Free Meal Program Available After Hospital Stay

By Carol Harrison

Food heals, at least that’s the thought of the people behind a pilot program to bring free home delivered meals to seniors, people with disabilities and other at-risk populations recently released from the hospital.

So far, Area 1 Agency on Aging and Humboldt Senior Resource Center have delivered 14 frozen meals to each of 30 North Coast residents who live within a defined service area.

HSRC prepares, packs, and freezes the meals. It delivers them in one or two trips, depending on the recipient’s freezer space, to residents in areas that include Arcata, Westhaven, McKinleyville, Fortuna and Eureka.

The program began May 1 and will continue through March 31, 2014.

Hospital discharge planners, health care providers, family and patients can call A1AA at 442-3763, ext. 223 to enroll or for more information.

To qualify after a hospital stay, people must be age 60 or older or disabled or a member of at-risk populations that include those who have trouble preparing food after discharge and don’t have anyone to assist with food preparation.

“It was a godsend,” one participant said. “It allowed me not to worry about what I am going to eat and to focus on getting better.”

“We had someone who was so satisfied with the service earlier in the year call us again when she had a short stay surgery recently,” said Laurel Watson, resource specialist with A1AA.

“I’ve talked to some very sweet people who are thrilled to have some food that makes recovery easier for them,” said Barbara Walser, director of HSRC’s nutrition program. “Most of them say, ‘Really? You are going to give it to me at no cost?’”

The idea is to enable discharged people, many of whom live alone, to recover without worry about nutrition, food, shopping, or finding a caregiver to prepare meals.

“It takes away some of the stress and lets the recipient focus more on recovery,” Watson said. “All they have to do is get up and microwave their meal.”

The hope is the service will reduce hospital readmission rates and health care costs. Debby Krzesni, dietitian for A1AA, said it is estimated Medicare could save approximately $8 billion a year in preventable hospital readmission costs.

“Not all readmissions are preventable, but people who have access to healthy food after discharge are less likely to be readmitted within 30 days than individuals who go home to an empty refrigerator,” Krzesni said.
Beginning October 2012, the Affordable Care Act required Medicare to reduce reimbursement to hospitals with excess readmission.

Nutrition is often a problem among seniors even before they enter the hospital. According to a report titled “Impact of Nutritional Status on Hospitalization Outcomes of Patient and Elders,” as many as 53 percent of older adults admitted to the hospital are undernourished.

That same report says malnutrition leads to slow healing, increased complications, longer hospital stays, higher rates of admission to long-term care, and increased mortality.

“Good nutrition keeps seniors out of hospitals to begin with, enhances their chances of getting out sooner, and makes it more likely they’ll stay out after discharge,” Krzesni said. “We have to raise awareness among older adults of the link between good health and good food.”

The local hospital meal program is funded by CalFresh as part of a joint effort between Humboldt County Department of Health and Human Services and A1AA to improve senior health through improved access to quality food.

“These meals are an opportunity to reach people about CalFresh and other resources to keep them healthy,” A1AA executive director Maggie Kraft said.

The pilot hospital meal program traces its roots to a 2006 study in which Meals on Wheels Association of America provided 10 meals to patients after hospital discharge.

“Typically, those who chose to participate were sicker than those who declined, but insurance data showed that those who received the meals had a first month post discharge health care cost that was more than $1,000 lower on average than those who didn’t participate,” Krzesni said.

“The numbers and the studies are making the case that insurance companies and hospitals should support these programs. I don’t know if it will be today or tomorrow, but the movement is in that direction.”

Local participation started slowly with two participants in May, five in June, two in July and three in August.

“Then we had a lunch with the dietitians and Dr. (Donald) Baird, the county’s health officer, and things really picked up,” Krzesni said.

Only one of the 12 participants through August was readmitted within 30 days, well below the national 30-day readmission rate of 19 percent reported by the Medicare & Medicaid Research Review for 2007-2011.

“Eating better is a prime example of preventive medicine, the piece that keeps people out of institutions and in their homes,” Watson said. “Seniors need to call us to find out what we can do to help them eat better and live better.”
A1AA assists with enrollment in the CalFresh nutrition program and can do a food assessment survey to
determine the need for nutrition-related assistive devices that can help people with food preparation,
consumption and storage.

“We can even purchase some of those items for people who would benefit from them,” Watson said.