Introduction:

Administration for Community Living (ACL) Innovation Grantees are requested to provide to the fullest extent possible, the following information to inform the development of dissemination, education and training materials by the ACL funded National Resource Center on Nutrition and Aging (NRCNA). These materials are intended to showcase the learnings of the inaugural recipients of ACL Innovation Grantee funding and support the replication of lessons learned across the national Aging and Nutrition network.

To complete this Capstone Assignment, respond to all of the questions below to the best of your ability in writing. All assignments should be completed in Times New Roman or Calibri font, 11 or 12 point font, and double-spaced. The due date for this Capstone Assignment is: January 1, 2020 at 5:00pm ET. Submit the assignment and any accompanying materials via email zip file to both:

Phantane Sprowls, Office of Nutrition and Health Programs, Administration for Community Living (Email: Phantane.Sprowls@acl.hhs.gov)

Uche Akobundu, Director, National Resource Center on Nutrition and Aging
(uche@mealsonwheelsamerica.org)
Innovations in Nutrition Programs and Services

Title: Addressing Oral Health and Effectiveness of Home Delivered Meals in NYC

Key Innovation Project Parameters:

Provide information in response to the categories below to summarize who your ACL Innovation Grant project was meant to serve, in what type of location, in what way, leveraging what kind of staff and other resources:

- Population targeted (age, demographic characteristics, etc.):
- Geography (suburban, urban, rural):
- Service delivery setting:
- Staffing model/FTEs (paid/unpaid, #FTEs):
- Total grant funds received:
- Total funding leveraged from organization (cash/ in-kind):
- Number of staff/FTEs dedicated to innovation project:

During the past two years, thanks to the generous support of the Administration for Community Living, LiveOn NY (LiveOn), in partnership with Citymeals on Wheels (Citymeals), Columbia University College of Dental Medicine (CDM), the New York City Department for the Aging (DFTA) and logistics stakeholders, used an existing city-wide data collection system to address oral disease and eating abilities among homebound older adults in an urban environment (specifically New York City). The goal of this systems-level work was to build the evidence needed to improve the effectiveness of home delivered meals (HDMs) by providing therapeutic
meals modified to align with dental/oral function (modified meals), and promoting oral health and dental care.

The initial specific objectives of this project were to:

1. Test the utility of oral health items included in the Senior Tracking Analysis and Reporting System (STARS) to identify clients in need of “modified” meals
2. Develop and deliver modified meals aligned with oral/dental function
3. Coordinate the provision of daily oral care aides, education and linkages to dental care

Anticipated outcomes included:

1. A coordinated centralized system that monitors oral needs, matches meals to oral capacity and promotes oral health
2. Improved access to meals that are tailored to oral function for homebound older adults
3. Improved oral health related quality of life including ability to eat among homebound older adults
4. Development of a policy and sustainability plan

Expected products were:

- An organized system designed to support meal recipients’ oral needs
- Meal plans aligned with oral health needs, and training materials (e.g. for case managers)

These products were to be disseminated through a variety of methods, including stakeholder education and training, peer-reviewed and trade journals, conferences and professional meetings.

Total grant funds received: $248,046

Total funding leveraged from organization (cash/ in-kind): $124,023

Number of staff/FTEs dedicated to innovation project: 4 staff, including:
• LiveOn NY: Executive Director Allison Nickerson, Associate Executive Director Andrea Cianfrani
• Citymeals: Associate Executive Director & Chief Program Officer Rachel Sherrow
• CDM: Associate Professor Dr. Kavita P. Ahluwalia

Background:

Lay out the innovation challenge your project addressed – what was the need identified
(provide key data points/statistics to describe the target population(s) considered).

Summarize the suite of innovation products/solutions they identified to address the challenges noted above (what they were, and how they would address the need).

Community-based senior services (such as case management, homemaker services, transportation, and senior centers) are designed to help the growing number of community-dwelling older adults maintain independence and prevent institutionalization. One such service, HDMs, also known as Meals-on-Wheels (MOW), is designed to provide food and nutrition for a particularly vulnerable subset of older adults -- those who are unable to prepare meals due to cognitive and/or physical impairments and who, without the service would be unable to remain in the community. Nutrition, an important determinant of successful aging, plays a role in delaying institutionalization, and is fundamental to the mission of HDM programs, but oral health, which is central to eating and food consumption, is not systematically addressed by the HDM system; there is no uniform policy around assessment and documentation of oral disease and dysfunction, impact on ability to eat, and effectiveness of HDMs. Furthermore, the feasibility of using the HDM system to deliver oral health interventions had not been tested before this project.
Preliminary data (from a literature search prior to the start of the project) suggested that 38% of New York City HDM recipients experience difficulty chewing or eating due to problems with their teeth or mouth, resulting in food modification and/or exclusion of food groups, potentially decreasing the effectiveness of home delivered meals. Data published by the American Dental Association’s Health Policy Institute indicated that 24% of Americans over the age of 65 reported difficulty chewing and eating; that proportion increased to 36% among low-income seniors. Since oral disease accumulates over the life-course – particularly among those with poor access to dental services – this population of vulnerable older adults is at increased and continued risk for oral dysfunction even when enrolled in the HDM system. The project probed the follow-on proposition that poor oral health impacts ability to eat, in turn reducing the effectiveness of HDMs. The hope was to improve the effectiveness of HDMs by documenting the feasibility of providing modified meals aligned with oral function, and arresting future oral decline by promoting oral health and dental care.

**Project Partners:**

*Describe the type of local, regional and/or national partners were engaged (i.e., academic, research, technology, community based organization) and what the rationale for the partner selected was (i.e., what strengths did they bring to the table?).*

- **LiveOn NY** brought considerable administrative experience and capacity to the project, helping to shepherd the considerable fiscal aspects of this endeavor, as well as completing and filing reports in a timely manner, and providing strategic direction and visibility. LiveOn NY is the lead NYC-based organization representing senior services and aging issues. With over 100 member organizations providing more than 800 community-based services programs, LiveOn’s members range from individual
community-based centers to large multi-service, citywide organizations and serve over
300,000 older adults annually. LiveOn’s work ranges from enabling healthy aging and
supporting family caregivers, to promoting economic security and addressing elder
hunger. While most of its initiatives and membership is based in New York, the breadth
of LiveOn’s work is national, and it works hard to ensure that it understands the context
of aging services across the nation. Central to LiveOn’s mission and integral to its
success is providing education and technical assistance to aging service providers, so that
older adults can be socially engaged and receive the highest quality services.

• Citymeals on Wheels spearheaded efforts to recruit participants; coordinate planning and
delivery of meals, oral care aides, and relevant oral health information to participants;
conducting interviews and focus groups with respect to provision of oral care, education,
and linkages to care. Citymeals is a community-based organization that works in a
public/private partnership with DFTA to ensure New York City’s homebound seniors
receive a meal every day of the year. Nutrition providers/caterers contracted by DFTA
provide meals in specified geographic areas five days a week. Citymeals works with the
same meal provider network and volunteers to provide weekend, holiday and emergency
meals to homebound older adults throughout NYC. In this respect, Citymeals is well-
connected with all major stakeholders in the HDM system, including case management,
caterers and volunteers, and was well positioned to innovate and work collaboratively to
improve the lives HDM recipients.

• The Columbia University College of Dental Medicine (CDM) was the primary agency
for conducting the research for this project, including developing the survey tools, getting
independent review board (IRB) approval for the study, and analyzing the data. CDM
also procured the daily oral care aides to be disseminated to study respondents. Columbia University Medical Center, which houses CDM, is a leading institution of medical/dental education and research. Its campus includes schools of Medicine, Nursing, Public Health and Dental Medicine, offering a rich collaborative environment for biomedical and translational sciences, with many well-funded research programs and other opportunities for formal and informal scientific exchange. The Section of Population Oral Health at CDM boasts an interdisciplinary group of researchers with expertise in oral health, public health, geriatrics, pediatrics, nutrition and systems science, and has partnered with Citymeals, DFTA and LiveOn to address oral health and nutrition among older adults over the past five years.

- **Henry Street Settlement (HSS)** provided meals prepared by their caterer. HSS serves 1490 homebound elderly daily with a collaboration of other agencies to insure culturally competent meals for a diverse group from the Lower Manhattan to Midtown on the East Side of Manhattan and to 14th street on the West Side.

- **The New York City Department for the Aging (DFTA)** was essential in helping LiveOn and partner organizations navigate relevant rules and regulations, as well as referring potential clients. DFTA’s mission is "to work for the empowerment, independence, dignity and quality of life of New York City's diverse older adults and for the support of their families through advocacy, education and the coordination and delivery of services." As an agency of City government and an Area Agency on Aging under the federal Administration on Aging, DFTA receives federal, state and city funds to provide essential services for seniors. It channels these monies to community-based organizations that contract with the Department to provide needed programs locally
throughout the five boroughs. Hot meals and activities at senior centers, home-delivered meals, case management, home care, transportation and legal services are among the services these programs provide. DFTA manages the contracts with these programs and ensures service quality.

**Barriers:**

Identify all barriers to the implementation encountered over the course of their projects (i.e., program perceptions, partner perceptions, securing Institutional Review Board approval, etc.).

Several serious challenges cropped up during the project, including:

- **Enrollment and outreach problems** that deterred or otherwise prevented some older adults from participating in the project. The independent review board (IRB) required that the case manager call clients to elicit consent for us to conduct a test of cognition – potential participants who test cognitively able to consent to survey are then consented and enrolled in the study. This process required release of participant names by DFTA, contact by the case manager, who then let Citymeals know which clients have consented; then Citymeals had to call the client before referring them to CDM. This procedure effects the response rate as clients were often understandably fatigued by the time they are finally enrolled in the study. Once CDM was able to get things up to speed, the momentum at the client level was lost in some cases.

Over the course of a few months, it became apparent that we were not recruiting enough clients. Many were not qualifying for the program because they were unable to pass the cognitive screener; there were also fewer clients with perceived oral health issues in the catchment area we initially targeted, and a number of clients were difficult to reach, then screen.
A further, related problem was that many potential survey participants had already been part of other studies, and were reluctant to join another research project. The length of the in-depth recipient survey that was created through the project was also a deterrent, as it sometimes took 45 minutes to complete, which was a tiring affair for some participants. Because of this timeline, few older adults forgot about their previous consent to join the study, lost interest, or suffered health crises in the meantime that forced them to drop out of the project. These outreach problems persisted through the life of the project, leading to difficulty in getting sufficient quantitative post-intervention data for analysis.

- **Unanticipated issues and delays in securing a meals provider.** The initial meals provider was unable to assume their expected role due to some unanticipated changes including impending kitchen renovations and other issues. After the unanticipated changes noted above, the team was able to work with a new partner to prepare HDMs. The transition was smooth because they were already aware of this project and all the major partners. It was necessary to add a pick-up and delivery component, since some clients were still in a different catchment area, and changing the catchment area would have led to more disruptions, especially since it would have required restarting the recruitment process. However, the new partner then suffered a carbon monoxide leak, which required the center to close for several days. Ultimately, the first provider was reengaged in the project and was able to provide the meals through its caterer, and provided a total of 3,710 meals over the course of the project, which were provided daily to 23 clients.

- **Delays in getting IRB approval** of necessary research tools, which postponed some project activities for months.
Successes and Lessons Learned:

Identify successes realized over the course of the innovation grant initiative – how identified barriers were overcome to advance the implementation of innovation projects. Share lessons learned in such a way that peer senior nutrition programs can understand and implement (i.e., successful strategies used to address barriers, etc.).

LiveOn and its partners made strenuous efforts to overcome the serious challenges mentioned in the Barriers segment above, including the following:

- **Enrollment and outreach problems:** We attempted to accommodate client needs by making multiple calls to recruit participants, complete phone interviews, and carry out other follow up activities. We also reviewed the screening tools and changed the order of questions to reduce redundancies and make screening easier. Furthermore, we started the process of identifying clients outside of the original catchment area and recruiting other case management agencies and home delivered meal providers to contribute on this project. These efforts resulted in modest increases in recruitment, leading to outreach to 183 older adults to participate in the project, the receipt of 78 fully completed surveys, and the hosting 12 in-depth interviews. We worked closely with the team to continue communication as much as possible to facilitate the process. We also requested new potential clients from DFTA, which they provided, but this process did require additional time. Moreover, through gentle, yet persistent engagement efforts, we were able to collect highly probative qualitative information through post-intervention interviews.

- **Securing a meals provider:** After the unanticipated changes noted above, the team identified and chose a new HDM provider to ensure a smooth transition because they were already aware of this project and all the major partners. The team also identified the
need to add a pick-up and delivery component, since some clients were still in HSS’s catchment area, and changing the catchment area would have led to more disruptions, especially since it would have required restarting the recruitment process. However, because of the emergency noted above requiring the center to close for several days, the team had to quickly determine a new plan for delivery and was able to reengage the original provider (HSS) who was able to use its caterer. HSS provided a total of 3,710 meals from the beginning of April 2019 through September 30, 2019 to 23 clients.

- **Delays in getting IRB approval:** To expedite the process, CDM submitted the research protocol to the IRB in stages, and had a number of meetings with the IRB. The board approved the first protocol in April 2018, which allowed us to begin work on client recruitment. The IRB approved both protocols, as well as our approach to Spanish speaking clients, by September 2018.

**Products:**

*Describe the products developed from this innovation project. Summarize how each product was used or what the intended use for each item is. Briefly describe the process used to create each resource. Append a copy of available resources to your submission.*

- Marketing and Communications
- Advocacy
- Implementation guides
- Staff training materials
- Client-facing materials
In addition to the resultant data, CDM, in consultation with other project partners (especially Citymeals and DFTA), created several implementation guides and client-facing materials, including:

- A six-item screening tool for subject recruitment
- A survey questionnaire for home-delivered meal recipients
- Qualitative Instrument for HDM recipients
- A questionnaire and instructions to conduct focus groups among HDM case managers
- Pre-recruitment script for Case Managers
- An in-depth questionnaire for HDM recipients
- An in-depth questionnaire for case managers
- Pre-recruitment script for Case Managers
- Recruitment Script for Citymeals (in English and Spanish)

As described earlier, CDM obtained IRB approval. In addition, with respect to Marketing and Communications materials:

- CDM created a Poster that was presented at the National Oral Health Conference in April 2019, and another poster that was presented at the Greater New York Dental Meeting on November 29 through December 4, 2019.
- Professor Ahluwalia made a presentation as part of a WestHealth-sponsored webinar on June 18, 2019, entitled: “Connecting the Dots Across Oral Health, Food Insecurity and Malnutrition.”

All of these products are enclosed with this report.
Replication Tools:

Describe what replication materials have been developed to aid in senior nutrition programs across the country in implementing innovation projects similar to the one each grantee developed. Please include samples of all such materials in your submission – for example:

- Template partnership development, client outreach, marketing and communications materials
- Client facing information gathering tools including listening circles/focus groups guides, key informant interview scripts, in-person or telephone surveys, town hall/community meeting planning documents, etc.
- Innovation project staff-centered job-aids created – technology training, implementation toolkits, etc.

This project is replicable based on the materials and lessons learned (as mentioned earlier). These materials include:

- A six-item screening tool for subject recruitment
- A survey questionnaire for home-delivered meal recipients
- Qualitative Instrument for HDM recipients
- A questionnaire and instructions to conduct focus groups among HDM case managers
- Pre-recruitment script for Case Managers
- An in-depth questionnaire for HDM recipients
- An in-depth questionnaire for case managers
- Pre-recruitment script for Case Managers
- Recruitment Script for Citymeals (in English and Spanish)
Using these tools, as well as modifications to the model used in this project, further studies should be conducted, and on a much wider scale, such as among a larger population in New York City, as well as other cities, suburbs, and rural areas.

**Outcomes:**

*Summarize the outcomes realized and those not realized over the course of completing the innovation project, and discuss how these outcome targets were both established (evidence/practice informed benchmarks) and how they were measured (i.e., survey questions used, data sources leveraged, etc.):*

- **Systems level outcomes**
  - Changes in data /technological systems used

- **Programmatic outcomes**
  - Changes in the design and implementation of ongoing programs

- **Client-centered outcomes:**
  - Changes in health (objective/clinical (i.e., blood pressure, blood sugar, etc.) and/or subjective/perceived health measures – food security, social isolation, etc.)
  - Service utilization (i.e., number of times service was used – emergency department usage, hospital admissions, wellness class attendance, etc.)
  - Non-health related perceptions (i.e., satisfaction with program).

In short, the project unearthed crucial evidence of the impact of interventions targeting the mouth and teeth on meal effectiveness, food consumption and quality of life, which previously had not
been addressed systematically in aging networks and/or the HDM system. Additionally, this work strengthened and expanded a unique community-policy-academic partnership that engaged case management, meal preparation and meal delivery, and collaborated on dissemination and informing local, regional, and national policy.

**Outcome 1 (test the utility of oral health items included in STARS to identify clients in need of “modified” meals):** Enrolling participants was a three step process:

1. Case managers made the initial calls, passed the names onto Citymeals, who then called again to ask if it was alright for CDM to call the clients with the survey.
2. CDM called clients who had agreed to participate in the project and screened their cognitive ability to provide informed consent, using a six item tool that designed for telephone surveys.
3. Clients who passed the cognitive screening and agreed to a follow up phone call, received a third call, where they are consented and receive the survey. The survey used a combination of close ended and open ended items.

Through this process, we:

- Performed outreach to 183 older adults to participate in project
  - 128 consented
  - 114 were eligible
- Received 78 fully completed surveys from older adults
- Hosted 12 in-depth interviews

Quantitative information based on the initial survey is included as Appendix A. Salient points include the following:

- On average, respondents had not seen a dentist in 3.3 years.
• 76.5% of those surveyed were women

• The average age of respondents was 79.9 years.

• Less than half of those surveyed (48.8%) ate all of their home delivered meals, and only 40.2% ate at least half of their HDMs.

• Eating fruit was a significant problem; 55.1% of respondents said that they had difficulty chewing fruit, and 69.2% of respondents modified fruits (such as by chopping fruit into smaller pieces to make them easier to eat).

• 55.1% of those surveyed reporting difficulty in chewing meats, and half (50%) of respondents reported that they had difficulty eating nuts.

While the original quantitative recruitment goals proved to be difficult to achieve, due to a myriad of challenges (see answer to Question 2 below), the qualitative information provided by clients that did participate in the project proved to be very illuminative. Key findings based on this research included:

Many of those surveyed cited the cost of dental care, as well as a lack of resources, as a significant factor with respect to their dental (and consequent eating) difficulties. For example, one client had to fix broken dentures instead of replacing them, due to cost reasons; another client reported only receiving $15 in SNAP (Supplemental Nutrition Assistance Program, also known as food stamps) benefits per month. These fueled a myriad of problems, including pain when chewing; missing teeth; sensitive teeth; and ill-fitting, broken, or loose dentures. Ill-fitting dentures, in particular, were the most common reason for difficulty chewing and eating.

• One respondent described the feeling as …food “can get stuck above the denture. Like inserting your hand into a glove. When you put your hand in the water, and you put your hand too deep, water gets in. The food will get into the top rim of the glove.”
Another respondent described her issues with dentures by explaining that they did not fit properly and slid around, and she also had trouble using denture adhesive. She avoided some hot drinks because the drink loosens the grip of the denture adhesive. She repeatedly had to clean and re-apply the adhesive throughout the day to keep the dentures in place.

In numerous instances, these problems led older adults to make adjustments to what they eat and how they handle their food. Many clients reported chewing on only one side of their mouths for every meal, or using dentures; by contrast, 2 clients found it more comfortable to eat without their dentures. Foods most commonly avoided included nuts, hard vegetables and fruits like apples and pears, vegetables such as corn on the cob, raw carrots and salads, and overly cooked meats, especially chicken and turkey. Respondents reported that these foods were too hard or chewy for them to chew and eat properly. The time respondents had issues chewing and eating ranged from a few months to years.

As for handling various foods:

- Crunchy vegetables and fruit—some respondents ultimately tried to cut into smaller pieces that were easier to chew.
- Meat—several respondents tried to soften meat items using blenders. The resultant puree was easier to consume, but often much less appetizing, and had an added problem of tending to seep in under or beneath dentures, leading to more oral hygiene problems.

In the worst cases, older adults shunned such foods. Moreover, due to various dietary needs and preferences, notably lactose intolerance, dairy and fish allergies, and vegetarianism, some of the seniors who were surveyed could not eat all of their HDMs. This reluctance or
inability to eat certain foods raises further concerns regarding the nutritional status of these individuals, especially in terms of getting required vitamins, minerals, and protein.

These results clearly validated the utility of oral health items included in STARS, and helped identify older adults who were in need of modified meals due to their oral and dental issues. In particular, the responses underlined opportunities for meals providers to tailor their offerings accordingly (see below for more details), so that their clients will be properly nourished without undue stress or exertion.

These results clearly validated the utility of oral health items included in STARS, and helped identify older adults who were in need of modified meals due to their oral and dental issues. In particular, the responses underlined opportunities for meals providers to tailor their offerings accordingly (see below for more details), so that their clients will be properly nourished without undue stress or exertion.

Outcome 2 (develop and deliver modified meals aligned with oral/dental function): In preparation for developing modified meals for the project, Citymeals hired a nutrition consultant who had formerly worked at DFTA and a local meal provider, to help modify the meals. Henry Street Settlement’s caterer ultimately provided the necessary HDMs; modifications included cooking vegetables longer to make them softer and easier to chew, as well as providing meats in stew or hamburger form. In April 2019, Citymeals began deliveries; by the end of the project, 3,710 meals were provided to 23 clients.

All of those who responded through post-intervention interviews said that the vegetables were cooked more and softer, and therefore easier to eat. However, many of them explained that they still have difficulties with fruit, although they were more likely to receive juice/apple
sauce/oranges/bananas which are easier to eat. About 80% of those interviewed after the intervention said the meats were easier to eat because they received stews; unfortunately, they did not particularly like the stews; and would prefer pork and steak, which tends to be less chewy.

**Outcome 3 (improved oral health related quality of life including ability to eat among homebound older adults):** We secured dental care aides (toothbrushes/toothpastes/denture care kits) that were delivered once per quarter with meals. After the team started delivering the meals in April, we began delivering the dental care aides in May 2019; 17 clients accepted the aides, while 3 declined. In addition, we also furnished dental aides to people who agreed to be part of the study but were not receiving modified meals. We ultimately provided 842 toothbrushes, 648 units of toothpaste, and 89 denture kits.

On a broader scale, the project provided additional evidence that reinforced the original postulates that poor dental health among seniors can have a significant negative impact on their lives, particularly with respect to nutrition, and that provision of accordingly modified home-delivered meals, along with dental care aides such as toothbrushes, can improve the situation.

More specifically:

**Oral Health Status Affects Nutrition and HDM Utility for HDM Clients**

- Oral health problems negatively affect quality of life.
- Avoidance of foods, such as fruits and vegetables, limits dietary options and hinders proper and full nutrition.
• Clients adapt to oral health problems by modifying food and chewing unnaturally to avoid discomfort and pain.
• Clients with oral health problems eat less of the HDMs than intended.

Determinants of Oral Health in Older Populations
• Cost can prohibit care or result in inadequate care.
• Many participants in the overall study were aware that they needed dental care, but did not have the resources to obtain care.
• Lack of resources forces clients to adapt to oral health difficulties in other ways.

The Utility of Research at All Stages of an Intervention
• Research methods can and should be used at any stage of an intervention to improve efficacy.
• Target groups are rich sources of information on how to improve program efficacy.
• Qualitative research brings necessary depth and insight to quantitative findings.

Moreover:
• The research performed could be used as the basis for an ongoing maintenance and evaluation strategy for programs, such as Citymeals, who provide supportive services that are dependent on eating capabilities.
• Client suggestions for improving meal services included:
  o taking donations of dental care products.
  o increased variety of dietary options.
  o cooking foods so that they are softer and easier to chew.
• Public & private partnerships are essential to continue supporting and conducting research in aging populations.
More broadly, these lessons, along with the tools that were created through this project, should be used as the basis for much larger-scale studies, as well as modified HDMs and dental care aid distribution efforts, perhaps covering all of New York City and/or done in other parts of the United States (including other municipalities as well as rural areas, for comparison purposes).

**Impact (fiscal and non-fiscal)**

*Summarize the fiscal and/or non-fiscal impacts that implementing this innovation project has had on the grantee organization. Possible areas of impact include:*

- **Marketing/Communications**
- **Strategic Planning**
- **Advocacy/Outreach**
- **Board Development**
- **Staff Training and Engagement**
- **Client Engagement/Retention**
- **Collaborations with local stakeholders and community partners**
- **Engagement with local AAA / SUA**

For LiveOn, implementing this project has provided valuable experience in coordinating combined research and social service endeavors. LiveOn eventually hired a Grants Manager, who assisted with compiling and drafting report materials. Moreover, through the project, LiveOn staff became far more sensitized to how oral and dental health can have a major impact on the overall well-being of homebound older adults, as well as the serious nutritional and dental care needs of this often hard-to-reach population.
One Piece of Advice:

For one aspect of the stated lessons learned in doing this innovation project, please share a piece of advice for peer senior nutrition programs seeking to replicate the innovation project.

One major piece of advice is that recruiting older adults to participate in dental-nutrition projects requires extensive, yet compassionate outreach, as well as plenty of patience, including months of work that was highly labor and energy intensive. Multiple phone calls, revisions to study-related tools, and polite persuasion were needed to encourage various participants to respond, much less participate fully in the project. As explained earlier, reaching the original numerical enrollment goals proved to be elusive, though considerable progress was made, and the collected qualitative information was quite illustrative of the dental and nutrition issues that all too many seniors face. Future researchers and HDM providers who wish to replicate this project are strongly advised to budget sufficient financial and staff resources, as well as time, to obtain the conduct the necessary engagement of the target older adult population during all stages of the project. Another important note is to think broadly about the stakeholders to engage in the work. For example, the team’s engagement with DFTA was so important, as their support and cooperation proved helpful in many different ways.

For questions you may have while completing this assignment, please reach out to:

Phantane Sprowls, Phantane.Sprowls@acl.hhs.gov

Uche Akobundu, uche@mealsonwheelsamerica.org.