

Older Americans Act Nutrition Programs: Excellence and Innovations in the Aging Network

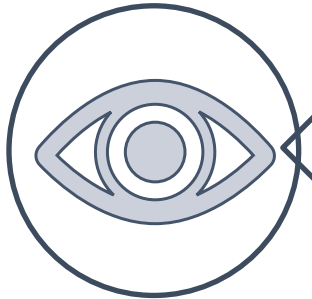
USAgeing Conference
Sunday, July 20, 2025



ONHPP Guiding Principles



Mission: Optimize the health, well-being and independence of community-based older adults and persons with disabilities, their families, and caregivers.



Vision: Empowering healthy aging by providing tools to our aging network to succeed.



Core Values: Health and Wellness, Innovation, Cultural Relevance, Dignity, and Service.



Older Americans Act Senior Nutrition Program

1

Reduce hunger,
food insecurity,
and malnutrition

2

Promote
socialization

3

Promote health
and well-being

Encourages innovation and person-centered services



Innovations in Nutrition Programs and Services (INNU)

- Since 2017
- Test innovative and promising practices
- Enhance quality, effectiveness, and outcomes of OAA nutrition services
- Broad implementation across the aging network
- Demonstrate value & impact
- Replicable





Thank You!

The screenshot shows the homepage of the Nutrition and Aging Resource Center. At the top is a dark blue navigation bar with the center's logo and name on the left, and four menu items: 'About +', 'Browse Resources +', 'OAA & Requirements +', and 'Nutrition Innovations +'. Below the navigation bar is a search bar with a magnifying glass icon and the word 'Search'. The main header features a large logo with a stylized leaf and the text 'Nutrition and Aging Resource Center'. Below this is a sub-header 'Building the capacity of senior nutrition programs' followed by a paragraph describing the center's mission. The main content area consists of three white boxes with blue headers and icons: 'Browse Resources' (book and magnifying glass icon), 'OAA & Requirements' (clipboard and gear icon), and 'Nutrition Innovations' (lightbulb icon). Each box contains a brief description of its content. At the bottom, there are two buttons: 'Subscribe to Nutrition & Aging News' and 'Find a local nutrition site'.

Nutrition and Aging Resource Center

About + Browse Resources + OAA & Requirements + Nutrition Innovations +

Search

Nutrition and Aging Resource Center

Building the capacity of senior nutrition programs

The Nutrition and Aging Resource Center builds the capacity of senior nutrition programs funded by the Older Americans Act (OAA) to provide high-quality, person-centered services and to assist ACL and stakeholders with identifying opportunities to enhance program sustainability and resiliency. These OAA-funded programs address food insecurity, hunger, and malnutrition, enhance socialization, and promote the health and well-being of older adults. [More about us.](#)

Browse Resources

Tip sheets, guides, and other tools for program management and community engagement

OAA & Requirements

Information on the OAA, federal requirements, data, reporting, evaluation, and more

Nutrition Innovations

Resources for Innovations in Nutrition (INNU) grantees and highlights from replicable projects

Subscribe to Nutrition & Aging News

Find a local nutrition site

- [ACL Innovations in Nutrition Programs and Services \(INNU\)](#)
- [ACL Senior Nutrition](#)
- [INNU Grantee Spotlight](#)



Person-Centered Nutrition Innovations & Services

Senior Nutrition Programs

www.AgeGuide.org

Agenda

Medically Tailored Meals

Culturally Appropriate
Meals

Restaurant Dining
Programs

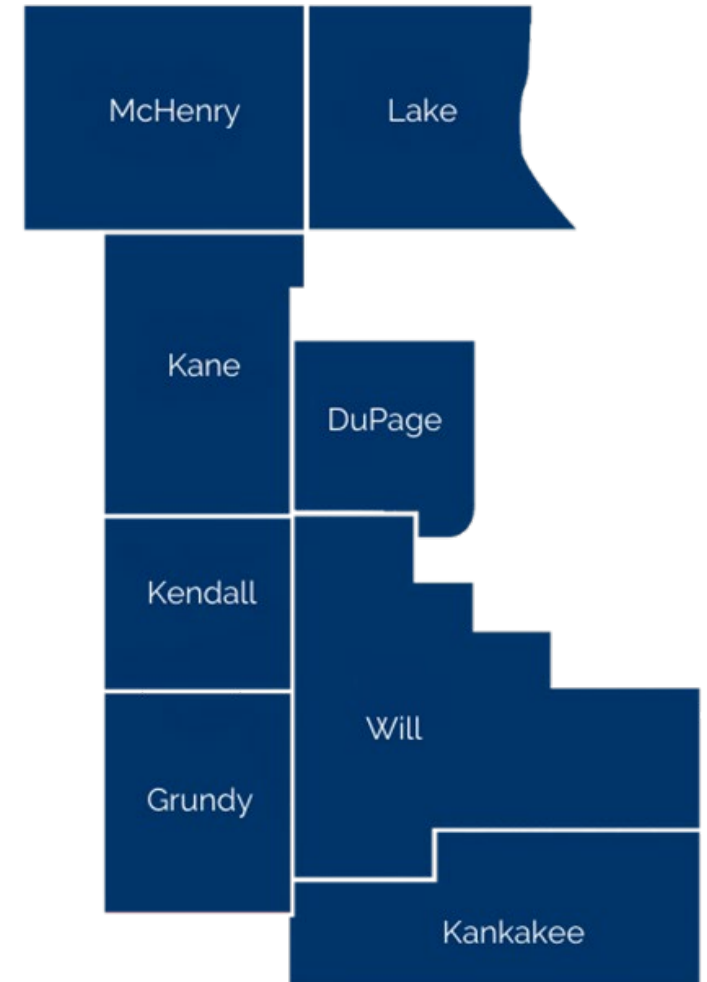
Standardized Satisfaction
Surveys

This project was supported, in part by grant number 90INNU0039, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.



Mission: To be a vital resource and advocate for people as we age by providing thoughtful guidance, supportive services, and meaningful connections

- Area Agency on Aging
- Eight suburban counties surrounding Cook County
- Serves over 750,000 older adults
- 25% of the state's 60+ population resides in its planning & service area (PSA 02)



www.AgeGuide.org

Medically Tailored Meals





Culturally Appropriate Meals

Culturally Appropriate Meals



Grocery Food Boxes

HISPANIC MEAL KITS ***DELIVERED TO YOUR DOOR!***

How to Qualify:

- Age 60 or older
- Not currently participating in a home delivery meal program or community dining program
- Able to prepare meals and store perishable ingredients
- Must reside in Lake County

How it Works:

- Receive ingredients to prepare 20 meals over the course of a month
- Receive meal kits every other week from February until September 2024
- Menus contain 1/3 of the daily nutritional needs for an older adult
- No one will be denied if unwilling or unable to contribute to this donation-based program

Sample Menu Items:

- Baked chicken flautas
- Chipotle fish taco bowl
- Stuffed poblano pepper
- Black bean soup
- Fajitas

FOR MORE INFORMATION, CONTACT CHERI PIERSON WHITE AT (847) 244-9242, EXT 211 OR ATTEND THE REGISTRATION EVENT ON MONDAY, JANUARY 22ND, AT THE PATRICIA A. JONES CENTER, 414 SOUTH LEWIS AVENUE WAUKEGAN, ILLINOIS 60085 FROM 10 AM UNTIL 12PM



(800) 528-2000 · info@ageguide.org · www.AgeGuide.org

***Serving DuPage, Grundy, Kane, Kankakee, Kendall, Lake,
McHenry & Will Counties***

Restaurant Dining Program



Restaurant Program Overview

- Partnership with local restaurants
 - Provide diverse menu choices and increased flexibility in dining hours
- Participants of the restaurant programs are issued cards with pre-loaded meals
- The participants order from specialized menu options that meet 1/3 of the daily nutritional requirements for older adults.
- Ability to offer older adults more socialization opportunities and greater connections to their communities.

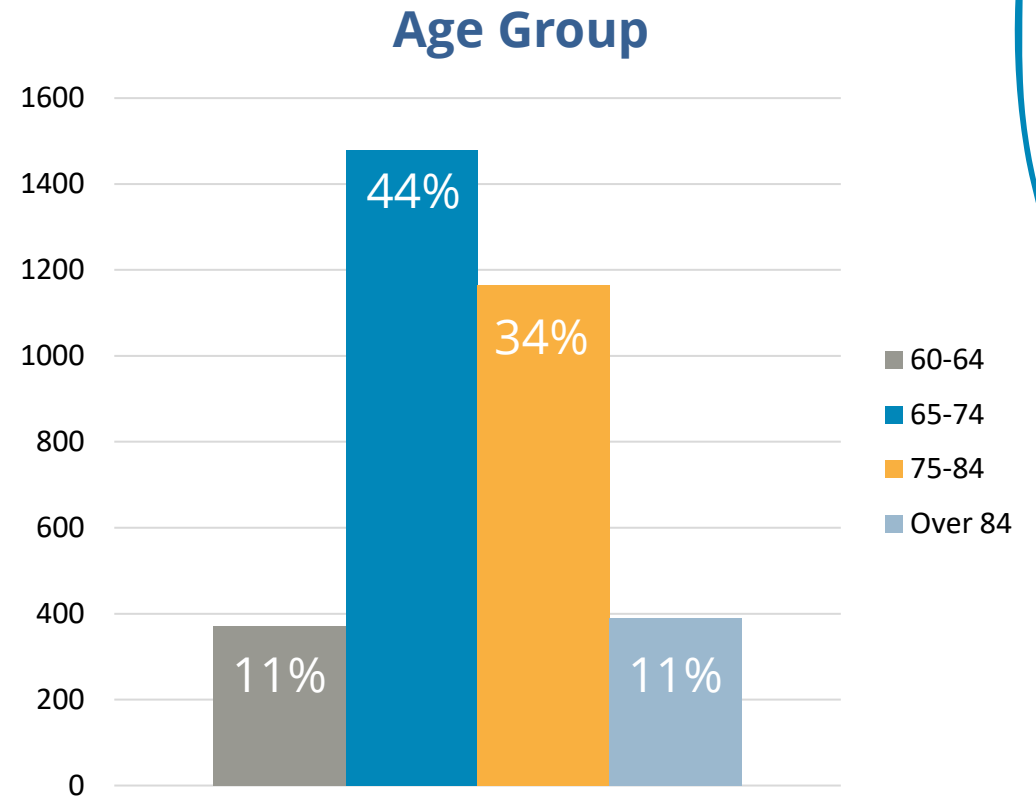
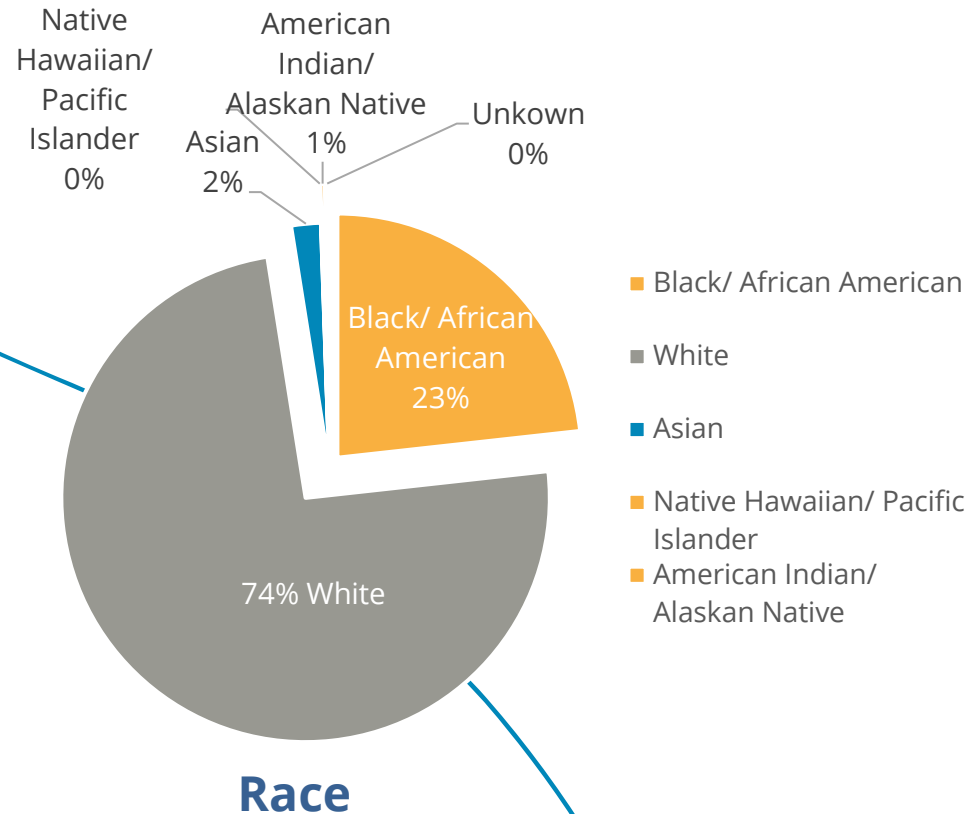


Program Motivation

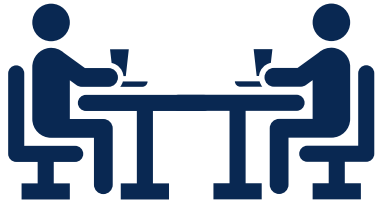
- Increase older adult participation in congregate dining
- Help build social connections
- Increase community engagement
- Reduce social isolation
- Provide culturally appropriate meals



Senior Dining Demographics



Program Impact



3497

Older Adults Participated



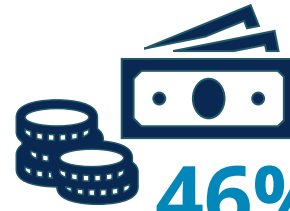
54,023

Meals Served



70%

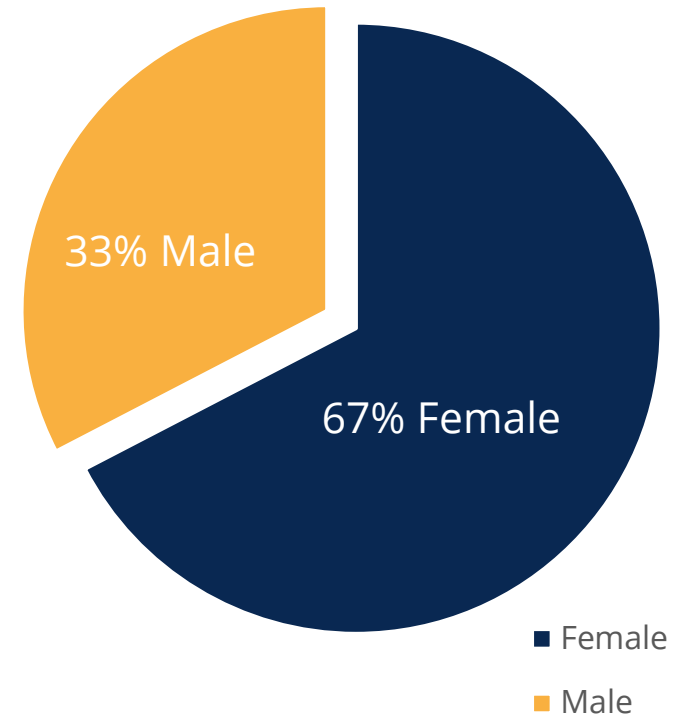
Clients living alone



46%

Low Income

Gender





ACL Restaurant Program Impact

62%



Made more friends



18%

Reported improved
quality of health
since participating

47%

Engaged in additional
programs/services



Testimonials

“This program allows me to go out to restaurants with friends for a meal when I can't afford to do so otherwise! Thank you!”

“This program is good because I am recently widowed and find it difficult to cook and eat nutritious food.”

“My friend who lives alone is eating better and more often because of this program. That makes me worry less about him.”

“The meals allow me to eat with someone rather than eating alone at home. It is an important activity to look forward to. Thank you!”



Standardized Program Evaluation Survey



COMMUNITY DINING SATISFACTION SURVEY

Please help us to improve our services by completing this survey. We value you as a participant and would appreciate your feedback.

Site Name: _____

County Served: _____

1. Please rate your satisfaction with:

	Excellent	Very Good	Good	Fair	Poor
Interactions with the site manager and other staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of food you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How would you rate your feelings of social connection since coming to the community dining site?

- ☐ Improved ☐ Stayed the Same ☐ Worse than before

3. Because of this program, I have engaged in additional programs/services:

- ☐ Agree ☐ Disagree

4. Since participating in this program, my overall health has:

- ☐ Improved ☐ Stayed the same ☐ Decreased

5. Check all that apply since participating in this program:

- ☐ I have made new friends ☐ I feel more connected to my community ☐ I better understand what a balanced meal is ☐ I and my family have less stress ☐ I am more independent
- ☐ I am more social ☐ I am less worried about having enough food

6. I would recommend this program to a friend/family member/ neighbor:

- ☐ Yes ☐ No

7. How often do you attend the community dining program?

- ☐ Weekly ☐ 2 to 3 times a week ☐ Monthly ☐ Every few months

Please share any additional comments, suggestions, or a personal story about your experience:

HOME DELIVERED MEAL SATISFACTION SURVEY

Please help us to improve our services by completing this survey. We value you as a participant and would appreciate your feedback.

Home Delivered Meals Site: _____

County Served: _____

1. The quality of food you receive is

Excellent Very Good Good Fair Poor

☐ ☐ ☐ ☐ ☐

2. When your meals arrive, do you get greeted nicely by our staff/volunteers?

☐ Yes ☐ No

3. My meals are delivered during regularly scheduled hours:

☐ Yes ☐ No

4. How would you rate your feelings of social connection since receiving home delivered meals?

☐ Improved ☐ Stayed the same ☐ Worse than before

5. Because of this program, I have engaged in additional programs/services:

☐ Agree ☐ Disagree

6. Since participating in this program, my overall health has:

☐ Improved ☐ Stayed the same ☐ Decreased

7. Check all that apply since participating in this program:

- ☐ I feel more connected to my community ☐ I better understand what a balanced meal is ☐ I have begun a new healthy habit ☐ Less stress on myself and my family
- ☐ Helps me stay independent ☐ I worry less about having enough food

8. Would you recommend the Home Delivered Meal program to your friends/family?

☐ Yes ☐ No ☐ Unsure

Additional comments or suggestions:

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www.AgeGuide.org



CONNECT Study

**Essential Connections: How a referral
intervention from hospital to
community meal provision impacts
access to nutrition care and *health*
outcomes in older adults with
malnutrition**

<https://www.eatrightpro.org/practice/research/current-studies/connect-study>

Disclosures



Constantina (Tina) Papoutsakis, PhD, RD

- ***Senior Director, Nutrition and Dietetics Data Science Center
Research, International, and Scientific Affairs (RISA)
Academy of Nutrition and Dietetics***
- ***Chair, Clinical Reference Group, Nutrition and Dietetics terminology
SNOMED CT International***
(Systematized Medical Nomenclature for Medicine–Clinical Terminology (SNOMED CT) is a clinical terminology system that provides a standardized and scientifically validated way of representing clinical information captured by clinicians)
- ***Member, Coding4Food Advisory Committee***
<https://www.msfnc.org/coding4food>
The Coding4Food (C4F) project is a community-informed initiative aiming to create new Healthcare Common Procedural Coding System (HCPCS) codes to define a spectrum of Food is Medicine interventions as healthcare services, allowing for their full integration into healthcare system infrastructure.

STUDY AIMS



OBJECTIVE 1: is the referral process feasible?

To test the **feasibility** of a patient identification, cross-referral, data reporting and communication (including data transfer) process from an acute care hospital to a community meal provision organization.

Outcome measures: Program Sustainability Assessment Tool, barriers and facilitators to implementation



OBJECTIVE 2: is access to care improved?

To **increase the rate of** patients older than 60 years of age with malnutrition receiving care (**MNT, MTM**) in the community setting.

Outcome measures: change in percent receiving MNT/Nutrition care and meals from the meal provision Title III-C1 and C2 funded organization



OBJECTIVE 3: are health outcomes improved?

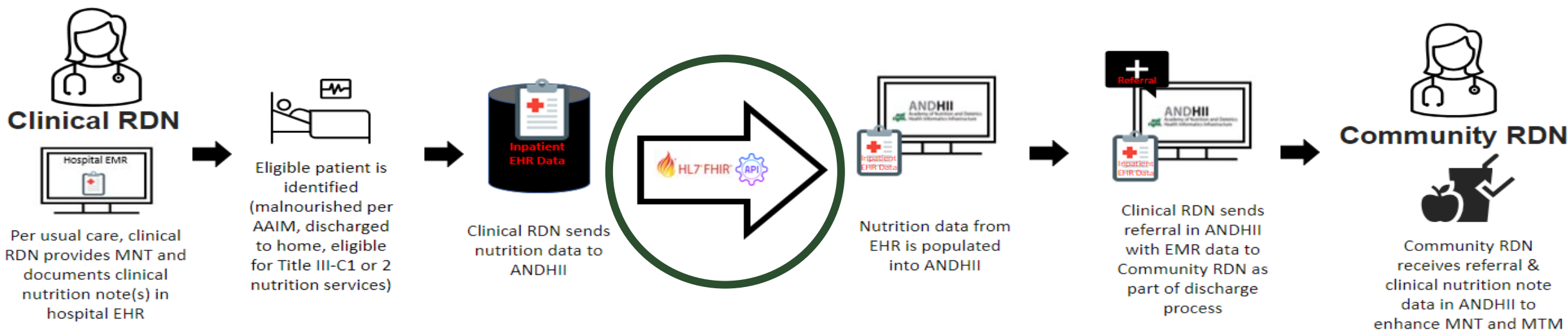
To improve **quality of life**, food security, and characteristics of malnutrition in people older than 60 years of age discharged home from the hospital and have a diagnosis of malnutrition

Outcome measures: quality of life (CASP-19), food security risk, risk of malnutrition (MST), malnutrition (AAIM)

Referral Model to standardize transitions of care

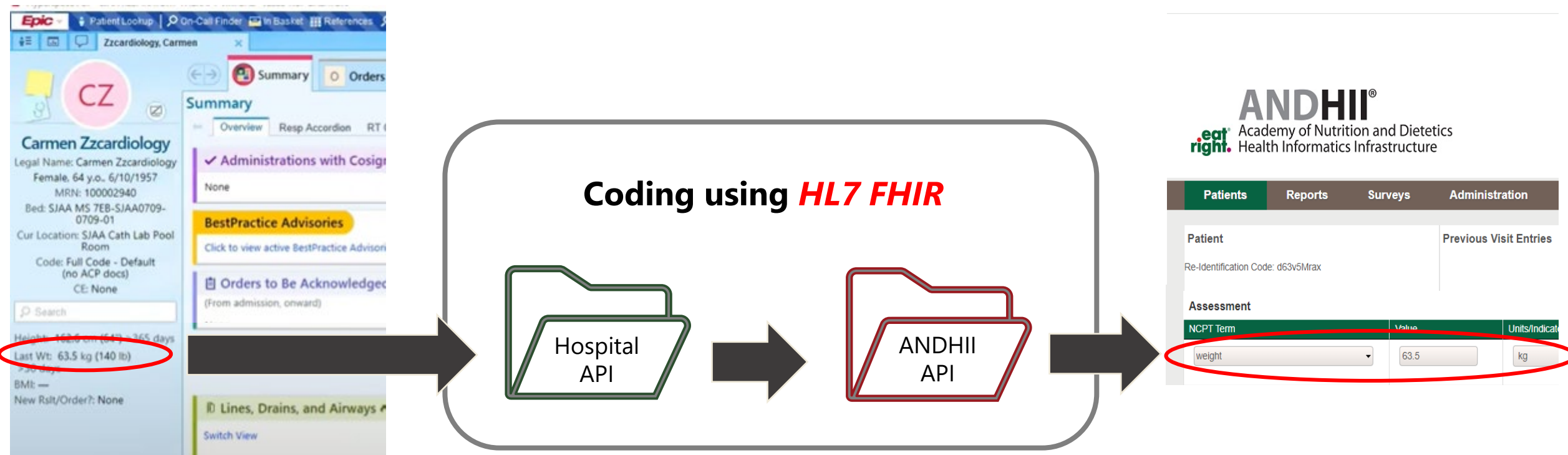


The purpose of this research is to test a new **referral process** that will allow continuity of nutrition care for malnutrition treatment **across care settings** and determine if it improves **quality of life, food security** and **characteristics of malnutrition** in patients 60 years and older who are discharged with a malnutrition diagnosis and are eligible for Title III-C1 (congregate) or Title III-C2 (home-delivered) meal provision services.



Papoutsakis C, Sundar C, Woodcock L, Abram JK, Lamers-Johnson E. Translating malnutrition care from the hospital to the community setting. *Nutr Clin Pract*. 2024;39(6):1292-1298. doi:10.1002/ncp.11197

Development of ANDHII *FHIR API*



<https://www.youtube.com/watch?v=xP2nOx9D8qk>



Multi-site design – Study periods

Pairs (*clinical and community site*) will collect data for **5 periods**. Each period will last 7 months long.

There will be **8 Site Pairs** and they will be randomized to a sequence

The **Sequence** outlines which site pairs will be completing 'usual care' or the 'intervention'

Sequence	Site Pairs	Period 1	Period 2	Period 3	Period 4	Period 5
1	1	Usual Care	Intervention	Intervention	Intervention	Intervention
	2	Usual Care	Intervention	Intervention	Intervention	Intervention
2	3	Usual Care	Usual Care	Intervention	Intervention	Intervention
	4	Usual Care	Usual Care	Intervention	Intervention	Intervention
3	5	Usual Care	Usual Care	Usual Care	Intervention	Intervention
	6	Usual Care	Usual Care	Usual Care	Intervention	Intervention
4	7	Usual Care	Usual Care	Usual Care	Usual Care	Intervention
	8	Usual Care	Usual Care	Usual Care	Usual Care	Intervention

Site and Enrollment

RESEARCH SITES

- 8 research pairs = 1 hospital & 1 community center

ENROLLMENT GOALS

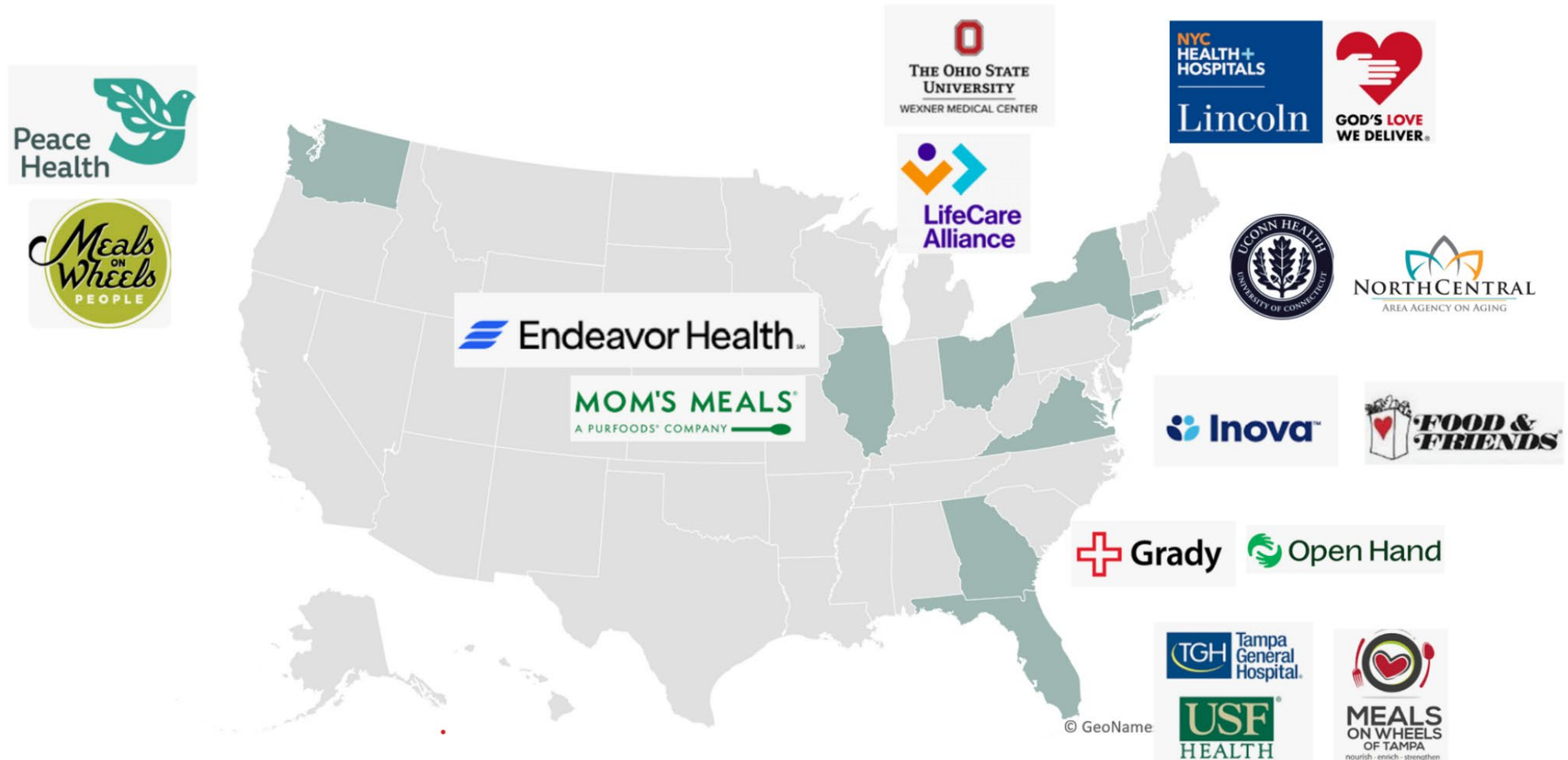
- 28 patients per period, totaling 140 patients over the entire study.
- the total enrollment target is **1,120 patients** over the 5 periods and across 8 site pairs

STUDY SUBJECTS

- Eligible subjects for this study are **adults 60 years and older with AAIM malnutrition diagnosis**.
- There is an emphasis on recruiting sites who serve individuals who are **Black, Latino, Indigenous and Native Americans and individuals living in rural areas of the country**.



CONNECT Study Sites



Academy research team

- Charanya Sundar
- Joyce Vergilli
- Cody Jordan,
- Stephanie Lalanne,
- Constantina Papoutsakis, PhD, RD
- **Alison Steiber, PhD, RDN (PI)**

Where do we go next? Future opportunities

- Demonstrate **capacity to collect robust nutrition care data**
- Strengthen **data aggregation of PROMS/PREMS** (patient reported outcomes measures, patient reported experience measures)
- Pursue **exploratory outcomes** (e.g. measures that improve health equity)
- Create health systems strategies addressing the impact of food as medicine in tackling major nutrition problems like malnutrition (e.g. strategies to enhance access)
- Design additional **comparative clinical effectiveness research** (CER) projects
- Emphasize **people-centered outcomes research**
- Expand research design approaches (**network observational studies or natural experiments**)
- Investigate **cost-effectiveness** of food as medicine interventions
- Spread and sustain **evidence-based interventions**

Discussion

Email: connectstudy@eatright.org

This project was supported, in part by grant number 90INNU0045, from the Administration for Community Living, U.S. 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.



ADVANCING HEALTH EQUITY AMONG CONGREGATE MEAL PROGRAM PARTICIPANTS THROUGH UTILIZING APPROPRIATE MALNUTRITION, FRAILITY AND SOCIAL DETERMINANTS OF HEALTH SCREENING, ASSESSMENTS, AND INTERVENTIONS

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PROFESSOR (CLINICAL)

DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE



UNIVERSITY OF UTAH SCHOOL OF MEDICINE

“THIS PROJECT WAS SUPPORTED BY THE ADMINISTRATION FOR COMMUNITY LIVING (ACL), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AS PART OF A FINANCIAL ASSISTANCE AWARD TOTALING \$3 MILLION WITH 75% PERCENTAGE FUNDED BY ACL/HHS AND 25% PERCENTAGE FUNDED BY NON- GOVERNMENTAL SOURCE(S). THE CONTENTS ARE THOSE OF THE AUTHOR(S) AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF, NOR ARE AN ENDORSEMENT, BY ACL/HHS, OR THE U.S. GOVERNMENT.”



MALNUTRITION STUDY GOAL:

To elucidate effective screening, assessment, and intervention for malnutrition and physical frailty through quantifying the intersection with social determinants of health (SDOH).



MALNUTRITION: WHAT IS IT?

- Multifactorial causes
 - Biological/Psychological/Social
- Overnutrition
- Undernutrition
- Body composition changes
 - Muscle loss
 - Fat loss/gain
- **RESULTS IN DIMINISHED FUNCTION**
 - **Ability to take care of daily needs**



MALNUTRITION STUDY DESIGN

2 COMPONENTS

- Malnutrition Screening Tool validation
 - Community-living older adults
- Comprehensive Malnutrition Assessment
 - Randomized Controlled Trial

COMPREHENSIVE MALNUTRITION ASSESSMENT: STUDY DESIGN & METHODS

- 13 Senior Centers
- Randomized Controlled Trial
- 8 cohorts-6 month duration each
- Control group - x2 RDN visits
- Intervention group - x6 RDN visits
 - Person-centered therapy
- Food demonstrations - x3
- Assessment Components
 - Dietary intake
 - Physical exam (NFPE *)
 - Muscle Mass
 - Muscle Strength
 - Body Fat
 - Fluid Accumulation
 - Micronutrients
 - **Social Determinants of Health**

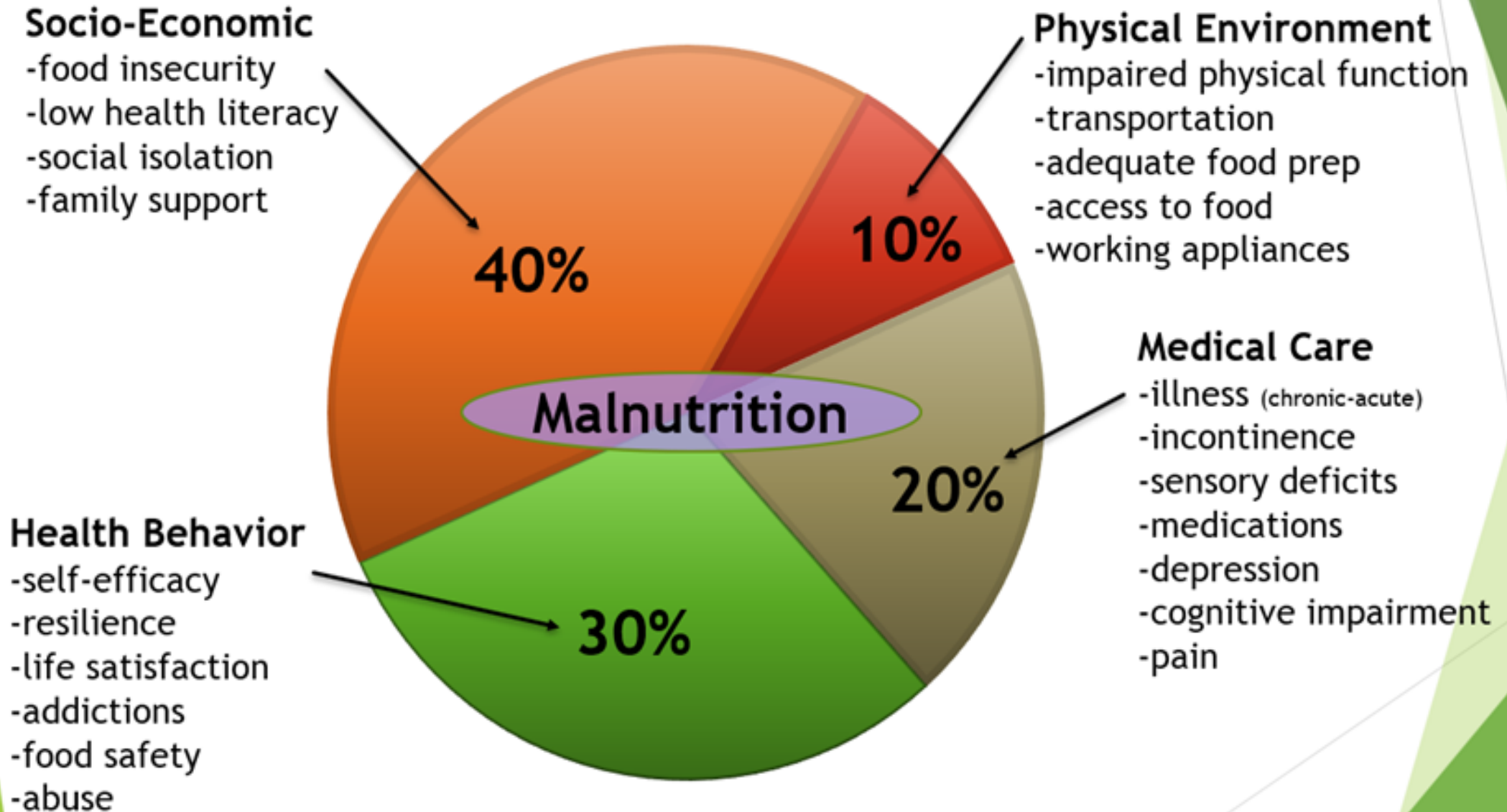
*Nutrition-Focused Physical Exam

SDOH ASSESSMENT STUDY COMPONENTS

REFERRALS AS APPROPRIATE

- Physical Environment/Functionality
 - Instrumental Activities of Living (IADL)
 - Fall risk
 - Timed Up & Go (TUG) test
- Loneliness
- Depression
- Food Security
- Perceived Wellbeing
- Community Engagement

Malnutrition: Social Determinants of Health



OLDER ADULT NUTRITIONAL HEALTH

- Nutrition is a cornerstone of health and functionality
- Team approach
- After malnutrition is diagnosed and nutrition goals have been determined- need to start to put the SDOH pieces together to complement the identified nutritional needs of the older adult and make appropriate referrals as needed.

THANK YOU

