

### Nourishment. Delivered.



## We deliver more than meals. We nourish healthy wellbeing.



#### Roots in older adults





MEALS WHEELS AMERICA

#### 679 congregate sites | 10,000 homes

18+ million OAA hot catering & home meals



#### Proud meal partner







### 7 major hurricanes | 1 major pandemic

# 42+ million relief meals

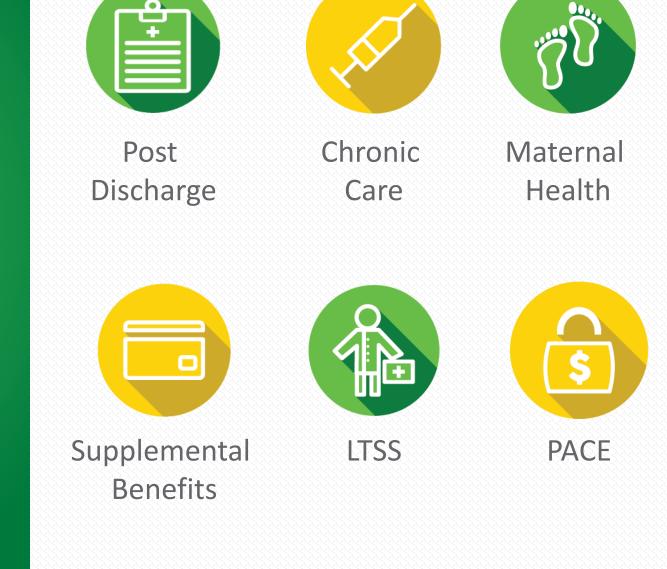


## Largest supplier of non-MRE meal kits to the U.S. Military

## 900,000+ military support meals

# We deliver meal solutions for

# any plan program or member need.



We deliver healthy variety to accommodate all tastes and needs with

RD-designed menus, 60 DRI<sup>\*</sup>-meal varieties, nutrition-rich additions from local providers, and shelf-stable options.

\*Dietary Reference Intakes



## Fresh produce & fruits



## Prepared flash-frozen meals



## Shelf stable, pantry & supplements





## We deliver food as medicine



#### High Calorie, High Protein

- Malnutrition
- Cancer
- HIV
- Wound Healing
- Surgical Recovery
- Breastfeeding Mothers
- Post C-Section



#### Low Sodium, Heart Healthy

- Congestive Heart Failure
- Hypertension
- Expecting mothers
- Pre-eclampsia





#### Weight Management

- Obesity
- Weight standards
- Expecting mothers



## Reduce costs & admissions with medically-tailored meals

- Participation in medically-tailored meals program appears to be associated with fewer skilled nursing admissions and less overall medical spending
- Difference of \$3,828 vs. \$4,592 in cost of monthly care
- Approximately a 50% reduction in inpatient admissions for those who participated in a medically-tailored meals delivery program
- Reduction of 16% in healthcare costs



Berkowitz, D. et al. Association Between the Receipt of a Medically Tailored Meal Program and Health Care Use JAMA Intern Med. 2019;179(6):786-793. doi:10.1001/jamainternmed.2019.0198

## Malnutrition is a leading cause of hospitalization & readmissions

- Greater than one-third of patients are malnourished upon admission to the hospital
- If left untreated, approximately two-thirds of these patients will become even more compromised during their hospitalization
- Roughly one-third of patients not malnourished at admission will become malnourished during their hospital stay
- 30-day readmission rates decreased from 16.5% to 7.1% in a community hospital that implemented a comprehensive nutrition intervention plan



#### FROM THE ACADEMY

#### Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition

Kelly A. Tappenden, PhD, RD, FASPEN; Beth Quatrara, DNP, RN, CMSRN; Melissa L. Parkhurst, MD; Ainsley M. Malone, MS, RD; Gary Fanjiang, MD; Thomas R. Ziegler, MD

#### ABSTRACT

The current era of health care delivery, with its focus on providing high-quality, affordable care, presents many challenges to hospitalbased health professionals. The prevention and treatment of hospital malnutrition offers a tremendous opportunity to optimize the overall quality of patient care, improve clinical outcomes, and reduce costs. Unfortunately, malnutrition continues to go unrecognized and untreated in many hospitalized patients. This article represents a call to action from the interdisciplinary Alliance to Advance Patient Nutrition to highlight the critical role of nutrition intervention in clinical care and to suggest practical ways to promptly diagnose and treat malnourished patients and those at risk for malnutrition. We underscore the importance of an interdisciplinary approach to addressing malnutrition both in the hospital and in the acute post-hospital phase. It is well recognized that malnutrition is associated with adverse clinical outcomes. Although data vary across studies, available evidence shows that early mutrition intervention an reduce complication rates, length of hospital stay, readmission rates, mortality, and cost of care. The key is to systematically identify patients who are malnourished on at risk and to promptly intervene. We present a novel care model to drive improvement, emphasizing the following six principles; (1) create an institutional culture where all stakeholders value nutrition; (2) redefine clinicians' moles to include nutrition care; (3) recognize and diagnose all malnourished patients and those at risk; (4) rapidly implement comprehensive duscharge nutrition care and education plan. Jacad way to 2013;113:129-1207.

| HE UNITED STATES IS<br>entering a new era of health<br>care delivery in which changes<br>in health care policy are driving<br>an increased focus on costs, quality,<br>and transparency of care. This new<br>focus on improving the quality and ef- | elevate the role of nutrition care as a<br>critical component of patient recovery.<br>Malnutrition is common in the hospital<br>setting and can adversely affect clinical<br>outcomes and costs, but it is often<br>overlooked. Although results of inter-<br>vention studies vary, addressing hospi- | as part of improved quality standards<br>and to leverage proven examples for<br>success.<br>Effective management of malnutri-<br>tion requires collaboration among<br>multiple clinical disciplines. In many<br>hospitals, malnutrition continues to be |
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| ficiency of hospital care highlights an   | tal malnutrition has the potential to   | nospitals, mainutrition continues to be<br>managed in silos, with knowledge and   |
| urgent need to revisit the long-standing  | improve quality of patient care and   | responsibility provided predominantly   |

Tappenden, KA, et al. Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. J Parenter Enteral Nutr 2013;37:482-497.



## Thank you

