MEAL PACKAGE PEER NETWORK: LEARN ABOUT SLACK

Prepared by: Laura Sena
OVERVIEW

- What is Slack?
- Signing in
- Direct messages
- Channels
- Commenting
- Uploading files
- Notifications
- Search bar
- Extra features
- Desktop app
WHAT IS SLACK?

- Cloud-based tool that streamlines and centralizes communication
- All conversations and documents are searchable and easy to find
- Functions as a “listserv” for announcements and updates
- Send individual or group messages, organize conversations by topic area, upload files, etc.
- Integrates with tools we already use in our peer network (Dropbox, Doodle, Survey Monkey, etc.)
- Sends update notifications via email or straight to desktop
SIGNING IN

- When you receive an email notification, simply click on the Slack URL
- Our Slack URL is: peer-network.slack.com
- Hint: bookmark this page to your web browser for easy access
DIRECT MESSAGES

- Click on the + next to Direct Messages and type in the name of the individual(s) you would like to message.
- Click Go and type your message.
- All of your direct messages are stored and easy to access.

Direct messages are similar to sending an email. You can send a message to one person or to a smaller workgroup in our peer network.
CHANNELS

- **Admin channel:** contact list, meeting minutes
- **General channel:** announcements, surveys, polls, etc.
- **All other channels are places to discuss and upload information about a specific topic**

Channels are places to discuss and upload information about a specific topic. They are organized into the same folders as our Dropbox.
COMMENTING

- If you would like to respond to a message someone has posted, click “Start a thread”

- If you would like to respond to a file someone has uploaded, click “Add Comment”
UPLOADING FILES

- First upload your file to Dropbox
- Go to the corresponding channel, click on the + and click on Add a file from..."Dropbox"
- Slack will give you an option to add a comment describing the file

Our files will be stored in both Dropbox and Slack, but Slack can be utilized to discuss items, offer feedback on materials, etc.
NOTIFICATIONS

- By Slack’s default settings, if someone directly messages your or mentions @yourname or @everyone in a channel, you will receive an email notification.
- Click on the Slack URL to open your Slack account.
SEARCH BAR

- Enter a keyword into the search bar
- Slack will find and display all messages, files, and content within files containing that keyword
EXTRA FEATURES

- **Pins** allow you to highlight important messages or files within a channel; all members can see them. Click “View pinned items”

- **Stars** allow you to personally bookmark files or channels; only you can see them. Click “Show Starred Items”
DESKTOP APP

- Optional: download the desktop app, instead of using the web based version
- You will receive notifications on your computer in real time on your desktop vs. via email

Download links:
- Slack for Windows: https://slack.com/downloads/windows
- Slack for Mac: http://slack.com/downloads/osx
Malnutrition and Improving Client Outcomes

Kathryn Tucker, M.S., R.D., C.S.G., L.D.
Consultant Dietitian / Supervisor
Kentucky Department for Aging and Independent Living
Malnutrition – whose problem is it?

Improving Outcomes with Malnutrition in our Communities

• Identifying current barriers between hospitals and community partners.
• Identify partnerships between healthcare and the community
• Identify ways to decrease nutrition risk scores within the OAA programs
Is Malnutrition a healthcare problem?

Hospital Admission Snapshot: 4-5 day average length of stay

- Patient visits doctor – problems identified
- Doctor sends patient to hospital for admission
- Patient registered and taken to room
- Vitals / Nursing Assessment / Screens
- Referrals to other disciplines
- Other disciplines Screens / Assessments
- Interventions
- Doctor order changes / Follow-up with interventions
- Discharge Home!
Barriers in healthcare to treat malnutrition

- 2-3 days of nutritional intervention is not enough to correct the problem.
- Hospitals have a small window to treat and heal very serious illnesses.
- Insurance companies determine the length of stay for patients.
- Documentation of malnutrition characteristics is still limited in Electronic Health Records.
- Doctor offices usually only see their patients when they are very sick and must focus on the obvious illness.
How do we bridge the gap?

- Nutritional Screens are completed on all new clients. Screens are reliable and validated.
- Determine Nutrition Risk - Scoring 6 or more on the screen initiates a referral to a Registered Dietitian and / or other professionals.
- Add Malnutrition Screens to help identify actual risk. Those at risk for malnutrition will also receive a referral.
- Provides a Nutritious Meal one time or more a day. For some, that may be the only complete meal they receive.
- Staff and volunteers paying close attention to visual changes in the participants.
- Re-assessment conducted annually and some areas provide on-going case management to help identify areas of need for the client.
Whose Problem is it? EVERYONE!!!!

- Healthcare - Plays an important part with initiating interventions and education
- Community - Must pick up the torch and find ways to help decrease the risk of malnutrition within the elderly population before and after hospital discharge

Area Agencies on Aging (Nutrition Programs, Care Transitions, In-Home Services)

Supplemental Nutrition Assistance Program

Farmers Markets for Seniors

Waiver Programs (HCB, CDO) Medicaid
How do we find a way to make a difference?

- Contact churches
- Contact your local government
- Use social media.
- Getting meals to these clients increases their socialization.
- Be a voice in the community
- Find the Champions in the community and in hospitals.
- Remember this is not about YOU!
How do we get in Hospitals?

• Contact the Discharger Planner/Case Manager/ or patient representative in hospitals.
• Talk to the Dietitian or Food Service Manager.
• Talk to the Doctors, ER, Hospitalist
• Call back often
• Schedule community meetings within the hospital (AT LUNCH)
• Invite the CEO on a delivery to see other parts of the community.
• Let them know you can help them lower their “re-admission rates”
Kentucky – What are we doing?

- Working with Kentucky Hospital Association
  - Conducted a survey about the AAAs and programs to be sent out to hospitals.
  - Presented a webinar through the KHA to educate hospitals on malnutrition.
- September newsletters focus on malnutrition
- Shares malnutrition information to AAA regularly
- Malnutrition Pilot project started for FY 2018, screening for malnutrition in 5 of the 15 districts.
- Working with the University of Kentucky to collect data on the pilot project
- Looking at outcome data for the nutrition program.
- Conducted ZOOM training with all the AAA to discuss the KHA information and Malnutrition.
- Continued Education for all staff within the programs.
Malnutrition Pilot Project

- Using the Malnutrition Screening tool in 5 of the 15 districts.
- Developed a referral sheet that includes the Determine Nutrition screen as well as the Malnutrition Screening Tool. This referral sheet includes referral documentation at the bottom of the sheet and on the back includes education about malnutrition not only for the participant but also for the physician.
- Had the MST put into SAMS for easier input and data collection
- Partnering with University of Kentucky for data collection and to work on outcomes.
Malnutrition Screening Tool (MST)

**STEP 1: Screen with the MST**

1. Have you recently lost weight without trying?
   - No: 0
   - Unsure: 2

2. If yes, how much weight have you lost?
   - 2-13 lb: 1
   - 14-23 lb: 2
   - 24-33 lb: 3
   - 34 lb or more: 4
   - Unsure: 2

Weight loss score: __________

3. Have you been eating poorly because of a decreased appetite?
   - No: 0
   - Yes: 1

Appetite score: __________

Add weight loss and appetite scores

**MST SCORE:** __________

**STEP 2: Score to determine risk**

- **MST = 0 OR 1**
  - **NOT AT RISK**
  - Eating well with little or no weight loss
  - If length of stay exceeds 7 days, then rescreen, repeating weekly as needed.

- **MST = 2 OR MORE**
  - **AT RISK**
  - Eating poorly and/or recent weight loss
  - Rapidly implement nutrition interventions. Perform nutrition consult within 24-72 hrs, depending on risk.

**STEP 3: Intervene with nutritional support for your patients at risk of malnutrition.**

Notes: ____________________________

______________________________

______________________________

______________________________
REFERRAL BASED ON NUTRITION / MALNUTRITION RISK

We are referring our participant for follow-up as they are at high nutritional risk and/or at risk for malnutrition based on the screens below. We are required by the state to refer our participants if they are found at nutritional risk. The DETERMINE nutrition screen below is Federally approved and mandated. The Malnutrition Screening Tool (MST) is a second screen that we have the option of using. The MST is reliable and validated. Our goal as an agency is to keep our participants healthy and in their homes to help them avoid long-term care. The back of this sheet you will find resources associated with malnutrition.

DETERMINE YOUR NUTRITIONAL HEALTH

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have an illness or condition that made me change the kind and/or amount of food I eat</td>
<td>2</td>
</tr>
<tr>
<td>I eat fewer than 2 meals per day</td>
<td></td>
</tr>
<tr>
<td>I eat few fruits, vegetables, or milk products</td>
<td></td>
</tr>
<tr>
<td>I have 3 or more drinks of beer, liquor, or wine almost every day</td>
<td>2</td>
</tr>
<tr>
<td>I have tooth or mouth problems that makes it hard for me to eat</td>
<td>2</td>
</tr>
<tr>
<td>I don’t always have enough money to buy the food I need</td>
<td>4</td>
</tr>
<tr>
<td>I eat alone most of the time</td>
<td>1</td>
</tr>
<tr>
<td>I take 3 or more different prescribed or over-the-counter drugs a day</td>
<td>1</td>
</tr>
<tr>
<td>Without wanting to, I have lost or gained 10 pounds in the last 6 months</td>
<td>2</td>
</tr>
<tr>
<td>I am not always physically able to shop, cook, and/or feed myself</td>
<td>2</td>
</tr>
</tbody>
</table>

Total

0-8 Good
8-9 Moderate Nutritional Risk
9 or more High NUTRITIONAL RISK

Please check the level of Risk

MST

<table>
<thead>
<tr>
<th>Step 1: Screen for Malnutrition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you recently lost weight without trying?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>0</td>
<td></td>
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<td>No</td>
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<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: Score to Determine Risk</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been eating poorly because of decreased appetite?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>0</td>
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<tr>
<td>No</td>
<td>0</td>
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</tbody>
</table>

Add Weight loss and appetite score: MST Score

Date of Referral: __________ Person Referring: __________
### Determine Nutrition Screen Data FY 2017

<table>
<thead>
<tr>
<th>Determine Nutrition Risk</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
<th>% Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Persons Served at High Nutrition Risk</td>
<td>8,568</td>
<td>7,621</td>
<td>-11.05%</td>
</tr>
</tbody>
</table>

The bar chart shows the comparison of the number of persons served at high nutrition risk between FY 2016 and FY 2017.
Congregate vs. HDM Nutrition Risk

Congregate Clients at Nutritional Risk FY 2017
- # Nutritional Risk 18.14%
- # Served in the FY 2017

Home Delivered Meal Clients at Nutritional Risk FY 2017
- # Nutritional Risk 63.24%
- # Served in the FY 2017
## Malnutrition Screening Tool Pilot Data

Data Collected from October 2017 – February 2018

<table>
<thead>
<tr>
<th></th>
<th>At Malnutrition Risk</th>
<th>Not at Risk</th>
<th>% at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Screening</strong></td>
<td>170</td>
<td>778</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Reassessment Screening</strong></td>
<td>167</td>
<td>408</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>337</td>
<td>1186</td>
<td>28%</td>
</tr>
</tbody>
</table>

![Malnutrition Risk Graph](chart.png)

October 2017 - February 2018
Our GOAL!

• Collecting data – How many of your clients are at high nutritional risk? How many are at risk for malnutrition? Finding out how we can improve their outcomes.
• Educating Nutrition Screeners to understand why a referral for high nutritional risk and/or malnutrition is important.
• Educating your clients and the public on how malnutrition impact their health.
• Communicating data and client needs with those that make decisions.
• Working together for the common goal of helping our clients stay in their homes safely.
Objectives:

• **Education to Engage and Empower!** People, and their families, don’t understand how malnutrition affects them or that they are malnourished.

• **To make you aware of three nutrition education initiatives** that you can use in your Congregate and HDM Nutrition Programs. ([Eat Well, Age Well](#), [Eat Well, Care Well](#), and [Beneficial Bites](#)).

• Can be used for **Marketing** to increase participation.

• **Teach to Fish and Cook:** Create excitement and interest in Eating Well by providing nutrition education materials that are healthy, practical, easy-to-use and engaging that can lead to health outcomes.

• Reframe the message of **malnutrition among community-dwelling older adults** and how the nutrition education materials can put the issue in a positive light by focusing on **Nutrient Dense Foods and current dietary guidelines** for older adults.
“One cannot think well, love well, sleep well, if one has not dined well”

Virginia Woolf

My Why, My Heart, My Passion...

- 10 Years as a clinical(hospital) dietitian working with malnourished in-patients.
- Past 21 years working on the front end to keep people well-nourished and living in their own homes.
- My mom and dad both became malnourished as a result of a terminal brain tumor and intensive caregiving roll.
- Nutrition Education Experience for Dietetic Students and Interns
- People want to eat well, they just have a hard time getting started. This helps them take small weekly steps.

This presentation is dedicated to my wonderful parents. In loving memory of my mom, Anna Johnson.
Three Nutrition Education Series from WI

Eat Well, Age Well.

Eat Well, Care Well.

More than a Meal! Our programs are Nutrition, Wellness & Socialization Programs, not just access to food.

- Highlight the health benefits of a specific food each month in a wide variety of formats.

- Created by Leslie Fijalkiewicz, RDN, Barron County WI in 2010. UW Stout Dietetic Interns along with Jen Jako, RDN Barron Cty, develop the monthly materials. There are now 8 years of information available!

- Piloting an Evidence Based version for nutrition education that is showing promising results.
Beneficial Bites

Introduction from Leslie Fjelk Navener, Dietitian/Nutrition Program Supervisor, Barron County:

My intent has never been to get people to “eat flavored everything” or to have people cook “fresh herbs all the time.” I just want people to realize that every little thing we do nutritionally to improve our health is better than doing nothing. Sort of like walking...every step counts.

Nutrition advice is everywhere and most of the time it comes with an implied “all or nothing.” This program really is about bite-sized pieces of nutrition information that can be applied to everyday living. Best of all, it’s research based and it helps remind the public that we are the place to go for advice about nutrition for older adults.

The “superfoods” we chose to spotlight are not random...they might be in the news or they are foods that our seniors are familiar with. We just try to talk about and show how the foods can be used in a practical sense.

Staff buy-in is vital to the program. I recommend that you talk to all of your staff before starting so they understand that we aren’t trying to shove yet another thing down their throats! I have found that staff love to do these presentations because it gives them a chance to “be the expert.” Plus, they are easy to do. The scripted presentations are to educate the presenter as much as it is to educate the audience. The outline also lets them present the information they are comfortable with presenting. They don’t have to do it all.

My final thoughts...the ENP requires that we provide nutrition education. This is just as valuable as the meal we provide. Let’s face it, money is not pouring into our programs. Through the Beneficial Bites program we have been able to introduce people to our program in a new way. It isn’t just the senior diners who come to learn. If we can reach the 60-75 year olds and get them to incorporate some of these bite-sized tips, maybe we can help them delay the need for our program or other more costly services. The reality is this...there will ALWAYS be people who need meals, and if we don’t do something to help others delay the need, we will have widespread waiting lists...at least that’s my thought on the subject!

So that’s Beneficial Bites in a nutshell and I might add that none of it would be possible without student interns and dietetics undergraduates. Please make sure that you leave their names on the items they have created. Please call me if you have any questions, general or specific. It was such an exciting 2010 and I’m just as jacked up about our 2011 topic!

Leslie

Sample of Beneficial Bites Materials:

- 12 Key Nutrients in Beans
- Almond Fact Sheet
- Almond Flour Powder
- Almond Perfect Portion
- Almonds and Walnuts Crossword
- Almonds and Walnuts Crossword Answers
- Almonds and Walnuts MOW Flyer
- Almonds and Walnuts Newspaper Column
- Almonds and Walnuts Presentation
- Almonds and Walnuts Recipe Cards 1
- Almonds and Walnuts Recipe Cards 2
- Almonds and Walnuts Recipe Cards 3
- Almonds and Walnuts Table Tent
- Apple Chart
- Apple MOW Flyer
- Apple Newspaper Column
- Apple Presentation
- Apple Recipe Cards 1
- Apple Recipe Cards 2
- Apple Table Tent
- Apple Word Search
- Apricot Bingo Cards 1
- Apricot Bingo Cards 2
- Apricot Bingo Cards 3
- Apricot Bingo Cards 4
- Apricot Bingo Cards 5
**Newsletter Column**

**Beneficial Bites**

**Almonds vs. Walnuts**

Most health professionals agree that these are two of the most nutritious nuts. Both have been discussed and debated recently in articles and news reports due to their health-promoting effects. However, does one of them win the Beneficial Bites battle for supremacy?

**Almonds: The Case**

- Highest in fiber which helps lower cholesterol levels (heart disease) and provide better blood sugar control (diabetes)
- Great source of Vitamin E which acts as an antioxidant to prevent tissue and cell damage (cancer)
- Rich in protein which aids in wound repair and reduces the risk of illness and infection (immune system)

**Walnuts: The Case**

- Highest in omega-3 fatty acids which helps reduce the risk of cardiovascular disease and reduce inflammation (arthritis)
- Great source of the minerals manganese and copper which act to maintain bone strength (osteoporosis) and protect cells (cancer)
- Rich in Vitamin B-6 which aids the body in preventing disease (immune system) and control blood pressure (hypertension)

**The Winner:** Both! There’s no need to choose with so many health benefits. If fact, health experts recommend eating 1-2 oz a variety of nuts every day for maximum effect. Just remember to keep those skins on for added nutrition.

*Composed by Christopher Strand, UK-ADF Dietetic Intern 2011*

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**Meals on Wheels Flyers**

*Health Benefits:*
- Anti-inflammatory properties
- Contains niacin (niacin-3) essential for heart health
- Rich in Vitamin E to help protect cells and tissues from cancer
- High in fiber to help reduce cholesterol and control blood sugar

*Interesting Facts:*
- There is no almond in almond milk
- In Ancient Rome, newlyweds were showered with almonds as a fertility charm
- Walnut trees can produce nuts for over 100 years
- California produces 80% of the world’s almonds
- Chocolate manufacturers use 40% of the world’s almonds
- Both are also used in confections, snacks, shampoos and clothing dye

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- Both are also used in confections, snacks, shampoos and clothing dye
Sample Recipe Cards for the highlighted food

Sample Presentation for Dining Sites
(can be done by site managers or contract RD)
Eat Well, Age Well.
Eat Well, Care Well.

Nutrition Education Series from Pam VanKampen, RDN, CD-GWAAR
Nutrition Team in Collaboration with UW Stout Dietetic Students

A very special thanks & acknowledgment to the following UW Stout Dietetic Students who are helping make this project a reality.

Dana Lemke, Nicole Lehtinen, Emily Parsons, Lauren Mickley & Daisy Perez
Eat Well, Age Well. “Series” Categories

• Brain Healthy Foods
• Nutrient Dense Foods
• Protein Foods
• Specific Foods- Such as “Purple Fruits & Veggies” or “Squash”
Eat Well, Age Well Nutrition Education Series for Older Adults

- There are a variety of resources for each monthly Eat Well, Age Well topic. You can use the materials in whatever way works best for your local programs.

- Please share with both Senior Dining and Home Delivered Meal Participants as they may have someone that can assist them with meal preparation and they can participate in the weekly challenges as well with the monthly tracking calendar. Monthly, there is an overview article that can be included in your newsletters or given out as a handout. There are also small ads you can put in the local paper to create interest in your programs, feel free to add your local contact information.

- If you choose to use the program in its entirety, we have created weekly materials. The purpose of breaking the materials into weekly segments:
  - Can be used as a marketing tool, to have participants come back weekly to get new materials.
  - Doses the information in small amounts and then challenges individuals to act.
  - Create and maintain interest and excitement/buzz about eating well with different recipes and tips each week.

Introductory Handout to Give Out First
Monthly Tracking Calendar

EAT WELL, AGE WELL.
Monthly Tracking Calendar – Nutrient Dense Foods

RECORD HOW YOU DID WITH YOUR WEEKLY CHALLENGES

WEEK 1: Try a recipe with quinoa.

WEEK 2: Add Kale to your salads and/or Recipes

WEEK 3: Add veggies and/or beans to a dessert recipe

WEEK 4: Have veggies at breakfast twice this week

Complete the Weekly Challenges & you will feel better and be more in control of your health. We Dare You!

Instructions for Nutr. Directors & Site Managers:
(These will be included as page 2 of the monthly handout but are for informational purposes only for the meal sites)

Thank you for helping to promote Eat Well, Age Well. Please encourage folks to form weekly action plans to help them incorporate nutrient dense foods into their eating habits. You can help create excitement to try new foods. They will find that they are really tasty and they will feel better if they add some of these foods to their diets.

If they ask how they should record if they reach their weekly action plan, they can write words like, “Nailed it” or just a short note like, added tomato juice at breakfast or added kale to my salad, etc.

Week 1: Give out:
- The 1-page overview handout Eat Well, Age Well. Nutrient Dense-Dietary Guidelines
- placemat/handout for Fiesta Wrap

Week 2: Give out placemat/handouts for:
- Kale Caesar Salad
- Potato, Black Bean & Kale Skillet

Week 3: Give out placemat/handouts for:
- Savory Bread Pudding with Kale & Butternut Squash
- Black Bean Brownies recipe

Week 4: Give out placemat/handout:
- Eggs over Kale with Sweet Potato Grits

To print the placemats on legal size paper, just hit print; they should be set up for that size of paper. To make them into a handout, go to Print and then go down to the last item that should say, 1 page per sheet, and click on the drop down menu to select “Scale to Paper Size” and select “letter” size paper.

I appreciate your input and feedback so please feel free to call me at 608-258-8093 or email me with any comments: info@nutritioninc.com
Nutrient Dense Issue 1 Materials (December 2016)

Week 1 Placemat

EAT WELL. AGE WELL. NUTRIENT DENSE FOODS SERIES

ONE OF THE 2015-2020 DIETARY GUIDELINES IS TO FOCUS ON FOOD THAT ARE NUTRIENT DENSE.

NUTRIENT-DENSE FOODS HAVE THE RIGHT BALANCE, ALL VEGETABLES, FRUITS, WHOLE GRAINS, SEAFOOD, EGGS, BEANS AND PEAS, UNSALTED NUTS AND SEEDS, PULSES, LOW-FAT DAIRY PRODUCTS, AND LEAN MEATS AND POULTRY—WHEN PREPARED WITH LITTLE OR NO ADDITIONAL SOLID FATS, SUGARS, REFINED STARCHES, AND SODIUM—ARE NUTRIENT DENSE FOODS.

NUTRIENT DENSE FOODS ARE THE FOUNDATION OF A HEALTHY EATING PATTERN. AS WE AGE, WE TEND TO EAT SMALLER AMOUNTS SO WE NEED TO BE SURE WE MAKE EVERY BITE COUNT!

Fiesta Wrap

Ingredients:
- 1 cup Quinoa, dry (or 1/2 cup cooked)
- 2 1/4 cups Canned low-sodium black beans, drained, rinsed
- 1/4 cup Fresh red bell pepper, seeded, diced
- 1/4 cup Fresh red onions, peeled, diced
- 1/4 cup Fresh carrots, peeled, grated
- 1/4 cup shredded cheese, shredded
- 1 teaspoon chili powder and 1/2 teaspoon ground cumin (or 2 tsp taco seasoning)
- 1/4 teaspoon lime juice
- 4 Whole-wheat tortillas, 6”
- 1 tablespoon vegetable oil

Directions:
1. Preheat oven to 325° F.
2. Rinse quinoa in a fine strainer until water runs clear. Combine quinoa and 1 cup water in a small pot. Cover & bring to a boil. Turn heat down to low & simmer until water is completely absorbed, about 15-15 minutes. When done, quinoa will be soft and a white ring will pop out of the kernels. The white ring will appear even when it is fully cooked. If pull with a fork and set aside.
3. Place black beans in a large mixing bowl. Lightly mash beans by squeezing them using gloved hands (at least 70 percent of the beans should remain whole). Do not over-mash.
4. To make filling, add to the mashed beans the quinoa, red peppers, red onions, carrots, cheese, chili powder, cumin, and lime juice.
5. For each wrap, place 1/4 cup of filling on the bottom half of tortilla and roll in the form of a burrito or you can fold in half like a taco.
6. Brush fillings lightly with vegetable oil and place on a baking sheet. Bake for 10 minutes at 325° F. Wraps will be lightly brown. Serve hot. If desired, serve with fresh diced tomatoes, corn, salsa, and/or lettuce.

Adapted from: http://www.thedomensday.com/recipes/fgd3blt-veggie-quesadilla.html

Week 2 Placemats (December 2016)

EAT WELL, AGE WELL. NUTRIENT DENSE FOODS SERIES

GREENS AND BLOOD THINNING MEDICATIONS

BLOOD-THINNING MEDICATIONS SUCH AS COUMADIN (WARFARIN) INTERFERE WITH VITAMIN K- DEPENDENT CLOTTING FACTORS. LEAFY GREEN VEGETABLES ARE HIGH IN VITAMIN K. EATING TOO MUCH GREEN LEAFY VEGETABLES CAN ALTER THE ABILITY OF BLOOD-THINNERS TO PREVENT CLUTTON.

BUT YOU DON’T HAVE TO GIVE UP GREENS ALTOGETHER. PROBLEMS COME FROM SIGNIFICANTLY AND SUDDENLY INCREASING OR DECREASING INTAKE OF LEAFY GREEN VEGETABLES. THIS CAN CHANGE THE EFFECTIVENESS OF YOUR MEDICINE.

TALK WITH YOUR DOCTOR IF YOU ARE PLANNING TO ADD MORE GREENS TO YOUR DIET AND THEN KEEP YOUR DAILY INTAKE CONSISTENT.

Potato, Black Bean & Kale Skillet

Ingredients:
- 4 medium red potatoes (diced into 1” pieces)
- 2 1/2 cups kale - chopped
- 2 tablespoons olive oil
- 1 clove garlic (minced)
- 1/4 cup chopped onion
- 1 teaspoon chili powder or paprika
- 1/2 teaspoon salt or salt-free seasoning
- 1/2 teaspoon cayenne pepper
- 1 can 15 oz. or no salt-added black beans (drained and rinsed)
- 1/2 cup nonfat plain Greek yogurt (optional)

Directions
1. Heat oil in a large skillet over medium heat. Add garlic and onions; cook 2-3 minutes until just starting to brown.
2. Add diced potatoes, chili powder, water, salt, and pepper to skillet, cover with lid and cook 8-10 minutes, stirring occasionally.
3. Add chopped kale and black beans. Cook about 3-5 more minutes, stirring gently.
4. Serve with Greek yogurt for more protein.

Adapted from: http://www.thedomensday.com/recipes/po-bean-kale-skillet.html

Pan VasKampen, RDN, CD-GW&AR
Gluten Free Black Bean-Zucchini Brownies

**Ingredients:**
- 15 oz. can black beans
- 16 oz. box gluten free chocolate brownie mix
- ½ cup grated zucchini
- ½ can of water

**Directions:**
- Open can of beans, drain and rinse well.
- Use the can to measure ½ can of water.
- Put beans and water in blender until smooth.
- Mix pureed beans and grated zucchini with brownie package mix. DO NOT add eggs or oil.
- Spray 8 x 8 baking dish with non-stick cooking spray.
- Cook brownies at 350 degrees for 25-30 minutes or until done. Cool and serve.

Recipe by Pam VanKampen, RDN, CD
Week 4- Placemat (Dec. 2016)

EAT WELL, AGE WELL. NUTRIENT DENSE FOODS SERIES

VEGGIES FOR BREAKFAST!
IT CAN BE TRICKY TO GET ENOUGH SERVINGS OF VEGETABLES DAILY, SO, WHY NOT START WITH BREAKFAST? TRY THESE TIPS:

- Add salsa & beans to eggs
- Add spinach & feta cheese to scrambled eggs
- Put fresh spinach & tomato on your egg sandwich. Need a few extra calories? Add peanut butter to your whole wheat toast before topping with your egg and vegetables and sprinkles on some cheese too
- Vegetable juice or smoothies

TRY THIS NEW RECIPE. IT’S NOT LIKE ANY YOU HAD BEFORE & IT’S PACKED WITH NUTRIENTS!

Eggs, Kale & Sweet Potato Grits

Directions:
1. Preheat oven to 350°F.
2. Coat 4 individual soufflé dishes or a small casserole dish, with nonstick vegetable spray.
3. Make 3-4 slices of sweet potatoes; cook in microwave until just soft, ~5-8 minutes.
4. When sweet potatoes are cool enough to handle, peel, cut into chunks, and puree in food processor or mash well.
5. Heat remaining vegetable oil in sauce pan, & sauté kale about 5 minutes.
6. In a medium sauce pan, boil water and milk, add grits and sweet potatoes; cook for 5 minutes. Remove from heat; stir in sautéed kale & cheese.
7. Divide grits mixture evenly among soufflé dishes (or place all in casserole dish).
8. Make a depression in the grits mixture with the back of a large spoon. Carefully break one egg into each hollow.
9. Bake uncovered for 30 minutes until eggs are cooked. Let cool 10 minutes before serving.

Ingredients:
- 1 large sweet potato or (1/2 to 3/4 cup cooked & mashed)
- 2 cups fresh kale (chopped)
- 1 tablespoon vegetable oil (divided)
- 1/2 cup water
- 1 cup milk
- 3/4 cup grits (quick cooking)
- 1/3 cup Shredded Cheddar Cheese
- 1/4 teaspoon salt (optional)
- 4 eggs

Adapted from: http://www.tasteofhome.com/recipes/eggs-kale-sweet-potato-grits

Greens and Blood thinning Medications

BLOOD-THINNING MEDICATIONS SUCH AS COUMADIN® (WARFARIN) INTERFERE WITH VITAMIN K-DEPENDENT CLOTTING FACTORS. LEAFY GREEN VEGETABLES ARE HIGH IN VITAMIN K. EATING TOO MUCH GREEN LEAFY VEGETABLES CAN ALTER THE ABILITY OF BLOOD THINNERS TO PREVENT CLOTTING.

BUT YOU DON’T HAVE TO GIVE UP GREENS ALTOGETHER. PROBLEMS COME FROM SIGNIFICANTLY AND SUDDENLY INCREASING OR DECREASING INTAKE OF LEAFY GREEN VEGETABLES. THIS CAN CHANGE THE EFFECTIVENESS OF YOUR MEDICATION.

TALK WITH YOUR DOCTOR IF YOU ARE PLANNING TO ADD MORE GREENS TO YOUR DIET AND THEN KEEP YOUR DAILY INTAKE CONSISTENT.

Potato, Black Bean & Kale Skillet

Ingredients:
- 4 red potatoes (diced into 1/2” pieces)
- 2 3/4 cups kale -chopped
- 2 tablespoons olive oil
- 1 clove garlic (minced)
- ¾ cup chopped onion
- 1 teaspoon chili powder or jerk seasoning
- 1/8 cup water
- 1/2 teaspoon salt or salt-free seasoning
- 1/8 teaspoon cayenne pepper
- 1 can 15 oz. no salt added black beans (drained and rinsed)
- 3/4 cup nonfat plain Greek yogurt (optional)

Directions:
1. Heat oil, in large skillet over medium heat. Add garlic and onions; cook 2-3 minutes until just starting to brown.
2. Add diced potatoes, chili powder, water, salt, and pepper to skillet, cover with lid and cook 8-10 minutes, stirring occasionally.
3. Add chopped kale and black beans. Cook about 3-5 more minutes, stirring gently.
4. Serve with Greek yogurt for more protein.

Adapted from: http://www.tasteofhome.com/recipes/potato-black-bean-kale-skillet

Pam VanKampen, RDN, CD GWaar
EAT WELL, AGE WELL. SQUASH

Roasted Squash Breakfast

**Ingredients:**
- 1 ½ cups delicate or butternut squash, cut in 1/3-inch slices
- 2 tablespoons extra-virgin olive oil
- ¼ teaspoon freshly ground black pepper
- ½ teaspoon salt
- Eggs (1 for each squash circle)
- Shredded cheese (optional)
- Salsa or Sriracha Sauce

**Directions**
1. Preheat oven to 425°F.
2. Place olive oil on a plate and coat the squash on both sides. Season as desired and place in a baking pan.
3. Bake for 15 to 20 minutes. Remove pan and allow to cool for 1 to 2 minutes.
4. In the same pan, crack an egg into each of the hollow squash centers.
5. Put back into the 425°F oven and bake for another 15 minutes.
6. Remove and top with cheese and bake 5 more minutes or until melted.
7. Serve hot with salsa or Sriracha Sauce on spinach, toast or a plate.

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Fun Facts about Squash

Squash is a member of the gourd family and is considered one of the oldest crops that was cultivated in the Western Hemisphere. Estimates date it back to nearly 8,000 years ago!

Summer squash comes in all different shapes and sizes. Unlike winter squash, summer squash grows very quickly and has thin edible skin and seeds. In addition, it has a short shelf life, lasting only a week in the refrigerator.

When shopping for summer squash, choose firm squash with unblemished skin.

---

Summer Squash Bread

**Ingredients:**
- 3 eggs beaten
- 2 cups white sugar (or 1 cup sugar and 1 cup Stevia)
- 1 cup vegetable oil
- 2 teaspoons vanilla extract
- 3 cups all-purpose flour
- 3 teaspoons baking powder
- 3 teaspoons ground cinnamon
- 2 cups shredded summer squash
- ¼ cup Sunflower seed kernels (optional)
- 1/3 cup raisins

**Directions**
1. Preheat oven to 325°F. Grease a 9" x 13" pan.
2. In a large bowl, use an electric mixer to beat the eggs until fluffy. Beat in the sugar, oil, and vanilla. Gradually mix in the flour, baking powder, cinnamon, and nutmeg. Fold in the squash, raisins and sunflower kernels. Transfer to the prepared baking dish.
3. Bake 45 minutes in the preheated oven, until a knife inserted in the center comes out clean.
Newsletter/ Newspaper Teasers...

Eat Well, Age Well.

Squash

- Learn the benefits of squash.
- Learn what nutrients squash is rich in.
- Learn how to roast squash.
- Get new & healthy recipes
- Participate in our weekly challenges!

Eat Well, Age Well.

Squash

Learn more about the benefits of squash.

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Eat Well, Care Well.

Nutrition Education Series from GWAAR Nutrition Team in Collaboration with UW Stout Dietetic Students
The intent of this initiative is to ensure family caregivers have knowledge and access to nutrition information that can assist them in their caregiver role as well as to help sustain their own nutritional well-being.

Pam VanKampen, RDN, CD
Pam.vankampen@gwaar.org
608-228-8095

Studies found...

- Caregivers were significantly more likely than non-caregivers to experience household-level food insecurity, individual-level hunger, or both.

- Food insecurity, including hunger is associated with a range of poor health outcomes, including inflammation, chronic disease, and poorer control of chronic conditions such as diabetes.

- Caregiving itself has been associated with poor physical and mental health. Food insecurity among caregivers may contribute to or exacerbate those health problems.

- Healthy People 2020 includes objectives on promoting health and well-being of caregivers and reducing unmet needs for caregiver support services among unpaid caregivers.

- [https://www.cdc.gov/pcd/issues/2015/15_0129.htm](https://www.cdc.gov/pcd/issues/2015/15_0129.htm)
What do you associate with these words?

Can You Relate?
Oh Shift....Your Attitude!

- **Meal Preparation** now becomes...
  - *Making Memories in the Kitchen*
- **Cooking** now becomes....
  - *Fun Creative Outlet for Stress*
- **Eating** now becomes...
  - *Nourishing the body with healthy foods because I need the energy and fuel and I am worth it!*

---

Eat Well, Care Well.

**Series 2017 Monthly Topics**

- **January:**
  - High Protein Meals in 1 pot
- **February:**
  - High Protein Breakfast Under 10 Minutes
- **March:**
  - High Protein Snacks
- **April:**
  - Quick and Easy Recipes
- **May:**
  - How to Incorporate Convenience Foods into Healthy Meal Planning
- **June:**
  - High Protein, High Calorie Drink Ideas
- **July:**
  - Build a Healthy Salad
- **August:**
  - Finger Foods
- **September:**
  - Tips to Increase Fiber Intake
- **October:**
  - Roasted Veggie Recipes
- **November:**
  - Mindful Eating Tips for Caregivers
- **December:**
  - Quick Healthy Holiday Recipes
Monthly Handouts

- Overview Topic focusing on nutrient dense food/meals that are quick and healthy.
- Usually limited to 2 pages
- May include links to additional information
- Developed by UW Stout Dietetic Interns or Pam VanKampen RDN, CD. All materials are reviewed and approved by Pam as the overseeing Registered Dietitian.
Questions, Comments, Feedback... are welcomed. We want to have a product you will use. 
Thanks in advance for using the materials in whatever manner works for you.

Pam VanKampen, RDN, CD Nutrition Specialist/OAA Consultant- Greater WI Agency on Aging Resources (GWAAR)  Pam.vankampen@gwaar.org   608-228-8095
No Hungry Senior

A Collaborative Approach to Addressing Senior Hunger
No Hungry Senior Partners

- Plough Foundation, funding agency
- MIFA (Metropolitan Inter-Faith Association), lead agency
- Aging Commission of the Mid-South
- Baptist Memorial Healthcare
- Catholic Charities of West Tennessee
- CoactionNet
- Memphis Jewish Federation
- Methodist Healthcare
- Mid-South Food Bank
- University of Memphis School of Public Health
No Hungry Senior Overview

Goals
- Reduce the number of food-insecure seniors in Shelby County
- Improve/maintain seniors’ overall health
- Reduce hospitalizations and ER utilization

Eligibility
- Shelby County resident
- Age 60 and older
- Non-institutionalized
- Not currently accessing other meal/nutrition services
- No feeding restrictions (e.g., tube feeding)
- Assessment confirms need
No Hungry Senior Workflow

**Referrals from Aging Commission**
Seniors 60 years and older score 13+ points on 10-question screening survey (20 referrals per week)

**Referrals from hospitals**
Seniors 60 years and older score 8+ points on 10-question screening & discharged to home

**In-home client assessments**
Each referred senior receives an in-home assessment by MIFA staff. Clients referred to 1 of 3 services based on results of MIFA assessment.

- **Hot meals**
  Delivered daily by MIFA
  Monday – Friday

- **Shelf-stable box**
  7 meals/7 snacks
  Delivered weekly
  Monday – Saturday

- **Grocery box**
  22-pound box
  Delivered monthly
  by Catholic Charities
No Hungry Senior Volunteers

No Hungry Senior uses volunteers to offset program costs:
- 55% of meals are delivered by volunteers
- 96% of clients report that the person who delivers the meals is friendly and respectful
No Hungry Senior Demographics

- 61% female
- 76% African American
- 33% widowed
- 40% live alone
- Average age 76 years
- 35% age 80+
- 51% monthly income <$1,000
- 44% have diabetes
- 82% have hypertension
No Hungry Senior Overview

Since service began in May 2015:
Served 1,742 seniors (779 active)
Served more than 616,000 meals
Improved client health outcomes

The cost to serve a client is less than $7 per day—
including food cost, delivery, admin.
(Cost to serve one client for one year is $1,800)
## No Hungry Senior Client-Reported Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health score</td>
<td>9.2</td>
<td>8.4</td>
</tr>
<tr>
<td>Sense of loneliness score</td>
<td>4.8</td>
<td>4.3</td>
</tr>
<tr>
<td>ER visits in past 12 months</td>
<td>60%</td>
<td>51%</td>
</tr>
<tr>
<td>Hospitalization in past 12 months</td>
<td>49%</td>
<td>38%</td>
</tr>
<tr>
<td>Fell in past 12 months</td>
<td>49%</td>
<td>41%</td>
</tr>
<tr>
<td>Eat less than two meals per day</td>
<td>63%</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Comparison of intake assessment and one-year follow-up. Lower numbers indicate improvement. All changes were statistically significant.*
Methodist Research Partnership

- Methodist Healthcare: a key referring partner

- Methodist agreed to conduct analysis to evaluate impact of program on hospital utilization (hospitalizations, ED visits, observations, outpatient visits, and cost of care before and after receiving meals)

- Looked at data for 229 patients who received meals
## Methodist-Reported Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>1 year pre</th>
<th>1 year post</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED use</td>
<td>326</td>
<td>274</td>
<td>-16%</td>
</tr>
<tr>
<td>Inpatient admissions</td>
<td>487</td>
<td>323</td>
<td>-34%</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>334</td>
<td>308</td>
<td>-8%</td>
</tr>
<tr>
<td>Observation</td>
<td>117</td>
<td>85</td>
<td>-27%</td>
</tr>
<tr>
<td>Other encounters</td>
<td>105</td>
<td>86</td>
<td>-18%</td>
</tr>
<tr>
<td>Total encounters</td>
<td>1369</td>
<td>1076</td>
<td>-21%</td>
</tr>
</tbody>
</table>

*Comparison of pre-enrollment vs. post-enrollment utilization. N=229 patients.*
Overall Healthcare Utilization by Months in Program

Overall utilization during the one-year post-enrollment period of 229 participants stratified by encounter type.

As we move from month 1 to month 12, we notice a gradual reduction in the number of encounters—a 74% reduction from month 1 post-enrollment to month 11 post-enrollment.
Direct cost of patient care during the one-year post-enrollment period of 229 participants stratified by encounter type.

As we move from month 1 to month 12, we notice a gradual reduction in the cost associated with direct patient care—a 77% reduction from month 1 post-enrollment to month 11 post-enrollment.
Client Impact

“I hadn’t had a good hot meal in years. I went to my doctor last week, and I gained six pounds.

I can also walk to my mailbox and back, which I have not been able to do for months!”

- Mrs. M.
Ohio Malnutrition Prevention Commission
Ashley Sweeny Davis, MA, RDN, LD
Population Health and Nutrition Manager
AN ACT

To enact sections 5288, 5289, and 5290 of the Revised Code to designate the month of November as "One Heat Awareness Month," to create the Maukawas Prevention Commission in study malnourishment among older adults, to designate May 15 as "All for the Kids Awareness Day," and to designate May 1 as "Sarcoma Awareness Day:

This Act is enacted by the General Assembly of the State of Ohio.

SECTION 1. That sections 5288, 5289, and 5290 of the Revised Code are enacted to read as follows:

Sec. 5287, The first day of May is designated as "All for the Kids Awareness Day." Sec. 5288, The month of November is designated as "One Heat Awareness Month." to assist in increasing awareness and understanding of the connections between heat, diet, and nutritional health.

Sec. 5289. The first day of May is designated as "Sarcoma Awareness Day." during in the state and in Section 1 of this act, "older adult" means a person sixty years of age or older.

The General Assembly of the State of Ohio, by the authority vested in it by the Constitution of the State of Ohio, enacted this Act, this Act shall become effective at the expiration of sixty days from the date of its passage, and no later than thirty days after the effective date of this Act, and this Act shall be effective at the expiration of sixty days from the date of its passage, and no later than thirty days after the effective date of this Act.
Background

- The 131st Ohio General Assembly passed Amended Substitute House Bill 580, and Governor John R. Kasich signed it into law on December 19, 2016, establishing the Malnutrition Prevention Commission.

- The Commission was tasked with developing recommendations to reduce the incidence of malnutrition among older Ohioans based on the Commission’s collection of information and study of malnutrition in the elderly (i.e., 60 years of age and older).
Tasks

1. Study the impact of malnutrition on older adults in all health care settings in this state;
2. Investigate effective strategies for reducing the incidence of malnutrition among older adults;
3. Monitor the influence of malnutrition on older adults’ healthcare costs and outcomes, quality indicators, and quality of life measures;
4. Develop strategies for improving data collection and analysis regarding malnutrition risks, healthcare costs, and protective factors for older adults;
5. Develop strategies for maximizing the dissemination of proven, effective malnutrition prevention intervention models, including community nutrition programs, medical nutrition therapy, and oral nutrition supplements;
6. Identify evidence-based strategies that raise public awareness of malnutrition among older adults, such as educational materials, social marketing, and statewide campaigns;
7. Identify evidence-based malnutrition prevention intervention models, including community nutrition programs, that reduce the rate of malnutrition among older adults and reduce the rate of rehospitalizations due to conditions caused by malnutrition, and identify barriers to those intervention models;
8. Identify models for integrating the value of malnutrition care into healthcare quality evaluations across health care payment models;
9. Examine the components and key elements of malnutrition prevention intervention initiatives, consider their applicability in this state, and develop strategies for testing, implementation, and evaluation of the initiatives.
Report Outline

• Executive Summary
• Scope of Malnutrition
• State and Community Initiatives Addressing Nutritional Needs of Older Ohioans
• Commission Recommendations
• Appendices
## Education and Awareness:

<table>
<thead>
<tr>
<th>Recommendation 1</th>
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<tbody>
<tr>
<td>Introduce legislation in the General Assembly to establish an annual Ohio Older Adult Malnutrition Awareness Week in September to align with the American Society for Parenteral and Enteral Nutrition Annual Malnutrition Awareness Week.</td>
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<table>
<thead>
<tr>
<th>Recommendation 2</th>
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<tbody>
<tr>
<td>Conduct culturally and linguistically appropriate awareness campaigns to educate older adults, caregivers and healthcare providers on malnutrition impact, prevention, treatment and available resources.</td>
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<thead>
<tr>
<th>Recommendation 3</th>
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<tbody>
<tr>
<td>The Ohio Department of Aging will make electronically available evidence-based malnutrition care education tools, materials, and diverse programs for clinicians, patients, families, and caregivers as part of the integration of shared decision making and person-centered care models.</td>
</tr>
</tbody>
</table>
Data and Evaluation:

Recommendation 4

Encourage Ohio hospitals to contribute their data to the Agency for Healthcare Research and Quality to regularly track malnutrition diagnosis in Healthcare Cost and Utilization Project reports.

Recommendation 5

Encourage healthcare providers to adopt clinically relevant malnutrition quality measures in registries and private accountability programs to support effective malnutrition prevention, identification, diagnosis, treatment and care transitions for older adults.

Recommendation 6

Amend Ohio Administrative Rule for the Ohio Department of Aging to require that all Area Agencies on Aging and meal service providers complete the National Aging Program Information System (NAPIS) Nutrition module in Social Assistance Management System (SAMS) which provides details of the nutrition screening results for consumers receiving home delivered and congregate meals.

Recommendation 7

Ohio universities and research institutions should publish white papers and peer-reviewed manuscripts regarding care pathways and treatments that positively impact malnutrition cost and outcomes that matter for older adults.
<table>
<thead>
<tr>
<th>Prevention Models: Team-Based Care</th>
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<tbody>
<tr>
<td><strong>Recommendation 8</strong></td>
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<tr>
<td>Integrate malnutrition care goals, such as malnutrition screening, assessment, education, and interventions, in local population health planning, such as chronic disease plans that are supported by data included in community health needs assessments.</td>
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<tr>
<td><strong>Recommendation 9</strong></td>
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<tr>
<td>Encourage clinicians, across all care settings, to enhance nutrition education and training for multidisciplinary care team members to include: documentation of malnutrition diagnosis and risk factors, transfer of nutrition diagnosis and diet orders in discharge plan to acute, post-acute care, or home, engagement of individual/patient, family and caregiver in care plan and discharge plan development, and educate physicians and nurses on the evidence that pre-albumin and serum albumin levels are no longer recommended as an assessment of nutritional status.</td>
</tr>
</tbody>
</table>
**Recommendation 10**

Encourage acute and post-acute care providers to develop a protocol or care pathway that bi-directionally links clinically relevant malnutrition care or nutrition health information and discharge plans, including local resource referrals, from hospitals to the community and home-based care setting (including long-term care facilities).

**Recommendation 11**

Encourage hospitals to review current patient admission and discharge processes for inclusion of malnutrition and food insecurity screening. Use a validated nutrition screening tool to screen within 24 hours of admission to identify at risk or malnourished patients.

**Recommendation 12**

Encourage a nutritional assessment and recommended intervention to be triggered for all patients who are identified as having nutritional risk via a validated screening tool. Integrate the nutritional assessment into the interdisciplinary assessment process. Use electronic medical record (EMR) triggers to automate nutritional consults and review annually for trends and disparities to inform future interventions.
<table>
<thead>
<tr>
<th><strong>Recommendation 13</strong></th>
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<tr>
<td>Encourage Area Agencies on Aging and Providers to make greater use and implementation of nutrition counseling and medical nutrition therapy for home-delivered meal clients.</td>
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<th><strong>Recommendation 14</strong></th>
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<tr>
<td>Clinicians should educate individuals, caregivers and providers of the nutritional services and products during transition of care; including home delivered meals, oral nutritional supplements and food assistance programs. (targeted outreach to older adults eligible for SNAP)</td>
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<th><strong>Recommendation 15</strong></th>
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<tr>
<td>Encourage healthcare, community-based organizations, and government agencies to support the expansion of evidence-based wellness programs (e.g., chronic disease self-management, falls, etc.), which are cost-efficient and exhibit proven results for improving health outcomes related to malnutrition for the at risk population.</td>
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<th><strong>Recommendation 16</strong></th>
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<td>Encourage healthcare and community-based organizations, and government agencies to support the expansion and the use of innovative malnutrition programming such as the Meals as you Mend model, ProMedica Food Clinic and other strategies for testing, implementation and evaluation of prevention initiatives to ensure access to quality care services for all populations.</td>
</tr>
</tbody>
</table>
Limitations

• Additional funding allocations for:
  – Older Americans Act
  – USDA Senior Farmers’ Market Nutrition Program
  – USDA Commodity Supplemental Food Program
  – Supplemental Nutrition Assistance Program (SNAP)
  – ODA Senior Community Services
  – PASSPORT Home-Delivered Meal Programs

• Adoption of the Elderly Simplified Application Project and the Standard Medical Deduction for the Supplemental Nutrition Assistance Program (SNAP) by Ohio Job and Family Services

• Expansion of Medicare and Medicaid reimbursement of Registered Dietitian (RDN) services and care transition services

• Additional limitations were discovered by the Commission when researching local and state malnutrition data
Resources and Next Steps

• **Ohio Malnutrition Prevention Commission Report**

• Senior Malnutrition Committee
  – Piloting MST/Food Insecurity Screening Tool
  – Referral tool built in by Clinisync
  – Online Toolkit

• State Plan on Aging 2019-2022
Thank you!

Adavis@age.ohio.gov
614-728-6128
God’s Love We Deliver

LISA ZULLIG, MS, RD, CSG, CDN
DIRECTOR OF NUTRITION SERVICES

October 17, 2018
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12 Nutrition Education
13 Medically Tailored Meals
18 Our Team
Our Mission
We are dedicated to cooking and delivering the specific, nutritious meals a client’s severe illness and treatment so urgently require. Serving the greater New York City metropolitan area since 1985.
God’s Love We Deliver

Our Mission

• God’s Love We Deliver, a nonsectarian organization, is the New York metropolitan area’s leading provider of life-sustaining meals and nutritional counseling for people living with severe illnesses

• We improve the health and well-being of individuals living with cancer, diabetes, heart failure, and other serious illnesses by alleviating hunger and malnutrition

• We prepare and deliver nutritious, high-quality meals to people who, because of their illness, are unable to shop or cook meals for themselves

• We provide illness-specific nutrition education and counseling to our clients, and all meals are individually tailored for each client by one of our Registered Dietitian Nutritionists
God’s Love We Deliver
Who we Serve

1.8 million individually-tailored meals delivered each year
7,000+ people served
200+ diagnoses
7,000 meals prepared and delivered each weekday

90% of all clients have a Secondary Diagnosis

Secondary Diagnosis:
15% behavioral health
35% diabetes
26% obesity
Our Geography

Today, we prepare and deliver 1.8 million meals annually to over 7,000 clients in all five boroughs of New York City, as well as Hudson County, Nassau County and Westchester County.

Meals are delivered to clients, Monday through Friday, by our dedicated God’s Love We Deliver staff drivers.
Our Target Population
Too Sick to Shop or Cook for Themselves

• Medically at-risk

• In danger of being institutionalized (in hospitals, nursing homes or long term care facilities)

• Significantly limited in their activities of daily living that affect shopping and cooking (standing, carrying, lifting, etc.)

• Being discharged from the hospital after an acute episode with no supports in the home
Eligibility Criteria

Too Sick to Shop or Cook for Themselves

Serious, life-altering illness- example: cancer, HIV, ESRD

Physical difficulties shopping & cooking meals

Cognitive limitations are eligible for dementia diagnoses and HIV/AIDS diagnoses only.

All individuals must obtain a medical eligibility letter signed by an MD, NP, PA within 10 business of enrollment/interview
FOOD IS MEDICINE

- Healthy food for those who are malnourished or food insecure
- Medically-tailored food for those at risk for acute or chronic illness
- Medically-tailored food for those with acute or chronic illness
- Medically-tailored meals for those with serious illness or disability who cannot shop or cook for themselves
Nutrition Is Our Signature Difference

7 Registered Dietitians (RDNs) on staff

Medical Nutrition Therapy
• MNT is an evidence based application of the Nut Care Process focused on prevention, delay or management of diseases & conditions and involves an in-depth assessment, periodic reassessment and intervention.

Unique Plan
• Our RDNs work with clients to develop unique nutrition plans to help manage their illnesses, medications and side effects, and to promote wellness
Nutrition Education

• Publications
• Spanish and English
• Multiple copies available for agencies
• Downloads at www.glwd.org/nutrition
• Nutrition & Illness Fact Sheets
Medically Tailored Home-delivered Meals

- Referred by medical provider
- Tailored by Registered Dietitian Nutritionists (RDNs) and culinary team
- Individually tailored for specific medical circumstances
- Support trajectory of illness (soft, minced, pureed)
- Flexible service plans and delivery
- No preservatives, additives, fillers
Medically Tailored Meal Intervention

Clients are referred by medical personnel/health plans.

Nutrition assessments are conducted by our team of Registered Dietitian Nutritionists (RDNs).

Meals are individually-tailored for specific medical circumstances and cooked from scratch in our kitchen in lower Manhattan.

Meals are home-delivered in our refrigerated vans.

Clients enjoy healthy, great tasting meals, and the support of our staff and community.

Ongoing nutrition education and counseling.
Our Meals

Our medically tailored meals are cooked in our state of the art commercial kitchen in SoHo (NYC).

All meals are low-sodium and are freshly cooked with no preservatives, starters or fillers, and are flash frozen to optimize nutritional value and quality.

We customize meals by addressing a combination of restrictions, resulting in almost infinite meal variety for members.

Meal restrictions include:
• Pork, Beef, Fish and Vegetarian
• Sugar, Fat and Dairy
• Renal, Minced and Pureed
• Acid/Bland and Fiber/Gas
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td><strong>Soup:</strong></td>
<td><strong>Soup:</strong></td>
<td><strong>Soup:</strong></td>
<td><strong>Soup:</strong></td>
<td><strong>Soup:</strong></td>
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<tr>
<td>Onion Barley Soup</td>
<td>Vegetable Chowder</td>
<td>Chicken &amp; Brown Rice</td>
<td>Beef Lentil Soup</td>
<td>Black Bean Soup</td>
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<tr>
<td>Potato Kale Soup</td>
<td>Black Eyed Pea Soup</td>
<td>Chicken Noodle Soup</td>
<td>Beef Barley Soup</td>
<td>Spinach Lentil Soup</td>
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<td>Garbanzo Bean Barley Soup</td>
<td>Minestrone Soup</td>
<td>Chicken Lentil Soup</td>
<td>Roasted Beef Minestrone</td>
<td>Pasta White Bean Soup</td>
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<td>Lenti Vegetable Soup</td>
<td>White Bean Kale Soup</td>
<td>Chicken Corn Chowder</td>
<td>Beef &amp; Bulgur Soup</td>
<td>Split Pea Soup</td>
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<tr>
<td><strong>Entrée:</strong></td>
<td><strong>Entrée:</strong></td>
<td><strong>Entrée:</strong></td>
<td><strong>Entrée:</strong></td>
<td><strong>Entrée:</strong></td>
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<tr>
<td>Salisbury Steak</td>
<td>Salmon w/ Herb Garden</td>
<td>Veggie Burger</td>
<td>Balsamic Glazed Chicken</td>
<td>Poult Glazed Pork Chop</td>
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<tr>
<td>Garlic Mashed Potatoes</td>
<td>Pasta</td>
<td>Mixed Vegetables</td>
<td>Green Peas &amp; Roasted Peppers</td>
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<tr>
<td>Mixed Vegetables</td>
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<td></td>
<td>Cilantro Rice</td>
<td>Sweet Potato Mash</td>
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<tr>
<td>BBQ Glazed Beef Burger</td>
<td>Tilia &amp; Roasted Red Pepper</td>
<td></td>
<td>Five Spice Roasted Chicken</td>
<td>Sweet &amp; Sour Pork</td>
</tr>
<tr>
<td>Macaroni &amp; Cheese</td>
<td>Black Bean Hummus</td>
<td>Cauliflower, Squash, &amp; Green Beans</td>
<td>Mixed Vegetables</td>
<td>Mixed Vegetables</td>
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<tr>
<td>Mixed Vegetables</td>
<td></td>
<td></td>
<td>Kale Burger</td>
<td>White Rice</td>
</tr>
<tr>
<td>Sofrito Mashed Potatoes</td>
<td></td>
<td></td>
<td>Squash &amp; Onions</td>
<td>Smothered Pork Chop</td>
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<td>Mixed Vegetables</td>
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<td>Paella Rice</td>
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<td>Meatball Marinara</td>
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<td>Pasta Bean Primavera</td>
<td>Fried Brown Rice</td>
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<td>Israeli Pasta</td>
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<td>Mixed Vegetables</td>
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<tr>
<td>Dessert:</td>
<td>Dessert:</td>
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<tr>
<td>Chocolate Cake</td>
<td>Butterscotch Cookie</td>
<td>Chocolate Chip Oatmeal Cookie</td>
<td>Seasonal Fruit</td>
<td>Banana Bread</td>
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<td>Chocolate Chip Oatmeal Cookie</td>
<td></td>
<td></td>
<td></td>
<td>Lemon Coconut Cake</td>
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<tr>
<td>Black &amp; White Cake</td>
<td>Four Spice Cake</td>
<td>Blueberry Chocolate Cake</td>
<td></td>
<td>Applesauce Cake</td>
</tr>
<tr>
<td>Double Chocolate Oatmeal Cookie</td>
<td></td>
<td></td>
<td></td>
<td>Blueberry Cake</td>
</tr>
</tbody>
</table>

*Menues are subject to change without prior notice. May contain soy, eggs, and wheat.*
**What We Do**

- Cook delicious food from scratch in our state-of-the-art kitchen in lower Manhattan.
- Deliver it to you in one of our refrigerated vans.
- Provide ongoing nutrition education and counseling.

**What Clients Do**

- Store the food in the fridge or freezer.
- Reheat it in the microwave or oven.
- Enjoy healthy, great tasting meals and the support of our staff and community.
Our Team
Contacts

God’s Love We Deliver
166 Avenue of the Americas
New York, NY 10013
Godslovewedeliver.org

Lisa Zullig, MS, RDN, CSG, CDN
Director of Nutrition Services
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212.294.8157
Health Care Partnerships to Address Home-Delivered Meals and the Social Determinants of Health

Presented to Meal Packages Peer Network
January 9, 2019
Who We Are

Non-Profit (501(c)(3)) – Designated Area Agency on Aging (AAA)/ Aging & Disability Resource Center (ADRC)

Primarily supported by Older American’s Act with broad mix of other state, federal, local, contractual and philanthropic funding
SMAA Signature Services

• For 40 years the Southern Maine Agency on Aging (SMAA) has been more than the first stop for answers on aging
  – Serve 1,000 older adults and family caregivers every day
  – At the forefront of innovation and collaboration assisting more than 25,000 older residents of Cumberland and York counties in 2017
• We seek to work collaboratively with the healthcare community partnering on the social determinants of health to improve outcomes and patients’ lives
• SMAA offers the healthcare community the ability to refer patients directly to SMAA Signature Services
• SMAA will partner with the other Network Partners within Maine for signature services, providing one-stop seamless service for the healthcare community
Services We Offer Directly
Social Services Programs

- Home Delivered Meals
- Community Cafés (congregate dining) & As You Like It
- Medicare Counseling (SHIP, SMP, MIPPA)
- Family Caregiver Support Program
- Community Resource Specialists
- Retired & Senior Volunteer Program
- Adult Day Services
- Maine Senior Games
Why We Reached Out to Hospitals, Physician’s Practices and Insurers

- SMAA’s Strategic Plan to address burgeoning need for our services
- Resolved to diversify away from stagnant “discretionary” funding and contractual funding sources
- Agency vision to integrate social service model of AAA services with the medical model of health care. (to address social determinants)
Building Bridges to the Health Care Sector

Over nearly a decade, we:

• Sought Executive and Governance Level Champions.
• Conducted joint program development and research through grants and pilots.
• Embedded staffing models (often grant funded).
• Conducted Joint Training
• Included Healthcare Leaders on our BOD
MACRA Offers Opportunities to Collaborate with CBOs

- Sustained need to minimize readmission costs as well as penalties
- Reduce unnecessary resource utilization and increase published quality star ratings
- Entry into bundled payments requires pre and post discharge interventions as part of solution
- Facilitate access to community based resources
- Foster information exchange
Medical Meals and SDoH
Background and Service Offering
Simply Delivered Meals
A Tale of Collaboration

- Published article in the American Journal of Managed Care, June 2016 (Trends from the Field)
- Based on successful pilot with MMC providing 7 home delivered meals to 622 high risk patients discharged from the hospital in conjunction with Continued Care Transition Program.
- Results included
  - 2 point reduction in 30-day readmission rate compared with CCTP only (no meals)
  - 387% return on investment
A study conducted with Maine Medical Center of 622 high-risk Medicare patient discharges who received 7 meals after hospital discharge determined the 30-day readmission rate for those discharges was 10.3%, compared to the 12.3% rate for similar discharges that received no meals (CCTP only).

The average cost of a hospital readmission for a high-risk CCTP patient is $16,320 (based on SMAA’s project-specific CMS-HCC risk score of >1.6 at MMC). The avoided cost for 13 discharges who were not readmitted (the 2 percentage point difference in readmission rates for 622 discharges with meals) was $212,160. The cost of 7 meals delivered to the discharged patients was $43,540. This represents an ROI of 387% or $3.87 for every dollar spent and a 38% decrease in readmission rate over baseline. *Discharge percentages for baseline and CCTP patients without meals were provided by MMC (Maine Medical Center)

---

**SMAA/ MMC Simply Delivered for ME (SDM) Pilot**

**Impact on Hospital Readmissions and Avoided Costs for Care**

<table>
<thead>
<tr>
<th>Baseline Medicare F-F-S patients</th>
<th>CCTP patients w/o SDM</th>
<th>CCTP/SDM patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>*16.6% n=103</td>
<td>*12.3% n=77</td>
<td>10.3% n=64</td>
</tr>
</tbody>
</table>

A study timeframe: 7/16/13 – 7/15/2015

Avoided Readmission Costs

- Net Savings for 13 avoided readmissions: $212,160
- Cost of providing 7 Meals to 622 discharged patients in the Simply Delivered for ME Program: $43,540

“I really don’t know what I would have done without the meals, everything has been so overwhelming for me”

--Simply Delivered for ME recipient
SIMPLY DELIVERED MEALS

- Nutritionally balanced, **33% of caloric requirements**
- Comfort food, heart healthy, diabetic friendly, renal friendly, pureed, gluten free, and vegetarian options
- Maine sourced produce, flash frozen for optimal nutrition and freshness
- Easily heated in microwave or oven on-demand, can also be provided for caregiver
- Available for purchase by healthcare entities and patients, delivered directly to the home

*This service was a life saver for me and my wife while she was regaining her strength and mobility*”
**SAMPLE MEALS**

- Salisbury Steak with Onion Gravy
- Chicken Pot Pie
- Pasta Shells with Italian Turkey Sausage
- Orange Glazed Chicken Shells & Cheese
- Meatballs with Stout & Mustard Thyme Sauce
- BBQ Pork
- Pork with Apple & Onion Sauce
- Ham & Pineapple
- Baked Beans & Hot Dogs
- Colby Cheese Omelet
- French Toast

**NUTRITIONAL GUIDELINES**

- **Heart Friendly**: 700mg or less of sodium, less than 30% of calories from fat, less than 10g of saturated fat. Meals meet the American Heart Association Guidelines.
- **Diabetic Friendly**: 70g or less of carbohydrates per entrée. Meals are designed to promote and support healthy eating patterns based upon the recommendations of the American Diabetes Association.
- **Renal Friendly**: 700mg or less of sodium, 650mg or less of potassium. For patients on hemodialysis, home dialysis or peritoneal dialysis.
- **Gluten Free**: Contains no gluten, wheat or related grains. ELISA tested to meet Federal requirements of less than 20ppm of gluten per meal.
- **Vegetarian**: Includes no pork, beef, chicken or fish. May include eggs or dairy.
- **Pureed**: Meals designed for those with difficulty swallowing.
- **Low Sodium**: 140mg or less of sodium per 100g.
- **Low Fat**: 3g or less of fat per 100g and not more than 30% calories from fat.
- **Low Saturated Fat**: 1g or less per 100g and no more than 10% of calories from saturated fat.
- **Low Cholesterol**: 20mg or less per 100g.
Add a Visual Check-In

**VCI-Visual Check-in**

- SMAA offers a Visual Safety Check-in for patients at moderate to high risk for readmission. This in-person check-in is conducted in the home and is very brief and generally combined with post-discharge meal delivery. The goal is to determine if additional follow up is needed and alert the discharge team of such a need. The basic check-in looks at the following:
  - Is the member/patient able to prepare/warm meals?
  - Is the member/patient isolated/need check-in?
  - Is the member/patient’s home habitable, providing clear access?
  - Did the member/patient start homecare if applicable?

- Results of the Visual Check-in are provided back to the discharge team or anyone they may designate to receive them.

- Additional interventions may be decided upon for the member/patient based on results of the VCI.
CCRS-Community Connections Resource Service

A person-centered intervention for patients/members who are struggling with chronic diseases that helps mitigate the risks of hospital admission and emergency room use by addressing the social and economic determinants of health to include:

- benefit eligibility
- housing
- health insurance
- financial security
- food security
- caregiver resources
- transportation
- home safety

A comprehensive *Well-Being Home Assessment* is completed by a *SMAA Community Resource Specialist* in the home to evaluate needs and to develop and implement if applicable a *Community Services Support Plan (CSSP)*
Proposed Interventions
Meals and SDoH Services

**Intervention Pathway 1**
*Lower to Moderate Risk*

- Patient is discharged or managing chronic condition(s) and SMAA delivers medically oriented meals.
- Patient receives a follow up call from SMAA checking on potential MOW Eligibility or desire for private pay meals. Report back to HC Org.
- Pt. moves to MOW if eligible or Simply Delivered (pvt. pay) or out of intervention/meal program

**Intervention Pathway 2**
*Moderate Risk to High Risk*

- Patient is discharged or managing a chronic condition(s) and SMAA delivers medically oriented meals.
- Patient receives a follow up visit with a Visual Safety Check-in as well as a check on eligibility for MOW or private pay meals. Results of VCI reported back to HC Org.
- Results of VCI may move pt. into Intervention Pathway 3 & Pt. can opt for MOW if eligible or Simply Delivered (pvt. pay)

**Intervention Pathway 3**
*Highest Risk*

- Patient is discharged or managing chronic conditions, SMAA delivers medically oriented meals.
- Patient receives a follow up visit by a SMAA Community Resource Specialist for a @ well-being assessment and Community Service Support Plan. The plan is activated and shared with the HC Org.
- Pt. completes Comm. Service Support Plan. Pt. moves to MOW or Simply Delivered (pvt. pay) or out of meal program
MaineCommunityLinks.org

- Easy to use Web link for medical professional referrals of patients in need of SMAA Signature Services and Assistance
- HIPAA Compliant, no patient records required, no diagnosis, no prescription necessary
- Patient consents to being contacted
- SMAA reaches out to patient to activate referral
Progress to Date in Healthcare

- **(3 active contracts, 1 in negotiation, 1 completed contract)**
  - Contracts with hospitals for EBP, Medicare Programs, Advance Care Planning (York Hospital, MMC Trauma Dept.)
  - Resource coordinator for large medical practice
  - Resource coordinator supporting SDoH for a healthcare technology business
  - Working on proposals/contracts for post-discharge meals and EBP falls prevention w/insurers and foundations
  - Insurer foundation award for caregiver programs
THANK YOU

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Director, Strategic Development
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207-396-6523
www.smaaa.org
Sisters of Charity
Innovation Mission
Medically Tailored Meals
Addressing Food Insecurity and Social Isolation Amongst Older Adults

Dabney K. Conwell MSSA, LSW
Inaugural Sisters of Charity Fellow
Executive Director, Rose Centers for Aging Well
Vice President, Benjamin Rose Institute on Aging
Sisters of Charity Foundation Innovation Mission
Response to Poverty

• 5 Fellows with “Big Ideas” from a pool of 200
• 18-month commitment (Fellow and BRIA)
• $50,000 commitment - Sisters of Charity (SOC)
• Quarterly face to face work sessions
• Individual supervision with foundation president and program officer
• Monthly Deliverables
What We Know

• Social isolation has some of the same health effects of smoking 15 cigarettes a day

• Chronically-ill older adults discharging from hospitals often lack resources/nutritional knowledge needed to sustain recovery and promote successful aging in place

• More than 457,000 Ohio adults 60+ and 19.4% of older adults in Cuyahoga County are food insecure, resulting in malnutrition and poor health outcomes
What We Know

• Existing programs offer solutions which are not accessible to chronically-ill, isolated older adults.

• Nearly 700,000 older Ohioans are socially isolated.

• Food insecurity and social isolation increase risk for functional decline, increase healthcare costs.
My “BIG IDEA” : Medically Tailored Meals

• Food As Medicine Concept for chronically ill older adults
• Nutrition Solution (NS) is BRIA/RCAW response to food insecurity and social isolation for home bound older adults suffering with chronic illnesses.
• Primary Goals: To reduce hospital readmissions by addressing food insecurity
• Secondary Goal: To reduce social isolation
• Current continuum of food provisions
• Additive Process
The Components of Nutrition Solution

- Medically Tailored Meals (MTMs)
- Enhanced Nutrition Education
- Weekly Wellness Checks
## Comparison

<table>
<thead>
<tr>
<th>Traditional HDM</th>
<th>Nutrition Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>One size fits all approach to HDM</td>
<td>Meals tailored to individual health needs</td>
</tr>
<tr>
<td>General Nutrition Education with a universal focus</td>
<td>Nutrition Education materials specific to the health condition of the older adult.</td>
</tr>
<tr>
<td>Medical providers unaware of food insecurity in older adults</td>
<td>All patients routinely screened pre-discharge for food insecurity</td>
</tr>
<tr>
<td>Providers operate in silos</td>
<td>Coordination of nutritional care and wellness</td>
</tr>
<tr>
<td>Insufficient training to address social isolation and medical costs</td>
<td>Targeted, coordinated approach to care for the most vulnerable older adults</td>
</tr>
</tbody>
</table>
## Benefits

<table>
<thead>
<tr>
<th>Community</th>
<th>Older Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports national mandate to address cost, quality of care, outcomes in healthcare</td>
<td>Receipt of two meals/day addresses issues of food insecurity and malnutrition</td>
</tr>
<tr>
<td>Decreases healthcare costs for highest utilizing patients, thereby minimizing resource drain</td>
<td>MTMs designed to fit the specific nutritional needs of the chronically-ill older adult is a core component of the hospital discharge plan</td>
</tr>
<tr>
<td>Promotes healthy communities: recognizes the critical role of social determinants of health in the overall well-being of the community</td>
<td>Enhanced nutrition education and weekly support calls reinforce MTMs, mitigate social isolation</td>
</tr>
</tbody>
</table>
Program Qualifications

• Medical diagnosis one or more of the “Big Three” hypertension, diabetes, cardiac disease
• Medicaid eligible
• Discharging to home
• Food Insecure
• Socially Isolation
The Client Journey

• Prior to discharge the hospital will screen for food insecurity and social isolation
• Meal Prescription
• Meal Prep to Prescription
• Meal Delivery
• Nutrition Education Delivery bi-weekly
• Weekly wellness calls
• Intake/3month/6month/9month/1year
Nutrition Solution Team

- **Elior-Na (Valley Foods)** – Food Service Provider, marketing & graphic design, registered dietician
- **Local Hospital(s)** – Referral Source
- **Local Organizations for Volunteers** – Wellness Checks
- **BRIA~CRAE** – Data Collection & Analysis
- **RCAW** – Project Coordination, Volunteer Coordinator, HDM Administrator, Project Oversight
- **Sisters of Charity** – Project Guidance
Sustainability

- Year 1: will be treated as a feasibility study
  - Funded via philanthropic community leading with the Sisters of Charity

- Mid Year 1: NS will be introduced to Medicare Advantage Plans

- Additive Structure
Nutrition Solution in Summary

- Partnership with a local hospital
- Delivery of medically-tailored meals
- Enhanced nutrition education
- Formalized feedback loop for change in status reports
- Reduce Social Isolation
Project Summary Continued…

- Reduce Social Isolation
- Standardized, proactive process to minimize hospital readmissions
- Year One Project Costs: $220,000
- Projected Start Date: May 1, 2019
The Unmet Need or The Ask

- Funding Opportunities
- Organizations with community engagement goals i.e. Days of Service
- Volunteers willing to make a minimum of a 6 month commitment
Thank You !!!

Q & A

“Social isolation has the same impact as smoking 15 cigarettes a day.”

~Vivek H. Murthy

United States Surgeon General, 2014
The Maryland Discharge Meal Program:
A Post-Discharge Medically Tailored Meal Program for Older Adults in Maryland

July 10, 2019
Meal Packages Peer Network Presentation
Overview: Maryland Discharge Meal Program

• **Funding**: Part of a 2-year Innovations Grant from the Administration for Community Living

• **Four hospital pilot sites**: University of Maryland Medical Center, University of Maryland St. Joseph's, Peninsula Regional Medical Center, Atlantic General Hospital

• **Other partners**: Maryland Food Bank, Bethesda NEWtrition & Wellness Solutions, Maryland Living Well Center of Excellence, Worcester County Health Department
Goal: Address Malnutrition

• Up to 1 out of 2 older adults are at risk for malnutrition. Malnutrition can increase length of stay by 4 to 6 days and increase healthcare costs by 300%. [1]

• The annual estimated cost of malnutrition in Maryland is $340,440,992. [2]

• The first two weeks following discharge are a vulnerable period, also called “post-hospital syndrome,” where patients are at high risk for malnutrition and readmission. [3,4]

• There are often waitlists for long-term home-delivered meal programs and patients may be ineligible due to homebound criteria. [4]
## Background Research

### Participation in Home-Delivered Meal Programs Leads To...

**Reduced healthcare costs**
- Among a national sample of 14,000 Meals on Wheels recipients, hospital associated Medicare costs decreased by $302,981 (95% CI $265,978 to $339,983) over an average 10 months.\(^1\)
- MAHNA (mealsonwheels.org) participants average monthly healthcare costs decreased by 28% ($10,734) and average inpatient hospital costs decreased by 28% ($20,549).\(^2\)
- Community Savings meals were associated with a 14% net reduction in healthcare costs (gross savings of $504) per month.\(^3\)
- No Hungry Senior participants total cost of care decreased by 54.4% ($2,011,280) 1 year after enrollment.\(^4\)

**Decreased hospitalizations and ED visits**
- Among a national sample of 14,000 Meals on Wheels recipients, hospitalization rates decreased by 29% and ED visits by 28% after 30 days.\(^1\)
- Community Savings participants had 1.8 fewer ED visits and were hospitalized half as often.\(^5\)
- No Hungry Senior participants inpatient admissions decreased by 55.6% and ED visits by 50.3%.\(^6\)

**Shorter length of stay**
- MAHNA participants length of stay declined by 38% and they were 13% more likely to be discharged home instead of a long-term care or rehabilitation facility.\(^5\)

### Table: Comparison of Meal Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Meals per Day</th>
<th>Days per Week</th>
<th>Meals per Patient</th>
<th>Patient Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen Home-Delivered Meals</td>
<td>3 meals</td>
<td>7 days</td>
<td>42 meals/week</td>
<td>Medically tailored meals and medications</td>
</tr>
<tr>
<td>Community Savings</td>
<td>2 meals</td>
<td>7 days</td>
<td>10 meals/week</td>
<td>Medi-cad and Medicare patients</td>
</tr>
<tr>
<td>No Hungry Senior</td>
<td>7 meals</td>
<td>7 days</td>
<td>1 meal/week</td>
<td>Dual eligible Medicare and Medicaid patients</td>
</tr>
</tbody>
</table>

### References

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### Post-Discharge Meal Distribution Programs

Developed for the Maryland Department of Aging

**MAY 2019**

This report was produced for the Maryland Department of Aging (MDA) and provides information on the current state of meal delivery programs in the state. The information was collected through the Maryland Department of Aging and was reviewed by the Maryland Department of Aging's Post-Discharge Meal Distribution Program steering committee. The program was developed and implemented by the Maryland Department of Aging to increase access to nutritious meals for Maryland seniors.

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**Maryland Department of Aging**

1-800-243-3425 | AGING.MARYLAND.GOV
Post-Discharge Meal Packages

• Post-discharge meal packages can address this important service gap and provide a smooth transition from hospital to home.

• With inclusion of referrals to community-based supports, they are more than just a meal; they also address the social determinants of health.

• Meal packages can offer an incentive to bring patients into follow up transitional care visits or to allow hospital/AAA staff to visit patients in their home.
Timeline

- **Aug. 2018 - Sept. 2018**: Established potential pilot sites, surveyed hospital needs (target population, diet types, outcomes, etc.)
- **Oct. 2018**: Finalized partners, held kickoff meeting
- **Nov. 2018 - Mar. 2019**: Finalized menu, educational materials, sourced product *(delayed)*
- **Mar. 2019 - July 2019**: Pilot sites distributed meal packages
- **Aug. 2019 - Sep. 2019**: Outcome analysis, final reporting *(planned)*

**Planning:** 8 months  
**Implementation:** 4 months  
**Evaluation:** 2 months
Target Population

• High risk for readmission

• Malnutrition, food insecurity

• Specific medical diagnosis
  • Congestive heart failure (CHF)
  • Chronic obstructive pulmonary disease (COPD)
  • Diabetes

• > 50 years old
Shelf Stable Medically-Tailored Meals

Most existing programs:

✓ Medically tailored hot/frozen
✓ Non-medically tailored shelf-stable
✓ 1-3 meals, 10-30 days

Maryland’s program:

✓ Shelf-stable medically-tailored
✓ 3 meals & 2 snacks, 12 days
Menu Samples

What’s in your Bag?

**Day 1**
- **Breakfast**: Corn Flakes, Mixed Fruit Cups, PB & Dark Chocolate Granola Bar, Lenny&Larry's Milk Bar
- **Lunch**: Tuna, Cheese, Tomato, Spinach, Wheat Crackers, Mayonnaise To-Go
- **Dinner**: Bagel, Pasta (1/2 bag), Premium Chicken (4/1/2 cup), Green Beans, Mixed Fruits Yogurt
- **Snacks**: Wheat Crackers, Natural Peanut Butter

**Day 2**
- **Breakfast**: Oatmeal, PB & Dark Chocolate Granola Bar, Lenny&Larry's Milk Bar
- **Lunch**: Brown Rice & Quinoa, Sweet Corn, Pineapple Salsa, Chocolate Delight Protein Bar
- **Dinner**: Premium Chicken (4/1/2 cup), Salad, Blood Orange, Mayonnaise To-Go, Wheat Crackers
- **Snacks**: Fruit Snacks, Mixed Fruits Yogurt, Applesauce

**Day 3**
- **Breakfast**: Mini Wheats, Oatmeal, Lenny&Larry's Milk Bar
- **Lunch**: Tuna, Cheese, Carrots, Mixed Fruits Yogurt, Natural Peanut Butter
- **Dinner**: Premium Chicken (4/1/2 cup), Mac & Cheese, Mixed Carrots
- **Snacks**: Fruit Snacks, Mixed Fruits Yogurt, Deluxe Chocolate Protein Bar, Applesauce,ances, Protein Bar

**Nutritional Content**
- **Carbohydrates**: 190 - 220 grams per day
- **Fat**: 45 - 70 grams per meal
- **Sodium**: 1500 - 2000 mg/day

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**Enhanced Healing Meal Packages**

**Day 1**
- **Breakfast**: Corn Flakes, Mixed Fruit Cups, PB & Dark Chocolate Granola Bar, Lenny&Larry's Milk Bar
- **Lunch**: Mini Wheats, Oatmeal, PB & Dark Chocolate Granola Bar, Lenny&Larry's Milk Bar
- **Dinner**: Premium Chicken (4/1/2 cup), Mac & Cheese, Mixed Carrots
- **Snacks**: Fruit Snacks, Mixed Fruits Yogurt, Deluxe Chocolate Protein Bar, Wheat Crackers, Natural Peanut Butter

**Day 2**
- **Breakfast**: Mini Wheats, Oatmeal, PB & Dark Chocolate Granola Bar, Lenny&Larry's Milk Bar
- **Lunch**: Tuna, Cheese, Tomato, Spinach, Wheat Crackers, Mayonnaise To-Go
- **Dinner**: Premium Chicken (4/1/2 cup), Mac & Cheese, Mixed Carrots
- **Snacks**: Fruit Snacks, Mixed Fruits Yogurt, Deluxe Chocolate Protein Bar, Applesauce,ances, Protein Bar

**Day 3**
- **Breakfast**: Oatmeal, PB & Dark Chocolate Granola Bar, Lenny&Larry's Milk Bar
- **Lunch**: Brown Rice & Quinoa, Sweet Corn, Mixed Fruits Yogurt, Natural Peanut Butter
- **Dinner**: Mixed Fruit Cups, Brown Rice, Mayonnaise To-Go
- **Snacks**: Mixed Fruit Cups, Brown Rice, Deluxe Chocolate Protein Bar, Wheat Crackers, Natural Peanut Butter

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**A** Carb-Controlled, Heart-Healthy Meal Packages

**B** Enhanced Healing Meal Packages

Maryland Department of Aging

1-800-243-3425 | AGING.MARYLAND.GOV
Program Eligibility

Which Meal Package Plan?

- Patient has higher nutritional needs or has no dietary restrictions (regular diet order). May include:
  - COPD diagnosis
  - Positive malnutrition risk screen or malnutrition diagnosis
  - Order for dietary supplements

  Provide patient with the Enhanced Healing Meal Package

- Patient has need for diabetes diet and/or heart-healthy diet OR has no dietary restrictions (regular diet order)

  Provide patient with the Carb-Controlled, Heart-Healthy Meal Package

MDMP Patient Selection Flowsheet

Start

Is My Patient Eligible?

Does your patient have any of the following orders at time of discharge?
- A sodium restriction of less than 2000mg per day?
- A fluid restriction of less than 1500mls per day?
- A potassium, phosphorus, or protein restriction
- A modified texture diet order

No to all

Yes to any

Your patient is not eligible for meal packages.

Is any of the following true about your patient at time of discharge?
- Patient is being discharged to a facility that provides more than seven (7) meals per week, (assisted living facility, skilled nursing facility, etc.)
- Patient has a diagnosed food allergy
- Patient has a Celiac Disease

No to all

Yes to any

Your patient is not eligible for meal packages.

Is any of the following true about your patient at time of discharge?
- Patient has no access to refrigeration or storage space (i.e. patient does not have a place of residence)
- Patient has an active substance addiction (including alcohol) and is not currently in active treatment

No to all

Yes to any

Your patient is not eligible for meal packages.

Please see the Community Referral Handout for more options.

Is your patient older than 50?

Yes

No

Your patient is not eligible for meal packages.

Please see the Community Referral Handout for more options.

* Please contact your insurance provider for further resolution if you have any questions or if your patient is not currently eligible. Provide this flowchart to the dietitian and nutrition staff for meal packages found on the back.
Community-Based Referrals

If you need food or other support...

Have you applied for SNAP?

- "SNAP" stands for "Supplemental Nutrition Assistance Program," formerly known as food stamps. SNAP is a government program. You can apply directly to the state or get help with your application. The Maryland (State Information Hotline Number is 1-800-332-6347.
- Maryland Food Bank has a SNAP Outreach Team that can help with your application. Phone: toll-free 1-888-808-727, Monday-Friday 8am to 5pm.

Area Agencies on Aging provide a wide array of services to people 60 or older, including hot or cold home-delivered meals and group dining (senior center meals). To get connected with your local Area Agency on Aging, call the Maryland Department of Aging at 410-767-1100.

Maryland Access Point (MAP) is a one-stop source of information and assistance for long-term services and supports. These include:
- Information on health
- Transportation
- Income and financial aid
- Senior and community centers and clubs
- Nutrition and meals
- Pharmacy assistance
- Housing
- Volunteer opportunities
- And more!

Get connected by calling 1-844-627-5405 or go to www.MarylandAccessPoint.info

If you need food or other support...

Food Pantries want to help.

To find a food pantry in your area:
1. Go to the Maryland Food Bank website http://mfobfoodbank.org
2. Click on the words "Find Food" in the top right-hand corner.
3. Scroll down, then click inside the grey box below the words "Address or Zip Code".
4. Enter your address or zip code, select the "within" radio, and click on "Submit".

Other services can help by easing emotional or financial burdens in other parts of your life. The United Way has a free, confidential information and referral service.
To get help, call 2-1-1, 24 hours a day, 7 days a week.
If you can’t reach them by calling 2-1-1, use these numbers:
- Greater Baltimore: 410-685-0525
- Elsewhere in Maryland: 1-800-692-0018
- TTY (for hearing impaired): 410-685-2259 (weekdays 8:30am-4:30pm)

You can also go to the website www.211md.org
Data Collection

• 16-question patient feedback survey distributed by hospital either in-person, via phone, or by mail to assess patient acceptance

• Tracking data through Chesapeake Regional Information System for our Patients (CRISP) health information exchange (HIE)
  • Hospital admissions and ED visits
  • 30-day readmission rate
  • Healthcare costs
### Survey Results to Date (N=23)

<table>
<thead>
<tr>
<th>“Do you feel the meal packages...”</th>
<th>NUMBER</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped you recover after being in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>91%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Kept you from losing weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>48%</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>52%</td>
</tr>
<tr>
<td>Helped you manage your health condition (for example, hypertension, diabetes, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>87%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>Provided you with food that you wouldn’t have otherwise been able to buy or shop for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>86%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>Provided you with something to eat when you had difficulty preparing your own meals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>74%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Helped you eat healthier food?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>90%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>NUMBER</td>
<td>PERCENTAGE</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Considering all the meal packages combined, how much of the food did you eat?</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>⅛ or less</td>
<td>8</td>
<td>35%</td>
</tr>
<tr>
<td>½ or less</td>
<td>5</td>
<td>22%</td>
</tr>
<tr>
<td>¾ or less</td>
<td>8</td>
<td>35%</td>
</tr>
<tr>
<td>Almost all</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Do you feel the foods met your nutritional needs based on your health condition?</td>
<td>20</td>
<td>91%</td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>91%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Did you have any trouble opening the food packages?</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>91%</td>
</tr>
<tr>
<td>Was it easy to get the meal packages home from your hospital discharge and follow-up visit (if applicable)?</td>
<td>20</td>
<td>87%</td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>87%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>Did the second meal packages make it more likely for you to attend your follow-up visit?</td>
<td>8</td>
<td>57%</td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>57%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>43%</td>
</tr>
<tr>
<td>N/A</td>
<td>9</td>
<td>~</td>
</tr>
<tr>
<td>Question</td>
<td>NUMBER</td>
<td>PERCENTAGE</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Did you find the “What’s In Your Bag” menus provided helpful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>82%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td>Did the pilot program help you connect to organization(s) that provide wellness, meals, financial, housing, caregiver supports (or similar services)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>48%</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>52%</td>
</tr>
<tr>
<td>Did the pilot program help you connect to program(s) that can help you eat better, like senior centers, food pantries, SNAP, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>45%</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>55%</td>
</tr>
<tr>
<td>Of the foods you received what were your top 3 favorites?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuna</td>
<td>11</td>
<td>~</td>
</tr>
<tr>
<td>Cereal</td>
<td>7</td>
<td>~</td>
</tr>
<tr>
<td>Crackers</td>
<td>5</td>
<td>~</td>
</tr>
<tr>
<td>Of the foods you received, what were your 3 least favorite?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>2</td>
<td>~</td>
</tr>
<tr>
<td>Carrots</td>
<td>2</td>
<td>~</td>
</tr>
<tr>
<td>Green Beans</td>
<td>2</td>
<td>~</td>
</tr>
</tbody>
</table>
Participant Quotes

“I can’t drive for a few weeks, so this was extremely helpful!”

“I didn’t have to worry about getting out to buy food.”

“I’m overweight so the fruit cups and craisins were great snacks.”
Thank you!

Judy Simon, MS, RD, LDN Nutrition & Health Promotion Programs Manager
Laura Sena, MSPH, RD, LDN Innovations in Nutrition Services Program Coordinator