as “food rescue”? Yes / No

Nutrition Checklist

The Nutrition Checklist is based on the warning signs described below. Use the word **DETERMINE** to remind you of the warning signs.

Disease

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when, if you've eaten.

Eating Poorly

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink too much.

Tooth Loss/Mouth Pain

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

Economic Hardship

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less—or choosing to spend less—than \$25-30 per week for food makes it hard to get healthy foods.

Reduced Social Contact

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

Multiple Medicines

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

Involuntary Weight Loss/Gain

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

Needs Assistance in Self Care

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

Elder Years Above Age 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

From: The Nutrition Screening Initiative

Determine Your Nutritional Health

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the “yes” column for those that apply to you or someone you know. For each “yes” answer, score the number in the box. Total your nutritional score.

	Yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost/gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Total	

Total Your Nutritional Score

If it's:

0-2 Good! Recheck your nutritional score in 6 months.

.....

3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

.....

6 or more You are at high nutritional risk. Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health

.....

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:



American Academy
of Family Physicians



ncoa
National Council on Aging

Messaging and Marketing to Older Adults

The first thing to think about in terms of marketing to this group is its large age range with varying needs and attitudes. Often, no matter what age, people perceive themselves as younger than their peers so phraseology is important when discussing services for individuals in this age range as well.

When addressing this group, especially those individuals at the older end of the spectrum, it is important to consider the ease of access, the value proposition and safety issues and how the products match up with their needs.

Older individuals can be a tough crowd from a marketing standpoint. What is the real value of what you are offering to them, in exchange for the effort to access it?

There is also the issue of stigma – in the case of using product from food shelves, especially in smaller communities where everyone might know what everyone is doing – the issues of pride comes more into play. How can you find a way to assure this audience that accessing services is a deserved benefit and does not take away from any other family using the same service? Sometimes engaging them as a volunteer can help introduce them to the idea of utilizing this benefit. Home deliveries can also help avoid some of the concern. Data about availability of the product and how healthy eating helps keep people healthy, in their homes and their communities, can also help.

Try to segment your efforts to the different age ranges within the older adult group as you market your services. Baby Boomers will respond differently than those in their 80s and 90s.

Networking with your local aging network or people who work on their behalf can also help you gain the trust that will help in connecting people with needed services and food. Local churches, libraries, community centers, meal programs, home health aide services, hospitals, as well as local corporations to connect with off spring who might be looking for services for their parents or relatives.

Many boomers have had to continue working so they may also be working at local companies, grocery stores, and other locations which should be noted in the marketing to these locations.

Many individuals in this age range are more tech savvy than some think so using technology as one strategy also makes sense in reaching this large and growing audience.

What needs are you meeting by introducing them to your services? What messages resonate with people in your community? How do these individuals self-identify?

When people see themselves at any location, they have a higher regard or trust for the services being provided, plus this is a way to help augment older adult incomes and reduce isolation and depression. Just be sure you discuss issues of privacy and confidentiality with all staff including volunteers and staff who are in this age range and post signs that tell customers that you respect their privacy so that you can reduce the concerns in this area.

This is a large and growing area for service delivery that can be well served by your well thought out plans and efforts.

Resources

- <http://www.hungersolutions.org/senior-hunger-2> Minnesota Hunger Solutions data
- <http://www.mncompass.org/aging/volunteerism#1-11486-g> MN has a high percent of older adults who volunteer
- <http://www.mnaging.org/advisor/SLL.htm> Senior LinkAge Line® at 1-800-333-2433 (statewide)
- <http://mn.gov/admin/demography/data-by-topic/aging> Where older adults live in the state by community
- <http://mn.gov/admin/images/sb-housecmteaginglrc-jan2015-post.pdf> State Aging Trends
- https://www.gtcuw.org/_asset/8rwq0p/PovertyBrief_3_read.pdf Minnesota - Poverty Among Seniors
- <https://www.minnesotahelp.info> - Find services online (statewide)
- <http://www.wilder.org/Wilder-Research/Publications/Studies/Southwest%20Initiative%20Foundation%20-%20Age-Friendly%20Communities/Creating%20Age-Friendly%20Communities,%20Full%20Report.pdf> Creating Age Friendly Communities
- <http://www.nfesh.org/research> State of Senior Hunger in America 2013 Annual Report
- <http://www.mnaging.org> Minnesota State Unit on Aging
- SNAP Access Barriers for Age 50-59 http://www.aarp.org/content/dam/aarp/aarp_foundation/2014-pdfs/SNAP-Access-Barriers-Faced-By-Low-Income-50-59-Year-olds-AARP%20Foundation....pdf
- Food Insecurity and Older Adults http://www.aarp.org/content/dam/aarp/aarp_foundation/pdf_2011/AARPFoundation_HungerReport_2011.pdf
- This directory includes food and nutrition resources that are LGBT specific or at least LGBT friendly: <http://www.trainingtoserve.org/sites/default/files/documents/2014directory-TTS.pdf>

Appendix

Older Adult Food Shelf Survey in Minnesota

August 27, 2015

Categories	Major Findings	Geographic Differences
Handicap accessible food shelves	<ul style="list-style-type: none"> Majority of food shelves are handicapped accessible. Limited ability to provide chairs and benches for older adults to sit in during food shelf visit. 	No geographic differences
Greatest barriers for older adults to access the food at the food shelf	<ul style="list-style-type: none"> Clients do not drive. Pride Public transportation has to be scheduled or does not run regularly. Barriers to providing fresh fruits and vegetables due to limited space or a lack of food storage equipment. Language barriers Older adults that no longer live in their own home have greater challenges to access the food shelf. Serving sizes Limited number of volunteers that can support older adults with transportation. 	<ul style="list-style-type: none"> In smaller towns, everyone knows everybody. Confidentiality can be a challenge. Rural food shelves experience greater challenges with winter road conditions.
Practices to help older adults at food shelves	<ul style="list-style-type: none"> Create a warm and welcoming environment. Set food shelf appointments for older adults. Provide dietary food items. Label food that addresses health conditions. Take bags of food to vehicle or bus. Pre-package food Distribution of NAPS Mass produce distribution close to senior housing. Assist older adults with shopping. Allow family members or caregivers to shop for older adults. Provide easy-to-open items. 	<ul style="list-style-type: none"> Rural food shelves identified fewer practices than metro in helping older adults at the food shelf. More metro food shelves are interested in nutritional risk assessment.

<p>Practices to help older adults at food shelves, cont.</p>	<ul style="list-style-type: none"> • Provides labels indicating expiration and sell-by-dates. • Very few food shelves conduct nutritional risk assessments. • Special senior hours at intake or during general visit. • Recruit older adults to help older adults at the food shelf. • Special food shelf hours for older adults. • Providing handled bags. • Interest in receiving information on a nutritional risk assessment. • Limited space for offering the Choice Model. 	
<p>Transportation needs</p>	<ul style="list-style-type: none"> • Food shelves reported being located on public transit line. • Food shelves are located near a high concentration of older adults. • Fewer food shelves have the capacity for client's to order ahead of time. • Funding and recruitment for volunteers to provide transportation is needed. • Provide food deliveries to homes. 	<ul style="list-style-type: none"> • Rural food shelves have fewer resources to address transportation. • Suburban food shelves have trouble with the limited public transportation routes. • Limited number of mobile food pantries in rural Minnesota compared to the metro. • More mention of food deliveries in rural Minnesota.
<p>Outreach to government programs</p>	<ul style="list-style-type: none"> • Majority of food shelves are offering information and referrals to SNAP. • Follow-up on SNAP applications with clients and the county. 	<ul style="list-style-type: none"> • Metro food shelves reported more often offering screening and application assistance than rural food shelves. • A limited number of food shelves have a SNAP Outreach worker, financial worker or MNSure navigator on site at rural food shelves.

Stigma	<ul style="list-style-type: none"> • Older adults are not comfortable accepting or receiving help. • Older adults feel that other's more in need should receive help before them. 	No geographic differences
Data collection	<ul style="list-style-type: none"> • Majority of food shelves track data for funders/donors. • Food shelves identified using note cards, spreadsheets, and databases. 	<ul style="list-style-type: none"> • More metro food shelves are using a food shelf. • More rural food shelves are using spreadsheets and note cards.
Marketing/outreach	<p>Provides outreach more often at: senior dining centers, senior housing, fairs, health and wellness programs.</p> <ul style="list-style-type: none"> • Utilize community partners • Market in local newspapers, radio spots • Outreach to family members and caregivers • Dr. at local health clinic writes a prescription for older adults to use their local food shelf. 	<ul style="list-style-type: none"> • Rural food shelves reported marketing more often by posting large posters at churches and providing public service announcements. <ul style="list-style-type: none"> • Clients in rural MN often times learn about the food shelf by word of mouth.

Appendix

Resources and Organizations

ADA (Americans with Disabilities Act)
AARP (American Association of Retired Persons)
MAAA (Minnesota Area Agency of Aging)
Feeding America
MAVA (Metropolitan Association for Volunteer Administration)
Food banks
SNAP report for Seniors (Supplemental Nutrition Assistance Program)
Bridges to Benefits
Hunger Solutions
Meals on Wheels

About Information in This Toolkit

Most of the information included in this toolkit comes from the “Spotlight on Senior Hunger” executive summary, published by Feeding America and The National Foundation to End Senior Hunger, and The Nutrition Screening Initiative.

About Feeding America

Feeding America is the nation’s network of more than 200 food banks and the largest hunger-relief charity in the United States. Each year, Feeding America secures and distributes three billion pounds of food and grocery products through 61,000 agencies nationwide. Our agency network provides emergency food assistance to an estimated 37 million people in need annually, including 3 million adults 65 years of age and older.

About The National Foundation to End Senior Hunger

The National Foundation to End Senior Hunger identifies and assesses the challenge of senior hunger by funding senior-specific research, fostering local collaboration and engaging diverse partners. Through research, education and community partnerships the National Foundation to End Senior Hunger works to create the tangible and replicable solutions necessary to reverse the escalating number of seniors in the lifecycle of hunger.

Thanks to the Committee members who worked on the Older Adult Toolkit:

Lori Kratchmer - co chair The Food Group	John Randolph - Hunger Solutions
Rob Zeaske - co-chair Second Harvest Heartland	Liz Riley - Valley Outreach
Scott Hvizdos - VEAP	Patrick Rowan - Metro Meals on Wheels
Jay Haapala - AARP	Lisa Sawyer - MAAA
Molly Johnson - AARP	Joan Schlecht - Neighborhood House
Byron Laher - CEAP	Kathleen Turner - Catholic Charities
Amy Lopez - Greater Twin Cities United Way	Patty Wilder - Minnesota Hunger Initiative