The National Resource Center on Nutrition & Aging

UNDERSTANDING AND DOCUMENTING KEY CLIENT IMPACT METRICS

DAVID R. BUYS, PhD, MSPH, CPH
DEBRA KING, MS, RD, LD
UCHEOMA AKOBUNDU, PHD, RD

July 25, 2018

The National Resource Center on Nutrition & Aging

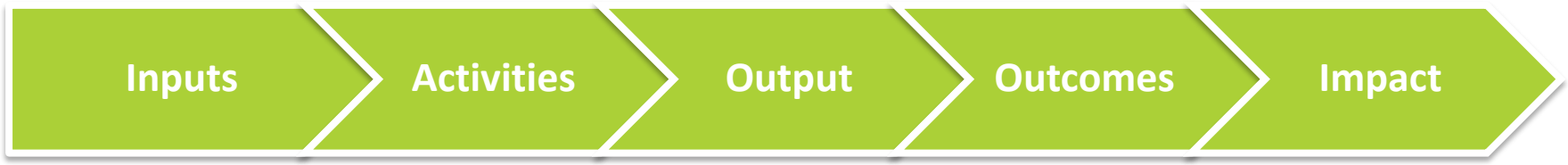
UNDERSTANDING AND DOCUMENTING KEY CLIENT IMPACT METRICS

DAVID R. BUYS, PhD, MSPH, CPH

July 25, 2018

QUESTION 1:
"MEALS ON WHEELS OF MAYBERRY, NC, REACHED 25 CLIENTS WITH DAILY MEAL SERVICE IN 2017."
THIS IS AN EXAMPLE OF:

A) ACTIVITY
B) OUTPUT
C) OUTCOME
D) IMPACT


Inputs
Activities
Output
Outcomes
Impact

BUT FIRST, WHY?

- Government-funded programs are always subject to being reviewed.

- Private donors or non-profits also want to know that their investments are good ones.

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
PREPARE FOR A F*$@ING TWEETSTORM OF RESULTS

> **Domenico Montanaro** @DomenicoNPR
> Mulvaney just said that Meals on Wheels is one of those programs "not showing any results"

60 1.2K 1.9K

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Here's an RCT showing that Meals on Wheels may reduce the risk of falls in elderly people: ncbi.nlm.nih.gov/pubmed/27798291

6 251 288

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Here's a RCT that shows that Meals on Wheels reduced loneliness scores: ncbi.nlm.nih.gov/pubmed/26613620

1 210 261

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Here's a pilot study that shows that Meals on Wheels may have improved medication adherence rates: ncbi.nlm.nih.gov/pubmed/26450144

1 196 261

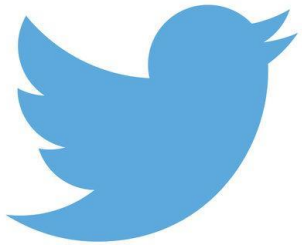
Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Here's a F@$&ing systematic review of FIFTY-FOUR articles showing that Meals on Wheels improves nutritional status: ncbi.nlm.nih.gov/pubmed/26444749

14 474 497

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Here's a pilot study showing that Meals on Wheels improves nutrition, diet, well being, loneliness,& food security: ncbi.nlm.nih.gov/pubmed/26106989

8 261 312

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Here's a study showing Meals on Wheels supports transitions from hospital to home: ncbi.nlm.nih.gov/pubmed/26106988



Aa… 17
He… EVIEW showing that Meals on
Wh… sults:
ncb…

3 151 198

Aa… 17
He… er programs) showing who they
ser… /pubmed/26106983

Aaron E. Carroll
@aaronecarroll
Following

And get this - everything I just tweeted? All of it? IS JUST THE STUFF FROM 2015, 2016, AND 2017.

2:55 PM - 16 Mar 2017

89 Retweets **184** Likes

3 89 184

Tweet your reply

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Replying to @aaronecarroll
So don't tell me there's no "results". Especially when so much of what we fund and pay for has LITERALLY NO RESULTS.

11 68 186

Aaron E. Carroll @aaronecarroll · 16 Mar 2017
Here endeth the storm. DO NOT MAKE ME GO INTO 2014 AND EARLIER!!!!

12 34 179

The New York Times

TheUpshot

THE NEW HEALTH CARE

The Cost Can Be Debated, but Meals on Wheels Gets Results

By Aaron E. Carroll

March 17, 2017

- **Inputs:** those things that we use in the project to implement it. For example, things like human resources (personnel), finances in the form of money, vehicles, volunteers, and equipment. Inputs ensure that it is possible to deliver the intended results of a project.

- **Activities:** actions associated with delivering project goals. In other words, they are what the personnel/employees do in order to achieve the aims of the project.

- **Outputs:** the first level of results associated with a project; these are the direct immediate term results associated with a project. These are typically numbers of people service, services rendered, products dispensed, etc.

- **Outcome:** the second level of results associated with a project; these are the medium term consequences of the project. Outcomes usually relate to the project goal or aim. These may be percentages, which can speak to change in reach.

- **Impact:** the third level of project results; this is the long term consequence of a project. It is sometimes difficult to ascertain the impact of a project since other projects, may lead to the same impact. These may include increasing time older adults age in place, reducing hospital readmissions, improving quality of life.

Public Health Nutrition: 14(8), 1473–1478 doi:10.1017/S1368980010002888

Recruitment of volunteers for a home-delivered meals programme serving homebound older adults: a theoretically derived programme among faith communities

David R Buys[1], Malcolm L Marler[2], Caroline O Robinson[1], Christopher M Hamlin[3] and Julie L Locher[1,4,*]

[1]Department of Sociology, Division of Gerontology, Geriatrics and Palliative Care, Center for Aging, University of Alabama at Birmingham, CH19–218F, 1530 3rd Avenue South, Birmingham, AL 35294-2041, USA: [2]Pastoral Care, University of Alabama at Birmingham, Birmingham, AL, USA: [3]The 1917 Clinic, University of Alabama at Birmingham, Birmingham, AL, USA: [4]Department of Health Care Organization and Policy, Lister Hill Center for Health Policy, University of Alabama at Birmingham, Birmingham, AL, USA

Abstract

Objective: Home-delivered nutrition programmes that are federally subsidized by the US Administration on Aging seek to ensure that socially isolated older adults who are unable to purchase and prepare their own food have nutritious meals delivered to them regularly by both employed and volunteer staff. Unfortunately, there are long waiting lists in some neighbourhoods that are often due to a shortage of volunteers. The present paper describes a theoretically driven community-based project designed to increase volunteer participation in serving Meals on Wheels (MOW) clients.

Design: A Support Team model was applied in the project wherein existing social capital among religious faith communities, and social networks within those organizations, was joined with a local MOW programme to create a sustainable meal delivery route to vulnerable homebound older adults.

Setting: The programme participants were in one underserved neighbourhood in Birmingham, Alabama, an urban city in the south-eastern USA.

Subjects: The subjects under consideration are both MOW clients and volunteers. MOW clients are those individuals aged 60 years and above who qualify for the service; the volunteers are from community churches.

Results: One volunteer route, comprising six congregations that delivered meals to sixteen homebound older adults, was created. The route served more than 2000 meals in 2006 (the year the programme began) and continues to serve clients today.

Conclusions: The programme's successful implementation provides evidence that reliance on theory is critical in planning and developing effective community-based programme interventions.

Favorite foods of older adults living in the Black Belt Region of the United States. Influences of ethnicity, gender, and education ☆

Appetite 63 (2013) 18–23

Yongbin Yang [a], David R. Buys [b,c,d], Suzanne E. Judd [e], Barbara A. Gower [a,d,g], Julie L. Locher

A B S T R A C T

The purpose of this study was to examine food preferences of older adults living in the Black Belt Region of the Southeastern United States and the extent to which food preferences vary according to ethnicity, gender, and educational level. 270 older adults who were receiving home health services were interviewed in their home and were queried regarding their favorite foods. Descriptive statistics were used to characterize the sample. Chi-square analysis or one-way analyses of variance was used, where appropriate, in bivariate analyses, and logistic regression models were used in multivariate analyses. A total of 1,857 favorite foods were reported (mean per person = 6.88). The top ten favorite foods reported included: (1) chicken (of any kind), (2) collard greens, (3) cornbread, (4) green or string beans, (5) fish (fried catfish is implied), (6) turnip greens, (7) potatoes, (8) apples, (9) tomatoes, fried chicken, and eggs tied, and (10) steak and ice cream tied. African Americans and those with lower levels of education were more likely to report traditional Southern foods among their favorite foods and had a more limited repertoire of favorite foods. Findings have implications for understanding health disparities that may be associated with diet and development of culturally-appropriate nutrition interventions.

A State-Level Examination of the Association Between Home and Community-Based Services and Rates of Nursing Home Residency with Special Attention to Nutrition Programs

DAVID R. BUYS, PhD

Center for Outcomes and Effectiveness Research and Education; Division of Gerontology, Geriatrics, and Palliative Care; and Center for Aging, University of Alabama at Birmingham, Birmingham, Alabama, USA

CASEY BORCH, PhD

Department of Sociology, University of Alabama at Birmingham, Birmingham, Alabama, USA

MEREDITH KILGORE, PhD

Center for Aging; Department of Health Care Organization and Policy; and Lister Hill Center for Health Policy, University of Alabama at Birmingham, Birmingham, Alabama, USA

CLAIRE A. ZIZZA, PhD, RD

Department of Nutrition, Dietetics, and Hospitality Management, Auburn University, Auburn, Alabama, USA

JULIE L. LOCHER, PhD, MSPH

Center for Outcomes and Effectiveness Research and Education; Division of Gerontology, Geriatrics, and Palliative Care; Center for Aging; Department of Sociology; Department of Health Care Organization and Policy; and Lister Hill Center for Health Policy, University of Alabama at Birmingham, Birmingham, Alabama, USA

Federal food and nutrition programs implemented by the Administration on Aging and funded by the Older Americans Act (OAA) seek to enable older adults to remain in their homes and communities through a comprehensive, coordinated, and cost-effective array of services. We hypothesized that expenditures devoted to nutrition programs for home and community-based nutrition services were inversely related to changes in state-level rates of institutionalization for older adults from one year to the next, such that states that spend more money per capita on community-based nutrition programs would have smaller increases or greater decreases in rates of institutionalization, controlling for expenditures on other home and community-based services. We found, however, that there was not an effect of OAA Nutrition Services on the change in rates of nursing home residency. We noted, though, that states that direct a greater proportion of their long-term care expenditures to home and community-based services appear to have more reduction in their rates of nursing home residency. Further longitudinal work at the state and individual levels is warranted.

QUESTION 2:
IN 2015, HOW MANY PUBLICATIONS DO YOU BELIEVE INCLUDED OUTPUT, OUTCOMES, OR IMPACT DATA FROM HOME DELIVERED MEALS PROGRAMS?

A) 150-175
B) 125-149
C) 100-124
D) 75-99

Aaron E. Carroll @aaronecarroll · 16 Mar 2017

Here's ANOTHER SYSTEMATIC REVIEW showing that Meals on Wheels calling for more research, but also w/results:
ncbi.nlm.nih.gov/pubmed/26106985

3 118 210

Does Participation in Home-Delivered Meals Programs Improve Outcomes for Older Adults? Results of a Systematic Review

ANTHONY D. CAMPBELL, MSW, MA

Department of Sociology, University of Alabama at Birmingham, Birmingham, Alabama, USA

ALICE GODFRYD

Department of Health Care Organization and Policy, University of Alabama at Birmingham, Birmingham, Alabama, USA

DAVID R. BUYS, PhD, MSPH

Department of Food Science, Nutrition, and Health Promotion, Mississippi State University, Mississippi State, Mississippi, USA; Mississippi State University Extension Service, Mississippi State, Mississippi, USA; Mississippi Agriculture and Forestry Experiment Station, Mississippi State University, Mississippi State, Mississippi, USA; and Division of Gerontology, Geriatrics, and Palliative Care, University of Alabama at Birmingham, Birmingham, Alabama, USA

JULIE L. LOCHER, PhD, MSPH

Division of Gerontology, Geriatrics, and Palliative Care, University of Alabama at Birmingham, Birmingham, Alabama, USA; Comprehensive Center for Healthy Aging, University of Alabama at Birmingham, Birmingham, Alabama, USA; Nutrition Obesity Research Center, University of Alabama at Birmingham, Birmingham, Alabama, USA; and Department of Health Care Organization and Policy, University of Alabama at Birmingham, Birmingham, Alabama, USA

Participation in home-delivered meals programs may contribute to the health and independence of older adults living in the community, especially those who are food insecure or those who are making transitions from acute, subacute, and chronic care settings to the home. The purpose of this study was to conduct a comprehensive and systematic review of all studies related to home-delivered meals in order to shed light on the state of the science. A complete review of articles appearing in PubMed using the keyword "Meal" was conducted; and titles, abstracts, and full-texts were screened for relevance. Included in this review are 80 articles. Most studies are descriptive and do not report on outcomes. Frequently reported outcomes included nutritional status based on self-reported dietary intake. Additionally, most studies included in this review are cross-sectional, have a small sample size, and/or are limited to a particular setting or participant population. More rigorous research is needed to (1) gain insight into why so few eligible older adults access home-delivered meals programs, (2) support expansion of home-delivered meals to all eligible older adults, (3) better identify what home-delivered meals models alone and in combination with other services works best and for whom, and (4) better target home-delivered meals programs where and when resources are scarce.

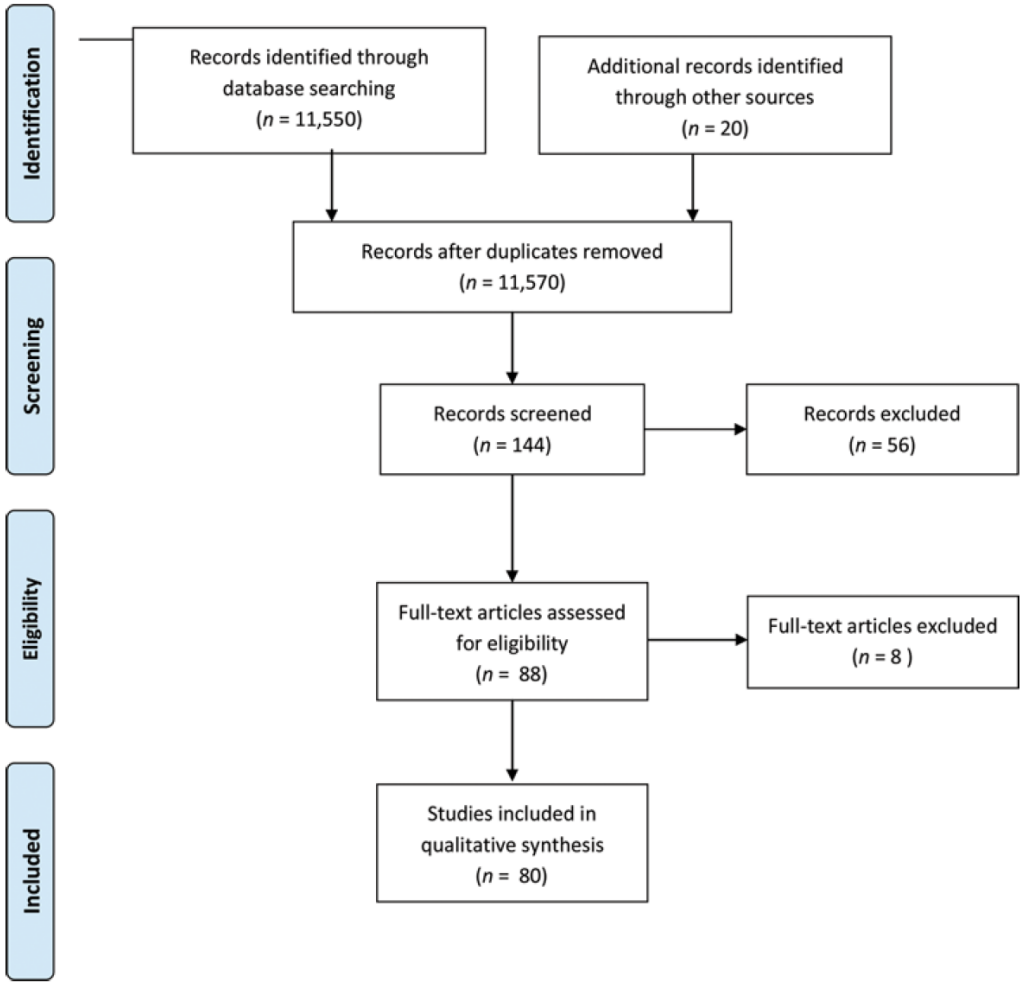


FIGURE 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram of articles identified and included.

Meals Enhancing Nutrition After Discharge: Findings from a Pilot Randomized Controlled Trial

David R. Buys, PhD, MSPH; Anthony D. Campbell, MSW, MA; Alice Godfryd; Kellie Flood, MD; Elizabeth Kitchin, PhD, RD; Meredith L. Kilgore, PhD, RN; Sally Allocca, MDiv; Julie L. Locher, PhD, MSPH

JOURNAL OF THE ACADEMY OF NUTRITION AND DIETETICS April 2017 Volume 117 Number 4

Background After older adults experience episodes of poor health or are hospitalized, they may not return to premorbid or prehospitalization eating behaviors. Furthermore, poor nutrition increases hospital readmission risk, but evidence-based interventions addressing these risks are limited.

Objective This pilot study's objective was to evaluate the feasibility of conducting a randomized controlled trial assessing a post-discharge home-delivered meal program's impact on older adults' nutritional intake and hospital readmissions and to assess patient acceptability and satisfaction with the program. The aims of the study were to evaluate successful recruitment, randomization, and retention of at least 80% of the 24 participants sought; to compare the outcomes of hospital readmission and total daily caloric intake between participants in the intervention and control groups; and to assess patient acceptability and satisfaction with the program.

Design This study used a two-arm randomized controlled trial design, and baseline data were collected at enrollment; three 24-hour food recalls were collected during the intervention period; and health services utilization and intervention satisfaction was evaluated 45 days post-discharge.

Participants/setting Twenty-four patients from the University of Alabama at Birmingham Hospital's Acute Care for Elders (ACE) Unit were enrolled from May 2014 to June 2015. They were 65 years or older; at risk for malnutrition; cognitively intact; able to communicate; discharged to a place where the patient or family was responsible for preparing meals; and diagnosed with congestive heart failure, chronic obstructive pulmonary disease, acute myocardial infarction, or pneumonia. Final analysis included 21 participants.

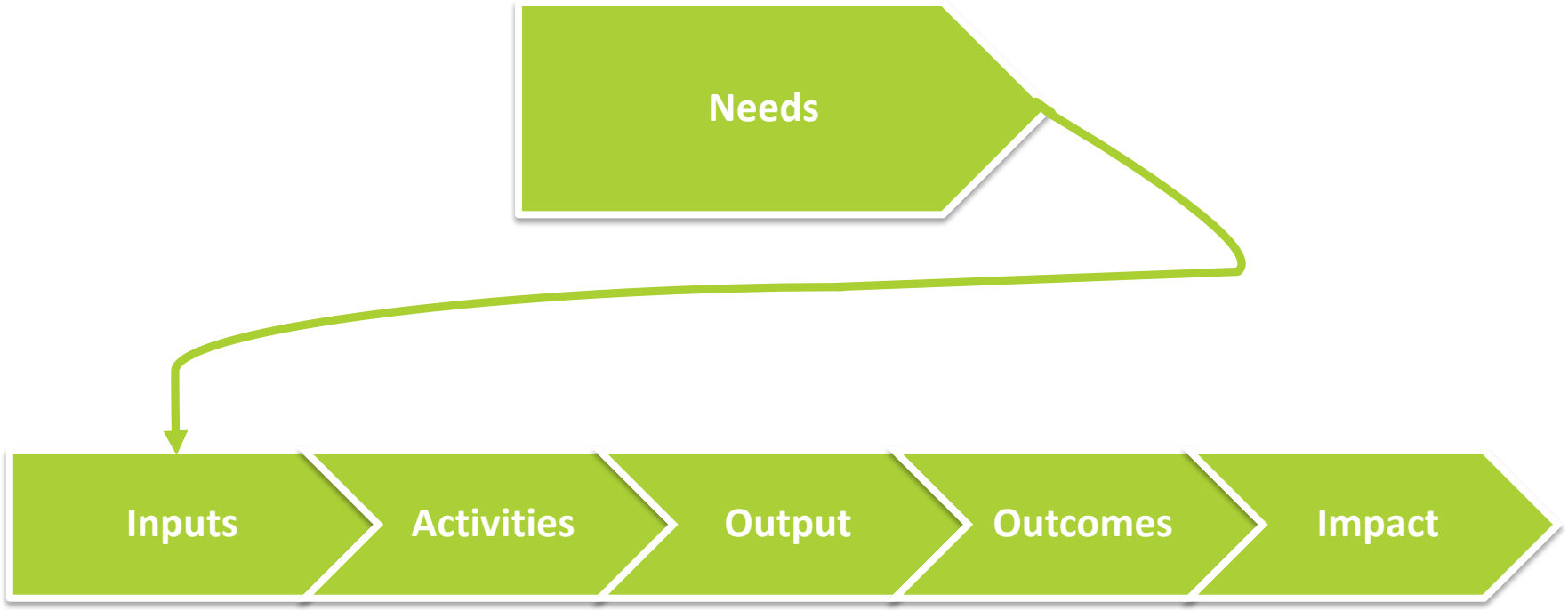
Intervention The intervention group received 10 days of home-delivered meals and nutrition education; the control group received usual care and nutrition education.

Main outcome measures The main outcome was intervention feasibility, measured by recruitment and retention goals. Hospital readmissions, caloric intake, and satisfaction with the intervention were also evaluated.

Statistical analyses performed Univariate and bivariate parametric statistics were used to evaluate differences between groups. Goals for success were identified to assess feasibility of conducting a full-scale study and outcomes were measured against the goals.

Results Of the randomized participants, 87.5% were retained for final data collection, indicating that this intervention study is feasible. There were no significant differences between groups for hospital readmissions; however, caloric intake during the intervention period was greater for intervention vs control participants (1,595 vs 1,235; $P=0.03$). Participants were overwhelmingly satisfied (82% to 100% satisfied or very satisfied) with staff performance, meal quality, and delivery processes.

Conclusions Conducting a randomized controlled trial to assess outcomes of providing home-delivered meals to older adults after hospital discharge in partnership with a small nonprofit organization is feasible and warrants future research.


Needs
Inputs
Activities
Output
Outcomes
Impact

Social and Demographic Predictors of Nutritional Risk

Cross-sectional Analyses From the UAB Study of Aging II

David R. Buys, PhD, MSPH, CPH; Richard E. Kennedy, MD, PhD; Courtney Phillips Williams, MPH; Cynthia J. Brown, MD, MSPH; Julie L. Locher, PhD, MSPH

Social factors may disparately affect access to food and nutritional risk among older adults by race and gender. This study assesses these associations using the Mini Nutritional Assessment among 414 community-dwelling persons 75+ years of age in Alabama. Descriptive analyses on the full sample and by African American men, African American women, white men, and white women showed that mean scores for the full Mini Nutritional Assessment differed by groups, with African American men and African American women having the highest nutritional risk. Multivariable analyses indicated that social factors affect nutritional risk differently by race and gender. Nutritional risk interventions are warranted for older adults.

Key words: food security, nutritional risk, obesity, older adults, social factors

Family and Community Health April–June 2018 ■ Volume 41 ■ Number 2 Supp

TABLE 2. Nutritional Risk Scores by Race and Sex

	African American		White		
	Male (N = 60)	Female (N = 84)	Male (N = 114)	Female (N = 156)	Total Sample (N = 414)
MNA[a]					
Mean (SD)	22.6 (3.1)	22.6 (3.3)	24.7 (2.9)	23.5 (3.1)	23.5 (3.2)
MNA Screening score by category, n (%)[b]					
Normal	11 (18.3)	28 (33.3)	59 (51.7)	54 (34.6)	152 (36.7)
At risk	40 (66.6)	46 (54.7)	46 (40.3)	82 (52.5)	214 (51.6)
Malnourished	9 (15.0)	10 (11.9)	9 (7.8)	20 (12.8)	48 (11.5)
Full MNA score by category, n (%)[a]					
Normal	23 (38.3)	37 (44.0)	80 (70.1)	91 (58.3)	231 (55.8)
At risk, no weight loss	19 (31.6)	20 (23.8)	11 (9.6)	37 (23.7)	87 (21.0)
At risk, weight loss	15 (25.0)	23 (27.3)	22 (19.3)	22 (14.1)	82 (19.8)
Malnourished	3 (5.0)	4 (4.7)	1 (0.8)	6 (3.8)	14 (3.3)

Abbreviation: MNA, Mini Nutritional Assessment.
[a]$P < .05$.
[b]$P < .01$.

Nutritional Risk and Body Mass Index Predict Hospitalization, Nursing Home Admissions, and Mortality in Community-Dwelling Older Adults: Results From the UAB Study of Aging With 8.5 Years of Follow-Up

Journals of Gerontology: MEDICAL SCIENCES
Cite journal as: J Gerontol A Biol Sci Med Sci
doi:10.1093/gerona/glu024

David R. Buys[1–3], David L. Roth[4], Christine S. Ritchie[5], Patricia Sawyer[1,2], Richard M. Allman[1,2,6], Ellen M. Funkhouser[7], Martha Hovater[8], and Julie L. Locher[1–3,9]

Background. Nutritional risk and low BMI are common among community-dwelling older adults, but it is unclear what associations these factors have with health services utilization and mortality over long-term follow-up. The aim of this study was to assess prospective associations of nutritional risk and BMI with all-cause, nonsurgical, and surgical hospitalization; nursing home admission; and mortality over 8.5 years.

Methods. Data are from 1,000 participants in the University of Alabama at Birmingham Study of Aging, a longitudinal, observational study of older black and white residents of Alabama aged 65 and older. Nutritional risk was assessed using questions associated with the DETERMINE checklist. BMI was categorized as underweight (<18.5), normal weight (18.5–24.9), overweight (25.0–29.9), class I obese (30.0–34.9), and classes II and III obese (≥35.0). Cox proportional hazards models were fit to assess risk of all-cause, nonsurgical, and surgical hospitalization; nursing home admission; and mortality. Covariates included social support, social isolation, comorbidities, and demographic measures.

Results. In adjusted models, persons with high nutritional risk had 51% greater risk of all-cause hospitalization (95% confidence interval: 1.14–2.00) and 50% greater risk of nonsurgical hospitalizations (95% confidence interval: 1.11–2.01; referent: low nutritional risk). Persons with moderate nutritional risk had 54% greater risk of death (95% confidence interval: 1.19–1.99). BMI was not associated with any outcomes in adjusted models.

Conclusions. Nutritional risk was associated with all-cause hospitalizations, nonsurgical hospitalizations, and mortality. Nutritional risk may affect the disablement process that leads to health services utilization and death. These findings point to the need for more attention on nutritional assessment, interventions, and services for community-dwelling older adults.

KEY TAKE AWAY POINTS

- The whole process can be documented and published, from needs identification to impact assessment.
- Strike up partnerships with university-based researchers to access key intellectual and human capital to help you advance your organization's evaluation agenda.
- University faculty and students are "tools" and "resources" that you can add to your toolkit to strengthen your ability to articulate and assess your organization's impact from senior nutrition programs.

Think win-win!

QUESTION 3:
I HAVE 'SHARED THE SUCCESS STORIES' OF MY SENIOR NUTRITION PROGRAM THROUGH THE FOLLOWING OUTLETS:

A) PEER-REVIEWED/ACADEMIC JOURNALS
B) THE NEWSPAPER
C) SOCIAL MEDIA
E) MEETINGS WITH POLITICAL LEADERS

**IF YOU HAVE SHARED SUCCESS STORIES THROUGH OTHER OUTLETS PLEASE COMMENT IN THE QUESTIONS BOX*

The National Resource Center on Nutrition & Aging

DEBRA KING, MS RD LD

DIRECTOR OF NUTRITION SERVICES

MEALS ON WHEELS WACO

Debbie@MOWWACO.org

WORKING WITH UNIVERSITIES

MEALS on WHEELS WACO

WHY DO UNIVERSITIES WANT OUR DATA?

1. Professors gain tenure by publishing research.
2. Professors look for research grant funds.
3. University Students need research for graduate school acceptance.
4. Universities want to be known for research.

RESEARCH WITH UNIVERSITIES

Where to start

School of Social Work
Gerontology Department

Nutrition Department

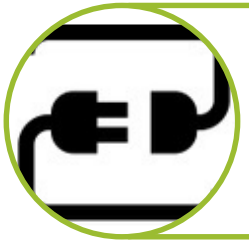
Public Health

RESEARCH WITH UNIVERSITIES

HOW TO CONNECT

Invite Professors to deliver meals

Ask students to help at a senior center.



Engage when invited.

UNIVERSITIES WANT DATA

WHAT IS REQUIRED?

Protect client identity

1. Download of Client Services Data
2. Upload into Excel or other analysis software
3. Require researchers to complete volunteer training.
4. Require researchers to review and update data in your office.
5. Once data collection is complete, redact the data and create a key for future reference.

WHAT DO PROFESSORS AND STUDENTS PROVIDE

Ask for --

- Rights to use the data in future research
- Raw data used
- Final statistics
- PowerPoint and poster presentations
- Final research papers

Student Research

LONGITUDINAL SEVEN-YEAR STUDY DATA CHARACTERISTICS

CLIENT DATA REVIEWED

- Gender 807
- Age 807
- Race 807
- Marital status 807

- Veteran 90
- Spouse of Veteran 100
- Dog/s 54
- Cat/s 32

DISEASE STATES IN 807 CLIENTS

High blood pressure - 570

Arthritis/bone disease - 560

Kidney problems – 283

Respiratory problems – 341

Cognitive difficulties – 316

Heart problems - 311

Mental health – 292

Kidney problems – 283

Diabetic – 270

Foot care problems – 233

Gastrointestinal issues/ulcers - 186

Stroke – 175

Neurological disorders - 144

Cancer -100

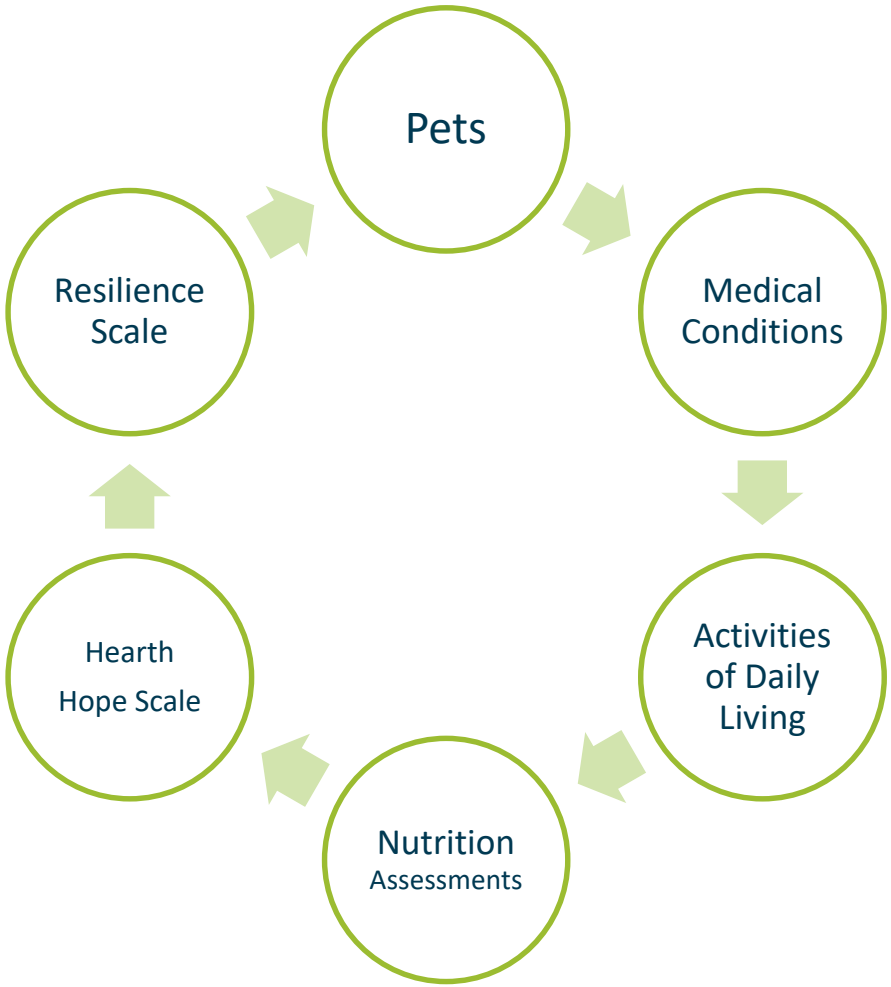
NUMBER OF NUTRITION RISK ASSESSMENTS

*Collected NRA scores

- 2011 Year 1 (n=132)
- 2012 Year 2 (n=164)
- 2013 Year 3 (n=209)
- 2014 Year 4 (n=282)
- 2015 Year 5 (n=415)
- 2016 Year 6 (n=585)
- 2017 Year 7 (n=807)

SOCIAL INNOVATION CLASS

RESEARCH - SOCIAL INNOVATION FOR AT RISK SENIORS



RESEARCH PHASES

1. Intervention Group and Control Group
2. Clients sign a “Consent Form” to participate in research.*
3. Students give Pre-Test to clients
4. Intervention with home visits and other interactions.
5. Post-Test with individual clients.

**Donations from Faculty provided $10 Walmart gift card for each client who participated.*

RESEARCH TIME LINE

August 2017 – May 2019

Student Research

HOPE IN HOMEBOUND OLDER ADULTS: *HOW SPIRITUALITY CAN PLAY A FACTOR*

FINDINGS!

- Hope and religion/spirituality have a significant positive correlation.
- Strong relationship between Hope and Functioning.

STRENGTHS

- Very diverse sample
- Good reliability
- All the interviews were face-to-face

LIMITATIONS

- Small sample size - 36
- Potential for social-desirability bias
- Potential inaccurate functioning scores due to student interviewers not having prior experience with both the measure and population.

SOCIAL DETERMINANTS OF HEALTH RESEARCH GRANT

HEALTHCARE AT HOME

MEALS on WHEELS® WACO

HOW WE HELP SOLVE THE PROBLEM:

- Reduce malnutrition with 7 meals a week
- Provide 12 round-trips to medical visits & more
- Check on patients 5 days a week.

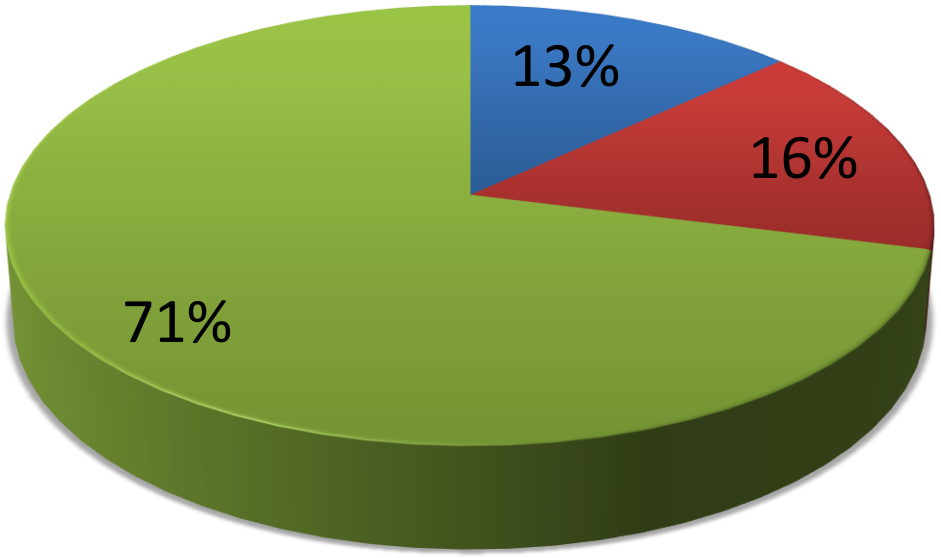
TRANSIT DATA CONTINUED

Client	Total Number of Rides November through February	Readmissions or ED Visit 30 days after discharge
A	5	No
B	7	No
C	11	No
D	3	Hospitalization
E	2 no shows, 1 cancelation	ED Visit
F	10	No
G	1 no show	No

HOME DELIVERED MEALS

Month	Total Number of Clients Served per Month	Total Number of Meals Served per Month
November	16	191
December	27	442
January	13	130
February	12	128

30 DAYS AFTER DISCHARGE*



- Readmitted (5 clients)
- ED Visit (6 clients)
- No ED Visits or Readmissions (27 clients)

*Based on 38 clients

INITIAL CLIENT SURVEYS

- Follow-up surveys after 30 days of meals
  - Since participating in the meal program do you feel your health has improved?

Yes! 100%

It has really, really helped me out. I would recommend this to anyone.

"Felt good knowing that I had a meal that was good."

COLLECTIVE IMPACT

prosperwaco.org

- **Identify and quantify challenges** facing our community
- Articulate a shared vision
- **Establish measurable goals**
- Facilitate implementation of strategies to address each challenge
- Monitor progress against each goal
- **Share data and resources** necessary to accomplish our collective goals
- Engage a broad spectrum of community partners

JUST ASK!
HOW CAN RESEARCHERS RESIST THE OPPORTUNITY?!

UCHEOMA AKOBUNDU

DIRECTOR, NRCNA

MEALS ON WHEELS AMERICA

uche@mealsonwheelsamerica.org

COLLABORATING WITH RESEARCH PARTNERS

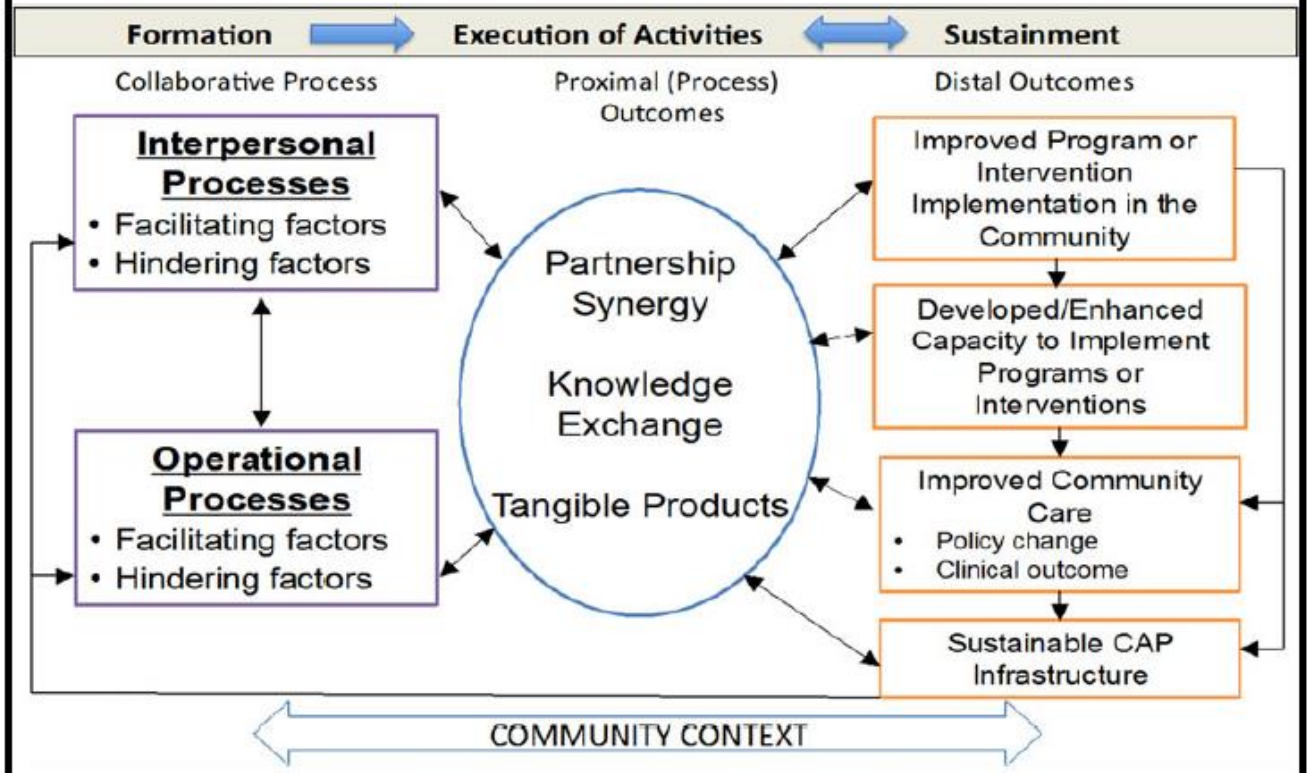
PROBLEM TO BE SOLVED

- Senior nutrition programs often lack the appropriate resources needed to conduct research, evaluate their programs, and to even design new innovative program interventions to better serve their clients.

Resources needed to engage in such activities can include:

- Time
- Staff and volunteers
- Funding opportunities
- Expertise in relevant knowledge and skills
- Tools and equipment

Figure 1. Model of Research-Community Partnership



Adapted from Brookman-Frazee et al. 2012.[36]

CHALLENGES TO ADDRESS

- Lack of time needed to develop, participate and maintain partnership;
- Less autonomy with projects funded through academic partner; may be inclined to defer decisions to academic partner;
- Limited funding for partnership projects;
- Challenges finding mutually beneficial partnership goals;
- Client privacy and confidentiality issues;
- Follows different yearly calendar structure than academic institutions (academic year vs. fiscal year.

OPPORTUNITIES TO BE GAINED

- Experience research from an academic perspective;
- Improve efficiency of program by conducting evaluations or needs assessments with partner;
- Increase program publicity; improve advocacy efforts, gain new support within community;
- Potential for increased funding indirectly through academic research or pilot intervention grant;
- Improve efficiency of program by conducting evaluations or needs assessments with partner;
- Increase program publicity; improve advocacy efforts, gain new support within community.

BURNING QUESTIONS

Crowd Sourcing Solutions

Q&A

UPCOMING EVENT

PRE-CONFERENCE EVENTS

REFOCUSING ON SOCIAL DETERMINANTS OF HEALTH TO STRENGTHEN CLIENT IMPACT

The Westin Charlotte
Charlotte, NC | August 27, 2018

The National Resource Center on Nutrition & Aging

THANK YOU