

Appendix J: Community Input

In designing the Community Input component of its 2016-2020 State Plan for Aging Services, the Aging and Disability Services Division (ADSD) relies on the findings of three research activities. These include: (1) the 2014 *Nevada's Strategic Plan for Integration of Developmental Services and Early Intervention Services into ADSD*; (2) the 2014 *Governor's Commission on Aging NRS 439 Report - Community Needs and Priorities for Older Nevadans*; and (3) a series of focus groups conducted for State Plan input by ADSD Deputy Administrator Jill Berntson in August and September 2015. Together, their findings provide a wealth of information and insights, which have helped set the Division's direction in developing its 2016-2020 State Plan Goals and Objectives.

Nevada's 2014 Strategic Plan for Integration

In 2013, the Nevada Legislature passed AB488, which approved the integration of Developmental Disabilities Services (DDS) and Nevada Early Intervention Services (NEIS) with the Nevada Aging and Disability Services Division (ADSD).

During the development of the Integration Strategic Plan, consumers, staff and providers were surveyed on critical issues. One of the questions specifically addressed the ADSD nine core services considered most important to support vulnerable people in living independent lives. ADSD provides these services with funding from OAA Title III-B, as well as through Nevada's Independent Living Grants, derived from its share of the 1998 Master Tobacco Settlement Agreement. Respondents were asked to rank the importance of each service.

Based on data analyzed from the surveys, two reports emerged: a *Consumer Survey Summary Report* and an *ADSD Staff and Provider Survey Report*.

The consumer survey reached 917 consumers, but not all consumers answered all questions. Of the 917 consumers reached, 391 self-identified as seniors. Consumers ranked case management and home care as the most important two services that enable seniors to live independently.

The survey of ADSD staff and community providers collected information from 381 persons across the state. Analysis of responses showed that staff and providers agreed with the seniors, Case Management and Home Care were both most commonly ranked as the most important services to sustain independence from institutional care.

The full body of the 2014 Strategic Plan can be found at:

<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Home/ADSDStrategicPlan-2014Integration.pdf>.

The 2014 Governor’s Commission on Aging 439 Report – Community Needs and Priorities for Older Nevadans

The 2014 Governor’s Commission on Aging (COA) report responds to NRS 439.630, which requires the COA to advise the Department of Health and Human Services Director on a biennial plan for the allocation of the 1998 Master Tobacco Settlement Funds (TSF) for Independent Living Grants (ILG).

To accomplish this, the COA appointed a subcommittee to conduct the research necessary to identify priority level services necessary to assist individuals to live independently without institutional care. ILG funds ensure the availability of home and community-based supportive services that delay or prevent institutionalization of Nevada seniors. The services supported by ILG funding mirror those provided under Title III-B of the Older Americans Act.

Considering the nine Core Services that have been identified by ADSD as most instrumental in maintaining independence, the subcommittee conducted and analyzed a series of survey questionnaires throughout the state. The subcommittee also researched existing ADSD reports and statewide statistics. The Core Services include:

- **ADULT DAY CARE** provides planned care for dependent adults in a supervised setting during some portion of a day.
- **AGING AND DISABILITY RESOURCE CENTER (ADRC)** provides information, assistance and access into long-term support systems.
- **CASE MANAGEMENT** is a process by which individual needs are identified, and services to meet those needs are located, coordinated, and monitored.
- **HOME CARE** provides services which can include housekeeping, grocery shopping, advocacy and non-medical, in-home care assistance.
- **LEGAL ASSISTANCE** includes counseling and/or representation in civil matters involving housing, consumer rights, health care/public benefits, estate planning and wills, and guardianships.
- **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)** is an alert button on a personal transmitter, which is worn on the wrist or around the neck. Another PERS service is a volunteer or computer-generated telephone reassurance program.
- **RESPIRE CARE** is a non-medical service that provides a caregiver the opportunity to take some time away to do other things while a qualified, temporary caregiver attends to the person needing care.
- **SENIOR COMPANION** provides companionship activities for individuals in their home. Companions may also accompany the client and provide transportation to access services outside of their home.
- **TRANSPORTATION SERVICES** provide safe transportation for access to needed services including meals, medical appointments, social services, adult day care, shopping and socialization.

Based on the COA’s collective research, the recommendation is to prioritize Case Management, Home Care, and Transportation as the top three most important services to fund.

The report also said that in order to meet the demands of Nevada's aging population, the system of care must be strengthened as it continues to experience increased demand for services (waitlist), competing priorities (other at-risk populations), and diminishing resources (sequestration, etc.).

The full body of this report can be found at:

<http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Boards/COA/SubNRS439/COA-NRS439FullReport.pdf>.

The 2015 Statewide Focus Groups

ADSD determined that the Division had adequate recent survey information on service priorities, based on the above two studies. Therefore, a decision was made to rely on a series of focus groups to gather in-depth public input for the State Plan from its older adult constituency, regarding their experiences within the aging services network.

During August and September, ADSD Deputy Administrator Jill Berntson and staff conducted 21 focus groups throughout Nevada at selected senior center sites, including: Lovelock, Winnemucca, Battle Mountain, Elko, Wells, Ely, Boulder City, Henderson, Mesquite, Martin Luther King (North Las Vegas), Pahrump, Tonopah, Beatty, Gardnerville, Carson City, Virginia City, Washoe, Yerington, Hawthorne, Fallon and Eureka. Lincoln County was also included, incorporating two sites, but senior center staff was unable to provide enough participants for the focus groups. Therefore, seniors at those sites were provided with the focus group questions for response by those interested. These responses have been incorporated into the findings. A map of the focus group sites is found on page 4 of this analysis, depicting the spread of the statewide tour.

As a whole, the 21 focus groups were comprised of 198 senior center participants, most selected by their director and others were interested community members. Each participant received a personal letter of invitation from the Deputy Administrator approximately three weeks before the focus group. In addition to inviting participants, the letters explained the purpose and importance of the focus groups, and contained the list of questions to be asked. This enabled the participants to consider their responses and also talk with their peers to gather a robust range of input. An average of nine participants attended each group, with an overall representation of two-thirds female to one-third male, ages 60 and older. Participants were quite diverse. For example, income levels varied quite a bit, as did education and vocation, such as retired ranchers, a retired firemen, a retired public health nurse, older adults with disabilities, veterans, a couple who have been married 70 years, a retired county commissioner, current county commissioners and native Nevadans. At some sites, the senior center director also attended and participated.

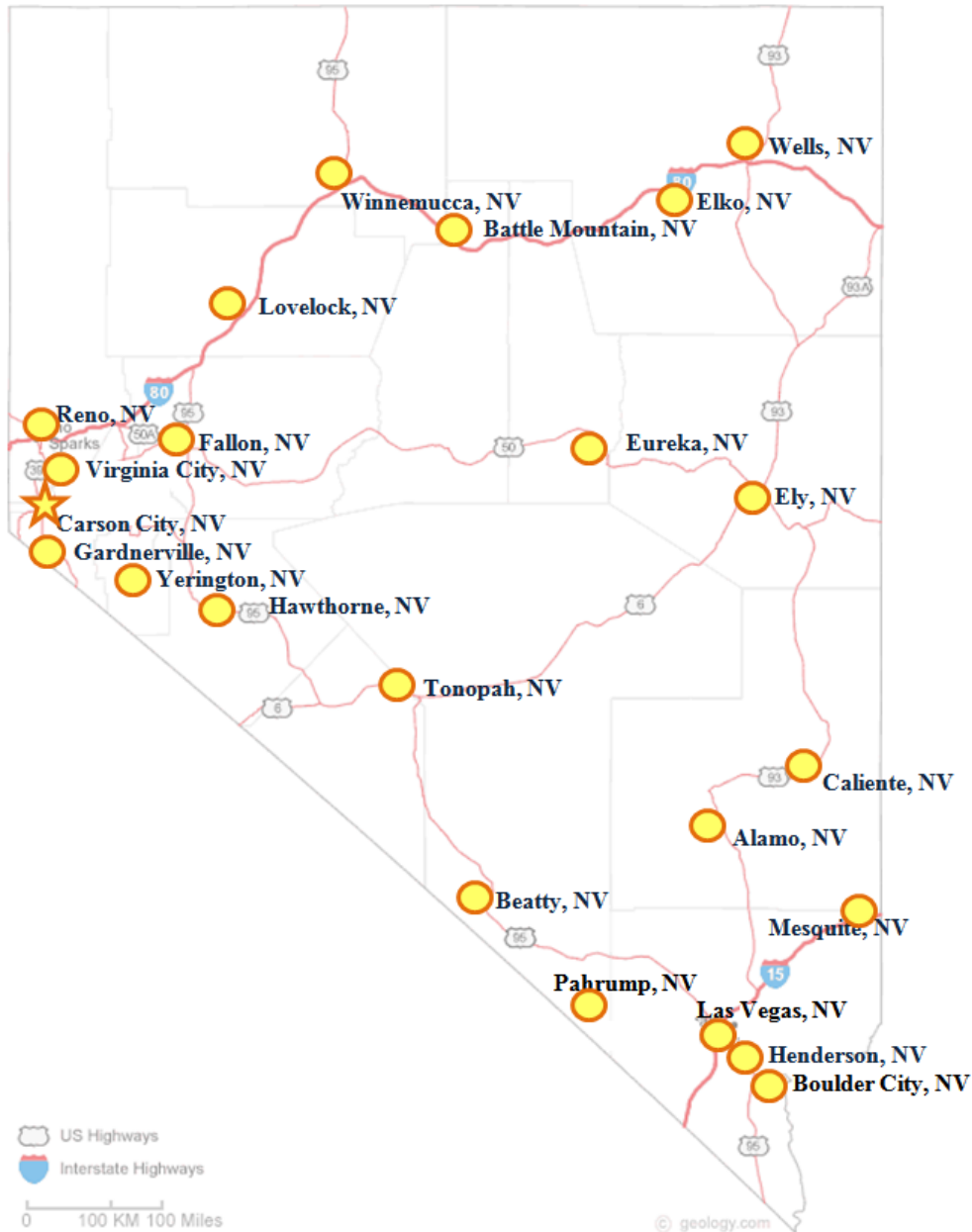
Focus Group Findings and Analysis

The Deputy Administrator posed seven questions to participants at each of the focus groups. Below is an analysis of participant responses for each of the questions. For purposes of context

and because regions of the state can vary remarkably, responses have been clustered by regions, based on the county where the focus group was held, as follows:

- Eastern Nevada: Pershing, Humboldt, Lander, Elko, White Pine and Eureka
- Northern Nevada: Washoe, Douglas, Carson City, Storey, Lyon, Mineral and Churchill
- Southern Nevada: Clark, Lincoln, Nye and Esmeralda

Location of the 21 Focus Groups Held (see note below)



Note: A total of 23 Focus Groups were planned. However, senior center staff at two sites, Caliente and Alamo (Lincoln County), was unable to obtain enough participants. Instead and to ensure all interested older adults at the centers could respond to the questions, ADSD provided directors with questionnaires to be completed. Responses received were synthesized with the focus group results.

As was expected, many reoccurring themes emerged from participants across the seven questions. These themes are provided, along with the analysis of questions most associated with the response.

In addition to holding the focus groups, staff posted the Focus Group Questions on the ADSD website, so those not attending a focus group could still provide input. Responses from an additional 23 persons were included within the focus group analysis. These responses are reflected at the end of each regional finding as *Additional Responses*, to the extent that they vary from the regional findings. They could not be synthesized by region, as many were not identified as belonging to a particular region.

Beyond the value of ADSD gaining input from participants, the focus groups also provided a valuable opportunity for participants to learn from each other at every site. ADSD staff received considerable positive feedback about holding the groups, so that seniors could share their concerns and thoughts directly with ADSD staff, and staff was inspired by what they experienced on the Focus Group Tour. For all of these reasons, ADSD is considering various options to continue this kind of ADSD face-to-face contact with constituency on a periodic basis.

Question 1: Where do you go or who do you talk to in your community, when you need help in finding services for older adults? (*Older adults are those age 60 and older*)

- Participants at each site were proud of their senior center and their community, and most often cited the senior center director as their primary helpful resource.
- In Southern Nevada, participants rely next on friends, neighbors and relatives, and then ADSD and Social Services.
- In Eastern Nevada, participants next rely on ADRC and hospital social workers.
- In Northern NV, participants rely next on the Internet and an Attorney.
- *Additional Responses:* Respondents showed the highest reliance on their senior centers, followed by Rural RSVP and Silver Rider.

Question 2: Has there been a time when you or someone you know wasn't able to find needed help or services?

- At the majority of senior center sites, participants most wanted to talk about problems with transportation, but were asked to delay until Question 4 to discuss their experience with transportation.
- Lack of awareness of available services was noted as a concern at every site throughout the state. Participants in the focus groups tended to be individuals who were already connected with the senior center. However, through group discussions, it became apparent that many were unaware of available area services. Therefore, it is also concerning that those not associated with the senior center may be far less aware of available services.
- In keeping with the previous bullet, participants at many sites also noted concerns about lack of case management, giving examples of individuals who need assistance navigating services. Participants did mention how helpful it is to have case management when they are receiving waiver services.

- Handy Man Services was mentioned as a concern at most sites. Seniors need assistance with basic handyman services, such as a leaky faucet, assistance with yard work and snow removal.
- Home Health was cited as an unmet need at all sites, generally referring to anything from homemaking services to assistance with Activities of Daily Living (ADLs) to Registered Nurses (RNs) and physical therapy needs. This was noted as a big concern in most areas due to a lack of providers. Participants at many sites noted problems with finding providers and stated that people don't want to work for the low home health wages offered. Many participants indicated there is too much competition with mining industry jobs, which pay far higher wages. Some sites noted that providers do exist, but they are unreliable. For example, one participant cited a case where a patient waited a week for colostomy supplies and had to go to extremes to obtain the supplies, which included waiting at an I-80 exit for the home health RN to drive by so the participant could provide her with the physician's orders.
- Many sites' participants talked about the difficulties of recruiting volunteers, saying that the same small groups of people volunteer for everything, and communities need to recruit younger volunteers. Participants also mentioned the requirements and background checks as being a disincentive to volunteer.
- Many sites talked about the need for financial assistance with pet food, grooming and veterinarian services. One suggestion was to have a mobile veterinarian come to the senior center once monthly. Some people noted that some seniors will feed their own food to their pets because they are unable to afford pet food.
- Although participants noted wait lists for housing as a concern, the bigger concern noted multiple times is a lack of accessible senior housing. Many examples were provided, such as: complexes are built with standard tubs rather than walk-in showers, microwaves are installed too high, as are stackable laundry facilities. Doors are too heavy and don't have automated opening systems. The inside and outside of complexes do not have adequate hand rails.
- A lack of access to Mental Health Services also came up at a number of sites.
- The most frequently cited unmet service needs in Southern Nevada are Mental Health, along with needing assistance to find help.
- In Eastern Nevada, the most frequently cited unmet service needs are snow removal or yard work, followed by home repairs and inadequate long distance transportation.
- In Northern Nevada, two significant needs are optical care and physicians not taking new Medicare patients.
- Additional Responses: These respondents showed the highest need for Transportation, followed by home health services, information on where to get help and need for medical specialty services.

Question 3: What worries you or other seniors you know the most about being able to sustain independence? What assistance or services would most help you to stay independent?

Participants provided compelling responses regarding their fears, such as: being alone; not being able to get up their stairs; not being able to take care of their pets and what would happen to their pets when they are gone; losing their driver's license; needing reasonable access to 24-hour-in-

home care - noting both availability of qualified providers and affordability of rates; a need for expensive home modifications that they cannot afford; a catastrophic event that would leave them dependent on care; not wanting to live with family; having enough money, including what they will do when they lose their spouse's income, as well as problems managing finances when the spouse has been the one to take care of it; the expense of a Personal Emergency Response System (PERS) - some people are moving to cell service only and PERS for cell services is more expensive; and seniors even worry about how they will be able to take their garbage out to the curb.

The regional analysis found that:

- Across the state, the most requested services to maintain independent living are: homemaker and home maintenance; home and vehicle modifications; and transportation to obtain food, groceries and prescriptions.
- In Southern Nevada, participants also cited the need for adequate in-home care hours and the associated high cost for in-home care as a barrier, as well as the need for financial management.
- In Eastern Nevada, participants feared falling and becoming injured or disabled, and cited a high need for home health services.
- In Northern Nevada, participants also fear falling and becoming injured or disabled, and most often cited need for financial management and companion service.
- *Additional Responses:* the most requested services are transportation, home care and services to meet health needs.

Question 4: What has been your experience with transportation services?

- The participant responses were so varied that drawing trends re transportation problems was not possible, except to say that adequate transportation remains the greatest need throughout Nevada – both in town and long distance.
- Based on the responses, access to long distance transportation to urban areas varies significantly between rural senior centers. All sites have transportation available to the larger urban areas, but the disparity is concerning. Some senior centers provide transportation one time a month to urban areas, while others make trips to urban areas up to three times a week. Participants noted that it is difficult to get their appointments scheduled on the transportation day, as well as getting appointment times that work within the transportation hours. This disparity of service requires an in depth study by ADSD, to help ensure equitability in resource distribution. This study would consider variables such as the frequency of a senior center's service to urban areas, the length of time spent there to allow participants to obtain necessary healthcare and other needed services, and mileage, current funding, etc.
- Transportation locally within city/town limits seems to go fairly well, with most people receiving their transportation needs through their senior centers. However, transportation for people on the outskirts of towns is a major problem. In many places, services for other needs exist, but seniors are unable to access them for lack of transportation. In rural areas, accessing care from a medical specialist was noted as a major problem, due to lack of transportation to urban areas, where specialists are located.
- Another identified problem concerned seniors who travel to urban areas for routine or emergency services, and need supportive assistance while there, as well as information about how to get back home. In these cases, seniors are transported out of town by ambulance or helicopter to urban areas; getting home is a major problem once they are

discharged. ADSD staff heard stories of seniors admitted to hospitals for emergency care and sometimes discharged in their hospital gowns. These circumstances require the compilation of basic information and contacts of urban-area senior and social services for rural senior center directors to disperse to their constituents for out-of-town emergency assistance – essentially, a plan and collaboration to tighten the senior safety net statewide.

- Providers noted that it is difficult to find drivers for out-of-town trips, because drivers must work overtime. Such long hours on these days either makes recruitment of volunteer drivers difficult or the costs of overtime for paid drivers too expensive. One provider indicated passing the drug test to be a driver has been a recruitment barrier.
- Using personal vehicles is concerning to some, due to the price of gas, vehicle reliability, and the danger of driving in winter conditions. Some sites charge a fee for out-of-town transportation, which can be as high as \$71 for a round trip from Eastern Nevada to Salt Lake City.
- Public transportation presents challenges, such as long waits in the heat for buses, which is difficult for frail seniors, and the lack of transportation options after regular business hours and on weekends. One elder said purchasing groceries and then waiting long times in the heat to get back home is a problem, commenting, “I can’t buy ice cream because it melts before I get home.” Another important issue is the sometimes physically compromising medical tests that require supervision for the ride home. Making such arrangements is challenging.
- When seniors are able to travel from rural to urban areas with a group sharing a vehicle, a downside is the long wait time for everyone to accomplish their individual appointments and errands. A senior commented: “Your appointment might be in the morning, but you are gone all day, which is too difficult when you are ill or having medical problems.”

Question 5: What types of health promotion, disease prevention programming would you use, if it were offered at a convenient site? Which of these might interest you and what other kinds of programming do you suggest? What sites might you go to for health promotion and disease prevention programming?

- Overall, there was enthusiasm among participants in all three regions for health services, and health promotion and disease prevention activities, especially in Southern and Northern Nevada. Not quite as many requests came from Eastern Nevada.
- Participants most often cited their senior center as the place they would go to for health promotion programs.
- Participants in Southern Nevada showed highest interest in: wellness screening, diabetes education and management, flu shots, fall prevention training, health education in general and exercise classes.
- Participants in Eastern Nevada showed highest interest in wellness screening, flu shots, and for paramedical mobile services for mammograms and other types of health services they might not otherwise access.
- Participants in Northern Nevada showed highest interest in wellness screening, diabetes education and management, health education in general, exercise classes, and chronic disease management.
- Innovative ideas for increasing opportunity and access for health promotion included the following:
 - Use the UNLV School of Nursing Intern Program
 - Advertise prevention programs at pharmacies and doctors offices
 - Use paramedical mobile units, especially for outreach to Eastern Nevada to make health services and screening more accessible.

This table provides a regional listing of the specific programming participants say they desire.

TYPES OF HEALTH PROMOTION DISEASE PREVENTION PROGRAMMING DESIRED			
Focus Area	Southern Nevada	Eastern Nevada	Northern Nevada
Health Care Services Desired by Region	Wellness screening Emergency aid Blood pressure checks Glucose testing Oxygen Flu shots Return old meds Medication management Prevention programs Swimming pool memberships Lifeline cardiac testing Dental care Support groups Exercise classes Mammograms Physicals Drug testing Vaccinations Public health nurse	Wellness screening Blood testing Blood pressure checks Flu shots Medication management Swimming pool memberships Exercise classes Mammograms Public health nurse Medical coordinator Hearing testing Vision testing Home health nurse	Wellness screening Blood testing Blood pressure checks Bone density testing Flu shots Support groups Exercise classes Public health nurse Prescription program Addiction counseling Mental health counseling Senior counseling Where to go Senior Rx Accessible transportation Physicians to accept insurance Dental care In-home hair care/volunteer Smoke detectors
Sites for Health Promotion and Education	Senior center Health fairs Hospital events Evening classes Cleveland Clinic Community center	Senior center Health fairs Hospital events Community recreation center Pharmacy	Senior center Health fairs Hospital events Sanford Center for Aging Red Cross Veterans Administration
Types of Health Promotion and Education Desired	Diabetes education and mgmt Fall prevention General health education Alzheimer's disease Mental health info HIV education Geriatric education How to use DME equipment Special diet information Food ingredients and effects Chronic disease mgmt info	Diabetes education and mgmt General health education	Diabetes education and mgmt General health education Chronic disease mgmt info

Question 6: Do you or older adults you know ever talk or worry about abuse, neglect or financial exploitation? From what you hear, how prevalent is senior abuse, neglect and financial exploitation in your community? What kinds and under what kinds of circumstances? What needs to happen to reduce or prevent these kinds of problems? Where would you turn for help if you were aware of such a problem or experienced it yourself?

Participants at all sites said that they did not think elder abuse was a problem in their community, and that if it is a problem, it is mostly regarding financial scams over the phone. It was noted that more education is needed about elder abuse, what it is, where to report, and some way to reduce the stigma. Most people noted that even if it was a problem, they thought that most people would not report because they are ashamed of their family member being the abuser. They also fear the consequences of reporting, i.e., fear being institutionalized or fear what will happen when they are alone again with the abuser, or they don't know what else to do. One participant also noted concerns that the person being abused by a family member might be embarrassed that the abuse was occurring because of their poor parenting. One participant felt that there should be more screening for caregivers and that background checks take too long. This same participant felt that families do not do a good job screening individuals they get to care for their loved ones.

| The following is a detailed breakdown of findings:

- Concern about scams perpetrated over the phone or by computer was the most discussed exploitation attempted in Eastern Nevada and Northern Nevada. Participants said they didn't fall prey to such frequent attempts, but were worried other less aware older adults might.
- Participants cited the following as barriers to reporting abuse, with bolded having highest response frequency - mentioned at three or more sites.
 - **Abused are embarrassed**
 - **Victim may not talk; denies abuse when asked**
 - **Abused are afraid to report**
 - Abuse is not talked about
 - Abused do not know where to go for help
 - Lack of enforcement; Attorney General too busy
 - Abused do not want to get family in trouble
 - Abused do not want to lose home
 - Others may not want involvement
 - Not enough done when reported
 - Not willing to leave abusive situation
 - Help is slow to come
- Participants identified the following as types of abuse they know about in their communities, with bolded having highest frequency of response – mentioned at three or more sites.
 - **Scams was most frequently mentioned**
 - **Exploitation**
 - Families neglect senior, but take money

- Theft
- Stealing medications
- Self neglect
- Physical abuse
- Mental abuse
- Regarding where participants would turn for help, the following reflects their responses with bolded being most frequently cited – mentioned at three or more sites.
 - **Senior center director**
 - **Elder Protective Services – ADSD**
 - **Police or Sheriff’s Department**
 - Hospital
 - Doctors office
 - Church
 - Request a welfare check by authorities
 - Talk to the victim
 - Legal services
- Participants provided a number of ideas regarding prevention of abuse.
 - Education is needed for the community and also victims
 - Establish and/or advertise an Elder Abuse Hotline
 - Victims need a support system – develop support groups for abused
 - Bank tellers need training on being mandated reporters
 - Guardian program – guardianship needs better regulation
 - Need for supportive living institutions. As abused spouses can escape to alternate living facilities, abused elders need similar options
 - More volunteers are needed to identify and help victims
 - Need more control on in-home workers
 - The abused need help with legal affairs and documents
 - Homeless need more help
 - Ensure Home Delivered Meal drivers are making notes and reporting problems
 - People living alone should have a daily check
 - Promote neighbor-to-neighbor checking in
 - Sheriff’s Department staff would like EPS to notify them when cases they report are closed, but not requesting any case details or disposition.

Question 7: From what you know and see, what can you tell us about the adequacy of nutrition and food for seniors? Do you know of seniors who are hungry and unable to have enough food? What are some examples of such situations?

Generally, participants noted it is fairly easy to access food. At most sites, participants indicated that if someone is going hungry in their community it is their “own fault.” Communities typically had multiple food sites, including the senior centers and food banks. There were a couple of sites concerned about the management of the monthly Northern Nevada Food Bank distribution, specifically, that younger people are always at the front of the line, because they can line up hours before food is distributed, while seniors may be too frail. Volunteers are managing the distribution, and it appears this is handled better at some sites than others. One site was concerned about the fresh food they received, specifically that the strawberries received became moldy within one day. However, there was strong opposition in this group from others feeling

the food was generous and appropriate. This same site had concerns that the Food Bank was also providing sheet cakes and sugary, high carbohydrate foods, which are not appropriate for seniors who are diabetic or borderline diabetic. Some food bank sites were also criticized for distributing food that is too difficult to prepare and people don't know what to do with it.

Participants at all sites said home delivered meals are going very well, with the community being able to help identify seniors in need. Some sites noted difficulty in getting proper nutrition if on a special diet, such as a diabetic diet, as the food may be more expensive for the program to purchase and organizing such meals for certain people can be cumbersome.

The following is a further breakdown of responses.

- Participants in all regions agreed that the senior center was the most reliable resource for food. This was followed by local area food pantries/food bank, churches and USDA commodities. Also mentioned as resources were soup kitchens, donations, emergency assistance, Farmer's Market coupons, and reliance on closeness of community members looking after each other.
- Although there seems to be consensus that food is available if an elder took advantage of available options, participants also provided many reasons why elders may not access food, as follows, with bolded reasons having the highest frequency of response.
 - ***Stigma for seeking food services***
 - ***High cost of living and food***
 - ***Resources available but can't get there***
 - Seniors don't eat well on weekends
 - Limited home delivered meal delivery radius
 - Can't cook
 - Can't take food home from senior center
 - Grandparents caring for grandkids at higher risk for hunger
 - Dietary restrictions
 - Home delivered meals safety evaluation during deliveries makes people not want to participate
 - Farmer's Market expensive, even with coupons
 - Dental issues restrict food that can be eaten
 - No transportation to senior center – live too far out
 - Northern Nevada Food Bank food isn't healthy, especially for diabetics; comes one time a month, limited produce and some is rotten
 - Food baskets – can't use all foods; fruits and veggies go bad; simplicity needed
 - Home delivered meal portions too small; not tasty
 - [Low] State reimbursement rate [to senior centers for meals served] makes meals expensive for senior centers to produce
 - May be missing isolated seniors
 - Language barrier
 - Feeding pets instead of self
 - State Plan doesn't focus on diseases and nutritional needs
 - First come – first served at Northern Nevada Food Bank; younger can stand in line longer and get best food selection due to earliest arrival to line up
 - Need new and more volunteers

- No weekend food
- Participants offered solutions to reduce hunger among older Nevadans, as follows.
 - Need Social Security raise
 - Promote intergenerational food activities
 - Increase advocacy and marketing regarding available resources
 - Ombudsmen to check on group homes
 - Food banks should partner with churches for delivery of food to homebound
 - Develop a support system
 - Increase homemaker program, which can cook meals for clients
 - Put more meat in commodities
 - Add canned or prepared meals to Northern Nevada Food Bank; provide food that's easy to prepare and dairy products
 - Serve smaller portions at the senior center and allow seconds for those still hungry. As it is now, too much food is thrown away.

Innovative Ideas that emerged from the focus groups for general application:

- One site had a nursing home resident who spent her days on the telephone calling homebound seniors in the area to check in on them for safety and to provide companionship over the phone. This was a win/win; the resident could volunteer, felt useful, and was providing a valuable service.
- Senior breakfasts served at the local elementary, middle and high schools, with intent to get more people of all ages interested in the senior center and to develop a pool of volunteers for future generations.
- More public broadcasting to focus on services available.
- High school leadership groups teaching senior center participants to use social media or other modern technology.
- Senior center site hosting a monthly breakfast where anyone is invited.
- Electric company in Wells runs advertisements several times yearly warning residents about elder exploitation, as they have had numerous complaints of seniors getting calls that their electric bill is overdue.
- Honor Camps (with non-violent offenders) assist seniors with yard work/outdoor handyman types of services/snow removal/food distribution.
- Host afternoon movie time to give seniors a warm or cool place to go if they do not have heat or air conditioning, depending on the time of the year.
- Suggestion to get Rotary or other service organizations involved in helping with updating and distributing resource guides.
- Suggestion to post flyers with information about services at senior complexes and hospitals.
- The Henderson senior center has a coupon convenience store. Senior volunteers clip coupons, purchase the discounted items and “sell” them in their convenience store for a donation of the discounted rate paid for the item.
- Suggestion to explore contracting with taxi companies to provide transportation. A participant in Henderson noted that in Minnesota they found this to be more economical.

- A couple of sites have agreements with their local jails to prepare a brown-bag lunch for their prisoners. The jail pays the senior center for the meals, which generates revenue for the site.
- Using volunteer fire departments for handy man services.
- Suggestion to do a “did you know” segment during congregate meals to talk about the different services available.
- Suggestion for seniors to keep a journal for medical appointments and take it with them to every appointment.
- Suggestion for scholarship fund to get Drs, RNs, PAs to stay in Nevada and serve in outlying areas.
- Suggestion for nutrition classes at senior centers with recipes.