Administration for Community Living Innovation Grantee

2017 Cohort Capstone Assignment

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)
Individuals 60+ years, people with disabilities, older adults living in rural isolated areas or home-bound experience difficulties in accessing proper nutrition. Malnutrition and food insecurity are well-documented afflictions of older Americans, and this is all-too common in Missouri. Two projects implemented between 2017 -2019 by Mid America Regional Council’s (MARC’s) Area Agency on Aging and Aging Ahead Area Agency on Aging (AAA) explored innovative programs to combat food insecurity in Kansas City and St. Louis respectively.

**Mid-America Regional Council (MARC)**

**Title:** Connecting Home-Delivered Meals Clients to Food Pantry Resources Using Smart Speaker Technology

**Key Innovation Project Parameters:**

- **Population targeted (age, demographic characteristics, etc.):** Participants were recruited and selected from current home-delivered meal recipients by community partner organization, Shepherd’s Center Central (SCC). All clients are presumed to be high-risk because of current enrollment in MARC’s Older American Act Title III B Home-Delivered Meals program.

- **Geography (suburban, urban, rural):** Urban - Jackson County, Missouri

- **Service delivery setting:** Participant home

- **Staffing model/FTEs (paid/unpaid, #FTEs):** 0.53 FTE

- **Total grant funds received:** $94,604

- **Total funding leveraged from organization (cash/ in-kind):** $58,295
• **Number of staff/FTEs dedicated to innovation project:** 0.53 FTE, however including our community partners and contract staff it would be estimated that Shepherd’s Center Central contributed 0.25 FTE, Jewish Family Services contributed 0.06 FTE, and Delivery Services (volunteer and staff) would be 0.05 FTE. These combined would equal a total of 0.89 FTE.

**Aging Ahead**

**Title:** Choice counts program to improve service, delivery, and cost effectiveness of congregate nutrition programming for older people at high risk of malnutrition.

• **Population targeted:** Enrollment to Choose Counts program was open to all adults 60+ years eligible for Title IIIC meal program. However, the program was to benefit isolated older adults unable to access senior centers for congregate meals. Participants were recruited from Frick’s Food market service areas in Union and Sullivan cities Franklin County to ensure access to meals through the partnership.

• **Geography (suburban, urban, rural):** Rural - Franklin County, Missouri

• **Service delivery setting:** Through partnership with Frick’s Food Market at Union and Sullivan Cities

• **Staffing model/FTEs (paid/unpaid, #FTEs):** 0.57 FTE

• **Total grant funds received:** $26,530.91

• **Total funding leveraged from organization (cash/ in-kind):** $12,117.61

• **Number of staff/FTEs dedicated to innovation project:** Two staff members/ 0.57 FTE
**Background:**

For people with disabilities and individuals over age 60, receiving proper nutrition is a concern. Malnutrition and food insecurity are well-documented afflictions of older Americans, and this is all-too common in Missouri. According to the USDA, nearly 17% of Missouri households were food insecure in 2015 and 7% experienced very low food security. According to the United Health Foundation’s *America’s Health Ranking Senior Report 2013* edition, Missourians age 50 to 64 reporting very good or excellent health status dropped from 59% in 1995 to 47.8% in 2010 while obesity rates among these Missourians increased from 28% to 36.1%. Missouri ranked 33rd among the states for the health of its older adults. In 2009, Missouri ranked 13th among the state for the number of food insecure older adults and in 2013 ranked 9th for the percentage of underweight older adults.

**MARC - Project Purpose:**

The purpose of this project was to use technology interventions to improve service, delivery, and cost-effectiveness of nutrition programs for older people at high risk of malnutrition. For this portion of the project in-home artificial intelligence enabled speakers, Amazon Echo Show, were deployed to participant homes to reduce access barriers to good nutrition. The Amazon Echo show was programed with a Skill (“app”) to serve as an ordering hub. The skill was then programed with available nutritious food items available at the partner food pantry. Through voice-technology the device would guide participants through the ordering process, and the participant is able to choose what items they would like to receive.
from the options provided. Technology has proven to improve the level of choice a participant has in their nutrition services.

**Aging Ahead - Project Purpose:**

The purpose of *Choice Counts Meal Program* was to improve service, delivery, and cost effectiveness of congregate nutrition programming for older adults at high risk of malnutrition. To achieve this Aging Ahead has enhanced its current healthy dining options in community locations that older adults frequent and has partnered with Fricks Market in rural Missouri to give older adults choice, convenience, technology, and education. Choice Counts piloted the idea of providing participants access to Title IIIC meals three times a week, including one weekend day in the first year. In the second year, Choice Counts project used lessons learned and made changes to the program including: providing meals in only one location, reduced number of days to once a week, and focused on technology development to increase efficiency. Choice Counts meals are currently offered on Wednesdays, Frick’s Market in Union, during Deli hours, 10:00 am to 6:00 pm. In addition to access to a meal, Choice Counts participants are encouraged to build a meal consisting of all five food groups. Choice Counts also provides health education workshops at Union and online to improve health literacy and combat loneliness and depression.

**MARC - Project Partners:**

Local partners were engaged for this project. An alliance between the AAA (MARC), food delivery organization (Shepherd’s Center Central and MARC), and local food pantry (Jewish Family Services) were formed to deliver this service. Shepherd’s Center Central (SCC) was
identified as the community delivery partner, and they began recruiting participants from their service area in mid-town Kansas City. This area was chosen because SCC has a large volunteer network that could help deliver food orders to participants. Jewish Family Services (JFS) was chosen as a partner because of their successful and well-run community food pantry. Their pantry provided many options to people who shopped there. JFS also did not have zip code requirement as many food pantries in the area do, so this allowed greater flexibility in who was recruited for the program.

*Aging Ahead Project Partners*

Several community partners promoted the program and allowed for resources to be circulated in their premises, including, libraries, and senior centers. Frick’s Market at Union and Sullivan have been key meal partners. Our dietician has worked with their kitchen to have select meals that meet the federal requirements for a Title IIIC meal. These meals contain all five food groups and are provided to *Choose Counts Program* participants enrolled in the program.

Educational partners for monthly workshops were mainly through the University of Missouri Extension. Union Senior Center hosted several recruitment and enrollment events and continues to support the program.

**MARC Barriers:**

This project faced a variety of challenges that required creative problem solving to move forward. From the beginning, the Skill (i.e., “App”) development portion of the project
presented a challenge because of the robust skill certification process Amazon requires, and a unique coding language that decreased available developers. Once a Skill has been created and tested, the developer must send the skill to Amazon for their approval and certification. Amazon has a strict set of requirements a Skill must have to pass the certification process. This project required a Skill to be developed to order food items but there was no payment needed, this process diverged from the overall concept of Amazon as a commerce site, so it created a delay for certification. This delay reduced the time left to complete the intervention.

Subsequently, another obstacle to the success of this project was ensuring participants had internet access. Twenty-seven participants already had wireless internet in their homes, and 31 did not. We worked with a local agency to acquire low-cost wi-fi hotspots for the participants in need.

As previously stated, SCC was identified as the community delivery partner, and they began recruiting participants from their service area in mid-town Kansas City. This area was chosen because SCC has a large volunteer network that could help deliver food orders to participants. However, due to changes with the SCC agency, recruitment was varied throughout the project period, and more participants were needed. Therefore, the recruitment area was opened up to all of Jackson County, Missouri. This change increased enrollment but created a problem in locating volunteers to deliver to participants. To overcome this challenge, MARC AAA staff delivered food items to participants when volunteers were unavailable.

In addition, this project required a high-level of staff time, dedication, and attention. Device set up, participant training, and measurement paperwork required a total of 2-3 hours.
Invariably, technology challenges arose for a variety of reasons throughout the project period – tech support house calls were made to ensure participants were able to use their smart speaker device and were able to place their food orders. This assistance added approximately 20 hours of additional staff time throughout the project. Although there were participants who required additional and ongoing assistance, there were many participants who needed no assistance after the initial set up. This success seemed to depend on how familiar the participants were with technology prior to the project, and we will attempt to verify this perception through final data analysis.

*Aging Ahead Barriers:*

Technology Partner

Choice Counts program has experimented with several technology partners seeking advanced technologies with tracking capabilities for nutrition intake, and interactive feedback. Currently, the website www.makeyourmealcount.org provides program registration, interact with program staff via poll questions or a contact form.

Educational Session Attendance

Choice Counts program offers participants face-face education once a month. Majority of the attendees to these sessions are individuals already attending our senior centers and we are not reaching individuals throughout the community. The Choice Counts program team continues to identify additional ways to recruit individuals to the educational sessions such as newspaper articles and flyer distribution through the county.
MARC Successes and Lessons Learned:

Our data suggest that even high-risk, homebound older adults are ready and willing to use technology to receive services. Many participants had a smartphone and were somewhat familiar with using the apps. Perhaps in the future the program could be facilitated via technology that the participant is already familiar with, such as their smartphone, home computer, or tablet.

We observed nutritional systems impact and transformation through this project. The project demonstrated that an alliance between the AAA, food delivery organization, and local food pantry was possible. The food pantry partner was a new relationship as a result of the program, and a new relationship developed between the pantry organization and our partner delivery organization. The project also dispelled the myth of homebound home-delivered meals recipients being unable to prepare some of their own food items – either under their own cognizance or with the assistance of a formal or informal caregiver. Regardless, the supplemental nutrition was observed to improve the nutritional status of the participant’s household. Final findings indicate that the intervention had health benefits including improved perceived overall health and nutritional risk, as well as reduced depression scores. Participants also reported increased openness to technology and an increase in skills needed to utilize a smartphone and internet.

Aging Ahead Successes and Lessons Learned:

The project increased access to meals for older adults in Franklin County. Choice Counts has also provided and increase in technology exposure. Initially there was fear from both staff
and participants regarding technology comfort level. The Choice Counts team provided multiple
education and enrollment sessions in which e-mail accounts were created. Surprisingly,
program surveys indicate that 64% of participants already had an e-mail before signing-up for
the program. During this project we have learned that flexibility and adaption needs to occur,
and to not be afraid to try new things.

**MARC and Aging Ahead’s Products & Replication Tools:**

**Appendix A1.** A measurement battery was taken upon initial enrollment, and upon conclusion
of the participation in the project.

**Appendix B.** A publication for 2019 Show Me Summit on Aging and Health.

**Appendix C.** 15th Annual Showme Summit on Aging & Health, MA4 2018: *Technology
Innovations in Nutrition Programing Innovations in Nutrition;* James Stowe, Adrienne Reid, Lydia
Kaume

**Appendix D.** American Society on Aging, Network on Environments, Services and Technologies
Panty Items by Voice Tech in Kansas City;* Lydia Kaume, Kayla Hower, & James Stowe

**Appendix E.** The NANASP 2019 Full Steam Ahead Annual Training Conference 2019, Long
Beach, CA; *Innovations in Nutrition Programing Innovations in Nutrition;* Lydia Kaume, Jean
Sotomayor, Kayla Hower, & James Stowe
Appendix F. National Association on Area Agencies on Aging, Innovations and Achievements Awards, New Orleans, LA: Connecting Home-Delivered Meals Clients to Food Pantry Resources Using Smart Speaker Technology; Kayla Hower, & James Stowe, Lydia Kaume

Appendix G. 2019 Meals on Wheels Annual Conference and Expo, Dallas, Texas: Quality Aligned Innovations in Nutrition; Jean Sotomayor, Kayla Hower, Lydia Kaume & James Stowe

Appendix H. Intervention Manual- Home-Delivered Meals Clients to Food Pantry Resources. The intervention manual is attached. The manual contains all participant training and communication materials that were developed.

MARC: Outcomes:

Pre- and post-survey instruments that included scientifically validated measures of perceived health and well-being, nutrition security, and openness to technology were implemented for each participant. Performance measures included amount of food delivered (i.e., number of equivalent meals), and participant satisfaction with the service. Analyses among a small sub-sample revealed increased socialization resulting from contacts by volunteers during delivery of food pantry items (two additional interactions per month). Based on comparisons of pre- and post-measurements, participants who have completed the intervention have decreased depression scores. Additionally, over half of the clients reported that they are feeling better since the intervention. As expected, client reported they are use the smart speaker device for more than just food ordering, many citing music as one additional use of the device.
Anecdotal reports from the field indicated approximately half of the sample felt very comfortable with the technology, as measured by the need for technical assistance. The remaining half fell upon a spectrum of technical assistance need. A small minority of participants needed help with device initiation and at each order.

**Aging Head: Outcomes:**

Pre and post surveys were administered to measure several outcomes in this project. The results are self-reported assessments for: overall health, perceived nutritional status, appetite, food taste, meals eaten per day, level of socialization, taste, number of meals, satiety, appetite, socialization and frequency of loneliness/depression. Between 2017 – 2019, there was a total of 650 seniors that signed up for the Choice Count program. However, only 270 have remained active.

Active participants were described as seniors that used Choice Counts program regularly and remained active in the program for at least six months. Post surveys were delivered to the 270 active participants, and 107 out of 270 active participants. Respondents age range was 60 – 98 years old and average age was 72 years. The respondents were 38 males and 69 females. The number of meals served indicate reduced food insecurity in Sullivan and Union Missouri. Results in graphs below show conclusive self-reported outcomes for improved taste and appetite; and reduced depression.

**MARC: One Piece of Advice:**
Throughout the project there were tech problems that came up for a variety of reasons — so “tech support” house calls were made. This additional assistance added up to over 20 hours throughout the project. Although there were participants who required additional and ongoing assistance, there were many participants who needed no assistance after the initial setup. This success seemed to depend on how familiar the participants were with technology prior to the project.

We believe older adults are ready and willing to utilize technology to receive services. Many participants had a smartphone and were somewhat familiar with using the apps — perhaps in the future a program such as this could be delivered via technology that the participant is already familiar with, such as their smart phone, home computer, or tablet.

**Aging Ahead: One Piece of Advice:**

We would advise that agencies acquire a technology system to track enrollment, participation and facilitate interactive feedback and personal nutritional/health and increase engagement. Without a good tracking system, the cost of the program may become prohibitive.

Enrollment numbers for Choice counts Program grew quickly to 650 in two years even though only 270 have stayed active. We wish we knew that program participation numbers would be this high, Aging Ahead would have negotiated a better meal rates with Frick’s market. We also missed an opportunity to promote donations to cover program costs. The contract with Frick’s Market was costing us $8.00/meal and the average donations per month were $0.77 cents/meal.
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.
<table>
<thead>
<tr>
<th>Enrollment Form</th>
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<tbody>
<tr>
<td><strong>Contact Information</strong></td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Email</td>
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<tr>
<td>Client Measurement</td>
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**Demographic and Background Information**

<table>
<thead>
<tr>
<th>Lives Alone?</th>
<th>□ Yes (1)</th>
<th>□ No (0)</th>
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<tbody>
<tr>
<td>County</td>
<td></td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Marital Status</th>
<th>□ Single (1)</th>
<th>□ Married (2)</th>
<th>□ Divorced (3)</th>
<th>□ Partnered (4)</th>
<th>□ Separated (5)</th>
<th>□ Widowed (6)</th>
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<th>Race</th>
<th>□ Afr Am (1)</th>
<th>□ Am Ind/Nat AK (2)</th>
<th>□ Asian (3)</th>
<th>□ Nat HI/Pac Island. (4)</th>
<th>□ White (5)</th>
<th>□ Other (6)</th>
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<tr>
<th>Hispanic, Latino, or Spanish Origin?</th>
<th>□ Yes (1)</th>
<th>□ No (0)</th>
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<thead>
<tr>
<th>BMI</th>
<th>What is your weight? ___________lbs.</th>
<th>What is your height? ________ft. ________in.</th>
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<tr>
<th>Age 85+?</th>
<th>□ Yes (1)</th>
<th>□ No (0)</th>
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**At risk if 85+**

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<tr>
<th>□ At Risk (1)</th>
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**Homebound** derived from Musich et al., 2015 *(Geriatr Nurs., 36, 445-450)*

<table>
<thead>
<tr>
<th>How many days do you leave your home each week?</th>
<th>□ 0-1 (1)</th>
<th>□ 1-3 (2)</th>
<th>□ 3+ (3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If you left your home, was it difficult?</th>
<th>□ Yes (2)</th>
<th>□ Somewhat (1)</th>
<th>□ No (0)</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>Assistance required to leave your home?</th>
<th>□ Yes (1)</th>
<th>□ No (0)</th>
</tr>
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</table>

**At risk if leaves only 0-1 times/week; discontinue interview if ≥ 1/week w/o difficulty**

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<tr>
<th>□ At Risk (1)</th>
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**SNAQ (Simplified Nutritional Assessment Questionnaire)**

Source: SLU Rapid Geriatric Assessment

<table>
<thead>
<tr>
<th>My appetite is</th>
<th>□ Very poor (1)</th>
<th>□ Poor (2)</th>
<th>□ Average (3)</th>
<th>□ Good (4)</th>
<th>□ Very good (5)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Food Tastes</th>
<th>□ Very bad (1)</th>
<th>□ Bad (2)</th>
<th>□ Average (3)</th>
<th>□ Good (4)</th>
<th>□ Very good (5)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>When I eat I feel full after eating...</th>
<th>□ few mouthfuls (1)</th>
<th>□ ~1/3 meal (2)</th>
<th>□ &gt;1/2 meal (3)</th>
<th>□ most meal (4)</th>
<th>□ Hardly ever full (5)</th>
</tr>
</thead>
</table>

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<tr>
<th>Normally I eat ___ meal(s) per day</th>
<th>□ &lt;1 (1)</th>
<th>□ 1 (2)</th>
<th>□ 2 (3)</th>
<th>□ 3 (4)</th>
<th>□ &gt;3 (5)</th>
</tr>
</thead>
</table>

Version: 10/24/2017
### FRAIL Questionnaire

- **Fatigue:** Are you fatigued?  
  - Yes (1)  
  - No (0)

- **Resistance:** Can you walk up one flight of stairs?  
  - Yes (0)  
  - No (1)

- **Aerobic:** Can you walk one block?  
  - Yes (0)  
  - No (1)

- **Illnesses:** Do you have more than 5 illnesses?  
  - Yes (1)  
  - No (0)

- **Loss of weight:** Have you lost more than 5% of your weight in the last 6 months?  
  - Yes (1)  
  - No (0)

**Score of 0-14 indicates significant risk of at least 5% weight loss within 6 months**  
☐ At Risk (1)

### SARC-F (Strength, Assistance in walking, Rise from a chair, Climb stairs, Falls) Screen for Sarcopenia (Loss of Muscle)

- **Difficulty lifting & carrying 10 lbs?**  
  - None (0)  
  - Some (1)  
  - A lot or unable (2)

- **Difficulty walking across a room?**  
  - None (0)  
  - Some (1)  
  - A lot, use aids or unable (2)

- **Difficulty transferring from a chair/bed?**  
  - None (0)  
  - Some (1)  
  - A lot or unable w/o help (2)

- **Difficulty climbing a flight of ten stairs?**  
  - None (0)  
  - Some (1)  
  - A lot or unable (2)

- **How many times have you fallen in the last year?**  
  - None (0)  
  - 1-3 Falls (1)  
  - ≥4 Falls (2)

**Total score of 4+ indicates at risk (Sarcopenia)**  
☐ At Risk (1)

### Choice: Healthy Living for Seniors

Source: Mid-East AAA Choice program

<table>
<thead>
<tr>
<th>Question</th>
<th>Excellent (5)</th>
<th>Very Good (4)</th>
<th>Good (3)</th>
<th>Fair (2)</th>
<th>Poor (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. My overall health is:</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Since I began this project, my overall health has:</td>
<td>☐ Improved (3)</td>
<td>☐ Not Changed (2)</td>
<td>☐ Declined (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. In general, I have been feeling:</td>
<td>☐ Excellent (5)</td>
<td>☐ Very Good (4)</td>
<td>☐ Good (3)</td>
<td>☐ Fair (2)</td>
<td>☐ Poor (1)</td>
</tr>
<tr>
<td>11. Since I began this project, the way I’ve been feeling in general has:</td>
<td>☐ Improved (3)</td>
<td>☐ Not Changed (2)</td>
<td>☐ Declined (1)</td>
<td></td>
<td></td>
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</tbody>
</table>
12. As a result of my participation in this project (select all that apply), ...

☐ I am socializing more (1)

☐ I am living a healthier life (2)

☐ I have a better understanding of how to access information, including community resources (3)

☐ I have taken advantage of new resources in the community. (4) If so, which ones? __________

☐ I have a better understanding of nutritional information (e.g., nutrition labels and dietary recommendations (5)

☐ I have a better understanding of health information (e.g., directions from healthcare providers and prescriptions (6)

AD-8 Dementia Screening (Galvin JE et al., Neurology, 2005:65559-564)

If possible, the AD8 should be administered to an informant. *Remember, “Yes, a change” indicates that there has been a change in the last several years caused by a cognitive (thinking and memory) problem.*

1. Problems with judgement (e.g., problems with making decisions, bad financial decisions, problems with thinking

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

2. Less interest in hobbies/activities

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

3. Repeats the same things over and over (questions, stories, or statements)

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

5. Forgets the correct month or year

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

7. Trouble remembering appointments

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

8. Daily problems with thinking and/or memory

☐ YES, A change (1) □ NO, No change (0) □ N/A Don’t Know (.)

Score of ≥2, at-risk for dementia

☐ At Risk (1)

<table>
<thead>
<tr>
<th>Total Risk</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
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<tbody>
<tr>
<td></td>
<td>□ 0</td>
<td>□ 1</td>
<td></td>
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<td></td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
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<tr>
<td></td>
<td>□ 5</td>
<td>□ 6</td>
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## Technology

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (1)</th>
<th>No (0)</th>
</tr>
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<tbody>
<tr>
<td>Do you own a computer?</td>
<td></td>
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<tr>
<td>Do you have regular access to the internet in your home?</td>
<td></td>
<td></td>
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<tr>
<td>Do you own a smartphone (e.g., iPhone, Samsung Galaxy, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to use services that require use of a smartphone or the internet?</td>
<td></td>
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<tr>
<td>How open are you to new technology?</td>
<td></td>
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### Post-Intervention Only

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (1)</th>
<th>No (0)</th>
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<tbody>
<tr>
<td>Using your smart speaker (<em>point to device</em>), are you able to order food items on your own?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you use your smart speaker for ordering food</td>
<td>Never (1)</td>
<td>Less than monthly (2)</td>
</tr>
<tr>
<td>How often do you use your smart speaker for any purpose</td>
<td>Never (1)</td>
<td>Less than monthly (2)</td>
</tr>
</tbody>
</table>

Please tell me what you use your smart speaker for (all uses, not just for ordering food):
**PHQ-9: Geriatric Depression Questionnaire**

Spitzer, Kroenke, Williams (1999). *JAMA, 282*

**Over the last 2 weeks,** how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all (0)</th>
<th>Several days (1)</th>
<th>More than half the days (2)</th>
<th>Nearly every day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Poor appetite or overeating?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Feeling bad about yourself— or that you are a failure or have let yourself or your family down?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite— being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
9. Thoughts that you would be better off dead or of hurting yourself in some way? ☐ ☐ ☐ ☐

**Total score** = ___ + ___ + ___
Scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression.

| If you selected any of these issues, how difficult have these issues made it for you to do your work, take care of things at home, or get along with other people? |
|---|---|---|---|
| ☐ Not difficult at all | ☐ Somewhat difficult | ☐ Very difficult | ☐ Extremely difficult |

**Functional Assessment**

**Levels of Assistance:**
0 = Independent – Completes the task independently
3 = Minimum Assistance – Occasional assistance or supervision may be necessary
6 = Moderate Assistance – Assistance or supervision is always necessary
9 = Maximum Assistance – Totally dependent on others

**Activities of Daily Living (ADLs)**

<table>
<thead>
<tr>
<th>Eating</th>
<th>☐ Ind (0)</th>
<th>☐ Min (3)</th>
<th>☐ Moderate (6)</th>
<th>☐ Max (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>☐ Ind (0)</td>
<td>☐ Min (3)</td>
<td>☐ Moderate (6)</td>
<td>☐ Max (9)</td>
</tr>
<tr>
<td>Grooming</td>
<td>☐ Ind (0)</td>
<td>☐ Min (3)</td>
<td>☐ Moderate (6)</td>
<td>☐ Max (9)</td>
</tr>
<tr>
<td>Dressing</td>
<td>☐ Ind (0)</td>
<td>☐ Min (3)</td>
<td>☐ Moderate (6)</td>
<td>☐ Max (9)</td>
</tr>
<tr>
<td>Toilet Use</td>
<td>☐ Ind (0)</td>
<td>☐ Min (3)</td>
<td>☐ Moderate (6)</td>
<td>☐ Max (9)</td>
</tr>
<tr>
<td>Mobility</td>
<td>☐ Ind (0)</td>
<td>☐ Min (3)</td>
<td>☐ Moderate (6)</td>
<td>☐ Max (9)</td>
</tr>
<tr>
<td>Transferring</td>
<td>☐ Ind (0)</td>
<td>☐ Min (3)</td>
<td>☐ Moderate (6)</td>
<td>☐ Max (9)</td>
</tr>
</tbody>
</table>

**Instrumental Activities of Daily Living (IADLs)**

| Laundry | ☐ Ind (0) | ☐ Min (3) | ☐ Moderate (6) | ☐ Max (9) |
### Satisfaction with Social Roles and Activities

Source: PROMIS Health Organization and PROMIS Cooperative Group, 2016

<table>
<thead>
<tr>
<th>Please respond to each item by selecting one box per row</th>
<th>Not at all (1)</th>
<th>A little bit (2)</th>
<th>Somewhat (3)</th>
<th>Quite a bit (4)</th>
<th>Very much (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with my ability to do things for my family</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with my ability to do things for fun with others</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>I feel good about my ability to do things for my friends</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with my ability to perform my daily routines</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with my ability to do things for fun outside my home</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with my ability to meet the needs of my friends</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>I am satisfied with my ability to do the work that is really important to me (include work at home)</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
I am satisfied with my ability to meet the needs of my family

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Stanford Chronic Disease Self-Management study questions**

**Health care utilization/Hospitalization**


**During the past 6 months...**

- How many visits have you made with your doctor, including ER visits?
- Number of hospitalizations?
- Number of nights spent in the hospital?

**PEPL Fall Question**


In the past month, have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?

| ☐ Yes | ☐ No (0) |

| ☐ | ☐ | ☐ |

**Three-Item Loneliness Scale**


*Lead-in and questions are read to the respondent.*

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

**First, how often do you feel that you lack companionship?**

| ☐ Hardly ever (1) | ☐ Some of time (2) | ☐ Often (3) |

**How often do you feel left out?**

| ☐ Hardly ever (1) | ☐ Some of time (2) | ☐ Often (3) |

**How often do you feel isolated from others?**

| ☐ Hardly ever (1) | ☐ Some of time (2) | ☐ Often (3) |

**NHLBI We Can! Questionnaire, short**

Source: Ways to Enhance Children’s Activity and Nutrition national movement.

How many total servings of fruits and vegetables do you eat each day?

| ☐ At least 2 (1) | ☐ At least 5 (2) | ☐ At least 9 (3) | ☐ At least 10 (4) | ☐ I don’t know (5) |

The foods that I eat and drink now are healthy

<p>| ☐ Yes, all of the time (2) | ☐ Yes, sometimes (1) | ☐ No (0) |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you ever eat high fiber cereal?</td>
<td>☐ Almost always or always (2)</td>
<td>☐ Sometimes (1)</td>
<td>☐ Almost never or never (0)</td>
<td></td>
</tr>
<tr>
<td>Do you ever eat whole wheat bread?</td>
<td>☐ Almost always or always (2)</td>
<td>☐ Sometimes (1)</td>
<td>☐ Almost never or never (0)</td>
<td></td>
</tr>
<tr>
<td>Do you ever drink 100% fruit juice?</td>
<td>☐ Almost always or always (2)</td>
<td>☐ Sometimes (1)</td>
<td>☐ Almost never or never (0)</td>
<td></td>
</tr>
<tr>
<td>Do you ever eat fruit for lunch?</td>
<td>☐ Almost always or always (2)</td>
<td>☐ Sometimes (1)</td>
<td>☐ Almost never or never (0)</td>
<td></td>
</tr>
<tr>
<td>Do you ever eat vegetables for dinner?</td>
<td>☐ Almost always or always (2)</td>
<td>☐ Sometimes (1)</td>
<td>☐ Almost never or never (0)</td>
<td></td>
</tr>
<tr>
<td>Where do you usually get your food?</td>
<td>☐ Corner Store (1)</td>
<td>☐ Larger Grocery Stores (2)</td>
<td>☐ Pantry (3)</td>
<td>☐ Online (4)</td>
</tr>
<tr>
<td>What type of food do you prefer?</td>
<td>☐ Pre-Cooked Foods (1)</td>
<td>☐ Fresh Foods (2)</td>
<td>☐ Frozen Foods (3)</td>
<td>☐ Canned Foods (4)</td>
</tr>
<tr>
<td>Post-Intervention Only</td>
<td>☐ Not at all (1)</td>
<td>☐ A little bit (2)</td>
<td>☐ Somewhat (3)</td>
<td>☐ Quite a bit (4)</td>
</tr>
</tbody>
</table>
 ACL Innovations in Nutrition Project - MEAAA Site. Choice Access Post-Survey

<table>
<thead>
<tr>
<th>Date:</th>
<th>Client ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Enrollment Form

### Contact Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Gender</th>
<th>DOB (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ M (1) ☐ F (2)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email address</th>
<th>Client ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACL Innovations in Nutrition Project - MEAAA Site. Choice Access Post-Survey

Date:  

Client ID:  

Age in years:  

Gender:  

☐ Female  ☐ Male  ☐ Prefer not to answer  

Based on the number of people living in your household, is your income lower that the number listed below?

<table>
<thead>
<tr>
<th># in Household</th>
<th>Monthly Income</th>
<th># in Household</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$981</td>
<td>4</td>
<td>$2,021</td>
</tr>
<tr>
<td>2</td>
<td>$1,328</td>
<td>5</td>
<td>$2,368</td>
</tr>
<tr>
<td>3</td>
<td>$1,675</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ My income is lower  ☐ My income is higher  ☐ Prefer not to answer  

SNAQ (Simplified Nutritional Assessment Questionnaire)

My appetite is:  

☐ Very poor (1)  ☐ Poor (2)  ☐ Average (3)  ☐ Good (4)  ☐ Very good (5)  

Food Tastes:  

☐ Very poor (1)  ☐ Poor (2)  ☐ Average (3)  ☐ Good (4)  ☐ Very good (5)  

When I eat I feel full after eating...  

☐ few mouthfuls (1)  ☐ 1/3 meal (2)  ☐>1/2 meal (3)  ☐ most of meal (4)  ☐Hardly ever full (5)  

Normally I eat_____ meals(s) per day  

☐<1 (1)  ☐>3 (5)  ☐1 (2)  ☐2 (3)  ☐3 (4)  

My perceived overall health is:  

☐ Excellent  ☐ Very Good  ☐ Good  ☐ Fair  ☐ Poor  

In general, I socialize/interact with others:  

☐ Hardly ever  ☐ Occasionally  ☐ Often  

In a given week, I generally feel down (depressed)?  

☐ Not at all  ☐ Some days  ☐ Every day  

Thank you for your participation!
Completing this survey helps Mid-East Area Agency on Aging (MEAAA) understand how your participation in the CHOICE Access impacts your health and well-being. We appreciate your input!

Date: | Client ID:
---|---

Estimate the **number of sessions** you’ve attended Choice Access program:

- [ ] 1-5
- [ ] 5-10
- [ ] 10 or more

As a result of my participation in the program series, I (select all that apply), …

- [ ] Socialize more
- [ ] Live a healthier life
- [ ] Better understand nutritional info.
  (e.g., labels, dietary recommendations)
- [ ] Better understand health info.
  (e.g. directions from healthcare providers and prescriptions)
- [ ] Better understand how to access info, including community resources
- [ ] Take advantage of new resources in the community. If so, which ones?

<table>
<thead>
<tr>
<th>SNAQ (Simplified Nutritional Assessment Questionnaire)</th>
</tr>
</thead>
<tbody>
<tr>
<td>After participating in Choice Access program my appetite is:</td>
</tr>
<tr>
<td>☐ Very poor (1)</td>
</tr>
<tr>
<td>☐ Very good (5)</td>
</tr>
<tr>
<td>After participating in Choice Access program food Tastes:</td>
</tr>
<tr>
<td>☐ Very poor (1)</td>
</tr>
<tr>
<td>☐ Very good (5)</td>
</tr>
<tr>
<td>After participating in Choice Access program when I eat I feel full after eating…</td>
</tr>
<tr>
<td>☐ few mouthfuls (1)</td>
</tr>
<tr>
<td>☐ most of meal (4)</td>
</tr>
<tr>
<td>After participating in Choice Access program I eat____ meals(s) per day</td>
</tr>
<tr>
<td>☐ &lt;1 (1)</td>
</tr>
<tr>
<td>☐ &gt;3 (5)</td>
</tr>
</tbody>
</table>

After participating in Choice Access program my perceived overall health is:

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

After participating in Choice Access program, I socialize/interact with others:

- [ ] Hardly ever
- [ ] Occasionally
- [ ] Often

Thank you for your participation!
ACL Innovations in Nutrition Project - MEAAA Site. Choice Access Post-Survey

Date:                      Client ID:  

After participating in Choice Access program, in a given week, I generally feel down (depressed)?

☐ Not at all   ☐ Some days   ☐ Every day

Since attending the program series, my perceived overall health has:

☐ Improved   ☐ Not changed   ☐ Declined

My perceived nutritional status has:

☐ Improved   ☐ Not changed   ☐ Declined

Since I begin attending the program series, my frequency of feeling down (depressed) has:

☐ Improved   ☐ Not changed   ☐ Declined

Thank you for your participation!
INNOVATIONS IN NUTRITION PROGRAMS
ACL HHS-2017-ACL-AOA-INNU-0235, grant #90INNU003-01-00

Aging Ahead: Choice counts program to improve service, delivery, and cost effectiveness of congregate nutrition programming for older people at high risk of malnutrition.

Mid America Regional Council (MARC): Use Amazon Echo to connect clients to extant community resources, improve delivery, and cost-effectiveness of in-home nutrition for older people at high risk of malnutrition.

Program Highlights

Choice Counts Program

- 650 older adults in congregate meal program enrolled in Choice Counts
- Over 9587 congregate meals served
- Published in several local articles
- 107 post-surveys analyzed.
- Exploring advanced meal ordering system

"KCPantry" – Smart speaker Program

- Impacting 60 HDM senior adults
- Client meal choice and satisfaction
- N4A 2019 Award Winner
- HDM clients’ improved health outcomes
- Strong community-based partners
- Staff training for emergent technologies


2019 National Association on Area Agencies on Aging, Innovations and Achievements Awards, New Orleans, LA: Connecting Home-Delivered Meals Clients to Food Pantry Resources Using Smart Speaker Technology; Kayla Hower, & James Stowe, Lydia Kaume

2019 Meals on Wheels Annual Conference and Expo, Dallas, Texas: Quality Aligned Innovations in Nutrition; Jean Sotomayor, Kayla Hower, Lydia Kaume & James Stowe

**Partners**

- Dr. Catherine Edwards PhD, MA4 Executive Director, MA4
- James D. Stowe PhD, Director, MARC Aging & Adult Services
- Kayla Hower, Mid-America Regional Council (MARC) Project Coordinator
- Jean Sotomayor, Aging Ahead, Site Director
- Lydia Kaume, PhD, RDN, Project Director

- Jo Hickey, Pantry Manager Jewish Family Services
- Porsche Elkins, Pantry Coordinator, Jewish Family Services
- Frick’s Food Markets, Union and Sullivan Missouri
- Shepherds’ Center Central
- LimePi Digital
- KC Digital Drive
- Connecting for Good
Technology Innovations in Nutrition Programing

Technology Interventions to Improve Congregate and Home-delivery Nutrition Programs for High-risk Seniors

Project Partners

Missouri Association of Area Agencies on Aging - Dr. Catherine Edwards Ph.D, MA4 Executive Director

Mid-America Regional Council - Dr. James D. Stowe PhD, Director, Aging & Adult Services, Site Director

Aging Ahead - Alyssa Gaterman, Community Programs Specialist, and Site Director.

Shepherds Center Central – Kayla Hower, Meals on Wheels Program Manager

Presenters: Alyssa Gaterman, Kayla Hower, and Lydia Kaume, Ph.D. RDN.LD Project Director
Technology Innovations in Nutrition Programing

Advancing service
Innovating delivery
Improving cost-infectiveness

Food Insecurity

10+ Million
Number of adults 50 and older at risk of hunger every day

$130.5 Billion
Estimated annual health care costs resulting from food insecurity

60%
Percentage of seniors more likely to experience depression because of food insecurity

AARP 2018

ACL
Administration for Community Living

ma4 Missouri Association of Area Agencies on Aging
Linking Hunger to Chronic Health Conditions

4.6 MILLION+ BABY BOOMERS AGE 50-59 ARE FOOD INSECURE.

FOOD INSECURITY
The state of being without reliable access to a sufficient quantity of affordable, nutritious food.

FOOD INSECURE BABY BOOMERS ARE MORE LIKELY TO EXPERIENCE CHRONIC HEALTH CONDITIONS.

DIABETES
19% have diabetes

MENTAL AND EMOTIONAL PROBLEMS
28% have depression

REDUCED MUSCLE MASS, POOR VISION AND LOWER BONE DENSITY
95% have at least one act of daily living limitation (ADL)

BABY BOOMERS SPEND TWICE AS MUCH ON HEALTH CARE AS YOUNG ADULTS DO.\(^2\)

FOOD INSECURITY \(^2\)
Costs U.S. adults an estimated $130.5 billion.

Senior Population at Risk

Younger seniors
Adults living alone
Lower income
Lower income
Adults in South & Midwest
Adults with disabilities

https://www.americashealthrankings.org
Background:
Senior Food Insecurity

Background:

- Poor health
- Poor food-management skills
- Lack of reliable social support
- Lack of transportation
- Poverty
- Disability

42% of seniors use SNAP
120,000+ adults receive CACFP
600K are on CSFP
≈ 3000 Senior centers

USDA 2018: https://nccd.cdc.gov/BRFSSP ; endseniorhunger.aarp.org
Aging Ahead

To use *Choice Counts* advanced data card technology to improve service, delivery, and cost-effectiveness of congregate nutrition programming for older people at high risk of malnutrition.

Mid-America Regional Council

To use in-home artificial intelligence enabled speakers to improve service, delivery, and cost-effectiveness of in-home nutrition for older people at high risk of malnutrition.
Brief Project Accomplishments

- Measurement – pre/post developed
- Participants enrolled
- Ordering & delivery systems developed
I. Developed data card technology
II. Recruited/serving over 160 seniors 3 days/week
III. Nutritious meals through local food market - Frick’s
IV. Alternative to congregate meals at senior centers

I. Developed “Showme KC pantry” voice ordering technology
II. Reducing food insecurity for home-bound seniors
III. Working with food pantry – Jewish Family services
IV. Delivery by Shepherds centre - Meals on wheels volunteers

Goals

- Increase Choice and convenience to healthy meal options and giving participants the opportunity to “Make their Meal Count”
- Educate and expose participants to technology
- Partner with local community organizations to educate on a variety of topics related to the aging journey and provide access to community resources.
Participating in Choice Counts

- Must be 60 years of age or older
- Valid e-mail address
- Complete online enrollment forms which include a registration form, to collect general demographics, and an initial survey for baseline measures (post survey to be completed at six months for data review).
Education

Online
• My Tools
  • Brain Games
  • Quizzes
  • Choice Counts Meal Tracking

Sessions
• Provided by local organizations
• Market Café
• Once Monthly

MAKE YOUR MEAL COUNT

• The Choice Counts ordering system allows participants to view a “Meal Counter” as they make meal choices.
• Choice Counts encourages participants to select meals that qualify as a IIIC meal.
<table>
<thead>
<tr>
<th>TO DATE</th>
<th>STILL TO COME</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 150 participants enrolled and growing</td>
<td>• Participant portal finalization</td>
</tr>
<tr>
<td>• Over 1,000 Choice Counts Meals served</td>
<td>• 2ND Meal Location</td>
</tr>
</tbody>
</table>

Let’s Eat
Participant Selection & Enrollment

- Selected from Title III Home Delivered Meal (HDM) recipients – Assumed to be high risk
- Shepherd’s Center Central Contract Area
- Initial info about project sent out with meals
- Asking clients about interest in participation during new and/or annual HDM assessments
- Complete initial measurement battery

Smart Speaker – Amazon Echo Show

What is Echo Show?

"Alexa, show my calendar."

"Alexa, show my photos."

Voice responses from Alexa are now enhanced with visuals and optimized for visibility across the room. Call or message your family and friends that also have an Amazon Echo or the Alexa App, get the news with a video flash briefing, see your Prime Photos, shop with your voice, see lyrics with Amazon Music, browse and listen to Audible audiobooks, and more. All you have to do is ask.

Echo Show has eight microphones and beam-forming technology so it can hear you from across the room—even while music is playing. Echo Show is also an expertly tuned speaker that can fill any room with immersive audio powered by Dolby. When you want to use Echo Show, just say the wake word “Alexa” and Echo Show responds instantly.
ShowMe Pantry Skill – Dashboard

ShowMe Pantry Skill - Dashboard
Food Ordering & Delivery

- First order is placed when the device is deployed to home.
- Participants can order food on the 1st and 3rd Monday of the month.
- Food is then delivered on the Thursday following their order.

Food Ordering Demonstration
How home-delivered meals clients order food pantry items by voice tech in Kansas City

Lydia Kaume, Ph.D., R.D.N., L.D.
University of Missouri—Kansas City

James Stowe, Ph.D.
Mid-America Regional Council

Kayla Hower, M.P.H.
Mid-America Regional Council

With gratitude to Meals on Wheels America / Kellogg Foundation and the Administration for Community Living, Innovations in Nutrition Programs and Services funding ACL HHS-2017-ACL-AOA-INNU-0235, grant #90INNU003-01-00 (Edwards, PI) and MOWA/Kellogg (Stowe, PI)

Background

- For older adults involved in home-delivered meals programs, access to weekend meals and supplemental fresh fruits and vegetables remains difficult.
- These access issues drive food insecurity, a risk of malnutrition, and nutrition is known to be one social determinant of health.
- Home-delivered meals clients are known to suffer high rates of social isolation and associated co-morbidities.
- This group of older people are also less likely to access and utilize technology and have more irregular access to internet than others.
- This project employed smart speakers in client homes to reduce barriers to access healthy food options.

Project Aim

Use technology innovations to connect nutrition clients to extant community resources, coordinate care and individualize nutrition offerings, and maximize choice among nutrition clients.

Methods

Sample: 60 high-risk home-delivered meals recipients

Intervention:

- Trial a smart speaker Skill (app) to facilitate voice ordering of food from a partner food pantry that amounted to the nutritional equivalent of 14 meals.
- Users are provided 12-month internet access, when necessary, and given instructions on how the devices work.
- Suggestions to incorporate the device into the client’s everyday life, in addition to ordering food, were also provided.
- The Skill allowed users to order individual items from food categories (e.g., vegetables, protein, fruit, etc.) that were regularly available at the partner food pantry.
- Completed orders were automatically sent to the partner organizations who packaged the order and then delivered food boxes through extant volunteer home-delivered meals drivers.
- Pre- and post-intervention measures of perceived health and well-being were measured with each participant.
- Openness to emergent technology and use patterns were also measured, as well as qualitative information on how the clients interacted with the devices.

Outcomes

- To date, 20 home-delivered meals clients received a voice controlled smart speaker equipped with a Skill (app) for ordering food items from a local pantry.
- A new Skill (app) was developed for specific use by older home-delivered meals clients.
- A new process and relationship between an Area Agency on Aging, food pantry and community-based organization was created.
- Staff and organizations were trained on how to introduce high-risk older clients to emergent consumer technology.

Results

- Sample results from two clients who have completed the project.
- This project has provided increased socialization resulting from contacts by volunteers during delivery of food pantry items (two additional interactions per month).
- Based on comparisons of pre- and post-measurements, both participants who have completed the intervention have decreased depression scores.
- Additionally, clients reported that they are feeling better since the intervention. One participant reported improved health; one reported maintained self-reported health.
- As expected, clients reported they use the smart speaker device for more than just food ordering, both citing music as one additional use of the device.

Implications

- The Aging Network must move forward with technology innovations to improve nutrition and connect clients to other meaningful deployments of advanced devices.
- High-risk older people are ready and capable to use technology.
- Stable, consistent access to high-speed internet continues to be a monumental barrier.
- Emerging consumer devices are difficult for agency deployment (process and account ownership barriers).

Disclaimer

The content is solely the responsibility of the authors and does not necessarily represent the official views of any sponsoring, collaborating, or mentioned agency. The funding sources of this work had no role in the study design, collection, analysis and interpretation of the data, writing of the report; or in the decision to submit the article or poster for publication.
Project Overview

*Choice Counts:* improve service, delivery, and cost-effectiveness of congregate nutrition programming for older people at high risk of malnutrition.

Use in-home smart speaker skill (app) to connect clients to extant community resources, improve delivery, and cost-effectiveness of in-home nutrition for older people at high risk of malnutrition.
**Project Progress**

- 22 HDM clients - piloted Alexa’s “KCpantry” skill
- Self-reported improvements in health outcomes & isolation
- Developed Alexa Skill ordering system
- 68 food pantry deliveries made
- 6 contracts, New processes, Pantry, AAA, CBO
- Staff training for emergent technologies
- 666 enrolled & 7788 congregate meals served

**Core Opportunities**

**Technology**
- Internet access
- Balancing technical limitations with consumer needs

**Sourcing Food items & Partners**
- Title III-C compliance
- Client choice
- Right community partners

**Capacity**
- In-house staff capacity development
- Staff & volunteer technology capacity
- Participants
Connecting Home-Delivered Meals Clients to Food Pantry Resources Using Smart Speaker Technology

Mid-America Regional Council

For homebound older adults, poor access to healthy foods drives food insecurity, increases the risk of malnutrition and is a known social determinant of health. Echo Show, Amazon’s voice-controlled touch-screen smart speaker that uses Alexa artificial intelligence, can be used to connect home-delivered meals clients to food pantry resources through the Show Me KC Pantry app.

Through this pilot program, 60 homebound older adults participating in the Older Americans Act (OAA) Title III home-delivered meals program were provided with smart speakers equipped with the Show Me KC Pantry application. Participants received training on using Alexa in their everyday lives and specifically for ordering food. Orders, which are constrained based on Dietary Reference Intakes requirements, are sent automatically to the partner food pantry, which packages and delivers food boxes via volunteer home-delivered meals drivers.

**Budget:**
Program costs include annual personnel and fringe benefits to support project development ($11,649), Echo Show smart speakers ($5,400), administration and mileage for supporting partners ($1,400), 12-month Internet access for participants who do not have it ($7,300 through a low-cost federal program), development of the Show Me KC Pantry app ($5,000) and indirect costs ($4,287).

**Accomplishments:**
Twenty home-delivered meals clients are using the Alexa smart speaker to make orders through the Show Me KC Pantry app. Older adults participating in this project have reported decreased depression scores and improved health.

**Replicability:**
The smart speaker program was designed with replication and scaling in mind. OAA Title III dollars can support the core activities. Broadband Internet access can be procured for clients through collaborations with technology partners and a federal program.
Quality Aligned Innovations in Missouri Nutrition

Partners
Dr. Catherine Edwards PhD, MA4 Executive Director, Missouri Association of Area Agencies on Aging
Kayla Hower, Mid-America Regional Council (MARC) Project Coordinator
Jean Sotomayor, Aging Ahead, Site Director
Lydia Kaume, PhD, RDN, Project Director

Presenter:
James D. Stowe PhD, Director, MARC Aging & Adult Services, jstowe@marc.org
Food Insecurity

10+ Million
Number of adults 50 and older at risk of hunger every day

$130.5 Billion
Estimated annual health care costs resulting from food insecurity

60%
Percentage of seniors more likely to experience depression because of food insecurity

AARP 2018
Choice Counts: Improve service, delivery, and cost- effectiveness of congregate nutrition programming for older people at high risk of malnutrition.

MARC: Use Amazon Echo, through Show Me Pantry, to connect clients to extant community resources, improve delivery, and cost-effectiveness of in-home nutrition for older people at high risk of malnutrition.
Project Progress

45 of 60 HDM clients - piloted Echo “KC Pantry” skill

Self-reported improvements in health outcomes & isolation

Developed Alexa Skill ordering system

68 food pantry deliveries made

6 contracts, New processes, Pantry, AAA, CBO

Staff training for emergent technologies

698 enrolled & 7788 congregate meals served
Choice Counts

Aim: To use *Choice Counts* advanced data card technology to improve service, delivery, and cost-effectiveness of congregate nutrition programming for older people at high risk of malnutrition.
Enhancing Program Quality

- Participant satisfaction and choice
- Value to participants
  - Place matches desires
- Administration
- Trust & Reputation
Paired t-test Assessment Results for Choice Counts Participants N =107, Male were 38 and Female 69; Age range 60 y – 98 y; Average age 72 y
Choice Counts, Preliminary Results

Paired \( t \)-test Assessment Results for Choice Counts Participants \( N = 107 \), Male were 38 and Female 69; Age range 60 y – 98 y; Average age 72 y
Choice Counts - Sustainability

- Responding to high demand; technology must be streamlined
- Local business/grocer partnership must invest in the community – current cost too high
Aim: Show Me Pantry will improve service, delivery, and cost-effectiveness of in-home nutrition for older people at high risk of malnutrition.
NUTRITION

Connecting Home-Delivered Meals Clients to Food Pantry Resources Using Smart Speaker Technology
Mid-America Regional Council

For homebound older adults, poor access to healthy foods drives food insecurity, increases the risk of malnutrition and is a known social determinant of health. Echo Show, Amazon’s voice-controlled touchscreen smart speaker that uses Alexa artificial intelligence, can be used to connect home-delivered meals clients to food pantry resources through the Show Me KC Pantry app.

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Replicability:
The smart speaker program was designed with replication and scaling in mind. OAA Title III dollars can support the core activities. Broadband Internet access can be procured for clients through collaborations with technology partners and a federal program.
Enhancing Program Quality

- Participant satisfaction and choice
- Value to participants
- Food
- New Technology
- Staff capacity
- Transferable Skills
Show Me Pantry Sustainability

- High-speed internet access
- Delivery logistics
- Devices help to integrate service lines
ACL Innovations in Nutrition Grant

Intervention Manual

Connecting Home-Delivered Meals Clients to Food Pantry Resources Using Smart Speaker Technology

I. Participant identification and recruitment
II. Measures
III. Device installation and participant training
   i. Steps for delivering operable device to client’s home

IV. Food ordering and delivery process
   i. Food Ordering
   ii. Food Order Processing
   iii. Food Delivery

V. Service continuity
VI. Future Development

Appendices

A. Informational Flier
B. Call Script
C. Informed Consent Form
D. Technology Use Agreement
E. Measurement Battery
F. Participant Manual
Participant Identification and Recruitment

Participants were recruited and selected from current home-delivered meal recipients by community partner organization, Shepherd’s Center Central (SCC). All clients are presumed to be high-risk because of current enrollment in MARC’s Older American Act Title IIIB Home-Delivered Meals program.

SCC sent out an informational flier (see Appendix A) about the project to home delivered meal clients who receive their meals from volunteer delivery drivers. Interested clients contacted SCC for more information or to schedule an appointment to complete the pre-intervention measurement and to sign the informed consent form. SCC home delivered meal clients also received information about the project during their annual in-home assessments, and asked if they would like to participate in the program.

Due to changes with the SCC agency, recruitment was varied throughout the project period, and more participants were needed. Therefore, the recruitment area was opened up to all of Jackson County, Missouri. Additional participants were identified by calling Older American Act Title IIIB Home-Delivered Meals program participants, explaining the project, and asking if the would like to participate. The call script can be found in Appendix B.

Interested participants were asked if they currently had wireless internet in their home. If not, they were informed that MARC could provide it to them. The participants were then scheduled for a time to complete the pre-intervention measurement, sign the project informed consent document (see Appendix C), the technology use agreement (see Appendix D), and have the Amazon Echo Show set up in their home.

I. Measures

A measurement battery (see Appendix E) was taken upon initial enrollment, and upon conclusion of the participation in the project (2 measurement periods). Shepherd’s Center Central and MARC completed the measurement battery with participants. The measurement packet should be clearly marked as pre-intervention or post-intervention. As indicated on the measurement forms, some questions will only be asked at either pre- or post-intervention.

II. Device installation and participant training

Amazon Echo Shows were ordered, catalogued, and tracked by MARC.
SCC and MARC shared responsibility for device installation and training, during the pre-intervention measurement session. A participant manual has been developed and distributed to increase comfort and understanding of the intervention, and use of the device (Appendix F).

For homes without wi-fi, or internet, a wireless hot spot device was provided to the participant.

**Steps for delivering operable device to client’s home**

1. New client is identified.
2. Shepherd’s Center Central (SCC) or MARC generates a new email address for the client—even if client has a personal email. Email is how their account is authenticated.
   -**Kcpantry###@marcaging.org** (### = client ID number 001…002…003)
   -Password: 53Y#vghPqRHx
   -Note: Set administrative (showmepantryorder@gmail.com) email as recovery email address. Password: Aclgrant2018
3. Use newly created email account to set up an Amazon account (use the same password).
4. Create new user in the dashboard (backend database) KC Show Me Pantry Dashboard
   -Their level of access is “user” not “administrator” showmepantry.org/dashboard
     -Manage Users
       -add new user
     -Make note of log in info
       -Username: kcpantry###@gmail.com
       -Password: generated by dashboard
5. Enable skill
6. Log in to Amazon using newly created account using PC
7. Log in to alexa.amazon.com using PC
8. Search for ShowMe Pantry skill, enable (beta test only: log-in using information provided in beta test invitation)
9. Plug in device - Amazon Echo Show
10. Go through the prompts
11. Connect to Wi-Fi
12. Log-in to the device using assigned Amazon information
13. Test to see if ShowMe Pantry skill has been enabled on the device.
14. The device is ready for deployment and can be taken to the user.
At deployment, the user is trained on appropriate use.

### III. Food ordering and delivery process

**Food Ordering**

Food ordering can occur twice each month for the 3-month enrollment period, or 6 times maximum. Food items are delivered on the 1\textsuperscript{st} and 3\textsuperscript{rd} Thursday of the month. A protocol and calendar were developed for each participant to show them the maximum amount of food that they can order, and when it can be ordered. This protocol and calendar are within the Participant Manual (see Appendix F).

The Alexa Skill, ShowMe KC Pantry, will guide ordering according to requirements. Clients can call MARC to check on their order status.

**Food Order Processing**

After submission of the order through the Alexa Skill (ShowMe KC Pantry), the order becomes available to MARC and SCC staff through the background database. MARC or SCC then checks the order for basic compliance, and submits the order to the food provider. When the order is fulfilled, the pantry will email MARC and SCC. SCC and MARC will verify the client and order at the pantry, and then make the final delivery to the client.

The order must be submitted by the Monday prior to scheduled delivery to ensure the pantry has time to prepare the order, and SCC and MARC can secure volunteers to make the delivery.

Database access:
You can look at the dashboard which is the site where orders have been registered. Go to [www.showmepantry.org/dashboard](http://www.showmepantry.org/dashboard)
Log in with username James and password waterline

**Food Delivery**

Orders were delivered on the first and third Thursday of the month, by volunteers or, if needed, MARC staff. For each deliver routes were created based on who ordered and where they lived. Then this information was communicated to the volunteers and staff delivering food items.

### IV. Service Continuity

Throughout the project, clients are fully informed that they are helping test a new idea, and there may be some hitches or issues that need to be resolved along the
way. Moreover, clients should be notified that the service is on temporary, although they will continue to receive their home-delivered meal.

At post-measurement all participants are reminded once again that they remain clients at Jewish Family Services (JFS), the food pantry partner for this project. Although participants are not able to order food items via Amazon echo or have items delivered, they are able to have a friend or family member pick-up a pantry order on their behalf. Additionally, participants are provided with additional resources regarding food pantries and other community services, and are encouraged to continue use the other features of their Amazon Echo Show.

V. Future Development
Presently, we are in conversation to support a new ACL Innovations awardee and transfer knowledge and product to enable efficiencies and effectiveness within their project. In addition, we are working with yet another ACL Innovations awardee, Eskenazi Health, to adapt their technology to support scaling in our region. A core tenet of the project was enhancing consumer choice in food items. That technology would offer choice even in our traditional home-delivered meals programming, and we are ardently pursuing an agreement with Eskenazi to develop the technology for our region.
APPENDIX A

Informational Flier

Innovations in Nutrition

Dear Meals on Wheels Participant,

Shepherd’s Center Central has a new pilot project we are working on in conjunction with the Mid-America Regional Council and funded through Americans for Community Living (the same partners that help to fund home delivered meals) to help provide easier access to food and other resources through the use of a smart speaker device called an Amazon Show.

This project will provide you with the ability to order food from Jewish Family Services Food Pantry through the device and receive free delivery from volunteers twice per month. We are in the process of signing up participants and we are starting to deliver the first few devices to homes for a trial period.

No previous computer experience needed, all devices are provided free of charge. Participation in this program does not impact your current meal delivery.

We will provide the device to you, and train you on how to use it. Would this be a project you are interested in participating in?

If so, please call Kayla at 816-753-7039 to schedule a time to get signed up, or if you have any questions!
APPENDIX B

Call Script

Hi this is _______________ from MARC – Aging and Adult Services.

You are part of our home delivered meals program and we are looking for participants for a pilot project called Innovations in Nutrition.

This project would provide you with a smart speaker device called an Amazon Echo Show, and 12-month internet access (if you don’t already have internet). Through this device you can order grocery items from a local pantry and have them delivered. This project is designed to provide 6 deliveries over approximately 3 months.

Would this be something you are interested in?

*If so, please set up a time to complete initial paperwork and take them a device. Plan for approximately 60-90 minutes.*
APPENDIX C

Informed Consent Form

INFORMED CONSENT FORM

Please read, and if you agree to this consent, please and sign and date at the bottom of the page.

Brief Project Description

Title: MA4 ACL Innovations in Nutrition Project - Technology Interventions to Improve Congregate and Home Delivery Nutrition Programs for High Risk Seniors. The goal of this 24-month project is to use technology interventions to improve service, delivery, and cost-effectiveness of nutrition programs for older people at high risk of malnutrition. Participants involved in this project and served by Mid-East Area Agency will participate in the use of CHOICE Access advanced data card technology while those in the Mid-America Regional Council area will participate in the use in-home artificial intelligence enabled speakers.

Consent

My participation in this research project is completely voluntary and I understand that I can withdraw my participation at any time with no consequences. I recognize that participation in this project could present potential risks including but not limited to feeling uncomfortable sharing certain information, and marginal risk in information security as a result of activities, products and equipment used. I release Missouri Association of Area Agencies on Aging, Mid-East Area Agency on Aging, Mid America Regional Council, and their agents, representatives, employees, volunteers and any sponsors (here forth referred to as “agencies”) from any and all damages, causes of action, claims and liability that might arise from my participation in this project. I understand that I will take part in pre-and post-surveys and any information I choose to provide before, during, or after this project will be held in strict confidence. I agree that agencies may use and reproduce anonymously compiled survey results, including any information I may have provided, for purposes of program evaluation, presentations, communication and publication.

I understand that any information that can identify me will remain confidential. I hereby understand confidential information has limited risk of identification in small sample and agree unintentional use will not result in any liability to these parties for payment to any person or organization, including myself. The information in this study will be used only for quality improvement purposes and in ways that will not reveal who you are. Federal or state laws may require us to show information to government officials who are responsible for monitoring the safety of this study. You will not be identified in any publication from this study.

I have read the foregoing information and I have had the opportunity to ask questions. I understand that if I have any questions about my participation, I will inform the project director.
Lydia Kaume, Ph.D., RDN, at 479.283.8185, consultant@professionals-consulting.com OR Site Directors, James D. Stowe, Ph.D, MARC, Director, Aging & Adult Services at 816.701.8263 or jstowe@MARC.ORG; or Aging Ahead’s, Jean Sotomayor Community Programs Specialist at 636.207.0847 or jsotomayor@agingahead.org

____________________________________  __________________
Signature                                      Date

____________________________________
Name (please print)
APPENDIX D

Technology Use Agreement

Mid America Regional Council
Technology Equipment Use Agreement

Staff Member assigning equipment: ________________________________

Check Out Date: ____________ Completion Date: _________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Serial #</th>
<th>Inventory Tag #</th>
<th>Model/Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazon Echo Show</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requirements for Use:

I agree to take responsibility for technology hardware/software listed above in exchange for the use of the equipment and for the participation in the Administrative and Community Living (ACL) pilot program through Mid America Regional Council (MARC).

1. I understand I am responsible for maintaining the equipment/software in working condition while it is in my possession.

2. I agree to promptly report any problems with the device.

3. I agree to not remove or interfere with the serial number or identification placed on the device.

4. I agree and understand that if the technology equipment and/or other related items are stolen, vandalized, misplaced, destroyed, etc that said equipment will not be replaced and that my participation in the ACL Grant through MARC will be terminated.

5. I agree and understand not to give out my personal information, particularly financial information or password(s) to anyone.

6. I agree and understand that once my participation in the ACL pilot program through MARC is complete, the equipment will be given to me to continue to use as I see fit and will no longer be owned by MARC.

7. I agree and understand that once my participation in the ACL pilot program through MARC is complete, internet access/continued usage of the device(s) will be my sole responsibility.
Staff Member’s Signature   Date

Client Signature   Date

(ORIGINAL DOCUMENT REMAINS WITH MARC; COPY TO CLIENT)
## APPENDIX E

*Measurement Battery*

MA4 ACL Innovations in Nutrition – MARC Site

<table>
<thead>
<tr>
<th>Enrollment Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Information</strong></td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>☐ M (1)</td>
</tr>
</tbody>
</table>
### Demographic and Background Information

<table>
<thead>
<tr>
<th>Client Measurement</th>
<th>□ Pre-Intervention</th>
<th>□ Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Alone?</td>
<td>□ Yes (1)</td>
<td>□ No (0)</td>
</tr>
<tr>
<td>Marital Status</td>
<td>□ Single (1)</td>
<td>□ Married (2)</td>
</tr>
<tr>
<td></td>
<td>□ Divorced (3)</td>
<td>□ Partnered (4)</td>
</tr>
<tr>
<td></td>
<td>□ Separated (5)</td>
<td>□ Widowed (6)</td>
</tr>
<tr>
<td>Race</td>
<td>□ Afr Am (1)</td>
<td>□ Am Ind/Nat AK (2)</td>
</tr>
<tr>
<td></td>
<td>□ Asian (3)</td>
<td>□ Nat Hl/Pac Island. (4)</td>
</tr>
<tr>
<td>Hispanic, Latino, or Spanish Origin?</td>
<td>□ Yes (1)</td>
<td>□ No (0)</td>
</tr>
<tr>
<td>BMI</td>
<td>What is your weight? _______ lbs.</td>
<td>What is your height? ______ ft. ______ in.</td>
</tr>
<tr>
<td>Age 85+?</td>
<td>□ Yes (1)</td>
<td>□ No (0)</td>
</tr>
</tbody>
</table>

**Homebound derived from Musich et al., 2015 (Geriatr Nurs., 36, 445-450)**

- **How many days do you leave your home each week?**
  - □ 0-1 (1) □ 1-3 (2) ☒ 3+ (3)
- **If you left your home, was it difficult?**
  - □ Yes (2) □ Somewhat (1) □ No (0)
- **Assistance required to leave your home?**
  - □ Yes (1) □ No (0)

**At risk if leaves only 0-1 times/week; discontinue interview if ≥ 1/week w/o difficulty** ☒ At Risk (1)

### SNAQ (Simplified Nutritional Assessment Questionnaire)

- **My appetite is**
  - □ Very poor (1) □ Poor (2) □ Average (3) □ Good (4) □ Very good (5)

<table>
<thead>
<tr>
<th>Food Tastes</th>
<th>□ Very bad (1) □ Bad (2) □ Average (3) □ Good (4) □ Very good (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I eat I feel full after eating...</td>
<td>□ few mouthfuls (1) □ ~1/3 meal (2) □ &gt;1/2 meal (3) □ most meal (4) □ Hardly ever full (5)</td>
</tr>
</tbody>
</table>

**Source SLU Rapid Geriatric Assessment**

*Version: FINAL*
Normally I eat ___ meal(s) per day  □ <1 (1)  □ 1 (2)  □ 2 (3)  □ 3 (4)  □ >3 (5)

Score of 0-14 indicates significant risk of at least 5% weight loss within 6 months  □ At Risk (1)

FRAIL Questionnaire

Fatigue: Are you fatigued?  □ Yes (1)  □ No (0)

Resistance: Can you walk up one flight of stairs?  □ Yes (0)  □ No (1)

Aerobic: Can you walk one block?  □ Yes (0)  □ No (1)

Illnesses: Do you have more than 5 illnesses?  □ Yes (1)  □ No (0)

Loss of weight: Have you lost more than 5% of your weight in the last 6 months?  □ Yes (1)  □ No (0)

Scoring: 3+ = frailty (at risk); 1 or 2 = prefrail  □ At Risk (1)

SARC-F (Strength, Assistance in walking, Rise from a chair, Climb stairs, Falls) Screen for Sarcopenia (Loss of Muscle)

Difficulty lifting & carrying 10 lbs?  □ None (0)  □ Some (1)  □ A lot or unable (2)

Difficulty walking across a room?  □ None (0)  □ Some (1)  □ A lot, use aids or unable (2)

Difficulty transferring from a chair/bed?  □ None (0)  □ Some (1)  □ A lot or unable w/o help (2)

Difficulty climbing a flight of ten stairs?  □ None (0)  □ Some (1)  □ A lot or unable (2)

How many times have you fallen in the last year?  □ None (0)  □ 1-3 Falls (1)  □ ≥4 Falls (2)

Total score of 4+ indicates at risk (Sarcopenia)  □ At Risk (1)

Choice: Healthy Living for Seniors

8. My overall health is:  □ Excellent (5)  □ Very Good  □ Good (3)  □ Fair (2)  □ Poor (1) (4)

9. Since I began this project, my overall health has:  □ Improved  □ Not Changed (2)  □ Declined (1) (3)
10. In general, I have been feeling: ☐ Excellent (5) ☐ Very Good (4) ☐ Good (3) ☐ Fair (2) ☐ Poor (1)

11. Since I began this project, the way I’ve been feeling in general has: ☐ Improved ☐ Not Changed ☐ Declined
(3) Changed (2)

12. As a result of my participation in this project (select all that apply), ...

☐ I am ☐ I am living ☐ I have a better understanding of how ☐ I have taken advantage of new socializing more a healthier to access information, including resources in the community. (4)
(1) life (2) community resources (3) If so, which ones? ________

☐ I have a better understanding of nutritional ☐ I have a better understanding of health information information (e.g., nutrition labels and dietary (e.g., directions from healthcare providers and recommendations (5) prescriptions (6)

### AD-8 Dementia Screening (Galvin JE et al., Neurology, 2005:65:559-564)

If possible, the AD8 should be administered to an informant.

Remember, “Yes, a change” indicates that there has been a change in the last several years caused by a cognitive (thinking and memory) problem.

<table>
<thead>
<tr>
<th>1. Problems with judgement (e.g., problems with making decisions, bad financial decisions, problems with thinking)</th>
<th>☐ YES, A change (0) ☐ NO, No ☐ N/A Don’t change (1) Know (.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Less interest in hobbies/activities</td>
<td>☐ YES, A change (0) ☐ NO, No ☐ N/A Don’t change (1) Know (.)</td>
</tr>
<tr>
<td>3. Repeats the same things over and over (questions, stories, or statements)</td>
<td>☐ YES, A change (0) ☐ NO, No ☐ N/A Don’t change (1) Know (.)</td>
</tr>
<tr>
<td>4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)</td>
<td>☐ YES, A change (0) ☐ NO, No ☐ N/A Don’t change (1) Know (.)</td>
</tr>
<tr>
<td>5. Forgets the correct month or year</td>
<td>☐ YES, A change (0) ☐ NO, No ☐ N/A Don’t change (1) Know (.)</td>
</tr>
<tr>
<td>6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)</td>
<td>☐ YES, A change (0) ☐ NO, No ☐ N/A Don’t change (1) Know (.)</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>7. Trouble remembering appointments</td>
<td>☐</td>
</tr>
<tr>
<td>8. Daily problems with thinking and/or memory</td>
<td>☐</td>
</tr>
<tr>
<td>Score of ≥2, at-risk for dementia</td>
<td>☐</td>
</tr>
<tr>
<td>Total Risk</td>
<td>☐</td>
</tr>
<tr>
<td>Low</td>
<td>☐</td>
</tr>
<tr>
<td>Moderate</td>
<td>☐</td>
</tr>
<tr>
<td>High</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technology</th>
<th>☐Yes</th>
<th>☐No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you own a computer?</td>
<td>☐Yes</td>
<td>☐No</td>
</tr>
<tr>
<td>Do you have regular access to the internet in your home?</td>
<td>☐Yes</td>
<td>☐No</td>
</tr>
<tr>
<td>Do you own a smartphone (e.g., iPhone, Samsung Galaxy, etc.)? These phones have apps and a screen that you touch rather than actual buttons.</td>
<td>☐Yes</td>
<td>☐No</td>
</tr>
<tr>
<td>Are you able to use services that require use of a smartphone or the internet?</td>
<td>☐Yes</td>
<td>☐No</td>
</tr>
<tr>
<td>How open are you to new technology?</td>
<td>Not at all (1)</td>
<td>A little bit (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-Intervention Only</th>
<th>☐Yes</th>
<th>☐No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using your smart speaker (point to device), are you able to order food items on your own?</td>
<td>☐Yes</td>
<td>☐No</td>
</tr>
<tr>
<td>How often do you use your smart speaker for ordering food</td>
<td>Never (1)</td>
<td>Less than monthly (2)</td>
</tr>
<tr>
<td>How often do you use your smart speaker for any purpose</td>
<td>Never (1)</td>
<td>Less than monthly (2)</td>
</tr>
</tbody>
</table>
Please tell me what you use your smart speaker for (all uses, not just for ordering food):

<table>
<thead>
<tr>
<th>PHQ-9: Geriatric Depression Questionnaire</th>
<th>Spitzer, Kroenke, Williams (1999). JAMA, 282</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the last 2 weeks, how often have you been bothered by any of the following problems?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all (0)</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>1. Little interest or pleasure in doing things?</td>
<td>☐</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless?</td>
<td>☐</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much?</td>
<td>☐</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy?</td>
<td>☐</td>
</tr>
<tr>
<td>5. Poor appetite or overeating?</td>
<td>☐</td>
</tr>
<tr>
<td>6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down?</td>
<td>☐</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td>☐</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td>☐</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way?</td>
<td>☐</td>
</tr>
</tbody>
</table>

Total score ____ = ____ + ____ + ____
Scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression.

If you selected any of these issues, how difficult have these issues made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

Functional Assessment

Source: ACL

Mandatory Levels

- 0 = Independent – Completes the task independently
- 3 = Minimum Assistance – Occasional assistance or supervision may be necessary
- 6 = Moderate Assistance – Assistance or supervision is always necessary
- 9 = Maximum Assistance – Totally dependent on others
<table>
<thead>
<tr>
<th>Activities of Daily Living (ADLs)</th>
<th>Ind (0)</th>
<th>Min (3)</th>
<th>Moderate (6)</th>
<th>Max (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumental Activities of Daily Living (IADLs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Housework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy Housework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal Preparation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Satisfaction with Social Roles and Activities

Source: PROMIS Health Organization and PROMIS Cooperative Group, 2016

Please respond to each item by selecting one box per row

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Very much (5)
| I am satisfied with my ability to do things for my family | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I am satisfied with my ability to do things for fun with others | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel good about my ability to do things for my friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I am satisfied with my ability to perform my daily routines | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I am satisfied with my ability to do things for fun outside my home | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I am satisfied with my ability to meet the needs of my friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I am satisfied with my ability to do the work that is really important to me (include work at home) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I am satisfied with my ability to meet the needs of my family | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Stanford Chronic Disease Self-Management study questions**

**Health care utilization/Hospitalization**  

**During the past 6 months...**

How many visits have you made with your doctor, including ER visits?

Number of hospitalizations?
### Number of nights spent in the hospital?

#### PEPL Fall Question


In the past month, have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?

- Yes
- No (0)

#### Three-Item Loneliness Scale


Lead-in and questions are read to the respondent.

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

<table>
<thead>
<tr>
<th>Question</th>
<th>Hardly ever (1)</th>
<th>Some of time (2)</th>
<th>Often (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First, how often do you feel that you lack companionship?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you feel left out?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you feel isolated from others?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NHLBI We Can! Questionnaire, short

Source: Ways to Enhance Children’s Activity and Nutrition national movement.

<table>
<thead>
<tr>
<th>Question</th>
<th>At least 2 (1)</th>
<th>At least 5 (2)</th>
<th>At least 9 (3)</th>
<th>At least 10 (4)</th>
<th>I don’t know (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many total servings of fruits and vegetables do you eat each day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The foods that I eat and drink now are healthy</td>
<td>Yes, all of the time (2)</td>
<td></td>
<td>Yes, sometimes (1)</td>
<td>No (0)</td>
<td></td>
</tr>
<tr>
<td>Do you ever eat high fiber cereal?</td>
<td>Almost always or always (2)</td>
<td></td>
<td>Sometimes (1)</td>
<td>Almost never or never (0)</td>
<td></td>
</tr>
<tr>
<td>Do you ever eat whole wheat bread?</td>
<td>Almost always or always (2)</td>
<td></td>
<td>Sometimes (1)</td>
<td>Almost never or never (0)</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Almost always or always</td>
<td>Sometimes</td>
<td>Almost never or never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>-----------</td>
<td>----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever drink 100% fruit juice?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever eat fruit for lunch?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever eat vegetables for dinner?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where do you usually get your food?</td>
<td>Corner Store (1)</td>
<td></td>
<td>Other (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Larger Grocery Stores (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pantry (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Online (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivery Services (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In organic food stores (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of food do you prefer?</td>
<td>Pre-Cooked Foods (1)</td>
<td></td>
<td>Other (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fresh Foods (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen Foods (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Canned Foods (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Intervention Only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This project has provided you with a “smart speaker,” (name product),</td>
<td>Not at all (1)</td>
<td>A little bit (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to learn about ordering food to be delivered to you. Overall how</td>
<td>Somewhat (3)</td>
<td>Quite a bit (4)</td>
<td>Very much (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>satisfied are you with this project?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX F

Participant Manual

Innovations in Nutrition Resource Book

Table of Contents

Copy of Informed Consent                       page 2
Copy of Technology Agreement                  page 3
Passwords                                       page 4
Delivery Schedule                              page 5-6
How to order your food                        page 7
Food Item Choices                              page 8
Things to try with you Amazon Alexa           page 9-12
Brief Project Description

Title: MA4 ACL Innovations in Nutrition Project - Technology Interventions to Improve Congregate and Home Delivery Nutrition Programs for High Risk Seniors. The goal of this 24month project is to use technology interventions to improve service, delivery, and costeffectiveness of nutrition programs for older people at high risk of malnutrition. Participants involved in this project and served by Mid-East Area Agency will participate in the use of CHOICE Access advanced data card technology while those in the Mid-America Regional Council area will participate in the use in-home artificial intelligence enabled speakers.

Consent

My participation in this research project is completely voluntary and I understand that I can withdraw my participation at any time with no consequences. I recognize that participation in this project could present potential risks including but not limited to feeling uncomfortable sharing certain information, and marginal risk in information security as a result of activities, products and equipment used. I release Missouri Association of Area Agencies on Aging, MidEast Area Agency on Aging, Mid America Regional Council, and their agents, representatives, employees, volunteers and any sponsors (here forth referred to as “agencies”) from any and all damages, causes of action, claims and liability that might arise from my participation in this project. I understand that I will take part in pre- and post-surveys and any information I choose to provide before, during, or after this project will be held in strict confidence. I agree that agencies may use and reproduce anonymously compiled survey results, including any information I may have provided, for purposes of program evaluation, presentations, communication and publication.

I understand that any information that can identify me will remain confidential. I hereby understand confidential information has limited risk of identification in small sample and agree unintentional use will not result in any liability to these parties for payment to any person or organization, including myself. The information in this study will be used only for quality improvement purposes and in ways that will not reveal who you are. Federal or state laws may require us to show information to government officials who are responsible for monitoring the safety of this study. You will not be identified in any publication from this study.

I have read the foregoing information and I have had the opportunity to ask questions. I understand that if I have any questions about my participation, I will inform the project director Lydia Kaume, Ph.D., RDN, at 479.283.8185, consultant@professionals-consulting.com OR Site Directors, James D. Stowe, Ph.D, MARC, Director, Aging & Adult Services at 816.701.8263 or jstowe@MARC.ORG; or Aging Ahead’s, Jean Sotomayor Community Programs Specialist at 636.207.0847 or jsotomayor@agingahead.org
Mid America Regional Council Technology Equipment Use Agreement

COPY

Staff Member assigning equipment: _______________________________

Check Out Date: _____________________ Completion Date: ________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Serial #</th>
<th>Inventory Tag #</th>
<th>Model/Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requirements for Use:

I agree to take responsibility for technology hardware/software listed above in exchange for the use of the equipment and for the participation in the Administrative and Community Living (ACL) pilot program through Mid America Regional Council (MARC).

1. I understand I am responsible for maintaining the equipment/software in working condition while it is in my possession.

2. I agree to promptly report any problems with the device.

3. I agree to not remove or interfere with the serial number or identification placed on the device.

4. I agree and understand that if the technology equipment and/or other related items are stolen, vandalized, misplaced, destroyed, etc that said equipment will not be replaced and that my participation in the ACL Grant through MARC will be terminated.

5. I agree and understand not to give out my personal information, particularly financial information or password(s) to anyone.

6. I agree and understand that once my participation in the ACL pilot program through MARC is complete, the equipment will be given to me to continue to use as I see fit and will no longer be owned by MARC.

7. I agree and understand that once my participation in the ACL pilot program through MARC is complete, internet access/continued usage of the device(s) will be my sole responsibility.

(ORIGINAL DOCUMENT REMAINS WITH MARC; COPY TO CLIENT)
Innovations in Nutrition Project – Login Information

Please keep this information in a safe place. This information is crucial to the participation in this project. Never give out your passwords.

*MARC is not responsible for keeping track of your passwords.*

<table>
<thead>
<tr>
<th>Email Login and Amazon Login Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Password</td>
</tr>
</tbody>
</table>
Delivery Schedule

This project will provide you with 6 deliveries over approximately 3 months. After your 6th delivery a post intervention questionnaire will be given – very similar to the one completed when you first enrolled.

1st Delivery Date: ______________________

Last Delivery Date:_____________________

(Please see next page outlining your ordering and delivery schedule)

You will keep your device and any accompanying technology that was provided to you; however we will not be able to continue the food delivery.

You are welcome to remain a food pantry client of Jewish Family Services (JFS). You can go to their location at 425 E. 63rd Street, KC MO, 64110 and shop for food once per month, or you can send someone on your behalf to shop for you. If you would like to continue as a JFS pantry client and send someone to shop on your behalf please call (913) 730-1725.

If you need additional resources, please contact MARC to speak with one of our Integrated Care Specialists who can help you explore additional options to meet your needs. 816-421-4980
Delivery Schedule – Continued

Food will be delivered on the 1st and 3rd Thursday of the month in the afternoon.

1st Order: Completed when device is installed in home.

1st Delivery: ______________________

2nd Order Due: ______________________

2nd Delivery: ______________________

3rd Order Due: ______________________

3rd Delivery: ______________________

4th Order Due: ______________________

4th Delivery: ______________________

5th Order Due: ______________________

5th Delivery: ______________________

6th (Last) Order Due: ______________________

Last Delivery: ______________________
Ordering Your Food

To “wake up” the device say “Alexa.”

You must say “Alexa” before the device will respond to your commands. Speak slowly and clearly.

To start the ShowMe Pantry skill say:

“Alexa, open ShowMe Pantry”

• To ensure you have your food ordered on time please **submit your food order by 5:00 pm on Monday** prior to your scheduled delivery.

• Food will be delivered by volunteers on the 1\textsuperscript{st} and 3\textsuperscript{rd} Thursday of the Month.

• You or someone else must be home to receive your food – there will be perishable food items.

*Please remember that this is a pilot project and these items are subject to change. We will provide as much notice as possible. We are all learning together!*

*Please call the Mid-America Regional Council (MARC) with questions:*

816-421-4980
ShowMe Pantry Choices

To order say “Alexa, open ShowMe Pantry”

Fresh Vegetables
- Carrots (3 servings per package)
- Potatoes
- Zucchini

Fruit
- Apples
- Peaches (3 servings per can) *maximum order of 1*
- Apple Sauce (3 servings per can) *maximum order of 1*

Canned Vegetables *maximum order of 3 total cans*
- Peas
- Corn
- Green Beans

Grains
- Rice (1 pound bag) *maximum order of 1*
- Bread Loaf
- Pasta (8 servings per bag) *maximum order of 1*

Protein
- Assorted Fresh Meats – type is based on what is available *maximum order of 1*
- Can Tuna *maximum order of 1*
- Dry Beans (8 servings per bag) *maximum order of 1*
- Eggs (dozen) *maximum order of 1*
- Can Black Beans *maximum order of 1*
- Can Chicken *maximum order of 1*
- Peanut Butter *maximum order of 1*

Dairy
- Shelf Stable Milk
- Cheese
- Yogurt
Things to Try

Ask Alexa...

• "How are you?"
• "Why are you called Alexa?"
• "Do you prefer cats or dogs?"

Ask about Alexa's favorites

• "What's your favorite color?"
• "Who is your favorite actor?"
• "What's your favorite sci-fi movie?"

Useful Phrases

• "Turn up the volume"
• "What time is it?" • "What's up?"
• "What can I say?"

Questions & Answers

Ask about science, math, and geography

• "What are Newton's three laws of motion?"
• "What is 100 divided by 16?"
• "Who is the Prime Minister of Denmark?"

Translations

• "How do you say 'I love you' in French?"
• "How do you say 'good morning' in Japanese?"
• "How do you say 'thank you' in Italian?"

Jokes
"Alexa, tell me a joke"

Fun with Alexa
"Alexa, sing a song"
Alexa has many ways to keep you entertained
• "Sing a country song"
• "Tell me a limerick"
• "Beatbox for me"
• "Flip a coin"
• "Tell me a story"

Weather
"Alexa, what's the weather?"
Ask about local, national, and international weather
• "Will it rain tomorrow?"
• "How's the weather in Seattle this weekend?"
• "What's the temperature in Austin?"
Flash Briefing

"Alexa, play my flash briefing"

*Listen to news and content from popular broadcasters*

To-do Lists

"Alexa, add 'feed pets' to my to-do list"

Shopping Lists

"Alexa, add milk to my shopping list"

Reminders

"Alexa, set a reminder"

*Alexa can help remind you about things*

Timers

"Alexa, set an egg timer for 3 minutes"

*Set timers and also give your timers names*

Alarms

"Alexa, set an alarm for 6:00am"

*Alexa can wake you up and also let you snooze*

- "Wake me up in the morning"
• "Set a weekday alarm at 7:00am"
• "What alarms are set?"
• "Snooze..." (enjoy 9 more minutes of Zzz...)

Listen to Music

• "Play country music"
• "Play rock music"

Control the music

• "Turn up the volume"
• "Rewind 15 seconds"
• "Repeat this song"
• "Stop the music"