



*Live Well,
Age Well*

Innovations in Nutrition Grant* Initiatives

MDoA-MASNP conference call

May 16, 2019

10am

Call in information:

260-639-8679

PIN: 989 167 542#

*Administration for Community Living Grant # 90INNU0002

Presentation Content



What is Malnutrition? Why is it an Important Issue for Older Adults?



Meal Packages



Community Malnutrition Care Pathways



Stepping Up Your Nutrition



HDM Priority Tool Validation Study

What is malnutrition?

Malnutrition is the inadequate intake of nutrients, particularly protein, over time and may contribute to chronic illness and acute disease or illness and infection.

Two or More of the Following*

Weight loss	Insufficient food intake	↓ Body fat ----- ↓ Muscle	Reduced handgrip	Fluid
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- Often associated with general physical wasting
- Linked to chronic disease
- Individuals with malnutrition may be underweight, normal weight, overweight or even obese

Why Older Adult Malnutrition?

1 in 2 older adults at risk

300% increase in healthcare costs for those with poor nutritional status

4 to 6 days longer in the hospital

\$51.3 billion in costs for disease-associated malnutrition in older adults annually

60% of older adults in hospitals may be malnourished

Hidden Co-Morbidity

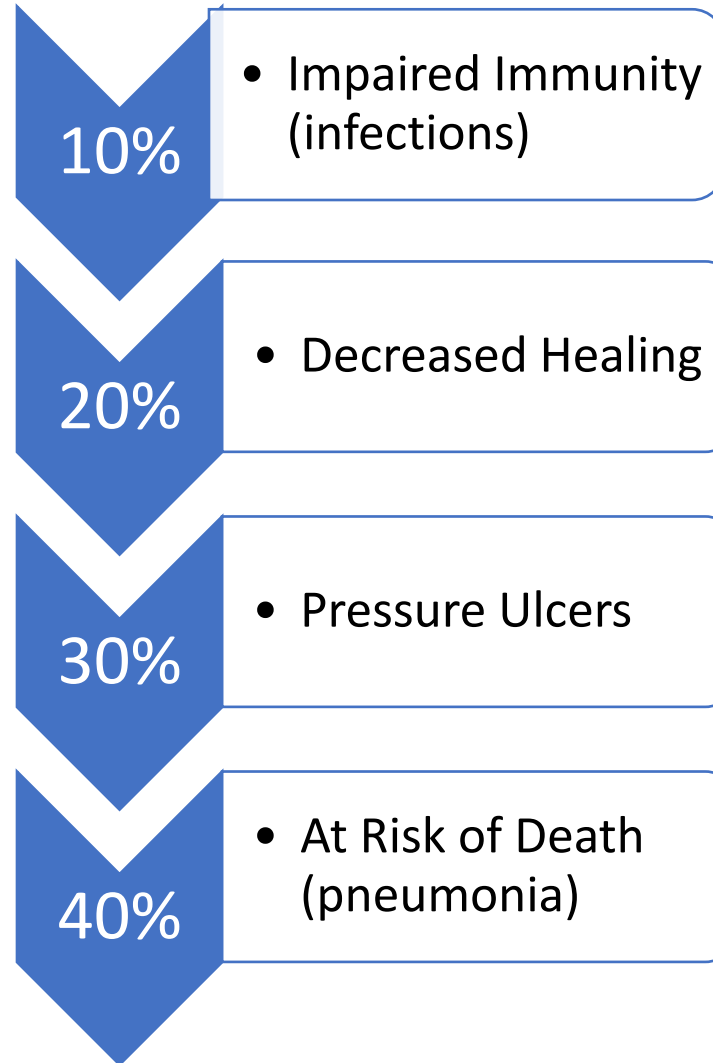
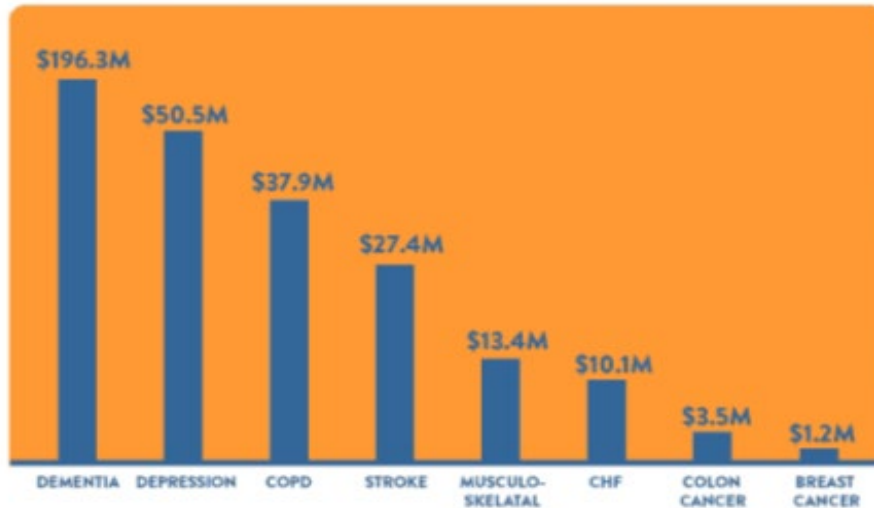
Maryland

ANNUAL ESTIMATED MEDICAL COST:

\$340,440,992

That equals roughly \$55 per person

COST FOR ADDRESSING MALNUTRITION IN THESE 8 COMMON CONDITIONS:



Causes of Malnutrition in Older Adults

- Limited income
- Trouble swallowing/chewing
- Poor dental health
- Changing taste buds
- Living alone
- Medication side effects
- Poor appetite
- Restricted diets
- Lack of mobility
- Depression
- Dementia
- Gastrointestinal problems
- Chronic conditions

Meal Packages

Post-Discharge Meals Program

12 days, shelf stable, medically tailored
Hospitals select at-risk patients, measure
outcomes

Partners: Maryland Food Bank, Bethesda
NEWtrition (BNWS), MAC, University of
Maryland Hospital St Joseph's and Medical
Center, Peninsula Regional Medical Center,
Atlantic General Hospital.

Peer Network for Post Discharge Meals

Slack network

Quarterly calls/webinars (ending Sept 2019
– new home?)

50 national members. Interested? Contact
laura.sena@Maryland.gov

Post-Discharge, Medically-Tailored Meal Packages

What's in your Box?



Boxes either contain:

**Carb-Controlled,
Heart-Healthy
meal plan**

or

**Enhanced
Healing
meal plan**

Each patient only gets one type of meal plan

Use the Patient Selection Flowsheet to help you determine which meal plan is right for your patient



Your patient will either get a Carb-Controlled, Heart-Healthy or a Enhanced Healing meal package plan.

Here are the differences between the two:

- Carb-Controlled, Heart-Healthy**
- Calorie range 1500 – 1700 per day
 - Carbohydrates are 45-55% of total calories in accordance with the adult Dietary Reference Intake*
 - Carbohydrates are spread evenly between meals.
 - Meals are about 3-4 carb choices each and snacks are 1-2 carb choices.
 - Moderate total fat (25 – 33% of total calories)
 - Adequate protein for maintaining muscle (18 – 20% of total calories)
 - Sodium is under 2,000 mg per day

- Enhanced Healing**
(high energy & high protein)
- Higher calories for medical conditions that use more energy (1900 – 2500 Calories per day)
 - Adequate protein for maintaining muscle (over 100 grams per day)
 - No restrictions on fat, carbohydrates, or sodium

Additional information for both meal package plans:

- Easy to prepare. Requires:
 - Spreading with a knife
 - Opening a can
 - Pulling off a cap
 - Mixing
 - Puncturing with a straw
 - Pulling open a package
- Additional kitchen items required:
 - Water
 - Bowls & plates
 - Forks, knives & spoons
 - Can opener
 - Microwave
 - Optional: scissors (if patient has difficulty opening packages)

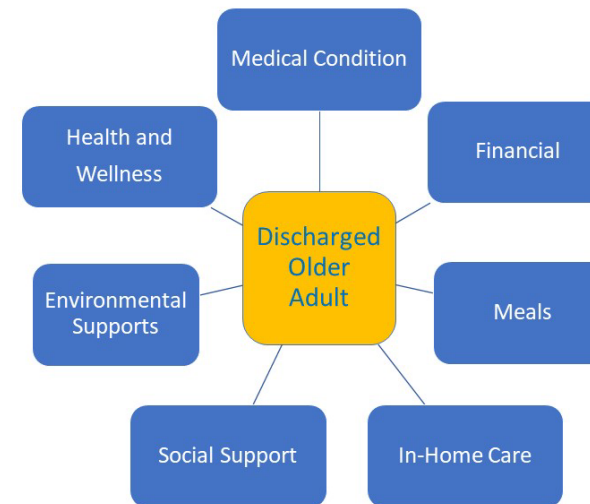
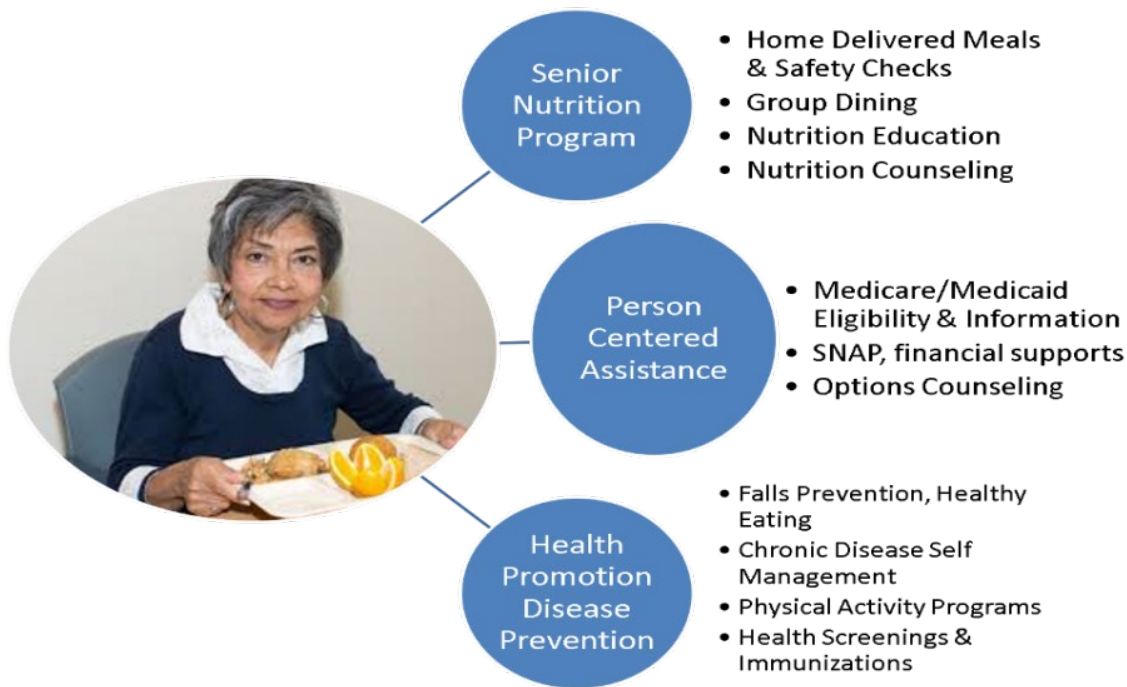
Grant funds from the Administration for Community Living (ACL) and the Maryland Department of Aging assisted in the development of this material. Points of view or opinions contained herein are those of the authors and do not necessarily represent the official position or policies of the ACL or Department.



*SOURCE: Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (2002/2005). <https://www.ncbi.nlm.nih.gov/books/NBK56068/table/summarytables.t5/?report=objectonly>

Community Malnutrition Care Pathways

Aging Network Solutions Addressing Socio-Behavioral Determinants of Health



Support	Team Members Involved
Environmental Supports	CHW, SW
Financial	CHW, SW
Health and Wellness	HWC, SC
In-Home Care	CHW, SW
Meals	HDM, SC
Medical Condition	RDN, RN
Social Support	SC, SW

Team Member Key:

CHW = Community Health Worker; HDM = Home Delivered Meals coordinator; HWC = Health and Wellness coordinator; RDN = Registered Dietitian Nutritionist; RN = Registered Nurse; SC = Senior Center staff; SW = Social Work staff.

Partners: AAA Pilot sites (Baltimore City, Carroll Co, MAC, Washington Co), BNWS consultants.

Product: Community Malnutrition Toolkit (Summer-Fall 2019)

HDM Priority Tool

- Cognitive interviews completed by University of Maryland to ensure questions in the tool are understood by respondents
- Validation study underway with 200 home delivered meal applicants to determine if higher priority level is associated with poorer diet quality, lower socioeconomic status, and use of coping strategies
- Mobile phone app being created to allow for easy re-assessment and data recording
- Graphic designer working on paper version to make tool more approachable and user-friendly



STEPPING UP YOUR NUTRITION

2.5 Hour Workshop Paired with Evidence-Based Programs

Workshop Goal: Understand the importance of balanced nutrition for the prevention of falls and how to identify the key warning signs of poor nutrition.

Key Messages:

- Nutrition status and muscle health are linked to falls risk
- Exercise and protein are key factors to help maintain and build strong muscles
- How to take action and collaborate with your health care provider to reduce falls risk
- How to find local resources for food/nutrition services

Measuring Malnutrition Risk Level

**High Nutrition Risk:
Score below 50**

Consult with your healthcare team as soon as possible to address the areas of nutrition concern and improve your nutrition status. identify resources to help you reduce your risk.

**Moderate Nutrition Risk:
Score 50-54**

Take Action to improve your nutrition health. Discuss options with your healthcare team and identify resources to help you reduce your risk.

**Low Nutrition Risk:
Score above 54**

Keep up the good work! Your eating habits are working to keep you healthy and strong.

Stepping Up Your Nutrition Evaluation

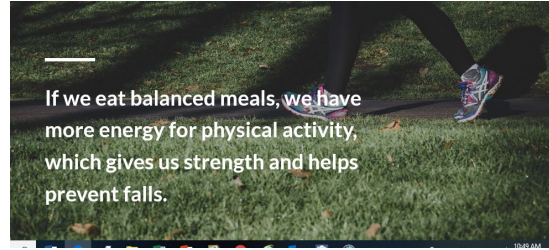
- Documentation of Malnutrition and Food Insecurity Risk
 - Referral to provider/services for at risk individuals
 - Referral to Food Banks and other community resources for food insecurity
 - Screening for social determinants/social isolation
 - Referral to appropriate evidence-based programs
- Pre/Post Knowledge and Behavior change Assessment (week 1 and end of week 7)
- Grip Strength measurement (week 1 and end of week 7); potential follow-up at 3 months
- Malnutrition Risk, Grip Strength and Action Plan shared with provider





Jan 1 2018 – April 28 2019: 415 Participants 40 Workshops, 11 Counties

QUESTION	PERCENT	
Live alone	94%	
Age 70 - 89	91%	
Race, Ethnicity	AA 63%	Caucasian 36%
Eat one or more meals with someone	Sometimes 48%	Never 13%
Difficulty getting groceries	Sometimes 19%	Often 4%
Food just didn't last, no \$ for more	Sometimes 14%	Often 2%
Skip meals	Sometimes 46%	Often 4%
Have someone to eat healthy meals with	Sometimes 48%	Rarely 5%
Unintentional weight loss	24%	



SUYN Early Success and Next Steps

- The International Council on Active Aging® (ICAA) August 2017 ICAA Innovators Achievement Award
- National Association of Area Agencies on Aging (n4a) 2018 Aging Innovations Award
- Transition from in-person to online interactive training available soon

