

# **Using Medical Nutrition Therapy: Innovative Practices in HIV Clinical Care to Improve Health Outcomes**

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**August 24, 2016**

# Disclosures

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**Presenters have no financial interest to disclose.**

**This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.**

**PESG, HRSA, and LRG staff has no financial interest to disclose.**

# Learning Objectives

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**At the conclusion of this activity, the participant will be able to:**

- **Summarize the Medical Nutrition Therapy service category description in the Ryan White HIV/AIDS Program (RWHAP).**
- **Describe essential tools and evidence based guidelines to facilitate Medical Nutrition Therapy for people living with HIV/AIDS in the clinical setting.**
- **Model innovative Medical Nutrition Therapy and food security programs to increase their clients' retention in HIV clinical care and treatment.**

# Obtaining CME/CE Credit

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If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

# **HIV/AIDS Bureau Vision and Mission**

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## **Vision**

**Optimal HIV/AIDS care and treatment for all.**

## **Mission**

**Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.**



# HIV/AIDS Bureau Priorities

- **National HIV/AIDS Strategy (NHAS) 2020/President's Emergency Plan For AIDS Relief (PEPFAR) 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration



# Three Questions Answered in the Next 90 Minutes

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- How may Medical Nutrition Therapy (MNT) be implemented in Ryan White HIV/AIDS Program (RWHAP) funded clinical settings?
- What tools are available to facilitate MNT for People Living With HIV/AIDS (PLWH) in the RWHAP clinical setting?
- How can MNT and food security programs increase retention in HIV clinical care and treatment?

# How may MNT be implemented in RWHAP funded clinical settings?

- The Ryan White HIV/AIDS Treatment Extension Act 2009:
  - First enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.
  - Amended and re-authorized in 1996, 2000, 2006, & 2009.
  - Medical Nutrition Therapy added as a Core Medical Service in 2006 re-authorization.
- Medical Nutrition Therapy is considered a Core Medical Service and is found:
  - In Part A (Sec. 2604 Use of Amounts, (c) Required Funding for Core Medical Services (3) Core Medical Services (H) MNT).
  - In Part B (Sec. 2612 General Use of Grants (b) Required Funding for Core Medical Services (3) Core Medical Services (H) MNT).



# Why is this Information Important to Registered Dietitians and others?

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- Registered Dietitians (RD) colleagues within HIV/AIDS Bureau and the RWHAP:
  - Can connect you with State and Local HIV resources to connect PLWH into MNT.
  - Can connect you with other RDs who specialize in HIV MNT.

# Why is this Information Important to Registered Dietitians and others?

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- RWHAP service provision
  - Some RWHAP programs will pay for insurance premiums, co-pays, and deductibles—varies by State/Territory.
- Health Care Coverage
  - Some private insurance plans and/or Medicaid may cover MNT, but some may not—important to know what plans your state offers and if MNT is included.



# Why is this Information Important to Registered Dietitians and others?

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- Importance of MNT for PLWH:
  - Chronic Conditions and Comorbidities
  - Medication side effects:
    - Nutrition
    - Pharmaceutical induced comorbidities

# Why is this Information Important to Registered Dietitians and others?

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- PLWH living longer due to treatment regimens
  - Elderly PLWH
- Treatment regimens and side effects:
  - Liver (Hepatotoxicity)
  - Renal Insufficiency
  - Hyperlipidemia
  - Lipodistrophy
  - Osteoporosis

# AIDSinfo website



**AIDSinfo**  
Offering information on HIV/AIDS Treatment, Prevention, and Research

1-800-448-0440 | Contact Us | En Español

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### Updated Adult guideline now available!

[View](#)

#### News

March 1, 2016  
AIDSinfo At-a-Glance Issue 6

March 1, 2016  
Complera Drug Label Updated

March 1, 2016  
FDA Approves New Combination Drug Odefsey

[Search News](#)

#### Guidelines

Federally approved HIV/AIDS medical practice guidelines

- View and Download the Guidelines
- Adult ARV Guidelines
- Pediatric ARV Guidelines
- Perinatal Guidelines
- Adult OI Guidelines
- Pediatric OI Guidelines

#### Clinical Trials

Search tool to find HIV/AIDS-related clinical trials

Enter Search Term(s) [Search](#)

- HIV/AIDS-Related Clinical Trials
- HIV Preventive Vaccine Clinical Trials
- HIV Therapeutic Vaccine Clinical Trials

#### Drugs

Information on HIV/AIDS-related drugs

- HIV/AIDS-Related Drugs
- FDA-Approved HIV/AIDS Drugs
- Investigational HIV/AIDS Drugs

#### HIV/AIDS Health Topics

#### Education Materials

#### Mobile Resources & Tools

# HAB Website

About Deliver HIV/AIDS Care Get Help Manage Your Grant Data News & Publications Global HIV/AIDS ACA

**Moving Forward with CARE:**  
Building on 25 Years of Passion, Purpose, and Excellence

**Ryan White HIV/AIDS Program Annual Client-Level Data Report**

Working Towards An AIDS-free Generation.

[Learn More](#)

**Ryan White HIV/AIDS Program**

The Ryan White HIV/AIDS Program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The program fills gaps in care not met by other payers.

[About Ryan White](#)  
Ryan and his Mom helped educate the Nation about HIV/AIDS.

**HIV/AIDS Services**

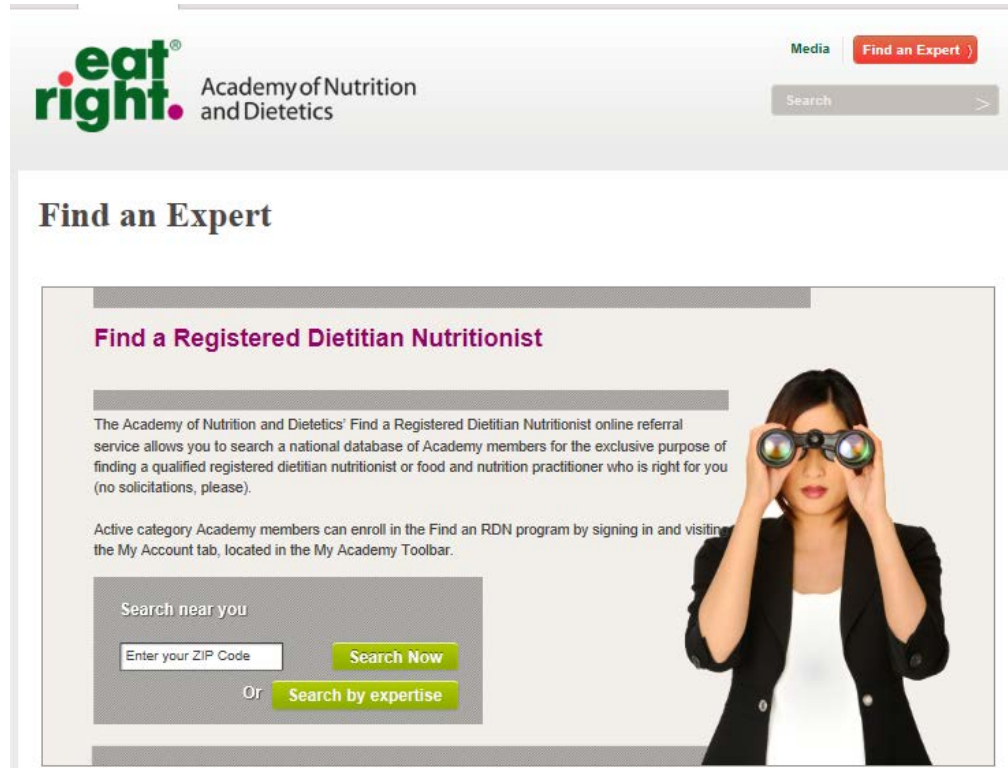
**Find HIV/AIDS Medical Care**

[Get Help](#)  
Ryan White services are for people with HIV/AIDS who need care, but can't afford it.

[How to Deliver Care](#)  
High quality HIV/AIDS care happens according to [Guidelines/Protocols](#).

**Ryan White HIV/AIDS Program**  
**Moving Forward with CARE:**

# Academy of Nutrition and Dietetics – Find a Dietitian



The screenshot shows the 'Find an Expert' page of the Academy of Nutrition and Dietetics. At the top left is the 'eat right' logo, and to its right is the text 'Academy of Nutrition and Dietetics'. In the top right corner, there are links for 'Media' and 'Find an Expert', and a search bar with a 'Search' button. The main heading is 'Find an Expert'. Below this is a section titled 'Find a Registered Dietitian Nutritionist'. The text in this section explains that the online referral service allows users to search a national database of Academy members for the exclusive purpose of finding a qualified registered dietitian nutritionist or food and nutrition practitioner who is right for them (no solicitations, please). It also states that active category Academy members can enroll in the Find an RDN program by signing in and visiting the My Account tab, located in the My Academy Toolbar. To the right of this text is an image of a woman in a black blazer and white top, holding binoculars to her eyes. Below the text is a search form with the heading 'Search near you'. It contains a text input field labeled 'Enter your ZIP Code', a green 'Search Now' button, the word 'Or', and another green 'Search by expertise' button.

**eat right** Academy of Nutrition and Dietetics

Media Find an Expert

Search

## Find an Expert

### Find a Registered Dietitian Nutritionist

The Academy of Nutrition and Dietetics' Find a Registered Dietitian Nutritionist online referral service allows you to search a national database of Academy members for the exclusive purpose of finding a qualified registered dietitian nutritionist or food and nutrition practitioner who is right for you (no solicitations, please).

Active category Academy members can enroll in the Find an RDN program by signing in and visiting the My Account tab, located in the My Academy Toolbar.

Search near you

Enter your ZIP Code Search Now

Or Search by expertise

# Academy of Nutrition and Dietetics – HIV AIDS DPG

The screenshot displays the website of the Academy of Nutrition and Dietetics, specifically the HIV/AIDS Dietetic Practice Group (DPG) page. The header includes the 'eatright PRO' logo and navigation links for 'Advocacy', 'Leadership', 'Practice', 'Research', and 'Career'. A search bar is also present. The main content area is titled 'HIV AIDS' and features a sidebar with a list of topics: Disease Prevention and Treatment, Access to Health Care, Diabetes and Pre-Diabetes, HIV AIDS, Obesity and Weight, Cancer, Cardiovascular, Life Cycle Nutrition, Healthy Food Systems and Access, Quality Health Care, Action Center, and Political Action Committee. The main text area discusses the inflammatory nature of HIV and the importance of nutrition, with links to 'Why Nutrition is an Essential Part of HIV/AIDS Care' and 'An Overview of the Ryan White HIV/AIDS Program Reauthorization'.

eatright PRO Academy of Nutrition and Dietetics

Advocacy Leadership Practice Research Career Member Benefits

## HIV AIDS

Because of the inflammatory, damaging nature of the illness and side effects of antiretroviral therapies, those with HIV are at greater risk for heart disease, diabetes and certain cancers. A healthy diet protects against developing these conditions. Good nutrition is a valuable tool for people with HIV and AIDS, and the Academy supports policy that provides improved access to nutrition care for HIV/AIDS patients.

**Why Nutrition is an Essential Part of HIV/AIDS Care**  
Research has indicated that poor nutritional status can affect immune function independent of HIV infection. [Read More](#)

**An Overview of the Ryan White HIV/AIDS Program Reauthorization**  
The Ryan White HIV/AIDS Program is the largest federal program dedicated to providing treatment and care to people living with HIV/AIDS. [Read More](#)





# For More Information

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- HRSA HIV/AIDS Bureau: <http://hab.hrsa.gov/index.html>
- 2014 Ryan White Data Report: <http://hab.hrsa.gov/data/servicesdelivered/2014RWHAPDataReport.pdf>
- Academy of Nutrition and Dietetics – HIV AIDS Information: <http://www.eatright.org/resources/health/diseases-and-conditions/hiv-aids>
- Academy of Nutrition and Dietetics – HIV AIDS (AND Membership required): <http://www.eatrightpro.org/resources/advocacy/disease-prevention-and-treatment/hiv-aids>
- Academy of Nutrition and Dietetics – Find a Dietitian: <http://www.eatright.org/find-an-expert>
- TARGET Center: <https://www.careacttarget.org/>
- TARGET Center – Find a Grantee: <https://www.careacttarget.org/grants-map/all>
- AIDSinfo – Side Effects of HIV Medications: <https://aidsinfo.nih.gov/education-materials/fact-sheets/22/63/hiv-medicines-and-side-effects>
- AIDS.gov – Treatment Options Side Effects: <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/treatment-options/side-effects/>
- Medline Plus – NIH U.S. National Library of Medicine: <https://www.nlm.nih.gov/medlineplus/hivaidsmedicines.html>
- DHHS AIDSinfo - <https://aidsinfo.nih.gov/>



# Essential Tools for HIV Medical Nutrition Therapy

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Division of HIV and STD Programs  
Los Angeles County Department of Public Health  
August 24, 2016





## Presentation Objective

- Participants will be able to utilize up-to-date evidence-based recommendations and other peer-reviewed tools and resources to facilitate medical nutrition therapy (MNT) for people living with HIV/AIDS in the clinical setting

- **Presentation Reality Check**

- Emphasize essential HIV MNT tools
- Give you the short answer in 3 points:



1. Find an expert, a registered dietitian nutritionist (RDN), grounded in nutrition science,
2. The RDN is eager and interested in working with people living with HIV/AIDS, and
3. The clinic administration and staff provide physical, financial, learning, cooperative, IT, data, emotional, resources and environment to support the RDN's ongoing dynamic nutrition work

## Peer-Reviewed Resources

- **Health Resources Services Administration, HIV/AIDS Bureau (HRSA/HAB)**
  - **1** *Health Care and HIV: Nutritional Guide for Providers and Clients* (1996, rev. 2002 & reviewed 2016)
  - **2** Nutrition (Section 3, Health Care Maintenance and Disease Prevention) in
    - **3** *Guide for HIV/AIDS Clinical Care* (April, 2014)
  - **4** *Integrating Nutrition Therapy into Medical Management of Human Immunodeficiency Virus* (CID suppl., 2003)
  - **5** Other Nutrition Resources from **AETC**

A shout out of THANKS to HRSA/HAB and:  
Deborah Parham Hopson, Barbara Aranda-Naranjo,  
Laura McNally Nelson, Celia Peacock, Carol Treat,  
Barbara Scott, Pamela Rothpletz-Puglia, Kathleen M Edelman,  
Stephen Young, more

# Evidence-Based Nutrition Practice (EBNP)

- Is defined as the
  - use of systematically reviewed scientific evidence in
  - making food and nutrition practice decisions by
  - integrating best available evidence with
  - professional expertise and client values
  - to improve outcomes.
    - Academy of Nutrition and Dietetics (AND)



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The EAL follows a rigorous  
and highly respected Methodology.

Process with integrity



**WELCOME**  
Free to Academy Mem...

**EVIDENCE-BASED R...**  
Credible Science

**PROFESSIONAL**  
Applying the Research

**RELEVANT**  
Access from Anywhere...

**METHODOLOGY**  
Process with Integrity

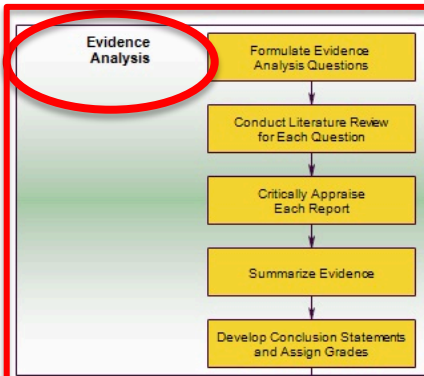
Welcome to the Evidence Analysis Library. Your Food and Nutrition Research Resource.  
Answering food and nutrition questions with systematic reviews since 2004.



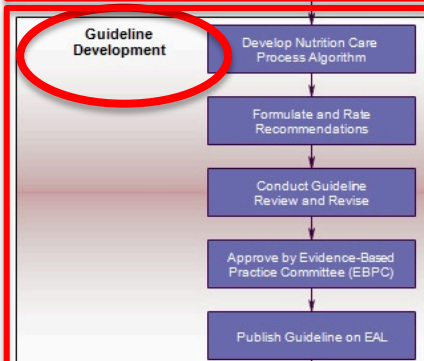
What is the ADA definition of Evidence-Based Dietetics Practice?

Evidence-Based Dietetics Practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence

# AND's Evidence Analysis Process



1. Select **topic** & appoint expert **workgroup**
2. Develop the **question**
3. Gather and classify the **research**
4. Critically **appraise** each article
5. **Summarize evidence** → overview table and evidence summary
6. Develop **conclusion** statement, **grade** supporting evidence's strength



7. Develop **algorithms** based on **Nutrition Care Process (NCP)**
8. **Draft** guideline components and **rate** recommendations
9. In-person, 2-day meeting to **finalize** entire guideline
10. Internal/external **review** and **revise**
11. **Publish** guideline on Evidence Analysis Library (EAL)



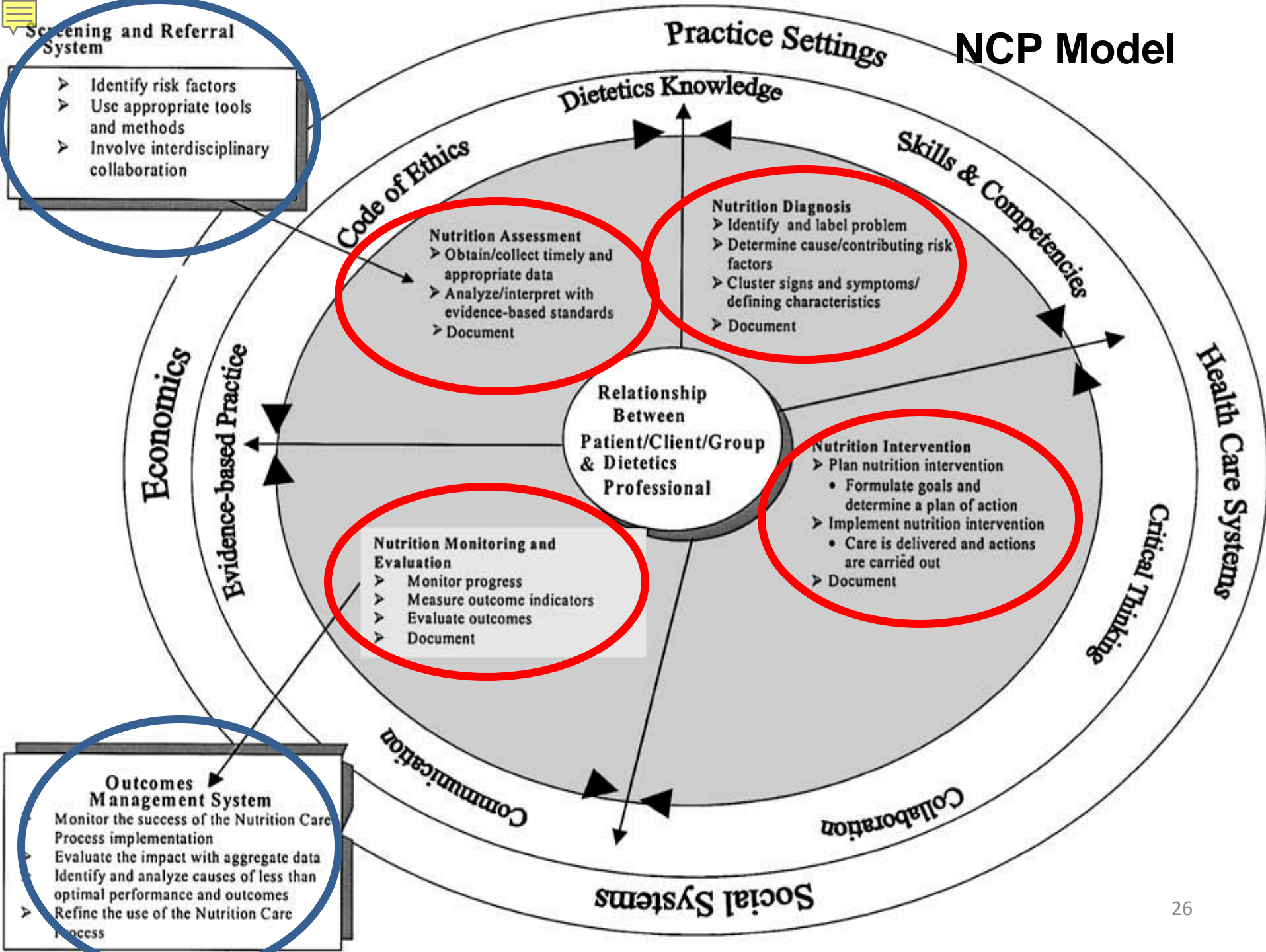
12. **Develop** toolkits to apply guidelines
13. Conduct usability **test** of toolkit and **revise**
14. Make toolkits **available** for purchase on EAL



# Guideline Recommendation Components

- Recommendation **statement**
- **Rating** of evidence strength: strong, fair, weak, consensus, insufficient evidence
- **If** imperative or conditional
- Risks/harms of implementing this recommendation
- Conditions of application
- Potential costs associated with application
- Recommendation narrative
- Recommendation strength rationale
- Minority opinions
- Supporting evidence
- References

# NCP Model





## **HIV/AIDS EBP Guideline** 19 Recommendations

### **Screening and Referral (4)**

- 1 Medical Nutrition Therapy
- 2 Frequency of MNT
- 3 Screening for People with HIV Infection
- 4 Referral for MNT

### **Assessment (4)**

- 5 Anthropometric Assessment
- 6 Assess Food- & Nutrition-Related History
- 7 Nutrition Assessment
- 8 Determining Energy Needs

### **Diagnosis (0)**

### **Intervention (9)**

- 9 Educate on Food and Water Safety
- 10 Encourage Physical Activity
- 11 Treatment of Diarrhea / Malabsorption
- 12 Vitamin and Mineral Supplementation
- 13 Macronutrient Composition
- 14 Macronutrient Composition for Hyperlipidemia
- 15 Coordination of Care
- 16 Educate on Presence of HIV in Breast Milk
- 17 Educate on Medications

### **Monitoring & Evaluation (2)**

- 18 Food- and Nutrition-Related History
- 19 Anthropometric Measurements

### **Outcomes Management System (0)**

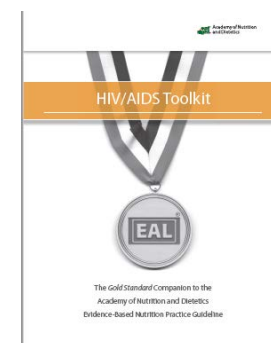
# HIV/AIDS Evidence-Based Nutrition Practice Toolkit

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## **Oversight Committees: Evidence-based Practice Committee 2014–2015:**

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# HIV/AIDS Evidence-Based Nutrition Practice Toolkit

- Uses and assumes knowledge of
  - Nutrition Care Process (NCP)
  - Nutrition Care Process Terminology (NCPT)
    - *Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care*  
<http://ncpt.webauthor.com>
    - **eNCPT** is a comprehensive guide for implementing the Nutrition Care Process using a standardized language



# HIV/AIDS Evidence-Based Nutrition Practice **Toolkit**

- Medical Nutrition Therapy Protocol for Implementing HIV/AIDS Evidence-Based Nutrition Practice Guideline
- HIV/AIDS Recommendations with Associated Terminology
- Medical Nutrition Therapy Encounter Process for HIV/AIDS
- Documentation Forms
- Sample Case Study

# HIV/AIDS Evidence-Based Nutrition Practice **Toolkit**

- Documentation Forms
  - Referral for MNT
  - Screening Individuals with HIV Infection for Nutrition-Related Problems
  - MNT Progress Notes
  - MNT HIV/AIDS Data Collection
- Sample Case Study
- Outcomes Management Forms
  - Nutrition Monitoring and Evaluation
  - Outcomes Monitoring Forms in Excel

# HIV/AIDS Evidence-Based Nutrition Practice **Toolkit**

- Client Education Materials and Resources
  - Client Education Resources
  - HIV Pill Brochure
  - Weigh Loss Chart
- Appendix
  - Anthropometrics





Screening Individuals with HIV Infection for Nutrition-Related Problems

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Patient Name: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ MR#: \_\_\_\_\_  
Current Age: \_\_\_\_ yrs Mos. Gender: \_\_\_\_\_ Medical Provider: \_\_\_\_\_

Ensure that all people with HIV infection are screened for nutrition-related problems, based on referral criteria regardless of setting, at each primary care provider visit. Review and check all that apply.

High Risk (HR) To be seen by RD within one week	Moderate Risk (MR) To be seen by RD within one month	Low Risk (LR) To be seen by RD at least annually
A. HIV Diagnosis & Nutrition Assessment		
<input type="checkbox"/> 1. HIV or AIDS newly diagnosed	<input type="checkbox"/> 1. HIV or AIDS newly diagnosed	
<input type="checkbox"/> 2. No nutrition assessment by a registered dietitian or not seen by a registered dietitian in 12 months	<input type="checkbox"/> 2. No nutrition assessment by a registered dietitian or not seen by a registered dietitian in 12 months	
<input type="checkbox"/> 3. Patient requests RD consult	<input type="checkbox"/> 3. Patient requests RD consult	
B. Body Composition and Weight Concerns		
<input type="checkbox"/> 1. New wasting diagnosis	<input type="checkbox"/> 1. Under weight (< 20 BMI)	<input type="checkbox"/> 1. Stable desirable weight
<input type="checkbox"/> 2. Poor growth, lack of weight gain or failure to thrive in pediatric patients	<input type="checkbox"/> 2. Evidence of suspected muscle loss	<input type="checkbox"/> 2. In pediatric, appropriate: <input type="checkbox"/> a. Weight gain <input type="checkbox"/> b. Growth and weight-for-height
<input type="checkbox"/> 3. Over 10% unintentional weight loss over four to six months, (% weight change = last body wt - current body wt / last body wt x 100)	<input type="checkbox"/> 3. Obesity (>30 BMI)	
<input type="checkbox"/> 4. Over 5% unintentional weight loss within four weeks	<input type="checkbox"/> 4. Client or provider initiated weight management	
	<input type="checkbox"/> 5. Evidence for body fat change: <input type="checkbox"/> a. Central fat adiposity <input type="checkbox"/> b. Fat accumulations: <input type="checkbox"/> 1. Neck <input type="checkbox"/> 2. Upper back <input type="checkbox"/> 3. Breasts <input type="checkbox"/> 4. Other:	
C. Oral/GI Symptoms and Side Effects		
<input type="checkbox"/> 1. Severe dysphagia (swallowing difficulty)	<input type="checkbox"/> 1. Possible food-drug-nutrient interactions	<input type="checkbox"/> 1. No oral symptoms or side effects
<input type="checkbox"/> 2. Enteral or parenteral feedings	<input type="checkbox"/> 2. Food allergies or food intolerances	<input type="checkbox"/> 2. No GI symptoms or side effects
<input type="checkbox"/> 3. Complicated food-drug interactions	<input type="checkbox"/> 3. Oral or esophageal thrush	
	<input type="checkbox"/> 4. Dental problems interfering with intake	
	<input type="checkbox"/> 5. Persistent: <input type="checkbox"/> a. Nausea or vomiting <input type="checkbox"/> b. Diarrhea <input type="checkbox"/> c. Heart burn <input type="checkbox"/> d. Gas <input type="checkbox"/> e. Bloating <input type="checkbox"/> f. Poor appetite <input type="checkbox"/> g. Other:	
D. Metabolic and Other Medical Conditions and Labs		
<input type="checkbox"/> 1. Poorly-controlled diabetes mellitus	Abnormal, trending abnormal, or taking medications to control:	<input type="checkbox"/> 1. Stable HIV disease and with no active infections
<input type="checkbox"/> 2. Pregnancy	<input type="checkbox"/> 1. Cholesterol, LDL-cholesterol, HDL-cholesterol, or triglycerides	<input type="checkbox"/> 2. Normal blood levels of: <input type="checkbox"/> a. Cholesterol <input type="checkbox"/> b. Triglycerides <input type="checkbox"/> c. Albumin <input type="checkbox"/> d. Glucose
<input type="checkbox"/> 3. Infancy	<input type="checkbox"/> 2. Blood glucose	<input type="checkbox"/> 3. Normal: <input type="checkbox"/> a. Hepatic function
<input type="checkbox"/> 4. Current illness or opportunistic infection	<input type="checkbox"/> 3. Blood pressure	
<input type="checkbox"/> 5. Dialysis	<input type="checkbox"/> 4. Creatinine, BUN, LFT, GFR	
	<input type="checkbox"/> 5. Potassium, phosphorous, sodium, or calcium, other	

Marcy Fenton MS RD [mfenton@ph.lacounty.gov](mailto:mfenton@ph.lacounty.gov) 213-351-8063 and Janell L'Huissoux MS RD [jhuissoux@ph.lacounty.gov](mailto:jhuissoux@ph.lacounty.gov) 213-351-8556, based upon the Screening and Referral recommendations in the HIV/AIDS Evidence-Based Nutrition Practice Guideline, Academy of Nutrition and Dietetics Evidence Analysis Library (2010). <http://www.adelibrary.org/topics/cfm?cat=4348> V 9/6/2013 2:58 PM

Screening Individuals with HIV Infection for Nutrition-Related Problems

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High Risk (HR) To be seen by RD within one week	Moderate Risk (MR) To be seen by RD within one month	Low Risk (LR) To be seen by RD at least annually
6. Vitamin blood levels		
<input type="checkbox"/> 7. Other nutrition-related labs:		
<input type="checkbox"/> 8. Osteopenia or osteoporosis		
<input type="checkbox"/> 9. Liver disease		
<input type="checkbox"/> 10. Kidney disease		
<input type="checkbox"/> 11. Anemia, type: _____		
<input type="checkbox"/> 12. Cancer		
<input type="checkbox"/> 13. Tuberculosis		
<input type="checkbox"/> 14. CNS disease resulting in a decrease in functional capacity		
<input type="checkbox"/> 15. Other: _____		
E. Psychosocial barriers, eating and other behaviors		
<input type="checkbox"/> Severely dysfunctional psychosocial situation (especially in children)	<input type="checkbox"/> 1. Suspected poor composition or adequacy of diet	<input type="checkbox"/> 1. Adequate and balanced diet
	<input type="checkbox"/> 2. Evidence of inappropriate or excessive vitamin, mineral and/or other dietary or herbal supplement intake	<input type="checkbox"/> 2. Regular exercise regimen
	<input type="checkbox"/> 3. Inappropriate use of diet pills, laxatives, or other over-the-counter medications	<input type="checkbox"/> 3. Psychosocial issues stable (especially in children)
	<input type="checkbox"/> 4. Substance abuse: current or in the recovery process	
	<input type="checkbox"/> 5. Disordered eating <input type="checkbox"/> a. Anorexia <input type="checkbox"/> b. Bingeing <input type="checkbox"/> c. Purging <input type="checkbox"/> d. Purposely skips meals <input type="checkbox"/> e. Other:	
	<input type="checkbox"/> 6. Follows diet for religious, vegetarian or other reasons	
	<input type="checkbox"/> 7. Evidence for: <input type="checkbox"/> a. Sedentary lifestyle or <input type="checkbox"/> b. Excessive exercise regimen	
	<input type="checkbox"/> 8. Unstable psychosocial situation (especially in children): <input type="checkbox"/> a. Homelessness <input type="checkbox"/> b. Homebound <input type="checkbox"/> c. Difficulty securing food <input type="checkbox"/> d. Other:	
Total number of checks ≥ 1 checks: <input type="checkbox"/> High Risk	Total number of checks ≥ 1 + 0 high risk checks: <input type="checkbox"/> Moderate Risk	Total number of checks 0 high risk + 0 moderate risk checks: <input type="checkbox"/> Low Risk
Action needed		
<input type="checkbox"/> To be seen by RD within one week	<input type="checkbox"/> To be seen by RD within one month	<input type="checkbox"/> To be seen by RD at least annually
Authorized Provider's Name, Printed	Authorized Provider's Name, Signed	Date
Medical Nutrition Therapy (MNT) by an RD is indicated for at least one to two MNT encounters per year for people with HIV infection who are asymptomatic, and at least two to six or more MNT encounters per year for people with HIV infection who are symptomatic but stable, acute or palliative.		

Marcy Fenton MS RD [mfenton@ph.lacounty.gov](mailto:mfenton@ph.lacounty.gov) 213-351-8063 and Janell L'Huissoux MS RD [jhuissoux@ph.lacounty.gov](mailto:jhuissoux@ph.lacounty.gov) 213-351-8556, based upon the Screening and Referral recommendations in the HIV/AIDS Evidence-Based Nutrition Practice Guideline, Academy of Nutrition and Dietetics Evidence Analysis Library (2010). <http://www.adelibrary.org/topics/cfm?cat=4348> V 9/6/2013 2:58 PM



Screening Individuals with HIV Infection for Nutrition-Related Problems

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Patient Name: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ MR#: \_\_\_\_\_  
Current Age: \_\_\_\_ yrs Mos. Gender: \_\_\_\_\_ Medical Provider: \_\_\_\_\_

Ensure that all people with HIV infection are screened for nutrition-related problems, based on referral criteria regardless of setting, at each primary care provider visit. Review and check all that apply:

High Risk (HR) To be seen by RD within one week	Moderate Risk (MR) To be seen by RD within one month	Low Risk (LR) To be seen by RD at least annually
<b>A. HIV Diagnosis &amp; Nutrition Assessment</b>		
<input type="checkbox"/> 1. HIV or AIDS newly diagnosed	<input type="checkbox"/> 1. HIV or AIDS newly diagnosed	
<input type="checkbox"/> 2. No nutrition assessment by a registered dietitian or not seen by a registered dietitian in 12 months	<input type="checkbox"/> 2. No nutrition assessment by a registered dietitian or not seen by a registered dietitian in 12 months	
<input type="checkbox"/> 3. Patient requests RD consult	<input type="checkbox"/> 3. Patient requests RD consult	
<b>B. Body Composition and Weight Concerns</b>		
<input type="checkbox"/> 1. New wasting diagnosis	<input type="checkbox"/> 1. Under weight (< 20 BMI)	<input type="checkbox"/> 1. Stable desirable weight
<input type="checkbox"/> 2. Failure to thrive in pediatric patients	<input type="checkbox"/> 2. Evidence of suspected muscle loss	<input type="checkbox"/> 2. In pediatric, appropriate: <input type="checkbox"/> a. Weight gain <input type="checkbox"/> b. Growth and weight-for-height
<input type="checkbox"/> 3. Over 10% unintentional weight loss over four to six months, (% weight change = last body wt - current body wt / last body wt x 100)	<input type="checkbox"/> 3. Obesity (>30 BMI)	
<input type="checkbox"/> 4. Over 5% unintentional weight loss within four weeks	<input type="checkbox"/> 4. Client or provider initiated weight management	
	<input type="checkbox"/> 5. Evidence for body fat change: <input type="checkbox"/> a. Central fat adiposity <input type="checkbox"/> b. Fat accumulations: <input type="checkbox"/> 1. Neck <input type="checkbox"/> 2. Upper back <input type="checkbox"/> 3. Breasts <input type="checkbox"/> 4. Other:	
<b>C. Oral/GI Symptoms and Side Effects</b>		
<input type="checkbox"/> 1. Severe dysphagia (swallowing difficulty)	<input type="checkbox"/> 1. Possible food-drug-nutrient interactions	<input type="checkbox"/> 1. No oral symptoms or side effects
<input type="checkbox"/> 2. Enteric or parenteral feedings	<input type="checkbox"/> 2. Food allergies or food intolerances	<input type="checkbox"/> 2. No GI symptoms or side effects
<input type="checkbox"/> 3. Complicated food-drug interactions	<input type="checkbox"/> 3. Oral or esophageal thrush	
	<input type="checkbox"/> 4. Dental problems interfering with intake	
	<input type="checkbox"/> 5. Persistent: <input type="checkbox"/> a. Nausea or vomiting <input type="checkbox"/> b. Diarrhea <input type="checkbox"/> c. Heart burn <input type="checkbox"/> d. Gas <input type="checkbox"/> e. Bloating <input type="checkbox"/> f. Poor appetite <input type="checkbox"/> g. Other:	
<b>D. Metabolic and Other Medical Conditions and Labs</b>		
<input type="checkbox"/> 1. Poorly-controlled diabetes	<input type="checkbox"/> 1. Abnormal, pending abnormal, or taking medications to control:	<input type="checkbox"/> 1. Stable HIV disease and with no active infections
<input type="checkbox"/> 2. Pregnancy	<input type="checkbox"/> 1. Cholesterol, LDL-cholesterol, HDL-cholesterol, or triglycerides	<input type="checkbox"/> 2. Normal blood levels of: <input type="checkbox"/> a. Cholesterol <input type="checkbox"/> b. Triglycerides <input type="checkbox"/> c. Albumin <input type="checkbox"/> d. Glucose <input type="checkbox"/> 3. Normal: <input type="checkbox"/> a. Hepatic function
<input type="checkbox"/> 3. Infancy	<input type="checkbox"/> 2. Blood glucose	
<input type="checkbox"/> 4. Current illness or opportunistic infection	<input type="checkbox"/> 3. Blood pressure	
<input type="checkbox"/> 5. Dialysis	<input type="checkbox"/> 4. Creatinine, BUN, LFT, GFR	
	<input type="checkbox"/> 5. Potassium, phosphorous, sodium, or calcium, other	

Marcy Fenton MS RD [mfenton@ph.lacounty.gov](mailto:mfenton@ph.lacounty.gov) 213-351-8063 and Janell L'Huissoux MS RD [jhuissoux@ph.lacounty.gov](mailto:jhuissoux@ph.lacounty.gov) 213-351-8554, based upon the Screening and Referral recommendations in the HIV/AIDS Evidence-Based Nutrition Practice Guideline, Academy of Nutrition and Dietetics Evidence Analysis Library (2010). <http://www.adelibrary.org/topics/cfm?cat=4348> v 9/6/2013 2:36 PM

Screening Individuals with HIV Infection for Nutrition-Related Problems

page 2 of 2

High Risk (HR) To be seen by RD within one week	Moderate Risk (MR) To be seen by RD within one month	Low Risk (LR) To be seen by RD at least annually
	<input type="checkbox"/> 6. Vitamin blood levels	<input type="checkbox"/> b. Renal function
	<input type="checkbox"/> 7. Other nutrition-related labs:	
	<input type="checkbox"/> 8. Osteopenia or osteoporosis	
	<input type="checkbox"/> 9. Liver disease	
	<input type="checkbox"/> 10. Kidney disease	
	<input type="checkbox"/> 11. Anemia, type:	
	<input type="checkbox"/> 12. Cancer	
	<input type="checkbox"/> 13. Tuberculosis	
	<input type="checkbox"/> 14. CNS disease resulting in a decrease in functional capacity	
	<input type="checkbox"/> 15. Other:	
<b>E. Psychosocial barriers, eating and other behaviors</b>		
<input type="checkbox"/> 1. Severely dysfunctional psychosocial situation (especially in children)	<input type="checkbox"/> 1. Suspected poor composition or adequacy of diet	<input type="checkbox"/> 1. Adequate and balanced diet
	<input type="checkbox"/> 2. Evidence of inappropriate or excessive vitamin, mineral and/or other dietary or herbal supplement intake	<input type="checkbox"/> 2. Regular exercise regimen
	<input type="checkbox"/> 3. Inappropriate use of diet pills, laxatives, or other over-the-counter medications	<input type="checkbox"/> 3. Psychosocial issues stable (especially in children)
	<input type="checkbox"/> 4. Substance abuse: current or in the recovery process	
	<input type="checkbox"/> 5. Disordered eating: <input type="checkbox"/> a. Anorexia <input type="checkbox"/> b. Bingeing <input type="checkbox"/> c. Purging <input type="checkbox"/> d. Purposely skips meals <input type="checkbox"/> e. Other:	
	<input type="checkbox"/> 6. Follows diet for religious, vegetarian or other reasons	
	<input type="checkbox"/> 7. Evidence for: <input type="checkbox"/> a. Sedentary lifestyle or <input type="checkbox"/> b. Excessive exercise regimen	
	<input type="checkbox"/> 8. Unstable psychosocial situation (especially in children): <input type="checkbox"/> a. Homelessness <input type="checkbox"/> b. Homebound <input type="checkbox"/> c. Difficulty securing food <input type="checkbox"/> d. Other:	
Total number of checks ≥ 1 checks: <input type="checkbox"/> High Risk		Total number of checks ≥ 0 high risk + 0 moderate risk checks: <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Low Risk
Action needed <input type="checkbox"/> To be seen by RD within one week		<input type="checkbox"/> To be seen by RD at least annually
Authorized Provider's Name, Printed		Authorized Provider's Name, Signed
		Date
Medical Nutrition Therapy (MNT) by an RD is indicated for at least one to two MNT encounters per year for people with HIV infection who are asymptomatic, and at least two to six or more MNT encounters per year for people with HIV infection who are symptomatic but stable, acute or palliative.		

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Screening Individuals with HIV Infection for Nutrition-Related Problems

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Patient Name: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_ yrs Mos. Gender: \_\_\_\_\_ Medical Provider: \_\_\_\_\_ MR#: \_\_\_\_\_

Ensure that all people with HIV infection are screened for nutrition-related problems, based on referral criteria regardless of setting, at each primary care provider visit. Review and check all that apply:

High Risk (HR) To be seen by RD within one week	Moderate Risk (MR) To be seen by RD within one month	Low Risk (LR) To be seen by RD at least annually
<b>A. HIV Diagnosis &amp; Nutrition Assessment</b>		
	<input type="checkbox"/> 1. HIV or AIDS newly diagnosed <input type="checkbox"/> 2. No nutrition assessment by a registered dietitian or not seen by a registered dietitian in 12 months <input type="checkbox"/> 3. Patient requests RD consult	
<b>B. Body Composition and Weight Concerns</b>		
<input type="checkbox"/> 1. New wasting diagnosis <input type="checkbox"/> 2. Poor growth, lack of weight gain or failure to thrive in pediatric patients <input type="checkbox"/> 3. Over 10% unintentional weight loss over four to six months, (% weight change = last body wt - current body wt / last body wt x 100) <input type="checkbox"/> 4. Over 5% unintentional weight loss within four weeks	<input type="checkbox"/> 1. Under weight (< 20 BMI) <input type="checkbox"/> 2. Evidence of suspected muscle loss <input type="checkbox"/> 3. Obesity (>30 BMI) <input type="checkbox"/> 4. Client or provider initiated weight management <input type="checkbox"/> 5. Evidence for body fat change: <input type="checkbox"/> a. Central fat adiposity <input type="checkbox"/> b. Fat accumulations: <input type="checkbox"/> 1. Neck <input type="checkbox"/> 2. Upper back <input type="checkbox"/> 3. Breasts <input type="checkbox"/> 4. Other:	<input type="checkbox"/> 1. Stable desirable weight <input type="checkbox"/> 2. In pediatric, appropriate: <input type="checkbox"/> a. Weight gain <input type="checkbox"/> b. Growth and weight-for-height
<b>C. Oral/GI Symptoms and Side Effects</b>		
<input type="checkbox"/> 1. Severe dysphagia (swallowing difficulty) <input type="checkbox"/> 2. Enteral or parenteral feedings <input type="checkbox"/> 3. Complicated food-drug interactions	<input type="checkbox"/> 1. Possible food-drug-nutrient interactions <input type="checkbox"/> 2. Food allergies or food intolerances <input type="checkbox"/> 3. Oral or esophageal thrush <input type="checkbox"/> 4. Dental problems interfering with intake <input type="checkbox"/> 5. Persistent: <input type="checkbox"/> a. Nausea or vomiting <input type="checkbox"/> b. Diarrhea <input type="checkbox"/> c. Heart burn <input type="checkbox"/> d. Gas <input type="checkbox"/> e. Bloating <input type="checkbox"/> f. Poor appetite <input type="checkbox"/> g. Other:	<input type="checkbox"/> 1. No oral symptoms or side effects <input type="checkbox"/> 2. No GI symptoms or side effects
<b>D. Metabolic and Other Medical Conditions and Labs</b>		
<input type="checkbox"/> 1. Poorly-controlled diabetes mellitus <input type="checkbox"/> 2. Pregnancy <input type="checkbox"/> 3. Infancy <input type="checkbox"/> 4. Current illness or opportunistic infection <input type="checkbox"/> 5. Dialysis	Abnormal, trending abnormal, or taking medications to control: <input type="checkbox"/> 1. Cholesterol, LDL-cholesterol, HDL-cholesterol, or triglycerides <input type="checkbox"/> 2. Blood glucose <input type="checkbox"/> 3. Blood pressure <input type="checkbox"/> 4. Creatinine, BUN, LFT, GFR <input type="checkbox"/> 5. Potassium, phosphorous, sodium, or calcium, other:	<input type="checkbox"/> 1. Stable HIV disease and with no active infections <input type="checkbox"/> 2. Normal blood levels of: <input type="checkbox"/> a. Cholesterol <input type="checkbox"/> b. Triglycerides <input type="checkbox"/> c. Albumin <input type="checkbox"/> d. Glucose <input type="checkbox"/> 3. Normal: <input type="checkbox"/> a. Hepatic function

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Screening Individuals with HIV Infection for Nutrition-Related Problems

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High Risk (HR) To be seen by RD within one week	Moderate Risk (MR) To be seen by RD within one month	Low Risk (LR) To be seen by RD at least annually
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<b>E. Psychosocial barriers, eating and other behaviors</b>		
<input type="checkbox"/> Severely dysfunctional psychosocial situation (especially in children)	<input type="checkbox"/> 1. Suspected poor composition or adequacy of diet <input type="checkbox"/> 2. Evidence of inappropriate or excessive vitamin, mineral and/or other dietary or herbal supplement intake <input type="checkbox"/> 3. Inappropriate use of diet pills, laxatives, or other over-the-counter medications <input type="checkbox"/> 4. Substance abuse: current or in the recovery process <input type="checkbox"/> 5. Disordered eating <input type="checkbox"/> a. Anorexia <input type="checkbox"/> b. Bingeing <input type="checkbox"/> c. Purging <input type="checkbox"/> d. Purposely skips meals <input type="checkbox"/> e. Other: _____ <input type="checkbox"/> 6. Follows diet for religious, vegetarian or other reasons <input type="checkbox"/> 7. Evidence for: <input type="checkbox"/> a. Sedentary lifestyle or <input type="checkbox"/> b. Excessive exercise regimen <input type="checkbox"/> 8. Unstable psychosocial situation (especially in children): <input type="checkbox"/> a. Homelessness <input type="checkbox"/> b. Homebound <input type="checkbox"/> c. Difficulty securing food <input type="checkbox"/> d. Other:	<input type="checkbox"/> 1. Adequate and balanced diet <input type="checkbox"/> 2. Regular exercise regimen <input type="checkbox"/> 3. Psychosocial issues stable (especially in children)
Total number of checks ≥ 1 checks: <input type="checkbox"/> High Risk	Total number of checks ≥ 1 + 0 high risk checks: <input type="checkbox"/> Moderate Risk	Total number of checks 0 high risk + 0 moderate risk checks: <input type="checkbox"/> Low Risk
<b>Action needed</b> <input type="checkbox"/> To be seen by RD within one week	<input type="checkbox"/> To be seen by RD within one month	<input type="checkbox"/> To be seen by RD at least annually
Authorized Provider's Name: _____	Authorized Provider's Name: _____	Date: _____
Medical Nutrition Therapy (MNT) by an RD is indicated for at least one to two MNT encounters per year for people with HIV infection who are asymptomatic, and at least two to six or more MNT encounters per year for people with HIV infection who are symptomatic but stable, acute or palliative.		

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Referral for Individual with HIV Infection for Medical Nutrition Therapy by a Registered Dietitian Nutritionist

Client's Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Messages: ☐ Yes ☐ No ☐ Discreet  
Preferred Name \_\_\_\_\_ Caregiver Name \_\_\_\_\_ Phone \_\_\_\_\_  
Gender assigned at birth: \_\_\_\_\_ current: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Language spoken \_\_\_\_\_ written \_\_\_\_\_ File # \_\_\_\_\_  
Insurance ☐ Yes ☐ No, specify \_\_\_\_\_ Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

Referring Physician/Authorized Referring Provider Information

Name: \_\_\_\_\_ Credential: \_\_\_\_\_ Tax ID: \_\_\_\_\_ DEA#: \_\_\_\_\_ License #: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Medical Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Client's Medical Information

HIV Diagnosis Date: \_\_\_\_\_ AIDS Diagnosis: ☐ Yes ☐ No, If yes, Date: \_\_\_\_\_

AIDS defining illnesses:

Other Medical Diagnosis & ICD-9/10:

Current Medications (dose & frequency including supplements):

Past Medical History:

Karnofsky Score: \_\_\_\_\_ Physical activity clearance: ☐ Yes ☐ No ☐ Restrictions:

Allergies, handicaps, learning difficulties, smokes, etc:

Current Lab Values/Measurements (include below with date or attach recent copy)

Virology/Immunology

HIV RNA/ml \_\_\_\_\_ Total CO<sub>2</sub> \_\_\_\_\_  
Highest RNA/ml (date: \_\_\_\_\_) BUN \_\_\_\_\_  
CD4 \_\_\_\_\_ Creatinine \_\_\_\_\_  
Nadir CD4 (date: \_\_\_\_\_) Glucose ( \_\_\_\_\_ fasting \_\_\_\_\_ random) \_\_\_\_\_  
Others: \_\_\_\_\_ Fasting Insulin \_\_\_\_\_  
A1c (Glycated HbA1c) \_\_\_\_\_

Biochemistry

Albumin \_\_\_\_\_  
WBC \_\_\_\_\_ Prealbumin \_\_\_\_\_  
RBC \_\_\_\_\_ AST \_\_\_\_\_  
Hgb \_\_\_\_\_ ALT \_\_\_\_\_  
Hct \_\_\_\_\_ Alkaline Phosphatase \_\_\_\_\_  
MCV \_\_\_\_\_ Testosterone (total) \_\_\_\_\_  
MCH \_\_\_\_\_ Testosterone (free) \_\_\_\_\_  
Sodium \_\_\_\_\_ Lactic Acid \_\_\_\_\_  
Potassium \_\_\_\_\_ Vitamin D<sub>3</sub> \_\_\_\_\_  
Chloride \_\_\_\_\_ B<sub>12</sub> \_\_\_\_\_

Folate \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_

Lipids ( \_\_\_\_\_ fasting \_\_\_\_\_ non-fasting) \_\_\_\_\_

Total Cholesterol \_\_\_\_\_

LDL-Cholesterol (direct/indirect) \_\_\_\_\_

HDL-Cholesterol \_\_\_\_\_

Triglycerides \_\_\_\_\_

C-reactive Protein (ultrasensitive) \_\_\_\_\_

Anthropometric Measurements

Height (in.) \_\_\_\_\_

Weight (lbs) \_\_\_\_\_

Usual body weight (lbs) \_\_\_\_\_

Body composition result (attached) \_\_\_\_\_

DEXA hip T-score \_\_\_\_\_

DEXA spine T-score \_\_\_\_\_

Other ( \_\_\_\_\_ ) \_\_\_\_\_

ORDER for MNT: Reason

1	Expected Outcome
1	
2	
3	
4	

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Physician or State Authorized Provider to Refer for Medical Nutrition Therapy)

Client information

Physician information

Client medical information

Lab Values & Measurements

Order for MNT

Authorized Signature/Date

## Basic HIV MNT Checklist

- ✓ Are medical nutrition therapy services available?
- ✓ Are there written policies and procedures for the screening of nutrition-related problems?
- ✓ Are there written policies and procedures for the referral of patients to MNT services?
- ✓ If yes, are services provided by a certified registered dietitian nutritionist?
- ✓ Are nutrition consult notes maintained and include in the patients medical record?
- ✓ Are patient educational materials regarding nutrition and HIV available and routinely distributed to patients?
- ✓ If yes, are the materials culturally and linguistically appropriate and written for the reading and comprehension level of most clinic patients?



# Nutrition Intervention and Human Immunodeficiency Virus Infection

- It is the position of the American Dietetic Association that efforts to optimize nutritional status through individualized medical nutrition therapy, assurance of food and nutrition security, and nutrition education are essential to the total system of health care available to people with human immunodeficiency virus (HIV) infection throughout the continuum of care.

1. [Academy Position Paper: Nutrition Intervention and Human Immunodeficiency Virus](#), *Journal of the Academy of Nutrition and Dietetics*. Volume 110, Issue 7, Pages 1105-1119 (July 2010)





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(213) 351-8063





Therapeutic Nutrition Treatment Program  
Shana Bayder, RDN  
Florida Department of Health- Palm Beach County  
HIV/AIDS Program



August 25, 2016



# Who I Am and What I Do

- Florida Department of Health Palm Beach County
- 4 large health centers
- Delray Beach Health Center
- Work in HIV/AIDS Clinic
- Provide Medical Nutrition Therapy (MNT)
- Therapeutic Nutrition Treatment Program (TNT)



# Definition of Food Insecurity

The state of being without reliable access to a sufficient quantity of affordable, nutritious food.

- Types of Food Insecurity
  - Malnutrition BMI < 18.5 %
  - Over nutrition BMI > 29.9 %



# Limited Access to High Quality Foods

- Obesity BMI > 29.9%
- Convenience foods
- Fast foods
- More carbohydrates
- Limited protein, dairy, fruits and vegetables

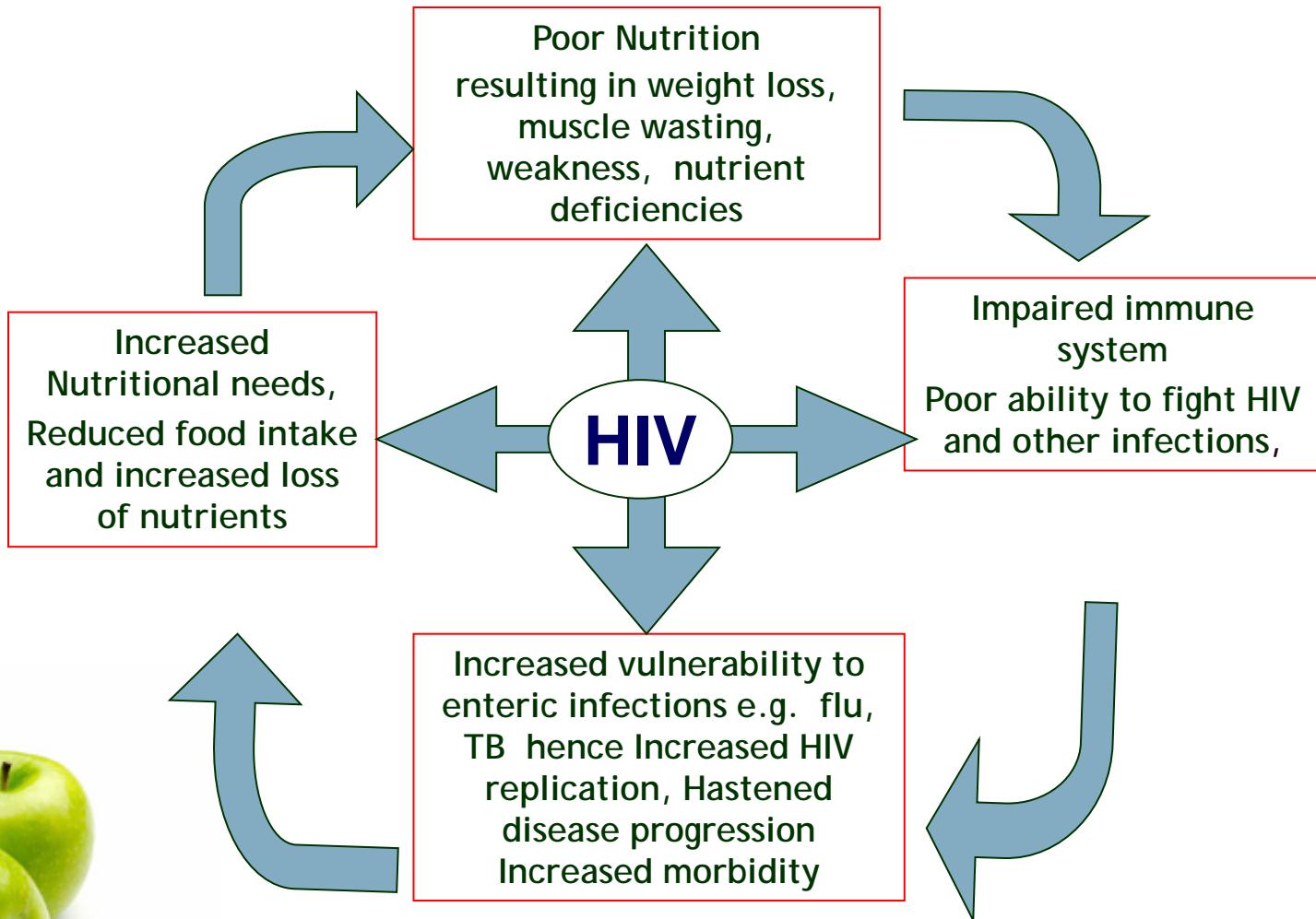


# How to Identify Food Insecurity

- Nutrition assessment by a Registered Dietitian Nutritionist
- Therapeutic Nutrition Treatment Program (TNT) Pre-survey questions-
  - How often do you go hungry ?
  - Do you run out of food before the end of the month ?
  - Are you homeless ?



# Cyclic Relationship Between Nutrition and HIV/AIDS



# Develop a Therapeutic Nutrition Treatment (TNT) Program

- Therapeutic Nutrition Treatment Program
  - Ryan White Part B funding
  - Criteria for food selection:
    - Nutrient-rich
    - Flavor and cultural acceptance
    - Shelf-stable and cost
  - Monthly Food Package tailored to individual Medical Nutrition Therapy (MNT) Plan
  - \$35.00 cap per month
- 
- A blue shopping cart with black wheels is filled with various colorful food items. Visible items include a green box, a bunch of purple grapes, a red apple, a yellow banana, a pink container, a green container, a blue container, a red container, a brown container, and several other smaller items in various colors. The cart is positioned on the right side of the slide.







# TNT Homeless Foods





# Internal Controls

- TNT Guidelines
- TNT logs and reports
- Financial accountability and audits
- Yearly audits by HIV State Program-Ryan White Part B



# Purchasing, Receiving and Storing Food Supplies



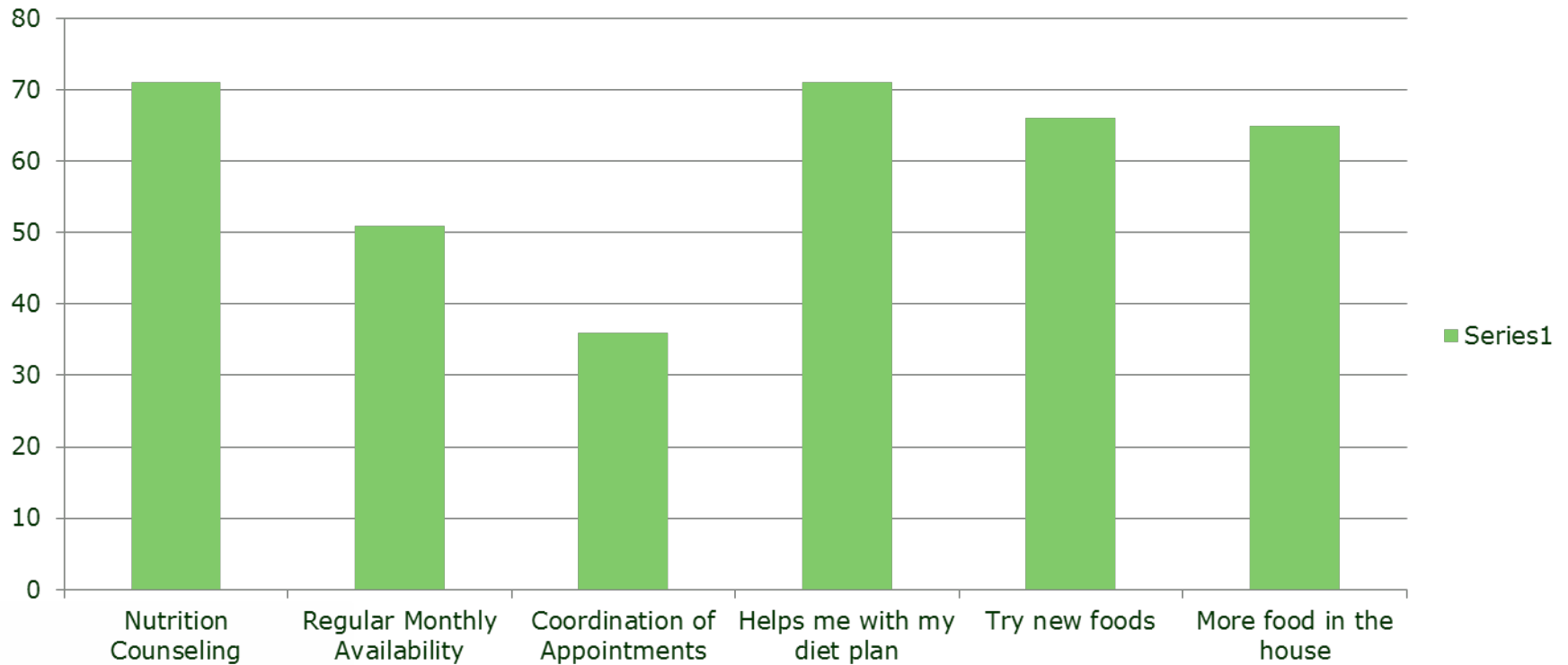
# TNT Satisfaction Survey

- 98% of clients rated TNT Program as excellent or good
- Over 50% responded to trying new foods
  - Brown rice
  - Whole grain pasta
  - Salmon
  - Sardines
  - Olive Oil
  - Sugar-free beverages

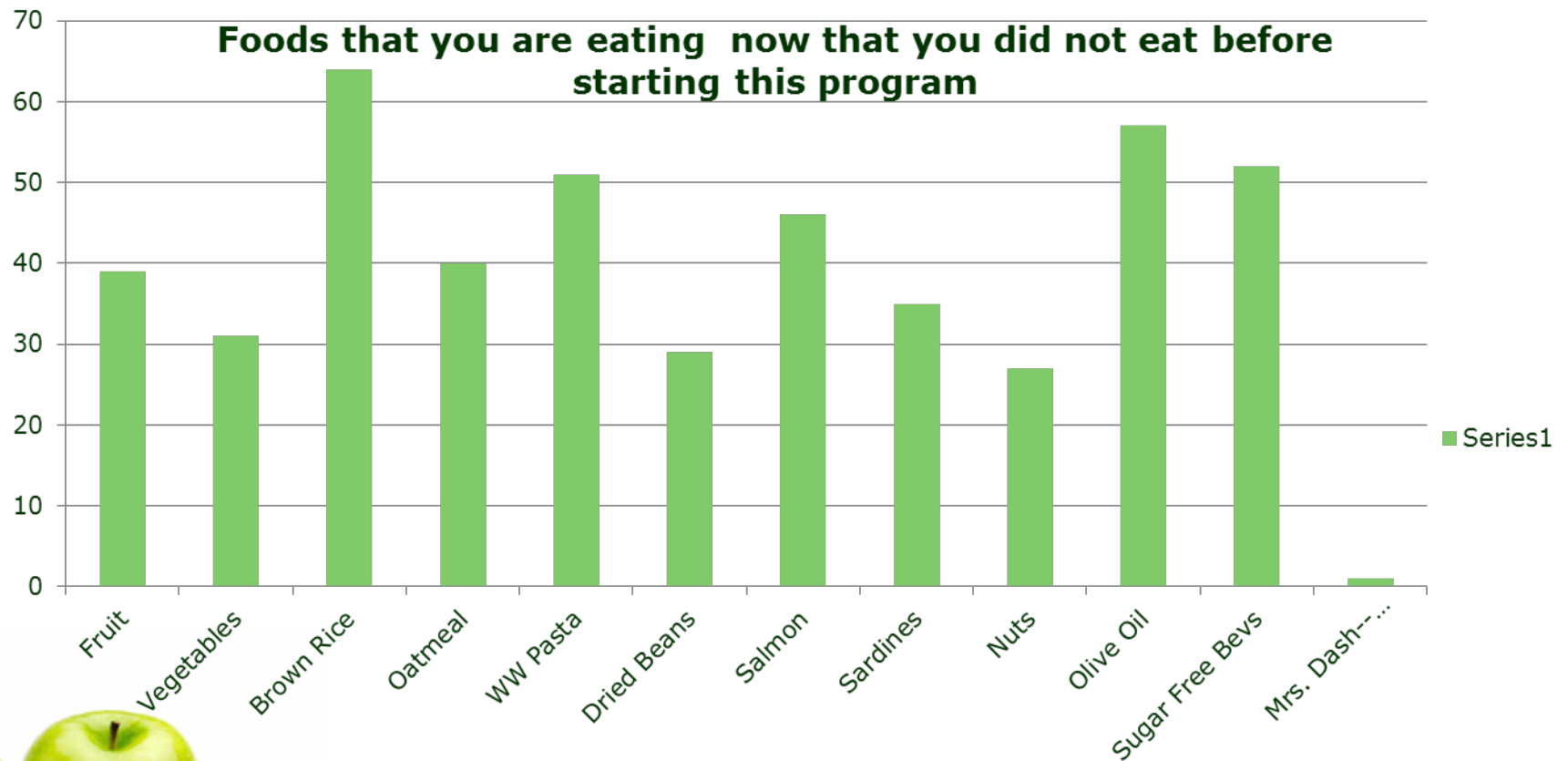


# TNT Survey

## What are you favorite things about this program?



# TNT Survey



# TNT Program Retain Patients in Care

- Coordinate TNT appointments with provider and lab appointments
- Improve access to nutrient-rich foods when taking HAART
- Receive on-going MNT while participating in the monthly TNT Program
- Link patient back to HIV nurse







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HIV/AIDS  
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RESOURCESNEW  
MEDIANEWS &  
EVENTS

## HIV CARE CONTINUUM:

THE SERIES OF  
STEPS A PERSON  
WITH HIV TAKES  
FROM INITIAL  
DIAGNOSIS  
THROUGH THEIR  
SUCCESSFUL  
TREATMENT WITH  
HIV MEDICATION



Home / Federal Resources / Policies/Issues : HIV/AIDS Care Continuum

Palm Beach 2014	Diagnosed with HIV	Linked to Care	Engaged or Retained in Care	Prescribed Antiretroviral Therapy	Achieved Viral Suppression
	8020	7019	5250/ 4664	4988	4272

# TNT Services

	<b>Number of Clients</b>	<b>Number Services</b>	<b>Viral Load &lt; 20</b>	<b>CD4 Count 400+</b>
<b>2014</b>	<b>706</b>	<b>1105</b>		
<b>2015</b>	<b>735</b>	<b>1685</b>		
<b>June 2016 Study</b>	<b>148</b>	<b>161</b>	<b>72 %</b>	<b>66 %</b>





Or Call for an Appointment  
1-855-GET-APPT (438-2778)  
OR  
(561) 625-5180

# Points to Remember

- **Better Nutrition**

- More Energy
- Quicker Recovery
- Stronger Immunity

- **Poor Nutrition**

- Less Energy
- More Sickness
- Low Immunity



# TNT Program Questions



For more Information:

Shana Bayder, RD, LD/N

561-274-3197

Email: [Suzanne.Bayder@flhealth.gov](mailto:Suzanne.Bayder@flhealth.gov)



# Resources and References

- [www.aegis.com](http://www.aegis.com)
- [www.aids.gov/federal-resources/policies/care-continuum](http://www.aids.gov/federal-resources/policies/care-continuum)
- [www.eatright.org](http://www.eatright.org)
- [www.americanheart.org](http://www.americanheart.org)
- [www.deliciousdecisions.org](http://www.deliciousdecisions.org)
- [www.thebody.com](http://www.thebody.com)
- [www.pharmweb.com](http://www.pharmweb.com)
- [www.nim.nih.gov](http://www.nim.nih.gov)





# Three Questions That Were Answered Today

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- How may Medical Nutrition Therapy be implemented in Ryan White HIV/AIDS Program funded clinical settings?
- What tools are available to facilitate MNT for PLWH in the RWHAP clinical setting?
- How can MNT and food security programs increase retention in HIV clinical care and treatment?

# Using Medical Nutrition Therapy: Innovative Practices in HIV Clinical Care to Improve Health Outcomes

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## Questions?