



Nutrition and Aging Resource Center

A Dietitian with a Side of GRITS: Implementing Virtual Nutrition Education Across Georgia

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Background and Purpose

A. Goals:

This project had two goals:

- 1) To increase nutrition knowledge among Georgia seniors (age 60+) by building a replicable means to connect those who have increased nutrition risk with a Registered Dietitian Nutritionist and;
- 2) To develop and utilize standardized web-based nutrition presentations for use in senior centers across the state of Georgia.

B. Objectives:

- Increase awareness of and participation in Medical Nutrition Therapy via a telehealth platform for older adults at high nutrition risk.
- Design a nutrition education curriculum to send to the aging network which they can present to their seniors monthly.

C. Overview of Project:

Open Hand Atlanta, in partnership with the Georgia Division of Aging Services and Area Agencies on Aging (AAAs), received a 2020 Administration for Community Living Nutrition Innovations Grant. In providing two core innovations for services supported by the Older Americans Act, these innovations intended to bridge the gap between health and nutrition for seniors in Georgia. First, we wanted to connect older adults with a Registered Dietitian Nutritionist (RDN) for those who screen as high nutrition risk (score 6+) on the Nutrition Screening Initiative (NSI), offering Medical Nutrition Therapy (MNT) when appropriate, via telehealth. Second, in partnership with the Chief Dietitian for the Division of Aging Services in Georgia, Open Hand Atlanta planned to develop a standardized set of nutrition presentations that senior centers can utilize monthly in a virtual setting. This was important because current Georgia regulations require meal clients to receive at least 15 minutes of nutrition education per month (Georgia Division of Aging Services, Nutrition Services Policy, 2020). This project was intended to be mutually beneficial for older adults in Georgia and for the AAAs to obtain consistent, evidence-based nutrition education created and delivered by an RDN.

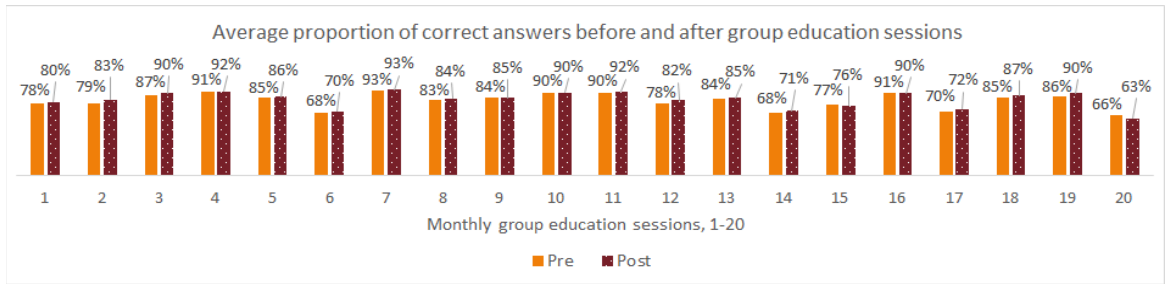
D. Project Results:

- An RDN provided 5,012 engagements across 23 statewide senior centers; the average attendance was 18 participants per class, with a range of 3-60 participants throughout the group education sessions.
- On average, participants improved session-related knowledge by 2% across 20 monthly group education sessions offered (Figure A), as assessed by monthly surveys administered before and after education sessions. Additionally, 88% of participants indicated interest in continuing group lessons in a virtual format.
- Improvements in health-related confidence and motivation were observed (Figure B), as well as improvements in lifestyle behaviors (Figure C) after 12 monthly group education sessions; measures were assessed by comprehensive surveys administered before and after 12 months of the intervention.
- Open Hand provided 142 virtual MNT sessions with older adults across the state. These sessions resulted from 469 referrals. All referrals were contacted and completed a session if the client was reached and expressed willingness to meet with the dietitian. The participants had access to at least 4 follow-up sessions.

Background and Purpose, Continued

Figure A.

Demonstrates improvements in knowledge after attending monthly group education sessions, 1-20.



Note: Data come from knowledge surveys administered before and after each monthly group education session.

Figure B. Demonstrates improvements in health-related confidence and motivation after attending group education sessions.

Note: Data come from comprehensive surveys administered before session 1 and after session 12.

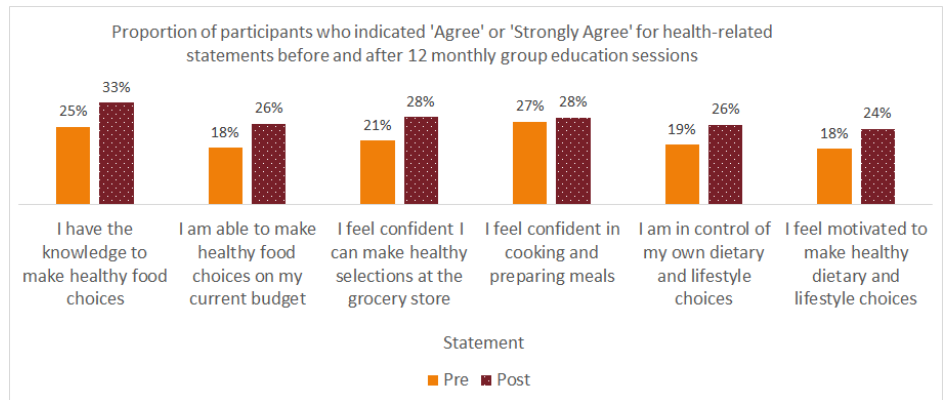


Figure C. Demonstrates improvements in lifestyle behaviors after attending group education sessions. Note: Data come from comprehensive surveys administered before session 1 and after session 12.

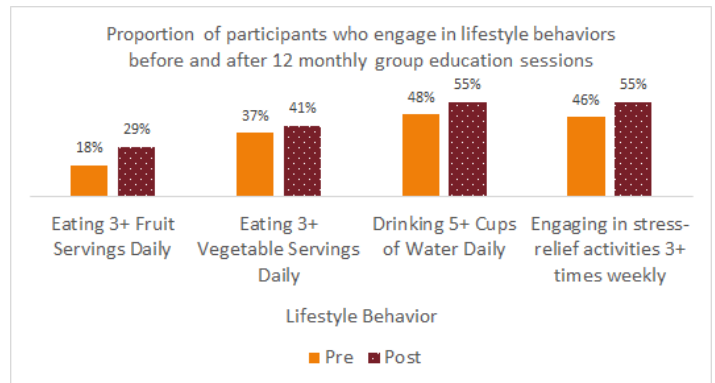
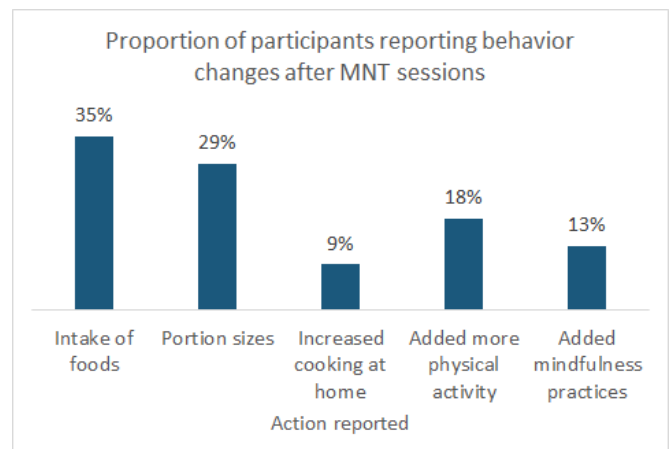


Figure D. Demonstrates behavior changes following Medical Nutrition Therapy (MNT) sessions. Note: Data come from surveys administered before and after attending MNT sessions.



Partners and Project Staff

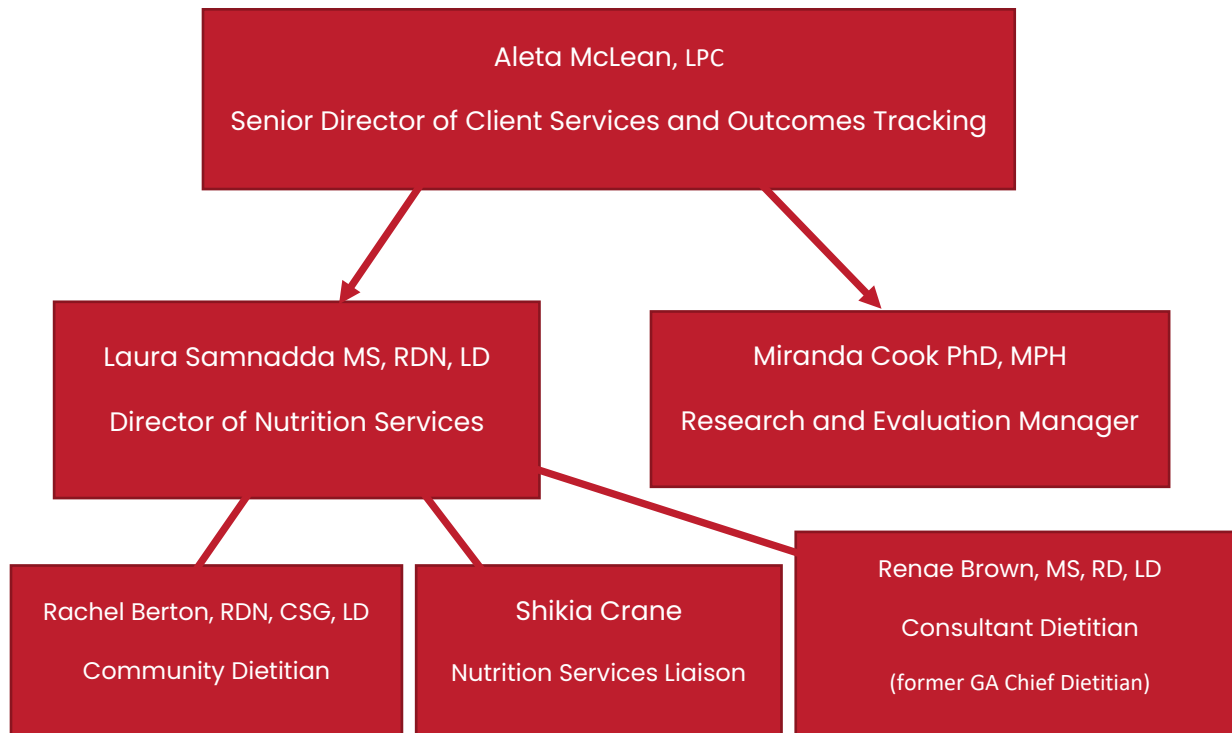
A. Partners:

- Georgia Department of Human Services, Division of Aging Services (GA DHS DAS)
- AAAs and Senior Centers:
 - Northeast Georgia Area Agency on Aging
 - Middle Georgia Regional Commission
 - Southwest Georgia Area Agency on Aging (Sowega)
 - Heart of Georgia Regional Commission
 - Coastal Regional Commission
 - Jasper County Senior Center
 - Fayette County Senior Services
 - Pierce County Senior Center
- Georgia Department of Public Health, Institutional Review Board

B. Project Staff Roles:

- a. List number of FTEs
 - 2.8
- b. List staff title and general responsibilities:
 - **Senior Director of Client Services and Outcomes Tracking:** Provided oversight of Director of Nutrition Services and Research and Evaluation Manager; participated in NRCNA/ACL meetings, as required.
 - **Director of Nutrition Services:** Managed entire project, including writing proposal for submission, hiring project staff, developing and monitoring contracts, coordinating monthly contact with project partners, communicating with NRCNA/ACL monthly as required, supervising project Dietitian and Nutrition Services Liaison, providing big picture planning, and preparing presentations along with Dietitian and Research and Evaluation Manager.
 - **Project Dietitian:** Led virtual nutrition education to older adults including 1:1 MNT via phone and group education classes at the senior centers via Zoom. Developed content for group classes, handouts, and recipes; organized tablet distribution and developed content; provided technical assistance to senior centers, held monthly communication with project sites, prepared presentations, monitored survey distribution to senior centers, and collaborated with Nutrition Services Liaison for survey completion and group education attendance.
 - **Research and Evaluation Manager:** Maintained IRB approval, completed data checks, analyzed data, created charts, graphs, and prepared monthly data summaries. Prepared manuscript for publication, prepared presentations, and investigated potential sources of funding for project sustainability.
 - **Nutrition Services Liaison:** Entered data from monthly, comprehensive, and MNT surveys, called clients to perform pre/post MNT surveys, and coordinated with senior centers to collect surveys, waivers, and paperwork. Scheduled MNT sessions and communicated to tablet users.

- **Chief Dietitian for the Division of Aging, now Consultant Dietitian:** Co-led project creation, survey development, and data metrics. Connected project management to state, AAA, senior center, and IRB staff to facilitate project action. Served as a liaison between partners, and advised project management, reports, and data. Provided presentation development and delivery. Served as subject matter expert on Georgia's Older Americans Act policies and requirements for nutrition services, including meals, education, and counseling.



Funding and Sustainability

A. Initial Funding:

- 2020 Administration for Community Living Nutrition Innovations Grant.
- In Kind Contributions: Staff time, virtual telehealth platform, and consumables (paper, color copies, pens, etc.) covered by other funding sources.

B. Continued Funding:

- Fee-for-service contracts with the AAAs to provide group and individual nutrition sessions.
- Medicare Part B reimbursement.
- Middle Georgia Regional Commission Senior Hunger Grant and other regional grants.
- We are also looking for other federal, state, and foundation funding and partnerships to continue to build on these innovations.

C. Sustainability:

- We are encouraging AAAs, as well as Aging and Disability Resource Centers (ADRCs) to screen individuals for diabetes and renal disease with Medicare Part B insurance. Our goal is to provide MNT and be reimbursed by Medicare Part B (Open Hand Atlanta has a medical biller on staff).
- We developed a fee-for-service model for AAAs to pay for MNT services: \$100 for initial assessments, \$50 for each follow up, per client.
- We will continue to use the MNT pre/post survey that we developed across Open Hand Atlanta MNT services and train all dietitians on how to use this.
- To assist with data collection, assistance in the Zoom rooms, doing pre/post MNT surveys, and managing the tablets, we hired a Dietitian's assistant. At first, we hired a Dietetic Technician, Registered (DTR) but then that person left, and we hired a position called a Nutrition Services Liaison since we did not receive many DTR applicants.
- We developed a Memorandum of Understanding (MOU) with a region in Georgia to provide virtual group nutrition education in senior centers. We are actively implementing lessons learned from our grant in these new MOUs (e.g., we will provide group education with up to 3 sites per visit, as we found having 4+ sites on one Zoom call impacted session quality.)
- Moving forward, we will embed project roles into job descriptions to continue this work across the state.
- We are marketing the use of tablets to provide other evidence-based programs, such as chronic disease self-management education (CDSME) and diabetes self-management education (DSME). We have one such contract currently that was initiated because of our collaboration on this Innovations grant.
- We are writing manuscripts for publication to allow others to assess and replicate our methods.
- We continue to promote the use of equipment such as screens, projectors, and tablets, to provide virtual education at senior centers.
- Our on-demand library will continue to be hosted on our website (www.openhandatlanta.org/food-is-medicine/nutrition-education/on-demand-nutrition-videos), and we hope to continue to record and edit videos for the aging and disability network to use.

- We continue to disseminate the findings of this research to pertinent audiences for partnership opportunities. From 2020-2023, we presented at 7 conferences. We have since submitted three conference proposals, two of which have been accepted for presentations in 2024.
- This project has led us to new opportunities in the technological world. We are in conversation with Claris Tablets to share our nutrition education across their national network of tablets. Additionally, one of our presentations at a local technology conference led us to meet TeamVivo who utilizes technology to teach virtual exercise classes for older adults. We are in discussions with both Claris and TeamVivo to see what partnerships we can build in the future.
- We have made ourselves available to lend our expertise, lessons learned, and best practices to interested parties.
- We continue to search and apply for funding sources to sustain and expand the project.

Recruitment

A. Participants

a. Requirements

- Project participants included Older Americans Act nutrition program participants age 60+ and their spouses.
- For virtual nutrition education, most participants joined at a congregate senior site but were also offered the option to log in from their home or location of choice. If desired, the virtual link to join was sent to them. One AAA had a “senior center without walls” model; our group nutrition education was provided through the individual tablets the AAA lent to them. In summary, if a participant attended in-person or had the technology via tablet, phone, or computer, they could join the group education sessions.

b. What recruitment methods were used?

Successful:

- At the project start, we leveraged the GA Chief Dietitian’s contacts with Georgia’s 12 AAAs to identify 3 main AAAs to pilot the project. As the project continued, it was opened to other AAAs during a Division of Aging – AAA Nutrition Contacts call in June 2022. During this call, we promoted our services to all 12 Georgia AAAs.
- To recruit for MNT, we communicated with senior congregate sites, ADRCs, and other staff in the AAA network about the MNT program and how they could send referrals and consent forms.
 - We accepted referrals for MNT from several locations: the congregate site who made announcements during their sessions and posted flyers in their building, HDM providers who packed flyers in their meal boxes, ADRC screening of clients with NSI over 6+, word of mouth, and participant self-referral (i.e., individuals could call the number on a flyer that was located at the senior center or placed in their meal bag/box). Additionally, we made announcements with slides that had contact information at the beginning and end of every group nutrition lesson to remind older adults that MNT was available to them.
- For the group nutrition education sessions, any individuals who came to the senior center that day were offered the opportunity to sit in on the virtual session and participate as desired.

Not successful:

- Although we received referrals from locations mentioned above (primarily via phone calls and emails from senior centers), we were challenged with turning these referrals into actual MNT sessions. This was due to a variety of factors including clients being unreachable or clients expressing they were no longer interested, the timing no longer worked for them, or they were unable to recall a referral being made. We implemented many strategies to overcome this barrier such as ensuring we were calling each referral at least 3 times, leaving messages, if able, to explain the project in detail, and reminding them that we collaborate with the senior center or AAA they attend. Additionally, we added the ability to text message clients to remind them of their appointments and to be more reachable, even for smaller questions. While the texting method was not used as frequently, it did help clients connect with MNT more than phone calls alone.

Recruitment, *Continued*

B. Volunteers or Students, if used

a. Requirements

- We hosted dietetic interns who joined MNT and group sessions, and a few helped create content.
- We did not use volunteers in our project directly but occasionally, the senior centers recruited them to assist with group lessons.

b. What recruitment methods were used? What was successful or not successful?

Successful:

- We work with internships that provide us with at least 12-20 dietetic students every year.
- Initially, our plan was to recruit University of Georgia students to assist with the pre/post survey data collection. We utilized UGA's student volunteer board to recruit a few volunteers. We ended up not needing them for this project, but we did use them for another project.

Not successful:

- We wished there were more volunteers at the senior centers to assist with the group education session logistics, survey collection, and tablet operations since we were distant from the senior centers.

C. Marketing Tips

Successful:

- The Open Hand team spoke on several group meetings through the AAA network hosted by the Division of Aging as well as group meetings hosted by the AAAs.
- Open Hand created group education and MNT marketing flyers to post in senior centers and in home-delivered meal bags or boxes. See Appendices for sample flyers.
- For both group and MNT sessions, Open Hand sent quarterly email updates to referral partners on the number of people referred and reached. We also included successes within their respective regions to keep these local staff engaged and informed of the project metrics.
- For one region, we updated the letter they sent to the older adults when they scored 6+ on the NSI.
- Open Hand disseminated findings at many conferences and networking events to educate and advertise our services. See page 22 to view the list of conferences we attended.
- Now that the project is over and we have analyzed results, we have created a one-pager describing our results; we utilize this during meetings with Georgia's aging and disability network. We have also utilized the project results to respond to Requests for Proposals (RFPs) for nutrition education.

Not successful:

- Promotion of our program to some group meetings did not result in more referrals or the desire to host virtual group sessions at their site. For some, they already had group nutrition education provided by their food bank, students, or foodservice operator. Most of the time, those provided sessions were in person, so the center (and seniors) preferred those lessons over the virtual ones.

Tools

A. Technology

- Zoom: Heavily used for group sessions at senior centers and when clients would prefer to meet virtually for MNT.
- Healthie: Open Hand's HIPAA-compliant EHR (electronic health record) platform for scheduling, charting, and providing Zoom access for both MNT sessions as well as group lessons. We connected the tablets with Healthie as well.
- Claris Companion Tablets: Equipped with large, easy-to-use buttons, built-in 5G data (so can connect anywhere), and security measures to make them older adult friendly. Used to facilitate group education, MNT sessions, and upload content, handouts, recipes, and daily quizzes.
- Canva: Used to design 20 monthly presentations, create handouts, marketing materials, and develop recipes in an engaging way. We also used Canva for our conference presentation creation and delivery.
- REDCap: Utilized for pre/post survey data management. Staff gathered the pre/post tests on paper, mailed back from the AAAs or county, then entered the data into RedCap to be stored and matched.
- Stata: Statistical software used by our Research and Evaluation Manager for data analysis.
- OBS Studio: Recording software loaded on our laptop computer; used to record on-demand videos on the recommendation of the contracted videographer. The videographer used these videos and the Canva presentations to create the on-demand video posted on our website.
- iPads, Projectors, and Screens: Purchased at the beginning of our project at the recommendation of a site wellness coordinator. Originally, they were intended to be used in centers in NW Georgia who did not have reliable computers for Zoom. Screens and projectors were purchased to create a one-stop tech setup. As we began scheduling the group education, most of the sites had smart TVs provided by AAAs or projects/screens already being utilized. We did not use the iPads, projectors, and screens in very many locations and recommend programs complete a more extensive technology assessment before making purchases.

B. Resources

- Pre/post survey packets: We created packets with multiple pre/post surveys for centers to keep for a specified period and then return. We originally sent them every four months, and then transitioned to mailing/emailing the surveys every month to ease the process for senior center staff.
- Incentives: Ruffled a monthly \$10 Walmart gift card to each senior center to promote participation.
- Surveys – Pre/post, comprehensive, MNT- see Appendix N-Z for examples.
- Presentations, handouts
- Postage meter machine: Efficiently stamped envelopes containing monthly \$10 Walmart gift cards to senior centers as a participatory incentive; also used for mailing surveys and handouts.
- Printer: Used to print handouts and surveys as needed for senior centers that do not have printing capabilities; used to print handouts and recipes for MNT clients that requested additional education content.
- Claris Companion Healthcare partnership: Worked with Claris Healthcare employees in creating nutrition education content available on their devices.
- Professional memberships: This project allowed us the ability to become members of the Academy of Nutrition and Dietetics, American Society on Aging, and Georgia Gerontology Society.

Project Timeline

2020

April–June

- Wrote grant proposal for 2020 ACL Innovations in Nutrition Grant in collaboration with GA DHS DAS, and University of Georgia (UGA) professor in dual role as AAA Wellness Coordinator.

July–September

- Received ACL Innovations in Nutrition Demonstration grant.
- Held kickoff meetings with DAS and UGA partners to discuss steps for obtaining IRB approval and developing consent, forms, surveys, and presentations.
- Began ordering equipment.

October–December

- Received IRB approval from UGA.
- Hired RDN to provide group and individual education. RDN began working on developing topics, content, and flyers for group education.
- Hired Data Analyst to assist with survey development.
- Began developing marketing plan for MNT sessions for Northeast, Middle, and Sowega AAAs.
- Met with UGA professor and UGA graduate student weekly to discuss project design.

2021

January–March

- Began implementing MNT marketing plan at partner AAA sites.
- Created MNT referral system for AAAs to securely refer clients to RD and complete visits.
- Engaged AAAs to begin coordinating group nutrition education sessions.
- Hosted first Northeast AAA group education on March 29, 2021.
- Received first MNT referrals from AAAs.

April–June

- Hosted first classes with UGA partners in-person at site and RDN joining virtually.
- Met with AAA partners to refine education logistics, client consent, and data collection.

July–September

- Original UGA faculty partner took on new role; developed new partnerships with UGA.
- DAS reviewed meal client data to gain insight into current senior center clients.

October–December

- Transferred IRB to Georgia Department of Public Health (a partner of GA DHS DAS).
- Scheduled first group education sessions (3 in NE, 1 in Middle, and 1 in Sowega).
- Trialed technology at locations to troubleshoot and train staff.
- Received first MNT referrals from Middle Georgia region.
- Started group education sessions in November with great success in the Northeast region.
- Changed Data Analyst position to Research and Evaluation Manager and had discussions with potential candidate.

2022

January–March

- Held first group education sessions with Middle Georgia and Sowega in January.

- Research and Evaluation Manager started in role in January.
- Project RDN left Open Hand at end of January. Utilized current Open Hand RDNs to continue group and MNT sessions. By February, RDN was hired and began part-time in March.
- DTR hired and began work in February. Began entering paper surveys into electronic system.

April-June

- Project RDN started full-time in April 2022.
- Continued group education and MNT sessions and brainstorming new topics.

July-September

- Held call with 12 AAAs to promote availability of MNT and group educations statewide; led to more group sessions & MNT referrals; Started group nutrition lessons with Heart of Georgia.
- In August, the Chief Dietitian transitioned to new role as Consult Dietitian.

October-December

- Distributed the first 10 Claris Companion tablets to a Northeast County partner.
- Hired Nutrition Services Liaison to assist RDN with tablet tracking, marketing, data entry.
- Provided clients with comprehensive post-survey to complete at the end of 12 group sessions.
- Started recording on-demand library nutrition videos.
- Discussed sustainability planning for funding (applied to next ACL grant) and organization.

2023

January-March

- Approved for rollover funds – used funds to purchase 20 more tablets.
- Submitted ACL Innovations in Nutrition grant application in January.
- Resubmitted IRB with additional details about tablet use; received approval.
- RDN created a nutrition ed curriculum for tablet users; adjusted contract for tablet use.

April-June

- Launched on-demand library on Open Hand's website.
- Requested extension to current ACL grant (was to end in Aug, requested to end in Dec 2023).
- Drafted letter to AAAs for options to continue group education & MNT after ACL grant end.

July-September

- Held focus group discussions for senior center staff. 4 staff provided valuable feedback.
- Contracted/signed MOU with Heart of Georgia to continue group ed sessions after grant.
- Hired and onboarded the new Research and Evaluation Manager.
- Completed final grant-funded group education sessions in August.
- Initiated Open Hand brand transition and transition of handouts and materials.
- Started MOU contract period with partnered AAAs through September 2024.
- Expanded Claris tablet program to Southern GA and Fayette County.

October-December

- Completed upload of all recorded nutrition education videos to Open Hand website.
- Continued sustainability and closure with AAAs; signed contract with at least one region to continue services.
- Grant period ended; analyzed the survey data. Authored Final Report and Capstone Report.

Frequently Asked Questions

Q: How did you initially establish your partnerships with DAS and the AAAs?

A: DAS and Open Hand staff met while attending several of the same conferences. When considering applying for the ACL grant, Open Hand emailed DAS with the idea of expanding nutrition education across the state via an ACL nutrition grant, and the project was born. DAS held relationships with the AAAs due to their reporting structure, so DAS assisted in making introductions to Open Hand and the program we were offering.

Q: What if an older adult did not fill out a survey during senior lesson?

A: Given the nature of our education provided virtually, we strongly encouraged older adults to fill out the surveys but did not require it. We communicated with center directors to encourage them to help with survey participation, but the senior center directors often told us how busy they were. Having volunteers and additional staff at the center can help ensure more surveys are completed.

In terms of evaluation, we analyzed all available data as well as available matched data to ensure that we captured any potential patterns in both groups.

Q: What if senior centers or MNT participants don't have internet connectivity or familiarity with technology?

A: Our RDN offered a variety of ways to connect with clients, noting any client barriers with access or familiarity. If an MNT participant went to their local senior center, the RDN would work with the center staff to set up a private room to use the center phone. We also were able to provide Claris Companion Tablets that are both user-friendly and have built-in wireless data. If senior centers had trouble with connectivity for group education sessions, we provided them with equipment such as screens, projectors, and tablets. We also conducted technical assistance sessions via Zoom to allow centers to practice using video controls and sound. Many of our partnered senior centers were connected to the Internet and had smart TVs, so much of our assistance centered on how to use Zoom.

Q: How do you work with senior centers that have limited staff capacity?

A: The RDN communicated with senior center directors consistently to make sure the program was not too much on their plate; if it was, the RDN troubleshooted ways to alleviate some of the burden of low staff numbers. One common solution was to help center staff identify a volunteer "champion" that could assist with survey completion and Zoom set up.

Q: How do you get participants to engage in a virtual nutrition lesson?

A: Getting participants to engage in group nutrition sessions was challenging at first, but consistently asking questions about their experiences and knowledge was a big help. Showing up consistently (e.g., monthly) to the same group of people helped with building rapport and establishing a routine with them. By the fifth lesson, groups were very comfortable with the flow of each lesson and the instructor. Additionally, surveys and check-ins helped get feedback from both participants and staff for continuous improvements.

Q: How did you get the surveys back in your possession for data entry?

A: With the virtual nature of the program, survey completion and returns were inherently challenging because we were not there in person. The team sent frequent reminders to senior centers to help them remember to fax, mail, or scan their surveys back to Open Hand Atlanta. If cost was an issue, we worked with the center to get an invoice for reimbursement with postage. Survey completion was emphasized at the beginning of the program to staff and participants, so centers knew of its importance. Additionally, volunteers could be helpful to train at each site, so they know what to look for to ensure the surveys are complete.

Q: What is seen as the biggest opportunity to improve the process of obtaining referrals for MNT and converting to initial assessments?

A: Create a standardized system to streamline the referral process. For example, as soon as a client is interested, see if the center staff can book them directly with the RDN. Minimize the amount of time between the referral and RDN visit to minimize client loss of interest or motivation.

Q: Does the dietitian gain access to medical records or charts to prepare for the MNT sessions?

A: The dietitian doing MNT did not have access to a patients' electronic health record. Each MNT session was based on self-report. In the future and as funding allows, it would be beneficial for the dietitian to gain access to additional health information through partnerships with health care organizations or the referral system used in the state (in Georgia, WellSky).

Q: What gaps do you see with the digital divide and what are you doing to help close this gap?

A: Truly, many adults are ready and willing to try technology. We did not see as big of a digital divide as we thought we would discover. All the senior centers were connected to internet and Wi-Fi. For individuals in their home, we saw more people without access to devices and this is one of the reasons we purchased tablets to assist them. During each MNT session, we asked them what technology they had. If they did not have access to internet in their homes, we asked them to join sessions at the senior center loaning tablets for them to take home.

For those willing and able to connect to a device we focused on a positive mindset and used online resources – there are many tutorials regarding how to use Zoom on YouTube. Use anything you can to meet individuals where they are.

Q: How can I get started with something like this in my own state or region that has limited resources?

A: Use our model! Don't reinvent the wheel; instead, look to our program and others to use the templates, program format, and data collection metrics, and apply them to your region.

Advice for Replication

"Remember to continually ask for feedback from the senior center directors, staff, and participants to provide the service that works best for them. For example, a few months into group nutrition education classes, one senior center staff member mentioned that there is a low literacy rate at the center, making the materials for the class difficult to relate to. It is important to provide materials that meet the population's needs, but make sure you are communicating thoroughly with your partners on these concerns."

-Rachel Berton RDN, CSG, LD; Community Dietitian | Open Hand Atlanta

"When conducting virtual nutrition education, use specific communication tailored to a group. For example, instead of saying "How's everyone doing?", say "If you're excited about this sunny weather, raise your hand.". This can allow participants to engage with the session without feeling disorganized or nervous. Additionally, do not underestimate the power of building connections with your state and local nutrition providers. We owe much of our project success to the relationships we nurtured – by building rapport, we created a space where direct feedback was welcomed, and the program improved as a result."

-Renaë Brown MS, RD, LD, Consultant Dietitian, former Chief Dietitian | GA DHS DAS

"It was helpful to review survey data collected through the project frequently to catch any potential issues as they arose and to be able to communicate successes back to the team and the centers often. For example, if participants shared an interest in a particular topic, our dietitian was able to tailor upcoming lessons to include that information or if we noticed that knowledge didn't improve as much in one lesson as we had observed in previous lessons, our dietitian could circle back to that topic and clarify any remaining questions or misconceptions."

-Miranda Cook, PhD MPH, Research & Evaluation Manager | Open Hand Atlanta

"We found it so helpful to have a solid relationship with our state Department on Aging. These folks were able to introduce us to the innovative players across the state. Additionally, communication was so important during this whole project since we were located in Atlanta but were operating classes throughout the state. We really couldn't communicate enough to keep classes and MNT sessions going. I believe moving forward we need to better integrate with processes that occur at the ADRC level so they can make more referrals that way. Lastly, we thought that more of the senior centers would need updated equipment to host the group classes virtually but that wasn't the case – they had some awesome equipment!"

-Laura Samnadda MS, RDN, LD, Director of Nutrition Services | Open Hand Atlanta

"The group lessons are helpful and the staff like them too! I think they need to have anything related to healthy eating and I hope we can continue in the future... to help them keep living in their home."

-Kia Huff, Senior Center Director in Greene County, GA | Northeast Georgia AAA

Appendix List

- A. **GRITS Consent Form:** This is a consent form that participants at congregate meal centers sign to partake in the project for group nutrition education and the option to receive MNT.
- B. **GRITS Consent Form for MNT only:** This is a participant consent form for participants that are not at congregate meal centers but would like to receive MNT.
- C. **Claris Loaner Device Policy and User Agreement:** A contract used to outline rules and expectations for participants that were loaned Claris Companion Tablets.
- D. **Claris Expectations Flyer:** A flyer used to advertise Claris Companion Tablets and the type of participant that would be ideal for the GRITS program.
- E. **MNT Flyer:** Used to advertise MNT services to individuals distributed in senior centers, home delivered meals, and at ADRCs.
- F. **Referral Pathway:** Example pathway of the various ways to receive referrals for MNT.
- G. **One-page research brief:** One-page handout describing the project and its outcomes.
- H. **Focus group discussion questions:** A list of questions used to guide focus group discussions with senior center directors and staff.
- I. **End of program options communications:** Communications sent to senior center directors and AAA staff regarding the future options for the program.
- J. **End of MNT communication:** Email communication sent to AAAs and ADRCs regarding the completion of MNT and no longer accepting referrals.
- K. **Claris tablet retrieval communication:** Email communication sent to Claris Companion site partners about getting tablets back into Open Hand possession.
- L. **MNT survey tool:** A pre and post survey used to measure the success of MNT.
- M. **Memorandum of Understanding (MOU) example:** Contract used to start a paid service for group nutrition education.
- N. **Pre-Comprehensive Group Education Survey:** A survey asking various background questions on demographics, nutrition knowledge, and confidence distributed to participants before starting session
- O. **Post-Comprehensive Group Education Survey:** A survey asking similar questions as the Pre-Comprehensive Survey distributed to participants after ending session 12 to assess for knowledge, confidence, and behavior changes.
- P. **GRITS Survey Packet Presentations 1-4:** Pre and post knowledge surveys for sessions 1-4 that correspond with the appropriate session topic.
- Q. **GRITS Survey Packet Presentations 5-8:** Pre and post knowledge surveys for sessions 5-8 that correspond with the appropriate session topic
- R. **GRITS Survey Packet Presentations 9-12:** Pre and post knowledge surveys for sessions 9-12 that correspond to the appropriate session topic.
- S. **Survey Packet Session 13:** Pre and post knowledge survey corresponding to the content presented in session 13.
- T. **Survey Packet Session 14:** Pre and post knowledge survey corresponding to the content presented in session 14.
- U. **Survey Packet Session 15:** Pre and post knowledge survey corresponding to the content presented in session 15.

- V. **Survey Packet Session 16:** Pre and post knowledge survey corresponding to the content presented in session 16.
- W. **Survey Packet Session 17:** Pre and post knowledge survey corresponding to the content presented in session 17.
- X. **Survey Packet Session 18:** Pre and post knowledge survey corresponding to the content presented in session 18.
- Y. **Survey Packet Session 19:** Pre and post knowledge survey corresponding to the content presented in session 19.
- Z. **Survey Packet Session 20:** Pre and post knowledge survey corresponding to the content presented in session 20.
- AA. <https://www.openhandatlanta.org/food-is-medicine/nutrition-education/on-demand-nutrition-videos/>, final nutrition education video product available to the public at no cost along with handouts created at no cost to the public.

References

1. Georgia Division of Aging Services. MAN 5300, Ch 304: Nutrition Services. 2020. Accessed Mar 1 2024 via web: <https://odis.dhs.ga.gov/General>.

Conferences Open Hand Atlanta team attended throughout the grant:

- a. National Council on Aging Age + Action Conference (2020, 2021, 2022, 2023)
- b. Georgia Meals on Wheels Annual Convening (Aug 2022)
- c. American Society on Aging - "On Aging" Conference (Mar 2023)
- d. Georgia ADRC Healthy Communities Summit (June 2023)
- e. Georgia Gerontology Society (GGS) Conference (Aug 2023)
- f. Meals on Wheels America Annual Conference (Aug 2023)
- g. Food is Medicine Coalition Annual Symposium (Sept 2023)
- h. Food and Nutrition Conference and Expo (Oct 2023)
- i. Future events scheduled:
 - i. Academy of Nutrition and Dietetics Healthy Aging Dietetic Practice Group Virtual Conference (April 2024)
 - ii. National Council on Aging Age + Action Conference (May 2024)