AIDS INSTITUTE
HIV/AIDS NUTRITION HEALTH EDUCATION
AND
FOOD AND MEAL STANDARDS

NYS DEPARTMENT OF HEALTH
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DIVISION OF HIV AND HEPATITIS HEALTH CARE
BUREAU OF COMMUNITY SUPPORT SERVICES
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Alvaro Carrascal, Director, Division of HIV and Hepatitis Health Care
Julie Laden, Assistant Bureau Director, Bureau of Community Support Services
Rena Meyer, Bureau of Community Support Services
Johanne Morne, Director, AIDS Planning and Policy
Maxine Phillips, Director, Harm Reduction Unit, Bureau of Special Populations
June Pierre-Louis, Bureau of Community Support Services
Andrea Riviello, Bureau of Community Support Services
Felicia Schady, Director, Bureau of Ambulatory Health Care
Mona Scully, Deputy Director, Health Care and Policy
Lyn C. Stevens, Deputy Director, Office of the Medical Director
Tara Tate, Director, Bureau of Community Support Services
Maryland Toney, Director, Nutrition Initiative, Bureau of Community Support Services

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APPENDICES

Appendix 1. Nutrient Standards for Meals

Appendix 2. Allowable Foods for Pantry Bags and Food Gift Cards/Vouchers

Appendix 3. Authorization for Release of Health Information and Confidential HIV Related Information Form

Appendix 4. Nutrition Health Education and Food and Meal Services Screening Form

I. PURPOSE AND INTENT

The Nutrition Health Education and Food and Meal Standards describe NYSDOH AIDS Institute expectations and recommendations for providers who provide food and nutritional care for persons living with HIV/AIDS (PLWHA).

HIV/AIDS frequently leads to changes in metabolism and nutritional status, such as unintentional weight loss and changes in body composition. Food insecurity and limited availability of, and access to, nutritionally adequate or safe food is prevalent among the poor. Good nutrition may delay disease progression and a well-nourished PLWHA with a controlled viral load is more likely to withstand the effects of HIV infection. Nutrition Health Education (NHE) and food assistance is recommended for individuals who have HIV disease. Expected outcomes include improved weight management, nutrient intake, treatment adherence, and quality of life.

NHE and food and meal services are to be provided in collaboration with other health care providers and social service organizations. NHE is intended to enhance the knowledge and abilities of clients with HIV/AIDS to choose and prepare healthy safe meals; thereby aiding in the process of preventing and reducing malnutrition and acute and chronic nutritional complications of HIV disease. In addition, the provision of NHE and food and meal services support retention in, and adherence to HIV medical care and treatment.

Food and meal services are intended to prevent and reduce food insecurity/limited access to food, until other community food resources and/or government entitlements are in place.
Nutrition-related co-morbidities, such as diabetes, cardiovascular disease, obesity, and hypertension are other nutritional problems that frequently occur among PLWHA that should be addressed by HIV/AIDS nutrition programs.

II. CLIENT ELIGIBILITY

- To receive NHE services, the index client must have documented proof of being infected with HIV/AIDS; and must have a Registered Dietitian's (RD) completed assessment and dietary recommendations;
- Collaterals are only eligible to receive home delivered meals, congregate meals, pantry bags, and food vouchers if the client is also receiving meals or food; and **MUST** meet the following criteria:
  - be living with the index client;
  - have as their primary purpose the assistance with the direct care of someone with HIV/AIDS; and
  - have as their primary function to enable an infected individual to receive needed medical care or support services
- Documented dependent children under the age of 18 living in the household are eligible to receive home delivered meals, congregate meals, pantry bags, and food vouchers if the client is also receiving meals or food.

Programs should determine and establish timeframes for continuing food and meal services to collaterals. These protocols should be documented in the program's policies and procedures manual.

III. NUTRITION HEALTH EDUCATION

Nutrition Health Education (NHE), provided by a trained professional Community Nutrition Educator (see section VII. Staffing Qualifications and Responsibilities), improves health outcomes through the identification of nutritional goals and the development of a plan that supports those goals. NHE facilitates the development of skills and dietary strategies that enable PLWH/A to achieve and maintain their health and adhere to their treatment regimens.

The nutrition education intervention should be based on the New York State Expanded Food and Nutrition Education Program (EFNEP) model implemented by Cornell Cooperative Extension, which promotes self- management education programs. Cornell Cooperative utilizes culturally and linguistically competent trained community professionals (Community Nutrition Educators) to provide health and nutrition education in small group sessions.

An educational provider (e.g., Cornell Cooperative) can be utilized to perform the NHE activities required for group education. A formal linkage agreement must be established, and the Community Nutrition Educator remains responsible for meeting all the service requirements of the AIDS Institute NHE and Food and Meal Standards; and for documenting the type and frequency of group educational activities clients participated in.

NHE must be provided to all clients either as an individual or group intervention, and takes into consideration gender, ethnicity and race, co-occurring disorders, and socio-economic situations that impact the nutritional status of clients. NHE should be structured to enhance the knowledge base, health literacy, and self- efficacy of HIV-infected clients in accessing and maintaining HIV medical services and staying healthy. NHE provides the interventions and skill building necessary for reducing food insecurity and ensuring the development of core competencies that support safe healthy food choices. Further, it promotes the acquisition and application of self-management skills needed to achieve optimal health outcomes. Self-management skills development includes teaching independent nutrition behaviors and decision making, and encourages clients to be responsible for their health care and lifestyle choices. Interventions should be provided in the language(s) spoken by the target population.

NHE materials that cover a range of nutritional topics must be made available in the languages spoken by clients and in a format that promotes health literacy. All educational materials that the NHE program plan to develop or purchase using New York State Department of Health AIDS Institute funding, regardless of funding source, must be submitted for review and approval by the AIDS Institute Contractor Educational Materials committee.

NHE curriculum includes, but is not limited to, the following topics:

- Purchasing and preparing, including the cooking of, healthy foods on a budget;
- Food safety strategies/tips when shopping and cooking
- Shopping and cooking workshops incorporating food pantry items or food gift cards/vouchers;
- Improving food intake and the role of fitness/exercise in maintaining health;
- Symptom management strategies (i.e. loss of appetite, nausea, vomiting); and
- Personal strategies to promote healthy nutrition behavior change.

IV. NUTRITION HEALTH EDUCATION -SERVICE REQUIREMENTS

SCREENING

See Appendix 4 for the required Nutrition Health Education and Food and Meal Services Screening form to be used for this program.

The purpose of nutrition screening is to identify the nutrition education and food and meal service needs.

The following must be documented for all clients enrolled in the Nutrition Health Education and Food and Meals program:

- client's reasons for participating in the specific service
- what the client hopes to accomplish
- baseline medical information in AIRS:
  - Current HIV primary care provider name and address
  - Date of most recent HIV primary care visit
  - Date of most recent CD4 count and test results
  - Date of most recent Viral Load test and results

A Registered Dietitian's (RD) completed nutrition assessment and dietary recommendations must be attached to the Screening form and included in the client record. The screening and the record will be considered incomplete without this additional documentation.

In addition, all necessary and appropriate *Authorization for Release of Health Information and Confidential HIV Related Information* forms (Appendix 3) need to be completed and signed by the client.

GROUP NUTRITION HEALTH EDUCATION

For Nutrition Health Education that occurs as a group intervention, the Community Nutrition Educator must develop a plan that contains the following:

- Goals and objectives of the group
- Expected number of individuals to be served
- Frequency and duration of the group
- Topic outline
- How groups will be structured to support client access to care, adherence to treatment and improved medical outcomes

After each group session, the Community Nutrition Educator must record group attendance and complete group progress notes summarizing the session. Using pre and post- tests or other evaluation mechanisms, the degree to which group goals were met must be determined. At end of group services, the Community Nutrition Educator must complete a summary which includes these results.

INDIVIDUAL NUTRITION HEALTH EDUCATION

For Nutrition Health Education that occurs as an individual intervention, the Community Nutrition Educator must develop a plan that contains the following:

- Goals and objectives of the education session
- In what manner education occurred – face to face or telephone
- Frequency and duration of the education session
- Topic outline
- How education session included promoted and supported client access to care, adherence to treatment and improved medical outcomes

After each individual session, the Community Nutrition Educator must document an individual progress note that summarizes the client's participation, progress, accomplishments, further needs and referrals in client's record. Individual NHE should occur face-to-face but may take place over the phone if there is HIV confidentiality, transportation, or security concerns.

For all clients enrolled in the NHE and Food and Meal program, the Community Nutrition Educator must update the client's primary care status in AIRS every six (6) months. This includes: 1) information pertaining to the date of the most recent primary care visit; and 2) date and results of most recent CD4 count and Viral Load test. In addition, a justification for continued NHE and Food and Meal services must be indicated in the client record.

V. COMMUNITY COORDINATION ACTIVITIES

Community coordination activities ensure that PLWH/A are referred to additional resources that address their needs (i.e., case management, primary care, and other food and financial sources), promote general health and wellness, and facilitate adherence to and retention in medical care and treatment. It involves a multidisciplinary care coordination process that encompasses collaborative service provision across all disciplines within the program, facility and community involved in the client's care to achieve optimal outcomes.

Considering the multiple socio-economic factors that contribute to poor nutrition and food insecurity, along with co-morbidities that affect persons living with HIV/AIDS, a continuum of services is essential to meet the multitude of complex and varied needs that present barriers to nutritious food choices and nutritional health. Community coordination activities serve to enhance and promote client adherence with and retention in care and treatment services. Linkages and clearly defined referral agreements focus on specific and appropriate services necessary to remove barriers to care, treatment, and support services for clients. Activities include making and following up on referrals for: 1) food, nutrition, and financial resources (i.e., food stamps, WIC programs, food pantries, soup kitchens, etc.), 2) case management services, and 3) other needed community services.

Another aspect of community coordination is the leveraging of other community resources. Leveraging other community resources are critical for: 1) enhancing the provision of service delivery, 2) maximizing client access to nutritional services, 3) assisting clients to overcome personal or cultural barriers that prevent them from making good nutritional choices, and 4) addressing issues that may compromise their health status.

VI. COMMUNITY COORDINATION ACTIVITIES- SERVICE REQUIREMENTS

The Community Nutrition Educator should work with the Nutrition Program Assistant, who has the primary responsibility, to connect PLWH/As to support services. The following are required service activities that must be documented in client records:

DETERMINE CLIENT NEEDS

The Nutrition Program Assistant should be available during all group nutrition education sessions to confer with clients to identify the resources necessary to meet their needs. For clients who do not participate in group education, meetings with clients should be scheduled on a monthly basis. For clients receiving individual nutrition health education via telephone, the Nutrition Program Assistant must also conduct telephone meetings on a monthly basis to ensure that client needs are identified and the appropriate referrals are made.

IDENTIFICATION OF COMMUNITY RESOURCES

The Nutrition Program Assistant must have knowledge about the various local, State, federal, and community resources available to ensure that appropriate referrals are made to meet client needs. Resources include, but are not limited to:

- Medical Nutrition Therapy programs/practitioners*;
- Other food services and programs, including government nutrition assistance programs;
- Case Management Services;
- Medical, mental health, substance use treatment;
- Financial and entitlement services; and
- Housing.

The Nutrition Program Assistant should become familiar with the New York State's *Nutrition Outreach and Education Program* (NOEP), the *Food Stamp Program* (FSP), and the federal *Supplemental Nutrition Assistance Program* (SNAP). Information regarding NOEP can be accessed from http://www.hungersolutionsny.org/index.htm

MAKING AND TRACKING REFERRALS

The Nutrition Program Assistant must obtain a completed and client signed *Authorization for Release of Health Information and Confidential HIV Related Information* forms (Appendix 3) before any referrals can be made. For all referrals made, the Nutrition Program Assistant must follow-up to determine the outcome of the referral; and enter this information into AIDS Institute Reporting System (AIRS).

DOCUMENTATION

The Nutrition Program Assistant must document a progress note that summarizes the client's participation, progress, accomplishments, further needs and referrals in client's record. All referral activities and the outcomes must be included within the client record. Frequency of client contact should be sufficient to make accurate and appropriate determinations of client needs and status.

LEVERAGING COMMUNITY RESOURCES

Programs actively participate in community coordination activities and leverage other community resources that enhance the provision of service delivery, maximize access to nutritional services, and overcome barriers to good nutritional choices.

Programs are expected to coordinate and communicate with other nutritional service providers to help ensure services are provided cost effectively and duplication is avoided. Activities include, but are not limited to:

- Identifying and accessing other community resources, both monetary and material, for HIV nutrition services in the region.
- Developing partnerships that increase access to other community food and meal and financial resources (e.g. food pantries/banks, soup kitchens, churches, and government entitlement programs).
- Developing linkages and clearly defined referral agreements focused on the services needed by the client that remove barriers to care, treatment, and support such as primary medical care, case management, mental health, transportation, and substance abuse services.
- Participation in area task forces, coalitions and other networking and planning bodies.

***NOTE:** *Medical Nutrition Therapy (MNT) involves the assessment of the nutritional status of individuals; and the management and monitoring of nutrition-related complications associated with HIV disease through nutrition counseling and diet modification as needed. MNT activities increase the capabilities and skills of persons living with HIV/AIDS to make nutritionally sound decisions; and to support and improve their retention in medical care and treatment.*

VII. FOOD AND MEAL SERVICES

Food and Meal Services assist with improving the nutrition status of the client while they develop the necessary skills to make appropriate food choices that will improve and/or maintain their health status. Nutrient dense, well balanced, and safe meals and food tailored to the specific dietary needs of PLWH/A can assist in maximizing the benefits of medical interventions and care.

The activities of Nutrition Health Education are designed to increase the capabilities and skills of persons living with HIV/AIDS to make nutritionally sound decisions and to support and improve their retention in medical care and treatment. Therefore, the food and meal services should be provided in conjunction with Nutrition Health Education.

The food and meal services include home-delivered meals, congregate meals, pantry bags, and food gift cards/vouchers.

NUTRIENT CONTENT AND FOOD SAFETY	
Standard	**Criteria**
Meals and pantry bags must meet AI nutrient standards for energy, percentage of total calories from fat, sodium, cholesterol, and fiber (Appendix 1). Meals and pantry bags must provide culturally acceptable foods based on knowledge of the food habits and preferences of the target populations.	▪ Foods served should be of appropriate portion sizes, and include fruits and vegetables, whole grain foods, low fat milk products, lean cuts of meat (Appendix 2). Highly processed foods should not be served. ***Recommendation:*** ▪ Programs should develop a mechanism by which a RD reviews, certifies, and performs nutrient analyses for all menus and pantry bags. ▪ Meals should be modified for diabetes, weight management, texture, and sodium content as appropriate.
Meal programs must ensure proper food and water safety measures are in place.	▪ Staff must be certified, licensed, and trained (see section on Certification, Licensing and Training) ▪ Meal programs must be inspected and certified by the local or state Department of Health. ▪ Foods must be stored and meals prepared in accordance with local and/or state food sanitation codes and maintained at a safe temperature before consumption. Frozen meals must be maintained and transported at $\leq$ 0˚F, and hot meals should be served at $\geq$ 140˚ F. Temperature logs documenting temperatures before and during delivery must be kept. ▪ Containers for meals and pantry bags must be disposable or sanitized.

HOME DELIVERED MEALS (hot and/or frozen)	
Standard	**Criteria**
Clients meet eligibility requirements	▪ Essentially homebound and unable to shop or prepare meals due to physical and/or mental challenges and lack a network of family or friends to provide such support. ▪ Documentation from the client's medical provider certifying that the client is essentially homebound and has need for home-delivered meals.
Meals are maintained at a safe temperature during meal delivery.	Programs must maintain a temperature log that shows that meals are kept at safe temperatures during meal delivery: ▪ $\leq 0^{\circ}$ F for frozen meals, and $\geq 140^{\circ}$ F for hot meals
Clients receiving frozen meals must be able to store and reheat the meals.	▪ Programs that deliver frozen meals must assess the client's ability to reheat and/or store meals and give instructions to the client; otherwise, the client should receive hot meals. ▪ Meal delivery routes are no longer than two hours in duration; and meals are handed directly to the client for immediate consumption or placed in a refrigerator or freezer upon arrival.
The number of meals offered each client per week.	There is no minimum number of meals that must be offered but the number should not exceed 14 per week.
Continued need for services	A redetermination of a client's need to continue receiving home delivered meals must be documented every six months. This includes re-certification from the client's medical provider of the need for home delivered meals.
Home delivered meals should be prepared in-house or procured from a provider who has these facilities and capability.	Programs subcontracting meal preparation through another provider must make certain that proper mechanisms are in place to ensure that quality food is provided and that the meals meet established nutrient and food safety standards
Nutrition Health Education	▪ Nutrition health education must be provided to all clients. Individual education can be offered via telephone but must be tailored to the individual health, dietary, cultural, and social needs, and documented in the client record. ▪ The frequency of intervention should be adequate to monitor the nutrition status of the client.
Home delivered meal programs require a Cook, Food Service Workers, and a Driver(s).	Staff meets the minimum qualifications.

CONGREGATE MEALS	
Standard	**Criteria**
Clients meet eligibility requirements	▪ Lack kitchen facilities for food preparation and storage, including the homeless and those living in temporary or marginal housing. ▪ Client must be unable to shop or prepare meals for themselves due to physical and/or mental challenges, and must lack a network of family or friends to provide such support.
Meals are maintained at a safe temperature during meal service.	▪ A staff/volunteer with a DOH (county, city or state) food handlers or ServSafe certificate is present during the preparation of meals. ▪ Programs must maintain a temperature log that shows that meals are maintained at a safe temperature during meal service: ≥ 140˚ F for hot meals
The number of meals offered each client per week.	There is no minimum number of meals that must be offered but the number should not exceed 14 per week.
Continued need for services	▪ A redetermination of a client's need to continue receiving congregate meals must be documented every six months. ▪ Clients should be encouraged to reach a level of independence and self-management by accessing and utilizing other community food resources and/or government entitlements to food. These efforts must be documented in the client record.
Nutrition Health Education	▪ Nutrition health education must be provided to all clients. Individual education can be offered via telephone but must be tailored to the individual health, dietary, cultural, and social needs, and documented in the client record. ▪ Meals should be served in a clean, safe, and pleasant community setting; and are an effective means to reach and retain clients who are in need of medical and other care. ▪ The frequency of intervention should be adequate to monitor the nutrition status of the client. ***Recommendation*** NHE should be provided before and/or after meals.
Congregate meal programs require a Cook(s) and Food Service Workers	Staff meets the minimum qualifications.

FOOD PANTRY BAGS	
Standard	**Criteria**
Clients meet eligibility requirements	▪ Limited access to nutritious and appropriate food items. ▪ Clients must have access to kitchen facilities to be able to prepare and store food.
Food pantry bags must contain only allowable items, nutrition educational materials, sample menus, and recipes.	▪ Allowable food items in bags are listed in Appendix 2. ▪ Limited additional items necessary for food preparation and clean-up may be included as pantry bag items, e.g. soap to wash hands and cooking utensils.
The number of meals offered each client per week.	▪ There is no minimum number of meals that must be offered but the number should not exceed 14 per week. ▪ Pantry bags for dependent children should contain about half the amount of food as the index client's bag.
Continued need for services	▪ A redetermination of a client's need to continue receiving food pantry bags must be documented every six months. ▪ Clients should be encouraged to reach a level of independence and self-management by accessing and utilizing other community food resources and/or government entitlements to food. These efforts must be documented in the client record.
Nutrition Health Education	▪ Nutrition health education must be provided to all clients. Individual education can be offered via telephone but must be tailored to the individual health, dietary, cultural, and social needs, and documented in the client record. ▪ NHE should incorporate skill building (i.e., food preparation, cooking, shopping, etc.). ▪ The frequency of intervention should be adequate to monitor the nutrition status of the client. ▪ Panty bags may be delivered if there are transportation barriers; however, clients should be encouraged to pick up pantry bags as a way to monitor health and nutrition status.
Food pantry bag programs require Food Service Workers and/or volunteers	Staff meets the minimum qualifications.

FOOD GIFT CARDS/VOUCHERS	
Under no circumstances are "gift cards" that can be converted to cash by recipients allowed. Food gift cards/vouchers must be issued by an acceptable food vendor and must be clearly marked as coming from that vendor.	
Standard	**Criteria**
Clients meet eligibility requirements	▪ Limited access to nutritious and appropriate food items. ▪ Clients must be able to shop, and have access to kitchen facilities to be able to prepare and store food.
Food gift cards/vouchers purchases	▪ Only allowable food items may be purchased with food gift cards/vouchers (Appendix 2). Limited additional items necessary for food preparation and clean-up may be purchased with food gift cards/vouchers, e.g. soap to wash hands and cooking utensils. ▪ Food gift cards/vouchers are issued by a certified program food vendor and must be clearly marked as coming from that vendor. ▪ No cash is exchanged between the vendor and the client when making food gift card/voucher purchases. ▪ Food vendors, e.g. supermarkets and grocery stores are inspected annually by agency staff to ensure that quality food items are available at competitive prices, and that the stores are safe, clean, and accessible.
Systems that ensure only authorized clients redeem food gift cards/vouchers and purchase allowable foods must be established.	▪ Receipts are returned and reviewed by the Community Nutrition Educator and/or Nutrition Program Assistant to ensure appropriate food items were purchased before another food gift card/voucher is issued. ▪ Policies and procedures are in place to handle non- compliance with and/or abuse of the food gift card/voucher program.
The number of meals offered each client per week.	▪ There is no minimum number of meals that must be offered but the number should not exceed 14 per week. ▪ The recommended value of a food gift card/voucher is $25 per week.

FOOD GIFT CARDS/VOUCHERS (continued)	
Under no circumstances are "gift cards" that can be converted to cash by recipients allowed. Food gift cards/vouchers must be issued by an acceptable food vendor and must be clearly marked as coming from that vendor.	
Standard	**Criteria**
Continued need for services	▪ A redetermination of a client's need to continue receiving food gift cards/vouchers must be documented every six months. ▪ Clients should be encouraged to reach a level of independence and self-management by accessing and utilizing other community food resources and/or government entitlements to food. These efforts must be documented in the client record.
Nutrition Health Education	▪ Nutrition health education must be provided to all clients. Individual education can be offered via telephone but must be tailored to the individual health, dietary, cultural, and social needs, and documented in the client record. ▪ NHE should incorporate skill building (i.e., food preparation, cooking, shopping, etc.). ▪ The frequency of intervention should be adequate to monitor the nutrition status of the client. ▪ Food gift cards/vouchers should be picked up by clients in order to maintain program contact but may be mailed if there is a documented transportation barrier.
Food gift card/voucher programs require a Community Nutrition Educator and/or a Nutrition Program Assistant to review and verify appropriateness of receipts.	Staff meets the minimum qualifications.

VIII. NHE AND FOOD AND MEAL PROGRAM STAFFING

Minimally, all NHE and Food and Meal programs must have a Community Nutrition Educator and a Nutrition Program Assistant. Food and meal programs require staff appropriate to the type of food and meal service being provided (see Food and Meal section for further information).

It is highly recommended that all NHE and Food and Meal programs have a Program Director or Coordinator familiar with nutrition services to the HIV/AIDS population or other chronic illness who will be responsible for the oversight, coordination, and outcomes of the program.

All NHE and Food and Meal programs should have a mechanism by which staff confer with Registered Dietitians (RD) on an ongoing and routine basis. Assessments and dietary recommendations from RDs are critical to ensuring that clients receive the specific nutrition health education and food and meals appropriate to address their immediate and ongoing nutrition needs.

IX. STAFFING QUALIFICATIONS AND RESPONSIBILITIES

Staff Title	Minimum Qualifications	Responsibilities
Program Director/Coordinator	▪ BA or BS, MA preferred, in a health or human services field; ▪ 2-3 years program management and administrative experience; ▪ 1-2 years of experience working in the field of HIV/AIDS or other chronic illness; ▪ Knowledge/experience with planning and overseeing health education to target population or other chronic illness; ▪ Cultural and linguistic competence for the target population.	▪ Provides oversight of the overall operation of the NHE and food and meal program; including data and narrative reporting, and community coordination activities; ▪ Supervises the NHE program staff, and ensures nutrition program goals and objectives are being met; ▪ Ensures compliance with government food service sanitation/safety requirements; and that nutrition staff has required training and certification; ▪ Develops budget and work plan, and works with agency fiscal staff to ensure accurate and timely submission of vouchers; ▪ Ensures adherence to AIDS Institute NHE and Food and Meals Standards; ▪ Communicates and collaborates with AIDS Institute staff and responds timely and appropriately to all requests; ▪ Attends all AIDS Institute required meetings and trainings.

Staff Title	Minimum Qualifications	Responsibilities
Community Nutrition Educator	▪ BA or BS, MA preferred in Nutrition or related field such as health education or family and consumer sciences ▪ 2-3 year experience working in the field of HIV/AIDS or with other chronic illness; ▪ 2-3 year experience developing and facilitating nutrition health education; ▪ Possess an understanding of community level work and the importance of collaborating with other organizations; ▪ Good communication, and writing skills; ▪ Cultural and linguistic competence for the target population.	▪ Adheres to AIDS Institute requirements for the provision of Nutrition Health Education; ▪ Develops nutrition health education plans that incorporate: goals and objectives, frequency and duration of the sessions, HIV specific health and nutrition topics; ▪ Reviews RD assessment and dietary recommendations to determine the food and meal service client receives; and type of health education appropriate to meet needs; ▪ Monitors, in conjunction with the Program Director, the appropriateness of the food and meal service provided to the client; ▪ Establishes connections and communicates frequently with Medical Nutrition Programs/Practitioners, and RDs; and makes referrals as necessary and appropriate; ▪ Completes a NHE and Food and Meal program Screening form which includes the reasons for client participation in the health education session; ▪ Maintains client records that document attendance, participation, progress, accomplishments, and additional needs, referrals and goals; ▪ Ensures client adherence to NHE and food and meal policies and procedures, follows protocol for food gift card/voucher distribution; ▪ Acts as Team Leader with Nutrition Program Assistant to conduct community coordination activities; ▪ Communicates and collaborates with AIDS Institute staff and responds timely and appropriately to all requests; and ▪ Attends all AIDS Institute required meetings and trainings.

Staff Title	Minimum Qualifications	Responsibilities
Nutrition Program Assistant	▪ AA or BA/ BS in health or human services field; ▪ 1-2 year experience working in the field of HIV/AIDS or with other chronic illness; ▪ Familiarity with the geographic region being served; ▪ Good interpersonal, communication, and writing skills. ▪ Cultural and linguistic competence for the target population.	▪ Tracks and documents client program participation; ▪ Engages in community coordination activities, make and follow- up on referrals for community services, i.e. other food, nutrition, and financial resources; ▪ Documents progress notes that summarize client progress, accomplishments, further needs, and referrals.
Cook	▪ High school diploma or GED; ▪ Work experience in food preparation and cooking; and providing bulk meal services; ▪ Certification in food protection and safe food handling; ▪ Familiarity with the multi – cultural food and dietetic needs of the population.	▪ Prepares, cooks, and serves food for the meal program; ▪ Oversees ordering and food purchasing; the safe preparation of food items; and ensures compliance with all food safety guidelines; ▪ Ensures cleanliness of kitchen and working order of kitchen equipment and utensils; ▪ Supervises and trains food service workers/kitchen volunteers.
Food Service Workers/ Volunteers	▪ Experience providing meal services or working in a food program, as appropriate; ▪ Certified in safe food handling.	▪ Assist with food preparation, serving, packing, and/or distribution.
Driver for Food Delivery	▪ High school diploma or GED preferred; ▪ Valid New York State driver's license; ▪ Familiarity with the geographic region being served; ▪ Good interpersonal, communication, and writing skills.	▪ Deliver home-delivered meals or pantry bags, as appropriate; ▪ Responsible for vehicle maintenance and cleanliness; ▪ Monitors the temperature of hot and frozen meals during delivery routes; ▪ Provides general status reports on clients on delivery route to Community Nutrition Educator and Nutrition Program Assistant.

X. PROGRAM OPERATIONS

The following facilitate the optimal operations and functioning of the Nutrition Health Education (NHE) and Food and Meals program. Programs must ensure and document adherence to the guidance areas identified below.

POLICIES AND PROCEDURES	
The agency should recognize and support the NHE and Food and Meal program as an integral part of HIV care.	Program policies and procedures address the following: ▪ Client eligibility which includes screening clients for eligibility to receive services through other programs (e.g., Medicaid, ADAP); ▪ HIV confidentiality, food safety, and other appropriate training of nutrition program staff and volunteers; ▪ Security and confidentiality of client information; ▪ Documentation of services provided; ▪ Client rights, consent, responsibilities, grievances, noncompliance, and loss to follow-up; ▪ Coordination of nutrition and other services with other HIV service providers; ▪ Processes to facilitate client retention in, and adherence to HIV medical care and treatment; ▪ Quality management and data reporting; and ▪ Protocols specific to the NHE and Food and Meal services.

PROGRAM SAFETY AND ACCESSIBILITY	
Services should be provided in settings that ensure the well-being and safety of clients and staff. Facilities should be easily accessible by all, clean, comfortable and free of hazards. Meal programs must ensure proper food and water safety measures are in place.	▪ Program promotes and practices Universal Precautions. ▪ Program is Americans with Disabilities Act (ADA) compliant for physical accessibility; and services are accessible to target population. ▪ Program will develop and enforce a policy to respond to emergencies and crises. ▪ Program complies with all required federal, state and local inspections/certification, and food safety and sanitation regulations.

CULTURAL AND LINGUISTIC COMPETENCE AND HEALTH LITERACY	
Programs should be designed with an understanding of the differences that derive from language, culture, race-ethnicity, religion, age and developmental characteristics. Programs should recognize that clients may participate in one or more subcultures, including those related to gender, income, region or neighborhood, sexual orientation, substance use, homelessness, the deaf and hard of hearing or other disabled populations.	▪ Training and educational opportunities for program staff that increase cultural and linguistic competence and strengthen their ability to provide quality services to all PLWHA. ▪ Program materials in languages spoken/read by clients and in a format that promotes health literacy.

AIRS DATA REPORTING AND MONTHLY NARRATIVE REPORTS	
All NHE and food and meal services are reported on a monthly basis using the AIDS Institute Reporting System (AIRS). The AIDS Institute requires the maintenance and reporting of unduplicated client level data, including demographics and service histories. Statistical reports on clients served and other data reflecting program operations must be submitted using AIRS.	▪ AIRS data extracts are submitted electronically. ▪ Copies of aggregate AIRS reports are submitted with the narrative reports; and annual data is to be submitted in the required AIDS Institute format. ▪ NHE and Food and Meal services are to be recorded in the appropriate mapped areas. ▪ For each service provided, whether individual or group, the encounter must be recorded in AIRS. ▪ All client referrals and referral outcomes are tracked in AIRS.
Monthly narrative reports are required to accompany AIRS data and fiscal vouchers.	▪ Monthly reports must be submitted monthly and adhere to the prescribed format. ▪ At a minimum, monthly reports should highlight the progress towards meeting program goals.

DOCUMENTATION	
Records for all clients enrolled in the program must be maintained.	Client records contain the following: ▪ Proof of HIV status ▪ Eligibility for food and meal services ▪ RD assessments and dietary recommendations ▪ Referrals to/from other HIV service providers ▪ Progress notes ▪ Food and meal service(s) ▪ Follow-up activities to address missed meal deliveries and nutrition health education sessions ▪ Proof that dependent children receiving food or meals reside with the client

CERTIFICATION, LICENSURE, AND TRAINING	
Programs must hire qualified staff and ensure that required certification, licensure and training is current. Programs must adhere to and ensure compliance with all federal, state, city, and/or local Departments of Health certifications and licensures required to operate and maintain a food program.	▪ Cooks must have up-to-date certification in food protection and safe food service. ▪ Food Service Workers must have up-to-date certification in safe food service. ▪ All nutrition program staff and volunteers must receive annual HIV confidentiality training. ▪ Programs maintain records of licensures, certifications, and inspections granted/conducted by federal, state, city and/or local Departments of Health.

COLLATERALS AND DEPENDENT CHILDREN	
Collaterals are only eligible to receive food and meal services if the client is also receiving meals or food. Collaterals are not eligible to receive NHE services.	Collaterals **MUST** meet the following criteria: ▪ be living with the index client; ▪ have as their primary purpose the assistance with the direct care of someone with HIV/AIDS; and ▪ have as their primary function to enable an infected individual to receive needed medical care or support services by removing an identified barrier to care. Food and meal services for collaterals should be delivered as follows: ▪ Collaterals do not receive home delivered meals. ▪ Collaterals receiving congregate meals must accompany the client to the congregate meal site. ▪ Pantry bags for collaterals should contain about half the amount of food as the index client's bag. ▪ Food gift cards/vouchers for collaterals should not exceed $10 per week Food and Meal services should be prioritized to serve the index HIV infected client. Therefore, programs must determine and establish timeframes for continuing food and meal services to collaterals. These protocols should be documented in the program's policies and procedures manual. Other food and nutrition resources, outside of this program, should be explored and accessed for collaterals.
Children under the age of 18 living in the client's household are eligible to receive food and meal services if the client is also receiving meals or food. Dependent children are not eligible to receive NHE services.	Food and meal services for dependent children should be delivered as follows: ▪ A dependent child receiving congregate meals must accompany the client to the congregate meal site. ▪ Pantry bags for dependent children should contain about half the amount of food as the index client's bag. ▪ Food gift cards/vouchers for dependent children should not exceed $10 per week per child. Food and Meal services should be prioritized to serve the index HIV infected client. Therefore, programs must determine and establish timeframes for continuing food and meal services to dependent children. These protocols should be documented in the program's policies and procedures manual. Other available child nutrition resources such as WIC, food stamps, and the federal school breakfast and lunch programs should be accessed. The meal services made available through this Nutrition Initiative are not intended to meet all of the nutritional needs of dependent children.

QUALITY MANAGEMENT	
Programs must develop and implement a quality management (QM) plan for NHE and Food and Meal Services that monitors and evaluates program processes, quality of care and outcomes.	The QM plan: ▪ Defines measurable outcomes; ▪ Uses data to measure progress toward established benchmarks and program objectives; ▪ Guides the continuous quality improvement process; ▪ Is reviewed and updated as needed by the agency's quality management team and approved by the Executive Director and NHE and Food and Meal program staff; ▪ Includes program objectives, quality management team composition, quality management indicators, and quality improvement methods.

CASE CLOSURES	
Programs should establish policies and procedures for case closure.	All attempts to contact the client and notifications of case closure must be documented in the client record, including the reason for case closure. Common reasons for case closure include: ▪ Client is no longer eligible for and/or requires services; ▪ Client has successfully been connected to a program that provides comparable services; ▪ Client decides to discontinue the service; ▪ Client relocated out of the service area; ▪ Client is lost to care or does not engage in service; ▪ Client is non-adherent to program requirements. ▪ Client is deceased.

REFERENCES

1. ADA. Position of the American Dietetic Association: Nutrition Intervention and Human Immunodeficiency Virus Infection. JADA 110:1105-1119, 2010.
2. ADA Evidence Analysis Library. ADA HIV/AIDS Evidence-Based Nutrition Practice Guidelines. American Dietetic Association, 2011. http:///www.adaevidencelibrary.com
3. Alvarez S, Lorig K. Community-Based Peer-Led Diabetes Self-Management Education: The Stanford Model. In: Diabetes Care and Education Dietary Practice Group Newsletter. American Dietetic Association, Summer 2010.
4. Daly A, Michael P, Johnson EQ, et al. Diabetes White Paper: Defining the Delivery of Nutrition Services in Medicare Medical Nutrition Therapy vs Medicare Diabetes Self-Management Training Programs. JADA 109:528-539, 2009.
5. Dickin KL, Dollahite JS, Habicht JP. Nutrition Behavior Change Among EFNEP Participants is Higher at Sites that are Well Managed and Whose Front-Line Nutrition Educators Value the Program. J Nutr 135:2199-2205, 2005.
6. Healthy People 2020. http://www.healthypeople.gov/hp2020/Objectives/TopicArea.aspx?id=35&TopicArea=Nutrition
7. Hendriks DM, Dong KR, Gerrior JL. Nutrition Management of HIV and AIDS. American Dietetic Association, Chicago, 2009.
8. NYSDOH AIDS Institute. Screening and Ongoing Assessment for Substance Use in HIV-Infected Patients. Feb 2009. www.hivguidelines.org
9. Pierre-Louis J, Zullig L. Changes in Nutrition-Related Conditions Among HIV Positive Men and Women Receiving Home-Delivered Meals for Six Months. Presented at the HRSA Ryan White Grantee Meeting, Washington DC, 2010.
11. Tufts University Nutrition/Infection Unit. http://www.tufts.edu/med/nutrition-infection/hiv/health.html
12. Weiser SD, Frongillo EA, Ragland K et al. Food Insecurity is Associated with Incomplete HIV RNA Suppression Among Homeless and Marginally Housed HIV-Infected Individuals in San Francisco. J Gen Intern Med 24:14-20, 2008.
13. http://www.nifa.usda.gov/nea/food/efnep/about.html

APPENDIX 1
Nutrient Standards for Food and Meals

Food and meal services should ensure adequate energy intake to prevent weight loss, ensure micronutrient intake, decrease cardiovascular risk, and protect bone health. Except for sodium, the 2005 Nutrition Initiative standards for selected nutrients, which are based on Association of Nutrition Services Agencies (ANSA) guidelines for PLWHA, remain in effect as follows:

Calories	800
Protein	15-20% calories
Carbohydrates	50-55% calories
Fat	<30% calories (<10% saturated fat)
Cholesterol	<100 mg
Dietary Fiber	9 g

The above standards are consistent with the Dietary Guidelines for Americans, 2010 released in January 2011. For sodium, the U.S. Guidelines recommend for persons who are 51 or older and for those of any age, who are African American or have hypertension, diabetes, or chronic kidney disease, to reduce daily sodium intake to less than 1,500 mg. With a meal representing about one third of a person's daily food intake, this reduces the sodium recommendation to <500 mg/meal, particularly for the above mentioned groups, who represent about half of the American population.

The Dietary Guidelines for Americans, 2010 also recommend choosing more foods that provide more potassium, fiber, calcium, and vitamin D, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, and milk and milk products. Nutrition Initiative programs will also adhere to these guidelines.

NHE and Food and Meal Programs should refer to the Dietary Guidelines for Americans, 2010 key recommendations when planning menus and food pantry bags, and reviewing food voucher purchases. The Dietary Guidelines for Americans, 2010 is intended for Americans ages 2 years and older who are healthy and for those who are at increased risk of chronic disease.

APPENDIX 2
Allowable Foods for Pantry Bags and Food Gift Card/Vouchers

Whole Grains	Refined Grains
Brown rice	Cornbread *
Bulgur (cracked wheat)	Corn tortillas *
Oatmeal	Couscous *
Popcorn	Crackers *
Whole wheat breakfast cereal	Flour tortillas *
Muesli	Grits
Whole rye bread	Noodles *
Whole wheat bread, buns and rolls	Spaghetti
Whole wheat crackers	Macaroni
Whole wheat pasta	Pretzels
Whole grain cornmeal	Corn flakes
Whole wheat tortillas	White bread, buns and rolls
	White rice

** Some foods are made from a mixture of whole and refined grains.*

Dark Green & Orange Vegetables	Starchy Vegetables & Beans and Peas	Other Vegetables
Broccoli	Corn	Artichokes
Collard greens	Green peas	Asparagus
Green leafy lettuce	Lima beans	Bean sprouts
Spinach	Potatoes	Beets
Turnip greens	Black beans	Brussels sprouts
Watercress	Black-eyed peas	Cabbage
Squash	White beans	Cauliflower
Carrots	Tofu (soybean curd)	Celery
Pumpkin	Split peas	Cucumbers
Sweet Potatoes	Garbanzo beans (chickpeas)	Eggplant
	Kidney beans	Green beans
	Lentils	Green or red peppers
	Pinto beans	Mushrooms
		Okra
		Tomatoes/tomato juice
		Turnips
		Zucchini

Not Allowed: Baked beans; pork and beans; canned beans containing added sugars, fats, meat or oils; items from the salad bar; party trays; herbs, spices, salad dressing; pickled or creamed vegetables; soups, ketchup, relishes, olives; French fries, hash browns, tater tots; vegetables with sauces; vegetables mixed with pasta, rice, or other ingredient; single serving packages; salsa, tomato sauces; stewed or diced tomatoes.

Melons, Berries & Citrus Foods	Other Fruits
Cantaloupe	Apricots
Honeydew	Avocado
Watermelon	Bananas
Strawberries	Mangoes
Blueberries	Apples
Cherries	100% Fruit Juice
Raspberries	Nectarines
Grapes	Prunes
Lemons	Peaches
Limes	Pears
Oranges	Papaya
Tangerines	Pineapple
Grapefruit	Plums
Raisins	

Not Allowed: Items from the salad bar, party trays, fruit baskets; fruit/nut mixtures; fruit cocktail, cranberry sauce, pie filling; any fruit with syrup or added sugar; single serving packages

Milk & Milk-Based Desserts	Cheese & Yogurt
Fat-free milk (skim)	Cheddar
Low fat milk (1%)	Mozzarella
Reduced fat milk (2%)	Swiss
Whole milk	Parmesan
Lactose free milk	Ricotta
Puddings made with milk	Cottage cheese
Ice cream	Yogurt

Not Allowed: Flavored, organic, or sweetened condensed milk; buttermilk or milk with added calcium; cheese foods, products or spreads; shredded, grated, cubed, string, or stick cheese; flavored, blended, imported, or organic cheese; individually wrapped slices.

Meats	Poultry, Eggs, Shell Fish	Fish
Beef	Chicken	Catfish
Ham	Duck	Cod
Lamb	Turkey	Flounder
Pork	Eggs	Haddock
Veal	Crab	Halibut
Lean luncheon meats	Clams	Herring
Liver	Crayfish	Mackerel
Giblets	Lobster	Snapper
	Octopus	Salmon
	Mussels	Sea bass
	Oysters	Swordfish
	Squid (calamari)	Trout
	Scallops	Tuna
	Shrimp	Sardines

Not Allowed: Jumbo or extra large eggs; organic, reduced cholesterol, cage free/free range, omego-3 eggs; albacore tuna; blueback or red salmon; canned fish with added ingredients or flavors; pouches or individual serving containers.

Nuts & Seeds	Vegetable Oils & Fats
Almonds	Canola oil
Cashews	Corn oil
Hazelnuts (filberts)	Olive oil
Mixed nuts	Soybean oil
Peanuts	Sunflower oil
Peanut butter	Butter
Pecans	Lard
Pistachios	Shortening
Pumpkin seeds	
Sesame seeds	
Sunflower seeds	
Walnuts	

Not Allowed: Peanut spread, freshly ground or whipped peanut butter; peanut butter mixed with jelly, marshmallow, chocolate or honey; peanut butter with added vitamins and minerals

Any products with added fats, oils, condiments, sugar, artificial sweeteners, and/or salt are not allowed in any food group.

Source: www.mypyramid.gov, New York State WIC Program Acceptable Foods Card July 2010, Acceptable Foods List for Vegetables & Fruits Checks - January 2009.

APPENDIX 3
Authorization for Release of Health Information and Confidential HIV Related Information form

The AIDS Institute recently announced to our contractors the availability of the revised "Authorization for Release of Medical Information and Confidential HIV Related Information" (DOH-2557) form and a new form entitled "Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information" (DOH-5032).

"Authorization for Release of Medical Information and Confidential HIV Related Information" (DOH-2557, 2/11)
This form was revised and replaces all previous versions of release forms. The form was streamlined and may be used for disclosures to single parties as well as multiple parties. It may be used to allow multiple parties to exchange information among and between themselves or to disclose information to each listed party separately.

"Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information" (DOH-5032, 4/11)
This form is new and was created to facilitate sharing of substance use, mental health and HIV/AIDS information. The form is somewhat like the DOH-2557 form, but fulfills a need within facilities in which different teams handle substance use, mental health and HIV/AIDS-related issues. In addition, this form fulfills a need between facilities and providers that care for the same patient. Like the DOH-2557 form, the DOH-5032 form is intended to encourage multiple providers to discuss a single individual's care among and between themselves to facilitate coordinated and comprehensive treatment. When appropriate, the DOH-5032 form should be used in place of (but not in addition to) the DOH-2557 form.

Both of the above forms can be accessed and printed from the NYSDOH web site at
http://www.health.ny.gov/diseases/aids/forms/informedconsent.htm

APPENDIX 4
NUTRITION HEALTH EDUCATION AND FOOD AND MEAL SERVICES SCREENING FORM

AIDS Institute/ Bureau of Community Support Services
NUTRITION HEALTH EDUCATION AND FOOD AND MEAL SERVICES SCREENING FORM

Date:_____

Form Completed by:_____
(Name and Title)

CLIENT INFORMATION		
Name:_____		**Agency ID#**_____
HIV Status(from medical verification):	_____HIV Positive, Not AIDS _____HIV Positive, AIDS status unknown _____AIDS	
Primary Care Physician's Name:_____		**Phone#**_____
Address:_____		
Date of last PCP Visit_____	CD4 Count_____	Date_____
	Viral Load_____	Date_____
Registered Dietitian's Name: _____		**Phone#**_____
Address:_____		
Date of last RD visit_____	Date of Assessment (copy of assessment must be in client chart) _____	
	Diet Recommendations_____ _____ _____	

# of Collaterals:	_____Male _____Female **Note:** To be eligible to receive food and meals the collateral must: ▪ be living with the index client; ▪ have as their primary purpose the assistance with the direct care of the client; and ▪ have as their primary function to enable an infected individual to receive needed medical care or support services by removing an identified barrier to care.
# of Dependent Children:	_____Male _____Female **Note**: Children eligible to receive food and meals must be under the age of 18 and living in the client's household.

NUTRITION HEALTH EDUCATION			
Client reason for enrolling in NHE :	Managing a food budget	Yes	No
	Making healthier food choices	Yes	No
	Food shopping tips/techniques	Yes	No
	Cooking/preparing healthier meals	Yes	No
	Increasing physical activity	Yes	No
	Reading food labels	Yes	No
	Other (list):		
Client enrolled in:	Group level NHE_____ Individual level NHE_____ Both Group and Individual_____		
Barriers/Considerations:	Client's primary language for speaking:_____		
	Client's primary language for reading_____		
	Low literacy levels	Yes	No
	Transportation issues_____		
	Confidentiality issues_____		
	Other (list):		

FOOD AND MEAL SERVICES				
Client reason for enrolling in Food and Meal services:	Skipping meals		Yes	No
	Lacks kitchen facilities to cook/prepare/store food		Yes	No
	Unable to shop for food		Yes	No
	Lacks resources to identify healthy food		Yes	No
	Other (list):			
Client enrolled in:	Home Delivered Meals **Note**: Documentation from the client's medical provider certifying that the client is essentially homebound and has need for home-delivered meals is required.	Yes	No	# of meals provided weekly_____
	Congregate	Yes	No	# of meals provided weekly_____
	Food Pantry	Yes	No	# of meals provided weekly_____
	Food Gift Cards/Vouchers	Yes	No	# of meals provided weekly_____

REFERRALS			
Client needs assistance with identifying and referrals to:	Other food services and programs	Yes	No
	Medical Nutrition Therapy practitioners/programs	Yes	No
	Case Management services	Yes	No
	Entitlement/financial services	Yes	No
	Medical, mental health, substance abuse	Yes	No
	Housing	Yes	No
	Other (list)		
Confidentiality releases have been completed for the following	1)_____ 2)_____ 3)_____ 4)_____ Other (list):		

COMMENTS: