

**Integrating Food and Nutrition Services  
into the US Administration on Aging's  
*Choices for Independence***

**A PRACTICAL HANDBOOK  
for  
Nutritionists and Administrators  
in  
State Units on Aging  
and  
Indian Tribal Organizations**

**National Resource Center on Nutrition, Physical Activity & Aging  
Florida International University**

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**Dian O Weddle, PhD, RD**  
**Nancy S Wellman, PhD, RD, Melissa Ventura Marra, PhD, RD**  
**with graphic design assistance of Marsha Hakim, RD**  
**National Resource Center on Nutrition, Physical Activity & Aging**  
**Florida International University, Miami, Florida**

**<http://nutritionandaging.fiu.edu>**

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    - See Resources at end of this document for more information.
- Comments and feedback from the following SUA Nutritionists and Administrators:

Bonnie Athas, RD/CD  
Nutritionist/Program Mgr.  
UT Div Aging & Adult Servs  
120 North 200 West, #325  
Salt Lake City, UT 84103  
801-538-3925  
[BONNIEATHAS@utah.gov](mailto:BONNIEATHAS@utah.gov)

Beth Batman  
OK Aging Services Division  
Dept of Human Services  
2401 NW 23rd Street, Ste  
40; PO Box 25352  
Oklahoma City, OK 73107  
[beth.batman@okdhs.org](mailto:beth.batman@okdhs.org)

Joseph Gennusa, PhD, RD  
Nutrition Program Director  
MD Dept of Aging  
301 W Preston Street,  
Suite 1007  
Baltimore, MD 21201  
800-243-3425, Ext 71090  
[jvg@ooa.state.md.us](mailto:jvg@ooa.state.md.us)

Amy Nickerson, MS, RD, Sr Planner  
VT Dept of Aging & Disabilities  
103 South Main Street  
Waterbury, VT 05671-2301  
802-241-2930  
[amy.nickerson@dad.state.vt.us](mailto:amy.nickerson@dad.state.vt.us)

Paulette Helman, MS, RD  
Public Health Nutritionist  
DC Office on Aging  
441 4th St, NW, Ste 900 South  
Washington, DC 20001  
202-724-2190  
[paulette.helman@dc.gov](mailto:paulette.helman@dc.gov)

Amy Ramsey, RD, CD  
Nutrition/Prevention Specialist  
Bur Aging & Disability Resources  
Div Disability & Elder Services  
1 W Wilson St, Rm 450, Box 7851  
Madison, WI 53707-7851  
608-266-5743  
[ramseas@dhsf.state.wi.us](mailto:ramseas@dhsf.state.wi.us)

Sudha Reddy, MS, RD  
Chief Nutritionist  
GA Dept Human Resources  
Div of Aging Services  
2 Peachtree Street NW, 9th Fl.  
Atlanta, GA 30303-3176  
404-657-5316  
[sureddy@dhr.state.ga.us](mailto:sureddy@dhr.state.ga.us)

Carlene Russell, MS, RD  
Consulting Nutritionist  
IA Dept of Elder Affairs  
500 E 12th Street, Suite 2  
Des Moines, IA 50319  
515-242-3384  
[carlene.russell@iowa.gov](mailto:carlene.russell@iowa.gov)

Willa Thomas, MS, RD  
Nutritionist  
Dept Aging & Indep Living  
275 E Main Street, 3 W-F  
Frankfort, KY 40621  
502-564-6930  
[willa.thomas@ky.gov](mailto:willa.thomas@ky.gov)

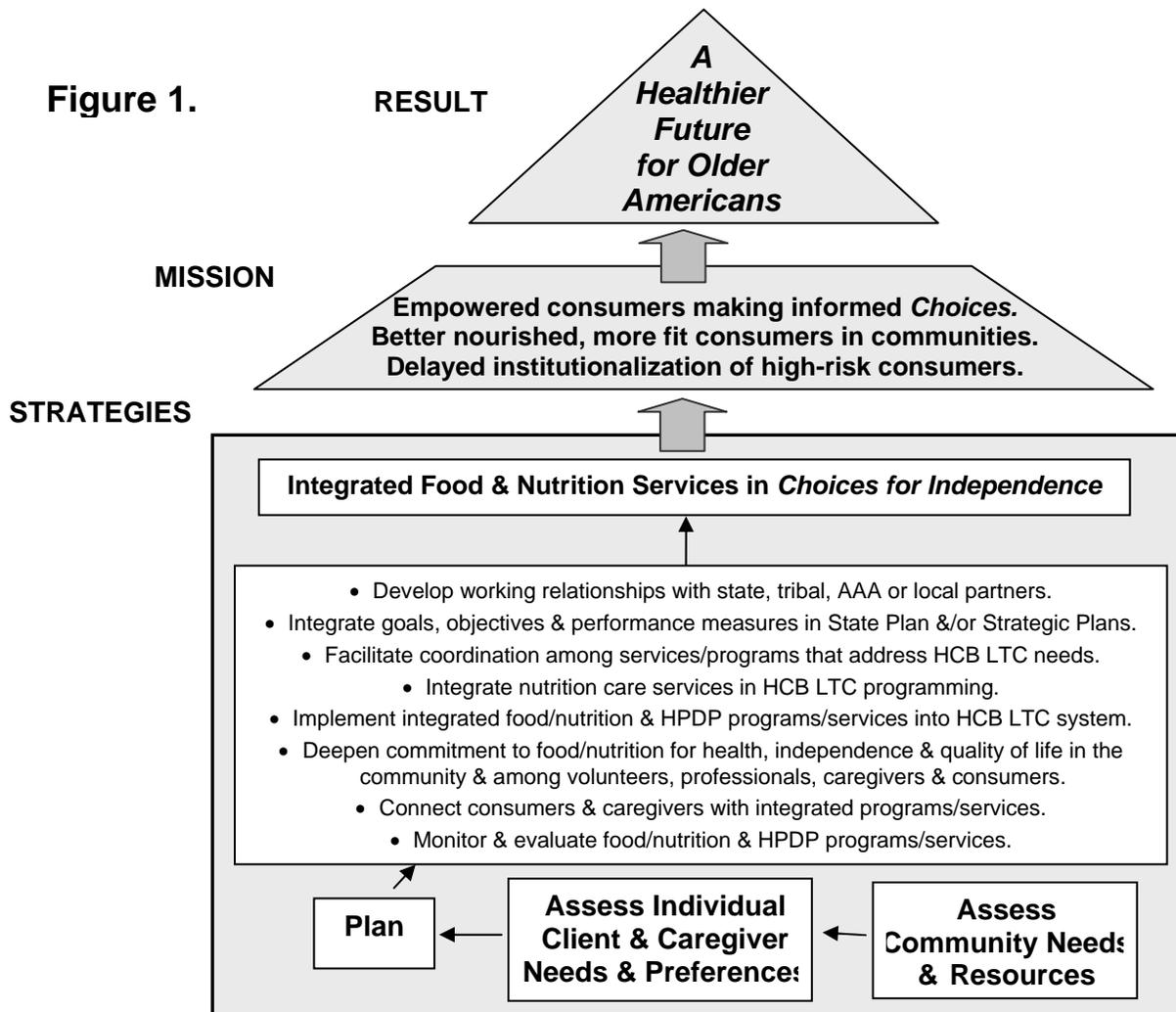
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## Integrating Food & Nutrition Services into AoA's *Choices for Independence*:

### A PRACTICAL HANDBOOK

This working Handbook has suggestions to assist nutritionists and administrators in State Units on Aging (SUAs) and Indian Tribal Organizations (ITOs) to incorporate food and nutrition services into AoA's *Choices for Independence* (*Choices*) home and community based (HCB) long term care (LTC) plans. Each ITO and each SUA with its Area Agencies on Aging (AAAs) and community leaders and service providers may want to develop a unique plan and implementation approach that reflects the needs of its older adults, their caregivers and families, and their resources as suggested in Figures 1 and 2.

Nutritionists and administrators can be change agents by facilitating an interdisciplinary planning and implementation process to build food and nutrition care into state, tribal, AAA or local plans. Ideally, the plan could coordinate all HCB LTC options including Medicaid Waivers, Medicare prevention or care services, State or Tribal funded HCB LTC, private pay services and research or demonstration projects. Planning and implementation steps and tasks are outlined in this Handbook.



**Figure 2. Integrate Food & Nutrition Services in the AoA's *Choices for Independence* Consumer-Driven, Evidence-Based Food & Nutrition Services in Older Americans Act Nutrition Programs**

<ul style="list-style-type: none"> <li>• Community dining options at congregate sites (culturally appropriate meals, entrée choices, soup &amp; salad bars) &amp; restaurant vouchers to improve food &amp; nutrient intakes;</li> <li>• Home-delivered nutritionally-dense tasty meals (therapeutic meals for renal diets, etc., texture modifications, hot/frozen meals, daily/weekly deliveries, meals for older caregivers);</li> <li>• Interactive nutrition education sessions on healthy eating, food labels, food safety &amp; physical activity tailored to older adults &amp; caregivers;</li> <li>• In-depth individualized nutrition counseling for chronic disease management;</li> <li>• Disease-specific group nutrition counseling sessions;</li> <li>• Referrals &amp; coordination to connect consumers &amp; caregivers with community partners for HPDP services, in-home services, food &amp; nutrition assistance programs, facility-based case managers for post-discharge meals, Medicaid Waivers, state/tribal funded home &amp; community based services to delay nursing home placement.</li> </ul>		
<b>Empower Consumers to Make Informed <i>Choices</i> using ADRCs</b>	<b>Promote Health &amp; Prevent Disease via Evidence-Based HPDP Programs</b>	<b>Delay Institutionalization in High Risk &amp; Non-Medicaid Individuals</b>
<ul style="list-style-type: none"> <li>• Provide 1-Stop-Shopping to reduce malnutrition &amp; promote healthy eating via consumer-tested brochures, internet material, evidence-based interventions, info about available food &amp; nutrition services (home-delivered meals, congregate sites, Medicare-covered diabetes treatment);</li> <li>• Include 2-3 key nutrition questions on the uniform I&amp;R/assessment forms to prioritize referrals to nutrition services &amp; interventions--healthy meals, nutrition counseling, family caregivers support;</li> <li>• Reduce malnutrition &amp; hunger via I&amp;R to food assistance programs (Food Stamp Program, Sr Farmers' Market Nutrition Program, food banks);</li> <li>• Ensure food &amp; nutrition needs are met in Medicaid Waiver or state/tribal funded HCB service options by greater availability of nutrition services &amp; nutrition expertise;</li> <li>• Inform consumers about possible private pay options for food &amp; nutrition services.</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly offer nutrition screening, nutrition education &amp; nutrition counseling;</li> <li>• Provide integrated, evidence based HPDP nutrition &amp; physical activity programs;</li> <li>• Provide I&amp;R for consumers &amp; families about local evidence based HPDP programs such as chronic disease self management; mental health; falls prevention; immunizations;</li> <li>• Partner with HPDP programs to increase accessibility at senior centers &amp; congregate dining sites;</li> <li>• Offer <i>Choices</i> of appropriate HPDP programs to homebound consumers.</li> </ul>	<ul style="list-style-type: none"> <li>• Train case managers &amp; other gatekeeper assessors to screen for nutrition risk &amp; identify the need for referral to food &amp; nutrition services, &amp; to RDs for nutrition assessment, diagnosis, treatment, care planning &amp; monitoring;</li> <li>• Provide food &amp; nutrition <i>Choices</i> in home delivered meals including special diets, texture modifications, hot/frozen meal choices &amp; daily or weekly deliveries;</li> <li>• Collaborate with hospitals &amp; nursing homes to ensure that food &amp; nutrition <i>Choices</i> are provided in discharge planning as part of comprehensive nutrition services including meals, individualized nutrition counseling for disease management with follow-up for care effectiveness.</li> </ul>

**PLANNING for Integration of Food & Nutrition Services into Comprehensive  
HCB LTC for Older &/or Disabled Adults & Caregivers**

<b>PLANNING STEPS</b>	<b>TASKS</b> May occur simultaneously
Assess needs & resources (personnel, programmatic, fiscal) in State, Tribal, AAA or local community.	<ul style="list-style-type: none"> <li>• Gather community demographics: age cohorts, gender, SES, race/ethnicity, marital status, mobility, language, residential locations/characteristics, ownership (home, car, pet, etc.), migration, mortality, religion (as appropriate), etc.</li> <li>• Identify public/private/voluntary community network components: health services (agencies, facilities, professional organizations); supportive services (day/respite services, caregiver groups, emergency food assistance); business/industry (consumer advocacy groups, food markets, restaurants, food processors, agribusiness, media); education (Cooperative Extension, universities/colleges, schools, faith-based organizations); food/nutrition services (LTC, acute care), etc.</li> </ul>
Assess needs & preferences of current & potential older consumers & caregivers using formal & informal processes (key informant surveys, public forums, focus groups, informal interviews)	<ul style="list-style-type: none"> <li>• Determine available &amp; needed information to guide planning, implementation &amp; evaluation of a food/nutrition care option.</li> <li>• Identify system, program &amp; service gaps as well as awareness, knowledge &amp; access barriers.</li> <li>• Identify reasons from program &amp; client perspectives to choose nutrition care from varied HCB LTC options by considering: client perceptions about food/nutrition &amp; OAA Nutrition Program services, client preferences for services, community nutritional needs, older adult/caregiver service needs.</li> <li>• Use varied techniques to identify food/nutrition needs related to targeting/outreach (culturally relevant services, evidence-based interventions, etc.) to strengthen &amp; expand food/nutrition services.</li> </ul>
Identify: <ul style="list-style-type: none"> <li>• available community food/nutrition &amp; health promotion, disease prevention programs/services;</li> <li>• funding streams;</li> <li>• access, knowledge, awareness barriers.</li> </ul>	<ul style="list-style-type: none"> <li>• Determine: <ul style="list-style-type: none"> <li>○ Existing programs &amp; services (food banks, food stores, restaurants, HCB LTC programs, private pay programs, etc).</li> <li>○ Fees charged, if any.</li> <li>○ Eligibility requirements.</li> <li>○ How programs are marketed to public.</li> <li>○ Barriers to receiving services (transportation, language, cost, etc.).</li> </ul> </li> </ul>
Identify potential public/private partners/collaborators.	<ul style="list-style-type: none"> <li>• Gather information about other federal, state, tribal, AAA, local &amp; university public/private entities (Health Department, Veterans Affairs, Medicaid Waiver Programs, Food Stamp Program, Cooperative Extension, United Way, local hospitals, caregiver programs, etc.) to assure availability of appropriate food/nutrition &amp; health promotion/disease prevention (HPDP) programs/services.</li> <li>• Establish a cross discipline/interagency/interdepartmental planning group of key stakeholders.</li> </ul>

**PLANNING for Integration of Food & Nutrition Services into Comprehensive HCB LTC for Older &/or Disabled Adults & Caregivers, continued**

<b>PLANNING STEPS</b> continued	<b>TASKS</b> May occur simultaneously
Review the current HCB LTC plan	<ul style="list-style-type: none"> <li>• List food/nutrition &amp; HPDP programs/services currently provided; describe how they meet identified needs/wants/preferences to help people remain in the community &amp; at home.</li> <li>• Evaluate documented consumer &amp; programmatic outcomes:                             <ul style="list-style-type: none"> <li>○ Identify reasons for success</li> <li>○ Identify barriers to success</li> </ul> </li> </ul>
Draft a HCB LTC & AoA <i>Choices</i> plan which includes food/nutrition services, funding streams & potential eligibility requirements.	<ul style="list-style-type: none"> <li>• Develop goals, objectives &amp; performance measures for state, tribal, AAA or local Plan &amp;/or Strategic Plan.</li> <li>• Use current data including NAPIS reports, Tribal Program Performance Reports &amp; other available studies, reports &amp; surveys that document:                             <ul style="list-style-type: none"> <li>○ Available food/nutrition services/programs.</li> <li>○ All types of other aging services.</li> <li>○ Total number of older/disabled clients served.</li> <li>○ Numbers of ADL &amp; IADL impairments,</li> <li>○ Numbers of clients at nutrition risk &amp; additional risks,</li> <li>○ Costs of services,</li> <li>○ Resources (funding, personnel, volunteers, etc.)</li> </ul> </li> <li>• Identify agency/department/unit priorities &amp; plans to address HCB LTC &amp; AoA <i>Choices</i>.</li> <li>• Identify external programs &amp; contact persons that address LTC needs (Medicaid waivers, ADRCs, <i>Cash &amp; Counseling, Money Follows the Person</i>).</li> <li>• Identify nutrition service gaps within those plans, priorities, &amp; programs, including availability of RDs in, for example, rural or underserved areas.</li> <li>• Identify ways to address these gaps.</li> <li>• Consider work groups of key stakeholders to facilitate implementation.</li> </ul>
Build on available State, Tribal, AAA or local services to determine capacity for future direction.	<ul style="list-style-type: none"> <li>• Identify demonstration projects (<i>Cash &amp; Counseling, Money follows the Person, Evidence Based grants</i>).</li> <li>• Identify evidence-based food/nutrition &amp; HPDP programs/services.</li> <li>• Identify best/promising practices in the above.</li> </ul>
Develop an evaluation plan with quantitative & qualitative performance measures.	<ul style="list-style-type: none"> <li>• Identify outcome measures &amp; methods to monitor &amp; document:                             <ul style="list-style-type: none"> <li>○ Consumer satisfaction, health status, quality of life, etc.</li> <li>○ Programmatic impacts</li> <li>○ Compliance with fiscal policies, OAA/AoA goals &amp; reporting requirements.</li> </ul> </li> </ul>

**PLANNING for Integration of Food & Nutrition Services into Comprehensive  
HCB LTC for Older &/or Disabled Adults & Caregivers, continued**

<b>PLANNING STEPS</b> continued	<b>TASKS</b> May occur simultaneously
Prioritize program & client needs to establish implementation order & timelines.	<ul style="list-style-type: none"> <li>• Evaluate draft HCB LTC plan to determine readiness to implement <i>Choices</i> strategies in programs/services in ADRCs, HPDP, consumer-directed care models &amp; caregiver services.</li> <li>• Draft an implementation timeframe.</li> </ul>
Review & refine HCB LTC & AoA <i>Choices</i> plan with supervisor(s) & colleagues.	<ul style="list-style-type: none"> <li>• Confirm goals, priorities &amp; budgetary issues.</li> <li>• Decide on key stakeholder work group concept.</li> <li>• Negotiate interagency/program agreements as needed.</li> <li>• Detail next steps including persons responsible for tasks, appropriate contacts, etc.</li> </ul>

**INTEGRATING Food & Nutrition Services into Comprehensive HCB LTC  
for Older &/or Disabled Adults & Caregivers**

<b>IMPLEMENTATION STEPS</b>	<b>TASKS</b> May occur simultaneously
Develop working relationships with state, tribal, AAA or local partners.	<ul style="list-style-type: none"> <li>• Identify other public/private entities (Health Department, Program, Cooperative Extension, United Way, local hospitals, universities, caregiver groups, etc.) to assure availability of appropriate food/nutrition &amp; HPDP programs/services.</li> <li>• Introduce food/nutrition &amp; HPDP programs/services currently provided; describe how they meet identified needs/wants/preferences to help people remain in the community &amp; at home.</li> <li>• Survey each entity's interest in:               <ul style="list-style-type: none"> <li>○ Incorporating food/nutrition services into HCB LTC &amp; participation methods.</li> <li>○ Participating in an advisory capacity or work group.</li> </ul> </li> </ul>
Integrate goals, objectives & performance measures in State Plan &/or Strategic Plan.	<ul style="list-style-type: none"> <li>• Establish a key stakeholder cross-discipline interagency/interdepartmental implementation group to:               <ul style="list-style-type: none"> <li>○ Confirm goals, objectives &amp; performance measures.</li> <li>○ Confirm prioritization &amp; timelines for implementation.</li> <li>○ Determine how to include food/nutrition services information in, for example, ADRCs as a first step.</li> </ul> </li> </ul>
Facilitate coordination among services/programs that address HCB LTC needs	<ul style="list-style-type: none"> <li>• Decide with supervisor/colleagues how contacts will be made.</li> <li>• Establish a network &amp; obtain contact information among Medicaid waivers, ADRCs, Veterans' Affairs, demonstration projects (<i>Cash &amp; Counseling, Money follows the Person, Community Living Incentive</i>), in-home services, food &amp; nutrition assistance programs (Food Stamp Program, other USDA funded programs), facility-based discharge planners.</li> <li>• Identify gaps in services; attempt to locate additional service providers; or build on current programs/services.</li> <li>• Advocate for unmet needs &amp; non-existent services.</li> <li>• Design integrated food/nutrition &amp; HPDP programs/services.</li> </ul>
Integrate nutrition care services in HCB LTC programming.	<ul style="list-style-type: none"> <li>• Develop short food/nutrition screening tool for use by ADRCs.</li> <li>• Develop longer nutrition assessment protocols &amp; prioritization criteria to include in program protocols such as Medicaid Waiver programs, state-funded HCB LTC programs, etc.</li> <li>• Identify local resources that provide programs/services that encourage healthier lifestyles.</li> </ul>

**INTEGRATING Food & Nutrition Services into Comprehensive HCB LTC  
for Older &/or Disabled Adults & Caregivers, continued**

<b>IMPLEMENTATION STEPS, continued</b>	<b>TASKS</b> May occur simultaneously
Implement the integrated food/nutrition & HPDP programs/services into the comprehensive HCB LTC system	<ul style="list-style-type: none"> <li>• Include ADRCs, Titles III &amp; VI Nutrition Programs, caregiver programs, other federal (Veterans Administration), state, tribal or local programs, health/social systems, Medicaid Waivers, Program of All-Inclusive Care for the Elderly (PACE), self-directed care models (funded with federal, state, or private funds), other funded public/private programs.</li> <li>• Use science &amp; evidence-based programs/services.</li> <li>• Determine implementation order &amp; timeline:               <ul style="list-style-type: none"> <li>○ Who is responsible for tasks</li> <li>○ How tasks will be completed</li> <li>○ How &amp; where to provide them</li> <li>○ How performance measurement data will be collected &amp; analyzed.</li> </ul> </li> <li>• Negotiate with parties, detail next steps, including persons responsible for tasks, appropriate contacts, etc.</li> <li>• Determine &amp; provide training/technical assistance needs for personnel &amp; volunteers in these food/nutrition &amp; HPDP programs/services.</li> </ul>
Deepen commitment to food & nutrition for health, functional independence & quality of life throughout the aging network.	<ul style="list-style-type: none"> <li>• Provide food/nutrition training/technical assistance to volunteers &amp; professionals (case managers, RDs, RNs, social workers, fiscal planners, legal experts, therapists (recreation, physical, occupational, speech/language) to promote <i>AoA Choices</i> &amp; educate older adults/caregivers at state/tribal &amp; local levels.</li> </ul>
Connect consumers & caregivers with federal, state, tribal, AAA or local programs/services.	<ul style="list-style-type: none"> <li>• Develop fact sheets for consumers, caregivers, legislators, care managers, discharge planners at hospitals &amp; LTC facilities, etc., on importance of food &amp; nutrition to help older adults remain in the community &amp; at home; distribute via email, posters, etc.</li> <li>• Promote availability of local programs &amp; services.</li> <li>• Make referrals via ADRCs, etc. to coordinate care.</li> </ul>
Monitor & evaluate food/nutrition & HPDP programs/services.	<ul style="list-style-type: none"> <li>• Gather &amp; assess OAA state, tribal, AAA, local aging &amp; nutrition services data: numbers of clients &amp; caregivers served, types of nutrition &amp; aging services provided, GPRA/NAPIS statistics (impairment levels, fiscal info), state/local projects results, if available.</li> <li>• Document consumer &amp; programmatic outcomes.</li> <li>• Market the benefits of OAA Nutrition Programs.</li> </ul>

## Resources

Weddle DO, Wellman NS, Marra MV, Pan YL. **Older Americans: Making Food & Nutrition Choices for a Healthier Future: The Older Americans Act Nutrition Program in the US Administration on Aging Choices for Independence.** National Resource Center on Nutrition, Physical Activity & Aging, Florida International University, Miami, FL, April 2007. Available at: <http://nutritionandaging.fiu.edu>

US Administration on Aging. **State Units on Aging Nutritionists/Administrators Conference.** Baltimore, MD. August 2006. Available at: [http://nutritionandaging.fiu.edu/suann/sua\\_binder\\_table\\_of\\_contents.asp](http://nutritionandaging.fiu.edu/suann/sua_binder_table_of_contents.asp)

This Conference provides an excellent overview of the Older Americans Act Nutrition Program and the changing LTC environment, as promoted in AoA's *Choices for Independence*. Opening session presentations, "Positioning the Aging Network for the Future," set the stage for change. "Systems Change" sessions prepare nutritionists and administrators for change; "Using Management Tools & Evaluation Data" sessions illustrate ways to advance nutrition care and thrive in the new environment.

**Choices for Independence: A National Leadership Summit.** Washington, DC. December 2006. Available at: [www.aoa.gov/summit/main\\_site/summithome.aspx](http://www.aoa.gov/summit/main_site/summithome.aspx).

Sponsored by USDHHS Administration on Aging, this Summit prepares the Aging Network for the future. Click on the link, "Summit Agenda & Presentations," to peruse the entire program. Each PowerPoint presentation can be accessed by scrolling through the Agenda and clicking on speaker/moderator link of interest. Return to the "Summit Agenda & Presentations" to access other presentations.

View Pre-Intensive & General Sessions, 12/5, to fully understand the *Choices* Initiative and implications and opportunities for food and nutrition services in an interdisciplinary environment. Remarks by USDHHS Secretary Leavitt, Assistant Secretary for Aging Carbonell, and CMS Acting Administrator Norwalk provide overviews of the new system. Of interest is "Viewpoints from the National Aging Services Network". Joan Smith shares her expertise and experiences with the Oregon Loaves & Fishes program. Also, Carol Zernial describes her evidence based wellness program that has a nutrition component. The 12/6, 8:30 am session presents a LTC Toolkit for Tribes. The 12/6 1:45 pm, concurrent sessions include a presentation by Rosa Carranza, Little Havana Activities and Nutrition Centers on "Outreach – Inspiring Involvement." The session by the *Meals on Wheels Association of America* entitled, "Using Business Strategies for Nutrition Services" describes its Futures Blueprint to enable local programs to operate effectively and efficiently. Edwin Walker's 12/7 Post Conference Intensive provides an excellent OAA Reauthorization overview.

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