

2018 Grantee

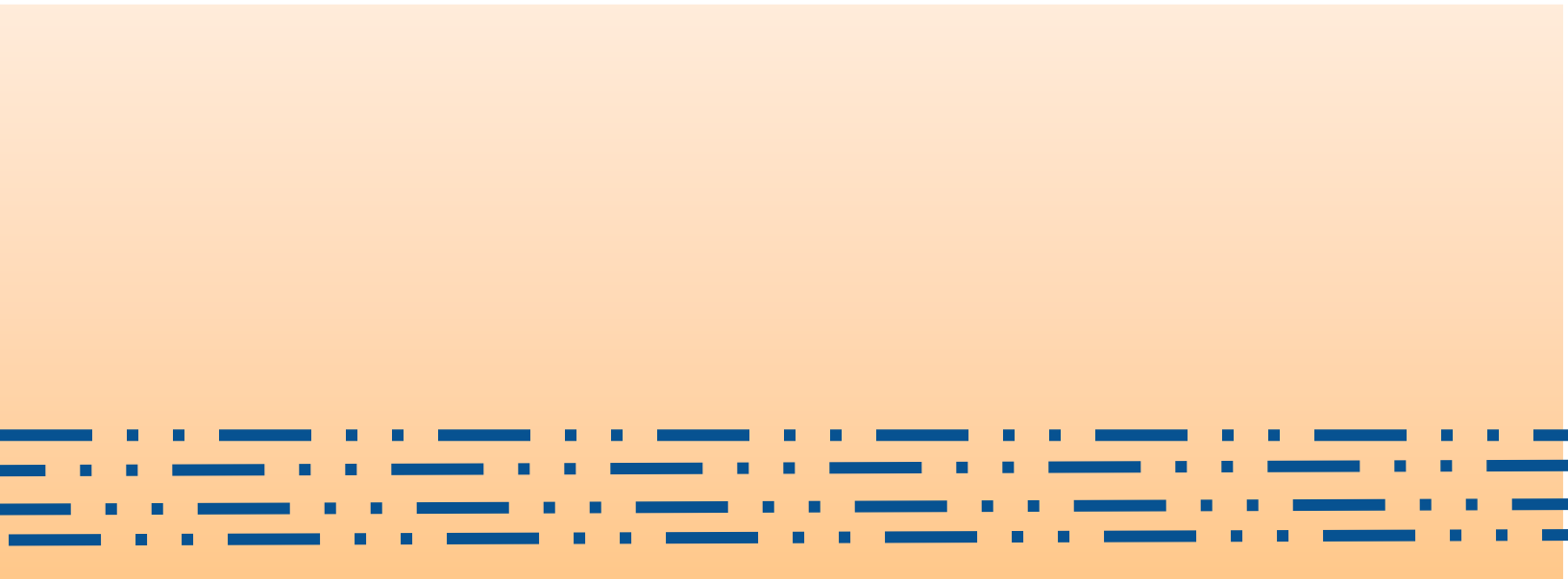
Modernizing Home Delivered Meals Through Frozen Meals and a Web-Based App – Indiana

Summary:

To modernize the home-delivered meal program, Eskenazi Health's Meals at Home looked at how frozen meals were produced, stored, and delivered. They partnered with Regenstrief Institute to develop an app for seniors to order meals, offering them a choice from 19 different frozen meal options. Seniors who were at risk of food insecurity and/or malnutrition due to their health were provided with two meals a day for 30 weeks. In a post-project assessment, more than 90% of respondents said they would like to continue receiving the frozen meals and would recommend the program.

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App Tip Sheet

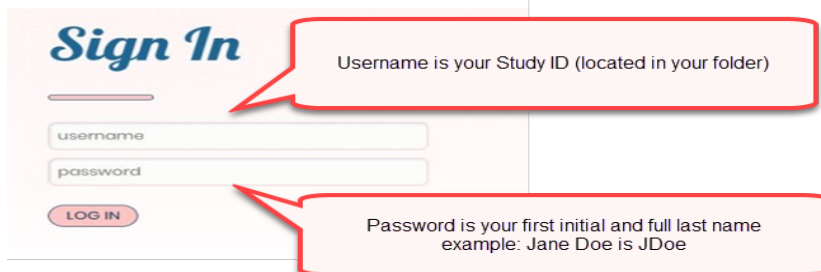
Step by step directions for how to download and use the meal ordering app.



Meals at Home: How to Access the App Tip Sheet

(personal devices)

1. In browser type www.ehmah.org.
2. Save APP icon to screen on your device.
3. Initial sign in: Username and Password are case sensitive.



You will only need to sign in once. After this, the app on the personal device will keep you logged in. It does not log you off. Just click on the app and you will automatically be logged in.

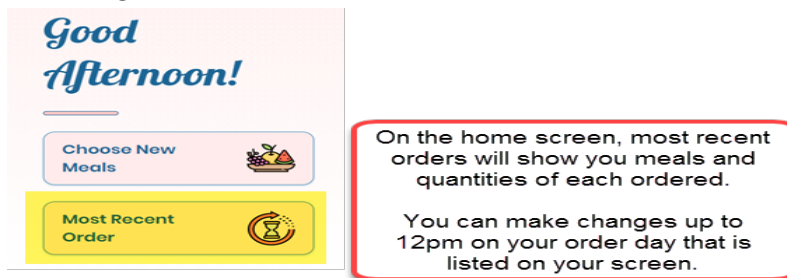
4. Choosing meals:



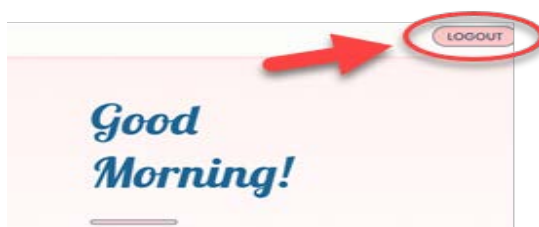
If you would like to take a meal off, just select the "x" by the meal and it will be removed.



5. Reviewing orders:



6. Reminder, if you are using the app, you just close the app when done, do not log off. If using a public computer, you will need to log off from the home page.



NOTES:

1. If no order is placed for the next delivery, your last order will automatically be reordered.
2. Please notify Meals on Wheels (317-252-5558) if a week's delivery needs to be skipped if going on vacation, etc.
3. Please contact your social worker regarding any questions accessing the app.

Client Assessment

Survey used at beginning and end of the program.



Client Assessment

Name _____ Initial/Final _____

Record ID _____

DATE of Client Assessment _____

Name of Staff that performed Assessment: _____
(First and Last Name)

Which assessment is this: Initial
 Final

Weight (lbs) _____
(lbs 1 decimal places)

Has your doctor recommended a diet for you to follow? a. Yes
 b. No
 c. Unsure

What kind of diet? a. Diabetic/ low carb
 b. Heart healthy (low sodium, low fat)
 c. Regular/Eat balanced
 d. Diet to lose weight
 e. Other
 f. None

If other, what kind _____

Do you currently take any a. Vitamin replacement
 b. Meal Replacement
 c. None of the above
If yes, please specify

Have you lost weight in the last 3 months? a. Yes
 b. No
 c. Unsure

If yes, how many (lbs) _____

Why did Weight Loss occur? a. Intentional
 b. Due to medical conditions
 c. Other
If other, please specify

Your appetite is a. Poor
 b. Fair
 c. Good
 d. Excellent

How many meals do you typically eat in a day? _____

Name _____	Initial/Final _____
If less than 3, why do you not eat more in one day?	<input type="radio"/> a. Cannot afford <input type="radio"/> b. Makes me feel ill <input type="radio"/> c. No way to get to grocery store <input type="radio"/> d. Just not hungry <input type="radio"/> e. Too much trouble to fix
Do you eat alone most of the time?	<input type="radio"/> Yes <input type="radio"/> No
Do you take 3 or more different prescribed or over the counter drugs a day?	<input type="radio"/> Yes <input type="radio"/> No
Names of medicine	<input type="checkbox"/> a blood pressure <input type="checkbox"/> b. diabetic <input type="checkbox"/> c. heart <input type="checkbox"/> d. not answered <input type="checkbox"/> e. Other If other, please specify
Are you physically able to shop, cook, or feed yourself?	<input type="radio"/> a.Yes <input type="radio"/> b.No <input type="radio"/> c.Need assistance
I have	<input type="checkbox"/> a. Physical handicap <input type="checkbox"/> b. Chewing/swallowing problems <input type="checkbox"/> c. Other
How often do you use a cell phone, computer, iPad, or times other electronic device each day?	<input type="radio"/> a. 1-3 <input type="radio"/> b. 4-8 times <input type="radio"/> c. More than 8 times <input type="radio"/> d. None
Do you have a standardized size refrigerator?	<input type="radio"/> Yes <input type="radio"/> No N/A
I have	<input type="checkbox"/> a. Dorm size refrigerator <input type="checkbox"/> b. No freezer <input type="checkbox"/> c. Use cooler <input type="checkbox"/> d. Have refrigerator but no freezer <input type="checkbox"/> e. Other N/A
In the last three months, how many unplanned doctor's visit did you have?	<input type="radio"/> a. 1-3 visits <input type="radio"/> b. More than 3 visits <input type="radio"/> c. None
Reasons for doctor's visits	<input type="checkbox"/> a. Routine/Wellnes/Annual <input type="checkbox"/> b. For medical condition(diabetes, BP, heart disease) <input type="checkbox"/> c. Other If other, please specify
Do you also get food from food pantries or other community resources?	<input type="radio"/> Yes <input type="radio"/> No
I also receive food assistance sometimes from	<input type="checkbox"/> a. Local food pantries <input type="checkbox"/> b. Community provided meals
Do you have any food allergies or food dislikes?	<input type="radio"/> Yes <input type="radio"/> No N/A

Name _____	Initial/Final _____
I have these Food allergies that may cause life threatening reactions	<input type="checkbox"/> a. Shellfish <input type="checkbox"/> b. Wheat <input type="checkbox"/> c. Nuts N/A
Medical conditions	<input type="checkbox"/> a. Diabetes, pre-diabetes <input type="checkbox"/> b. Heart disease <input type="checkbox"/> c. High blood pressure <input type="checkbox"/> d. Cancer <input type="checkbox"/> e. Overweight/ Obesity <input type="checkbox"/> f. None
Diet Order	<input type="checkbox"/> a. Diabetic <input type="checkbox"/> b. Heart Healthy (low fat, low sodium) <input type="checkbox"/> c. Weight Loss <input type="checkbox"/> d. Weight Gain <input type="checkbox"/> e. Regular
Practicing Hospital of PCP	<input type="radio"/> a. Eskenazi Health <input type="radio"/> b. Other If other, please specify

Meal Ingredients

Meal options with photos an ingredient lists.



Southwest Eggs, Breakfast Potatoes, Peach Compote Meal

- Southwest eggs: liquid egg whites, cheddar cheese, mild salsa, black beans
- Roasted potatoes: red potatoes, onion, green peppers
- Peach crumble: peach slices topped with granola crumble
- Other ingredients:
 - Paprika
 - Thyme
 - Black pepper
 - Garlic herb seasoning
 - Cinnamon



French Toast, Turkey Sausage, Mixed Berry Compote Meal

- Hot berry compote: frozen blueberries, strawberries, orange juice mix
- Whole grain French toast sticks
- Turkey sausage patty
- Sugar free maple pancake syrup



Western Eggs, Pancake, Mixed Berry Compote Meal

- Western eggs: liquid egg whites, onion, green pepper, ground chicken scramble
- Pancake
- Sugar free maple syrup
- Compote: frozen strawberries, blueberries, orange juice mix



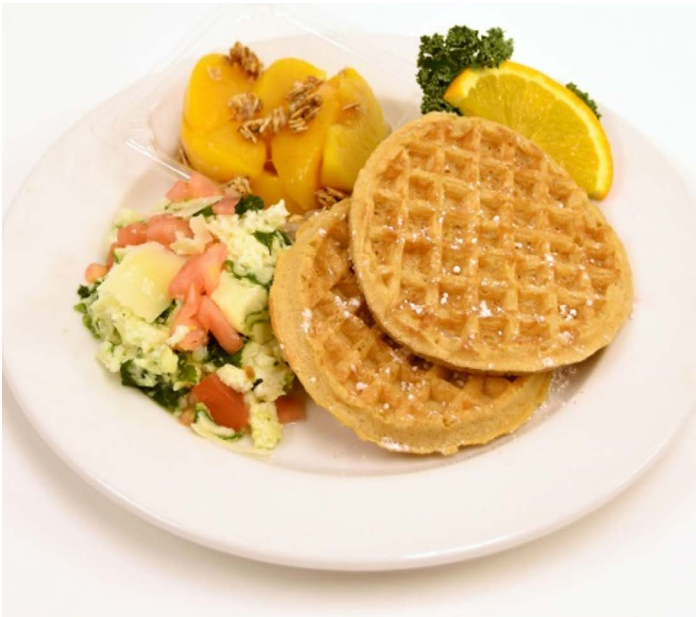
Garden Egg Casserole with Roasted Potatoes and Apple Cinnamon Crumble Meal

- Garden egg casserole: spinach, green peppers, carrots, mushrooms, potatoes, cheddar cheese
- Roasted potatoes: red potatoes, onions, green peppers
- Hot cinnamon apples: sliced apples topped with granola crumble
- Other ingredients:
 - No added salt garlic herb seasoning
 - Black pepper
 - Paprika
 - Thyme



Eggs Florentine, Waffle, Peach Crumble Meal

- Eggs florentine: liquid egg whites, spinach, onions, diced tomato, parmesan scramble
- Waffle
- Sugar free syrup
- Hot cinnamon peach crumble topped with granola
- Other ingredients:
 - Garlic
 - Black pepper



Balsamic Chicken, Mashed Potatoes Meal

- Boneless chicken breast
- Mashed potatoes
- Low sodium chicken/brown gravy
- Corn kernels
- Seasonings:
 - Thyme
 - Honey
 - Dijon mustard
 - Butter Buds®
 - Black pepper
 - Canola oil



Pot Roast Meal

- Beef chuck roast
- Carrots
 - Glaze: artificial sweeteners, orange juice, yellow food dye
- Red potatoes
- Other ingredients:
 - Low sodium chicken/brown gravy
 - White onions
 - Fresh parsley
 - Garlic
 - Paprika
 - Black pepper
 - Salt
 - Honey
 - No added salt garlic herb seasoning
 - Sunflower/canola/coconut oil



Roasted Pork Meal

- Pork loin
- Frozen mixed veggies: carrots, celery, corn, green beans, onion, pepper, tomato
- Egg noodles
- Other ingredients/seasonings:
 - Garlic
 - No added salt garlic herb seasoning
 - Rosemary
 - Parsley
 - Black pepper
 - Low sodium chicken brown beef gravy
 - Canola oil



Blackened Chicken Meal

- Boneless chicken breast
- Corn
- Rice pilaf: white rice, celery, carrots, mushroom, tomato white onions
- Other ingredients/seasonings:
 - Vegetables: fresh carrots, celery, pepper, mushrooms, diced onions, tomato
 - Butter Buds®
 - Vegetable broth
 - Dried parsley flakes
 - Sunflower/canola/olive oil
 - Blackened seasoning blend



Roasted Turkey Meal

- Turkey breast
- Mashed potatoes
- Broccoli
- Other ingredients/seasonings:
 - Garlic herb seasoning
 - Parsley
 - Black pepper
 - Low sodium chicken/beef flavored gravy
 - Butter Buds®



Teriyaki Chicken Meal

- Boneless chicken breast
- White rice
- Stir-fry vegetables: broccoli, onions, peas, pepper, water chestnuts
- Other ingredients/seasonings:
 - Sesame oil
 - Garlic
 - Teriyaki sauce-soy
 - Molasses



Asian Pepper Steak Meal

- Beef flank
- Udon noodles
- Mixed vegetables: green beans, cabbage, edamame, onions, red pepper, mushrooms, carrots
- Other ingredients/seasonings:
 - Asian sesame dressing
 - Garlic
 - Lemon juice
 - Black pepper
 - Reduced sodium teriyaki sauce
 - Soy sauce



Fettuccine and Meatballs Meal

- Seasoned chicken meatballs
- Fettuccine pasta
- Cauliflower florets
- Other ingredients/seasonings:
 - Marinara sauce (tomato-based)
 - Onion
 - Garlic
 - Molasses
 - Soy
 - Oregano
 - Parsley
 - Safflower/canola oil
 - Thyme
 - Basil



Cheese Tortellini with Marinara Sauce Meal

- Tri-colored cheese tortellini
- Marinara sauce
- Cauliflower
- Other ingredients/seasonings:
 - Garlic
 - Oregano
 - Parsley
 - Onion
 - Tomato



Meatloaf Meal

- Meatloaf (chicken/turkey)
- Potato
- Broccoli florets
- Other ingredients:
 - Butter Buds®
 - Carrots
 - Liquid egg white
 - Garlic herb seasoning
 - Garlic
 - Ketchup
 - Diced onion
 - Green pepper
 - Black pepper
 - Salt



Blackened Tilapia with Mac & Cheese Meal

- Frozen tilapia
- Green beans
- Macaroni & cheese (pasta/cheddar cheese)
- Other ingredients/seasonings:
 - Butter Buds®
 - Unsalted butter
 - Lemon juice
 - 2% milk
 - Mushroom
 - Dijon mustard
 - Onion
 - Blackened seasoning
 - Black pepper



Cajun Red Beans, Roasted Veggies Meal

- Red kidney beans
- Rice pilaf
- Root vegetable blend: beets, carrots, celery, pepper
- Other ingredients/seasonings:
 - Vegetable broth
 - Mild chili powder
 - Garlic
 - Parsley
 - Red/white onion
 - Green pepper
 - Mushrooms
 - Cumin
 - Tomato
 - Worcestershire sauce
 - Sunflower/canola/olive oil



BBQ Pork Meal

- Pulled pork
- Macaroni and cheese
- Green beans
- Honey BBQ sauce: molasses, onion powder, black/white pepper, salt, beef flavoring, mushroom, olive oil, cider vinegar
- Other ingredients/seasonings:
 - Beef/vegetable broths
 - Butter Buds®
 - Unsalted butter
 - Cheddar cheese
 - Apple juice
 - 2% milk
 - Dijon mustard



Meal Order Delivery Schedule

Guidance on when to place meal orders.



Client Meal Order/ Delivery Schedule

1. **Your** weekly delivery day will be the same day of week as your first delivery.

Example: If your **first** meals were delivered on a Monday, then your weekly delivery day will always be Monday.

2. Follow the schedule below for **your** specific “order meal by” day.

Order meals by 12pm on:	For Meal Delivery on:
Friday	Monday
Saturday	Tuesday
Sunday	Wednesday
Monday	Thursday
Tuesday	Friday

3. Starting the day after your “order meals by” day, you may sign in at [website] and select the next week’s meal choices.
4. **NOTE:** If your delivery day falls on a major holiday (Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day, New Year’s Day), your meals will be delivered the business day before the holiday.
5. Contact Meals on Wheels (MOW) at [phone number] between [times and dates] regarding any delivery questions.

Program Satisfaction Instrument

Survey used to gauge client satisfaction with ordering, delivery, and meals.



Program Satisfaction Instrument

Think about the meals that were delivered to your home over the last two weeks.

Food Satisfaction

Do you enjoy the meals delivered to you?

- a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all
2. Is the appearance of your meal appetizing?
- a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all
3. Are you pleased with the portion sizes?
- a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all
4. Do you feel there is enough variety in your meals?
- a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all
5. Do you feel you are eating better since you started receiving the meals?
- a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all

Order/Delivery Satisfaction

6. How did you order your meals?
- a. Smartphone
 - b. Tablet/iPad
 - c. Computer
 - d. Over the phone

7. Did you have any problems ordering your meals?
 - a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all

8. Did someone help you order the meals?
 - a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all

9. Did you receive all of your meals?
 - a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all

10. Did your deliveries come when expected?
 - a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all

11. I enjoyed my interaction with the delivery person
 - a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all
 - e. N/A or someone else gets them

12. The meals were properly sealed
 - a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all

Food Consumption

13. Did you find yourself eating all of the meals you receive?
 - a. Yes, all the time
 - b. Some of the time
 - c. Hardly ever
 - d. Not at all

14. On a typical day, how much of the entire meal do you actually eat?

- a. All of it
- b. Three-quarters (most of it)
- c. Half of it
- d. One-quarter (a little bit)
- e. None of it

15. If did not answer "All of it" for previous question.

Why did you not eat all of the food?

- a. Did not like it
- b. Was not hungry
- c. Too sick to eat/prepare
- d. Found something else to eat
- e. Someone else brought me food
- f. Gave it to someone else

16. Is there any food you did not eat?

<Open-ended Client recall>

17. If client had an answer for previous question.

Why did you not eat all of the food?

- a. Did not like it
- b. Was not hungry
- c. Too sick to eat/prepare
- d. Found something else to eat
- e. Someone else brought me food
- f. Gave it to someone else

Quality of Life

18. On some days, are these the only meals that you eat?

- a. Yes, all the time
- b. Some of the time
- c. Hardly ever
- d. Not at all

19. If they answer anything other than "Yes, all the time" to previous question.

How did you get the other meals (Multiple Choice)?

- a. Pantry
- b. Grocery
- c. Family
- d. Other community resources

20. If you did not receive the meals, do you feel you would still be able to live at home?

- a. Yes
- b. No

End of Program Evaluation

21. Would you recommend the program to someone else?

- a. Yes
- b. No

22. Would you like to continue getting the meals?

- a. Yes
- b. No

23. How much do you think the meals cost each week?

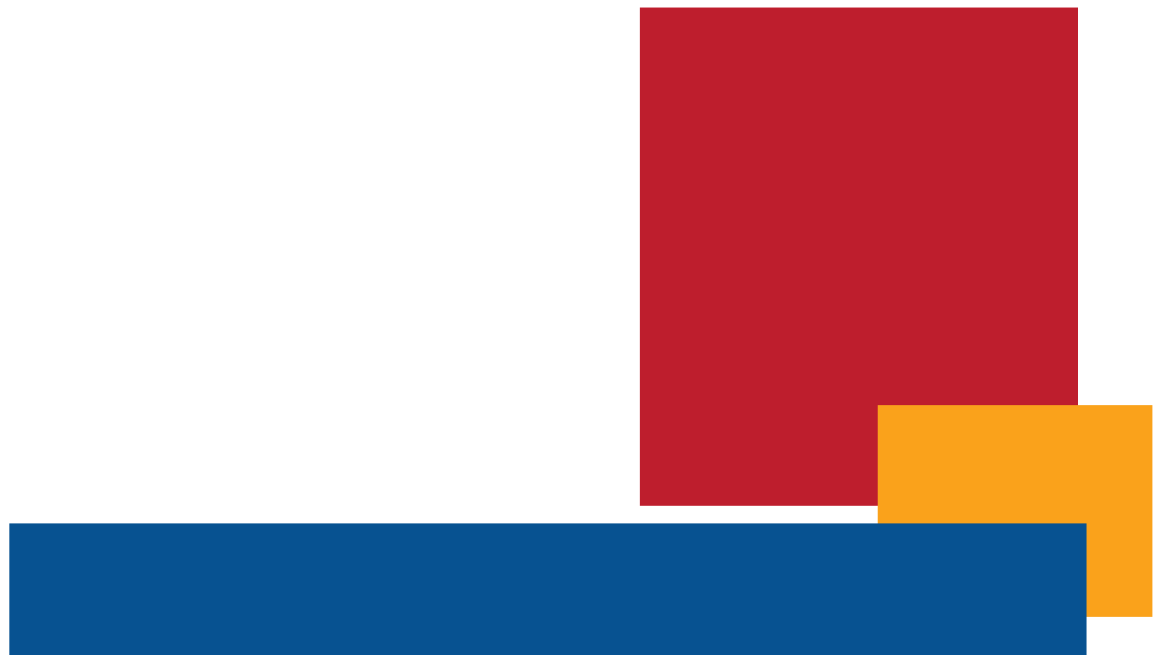
- a. Below \$20
- b. \$20 - \$30
- c. \$30 - \$40
- d. \$40 - \$50
- e. \$50 - \$60
- f. \$60 - \$70
- g. Over \$70
- h. Not sure

24. Do you think that is a reasonable amount to pay?

<Open-ended Client recall>

Standard Operating Procedures

Procedures for recruiting new clients, processing applications, completing assessments, etc.



Standard Operating Procedure for Meals at Home

Recruitment of clients

1. Initial visit
 - a. Recruiter will complete with client MOW application, MOW Diet order, MOW first week frozen meal selection (paper form), and initial assessment. Complete in black ink.
 - b. Scan in two separate emails the MOW application and Diet Order forms, separate from the initial assessment and first week frozen meal selection (paper form) to Barb Amerman at Barbara.amerman@eskenazihealth.edu
 - c. Review contents of Meals at Home folder with client (client copy): project description and commitment, important contact information, Regenstrief Institute (RI) Satisfaction Survey Questionnaire (client will be called 4-5 times throughout the 30 weeks), photos and description of frozen meal options, EH Traditional route menu cycle.
 - d. Assign to client:
 - Username: Initial of first name and complete last name (e.g., JSmith), case sensitive.
 - Password: username1 (e.g., JSmith1. Numerical 1 is constant for all clients).
 - e. Write username and password in client's folder (label provided on inside of folder).
 - f. Instruct client on how to access Meals at Home.
 - g. Provide client with your business card/contact information.
2. Subsequent client visits (frozen meals)
 - a. Barb will email recruiter the client's meal start date. Recruiter will then visit client as close as possible to the day after this date to assist in placing subsequent frozen meal orders thru Meals at Home.
 - b. Recruiters will assist their clients on any questions relating to Meals at Home.

Processing of new MOW Applications

1. Barb will assign STUDY ID for each new client. Barb will add any extra information on Diet Order form pertaining to client's food dislikes/food allergies (for Traditional route deliveries).
2. Barb will email each client's MOW application and diet order to Lauren Scharenbrock at lscharenbrock@mealsonwheelsindy.org and John Francis at jfrancis@mealsonwheelsindy.org.
3. MOW will process each application per their operating procedure.
4. For new clients in Split groups (Healthy Family, Barton), MOW designee will email Barb with the start date, diet order, facility name if not from EH Food and Nutrition Services.

Meals at Home Dashboard (frozen meals)

1. Admin access will be given to Barb, Amy, Tom, and Seth at EH.
2. Admin access will be given to Lauren and John at MOW.
3. Barb will be the primary person to add clients. Barb will add in "Delivery Notes" any pertinent information.

4. MOW (Lauren/John) will email Barb at Barbara.amerman@eskenazihealth.edu the delivery day and the start date of each client.
5. Barb will enroll client, select delivery and start dates.
6. Barb will enter client's first week frozen meal selection (paper form).
7. MOW will email Barb regarding any changes in client's delivery day and/or start date.
8. MOW/Barb will notify the other if the client has withdrawn from the project.
9. Lauren to complete MOW procedure in compiling orders, deliver order/check order delivered. MOW driver will deliver the meals.
10. Barb will edit each client for "completed" status.
11. Barb will email Cori at cmccorkl@iupui.edu of withdrawn and "complete" clients.

RedCap

1. Barb will add new clients when start date is known and enter in the study arm.
2. Barb will complete each client's baseline and initial and final assessments in RedCap.
3. Barb will email Cori of new clients name and study ID in RedCap.

Client Satisfaction Survey

1. RI staff will complete according to survey schedule by phone.
2. Survey results will be entered in RedCap.