

Increasing Nutrition Referrals through Interprofessional Collaborative Practice and Culturally Sensitive Initiatives

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BACKGROUND

Nutrition assessments and optimal HIV care are closely intertwined. However, patients at STAR had been reluctant to engage in nutritional services. Through utilizing Consumer Advisory group feedback, changes in approaching patients utilizing interprofessional collaborative practice and culturally sensitive initiatives were undertaken to optimize referrals. Collaborative practice is a partnership that creates an interprofessional team designed to work on common goals to improve patient outcomes through sharing knowledge to improve the quality of patient care.

PURPOSE

To optimally engage PLWHA in nutritional care while providing culturally competent information and utilizing an interprofessional team approach.

METHODS

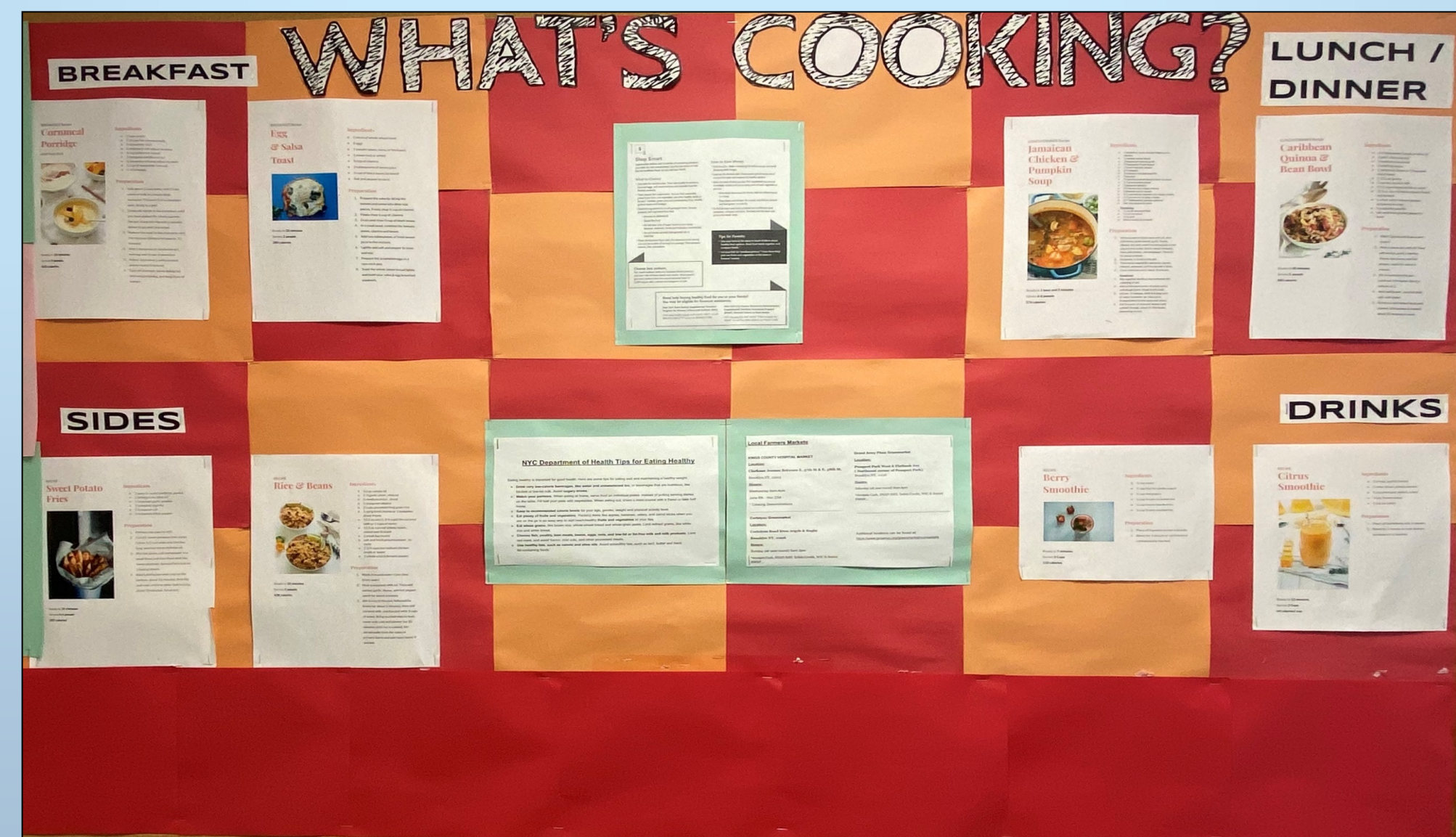
The Consumer Advisory group of patients engaged at STAR Health Center were surveyed on their experiences receiving nutritional services in 2017. Feedback provided suggested that patients desired more culturally sensitive food recommendations and individualized meal plans. Over the course of 2017 and 2018 culturally sensitive food initiatives were implemented. These initiatives included a biannual cooking class, culturally sensitive recipe book and bulletin board with recipes posted in clinic. In mid 2018, interprofessional collaborative practice and co-visits were implemented in which the nutritionist would join the medical provider during the visit to individually review and tailor nutritional plan for patient.

RESULTS

Baseline unique patient nutrition referrals for 2016 were 296, (goal of 400 patients per year). In 2017 after piloting culturally sensitive initiatives (biannual cooking class and culturally sensitive recipe book and bulletin board), the referrals for 2017 and 2018 increased to 344 and 382, respectively. In 2019, after implementing the interprofessional collaborative practice and joint visits between nutritionist and medical provider at selected sessions, our site surpassed its goal of 400 unique patients (as of December 2019). Patients had a high acceptance rate of seeing the nutritionist with the provider.

RESULTS

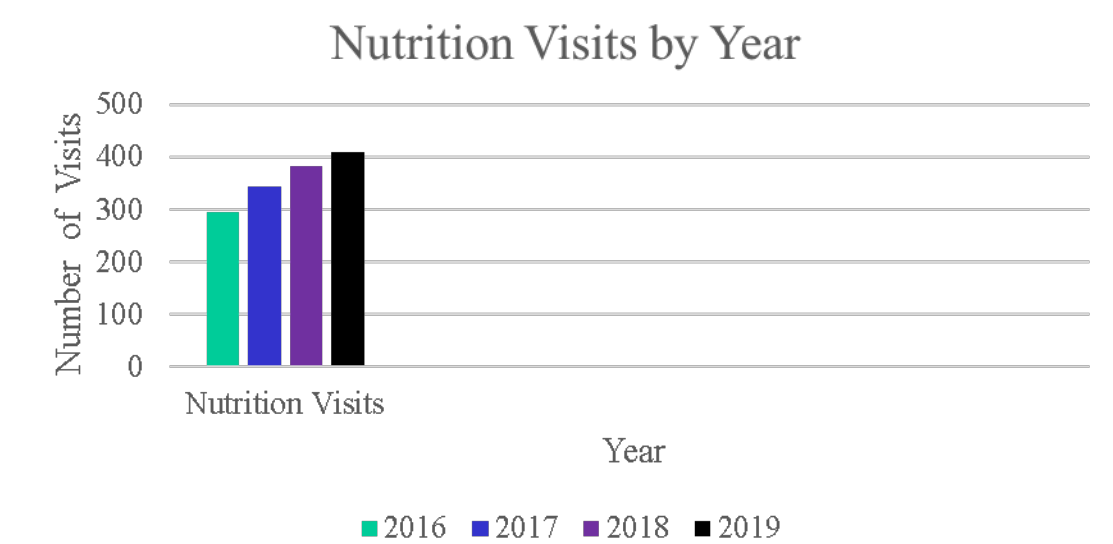
Figure 1:
 Bulletin board in clinic displaying culturally sensitive and healthy food recipes.



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RESULTS

Improvement of Visits Over Time



LIMITATIONS

Cooking class was not feasible to be offered to every patient but only as a first come-first served basis limited to 12 participants. Additionally, the class was provided by the hospital chef and incurred a charge for program per cooking class of approximately \$300.

CONCLUSIONS

Nutrition is a critical service offered to people living with HIV/AIDS. Utilizing Consumer Advisory group feedback by combining both a culturally sensitive approach and collaborative practice improved referral rates and is sustainable over time.

LESSONS LEARNED

Currently, our nutritionist is pursuing initiatives of obtaining healthbucks and collaborating with patients to obtain fresh food from farmer's market and closely monitoring food insecure patients.