

**NUTRITION EDUCATION**  
**VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES**  
**DIVISION FOR COMMUNITY LIVING: OFFICE FOR AGING SERVICES**  
**SERVICE STANDARD**

**Definition**

Nutrition services are authorized under Title IIIC of the Older Americans Act (OAA) and are designed to promote the general health and well-being of older individuals, particularly to:

- Reduce hunger, food insecurity and malnutrition,
- Promote socialization, and
- Delay the onset of adverse health conditions.

The OAA Nutrition Programs include the Congregate Nutrition Program and the Home Delivered Nutrition Program. The OAA Nutrition Programs also provide a range of related nutritional services that include, but are not limited to, nutrition screening, assessment, nutrition counseling and nutrition education.<sup>1</sup>

Nutrition education must be provided regularly to all OAA Nutrition Program participants. The Administration on Aging defines nutrition education as an intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions.

Instruction is defined as imparting knowledge or information.

Intervention is defined as action taken to improve a situation.

**Eligible Population**

Nutrition education services will be available to eligible participants which include: older individuals, spouses of any age and caregivers, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.<sup>2</sup> Nutrition and health related education is provided to a group or individuals 60 years and older as an educational and informative session, which complements health promotion goals for participants.

**Service Delivery Elements**

Nutrition Education, Nutrition Counseling, and other Nutrition Services

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<sup>1</sup> <https://acl.gov/programs/health-wellness/nutrition-services>

<sup>2</sup> Older Americans Act, as amended through As Amended Through P.L. 116–131, Enacted March 25, 2020 , Section 339(A) (2) (I); [State Performance Report, Appendix A, Data Elements Definitions, Version 1.4](#)

Nutrition education for senior nutrition program participants should:

- Meet OAA nutrition program goals
- Be relevant and of interest to the audience
- Support adult learning needs<sup>3</sup> which may include hands-on activities
- Build off previous knowledge of the participants
- Actively involve individuals in determining personal goals
- Focus on behavior modification
- Be achievable or able to be implemented by participants
- Include contact with health or nutrition professionals
- Preferably, be presented in short sessions
- Have an evaluation component that allows for both process and outcome measures to be tracked<sup>4</sup>

In order to meet the OAA requirements for nutrition education, each Area Agency on Aging (AAA) nutrition program must create a Nutrition education policy on how this service requirement is met. The AAA and service provider must maintain, at a minimum, a policy with procedures that include how often this service is provided, how it is implemented, reputable sources of written materials and utilization of an annual education plan in accordance with the oversight of a RDN.

The AAAs and nutrition service providers will provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of participants. The nutrition services and programs offered by the AAAs will be described in the Area Plan and comply with the following definitions:

Nutrition education: (Each session is an intervention which may be delivered in-person or via video, audio, online or hardcopy.<sup>5</sup>) -- An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions.

Content is consistent with the [Dietary Guidelines for Americans](#); it is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.<sup>6</sup> The participant shall be provided with information on a continuing basis, but at least quarterly, for congregate and two times per year for home delivered meal participants. Scheduled programs shall be documented as having taken place including dates, tracking of participant attendance in the DARS-OAS-approved client database, the source of the written material(s) and the presenter of the information.

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<sup>3</sup> [https://www.researchgate.net/publication/332588190\\_Learning\\_process\\_and\\_how\\_adults\\_learn](https://www.researchgate.net/publication/332588190_Learning_process_and_how_adults_learn)

<sup>4</sup> [https://seniornutrition.acl.gov/documents/ServiceProviders/VirtualNutritionEducationOlderAdults\\_508.pdf](https://seniornutrition.acl.gov/documents/ServiceProviders/VirtualNutritionEducationOlderAdults_508.pdf)

<sup>5</sup> Administration on Aging, Title III and Title VII, State Program Report: Appendix A: Definitions - Version: 1.4

<sup>6</sup> National Nutrition Monitoring and Related Research Act of 1990 and Input Committee

Nutrition education topics will be based on the needs of the participants and should be culturally appropriate. A variety of educational methods such as food demonstrations and interactive activities may be utilized for presentations. Group presentations may vary in length, including short sessions (e.g., 5-15 minutes), as appropriate to the content and venue or based on the presenter's professional judgement. All nutrition programs shall educate, make referrals and/or assist participants in taking advantage of benefits under other programs such as the Supplemental Nutrition Assistance Program (SNAP) and one-to-one nutrition counseling. Nutrition education may be provided at a mutually agreed upon location or modality, for example, in-person or via video, audio, online or hardcopy.<sup>7</sup>

Teaching methods and instructional materials must accommodate the older adult learners; these may include large print handouts, interactive demonstrations and/or closed captioning. Examples of nutrition education activities include, but are not limited to, presentations, cooking classes or food preparation demonstrations, food tasting sessions, gardening, physical activity programs, or discussion of community resources that can support participants' health and nutrition. Nutrition Education providers should utilize a lesson plan.<sup>8</sup> Approved materials for nutrition education can also be obtained from federal agencies including the [Administration for Community Living](#), [Centers for Disease Control and Prevention](#), [National Institute of Health](#), [National Institute on Aging](#), [National Resource Center for Nutrition and Aging](#), [US Department of Agriculture](#), and the [Cooperative Extension Service](#), as well as professional resources like the [Academy of Nutrition and Dietetics](#), [American Heart Association](#), and the [American Diabetes Association](#). All nutrition education materials should reference the source of the information directly on the materials, as appropriate, or include references in the annual Nutrition Education plan. Nutrition education should be provided at the initial nutrition risk assessment, when feasible (i.e., upon completion of the "Determine Your Nutritional Health" Nutrition Screening checklist developed and distributed by the Nutrition Screening Initiative), and appropriate referrals should be made.

Based on the AAA's annual plan for nutrition education services, the RDN should provide and must oversee group nutrition presentations at congregate sites. Other staff may present under the direction of the RDN. Dietetic students or interns may present under the direction of the RDN.

In a congregate setting, nutrition education may include reviewing the main concepts of nutrition education materials prior to the meal. In a home setting, a nutrition education session may include reviewing educational materials that relate to the initial or annual nutrition risk assessment with the client and/or caregiver or other relevant nutrition education topics. Additional nutrition education session(s) provided to a home delivered meal client may be related to a current nutritionally relevant topic.

Distributing newsletters or brochures that contain nutrition information from a trusted source regarding topics that are pertinent to home delivered meal (HDM) clients and providing some form of instruction to a group of (or individual) congregate clients constitutes nutrition education.

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<sup>7</sup> [https://seniornutrition.acl.gov/documents/ServiceProviders/VirtualNutritionEducationOlderAdults\\_508.pdf](https://seniornutrition.acl.gov/documents/ServiceProviders/VirtualNutritionEducationOlderAdults_508.pdf)

<sup>8</sup> Template pg. 16,

[https://seniornutrition.acl.gov/documents/ServiceProviders/VirtualNutritionEducationOlderAdults\\_508.pdf](https://seniornutrition.acl.gov/documents/ServiceProviders/VirtualNutritionEducationOlderAdults_508.pdf)

## **Assessment/Reassessment and Screening**

The purpose of nutrition assessment is to obtain, verify, and interpret data needed to identify nutrition-related problems, their causes, and significance.<sup>9</sup> Nutrition screening is the process of identifying patients, clients, or groups who may have a nutrition diagnosis and benefit from nutrition assessment and intervention by a registered dietitian nutritionist (RDN). Nutrition screening is a supportive task, which relies on tools that are quick and easy-to-use (<10 minutes to complete) and that requires minimal training.<sup>10</sup> Its purpose is to identify individuals who may be at risk of poor nutritional health. If an individual is found to be at high nutritional risk per the nutritional screening tool an intervention should be provided. An example of an intervention would be a note to the individual's primary care physician or nutrition counseling by a RDN. For congregate clients, the Virginia Service Quick Form or CRIA Encounter and the "Determine Your Nutritional Health" Nutrition Screening (NSI) shall be completed. For home delivered meal clients, Part "A" of the Uniform Assessment Instrument and the "Determine Your Nutritional Health" Nutritional Screening are required. Client assessment data shall be documented in the DARS-OAS approved electronic database. The AAA or service provider will develop a written plan specifying how the agency will use the screening results in order to perform further assessments and referrals.

The results of the "Determine Your Nutritional Health" Nutrition Screening checklist should be used to target specific nutrition education intervention(s). The "Determine Your Nutritional Health" Nutrition Screening checklist, developed and distributed by the Nutrition Screening Initiative, must be completed during assessment and reassessment for both congregate and home delivered meal services. This screening can be self-administered or conducted by anyone that interacts with older adults. It highlights the warning signs of poor nutritional status. Questions to which the client answers "YES" may trigger the staff to ask additional questions regarding the client's nutritional health, or to refer the client to other resources. The results of the Nutrition Screening checklist guides the following actions:

Score of 0-2 = Low nutritional risk; no further action needed at this time.

Score of 3-5 = Moderate nutritional risk; based on the answers to the questions, may need further screening or referral to community based resources; refer as appropriate.

Score of 6-10 = High nutritional risk; based on the answers to the questions, may need further screening or referral to a health care provider, social services, an RDN or other community based resources; refer as appropriate.

A score of 11 or higher and a "Yes" answer to question 9, "Without wanting to, I have lost or gained 10 pounds in the last 6 months," requires a referral to the AAA's RDN.

Screening is used to differentiate those at high risk for nutrition related deficiencies who require a referral for further assessment or counseling. Screening results should also be used to plan nutrition education programs. For example, educating participants on how to increase fruit and vegetable intake or to shop for and prepare nutritious meals, depending on individual or aggregate screening results.

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<sup>9</sup> <https://www.anddeal.org/vault/2440/web/files/20140602-NA%20Snapshot.pdf>

<sup>10</sup> <https://www.anddeal.org/topic.cfm?menu=5382>

In addition to the appropriate screening and assessment for congregate or home delivered meal clients, the “Determine Your Nutritional Health” Nutrition Screening checklist shall be updated when the individual’s condition or situation has changed (for example, a new diagnosis of Diabetes), but at least annually as part of the annual registration process.

### **Administrative Elements**

#### **Staff Qualifications**

The AAA must employ or retain the services of a RDN through a contract or a partnership agreement. The RDN must be available to the program with sufficient time to perform nutrition related responsibilities, as determined by the AAA.

Nutrition Education shall be overseen by a RDN for each congregate nutrition and home delivered meal program. Information provided shall be checked for accuracy and reliability by the RDN.

#### **Units of Service**

Units of service must be reported in the DARS-OAS approved client database for each client receiving the nutrition education service when the person being served can be uniquely identified.

Sessions are service activities provided to a specific client in a group setting or individually. A unit of service is one (1) session that should be recorded with a unit type of Individual Session in the DARS-OAS approved electronic database. Sessions may be delivered in-person or via video, audio, online or the distribution of hardcopy materials. If the nutrition education is provided in-person or via online, a session is one event that lasts any part of an hour, up to one full day.

Some examples are provided below:

- [Eat Smart, Live Strong](#) online session on “Colorful and Classic Favorites” is offered. It is considered one session. A different *Eat Smart, Live Strong* session, on “Eat Smart, Spend Less” would count as a separate session.
- Each newsletter is counted once, even if it contains more than one nutrition article.
- A flyer about the importance of calcium counts as one session. Each set of flyers, each covering a different topic or message, will count as separate sessions, respectively.
- Table tents that inform participants of the low sodium items on that month’s menu count as one session even if there are ten tables and each has a table tent. Table tents on a different topic would count as a separate session.
- A referral letter to a participant’s doctor from the RDN or a care coordinator for an intervention related to nutrition would count as a separate session.
- If the same message is used across more than one mechanism, e.g. high fiber foods in menu notes and flyers, it’s only counted once as a session.
- Unique social media messages on a specific topic are encouraged and can be provided; however, they cannot be reported in the DARS-OAS approved database or on the Aging Monthly Report (AMR) because a unique individual cannot be identified.

## Persons Served

Persons served are the number of persons who participate in a session. Nutrition education can be in a group setting or on an individual basis. An individual who receives a service funded in whole or in part with OAA funds is included.

## Program Reports

The Aging Monthly Report (AMR) is submitted to DARS-OAS by the twelfth (12th) of the following month. This report must be updated and submitted even if no expenditures or units of service occurred.

The DARS-OAS approved client database client level data must be transmitted to DARS-OAS by the twelfth day of the following month.

## Quality Assurance

### Policies and Procedures

Each Area Agency on Aging (AAA) nutrition program must create a policy regarding how this requirement to provide nutrition education will be met. The AAA and service provider must maintain, at the minimum, a nutrition education policy with procedures that include how often this service is provided, how it is implemented, reputable sources of written materials and utilization of an annual education plan in accordance with the oversight of a RDN. AAAs should consider including malnutrition awareness and interventions into their annual Nutrition Education plan.<sup>11</sup>

### Service Records

Service documentation will be maintained according to the AAA record retention policy, but not less than five years from the date the nutrition education service was provided. The AAA and/or service provider must develop and annually update a Nutrition Education plan. If the Nutrition Education plan is developed by a service provider, it must be approved by the AAA. Documentation should include the RDN's approval for the nutrition education sessions and materials with the source noted.

### Program Evaluation

The AAA shall conduct regular and systematic analysis of the persons served and the impact of the service; an example resource is provided on this topic for AAA consideration<sup>12</sup>. There shall be a written evaluation plan and a written report of evaluation findings and outcomes. Evaluation may include client satisfaction surveys, pre & post-tests, client interviews, etc. Tools and methods that will be used to implement evaluations must be included in the annual nutrition education evaluation plan.

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<sup>11</sup>[https://www.defeatmalnutrition.today/sites/default/files/National Blueprint MAY2020 Update OnlinePDF FIN AL.pdf](https://www.defeatmalnutrition.today/sites/default/files/National%20Blueprint%20MAY2020%20Update%20OnlinePDF%20FIN%20AL.pdf)

<sup>12</sup> [https://fns-prod.azureedge.net/sites/default/files/SNAPEDWavell\\_Guide.pdf](https://fns-prod.azureedge.net/sites/default/files/SNAPEDWavell_Guide.pdf)