

NUTRITION SOLUTION

THE INNOVATION MISSION

Fighting poverty with big ideas.

Decrease hospital readmissions, reduce health care costs, and address food insecurity and social isolation by utilizing the existing Home Delivered Meals (HDM) for older adults 60+ suffering from hypertension, cardiac disease, and/or diabetes.

SOCIAL ISOLATION HAS SOME OF THE SAME IMPACTS AS SMOKING 15 CIGARETTES PER DAY.

16.2% TOTAL POPULATION ARE 65+*

19.4% OLDER ADULTS ARE FOOD INSECURE*

*Data is representative of Cuyahoga County

The journey through Nutrition Solution

1

Hospital Admission

A low-income older adult suffering from one of the Big 3 chronic health diseases; hypertension, cardiac disease or diabetes is admitted into the hospital for treatment.

2

Screening

Upon admission the hospital intake staff ask a series of questions regarding food access and isolation and determines low income status. This older adult is unable to access food through existing food resources or prepare their own meals due to their condition.

Yes or No. We worried whether our food would run out before we got money to buy more.

3

Meal Prescription

Upon discharge, the hospital issues a prescription for medically tailored meals (MTM) to each patient's specific dietetic needs to be filled by Rose Centers for Aging Well (RCAW). RCAW will fill the food prescription in 24 hours to minimize a lapse in food between discharging and arriving home.

4

Meal Prep & Delivery

RCAW accepts the food prescription and refers it to the food provider who will then select the appropriate menu items based on the federal nutrition guidelines and under the supervision of a registered dietitian. The older adult will be added to the delivery route for daily delivery.

5

Wellness Calls

Corporate and community volunteers will be trained to offer telephone based nutritional and social support to older adults receiving Nutrition Solution services. Volunteers will spend approximately 20 minutes each week talking with their matched older adult by phone, reviewing the nutritional education materials and helping to reduce the older adult's social isolation. The older adult will receive wellness calls from three months to one year depending on when services begin.

program qualifications

- A. Medical diagnosis one of three chronic diseases: hyper tension, diabetes, cardiac disease
- B. Medicaid eligible
- C. Discharging to home
- D. Food insecure
- E. Socially Isolated

Key definitions

Medically Tailored Meals (MTM):

Home delivered meals (HDM) for patients with chronic health issues tailored to fit complex medical and nutritional needs, medications, side effects, allergies and other needs of those living with severe/chronic conditions delivered with a medical nutrition therapy component

Traditional HDM

Standard meals w/o consideration of medical needs. One hot meal daily delivered for a noon time meal with generic nutrition education

MTM vs. HDM

Home delivered	●	●
Complex medical needs considered	●	
Nutrition therapy component	●	
More than 1 meal provided	●	

Why should hospitals care?

- Hospitals that partner with MTM initiatives can count this activity as part of the “community benefits” required to maintain non-profit federal tax status
- Helps hospital address challenges of the Triple Aim
 1. **Improve quality of patient experience**
 - Live more independently
 - Eat more nutritiously
 - Manage medical treatment, medications more effectively
 - Reduce readmissions
 2. **Achieve better health outcomes** Malnourished, chronically ill older adults are almost 2x as likely to be readmitted in 15 days.
 3. **Reduce health care costs** Overall health care costs for malnourished older adults are 3x as high
- Embodies key to real health care reform—serves as a bridge between on-the-ground knowledge of community-based organizations and population expertise of health care organizations.

Why should insurance companies care?

- Food insecurity is a strong predictor of higher health care utilization costs
- Increased medical office and emergency department visits, hospitalizations, and admissions to long-term care facilities
- Increased burden on health care expenditures. An additional...
 - \$1,863 in excess expenses**/food-insecure person/year
 - \$5,144 in heart disease expenses**/food-insecure person/year
 - \$4,414 for diabetes expenses**/food-insecure person/year
 - \$2,176 in hypertension expenses**/food-insecure person/year
- 5% of the Medicaid population consumes 50% of health care costs
- Food-insecure households spend 45% more on medical care than those in food-secure homes

OVER 75% OF HEALTH CARE COSTS ARE DUE TO CHRONIC CONDITIONS, MOST OF WHICH ARE BEST MANAGED WITH DIET RELATED INTERVENTIONS.¹

\$23,500
THE COST OF DIABETES-RELATED HOSPITALIZATION/PERSON/VISIT, NEARLY 2X THE AVERAGE COST OF NON-DIABETES HOSPITALIZATION¹

LENGTH OF HOSPITAL STAYS FOR MALNOURISHED PATIENTS CAN BE EXTENDED BY UP TO 90%, RESULTING IN HOSPITAL COSTS THAT ARE 35-75% HIGHER.²

¹ The impact of poverty, food insecurity, and poor nutrition on health and well-being. Food Action and Resource Center, December 2017.

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