Congregate and Home-Delivered Nutrition Program Standards

Older Americans Act and OPI

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Program Purpose

1. The senior nutrition program is part of the continuum of care designed to support independent living of older Oregonians under the Title III (Grants to State and Community Programs on Aging) and Title VI (Grants for Native Americans) of the Older Americans Act (OAA).

2. The objectives of the OAA nutrition programs are to provide an opportunity for older individuals to live their years in dignity by providing healthy, appealing meals; promoting health and preventing disease; reducing malnutrition risk and improving nutritional status; reducing social isolation and increasing social interaction; linking older adults to community-based services; and providing an opportunity for meaningful community involvement, such as through volunteering.

3. Adequate nutrition, on a daily basis, is the key to a person maintaining the adequate health necessary to live at home. Frequent contact with others provides a means to monitor the participant’s health, well-being, and safety. The programs across the state strive to accomplish this by providing congregate nutrition programs and home-delivered meals. Although the primary service is meals, other nutrition services authorized by the OAA include nutrition screening, education, and counseling.

Provision of Services by Area Agencies on Aging (AAA)

Per OAR 411-011-0000, no supportive or nutrition services will be directly provided by the State agency or an Area Agency on Aging, except where, in the judgment of the State agency, provision of such services by the State agency or an AAA is necessary to assure an adequate supply of such services, or where such services are directly related to such State agency or AAA administrative functions, or where such services of comparable quality can be provided more economically by such State agency or AAA. Older Americans Act, Section 307(a)(10) Direct provision of nutrition services by the designated AAA must be approved by the State Unit on Aging, DHS/SPD.
Nutrition Programs Service Description

1. Congregate Nutrition Services (Title III, Subpart CI)

The congregate program is designed to help increase the nutrient intake and to prevent health deterioration and social isolation of participants. Congregate meals are offered in a variety of settings, including nutrition sites, senior centers/community centers, churches, schools, adult care facilities, or some other congregate setting under the supervision of a nutrition project. Congregate meals comply with the 2005 Dietary Guidelines for Americans and provide a minimum of 33 ⅓% of the current daily Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and the 2005 Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and USDA).

The congregate setting promotes health and independence through social contact, meaningful involvement, nutrition, community connection and access to information and services. The congregate setting is designed to provide a welcoming and pleasant atmosphere where people age 60 and older (and their spouses) can gather for a meal. Seniors can enjoy meeting new people, form friendships and support groups by coming together for meals on a regular basis. The balanced meal and the social contact together provide a positive motivation for self care for seniors who often eat poorly on their own and can become lonely and depressed in isolation. The nutrition program is more than just a meal—it’s purpose is to nourish the whole person.

2. Home-Delivered Meals (Title III, Subpart CII)

Meals that are delivered to homebound clients are critical to maintaining independence and allowing clients to remain in their own homes. Home-delivered meals comply with the 2005 Dietary Guidelines for Americans and provide a minimum of 33 ⅓% of the current daily recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and the 2005 Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and USDA). Individuals who receive home-delivered meals tend to have more health problems than congregate participants and may have become homebound because of increasing age or short-term/long-term health problems. Programs can provide nutritional support through the delivery of one or more meals per day and in some cases liquid nutritional supplements. Other nutrition interventions can provide added care and support to high-risk individuals.
3. OAA Meals Eligibility Criteria

a. Congregate Nutrition Services

Congregate meals will be available to persons who are 60 years of age or older, and their spouses, regardless of age, and to individuals with disabilities who reside at home with and accompany older individuals who are eligible under the OAA.

- NOTE: Efforts should be made to serve those eligible participants with the greatest economic need, greatest social need, those with low incomes, and eligible minorities. OAA Section 306(a)(1)

Congregate meals may also be made available to disabled persons under 60 years of age who reside in housing facilities where congregate meals are served and which are primarily occupied by persons age 60 and older.

AAA’s have the authority to establish procedures that allow the option to offer a meal, on the same basis as meals provided to participating older individuals, to volunteers, regardless of age, who provide volunteer services during meal hours. OAA Section 339(2)(H)

The unit of service for congregate meals service is one complete meal provided to one eligible participant. A complete meal is one that meets or exceeds one-third of the Recommended Dietary Allowance.

b. Home-Delivered Meals

In 1994 the Oregon Nutrition Project Directors Association (ONPDA) assisted SPD in developing criteria for clients to be eligible to receive a home-delivered meal, funded totally or partially by Older Americans Act dollars.

To be eligible for home-delivered meals, a person must meet the following criteria:

1. Be 60 years of age or older and homebound by reason of injury, illness, or an incapacitating disability or be otherwise isolated, or
2. Be the spouse or disabled dependent child of any age who resides with a senior who is eligible under this criteria, if it is in the best interest of the client, or
3. Be a disabled person under 60 years of age who resides in a housing facility where a senior meal site is located, or
4. Be 60 or older and physically or mentally unable to shop for or safely prepare meals to meet minimal nutrition requirements, or
5. Be 60 or older and have an inadequate support system for food shopping or meal preparation, or
6. Be 60 or older and unable to tolerate a group situation due to physical or mental disability or substance abuse, and
7. Is willing to eat the meal within a reasonable time, and
8. Is approved for eligibility by the AAA or the service provider, and
9. Lives within the service area boundaries designated by the AAA or service provider, or
10. Lives outside the service area boundaries and can make arrangements to have a meal picked up and delivered to the eligible client’s home.

NOTE: Efforts should be made to serve those eligible participants with the greatest economic need, greatest social need, those with low incomes, and eligible minorities. OAA Sections 206 and 307

The unit of service for home-delivered meals is one complete meal, meeting one third of the recommended daily allowance, served to one eligible individual.

Congregate Nutrition Service Standards

1. Nutrition providers shall provide at least one hot meal or other appropriate meal in a congregate setting at least once a day, five or more days per week.

2. In rural areas where the frequency of serving meals five or more days per week is not feasible, nutrition providers must provide a written request to the State agency for approval of a lesser frequency of meal service. This written request may be included in the Area Plan; however, it should also be submitted when a nutrition project decides to change meal service frequency from five days a week to a lesser frequency. This request must include a statement as to why it is not feasible to serve at least five congregate meals per week. The mechanism for approval of a lesser frequency will be via the Area Plan and Area Plan Amendment processes. If requests are submitted as part of the Area Plan or as part of an Area Plan Amendment, approval of the Area Plan will constitute approval of the waiver request.

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1 Older Americans Act Nutrition Requirements: Sec. 331 PART C − NUTRITION SERVICE; SUBPART 1 − CONGREGATE NUTRITION SERVICES PROGRAM AUTHORIZED Sec. 331. The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects (1) which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide; (2) which shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and (3) which may include nutrition education services and other appropriate nutrition services for older individuals.
3. Congregate nutrition providers will make every effort to obtain the required NAPIS data, which includes the OAA Nutrition Screening Survey (see Appendix A), from each meal site participant. There is a NAPIS intake form provided by SPD that is available at the DHS forms server and located in Oregon ACCESS.

4. The OAA Nutrition Screening Survey should be completed at the time of intake and at annual update. Each AAA office should develop appropriate policies or procedures for review of the nutrition screening checklist and for making appropriate referrals if participants score at a high nutrition risk. See Appendix A or view the screening survey on the DHS website at: [www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml](http://www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml).

5. This nutrition screening checklist is also available in Oregon Access, for those nutrition providers that have the capability to utilize this program. It is located in the Service Needs section (the smiley face icon) under the Nutri Risk/ADL tab. It is recommended that each participant complete this nutrition screening once per year.

6. The NAPIS information shall be updated annually. Congregate Nutrition Programs must collect and report the information required by the Department and the Older Americans Act and send the information to DHS/SPD as agreed upon.

7. Clients who decline to provide NAPIS data may not be denied service.

8. Congregate meal participants should be advised to keep an emergency food shelf at home; in case of inclement weather that prevents travel to the congregate site or other such emergencies. A good resource for additional information is with the OSU Extension’s Family and Community Development website at: [http://oregonstate.edu/Dept/ehe](http://oregonstate.edu/Dept/ehe). They also have a publication developed for adult foster care providers that is available.

9. Nutrition providers shall make available nutrition education available to meal site participants at a minimum of quarterly. Nutrition education subjects will be based on the needs of the participants and should be culturally appropriate.

10. Nutrition providers will develop a strategy that allows participants to make confidential donations for congregate meal(s).

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2 The NAPIS intake form (number SDS 0001) can be retrieved from Oregon Access for a specific client or obtain a blank form from the DHS Forms website at: [http://dhsforms.hr.state.or.us/forms/databases/findforms.htm](http://dhsforms.hr.state.or.us/forms/databases/findforms.htm). Type NAPIS in the title search box, and then click the Search button.
11. Site Location

The location for the congregate meal program is vital to its success. In order to create a gathering place that offers opportunities for good nutritious meals and social interaction, an ideal facility will:

a. Be conveniently located to the target population.
b. Be ADA compliant.
c. Have convenient, accessible and affordable transportation.
d. Be in a safe, well-lit, well-maintained location.
e. Be easily visible and open to the public.
f. Have adequate space to support programming.
g. Have clear, inviting and culturally appropriate exterior and interior signage.

12. The physical interior of a meal site should create an atmosphere that is pleasant and inviting, as well as conducive to the needs of the older population. This environment should include:

a. A welcoming ambience that plays down institutionalization
b. Adequate lighting
c. Acoustics that support individual and group conversations
d. Accessible restroom locations
e. Kitchens that support high quality and safe meal service
f. Furnishings that are functional, comfortable, safe and appropriate

13. Site Management

Site management is key to the success of a comprehensive, safe, and vital meal program. A successful program should include, but is not limited to these components:

- **NOTE:** Daily temperature checks with a food thermometer at the time food leaves the production area, upon arrival if food is prepared off site, and again at serving time. Records of these temperatures checks should be kept in the nutrition program files.

a. Staffing: To be knowledgeable of the aging network system and services, sensitive to aging issues and competent in food service management.
b. Nutrition and Meal Services: To provide safe and appetizing meals that meet OAA requirements; meals that adapt to the client satisfaction; opportunities for nutrition education
c. Programming: To provide interactions that meet client interests and needs.
d. Services Referral: To help clients become familiar with community resources.
e. Outreach to the Community: To create public awareness of program and services.
f. Volunteer Opportunities: To provide a volunteer program that cultivates purposeful and responsible involvement.
g. Administrative: To provide consistent and accurate required reporting, monitoring of budget and fund raising activities, and other duties as needed.

14. Compliance with applicable federal, state and local code and regulations relating to the public health, safety, and welfare of food preparation is required in all stages of food service operation.

15. Projects must develop, implement, and annually update an operating policy manual containing, at minimum, the following information:
   a. Fiscal Management
   b. Food Service Management
   c. Safety and Sanitation
   d. Staff Responsibilities
   e. Emergency/Disaster Plan

16. Personnel and volunteers who assist with the congregate meal site operations should be instructed in:
   a. Portion control,
   b. FDA Food Code practices for sanitary handling of food,
   c. Agency safety policies and procedures,
   d. Protecting confidentiality and safeguarding collection of voluntary donations, and
   e. How to report concerns to appropriate staff for follow-up.

17. Each congregate meal site shall meet ADA requirements for accessibility to public programs. DHS Policy DHS-010-005 See the DHS policy at: www.dhs.state.or.us/policy/admin/exec/010_005.htm#policy
18. Persons handling food/food service will do so in compliance with the Food Protection Program, which adopted the 1999 FDA Food Code with Oregon Amendments. See www.dhs.state.or.us/publichealth/foodsafety/rules.cfm to obtain Oregon’s Food Sanitation Rules (OAR 333-150 through 333-160, et al and ORS 624.010 through 624.992 et al) and in compliance with local public health code regulating food service establishments.


Home-Delivered Meal Standards

1. Meals may be hot, cold, frozen, dried, or canned with a satisfactory storage life.

2. In rural areas where the frequency of serving meals five or more days per week is not feasible, nutrition providers must request approval from the State agency of a lesser frequency of meal service.
   a. This waiver request will be indicated in the Area Plan; however, it shall also be submitted in writing during the terms of the Area Plan when a nutrition project decides to change meal service frequency from five days a week to a lesser frequency.
   b. This request must include a statement of why it is not feasible to serve at least five congregate meals per week.

3. Client Assessment for Home-Delivered Meals

   In order for homebound older persons to remain independent and in their own home if possible, it is necessary that each service provider adequately determine their eligibility for home-delivered meals and other appropriate services. Home-Delivered Meal nutrition providers will make every effort to obtain the required NAPIS data, which includes the OAA Nutrition Screening Survey 2, from each meal site participant. There is a NAPIS intake form provided by SPD that is available at the DHS forms server and located in Oregon ACCESS for AAA offices and nutrition providers’ use.

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3 Rural is defined by the Administration on Aging as “any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.” The definition was retrieved from the Administration on Aging website at: http://nutritionandaging.fiu.edu/OANP_Toolkit.
4. The OAA Nutrition Screening Survey should be completed at the time of intake and at annual update. Each AAA office should develop appropriate policies or procedures for review of the nutrition screening checklist and for making appropriate referrals if participants score at a high nutrition risk. See Appendix A or view the screening survey on the DHS website at: www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml.

5. This nutrition-screening checklist is also available in Oregon Access, for those nutrition providers that have the capability to utilize this program. It is located in the Service Needs section (the smiley face icon) under the Nutri Risk/ADL tab. It is recommended that each participant complete this nutrition screening once per year.

6. The NAPIS information should be updated annually. Home-Delivered Meal Nutrition Programs must collect and report the information required by the State and the Older Americans Act and send the information to DHS/SPD as agreed upon.

7. Clients who decline to provide NAPIS data may not be denied service.

8. Initial Assessment
   a. The initial assessment should focus both on the individual’s strengths and limitations. Other means of realistically obtaining consistent and adequate meals, such as shopping assistance, assistance from friends and family, attending a congregate site and homemaking services should be explored. The presence and usefulness of other means of assistance to the applicant may reduce the need for home-delivered meals and help determine the level of service priority. Coordination of other services within the continuum of care may be appropriate.
   b. The initial assessment/nutrition screening Title III, Section 339, of OAA, including the required OAA screening survey should be completed within the time frame designated by the AAA. See Appendix A or view the screening survey on the DHS website at: www.oregon.gov/DHS/spwpd/food_fin/nutrition_checklist.shtml.
   c. This nutrition-screening checklist is also available in Oregon Access, for those nutrition providers that have access to this program. It is located in the Service Needs section (the smiley face icon) under the Nutri Risk/ADL tab. It is recommended that each participant complete this nutrition screening once per year.
   d. Program applicants who are determined ineligible to receive home-delivered meals should be directed to the nearest congregate nutrition site or to other appropriate food assistance programs.
   e. Conditions or circumstances that place the older person or the household at high risk must be brought to the attention of appropriate officials for follow-up.
9. Reassessments

a. The purpose of reassessments is to determine if a participant’s need for home-delivered meals still exists and at what level.

b. Participants who originally were determined to need meals for a few weeks, such as those recovering from surgery or illness, should be reassessed before the end of that service period to determine if their need for meals still exists. If the participant continues to need home-delivered meals, services should continue and an appropriate reassessment schedule should be determined.

c. Participants receiving home-delivered meals that are expected to need the service for long periods should be reassessed at least every six months to a year depending on the unique needs of the person receiving the service. Annual reviews must be performed in-person. Six-month reviews may be performed over the telephone if it is not feasible to meet the participant in-person.

d. If a participant is no longer eligible to receive home-delivered meals, the service provider should direct them to the nearest congregate nutrition site or to other appropriate food assistance services.

10. All nutrition service providers will have a plan to insure clients will receive meals during emergencies, weather-related conditions, and natural disasters. Plan could include shelf-stable emergency meal packages, four-wheel drive vehicles, volunteer arrangements with other community resources, etc.

11. If the nutrition provider chooses, it is acceptable to provide a combination of two or three meals, including breakfast, lunch, and/or dinner, to participants receiving home-delivered meals. It is also encouraged that nutrition providers offer weekend meals, which could be hot, cold, or frozen meals.

12. Nutrition providers will develop a strategy that allows participants to make confidential donations for home-delivered meal(s).

13. Training: Personnel who assist with the home-delivery meal operations should be trained in safe food handling procedures. Each provider should develop written procedures for all components of meal services. Regular training should be provided to reinforce safe food handling practices.

14. Home-Delivery Projects will develop, implement, and annually update an operating policy manual containing, at minimum, the following information:

a. Fiscal Management
b. Food Service Management
c. Safety and Sanitation
d. Staff Responsibilities
15. The AAA shall develop procedure for regularly (does not have to be daily) taking and
documenting meal temperature of the last meal served on each route. State health
code requires maintenance of a cold temperature of 40 degrees or less and a hot
temperature of 140 degrees or more. If using a thermometer other than a laser
thermometer, it is recommended two thermometers be assigned to each delivery route
to prevent cross-contamination when determining the temperature of hot and cold
foods. Prior to packing the meal container into the delivery box, the last meal to be
served on the route should have a thermometer placed into the container and this meal
placed at the bottom of the delivery box with a plastic tray over the container to keep
the heat loss at a minimum each time the delivery box is opened. If the route contains
multiple delivery boxes containing meals, the box with the thermometer should be
marked to indicate to the delivery driver that the box contains the last meal on the
route and should not be opened until all other delivery boxes have been emptied.

**Nutrition Education**

1. Nutrition Education is the process by which individuals gain the understanding, skills
and motivation necessary to improve and protect their nutritional well-being through
their food choices. Nutrition education, as defined by the Administration on Aging, is
a program to promote better health by providing accurate and culturally sensitive
nutrition, physical fitness, or health (as it relates to nutrition) information and
instruction to participants or participants and caregivers in a group or individual
setting.

2. Each congregate and home-delivered meal nutrition project shall provide nutrition
education at a minimum of quarterly.

3. Nutrition education services shall be planned for congregate and home-delivered meal
participants in accordance with AAA nutrition policy. Nutrition education services
should be culturally appropriate.

4. Suggested Nutrition Education Goals

   a. To create positive attitudes toward good nutrition and provide motivation for
      improved dietary practices;

   b. To provide adequate knowledge and skills necessary for critical thinking
      regarding diet and health so the individual can make appropriate food choices
      from an increasingly complex food supply; and

   c. To assist the individual in identifying resources for continuing access to sound
      food and nutrition information.

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4 OAA SECTION 339 Nutrition − (2) ensure that the project— (J) provide for nutrition screening and,
where appropriate, for nutrition education and counseling.
5. Suggested Nutrition Education Content

A nutrition education program makes available information and guidance concerning:

a. Food: Including the kinds and amounts of food that are required to meet one’s daily nutritional needs (The Food Guide Pyramid)

b. Nutrition: Including the combination of processes by which the body receives substances necessary for the maintenance of its functions and for growth and renewal of its components, i.e., ingestion, digestion, absorption, metabolism, and elimination

c. Behavioral Practices: Including the factors which influence one’s eating and food preparation habits

d. Consumer Issues: Including the management of food purchasing power to obtain maximum food value for the money spent

6. Nutrition Education Resources

Methods for nutrition education can include speakers, newsletters, printed materials, bulletin boards, displays, videos, the Internet, etc. The educational materials can be self-generated or materials may be obtained from various nutrition oriented agencies and entities. The following are examples:

<table>
<thead>
<tr>
<th>The American Dietetic Association</th>
<th>The Oregon Dairy Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>216 West Jackson Blvd., 7th Floor</td>
<td>10505 SW Barbur Blvd.</td>
</tr>
<tr>
<td>Chicago, IL 60606</td>
<td>Portland, OR 97219</td>
</tr>
<tr>
<td><a href="http://www.eatright.org">www.eatright.org</a></td>
<td><a href="http://www.oregondairycouncil.org">www.oregondairycouncil.org</a></td>
</tr>
<tr>
<td>Phone: 1-800-877-1600</td>
<td>Phone: 1-503-229-5033</td>
</tr>
<tr>
<td>Fax: 1-312-899-4899</td>
<td>Fax: 1-503-245-7916</td>
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<table>
<thead>
<tr>
<th>Nasco Nutrition Teaching Aids</th>
<th>NCES, Inc.</th>
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</thead>
<tbody>
<tr>
<td>4825 Stoddard Road</td>
<td>1904 East 123rd Street</td>
</tr>
<tr>
<td>Modesto, CA 95356-9318</td>
<td>Olathe, KS 66061-5886</td>
</tr>
<tr>
<td><a href="http://www.enasco.com/nutrition">www.enasco.com/nutrition</a></td>
<td><a href="http://www.ncescatalog.com">www.ncescatalog.com</a></td>
</tr>
<tr>
<td>Phone: 1-209-545-1600</td>
<td>Phone: 1-877-623-7266</td>
</tr>
<tr>
<td>Fax: 1-209-545-1669</td>
<td>Fax: 1-800-251-9349</td>
</tr>
</tbody>
</table>
7. Other websites that can provide nutrition education materials include:

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
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<tbody>
<tr>
<td><a href="http://www.diabetes.org">www.diabetes.org</a></td>
<td>American Diabetes Association website</td>
</tr>
<tr>
<td><a href="http://www.cnpp.usda.gov/Dietaryguidelines.htm">www.cnpp.usda.gov/Dietaryguidelines.htm</a></td>
<td>USDA website, information about the Dietary Guidelines for Americans and the RDA’s for seniors</td>
</tr>
<tr>
<td><a href="http://www.pueblo.gsa.gov">www.pueblo.gsa.gov</a></td>
<td>Government website with information both free and for a fee</td>
</tr>
<tr>
<td><a href="http://www.my.webmd.com/nutrition">www.my.webmd.com/nutrition</a></td>
<td>Information about nutrition and disease</td>
</tr>
<tr>
<td><a href="http://www.aarp.org/healthguide">www.aarp.org/healthguide</a></td>
<td>General nutrition and wellness information for seniors</td>
</tr>
<tr>
<td><a href="http://www.health.gov/nhic">www.health.gov/nhic</a></td>
<td>Federal health website, general information and a calendar with monthly national health observances</td>
</tr>
<tr>
<td><a href="http://www.cdc.gov/nccdphp">www.cdc.gov/nccdphp</a></td>
<td>Chronic disease information</td>
</tr>
<tr>
<td><a href="http://www.cdc.gov/health/diseases.htm">www.cdc.gov/health/diseases.htm</a></td>
<td>An alphabetized listing of diseases and information about the diseases</td>
</tr>
<tr>
<td><a href="http://extension.oregonstate.edu/fcd">http://extension.oregonstate.edu/fcd</a></td>
<td>Nutrition and food safety resources</td>
</tr>
<tr>
<td><a href="http://extension.oregonstate.edu/locations.php">http://extension.oregonstate.edu/locations.php</a></td>
<td>Location search for county extension centers in Oregon</td>
</tr>
<tr>
<td><a href="http://www.fsis.usda.gov">www.fsis.usda.gov</a></td>
<td>Food safety information for consumers from the U.S. Department of Agriculture</td>
</tr>
</tbody>
</table>

8. Information from these groups can be used to promote appropriate nutritional practices and prevention of chronic diseases in the population served. Information may be provided on a site-wide, group, or individual basis depending on the goals of the provider. *2005 Dietary Guidelines, Recommended Dietary Allowance (RDA), and Dietary Reference Intake (DRI)* information, explanation and education are available at: [www.nal.usda.gov/fnic/etext/000105.html](http://www.nal.usda.gov/fnic/etext/000105.html) and [http://nutritionandaging.fiu.edu](http://nutritionandaging.fiu.edu).
9. Various aspects of nutrition may be chosen during particular months of the year. The federal NHIC website calendar provides some focus and opens avenues for the coordination of events with health care providers for increased impact of nutrition education programs.

10. Links on the above listed websites can also take seekers to additional sources of information.

11. Nutrition Counseling

A more specialized activity that may be included as a component of the nutrition education program is nutritional counseling.

12. The Administration on Aging defines nutrition counseling as the provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use, or chronic illness, about options and methods for improving nutritional status, performed by a health professional in accordance with state law and policy.

13. Nutritional counseling is the process of providing individualized, professional guidance to assist elders in adjusting their daily food consumption to meet their health needs. The objective of nutritional counseling is modification of behavior. This objective is accomplished when individuals understand how to make wise food choices.

14. Nutritional counseling is an important component of a nutritional care program in which a Registered Dietitian gives professional guidance to an individual as part of a physician’s treatment plan. The service includes:

a. Assessing present food habits, eating practices and related factors.
b. Developing a written plan for appropriate nutritional counseling.
c. Translating the written plan with the individual.
d. Planning follow-up care and evaluating achievement of objectives.

15. Nutrition counseling may be provided to participants where appropriate.

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5 OAA SECTION 339 Nutrition – (2) ensure that the project— (J) provide for nutrition screening and, where appropriate, for nutrition education and counseling.

6 The definition of “nutrition counseling” was retrieved from the Administration on Aging website at: http://nutritionandaging.fiu.edu/OANP_Toolkit.
16. Nutrition projects shall maintain the following documentation of nutrition counseling and education:

   a. Documentation for congregate meals sites shall include:
      - Date of presentation or distribution of materials
      - Name and title of presenter or title of materials distributed
      - Topic discussed (if applicable)
      - Number of persons in attendance

   b. Documentation for home-delivered meals shall include:
      - Date of distribution
      - Copy of distributed materials
      - Number of participants receiving materials

17. Nutrition Outreach

Nutrition outreach is designed to seek out and identify, on an ongoing basis, the maximum number of eligible individuals. Outreach activities will ensure that the maximum number of eligible individuals in the program area have the opportunity to participate in nutrition services.

**Menus and Menu Planning**

1. Each meal served by the Older Americans Act funded nutrition services provider must meet the *2005 Dietary Guidelines* and must contain at least one-third of the current Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Science-National Research Council.


3. Further specification states that a minimum of 33\(\frac{1}{3}\) percent of the recommended allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences be present if one meal per day is provided. If two meals are provided, 66\(\frac{2}{3}\) percent will be included, and if all 3 meals are provided, 100 percent of the RDA must be met.

4. The new Dietary Reference Intakes (DRIs) provide values for men and women aged 51-70 and over 70 years. The DRI values include an RDA or an Adequate Intake for nutrients with no established RDA, and a Tolerable Upper Intake Level. For more information, please refer to: [www.nal.usda.gov/fnic/etext/000105.html](http://www.nal.usda.gov/fnic/etext/000105.html) and [http://nutritionandaging.fiu.edu](http://nutritionandaging.fiu.edu).
5. The newer DRIs include RDAs for older adults that are higher than the 1989 RDAs for vitamins B-12, C, D, E, K, folate, calcium, and magnesium. The DRIs provide equations to calculate an individual’s energy requirements based on activity level (the EER).

6. Special needs of the elderly must be considered in menu planning. To help ensure that menus will address the nutritional needs of the elderly, menu planning should be designed to:
   a. Include a variety of foods.
   b. Avoid too much fat, saturated fat, and cholesterol.
   c. Include foods with adequate complex carbohydrates and fiber.
   d. Avoid too much refined carbohydrates (sugars).
   e. Avoid too much sodium.
   f. Provide an appropriate number of calories to help maintain ideal body weight.

7. Meal Patterns

A menu pattern is best used as a menu-planning tool rather than as a standard for nutrition adequacy or as a compliance tool. Menus should be planned and written for a minimum of four weeks and be certified and then signed by a Registered Dietician or Nutritionist.  

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7 OAA Section 339 Nutrition B A State that establishes and operates a nutrition project under this chapter shall (1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and (2) ensure that the project—

(A) provides meals that—
   (i) comply with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and
   (ii) provide to each participating older individual—
      (I) a minimum of 33⅓ percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
      (II) a minimum of 66⅔ percent of the allowances if the project provides two meals per day, and
      (III) 100 percent of the allowances if the project provides three meals per day, and
   (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.
8. The Dietician or Nutritionist will certify that each meal will meet one-third of the Recommended Dietary Allowances.

   a. Each meal certified as having met the nutrient requirements should be served as written.
   
   b. Food substitutions should be infrequent, of similar nutritional value, not reduce or radically alter the nutritional content, and consultation and approval by a Registered Dietician or Nutritionist shall be sought.
   
   c. Any departure from the certified menu must be documented and initialed on the nutrition providers official file copy of the menu and/or nutrient analysis form.

9. A food identified and counted in one food group category cannot be counted as a food in another food group category. The following are examples:

   - A fruit identified as dessert cannot also be counted toward a service of fruits and vegetables. Also, specific foods must be listed on the menu pattern form to enable the dietician to properly evaluate daily menus.
   
   - Listing “fruit in season” is not adequate for the dietician to make a specific determination of the menu items.

10. The updated sample meal pattern below is based on the newer DRIs. It provides approximately 685 calories per meal. The number of servings for each food group is based on USDA’s Food Guide: Background and Development, Table 5 Nutrient Profiles for Food Groups and Subgroup Composites.
11. The following sample meal pattern does NOT ensure that the necessary 1/3 of the DRIs are met, but serves as an example of food groups and recommended servings.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Servings per Meal</th>
<th>Dietary Guidelines Servings per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread, cereal, rice, pasta</td>
<td>1 slice bread</td>
<td>6 or more servings daily*</td>
</tr>
<tr>
<td></td>
<td>2 cooked rice or pasta</td>
<td>Include whole grains and fortified foods, such as brown rice, 100% WW bread, and bran product.</td>
</tr>
<tr>
<td></td>
<td>2 cups cooked cereal</td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>2 cups chopped or cooked</td>
<td>3 or more servings daily*</td>
</tr>
<tr>
<td></td>
<td>1 cup raw leafy vegetables</td>
<td>Look for dark green, red, orange and/or yellow for best nutrients.</td>
</tr>
<tr>
<td>Fruits</td>
<td>1 medium fruit</td>
<td>2 or more servings*</td>
</tr>
<tr>
<td></td>
<td>3/4 cup fruit juice</td>
<td>Deep-colored fruit typically has more nutrients.</td>
</tr>
<tr>
<td></td>
<td>2 cup canned fruit</td>
<td></td>
</tr>
<tr>
<td>Milk, yogurt, and cheese</td>
<td>1 cup milk or yogurt</td>
<td>3 or more servings*</td>
</tr>
<tr>
<td></td>
<td>1 to 2 ounces cheese</td>
<td>Select low or nonfat products.</td>
</tr>
<tr>
<td>Meat, poultry, fish, dry beans, eggs, and nuts</td>
<td>2 to 3 ounces meat, poultry or fish 1 to 1-1/2 cups cooked dried beans 2 eggs 4 Tablespoons peanut butter</td>
<td>2 or more servings Include lean/lower fat choices of meat, beans are good source of fiber, protein and other nutrients.</td>
</tr>
</tbody>
</table>

*Sedentary adults need the smaller number of servings. Limit fats, oils and sweets. Select and prepare foods with less salt or sodium. See Tufts University’s modified Food Guide Pyramid for Older Adults at: [http://nutrition.tufts.edu/docs/pdf/releases/071220_ModifiedMyPyramid.pdf](http://nutrition.tufts.edu/docs/pdf/releases/071220_ModifiedMyPyramid.pdf).

12. AAA’s are encouraged to evaluate meals for meeting nutritional requirements using computer-assisted nutrient analysis and Registered Dieticians (or individuals with comparable experience) to ensure nutrient adequacy of meals. There are a variety of nutrient analysis and meal production software products available. Some examples can be found at:

- Computrition: [www.computrition.com](http://www.computrition.com)
- Food Processor, ESHA Research: [www.esha.com](http://www.esha.com)
- DINE Healthy: [www.dinesystems.com](http://www.dinesystems.com)
- Mealformation Software: [www.mealformation.com](http://www.mealformation.com)
- NutriBase Software: [www.nutribase.com](http://www.nutribase.com)
13. Sample Menus

Below are three different kinds of menus which meet/exceed the requirement for 1/3 of the Recommended Dietary Allowance and the Dietary Reference Intake. One is a traditional meal, one is a salad type menu, and the final is a soup and sandwich menu.

a. Traditional Meal
   - 2 c. tossed salad with oil and vinegar or other low salt dressing.
   - 1 Tbsp. of salad dressing
   - 2 c. pasta (enriched spaghetti or rotini)
   - 2 c. tomato-based spaghetti sauce with 2 oz. meat as ground meat or meat balls and 1 oz. shredded cheese as a topper
   - 2 c. green beans (Frozen beans are lower in sodium.)
   - 1 slice French-type bread with 1 tsp. margarine or butter
   - 8 oz. 1% milk
   - 2-3 oz. carrot cake

b. Salad-Type Meal
   - 1/2 c. cottage cheese (low sodium if available and tolerated)
   - 1 c. mixed salad greens (spinach, romaine, or loose leaf lettuce)
   - orange sections equivalent to one medium orange
   - 1/3 c. mixed diced dried fruit
   - 2 Tbsp. carrots
   - 1 bran muffin
   - 1 tsp. margarine or butter
   - 8 oz. 1% milk
   - 1-2 oz. brownie

c. Soup and Sandwich Meal
   - 2 slices of white or wheat bread
   - 2-3 slices tomato
   - 2 lettuce leaves (romaine is higher in Vitamin A)
   - 3 oz. roast beef
   - 8 oz. split-pea soup
   - 8 oz. 1% milk
   - 2 c. pear halves (2)
14. Beverages that are generally available at congregate sites do not contribute to the nutrient intake of the meal; however, they do enhance fluid intake of participants.

15. Use herbs and spices to flavor foods and limit the total amount of sodium per meal.

16. If all “from scratch” cooking is taking place in a facility, it is much easier to control the sodium intake than if processed foods are incorporated into the meals. These menus are for a general/regular diet. A variety of meal types are available due to computer menu analysis. Standardized recipes that support the menu and recommendations should be used and available.

17. Special Menus

To the maximum extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference and provide flexibility in designing meals that are appealing to program participants.

18. Supplements and Use of OAA Funds

OAA may fund nutritional supplements (liquid supplements) only with limited usage. Conventional meals are highly preferred over supplements. Supplements may not replace a meal except by a physician’s order or emergency/disaster situation if a meal cannot be provided. Supplements are to be used only in extenuating circumstances. Regular follow-up is required by a Registered Dietitian or Registered Nurse. Supplements are optional per agency discretion.

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8 OAA Section 339 Nutrition B A State that establishes and operates a nutrition project under this chapter shall (1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and (2) ensure that the project—
(A) provides meals that—
(iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.
Food Service, Sanitation and Safety

Sanitation/Safety Requirements for Central Kitchens and Congregate Meal Sites

1. Compliance with applicable federal, state and local fire, health, sanitation, safety and building codes, regulations, licensor requirements, and other provisions relating to the public health, safety, and welfare of meal patrons is required in all stages of food service operation.

2. Inspection Reports: Copies of all current inspection reports by health department staff, registered sanitarian, or fire officials should be kept on file by the provider and posted at the meal site.

3. Temperature checks should be taken with a food thermometer daily at the time food leaves the production area, upon arrival if food is prepared off site, and again at serving time. Records of these temperatures checks should be kept in the nutrition program files.

4. Each meal site is required by state sanitation laws to control access to the kitchen to those who work in it.

5. Foods must be prepared, served and transported with the least possible manual contact, with suitable utensils, and on surfaces that prior to use have been cleaned, rinsed and sanitized to prevent cross contamination.

6. Effective procedures for sanitizing dishes, equipment, and work areas should be written, posted, and followed consistently.

7. Hot food items must be maintained at or above 140 degrees Fahrenheit and cold food items must be maintained at or below 41 degrees Fahrenheit throughout the period of meal service. In order to retain maximum nutritional value and food quality, foods should be served as soon as possible after preparation.
Sanitation/Safety Requirements for Home-Delivered Meals

1. When home-delivered meals are dispatched from a congregate meal site, they shall be individually plated, packaged, and prepared for transportation prior to the serving of the congregate meal. Delivery of each meal will be in accordance with the following procedures:

   a. The meal will be delivered directly to the participant or as otherwise directed by the participant in accordance with food safety guidelines.

   b. Hot food items must be maintained at or above 140 degrees Fahrenheit and cold food items must be maintained at or below 41 degrees Fahrenheit throughout the period of delivery service will ensure recording of delivery of each meal to each participant.

   c. The AAA shall develop procedure for taking and documenting meal temperature of the last meal served on each route.

Meal Packaging Supplies and Carriers

1. Meal packaging supplies and carriers will be used that ensure hot foods are packaged and transported in separate carriers from cold foods.

2. Meal carriers used to transport food will be enclosed and equipped with insulation and supplemental hot or cold sources as needed to maintain appropriate temperatures.

3. Meal carriers will be cleaned and sanitized daily.

4. Refrigerated Foods

   Food requiring refrigeration will be pre-chilled in less than 4 hours and held at/or below 40 degrees Fahrenheit throughout transport.

5. Hot Foods

   Food requiring heated storage will be held at or above 140 degrees Fahrenheit throughout transport.
Nutrition Services Incentive Program Meals (formerly USDA Meals)

USDA Becomes Nutrition Services Incentive Program

The Nutrition Services Incentive Program (NSIP)\(^9\) was administered by the United States Department of Agriculture (USDA) until 2003 when the OAA was amended to transfer the NSIP from the USDA to the Administration on Aging (AoA) within the Department of Health and Human Services (HHS).

1. Eligibility

   Meals eligible for NSIP funds must be served by a nutrition service provider that is under the jurisdiction, control, management and audit authority of the Area Agency on Aging (AAA)

   a. Meals eligible for NSIP reimbursement are those meals served to eligible persons, as defined by the Older Americans Act (OAA). See OAA Meals Eligibility Criteria.

   b. Meals paid with Title XIX or private reimbursement programs are not eligible for NSIP reimbursement.

   c. The AAA must establish a systematic method for documenting the number of meals served to qualify for receipt of NSIP reimbursement. NSIP reimbursement may not be used to supplant funds previously earmarked for services for older individuals. NSIP funds must be used to expand meal services through purchase of foods of United States origin and/or other U.S. agricultural commodities.

   d. Any Nutrition Services provider receiving NSIP reimbursement must operate in compliance with all federal requirements and state operating standards pertaining to the congregate and Home-Delivered Meal Program.

2. Reimbursement of NSIP Funds

   Reimbursement from the State of Oregon Department of Human Services, Seniors & People with Disabilities shall be disbursed as requested monthly by the AAA. The service provider must expend NSIP funds according to state guidelines, before using state or federal funds or program income.

\(^9\) SECTION 311 (42 U.S.C. 3030a) NUTRITION SERVICES INCENTIVE PROGRAM
(a) The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.
Meal Donations

1. Voluntary contributions shall be allowed and may be solicited provided that the method of solicitation is non-coercive. OAA Section 315(b)(1) The area agency on aging and service providers shall not deny services to any individual who does not contribute to the cost of the service, nor conduct means testing to determine eligibility. OAA Section 315(b)(3)

2. A clearly visible and easy-to-read sign may be posted near the entrance and/or the sign-in area stating the actual cost of the meal, suggested donation and statement that meal recipients under 60 must pay the full cost of the meal.

3. Volunteers offered the option of a meal on the same basis as meals provided to participating older individuals, should be encouraged to donate towards the cost of their meal.

4. Donations for Congregate Programs

   Nutrition providers will develop a strategy that allows meal participants an opportunity to voluntarily contribute to the cost of the service while protecting the privacy and confidentiality of each participant with respect to whether a contribution was made or not made. Nutrition providers shall clearly inform each meal participant that there is no obligation to contribute and that the contribution for congregate meal(s) is purely voluntary. OAA Section 314(b)(4)(C)

5. Donations for Home-Delivered Programs

   a. Nutrition providers shall develop a strategy that allows homed delivered meal participants an opportunity to voluntarily contribute to the cost of the service while protecting the privacy and confidentiality of each participant with respect to whether a contribution was made or not made. Nutrition providers shall clearly inform each meal participant that there is no obligation to contribute and that the contribution for congregate meal(s) is purely voluntary. OAA Section 314(b)(4)(B-C)

   b. Drivers receiving contributions from meal recipients should be instructed to bring all donations back to the meal site and given to the appropriate person.
Use of Program Income

1. Program income includes all participant donations for meals. Programs funded in whole or in part by Older Americans Act receive program income in the form of donations. Appropriate procedures to safeguard and account for all contributions shall be established and all collected contributions shall be used to expand the service for which the contributions were given. OAA Section 314(b)(4)(D)

2. All program income shall be used within the program year in which it is received and shall be used before federal, state or local funds are used. OAA Section 314(b)(4)(E)

3. Program income shall be documented in the service provider’s financial records in the same manner as all other federal, state or local funds. Program income shall be reported on the monthly financial reports to SPD as required.

Administrative and Program Requirements

1. The Older Americans Act Section 307(a)(7)(A) requires assurance of fiscal control and fund accounting procedures to ensure proper disbursement of, and accounting for federal funds paid to contract or grant recipients. Required methodologies shall be:
   a. AAA shall have a process for monitoring the program budget and making adjustments, as needed;
   b. AAA shall have a procedure for reconciling meal counts and sub-contractor invoices to ensure accuracy; and
   c. AAA or nutrition provider has a system in place that reduces the risk of fraud or mishandling of contribution/donations.

2. Section 339 of the Older Americans Act requires that the program:
   a. Solicits the advice of a dietitian or individual with comparable expertise in the planning of nutritional services;
   b. Provides meals that comply with current Dietary Guidelines for Americans published by the Secretary and the Secretary of Agriculture and the Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research;
   c. Provides to each participating older individual a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the program provides one meal per day;
   d. Provides minimum of two-thirds of the allowances if the program includes two meals per day;
   e. Provides 100 percent of the allowances if the program includes three meals per day;
f. To the maximum extent feasible, is adjusted to meet any special dietary needs of program participants;
g. Provides meals that are appealing to program participants;
h. Enters into contracts that limit the amount of time meals must spend in transit before they are consumed;
i. Provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals= residences as feasible;
j. Complies with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment and supplies used in the storage, preparation, service, and delivery of meals to an older individual;
k. Ensures that meal providers carry out such services with the consideration of meal participants and other individuals knowledgeable with regard to the needs of older individuals;
l. Ensures that each participating AAA establish procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to the child of individuals with disabilities who reside at home with individuals eligible under OAA guidelines;
m. Ensures that nutrition services will be available to older individuals and to their spouses, and to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided; and
n. Provides for nutrition screening and, where appropriate, for nutrition education and counseling.

3. When a meal site is to be permanently closed, the following procedure must be followed:

a. The program must notify the Oregon Department of Human Services (DHS), State Unit on Aging and local AAA in writing of the intent to close a meal site in advance of notifying participants;
b. The program must present a rationale for closing the meal site which is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources, or other justifiable reason;
c. The Oregon DHS, State Unit on Aging and/or AAA will review the rationale and determine that all options for keeping the site open or relocating have been exhausted. If there remains a need for service in the area that was served by the meal site, efforts will be made to develop a new meal site and/or assist participants to attend another existing meal site;
d. The DHS, State Unit on Aging and/or AAA will approve in writing the closing of all meal sites operating with funds awarded from DHS and notify DHS of all meal site closings. If a meal site to be closed is located in an area where low-income and/or minority persons constitute 25% or more of the population, or if low income and/or minority persons constituted more than 25% of meal participants served over the past twelve months, DHS must also approve in writing the closing of the meal site; and

e. The program must notify participants at a meal site to be closed of the intent to close the site at least 30 days prior to the last day of meal service.

**Participant Input**

Each service provider will establish a means of soliciting participant input on appropriate matters relating to Congregate and Home-Delivered Nutrition Program services. Information may be obtained through focus groups, advisory councils, suggestion boxes, or surveys. Suggestions may also come from food production staff, site managers, home-delivered meal drivers, and food purveyors.

**Nutrition Advisory Council**

1. Each AAA shall establish a nutrition advisory council. The nutrition advisory council may be a sub-committee of an existing advisory council. The nutrition program may also set up a separate advisory council for home-delivered meals representation, if feasible.

2. The nutrition advisory council shall advise the nutrition director on all matters relating to the delivery of nutrition and nutrition supportive services within the program area. All recommendations and suggestions of the council must be in accord with federal and state policies and take into consideration the nutrition budget.

3. **Suggested Council role and Responsibilities**

   a. Make recommendations to the nutrition director regarding the food preference of participants;
   b. Make recommendations to the nutrition director and the aging unit regarding days and hours of meal site operations and site locations;
   c. Make recommendations to the nutrition director regarding meal site furnishings with regard to the disabled or physically challenged participants;
   d. Conduct at a minimum, annual on-site review of each meal site to ensure compliance in the program;
   e. Advise and make recommendations to the nutrition director and aging unit regarding supportive social services to be conducted at meal sites;
   f. As an organized group, give support and assistance to the ongoing development of the nutrition program;
g. Represent and speak on behalf of nutrition participants and program; and

h. As a liaison group, act as a communication clearinghouse between the nutrition program and the general public.

**NAPIS Reporting**

1. **National Aging Program Information System (NAPIS)**

   AAA’s shall collect and report Older Americans Act client information using the Oregon ACCESS client database. SPD, as the federally designated State Unit on Aging, is required to submit aggregate OAA client information annually to the National Aging Program Information System (NAPIS). SPD has developed the SPR computer program to compile and aggregate the OAA data in the required format for NAPIS.

   The required NAPIS data should be collected annually on each participant. NAPIS data for new meal site participants should be remitted to the area agency on a monthly basis for data entry to Oregon Access, unless there is another agreement between the project and area agency to submit this information using an alternative method. The NAPIS intake form can be obtained from the DHS forms website at: [http://dhsforms.hr.state.or.us/forms/databases/findforms.htm](http://dhsforms.hr.state.or.us/forms/databases/findforms.htm). Search by the form number: **SDS 0001** or the title: **NAPIS**. The form name is **NAPIS Registration Record**.

2. **NAPIS Definitions**

   The Aging Network, part of the Department of Health and Human Services, Administration on Aging, has issued several definitions of services that must be reported through NAPIS. This guide will focus only on those definitions that relate to the Nutrition Programs (Title III of the Older Americans Act).

3. **Minority Status:** Minority older persons are confined to the following designations:

   a. Black or African American: A person having origins in any of the black racial groups of Africa.

   b. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, or South or Central American, or other Spanish culture or origin, regardless of race.

   c. American Indian or Alaska Native: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
d. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

e. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

4. Impairments in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision, or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

5. Impairments in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, supervision, or cues: preparing meals, shopping for personal items, medications management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.

6. Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

7. Home-Delivered Meals: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the Nutrition Services Incentive Program (NSIP) meal reimbursement, but they are included in the total meal counts.

8. Congregate Meals: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the Nutrition Services Incentive Program (NSIP) meals reimbursement, but they are included in the total meal counts.

9. Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a Registered Dietician or licensed nutritionist and addresses the options and methods for improving nutrition status.
10. Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a Registered Dietician or individual of comparable expertise.

11. Nutrition Services Incentive Program (NSIP) Meals: A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that:

   a. It has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation;
   b. It is compliant with the nutrition requirements;
   c. It is served by an eligible agency; and
   d. It is served to an individual who has an opportunity to contribute.

Meal counts include all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home-delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.

12. For additional information regarding NAPIS reporting, please refer to the following Administration on Aging website at:

   www.aoa.gov/AoAroot/Program_Results/SPR/Reporting_Tools.aspx.
Appendix A: OAA Nutrition Screening Survey

The OAA Nutrition Screening Survey includes the following questions:

For all YES answers that apply to you or someone you know, circle the number at the end of the question. Total all your circled numbers (YES answers). This is the Total Nutritional Score.

<table>
<thead>
<tr>
<th>Questions</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have an illness / condition that made me change the kind and/or amount of food I eat.</td>
<td>2</td>
</tr>
<tr>
<td>I eat fewer than two meals per day.</td>
<td>3</td>
</tr>
<tr>
<td>I eat few fruits, vegetables or milk products.</td>
<td>2</td>
</tr>
<tr>
<td>I have three or more drinks of beer, liquor or wine almost every day.</td>
<td>2</td>
</tr>
<tr>
<td>I have tooth or mouth problems that make it hard for me to eat.</td>
<td>2</td>
</tr>
<tr>
<td>I don't always have enough money to buy the food I need.</td>
<td>4</td>
</tr>
<tr>
<td>I eat alone most of the time.</td>
<td>1</td>
</tr>
<tr>
<td>I take three or more different prescribed or over-the-counter drugs a day.</td>
<td>1</td>
</tr>
<tr>
<td>Without wanting to, I have lost or gained 10 pounds in the last six months.</td>
<td>2</td>
</tr>
<tr>
<td>I am not always physically able to shop, cook and/or feed myself.</td>
<td>2</td>
</tr>
</tbody>
</table>

TOTAL =

- **NOTE:** This questionnaire is part of the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, American Dietetic Association, and National Council on Aging. It is funded in part by a grant from Ross Products Division, Abbott Laboratories.

Total your nutritional score. If it's:

- **0-2** – Good! Recheck the nutritional score in six months.
- **3-5** – You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, or health department can help. Recheck the nutritional score in three months.
- **6 or more** – You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietician or other qualified health, or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.