



## **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
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## **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 they 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###@marcaqing.org](mailto:Kcpantry###@marcaqing.org) (### = client ID number 001...002...003)
  - Password: 53Y#vghPqRHx
  - Note: Set administrative ([showmepantryorder@gmail.com](mailto: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](http://Showmepantry.org/dashboard)

- Manage Users
    - add new user
  - Make note of log in info
    - Username: [kcpantry###@gmail.com](mailto: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.

15. 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<sup>st</sup> and 3<sup>rd</sup> 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!**



← Amazon Show

## 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

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Signature

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Date

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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: \_\_\_\_\_

Item	Serial #	Inventory Tag #	Model/Brand
Amazon Echo Show			

**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**

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**Client Signature      Date**

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**(ORIGINAL DOCUMENT REMAINS WITH MARC; COPY TO CLIENT)**

**APPENDIX E**

**Measurement Battery**



Missouri Association of Area Agencies on Aging

MA4 ACL Innovations in Nutrition – MARC Site

Enrollment Form					
Contact Information					
Last Name		First Name		MI	
Address		City		Zip	
Phone		Gender	<input type="checkbox"/> M (1) <input type="checkbox"/> F (2)	DOB (mm/dd/yyyy)	
Email				Client ID	

Client Measurement		<input type="checkbox"/> Pre-Intervention	<input type="checkbox"/> Post-Intervention
<b>Demographic and Background Information</b>			
Lives Alone?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	County	
Marital Status	<input type="checkbox"/> Single (1) <input type="checkbox"/> Married (2) <input type="checkbox"/> Divorced (3) <input type="checkbox"/> Partnered (4) <input type="checkbox"/> Separated (5) <input type="checkbox"/> Widowed (6)		
Race	<input type="checkbox"/> Afr Am (1) <input type="checkbox"/> Am Ind/Nat AK (2) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Nat HI/Pac Island. (4) <input type="checkbox"/> White (5) <input type="checkbox"/> Other (6)		
Hispanic, Latino, or Spanish Origin?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		
BMI	What is your weight? _____ lbs.      What is your height? _____ ft. _____ in.		
Age 85+?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)		
<i>At risk if 85+</i>			<input type="checkbox"/> <i>At Risk (1)</i>

Homebound derived from Musich et al., 2015 (Geriatr Nurs., 36, 445-450)			
How many days do you leave your home each week?		<input type="checkbox"/> 0-1 (1) <input type="checkbox"/> 1-3 (2) <input checked="" type="checkbox"/> 3+ (3)	
If you left your home, was it difficult?		<input type="checkbox"/> Yes (2) <input type="checkbox"/> Somewhat (1) <input type="checkbox"/> No (0)	
Assistance required to leave your home?		<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
<i>At risk if leaves only 0-1 times/week; discontinue interview if ≥ 1/week w/o difficulty</i>			<input type="checkbox"/> <i>At Risk (1)</i>

SNAQ (Simplified Nutritional Assessment Questionnaire)		Source SLU Rapid Geriatric Assessment
My appetite is	<input type="checkbox"/> Very poor (1) <input type="checkbox"/> Poor (2) <input type="checkbox"/> Average (3) <input type="checkbox"/> Good (4) <input type="checkbox"/> Very good (5)	
Food Tastes	<input type="checkbox"/> Very bad (1) <input type="checkbox"/> Bad (2) <input type="checkbox"/> Average (3) <input type="checkbox"/> Good (4) <input type="checkbox"/> Very good (5)	
When I eat I feel full after eating...		
<input type="checkbox"/> few mouthfuls (1) <input type="checkbox"/> ~1/3 meal (2) <input type="checkbox"/> >1/2 meal (3) <input type="checkbox"/> most meal (4) <input type="checkbox"/> Hardly ever full (5)		

Normally I eat ___ meal(s) per day	<input type="checkbox"/> <1 (1)	<input type="checkbox"/> 1 (2)	<input type="checkbox"/> 2 (3)	<input type="checkbox"/> 3 (4)	<input type="checkbox"/> >3 (5)
Score of 0-14 indicates significant risk of at least 5% weight loss within 6 months					<input type="checkbox"/> At Risk (1)
FRAIL Questionnaire					
Fatigue: Are you fatigued?				<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)
Resistance: Can you walk up one flight of stairs?				<input type="checkbox"/> Yes (0)	<input type="checkbox"/> No (1)
Aerobic: Can you walk one block?				<input type="checkbox"/> Yes (0)	<input type="checkbox"/> No (1)
Illnesses: Do you have more than 5 illnesses?				<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)
Loss of weight: Have you lost more than 5% of your weight in the last 6 months?				<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)
Scoring: 3+ = frailty (at risk) ; 1 or 2 = prefrail					<input type="checkbox"/> 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?	<input type="checkbox"/> None (0) <input type="checkbox"/> Some (1) <input type="checkbox"/> A lot or unable (2)
Difficulty walking across a room?	<input type="checkbox"/> None (0) <input type="checkbox"/> Some (1) <input type="checkbox"/> A lot, use aids or unable (2)
Difficulty transferring from a chair/bed?	<input type="checkbox"/> None (0) <input type="checkbox"/> Some (1) <input type="checkbox"/> A lot or unable w/o help (2)
Difficulty climbing a flight of ten stairs?	<input type="checkbox"/> None (0) <input type="checkbox"/> Some (1) <input type="checkbox"/> A lot or unable (2)
How many times have you fallen in the last year?	<input type="checkbox"/> None (0) <input type="checkbox"/> 1-3 Falls (1) <input type="checkbox"/> ≥4 Falls (2)
Total score of 4+ indicates at risk (Sarcopenia)	
<input type="checkbox"/> At Risk (1)	

Choice: Healthy Living for Seniors		Source: Mid-East AAA Choice program
8. My overall health is:	<input type="checkbox"/> Excellent (5) <input type="checkbox"/> Very Good <input type="checkbox"/> Good (3) <input type="checkbox"/> Fair (2) <input type="checkbox"/> Poor (1)	
	(4)	
9. Since I began this project, my overall health has:	<input type="checkbox"/> Improved <input type="checkbox"/> Not Changed (2) <input type="checkbox"/> Declined (1)	
	(3)	

10. In general, I have been feeling:	<input type="checkbox"/> Excellent (5) <input type="checkbox"/> Very Good (4) <input type="checkbox"/> Good (3) <input type="checkbox"/> Fair (2) <input type="checkbox"/> Poor (1)
11. Since I began this project, the way I've been feeling in general has:	<input type="checkbox"/> Improved (3) <input type="checkbox"/> Not Changed (2) <input type="checkbox"/> Declined (1)
12. As a result of my participation in this project (select all that apply), ...	
<input type="checkbox"/> I am more a healthier life (1) <input type="checkbox"/> I am living to access information, including community resources (2) <input type="checkbox"/> I have a better understanding of how to access information, including community resources (3) <input type="checkbox"/> I have taken advantage of new socializing resources in the community. (4) If so, which ones? _____	
<input type="checkbox"/> I have a better understanding of nutritional information (e.g., nutrition labels and dietary recommendations) (5) <input type="checkbox"/> 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, 2005:65:559-564)	
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.	
1. Problems with judgement (e.g., problems with making decisions, bad financial decisions, problems with thinking)	<input type="checkbox"/> YES, A change (1) <input type="checkbox"/> NO, No change (0) <input type="checkbox"/> N/A Don't change (1) Know (.)
2. Less interest in hobbies/activities	<input type="checkbox"/> YES, A change (1) <input type="checkbox"/> NO, No change (0) <input type="checkbox"/> N/A Don't change (1) Know (.)
3. Repeats the same things over and over (questions, stories, or statements)	<input type="checkbox"/> YES, A change (1) <input type="checkbox"/> NO, No change (0) <input type="checkbox"/> N/A Don't change (1) Know (.)
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)	<input type="checkbox"/> YES, A change (1) <input type="checkbox"/> NO, No change (0) <input type="checkbox"/> N/A Don't change (1) Know (.)
5. Forgets the correct month or year	<input type="checkbox"/> YES, A change (1) <input type="checkbox"/> NO, No change (0) <input type="checkbox"/> N/A Don't change (1) Know (.)
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)	<input type="checkbox"/> YES, A change (1) <input type="checkbox"/> NO, No change (0) <input type="checkbox"/> N/A Don't change (1) Know (.)

7. Trouble remembering appointments	<input type="checkbox"/> YES, A <input type="checkbox"/> NO, No <input type="checkbox"/> N/A Don't change (1) change (0)   Know (.)						
8. Daily problems with thinking and/or memory	<input type="checkbox"/> YES, A <input type="checkbox"/> NO, No <input type="checkbox"/> N/A Don't change (1) change (0)   Know (.)						
Score of $\geq 2$ , at-risk for dementia							
<input type="checkbox"/> At Risk (1)							
Total Risk	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #d9ead3;">Low</td> <td style="background-color: #fcf8e3;">Moderate</td> <td style="background-color: #f2dede;">High</td> </tr> <tr> <td><input type="checkbox"/> 0   <input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5   <input type="checkbox"/> 6</td> </tr> </table>	Low	Moderate	High	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6
Low	Moderate	High					
<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6					

Technology					
Do you own a computer?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Do you have regular access to the internet in your home?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
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.					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Are you able to use services that require use of a smartphone or the internet?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
How open are you to new technology?	Not at all (1)	A little bit (2)	Somewhat (3)	Quite a bit (4)	Very much (5)
Post-Intervention Only					
Using your smart speaker (point to device), are you able to order food items on your own?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
How often do you use your smart speaker for ordering food	Never (1)	Less than monthly (2)	Monthly (3)	Weekly (4)	Daily (5)
How often do you use your smart speaker for any purpose	Never (1)	Less than monthly (2)	Monthly (3)	Weekly (4)	Daily (5)



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?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Trouble concentrating on things, such as reading the newspaper or watching television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total score \_\_\_ = \_\_\_ + \_\_\_ + \_\_\_

Scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression.

At Risk (5 or above)

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?	<input type="checkbox"/> Not difficult at all	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Very difficult	<input type="checkbox"/> Extremely difficult
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### Functional Assessment

Source: ACL

Mandatory 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)				
Eating	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Bathing	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Grooming	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Dressing	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Toilet Use	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Mobility	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Transferring	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Instrumental Activities of Daily Living (IADLs)				
Laundry	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Shopping	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Light Housework	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Heavy Housework	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Telephone	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Financial Management	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Transportation	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Meal Preparation	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Medication Management	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to do things for fun with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good about my ability to do things for my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to perform my daily routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to do things for fun outside my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to meet the needs of my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to do the work that is really important to me (include work at home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to meet the needs of my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stanford Chronic Disease Self-Management study questions	
Health care utilization/Hospitalization      Source: Lorig, et al. (1996). Outcome Measures for Health Education and other Health Care Interventions, Thousand Oaks, CA: Sage Publications	
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		Source: Lamb et al. JAGS. 2005; 53:1618-1622. doi:10.1111/j.1532-5415.2005.53455.x
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No (0) (1)	
Three-Item Loneliness Scale		Source: Hughes et al. Res Aging. 2004; 26: 655-672
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?	<input type="checkbox"/> Hardly ever (1) <input type="checkbox"/> Some of time (2) <input type="checkbox"/> Often (3)	
How often do you feel left out?	<input type="checkbox"/> Hardly ever (1) <input type="checkbox"/> Some of time (2) <input type="checkbox"/> Often (3)	
How often do you feel isolated from others?	<input type="checkbox"/> Hardly ever (1) <input type="checkbox"/> Some of time (2) <input type="checkbox"/> 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?	<input type="checkbox"/> At least 2 (1)	<input type="checkbox"/> At least 5 (2)	<input type="checkbox"/> At least 9 (3)	<input type="checkbox"/> At least 10 (4)	<input type="checkbox"/> I don't know (5)
The foods that I eat and drink now are healthy	<input type="checkbox"/> Yes, all of the time (2)		<input type="checkbox"/> Yes, sometimes (1)		<input type="checkbox"/> No (0)
Do you ever eat high fiber cereal?	<input type="checkbox"/> Almost always or always (2)		<input type="checkbox"/> Sometimes (1)		<input type="checkbox"/> Almost never or never (0)
Do you ever eat whole wheat bread?	<input type="checkbox"/> Almost always or always (2)		<input type="checkbox"/> Sometimes (1)		<input type="checkbox"/> Almost never or never (0)

Do you ever drink 100% fruit juice?		<input type="checkbox"/> Almost always or always (2)		<input type="checkbox"/> Sometimes (1)		<input type="checkbox"/> Almost never or never (0)	
Do you ever eat fruit for lunch?		<input type="checkbox"/> Almost always or always (2)		<input type="checkbox"/> Sometimes (1)		<input type="checkbox"/> Almost never or never (0)	
Do you ever eat vegetables for dinner?		<input type="checkbox"/> Almost always or always (2)		<input type="checkbox"/> Sometimes (1)		<input type="checkbox"/> Almost never or never (0)	
Where do you usually get your food?	<input type="checkbox"/> Corner Store (1)	<input type="checkbox"/> Larger Grocery Stores (2)	<input type="checkbox"/> Pantry (3)	<input type="checkbox"/> Online (4)	<input type="checkbox"/> Delivery Services (5)	<input type="checkbox"/> In organic food stores (6)	<input type="checkbox"/> Other (7) _____
What type of food do you prefer?	<input type="checkbox"/> Pre-Cooked Foods (1)	<input type="checkbox"/> Fresh Foods (2)	<input type="checkbox"/> Frozen Foods (3)	<input type="checkbox"/> Canned Foods (4)	<input type="checkbox"/> Other (7) _____		
<u>Post-Intervention Only</u>							
This project has provided you with a "smart speaker," (name product), to learn about ordering food to be delivered to you. Overall how satisfied are you with this project?	<input type="checkbox"/> Not at all (1)	<input type="checkbox"/> A little bit (2)	<input type="checkbox"/> Somewhat (3)	<input type="checkbox"/> Quite a bit (4)	<input type="checkbox"/> Very much (5)		

**APPENDIX F**  
***Participant Manual***

**Innovations in Nutrition Resource Book**

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**Informed Consent Form -- COPY**

**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: \_\_\_\_\_

Item	Serial #	Inventory Tag #	Model/Brand

**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.*

### Email Login and Amazon Login Information

Email Address	
Password	

## Delivery Schedule

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

1<sup>st</sup> 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.

1<sup>st</sup> Order: Completed when device is installed in home.

**1<sup>st</sup> Delivery:** \_\_\_\_\_

2<sup>nd</sup> Order Due: \_\_\_\_\_

**2<sup>nd</sup> Delivery:** \_\_\_\_\_

3<sup>rd</sup> Order Due: \_\_\_\_\_

**3<sup>rd</sup> Delivery:** \_\_\_\_\_

4<sup>th</sup> Order Due: \_\_\_\_\_

**4<sup>th</sup> Delivery:** \_\_\_\_\_

5<sup>th</sup> Order Due: \_\_\_\_\_

**5<sup>th</sup> Delivery:** \_\_\_\_\_

6<sup>th</sup> (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<sup>st</sup> and 3<sup>rd</sup> 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"