

# INNOVATIVE NUTRITION PROGRAMS FOR OLDER ADULTS

*Common Problems and Innovative Solutions*

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Riverside County Foundation on Aging

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# **Innovative Nutrition Programs for Older Adults**

## **Introduction**

The Elderly Nutrition Program (ENP) is the largest nutrition assistance program in the US Department of Health and Human Services. More than 4,000 ENP nutrition projects provide congregate and home delivered meals, nutrition education, nutrition counseling, and nutrition screening and assessment, and in some cases, health promotion and referral services to approximately 3.2 million older adults, many of whom have health problems and functional impairments. As the elderly population continues to grow and as funding becomes scarcer, ENPs are being increasingly challenged to effectively and efficiently meet the needs of their clients.

A number of ENPs across the country have implemented various innovative strategies and activities to address the current challenges. The following report presents an overview of some of the activities that have been undertaken by senior nutrition programs across the country to create innovative public-private sector funding partnerships and to reach underserved, low income, minority, isolated and at-risk seniors. Approximately 200 nutrition programs were assessed, based on Web-site information, recommendations from nutrition professionals, and recognition by professional organizations for innovative programming.

In Part I, common problems and needs encountered by ENPs are identified and examples provided on how these issues have been addressed. In Part II, case studies of specific innovative ENPs are presented in greater detail.

### **Part I. Common Problems and Needs Encountered by ENPs**

A number of common problems and needs are encountered by ENPs across the country that include the need to:

- Screen for nutritional risk
- Eliminate barriers to participation
- Provide nutrition education, especially culturally sensitive programming
- Secure additional funding for nutrition services

### **Part II. Case Situations**

In this section, 5 exemplary programs are reviewed in detail; these include:

- Loaves & Fishes (Oregon)
- Healthy Aging Partnership (Washington)
- Senior Services of Seattle/King County Washington
- Healthy Aging Coalition of Northern California
- Delaware Division of Services for Aging and Adults with Physical Disabilities  
Millennium March to Wellness

## **Risk Screening**

Because the demand for nutrition services, especially by frail homebound seniors, continues to exceed resources, regular nutrition risk assessments should be performed using accepted nutrition risk criteria to prioritize services, particularly among those with health disparities. Home-delivered meal recipients need to be re-evaluated on a regular basis using objective nutrition risk criteria to allow those with greater need to receive services sooner.

### **New York State Office for Aging**

Working with the Center for Policy Research at the University at Albany, Nelson A. Rockefeller College of Public Affairs and Policy, the NYS Office for Aging produced an evaluation report of the Home Delivered Meals program (1999-2000). The report, entitled "Home Delivered Meal Services for Older New Yorkers: A Three County Longitudinal Surveillance Study, " was the first longitudinal assessment of home delivered meal services for seniors in New York State.

The study examined the nutritional status of recipients of home delivered meal (HDM) services in three counties of New York State. It did so by looking at recognized and accepted indicators and measures of nutritional health including:

- Nutritional functional impairments -- help needed with cooking, shopping and other activities;
- Nutritional risk indicators -- poor diet and other nutritional health risks;
- Chronic illnesses and conditions -- diseases of the heart, diabetes and others;
- Food security -- nutritionally-related economic concerns and worry; and,
- Weight status -- Body Mass Index (BMI) measures of underweight, normal, overweight and obesity status.

Findings were used for planning and policymaking purposes to determine how well the HDM services in the representative counties studied are achieving their objectives and goals in:

- Targeting services to seniors most in need and at greatest risk - including elderly and minority and low-income elderly;
- Serving seniors who require the assistance of HDM services in preparing or cooking meals, and/or shopping due to acute or chronic impairments;
- Screening seniors for alternative assistance who need more intensive support and personal care;
- Reducing food insecurity and rationing and economic worry about food purchases among otherwise eligible seniors; and,
- Maintaining the weight, and preventing unhealthy, precipitous weight loss, among HDM recipients.

The findings also showed that the targeted population of those most in need and at greatest risk has changed markedly. To a greater extent than in past years, HDM services now intervene in support of early hospital discharge practices and serve seniors with higher prevalence of chronic illnesses and conditions.

A full report of this study, complete with risk assessment guidelines, is available at: <http://aging.state.ny.us/explore/nutrition/hdms/chapter1.htm>

### **Spokane County (Washington)**

As part of The Washington State Community Nutrition Assessment Education Project (<http://depts.washington.edu/commnutr/home/contents.htm>), Spokane County undertook a project called Assessing the Nutritional Health of Seniors. The overall goal of the assessment was to determine the nutrition risk status of seniors in Spokane County.

The tool selected for this assessment was developed by the Nutrition Screening Initiative, an initiative of the American Dietetic Association, the American Academy of Family Physicians, and the National Council on Aging.

Results of the nutrition screening were shared with the Area Agency on Aging, the Spokane Regional Health District Assessment Center, and non-profit groups working with seniors in Spokane in order to provide collaborative agencies with support as they seek additional funding.

This approach to community nutrition assessment has proven to be valuable and effective. The nutrition screening assessment has been expanded to other counties to allow additional comparisons between rural and urban participants. The data has enabled the lead agency to qualify for the national pilot program, Morning Meals on Wheels. This was a six month study that was conducted in collaboration with Florida International University under an agreement with the Administration on Aging. An evaluation of this pilot program demonstrated that it was effective in meeting previously unmet needs in the senior population.

A full report of this study, complete with risk assessment guidelines is available at: <http://depts.washington.edu/commnutr/cases/spokane/s-description.htm>

Excellent step-by-step guidelines and a toolkit on how to conduct a community nutrition risk assessment are available at: <http://depts.washington.edu/commnutr/home/about.htm>

### **Geisinger Clinic (Pennsylvania)**

Geisinger Clinic is a nonprofit physician group practice that serves more than two million people in northeastern and central Pennsylvania. Its service area has one of the largest concentrations of rural elderly in the United States: more than 20% of residents in many counties are over 60 years of age.

With a grant of \$40,970 from The Robert Wood Johnson Foundation (RWJF), Geisinger established a regional nutrition screening initiative for more than 5,000 of its enrollees to identify high-risk elderly people and link them with nurse care managers prior to intervention. The nutrition screening program was started at more than 100 clinics in the first year of the project. Grant funds were used to analyze the data collected through the screening initiative, evaluate the screening process, and pilot test and evaluate the case manager model at a single clinic.

Since the project ended, Geisinger Clinic has continued the cohort study with the support of the USDA Agricultural Research Service as the Geisinger Rural Aging Study.

More information about the study is available at:

<http://www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=026939.htm&iaid=144>

**Florida International University – National Policy and Resource Center on Nutrition and Aging (NPRC)**

There are new nutrition assessment and monitoring tools for older adults that are available. The National Policy and Resource Center (NPRC) on Nutrition and Aging at Florida International University recommends that home delivered meal recipients be regularly re-evaluated using objective nutrition risk criteria to allow those with greater need to receive services sooner. The NPRC provides an excellent compendium of research, reports, resources, assessment and monitoring tools and links that deal with nutrition screening and assessment in older adults. This information is available at:

[http://www.fiu.edu/~nutreldr/SubjectList/N/Nutrition\\_Screening\\_Assessment.htm](http://www.fiu.edu/~nutreldr/SubjectList/N/Nutrition_Screening_Assessment.htm)

## **Reducing Barriers to Participation**

Despite the availability of nutrition programs for low-income older adults, many seniors do not participate. While lack of adequate transportation is a major issue, other barriers to participation exist as well. Studies show that many older adults feel a certain “stigma” of charity related to the Elderly Nutrition Program and may be reluctant to participate. In addition, older adults from different cultural backgrounds often feel that meals offered at nutrition sites do not meet their needs or tastes. A number of innovative programs have been undertaken across the country to address these barriers.

### **Transportation**

#### **Hartford Food System (Connecticut)**

The Hartford Food System in Connecticut runs a program for seniors in partnership with a local supermarket to provide phone order grocery service. Funded by the North Central Area Agency on Aging and other local businesses and churches, delivery is free for participants, making the service a competitively priced way for elderly people without cards or with disabilities to have access to a variety of fresh, quality food.

#### **King County (Washington)**

In King County, Washington, several innovative transportation programs are available to transport older adults to congregate meal programs. Created in 1997, Senior Shuttles now offers 14 van programs throughout King County. Senior Shuttle transports seniors to hot meal programs, medical appointments, senior centers, grocery stores, and other local destinations. The service provides seniors with an opportunity to socialize with other seniors and stay active within their communities. There is no charge for rides, but donations are accepted.

Volunteer Transportation was formed in 1975 to help meet the transportation needs of King County seniors and their families. Over 350 volunteers use their own vehicles to drive seniors to medical and other essential appointments. The volunteers provide a personalized, one-on-one transportation service. They drive seniors to and from appointments, waiting with them until they are ready to return home. There is no charge for Volunteer Transportation services.

Nutrition Transportation Program staff work with seniors to find the best way to get them to lunch. They coordinate transportation services with many different providers to improve access to the lunch programs. The services include:

- Assistance applying for Metro's ACCESS program
- Troubleshooting difficulties with any transportation provider
- Arranging rides on ACCESS while awaiting ACCESS eligibility certification
- Arranging rides with volunteers driving their own vehicles

Additional information about transportation programs in King County is available at: [www.seniorservices.org/vts/vts.htm](http://www.seniorservices.org/vts/vts.htm)



- **Mobile Market.** Within the Seattle City limits, eligible Meals on Wheels participants also have the choice of receiving a variety of reasonably-priced groceries delivered to their home through the Mobile Market Program. Mobile Market is available outside the city limits of Seattle - however, it is limited to Liquid Nutritional Supplements. Grocery lists are available online and individuals interested in applying for the program can also do so via the Internet.

### **The Senior Farmers' Market Nutrition Program**

The Senior Farmers' Market Nutrition Program (SFMNP) was established by the USDA's Commodity Credit Corporation (CCC) to provide grants to states for pilot projects modeled on the Women, Infants, and Children (WIC) farmers' market program. Low-income seniors in these projects receive coupons that may be exchanged for eligible food at local farmers' markets, roadside stands, and community supported agricultural programs. Many of the SFMNP provide bus transportation to the farmers' markets.

For fiscal year 2005, California has been awarded \$604,603 in grant funds to provide coupons to low income seniors that they may exchange for eligible foods at farmers' markets, roadside stands, and community supported agriculture programs.

For information on the California Senior Farmers' Market Nutrition Program, contact Carole Cory, California Dept of Aging, 1600 K Street, Sacramento, CA 95814-4020. (916) 322-9184, [ccory@aging.ca.gov](mailto:ccory@aging.ca.gov).

### **Area Office on Aging of Northwestern Ohio**

At the Area Office on Aging of Northwestern Ohio, older adults pick up coupons at their local senior center on a first-come, first-served basis. Six \$5 coupons are valid for June and July. In August, September, and October, older adults can come back to the center to get 4, \$5 coupons each month. Since each month's distribution is first-come, first-served, on a monthly basis, the annual benefit amount for each older individual for the entire program ranges from \$30 to \$90 during the season in Ohio. Bus transportation is provided to the farmers' market from various locations. If a participant is homebound and unable to pick up coupons and shop for produce, he or she may designate a proxy.

To encourage selection and usage of a wide variety of fresh fruits and vegetables in Ohio, nutrition education is provided along with the coupons. Educational programs include full color handouts, with in-depth information and recipes highlighting a particular fruit or vegetable. Innovative recipes, preparation and storage tips are included in the handout. Bus trips to farmers' markets provide a captive audience for a nutrition educator who can stimulate discussions regarding seasonal fruits and vegetables, the benefits of consuming them, and selection, preparation, and storage techniques. Cooking demonstrations and tastings are provided at coupon distribution sites and/or at the farmers' markets.

The Area Office on Aging of Northwestern Ohio supports 57 senior dining sites throughout 10 counties of Northwestern Ohio. Transportation is provided to most senior dining sites. In one county, seniors may receive a special bus card to use for transportation to the meal sites. Home-delivered meals are available Monday through Friday and are delivered by volunteers. In

addition, several counties are served by a Mobile Market. At specified senior sites and low income housing complexes, Mobile Market provides an “at your door” grocery delivery service with one phone call.

Additional information on this program is available at:  
<http://www.areaofficeonaging.com/aoanutri.html>

### **Chelsea (Michigan)**

The Chelsea (MI) Farmers’ Market and the Chelsea Area Transportation System (CATS) have developed a partnership to bring senior citizens to the Chelsea Farmers’ Market on Saturday mornings. The CATS bus is an “on demand” service, but on Saturdays it runs a scheduled route to three senior centers in town and drives individuals to the market at 9 a.m. and picks them up an hour later for the return trip.

Additional information about the Senior Farmers’ Market Nutrition Program is available in the publication *USDA Senior Farmers’ Market Nutrition Program* available from the NPRC at Florida International University [www.fiu.edu/~nutreldr/Ask\\_the\\_Expert/SFMNP/SFMNP.htm](http://www.fiu.edu/~nutreldr/Ask_the_Expert/SFMNP/SFMNP.htm); and at: <http://www.nemw.org/farmersmarkets/senior.html>.

Information on how to promote the Senior Farmers’ Market Nutrition Program in the community is available at <http://nutrition.wsu.edu/markets/ideas.html>

### **Washington State Senior Farmers’ Market Nutrition Program**

To implement the Senior Farmers Market Nutrition Program in Washington, a broad-based partnership was developed with Washington State University Extension, the Aging and Disability Services Administration, the Department of Health WIC FMNP, 11 Area Agencies on Aging, the Washington Association of Senior Nutrition Programs, the WA Farmers Market Association, farmers’ market managers, county public health and department of health offices, and other SFMNP supporting agencies.

The SFMNP provides fresh fruits and vegetables to low-income older adults in WA State. WSU Extension provides supporting nutrition education materials and fosters nutrition education activities at the local level such as cooking demonstrations at farmers’ markets. WSU Extension has also created a state “FMNP” website that includes both Senior and WIC FMNP supporting materials. Educational materials are available in nine different languages and are available at: <http://nutrition.wsu.edu/markets/>

### **Restaurant Voucher Programs**

Congregate nutrition services in the form of a restaurant voucher program are available in several areas. Dining in a restaurant tends to remove the stigmas of "charity" and "aging" often associated with congregate site participation and makes dine-out participants feel "more valued", i.e. equal to other restaurant consumers. Dining in an environment of people of mixed ages and

the opportunity to see their neighbors and friends makes participants feel more socially acceptable

### **Snohomish County (Washington)**

Two types of restaurant voucher programs are offered in Snohomish county, Washington. The first is when the restaurant is used as the meal site instead of a more 'traditional' site such as a senior or community center, church, or senior housing. In these situations, program participants meet at the restaurant on a specific day and time and eat their meal with other senior participants. Often, a separate room is available for their use. Administrative functions such as signing in for meals, collecting donations, and registering for the program (including nutrition screening) are conducted at the restaurant. The services available in restaurant-based sites can vary as much as in traditional sites. In some instances, there is a site manager, information on opportunities to volunteer to deliver meals to the homebound, nutrition education, and linkages to other services. In other cases, the contract with the nutrition provider stipulates that restaurant staff will perform the administrative functions.

Menus are planned by the restaurant with input from the provider and approved by a dietitian. All menus must meet the Older Americans Act (OAA) standards of one-third Recommended Dietary Allowances and compliance with the Dietary Guidelines. Cost and client preferences are other significant factors that influence menu development. Some programs certify a number of menus that are offered by the restaurant to be used for the senior meal. This approach provides a menu choice for participants. Other sites serve a single menu per day, a practice that is similar to more traditional programs. However, this approach allows the restaurant flexibility in menu planning to take advantage of specials. Some restaurants structure their daily special around the senior menu or vice versa.

In contrast to the programs described above, a second type of service delivery is available. In these programs, vouchers are provided for individuals to redeem at specified restaurants or other facilities - a couple of programs provide vouchers for hospital cafeterias. There is no set meeting time and participants have greater flexibility in determining the time they choose to eat. Barring any limitations imposed by the facility (one hospital honors vouchers only at breakfast or dinner), individuals may eat at any time the facility is operating, including weekends and evenings. Set menus are available from which to choose. Menus must be approved by a dietitian and meet OAA standards. To obtain vouchers, older adults usually go to a central location such as a senior center where they provide required registration information and make their donation. Vouchers are then issued and usage tracked according to program protocol. Some programs require the restaurant to verify identification before honoring the voucher.

For more information on this program, including benefits and challenges, refer to:  
[www.fiu.edu/~nutreldr/Ask\\_the\\_Expert/congregate\\_nutrition\\_sites.htm](http://www.fiu.edu/~nutreldr/Ask_the_Expert/congregate_nutrition_sites.htm)

## **Changing the Image of Nutrition Programs**

Most Congregate Nutrition Programs operate out of senior centers and many younger older adults don't see themselves as "senior enough" to attend. An image can be conveyed solely by a name. "Congregate Meal Program," "Elderly Nutrition Program," "Senior Lunch Program," "Senior Friendship Center," and other commonly used names may connote too institutional an image and can cause potential participants to self-select themselves out of the program.

- The **Senior Services of Seattle/King County, Seattle, Washington**, conducted a "name the program" contest among participants. Many responses incorporated "senior" and some also included the word "café."

- The "Café" was also a popular word put forth by a senior marketing class at Purdue University, where students developed marketing plans for the **Midland Meals, Inc., Frankfurt, Indiana**.

- **Meals on Wheels of Shawnee and Jefferson County, Inc., Topeka, Kansas**, recently changed their congregate nutrition program name to "Friendship Meals."

- **The Monroe County Office for Aging, Rochester New York**, chose the name "Centro De Oro" (Center of Gold) for the nutrition program in the Hispanic community.

## **Florida International University – National Policy and Resource Center on Nutrition and Aging (NPRC)**

The NPRC at Florida International University provides excellent information, guidelines for developing a marketing plan, and resources for addressing the image of Elderly Nutrition Programs. The publication *Addressing the Image of Older Americans Congregate Nutrition Programs* is available at: [http://www.fiu.edu/~nutreldr/Ask\\_the\\_Expert/Cultural\\_Diversity.htm](http://www.fiu.edu/~nutreldr/Ask_the_Expert/Cultural_Diversity.htm)

## **Meeting the Needs of Culturally Diverse Older Adults**

Meeting the food preferences of program participants can be challenging. The following strategies provide innovative examples from a variety of settings on how to address the needs of culturally diverse older adults.

- **Encouraging Communication and Feedback from Culturally Diverse Older Adults**

- **The Senior Resource Development Agency, Pueblo, Colorado**, has a Nutrition Committee led by the Nutrition Director of Pueblo's Elderly Nutrition Programs. The majority of committee members are site managers, who provide feedback from culturally diverse older adults who eat at the congregate sites and from Meals-On-Wheels drivers, who provide feedback from homebound participants.

- **Little Havana Activities and Nutrition Center, Miami, Florida**, and their nutritionist rely on a number of avenues for feedback and assistance with menu planning for their primarily Cuban-American population. Homebound participants are surveyed regularly by staff regarding satisfaction with the menu. Site managers report comments often, particularly when new items are introduced. An annual food preferences evaluation is completed and the program's advisory council also assists with menu planning.

- **Hillsborough County Aging Services, Tampa, Florida**, uses a Customer Satisfaction Survey to obtain participant feedback regarding satisfaction with the program and specific menus.

- **The Life Care Alliance, Columbus, Ohio**, found all Asians should not be considered as one group when considering food preferences and social needs. The Alliance initiated separate meetings with representatives from the Chinese, Korean, and Vietnamese communities.

- **The Hale Makua Skilled Nursing Facility, Kahului, Maui, Hawaii**, staff provide input on the type of ethnic foods to include on the menus. Monthly meetings with the Resident Council (similar to a Nutrition Program's advisory council) are held to discuss which menu items have been successful and which items need to be discontinued or improved.

- **Providing Authentic Cuisine**

- **Senior Services of Snohomish County, Mukilteo, Washington**, uses different ethnic restaurants to cater to their Korean, Chinese, and Southeast Asian groups. The restaurants follow a meal pattern provided by the nutrition provider and the caterer develops the actual menu based on the known preferences of the group.

- **Life Care Alliance, Columbus, Ohio** serves similar groups. However, they transport Chinese and Vietnamese older adults to different Chinese and Vietnamese restaurants every Saturday and provide programming similar to other congregate sites. They transport Korean participants one Saturday a month to an existing congregate site, where a Korean restaurant caters the meals. Programming is also provided there.

- **Little Havana Activities and Nutrition Center, Miami, Florida**, uses a Cuban-American caterer for their congregate and home delivered meals. Ninety-five percent of the participants are minority (primarily Cuban, African American, and Caribbean). Although primarily Cuban in design, the menus are mixed with American and Caribbean foods.

- **The Edgewater Retirement Community, Galveston, Texas**, features one ethnic cuisine per week on a four-week cycle menu plus Italian, Chinese, Mexican, etc., served one or two times per week.

- **The Hale Makua Skilled Nursing Facility, Kahului, Maui, Hawaii**, offers comfort foods to ethnic groups if they cannot provide a familiar ethnic entrée. For example, they offer

tofu/miso saimin (soup) as a meal alternate/side dish to Japanese residents and sandwiches as a meal alternate to Caucasian residents.

**Florida International University – National Policy and Resource Center on Nutrition and Aging (NPRC)**

The NPRC at Florida International University provides excellent guidelines and resources for addressing the needs of culturally diverse older adults. The publication Providing Food Services to Meet the Needs of Culturally Diverse Participants is available at:  
[http://www.fiu.edu/~nutreldr/Ask\\_the\\_Expert/Cultural\\_Diversity.htm](http://www.fiu.edu/~nutreldr/Ask_the_Expert/Cultural_Diversity.htm)

## **Nutrition Education**

Although nutrition education is a fundamental component in the ENP, it is not always considered a program priority. Using behavior change and adult learning theories, a number of nutrition service providers have developed programs that focus on health promotion and disease prevention to help older adults remain independent and maintain their quality of life.

### **Administration on Aging (AOA) Projects**

In 2003, AOA teamed with public agencies and private foundations to fund 13 community-based projects, which included a number of nutrition education projects. Some of these projects include the following:

#### **Montachusett Opportunity Council (Massachusetts)**

This project is based on The Healthy Eating for Successful Living in Older Adults developed under the National Council on the Aging's (NCOA's) Model Programs Project. The program focuses on encouraging seniors to look at nutrition strategies in a positive proactive manner and allowing them to understand the control they have in these matters. Education and self-management strategies are stressed, based on a behavior change approach. The program focuses on heart and bone healthy nutrition strategies to help maintain wellness and independence and prevent chronic disease development or progression.

The nutrition intervention is a behavior-focused model that encourages individuals to view nutrition strategies in a positive proactive manner. The program is a six-week workshop that meets once a week for two and half hours each time. The groups are facilitated by a layperson and the participants' learning is self-directed. A nutritionist serves as a resource to the groups to help answer technical questions and support the facilitator. Session five is held at a grocery store and session six includes a cooking demonstration. These sessions are highly interactive and allow participants to read food labels, discuss cooking methods, and try new foods. About a month after the workshop has ended the group gets together for a luncheon. This provides an opportunity to use new skills and a time to discuss individual experiences with the program.

#### Partnerships:

- National Council on Aging
- Lahey Clinic
- Montachusett Opportunity Council
- Elderly Nutrition Programs
- Community based senior groups
- Health clinics/ physician groups
- Churches
- YMCA/ exercise facilities

More information about this project is available at: [www.aoa.gov/prof/evidence/MontOpp.pdf](http://www.aoa.gov/prof/evidence/MontOpp.pdf)

The *Healthy Eating for Successful Living* Toolkit contains guidelines for implementing the program in community nutrition settings and can be obtained at: <http://alpha.corporatezen.com:247/>

### **Alamo Area Council of Governments (Texas)**

A culturally sensitive nutrition program launched by the Alamo Area County of Governments (San Antonio, Texas) is helping low-income Hispanic seniors prevent diabetes before it starts. Participants in the program receive regular health monitoring and eat specially prepared “Tex-Mex” lunches at their local nutrition center. They also take part in a three-day-a week education program that promotes physical activity, healthy cooking practices and better disease self-management.

#### **Partnerships:**

- Bexar Area Agency on Aging (AAA) is responsible for project management, ongoing evaluation of progress, oversight of the grant budget, preparation of reports, and communications with all partners.
- City of San Antonio Department of Community Initiatives (Title III-C Nutrition Centers) oversees the nutrition portion of the program.
- The Texas Diabetes Institute assists with health screenings and provide consultations to participants, make referrals to health care professionals, and provide a dietician and diabetic educator to train staff.
- University of Texas Health Science Center conducts health screenings provided by nursing students.
- Metropolitan Health District provides the supplies for the health screenings in addition to the hardware and software needed to develop participant health profiles.
- Our Lady of the Lake University is the research partner and is responsible for project evaluation.
- OASIS provides physical activity at participating centers 3 times per week, in addition to education on physical activity, diet, and health self-management.
- The San Antonio Restaurant Association provides the Family Kitchen sessions.

### **Little Havana Activities and Nutrition Centers of Dade County (FL)**

Older adults who attend the 14 Little Havana Activities & Nutrition Centers are receiving dietary education and counseling to help prevent heart disease. The program is based on the American Heart Association’s eating plan, with selective adaptations to better appeal to Hispanic older adults.

After undergoing a screening to assess their cholesterol and weight, participants receive intensive nutrition education and counseling. The goal of the program is to help participants lose weight, lower their cholesterol, and reduce dietary fat consumption.



## **Partnerships:**

- Miami-Dade County Public Health Department serves as an advisor in the development/selection of the curriculum for the nutrition workshops and nutrition education intensive sessions with sub-group. They assure that the appropriate information on cardiovascular disease is included in the lesson plans. The health department also provides staff to develop and implement the evaluation.

- The National Alliance for Hispanic Health provides research-based data to the project, including data on current disparities in healthcare among Hispanics; help in the development of the evaluation; and help with the interpretation of final outcomes.

- The Alliance for Aging, the Area Agency on Aging (AAA) for Miami-Dade and Monroe Counties, helps with the promotion of this program beyond Little Havana's Activities and Nutrition Centers (LHANC) senior centers. The Alliance will also serve as a link to other elderly service providers in the community when the program is expanded beyond Little Havana.

- The American Heart Association provides technical assistance related to the implementation of the dietary guidelines, guidance related to selection of the curriculum, and materials in Spanish for the program.

More information about this program is available at:

[www.aoa.gov/prof/evidence/LittleHavana.pdf](http://www.aoa.gov/prof/evidence/LittleHavana.pdf)

## **Senior Services, Albany (New York)**

Women over 60 who have been diagnosed with heart disease are learning to better manage their health by improving their physical and mental well-being, reducing symptoms, increasing their knowledge of and access to community resources in a four-week education and behavior modification program offered through Senior Services of Albany. The program has been adapted from the "Women Take PRIDE" intervention, developed and tested by researchers at the University of Michigan, School of Public Health.

Over the course of a month, participants learn general principles of heart disease management and apply an approach known as the PRIDE process (Problem Identification, Researching one's routine, Identifying a management goal, Developing a plan to reach it, Expressing one's reaction/establishing rewards for making progress). Examples of tools used include pedometers, walking logs, diet logs, and stress management materials. Motivational phone calls are made weekly during the program and at the four- and six-month marks to encourage continued progress.

Additional information about this program is available at:

[http://www.albanycounty.com/departments/aging/News/\\_WTP.htm](http://www.albanycounty.com/departments/aging/News/_WTP.htm)

Information about AOA sponsored projects can be obtained by contacting the U.S. Department of Health and Human Services, Administration on Aging, Washington, D.C., Phone (202) 401-4541, E-mail [aoainfo@aoa.gov](mailto:aoainfo@aoa.gov),

Web site: <http://www.aoa.gov>.

## **Vision for the Future: Food Assistance for Senior Adults (Kansas)**

Although the Food Stamp Program is an entitlement program available to income-eligible people of all ages, elderly people in California who receive Supplemental Security Income/State Supplemental Payment (SSI/SSP) are ineligible for food stamps. While food stamp participation among eligible seniors is extremely low throughout the Nation (about 30%), California is the only state in which SSI/SSP recipients are categorically ineligible. Despite California's rule disallowing SSI/SSP recipients to receive food stamps, some low-income seniors—specifically those who don't receive SSI/SSP—are eligible to receive food stamps. If national statistics are any indication, however, these eligible seniors are not likely to participate in the program.

An innovative education and outreach program was undertaken through a collaboration between Kansas State University's Department of Human Nutrition/CES, the North Central-Flint Hills Area Agency on Aging (AAA), and the Kansas Department of Social and Rehabilitation Services (SRS). The project was funded by the US Department of Agriculture for \$300,000. The purpose of the program was to facilitate greater awareness and access to the food stamp program by older adults. The team developed a community-based education campaign targeting older adults and their families. For two years, they promoted awareness and use of the food stamp program using results from focus groups and surveys to develop a variety of educational materials in English and Spanish, and using multiple outreach approaches in collaboration with many community organizations. The project resulted in a significant increase in participation among older adults in the food stamp program in Kansas. A detailed description of the project is available at: [www.nnh.org/newpriester/Priester04/Nomination%20Form%205.doc](http://www.nnh.org/newpriester/Priester04/Nomination%20Form%205.doc)

The US Department of Agriculture has made available up to \$5 million for a Food Stamp Program grant competition to improve access to and awareness of USDA's Food Stamp Program for low-income households. Solicitations are available at <http://www.fns.usda.gov>

## **Texas Cooperative Extension**

With funding from the Office of Human Development Services, U.S. Department of Health and Human Services, The Texas Cooperative Extension partnered with the Texas Department on Aging to develop a peer educator program to train older minorities, particularly African-Americans and Hispanics to teach a program on nutrition at congregate meal sites in 16 counties. As indicated by one Extension Agent: "This program is ideal for a senior center. It motivated seniors to get involved in health issues and to communicate with one another stories about themselves. This helps in community building. The peer educators were not looked upon as teachers, but as aides in helping to understand diabetes, high blood pressure, diets, etc."

The primary implication of the results reported in this demonstration project is that peer education using minority elders and supported by visual research based educational materials

can be an effective method of providing nutrition education at senior nutrition sites for minority elders. Further implications relating to program implementation are listed below:

1. County Extension Agents-Family and Consumer Sciences are a key resource in implementing minority peer educator programs, providing research based support and leadership development for peer educators.
2. Nutrition Site Managers are a key factor in the success of a minority peer educator project. Support by this cooperator is necessary for effective peer recruitment and support during program implementation.
3. County Extension Agents and Nutrition Site Managers can be most effective in nutrition education delivery through peer educators when they have a common personal and time commitment to fulfill their roles in the program.
4. Peer education using minority elders is one method of effectively extending the educational outreach of the Extension Service. Peer educators reach beyond the intended audience to other community and family members.
5. The older minority audience characteristics must be considered when selecting peer educators and resource materials. Where Spanish is spoken, Spanish-speaking peer educators and materials in Spanish must be used. Where English is spoken as a predominant public language by older Hispanics, English must be used.
6. Peer educators are more effective when certain key characteristics are present including: willingness to learn, flexibility, dependability, mutual respect by peer group and self confidence.
7. Peer educator programs which provide a coordinated sequence of meaningful lessons can positively affect older minorities' knowledge about health, nutrition and mental health.
8. Videotaped stories about minority families facing health dilemmas which are resolved through the application of research based health, nutrition and mental health information are effective educational materials in peer led programs.
9. Peer-led videotaped instruction is most effective in an environment where sight and hearing needs of elders and the individual interest of the participants in learning about health, nutrition and mental health are considered by site managers who have the most influence where the program is implemented and who is involved.
10. Future development of videotaped stories for elder education needs to consider the cost of professional talent, the time required for quality production and support costs for properties, cast and crew.

More information on the program's goals, methods, and outcomes is available at:  
[http://fcs.tamu.edu/families/aging/health\\_and\\_aging/mpep.php](http://fcs.tamu.edu/families/aging/health_and_aging/mpep.php)

## **Ohio State University Extension**

The Staying Well curriculum, developed by the Ohio State University Extension, Ohio Department of Health, Ohio Department of Aging and Ross Products Division of Abbott Laboratories, is a teaching tool for service providers who work with older adults. The step-by-step teaching manual guides users through training to assist and empower older adults to improve their own nutritional health. The teaching manual also supports the Nutrition Screening Initiative's Determine Your Own Nutritional Health checklist for older adults. Lesson topics include proper nutrition, healthy eating, balancing fruits and vegetables, alcohol in moderation, dental health, food shopping, social eating, medications, weight management, and overcoming obstacles. Companion pieces to the lessons are challenges, incentives, reproducible handouts, completion certificates, evaluation tools and a resource directory.

This comprehensive manual is designed for Area Agencies on Aging, nutrition providers, local health departments, extension agents, and other community program leaders. Staying Well is the result of a collaborative effort to develop empowering lessons that support the Nutrition Screening Initiative's DETERMINE Your Own Nutritional Health Checklist for older adults.

Program materials are available in a loose leaf binder divided into five sections, including intervention activities for older adults complete with eleven lesson plans, challenges, activities, promotional incentives, reproducible handouts, certificates, reference materials, program evaluation forms and a resource directory. The cost for the binder is \$25 plus \$8.50 S&H: Shari Baker, Ohio Department of Aging, 50 West Broad St., 8th Fl., Columbus, OH 43215-5928, (614) 466-0783.

## **University of Idaho Extension**

An assessment by Coeur d'Alene's Aging and Adult Services (AAS), a non-profit agency funded through federal, state, and private sources, conducted an assessment of the nutritional needs of elderly individuals in Northern Idaho and determined that nearly half of service recipients were at high nutritional risk. The AAS teamed up with the University of Idaho Extension to develop an education program that has received national recognition as an outstanding example of innovative programming during the 2004 joint conference of the American Society on Aging and the National Council on Aging.

The program is called the Senior Extension Nutrition Program (SENP). Nutrition advisors, trained by University of Idaho Extension, travel to clients' homes to provide educational lessons in the importance of a healthy diet for long-term health; planning meals using the Food Guide Pyramid; how to prepare quick, low-cost and nutritious meals; the health benefits of eating fruits, vegetables, and whole-grain foods; medications and health conditions that affect appetite; implications of sudden weight gain or loss; how to making eating alone a pleasant experience; the importance of washing hands, kitchen surfaces, and kitchen utensils, and managing money to make it last throughout the month.

Information about the program is available at:  
<http://info.ag.uidaho.edu/magazine/winter2005/eating.htm>

### **University of California Cooperative Extension**

Nutrition, family, and consumer sciences advisors at the UC Cooperative Extension focus on nutrition, food safety, food preparation, food preservation, and finance management. Collaborative partnerships with government and private agencies extend the reach of UC advisors. Workshops, public meetings, newsletters, and other communication tools bring information to the community. For additional information, contact Peggy Mauk, County Director, Riverside County, Extension, 21150 Box Springs Road, Moreno Valley CA, 92557-8708, (951) 683-6491, [ceriverside@ucdavis.edu](mailto:ceriverside@ucdavis.edu).

### **Florida International University – National Policy and Resource Center on Nutrition and Aging (NPRC)**

The NPRC at Florida International University provides excellent guidelines and resources on how to implement nutrition education and counseling for culturally diverse seniors. The publication *Cultural Diversity as Part of Nutrition Education and Counseling* is available at: [http://www.fiu.edu/~nutreldr/Ask\\_the\\_Expert/Nutrition\\_Ed.htm](http://www.fiu.edu/~nutreldr/Ask_the_Expert/Nutrition_Ed.htm)

## Funding

A number of nutrition providers across the country have undertaken innovative strategies to secure additional funding for their programs through public/private partnerships and local fundraising activities.

In addition to the examples provided below, a useful guide entitled *Generating New Revenue for Consumer-Directed Programs (Not Just Raising Funds)* by Leah Dobkin is available at [www.ncoa.org/attachments/Generating%20Revenue%20Report.pdf](http://www.ncoa.org/attachments/Generating%20Revenue%20Report.pdf)

You may also want to look at the Web site [www.consumerdirection.org](http://www.consumerdirection.org) for the latest news and information about consumer-directed care. The Web site is part of the “Promoting Consumer Direction in Aging Services” project, a collaborative effort of the National Council on the Aging and The National Association of State Units on Aging, supported by The Robert Wood Johnson Foundation.

### Community Fundraising Events

- **The Senior Resource Development Agency (SRDA) of Pueblo, Colorado** partners with the Latino Chamber of Commerce to present an annual “fiesta en la plaza” street dance. Funds raised from the event supports the SRDA’s “Meals on Wheels” program, which provides two nutritious meals seven days a week to homebound older adults 365 days a year. Attendees at the “fiesta” can enjoy Mexican food, a variety of drink, Tejano style music and live entertainment. Open to the public and sponsored by Dale Spadley Motors, Wells Fargo Bank, Budweiser Aquila and Goodrich Corp, tickets cost \$5 or \$6 at the door.

- In **Yolo County, California, Friends of Meals on Wheels**, a nonprofit, volunteer-based group, has become an integral partner in raising funds for the Elderly Nutrition Program. Funds are raised through three events. The annual fall Walkathon which is held at a local shopping mall, the winter Holiday Home tour, and the spring Epicurean Esprit, held at a private home in Davis or Woodland, CA. This is a fine cuisine and wine tasting event held outdoors in a garden party setting. In 2004, Friends of Meals on Wheels was able to donate \$60,000 to the ENP to purchase food and commercial kitchen equipment.

- **The Anderson Valley (California) Senior Center** sponsors the following fundraising events: The Spaghetti Feed in January; the St. Patrick’s Day Dinner in March; Flea Market, Labor Day weekend, Christmas Bazaar in December. The Center also holds a drawing twice a year for a tropical vacation for two or \$1000 cash. Tickets are \$10 each with a maximum of 300 to be sold.

- In the **Bronx, New York, The Citymeals-on-Wheels** has been raising private funds for more than 20 years to supplement the government-funded Meals-on-Wheels program to provide 2.2 million meals a year. In partnership with various restaurants and other businesses in New York, Citymeals-on-Wheels holds numerous events throughout the year, targeting different interest groups such as cable television employees, lawyers, realtors, and young professionals. The events accomplish fundraising, community building, and increased awareness of the plight of homebound older adults while providing attendees an entertaining evening. Most of the

events involve food-tasting and entertainment at various restaurants throughout the city, where food and services are donated to ticket-paying guests. Fundraising events have raised millions of dollars for Citymeals-on-Wheels and have been replicated in other communities. A description of some of these events can be found at: <http://bizbash.com/content/editorial/e1106.asp>

### **Community Development Block Grants (CDBG)**

- To help pay for its Meals on Wheels program, the **Edmond (Oklahoma) Mobile Meals** applied for and received funding from a Community Development Block Grant (CDBG). Approximately 77 meals are prepared and delivered each day to homebound seniors by volunteers.

- The City of **Davis (California)** received \$15,000 in CDBG funding to increase its ability to provide 7,895 hot, nutritious, home-delivered meals to 75 very low and moderately low income, isolated seniors in the city. An example of the grant proposal is available at: [www.city.davis.ca.us/pcs/cdbg/0506pdf/0506-peoplresources.pdf](http://www.city.davis.ca.us/pcs/cdbg/0506pdf/0506-peoplresources.pdf)

- The **Live Oak Nutrition/Services Center in Los Gatos, California**, received a CDBG of \$28,000 to help provide meals for participants in the congregate meal program.

- In **Portsmouth, Virginia**, a \$25,000 CDBG was awarded to the Portsmouth Community Health Center for diabetic patient education.

### **Community Services Block Grant**

The Community Services Block Grant (CSBG) is a federal, anti-poverty block grant which funds the operations of a state-administered network of local agencies. This CSBG network consists of more than 1,100 agencies that create, coordinate and deliver programs and services to low-income Americans in 96 percent of the nation's counties. Most agencies in the CSBG network are Community Action Agencies (CAAs), created through the Economic Opportunity Act, a predecessor of the CSBG.

The Community Service Block Grant program provides States and Federal and State-recognized Indian Tribes with funds to provide a range of services to address the needs of low income individuals to ameliorate the causes and conditions of poverty. The CSBG is administered by the Division of State Assistance in the Office of Community Services (OCS).

<http://www.acf.hhs.gov/programs/ocs/csbg/>

Training and Technical Assistance is provided under Section 674 Authorization of Appropriations and Section 678A Training, Technical Assistance, and Other Activities of the Community Services Block Grant Act. Each year, a Federal Program Announcement is issued describing training and technical program priorities for funding. Applicants participate in a competitive peer review process for grant awards.

- **Buckeye Hills-Hocking Valley Area Agency on Aging District 8 (Ohio)**. In 1999, sixteen nutrition sites were up and running in the AAA's eight-county region. 77,013 meals

were served to 6,751 eligible seniors at congregate meal sites and 129,701 meals were home-delivered to 3,751 homebound seniors. Funding sources for this program include the Older Americans Act, Ohio Senior Community Services Block Grant, and the donations from the senior participants and their families.

- In **Pueblo County (Colorado)**, delivery of food to 1,734 unduplicated homebound seniors and disabled persons was phased out due to the lack of volunteers needed to deliver food. The Senior Resource Development Agency used CSBG funding to organize senior volunteers to facilitate the various tasks, including packing of up to 13,000 food snacks. CSBG funds were used to supplement the costs of the direct and indirect services tied to this program. The nutrition staff developed a plan in which all homebound delivery households were contacted and told about the availability of food. Staff identified a “designated person” either family friend or agency volunteer for each homebound household who could pick up their commodities in order to ensure the continuance of services.

- The **St. Johns County Council on Aging (Florida)** used CSBG funds to develop an exercise and nutrition program for seniors.

For information about the CSBG program in California, contact:

Mr. Timothy Dayonot

Director

State of California

Department of Community Services & Development

700 N. 10th Street, Room 258

Sacramento, CA 95814-0338

Phone: 916/341-4300

Fax: 916/327-3153

Email: [tdayonot@csd.ca.gov](mailto:tdayonot@csd.ca.gov)

### **California/Nevada Community Action Partnership (Cal/Neva) Community Food and Nutrition Program Mini-Grants**

The Cal/Neva is the member Association of California and Nevada Community Action Agencies (CAA's) and other non-profit organizations that, together, serve over 4 million low income individuals each year. Over the years, Cal/Neva has funded several nutrition programs for older adults. For example:

- **City of Oakland (California) Community Action Partnership.** In 2003/04 Cal/Neva Mini-Grant funds were awarded to the City of Oakland Community Action Partnership to launch a pilot project called the *Rise and Shine Senior Breakfast Program*. The program addresses the issue of the increasing number of seniors who do not have access to wholesome foods and/or diets, specifically breakfast, and who are lacking instruction on the importance of nutrition to their health and well-being. The goal of the project is to promote the daily consumption of a wholesome and healthy breakfast, including whole grains, high-fiber cereals, fresh fruit, and juices. In addition, the program features a series of physical activities and exercises to be performed before and after the breakfast. Physical activities include Break the Fast Aerobics



sessions, Good Morning Yoga, and a program geared towards less mobile participants called Nibble and Nudge.

Additional information on the Cal/Neva Mini-Grants program can be found at: <http://www.cal-neva.org>. or by contacting California and Nevada Community Action Partnership, 225 30<sup>th</sup> Street, Suite 200, Sacramento, CA 95816, (916) 443-1721.

### **Community Nutrition Institute**

The Community Nutrition Institute (CNI) is a national non-profit organization, founded in 1970, that provides information, education, and training on domestic and international food and nutrition concerns. In 1971, CNI began publishing "CNI Weekly Report," which later became "Nutrition Week," a newsletter that is now in its 33rd year of continuous publication. CNI was awarded federal funds to develop and implement a three-year research (2002-2005) and data collection project under the Community Food and Nutrition Program (CFNP). Working in partnership with local organizations across the country, several projects were funded to address the nutrition needs of older adults, including:

- **Hawaii Foodbank, Inc. (Honolulu, HI).** Hawaii Foodbank, Inc. received \$50,000 in 2003 to feed low-income seniors in the Honolulu area. The project, in collaboration with Lanakila Meals on Wheels (or other collaborative partners) was to provide senior citizens with boxes of food in addition to the prepared meals it already delivers.

In order to increase nutritional intake of low-income elderly individuals, education materials—geared toward elderly individuals—were created and distributed. There are many state and non-profit programs that provide food, social interaction, translation services, health diagnostics, education and even transportation. However, many seniors are not aware of these programs or simply don't know how to reach them. To promote increased use and delivery of these services to low-income seniors, an informational and referral brochure was created and distributed in the food boxes, alternating with the nutritional education material. The educational piece included information on the 211 social service information line, The Hawaii Council on Aging, the City and County Senior Hotline and other local senior programs.

- **San Antonio Food Bank, Inc. (Texas).** San Antonio Food Bank, Inc. (SAFB) received a \$50,000 grant to implement an intensive capacity-building project in the City of San Antonio and Bexar County, Texas. In the target area, of the 354,630 people who are potentially eligible to receive food stamps, only 111,026 are participating. This grant increased the success SAFB has only begun to realize with an existing food stamp outreach project.

The combined food stamps and good nutrition for seniors project enabled 600 seniors to become certified in the food stamp program and provided meaningful and practical good nutrition education to the same population.

- **United Community Centers, Inc. (Brooklyn, New York).** United Community Centers, Inc. (UCC) received a \$50,000 grant to provide community food and nutrition services to low-income residents in East New York (Brooklyn), New York. Despite multiple incentives, many eligible low-income residents in this area fail to participate in food assistance programs. Each year, \$247,126 of Farmers' Market Nutrition Program (FMNP) coupons are distributed to WIC and senior centers through a Federal-State partnership. However because of lack of education and low "felt need," the average redemption rate of FMNP coupons in East New York was 58%. Food stamp participation rates have declined, and many East New York Community-Supported Agricultural Program (ENYCSA) shares currently remain unsold for the East New York Farmers' Market season.

Through a targeted social marketing campaign, the objective of the project was for UCC to improve dietary behavior and increase program participation among eligible low-income East New York residents. Building on the start-up success of the East New York Farmers' Market, UCC proposed the ENY Farms! Community Organizing Nutrition Network for Educating Consumer Tastes (ENY Farms! Connect) as a new initiative to increase the "felt need" for fresh fruits and vegetables among low-income residents in East New York. Because East New York has the highest rate of obesity of any Brooklyn community and the second highest rate of obesity in New York City, ENY Farms! Connect focused on: (1) increasing the use of the FMNP vouchers at the ENY Farmers' Market, (2) increasing participation in ENYCSA, and (3) increasing participation and use of the food stamp program.

- **Douglas Cherokee Economic Authority, Inc. (Morristown, TN).** The Douglas Cherokee Economic Authority (DCEA) increases the capacity of community groups and faith-based organizations by providing nutrition and related services to over 500 elderly homebound people with poverty-level incomes. The target area is six, high-poverty counties in East Tennessee. With a grant of \$49,500, the goal of the project was to coordinate services provided by the Senior Nutrition Program, the Food Stamp Program, and other public and private nutrition, health, and social services organizations. DCEA recruits and trains members of community and faith-based organizations to serve as Senior Nutrition Program volunteers, operate Adopt an Elder projects, grow produce for distribution to the elderly target group, raise funds to allow the Senior Nutrition Program to expand the quality and quantity of services to the elderly living in poverty, and serve as food stamp representative payees.

Additional information on these and other CNI programs can be obtained at:<http://www.communitynutrition.org/cfnp.htm>

CNI also provides a lengthy list of funding sources, available at:<http://www.communitynutrition.org/resources.htm>

In California, the CNI contact is:  
John Ochoa, Department of Community Services and Development  
700 North 10th Street, Room 258  
Sacramento, CA 95814  
Tel: (916) 341-4327  
E-mail: [jochoa@csd.ca.gov](mailto:jochoa@csd.ca.gov)

## **Meals on Wheels Foundation**

With funding from the Altria Group, the parent company of Kraft Foods, Philip Morris International and Phillip Morris USA, the Meals on Wheels Foundation has provided several million dollars in grants to fund local Meals on Wheels projects across the country through two initiatives: Senior Helpings and Senior Helpings Community Coalitions.

- **Senior Helpings** is the largest hunger-relief initiative which provides grants to reduce waiting lists for Meals on Wheels programs. Some examples of projects funded include:

- A \$23,000 grant was awarded to **Senior Friendship Centers, Inc., Sarasota, Florida**, to continue service to its 78 clients in DeSoto County, an entirely rural, economically depressed area.

- A \$39,000 grant was awarded to **Family Services Woodfield (FSW), Bridgeport, Connecticut**, to purchase a “Hot Shot” delivery vehicle, enabling the organization to provide frozen meals to 27 individuals on its waiting list. Once a week, FSW delivers seven nutritious, frozen meals to seniors who are able to safely store and reheat them throughout the week. This project allows the organization to devote more staff and volunteer time to serving a growing number of requests for daily, hot meal deliveries.

- **The Jewish Association on Aging (JAA)’s Mollie’s Meals (Pittsburgh, Pennsylvania)** received a \$39,000 grant to eliminate its 27-person waiting list for home-delivered meals. The funds were also used to purchase a new delivery vehicle and freezers, enabling JAA to increase its service area to reach more seniors.

- **Senior Helpings Community Coalitions** is an initiative that encourages collaborative approaches to addressing the issue of food relief for older adults. The partnerships supported by the grants encourage non-profit organizations to explore new ways to create efficient, cost-effective methods for pooling resources and sharing best practices in order to best serve the aging population in their communities. Some examples of projects funded include:

- **Health Trust Meals on Wheels (Santa Clara, California)**, the only provider of home-delivered meals for seniors in Santa Clara County, received a \$125,000 grant to fund a collaboration with a local hospital to deliver more than 12,000 meals to 50 older adults over a period of one year. The hospital also expanded its kitchen capacity to handle production of extra meals.

- **Senior Meals Program Inc. (Grand Rapids, Michigan)** and three other area hunger relief groups received a \$42,500 grant to feed approximately 300 area seniors each month by establishing a seniors-only food pantry on the North side of Kent County. In addition to opening a new pantry, grant funding was used to increase services at another pantry, which was forced to temporarily close due to lack of funding.

- **The North Texas Food Bank (Dallas, Texas)** received a \$96,000 grant to provide 55,640 fully prepared meals to low-income seniors over a period of one year. The meals were

distributed in partnership with four rural food banks that serve both homebound individuals and those who participate in on-site nutrition programs. Grant funding was also used to prepare and distribute more than 1,000 frozen meals per week, and to purchase new kitchen equipment and supplies.

Additional information about funding is available from the National Meals on Wheels Foundation at: <http://www.nationalmealsonwheels.org>.

## **Part II. Case Studies**

In this section, five exemplary programs are reviewed in greater detail. These include

- Loaves & Fishes (Oregon)
- Healthy Aging Partnership (Washington)
- Senior Services of Seattle/King County Washington
- Healthy Aging Coalition of Northern California
- Delaware Division of Services for Aging and Adults with Physical Disabilities  
Millennium March to Wellness

## **Loaves & Fishes (Portland, Oregon)**

Loaves & Fishes is a nonprofit, nonsectarian organization that provides hot, nutritious meals to seniors 60 years and older. More than 1,000 seniors visit one of 20 meal sites throughout two counties each weekday, while another 2,750 receive Meals-On-Wheels that are delivered by volunteers. Seniors also have access to exercise, nutrition education, diabetes management, a variety of activities and volunteer opportunities.

**Programs.** Due to the growing number of older adults in need of services, many new programs and services have recently been developed to reflect the changing demographics in the aging population. Loaves & Fishes provides more meal selections, including salad bars and ethnic menus. For example, Hispanic programming is offered at five of its centers, including ethnic meals and Mexican bingo. In one county, the program is called “La Fuente de Amistad” (Fountain of Friendship). Latino diabetics can also take advantage of the Washington County Diabetes Coalition, whose purpose is to provide awareness, education, and services for Latino diabetics in two counties. Pi-Nee-Waus is a Native American group that meets once a week at a Center for a hot meal, fellowship, and story telling. Asian programming is available at one Center, where authentic Chinese cuisine is served on Mondays, Wednesdays, and Fridays. In addition a giant Chinese New Year’s dinner is prepared each winter, along with a variety of other Asian celebrations throughout the year. Fitness programs are also available in all centers (in English and Spanish), as well as wellness-focused nutrition education, chronic disease management, and support groups.

**Research.** A research project was undertaken in 2003 at Loaves & Fishes in partnership with the University of Texas to identify benefits and barriers to participation in Elderly Nutrition Programs and ways to reach out to racial/ethnic minority older persons to increase participation. See *Appendix A* for a summary of perceived barriers and recommended outreach strategies.

**Volunteers.** Many of the services provided by Loaves and Fishes rely on volunteers from businesses, churches, service clubs, schools, and individuals. In all, 6,000 volunteers deliver meals to nearly 4,000 seniors each day. EC Company not only sponsors a corporate volunteer team to delivery meals from one Center, but provides gifts for seniors each year during the holiday season and has been instrumental in constructing their float for the annual Starlight Parade. Volunteers from the Portland Downtown Rotary, East Portland Rotary, Portland Industrial Rotary and Albina Rotary regularly deliver Meals-On-Wheels for several centers, as do a number of Kiwanis Clubs, the National Charity League, the Metro West Women’s Group, and students from local schools.

**Funding.** In 2004, Loaves & Fishes raised \$2,355,852 through successful community fundraising events such as the following:

- *Meal-A-Gram.* This is Loaves & Fishes’ signature event and is created by a guest chef. Individuals can purchase a meal and have it sent to an individual or individual(s).

- *Portland Dineout*. For a \$2,000 donation, 6 individuals can purchase a dinner at one of Portland's finer restaurants.

- *Valentine-A-Gram*. For a contribution of \$19.95, on Valentine's day, two Cinnabon cinnamon rolls, a package of ready-to-brew Seattle's Best Coffee, orange juice, and an insulated travel mug can be ordered and delivered to someone.

- *Annual Luncheon*. Hundreds of Portland business people and philanthropists gather at a restaurant to hear about what Loaves & Fishes has accomplished throughout the year and collect donations to help fund the program for the next year.

- *Donate Dinner*. Customers who shop at specified markets in Portland the week before Thanksgiving have a chance to "Donate Dinner" to a homebound person or persons. Shoppers can add a donation of \$2.40 to their purchase when they buy groceries to provide one meal for a Meals-On-Wheels client.

Loaves & Fishes was able to build a new kitchen with the help of capacity-building grants from the John Gray Foundation and the M.J. Murdock Charitable Trust. Increased production enabled the agency to provide an additional 51,800 meals annually.

Several foundations provided contributions to support the Meals-On-Wheels program, including the Maybelle Clark Macdonald Fund, the M.J. Murdock Charitable Trust, and the Collins Foundation.

In addition, the following fundraising mechanisms are available:

- *President's Roundtable*. This is a membership-based major gift campaign that takes place each winter. In 2003, \$374,000 was raised by 217 members.

- *Senior Trustees Circle*. Membership is based on planned giving, in which individuals remember Loaves & Fishes in their will or estate.

- *Big Fish Club*. This is a monthly electronic donation club, where members instruct their financial institution to transfer a predetermined gift every month.

## 2003

### Revenues

Government Support 36%  
Community Support 39%  
Meal Sales 8%  
Senior Contributions 9%  
Investment Earnings 9%

## **Expenses**

Nutrition 84%  
Fund Raising 9%  
Management & General 7%

## **Endowment Fund**

2004	\$3,245,563
2003	\$2,902,752
2002	\$2,891,214
2001	\$3,077,783
2000	\$3,509,749

The entire 2003 Annual Report can be viewed at <http://www.loavesandfishesonline.com>



## Healthy Aging Partnership (Washington)

The Healthy Aging Partnership is a coalition of 40 not-for-profit, government and community organizations dedicated to helping older adults live longer, healthier lives. Its mission is to promote healthy aging through community partnerships. Its vision is a supportive community that provides information and resources and fosters healthy choices for all people as they age.

By providing a forum for collaboration among partner agencies in King, Kitsap, Pierce and Snohomish counties, HAP helps organizations better meet their missions of serving older adults and caregivers. Along with offering opportunities for improved communication and coordination of services, joint projects – such as the Sound Steps walking program – make effective use of partners’ insights, talents and resources.

Through its Senior Information Campaign, HAP promotes 1-888-4ELDERS as a toll-free, confidential resource for information and assistance to seniors and their caregivers. 1-888-4ELDERS provides a wealth of resources about virtually every issue related to life as an older adult. By publicizing health messages on topics such as nutrition, physical activity, immunizations and depression prevention, HAP helps ensure safer and more active lives for seniors. And through [www.4elders.org](http://www.4elders.org), HAP offers detailed online resources and links for older adults and the people who care for them.

**Funding.** Funding for the HAP is provided through two main sources: Contributing Partners and Community Partners.

**Contributing Partners** are organizations that meet the same active commitments as community partners and also contribute at least \$2,500 per year in cash or in-kind services to assist the Partnership in its efforts.

**Community Partners** are organizations that make a contribution of less than \$2,500 or who provide no financial support to HAP; however, they distribute HAP materials, receive and respond to regular communications, and attend at least two monthly HAP meetings each year.

### 2005 Contributing Partners

AARP  
Aging & Disability Services, Seattle Human Services Dept.  
Comprehensive Health Education Foundation  
Harborview Medical Center  
King County Executive’s Office  
Public Health Seattle & King County  
Senior Services of Seattle/King County  
United Way of King County  
University of Washington  
Health Promotion Research Center  
Visiting Nurse Services of the Northwest

2005 Community Partners  
 African-American Elders Project  
 Aging Program, King County Department  
     of Community & Human Resources  
 Alzheimer's Assn. of Western & Central Wa.  
 Asian Counseling and Referral Service  
 Chinese Information & Service Center  
 ElderHealth Northwest  
 Evergreen Healthcare  
 Group Health Cooperative  
 King County Housing Authority  
 King County Mental Health, Chemical Abuse &  
     Dependency Services  
 Kitsap County Div. of Aging & Long-Term Care  
 Neighborhood House  
 Nikkei Concerns  
 NorthWest Orthopaedic Institute  
 Pierce County Aging & Disability Services  
 Rainbow Train  
 RSVP (Retired Senior Volunteer Program)  
 SEA-MAR/Latino Senior Information & Assistance  
 Seattle Housing Authority  
 Seattle Mayor's Office for Senior Citizens  
 Seattle Parks and Recreation  
 Senior Care, Overlake Medical Center  
 Snohomish County Long-Term Care & Aging  
 Univ of Washington Northwest Geriatric Education Center  
 Univ of Washington Stroke Prevention Center at Harborview  
 Washington Dental Service Foundation  
 Washington State Attorney General's Office,  
 Consumer Protection Division  
 Washington State Department of Health,  
 Office of Health Promotion  
 Washington State Dept. of Services for the Blind

Since June 2000, when HAP's senior information campaign was launched, the Partnership has achieved the following:

- Conducted monthly meetings to facilitate cooperation and idea exchanges among organizations dedicated to serving the needs of older adults and caregivers in the Puget Sound area.
- Convened a Forum in September 2004 on issues affecting Puget Sound's older adults, bringing together HAP partner agencies, public officials and experts on aging to chart HAP's future course.

- Conducted an ongoing information campaign on nutrition. HAP sponsored two nutrition seminars for low-income seniors in May and September 2004, and a workshop for senior-care practitioners on Nov. 5, 2003. In January of both years, radio ads offered tips on good nutrition and food stamps; culturally-appropriate radio ads in Spanish were broadcast in October 2004. HAP flyers with nutrition information were inserted into property tax statements mailed to 280,000 King County households in February 2003.
- In cooperation with Seattle Parks and Recreation, AARP and UW Health Promotion Research Center, initiated Sound Steps, a summer program to encourage seniors to walk for physical fitness. More than 500 walkers participated in the 2003 program, which expanded to 15 sites in 2004. HAP secured a \$25,000 grant to help fund Sound Steps over two years.
- Conducted three workshops on depression, physical activity and substance abuse. The Comprehensive Health Education Foundation – one of HAP’s original and most active partner agencies – took the lead in organizing, staffing and funding these workshops. More than 250 people from across the state – senior center staff, health professionals, physical activity directors and others – learned about cutting-edge research and gained practical skills in presentations by nationally recognized experts.
- Significantly increased calls to 1-888-4ELDERS, the toll-free, confidential information and assistance line promoted by HAP and operated by Senior Services of Seattle/ King County. Nearly 24,000 calls have been logged since the number’s inception.
- Created and maintained a HAP web site at [www.4elders.org](http://www.4elders.org), generating more than 185,000 hits in three years.
- Increased the number of HAP partner agencies from 22 in 2000 to 39 in 2004.
- Produced four 60-second radio ads promoting 1-888-4ELDERS, physical activity, depression prevention and nutrition. The ads have aired in two-week segments on radio stations including KIXI, KVI, KING, KOMO and KCMS at least twice a year since 2001. Spanish-language ads aired in late 2004.
- Published more than 175 news articles in community newspapers and senior publications across the Puget Sound region on topics such as nutrition, fall prevention, immunizations, physical activity, home care, support groups, dental health, strokes, hypothermia, and dealing with the death of a spouse.
- Produced and distributed to seniors free of charge 20,000 refrigerator magnets, 14,000 notepads, 1,000 grocery coupon-holders, 500 pairs of potholders, 2,000 wallets, 1,200 water-bottle holders and 3,500 hand exercise squeeze-balls promoting 1-888-4ELDERS.
- Included flyers promoting 1-888-4ELDERS and fall prevention, physical activity and nutrition tips in property tax statements sent to 280,000 King County households in 2001, 2002, 2003 and 2004.

- Included flyers promoting 1-888-4ELDERS, physical activity and Sound Steps in Val-Pak advertising mailers. The information reached more than 1 million households in King, Snohomish and Pierce counties.
- Distributed some 140,000 brochures promoting 1-888-4ELDERS in English, Spanish and five Asian languages.
- Partnered with the Washington State Department of Health to print and distribute brochures on physical activity for seniors to more than 420,000 households in King, Kitsap, Pierce and Snohomish counties.
- Published quarter-page newspaper ads promoting 1-888-4ELDERS in 40 community and senior newspapers in the four counties in the summers of 2001 and 2002.
- Produced and displayed interior bus ads promoting 1-888-4ELDERS in 75% of Metro bus routes covering King, Pierce and Snohomish counties from November 2000 through January 2001.

Additional information about the Healthy Aging Partnership is available at <http://www.4elders.org/HAP.htm>

## **Senior Services of Seattle/King County (Washington)**

As part of the Healthy Aging Partnership, the Senior Services of Seattle/King County provides an excellent example of coordinated and sustainable programming. The Washington State Farmer's Market and the comprehensive transportation system, including Mobile Market were discussed earlier (Reduction of Barriers, pp. 6-7). Additional programs and projects are discussed below.

Senior Services of Seattle/King County has taken an innovative approach that combines a physical activity program with nutrition services in ethnic communities that has enabled a diverse population of older adults to remain physically active and connected to others. By offering the Lifetime Fitness Program (LFP) at 81 ethnic meal sites, Senior Services of Seattle/King County reaches a larger and more diverse group of seniors with a healthy lifestyle message. Furthermore, the relationships they have built with the local Area Agency on Aging and the University of Washington will ensure that the program is sustained.

The Lifetime Fitness Program is an evidence-based exercise program providing low-cost, one-hour supervised classes three times per week. In 2004, more than 300 older adults participated in ethnic meal sites in Latino, Korean, Vietnamese, Filipino, African-American, Asian, Native American, Hmong/ Laotian, and Somalian communities.

Through participation in LFP, participants achieved statistically significant improvement on a variety of physical activity measures. Furthermore, participants were so satisfied with the combined nutrition and physical activity program that administrators found resources to continue the program after grant funding ended.

The key partners in this collaboration were the Senior Services of Seattle/King County, who manage the program; the Aging and Disability Services Administration (the local AAA), who provide the funding; Group Health Cooperative of Puget Sound, who provides LFP as a benefit for Medicare enrollees; and the University of Washington Health Promotion Research Center, who assists Senior Services in the evaluation of the program and dissemination to ethnic communities. Some program materials have been translated into three languages.

By working with other organizations serving ethnic communities and the community itself, Senior Services of Seattle/King County determined how to implement the LFP in each community. The LFP program is interactive and can easily be adapted to meet the needs of the participants. The program can be provided in places older adults frequent, such as community centers that are close to where they live. It has been replicated on a Native American reservation as well as at a Latino site in central Washington. To ensure the ongoing partnership between physical activity and nutrition, LFP instructors attend annual nutrition education workshops. Congregate meal sites also provide educational materials on the importance of physical activity.

The Lifetime Fitness Program is part of the Senior Wellness Project, a research-based health promotion and disease management program. The project consists of several health promotion programs. The Senior Wellness Project has received two national awards: the American Public Health Association 1999 Archstone Award for Excellence in Program Innovation, and the National Institute of Senior Centers' 2000 Research Award.

Additional information on the Senior Wellness Project is available at:  
[www.seniorservices.org/wellness/wellness.htm](http://www.seniorservices.org/wellness/wellness.htm) -

### **The GOLD Card Program**

In the Spring of 2000, the State Aging and Adult Services Administration provided funding to Aging and Disability Services (ADS) in King County to pilot a county wide computerized registration of participants in nutrition programs. Healthy Aging Partnership joined ADS to expand the role of the card.

- All meal program participants at the participating meal sites receive a GOLD card.
- Participants present their card when they attend a meal program or activity.
- A volunteer or staff member scans the card using a hand held device similar to a palm pilot.
- Staff at the nutrition site upload meal data to the ADS Nutrition Web System.

The GOLD card provides several benefits to card holders, including:

- Discounts for seniors at select businesses throughout King County.
- The card serves as a City of Seattle Library card. GOLD card holders may use the card to check out materials from any Seattle Public Library branch.
- A toll-free number on the card will connect participants to information on services and programs for older adults in King County.

A replication manual for the Gold Card Scanner Project has been created and can be downloaded at the following site:

<http://www.cityofseattle.net/humanservices/aging/Technology/GoldCard/GoldCard.htm>

Additional information about Senior Services of Seattle/King County is available at:  
[www.seniorservices.org/nutrition/nutrition.asp](http://www.seniorservices.org/nutrition/nutrition.asp)

## **The Healthy Aging Coalition of Northern California**

The Healthy Aging Coalition of Northern California is a unique and innovative collaborative whose mission is health promotion and disease prevention for all older adults within underserved, ethnic communities of the Sacramento region. The Coalition is comprised of over 60 representatives from culturally specific community based organizations who are sensitive to the unique cultural values and needs of older adults within specific ethnic communities. The Healthy Aging Coalitions possess the infrastructure, expertise and knowledge to provide access to free health checks and community information resources through its Healthy Aging Summits.

During 2002-2003, The UC Davis Center for Healthy Aging in collaboration with the Healthy Aging Coalition of Northern California spearheaded, planned and implemented 5 large innovative Healthy Aging Summits called "Honoring our Elders, Caring for our Communities". These specific multi-culturally focused model programs served the health, screening, community information and access needs of seven underserved communities and over 10,000 residents of the Greater Sacramento Area, which included: African American, Hispanic/Latino, Hmong, Mien, Lao and Korean. The planning oversight committees for each Summit, included approximately 30-40 community based organization representatives and governmental agencies who were instrumental in the program development, implementation and promotion of the event. These "model programs" Healthy Aging Summits were recognized by the American Society on Aging with a national award for innovation and quality in health care and serving the needs of ethnic communities.

The goal of the Healthy Aging Summits for Ethnic Communities is to make preventive health care easily accessible to older adults in underserved communities, while simultaneously educating older adults about additional resources in their communities, including nutrition programs. The Healthy Aging Summits are innovative as they overcome the cultural, linguistic and access barriers faced by underserved communities by providing free health screenings delivered by culturally diverse professionals and interpreters from the medical community. Also included in the Summits are education programs covering a variety of subjects relevant to healthy aging, including nutrition education. The Summits provide a "one stop-shopping center, consumer friendly approach to serving the self-care preventive health care needs and educational interests of the underserved ethnic communities. Also, these events facilitate and build knowledge of cross-cultural learning by providing community outreach opportunities for physicians, health care providers, nurses and allied health care professionals at the Summits as they serve culturally specific healthcare needs of the older adults in underserved communities.

The Healthy Aging Summits are now being viewed as a model blueprint for other communities - ethnic, disabled, gender specific etc. The model is highly adaptable to these communities since a set of "templates" have been created that give other local health care providers and community organizations tools designed to specifically target new populations.

Members of the Healthy Aging Coalition of Northern California include the four local health systems — Kaiser Permanente, Sutter Health, Catholic Healthcare West and local Mercy Hospitals, and the UC Davis Health System; the California State Department of Aging; AARP; Hadassah; California State University, Sacramento, Gerontology Department; and many other government and non-profit entities.

Organizations involved in planning the multi-cultural summits included: Women's Civic Improvement Club, Office of Council Member Bonnie Pannell, AARP, American Stroke Association, California State Office of Multicultural Health, Blue Cross, Del Oro Caregivers Resource Center, PhRMA, and Sacramento County Adult and Aging Commission. Other organizations involved in the summits included: Area 4 Agency on Aging, Radio Tricolor/Radio Romantica, Manitos, SALSA, Yolo County Resources for Spanish Speaking Seniors, California Healthcare Interpreters, Asian Resources Inc., Cal Expo, CAPITAL, City of Sacramento, Hmong Women's Heritage Association Inc., Integrated Immigrant Senior Services Program, Korean American Community Association, Lemon Hill Circle Program, Sacramento Lao Family Community Inc., Southeast Asian Assistance Center, United Lu-Mien Community Inc. and many other organizations.

For additional information about the Healthy Aging Coalition of Northern California, contact:

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## **Delaware Division of Services for Aging and Adults with Physical Disabilities *Millennium March to Wellness***

*The Aging States Project: Promoting Opportunities for Collaboration between the Public Health and Aging Services Networks* was developed to help bridge the gap between public health and aging services networks. Its goal was to bring together the strengths and expertise of state public health and aging networks to better meet their shared responsibility for ensuring optimal health for the nation's older residents. Initiated in spring 2001, the Aging States Project was a collaborative effort of the Association of State and Territorial Chronic Disease Program Directors (CDD), and the National Association of State Units on Aging (NASUA), with support from the Centers for Disease Control and Prevention (CDC) and the Administration on Aging (AoA).

The Millennium March to Wellness has been recognized as a model program of The Aging States Project

### **Project Description**

The Millennium March to Wellness is a comprehensive wellness initiative for older adults begun in 1999 by the Division of Services for Aging and Adults with Physical Disabilities. In developing the project as a specific health promotion effort for older adults, the Division took its guidance from the national Healthy People 2010 and Healthy Delaware 2010 plans. The major objectives of the Millennium March to Wellness are to encourage older adults to increase physical activity, to increase their consumption of fruits and vegetables, and to adopt health-sustaining behaviors and lifestyles. Its major components are described below.

1. Walk Delaware promotes physical activity by challenging older adults to walk the equivalent of the length (96 miles) or width (35 miles) of Delaware during one year.

– In Walk Delaware's initial stages, the Division sponsored a kick-off event for organizations in the state's aging network to develop an advisory council and seek partners in forming local walking groups and promoting the program. This was a critical and successful outreach effort that led to multiple partnerships that have contributed to the growth and success of the project. The Division then kept in touch with its partners through monthly correspondence as the Millennium March developed.

– The Delaware Senior Olympics adopted Walk Delaware as their major non-competitive effort to promote physical activity. The Senior Olympics recently applied for and received a Healthy Delaware 2010 mini-grant from the State Health Department to continue its development of walking groups.

– Many additional partners, including local senior centers, also promote the program and have developed walking groups. The Division provides training to community partners.

– The Division developed and distributed a free Walking Logbook for participants to use to record their progress. Participants are asked to complete a registration form with basic demographic data prior to receiving a logbook.

– The Division developed *First State Fitness Certificates*, which are awarded to everyone who sends in a completed logbook documenting their achievement in walking the prescribed distance. In 2000, more than 500 individuals registered for Walk Delaware and approximately 300 certificates were awarded. Some participants in their 80s and 90s have sent in walking logs to receive certificates for the past three years. Many people send in logs that record walking hundreds of miles each year.

2. *5 a Day for Better Health* is the Division’s effort to implement the national *5 a Day* program to increase consumption of fruits and vegetables and to focus on nutrition education for older adults. The Division is currently sponsoring a pilot program to increase fruit and vegetable consumption at Title III congregate and home delivery meal programs. A nutritionist and diabetes educator have developed an education module based on the stages of change model. The module was presented at a quarterly Title III directors’ meeting this fall, and they were asked to use it as their required quarterly consumer nutrition education program. The Division is currently evaluating its impact on two levels: a) its usefulness for nutrition education, and b) whether the intervention resulted in changes in participant eating habits. If the evaluation shows positive outcomes, they hope to replicate it statewide.

The overall budget within the Division for health promotion is about \$80,000 annually, all OAA Title III-D funds. The start-up costs for Walk Delaware were about \$20,000. This included developing and printing the logs and certificates, and bringing in outside experts for guidance. The public health educator, who oversees the Division’s health promotion program, is paid with state funds.

The Division used the registration forms and completed logbooks to develop a participant database and contracted with the University of Delaware to develop an evaluation component that examines health outcomes and quality of life measures for participants.

The Division also developed a five-year strategic plan for its health promotion programs in conjunction with the University of Delaware, the Senior Olympics, the Governor’s Council on Physical Activity, the Department of Health and Social Services, and input from its community partners. The Division hopes to increase its health promotion infrastructure, to widen its range of physical activity programs, and to incorporate into their initiatives greater focus on adults with physical disabilities.

## **Lessons Learned**

– The Division found that developing and sustaining key community partnerships has been critical to the success of the Millennium March to Wellness.

– The sustainability of the project was an initial consideration that has proven to be important, as the March to Wellness has become a base upon which additional projects can be built.

– Division staff acknowledge that, in retrospect, it would have been preferable to involve experts in outcomes and evaluation earlier in the development of the project.

For more information on this project, contact:

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Web site: <http://www.dsaapd.com>

## **Appendix A**

The following barriers to reaching culturally diverse older adults and perceived outreach strategies were based on a study conducted by Loaves & Fishes (Portland, Oregon) and the University of Texas.

### **Perceived Barrier**

Lack of accurate knowledge about the program. Due to language barriers, many minority elders have limited access to public information.

### **Recommended Outreach Strategies**

1. Translate program materials into various languages.
2. Disseminate information at churches and temples where minority elders and their families congregate.
3. Include family members in information dissemination and education.
4. Emphasize the significance of nutrition for health and the nutritional screening and educational components of the program.
5. Use ESL classes to disseminate information and as conduits for bringing diverse people to centers' meal programs.

### **Perceived Barrier**

Fear and distrust of government and institutions. The intake process requiring personal information can be daunting and raise suspicions.

### **Recommended Outreach Strategies**

1. Recruit more minority members to serve on the centers' steering committee and the agency board of directors.
2. Increase partnerships and working relationships with minority organizations, sharing available resources and language skills.
3. Involve ethnic community leaders and cultivate key older contacts who are part of the minority community as referral sources for potential participants.
4. Cultivate trust and demonstrate fairness in treatment of all elders.
5. Encourage input and assistance from participating minority elders.

### **Perceived Barrier**

Unfamiliar foods. Even if meals are home-delivered, many elders will not eat foods that are new to them.

### **Recommended Outreach Strategies**

1. Diversify menus, increase choices, and use food enhancements
2. Schedule members of ethnic staff to rotate and prepare special meals at the centers.

### **Perceived Barrier**

Minority elders may feel uncomfortable being in unfamiliar environments and mingling with other participants from different racial/ethnic and cultural backgrounds.

### **Recommended Outreach Strategies**

1. Recruit and train a young generation of culturally competent volunteers from all ethnic groups.
2. Hire more culturally competent staff and provide a welcoming center atmosphere.
3. Plan center activities, such as games, discussions on health topics, celebrations, guest speakers, and cooking demonstrations that are culturally appropriate and able to help participants from different backgrounds get to know each other.
4. Survey minority participants to get input regarding effective ways to make them more comfortable.
5. Invite minority leaders to lunch at meal sites to help staff and volunteers gain insight into meeting the needs of minority elders.
6. Encourage inter-center visits by board members, center staff, and volunteers to exchange ideas and model successful programs.

### **Perceived Barrier**

Many minority elders work at home, raising grandchildren. Since congregate dining centers do not feed children and have no play space for them, these elders cannot come with the children.

### **Recommended Outreach Strategies**

1. Provide more intergenerational programs at centers.

2. Opt for dinner rather than lunch programs to allow intergenerational programming.

### **Perceived Barrier**

1. Inaccessibility and inadequacy of existing transportation. Many drivers of elderly transportation services do not wait long enough or knock at the door if the seniors do not appear at the pickup site on time.

### **Recommended Outreach Strategies**

1. Offer meals where it is most convenient, that is, create mobile meal sites in places like churches and temples as well as centers in ethnic communities.
2. Devise ways to ease the transportation problems in collaboration with the county senior services department.

These barriers and recommendations are taken from the following: Reaching Out to Racial/Ethnic Minority Older Persons for Elderly Nutrition Programs, by Namkee G. Choi and Joan Smith, *Journal of Nutrition for the Elderly*, Vol 24(1) 2004