

AoA-MOWAA National Resource Center on Nutrition and Aging

October 30, 2012

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Meals On Wheels Association of America

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Appendix A:

Steering Committee Members (Updated)

STEERING COMMITTEE

NATIONAL RESOURCE CENTER ON NUTRITION AND AGING

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Appendix B:

Perspectives Challenge and Informational Webinar
Boilerplate Text

Webinar: National Resource Center on Nutrition and Aging's *Perspectives Challenge*

The National Resource Center on Nutrition and Aging will host an optional, informational webinar on Thursday, May 3, for those interested in participating in our *Perspectives Challenge*.

The *Perspectives Challenge* is an opportunity to share your future-focused ideas and approaches for meeting the nutrition needs of our nation's aging population. Selected participants will be invited to present their Perspective – either in person (certain travel expenses provided) or virtually – at *Perspectives on Nutrition and Aging: A National Summit*, on August 23, 2012, near Washington, DC. We invite you to think BIG and differently, and to share your Perspective. Visit the [Perspectives Challenge website](#) to learn more.

The *Perspectives Challenge* is open to the public, and anyone is welcome to register for this half-hour webinar. The webinar will provide background information about the Challenge and answer audience questions about the guidelines and submission process.

Webinar: The National Resource Center on Nutrition and Aging's *Perspectives Challenge*

Date: May 3, 2012

Time: 3:30 p.m. to 4:00 p.m. Eastern / 2:30 p.m. Central / 12:30 p.m. Pacific

[Click here to register for this webinar.](#)

The AoA-MOWAA National Resource Center on Nutrition and Aging's Perspectives Challenge

In conjunction with the Annual Conference, the AoA-MOWAA National Resource Center on



Nutrition and Aging will host *Perspectives on Nutrition and Aging: A National Summit*. This event will take place on the second day of conference and will provide a national platform for future-focused discussions surrounding the critical link between nutrition and health, in the context of a rapidly aging nation..

In our role as the National Resource Center, we issued the “Perspectives Challenge” designed to help gather and give visibility to innovative ideas. We are asking anyone with an interest in aging and nutrition to share a current practice or new idea that has the power to transform the future of nutrition and aging in America. We are currently seeking submissions for this Challenge in the form of a seven-minutes-or-less (written or video) presentation and we are interested in hearing from you!

Participate in the National Resource Center’s *Perspectives Challenge* and you could be selected to share your ideas at *Perspectives on Nutrition and Aging: A National Summit*, on August 23, 2012. Those selected to present their Perspective will receive reimbursement for round-trip airfare (or mileage) and a one-night stay at the Gaylord National Harbor Hotel. Learn more about the *Perspectives Challenge* [here](#).

Appendix C:

Agenda for Steering Committee Meeting – June 6, 2012



CONFERENCE CALL AGENDA

Wednesday, June 6

1:30 – 2:15 p.m.

Call-In Information

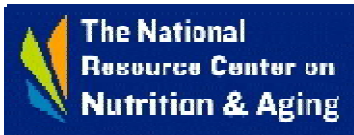
Telephone Number: 866.410.2477

Passcode: 2590416434#

- I. **Welcome and Roll Call, 1:30 – 1:35 p.m.**
 - Carol O'Shaughnessy, Steering Committee Chair
- II. ***The Perspectives Challenge*, 1:35 – 1:50 p.m.**
 - Overview of submissions
 - How to guide to reviewing and evaluating submissions
 - Q&A
- III. **Perspectives on Nutrition & Aging: A National Summit, 1:50 – 2:10 p.m.**
 - Update of Summit Agenda
 - Overview of the Plenary Panels
 - Framing the Q&A sessions at the Summit
 - Open Discussion
- IV. **Final Q&A, 2:10 – 2:15 p.m.**

Appendix D:

Steering Committee Review Guidelines for Perspectives Challenge Submissions



Perspectives Challenge

Reviewers' Guide

Thank you so much for investing your time and effort in reviewing the submissions for the Perspectives Challenge. This Guide contains everything you will need to know to complete the review process.

Deadline Reminder: All Review must be completed by Monday, June 18 at 6:00 p.m.

Questions? If you have any technical questions about the review process, please contact Suzanne Grubb at Suzanne@mowaa.org or 703-548-5558.

Part 1: Background

The Perspectives Challenge is a strategy to seek out and give visibility to future-focused ideas and approaches to serving the nutrition needs of our nation's aging population.

We asked individuals to submit best practices – transformational initiatives which have helped their community or organization be future-ready – and best possibilities – untested ideas for building a better future. Individuals had the option of describing their idea or initiative in video or written form. You can read the full instructions and guidelines given to the participants here: <http://summit.nutritionandaging.org/challenge>

As a Steering Committee Member, you will be evaluating each submission and providing your feedback as to which Perspectives should be presented at our National Summit, and which should be included in the published Summit Proceedings.

The individuals who submitted highest-rated Perspectives will be invited to present their practice/possibility during the Summit. NRC Staff will work with the individual to ensure a quality live or virtual presentation. There are approximately 7 slots available for live presentation at the Summit; however, the exact number selected will depend entirely on the length of the submissions.

Part 2: Review Criteria

As a Steering Committee Member, we are asking for your feedback to help identify those Perspectives which best fit the goals of the Challenge, and which will help support future-focused thinking and dialogue at the National Summit.

Please remember that the “best” perspectives should provide a description of the “Why/How/What/Who,” so that audience members with diverse backgrounds can understand the full picture and scope of the idea or practice.

You will be “grading” each submission according to four criteria (as published on the Perspectives website):

- **Impact**
 - *Best Practices*: Has the initiative had a demonstrable effect on a community or population?
 - *Best Possibilities*: Does the idea demonstrate potential for transformative change?
- **Innovation**
 - Does the practice/possibility the practice/possibility help anticipate and prepare for future change, taking advantage of trends or technologies?
- **Sustainability**
 - Is this a long-term solution? Does the Perspective address long-term needs and trends?
- **Presentation**
 - Is the Perspective compelling/interesting, informative/sufficiently detailed, and suitable for live Presentation?

Additionally, you will be asked to provide an overall recommendation and any additional comments you might have.

Additional Considerations

Please bear in mind that the Perspectives Challenge was presented to the general public to encourage new ideas from as broad an audience as possible.

We specifically informed those sharing a Perspective that they would NOT be evaluated on their technological capabilities (e.g., video quality or text formatting) or their title/affiliation.

Part 3: How To Use the Review System

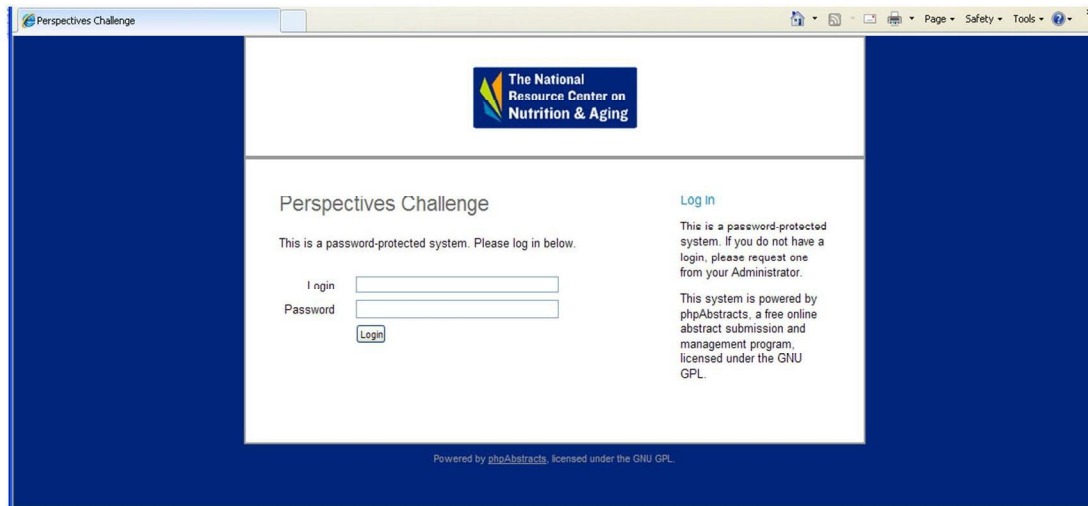
All review of the Perspectives should be done through our online system.

Step 1. Logging In

To enter the online system, please visit: <http://summit.nutritionandaging.org/review>

Your Login is your last name

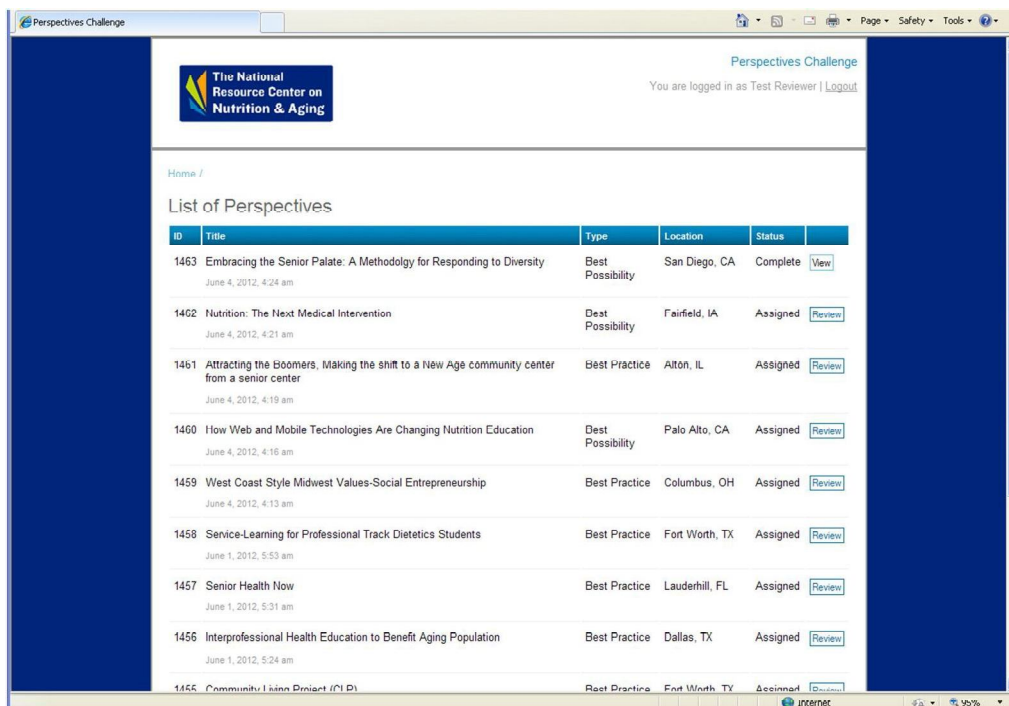
Your Password is: perspective1 (all lowercase)



The screenshot shows the login page for the Perspectives Challenge. At the top is the logo for The National Resource Center on Nutrition & Aging. Below the logo, the text "Perspectives Challenge" is displayed. A message states: "This is a password-protected system. Please log in below." There are two input fields: "Login" and "Password", with a "Login" button below them. To the right, a "Log in" link is visible. Below the login fields, a message states: "This is a password-protected system. If you do not have a login, please request one from your Administrator." Further down, it says: "This system is powered by phpAbstracts, a free online abstract submission and management program, licensed under the GNU GPL." At the bottom, it says: "Powered by phpAbstracts, licensed under the GNU GPL."

Step 2. Managing the List of Perspectives

Once you have successfully logged in, you will see a List of all the Perspectives which have been submitted.



The screenshot shows the dashboard after logging in. At the top, it says "Perspectives Challenge" and "You are logged in as Test Reviewer | Logout". Below this is the "List of Perspectives" section. It contains a table with columns: ID, Title, Type, Location, Status, and a "View" button. The table lists several perspectives, including "Embracing the Senior Palate: A Methodology for Responding to Diversity", "Nutrition: The Next Medical Intervention", "Attracting the Boomers, Making the shift to a New Age community center from a senior center", "How Web and Mobile Technologies Are Changing Nutrition Education", "West Coast Style Midwest Values-Social Entrepreneurship", "Service-Learning for Professional Track Dietetics Students", "Senior Health Now", "Interprofessional Health Education to Benefit Aging Population", and "Community Living Smart (CLS)".

ID	Title	Type	Location	Status	View
1463	Embracing the Senior Palate: A Methodology for Responding to Diversity June 4, 2012, 4:24 am	Best Possibility	San Diego, CA	Complete	View
1462	Nutrition: The Next Medical Intervention June 4, 2012, 4:21 am	Best Possibility	Fairfield, IA	Assigned	Review
1461	Attracting the Boomers, Making the shift to a New Age community center from a senior center June 4, 2012, 4:19 am	Best Practice	Alton, IL	Assigned	Review
1460	How Web and Mobile Technologies Are Changing Nutrition Education June 4, 2012, 4:16 am	Best Possibility	Palo Alto, CA	Assigned	Review
1459	West Coast Style Midwest Values-Social Entrepreneurship June 4, 2012, 4:13 am	Best Practice	Columbus, OH	Assigned	Review
1458	Service-Learning for Professional Track Dietetics Students June 1, 2012, 5:53 am	Best Practice	Fort Worth, TX	Assigned	Review
1457	Senior Health Now June 1, 2012, 5:31 am	Best Practice	Lauderhill, FL	Assigned	Review
1456	Interprofessional Health Education to Benefit Aging Population June 1, 2012, 5:24 am	Best Practice	Dallas, TX	Assigned	Review
1455	Community Living Smart (CLS)	Best Practice	Fort Worth, TX	Assigned	Review

You'll be able to sort the Perspectives by clicking on any of the Column Headings.

The "Status" Column shows whether or not you have reviewed an item:

- **"Assigned"** – means that an item is waiting for your review.
- **"Completed"** – means that you have finished your review of the item.

[Home /](#)

List of Perspectives

ID	Title	Type	Location	Status	
1463	Embracing the Senior Palate: A Methodolgy for Responding to Diversity	Best Possibility	San Diego, CA	Complete	View
1428	The Free Farm in San Francisco California - an intergenerational gift	Best Practice	San Francisco, CA	Assigned	Review
1454	Care Transitions Initiative/Healthy at Home (CTI/HAH)	Best Practice	Fort Worth, TX	Assigned	Review
1455	Community Living Project (CLP)	Best Practice	Fort Worth, TX	Assigned	Review
1456	Interprofessional Health Education to Benefit Aging Population	Best Practice	Dallas, TX	Assigned	Review

Step 3. Reading a Perspective

When you are ready to begin, click the "Review" button next to the Perspective you would like to read or view.

[Home /](#)

List of Perspectives

ID	Title	Type	Location	Status	
1462	Nutrition: The Next Medical Intervention	Best Possibility	Fairfield, IA	Assigned	Review
1461	Attracting the Boomers, Making the shift to a New Age community center from a senior center	Best Practice	Alton, IL	Assigned	Review
1460	How Web and Mobile Technologies Are Changing Nutrition Education	Best Possibility	Palo Alto, CA	Assigned	Review
1459	West Coast Style Midwest Values-Social Entrepreneurship	Best Practice	Columbus, OH	Assigned	Review
1458	Service-Learning for Professional Track Dietetics Students	Best Practice	Fort Worth, TX	Assigned	Review

On the "Review" Page, you will be able to see the full submission, including the Title, a Brief Description of the project/idea, and a video, text, or a link to download a document, depending on the format of the submission.

[Home](#) / [New Perspective 1456](#)

Interprofessional Health Education to Benefit Aging Population


[Author Information »](#)

Title: Interprofessional Health Education to Benefit Aging Population

Brief Description:
The University of Texas Southwestern School of Health Professions has implemented a "Best Practice" to train effective healthcare teams to collaborate and care for older adults with chronic conditions. Student evaluations showed positive outcomes for understanding and awareness of communication and teamwork skills to address the complex conditions of aging.

Option 1: Video

Interprofessional Health Education to



Option 2: Text
n/a

Option 3: File Upload
n/a

Submit Review

Impact:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Innovation:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Sustainability:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Presentation:
☐ Excellent
☐ Good
☐ Average
☐ Poor

What is your overall recommendation for this perspective?
☐ Live Presentation
☐ Include in Proceedings Only
☐ Reject this Submission

Comments:

Please note that once a review is submitted, it CANNOT be modified.

Submit

If an individual uploaded a Word, PDF, or PowerPoint file for their Perspective submission, you will see a "Click Here" link that will allow you to download, open, and review the document.

[Home / View Perspective 1457](#)

Senior Health Now

[Author Information »](#)

Title: Senior Health Now

Brief Description:
A community based partnership to provide seniors with science based nutrition and medication support and education to promote healthy behavior and successful aging. This project includes a cooking demonstration.

Option 1: Video
n/a

Option 2: Text
n/a

Option 3: File Upload
[Click here to download the file \(PowerPoint / PPTX\)](#)

Submit Review


Impact:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Innovation:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Sustainability:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Presentation:
☐ Excellent
☐ Good
☐ Average
☐ Poor

You will notice that the Author of the Perspective is hidden by default. If you would like to view this information, simply click the "Author Information" link near the top of the page.

 [Perspectives Challenge](#)
You are logged in as Test Reviewer | [Logout](#)

[Home / View Perspective 1458](#)

Interprofessional Health Education to Benefit Aging Population

[Author Information »](#)

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Role/Title: Assistant Professor
Phone Number: 214-648-1524
City, State: Dallas, TX

[Close](#)

Title: Interprofessional Health Education to Benefit Aging Population

Brief Description:
The University of Texas Southwestern School of Health Professions has implemented a "Best Practice" to train effective healthcare teams to collaborate and care for older adults with chronic conditions. Student evaluations showed positive outcomes for understanding and awareness of communication and teamwork skills to address the complex conditions of aging.

Option 1: Video
Interprofessional Health Education to

Submit Review

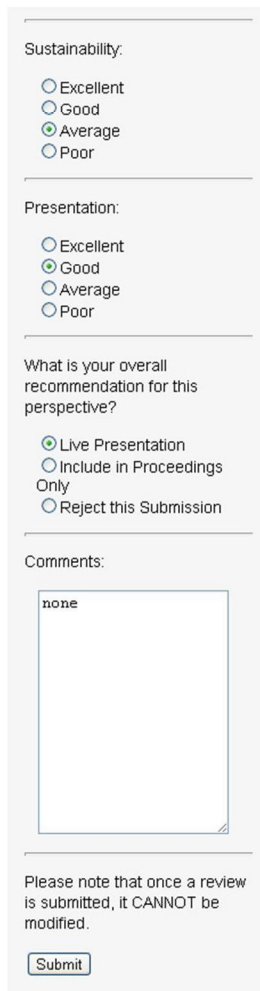
Impact:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Innovation:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Sustainability:
☐ Excellent
☐ Good
☐ Average
☐ Poor

Presentation:
☐ Excellent
☐ Good
☐ Average

Step 4. Completing Your Review



The screenshot shows a review form with the following sections:

- Sustainability:** Radio buttons for Excellent, Good, Average (selected), and Poor.
- Presentation:** Radio buttons for Excellent, Good (selected), Average, and Poor.
- What is your overall recommendation for this perspective?** Radio buttons for Live Presentation (selected), Include in Proceedings Only, and Reject this Submission.
- Comments:** A text area containing the word "none".
- Submit:** A button at the bottom.

Below the form, a note states: "Please note that once a review is submitted, it CANNOT be modified."

When you are ready to submit your review of a Perspective, simply complete the form on the left-hand side.

Rate the Perspective in each of the four categories, provide an overall recommendation, and enter any comments.

Please note that you will be required to enter information in every single field, including the comments, in order to submit your review.

When you are finished, press the "Submit" button to formally log your review of the perspective.

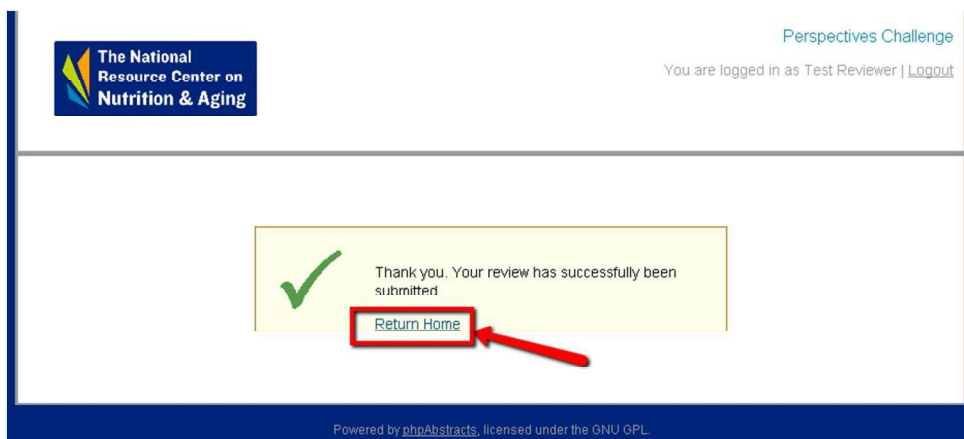
IMPORTANT 1:

Please note that all reviews are final once you press the "Submit" button. You will not be able to go back and edit your review at a later time.

IMPORTANT 2:

The review process will be completely transparent: You will be able to see the submitted reviews of all other Steering Committee Members on the Perspective page.


After Submitting, you will be taken to a "Thank You" page. Click the "Return Home" link to go back to the full list of Submissions.



Step 5. Looking at Past Reviews

From the List Page you can access and view (but not edit) any review you have completed by clicking the “View” button next to a Perspective.

You will be able to see your reviews – and the completed reviews of any other Steering Committee Members – in the right-hand column.



Perspectives Challenge

You are logged in as Test Reviewer | [Logout](#)

[Home / View Perspective 1463](#)

Embracing the Senior Palate: A Methodolgy for Responding to Diversity

[Author Information »](#)

Title: Embracing the Senior Palate: A Methodolgy for Responding to Diversity

Brief Description:
Meals-on-Wheels Greater San Diego has created a methodology for developing new meals and menus more quickly and effectively in the face of a rapidly growing and increasingly diverse senior population. As nutrition needs change based on health requirements and/or tastes, this methodology will help senior nutrition providers respond more rapidly...so no senior goes hungry.

Option 1: Video
n/a

Option 2: Text
n/a

Option 3: File Upload
[Click here to download the file \(word / DOCX\)](#)

Submit Review

You have already completed this review

Reviews

Overall Score: **3.0 / 3**

Average Score: **3.0 / 3**
Impact: Excellent (3/3)
Innovation: Excellent (3/3)
Sustainability: Excellent (3/3)
Presentation: Excellent (3/3)

Recommend: Publish in Proceedings

Comments:

Reviewer: Test Reviewer

Powered by [phpAbstracts](#), licensed under the GNU GPL.

Appendix E:

Perspectives on Nutrition and Aging: A National Summit
Boilerplate Text

Register for Perspectives on Nutrition and Aging: A National Summit

On behalf of the AoA-MOWAA (Administration on Aging-Meals On Wheels Association of America) National Resource Center on Nutrition and Aging, we invite you to celebrate, imagine and build the future of senior nutrition in America at ***Perspectives on Nutrition and Aging: A National Summit, to be held near Washington, DC, on August 23, 2012, at the Gaylord National Harbor Hotel.***

The officially sanctioned celebration of the 40th Anniversary of the Older Americans Act Nutrition Program, this Summit is a unique opportunity to explore the challenges and opportunities of the next 40 years and to prepare for the far-reaching health, economic and social consequences that will determine the future of senior nutrition services.

The registration fee for the Summit is \$50, which includes all materials, a luncheon with keynote speaker Dr. David L. Katz, and admission to all Summit sessions. Building the future will involve collaboration, innovation and courage from all of us. We hope you will join us at *Perspectives on Nutrition and Aging: A National Summit*.

You can register for the Summit online at <http://summit.nutritionandaging.org> and learn more about the event. If you have any questions, please do not hesitate to contact Erika Kelly or Suzanne Grubb at resourcecenter@mowaa.org or 703-548-5558.



Perspectives on Nutrition and Aging: A National Summit – Virtual Registration is Now Open

The AoA-MOWAA (Administration on Aging-Meals On Wheels Association of America) National Resource Center on Nutrition and Aging is thrilled to announce that nearly 500 people have already registered to come to Washington, DC, to celebrate, imagine and build the future of senior nutrition with us at [Perspectives on Nutrition and Aging: A National Summit](#) on August 23, 2012.

We are pleased to announce that we will be livestreaming the Summit for all of those who would like to take part in this groundbreaking event, but who are unable to attend in person. Anyone with a computer and an Internet connection can register to be a Virtual Attendee at this event.

A \$20 **Virtual Registration** will grant you access to:

- A real-time online broadcast of all Summit sessions, from 9:00 a.m. to 4:00 p.m.
- Submit questions and comments for the Panelists.
- Download all materials and reports.

Additionally, **there are still spaces available to attend the event in person at the Gaylord National Harbor Hotel.** The registration fee for the full Summit is \$50, including all materials, a luncheon with keynote speaker Dr. David L. Katz, and admission to all Summit sessions.

Perspectives on Nutrition and Aging: A National Summit, celebrating the 40th Anniversary of Nutrition Programs under the Older Americans Act, will bring together a broad array of individuals and organizations from across the country for a day of future-focused dialogue around the critical link between nutrition and health in the context of a rapidly aging nation.

For more information and to register for Virtual or in-person attendance, visit <http://summit.nutritionandaging.org>. If you have any questions, please do not hesitate to contact Erika Kelly or Suzanne Grubb at resourcecenter@mowaa.org or 703-548-5558.

Building the future will involve collaboration, innovation and courage from all of us. We hope you will join us.

Appendix F:

Expert Advisory Council Members

Expert Advisory Council

National Resource Center on Nutrition and Aging

Connie W. Bales, PhD, RD

Professor of Medicine
Division of Geriatrics, Department of Medicine
Duke School of Medicine
Senior Fellow, Center for the Study of Aging and
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Communication
University of Georgia
Atlanta, GA

William Hallman, PhD

Director of the Food Policy Institute
Professor, Department of Human Ecology
Rutgers University
New Brunswick, NJ

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Chief Nutritionist and Wellness Program
Coordinator DHS
Division of Aging Services Livable Communities
Section
Atlanta, GA

Beth Landon, RD, LD

Vice President, Community Services
CareLink
North Little Rock, AR

Sherry Marishak-Simon, RD, LD

Director of Nutrition Services
Meals On Wheels, Inc. of Tarrant County
Fort Worth, TX

Audrey C. McCool, EdD, RD, LD

Professor Emeritus
University of Nevada Las Vegas
MOWAA Consultant
Food and Nutrition Education and Research
Consultant
Lubbock, TX

Valentina M. Remig, PhD, RD, FADA

Consultant, Author
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Manhattan, KS

Carlene Russell, RD, CGS, LD, FADA

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Nadine Sahyoun, PhD, RD

Associate Professor
University of Maryland
Department of Nutrition and Food Science
College Park, MD

Nancy Schmid, MA, RD, CDN

Executive Board, MOWAA
Director, Nutrition Services
Onondaga County Department of Aging & Youth
Syracuse, NY

Dian O. Weddle, PhD, RD, FADA

Associate Professor Emeritus, Dietetics and
Nutrition
Florida International University
Food and Nutrition Education and Research
Consultant
Chicago, IL

James P. Ziliak, PhD

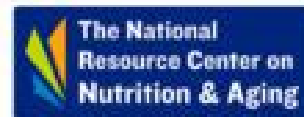
Gatton Endowed Chair in Microeconomics
Director of the Center for Poverty Research
University of Kentucky
Lexington, KY

Appendix G:

Perspectives Challenge Webinar Slides

Webinar Tips

- To hear the presenters, you will need to phone in (toll free): Dial 1-866-439-4480; PIN Code 87506473#
- Your phone will muted once we start the webinar so we don't hear background noise from your office.
- Got questions? Type your questions or comments into the "Q&A" box. (Don't see it? Click the "Q&A" button in the upper right corner)

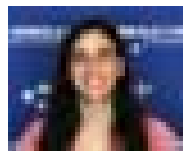


The Perspectives Challenge

The webinar will begin at 3:30 p.m. EST.



Erika Kelly



Suzanne Grubb

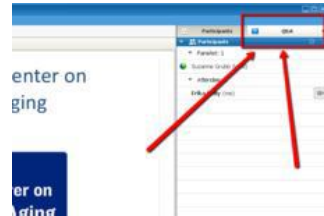
The National Resource Center on Nutrition and Aging is a cooperative project of the Meals On Wheels Association of America and the Administration on Aging. It is supported by Grant Number 90NU0001/01 from the Administration on Aging, financed with 74% Federal funds and 26% non-governmental funds.

Questions? Use the “Q&A” Box

Step 1.

Click the “Q&A” button in the upper right corner.

(A Q&A Box will appear on the right-hand side of your screen.)



Step 2.

Type your Question into the text box, then press “Send.”



Agenda

- The AoA-MOWAA National Resource Center on Nutrition and Aging
- *Perspectives on Nutrition and Aging: A National Summit*
- The *Perspectives Challenge* – Overview
- Submission Guidelines & Process
- Questions (and Answers!)

National Resource Center on Nutrition and Aging



<http://nutritionandaging.org>

Perspectives on Nutrition and Aging: A National Summit

When: August 23, 2012 - 9:00 a.m. to 4:00 p.m.

Where: Gaylord National Harbor Hotel
(near Washington, D.C.)

<http://summit.nutritionandaging.org>



A 40th Anniversary Celebration
and future-focused dialogue.

The Perspectives Challenge

The Perspectives Challenge is about...

- Finding new opportunities, ideas and practices in nutrition and aging.
- Seeking solutions for the challenges of today and the future.
- Giving people a chance to share these ideas at a national forum.

The Perspectives Challenge

Why Participate?

- Help us find solutions across industries, sectors and geographic boundaries.
- You could have the chance to present your “Best Practice” or “Best Possibility” at the National Summit in August (and get a free registration, round-trip tickets to DC and a one-night hotel stay*)

*See Challenge website for complete details of covered travel expenses.

The Perspectives Challenge

What are our challenges as a nation? As a network? What must we be prepared to do?

- Promote Proper Nutrition
- Adapt to Changing Demographics & Diversity
- Manage Health Consequences
- Increase Access & Overcome Barriers
- ...Additional Challenges?

The Perspectives Challenge

So...are you up to the challenge?

We want to hear your Perspective.

We want learn about your Challenges.

We want to share your Solutions for the future.

The Perspectives Challenge

How it works.

1. Find a *Best Practice* or *Best Possibility*.
2. Turn it into a 7-minute (or less) presentation.
3. Write it or Record it.
4. Submit it.
5. Spread the word.

The Perspectives Challenge

Step 1. Find a Best Practice or Best Possibility.

Best Practice

An project in your community or organization that's had an impact.

Best Possibility

An idea for the future.

The Perspectives Challenge

Step 2. Create a 7-minute (or less) presentation.

Tip 1: Make sure you cover who, what, when, where, why – and how.

Tip 2: Be ready for a diverse audience: avoid jargon and explain acronyms.

Tip 3: Make it compelling. Make your case.

The Perspectives Challenge

Step 3. Write it ...

Written Presentations

- Should take less than 7 minutes to read.
(e.g., 6 pages or less double-spaced)
- Should include your Name (& Organization).
- Can be Word, PDF or any other text.
- Please proofread & check for errors!

The Perspectives Challenge

Step 3. ... or Record it.

Video Presentations

- Should be less than 7 minutes in length
- Should include your Name (& Organization) .
- Should be uploaded to YouTube.
- Production quality doesn't count – *but we have to be able to understand what's said.*

The Perspectives Challenge

Step 4. Submit It.

Use our online form:

<http://summit.nutritionandaging.org/submit>

You'll receive an automatic email confirming your submission.

Deadline: May 31, 2012, 5:00 p.m. EDT

The Perspectives Challenge

Step 5. Spread the Word

The more ideas we share, the better we are able to turn these Challenges into Opportunities.

Encourage others to share their Perspectives!

Deadline: May 31, 2012, 5:00 p.m. EDT

The Perspectives Challenge

What Happens Next?

- Our Steering Committee Reviews the Submissions
- Your Perspective is evaluated based on: Impact, Innovation, Sustainability and Presentation.
- Those selected to present at the National Summit, and/or to be published in the Summit Proceedings will be notified by July 1, 2012.

The Perspectives Challenge

Steering Committee Chair

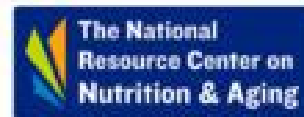
- **National Health Policy Forum, GWU** - Carol O'Shaughnessy, Principal Policy Analyst

Steering Committee Members

- **AARP** - Larry White, Senior Legislative Representative, AARP - GA - Health & Family
- **Asociación Nacional Pro Personas Mayores** - Dr. Carmela G. Lacayo, President and CEO
- **Academy of Nutrition and Dietetics** - Mary Pat Raimondi, VP Strategic Policy and Partnerships
- **National Asian Pacific Center on Aging** - Scott Allen Peck, Director of Policy
- **National Association of Area Agencies on Aging** - Sandy Markwood, Chief Executive Officer
- **National Association of Nutrition and Aging Services Programs** - Robert Blancato, Executive Director
- **National Association of States United for Aging and Disabilities** - Martha Roherty, Executive Director
- **National Caucus and Center on Black Aged** - Karyne Jones, President and CEO
- **National Council on Aging** - Kelly D. Horton, Policy Director, Center for Healthy Aging
- **Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders** - Catherine Thurston, Senior Director for Programs

Ex Officio Members

- **Meals On Wheels Association of America** - Margaret Ingraham, Executive Vice President



Questions?

Contact: Suzanne Grubb or Erika Kelly
Phone: 703-548-5558 (MOWAA)

resourcecenter@mowaa.org
<http://summit.nutritionandaging.org>

Appendix H:

Perspectives Challenge Submissions Overview and Reviewer Comments

COMMITTEE RECOMENDATION	TITLE OF PERSPECTIVE	DESCRIPTION OF BEST PRACTICE OR POSSIBILITY	ORGANIZATION TYPE, NAME, LOCATION	AVERAGE SCORE	REVIEWS (# Present, # Publish, # Reject)
PRESENT Best Possibility	Uniting the Continuum of Care	Essentially, all of these challenges are related and solutions are already out there if we unite the continuum of care. From medical homes to PACE programs, home health and long-term care, geriatric care managers and patient advocates - united together - all can contribute to the solution once aware and educated about the issues.	Other Fast Forward Consulting Anthony Cirillo Huntersville, NC	3.03	3, 0, 1 Comments: The concepts of Medical Homes and Advocates in Medicaid Reform will have huge impact on health (including nutritional health) and will be extremely educative for conference participants. I love this concept of integrates many of the levers of and possibility of ACA esp medical homes. I also like the originality of the song. it is inspiring and I bet the conference audience would like it too. Presentation helps audience follow the links in the strategies for improving and maintainign health and nutritional care. Implementation and resources are real challenges, but concept holds great promise. Interesting video, but contains a number of suggestions that are not thematic in nature. In the end, it is a bit unfocused.
PRESENT Best Practice	Increasing Access to Nutritious, Local Food for Senior Citizens	We are highlighting FarmersWeb (www.farmersweb.com), an online marketplace designed to connect wholesale buyers with local farms. In this case, we propose that senior citizen organizations, like Meals on Wheels, could use FarmersWeb to procure local ingredients and products for their meals. This leads to numerous other 'best possibilities,' one of which we highlight in our Perspective.	For-Profit FarmersWeb Jennifer Goggin New York, NY	2.65	4, 0, 0 Comments: Thought this was fascinating, with a clear concept and design. As a NY State reviewer, I plan on reaching out to them myself! Clear concept, problem definition and solution approach with emphasis on needs based information access that addresses nutrition goals. Solid program built along the lines of Senior Farmers Market program--win win for seniors and small farmers. Only caveat is commercial nature of farmers web and making sure it is not promoting group purchasing. If so then not live.
PRESENT Best Possibility	Finding Funding for Congregate Nutrition Programs	Congregate nutrition programs have been challenged with limited funding for several years. At the same time there has been an increasing demand for locally grown food. The opportunity exists for collaboration of local farmers and congregate nutrition program kitchens to generate funds for the nutrition program.	SUA Iowa Department on Aging Carlene Russell Des Moines, IA	2.53	4, 0, 0 Comments: Great model. Well known author in field of nutrition. Addresses congregate issues which need a live focus at summit Excellent model and design, very interesting and relevant. Clear concept, problem definition and solution approach with emphasis on solution based information and provider access that addresses nutrition goals.

PRESENT Best Practice	West Coast Style Midwest Values- Social Entrepreneurship	Perspective choosing your own challenge: Over the past several years, there has been an increased demand for services, and a decrease in traditional funding sources. LifeCare Alliance has taken a proactive role to ensure our client's needs are met.	Provider LifeCare Alliance Andrea Albanese Denning Columbus, OH	2.48	3, 2, 0 Comments: Excellent materials to help non-profits imagine adding revenue-generating programming to their portfolio of work. Speaks to sustainability, and would be universally understood. Sustainability in the face of shrinking federal, foundation, and state funds is of high concern to all providers. Would be a useful presentation. Concise, targeted, and community centered approach packages traditional services into an a-la-carte service center to address multiple needs. Again almost recommended for live presentation because of reliance on social entrepreneurship to increase revenues.
PRESENT Best Possibility	How Web and Mobile Technologies Are Changing Nutrition Education	Web and mobile nutrition education technologies are powerful tools in helping people of all ages make dietary change. More and more seniors are adopting both the internet and smartphones. Here is why you should consider adopting nutrition education technologies into already existing programs for seniors.	For-Profit ShopWell Marci Harnischfeger MS RD Palo Alto, CA	2.36	3, 2, 0 Comments: The use of such technology is innovative, sustainable and under-utilized in the current landscape. This would be an extremely educative workshop for attendees. I am not sure we should promote one company's product at the summit. Innovative concept using smart phone apps that has promise for a segment of seniors. Managing costs needs to be addressed. Presents important link and potential for better linkage of nutrition education and technology. Not clear about shopwell as a private entity and the summit. Need clarification on role of private companies in summit
PRESENT Best Practice	Care Transitions Initiative/Healthy at Home (CTI/HAH)	The Care Transitions (CTI)/Healthy at Home (HAH) program is a home-based program designed to keep people home and prevent readmission to the hospital. Nutrition education has been added as a much needed component of keeping people healthy at home especially as they struggle with chronic disease, many of which are nutrition-related.	AAA and Provider Meals On Wheels, Inc. of Tarrant County Samantha Powell, Fort Worth, TX	2.15	3, 1, 0 Useful information Well presented although similar to others from TX, but addresses multiple client conditions with emphasis on service adaptability. A results oriented program with strong nutrition part Should verify that the 93% success rate all due to dietitian at home.

PRESENT Best Practice	Interprofessional Health Education to Benefit Aging Population	The University of Texas Southwestern School of Health Professions has implemented a "Best Practice" to train effective healthcare teams to collaborate and care for older adults with chronic conditions. Student evaluations showed positive outcomes for understanding and awareness of communication and teamwork skills to address the complex conditions of aging.	Academia Univ. Texas Southwestern School of Health Professions Bernadette Latson Dallas, TX	2.08	4, 0, 1 Comments: Useful for health educators and health professionals as an innovative methodology. Concise presentation of problem, strategy, elements of coordination, client awareness and role of nutrition. Great presentation. Very appropriate/timely topic. Important focus on creating a cross-discipline workforce.
PRESENT Best Possibility	The Best Possibilities for Seniors Are Choices	Implementing a voucher program in schools.	AAA Johnson County Area Agency on Aging Nancy Tanquary Olathe, KS	1.98	2, 2, 0 Comments: Voucher programs have not really been presented yet as innovative practice, and they should be. I think this will be quite relevant. Clear concept, problem definition and solution approach with emphasis on needs based information access that addresses nutrition goals. Would recommend moving to live presentation if they can show more on the results side. Voucher programs not addressed in other proposals
PRESENT Best Practice	Race, Class, and Frozen Chicken: Perspectives from Philadelphia on Tackling Senior Hunger Citywide	What is our perspective from Philadelphia? That our challenge – our city's diversity - and our best practice – convening diverse stakeholders for real, honest conversations - are one and the same.	Government Mayor's Office Margaret Ernst Philadelphia, PA	1.56	1, 3, 1 Comments: I liked the spirit and tone of the document, but think the subsequent report that is referred to could be a useful document to include, but does not warrant a live presentation. (Standard approach to problem resolution but lacking in concise identification of problems, opportunities, delivery and end game. Very much on the ground operation. Think focus on hunger resource guide and partnering with volunteer networks especially good The presentation was straightforward but a bit dull. Overall, the ideas within it were average to good. Definitely sustainable.

Recommended for Publishing in the Proceedings Only

RECOMENDATION	Title	Description	Organization	Average Score ▲
Publish	Aging in Place: An Expectation and a Technology Market	Technology to help age in place is at its most available and lowest cost to date. Technology promises to help tighten and grow care provider relationships, improving the ability to age more successfully, remain at home longer and more safely, and better weather change over time.	Other Aging in Place Technology Watch Laurie Orlov Fort Pierce, FL	2.25
Publish	Healthy at Home in Tarrant County	The Area Agency on Aging of Tarrant County wishes to train and deploy Community Health Navigators to assist the most vulnerable persons in our community to avoid or decrease hospitalizations. These Community Health Navigators will assess where the these persons are with their self management of their disease process and work to help these persons improve their care and self management of their disease process.	AAA Area Agency on Aging-Tarrant County/United Way of Tarrant County Donald R. Smith Fort Worth, TX	2.20
Publish	Community Living Project (CLP)	The Community Living Project is a United Way/Area Agency on Agency sponsored program designed specifically for people struggling with Alzheimer's disease and their caregivers. The ultimate goal is to keep them out of the hospital and nursing home and at home where they want to be. The nutrition component is a crucial piece to this program.	Provider Meals On Wheels, Inc. of Tarrant County Samantha Powell, MS, RD, LD Fort Worth, TX	2.28
Publish	Senior Health Now	A community based partnership to provide seniors with science based nutrition and medication support and education to promote healthy behavior and successful aging. This project includes a cooking demonstration.	Provider Broward Meals on Wheels Ann Chickowski Lauderhill, FL	2.13

Publish	The Free Farm in San Francisco California - an intergenerational gift	The Free Farm is an all-volunteer organic farm that gives away all of the produce that it grows. The Farm works with senior centers and senior housing in its neighborhood, creating a beautiful and thriving intergenerational gardening community.	Nonprofit The Free Farm Margaret Dyer-Chamberlain San Francisco, CA	2.36
Publish	One Focus. Many Possibilities.	Shelf life extension of fresh meals can be the one factor that solves so many challenges that are inhibiting us today, allowing us to meet the nutritional needs of all of our nation's seniors.	For-Profit Cougar Packaging Concepts, Inc. Brooke Shipbaugh West Chicago, IL	2.10
Publish	Utilizing Evidence Based Screening Tools to Indicate Clients in Most Need of Nutrition Services	Meals On Wheels, Inc. of Tarrant County (MOWI) has been utilizing basic evidence based screening tools but has very recently expanded its screening process to include other evidence based screening tool to better assess clients' need and health risks.	Provider Meals On Wheels, Inc. of Tarrant County Sherry Simon, R.D./L.D. Fort Worth, TX	2.02
Publish	Improving services for older individuals with Intellectual and Developmental Disabilities and those experiencing Dementia and Alzheimer's Disease	To address the needs associated with the aging of our service population, the agency's new "Aging Committee" (in 2008) addressed facility needs such as accessibility in the residential homes and day programs, caregiver supports, nutrition and other health related needs. We develop programs and services that could assist our consumers as they aged in the residences and community and facilitated a process to track and enhance services for individuals presenting dementia symptom.	Nonprofit Schenectady ARC Lester Rosenzweig Schenectady, NY	2.00
Publish	One-Time Meal Labeling: a Solution Providing Meal Identification, Food Safety, and Nutritional Information	At Meals On Wheels, Inc. of Tarrant County, we affix a 4" x 6" label onto every one of our meals; this label provides information about proper reheating instructions, the nutrition facts, the daily menu, and the delivery date. As our clientele grows, the demand for information like this is increasing, and the meal label is one way that we can meet that demand.	Provider Meals On Wheels, Inc. of Tarrant County Lilly Frawley, R.D./L.D. Fort Worth, TX	1.98
Publish	Attracting the Boomers, Making the shift to a New Age community center from a senior center	Senior Services Plus is submitting a project under the Adapting to Changing Demographics and Diversity category that outlines a best practice initiative our agency developed and initiated to address changing needs of seniors health.	Provider Senior Services Plus Jonathan Becker Alton, IL	1.95

Publish	Supporting Caregivers and Mature Workers with a New Toolkit on Therapeutic Nutrition for Employers	This Best Possibility perspective addresses the Choose Your Own Challenge and focuses on the growing number of caregivers in the workforce. Specifically, it provides employers with a toolkit to help their employees improve the nutritional care of their loved ones and themselves as mature workers, and thus improve health outcomes for older adults and increase productivity for employees.	For-Profit Abbott Nutrition Products Division of Abbott Mary Beth Arensberg Columbus, OH	1.90
Publish	REBIRTH (Restoring Elder Bio-Medical Independence and Restoring Transformational Health)	REBIRTH is aimed at improving the health and wellness of elderly Franklin County residents, resulting in delaying entry into assisted living facilities and nursing homes.	Provider CAREgiving Institute Michelle DiCillo Mentor, OH	1.90
Publish	Artificial Nutrition and Hydration in Advanced Alzheimer's Disease: Quality in End of Life Care	The single most pressing issue in Alzheimer Disease ethics is the use of artificial nutrition and hydration. For those who have lost the capacity to swallow, artificial feeding via a gastrostomy tube has become a very common approach for sustaining life. This widespread practice of tube feeding needs to be carefully reconsidered, and for the severely demented patient the practice needs to be evaluated on clinical grounds.	Other Elder Life Management Judith S. Parnes LCSW Ocean, NJ	1.85
Publish	Meeting the Needs of Our Diverse Clients: Why Culture Counts in Columbus Ohio.	Many older adults and the chronically ill are at increased nutritional and health risks due to low-income, uninsured/underinsured status, social isolation, multiple medications, food insecurity, and a variety of other factors. Our method of treating clients holistically ensures each client has their nutritional, health care, emotional and psychological needs met.	Provider LifeCare Alliance Andrea Albanese Denning Columbus, OH	1.85
Publish	Healthy Aging and Independent Living Project-Diabetes and Nutrition Screening and Counseling	Meals On Wheels, Inc. of Tarrant County has received funding from the United Way of Tarrant County, which is the designated Area Agency on Aging for Tarrant County, to provide in-home diabetes and nutrition screening and in- depth counseling by Registered/Licensed Dietitians. Follow up of counseling is provided by Nutrition students directed by Registered Dietitians at pre-determined intervals. The goal of this project is to reduce emergency room visits and hospitalizations of the clients/patients the project has served.	Provider Meals On Wheels, Inc. of Tarrant County Lynn Vargas, R.D./L.D. Fort Worth, TX	1.82

Publish	Facilitating Health Behavior Change in Homebound Seniors	Nutrition/Diabetes education is a collaborative process through which people with diabetes, at risk for diabetes, or with other nutrition related chronic disease states gain knowledge and skills to modify behavior and successfully manage disease. Dietitian and volunteer Dietetic students provide counsel and support in facilitating client directed behavior change in the homebound senior population.	Provider Meals On Wheels, Inc. of Tarrant County Kathie Robinson, MS, R.D./L.D., C.D.E. Fort Worth, TX	1.78
Publish	Embracing the Senior Palate: A Methodolgy for Responding to Diversity	Meals-on-Wheels Greater San Diego has created a methodology for developing new meals and menus more quickly and effectively in the face of a rapidly growing and increasingly diverse senior population. As nutrition needs change based on health requirements and/or tastes, this methodology will help senior nutrition providers respond more rapidly...so no senior goes hungry.	Provider Meals-on-Wheels Greater San Diego, Inc. Jane Howell San Diego, CA	1.74
Publish	A Home Delivered Meal Programs Has Been Offering Choice Meals Since 2007	Meals On Wheels, Inc. of Tarrant County (MOWI) has been offering a choice of lunch entrees for five years.	Provider Meals On Wheels, Inc. of Tarrant County Sherry Simon, R.D./L.D. Fort Worth, TX	1.70
Publish	LifeCare Alliance, serving more than just a meal, a CHOICE.	For the Adapting to Changing demographics and diversity perspective: LifeCare Alliance offers seven choices of meals for our Meals-on-Wheels clients and has 20 dining centers to choose from for the more mobile clients. Our mission is, "LifeCare Alliance leads our community in identifying and delivering health and nutrition services to meet the community's changing needs. Diversity and changing demographics is how we nourish the human spirit."	Provider LifeCare Alliance Andrea Albanese Denning Columbus, OH	1.63
Publish	Building Strong Seniors & Powerful Programs!	Our project builds Healthy Living practices and reinforces the principles of linking together good Nutrition and daily Activities that promote positive motion.	Provider Mecosta County Senior Center Shawn Sredersas Mecosta, MI	1.58

Publish	Increasing access to base-line program services for your clients...Merger anyone?	For increasing access and overcoming barriers perspective: Mergers seem to leave a bad taste in most people's mouth; however if an organization wants to offer more programs to their ever growing client list and have help with increased revenue, a smart merger is the best course of action.	Provider LifeCare Alliance Andrea Albanese Denning Columbus, OH	1.48
Publish	Service-Learning for Professional Track Dietetics Students	Utilizing Dietetic students not only enhances their learning but benefits the home-bound elderly population with whom they interact. This allows students to become comfortable with the geriatric population and facilitates their consideration of professional work in this area.	Provider Meals On Wheels Of Tarrant County, Inc. Kathie Robinson, MS, R.D./L.D., C.D.E. Fort Worth, TX	1.45
Publish	Teaching Our Children to Care for Future Generations	Every summer, Meals On Wheels, Inc. of Tarrant County hosts a college-level internship program in order to help train future dietitians. Students get to work with five registered dietitians, and also learn the various issues and consequences facing the senior population and what nutritional interventions we can take.	Provider Meals On Wheels, Inc. of Tarrant County Lilly Frawley, R.D./L.D. Fort Worth, TX	1.40
Publish	Seniors Assisting in Geriatric Education (SAGE)	Seniors serve as "mentors" to medical students to assist them in learning how to serve seniors better.	Provider Meals On Wheels Of Tarrant County, Inc. Lynell Bond Fort Worth, TX	1.28
Publish	Montgomery County's Senior Nutrition Program: The Secret is Out!	Montgomery County's Senior Nutrition Program was referred to as the "best kept secret in the County" by a team of program reviewers. This presentation describes some of the strategies that were used to increase program visibility and increase the number of seniors receiving nutrition services.	Provider Senior Nutrition Program, DHHS, Montgomery Co., MD Melanie R. Polk, MMSc, RD, FADA Rockville, MD	1.25

Publish	Pet Food Program	Homebound seniors need the affection of their furry friends but are sometimes unable to feed them or get them shots, or even have them groomed. Pets have shown to make life changing differences in the lives of people. If we help keep the pet healthy, we are helping keep the client healthy.	Provider Meals On Wheels, Inc. of Tarrant County Joyce Lapinski Fort Worth, TX	1.03
Publish	A Caremanagers Perspective on Nutrition and Aging	I am submitting this for the Perspectives Challenge on Nutrition and Aging. I am combining present day knowledge on nutrition, and talk about strategies that are proven to work, along with other ideas that can improve nutrition and health for the general public.	Other Atlas Care Management and Eldercare Mediation Doris Haas Fort Lauderdale, FL	0.90
Publish	California's Older Adult Participation in SNAP	California has the lowest older adult participation in the SNAP program nationwide. California Department of Aging and other state agencies have worked together to increase the older adult participation in SNAP.	SUA California Department of Aging Barbara Estrada Sacramento, CA	0.52
Reject	Don't just eat. Eat right.	We share the information on how to eat healthy, but send foods that seniors should steer clear of (gravy, mashed potatoes, ground meats, etc). We need to send whole grains/veggies to help them eat healthy, not just eat.	REAL Services, Inc. Crystal Hallwood South Bend, IN	0.33
Reject	Nutrition: The Next Medical Intervention	The idea is to have CMS use some of the existing funding from its Community Based Care Transitions program (CCTP, Section 3026), to study home- delivered, therapeutic diet meals as a key component of the medical interventions provided within the Care Transitions model.	For-Profit Mom's Meals Dee Sandquist, MS, RD, LD, CDE Fairfield, IA	1.90

Appendix I:

Perspectives on Nutrition and Aging:

A National Summit – Agendas

National Summit Agenda

All Panel Sessions will be held in the Maryland AC Ballroom.

Keynote Lunch is in the Maryland BD Ballroom (immediately next door).

*Master of Ceremonies: Laura Lawrence, Director, Office of Nutrition and Health Promotion Programs
Administration on Aging*

7:45 a.m. – 9:00 a.m.

Registration
Convention Center Lobby

9:00 a.m. – 9:30 a.m.

Welcome and Opening Session

Newtrition: Health, Food, Hunger and Seniors in 2012 and Beyond

Keynote Speaker:

Kathy Greenlee, Administrator, Administration for Community Living and Assistant Secretary for Aging

9:30 a.m. – 10:30 a.m.

**Perspectives that Shaped the Present:
Celebrating 40 Years of OAA Nutrition Programs**

Since the landmark addition of the Nutrition Program to the Older Americans Act in 1972, thousands of community-based Senior Nutrition Programs across the United States have served over 8 billion nutritious meals and helped millions of seniors maintain their independence.

The National Summit will celebrate this 40th Anniversary by examining the rich history of Senior Nutrition Programs through the eyes of former Assistant Secretaries for Aging who will discuss past milestones as a launching pad for predicting the future of senior nutrition services.

Panelists:

- Jeanette C. Takamura, PhD, MSW, former Assistant Secretary for Aging
- Josefina G. Carbonell, former Assistant Secretary for Aging

Moderator:

- Carol V. O'Shaughnessy, Principal Policy Analyst, National Health Policy Forum

10:40 a.m. – 11:30 a.m.

Your Perspective: New Challenges and Opportunities, Part 1

In this segment, be prepared to hear about transformative new “best practices” and “best possibilities” for the future of nutrition and aging! Presenters were selected as part of a national challenge issued to leaders in all communities.

Presenters:

- Jennifer Fralic, LifeCare Alliance, Columbus, OH
- Carlene Russell, Iowa Department on Aging, Des Moines, IA
- Anthony Cirillo, Fast Forward Consulting, Huntersville, NC
- Margaret Ernst, Mayor's Office of Civic Engagement and Volunteer Service, Philadelphia, PA
- Marci Harnischfeger, ShopWell, Palo Alto, CA

**Perspectives on Senior Hunger in America:
An Annual Report**

The Great Recession caused extreme hardship for many families in the United States, and senior Americans are no exception. This special Perspective, by one of the principal researchers of "Senior Hunger in America 2010: An Annual Report" (released May 2012 by The Meals On Wheels Research Foundation) will provide an overview of the distribution and extent of food insecurity among seniors – and the unanticipated challenges ahead.

Video Presenter:

- James P. Ziliak, PhD, University of Kentucky Center for Poverty Research, Lexington, KY

11:30 a.m. – 12:30 p.m.

**Perspectives on Aging:
Critical Trends in a Changing World**

Unprecedented demographic shifts are already having an impact the fundamental structure of our healthcare system and economy – and our collective understanding of home and community. A panel of experts will examine the future of aging from three perspectives: philanthropy, technology and health policy. Together, they will shed light on the emerging opportunities and challenges that will shape the senior nutrition services of tomorrow.

Panelists:

- Mary Jane Koren, MD, MPH, Vice President, Picker/Commonwealth Fund Long-Term Quality Improvement Program, The Commonwealth Fund
- David Lindeman, PhD, Director, Center for Technology and Aging, Public Health Institute
- Ginger Zielinskie, MBA Executive Director, Benefits Data Trust

Moderator:

- Robyn I. Stone, DrPH, Senior Vice President of Research, LeadingAge

12:30 p.m. – 2:00 p.m.

Lunch with Keynote Speaker

Food as Medicine That Will Actually Go Down!

We have known for 20 years or more that feet (physical activity) forks (dietary pattern) and fingers (that do or don't hold cigarettes) are the master levers of medical destiny. Good use of these levers could, as Archimedes told us, move the whole world of public; they could eliminate 80% of all chronic disease. But despite our wishful thinking, knowledge is not power. And platitudes to the contrary, will is not way. The road to health must be paved not with good intentions- but with good intentions, in the form of programs, policies, and practices that empower us to get there from here. This talk will explore how to move health from the road less traveled to a path of lesser resistance and describe how great, and intimate, the prize could be if we would come together and make it so!

Keynote Speaker:

Dr. David Katz, Director and Co-Founder Yale Prevention Research Center

2:15 p.m. – 2:45 p.m.

Your Perspective: New Challenges and Opportunities, Part 2

Presenters:

- Samantha Powell, Meals On Wheels, Inc. of Tarrant County, Fort Worth, TX
- Bernadette Latson, University of Texas Southwestern School of Health Professions, Dallas, TX
- Nancy Tanquary, Johnson County Area Agency on Aging, Olathe, KS

Video Presenter:

- Jennifer Goggin, FarmersWeb, New York, NY

2:45 p.m. – 3:45 p.m.

**Perspectives on Nutrition:
Connecting Food, Health and the Future**

The evidence is clear: Proper nutrition improves the health, self-sufficiency and quality of life of seniors. Yet, many questions remain. How can we best respond to the simultaneous increases in both obesity and hunger? How can we promote healthy food choices among seniors with increasingly diverse needs and expectations? How should nutrition services integrate with other systems? In this capstone panel, we will look to build on the 40 years of groundwork set by OAA Nutrition Programs by exploring cutting-edge research and new directions in senior nutrition.

Panelists:

- Robert C. Post, PhD, MEd, MSc, Deputy Director, USDA Center for Nutrition Policy and Promotion
- Gordon L. Jensen, MD, PhD, Professor and Head, Department of Nutritional Sciences, Pennsylvania State University
- Robert M. Russell, MD, Professor Emeritus of Medicine and Nutrition, Tufts University

Moderator:

- Linda D. Myers, PhD, Director, Food and Nutrition Board, Institute of Medicine

3:45 p.m. – 4:00 p.m.

**Closing Session:
Perspectives from the National Resource Center**

We are standing at the precipice of a new era, shaped by the needs of our nation's aging population. Today, we highlighted several new opportunities, challenges and solutions that will help us prepare for this new future.

The National Resource Center will offer our own "best practice" Perspective – launching a new online library and resource center that will be a platform for ongoing exchange and collaboration. In our vision of a "best possible" future, we charge all Summit attendees with helping us keep this cross-sector, cross-industry dialogue moving forward as we work together to build the future of senior nutrition.

The Summit – Detailed Order of Events and Logistics

Time & Key Event	Registration & SetUp	Left of Stage – Panelists	Left of Stage – Perspectives	Central Command	SlideChannel
7:00 AM		Sound Check	Sound Check	Sound Check	Sound Check
7:45 AM Registration Opens (Pre-Function Lobby)	Summit Registrants get reg packs from Emily & Logan . Jody & Staff place Handouts at Tables: - Table Stand Cards - Sign in sheets (Morning & Afternoon) - Senior Hunger Report Card - BDT Handout	Steven sets up Reserved Tables w/name tents, cue cards	Reid sets up Reserved Tables w/name tents, cue cards	Ready	
8:00 AM	Laura Lawrence Arrives		Suzanne or Erika & Reid make sure L. Lawrence is set.	Music Begins	40thAnnivSlideshow Begins
8:30 AM Coffee/Tea Starts (MD1-6Lobby) Doors Open	Speakers are greeted by Erika, Mary & Magda , Panelists 1,2; Perspectives 1 – escorted to LoS/RoS. Panelists 3; Perspectives 2 – instructed to meet at Stage at 2:05 PM EXACTLY.	Steven greets Panelists 1 & 2, coaches on run of show.	Reid greets Perspectives 1, coaches on run of show.	Music	40thAnnivSlideshow
8:45 AM Linda/Tom and Mary/Andrew manage Q&AFeed	Peggy greets K. Greenlee, etc. brings to VIP table. Bob greets Fmr. Asst. Secretaries, brings to VIP table.			A/V: Music / “Begins in 15 minutes VO”	40thAnnivSlideshow

Time & Key Event	Registration & SetUp	Left of Stage – Panelists	Left of Stage – Perspectives	Central Command	SlideChannel
8:50 AM		Panelists 1 & 2 folks are seated at table.	Perspectives 1 folks are seated at table.	VO: "Ladies and Gentlemen, Perspectives on Nutrition and Aging will begin in 10 minutes"	40thAnnivSlideshow
8:55 AM		Peggy is ready to go.	L.Lawrence is ready to go	VO: "Ladies and Gentlemen, please take your seats. Perspectives on Nutrition and Aging will begin in 5 minutes"	40thAnnivSlideshow
8:59 AM		K.Greenlee is ready to go.		VO: "Ladies and Gentlemen, please take your seats. Perspectives on Nutrition and Aging is ready to begin." End Music. Lights Down	End Slideshow.
9:00 AM Welcome Video		Peggy gets on Stage	L.Lawrence gets on Stage	Welcome Video	Welcome Video
9:02 AM Opening Remarks		Peggy speaks (Welcome. Housekeeping) Peggy Introduces L. Lawrence K.Greenlee gets on stage. Peggy shakes her hand, Peggy Exits stage.	L.Lawrence speaks. (Welcome) L.Lawrence introduces K.Greenlee	Lights Up	40thAnniv LogoSlide K.Greenlee IntroSlide
9:07 AM Opening Keynote		K.Greenlee speaks (keynote address)	L.Lawrence exits.		40thAnniv LogoSlide

Time & Key Event	Registration & SetUp	Left of Stage – Panelists	Left of Stage – Perspectives	Central Command	SlideChannel
9:26 AM			L.Lawrence gets back on stage as K.Greenlee wraps.		40thAnniv LogoSlide
9:27 AM		Panel 1 is ready to go.	L.Lawrence Thanks K.Greenlee		40thAnniv LogoSlide
9:29 AM		K.Greenlee exits. Peggy escorts her out? Panel1 gets on stage. C.OShaughnessy at podium; Others seated.	L.Lawrence speaks for a moment.		40thAnniv LogoSlide
9:30 AM			L.Lawrence introduces Panel1 / C.OShaughnessy		Panel 1 Slide
9:32 AM Panel 1		C.OShaughnessy presents.		Countdown timer Q&AFeed Ready	C.OShaughnessy Slide Deck
9:38 AM		C.OShaughnessy Introduces J.Takamura	J.Takamura walks to Podium		J. Takamura Slide
9:40 AM		C.OShaughnessy sits.	J.Takamura presents.	Countdown timer Q&AFeed Ready	J. Takamura Slide
9:47 AM		C.OShaughnessy introduces J.Carbonell	J.Takamura sits J.Carbonell walks to Podium		J.Carbonell Slide
9:48 AM			J.Carbonell presents	Countdown timer Q&AFeed Ready	J.Carbonell Slide
9:55 AM		C.OShaughnessy introduces and facilitates Q&A	J. Carbonell Sits.	Countdown timer Q&AFeed Ready	Q&A Instructions Slide
10:20 AM (45 min panel, built in "delay"/overspeak time)			L.Lawrence ready. Perspectives 1 ready.		Q&A Instructions Slide

Time & Key Event	Registration & SetUp	Left of Stage – Panelists	Left of Stage – Perspectives	Central Command	SlideChannel
10:30 AM			L.Lawrence gets back on stage. L.Lawrence thanks panel, sets up Video		YourPerspective Slide
10:31 AM		Panel 1 Exeunt	Perspectives 1 get on stage. A.Cirillo walks to Podium Left	Perspectives Challenge Video	Perspectives Challenge Video
10:33 AM		A.Cirillo is at Podium	L.Lawrence introduces A.Cirillo		A.Cirillo Intro Slide
10:35 AM		A.Cirillo presents	L.Lawrence sits onstage	Countdown timer	A.Cirillo PREZI
Perspectives 1 10:42 AM		A.Cirillo sits; C.Russell walks to Podium	L.Lawrence introduces C.Russell		C.Russell Slide Deck
10:44 AM		C.Russell presents	L.Lawrence sits onstage	Countdown timer	C.Russell Slide Deck
10:51 AM		C.Russell sits; M.Ernst walks to Podium	L.Lawrence introduces M.Ernst		M.Ernst Slides
10:53 AM		M.Ernst presents	L.Lawrence sits onstage	Countdown timer	M.Ernst Slides
11:00 AM	[PLACEHOLDER TIME. TBD...] Peggy greets D.Katz Sopha/Linda Helps with Tech Check Set Up Begins in MD AC	M.Ernst sits; J.Fralic walks to Podium	L.Lawrence introduces J.Fralic		J.Fralic Slides
11:02 AM		J.Fralic presents	L.Lawrence sits onstage	Countdown timer	J.Fralic Slides
11:11 AM		J.Fralic sits; M.Harnischfeger walks to Podium	L.Lawrence introduces M.Harnischfeger		M.Harnischfeger presentation
11:13 AM		M.Harnischfeger presents	L.Lawrence sits onstage	Countdown timer	M.Harnischfeger presentation
11:20 AM		(M.Harnischfeger still at podium) Panel 2 is ready to go.	L.Lawrence thanks all Perspectives 1. L.Lawrence sets up Video		Ziliak Intro Slide/Video

Time & Key Event	Registration & SetUp	Left of Stage – Panelists	Left of Stage – Perspectives	Central Command	SlideChannel
11:22 AM Ziliak Video		Panel 2 gets on stage.	Perspectives 1 exeunt.	Perspectives on Senior Hunger in America Video	Perspectives on Senior Hunger in America Video
11:27 AM		R.Stone at Podium	L.Lawrence introduces Panel 2 / R.Stone		Panel 2 Slide
11:30 AM Panel 2	Linda checks setup in MD-AC	R.Stone presents.	L.Lawrence exits stage	Countdown timer Q&AFeed	R.Stone Slides
11:37 AM		R.Stone Introduces D.Lindeman	D.Lindeman walks to Podium		D.Lindeman Slides
11:38 AM		R.Stone sits.	D.Lindeman presents.	Countdown timer Q&AFeed	D.Lindeman Slides
11:45 AM		R.Stone introduces MJ.Koren	D.Lindeman sits MJ.Koren walks to Podium		MJ.Koren Slides
11:46 AM			MJ.Koren presents	Countdown timer Q&AFeed	MJ.Koren Slides
11:53 AM		R.Stone introduces G.Zielinskie	MJ.Koren sits G.Zielinskie walks to Podium		G.Zielinskie Slides
11:54 AM			G.Zielinskie presents	Countdown timer Q&AFeed	G.Zielinskie Slides
12:01 PM		R.Stone facilitates Q&A		Countdown timer Q&AFeed	Q&A Slide
12:29 PM			L.Lawrence ready.		
12:30 PM Go to Lunch	Staff TBD visible at back / in Foyer to answer questions and Guide people Chris takes G.Zilinski IMMEDIATELY to the train station		L.Lawrence on stage Thanks panel Sends everyone to Lunch		GoToLunch Slide

The Summit – Lunch

Time & Event	Registration & SetUp	Stage	Central Command	SlideChannel
12:30 PM Lunch	Salads are pre-set. Staff TBD help people-herd Jody, Q., Andrew, Sopha place handouts on Tables in MD-BD	D.Katz and VIPs are at VIP Table		Perspectives Slide
1:00 PM		Peggy ready; lav'd		
1:04 PM		Peggy goes onstage D.Katz ready; lav'd	Livestream Resumes	
1:05 PM Program resumes		Peggy makes remarks Peggy thanks the Gaylord as a Sponsor Peggy introduces D.Katz D.Katz gets onstage		D.Katz Slides
1:10 PM Keynote		D.Katz presents		D.Katz Slides
1:55 PM		D.Katz Wraps up Peggy is ready.		D.Katz Slides
1:56 PM		Peggy gets onstage. Peggy thanks Dr. Katz Peggy sends everyone back to MD-AC		D.Katz Slides
2:00 PM Go To Summit			Livestream Stops	Summit will resumeSlide

The Summit – Afternoon

Time & Event	Registration & SetUp	Right of Stage – Panelists	Left of Stage – Perspectives	Central Command	SlideChannel
2:00 PM Break	Staff TBD peopleherd	Steven set up Reserved Tables w/name tents and cue sheets	Reid set up Reserved Tables w/name tents and cue sheets	Music Plays	Summit will resume Slide
2:05 PM		Steven greets Panelists 3, coaches run of show.	Reid greets Perspectives 2, coaches on run of show. L.Lawrence is ready.		
2:10 PM		Panel 3 are seated at table	Perspectives 2 are onstage. L.Lawrence is onstage.	Livestream resumes	
2:15 PM Resume	Staff TBD peopleherd	S.Powell is at Podium	L.Lawrence welcomes back. L.Lawrence introduces S.Powell	Music Stops	S.Powell Slide
2:18 PM Perspectives 2		S.Powell presents	L.Lawrence sits onstage	Countdown timer	S.Powell Slide
2:25 PM		S.Powell sits; B.Latson walks to Podium	L.Lawrence introduces B.Latson		B.Latson Intro Slide
2:26 PM		B.Latson presents	L.Lawrence sits onstage	Countdown timer	B.Latson Intro Slide
2:33 PM		B.Latson sits; N.Tanquary walks to Podium	L.Lawrence introduces N.Tanquary	N	N.Tanquary Slides
2:34 PM		N.Tanquary presents	L.Lawrence sits onstage	Countdown timer	N.Tanquary Slides
2:41 PM		(N.Tanquary still at podium) Panel 3 is ready to go.	L.Lawrence introduces J.Goggin video perspective		J.Goggin Intro Slide Video
2:42 PM Goggin Perspective		Panel 3 gets on stage.	Perspectives 2 exeunt.	J.Goggin Video	J.Goggin Video
2:47 PM		L.Meyers at Podium	L.Lawrence introduces Panel 3 / L.Meyers		Panel 3 Slide

Time & Event	Registration & SetUp	Right of Stage – Panelists	Left of Stage – Perspectives	Central Command	SlideChannel
2:50 PM Panel 3		L.Meyers presents.	L.Lawrence exits stage	Countdown timer Q&AFeed	L.Meyers Intro Slides
2:57 PM		L.Meyers Introduces G.Jensen	G.Jensen walks to Podium		G.Jensen Slides
2:58 PM		L.Meyers sits.	G.Jensen presents.	Countdown timer Q&AFeed	G.Jensen Slides
3:05 PM		L.Meyers introduces R.Post	G.Jensen sits R.Post walks to Podium		R.Post Slides
3:06 PM			R.Post presents	Countdown timer Q&AFeed	R.Post Slides
3:13 PM		L.Meyers introduces R.Russell	R.Post sits R.Russell walks to Podium		R.Russell Slides
3:14 PM			R. Russell presents	Countdown timer Q&AFeed	R.Russell Slides
3:21 PM		L.Meyers facilitates Q&A		Countdown timer Q&AFeed	Q&A Slide
3:45 PM			L.Lawrence ready.		
3:46 PM		Peggy is ready.	L.Lawrence on stage Thanks Panel Introduces NRC Perspective		
3:47 PM NRC Video		Panel 3 exeunt Peggy gets on stage	L.Lawrence exits stage	NRC Video	NRC Video
3:52 PM Closing Remarks		Peggy thanks all. Thanks L.Lawrence. Invites everyone to Vendor Expo			Build the Future Slide
4:00 PM Go to Expo	Staff TBD peopleherd to Expo			End LiveStream	Build the Future Slide

Appendix J:

Perspectives on Nutrition and Aging:
A National Summit – Evaluation Survey

Evaluation of Perspectives on Nutrition and Aging: A National Summit

Thank you so much for attending the Perspectives on Nutrition and Aging: A National Summit at the Gaylord National Harbor last week.

We ask that you please take a few moments to provide us with your feedback about the content, speakers and event as a whole. Your suggestions and comments are invaluable to the National Resource Center staff as we plan for future initiatives.

0% 100%

Participation Type

Did you attend the Summit in person at the Gaylord National Harbor Hotel, or did you attend virtually (via the livestream)?

Choose one of the following answers

- ☐ I was an in-person attendee.
- ☐ I was a virtual/livestream participant.
- ☒ No answer

While you most likely had a wide variety of reasons for attending the Summit, please tell us the activities/factors that were most important to your decision to register.

Check any that apply

- ☐ Networking with individuals from programs similar to mine.
- ☐ Networking with individuals working in different sectors and different levels of the aging network.
- ☐ Opportunity to hear from specific presenters. (Please specify in the comments)
- ☐ Opportunity to learn about specific content/topic areas. (Please specify in the comments)
- ☐ Opportunity to earn ADA/other CEU credits.
- ☐ Other:

Additional Comments

**Please select the role(s) which best specify your involvement in the nutrition and aging field.
Check any that apply**


- ☐ I am affiliated with a nonprofit organization.
- ☐ I am affiliated with a for-profit organization.
- ☐ I am affiliated with a government agency or organization.
- ☐ I am affiliated with an academic institution.
- ☐ I am a professional working on aging and senior issues.
- ☐ I am a professional working on nutrition and/or anti-hunger issues.
- ☐ I am a professional working for a senior nutrition program.
- ☐ I am a volunteer or other individual interested in nutrition and aging.
- ☐ Other:

Next >>

Evaluation of Perspectives on Nutrition and Aging: A National Summit

Thank you so much for attending the Perspectives on Nutrition and Aging: A National Summit at the Gaylord National Harbor last week.

We ask that you please take a few moments to provide us with your feedback about the content, speakers and event as a whole. Your suggestions and comments are invaluable to the National Resource Center staff as we plan for future initiatives.

0%  100%

About the Summit

Did the Summit sessions increase your awareness of the scope and impact of nutrition services?

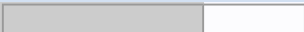
	Very much increased	Somewhat increased	Neutral	Did not increase	Did not attend	No answer
First Panel: "Perspectives that Shaped the Present" (Jeanette Takamura, Josefina Carbonell, Carol O'Shaughnessy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Second Panel: "Perspectives on Aging" (David Lindeman, Mary Jane Koren, Ginger Zielinskie, Robyn Stone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Third Panel: "Perspectives on Nutrition" (Gordon Jensen, Robert Russell, Robert Post, Linda Meyers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Your Perspective: (Brief presentations by various individuals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did the Summit sessions expand and increase your knowledge of new research, techniques and business practices in nutrition services provision?

Evaluation of Perspectives on Nutrition and Aging: A National Summit

Thank you so much for attending the Perspectives on Nutrition and Aging: A National Summit at the Gaylord National Harbor last week.

We ask that you please take a few moments to provide us with your feedback about the content, speakers and event as a whole. Your suggestions and comments are invaluable to the National Resource Center staff as we plan for future initiatives.

0%  100%

Final Questions

The National Summit provided me with information relevant to my position within my organization.

Choose one of the following answers

- ☐ Relevant to my needs
- ☐ Not relevant to my needs
- ☐ Not sure
- ☒ No answer

Please enter your comment here:

The National Summit provided me with tools/ideas that can be implemented at my program to address the growing need for nutrition services within my community.

Choose one of the following answers

- ☐ Relevant to my needs
- ☐ Not relevant to my needs
- ☐ Not sure
- ☒ No answer

Please enter your comment here:

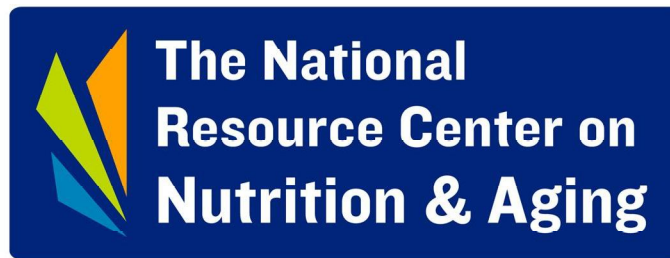
Do you have any additional comments about the National Summit overall?

About You: (Optional)

Name

Appendix K:

National Resource Center: One-Page Flyer



In October of last year, the U.S. Administration on Aging (AoA) entered into a cooperative agreement with Meals On Wheels Association of America (MOWAA) to establish a new National Resource Center on Nutrition and Aging.

The AoA-MOWAA National Resource Center's (NRC) primary role is to cultivate innovative ideas related to nutrition and aging in the United States. By building and launching a comprehensive online resource library and offering platforms for information exchange, the NRC will have the opportunity to encourage organizations nationwide in collaborating and preparing for the future of nutrition services in the context of a rapidly aging and more diverse society.

The Online Library launched in August 2012 and will be the repository of tools, up-to-date resources and research findings connecting senior nutrition, health and the provision of these services. Resources and information will be easily searchable and available in order to assist Senior Nutrition Program providers, Area Agencies on Aging, State Units on Aging and organizations within and outside the network in providing nutritious meals and education to our seniors more effectively and efficiently. Visit <http://nutritionandaging.org> to learn more today.

The NRC seeks to connect states and local communities by providing mechanisms for professional development such as online training, webinars and various platforms for information exchange. Targeted email discussion lists for nutrition and aging professionals and the general public also launched in August 2012.

In the weeks following *Perspectives on Nutrition and Aging: A National Summit*, held August 23, 2012, the official Summit Proceedings will be published. This National Summit was a seminal event conducted as a part of the NRC's official activities. It celebrated the 40th Anniversary of Senior Nutrition Programs being added to the Older Americans Act and brought together some of the most innovative and future-focused people from across the country to explore the unprecedented challenges and opportunities that emerge at the intersection of nutrition and aging. The Summit Proceedings will include a recording of all Summit sessions and supplemental materials. Be sure to visit <http://nutritionandaging.org> in the coming weeks to download this information.

Building the future of nutrition and aging will involve collaboration and innovation from all of us. We hope you will join the NRC on this journey.

Contact Information

Email Address: resourcecenter@mowaa.org

AoA-MOWAA National Resource Center: <http://nutritionandaging.org>

Phone Number: 703.548.5558

Physical Address: 203 S. Union Street, Alexandria, VA 22314

Appendix L:

Perspectives Challenge and Webinar Promotional
Announcements



National Resource Center on Nutrition and Aging 's *Perspectives Challenge*

We are standing at the precipice of a new era, shaped by the changing needs of our nation's aging population. By 2045, for the first time in human history, there will be more seniors than children in the world. Even as our current population strains our capacity to provide services and supports for older adults, we know that far greater challenges lie ahead. The new issues we face cut across industries, sectors and geographic boundaries – and so, too, must the solutions!

We want to hear from you. We're interested in learning about your solutions to the big and small challenges of America's aging population. Send us your promising ideas for addressing the challenges of today, tomorrow and our future. We invite you to think **BIG** and differently. And to share your *Perspective* – because it matters and can make a difference.

Participate in the National Resource Center on Nutrition and Aging's Perspectives Challenge and you could be selected to share your Perspective – either in person or virtually – at the *Perspectives on Nutrition and Aging: A National Summit*, on August 23, 2012, near Washington, DC.

Visit www.summit.nutritionandaging.org to learn more and to register for the National Summit in August.

Perspectives Challenge Social Media Promotion

Facebook Example Post



Meals On Wheels Association of America · 19,940 like this
April 2 at 5:16pm · 🌐

✓ Liked

From the Administration on Aging's (AoA) newsletter: Participate in the National Resource Center on Nutrition and Aging's Perspectives Challenge and you could be selected to share your Perspective – either in person or virtually – at the Perspectives on Nutrition and Aging: A National Summit, on August 23, 2012, near Washington, DC.

Perspectives on Nutrition and Aging
summit.nutritionandaging.org
In celebration of the 40th Anniversary of the inclusion of Senior Nutrition Programs in the Older Americans Act, the AoA–MOWAA National Resource Center on Nutrition and Aging will host a National Summit on August 23,

Like · Comment · Share

10 people like this.

 Write a comment...

Sample Twitter "Re-Tweet"



robert egger
@robertegger



 Follow

@MOWAA announces The Perspectives Challenge - they want new ideas about the future of nutrition & aging ow.ly/b7WtS
Think, Act, NOW

↩ Reply ↻ Retweet ★ Favorite

12:01 PM - 24 May 12 · Embed this Tweet

Appendix M:

Perspectives Challenge Web Content



<http://perspectives.thenextmeal.org>

The Perspectives Challenge

The Perspectives Challenge is an urgent response to the unprecedented demographic changes ahead.

By 2045, for the first time in human history, there will be more seniors than children in the world. Even as our current population strains our capacity to provide nutrition services, we know that our ongoing ability to serve older adults, will have far-reaching consequences for our Nation's healthcare system and economy. In the coming decades we must be prepared to:

- [Promote Proper Nutrition \(/readchallenge#promoting\)](#)
- [Adapt to Changing Demographics and Diversity \(/readchallenge#adapting\)](#)
- [Manage Health Consequences \(/readchallenge#managing\)](#)
- [Increase Access and Overcome Barriers \(/readchallenge#increasing\)](#)
- [Face Additional Challenges \(/readchallenge#choose\)](#)

Do you have a solution?

We challenge you to step forward and share your Perspective about new practices and possibilities for the future of nutrition and aging.



What is the Perspectives Challenge?

The Perspectives Challenge is a strategy to seek out and give visibility to future-focused ideas and approaches to serving the nutrition needs of our nation's aging population.

We want to hear about **best practices** – transformational initiatives which have helped your community or organization be future-ready – and **best possibilities** – untested ideas for building a better future.

Anyone may submit a Perspective, explaining a best practice or best possibility (see the "How do I..." section below).

We hope the Perspectives you share through this Challenge will serve as a springboard for ongoing inspiration and dialogue at the Summit, and beyond.

Who should submit a Perspective?

The challenges we face cut across industry, sector and geographic boundaries, and so, too, must the solutions. Anyone with an interest in aging and nutrition issues is welcome to take part in the Perspectives Challenge.

How do I submit my Perspective?

1. **Read the [Five Challenges \(/readchallenge\)](#)** we have issued in order to better understand the broad environment and concerns surrounding the future of nutrition and aging in America.
2. **Think about your solution.** Decide whether you would like to share a "Best Practice" (an initiative already being implemented – by you, your organization or by someone you know in your community) or a "Best Possibility" (an idea that has not been tried yet).
3. **Describe your solution and prepare your submission.** You are welcome to submit your Perspective in any format that allows you to describe your idea in detail. We encourage you to create a video in which you talk about your Perspective, but we also welcome written submissions (and other formats). Read the [Submission Guidelines](#) for additional information.
4. **Use the online form to submit your Perspective.** Once you have your final video, document and/or text, go to the [Online Submission Form \(/shareyourperspective\)](#) and enter the required information. You will receive an automated email confirming receipt. You will not be able to edit your Perspective once it is submitted.

How will my Perspective be evaluated?

All Perspectives will be rated according to four categories:

- **Impact**
 - *Best Practices:* Has your initiative had a demonstrable effect on a community or population? Does your Perspective describe any measurable impacts on community members, program beneficiaries, organizations and service providers or other specified stakeholders?
 - *Best Possibilities:* What effects do you expect your idea to have? Does your Perspective describe the potential for change and outline the key populations who would benefit from your idea?
- **Innovation**
 - Is your practice/possibility forward-looking, taking advantage of emerging evidence-based trends or technologies? Could your practice/possibility help others anticipate and prepare for future changes?
- **Sustainability**
 - Is this a long-term solution? Is it practical to maintain your practice/possibility across several years? If applicable, does your Perspective address any long-term need for and/or ability to generate new revenue, market demand or other resources?
- **Presentation:** Your Perspective should be:
 - **Compelling.** Tell an interesting story. You are welcome to use anecdotes, data/statistics, pictures, images or any other means you see fit to create an inspiring narrative.
 - **Informative.** Provide enough detail for us to gain a full understanding of how your practice/possibility works and what it can accomplish.
 - **Ready for Presentation.** Structure your narrative as a thought-provoking speech, addressing a diverse audience. Make sure your narrative can be orally presented in less than 7 minutes.

In addition to clearly describing a specific practice or possibility, your Perspective should concisely address the following:

- **Why?** What is the purpose of your idea/initiative? Why is it necessary? What problem is it designed to solve?
- **How?** What does it take to implement your best practice? Or what would it take to accomplish your best possibility?
- **Who?** Who are the key players involved in implementation? Who will directly and indirectly benefit?

What if I still have questions?

If you have any other questions about the Perspectives Challenge, please use the [Contact Us \(/contact\)](#) form to send a message to the National Resource Center staff.



- [About the Summit & FAQs \(/summit\)](#)
 - [Registration \(/registration\)](#)
 - [Hotel Information \(/hotel\)](#)
 - [Virtual Registration \(/virtual\)](#)
 - [Preliminary Agenda \(/agenda\)](#)
 - [Session Descriptions \(/descriptions\)](#)
 - [Summit Handouts \(/handouts\)](#)
 - [Steering Committee \(/committee\)](#)
- [About the National Resource Center \(/resourcecenter\)](#)

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The National Resource Center on Nutrition and Aging is supported, in part, under a cooperative agreement from the U.S. Department of Health and Human Services, Administration on Aging.

Grantees undertaking projects under government sponsorship are encouraged to freely express their findings and conclusions.

However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and endorsement by the Federal Government should not be assumed.

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<http://perspectives.thenextmeal.org>

Submission Guidelines and Instructions

Submission Guidelines

The Perspectives Challenge is open to all individuals. We welcome submissions that provide a promising idea or possible solution that addresses a challenge related to the future of aging and nutrition in America.

Perspectives submissions should describe one of the following:

- **A Best Practice** – an initiative that has been implemented (by you, your organization or by someone you know in your community) and that has had a demonstrated, transformational impact.
- **A Best Possibility** – a new idea or approach that has not been tested yet.

All submissions for publication must be received by July 1, 2012.

Submission Procedures

Submission Formats

You are welcome to share your Perspective in any format that lets you create an informative and compelling description of a best practice or possibility.

Please see the specific procedures for:

- [Video Submissions \(#video\)](#)
- [Written Submissions \(#written\)](#)
- [Other Submissions \(#other\)](#)

Procedures for Video Submissions

You are encouraged to create a video in which you talk about your Perspective. Please note that production quality is not a factor in the evaluation of submissions. One-shot videos recorded using a laptop webcam, your smartphone camera or another easy-to-use device are welcome.

Video submission criteria:

- All videos must be less than 7 minutes in length.
- Videos should include your name and, if applicable, affiliation (e.g., the organization or community you represent).
- All video submissions should be uploaded to YouTube. (If you do not have a YouTube account, you can create one for free, here: www.youtube.com/create_account (http://www.youtube.com/create_account)). If you need additional assistance uploading your video to YouTube, please contact us.

To submit your video Perspective:

1. Visit our online form at [http://summit.nutritionandaging.org/shareyourperspective/\(shareyourperspective\)](http://summit.nutritionandaging.org/shareyourperspective/(shareyourperspective)).
2. Complete the form, providing a title for your Perspective, your name and contact information and a link to your YouTube video.
3. In order to submit your Perspective, you must check the box indicating that you agree to let us share your Perspective as part of our National Summit and its proceedings, should you be selected by the Steering Committee.

Once you submit your Perspective, you will receive an automated confirmation email. The Steering Committee will review all submissions and selected individuals will be notified on June 21, 2012.

If you need additional assistance please [contact us \(/contact\)](#).

Procedures for Written Submissions

If you would prefer to share your Best Practice or Best Promise in writing, you are welcome to do so.

Written submission criteria:

- Submissions should be written in the format of a speech to a general audience. Perspectives should be less than 6 pages of double-spaced, typed text. (I.e., it should take 7 minutes or less to read your Perspective aloud.)
- Any documents should include your name and, if applicable, affiliation (e.g., the organization or community you represent).
- You have the choice of either uploading a document (e.g., a Word Document or PDF file) or copying and pasting the text of your submission into the online form.
- Please proofread and check your submission for typos or other errors before you submit.

To submit your written Perspective:

1. Visit our online form at [http://summit.nutritionandaging.org/shareyourperspective/\(shareyourperspective\)](http://summit.nutritionandaging.org/shareyourperspective/(shareyourperspective)).
2. Complete the form, providing a title for your Perspective, your name and contact information.
3. Either upload a file containing your Perspective, or copy and paste the text of your Perspective into the appropriate place on the form.
4. In order to submit your Perspective, you must check the box indicating that you agree to let us share your Perspective as part of our National Summit and its proceedings, should you be selected by the Steering Committee.

Once you submit your Perspective, you will receive an automated confirmation email. The Steering Committee will review all submissions, and selected individuals will be notified on June 21, 2012.

If you need additional assistance please [contact us \(/contact\)](#).

Procedures for Other Submission Formats

If you have an idea for a Perspective submission that does not fall into the "video" or "written" format options (e.g., a website, an audio recording), we welcome your creative approach.

Other submission criteria:

- The primary piece of your submission should be a narrative or speech which can be presented in full in 7 minutes or less.
- Any files should include your name and, if applicable, affiliation (e.g., the organization or community you represent).

To submit your other Perspective:

1. Visit our online form at [http://summit.nutritionandaging.org/shareyourperspective \(/shareyourperspective\)](http://summit.nutritionandaging.org/shareyourperspective (/shareyourperspective)).
2. Complete the form, providing a title for your Perspective, your name and contact information.
3. Depending on the format, you may choose to upload a file or provide a link to your submission. Please provide sufficient information for us to be able to access and view your submission. If you have questions about the best way to submit a Perspective in a non-standard format, please contact us.
4. In order to submit your Perspective, you must check the box indicating that you agree to let us share your Perspective as part of our National Summit and its proceedings, should you be selected by the Steering Committee.

Once you submit your Perspective, you will receive an automated confirmation email. The Steering Committee will review all submissions and selected individuals will be notified on June 21, 2012.

If you need additional assistance please [contact us \(/contact\)](#).

Selection Procedures and Summit Presentation

The Summit [Steering Committee \(/committee\)](#) will review submissions and select the most innovative and compelling Best Practices and Best Promises.

Selected individuals will be asked to present their Perspective for the Perspectives on Nutrition and Aging: A National Summit on August 23, 2012, near Washington, DC.

- Individuals who are able to attend the Summit will be asked to deliver the presentation in person. They will receive a free Summit registration, reimbursement for round-trip airfare (or mileage) and a one-night stay in the Summit hotel.
- For those who are not able to attend the Summit, we will work with you to create a "virtual" or recorded presentation that can be shown to Summit attendees. (E.g., depending on your circumstances and preferences, we may ask to record you or a designee on video or via a telephone interview.)

Selected runners-up will have their Perspective included in the published Summit proceedings and will receive a free digital copy of the full proceedings.

We will announce the selections on June 21, 2012, on this website. Those selected will be informed via the email address indicated in their submission.



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 - [Registration \(/registration\)](#)
 - [Hotel Information \(/hotel\)](#)
 - [Virtual Registration \(/virtual\)](#)
 - [Preliminary Agenda \(/agenda\)](#)
 - [Session Descriptions \(/descriptions\)](#)
 - [Summit Handouts \(/handouts\)](#)
 - [Steering Committee \(/committee\)](#)
- [About the National Resource Center \(/resourcecenter\)](#)

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<http://perspectives.thenextmeal.org>

Frequently Asked Questions

Q1. Is it okay if I can't make a video?

Yes! You are welcome to submit a Perspective in any format – including a written document (e.g., a Word Doc or PDF), an audio recording or any other format which allows you to fully explain your idea or practice.

Perspectives will be selected based on the impact, innovation, sustainability and presentability of your idea or practice. That is, they will be judged according to the quality of your ideas, without regard to your technical production and design capacity.

Written Perspectives will be evaluated according to the same criteria as video Perspectives – so please make sure that your Perspective is in the format of a “Presentation” or speech. We recommend that you practice reading your Perspective out loud before you submit it, to make sure that it meets the presentation criteria.

Q2. I want to make a video! What do I need to do?

First, if you are new to making videos, remember that your Perspective will be evaluated based entirely on the quality of your ideas: not whether you have access to fancy camera and video editing equipment.

You can record your video using a webcam, a smart phone or any other recording device. If the sound quality is very poor, and you are worried that the Steering Committee may have trouble hearing your presentation, you are welcome (but not required) to include a transcript along with your video.

To submit your video, you will need to upload the recording to YouTube.

If you do not have a YouTube account, you can create one for free:

* [Click here for information on how to create a YouTube Account](http://support.google.com/youtube/bin/static.py?hl=en&topic=1646869&guide=1646810&page=guide.cs) (<http://support.google.com/youtube/bin/static.py?hl=en&topic=1646869&guide=1646810&page=guide.cs>)

* For information on how to upload your first YouTube video, please see the brief tutorial below.



Once your video is available on YouTube, just copy the URL or link for the video, and paste it into the correct space on the submission form. If you have any questions or need additional help, [contact the Resource Center staff](#) ([/contact](#)) and we will be happy to help you.

Q3. What happens if my Perspective is selected?

Selections will be announced at the end of June 2012. If you are selected, we will contact you at the email address or phone number you provided during the submission process.

If your Perspective is selected, you will be invited to present your idea or practice at the National Summit on August 23, 2012, at the Gaylord National Hotel and Convention Center near Washington, D.C.

If you are able to attend, you will receive a free registration and one night stay in the Summit hotel, and we will reimburse you for round-trip economy class airfare (or economy class train fare, or round-trip mileage) to travel to the Summit.

If you are not able to attend the Summit, you will receive a free virtual registration, and we will work with you to create a high-quality video or audio recording of your Perspective to be played at the Summit. Depending on your technical capabilities and your comfort level in presenting, this might take the form of a video recording, a telephone interview, or designating another individual to read your Perspective for you.

Additional Perspectives selected as “runners-up” will also be included in written or video format in the formal Summit proceedings.



Appendix N:

Perspectives on Nutrition and Aging:

A National Summit – Web Content



In celebration of the 40th Anniversary of the inclusion of Senior Nutrition Programs in the Older Americans Act, the **AoA–MOWAA National Resource Center on Nutrition and Aging** will host a National Summit on August 23, 2012 at the Gaylord National Hotel and Convention Center near Washington, D.C.

Perspectives on Nutrition and Aging: A National Summit will bring together a broad array of individuals and organizations from across the country for a day of future-focused dialogue around the critical link between nutrition and health in the context of a rapidly aging nation.

On Site Registration is Sold Out!

However, you can still participate in the Summit via Livestream:

Virtual Registration is Still Open! (<http://summit.nutritionandaging.org/virtual>)

A **\$20 Virtual Registration** will grant you access to:

- A real-time online broadcast of all Summit sessions.
- Online discussion: Submit questions and comments for the Panelists.
- Download all materials and reports.

Virtual participation in the Summit was pre-approved for 6 Continuing Professional Education Units for dietitians and dietetic technicians from the Commission for Dietetic Registration, Academy of Nutrition and Dietetics.

Quick Links

- [Virtual Registration](http://summit.nutritionandaging.org/virtual) (<http://summit.nutritionandaging.org/virtual>)
- [Review the Preliminary Agenda](http://summit.nutritionandaging.org/agenda) (<http://summit.nutritionandaging.org/agenda>)
- [See the Speakers and Session Descriptions](http://summit.nutritionandaging.org/descriptions) (<http://summit.nutritionandaging.org/descriptions>)
- Contact us at resourcecenter@mowaa.org if you have any questions or feedback.



What: Perspectives on Nutrition and Aging: A National Summit

When: August 23, 2012
9:00 a.m. to 4:00 p.m.

Where: Gaylord National Hotel and Convention Center
[201 Waterfront Street](#)
[National Harbor, MD 20745](#) (<http://g.co/maps/krk77>)

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However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and endorsement by the Federal Government should not be assumed.

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About the Summit & FAQs

Hosted by the Administration on Aging-Meals On Wheels Association of America National Resource Center on Nutrition and Aging

Date and Location

August 23, 2012 Gaylord National Harbor Hotel
National Harbor, MD – near Washington, DC

Purpose

By 2045, for the first time in human history, there will be more seniors than children in the world. This National Summit is a unique opportunity to explore the unprecedented challenges and opportunities that emerge at the intersection of nutrition and aging, as we approach this turning point.

Join with leaders and experts from the aging network, government, academia, healthcare and other sectors to anticipate, innovate and prepare for far-reaching health, economic and social consequences – and the future of nutrition services.

Summit Agenda

The Summit opens at 9:00 a.m. on August 23, and will close at 4:00 p.m. A keynote lunch is included in the cost of registration.

- [View the Preliminary Agenda \(http://summit.nutritionandaging.org/agenda\)](http://summit.nutritionandaging.org/agenda)
- [See Session Descriptions and Confirmed Speakers \(http://summit.nutritionandaging.org/descriptions\)](http://summit.nutritionandaging.org/descriptions)

Registration: When & Where

Upon arrival, please promptly visit the Registration table to gather your name badge and Summit Program. Registration will be located in the Convention Center Lobby and will be open:

- Wednesday, August 22, 7:00 a.m. – 5:30 p.m.
- Thursday, August 23, 7:45 a.m. – 4:00 p.m.

Attire

The attire for the Summit is business casual.

Meals

Lunch will be provided for all participants.

Vegetarian and other special options are only available for those who made this request during registration. If you requested a special meal, you will find a green card inside your name badge – please place this card next to your plate at lunchtime.

Webcast

This Summit will be webcast live to a virtual audience. An archived version of the webcast will be available to all participants.

Q&A and Online Discussion

Your personal perspective is an important piece in the present – and future – of senior nutrition. We hope that you will share your voice, questions and concerns both before and throughout the Summit. We will be taking all questions for the Summit panelists electronically, starting today:

Please feel free to review the Session Descriptions and submit any questions or comment you may have to summit@mowaa.org ([mailto:Summit@mowaa.org](mailto:summit@mowaa.org)). Our panels will also be accepting questions via email, text message and Twitter in realtime during the Summit sessions on Thursday, August 23, 2012 from 9:00 a.m. to 4:00 p.m.

Questions will be published publicly at nutritionandaging.tumblr.com. Please note that we will remove the originating email address (for emails) or phone number (for text messages) prior to posting your question online.

Continuing Education

The Summit has been pre-approved for 6 Continuing Professional Education Units for dietitians and dietetic technicians from the Commission for Dietetic Registration, Academy of Nutrition and Dietetics. This includes both the in-person event and the live stream/virtual participation. Certificates of attendance will be available at registration at the Summit upon request for in-person attendees, and by email (Please use the "contact us" form to request a Certificate of attendance).

Questions

If you have any other questions about your Summit Registration, please contact Erika Kelly or Suzanne Grubb at 703-548-5558 or resourcecenter@mowaa.org.





Preliminary Agenda

9:00 a.m. – 9:30 a.m.

Welcome and Opening Session

Keynote Speaker: Kathy Greenlee, Administrator, Administration for Community Living and Assistant Secretary for Aging

9:30 a.m. – 10:20 a.m.

Panel: Perspectives that Shaped the Present. Celebrating 40 Years of OAA Nutrition Programs.

10:40 a.m. – 11:30 a.m.

Your Perspective: New Challenges and Opportunities (Part 1)

11:30 a.m. – 12:30 p.m.

Panel: Perspectives on Aging. Critical Trends in a Changing World.

12:30 p.m. – 2:00 p.m.

Keynote Lunch

Keynote Speaker: Dr. David Katz, Director and Co-Founder, Yale Prevention Research Center

2:15 p.m. – 2:45 p.m.

Your Perspective: New Challenges and Opportunities (Part 2)

2:45 p.m. – 3:45 p.m.

Panel: Perspectives on Nutrition. Connecting Food, Health and the Future.

3:45 p.m. – 4:00 p.m.

Closing Session



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Session Descriptions

9:00 a.m. - Welcome and Opening Session

Newtrition: Health, Food, Hunger and Seniors in 2012 and Beyond

Keynote Speaker: The Honorable Kathy Greenlee, Administrator, Administration for Community Living and Assistant Secretary for Aging

9:30 a.m. - Perspectives that Shaped the Present Celebrating 40 Years of OAA Nutrition Programs

Since the landmark addition of the Nutrition Program to the Older Americans Act in 1972, thousands of community-based Senior Nutrition Programs across the United States have served over 8 billion nutritious meals and helped millions of seniors maintain their independence.

The National Summit will celebrate this 40th Anniversary by examining the rich history of Senior Nutrition Programs through the eyes of former Assistant Secretaries for Aging who will discuss past milestones as a launching pad for predicting the future of senior nutrition services.

Speakers:

- **Jeanette C. Takamura**, former Assistant Secretary for Aging
- **Josefina Carbonell**, former Assistant Secretary for Aging
- **Carol O'Shaughnessy**, Principal Policy Analyst, National Health Policy Forum

10:30 a.m. - Your Perspective: New Challenges and Opportunities, Part 1

Hear about transformative new "best practices" and "best possibilities" for the future of nutrition and aging. Presenters were selected as part of a national challenge issued to leaders in all communities.

Speakers:

- **Anthony Cirillo**, Fast Forward Consulting, Huntersville, NC
- **Carlene Russell**, Iowa Department on Aging, Des Moines, IA
- **Margaret Ernst**, Mayor's Office of Civic Engagement and Volunteer Service, Philadelphia, PA
- **Jennifer Fralic**, LifeCare Alliance, Columbus, OH
- **Marci Harnischfeger**, ShopWell, Palo Alto, CA

11:30 a.m. - Perspectives on Aging Critical Trends in a Changing World

Unprecedented demographic shifts are already impacting the fundamental structure of our healthcare system and economy – and our collective understanding of home and community. A panel of experts will examine the future of aging from three perspectives: philanthropy, technology and health. Together, we will shed light on the emerging opportunities and challenges that will shape the senior nutrition services of tomorrow.

Speakers:

- **Mary Jane Koren**, MD, MPH, Vice President, Picker/Commonwealth Fund Long-Term Quality Improvement Program, The Commonwealth Fund
- **David Lindeman**, PhD, Director, Center for Technology and Aging
- **Ginger Zielinskie**, MBA, Executive Director, Benefits Data Trust
- **Robyn Stone**, Executive Director, Leading Age Center for Applied Research

12:30 p.m. Keynote Lunch!

Food as Medicine That Will Actually Go Down

Keynote Speaker: David Katz, MD, MPH, Director and Co-Founder, Yale Prevention Research Center

2:15 p.m. - Your Perspective New Challenges and Opportunities - Part 2

Speakers:

- **Samantha Powell**, Meals On Wheels, Inc. of Tarrant County, Fort Worth, TX
 - **Bernadette Latson**, University of Texas Southwestern School of Health Professions, Dallas, TX
 - **Nancy Tanquary**, Johnson County Area Agency on Aging, Olathe, KS
 - (Video Presenter) **Jennifer Goggin**, FarmersWeb, New York, NY
-

2:45 p.m. - Perspectives on Nutrition Connecting Food, Health and the Future

The evidence is clear: Proper nutrition improves the health, self-sufficiency and quality of life of seniors. Yet, many questions remain. How can we best respond to the simultaneous increases in both obesity and hunger? How can we promote healthy food choices among seniors with increasingly diverse needs and expectations?

In this capstone panel, we will look to build on the 40 years of groundwork set by OAA Nutrition Programs by exploring cutting-edge research and new directions in senior nutrition.

Speakers:

- **Robert Post**, PhD, Deputy Director, USDA Center for Nutrition Policy and Promotion
- **Gordon Jensen**, MD, PhD, Professor and Head, Department of Nutritional Sciences, Pennsylvania State University
- **Robert M. Russell**, MD, Professor Emeritus of Medicine and Nutrition, Tufts University
- **Linda Myers**, PhD, Director, Food and Nutrition Board, Institute of Medicine



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Looks like this event has already ended.

Check out upcoming events by this organizer, or organize your very own event.

[View upcoming events](#)[Create an event](#)

Perspectives on Nutrition and Aging: A National Summit

AoA-MOWAA National Resource Center on Nutrition and Aging

Thursday, August 23, 2012 from 9:00 AM to 4:00 PM (EDT)

National Harbor,

Ticket Information

TICKET TYPE	SALES END	PRICE	FEE	QUANTITY
Summit Attendee more info	Ended	\$50.00	\$0.00	N/A

Who's Going



Connect to see which of your Facebook friends are going.



Connect with Facebook

SHARE THIS EVENT

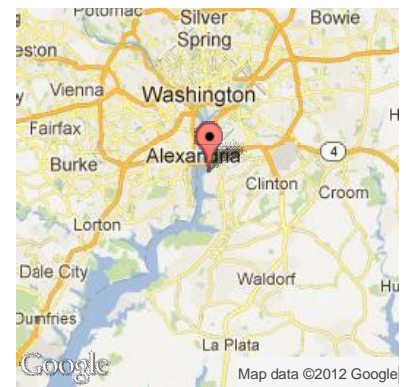


Sign Up to see what your friends like.

Event Details

In celebration of the 40th Anniversary of the inclusion of Senior Nutrition Programs in the Older Americans Act, the **AoA-MOWAA National Resource Center on Nutrition and Aging** will host a National Summit on August 23, 2012 at the Gaylord National Hotel and Convention Center near Washington, D.C.

When & Where



Gaylord National Hotel and Convention Center

201 Waterfront Street
National Harbor, MD

Thursday, August 23, 2012 from 9:00 AM to 4:00 PM (EDT)



[Add to my calendar](#)

Organizer

AoA-MOWAA National Resource Center on Nutrition and Aging



Contact the Organizer



[View organizer profile](#)



<http://summit.nutritionandaging.org>



Hotel Information

Gaylord National Harbor Hotel

The Summit will be held at the
Gaylord National Harbor Hotel (<http://www.gaylordhotels.com/gaylord-national/>)
 201 Waterfront Street
 National Harbor, MD 20745
 (A few minutes from downtown DC)



Hotel Reservations

Please note that the hotel room block for the National Summit will be shared by participants of the **2012 MOWAA Annual Conference** (<http://www.mowaa.org/conference/>), to be held on August 22 and 24. We expect the room block to fill quickly and encourage you to make your hotel reservations as soon as possible.

The room block rate is \$149 (\$134 + resort fee)

To receive the discounted rate, call reservations: 301.965.4000
 Reference our group code: **A-MWA12**

Or, you can book online at: [GAYLORD NATIONAL](https://reservations.gaylordnational.gaylordhotels.com/cgi-bin/lansaweb?procfun+rn+resnet+NAT+funcparms+UP(A2560)::A-MWA12:7) ([https://reservations.gaylordnational.gaylordhotels.com/cgi-bin/lansaweb?procfun+rn+resnet+NAT+funcparms+UP\(A2560\)::A-MWA12:7](https://reservations.gaylordnational.gaylordhotels.com/cgi-bin/lansaweb?procfun+rn+resnet+NAT+funcparms+UP(A2560)::A-MWA12:7))



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Appendix O:

Perspectives on Nutrition and Aging:

A National Summit – Hardcopy Brochure

PERSPECTIVES

ON NUTRITION & AGING

A National Summit

August 23, 2012, 9:00 am — 4:00 pm

Gaylord National Harbor Hotel, National Harbor, MD



Hosted by the Administration on Aging- Meals On Wheels Association of America National Resource Center on Nutrition and Aging, this National Summit is a unique opportunity to explore the unprecedented challenges and opportunities that emerge at the intersection of nutrition and aging.

By 2045, for the first time in human history, there will be more seniors than children in the world. Join with leaders and experts from the aging network, government, academia, healthcare and other sectors to anticipate, innovate and prepare for far-reaching health, economic and social consequences – and the future of nutrition services as we approach this turning point.

PERSPECTIVES THAT SHAPED THE PRESENT

Celebrating 40 Years of OAA Nutrition Programs



Since the landmark addition of the Nutrition Program to the Older Americans Act in 1972, thousands of community-based Senior Nutrition Programs across the United States have served over 8 billion nutritious meals and helped millions of seniors maintain their independence.

Nutrition Programs through the eyes of former Assistant Secretaries for Aging who will discuss past milestones as a launch pad for predicting the future of senior nutrition services.

Confirmed Speakers:

- » **Jeanette C. Takamura**, PhD, former Assistant Secretary for Aging
- » **Josefina Carbonell**, former Assistant Secretary for Aging
- » **Carol V. O'Shaughnessy**, Principal Policy Analyst, National Health Policy Forum

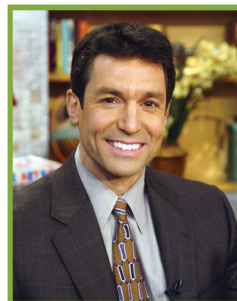
The National Summit will celebrate this 40th Anniversary by examining the rich history of Senior

KEYNOTE SPEAKERS



Opening Keynote Speaker

Kathy Greenlee
Administrator, Administration
for Community Living and
Assistant Secretary for Aging



Lunch Keynote Speaker

David Katz, MD, MPH
Director and Co-Founder,
Yale Prevention
Research Center

PERSPECTIVES ON AGING

Critical Trends in a Changing World

Unprecedented demographic shifts are already impacting the fundamental structure of our healthcare system and economy – and our collective understanding of home and community. A panel of experts will examine the future of aging from three perspectives: philanthropy, technology and health. Together, we will shed light on the emerging opportunities and challenges that will shape the senior nutrition services of tomorrow.

Confirmed Speakers:

- » **Mary Jane Koren**, MD, MPH, Vice President, Picker/Commonwealth Fund Long-Term Quality Improvement Program, The Commonwealth Fund
- » **David Lindeman**, PhD, Director, Center for Technology and Aging, Public Health Institute
- » **Katherina Rosqueta**, MBA, Founding Executive Director, The Center for High Impact Philanthropy, University of Pennsylvania
- » **Robyn I. Stone**, Dr.P.H., Executive Director, LeadingAge Center for Applied Research, Senior Vice President of Research, LeadingAge

PERSPECTIVES ON NUTRITION

Connecting Food, Health and the Future

The evidence is clear: Proper nutrition improves the health, self-sufficiency and quality of life of seniors. Yet, many questions remain. How can we best respond to the simultaneous increases in both obesity and hunger? How can we promote healthy food choices among seniors with increasingly diverse needs and expectations? How should nutrition services integrate with other systems?

In this capstone panel, we will look to build on the 40 years of groundwork set by OAA Nutrition Programs by exploring cutting-edge research and new directions in senior nutrition.

Confirmed Speakers:

- » **Robert C. Post**, PhD, MEd, MSc, Deputy Director, USDA Center for Nutrition Policy and Promotion
- » **Gordon L. Jensen**, MD, PhD, Professor and Head, Department of Nutritional Sciences, Pennsylvania State University
- » **Robert M. Russell**, MD, Professor Emeritus of Medicine and Nutrition, Tufts University
- » **Linda D. Myers**, PhD, Director, Food and Nutrition Board, Institute of Medicine of the National Academies

YOUR PERSPECTIVE

New Challenges and Opportunities

Throughout the Summit, we will hear from a wealth of diverse voices selected as part of a national challenge issued to leaders in all communities. Be prepared to hear about transformative new “best practices” and “best possibilities” for the future of nutrition and aging, gathered from across the country.

VENUE INFORMATION

Gaylord National Harbor Hotel

201 Waterfront Street | National Harbor, MD 20745

We have reserved a room block for Summit attendees, with a discounted rate of \$149 (\$134 + resort fee).

For reservation information, please visit:

<http://summit.nutritionandaging.org/hotel>

NETWORKING AND VENDOR EXPO

Meet and Greet

All registrants are invited to the 2012 MOWAA Common Goods Expo and happy hour immediately following the Summit, from 4:00 p.m. to 7:00 p.m. We hope you will join us and enjoy the opportunity to network, continue the day’s dialogue and explore the products and services of leading industry vendors.

REGISTRATION & INFORMATION

Please register online at

<http://summit.nutritionandaging.org>

A \$50 per person registration fee will grant you admission to all Summit sessions, including a keynote lunch and session materials.

Admission to this event is included in registration for the 2012 MOWAA Annual Conference. If you are registered for the MOWAA Conference you do not need to register separately for this event.

The project described was supported by Grant Number 90NU0001/01 from the Administration On Aging. This project is financed with 74% Federal funds and 26% non-governmental sources.

Appendix P:

Perspectives on Nutrition and Aging:

A National Summit – Announcements and Invitations

Register for Perspectives on Nutrition and Aging: A National Summit

On behalf of the AoA-MOWAA (Administration on Aging-Meals On Wheels Association of America) National Resource Center on Nutrition and Aging, we invite you to celebrate, imagine and build the future of senior nutrition in America at ***Perspectives on Nutrition and Aging: A National Summit, to be held near Washington, DC, on August 23, 2012, at the Gaylord National Harbor Hotel.***

The officially sanctioned celebration of the 40th Anniversary of the Older Americans Act Nutrition Program, this Summit is a unique opportunity to explore the challenges and opportunities of the next 40 years and to prepare for the far-reaching health, economic and social consequences that will determine the future of senior nutrition services.

The registration fee for the Summit is \$50, which includes all materials, a luncheon with keynote speaker Dr. David L. Katz, and admission to all Summit sessions. Building the future will involve collaboration, innovation and courage from all of us. We hope you will join us at *Perspectives on Nutrition and Aging: A National Summit*.

You can register for the Summit online at <http://summit.nutritionandaging.org> and learn more about the event. If you have any questions, please do not hesitate to contact Erika Kelly or Suzanne Grubb at resourcecenter@mowaa.org or 703-548-5558.



July 27, 2012

Good afternoon,

On behalf of the AoA-MOWAA (Administration on Aging-Meals On Wheels Association of America) National Resource Center on Nutrition and Aging, we would like to invite you to celebrate, imagine and build the future of senior nutrition in America at ***Perspectives on Nutrition and Aging: A National Summit***, to be held near Washington, DC, on August 23, 2012, at the Gaylord National Harbor Hotel.

We approach this Summit with the urgent understanding that the future of senior nutrition is inextricably linked to the future of our entire nation. By 2045, for the first time in human history, there will be more seniors than children in the world. Evidence shows that proper nutrition plays a critical role in maintaining health, independence and quality of life – yet food insecurity among seniors has increased by 78% in less than a decade: more than 1 in 7 seniors in the U.S. currently faces the threat of hunger. Even as the current senior population strains the capacity of our nutrition infrastructure, we must be prepared for dramatically increased need for such services in the coming years.

The ramifications of these trends transcend geographic, sector and industry boundaries – so, too, must the solutions. We believe your perspective is an important piece of this dialogue. We sincerely hope you and your colleagues will participate in this seminal event as we engage leaders, researchers and practitioners in and beyond the aging network.

The registration fee for the Summit is \$50, including all materials, a luncheon with keynote speaker Dr. David L. Katz, and admission to all Summit sessions. **You can register for the Summit online at <http://summit.nutritionandaging.org> and learn more about the event.** If you have any questions, please do not hesitate to contact Erika Kelly or Suzanne Grubb at resourcecenter@mowaa.org or 703-548-5558.

Building the future will involve collaboration, innovation and courage from all of us. We hope you will join us at *Perspectives on Nutrition and Aging: A National Summit*.

Sincerely,

Margaret B. Ingraham
Project Manager
National Resource Center on Nutrition and Aging

Letter of Invitation – for Steering Committee Members to Forward to Constituents

Email Subject: Invitation to a National Summit on Nutrition and Aging

Dear _____:

I serve on the Steering Committee for the AoA-MOWAA (Administration on Aging-Meals On Wheels Association of America) National Resource Center on Nutrition and Aging and would like to cordially encourage you to attend ***Perspectives on Nutrition and Aging: A National Summit, to be held near Washington, DC, on August 23, 2012, at the Gaylord National Harbor Hotel.*** Representatives from all levels of the aging network, as well as other sectors will be present for the daylong event.

The officially sanctioned celebration of the 40th Anniversary of the Older Americans Act Nutrition Program, this Summit is a unique opportunity to explore the challenges and opportunities of the next 40 years and to prepare for the far-reaching health, economic and social consequences that will determine the future of senior nutrition services.

The Summit's agenda captures the urgent understanding that the future of senior nutrition is inextricably linked to the future of our entire nation. By 2045, for the first time in human history, there will be more seniors than children in the world. Evidence shows that proper nutrition plays a critical role in maintaining health, independence and quality of life – yet food insecurity among seniors has increased by 78% in less than a decade: more than 1 in 7 seniors in the U.S. currently faces the threat of hunger. Even as the current senior population strains the capacity of our nutrition infrastructure, we must be prepared for dramatically increased need for such services in the coming years.

The ramifications of these trends transcend geographic, sector and industry boundaries – so, too, must the solutions. Your perspective is an important piece of this dialogue and I hope you and your colleagues will be able to participate.

The registration fee for the Summit is \$50, including all materials, a luncheon with keynote speaker Dr. David L. Katz, and admission to all Summit sessions. **You can register for the Summit online at <http://summit.nutritionandaging.org> and learn more about the event.** If you have any questions, please do not hesitate to contact Erika Kelly or Suzanne Grubb at resourcecenter@mowaa.org or 703-548-5558.

Building the future will involve collaboration, innovation and courage from all of us. I hope you are able to join _____ (name of organization) at *Perspectives on Nutrition and Aging: A National Summit* in August.

Sincerely,

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Appendix Q:

Perspectives on Nutrition and Aging:

A National Summit – Press Release



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For Immediate Release:

Landmark Nutrition and Aging Summit Begins

Joint effort by Administration on Aging and Meals On Wheels Association of America challenged to face the demands of the aging population

Alexandria, VA, August 20, 2012 – This year marks the 40th Anniversary of the addition of Senior Nutrition Programs to the Older Americans Act. In celebration of this landmark legislation, the AoA–MOWAA National Resource Center on Nutrition and Aging will launch a comprehensive online library and will host a National Summit on August 23, 2012. This Summit is an opportunity to honor past successes and people and responsible for achieving them and ensure 40 more years of sustainability and success. *Perspectives on Nutrition and Aging: A National Summit* is a first of its kind gathering to explore the demands of the aging population and their impact on our nation's healthcare system and the economy.

The Summit brings together a broad array of individuals from across the country, including Senior Nutrition Professionals, organizations within the aging and anti-hunger networks and health care representatives, for a day of future focused dialogue around the critical link between nutrition and health in the context of a rapidly aging nation.

"The health and nutrition of our aging population is one of the nation's most critical yet overlooked issues," remarked Peggy Miller, MOWA Board Chair. "There is so much good work being done around the country to address this challenge. Our goal with the Summit is to bring the best people, the best minds and the best practices together to discuss how we can meet the needs of our seniors."

The Summit features expert speakers in the fields of nutrition and aging, including David Katz, MD, MPH, Director and Co-Founder, Yale Prevention Research Center and Kathy Greenlee, Administrator, Administration for Community Living and Assistant Secretary for Aging, Department of Health and Human Services.

"For 40 years the Older Americans Act Nutrition Program has been the cornerstone program for a comprehensive and coordinated home and community based service system," remarked Assistant Secretary for Aging, Kathy Greenlee. "This program helps keep older adults at home in their communities for as long as possible."

Summit participants will discuss the unique challenges facing Senior Nutrition Programs now and in the future. They will help devise strategies to promote healthy food choices among seniors and adapt to the increasingly diverse needs of the fastest growing cohort of the population.

About Meals On Wheels Association of America

The Meals On Wheels Association of America (MOWAA) is the only national organization and network dedicated solely to ending senior hunger in America. MOWAA is the oldest and largest organization composed of and representing local, community-based Senior Nutrition Programs in all 50 states as well as the U.S. territories. MOWAA's vision is to end senior hunger by 2020. To obtain more information about MOWAA or to locate a local Meals On Wheels program, visit the MOWAA website at www.mowaa.org.

Appendix R:

Perspectives on Nutrition and Aging:

Virtual Summit – Announcements



Perspectives on Nutrition and Aging: A National Summit – Virtual Registration is Now Open

The AoA-MOWAA (Administration on Aging-Meals On Wheels Association of America) National Resource Center on Nutrition and Aging is thrilled to announce that nearly 500 people have already registered to come to Washington, DC, to celebrate, imagine and build the future of senior nutrition with us at [Perspectives on Nutrition and Aging: A National Summit](#) on August 23, 2012.

We are pleased to announce that we will be livestreaming the Summit for all of those who would like to take part in this groundbreaking event, but who are unable to attend in person. Anyone with a computer and an Internet connection can register to be a Virtual Attendee at this event.

A \$20 **Virtual Registration** will grant you access to:

- A real-time online broadcast of all Summit sessions, from 9:00 a.m. to 4:00 p.m.
- Submit questions and comments for the Panelists.
- Download all materials and reports.

Additionally, **there are still spaces available to attend the event in person at the Gaylord National Harbor Hotel.** The registration fee for the full Summit is \$50, including all materials, a luncheon with keynote speaker Dr. David L. Katz, and admission to all Summit sessions.

Perspectives on Nutrition and Aging: A National Summit, celebrating the 40th Anniversary of Nutrition Programs under the Older Americans Act, will bring together a broad array of individuals and organizations from across the country for a day of future-focused dialogue around the critical link between nutrition and health in the context of a rapidly aging nation.

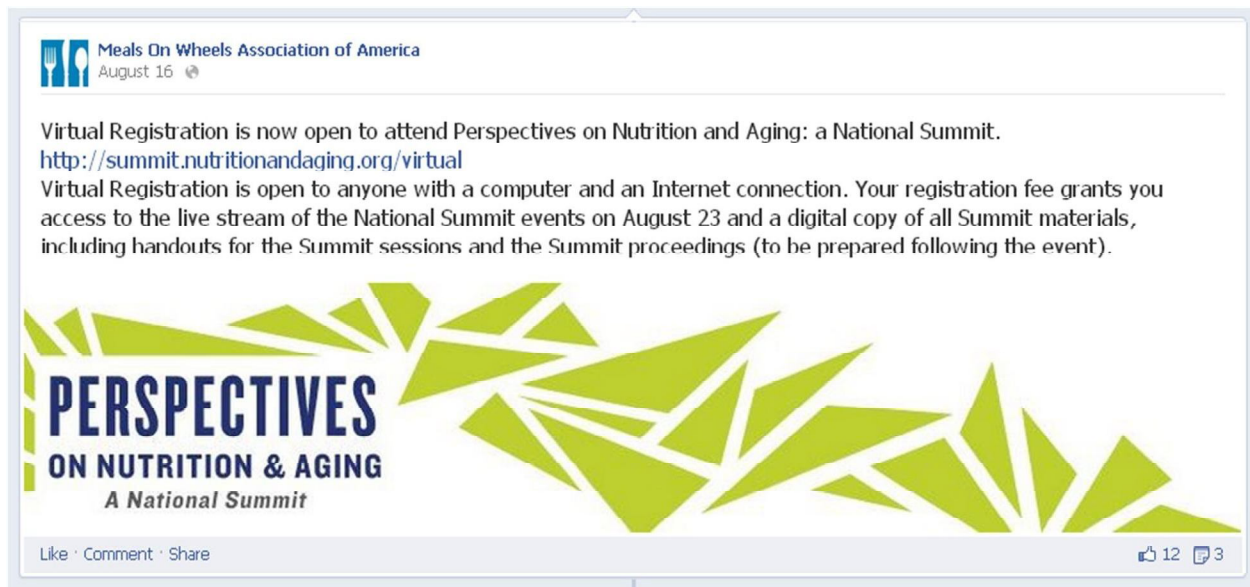
For more information and to register for Virtual or in-person attendance, visit <http://summit.nutritionandaging.org>. If you have any questions, please do not hesitate to contact Erika Kelly or Suzanne Grubb at resourcecenter@mowaa.org or 703-548-5558.

Building the future will involve collaboration, innovation and courage from all of us. We hope you will join us.

Perspectives on Nutrition and Aging: Virtual Summit

Social Media Promotion

Facebook Example Post



Twitter Example "Tweet"



Appendix S:

Perspectives on Nutrition and Aging:

Virtual Summit – Website

Perspectives on Nutrition and Aging: A Virtual Summit

Perspectives on Nutrition and Aging: A National Summit, celebrating the 40th Anniversary of Nutrition Programs under the Older Americans Act, will bring together a broad array of individuals and organizations from across the country for a day of future-focused dialogue around the critical link between nutrition and health in the context of a rapidly aging nation.

The Summit will begin at 9:00 a.m. and end at 4:00 p.m. on Thursday, August 23rd.

To log in to the livestream, please enter the below information as it appears on your registration confirmation.

*** Name:**

Organization:

*** Email Address:**

Submit



Virtual Participation

Summit General Sessions

To join us in the General Sessions from:

- » 9:00 a.m. to 12:30 p.m. Eastern Daylight Time (8:00 a.m. Central / 6:00 a.m. Pacific)
- » 2:15 p.m. to 4:00 p.m. Eastern Daylight Time (1:15 p.m. Central / 11:15 a.m. Pacific)

Please use the following link ON THURSDAY, AUGUST 23 to launch the live stream:

<http://psav.mediasite.com/mediasite/Play/6861be00cda94bdd9eaa9fcc6967b6b91d>

Please note that the lunchtime keynote speaker is in a different room, and you will need to log in to the livestream channel listed below to view this session.

Lunchtime Keynote

The lunchtime keynote is being held in a separate room, so you will need to use the link below to view this session.

We will not be broadcasting on any channel from approximately 12:30 p.m. to 1:10 p.m. The livestream will resume, with a keynote speech from Dr. David Katz, from:

- » 1:10 p.m. to 2:15 p.m. Eastern Daylight Time (12:10 p.m. Central / 10:10 a.m. Pacific)

Please use the following link to launch the live stream for the keynote lunch:

<http://psav.mediasite.com/mediasite/Play/686a7881ca1a4c7b9cb1fd309d93a4311d>

Upon the conclusion of the lunchtime keynote, the livestream will resume at 2:15 p.m. on the same channel used to broadcast the morning sessions. Please use the link under "Summit General Sessions" to view the afternoon sessions.

Q&A - Share Your Perspective!

Your personal perspective is an important piece in the present – and future – of senior nutrition. In order to ensure our virtual participants have an equal opportunity to contribute, we are only accepting questions and comments electronically. We hope that you will share your voice, questions and concerns throughout the Summit.

Please feel free to submit any questions or comments you may have:

- » Via email: summit@mowaa.org

Please put your primary question in the Subject Line. (Both the subject and body of your email will be visible to the moderator and participants.)

- » Via Text/SMS: Send a text message to 571-402-4464 (571-40-AGING).

- » Via Twitter: Tweet your question using the hashtag #NutritionDC12

Questions will be published publicly at nutritionandaging.tumblr.com.

Please note that we will remove the originating email address (for emails) or phone number (for text messages) prior to posting your question online.

Downloadable Handouts and Materials

Right click to download to your computer.

Perspectives on Nutrition & Aging: A National Summit

- [Program Book](#)

Your Perspectives: New Challenges and Opportunities, Part 1

- [Senior Hunger Report Card](#)

Perspectives on Aging: Critical Trends in a Changing World

Resources from Panelist Ginger Zielinskie:

- [Fast Facts](#)
- [Implementing Efficiencies to Increase Benefits Access](#)
- [A Word from Those We Have Helped...](#)
- [Mending Safety Nets with Technology](#)

Perspectives on Nutrition: Connecting Food, Health, and the Future

Resources from Panelist Dr. Gordon Jensen:

- [Nutrition and Healthy Aging in the Community](#)

Additional Resources

- [Seniority](#)

Need Help?

If you have trouble viewing the live stream during the session, you can view the help/instructions for the Mediasite viewer here: <http://psav.mediasite.com/Mediasite/Play/Help/Classic/OverviewFullVersion.htm>.

Very limited technical support will be available from the National Resource Center on Nutrition and aging via email. If you need to contact Resource Center Technical Staff, send an email to Sopha Sar resourcecenter@mowaa.org with "Summit Webcast Issue" in the subject line.

Thank you for participating!

Building the future will involve collaboration, innovation and courage from all of us. Thank you for joining us.



Appendix T:

Perspectives on Nutrition and Aging:
Virtual Summit – Mediasite Livestream

Perspectives on Nutrition and Aging: A National Summit

Mediasite Livestream



PERSPECTIVES
ON NUTRITION & AGING
A National Summit

Slide 20 of 283



Playing 20:57/05:02:45

Perspectives on Nutrition and Aging - General Session

8/23/2012 9:00 AM EDT Length: 05:02:45 More...




PERSPECTIVES
ON NUTRITION & AGING
A National Summit

**NEWtrition: Health, Food, Hunger and Seniors
in 2012 and Beyond**


August 23, 2012

The Honorable Kathy Greenlee
Assistant Secretary for Aging



PERSPECTIVES
ON NUTRITION & AGING
A National Summit

Slide 33 of 283




Playing 55:40/05:02:45

Perspectives on Nutrition and Aging - General Session

8/23/2012 9:00 AM EDT Length: 05:02:45 More...

OAA: Broad Mission, Limited Resources

- Many advocates say OAA resources have not kept pace with increasing older population
- Effect of state budgetary woes on aging programs
- Aging network successful in leveraging non-OAA funds and in developing varied services programs
- Attention to scarce resources will continue to have relevance over coming years
- What challenges does the aging of the baby boom pose for the aging infrastructure and nutrition services providers?
- How should the OAA nutrition program be conceptualized for new realities of the 21st century?



PERSPECTIVES
ON NUTRITION & AGING
A National Summit

Appendix U:

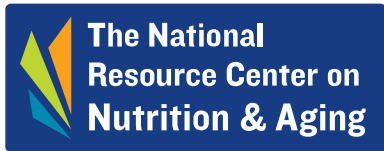
Perspectives on Nutrition and Aging:

A National Summit – Program Book



PERSPECTIVES
ON NUTRITION & AGING
A National Summit

ABOUT THE NATIONAL RESOURCE CENTER



In October 2011, the U.S. Administration on Aging (AoA) entered into a cooperative agreement with the Meals On Wheels Association of America (MOWAA) to establish a new National Resource Center on Nutrition and Aging.

The National Resource Center's primary role is to serve as an incubator for innovative ideas related to nutrition and aging in the United States. It will house a comprehensive online library comprised of up-to-date resources and research findings on these issues. Additionally, by connecting states and local communities with online training, webinars and platforms for information exchange, the National Resource Center will encourage organizations nationwide in thinking differently about, and preparing for, the future in the context of a rapidly aging society.

CONTACT INFORMATION

Email Address: resourcecenter@mowaa.org

Phone Number: 703.548.5558

ONLINE RESOURCE LIBRARY

www.NutritionAndAging.org

The project described was supported by Grant Number 90NU0001/01 from the Administration On Aging. This project is financed with 74% Federal funds and 26% non-governmental sources.

Welcome to *Perspectives on Nutrition and Aging: A National Summit*, a celebration of the 40th Anniversary of Older Americans Act Nutrition Programs — and the beginning of a dialogue that will let us prepare for the next 40 years.

Today, there are nearly 60 million adults over the age of 60 in the United States. Over the next four decades that number will double. We have only just begun to recognize the tremendous impact this will have for our nation, our communities and even our individual households.

In the coming years, we will face a number of challenges. The number of older adults facing hunger, obesity and chronic medical conditions such as heart disease and diabetes will increase, and our systems for providing health services and community support must be ready. Funding from the government and philanthropic sectors cannot keep pace with current needs, much less with the coming increase in demand, and service providers must re-imagine their revenue models if they are to survive.

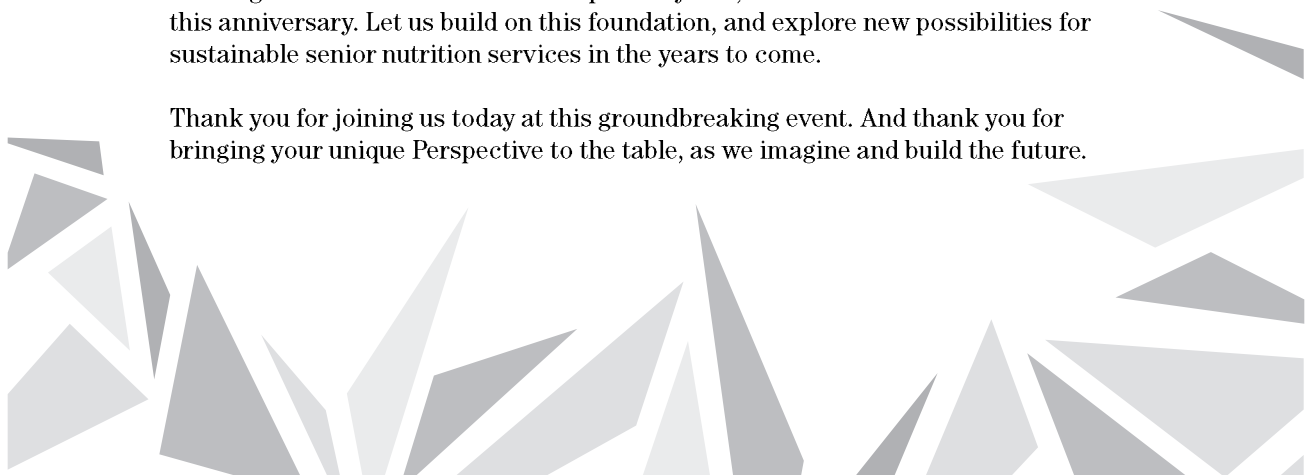
But the next decades will also be full of opportunity. The seniors of tomorrow will be more diverse, informed and engaged than ever before, and they will expect more control and more choices in the services they receive. Innovation in technology, transportation and food science will allow us to serve and engage a broader audience and overcome barriers imposed by physical and geographic limitations.

We know that nutrition services will be a critical factor in building the future—but to face these challenges and capitalize on the opportunities, we must adapt, evolve and collaborate with partners outside the traditional sector and industries boundaries.

Throughout the day, you will hear from a wealth of diverse voices, discussing emerging trends, practices and possibilities. We hope that these presentations will be a spark of inspiration for you—that you will find new ideas to explore. That you will start a new conversation. That you will look at the world from a new Perspective.

Looking back at the successes of the past 40 years, we have much to celebrate on this anniversary. Let us build on this foundation, and explore new possibilities for sustainable senior nutrition services in the years to come.

Thank you for joining us today at this groundbreaking event. And thank you for bringing your unique Perspective to the table, as we imagine and build the future.



AGENDA

THURSDAY, AUGUST 23, 2012

9:00 A.M.

MARYLAND BD

Welcome and Opening Session

Newtrition: Health, Food, Hunger and Seniors in 2012 and Beyond

Keynote Speaker

- » **The Honorable Kathy Greenlee**, Administrator, Administration for Community Living and Assistant Secretary for Aging

9:30 A.M.

MARYLAND BD

Perspectives that Shaped the Present:

Celebrating 40 Years of OAA Nutrition Programs

Since the landmark addition of the Nutrition Program to the Older Americans Act in 1972, thousands of community-based Senior Nutrition Programs across the United States have served over 8 billion nutritious meals and helped millions of seniors maintain their independence.

The National Summit will celebrate this 40th Anniversary by examining the rich history of Senior Nutrition Programs through the eyes of former Assistant Secretaries for Aging who will discuss past milestones as a launching pad for predicting the future of senior nutrition services.

Panelists

- » Jeanette C. Takamura, PhD, MSW, former Assistant Secretary for Aging
- » Josefina G. Carbonell, former Assistant Secretary for Aging
- » Carol V. O'Shaughnessy, MA, Principal Policy Analyst, National Health Policy Forum

10:30 A.M.

MARYLAND BD

Your Perspective:

New Challenges and Opportunities, Part I

Hear about transformative new “best practices” and “best possibilities” for the future of nutrition and aging. Presenters were selected as part of a national challenge issued to leaders in all communities.

Presenters

- » Anthony Cirillo, Fast Forward Consulting, Huntersville, NC
- » Carlene Russell, Iowa Department on Aging, Des Moines, IA
- » Margaret Ernst, Mayor’s Office of Civic Engagement and Volunteer Service, Philadelphia, PA
- » Jennifer Fralic, LifeCare Alliance, Columbus, OH
- » Marci Harnischfeger, ShopWell, Palo Alto, CA

Perspectives on Senior Hunger in America:

An Annual Report

The Great Recession caused extreme hardship for many families in the United States, and senior Americans were no exception. This special Perspective, by one of the principal researchers of “Senior Hunger in America 2010: An Annual Report” (released May 2012 by The Meals On Wheels Research Foundation) will provide an overview of the distribution and extent of food insecurity among seniors – and the unanticipated challenges ahead.

Video Presenter

- » James P. Ziliak, PhD, University of Kentucky Center for Poverty Research

AGENDA

11:30 A.M.

MARYLAND BD

Perspectives on Aging:

Critical Trends in a Changing World

Unprecedented demographic shifts are already having an impact on the fundamental structure of our healthcare system and economy – and our collective understanding of home and community. A panel of experts will examine the future from three perspectives: business strategy, technology and health policy. Together, they will shed light on the emerging opportunities and challenges that will shape the senior nutrition services of tomorrow.

Panelists

- » Mary Jane Koren, MD, MPH, Vice President, The Commonwealth Fund
- » David Lindeman, PhD, Director, Center for Technology and Aging, Public Health Institute
- » Ginger Zielinskie, MBA, Executive Director, Benefits Data Trust
- » Robyn I. Stone, DrPH, Senior Vice President for Research, LeadingAge

12:30 P.M.

MARYLAND AC

Networking Lunch

1:15 P.M.

MARYLAND AC

Food as Medicine That Will Actually Go Down!

Keynote Speaker

- » **Dr. David Katz**, Director & Co-Founder, Yale Prevention Research Center

We have known for 20 years or more that feet (physical activity), forks (dietary patterns) and fingers (that do or don't hold cigarettes) are the master levers of medical destiny. Good use of these levers could, as Archimedes told us, move the whole world; they could eliminate 80% of all chronic disease. But despite our wishful thinking, knowledge is not power. And platitudes to the contrary, will is not the way. The road to health must be paved—not only with good intentions—but with good intentions in the form of programs, policies and practices that empower us to get there from here.

2:15 P.M.

MARYLAND BD

Your Perspective:

New Challenges and Opportunities, Part 2

Presenters

- » Samantha Powell, Meals On Wheels, Inc. of Tarrant County, Fort Worth, TX
- » Bernadette Latson, University of Texas Southwestern School of Health Professions, Dallas, TX
- » Nancy Tanquary, Johnson County Area Agency on Aging, Olathe, KS

Video Presenter

- » Jennifer Goggin, FarmersWeb, New York, NY

2:45 P.M.

MARYLAND BD

Perspectives on Nutrition:

Connecting Food, Health and the Future

The evidence is clear: proper nutrition improves the health, self-sufficiency and quality of life of seniors. Yet, many questions remain. How can we best respond to the simultaneous increases in both obesity and hunger? How can we promote healthy food choices among seniors with increasingly diverse needs and expectations? In this capstone panel, we will look to build on the 40 years of groundwork set by Older Americans Act Nutrition Programs by exploring cutting-edge research and new directions in senior nutrition.

Panelists

- » Gordon L. Jensen, MD, PhD, Professor and Head, Department of Nutritional Sciences, Pennsylvania State University
- » Robert M. Russell, MD, Professor Emeritus of Medicine and Nutrition, Tufts University
- » Robert C. Post, PhD, MEd, MSc, Deputy Director, USDA Center for Nutrition Policy and Promotion
- » Linda D. Meyers, PhD, Director, Food and Nutrition Board, Institute of Medicine

AGENDA

2:45 P.M.

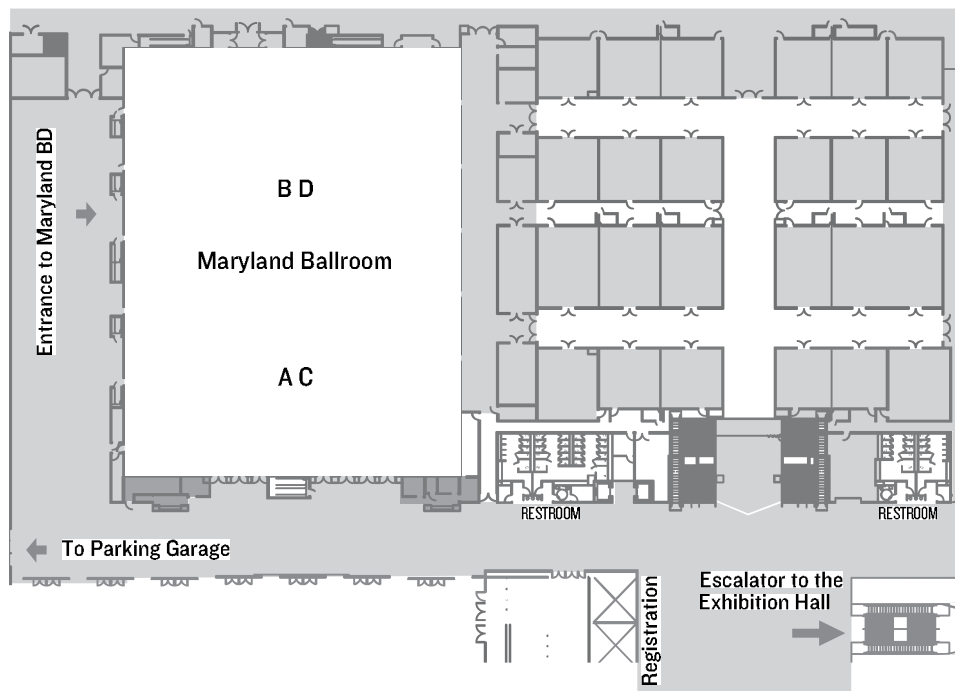
MARYLAND BD

Closing Session:

Perspectives from the National Resource Center

We are standing at the precipice of a new era, shaped by the needs of our nation's aging population. Today, we highlighted several new opportunities, challenges and solutions that will help us prepare for this new future.

The National Resource Center will offer our own "best practice" Perspective: launching a new online library and resource center that will be a platform for ongoing exchange and collaboration. In our vision of a "best possible" future, we charge all Summit attendees with helping us keep this cross-sector, cross-industry dialogue moving forward as we work together to build the future of senior nutrition.



THE 40TH ANNIVERSARY OAA NUTRITION PROGRAMS



Today, we celebrate the 40th anniversary of the inclusion of Senior Nutrition Programs in the Older Americans Act (OAA).

Since 1972, Older Americans Act Nutrition Programs have served over 8 billion meals to our nation's seniors—helping older adults across the country to remain active and independent in their homes and communities.

Meals and related services provided in congregate settings, such as senior centers, or delivered directly to homes through Meals On Wheels are authorized by the OAA and are an integral part of the broader home and community-based services network funded by federal, state and local resources. The meals served meet current evidence-based nutrition standards, which link healthy eating with improved health outcomes, including managing the risk of chronic disease and increased functionality. OAA programs help keep loved ones at home and avoid more costly and restrictive institutional settings.

From the beginning, Senior Nutrition Programs were designed to help reduce hunger and malnutrition: for many seniors, the meal they receive from the OAA Nutrition Program is their only meal of the day. As Americans live longer, as the baby boomer generation reaches retirement age and as the number of seniors facing hunger increases, these programs are more important than ever.

For the past 40 years, the U.S. Administration on Aging, State Units on Aging, Area Agencies on Aging and local providers have formed a far-reaching network that serves millions of seniors – and have touched countless lives in households and communities across the country.

The AoA-MOWAA National Resource Center on Nutrition and Aging is grateful to those who built the foundations of the nutrition and aging network 40 years ago, and especially to all those whose continued dedication and hard work have helped make the OAA Nutrition Program a success.

"Dear Nutrition Center: I wish to thank you for being there, caring and cooking a wholesome meal, not only for my mother, but other elderly people as well...[it] relieves my mind knowing someone will be knocking on her door and be of help if needed."

– A caring child of a 91-year-old Meals On Wheels recipient

KEYNOTE SPEAKERS



THE HONORABLE KATHY GREENLEE

Kathy Greenlee serves in the dual roles of Administrator of the Administration for Community Living and Assistant Secretary for Aging. She believes that people with functional support needs should have the opportunity to live independently in a home of their choosing, receiving appropriate services and supports, and she is committed to building the capacity of the national aging and disability networks to better serve older persons, caregivers and individuals with disabilities.

Assistant Secretary Greenlee served as Secretary of Aging in Kansas, and before that as the Kansas State Long Term Care Ombudsman. She also served as the general counsel of the Kansas Insurance Department and served as chief of staff and chief of operations for then-Governor Kathleen Sebelius.

Assistant Secretary Greenlee is a graduate of the University of Kansas with degrees in business administration and law.



DAVID L. KATZ, MD, MPH, FACPM, FACP

Dr. Katz is the founding director of Yale University's Prevention Research Center. Dr. Katz is known internationally for his expertise in nutrition, weight management and chronic disease prevention. He remains active in patient care and directs the Integrative Medicine Center at Griffin Hospital in Derby, CT.

Dr. Katz is editor-in-chief of the journal *Childhood Obesity*, president-elect of the American College of Lifestyle Medicine and founder and president of the nonprofit Turn the Tide Foundation. He has been recognized three times by the Consumers Research Council of America as one of the nation's top physicians in preventive medicine.

Dr. Katz received his BA from Dartmouth College, his MPH from the Yale University School of Public Health, and his MD from the Albert Einstein College of Medicine.

PANEL SPEAKERS & MODERATORS



JOSEFINA CARBONELL

Ms. Carbonell is senior vice president of long-term care and nutrition at Independent Living Systems, a healthcare management services company. Previously, Ms. Carbonell served as the Assistant Secretary for Aging from 2001 to 2009 and as president and CEO of Little Havana Activities & Nutrition Centers in Dade County, FL, an organization she helped establish in 1972. She received her BA from Florida International University and a Certificate Degree for State and Local Senior Executives from Harvard University.



MARY JANE KOREN, MD, MPH

Dr. Koren is vice president for the Picker-Commonwealth Fund Long-Term Quality Improvement Program and the Dual Eligibles Initiative at the Commonwealth Fund. Dr. Koren has given invited testimony to Congressional committees on nursing home quality, future implications for health care, and senior hunger and the Older Americans Act. Dr. Koren began her career in geriatrics at Montefiore Medical Center, where she started the geriatric fellowship program. She has served on the faculty of the Mount Sinai School of Medicine.



GORDON L. JENSEN MD, PhD

Dr. Jensen is professor and head of the department of nutritional sciences at the Pennsylvania State University and former director of the Vanderbilt Center for Human Nutrition. Dr. Jensen's research interests have focused largely on geriatric nutrition concerns. He is board certified in nutrition and internal medicine and is currently serving his second term as a member of the Institute of Medicine's Food and Nutrition Board. Dr. Jensen received his PhD in nutritional biochemistry and MD from Cornell University.

DAVID LINDEMAN, PhD

Dr. Lindeman is the director of the Center for Technology and Aging and co-director of the Center for Innovation and Technology in Public Health at the Public Health Institute. These institutions promote the development, adoption and scaling of technologies to improve health. Dr. Lindeman has worked in the field of aging and long-term care for 30 years as a health services researcher and administrator. He received his BA from SUNY Binghamton and his MSW and PhD from the University of California, Berkeley.



LINDA D. MEYERS, PhD

Dr. Meyers is the director of the Food and Nutrition Board at the Institute of Medicine. She is responsible for a portfolio that includes nutrient requirements, obesity prevention and food safety. Previously, Dr. Meyers served as senior nutrition advisor, deputy director and acting director in the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. She received her BA from Goshen College, her MS from Colorado State University and her PhD from Cornell University.



CAROL V. O'SHAUGHNESSY, MA

Ms. O'Shaughnessy is a principal policy analyst at the National Health Policy Forum, George Washington University. Prior to joining the Forum, Ms. O'Shaughnessy spent 27 years at the Congressional Research Service as a social legislation specialist. Her work focuses on aging services, including Older Americans Act and Medicaid home and community-based services and long-term care. Ms. O'Shaughnessy received her undergraduate degree from Dunbarton College and Master's degree in medical sociology from the Catholic University of America.



PANEL SPEAKERS & MODERATORS



ROBERT C. POST, MED, MSC, PhD

Dr. Post is deputy director of the USDA Center for Nutrition Policy and Promotion, where he has overseen the development of the 2010 Dietary Guidelines for Americans, the USDA Nutrition Evidence Library, the Healthy Eating Index and the USDA Food Plans. Dr. Post has 30 years of experience in food and agriculture public policy, food production and processing, nutritional science and public health communications. Dr. Post holds a MSc, MEd and PhD from the University of Maryland.



ROBERT M. RUSSELL, MD

Dr. Russell is professor emeritus of medicine and nutrition at Tufts University, immediate past president of the American Society for Nutrition, a specialist-advisor to the National Institutes of Health and staff physician emeritus at Tufts University Medical Center. He has served on many advisory boards including the USDA Human Investigation Committee, the FDA, United States Pharmacopoeia Convention, the World Health Organization, UNICEF and the American Board of Internal Medicine. Dr. Russell received his MD from Columbia University.



ROBYN I. STONE, DR PH

Dr. Stone is senior vice president for research at LeadingAge and executive director of the LeadingAge Center for Applied Research. She served as Deputy Assistant Secretary for Disability, Aging and Long-term Care Policy and Assistant Secretary for Aging in 1997. A noted researcher, her work focuses on areas including long-term care policy and quality, chronic care for the disabled, aging services workforce development and family caregiving. Dr. Stone holds a doctorate in public health from the University of California, Berkeley.

JEANETTE C. TAKAMURA, MSW, PhD

Dr. Takamura is dean and professor of gerontology and social policy of the Columbia University School of Social Work. She served as Assistant Secretary for Aging from 1996 to 2001, and has held senior positions in the state government of Hawaii. She received the Lucy Stone Award from the White House for her advocacy and the enactment of the National Family Caregiver Support Program. Dr. Takamura earned her BA and MSW from the University of Hawaii and her PhD from Brandeis University.



GINGER ZIELINSKIE, MBA

Ms. Zielinskie is the executive director of Benefits Data Trust (BDT), a national nonprofit organization committed to transforming how people in need access public benefits. Under her leadership, BDT has successfully completed over 300,000 benefit applications on behalf of people in need through the use of data-sharing strategies to target outreach and streamline benefits application assistance. Ms. Zielinskie also serves as a commissioner on the City of Philadelphia's Mayor's Commission on Aging. She earned her undergraduate degree from Skidmore College and her MBA from Brandeis University.





MASTER OF CEREMONIES

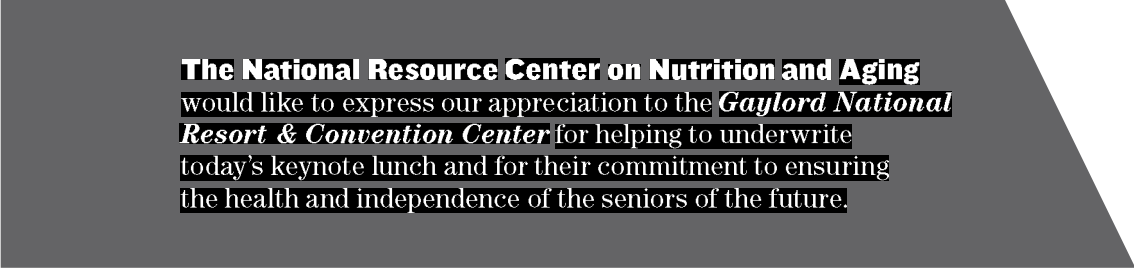
LAURA LAWRENCE, MHSA, MBA, LTCP

Ms. Lawrence is director of the Office of Nutrition and Health Promotion Programs at the Administration on Aging (AoA). She supervises staff who administer AoA's largest program: the nutrition services program for older adults (Title III-C of the Older Americans Act). Previously, she was the senior advisor for retirement and benefits at the U.S. Office of Personnel Management. Ms. Lawrence has a BS degree from James Madison University and holds both an MBA and MHSA from the University of Michigan.

HOST

MARGARET (PEGGY) INGRAHAM, MA

Ms. Ingraham serves as MOWAA project manager of the AoA-MOWAA National Resource Center on Nutrition and Aging and has over 30 years of public policy experience related to these issues. She earned a BA from Vanderbilt University, an MA from Georgia State University and pursued doctoral studies at the University of North Carolina.



The National Resource Center on Nutrition and Aging would like to express our appreciation to the ***Gaylord National Resort & Convention Center*** for helping to underwrite today's keynote lunch and for their commitment to ensuring the health and independence of the seniors of the future.

WEBCAST

This Summit will be webcast live to a virtual audience. An archived version of the webcast will be available to all participants.

Please note that by participating in this Summit, you consent to be photographed and recorded. The photographic and audio/video record of this event may be published online by the National Resource Center on Nutrition and Aging as part of the proceedings and for other archival purposes.

Q&A AND ONLINE DISCUSSION

Each of the three panel sessions has time built in for audience Q&A. We strongly encourage you to share your thoughts, comments and ideas and to ask questions throughout the Summit.

Due to the size of this event, and to ensure everyone (including our virtual attendees) has the chance to participate, we will be taking all questions electronically. You can submit questions and comments in one of three ways:

1. **Text/SMS:** Send a text message to 571-402-4464 (571-40-AGING).
2. **Email:** Send questions to Summit@mowaa.org. Please put your primary question in the Subject line. *(Both the subject and body of your email will be visible to the moderator and participants.)*
3. **Twitter:** Tweet your question using the hashtag #NutritionDC12



#NutritionDC12

If you do not have a smartphone with you, we encourage you to collaborate with others at your table to provide your questions and comments.

Questions will be published publicly at <http://nutritionandaging.tumblr.com>.

Please note that we will remove the originating email address (for emails) or phone number (for text messages) prior to posting your question online.



NAME BADGES

Your name badge is your ticket for entry to the Summit. Please ensure your *Perspectives on Nutrition and Aging* name badge is visible at all times.

MEALS

Lunch will be provided for all participants. Vegetarian and other special options are only available for those who made this request during registration. If you requested a special meal, you will find a green card inside your name badge – please place this card next to your plate at lunchtime.

SUMMIT MATERIALS AND HANDOUTS

The reports and other handouts provided to you during this Summit are also available in electronic format. They can be downloaded at <http://summit.nutritionandaging.org/handouts>.

On this page you will also have access to additional materials from our speakers, including slide decks and supplemental articles.

SUMMIT PROCEEDINGS

The formal Summit Proceedings will be published in the weeks following the Summit. The proceedings will include recordings of the Summit sessions and supplemental materials. Also included in the Proceedings will be a number of additional Perspectives Challenge submissions, selected by the Steering Committee for publication.

As a Summit participant, you will receive an email announcement when the Summit Proceedings are available for download.

CONTINUE THE DIALOGUE

The Summit is only a single day, but we sincerely hope that the dialogue initiated at this Summit will continue well into the years ahead.

Please visit www.nutritionandaging.org for more information about ways to stay in touch, stay engaged and take a deeper dive into the emerging trends, practices and possibilities uncovered during this Summit.

We look forward to building the future with you.

STEERING COMMITTEE

Thank you to the following individuals, representing the perspectives of key organizations and constituencies within the aging network, for their valuable guidance in the planning of this Summit and National Resource Center initiatives.

Steering Committee Chair

Carol O'Shaughnessy
Principal Policy Analyst
National Health Policy Forum
George Washington University

AARP

Larry White
Senior Legislative Representative,
Department of Government Affairs

Asociación Nacional Pro

**Personas Mayores
(National Association
for Hispanic Elderly)**
Dr. Carmela G. Lacayo
President and CEO

Academy of Nutrition and Dietetics (AND) (formerly the American Dietetic Association)

Mary Pat Raimondi, MS RD
Vice President, Strategic
Policy and Partnerships

National Asian Pacific Center on Aging (NAPCA)

Scott Allen Peck
Director of Policy

National Association of Area Agencies on Aging (n4a)

Sandy Markwood
Chief Executive Officer

National Association of Nutrition and Aging Services Programs (NANASP)

Robert Blancato
Executive Director

National Association of States United for Aging and Disabilities (NASUAD)

Martha Roherty
Executive Director

National Caucus and Center on Black Aged, Inc. (NCBA)

Karyne Jones
President and CEO

National Council on Aging (NCOA)

Kelly D. Horton, MS, RD
Policy Director, Center
for Healthy Aging

Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE)

Catherine Thurston, LCSW
Senior Director for Programs

Ex Officio

Meals On Wheels Association of America (MOWAA)

Margaret Ingraham
Executive Vice President



Host of the 2012 Summit:



Appendix V:

Perspectives on Nutrition and Aging:
A National Summit – Attendee Information

Perspectives on Nutrition and Aging: A National Summit

Thursday, August 23, 2012

9:00 a.m. – 4:00 p.m.

National Summit Location:

Gaylord National Hotel and Convention Center
201 Waterfront Street
National Harbor, MD 20745

Ground Transportation & Parking:

There is a parking garage on the hotel grounds. For information click on the link:

<http://www.gaylordhotels.com/gaylord-national/directions-transportation/parking/index.html?intcmp=gn-lnav-trans>

- Driving or Cabbie From Washington Union Station — approximately 10 miles, 20 minutes
- Cabbie From Reagan National Airport (DCA) — approximately 8 miles, 15 minutes
- Cabbie From Washington Dulles International Airport (IAD) — approximately 35 miles, 45 minutes
- Cabbie From Baltimore/Washington International Airport (BWI) — approximately 42 miles, 45 minutes

Registration: The Summit registration and check-in is located in the Convention Center lobby. Once you arrive, please stop by the registration booth so we can provide you with all Summit materials, including your name badge, which is your ticket for entry to the event.

Registration will open at 7:45 am.

Summit Attire: The Summit is business casual.

Schedule: The Summit begins at 9:00 a.m. on Thursday, August 23, 2012 and concludes at 4:00 p.m. The morning and afternoon plenary sessions will take place in the Maryland BD Ballroom and the Keynote Lunch will be held in the Maryland AC Ballroom.

Keynote Lunch: Lunch will be provided for all participants. The keynote lunch speaker is Dr. David Katz. Please let us know if you have any special meal or dietary requirements.

Contact Info: If you need to reach us, contact Erika Kelly by email erika@mowaa.org or on her cell phone at 703.861.2694.

We wish you all safe travels and look forward to seeing you soon!

Your order for
[Perspectives on Nutrition
and Aging: A National
Summit - Virtual
Participation](#) is complete!

Thursday, August 23, 2012 from
9:00 AM to 4:00 PM (EDT)

Perspectives on Nutrition and
Aging: A National Summit - Virtual
Participation



Questions about the event?

Contact resourcecenter@mowaa.org

Your Receipt

Order #:

Attendee	Type	Quantity	Paid
	Virtual Summit Attendee	1	\$20.00
TOTAL			\$20.00

Charged to:

The charge on your credit card will be from EB

*Perspectives on Nu

This order is subject to Eventbrite [Terms of Service](#)

Share this event with your friends!



Event details

Important Information about Perspectives on Nutrition and Aging: Virtual Participation

We are pleased that you will be joining us virtually this Thursday at this groundbreaking event. This email contains some additional information about what to expect at the Virtual Summit.

Please note that we are only able to offer limited technical support to attendees during the Summit. We highly recommend that you test your connection prior to Thursday (see more information at the bottom of this email).

Schedule

The Summit will be webcast, live, from the Gaylord National Hotel and Convention Center in National Harbor, MD.

The Summit will begin promptly at 9:00 a.m. Eastern(8:00 a.m. Central / 6:00 a.m. Pacific)and end at 4:00 p.m. Eastern.

You may view the schedule of events here: <http://summit.nutritionandaging.org/descriptions>

Log in to the Livestream

To log in to the livestream, on the day of the Summit visit <http://survey.mowaa.org/index.php?sid=91422>

You will be asked to provide the Name and Email address given in your registration. Please follow the links and instructions on this page to access the correct livestream channel for the Summit events.

Program and Materials

You can download the Summit Program ahead of time at this link: <http://mowaacenter.org/conf12/summitprogram.pdf>

Additional materials and reports from our speakers, which are being handed out to our in-person attendees, will be available for download on the Livestream Site: <http://survey.mowaa.org/index.php?sid=91422>

Q&A and Online Discussion

Your personal perspective is an important piece in the present – and future – of senior nutrition. We hope that you will share your voice, questions and concerns both before and throughout the Summit. We will be taking all questions for the Summit panelists electronically, starting today:

Please feel free to review the Session Descriptions and submit any questions or comment you may have to Summit@mowaa.org.

Our panels will be accepting questions via:

1. Text/SMS: Send a text message to 571-402-4464 (571-40-AGING).
2. Email: Send questions to Summit@mowaa.org. *Please put your primary question in the Subject line. (Both the subject and body of your email will be visible to the moderator and participants.)*
3. Twitter: Tweet your question using the hashtag #NutritionDC12

Follow the Online Discussion

Questions will be published publicly at <http://nutritionandaging.tumblr.com>.

Please note that we will remove the originating email address (for emails) or phone number (for text messages) prior to posting questions online.

Required Set Up

To enjoy the full capabilities of the livestream from your computer, you will need a computer with high-speed Internet access (e.g., DSL, cable, etc.) and speakers or other external audio in order to hear the sound.

We will be using a MediasitePlayer to broadcast the livestream. The livestream will work on all of the most common computers and operating systems. (Please see: <http://psav.mediasite.com/Mediasite/Play/Help/Classic/OverviewFullVersion.htm> for full details.)

Testing the Mediasite Player

In order to use the Mediasite Player, you will need to have Microsoft Silverlight 5.0 installed. (If it is not currently installed on your computer, you will be prompted to download it when you first visit the web page for the livestream channel.)

You can check your computer set up on our test channel at any time to make sure you have the correct set up.

Test Channel:

<http://psav.mediasite.com/mediasite/Play/b4591de1cbfa46888abdb3ab5cb3ed9a1d>

Please note that this link is **for testing purposes only** -- there will not be any sound or video broadcast via this channel. You will be able to see the words "Waiting for Presentation to Begin" if your set up is correct.

Questions

If you have technical issues, please contact Sopha Sar at Sopha@mowaa.org.

If you have any other questions about your Summit Registration, please contact Erika Kelly or Suzanne Grubb at resourcecenter@mowaa.org.

We are delighted you can participate, and we look forward to hearing your Perspective.



Meals On Wheels Leadership Academy & Continuing Education Credits



Today's Summit has been pre-approved for **60 Continuing Professional Education Units for dietitians and dietetic technicians** from the Commission for Dietetic Registration, Academy of Nutrition and Dietetics. Certificates of attendance are available at Registration upon request.

Meals On Wheels Leadership Academy attendees can receive 50 Certificate Credits for participating in today's Summit. To receive credit you must sign in with your QR Code stickers for **both** the morning and afternoon session. Sign-in sheets are located on each table.

For additional materials from our speakers, visit <http://summit.nutritionandaging.org/handouts>



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You have Questions? They Have Answers.



Throughout the Summit, submit your questions and comments in one of three ways.

Wi-Fi Network

Network: NutritionDC12
Username: DC2012
Password: DC2012

- 1) Text/SMS: Send a text message to 571-402-4464 (571-40-AGING).
- 2) Email: Send questions to Summit@mowaa.org. Please put your primary question in the Subject Line.
(Both the subject and body of your email will be visible to the moderator and participants.)
- 3) Twitter: Tweet your question using the hashtag #NutritionDC12

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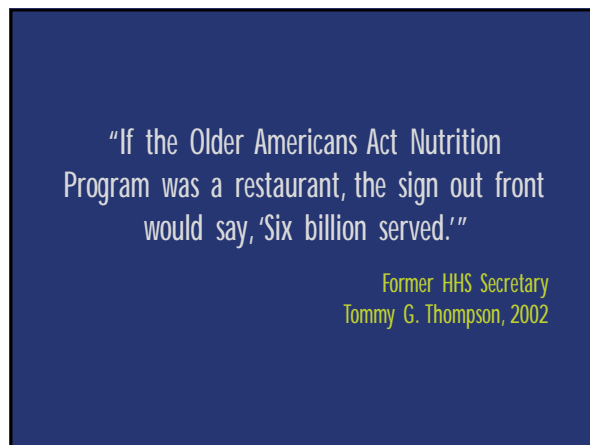
Questions will be published publicly at <http://nutritionandaging.tumblr.com>.

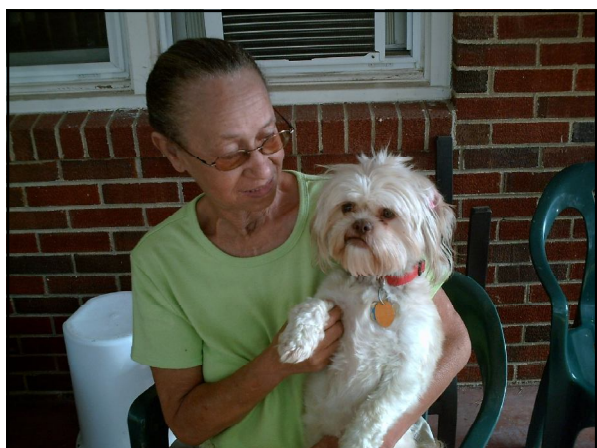
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Appendix W:

Perspectives on Nutrition and Aging:

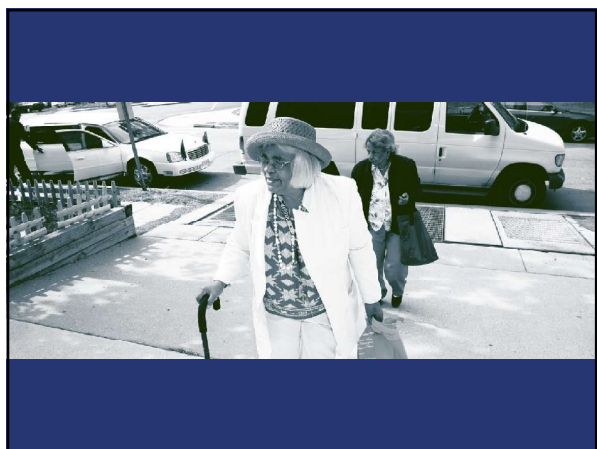
A National Summit – 40th Anniversary Slide Show





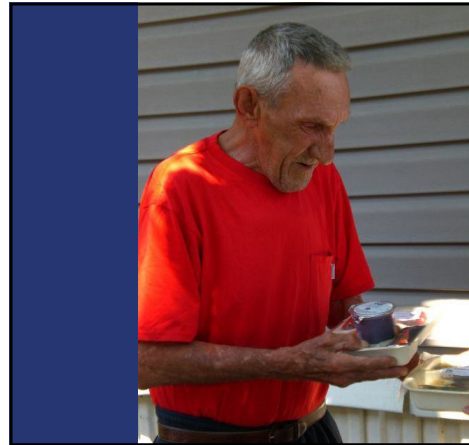
Have a Question or Comment?

See information on your table
for instructions



1950

President Truman initiates the first National Conference on Aging, sponsored by the Federal Security Agency.



1952

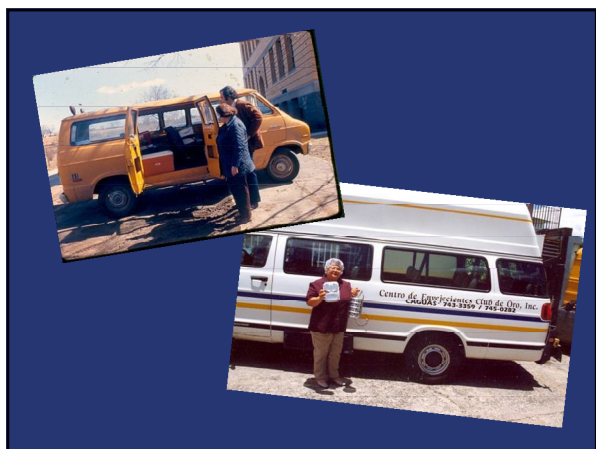
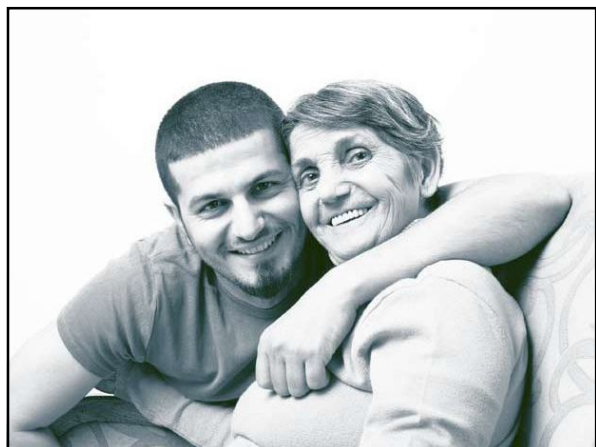
First federal funds appropriated for social service programs for older persons under the Social Security Act.





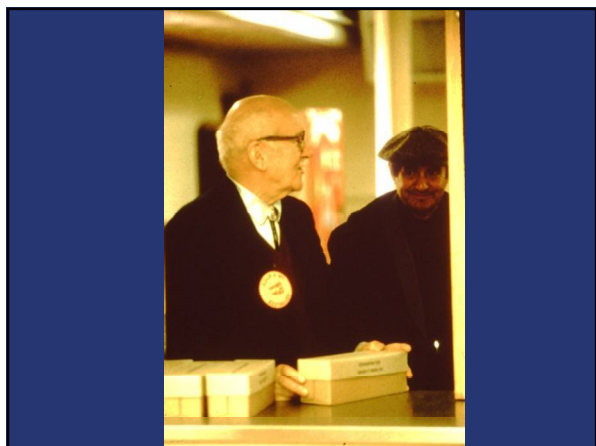
Have a Question or Comment?

See information on your table
for instructions



"Investing in senior nutrition and in well-designed senior programs in general saves money for the government because when we do that we keep people out of emergency rooms, nursing homes and the hospital."

Senator Bernard Sanders (I-VT)
Chairman, Subcommittee on Primary Health and Aging



1956

Special Staff on Aging established within the Office of the Secretary of Health, Education and Welfare to coordinate responsibilities for aging.



Have a Question or Comment?

See information on your table
for instructions



1961

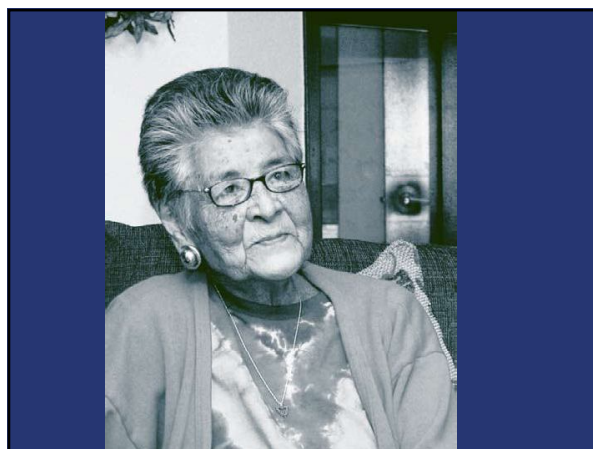
First White House Conference on Aging held
in Washington, D.C.



PROJECT MENU PLAN - NUTRITION PROGRAM FOR THE ELDERLY					
MONTH DATE DAY	10/15/73 TUESDAY	10/16/73 WEDNESDAY	10/17/73 THURSDAY	10/18/73 FRIDAY	10/19/73 SATURDAY
MEAT OR ALTERNATE EAT COOKED POIBLE PORTION	Roast Turkey Grilled Gravy	Ground Beef Spaghetti Sauce Pasta	Baked Pork Chop	Tuna Noodle Casserole	Hot Roast Gravy
VEGETABLES & FRUITS 2 1/2 CUP SERVINGS	Roasted Potatoes Buttered Carrot Steaks	Roasted Potatoes Buttered Green Beans	Roast Potato Apple Raisin Salad	Stewed Tomato Apple Raisin Salad	Oven Baked Potatoes
BREAD OR ALTERNATE 1 SERVING	Cornbread	Bread Sticks	Roll	Hard Roll	Parkhouse Roll
BUTTER OR FORTIFIED MARGARINE 1 TEASPOON	X	X	X	X	X
DESSERT 1 SERVING	Chocolate Pudding Fruit Salad	Lemon Sponge Pudding	Butterscotch Chip Cookies	Peach Upside- down cake	Orange Sherbet
MILK 1/2 PINT	X	X	X	X	X
BEVERAGE (OPTIONAL)	X	X	X	X	X
NO. OF CONGREGATE MEALS	PROJECT TITLE				
NO. OF HOME DELIVERED MEALS	PROJECT DATE				
PREPARED BY	PROJECT DIRECTOR				
	DATE				

Have a Question or Comment?

See information on your table
for instructions



America's senior population (65+) numbered 40.4 million in 2010, an increase of 15.3% since 2000.

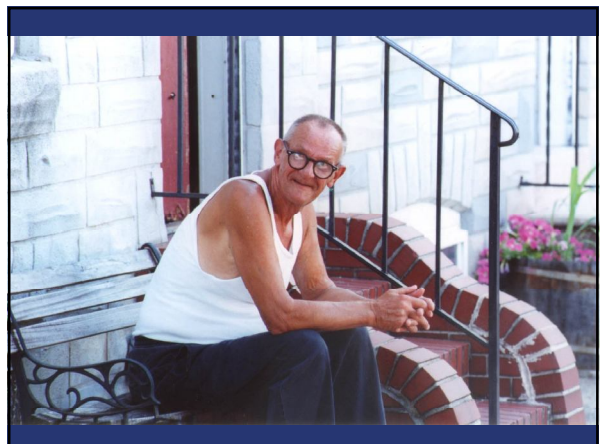


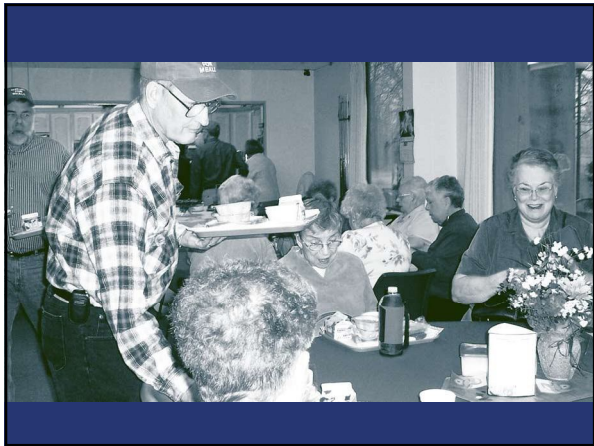
**The National
Resource Center on
Nutrition & Aging**



1965

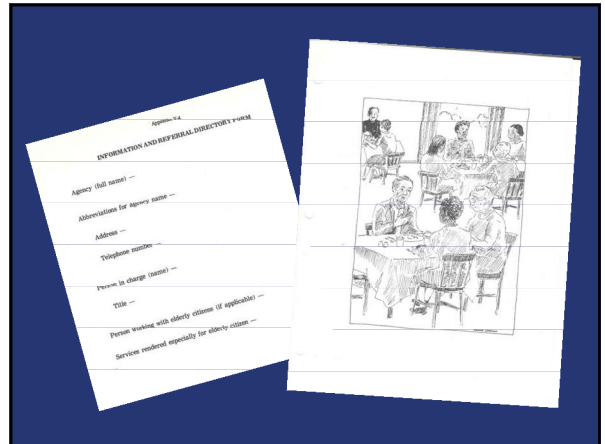
Older Americans Act signed into law on July 14.
William Bechill named first Commissioner on Aging.





Have a Question or Comment?

See information on your table
for instructions





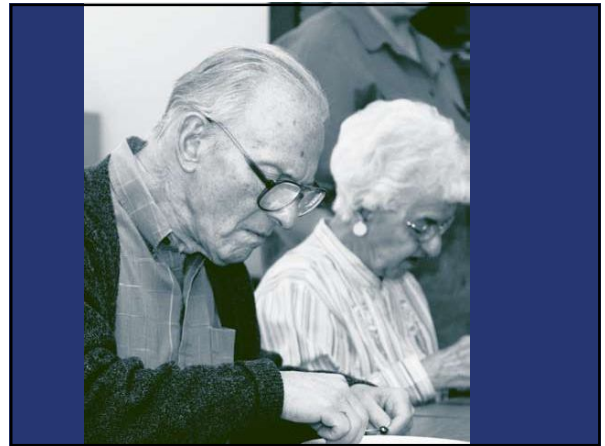
1967

Older Americans Act extended for two years and
Age Discrimination Act signed into law.



By 2045, for the first time in human
history, there will be more seniors than
children in the world.



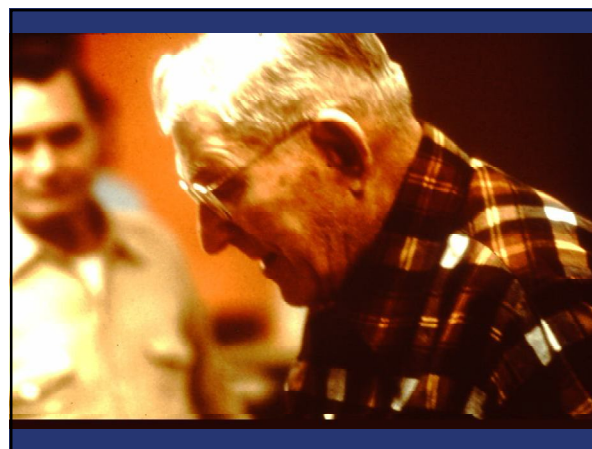
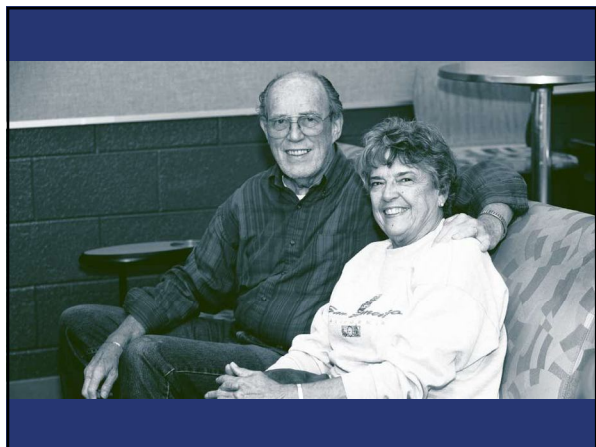


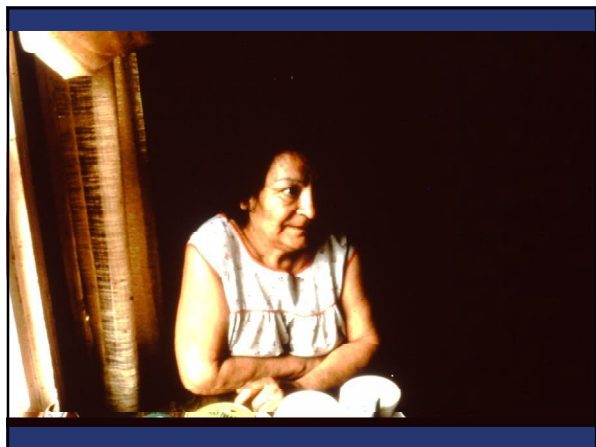
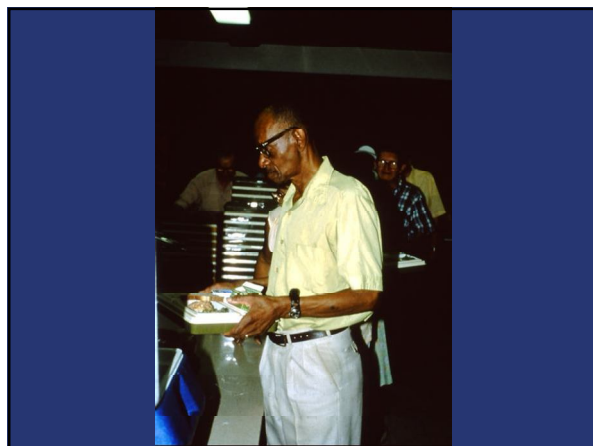
Have a Question
or Comment?

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PERSPECTIVES
ON NUTRITION & AGING
A National Summit

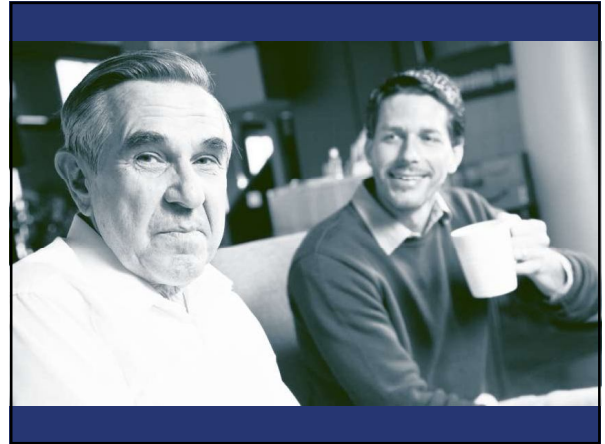




1973

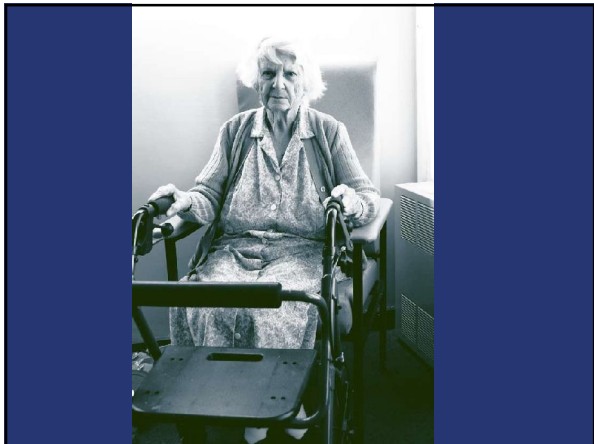
Older Americans Act Comprehensive Services
Amendments establishes Area Agencies on Aging.

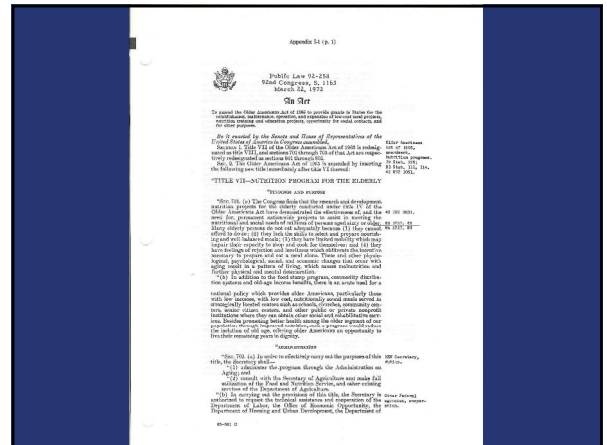
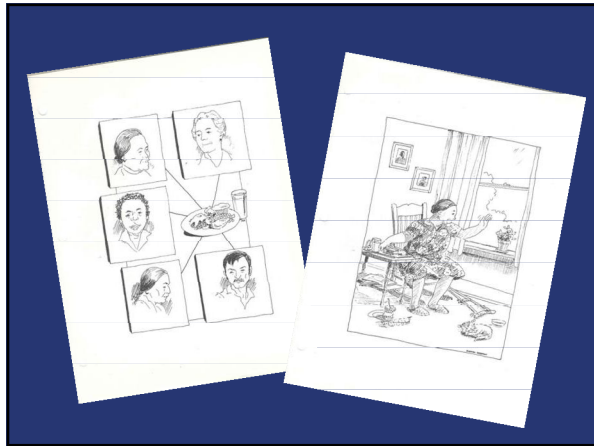




Have a Question
or Comment?

See information on your table
for instructions





"We often fail to perceive that it is not what the older person eats, but with whom that will be the deciding factor in proper care."

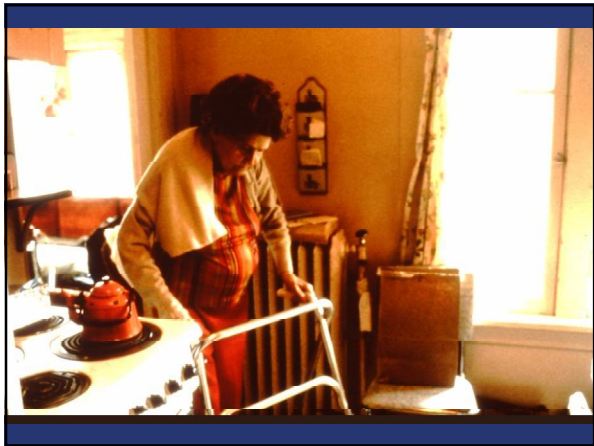
Jack Weinberg
ADA

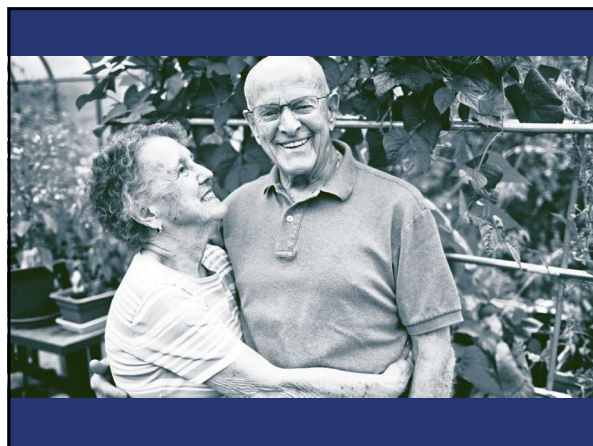
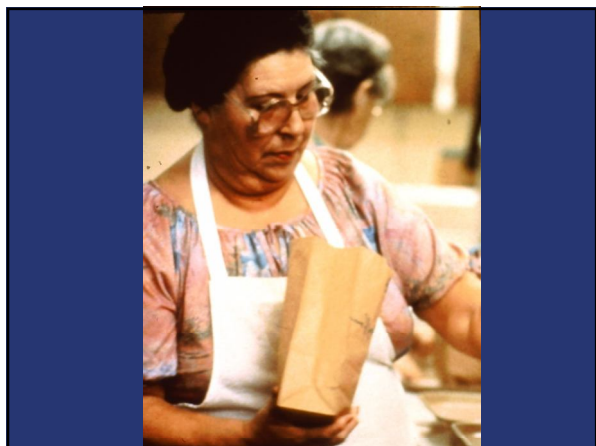




1974

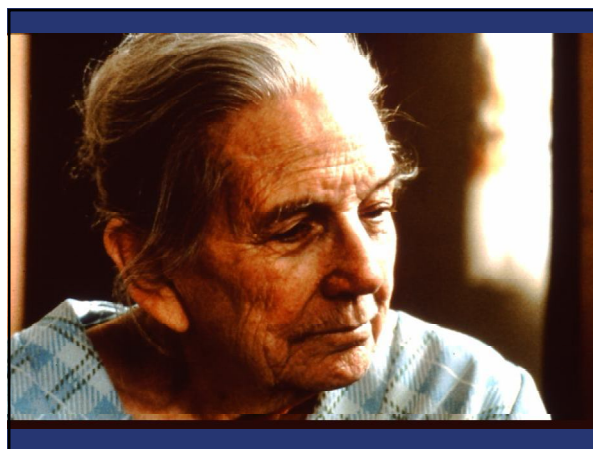
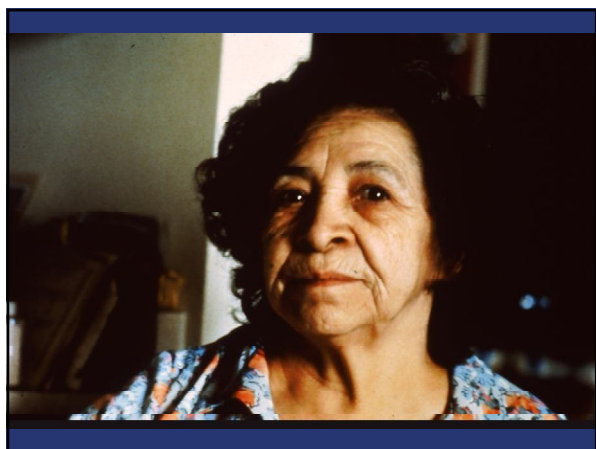
National Institute on Aging created to conduct research and training related to the aging process.





1978

Older Americans Act Amendments consolidate the Title III Area Agency on Aging administration and social services, the Title VII nutrition services, and the Title V multi-purpose senior centers, into a new Title III and adds a new Title VI for grants to Indian Tribal Organizations.

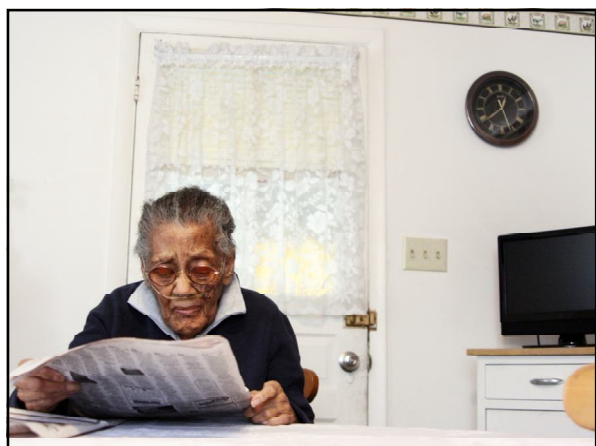




Have a Question or Comment?

See information on your table
for instructions

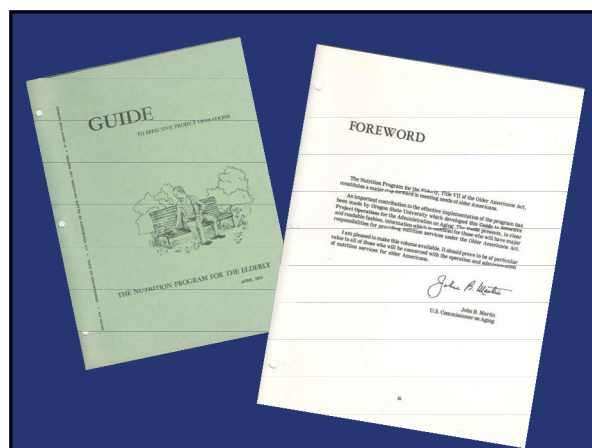
CHOLE Monthly Summary of Operations Food Service									
Prepared by: _____									
	1	2	3	4	5	6	7	8	9
	Number of Meals	Value	Beginning Inventory	Purchases	Closing Inventory	Cost	Total Cost Food Cost	Total Cost Food Per Meal	Average Cost Per Meal
1. Operational Expenses									
2. Meat (Pork)	22	2,000							
3. Meat (Beef)	22	2,000							
4. Meat (Chicken)	22	2,000							
5. Eggs	22	2,000							
6. Vegetables	22	2,000							
7. Fruit	22	2,000							
8. Total Meals Served	22	11,000							
9. Cost per Meal									
10. Meat (Pork)	500	2,500							
11. Meat (Beef)	500	2,500							
12. Meat (Chicken)	500	2,500							
13. Eggs	500	2,500							
14. Vegetables	500	2,500							
15. Fruit	500	2,500							
16. Total Cost per Meal	500	2,500							
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18. Total Cost per Meal	500	2,500							
19. Total Cost per Meal	500	2,500							
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100. Total Cost per Meal	500	2,500							



1995

30th Anniversaries of the Older Americans Act,
Medicare, Medicaid & the Foster Grandparent Program.

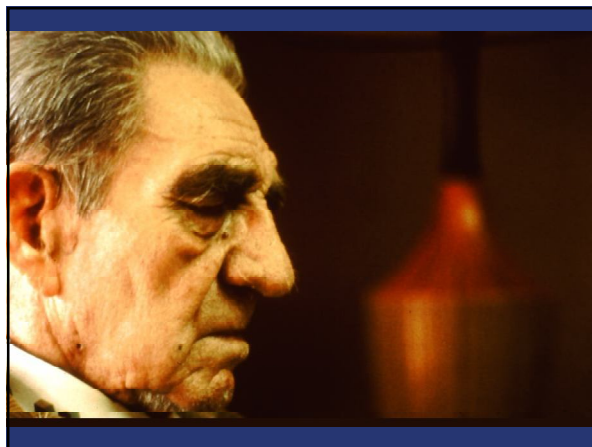
60th Anniversary of Social Security.





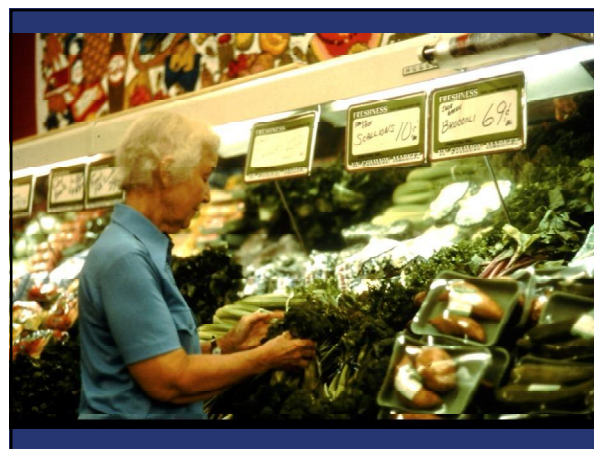
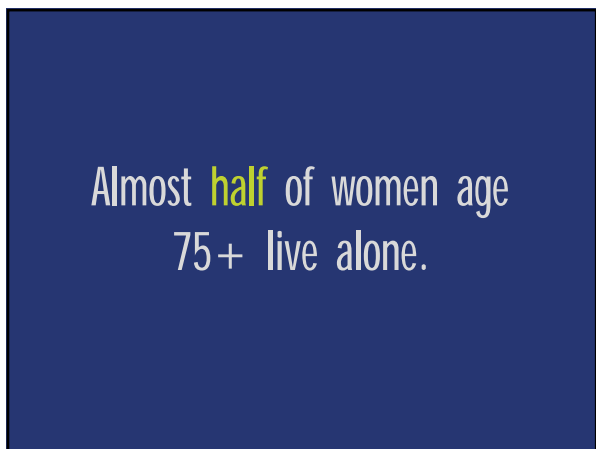
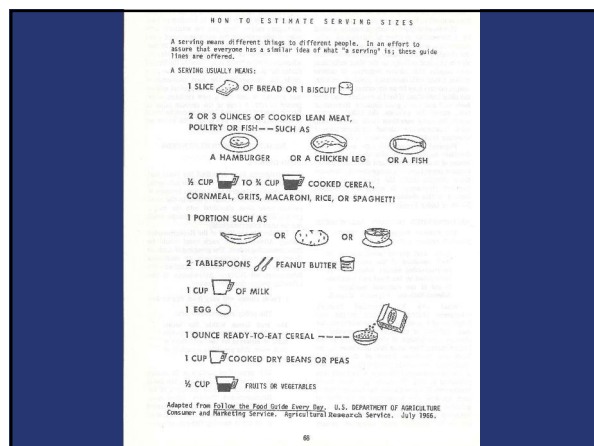
2000

Older Americans Act Amendments of 2000 signed into law, establishing the new National Family Caregiver Support Program, and reauthorizing the OAA for 5 years.



Have a Question or Comment?

See information on your table
for instructions





Have a Question or Comment?

See information on your table
for instructions



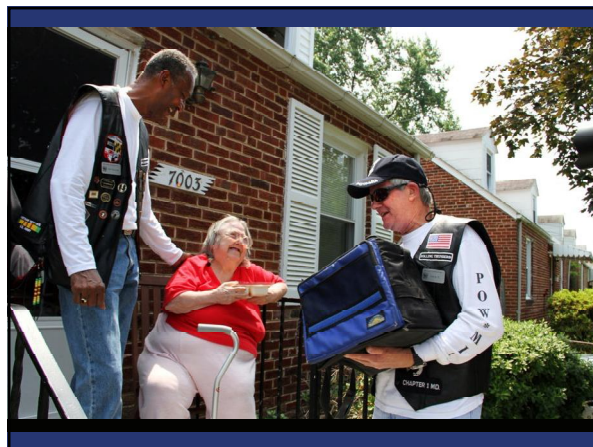
2006

Older Americans Act Amendments of 2006 signed into law,
embedding the principles of consumer information for
long-term care planning, evidence based prevention programs,
and self-directed community based services to older
individuals at risk of institutionalization.



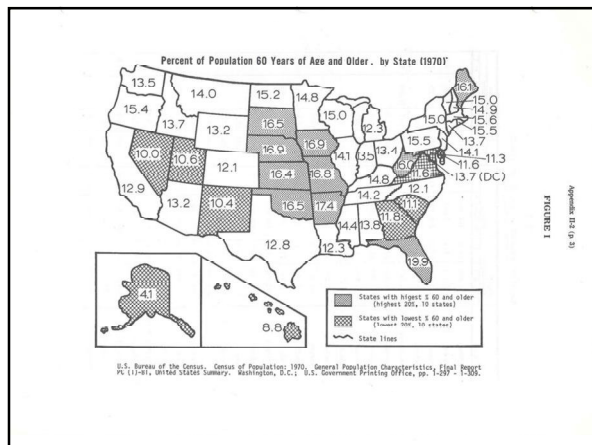
2010

Affordable Care Act signed into law.



"Now more than ever, we need work together to help seniors stay healthy and independent as they age."

Senator Joe Manchin (D-WV)



2011

First of the nation's baby boomers turn 65.



"Meals on Wheels volunteers are trained to do more than simply deliver food. They help the elderly learn about other services available to them and are trained to make at least preliminary conclusions as to other needs and problems of the homebound elderly."

Former Senator John Chafee (R-RI)



Have a Question or Comment?

See information on your table
for instructions



Appendix X:

Perspectives on Nutrition and Aging:

A National Summit – Videos

“Welcome” Video – National Summit

Played at the Start of the Summit.

Link to watch the final video: <http://www.youtube.com/watch?v=T1AJR2PRPXc>

(Voice Over):

Today's seniors have lived through – and carried out – what is probably the greatest transformation this nation has ever experienced.

But we are on the brink of a different type of transformation.

By 2045 there will be more seniors in this world than children.

This has never happened before in the history of the human race.

Our economy...

Our healthcare system...

Our communities...

Our families...

Our future depends on our ability to anticipate and prepare for the changing needs of our nation's aging population.

This National Summit – Perspectives on Nutrition and Aging – is an opportunity for us to explore these unprecedented challenges. We know that nutrition services will be a critical factor in the search for solutions. But these programs must adapt and evolve if they are to provide the necessary impact. We must focus on the future, and find ways to capitalize on emerging trends in food, technology and social entrepreneurship.

And we cannot do it alone. We must reach out beyond the traditional network, sector, and industry boundaries that limit our thinking – and limit what's possible.

That is why the National Resource Center on Nutrition and Aging – a cooperative partnership between the Administration on Aging and the Meals On Wheels Association of America – has convened this National Summit

Guided by a Steering Committee, representing the diverse voices of the Aging Network.

With speakers representing nonprofit organizations; local, state and federal government agencies; think-tanks; universities; and the private sector.

And with participants from across the country – each person bringing his or her own unique perspective.

Forty years ago, when Congress authorized a National Nutrition Program under the Older Americans Act, fledgling Senior Nutrition Programs sprang up across the country, guided by passionate people working to serve their local communities. The goal of the nutrition program, in its first year, was to serve 250,000 seniors.

By 2010, the nutrition program was serving ten times that number. Today over 8 billion meals have been provided, helping seniors across the country maintain their health and independence.

Today, we celebrate the 40th Anniversary of Senior Nutrition Programs, and the innumerable lives and communities it has strengthened .

Today we celebrate the innovation and inspiration of those who built the foundations on which we now stand, by coming together to imagine and prepare for the next 40 years.

Over the course of today, you will hear many different Perspectives on the future of nutrition, aging and health in America.

Our task is immense. It will require us to think differently. It will require the courage to move beyond “business as usual” into unexplored territory. And it will require the commitment of every single person here today.

Each of you has an important Perspective to contribute to this dialogue. Each of you comes from a unique community; and each of you brings a unique set of experiences to the table.

Your mission today is to: Discover a new point of view. Explore a new idea. Start a new conversation.

Welcome to *Perspectives on Nutrition and Aging: A National Summit*. Let’s work together to build the future.

"Perspectives Challenge" Video – National Summit

Played after the First Panel / Before the first round of "Your Perspectives"

Link to watch the final video: <http://www.youtube.com/watch?v=q9gELpA3cZ8>

(Voice Over):

The best ideas can emerge from unlikely places. We each look at the world through different eyes. We each see different challenges ... and different opportunities.

The National Resource Center on Nutrition and Aging issued a Challenge. We asked people across the nation to share their solutions.

How can we serve more people, in a time when resources are scarce? How do we link Nutrition and Health in our communities? How can we get ready for the future?

We launched the *Perspectives* Challenge to uncover the best practices and the best possibilities for serving the nutrition needs of the future.

We asked for your solutions. And you responded.

We received the unique Perspectives of: Caregivers, Case managers, Senior Nutrition Programs, Area Agencies and State Units on Aging, Researchers, Businesses, And anti-hunger non-profits

Out of all the submissions, our Steering Committee selected the individuals who presented the most innovative practices and possibilities. The ones that showed the most promise for creating sustainable impacts ... now and in the future.

And we asked those individuals to come here and share their ideas with you today.

We hope that the following presentations will give you a fresh Perspective on the challenges and opportunities that will drive the future of nutrition and aging.

And we hope that you will use these new Perspectives as a springboard for ongoing inspiration and dialogue.

NRC Library Launch Video

Played at the close of the Summit.

Link to watch the final video: <http://www.youtube.com/watch?v=AATKqZBmdal>

Video Begins with Introductory Facts/Timeline.

Voice Over:

Forty years ago everything that you needed to know to run an effective Senior Nutrition Program was packaged into a single two-inch Green binder.

This binder – the 1970s *Guide to Effective Project Operations* – helped spawn literally thousands of community-based senior nutrition programs across the United States –

And from this humble, three-hole-punched foundation, a tremendous body of knowledge has emerge:

- as ongoing research builds our understanding of the connections between nutrition, health and quality of life
- as leaders in the aging network continue to examine and refine the broad systems that serve seniors
- and as providers working in the field innovate, test and adapt emerging practices to their local communities.

This information could fill tens of thousands of binders....

In October of 2011, The National Resource Center on Nutrition and Aging was formally charged with building an online library that would serve as a central clearinghouse of information for Professionals working in senior nutrition.

As we started talking to experts and professionals and developing our plans for the Library, we quickly discovered two important facts:

- 1) Right now, there is a LOT of high-quality, highly useful information, instantly available to the public.
- 2) This information is literally scattered across the Internet, mixed up in a churning sea of irrelevant, questionable, and redundant web pages. And very few people are able to efficiently navigate through all the information pollution to locate the Right information, Right when they need it.

Forty years ago, the issue was a lack of quality information.

Today – the issue is the lack of FINDABILITY of quality information.

For the past year and a half, the Meals On Wheels Association of America has been working on the issue of knowledge exchange in the senior nutrition field.

We brought together an Advisory Committee of experts: in senior nutrition ...health promotion foodservice – as well as experienced professionals from all levels of the aging network.

Together, these experts worked to define the full scope of knowledge in the senior nutrition universe –

- not just looking at day-to-day issues such as dietary guidelines, delivery systems and program operations

- but also outlining links “outside the box” – to public policy and systems of health care, public health and food assistance; to guidance on planning and evaluation; and to resources that look to formalize senior nutrition as a field – through professional development, and by tapping into a growing body of public data sets and evidence-based methods.

Once they identified the topics to be covered, the Advisory Committee helped us to identify specific resources to include in our initial online collection, vetting content according to high standards of quality, accuracy and relevance.

As our collection grew – we realized that just identifying these resources wasn’t enough.

That if we wanted to build a library to support people trying to solve 21st century problems...

We needed to take advantage of 21st century technology.

Using open-source technology, we created a custom website to house our growing body of resources – built on a platform specifically designed for scalability and flexibility, so we can add new features to address evolving information and communication needs in the years ahead.

In developing the initial structure of the website we focused on exploration and discoverability –

- That is, making sure you can find exactly what you’re looking for when you need it....

- and making sure you encounter vital resources that didn’t even know to look for.

In the Online Library, you can search for resources...

You can explore the categories to get a quick overview of a topic

You can take a deeper dive, following trails of key words...

And, most importantly, you can use this platform to connect and exchange knowledge with others:

- ... by sharing what you learn.
- ... by connecting with other organizations in the aging network
- ... by finding other people who are working on projects like yours
- ... and by sharing resources you have, so that others can benefit from your knowledge.

In the coming months, the Online Library will continue to evolve:

- incorporating more resources
- more opportunities for information exchange, and
- the launch of the Senior Nutrition Navigator: A portal to help Seniors and their caregivers find easy-to-understand tips and resources that are most relevant to their personal needs and circumstances.

Throughout the day today – you’ve heard about emerging trends and research during our panel sessions.

You’ve heard a few new best practices and possibilities from our Perspectives Challenge presenters.

And you’ve connected and shared Your experience and Perspective with others in this room.

But we’ve barely even scratched the surface...
Of what we know
and what we can learn from each other

We hope that the dialogue we started during this Summit will continue well into the future....

And we hope that the Online Library that we launch today will facilitate – and engage others in – this conversation that will ultimately the way we think about nutrition services.

It may sound ambitious – but the idea is simple:

You are what you know.
When what you know changes... You change
And when you change ... everything around you changes.

If a binder’s worth of knowledge on how to Run A Senior Nutrition Program can launch thousands of programs
that served 8 billion meals
and allowed millions of seniors to live independently, in their own homes....

.... Just imagine what we can accomplish today, as we work together to build the future.

Appendix Y:

Perspectives on Nutrition and Aging:

A National Summit – Master of Ceremonies Script

Script – Master of Ceremonies

Perspectives on Nutrition and Aging: A National Summit

[[9:00 a.m. Loudspeaker “*Ladies and Gentlemen. Please take your seats. Perspectives on Nutrition and Aging is about to begin.*”]]

A Brief “Welcome” Video begins.

GO ONSTAGE, STAND AT PODIUM 1 as the video plays

[[Peggy will briefly welcome everyone, make a few housekeeping announcements, and then **she will introduce you.** Begin speaking after her introduction.

“Again, we are delighted to be working with Laura and it is my pleasure to introduce her to you today on this national stage.”]]]

Thank you, Peggy for that kind introduction.

Good morning to you all, and again, welcome to our National Summit!

Isn't the Gaylord gorgeous?

Well, this meeting will better than the Gaylord's beauty!

I'm quite honored to be here today for this historic occasion.

I say historic because never before have so many professionals from the fields of nutrition, geriatrics, medicine, and aging – from the nonprofit, the for-profit and the public sectors – all come together in one place, for one day and for one purpose.

And, not only that, but it's our Nutrition Program's birthday!

We're celebrating the 40th Anniversary of the Older Americans Act Nutrition Program by recognizing the visionaries of the past, and those who have worked tirelessly over the last 40 years to help build the strong foundation we have today.

And while it has been a remarkable 40 years, we know we're surrounded by changes, and that we must prepare for the next 40 years.

Technology is changing every day.

Sources of funding are changing every day.

And we're all very aware that the senior population is changing every day.

In fact, in the next 24 hours 10,000 baby boomers will reach age 65.

And tomorrow 10,000 more baby boomers will reach age 65 and the next day 10,000 more baby boomers will reach age 65.

And, ladies and gentlemen, this trend will continue for the next 19 years.

And **that** is why we are all here in this room right now.

While it is fitting that we celebrate the past and what we have learned from it, we are here, not **just** to reminisce, but also to **build** on that platform.

We are here today at the crossroads of challenge and the opportunity to prepare for the future.

The individual who will kick off today's seminal event and lead us down that path, is no stranger to you, and she is certainly no stranger to thinking ahead and thinking big.

It is my distinct pleasure to introduce to you the Honorable Kathy Greenlee.

We are very fortunate that she could join us, because she is a dedicated visionary national leader.

She serves as the Assistant Secretary for Aging AND as the Administrator for the Administration for Community Living, a newly created federal agency.

She likes to say she wears two hats.

The Administration for Community Living, or ACL as we call it, brings together the Administration on Aging, the Office on Disability, and the Administration on Intellectual and Developmental Disabilities, all of which are part of the U.S. Department of Health and Human Services. AoA hasn't **become** ACL; it is now **part** of ACL.

ACL is charged with maximizing the independence of older adults and persons with disabilities of any age by working with states, tribes, community providers, nonprofit organizations, hospitals, families, etc., to help seniors and people with disabilities live in their homes and fully participate in their communities.

Prior to holding these positions at HHS, Assistant Secretary Greenlee served as Secretary of Aging in Kansas, and before that as the Kansas State Long Term Care Ombudsman.

She also served as the General Counsel of the Kansas Insurance Department and as Chief of Staff and Chief of Operations for then-Governor Kathleen Sebelius, who as you know is currently the Secretary of the U. S. Department of Health and Human Services.

Andshe's my boss!

Ladies and Gentleman,

It is my honor and privilege to introduce to you the Honorable Kathy Greenlee.

After the Introduction

GO OFFSTAGE

[[When the Assistant Secretary is nearing the End of her Speech (We will try to get a cue for you) please be ready and standing next to the riser.]]

As the Assistant Secretary Concludes

GO ONSTAGE, STAND AT PODIUM

Thank you so much, Madam Secretary.

Your words of encouragement, inspiration and call to action are a perfect way to set the stage for today's program.

And, we're all privileged to be working by your side as we become more efficient and effective for the seniors today and the seniors of the future.

The Assistant Secretary walks off stage

As you see, we have extraordinary leaders like the Assistant Secretary, as well as those who have served at the helm of AoA before her, who have helped to lay the groundwork and set in place the essential building blocks we have today.

Our next panel will discuss significant milestones, and how lessons learned during the history of the Older Americans Act programs can be applied to our work today.

Leading our panel discussion is Ms. Carol O'Shaughnessy, a principal policy analyst at the National Health Policy Forum at George Washington University.

Prior to joining the Forum, Ms. O'Shaughnessy spent 27 years at the Congressional Research Service, the nonpartisan research entity of Congress, as a social legislation specialist.

Her work focuses on aging services, including the Older Americans Act and Medicaid home and community-based services and long-term care.

Ms. O'Shaughnessy also serves as the Chair of the Steering Committee of the National Resource Center on Nutrition and Aging.

Please join me in a round of applause to welcome Ms. O'Shaughnessy and our panelists.

After you Introduce the Panel, GO OFFSTAGE

[[When the Panel is nearing the End of its allotted time (You will be cued) please be ready and standing next to the riser.]]

As the Panel Concludes

GO ONSTAGE, STAND AT PODIUM

That was great! Thank you all for that discussion. I learned a lot myself!

Your experiences and expertise are invaluable, and you have definitely provided some practical considerations we can all bear in mind during this transformative time, particularly as we look to integrate nutrition programs with other sectors.

It's true that we must never forget the core purposes of these programs, and that we have an effective model.

And to help us think about new ways to build on this past, next up we're going to hear from 5 different folks with 5 new ideas, in the first of our sessions titled "Your Perspective."

Ok, let the show begin!

Video will play.

STAY AT THE PODIUM

When video concludes, continue. . .

The five individuals that you see on stage have all responded to the call for ideas and innovations.

They responded to the national challenge that confronts us all. Each will share a vision for the future of nutrition and aging by presenting their “Best Practices” and “Best Possibilities.”

Leading off is Anthony Cirillo from Fast Forward Consulting in Huntersville, NC.

Anthony is the only individual who submitted his Perspective for the future in song form, including a Meals On Wheels-based rendition of “Hungry Heart.”

Unfortunately, Bruce Springsteen wouldn’t lend us the rights to this melody for our Summit and Bruce wouldn’t agree to come sing it himself – but song or not, I’m sure you’ll enjoy Anthony’s dynamic presentation on uniting a continuum of care.

Anthony Speaks
SIT AT LITTLE TABLE NEXT TO PODIUM

As Anthony concludes/or time runs out
STAND BACK UP AT PODIUM

Thank you, Anthony.

That is exactly why we convened this Summit.

The challenges we face are bigger than any one person, program or agency can take on.

But when united, we can find the solutions.

Our next presenter is no stranger to many of you in this room.

Carlene Russell serves as the Nutrition Program Manager at the Iowa Department on Aging.

She is our only presenter here **in person** who represents a State Unit on Aging, and we're glad

to have her here to outline a new model for Congregate nutrition programs. It's about

collaborating with farmers to obtain fresh local food and generating program revenue at the

same time. Sounds like a win-win to me. Carlene?

Carlene Speaks

SIT AT LITTLE TABLE NEXT TO PODIUM

As Carlene concludes/or time runs out
STAND BACK UP AT PODIUM

Thank you, Carlene.

I'm sure many in the audience did what I did -- they just jotted down a note to themselves for when they return to their offices.

Here's mine -- Laura, remember to get more info on Carlene's effort to see if it'll work in my own state and community.

Going now from the state level to the municipal level, I'm excited to introduce our next presenter, Margaret Ernst, from the Mayor's Office in Philadelphia, PA.

Margaret is going to talk about the work of Mayor Nutter's Commission on Aging and one city's on-the-ground efforts to tackle the issue of senior hunger head-on.

Margaret Speaks
SIT AT LITTLE TABLE NEXT TO PODIUM

As Margaret concludes/or time runs out
STAND BACK UP AT PODIUM

Thank you, Margaret and we applaud you for your work in Pennsylvania bringing together key stakeholders from across the city to tackle a central problem we know is only worsening – in fact, in a few moments, we be delving further into the issue of senior hunger on a national scale. Again, we know that building a network of partners is never easy, but the impact can be tremendous.

Interestingly, another Margaret from Philadelphia – Margaret Toy – is generally credited with bringing the British-born idea of home-delivered meals to the United States in 1954.

We all agree that the city of brotherly love was the location of **one** of the first formal Meals On Wheels programs in the country. I say “one of the first” because competition and friendly debate are good. Need I say more. <smile>

But of course, you know I will say more. Our next presenter, who hales from Columbus, Ohio, just might argue that **her** city and program was there first.

Without dispute, the program where she works is also one of the very first Senior Nutrition Programs ever established in the US, and it **predates** the Older Americans Act. How about that!

LifeCare Alliance has a history of being innovative and today, after more than a **century** of providing services – yes, I said **century** as in **more than 100 years!** – and, they're continuing that tradition.

I introduce to you, Jennifer Fralic, the nutrition service director at LifeCare Alliance in Columbus, Ohio.

Jennifer Speaks
SIT AT LITTLE TABLE NEXT TO PODIUM

As Jennifer concludes/or time runs out
STAND BACK UP AT PODIUM

That was wonderful, Jennifer. Thank you.

We know traditional funding sources have not kept pace with demand for years, possibly even decades.

And, it is likely that this trend will continue.

It will require our network to begin to think differently and tap into our entrepreneurial spirit, just as LifeCare Alliance has done, if we are to continue to provide the services and care for the seniors in our communities.

Speaking of an entrepreneurial spirit, our next presenter, from a web startup in Palo Alto, knows all about that.

Marci Harnischfeger is the Head Dietitian at ShopWell, a private company that provides personalized mobile and web resources to help people eat healthier and achieve their health goals.

Marci is going to talk about how both web and mobile technologies are changing the way seniors, and actually all of us, receive nutrition education.

Marci Speaks
SIT AT LITTLE TABLE NEXT TO PODIUM

As Marci concludes/or time runs out
STAND BACK UP AT PODIUM

Thanks, Marci.

Technology is really changing our whole landscape -- from how we conduct business, how we can access information, and even how we can ask questions at National Summits!

Thank you for your perspective on utilizing the technologies that exist today and how we might better serve and educate our seniors about how their **nutritional** decisions impact their health.

Our final perspective for this morning will be presented by video.

We're going to hear from Dr. James Ziliak, the Director of the Center for Poverty Research at the University of Kentucky and one of the coauthors of “Senior Hunger in America 2010: An Annual Report.”

Since 2008, Dr. Ziliak and Dr. Craig Gundersen have coauthored 4 comprehensive reports on senior hunger in America, commissioned by the National Foundation to End Senior Hunger, formerly the Meals On Wheels Research Foundation.

In this video, Dr. Ziliak provides some historical background and gives you an overview of this latest report.

Video Plays

STAY AT PODIUM

It's hard to believe that it wasn't until **2008** that we had a comprehensive nationwide **look** at the issue of senior hunger. Think about that -- surely seniors were hungry before 2008.

You know, I do think most of us have recognized or perhaps seen firsthand that the problem is getting worse, but I don't think any of us could've have imagined the magnitude of the growth and the pervasiveness of the problem or expected that the recent recession would have a greater impact on our senior hunger than other population cohorts.

At your tables, you will find a "Senior Hunger Report Card" – which presents the National Foundation to End Senior Hunger's interpretation of the findings from Dr. Ziliak and Dr. Gundersen's research.

I hope you will take a look at it, and the startling picture it presents.

It **is** clear that if we don't act to address this trend, there will inevitably be serious consequences to our seniors, to our nation, to our economy and to our health care system.

I specifically mention these areas, because it is important to remember that they are all interconnected: Nutrition to Health and Health to the Economy.

We can't consider the future of nutrition services without first understanding the bigger picture.

CONTINUE ON NEXT PAGE

Our next panel of experts will help provide this valuable context for our dialogue.

So far today we have highlighted several challenges and opportunities.

This next panel can help us understand what the future holds.

And not from a weegee board, don't worry!

We'll hear from a panel of experts who will discuss the impact of shifting demographics and diversity on our approach and analyzing trends that will help us apply new technology, integrate health care and nutrition as a health intervention, and incorporate successful business practices into the nonprofit sector.

Leading this distinguished panel discussion is Dr. Robyn Stone, Senior Vice President for Research at LeadingAge and Executive Director of the LeadingAge Center for Applied Research.

Dr. Stone's areas of expertise include long- term care policy and quality, chronic care for the disabled, aging services workforce development, as well as low income senior housing and family caregiving.

She was a political appointee in the Clinton Administration, serving in the U.S. Department of Health and Human Services as Deputy Assistant Secretary for Disability, Aging and Long-term Care Policy from 1993 through 1996 and as Assistant Secretary for Aging in 1997.

Welcome, Dr. Stone.

After you Introduce the Panel

GO OFFSTAGE

*[[When the Panel is nearing the End of its allotted time (**You will be cued**) please be ready and standing next to the riser.]]*

As the Panel Concludes

GO ONSTAGE, STAND AT PODIUM

◆◆◆◆ This is the place a panelist has a time crunch. MUST end on time!

What an excellent panel.

Thank you all for shedding light on the many issues that will shape the senior nutrition services of tomorrow.

The ideas of marketing these services as business products, the importance of measuring outcome and performance, and incorporating technology in the daily operations and senior's lives are critical and what we need to continue to explore.

This is only a taste of what's in store in the future as we re-think, adapt and transform our models for nutrition and aging services.

And with that food for thought, we conclude our morning session so we can have food for eating! So how 'bout this -- let's continue the dialogue with each other over lunch, which is being served right now, in Maryland AC.

We will be back right here in this room starting at **2:15 p.m.** for the afternoon session. Don't be late!

But now, please join us next door – where we can break bread together, learn from each other, and hear some words of wisdom from Dr. David Katz, our Keynote speaker. Thank you.

Lunch will be served in the room next door.

This session will resume at 2:15 p.m.

Welcome back to the afternoon session of Perspectives on Nutrition and Aging. Pretty tasty food for thought, wasn't it? Hmmmm.....I wonder if the Gaylord wants to be a senior nutrition provider.....or maybe a personal chef for me!

This morning was outstanding, I think you'll all agree.

We covered a lot of ground:

Through Assistant Secretary Greenlee's keynote, and then our first panel, we got to Celebrate the 40-year-long history of the Older Americans Act nutrition programs.

Plus we explored the rich foundation of people, programs and ideas that guide and support our efforts to build the future.

We heard from a panel of experts about the critical trends that we must keep top of mind, as we talk about the ways in which our model for providing services will change in the years ahead.

We heard different visions for the future from individuals who responded to our Perspectives Challenge.

And during lunch, Dr. Katz gave us a map to follow as we try to navigate our way down the road to good health.

So now that we've set the stage – we're going to roll up our sleeves and really dive in to the future - of - nutrition. GO TO NEXT PAGE

We have a lot to cover and only this afternoon to cover it – so without any further ado, let's kick off our afternoon session with another round of best practices and best possibilities from our Perspectives Challenge.

First, we'll hear from Samantha Powell, from Meals On Wheels of Tarrant County in Fort Worth, Texas.

We actually received a number of practices and possibilities from Tarrant County – ranging from nutrition screening to meal labeling to service-learning for dietetics students.

You'll be able to read about all of them in the Proceedings for this Summit.

Samantha's Perspective is about an innovative program designed to help keep people healthy and at home.

Samantha, thank you for coming, and I'll turn the floor over to you.

[Samantha Speaks](#)
[SIT AT LITTLE TABLE NEXT TO PODIUM](#)

As Samantha concludes/or time runs out
STAND BACK UP AT PODIUM

Thanks very much Samantha. “Care Transitions” is a topic that is going to be increasingly important for Senior Nutrition Programs as they become more connected to the health care system, and it's been great to see a snapshot of Tarrant County's approach to this issue.

Next, we have another Texan – with another Perspective on the integration of health care and nutrition service – this time, looking at a unique training program for health care professionals.

I'd like to welcome Bernadette Latson from the University of Texas Southwestern School of Health Professions.

Bernadette Speaks
SIT AT LITTLE TABLE NEXT TO PODIUM

As Bernadette concludes/or time runs out
STAND BACK UP AT PODIUM

Thank you, Bernadette, for sharing this best practice Perspective.

One of the main purposes of this Summit is to bring together people with diverse backgrounds to start a dialogue across the traditional disciplinary boundaries.

It's really great to be able to highlight programs like this one that provide a practical model for building cross-disciplinary teams.

Our next presenter, Nancy Tanquaray, from the Johnson County Area Agency on Aging in Kansas, is going to tell us about a program that is designed to break down a different sort of barrier: to bridge the gap between generations as a way to solve hunger.

Thank you for being here, Nancy.

Nancy Speaks
SIT AT LITTLE TABLE NEXT TO PODIUM

As Nancy concludes/or time runs out
STAND BACK UP AT PODIUM

Thank you Nancy, for sharing this great program with us today.

And thank you to everyone who shared their Perspective this afternoon.

We have one final Perspective Challenge presenter today.

Unfortunately, she was unable to come here to present in person, but we're very glad she was able to record her Perspective to share with us today – especially because her company is working toward a unique solution for promoting local food access.

I hope you'll join me in giving a warm, virtual welcome to Jennifer Goggin from FarmersWeb.

Video Plays

STAY AT PODIUM

I'm glad Jennifer was able to share her Perspective with us and give us some more food for thought about future possibilities for tapping into local farms and produce.

You know, all these Perspectives are making my stomach growl! I'll try to keep it quiet.

Mmmmm....Broccoli, asparagus, carrots.....of course, we all know there's a lot more to proper nutrition than just eating your vegetables.

So for our last session of the day, and possibly our best but I'll leave that judgement up to you -- we're quite fortunate to have a panel of experts who can give us a glimpse into the future of nutrition. CONTINUE ON NEXT PAGE

Our moderator for this panel is Dr. Linda Meyers, Director of the Food and Nutrition Board at the Institute of Medicine.

Dr. Meyers has previously served in a variety of roles in the Office of Disease Prevention and Health Promotion at HHS, where she oversaw the preparation of the 1990, 1995 and 2000 Dietary Guidelines for Americans, the US Action Plan on Food Security and Healthy People 2010.

Dr. Meyers, we are delighted to have you leading this final session. I now turn it over to you to introduce the panel.

After you Introduce Dr. Myers

GO OFFSTAGE

[[When the Panel is nearing the End of its allotted time (You will be cued) please be ready and standing next to the riser.]]

As the Panel Concludes

GO ONSTAGE, STAND AT PODIUM

Thank you very much Dr. Meyers, Dr. Post, Dr. Russell and Dr. Jensen.

You've all given us a fascinating look at the coming challenges and opportunities in the field of nutrition. You've shown us that have a lot to look forward to – and you convinced me that my 9 year old should definitely study nutrition when she goes to college!

And, as with all the panels we've heard from today, you've shown us that we have a lot of work ahead of us in the coming years ... and decades, even ... as we continue to fill in gaps in our understanding of the link between health and nutrition, and as we test and apply our new knowledge and research at local programs. But it won't all be WORK - we'll get satisfaction and personal pleasure too, I'm sure, in cracking this nut.

Today, at least, we've outlined many of the most critical trends that will impact the future of senior nutrition services, and we've been able to **begin** a discussion that will get us started down the road to good health.

That discussion can't **end** here though. We're counting on you to take all this we've heard today to where **you** live and work and continue the discussion.

CONTINUE ON NEXT PAGE

It's been my sincere pleasure to act as your guide through today's Summit – and to celebrate this 40th Anniversary milestone with all of you. Here's a little secret - I asked Peggy a week or two ago if we could serve a big delicious birthday cake with 40 candles to blow out at the Summit, you know, to step this celebration up a notch, but alas.....she reminded me that those watching us through the live-stream would get jealous, because we haven't yet figured out how to serve cake online, so....she nixed my idea. But please feel free to try this at home!

So as we think about how far we've come over the past 40 years, and what the next 40 years have in store for senior nutrition programs, I would like to introduce one final Perspective – the vision of the National Resource Center on Nutrition and Aging for a best practice ... and a best possibility... for the future.

Video Plays

GO OFFSTAGE ---- *Peggy will conclude the Summit with some brief closing remarks.*

Appendix Z:

Perspectives on Nutrition and Aging:
A National Summit – Online Dialogue

PERSPECTIVES ON NUTRITION & AGING

A National Summit

Q&A for Perspectives on Nutrition and Aging will be streamed on this page starting August 23. »



What: Perspectives on Nutrition and Aging: A National Summit

When: August 23, 2012
9:00 a.m. to 4:00 p.m.

Where: Gaylord National Hotel and Convention Center
201 Waterfront Street
National Harbor, MD 20745

Posted 3 months ago from bookmarklet

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YIKES! 10,000 people turning 60 per day!

The U.S. is in the worst financial shape in our Country's history, with over \$16 B. in debt. This is NOT a pretty picture.

Posted 2 months ago

0 Comments

Tagged: [AudienceQandA](#), [PerspectivesOnAging](#), [ShapingTheFuture](#), .

Personal responsibility and nutrition.

You have failed to mention the role of personal responsibility in a person's nutrition and health.

You can't eat everything you want.

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [AudienceQandA](#), [ShapingTheFuture](#), .

Sequestration

What is the anticipated effect of sequestration on OAA nutrition programs?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

Services for private pay compared to seniors in poverty.

It is frustrating to hear about concierge services for private pay when there are so many seniors in dire poverty ... And huge profits being made by insurance companies and managed care providers.

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [PerspectivesOnAging](#), .

What are the barriers to growth for programs?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .



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Medicare - Increasing Reliance on Volunteers for MOW?

Medicare provides organizations that provide hospice care with financial incentives for involving volunteers in patient care.

Do you foresee Medicare doing the same for MOW programs to increase their reliance on volunteers?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

Individualized/Specialized Meal Plans

We clearly need to begin offering specialized diets for those with chronic illness.

Do you see changes coming to the dietary guidelines that will allow more flexibility?

Do you have any ideas on funding that will support the cost of individualized meal plans?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [AudienceQandA](#), .

Private Pay Meal Opportunities

Please provide thoughts/insight/best practices on private pay meal opportunities.

Someone made the comment to let the wealth/affluent provide funds to serve the less fortunate/those in poverty.

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [ShapingTheFuture](#), [AudienceQandA](#), .

Where is OAA Reauthorization Now in Congress?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

Is the agenda for this session available?

Answer from the NRC: Yes!

You can download the program here:

<http://mowaacenter.org/conf12/summitprogram.pdf>

Posted 2 months ago

0 Comments

Tagged: [Administrativa](#), .

Socialization Standards?

How can we set a standard that requires a minimum number of socialization experiences that are provided through the Home Delivered Meal Program?

We all know the interaction is as important as the food yet there is a movement to provide a week's worth of meals delivered at one time by FedEx.

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [PerspectivesOnNutrition](#), [AudienceQandA](#), .

Efficiencies and Resources

Could removing some of the "levels" or agencies free up more money by decreasing overhead expenses?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

AAAs and Indirect Costs

One way to save significant funding is to eliminate the middlemen - AAAs - or have a limit on their indirect costs.

They should also be accountable to their state or federal aging offices.

How do we advocate for these changes?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

Community Hub Model - A future trend?

My organization has recently merged with a large company in an effort to change our business model to a community hub.

We will be offering bundle packages of meals, nursing care, transportation and light housekeeping.

Is this one of the trends you see that will help agencies be sustainable for the next 40 years?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

Are there any program models existing currently that you find to be cutting edge/state of the art ?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [AudienceQandA](#), .

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[next page →](#)



Will this video be available to us?

I would love to use portions of some presentations in education of my Board of Directors, local civic clubs, senior club meetings, and our pastor & physician luncheon.

Answer from the NRC Staff:

Yes! This session is being recorded. The recording will be published with our Proceedings.

Posted 2 months ago

0 Comments

Tagged: [Administrativa](#), .

Free Healthcare

If it's free and it's available, people are going to use it, whether they need it or not.

People need to pay a share for some of their healthcare!

Maybe they will take better care of themselves too!

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [AudienceQandA](#), .

Senior Center Directors Looking to Network at Lunch

For networking lunch could you ask if there are Senior Center directors who would like to meet and exchange ideas?

NRC Staff: If so Text/Email us right now, and we'll connect you all!

Posted 2 months ago

0 Comments

Tagged: [Administrativa](#), .

Does Shopwell have an app for droids?

Answer:

According to the Shopwell website, they do not currently have an app for Androids — but it is something they are considering.

Posted 2 months ago

0 Comments

Tagged: [AudienceQandA](#), .



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Can Shopwell inform its users about non-labelled foods?

(I.e. that is in tins delivered by Meals on Wheels)

Posted 2 months ago

0 Comments

Tagged: [AudienceQandA](#), .

How do I access info from the National Resource Center?

Answer from the NRC Staff:

Visit our Online Library at www.nutritionandaging.org

Posted 2 months ago

0 Comments

Tagged: [Administrativa](#), .

Is the research and data being referenced by the current speaker available somewhere and if so, where?

Answer from the NRC Staff:

Supporting materials will be available in the Published Summit Proceedings and at <http://summit.nutritionandaging.org/handouts>

Posted 2 months ago

0 Comments

Tagged: [Administrativa](#), .

Congregate Meals vs. Home Delivered Meals

How does the efficiency of congregate meals compare to that of delivering meals to clients' homes?

Has any study compared the effectiveness of the two programs?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [ShapingTheFuture](#), [AudienceQandA](#), .

Transportation & Nutrition

Transportation is a crucial element in any discussion of Nutrition and Aging, both for delivery of meals to the homebound, and access to congregate meals and grocery stores for the more mobile **senior**.

What is proposed at the national level to address this concern?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [PerspectivesOnAging](#), [AudienceQandA](#), .

What are the challenges for the nutrition program in these tough economic times?

Given today's economic situation and the fragile circumstances that many older people live in:

What are the challenges for the nutrition program in these tough economic times?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [ShapingTheFuture](#), [AudienceQandA](#), .

What is a medical home?

What is a medical home?

How does it differ from hospice other than caring for those who aren't dying?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [AudienceQandA](#), .

Is the AoA willing to fund what you are presenting as a solution?

Our Meals on Wheels program, has been doing just what you are suggesting.....

Providing high quality therapeutic meals that meet and exceed the state of Indiana nutrition guidelines to both AoA-funded clients and private pay, and hundreds of clients we fund meals for.

We are suffering from extraordinary rising costs! A budget loss of \$223,000, for the first time in our 35 year history.

Is the AoA willing to fund what you are presenting as a solution?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), [PerspectivesOnAging](#), .

Time for means testing?

Means testing remains the elephant in the parlor.

All meals programs deal with "system users", or those happy to take advantage of the OAA.

Too many people plus not enough money seems to point to the need to intelligently address means testing. This discussion has been studiously avoided by those in the aging field. Time to grow up and face the facts.

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

Do you think in 1965 anybody looked at the demographics of 2012?

Do you think in 1965 anybody looked at the demographics of 2012?

10,000 people per day, is this a train wreck?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [ShapingTheFuture](#), [AudienceQandA](#), .

How do we get CMS to expand medical nutrition therapy conditions and number of RD sessions?

Tweeted:

PERSPECTIVES ON NUTRITION & AGING

A National Summit

Continue the Discussion

Perspectives on Nutrition and Aging: A National Summit was held on August 23, 2012, in celebration of the 40th Anniversary of the inclusion of Senior Nutrition Programs in the Older Americans Act, for the purpose of initiating a future-focused dialogue around the critical link between nutrition and health in the context of our rapidly aging nation.

During the Summit, our presenters shared and explored a wide variety of new ideas - but we also collected the questions and perspectives of all who participated.

We hope you will help us [continue the discussion](#).

Please feel free to leave a comment or submit a post with any additional questions, comments or thoughts for the future.

Posted 3 weeks ago

0 Comments

Tagged: [Administrativa](#), [submission](#), .

Share Your Perspective

How are you preparing for the future?

Is there a successful practice or initiative at your organization that you would like to share?

Do you have ideas about how we should build the future of senior nutrition services?

Help us [continue the discussion](#) and please feel free to submit a post with your thoughts.

Posted 4 weeks ago

0 Comments

Tagged: [Administrativa](#), [submission](#), .

Veterans Funding

I know Medicare will be a tough battle before nutrition funding is provided but what, if any, progress is being made to the Veterans Administration to provide nutrition funding for homebound veterans?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), [PerspectivesOnAging](#), .

Vitamin D and Sodium - Practically Meeting DRIs

The Vitamin D requirements are noted for the 51+ age group, but to provide 1/3 DRIs at 5 ug per meal is extremely difficult to achieve with real foods.

What are your suggestions to meet this requirement through real foods while following the 500 mg per meal requirement for sodium?

Posted 2 months ago



Q&A from Perspectives on Nutrition and Aging: A National Summit, hosted by the National Resource Center on Nutrition and Aging

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0 Comments

Tagged: [PerspectivesOnNutrition](#), [AudienceQandA](#), .

MyPlate and the Food Pyramid

If USDA is pushing my plate, why are all of the resources on the website referencing the food pyramid?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [AudienceQandA](#), .

Sarcopenia & Increased Protein Intake for Older Adults

I don't want the conference to conclude without at least a mention of the impact sarcopenia has on the health, functioning and quality of life of older adults.

Low protein plus low exercise equals sarcopenia.

We should all be encouraging our seniors to eat sufficient protein at every meal. Thank **you**!

Posted 2 months ago

0 Comments

Tagged: [Panel Nutrition](#), [AudienceQandA](#), .

What about Medical Foods? (e.g. Medical Nutrition Therapy)

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [AudienceQandA](#), .

What how can state networks work to develop more effective programs?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

How do you envision I&R specialists from diverse disciplines functioning from the same frame of reference?

Posted 2 months ago

0 Comments

Tagged: [ShapingTheFuture](#), [AudienceQandA](#), .

Technology Interventions

What do you feel might be most crucial in terms of innovative technology interventions for service programs focused on caring for hungry seniors to incorporate?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [AudienceQandA](#), .

How can the nutrition program work with health care providers?

National health care reform efforts have been focused on addressing the needs of Medicare and Medicaid beneficiaries with chronic conditions: For example, through medical homes, accountable care organizations, and states are moving toward managed long-term services and supports.

How can the nutrition program work with health care providers – hospitals, physicians, to improve health care for people with chronic conditions. What has to happen programmatically and administratively for the program to play a larger role?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnNutrition](#), [PerspectivesOnAging](#), [AudienceQandA](#), .

How should the OAA nutrition program be conceptualized for the new realities of the 21st century?

We have a different elderly population than we had in the 1970s:

Higher education levels, more ethnic diversity.

We also have more access to fast food, food on the go, and food **choices, etc.**

How should the program be changed to accommodate these changes?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [PerspectivesOnNutrition](#), [AudienceQandA](#), .

What challenges does the aging of the baby boom pose for the aging infrastructure and nutrition services providers?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [AudienceQandA](#), .

How do Senior Nutrition Programs better market their services to Managed Care Organizations and Health Care Insurance providers?

Posted 2 months ago

0 Comments

Tagged: [PerspectivesOnAging](#), [AudienceQandA](#), .

What is SNAP?

Answer from the NRC Staff:

Supplemental Nutrition Assistance Program, formerly known as Food Stamps.

Posted 2 months ago

0 Comments

Appendix AA:

Downloadable Proceedings of
Perspectives on Nutrition and Aging: A National Summit



Proceedings of Perspectives on Nutrition and Aging: A National Summit

The AoA-MOWAA (Administration on Aging-Meals On Wheels Association of America) National Resource Center on Nutrition and Aging convened a National Summit on August 23, 2012, at the Gaylord National Harbor in National Harbor, MD, in celebration of the 40th Anniversary of the inclusion of Senior Nutrition Programs in the Older Americans Act, for the purpose of initiating a future-focused dialogue around the critical link between nutrition and health.

These Proceedings are a compilation of presentations, videos and supporting materials associated with this event.



By 2045 there will be more seniors in this world than children. This has never happened before in the history of the human race. Our economy, our healthcare system, our communities, our families and our future depend on our ability to anticipate and prepare for the changing needs of our nation's aging population. The National Summit was the beginning of an ongoing dialogue, and an opportunity to explore these unprecedented challenges.

We know that nutrition services will be a critical factor in the search for solutions. But Senior Nutrition Programs must adapt and evolve if they are to provide the necessary impact. We must focus on the future and find ways to capitalize on emerging trends in food, technology and social entrepreneurship. We must reach out beyond the traditional network, sector and industry boundaries that limit our thinking – and limit what is possible.

Each of us has an important perspective to contribute. Each of us comes from a unique community; and each of us brings a unique set of experiences to the table. We hope that as you review the *Proceedings*, you will discover a new point of view, explore a new idea and start a new conversation.

Let's work together to build the future.

The National Resource Center on Nutrition and Aging

In October 2011, the U.S. Administration on Aging (AoA) entered into a cooperative agreement with the Meals On Wheels Association of America (MOWAA) to establish a new National Resource Center on Nutrition and Aging.

The National Resource Center's primary role is to serve as an incubator for innovative ideas related to nutrition and aging in the United States. It will house a comprehensive online library comprised of up-to-date resources and research findings on these issues. Additionally, by connecting states and local communities with online training, webinars and platforms for information exchange, the National Resource Center will encourage organizations nationwide in thinking differently about and preparing for the future in the context of a rapidly aging society.

Contact Information

Email Address: resourcecenter@mowaa.org

Phone Number: 703.548.5558

Online Resource Library: www.NutritionAndAging.org

Please visit www.nutritionandaging.org for more information about ways to stay in touch, stay engaged and take a deeper dive into the emerging trends, practices and possibilities uncovered during this National Summit.

**The full digital version of these *Proceedings* is available at
<http://summit.nutritionandaging.org/proceedings>**

The project described is supported by Grant Number 90NU0001/01 from the Administration On Aging. This project is financed with 74% Federal funds and 26% non-governmental sources. Grantees undertaking projects under government sponsorship are encouraged to freely express their findings and conclusions. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and endorsement by the Federal Government should not be assumed.

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Appendix A — Your Perspective: More Best Practices and Best Possibilities

Appendix B — Supplemental Materials

Keynote Presentations

Newtrition: Health, Food, Hunger and Seniors in 2012 and Beyond

The Honorable Kathy Greenlee

Administrator, Administration for Community Living and Assistant Secretary for Aging

- In celebration of its 40th Anniversary, Assistant Secretary for Aging Kathy Greenlee hailed the Nutrition Programs as the flagship of the Older Americans Act (OAA). She acknowledged the work of her predecessors, Assistant Secretaries Josephina Carbonell, Jeanette Takamura and Fernando Torres-Gil, as well as Enid Borden, former President and CEO of MOWAA, for her leadership and vision in fighting senior hunger. The OAA Nutrition Programs have been very successful in fulfilling their mission to serve seniors and help them stay independent. As a network, however, we need to look at the challenges and opportunities of the future.
- The vision is that OAA programs will be further integrated with our nation's healthcare delivery system and incorporate business-like models. As a collective network, we should learn how to price, sell and market the services and supports that enable seniors to remain healthier and independent, and that delay placement in long-term care facilities or return trips to the hospital.
- Assistant Secretary Greenlee issued a challenge to the audience, and the entire aging network, to prove through measurable outcomes what we know and what doctors, hospitals, managed care organizations and others know to be true: proper nutrition has a positive impact on one's health and well-being. It is our task to provide the data that proves OAA programs are worth their investment. This is the way of the future and a challenge to overcome, but one that has the potential to provide the additional revenue needed to serve a rapidly aging and more diverse population.

Assistant Secretary Greenlee serves in the dual roles of Administrator of the Administration for Community Living and Assistant Secretary for Aging. She believes that people with functional support needs should have the opportunity to live independently in a home of their choosing, receiving appropriate services and supports, and she is committed to building the capacity of the national aging and disability networks to better serve older persons, caregivers and individuals with disabilities.

Assistant Secretary Greenlee served as Secretary of Aging in Kansas, and before that as the Kansas State Long Term Care Ombudsman. She also served as the general counsel of the Kansas Insurance Department and served as chief of staff and chief of operations for then-Governor Kathleen Sebelius. Assistant Secretary Greenlee is a graduate of the University of Kansas with degrees in business administration and law.

Food as Medicine that Will Actually Go Down!

Dr. David Katz

Director and Co-Founder, Yale Prevention Research Center

- For the last two decades, the top factors causing premature death and leading to chronic disease have been tobacco, poor dietary habits and lack of physical activity. Lifestyle continues to be the biggest factor impacting health.
- "Feet," "forks" and "fingers" are the levers of health. Poor, improper, or no use of these levers have a tremendous sway on our health status.
- Knowledge is not power – health epidemics such as obesity continue to grow despite our knowledge base associated with it. Instead, we should turn what we KNOW into what we DO.
- What will the next generation of older people look like after carrying chronic disease from early ages? The leading causes of death impact everyone in the room, and they are impacting all of us more frequently and at a younger age. The problem is that the variety of traits that keep you alive in one environment can conspire against you in another. We have no native defense against caloric excess.
- In order to be effective, we need a comprehensive array of programs and policies to defend health, including fitness programs, food label literacy, weight management education, transgenerational approaches, a GPS for the food supply, promoting nutritious food selections and linking healthy foods with reduced healthcare costs.
- In considering the future of nutrition programs, we need to take the path less traveled, converting society to one where healthcare is within reach.

Dr. Katz is the founding director of Yale University's Prevention Research Center. Dr. Katz is known internationally for his expertise in nutrition, weight management and chronic disease prevention. He remains active in patient care and directs the Integrative Medicine Center at Griffin Hospital in Derby, CT.

Dr. Katz is editor-in-chief of the journal Childhood Obesity, president-elect of the American College of Lifestyle Medicine and founder and president of the nonprofit Turn the Tide Foundation. He has been recognized three times by the Consumers Research Council of America as one of the nation's top physicians in preventive medicine. Dr. Katz received his BA from Dartmouth College, his MPH from the Yale University School of Public Health, and his MD from the Albert Einstein College of Medicine.

Panel Presentations

Perspectives that Shaped the Present: Celebrating 40 Years of OAA Nutrition Programs

Since the landmark addition of the Nutrition Programs to the Older Americans Act in 1972, thousands of community-based Senior Nutrition Programs across the United States have served over eight billion nutritious meals and helped millions of seniors maintain their independence. In this session, panelists examined the rich history of Senior Nutrition Programs, discussing past milestones as a launch pad for predicting the future of senior nutrition services.

A History of the Older Americans Act

Carol V. O'Shaughnessy, MA

Principal Policy Associate, National Health Policy Forum

- The Older Americans Act (OAA) was created at a time of government expansion, and a wide belief that government could and should do more for its citizens, and particularly for our seniors.
- The original purpose of the OAA Nutrition Programs – to reduce hunger, promote socialization and promote the health and wellbeing of older adults – is relevant and very much the same as it was 40 years ago.
- Presently, the government is going through a time of contraction. OAA Nutrition Programs must learn how to become more efficient and do more with less federal support.

Ms. O'Shaughnessy is a principal policy analyst at the National Health Policy Forum, George Washington University. Prior to joining the Forum, Ms. O'Shaughnessy spent 27 years at the Congressional Research Service as a social legislation specialist. Her work focuses on aging services, including Older Americans Act and Medicaid home and community-based services and long-term care. Ms. O'Shaughnessy received her undergraduate degree from Dunbarton College and Master's degree in medical sociology from the Catholic University of America.



**Perspectives that Shaped the Present:
Celebrating 40 Years of OAA Nutrition Programs**

August 23, 2012

Carol V. O'Shaughnessy, Principal Policy Analyst
National Health Policy Forum

Older Americans Act of 1965

P.L. 89-73, July 14, 1965



Lyndon Johnson signing the OAA, 1965



OAA, Influenced by Political and Policy Trends in Aging

- **1965:** Legacy of the Great Society: Nutrition program began as a demonstration project in the late 1960s
- **1970s:** New Federalism:
State and area agency on aging
infrastructure development
- **1980s-present:** Development of
aging services infrastructure and
home and community-based services
system



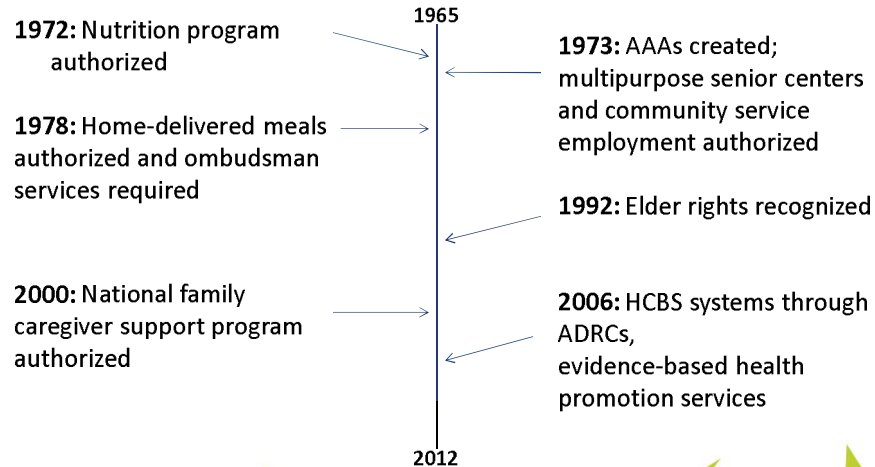
OAA Major Amendments

- 1965 Act was one of the foundation pieces for evolving public policy on aging
 - Creation of strategies, programs, and services to meet needs of older people
 - Provision of tangible and intangible help to innumerable older people
 - Continuous and dynamic identification of needs of older people
 - Development of nationwide aging infrastructure
 - Recruitment of thousands of career professionals to field of aging

Source: Robert Binstock. From the Great Society to the Aging Society—25 Years of the Older Americans Act. Generations, 1991



Timeline of Major Amendments



OAA Nutrition Program Purpose

Purpose:

1. to reduce hunger and food insecurity;
2. to promote socialization of older individuals; and
3. to promote health and well-being of older individuals by assisting [them] to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior."

42 USC 3030



OAA Nutrition Program Purpose

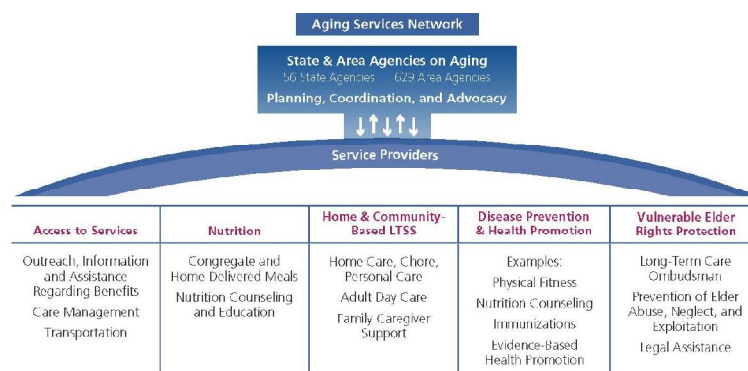
1972 Legislation:

"Many elderly persons do not eat adequately because (1) they cannot afford to do so; (2) they lack the skills to select and prepare nourishing and well-balanced meals; (3) they have limited mobility which may impair their capacity to shop and cook for themselves; and (4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone...there is an acute need for national policy which provides older Americans, particularly those with low-incomes, with low cost, nutritionally sound meals...Besides promoting better health...through improved nutrition, such a program would reduce the isolation of old age, offering older Americans an opportunity to live their remaining years in dignity."

P.L. 92-258, Nutrition Program for the Elderly Act, enacted March 22, 1972

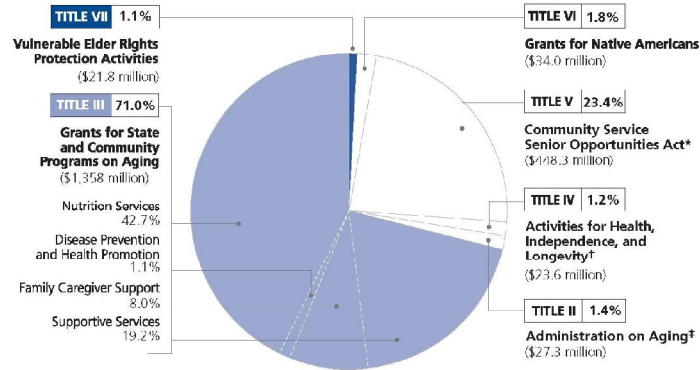


Aging Services Network



Older Americans Act, FY 2012 Funding

Total: \$1.9 billion

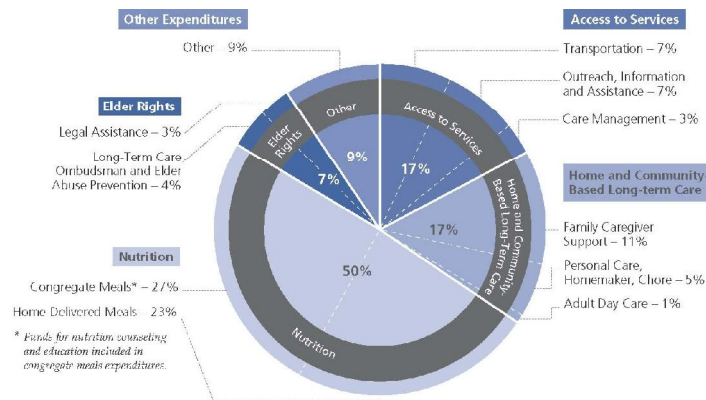


Source: Prepared by the National Health Policy Forum, based on e-mail communications with AoA staff, and phone conversations with DOL staff, February 2012. For complete references, see www.nhpf.org.

PERSPECTIVES
ON NUTRITION & AGING
A National Summit

Older Americans Act: Federal Expenditures for Services Authorized by Title III and Title VII, FY 2010

Total: \$1.041 billion



PERSPECTIVES
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OAA: Broad Mission, Limited Resources

- Many advocates say OAA resources have not kept pace with increasing older population
- Effect of state budgetary woes on aging programs
- Aging network successful in leveraging non-OAA funds and in developing varied services programs
- Attention to scarce resources will continue to have relevance over coming years
- What challenges does the aging of the baby boom pose for the aging infrastructure and nutrition services providers?
- How should the OAA nutrition program be conceptualized for new realities of the 21st century?



For More Information National Health Policy Forum Resources

- The Older Americans Act of 1965: Programs and Funding, Carol V. O'Shaughnessy, February 23, 2012 http://www.nhpf.org/library/the-basics/Basics_OlderAmericansAct_02-23-12.pdf
- The Aging Services Network: Serving a Vulnerable and Growing Elderly Population in Tough Economic Times, Carol V. O'Shaughnessy, April 11, 2008. <http://www.nhpf.org/library/details.cfm/2880>
- Aging and Disability Resource Centers: Federal and State Efforts to Guide Consumers Through the Long-Term Services and Supports Maze, Carol V. O'Shaughnessy, November 16, 2010. http://www.nhpf.org/library/background-papers/BP81_ADRCs_11-19-10.pdf



Understanding Context: Conceptualization and Reinvigoration

Jeanette C. Takamura, PhD, MSW

Former Assistant Secretary for Aging (1997 – 2001)

- There are times in history when we must recognize we cannot do things in the same way as we once have.
- Data, research and numbers play a critical role. Having this evidence was vital when presenting the case for the National Family Caregiver Initiative and ultimately getting it passed by Congress.
- There are six words, beginning with the letter "i" which can guide us:
 - Illuminate
 - Inform
 - Innovation
 - Immediacy
 - Impact
 - Influence

Dr. Takamura is dean and professor of gerontology and social policy of the Columbia University School of Social Work. She served as Assistant Secretary for Aging from 1996 to 2001, and has held senior positions in the state government of Hawaii. She received the Lucy Stone Award from the White House for her advocacy and the enactment of the National Family Caregiver Support Program. Dr. Takamura earned her BA and MSW from the University of Hawaii and her PhD from Brandeis University.

Pressing the "Reset" Button on Nutrition Delivery Systems

Josefina G. Carbonell

Former Assistant Secretary for Aging (2001 – 2009)

- We can move OAA Nutrition Programs into the future by building on the infrastructure that is in place, working together through partnerships of all kinds, including with those in healthcare, research and industry.
- Healthcare costs are rising. There is a chronic disease epidemic, and demographic shifts are taking place in every community across the country. We must understand the context in which nutrition can and should have a role in our healthcare delivery system, chronic disease, medication management and the pathway of care transitions.
- Nutrition Programs need to think about the value and outcomes of serving meals, not only the volume. We need to improve efficiencies, improve performance and improve and identify best practices, including data collection for the right reasons.

Ms. Carbonell is senior vice president of long-term care and nutrition at Independent Living Systems, a healthcare management services company. Previously, Ms. Carbonell served as the Assistant Secretary for Aging from 2001 to 2009 and as president and CEO of Little Havana Activities & Nutrition Centers in Dade County, FL, an organization she helped establish in 1972. She received her BA from Florida International University and a Certificate Degree for State and Local Senior Executives from Harvard University.

Perspectives on Aging: Critical Trends in a Changing World

Unprecedented demographic shifts, combined with great advances in technology, are impacting the fundamental structure of our healthcare system and economy – and our collective understanding of home and community. In this session, a panel of experts examined the future of aging from a variety of perspectives, shedding light on the emerging opportunities and challenges that will shape the senior nutrition services of tomorrow.

Factors Influencing Nutrition, Aging and Healthcare

Robyn I. Stone, DrPH

Senior Vice President for Research, LeadingAge

- There are many factors impacting the future of senior nutrition and healthcare: demographics (with an aging population creating more demand), immigration (with more diversity and a shifting composition of the work force), economics (with the need for program assistance growing exponentially), globalization and technology, and changes in the values that drive what we do and how we do it.
- The challenges and issues linking nutrition and healthcare include: an increase in proactive seniors looking for more engagement in making decisions about their services, transportation challenges (particularly those related to food security), a lack of affordable housing and the reinvention of retirement.
- When considering the future of nutrition care, we need to look at:
 - Integration between acute, chronic and long-term care systems.
 - Rebalancing the long-term care system.
 - Expanding home- and community-based services.
 - Consumer-directed long-term care, and offering more choices.
 - Culture change, which is spreading through all environments.
 - Hubs of the future – offering affordable housing, services and meals.
 - The partnering of nutrition programs with oral care services.

Dr. Stone is senior vice president for research at LeadingAge and executive director of the LeadingAge Center for Applied Research. She served as Deputy Assistant Secretary for Disability, Aging and Long-term Care Policy and Assistant Secretary for Aging in 1997. A noted researcher, her work focuses on areas including long-term care policy and quality, chronic care for the disabled, aging services workforce development and family caregiving. Dr. Stone holds a doctorate in public health from the University of California, Berkeley.

Leveraging Technology to Improve Senior Nutrition

David Lindeman, PhD

Director, Center for Technology and Aging, Public Health Institute

- Studies show that over 50 percent of those 50 and older use cell phones, the Internet daily and social media. In fact, the largest growth in social media use is among the 65+ age group. Nutrition and health technology is also rapidly growing: 14 percent of apps released this past year were nutrition focused.
- Important trends in nutrition-related technology include:
 - Use of mobile devices to connect to health services.
 - Apps and services related to individual health status.
 - Social media presence.
 - Gaming and gamification as a tool for education.
 - Innovative use of sensors (e.g., for food products and temperatures).
 - Availability and use of data analytics.
- Developments in technology give us the opportunity to:
 - Improve communication and nutrition management.
 - Support adult self-activation.
 - Identify gaps in nutrition and wellness.
 - Provide training.
 - Be more efficient in our operations.
 - Foster engagement among older adults and providers.
 - Align organization goals and processes.
- Challenges in incorporating new technology into nutrition services include:
 - Establishing viable business models and return on investment.
 - Aligning the technology with regulations and policies.
 - Ensuring the scalability and sustainability of technology services.

Dr. Lindeman is the director of the Center for Technology and Aging and co-director of the Center for Innovation and Technology in Public Health at the Public Health Institute. These institutions promote the development, adoption and scaling of technologies to improve health. Dr. Lindeman has worked in the field of aging and long-term care for 30 years as a health services researcher and administrator. He received his BA from SUNY Binghamton and his MSW and PhD from the University of California, Berkeley.



Leveraging Technology to Improve Senior Nutrition

August 23, 2012

David Lindeman, PhD
Center for Technology and Aging
www.techandaging.org

Overview

- **Where We Are:**
Technology and Senior Nutrition
- **Where We Are Going:**
Growing Technologies
and their Benefits
- **Opportunities and Challenges**



Center for Technology and Aging

- Established in 2009 with support from The SCAN Foundation, located at the Public Health Institute
- Mission: Expand the use of technologies that help older adults lead healthier lives and maintain their independence
- Launched Diffusion Grants Program in 2010:
 - 22 Learning laboratories
 - Remote monitoring, Medication adherence, Care transitions, Mobile health
 - Collaboration with AoA, CMS, ONC



Older Adults and Technology: Myths & Facts



Senior Nutrition and Technology: Where We Are

- Program management and efficiencies
- Monitoring food delivery and consumption
- Identifying client risk and preferences
- Remote training and education

SERVTracker: Program Management Software



Networks of Care: Program Management and Nutrition Education



MealService: Program Management Software

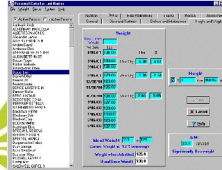
List Members																						
Search Information Today: Mon Age: 65-70																						
Class	First	Last	Address	City	No	Conf	Day	Service	Stat	Conf	Default	Route	Chg	Stat	Conf	Default	Route	Chg	Stat	Conf	Default	Route
1004.0	David	Home	650 Upland Ave	Cherry	0			0 Fresh Meal Service A	0	0		0										
1006.0	Phil	Frank	1800 S 3th St	Philadelphia	0			0 Fresh Meal Service A	0	0		0										
1008.0	Bernie	Home	650 Upland Ave	Cherry	0			0 Fresh Meal Service A	0	0		0										
1011.0	Oliver	Oliver	5130 Pine St	Philadelphia	0			0 Fresh Meal Service A	0	0		0										
1012.0	Mae	Dewar	420 Cobble Court	Philadelphia	0			0 Fresh Meal Service A	0	0		0										
1013.0	Haywood	Jacob	601 Tomlinson Rd	Philadelphia	0			0 Fresh Meal Service A	0	0		0										
1014.0	Bob	Solomon	3600 Academy Rd	Philadelphia	0			0 Fresh Meal Service A	0	0		0										

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Mobile App: Nestle's Mini Nutrition Assessment

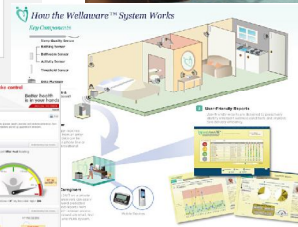


Dietmaster Systems: Program Management Software



Technologies for Senior Nutrition: Where We Are Going

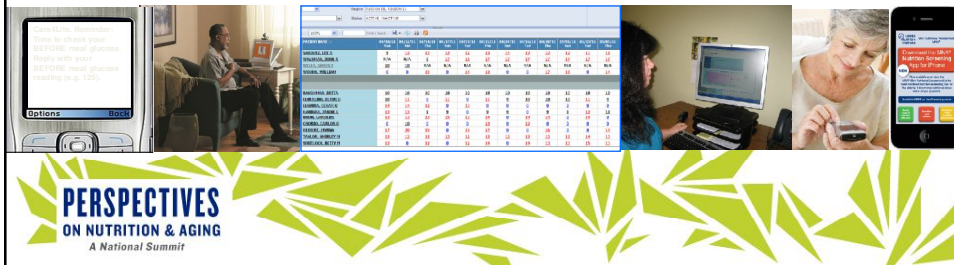
- Mobile (mHealth) and Connected Health
 - Apps
 - SMS texting
- Social Media
- Gaming
- Connectivity (EHRs and PHRs)
- Sensors
- Data Analytics



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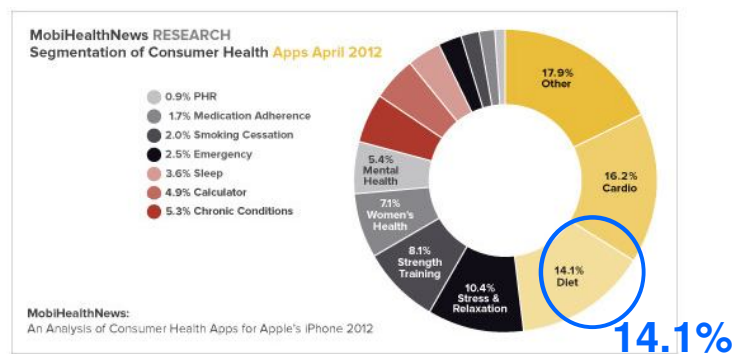
Benefits of Technology

- Improve communication
- Improve nutrition management and monitoring
- Support older adult self-activation
- From wellness to early diagnosis
- Education and training for older adults/providers
- Improve older adult and provider satisfaction
- Improve management through data analytics



mHealth and Connected Health

- As of mid-2012, 13,600 consumer health iPhone apps, with 2,000 focused on nutrition (MobiHealth News)



Consumer Health Apps



ShopWell.com

- Personalized nutrition scoring and nutrition education
- Free and easy to use at home and in the grocery store
- Suggested alternatives for healthier food choices
- Cloud based shopping list to keep track of changes
- Grocery database of 200,000+ foods to teach people using the specific foods they are eating

Both a website and iPhone app

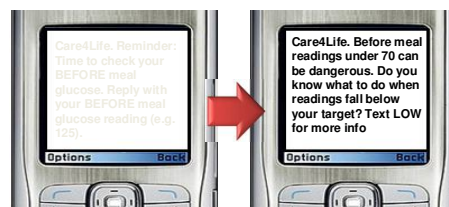
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Texting: Care4Life Program | Increase Blood Glucose Monitoring

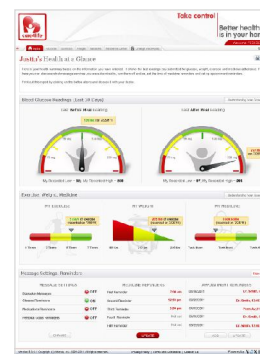


Glucose reminder

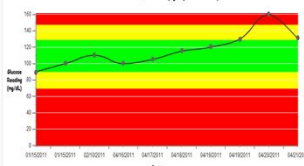
System feedback



Personal web portal



Glucose recordings
graph on web portal



PERSPECTIVES
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Technology and Nutrition: Opportunities and Challenges

- Technology is 10% of the Issue
- Opportunities
 - Provider efficiencies: No cost to provider; No new work
 - Older adult and provider engagement
 - Alignment with organizational goals and processes
- Challenges
 - Viable business model and ROI
 - Alignment of regulations and policy
 - Scaling and Sustainability



www.techandaging.org



Center for
Technology and Aging



Using Health Policy to Support Nutrition Programs and Link to Healthcare

Mary Jane Koren, MD, MPH

Vice President, The Commonwealth Fund

- There is a perception, especially of older adults in low income areas, that their retirement security will not be sufficient to allow them to live independently. When combined with high out-of-pocket costs for healthcare, this affects older adults' perception of, and ability to purchase, sufficient food.
- At the same time, the cost of long-term care is unaffordable for most middle-income families (e.g., the national average costs for nursing home care is approximately 241 percent of the average annual household income), and these families will be reliant on Social Security and Medicaid for assistance.
- When family caregivers are in place, there are better health and nutrition status outcomes. However, support for the caregivers is lacking, and the collection of data that links nutrition support and health status outcomes is not coordinated across states.
- There are a number of opportunities for nutrition programs to have an impact as we look to the future. We know that better nourished patients mean improved performance outcomes.
- Models such as Medical Homes and Health Homes put the 'ball in the court' of the medical providers to communicate, coordinate and partner with nutrition programs for services, and Accountable Care Organizations and others in the healthcare arena will be increasingly motivated to incorporate nutrition services as they are judged based on their ability to show positive healthcare outcomes

Dr. Koren is vice president for the Picker–Commonwealth Fund Long-Term Quality Improvement Program and the Dual Eligibles Initiative at the Commonwealth Fund. Dr. Koren has given invited testimony to Congressional committees on nursing home quality, future implications for health care, and senior hunger and the Older Americans Act. Dr. Koren began her career in geriatrics at Montefiore Medical Center, where she started the geriatric fellowship program. She has served on the faculty of the Mount Sinai School of Medicine.



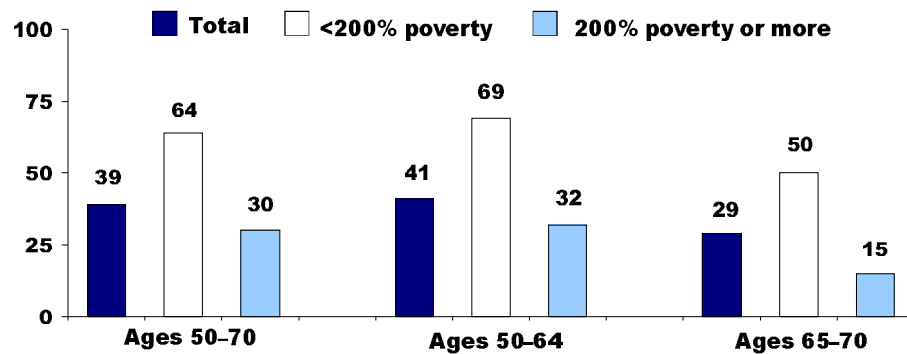
Using Health Policy to Support Nutrition Programs and Link to Health Care

August 23, 2012

Mary Jane Koren, M.D., M.P.H.
VP LTC Quality Improvement
The Commonwealth Fund

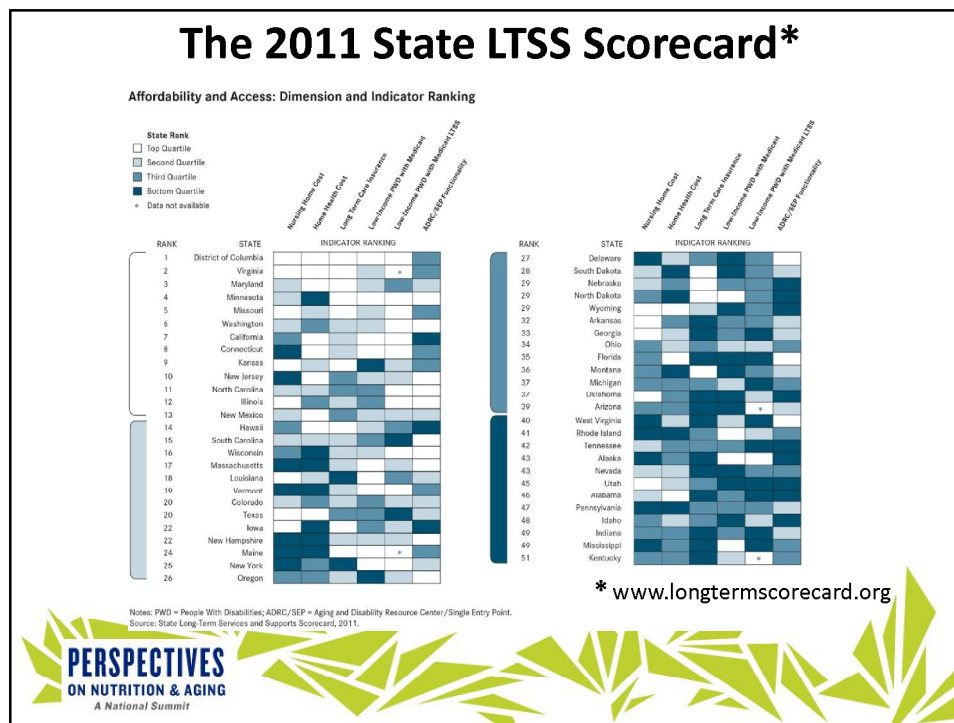
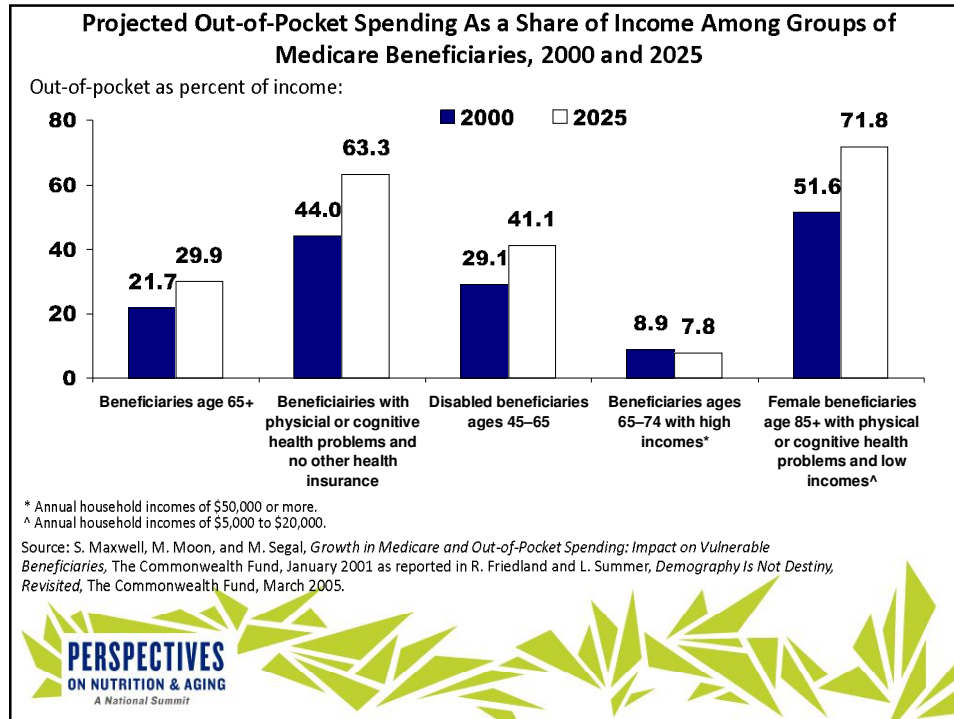
Two of Five Older Adults Are Not Confident in Their Retirement Security: Older Adults with Low Incomes Are the Least Confident

Percent of adults who are not too or not at all confident they'll have enough income and savings to live comfortably in retirement:



Source: The Commonwealth Fund Survey of Older Adults, 2004.





Findings from the LTSS State Scorecard

State Medicaid policies dramatically affect consumer choice and affordability.

- Medicaid is the primary source of public funding for LTSS and is under direct control of states
- State Medicaid policies play a leading role in determining the extent to which low income people get HCBS
- Some states have led the way to improve access and choice in Medicaid

Support for family caregivers goes hand in hand with other dimensions of high performance.

- No single state law is the answer to better support to caregivers
- The most meaningful support for caregivers may be found in an overall system that performs well on all dimensions: access, affordability, choice and quality
 - Few states that score highly on support for family caregivers score poorly on other dimensions
 - Few states that score poorly on the caregiving dimension are ranked in the top quartile overall



The cost of LTSS is unaffordable for middle-income families

- The cost of services, especially in NHs, is not “affordable” in any state.
 - The national average cost of NH care is 241% of the average annual household income of older adults.
 - Even in the five most affordable states, the cost averages 171% of income
 - In the least affordable states it averages an astonishing 374%
- When the cost of care exceeds median income to such a great degree, many people with LTSS needs will exhaust their life savings and eventually turn to the public safety net for assistance



Better data are needed to assess state LTSS system performance

- Limited data make it difficult to fully measure key concerns of the public and of policymakers, including
 - Nutrition programs
 - Housing with services
 - Accessible transportation
 - Funding of respite care for family caregivers
 - Social day care and other programs
- Improving consistent, state-level data collection is essential to evaluating state LTSS system performance more comprehensively.
- Currently available data cannot measure how well states
 - Ensure effective transitions between hospitals, nursing homes, and home care settings
 - LTSS are coordinated with primary care, acute care, and social services



Medical Homes and Health Homes

- Medical homes are envisioned as the central hub for primary care delivery, patient information, partnering and care coordination.
 - High priority on patient involvement, needs and preferences.
 - Ongoing care is coordinated by a physician-led team consisting of nurses, care managers, and others.
 - Employ evidence-based population health measures.
 - Held accountable for provision of high-quality care so quality improvement built into the processes of care.
- Health homes provide coordinated care for Medicaid beneficiaries with chronic conditions through a designated provider or a team of providers. Services include:
 - Care management and care coordination
 - Health promotion;
 - Transitional care;
 - Patient and family support;
 - Referral to community and social support services; and
 - Health information technology, as feasible.



Accountable Care Organizations (ACOs)

- An ACO is a network of doctors and hospitals that shares responsibility for providing care to at least 5,000 Medicare beneficiaries for 3 years
- ACOs are under pressure to provide high quality care because if they don't meet standards, they won't get to share in any savings – and could lose their contracts
- Several required quality performance measures could be improved if elders are well nourished
 - Falls
 - Depression
 - Health and functional status
 - Admissions and re-admissions to hospitals



Mary Jane Koren
mik@cmwf.org



Applying Private Sector Models to Public Sector Problems

Ginger Zielinskie, MBA

Executive Director, Benefits Data Trust

- Several strategies employed by Benefits Data Trust to help people in need access public benefits include:
 - Using credit card marketing strategies.
 - Partnering with state agencies to target and identify eligible individuals.
 - Employing direct marketing outreach.
 - Providing assistance through a call center model.
 - Ensuring thorough follow-up and completion of applications.
 - Evaluating processes and procedures.
 - Making corrective changes as indicated.

- A few lessons learned when implementing this new model include:
 - Be adaptable to changing clients.
 - Be adaptable to traditional and non-traditional partners.
 - Make new connections.
 - Continually assess whether projects are meeting established needs.
 - Continually assess for areas of potential improvement.
 - Be flexible, persistent and malleable in working with state agencies.
 - Invest in technology and focus on customer service.
 - Consider return on investment in your funding strategy.
 - Leverage resources to maximize returns and stay competitive.

Ms. Zielinskie is the executive director of Benefits Data Trust (BDT), a national nonprofit organization committed to transforming how people in need access public benefits. Under her leadership, BDT has successfully completed over 300,000 benefit applications on behalf of people in need through the use of data-sharing strategies to target outreach and streamline benefits application assistance. Ms. Zielinskie also serves as a commissioner on the City of Philadelphia's Mayor's Commission on Aging. She earned her undergraduate degree from Skidmore College and her MBA from Brandeis University.

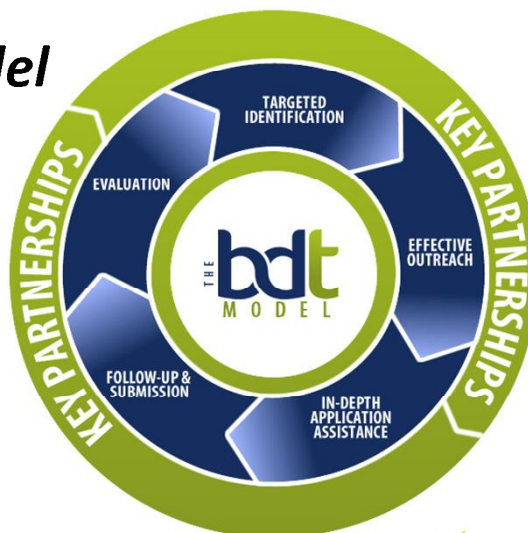


Perspectives on Aging: Critical Trends in a Changing World

August 23, 2012

Ginger Zielinskie, MBA
Executive Director, Benefits Data Trust

BDT's Model



How can I help?

¿Cómo puedo ayudar?

Как я могу помочь?

**Meeting Dynamic Needs of a Changing Population:
What We Need to Succeed**



- **Benefits Data Trust (BDT)** is a not-for-profit organization committed to transforming how people in need access public benefits. It has developed a cost-effective and efficient model for helping vulnerable populations access multiple public benefit programs.
- Every year, millions of individuals - many of them seniors - do not get the assistance they need to help them cover the cost of food, shelter, and healthcare. Increased participation in benefit programs will:
 - Help seniors reach and maintain economic security, allowing them to remain independent for as long as possible;
 - Improve health outcomes and quality of life; and
 - **Stimulate local economies. Every \$1.00 in benefits distributed through the federal food stamp program results in \$1.79 in economic stimulus.**
- BDT uses existing government data to target outreach to individuals who are in need and helps them apply for multiple benefits at one time over the phone. BDT:
 - Enrolls individuals in programs such as Supplemental Nutrition Assistance Program (SNAP), Low Income Subsidy (LIS), Low Income Home Energy Assistance Program (LIHEAP), Medicare Savings Program (MSP), state prescription assistance programs (SPAP), and state-based property tax relief;
 - Simplifies and streamlines the application process;
 - Helps increase access for individuals, and creates efficiencies for the agencies that support them;
 - Has worked with diverse partners including the City of Philadelphia, the State of Pennsylvania, the State of New York, the State of Maryland, Kaiser Permanente, PhRMA, and other national organizations to assist individuals apply for benefits across the country;
 - **Has completed over 300,000 applications for an estimated \$840 million in benefits—averaging 5,000 applications per month.**
- BDT is a results-driven organization; the model is measurable and evaluative.
 - BDT's customized database, PRISM, allows BDT to manage large scale outreach campaigns;
 - BDT utilizes its strong technical infrastructure to continually monitor key metrics; and
 - BDT is able to identify, outreach to, and provide application assistance and documentation follow-up to an individual for a cost of **\$80 per application**. This is much less than the cost of more traditional programs, which can be as high as \$280.

To explore potential opportunities or to find out more, contact:

Ginger Zielinskie, Executive Director
gzielinskie@bdtrust.org
215.207.9101

Visit our website at : www.bdtrust.org

"BenePhilly has successfully infused millions of dollars into the pockets of seniors. Beyond the help that BenePhilly provides to individuals, it creates a tremendous economic stimulus for our City. The money individuals save and the benefits they receive are spent right here in our community."

Mayor Michael A. Nutter
City of Philadelphia

A Word from Those We Have Helped...

Testimonials from BDT's partners and those assisted with SNAP applications

BDT provides an efficient solution to benefits enrollment. Its data-driven and technology-rich model is continually evaluated and assessed to ensure that the strategies we employ are efficient and effective. However, the very best testament of the work that we do is in the voices of those that we help everyday.

"The benefit enrollment campaign that Jewish Federation of Greater Philadelphia developed and was executed by Benefits Data Trust was an incredibly successful project that yielded an impressive return on investment for our community. Our collective efforts helped hundreds of community members enroll into benefits with relative ease. Working with BDT staff was a pleasure and we are looking forward to working with them in the future."

— Brian Gralnick, Director, Center for Social Responsibility, Jewish Federation of Greater Philadelphia

"I'm so amazed at how fast you work. Even after the application was submitted, people were calling me making sure I was following through and getting this done. It's like you all got together and said 'I'm going to help this woman.' Every time I speak with someone they are so genuine and amazing. I can't thank you enough for how you've helped me."—Ms. K

"You people are so efficient. I couldn't believe I was so blessed to get your name and number. You people have been like my angels here on Earth to help me through a horrible time...You've just been my angels, everybody I have spoken with all three times...We're in a different place financially now than we were many years ago. I've never had to ask for help from anybody and this was just magical. Jaymee was so detailed, humane, and polite. She was empathetic, precise, and efficient. BenePhilly is such a wonderful resource...It has touched my heart in a very strong way. It's brought some optimism back into a dark situation. I would be lost and overwhelmed without you."— Mrs. H.

"The BenePhilly program helps put dollars into the hands of people that deserve them but aren't receiving them."—Mayor Michael A. Nutter, City of Philadelphia

"We need this so desperately. Thank you. My husband worked his whole life and we never, ever collected any kind of Food Stamps or prescription help...I know you hear this a lot because I am not the only one...I do believe that this is a wonderful service. People who are really in need of these services should have them. A lot of people are embarrassed and go without food and prescriptions. Thank you for reaching out to me." —Mr. & Mrs. A.

"Currently, too many Pennsylvanians are not receiving the benefits that they are entitled to...the BDT Model will be an appropriate step in the mission to provide necessary aide to all entitled Pennsylvanians. DPW values the partnership we have developed with BDT..."— PA Department of Public Welfare

"We have benefitted a great deal from all of the programs you have helped us get involved in. It has made such a difference in our lives. I am most impressed with the courtesy and friendliness of the wonderful people I have encountered on the phone." — Mr. and Mrs. R



Implementing Efficiencies to Increase Benefits Access

Benefits Data Trust (BDT), a 501 (c) 3 organization, is committed to assisting low-income individuals access public benefits. On average, BDT completes nearly 5,000 applications per month. Since its inception in September 2005, BDT has completed over 300,000 applications, resulting in over \$840 million in annual benefits to individuals. Using a strong technological infrastructure and data-driven strategies, BDT is able to assist individuals in applying for multiple benefits. BDT's average cost of identifying, contacting, educating and assisting individuals in applying for benefits is \$75.

<u>Key Components of the BDT Model</u>	<u>Efficiencies</u>	<u>Cost Savings</u>
<p>Targeted Identification: Individuals eligible for one federal or state benefit program are often eligible for other benefit programs. By matching existing state and federal data, BDT is able to identify and target individuals who are eligible for, but not receiving, multiple benefit programs</p>	<p>Outreach is targeted to highly likely eligible people resulting in:</p> <ul style="list-style-type: none"> • Reduced mailing costs • Reduced time spent by staff screening people who are ineligible • Higher response rates 	<ul style="list-style-type: none"> • Programs that utilize lists of likely eligible individuals incur, on average, 40% lower costs than those that do not.¹
<p>Effective outreach and in-depth application support: BDT uses strategically timed direct mail and outbound call strategies to conduct outreach to highly likely eligible individuals in need. Once contact is made, BDT uses a call center approach that is staffed with highly-trained Benefits Outreach Specialists (BOS) who are able to effectively communicate complex benefit information to clients, caregivers, Power of Attorney's and others to help individuals get connected to benefits. BOS are able to screen and apply individuals for multiple benefits.</p>	<ul style="list-style-type: none"> • Trained professional staff allow effective and efficient client support • Iterative and diverse outreach attempts maximize state data available • A call-center model allows for the program to be taken to scale, targeting large numbers of likely eligible individuals • Screening for multiple benefits at one time, in one location saves the beneficiaries times and creates efficiencies 	<ul style="list-style-type: none"> • Programs that use a trained phone-based application assistance model incur half the cost of face-to-face models.² • Screening for multiple benefits creates cost savings.³
<p>Follow-up & Successful Submission: A strong technical infrastructure allows BDT's Model to be evaluated throughout the process. BDT's customized database, PRISM, allows BDT to manage large scale outreach campaigns, conduct multi-benefits screening, support application submission for diverse benefit programs, manage complex follow-up processes and analyze and report on the progress of the work conducted. BDT uses PRISM to support the benefits access process from start to finish. All necessary applicant information is stored and required follow-up is managed through the database. All documents received by BDT are scanned, stored and attached to a client's individual record. As a result, a client can receive immediate assistance from any available BOS and is not tied to a single caseworker. These technological efficiencies ensure timely and cost-effective application submissions.</p>	<ul style="list-style-type: none"> • Cost savings are realized in fewer errors and redundancy of entering same data multiple times.⁴ • Customized database allows for any staff member to assist any client at any time, thus alleviating the long waiting periods associated with traditional case management models--creating immediate results for the client and systematic efficiencies. • Staff is able to generate customized follow-up letters with the touch of a button, as opposed to spending time typing letters one-by-one. • BDT is able to submit applications via a "batch processing" method, saving up to 20 minutes per submission. 	<ul style="list-style-type: none"> • Pre-populating forms from existing data-sources can generate a saving of over 3x the cost of traditional programs.⁵ • For every 10,000 applications submitted via batch processing approximately \$70,000 in staff time is saved. • Submitting applications electronically to administering agencies reduces mailing costs.

<u>Key Components of the BDT Model</u>	<u>Efficiencies</u>	<u>Cost Savings</u>
<p>Reporting and Analytics: The sophistication of the database allows BDT to analyze every step of the model including specific mailings, lists, outreach campaigns and overall projects. On an ongoing basis BDT analyzes response rates, application conversion rates, overall application rates, "not interested" reasons, estimated eligibility rates, and more. In addition, this analytical focus provides BDT the opportunity to assess the true cost-effectiveness of particular campaigns down to a per application all-inclusive cost.</p>	<ul style="list-style-type: none"> • Success of outreach methods are measured immediately, revised if necessary • Marketing messages are analyzed, and only most effective messaging continues to be used • Not interested reasons are analyzed and inform quality training for call center staff on an individual and aggregate basis • Analysis allows for BDT to assess true cost per application on an ongoing basis 	<ul style="list-style-type: none"> • Analysis informs BDT's ability to focus on using best data and most effective messaging staying focused on cost-effectiveness of all outreach programs • BDT will utilize a combination of the most effective list and messaging while under-performing data and messaging will cease

The BDT Model

generates a

return on investment

of 300 to 1

"A multi-sector partnership, consisting of state government, the federal government, and a start-up nonprofit has transformed this cumbersome inefficient system into a streamline process....Benefits Data Trust, is the hub of a new outreach and enrollment system that combines a multi-agency back-office innovation with the individual agencies' need to qualify applicant separately for each program. By cross-referencing information...it identifies individuals likely to be eligible but who are not receiving benefits."

— Feather O'Connor-Houstoun
Past President, William Penn Foundation
Governing, September 9, 2009

Benefits Data Trust
2 Logan Square, Philadelphia, PA 19103
215-207-9100
www.bdtrust.org

Perspectives on Nutrition: Connecting Food, Health and the Future

The evidence is clear: proper nutrition improves the health, self-sufficiency and quality of life of seniors. Yet many questions remain. How can we best respond to the simultaneous increases in both obesity and hunger? How can we promote healthy food choices among seniors with increasingly diverse needs and expectations? How can we tailor nutrition interventions to meet the needs of all individuals? This capstone panel provides an overview of current research and provides a glimpse of the possibilities for the future.

Research and New Directions: Introduction of the Panelists

Linda D. Meyers, PhD

Director, Food and Nutrition Board, Institute of Medicine

- Dr. Meyers set the stage for this session, introducing the panelists who would provide an overview of the cutting edge trends in research and practice that will have the greatest impact on nutrition services in the future.

Dr. Meyers is the director of the Food and Nutrition Board at the Institute of Medicine. She is responsible for a portfolio that includes nutrient requirements, obesity prevention and food safety. Previously, Dr. Meyers served as senior nutrition advisor, deputy director and acting director in the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. She received her BA from Goshen College, her MS from Colorado State University and her PhD from Cornell University.

Nutrition and Healthy Aging in the Community

Gordon L. Jensen, MD, PhD

Professor and Head, Department of Nutritional Sciences, Pennsylvania State University

- A recent Institute of Medicine workshop on *Nutrition and Healthy Aging in the Community*, highlighted the need to:
 - Identify model programs that impact independent living,
 - Promote nutrition along the complete transitional pathway,
 - Be inclusive of multidisciplinary collaboration, and
 - Increase research and improve outcome measurements.
- Building the future of nutrition and transitional care means focusing on:
 - Broad stakeholder participation,
 - Innovation in transitions, and
 - Who is most at risk of adverse outcomes.

Dr. Jensen is professor and head of the department of nutritional sciences at the Pennsylvania State University and former director of the Vanderbilt Center for Human Nutrition. Dr. Jensen's research interests have focused largely on geriatric nutrition concerns. He is board certified in nutrition and internal medicine and is currently serving his second term as a member of the Institute of Medicine's Food and Nutrition Board. Dr. Jensen received his PhD in nutritional biochemistry and MD from Cornell University.



Nutrition and Healthy Aging in the Community

Workshop, October 5-6, 2011
Food and Nutrition Board Institute of Medicine

Please see Workshop Summary for list of participants and sponsors

August 23, 2012

Gordon L. Jensen, MD, PhD
Professor and Head of Department of Nutritional Sciences
Pennsylvania State University

Where are we today?

- IOM report in 2000 highlighted nutrition priorities for enhanced coverage for Medicare beneficiaries and coordination of nutrition services in the community setting.
- Little progress has been made in meeting identified priorities over past decade.



Nutrition and Healthy Aging in the Community Workshop

- Therefore IOM convened a new public workshop to illuminate concerns related to community-based delivery of nutrition services and to identify nutrition interventions and model programs that promote:
 - Successful transitions to home from acute, sub-acute, and chronic care.
 - Health and independent living in the community.



Workshop Highlights

- **Priorities**
 - Interventions - educate RD's, multidisciplinary collaboration, integrate nutrition with other services along the care continuum to encompass key transitions
 - Research – screening and assessment methods, refine outcome measures, better understand nutrient requirements, use of fortified foods and supplements, interplay of nutrition and cognition, improved communication and education techniques for older persons and caregivers, growing impact of obesity and associated disorders, and role of food insecurity



How do we move forward?

- Resources likely to be limited
- Broad stakeholder participation needed
- Look for innovative efficiencies and biggest “bang for the buck”
- Who is at risk for adverse outcomes?
- More importantly, who can we help?
- How do we keep older persons healthy and living independently in the community setting?



The Dietary Guidelines and MyPlate: Promoting a Future of Healthy Eating

Robert C. Post, PhD, MEd, MSc

Deputy Director, USDA Center for Nutrition Policy and Promotion

- The *2010 Dietary Guidelines for Americans* serve as the foundation for nutrition-related education and outreach efforts nationwide. Within the *Guidelines*, the three main areas of focus which have particular relevance for older adults are:
 - Weight loss and weight maintenance in chronic illness,
 - Food safety, and
 - Snacking and nutrient intake.
- USDA's MyPlate campaign as an innovative behavior-focused communications initiative targeted to reach consumers wherever a food decision is needed. The MyPlate campaign is built around a message calendar, collaboration with national and community partners, and a suite of creative online tools (such as the SuperTracker).
- Future efforts will seek to magnify the reach of this campaign, evaluate the impact over time and expand partnerships to reach all sectors of the population.

Dr. Post is deputy director of the USDA Center for Nutrition Policy and Promotion, where he has overseen the development of the 2010 Dietary Guidelines for Americans, the USDA Nutrition Evidence Library, the Healthy Eating Index and the USDA Food Plans. Dr. Post has 30 years of experience in food and agriculture public policy, food production and processing, nutritional science and public health communications. Dr. Post holds a MSc, MEd and PhD from the University of Maryland.



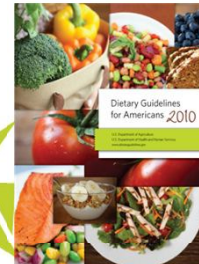
The Dietary Guidelines and MyPlate : Promoting a Future of Healthy Eating

August 23, 2012

Dr. Robert C. Post, Deputy Director
USDA's Center for Nutrition Policy and Promotion

2010 Dietary Guidelines for Americans (DGA) & Older Adults

- DGA emphasizes overall obesogenic society – poor eating habits and sedentary lifestyle
- DGA stresses importance of healthy dietary patterns and calorie balance across the lifespan, and importance of needs at each life stage
- Older adults should follow the adult recommendations outlined in the DGA; few specific recommendations exist for older adults
- Specific dietary behaviors and considerations among older adults are featured



Robert C. Post, Center for Nutrition Policy and Promotion, USDA

NutritionEvidenceLibrary.gov (NEL.gov)

USDA Nutrition Evidence Library

Search

DGAC A-Z Index

HOME CONTACT ABOUT HELP

DGAC 2010 - Energy Balance and Weight Management

Systematic Review Questions

- 1. For older adults (age > 65), what is the effect of weight loss vs. weight maintenance on health outcomes (cardiovascular disease, Type 2 diabetes, cancer and mortality)? (DGAC 2010)
- 2. What is the relationship between snacking and nutrient intake? (DGAC 2010)
- 3. To what extent do specific subpopulations practice unsafe food safety behaviors? (DGAC 2010)

Evidence Summaries

- 1. For older adults (age > 65), what is the effect of weight loss versus weight maintenance on health outcomes (cardiovascular disease, Type 2 diabetes, cancer, and mortality)?
- 2. What is the relationship between alcohol intake and unintentional injury?
- 3. Is breakfast intake associated with achieving recommended nutrient intakes?
- 4. To what extent do specific subpopulations practice unsafe food safety behaviors?
- 5. What is the relationship between alcohol intake and cognitive decline with age?
- 6. What is the relationship between glycemic index or glycemic load and type 2 diabetes?
- 7. What effect does folic acid supplementation (with or without additional B vitamin supplementation) have on risk of CVD among persons with or without pre-existing vascular disease?
- 8. What effect has folic acid fortification policy had on serum folate, plasma and/or red blood cell folate status of US and Canadian men, women, and children?
- 9. What is the relationship between the intake of milk and milk products and blood pressure?
- 10. What is the relationship between whole grain intake and body weight?
- 11. What is the relationship between snacking and nutrient intake?
- 12. What is the impact of liquids versus solid foods on energy intake and body weight?
- 13. What are the health effects related to consumption of chocolate?
- 14. Is intake of saturated vs. dairy (with and without unsaturated) related to adiposity in children?
- 15. What is the relationship between consumption of plant n-3 fatty acids and risk of cardiovascular disease?
- 16. What is the effect of dietary cholesterol intake on risk of cardiovascular disease?
- 17. What is the effect of saturated fat intake on increased risk of cardiovascular disease or type 2 diabetes?
- 18. What are the benefits in relation to the risks for seafood consumption?
- 19. What is the relationship between consumption of seafood n-3 fatty acids and the risk of cardiovascular disease?
- 20. Cook and Chill: To what extent do US consumers use refrigerator and freezer thermometers in their homes?
- 21. What is the relationship between glycemic index or glycemic load and body weight?
- 22. What is the relationship between glycemic index or glycemic load and cardiovascular disease?
- 23. What is the relationship between glycemic index or glycemic load and cancer?
- 24. What is the relationship between the environment, body weight, and fruit/vegetable intake?
- 25. What is the relationship between eating frequency and nutrient intake?
- 26. What is the relationship between the intake of milk and milk products and bone health?
- 27. Clean: To what extent do US consumers clean their refrigerators?

PERSPECTIVES
ON NUTRITION & AGING
A National Summit

Factors Associated With Dietary Quality Among Older Adults

- Socioeconomic status, education, race/ethnicity, age, locality, and living arrangements are associated with overall nutritional status.
- Health status and the related difficulties or disabilities can influence the purchase, preparation, and consumption of food.



Robert C. Post, Center for Nutrition Policy and Promotion, USDA

2010 Dietary Guidelines & Older Adults

- Older adults are encouraged to achieve and maintain a healthy body weight.
- Older adults over the age of 65 who are overweight are encouraged to avoid weight gain.
- Intentional weight loss can be beneficial.



Special Considerations for Older Adults – Weight Loss

- Moderate evidence indicates a reduced risk of mortality with intentional weight loss.
- Also suggests reduced development of type 2 diabetes and improved cardiovascular risk factors.
- Weight loss is appropriate advice for older adults who are overweight and obese.
- Weight gain should be avoided.

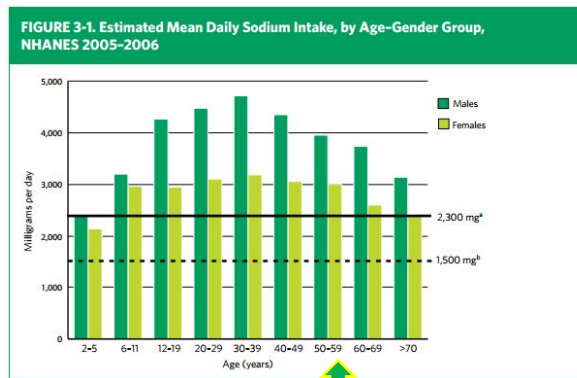


Special Considerations for Older Adults – Food Safety

- A critical part of healthy eating is keeping foods safe.
- Every year, foodborne illness affects more than 76 million individuals in the United States.
- Contributes to 325,000 hospitalizations and 5,000 deaths.



Special Consideration for Older Adults - Sodium



Older adults should reduce their sodium intake to 1,500 mg per day.



Special Consideration for Older Adults - Water

- Individual water intake needs vary widely, based in part on level of physical activity and exposure to heat stress.
- Warmer outdoor temperatures have the potential to result in an increased risk of dehydration, especially in older adults.



Recommendation for Older Adults – Vitamin B₁₂

- Consume foods fortified with vitamin B₁₂, such as fortified cereals, or dietary supplements.
- A substantial proportion of individuals ages 50 years and older may have reduced ability to absorb naturally occurring vitamin B₁₂.

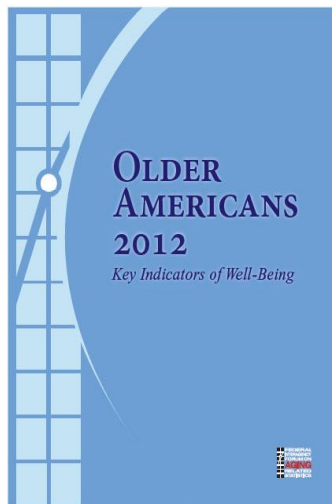


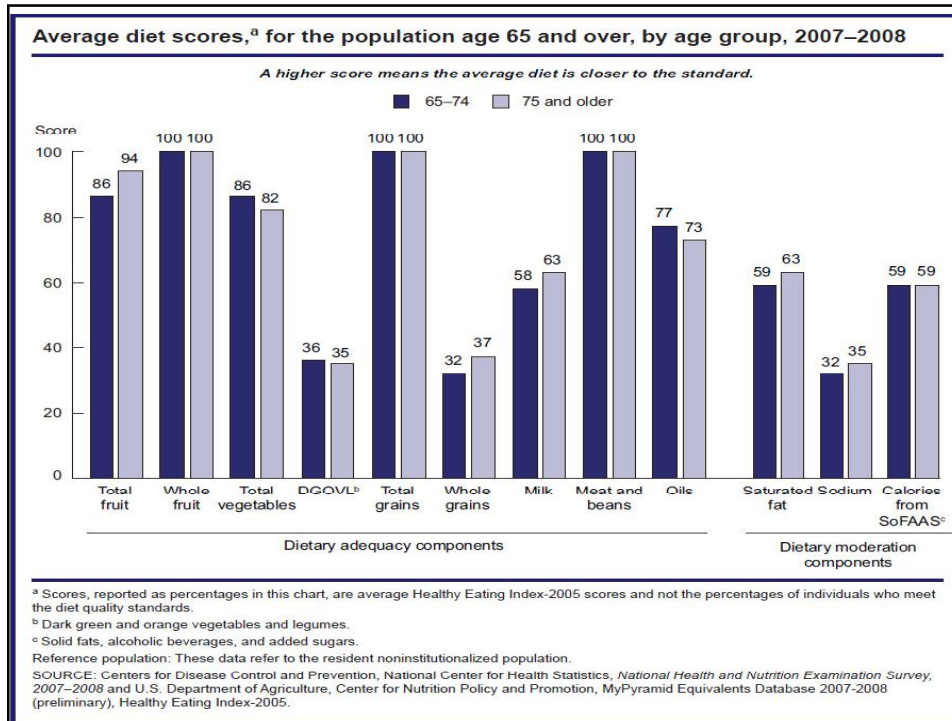
Special Consideration for Older Adults – Physical Activity

- Follow the physical activity adult guidelines.
- Do exercises that maintain or improve balance.
- Determine level of effort for physical activity relative to the level of fitness.
- Understand whether and how specific conditions affect individual ability to do regular physical activity safely.



How Well are Older Adults Doing?





MyPlate: Supported by An Innovative Communications Initiative

Coordinated, evidence-based approach to influence consumers' behaviors where they purchase, prepare, and consume food



Coordinated Messaging-
"How-Tos" Resources

National and Community
Partnerships

On-Line E-Tools
(SuperTracker)
Social and Consumer
Engagement

PERSPECTIVES
ON NUTRITION & AGING
A National Summit

Robert C. Post, Center for Nutrition Policy and Promotion, USDA

Evaluating Impact Over Time

MyPlate is #2 Top Food News Story in 2011

90% of nutrition professionals are using MyPlate in practice

34 million page views at ChooseMyPlate.gov: Jan – Mar

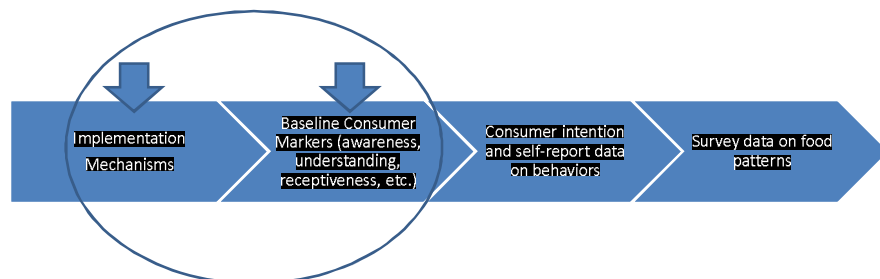
950,000 registered users of SuperTracker

2.83 billion media impressions for message outreach

65 million consumers reached for first message “Make Half Your Plate Fruits and Vegetables”



Evaluating Impact Over Time



The influence of MyPlate communications should be measured over time; currently identifying baseline consumer markers such as awareness and understanding.



Understanding Variability in Responses to Diet and Food

Robert M. Russell, MD

Professor Emeritus of Medicine and Nutrition, Tufts University

- There are four main areas of emerging research which will have a major impact on the field of nutrition and aging in the next decade:
 1. Genome and environment interactions across the age span with an emphasis on food imprinting on gene expression and the potential effect on future generations. This could have influential impact on food policy and guidance standards.
 2. Microbiome studies, examining the microbes both on and in our bodies, and their impact on disease and obesity prevention in individuals.
 3. Nutrition in age-related dementias (which are the sixth greatest cause of death in the United States), with a particular focus on prevention, delay and improving response to therapies.
 4. Nutritional bioinformatics, taking advantage of sample repository databases that can support further study and research endeavors.

Dr. Russell is professor emeritus of medicine and nutrition at Tufts University, immediate past president of the American Society for Nutrition, a specialist-advisor to the National Institutes of Health and staff physician emeritus at Tufts University Medical Center. He has served on many advisory boards including the USDA Human Investigation Committee, the FDA, United States Pharmacopoeia Convention, the World Health Organization, UNICEF and the American Board of Internal Medicine. Dr. Russell received his MD from Columbia University.



Perspectives on Nutrition: Connecting Food, Health and the Future

August 23, 2012

Robert M. Russell, MD
Professor Emeritus of Medicine and Nutrition
Tufts University

UNDERSTAND VARIABILITY IN RESPONSES TO DIET AND FOOD

- 1) Genome- Environmental Interactions Across Age Span.
- 2) Besides Nutrients and Calories, need to Understand
Role of Intestinal Bacteria (Microbiome) in Affecting
Host's Metabolic Response.



MICROBIOME

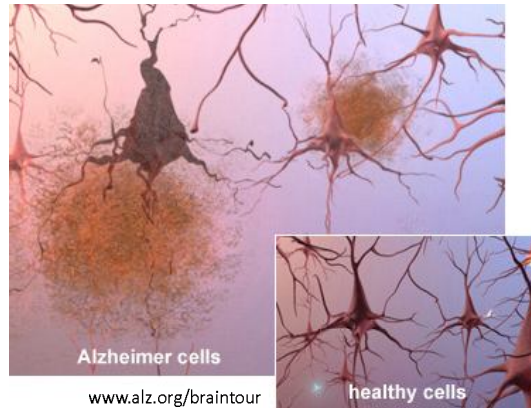


NUTRITION IN AGE RELATED DEMENTIAS

- 1) Role in Prevention
- 2) Role in Delaying Disease Progression
- 3) Role in Improving Response to Therapy
- 4) Clues: EFAs, Vitamin D, B Vitamins.
 - Flavonoids- How Do These Affect
 - Neural Biochemistry, Brain
 - Inflammation, Brain Function?



Microscopic illustrations of Alzheimer's tissue with plaques and tangles



ALZHEIMER'S DISEASE

- 5.4 MILLION Americans
- 6th leading cause of death
- Payment's for care= \$200 billion/year
- Also consider hidden costs of unpaid care, other dementia types.



INVEST IN NUTRITIONAL BIOINFOMATICS

- Incorporate nutritional (dietary, biochemical) data into “omic” databases for longitudinal follow-ups.
- Build sample repositories (blood, urine etc.) so that in depth “after the fact” studies can be carried out (e.g. metabolomic).



50 YEAR OLD FEMALE WITH CHEST PAIN

- PE. BMI= 29 (borderline obese)
- Family history of obesity and heart attacks
- Diet: High fat and empty calories.
- Blood tests: mild elevation in cholesterol, inc BP, decreased HDL.
- Microbiome analysis: inc. firmacutes
- Genome analysis: Apo C will respond to low fat diet with increase in HDL; gene cassette: salt sensitive.
- RX: designer prebiotic, low fat and salt diet, lower dose medical therapy.



Perspectives Challenge: Best Practices and Best Possibilities

The National Resource Center on Nutrition and Aging issued a Challenge, and we asked people across the nation to share their solutions.

- *How can we serve more people, in a time when resources are scarce?*
- *How do we link Nutrition and Health in our communities?*
- *How can we prepare for the future?*

Out of all the submissions, our Steering Committee selected the individuals who presented the practices and possibilities that showed the most promise for creating sustainable impacts, now and in the future.

We hope that the following Perspectives will provide a fresh Perspective on the challenges and opportunities that will drive the future of nutrition and aging. And we hope that you will use these new Perspectives as a springboard for ongoing inspiration and dialogue.

Your Perspective: New Challenges and Opportunities

The following Perspectives were presented at the National Summit.

Uniting the Continuum of Care

Anthony Cirillo, FACHE, ABC
Fast Forward Consulting, Huntersville, NC

- Most healthcare entities struggle with transitional care because:
 - The roles of care providers are evolving.
 - Many providers are not tuned in to nutrition, aging and hunger.
 - Cultural diversity is not often addressed.
 - Services are 'siloed,' standing alone.

To overcome these barriers, we can look toward a 'one-stop-shop' model that brings all senior-related services together – including businesses, education medical service providers and fitness providers.

Uniting the Continuum of Care

Author:

Anthony Cirillo

Fast Forward Consulting

E-mail address: cirillo@4wardfast.com

Brief Description:

Essentially, all of the challenges issued are related and solutions are already out there if we unite the continuum of care. From medical homes to PACE programs, home health and long-term care, geriatric care managers and patient advocates - united together - all can contribute to the solution once aware and educated about the issues.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

<http://www.youtube.com/watch?v=5xEEFwBP7xg>

Finding Funding for Congregate Nutrition Programs

Carlene Russell, RD, CGS, LD, FADA
Iowa Department on Aging, Des Moines, IA

- This program is based on a collaboration between local farmers and congregate nutrition program kitchens.
- By promoting the use of production down time at congregate meal sites for the processing of local farm products, the nutrition programs are able to generate additional revenue, and the farmers are able to reduce the costs associated with their production operations.
- Though there is a lot of effort in the planning and development stages for such a collaborative agreement, this can be a mutually rewarding effort that may also be eligible for grant funding support.



Finding Funding for Congregate Nutrition Programs

Perspectives on Nutrition and Aging: A National Summit
August 23, 2012

Carlene Russell, MS RD LD CSG
Nutrition Program Manager
Iowa Department on Aging
Carlene.russell@iowa.gov



Summary of Problem

- Nutrition programs need additional funding
- Opportunity exists to generate revenue by renting kitchen facilities when not in use
- Iowa Food Systems Council explored connecting kitchens with local fruit and vegetable farmers



4 Step Process

1. Survey Iowa congregate meal kitchens
2. Survey specialty crop producers
3. Convene two meetings
4. Complete a feasibility study
 - survey results
 - meeting results
 - lessons learned
 - recommendations for agreements between producers and congregate meal





Results

1. There is interest among kitchen managers and specialty crop producers in Iowa to process Iowa specialty crops and to make licensed processing facilities more readily available.
2. Department of Inspections and Appeals involvement is important from the beginning.
3. There are many regulations and licensing considerations but they are not insurmountable.

Kitchen Manager

Questions for DIA

- (kitchen has license and is assuming responsibility for the facility)
- 1. Specific products to be processed
- 2. Is there sufficient equipment for the process?
- 3. Would storage of ingredients and finished product be offered?
- 4. Are there food security/food defense concerns?
 - Segregated section that is locked
 - Allergen considerations

Producer

Questions for DIA

- (Farmer has license and is assuming liability for their activities)
- 1. Product(s) to be processed
- 2. Where will product be sold (the intended customer)?
- 3. What is the step-by-step process for each product?

Action Steps: Kitchens

1. Board of Directors approval
2. Meet with Department of Inspections and Appeals
3. Decide on products that will be accepted for processing
4. Check with insurance agent
5. Develop a rental agreement

Action Steps con't

5. Determine days and hours that kitchen will be available for processing.
6. Develop a promotional piece brochure
7. Department of Inspections and Appeals review
8. Start small and expand as appropriate



Finding Funding for Congregate Nutrition Programs

Author:

Carlene Russell

Iowa Department on Aging

E-mail address: carlene.russell@iowa.gov

Brief Description:

Congregate nutrition programs have been challenged with limited funding for several years. At the same time there has been an increasing demand for locally grown food. The opportunity exists for collaboration of local farmers and congregate nutrition program kitchens to generate funds for the nutrition program.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

The Iowa congregate nutrition program has been challenged with limited funding for several years. This is becoming an increasing problem with the growth in the number of seniors and more of them being food insecure. Iowa has experienced opportunities in the area locally grown fruits and vegetables. There has been an increasing demand for local produce that tastes good and is good for you as well as supports the local economy.

The Iowa Food Systems Council is made up a group of individuals including food producers and organizations from both the public and private sectors that has been established to recommend policy, research and program options for an Iowa food system which supports healthier Iowans, communities, economies and the environment. The Food Systems Council identified a need of local producers to have a licensed kitchen to prepare their produce for market. In exploring potential solutions to finding kitchens that were close to the producers, it was identified that there were congregate meal site kitchens all across Iowa.

In 2012, the Iowa Food Systems Council received a Specialty Crop grant from the Iowa Department of Agriculture for exploring the collaboration of local producers and congregate meal site kitchens. The grant was to support processing of specialty crops with the potential to: 1) increase food dollars circulating in Iowa's economy; 2) increase production of Iowa's specialty crops; and 3) potentially increase the availability of fresh produce to the nutrition program 4) provide a revenue source for congregate nutrition programs. Iowa has over 400 licensed kitchens that are used for a limited time each day

and seldom on weekends thus creating the opportunity for use by producers for value-added processing, thus eliminating the need for on-farm kitchen facilities that requires significant capital investment. The opportunity exists for a win-win for both producers and congregate nutrition programs.

The work plan of the grant included:

1. Surveying and analyzing Iowa congregate meal sites to determine feasibility for producer use i.e. interest in renting their kitchen, potential available hours, kitchen equipment, etc.
2. Survey and analyze specialty crop producers in geographic areas where congregate meal sites surveys show promise for interest and appropriate kitchen facilities;
3. Convene meetings in two geographic areas of Iowa with a high interest (from #1 and 2) to discuss feasibility issues such as management, liability, schedules, fees, barriers, etc.
4. Complete a feasibility report that includes analysis of surveys and meeting results and lessons learned from the meeting discussions.

The meetings were held at the congregate meal sites with producers, kitchen managers, Iowa Department of Inspections and Appeals who is responsible for food establishment inspections and licensing, members of the Food Systems Council and the Iowa Department on Aging. Great discussions were generated. Everyone was able to express his or her needs and concerns. Topping the list of concerns were licensing requirements and liability issues. It was very helpful having the Iowa Department of Inspections and Appeals present to address many the questions. The kitchens were concerned about the cleanliness of the kitchen when the food processing was completed. They mentioned the need for having a staff member present until they were comfortable with the producer and knowing they used the equipment properly and left the kitchen in the same condition they found it in.

The producers were looking for a variety of equipment depending on the processing they planned to do. Stainless steel tables, choppers, knives, cutting boards, stove and large pots, trays and racks and a flash freezer were some of the equipment of interest.

At the end of the two group discussions, everyone felt more comfortable with being able to work out some type of a working relationship. It was decided that both the kitchen and the producer would need their own food establishment license. From the information gained, a tool kit will be developed to help producers and congregate nutrition programs. The toolkit will have sample procedures or best practices, forms and

agreement templates. It will also contain a flow chart as a guide to the type of license needed for the type of food being produced and where it will be sold.

This project will benefit existing congregate nutrition site kitchens through increased revenue from rental of their kitchen space to specialty crop producers. A conservative estimate for 25 existing congregate meal site kitchens in Iowa is \$450,000 per year (or \$18,000 per kitchen) additional revenue from processing specialty crops (\$18 per hour X 10 hours per week X 5 specialty crop farmers X 20 weeks per year).

The example for revenue generation is just an estimate. But it does demonstrate there is an opportunity to generate revenue to help support the nutrition program. At a time of limited funding from state and federal sources, nutrition programs need to be creative in identifying new funding opportunities.

An additional benefit resulting from the congregate nutrition program working with local producers is the access to locally grown fruits and vegetables. The provision of a certain amount of produce to the nutrition program might even be written into the agreement. Including fresh, locally grown fruits and vegetables will most certainly be a marketing tool for promoting the benefits of the nutrition program to existing and new meal participants. Menus incorporating produce from a local producer that everyone knows could generate interest in the meals and help achieve the goals of MyPlate by getting meal participants to eat more fruits and vegetables.

The Iowa Food Systems Council has provided the opportunity to bring together congregate nutrition programs and local fruit and vegetable producers to lay the ground work for a collaborate project that has the potential for creating additional revenue to support the nutrition program.

Race, Class, and Frozen Chicken: Perspectives from Philadelphia on Tackling Senior Hunger Citywide

Margaret Ernst

Mayor's Office of Civic Engagement and Volunteer Service, Philadelphia, PA

- In order to find city-wide solutions to senior hunger, a Philadelphia coalition created the following core recommendations:
 - Build a citywide coalition of stakeholders.
 - Create and disseminate a Senior Food Resource Guide.
 - Aggregate information about existing service opportunities.
 - Build and connect volunteer infrastructures in the highest-need neighborhoods.
- The efforts in Philadelphia have resulted in an increase in the volunteer task force base, an increase in policy development related to senior food and hunger issues, an increase in the strength of existing programs and increase in sharing efforts between programs and agencies.

RACE, CLASS, AND FROZEN CHICKEN



Perspectives from Philadelphia on
Tackling Senior Hunger Citywide

Margaret Ernst, AmeriCorps VISTA, Mayor's Office of Civic Engagement and
Volunteer Service

Perspectives in Nutrition and Aging, August 23, 2012


CONTEXT

- ✕ March for Meals, 2011
- ✕ Report issued
December 2011
- ✕ Mayor's Commission
on Aging: Senior
Hunger Task Force,
March – August 2012





Food, Seniors, and Service


Strategies for Innovating Home-Delivered Meals and Other Senior Hunger Resources in Philadelphia



Prepared for the Mayor's Commission on Aging
Margaret Ernst, SERVE Philadelphia VISTA
December 2011

 Mayor's Commission on Aging

 Mayor's Office of Civic Engagement & Volunteer Service

 Ramsey & Miriam Katz JCC

SENIOR FOOD PROGRAMS & RESOURCES: PHILADELPHIA



- Home-Delivered Meals
 - Philadelphia Corporation for Aging
 - Volunteer-supported
- SNAP
- CSFP
- Farmer's Market Incentive programs
- Pantries, Soup Kitchens, etc
- Community Gardens



Recommendation: Build a citywide coalition of stakeholders.



Goal: Improve information-sharing about current resources.


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Recommendation: Create and disseminate Senior Food Resource Guide.

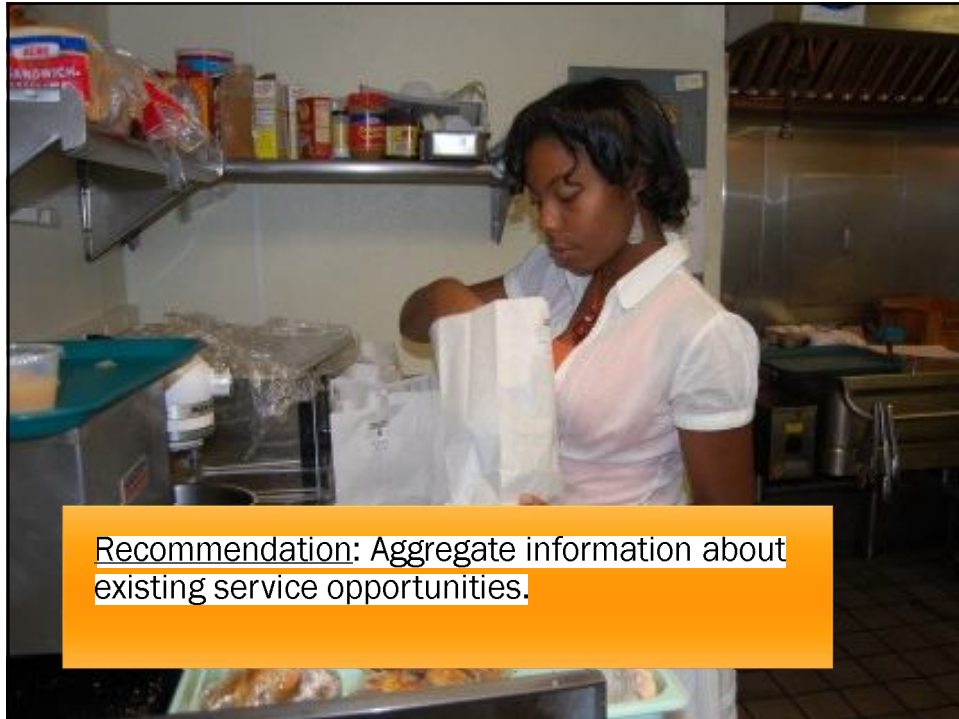
...Get Groceries Delivered to Their Home?

to Food Resources in Philadelphia

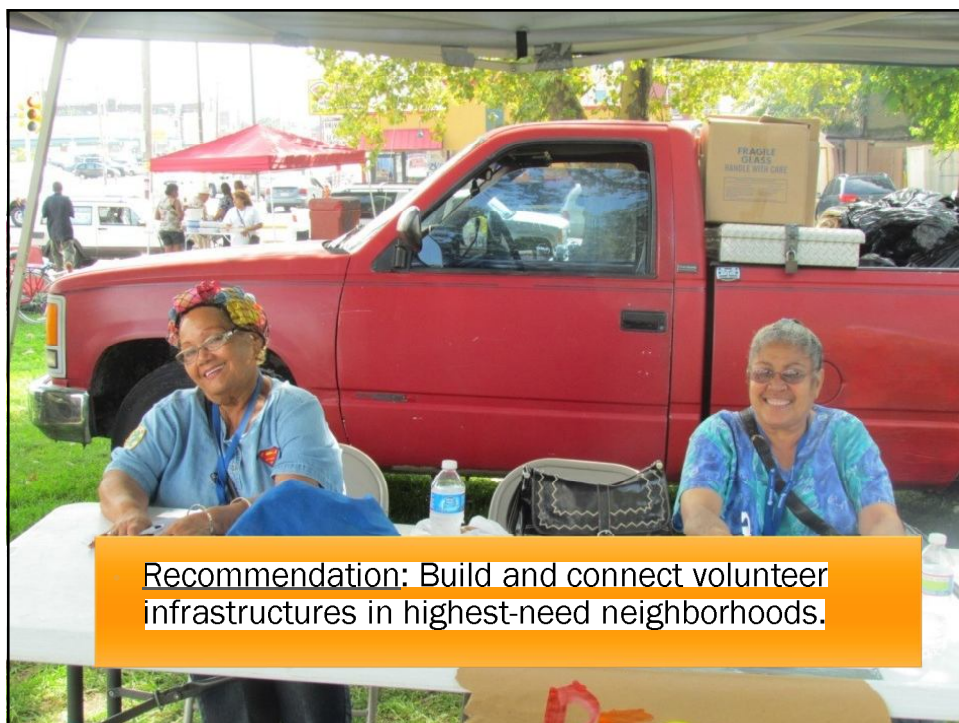
Getting healthy, affordable food on the table can be a challenge for people as they age, especially



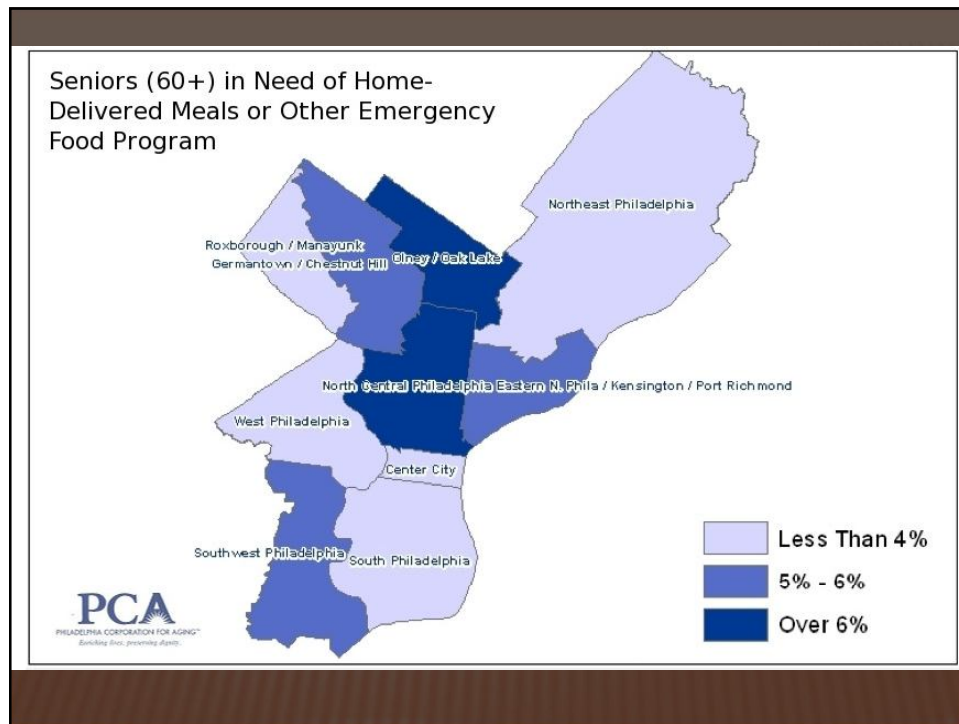
Goal: Expand and share information about opportunities for capacity building.



Recommendation: Aggregate information about existing service opportunities.



Recommendation: Build and connect volunteer infrastructures in highest-need neighborhoods.



WHERE WE'RE GOING

- × Training on SNAP and prepared meals programs
- × VISTA Project
- × Task force continuation



Race, Class, and Frozen Chicken: Perspectives from Philadelphia on Tackling Senior Hunger Citywide

Author:

Margaret Ernst

Mayor's Office of Civic Engagement and Volunteer Service

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Brief Description:

What is our perspective from Philadelphia? That our challenge – our city's diversity - and our best practice – convening diverse stakeholders for real, honest conversations - are one and the same.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

My relationship with Meals on Wheels programs and senior hunger in Philadelphia began only a little over a year ago. Just graduated from college, I came on board with the Mayor's Office of Civic Engagement and Volunteer Service in Philadelphia to conduct a fairly straightforward research project about Meals on Wheels programs in the city. Or at least, it started straightforward.

The goal was to get a sense of, simply, how many programs were out there serving seniors home-delivered meals, what those programs needs and best practices were, and how the resources available lined up with real need on the ground. Why? In 2011, Mayor Nutter had participated in March for Meals, the annual awareness campaign hosted by MOWAA that I'm sure many programs are familiar with. In rallying other providers to participate, one local program hit a critical barrier: beyond a couple relationships and otherwise, faceless phone numbers in directories, they hardly knew of any other programs in the city. And as soon as I started asking around, the same was the case for other programs too.

Now, to give you some more context—numbers wise, at least. Philadelphia is a city that is aging significantly – we have the highest proportion of adults over 60 of the ten largest cities in the United States, and that number expected to get higher over the next ten years. We are also a very poor city – the poorest, in fact, of the five largest in the country. 43% of seniors live at or below 200% of the poverty line. And according to the AARP's 2010 senior hunger report, about 18% of Philadelphia's seniors are food

insecure or marginally food insecure. We also have a proportionately high number of seniors that age in place, often disconnected from formal support networks and social services.

The statistics are grim – as, unfortunately, they increasingly are when it comes to senior hunger across the country - and with those numbers in the background, it was easy for my colleagues and I to guess that resources were not even coming close to meeting the need.

And so the questions began. We called up program coordinators, asking them how their programs started, where they serve, what their needs are, and how they want their program to grow. To understand how Meals on Wheels programs really work, I delivered meals with volunteers and helped in kitchen. We worked with the local Area Agency on Aging to map need based on survey questions conducted in 2010. I talked with seniors in 18 different locations, asking them about their experiences with home-delivered meals and also anything and everything food-related, visiting every demographic range possible– racial, class, language, you name it. Russian seniors told me about how much they hated frozen chicken. Chinese seniors told me how they knew the American salad in senior center meals was good for them, but how sometimes they just wanted some good Chinese rice. An African-American woman from North Philly, who lived in senior apartments on the exact same ground where the house that she was born in used to be, told me about how she volunteers at a nearby soup kitchen to help the homeless.

But overall, what these seniors shared with me were their real, daily experiences with food, not only about their struggles to cook and shop for themselves but also the headache of getting on food stamps – or worse, not qualifying – of knowing what food to buy with increasingly restricted diets - and worse, paying for it.

The result of this research was a report we published in December, which, as we started sharing it around the city with various aging services providers, community organizations, and the hunger relief and advocacy network, gave us a reason to bring diverse organizations to the table to have a citywide dialogue about those original questions: Where do our home-delivered meals resources lie in Philadelphia, and how does that line up with the need? Who is being served, who is not being served? What can we do - as a city government, as members of community organizations, and as citizens – to build overall capacity to serve seniors in the neighborhoods with the highest need and lowest number of resources? And, because addressing seniors

hunger and food needs is much more multifaceted than increasing the capacity of Meals on Wheels programs alone, what other resources would be important to better share information about to the populations in need of them most?

These were the questions taken on by a task force that has just finished convening, made up of representatives from organizations across the city [*if read in August*], with the goal of making recommendations to the City via the Mayor's Commission on Aging. Three solid recommendations emerged – one, to create a commonly shared and distributed senior hunger resource guide. Two, to aggregate service opportunities related to senior hunger across organizations in order increase partnerships with local volunteer networks. Three, to apply for an AmeriCorps VISTA project that would build the capacity of food pantries, cupboards, and other food programs in areas of highest need to extend services to homebound clients.

But the fact that we emerged with these ideas to act upon is not to say that these conversations were easy to have, or that they were always comfortable. Members of the task force came from many walks of life and organizations, from church volunteers from the poorest parts of North Philadelphia to health educators that work with senior refugees to the executive directors of national non-profits. As representatives spoke about their work, a harsh reality soon became apparent: current formalized volunteer-supported programs do not extend far into areas with the highest need primarily because their volunteer base consists of folks who are generally more affluent, generally white, many of whom harbor fears or hesitancy about delivering to clients in predominantly black and Latino neighborhoods.

I remember some of the tension, sadness, and frustration that was palpable in the room at times. The members were not only faced with feeling overwhelmed by high need and limited resources, but something perhaps even more emotionally devastating – lack of sense of citywide community and mission around senior hunger, at least, up until now. Were we not our brothers and sisters' keepers? As much as programs' intentions were to work together to meet senior hunger need in the city, if it meant partnering with new churches, mosques, with immigrant councils, would it be worth it?

And I believe that ultimately, that final solution we came up is reflective of the answer reached by this genuinely—and not always serenely— diverse coalition: Yes. It's worth it. We hope that next year's VISTA project will work between agencies to help build volunteer infrastructure on neighborhood-based levels in areas of highest need. The plan is to work with our local Coalition Against Hunger, Area Agency on Aging, and the City together – and dozens of neighborhood-based pantries, feeding programs, and

community leaders – to build capacity across several different neighborhoods at the same time by connecting existing programs and supporting the growth of new ones.

So, what is our perspective from Philadelphia? That our challenge – our city's diversity - and our best practice – convening diverse stakeholders for real, honest conversations - are one and the same.

West Coast Style, Midwest Values—Social Entrepreneurship

Jennifer Fralic, RD, LD

LifeCare Alliance, Columbus, OH

- With traditional funding services for meal programs decreasing, and demand for program services increasing, organizations can meet future challenges by setting a goal for self sufficiency, targeting a significant portion of the budget for social entrepreneurial efforts.
- For LifeCare Alliance, "social entrepreneurship" includes programs that help serve clients in need while offering services in the community, as well as compatible, fee-based services that increase agency revenues so more individuals can be helped.
- The additional revenue has allowed an additional 500 clients to be served through the nutrition program, with no wait list.
- Social entrepreneurship is applied through four efforts at LifeCare Alliance:
 1. An event center with many catering and service options.
 2. A corporate wellness program, which includes adult immunizations.
 3. A Meals for Kids program, providing contract food sales.
 4. Safety and violence prevention education programs for seniors.

LifeCare Alliance

**West Coast Style Midwest
Values-Social
Entrepreneurship**

*Presented by: Jennifer Fralic, RD, LD
Nutrition Programs Director*

The Funding Challenge

- Over the past several years, there has been an increased demand for services, and a decrease in traditional funding sources. LifeCare Alliance has taken a proactive role to ensure our client's needs are met.

About LifeCare Alliance

- LifeCare Alliance is a not-for-profit organization that provides a comprehensive array of health and nutrition services to residents of Central Ohio.
- The Agency's mission is *to lead the community in identifying and delivering health and nutrition services to meet the community's changing needs.*

Signature Programs

- Meals-on-Wheels
- Senior Dining Centers
- Wellness Services
- Help-at-Home
- Visiting Nurses
- Columbus Cancer Clinic
- Project Open Hand-Columbus
- Groceries-to-Go
- IMPACT Safety

Solution: Social Entrepreneurship

- Programs that help serve our clients in need while offering services in the community
- Private and community funders alike understand the importance of not-for-profits “helping themselves in order to help others.”
- Stream of compatible fee-based services, to increase agency revenues so more individuals can be helped.

- L.A. Catering
 - L.A. Events Center
- Catch the Corporate Wellness Spirit Program
 - Also includes Adult Immunizations and Travel Vaccine
- Meals-for-Kids Program
- IMPACT Safety Programs

Social Entrepreneur Enterprise Programs



Events Center

- Proceeds from L.A. Catering allowed us to serve an additional 500 clients last year.
- No waiting lists for services: assist all in need.
- Serving clients holistically with nine programs.
- Maximized net profit on annual fundraiser because it was held in-house.
- Café produces revenue that directly impacts congregate nutrition program.

Impact

West Coast Style Midwest Values – Social Entrepreneurship

Author:

Andrea Albanese Denning

LifeCare Alliance

E-mail address: adenning@lifecarealliance.org

Brief Description:

Over the past several years, there has been an increased demand for services, and a decrease in traditional funding sources. LifeCare Alliance has taken a proactive role to ensure our client's needs are met.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

LifeCare Alliance is a not-for-profit organization that provides a comprehensive array of health and nutrition services to residents of Central Ohio. LifeCare Alliance's mission is to lead the community in identifying and delivering health and nutrition services to meet the community's changing needs. Founded in 1898 as the Instructive District Nursing Association (IDNA), LifeCare Alliance was Columbus' first in-home health care agency and Ohio's first Visiting Nurse Association.

LifeCare Alliance pioneered the delivery of community health and nutrition services. With a staff of approximately 201 dedicated individuals and 7,600 volunteers, LifeCare Alliance continues to assist residents in Franklin and Madison Counties through its signature programs: Meals-on-Wheels, Senior Dining Centers, Wellness Services, Help-at-Home, Visiting Nurses, Columbus Cancer Clinic, Project OpenHand-Columbus, Groceries-to- Go, and IMPACT Safety.

Over the past several years, there has been an increased demand for services, and a decrease in traditional funding sources. LifeCare Alliance has taken a proactive role to ensure our client's needs are met. Recent trends in not-for-profit agencies indicate that greater number of charitable organizations recognize the need to offset annual operating expenses through active social entrepreneur enterprises. Similarly, private and community funders alike understand the importance of not-for-profits "helping themselves in order to help others." LifeCare Alliance is committed to a stream of compatible fee-based services, to increase agency revenues so more individuals can be helped.

LifeCare Alliance recognizes the need for self-sufficiency and is committed to further developing a stream of compatible fee-based programs to increase agency revenue to continue to assist all those in need.

Currently, LifeCare Alliance offers social entrepreneur enterprise programs that help serve our clients in need while offering services in the community. These services include:

- L.A. Catering offering full-service catering using the culinary expertise of LifeCare Alliance kitchen staff. Being recognized as the 15th largest caterer in central Ohio, proceeds from L.A. Catering served an additional 500 clients last year.
- Catch the Corporate Wellness Spirit Program designed to meet the wellness needs of employers and employees at their work sites through health, nutrition, and education services. The wellness team provides on-site services including all of the same services provided in the community setting as well as personal face-to-face coaching at the worksite with the registered nurse and dietitian. Health fairs for community organizations and businesses are a recent addition to the wellness program. In 2011, the Corporate Wellness program served thirty- seven corporations.
- Meals-for-Kids Program, delivering meals to after-school care sites for school age children and to daycare centers and charter schools. Meals-for-Kids provides more than 2,000 meals per day to predominately lower-income and at-risk children at 43 sites in central Ohio.
- IMPACT Safety Programs, is a statewide fee for service program that provides tools to overcome violence. It offers low-cost training to women, men, teens and children to strengthen their resolve, expand their choices, and transform fear into courage. IMPACT offers community education programs, community workshops, Teen classes, 25-hour Basics personal safety classes for women, advanced classes, and classes for children. Additionally IMPACT provides 2-3 day courses for organizations and businesses that focus on organization safety policy, protocol implementation, and safety awareness skills for professionals.

Due to our social entrepreneur efforts, LifeCare Alliance has continued to service all those in need, especially in the basic needs food programs such as Meals-on- Wheels, where 1,030,884 meals were prepared and delivered to homebound clients living in Franklin and Madison counties. LifeCare Alliance is one of only a few major cities in the United States, which does not have a waiting list. Waiting lists in some cities total more than 1,000 people, and it takes a year or more to start service. This is for food, the most basic of needs.

LifeCare Alliance stays on mission through social entrepreneurship. The vision of Catherine Nelson Black, wife of Samuel Black, a judge and mayor of the City of Columbus, the IDNA became Ohio's first home healthcare program, organized in 1898 to bring medical care and health education to the homes of the sick poor and immigrant populations – those with high infant mortality rates. Mrs. Black noted that she wanted to establish an organization, which would “take care of the people who nobody else paid any attention to.” We still take care of those individuals today.

How Web and Mobile Technologies Are Changing Nutrition Education

Marci Harnischfeger, MS, RD
ShopWell, Palo Alto, CA

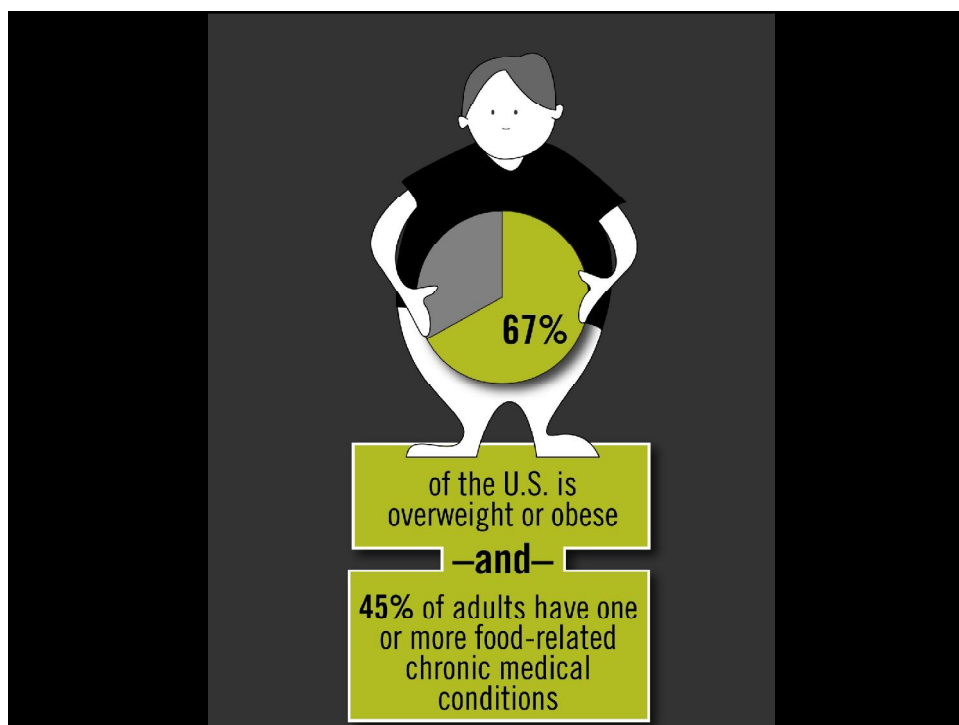
- With over 66 percent of adults using the Internet to look up medical information, and seniors over the age of 50 generally spending over three to five hours per week surfing the web, web-based and mobile apps can be key to raising awareness among seniors and caregivers about the link between food, health and well-being.
- Mobile technology can transform nutrition education by:
 - Aiding health teams in providing low-cost nutrition education.
 - Coordinating education with any healthy eating plan.
 - Helping individuals obtain personalized information.
 - Tailoring information to personal health and nutrition goals.
 - Providing on-demand information on healthy food options both in the store (at the point of purchase) and in the home (during preparation).



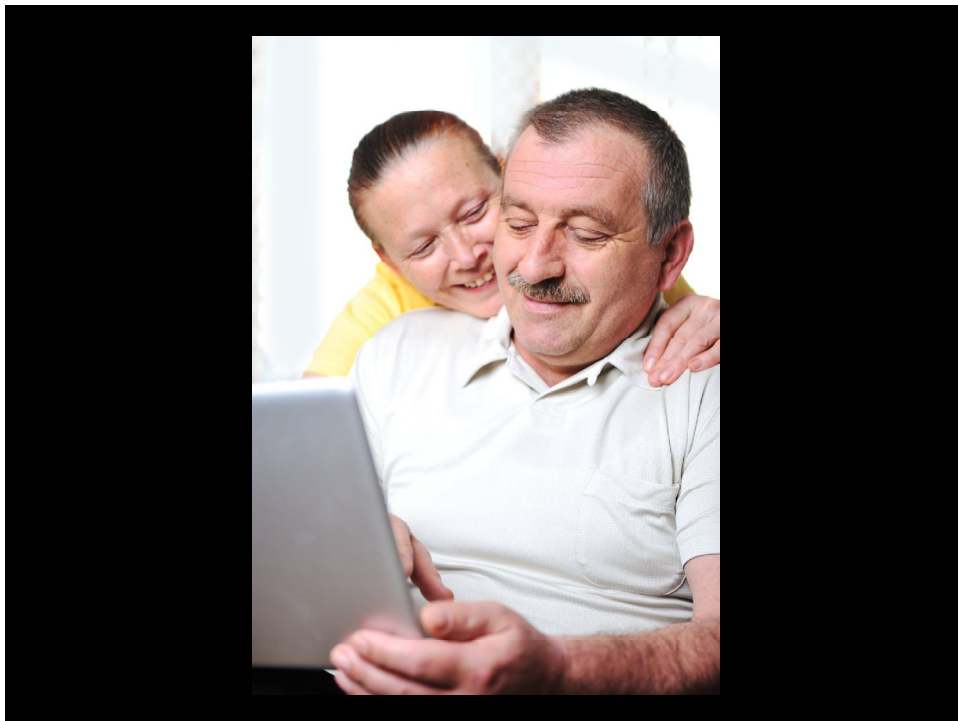
Your Perspective: New Challenges and Opportunities

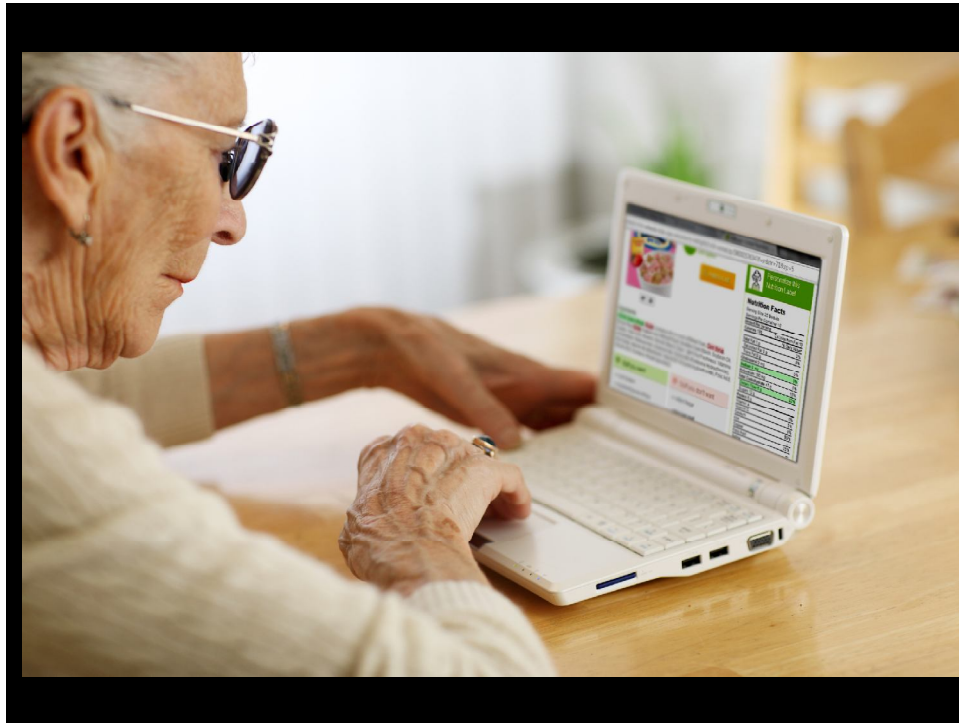
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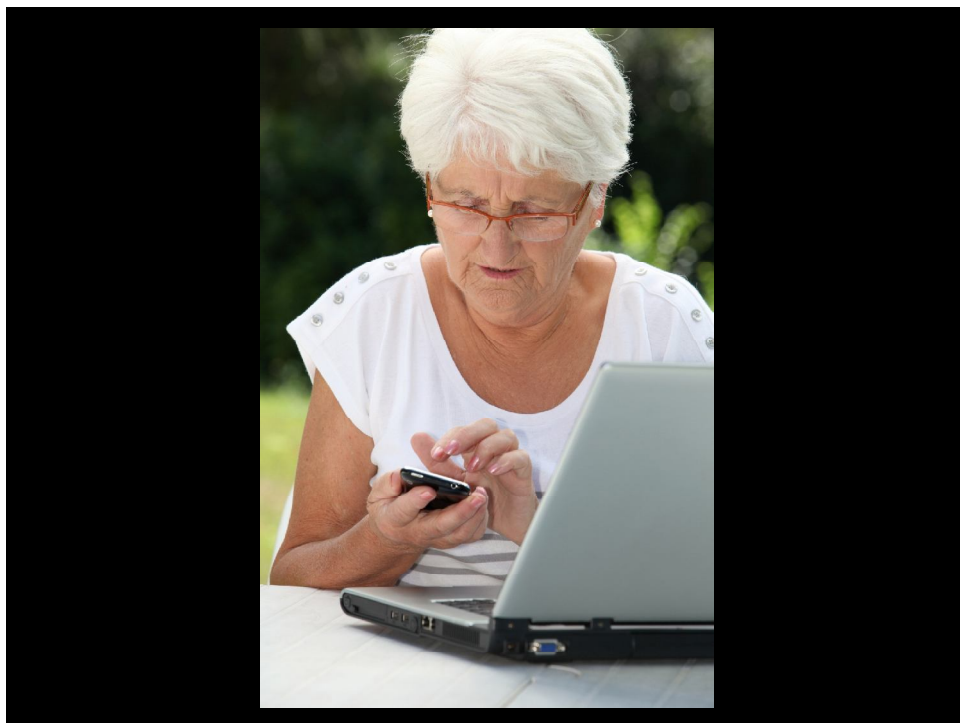
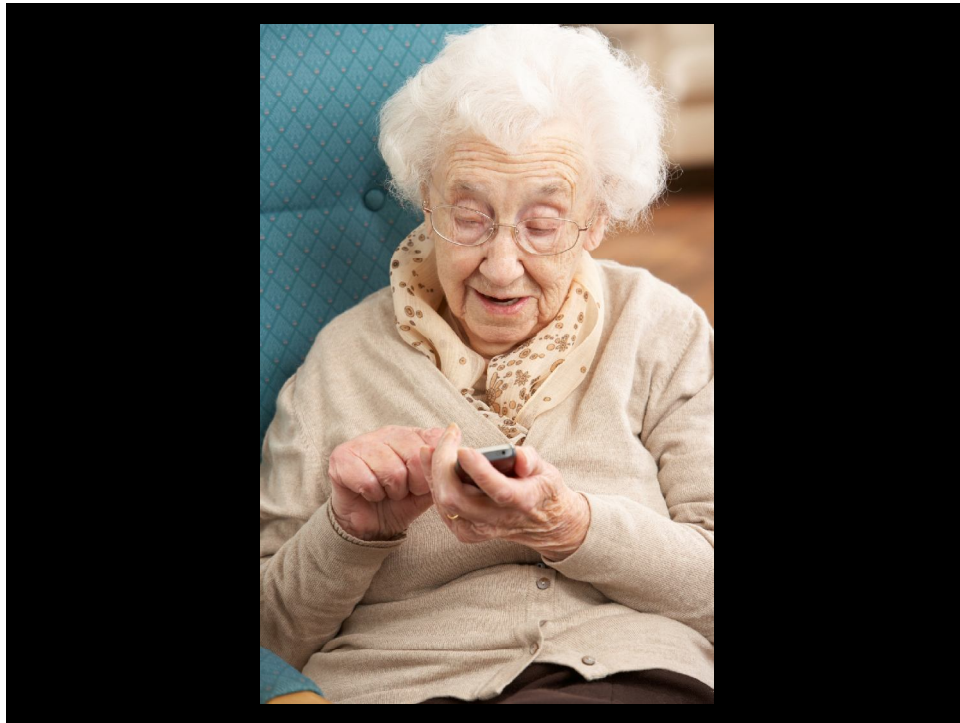
Marci Harnischfeger, MS RD
Head Dietitian, ShopWell

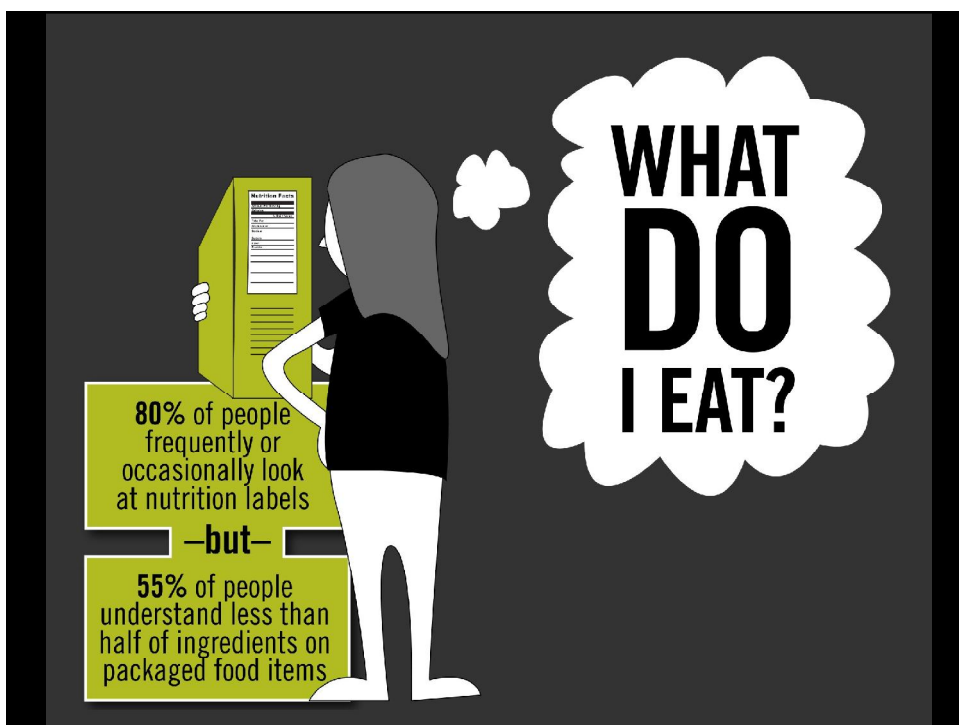




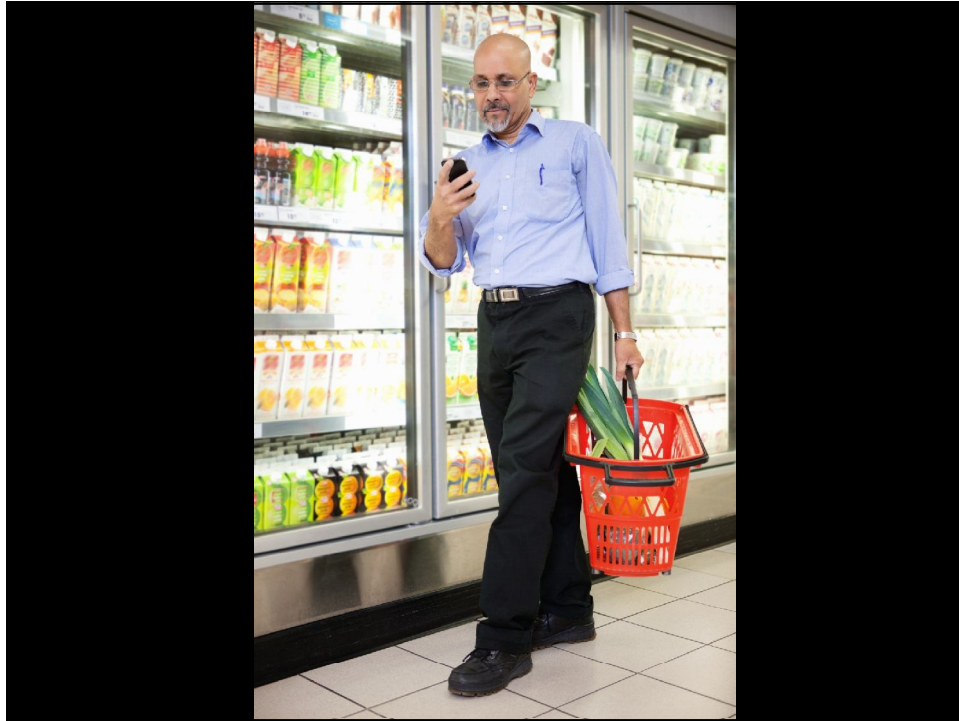


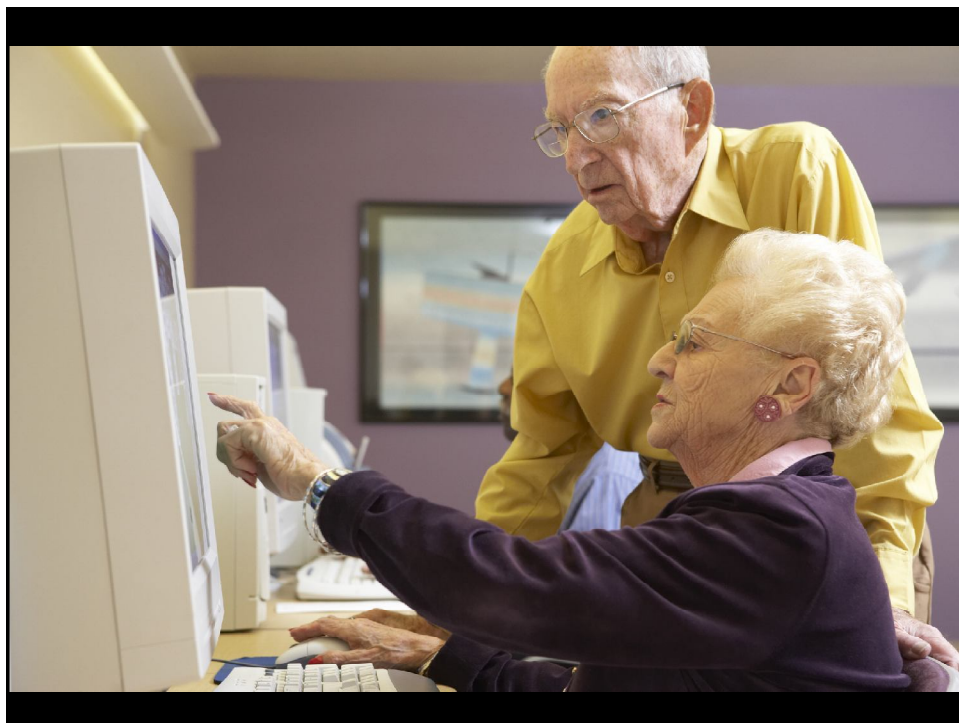
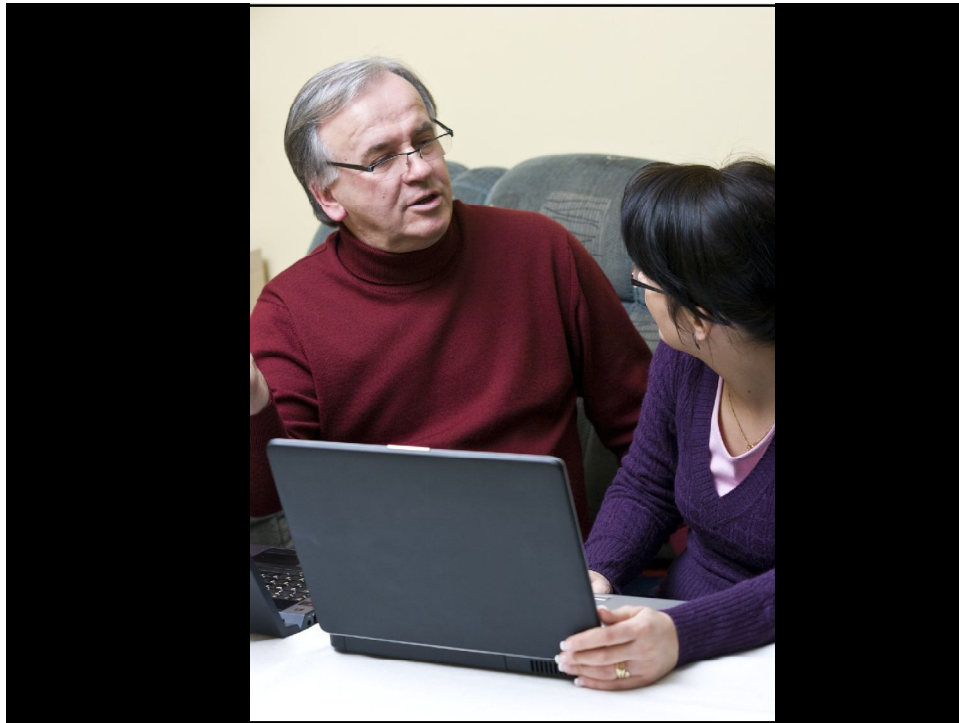


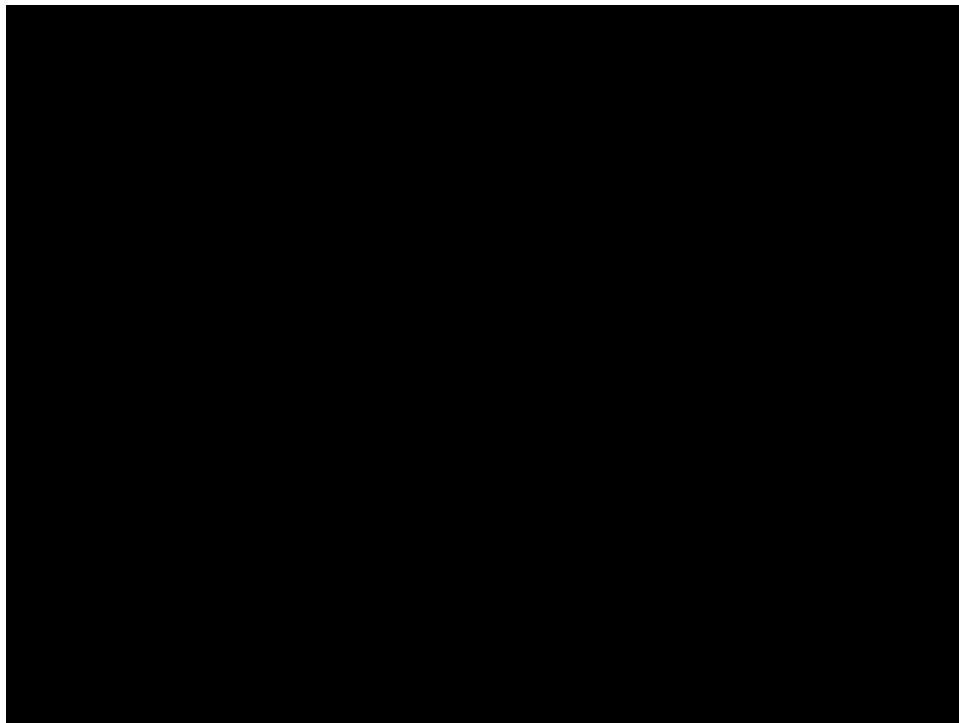


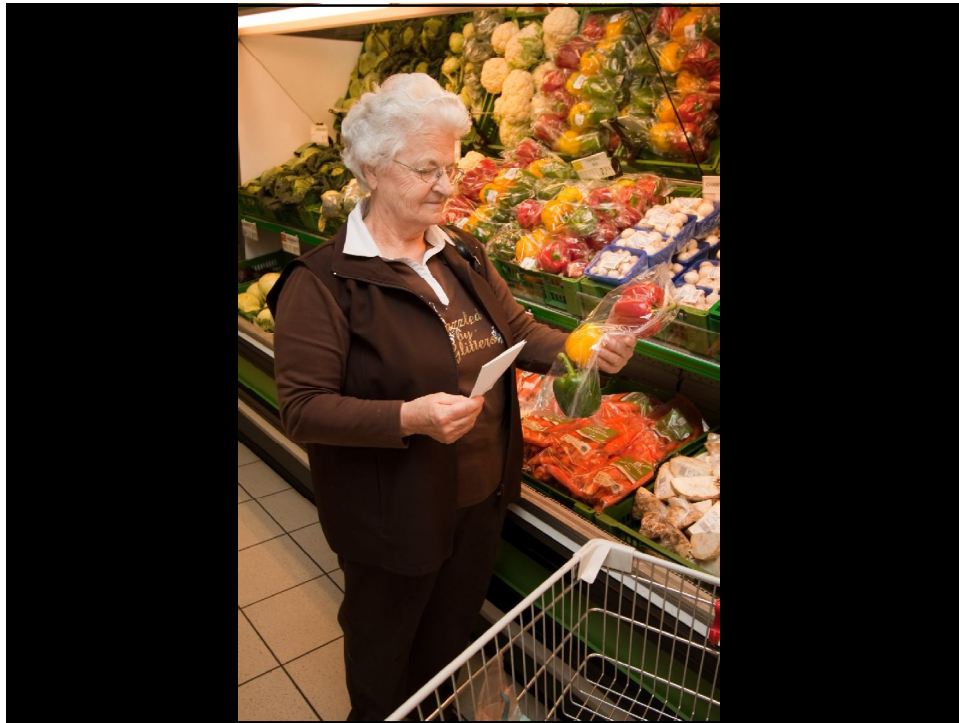














How Web and Mobile Technologies Are Changing Nutrition Education

Author:

Marci Harnischfeger MS RD

ShopWell

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Brief Description:

Web and mobile nutrition education technologies are powerful tools in helping people of all ages make dietary change. More and more seniors are adopting both the internet and smartphones. Here is why you should consider adopting nutrition education technologies into already existing programs for seniors.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

Hello, my name is Marci Harnischfeger MS RD. I am a Registered Dietitian, chef, and nutrition educator. I am also Head Dietitian for ShopWell (www.shopwell.com), a nutrition education website and mobile app that helps you improve the foods you eat and build healthy grocery lists. I want to share with you today how technologies, like ShopWell, increase access to nutrition education and food label reading and also aid healthcare teams to help provide low cost, effective nutrition education.

At ShopWell we believe in the importance of nutrition education for people of all ages including seniors. Our technology is based upon the principle that nutrition education is most helpful when it is personalized to the individual's age, gender, and health and nutrition goals. We believe in simple, easy to understand information and that small changes overtime result in a big impact on health.

Today two thirds of adult Americans are overweight or obese (1) and 45% of adult Americans have one or more food-related chronic medical condition such as high cholesterol, diabetes, and high blood pressure. (2) Access to nutrition education, to nutrient information for the foods people eat each day, and to nutritious meals cooked with people's dietary considerations in mind is now more important than ever.

As we age, we have a higher risk for developing diet-related medical conditions and an increased need to make sure that the foods we eat are helpful for our well-being,

medical conditions, and work with our medications. As calorie needs decline, food label reading becomes increasingly important to make sure that you are getting the proper balance of nutrients in your diet. The most bang for your nutritional buck so to speak.

Technology now allows us to get the information we need in the comfort of our own home and even on the go at the grocery store. The internet is already a huge part of people's lives. Seniors 65 and over spend almost 3 hours per week surfing the web. People ages 50 to 64: just over 5 hours per week (3) and 66% of adults use the internet to look up medical information. (4) Smartphones-which mobile devices that allow for much more than a phone call including web surfing, news feeds, and barcode scanning-are increasing in popularity at an exponential rate in all age groups. Over 25% of people over the age of 55 who own a mobile phone now own a smartphone (5), and the number is growing every day.

At ShopWell, we couple the on demand nature of both the internet and the smartphone with the expertise of Registered Dietitians, peer reviewed research, and government guidelines to create a personalized nutrition education system that can help you make quick, easy, and healthy changes in the foods you bring home from the grocery store.

Roughly 80% of people frequently or occasionally look at nutrition information on packages, but 55% of people understand half or less of the ingredients. (6) Not to mention the smaller percentage of people that understand how the nutrients and ingredients apply to them. Research also shows that people who read food labels make healthier choices. (7) The key is to focus people in on the information that is right for them.

When people get tailored nutrition information about the foods that are most familiar to them-the packaged and whole food items found right in the regular grocery store that they, or their loved ones, bring into their home each day-they can start to understand which nutrients and ingredients are important to them and get a sense of healthier options that might work better. Imagine getting feedback on your favorite cereal, that granola bar you saw on tv, or the chips you grew up with since you were a child. How much of that avocado should I eat? Can I have broccoli instead of spinach? Which cut of meat should I buy?

Today's technology makes that happen. Because web and mobile programs are adaptable, they can be made to fit in with which ever healthy eating plan one is working with and used whether one is checking in with their dietitian and medical team

frequently or looking for a tool to help manage their diet on their own. These technologies are available when the person needs it most-at home or at the grocery store- and can work within one's own learning schedule any time of the day or night. We have had an overwhelming response from people of all ages, almost 20% of our audience is over 50. And people like personalized nutrition education as almost 90% of people customize the system to better match their needs.

I joined ShopWell because I know the power of food label reading in helping people reach dietary compliance. From my past experiences with patients and in the classroom-whether it be from grocery store tours to pantry reviews to simply searching for the nutrition information for people's favorite foods-meeting people where they are in their food journey and teaching them using foods they are familiar with has been very successful for me. Through the power of technology I can now help millions of people find nutrition information and learn to read food labels. Nutrition information on demand goes a long way in convincing people that healthy eating is achievable just by taking one step at a time.

I firmly believe that people can improve their health and diet on any budget, with any medical condition, but that they need the tools and know how delivered in a simple, easy to understand way for them. Technology now allows you to have that personalized guidance around the food you eat right when you need it-at the store, when you are about to prepare or eat a meal, or you are making a list to shop with-and show your practitioner exactly which foods you are eating, so they can tune your eating plan to you.

Imagine on demand access for carbohydrate numbers, sodium levels, allergy information, etc. for hundreds of thousands of foods and how helpful that would be for people managing a variety of health conditions from diabetes to food allergies to high blood pressure. Online nutrition education services give you access to the nutrition and ingredient information and guidance from trusted resources. The best ones are easy to grasp for any age from children to seniors. Medical practitioners, dietitians, and others can also use these technologies too in their education plans to help support their teachings when the patients need it most: at the grocery store and during meals.

Food is all around us. Each one of us has different needs, but each one of us is entitled to a basic understanding of nutrition and our health.

We applaud the work done by the National Aging Network for the millions of seniors they serve each day. I personally have referred many patients to senior nutrition

programs and have been delighted by their ability to cater both meals and nutrition education to people with complex medical conditions who do not have the ability to create nutritious meals on their own.

Technology platforms, like ShopWell, that are free, simple to access, and easy to understand are essential as well. They are key to raising everyone's awareness about how the foods they eat-the foods all around them-affect health and well-being. They are the small nudge, the constant companion, the tool that people can use to support their doctors and dietitians advice in how to keep themselves healthy.

I strongly urge you to consider continuing to incorporate well researched, relevant technological based systems when developing nutrition education programs for seniors and their families.

Thank you.

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Perspectives on Senior Hunger in America: An Annual Report

James P. Ziliak, PhD

University of Kentucky Center for Poverty Research

- There has been tremendous growth in the threat of hunger among seniors in America.
- What stands out the most is the fact that seniors have had a more difficult time recovering from the economic downturn, as compared to Americans in general.
- America is rapidly aging as a nation, and the problem will get worse unless we take proactive action – including being more creative in promoting access to safety net programs for seniors, targeting nutrition services to the populations most in need and understanding the special challenges of seniors living in multi-generational households.

MEALS ON WHEELS

Research Foundation

Senior Hunger in America 2010: An Annual Report

Prepared for the Meals On Wheels Research Foundation, Inc.

May 3, 2012

Professor James P. Ziliak
University of Kentucky

Professor Craig Gundersen
University of Illinois

ACKNOWLEDGEMENTS

This report was made possible by a generous grant from the Meals On Wheels Research Foundation, Inc, which was underwritten by the Caesars Foundation. We owe a special debt of gratitude to Enid Borden and Peggy Ingraham of MOWRF for helpful comments on earlier versions of this report. The conclusions and opinions expressed herein are our own and do not necessarily represent the views of any sponsoring agency.

EXECUTIVE SUMMARY

This study is the first in a series of annual reports on the state of senior hunger in the United States. In the report we provide an overview of the extent and distribution of food insecurity in 2010, along with trends over the past decade using national and state-level data from the December Supplements to the Current Population Survey (CPS). Based on the full set of 18 questions in the Core Food Security Module (CFSM), the module used by the USDA to establish the official food insecurity rates of households in the United States, our emphasis here is on quantifying the senior population facing the *threat of hunger* (i.e. marginally food insecure). A supplement to this report also presents evidence on seniors at *risk of hunger* (i.e. food insecure) and on seniors *facing hunger* (i.e. very low food secure).

The Great Recession has caused extreme hardship on many families in the United States, and senior Americans are no exception. Based on the barometer of food insecurity, this report demonstrates that our seniors may face more challenges than initially thought. Unlike the population as a whole, food insecurity among those age 60 and older actually increased between 2009 and 2010. These increases were most pronounced among the near poor, whites, widows, non-metro residents, the retired, women, and among households with no grandchildren present.

Specifically, in 2010 we find that

- 14.85% of seniors, or more than 1 in 7, face the threat of hunger. This translates into 8.3 million seniors. In contrast, in Ziliak, et al. (2008) we reported that as of 2005 1 in 9 seniors faced the threat of hunger.
- Those living in states in the South and Southwest, those who are racial or ethnic minorities, those with lower incomes, and those who are younger (ages 60-69) are most likely to be threatened by hunger.
- Out of those seniors who face the threat of hunger, the majority have incomes above the poverty line and are white.
- From 2001 to 2010, the number of seniors experiencing the threat of hunger has increased by 78%. Since the onset of the recession in 2007 to 2010, the number of seniors experiencing the threat of hunger has increased by 34%.

That seniors in our country are going without enough food due to economic constraints is a serious problem in-and-of-itself. In addition, though, in previous work (Ziliak, et al. 2009) we showed that even after controlling for other confounding factors, food insecurity is associated with a host of poor health outcomes for seniors such as reduced nutrient intakes and limitations in activities of daily living. This implies that the recent increase in senior hunger will likely lead to additional nutritional and health challenges for our nation.

I. FOOD INSECURITY IN 2010

We document the state of hunger among senior Americans ages 60 and older in 2010 using data from the Current Population Survey (CPS). In December of each year, households respond to a series of 18 questions (10 if there are no children present) that make up the Core Food Security Module (CFSM) in the CPS. Each question is designed to capture some aspect of food insecurity and, for some questions, the frequency with which it manifests itself.¹ Respondents are asked questions about their food security status in the last 30 days as well as over the past 12 months. We focus on the questions referring to the past year.

Consistent with the nomenclature and categorizations in Ziliak et al. (2008) and Ziliak and Gundersen (2009), we consider three characterizations of food insecurity: the *threat of hunger*, which obtains when a person is marginally food insecure by answering in the affirmative to one or more questions on the CFSM; the *risk of hunger*, which arises when a person is food insecure by answering in the affirmative to three or more questions on the CFSM; and *facing hunger*, which obtains when the person is very low food secure by answering in the affirmative to at least 8 questions in households with children and at least 6 questions in households without children. This means that the threat of hunger is the broadest category of food insecurity since it encompasses those responding to at least one question on the CFSM. The next broadest category is the risk of hunger since this group encompasses those who are either food insecure or very low food secure. This means that the most narrow, and in turn, most severe, category in our taxonomy is facing hunger. Box 1 summarizes the categories. For the purpose of this report we focus on the threat of hunger. A supplement to this report provides a parallel analysis for seniors at risk of hunger and those facing hunger.

Box 1: Categories of Food Insecurity

	USDA Classification	Number of Affirmative Responses to CFSM
Fully Food Secure	Fully Food Secure	0
Threat of Hunger	Marginally Food Insecure	1 or more
Risk of Hunger	Food Insecure	3 or more
Facing Hunger	Very Low Food Secure	8 or more (households with children) 6 or more (households without children)

In Table 1 we present estimates of food insecurity among seniors in 2010. Overall, 14.85%, or just over 1 in 7, faced the threat of hunger, which translates into 8.3 million seniors. The table also presents estimates of food insecurity across selected socioeconomic categories. Here we see great heterogeneity across the senior population. For example, for those with incomes below the poverty line, 47.06% face the threat of hunger. In contrast, for seniors with incomes greater than twice the poverty line, this fraction falls dramatically to 6.97%. Turning to race, African American seniors face the threat of hunger that is more than double (132% higher) that of white seniors. Similarly, Hispanics (who can be of any racial category) face the threat of

¹ See the Data Appendix for details on the survey sample, including the full list of CFSM questions in Appendix Table 1.

hunger 131% higher than non-Hispanics. Moreover, seniors in nonmetro areas face the threat of hunger that is significantly higher by about 1.5 percentage points in 2010 than seniors in metro areas.

Table 1. The Extent of the Threat of Senior Hunger in 2010

Overall	14.85%
By Income	
Below the Poverty Line	47.06
Between 100% and 200% of the Poverty Line	30.77
Above 200% of the Poverty Line	6.97
Income Not Reported	9.88
By Race and Ethnicity	
White	11.70
Black	27.11
Other	16.37
Hispanic	31.17
By Marital Status	
Married	10.60
Widowed	18.83
Divorced or Separated	25.41
Never Married	19.43
By Metropolitan Location	
Non-Metro	15.96
Metro	14.58
By Age	
60-64	17.58
65-69	15.15
70-74	15.05
75-79	12.51
80 and older	11.39
By Employment Status	
Employed	10.89
Unemployed	30.52
Retired	12.46
Disabled	38.47
By Gender	
Male	13.15
Female	16.22
By Grandchild Present	
No Grandchild Present	13.99
Grandchildren Present	30.86

Source: Authors' calculations from the December 2010 Current Population Survey.

Hunger threat among divorced or separated seniors is two and a half times greater than married seniors, and younger seniors, especially those under 75, are at heightened threat in comparison to those over age 75. Likewise, the threat of hunger is over 3 times higher among the disabled than the retired, and if a grandchild is present, the prospects for being under the threat of hunger greatly exceed those households with no grandchild present.

Table 1 allows us to see the proportions of persons within any category who are marginally food insecure and, with this information, we can make statements about who is most

in danger of the threat of hunger. For example, those with lower incomes are substantially more likely to be food insecure than those with higher incomes. Also of interest, though, is the distribution of senior hunger. In other words, out of those who are under the threat of hunger, what proportion fall into a particular category? We present these results in Table 2.

As seen in Table 2, the majority of seniors under the threat of hunger have incomes above the poverty line. For example, out of those reporting income, 73% of seniors have incomes above the poverty line. A similar story holds for race – while African-Americans are at greater threat of hunger than whites, about 3 in 4 marginally food insecure seniors are white. As discussed above, there is a decline in hunger threat for older seniors. It still remains, however, that 13.8% of seniors facing the threat of hunger are over age 80.

Table 2. The Distribution of Threat of Senior Hunger in 2010

By Income	
Below the Poverty Line	22.86%
Between 100% and 200% of the Poverty Line	36.08
Above 200% of the Poverty Line	21.74
Income Not Reported	19.32
By Race	
White	76.96
Black	17.32
Other	5.72
By Ethnicity	
Non-Hispanic	84.16
Hispanic	15.84
By Marital Status	
Married	42.56
Widowed	27.77
Divorced or Separated	23.14
Never Married	6.53
By Metropolitan Location	
Non-Metro	21.10
Metro	78.90
By Age	
60-64	36.16
65-69	22.14
70-74	16.75
75-79	11.15
80 and older	13.80
By Employment Status	
Employed	19.55
Unemployed	4.15
Retired	51.99
Disabled	24.31
By Gender	
Male	39.60
Female	60.40
By Grandchild Present	
No Grandchild Present	89.53
Grandchildren Present	10.47

Source: Authors' calculations from the December 2010 Current Population Survey. The numbers in the table sum to 100 percent within each subcategory.

In Table 3 we present state level estimates of senior hunger for 2010. The range for the threat of hunger spans from 5.52% in North Dakota to 21.53% in Mississippi. In Table 4 we highlight the ten states with the highest rates of senior hunger in 2010. With the lone exceptions of Rhode Island and Washington in the facing hunger category, seniors living in states located in the south and southwest face the greatest unmet food need in 2010.

Table 3. State-Level Estimates of Threat of Senior Hunger in 2010

AL	17.29	MT	13.21
AK	16.02	NE	7.65
AZ	12.81	NV	16.50
AR	19.42	NH	9.18
CA	16.48	NJ	12.31
CO	11.48	NM	21.24
CT	10.63	NY	13.79
DE	8.93	NC	15.66
DC	14.70	ND	5.52
FL	16.64	OH	15.78
GA	17.12	OK	15.97
HI	15.90	OR	12.49
ID	8.09	PA	14.80
IL	12.47	RI	15.28
IN	10.14	SC	17.10
IA	11.20	SD	11.05
KS	12.77	TN	17.57
KY	15.30	TX	18.14
LA	13.95	UT	14.22
ME	12.16	VT	11.60
MD	12.85	VA	9.27
MA	10.52	WA	14.27
MI	14.36	WV	15.35
MN	7.41	WI	10.60
MS	21.53	WY	12.82
MO	15.51		

Source: Authors' calculations. The numbers are two-year averages found by summing the number of marginally food insecure seniors by state across the 2009-2010 December Current Population Surveys and dividing by the corresponding total number of seniors in each state across the two years.

Table 4. Top Ten States in Terms of Threat of Senior Hunger in 2010

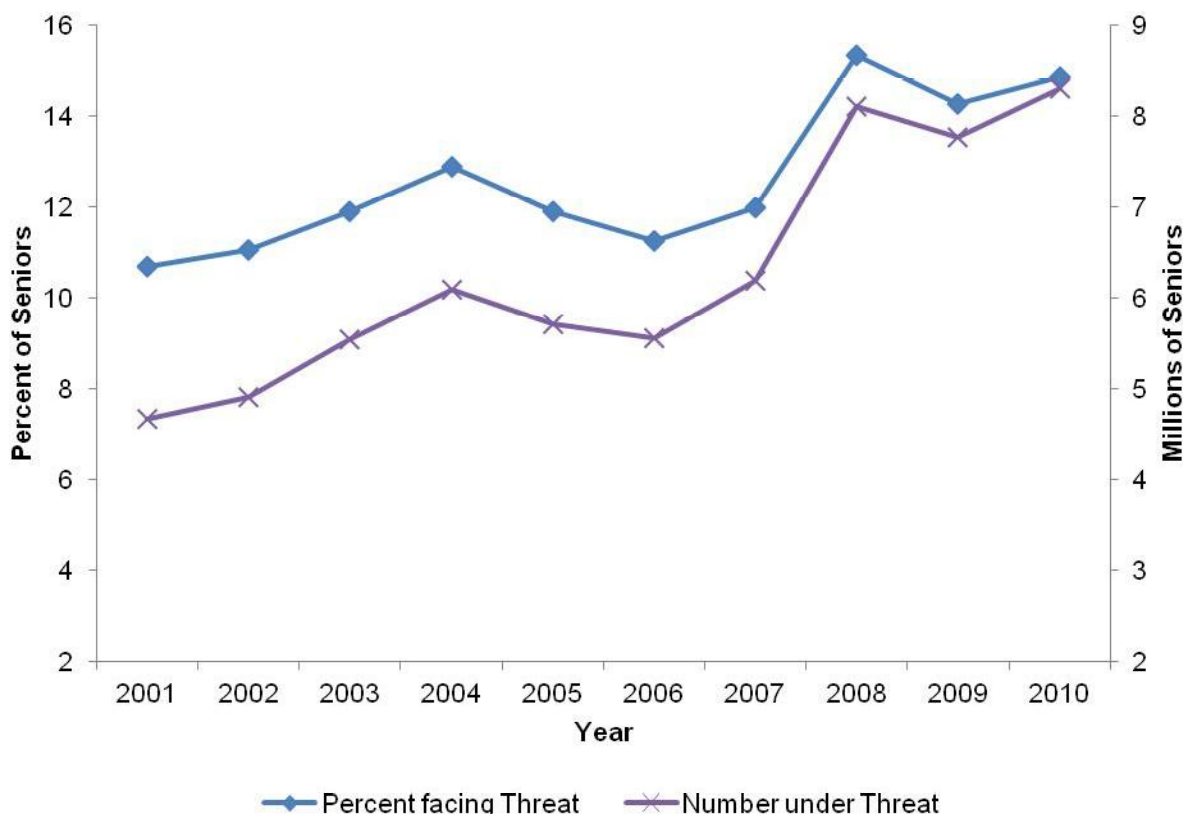
MS	21.53
NM	21.24
AR	19.42
TX	18.14
TN	17.57
AL	17.29
GA	17.12
SC	17.10
FL	16.64
NV	16.50

II. FOOD INSECURITY OVER TIME

To help place the 2010 estimates into perspective, we now examine trends in marginal food insecurity over the past decade. We describe the trends for the full population of seniors along with select subgroups of seniors. In Figure 1 we display results for the full population in terms of the proportion (left-hand axis) and number (right-hand axis) of households in millions. As seen there, there was substantial increase in food insecurity since the start of the recession in 2007. Indeed the fraction of seniors under the threat of hunger, increased by one-quarter from 2007-2010. And reflecting the fact that an increasing fraction of the U.S. population is over age 60, the numbers of seniors threatened by hunger has increased by over one-third since 2007.

In a striking difference from the total population, between 2009 and 2010, the percentage

Figure 1. Trends in Threat of Hunger among Senior Americans



of seniors threatened by hunger increased by a statistically significant amount—from 14.26% to 14.85% ($p=0.062$). Table 1A of Coleman-Jensen, et al. (2011) shows an actual decline in the risk of hunger (i.e. food insecurity) and in those facing hunger (i.e. very low food security) for the U.S. population overall.² This suggests that the Great Recession had more enduring effects with respect to food insecurity for older Americans than for the general population. For the decade as a whole, there was a 39% increase in the fraction under the threat of hunger, and in terms of the numbers of seniors affected, the corresponding increase was 78%.

In Table 5 we take a deeper look into underlying changes in the composition of seniors facing marginal food insecurity from 2009 to 2010. The table presents percentage point changes in marginal food insecurity by the same set of socioeconomic characteristics in Table 1. In the first row, the results for the full population of seniors are reported and, as discussed above, the increases in food insecurity rates from 2009 to 2010 are evident there. As seen in the subsequent rows, the statistically significant increases in the threat of hunger are not shared equally by the different categories. Specifically, we see that the increases were primarily among near-poor

² For the general population, the decline in food insecurity was not statistically significant but the decline in very low food security was statistically significant. In our supplement to this report we show that there was also a statistically significant increase in the risk of hunger among seniors, and no statistical change in those facing hunger.

Table 5. Changes in the Composition of Threat of Senior Hunger from 2009 to 2010

Overall	0.58*
By Income	
Below the Poverty Line	0.49
Between 100% and 200% of the Poverty Line	2.42***
Above 200% of the Poverty Line	0.35
Income Not Reported	0.60
By Race and Ethnicity	
White	1.09***
Black	-2.70*
Other	-3.28**
Hispanic	1.23
By Marital Status	
Married	0.02
Widowed	1.84***
Divorced or Separated	0.04
Never Married	1.15
By Metropolitan Location	
Non-Metro	1.56***
Metro	0.35
By Age	
60-64	0.24
65-69	1.02
70-74	0.16
75-79	0.59
80 and older	0.83
By Employment Status	
Employed	0.02
Unemployed	0.41
Retired	0.82**
Disabled	1.50
By Gender	
Male	0.34
Female	0.78*
By Grandchild Present	
No Grandchild Present	0.81***
Grandchildren Present	-4.95***

.Note: The asterisks denote statistical significance at the following levels:

*** p<0.01; ** p<0.05; * p<0.1

seniors with income between one and two times the poverty line, by whites, by widows, by non-metro residents, by the retired, by women, and among households with no grandchildren present. In contrast there were statistically significant declines in the threat of hunger among African Americans and other races, and among households with grandchildren present.

In the next set of figures we examine trends in the threat of hunger over the past decade across a variety of subpopulations found in Tables 1 and 5. We begin in Figure 2 with trends in marginal food insecurity for seniors living in metropolitan areas versus nonmetropolitan areas. The figure shows that, in general, there were not important differences between seniors living in metro and non-metro areas.

Figure 2. Trends in Threat of Hunger among Senior Americans by Metropolitan Status

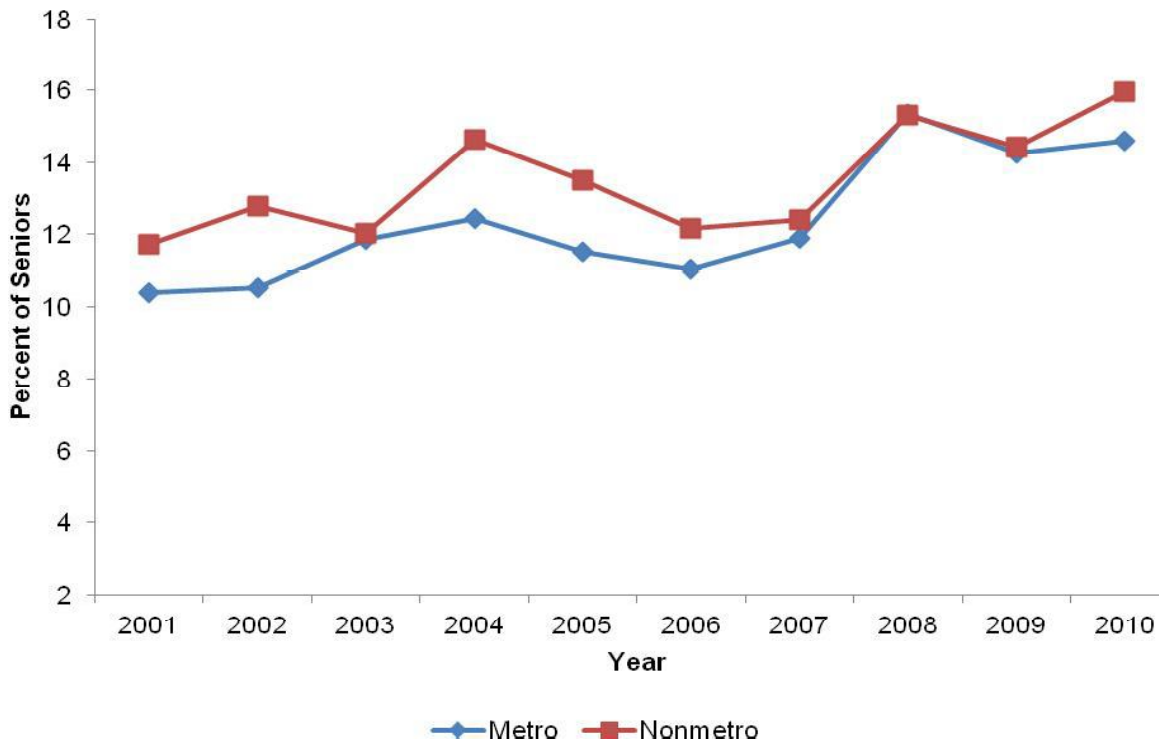
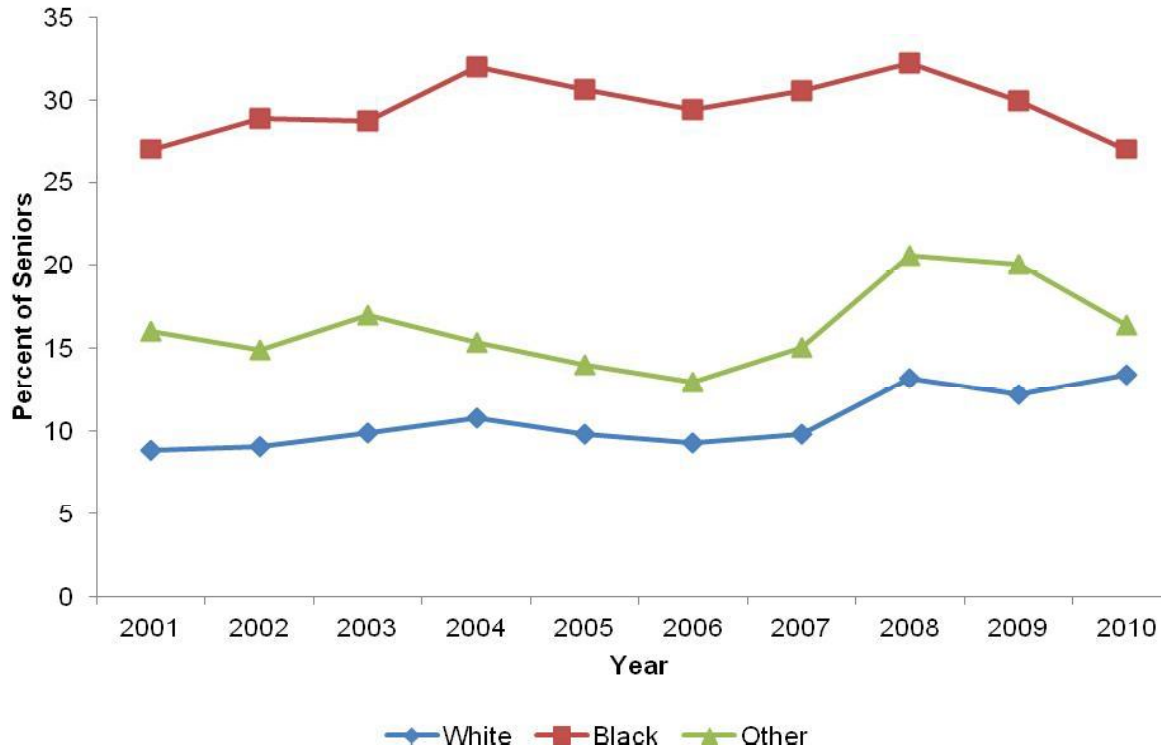


Figure 3 depicts trends in the threat of hunger across different races. As discussed above, the rates of food insecurity are substantially higher among blacks than whites. The figure reveals that these differences were present in each year from 2001 to 2010. In addition, for all years, seniors of other races have higher threat of hunger than whites.³ While the rates of marginal food insecurity are higher for other groups, the growth in hunger threat among seniors after the Great Recession has primarily been pushed upward by white seniors.

³ This category includes those American Indians, Asians, and Pacific Islanders.

Figure 3. Trends in Threat of Hunger among Senior Americans, by Race



In Figure 4 we present trends based on Hispanic ethnicity. In most years Hispanics face threats of hunger 2-3 times higher than non-Hispanics. Along with having higher rates than non-Hispanics, the patterns over time have differed for this group. In particular, unlike non-Hispanics, Hispanics saw declines in food insecurity after the sharp increase in 2008.

Figure 5 presents a parallel set chart for seniors of three broad age groups—60-69 years old, 70-79 years old, and age 80 and older. As seen in Figure 5, there were sharp increases in the threat of hunger from 2007 to 2008 across all three age groups and these rates remain, in 2010, substantially above those found in 2007.

Figure 4. Trends in Threat of Hunger among Senior Americans, by Hispanic Ethnicity

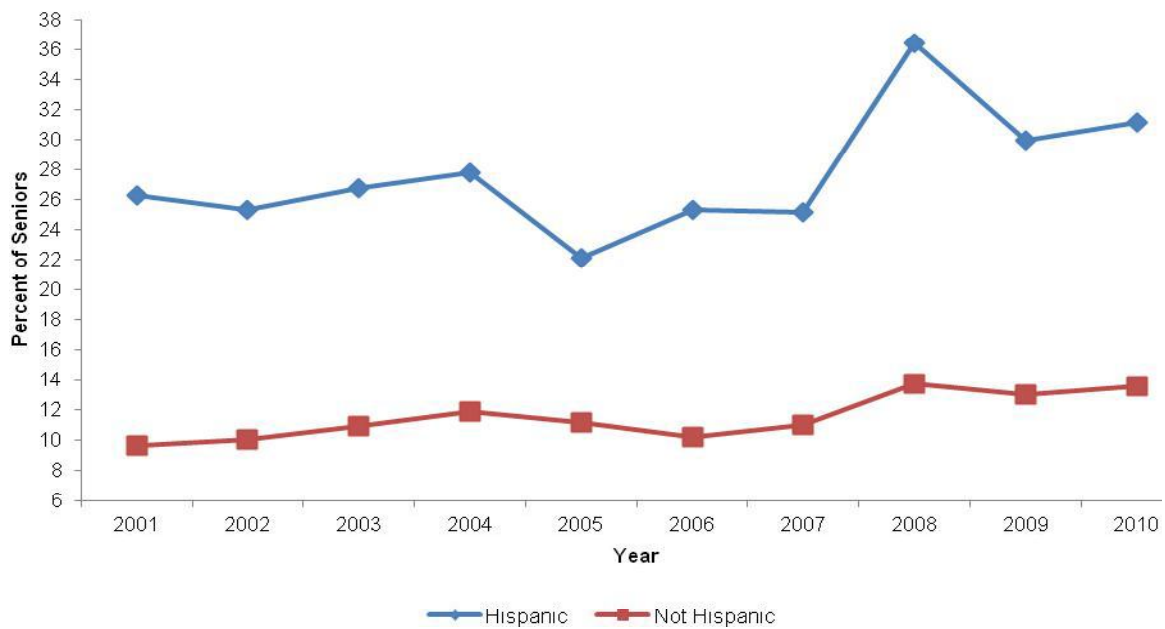
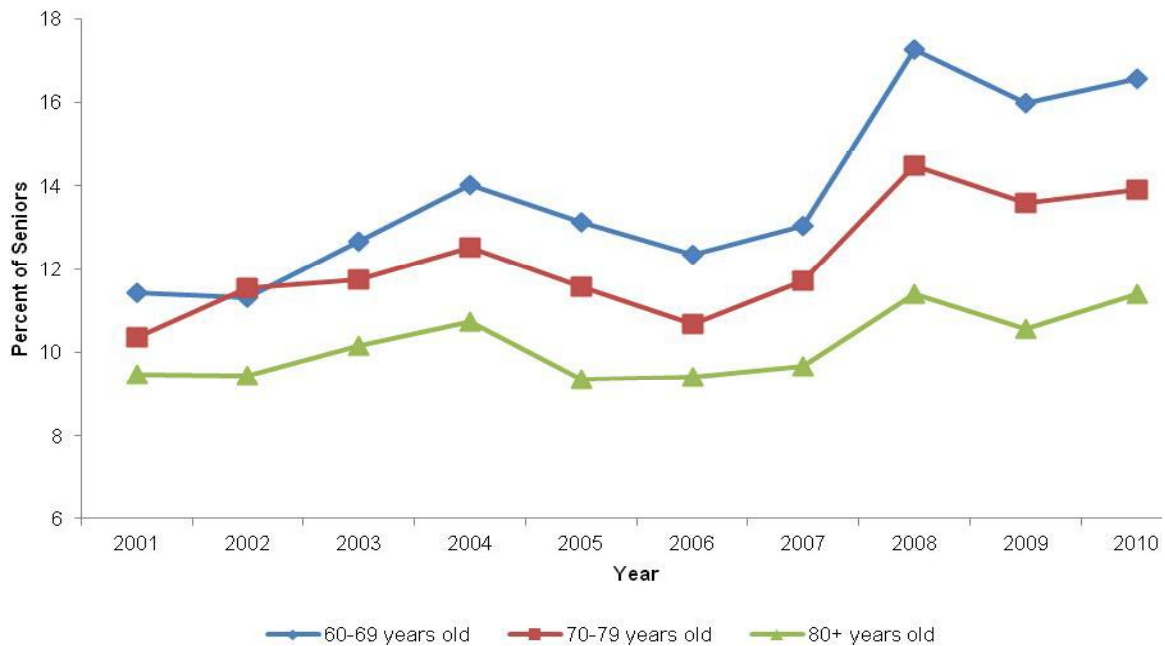


Figure 5. Trends in Threat of Hunger among Senior Americans, by Age



III. CONCLUSION

This report demonstrates that the threat of hunger among seniors in America is a growing crisis facing the nation. Many in the policy community were alarmed when we released our initial study that showed that as of 2005 1 in 9 seniors faced the threat of hunger (Ziliak, et al. 2008). In the aftermath of the Great Recession, as of 2010, over 1 in 7 seniors faced the threat. Given the compelling evidence that food insecurity is associated with a host of poor nutrition and health outcomes among seniors, this report implies that the recent increase in senior hunger will likely lead to additional public health challenges for our country. This suggests that a potential avenue to stem the growth of health care expenditures on older Americans is to ameliorate the problem of food insecurity.

DATA APPEXDIX

The CPS is a nationally representative survey conducted by the Census Bureau for the Bureau of Labor Statistics, providing employment, income and poverty statistics. Households are selected to be representative of civilian households at the state and national levels, using suitably appropriate sampling weights. The CPS does not include information on individuals living in group quarters including nursing homes or assisted living facilities. Given the rotating sequence of participation in the CPS, upwards of 50 percent of the sample is observed in two consecutive years. In past reports (e.g. Ziliak, Gundersen, and Haist 2008; Ziliak and Gundersen 2009, 2011) we have only utilized information from the second interview because many of our analyses involved pooling observations across many years and we did not want to use repeat households. For this report, however, our focus is on representative cross sections and thus we use the entire sample for each wave (whether the person is a first interview or a second interview). Because our focus is on hunger among seniors, our CPS sample is of persons age 60 and older. In 2010 this results in 21,675 sample observations. Appendix Table 2 presents selected summary statistics for the CPS sample.

Appendix Table 1: Questions on the Core Food Security Module

Food Insecurity Question	Asked of Households with Children	Asked of Households without Children
1. “We worried whether our food would run out before we got money to buy more.” Was that often, sometimes , or never true for you in the last 12 months?	x	x
2. “The food that we bought just didn’t last and we didn’t have money to get more.” Was that often, sometimes , or never true for you in the last 12 months?	x	x
3. “We couldn’t afford to eat balanced meals.” Was that often, sometimes , or never true for you in the last 12 months?	x	x
4. “We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food.” Was that often, sometimes , or never true for you in the last 12 months?	x	
5. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food? (Yes /No)	x	x
6. “We couldn’t feed our children a balanced meal, because we couldn’t afford that.” Was that often, sometimes , or never true for you in the last 12 months?	x	
7. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food? (Yes /No)	x	x
8. (If yes to Question 5) How often did this happen— almost every month, some months but not every month , or in only 1 or 2 months?	x	x
9. “The children were not eating enough because we just couldn’t afford enough food.” Was that often, sometimes , or never true for you in the last 12 months?	x	
10. In the last 12 months, were you ever hungry, but didn’t eat, because you couldn’t afford enough food? (Yes /No)	x	x
11. In the last 12 months, did you lose weight because you didn’t have enough money for food? (Yes /No)	x	x
12. In the last 12 months, did you ever cut the size of any of the children’s meals because there wasn’t enough money for food? (Yes /No)	x	
13. In the last 12 months did you or other adults in your household ever not eat for a whole day because there wasn’t enough money for food? (Yes /No)	x	x
14. In the last 12 months, were the children ever hungry but you just couldn’t afford more food? (Yes /No)	x	
15. (If yes to Question 13) How often did this happen— almost every month, some months but not every month , or in only 1 or 2 months?	x	x
16. In the last 12 months, did any of the children ever skip a meal because there wasn’t enough money for food? (Yes /No)	x	
17. (If yes to Question 16) How often did this happen— almost every month, some months but not every month , or in only 1 or 2 months?	x	
18. In the last 12 months did any of the children ever not eat for a whole day because there wasn’t enough money for food? (Yes /No)	x	

Notes: Responses in bold indicate an “affirmative” response.

Appendix Table 2: Selected Characteristics of Senior Americans Age 60 and older in 2010

	Percent
Income Categories	
Below 50% of the Poverty Line	1.62
Between 50% and 100% of the Poverty Line	5.59
Between 100% and 200% of the Poverty Line	17.41
Above 200% of the Poverty Line	46.34
Missing Income	29.04
Racial Categories	
White	85.3
African American	9.52
Other	5.18
Hispanic Ethnicity	7.54
Marital Status	
Married	59.59
Widowed	21.9
Divorced or Separated	13.52
Never Married	4.99
Homeowner	83.54
Non-Metro	19.63
Region	
Northeast	19.84
Midwest	21.74
South	36.58
West	21.85
Age	
60 to 64	30.55
65 to 69	21.7
70 to 74	16.53
75 to 79	13.23
80 and older	18
Employment Status	
Employed	26.66
Unemployed	2.02
Retired	61.94
Disabled	9.38
Education Level	
Less Than High School	17.07
High School Diploma	34.66
Some College	22.59
College Degree	25.68
Food Stamp Recipient	5.16
Grandchild or Parent Present	
No Grandchild and Parent Present	94.96
Grandchild and Parent Present	3.33
Grandchild Present	1.7
Female	55.3
Living Alone	26.25

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About the Authors

James P. Ziliak, Ph.D., holds the Carol Martin Gatton Endowed Chair in Microeconomics in the Department of Economics and is Founding Director of the Center for Poverty Research at the University of Kentucky. He earned received his BA/BS degrees in economics and sociology from Purdue University, and his Ph.D. in Economics from Indiana University. He served as assistant and associate professor of economics at the University of Oregon, and has held visiting positions at the Brookings Institution, University College London, University of Michigan, and University of Wisconsin. His research expertise is in the areas of labor economics, poverty, food insecurity, and tax and transfer policy. Recent projects include the causes and consequences of hunger among older Americans; trends in earnings and income volatility in the U.S.; trends in the antipoverty effectiveness of the social safety net; the origins of persistent poverty in America; and regional wage differentials across the earnings distribution. He is editor of *Welfare Reform and its Long Term Consequences for America's Poor* published by Cambridge University Press (2009) and *Appalachian Legacy: Economic Opportunity after the War on Poverty* published by Brookings Institution Press (2011).

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Care Transitions Initiative/Healthy at Home

Samantha Powell, MS, RD/LD

Meals On Wheels, Inc. of Tarrant County, Fort Worth, TX

- This project focuses on the five medical diagnosis categories (pneumonia, cardiac heart failure, heart attack, chronic obstructive pulmonary disease, and diabetes mellitus) that typically result in re-hospitalization of patients within 30 days of discharge, and a loss of Medicare reimbursement to the hospital.
- Care Transitions Initiative programs typically have four foundations:
 1. Medical management
 2. Dynamic patient-centered health records
 3. Primary care and specialist follow-up
 4. Patient knowledge/understanding of health-related red flags

To this, the Tarrant County program adds a fifth foundation: Nutrition. In this fifth phase, a dietitian visits the patient at home for a nutritional assessment.

- This presents a unique opportunity to focus on areas impacting a patient's status and improvement potential, and to initiate behavior-related goals. While typically patients with the above mentioned diagnoses have an 80 percent re-hospitalization rate within 30 days, those in this transition program experience only a 7 percent re-hospitalization rate.

Care Transitions Initiative/ Healthy at Home

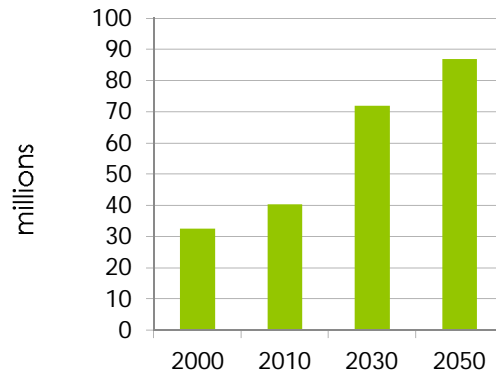
CTI/HAH

Samantha Powell, MS, RD, LD
Registered Dietitian
Meals on Wheels, Inc. of
Tarrant County

Client Story



Aging Statistics 65 + years



CTI - What and Why

- Home-based patient navigation program
- To prevent readmission to hospital for 30 days for people with a diagnosis of:
 - Pneumonia
 - Congestive Heart Failure
 - Heart attack
 - COPD
 - Diabetes
- 93% Success Rate



Pillars of CTI

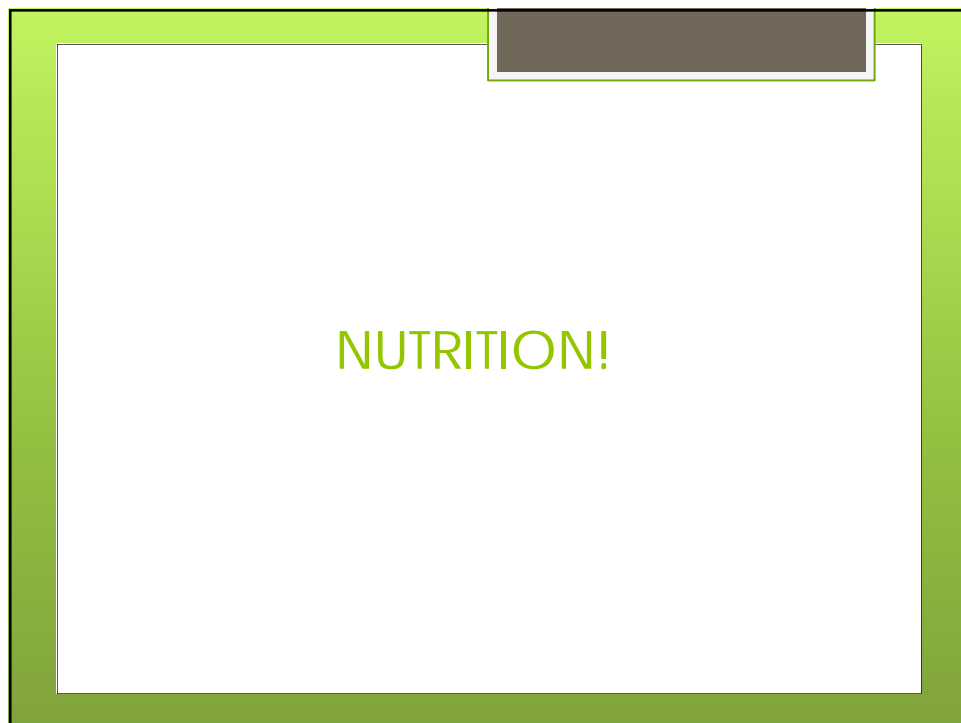
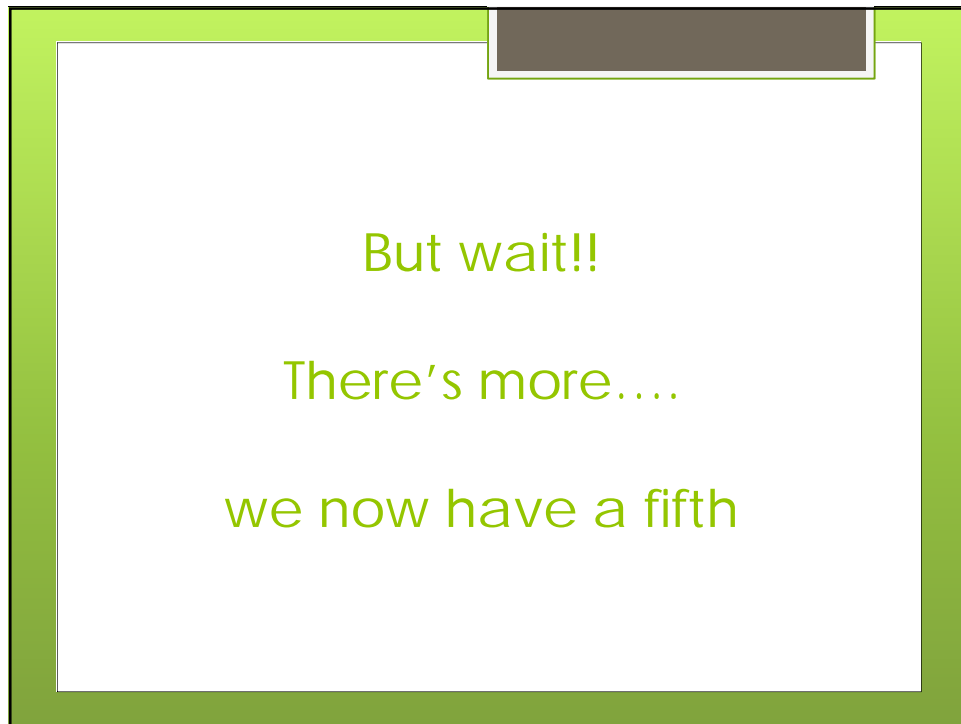
- Medication management
- Use of a dynamic patient-centered record
- Primary care and specialist follow-up
- Knowledge of red flags



Table 1: The Four Pillars of Care Transitions Intervention

1. Medication self-management	The patient is knowledgeable about medications and has a medication management system.
2. Use of a dynamic patient-centered record	The patient understands and utilizes the Personal Health Record (PHR) to facilitate communication and ensure continuity of care plan across providers and settings. The patient or informal caregiver manages the PHR.
3. Primary care and specialist follow-up	The patient schedules and completes follow-up visit with the primary care physician or specialist physician and is empowered to be an active participant in these interactions.
4. Knowledge of red flags	The patient is knowledgeable about indications that their condition is worsening and how to respond.

Source: <http://www.caretransitions.org/cti/cti.htm>



How it Works

- Finding clients
- RD Referrals
- Setting appointments in the home
- The visit!



The Visit- What we do!

- Nutrition assessment
 - Medical conditions
 - Medications
 - Lifestyle
- Help set BEHAVIORAL goals
- Small steps



What we are NOT!



What the Future Holds

- By 2045 more seniors years than children
- Healthcare costs
- Healthcare savings
- Where do you want to be?



Interprofessional Health Education to Benefit Aging Population

Bernadette Latson, MS, RD

University of Texas Southwestern School of Health Professions, Dallas, TX

- IDEAL (Interdisciplinary Development, Education and Active Learning) is a unique class for entry-level health professional students, based on the principles of behavioral styles, communication skills, cultural competency, ethics and professionalism.
- This program focuses on building three aspects of a student's identity as a health professional, allowing them to describe the roles and responsibilities of themselves, as well as their team, in terms of: Professional Identity, Interdisciplinary Identity and Collaboration Identity.
- The course is centered on a model patient and family, and also engages experts from outside areas. With a strong link identified between patient outcomes and care team communication, this course model is *ideal* for enhancing older adult health management in the future.

Interprofessional Education to Benefit Aging Adults

The University of Texas Southwestern
School of Health Professions

Interdisciplinary Development, Education, and Active Learning (IDEAL)

All First-year Students Enrolled

- Clinical Nutrition
- Medical Laboratory Science
- Physician Assistant
- Physical Therapy
- Prosthetics-Orthotics
- Radiation Therapy
- Rehabilitation Counseling

Learning Objectives for IDEAL

Communicate one's roles and responsibilities clearly to patients, families and other professionals



Learning Objectives for IDEAL

Describe roles and responsibilities of interprofessional health care team in management of an older adult with chronic disease and mobility limitations



Learning Objectives for IDEAL

Explain how an interprofessional team collaborates to formulate a recommendation for residential placement of an older adult

Topics in IDEAL Course

- Behavioral Styles
- Communication Skills
- Healthcare Team Dynamics & Dysfunctions
- Behavioral Modification
- Cultural Competency
- Ethics and Professionalism

Course Organization

- Case-based format – model pt. and family
- Grand rounds type presentations on health issues
- Small groups, representing all professions and a facilitator
- Patient-centered, interdisciplinary decision-making with students assuming team roles
- Science of Aging Day with multiple events

The Cooper Family



Course Outcomes

- Improved understanding and awareness of communication and teamwork skills

Conclusion

Training entry-level health professions students in interdisciplinary teams:

- Enhances use of skills of all team members
- Reflects a response to the needs of older adults with complex, chronic health issues.

Interprofessional Health Education to Benefit Aging Population

Author:

Bernadette Latson

University of Texas Southwestern School of Health Professions

E-mail address: Bernadette.Latson@UTSouthwestern.edu

Brief Description:

The University of Texas Southwestern School of Health Professions has implemented a "Best Practice" to train effective healthcare teams to collaborate and care for older adults with chronic conditions. Student evaluations showed positive outcomes for understanding and awareness of communication and teamwork skills to address the complex conditions of aging.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

<http://youtu.be/4zxEZHNA2NM>

The Best Possibilities for Seniors Are Choices

Nancy Tanquary, RD, LD

Johnson County Area Agency on Aging, Olathe, KS

- CHAMPS (Choosing Healthy Appetizing Meal Plan Solutions for Seniors) is a non-traditional voucher alternative program.
- Partnering with three local grocery stores, Johnson County Area Agency on Aging is able to offer a meal program that features:
 - Extended hours (seven days a week, from 8:00 a.m. to 7:00 p.m.),
 - A dedicated dining atmosphere with unlimited seating,
 - Regular diners that cover a mix of ages, and
 - Four healthy menu choices at each meal.
- This program serves 100 meals per day to over 2,000 participants. Additionally, the average donation received from participants in this program is \$3.00 – twice the average donation for the program's traditional meal services.

VOUCHER

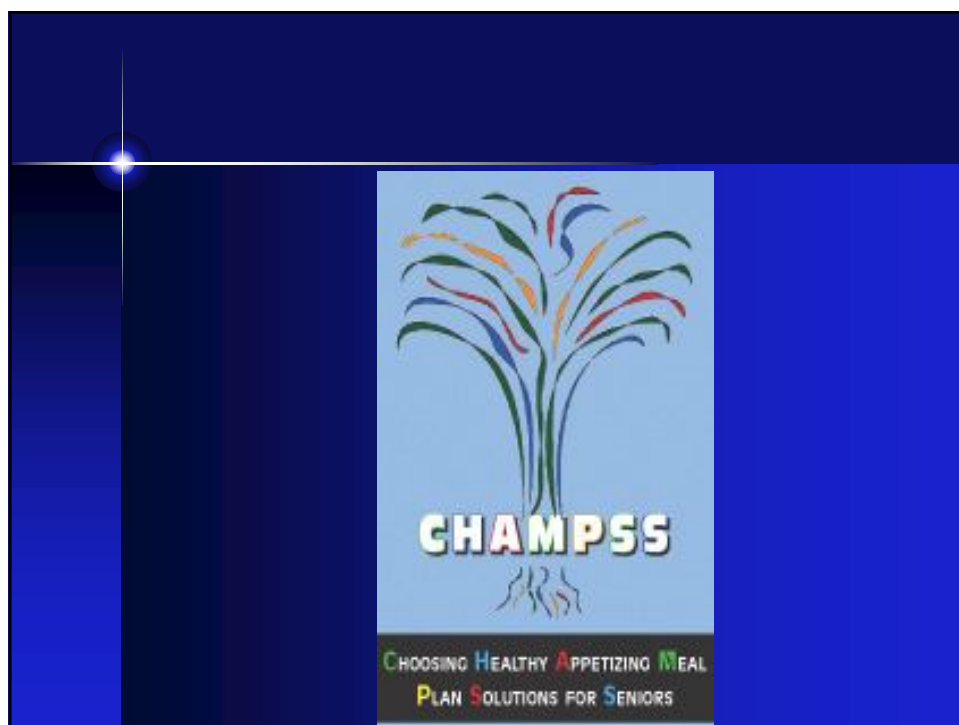
PROGRAMS

Presented by:
Nancy Tanquary, RD, LD
Nutrition Program Manager
Johnson County, Kansas
Area Agency on Aging

What is a

“VOUCHER”

Program?



Comparison of Traditional & Non-traditional Meal Programs

	Traditional	Non-Traditional
Hours per day	3 hrs	11 hrs
Days per week	5 days	7 days
Meals	Lunch	Breakfast, Lunch, Dinner
Choice	2 entrée options	4 options per food group
Seating	Limited	Unlimited
Facility	Multi-use room	Dedicated dining area
Attitude	"Only seniors eat there"	"People of all ages eat there"

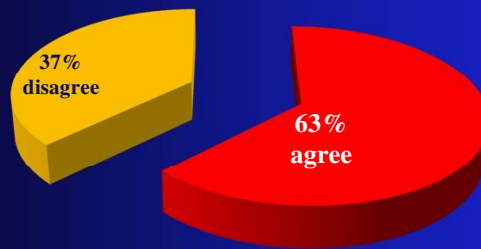
Today's Statistics

- 3 Grocery Store Partners
- 2000 Active Participants
- 100 Meals Served Daily
- 700 Meals Served Per Week
- Average Donation - \$3.00



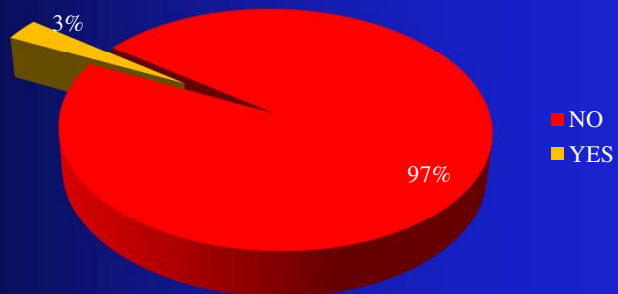
Survey Results

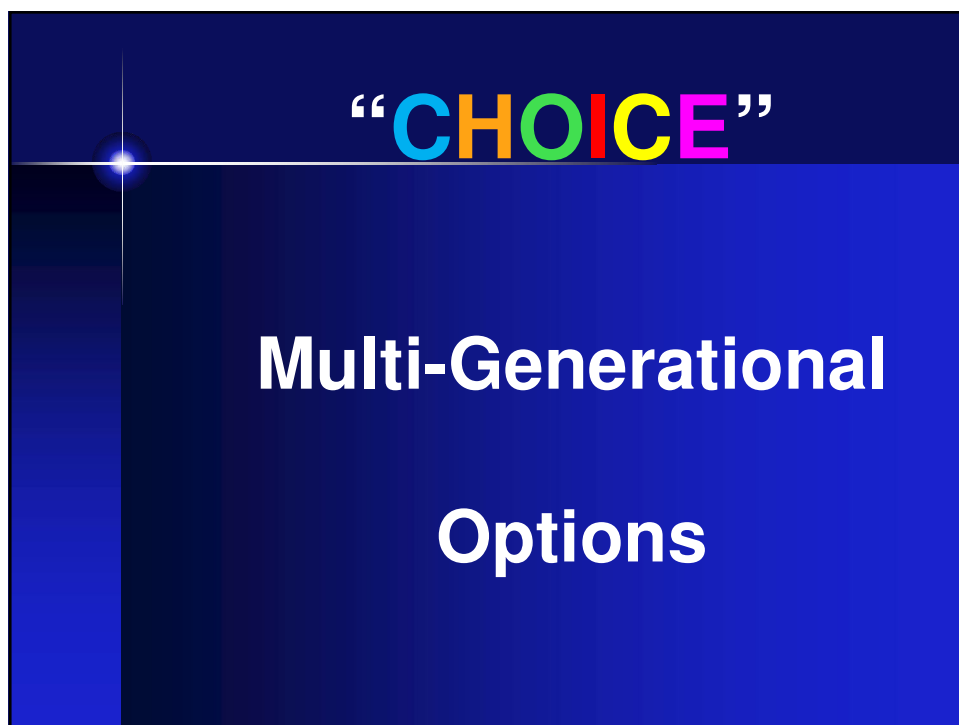
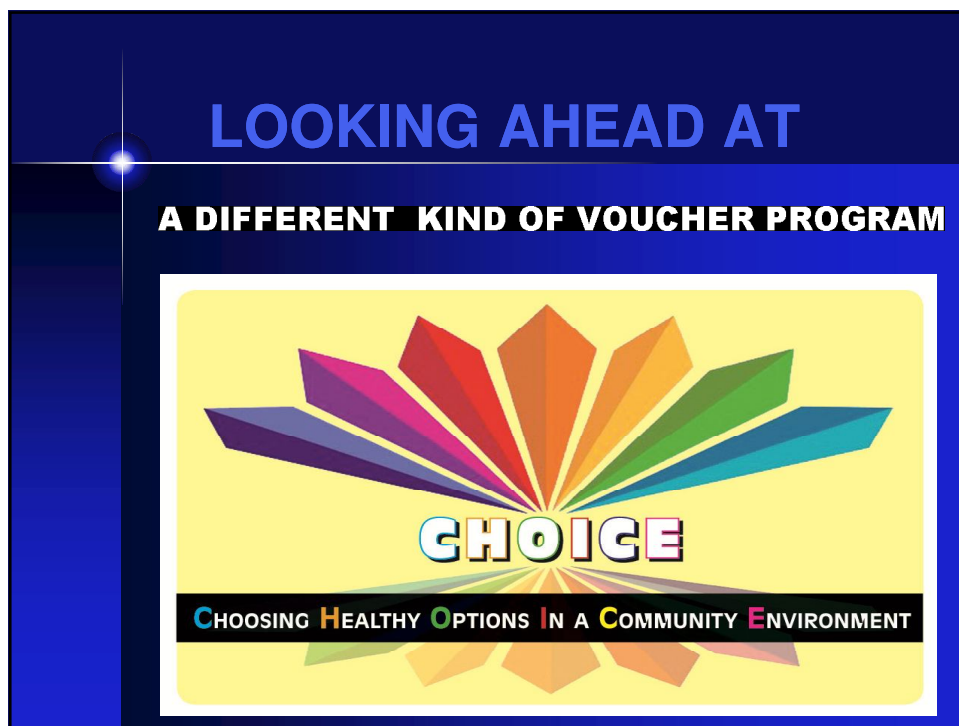
I feel my health has improved since I began eating CHAMPSS meals.



Survey Results

I also attend a Senior Nutrition Center for lunch.





The Best Possibilities for Seniors Are Choices

Author:

Nancy Tanquary

Johnson County Area Agency on Aging

E-mail address: nancy.tanquary@jocogov.org

Brief Description:

An overview of implementing a senior nutrition voucher program in schools.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

Community partners, you just can't deny if we all work together, we achieve more “so no senior goes hungry®”. We should not look at community partners as a threat but rather a golden opportunity. Community partners are the answer to providing healthy meals in a variety of settings which allow us to maximize our budget dollars. The goal of the Johnson County, Kansas Nutrition Program is to provide an array of affordable voucher programs for senior citizens in conjunction with the traditional congregate nutrition centers.

In 2008, we implemented CHAMPSS our first voucher program. Choosing Healthy Appetizing Meal Plan Solutions for Seniors meal program was developed as an alternative dining option. Currently, we have three CHAMPSS programs at select Hy-Vee grocery stores that have dining areas with food courts. The voucher program provides flexibility and choice seven days a week from 8 a.m. to 7 p.m. This program has been very successful.

Now, we are in the process of implementing our second voucher program CHOICE (Choosing Healthy Options in a Community Environment) meal program. Schools exist everywhere. We all need to think outside the box. Just because schools don't offer meals year round, doesn't mean we can't partner with them. I believe we are only held back by our own lack of imagination or fear to fail. Our programs don't have to operate the same. We need flexibility and choice “so no senior goes hungry®”. Why not partner with the schools to provide healthy meals? It's a win, win situation. Many seniors love children and have wisdom to impart. Seniors could provide encouragement and kindness which children need to thrive. The experience would also allow seniors to be a part of their community and feel needed.

The child nutrition programs have healthy meal requirements and wellness goals. So, why not have inter-generational programs for seniors at schools? The number of meals served at schools would increase thus helping to lower the cost of meals due to the economy of numbers. Also, the revenue would help the schools.

Most importantly, the programs will be inter-generational and bring children and seniors together. Seniors could assist in classrooms, tutor children, the possibilities are endless.

Ask yourself, why not? The program would not be without its challenges but what program doesn't have them? I challenge you to make the CHOICE and implement an inter-generational program for seniors in your schools.

Increasing Access to Nutritious, Local Food for Senior Citizens

Jennifer Goggin

FarmersWeb, New York, NY

- FarmersWeb is an online marketplace designed to connect wholesale buyers with local farms. Senior Nutrition Programs can take advantage of new technology-driven solutions, like FarmersWeb, to bring more fresh, local food to clients, without sacrificing the efficiency or reliability of their purchasing and procurement processes.
- Food coming from local farms is less processed, has not been modified to withstand extraordinary long-distance transport and storage and promotes food safety.
- Buying local also helps support local businesses and encourages economic growth for the whole community. In the future, this same technology could be used in a variety of more creative ways to increase access and affordability of food for Senior Nutrition Programs.

Increasing Access to Nutritious, Local Food for Senior Citizens

Author:

Jennifer Goggin

FarmersWeb

E-mail address: jennifer@farmersweb.com

Brief Description:

We are highlighting FarmersWeb (www.farmersweb.com), an online marketplace designed to connect wholesale buyers with local farms. In this case, we propose that senior citizen organizations, like Meals on Wheels, could use FarmersWeb to procure local ingredients and products for their meals. This leads to numerous other 'best possibilities,' one of which we highlight in our Perspective.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

A little more than a year ago, my partners and I noticed a missing link in the food industry—there was no easy way for wholesale buyers (like restaurants) to connect with farms in their area. If a restaurant wanted to source local food, they would have to first find and research the farms, then call or email to compare available products and prices, and finally place orders and maintain vendor accounts with multiple farms. For most chefs, this just took too much time. On the flip side, farms that wanted to sell to wholesale buyers had no way of easily publicizing their availability to the buyers or taking orders. It was also difficult for them to handle billing and collections in a manner that provides the quick cash flow small farms need. That's where we come in—FarmersWeb is a site that acts as a sourcing tool for restaurants and at the same time provides much of the back-office support that farms need. By making buying and selling local food easier, we hope to not only boost the local agricultural economy but also to increase everyone's ability to eat seasonally and locally.

And this includes our senior citizens. The aging network faces the same challenges that the restaurant industry faced, in terms of how to provide easier access to fresh, local food. There are organizations that do a fantastic job of providing food to senior citizens in need, such as Meals on Wheels, but often these meals do not include local farm-fresh ingredients. Simply by using FarmersWeb to procure some of their ingredients, those organizations can easily source local products in minutes either for delivery or for

pick-up at a nearby farmers' market. The site is designed to be very easy to use, so there's no staff training necessary—if you've ever bought anything online, you'll know how to use FarmersWeb.

Of course, price is another consideration that these organizations face when finding their food. Many of the farms that we work with have different pricing levels for different types of customers, or are more than willing to give discounts for bulk orders. For example, one of our farms in the Hudson Valley region of New York sells his vegetables to New York City schools at a lower rate, since he's a big supporter of feeding local produce to our kids. This same mentality would apply to senior citizen organizations. And leaving aside any sort of personal belief, giving discounts for bulk orders just makes good business sense for these farms since it helps them make sure less of their product goes to waste before they can sell it. The FarmersWeb team is always available and happy to help broker any of these deals to make it more affordable to bring local food to our seniors.

Some might question the necessity of bringing local food to senior citizens—why worry about where it comes from when the most important thing is simply getting our elders fed? There are many ways to answer this question. First, by definition, food coming from local farms is less processed than the stuff coming from large commercial food conglomerates. Even if you're buying non-produce items from a local producer, like jams, butter, or bread, these items tend to have less preservatives and additives in them.

Second, because farms who can sell to customers in their area don't need to plan for long-distance transport and storage, their fruits and vegetables require less wax and spray than an apple coming from, say, Argentina. And these farms are free to grow varieties of plants selected for flavor and nutrient content, not just whatever variety is the hardiest and easiest to ship. This is especially true of delicate items like tomatoes—in the 1990s, scientists were able to identify the genes in tomatoes that controlled ripening, and were able to then use that information to slow down the ripening process, allowing tomatoes to be shipped longer distances and have a longer shelf life. However, slowing down the ripening process also meant slowing down the development of flavors and phyto chemicals, depriving us of that delicious peak-of-summer 'tomatoey' taste and the antioxidants that tomatoes have become famous for.

Third, using local food promotes food safety: as the distance the produce has to travel becomes shorter, the risk of being contaminated by pathogens decreases. And almost more importantly, when there's an e coli scare the government can often point out

where the problem originated but not necessarily where those products ended up. If you know that the spinach in your refrigerator was grown by a neighboring family farm, you know for sure that it's safe to eat. If you don't know where it was grown, you won't be so confident.

And finally, although this is not directly related to the nutritional benefits, buying local means that the money you spend stays in your community. A thriving and dynamic community is more likely to be able to provide for all its citizens, including our seniors.

So, there are clearly numerous reasons why we should not only focus on getting food to our senior citizens, but also ensure that as much of it as possible is from local farms and producers. Encouraging Meals on Wheels and other like-minded organization to buy as many products as possible through FarmersWeb is a very easy place to start—they won't need to devote any new staff to sourcing local products, because FarmersWeb has done all the legwork in researching area farms and getting them set up and ready to accept orders.

We're currently up and running in New York, and we have plans to expand nationwide within the year. As we move to each new community, the FarmersWeb team will be responsible for opening up the platform to those community's farms, and we will look to The National Resource Center on Nutrition and Aging and other like-minded organizations in spreading the word to senior-citizen centered meal providers.

Once this 'best practice' is put into place, it lends itself to more creative ways of increasing access and affordability of local food for senior citizen organizations. One idea that we would love to implement is the idea of diverting extra product from farmers' markets to these organizations. Quite often, a farm brings down more produce than he ends up selling at the market. Unless the farmer attends markets every day, he's faced with the prospect of all that extra produce going bad before the next market comes around. It would be better for him if he could unload that produce at a steep discount rather than take a loss, and it would certainly be wonderful for a senior citizen organization to pick up that extra produce at a great price! If the farmer could post on FarmersWeb his discounted products, then the organizations can easily see which farms have extra products, where they are, and reserve their order online. They can then pick up the products, or perhaps a partner organization can organize some sort of volunteer logistics program to get the food from the markets to the senior citizen centers.

Although this is still just a 'best possibility' for us, it would not be difficult to implement. FarmersWeb would need to develop some minor additional functionality on the site and continue our outreach to farms at farmers' markets that would be interested in using this innovative approach to unload excess product.

Things start to get really exciting once you realize that this idea is just one of many that can easily be put into place once the basic online marketplace and network of farms and senior citizen organizations is thriving. Technology, and particularly the Internet, is a powerful tool that can be used to bring efficiency to the food industry and get local food to senior citizens in all communities. With your support and creativity, we look forward to moving ahead with the solutions we have outlined above and meeting the challenge posed by this summit today. Thank you.

Appendix A

Your Perspective:

More Best Practices and Best Possibilities

The following Perspectives were selected for publication in these Proceedings.

Supporting Caregivers and Mature Workers with a New Toolkit on Therapeutic Nutrition for Employers

- **Mary Beth Arensberg** , Abbott Nutrition Products
- **Nancy S. Wellman**, PhD, RD, Tufts University
- **John Wilcox**, Corporate Voices for Working Families

Seniors Assisting in Geriatric Education (SAGE)

- **Lynell Bond** , Meals On Wheels, Inc. Of Tarrant County

Attracting the Boomers: Making the Shift to a New Age Community Center from a Senior Center

- **Jonathan Becker**, Senior Services Plus

Senior Health Now!

- **Ann Chickowski**, Broward Meals on Wheels

Increasing Access to Base-Line Program Services for Your Clients...Merger Anyone?

- **Andrea Albanese Denning** , LifeCare Alliance

LifeCare Alliance, Serving More Than Just a Meal, a CHOICE.

- **Andrea Albanese Denning**, LifeCare Alliance

Meeting the Needs of Our Diverse Clients: Why Culture Counts in Columbus, Ohio

- **Andrea Albanese Denning** , LifeCare Alliance

REBIRTH: Restoring Elder Bio-Medical Independence and Restoring Transformational Health

- **Michelle DiCillo**, CAREgiving Institute

Wireless Kiosks: Improving Health and Reducing Costs

- **Paul Downey** , Senior Community Centers

The Free Farm in San Francisco, California – An Intergenerational Gift

- **Margaret Dyer-Chamberlain**, The Free Farm

California's Older Adult Participation in SNAP

- **Barbara Estrada**, California Department of Aging

One-Time Meal Labeling: A Solution Providing Meal Identification, Food Safety and Nutritional Information

— **Lilly Frawley**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County

Teaching Our Children to Care for Future Generations

— **Lilly Frawley**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County

A Caremanager's Perspective on Nutrition and Aging

— **Doris Haas**, Atlas Care Management

Embracing the Senior Palate: A Methodology for Responding to Diversity

— **Jane Howell**, Meals-on-Wheels Greater San Diego, Inc.

Pet Food Program

— **Joyce Lapinski**, Meals On Wheels, Inc. of Tarrant County

Sharing Your Garden Bounty with Neighbors in Need: The AmpleHarvest.org Model

— **Gary Oppenheimer**, AmpleHarvest.org

Aging in Place: An Expectation and a Technology Market

— **Laurie Orlov**, Aging in Place Technology Watch

Artificial Nutrition and Hydration in Advanced Alzheimer's Disease: Quality in End of Life Care

— **Judith S. Parnes**, LCSW, Elder Life Management

Montgomery County's Senior Nutrition Program: The Secret is Out!

— **Melanie R. Polk**, MMSc, RD, FADA, Senior Nutrition Program, Department of Health, Montgomery County

Community Living Project (CLP)

- **Samantha Powell**, MS, RD, LD, Meals on Wheels, Inc. of Tarrant County
- **Sherry Simon**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County
- **Jamie Harwell**, Area Agency on Aging, Tarrant County
- **Donald R. Smith**, Area Agency on Aging, Tarrant County

Facilitating Health Behavior Change in Homebound Seniors

- **Kathie Robinson**, MS, R.D./L.D., C.D.E., Meals On Wheels, Inc. of Tarrant County
- **Sherry Simon**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County
- **Lynn Vargas**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County
- **Samantha Powell**, MS, RD, LD, Meals on Wheels, Inc. of Tarrant County
- **Donald R. Smith**, Area Agency on Aging, Tarrant County
- **Lyn Dart**, PhD, R.D./L.D., Texas Christian University

Service-Learning for Professional Track Dietetics Students

- **Kathie Robinson**, MS, R.D./L.D., C.D.E., Meals On Wheels, Inc. of Tarrant County
- **Sherry Simon**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County
- **Lynn Vargas**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County
- **Samantha Powell**, MS, RD, LD, Meals on Wheels, Inc. of Tarrant County
- **Donald R. Smith**, Area Agency on Aging, Tarrant County
- **Lyn Dart**, PhD, R.D./L.D., Texas Christian University

Improving Services for Older Individuals with Intellectual and Developmental Disabilities and Those Experiencing Dementia and Alzheimer's Disease

- **Lester Rosenzweig**, Schenectady ARC

One Focus. Many Possibilities.

- **Brooke Shipbaugh**, Cougar Packaging Concepts, Inc.

A Home Delivered Meal Programs Has Been Offering Choice Meals Since 2007

- **Sherry Simon**, R.D./L.D., Meals on Wheels, Inc. of Tarrant County

Utilizing Evidence Based Screening Tools to Indicate Clients in Most Need of Nutrition Services

- **Sherry Simon**, R.D./L.D., Meals on Wheels, Inc. of Tarrant County

Healthy at Home in Tarrant County

- **Donald R. Smith**, Area Agency on Aging, Tarrant County
- **Samantha Powell**, MS, RD, LD, Meals on Wheels, Inc. of Tarrant County
- **Kathie Robinson**, MS, R.D./L.D., C.D.E., Meals On Wheels, Inc. of Tarrant County
- **Sherry Simon**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County
- **Lynn Vargas**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County

Building Strong Seniors and Powerful Programs!

- **Shawn Sredersas**, Mecosta County Senior Center

Healthy Aging and Independent Living Project – Diabetes and Nutrition Screening and Counseling

- **Lynn Vargas**, R.D./L.D., Meals On Wheels, Inc. of Tarrant County

Supporting Caregivers and Mature Workers with a New Toolkit on Therapeutic Nutrition for Employers

Authors:

Nancy S. Wellman, PhD, RD, Tufts University

John Wilcox, Executive Director, Corporate Voices for Working Families

Mary Beth Arensberg, PhD, RD, LD, FADA, Abbott Nutrition

E-mail: mary.arenberg@abbott.com

Brief Description:

This Best Possibility perspective focuses on the growing number of caregivers in the workforce. Specifically, it provides employers with a toolkit to help their employees improve the nutritional care of their loved ones and themselves as mature workers, and thus improve health outcomes for older adults and increase productivity for employees.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

As we look around us, we see that the older population in America is an important and growing segment. In fact according to the 2010 census, more people were 65 years and over in 2010 than in any previous census; in the last 10 years the population 65 years and over increased at a faster rate (15.1%) than the U.S. population as a whole (9.7%).¹ What may not be as readily apparent is the percent of the population involved in caring for an older person—it is estimated that one of every four U.S. households is involved in eldercare.² Another reality is that most family caregivers--an estimated two-thirds--also work.³ Today, more than one in six American workers are caregivers.⁴ Thus, it is not surprising that many employers are now recognizing the myriad of issues associated with caregiving and are beginning to act. What is often missing in their programs is a focus on nutrition. Yet, nutrition significantly impacts an older adult's health outcomes, and therefore ultimately influences getting caregiving employees back to work.

This *Best Possibility* is to launch an on-line workplace toolkit to give employers high-quality therapeutic nutrition and care-related resources and tools to help their workers who are caregivers and/or are mature employees themselves. The goal is to help workers better cope with today's caregiving and aging realities through an increased focus on therapeutic nutrition.

Why Therapeutic Nutrition is Important

Nutrition status is a direct measure of a person's health. Positive health outcomes in many chronic diseases, such as diabetes mellitus, heart disease, renal disease, and obesity, are in large part determined by compliance with diet/nutrition guidelines and the provision of nutrition as therapy. Therapeutic nutrition is defined as a medically-indicated special diet, the use of specific nutrients, disease-specific nutrition products, and complete and balanced oral nutrition supplements to help manage a health problem. For older adults and those battling serious illness or chronic disease, poor nutrition or malnutrition can result in the loss of lean body mass, leading to complications that impact a broad range of health outcomes including reduced recovery from surgery/disease, impaired wound healing, and increase susceptibility to illness/infection, and risk for falls. It can also result in longer hospital stays, hospital readmissions, prolonged stays in rehabilitation facilities, and earlier admission to other long term care residential facilities, such as nursing homes.

Despite the recognized link between nutrition and health, traditional U.S. medical treatment and health care coverage have not addressed adequate nutrition care or provided coverage for therapeutic nutrition. With healthcare reform's emphasis on preventive and self-care models, links between nutrition and health can no longer be overlooked. A patient's level of ability and/or family support to manage nutrition is a significant determinant of health outcomes and functional status, particularly for older adults. The increased health problems caused by inadequate nutrition also make it more difficult for family members to balance their caregiver roles with work.

Caregiving as a Second, Full-time Job

In the U.S. today, families are the primary providers of long-term care in their own homes and communities. Providing care for older family members has become a way of life for millions of Americans as an estimated 61% of homebound older adults depend on family caregivers.³ Their care recipients may have recently moved in with them, may be just down the street, or live thousands of miles away. The segment of the population that is most in need of care (those aged 85 years old and older) is also the fastest growing of any age group.¹ Caregiving itself is a full-time job. The combination of planning for care (including finding financial and legal help), providing hands on care (including medical treatments and shopping for/preparing meals), and managing medical care (including scheduling and providing transportation to healthcare appointments) can more than fill a caregiver's day. Add to this the responsibilities of a full or part-time job, and it is easy to understand why 29% of employed caregivers report needing help balancing their work and family responsibilities.³

"In the 1980s, American businesses adapted their human resource policies to accommodate the needs of workers with young children. Now, many of those same workers face a new responsibility: providing care for an older parent, relative, or friend."⁵

What Caregiving Costs Employees and Employers

Caregiving comes at a cost to employees. There is an emotional toll with higher levels of depression, anxiety, and feelings of stress and despair. According to the Caregiving in the U.S. study of over 1300 caregivers published in 2009: 66% of employed caregivers have gone in late, left early, or taken time off during the day to deal with caregiving issues and 20% of employed caregivers reported taking a leave of absence.⁶ There is a physical toll including headaches, back pains and physical strains from caring for an older adult with limited mobility. There is a health toll as emotional and physical stresses can increase caregivers' own risk for heart disease, cancer, diabetes, and other chronic conditions. And there is a financial toll on employees—particularly for those in hourly and lower-wage positions with more limited workplace flexibility. They may lose their jobs and opportunities for advancement at the same time they may need to spend more of their own resources to help provide medical care for their family member. On average, each caregiver loses \$659,000 over a lifetime due to lost wages, benefits, and missed promotions.⁷

Caregiving comes at a significant cost to employers too. There are costs due to absenteeism and partial absenteeism, presenteeism, workday disruptions, and replacement costs for employees who quit due to caregiving responsibilities. Employees who are also caregivers account for nearly 75% of early departures and late arrivals at the workplace.³ U.S. businesses with employee caregivers lose an estimated \$33 billion in productivity losses annually.⁸

Supporting Mature Workers in the Workplace

Obviously, not all older adults are retirees today. Mature workers, those aged 55 years and older, make up a greater percentage of the workforce. New findings from the Employee Benefit Research Institute showed there was a higher percentage of people age 55 and older (40.2%) in the work force in 2010 than ever in the last 35 years, even after the 2008-2009 recession.⁹ For many, it is a necessity to continue to work full- or part-time to be financially independent and more secure. Mature workers' greater vulnerability to chronic diseases, such as diabetes, cancer, and heart disease, as well as acute problems such as the flu, pneumonia, and infections, can often be lessened by better attention to nutrition. Thus, a program focusing on therapeutic nutrition needs of mature workers themselves is also important.

About The Toolkit

Healthy aging and recovery from illness requires a community-wide effort, with support across all sectors. That is why Corporate Voices for Working Families* is working with a select group of corporate partners and healthcare professionals to develop a therapeutic nutrition toolkit to help companies better support caregivers and their mature workers. It will include strategies/community resources such as links to aging services and meals on wheels programs, to increase understanding of the health and nutrition

needs of loved ones and how they can be met. This toolkit will also provide resources to help community leaders and health professionals be more effective advocates for caregivers, care recipients, and mature workers in their communities.

Many employees are the primary caregivers to their parents, spouses, or other relatives. A successful workplace program for caregivers and mature workers will include a focus on therapeutic nutrition, to help all workers, including lower-wage and hourly employees. This toolkit will benefit employees and employers, improve health outcomes, decrease disparities for hourly and lower-wage workers, and help better reach national health goals.

*Founded in 2001, Corporate Voices for Working Families is the leading national business membership organization shaping conversations and collaborations on public and corporate policy issues involving working families. A nonprofit, nonpartisan organization, we create and advance innovative policy solutions that reflect a commonality of interests among the private sector both global and domestic, government and other stakeholders. Corporate voices is a unique voice, providing leading and best-practice employers a forum to improve the lives of working families, while strengthening our nation's economy and enhancing the vitality of our communities.

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Seniors Assisting in Geriatric Education (SAGE)

Author:

Lynell Bond

Meals On Wheels Of Tarrant County, Inc.

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Brief Description:

Seniors serve as "mentors" to medical students to assist them in learning how to serve seniors better.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Meals On Wheels clients over 65 are matched with a pair of medical students who make eight visits over two years. Each visit is structured and students report to their teachers as part of their required course work. Students practice basic clinical skills, history taking, client interviewing and physical exam skills. Every visit includes taking vital signs and completing assignments to aid in the student's attitudes, knowledge, and skills related to aging. The SAGE senior mentors receive free check-ups, benefit from the students' companionship and contribute to students' medical school training. Senior mentors are given the opportunity to evaluate their student doctors to aid in feedback on attitudes, knowledge and skills demonstrated by student doctors during SAGE visits. Students are provided a contact at Meals On Wheels in case of problems or emergencies. Students have discovered unknown problems among their mentors which have successfully been addressed.

Attracting the Boomers: Making the Shift to a New Age Community Center from a Senior Center

Author:

Jonathan Becker

Senior Services Plus

E-mail address: jbecker@seniorservicesplus.org

Brief Description:

Senior Services Plus is submitting a project under the Adapting to Changing Demographics and Diversity category that outlines a best practice initiative our agency developed and initiated to address changing needs of seniors health.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Since 2006, Senior Services Plus (SSP), has been asking its' management team tough questions to address the issue of how we can change from a traditional senior center to a more comprehensive community center that is pioneering programs and services that will address the changing needs of the community and population we serve. Some of these questions we have been asking have been:

- How can agencies that serve the senior population adapt to the influx of the Baby Boomer generation and their needs for services that promote health, socialization and tools for longevity?
- How will we engage this population in programs and services that will provide opportunities for well-being and interaction that is not only on the cutting edge for those seniors that are more technologically advanced but also remain sensitive and accessible to the more traditional senior or those with compromised health or social economic status?
- In what ways can our agency better position itself to receive funding from alternate revenue streams while continuing to build on current program funding?
- Are our current programs sustainable and how can we ensure future sustainability while federal and state funds continue to diminish or be reallocated?

The current statistics regarding the senior population are eye-opening and the implications are staggering. The new market of future seniors is the Baby Boomer Generation, who are a force that will change the way services are provided in our field. The demographics from the National Council on Aging are overwhelming:

- In 2008, 8,000 Boomers a day began turning 60.
- In 2011, 10,000 Boomers a day began turning 65.
- Between 2011 and 2030, there will be a 75% increase in the 65+ population as the boomers enter true retirement.
- 65+ Population = 69 million in 2030.
- Continued 14% annual growth 2030 to 2050.
- Today: 80,000 people over 100.
- Over 1,000,000 Boomers will live to be over 100; the majority of them women.
- Not only will over a million Boomers live to be 100, but expectations are that many will live to reach the “natural cap” of 120+ years old.

Within the near future, the Boomers will be the recipients of the largest intergenerational transfer of wealth in the history of the world. Over 10 trillion dollars will be transferred to Boomers from their parents. This generation is also the most technologically advanced for their age group and will utilize internet technology to further their health and independence, connectedness, understanding of health issues and transactional independence in areas such as banking, purchasing, investing.

Before diving into how SSP has addressed and will address these changing demographics, I would like to give you some background information about our agency, Senior Services Plus. SSP was established in 1973 after three seniors realized the need for more senior programs in the Alton, Illinois area. Within the first 10 years of operation, SSP established several programs such as Transportation, Meals on Wheels, Congregate Dining Services, Community Care Program and the Foster Grandparent Program. For the past 39 years, SSP has remained the leader in services for seniors providing a diverse array of health and nutrition, education and recreational services in a five county Southwest Illinois region that is part of the St. Louis

Metropolitan area. In 2011, SSP has provided direct services for 31,051 individuals and participated in indirect services for 8,802 individuals. Of the total, 26,400 were aged 55 plus, 57 individuals with disabilities, 4,181 children through the Foster Grandparents, Nutrition and Transportation program, and 413 individuals age 16 to 55 through the Wellness Center.

SSP has spent the last 39 years providing services in our region that fulfill our mission to provide support to individuals as they age so that they can live independently with an enhanced quality of life. The past six years have presented the most challenging times for senior service providers across the country due to the influx of the Baby Boomer generation and their changing needs as well as surviving through the worst economic meltdown in 70 years.

The strategic goals that SSP focused on were to meet the changing needs of our customer base as they age by creating services that would attract the more active seniors or Baby Boomers into our agency through creative and innovative services and programs that promote healthy living, longevity and socialization. SSP also remained committed to provide services that met the needs of those seniors who are most at risk due to their social economic status. During this process the agency operated under tremendous pressure due to the national economic crisis and the subsequent delays in the State of Illinois payments. In spite of the pressure caused by delayed payments from the State of Illinois, SSP continued to operate without downsizing, and amazingly enough, has expanded while making the transition from a traditional senior center to a modern community center which not only attracts Baby Boomers or younger seniors, but the entire community as well. SSP did this by adopting an aggressive strategic plan in 2008 which focused on the following:

- Expand the CCP Homemaker or non-skilled in home care program because it is our biggest revenue generator and underwrites programs such as Transportation, Meals on Wheels, Information & Assistance, and Congregate Meal Programs that are loss leaders. We focused on expansion of the CCP program because there is no cap for CCP program and we can accept as many cases as we want. This was a risk as we based our agency expansion on this program because it is also our greatest area of exposure due to the delayed payments from the State of Illinois. At that point we were doing 5,000 hours per month, we currently are doing 19,000.
- Develop earned revenue programs independent of government funding that attract younger seniors.

- Launch an aggressive marketing program to promote SSP as the leader in senior services in our region. SSP, although suffering similar trying circumstances as other senior centers and not for profits, have been able to meet our challenges and are now known as one of the area's best kept secrets.

SSP utilized research from a study completed by NCOA on the top senior centers in the country to formulate our goals. In March 2007 a study was completed by SB&A and Brooks Adams Research on senior centers across the nation on "Trends in Senior Consumer Values". The research included surveys and questionnaires from over 500 senior centers across the country. This study identified the Baby Boomer as being the main consumer affecting national trends in Senior Consumer Behavior. The study indicated that, "Boomers want to do it their own way, in a manner consistent with their values, and they don't like to be told otherwise. Boomers never felt comfortable amid the stifling conformity of the Greatest Generation years. They grew up determined to create a more expressive culture ...a culture that would value individualism over traditionalism, spirituality over religiosity, free choice over blind loyalty, diversity over uniformity...As boomers see it, if tradition can't accommodate freedom, it's tradition that must change; just because something used to be a certain way doesn't mean it always has to be that way." The study also identified Boomers as being less impressed by catered services and wanting a greater demand for wellness orientation in order to live a longer life, with fewer health services utilized. This is a shift to preventative wellness practices in order to remain active longer. The study also indicated that 81% of the respondents wanted exercise equipment as their top request for senior center facilities and 66% chose fitness programming as their second request.

The needs of this population conflicted with traditional senior center services. Senior Centers across the country are facing two options in meeting the demands of the Baby Boomer aging population, either change direction or close their doors. The development of traditional "Senior Centers" began as a national initiative in the early 1970s when individuals who were retiring organized non-profits to provide a place for social clubs and support services for seniors in need. These Centers operated for 30 plus years and services were centered on the following traditional program cores:

1. Nutrition: Meals On Wheels/Congregate Group Dining Sites.
2. Transportation
3. Social Clubs: Cards, Woodcarvers, Bingo etc.

These groups and some program expansion served the senior Centers well for many years until changes started occurring in the early 2000s when those individuals who

started the centers started moving into residential supported living or dying. This changing trend caused senior centers to experience a down turn due to a lack of participation. SSP, like many other organizations, spent considerable time in identifying program trends that met the varied interests of the upcoming Baby Boomer generation, while continuing to provide services and programming that would meet the needs of seniors who currently attend centers and have more traditional interests.

In 2008 SSP implemented best practices which addressed senior health through the development of affordable low cost wellness services. SSP developed our Wellness Center based on the following mission statement “All individuals should have access to affordable fitness services as they age”. Following that simple idea, the SSP management staff started several initiatives that made a major impact on senior’s health in our community while attracting the more active senior or Baby Boomer crowd. The SSP Management Team also identified two important strategies we would have to embrace in order to achieve our goals:

- Expand services through partnerships with our funding entities and other civic, and community organizations.
- Initiate changes within our agency that will challenge our staff in the manner in which we perform our jobs and the individuals we support.

SSP focus on implementing these strategies by partnering with the YMCA and in 2008, we received a generous donation of 17 pieces of cardio and weight equipment to start a Wellness Program. The second step was using strategic planning with the staff to analyze our existing space usage and then make changes accordingly to implement the opening of the Wellness Center. The total square footage of the facility is 21,000, of which roughly 17,000 is usable office and program space. Of the total usable space, 60% is dedicated to offices for administrative and direct services and occupied between 8 a.m. and 4 p.m. Of the remaining 40%, 23% are the Café/Dining area restrooms and storage. The remaining 17% of the facility, the northeast complex, houses the programs and activities for our customers outside of dining. This includes card groups, wellness activities, quilters and educational classes. In 2006 the usage of the facility was based on open hours from 8 a.m. to 4 p.m., and by 1p.m., (except on Thursdays) the facility was fairly empty after lunch ended. The only area that remained fairly active was the I & A offices which scheduled appointments or had walk-ins during open hours. The northeast complex which was used exclusively for Programs and Activities was scheduled as follows:

- The multipurpose Room was set aside for Board Meetings once per month and used for some educational classes such as “55 Alive or Rules of the Road”.
- The space used for card groups, (where the wellness room is now) was used twice weekly for four hour time periods.
- The second wellness room was used once per week for a four hour period for the woodcarvers. The quilter’s room was used six hours a day twice weekly.

In October 2006, the north east complex which is 3,150 square feet was available for 40 hours weekly for programs and activities. This area was only scheduled for 14% of open hours for programs and activities only. In October 2008, the same area was transformed to offer Wellness Center for individuals aged 16+ to include the following:

- Fully equipped wellness center with 12 pieces of cardio equipment and 14 weight resistance stations.
- Eight different fitness classes offered during 17 times through the week.

In 2012 the same area is utilized on a 75 hour per week basis as we have expanded facility operating hours from 8 a.m. to 4 p.m. to 5 a.m. to 9 p.m. Monday through Friday, Saturday 8 a.m. to 3p.m. and Sunday 10 a.m. to 2p.m. The same space is now used 41% of the time for programs and activities and we have two rooms for weight and cardio equipment and a separate class room which has 14 classes offered 32 times a week. In a four year period SSP has expanded our membership from 243 members to 855 members and initiated a low cost personnel training program called Get Fit personnel training. For \$50 a month an individual can get 8, 30 minutes personnel training sessions, nutrition counseling and attend free support groups for weight loss.

With the addition of the Wellness Center in 2008 we developed a Café Grill based on the Mather Lifeway Café model in Chicago that offers breakfast and lunch from 7a.m. to 1p.m. and a low cost salad bar in addition to our congregate meal program. The School House Grill is open to the public and in March 2012, we developed the Get Fit Healthy Choice Meal Program which is a three to seven day healthy meal service open to the public. The meals are packaged fresh and individuals can order Breakfast, lunch and dinner of healthy portioned meals for weight loss and healthy eating goals. Both these programs continue to grow and the revenue supports the Meals On Wheels program. These best practices have addresses senior health attracted a population of younger more active seniors who would have never attended our senior center before and put us

on the path to become a community center which is the direction we want to go to attract all individuals as they age. The SSP Wellness Center and School House Cafe has reinforced our position as a leader in the senior field in not only our region, the St. Louis Metro area and the State of Illinois.

Senior Services Plus continues to meet weekly with its' management team to address current trends and needs within our community so that we can be one step ahead and anticipate the ever-changing needs of our community with innovative programs and services.

Senior Services Plus is submitting a project under the Adapting to Changing Demographics and Diversity category that outlines a best practice initiative our agency developed and initiated to address changing needs of seniors health.

Senior Health Now!

Author:

Ann Chickowski

Broward Meals on Wheels

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Brief Description:

A community based partnership to provide seniors with science based nutrition and medication support and education to promote healthy behavior and successful aging. This project includes a cooking demonstration.

Attached is a PowerPoint presentation outlining the program and project.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

Senior Nutrition and Optimal Wellness



What is the Purpose of Senior NOW?

A community based partnership to provide seniors with science based nutrition and medication support and education to promote healthy behavior and successful aging.

How is it Possible?

- Partnerships

- Broward County Elderly and Veterans Services Division
- Broward County Transit
- Center for Hearing and Communication
- Center for Independent Living
- Florida Introduces Physical Activity and Nutrition to Youth (FLIPANY)
- Florida Atlantic University
- Lighthouse of Broward
- Senior Volunteer Services
- Sun Trolley

How is it Possible?

- Funded by United Way

- grant for pilot study

- Benefits

- Not income driven
- Targets seniors not eligible for other senior assistance programs



United Way of Broward County is a funded Community Impact Partner.

Program Components

- Nutritional Assessment
- Prescription Medication Education
- Nutrition Education conducted by RD (5 classes)
- Cooking Demonstration

Nutritional Assessment

- Mini Nutrition Assessment conducted by an Registered Dietitian
 - used to develop an **individual** nutrition plan



Prescription Medication Education

- World Health Organization (WHO) assessment questionnaire to determine elder's Medication compliance and pinpoint **individualized** educational needs for effective medication management.



Nutrition Education

- Taught by a Registered Dietitian (RD)
- 5 Classes utilizing the Dietary Guidelines for Healthy Americans
- Includes a Grocery Store Tour to illustrate Class Principles



Cooking Demonstration

- Taught by a Chef
- Demonstration of healthy, quick and simple meals and snacks
- Portioned for 1-2 people
- Easy preparation and clean up
- Seniors are taught preparation shortcuts and use of healthy convenience foods throughout cooking presentation



Improvements

Year 1

- Emphasis on fruits and vegetables
- Low utilization of recipes provided
- More marketing required to recruit Seniors.
- Recipes yielded 8-10 servings
- 90% attendance

Year 2

- Emphasis on Dietary Guidelines for Older Americans
- Many Seniors reported using recipes in home
- More requests for additional classes throughout community
- Recipes modified for 1-2 servings
- 99% attendance

Impact thus Far



- *"The entire concept of lecture/demonstration/preparation and eating the final product has been a tremendous experience. I now expect to live ANOTHER 78 years."*
- *"I learned when to take my medication."*
- *"This was such an eye opener. This program saved my life. I had no idea how important it was to take my potassium."*
- *"Thanks to this class my cholesterol went down 50 points."*
- *"Ann taught me how to read nutrition labels and now I can find the right foods in the grocery store."*

Sustainability



- Fee for Service
- Sponsors
 - Food Companies
 - Fitness Centers
 - Community Service Groups
 - Corporate Office
- Partnership with Hospitals under the Affordability Care Act
- Grants from Insurance Companies

Success Story

Trudy

- Was unable to grocery shop
- Senior NOW Program taught her how to use the motorized cart in Publix
- The program facilitated personal shopping assistance from Publix for her.
- She said, "You have opened up my life, I can now shop for myself!"



A picture is worth 1,000 words







*Thank you to our Partners
and Participants for making
this possible.*

Increasing access to base-line program services for your clients... Merger anyone?

Author:

Andrea Albanese Denning

LifeCare Alliance

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Brief Description:

For increasing access and overcoming barriers perspective: Mergers seem to leave a bad taste in most people's mouth; however if an organization wants to offer more programs to their ever growing client list and have help with increased revenue, a smart merger is the best course of action.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

LifeCare Alliance was founded in 1898 by Catherine Nelson Black to, "care for those who no one else would care for." LifeCare Alliance has maintained Catherine's vision and continues to provide health and nutrition services for the underserved by:

1. Always accepts new client in need; we have no waiting list.
2. Caring for clients, regardless of their ability to pay.
3. Designing every client treatment with a LifeCare Alliance Registered Nurse, Licensed Social Worker, and Registered Dietician. Each treatment is specifically created to meet each client's varying need.
4. Maintaining a volunteer army that continues to grow and is 7600 strong which means anytime a client has a need we have two, four or 20 hands to send them help.

LifeCare Alliance has emerged as a national leader in merger collaborations, having successfully completed now four mergers in the last eight years with Meals-on- Wheels of Madison County, Project OpenHand-Columbus, the Columbus Cancer Clinic, and IMPACT Safety. These mergers have eliminated or reduced costs and the redundancy of services in Central Ohio, resulting in more funds for programs, enhanced services and an increase in client access to basic needs. Our success with these mergers is because of the support in the community like our local elected officials, funders, board members, donors and volunteers. Our goals are to increase budgets for programming offering additional services to the 15,000 clients we serve annually. Increased

opportunities for clients translates into offering them basic level services. LifeCare Alliance pioneered the delivery of community health and nutrition services. With a staff of approximately 201 dedicated individuals and 7,600 volunteers, LifeCare Alliance continues to assist residents in Franklin and Madison Counties through its signature programs: Meals-on-Wheels, Senior Dining Centers, Wellness Services, Help-at-Home, Visiting Nurse Association, Columbus Cancer Clinic, Project OpenHand- Columbus, Groceries-to-Go, and IMPACT Safety.

This is one-stop shopping for all our clients all under one roof and has reduced barriers to healthcare and food, a most basic need. Offering a variety of services allows for an increase in revenue from corporate, foundation and individual donors. The goal of a public for profit company, is to create value/revenue for the shareholders. Being part of a not-for-profit, our shareholders are our clients and our goal is to create value for our clients. Accepting a merger or collaboration with another organization creates that value needed for your clients. We want to provide tools for our clients to have success by remaining in their own home where they want to be.

The Board of Directors voted unanimously on mergers with the Madison County Meal Program (2003), Project OpenHand- Columbus (2004), the Columbus Cancer Clinic (2005), and IMPACT Safety (2011). The mergers with LifeCare Alliance created a stronger, more effective and efficient organization to serve those in need in Central Ohio. The mergers also provided better service to our clients, seamless service delivery; reduce overhead costs and better utilization of our limited resources.

Below are 2011 statistics from our clients who receive these additional services which have reduced barriers to healthcare while increasing access to nourishment.

Madison County Meals-on-Wheels, a program in rural central Ohio was managed by the Madison County Hospital until funding and expenses became too much to support.

Vulnerable Central Ohioans in this area, have a heightened need for good nutrition, but also have limited means and abilities to secure such nutrition. The individuals are at high risk for experiencing not only hunger, but chronic illness as well. During the past few years, especially in the rural areas of Ohio, there has been consistent growth in the number of people requesting LifeCare Alliance services. Daily service logs for this population confirm this growing need. The growth in the homebound chronically-ill population with unmet needs stems from medical advances that prolong life, family structures that seldom include care- givers, general conditions of poverty, lack of access to health care, and the de-institutionalization trend.

LifeCare Alliance's Meals-on-Wheels Program is committed to serving older adults, chronically ill, disabled, and homebound individuals. Because LifeCare Alliance accepts all clients in need, regardless of their ability to pay, additional funding is critical. Simply put, LifeCare Alliance provides the highest quality, least costly means to address major health issues and concerns in Madison County and Central Ohio. Funding for meals for the target population continues to be scarce, significantly limited, and declining.

LifeCare Alliance expects our target population base to continue to grow as the aging population increases, therefore increasing demand. This program served 49,681 meals to 299 homebound clients. Madison County clients represent 8% of clients receiving MOW overall (Franklin County has 4035 clients receiving MOW.) Madison County Meals-on-Wheels merged into LifeCare Alliance in 2003.

Project OpenHand-Columbus provides home-delivered nutritionally enriched meals, pantry items, nutritional supplements, nutritional assessments, counseling, and a congregate meal program to men, women, and children living with HIV/AIDS in Central Ohio. In 2011, Project OpenHand Columbus provided over 22,448 home-delivered meals and served over 300 congregate meals as well as provided over 10,584 bags of groceries to 637 clients. Nearly 17% of the Project OpenHand-Columbus clients are aged 55 or over, 91% have incomes less than \$20,000 annually, 27% are female, and 59% are minority. Project OpenHand began in San Francisco, and was founded in Columbus in 1994. This agency merged into LifeCare Alliance in 2004.

Columbus Cancer Clinic, a Medicare certified service, provides education about cancer prevention and early detection, head-to-toe cancer screenings and examinations and mammograms, regardless of the ability to pay. In 2011, the program served 3,469 clients providing 1,593 mammograms, 1,163 head-to-toe cancer screenings, and 713 clients with home care support services.

In addition, the program provides low-income, under insured or uninsured individuals living with active cancer with medical supplies, medical equipment, medication assistance, transportation to and from cancer related medical appointments, pantry items, nutritional supplements and emergency financial assistance to those home care support patients who are about to lose daily necessities such as housing and/or utilities. The program will provide skilled nursing care, home health aide, social work, therapy, and/or dietitian if needed to maintain the patient in the home setting. All home care support services are free of charge. In 2011, the Home Care Support service served 713 Central Ohioans living with active cancer. Wigs and breast prostheses may be obtained free of charge. Twenty-two percent (22%) of all Columbus Cancer Clinic clients are over the age of 65, 60% have incomes less than \$20,000 annually, 86% are

female, and 42% are minority. The Columbus Cancer Clinic began in 1921 and is the oldest free cancer clinic in the United States. The Columbus Cancer Clinic merged into LifeCare Alliance in 2005.

IMPACT Safety has been serving the community for 19 years, by developing and teaching interpersonal safety skills to a wide range of populations including women, youth, those with disabilities, the elderly, and professionals in the workplace. IMPACT Safety's expertise is recognized internationally as well as locally.

Statistics regarding mergers from non-profits and corporations are very similar.

Over 10 years stats show that 1.5% of merger activity comes from non-profits and 1.7% of merger activity comes from corporations or big business. These types of percentages are interesting to funders because it sets a trend that indicates nonprofits aren't so different from corporations & businesses.

Usually people think 'should we do a merger or shouldn't we?' At LifeCare Alliance we want people to think of mergers in this way, 'how do we best fulfill our mission and are we successful in serving our clients?' The benefits of merging need to include quality in existing services, improving services, and increased funding. We must move forward, always forward, to achieve our goals. Each step is important. Each victory will change the life of one of our clients.

Today's not-for-profit organizations should look at the potential of merging with another organization. Non-profits are less likely to pursue a merger than a publicly held company that is stockholder driven. A business school study published in an issue of The Chronicle of Philanthropy, predicts one-third of all not-for-profits will merge or go out of business within the next 10 years. That forecast that is worth considering.

LifeCare Alliance, serving more than just a meal, a CHOICE.

Author:

Andrea Albanese Denning

LifeCare Alliance

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Brief Description:

LifeCare Alliance offers seven choices of meals for our Meals-on-Wheels clients and has 20 dining centers to choose from for the more mobile clients. Our mission is, "LifeCare Alliance leads our community in identifying and delivering health and nutrition services to meet the community's changing needs. Diversity and changing demographics is how we nourish the human spirit."

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

The challenge is meeting the needs of the fast growing population of older adults who are diverse and need assistance. LifeCare Alliance offers choice through their nutrition services specifically through our Meals-on-Wheels and Dining Center programs.

Meals-on-Wheels

LifeCare Alliance's Meals-on-Wheels (MOW) currently serves as many as 4,000 meals a day to homebound seniors. The low fat, low sugar and low sodium meals offer choice to meet our diverse population. The meals of choice include seven varieties with the most popular being the regular hot meal. The other choices include cold regular meal, diet regular hot and cold meal (for diabetics), Kosher meal, vegetarian, frozen, mechanical soft (pre-cut for those who are arthritic, etc), pureed (for those who have cancer or AIDs), and gluten free. In 2011, volunteers and staff delivered 1,030,884 meals in Franklin and Madison counties with volunteers contributing to 5,000 clients. Eighty-nine (89%) of the Meals-on-Wheels clients are over the age of 65, 99% have incomes less than \$20,000 annually, 65% are female, and 38% are minority. Included in these demographics are about 300 veterans and/or surviving spouses who are homebound, underserved minorities, low-income older adults, socially-isolated seniors, and chronically-ill and/or living with a disability. We partner with the Franklin County Veterans Commission to provide an array of services for those who have served our country.

In 2011, 4,835 Meals-on-Wheels volunteers logged 395,721 miles and 96,980 hours of service. Containing more than 7,600 active volunteers, delivering 125 meal routes per day, 365 days a week, our volunteers are cherished. Without our volunteers, we would be out of business. Each volunteer saves LifeCare Alliance approximately \$12,000 per year.

Senior Dining Centers

Senior Dining Centers provide meals for older adults and individuals with a disability and/or chronically ill adults at community dining centers and restaurants in over twenty locations across Central Ohio, including culturally diverse meals at fourteen Asian and Somali restaurants. Transportation is available to most locations. LifeCare Alliance is the largest provider of senior meals through the community dining centers in both Central Ohio and the state, according to the Ohio Department of Aging, 2008. Dining centers offer socialization, enriching programming and a nutritious meal with the purpose of increasing the number of Central Ohioans who achieve a higher level of successful aging, defined as the avoidance of disease and disability, maintenance of high cognitive and physical functioning, and engagement with life. In 2011, the program served 151,713 meals to 3,980 clients. Eighty-two percent (82%) of the Senior Dining Center clients are over the age of 65, 96% have incomes less than \$20,000 annually, 67% are female, and 56% are minority.

LifeCare Alliance specialized in diversity...

In 1993, the Asian dining program was initiated and increases in participation every year. For the past 19 years, under the direction of Dr. Youn-Chun Lu and two paid LifeCare Alliance employees who specifically work with this program we have approximately 750 unduplicated participants. Most of the participants are 73% Asian, and 27% are non-Asian (Caucasian and African-American). Forty percent of program participants are under the age of 70, which means it attracts the younger old. To provide meals that suit our Asian participants, LifeCare Alliance collaborates with a selection of Chinese restaurants to offer meals seven days a week. Columbus, Ohio has the longest running Senior Dining program for the Asian community in the United States serving approximately 15% of all Asians aged 65 years of age or older in Franklin County.

With a growing population faster than we can keep up, our goal remains the same – to keep people in their own home where they want to be....how do we do that? We listen to our clients through regular surveys on what their needs are...our clients are diverse. We offer seven different Meals-on-Wheel choices for our chronically ill and homebound.

For our clients who can get out we offer additional dining centers with different food catering to their cultural and diverse needs example Somali, Asian dining centers. Additionally we help these populations not just with food but again holistically saving our clients through our wellness programs. For example, the Somali Dining Centers are offered mammograms for the female clients. This increases access to healthcare and decreases cultural barriers

Transportation

It all ties together through transportation. For decades, gerontologists have indicated that the traditional home-delivered Meals on Wheels model worked best. For the past decade there has been increasing discussion regarding the mental and psychological well-being for seniors who are not leave their homes to run errands or to receive socialization on a regular basis. The trend is now to focus on meeting individuals (age 60+) seniors' emotional, nutritional, and psychological needs holistically by transporting them to Senior Dining Centers in Franklin County. LifeCare Alliance has 20 of dining centers in Franklin County; and developed Carrie's Café, that serves as a dining center and public café as a lynchpin, to meet this changing need for our increasing aging population.

For our sixty plus clients, this new operational model allows LifeCare Alliance to provide transportation for our clients who would otherwise be homebound. Transporting our clients to a dining center allows support for their emotional and psychological needs by providing socialization and educational opportunities that engage seniors into a healthier lifestyle.

The results in an increased lifespan and a higher level of “successful aging,” defined as the avoidance of disease and disability, maintenance of high cognitive and physical functioning, and engagement with life. A 2008 report by the Ohio Department of Aging indicated seniors are highly attracted to “extra- curricular” activities. This type of programming gives people an opportunity to meet, connect, socialize maintain relationships, and gather.

LifeCare Alliance's target market for transportation includes our current client base, which encompasses the following demographics: 77% female, 43% minority, 69% age 65 and older and 64% with annual incomes of less than \$20,000. Our experience and knowledge working within these parameters enable us to comprehend our clients' critical needs, in order to ensure that they are properly and successfully met.

In addition to our daily shuttle services to dining centers, we have noticed an increase in our clients using the transportation services to attend programming offered at Carrie's Café, specifically for special events including Senior Prom Valentine's Day dance, and LifeCare Idol, etc. Due to income limitations, these clients would not be able to access any of our dining centers without provided transportation. This transportation helps our senior population remain independent and in their own homes, while they have their emotional and psychological needs met through this type of socialization.

Through a grant that LifeCare Alliance receives, we are able to provide transportation to dining centers for more than 1,500 clients age 60+ in Franklin County. The overall population served include: (1) underserved minorities, (2) low- income older adults, (3) socially- isolated seniors and (4) adults with a chronic illness and/or disability.

Transportation to dining centers will accomplish the following outcomes:

- 100% of clients remain independent in their own homes by eliminating or delaying institutionalization and/or hospitalization
- 100% of clients will be exposed to programming, and socialization
- 100% of clients have access to health and nutrition education and referral resources

Many of our clients are at nutritional risk due to social isolation, multiple medications, food insecurity and a variety of other factors. Each of our meals provides one-third of the daily dietary requirements for an older adult. These nutrition programs along with transportation funding prevent or ameliorate malnutrition in the targeted population. As our clients have an increased access to nutrient-rich foods, access to increased socialization and increased health education and resources, all with the ultimate goal of eliminating or delaying institutionalization.

LifeCare Alliance clients spend an average of five days less in hospitals annually compared with the nation as a whole. When individuals receive the appropriate nutrition levels and regular health assessments, we are able to prevent and circumvent potentially debilitating and costly health outcomes. The vast majority of our clients are on Medicare and Medicaid, which means additional savings to tax payers. As our clients have increased immune systems, strong bodies and are able to recuperate at faster rates they can prevent hospital stays and/or reduce the length of stay.

Meeting the Needs of Our Diverse Clients: Why Culture Counts in Columbus, Ohio

Author:

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Brief Description:

Many older adults and the chronically ill are at increased nutritional and health risks due to low-income, uninsured/underinsured status, social isolation, multiple medications, food insecurity, and a variety of other factors. Our method of treating clients holistically ensures each client has their nutritional, health care, emotional and psychological needs met.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

Many older adults and the chronically ill are at increased nutritional and health risks due to low-income, uninsured/underinsured status, social isolation, multiple medications, food insecurity, and a variety of other factors. Our method of treating clients holistically ensures each client has their nutritional, health care, emotional and psychological needs met.

Our clients experience:

- Increased access to nutritious food, which reduces their food insecurity and malnutrition.
- Reduction of social isolation and associated psychological/mental challenges.
- Elimination or delay of institutionalization by remaining independent in their own homes.
- Increased quality of life and of “successful aging,” defined as the avoidance of disease and disability, maintenance of high cognitive and physical functioning, and engagement with life.
- Increased access to related health and wellness services through linkages from our RNs to LifeCare Alliance and community services/resources.
- Increased access to supplies/equipment, medication, food & nutritional supplements, and social and health related services.

- Increased knowledge and ability for clients to improve their own health and independence through healthy eating and physical activity.
- Prevention of homelessness by helping clients remain independent and in their own home.

The purpose and goal is to assist clients in remaining independent and in the comfort of their own homes or the community with dignity, where they want to be.

Our Carrie's Café Model was developed by Café Plus, a senior center model developed by NISC member Mather LifeWays, and this prototype is spreading around the United States and even as far away as Japan.

Interest has intensified as organizations prepare for baby boomers' needs and expectations. NISC member LifeCare Alliance was an early adopter with its Carrie's Café in Columbus, OH.

Carrie's opened in March 2009 and continues to grow every month. It's a hybrid, meaning its open to the public, older adults, and older adults who are specifically part of the Older Americans Act Title III program; however, nothing in the name, décor, or menu shouts "senior."

The café itself is named after LifeCare Alliance founder Catherine Nelson Black, who in 1898 was a philanthropist and visionary married to then mayor of Columbus, Ohio Samuel L. Black. Catherine Nelson Black was concerned about the health needs of the sick and poor and the high rate of infant and maternal mortality. To address those needs she established the Instructive District Nursing Association, a community and in-home nursing care organization. While our name has changed to LifeCare Alliance, we continue to provide comprehensive health services, as Mrs. Black envisioned.

Even 114 years later, our goal remains the same to break down stereotypes that might keep people of all ages from coming inside.

Like Mather's other Café Plus locations, Carrie's Cafe offers freshly prepared, made-to-order meals and more, such as shuttle service for customers and activities.

The idea behind the café wasn't "build it and they will come;" rather, it's "offer food and they will come!" The initial lure for the experience is through the restaurant, but the benefit is really Repriorment,TM defined as "discovering the joy of new directions and rethinking shelved but not forgotten priorities, passions, and dreams."

This idea is in full swing at Carrie's as customers engage in line dancing, Valentine's Day parties, fashion shows, "LifeCare Idol" competitions, and proms. Participation in these events is approximately 300 plus. It is a wonderful venue to include not just the clients but local elected officials, volunteers, and donors. Everyone joins in the fun to learn what LifeCare Alliance is doing to help older adults in their community.

Hosting the larger events has allowed for our volunteer base to grow from 5,800 to now 7600 people in just three years. Now days when we have the fashion show or host "LifeCare Idol" we have volunteers from major corporations like Nationwide Insurance, American Electric Power and Huntington Bank participate by serving a meal to our clients while enjoying the show. This makes it a win-win for the agency by cutting labor costs.

Carrie's is open Monday through Friday from 7 a.m. to 2 p.m. The restaurant is open for a quick breakfast and lunch. On the fourth Friday of every month, a hot breakfast is offered, which is particularly popular for our staff and Meals-on-Wheels drivers/volunteers who literally 'fuel up' before delivering those hot meals to our clients.

Programming is offered from 11 a.m. to 1 p.m., Monday through Friday, and a large event is occurs once a month. Biannual focus groups and a survey assess customer satisfaction and interest. Participation with this type of dining center is truly more than just a meal. Stepping inside Carrie's Café, you will find ageless design, wireless computer access, an exercise area, and plenty of natural light. The setting is inspiring and far from institutional. The goal is to provide service with no stigma to older adults. We are truly more than just a meal. There is a full-service Wellness Center on site and we offer programming like chair yoga, tai chi, Wii, line dancing and exercise classes. Additional wellness programming includes blood pressure checks, foot-care, healthy cooking classes, mammograms, prostate, and skin screenings.

What has been fascinating is the influx of customers who are 69 years old and younger. One-third utilizes the restaurant and participates in programs, which means they don't see a stigma associated with places like Carrie's Cafe.

In 2011, Carrie's served more than 2,300 unique individuals. Our daily average consists of approximately 85-100 people eating lunch at the Café. The Café is also open to the public for a casual luncheon dining experience. This assists LifeCare Alliance as an additional revenue generator, which allows us to continue to serve all clients in need without a waiting list.

Our clients rely on LifeCare Alliance to support their medical and nutritional needs. Every service we offer is free of charge or on a sliding scale. Clients no longer have to decide between paying their rent, utility, medical or food bills. The health and nutrition services we provide in the home and in the community setting directly contribute to an individual's ability to remain safe and independent in the comfort of their own homes, where they want to be. With nursing home costs in Ohio now averaging more than \$62,000 per year, LifeCare Alliance saves taxpayers money while serving the needs of the community.

Below are excerpts from a few of our clients:

"I know that I can always get a hot meal - I live alone. And the companionship can't be beat!"

"I come for the friendly faces and for the good food. Keep up the good work!"

"I come to see the people. I am glad we have this service. Thank you!"

"The dining center helps me get out of the house. Keep up the good work!"

"The meals are so affordable and nutritious."

"I love all of the people. And the food is good, too!"

REBIRTH (Restoring Elder Bio-Medical Independence and Restoring Transformational Health)

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Brief Description:

REBIRTH is aimed at improving the health and wellness of elderly Franklin County residents, resulting in delaying entry into assisted living facilities and nursing homes.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

The Woodlands at Eastland in Franklin County, Ohio is a well established retirement community. This organization, in partnership with the CAREgiving Institute, a non-profit, community based organization with goals to improve aging American's health and wellness, has recently implemented a 12 - 18 month program known as REBIRTH. REBIRTH stands for Restoring Elder Bio-Medical Independence and Restoring Transformational Health and is aimed at improving the health and wellness of elderly Franklin County residents, resulting in delaying entry into assisted living facilities and nursing homes. Baby Boomers make up approximately 28 percent of our national population (Corporation for National Community Service). As this population demographic continues to age and require more care at expensive rates, state funding continues to face a financial strain.

The goal of REBIRTH entails delaying assisted living care and nursing home care, delaying Medicaid funded services and extending the length of time and elderly person can enjoy a higher quality of life and independence in society. Improvements in Medicaid spending have already been documented when delaying assisted living and nursing home care becomes a priority. The Ohio Area Agencies on Aging states that with better referral services to alternative sources of elderly care, community integration and an emphasis on keeping elderly people in their homes for longer, the portion of this population that uses nursing home facilities has decreased from 90 percent to 58 percent over the last 12 years. This substantial drop in the use of expensive, state funded services was documented despite the 15 percent increase in adults who are part of this age bracket and in need of the services offered by nursing home establishments.

This staggering shift in eldercare services allowed Ohio to spend \$121 million less on long term care, such as nursing homes in 2009 than in 1997.

Since REBIRTH requires a certain level of independent living, there are certain requirements that must be met in order to be eligible for participation in the program. Eligible REBIRTH participants are between the ages of 62 and 85, do not require 24 hour care, are not participating in Medicaid funded activities and require minimal assistance in daily life activities. These participants are also required to be at risk for a drastic increase in care, determined by a hospitalization in the last two years and having been placed on between one and four new medications within the last year.

REBIRTH includes a comprehensive financial assessment along with a level of care assessment to develop specific plans for each elderly individual. This guarantees the most specialized care for each person and the highest chances for successful results. Through participating in REBIRTH, elderly adults are expected to show a decrease in required levels of care, provided by an increased participation in wellness programs. To reach these goals, REBIRTH plans to offer up to date wellness, physical, emotional and psychological assessments, complete with follow up services, along with access to a comprehensive care management model. Additionally, through REBIRTH, the family's assets will remain intact for longer periods of time due to this decrease in level of care and the participating elderly adult will enjoy independent living.

Upon entry into the REBIRTH program, participants will begin with a comprehensive care evaluation and financial assessment. Orientation includes a meeting with a Long Term Care Planner who is educated in long term care financial advising, to help allocate personal assets to include long term care costs and design a personal budget for each individual. Orientation also includes an appointment with a spiritual counselor and psychiatric evaluation.

Program participants will receive a physical evaluation, provided by a licensed physician and geriatric nurse, and will also meet with a dietician at the commencement to their enrollment into REBIRTH. The medical team and orientation team will meet and design a health and wellness plan specially tailored to all the individual participants in REBIRTH, taking into account differences in culture and changing demographics. This personalized wellness plan will include a healthy diet, physical activity, accompanied by an event calendar with an invitation to participate in the Woodlands various recreational activities. The wellness plan designed by the medical team is forwarded to a skilled therapist, to help integrate the healthy changes that are recommended to the REBIRTH participants into their everyday lives.

Transportation to and from the Woodlands is provided by the program. Participating adults will have the opportunity to make weekly visits to the grocery store, accompanied by an nutritionist or nutrition aid, to help them make the most knowledgeable decisions regarding their grocery shopping. They will also be invited to participate in group cooking classes on a weekly basis. Included in these classes will be healthy and simple meal preparation, recipes for distribution and a sense of community and companionship. The participants will learn how to prepare basic, healthy meals with the luxury of eating them together as a group.

Throughout the 12 or 18 months an elderly person is enrolled in REBIRTH, a follow up appointment will be made with the geriatric nurse, skilled therapist and dietician to document any changes the participant may have experienced due to REBIRTH. At this time, their wellness plan will be evaluated and adjusted to each individuals' needs.

At the end of the program, each participant will undergo a final assessment. The geriatric nurse, dietician, physician, psychiatrist and skilled therapist will have a final appointment with the REBIRTH participant to evaluate this persons health and document any changes that may have occurred through participating in the program. At this time, the participant will be given the option to return to their homes to integrate their newly learned healthy lifestyles into their everyday life. Participants of REBIRTH will receive follow up contacts from the REBIRTH team, through personal appointment or phone call, after completion of the program to determine if they are, in fact, prolonging the life outside a nursing facility and successfully integrating the newly found health habits acquired in REBIRTH.

Through REBIRTH, the Woodlands plans to prove that it is possible to delay the need for assisted living and nursing facilities by utilizing what resources the community has to offer to increase the level of health and wellness a senior citizen has. Integrating basic healthy habits and delaying costly Medicaid funded services results in a drastically decreased federal Medicaid budget and a better quality of life for our aging family members.

Recruitment for REBIRTH has already begun at The Woodlands. Currently there are four participants. The Woodlands at Eastland is an established community resource on aging with a substantial number of residents currently taking part in the retirement services offered there. Participation in REBIRTH will cost \$1,690.00 per person. This fee includes room and board at The Woodlands, utilities, cable TV, laundry facilities, transportation to and from medical appointments, breakfast and dinner, along with the comprehensive care management services. Services that are not included in the REBIRTH fee are snacks outside breakfast and dinner, toiletries and laundry detergent.

Physicians visits and medications are also not included in REBIRTH but will be billed to the participants private insurance provider or Medicare, appropriately. Home making and home care with minimal medication management will be provided by a contracted outside home health agency and provided for by the initial REBIRTH fee.

The average stay in a retirement facility can be more than \$50,000 a year, according to the AARP, with one third of the residents paying these fees out of their own funds. The rest of the fees are billed to Medicaid. Participation in REBIRTH offers a more affordable experience with the same amenities The Woodlands has to offer it's permanent guests. Using the financial deal as incentive, The Woodlands plans to promote REBIRTH among it's current residents receiving minimal care and falling within the guidelines the program outlines. Additionally, REBIRTH plans to visit local senior citizens centers, area offices on aging, rehabilitation centers, recreational centers and local physicians offices to educate key members of the community on the program at The Woodlands and the benefits the program has to offer. Using these key resources in the community for referrals and a medium for promotion, REBIRTH will be able to recruit new members to participate in the program.

Upon enrollment, participants will complete a comprehensive financial assessment and a level of care assessment performed by an elder care nurse. The nurse will collect baseline health data and will work with a physician, a dietician, gerontology experts and a psychologist as a team to develop an individually tailored health and wellness plan for the participant. Each individual will sign consents that their participation in the program is strictly voluntary and if the situation arises that more care is needed, compromising their independence, the individual will be removed from the program and incur the cost of their required care on their own.

As our population over 65 years old ages, at a rate of three times more rapidly than the network available to offer care for them can sustain, a strain has been increasingly put on the medical system, the elder care community and the families of aging adults. Approximately 80 percent of Ohioans that receive caregiving support are over the age of 50. This number is only projected to grow in the upcoming years. Educating more elderly adults on the benefits of maintaining a healthy lifestyle in the community provides for the opportunity to be proactive. Healthy lifestyles can include physical activity, diet, nutrition, weight management and mental health, for example. Keeping these aspects a priority can result in better balance, reduced number of falls, reduced instances and severity of preventable chronic diseases and mental sharpness and clarity, all of which are essential to elderly independence.

While promoting REBIRTH in the community and recruiting participants, the opportunity for outreach and education is presented. Senior citizens centers, rehabilitation center and recreational centers offer appropriate settings for educational seminars and placements of materials on the benefits of delaying nursing home entry. In many cases, adults that can be reached through these mediums are still independent and have the opportunity to remain independent for a longer period of time, when integrating healthy lifestyle changes. Utilizing these facilities as an additional site to disseminate information regarding healthy diet and lifestyles to our elderly population ensures that adults who do not have the means to participate in REBIRTH directly still have the opportunity to receive the vital information and benefits associated with REBIRTH.

The fastest growing portion of the population is the elderly. This segment, on average, outlives their savings and suffers from two or more chronic diseases, resulting in admission into nursing home facilities. Oftentimes, assisted living facilities and nursing homes require spending above the means of many retired individuals, leaving Medicaid to cover the costs. Many of the services covered by Medicaid are preventable or premature, and can be dealt with in the home by a family caregiver or hired professional. Delaying enrollment into Medicaid provided services will provide the states with an opportunity to reduce the cuts these benefit programs so often receive, making it possible for individuals who are in serious need of aid to gain access.

For every one elderly adult that receives care in a nursing home, four elderly adults can be cared for in their own homes, based on the Ohio Association of Area Agencies on Aging. This increases the elderly person's quality of life and comfort, ensuring better health for a longer period of time. REBIRTH plans to prove, that with increased emphasis on community based programs that specialize in health and wellness, aging adults will require less care for longer periods of time, allowing them to remain in the comfort of their own homes.

Wireless Kiosks: Improving Health and Reducing Costs

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Brief Description:

The Gary and Mary West Senior Wellness Center, operated by Senior Community Centers in San Diego, is a unique programming hub that supports low income seniors with nutrition, health and wellness programs, housing, lifelong learning and civic engagement. As part of this effort, we are testing emerging technologies that can expand the reach of our Center's staff to assist clients in maintaining optimum wellness.

We are implementing a wireless, free-standing health kiosk capable of obtaining and transmitting client biomarkers (such as blood pressure and weight) to databases accessible to both client and center staff. The kiosk contains an early warning system alerting Center staff to biomarker trends that pose a health risk to the client. Earlier intervention by Center staff may reduce the severity of ailments or disease progression, thus improving the outcomes of care to at risk senior populations. The wireless health kiosk is located at the Wellness Center and available to all clients seven days a week.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

In the Fall of 2011, a team from the West Wireless Health Institute, a non-profit research organization located in La Jolla, began working with us to define the structure and operations of the proposed project. The team identified that the Wellness Center occupies an important and unique niche in the "health care ecosystem," and through its infrastructure, is providing a compendium of services that assist clients in maintaining wellness – at a lower cost of care to clients who access the Center's services.

The project can be summarized as follows:

- Senior Community Centers collaborates with the West Wireless Health Institute on a ground-breaking endeavor that aims to enhance the Center's services with the next wave of medical technology.
- The Center installs a state of the art wireless health kiosk station provided by the West Wireless Health Institute.
- The health kiosk station uses a simple touch LCD screen method, with helpful interactive video, to guide a client through simple tests. The interactive screen provides additional information relative to self-care and referrals to center staff.

- Client biomarker tests available through the kiosk include:
 - Blood pressure
 - Pulse
 - Weight
 - Body Mass Index (BMI)
 - Visual acuity
 - Depression assessment
 - Additional biomarkers will be added in the coming months that include:
 - Oxygen saturation
 - Skin impedance to determine fluid accumulation in congestive heart failure patients
- Clients receive a customized report that shows an assessment of their biomarkers with recommendations should the biomarkers fall into a range that is deemed concerning (such as an elevated blood pressure).
- Data from the kiosk is collected and reported to the Center's data base and based upon preset ranges, the system will alert the Centers staff via text or email if a client's biomarkers are out of range.
- The kiosk has the ability to configure messages for clients that include general health advice and recommendations. It can also produce messages for specific clients such as reminders to follow up with their doctor or remember to see the center's staff.
- Clients with a chronic health condition are referred to a physician doing her residency in chronic disease management from the UC, San Diego Medical School, who is out-stationed at the Wellness Center three days per week.

This project is being implemented to provide an initial screening and encourage clients to visit a healthcare provider for a follow-up exam when needed.

In their roles for this project:

- West Wireless Health Institute measures the impact of the technology on the health of individuals and the ultimate cost savings that it will afford our national health care system.
- Senior Community Centers will be able to better serve vulnerable and deserving population by more precisely and frequently gathering vital medical information on clients. This will lead to more timely and effective preventive care and interventions and allow each client to gain a great sense of ownership of their healthcare and sense of independence.

The ultimate goal of the project is to build a care coordination program that ultimately reduces ER visits, hospital days and delays and/or prevents the need for higher level of long-term care.

For this new technology to have the desired effect, we have added a Care Coordinator to our team. She is an advanced practice nurse. The Care Coordinator examines all the incoming data that this kiosk transmits every time a senior uses the device to determine

what, if any, follow up care is needed, make referrals to our healthcare education and nutritional workshops and even to recommend more urgent care should the situation merit immediate intervention.

The kiosk will assign a unique health identifier (UHI) to each client and will maintain a health maintenance report for every client. UHI will help track every client. All of this information will be integrated into the larger profile on the client and will be available for our on-site healthcare professionals during their clinical visits with the clients.

The West Wireless Institute intends to extend the reach of this innovation from the seniors that can come into the Wellness Center to those homebound seniors we serve daily. Currently we deliver meals and some wrap around services to 500 homebound seniors. With the expansion of the West Wireless Institute's investment into this very needy population, Senior Community Centers will be able to have more regular access to their health through the wireless transmission of their biomarkers to our health care professionals who will then be able to make recommendations, send healthcare professionals to make house calls therefore creating a concierge model of care that is personalized and augmented with technology.

The integration of this new technology and system will also open the Senior Community Centers up to new collaborations with San Diego hospitals, health agencies, and public health organizations. There is a potential to attract MediCal Managed care providers to refer their seniors to the center so they can be more closely monitored and prevent ER visits. The health kiosk and its data management system have the ability to share data across any organization and this provides a model for data sharing that currently does not exist.

SCC already provides a comprehensive, integrated network of vital services for independent aging that focus on preventions, intervention, and education. With the integration of the Care Coordinator and Wellness Profile Manager we will be increasing the effectiveness of our existing programs. The following are programs offered at our Gary and Mary West Senior Wellness Center that constitute our current healthcare ecosystem.

- Nurse Case Management
- Information and Referral Services
- Mental Health Services
- Healthier Living Program (Stanford University Model of Chronic Disease Self-Management)
- Transitional Housing/Homeless Prevention
- Supportive Housing
- Nutrition – breakfast and lunch 365 days per year

Senior Community Centers has also developed an extensive network of providers and collaborative partners that provide services to enhance, expand, and sustain our in-house programs.

- We over-built the Wellness Center to provide space for collaborative partners.
- Collaborative partners range from university, non-profits, social service agencies, medical practitioners, attorneys and others.
- Collaborative partners must provide services free of charge and must share results and data with us to show future impact.
- Collaborative partners yielded a savings of about \$944,049 for Senior Community Centers in 2011.

Our ultimate goal with this kiosk project is to provide better health care that keeps our clients healthy. Healthy seniors remain independent. Independent seniors, in addition to being happier, use healthcare resources much less frequently thereby reducing costs. We hope to have a replicable model, backed by data, in the next 12-18 months.

The Free Farm in San Francisco California – An Intergenerational Gift

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The Free Farm

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Brief Description:

The Free Farm is an all-volunteer organic farm that gives away all of the produce that it grows. The Farm works with senior centers and senior housing in its neighborhood, creating a beautiful and thriving intergenerational gardening community.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

I am a volunteer at the Free Farm, a loosely organized all-volunteer urban garden in San Francisco. The Farm was established two years ago, on land loaned to us from St. Paulus Lutheran Church, which burned down some years ago. The Church, which proclaims a ministry of welcome and help to vulnerable and homeless individuals, has been an incredible host to us as we have gardened in the city. All of the produce that we grow is given away to those who most need fresh, organic food. (Check out our website.... www.thefreefarm.org)

Over the last year, I decided to reach out to social service, church and other organizations in the neighborhood of the Free Farm, because I wanted to more intentionally embed the Farm in the neighborhood. Senior Centers in the area proved to be extremely receptive to learning about the Farm, and so I focused on these organizations. I visited senior centers nearby, and I did planting workshops with the seniors. I am working with two senior centers to plant gardens on site that will be tended by the seniors. I've also done pruning workshops, designed to help seniors work on the trees and plants growing at their Centers. Several seniors in the neighborhood have become volunteers at the Free Farm, which has led to wonderful intergenerational relationships between the seniors and the young people at the Free Farm. It is clear that the seniors love the vitality and youth of the Free Farm “hipsters” and that the hipster crowd loves to talk with the seniors about life and history and experience.

In urban gardens, I believe that we can teach one another about nutrition, healthy living, and the joy of community. I love the intergenerational relationships that the Free Farm has nurtured --- young people feel like “rock stars” as older people great them each week and ask for their gardening help. Older people feel that their life experience, wisdom and advice is welcomed and treasured by youngsters who could be their grandchildren. Across the divides of age, social class, race, and life experience, fast friendships are formed. Community is born, and what an amazing blessing that is in our complicated and fractured world.

California's Older Adult Participation in SNAP

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Brief Description:

California has the lowest older adult participation in the SNAP program nationwide. California Department of Aging and other state agencies have worked together to increase the older adult participation in SNAP.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Background:

California Department of Aging (CDA) has worked collaboratively with the California Department of Public Health (CDPH) and the California Department of Social Services (CDSS) to increase older adult participation in the CalFresh (California's Supplemental Nutrition Assistance Program (SNAP)/ Food Stamps) program. In 2008, the Federal Food Stamp program was renamed, the Supplemental Nutrition Assistance Program (SNAP). In 2011, California rebranded the program as CalFresh, this name keeps the program in line with other California programs like Medi-Cal and Cal Works. Along with the rebranding California is moving toward a fresh program, emphasizing healthy eating and improved accessibility. California has established new regulations that make it easier for older adults to apply for CalFresh/SNAP benefits. State agencies have worked hard to ensure the CalFresh/SNAP program addresses the barriers that have prevented older adults from receiving benefits in the past. Essentially empowering older adults to apply for and receive benefits with less difficulty. For ease of listening I will use the term SNAP when I am referring to the CalFresh program different states use different terms for this program but everyone can recognize and relate to SNAP.

Older Adult Participation in SNAP:

Older adults do not participate in SNAP as compared to other population cohorts that are eligible for the program. In California only 10% of eligible older adults participate in Food Stamps, nationally 34% of eligible older adults participate. Even more troubling,

only five percent of eligible Social Security recipients (those receiving retirement benefits) participate in SNAP.

Low income older adults are missing out on critical federal nutrition benefits that could improve health and boost the state economy. In California there are 444,000 eligible households with Social Security recipients over 60 years old who could, on average, receive nearly \$1,000 per year in SNAP benefits.

Low-income seniors have limited food budgets, and those who experience food insecurity have lower nutrient intakes and higher rates of hospitalization and mortality. The impact of decreased mobility, limited assistance, decreased taste acuity, and social isolation leaves older adults especially susceptible to food insecurity, hunger and malnutrition. Nutritionally inadequate diets contribute to or worsen disease states, hasten the development of degenerative diseases, impair wound healing due to decreased immunity and increase risk of falls. Morbidity is associated with poor nutritional status leading to increased national health care expenditures. Food assistance programs can help older adults avoid food insecurity and maintain good health. Adequate nutrition can decrease the risk of chronic diseases, reduce costs to federal and state governments, and improve quality of life by allowing seniors to remain independent within their own home and avoid long term care placement.

Economic Concerns:

The recent decline in the economy has particularly hit older adults hard. Many older adults' retirement savings were lost or decreased with the economic downturn. Additionally older adults are living longer with many outliving their retirement savings. Countless older adults do not have the physical ability to return to work after retirement and when applying for jobs may face age discrimination. As the baby boomers reach retirement age and find themselves living on a retirement income food assistance programs will be a necessity for many, these services must be accessible to older adults.

Cash Out:

I only bring up Cash Out because it impacts California but I don't believe any other state has this problem. In California the issue of Cash Out impacts older adult participation in SNAP. The Cash Out policy allows a state to provide a cash benefit to Supplemental Security Income (SSI) recipients in lieu of SNAP. This Cash Out option makes SSI recipients ineligible for SNAP benefits. Currently, California is the only state in the

nation to maintain Cash Out policy. Cash Out began as an efficient method to deliver nutrition benefits to SSI recipients. California raised the SSI State Supplemental Payment (SSI/SSP) by \$10 instead of enrolling recipients in SNAP. This saved the state millions of dollars in administrative costs. As long as Cash Out remains in effect the California SSI/SSP recipient is ineligible for SNAP.

Problems/Solutions:

Older adult SNAP participation is low for several reasons, including the isolation some seniors experience, misinformation about eligibility for benefits, stigma associated with public assistance, a burdensome application process and confusion about who qualifies (the SSI cash out issue). Transportation can be a problem; many older adults can't get to the SNAP office to apply for benefits. The older adult is concerned that they may be taking the benefit away from others. They fear that the benefit amount is too little to be worth all the work to apply. State agencies have worked to address each of these issues and increase access to the SNAP program.

Recent changes in the application process make special rules apply to the older adult to improve the application process.

- Quarterly reporting is no longer required, unless there is a change in the household or in the income. Recertification for older adults is only required once in a 24 month period.
- Income eligibility is based on net income – after deductions. Older adults can deduct; the cost of shelter, medical expenses over \$35, and dependent care. Additionally there are deductions if the older adult pays utilities separately from the rent or mortgage cost.
- In some areas the face to face interview can be waived and replaced by a phone or in home interview, making it easier for those with transportation difficulties to apply for SNAP benefits.
- There are no resource limits; the older adult may have a house, a car, or savings.
- There is no longer a fingerprinting requirement.
- Training has been provided to eligibility workers to address and dispel myths and stigma attached to the program and to encourage older adult participation. Those

older adults who feel that they are accepting a handout may appreciate the fact that SNAP stimulates our state economy. Every dollar in Food Stamp benefits generates \$1.79 in economic activity. Taxable goods lead to state and county revenue. Using SNAP supports businesses and farmers. Food Stamp participant purchase one billion dollars of retail food and generate 3,300 farm jobs. And they use their other income to pay for basic needs. The state loses billions of dollars every year from unused benefits.

- The Food Stamp benefit range for a single person is \$16 - \$200. Many will receive more than the minimum amount. At the lowest level, a Food Stamp benefit of \$16 does not seem that it would have an impact on a senior's grocery requirements. However there are recommendations that make the minimum benefit more meaningful. The older adult may:
 - Save the Food Stamp benefit up and use it for a holiday meal.
 - Use the Food Stamp benefit at a certified Farmers Market.
 - Use coupons to stretch the Food Stamp benefit.
 - Sixteen dollars a month adds up to \$192 per year!

Accomplishments:

The California Department of Aging organized distribution of over 37,000 older adult SNAP outreach materials to area agencies on aging (AAA) and an additional 9,000 brochures and posters to Health Insurance Counseling Assistance Programs (HICAP). This was accomplished by the continued collaborative efforts of the California Departments of Aging, Public Health-Network for Healthy California, and Social Services. The United States Department of Agriculture Supplemental Nutrition Assistance Program provided funding for the outreach materials.

CDA continues to work to create partnerships with state and local agencies to increase the awareness of issues that specifically relate to older adults access to SNAP benefits. To date we have developed relationships with many agencies that have incorporated the Food Stamp message and are getting the word out as they work with the older adult population. CDA has provided webinars and other training to partners to increase the number of contacts with low-income seniors and to increase awareness of SNAP in the senior network.

Examples of Existing Partnerships:

- The California Department of Aging's Health Insurance Counseling and

Advocacy Program (HICAP) provides personalized counseling, community education and outreach events for Medicare beneficiaries. HICAP is the primary local source for accurate and objective information and assistance with Medicare benefits, prescription drug plans and health plans. HICAP works with the Low-Income Subsidy (LIS) and Medicare Improvements for Patients and Providers Act (MIPPA) populations. The LIS and SNAP have very similar eligibility rules. HICAP is willing to distribute SNAP materials when they counsel LIS and MIPPA clients who may be potential Food Stamp participants.

- Area Agencies on Aging (AAA) are distributing the SNAP flyers and brochures to Elderly Nutrition Programs and providing information on SNAP through their Information and Assistance programs.
- CDA has provided presentations on SNAP benefits to Food Bank volunteers to ensure they are informed of the program. The volunteers share the information about the availability of SNAP with the Food Bank participants.
- Community Based Organizations (CBO) have joined with the state agencies to help older adults access SNAP. The CBOs walk older adults through the application process ensuring the special rules for older adults are used and each applicant receives the maximum benefit available.

The Department of Aging has continued to work towards increasing public awareness of, and older adult participation in the SNAP program in California by participating in multiple speaking engagements, sitting on state and community advisory boards, working with multi-disciplinary committees, and participating in the development of English and Spanish SNAP older adult brochures, flyers, bookmarks, and posters. CDA has ensured that all materials developed specifically for older adults are sensitive to the needs of older adults and are older adult friendly using easy to read fonts and clear statements. CDA organized and participated in field testing the brochures at local senior centers and communicated with pertinent agencies on the needs of older adults and SNAP materials. CDA worked with other state agencies to develop community links between the area agencies on aging and the county SNAP offices to facilitate sustainable relationships between local agencies. Developing a working relationship with multiple agencies to increase the participation of older adults in SNAP remains a goal for CDA. But the real success is that of the older adult who by participating in SNAP is supporting their health, their independence and the community.

One-Time Meal Labeling: a Solution Providing Meal Identification, Food Safety, and Nutritional Information

Author:

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Brief Description:

At Meals On Wheels, Inc. of Tarrant County, we affix a 4" x 6" label onto every one of our meals; this label provides information about proper reheating instructions, the nutrition facts, the daily menu, and the delivery date. As our clientele grows, the demand for information like this is increasing, and the meal label is one way that we can meet that demand.

Attached is an example of our meal labels, showing the reheating instructions, delivery date, menu, nutrition facts, and the meal label.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

In July of 2010, Meals On Wheels Inc. of Tarrant County (MOWI) began using a brand-new system to label the meals produced in our kitchens. Prior to this date, pre-printed film that listed "Menu A" or "Menu B," along with reheating instructions, was used to differentiate between our choice meal entrée selections. In addition to our clients having a choice between entrées, our clients also have two different diet options: the regular selection or the no concentrated sweets/diet selection. To determine which meal was regular and which was diet, each meal was circled with red permanent marker if it was a diet menu option. This created some unnecessary confusion and meal shortages with our volunteers which, in turn, made some of our clients upset because they did not receive the meal they wanted. In response to this, we began searching for a new way to label our meals that was clearer, more legible, and easier to understand.

In addition, we also wanted to be able to provide our clients with more information about their meals. Many of our clients suffer from impaired memory or neurological conditions, which can make it difficult to remember what meal you picked or when you put a certain meal in the refrigerator to save it for later. Additionally, many of our clients also need to monitor their nutrition closely, making the nutrition data a necessity. Based on the need

we were seeing amongst our clients, we decided that in addition to the meal selection and reheating instructions, we wanted to list our daily menu, the delivery date for the meal, and the nutrition facts for the entire menu that day.

The motivation for each of the additional meal label components was simple: provide the most information we can that will be of greatest use to our clients. Our daily menu needed to be on the label so our clients could know what entrée and sides to expect when they pulled back the meal film. The delivery date needed to be listed so that if a client put a meal in the fridge or freezer, they would know what date that meal was from and whether it was still safe to eat or not. Finally, our nutrition facts for the meal, including beverage and sides, needed to be listed to provide our clients with the nutritional analysis on the meal they were eating that day. Information like the total carbohydrate count, the sodium content, the total grams of fat, and the amount of calories in each meal is important to our clients who have conditions like diabetes mellitus and hypertension so they can more effectively manage their nutrition and health status.

As soon as we began using the new labels, the immediate positive response was tremendous. Our clients called reporting that they loved the delivery date most of all; it gave them the reassurance that our meals were fresh and confidence in being able to estimate an expiration date. They raved about the menu being listed on the label so they knew exactly what they were getting in their trays. We received positive remarks regarding the nutrition facts label, and some of our diabetic patients noted that they now felt very sure about how the meals would affect their blood sugar. Above all, our clients noted that this meal label was a huge improvement over the pre-printed film, and provided much more detailed knowledge about the meal.

Our meal labels have been a very innovative project for us; at MOWI, we were one of the first to implement a meal labeling system, and several other Meals On Wheels groups in Texas have now followed suit due to the positive reception of our labels. As our baby boomer population begins to reach 65 years or older, they will demand this kind of information so they can make wise decisions regarding their food choices. At MOWI, this is only one of lots of innovative projects we have going on to meet those demands, and is only one of many more to come.

Regular Menu-A

Tuesday's Menu:

Piccadillo Beef Burrito Filling

Spanish Rice

Fiesta Vegetables

Wheat Tortilla

Cinnamon Ranger Cookie

Beverage of Choice

Delivery Date:
10/11/2011

Hot Meal Reheating:

- Peel back lid or slit film to create vent
- For Microwave reheating: heat 2-3 minutes on high
- For Microwave reheating: heat 3-5 minutes of high
- For Oven reheating: pre-heat to 350 F, place meal on cookie sheet, and heat for 10 minutes
- Do NOT use a toaster oven for reheating.

Frozen Meal Reheating:

- Peel back lid or slit film to create vent
- For Microwave reheating: heat 3-5 minutes of high
- For Microwave reheating: heat 3-5 minutes of high
- For Oven reheating: pre-heat to 350 F, place meal on cookie sheet, and heat for 30 minutes
- Do NOT use a toaster oven for reheating.

Nutrition Facts	
Serving Size Menu as Written	
Servings per container 1	
Amount Per Serving	With sides
Calories 753	
Calories from Fat 228	% Daily Value*
Total Fat 23g	39%
Saturated Fat 7g	35%
Trans Fat	
Cholesterol 80mg	27%
Sodium 1335mg	56%
Potassium 1396mg	44%
Total Carbohydrate 96g	32%
Dietary Fiber 10g	40%
Protein 36g	72%
Vitamin A	90%
Vitamin C	70%
Calcium	41%
Iron	36%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your caloric needs.

Teaching Our Children to Care for Future Generations

Author:

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Brief Description:

Every summer, Meals On Wheels, Inc. of Tarrant County hosts a college-level internship program in order to help train future dietitians. Students get to work with five registered dietitians, and also learn the various issues and consequences facing the senior population and what nutritional interventions we can take.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

President John F. Kennedy famously said, "Children are the world's most valuable resource and hope for the future." At Meals On Wheels, Inc. of Tarrant County (MOWI), we have taken the former president's famous words and turned them into a program designed to care for the nutritional health of our growing senior population. For the past five years, the dietitians at MOWI have implemented and executed a summer nutrition internship for upper-class nutrition students and recent graduates. Our hope with this program is to train our future nutrition professionals to be well-versed in the nutritional challenges facing our seniors, and to be competent, creative, and compassionate in designing solutions to meet these challenges.

Every summer, the following announcement is sent out to students at colleges and universities all across the nation: "The selected student(s)/graduate(s) will work one on one with five tenured, experienced, MOWI employed, Registered/Licensed Dietitians in the area of community dietetics and geriatric nutrition. The student(s) may gain experience in one or all of the following areas of dietetics: nutrition and business management, menu development, research design and reporting, client counseling, foodservice management, development of written nutrition education publications, client satisfaction survey design and reporting, food time and temperature studies, report writing, geriatric nutrition practices, in-home nutritional assessments, nutrition education presentation, personal portfolio development, and nutrition committee work. This opportunity has been very beneficial to past summer interns by giving them the much needed nutrition/dietetic experience prerequisite required/requested by most internship, coordinated, or graduate school programs. Personal references and essays from

previous MOWI summer work interns about their MOWI experiences and what they gained from this unique and rewarding opportunity are available upon request. “

The need for Registered Dietitians and other health professionals to provide care to our aging population is exponentially increasing. By 2045, our senior population will outnumber the youth of our world. In the United States alone, our population 65 years or older is expected to reach 71 million in 2030, and for persons aged 80 years or older, it will be an estimated 19.5 million by this same year. Along with this increase in lifespan comes an increase in chronic disease, with conditions like diabetes mellitus, congestive heart failure, hypertension, and heart disease leading this list. Many chronic conditions, along with a regimen of medications, need to also be managed through diet. At MOWI, we recognize that the individuals who will be providing care to our future seniors are those who are in college now. The future of senior nutrition is in the hands of our young people, and it is our duty and responsibility to train a generation of new nutrition professionals in what it takes to work with senior nutrition.

This is where our internship program at MOWI comes into play. Each summer, six to eight students are selected from applicants across the country to work with our five on-staff Registered Dietitians. Students are given a variety of tasks, including: devising a six-week menu cycle, creating nutrition education pieces that easy for our clients to understand and read, attending and assisting with home nutrition assessments, delivering meals to our clients, and understanding the challenges that our clients face when it comes to daily living and meals. For these students, it is a busy summer filled with hands-on experience that they simply don't get in the classroom or university setting. Many of our past participants have expressed how much they've gained from this experience, and how truly appreciative they are of the opportunity. One of our past interns, Wendy, stated that she learned “so much from the clients and the projects she worked on” and that she “was so thankful to be able to work with the geriatric population.” Another intern, Angeline, said, “I knew I was going to be learning a lot from the internship, but I vastly underestimated how much.” Our interns gradually transform from nutrition students into budding nutrition professionals, with the knowledge and self-confidence that they need to make an impact in the area of senior nutrition. Our students directly benefit from the “real-world” work experience we provide but, in the end, it will be our future senior population that will be the true recipients of this much-needed and often lacking training that our young dietetics students receive.

As a program, our internship is inevitably self-sustaining and beneficial for both the students that go through it and the clients we serve. It is a program we designed within our agency itself and our Director of Nutrition Services and Nutrition Services

Coordinator are the individuals responsible for its execution; as long as we have their participation and cooperation amongst our other departments at MOWI, we have an internship program. As our students go through the program, we train them on the issues facing our seniors. Many of our clients have financial hardships, and often have to choose between buying food, medications, or paying electric bills; as you might imagine, the food usually falls lowest on the priority list. Clients may also have problems with vision, manual dexterity, or simply getting up out of bed, all of which pose their own challenges and difficulties. Many of our interns don't realize or understand the impact of these challenges, and come to fully realize the implications of these challenges as they meet and talk with our clients during the internship. After our internship, many of our students who had not considered geriatric nutrition as an opportunity begin to search for opportunities in this field. Our clients become like family to our interns, and feeling we hope they will keep as they begin to branch out into the dietetics field.

As our world ages, we will become dependent on our youth to help us maintain a quality lifestyle and care for our health. It would be negligent on our part to forget this, and to forget to provide this essential training and knowledge to them. We would be wise to remember John F. Kennedy's words, and to remember what our most valuable resource for our future is.

A Caremanagers Perspective on Nutrition and Aging

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Brief Description:

This video combines present day knowledge on nutrition with strategies that are proven to work, as well as other ideas that can improve nutrition and health for the general public.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

<http://youtu.be/jKokPGDKZk0>

Embracing the Senior Palate: A Methodolgy for Responding to Diversity

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Brief Description:

Meals-on-Wheels Greater San Diego has created a methodology for developing new meals and menus more quickly and effectively in the face of a rapidly growing and increasingly diverse senior population. As nutrition needs change based on health requirements and/or tastes, this methodology will help senior nutrition providers respond more rapidly...so no senior goes hungry®.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

I am here to tell you about Meals-on-Wheels Greater San Diego's exciting adventure in creating a methodology to make it easier and faster to develop new meals and meal menus in response to rapidly changing dietary needs and tastes among our seniors—and to provide greater choice.

How many of you are vegetarians? Raise your hands- keep them up. How many prefer foods based on your background and culture, such as Hispanic or Asian food? How many have dietary needs based on health conditions? Look how many hands are up! This is the future of what will be asked of us.

San Diego, where we are located, has seen a 32% growth in its Hispanic population since 2000, including its seniors. We knew from our client demographics, 77% Caucasian, that we were not meeting the needs of Hispanic seniors. We also knew that that we needed a way to respond more quickly and effectively to the rapidly changing demographics, tastes and dietary requirements of the Baby Boomer generation—and the demands they would make of us for greater choice.

As you know all too well, adding meal choices and changing menus can be a lengthy and tumultuous process. Let me tell you a story. We decided to add wraps to our lunch menu. We had four different kinds of wraps—all selected to be tasty and meet geriatric nutrition guidelines. Immediately, we started getting complaints, "I don't like them."

“They fall apart.” “I like traditional sandwiches better.” We also got compliments, however. “I love the variety.” “They are tasty.” “Nice to have choices.” As you can imagine, the complaints outnumbered the compliments. So we conducted a survey. Low and behold, the issue was not with all wraps necessarily, but with one of the types of wraps, and with the lack of an alternative. The issue was solved with providing a different wrap as well as a sandwich alternative. But, it took a lot of effort and time to both develop the menu in the first place, and then to sort out the problems. This is only a small example of the complexities—and I am sure you all have similar stories to tell!

As we looked at ways to address the issue of how to respond to rapidly growing diversity, an opportunity came in the form of a Walmart Vision Grant through MOWAA. Our goal with this funding was to create a methodology for quickly and effectively responding to changing nutrition needs and tastes while co-creating a Healthy Hispanic menu that will help us to better serve our Hispanic seniors—because we know, as do you, that if our seniors don’t eat the meals we deliver, then we have failed in our mission!

We had two issues to address immediately, and they were tied to our success. We needed to develop the methodology and increase our connection and brand awareness in San Diego’s Hispanic community. We had identified the need for an Outreach Coordinator who was bi-lingual in Spanish and English and were fortunate to find a candidate who could not only fulfill the Outreach component of the project, but the project management as well. We were off and running.

The project was divided into three phases—information gathering regarding our internal processes for recipe and menu development and initial outreach to the Hispanic Community; recipe creation and testing as well as developing brand awareness in the Hispanic Community; and pilot testing the new meals with Hispanic Seniors while preparing communications and advertorials to support eventual roll-out of the new menu.

Gathering information about our internal processes was straight forward. Outreach to the Hispanic Community was much more complicated. San Diego has a large Hispanic population that includes all income and education levels and is spread out across the county (San Diego County is the size of Connecticut). There are a large number of organizations that represent different Hispanic constituents from the Hispanic Chamber of Commerce to the Chicano Federation. Determining which organizations and people were going to be most helpful and supportive of our efforts to reach and serve Hispanic seniors was a critical part of the first phase of the project. We were in for some surprises!

Meals-on-Wheels Greater San Diego is well connected with local restaurants and chefs because of our annual Gala Appetizer Competition. When we approached two of these Chefs who specialize in Hispanic cuisine to help us create recipes for Healthy Hispanic senior meals, they were thrilled. At a health fair, our Outreach Coordinator met the head of the Nutrition Program at San Diego Mesa College, a local community college. She was excited about what we were trying to do and asked if she and her students could help—and she recruited the head of the Culinary Program and his students to help as well. Suddenly, an exciting approach to recipe and meal development came together—our Chefs created the recipes and the Nutrition and Culinary students prepared and tested them. We are also fortunate to have a Masters level nutrition interns at Meals-on-Wheels Greater San Diego. These interns analyzed and recorded the nutrition content.

What of reaching seniors and supporters, however? Our Outreach Coordinator spent a lot of time attending business organization meetings, contacting other non-profits that work the Hispanic community, and developing a relationship with one of San Diego's community health centers—one that is located in San Ysidro, a part of San Diego that is on the border with Mexico and that has a large Hispanic client population. This health center has proven to be a wonderful partner and, through their senior center, is helping pilot the new meals that we have created. They too have been working to find ways to provide nutritious meals for their seniors—healthy meals that are also palatable to their clients. In addition, the attention we have garnered through our two Chefs has helped spread the word and raise interest and support in the project.

Our meal methodology came together not only effectively, but far more quickly and far less expensively than we imagined. By leveraging the creativity of Chefs who specialized in the cuisine we wanted to develop and enlisting faculty and students from a local community college to cook and test the recipes, we were able to create a mutually beneficial project that from the time the recipes were created to the time they were completely analyzed took only 12 weeks!

What happened on the outreach side? We knew from the get go that in order to reach the Hispanic community, and particularly Hispanic seniors, we would need to translate our website and brochures into Spanish. The MOWAA We Are Meals on Wheels So No Senior Goes Hungry PSA video, however, gave us a great opportunity. With permission from MOWAA, we created a Spanish version of the PSA and put it up on our website, using it as part of our awareness campaign. In addition, we have made sure that our new Blog includes information in Spanish. All of these efforts have helped us to substantially raise our brand awareness in the Hispanic Community, an important step to both reaching Hispanic Seniors as well as developing funding support.

With the methodology developed and our new meals tested, we look forward to beginning to roll out our Healthy Hispanic meals in the Fall of 2012.

We are pleased to be able to share our methodology and experiences with other senior meal providers. Though not every organization is the same, we hope that you are able to use what we have done as a basis for helping your organization respond to the diversity issues you are facing.

Pet Food Program

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Brief Description:

Homebound seniors need the affection of their furry friends but are sometimes unable to feed them or get them shots, or even have them groomed. Pets have shown to make life changing differences in the lives of people. If we help keep the pet healthy, we are helping keep the client healthy.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Meals On Wheels, Inc. of Tarrant County has a Companion Pet Program. We deliver, through the help of volunteers, approximately one ton of pet food a month to 200 animals. Pet food drives are done by local companies, animal shelters, and help from 4-H, Boy and Girl Scouts, and also the dog scouts. We have partnered with veterinarians and Banfield over the entire county who have offered their help with: exams, vaccinations, spay/neuter, dental cleaning, micro chipping, in home bath/groom and nail clipping, clinic bath/groom, and euthanasia. They have also gone to our clients home to extract teeth and help with births.

We also have partnered with local dog and cat rescues and made adoptions. One client who lost her spouse and only child in the same year got one of these puppies. Because of this union, her depression is lifting, her circulation has improved (through walks), and she has lost 10 pounds! The biggest difference - the smile on her face and the happy home give to a pet.

represents the food lost by a family of four in a month. This statistic does not include the food lost in backyard gardens around the country, which up to now has been ignored.

The impact of America's food insecurity coupled with the lost produce has our neediest people seeking the cheapest calories they can get – often processed or fast food laden with fats, salts and sugars. This is making America both an obese and malnourished nation at the same time.



The Solution

In May 2009, we introduced the AmpleHarvest.org Campaign – a national non-profit registry of food pantries enabling millions of home gardeners to easily find a local food pantry eager to accept their excess garden produce. This opened the door for fresh food to displace canned produce, for broadening the variety of food available at the pantries, for introducing fresh food to children, for keeping produce out of landfills, and for enabling people to diminish hunger, malnutrition and systemic poverty in their own community without spending a dime by simply reaching into their backyards instead of their back pockets.

The Model

In the building of AmpleHarvest.org, a number of important concepts contributed to the design of the site.

1. People can and should be helping their neighbors.
2. Excess food should not be thrown into trash dumps as it contributes to the waste-stream and methane (CO₂) emissions. Food recovery heals the planet.
3. The excess food from our gardens should be set aside for the needy in our community. We believe in “No Food Left Behind”.
4. Local gardeners eager to donate food usually don't know where to take it, and local food and nutrition sites eager to receive the food don't know how to reach growers.
5. Sites are encouraged to arrange for the donation of locally grown produce a few hours before the clients come in, to prevent the possible humiliation that would result from one neighbor donating food while another was there to receive some. This also eliminates the need for additional refrigeration or storage.

6. And while not explicitly stated in AmpleHarvest.org, common growing techniques including crop rotation lend themselves towards the idea of letting the land rest periodically and letting any remaining crops be available to the needy. It is modern day gleaning.

AmpleHarvest.org

The AmpleHarvest.org Campaign is a new solution to diminishing hunger, improving nutrition and helping the environment in America.

AmpleHarvest.org moves information instead of moving food or people, and in doing so, we make it possible for growers all across America, to share their excess harvest with food pantries in their own community.

The design built into the AmpleHarvest.org Campaign takes advantage of “just in time” inventory logic used in business to assure that food pantries won’t need additional storage or refrigeration, donors and recipients (who may well be neighbors) won’t cross paths and that the food donated will be fresher than the same food available at local supermarkets. It’s Google for pantries.

In the long haul, recovery of fresh food from millions of gardens will help reduce hunger in America and will improve the nutritional quality of food available to millions of low income families as well as those impacted by the recent economic climate in America. As a result, it will help reduce America’s long term health care costs as healthier food becomes more readily available to those who’ve historically had the least access to it. AmpleHarvest.org currently works primarily with food pantries and food banks, although soup kitchens and other nutrition programs which can make use of unreliable food donations are also welcome to participate. The two requirements to register on AmpleHarvest.org are the agency must be a not for profit 501(c)3 organization and the donated food must be distributed **at no charge to the recipient**.

The Bigger Picture

Food insecurity along with the ready availability of cheap calories in many communities has created the apparent contradiction that millions of Americans are both well fed and malnourished simultaneously. People eating potato chips instead of potatoes and fruit drinks instead of whole fruit has contributed to our epidemic of obesity, diabetes, high blood pressure and other health issues. Getting fresh produce into food pantries is an important step. Our solution to hunger and malnutrition is in your back yard. Here are some thoughts for making our solution, yours too:

1. Understand that one out of six Americans doesn’t have enough food for their families. Many are recent victims of our economy who are “middle class white collar” people who for the first time need the assistance of their community. It is important to know that being hungry, while unfortunate, is nothing to be ashamed of or to pity. Indeed, it is likely some of your friends live in food insecure homes.

2. Understand that sharing, especially excess food, is the right thing to do. By way of example, many years ago, EVERYTHING went in the trash blighting America. Now much of that goes into recycling. Similarly, excess food can also be “recovered”... from a restaurant in take home containers to be offered to someone on the street, from the supermarket in “dented” cans for a local food drive, or from your backyard garden to be donated to a local food pantry (see www.AmpleHarvest.org). Food should never be wasted, especially when people in the community are hungry. Follow our mantra of “No Food Left Behind”.
3. Help gardeners in your own community learn about the opportunity to donate from their garden. Ask local garden shops/nurseries and community bulletin boards to post it in conspicuous locations.
4. If you belong to a community garden, urge other members to donate their excess – especially if they leave for a summer vacation. Ditto for farmers markets.
5. Tell your friends nationwide (by email, Facebook, twitter, texting) about hunger and about the AmpleHarvest.org solution. The more people know about their opportunity to diminish hunger, the less hunger there will be and the healthier the country will become.
6. Urge CSA members to donate the excess/unwanted allocation when the farmer provides more than they can use.
7. Urge Farmers Markets to donate the excess food at the end of the day.

Aging in Place: An Expectation and a Technology Market

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Aging in Place Technology Watch

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Brief Description:

Technology to help age in place is at its most available and lowest cost to date.

Technology promises to help tighten and grow care provider relationships, improving the ability to age more successfully, remain at home longer and more safely, and better weather change over time.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

***"Before the tech revolution, the village took care of you.
Now we will have an electronic village."***

Eighty percent of older people today live in their own homes.¹ Not surprisingly, the majority of them would like to stay there – and if they move, according to the AARP, it will be to another private home.² The desire to live at home will dominate the minds of baby boomers, in 2011 becoming seniors (age 65) at the rate of 10,000 per day, and will reshape the markets that provide products and services to them.³ Further, in the 2011 housing market crisis, many who would move to more appropriate homes cannot.⁴

Within that context, aging in place reflects the ability to successfully age and remain in one's home of choice, whether it is a private home, condo, apartment, or group home. MetLife published a vision in 2010 called **Aging in Place 2.0** that reinforces why the technology to enable this is so important now – versus years from now.⁵ That's because:

- **Successful aging means independence.** Nobody wants to think about becoming old -- but improved medical treatment and growing life expectancy has resulted in the 80-plus becoming the fastest growing demographic.⁶ When asked what's important for successful aging, seniors rank as the most important: 'being in good health, having the ability to do things for myself, having friends and family there for me, and feeling safe and secure.'⁷ And studies have shown that older persons who live independently have more positive self-esteem than those who are institutionalized.⁸

- **Cost of long-term care is daunting.** MetLife has pegged the average cost of an assisted living facility (ALF) apartment in the US in 2011 as \$41K/year, with nursing homes at \$85K/year.⁹ Meanwhile, their cost projections show an ALF cost that is growing to \$51K by 2015.¹⁰ Unlike nursing homes, which can be covered under Medicaid, more than 90% of assisted living costs are paid out of pocket.¹¹ The ability to *keep* paying for ALF care depends on availability of long-term care insurance, sizable savings, or proceeds from the sale of a home – all three jeopardized by late 2011 from a weak economy, falling value of assets, or inability to sell a home. Otherwise, seniors may have to move to Medicaid-eligible nursing homes.
- **Care capacity will reach crisis proportions.** As people age, the numbers of chronic conditions and related care requirements grow. And for a variety of reasons, including cost and availability, care of the aging population has already begun to migrate from nursing homes to assisted living and increasingly to home-based care.¹² But it is very clear from age-related trends that there will not be enough caregivers to help them age at home if need care. This care gap is a result of convergence of a growing senior population, increase in life expectancy, looming healthcare issues, and a relatively flat population of younger women -- still the source for primary home care, assisted living, and nursing home aides.
- **Technology capabilities exist now – and seniors are willing.** First and foremost, technology to help age in place is at its most available and lowest cost to date. It is the first time that platform adoption of cell phones, game units, PCs, tablets, high speed Internet and video is enough to merit the tentative but steady entrance of new and existing vendors. Next, baby boomers, the majority of adult children, own more tech than any previous generation. Because of their access, today is the first time we can connect multiple generations of families with each other -- and with their care providers. What's more, studies show that seniors and caregivers are interested, but not necessarily aware of what exists. A consolidated look at Pew Research findings from 2011, however, indicates that seniors are not significant users of communication technologies, especially the latest tablets and smart phones.

Nursing Research states that “one third of informal caregiving occurs at a distance with family members coordinating provision of care, maintenance of independence, and socialization for frail elders living at home.”¹⁵ What do these families need?

- **Better communication.** Seniors living alone and away from informal caregivers are at risk of cutting themselves off or being cut off from others – whether due to hearing loss or inability to leave their homes.¹⁶ Their long-distance family members struggle to know what's going on -- and healthcare providers offer few mechanisms for communication. The result can be frustration and unplanned moves closer to family, into independent or assisted living facilities.

- **Improved safety and monitoring.** Many seniors struggle to take care of themselves, to accomplish activities of daily living (ADLs) due to mobility issues or worsening dementia. And many homes are danger zone of stairs, rugs, and bathing and cooking hazards. As a result, 31% of people age 65+ suffer a fall that permanently affects their mobility – whether it involves adding a cane, walker, or wheelchair to their lives.¹⁷ Even with hazards removed, remaining in the home in which they fell can be frightening.
- **Greater focus on wellness and prevention.** Seniors are too often forced out of their homes or into greater levels of care as a result of hospitalizations.¹⁸ Depending on the nature of the resulting illness or complication, doctors determine if living safely at home is still feasible. And hospital discharge processes push most seniors into rehab and permanent moves to assisted living or nursing homes, when with proper support they might be able to function at home. The Federal “Money Follows the Person” program launched in 2005 is now rolling out through the states and can help transition nursing home residents into the community -- with appropriate levels of support.¹⁹
- **More opportunity to participate in society.** But becoming frailer at home shouldn’t imply a hard stop for contributing to life outside the home. In a recent study by AARP, 34% of senior responders reported limits on basic physical activities, two in five reported low vision or hearing impairments, and fifteen percent reported problems learning, remembering, or concentrating.²⁰ But at the same time, 66% felt it was very important to stay involved with the world and with people, and 57% said it was very important to continue to learn new things.

Four Aging in Place Technology Categories Have Emerged

Technology promises to help tighten and grow care provider relationships, improving the ability to age more successfully, remain at home longer and more safely, and better weather change over time:

- **Communication and Engagement.** For baby boomers and younger, life is unthinkable without e-mail, chat, web surfing, Facebook, Smartphones, video games, Skype, and texting. Yet the majority of seniors over the age of 75 are for the most part unaware of these 24x7 ways to be in touch and in the know.²⁶ And further, many older people are intimidated by tech like PCs and complex cell phones. But they need to stay in touch. Simplified tech -- like Cisco’s Valet wireless router or easy-to-use cell phones from Great Call or Just5 or well-lit and customizable Android, Apple, or BlackBerry smartphones can make these experiences feasible and gratifying. Once online, seniors and their long-distance grandchildren can chat, video chat or enjoy reading books together through a video book-reading service like Readeo.

- **Safety and Security.** The ability to remain in one's home depends first on whether the home is free from obstacles and dangers – and whether those risks are addressed. Homes can be attractively retrofitted and become barrier-free by a Certified Aging in Place specialist (CAPS).²⁷ Further, security systems from **ADT**, mobile personal emergency response systems like **MobileHelp** or **LifeStation**, or PERS with passive fall detection from **Halo Monitoring**, or **Philips**, sensor-based home monitors (**Care Innovations Connect**, **BeClose**, **WellAWARE**, **AFrameDigital** and **GrandCare**) could help monitor and reassure seniors and caregiver.
- **Health and Wellness.** The risks associated with obesity and lack of exercise only worsen with age, so it's no surprise that **WiiFit** has become so popular with boomers and seniors.²⁸ The 2011 introduction of Microsoft **Kinect** has made a splash among prospective commercial application developers – more will follow in 2012. For chronic disease management, vendors like **Intel**, **Bosch** or **Ideal Life** offer systems for remotely monitoring chronic diseases like diabetes or congestive heart failure. Over time, integration of these with health systems' EMR will become standard.
- **Learning and Contribution.** In 2006, Joseph Coughlin of MIT's AgeLab applied "Maslow's Hierarchy of Needs" to Aging in Place.²⁹ He noted that once the basic needs of communication, safety, and health are addressed, people have both the need and capacity to read (on a **Kindle** or **iPad**, for example) and learn, stay active in and knowledgeable about society, contribute to it through volunteering and likely continued work, and leaving a legacy of stories, not just money, for those who love them. Seniors can sort among online programs and auditable courses found at sites like **SeniorNet.org**, **New York Times Knowledge Network**, **Dorot University without Walls** or look for work on **RetirementJobs.com** or **RetiredBrains.com**.

Family and Professional Caregiver Links Overlay Categories

Family, professional caregivers and their clients are beginning to expect that they will, along with the senior, participate in the use of technology categories

- **Family members have growing expectations for connectedness.** Today, picture sharing, social networks, video chatting, and text messaging are the mainstream mechanics for families – who will succeed at including aging parents in the loop of one or more of them. And when home monitoring and PERS devices are purchased, family members may be both the purchaser and rule configuration administrator for who to notify about what pattern changes or emergency alerts, with or without a call center intermediary. Vendors like **eCareDiary** and **Connected Living** offer portals for family caregivers and seniors to share information, **Caring.com** and **Care.com** provides tools for caregivers. **Coro Health** offers capability to configure music and spiritual content for seniors with dementia.

- **Professionals, health, GCM, and companion agencies – will link in families.** When a national Geriatric Care Management organization trains its staff to use Skype to connect clients to families, it's a sign that professionals believe they must link families into their process.³⁰ These offerings will likely not be revenue generators, but rather added to standard home health systems to enable providers to update all family members at once, much in the way that **CaringBridge** enables families to provide patient updates on a private website, rather than spend an hour or more on the phone each day providing status.

Requirements for Aging in Place Technology Market Success

Across all these categories, a number of common requirements are emerging that will grow in importance as the market grows. Customers will demand products that are as attractively designed and easy to use as a game or tablet, ubiquitous as a cell phone, and as extensible as a PC. For this market to further mature:

- **Technologies must be more intuitive, easy-to-use, and well-supported.** Most people, at every age, have a laundry list of frustrations with technology. AARP's survey about seniors and technology asked responders if they were concerned about the availability of customer service reps. No surprise – most said yes. Service (online, telephone, remote) is an essential ingredient in a go-to-market strategy. And ease of use means ease of setup. Remote or zero configuration and exception management will be a major part of the offering – or doom the product to failure. And focus groups and home trials reveal greater technology resistance than any 'what-if' surveys.
- **Vendors must be capable of integration and extension.** Many of today's gadgets don't communicate – into or out of the home, but especially with each other. So a medication reminder device is useful, but touches a tiny aspect of the whole person. Those who care about seniors like Margaret must know that she has responded to the reminder and, if she is willing to share, how her behavior changes over time. To provide valuable integrated solutions, software will use common network standards to communicate to caregivers and providers.
- **Costs to consumers must be affordable.** As tech becomes more usable and useful, consumers will look for ways to acquire it. This may occur through payers, but is more likely through adult children and family. Higher income consumers will come to realize that services associated with technologies like webcams and chronic disease monitors that provide value are just as essential as cell phone plans, GPS services, cable TV and many other monthly fees that are now part of their technology vocabulary.
- **Products must be available on widely adopted platforms.** A growing number of retirement communities are adopting Nintendo's **Wii**; and cognitive fitness technologies are making their way into both retirement and seniors' homes. But too many interfaces are confusing. So consumers may gravitate towards

applications that work with ones they already use, including Facebook. Even better, in the future, vendors will make it easier to use personalized user interfaces across multiple devices, coined in a 2011 AARP report as 'Design for All.'³¹ Perhaps even a single device like a smart phone (or a TV) will drive interaction and content, and other devices in the home will simply act as displays.

HOW DOES THE AGING IN PLACE TECHNOLOGY MARKET EVOLVE?

The marketplace of products today is fragmented into a cottage industry comprised largely of startups, challenged by both lack of awareness and a difficult economy. But with its fragments assembled into an overall puzzle, this business for boomers and beyond represents a conservative \$2 billion market today.⁴¹ But potential business would be far higher if marketers could reach the 14% of boomers that have expressed interest in helping their parents. Between 2010 and 2020, based on growing boomer awareness and their own aging, this market will grow to at least \$20 billion and radically change as:

- **Role- and need-based hubs will emerge and grow.** Aging in place technologies are beginning to gravitate towards hub-and-spoke portals, so dominant in eCommerce evolution, that provide a lens into how roles (like caregiver, senior, and provider) relate to needs (like home monitoring, and medication reminders). As hub-and-spoke portals mature, they will offer concierge service for consumers to view and share information, as well as to purchase targeted products and solutions. Consider *role-based* hubs like **Grandparents.com** and **Caring.com**, and health *need-based* hubs like **DiabetesMine** and **PatientsLikeMe**. Their partner spoke vendors (like **Care Innovations**, **Great Call** or **HealthHero**) may advertise or even connect directly to these sites. In the future, some platform vendors may become important as hubs, like **MayoClinic**, **WebMD**, and **MedlinePlus**, for example, in healthcare, or **Google+** or **Facebook**, building on its growing boomer-turned-senior social network.
- **Aging in place provider silos will overlap (home design, healthcare, services).** In the future, role or need-based hubs-and-spokes, with their caregiver- and senior-focused lenses on need, will force convergence of aging-related categories. For example, Assistive Technology (part of the healthcare market) overlaps with Healthcare – and those in that market see little link to aging services. Service-based providers – like assisted living, CCRCs, and home companion care all target the same senior, but in very different and still largely tech-free ways. And markets that should overlap don't: Home care and geriatric care management groups are becoming interested in deploying technology that could help family members know what's happening with loved ones. The home automation and custom installation market – filled with tech experts – could be an aging in place enabler, but currently is a separate small market

- **New developments and remodels will offer aging-in-place technologies.**
Some new housing developers (including CCRCs and ALFs) pre-wire housing with broadband, security monitors, and motion sensors – in addition to grab bars, wide doorways, and alternative kitchen counter heights. As costs go down and housing demand restarts, other senior housing options will be standard, upgrades or even pre-packaged retrofits. Boomers will expect home networks, web cams, and voice-activated security for personal emergency response – and aging in place vendors will leverage them to build more sophisticated and connected applications. To reduce energy use, building codes will mandate temperature and humidity sensors, including automatic reset of lighting and temperature as home is entered or exited. Automatically lit pathways from bed to bath will become standard as well.
- **Vendor standalone market entries will morph into solutions, designed for all.** Today's high product prices and one-off innovations will be replaced with integrated low-cost solutions; and the evolution of hubs (on- and off-line) will force vendors to find customers through them. Unique functionality may garner adoption by the most tech savvy seniors, but for the majority of the aging population, a consistent underlying platform that is designed for all, not simply for the elderly, will be preferred. Professional caregivers and health providers will use smoothly connected tablet/PC-smart phone platforms to gain visibility, which will propel solution-aware vendor offerings into mainstream usage. Local integrators, drawn perhaps from senior housing, electronics dealers, or remodelers or home care, to travel the last few feet into the home.

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Artificial Nutrition and Hydration in Advanced Alzheimer's Disease: Quality in End of Life Care

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Brief Description:

The single most pressing issue in Alzheimer Disease ethics is the use of artificial nutrition and hydration. For those who have lost the capacity to swallow, artificial feeding via a gastrostomy tube has become a very common approach for sustaining life. This widespread practice of tube feeding needs to be carefully reconsidered and for the severely demented patient the practice needs to be evaluated on clinical grounds.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

The increasing incidence of Alzheimer's disease (AD) has created an enormous challenge for individuals, families and health care providers. AD is a progressive degenerative disease characterized by decline in memory and function that is sustained over months to years. As the disease advances, caregivers become increasingly involved with basic functional tasks, including bathing, dressing, grooming and feeding. Nursing home placement most often occurs only after families have exhausted their financial, emotional and physical resources in caring for their family member at home.

Patients with advanced dementia are among the most challenging patients to care for because they are often become bedridden and dependent in all activities of daily living. Difficulty with eating is especially prominent and distresses family members and health care professionals. The use of artificial nutrition in patients in the later stages of dementia remains a controversial and an emotional issue. This topic has become increasingly important because the prevalence of dementia continues to rise as the population ages. This is also being identified as a global problem, with the population demographics internationally now aging as well.

Food is sustenance and is also a potent symbol of love and caring, deeply rooted in all cultures. Not surprising therefore, when an elderly nursing home patient loses the ability to eat, the family can become extremely distressed. Seeking to affirm their

devotion in traditional ways that is by providing nutrition, they can often arrive at the decision to begin artificial tube feeding.

Family members and physicians are often attracted to the perceived benefits of providing artificial nutrition and hydration to patients with severe dementia. Tube feeding continues to sometimes be presented as nearly risk free and beneficial treatment for these patients that can no longer eat.

The elderly person begins to have difficulty swallowing. Maybe is hospitalized for aspiration pneumonia. A Barium Swallow is ordered, the results then lead to the person becoming NPO. And now what?

To Feed or Not to Feed?

Family surrogates are often made to feel that they have no choice in the matter and that a feeding tube is the only intervention available to sustain life. Families would have less difficulty in this decision if instead of talking about artificial nutrition, or to “feed or not to feed” the medical intervention was explained as – post surgical mechanically forced chemical supplementation via a gastrostomy tube!

Allow a Natural Death – could these three words change the way we provide End of Life Care? If additional time was given to communicating treatment goals for medical interventions would less invasive procedures be selected by older adults and their families?

I believe that is exactly the case. The progression of Alzheimer's Disease is a predictable course. It can be planned for and patient centered. Advance Care planning is possible and the Advance Medical Directive can be explicit regarding artificial nutrition and hydration.

Early identification of potential feeding difficulties enables the older person and their family to make end of life decisions in regard to artificial nutrition and hydration before the crisis. It should never become a question that a family member needs to answer: do you want to withhold a life sustaining treatment or intervention? Or worse, what is still heard “without the feeding tube, your mother will starve to death.” What a huge burden for that family member. To be presented that life is in their hands, vs. placing the medical problem exactly where it belongs – on the deteriorating condition of the parent.

Unfortunately, many doctors continue to fail to acknowledge the final stages of Alzheimer's disease and other forms of dementia as a terminal illness, and therefore subject patients to "curative interventions" when providing palliative care would be more appropriate.

For patients at end of life care, providing artificial nutrition and hydration may prolong the dying process, without contributing to patient comfort.

Montgomery County's Senior Nutrition Program: The Secret is Out!

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Brief Description:

Montgomery County's Senior Nutrition Program was referred to as the "best kept secret in the County" by a team of program reviewers. This presentation describes some of the strategies that were used to increase program visibility and increase the number of seniors receiving nutrition services.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

The Montgomery County Department of Health and Human Services maintains a results-based accountability system that establishes whether departments in the county are making a difference in taxpayer's lives.

In 2005, a Community Review team conducted an evaluation of the County's Senior Nutrition Program. Three reviewers spent three days reviewing all aspects of the program at our County office as well as at congregate and home delivered meals programs, observing and speaking with staff and recipients of program services. On an annual basis, our program serves over 5000 seniors at 40 congregate sites and via home delivered meals. Seventy percent of participants are from diverse multicultural groups.

The results of the Community Review were outstanding and filled with praise. But the reviewers agreed that "This program is the best kept secret in Montgomery County".

What could we do to better inform County residents of our services? Having spent more than 20 years of my career in communications and public relations, it seemed reasonable to utilize these skills to increase the visibility of the Senior Nutrition Program and to increase the number of eligible seniors that would receive our services.

In 2006, the Senior Nutrition Program introduced the Senior Nutrition Hotline to the County. This is a designated County phone number for seniors to call in weekly with

questions about diet, nutrition, and food on Wednesday mornings from 9 am to 11 am. The calls are answered by a registered dietitian. When funds have been available, the Hotline has been advertised in the County "Gazette" newspapers and the very popular Senior Beacon. Records indicate that between 100-125 calls are received each year. There are at least 25 repeat callers who contact the Hotline regularly and have come to depend on this service for answers to questions about Nutrition Facts labels, special dietary restrictions for medical conditions, food safety, and eating for better health. Hotline flyers are distributed at health fairs, special events, and nutrition education programs, and the phone number is advertised on monthly menus for congregate and home delivered meals. During the second year of the program, an article appeared in the Washington Post about this reliable resource for seniors, which also appears to be the only program of its kind...a Nutrition Hotline that is specifically dedicated for seniors.... in the US.

Senior Nutrition Program enhanced visibility is also accomplished via the County's Cable TV station's program Seniors Today, a monthly cable show organized by the Commission on Aging.. Annually, the Senior Nutrition Program's registered dietitian is featured in an interview about nutrition and healthy aging. Following the show, the County's TV crew and producer arrives at the kitchen of the registered dietitian to shoot a cooking show that features recipes that underscore healthy food choices and educational tidbits about nutrition and aging. Recent shows have introduced the concept of one pot meals, incorporating more vegetables into the diet, creative fruit ideas, and cooking with whole grains, most recently the newly popular quinoa. Cable TV staff report that this show format has initiated numerous calls and complements from senior viewers.

Program visibility was also promoted by a recent television interview with JC Heyward on WUSA Channel 9 (the Washington DC CBS affiliate) featuring the SNP registered dietitian on the topic of "Ten Common Nutrition Mistakes That Sabotage Healthy Aging", the topic that was previously presented at the Maryland Dept on Aging's Innovations in Aging Conference at National Harbor, MD in May 2012..

Efforts have been made to extend services to individuals in the County who have not received them in the past. Most recently, the Senior Nutrition Program's emergency shelf meal box program was expanded beyond the locations that typically receive services. Several apartment buildings in various locations in the County that are designated as low income senior residences were identified and offered these boxes, which contain non-perishable foods that can be kept for 6 months or longer without refrigeration. The boxes are composed of items such as individual packets of peanut

butter, crackers, fruit juice, nonfat dry milk, small cans of fruit and other foods. They are to be used in an emergency, such as a power outage, inclement weather when seniors cannot get to the grocery store, or when funds are low and food is not available, often at the end of the month. Approximately 1600 seniors received these boxes of food in both 2011 and 2012. These boxes are also distributed to residents experiencing a crisis that involves hunger through the County's Departments of Adult Protective Services and Public Guardianship.

Another project that took place in 2012 with available funding, the "cold box meal project", involved the provision of cold lunch meals twice per week for several months. These meals, too, were provided to low income buildings who had not previously received Senior Nutrition Program services. A total of 10,500 lunch meals were served during this period of time to 334 individuals. The meals, which were delivered by the Senior Nutrition Program's caterer, consisted of a source of protein in a sandwich on whole grain bread, a container of both Vitamin C fortified fruit juice and a container of fat free milk, a vegetable salad, and fresh or canned fruit, meeting the required Menu Standards. The recipients were delighted, and tenant liaisons indicated that a majority of these residents barely get by on their fixed income and can be considered the "Montgomery County's hungry".

The Senior Nutrition Program continues to seek ways to expand its visibility through creative programming and expansion of services when funding allows and to reach out to those in need in our diverse community. Our network of Meals on Wheels volunteers, ethnic contractors and meal program managers is expanding every year!

Community Living Project (CLP)

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Brief Description:

The Community Living Project is a United Way/Area Agency on Agency sponsored program designed specifically for people struggling with Alzheimer's disease and their caregivers. The ultimate goal is to keep them out of the hospital and nursing home and at home where they want to be. The nutrition component is a crucial piece to this program.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

People with Alzheimer's struggle in a variety of ways nutritionally, some forget to eat, some forget they have eaten and of course when you add a disease such as diabetes to that, it is easy to see how blood sugar control can be a real challenge.

Clients also suffer from a variety of nutrition related medical conditions and helping the caregiver deal with these issues is part of the national goal. They have a tendency to make their mind up about certain behaviors and sometimes become belligerent if challenged. This makes balanced nutrition difficult. They also sometimes lose the ability to feed themselves adding to their frustration and declining dignity.

The caregiver is also a very important part of the program as research shows that frequently they are hospitalized or die before the client. The stress of being responsible for someone 24/7 who often times has unpredictable sleeping habits, leaves them stressed and overwhelmed. They oftentimes need simple and quick ways to maintain a balanced diet that works with their lifestyle.

Providing nutrition assessment and evaluating the home environment allows us to work with the client and caregiver where they are most comfortable, providing them with information in a less stressful environment than a clinic or hospital room

How

Clients are referred by the Area Agency on Aging (AAA) and are on the program for 6 months with an opportunity for an extension. The Registered Dietitian makes an appointment and visits them twice in the home, assessing nutrition status, providing education, and working with the caregiver to find solutions to the most pressing nutritional issues.

Innovation

The home is the real environment and living situation for the client and caregiver. It would be almost impossible to determine the possibilities of changing the nutrition habits without knowing the home environment. In fact, one has to work with the current habits in order to facilitate behavior change.

Impact

97% success rate. 243 people out of 251 stayed out of the hospital or nursing home.

Client Story

Mel, 44 takes care of her 75 year old father who suffers from Alzheimer's diabetes and paranoid schizophrenia among a host of other medical issues. Mel also takes care of a teenaged niece and is attending college classes. Her father recently set fire to the house in an attempt to cook for himself while another relative was taking care of him. Most food has to be locked in the pantry and freezers are locked to prevent him from over consuming. He also gets agitated when his daughter tries to control his intake due to his diabetes. He has been known to consume a whole gallon of milk in a day or a 2 liter bottle of lemonade. Diabetic control is difficult in this home.

Someone selling a "vitamin drink" had suggested to Mel that this would be good for the father. Not knowing his consumption habits, this would result in an 800 calorie drink, enough to send a diabetic to the emergency room. This was not the first time she had been given potentially damaging misinformation.

Previously Mel had a few minutes after each meal where she would give her father a diet drink and he would sit and be still so that she could eat herself and clean up the kitchen. Unfortunately another well-meaning person who had been giving him therapy had said that she should not do this because the diet drink had too much potassium (this is not true). Believing this, Mel had stopped giving him the diet sodas and she had become completely overwhelmed with him becoming agitated and restless after meals. After looking into his laboratory work and a call to his doctor it was determined that in fact he did not have any kidney issues and there was no reason for limiting these sodas. Mel started giving them to him again and she is able to have at least a few moments during the day where he is satisfied.

As a dietitian, one would not think we would recommend soda to a client, but in this case it was about managing the environment, treating the clients as individuals, and doing what is best for the family. Mel said she was so appreciative of this program and that she had a source of accurate information that would allow her to take better care of her father as well as make her life a little more manageable.

Sustainability

This program pays for itself in terms of reduced hospitalizations. The quality of life for the client staying at home in their own environment where things are familiar is priceless when treating this disease.

Facilitating Health Behavior Change in Homebound Seniors

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Brief Description:

Nutrition/Diabetes education is a collaborative process through which people with diabetes, at risk for diabetes, or with other nutrition related chronic disease states gain knowledge and skills to modify behavior and successfully manage disease. Dietitian and volunteer Dietetic students provide counsel and support in facilitating client directed behavior change in the homebound senior population.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

The Meals on Wheels, Inc. (MOWI) Healthy Aging and Independent Living (HAIL) initiative has proven to be a successful community-campus partnership and provide the necessary foundation for developing a model that addresses critical community health issues among homebound elderly. The HAIL initiative is funded by the United Way of Tarrant County and supports innovative strategies and services that “help older adults with chronic disease and their caregivers learn to live well, in the community, for a longer period of time.” This community-wide initiative is intended to help identify effective ways to impact the ever-increasing demands on the community’s economy and infrastructure due to increased health care costs as a result of growth in the older demographic.

The MOWI HAIL program is aimed at self-management of health-related behaviors and includes diabetes and nutrition counseling as strategies for older adults in avoiding institutional placement and decreasing healthcare costs. Involving nutrition student volunteers in the HAIL program has allowed MOWI to expand their outreach and client services for the purpose of improving nutritional health outcomes and decrease diabetes and related complications for seniors living in the community.

According to the American Association of Diabetes Educators, “diabetes education, also known as diabetes self-management training (DSMT) or diabetes self-management education (DSME), is defined as a collaborative process through which people with or at risk for diabetes gain the knowledge and skills needed to modify behavior and

successfully self-manage the disease and its related conditions.” This model can easily be applied to persons with other chronic conditions, such as congestive heart failure, or to decrease incidence of other causes of preventable hospitalizations, such as dehydration.

Through nutrition and diabetes/diabetes risk screening, MOWI clients are identified for visits by MOWI registered dietitians. Nutrition and diabetes management assessments are performed during in-home visits; initial education is provided; and a learning plan is developed. Based on the AADE7TM self-care behavior model, HAIL project educators work with clients to set behavior goals during their initial home visit. During subsequent months, nutrition student volunteers contact MOWI clients via telephone to reinforce education provided during the home visit, provide additional education in accordance with the learning plan, and encourage and reinforce behavior goals achievement. MOWI clients self-report behavior goal achievement “all of the time” to “none of the time.” Overall behavior change was reported in approximately 89% of clients who responded to follow-up phone consults. Fifty-one percent of clients reported that they achieved their pre- determined goals “all of the time,” and 38% of clients achieved goals “most of the time” or “some of the time.”

By providing meaningful information appropriate to individual clients as determined by seeing a client in their own home, encouraging clients to set and achieve positive health- related behavior changes, preventable hospitalizations and emergency department can be decreased in the homebound elderly population.

A poster presentation of this MOWI program has been accepted at the American Association of Diabetes Educators annual meeting in August, 2012.

Service-Learning for Professional Track Dietetics Students

Author:

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Meals On Wheels, Inc. of Tarrant County
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Brief Description:

Utilizing Dietetic students not only enhances their learning but benefits the home-bound elderly population with whom they interact. This allows students to become comfortable with the geriatric population and facilitates their consideration of professional work in this area.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

The Meals on Wheels, Inc. (MOWI) Healthy Aging and Independent Living (HAIL) initiative has proven to be a successful community-campus partnership and provide the necessary foundation for developing a pedagogical model that addresses critical community health issues among homebound elderly. The HAIL initiative is funded by the United Way of Tarrant County and supports innovative strategies and services that "help older adults with chronic disease and their caregivers learn to live well, in the community, for a longer period of time." This community-wide initiative is intended to help identify effective ways to impact the ever-increasing demands on the community's economy and infrastructure due to increased health care costs as a result of growth in the older demographic.

The MOWI HAIL program is aimed at self-management of health-related behaviors and includes diabetes and nutrition counseling as strategies for older adults in avoiding institutional placement and decreasing healthcare costs. Involving dietetics students in service-learning activities for the HAIL program has allowed MOWI to expand their outreach and client services for the purpose of improving nutritional health outcomes and decrease diabetes and related complications for seniors living in the community. For the last two years, professional-track dietetics students enrolled in the Coordinated Program in Dietetics at Texas Christian University have been able to participate each semester in the HAIL initiative to satisfy course objectives and core knowledge and still competency learning outcomes for entry-level dietitians. Additionally, students build on these skills by accomplishing service-learning outcomes that target program objectives and projected goals.

Homebound MOWI clients who have diabetes, are at increased risk of developing diabetes, or are at increased nutrition risk are assessed by MOWI Registered Dietitians in their home for nutrition and/or diabetes education needs. Based on the initial assessment, basic education is provided during the home visit by the Registered Dietitian (RD) or Certified Diabetes Educator (CDE), and a learning plan is developed. Additionally, the RD/CDE helps the client set a behavior change goal. Under the guidance of the RDs/CDE, students learn how to combine dietetics knowledge with professional practice applications in providing education and counseling services for seniors. Effective education applications include reinforcing education provided during the home visit, providing additional education in accordance with the learning plan, answering nutrition/diabetes-related questions by MOWI seniors, encouraging behavior goal achievement and assisting MOWI seniors to set new or additional client-driven behavior goals.

Ongoing evaluation of student learning outcomes shows that students are challenged personally and professionally in meeting program and service objectives. In helping MOWI clients achieve successful health outcomes, students gain a new understanding and perspective about the impact of their work in educating, counseling and facilitating client change. Students also note that when assisting clients to identify and set personal behavioral goals, they learned to be more flexible and to accommodate the individual needs of each client and their ability to make changes. Working with MOWI clients participating in the HAIL initiative has taught dietetics students that changing health behavior is a process that takes time and effective intervention approaches must take this into consideration. Additional comments show that students are also able to better understand their role in helping to achieve successful program outcomes that impact the community. By collaborating with MOWI RDs and CDE, students learn to take responsibility for their actions and contributions in piloting a model program with the potential for improving health care outcomes in homebound aging adults.

A poster presentation of this MOWI program has been accepted at the American Association of Diabetes Educators annual meeting in August, 2012.

MAKING A DIFFERENCE IN THE AGING COMMUNITY: A SERVICE-LEARNING INITIATIVE FOR HEALTHY AGING AND INDEPENDENT LIVING (HAIL)

Kathie Robinson, MS, RD, LD, CDE - HAIL Project Dietitian
Sherry Simon, RD LD - Director, MOW Nutrition Services
Lyn Dart, PhD RD LD - TCU Nutritional Sciences
Stephanie Luce & Mirta Parra, TCU Coordinated Program in
Dietetics - Class of 2012

PRESENTATION OVERVIEW

- Background history of collaboration and promoting service-learning in HAIL initiative
- Overview of service-learning concepts and benefits for the student and the community
- Meals on Wheels and HAIL program: enhancing quality of active life for the elderly
- Dietetics students and evaluation of HAIL initiative: determining the effectiveness of service-learning in advancing the dissemination and sustainability of community health programming for older adults

COMMUNITY COLLABORATION

- ◉ TCU Coordinated Program in Dietetics (CP)
 - Professional program combining academics and supervised practice/internship hours
 - Supervised practice hours satisfy course objectives and knowledge and skill competency learning outcomes (American Dietetic Association, Commission on Accreditation for Dietetics Education)
 - Students participate in collaborative community-based programs that also address a need or provide a service in the community

SERVICE-LEARNING IN THE COMMUNITY

- ◉ What is service-learning?
 - Service-learning is a method of teaching, learning and reflecting that combines academic classroom curriculum with meaningful service, frequently youth service, throughout the community. As a teaching methodology, it falls under the philosophy of experiential education.
 - Service-learning is a process whereby students learn and develop through active participation in organized service experiences that actually meet community needs.

DIETETICS & SERVICE-LEARNING

- ◉ Community agencies and organizations CPs have worked with in the past
 - Tarrant Area Food Bank
 - Tarrant County Master Gardener Association
 - Senior Citizen Services of Tarrant County
 - Texas AgriLife Extension Services
 - Fort Worth & Birdville Independent School Districts
 - Fort Worth Dietetic Association
 - TCU Campus-Life Health Promotion

DIETETICS & SERVICE-LEARNING AT MEALS ON WHEELS

- ◉ *Healthy Aging & Independent Living* initiative service-learning outcomes:
 - Focus on Dietetics students increasing new knowledge in addressing growing public health needs of an aging population
 - Fosters teaching/counseling skills for effective public health practice in Dietetics
 - Allows Dietetics students to collaborate with community and provide a service

MEALS ON WHEELS, INC.



Mission Statement

To promote the dignity and independence of older adults, persons with disabilities, and other homebound persons by delivering nutritious meals and providing or coordinating needed services.

MEALS ON WHEELS, INC.



Who we are...

- ◉ We are a 501 (c) (3) not-for-profit charitable organization
- ◉ We have operated in Tarrant County since 1973
- ◉ We provide nourishing meals to homebound elderly and disabled persons who are unable to prepare a meal for themselves or who does not have anyone in the home to make a nutritious meal for them
- ◉ We provide professional case management to every client

MEALS ON WHEELS, INC.



Who we are (continued)...

- ◉ The meals, daily contact by caring volunteers, and professional case management allow frail homebound persons to remain in their homes.
- ◉ We have a volunteer force of 5000 volunteers delivering to over 4000 persons each year
- ◉ Other projects
 - Pet Food Program
 - Supplemental Groceries
 - Medical Equipment
 - Friendly Visits

MOW ADDRESSING PUBLIC HEALTH CHALLENGES

- ◉ Along with the rest of the nation, Tarrant County will soon be facing the challenge of an aging population
- ◉ Far-reaching implications for unprecedented demands on health care system and aging services in the community
- ◉ Local and state-level service agencies must provide innovative strategies in meeting these needs in coming years
- ◉ Left unchecked – significant and unsustainable increases in health care costs and limited revenue to support social programs for aging adults

HEALTHY AGING & INDEPENDENT LIVING (HAIL)

- ◉ HAIL initiative started as a strategy by the United Way of Tarrant County to help people with chronic disease and their caregivers to live well in their community for a longer period of time and avoid institutional placement or hospitalization
- ◉ HAIL has four prongs which Meals On Wheels just implements one of the four
- ◉ July 2010, Meals On Wheels was awarded funding for implementing a HAIL initiative targeting diabetes and nutritional risk screenings and interventions strategies for the clients we serve

HAIL TARGETS DIABETES & NUTRITIONAL RISK

Project Highlights:

- ◉ To screen 3000 clients annually for Diabetes Diagnosis and/or risk and Nutritional Risk using proven screening tools
- ◉ To provide more in-depth services including home visits with comprehensive nutritional assessment and nutrition and/or diabetes education to 500 clients
- ◉ To make 1650 follow up calls following home visits to 500 clients
- ◉ To reduce client hospitalizations and emergency visits to ultimately save tax payer dollars

HAIL TARGETS DIABETES & NUTRITIONAL RISK

- Based on findings from the population of Meals on Wheels clientele:

Here are the assumptions...

- Nutritional Risk:

- 50% High Nutritional Risk (HN): 250 persons
- 30% Moderate Nutritional Risk (MN): 150 persons
- 20% No Risk (NN): 100 persons

- Diabetes and Diabetic Risk:

- 33% Diabetics (D): 165 persons
- 33% At Risk for Developing Diabetes in the future (AR): 165 persons
- 33% No Risk (NR): 165 persons

HAIL TARGETS DIABETES & NUTRITIONAL RISK

Flow of Project

- MOW Case Managers complete both a *Nutritional Risk Screen Tool* and a *Diabetes Risk Screen Tool* on all MOW clients annually.
- Clients are then categorized into high, moderate, & low risk based on screening tools.
- HAIL Project Manager calls clients to set up appointments to meet with them in their home.
- Dietitian completes nutrition documentation & formalizes education plan.

HAIL TARGETS DIABETES & NUTRITIONAL RISK

Flow of Project

- ◉ Nutrition education materials are mailed to each client's home and based on individual needs.
- ◉ Dietetics students follow-up with the initial nutrition assessment and perform nutrition education over the phone.
- ◉ Information is sent to the Dallas/Fort Worth Council to match names of clients seen to determine if there have been any hospitalizations and/or emergency room visits during the service period.
- ◉ Dietetics students participate in focus groups to evaluate their perception of program effectiveness and education delivered

HAIL EVALUATION TEAM

- ◉ *UNTHSC School of Public Health:*
 - Kristine Lykens, Ph.D
 - Swati Biswas, Ph.D
 - Neda Moayad, Dr.PH
 - Carlos Reyes-Ortiz, Ph.D
 - Karan Singh, Ph.D
- ◉ Pamela Doughty, Ph.D, DFW Hospital Council

HAIL EVALUATION TEAM

- ◉ HAIL Evaluation study consists of two components
 - **Component 1:** quantitative analysis of data provided by the Dallas Fort Worth Hospital Council (DFWHC) consisting of variables identified by the 4 service providers and matched with hospital admissions data
 - **Component 2:** qualitative analysis of the findings from focus groups for each of the service provider agencies

TCU & SERVICE-LEARNING

- ◉ Dietetics students provide phone education sessions to clients under the guidance, mentoring, and monitoring of the HAIL Project Dietitian or another agency Dietitian.
- ◉ Dietetics students are trained in counseling skills, how to deal with elderly clients, and effective communication skills for phone consults
- ◉ Dietetics students make follow up phone calls to clients after the initial assessment and education has been delivered by the HAIL Project Dietitian based on a matrix of the clients nutritional and diabetes risk
- ◉ Dietetics students make home visits with the Dietitian 1-2 times prior to making education phone calls

HOME VISITS & CLIENT ASSESSMENT

☉MOW Case Study #1

- Purpose of home visit: follow up nutritional and diabetes risk assessment and diabetes education.
- Jacob Cardenas
 - Male 81 y/o
 - MOW client since July 2010
 - Currently lives at home with wife as his primary caretaker
 - Medical history
 - Diet history
 - Current health status
 - My learning experience

HOME VISITS & CLIENT ASSESSMENT

☉MOW Case Study #2

- Purpose of home visit: Initial nutritional and diabetes risk assessment and education
- Libby Austin
 - Female 94 y/o
 - MOW client since October 2010
 - Lives at home with daughter-in-law
 - Medical history
 - Diet history
 - Current health status
 - My learning experience

PHONE CONSULTS & CLIENT EDUCATION

☉ Phone Consult Training & Instruction

- General Overview of Diabetes & Diet Interaction
 - Types of Diabetes
 - Physiological functions of insulin and glucagon and role in Diabetes
 - Role of diet and specific foods that raise blood sugar
 - Glycemic Index
 - Creating a Diabetic Meal Plan and carbohydrate counting
- Counseling Techniques
 - Mock counseling sessions
 - MOW Staff always available for questions
- Research & Resources: Nutrition Care Manual
 - Medical conditions and disease research
 - Disease and relationship to diet and nutrition

PHONE CONSULTS & CLIENT EDUCATION

☉ Client Instruction & Counseling

- Goal of phone call
 - Follow on the education given by the RD during the home visit.
 - Expand on education and answer any additional question the client may have.
 - Take diet history.
- Target time frame was between 15-20 min.
- Lay out of phone call
 - Introduced ourselves.
 - Review and and expand upon areas the RD had discussed at the home visit.
 - Allow time for questions.
 - Inform clients that they would receive an educational packet
 - Thank them for their time.

DIETETICS STUDENT ASSIGNMENTS

Student Assignment: Daily Journals

- ◉ Use the following format for daily journaling when documenting client consultations and education sessions: give an outline of today's activities at MOW.
 - What did you learn today?
 - How did you gain this knowledge?
 - What do you need further knowledge on?
 - How do you think you will use this knowledge in the future?
 - Talk about 1-2 of the phone calls you made today.
 - What went well today?
 - What positive feedback did you receive on the phone?
 - How receptive were the clients to nutrition education on the phone?
 - What do you think you could have improved on in your communications?

HAIL EVALUATION TEAM - FOCUS GROUPS

- ◉ TCU Dietetics students were recruited to participate in focus groups by Meals On Wheels staff
- ◉ Students were asked a set of questions regarding their interactions with MOW clients and the delivery of nutrition education
- ◉ Evaluation Team members facilitated and recorded the focus groups
- ◉ The first focus group summarized here, consisted of 11 students who assisted the MOW with nutrition education services during fall of 2010

HAIL EVALUATION TEAM

◉ *Questions about students' interactions & perceptions:*

- Client's receptivity to the intervention
- Challenges with phone education sessions
- How they can best deliver the intervention and engage the clients
- Successful outcomes
- Value of this experience to their education and professional development

SERVICE-LEARNING OUTCOMES

◉ *Challenges experienced by students in the delivery of intervention and strategies for solving:*

- Hearing loss
- Difficulty recalling information
- Limited time on the phone
- Client honesty and attentiveness
- Keeping the conversation focused on nutrition and dietary/lifestyle practices for improving health

SERVICE-LEARNING OUTCOMES

- ◉ *Successful outcomes* experienced by students in the delivery of intervention:
 - Most clients were receptive, engaged in the lesson, and gained something from the phone consult
 - Handouts that clients received were much appreciated
 - As the semester progressed, we gained more experience that help us better handle and engage the client in phone calls and feedback
 - Clients showed an interest in learning more about their nutritional status

SERVICE-LEARNING OUTCOMES

- ◉ *Enhanced Professional Skills:*
 - Great exposure to the geriatric population
 - Learned to tailor education pieces according to patient's needs and understanding
 - Explored and utilized Nutrition resources to advance our knowledge
 - Strengthened counseling techniques such as:
 - ◉ Importance of eye contact
 - ◉ Pitch of voice with the elderly population
 - ◉ Connecting with the client before the education session

HAIL INITIATIVE & SERVICE-LEARNING

Where do we go from here?

- Strengthen students orientation prior to making calls about lowering their voice and strategies to make sure the communication stays on track
- Instruct students to begin with more direct and closed-ended questions and progress into open-ended questions
- Re-check calculations for the number of hours needed for student phone calls
- Link student research to this project
- Get student assistant for project Dietitian to help with paperwork, setting up appointments, and making additional phone calls
- In process of submitting an application to extend this project for another 1 year - with triple \$\$\$ funding to expand on client services

THANK YOU FOR JOINING US

ANY QUESTIONS?

Improving Services for Older Individuals with Intellectual and Developmental Disabilities and Those Experiencing Dementia and Alzheimer's Disease

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Brief Description:

To address the needs associated with the aging of our service population, the agency's new "Aging Committee" (in 2008) addressed facility needs such as accessibility in the residential homes and day programs, caregiver supports, nutrition and other health related needs. We develop programs and services that could assist our consumers as they aged in the residences and community and facilitated a process to track and enhance services for individuals presenting dementia symptom.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Alzheimer's disease (AD) is the most common cause of dementia, among older people. This decline in cognition is not a normal part of aging. In most people with AD symptoms first appear after age sixty (1). People with Down syndrome (DS) develop a clinical syndrome of dementia similar to that of individuals without DS. The main clinical difference is the early age of onset of AD in individuals with DS, with symptoms present in their late 40s or early 50s. Studies show that there may be differences unique to persons with DS (2).

Organization's Activities

To address the needs associated with the aging of our service population, the Schenectady ARC had convened a committee of clinicians, support staff and others in early 2008. The agency's "Aging Committee" addressed facility needs such as accessibility in the residential homes and day programs, caregiver supports, nutrition and other health related needs. Through various surveys (for consumers, their families, and program staff) we found that we needed to develop programs and services that could assist our consumers as they aged. For this project in particular, those individuals experiencing symptoms of dementia and its progression. We identified a lack of

communication between all disciplines; medical, speech, psychiatry, social work, occupational and physical therapy and nutrition. There was also a clear need for training of all agency staff on aging processes and dementia.

The Aging Committee pulled together clinicians to develop protocol to address the needs of individuals showing signs of dementia, the “Dementia Data Committee.” Although most of our consumers in this project had DS, it was not exclusive to individuals with DS. This project was to:

1. identify symptoms and needs earlier,
2. anticipate needs so we can be proactive versus reactive,
3. be prepared with quality/effective services that make a difference,
4. identify patterns of decline,
5. provide more staff education,
6. provide care in a consistent and responsible way throughout the agency, and
7. ultimately identify what, when, and where supports benefit our consumers most.

Each discipline was responsible for developing a measurement tool using existing models, research, reports, and observations. Common measurement scales were developed in order to compare data across disciplines. Scales were similar in that the higher numbers (0 – 4) reflected worsening symptoms or a higher frequency that a particular symptom was observed. Measures were descriptive, not diagnostic. Such information was collected quarterly for each consumer in the project and the data was input into a customized database.

Discipline assessments with rating scales addressed the following symptoms and/or functions: Psychology looked at self-care, cognitive functioning, socializing/isolation, emotional self-regulation and behavioral self-regulation. Physical Therapy included posture, muscle tone, functional mobility, perceptual/spatial skills, and abilities such as sitting, transferring, ambulation and wheelchair use. Occupational Therapy assessed dining skills, dressing, showering, toileting, fine motor coordination and changes in perceptual/spatial deficits. Speech Language Pathology noted changes in expressive language, receptive language, pragmatics, memory, attentiveness, and swallowing/dining. Nutrition assessed changes in food preferences, appetite, eating patterns, and memory around food and hunger. The rating scale used information from the National Institute on Aging, the Alzheimer’s’ Association and other sources (1, 3, 4, 5, 6, 7).

Effects of dementia and AD

Appetite and food desires can be affected by psychological and behavioral factors such as depression, social withdrawal, agitation, wandering, paranoia, confusion, and/or irritability (usually negatively). The individual may not be aware of being hungry, may forget to eat or needs encouragement to eat. They may not be aware that their stomach is full and overeats or wants to eat all the time and may forget what they liked or didn't like to eat.

A number of these symptoms, traits and/or changes may be the result of a change in the person's life or their care and treatment. Medications and their side-effects (dry mouth, taste, hunger or anorexia, GI distress, level of alertness) can affect food intake. A food consistency change can alter how foods are perceived or recognized and affect intake. Sores in the mouth, poor-fitting dentures, gum disease or dry mouth may make eating difficult. The individual may need special utensils and dinner ware and/or other table set ups. Problems with constipation, swallowing or dysphasia, and/or congestive obstructive pulmonary disease, to name a few, can limit the desire to eat or eat adequately (4, 8).

Organization and Project Outcomes

Beginning in 2008, staff worked with our regional Alzheimer's Association to create classrooms in one of our day program facilities to address the needs of our consumers who are aging and experiencing the onset of dementia. Called "Spring Hill," the three classrooms had color contrasting walls and other visual and functional features and offers specialized activities. A caregiver support training program was developed and groups met on various topics. In addition, the agency established a training program to all staff that work with consumers. It included the Virtual Dementia Training™ purchased program. This was a simulated program allowing one to experience the effects of dementia and to try to complete assigned task. After the brief "exposure" there was a personal review of the experience with trained staff. Nutrition guidance has been reviewed during in service training to all group homes and day programs. The deployment of altered feeding schedules, use of nutrient dense foods and supplements, appetite-enhancing scents, and general diet flexibility have been relatively successful in curtailing nutrition degradation and undesired weight loss.

More detailed analysis, including linkages with changes reported from the other disciplines has not been done as yet. This would provide a more complete picture of the

individual, their disease progression and the assistance provided. This is an evolving project with changes expected along the way to improve the coordination of care and the individual's quality of life.

Additional Background information: A recent published report *'My Thinker's Not Working': A National Strategy for Enabling Adults with Intellectual Disabilities Affected by Dementia to Remain in Their Community and Receive Quality Supports*, provides a summary of the challenges facing the nation as we observe an increasing rate of dementia found in older people with intellectual disabilities. The Report offers recommendations for the various stakeholders in the field of IDD, many of which are being addressed by our organization.

- Primary care and supports for adults with IDD affected by dementia can be primarily provided within the community and appropriate services can preclude institutionalization.
- Providers are beginning to adapt small group homes for specialized community care and supports for persons with IDD affected by dementia.
- There is a lack of background knowledge and training in late life problems of adults with IDD among primary care health providers in community practice.
- Specialized assessment and diagnostic resources are needed to help more effectively identify adults with IDD and dementia.
- Creating a national program of trainings using workshops, webinars, and other teaching methods, would advance the knowledge and skills among workers and clinicians working with adults with IDD affected by dementia.
- Creating a national information and education program for adults with IDD and family members would improve their understanding of dementia and potentially lead to earlier identification and acquisition of timely supportive services.

From the National Task Group on Intellectual Disabilities and Dementia Practice. (2012). Executive Summary: 'My Thinker's Not Working': A National Strategy for Enabling Adults with Intellectual Disabilities Affected by Dementia to Remain in Their Community and Receive Quality Supports. January 2012

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One Focus. Many Possibilities.

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Brief Description:

Shelf life extension of fresh meals can be the one factor that solves so many challenges that are inhibiting us today, allowing us to meet the nutritional needs of all of our nation's seniors.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Every goal comes with inevitable challenges. Meeting the nutritional needs of our nation's seniors has proven to be a road with many obstacles to overcome! But I don't need to tell you all about your challenges. You know them inside and out. What you want to hear more about is how to overcome them. And I think, I HOPE, that by the end of this discussion you'll be excited! Excited about the very real possibility of knocking down some of these road blocks for good. Our idea will help programs like Meals on Wheels:

1. Consolidate production schedules allowing for more meals to be produced and stored during one production run.
2. Consolidate delivery schedules saving on fuel costs and maximizing volunteer power.
3. Allow programs serving frozen meals to GO FRESH, offering better quality AND taste to the people they serve
4. Get nutritious, fresh meals to MORE SENIORS and eventually ALL SENIORS—which is why WE ARE ALL HERE!!!

For the next few minutes, I am going to lead you through a few different scenarios—all of which are very real and occurring right now amongst programs out there that are trying to figure out ways to serve our senior population more effectively.

Imagine a program in the middle of rural America. This program knows that there are hundreds of seniors still suffering from hunger within a 200 mile radius, but it has no way of helping them for several reasons: 1. The cost of fuel has limited travel ability and when the distance between houses can be 10, 20, even 30 miles reaching these

people becomes difficult, 2. The man-power needed to reach that many people so spread out is impossible with the limited number of volunteers available each day, 3. The meals currently provided to this program's seniors last 2 days. So, a constant turnaround of fresh meals would need to be provided on a nearly daily basis in order to keep up with each senior's nutritional needs. Again, with the high cost of travel and lack of man-power, this is just not possible. Is there one factor that could be changed that would help this program solve these multiple issues? Our discovery is that longer shelf life on this program's fresh meals would allow it to send a volunteer or two one day per week with fresh meals that will last several days. We have now just lowered the money spent on fuel, freed up more volunteer time to serve more people, and provided fresh, healthy meals to those seniors who would not otherwise be reached.

Imagine now a city program that is so beyond its capacity that it has begun turning down new requests to provide seniors with meals in its community. The current process of packaging fresh meals allows for a very limited shelf life, therefore, meals must be produced and delivered the very same day, every day. Increasing the shelf life of this program's fresh meals to 10 days will help it to create a new efficient production schedule. Meals can now be produced a few days in advance, delivered to customers on a weekly basis instead of daily, and still remain fresh for a week or more. Production and delivery schedules have now been maximized, the program is able to answer higher demands, and more seniors are being fed!

In another scenario, a program is constantly talking to the seniors it is serving to find out how to improve the quality of their lives. One consistent piece of feedback is to get rid of the frozen meals it is serving and offer freshly prepared meals. The seniors do not want to eat "TV dinner"-type meals on a daily basis. They want a fresh meal with home-cooked quality and all of the nutritional benefits that come along with that. But, due to the volume of meals this program produces each day, they need the shelf life that freezing provides. Again, a longer shelf life for the program's meals would mean it could answer the demand of its seniors and give them quality, fresh meals they want with no setbacks to their operation's production capacity.

So, you've figured out by now the common theme: focus on one major component-- extending the shelf life of the meals that are being served-- and provide multiple benefits to each program. Now we get to the exciting part....THE ANSWER IS ALREADY OUT THERE!!!

There is a food packaging technology now available in the United States that increases the shelf life of fresh foods by several days, weeks and, and in some cases, months.

This tray sealing equipment includes a patented method by which a gas flush process takes place just prior to the sealing of the tray. It is otherwise known as Modified Atmosphere Packaging, or MAP. The idea is not new, but this specific patented technology is new to the United States. During this 100% natural process, the oxygen-rich atmosphere inside the food tray is gently flushed out and replaced by a mixture of Nitrogen and Carbon Dioxide. Nitrogen is an inert gas and just fills up space, while a small amount of Carbon Dioxide acts as a deterrent for bacteria and deterioration of the food product. This process can safely increase the shelf life of chilled ready meals to 10 days or more. Lab conducted shelf life studies have shown up to 21 days of shelf life on certain elements of various ready meals, but our research into the MOWAA organization has shown us that 10 to 14 days of shelf life is more than enough to increase most programs' impact on their community. In addition, this natural way of increasing the life of these meals eliminates the need for preservatives like sodium and other additives that are unfavorable for anyone's optimum health much less our senior demographic.

Beyond this, benefits of this process to an organization like MOWAA are ground-breaking and absolutely thrilling to discuss. For the next few minutes, I am going to lead you through a few different scenarios—all of which are very real and occurring right now amongst programs out there that are trying to figure out ways to serve our senior population more effectively.

Is this that easy? Well, yes. And no. As with any potentially game-changing idea, there will be a challenge to overcome in order to implement this type of system where it can be most effective. The packaging equipment that supplies this technology, of course, costs money. This may be a hurdle for some not-for-profit organizations that are dependent on donations and government funding. However, it is important to understand how the long term savings and benefits to each program will truly counterbalance, and even outweigh, the actual cost of equipment. This is also where we all need to remember the power of a great idea, motivated people, persistent belief and loud voices! We believe that with the right knowledge, information, and people, we can approach the government for funding directed toward this specific system for every program trying to make a difference to our senior population.

If you're listening to this presentation, you likely agree that a simple idea from motivated people can evolve into a reality so impactful that it can change the way people live and think. And you're looking for that idea. Organizations like Meals on Wheels Association of America were born from this type of idea and these types of driven individuals. But a constantly changing world has created demands that require a continuous need for fresh ideas. We believe in this unprecedented idea. We believe it is THE game-

changer for programs like Meals on Wheels that are out there trying to end this senior hunger epidemic. We believe it will provide the ability to accomplish goals that have been set, a security to seniors being served, and more importantly, the capability to finally help those out of reach today. What's most exciting is that once this idea catches on, once we come together to act as the driving force that implements this idea where it matters most, it can spread quickly nationwide and have an almost immediate impact.

Saying this technology is an answer to help our seniors is a major understatement. Our research into this system, the way it works, the result it creates, the ease of running the equipment, and the potential it has to make the difference we are all searching for makes this **THE best possibility** to meet the demands of our seniors' nutritional needs. Not just some of them—ALL OF THEM. ALL SENIORS. NOT ONE UNACCOUNTED FOR. This very goal is one that many people have been pouring their lives into for years to attain. It's ambitious and amazing and so are the people that are working toward it. But that idea, "not one senior left behind", is a huge picture that is hard to imagine as a reality in the current situation. The goal that would change the world if accomplished is now more achievable than ever.

Utilizing Evidence Based Screening Tools to Indicate Clients in Most Need of Nutrition Services

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Brief Description:

Meals On Wheels, Inc. of Tarrant County (MOWI) has been utilizing basic evidence based screening tools but has very recently expanded its screening process to include other evidence based screening tool to better assess clients' need and health risks.

Attached are samples of all the screening tools used at MOWI.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Meals On Wheels, Inc. of Tarrant County (MOWI) has for some time been utilizing some basic evidence based screening tools of the DETERMINE nutrition screening tool, the Texas DADS/AAA Consumer Needs Evaluation, and the Diabetes Detection Initiative to get a picture of needs and risk for each MOWI client. Very recently, MOWI has expanded its screening process to include some other evidence based tools. These new screening tools include: Risk Factors for Hospitalization and Emergent Care Assessment; EQ- 5D, a questionnaire determining a client's health state; a NHIS Questionnaire of Family Health Status and Limitations; Perceived Competence Scale for Health regarding how one is able to manage their health; and the NHIS Questionnaire of Family Access to Health Care and Utilization. All these additional screening tools have been added to get a better picture and understanding of our clients' health and the risk of hospitalization to better understand and evaluate a client need for meals.

As funds continue to be reduced for home delivered programs while need increases, programs need a more definitive way of determine clients most in need. Currently, here at MOWI, we currently do not have a waiting list and accept all those with need within 48 hours. However, we recognize at some point in the future we are going to need better identify those at the highest risk/need so that we can be good stewards of all the different types of funding we received.

Therefore, as the year progresses, we will begin to look at all the data collected from the all the screening tools to try to find the best indicators of risk/need. We will involve researchers so that we can make sure are data is strong and reproducible.

Texas Department of Aging and Disability Services
Area Agency on Aging
AAA Consumer Needs Evaluation

Consumer Name: _____

Consumer Number: _____

Assessment Date: _____



Service Arrangement
 C = Caregiver
 P = Service will be purchased by AAA.
 A = Other agency-non AAA vendor is providing the service.
 N = Not applicable to this consumer.
 S = Self

	Texas Score	NAPIS ADL/IADL	NAPIS Count	Scoring/Service Arrangement
I. Daily Living Impairment Assessment I. ADLs, IADL & Other*				* Impairment Scoring 0 = None 1 = Mild 2 = Severe 3 = Total Impairment
1. Do you have any problems taking a bath or shower?		ADL		
2. Can you dress yourself?		ADL		
3. Can you feed yourself?		ADL		
4. Can you groom yourself (shave, brush your teeth, shampoo and comb your hair)?				
5. Do you have problems getting to the bathroom and using the toilet?		ADL		
6. Do you have trouble cleaning yourself after using the bathroom?				
7. Can you get in and out of your bed or chair?		ADL		
8. Are you able to walk without help?		ADL		
9. Can you clean your house (sweep, dust, wash dishes, vacuum)?		IADL		
10. Can you do heavy housework (scrub floors, yard work, shovel snow, take out garbage)?		IADL		
11. Can you do your own laundry?				
12. Can you fix your meals?		IADL		
13. Can you do your own shopping?		IADL		
14. Can you take your own medicine?		IADL		
15. Can you trim your nails?				
16. Do you have any problems keeping your balance?				
17. Can you open jars, cans, bottles?				
18. Can you use the telephone?		IADL		
19. Are you able to perform transportation on your own?		IADL		
20. Do you have any trouble managing your money?		IADL		

Texas Department of Aging and Disability Services
Area Agency on Aging
AAA Consumer Needs Evaluation - Page 2



Consumer Name: _____

Consumer Number: _____

Assessment Date: _____

Service Arrangement
 C = Caregiver
 P = Service will be purchased by AAA.
 A = Other agency-non AA vendor is providing the service.
 N = Not applicable to this consumer.
 S = Self

	Texas Score	NAPIS ADL/IADL	NAPIS Count	Scoring/Service Arrangement
II. Mental Health Screening				
21. During the last month, have you been bothered by having little interest or pleasure in doing things, or have you often felt down, depressed, or hopeless?				Scoring for question 21: 0 = If the answer is "No" to question 21. 1 = If the answer is "Yes" to 21 and "No" to questions 22-25. 2 = If the answer is "Yes" to 21 and "Yes" to at least one of questions 22-25. 3 = If the answer is "Yes" to 21 and "Yes" to two or more of questions 22-25.
III. Mental Health Assessment – If the answer is YES to Question 21, continue. Otherwise, SKIP to Section IV.				
In the last two weeks, most of the day, nearly every day:				Based on Consumer's perception of self:
22. ... have you had problems sleeping?				Answer "No" or "Yes" for this question.
23. ... have you lost the ability to enjoy things that once were fun?				Answer "No" or "Yes" for this question.
24. ... do you feel that you have little value as a person?				Answer "No" or "Yes" for this question.
25. ... have you had a significant change in your appetite?				Answer "No" or "Yes" for this question.
Mental Health Assessment Score (II & III)				
IV. Cognition				
A. Self Evaluation				
26. During the last 2 weeks, on how many days have you had trouble concentrating or making decisions? (Based on Consumer's perception of self.)				0= Not at all. 1= Occasionally, a couple of times. 2= Frequently, more than a couple of times, but not every day. 3= Every day.
B. Third Party Observation				
27. Does the consumer have the ability to make decisions independently? (Based on someone's observation of the Consumer.)				0= Makes consistent and reasonable decisions independently. 1= Makes simple decisions without assistance. 2= Makes poor decisions, needs cues/supervision for most decisions. 3= Severely impaired, rarely makes own decisions.
28. Does the consumer appear to have short-term memory impairment? (Based on someone's observation of the Consumer.)				0= No 1= Has some short-term memory problems & can perform task for self with occasional reminders. 2= Has lapses resulting in frequently not performing task even with reminders. 3= Has memory lapses resulting in inability to perform routine tasks on a daily basis.

Texas Department of Aging and Disability Services
 Area Agency on Aging
 AAA Consumer Needs Evaluation - Page 3



Consumer Name: _____

Consumer Number: _____

Assessment Date: _____

Service Arrangement
 C = Caregiver
 P = Service will be purchased by AAA.
 A = Other agency-non AAA vendor is providing the service.
 N = Not applicable to this consumer.
 S = Self

	Texas Score	NAPIS ADL / IADL	NAPIS Count	Scoring / Service Arrangement
V. Assessment Scores				
A. Total CNE Impairment Score (out of 60) <input type="checkbox"/> Low (Score 0-19) <input type="checkbox"/> Moderate (Score 20-39)* <input type="checkbox"/> Severe (Score 40 and above)				
B. NAPIS ADL COUNT (Score 0-6)				
C. NAPIS IADL COUNT (Score 0-8)				

* A score of 20 (moderate impairment) or greater is required for home-delivered meals.

Signature of AAA/Provider Staff Assessor _____

Date _____

SCORING THE CNE & NAPIS – ADL'S & IADL'S Rate the Consumer according to the following scale:

0	None	Able to conduct activities without difficulty and has no need for assistance.
1	Minimal/Mild	Able to conduct activities with minimal difficulty and needs minimal assistance.
2	Extensive/Severe	Has extreme difficulty carrying out activities of daily living and needs extensive assistance.
3	Total	Completely unable to carry out any part of the activity.

The AAA Consumer Needs Evaluation must be completed for the following services: Adult Day Care; Care Coordination (Care Management); Chore Maintenance; Home Delivered Meals; Homemaker; Personal Assistance; and Respite Care. Residential Repair requires service appropriate assessment, which may include the AAA Consumer Needs Evaluation.

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.

DETERMINE YOUR NUTRITIONAL HEALTH

	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 or 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 developed and distributed by the Nutrition Screening Initiative, a project of:



AMERICAN ACADEMY
OF FAMILY PHYSICIANS



THE AMERICAN
DIETETIC ASSOCIATION



NATIONAL COUNCIL
ON THE AGING, INC.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

The Nutrition Checklist is based on **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 or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

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. One in five adults skip meals daily. 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 more than one or two alcoholic beverages per day.

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 \$2530 per week for food makes it very hard to get the foods you need to stay healthy.

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 such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. 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.



The Nutrition Screening Initiative, 2626 Pennsylvania Avenue, NW, Suite 301, Washington, DC 20037

The Nutrition Screening Initiative is funded in part by a grant from Ross Laboratories, a division of Abbott Laboratories.

Meals On Wheels, Inc. of Tarrant County Diabetes Acknowledgement and Risk Tool

(Attachment C)

Date: _____ Case Manager: _____

Client Name: _____ Zip Code: _____

Does Client have a diagnosis of Diabetes? Yes: _____ No: _____

If Yes is answered you may stop; If No is answered please complete the below Diabetes Risk Assessment. Please return this form to Director of Nutrition. Any clients at risk for diabetes should be given a completed form to show their medical provider.

DIABETES DETECTION INITIATIVE

DIABETES. YOU COULD BE AT RISK TAKE THE TEST—KNOW YOUR SCORE!

Diabetes means your blood sugar (glucose) is too high. How would you know? Are you often thirsty, hungry, or tired? Do you urinate often? Do you have sores that heal slowly, tingling in your feet, or blurry eyesight? Even without these signs, you could still have diabetes.

Diabetes is a serious disease. It can cause heart attack or stroke, blindness, kidney failure, or loss of feet or legs. But diabetes can be controlled. You can reduce or avoid these health problems. Take the first step. Find out if you are at high risk.

Know your risk of having diabetes now. Answer these quick questions. For each Yes answer, add the number of points listed. All No answers are 0 points.

Question	Yes	No
Are you a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Do you have a sister or brother with diabetes?	1	0
Do you have a parent with diabetes?	1	0
Find your height on the chart. Do you weigh as much as or more than the weight listed for your height? (See chart on back)	5	0
Are you under 65 years old and get little or no exercise in a typical day?	5	0
Are you between 45 and 64 years old?	5	0
Are you 65 years old or older?	9	0
Add Your Score		

These questions are from the American Diabetes Association's on-line "Diabetes Risk Test" (<http://www.diabetes.org/info/risk/risktest.jsp>).

Diabetes Detection Initiative
Finding the Undiagnosed



At Risk Weight Chart

Height	Weight (Pounds)	Height	Weight (Pounds)
4'10	129	5'8	177
4'11	133	5'9	182
5'0	138	5'10	188
5'1	143	5'11	193
5'2	147	6'0	199
5'3	152	6'1	204
5'4	157	6'2	210
5'5	162	6'3	216
5'6	167	6'4	221
5'7	172		

Know Your Score

If you scored . . .	then your risk is . . .
10 or more points	High for having diabetes now. Please bring this form to your health care provider soon. If you don't have insurance and can't afford a visit to your provider, contact your local health department.
3 to 9 points	Probably low for having diabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for diabetes.

I Scored 10 or More

How Can I Get Tested for Diabetes?

If you have . . .	then do this . . .
Individual or group private health insurance	See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and co-pays will apply.
Medicaid	See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.
Medicare	See your health care provider. Medicare will pay the cost if the provider has a reason for testing. If you don't have a provider, contact your local health department.
No insurance	Contact your local health department for more information about where you could be tested or call your local health clinic.



For more information, contact the Department of Health and Human Services, National Diabetes Education Program at 1-800-438-5383 or online at www.ndep.nih.gov.



¹Health Questionnaire
(English version for the US)

¹ © 1990 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group

² 2008 NHIS Questionnaire - Family Family Health Status & Limitations Document Version Date: 24-Apr-09

³ Perceived Competence Scale, 2004, Williams et al.

¹By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about ☐ 1
 I have some problems in walking about ☐ 2
 I am confined to bed ☐ 3

Self-Care

- I have no problems with self-care ☐ 1
 I have some problems washing or dressing myself ☐ 2
 I am unable to wash or dress myself ☐ 3

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐ 1
 I have some problems with performing my usual activities ☐ 2
 I am unable to perform my usual activities ☐ 3

Pain/Discomfort

- I have no pain or discomfort ☐ 1
 I have moderate pain or discomfort ☐ 2
 I have extreme pain or discomfort ☐ 3

Anxiety/Depression

- I am not anxious or depressed ☐ 1
 I am moderately anxious or depressed ☐ 2
 I am extremely anxious or depressed ☐ 3

Total Score of Checked Boxes: _____ / 15 <i>The lower the score, the better the health</i>
--

²Would you say your health in general is

- Excellent ☐ 5
 Very good ☐ 4
 Good ☐ 3
 Fair ☐ 2
 Poor ☐ 1

Total: _____ / 5 <i>The higher the score, the better the health</i>

¹ © 1990 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group

² 2008 NHIS Questionnaire - Family Health Status & Limitations Document Version Date: 24-Apr-09

³ Perceived Competence Scale, 2004, Williams et al.

⁴ 2011 NHIS Questionnaire—Family Access to Health Care & Utilization

²To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**My Health State
Today is:**

³Perceived Competence Scale for Health

Help us better understand your needs. Please respond to each of the following items in terms of how true it is for you with respect to dealing with your health. Use the scale:

	1 not at all true	2	3	4 somewhat true	5	6	7 very true
I feel confident in my ability to manage my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am capable of handling my health now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do my own routine health care now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel able to meet the challenge of controlling my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total of Checked Boxes: _____ / 28
The higher the score, the greater the competence.

Best
imaginable
health state

100

90

80

70

60

50

40

30

20

10

0

Worst
imaginable
health state

¹ © 1990 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group

² 2008 NHIS Questionnaire - Family Health Status & Limitations Document Version Date: 24-Apr-09

³ Perceived Competence Scale, 2004, Williams et al.

⁴ 2011 NHIS Questionnaire—Family Access to Health Care & Utilization

⁴**2011 NHIS Questionnaire - Family Access to Health Care & Utilization**

1. Were you hospitalized OVERNIGHT in the past 6 months? (Do not include an overnight stay in the emergency room).

2. How many different times did you stay in any hospital overnight or longer DURING THE PAST 6 MONTHS?

3. Altogether, how many nights were you in the hospital DURING THE PAST 6 MONTHS? (Do not include ER).

4. During the last 6 months, did you see a doctor or other health care professional at a an emergency room? (Do not include times during an overnight hospital stay).

¹ © 1990 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group

² 2008 NHIS Questionnaire - Family Health Status & Limitations Document Version Date: 24-Apr-09

³ Perceived Competence Scale, 2004, Williams et al.

⁴ 2011 NHIS Questionnaire—Family Access to Health Care & Utilization

Risk Factors for Hospitalization and Emergent Care Assessment

Name: _____

Date: _____

Prior Pattern (check all that apply)

- ☐ >1 Hospitalizations or ED visits in the past six months
- ☐ History of recent falls

Chronic Conditions (check all that apply)

- ☐ CHF
- ☐ Diabetes
- ☐ Chronic Skin Ulcers
- ☐ End Stage Renal Disease
- ☐ COPD/Asthma
- ☐ Advanced Liver Diseases
- ☐ HIV/AIDS
- ☐ Neoplasm as primary Diagnosis
- ☐ New Diagnosis /Problem

Risk Factors (check all that apply)

- ☐ 9 or more medications
- ☐ More than two secondary Diagnosis (M0240)
- ☐ Low Socioeconomic Status or Financial Concerns
- ☐ Lives Alone (M0340)
- ☐ Help with Managing Medications Needed
- ☐ Confusion *any* level (M0570)
- ☐ Short Life Expectancy (M0280)
- ☐ Poor Prognosis (M0260)
- ☐ Dyspnea *any* level (M0490, #1-4)
- ☐ Urinary Catheter (M0520)
- ☐ Open Wound (Stasis, Pressure, Diabetic ulcer, open surgical wound) (M0440)

Total of Checked Boxes: _____
(6 or more indicates high risk for emergent care)

Risk Factors for Hospitalization and Emergent Care Assessment INSTRUCTIONS

	Description
Prior Pattern	
>1 Hospitalizations or ED visits in the past six months	More than one hospital or emergency department visit in the past six months
History of recent falls	Any falls in the past
Chronic Conditions	
CHF	Myocardial Infarction or Ischemic Heart Disease
Diabetes	High blood sugar
Chronic Skin Ulcers	Long term sore on the skin
End Stage Renal Disease	Loss in renal function over a period of months or years
COPD/Asthma	Airway diseases causing difficulty to breathe
Advanced Liver Diseases	Any disease causing liver dysfunction
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Virus
Neoplasm as primary Diagnosis	Abnormal mass of tissue (benign or malignant)
New Diagnosis /Problem	Any New diagnosis not listed above
Risk Factors	
9 or more medications	If taking more than 9 medications
More than two secondary Diagnosis (M0240)	All conditions that coexisted at the time plan of care were established, or which developed subsequently, or affect the treatment of care,
Low Socioeconomic Status or Financial Concerns	Medicaid/Medicare/Uninsured
Lives Alone (M0340)	Identifies whomever the patient is living with at this time, even if the arrangement is temporary. (<i>Lives alone</i> does not include: With spouse or significant other, with other family member, with a friend, with paid help, with other than above)
Help with Managing Medications Needed	
Confusion <i>any</i> level (M0570)	Identifies the time of the day the patient is likely to be confused, if at all. (E.g. Never, In New or complex situations only; on awakening or at night only; during the day and evening, but not constantly; constantly; patient Nonresponsive)
Short Life Expectancy (M0280)	Identifies those patients for <i>whom life expectancy is fewer than six months</i> .
Poor Prognosis (M0260)	Identifies the patients' expected overall prognosis for recovery at the start of this home care episode (poor, good, fair/unknown)
Dyspnea <i>any</i> level (M0490, #1-4)	Identifies the patient's level of shortness of breath at <i>any</i> level (E.g., never; patient is short of breath when walking for more than 20 feet or climbing stairs; with moderate exertion like dressing or using commode or bedpan; with minimal exertion like while eating or performing other ADLs; or at rest)
Urinary Catheter (M0520)	Identifies presence of urinary or condition that requires urinary catheterization of any type, including intermittent or indwelling. The etiology of incontinence is not addressed in this item.
Open Wound (Stasis, Pressure, Diabetic ulcer, open surgical wound) (M0440)	Identifies the presence of skin lesion or open wound. A lesion is a broad term used to describe an area of pathologically altered tissues. (Yes/No)

Meals On Wheels, Inc. of Tarrant County Intake Form Client ID _____

Original Reintake Update Language spoken if not English _____

Date _____ From _____ Rel _____ Ph _____ By _____

Need & scheduling notes: _____

_____ Mapsco _____
☐ Cane ☐ Walker ☐ Wheelchair ☐ Dialysis ☐ Diabetic ☐ Stroke ☐ HBP ☐ CHF ☐ COPD ☐ Dementia

Name _____ Sex _____
(Last) (First) (MI)

Address _____ Apt# _____ Phone _____

City _____ Co. Tarrant State TX Zip _____ DOB _____ Cell _____

Ethnicity: (1) Not Hispanic (2) Hispanic (3) Not Reported Age: _____ SSN: _____

Race: (1) White (Non Hispanic) (2) White (Hispanic) (3) American Indian/Alaska Native (4) Asian (5) Black or African American (6) Native Hawaiian or Other Pacific Islander (7) Persons Reporting Some Other Race (8) Race Not Rpt

Marital (1) Married (2) Widowed (3) Divorced (4) Separated (5) Never Married (6) Not Reported

Does client live alone Y N Total in household _____ Lives with _____

Income: Household \$ _____ Client \$ _____ Head of Household M F H of H Age _____

Scores: Nutrition _____ CNE _____ Diabetes _____

Send letter yes no Verified names & numbers on:

--	--	--

Primary Contact

Name _____ Name _____

Address _____ Phone H _____ W _____

City & Zip _____ Cell _____

Phone - H _____ Rel. _____ Key? _____

Phone - W _____ Name _____

Cell _____ Phone H _____ W _____

Rel. _____ Key? _____ Cell. _____ Rel. _____

Decision: Yes No Pull File: No Yes _____ Monthly Recert: Yes No

Start _____ Del. Days _____ Cross Ref. _____

Meal: Reg Diet BK WK FZ Bev: C S LF JU EN+ GL Sup Only Rx Due _____

Site _____ Route _____ Placement: _____

Sp Instr _____

Caseworker completing form: _____ Date _____

Funding source: _____

Rev 8/2011

Client: _____ Date _____

Home Environment: Clean Dirty Cluttered Help Needed

Do you have safety bars or bath seat in tub? Yes No

Weight: Thin Normal Heavy Obese

Ambulates with: Cane Walker Prosthesis Wheelchair Bedfast

Primary Health Concern _____

Additional Health Concerns: (Circle)

Alzheimer's/ Dementia	Fibromialgia	Liver Disease	Seizure Disorder
Amputee	Fracture	Lungs:	Stomach Problems
Arthritis	Hepatitis A B C	Asthma	Stroke
Rheumatoid/ Osteo	Hearing Impaired	Emphysema	Thyroid problems
Cancer	Heart:	COPD	Weakness
Cerebral Palsy	Angina	Malnourished	Weight Loss
Cholesterol	Arrhythmia	Mental Health	Other
Confused / Forgetful	CHF	Depression/ Anxiety	
Diabetes	Heart Attack	BI Polar / Schizo	
Edema	Hip/ Knee Replacement	Mental Retardation	
Eye Problems:	HIV / AIDS	Multiple Scl.	
Blind	Hypertension/ Hypotension	Neuropathy	
Cataracts	Incontinent	Osteoporosis	
Glaucoma	Kidney Disease	Paralysis	
Mac. Deg.		Parkinson's	

Rx

Abilify / aripiprazole	Hydrocodone	Plavix
Actos / pioglitazone	Insulin	Prilosec / omeprazole
Albuterol / proventil	Januvia / sitagliptin	Prozac / fluoxetine hcl
Amaryl / glimepiride	Lexapro	Risperdal / risperdone
Aricept / donepezil	Lipitor	Seroquel
Atenolol	Lyrica	Synthroid / levothyroxine
Buspar / buspirone	Metoprolol	Toprol / metoprolol succinate
Coumadin / warfarin	Namenda	Vallium / diazepam
Cymbalta	Neurontin / gabapentin	Wellbutrin / bupropion hydrochloride
DiaBeta / glyburide	Nexium / esomeprazole	Xanax / alprazolam
Effexor	Norvasc / amlodipine besylate	Zestril / lisinopril
Elavil / amitriptyline	Oxycontin / oxycodone	Zocor / simvastatin
Glucophage / metformin		Zoloft / sertraline hcl
Glucotro / glipizide		Zyprexa / olanzapine

Primary Care Physician: _____ Phone _____

Hosp _____ Dr. FAX _____

Need Pet Food Y N

Who handles Finances? _____

Dog # Large _____ # Small _____

Source of transportation? _____

Cat _____

Car? Y N

Medicare Medicaid Insurance Supplement

Working smoke alarm? Y N

Client Name _____ Date _____

Nutrition Ed discussed

--	--	--	--

Nutrition Screening

I have an illness/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 over-the-counter or prescribed drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Total	

--

Current Agency Involvement:

Agency: _____	Agency: _____
Rep/Phone: _____	Rep/Phone: _____
Service: _____	Service: _____

Referrals:

Agency _____	Agency _____
Date made _____	Date made _____
Phone/Rep _____	Phone/Rep _____
Service Requested _____	Service Requested _____
Outcome _____	Outcome _____

Referrals:

Agency _____	Agency _____
Date made _____	Date made _____
Phone/Rep _____	Phone/Rep _____
Service Requested _____	Service Requested _____
Outcome _____	Outcome _____

A Home Delivered Meal Programs Has Been Offering Choice Meals Since 2007

Author:

Sherry Simon, R.D./L.D.

Meals On Wheels, Inc. of Tarrant County

E-mail address: ssimon@mealsonwheels.org

Brief Description:

Meals On Wheels, Inc. of Tarrant County (MOWI) has been offering a choice of lunch entrees for five years.

Attached is a PowerPoint presentation outlining the MOWI Choice Meal program and can be easily modified to provide a brief presentation or adapted into a poster session.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Beginning March 2007, Meals On Wheels, Inc. of Tarrant County (MOWI) began to test market a- Choice Meal Program. Due to overwhelming positive response from the test market participants, the choice meal program went countywide on June 18, 2007 and is a permanent part of a multitude of services that we provide our clients.

This innovative program allows MOWI clients to make their own menu selections based on their own preferences and desires. Menu order forms are sent out to clients six weeks prior to the start of the menu cycle which lasts for approximately 18 weeks.

Clients have the option of choosing between two different entrée choices (meat/protein selections) for their noon meal. There is a Menu A option and a Menu B option. The design of the menu allows for the meal accompaniments to remain the same regardless if Menu A or Menu B is selected. Each menu option is available as a Regular or Diabetic meal.

If no meal is selected then the Menu A meal is the default meal; so everyone gets a meal regardless if they make a selection or not. Each meal tray is then labeled with as "Meal A" or "Meal B" so that volunteers can easily deliver the correct meal choice of the client.

The return rate of menu order forms continues to be at 65-70 percent which demonstrates the appeal of this program to our clients. MOWI is proud to have been offering this innovative program to some our clients for five years.



“AoA Choices...” What a Nutrition Program Can Do!

- Empower individuals to make informed choices about long term care
 - Providing educational resources
- Help senior avoid nursing home and spend-down
 - Providing nourishing meals
 - Providing educational resources
- Enable seniors to reduce their risk of disability
 - Partnering with other agencies such as home health, universities, medical schools, etc. to assist with medical needs and medical education



Top 10 Food Trends Older Adults

Institute of Food Technologists, 2005

- | | |
|---------------------------------|--------------------|
| • Scratch cooking | • Customer driven |
| • Home-made | • Choice |
| • Restaurant quality | • Smaller portions |
| • Comfort foods | • Lighter fare |
| • International flavors, ethnic | • Nutrient dense |
| • Tasty, eye appeal | • Healthy |
| | • Variety |



How is Your Program Adapting to These Trends?

- Do you conduct a yearly survey?
- Do you analyze your calls or food complaints?
- Do you make calls once client is off program to find out why?
- Do you know your about your population diversity?
- Do your menus reflect those of the popular restaurants in your area?
- Do you provide clients with some sort of choice?
- Do you provide a means for clients to openly communicate with you regarding food suggestions?



How to Create Exciting Meals

Getting Started

Do the research

1. Keep a note pad in your purse or wallet
2. Jot down interesting menu items from restaurant you frequent
3. Look for new products in grocery stores
4. Talk with food vendors about new foodservice products
5. Peruse foodservice magazine and journals for current food trends
6. Determine what food cuisines are popular in your area
7. Search cookbooks and internet cooking websites for menu ideas



How to Create Exciting Meals

8. Get recipes for your new menu items. Cannot find in your cookbook---Do online search by putting recipe name or recipe ingredients.
9. What season is the menu being planned for
Summer menu consider more cold entrees and salads
Winter menu perhaps more casseroles and comfort foods
10. Know the demographics of your clients. Are there more baby boomers now?
11. Know the expectations of your clients (baby boomers will be different!)
12. Know your food donation sources
13. Review the latest dietary guidelines and nutrition related research



How to Create Exciting Meals Continued...

Set Goals and Prioritize

1. Set some goals for your menu
Examples:
 - Serve more whole grains
 - Increase amount of fish/seafood served
 - Serve more seasonal foods
 - Provide alternate entrees
2. List 10-20 new menu items that you would like to try
3. Review the list with some colleagues and rank menu items
4. Place top menu items on your menu



How to Create Exciting Meals Continued...

The Process (if preparing a new cycle ---in Iowa the AAA's have created menus to meet RDA's)

1. Hide all previously written menus...Start from scratch
2. Make a menu shell
3. Begin by placing new menu items on the menu calendar
4. Fill in with tried and true menu items
5. Start with the entrees
6. Remember that sauces and gravies make a plain piece of chicken unique and different week after week
7. Vary your types of cuisines-Italian, Tex-Mex, Chinese, Thai, Caribbean, etc.
8. Match alternate weeks (so if six week cycle can do week 1 and week 4 together and vary it

Examples:

- Week 1 Chicken Fried Steak ; Week 4 Chicken Fried Chicken
- Week 1 Meatloaf with brown gravy; Week 4 Meatloaf with Creole Sauce



How to Create Exciting Meals Continued...

9. Next place vegetable and starch side items on the menu. Make sure combinations normally go together

Examples:

- YES...Chicken Fried Steak with Mashed Potatoes
- YES...Chicken Lo Mein with Fried Rice
- NO...Chicken Fried Steak with Pasta
- NO...Chicken Lo Mein with Corn O'Brien

10. Add bread items

11. Remember there is more than just a slice of white bread. Think muffins, rolls, rye, multigrain, breadsticks, crackers, etc.

12. Add desserts last



How to Create Exciting Meals Continued...

Evaluate Your New Menu...Go Meal by Meal

Check your menu for variety

1. Count number of cuisines
2. Count number of beef, fish, poultry, meatless, etc. entrees
3. Watch your Veggies (Are there too many times green beans are served?)
4. Watch color of each meal (Is everything orange?)
5. Watch temperature (Is there a variation on temperature?)
6. Look at meal textures (Is everything soupy?)
7. Does the meal match the season?
8. Check for your Nutrition Standards
 - Vit C source daily
 - Vit A source three times a week
 - Sodium
 - Fat



How to Create Exciting Meals Continued...

Evaluate Your New Menu...Go Meal by Meal

Be aware of production limits...Ask these questions to each of the meals planned

1. Is everything in your meal going into the oven, steamer, kettle, etc.? Can the meal be produced with your current equipment?
2. Will you be able to pre-produce some of the menu items as you have them placed on the menu?
3. Do you have adequate staff/labor to produce the meal?
4. Will the meal be able to maintain appropriate temperature requirements?
5. Do you have appropriate packaging supplies for the meal?



How to Create Exciting Meals Continued...

Evaluate Your New Menu...Go Meal by Meal

Nutritional Analysis

1. It is the next step
2. Best made plans are easily changed by the Nutritional Analysis
3. Switching, replacing menus items can cause a domino effect
4. Be innovative—fix nutritional problems by adjusting recipes rather than changing the menu

Examples:

-Menu low in Vitamin C with applesauce dessert;
add strawberries to applesauce to make Berry
Applesauce or Ask question if Vitamin C
fortified applesauce is used in the recipe.

-Low in Vitamin A-add carrots to your salad recipe

- Last resort should be to change menu



How to Create Exciting Meals Continued...

Evaluate Your New Menu...Go Meal by Meal

Menu Costing

1. Does it meet your budget
2. Look at products in recipes versus changing the menu (domino effect)

Determine Client Satisfaction

1. Develop client survey evaluating the menu-ask about new menu items
2. Re-evaluate for demographics
3. Start a Nutrition or Menu Committee from interested board members and/or clients
4. Solicit menu ideas from your clientele



What We Learned at MOW of Tarrant County About Our Clients. Could Your Clients Be the Same?

- Clients want a buy into the organization and their food choices
- Old fashion, traditional nursing home fare was not cutting it anymore
- Often the meal delivered was there only meal of the day so we better make it something they wanted to eat
- Our client population was very diverse and becoming more diverse as the Dallas/Fort Worth metro area has now expanded into the 4th largest metro area in the country
- More and more request for fresh fruits and salad type meals
- Want meals that we equal in quality to that found in local restaurants
- Want menus with lots of variety especially with regards to vegetables



Our Implementation of “AoA Choices” What We Did...

- Began a Choice Meal Program
- Produced menus with menu items names to those found in local restaurants
- Began a Breakfast Meal Program
- Added more cultural diverse menu items to our menu cycle
- Even on Winter menu cycles now have more salads and fresh fruits
- Re-negotiated with our food contractor to provide “upgraded meat products” for some of our menu items
- Found alternate ways of increasing nutrient values than serving broccoli twice a week i.e. added foods to recipes to increase nutrient values.



Our Choice/Selective Meal Program

- Months in the making
- Many departments involved: volunteer, administrative, case management, operations
- Developed detailed plan of implementation
- Letters and menus to the clients-expected return rate- 35%; actual return rate over 70%



Our Choice/Selective Meal Program

- Sample Letter
- Sample Order Form
- Review of the Process
- Involving the Food Contractor
- Packaging considerations
- What were the challenges?

Sample Lunch Menu

Menu Dates: 3/21; 5/2; 6/13

**Menu A: Chicken Marsala
With Rotini Alfredo**

(925 kcals/125 grams CHO)

**Menu B: Seafood Fettuccini
With Spinach**

(1003 kcals/139 grams CHO)

Side Items:

Savory Green Beans

French Bread

Strawberry Shortcake /

Diet: Shortcake

Noon Meal One Week Menu

Monday	Tuesday	Wednesday	Thursday	Friday
Sloppy Joe # or Grilled Chicken # Swiss Cheese # Crispy Cube Potato # Green Peas # Wheat Hamburger Bun Cherry Gel/Fruit# Milk Diet - Fruited Gelatin 6/9, 7/21, Closed	Beef Spaghetti Cass# or Mozz Sticks/Sauce # Spinach # Ratatouille # Garlic Wheat Roll B'scotch Swirl Pudd# Milk# Diet-B'sctch Pudding# 6/10, 7/22, 9/2	Swedish Meatballs # or Chicken Croquette # Mushroom Gravy # Elbow Macaroni # Green Beans w/Red Pep# Cream Style Corn# Wheat Roll Raspberry Brownie Milk# Diet - Brownie 6/11, 7/23, 9/3	King Ranch Cass# or Beef Enchilda/Queso# Refried Beans # Fiesta Vegetables #* Wheat Bread Sliced Pears# Milk# Diet - Same 6/12, 7/24, 9/4	Tuna Salad # or Bacon Egg Salad # Marin Mix Veg Salad Italian Pasta Salad# Wheat Bread (2) Melons/S'berry#* Milk# Diet - Same 6/13, 7/25, 9/5
903 kcal/105.6 gm CHO 853 kcal/97.1 gm CHO	743 kcal/84.4 gm CHO 854 kcal/87.9 gm CHO	807 kcal/116.1 gm CHO 755 kcal/109.8 gm CHO	754 kcal/88.5 gm CHO 837 kcal/121.7 gm CHO	683 kcal/80.0 gm CHO 724 kcal/81.3 gm CHO

Sample Client Menu Order Form



Client

Place your name on this menu order form FIRST!

Pick Your Milk
☐ Lowfat (2%)
☐ Skim (Fat Free)
☐ Chocolate Milk
☐ Orange Juice

Name: _____

Menu Option Order Form

Please **CIRCLE**, either **Menu A** or **Menu B** Option, for each day. Once completed with your name send back this menu order form in the postage paid, addressed envelope.

WRITE YOUR NAME AT THE TOP!!!!

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Menu Dates: 6/9, 7/21, Closed Menu A: Sloppy Joe (108.70grams CHO) Menu B: Grilled Chicken with Swiss Cheese (89.0 grams CHO) Side Items: Crispy Potatoes Green Peas Hamburger Bun Jello / Diet: Applesauce Jello	Menu Dates: 6/10, 7/22, 9/2 Menu A: Beef Ravioli with Marinara Sauce (830 kcal/132.4 grams CHO) Menu B: Mozzarella Cheese Sticks with Marinara Sauce (961kcal/115.3 grams CHO) Side Items: Spinach Ratatouille Garlic Rosemary Breadsticks Cheesecake Pudding / Diet: Pudding	Menu Dates: 6/11, 7/23, 9/3 Menu A: Swedish Meatballs (901kcal/115.7 grams CHO) Menu B: Chicken Croquette with Mushroom Gravy (850 kcal/114.0 grams CHO) Side Items: Entrées over Elbow Macaroni Corn Pudding Bell Pepper Cream Corn Wheat Roll Raspberry Brownie / Diet: Brownie	Menu Dates: 6/12, 7/24, 9/4 Menu A: King Ranch Casserole (929 kcal/85.2 grams CHO) Menu B: Beef Enchilda with Queso Sauce (709 kcal/103.9 grams CHO) Side Items: Refried Beans Fiesta Vegetables Multigrain Bread Rusy Pears/Diet: Rusy Pears	Menu Dates: 6/13, 7/25, 9/5 Menu A: Tuna Salad (705 kcal/82.8 grams CHO) Menu B: Bacon Egg Salad (743 kcal/83.8 grams CHO) Side Items: Marinated Mixed Vegetable Salad Italian Pasta Salad Multigrain Bread Melon Cup / Diet: Melon Cup

Sample Letter to Clients

May 1, 2008

Dear Meals On Wheels Client:

It is time to make your menu selections for an upcoming menu cycle! Once again, starting June 9, 2008 we will offer everyone a choice between two entrées (two different meat choices) for your noon meal. There will be a **Menu A** option and **Menu B** option. The meal accompaniments (sides) will remain the same regardless of the entrée chosen. Each menu option will be available as a Regular meal or a Diabetic meal.

If you do not make a choice, you will automatically be served the **Menu A** option. **Menu A** will also always be a pork free meal. To change your meal to **Menu B** on any given day is an easy process. Simply circle the menu option you select on the enclosed menu option order form. This order form is for your meal selections from June 9 through October 10, 2008 (please note that there are three dates listed for each menu box). Once the menu option order is completed **please return by May 15, 2008** in the self addressed, postage paid envelope provided to ensure that you will receive your choices at the start of the menu cycle. When we receive your menu choices they will be noted for the entire menu cycle (June 9 thru October 10, 2008). Please note that occasionally, you may not receive your selected menu choice due to circumstances beyond our control but we will make every effort to provide you with your selections.

This menu cycle is offering four different lunch beverage choices. The four beverage offered to you are as follows: low fat milk, skim milk, low fat chocolate milk, and a calcium/vitamin D fortified orange juice. **Diabetic clients should pick either the low fat or skim milk options as the other two contain more sugar and may increase your blood sugars.** On the top of your menu order form please select your beverage choice that you would prefer.

This program is of course optional and participation will depend on you filling out and returning the menu choice form. **It is very important that you remember to place your name on the top of the menu option order form prior to mailing it in.**

Also enclosed in this mailing is your another copy of the lunch menu. This information will be on a blue sheet of paper. Keep the blue copy for your records and mail back the WHITE order form to our office.

It is our pleasure to serve you. And we are glad to continue to provide the choice meal program.

Healthy Regards,

Sherry Simon, R.D./L.D.

Director of Nutrition Services

P.S. Please remember to put your name on the menu order form before sending back to us.

Meal A & Meal Sample—

Menu A:

Meatloaf w/ Cajun Sauce
Mixed Greens
Creole Corn
Cornbread
Fresh Fruit

Menu B:

Chix & Saus. Jambalaya
Mixed Greens
Creole Corn
Cornbread
Fresh Fruit



Plating Menu A Meals
Menu B Meals Are Plated Before Menu A Meals



Printed Film is Available From Oliver



**Printed Film On Meal Trays
Once Heated Through Oliver System**



**B Meals Ready in Hot Box
Available During A Meal Plating and Packing of Coolers**



Meal A and Meal B Printed Film

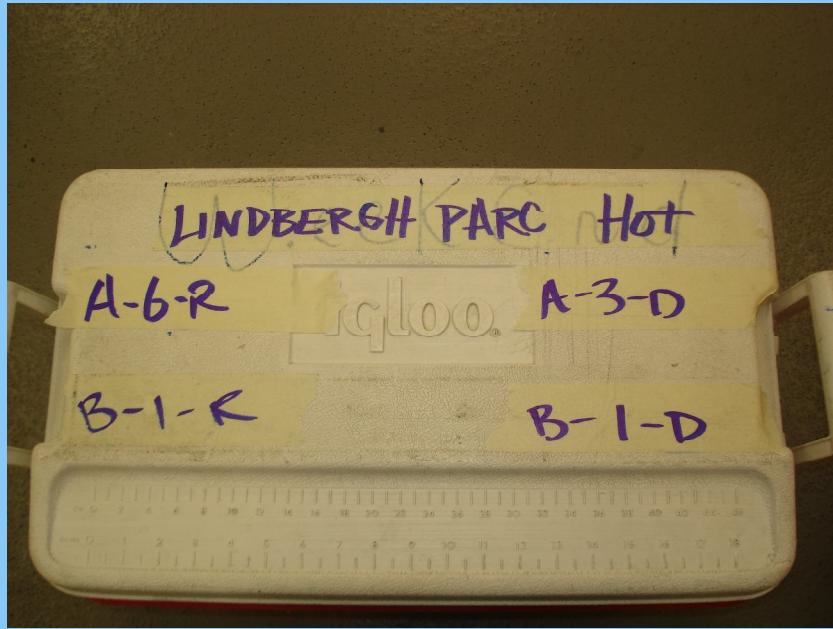


How Regular Meals Are Distinguished From Diet Meals

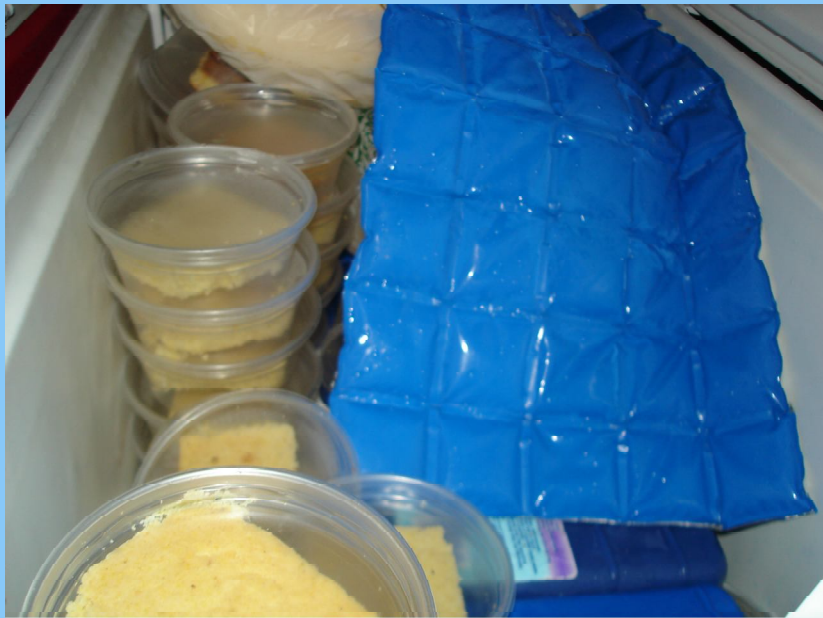
Circle
Around the
house
Means "Diet"
meal



Cooler Pack Out Amounts



Cold Coolers Packed with Blue Ice and Ice Blankets



One of Our Delivery Vans
Loaded with Coolers



Another Implementation of "AoA Choices" What We Did...

- Began a trial of a Breakfast Meal Program
- Reviewed the research regarding Seniors, Intake, Acceptance, Needs.
- Decided the breakfast meal would provide most bang for our buck food quantity wise and nutrition wise
- Provided 1/3 DRI for the meal
- Gave breakfast meal to all clients



Our Breakfast Meal Program

- Shorter timeframe
- Many departments involved: volunteer, administrative, case management, operations
- Why?...good operational year and anticipation of new state funding for additional meals
- Easier implementation-everyone receiving lunch on Tuesday, Wednesday, and Thursday to receive breakfast meal as a trial run
- Now everyone receives breakfast 5 days a week delivering 4 days (M-T-W-Th)
- For the trial with 1700 clients receiving breakfast meals only 5 called opting out.
- Now some 1800 clients receive breakfast with about only 80 clients opting out



Our Breakfast Meal Program

- Sample Letter
- Sample Breakfast Menu
- Trial Design
- Review of the Process
- Involving the Food Contractor
- Packaging considerations
- What were the challenges?

Sample Breakfast Menu

Orange Juice *

Turkey Sausage Link#

Fruited Yogurt #

French Toast Sticks

Sugar Free Syrup

Toasty O's Cereal

Fresh Apple

Milk #

6/17, 7/29, 9/9

634 kcal/104.8 gms CHO

One Week Breakfast Menus

Monday	Tuesday	Wednesday	Thursday	Friday
Fruit Blend Juice	Pineapple Juice	Cranberry Juice	Orange Juice *	Orange/P'appl Juice*
Pig in a Blanket	Fruited Yogurt #	Ham/Chz Croissant	Cheddar Cheese	Peanut Butter
Pancake Syrup	Bran Banana Muffin	Corn Flakes	Granola Bar	Oatmeal Square
Honey Nut Scooters	Bran Flakes	Milk #	Raisin Bran Cereal	Grits
Melon Balls	Milk #	Dried Apricots	Milk #	Raisins
Milk #	Dried Plums	Cottage Cheese	Dried Fruit Mix	Non Fat Dry Milk
Toast/P'btr Crackers	Chicken Chz Biscuit	Blueberry Scone	Fiesta Egg/Chz Pockt	Wheat/Cheese Cracker
Coffee	Coffee	Coffee	Herbal Tea	Harboiled Egg
2/25, 4/7, 5/19	2/26, 4/8, 5/20	2/27, 4/9, 5/21	2/28, 4/10, 5/22	Coffee 2/29, 4/11, 5/23

Menu:
 Apple Juice
 Egg Biscuit Sandwich
 Cinnamon Toast Cereal
 French Toast Sticks
 Sugar Free Syrup
 Orange Slices
 2% Milk

Sample Breakfast Meal



Bagging Contents for Breakfast Meals



Sample of Bagged Breakfast Meal Menu Item



Another Bagged Breakfast Menu Item



**Beginning of the Breakfast Meal Assembly Line;
Heavier Items are Placed in the Bottom**



Another View of Breakfast Meal Assembly Line



Our Breakfast Bag



Closing of the Breakfast Bags Using the Ziplock Feature



Breakfast Meals Are Assembled the Day Before Delivery; Breakfast Meals are Delivered with Lunch Meals for the Following Day's Breakfast





Other “AoA Choices” Implementations

- Evening Meals for those that qualify (Now have been replace since 5 day a week breakfast meals)
- Weekend Meals for those that qualify
- Frozen Meals for those that qualify
- Holiday meals for holiday closures
- More Scratch Cooking
- Therapeutic Diet of No Concentrated Sweets
- Enteral/Supplement products—Ensure Plus and Glucerna Shake
- Pork never offered as a Meal A option
- Shelf stable meals every 6 months
- Diabetes Identification, Management, and Education Program
- Yearly Diabetic Screenings



My Contact Information

Sherry Marishak-Simon, RD/LD

Director of Nutrition

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Healthy at Home in Tarrant County

Author:

Donald R. Smith

Area Agency on Aging-Tarrant County

E-mail address: don.smith@unitedwaytarrant.org

Brief Description:

The Area Agency on Aging of Tarrant County wishes to train and deploy Community Health Navigators to assist the most vulnerable persons in our community to avoid or decrease hospitalizations. These Community Health Navigators will assess where the these persons are with their self management of their disease process and work to help these persons improve their care and self management of their disease process.

Below is an abstract written about the proposed project which was originally part of a grant proposal. The attached file is the detailed application for the project. Within this application under section 2.2- Operational Plan on page 19 is a flow chart with more detailed information of project which could be easily utilized for a short presentation or poster session.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

The Area Agency on Aging of Tarrant County (AAATC), a part of United Way of Tarrant County, is a visible leader and advocate in the creation and delivery of services that promote empowerment, independence, and dignity for older citizens, persons with disabilities, and their caregivers. With support from Centers for Medicare and Medicaid Services, AAATC will lead a collaborative of local partners to provide the Healthy at Home in Tarrant County Program, focused on transforming the local health care workforce through the recruitment, training, and deployment of Community Health Navigators, to accomplish the following goals:

- Lower hospital readmission rates
- Lower unnecessary Medicare/Medicaid expenditures
- Increase participant disease self- management skills
- Increase participant knowledge of accessible community resources
- Transform the local health care system through utilization of lower cost workers to produce significant positive health outcomes
- Develop a service package marketable to payers/insurers

Projected Targets:

- Train and deploy 12 Community Health Navigators in Year 1; 48 CHN's over 3 years
- Serve 900 clients in Year 1; 3,800 clients over 3 years
- 75% of clients served will increase at least one level of "health activation" after 6 months of CHN intervention, using the Patient Activation Measure (PAM) model
- Health care cost savings of \$3,740,000 in Year 1; \$16,100,000 will be saved over 3 years

The Area Agency on Aging of Tarrant County requests \$1,170,000 to train and deploy Community Health Navigators. The program will target Tarrant County residents age 35 and older with multiple chronic conditions, considered at high risk of hospitalization, in targeted zip codes representing diverse, vulnerable populations. Participant households qualify for and are currently enrolled in Medicare or Medicaid.

Trained Community Health Navigators will use the evidence-based and proven Patient Activation Measure (PAM) model to assess clients' knowledge, skills, and confidence integral to managing their own health and health care. With the ability to measure activation and uncover related insights into patient self-management competencies, the care support and education offered by the CHN will be more effectively tailored to help these individuals take more responsibility as active members of their healthcare and ultimately reduce hospitalizations, emergency room visits, and health care expenditures.

Key partners include the University of North Texas Health Science Center, Tarrant County College, Workforce Solutions, North Texas Area Health Center, Senior Citizen Services of Greater Tarrant County, Meals on Wheels of Tarrant County, North Texas Specialty Physicians, Health Industry Council of North Texas, Texas Christian University, Texas Health Resources Faith Community Nursing Program, and Northwood Church. Each partner, led by AAATC, will fill a unique role and will assist with education and outreach of the program to prospective clients, recruitment and training of prospective CHN's, and/or future sustainability of the project.

Building Strong Seniors & Powerful Programs!

Author:

Shawn Sredersas

Mecosta County Senior Center

E-mail address: shawn.sredersas@mccoasc.org

Brief Description:

This video submission provides an overview of our project which builds on Healthy Living practices and reinforces the principles of linking together good Nutrition and daily activities that promote positive motion.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

http://www.onetruemedia.com/otm_site/view_shared?p=10ceaf2e9e7a831c2714c2b&skin_id=1602&utm_source=otm&utm_medium=text_url

Healthy Aging and Independent Living Project-Diabetes and Nutrition Screening and Counseling

Author:

Lynn Vargas, R.D./L.D.
Meals On Wheels, Inc. of Tarrant County
E-mail address: lynn@mealsonwheels.org

Brief Description:

Meals On Wheels, Inc. of Tarrant County has received funding from the United Way of Tarrant County, which is the designated Area Agency on Aging for Tarrant County, to provide in-home diabetes and nutrition screening and in- depth counseling by Registered/Licensed Dietitians. Follow up of counseling is provided by Nutrition students directed by Registered Dietitians at pre-determined intervals. The goal of this project is to reduce emergency room visits and hospitalizations of the clients/patients the project has served.

Attached is a sample PowerPoint presentation for year one of the project made to the Fort Worth Dietetic Association and can be modified and adjusted for a short presentation or into a poster for a poster session.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

The rise in the elderly population is well- documented and is approaching unprecedented numbers. Chronic disease, limited transportation and fixed income are some of the issues that many seniors face. A study called Elderly Community Residents' Reactions to the Nursing Home: An Analysis of Nursing Home-Related Beliefs found that many seniors' fear of being placed in a nursing home is greater than their fear of death. Simply put, people prefer to remain independent and in their homes.

In order to maintain health and independence, and to properly manage chronic disease, people need education, regular doctor visits, medication and proper nutrition. Limited transportation and low income are large barriers to access of these much-needed services. As healthcare costs increase and budgets decrease it becomes more and more important to find ways to address the needs of this often over-looked demographic in ways that are efficient, cost-effective, and impactful.

Healthy Aging and Independent Living (HAIL) is a project funded by United Way. It is designed to address the issues of disease management, transportation and low income that so many seniors live with. The ultimate goal of this project is to reduce emergency room visits and hospitalizations of the clients/patients the project has served. Potential HAIL clients are screened for nutrition and diabetes risk using previous evidence-based written tools of the Diabetes Detection Initiative and the DETERMINE nutrition screening tool. These are simple screening tools and do not require professional healthcare personnel to gather this information which reduces the cost of this function.

The Registered Dietitians at Meals On Wheels, Inc. of Tarrant County (MOWI) determine which clients are at risk utilizing the screening tools. Once clients are determined to be at risk they are contacted and an appointment is set up for the Registered Dietitian (RD) to make a home visit. This is an important part of the HAIL project because it directly addresses the issue of transportation for the client. In the home the RD collects medical history as well as the list of medications and supplements used by the clients. The RD also assesses the client's dietary intake as well as any potential barriers to intake such as dentition, GI issues, cognitive issues, etc. The RD provides information and training on nutrition-related chronic disease management, proper nutrition and food-safety practices, potential drug- nutrient interactions and potential dangers of supplements. As stated previously, many seniors have a fixed income and costly supplements can take a large portion of this. Also, while many people are aware of potential side effects or interactions of prescription medications, the potential dangers of non-prescription supplements are often overlooked. Paradoxically people take these substances to achieve a health benefit but appear to view them as innocuous substances with no potential for side effects when taken in large amounts or combined with other substances. Educating people on these issues as well as discussing dietary sources of micro- and macronutrients addresses the issues of safety and finances.

At the conclusion of the counseling/education session the RD works with the client to set a behavior goal. This goal is client-centered, meaning clients choose the goal themselves. The RD guides the conversation, educates, and helps the client identify possible solutions to barriers in behavior change. When the client sets the goal, he or she is much more likely to make a behavior change because the control is placed in his or her hands and there is a vested interest in achieving the goal.

After the initial home assessment clients receive mailed education materials specific to their needs, a follow-up visit from the RD and/or follow-up phone calls. The goals of

following up include reinforcing education, encouraging positive behavior change and addressing any additional needs the client may have. Follow-up visits are done by the RD and calls are made by dietetic/nutrition students.

HAIL benefits seniors, their families and communities, students and the healthcare system as a whole. It is a sustainable program that can utilize community organizations for referral and screening purposes, RDs for education and medical nutrition therapy and nutrition students for additional education and follow-up. So far results have been very promising and significant. An independent evaluator of the project found that last year this project reduced total hospitalizations of clients served by 42% (or 420 of the 1000 clients served); reduced preventable hospitalizations by 70% (or 700 of the 1000 clients served); and reduced emergency room visits by 23% (or 230 of the 1000 clients served).

Recently, MOWI received a report from the Texas Department of State Health Services that reported Tarrant County's profile for adult potentially preventable hospitalizations. This report identified ten preventable disease states, the number of admissions based on the disease state, the zip codes of those admitted with the disease states, average length of stay for each disease state, and the average cost of the hospitalization for each disease state. Using four of the ten disease states we find most often in the MOWI population (Congestive Heart Failure, Dehydration, Hypertension, and Diabetes-Long Term Complications), we were able to determine an average cost of hospitalization at \$27,414. If you extrapolate this figure with the reduction of hospitalizations of 42% or 420 clients found by the independent evaluator, this project potentially saved taxpayers, \$11,513,880 with a project investment from the United Way of Tarrant County of \$150,000.

HEALTHY AGING AND INDEPENDENT LIVING (HAIL): COMMUNITY NUTRITION PROGRAMS

Sherry Simon, RD LD - Director, MOW Nutrition Services
Kathie Robinson, MS, RD, LD, CDE - HAIL Project Dietitian
Lyn Dart, PhD RD LD - TCU Nutritional Sciences
TCU Coordinated Program in Dietetics - Class of 2011

PRESENTATION OVERVIEW

- Background history of collaboration and promoting service-learning in HAIL initiative
- Overview of service-learning concepts and benefits for the student and the community
- Meals on Wheels and HAIL program: enhancing quality of active life for the elderly
- MOW Client Case Studies and phone education
- Student focus groups and evaluation of HAIL initiative: determining the effectiveness of service-learning in advancing the dissemination and sustainability of community health programming for older adults

COMMUNITY COLLABORATION

TCU COORDINATED PROGRAM IN DIETETICS (CP)

- Professional program combining academics and supervised practice/internship hours
- Supervised practice hours satisfy course objectives and knowledge and skill competency learning outcomes (American Dietetic Association, Commission on Accreditation for Dietetics Education)
- Students participate in collaborative community-based programs that also address a need or provide a service in the community

SERVICE-LEARNING IN THE COMMUNITY

- ◉ What is Service-Learning?
 - A method of teaching, learning and reflecting that combines academic classroom curriculum with meaningful service throughout the community.
- ◉ TCU CPs & Community Agencies/Organizations
 - Tarrant Area Food Bank
 - Tarrant County Master Gardener Association
 - Senior Citizen Services of Tarrant County
 - Texas AgriLife Extension Services
 - Fort Worth & Birdville Independent School Districts
 - TCU Campus-Life Health Promotion
 - Fort Worth Dietetic Association

DIETETICS & SERVICE-LEARNING AT MEALS ON WHEELS

- ◉ *Healthy Aging & Independent Living* initiative service-learning outcomes:
 - Focus on Dietetics students increasing new knowledge in addressing growing public health needs of an aging population
 - Fosters teaching/counseling skills for effective public health practice in Dietetics
 - Allows Dietetics students to collaborate with community and provide a service

MEALS ON WHEELS, INC.



Mission Statement

To promote the dignity and independence of older adults, persons with disabilities, and other homebound persons by delivering nutritious meals and providing or coordinating needed services.

MEALS ON WHEELS, INC.



Who we are...

- ◉ We are a 501 (c) (3) not-for-profit charitable organization
- ◉ We have operated in Tarrant County since 1973
- ◉ We provide nourishing meals to homebound elderly and disabled persons who are unable to prepare a meal for themselves or who does not have anyone in the home to make a nutritious meal for them
- ◉ We provide professional case management to every client

MEALS ON WHEELS, INC.



Who we are (continued)...

- ◉ The meals, daily contact by caring volunteers, and professional case management allow frail homebound persons to remain in their homes.
- ◉ We have a volunteer force of 5000 volunteers delivering to over 4000 persons each year
- ◉ Other projects
 - Pet Food Program
 - Supplemental Groceries
 - Medical Equipment
 - Friendly Visits

MOW ADDRESSING PUBLIC HEALTH CHALLENGES

- ◉ Along with the rest of the nation, Tarrant County will soon be facing the challenge of an aging population
- ◉ Far-reaching implications for unprecedented demands on health care system and aging services in the community
- ◉ Local and state-level service agencies must provide innovative strategies in meeting these needs in coming years
- ◉ Left unchecked - significant and unsustainable increases in health care costs and limited revenue to support social programs for aging adults

HEALTHY AGING & INDEPENDENT LIVING (HAIL)

- ◉ HAIL initiative started as a strategy by the United Way of Tarrant County to help people with chronic disease and their caregivers to live well in their community for a longer period of time and avoid institutional placement or hospitalization
- ◉ HAIL has four prongs which Meals On Wheels just implements one of the four
- ◉ July 2010, Meals On Wheels was awarded funding for implementing a HAIL initiative targeting diabetes and nutritional risk screenings and interventions strategies for the clients we serve

HAIL TARGETS DIABETES & NUTRITIONAL RISK

Project Highlights:

- ◉ To screen 3000 clients annually for Diabetes Diagnosis and/or risk and Nutritional Risk using proven screening tools
- ◉ To provide more in-depth services including home visits with comprehensive nutritional assessment and nutrition and/or diabetes education to 500 clients
- ◉ To make 1650 follow up calls following home visits to 500 clients
- ◉ To reduce client hospitalizations and emergency visits to ultimately save tax payer dollars

HAIL TARGETS DIABETES & NUTRITIONAL RISK

- Based on findings from the population of Meals on Wheels clientele:

Here are the assumptions...

- Nutritional Risk:

- 50% High Nutritional Risk (HN): 250 persons
- 30% Moderate Nutritional Risk (MN): 150 persons
- 20% No Risk (NN): 100 persons

- Diabetes and Diabetic Risk:

- 33% Diabetics (D): 165 persons
- 33% At Risk for Developing Diabetes in the future (AR): 165 persons
- 33% No Risk (NR): 165 persons

HAIL TARGETS DIABETES & NUTRITIONAL RISK

Flow of Project

- MOW Case Managers complete both a *Nutritional Risk Screen Tool* and a *Diabetes Risk Screen Tool* on all MOW clients annually.
- Clients are then categorized into high, moderate, & low risk based on screening tools.
- HAIL Project Manager calls clients to set up appointments to meet with them in their home.
- Dietitian completes nutrition documentation & formalizes education plan.

HAIL TARGETS DIABETES & NUTRITIONAL RISK

Flow of Project

- ◉ Nutrition education materials are mailed to each client's home and based on individual needs.
- ◉ Dietetics students follow-up with the initial nutrition assessment and perform nutrition education over the phone.
- ◉ Information is sent to the Dallas/Fort Worth Council to match names of clients seen to determine if there have been any hospitalizations and/or emergency room visits during the service period.
- ◉ Dietetics students participate in focus groups to evaluate their perception of program effectiveness and education delivered

HAIL EVALUATION TEAM

- ◉ *UNTHSC School of Public Health:*
 - Kristine Lykens, Ph.D
 - Swati Biswas, Ph.D
 - Neda Moayad, Dr.PH
 - Carlos Reyes-Ortiz, Ph.D
 - Karan Singh, Ph.D
- ◉ Pamela Doughty, Ph.D, DFW Hospital Council

HAIL EVALUATION TEAM

- ◉ HAIL Evaluation study consists of two components
 - **Component 1:** quantitative analysis of data provided by the Dallas Fort Worth Hospital Council (DFWHC) consisting of variables identified by the 4 service providers and matched with hospital admissions data
 - **Component 2:** qualitative analysis of the findings from focus groups for each of the service provider agencies

TCU & SERVICE-LEARNING

- ◉ Dietetics students make home visits with the Dietitian 1-2 times prior to making education phone calls
 - Complete *Case Study* assignment following home visit
- ◉ Dietetics students make follow up phone calls to clients after initial assessment and education has been delivered by the HAIL Project Dietitian based on a matrix of the clients nutritional and diabetes risk
 - Students provide phone education sessions to clients under the guidance, mentoring, and monitoring of the HAIL Project Dietitian or another agency Dietitian.
 - Students are trained in counseling skills, how to deal with elderly clients, and effective communication skills for phone consults
 - Complete *Daily Journal* following phone consults

CLIENT HOME VISITS & CASE STUDIES

MOW CLIENTS & CASE STUDY

HEATHER HEEFNER, MEGAN HOLLOWAY, LESLIE MUELLER

- ◉ Purpose of home visit: follow up nutritional and diabetes risk assessment and diabetes education
 - Mrs. B: Female, 67 y/o
 - MOW client less than 1 yr
 - Current living conditions: lives at home with her daughter
 - Assessment
 - Diagnosis
 - Intervention
 - Monitoring/Evaluation
 - Our learning experience

MOW CLIENTS & CASE STUDY

ALIX BENEAR, NATALIE FORSTER, TAVO MAESE

- ◉ Purpose of home visit: nutritional follow up, Alzheimer's/Dementia education
 - Mr. M: Male, 81 y/o
 - MOW client since July 2010
 - Current living condition: Lives at home alone, daughters visit once a week to eat for a family meal
 - Assessment
 - Diagnosis
 - Intervention
 - Monitoring/Evaluation
 - Our learning experience

MOW CLIENTS & CASE STUDY

MOLLY MCINTYRE, NATALIE NARKIEWICZ, CASEY VOORHIES

- ◉ **Purpose of home visit: Diabetes assessment and education**
 - Mr. X: Male, 72 y/o
 - MOW client since 1/13/2011
 - Current living condition: Lives at home with wife as his primary caretaker
 - Assessment
 - Diagnosis
 - Intervention
 - Monitoring/Evaluation
 - Our learning experience

MOW CLIENTS & CASE STUDY

LINDSEY GORMAN, KAITLYNN JACOBSON, TINA LOGAN

- ◉ Purpose of home visit: nutritional follow up nutritional, diabetes risk assessment, and diabetes education
 - Mr. X: Male, 83 y/o
 - MOW client since February 2010
 - Current living condition: Widower and lives alone. Son visits every weekend to go grocery shopping, 2 other children live in the metroplex
 - Assessment
 - Diagnosis
 - Intervention
 - Monitoring/Evaluation
 - Our learning experience

PHONE CONSULTS & CLIENT EDUCATION

PHONE CONSULTS & CLIENT EDUCATION

☉ Client Instruction & Counseling

- Goal of phone call
 - Follow on the education given by the RD during the home visit.
 - Expand on education and answer any additional question the client may have.
 - Take diet history.
- Target time frame was between 15-20 min.
- Lay out of phone call
 - Introduced ourselves.
 - Review and expand upon areas the RD had discussed at the home visit.
 - Allow time for questions.
 - Inform clients that they would receive an educational packet
 - Thank them for their time.

PHONE CONSULTS & JOURNALS

☉ Daily Journals following phone education & consults

- What did you learn today?
- How did you gain this knowledge?
- What do you need further knowledge on?
- How do you think you will use this knowledge in the future?
- Talk about 1-2 of the phone calls you made today.
- What went well today?
- What positive feedback did you receive on the phone?
- How receptive were the clients to nutrition education on the phone?
- What do you think you could have improved on in your communications?

FOCUS GROUPS & OUTCOMES

HAIL EVALUATION TEAM - FOCUS GROUPS

- ◉ At the end of each semester, TCU Dietetics students were recruited to participate in focus groups by Meals On Wheels staff
 - ◉ Fall, 2010: 11 junior Dietetics students
 - ◉ Spring, 2011: 12 senior Dietetics students
- ◉ Evaluation Team members facilitated and recorded the focus groups to gather qualitative data for assessing outcomes
- ◉ Students were asked a set of questions regarding their interactions with MOW clients, delivery strategies for phone consultations and nutrition education, and challenges/successes in implementing the program.

FOCUS GROUP QUESTIONS

◉ *Questions about students' interactions & perceptions:*

- Client's receptivity to the intervention
- Challenges with phone education sessions
- How they can best deliver the intervention and engage the clients
- Successful outcomes
- Value of this experience to their education and professional development

SERVICE-LEARNING OUTCOMES

◉ *Challenges experienced by students in the delivery of intervention and strategies for solving:*

- Hearing loss
- Difficulty recalling information
- Comprehension of information
- Limited time on the phone
- Client honesty and attentiveness
- Keeping the conversation focused on nutrition and dietary/lifestyle practices for improving health

SERVICE-LEARNING OUTCOMES

- ◎ *Successful outcomes* experienced by students in the delivery of intervention:
 - Home visits provided greater insight about client and environment
 - Clients seemed comfortable in their home setting and receptive to education
 - Home visits provided more flexibility with time allotted for assessing/intervention
 - Clients were extremely appreciative of the phone call just to hear that someone cares about their well being

SERVICE-LEARNING OUTCOMES

- ◎ *Enhanced Professional Skills:*
 - Exposure to geriatric population in a home environment vs. clinical setting
 - Opportunity to practice knowledge about diabetes/nutritional risk and implementing health care strategies
 - Enhanced communication skills specific to clientele
 - Learned to tailor education pieces according to patient's needs and understanding
 - Strengthened home visit counseling skills and phone education techniques
 - Opportunity to help pilot new initiative for improving home health care for elderly

HAIL INITIATIVE - WHAT'S NEXT?

HAIL INITIATIVE & SERVICE-LEARNING

Where do we go from here?

- Strengthen students orientation prior to making calls about lowering their voice and strategies to make sure the communication stays on track
- Instruct students to begin with more direct and closed-ended questions and progress into open-ended questions
- Re-check calculations for the number of hours needed for student phone calls
- Link student research to this project
- Get student assistant for project Dietitian to help with paperwork, setting up appointments, and making additional phone calls
- In process of submitting an application to extend this project for another 1 year - with triple \$\$\$ funding to expand on client services

THANK YOU FOR JOINING US

ANY QUESTIONS?

Appendix B

Supplemental Materials

Recordings

All sessions of the National Summit were recorded and are available to view on your computer.

Watch the General Sessions:

<http://mowaacenter.org/Perspectives/Summit.html>

Includes the opening keynote, all panels and presentations and the closing session.

Watch the Lunchtime Keynote by Dr. Katz:

<http://mowaacenter.org/Perspectives on Nutrition and Aging Lunch/DrKatz.html>

The General Sessions recording contains five hours of recorded audio and video, along with over two hundred presenter slides. The Lunchtime Keynote recording contains over one hour of recorded audio and video, along with over one hundred presenter slides.

The National Summit recordings are published using Mediasite Player. For an overview of the Mediasite Player, including instructions and troubleshooting tips, please visit

<http://mowaacenter.org/Perspectives/Help/Classic/OverviewFullVersion.htm>.

Questions and Discussion

Participants were encouraged to submit their questions and comments electronically throughout the Summit.

We encourage those reading the *Proceedings* to view the online discussion and contribute their thoughts, ideas and questions as well at <http://nutritionandaging.tumblr.com>

Downloads

The following materials were handed out to participants at the National Summit. The files may be downloaded in PDF format at the links provided.

- **National Summit Program Book**
<http://mowaacenter.org/summit/Summit-Program.pdf>
- **Seniority: Perspectives on Nutrition. Healthcare. Wellness.**
a publication of the National Foundation to End Senior Hunger
<http://mowaacenter.org/summit/seniority-journal.pdf>
- **Nutrition and Healthy Aging in the Community: Workshop Summary**
a publication of the Institute of Medicine, National Academy of Sciences
http://www.nap.edu/catalog.php?record_id=13344

Videos

The following videos played during the National Summit may be viewed on YouTube at the links provided.

- Welcome to Perspectives on Nutrition and Aging: <http://youtu.be/T1AJR2PRPXc>
- Introduction to the Perspectives Challenge: <http://youtu.be/q9gELpA3cZ8>
- Perspective of Dr. James Ziliak, University of Kentucky Center for Poverty Research: <http://youtu.be/8bX6g047HGc>
- Perspective of Jennifer Goggin, FarmersWeb: <http://youtu.be/iScriwpDCrk>
- Perspective of the National Resource Center: <http://youtu.be/AATKqZBmdal>

Further Reading

The following Summit presenters provided additional readings to supplement the information in their presentation.

Panel Presentation: A History of the Older Americans Act

— Carol V. O'Shaughnessy, National Health Policy Forum

Article: The Basics: Older Americans Act of 1965: Programs and Funding

Panel Presentation: Pressing the "Reset" Button on Nutrition Delivery Systems

— Josefina G. Carbonell, Former Assistant Secretary for Aging (2001 – 2009)

Slide Deck: Improving Outcomes with Innovative Community Nutrition Services

Panel Presentation: Applying Private Sector Models to Public Sector Problems

— Ginger Zielinskie, Benefits Data Trust

Article: "Mending Safety Nets with Technology"

Perspective: Race, Class, and Frozen Chicken: Perspectives from Philadelphia on Tackling Senior Hunger Citywide

— Margaret Ernst, Mayor's Office of Civic Engagement and Volunteer Service

Report: Food, Seniors, and Service: Strategies for Innovating Home-Delivered Meals and Other Senior Hunger Resources in Philadelphia

Perspectives on Senior Hunger in America: An Annual Report

— James P. Ziliak, University of Kentucky Center for Poverty Research

Report: Senior Hunger in America: An Annual Report

Handout: 2010 Senior Hunger Report Card

Perspective: The Best Possibilities for Seniors Are Choices

— Nancy Tanquary, Johnson County Area Agency on Aging

Slide Deck: Choosing Healthy Appetizing Meal Plan Solutions for Seniors

Appendix BB:

Online Digital Library – Instructional Resources

PERSONNEL REQUIREMENTS

Introduction

Determining the specific personnel needs of an organization and matching the right people to the job are among the most challenging and important decisions made by the leadership of Nutrition Programs for Older Americans (NPOAs). Whether paid or volunteer, whether professional or skilled labor, employees are important assets for every nutrition services program. NPOAs are businesses, and as with any business, having motivated, qualified, well-trained and effectively managed staff is critical to the success of the nutrition service programs.

While nutrition service programs typically have a director and while most utilize volunteers in some way, staffing patterns for nutrition service programs vary across the country depending on the:

- Size, location, and scope of the nutrition program;
- Type of foodservice; and
- Goals and structure of the program.

Federal Employment Laws

More than 180 federal laws govern the variety of workplace situations throughout the country. Employers rely on human resources and employment experts for direction and oversight regarding implementation, reporting, and compliance with appropriate employment laws. Federal employment laws are administered and enforced by the Department of Labor (DOL), the Equal Employment Opportunity Commission (EEOC), and the National Labor Relations Board (NLRB)

In addition to federal employment laws and regulations, most states have additional laws that govern employment practices within their state. These laws may include minimum wage requirements, background checks, employer and employee rights, and other requirements that govern the hiring and termination practices of employers in the state. NPOAs should be sure that they are aware of all federal and state employment laws that are applicable to their program. The applicability of the many laws relative to personnel and personnel employment may vary considerably, depending on the size of the nutrition services program, whether the program is part of an agency handling a number of social and/or health related programs, and the number of persons employed by the program or the agency. Having someone who is familiar with employment law on a nutrition services program's advisory board may often be helpful to the program.

Some of the major areas for which there are federal labor laws are indicated here. For more information about federal laws administered by the Department of Labor, see: <http://www.dol.gov/opa/aboutdol/lawsprog.htm>.

Employee Benefit Security

The **Consolidated Omnibus Budget Reconciliation Act (COBRA)** gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan at their own cost for limited periods of time under certain circumstances. (<http://www.dol.gov/dol/topic/health-plans/cobra.htm>)

The **Health Insurance Portability and Accountability Act (HIPAA)** offers protections that improve the portability and continuity of health insurance coverage. The law also provides for improved access to insurance, protection against discrimination on the basis of health status, and privacy protection of health information. (<http://www.dol.gov/ebsa/newsroom/fshipaa.html>)

The **Employee Retirement Income Security Act (ERISA)** regulates employers who offer pension or welfare benefit plans for their employees. Title I of ERISA is administered by the Employee Benefits Security Administration (EBSA) (formerly the Pension and Welfare Benefits Administration) (<http://www.dol.gov/ebsa/>) and imposes a wide range of fiduciary, disclosure and reporting requirements on fiduciaries of pension and welfare benefit plans and on others having dealings with these plans. These provisions preempt many similar state laws. Under Title IV, certain employers and plan administrators must fund an insurance system to protect certain kinds of retirement benefits, with premiums paid to the federal government's Pension Benefit Guaranty Corporation (PBGC). EBSA also administers reporting requirements for continuation of health-care provisions, required under the **Comprehensive Omnibus Budget Reconciliation Act of 1985 (COBRA)** and the health care portability requirements on group plans under the **Health Insurance Portability and Accountability Act (HIPAA)**.

The Patient Protection and Affordable Care Act (PPACA) was passed in 2010, but many provisions of this act will not go into effect until 2014. At the present time, just what the regulations will be for implementing this Act or just what the implications of the Act's provisions will be on NPOAs is not known. (<http://dpc.senate.gov/healthreformbill/healthbill04.pdf>)

Employee Protection

Most labor and public safety laws and many environmental laws mandate whistleblower protections for employees who complain about violations of the law by their employers. Remedies can include job reinstatement and payment of back wages. Occupational Safety and Health Administration OSHA (<http://www.osha.gov/>) enforces the whistleblower protections in most laws.

Consumer Credit Protection Act (CPCA). This act regulates the garnishment of employee wages by employers. It is administered by the Wage and Hour Division of the Department of Labor (<http://www.dol.gov/whd/>).

Employee Polygraph Protection Act (EPPA). This law bars most employers from using lie detectors on employees, but permits polygraph tests only in limited circumstances. It is administered by the Wage and Hour Division of the Department of Labor. (<http://www.dol.gov/whd/>).

The **Family and Medical Leave Act (FMLA)** requires employers of 50 or more employees to give up to 12 weeks of unpaid, job-protected leave to eligible employees for the birth or adoption of a child or for the serious illness of the employee or a spouse, child or parent. It is administered by the Wage and Hour Division of the Department of Labor. (<http://www.dol.gov/whd/>).

The **Labor-Management Reporting and Disclosure Act (LMRDA)** of 1959 (also known as the Landrum-Griffin Act) deals with the relationship between a union and its members. It protects union funds and promotes union democracy. The act is administered by the Office of Labor-Management Standards (OLMS) (<http://www.dol.gov/olms/>).

Uniformed Services Employment and Reemployment Rights Act . Certain persons who serve in the armed forces have a right to reemployment with the employer they were with when they entered service. This includes those called up from the reserves or National Guard. These rights are administered by the Veterans' Employment and Training Service (VETS) (<http://www.dol.gov/vets/>).

Veterans' Preference. Veterans and other eligible persons have special employment rights with the federal government. They are provided preference in initial hiring and protection in reductions in force. Claims of violation of these rights are investigated by the Veterans' Employment and Training Service (VETS) (<http://www.dol.gov/vets/>).

Wages, Hours, and Other Workplace Standards

The **Fair Labor Standards Act (FLSA)** prescribes standards for wages and overtime pay. It requires employers to pay covered employees, who are not otherwise exempt, at least the federal minimum wage and overtime pay of one-and-one-half-times the regular rate of pay. The act is administered by the Wage and Hour Division (<http://www.dol.gov/whd/>). The Wage and Hour Division also enforces the labor standards provisions of the **Immigration and Nationality Act (INA)** that apply to aliens authorized to work in the United States under certain nonimmigrant visa programs (H-1B, H-1B1, H-1C, H2A).

Workplace Safety & Health

The **Occupational Safety and Health (OSH) Act** is administered by the Occupational Safety and Health Administration (OSHA) (<http://www.osha.gov/>). Employers covered by the OSH Act must comply with the regulations and the safety and health standards promulgated by OSHA. Employers also have a general duty under the OSH Act to provide their employees with work and a workplace free from recognized, serious hazards.

More information on these laws than is provided in these brief summaries can be found at <http://www.dol.gov/opa/aboutdol/lawsprog.htm>. In addition, a list of selected U.S. Department of Labor laws and regulations with links to related compliance assistance activities can be found at <http://www.dol.gov/compliance/laws/main.htm>. Complete information on how to comply with federal employment laws administered by the Department of Labor can be found at <http://www.dol.gov/compliance/>.

Equal Employment Opportunity Commission (EEOC)

The Equal Employment Opportunity Commission (EEOC) is responsible for monitoring all the laws which prohibit discrimination of any kind within the workplace. Under the laws enforced by EEOC, it is illegal to discriminate against someone (applicant or employee) because of that person's race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. It is also illegal to retaliate against a person because he or she complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. Essentially, the law forbids discrimination in every aspect of employment. Detailed information regarding the anti-discrimination laws and the EEOC can be found at <http://www.eeoc.gov/policy/ada.html>.

National Labor Relations Board (NLRB)

National Labor Relations Act (NLRA) Congress enacted the NLRA in 1935 to protect the rights of employees and employers, to encourage collective bargaining, and to curtail certain private sector labor and management practices, which can harm the general welfare of workers, businesses and the U.S. economy. The National Labor Relations Board (NLRB) is responsible for the implementation and enforcement of the NLRA. For more information, see <http://www.nlr.gov/national-labor-relations-act>.

Nutrition Programs for Older Americans (NPOAs) often receive government funds from contracts, grants, or financial assistance for which they are eligible under the Older Americans Act. Nutrition service programs which receive such funds are subject to specific employer requirements. These programs must:

- Adhere to all the non-discrimination and affirmative action laws and regulations as described under the previous discussion regarding the Equal Employment Opportunity Commission.
- Adhere to all OSHA standards, as discussed in the previous section regarding the Occupational Safety and Health Act.

Recipients of government contracts, grants or financial aid are also subject to wage, hour, benefits, and safety and health standards under:

- The **Davis-Bacon Act**, which requires payment of prevailing wages and benefits to employees of contractors engaged in federal government construction projects;
- The **McNamara-O'Hara Service Contract Act**, which sets wage rates and other labor standards for employees of contractors furnishing services to the federal government;
- The **Walsh-Healey Public Contracts Act**, which requires payment of minimum wages and other labor standards by contractors providing materials and supplies to the federal government.

Staffing Requirements

Older Americans Act language specifically related to nutrition project personnel is as follows:

"Section. 339. NUTRITION

A state that establishes and operates a nutrition project under this chapter shall--

(1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition sciences, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and

(2) ensure that the project --

(g) ensures that meal providers solicit the advice and expertise of --

(i) a dietitian or other individual described in paragraph (1),

(ii) meal participants, and

(iii) other individuals knowledgeable with regard to the needs of older individuals."

Dietitian Services

States are responsible for determining what education, skills, and expertise are comparable to those of a dietitian when an individual with comparable expertise is utilized instead of a dietitian.

In most states, a dietitian will be defined as a dietitian registered by the Commission on Dietetic Registration. Such a person is credentialed as a Registered Dietitian, or RD. In some states where dietitians are licensed to practice, a dietitian may be defined as a person licensed to practice as a dietitian within that state in addition to, or in lieu of, being a registered dietitian.

Dietitians are utilized throughout the aging network at the state, area agency, and local provider level. Some serve as consultants, while others are full-time or part-time staff members. Roles at the state level may include:

- Policy development (interpretation of legislation, regulations, policy and procedures, standards/guidance, and/or budget);
- Program development (needs assessment, planning, implementation, management, contracting, monitoring, coordinating interagency linkages, building capacity, assessment/evaluation, quality improvement);
- Training and technical assistance (materials, conferences, consultation, research, and dissemination);
- Research (demonstration, pilot testing, outcome measurement, focus groups);
- Grant writing;
- Consumer needs (satisfaction, service assessment, publication, outreach campaigns);
- Evaluation (Program, outcome, quality); and
- Advocacy.

Roles at the area agency and local provider level may include some of these same responsibilities indicated here as possible responsibilities at the state level. However, at the area agency or local provider level, the dietitian's responsibilities may be focused more on direct service functions, such as overall program direction, nutrition education, assessment, screening and counseling, policy development, food service operations, menu oversight, program and service planning and evaluation.

It is common for states to require that all menus used for meals in Nutrition Programs for Older Americans (NPOAs) be reviewed and determined to be acceptable by a dietitian or an individual with comparable expertise (ICE). The review of the menus by a dietitian or ICE serves to verify the nutritional adequacy of the meals provided through these programs that are funded by the Older Americans Act (i.e., to verify that they meet the requirements of 1/3 of the RDA and the current Dietary Guidelines for Americans).

There is increasing awareness of the need for safe food handling to be an integral part of all NPOAs. Dietitians can play an important role in this regard as they can help programs conduct food safety and safe food handling training for their employees and volunteers. They can also help programs assess their food safety compliance level and, where appropriate, help programs make adjustments to their policies and procedures that will help them to better meet local food handling codes.

Other Staffing Requirements

Current regulations required that State Units on Aging and Area Agencies on Aging *"shall have an adequate number of qualified staff to carry out the functions prescribed . . ."*

Some positions common to many programs and possible responsibilities associated with the positions are included here.

Nutrition Services Program Director

A nutrition services program director is responsible for the day-to-day management and administrative functions of the program. The nutrition services program director will generally be employed on a full-time basis unless it can be demonstrated that the size of the program or other conditions indicate that a part-time position is adequate. The duties and responsibilities of the nutrition services program director might include:

- Recruit, screen, interview, hire, train, and supervise all full-time and part-time subordinate personnel affiliated with the program;
- Inform, assist, and seek advice from the program advisory board;
- Contract for provision of food stuffs, supplies, and facilities according to the procurement procedures of the designated authority and as described in the programs policies and procedures;
- Develop fiscal procedures for the program
- Prepare contract applications, job descriptions, bid specifications and proposals, and budget proposals in a timely and proper manner.
- Plan, develop, implement, and coordinate all programs and services included within the nutrition program;
- Coordinate the development and provision of supportive services for the program;
- Maintain all accounts and records required for the program;
- Submit reports as required;
- Develop and maintain good working communication with the awarding agency for all aspects of the program;
- Compile, organize, and prepare written reports and materials for the aging unit and other key agencies, as directed;
- Set up auditing controls to measure program effectiveness, feasibility, and costs on a continuing basis;
- Identify program problems and recommend remedial measures;
- Attend public hearings and meetings relating to legislative proposals for the elderly, as directed by the aging unit to which they report;
- Develop and maintain a good public relations program including the use of local newspapers, radio, television, and public appearances;
- Develop training programs for the program staff, as needed;
- Recruit, train, and recognize volunteers, as needed by the program;
- Carry out all other duties and activities assigned to the holder of this position.

Important skills and qualities to consider when hiring a nutrition services program manager include:

- Experience and ability in working with people
- Management or supervisory experience;
- A background in food, nutrition, or food service management and/or experience or education in the food service industry;
- Knowledge of and ability to use public and community resources in planning program services
- Creative abilities in developing and designing program services for individuals and groups;
- Motivational skills to encourage nutrition services program participants to explore other activities and programs for older persons available within the site or the community.

Nutrition Services Program Director of Volunteers

Most nutrition services programs use volunteers in a number of capacities within the program. Generally, programs have someone who is responsible for their volunteer program and the

recruitment, training, scheduling, and recognition of the program's volunteers. This person would report to the nutrition services program director. The duties and responsibilities of this person might include:

- Recruiting volunteers through all types of media and activities, such as newspapers, public service announcements, or presentations to groups;
- Representing the program at community meetings or community activities;
- Developing job descriptions for all positions in which volunteers might be placed;
- Screening and selecting persons for volunteer positions;
- Training volunteers for their assigned positions;
- Scheduling volunteers to meet program needs;
- Preparing volunteer program reports, as required, including a report of the number of volunteer hours used;
- Coordinating the completion of background checks on potential volunteers;
- Developing and implementing a volunteer recognition and/or awards program

Some important skills and qualities to consider when employing a director of volunteers include:

- A positive attitude with the ability to relate well to all environments within the community;
- Ability to work well with all types of persons at all age levels and all skill levels;
- Previous management and supervisory experience
- Good computer skills to be able to manage volunteer records and schedules;
- Good public speaking skills
- Good organizational skills

Nutrition Services Program Dining Center Manager

All congregate dining centers should be supervised by a designated dining center manager. For smaller programs with only one congregate dining site, the nutrition services program director might also be the dining center manager. However, larger program should have a person or persons who are identified as the dining center(s) manager(s). This person, who reports to the nutrition services program director, is responsible for organizing and supervising the safe and sanitary service of meals and all other related nutrition program activities carried out at the dining center. Depending on the structure of the nutrition services program, duties for the dining center manager might include some of the following:

- Greeting and registration of participants;
- Keeping records of program data;
- Counting and depositing participant donations;
- Food safety activities, such as testing and recording temperatures of food, washing utensils, and surfaces;
- Outreach to new participants;
- Quality assurance for food or for food-vendor contracts;
- Assessments for home-delivered-meal participants;
- Scheduling and/or supervising volunteers in some of the above activities;
- Maintaining time and attendance records for staff and volunteers;
- Developing the confidence of program participants/clients;
- Maintaining awareness of program participants/clients needs and coordinating with other project/community resource persons to meet those needs.

Important skills and qualities to consider when hiring dining center managers include food handling experience, first aid certification, group leadership experience, problem solving abilities, and a warm, non-judgmental personality.

Food Handlers, Cooks, Food Aides

These persons are the employees that are engaged in food preparation, food packaging, or food service in some way. The nature of the work done by persons in these positions will vary from program to program depending on factors, such as program size, the type of food preparation done, or whether the program offers home delivered meals, congregate meals or both.

Regardless of the program parameters and the responsibilities associated with these positions, food safety is essential for all nutrition services programs. All personnel within a nutrition services program that come in contact with the food in any way must practice the essentials of sanitary food handling and service and food safety. Generally, one or more of these persons must be certified in food safety, and all of these persons should receive food safety and food handling training.

Host/Hostess

This person greets and welcomes program participants/clients and guests. He/she may assist the dining center manager or the nutrition services program manager in record keeping.

Driver

When transportation is provided to a congregate meal site, the driver transports participants/clients in need of transportation to and from the site or other location, as specified by the project director or site manager. All drivers need to have a valid driver's license from the state in which the program is located. When large vehicles, such as large vans or a bus, are used for transportation, a chauffeur's driving license or other large vehicle driver's license should be required for all drivers.

Volunteers

See separate documents regarding the incorporation of volunteers in NPOAs. This information is posted in a different link on this website.

Personnel Resources

Nutrition Programs for Older Americans are encouraged to employ older persons in their programs whenever appropriate. There are some personnel resources which could be of help to programs that are interested in locating older persons who may be viable candidates for program positions.

Senior Community Service Employment Program (SCSEP <http://www.doleta.gov/seniors/>)

The Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. Authorized under Title V of the Older Americans Act, the program provides subsidized, service-based training for low-income persons age 55 or older who are unemployed and have poor employment prospects. It is administered by the United States Department of Labor.

The program provides part-time employment and training opportunities for low-income older adults and assists them in transitioning to unsubsidized employment. Wages for SCSEP employees vary depending on a variety of factors, including the minimum wage in effect in a state and the specific job being performed. Often annual physical examinations are provided. The agency employing SCSEP employees typically subsidizes some portion of these employees' salary and/or benefits.

Older workers are a valuable resource for the 21st century workforce, and SCSEP is committed to providing high-quality job training and employment assistance to participants. Many NPOAs hire SCSEP employees to perform a variety of jobs in food service, their offices, congregate nutrition sites, and other settings.

Senior Corps Programs (<http://www.seniorcorps.org>)

Senior Corps is a network of programs that tap the experience, skills, and talents of older adults to meet community challenges. Through its three programs - Foster Grandparents, Senior Companions, and RSVP (the Retired and Senior Volunteer Program), many persons, age 55 and older, assist local nonprofits, public agencies, and faith-based organizations in carrying out their missions. RSVP and Senior Companions are utilized extensively throughout the aging network, including nutrition service programs.

(spell this out?) **RSVP:** Local organizations receive grants to sponsor and operate RSVP projects in their community. These projects recruit older persons age 55 and over to serve from a few hours a month to almost full time, though an average commitment is four hours per week. Volunteers are typically paired with local community organizations, such as the NPOAs, that are already helping to meet community needs.

RSVP volunteers are not paid, but sponsoring organizations often reimburse them for some costs incurred during service. RSVP provides appropriate volunteer insurance coverage, and volunteers receive pre-service orientation and in-service training from the agency or organization where they are placed.

Training

Training all personnel, paid and volunteer, helps to ensure good performance and is essential to the provision of high quality, dependable services. Training can be formal or informal; in group settings or with individuals. Technology-based training offered through interactive programs can help managers address a variety of training needs.

The induction of a new staff member to his/her job is an important aspect of personnel management. During the orientation, the new employee is introduced to the goals and objectives of the nutrition services program and is provided with a context for their critical role within the program. Topics included in an orientation might include:

- Tour of the program site, including the new employee's assignment area;
- Orientation to the nutrition services program's history, mission, goals, and values;
- Discussion of general information about working with program clients;
- Explanation of any parking information - where to park, any rules regarding parking;
- Introductions to both the paid employees and any volunteers with whom he/she will be working;
- Review of employee handbook and/or other policy/guidance materials prepared for employees;
- Discussion of importance of reporting on time and calling when absent or tardy;
- Explanation of smoking policy;
- Review of dress and personal grooming rules;
- Review of nutrition services program's safety policies, particularly those policies that pertain to the new employee's assignment area;
- Review of fire evacuation and disaster management or evacuation procedures
- Review of any benefits provided, as applicable within the program;
- Discussion of the training schedule for the type of work the new employee will be doing;
- Review of the actions/situations which would result in the employee's dismissal and the employee's rights of appeal;
- Review of confidentiality and data privacy requirements; signed confidentiality agreement obtained (Sample in Appendix A.);

Appendix B has a sample new employee orientation checklist.

In addition to the orientation and training for new employees, regular training should be scheduled for all of the staff. Program management should carefully evaluate the training needs of the staff. An analysis of the needs that staff training can fulfill can be conducted at three levels. The three levels are the organizational, operations, and individual levels.

Organizational Analysis: This analysis focuses on identifying where, within the organization, training is needed. Examples of such training might include:

- Training of all staff regarding policies on harassment;
- Training for kitchen staff regarding food safety and sanitation;
- Training of supervisors regarding appropriate hiring practices (larger programs);
- Training for all staff on issues related to cultural diversity.

Operations Analysis: This analysis attempts to identify the content of training regarding what an employee must do in order to perform competently. Examples of such training might include:

- Training related to safe food handling practices, such as ServSafe;
- Assessment techniques for evaluating the nutrition/health status of home delivered meal participants;
- Training on administration of a client assessment tool such as the Determine Your Nutritional Health screen.

Individual Analysis: This analysis determines how well each employee is performing the basic tasks that make up his/her job. The employee's job description provides the basis for identifying the specific tasks to be evaluated. These individual training efforts could be designed to help an individual employee succeed in specific areas where improvement is needed or new skills are required.

After a thorough analysis, a written training plan, which is updated regularly and evaluated for effectiveness, can help to ensure that ongoing training of staff becomes standard practice. Some states have specific requirements for training, such as food handler's permits, or other requirements that may address special training needs. These requirements should be included in the training and/or orientation plan for employees.

Food Safety

Food safety and sanitation are critical concerns for Nutrition Programs for Older Americans (NPOAs). Food poisoning leads to approximately 76 million cases of illness each year. Older adults, as a group, are more susceptible to food borne illness than other adults because they:

- Have weakened immune systems;
- Produce less stomach acid (which kills bacteria);
- Are more likely to have chronic diseases;
- Have sensory loss reducing their ability to sense spoilage in food.

Because of the importance of food safety to the well-being of older persons, it is essential for NPOAs to conduct regular food safety and sanitation training for all their employees, as well as their volunteers.

Two critical concerns regarding maintaining food safety that should be incorporated into program training programs are the maintenance of appropriate food temperatures at all times and maintaining good sanitation practices.

In regard to temperature maintenance, the following points are important and should be stressed in employee training:

- Keep all food in tightly sealed insulated coolers or other appropriate temperature holding equipment;
- Use separate coolers/temperature maintenance equipment for hot and cold items;
- Limit the amount of time that coolers/temperature maintenance equipment is opened during both the packing and delivery of meal items;
- Deliver meals in a timely manner;
- Do not leave meals outside a client's home;

In regard to good sanitation practices, the following points are important to regularly incorporate into training programs:

- Hands should always be washed with warm, soapy water before picking up any food.
- If hands cannot be washed before handling food, hand sanitizer should be available to use before touching any food.
- Coolers/temperature maintenance equipment must be sanitized on a regular basis. The coolers and/or the temperature maintenance equipment should be washed with soap and water, and then wiped down with a sanitizer.
- All vehicles that are used for meal delivery should be kept in a clean, sanitary condition.

Appendix A:
Sample Employee Program Confidentiality Agreement

Confidentiality Agreement

I understand that ALL information regarding cases, recipients, and staff is strictly confidential and must never be discussed or repeated. I will not betray this trust.

I also understand that confidential information is only given to me if it pertains to my assigned duties and that no copies or originals of any confidential information can ever be removed from _____ (name of program) offices.

I further understand that, if I do not respect or maintain the confidentiality of all information given to me through my assigned duties, I am personally liable for its release and may be subject to termination from employment.

Employee's Name - Printed: _____

Employee's Signature: _____ Date: _____

Program Director's Signature _____ Date: _____

Appendix B:
Sample New Employee Orientation Checklist

Employee's Name: _____ Start Date: _____

Position: _____ Social Security Number: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____

- _____ All Forms Completed
- _____ Purpose of the Nutrition Program -- Goals, Objectives, Clients Served - Discussed
- _____ Introductions Made to Other Employees and Volunteers
- _____ Tour of Nutrition Program Facilities, Including Locker Area/Restrooms
- _____ Shown Assigned Work Area
- _____ Employee's Specific Role/Assignment Identified and Discussed
- _____ Given a Copy of Employee Policies and/or Employee Handbook
- _____ Employee Policies and/or Handbook discussed
- _____ Safety Policies Discussed - Especially Those Policies Relevant to Employee's
Assigned Work Area
- _____ Fire Evacuation and Disaster Management or Evacuation Procedures Discussed
- _____ Employee Vehicle Drivers Only - Reviewed and Discussed Driver Policies
- _____ Employee Vehicle Drivers Only - Copy of Driver's License on File
- _____ Procedures and/or Expectations for Holidays, Inclement Weather or Other Emergency
Situations, Illness, Absences, and Tardiness Reviewed and Discussed
- _____ Personal Hygiene, Dress, and Smoking Policies Reviewed
- _____ Training for Assigned Position Completed, or a Training Session Is Scheduled

I acknowledge that the above items have been discussed with me or shown to me, and that I have an understanding of my employment assignment and the nutrition program's expectations of their employees.

Employee's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

VOLUNTEERS

General Policy

The delivery of Older Americans Act (OAA) nutrition services depends largely on volunteers. Volunteers are the cornerstones of many programs, and without the valuable services provided by volunteers, many programs would not exist. Many of the volunteers working with nutrition services programs are themselves older adults. Serving as a volunteer may have benefits for them, personally, as well as for the program. Volunteers are motivated to offer their services to programs for a variety of reasons. Some motivations for volunteers might be:

- To improve the quality of life of members of the community;
- To support something they believe in;
- To make new friends;
- To repay what they have received from the program or the community;
- To learn new skills;
- To feel they are needed.

Nutrition services programs should consider how they structure their volunteer program. To be able to attract and retain a viable group of volunteers who contribute positively to the nutrition services program's operations, the volunteer program should consider what motivates persons in their community to volunteer to help with the Nutrition Programs for Older Americans (NPOAs) and see that their volunteers are able to realize the benefits that they are seeking.

Volunteer activities in NPOAs might include:

- Assisting at group meal sites;
- Serving on boards or advisory councils;
- Delivering meals to the homebound;
- Escorting frail older persons to services;
- Counseling older persons in a variety of areas, including health promotion and nutrition;
- Assisting with reception and clerical needs.

As each program is different, volunteer activities will vary from program to program, depending on program needs and volunteer resources.

While almost any work that needs to be done to meet the goals of a nutrition services program can be done by volunteers, careful assessment of the needs of the program and the skills and needs of the available volunteer workforce should take place. By identifying a range of jobs and different abilities, skills, and commitment requirements, a nutrition services program can attract a more diverse group of volunteers. Some of the best program volunteers are often found among older adults participating in services at senior centers or dining sites. Often former volunteers move on to become outstanding employees within a nutrition services program.

All volunteer jobs have costs and benefits for both the volunteers and the NPOAs. For the volunteers, costs may include the time commitment and certain aspects of the job that are less appealing than others. Volunteers may also incur costs for unreimbursed expenses, such as vehicle fuel that they use for meal delivery. Volunteers' benefits may include special training, the development of new relationships, the fulfillment of personal goals, and recognition for the positive results gained from the contribution of their time.

For volunteers to be successfully incorporated into a nutrition services program, a program must invest time to carefully structure its volunteer program and must take the time to see that all volunteers are adequately trained to do the jobs to which they are assigned. While the oversight of a nutrition services program's volunteer program might be done by a volunteer, generally, this position is held by someone who is a paid employee of the nutrition services program. Thus, there is generally both a labor and materials cost associated with the incorporation of volunteer services. However, this cost is usually more than offset by the value of the labor hours contributed by the volunteers as well as by both the skills that many volunteers may bring to the nutrition services program and the community relations that are enhanced by having program volunteers within the community.

Categories of Volunteers

There are several categories of volunteers that might be associated with the Nutrition Programs for Older Americans (NPOAs). Such categories include the following:

Long-term volunteers: These volunteers are persons who are committed to helping the nutrition services program in any way that they can for as long a time period as they can. These persons will often fill positions that might otherwise have to be filled by paid personnel; many are long-term delivery personnel for home delivered meals programs. These volunteers are often retired persons living in the community served by the NPOA who are looking for a way in which they can contribute to the community on a regularly scheduled basis.

Short-term or episodic volunteers: These volunteers are more likely to take on jobs that are short in duration with definite start and end dates and/or those jobs that occur at regular intervals. Examples of such jobs would be those related to fund-raising events or a special project on which the nutrition services program is working.

College volunteers and interns: Colleges and universities often sponsor volunteer fairs for recruitment. Students from many varied backgrounds often look for ways in which they can become involved in community service while they are attending school. Also, today, many career fields require, or at least recommend, that students complete an internship related to their field of study. Often these internship interests/requirements can be satisfied through an unpaid internship.

Volunteers and/or interns with specific expertise (nutrition, nursing, social work, public relations, etc.) may often be found by contacting the department that is most consistent with the expertise of interest to the nutrition services program. If there is a college or university located near the nutrition services program, direct, personal contact with the appropriate department faculty may yield the best results.

However, even if there is no nearby college or university, a quick search of the Internet will provide a listing of colleges and universities offering programs of interest, such as nutrition or dietetics programs, that may be sources of students. Phone calls and/or emails to faculty at several different colleges and universities will likely yield a positive response. Even though a nutrition services program may not be near their school, students frequently travel to sites where they can get quality internship experience during break periods in their academic schedule. Further, it is always possible that a student attending a distant college or university lives right "next door" to a program and will be looking for an opportunity to gain experience in his/her field while he/she is home for the summer or other break period.

Virtual volunteers: These volunteers are people within most communities who would like to volunteer, but family commitments, time constraints, or a disability can make it difficult for them to volunteer for work at the nutrition services program site. These persons are looking for opportunities which they can complete from home or through the Internet. With the many technologies available today, a nutrition services program should consider developing ways in which volunteers might help with program needs via technology without regularly being on site.

at the program. Since many nutrition services programs have limited space available, saving valuable building space by having volunteers who can help with needed work by working at home adds to the overall value of the volunteer's efforts.

Volunteers with disabilities: People with disabilities are an excellent, yet often underutilized, source of volunteer talent. The Americans with Disabilities Act provides for full participation in and access to all aspects of society, including volunteering. Reasonable accommodations can often be made with little effort and expenditure for disabled volunteers who are going to be working at the nutrition services program site. Other agencies can sometimes lend adaptive equipment for the use of a specific volunteer. Virtual volunteering options, as discussed above, may also be ways in which nutrition services programs can use volunteers with disabilities.

Community service and/or work-release volunteers: Community service and/or work-release program volunteers may be available to nutrition services programs in some communities. While these volunteers can make positive contributions to a program, it is recommended that they only be placed in volunteer assignments where they are directly supervised by either paid personnel or long-term volunteers and where they do not have direct involvement with program clients.

Volunteer Program Structure

Many Nutrition Programs for Older Americans (NPOAs) actively recruit persons to serve as program volunteers. Persons interested in volunteering to help within a nutrition services program should follow an application process similar to the process required for paid personnel. To ensure that the volunteer experience is a positive one for all concerned, volunteers should be required to follow all program guidelines. They should also participate in a training program designed specifically for volunteers.

Volunteer recruitment: There are many potential sources of volunteers for nutrition services programs. Communities vary considerably in regard to the possible need for and the potential sources of volunteers. However, some possible sources for recruiting volunteers are:

- Senior Corps Programs (<http://www.seniorcorps.org>);
 - Senior Companions;
 - RSVP;
- Volunteer fairs and expo events;
 - United Way kick-off campaigns;
 - College and university campus events;
 - Local company or corporate affairs;
- Churches and church events;
- The nutrition services program's website;
- Community service organizations (Lions Clubs, Rotary Clubs, for example);
- The current program clients, especially congregate meal clients.

Volunteer qualifications: Although there are several categories of volunteers that might be used by a nutrition program, there are some basic qualifications suggested for all volunteers. The suggested qualifications are:

- Must be 18 years of age or older.
- If 16 years of age or older, may volunteer in an administrative capacity and work with adult supervision.
- Must complete a criminal background check prior to being in contact with program clients. As many nutrition program clients are vulnerable to scams and/or abuse which might be perpetrated by a volunteer with criminal intentions, these background checks are essential and are required by many states.
- Must have no prior felony convictions.
- Must have no convictions of any kind in the past three years. While exceptions to this requirement might be made, requests for exception would need to be considered on a case by case basis.

Volunteer applications: All potential volunteers should complete a volunteer application form. Appendix A has a sample volunteer application form. If the person is volunteering to deliver meals or otherwise drive any vehicles, a copy of the applicant's driver's license and validation of car insurance coverage should be attached to the completed application form. The applicant should also complete a consent form to enable the nutrition services program to check criminal records. Programs should check with their state office in regard to the consent form to be used for a criminal records check for their state.

Volunteer selection: Volunteer selection decisions should be made on the basis of qualifications and assignment-related factors, such as the person's skills, knowledge, education, experience, and ability to complete specific assignment. There should be no discrimination against any volunteer or potential volunteer in regard to recruitment, selection, appointment, placement, training, or any other aspect of the volunteer program based upon race, age, religion, color, disability, national origin, gender, political affiliation or belief, or any other non-merit factor.

Volunteer applicants should be disqualified as a volunteer for a nutrition services program if the applicant:

- Does not meet the minimum qualifications for the performance of the duties of the position involved (e.g. ability to lift meal carriers, lack of appropriate driver's license, for example);
- Has knowingly made a false statement on the application form;
- Is not permitted to hold the position because of his/her criminal background check;
- Has not and will not complete the orientation and training process.

Generally, it is suggested that NPOAs have a zero tolerance policy in regard to felony charges for assault, drugs, or theft. A volunteer applicant who is found to have such felony records when his/her criminal background check is completed should be automatically disqualified as a potential volunteer.

Current volunteers who are later found to be guilty of such charges or who are found to have engaged in assault, drug use, or theft, either on or off the premises of the nutrition program site or in the home of a program client, should be immediately terminated as a program volunteer.

Volunteer records maintenance: It is important for nutrition services programs to maintain confidential records on all volunteers. Generally, the person who is designated as the program's volunteer director should be responsible for maintaining accurate records containing information such as each volunteer's hours, duties, and personal information. Maintaining an accurate record of the hours each volunteer works is essential for the preparation of accurate meal and meal cost reports for the program.

It is suggested that the following records be maintained on each volunteer, as appropriate for the specific nutrition services program.

- Completed volunteer application form;
- Copy of volunteer's driver's license;
- Copy of volunteer's vehicle insurance verification;
- Signed consent form to check criminal records;
- Emergency contact information;
- Signed copy of the program's confidentiality agreement (See Appendix B for a sample confidentiality agreement.);
- Signed copy of the program's volunteer agreement form (See Appendix C for a sample copy of a volunteer agreement.);
- A completed volunteer orientation and training checklist (See Appendix D for a sample checklist.);
- Any grievances filed with the program; any counseling statements and/or any other disciplinary action records.

Volunteer recognition: Ongoing recognition of volunteers for their efforts will ensure that they continue to volunteer and feel good about their contribution. The knowledge that the nutrition service program values and recognizes its volunteers and the work that they do can be a powerful incentive for others to volunteer for the program.

Recognition can take place in many ways. Recognition ideas include having an annual volunteer recognition event, sending cards (anniversary cards, get well cards, sympathy cards, thank you cards, etc.), giving volunteers gift certificates, or awarding plaques or award certificates. Another way to show recognition would be to provide volunteers with letters indicating the hours they have worked for the nutrition services program so that the volunteers have documentation of their hours for organizations/agencies such as their school or church or the United States Internal Revenue Service.

Volunteer Orientation and Training

The introduction of a new volunteer to his/her job within a Nutrition Program for Older Americans (NPOA) is an important aspect of an effective volunteer program. During the orientation, the new volunteer is introduced to the nutrition service program's goals and objectives and is provided with a context for his/her role within the program. Some topics that may be included in an orientation program are the following.

- Tour of the program site, including the new volunteer's assignment area;
- Orientation to the nutrition services program's history, mission, goals, and values;
- Discussion of general information about working with program clients;
- Explanation of any parking information - where to park, any rules regarding parking;
- Introductions to both paid employees and other volunteers with whom he/she will be working;
- Review of volunteer handbook and/or other policy/guidance materials prepared for volunteers;
- Discussion of importance of reporting on time and calling when absent or tardy;
- Explanation of smoking policy;
- Review of dress and personal grooming rules;
- Review of nutrition services program's safety policies, particularly those policies that pertain to the new volunteer's assignment area;
- Review of nutrition services program's fire evacuation and disaster management or evacuation procedures;
- Review of any volunteer insurance provided, as applicable within the program;
- Discussion of the training schedule for the type of work the new volunteer will be doing;
- Review of the actions/situations which would result in the volunteer's dismissal as a program volunteer and the volunteer's rights of appeal;
- Review of confidentiality and data privacy requirements; signed confidentiality agreement obtained (Sample in Appendix B.);
- Review of the volunteer agreement form; new volunteer's signature obtained on the form (Sample in Appendix C.).

Training volunteers in their positions is as important as the training of regular paid staff, although this training is often done hurriedly or not at all. Once a person is selected as a volunteer and assigned a job, job-specific training is essential to a successful and rewarding experience for both the volunteer and the nutrition services program. Training can be formal or informal, in group settings or with individuals. Technology-based training on the Internet can help nutrition services program managers address a variety of training needs.

Having job descriptions for every job to which volunteers are assigned is an essential component of an effective volunteer training program

When training volunteers for their jobs, it is important to stress to the volunteers that their safety is a high priority for the nutrition services program. In that regard, it is important that all volunteers understand that:

- Volunteers will not be asked to perform assignments that endanger their health and safety;
- Every reasonable precaution will be made to ensure that volunteers who are delivering meals to clients will have safe passage to and from the clients' houses;
- Conditions that call into question the safety of a volunteer should be immediately reported to the program's director of volunteers or other nutrition services program administrative personnel.

Critical areas for inclusion into volunteer training programs are training in food safety and sanitation, emergency procedures, and meal delivery procedures (for meal delivery volunteers). Sample emergency procedures and directions for dealing with safety concerns are included in Appendix E. Comprehensive food safety and sanitation practices are addressed in another section of the web site. However, some basic food safety and sanitation information is indicated here as food safety is critical for the well-being of the clients served by NPOAs. Meal delivery procedures are discussed in a separate section following the discussion on food safety and sanitation.

The Challenge of Aging Volunteers

Issues Associated with the aging of volunteers:

A current challenge that is impacting many Nutrition Programs for Older Americans today is the aging of the programs' volunteers. Many programs have volunteers who have been working with the program for a number of years -- sometimes since the program was first initiated. The aging of these volunteers and the longevity of their service to their programs are now causing issues for the programs. Some of these issues include

- Stagnation of the volunteer culture within the meal program;
- Alienation of potential new program volunteers;
- Volunteers' health status and ability to perform their chosen tasks; and
- Intergenerational communication problems

Stagnation of the volunteer culture may occur as the older volunteers have become entrenched in the program and into the work that they have been doing over the years with little or no change in how they are doing that work. Unfortunately, such volunteers may have an attitude about the work that they are doing and the way that the program needs to operate. In essence, a program may find that the volunteers have ownership or control of the program, or at least firmly believe that they do, and as a result, a program may be being "held hostage" by its dedicated volunteers who have served the program well for many years. In this type of situation, it is difficult for program management to introduce change into the program as the entrenched volunteers are likely to resist making any change to the work they are doing or in the way they are doing it.

When the volunteer culture has stagnated and the older volunteers have much control over the program's operations, it is difficult to introduce new volunteers into the program. Since the "entrenched" older volunteers have their own group structure, it is likely that new volunteers will not be included in these groups and may feel unwelcome and not needed. Someone who feels that he/she is not welcome and not needed by a program is not likely to stay long as a program volunteer. Also, there may be a conflict between the attitudes of older volunteers who think in terms of the program, overall, and want to do whatever is needed to be sure the program's clients get good meals and the more individualistic attitudes of younger volunteers who may want only to complete required service hours or do something "good" in the limited time they have available. Recruitment of new volunteers is a challenge in itself, today; so older volunteers' discouragement of new volunteers is a hindrance and not a help to a meals program.

Another important issue associated with the aging of a program's volunteers is that of the health status of the volunteers and their ability to perform the tasks that they have been doing for many years. A critical area here is that of the volunteer's driving ability. It is well documented that there is a decline in a person's ability to see and react to driving emergencies with age. Programs need to consider if some of their older volunteer drivers are really capable of driving their delivery routes. In some cases, programs may need to be checking to see if the volunteer still even has a valid driver's license. If a volunteer is no longer able to drive and deliver meals safely, if he/she is allowed to continue to do so, the program assumes considerable risk for liability in the case of an accident or injury to the driver and to others that may be injured in an accident caused by the driver when delivering meals.

In addition to the concern about driving ability, other health status and ability concerns include a concern about the person's ability to lift (meal containers, cases of canned food in the kitchen, etc.), to stand on their feet for an extended time (helping with meal service or the plating of meals), and to see well enough to read addresses and/or directions accurately. If the volunteer can still do their usual tasks, physically, a further consideration is whether or not they can do the task acceptably within the available time - a time that will enable the program to prepare and serve meals as required. Another concern might be the person's ability to be at the program on his/her volunteer days as his/her health declines or he/she becomes a major, if not full-time caregiver for his/her spouse. Finally, consideration needs to be given to a possible decline in an older volunteer's mental acuity. If someone has been keeping program records - account records or records of volunteers or program client records - whether he/she is still able to do so acceptably - or if the work consistently needs to be redone - is a consideration for the program's management.

A final issue associated with the aging of a program's volunteers is the challenge of intergenerational communication. While the older volunteers may be able to communicate well with the clients served by the program (presumed to be of the same generation), it is likely that, over time, the program's management and full-time employees have changed and are now from a younger generation. Even the channels for communication have changed with the older volunteers more likely to rely on print media while younger generations (which may include the program's management and many of the staff) are more likely to rely on electronic media. Without an understanding of how different generations communicate, management's efforts to communicate with their older volunteers and effect desired change within the program are not likely to be successful.

Possible Approaches to Resolving Aging Volunteer Issues:

As volunteers age, it is important for programs to be sure that their personnel records on their volunteers are updated regularly. Regular records updates enable them to talk with each volunteer and identify any changes in their health or physical ability -- or that of a volunteer's spouse - which may impact what the volunteer can or cannot do for the program. A program's records update effort might be expanded to include a requirement for regular health checks for all volunteers. Personal conversations with each volunteer may facilitate modifying the volunteer's work assignment or volunteer times should it be deemed necessary to do so because of changes in the volunteer's health or physical abilities. Keeping records up-to-date also helps ensure that all volunteers who are delivering meals or driving other vehicles do, in fact, have valid driver's licenses for the vehicles they are driving for the program.

Establishing a "transition to retirement" approach to working with their older volunteers may be a way for programs to manage the issues associated with their aging volunteers. Programs might establish an emeritus status for their volunteers as they "retire" from the program and place value on attaining that status by regularly recognizing their emeritus volunteers when holding volunteer recognition events. Volunteers might be encouraged to transition to retirement by management taking actions such as:

- Talking openly, but honestly and tactfully, with the older volunteer about the observed changes in his/her abilities and how the changes are affecting his/her work with the program so that he/she recognizes that he/she may no longer be helping the program as he/she was before and may actually be contributing to the program's risk exposure;
- Asking the older volunteer to help the program redesign the work that the volunteer was doing and break down the work into more than one position with the older volunteer still doing part of his/her original work, but having a new person take responsibility for the remainder of the work - and eventually for the work the older volunteer is still doing, as well, when the older volunteer completely retires;
- Discussing the need for program change (resource limitations, service demands, etc.) with the older volunteer who is a leader among his/her peers and enlisting him/her as a leader to work with the program's administration to design and effect desired program change -- and when the task is completed to not return to being a "regular" volunteer, but to remain as an "advisor" to the program;
- Developing and "apprentice" program whereby a new, younger volunteer works with an older volunteer for a period of time while the older volunteer "trains" the "apprentice" to do his/her job to his/her satisfaction (as well as to the program management's satisfaction);
- Talking personally with the older volunteer and identifying what is most important to him/her about his/her volunteer work (socialization, personal gratification from helping others, sense of self worth, etc.) and suggesting alternatives within the program which are feasible for the person which also still contributing to the program's operations. While such conversations may bring relief for some of the older volunteers, others may react with anger or denial. In such cases, further tactful, yet meaningful, conversations may be required to gradually help the older volunteer move toward retirement;
- Making changes to the program's operations which will effectively eliminate the work that the older volunteer was doing. While position elimination is often difficult, it may be required as a result of factors such as resource limitations or legal issues;
- Retain volunteers given emeritus status as the program's historical consultants.

Actions such as those noted here are likely to be time consuming for the program. One way to approach actions, such as these, may be to engage some of the older volunteers who want to continue to work with the program but may not be able to continue to do well in the work they have been doing as the persons to implement the emeritus volunteer program and to work with the older volunteers to help them make appropriate adjustments to transition toward retirement.

Recruiting and Retaining New Volunteers

Many programs are encountering difficulties in recruiting new volunteers. This problem becomes more acute as more and more older volunteers are "retiring" as they are no longer able to do the work that they have done for many years. A fundamental fact relative to volunteer recruiting is that the traditional volunteer programs to which the Nutrition Programs for Older Americans have long been accustomed simply do not appeal to today's younger generation. These traditional programs, generally, are too rigid and lack the flexibility required to make volunteering of interest to many persons today. Thus, programs are going to have to change their approach to volunteers and volunteer work if they are to be successful in recruiting this much needed resource.

The first step for successful recruiting is to develop a strategic plan and goals for the recruitment and engagement of the program's volunteers. It is also necessary to look at the program's rules and regulations regarding volunteers and determine which ones may be overly restrictive leading to program rigidity and which ones are necessary for the program's risk management. Rules and regulations that are important for the program's risk management should be retained and implemented for all volunteers, no matter how long they have been with the program or if they have just been newly recruited.

Today's new volunteers are interested in flexibility if they are to work with a program. Rather than defining a specific position within the program and then trying to recruit a volunteer to fill that position, a program should define needs within the program that volunteers might fill; then work with a potential volunteer to see how his/her interests and time availability might enable him/her to engage meaningfully with the program and, in so doing, complete some of the work needed by the program. Thus, it is important to identify the purpose that a person has in mind when volunteering to help with a program.

When recruiting volunteers, programs need to avoid thinking in terms of volunteer task parameters. Rather, they need to focus on engagement -- that is, focus on what is of interest to people who might volunteer that also gets the needed volunteer tasks done. Engagement entails finding volunteers who have the skills the program is looking for and who want to share them with the program. It means allowing the volunteer to create the position. Through engagement, the volunteer "buys in" to the program, the program is able to increase its capacity beyond the staff limitations, and the volunteer experience is richer for both the volunteer and the program. The engagement model is particularly important if the program is going to recruit younger volunteers, person who can often bring a variety of skills to the program, including new skills such as the technological skills that are much needed by any organization today.

While recruitment of volunteers is important to a program's operations, it is equally important to retain the volunteers, once they are recruited and are working with the program. The creation of viable recognition opportunities is an important component of volunteer retention. Such programs:

- Honor the volunteers for the work that they have done, no matter what their job is or what they have contributed, and for their commitment to the organization;
- Create pathways for further contributions to the program
- Promote volunteers to supervisors or trainers of other volunteers
- Engage volunteers in leadership activities that have them contributing to program design, vision, and services implementation

Recognition programs, today, should be more than the "traditional" volunteer lunch. Messages might be posted on the program's website or Facebook page noting the contributions that a volunteer or several volunteers make to the program. Volunteers might also be encouraged to bring family members or friends with them to the program so that they can see what the volunteer is doing and hear compliments from the program's administration for the volunteer's work. The important point is that programs need to be innovative in how they recognize their volunteers for the work that they do just as they need to be innovative in finding ways to engage new volunteers who want to contribute to their programs.

Food Safety

Food poisoning leads to approximately 76 million cases of illness each year. Older adults, as a group, are more susceptible to foodborne illness than other adults because they:

- Have weakened immune systems;
- Produce less stomach acid (which kills bacteria);
- Are more likely to have chronic diseases;
- Have sensory loss reducing their ability to sense spoilage in food.

Two critical concerns regarding maintaining food safety are the maintenance of appropriate food temperatures at all times and maintaining good sanitation practices.

In regard to temperature maintenance, the following points are important:

- Keep all food in tightly sealed insulated coolers or other appropriate temperature holding equipment;
- Use separate coolers/temperature maintenance equipment for hot and cold items;
- Limit the amount of time that coolers/temperature maintenance equipment is opened during both the packing and delivery of meal items;
- Deliver meals in a timely manner;
- Do not leave meals outside a client's home;

In regard to good sanitation practices, the following points are important:

- Always wash your hands with warm, soapy water before picking up any food.
- If you cannot wash your hands, have hand sanitizer available to use before touching any food.
- Coolers/temperature maintenance equipment must be sanitized on a regular basis. The coolers and/or the temperature maintenance equipment should be washed with soap and water, and then wiped down with a sanitizer.
- Keep all vehicles that are used for meal deliver in a clean, sanitary condition.

Meal Delivery Procedures

The majority of the persons working as volunteers with the Nutrition Programs for Older Americans (NPOAs) are helping with the delivery of meals to program clients' homes. Thus, it is important for volunteers to have an understanding of the clients they will be serving and appropriate meal delivery procedures, procedures that help meet the needs of the program's clients while also protecting the program from liability issues and other such concerns.

To qualify as a volunteer driver for meal deliveries, a person must have:

- A valid driver's license for the state in which the nutrition services program is located;
- Documentation of vehicle liability insurance if he/she is using his/her own vehicle for meal delivery;
- Ability to read a map and/or follow driving directions to clients' homes;
- A commitment to the mission of the nutrition services program;
- Enthusiasm for being a driver, along with a friendly personality enabling him/her to relate to the clients served;
- A criminal background check that indicates no disqualifying record.

A volunteer who is going to be successful as meal delivery volunteer needs to recognize that he/she assumes multiple responsibilities when agreeing to be a meal delivery volunteer. While responsibilities vary among the different nutrition services programs, the following items are generally considered to be responsibilities of meal delivery volunteers.

- Report to the program's meal pick up site on the day and at the time assigned. Be reliable in reporting for your meal delivery responsibilities.
- All drivers will have a route list for their meal deliveries. You are responsible for delivering the correct hot and cold meal items to each client on your route list. Check your route sheet before leaving to make your meal deliveries to make note of any additions or deletions of clients or special instructions. Make sure that you know where you are going on your route before leaving the program's meal pick-up site.
- Deliver your meals promptly and in a safe condition.
- Call the nutrition services program office as soon as possible if you will be unable to deliver meals as scheduled (i.e., you are ill or you encounter some other problem).
- Do not send a friend or someone who is not a trained meal delivery volunteer to the program as your "substitute" if you are unable to drive your route on a particular day. All persons must be screened and trained before they are eligible to become a volunteer for meal deliveries.
- Report any inaccuracies on your route sheet to the appropriate person at the nutrition services program office.
- Maintain client confidentiality at all times.

- Destroy your route sheet when you have finished your route - important for client confidentiality.
- Notify the nutrition services program office if a client is not home or you find a note asking you to deliver the client's meal elsewhere.
- Report any changes in a client's health, appearance, living conditions, family, or other factor to the nutrition services program office.

Volunteers who are delivering meals to clients should have an understanding of the type of persons whom they will be serving and what actions they should take when interacting with the clients. Generally the majority of the clients served by the NPOAs are:

- Elderly (75 years of age or more) women who live alone.
(Must be 60 years of age or older unless handicapped.)
- Have limited family and friends (may have outlived them).
- Are primarily homebound or have little or no help with meal preparation and related activities, such as grocery shopping.
- Have limited financial resources.
- Have chronic diseases and multiple health problems. Some may have physical or mental impairments, may use walkers or be in wheelchairs, and may have difficulty answering the door.
- May be hearing or vision impaired.
- May have dementia and may be living with a family member or caregiver.
- May face loneliness and isolation and may suffer from depression.

Thus, when delivering a meal, you should:

- Knock loudly on a client's door and announce yourself as a meal delivery volunteer.
- Allow plenty of time for the client to get to the door. Clients who are physically impaired, or who are using walkers, or wheelchairs will take a longer time to get to the door in response to your knocking.
- Always introduce yourself by name to each client. Because a client sees a number of different volunteers during a week, he/she may not remember who you are from your previous delivery visit.
- Ask clients how they are doing. Talk about common topics, such as the weather. In your conversations, be positive, encouraging, and give them praise.
- Where appropriate, remind a client that he/she is supposed to get a meal as they may have forgotten that they are to receive them (dementia clients).
- Actually see the client as often as possible when delivering his/her meal. You are a concerned person who can check on the elderly or homebound person's well-being. You may be the only person who will do so all day.
- If a family member or friend receives the meals for a time, such as two weeks in a row, and the client is not visible, ask to see him/her. If any conditions, such as the client's health and/or living situation, causes you alarm, report the situation to the nutrition services program office as soon as you can do so

- Check to be sure that the client has food resources for other meals during a day. If the client says that he/she has no food or that the meal you are delivering is not enough, report this situation to the nutrition services program office.
- Do not accept gifts or any money from clients. If a client offers you a contribution for the meal, let him/her know you are sorry, but cannot accept any money from him/her. Encourage him/her to mail his/her donation to the nutrition services program office.
- Do not bring extra food items or sweets to clients. Many clients are diabetic, and the extra sweets will be detrimental to their diabetic condition. Clients may also have other food restrictions as a result of various chronic illnesses.
- You are not obligated to run errands or do anything for a client other than deliver his/her meal. Remember that your first obligation is to deliver the meals to the clients on your route in as timely a manner as possible. If you wish to do errands for a client or assist him/her with other tasks, you should do so only after all the meals have been delivered to all the clients on your route.
- If a client puts you into an uncomfortable situation with his/her requests or makes too many requests for your assistance, report the situation to the nutrition services program office. The client may need additional services besides the delivery of meals.

Remember - volunteers who are delivering meals to the clients of Nutrition Programs for Older Americans are the eyes and ears of these programs. These volunteers play a critical role in helping the programs work to maintain the health and well-being of their clients and help the clients to remain in their homes as long as possible.

Appendix A: Sample Volunteer Application Form

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____
Street Address Apartment

City State Zip

Primary Phone: _____ Alternate Phone: _____

FAX Number: _____

Email Address: _____

Gender: Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____

Driver's License Number: _____ State: _____
(Please attach a photocopy of your driver's license to this application.)

Car Insurance Provider: _____
(Please attach a photocopy of your car insurance verification for the current year.)

Emergency Contact Person's Name: _____

Contact's Phone Number(S): _____

Contact's Relationship to You: _____

Preferred Day(s) To Volunteer: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Please check your preferences for the following volunteer opportunities (check all opportunities of interest)

Home Delivered Meals: Meal Delivery _____ Meal Packaging & Packing _____

Congregate Meals: Set up _____ Client Check-In _____ Clean up _____

Food Preparation (Kitchen): _____ Make Telephone Calls: _____

Transportation: Medical Appointments _____ Grocery Store _____ Other _____

Clerical/Administrative: _____ Other (Specify): _____

Appendix B: Sample Program Confidentiality Agreement for Volunteers

Confidentiality Agreement

I understand that ALL information regarding cases, recipients, and staff is strictly confidential and must never be discussed or repeated. I will not betray this trust.

I also understand that confidential information is only given to me if it pertains to my volunteer duties and that no copies or originals of any confidential information can ever be removed from _____ (name of program) offices.

I further understand that, if I do not respect or maintain the confidentiality of all information given to me through my volunteer duties, I am personally liable for its release and will be required to give up my volunteer position.

Volunteer's Name - Printed: _____

Volunteer's Signature: _____ Date: _____

Volunteer Director's Signature _____ Date: _____

Appendix C: Sample Volunteer Agreement Form

I have been accepted as a volunteer for the _____ (name of program)
Nutrition Program for Older Americans. As a volunteer, I agree to abide by the rules and
regulations of the _____ (name of program) to the best of my ability.

I have reviewed the following topics in my orientation:
Procedure for handling emergency situations with clients
Food safety and sanitation standards and personal hygiene
Knowledge and techniques of working with _____ (name of program) clients

I agree to respect the rights and privacy of clients and will not divulge the names, addresses, or
situations of any clients served by the _____ (name of program)

I agree that I will not offer medical advice or discuss my religious or political beliefs with any
clients

I agree to never solicit clients for business purposes

I agree to never accept gifts from clients and to never accept tips for the delivery of meals

I understand the importance of notifying _____ (name of program) if I cannot perform
my volunteer job

I agree to keep a current driver's license from the state of _____ (put in state), any
required automobile inspections, and liability insurance coverage on my vehicle as
required for the _____ (put in state) Department of Public Safety (volunteer drivers
only)

I agree to assume all risks, hereby release, hold harmless, and forever waive any and all rights for
claims for damages I may have, against _____ (name of program) and its sponsors,
and all their respective officers, directors, contractors, managers, clients, employees, and
volunteers of the organization for any and all injuries, losses, claims, damages, demands,
judgments, liabilities, actions or causes of action sustained by me as a result of my participating
as a _____ (name of program) volunteer.

Volunteer's Name - Printed: _____

Volunteer's Signature: _____ Date: _____

Volunteer Director's Signature _____ Date: _____

Appendix D: Sample New Volunteer Orientation Checklist

Volunteer's Name: _____ Start Date: _____

Position: _____ Social Security Number: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____

- _____ All Forms Completed
- _____ Driver's License Copy on File
- _____ Vehicle Insurance Validation Copy on File
- _____ Purpose of the Nutrition Program -- Goals, Objectives, Clients Served - Discussed
- _____ Introductions Made to Other Volunteers and Employees
- _____ Tour of Nutrition Program Facilities, Including Locker Area/Restrooms
- _____ Shown Assigned Work Area
- _____ Volunteer's Specific Role/Assignment Identified and Discussed
- _____ Given a Copy of Volunteer Policies and/or Volunteer Handbook
- _____ Volunteer Policies and/or Handbook discussed
- _____ Safety Policies Discussed - Especially Those Policies Relevant to Volunteer's
Assigned Work Area
- _____ Fire Evacuation and Disaster Management or Evacuation Procedures Discussed
- _____ Volunteer Drivers Only - Reviewed and Discussed Driver Policies and Meal Delivery
Requirements
- _____ Procedures and/or Expectations for Holidays, Inclement Weather or Other Emergency
Situations, Illness, Absences, and Tardiness Reviewed and Discussed
- _____ Personal Hygiene, Dress, and Smoking Policies Reviewed
- _____ Training for Assigned Position Completed, or a Training Session Is Scheduled

I acknowledge that the above items have been discussed with me or shown to me, and that I have an understanding of my volunteer assignment and the nutrition program's expectations of their volunteers.

Volunteer's Signature: _____ Date: _____

Volunteer Director's Signature: _____ Date: _____

Appendix E: Sample Emergency Procedures and Safety Concerns

Emergency Procedures

1. If you encounter a client in a life-threatening situation, call 911 immediately. Stay calm; give clear answers and directions, including the address of your location.
2. If you encounter an emergency situation in which you feel the client's health is at risk, **do not move the client or give him/her water**. You are **NOT** trained to provide emergency care, and to do so may only make the client's situation worse.
3. In addition to calling 911, if the client is coherent and able to talk, ask him/her for instructions about who to call (friend, family member, etc.).
4. Call the nutrition services program office and report the situation as directed by the program's emergency reporting procedure
5. If you suspect a client is being abused neglected, or exploited, either report the situation to your local abuse hotline, if such service is available and you observe the abuse in progress, or report the situation to the nutrition services program office.
6. In case of severe storms (hurricanes, tornados, blizzards, etc.), listen to local radio and television stations and follow their advice. Do not attempt to drive into a severe storm situation. Contact the nutrition services program about the situation as soon as you can.

Safety Concerns

1. Never attempt delivery of a meal where there is an unrestrained dog or other threatening animal. Report the situation to the nutrition services program office.
2. If at any time you feel your safety is at risk, do not stop or leave your car. Use your best judgment. If you are concerned, contact the nutrition services program office for assistance regarding what you should do.
3. Always lock your car when leaving the car to go to/into a client's home.
4. Be aware of your surroundings at all time when approaching a client's home, getting meals from your car and making deliveries.
5. Be careful of your footing when stepping into tall grass, climbing steps, walking on uneven sidewalks or on sidewalks or steps that are wet or icy, or walking on other such surfaces. It is important for you to avoid falls or other injuries when making meal deliveries.
6. If a client is not home or does not answer the door, do not leave the meal sitting outside the client's door or with a neighbor. Contact the nutrition services program office to report that you cannot deliver the meal.
7. Unless specifically directed to do so by the nutrition services program, you should not honor notes from a client left on their door or elsewhere at their home asking

you to leave their meal with neighbors or others. Contact the nutrition services program office to report that you cannot deliver the meal

8. You should report any problems or concerns about the client's well-being, appearance, health, living environment, family or other factors to the nutrition services program. Do not try to deal with any "client situation" yourself.
9. Even though schools, government offices, or other organizations may be closed for the day because of serious inclement weather, the nutrition services program may not necessarily be closed. You should listen to local radio and/or television broadcasts to hear announcements about the possible closure of the nutrition services program or contact the program directly for information regarding the weather or other situation that day.

However, if the driving conditions are such that you do not feel that you can safely drive in those conditions, you should not do so. Instead, you should contact the nutrition services program as soon as possible so that alternate arrangement for your meal delivery route can be made.

Appendix CC:

Online Digital Library –Emerging Practice Briefs

Building a Greenhouse for Fresh Produce

Who: Klein & Stiffel JCC

Where: Philadelphia, PA

Emerging Practice:

In order to expand the “geographic footprint” of its services and begin providing healthier meal options for its seniors, Klein & Stiffel JCC developed the ‘Keeping it Fresh’ program.

Klein & Stiffel obtained a grant to develop and implement a two-pronged strategy:

- 1) Erecting its own greenhouse to grow fresh produce year-round, and
- 2) Building an outdoor freezer to hold frozen meals for three times its current number of clients.

The greenhouse enables the organization to integrate locally-grown produce into its MOW and congregate meal programs. This effort helps urban clients, who would otherwise have little to no access to fresh produce, receive locally grown goods. The new freezer triples storage capacity for meal production, which will help serve current unmet needs in additional neighborhoods.

[Click here to watch a video describing this project.](#)

Contact:

Lisa Sandler

Director of Community Services

215-698-7300

lsandler@kleinjcc.org

Volunteer Management Tracking Software

Who: Meals on Wheels and More

Where: Austin, TX

Emerging Practice:

Meals on Wheels and More, which manages a volunteer base of 6,000 individuals, obtained a grant to turn its volunteer management system from an Excel spreadsheet system of the 1990s into a state-of-the-art, tablet and touchscreen system of the 21st century.

Developing much of the software for the system on its own, MOW and More implemented the volunteer tracking software into each of its five meal delivery sites.

Touchscreens and tablets located in each of these sites require volunteers to check-in upon arrival to pick up meals for delivery. The system prompts volunteers to update, change, or input their contact information directly into MOW and More's volunteer management database, and it instantly updates the client services department with information about when each individual route was started.

Clients contacting the program can receive accurate information about when they can expect volunteers to deliver their meal.

[Click here to watch a video describing this project.](#)

Contact:

Theresa Medlin

Vice President for Volunteer Services

512-476-6325

tmedlin@mealsonwheelsandmore.org

Menu Planning for Diverse Populations

Who: Meals-on-Wheels Greater San Diego, Inc.

Where: San Diego, CA

Emerging Practice:

Meals on Wheels of Greater San Diego evaluated and developed a plan for meeting the demands of a diversifying population in their service area, including a large aging Hispanic population.

Enlisting the help of bilingual coordinators and renowned local chef, the program developed a menu of nutritious, ethnically sensitive food items to meet the needs of its client population.

Knowing that diversification of population is not solely a San Diego issue, a methodology was created for implementing and establishing a diverse, ethnic menu applicable to all programs.

The project has allowed MOW Greater San Diego to begin meeting the needs of its diverse population while also providing the groundwork for dozens of other programs across the country to implement these changes as well.

[Click here to download the methodology developed under this project.](#)

Contact:

Luanne Hinkle
Development Director
619-260-4005
lhinkle@meals-on-wheels.org

Partnering with Local Hospitals

Who: Senior Services, Inc.

Where: Winston Salem, NC

Emerging Practice:

With the increasing rate of baby boomers turning 60 each and every day, the number of hospitalizations for individuals over 60 is also growing. Many of these individuals will be discharged to a home with little to no food in the pantry, and they will be unable to prepare meals for themselves.

Senior Services, Inc. sees this as a problem with a solution. Partnering with local hospitals Senior Services, implemented a project to provide meals for up to one month to individuals over 60 who have recently been discharged from the hospital.

As the relationship between the new client and Senior Services grows, the organization is able to introduce the senior to a variety of community support services, including home delivered meals, food stamp programs, disability resources, and various other programs to help them recover – and to help them as they age in place in the following years.

Contact:

Richard Gottlieb

President and CEO

336-748-5932

rgottlieb@seniorservicesinc.org

Upgrading to a Natural Gas Fleet

Who: Clearfield County Area Agency on Aging, Inc.

Where: Clearfield, PA

Emerging Practice:

One of the most difficult challenges for home-delivered meal programs is fuel costs. The unforeseen fluctuations and drastic increases provide difficulties for even the most prepared organizations.

Clearfield County AAA saw an opportunity to end its personal dependence on traditional fuel sources by converting its fleet of service vehicles from unleaded gas and diesel fuel to compressed natural gas (CNG). Retrofitting its delivery vehicles with CNG conversion kits, Clearfield County AAA is able to save close to 60 percent on fuel costs.

Instead of standard natural gas fueling stations, the AAA opted for a slow-fill system that refuels vehicles overnight. The overnight refueling process enables access to the very lowest prices for CNG. Between grants and other state funders looking to invest in organizations promoting ecological stewardship, the program has been able to convert 7 of its 11 vehicle fleets to CNG, saving about \$5,000 per month in fuel costs.

Not only is the program saving money normally spent on fuel, it is also able to utilize the conversion program to access untapped grant funding traditionally outside the scope of a senior meal program.

Contact:

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Improving Menus and Saving Money by Buying Local

Who: Lutheran Service Society

Where: Pittsburgh, PA

Emerging Practice:

The Lutheran Service Society of Western PA (LSS) is going local. The Pittsburgh program is piloting a new food-service model that's streamlining its food purchasing, saving money and improving its meal quality by buying food locally.

With LSS serving meals from nearly 40 locations to 2,200 daily meal recipients, Jennifer Flanagan, Chief Business Development Officer, sought to develop a more sustainable and efficient system of purchasing food.

For Flanagan, the first step was securing grant funding to hire Corey Hawk, a professional chef and procurement specialist, who previously worked for the Greater Pittsburgh Community Food Bank. "Using the contacts that I dealt with before, I was able to find good streams of food at good prices," Hawk said. These sources, however, are not the major vendors and supermarkets LSS had bought food from previously, they are local farms and dairies right in their backyard.

After testing new menus made with local food in six of its locations, LSS saw savings in its budget averaging around 20%, and a 54-cent cost reduction per meal.

This success, however, does not come easily. For programs interested in procuring produce and purchasing goods locally, Hawks stated that you must be aware of the following:

- Be prepared to make everything from scratch.
- Be able to handle food that has a short shelf life.
- Consider your region's growing season.
- Set up an infrastructure to handle incoming produce.

Contact:

If you are interested in learning more about LSS and their shift to local foods, visit their website: <http://www.lsswpa.org/>.