Problem Statement

The Centers for Disease Control (CDC) defines social determinants of health as the complex, integrated, and often overlapping structural, economic, and political forces that shape the conditions in which people are born, live, work, and age. Examples include systemic racism, gender inequities, and economic systems that are responsible for most health inequities. As organizations seek opportunities to improve quality of care and individual health outcomes while reducing overall costs, they are exploring ways to address individual social determinants of health within the context of traditional care, services, and delivery models.

Availability of resources to meet daily needs, including good nutrition, is considered critical to promote good health. However, approximately 40% of the community at any given time are malnourished or at risk of malnutrition.1 The number is even higher in the acute and post-acute care settings.2

Malnutrition is defined as a nutrition intolerance, including undernutrition and overnutrition, and is a common health problem that most likely, if not correctly identified, can contribute to a cycle of poor health, including increased risk of chronic disease, frailty, institutionalization, and mortality.2

To date, standards of care tools, and best practices to address malnutrition have not been systematically adopted across care settings, and coordination amongst medical and social service providers to manage individual nutrition needs have been limited. To address this social determinant of health, a limited number of healthcare and community-based providers are developing and testing innovative channels through which they can better identify and care for the nutrition needs of malnourished individuals and individuals at risk of malnutrition.

Aim Statement

Identify innovative models being introduced in the hospital, primary care, and community care settings to address nutrition-related social determinants of health through better delivery of high-quality, coordinated care to individuals who are malnourished or at risk of malnutrition and across different care settings. Further, we sought to identify tools, resources, and case management services that can be used individually or in combination to support patients while at the clinician's office and once they leave.

Limited Efforts to Address Individuals’ Nutrition Needs Across Care Settings

Findings from the literature review support the provision of nutrition evaluation and treatment in community settings. They also highlight the need for malnutrition risk assessment tools and case management services that can be used individually or in combination to support patients while at the clinician's office and once they leave.

Three Models to Improve Care Coordination

Recognizing the limited efforts to date to identify, manage, and coordinate care for patients’ nutrition needs across care settings, we sought to understand the key elements of these three successful local models that identify currently being implemented or evaluated in the acute and community-based settings. Each of these approaches has the goal of helping the individual maintain good nutrition to support optimal health and, to the extent possible, avoid hospital admission (or readmission) or premature admission to a nursing home, potentially avoiding hospital readmission or delays need to nursing home, delayed care coordination, and technology to rapidly identify and intervene on potential malnutrition or social issues that could put an individual at risk of malnutrition or other health problems.

Figure 4. Integration of Nutrition and Social Services into Atera-Meals on Wheels Care Coordination Model

Figure 5. Key Elements for Successful Models to Identify and Manage Individuals’ Nutrition Needs

Conclusion: Scaling Models Intended to Address Malnutrition and Other Social Determinants of Health

Considering the increasing presentation of patients with lifestyle-related chronic diseases and the growing focus on social determinants, it is anticipated that the need for nutrition care will continue to increase in the future.2 The three models highlighted here have the potential to be scaled to other healthcare and community-based providers looking to address nutrition as a social determinant of health. Specifically, these three models present more targeted approaches to support care coordination and care delivery to vulnerable patients that go beyond traditional nutritional counseling.

In depth study of these models presents opportunities for healthcare organizations and community-based providers to rethink their current care models and the social determinants of health. First, effectively scaling these models will require flexibility and adaptability to meet the diverse implementation and resource needs of the communities in which they will be implemented. Second, scaling such models may require enhanced partnerships between and across care settings and healthcare stakeholders. For example, requirements of such models can be merged with data from pilots to implement models in a more targeted fashion and expand these approaches to different settings and across diverse populations. Moreover, multi-stakeholder partnerships can be leveraged to evaluate and implement the impact of addressing the social determinants of health, including nutrition care. As an organization begins to investigate how to best utilize traditional models of healthcare and community service delivery to address social determinants of health, it should focus on partnering across care settings and collaborations may elevate the overall effectiveness of such efforts.

References