Master of Public Health

Integrative Learning Experience Report

ENHANCING NUTRITION LITERACY FOR OLDER ADULTS TRANSITIONING FROM SKILLED NURSING TO HOME: DEVELOPMENT AND IMPLEMENTATION OF PATIENT-CENTERED EDUCATION RESOURCES

by

Melaney Coco

MPH Candidate

submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

Graduate Committee:
Dr. Linda Yarrow
Dr. Priscilla Brenes
Dr. Kathleen Hoss

Public Health Agency Site:
The Healthcare Resort of Topeka
Dates

Site Preceptor:
Amanda Perron, RN

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2026

Copyright

MELANEY COCO

2026

Abstract

Older adults transitioning from skilled nursing facilities to home often have difficulty maintaining adequate nutrition and managing health conditions independently due to many factors. Malnutrition and poor oral intake are common among older adults. This can be associated with a functional decline, increased hospital readmissions, and poorer health outcomes. Patients discharged from skilled nursing facilities often receive limited nutrition education prior to returning home. The purpose of this Applied Practice Experience (APE) was to identify nutrition education priorities for older adults transitioning from a skilled nursing facility to home and to develop patient-centered nutrition education materials to address those needs.

The project was conducted at The Healthcare Resort of Topeka, a skilled nursing facility in Topeka, Kansas serving primarily older adults recovering from hospitalization and preparing to return home following two to three weeks of physical, occupational and speech therapy. Information gathered from the interdisciplinary care team and informal conversations with patients were used to identify common nutrition concerns and knowledge gaps.

Information indicated education was needed on simple meal preparation, increasing protein intake and disease specific nutrition needs for diabetes, end stage renal disease/dialysis and chronic heart failure. Evidence-based guidelines were used to develop materials which were then tested with patients preparing for discharge. Feedback collected indicated that the handouts provided practical guidance and addressed common nutrition questions. Incorporating the material into the discharge process may help improve nutrition literacy and support healthier dietary choices among discharged patients. This may contribute to reducing hospital readmissions.

Key words: nutrition literacy, discharge education, post-acute care, senior nutrition

Table of Contents

Chapter 1 - Literature Review 2
Chapter 2 - Learning Objectives, Project Description, Methods 8
Chapter 3 - Products and Results 12
Chapter 4 - Discussion 14
References 19
Appendix 1 - Synthesis and/or Integration of Competencies 21
Appendix 2 - Demonstration of Competency Attainment 24
Appendix 3 – Handout1 27
Appendix 4 – Handout 2 28
Appendix 5 – Handout 3 29

Chapter 1 - Literature Review

Rationale and background - Older adults are at increased risk for malnutrition. Older adults are at increased risk for malnutrition. Malnutrition is characterized by inadequate intake of energy and nutrients resulting in changes to body composition and decreased physical function and clinical outcomes (White et al., 2012). This risk is increased during transitions such as hospital discharge to skilled nursing facilities and ultimately to the home environment. This risk is increased during transitions such as hospital discharge to skilled nursing facilities and ultimately to the home environment. Malnutrition in this population is associated with numerous adverse health outcomes, including delayed recovery, decreased functional status, increased risk of infection, higher healthcare costs, and increased mortality (Volkert et al., 2019). It is also highly prevalent among hospitalized patients and has been shown to significantly increase the risk of 30-day hospital readmission, further emphasizing its importance as a public health concern (Goharian et al., 2024).

Malnutrition is also common among community-dwelling older adults, with prevalence estimates ranging from approximately 14–20% and increases with age and level of care dependency (Kolberg et al., 2023). This further underscore the need for early identification and intervention across the continuum of care.

Nutrition care is often disrupted during these transitions. Older adults moving between healthcare settings frequently experience delays in assessment, documentation, and follow-up related to nutritional care. As a result, patients are often discharged without adequate education or guidance on how to meet their nutritional needs independently at home. This contributes to poor dietary intake, unintentional weight loss, and difficulty managing chronic health conditions following discharge (Mudge et al., 2011**).** When patients move from a hospital or skilled nursing

facility back home, continuity of care is disrupted and services may not be consistent, making this a particularly vulnerable period, during which continuity of care is often fragmented and essential nutrition services may not be consistently maintained (Institute of Medicine, 2012).

There are systemic barriers that further exacerbate these challenges. Communication breakdown between healthcare providers, incomplete transfer of nutrition-related information, and lack of standardized discharge processes contribute to poor continuity of care. Evidence suggests that nutrition screening results, care plans, and recommendations are not consistently communicated across settings, leaving patients without clear direction upon returning home (Meals on Wheels America, 2019). These realities highlight the need for improved coordination and patient-centered approaches to nutrition care during these transitions.

Aging is associated with biological changes that increase risk of malnutrition such as decreased appetite, altered taste/small and increased incidence of chronic diseases which may have nutritional implications. Additionally, older adults face challenges that impact their ability to maintain adequate nutrition after discharge. These challenges are often caused by or compounded by social determinants of health such as limited income, reduced access to transportation, food insecurity and lower health literacy. These factors can make it difficult to procure and prepare food. Physical limitations can make meal preparation difficult. Social factors, such as isolation and, in some cases, lack of family support, further compound the issue. Many older adults struggle to prepare meals for a single individual, as opposed to a family, which can reduce motivation to cook due to fear of wasting food. This can lead to reliance on less nutritious, convenience foods (Meals on Wheels America, 2023).

Nutrition education interventions have been shown to be an effective way to address these challenges. Education programs can improve nutrition knowledge, attitudes and behaviors

among older adults (Yetkin & Başer, 2025). These interventions are critical for promoting behavior change and supporting independence in the home setting. Evidence-based guidelines recommend individualized nutrition interventions, including education and counseling, as part of comprehensive care for older adults to improve nutritional status and overall health outcomes (Volkert et al., 2019).

In addition to improving knowledge and behavior, nutrition-focused interventions have been shown to impact clinical outcomes. Evidence from systematic reviews indicates that nutrition interventions, including dietary counseling and supplementation, may significantly reduce hospital readmissions among older adults by improving nutritional status and supporting recovery following hospitalization (Lærum-Onsager et al., 2021). Educational interventions have also been shown to significantly improve knowledge related to healthy eating among older adults, which can positively influence dietary choices, self-management, and overall health (Ortiz Segarra et al., 2023). Together, this evidence highlights the importance of combining clinical nutrition interventions with practical, patient-centered education to support older adults during transitions of care.

Involvement by an interdisciplinary team is essential to effectively address malnutrition in older adults. Collaboration among dietitians, nursing staff, rehabilitation professionals, and other healthcare providers allows for comprehensive, patient-centered care to address patient needs (Marshall et al., 2016). Integrating nutrition education into the discharge planning process represents an important opportunity to improve continuity of care and support successful transitions from skilled nursing facilities to home. Despite strong evidence supporting nutrition interventions and education, structured and practical nutrition education is not consistently integrated into discharge the planning process. As a result, many older adults transition home

without the knowledge or tools needed to manage their nutritional needs independently. Nutrition education for older adults is also supported by health literacy and behavior change frameworks. Health literacy plays a key role in an individual's ability to understand and apply nutrition information, particularly during complex transitions of care. Additionally, behavior change theories, such as self-efficacy, suggest that individuals are more likely to adopt and maintain health behaviors when they feel confident in their ability to perform them. Incorporating simple, practical, and patient-centered education strategies aligns with these frameworks and may improve the likelihood of successful behavior change following discharge. While existing literature consistently identifies malnutrition risk and gaps in care during transitions, fewer studies address the role of practical, patient-centered education in bridging these gaps, highlighting an opportunity for targeted interventions. Several themes emerged across the reviewed studies regarding nutrition challenges among older adults. Many studies identified decreased appetite, chronic disease burden, and functional limitations as key contributors to poor nutritional status. Additionally, social factors such as isolation and limited access to food were repeatedly noted as significant barriers. The studies had different focuses such as structured nutrition interventions versus individualized support. Regardless, research shows the need for targeted education, tailored for older adults. Given these findings, this project aimed to support older adults in maintaining adequate nutrition, improving health outcomes, and promoting independence following discharge.

Motivation - The motivation for this project stemmed from observed gaps in nutrition education for patients transitioning from skilled nursing care to the home environment, as identified through my role as a Registered Dietitian with the facility. The Healthcare Resort of Topeka serves a high-risk population of older adults who often have a complex medical history, physical

limitations, and, in many cases, limited financial or social resources. These factors increase vulnerability in most areas, to include nutritional outcomes.

Within the facility, many patients preparing for discharge demonstrated limited understanding of how to meet their nutritional needs independently, particularly when adjusting to cooking for one person or managing physical limitations. While nutrition assessments are routinely completed as part of standard care, the facility does not currently have a structured nutrition education system or tangible resources to provide to patients upon discharge. As a result, patients often return home without practical guidance or tools to support adequate nutrition. This represented an opportunity to improve outcomes by equipping individuals with information to empower them in more independent settings after discharge. Addressing this gap aligns with public health priorities related to healthy aging, prevention of hospital readmissions, and promotion of independence among older adults

Purpose - The purpose of this APE was to develop and implement patient-centered nutrition education materials for high-risk older adults transitioning from skilled nursing care to home, with the goal of improving nutrition literacy, supporting independence and improving health outcomes following discharge.

Location – This was completed at The Healthcare Resort of Topeka, a post-acute skilled nursing facility located in Topeka, Kansas. The facility also provides long-term care and assisted living services. The mission of The Healthcare Resort of Topeka is to “dignify post-acute care in the eyes of the world through moments of truth” (Ensign Services). The facility serves primarily older adults, with most patients admitted for short-term rehabilitation following hospitalization due to surgery or illness.

Care at the facility is delivered through an interdisciplinary healthcare team. The primary team members directing the care of patients in the facility are the Director of Nursing, who served as the preceptor, the Assistant Directors of Nursing, the Director of Rehabilitation, the Registered Dietitian and the Minimum Data Set (MDS) nurse. There is daily collaboration to develop and implement care plans that address the medical, functional, and nutritional needs of patients and residents.

As the Registered Dietitian, I focus on supporting patient nutrition in collaboration with the dietary staff, as well as ensuring compliance with state and regulatory requirements. Clinical responsibilities include completing required nutrition assessments upon admission and at quarterly intervals. Additional responsibilities include conducting routine walk-throughs of kitchen and dining areas to ensure compliance with health and safety standards and visiting with residents and patients as needed to address individual nutrition concerns.

Chapter 2 - Learning Objectives, Project Description, Methods

Objectives

- By the end of Week 2, I will identify and document nutrition education priorities for older adults transitioning from skilled nursing to home by getting input from interdisciplinary team members.
- By the end of Week 3, I will review current evidence-based guidelines and best practices
- By the end of Week 5, I will develop 3 patient-centered nutrition education materials, written in plain language, tailored to skilled nursing patients transitioning home.
- By the end of Week 7, will pilot the nutrition education materials with patients prior to discharge and collect informal feedback.
- Objective: By the end of Week 8, will revise materials based on feedback, and develop recommendations for ongoing use in discharge process.

Methods & Activities

The purpose of the APE project was to identify nutrition education needs for older adults transitioning from a skilled nursing facility to home and develop nutrition materials to address those needs. The project was implemented over an eight-week period and included a needs assessment, review of evidence-based guidelines, development of educational materials, testing, and revision based on feedback.

To identify nutrition education needs, informal discussions were conducted with the interdisciplinary care team during the first two weeks of the project. These discussions were interview-style, open-ended questions which allowed individuals to share observations and personal interactions with patients. Individuals included in the discussions included the Director

of Nursing, Assistant Director of Nursing, Dietary Director, Director of Rehabilitation, and the Minimum Data Set (MDS) nurse. Approximately six interdisciplinary staff members participated in these discussions. These team members were used due to their involvement in discharge planning.

Utilizing open-ended questions, conversations centered around common patient barriers, frequently observed nutrition concerns, and areas where patients appeared to need additional support. Questions included, “What nutrition challenges do patients most commonly face after discharge?”, “Where do patients struggle the most with meal preparation or access?”, and “What nutrition-related topics do patients seem to have the least understanding of?” Information gathered from these discussions was documented using written notes and reviewed using an informal qualitative thematic analysis approach. Responses were reviewed to identify recurring ideas. This allowed for identification of key nutrition concerns and where the knowledge gaps were so that targeted educational materials could be developed.

In addition to interdisciplinary input, informal conversations were conducted with patients preparing for discharge to better understand their perceived challenges and educational gaps. Topics brought up by patients included difficulty preparing meals independently, especially cooking for one, as well as disease-specific nutrition needs related to diabetes, chronic heart failure, and chronic kidney disease, and strategies for increasing protein intake. This information was used to determine topics and ensure they address the target population’s needs.

Following the identification of topics, current evidence-based guidelines and best practices were reviewed to inform the development of educational materials. Sources included peer-reviewed journal articles as well as clinical nutrition guidelines and standards of practice from

the Academy of Nutrition and Dietetics. The review focused on identifying relevant dietary recommendations and practical strategies to support the needs identified.

Based on this review, nutrition education materials were developed to provide clear and practical guidance for individuals preparing for discharge and designed using plain language and were simple and practical. They were formatted taking into account users were older adults with varying levels of health literacy. Topics addressed included simple meal preparation strategies, nutrition recommendations for chronic heart failure, and strategies to increase protein intake during recovery. “Simple” was defined as using plain language, limiting medical terminology, and presenting information in a clear and concise format. “Practical” was defined as recommendations that required minimal preparation time, used commonly available and affordable foods, and could be implemented despite common physical limitations observed among older adults.

The developed educational materials were evaluated using the Developing and Assessing Nutrition Education Handouts (DANEH) Checklist, developed by the Academy of Nutrition and Dietetics Foundation, to assess usability and quality for the target population. Materials were then tested with patients preparing for discharge from the facility. Patients nearing discharge were provided with the materials and given time to review the content prior to returning home. Informal feedback was collected from approximately twenty patients through direct, one-on-one conversations. Evaluation focused on patient-reported measures, including clarity, ease of understanding, perceived usefulness, and whether the information addressed anticipated nutrition-related challenges following discharge. Patients were asked open-ended questions such as, “Was this information easy to understand?”, “Do you feel this will be helpful at home?”, and

"Is there anything that is unclear or missing?" Feedback was documented during each interaction.

Feedback from both patients and the interdisciplinary staff was reviewed to identify areas for improvement. Revisions were made to the materials based on this feedback. Revisions included decreasing word count and focusing on short, easy to understand phrases. In addition to revising the materials, recommendations were developed to support integration of the resources into the facility's discharge process. These recommendations included timing for distribution and identification of appropriate team members responsible for providing education.

Chapter 3 - Products and Results

The APE project resulted in the identification of key nutrition education needs, development of patient-centered educational materials, and implementation of a process to evaluate the usability of these resources within a skilled nursing facility setting. Through informal discussions with members of the interdisciplinary care team, several priority nutrition education topics were identified based on common challenges observed among patients preparing for discharge. These identified priorities confirmed that patients transitioning from skilled nursing care to home often require practical, condition-specific practical nutrition guidance. The findings also showed the need for education materials that address both medical nutrition therapy and functional limitations experienced by older adults.

As a result of the project, three handouts were developed, with plans to continue to create handouts for other topics. The materials provided simplified nutrition recommendations, examples of easy meal ideas, and practical strategies to support dietary goals in the home setting. The materials were designed to be clear, easy to read and appropriate for older adult populations. The developed materials were given to patients preparing for discharge from the skilled nursing facility and they were asked to provide feedback.

Feedback provided by patients showed that the materials were generally easy to understand and helpful in preparing for nutrition management at home. Feedback included comments that the materials were “easy to follow,” “not overwhelming,” and helpful for planning meals independently. Some patients noted that the handouts “made it feel more manageable” to think about meals at home, while others appreciated that the information was “straight to the point.” Many patients also expressed that having simple, written resources increased their confidence in managing their nutrition after discharge. Patients reported that

simple meal ideas and practical tips were particularly useful. Some patients stated that having tangible materials to bring home increased their self-confidence in managing their dietary needs independently. Feedback from interdisciplinary staff also supported the usefulness of the materials and need for them to become part of standard discharge process on feedback from both patients and interdisciplinary staff, minor revisions were made to improve further simply the information.

Constructive feedback was also provided. A few patients indicated that certain sections could be simplified further, noting that they preferred even shorter phrases and less written content. Others mentioned that additional examples or more variety in food options could be helpful. Adjustments included decreasing word count and using the same general layout for each handout. This suggests that patients value practical, easy to use recommendations over more detailed information.

The products developed were three nutrition education handouts related to simple meal preparation strategies, increasing protein intake during recovery, and nutrition recommendations for individuals with heart failure. Additional topics identified during the needs assessment, including diabetes nutrition education and dietary considerations for patients with end-stage renal disease (ESRD) receiving dialysis, were not developed into handouts but will be in the future.

Chapter 4 - Discussion

This APE project aimed to address gaps in nutrition education for older adults transitioning from skilled nursing care to the home environment through the development and implementation of nutrition education materials. The findings from this project reinforced existing research showing how vulnerable the senior population is in general, but especially during times of transition.

Consistent with previous research, this project identified that patients often leave post-acute care settings without sufficient knowledge or confidence to manage their nutritional needs independently. The need for simple, practical guidance, especially meal preparation, protein intake, and management of chronic conditions, was reinforced through both interdisciplinary teams and the patients. These findings align with literature indicating that gaps in nutrition education and communication during transitions contribute to poor dietary intake and increased risk of poor outcomes, including hospital readmission (Goharian et al., 2024; Meals on Wheels America, 2019).

The development and implementation of education materials provided insight into the types of resources that are most useful for this population. Patients responded positively to materials that were simple and practical. This supports existing evidence that tailored nutrition education interventions can improve knowledge, confidence, and health behaviors among older adults (Yetkin & Başer, 2025). Additionally, the use of plain language and visually clear formatting appeared to increase usability, reinforcing the importance of health literacy considerations in patient education.

The development and implementation of the handouts had some successes, as well as some unexpected findings. The handouts were effective in providing clear and relevant guidance, and patients responded positively to the recommendations and examples. One theme brought up multiple times was the preference for short, direct content that was less wordy. This reinforced the importance of clarity over details when designing materials for this population.

Health literacy and self-efficacy played an important role when designing the materials. The handouts were intentionally designed using plain language and practical steps to support a range of literacy levels. Focusing on realistic behaviors was important in increasing patient confidence in their ability to manage their nutrition independently at home. This is an important component for sustainable behavior change.

The educational materials were evaluated using the Developing and Assessing Nutrition Education Handouts (DANEH) checklist. This tool assesses quality in several categories including content, behavior focus, cultural sensitivity, written words, and readability. The handouts achieved a score of 18 out of 21. This meets the criteria for high-quality materials. While the materials performed well in areas such as clarity, organization, and behavior-focused content, opportunities for improvement were identified through scoring. The handouts scored low in cultural sensitivity due to being designed for a general audience and did not incorporate a wide range of culturally diverse food choices or practices. In future versions, incorporating culturally relevant food examples, diverse imagery, and broader dietary practices would improve applicability across populations. Additionally, applying the DANEH checklist earlier in the process would have allowed for integration of some of these components.

This project also highlighted the importance of interdisciplinary collaboration in supporting nutrition care during transitions. Input from multiple team members helped ensure

that the materials addressed both clinical nutrition needs and functional challenges experienced by patients. This aligns with established guidelines emphasizing the importance of multidisciplinary approaches to nutrition care in older adults (Volkert et al., 2019).

The findings from this project have important implications for public health practice at both the local and more broad levels. At the individual level, easier access to nutrition information may increase confidence and self-efficacy in managing dietary needs (Ortiz Segarra et al., 2023). At the facility level, the development of standardized nutrition education materials is an opportunity to improve continuity of care and better prepare patients for successful transitions home. Incorporating these materials into routine discharge planning may help reduce gaps in nutrition education and support improved patient outcomes. From a business perspective, these interventions may contribute to reducing hospital readmissions and improve customer satisfaction. A systematic review found that nutrition interventions reduced readmission risk by approximately 16% in adults aged 65 and older (Lærum-Onsager et al., 2021).

More broadly, this project highlights the need for greater emphasis on nutrition education as a component of transitional care. While becoming medically stable and physical rehabilitation is generally the priority in skilled nursing, nutrition plays an important role in recovery and decreasing the rate of readmission. Involving some element of nutrition education in the discharge process helps meet public health goals related to healthy aging and management of chronic diseases.

Plans include future development of additional education materials, particularly for topics identified during the needs assessment that were not completed for the project, including diabetes management and nutrition considerations for patients receiving dialysis. Expanding the range of available resources would allow for better support of patients with varying medical conditions.

At the individual level, future initiatives may include more structured patient education sessions or brief counseling to reinforce the information provided in written materials. Additionally, collaboration with community resources, such as meal delivery programs or outpatient nutrition services, may further support patients after discharge.

This project had several strengths. One strength was the use of input from interdisciplinary team to identify priorities ensuring that the materials for applicable to our population. Additionally, the use of patient feedback allowed for improvements to better meet patient needs. The use of the Developing and Assessing Nutrition Education Handouts (DANEH) checklist also strengthened the quality and usability of the final products (Academy of Nutrition and Dietetics).

However, there were also limitations to this project. Feedback collected was informal and not obtained using a standardized evaluation tool, which limits the ability to assess the effectiveness of the materials. Informal evaluation methods were used due to time constraints and the nature of a clinical setting. Patients' time is often occupied up by physical, occupational and speech therapy to prepare for discharge, limited time available and willingness for other activities. While this method allowed for timely feedback, it did limit the ability to systemically measure outcomes. Additionally, the project was conducted within a single facility, and without follow-up after discharge. Time constraints also limited the number of education materials that could be developed during the project.

While informal feedback provided valuable insight into the clarity and usability of the materials, additional evaluation methods could strengthen assessment. Future evaluation efforts could include pre and post assessments to measure changes in nutrition and knowledge and confidence. Using Likert-scale questions could be used to assess perceived usefulness and

understanding. The lack of a structured evaluation tool and absence of follow-up after discharge limits the ability to determine long-term effectiveness of the intervention. Follow-up after discharge could be conducted to evaluate whether patients were able to implement the recommendations in their home setting. At the facility level, tracking readmission rates or changes in nutritional status could provide valuable information.

This APE project showed the importance of patient-centered nutrition education in supporting older adults transitioning from skilled nursing care to home. The development and implementation of practical education materials addressed some of the identified gaps in care and provided a foundation for future improvement and reinforced the need for inclusion of nutritional education and tools during transitional care.

References

Academy of Nutrition and Dietetics Foundation. (n.d.). *Developing and assessing nutrition education handouts (DANEH).* https://www.eatrightfoundation.org/resources/daneh

Ensign Services. (n.d.). *Ensign Services*. https://ensignservices.net/

Goharian, L., Keller, H., & Desai, S. (2024). Prevalence of malnutrition and impact on 30-day hospital readmission in adults receiving home care and ambulatory care: A descriptive cohort study. *Journal of Parenteral and Enteral Nutrition, 48*, 810–817. https://doi.org/10.1002/jpen.2670

Institute of Medicine. (2012). *Nutrition and healthy aging in the community: Workshop summary.* National Academies Press.

Kolberg, M., Paur, I., Sun, Y. Q., et al. (2023). Prevalence of malnutrition among older adults in a population-based study: The HUNT study. *Clinical Nutrition ESPEN, 57*, 711–717.

Lærum-Onsager, E., Molin, M., Olsen, C. F., Bye, A., Debesay, J., Hestevik, C. H., Bjerk, M., & Pripp, A. H. (2021). Effect of nutritional and physical exercise intervention on hospital readmission for patients aged 65 years or older: A systematic review and meta-analysis of randomized controlled trials. *International Journal of Behavioral Nutrition and Physical Activity, 18*, 62. https://doi.org/10.1186/s12966-021-01123-w

Locher, J. L., Ritchie, C. S., Roth, D. L., Sen, B., Vickers, K. S., & Vailas, L. I. (2005). Food choice among homebound older adults: Motivations and perceived barriers. *Journal of Nutrition for the Elderly, 24*(3), 19–34.

Marshall, S., Young, A., Bauer, J., & Isenring, E. (2016). Malnutrition in geriatric rehabilitation: Prevalence, patient outcomes, and criterion validity of the scored Patient-Generated Subjective Global Assessment and the Mini Nutritional Assessment. *Journal of the Academy of Nutrition and Dietetics, 116*(5), 785–794. https://doi.org/10.1016/j.jand.2015.06.013

Meals on Wheels America. (2019). *The state of senior hunger in America.* https://www.mealsonwheelsamerica.org

Meals on Wheels America. (2023). *The case for Meals on Wheels: An evidence-based solution to senior hunger and isolation.* https://www.mealsonwheelsamerica.org

Mudge, A. M., Ross, L. J., Young, A. M., Isenring, E. A., & Banks, M. D. (2011). Helping understand nutritional gaps in the elderly (HUNGER): A prospective study of patient factors associated with inadequate nutritional intake in older medical inpatients. *Clinical Nutrition, 30*(3), 320–325.

Ortiz Segarra, J., Freire Argudo, U., Delgado López, D., & Ortiz Mejía, S. (2023). Impact of an educational intervention for healthy eating in older adults: A quasi-experimental study. *International Journal of Environmental Research and Public Health, 20*(19), 6820. https://doi.org/10.3390/ijerph20196820

Volkert, D., Beck, A. M., Cederholm, T., Cruz-Jentoft, A., Goisser, S., Hooper, L., Kiesswetter, E., Maggio, M., Raynaud-Simon, A., Sieber, C. C., Sobotka, L., van Asselt, D., Wirth, R., & Bischoff, S. C. (2019). ESPEN guideline on clinical nutrition and hydration in geriatrics. *Clinical Nutrition, 38*(1), 10–47. https://doi.org/10.1016/j.clnu.2018.05.024

White, J. V., Guenter, P., Jensen, G., Malone, A., & Schofield, M. (2012). *Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Characteristics recommended for the identification and documentation of adult malnutrition (undernutrition).* Journal of the Academy of Nutrition and Dietetics, 112(5), 730–738. https://doi.org/10.1016/j.jand.2012.03.012

Yetkin, B., & Başer, A. (2025). Enhancing knowledge and attitudes through the "healthy nutrition" education program: A Solomon four-group experimental study with older adults at a social life campus. *BMC Geriatrics, 25*(1), 436.

Appendix 1 - Synthesis and/or Integration of Competencies

Table A.1 Synthesis and Integration of Competencies

Competency	Description of Synthesis and Integration
7. Assess population needs, assets, and capacities that affect communities' health	This competency was used throughout the APE by identifying the nutrition-related challenges faced by older adults transitioning from skilled nursing facilities to home. Decreased mobility, social isolation and difficulty preparing meals for one for were examined as barriers. The interdisciplinary team was consulted to develop the educational handouts.
9. Design a population-based policy, program, project, or intervention	This competency was used throughout the development of nutritional interventions meant to improve dietary habits and increase independence among older adults who are transitioning home. The project first identified priority topics, then developed handouts to use during discharge planning and once home.
Public Health Nutrition Competency: Compare and relate research into practice	This competency was used throughout the project by utilizing nutrition research and current standards of practice to develop population specific education materials. Information was adapted into simplified recommendations appropriate for the target population.

Competency 7: Assess population needs, assets, and capacities that affect communities' health

This competency was used throughout the APE by identifying the nutrition-related challenges faced by older adults transitioning from skilled nursing facilities to home. Decreased mobility, social isolation and difficulty preparing meals for one for were examined as barriers. The interdisciplinary team was consulted to develop the educational handouts. Due to factors such as decreased mobility, chronic disease and social isolation, limited mobility, chronic disease burden, decreased appetite, and social isolation, this population is at increased risk for malnutrition and poor health outcomes. Through clinical experience and collaboration with interdisciplinary team members, barriers were identified such as difficulty preparing meals for one and lack of confidence in meal preparation following discharge. This information guided the development of topics and materials. This competency was applied continuously throughout all phases of the project.

Competency 9: Design a population-based policy, program, project, or intervention

This competency was used throughout the development of nutritional interventions meant to improve dietary habits and increase independence among older adults who are transitioning home. The project first identified priority topics, then developed handouts to use during discharge planning and once home. Priority topics included cooking for one, nutrition for specific chronic disease and increasing protein intake. Materials were meant to be practical, easy to understand, emphasizing simplicity and usability. The intervention was meant to be integrated into the discharge planning process, improving continuity of care for individuals transitioning from the facility to home. The development of nutrition handouts shows the application of

program planning and is an example of a targeted intervention. This was used during the entire project, from planning to development.

Public Health Nutrition Competency: Compare and relate research into practice

This competency was used throughout the project by utilizing nutrition research and current standards of practice to develop population specific education materials. Information was adapted into simplified recommendations appropriate for the target population. Research related to the selected topics was used to make simple, practical education materials. The development of handouts addressing heart failure nutrition, protein intake, and meal preparation strategies shows research being translated into practical recommendations. Information was tailored to the functional abilities of the target population, which ensures the recommendations were both good information and practical for home. This competency was applied throughout the project to ensure that materials were relevant and usable for the target population.

Appendix 2 - Demonstration of Competency Attainment

Table A.1 Attainment of Competencies

Practice-based products that demonstrate competency attainment	
Specific products	**Competency**
Cooking for One handout	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
Cooking for One handout	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
Heart Failure Nutrition handout	7. Assess population needs, assets, and capacities that affect communities' health
Heart Failure Nutrition handout	Public Health Nutrition Competency: Compare and relate research into practice
Increasing Protein Intake During Recovery handout	9. Design a population-based policy, program, project, or intervention

Cooking for One Handout

Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation

This competency was demonstrated through the development of the "Cooking for One" handout by using nutrition recommendations into clear and practical recommendations and tips meant for older adults living independently. The content emphasized simple meal preparation strategies, use of convenience foods, and reducing food waste. It was presented in a way that could be understood by a variety of individuals. The organization and layout of the handout promoted effective communication and was in a user-friendly format.

Competency 8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

This competency was demonstrated by incorporating realistic strategies into a handout that aligns with needs of older adults. Recommendations considered information such as functional ability, access to food and habits, allowing the information to be applied in a way that fits their specific situation. Using favorite foods and encouraging flexible meals ensure the handout was practical and culturally appropriate.

Heart Failure Nutrition Handout

Competency 7: Assess population needs, assets, and capacities that affect communities' health

This competency was demonstrated through the development of the "Heart Failure Nutrition" handout by addressing the specific dietary needs and challenges of older adults managing this chronic disease. The information considered common barriers faced by this

population such as managing sodium intake and preparing appropriate meals. The physical abilities and health status of the target population was considered, ensuring that the material was practical.

Public Health Nutrition Competency: Compare and relate research into practice

This competency was demonstrated by using nutrition guidelines for heart failure to make practical recommendations for patients. Research was translated into simple, practical information that the target population could implement at home. This process shows the ability to bridge nutrition research and practical recommendations.

Increasing Protein Intake During Recovery Handout

Competency 9: Design a population-based policy, program, project, or intervention

This competency was demonstrated through the development of the "Increasing Protein Intake During Recovery" handout. The handout was developed to address a common problem among older adults during recovery. This handout focused on easy ways to increase protein intake to decrease healing time and maintain body mass. The handout was structured to provide simple recommendations and strategies. The design of this handout matched the others to increase readability.

Appendix 3 – Handout1

EATING FOR HEART HEALTH

SIMPLE WAYS TO MANAGE HEART FAILURE AT HOME

WHY IT MATTERS

- Reduce swelling
- Make breathing easier
- Maintain your independence
- Protect your heart

MEAL IDEAS

- Fresh meat + vegetables
- Chicken + rice
- Eggs + toast (no added salt)
- Oatmeal + fruit

KEEP IT SIMPLE

- Choose lower sodium foods
- Eat at home when possible
- Use herbs and spices instead of salt



SAVE TIME AND ENERGY

- ☑ Prepare meals when you have the most energy
- ☑ Use frozen foods (no added salt)
- ☑ Sit while prepping

For more healthy eating tips
www.eatright.org

Appendix 4 – Handout 2

PROTEIN FOR RECOVERY

SIMPLE WAYS TO GET MORE PROTEIN EACH DAY

WHY IT MATTERS

- Reduces healing time
- Increases strength and energy
- Builds and keeps muscle
- Supports your recovery

SAVE TIME AND ENERGY



- ☑ Prepare meals when you have the most energy
- ☑ Use frozen foods (no added salt)
- ☑ Sit while prepping

EASY PROTEIN FOODS

- Yogurt
- Tuna
- Chicken
- Eggs
- Milk
- Cheese

For more healthy eating tips
www.eatright.org

KEEP IT SIMPLE

- Use ready to eat protein foods
- Use protein drinks if needed
- Cook extra and save leftovers
- Prepare meals when you have the most energy
- Choose foods you enjoy

Appendix 5 – Handout 3

COOKING FOR ONE

SIMPLE WAYS TO STAY NOURISHED AT HOME

WHY IT MATTERS

- Maintain your independence
- Have more energy
- Heal faster
- Stay strong
- Prevent weight loss

MEAL IDEAS

- Meat + veggies
- Eggs + toast
- Soup + crackers
- Sandwich + yogurt

KEEP IT SIMPLE

- Easy foods you enjoy
- Mix and match foods
- 3 small meals + 1-2 snacks

SAVE TIME AND ENERGY

- ☑ Prepare meals when you have the most energy
- ☑ Cook extra and save leftovers
- ☑ Use frozen foods
- ☑ Sit while prepping



Looking for meal support?
www.mealsonwheelsamerica.org