Nutrition and Aging
Resource Center

Texas Congregate Meal Initiative (TCMI) Toolkit

This toolkit provides insights into how states can improve program development and business skills, program participation and satisfaction, and the well-being of Older American Act program participants using the Texas Congregate Meal Initiative (TCMI) as a model. In addition to this resource, visit the TCMI webpage for more information on the project's implementation and impact.

About TCMI

The TCMI took a statewide approach to improve the well-being of older Texans by modernizing local congregate programs. The project objectives were to:

- Conduct a comprehensive gap analysis to identify facilitators and barriers to congregate meal programs in Texas.
- Increase business acumen and program development skills of select congregate nutrition providers.
- Implement and evaluate a learning collaborative model of innovative, low-cost, sustainable congregate meal pilots.

In collaboration with the Texas Health and Human Services Commission, Texas area agencies on aging, Mays Business School, and Supplemental Nutrition Assistance Program-Education (SNAP-Ed), the TCMI facilitated strategic innovations in congregate meal services to improve the social determinants of health for older Texans. This was done by selecting and empowering 16 diverse congregate meal program pilots across rural and urban Texas to implement low-cost, replicable, innovative pilots through a learning collaborative (LC) model.

As a capacity-building tool, the LC provided comprehensive technical assistance to help test community-centered innovations that targeted increasing congregate meal participation and expanding the benefits for participants. The LC also helped pilot implementers develop business acumen, innovative thinking, marketing strategies, and community partnership skills via subject matter experts and peer sites that functioned as part of a larger community of practice.

The project evaluated successes and challenges through a social scientific design and outcome-based assessment. This evaluation enabled Texas policymakers and the aging network to identify sustainable and replicable best practices, tips, and resources to help modernize congregate meal programs across the state.

Project Outcomes

Of the participating LC sites, 96.4% of clients said they would recommend their congregate program to other older adults in their community. In addition:

- 80% of clients reported that the program increases their social connection opportunities.
- 75% of clients reported that the program made them feel better generally.
- 74% of clients reported that the program helps them access healthy meals.
- 51% of clients reported that the program made them feel less sad and anxious.

Project Replication

Activities must align with the [materials developed](#) *by the TCMI grant for optimal replication of this project.*

Startup

Begin by identifying the gaps in your local congregate programs and building a network to assist in filling those gaps. Once the gaps are identified, leverage your network of providers, researchers, and subject matter experts to work on the innovative thinking component. A congregate site must identify the current and potential resources needed to plan and implement the desired innovation successfully. Although project staff trained and empowered the TCMI pilot sites, the sites developed and implemented their pilot innovations. Each selected site had years of experience serving older adults, and leveraging this knowledge was critical to their success.

At a minimum, LCs must partner with local community-based meal providers, state units on aging, and subject matter experts who provide training on areas relevant to developing sustainable and impactful solutions to identified gaps. Training topics and focus areas should be customized based on gap evaluation results. They may include those explored by TCMI or additional areas applicable to their unique resources, client demographics and preferences, and other factors influencing congregate meal participation.

Replication Materials

Best practices, logic models, and resources developed by the TCMI were designed to be scaled statewide for congregate facilitators serving seniors in urban and rural communities.

- [Executive Summary](#) – Project background
- [Capstone Project](#) – Full details on implementation and sustainability
- [Appendices](#) – Items developed during the project
- [TCMI Learning Collaborative Resources](#) – Other resources to aid in project replication
  - [Pilot Proposals](#)
  - [Logic Models](#)
  - [Marketing and Branding](#)
  - [Dining Models](#)
  - [Technical Programming](#)
  - [Health and Wellness Program](#)

Best Practices at a Glance

Implement Low-Cost Innovations:

- Attention to site ambiance
- Addition of small equipment
- Volunteer staffing
- Donations and sponsorships

Form Community Partnerships with:

- Businesses
- Civic organizations and special interest groups
- Other non-profits and faith-based organizations
- Local government, health care, and local schools

Conduct Marketing and Outreach:

- Share community resources
- Emphasize social connection
- Outreach to health care systems

Ensure Sustainability:

- Obtain grants, in-kind support
- Partner with local government
- Pay for services
- Use volunteers

Frequently Asked Questions

What stakeholders did you need to buy in?

Texas aging stakeholders were the primary target audience for the project. Each pilot site focused on local aging stakeholders in their region, including their existing and possible Older Americans Act clients. Some sites used funds from local governments, businesses, or health-focused organizations. Community partnerships included restaurants, local businesses, and schools or colleges that provided in-kind support through curricula, volunteers, teachers, and chefs. It was vital to use storytelling that incorporated program outcome data to create buy-in at all these levels. There was also crucial buy-in needed from the area agencies on aging.

What do you wish you had known before beginning the project?

We wish we knew all senior nutrition sites' program priorities and staffing limitations. Planning and implementing innovations take additional resources above the daily regular staffing and can stretch operational needs. Some pilot programs had only the director to implement the project. Secondly, we wish we had comprehensive knowledge of existing community partnerships in the various regions to support congregate initiatives. Some staff at the pilot sites were new, needed to learn more about their institutional partnership history, and had more challenges in creating key partnerships.

Did your project measure any social determinants of health?
We surveyed congregate meal participants at each participating site three times during the project's life. The 30-question survey gauged perceptions of the congregate program and how it affected participants' general and psychological well-being, food security, and opportunities for social connection.

Does a statewide survey mean we have to survey every congregate site in our state?
No, the goal is to get feedback from various urban and rural meal sites across the state.

Are the screening and evaluation tools used by the original grantee required?
No, screening tools can be curated to meet the needs of the state and target audience.

Do I have to follow the same innovative pilot categories as the TCMI?
No, the categories should be specific to the states' identified gaps and needs.

Is a logic model required?
No, but a logic model is preferred for optimal replication.

Am I limited in the number of participating sites and learning collaborative members?
Replication projects should attempt to be close to the original project's 16 participating pilot sites and LC group members.

Is there a minimum number of subject matter experts I need to identify?
Replication applicants/grantees must have at least one subject matter expert for each identified gap category.

Can I include spouses and others under age 60 in the population served, which our state includes in the congregate meal programs?
No.

Do the innovations have to meet the Dietary Guidelines for Americans (DGA) and Dietary Reference Intake (DRI) requirements?
While adherence to the DGA and DRI is not required, it is preferred.

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