Meal Box ToolKit

A Replication Toolkit

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Connecting Older Adults with Community-based Resources and Options

The Area Agency on Aging of Suburban Cook County, since 1974

1048 Lake Street, Suite 300
Oak Park, Illinois 60301-1102
phone (800)699-9043
(708)383-0258
fax (708)524-0870
TTY (708)524-1653
www.ageoptions.org

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About the ToolKit

Initiated with federal Administration for Community Living Grant #90INNU 0024-01-00 under CFDA#93-048 Special Programs for the Aging Title IV and Tile III Discretionary Projects, Nutrition Innovations, AgeOptions demonstrated a project labeled as Title III C 1.5 Nutrition Innovations. It began in September 2020 and continued through December 2023.
Currently, the program is operational.

The project involved research and demonstrations leading to implementation. It is a nutrition program which we believe helps to fill a gap between congregate and home delivered meals. At the time this tool kit is being written, over 530 older adults in our service area are receiving weekly meal box kit deliveries of food for 21 meals per week representing breakfast, lunch and dinner and when prepared, each meal meets 1/3 of daily nutrition. Because of the array of ethnicities and cultures in our service area, several cuisines were identified and are being provided.

This tool kit provides you with the background to our initiative and details each step AgeOptions took to assess through surveys, food preferences, participant satisfaction and compliance.

In addition, this tool kit provides you with menus and a plug-and-play spreadsheet to create weekly menus. It also contains easy to follow recipes for many of the meals that appear on our menus.

Also included are many of the surveys we used to collect our data to fashion our menus and various documents developed explaining the program. This supports our vision of Title III C 1.5 to fit between congregate and home delivered meals meeting a niche of participant that has limited mobility, socially isolated, lacks transportation, the physical and/or mental capacity to shop, but has the interest and desire to cook. A sample referral form used by the assessor entities to make referrals to the program is also included.

Whether you develop and implement our fully developed program or consider perhaps providing 1/3 or 2/3rds of daily nutrition, this program should be replicable almost anywhere in the United States.

You will also find in the appendices many of our presentations given at local, state and national conferences.

A key challenge heard at every presentation given to colleagues in the aging network was, "how is this program paid for?" AgeOptions was fortunate to receive initial funding under the COVID 19 Public Health Emergency order and then through our grant. We currently are able to provide the program through the generosity of state funds granted by our Illinois General Assembly and the flexibility allowed by our Illinois Department on Aging. Current Older Americans Act funding does allow for Title III B funds to be used. It is hoped that future funding will emerge from Title III C of the Older Americans Act.

Following the lifting of the Public Health Emergency order, AgeOptions advocated to the Illinois Department on Aging (IDoA) to continue the meal box program. IDoA graciously agreed to provide flexibility and allows AgeOptions to fund the meal box program using State of Illinois General Revenue funds under III-B gap filling services. The meal box kits do not receive funding through the Nutrition Services Incentive Program (NSIP) because meal box kits are funded under the Title III-B and do not meet the Title III-C requirement of prepared meals. We continue to advocate to include meal box kits as part of Title III-C of the Older Americans' Act funding.

Background

AgeOptions, the Area Agency on Aging serving close to 600,000 older adults in suburban Cook County, Illinois surrounding the City of Chicago identified a gap in nutrition options under the Older Americans Act. Specifically, there is a cohort of older adults who are challenged in shopping and transportation, have limited or no support who can assist with shopping and transportation. However, these same individuals have the ability and desire to preserve their cooking skills and maintain their independence.

Persons who are less challenged, particularly with transportation and mobility, are candidates for participation in congregate dining. This program generally offers a nutritious meal, representing 1/3 of daily nutrition and an opportunity to engage in activities that promote socialization.

For people who are challenged with food preparation and grocery shopping because of an inability to carry packages and/or push a shopping cart and have no one to perform these tasks for them are traditional candidates for home delivered meals. Similar to congregate dining, people participating in home delivered meals traditionally receive 1/3 of their daily nutrition in a prepared fresh or frozen entre.

Both nutritional options of congregate and home delivered meals meet a well-established need. However, reports indicate that the food provided is not always exactly what the older adult customer wants. They have the ability and desire to cook. As such, some of the prepared food provided in a home delivered meal goes to waste. Home delivered and congregate programs traditionally offer one meal a day or 1/3 of an individual's daily nutrition requirements. Where does a participant in one of these programs get their other nutritional needs met? Possibly from other less nutritious foods.

As described, congregate dining is funded through Title III C 1 and Home Delivered Meals are funded through Title III C 2 of the Older Americans Act. To serve the gap AgeOptions identified between C 1 and C 2, we labeled our demonstration as Title III C 1.5.

AgeOptions researched and tested our Title III C 1.5 initiative at every step of the development and implementation processes. This occurred through pilot

demonstrations. We developed a comprehensive meal kit program that we believe can be replicated most anywhere in the United States and fills the gap between Title C 1 and C 2.

Goals and Objectives

1. Targeting an unmet need through an alternative delivery mechanism using unique partnerships.
2. Providing a new lower cost decreased overhead option of 21 meals per week.
3. Decreasing food waste; increasing consumption.
4. Targeting an ethnically, racially diverse and limited English-speaking older adults and those with chronic conditions requiring tailor-made diets of fresh, frozen, and shelf stable food.
5. Providing opportunities for socialization.

There were five major goals in the Title III C 1.5 demonstration.

1. **Targeting an unmet need through an alternative delivery mechanism using unique partnerships.**

A goal of the AgeOptions demonstration was to create an additional category of nutrition in addition to congregate and home delivered meals and flexibility in funding under the Older Americans Act. This represents a modernization of our nutrition infrastructure.

2. **Providing a new lower cost decreased overhead option of 21 meals per week.**

The cost per meal for congregate and home delivered meals ranges from $10.00 to $12.00 or more per prepared meal. The cost for each meal in the AgeOptions demonstration ranges from $4.00 to less than $6.00 per meal. The meal costs might be less in less inflationary times.

3. **Decreasing food waste; increasing consumption.**
4. **Targeting ethnically, racially diverse, and limited English-speaking older adults and those with chronic conditions requiring tailor-made diets of fresh, frozen, and shelf stable food.**

The demonstration had a goal of decreasing food waste, by providing food in response to a participant's food and dietary preferences. In the demonstration program, several cuisines were developed in response to the ethnic diversity found in our area. These included a general non-ethnic option, Black/African American, Halal, Korean, Kosher, and Latin cuisines. The primary difference in these cuisines revolves around the food choices for each of the food groups and the addition of traditional spices used in the different

cuisines. By tailoring food to these ethnic populations, the demonstration helped reduce food waste and satisfied our target of providing food to ethnically, racially and limited English-speaking populations.

All menus were curated in collaboration with a licensed dietician to ensure they meet federal daily nutrition requirements. A heart healthful, low sodium diet emerged for all our cuisines. Still under development are renal friendly, gluten-free and vegetarian. The types of diets were largely identified from our surveys. A recommendation would be to identify medically tailored menus important in your community.

Another goal that was inherent in our demonstration was to provide nutritious fresh and frozen foods representing all the important food groupings and as required in the federal nutrition standards. The dietitian on our team developed what we refer to as a plug-and-play menu. For example, rather than placing green beans on the menu, the plug-and-play menu states green vegetable. This is an important element as it allows for the entity that is sourcing the food to provide the most economical food available for that week.

5. Providing opportunities for socialization

All our AgeOptions programs have a goal of reaching people who are socially isolated and would benefit from activities to increase socialization. While the meal boxes are for persons who have difficulty getting out in the community, on a regular frequency, flyers were inserted in the boxes encouraging meal box participants to join on-line programming addressing social isolation and encouraging socialization through on-line formats.

The hope is that as the program grows, on-line cooking classes could be included, as well as the sharing of recipes amongst program participants.

Models

Three models emerged from the AgeOptions initiative.

a. **Single provider model** who sources, packages and delivers the food.

b. **Grocery store model** who sources, packages and may or may not deliver the food. If the grocery store is unable to deliver, volunteers or a delivery service could be utilized.

c. **A hybrid model**, likely a community-based organization who sources, packages and may or may not deliver the food. Here again, if the community-based organization is unable to deliver, volunteers or a delivery service could be utilized. This option was utilized for a couple of our ethnic cuisines which will be described later in this tool kit.

In the Chicagoland area, AgeOptions was fortunate to identify and engage a single provider who is able to source, package and deliver. For one of our ethnic cuisines, the Kosher program, we identified a Kosher grocery store who sources and packages the food, and our single provider for all of our other cuisines is delivering the meal box kits. This deviation from our single provider was necessary in order to meet Kosher standards where the food and boxing was under religious supervision. However, it is believed that the Grocery store and the Community-based organization models as described above are applicable in most locations if no single source provider is available in your community.

- **Single Provider Model:** One entity sources, packs, stores, and delivers meal box kits. Entity also manages administrative responsibilities.
- **Grocery Store Model:** Traditional grocery store sources, packs, and stores meal box kits. Delivery may be outsourced to a different entity. Administrative responsibilities fall under different partnership.
- **Hybrid Model:** Multiple entities involved in meal box kit sourcing, packing, storing, and delivery.

Program Components

Pilot Demonstrations

Once the menu and available food sources, packing and delivery mechanisms were secured, we conducted two-week demonstration pilots to determine the effectiveness of our initiative in terms of meeting stated goals. In summary, pilot participants did provide further feedback on the food, compliance with following the menus and preparing and eating of the foods. The feedback again was obtained through the return of surveys. The results informed us as we moved towards implementation.

Every menu was curated and reviewed by our licensed dietitian to assure that each individual meal met 1/3 of daily nutrition. This is a critical element. As discussed further in the Tool Kit, we wanted to provide food for a balanced meal and not simply food. Because of the importance of the meal concept, we are tracking and hoping to be able to count these as meals.

Menus

Under the AgeOptions demonstration we developed consumer driven menus using food preferences data. We surveyed potential participants in several ways. These included reaching-out to our Area Agency partnering entities and houses of worship particularly to reach ethnic communities. The information obtained through these surveys was used to develop menus.

The result of our research was the development of a comprehensive program of meal box kits containing food for 21 meals per week representing breakfast, lunch and dinner for all days of the week. However, the meal box kit program can be designed to provide 1/3, 2/3 or 100% of daily nutrition.
Participant consumer concerns report that 100% of daily nutrition represents a significant amount of food. As such, a community's replication may consider less than 100% of daily nutrition. Less food also represents lower overall program implementation costs.

Menu and Recipe Development

All menus designed for Title III C 1.5 were approved by a registered dietician as meeting the Illinois Department on Aging menu standards. Each of the twenty-one meals included in the weekly menus represents one-third daily nutrition and meets the same requirements required of a home delivered or congregate meal.

Careful consideration was given to the time and effort required to prepare the meals from the meal box kits. Weekly menus involve batch cooking, where participants are to prepare larger batches of food and consume leftovers for multiple meals throughout the week. For example, one night's dinner may be tomorrow's lunch. We felt that it was unrealistic to expect participants to have the ability and desire to spend a large amount of time preparing three meals each day of the week.

Consideration was also given to the number of ingredients included in the recipes and the complexity of the instructions. Recipe ingredients are optimized so that most ingredients have nutritional value; most ingredients included in a recipe are fulfilling a component of the menu building tool described below. A few herbs, spices, and sauces are included to enhance flavor and connect food to the rich cultural cuisines offered in Title III C 1.5. Recipe instructions are simple and do not require cooking tools or gadgets beyond the standard utensils, pots, and pans. It should be noted that every meal box kit recipient receives a comprehensive, in-home assessment to qualify for the program, so it is expected that each participant will have an oven, stove, refrigerator, and freezer.

Special diets/medically tailored options

The menus developed for Title III C 1.5 are considered heart healthy because meals are comprised of servings of lean proteins, fiber, vegetables, and fruits. The menus are carbohydrate consistent, in that the carbohydrates are spaced evenly throughout the day and are considered diabetic friendly.

No/low sugar and sodium ingredients are sourced whenever possible. Modifying the menus to accommodate a specific medically tailored diet is made simpler by the menu building tool. The tool, as described below, is designed to be plug-and-play, so that ingredients can be easily substituted for adaptation of a medically tailored diet.

Menu Building Tool

The menu building tool is designed to effectively plan daily meals and weekly menus with simplicity. Each meal represents one third of daily nutrition and meets the same nutritional requirements as a home delivered or congregate meal. Each day of the week is divided into three daily meals, and each meal is divided into serving sizes of grains, protein, fruits, vegetables, and dairy. The serving sizes are helpful in recipe building, it is easy to plan how many ounces and cups of proteins, vegetables, and grains to include in each recipe.

Food Sourcing

Finding the right vendors to source food for the meal boxes can be a challenging and evolving process. It can also be a challenging process to find the right vendor to source the exact quantity of food required to pack the meal boxes. The meal box inventories reflect the precise quantities of food to prepare the foods within the menu of a specific week. The challenge is that food is not always sold in units that meet the needs of the inventory list for a single week. Consequently, it is recommended that communication with the food sourcing vendor occurs as early as possible when launching a meal box kit program such as Title III C 1.5.

Menus can be adapted to optimize the quantity of food available from the vendor. For example, frozen meats are typically sourced by the pound. Title III C 1.5 weekly menus incorporate pounds of meat that include a pound of ground beef that is used throughout the week; a pound of chicken thighs is used throughout the week.

Food packing and storing

It is important to find partners that have the food handling and storage licenses required to fulfill the needs of the meal box kit program. For example, facilities that store food must have proper cold storage, pest control, temperature and humidity control, among other requirements to pass inspections by licensing bodies. Different licenses are required for facilities to be able to break down bulk food items. For example, specific licenses are required for opening bulk packages of raw meat to repackage into smaller units.

To save money and optimize ingredients, Title III C 1.5 recipients receive a staple box of food and ingredients in the first week of the delivery cycle. One delivery cycle is four weeks. Staple boxes include spices, herbs, sauces, and oils that are used in recipes throughout the month. Shelf-stable foods that
are more economically sourced in bulk, like grains, are also included in staple boxes. Careful consideration is given to the size of the staple boxes, as participants do not often have ample space to safely store food.

Meal box kit delivery

Considerations for safe and effective meal box delivery:
Size and weight of the boxes – The food required to meet the nutritional guidelines for 100% daily nutrition is a lot of food. A weekly delivery requires more than one box of food (boxes are the size of a standard banker's box).
The meal box recipients will often need assistance with bringing the meal boxes into their home. Under our agreement, boxes are brought into the home and placed where the participant can easily unload the box.

Temperature – Depending on the length of delivery routes and outside temperature, the meal box delivery vehicles may need to be cooled and temperature controlled. Meal boxes contain refrigerated goods like dairy and eggs and most proteins are delivered frozen. It is important that these items do not fall below food safety temperatures.

Recipients must be home to receive meal box – It is unsafe for the foods delivered in the weekly meal boxes to be left outside. The meal box recipient must be home to receive the delivery. Additionally, in accordance with our eligibility standards and definition of who is an appropriate participant, eligible meal box recipients are expected to have limited means and ability to leave their home. They should be home to receive the delivery. It is expected and understood that extenuating circumstances arise, and these instances can be accommodated.

Procedurally for the meal box kit delivery, our provider has instituted an automated call of reminder a day or so prior to the delivery date. On the actual day of delivery, the driver texts and/or phones the participant to say he/she is five to ten minutes out and will be there shortly.

Partnerships

To paraphrase famous sayings, “no person is an island, no person stands alone” and “it takes a community.” From the initial conceptualization of the Title III C 1.5 initiative, partnerships were needed all along the way.

Being the Area Agency on Aging, AgeOptions has working partnerships with many home delivered meal providers. However, none of them had the capability of sourcing and packaging the food. They buy food in bulk quantities and use these bulk purchases to prepare the congregate or home delivered meals. The meal box kit is unprepared food and requires food items in smaller sizes and quantities.

However, there was some interest in a few of our AgeOptions ethnic providers as they appeared to see this as a further opportunity to serve their respective communities. As such, we did move ahead with our Korean and Arab congregate dining programs that do sourcing of ethnic foods. We collaborated with them to survey their communities on what foods should go into a menu and weekly meal box kit. They also collaborated with us in piloting the menu that emerged from the initial surveys. In both instances, they sourced much of the food, packaged the boxes and had volunteers deliver the meal boxes for the pilot demonstrations. In large measure this was able to happen because it was a one-time pilot. When it came to doing this on a regular basis, these providers indicated that they were less able to participate.

In regard to other partners, they were engaged to survey potential participants for food preferences and menu development. This included several of our congregate dining sites and home delivered meal programs. For example, a large congregate dining site operated from a Catholic parish serving predominantly the Latin/Hispanic population provided us with a very large respondent pool from which to develop our Latin/Hispanic menu. Our Kosher home delivered meal provider voluntarily conducted a telephone survey regarding food preferences, also to develop the menus.

Similarly, a congregate meal provider serving nearly a 100% Black/African American population had their participants complete a survey as they picked-up their take home meals during the height of the pandemic. Here again, the respondents provided the meal preferences for the Black/African menus. The food preference surveys can be found in the appendices of this tool kit.

As AgeOptions identified the three (3) tasks involved in food sourcing, packaging and

delivery, it became clear that our current array of providers was not equipped to handle all three components. Fortunate for us, the Chicagoland communities were identifying resources to get food to persons who were more or less homebound because of the need to not socialize and attend public programs such as congregate dining during the height of the COVID 19 pandemic. Within our geographic area was a not-for-profit, Top Box foods that was in the business of sourcing foods in large quantities of food and distributing them as what we refer to as a “food pantry in-a-box” program. As an agency we engaged them to create a food box for us of fresh fruits and vegetables, proteins and grains on a bi-weekly basis. These boxes contained healthful foods, but little to no attention was paid to daily nutrition requirements. Additionally, the food that was provided in these pandemic relief food pantry-in-a-boxes were largely the deal of the week and what was available from their sources at low cost. Once our traditional referring partners were given the opportunity to this pandemic relief program, referrals to that COVID 19 response program grew considerably.

Regarding our Title III C 1.5 Meal Box kit program, our AgeOptions team charged with operationalizing the federal initiative engaged Top Box in several of our pilots. Either they provided all the foods per a test menu or most of the items minus some ethnic vegetables and spices. This included sourcing some of the stable and non-ethic foods for Korean, Halal and general non-ethnic pilots. For the Black/African American pilot, a farm to table provider was employed for the pilot. In this case, the food provided was great, but they too lacked the capacity to be an on-going provider.

For the Kosher program and pilot, the rules regarding what is called Kashrut required that all foods had the proper Kosher symbols on it and the food needed to be prepared or boxed under rabbinical supervision. Initially, we approached our Kosher home delivered meal provider, but as discussed previously, they buy food in bulk and not in the smaller quantities required for each meal box. Wanting to test out the Kosher menu, we identified a Kosher only grocery store, Sarah’s Tent, and used them for a pilot during the Passover holiday. The level of satisfaction was high and what emerged was our Grocery store model which as stated previously should be replicable in most of the United States and world. Any general, non-specific grocery store in the community may be a potential partner. The challenge will be to identify one that is willing to box the food. Our thinking is that in most communities a provider to deliver should be identifiable building upon resources used for home delivered meals.

Since our program is now in full operation, all our general non-ethnic meal box kits and the Black/African American, Halal, Korean, and Latin/Hispanic meal boxes are sourced, packaged and delivered by Top Box, our partner for the Single provider model. In regard to the Kosher program, Sarah's Tent continues to source and package the foods and Top Box picks up the foods and delivers them to the Kosher program participants.

An issue that one could encounter in replication of the Meal Box Kit program is the need to ensure that the vehicles delivering the physical boxes is large enough and designed for box deliveries. This is discussed in the section on delivery. This was an identifiable issue during one of our pilots where the home delivered meal provider had trucks specifically designed to transport prepared meals and lacked the capacity to transport more than 10 or so Meal Box Kits.

Referral Partners/Assessments

In our Area Agency on Aging service area, all persons identified for home delivered meals and now the Meal Box Kit program receive a comprehensive in-home assessment. These assessments are conducted by one of two entities, the local Care Coordination Unit (CCU) or the older adults' Managed Care Organization (MCO) that provides care coordination for the Medicaid population. The purpose of the comprehensive in-home assessment is to not only assess nutritional needs, but for all possible risks and provides referrals and linkages for the individual with programs and services. The CCU also acts as an agent for the state in assessing eligibility for the Illinois 1915c Aging waiver. When this activity is performed for persons enrolled in a MCO, it is the MCO that develops the waiver plan of care and is asked to assess for Older Americans Act home delivered meals. As such, we asked them to assess for the Meal Box Kit program after receiving training.

Whether care coordination is provided by a CCU or the MCO, they are the access point for our AgeOptions nutrition programs. A referral form for the Meal Box Kit (See Referral Form) is completed and sent directly to the provider which in our case is Top Box. This administration and their ability to accept direct referrals became effective on October 1, 2023. The administration and management of the Meal Box Kit program was contracted-out to Top Box who receives a grant similar to our other Area Agency on Aging nutrition providers. Prior to full implementation, AgeOptions handled all administrative functions as a process of development using our grant funds.

It should be noted that the “food pantry-in-a-box” program that was mentioned previously in this report, which was operated by Top Box, but administered and managed by AgeOptions ended once full implementation of the Title III C 1.5 Meal Box program was operationalized. The referral partners (CCUs and MCOs) were asked to re-assess all “food pantry-in-a- box” participants to determine if they met the eligibility for the Meal Box Kit program (See Eligibility Document).

Evaluation

Survey

Examples of our surveys may be found in the appendices section of this Tool Kit. As previously stated, we surveyed representatives of each of our targeted ethnic populations to determine what food should be on the menu and consequently in the Meal Box Kit.

Additionally, after an initial two-week menu was created, we tested or performed a pilot with a group of anywhere from 10 to 35 participants. Each of the participants was asked to complete a survey. For this process, we provided a postage paid return envelope and offered an incentive gift to complete and return the survey to us. The incentives included a cooking utensil set or an apron.

These surveys, while also trying to validate the food included in the menu, we explored use of the food and menu. Did participants make the food according to the menu? We were particularly interested in whether people were compliant as a goal was to validate that we were providing one-third of daily nutrition at each meal. The results helped us modify and prepare a cycle of four, one-week menus to be used at the program's implementation.

While many reported following the menus exactly, others reported that they had their own recipes and way of making the food. However, the result indicated that they were eating the food, we knew they were eating healthful foods, and that over a course of a few days, they had met nutrition requirements.

Another significant finding was that for persons who had a robust in-home service plan under our state's aging waiver, the in-home worker reported a high degree of appreciation for the Meal Box Kit. These home care workers reported that "it told them what to make" and saved them from shopping as part of the care plan. By doing so, it allowed more time to provide other in- home tasks, particularly relieving them from leaving the waiver participant home alone and in dealing with finances.

Again, at the current time of implementation, AgeOptions is engaged in yet a third round of surveying all Meal Box Kit participants. Unlike the previous surveys, we are calling everyone and asking them to complete the survey on the telephone. What we are finding is that in these days of scams, people are not picking up the telephone. As such, we included a flyer in a cycle of deliveries telling them to expect a call from AgeOptions and answer the telephone when the caller states he/she is from AgeOptions.

Through this most recent survey process, we hope again to validate the program against our goals. However, we are sensitive to determining how the program might be modified. Specifically, should we reduce the number of daily meals provided to two meals per day vs. the current three meals as a means of addressing the anecdotal comment we are hearing and one that was reported in our pilot demonstrations that we are providing too much
food. A potential reduction in the number of meals per day to reduce program costs is being considered.

Demonstration through pilot testing

It is hoped that as you read through this Tool Kit, we valued the need to test every phase of what we did. It was important that we created Meal Box Kits that represented the food people wanted to eat. The two-week menu for each pilot demonstration was created from the results of the surveys. It was through these measures that we learned about certain foods which our
population liked and foods that were less appreciated. Another key take- away from our demonstration pilots was that people enjoy variety. This is a strength that we hope we incorporated into our four-week cycle of menus.

We would encourage any community that wishes to replicate at least some of the strategies we employed such as surveying to learn what people wanted and to test out the program.

Steps to Launch

- Establish partnerships to fulfill food sourcing, food storage, meal box kit packing & delivery needs.
- Identify communities to be served.
- Gather food preferences data to develop menus and recipes.
- Pack and deliver meal box kits curated using consumer-driven menus.
- Thorough assessment and reassessment of eligible program participants.

Establish partnerships to fulfill food sourcing, food storage, meal box kit packing & delivery needs.

It is rare to find a partner who can meet all the needs for food sourcing, food storing, meal box packing, and delivery. Successful meal box programs may involve a patchwork of partnerships to fulfill the needs listed under "meal box delivery basics". In this toolkit, you will find information on "hybrid models" that create partnerships between different entities to create one cohesive meal box program.

Identify communities to be served

Area plans, needs assessments, census data, and other local, state, and national reports are helpful tools for identifying populations that would benefit most from a meal box program.

Hosting focus groups with case managers, care coordinators, service providers, and referral entities can help to get a sense of the needs of the local community.

Tap into your established partnerships—community based organizations will have a sense of the needs of the local community.

Gather food preferences data to build menus and recipes.

The menus and recipes developed during this grant period are available to use as a part of this toolkit. Survey community members for local food preferences to develop consumer driven menus that meet nutritional guidelines. Consult with local organizations serving ethnic communities on menu and recipe development. In our experience, food is a topic folks are genuinely interest in sharing about. We sourced recipe and meal ideas from coworkers, colleagues at partner organizations, friends, family members, advisory council members, etc.

Pack and deliver meal boxes curated using consumer driven menus.

The menu design tool included in this toolkit is organized with portion sizes, simplifying the inventory process for creating the contents list for each corresponding meal box. Allow ample time for sourcing the food using the contents list. Menus will likely need to be adjusted to accommodate the quantities able to be sourced.

Thorough assessment and reassessment of eligible program participants

If implementing pilot demonstrations, survey participants about their experience to improve program design. During full implementation, program participants should be reassessed at regular intervals to ensure eligibility.

Surveying during full implementation is also necessary for program evaluation.

Recruitment/Promotion

Recruitment was not a challenge to us since AgeOptions built upon our existing "food pantry-in-a-box program" initiated by the need for persons to socially isolate during the height of the COVID 19 pandemic. However, a number of materials were developed to explain the Meal Box Kit program in relationship to other nutrition programs and in particular a description of the participant that would benefit from it. The challenge of many people in shopping and transportation due to physical and mental health conditions was prevalent before and now post the height of the pandemic. Persons who are socially isolated with limited or no support is not a unique condition that emerged because of the pandemic. It is a condition that was exacerbated and came more clearly to light because of the pandemic.

At the same time, while the need to socially isolate was lessened and congregate meal sites reopened, the preference on the part of the "food pantry-in-a-box" program became somewhat of a challenge to our referral partners. Participants liked the delivery of food to their doorstep. Similarly, it is common that care coordinators do not like to take away programs and services. There is a desire on their part to give the client something. It was for this reason we asked all referral partners to conduct an in-home assessment of current risks and if a participant can get out of their residence and shop or has others who can shop for them, these individuals were terminated from the Pandemic response "food pantry-in-a-box" meal delivery program.

Eligibility

The Title III C 1.5 Meal Box program is designed for persons 60 years of age or older, who are challenged in grocery shopping, have very limited or no transportation resources, and have the ability and desire to cook and prepare their own meals. Eligible Meal Box Kit recipients may also have a paid caregiver with a robust service plan who can prepare meals for the older adult. A sample eligibility policy is included in the Appendices of this toolkit.

It is hoped that Title III C 1.5 is adopted under the reauthorization of the Older Americans Act to provide a permanent funding stream for unprepared food under the nutrition category. For this reason, much of the eligibility criteria for Title III C 1.5 are modeled after Older American Act nutrition programs. Inspiration was also drawn from the pandemic relief grocery delivery program created and funded by AgeOptions in response to the closure of congregate dining sites at the onset of the pandemic. A majority of the participants of the original grocery delivery program transitioned to Title III C 1.5 in phases during implementation.

Referral Form

Several years ago, the state of Illinois Department on Aging developed a universal referral form to be used statewide by all entities that assess and/or provide home delivered meals. The form was designed to capture required data elements used for federal and state reporting purposes. For the Meal Box program, the home delivered meal referral form was modified. Certain elements were eliminated and others emphasized. While we wanted to streamline the form, we also wanted to retain the various data fields needed for current and hopefully future funding streams.

Program Benefits

- **Meal Box Kits provide comprehensive nutrition for the week.**
- **Kits can be customized for different ethnic food preferences and standards.**
- **Meal Box Kits are delivered weekly, this can be helpful for scheduling around dialysis, medical appointments, caregiver obligations, etc.**
- **Kits can be customized for personal preferences and dietary restrictions.**
- **Meal Box Kits provide participants with freedom of choice on when they eat which foods and how to prepare them based on their liking.**
- **Meal Box Kits contain high quality foods that are delivered fresh, unlike some prepared meals that have to be transported after preparation.**
- **The Meal Box Kit program was effective in reaching Black and Brown communities in our Service and Planning Area.**
- **Meal Box Kits nurture a sense of independence, allowing older adults to continue using cooking and meal preparation skills.**
- **Meals can be prepared by caregiver or home aide, reducing time spent grocery shopping and planning meals.**

Frequently Asked Questions

How can my organization pay for this?

At every presentation the AgeOptions Meal Box development team is asked how you pay for this great program. AgeOptions started our meal box program in April 2020 and funded it through the flexibility offered under the COVID 19 Public Health Emergency Order for funding food. Once the Emergency Order ended, we fund the program under gap filling using State of Illinois General Revenue Funds through the Illinois Department on Aging. Unfortunately, the current Title III-C guidelines require meals to be “prepared” rather than a meal box kit with menus and recipes.

Our recommendation is to advocate for state and federal funding in addition to any local dollars that can be used to pay for your program. AgeOptions plans to continue advocating for the allocation of funds and the allowance of flexibility in the use of Older Americans Act nutrition funding in reauthorization of the Older Americans Act much the same as this flexibility in Title III B funding.

Are you able to customize meal boxes?

At this time, individual meal box kits cannot be customized to accommodate the needs and preferences of individual recipients. Individual meal box customization is not something our vendor and referral partners currently have the capacity. Customization would further complicate the already complex logistics required for implementing Title III C 1.5. However, as technology continues to simplify ordering and fulfillment, meal box kit customization may be available in the future. Additionally, the meal box kit program developed in this grant period grew to serve over 500 older adults. A smaller program serving less older adults may find meal box customization more realistic to accommodate.

Can you adapt this program for [enter the type of cuisine] cuisine?

Menus and recipes can be developed for virtually any cuisine or medical diet to accommodate populations beyond what is currently offered in Title III C 1.5. The program can be adjusted to include any cuisine using the menu design tool. Menu and recipe design starts with research; food preferences surveys, consulting with local organizations serving ethnic minority populations, internet research, and reviewing congregate and home delivered meal menus are great starting points for menu and recipe research.

This seems like a lot of food?

The federal guidelines for daily nutrition represent a lot of food. Until federal guidelines are adjusted particularly for older adults, we anticipate in future modifications of our Meal Box program that we might provide 2/3 of daily nutrition verses 100%. Other thoughts might be to reduce the number of days per week of food delivery. For example, instead of providing food for seven (7) days per week, the provision of food for five (5) days per week.
This would not be unique in that many home delivered meal programs provide food for one (1) meal per day for five (5) days per week.

A key component, however, which we cannot emphasize enough is that we are not simply providing food. We provide food that equates to a meal. As such we are providing meals in much the same way as a congregate and home delivered meal provider creates a meal. An interesting side bar comment here is to ensure that your food provider understands this concept since a goal is to hopefully count and capture funding based on the provision of a meal.

Tip Sheet

Identify the communities you wish to serve by conducting and evaluating results from community needs assessments.

Many Home Delivered Meal and Congregate Dining programs featuring culturally inclusive menus for ethnic communities make their menus available.

- These are great for inspiration during menu development because the portion sizes usually reflect 1/3 daily nutrition.

Engage your food sourcing partner in the early stages of menu development.

- Knowledge of unit sizes, bulk ordering, and product availability will direct the general flow of the menus.

Ensure your partners have the capabilities to purchase food in optimal portion sizes.

Establish a delivery partner as early as possible.

- Delivery is one of the trickiest elements to figure out, and is one of the biggest asks we had of our partners. The quantity of food delivered within food safe temperatures and delivery windows can be complicated logistics. Our most successful delivery model involves a network of volunteers and paid staff.

Establish reassessment protocols with referral partners to ensure only eligible participants are enrolled in the program.

Appendices

Appendix A: Food preferences survey

The food preferences survey was administered in the planning phase of Title III C 1.5 to gather data to support consumer-driven menu building.

Appendix B: Menu Building Tool

The staff dietician contracted to support this project created a menu template for meal development. The template is clearly organized using the required serving sizes, streamlining the menu design process.

Appendix C: Sample Mainstream Menus

The four, one-week Mainstream/Non-ethnic menus were developed by AgeOptions using data collected from food preferences and pilot program surveys. AgeOptions staff used the menu template to design these menus, which were approved by our staff dietician.

Appendix D: Sample Latin/Hispanic Menus

The four, one-week Latin menus were developed by AgeOptions using data collected from food preferences and pilot program surveys.
AgeOptions staff used the menu template to design these menus, which were approved by our staff dietician.

Appendix E: Sample Kosher Menus

The four, one-week Kosher menus were developed by AgeOptions using data collected from food preferences and pilot program surveys.
AgeOptions staff used the menu template to design these menus, which were approved by our staff dietician.

Appendix F: Sample Black/African American Menus

The four, one-week Black/African American menus were developed by AgeOptions using data collected from food preferences and pilot program surveys. AgeOptions staff used the menu template to design these menus, which were approved by our staff dietician.

Appendix G: Sample Korean Menus

The four, one-week Korean menus were developed by AgeOptions using data collected from food preferences and pilot program surveys.
AgeOptions staff used the menu template to design these menus, which were approved by our staff dietician.

Appendix H: Sample Halal Menus

The four, one-week Halal American menus were developed by AgeOptions using data collected from food preferences and pilot program surveys. AgeOptions staff used the menu template to design these menus, which were approved by our staff dietician.

Appendix I: Sample Mainstream Recipes

Recipes correspond with the four, one-week Mainstream menus. The recipes are a mix of American and global cuisines similar to meals commonly served at congregate dining sites and in "American" diner style restaurants.

Appendix J: Sample Latin/Hispanic Recipes

Recipes correspond with the four, one-week Latin/Hispanic menus. The recipes are inspired by foods in Mexico, Central and South America, and the American Southwest along with global cuisines.

Appendix K: Sample Kosher Recipes

Recipes correspond with the four, one-week Kosher menus. The recipes are a mix of culturally Jewish, American, and global cuisines. The recipes meet Kosher standards.

Appendix L: Sample Black/African American Recipes

Recipes correspond with the four, one-week Black/African American menus. The recipes are inspired by foods in the American South and global cuisines.

Appendix M: Sample Korean Recipes

Recipes correspond with the four, one-week Korean menus. The recipes are inspired by traditional and contemporary Korean foods along with some typical American foods.

Appendix N: Sample Halal Recipes

Recipes correspond with the four, one-week Halal menus. The recipes are inspired by Middle Eastern cuisines and meet Halal standards.

Appendix O: Sample Eligibility Policy

AgeOptions developed an eligibility policy for Title III C 1.5 participants. This eligibility policy is to be understood and used by CCUs, our referral partners, to refer appropriate individuals to Title III C 1.5.

Appendix P: Sample Nutrition Assessment Tool

This nutrition assessment and referral form, adapted from the home delivered meals assessment form used in the state of Illinois, is used by our referral partners to determine eligibility for program participants.

Appendix Q: Sample Pilot Program Participant Survey

This survey was administered during the various rounds of pilot testing. Survey data aided in program design.

Appendix R: Sample Participant Program Evaluation Survey

This survey was administered as a telephone survey to meal box kit program participants.