

### # 3 | MEDICAL NUTRITION THERAPY

**Category:** Basic Needs of Clients

**Agency:** Children's National Medical Center

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**Subpopulation:** Youth

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**Regional Group:** Washington, D.C./Virginia

**Evidence of Improvement:** Yes

**Other Data:** Yes

**Intervention:** Implemented medical nutrition therapy to patients with food insecurity.

#### Change Ideas:

- Screened patients for food insecurity through a two-question verbal survey
- Nutrition assistance was provided to those expressing food insecurity via community resources (i.e., food bank), grocery gift card vouchers, grocery bags, etc.
- Held cooking classes, which taught nutrition principles lead by registered dietitian, and were open to patients, their parents, and their siblings
- Distributed healthy produce with recipes, \$8 worth of fresh fruits and vegetables in bags at each visit, chosen weekly by registered dietitian at local grocery store

#### Intervention Description:

The Academy of Nutrition and Dietetics supports integration of medical nutrition therapy (MNT) into routine care for people with HIV (PWH). MNT is an approach that has been found to improve the effectiveness of antiretroviral therapy (ART).<sup>1</sup> MNT (with or without oral nutritional supplementation) has also shown to improve outcomes related to energy intake among PWH.<sup>2,3</sup> Medical nutrition therapy was provided by Children's National Medical Center to youth ages 13-24 years with food insecurity through cooking classes and distribution of healthy produce bags. Screening for food insecurity was carried out using the American Academy of Pediatrics Vital Signs survey, consisting of two questions, which was administered verbally in a conversational style by Registered Dietitian at clinic visits for each patient to assess if food insecurity existed among them. Between August 2018 and August 2019, 54 out of the 206 patients screened (26%) were found to be positive for food insecurity. Responses were documented in patient EMR. Additionally, nutrition assistance was provided to those expressing food insecurity via

<sup>1</sup> Spada C, Treitinger A, Reis M, Masokawa IY, Verdi JC, Luiz MC et al. An evaluation of antiretroviral therapy associated with alphatocopherol supplementation in HIV-infected patients. *Clinical Chemistry and Laboratory Medicine*. 2002. 40:456-459.

<sup>2</sup> Rabeneck L, Palmer A, Knowles JB, Seidehamel RJ, Harris CL, Merkel KL et al. A randomized controlled trial evaluating nutrition counseling with or without oral supplementation in malnourished HIV-infected patients. *Journal of the American Dietetic Association*. 1998. 98(4):434-8.

<sup>3</sup> Schwenk A, Steuck H, Kremer G. Oral supplements as adjunctive treatment to nutritional counseling in malnourished HIV-infected patients: randomized controlled trial. *Clinical Nutrition*. 1999. 18(6):371-4.

community resources (i.e. food bank), grocery gift card vouchers, and grocery bags. From September 2018 to August 2019, cooking classes were held 1-2 times per month. Produce distribution began in July 2018, which included \$8 worth of fruits and vegetables per visit, along with recipes. The produce was chosen weekly by the Registered Dietitian based on seasonality and price. Viral suppression among youth increased from 68.3% (125/183) to 71.5% (118/165) during this intervention.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p><b>Yes</b></p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p><b>3-Effective</b></p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p><b>N/A</b></p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p><b>Yes</b></p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p><b>Yes</b></p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p><b>2-Somewhat Easy to Replicate</b></p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p><b>\$\$\$</b></p>	