Nutrition Policy and Procedures

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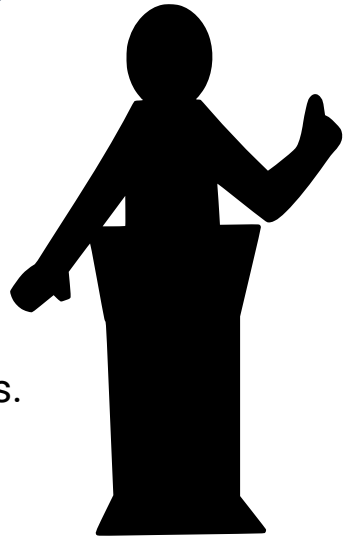
MONTANA DPHHS

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Nutrition Programs Title III-C1 and C2

"Social connection is a fundamental human need, as essential to survival as food, water, and shelter."

-U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community



- **Objectives**
  - Reduce hunger, food insecurity and malnutrition
  - Promote socialization
  - Promote health and well-being
  - Increase access to community resources

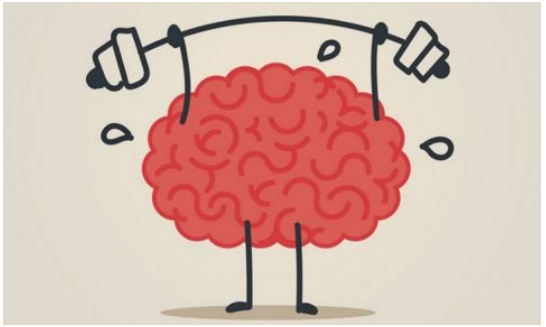
- **Congregate Meals**
  - Provides healthy meals in a group setting.
  - Offers opportunities for social engagement
  - Currently in Montana, more than 620,000 congregate meals are provided to over 17,000 individuals.

- **Home-Delivered Meals**
  - Provides healthy meals to older adults who are not able to attend congregate meal sites
  - Offers a point of social contact and wellness check
  - Currently in Montana, more than 980,000 home-delivered meals are provided too over 8,300 individuals.

Improving Health

Improved Physical Health

- Improved Nutrition
- Reduced Risk of Chronic Conditions
- Better Mobility



Improved Mental Health

- Increased Self-Care
- Sense of Well-Being
- Reduced Anxiety and Depression
- Sense of Safety

Improved Social Health

- Opportunities to Connect
- Stronger Relationships
- Reduced Loneliness

Federal Regulations for Meal Eligibility

An individual must be age 60 or older

Spouses of any age of the individual that is 60 or older

A person with a disability who lives with an adult age 60 or older or who resides in a housing facility that is primarily occupied by older adults at which congregate meals are served.

Volunteers during meal hours.

All other individuals may participate but must pay the full cost of the meal.

Federal Regulations for Service Providers

Ensure the development and implementation of policies and procedures in accordance with State agency policies and procedures.

Provide the area agency, in a timely manner, with statistical and other information which the area agency requires in order to meet its planning, coordination, evaluation and reporting requirements established by the State.

Provide recipients with an opportunity to contribute to the cost of the service as provided.

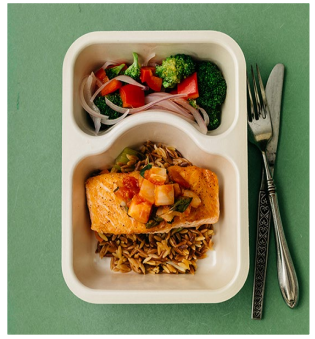
Where feasible and appropriate, make arrangements for the availability of services in weather-related and other emergencies;

Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

Federal Regulations for Service Providers

Congregate and Home Delivered meals must meet the Dietary Guidelines for Americans and Dietary Reference Intake set forth in section 339 of the Older Americans Act.

Nutrition services shall utilize the expertise of a Registered Dietitian or other individual with equivalent education and training in nutrition sciences to review menus and help create nutrition education.



To the maximum extent possible, meals must be adjusted to special dietary needs including meals adjusted for cultural consideration and medically tailored meals.

Federal Regulations for Service Providers

Comply with State and local laws regarding safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service and delivery of meals to older adults.

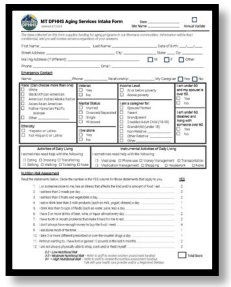
Provide for nutrition assessment and nutrition education, nutrition counseling if appropriate.

Where feasible, encourage the use of locally grown foods in meal programs and identify potential partnerships and contracts with local producers and providers of locally grown products.

Where feasible, encourage joint arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs.

Federal Reporting

Intake Form



Capstone

ACL OAAPS | Older Americans Act Performance System

- Each site is required to provide the AAA with data needed for the annual OAAPS report submitted by the State Unit on Aging
- Intake form MUST be completed annually for each meal participant
- Nutrition Risk Assessment MUST be completed annually for each meal participant

MT DPHHS Aging Services Intake Form

Updated 5/20/2025

Date: _____ Site Name: _____ ☐ Annual Update

The data collected on this form supplies funding for aging programs in our Montana communities. Information will be kept confidential, and you will receive services regardless of your answers.

First Name: _____ Last Name: _____ Date of Birth: ___/___/____

Street Address: _____ City: _____ State: ____ Zip: _____

Mailing Address (if different): _____ Sex: ☐ M ☐ F

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____ My Caregiver ☐ Yes ☐ No

Race: (Can choose more than one)
- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian/Asian American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other _____

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Veteran:
- ☐ Yes
- ☐ No

Marital Status:
- ☐ Married
- ☐ Divorced/Separated
- ☐ Single
- ☐ Widowed

I live alone.
- ☐ Yes
- ☐ No

Income Level:
- ☐ At or below poverty
- ☐ Above poverty

I am a caregiver for:
- ☐ Spouse/Partner
- ☐ Parent
- ☐ Grandparent
- ☐ Disabled Adult Child (18-59)
- ☐ Grandchild (under 18)
- ☐ Non-Relative _____
- ☐ Other Relative _____
- ☐ Other _____

I am under 60 and my spouse is over 60.
- ☐ Yes
- ☐ No

I am under 60, disabled and living with someone over 60.
- ☐ Yes
- ☐ No

Activities of Daily Living

I sometimes need help with the following:

☐ Eating ☐ Dressing ☐ Transferring
☐ Bathing ☐ Walking ☐ Toileting ☐ None

Instrumental Activities of Daily Living

I sometimes need help with the following:

☐ Meal prep ☐ Phone use ☐ Money Management ☐ Transportation
☐ Medication Management ☐ Shopping ☐ Housework ☐ None

Nutrition Risk Assessment

Read the statements below. Circle the number in the YES column for those statements that apply to you.

		YES
1.	I, or someone close to me, has an illness that affects the kind and/or amount of food I eat.	2
2.	I eat less than 2 meals per day.	3
3.	I eat less than 3 fruits and vegetables a day.	2
4.	I eat or drink less than 3 milk products (such as milk, yogurt, cheese) a day.	1
5.	I drink less than 5 cups of fluids (such as water, juice, tea) a day.	1
6.	I have 3 or more drinks of beer, wine, or liquor almost every day.	2
7.	I have tooth or mouth problems that make it hard for me to eat.	2
8.	I don't always have enough money to buy the food I need.	4
9.	I eat alone most of the time.	1
10.	I take 3 or more different prescribed or over-the-counter drugs a day.	1
11.	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
12.	I am not always physically able to shop, cook and/or feed myself.	2

0-2 = Low Nutritional Risk
3-5 = Moderate Nutritional Risk – Refer to staff to receive nutrition assessment handout
6+ = High Nutritional Risk – Refer to staff to receive the nutrition assessment handout
Talk with your health care provider and/or a Registered Dietitian

☐ Total Score

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Policy and Procedures

Each service provider is required to have a policy and procedure manual at each location

This manual should be a living document, meaning they can be updated regularly to reflect the latest information and best practices.

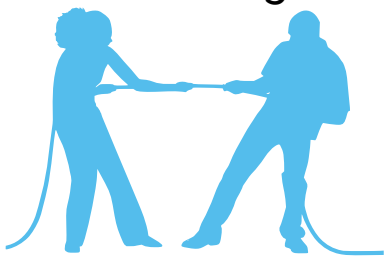
Key areas to cover, though this is not an exhaustive list:

- Organizational Structure
- Conflict of Interest
- Staff Training Requirements
- Contribution Policies
- Fiscal Management Structure
- Gifting Policies
- Monitoring/Evaluation Methods
- Marketing Strategies
- Emergency Preparedness Plans
- Physical Facility Use and Operations
- Accident/Food Poisoning Procedures
- Alcohol/Drugs/Weapons Policy
- Food Service Criteria
  - Menu Approval Process
  - Donated Food Policy
  - Food Preparation Policies
  - Temperature Control Policies
  - Sanitation Policies
  - Leftover Food Policies
- Multipurpose Programs and Activity Guidelines
- Transportation Guidelines

Conflict of Interest

Examples of conflict of interest

- A board member who is related to another board or staff member.
- A supervisory staff member is related to another staff member they supervise.
- A board member, their organization, or staff member of an organization who stands to benefit from a Center transaction
- A board or staff member who is also a member of the governing body of a contributor to the Center



The Board of Directors/Advisory Board should require full disclosure of potential conflicts of interest. Upon review, they can determine if a conflict exists and vote to authorize or reject it. Additionally, the Board should take necessary actions to address any conflicts and protect the Center's best interests.

Emergency Preparedness

Example Shelf Stable Menu

Monday	Tuesday	Wednesday	Thursday	Friday
6 oz low sodium vegetable/tomato juice 4 oz applesauce cup 3 oz canned chicken 1 packet instant oatmeal 4 crackers 1 oz powdered milk 1 packet mayonnaise	6 oz orange juice 1-14.5 oz can vegetables 3 oz peanut butter 2 Graham Crackers 1 individual box dry cereal 1 oz powdered milk	6 oz pineapple juice 1-14.5 oz can spaghetti and meatballs 4 oz pudding cup 1 oz powdered milk	6 oz cranberry juice 1-15 oz can beef stew 4 crackers 1 oz powdered milk	6 oz low sodium vegetable/tomato juice 4 oz applesauce cup 1-10.75 oz can chicken noodle soup 4 crackers 1 oz powdered milk

Emergency Preparedness

A written emergency and contingency plan for congregate and home delivered meal delivery in case of fire, flood, natural catastrophe or facility problem must be developed and kept on file at the Center.

This should include a three-day (3) emergency menu with supplies on hand for implementation.

Shelf-stable meals should meet the following requirements:	Non-perishable
	Ready-to-use or minimal preparation needed
	Meal sized portions
	Includes all meal components
	Meal items that have clear instructions to use.
	Require no-or a minimal- amount of participant's own food supply (may add sauces or flavorings)

Contributions

- Providers will suggest a voluntary contribution from eligible participants
  - The policy of the Center and governing board will determine the suggested donation amount.
- Confidential methods to make contributions must be provided for participants.
  - Participants shall not be pressured into contributing by staff, volunteers, or other participants.
- Contribution posters should be posted a strategic locations around the Center.
- Guests should cover the entire cost of the meal.
  - This is a requirement under new Federal Regulations
- Contributions should be recorded as program income in the budget.
  - Revenue must be reported and used for the specific service program from which it was received.
- Written contribution procedures should be given to home delivered meal participants.

Calculating Cost of a Meal

Calculating the average cost of a meal is important for reasons including:

- Monitoring monthly expenditures
- Explaining the program's budget to various stakeholders
- Ensuring correct pricing of guest meals and donations

A variety of components contribute to the cost of a meal:

- Overhead costs (rent, lease, insurance, taxes)
- Administrative Expenses (payroll)
- Equipment Costs
- Actual Food Ingredients
- Marketing and Advertising
- Utilities
- Licenses and Permits
- Miscellaneous Expenses (unforeseen repairs, legal fees, accounting services, emergencies or natural disasters

Total Cost of Meal Worksheet

Only insert information in the Yellow Highlighted Cells

Total number of meals served in the month	Congregate Meals	714	
	Home Delivered Meals	893	
	Staff meals, if permitted	-	
	Volunteer Meals, if provided	55	
	Guest Meals, if provided	-	
	Monthly Meal Total	1,662	

Food Cost	Invoices and Receipts	1. Sysco	$ 4,300.00	*Note: if you have more than 5 invoices this month, record each incoice amount for the remaining invoices. Total them together and record the total in the 5+ row.*
		2. Farmer Smith	$ 567.00	
		3. Jones Dairy	$ 378.00	
		4. Sysco	$ 2,790.00	
		5+ Albertsons	$ 50.00	
		Monthly Invoice Total	$ 8,085.00	*Food Percentage of Total Cost =*
FOOD COST PER MEAL			4.86462093862816	

LABOR COST	Employee information	Employee Name	hours per month	hourly rate + benefits	Monthly employee cost
		Mai Day	160.00	$ 12.67	$ 2,027.20
		Brook Lin	160.00	$ 11.09	$ 1,774.40
		Justin Case	40.00	$ 10.25	$ 410.00
		Holly Wood	160.00	$ 15.67	$ 2,507.20
			-		
			Monthly Labor Total		$ 6,718.80
LABOR COST PER MEAL			4.04259927797834	*Labor Percentage of Total Cost =*	

		Rent	$ 2,400.00	
		Gas	$ 500.00	
		Electric	$ -	*Note: include costs seperately under indirect costs.*
		Phone	$ -	
		Repair(s)	$ -	
		Monthly indirect cost	$ -	
		Other	$ -	
		Total	$ 2,900.00	
OTHER COST PER MEAL			1.74488567990373	*Percentage for Other Costs:*

THIS MONTH'S TOTAL COST PER MEAL (TCM)	$ 17,703.80	**10.652105 8965102**

Most food service businesses keep labor at 25-35% of the total cost, and keep food at 25-35% of food costs. Monitor these monthly.

The total costs for the month = $17703.80

Nutrition Flexibilities

Federal regulations are now allowing 25% of C-1 monies to be allocated for grab-and-go style meals

The State has not determined if we will allow the full 25% to be allocated or decrease the percentage.

To use these flexibilities, the AAA will have to decide for their area.

Benefits of Grab-and Go

- Allows for flexibly if a participant is not feeling well or has another commitment
- A spouse can pick up a meal
  - Husband/wife may be ill or temporarily homebound
- A person may not feel totally comfortable communing in a large setting
  - Social Anxiety
  - Autism Spectrum
- When a person comes to pick up a meal they still have the opportunity to talk with people at the center and see activities going on.
  - This may lead them to stay longer and longer in the future.

Menu Requirements

Menus are required to meet 33 1/3% of the daily DRIs

- The State does not require a nutrient analysis and has chosen to use the Plate method

Nutrition services shall utilize the expertise of a Registered Dietitian or other individual with equivalent education and training in nutrition sciences to review menus and help create nutrition education.

- Service providers/AAAs are required to have menus signed off by a Registered Dietitian
- Look for RDs in your area to help or utilize the State RD

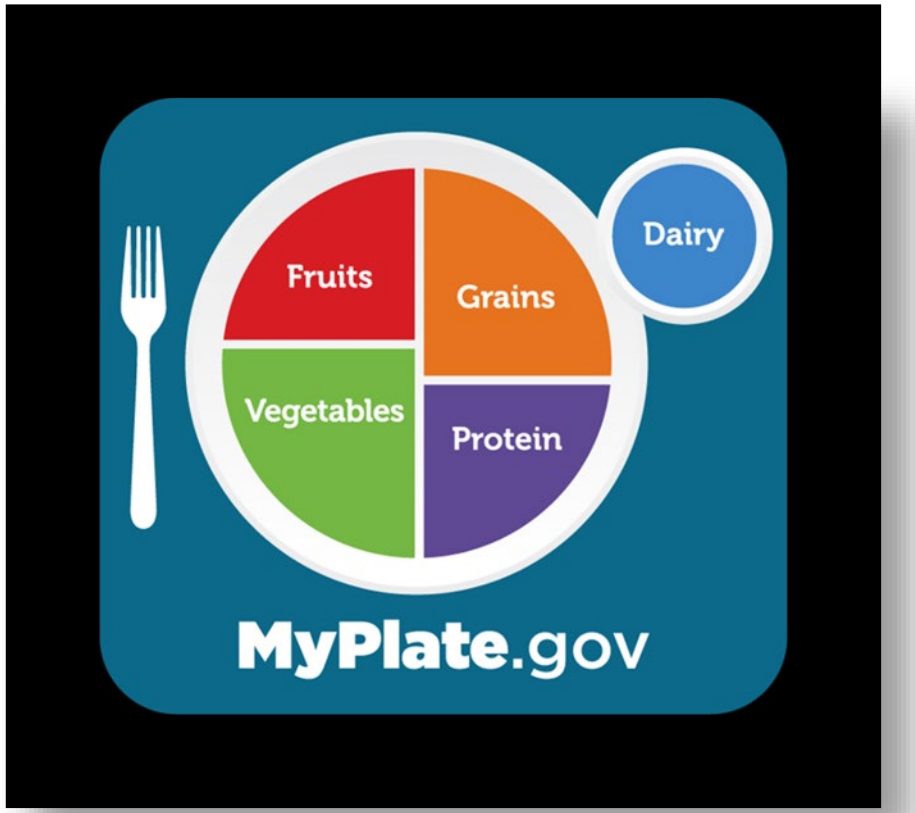
To the maximum extent possible, meals must be adjusted to special dietary needs including meals adjusted for cultural consideration and medically tailored meals.

- Examples of medically tailored meals may include gluten/dairy free options

Menu Requirements

An average meal must include a minimum of:

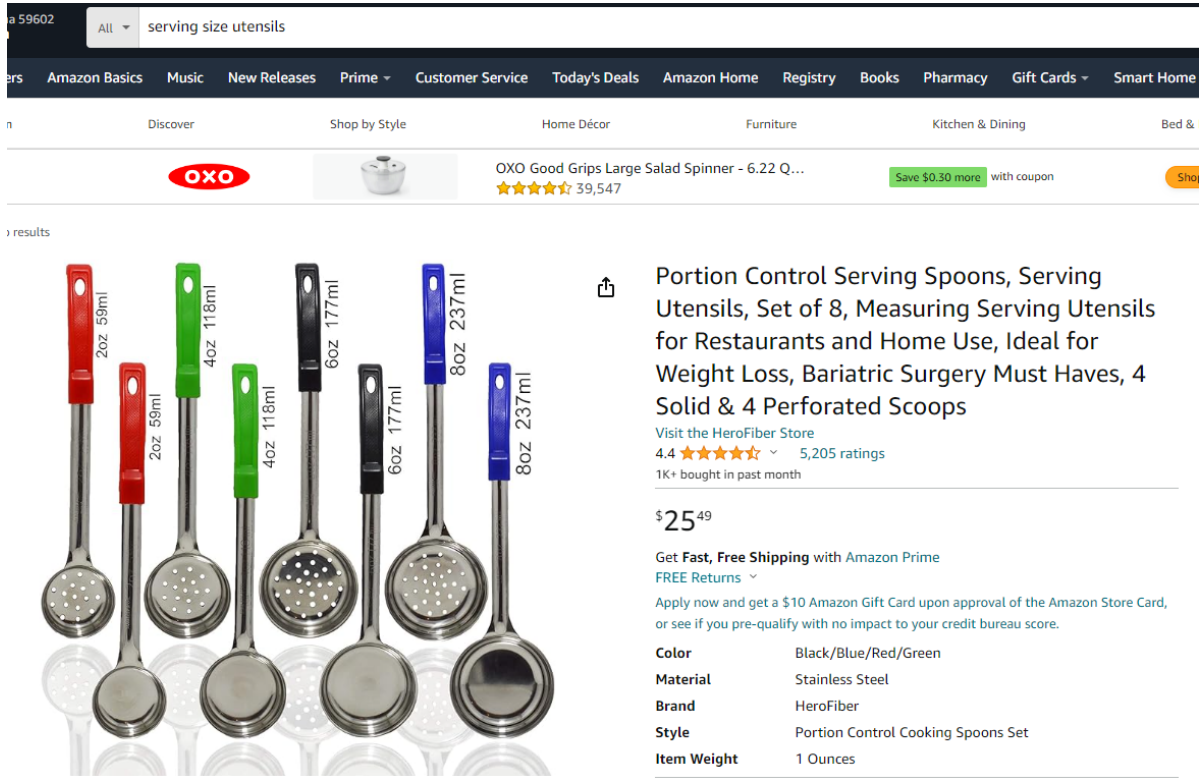
- Protein: 3 oz
- Grain: ½ cup or 1 oz
- Fruit: ½ cup
- Vegetable: ½ cup
- Dairy: 1 cup



Menu Requirements & Portion Sizes

	Protein	Grain	Milk/Milk Alternatives	Fruits and/or vegetables	Oils/Fats
Serving Size	1 oz	½ cup or 1 oz	1 cup	½ cup	1 tablespoon
Servings Per Meal	Minimum 3	1-2	Minimum 1	Minimum 2	Varies
Portion Size Equivalents	• 1 egg • ½ cup (4 oz) legumes (beans and lentils) • 1 oz cooked meat, fish, poultry • 1 oz cheese • 2 tablespoons peanut butter • 1/3 cup nuts • ¼ cup cottage cheese • 1 oz tofu	• 1 slice (1 oz) bread • 4 oz starchy vegetable • ½ cup cooked pasta, rice, noodles • 1 oz ready-to-eat cereal • 2” cube cornbread • 1 slice French toast • ½ English muffin • 4-6 crackers (1 oz) • 1 tortilla, biscuit, waffle, pancake, muffin • ½ bagel, 3-4” diameter • 1 small sandwich bun • ½ cup cooked cereal • ½ large hotdog/hamburger bun, 1 oz • ½ cup bread dressing/stuffing	• 8 oz milk • 8 oz milk alternative, such as lactose-free, soy, almond, or oat milk • 1 ½ oz of cheese • ½ cup calcium processed tofu • Calcium fortified, ready-to-eat cereal • Powdered calcium-fortified beverage mix; must have serving of water to accompany • 4-6 oz of calcium fortified juice • 1 cup yogurt • ¼ cup nonfat powdered dry milk per 1 cup water	• ½ cup cooked, frozen or canned, drained fruit (e.g., apple, pear, banana, etc.) • ½ cup 100% fruit juice • 1/3 cup cranberry juice • ¼ cup dried fruit • 15 grapes • ½ cup cooked, drained fresh, frozen, canned, or raw vegetable (e.g., green beans, peas, etc.) • 1 cup raw leafy greens, with a variety of vegetable greens • ½ cup tomato juice • ½ cup 100% vegetable juice	• 1 tablespoon oil (vegetable, canola, corn, olive, soybean) • 1 tablespoon margarine or butter • 1 tablespoon mayonnaise

Serving Sizes



Meal Creation

State Senior Nutrition Programs	Menu Example 1	Menu Example 2	Menu Example 3	Menu Example 4
Bristol Elder Services, Massachusetts	Grilled chicken, peach salsa, parsley mashed potatoes, brussels sprouts, whole-wheat bread, mixed berries	Shrimp with pesto cream, mashed potatoes, riviera vegetable, whole-wheat bread, mixed fruit	Chicken stew with vegetables, white/brown rice, biscuit, mandarin oranges	Turkey stir-fry, lo mein noodles, whole-wheat roll, pineapple
Dexter Senior Center, Michigan	Stuffed pepper, garlic mashed redskin potatoes, garden salad, strawberries with topping, whole-wheat dinner roll	Chef salad, chicken noodle soup, crackers, apple, pita bread	Potato crunch pollock with wild and whole-grain pilaf; green beans; cucumber, tomato, and onion salad; diced watermelon, dinner roll	BBQ pulled chicken, bun, corn O'Brien, collard greens with lemon and vinegar, cinnamon applesauce
El Dorado County, California	Sesame chicken, fried wild rice, stir-fry vegetables, mandarin oranges, fortune cookie, milk	Southwestern stuffed bell pepper, garden salad, potato roll, apple crisp, milk	Beef stew with roasted sweet potatoes and root vegetables, cornbread, pineapple, milk	Pork tamale verde, refried beans and cheese, Spanish rice, orange, milk
Habersham County, Georgia	Macaroni and cheese, black-eyed peas, collard greens, cornbread, fresh fruit, milk	Fajita chicken, fiesta rice, pinto beans, lettuce/ tomato, flour tortilla, fresh fruit, milk	Sausage patty, cheese grits, hot spiced apples, grape juice, biscuit	Beef and bow tie casserole, country corn, green beans, wheat bread, vanilla wafers, milk

Salad Bars

Salad bars offer a flexible approach to meals. They can be a side dish complement or a full meal. Increased choices! Salad bars provide a bounty of fruits and vegetables, making it easier to fill your plate (and your belly) with healthy options.

- Full salad bar: Includes protein (e.g. chicken, fish, eggs), vegetables, fruit, and grains. These items create the full meal excluding beverages.

- Fruit and vegetable bar: Participants choose their own options for a side salad or a fruit plate. These items are selected as an addition to the rest of their meal.

Cycle Menus

Benefits

- Reduce Food Waste
- Save Money
- Streamline ordering and inventory
- Ensure consistency and quality
- The RD can review menus on a quarterly or semi-annual basis instead of every month

Disadvantages

- Can become monotonous
- Lack of updating
- Resistance to change

Nutrition Services Incentive Program (NSIP)

- Supports nutrition programs by providing an incentive to serve more meals.
- Areas can choose to receive their grant as cash in lieu or commodities (USDA Foods) or a combination of both
- NSIP meals may include congregate, home delivered, grab and go, restaurant and food truck meals as long as they are served to eligible participants and meet the nutrition requirements.
- NSIP monies can be used to purchase domestically produced food.
  - Commodities are already domestically produced foods.
- NSIP allocations may **NOT** be used to pay for administration, indirect costs or other nutrition services such as education, counseling, nutrition supplements, specialized utensils.
- NSIP allocations may **NOT** be transferred because they are not apart of Title III B, C, D or E grants.

Domestically Produced Foods

- Domestically produced foods means:
  - Agricultural foods, beverages and other food ingredients which are a product of the United States, it's territories or possessions, the Commonwealth of Puerto Rico or the Trust Territories of the Pacific Islands.

  - Foods considered to be such a product if it is grown, processed and otherwise prepared for sale or distribution exclusively in the United States expect with respect to minor ingredients.
    - Ingredients from nondomestic sources will be allowed to be utilized as a United States product if such ingredients are not otherwise:
      - Produced in the United States;
      - Commercially available in the United States at fair and reasonable prices from domestic sources.

Items More Difficult to Purchase Domestically

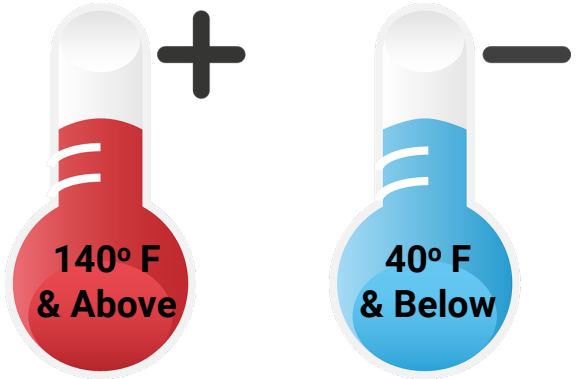
- Fish
- Shellfish
- Some fruits, such as bananas and tropical fruits
- Culturally items that are imported into the United States

Locally Grown Food

Benefits	No question if they are domestically grown The quality of food is tastier and more nutritious Eating produce in season Investment in your community
Where to Purchase	Local farmers markets Directly from local farmers Food service companies or grocery stores that sell Montana produce and products
What to Be Aware of	Produce is grown with safe water Meats processed at Federal or State approved facilities Milk must be pasteurized and homogenized. Do not accept home canned items

Food Safety

Temperatures! Temperatures! Temperatures!



- Temperatures of all food items must be taken daily (with internal thermometers) and recorded.
  - Checks should be done immediately before the first and after the last meal is served.
- Frozen foods should be thawed in the refrigerator, microwave or under cold running water.
  - Frozen foods should never be thawed at room temperature.
- Holding time from cooking to service should not exceed two (2) hours
- Temperature log forms are required to be kept on file and available for review

Temperature Log Sheet

Site Name: ____________________

Unit # or Description: ____________________

Date Range: ____________________

Date	Temperature	Staff Initials

Proper Temperatures:

Refrigerator: 32^0 F – 40^0 F

Freezer: 0^0 F or below

Holding Time/Temperature Log Sheet

Site Name: ____________________

Date	Food/Beverage Description	Time	Initial Temp.	Staff Initials	Time	Temp.	Staff Initials	Time	Temp.	Staff Initials

Proper Temperatures:

- Cold food must be held at 40^0 F or below.
- Hot food must be held at 135^0 F or above.
- Reheat food to 165^0 F within 2 hours if holding temperature drops below 135^0 F.

Food Safety – Home Delivered Meals

- Hot and cold foods must be kept in separate containers
- Transporting equipment and packaging materials must be able to maintain temperatures for the whole delivery process
- Once a month an extra meal must be sent so temperature checks can be taken of each food item before and at the end of the route.
  - These checks are required to be recorded and kept on file for review.
- DO NOT leave meals outside of a home
  - If no one is home to receive the meal, the meal must go back to the center and the person notified

Food Safety - Leftovers

Food production should result in minimal leftovers

Leftover food should first be offered as a second helping to participants

Leftover food can be packaged, froze, and sold as extra meals to participants

Packaging must contain label with description of food items along with storage and reheating instructions

Leftovers can be stored for **NO LONGER** than three (3) days in a refrigerator or three (3) months in a freezer

Staff may not take food from the Center

Sanitation

- Wear hairnets, plastic gloves and aprons when handling and preparing food
- Wash hands thoroughly before preparing food and after every interruption
- After preparing raw foods, wash and sanitize all contaminated surfaces before handling other foods
- Personal items need to be stored away from any areas that handle food or food production
- Dining room tables must be properly washed and sanitized prior to each meal service.
  - Sanitizers must be changed every 4 hours or sooner and solution strength tested.
- Utensils must not be left in food, i.e. scoops should not be left in flour, sugar and other containers
- Fresh food should not be added to previous pan before serving.
  - Serve the product fully then exchange pans.

Nutrition Education

Nutrition education is a required part of every Older Americans Act-funded nutrition program

Education can be obtained and dispersed in several ways

- Can be presented, emailed, printed and handed out, or displayed on tables at the senior center


DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

May 2024 Nutrition Article

Older Americans Month

Older Americans Month is observed annually in the United States. Every May, the Administration for Community Living (ACL) leads the nation's observance as a time to recognize older Americans' contributions, highlight aging trends, and reaffirm commitments to serving the older adults in our communities. This year's theme is *Powered by Connection*, which recognizes how meaningful relationships and social connections affect our health and well-being. While the emphasis is on exploring how vital connectedness is to maintain independence and combatting loneliness, among others, it is important to focus on the connections that food and a healthy diet play in every area of an older adult's life. Good nutrition is the foundation to living a long and healthy life.

2020-2025 Dietary Guidelines for Older Americans

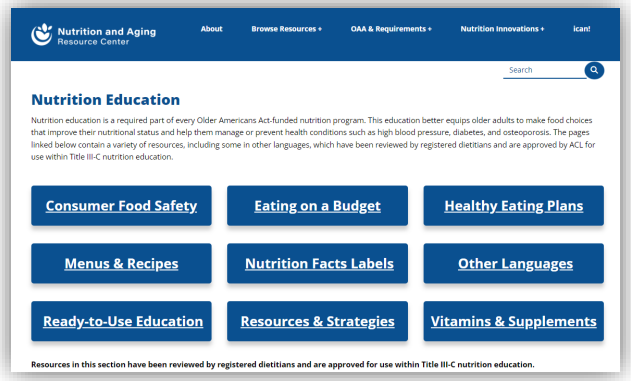
What we consume is important at every stage of life, and it is never too late to adopt better eating habits to support good health. The Dietary Guidelines of Americans (DGAs) — science-based recommendations published by the Department of Health and Human Services every five years — provide advice on what to eat to build a healthy diet that not only promotes healthy growth and development but also promotes eating patterns that help prevent and manage diet-related chronic diseases. The DGAs includes guidance for specific population groups, from babies to older Americans over 60 years of age, and all populations in between. While these foundational guidelines can inform dietary planning for various federal nutrition programs, they can be used specifically to help individuals understand what they should be eating to stay healthy. For older Americans, specifically, Chapter 6 of the DGAs — found at Home | Dietary Guidelines for Americans — the guidance emphasizes the selection of healthy food and beverages because older adults are at a greater risk of chronic disease and cancer, as well as health conditions related to changes in bone and muscle mass. In addition, working to achieve a healthy weight and adopting an active lifestyle to support healthy aging is an underlying theme.

Specific Recommendations and the Importance of Quality

Regardless of who you are, where you're from, or how old you are, nourishment is a key to good health. Humans are required to eat to live, and we can only live three to six weeks without food. In our modern world with our

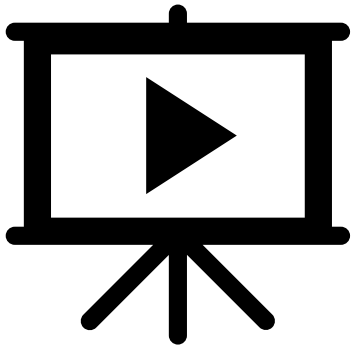
Monthly Nutrition Article

- Focuses on a different topic each month



Nutrition and Aging Resource Center

- Materials have been reviewed by RDs and approved by ACL



5 Part Series

- Coming soon!!!
- Will be on YouTube

Intergenerational Opportunities

Communities thrive when young and old connect. Children can inspire seniors with their boundless enthusiasm, while elders can provide a calming presence and sage advice. Finding common ground, a shared pace, and activities that spark mutual interest fosters rewarding connections that enrich both individuals and the entire community.

Where to Start

- Reach out to your local schools and daycares
- Talk with community organizations such as 4-H

Ideas to Get you Thinking

- Bingo Nights/Day
- Game Nights/Days
- Crafts with daycare kids
- Cook-off with high schoolers
- Gardening with 4-H members
- Capturing Stories
- Having story time at the senior center

Monitoring

Providers should have procedures to self-monitor, evaluate and report on its operations and programs. The program planning process should include the on-going monitoring and assessment of activities and services

Continual monitoring of the entire Center and its programs will be done by the AAA.

Areas to Evaluate

- Are all funds being used and reported appropriately
- Are all programs and services compliant with contracts from all funding sources.
- Area all programs and services compliant with the Older Americans Act and Federal Rules and Regulations
- Are the policy and procedures of the Center being followed
- Is the Center's mission being adhered to
- Are the needs of the community being met

Marketing and Fundraising

The Provider should actively market and raise funds to support their programs

Fundraising

- Start small
- Connect your mission to your donors
- Portray the people and their stories
- Help people see the investment in the future
- Show demographics of the programs and why it's important

Marketing

- Monthly Newsletter
- Website
- Local Press Outlets and Social Media
- Health Fairs, County Fairs and Other Community Functions
- Flyers and Brochures to Advertise Special Events
- Flyers in Local Doctors/Dentist Offices

Health Promotion

Title III-D of the Older Americans Act (OAA), established in 1987, provides grants to state agencies on aging. These funds support programs that promote healthy behaviors and lifestyles among older adults (60+).

Programs need to be evidenced-based!

Examples of programs offered through DPHHS include:

- Stepping On
- SAIL
- Walk with Ease
- Tai Chi for Arthritis and Falls Prevention
- Diabetes Prevention Program

DEPARTMENT OF
PUBLIC HEALTH &
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