



**The National
Resource Center on
Nutrition & Aging**

INNOVATIONS IN NUTRITION PROGRAMS AND SERVICES

APRIL 14, 2020

Challenges Question
Why?

What stops you



The National
Resource Center on
Nutrition & Aging

**WELCOME AND
INTRODUCTIONS**



MISSOURI NUTRITION INNOVATIONS

April 2020

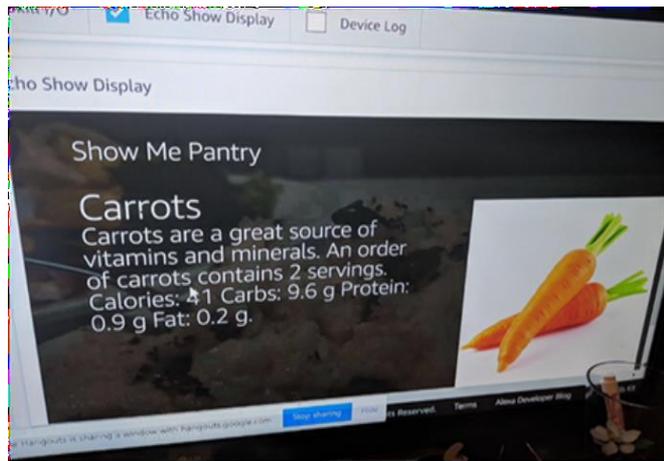
INNOVATION STORY

- *Aging Ahead, Choice Counts*: Improve service, delivery, and cost-effectiveness of congregate nutrition programming for older people at high risk of malnutrition.
- *Mid-America Regional Council (MARC)*: Use Amazon Echo, through Show Me Pantry, to connect clients to extant community resources, improve delivery, and cost-effectiveness of in-home nutrition for older people at high risk of malnutrition.



PROJECT DESCRIPTION

- *Choice Counts used data card technology to improve service delivery and cost-effectiveness of congregate nutrition programming*



- *MARC used voice technology to improve service, delivery, and cost-effectiveness of in-home nutrition*



KEY LEARNING(S)

Choice Counts

- Strong demand for alternative congregate nutrition models exists
- Having a solid, workable technology tailored to program needs is essential

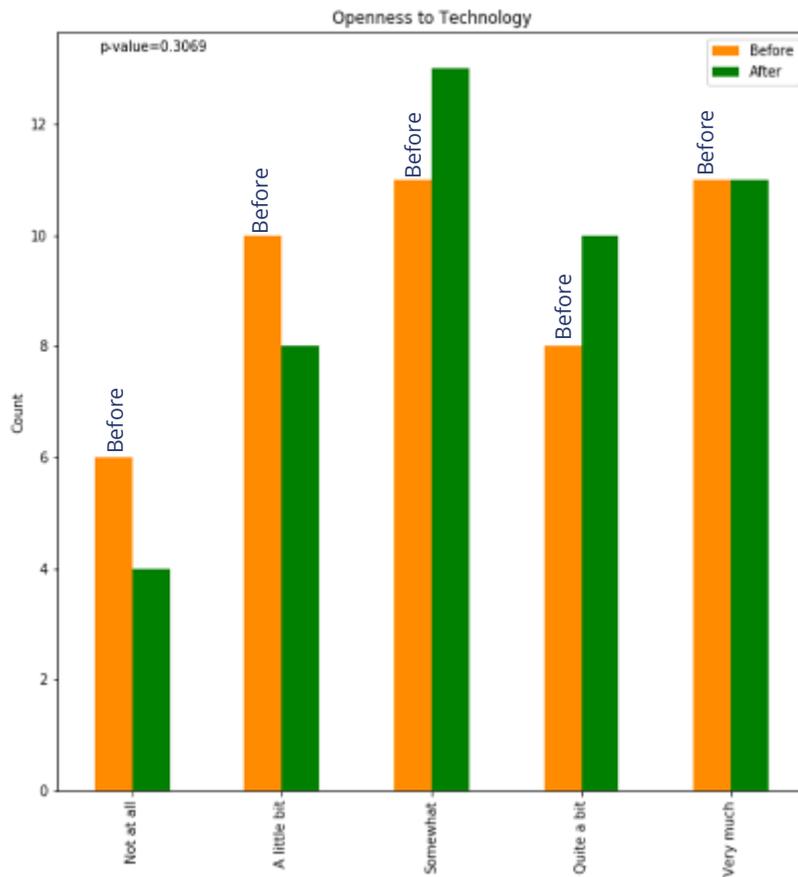
MARC

- Supplemental nutrition and choice remains essential to home-delivered meals participants
- Technology savviness is polarized – voice tech still emerging

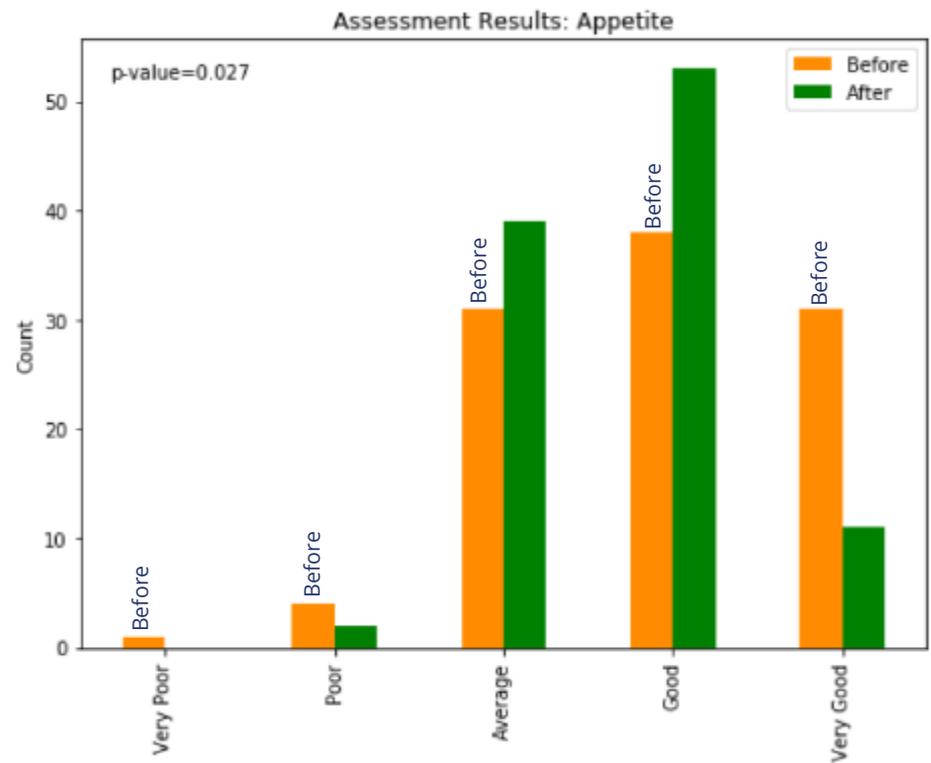


KEY DATA POINTS

MARC



Choice Counts



KEY CHALLENGES OVERCOME

- Technology availability and customization
- Staff and client openness to technology
- High-speed internet access is poor



PROJECT IMPACT

- Staff gained transferable skills – solving one problem leads = more problems solved!
- Client choice and preference has become core
 - Driving selection of new technologies
- Brand new partners and models



SUGGESTIONS FOR REPLICATION

- Use simple technology
- Test expertise of partners and ready a plan B
- Assign a competent, dedicated team
- Listen to your clients – human service principles should drive technology applications



ADVICE TO PEERS

- Technology is best as a supplement to change, rather than a primary driver
- Acknowledge and prepare for a spectrum of interest and impact
- Absorb learnings to propel further innovation



THANK YOU

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**BRIDGING HIGH QUALITY MALNUTRITION
SCREENING, ASSESSMENT AND INTERVENTION FROM
HOSPITAL TO HOME
OR
BRIDGING MALNUTRITION TRANSITIONS OF CARE**
April 14, 2020

INNOVATION: BRIDGING

Bridging

- The act of connecting
- Communication from one setting to another
- Malnutrition education (unidirectional)
- Malnutrition screening, assessment and intervention (bi-directional)



INNOVATION: NUTRITION ASSESSMENT & INTERVENTION

- Various screening
- Assessments rarely performed
- Appropriate interventions require assessment
- Community clinical process
 - Need for continuum of care
 - Transitions of care
 - Team-based approach
- Intervention RDN team-based
 - Nutrition-focused physical exam



PROJECT DESCRIPTION

Impact of RDN Malnutrition Assessment /Intervention on Hospital Re-admissions

Single-Blinded Study Design

Referrals to Project RDNs	Comprehensive Malnutrition Assessment and Care Plan
<ul style="list-style-type: none">• 2 hospital/clinic-based partners• 4 AAAs• Various screenings• HDM eligible• Recent hospital discharge	<ul style="list-style-type: none">• Bio/psycho/social data• Nutrition-focused physical exam• Intervention for 6 months• Home visit and telephone contact



DATA: PRELIMINARY RESULTS

- Project on going.... 2019 ACL grant award
- Major characteristics of the **Avg. MOW participant:**

- 75 yrs.
- Female
- Lives in a home alone
- Divorced
- inadequate finances
- 44% use other services (ie. food stamps, HEAT, lifeline, food pantry/bank, subsidized housing, tax abatements)
- U.S. citizen or resident
- not a vet or spouse of a vet

- About half have pets
- Report anxiety: 60%
- Report depression: 58%
- Able to heat and serve pre-made meals
- Able to eat independently
- Can feed, dress, and groom themselves, but requires assistance ambulating
- Have had UWL in the past 6 months



KEY CHALLENGES: MALNUTRITION TRANSITIONS OF CARE BRIDGING

- 1st steps in building a malnutrition transitions of care bridge
 - Who are the players?
 - Who can take leadership role(s)?
 - Who recognizes the importance?
 - Who has time/effort/financial support?
 - Who can mainstream the process?
 - ***Who has the motivation?!?***



KEY CHALLENGES: CHANGE

- Crisis is an opportunity to change (\$, staffing, policy)
- Disruption creates room for new ideas
 - *Innovators are disrupters*
- *Ability to reflect and analyze change*
 - Vision should be simple and easy to put into place
 - Rethinking collaboration intra- and inter-agency
 - Re-evaluate steps for implementation
- A new habit can be triggered by a goal
 - Overtime goal becomes less necessary



PROJECT IMPACT: COORDINATION OF SERVICES

- Client impact:
 - Improved understanding of the importance of nutrition
 - Care plan development with specific recommendations
 - Improved their ability to implement recommendations
- Organization/community impact:
 - Full recognition of multiple health and healthcare players
 - Improved knowledge of nutrition therapy process
 - Understanding RDNs role
 - Nutrition intervention evaluation in each setting



SUGGESTIONS FOR REPLICATION

- Think outside the current box
- Look for partners across the continuum of care
- Offer RDN services
- Track outcomes of RDN/malnutrition interventions
- Pursue funding from internal and external sources



ADVICE TO PEERS

- Fully explore the interest and dedication of potential partners
- Have a clear idea of what can be brought to the table
- Do not assume everyone has a clear understanding of malnutrition assessment and intervention
- Communicate early and often
- Partners need to have a clear vision
- “Learning our way forward”
- Get excited about innovations!



THANK YOU

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PROJECT UPDATE



**The National
Resource Center on
Nutrition & Aging**

ROUND ROBIN

ROUND ROBIN QUESTIONS

- Describe how your project was in fact ‘innovative’?
- How will your innovation project(s) be sustained?
- What new partner(s) did your organization engage/does your organization plan to engage with going forward to grow or sustain the new nutrition programs/services you have established?
- Discuss any COVID-19 changes to how your innovation project is being currently implemented.



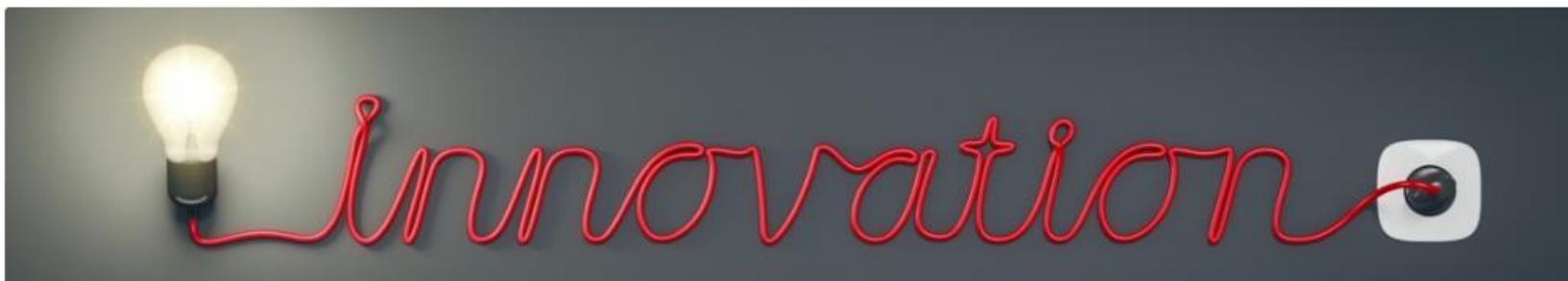


**The National
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2017

**ACL INNOVATIONS IN
NUTRITION
PROGRAMS AND
SERVICES HUB**

RESOURCE HUB OVERVIEW



In 2017, the Administration for Community Living awarded six grantees funding for innovative projects that will enhance the quality, effectiveness, and outcomes of nutrition services programs provided by the national aging services network. The six grants totaled \$742,872 for the two-year project period. Through this grant program, innovative and promising practices that can be scaled across the country have been identified with a goal to increase use of evidence-informed practices within the nutrition programs.

The Innovations in Nutrition Programs and Services Resource Hub contains documents for senior nutrition programs to understand and replicate the inventive programs and services piloted by the 2017 ACL grantees.

 **BRIEFS AND RESOURCE COMPENDIUM** ↓

 **KEY ARCHIVED NRCNA WEBINARS** ↓

 **ADDITIONAL RESOURCES** ↓

Website: <https://nutritionandaging.org/innovation-services-hub/>

RESOURCE HUB OVERVIEW

ADMINISTRATION FOR COMMUNITY LIVING INNOVATIONS IN NUTRITION PROGRAMS AND SERVICES CAPSTONE SERIES

ORGANIZATION

Live ON NY in partnership with Columbia University and New York City Department of Health and Mental Hygiene

ADDRESSING THE NEEDS OF HOME DELIVERED MEALS

ABOUT US

LiveOn NY is the voice of older New Yorkers and their technical assistants, changing how policies and programs are making

PROJECT PURPOSE

- The goal of the innovation is to deliver meals that support oral health and dental care

PROJECT LENGTH

- Two years

KEY PARAMETERS

- Population targeted
- Geographic setting
- Service delivery settings
- Services offered: telephonic care kits
- Number of staff/FTEs
- Total grant funds received
- Total project period
- Total funding leveraged

PROJECT COMPONENTS

- Test the utility of oral health kits for clients in need
- Develop and deliver oral health kits
- Coordinate the program



Innovation: Part Discipline, Part Creativity, All Possible
Summary Brief

Introduction

Our world is moving at a lightning speed. And, it's no illusion: with technological advancements, a global economy, cultural shifts, and new generational perspectives, it's no wonder that emerging ideas, products, and policies seem to introduce daily disruptions. Commonly referred to as innovations, we witness, experience, and adopt these changes as consumers everyday. What's challenging, however, is the ability to embrace or even catalyze an innovation within our professional lives. Today, all stakeholders—from intern to chairman of the board—are prioritizing innovation.

Beyond the buzzword lies opportunity for disciplined creativity. We cannot simply say we want to innovate, we must understand why we should innovate, build a culture of innovation, fail forward and learn and grow from our attempts.

What is innovation?

Let's explore the four basic steps to innovation to guide you as you begin your journey.

1. Understand.

Listen with curiosity.
Understand the value you offer to audiences—and what can be added to improve service delivery.

Listen with empathy.

Walk in your audience's shoes without any assumptions or expectations—here is where you find the pleasant surprises!

Listen with intent.

Get started with your listening initiative and map out your mission, program by program.

2. Identify.

Assess the challenges.
You cannot manage what you cannot measure. So, developing a reliable tracking system of challenges is critical.

Prioritize the challenges.

Who are you inviting to the table to identify the challenges with the biggest return on innovation?



Be open minded in your selection.

Isolate the challenges.

Avoid "analysis paralysis." Start small so you can gain some quick-wins and encourage your organization to support the initiative.

3. Brainstorm.

Brainstorm together.
When cross-functional and unlikely teammates are paired up to brainstorm solutions, they are more likely to find novel connections—creating more value for the organization.

Brainstorm bravely.

Set ground rules that encourage curious and open thinking. "Blue-sky" brainstorming allows your organization to truly explore the possibilities.



Innovation Process

Brainstorm nimbly.

Don't get stuck on the finer details, and don't wait. Funding cycles need not determine operation cycles.

4. Prototype/test.

Assess feasibility.
Ask yourself: Will your innovative idea work?

Written by: Laura Kisailus, madebydarwin.com. Commissioned by the NRCNA.



MEAL PACKAGE PEER NETWORK: LEARN ABOUT SLACK



Prepared by: Laura Sena

UPCOMING TRAINING



Innovations in Nutrition Programs and Services – Part 2

- **Hosts:** NRCNA
- **When:** Tuesday, April 21, 2020
- **Speakers:**
 - Susan Hayes (Health Promotion Council),
 - Tim Getty (Heritage Agency on Aging), and
 - Judy Simon (Maryland Department on Aging)
- **To Register:** Visit Us Online @ www.nutritionandaging.org/training





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THANK YOU

**PLEASE COMPLETE THE
EVALUATION**