WELCOME TO
“PROVIDING QUALITY MEALS FOR DIFFERENT DEMOGRAPHIC GROUPS”

Presenters: Uche Akobundu, Luanne Hinkle, Suzanne Washington and Tom Maier
Facilitator: Magda Hageman-Apol

The webinar will begin at 3:30 p.m. Eastern Daylight Time

WEBINAR TIPS

We recommend that you listen to the webinar over your computer speakers.

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Outline

Why Providing Quality Meals for Diverse Audiences Matter
  • Uche Akobundu, Meals on Wheels America

Notes from the Field
  • Meals on Wheels Greater San Diego, CA
    • Luanne Hinkle
  • Meals on Wheels People, Portland, OR
    • Suzanne Washington
    • Tom Maier

Why providing quality meals for different demographic groups matter?
Inter-related Factors Affecting the Nutritional Well-Being of Older Adults

Socio-Ecological Framework

Figure 6.1: A Social Ecological Framework for Nutrition and Physical Activity Decisions

- Belief Systems
  - Heritage
  - Religion
  - Priorities
  - Lifestyle
  - Body Image

- Government
  - Public Health and Health Care Systems
  - Agriculture
  - Marketing/Media
  - Community Design
  - Foundations and Funders
  - Industry
  - Food
  - Beverage
  - Physical Activity
  - Entertainment

- Sociocultural Norms and Values
- Environmental Settings
- Individual Factors
- Food and Beverage Intake
- Physical Activity

Demographic Factors (e.g., age, gender, socioeconomic status, race/ethnicity, disability status)
- Psychosocial Factors
- Knowledge and Skills
- Gene-Environment Interactions
- Other Personal Factors

- Homes
- Schools
- Workplaces
- Recreational Facilities
- Foodservice and Retail Establishments
- Other Community Settings

www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm
DEMODOGRAPHIC TRENDS IN U.S. OLDER ADULTS
Figure 1. Projected Racial-Ethnic Percentage Distributions: U.S. Adults, Ages 65 and Older, 2010–2050.


- Increase is due to: (1) the aging of the long-term foreign-born population and (2) the recent migration of older adults as part of family reunification/refugee admissions.

- Recent older immigrants are more likely than long-standing immigrants to settle outside traditional destination cities, such as New York, Los Angeles, and Miami.

BLACK OLDER AMERICANS, 65+

- Includes African American, people from Somalia, Ethiopia, Nigeria, Caribbean islands, others
- Highest population in NY, FL, TX, CA, GA, NC, IL, MD
- Poverty 17.6% compared with 9.5% of U.S. 65+ (2013)
- Perceived health good/excellent
  - Men, 63%; Women, 61%
  - White men 78%, white women 79%
- Health conditions
  - Hypertension 84% (72% of older population)
  - Arthritis 53% (52% of older population)
  - Diabetes 29% (20% of older population)
  - Heart disease 27% (30% older population)
  - Cancer 13% (24% of older population)

Statistical Profile of Black Americans, Aged 65+

HISPANIC OLDER AMERICANS, 65+

- Includes people from Mexico, Cuba, Caribbean islands, Central/South America, Philippines
- Highest population in CA, TX, FL, NY
- Poverty 19.8% compared with 9.5% of U.S. 65+
- Perceived health good/excellent
  - Men, 63%, women, 61%
  - White men 78%, white women 79%
- Health conditions
  - Hypertension 74% (72% of older population)
  - Arthritis 44% (52% of older population)
  - Diabetes 26% (20% of older population)
  - Heart disease 21% (30% of older population)
  - Cancer 11% (24% of older population)

Statistical Profile of Hispanic Americans, Aged 65+
http://www.aoa.gov/AoARoot/Aging_Statistics/minority_aging/Facts-on-Hispanic-Elderly.aspx
ASIAN/PACIFIC ISLANDERS
OLDER AMERICANS, 65+

- Includes people from Vietnam, China, Japan, Hawaii, Samoa, Philippines, India
- Highest population in CA, NY, HI, TX, NJ, IL, WA, FL, VA, MA
- Poverty 13.6% compared with 9.5% of U.S. 65+
- Perceived health good/excellent
  - Men, 72%; women, 70%
  - White men 78%, white women 79%
- Health
  - Arthritis 39% (49% of older population)
  - Heart disease 23% (31% of older population)
  - Cancer 12% (22% of older population)

Statistical Profile of Asian Americans, Aged 65+

AMERICAN INDIAN & ALASKA
NATIVE ELDERS, 65+

- Highest population in CA, OK, AZ, NM, TX, NC, AK
- 22% live on reservations, 60% live in metropolitan areas
- 566 federally recognized tribes, 100 state recognized tribes
- Title VI grants to 256 tribes
- Perceived health good/excellent
  - Men 65%; Women 59%
  - White men 78%; white women 79%
- Health, higher rates, all ages
  - Heart disease
  - Cancer
  - Accidents
  - Diabetes
  - Stroke
  - Obesity

Statistical Profile of Asian Americans, Aged 65+
CHANGING ENVIRONMENT

Care Systems  
Demographics  
Business  
Science  
Healthcare  
Health Status  
Technology  
Society  
Resources

KEY TO SUCCESS

Quality nutrition services will have to meet the needs of our stakeholders, participants and our funders.

- Choice
- Cost effective
- Consistent
- Available in the target service area
- Tailored to meet end-user health and cultural needs

- Senior nutrition programs are well-positioned for the future
  - We know our customers
  - We offer quality, valued and effective services
QUALITY MEAL PRODUCTION AND MENU PLANNING

GOALS OF SENIOR NUTRITION PROGRAMS

• Promote good health
• Tasty
• Culturally appropriate
• Safe
• Meet applicable state and federal requirements
OLDER AMERICANS ACT
SECTION 339 REQUIREMENTS

- Meals
  - 1/3 DRI; Dietary Guidelines for Americans, 2010;
  - Design meals to meet special dietary needs (cultural/ethnic preferences, health, religious needs)
  - Design “appealing” meals, i.e. food/menu choice, include participant input

MENU PLANNING CHALLENGES

- Population diversity
  - Multiple population groups
  - Ethnic sites or regular sites with some ethnic menus
- Customs
  - Example: Muslim tradition, men & women may eat separately
- Service capability
  - Ability to prepare many different kinds of meals, Kosher/Halal
  - Restaurant contracts, restaurant voucher programs, self preparation
- Costs

- Nutrient content
  - Meal pattern, computer assisted menu analysis
  - Ethnic challenges such as higher sodium
  - Access to some foods
- Use of traditional foods
  - Nutrient content
  - Food safety, hunting/gathering, local food preparation, donated game, fish
  - Inspection
- Evaluation/feedback
  - Customers
  - Program staff
  - Partners, funders
**MENU PLANNING: NUTRIENT CONTENT**

- **Reducing sodium, fat, added sugars, refined grains**
- **Increasing fruits, vegetables, whole grains**
- **Increasing fiber, potassium, calcium, vitamin D**
- **Increasing lean protein sources**

**Challenges**

**MENU CHALLENGES – SODIUM**

**Reducing Sodium**

- Many traditional foods/condiments and/or preparation methods have/result in higher than recommended levels

**Solutions**

- Use low sodium products
- Decrease prepared sauces
- Decrease cheese, high sodium meats
- Work with vendors/caterers
- Decrease convenience foods
- Increase “from scratch” cooking
- Use salt free seasonings
- Add high salt food components after cooking
**MENU CHALLENGES – TRADITIONAL FOODS**

**Accessing traditional foods**

- Fresh foods:
  - Local farmers: commercial or smaller, specialty farmers
  - Local community garden

- Prepared/fresh foods:
  - Commercial food delivery: Commercial delivery provides direct delivery from farm to site in bulk.

- Food service delivery: The site purchases produce from a local foodservice distributor.

- Food aggregation: two or more sites agree to combine their orders to meet the specified minimum dollar delivery from the farm/distributor. Each site billed separately.

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**MENU PLANNING – GAINING CUSTOMER INPUT**

- Nutrition councils/menu committees
- Plate waste studies
- Focus groups
- Taste panels
- Secret diners
- Recipe contests

- Traveling Chef specials
- Surveys (annual, item specific, suggestion boxes)
- Comment cards
MENU PLANNING – CUSTOMER INPUT

• Planning culturally component menus:
  • Include community input when developing programs and planning menus.
  • Include community input when developing programs and planning menus.
  • Engage (bilingual) staff, interpreters or volunteers who reflect the diversity of the community served for ideas/suggestions.
  • Offer a variety of meals and/or foods from different ethnic groups.

2012 National Survey of OAA Participants:
HDM Quality Rating Analysis

How often are you satisfied with the way the food tastes?

- Rating of Good to Excellent
- Rating of Fair or Poor

Comparison of participants who rate the program positively versus negatively by specific aspects of quality
Comparison of participants who rate the program positively versus negatively by specific aspects of quality.
## STEPS FOR PLANNING DIVERSE SERVICES

### STEP 1 ASSESSMENT
- Organizational assessment
  - Policies/procedures
  - Bylaws
  - Community perceptions
- Staff assessment
  - Knowledge
  - Skills
  - Practices
- Self assessment
  - Personal attitudes
  - Beliefs
  - Behaviors

### STEP 2 IDENTIFYING RESOURCES ABOUT THE COMMUNITY
- Agency knowledge of the service community
- Partnerships & coalitions
- Client & community data
- Client input

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_Full.pdf

## STEPS FOR PLANNING DIVERSE SERVICES

### STEP 3 DESIGNING SERVICES
- Delivery of services through marketing & outreach
- Service recipients
  - Clients
  - Caregivers
  - Community organizations
- Types of services to be delivered
- Time & location of service delivery
- Barriers to service delivery & access

### STEP 4 PROGRAM EVALUATION
- Organization & client evaluation of services
- Lessons learned

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_Full.pdf
PROVIDING HIGH QUALITY, CULTURALLY SENSITIVE MEALS MATTER

• Senior nutrition programs are increasingly serving a diverse population of older adults
  • Existing ethnic populations
  • New immigrants
• Multiple factors influence dietary intake in older adults
• Targeting of services to those most in need results in our serving those most in need/at risk.
• Serving familiar ethnic foods increases the likelihood of adequate food intake and client satisfaction.

TAKE HOME MESSAGES
KEYS TO SUCCESS

- Providing quality meals for Older Americans Act programs to meet the needs of diverse ethnic populations requires:
  - Cultural competency
  - Creativity
  - Flexibility
  - Persistence
  - Knowledge/appreciation of your clientele/their culture and your programs resources
  - Application of innovative practices

WEB RESOURCES

- Administration for Community Living [www.acl.gov](http://www.acl.gov)
- Administration on Aging [www.aoa.gov](http://www.aoa.gov)
- Older Americans Act [http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaaf_full.asp#Toc153957702](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaaf_full.asp#Toc153957702)
- Profile of Older Adults 65+ [http://www.aoa.acl.gov/Aging_Statistics/Profile/2014/docs/2014-Profile.pdf](http://www.aoa.acl.gov/Aging_Statistics/Profile/2014/docs/2014-Profile.pdf)
- Choose My Plate [http://www.choosemyplate.gov/](http://www.choosemyplate.gov/)
- Older Adults: Key Indicators of Well Being [www.agingstats.gov](http://www.agingstats.gov)
• Cover the entire County - 4,270 Square Miles

• Currently have over 2,650 volunteers driving over 725,000 miles a year

• 101 weekday and 60 weekend delivery routes including Rural Routes

• Serve meals for 7 days a week (including holidays) - 19 drop sites

• Served over 3,000 seniors in 2014

* 406,932 *

MEALS SERVED!
NOW ITS YOUR TURN -

SURVEY SAYS...

• 4.3 M Organization
• 44 full-time and 33 part time employees
• FY 2014 $1,662,606 individual donations
• $510,975 grants (Receive no direct Federal funding)
• Fee for service - $7.00 per day for two meals or $4.00 for lunch or dinner
  • Dinners delivered hot or frozen

Survey Results

Back to the Future – The year is 2011!
• 6 week rotational menu
• Lower fat, lower sodium Healthy Choice menus and of easy-to-chew

Emerging Requests

organic foods  vegetarian foods  Gluten-free

• Where to we go from here?

Taking the “Deep Dive” On Where We Should Focus
• Demographics
• Tomorrow’s seniors will require more diversity

Fastest growing population Latino and Hispanic individuals
Research and create recipes

Define nutritional Values

Balance with existing menus

Needed an effect process to plug and play diverse menu options when we are ready to pull the trigger for even more diversity

Innovative and forward-thinking ideas to help prepare programs for the future

“Embracing the Senior Palate”

Develop a Healthy Latino Cuisine Menu Option
- Create the methodology
- Share lessons learned

Building The Future

Grant For $50,000
Not Possible Without Partners

No commercial kitchen at the time

Reaching into the community

Bilingual Coordinator

- Brand awareness in the community
- Manage all aspects of create this methodology
Move Forward FASTER

Applied for a grant and received $150,000 to build out our meal center to a full commercial kitchen. Goal: to prepare 90% of all our meals in-house with $70,000 & $50,000 in additional grants.

SHORT (I Promise) Survey #2
Your Plans
Methodology

Goal: Define a needs-based pilot menu development program and outline a step by step process needed to create new, diverse menu offerings, supported by market research and demographics. Additionally, considerations as to how to promote, raise awareness and build brand recognition were also included.

Each Phase has its own objectives and tasks:

The Vision Grant was awarded to develop the project through Phase 3 as well as put in place the tools to accomplish the promotional aspects of Phase 4.

Defining the Possible Need:

Demographics-
- Review census reports and county/city data
- Local media coverage
- Emerging nationwide trends
- Survey existing clients and local seniors (non-clients)

Health Related - (diabetes, cholesterol, high blood pressure, gluten free, etc.)
- Review nationwide and local health statistics, attend local health informational classes and partner with local clinics/medical centers. You can find additional information on Department of Health and Human Services Administration on Aging website. (aoa.gov).

Food preference (vegan, vegetarian, pescetarian, etc.)
- Review local information on food preference. Be mindful of the number of new clubs/networks/stores that serve that particular food preference. Research and attend food preference groups/networks, health groups, specialty food stores to further define the need.

Some resources:
- The Vegetarian Resource Group (vrg.org); Vegan Society (vegansociety.com), U.S. Department of Agriculture (USDA.gov), and websites such as vegetariantimes.com, www.oap.gov, veganstorelocator.com, exploreveg.org/resources, vegetariannutrition.net, and clubveg.org. For gluten information (gluten.net). For additional information on food allergies or special food sensitivities go to livingwithout.com.
Defining Resources and Personnel Needs

Identify which resources, including funding and staff needed for the project.
- Hire the staff, or recruit a qualified volunteer, as soon as possible.
- Allow for 2-3 weeks to become familiar with your Meals on Wheels operations and understand the project.
- Upon hiring, the project staff should meet with a representative of each department (service center, meal center, etc.) to discuss the project and to start compiling information.
- If you are targeting a specific demographic group, be mindful of language and cultural differences.
- Create templates to assist with tracking and organizing all information.

Deliverables in this Phase -

Identify 1 new menu-concentrated option to fulfill a need not currently offered, as identified by findings

Obtain buy-in from your teams: Managers/Staff/Directors/Board

Meet with fellow Staff and Board members to acquire feedback and begin feasibility study

Select program manager and team for project - Determine if you need additional staff

Create a tentative budget. Find possible partners/grants to assist in funding the project

Set tentative roles and responsibilities

Set “big picture” deadlines (i.e. the completion of the project, translation of documents/marketing material, etc.) The project manager will need to work the deadlines backwards to ensure that goals will be met and broken down to be worked on as needed.

Areas to consider including:

- Internal Creation of the Menu (processes for menu creation, any unforeseen challenges with menu creation (time constraints, nutritional evaluation, staff)
- Internal Food Preparation Evaluation (equipment needs, food preparation capabilities, staff and logistics)
- Existing Partner Capabilities (i.e. hospitals, shared kitchens, restaurants, culinary/nutritional schools, Chefs)
- Vendor willingness and availability (identifying existing and potential vendors),
- Route Capacity (additional resources needed for distribution of meals, transportation, staff/volunteers, cost)
- Service Center Capabilities (ways of promoting the new menu within service center, new client intake, number of new clients that can be brought on, number of additional volunteers/staff required or cost constraints)
- Define any Language/Cultural Challenges and ways of overcoming.
- Outreach Capabilities

Focus on gathering information - document every finding and to define any potential obstacles along with defining timelines and interdependencies.
Initial Steps for Menu Creation/ Nutritional Procedures
A nutritionist will need to be part of the menu creation Team - Need access to nutritional software to Create a nutrition spreadsheet
(Our original plan to have in-house menu development was not feasible due to workload restraints.)
Set a nutritional baseline for recipe creation
550 calories: 18 g fat, 21 g protein, <800 mg sodium

New Menu Implications for the Meal Center/Kitchen Facility, etc.
Define your Logistics!
Ordering process and time frames, inventory space (perishable vs non), current food prep process flow and additional impacts, preparation time, cooking time, new vendors vs/ existing, define concerns of existing staff, special equipment, if current vendors (or purchasing group) supply your needs including pre-made meals

New Menu Implications to Service Centers
Define a “phasing-in” process. Define new menus coding process within in any existing ordering systems/software

Define Recipe Creation Process
Recipes come from: kitchen chef, local celebrity chef, registered dietician, schools, local chefs.
How many entrees will you be producing for this new menu? How will you blend new items with old. REMEMBER: ESTABLISH A TIMELINE FOR THIS!

Nutritional Analysis and Subsequent Steps
Nutritional software analysis to determine the values and make any necessary adjustments proceed to prepare and test the food scale the recipe

Cost/Staff Requirements
Remember to be reviewing and documenting current personnel resources (including volunteers) vs. personnel needed to implement project
Determine cost for project implementation (hiring additional staff, dietician, chef)

PHASE 3
DEVELOP & ACCURATE

Deliverables
Hire and recruit necessary staff and volunteers. Initially, this may include a part-time Community Outreach Specialist, a part-time Dietitian and/or a paid or volunteer chef ownership (4 weeks)

Objective:
Implementation of the program for the new menu option after budgets approval and/or funds acquired.
Deliverables (Continued)
Chef and dietitian begin to develop new recipes
- Includes costs, nutritional analysis and 6 week rotating menu plan
- Prepare or acquire test meals for sampling
  Internal/Staff feedback
  Survey client and senior target market
Based on plans developed in previous phase, order and install any equipment necessary to complete initial model roll-out

Community Outreach
Design and develop collateral for outreach campaign including brochures, door hangers, promotional items and advertorials

Design and develop Content Strategy
To include:
  Social media outreach
  Ad development
  Video Development

Community Outreach (continued)
After Community Outreach Specialist is hired or assigned, begin to work within the community and survey seniors to gather additional information about target audience. Start to “tell the story” of the creation of the new menu option.

Research and begin to schedule health fairs, speaking engagements and memberships that may be pertinent to marketing the new menu offering. Survey them!
The Community Outreach Specialist can also perform as a client liason for the targeted client population

Survey additional groups besides current clients:
Reach out to the community, networks, health oriented or food preference groups to find out more about the needs of your targeted group.

Don’t Skip This Step!
Ford Fiera
KFC
GPT – General Electric Plessay Telecommunications
Phase 4: Deploy Program, Promote & Evaluate

Overview
Conduct a pilot or test run of the new menu items with a small group of your target clientele.
- Include feedback and evaluation in this process.
- Based on the feedback, revise recipes/meal preparation as needed.
- Re-conduct pilot, or commence full roll-out.

Roll out to routes based on demographics, i.e. if your demographic is concentrated in a particular area, start with those routes.

Conduct survey of clientele receiving the new menu items once full roll-out is underway. Revise meals/menus as needed based on feedback.

Document all phases and "lessons learned" in the previous phases to further develop the overall model for various menu options.

Objective:
Roll out in phases, evaluate and revise.

Sustainability:
Build relationships with potential funders and partners throughout the project.
Conduct ongoing research of, and application for, grants.
Use ongoing outreach, marketing and PR to garner continued support for your efforts.

Outcomes:

To date:
- Average 1027 dinners a month

AND

- We are not loosing clients to other services

Questions?

Contact:
Ihinkle@meals-on-wheels.org
LISTENING TO THOSE WE SERVE.

Using feedback from diverse steering committees
Suggestion boxes at the dining centers
Feedback relayed by volunteer drivers for homebound participants
Nutrition surveys provided in multiple languages
MENU CREATION.

Ensuring Flavor Profiles of Ethnic Meals
Ethnically Diverse dining centers
Multi-Cultural Menus
Alternative entrees and side-dish substitution
Fresh and local
Developing vegetarian recipes

IMPLEMENTATION.

Culturally specific expertise at dining centers
Product availability for ethnic meals
Financial considerations
Efficient and flexible
QUESTIONS AND ANSWERS
UPCOMING WEBINARS!

IMPROVING AGING SERVICES FOR LGBT SENIORS

PRESENTERS: Tim Johnston of SAGE (Services & Advocacy for LGBT Elders)
WHEN: Thursday, June 9, 2015
TIME: 3:30 PM to 4:30 PM EDT
FEE: FREE

Register at:
https://attendee.gotowebinar.com/register/894320254693993185

THANK YOU!