



AGENDA
JEFFERSON COUNTY NUTRITION PROJECT COUNCIL

Workforce Development Center
874 Collins Road, Room 103
Jefferson, WI 53549

Tuesday, October 22, 2014
2:00 p.m.

Committee Members: Marcia Bare, Janet Gerbig, Barb Natrop, Judy Pinnow, Rita Kannenberg, Holly Ingersoll, Emily Pantely

1. Call to Order
2. Roll Call
3. Certification of Compliance with Open Meetings Law
4. Review of Agenda
5. Citizen Comments
6. Approval of July 23, 2013 Minutes
7. Communications
8. Nutrition Education Discussion
 - November Education & Table Tents
9. Procedure for Emergency Contact Information
10. National Family Caregiver Month Awareness & Activities
11. Red Flags: Home Delivered Meals
12. Outreach
13. Roundtable Discussion
14. Set next meeting date and agenda
15. Adjourn

The Committee may discuss and/or take action on any item specifically listed on the agenda.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

Jefferson County Nutrition Project Council
Minutes of Meeting
July 23, 2013

Call to Order

The meeting was called to order at 2:00 p.m.

Roll Call

Present: Rita Kannenberg, Waterloo; Emily Pantely, Johnson Creek; Holly Ingersoll, Lake Mills; Janet Gerbig, Watertown and Marcia Bare, Jefferson.

Also Present: Beth Eilenfeldt, Sharon Endl & Sue Torum, staff; and the following site managers: Linda Winterland, Donna Gnabasik, Patti Hills, Martha Parker, Joy Clark and Sonia Giese, Waterloo Home Delivered Meals Coordinator.

Torum made the following announcements: Betty Droster, retired site manager from Lake Mills died recently. Janet Gerbig is replacing Dorothy Christenson as the Watertown representative as Dorothy also passed away recently. Carolyn McCleery, Fort Atkinson, has resigned so a new representative is needed from that site. Donna Gnabasik announced her retirement on 8/29/13.

Certification of Compliance with Open Meetings Law

The agenda was provided to the official county paper prior to the meeting in compliance with the open meetings law.

Review of Agenda

The agenda was reviewed and there were no changes.

Citizen Comments

None.

Approval of Minutes

The 4/23/2013 meeting minutes were approved in a motion made by Bare, seconded by Ingersoll and passed unanimously.

Communications

None.

Nutrition Education Discussion

The monthly nutrition education information for August was handed out. The topic is: Calcium & Vitamin D. The weekly table tent information is as follows:

1. How Do I read "Nutrition Facts" Labels?
2. Eating Better on a Budget
3. Go4Life: Fitness Shoes and Clothes
4. Emergency Planning: Diabetes

Information on food safety in hot weather and the importance of hydration was also reviewed and discussed.

Senior Dining Program Survey Results

The survey results were very positive across the dining program. Satisfaction with the quality of the meals is at 99.9%. Seventy four people responded to the Congregate Site Surveys and 31% said the meals were excellent; 43% said that they were good.

Volunteer Banquet Survey Results

Eilenfeldt surveyed volunteers about their thoughts on the volunteer banquet. Overwhelmingly, people said they wouldn't want her to change a thing, so we won't!

Policy Review: Determining Eligibility for Home Delivered Meals

The PowerPoint presentations entitled "Wisconsin Nutrition Program Operations: The WI Aging Network Policy & Procedure Manual Is Our Guide" was reviewed. The scenarios were discussed and questions answered. This was a good refresher for site managers who are responsible for taking the initial referral for services.

Fall Mandatory Training

The training for site managers is 9/20 in Waunakee. Attendance is required and arrangements for transportation and registrations have already been sent in.

Roundtable

Eilenfeldt informed the group that all reports are now being scanned. She explained issues that make scanning difficult and asked for everyone's help in keeping the paperwork "clean" of wrinkles, staples, etc. The daily menu's on the sign in sheets must be taped on the top and bottom from now on. She also said that she is recruiting volunteers for Jefferson. Kannenberg said that Waterloo is also short 4 volunteers. Recruitment efforts will be ongoing.

Endl said that she was appreciative of the refresher on home delivered meal eligibility. She continues to get questions when recipients appear to not qualify. She reminded everyone that there are a variety of factors that she considers in making the eligibility determination and also said that when she is questioned, she simply replies that they have been assessed and are eligible. This is good reminder that people's information is confidential and it needs to be treated that way.

Gnabasik reported that the driver forgot the lettuce on the day the fruited chicken salad was served. It appears that this happened across the board. She also said that two new people have signed up. She said that she is appreciative of being given the opportunity to serve her participants.

Parker is down 2 participants. She was contacted by someone from the Circle K campground and some of the people who camp there during the summer months are interested in attending the program. She said that they were welcome. She also said that her under 60 volunteer is moving to Fort Atkinson and may be interested in volunteering at that site.

Giese reported that things in Waterloo are going well. She appreciated the discussion on eligibility and understands the program more clearly.

Set Next Meeting Date & Agenda

The next meeting is scheduled for October 22. Agenda items will include updates on Nutrition Education, new food info and sanitation issues.

Adjourn

A motion to adjourn was made by Pinnow, seconded by Pantely and passed unanimously,

Respectfully submitted,

Susan Torum, Manager
Aging & Disability Resources Division

Site Managers: November Education

TABLE TENTS

Week One: Display: **Health Reform for American Seniors**

Week Two: Display: **Caregivers & Exercise**

Week Three: Display: **10 Tips for Family Caregivers**

Week Four: Display: **Choosing Whole-Grain Foods**

QUIZ

Thursday, 11/14: **World Diabetes Day Quiz**

OBSERVANCE

Monday, 11/11: **Veteran's Day**



Health Reform for American Seniors

The Affordable Care Act Gives America's Seniors Greater Control Over Their Own Health Care.

Lower Costs for America's Seniors

- ✓ **Thousands in Savings by Closing the Medicare "Donut Hole"**
 - More than 8 million seniors in 2007 hit the "donut hole," which is the gap in prescription drug coverage in Medicare Part D. This year, beneficiaries who hit the donut hole will receive a \$250 rebate. Beginning in 2011, the Act institutes a 50 percent discount on brand name drugs in the donut hole, and the Act will completely close the donut hole for all prescription drugs by 2020.
- ✓ **Reduces Unwarranted Subsidies to Insurance Companies**
 - Puts Medicare Advantage plan payments more in line with the costs for the Medicare program. Provides new incentives for health plans that improve quality and enrollee satisfaction. Medicare's guaranteed benefits are not affected, and reducing these unwarranted subsidies will save Medicare more than \$150 billion over 10 years.
- ✓ **Strengthens the Financial Health of Medicare**
 - Invests in fighting waste, fraud, and abuse. Reforms payments to reduce harmful and unnecessary hospital admissions and health care acquired infections. Together, these proposals will extend the financial health of Medicare by 9 years. Not a penny of Medicare taxes or trust funds will be used for health reform.
- ✓ **Preventive Care for Better Health**
 - Eliminates deductibles, copayments, and other cost-sharing for preventive care in Medicare, and provides free annual wellness check-ups starting in 2011. Today, seniors must pay 20 percent of the cost of many preventive services and office visits.
- ✓ **Affordable Long-Term Care**
 - Creates a voluntary long-term care insurance program, which will provide a cash benefit to help seniors and people with disabilities obtain services and supports that will help them to remain in their homes and communities.

Quality, Affordable Health Care for Seniors

- ✓ **Control Chronic Disease**
 - Invests in innovations that improve the quality of care that seniors receive such as medical homes and care coordination and improve the delivery of care for beneficiaries with one or more chronic conditions.
- ✓ **Promote Better Care After a Hospital Discharge**
 - Links payments between hospitals and other care facilities to promote more effective transitional care following discharge from the hospital and encourage investments in hospital discharge planning.
- ✓ **Improve Quality of Care**
 - Invests in developing and reporting quality of care measures across all providers to help beneficiaries make more informed choices among providers for the care they may need.

- Creates incentives to reward providers that meet quality goals or show significant progress in improving patient outcomes. This focus on quality improvement will move our health system toward one that rewards better care rather than more care.

Protecting Seniors for Abuse and Neglect

✓ Elder Justice Act

- Includes the bipartisan Elder Justice Act which will help prevent and eliminate elder abuse, neglect, and exploitation. Specifically, the law requires the Secretary of HHS, in consultation with the Departments of Justice and Labor, to award grants and carry out activities that provide greater protection to those individuals in facilities that provide long-term services and supports and provide greater incentives for individuals to train and seek employment at such facilities. It also requires the immediate reporting of suspected crimes to law enforcement officials.

Improving Quality of Care in Nursing Homes

✓ Standardized Complaint Form

- Creates a standardized complaint form for use by residents (or a person acting on a resident's behalf) in filing complaints with a State survey and certification agency and a State long-term care ombudsman program. The Act also requires States to establish complaint resolution processes.

✓ Ensuring Staffing Accountability

- Develops a program for facilities to report staffing information in a uniform format.

✓ Criminal Background Checks for Employees in Nursing Homes

- Establishes a nationwide program for national and State background checks for employees that have direct access to patients in long term care facilities.

Caregivers and Exercise—Take Time for Yourself

Taking care of yourself is one of the most important things you can do as a caregiver. Finding some time for regular exercise can be very important to your overall physical and mental well-being.

Physical activity can help you:

- Increase your energy level so you can keep up with your daily caregiving activities.
- Reduce feelings of depression and stress, while improving your mood and overall well-being.
- Maintain and improve your physical strength and fitness.
- Manage and prevent chronic diseases and conditions like diabetes, heart disease, and osteoporosis.
- Improve or maintain some aspects of cognitive function, such as your ability to shift quickly between tasks and plan activities.

Some ways for caregivers to be physically active:

- Take exercise breaks throughout the day. Try three 10-minute “mini-workouts” instead of 30 minutes all at once.
- Make an appointment with yourself to exercise. Set aside specific times and days of the week for physical activity.
- Exercise with a friend and get the added benefit of emotional support.
- Ask for help at home so you can exercise.
- If possible, find ways to be active with the person you’re caring for. Both of you can benefit from physical activity!



Quick Tip

Pick an activity you really enjoy to make exercise something you *want* to do, not *have* to do.

VISIT

www.nia.nih.gov/Go4Life

- Read more tips for adding physical activity to your day.
- Print useful tools.
- Order a free exercise guide or DVD.
- Share your exercise story.



National Institute on Aging

National Institutes of Health

U.S. Department of Health & Human Services

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TIPS FOR
FAMILY
CAREGIVERS

- 1** Caregiving is a job and respite is your earned right. **Reward yourself** with respite breaks often.
- 2** **Watch out** for signs of depression, and don't delay in getting professional help when you need it.
- 3** When people offer to help, **accept the offer** and suggest specific things that they can do.
- 4** **Educate yourself** about your loved one's condition and how to communicate effectively with doctors.
- 5** There's a difference between caring and doing. **Be open** to technologies and ideas that promote your loved one's independence.
- 6** **Trust your instincts.** Most of the time they'll lead you in the right direction.
- 7** Caregivers often do a lot of lifting, pushing, and pulling. **Be good to your back.**
- 8** Grieve for your losses, and then allow yourself to **dream new dreams.**
- 9** **Seek support** from other caregivers. There is great strength in knowing you are not alone.
- 10** **Stand up for your rights** as a caregiver and a citizen.

choosing whole-grain foods



10 tips for purchasing and storing whole-grain foods

Whole grains are important sources of nutrients like zinc, magnesium, B vitamins, and fiber.

There are many choices available to make half your grains whole grains. But whole-grain foods should be handled with care. Over time and if not properly stored, oils in whole grains can cause spoilage. Consider these tips to select whole-grain products and keep them fresh and safe to eat.

1 search the label

Whole grains can be an easy choice when preparing meals. Choose whole-grain breads, breakfast cereals, and other prepared foods. Look at the Nutrition Facts labels to find choices lower in sodium, saturated (solid) fat, and sugars.



2 look for the word "whole" at the beginning of the ingredients list

Some whole-grain ingredients include whole oats, whole-wheat flour, whole-grain corn, whole-grain brown rice, wild rice, and whole rye. Foods that say "multi-grain," "100% wheat," "high fiber," or are brown in color may not be a whole-grain product.

3 kids can choose whole grains

The new school meal standards make it easier for your kids to choose whole grains at school. You can help your child adapt to the changes by slowly adding whole grains into their favorite recipes, meals, and snacks at home.

4 find the fiber on label

If the product provides at least 3 grams of fiber per serving, it is a good source of fiber. If it contains 5 or more grams of fiber per serving, it is an excellent source of fiber.

5 is gluten in whole grains?

People who can't eat wheat gluten can eat whole grains if they choose carefully. There are many whole-grain products, such as buckwheat, certified gluten-free oats or oatmeal, popcorn, brown rice, wild rice, and quinoa that fit gluten-free diet needs.



6 check for freshness

Buy whole-grain products that are tightly packaged and well sealed. Grains should always look and smell fresh. Also, check the expiration date and storage guidelines on the package.

7 keep a lid on it

When storing whole grains from bulk bins, use containers with tight-fitting lids and keep in a cool, dry location. A sealed container is important for maintaining freshness and reducing the possibility of bug infestations or moisture.

8 buy what you need

Purchase smaller quantities of whole-grain products to reduce spoilage. Most grains in sealed packaging can be kept in the freezer.



9 wrap it up

Whole-grain bread is best stored at room temperature in its original packaging, tightly closed with a quick-lock or twist tie. The refrigerator will cause bread to lose moisture quickly and become stale. Properly wrapped bread will store well in the freezer.

10 what's the shelf life?

Since the oil in various whole-grain flours differs, the shelf life varies too. Most whole-grain flours keep well in the refrigerator for 2 to 3 months and in the freezer for 6 to 8 months. Cooked brown rice can be refrigerated 3 to 5 days and can be frozen up to 6 months.

World Diabetes Awareness Day - November 14th

Question 1: People with diabetes are at greater risk of which complications?

- ☐ Heart attack or stroke
- ☐ Circulation problems and nerve damage
- ☐ Serious eye issues
- ☐ Gum disease
- ☐ All of the above

Question 2: Your doctor may tell you that, to take care of your diabetes, you need to make some lifestyle changes. Which of these is a common recommendation?

- ☐ Eat more pasta, rice, and bread
- ☐ Choose more foods high in saturated fat
- ☐ Become more physically active
- ☐ Protect your immune system by reducing your activities

Question 3: What is A1C?

- ☐ A blood test that shows your average blood sugar level over the past 2 to 3 months
- ☐ A blood test performed daily by people with diabetes
- ☐ A blood test that measures cholesterol
- ☐ A urine test done to help diagnose diabetes

Question 4: True or False: People with type 2 diabetes cannot eat foods that contain sugar.

- ☐ True
- ☐ False

Question 5: Experts typically recommend being active for how much time each day?

- ☐ 10 minutes
- ☐ 30 minutes
- ☐ 60 minutes

Question 6: True or False: A good method for maintaining a healthy weight is to skip meals.

- ☐ True
- ☐ False

Question 7: Out of each 10 cases of diabetes diagnosed, about how many are type 2 diabetes?

- ☐ Fewer than 2
- ☐ Between 5 and 6
- ☐ 9 or more

World Diabetes Awareness Day - November 14th

Question 1: All of the above

Diabetes can affect most parts of your body. Many people are aware that unchecked diabetes can lead to nerve damage, circulation problems, and infections that can cause serious foot problems, which sometimes lead to amputations. But adults with diabetes are 2 to 4 times more likely to die of heart disease than adults without diabetes. Diabetes is also the leading cause of blindness among adults, and people with diabetes are more likely to have problems with their teeth and gums.

Question 2: Become more physically active.

Becoming more physically active is one lifestyle change your doctor might recommend to help you take care of your diabetes. Other common doctor recommendations are:

- Make some changes to what you eat and how much you eat
- Lose some weight
- Take medications prescribed by your HCP

Question 3: A blood test that shows your average blood sugar level over the past 2 to 3 months

The A1C test is a standard blood test that shows the average amount of sugar in your blood over the past 2 to 3 months. It's important to know your A1C level because it shows how well your blood sugar is controlled over time. A1C tests are done in a laboratory or at your doctor's office up to 4 times a year. The American Diabetes Association recommends an A1C of less than 7% for many adults with diabetes. You and your doctor will decide your target A1C.

Question 4: False

Almost every person with diabetes can eat foods with sugar. Eating a piece of cake will raise your blood sugar level, but so will eating corn, a tomato, or lima beans. All of these foods become glucose (sugar) in your body. Eat too much and (1) you'll send your blood sugar level up higher than expected, (2) you'll fill up but without the nutrients that come from vegetables and grains, and (3) you'll gain weight. If you do eat something with a lot of sugar, you may need to cut back on other carb-containing foods for that day.

Question 5: 30 minutes

For people with diabetes, experts recommend at least 30 minutes of exercise a day. Three 10-minute sessions work just as well as one 30-minute session. And exercise does not mean running a marathon. It just means being as active as you can be. Focus on 30 minutes of movement a day—walking the dog, gardening, playing with your children or grandchildren, or going into the bank instead of using the drive-through. Remember: It all adds up! Check with your health care provider before making any changes to your exercise plan.

Question 6: False

Skipping meals or snacks or eating meals that are too small may cause hypoglycemia (low blood sugar). Hypoglycemia occurs when your blood sugar level drops too low to provide enough energy for your body's activities. Symptoms of hypoglycemia include nervousness and shakiness, perspiration, dizziness or light-headedness, confusion, difficulty speaking, or any combination of these. Other causes of hypoglycemia are certain medicines, too much exercise, and excessive alcohol consumption. Check with your doctor for more information about hypoglycemia.

Question 7: 9 or more

Approximately 25.8 million people in the United States (about 8.3% of the total population) have diabetes. Of those, more than 9 out of 10 have type 2 diabetes. Type 2 diabetes usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce it. Factors associated with type 2 diabetes include older age, being overweight, and family history of diabetes.

Home Delivered Meals

When is it a red flag?

*Pam VanKampen &
Leslie Fijalkiewicz*

The Nutrition Screening Initiative

Let's get one thing straight...

Screening \neq Assessment

Screening looks at
risk of poor
nutrition

Assessment looks at
indicators of poor
nutrition

What's The Difference?

Risk = Potential for

Indicators = Presence of



The Nutrition Screening Initiative

DETERMINE is all about Red
Flags for intervention
opportunities!

1. Social Services
2. Oral Health
3. Mental Health
4. Medication Use
5. Nutrition Education & Counseling
6. Nutritional Support



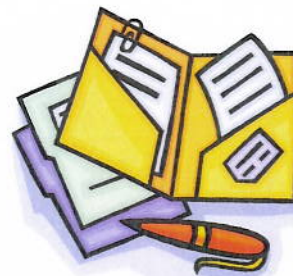
The DETERMINE is not the only way to determine RED FLAGS!

- When the referral comes in.
- When meals are delivered
- When the initial home visit is made
- When follow-up visits are made



Nobody's Perfect

- Nor are the tools we use.
- Always changing because there is always room for improvement.
- What do we need to know?
- What do we want to know?



The Referral Contact

- Is the referral source part of the persons support system?
- Why are meals needed?
- What has the person been doing for meals?



The Referral Contact *(continued)*

- Recent health crisis/hospitalization? For?
- Has compliance been a problem?
- Limitations in mobility, vision, hearing, speech, memory?
- Does he/she want meals? Why/Not?



Delivery...it ain't just food!

- Learn as much as possible as soon as possible.
- What does the Site Manager need to know?
- What does the driver need know and need to share?



What does *"More Than A Meals really mean?"*

Confidentiality should never be a barrier to people receiving the best possible service!

Systems should be designed to fulfill our obligations to provide *"More than a meal!"*



The Home Visit



- Get rid of distractions.
- Learn to read between the lines.
- What you're told doesn't equal what you see.
- Contradictions don't always smack you in the face...know how to listen not just hear...know how to look not just see.

"I don't have any trouble getting dressed."

"My family helps me."

"I don't take any medications."

The Home Visit *(continued)*

- Presence of odors
- Clean countertops and table
- Order, cleanliness and maintenance of home
- Condition of yard, sidewalks, driveway & steps
- Level of accessibility
- Activity in the kitchen
- Post-it notes all around
- Phone numbers by the phone



The Home Visit *(continued)*

- Condition of clothing (clean, size, repair)
- Medications
- Nervousness or tremors
- Voice tone...frail, booming, labored
- Speaking openly or guarded so others won't hear.
- Pets well cared for
- Recent falls
- Family photos around



Food For Thought...

If up to 60% of older adults who are admitted to a hospital are malnourished, what are we missing in our screenings? Are we only looking at risk factors instead of indicators?



Sometimes we are so busy looking
at risks, that we miss indicators!

- Eyes
- Lips & Mouth
- Hair
- Skin & Muscles
- Weight changes



The Downward Spiral

Anorexia
Weight loss
Malnutrition
Depression
Cognitive
dysfunction
Social withdrawal
Isolation
Giving up
Death

The obvious...



- Loss of muscle mass
- Loss of subcutaneous fat
- Fatigue, apathy, memory loss, and new-onset falling
- Poor healing of wounds, ulcers, etc
- Loss of appetite
- Nausea
- Changes in bowel habits
- Pale coloring

The not-so-obvious

- Glossitis (inflammation or infection of the tongue)
- Cheilosis and/or angular stomatitis (inflammatory lesions at the corner of the mouth)
- Change in denture fit
- Bleeding gums
- Numbness and tingling in extremities
- Night blindness
- Impaired immune response
- Muscle cramps
- Hair loss
- Nail loss
- Scaly dermatitis
- Diarrhea
- Behavioral changes
- Bone fractures
- Petechiae (small red or purple spots on the body caused by a minor hemorrhage)
- Edema



Dehydration

- Dry tongue
- Dry mucous membranes
- Sunken eyes
- Loss of skin elasticity
- Headache
- Concentrated urine
- Upper body weakness
- Dizziness
- Rapid pulse
- Behavior & mood changes
- Fluid retention



Got Sunlight?

- If truly homebound and not getting out into the sun at least 10-15 minutes 3 times a week at risk for vit. D def.
- Deficiency linked to: cancer, osteoporosis, rickets, high blood pressure, tuberculosis, cancer, periodontal disease, multiple sclerosis, chronic pain, depression, schizophrenia, seasonal affective disorder, peripheral artery disease and several autoimmune diseases including type 1 diabetes
- Need 600-1500 IU per day, maybe more?
- Foods high in vitamin D
 - Cod liver Oil 1 tbsp 1360 IU
 - 3 oz Herring 1383 IU
 - 8 oz Milk 100 IU
- Supplements needed?

Signs, Signs Everywhere Signs...

- Covered furniture
- Piles of newspaper
- Commode near “command central”
- Is there a path for the walker?
- Milk/Water jugs/Buckets around
- Piles of unopened mail
- Bathroom...
- Happiness/Joy?

Deliver Some Joy!

- Placemats
- Scented plugins
- Center pieces
- Pitcher for water
- Straws
- Cup with Handle
- Recordings/videos/books on tape
- Daily pre-recorded Call-in Happiness Message
- Crossword puzzles
- Kids
- Spread the Seed of Joy...



Stories...

- Mother-in-law
- Couple from Culvers
- Lady with loud fridge

More Food For Thought...



It's okay to question the benefits of a special diet. In fact, it's necessary when poor appetite and/or indicators of poor nutrition present!

The Follow-Up

Identification of Red Flags is pointless if there are no established protocols for follow-up.

What will you do with the information gathered?



Other Red Flags



"I have plenty of food, can I just get meals 3 days per week?"

"I'm doing fine now. I would like to cancel."

"My husband and I are not big eaters. Can we just get one meal for the two of us?"

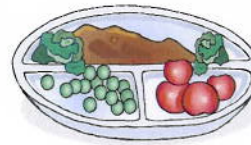
"I'm only doing this because my kids want me to."

What if the Red Flags indicate Mabel needs "More Than A Meal"

What if Mabel needs 2 or 3 meals?



- Breakfast or Evening?
- Cold sack or Frozen?
- Purchased or prepared?
- Entrée only or full meal?
- Delivery?
- Food safety?
- Cognition?
- Motivation?
- Cost?



Foods to Keep on Hand

- | | |
|----------------------------------|-------------------------|
| • Peanut butter | • Olive Oil for bread |
| • Raisins/dried fruit | • Frozen Veggies |
| • Nuts | • Cereal |
| • Butter/margarine/Smart Balance | • Powdered Milk |
| • Salad Dressing | • Seasonings |
| • Mayo | • Hi Pro/Hi Cal Booklet |
| • Carnation Instant breakfast | |

Who needs more than A meal?

**Nutrition Program Operations
Manual (8.4.9 or page 137)**

The individual...

- ...is at high nutritional risk;
- ...does not have other resources to provide additional meals;
- ...must have facilities to store meals that may be delivered; and
- ...must be able to, or have a friend or family member available to operate kitchen equipment which is required to reheat prepared, delivered meals for consumption.



Who needs more than A meal?

What about other RISK factors

- ADL's and IADL's
- Stable vs. Unstable medical condition
- Terminal diagnosis
- Highly specialized diet
- ?????



Just because Mabel needs 2 meals, doesn't mean we can provide them...

Oh wise Amy, how can I serve Mabel two meals a day when I barely have the money for one meal?



Please Share Your Stories

They are powerful!