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Nutrition Services 2006

A Report on
Current Trends
and Practices

Ohio Department
of Aging

Older Americans Act
Programs Division



Table Of Contents

Contributors	ii
Executive Summary	iii
Introduction	1
Section One: Comparison Data 1998 – 2006.....	2
The Older Americans Act Consumer	
Distribution of Older Americans Act Meals by AAA	
Meal Service Trends	
Home-Delivered Meals Funding Sources	
Congregate Meals Funding Sources	
Section Two: Survey Summary	9
Program Overview	
Provider Practices	
Delivery Requirements	
Meal Characteristics	
Participant Characteristics	
Assessment	
Ancillary Services	
Meal Choices	
Health Promotion	
Access to Information	
Attracting a New Set of Consumers	
Final Comments	
Appendix A: Nutrition Program Contacts.....	A - 1
Appendix B: Nutrition Survey.....	B - 1

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Executive Summary

This report summarizes the responses to a survey sent to each Area Agency on Aging's (AAA) nutrition program contact in 2007. Additionally, data reported through the Older Americans Act and PASSPORT reporting systems was analyzed and compared with 1998 data from the *Ohio's Nutrition Program for Older Adults* report published in 2000.

Major Findings

Changes since 1998

- The average age of consumers has increased from 74 to 77 at congregate nutrition sites, and from 79 to 80 in the home delivered nutrition programs.
- More consumers are at nutritional risk.
- Funding trends have been mixed: congregate nutrition programs have experienced decreased funding; home delivered nutrition programs, increased funding, a major factor has been the dramatic increase in PASSPORT meals.

Program and Service Delivery

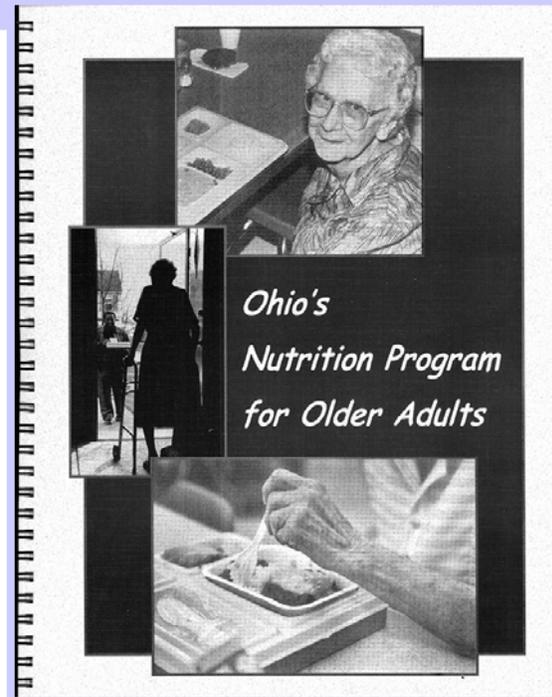
- Practices vary widely; generally the larger the AAA, the more variety in meal schedules and menu options.
- Expanded menu choices beyond current requirements are available in many areas.
- Meal schedules have expanded to include breakfast and evening meals in some locations.
- Kosher meals are the most commonly provided ethnic meal.
- More than half of all meals are self-produced by the provider.
- Health promotion and disease prevention activities are widespread, the most common of which is health screening.
- County Extension offices are involved in all but one AAAs' nutrition education programming.
- Additional AAAs have interest in the Senior Farmers' Market Nutrition Program for either expanding or initiating a program in their area.
- The PASSPORT Program offers more types of nutrition support services, e.g., nutrition supplements, nutrition counseling, grocery shopping, than the Older Americans' Act programs.

Introduction

Earlier this year, the Ohio Department of Aging distributed a nutrition survey to each Area Agency on Aging's nutrition program contact.

Section One of this report includes data describing some of the parameters of the nutrition programs (e.g., funding sources, total persons served) some in comparison with 1998 data reported in the 2000 *Ohio's Nutrition Program for Older Adults* report pictured to the right.

Section Two summarizes the Area Agency's on Aging responses which create a snapshot of current service delivery across the State. From this information, the nutrition network will be able to share best practices, identify areas of improvement and encourage idea-sharing and collaboration.



Section One: Comparison Data 1998 and 2006

This report primarily focuses on the Older Americans Act (OAA) funded congregate and home-delivered nutrition programs. PASSPORT data are included in the charts for comparison.

The Older Americans Act Consumer

The average age of the consumer has increased from 74 to 77 years for congregate meals and from 79 to 80 years for home-delivered meals. The percentage of people at congregate nutrition sites who were determined to be at high nutritional risk increased from 23 percent to 26 percent. The portion of people receiving home-delivered meals at high nutritional risk rose from 61 percent to 65 percent.



Distribution of Older Americans Act Meals by AAA

This chart shows the percentages of OAA congregate and home delivered meals each AAA provided based on the total meals served within the state in 2006. Of the two AAAs serving the most meals, AAA 1 served the largest percentage of home-delivered meals. AAA 10A served the largest percentage of congregate meals.

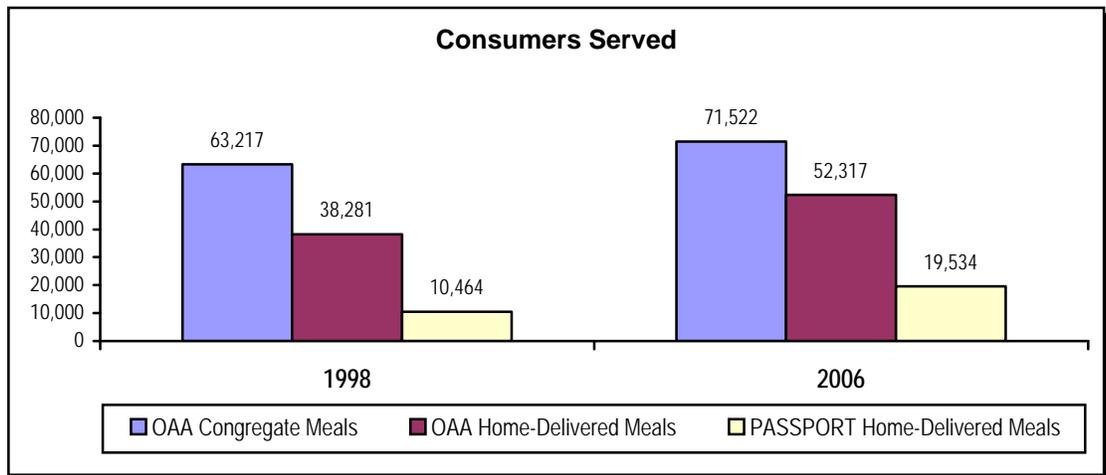
PSA	Congregate	% of State	HDM	% of State
1	226,274	9%	1,491,550	25%
2	230,902	9%	375,608	6%
3	55,715	2%	77,300	1%
4	336,516	13%	603,153	10%
5	56,858	2%	158,433	3%
6	310,411	12%	1,062,641	18%
7	149,017	6%	225,144	4%
8	55,259	2%	104,352	2%
9	194,515	7%	390,651	7%
10A	604,872	23%	847,657	14%
10B	246,191	9%	355,925	6%
11	136,799	5%	303,949	5%
Grand Total	2,603,329	100%	5,996,363	100%

Section One: Comparison Data 1998 and 2006

Meal Service Trends

Consumers Served

Participation in the OAA congregate nutrition program has increased slightly since 1998. The number of consumers served through the Older Americans Act and PASSPORT home-delivered nutrition services has increased, with PASSPORT home-delivered meals having the greatest rise in participation. Even so, the OAA home-delivered nutrition program serves almost 2.5 times more consumers than the PASSPORT home-delivered nutrition service.

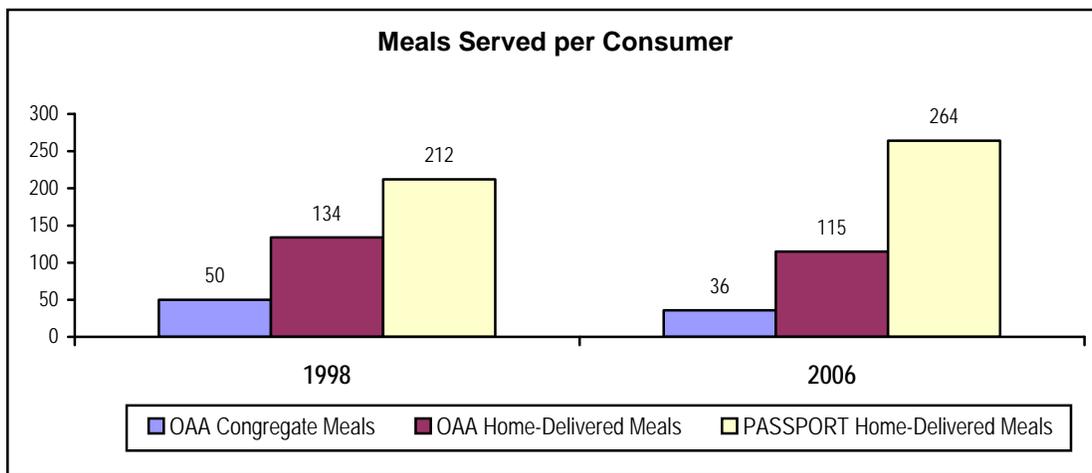


Meal Service	Consumers Served		Percent Difference
	1998	2006	
Older Americans Act Congregate	63,217	71,522	13%
Older Americans Act Home-Delivered	38,281	52,317	37%
PASSPORT Home-Delivered	10,464	19,534	87%
Grand Total	111,962	143,373	28%

Section One: Comparison Data 1998 and 2006

Meals Served Per Consumer

The annual number of meals per consumer decreased in both OAA nutrition programs but increased in PASSPORT: from 50 to 36 meals per congregate consumer, 134 to 115 meals per home delivered consumer and 212 to 264 meals per PASSPORT consumer. The average PASSPORT home-delivered meal consumer receives over twice the number of meals as the average OAA home-delivered consumer in a given year.



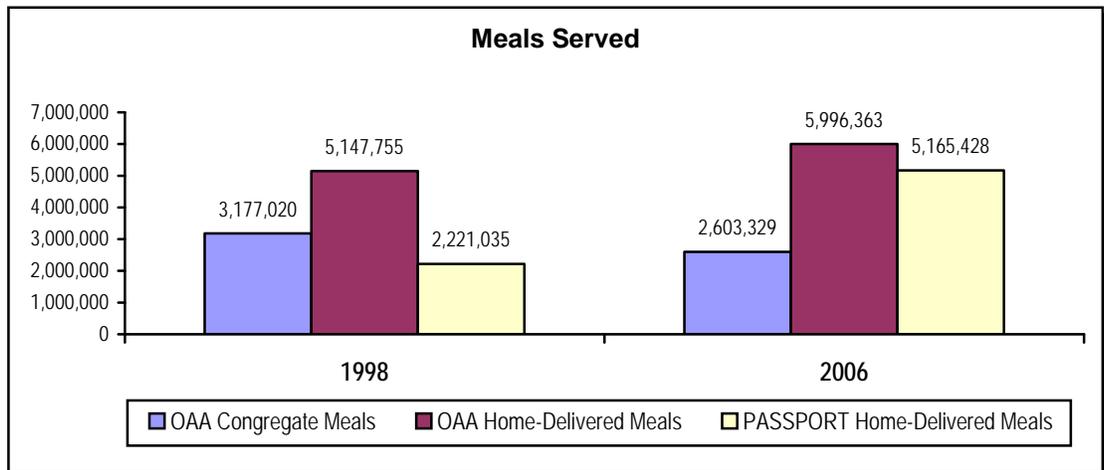
Meal Service	Meals per Consumer		Percent Difference
	1998	2006	
Older Americans Act Congregate	50	36	-28%
Older Americans Act Home-Delivered	134	115	-14%
PASSPORT Home-Delivered	212	264	25%
Grand Total	396	415	5%

Section One: Comparison Data 1998 and 2006



Meals Served

Nearly 14 million meals were served in 2006, a 31% increase from 1998. The boost in the number of meals served was largely due to the increase in PASSPORT home-delivered meals during the 8 year period. The number of meals served through the OAA congregate nutrition program dipped about 18% during this same period, while the number of OAA home-delivered meals rose 16%.

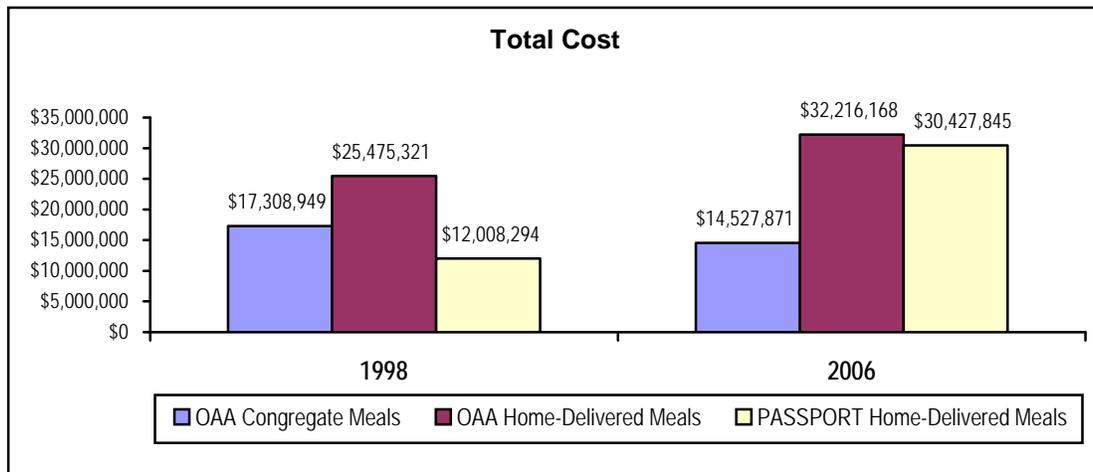


Meal Service	Meals Served		Percent Difference
	1998	2006	
Older Americans Act Congregate	3,177,020	2,603,329	-18%
Older Americans Act Home-Delivered	5,147,755	5,996,363	16%
PASSPORT Home-Delivered	2,221,035	5,165,428	133%
Grand Total	10,545,810	13,765,120	31%

Section One: Comparison Data 1998 and 2006

Total Cost of Meals

Over \$77 million dollars funded the OAA and PASSPORT nutrition programs in 2006. As noted previously, support for the OAA congregate nutrition decreased, while home-delivered meals support increased considerably. While PASSPORT funds increased more than two-fold from 1998 to 2006, it does not surpass the funds spent on the OAA home-delivered nutrition program.

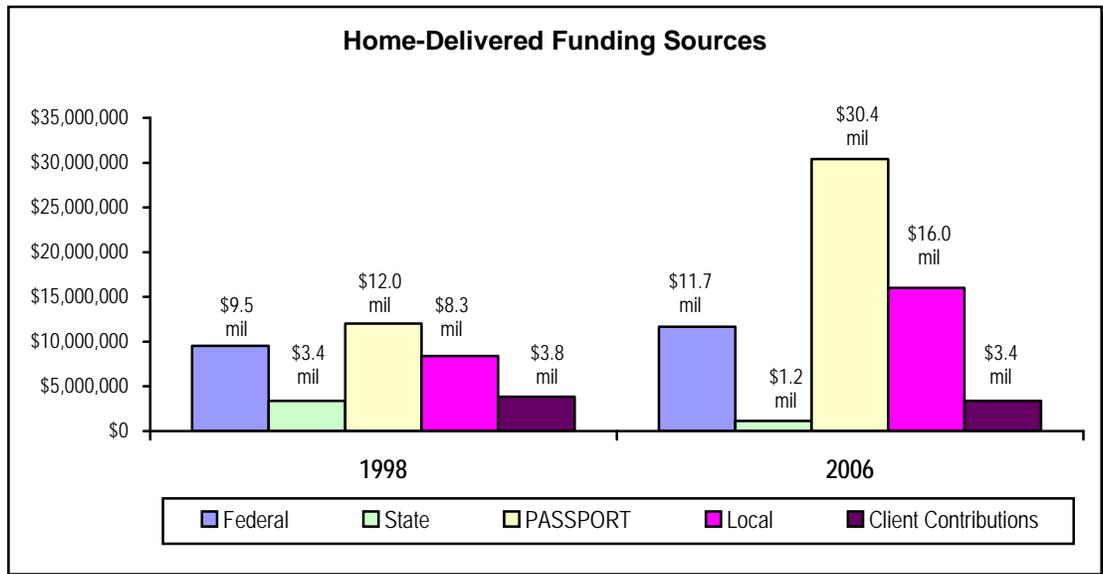


Meal Service	Total Cost		Percent Difference
	1998	2006	
Older Americans Act Congregate	\$17,308,949	\$14,527,871	-16%
Older Americans Act Home-Delivered	\$25,475,321	\$32,216,168	26%
PASSPORT Home-Delivered	\$12,008,294	\$30,427,845	153%
Grand Total	\$54,792,564	\$77,171,884	41%

Section One: Comparison Data 1998 and 2006

Home Delivered Meals Funding Sources

Funding for home-delivered nutrition program increased by 169 percent from 1998 to 2006. The sharpest increases were in the PASSPORT program (\$18.4 million or 253 percent) and local funds - specifically "other cash," including some county levies (\$9.8 million or 740 percent).



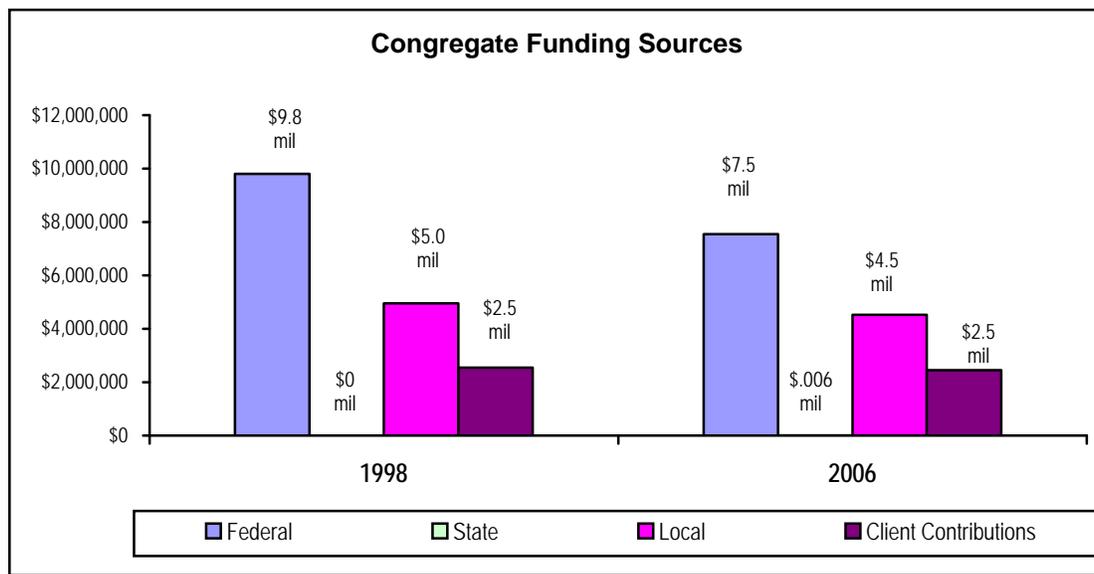
Funding Source	1998	2006
Federal		
Older Americans Act Title IIIC-2 (Home-Delivered)	\$6,333,980	\$8,538,018
Older Americans Act Title IIIE (Caregiver Support)		\$52,516
Nutrition Services Incentive Program (NSIP)	\$2,793,253	\$2,997,147
Social Services Block Grant (SSBG)	\$321,893	\$72,119
Other Federal	\$94,864	\$0
State		
Senior Community Services (SCS)	\$3,395,407	\$1,153,009
Other State		\$964
PASSPORT *	\$12,008,294	\$30,427,845
Local		
Local Cash	\$5,135,228	\$2,911,970
Local In-kind	\$1,757,579	\$1,945,609
Other Cash: includes some county levy dollars	\$1,394,264	\$11,155,695
Other Non-Cash	\$96,417	\$7,571
Client Contributions	\$3,833,079	\$3,381,550
Grand Total	\$37,164,258	\$62,644,013

The funds for PASSPORT are a combination of federal (57 percent) and state Medicaid (43 percent) dollars and are reported together for the PASSPORT program.

Section One: Comparison Data 1998 and 2006

Congregate Meals Funding Sources

Funding for congregate nutrition programs decreased by 16 percent from 1998 to 2006. The sharpest drop was in federal dollars (\$2.3 million or 21 percent). Interestingly, even though fewer meals were being served in 2006, client contributions remain fairly static.



Funding Source	1998	2006
Federal		
Older Americans Act Title IIIC-1 (Congregate)	\$7,846,551	\$6,342,707
Nutrition Services Incentive Program (NSIP)	\$1,718,413	\$1,204,755
Social Services Block Grant (SSBG)	\$238,630	\$0
Other Federal	\$4,868	\$0
State		\$5,572
Local		
Local Cash	\$1,486,101	\$2,015,242
Local In-kind	\$2,022,663	\$1,724,357
Other Cash: includes some county levy dollars	\$1,438,046	\$775,536
Other Non-Cash	\$8,186	\$7,463
Client Contributions	\$2,545,491	\$2,452,240
Grand Total	\$17,308,949	\$14,527,871

Section Two: Survey Summary

Program Overview

The congregate nutrition program is the cornerstone of the OAA nutrition program. The smallest sites serve 2 - 16 participants, averaging 9 participants per site. The largest sites serve 35 - 130 participants, averaging 68 participants per site. In AAA 10B some sites are operated mainly as home-delivered meal distribution sites, but are also registered as congregate sites. These sites may have only 0 -2 participants but remain open due to the large numbers of home-delivered meals they serve.



The home delivered nutrition program differs significantly by type and frequency of meals throughout the state, although providers in all 12 AAAs deliver ready-to-eat hot meals. Providers within

an AAA may offer a variety of meal types based on day of the week, meal routes, consumer preference or circumstance, number of meals delivered at a time and funding source. The most common combination is hot with frozen meals. The larger AAAs have providers that offer more types of meal combinations, consumer choice about type of meals and more daily meal availability.

Nine providers that exclusively supply home-delivered meals are funded by PASSPORT. Two offer meals funded by PASSPORT and levy funds; four offer meals funded by PASSPORT and Title III; one provider is funded by Title III only.

Provider Practices

The number of nutrition providers that supply self-produced meals vary widely. Fewer congregate meal providers produce their own meals than home-delivered meal providers (47 percent v. 59 percent). These figures are somewhat skewed by the data from the largest and second largest AAAs which respectively contract with food preparers for 95 percent and 71 percent of their congregate and home-delivered meals.

Delivery Requirements

OAA-funded meals must be available five days a week except in the case of approval as a rural location, a start up site, or in a location with transportation to other sites

Section Two: Survey Summary

when closed. The AAA Program Contact must approve any plan to provide fewer than five days. Providers in six AAAs offer meals a minimum of five days a week. In others, at least home delivered meals are available Monday through Friday.

Meal frequency varies widely among the AAAs from daily, including weekends, to as infrequently as twice monthly, the latter are typically linked to social events or special ethnic meal sites. In general, the larger AAAs tend to have more providers that offer meals fewer than five times a week as other meal sites are available within the community. The smaller AAAs have more meal locations in rural areas.

One large nutrition provider offers transportation to consumers who attend a site operated less than five days a week to other sites open on days when the primary sites are closed. Additionally the provider makes a list of all sites available to congregate nutrition participants during orientation to the program, offers transportation to the sites and encourages participants to visit a variety of sites (AAA 6).

Meal Characteristics

Although the midday meal time is most common, other alternatives exist. Providers in AAAs 1, 2, 4, 6 and 8 offer breakfast meals, three congregate sites and two home-delivered nutrition programs, which are funded by Title III, levies and PASSPORT or a combination of funding sources.

AAAs 1, 4, 6 and 10B contract with providers that offer both congregate and home delivered evening meals. Eight providers in one AAA offer home-delivered evening meals. Funding sources are PASSPORT, Title III, levies and private donations (versus consumer contributions). Some of the meals are frozen and delivered with the noon meal for consumption later in the day. A provider in another AAA occasionally moves the midday meal to evening; a second provider, through their levy funding, offers supper events with entertainment as a form of mass outreach.

Ethnic meals are available in nearly half of the AAAs. Kosher meals are the most common. Providers in five AAAs offer congregate and home-delivered meal service daily, one provider supplies only home-delivered kosher meals. Asian, Hispanic and Russian meals are offered weekdays, Somali, three times a week and Soul Food/Country Cooking, (featuring foods like barbequed chicken, greens and cornbread) two days each. Restaurants serve as congregate sites for Asian meals. One AAA piloted and then discontinued ethnic meals, as they were not acceptable to consumers.

AAAs report that menus are consistent with four of the major Dietary Guidelines, although the rankings of consistency varied somewhat among AAAs. The four parameters rated were lower



Section Two: Survey Summary

fat, lower sodium, lower concentrated sweets, and high fiber. Of that, lower concentrated sweets is the one “healthy diet” component most closely adhered to followed by lower fat, then lower sodium. Increasing the fiber content of meals is slightly more challenging.

2005 American Dietary Guidelines An Abbreviated Summary

- Eat a variety of foods.
- Maintain your ideal body weight.
- Be physically active.
- Eat fruits, vegetables, whole grains, and low-fat dairy products.
- Use mostly polyunsaturated and monounsaturated fats and keep total fat intake to 20 – 35% of total calories.
- Choose fiber-rich foods.
- Choose and prepare foods with little added sugar, little salt, and consume potassium-rich foods.
- Use alcohol in moderation.
- Prepare, handle, and store food safely.

AAA 3 offers a “Healthy Aging Diet” which is no added salt, lower fat and lower sugar. Nutrition providers use low sodium gravy and soup bases, lower fat meats and meal preparation techniques, fruit in its own juice and fresh whole grain bread and rice. Consumers are given a choice of 2% or skim milk, which they like.

Therapeutic diets are offered by providers in nine AAAs, seven of which have separate contracts with PASSPORT to do so. One provider serves only PASSPORT consumers. Of the approximately 800 served daily, the most common therapeutic diets are renal, low fat and/or low cholesterol, diabetic, calorie-specific, consistency modification and sodium restrictions. The provider with largest number of therapeutic diets does not contract with PASSPORT and believes there is a need for additional therapeutic meals, particularly renal diets. Another provider has requested more referrals and added that case managers need to better understand the need for and availability of therapeutic diets.

Two counties in AAA 6 considered offering therapeutic meals, renal in particular, but decided not to after

surveying consumers and determining that there was minimal need. However, in three other counties in the AAA, more than 400 therapeutic diets are served.

Several AAAs have some providers that serve therapeutic diets. In general, three AAAs believe there is a need for therapeutic diets, mostly for renal, but have no way of providing the diets in some of their counties. Three others say there is no need for

Section Two: Survey Summary

therapeutic diets, particularly with the menus many offer that are lower in sugar, fat and sodium or have substitutions available for menu items.

For use in emergencies, providers in all AAAs supply shelf-stable meals, almost always using a commercially prepared product. Replacements for meals consumed depend in part on how late in the season the meals are used - the later in the season, the less likely the replacement (although most providers in AAA 10A are required to supply a replacement within 24 hours of usage). Only one provider, in AAA 10B, includes bottled water in their meals, which is funded by United Way.

Participant Characteristics

The nutrition programs serve more than just the 60+ in years. Volunteers at congregate nutrition sites are offered complementary meals in ten AAAs; in one other AAA meals are available to volunteers at reduced cost. Fewer providers offer meals to volunteers of home-delivered nutrition programs. Six offer meals to volunteers at one or more sites. Four do not offer meals to volunteers and one offers meals at a reduced cost.

Persons younger than 60 and disabled have the opportunity to participate in the meal programs under specific circumstances. These include residence in senior housing, living with a person eligible for the nutrition program or having the approval of a licensed dietitian. In one AAA, there is a non-OAA nutrition site specific for younger persons with disabilities.

Residents of long-term care facilities come to dining sites in a few locations. PASSPORT consumers, customarily served home-delivered meals, come to a few nutrition sites in one AAA for socialization. Although no AAA reported that providers serve meals to caregivers using Title III-E funds, AAA 2 states that the agency policy has a provision to serve them.

Assessment

The *Determine Checklist* is most often reported as being used at assessment to determine eligibility for home delivered meals or priority status for waiting lists. Almost as frequently, it serves as basis for referral to other agencies, physicians or licensed dietitians or for giving the

STAYING WELL **B: DETERMINE Checklist**

DETERMINE Your Own Nutritional Health

What you eat does affect your health. Use this Checklist to find out if you or someone you know is at nutritional risk.

Instructions: For each question, answer "yes" or "no". Then circle the number that appears in the appropriate column. Add the circled numbers to determine your total score.

Nutrition Checklist		Yes	No
Have you made changes in the way you eat because of an illness or medical condition?	2	0	
Do you eat fewer than two (2) meals a day?	3	0	
Do you skip any of these foods daily: fruits, vegetables, and/or dairy products?	2	0	
Do you have three (3) or more drinks of beer, liquor or wine almost every day?	2	0	
Do you have tooth or mouth problems that make it hard for you to eat?	2	0	
Are there times when you do not have enough money to buy the food you need?	4	0	
Do you eat most meals alone?	1	0	
Do you take three (3) or more prescribed and/or over-the-counter medicines each day?	1	0	
Have you lost or gained ten (10) or more pounds in the last six (6) months without wanting to?	2	0	
Are there times when you are not physically able to do one or more of the following: shop for food, cook, or eat on your own?	2	0	
Total Score Today			

Total Your Score From the Nutrition Checklist. If it's:

- 0-2 . . . Good!** Recheck your nutritional score in six (6) months.
- 3-5 . . . You are at moderate nutritional risk.** See what you can do to improve your eating habits. Your office on aging, senior nutrition program, senior citizens center, health department and/or physician can help. Recheck your nutritional score in three (3) months.
- 6 or more . . . You are at high nutritional risk.** Talk with your doctor, dietitian or other qualified health or social service professional about any problems you may have. Ask for help to improve your nutritional health.

Adapted from the Determine Your Nutritional Health Checklist developed by the Nutrition Screening Initiative, Washington, DC.

Section Two: Survey Summary

consumer information about materials related to his or her individual score. One AAA uses the scores to plan nutrition education.

One provider in AAA 7 uses the *Determine Checklist* to evaluate eligibility for a program that arranges for a box of free food each month (from a local food bank) and they make sure that it is delivered each month.

In the 2000 report, in response to the question on the *Determine Checklist*, “have you made changes in the way you eat because of an illness or medical condition,” half of the consumers receiving home delivered meals said yes and nearly one-quarter of the congregate meal consumers had done so. While that may not translate into therapeutic diets, it does suggest a potential need for more such meals however the availability of them is limited, especially for Title III consumers.

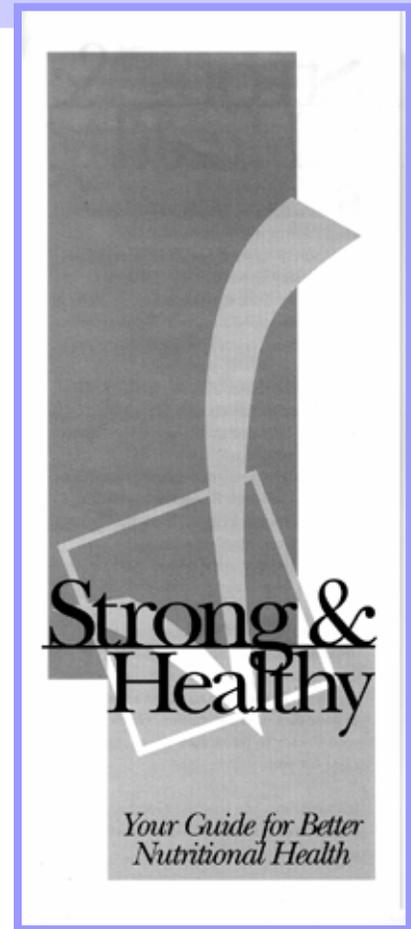
Ancillary Services

County extension agents provide support to the AAAs’ efforts in about 80 percent of the state. This varies from monthly nutrition education presentations at the congregate sites to providing brochures and other printed materials for distribution to consumers receiving home delivered meals. Topics include how to recognize food spoilage, heart healthy eating, food labels and stretching food dollars. One extension agent also teaches the *Serv Safe* food service sanitation course for a fee.

In AAA 10A nutrition program assistants from county extension go to the sites bi-monthly and provide nutrition information to low income older adults who are at risk for malnutrition. These programs supplement the nutrition education information provided by the AAA.

Some providers make liquid nutritional supplements available at cost or reduced price to consumers. One provider offers one can daily at no charge, additional cans may be purchased at cost. PASSPORT consumers are more likely to receive both liquid supplements and nutrition counseling.

Nutrition counseling availability varies with location. However, four AAAs do not offer or have resources in their counties for this service. Two have providers in each of its counties. Nutrition consultants are often employees of hospitals, nursing homes, or



Section Two: Survey Summary

other agencies or in private practice. No nutrition counseling was reported for 2006 for Title III consumers.

Adaptive devices can help maintain independence at meal time, but few AAAs have consumers who use them. One provider keeps special utensils and plates available at the congregate site for those individuals who need them. Another has adaptive and assistive equipment available for loan. Some AAAs would provide devices if needed and one provider is in the process of acquiring them. Funding comes or would come from a variety of sources, mostly community-based, rather than OAA dollars.

Grocery shopping assistance is most often done by small, independent grocers, some of whom charge a small fee. Larger fees (\$13/hour, 2 hour minimum) charged by “errand” businesses may be prohibitively expensive for older adults. Other organizations offer shopping service at more modest fees. Grocery shopping is an available PASSPORT service.

Transportation to grocery stores may be a function of whether the area has access to public transportation (which is available in several locations using regional transit authorities). A site in AAA 4, located in a large urban area, offers bus passes to those who attend congregate nutrition programs for grocery shopping. Others charge a small fee for the service. Some taxi drivers charge \$1 each way and one large grocery store offers free transportation. Some social service agencies also provide transportation, sometimes using OAA dollars.



Meal Choices

The opportunity for choices is divided among AAAs. Six report infrequent options beyond type of milk and bread. Six say half or more of their providers offer expanded choices. In some situations, the additional choices are low sugar desserts and juice. AAAs respond that salad bars are more common than soup bars or restaurant vouchers, but still very limited. AAA 8 tried a salad bar but discontinued it because it lost money. However the provider may try pre-plated “gourmet” salads as a menu option in the future.

One frequently mentioned consumer choice concerned the form in which the home delivered meals were delivered (i.e., hot, frozen, cold, or chilled). Under certain circumstances, the form of meal was individualized based on consumer need (e.g., the consumer was unable to safely heat meals; people with medical appointment conflicts could receive one-day delivery of five frozen meals).

Entrée choice is available in at least five AAAs, though it is more limited for consumers of home delivered meals. One senior center offers deli-like items. Another

Section Two: Survey Summary

provider offers three dinner selections and choice of beverage, dessert, bread and fruits. Vegetarian choices are also available from providers in AAAs 1 and 6.

Providers in five AAAs offer breakfast meals. One provider serves breakfast in three locations with a choice of breakfast items (AAAs 1, 2, 4, 6 and 8). One meal site offers a salad bar as an alternate to a hot meal. In two counties meals are provided in non-traditional settings, i.e., restaurants. One PASSPORT provider, a hospital, is able to offer items from a selective menu. In AAA 7, one provider offers meals to older adults in a college dining facility with maximum choices including three entrees, a salad bar, soup and a selection of vegetables and fruits.

Some home-delivered meal providers have a unique process for optimizing choice using a vacuum packed, chilled system. Based on the consumer's food preferences, menu items are provided in individual containers that, together, are nutritionally adequate. The consumer chooses when, and in what combinations, to eat each item in that week's food supply.

Preferred food items, if not a menu option, are determined by menu committees, based on individuals' likes, dislikes, or allergies, or opinions expressed through satisfaction surveys. For example, in AAA 4, one food service director conducts a "menu talk" at each site every year prior to writing the next year's menu.



Health Promotion

Health promotion and disease prevention activities are addressed in the Dietary Guidelines. AAAs ranked three parameters: exercise, information about health screening and periodic health screening on availability in their PSAs. Periodic health screening is more widely available than any other parameter. Five AAAs indicated information about health screening and periodic health screenings are widespread practices. Exercise and walking program opportunities are rated as the least available in rural areas and most available in urban settings.

Successful health promotion and disease prevention activities are available to participants in meal programs either at the site (particularly if located at

a senior center), or through a community agency or organization (for example, county health departments).

For a nutrition site, being located in a senior center provides important access to programs and activities, such as exercise equipment, dance and exercise classes and wellness checks. Health monitoring and education programs, including blood

Section Two: Survey Summary

pressure and blood sugar screenings and medication reviews, are also periodically conducted at these locations.

Activities are offered in a variety of locations. In rural AAA 8 an exercise physiologist is available with an exercise room and equipment. Another rural county has its dining site co-located with recreation center with exercise equipment, walking track and senior exercise classes.

Organized activities include national programs like *You Can Steps for Healthy Aging*, *Active for Life*[®], and *Healthy Town*.

- ***You Can! Steps for Healthy Aging***...is designed for older adults who are ready to make small changes in their food choices and physical activity.
- ***Active for Life***[®]shows that regular physical activity can help older adults maintain their independence and better manage chronic health conditions such as arthritis, high blood pressure and diabetes.
- ***Healthy Town***...uses computer technology to identify health and injury risks and links seniors and families to community prevention services.

AAAs 1, 4, 6, 8, 10A, and 10B are participating in the Administration on Aging grant, Ohio's Evidence Based Prevention Program Initiatives, which focuses on three areas: fall prevention, chronic disease management, and active living everyday.

Part of the success of this emphasis on health promotion and disease prevention may be because more than two-thirds of the AAAs discuss these concepts and activities with their providers.

Access to Information

The availability of computers offers older adults opportunities to seek information to meet their own personal health needs. The number of AAAs where computers are available either at nutrition sites or in locations easily accessible to consumers varies from none or very limited in three AAAs, to more widespread availability elsewhere.

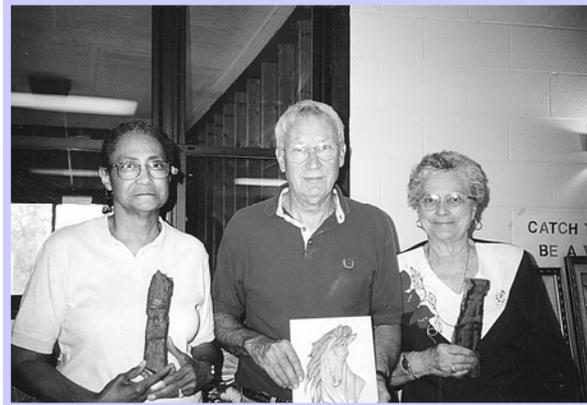
The most intensive computer programs are SeniorNet™ sites where older adults can retrieve health information through the Internet with browsers formatted specifically for senior citizens. Trained senior volunteers are at each site (AAA 4).



Section Two: Survey Summary

Attracting a New Set of Consumers

Attracting boomers using the media is an important way to publicize that nutrition programs aren't just for older seniors. Traditional approaches are used, e.g., press releases, television and radio spots, newspapers and newsletters; and awareness is also raised at county fairs, community presentation and functions, even at city council meetings.



Younger seniors are attracted to continuing education opportunities, ranging from dance to pottery, art appreciation to Spanish, pre-retirement planning to digital photography classes. Offering class instruction in the evenings attracts not only the older seniors, but their boomer children.

AAA 1 created a 50+ club with very active programs and volunteer opportunities. Another, AAA 4, has a lunch and learn program on Saturdays. In AAA 5, Mansfield Art Center's "Art for Life Lunch Series" contracts for congregate meals two Saturdays per month, serving Richland County. This program provides box lunches, along with cultural activities, e.g., art classes, exhibits, speakers.

Others use special events or meals to attract the younger crowd, particularly around the holidays. Updated menus, more appealing to younger seniors, sometimes with soup and salad bars are popular. In AAA 8, one provider has a culinary-school trained chef. Interesting speakers and health and wellness activities are scheduled around midday meal times.

Changes in meal service, e.g., more evening meals, meals in restaurants and themed meals are used to introduce the younger crowd to the congregate nutrition program. One of the more creative ways of attracting Boomers include offering a free meal to first time customers. Engaging them outside of the dining room included rental use of facilities, community project involvement, intergenerational programs, partnerships with community colleges and caregiver support activities.



Section Two: Survey Summary

In contrast, providers in three AAAs were concerned with the costs of attracting new customers, having scarce resources for the population they are currently serving.

Senior Farmers' Market Nutrition Program (SFMNP), a program begun in 2001, generates significant interest. Currently, markets operate in 24 counties highlighted on the map. AAAs would like this program in another 19 counties.



The SFMNP is a USDA program that provides low-income seniors with coupons that can be exchanged at participating farmers' markets and roadside stands for fresh, nutritious, unprepared locally grown fruits, vegetables and herbs. Eligible seniors receive coupons from May to October and nutrition information at the time of coupon distribution.

The program also benefits Ohio farmers by increasing business. In 2006 the SFMNP provided eligible produce from over 228 farmers at 23 farmers' markets and 131 roadside stands. The program served more than 21,000 seniors with produce valued at \$1,256,057.

This year, the program has experienced some changes: new federal rules have become effective and the funding now allows for expenditures of up to 10 percent of the total amount allocated for administrative costs in each AAA. Yet at current funding

Section Two: Survey Summary

levels, all interested seniors and farmers who desire a SFMNP in their area will need to wait until additional funds are appropriated.

The SFMNP is a perfect program to assist with the message that consuming a diet rich in fruits and vegetables may reduce some types of cancer and other chronic diseases. ODA looks forward to supporting the 2007 SFMNP that will feature an in-depth ODA SFMNP Web site.

Final Comments

This survey was intended to provide a snapshot of nutrition program practices, barriers and similarities across the state. A similar survey will be conducted periodically to refresh data and track emerging issues. The implementation of new nutrition services rules will further dictate practices, though the underlying issues of available funding will continue to play a major role in the differences across AAAs.



Appendix A: Nutrition Program Contacts



AAA	Contact	Email address	Telephone number
1	Rae Wyatt	Wyatt@help4seniors.org	513-345-8692
1	Michelle Linder	mlinder@help4seniors.org	513-345-8628
1	Paula Martinez	pmartinez@help4seniors.org	513-345-8613
2	Jeanne Mbagwu	JMBagwu@infor4seniors.org	937-341-3019
3	Rhonda Davisson	rdavisson@psa3.org	419-222-7723 x 248
4	Rebecca Liebes	rliebes@areaofficeonaging.com	419-725-6953
5	Joyce Boling	jboling@agingnorthcentralohio.org	419-524-4144 x 1123
6	Linda Gillespie	LGillespie@coaaa.org	614-645-3860
7	Nina Keller	nkeller@AAA7.org	740-245-5306 x 201
8	Linda Myers	LMyers@buckeyehills.org	740-373-6400
9	Diane Phillips	dphillips@aaa9.org	740-439-4478 x 254
10A	Janice Davis	JDavis@psa10a.org	216-621-8010 x 1100
10B	Leigh Sliwinski	LSliwinski@service4aging.org	330-896-9172 x 3602
11	Lisa Gill-Argiro	lgargiro@sbcglobal.net	330-746-2938 x 227

Appendix B: Nutrition Survey

Nutrition Program Overview

AAA: _____

Date: _____

I. Provider Capacity

1. What is the average number of participants:
 - At the smallest congregate site?
 - At the largest congregate site?
2. How many nutrition providers contract with food service operators (formerly caterers)?
3. How many nutrition providers supply self-produced meals?
4. Which home delivered or congregate meal providers (name and county served) supply meals less than five days per week?
5. How many providers offer breakfast programs? How are these funded?
6. How many offer evening meal programs? How are these funded?
7. How many nutrition providers offer ethnic meals? (This does not include occasional ethnic menu items.) Please identify provider, type of meal, frequency and county in which meals are available.
8. Approximately how many providers offer shelf-stable meals?
 - Is bottled water included?
 - Is there a replacement for shelf-stable meals that are consumed?
 - Are commercially prepared meals used, e.g., blizzard bags?

Appendix B: Nutrition Survey

9. If therapeutic meals are provided, please complete the following chart; expand chart as necessary:

Provider Name	Provides both Therapeutic and Regular Meals		Separate Contract for Therapeutic Meals		Counties Served	Types of Therapeutic Meals Served	Approximate # of Therapeutic Meals Served Daily
	Yes	No	Yes	No			

10. Is there an unmet need for therapeutic diets? Explain.
11. One of the cornerstones of the re-authorization of the OAA is consumer choice. Currently how much choice is available to meal participants? Please place a check in the column that best describes provider practices in your PSA.

All	Half	Few	No	
				Providers offer choices at meals beyond choice of milk and bread.
				Providers offer salad bars.
				Providers offer soup bars.
				Providers offer restaurant vouchers targeted for specific purposes.

12. Please describe other examples of choices in the meal programs including home delivered meals.
13. Please give an example of a successful nutrition program that maximizes opportunities for choices.

Appendix B: Nutrition Survey

II. Specifically Home Delivered Meal Program

1. How many home delivered nutrition providers supply:
 - Frozen meals only?
 - Chilled meals only?
 - Ready to eat hot meals?
 - Ready to eat cold meals?
 - Combination meal types? Please describe types
2. Which nutrition providers offer **only** home-delivered meals? Please identify provider and counties served and whether meals are PASSPORT and/or Title III funded.
3. Please identify how many home delivered nutrition routes are:
 - Daily Monday through Friday with weekend meals
 - Other delivery route frequencies; please describe

III. Menu Guidelines

1. How would you rate the menus used in your PSA for each of the following using a scale of 1 to 5, 5 being the closest to the Dietary Guidelines?
 - Lower fat
 - Lower sodium
 - Lower concentrated sweets
 - Higher fiber

IV. Dietary Guidelines

1. Implementation of the *Dietary Guidelines* includes attention to health promotion/disease prevention activities, particularly exercise. Please place a check in the box that best describes the availability of the following:

All	Half	Few	No	
				Exercise/walking programs, e.g., "You Can"
				Attention to well-being of caregiver, e.g., managing stress
				Provision of information, approved by health professionals, such as guidance on vaccines, health screenings, e.g. mammograms
				Periodic health screenings, e.g., blood pressures

Appendix B: Nutrition Survey

2. Do nutrition provider monitoring visits/meetings include discussion of the availability of health promotion/disease prevention activities?
3. Please give an example of a successful health promotion/disease prevention activity that is available to participants in meal programs.
4. Approximately how many congregate nutrition sites have computers where older individuals can access health promotion/disease prevention information?

V. Serving Other Populations

1. Which providers consistently provide meals for the following? Unless all providers do (respond as “all”), please identify name of provider and county where meals are available.
 - volunteers at congregate meal sites?
 - volunteers with the home delivered nutrition program?
 - persons younger than 60 who are disabled?
 - persons with intellectual disabilities?
 - residents of long term care facilities?
 - PASSPORT consumers?
 - Caregivers, i.e., paid with T III-E funds?
2. What's the process for acquiring adaptive devices for consumers needing assistance at meal time? Include the funding source used and the approximate number of consumers who use the adaptive devices.
3. What actions have been taken to attract boomers to meal sites or senior centers with congregate meal programs?

VI. Other Nutrition Services/Programs

1. Describe how results of the *Determine Checklist* are used.
2. Do any of your providers offer liquid supplements to participants? If so, how does the program work?

Appendix B: Nutrition Survey

3. In which counties is nutrition counseling available to nutrition program consumers? Please indicate the county, the name of the person who provides this service and his/her employer.
4. List any non-OAA types of agencies that the Agency is aware of that provide:
 - grocery shopping assistance, i.e., delivering food ordered by consumer
 - transportation to/from grocery stores
5. Which counties have county extension support? Describe the scope of support.
6. If county extension is involved with nutrition education, please describe activities, frequency, examples of topics and materials used with congregate and home delivered meal participants.
7. With limited funds for the Senior Farmers' Market Nutrition Program (SFMNP), ODA is seeking an update regarding AAA interest. Considering the associated activities, e.g., partnerships with senior centers; authorization of farmers; start up costs; printing costs of coupons, would you be interested in offering a SFMNP in one or more of the counties you serve in the future? Which county or counties?



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