Nutrition and Aging Resource Center

Person-Centered Nutrition Services Planning: A How-To Guide for the Senior Nutrition Program

What is "Person-Centered?"

Person-centered means that the person receiving a service makes the decisions, or they can choose someone they trust to help make those decisions. The service they get is based on what they want and need. They can also choose if they want the service, how they get it, and when they use it. For more information about a person-centered approach, see Person-Centered Planning resources on the Administration for Community Living (ACL) website.

What Does the Older Americans Act (OAA) Say?

Access to services that support older adults in staying healthy and living independently in the community they choose is a key part of the Older Americans Act (OAA). A person-centered approach respects each person's freedom, dignity, and independence in deciding if, when, and how they want to use these programs and services.

In addition to meeting nutrition requirements, meals served under Title IIIC should be adjusted to meet participants' needs and preferences, including medically tailored meals when needed. Nutrition service providers must also gather and use input from program participants to provide meals that meet their needs and preferences. See this Senior Nutrition Program Survey Template for Current Clients for an example of how to gather feedback and input.

The variety of Person-Centered Dining Choices available within the senior nutrition program serve as a menu for nutrition service providers to design and offer services that meet an individual's specific needs and preferences. See OAA Nutrition Services Basics for more information on OAA Nutrition Services and a Congregate Program Quality Review Toolkit.

What Person-Centered Is Not

A one-size fits all, "take it or leave it" approach is not person-centered.

A person-centered approach doesn't mean everyone gets the same thing or that people get everything they want. Programs may be limited by budget, staffing, or other factors. For example, the program might not be able to serve an elegant meal like Lobster Thermidor. Instead, it means

giving people choices about how, when, and whether they want to use the services, and addressing individual needs with greater depth. It also means considering external person-centered options that might be available to address those needs.

What is Person-Centered Menu Planning?

The OAA says that meals should be appealing, so they should taste good and be something older adults like. When possible, meals should be changed to meet the needs of the people in the program. Person-centered menu planning means giving people choices and making things flexible, like offering choice menus and making meals available at different times of the day.

Getting Started

1. Start by finding out what people need and prefer. Consider assessing participants' needs and preferences as part of routine intake processes, or regularly surveying participants about their meal preferences and needs. See Business Skills for more information about conducting needs assessments.

   If the program has capacity to change meal delivery methods, ask questions about the kinds of meals participants like and how they want to get their meals. For example, some people may like getting hot meals every day, frozen meals once a week, or a mix of both. Consider surveying people who are not participating in the program to find out why.

   Consider implementing a tool like the Enhanced DETERMINE Checklist to identify and offer meaningful, person-centered interventions to improve the health and well-being of nutrition services participants. Watch this video to learn more.

2. Develop or update an asset map to identify current and potential public and private partners, funding opportunities, and similar considerations.

3. Use the information to brainstorm ideas. Then, prioritize the ideas that help the most people and that the program can do with the available staff, funding, time, and other resources that are available.

   For example, this 2018 Condition of Iowa's Congregate Meal Program report showed why some people didn't take part in congregate nutrition services. The reasons included: nutrition requirements were too strict, people didn't have enough meal choices, the places where meals were served weren't comfortable, it was hard to sign up, and not enough people knew about the services. The Iowa Café Innovations in Nutrition Programs and Services (INNU) project worked with local restaurants to help fix these problems and give people more choices. See Congregate and Café Dining Capstone Projects to learn about this and other innovative nutrition projects.

4. Start with small steps. Test your idea with a few people first. Ask them what they think and make changes if needed. Then, keep finding new ways to give people more choices and better meals.
5. Evaluate results and adjust. Check in with participants to find out if services meet their needs and preferences. Continue to improve and expand opportunities to offer more choices for participants.

Strategies to Consider

One of the easiest ways to use a person-centered approach to menu planning in the senior nutrition program is to implement an "offer versus serve" approach, which means that participants may decline some of the food offered and choose the foods they want. This approach has the added benefit of reducing food waste.

Other key strategies to consider include person-centered menu options like choice menus and medically tailored meals, and flexible service delivery methods like frozen meal packs, restaurant partnerships or grab and go meals. These strategies are presented as just a few examples of how nutrition service providers can apply a person-centered approach. Always review state and local policies and procedures to ensure compliance.

Choice Menus

Key considerations when implementing choice menus:

- Talk to participants about the kinds of foods and beverages they would like to have as choices on the menu. Learn about their favorite foods and any meals they don't enjoy. Be sure to ask about any special dietary needs, such as allergies, health conditions, or religious rules about food. This helps make sure the menu works for everyone and meets their needs.
- Take it slow. Start by offering one additional choice, like a meat or meatless option, and gradually build more choices into the menu.
- When offering a choice home delivered meal menu, consider how meals will be labeled to ensure that people receive the correct meal. A promising practice shared in a Person-Centered Nutrition Services Learning Collaborative was using color coding and database tracking to track any specific meal customizations to reduce delivery errors. Some programs reported creating food labels in braille for participants who are blind as an accommodation.

For a step-by-step guide to implement choice menus, see Choice Menu Tip Sheets and Choice Menu Examples on the Nutrition and Aging Resource Center's Creativity & Innovation page.

Medically Tailored Meals

Medically tailored meals (MTMs) are commonly requested options on choice menus. They are a great example of person-centered services and are specifically mentioned in the OAA. Use these Medically Tailored Meals resources to get started. It's best to work with a registered dietitian when offering MTMs. If possible, offer nutrition counseling with a registered dietitian when a participant has a need for a medically tailored meal. Nutrition counseling and MTMs are services that complement one another, and when offered together, can be a highly effective person-centered approach.

Key considerations when implementing MTMs:

- Begin by identifying the type(s) of MTMs that participants need. Some common chronic conditions contributing to a need for MTMs include cardiovascular disease and diabetes.
- Conduct an internal and external assessment of the need and available options for MTMs. Community health assessments and participant surveys or registration data may also provide input into the specific need for MTMs in the area or population served. Consider partnering with healthcare, hospitals and clinics and registered dietitians to evaluate standards for producing MTMs, costs, funding opportunities, and production scalability of MTMs. Consider all options, including outsourcing of these meals.
- As with a choice menu, start small. Consider piloting a single MTM option based on an assessment of need and the program's capacity to produce and deliver it, such as a consistent carbohydrate diet for those managing diabetes, to test acceptability.

Vegetarian Meals

The Dietary Guidelines for Americans (DGAs) offer advice for a healthy vegetarian dietary pattern, including consuming more protein from plant-based sources to meet individual protein needs. Examples include soy products (such as tofu, soy milk and soy yogurt), beans, peas, lentils, nuts and seeds instead of meat, poultry and/or seafood. When dairy and eggs are included, it is considered a lacto-ovo vegetarian pattern.

Vegetarian meals are also commonly requested options on choice menus. Special considerations for older adults following a vegetarian diet include paying special attention to protein, Vitamin B12 and iron intake.

- Protein is important to prevent the loss of lean muscle mass that occurs naturally with age and is more likely to be under-consumed during older adulthood.[1] Special attention should be paid to ensure adequate protein consumption for healthy aging. For information about older adult protein needs, check out the Protein Tip Sheet and Nutrition Needs for Older Adults: Protein from the Nutrition and Aging Resource Center.

[1] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at DietaryGuidelines.gov.

- Vitamin B12 is another concern because it is only found in animal foods and the body's ability to absorb Vitamin B12 can decrease with age. Foods fortified with Vitamin B12, such as breakfast cereals, can help individuals following a vegetarian diet to increase their Vitamin B12 intake.
- Iron may be another concern because the type of iron typically found in plant foods (non-heme iron) may not be absorbed by the body as well as iron from animal products (heme iron). Food source lists for both heme and non-heme iron are available at Food Sources of Iron.

Older adults following a vegetarian diet should consult with a healthcare provider about whether they need to take iron, vitamin B12, and/or other supplements.

Check out Healthy Eating Plans for recipes, tips and ideas, including this Lacto-Ovo Vegetarian Menu Plan and Vegetarian, Vegan and Meatless Meals.

Flexible Service Delivery Methods

Person-centered meal planning can also affect how and where meals are served and where people eat them. Flexible service delivery options, like frozen meals and weekend meals, restaurant partnerships, grab & go meals, and tailoring the meal environment are more examples of person-centered service delivery options that offer choice and flexibility.

Frozen Meals

Key considerations for providing frozen meals:

Plan meals that freeze and reheat well. Examples include:

- Baked dishes like casseroles, enchiladas and baked pastas like lasagna — note that regular pasta dishes with sauce tend to become mushy and sauces may "break," creating a watery, oily quality to the dish.
- Soups and stews — as a bonus, these are easier to transport when frozen.
- Burger patties and dishes made with ground meat may maintain their texture better than more delicate proteins, like fish, when they undergo freezing and reheating.

Maintain quality during production, storage, and delivery of frozen foods.

- When producing frozen meals, make sure they are packaged and processed to preserve quality. Consider investing in equipment such as blast freezers, which freeze food more rapidly than conventional freezers. This can help preserve quality by reducing the formation of ice crystals. Invest in freezer-specific packaging, or test packaging to make sure it won't crack or break during freezing and thawing. Some plastics may become brittle when frozen and more susceptible to cracking if bumped or dropped.
- Use delivery equipment that maintains food below 0°F, such as insulated coolers, ice packs, dry ice, or similar items. Limit the time in transit to make sure frozen foods are still

frozen when they are delivered to the consumer, and coordinate delivery schedules so foods can be immediately stored in a freezer. Provide instructions for safe storage and reheating of frozen foods, like these from USDA's Leftovers and Food Safety resources.

This study, "Evaluating effects of meal delivery on the ability of homebound older adults to remain in the community via a pragmatic, two-arm, randomized comparative effectiveness trial: study protocol for the Deliver-EE trial" also evaluates whether home delivered meal participants prefer daily meals or frozen, drop-shipped meals.

About half of study participants preferred frozen drop-shipped meals, citing unpredictable timing of daily delivered meals. Individuals who preferred frozen, drop-shipped meals reported feeling stressed about being home for daily deliveries and getting to the door. They also enjoyed the flexibility of being able to decide what and when to eat.

Just under half of the study participants expressed a preference for meals delivered daily. These individuals expressed an appreciation for fresher meals and some reported limitations to activities of daily living that make it difficult to reheat a frozen meal.

During the trial, about a third of the participants in each group – the group expressing a preference for meals delivered daily and the group expressing a preference for frozen, drop-shipped meals – later changed their mind about their preference. This finding highlights the need for nutrition service providers to be flexible and responsive to truly provide nutrition services that are person-centered.

Other Weekend Meals

Also consider offering cold fresh meals, like sandwiches and salads, that a participant can enjoy at their leisure over the weekend. Be sure to label meals with a "consume by" date. Separate cold and hot foods and make the necessary adjustments to storage and delivery procedures and equipment to maintain safe food temperatures.

For an example of a nutrition service provider offering a daily choice hot menu alongside a flexible choice frozen menu with medically tailored options, check out What's on the Menu from WesleyLife Meals on Wheels in Des Moines, Iowa. For more information, see WesleyLife begins delivery of ready-to-heat meals.

Meal Environment

Nutrition service providers can provide more person-centered services by tailoring the meal environment. For example, some people may not want to eat in group spaces, so consider offering even a few designated quiet spots where people can eat by themselves. Another approach to consider is avoiding having people have stand in line. For some people, lining up for food may bring up trauma related to standing in a soup kitchen or similar line when the person has experienced food insecurity. This example has been shared by Holocaust survivors who participate in the senior nutrition program. The concept of "trauma-informed care" is very much tied to person-centered

practice. For more information, see: Aging with a History of Trauma: Strategies to Provide Person-Centered, Trauma-Informed Care to Older Adults.

Conclusion

People like to choose what, when, where and how they want to eat. Senior Nutrition Program providers have a menu of available options to provide nutrition services according to what people want and need.

Need implementation guides? Check out these Creativity & Innovation ideas from the aging network to improve the person-centeredness and appeal of nutrition services. Nutrition service providers can implement a more person-centered approach to nutrition services by adjusting the time of day and type of meal being offered (breakfast, anyone?) and by finding ways to elevate the dining experience.

Thank you to the National Center on Advancing Person-Centered Practices and Systems and Dr. Kali Thomas, Johns Hopkins School of Nursing, for collaborating with the Nutrition and Aging Resource Center on this resource.

Key Resources from the Nutrition and Aging Resource Center and Partners:

OAA Nutrition Services Basics (includes Grab and Go resources)

Business Skills (includes Needs Assessment and Survey resources)

Creativity & Innovation

Restaurant Partnerships

Medically Tailored Meals

National Center on Advancing Person-Centered Practices and Systems