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

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Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

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

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

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

• 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.
  • 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?

- 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?

- 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?

• 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?

- PLWH living longer due to treatment regimens
  - Elderly PLWH
- Treatment regimens and side effects:
  - Liver (Hepatotoxicity)
  - Renal Insufficiency
  - Hyperlipidemia
  - Lipodistrophy
  - Osteoporosis
AIDSinfo website
HAB Website
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 RD program by signing in and visiting the My Account tab, located in the My Academy toolbar.
Academy of Nutrition and Dietetics – HIV AIDS DPG

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 decision 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

- 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
- DHHS AIDSinfo - https://aidsinfo.nih.gov/
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)
  – ❷ Nutrition (Section 3, Health Care Maintenance and Disease Prevention) in
    • ❸ Guide for HIV/AIDS Clinical Care (April, 2014)
  – ❹ Integrating Nutrition Therapy into Medical Management of Human Immunodeficiency Virus (CID suppl., 2003)
  – ❺ 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)
Welcome to the Evidence Analysis Library. Your Food and Nutrition Research Resource.
Answering food and nutrition questions with systematic reviews since 2004.
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
### HIV/AIDS EBP Guideline

#### 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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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 for Nutrition-Related Problems

#### High Risk (HR)
- To be seen by RD within one week
- HIV/AIDS newly diagnosed
- New nutrition assessment by registered dietitian or nutritionist
- Patient requests RD consult

#### Moderate Risk (MR)
- To be seen by RD within one month
- HIV/AIDS newly diagnosed
- New nutrition assessment by registered dietitian or nutritionist
- Patient requests RD consult

#### Low Risk (LR)
- To be seen by RD at least annually

### Body Composition and Weight Concerns
- Overweight or obesity
- Unexplained weight loss
- Weakness

### Oral Symptoms and Side Effects
- Nausea or vomiting
- Diarrhea
- Heartburn
- Gas

### Metabolic and Other Medical Conditions and Complications
- Poorly-controlled diabetes mellitus
- Pregnancy
- Intestinal or opportunistic infection
- Dysuria

### Action Needed
- To be seen by RD within one week
- To be seen by RD at least annually

### Medical Nutrition Therapy (MNT)
- Providers should consult and work with the patient to develop a personalized MNT plan that addresses the patient's specific needs and goals.

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**Provider Information**
- Provider's Name: [Name]
- Provider's Signature: [Signature]
- Date: [Date]

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[Source: County of Los Angeles Public Health, www.publichealth.lacounty.gov]
### Screening individuals with HIV infection for nutrition-related problems

| Date: |  
|---|---
| **Patient Name** |  
| **DOB** |  
| **Current Age** |  
| **Sex** |  
| **Marital Status** |  
| **Antiretroviral Therapy** |  
| **CD4 Count** |  
| **Medical Provider** |  

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

#### A. HIV Diagnosis and Nutrition Assessment
- HIV/AIDS newly diagnosed
- Not on an antiretroviral regimen
- Not on a prophylactic regimen
- Patient requests RD consult

#### B. Body Composition and Weight Concerns
- **Moderate Risk (MR)**
  - Low BMI
  - Recent weight loss
  - Evidence of weight loss

- **Low Risk (LR)**
  - Normal BMI
  - No recent weight loss
  - Evidence of weight gain

#### C. Oral Health Symptoms and Side Effects
- **Moderate Risk (MR)**
  - Oral symptoms or side effects

- **Low Risk (LR)**
  - No oral symptoms or side effects

#### D. Metabolic and Other Medical Conditions and Care
- **Stable HIV disease and no active infections**
- **Normal blood levels**
- **Normal intake**
- **Possible control diabetes**

#### E. Psychosocial Barriers, Eating and Other Behaviors
- **Moderate Risk (MR)**
  - Severe dysphagia (swallowing difficulty)

- **Low Risk (LR)**
  - No severe dysphagia

#### Total Number of Checks
- **High Risk**
- **Medium Risk**
- **Low Risk**

#### Medical Nutrition Therapy (MNT)
- An RD is indicated for clients who meet the MNT criteria for patients with HIV who are asymptomatic and at least two or more MNT encounters per year for patients with HIV who are symptomatic but stable, stable or relapsing.
### Screening Individuals with HIV Infection for Nutrition-Related Problems

#### Page 1 of 4

**Date:**

**Patient Name:**

**Current Age:**

**Referral:**

**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.

<table>
<thead>
<tr>
<th>High Risk (%)</th>
<th>Moderate Risk (%)</th>
<th>Low Risk (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be seen by RD within one week</td>
<td>To be seen by RD within one month</td>
<td>To be seen by RD at least annually</td>
</tr>
<tr>
<td>1. HIV or AIDS newly diagnosed</td>
<td>8. Vitamin A deficiency</td>
<td>1. Stable HIV disease and no active infections</td>
</tr>
<tr>
<td>2. No nutrition assessment by a registered dietitian or not deemed</td>
<td>9. Other nutrition-related</td>
<td>2. Normal blood levels of</td>
</tr>
<tr>
<td>4. NCD, including</td>
<td></td>
<td>4. Triglycerides</td>
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<tr>
<td>5. Current illness or opportunistic</td>
<td>11. Hyperlipidemia</td>
<td>5. Glucose</td>
</tr>
<tr>
<td>7. Obesity (BMI ≥ 30)</td>
<td>13. Other conditions</td>
<td>7. Omega-3 fatty acids</td>
</tr>
<tr>
<td>8. Evidence of weight loss or weight gain</td>
<td></td>
<td>8. Reticulocyte</td>
</tr>
</tbody>
</table>

#### Psychosocial Barriers, Eating and Other Behaviors

- Severely dysfunctional psychosocial situation (especially in children)
- Severe social dysfunction
- Poor eating motivation
- Depression
- Anxiety

#### Total Number of Checks

- High Risk: 21
- Moderate Risk: 9
- Low Risk: 0

#### Action Needed

- To be seen by RD within one week
- To be seen by RD within one month
- To be seen by RD at least annually

**Medical Nutrition Therapy (MNT)** by an RD is indicated for at least one to two HIV encounters per year for patients with HIV infection who are asymptomatic and at least two to six HIV encounters per year for patients with HIV infection who are symptomatic but stable, stable or unstable.
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.

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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

Poor Nutrition resulting in weight loss, muscle wasting, weakness, nutrient deficiencies

Increased Nutritional needs, Reduced food intake and increased loss of nutrients

Impaired immune system Poor ability to fight HIV and other infections,

Increased vulnerability to enteric infections e.g. flu, TB hence Increased HIV replication, Hastened disease progression Increased morbidity

Increased morbidity

HIV
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
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
What are you favorite things about this program?

- Nutrition Counseling: 70
- Regular Monthly Availability: 50
- Coordination of Appointments: 30
- Helps me with my diet plan: 70
- Try new foods: 60
- More food in the house: 60
TNT Survey

Foods that you are eating now that you did not eat before starting this program

- Fruit
- Vegetables
- Brown Rice
- Oatmeal
- WW Pasta
- Dried Beans
- Salmon
- Sardines
- Nuts
- Olive Oil
- Sugar Free Bevs
- Mrs. Dash...
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
### HIV CARE CONTINUUM:

The series of steps a person with HIV takes from initial diagnosis through their successful treatment with HIV medication.

<table>
<thead>
<tr>
<th>Palm Beach 2014</th>
<th>Diagnosed with HIV</th>
<th>Linked to Care</th>
<th>Engaged or Retained in Care</th>
<th>Prescribed Antiretroviral Therapy</th>
<th>Achieved Viral Suppression</th>
</tr>
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<tbody>
<tr>
<td>8020</td>
<td>7019</td>
<td>5250/4664</td>
<td>4988</td>
<td>4272</td>
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<tr>
<td>Year</td>
<td>Number of Clients</td>
<td>Number of Services</td>
<td>Viral Load &lt; 20</td>
<td>CD4 Count 400+</td>
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<td>2014</td>
<td>706</td>
<td>1105</td>
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<tr>
<td>2015</td>
<td>735</td>
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<tr>
<td>June 2016</td>
<td>148</td>
<td>161</td>
<td>72 %</td>
<td>66 %</td>
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<tr>
<td>Study</td>
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</tbody>
</table>
ASK YOUR DOCTOR FOR A NUTRITION REFERRAL

- High Blood Pressure
- Sugar (Diabetes)
- Weight Control
- Meal Planning
- Cholesterol & Fat
- Food Safety

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

Nutritionist: Shana Bayder
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:
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561-274-3197
Email: Suzanne.Bayder@flhealth.gov
Resources and References

- www.aegis.com
- www.aids.gov/federal-resources/policies/care-continuum
- www.eatright.org
- www.americanheart.org
- www.deliciousdecisions.org
- www.thebody.com
- www.pharmweb.com
- www.nim.nih.gov
Three Questions That Were Answered Today

• 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

Questions?