

Success Stories

from the Montana Disability and Health Program



Improving Individuals' Nutritional Health with MENU-AIDDs

Public Health Issue

Adults with intellectual or developmental disabilities are at increased risk for nutrition related secondary conditions such as overweight, obesity, diabetes, cardiovascular disease, gastrointestinal dysfunction and nutritional deficiencies. Community living, though the most desirable residential option for Americans, places individuals who rely on support persons for some or all of their food tasks at even greater risk for diet related disease and disability. Staffs tend to be transient and under prepared to provide dietary guidance and support, and 24 hour staffing systems necessarily mean multiple, often uncoordinated food provision efforts. Indeed, it has been shown that the nutritional adequacy in group homes is poor.

Special dietary needs tend to be more numerous in adults with intellectual and developmental disabilities (IDD). Evidence indicates that the Dietary Guidelines for Americans are still the most applicable set of nutritional standards. Tailoring the basic recommendations to this population's unique living and support situations has been a challenge for nutrition and public health professionals.

Program Overview

MENU-AIDDs was developed using community-based participatory research methods to ensure its acceptability and usability by group homes and individuals with disabilities.

The program uses an ecological approach to health promotion, which means that it takes into consideration the many influences on nutritional choices and behavior.

MENU-AIDDs' dietary recommendations follow the Dietary Guidelines for Americans and the MyPlate food guidance system. It is not a therapeutic diet and does not need a doctor's order to implement.

MENU-AIDDs is a system for organizing a group home's food system so that the healthiest choices are the easiest choices available for administrators, group home managers, direct care staff, and residents. It does not rely on extensive staff training or lean heavily on nutrition education as a basis for healthy change. The menu planning procedures are unique but easy to learn and to teach.

At Eastern Montana Industries, group home manager Steve Amick used the MENU-AIDDs program to improve dietary offerings, but he did not stop there. He increased resident involvement in the menu planning by researching traditional native vegetables with several American Indian residents. They put several varieties of squash on the menu and learned new recipes together. This is a culturally competent increase in vegetable consumption—a winning solution.

The Montana Disability and Health Program is funded by a grant # 1U59DD000991 from the Centers for Disease Control and Prevention and the Montana Department of Health and Human Services.

MENU-AIDDs has been evaluated in an 8- and 16-week pilot trial and a 6-month public health dissemination (effectiveness trial) in Montana. It is currently undergoing efficacy testing and knowledge translation to make it available to persons with disabilities throughout the United States.

Making a Difference

To date, more than 160 community-based group homes for adults with IDD in Montana, New York, North Carolina, and Oregon have been trained to implement MENU-AIDDs. Training evaluations indicate that 99% of managers trained agreed that they were well prepared and confident to implement the program; 96% agreed the day of training was worth their time and effort, and 96% agreed that they were prepared to teach the concepts and procedures to their staff.

Because managers, staff, and residents now make the weekly home menus, the food systems have become more responsive to cultural food habits and resident preferences, grocery store sales and seasonal foods, residents' special dietary needs, and their staff capacity.

Significant improvements were found in homes that used MENU-AIDDs:

- healthfulness of planned menus
- dietary intake of individuals who lived there
- body weight of people who were overweight or obese and of people who were underweight
- gastrointestinal function

Shaping Tomorrow

MTDH plans to partner with residential services providers, who are already using MENU-AIDDs successfully, to use the program as a base for introducing the Diabetes Prevention Program to adults with IDD. Such a linkage would likely allow evidence-based diabetes prevention programming to this population who are at increased risk for the chronic, expensive condition.

The implementation and evaluation of MENU-AIDDs beyond Montana provides exciting opportunities to explore program applications in other states' service systems and in diverse populations of adults with IDD. Managers in urban New York state, for example, are tailoring the program to the ethnic and cultural diversity of the staff and residents in their group homes. MTDH is affiliated with an increasing number of external mechanisms and relationships that continue to develop MENU-AIDDs and expand its reach.

For more nutrition materials and information, visit the MTDH website at <http://mtdh.ruralinstitute.umt.edu/>

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In Great Falls, nutrition and health advisor to Quality Life Concepts, Kathy Asich, is a long-time supporter of MENU-AIDDs in providers' community group homes. She has even sponsored additional MENU-AIDDs trainings in Great Falls for other providers and partnered with MTDH staff to write grants to expand the program. A QLC manager and Ms. Asich both commented in a spring 2009 MA training, "The food available in the home is the food that is eaten. We plan carefully, but we are not austere, just aware. Take time for good planning; the investment pays off!"



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