

AgeOptions – Title III C 1.5 Replication Materials

Article Describing Project

January/February 2022

AgeOptions Demonstrates Innovative Program to Address Gap in Nutrition Services

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AgeOptions is testing a nutrition program to meet the needs of older adults who are challenged in their ability to shop for food but have the ability and desire to cook.

In the fall of 2020, AgeOptions received a second Administration for Community Living Nutrition Innovations grant. Under this initiative, AgeOptions is testing what we are referring to as Title III C 1.5, a program to address a gap in the continuum of services under the federal Older Americans Act between Title III C 1, congregate meals and Title III C 2, home delivered meals.

The overall goal of this project is the modernization of the nutrition infrastructure and meeting a longstanding need that has only been exacerbated by the pandemic: the need to build upon the strengths of older adults who are challenged in their ability to shop, but have the desire and ability to cook. In addition, the program when implemented is anticipated to be a win-win for individuals who have home care workers.

The conceptualization of Title III C 1.5 takes it to a higher level as AgeOptions examines, develops and expands all of our programming under a lens of Diversity, Equity and Inclusion (DEI). When the initiative is operational, Title III C 1.5 will provide meal boxes, recipes and medically tailored menus for an array of diets reflecting the cultural and ethnic diversity of suburban Cook County.

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Meal boxes will contain meats, fish, poultry, fresh fruits and vegetables and staples such as rice, beans and pasta for three meals per day for seven days, all designed for the food preferences of general American, Black/African American, Halal, Kosher, Latino, Korean and Chinese communities. Menus will also address requirements for renal, heart healthy and low sodium diets.

Each year of the initiative has a focus. In the first year, AgeOptions began to operationalize our proposal by identifying potential partners and research. In our current Year 2, menus, recipes and logistics are being addressed and in Year 3 we anticipate transitioning the initiative to partnering agencies.

To ensure AgeOptions is meeting the initiative's goals, we are evaluating each phase as we demonstrate and refine. We began by surveying our targeted ethnic groups in order to design menus of foods people want to eat. This should reduce food waste that is common in current food programs. Secondly, during each pilot demonstration, we are surveying for compliance and satisfaction. We naturally want our older adults to enjoy the food, but we have an additional goal of proving to the federal government that this programmatic strategy meets the daily federal nutritional guidelines of a balanced and healthful diet.



In September 2021, 158 individuals participated in our first pilot of our general American diet. Survey results indicated a high level of satisfaction and showed that the majority of participants followed the curated menus. Another positive result is in survey responses from home care workers. They indicated satisfaction with being provided a menu which gave direction regarding what foods to prepare and prevented time away from the client for shopping. These photos are from the pilot.

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Beginning in early February, AgeOptions, in collaboration with Hanul Family Alliance, is conducting a second pilot providing meal boxes to the Korean community in northwest Cook County. As the year progresses, pilots will be held with all of our ethnic partners. The evaluations of these pilots will help us refine the program for full implementation and transition in Year 3.

With the overall goal of modernization of the Older Americans Act, AgeOptions will share our results with federal legislators for amendments in the 2024 reauthorization of the Older Americans Act.

One of several food preference surveys – This one was used to a largely Black/African American Population

AgeOptions is asking for your help in answering a few questions about your food preferences and needs. Your answers will help us with future food programs.

Please answer the questions to the best of your ability, based on your own preferences and experiences.

Has your doctor asked you to follow a specific diet? If so, please mark all that apply

- Cardiac (Heart Healthy)
- Diabetic (Persons who may have a diagnosis of what sometimes is referred to as “sugar”)
- Renal (Persons who may be on dialysis or have kidney problems)

How likely are you to try new foods and recipes?

- Very likely
- Somewhat likely
- I don't know
- Not very likely
- Not at all likely

When you prepare meals, who are you typically preparing food for?

- Just myself (1 person)
- Myself and my partner/spouse (2 people)
- If more than 2 people, please tell me how many people you cook for _____

Which ethnic cuisines do you enjoy eating foods and recipes from? Please check all that apply

- Mexican/Latin American
- Chinese/Asian
- Soul Food
- Caribbean
- Mediterranean
- Italian

If you were going to create a grocery list for the entire week, and you did not have to worry about money or doing the shopping, which foods would you most likely buy? Please mark all that apply.

- Fresh produce
 - Vegetables (such as broccoli, celery, cauliflower, mushrooms)
 - Fruit (such as grapes, apples, oranges)
 - Salad greens (such as lettuce, kale, spinach)
 - Starchy vegetables (such as potatoes, sweet potatoes)
 - Other: _____
- Grains
 - Rice
 - Oatmeal
 - Grits
 - Barley
 - Cereal
 - Quinoa
 - Other: _____
- Dairy
 - Milk
 - Yogurt
 - Cheese
 - Other: _____

- Bread items
 - Loaf of bread
 - Bagels
 - English muffins
 - Rolls
 - Muffins
 - Other: _____
- Meat
 - Beef
 - Chicken
 - Pork
 - Lamb
 - Other: _____
- Seafood/Fresh Fish
 - Shrimp
 - Salmon
 - Tilapia
 - Tuna fish
 - Other: _____

Thank you for your time and answering our questions. As we design new programs, we may want to hear in the future from you again. Please consider leaving your name and phone number. Providing your name and contact information is completely voluntary.

Name: _____

Phone Number: _____

Sample Survey Asking for Participant Feedback

“Meal Boxes” Survey

We Need Your Help

Information and Instructions:

You are helping us build a nutrition program that will include deliveries of **“Meal Boxes”** in your community. **This program and service may not happen until the fall**, but in the meantime, we need to do some testing. The box you are receiving today is what we’re calling a test box.

While you should have plenty of food to cover 24 meals (Breakfast, Lunch and Dinner) for the 8 days of Passover, your box of food has been specially prepared with a plan for what to eat each day. No one is watching if you eat what is on the menu for Tuesday on Monday, but over the course of the eight days, it is expected that you will be making each day’s meals as it has been planned.

The planning over the course of the eight days is important because each day has been designed to meet the federal government's standards for daily nutrition.

The food that is provided to you is paid with government funds under a grant from the Administration for Community Living. Because of this funding, we have designed this meal box to meet government standards.

We need to hear from you about what you did with this “meal box” of food. It is important that at the **end of the 8 days** you answer the questions and return the survey in the postage paid envelope included in the box.

Persons who take the time to answer the questions, **will receive a gift from us** that you will be able to use in the future when you cook.

- 1. Thinking back on the past eight days of food provided to you, tell us the number of days you fully followed the meal plan given to you?**
- One or fewer days
 - Two to four days
 - Five to seven days
 - All eight days

If you missed following the meal plan any days, please explain by finishing this sentence: “I did not follow the meal plan because

1a. If you ate “Meal Box” delivered food four or more days during the past eight days, how did you follow the meal plan?

- I ate most or all of the food delivered, and followed the meal plan exactly as provided.
- I ate most or all of the food delivered, and I followed most of the meal plan.
- I ate most or all of the food delivered, but I did not follow the meal plan.

1b. How did you follow the recipes?

- I ate most or all of the food delivered, and followed the recipes exactly as provided.
- I ate most or all of the food delivered, and I followed most of the recipes.
- I ate most or all of the food delivered, but I did not follow the recipes.

2. If there was food that you did not eat, we need to know why. Check/Answer all that apply.

- There was some food that I do not like. Specifically, I do not like:

- There were some foods I was unfamiliar with. Specifically, I was unfamiliar with: _____
- There was too much food.
- I cook for other people as well as myself, so I shared the food.
- I am allergic to some of the foods delivered.
- I have a medical condition that prevents me from eating certain foods.
Please specify what foods I cannot eat:

- I was unable to cook or prepare meals every day.
- Other, please specify: _____

3. Of the food that I did not eat or like, tell us what you did with that food.

- Just put it on my shelves or pantry
- Gave it to family
- Gave it to friends or neighbors
- Tossed it in the garbage
- Other, please specify: _____

If you did not follow the meal plan, please share why (Check all that apply)

- I did not understand the menu
- I did not understand the recipes
- I did not think I would enjoy the recipes
- I like to plan my own meals
- The recipes looked unfamiliar to me
- Other: _____

4. Thinking about the amount of food included for each day (pick two choices that best describe amount of food),

- I felt full and satisfied with the amount of food for each day.
- I feel that I received the right amount of food for myself.
- I did not feel full or satisfied with the amount of food for each day.
- I do not feel that I received enough food for myself.
- I could not eat all the food for each day.
- I feel that I received too much food for myself.

Whether you followed the meal plan menus or simply just ate the food over the week, tell us about our food choices.

5. Overall, I enjoyed the breakfasts included in this meal plan

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

6. Overall, I enjoyed the lunches included in this meal plan

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

7. Overall, I enjoyed the dinners included in this meal plan

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

If you followed the meal plan or somewhat followed the meal plan, please answer the following questions:

8. I am happy with the amount of preparation and cooking time for each meal

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

9. I spent too much time preparing and cooking the meals

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

10. Overall, I enjoyed the meals included in this meal plan

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

11. Overall, I found the included recipes easy to follow

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

12. Overall, I did not need the recipes as I knew how to prepare the food.

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

13. I would like to participate in a “meal box” program like this again

- I strongly agree
- I agree
- I disagree
- I strongly disagree
- I do not know

If you “strongly disagree”, “disagree”, or “do not know”, please tell us why?

14. What foods items would you like to see in a future “meal box” program?

Please return to AgeOptions in your postage paid envelope. To receive your gift for helping us out by completing this survey, please add your name and address. Thank you.

You should receive your gift in four to six weeks. If you do not receive the gift, contact us at email address/phone number and ask us the status of your gift request.

Name: _____

Street Address: _____

Apartment number: _____

City/Town: _____

Zip Code: _____

Phone Number: _____

This project was supported, in part by grant number #90INNU 0024 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Sample Menu – Latin Cuisine

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 cup oatmeal 1 slice toast with peanut butter 1 banana 8oz milk	1 scrambled egg 1oz cheese 2 slices toast with margarine 1 roma tomato, sliced with salt and pepper 1 cup yogurt with 1 banana	1 cup oatmeal 1 slice toast with peanut butter 1 banana 8oz milk	1 scrambled egg 1oz cheese 2 slices toast with margarine 1 cup roasted potatoes, peppers, and onions 1 cup yogurt with ½ cup frozen fruit, thawed	1 cup oatmeal ½ cup frozen fruit, thawed 1 slice toast with peanut butter 1 orange 8oz milk	1 hardboiled egg 2 slices toast with margarine 1 cup fruit salad 1 cup yogurt	1 hardboiled egg 2 slices toast with margarine 1 cup fruit salad 1 cup yogurt
Tuna fish sandwich with 2 slices bread 1 cup sliced cucumber and tomatoes with Tajin 1 cup yogurt with ½ cup frozen fruit, thawed	Tuna fish sandwich with 2 slices bread 1 cup sliced cucumber and tomatoes with Tajin 1 cup yogurt with ½ cup frozen fruit, thawed	Tacos al pastor w/ 2 corn tortillas (recipe included) ½ avocado 1 cup rice 1 cup pineapple with Tajin 8oz milk	Salad with cumin and lime chicken (2 cups romaine lettuce ½ chicken breast ½ roma tomato Sliced onion ½ cup canned black beans, rinsed and drained) 1 cornbread muffin 1 apple 8oz milk	Salad with cumin and lime chicken (2 cups romaine lettuce ½ chicken breast ½ roma tomato Sliced onion ½ cup canned black beans, rinsed and drained) 1 cornbread muffin 1 apple 8oz milk	Albondigas soup 1 cup shredded cabbage with lime juice 1 cornbread muffin 1 apple 8oz milk	Albondigas soup 1 cup shredded cabbage with lime juice 1 cornbread muffin 1 apple 8oz milk
Tacos al pastor w/ 2 corn tortillas (recipe included) ½ avocado 1 cup rice ½ cup refried beans	Tacos al pastor w/ 2 corn tortillas (recipe included) ½ avocado 1 cup rice ½ cup refried beans 1 cup pineapple with Tajin	1 cumin and lime chicken breast (recipe included) 1 cup roasted potatoes, pepper, and onions (recipe included) 1 corn on the cob with margarine,	Albondigas soup 1 cup shredded cabbage with lime juice 1 cornbread muffin 1 cup fruit salad 8oz milk	Albondigas soup 1 cup shredded cabbage with lime juice 1 cornbread muffin 1 cup fruit salad 8oz milk	2 fish tacos with shredded cabbage on 2 corn tortillas (recipe included) 1 cup rice 1 corn on the cob with margarine,	2 fish tacos with shredded cabbage on 2 corn tortillas (recipe included) 1 cup rice 1 corn on the cob with margarine and lime

1 cup pineapple with Tajin 1 cup steamed frozen peas 8oz milk	1 cup steamed frozen peas 8oz milk	lime juice, and Tajin 1 cornbread muffin 1 orange 8oz milk			lime juice, and Tajin 8oz milk	juice, and Tajin 8oz milk
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Sample Recipes

Berry Chicken Salad

Ingredients

- ¼ cup mayonnaise
- ½ tsp dried dill
- Black pepper to taste
- 1 cup cooked chicken, cubed
- 1 cup quartered fresh strawberries or whole fresh blueberries
- ¼ cup celery, chopped
- 1 cup fresh baby spinach

Instructions

1. In a medium bowl, mix mayonnaise, vinegar, and dill together. Add black pepper to taste
2. Add chicken, berries, and celery, and mix well to combine.
3. Scoop chicken salad over baby spinach to serve.

Roasted Eggplant with Yogurt Sauce

Ingredients

- 1 eggplant, cut into ½-inch slices
- 2 cloves of garlic, finely chopped
- 2Tbs olive oil
- 1 teaspoon Mediterranean spice blend, or your favorite blend

Instructions

1. Place eggplant slices on a baking sheet and sprinkle with salt. Let them sit for a couple minutes while your oven preheats to 400 F (this softens them and reduces bitterness).
2. Mix garlic, olive oil, and spice blend in a small bowl.
3. Brush both sides of eggplant with the olive oil mixture
4. Roast eggplant for about 30 minutes, until caramelized, flipping once about halfway through.

For the sauce

- 1 cup Greek yogurt
- 1 clove garlic, finely chopped
- Juice from half a lemon
- 1 tsp honey
- 1 Tbs fresh herbs, like basil or mint, finely chopped

Mix in a small bowl; add salt and pepper to taste.

Serve your roasted eggplant with the yogurt sauce for a fresh, Mediterranean dish. Consider brown rice, whole-grain pasta, or chopped cucumbers and tomatoes as a side dish.

Draft Eligibility Document

Provision of Title III C 1.5 - Meal Box

The provision of food identified as a Title III C 1.5 Meal Box includes meat, fish, poultry, fresh fruits, vegetables and grains for 21 meals per week - Breakfast, Lunch and Dinner for seven days. Meal Boxes are provided in an array of ethnic cuisines and medically tailored diets. Availability of a specific cuisine and/or diet may vary depending on the targeted community and available service provider.

Meal Boxes must comply with the menu planning standards based on the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture and meet the minimum requirements of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The calculated values of these meals may be averaged over three consecutive days to establish compliance with the DRI.

The provision of Meal Boxes to eligible participants is delivered to the participants' home one day each week. One Meal Box provides food, menu and recipes for one individual. Participants must receive an in-home assessment prior to enrollment. Participants are determined eligible by the local Care Coordination Unit (CCU) or the Managed Care Organization (MCO). Meal Boxes must be delivered directly to the participant. Meal Boxes must not be left outside the participant's door or delivered to someone other than the participant.

Menu Pattern

The menus for each week's plan must follow the menu planning specifications as outlined in the Menu Standards. AgeOptions will maintain a library of prepared menus. Providers are encouraged to develop their own weekly menus which must be approved by the AgeOptions dietitian prior to implementation. At a minimum, a menu may be repeated every four weeks. Service providers are encouraged to have menus of every six weeks in which to rotate. Consequently, nutrition service providers must employ a minimum of four menu plans. Service providers are encouraged to be responsive to constituents who are asking for variety in their weekly food intake. For example, breakfasts may repeat more frequently, but surveys have indicated that participants are seeking an occasional meal that may not be considered traditional of that cuisine.

Emergency Meals

All nutrition service providers must offer each Title III C 1.5 program participants Shelf-Stable Emergency Meals to be used in the event a Meal Box is unable to be delivered. Boxes of seven Shelf-Stable Emergency Meals will be provided twice annually, at six-month intervals, to be kept on hand, in the participants' homes. These emergency Shelf-Stable meals will have a minimum shelf life of six months.

Eligibility

Title III C 1.5 Meal Box service is designed to meet the needs of older adults defined by the Older Americans Act who are:

- 1) Challenged in their ability to shop, but
- 2) Have the desire and ability to cook.

Additionally, older adults who are challenged in their ability to shop and cook, but have a home care worker who might perform shopping and cooking may be considered eligible. In the situation of receiving a Meal Box and having a home care worker, the Title III C 1.5 Meal Box program enables the home care worker to perform other tasks in lieu of shopping. This should be considered where a participant has a robust service plan and requires supervision.

Potential participants who reside in homes alongside other family members who are able to shop and cook should not be considered eligible. Additionally, Meal Boxes should not be considered as an alternative to Supplemental Nutrition Assistance Program (SNAP) benefits where there is a need for financial assistance to pay for the food. Meal Boxes are to address the older adult's abilities and challenges in the performance of instrumental activities of daily living of shopping and cooking.

Situations where a spouse or disabled dependent child of any age who resides in the same household as the older adult participant may be included and receive a Meal Box of their own.

Using the Title III C 1.5 Meal Box will mitigate the nutritional risk, but also encourage the retention and interest of the older adult participant to utilize his/her cooking skills. In the case of a home care worker, the Title III C 1.5 Meal Box will provide the participant with more time for direct care, and provide the home care worker with the food and a menu for the week that meets federal guidelines for nutrition. It will also encourage a healthful diet of fresh fruits and vegetables.

A Title III C 1.5 Meal Box provider must serve persons:

- Be 60 years of age or older and
- Confined to the home by reason of injury, illness, or an incapacitating disability or be otherwise isolated, or
- Has physical or mental challenges that impacts ability to shop such as an inability to get to a grocery store, walk around or push a shopping cart and has none or an inconsistent or reliable individual to conduct shopping;
- Be the spouse or disabled dependent child of any age who resides with an older adult who is eligible under these criteria;
- Be 60 or older and unable to tolerate a group situation in the case of congregate dining due to physical or mental disability or substance abuse;
- In the event the older adult attends a congregate dining site, and the Meal Box provider is able to provide a meal box for 15 meals per week (3 meals x 5 days per week) and the participants meets other eligibility criteria;
- Is approved for eligibility by the AAA, Care Coordination Unit or Managed Care entity and lives within the service area boundaries designated by the AAA and Meal Box provider.