



# Addressing Food Insecurity and Nutrition-Related Disease Among Medicaid HCBS Beneficiaries During COVID

2021 HCBS Technical Assistance Series  
January 14, 2021 3:00-4:30 p.m. ET



# PRESENTERS

## **Dr. Simin Meydani**, D.V.M., Ph.D

Director and Professor, *Nutritional Immunology Team at Tufts University's Jean Mayer USDA Human Nutrition Research Center on Aging and Tufts' Friedman School of Nutrition Science and Policy*

## **Sarah Downer**, J.D.

Associate Director, Whole Person Care, Center for Health Law & Policy Innovation, Harvard Law School

## **Paul Hepfer**

CEO, *CA Project Open Hand*

## **Livleen Gil**, MBA, RD, LDN

President & CEO, *Bethesda Newtrition and Wellness Solutions*

## **Judy Simon**, MS, RD, LDN

National Nutritionist, *Office of Nutrition and Health Promotion Programs (ONHPP), Administration on Aging, Administration for Community Living*

## OPENING REMARKS



MS, RD, LDN

**Michele MacKenzie**

**Technical Director**

**Division of Long Term Services & Supports**

**Disabled & Elderly Health Programs Group**

**Center for Medicaid & CHIP Services**

**Centers for Medicare & Medicaid Services**



**Carlos Villalta**

**Program Analyst**

**Office of Policy Analysis & Development**

**Center for Policy & Evaluation**

**Administration for Community Living**

JEAN MAYER  
USDA  
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NUTRITION  
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AGING

HNRC



## *Nutritional Modulation of Immune Function*



**Simin Nikbin Meydani, DVM, PhD**

Jean Mayer USDA Human Nutrition Research Center on Aging  
Friedman School of Nutrition Science and Policy  
School of Graduate Biomedical Sciences at Tufts University

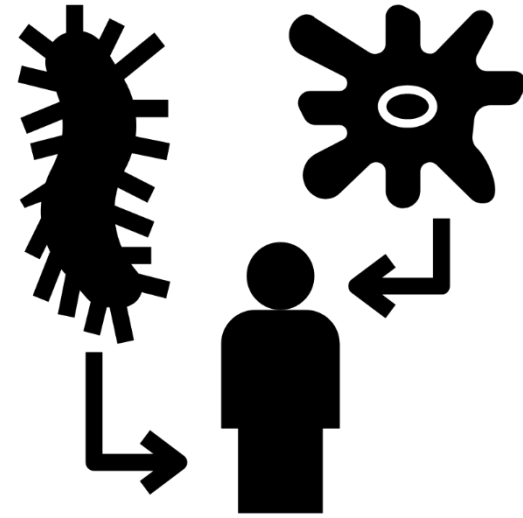
[simin.Meydani@tufts.edu](mailto:simin.Meydani@tufts.edu)

# path·o·gen

*/ˈpɑːθəjən, ˈpɑːθəˌjən/*

*noun:*

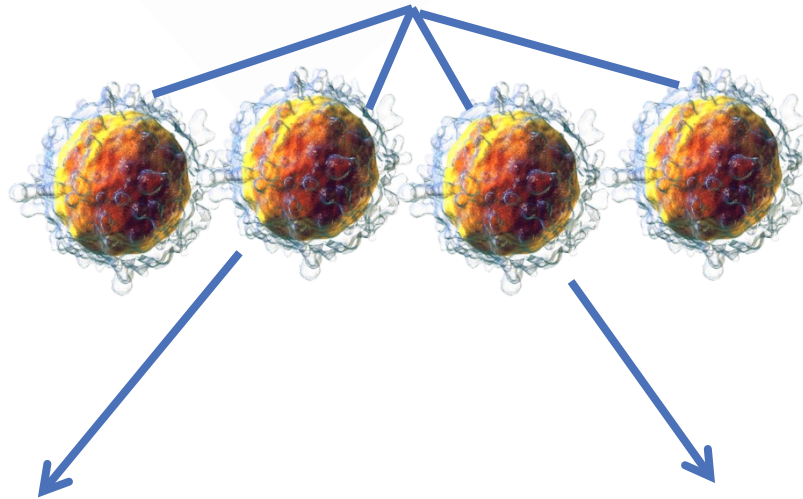
**a bacterium, virus, or other microorganism that can cause disease**



# Immune vs. Inflammatory Response

humoral immunity  
(**antibody production**)

cellular immunity  
(**direct killing**)



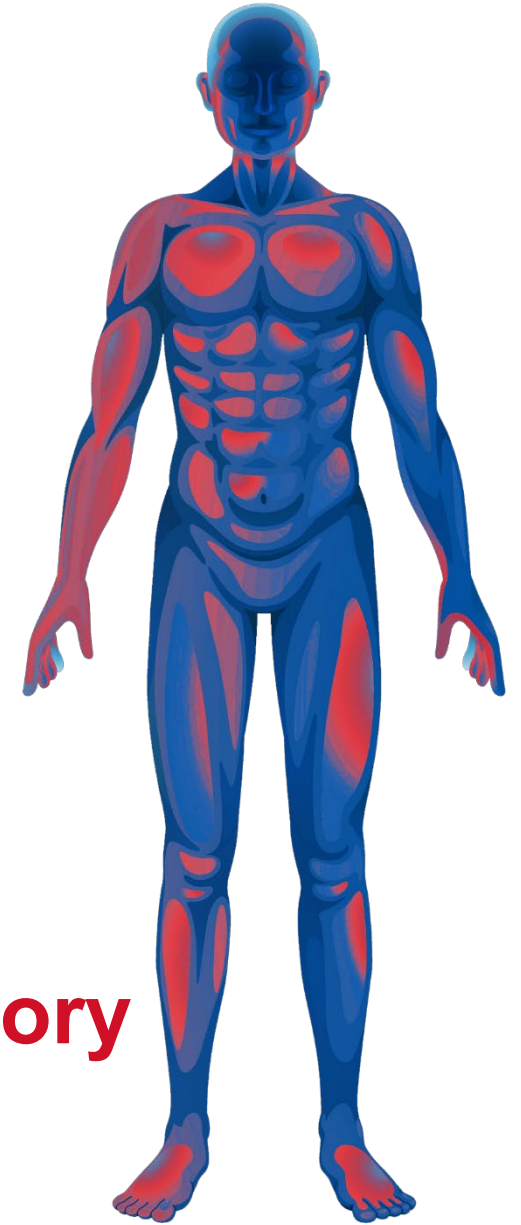
**pathogen**

cell damage

**BOTH** responses  
are needed to  
defend against  
pathogens.

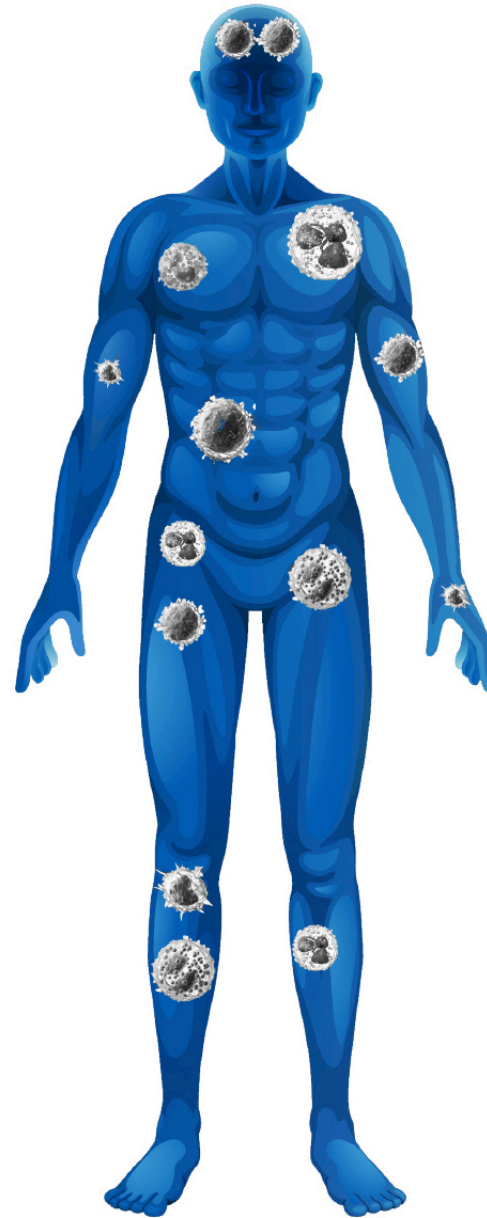


**immune (cell-mediated)  
response**



**inflammatory  
response**

Underperforming  
**cell-mediated**  
response can  
result in disease



**Infection**

**Autoimmune diseases**

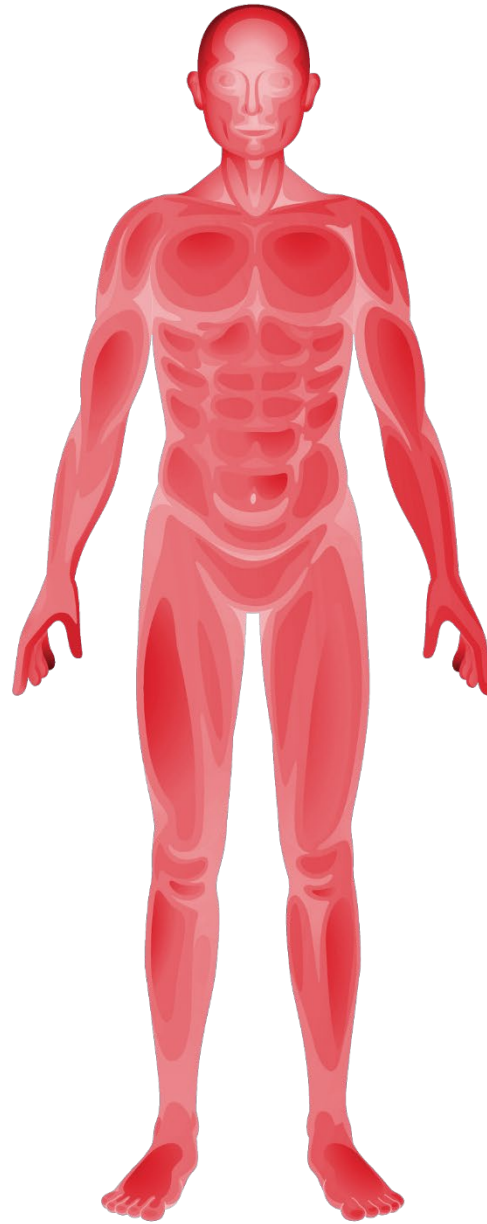
**Cancer**

**Arthritis**

Hyporeactive **immune** response



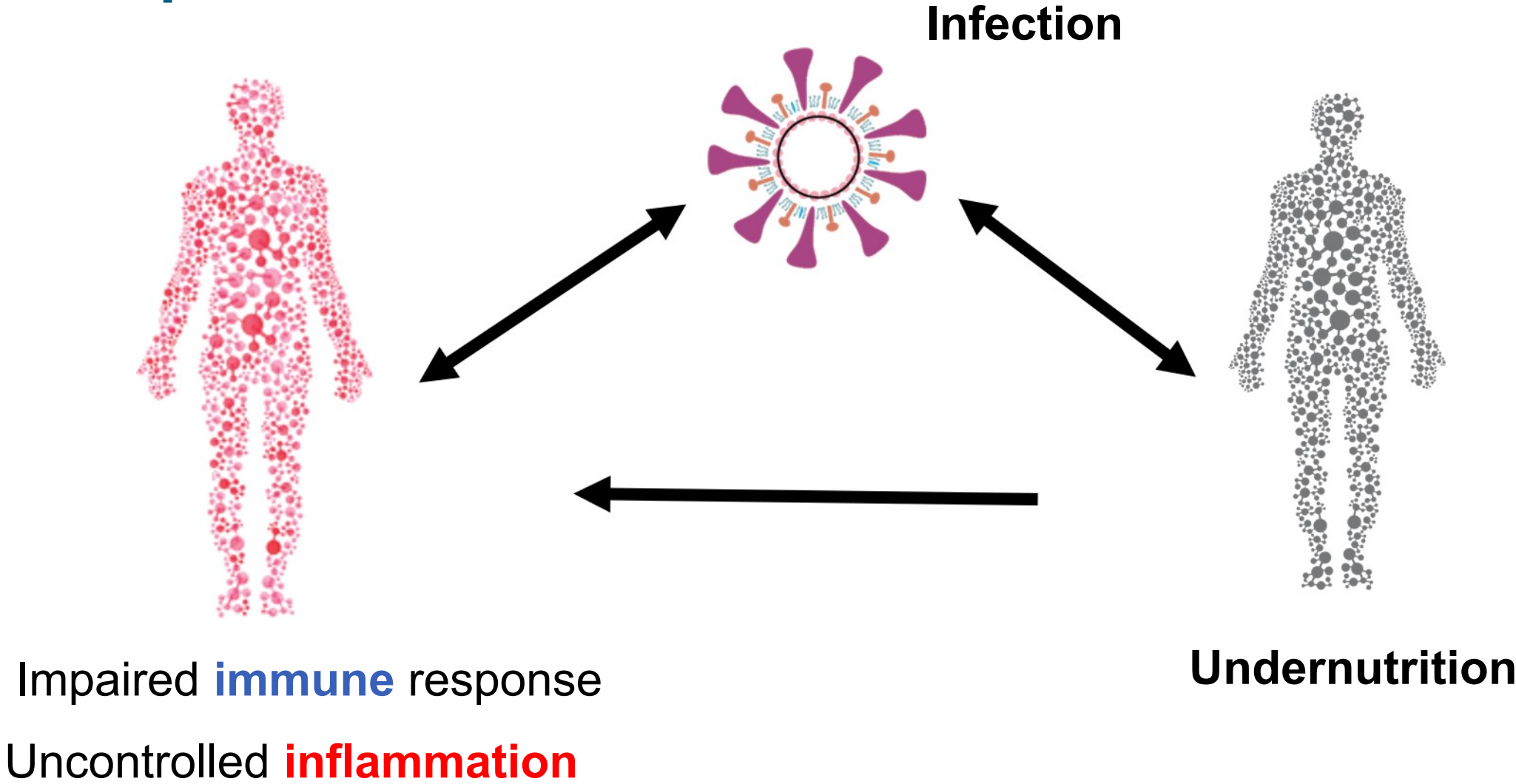
Uncontrolled  
chronic  
**inflammatory**  
response can  
result in disease.



**Alzheimer's disease**  
**Neurological diseases**  
**Cardiovascular diseases**  
**Pulmonary diseases**  
**Autoimmune diseases**  
**Cancer**  
**Arthritis**  
**Diabetes**

Overactive **inflammatory** response

# Nutrition-Host Defense-Infection: A Complex Interaction



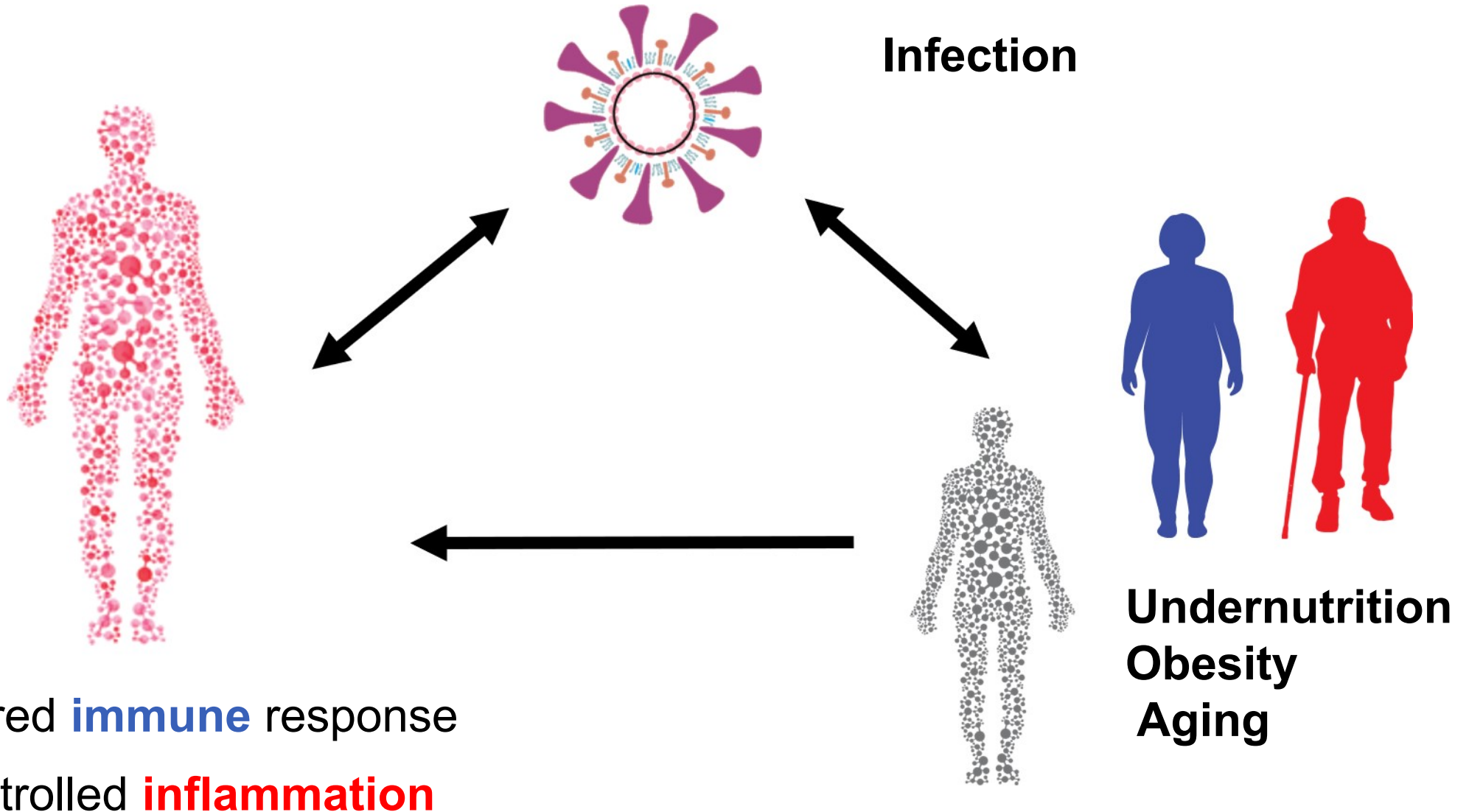
# 1 in 3

of the global population is suffering from hidden hunger and its related conditions because of insufficient micronutrients.



# Nutrition-Host Defense-Infection: A Complex Interaction Cont.

Infection



Impaired **immune** response

Uncontrolled **inflammation**

**Undernutrition**  
**Obesity**  
**Aging**

**13%**

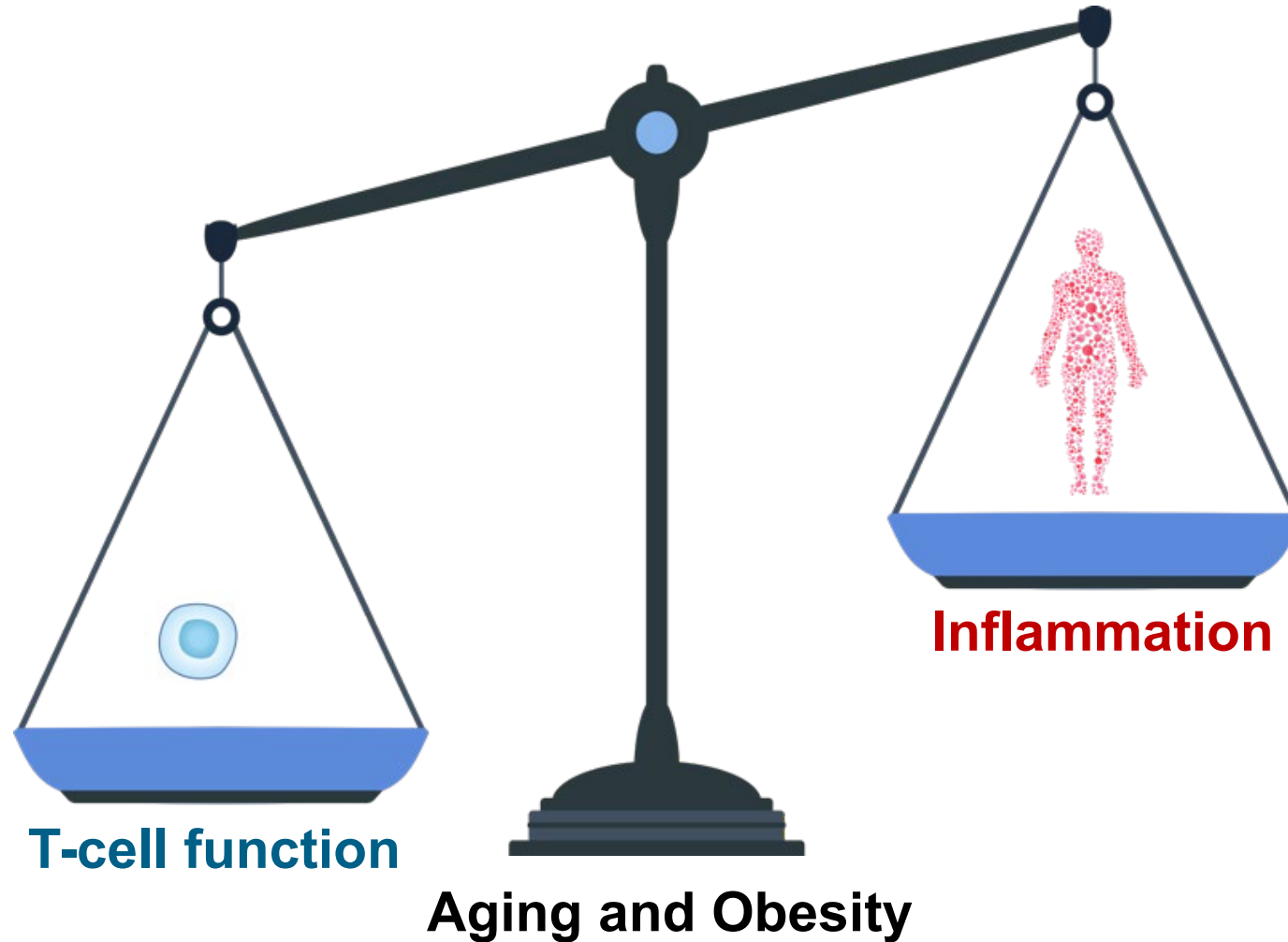
of the global population is obese.

**8.5%**

of the global population is over the age of 65.



# Aging and Obesity are Associated with Dysregulated Immune and Inflammatory Responses



# How Does Nutrition Affect Infection?

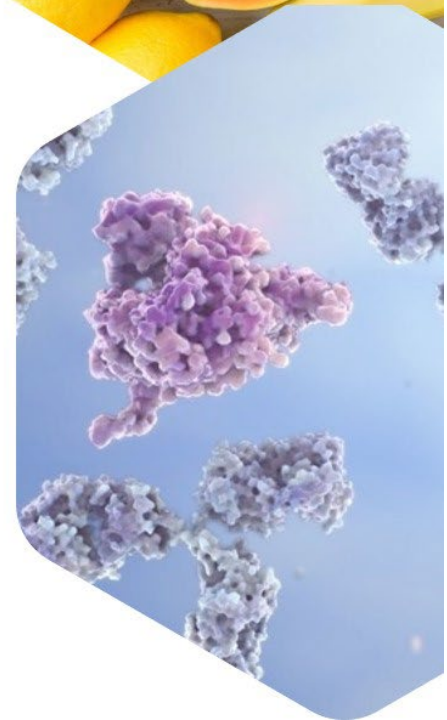
## Changes risk for acquiring infection

- ✿ Pathogen entry
- ✿ Regulates cell-mediated immune response
- ✿ Vaccine efficacy

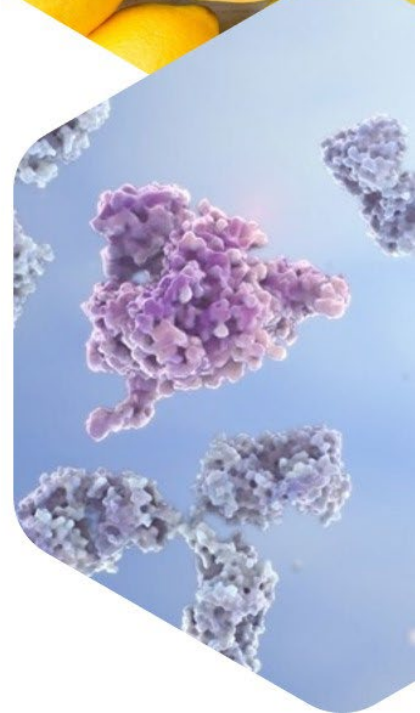
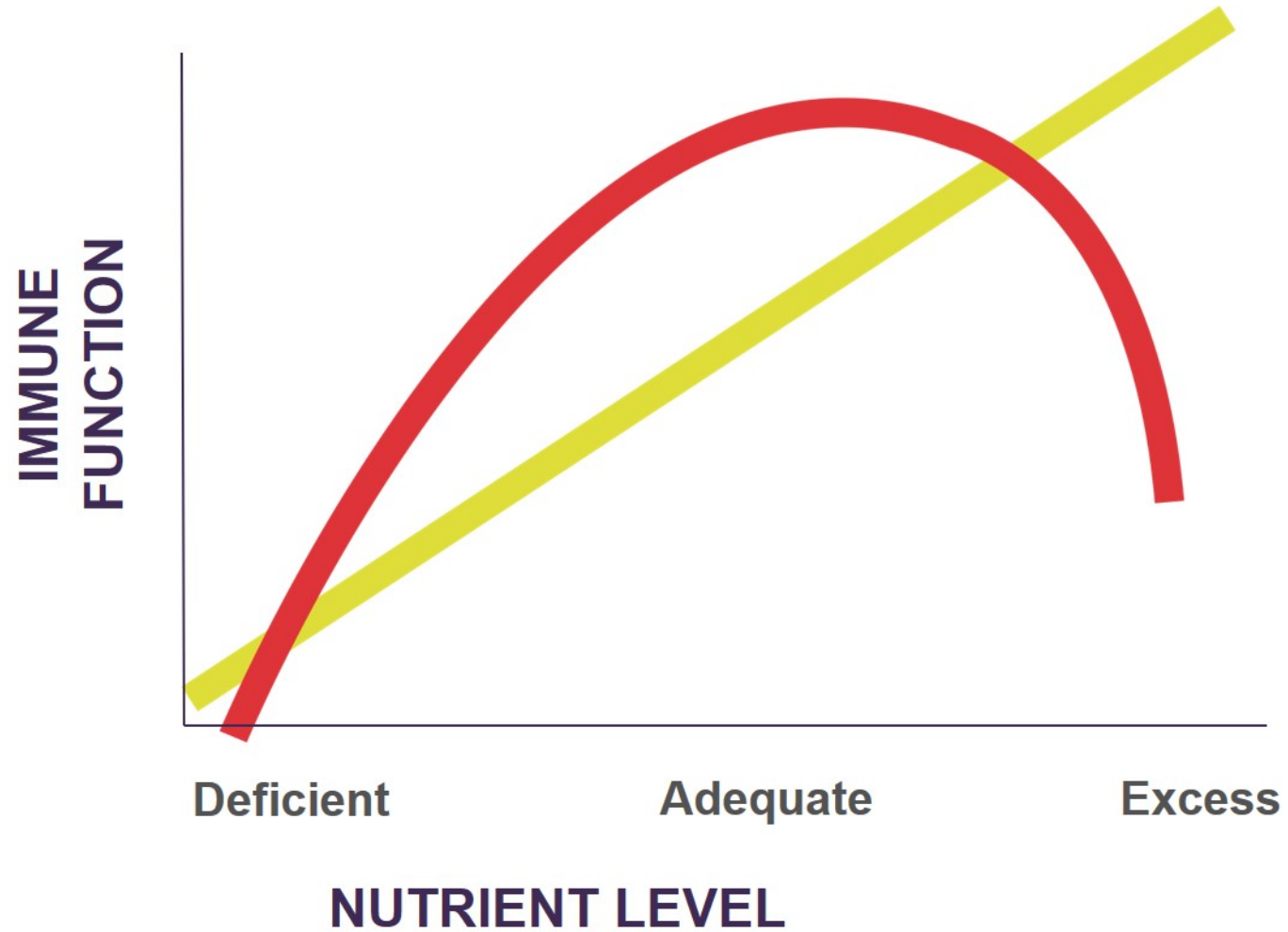
Changes morbidity by regulating oxidative stress and inflammation

Reduces pathogen virulence

Impacts the microbiome



# How Does Nutrition Affect Infection? Cont.





# Vitamin E



# Vitamin E and Immune Response

**Vitamin E supplementation of healthy elderly significantly improves in vivo and in vitro indices of T cell-mediated function.**

Meydani et al. AJCN 1990; 52:557-563

Meydani et al. JAMA 1997; 277:1380-1386.

Pallast et al. AJCN 69: 1273-1281,1999.

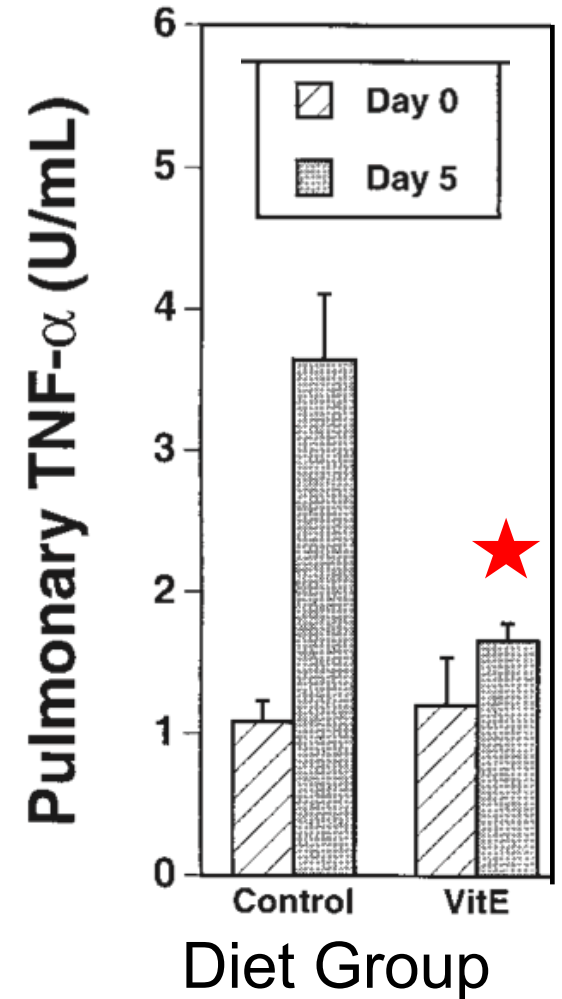
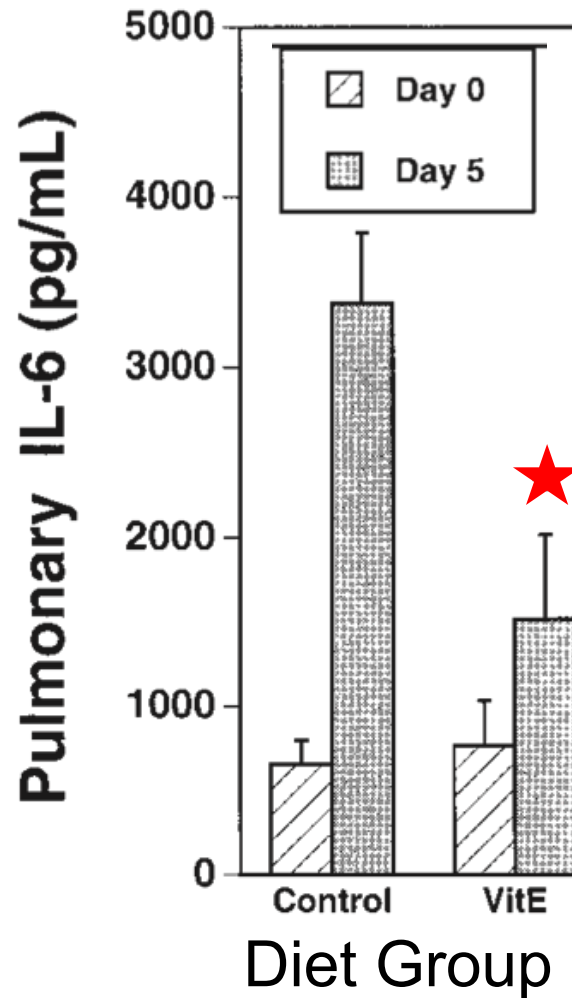
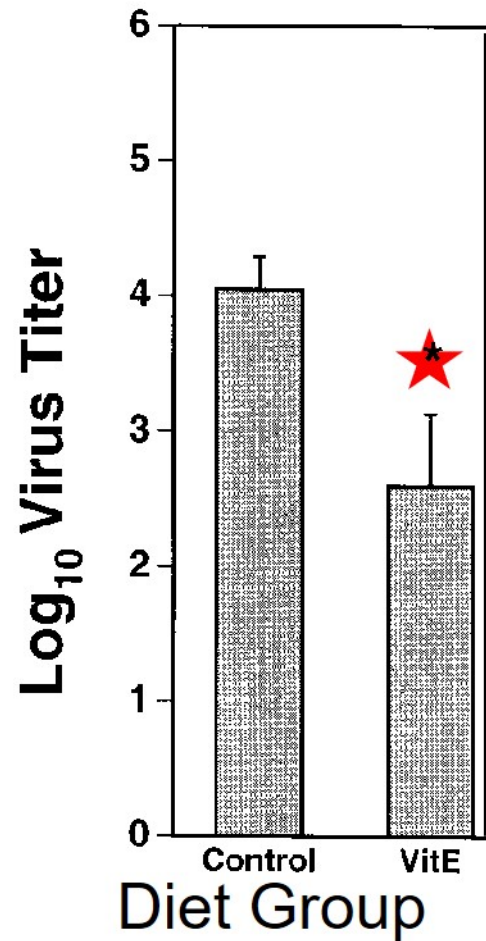
De la Fuente M, et al. Free Radic Res, 2008.

# Optimal Vitamin E Dose for Improving Cell-mediated Immune Response in Elderly

Group	Change in antibody response to hepatitis B (U/ml)	%Change in DTH diameter of induration
Placebo	3.3	18
Vitamin E (60 IU)	6.4	42
<b>Vitamin E (200 IU)</b>	<b>19.9</b>	<b>65</b>
Vitamin E (800 IU)	5.2	50

*Meydani et al. JAMA, 1997*

# Vitamin E Reduces Influenza Infection As Well As Inflammatory Response to It



# Experimental Design

<b><i>Design:</i></b>	<b>Double-Blind, Placebo-Controlled, Randomized</b>
<b>Duration:</b>	<b>1 year</b>
<b>Treatment:</b>	<b>200 IU/Day Vitamin E or Placebo</b>
<b>Subject:</b>	<b>617 Male and female, nursing home residents <math>\geq 65</math> years old</b>
<b>Outcome:</b>	<b>Respiratory Infection</b>

# Vitamin E Reduces the Risk of Acquiring Respiratory Infections

	% risk reduction
All respiratory infections	35%
Upper respiratory infections	38%
Common cold	37%

# Zinc



# Who is at Risk of Zinc Deficiency?

- Children age 1-3 years
- Adolescent females age 12-19 years
- Older adults age > 71 years



# A significant portion of older Americans have low serum zinc levels.

Low serum zinc levels (<70 mg/dl) observed in:

- 30% nursing home residents
- 22% independently living elderly

(Meydani et al. AJCN, 2007)  
(Colman et al. Unpub. Data)

# Low Serum Zinc Levels in Elderly Nursing Home Residents is Associated with Higher Incidence of Pneumonia

Pneumonia	Final Serum Zinc Groups		p-value
	≥70ug/dl (n=310)	<70ug/dl (n=110)	
<b>Incidence</b> (# per person-yr)	<b>0.25</b>	<b>0.46</b>	<b>&lt;0.001</b>
<b>Duration</b> (Days per person-yr)	<b>3.19</b>	<b>6.82</b>	<b>0.001</b>
<b>Antibiotic prescriptions</b> (# per person-yr)	<b>0.26</b>	<b>0.48</b>	<b>&lt;0.001</b>
<b>Duration of antibiotic use</b> (Days per person-yr)	<b>2.50</b>	<b>4.85</b>	<b>0.004</b>

# Zinc Supplementation Improved Immune Response in Nursing Home Elderly Residents

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**Supplementation of zinc-deficient nursing home elderly with 30 mg/day Zn for 3 months significantly increased serum zinc levels and improves T cell function.**

# Zinc for the Treatment of the Common Cold: a Systematic Review and Meta-analysis of Randomized Controlled Trials

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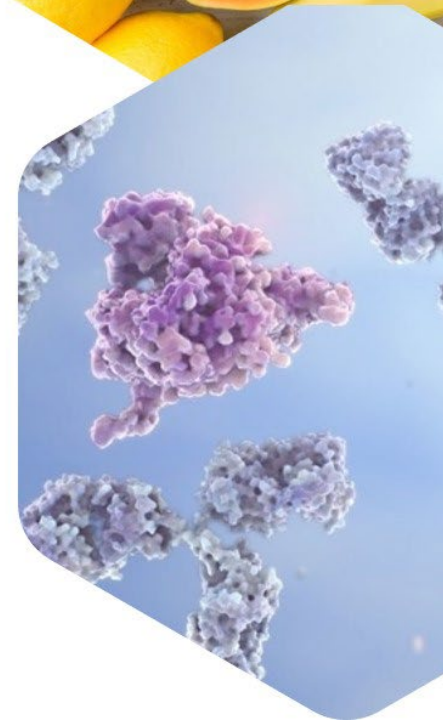
**Several studies that had looked at zinc and common cold found oral zinc may shorten the duration of symptoms of the common cold.**

# Vitamin D



# Vitamin D and Immune Response

- Vitamin D increases the expression of antibacterial proteins.
- Vitamin D limits certain aspects of the acquired immune response, playing a protective role and potentially reducing the risk of autoimmune disease and tissue transplant rejection.
- Low serum 25-hydroxyvitamin D<sub>3</sub> is linked to a higher risk of upper respiratory tract infections; although there is controversy.

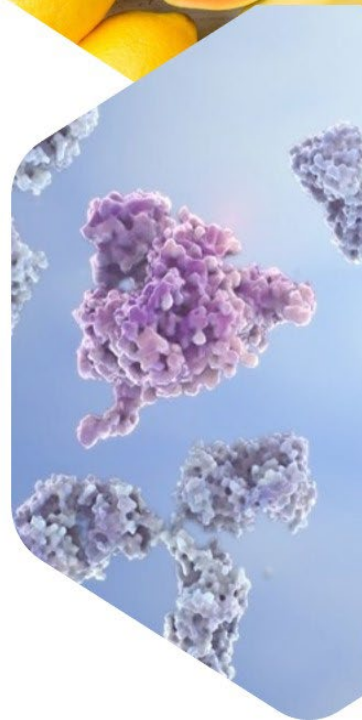


# Vitamin C



# Vitamin C and Immune Response

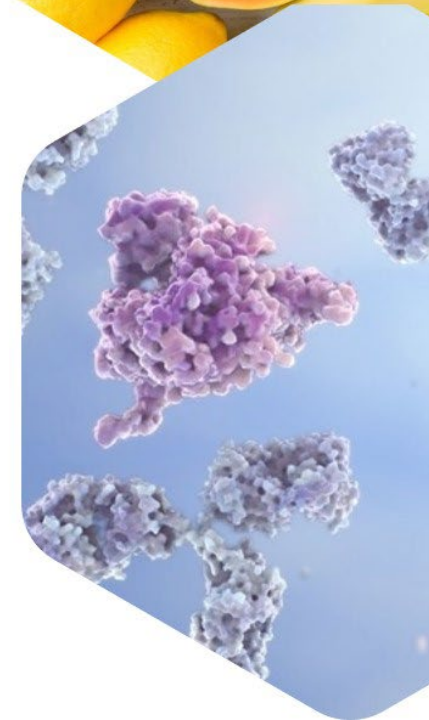
- Immune cells accumulate and concentrate vitamin C and then quickly use it up during an active immune response.
- The scientific evidence regarding the effect of vitamin C supplementation on immune function is hampered by several methodological shortcomings.

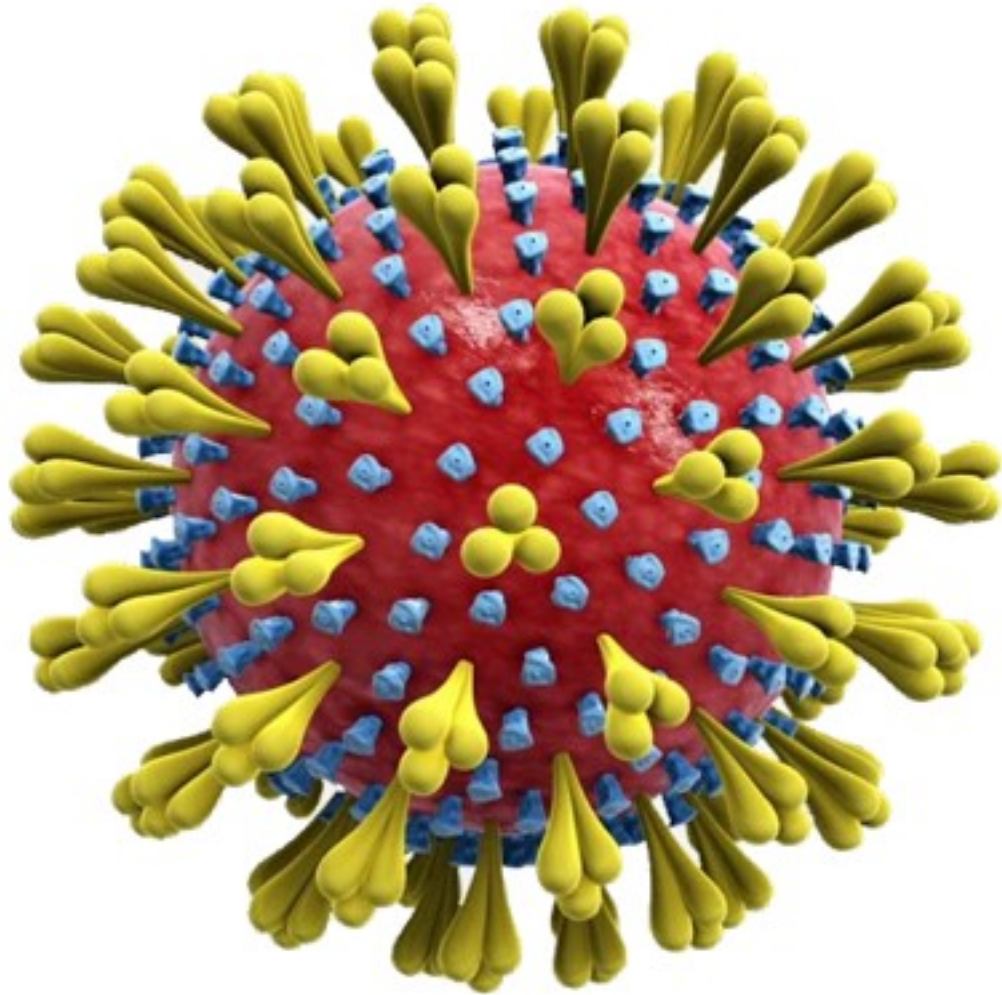




# Vitamin C and Infection

- Important considerations for research studies on vitamin C and infections include:
  - the baseline vitamin C status of the study population. Beneficial effect of vitamin C supplementation may occur only in those with low vitamin C status.
  - Factors such as physical stress, oxidative stress, smoking, and disease may increase demand for vitamin C.
- At this time, the scientific evidence is insufficient to advocate vitamin C supplementation in the prevention of pneumonia in the general population.
- Results on effect of vitamin C supplements and common cold is not conclusive.





# HUMAN CORONAVIRUS

## Mild/Moderate

229E

NL63

OC43

HKU1

## Pathogenic

MERS-CoV (**MERS**)

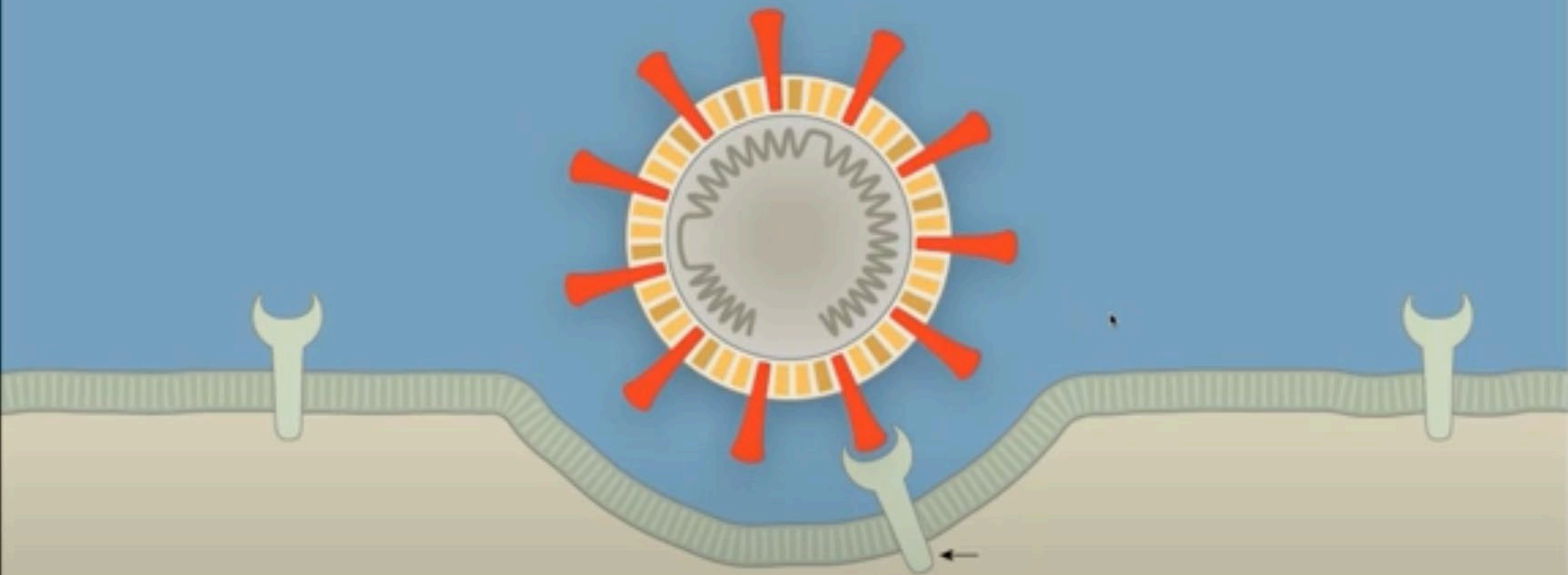
SARS-CoV (**SARS**)

SARS-CoV-2 (**COVID-19**)



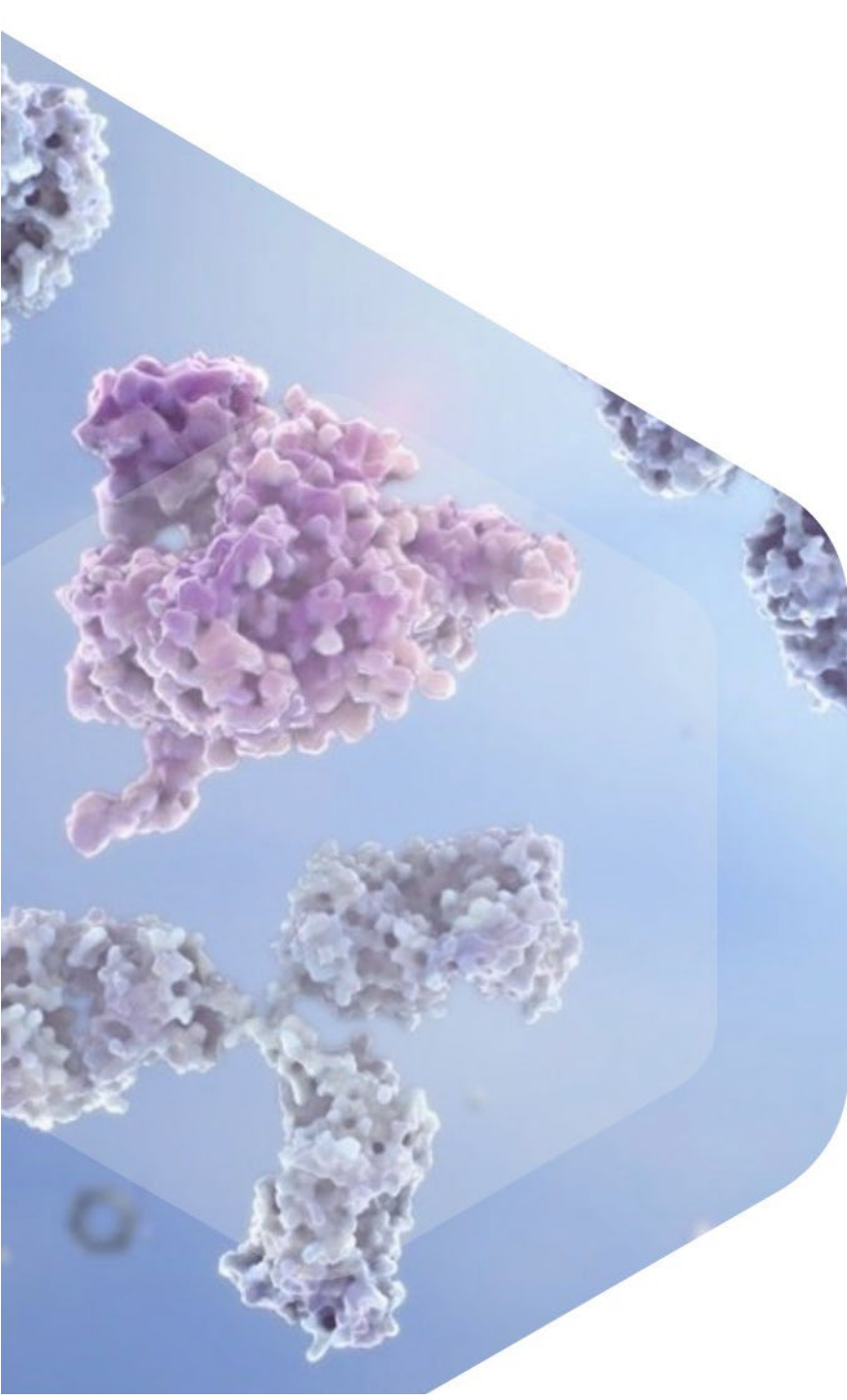
Virus: SARS-CoV-2

Disease: COVID-19



# Immune and **Inflammatory** Response to SAR-CoV-2

- **Phase 1**--- Viral entry and specific adaptive **immune response** to eliminate the virus and preclude progression to severe stages.
- **Phase 2**--- **Inflammatory response**; if protective immune response is impaired virus will propagate, cytokine storm, tissue damage will follow and ARS will develop



# Zinc Inhibits Coronavirus and Arterivirus RNA dependent RNA Polymerase Activity *In Vitro* and Zinc Ionophores Block the Replication of These Viruses in Cell Culture.

## Vitamin D insufficiency is prevalent in severe COVID-19

Frank H. Lau, MD, FACS, Rinku Majumder, PhD, Radbeh Torabi, MD, Fouad Saeg, BS, Ryan Hoffman, BS4, Jeffrey D. Cirillo, PhD5, Patrick Greiffenstein, MD, FACS

*medRxiv preprint doi: <https://doi.org/10.1101/2020.04.24.20075838>*

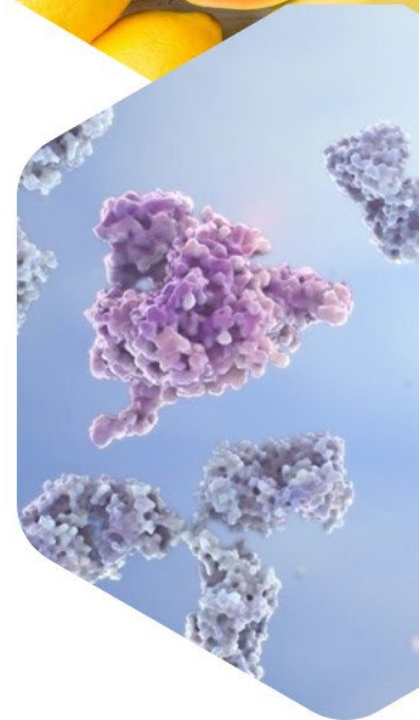
**Study:** Small retrospective study with 20 COVID-19 patients

### Results:

- Among ICU subjects, 11 (84.6%) had VDI, vs. 4 (57.1%) of floor subjects.
- 100% of ICU patients less than 75 years old had VDI (n=11).
- 64.6% (n=7) had critically low 25OHD (<20 ng/mL) and three had <10 ng/mL.
- The sepsis-induced coagulopathy score (SIC) was calculable for 8 subjects; 62.5% (n=5) had SIC  $\geq$  4.
- Suppressed immune function was prevalent: 92.3% (n=12) were lymphocytopenic, and 9 were profoundly so.

# Vitamin C and Coronavirus

- Reports indicate that intravenous (IV) vitamin C may help people suffering from this disease.
- Recently, IV vitamin C clinical trials began in China and Italy. Doctors in hard-hit areas of the United States are now reporting using it. Furthermore, IV vitamin C appears in some COVID-19 critical care guidelines.
- Although doctors are using IV vitamin C, there is no published scientific evidence about the use of IV vitamin C in COVID-19. Therefore, its effectiveness cannot be fully evaluated.

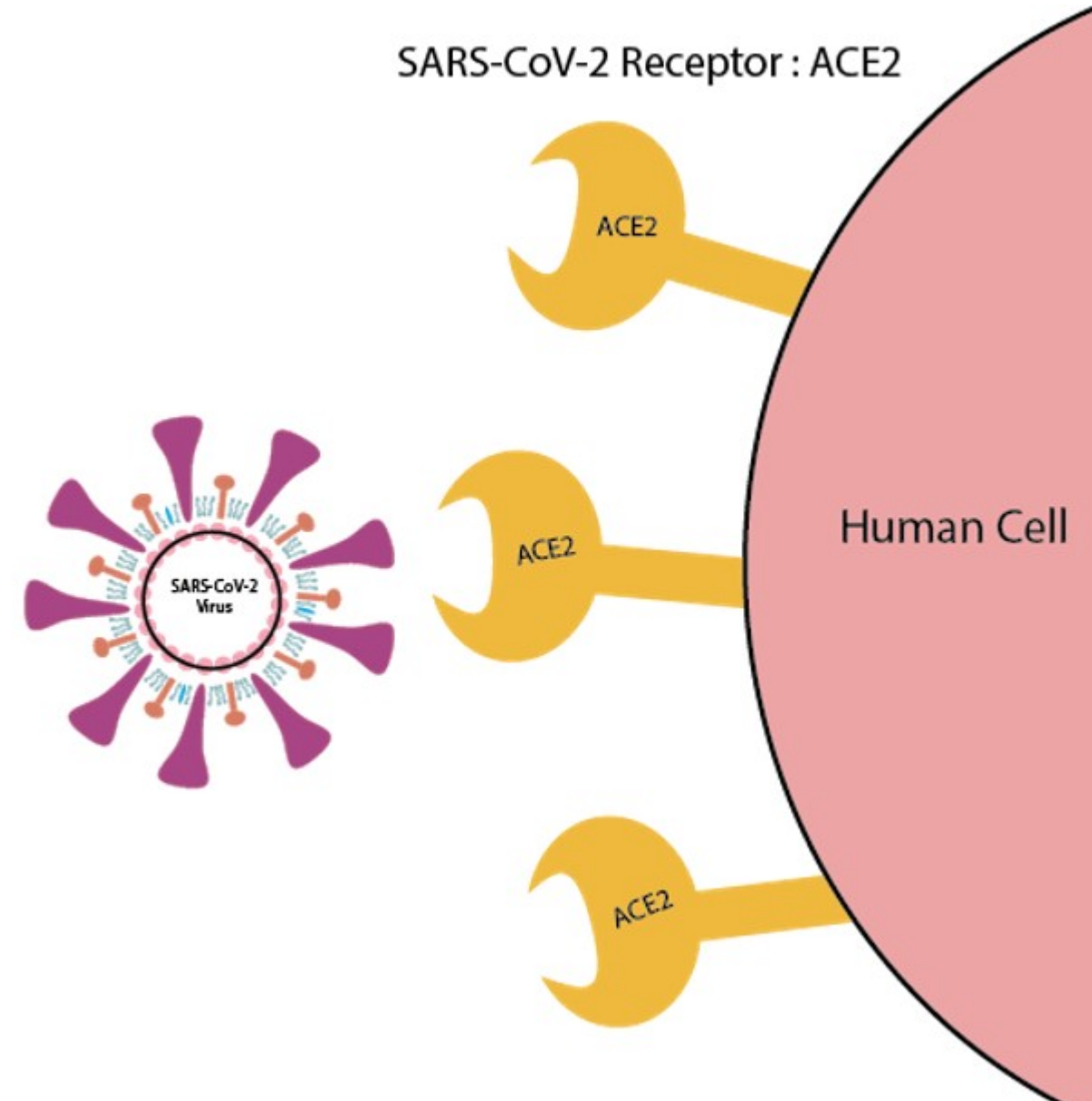




# Quercetin

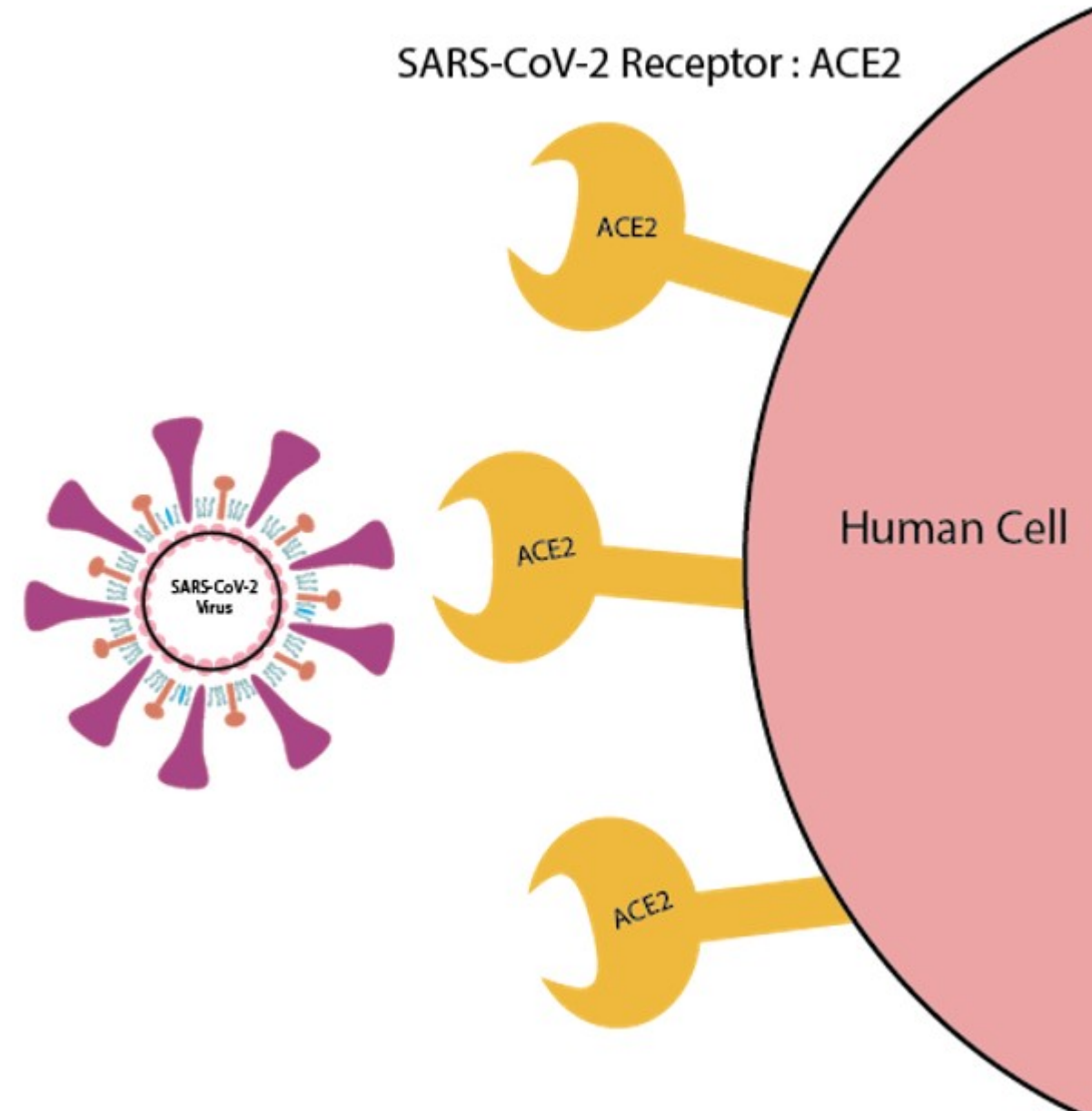


**Computer modeling identified quercetin as top agonist to COVID-19's S-protein binding to host cell ACE2 receptors, the entry way for virus**



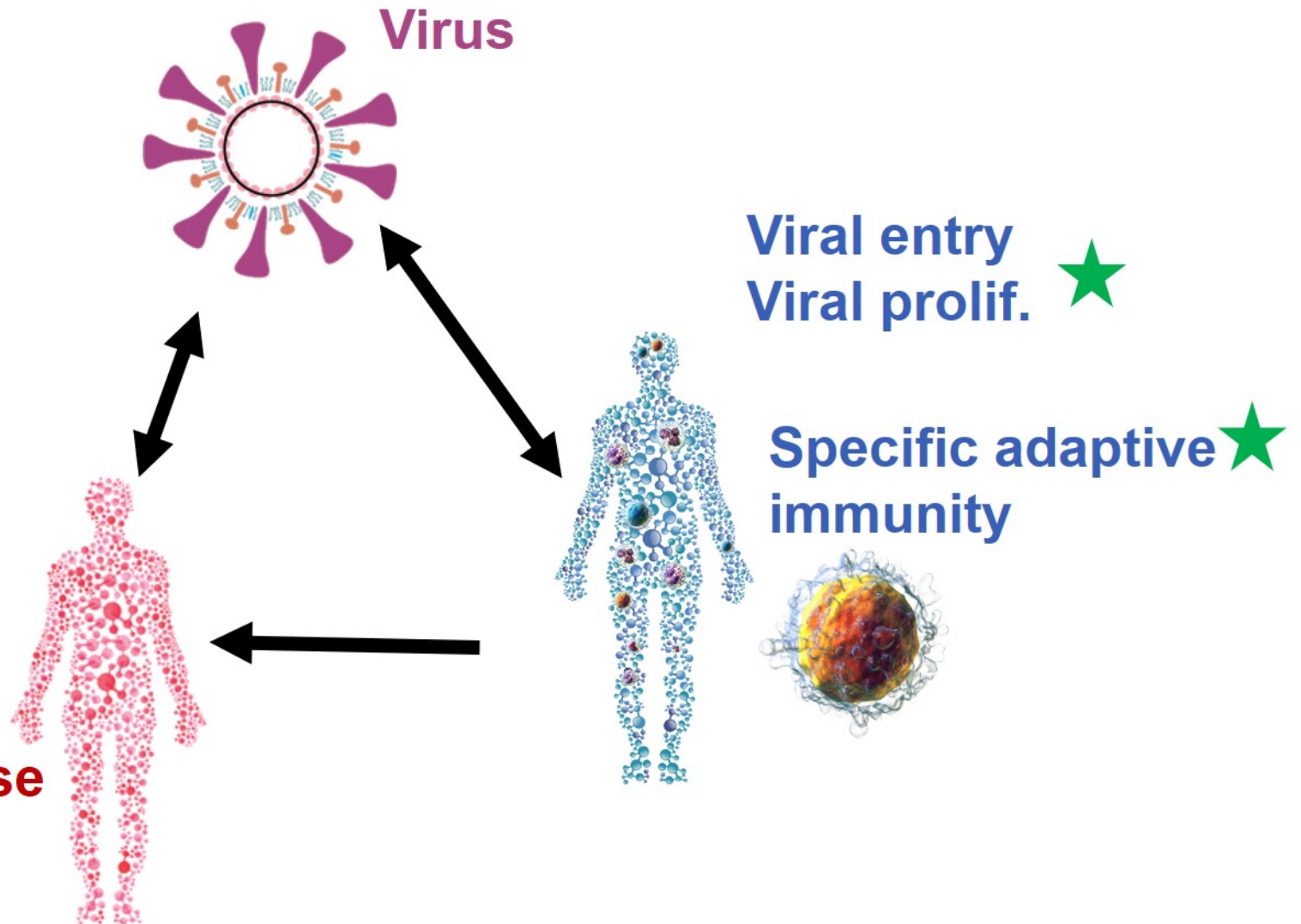
# This is supported by in vitro studies with SAR-CoV

(shares 79.5% genetic sequence with SAR-CoV-2)



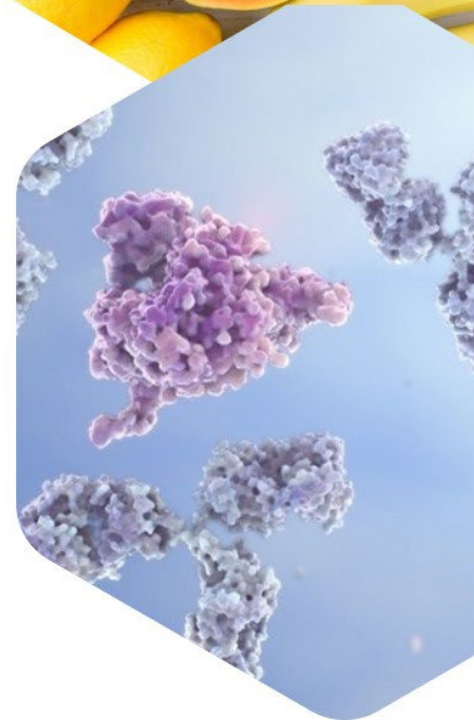
# Nutrition, Immune and Inflammatory Response to SAR-CoV-2

★ Potential for nutrition intervention



★ Inflammatory response  
ARDS

**Thank you!**





CENTER *for* HEALTH LAW  
*and* POLICY INNOVATION  
HARVARD LAW SCHOOL

# ADDRESSING FOOD & NUTRITION INSECURITY AMONG MEDICAID HCBS BENEFICIARIES



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Sarah Downer, JD  
Associate Director, Whole Person Care  
Center for Health Law and Policy Innovation  
Harvard Law School

# GOALS

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- **Medicaid flexibilities and opportunities to cover food and nutrition services for the HCBS population.**
- **Identifying food and nutrition insecurity in the HCBS population.**
- **Seizing moments of opportunity – coordinating nutrition support with nutrition counseling, lifestyle change programs, and disease management.**
- **Opportunities to improve the broader food environment during COVID-19.**

# HOME- AND COMMUNITY-BASED SERVICES

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- **Defined**: “Combination of health services that meet medical needs and human services that support daily living.”
- 1915(c) HCBS waiver eligibility requirements:
  - Demonstrate need for a Level of Care that would make the individual eligible for services in an institutional setting
- **For the HCBS population, access to nutrition interventions as part of health care is critical, especially during COVID-19.**



# MEDICAID PATHWAYS TO FOOD/NUTRITION ACCESS

Medicaid Waiver	Example
1915 (c) – HCBS for individuals otherwise requiring an institutional level of care	CO’s waiver allows for coverage of home-delivered meals
1915 (i) – HCBS for a slightly less medically-complex population	
1115 – demonstration waiver	NC Medicaid will provide meals, groceries, and/or transportation to food access points to certain individuals

## COVID and MEDICAID WAIVERS:

- 1915 (c) Appendix K – emergency changes to Medicaid program
- 1115 waiver amendments fast-tracked

# SCREENING FOR FOOD AND NUTRITION NEEDS

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- Increased use of social needs screening in health care settings
- States can require screening for Medicaid members via a waiver (e.g. Massachusetts)
- States can use their contracting authority to incentivize or require screening
- Food insecurity screening vs. screening for other nutrition needs

# COMPLEMENTARY NUTRITION SERVICES

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- Nutrition counseling / medical nutrition therapy – coverage varies in Medicaid from state to state and, within states, by plan; more standard in Medicare
- Diabetes self-management education or the Diabetes Prevention Program – coverage varies by state; covered in Medicare
- Rehabilitation (cardiac, pulmonary, etc.) services often include nutrition counseling
- In some cases, these services are paired with receipt of food.

# MAXIMIZING FOOD SECURITY FOR MEDICAID BENEFICIARIES

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- Case management can support connection to food supports (SNAP, etc.); some states authorize one application for Medicaid and SNAP
- States have used CARES Act relief funds to support medically-tailored and home-delivered meal providers and increase supply of nutritious foods at food banks and pantries.

# Developing Partnerships to Support Nutrition Security:

## Experiences of Project Open Hand & California Food Is Medicine Coalition



**Paul Hepfer**

CEO, Project Open Hand

<https://openhand.org>

and <https://calfimc.org>



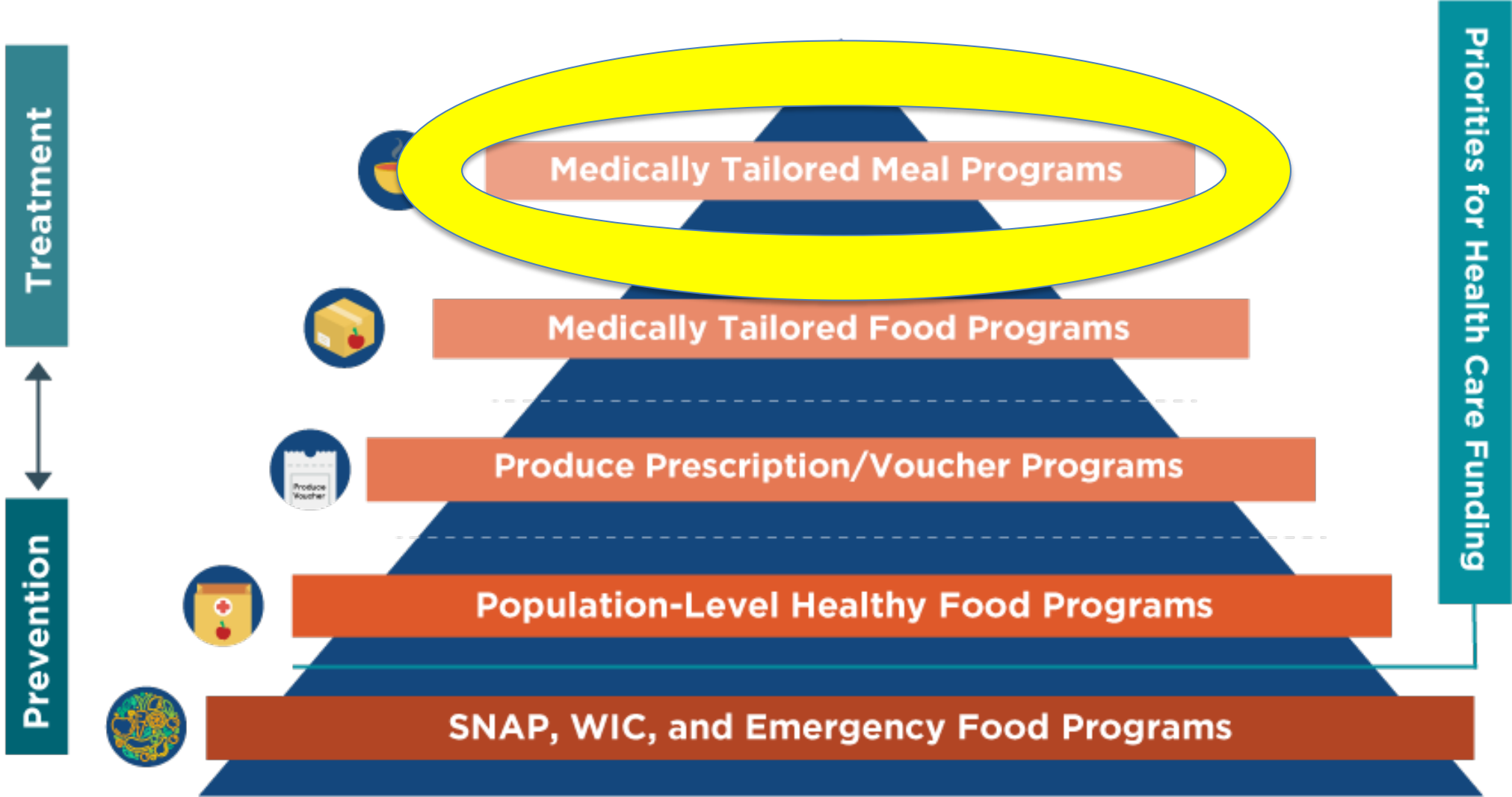
Project Open Hand™  
meals with love

# Outline

- Intro to Food Is Medicine
- CalFIMC and POH: Who We Are
- What We Do: Medically Tailored Meals (MTM) Programs and Benefits
- How: The Importance of Partnerships
- Lessons Learned



# FOOD IS MEDICINE PYRAMID



## Definition of Medically Tailored Meals

**Medically tailored meals (MTM) are meals approved by a Registered Dietitian Nutritionist (RDN) that reflect appropriate dietary therapy based on evidence-based practice guidelines.**

Diet/meals are recommended by a RDN based on a nutritional assessment and a referral by a health care provider to address a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes.



# Who We Are: CA Food Is Medicine Coalition and Project Open Hand

- Providers of Medically Tailored Meal Services (MTM) in California
- Coalition of six non-profit community based agencies, covering counties that represent 48% of the state population
- Over 150 years of collective experience providing **nutrition security** programs
- Focus on low-income patients with chronic and acute illnesses



# Who We Are: Emphasize *Nutrition Security*

- **Nutrition security** = a situation that exists when people, at all times, have access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life ([USDA, 2017](#)).
- Food security usually focuses on availability of *calories*.
- Nutrition security requires the intake of a wide range of foods which provides the *essential nutrients* that individuals need to maintain or improve their health status, including meeting specific needs ...([NLM, 2020](#)).



# Who & Where We Are



Food For Thought



healing with  
food+love



Project Open Hand  
meals with love



**HEALTH**Trust



PROJECT  
ANGEL  
FOOD

mama  kitchen



# What We Do

- **State Supported MTM Pilot Program**
  - 4-year pilot funded by \$6 million from CA legislature; Overseen by CA Department of Health Care Services
  - 1,000+ Medi-Cal patients
  - Complete nutrition (3 meals per day) for 12 weeks plus Medical Nutrition Therapy
  - Eligibility: CHF diagnosis, Medi-Cal patients
- **Collaborate with Health plans for MTM Programs**
  - Anthem, Blue Shield Promise, Kaiser Permanente
  - L.A. Care, San Francisco Health Plan



## What We Do (cont.): Who We Serve

- Collectively 75,000 meals per week, and up to 3.3 million meals annually
- Over 16,000 clients annually
- Emphasis on Health Equity:
  - 52% are People of Color
  - 51% are over 60 years old
  - 52% are under the poverty line



Project Open Hand  
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# Impacts of MTM Service

Evidence shows great benefits of MTM, including up to:

- **32%** Decline in Net Health Care Costs  
See [calfimc.org/research](https://calfimc.org/research) for details
- **63%** Reduction in Hospitalizations
- **50%** Improvement in Medication Adherence
- Increase in Patient Satisfaction



# How? Importance of Partnerships

- We are members of National Food is Medicine Coalition – sharing information & practices
- Formed California FIM Coalition to implement the state pilot program (with DHCS) in 2017
  - Coordinate data gathering and tracking
  - Share best practices – regular meetings
  - Collaborate on evaluation, problem-solving, strategy, fundraising, expansion, etc.



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## Partnerships (cont.)

- Collaborate with State Government Agencies
  - CA Department of Health Care Services
  - CA Department of Aging – Master Plan
  - Legislators as Champions
- Collaborate with County & Local Agencies
  - Departments of Aging & Disability
  - City & County Health Departments
- Federal Government
  - Administration for Community Living
  - FEMA
  - **New Federal Bill for MTM (McGovern)**



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# Partnerships (cont.)

- Collaboration with Health Plans
  - **Support of pilots/programs** – contracts with our member agencies for nutrition services
  - Advising (on our Medical Advisory council)
  - Some support and partnership in our advocacy efforts
  - Provide medical information and referrals for MTM programs



# Additional Partnerships (cont.)

- **Hospitals and clinics** (medical & nutrition experts, healthcare providers)
- Other non-profit organizations, on policy efforts & social services
- Food banks
- Food suppliers/companies
- Numerous Volunteers
- Philanthropy/foundations



## Lessons

- Perseverance and Partnerships Pay off
- Visibility, Credibility, and Involvement in Collaborative Policy Efforts
- Dedication to Nutrition Security for All
- Growing Recognition of the Importance of **Nutrition Security** → New Challenges and New Opportunities In response to COVID



## Questions? Comments?

Further information and references on

Project Open Hand: <https://openhand.org>

CA Food Is Medicine Website: <https://Calfimc.org>

Paul Hepfer, CEO, Project Open Hand

For more information on CA Food Is Medicine Coalition, contact  
Ann Thrupp, Director, [athrupp@openhand.org](mailto:athrupp@openhand.org)



# Food Insecurity & Innovative Nutrition

A Person Centered Approach  
“Wholesome Village”



**Bethesda NEWtrition & Wellness Solutions**  
Harlivleen Gill MBA, RDN, LDN

# Overview

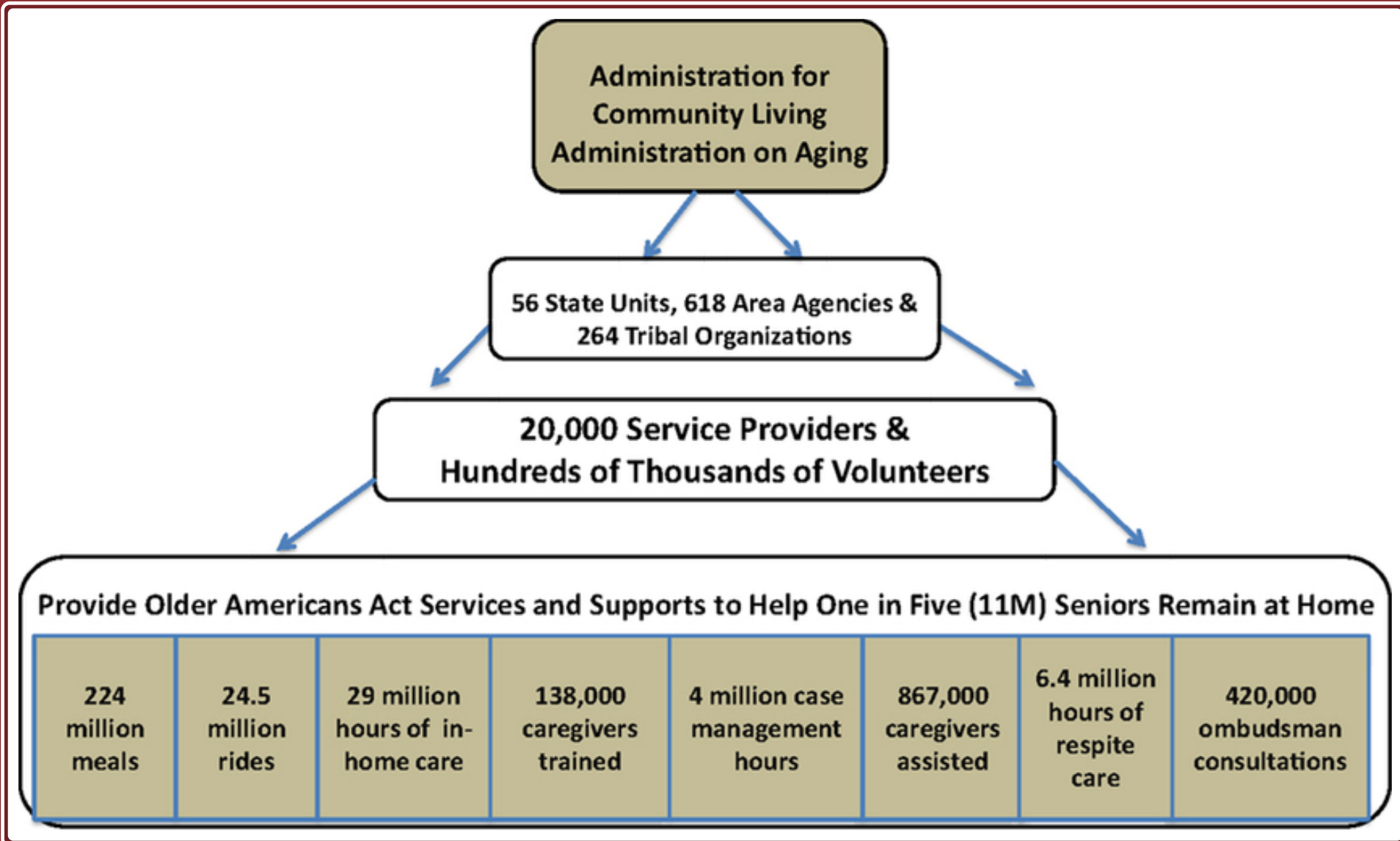
## Bethesda NEWtrition & Wellness Solutions'

Approach to Food Insecurity among HCBS

- Innovation
- Financial
- Expertise
- Design
- Delivery
- Best Practices



# Overview of the Aging Network



# Innovations in Aging ACL Innovations in Nutrition Project

## INNU2020 HC2C Project

### Objectives

Connecting healthcare to community based organizations through:

1. Technological connections in the **diabetes pathway**
  2. Combating **social isolation** by using technology
  3. Providing **medically tailored meals & nutrition education** by using technology
  4. Facilitating a sustainable model for **reimbursement** by payers
-



# Innovations in Technology

## Equity in Technology

- Use non-wifi dependent, interactive materials
  - User-friendly, “low-tech” tools for ordering meals from local co-ops or restaurants
  - Connecting through a bidirectional referral system using CRISP
    - CRISP: regional health information exchange for e-referrals & communication.
-

# Innovative Collaboration

## Key Partners

- Maryland Department of Health
- Maryland Primary Care Program
- Maryland Department of Aging
- Maryland Medicaid
- Carefirst Insurance

# Innovative Equity & Sustainability

## Considerations

Culturally Relevant & Medically Tailored Meals

Educational Resources to provide **person centered** outreach reaching recipients at their technology level, language, culturally competent

Self sustaining model starting at the local level

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# INNU Outcomes

## Categories

- Patient reported outcomes
- Clinical Outcomes
- Improved Utilization of Resources



# Financial Considerations

## Funding

**Traditional** Funding sources under the Older Americans Act, Title III

**Emerging:** Using the Social Determinants of Health Reimbursement Models for long term coverage of meals & services by payers

**Temporary:** COVID19 CARES Act allocated additional funding for AAA's increased needs for meals & other needed services.

# Expertise of — RDNs —

## Registered Dietitian Nutritionists

RDNs are the food & nutrition experts who can translate the science of nutrition into practical solutions for healthy living.

RDNs use their nutrition expertise to help individuals make unique, positive lifestyle changes.

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-EatrightPro.Org

# Wholesome Village: Design

- Shelf stable, medically tailored meals designed by Registered Dietitians
- Meals, menus & recipes meet regulatory requirements & are crafted for a variety of dietary & culturally relevant needs
- Connection to resources for lifestyle change, nutrition counseling, & self management programs
- Outreach that allows for “unplugged” access & technologically equitable to our “Virtual Village”.
- Equitable technology, interactive materials, **non-wifi dependent** for those at risk for social isolation

**Providing a sense of community through food & access to resources**



**SCAN ME**



[bnws.co/wholesomevillage](https://bnws.co/wholesomevillage)

# Wholesome Village: Delivery

## **Shelf stable meals to the rescue!**

When the COVID-19 pandemic began, access to food supply was limited & supply chain issues made food delivery timing & stock availability unstable.

**\*The Wholesome Village closed 2020 providing approximately 400,000 meals to those in need\***

### **Key factors to our success:**

“Shelf Stability” of the Meals

Centralized Distribution

Collaboration: Healthcare>CBO’s

Strategic food service planning by the RDNs leading the program



# Best Practices Takeaways

Pricing it right!

Consistency in design & delivery for a scalable capacity model

Expertise of **RDNs** in nutrition solutions to enhance the efficiency of resources

Creating a network with trusted community partners such as AAAs for true needs assessment of the community

Using the think “outside the box” approach for solving food insecurity & social isolation issues

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From our Village to yours  
Thank you!



# Resources

## LINKS

[Administration for Community Living \(ACL\)](#)

[INNU Grant Award Recipients](#)

[Innovations in Nutrition Programs & Services](#)

[“n4a” National Association of Areas on Aging](#)

[Academy of Nutrition & Dietetics](#)

[Food is Medicine Coalition](#)

[Better Medicare Alliance](#)

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# Older Americans Act Senior Nutrition Program



**Judy Simon**, MS, RD, LDN

National Nutritionist

Administration for Community Living

Administration on Aging

Judy.Simon@acl.hhs.gov

[www.acl.gov](http://www.acl.gov)



## Older Americans Act Nutrition Services for Older Adults

Services include congregate and home-delivered meals, nutrition screening, assessment, education and counseling.

### Intent:

- Reduce hunger, food insecurity and malnutrition
- Promote socialization
- Promote the health and well-being

## Eligibility

- 60 years of age and spouse of any age
- No income requirement
- Cost-sharing not permitted; donation-based services
- Nutritional requirements are the Dietary Guidelines for Americans and the Dietary Reference Intakes

## Targeted Populations

Nutrition Services are not intended to reach every individual in the community. Programs target adults age 60 and older who are in greatest social and economic need, with particular attention to the following groups:

- Low-income older adults
- Minority older individuals
- Older adults in rural communities
- Older individuals with limited English proficiency
- Older adults at risk of institutional care

## Nutrition Services for Older Adults

Approximately 5,000 providers together serve more than 900,000 meals a day in communities across the country.

Nutrition Programs are funded (in part) by ACL, which administers the Older Americans Act. They are also funded by:

- State and local governments,
- Foundations,
- Direct payment for services,
- Fundraising,
- Program participants' voluntary contributions (time and/or money), and
- Other sources.



## Results and Impact

Hospital, Emergency  
Department and Nursing  
Homes

- 80% of congregate meal participants believe their health is improved
- Congregate and HDM participants have lower healthcare utilization
- Percentage of low-care nursing home residents are reduced 1% for every \$25 spent on HDMs per year per adult

# Unprecedented Times

Service providers are:

- Providing meals in a non-contact environment
- Maintaining food safely during preparation through delivery
- Alleviating social isolation
- Addressing service gaps-especially in rural areas and tribal areas



Non-Contact Meal  
Delivery Pivot

# Innovations in Nutrition

## [2017-2020 Grantee Summaries](#)

Innovative projects that enhance the quality, effectiveness, and outcomes of nutrition services programs provided by the national aging services network.

## 2021 Funding Announcements

- Community Research
- Statewide Research

# To Learn More About the Aging Network

ACL website

- [Information for Partners, Researchers, Professionals](#)
- [Nutrition Services](#)
- [COVID-19 Resources for Network and Consumers](#)
- [National Survey of Older Americans Act Participants](#)

*Coming Soon!* [National Resource Center on Nutrition & Aging](#)

[National Council on Aging](#)

[ADvancing States](#)

[National Association of Area Agencies on Aging](#)

[National Association of Nutrition & Aging Services Programs](#)

[Meals on Wheels America](#)

# Resources: Older Adult Food Insecurity & Malnutrition

[Food Research & Action Center](#)

[Feeding America](#)

[DefeatMalnutrition.Today](#)

- [National Blueprint: Achieving Quality Malnutrition Care for Older Adults](#)
- [Quality Malnutrition Care](#)

[Community Malnutrition Resource Hub](#) (National Council on Aging)

[Malnutrition Solution Center](#) (American Society of Parenteral & Enteral Nutrition)

[Nutrition Focused Physical Exam](#) (Academy of Nutrition & Dietetics)



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