Screening and Prioritizing Clients for Nutrition Risk

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Overview

- Why prioritize nutrition service delivery?
- Key nutrition risk factors among homebound older adults
- Screening and assessment tools currently used to identify nutritional needs
- Do we need new screening tools?
- Approaches and feasibility in screening, prioritization and outreach.

Purpose of OAANP

- Decrease hunger and food insecurity
- Promote socialization
- Promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services.

http://www.aoa.gov/aoaroot/aoa_programs/hcltc/nutrition_services/index.aspx

Who qualifies for HDM?

At minimum, Fed regulations:

- Ages 60 +
- Spouse of any age
- Homebound due to illness, disability, or geographic isolation
- Disabled individual residing with an eligible older adult

- Not means tested
- Criteria somewhat broad

OAA Eligibility for HDM

- Service priority for frail, homebound or isolated elderly
- Most states develop policy, regulations, standards, guidance to implement OAA & regulations
- There may be different criteria for other funding sources: Medicaid Waiver, State/county/city funded programs; privately funded programs

Also .....

- OAA states:
  - Services targeted to those at greatest social and economic needs, especially,
    - low-income
    - minority
    - living in rural communities
    - limited English proficiency
    - At-risk of institutional care

% of Low-Income Older Adults with Specific Characteristics that Did/Did Not Received Meal Services

GAO, February, 2011, Based on CPS Analysis

Characteristic	%	Receive HDMs	Receive Cong Meals	Received Neither
Food Security				
Food Secure	81.4	3.3	5.7	91.7
Food Insecure	18.6	7.4	4.9	88.9
# of Impairments				
0	65.2	2.3	5.1	93.1
1	18.0	3.6	6.3	91.2
2+	16.8	11.5	6.4	83.3
Social Isolation				
Less isolated	31.8	2.5	6.1	92.1
More isolated	41.4	5.0	5.0	91.0
Missing	26.8	4.5	5.8	90.3

Funding

Year of funding	Home-Delivered Nutrition Services	Congregate Nutrition Services
FY 2006	181,780,000	385,054,000
FY 2007	188,305,000	398,919,000
FY 2008	193,858,000	410,716,000
FY 2009	214,459,000	434,269,000
FY 2010	217,676,000	440,783,000

Older Americans Act
Unmet Need for Services

- 79% of AAAs saw increased requests for HDM
- 47% of AAAs saw increased requests for congregate meals since the start of the economic downturn
- 22% of AAAs were unable to serve all clients who requested HDMs & 5% of agencies were unable to serve all who requested congregate meals

US Accountability Office, February 2011

AARP Public Policy Institute/NASUAD survey summer 2010

- 31 states cut aging and disability services in FY2010
- 28 states were expecting to cut those services in FY 2011
- > 50% of states increased demands for HDM, and other programs for older adults
- Expiration of Funds from the American Recovery and Reinvestment Act (ARRA) stimulus funds

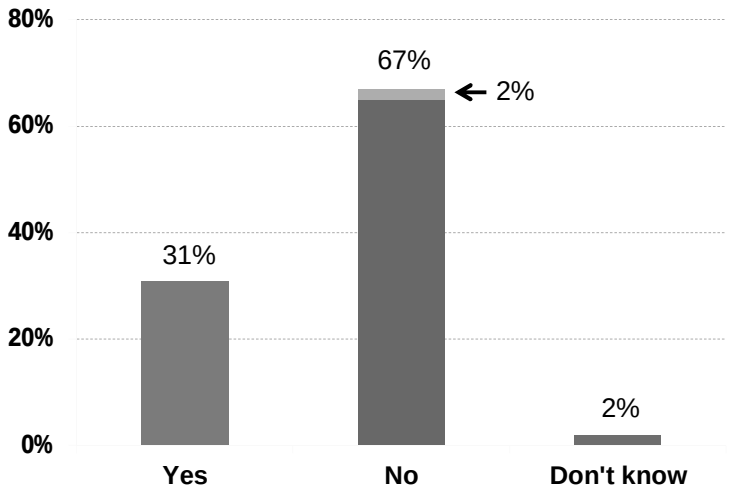
http://www.nasuad.org/documentation/nasuad_materials/weathering_the_storm/weathering_the_storm.pdf

AARP Public Policy Institute/NASUAD survey summer 2010

- States indicated that in 2011 they would be :
  - Cutting services
  - Eliminating programs
  - Starting waiting lists

http://www.nasuad.org/documentation/nasuad_materials/weathering_the_storm/weathering_the_storm.pdf

Waiting list for HDM nationwide, 2009 (n=348)



Waiting Lists

- AoA does not require the reporting on waiting list data
- Some states require reporting of waiting list data
- No uniform agreement on criteria for waiting list
- Reflection of Short Term Need
  - Acute illness
  - Hospital/rehabilitation discharge
  - Transition care

Waiting Lists

- Reflection of Long Term Need
  - Chronic conditions
  - Functionally impaired
  - Transition care
- Waiting list issues
  - Administrative burden, updating & managing
  - Geography/non service areas
    - Do not provide service in some areas, especially in rural/frontier areas
  - Service expenses
    - Do not have the equipment, funding, volunteers, staff to expand

Why Prioritize Services Among Individuals Who Are Eligible?

- Increasing demand, increasing need
- Shrinking budget (public/private resources)
- All states will continue to face severe budgetary issues in FY2012 and beyond
- Prioritization used by USDA food assistance programs
- Desire to provide services to most needy
- Demonstrate accountability
- Demonstrate need

Other Solutions

- Collaborate, coordinate, integrate with other programs in the parallel systems

- USDA Food Assistance Programs for older adults
  - Supplemental Nutrition Assistance Program, previously known as the Food Stamp Program
  - Child and Adult Care Food Program
  - Commodity Supplemental Food Program
  - The Emergency Food Assistance Program
  - Senior Farmers' Market Nutrition program

Other Solutions

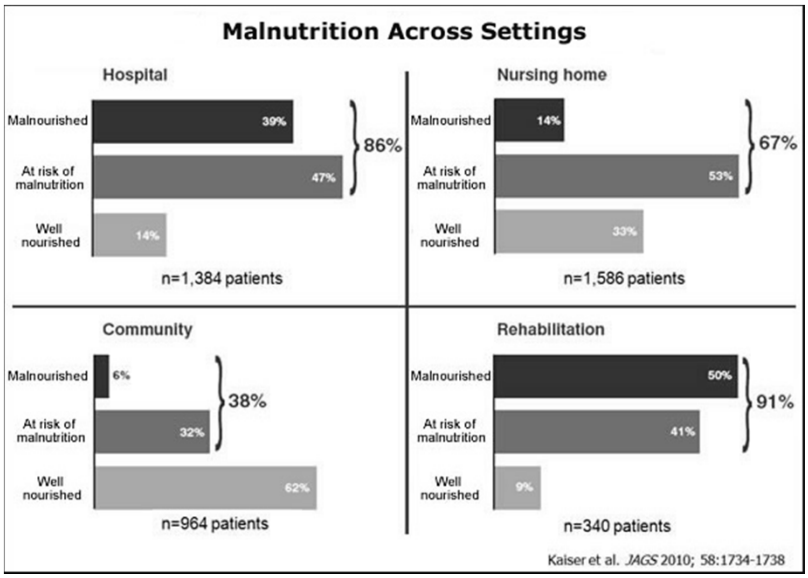
- Collaborate, coordinate, integrate with other programs in the parallel systems
  - OAA Title III B service: homemaker
  - State 1915 Medicaid Waiver programs
  - USDA Food Assistance Programs
  - Utilization of private pay or fee for service

How to Prioritize?

- Purpose of HDM
  - Decrease hunger and food insecurity
- Assessing eligibility—broad criteria
- Assessing need
- Providing service to the most needy

What Do We Mean by “Need” ?

- ??????????????



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Malnutrition

- Most often used in medical/clinical situations
- Indicative of poor clinical outcomes
- May be associated with both overweight/obesity AND underweight/undernutrition
- Influences
  - Health, mortality, morbidity
  - Functionality
  - Quality of life
  - Health care costs

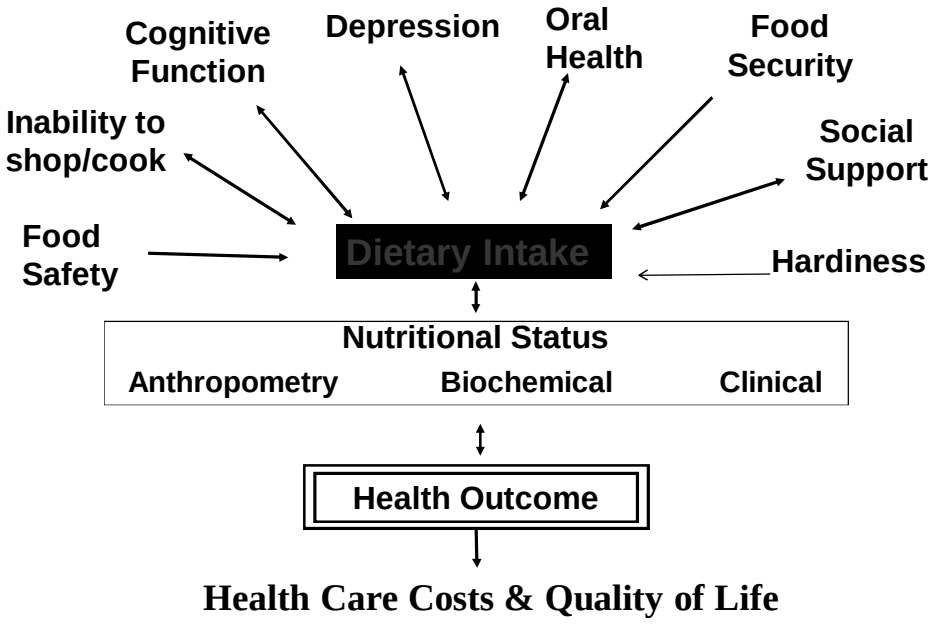
OAA Nutrition Program Purposes

- **The purpose of the OAA Nutrition Program is NOT to:**
  - **Determine malnutrition**
  - **Treat malnutrition**
- Purposes
  - Decrease food insecurity & hunger
  - Promote socialization
  - Promote health & well-being
- Grants for Congregate Nutrition Services and Home-Delivered Nutrition Services are allocated to States and Territories by a formula based on their share of the population aged 60 and over.
- Services: meals, nutrition education, nutrition counseling, nutrition screening & assessment

Older Americans Act
More Should Be Done to Measure the Extent of Unmet Need for Services

- Definition of Need
  - AoA does not provide a standardized definition of need or unmet need
  - AoA does not provide measurement procedures for need or unmet need that states are required to use
  - States use a variety of approaches to measure need & measure unmet need to varying extents
  - No agency that GAO spoke with could estimate the number of older adults in need or the level of unmet need
- Recommended Action
  - GAO recommended that AoA study definitions & measurement procedures for need & unmet need

Us Government Accountability Office, February 2011



Risk Factors that determine who is most at need

Risk factors:

- Physiologic --
  - Having 2+ chronic diseases
  - Inability to shop and cook
  - Recently hospital-discharged
  - Involuntary weight loss
  - Cognition
  - Oral health
- Economic
  - Income
  - Food security
- Psychological --
  - Depression
  - Live alone
  - Dementia

How do we determine who is most at need for nutrition services?

Risk factors:

- Physiological --
  - Having 2+ chronic diseases
  - Inability to shop and cook
  - Recently hospital-discharged
  - Involuntary weight loss
  - Cognition
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Nutrition Risk Factors

- **Functionality**
  - Activities of daily living
    - Ability to feed oneself
  - Instrumental activities of daily living
    - Ability to shop
    - Ability to cook and prepare meals
- **Food Security**
- **Social Isolation**

Food Security

- Access by all members of a household to food sufficient for a healthy life, including at a minimum, the ready availability of nutritionally adequate and safe foods and the assured ability to acquire acceptable food in socially acceptable ways.

Economic Research Service, USDA

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Social Isolation

- Family/Community Resources
  - Living arrangements
  - Living alone
  - Marital status
  - Family caregiver
  - Neighbors/friends
  - Elder abuse, self-neglect

How do we assess need?

- Available tools—
  - Are the available tools adequate to assess need for a meal?
  - What tools do you use??????
- New tools –
  - do we need to develop them?

Nutrition Screening
Nutrition Assessment

- Nutrition Screening
  - Process of identifying individuals at risk for poor nutritional status
  - Short process, limited prioritized questions
  - Performed by non healthcare professional
- Nutrition assessment
  - Process of determining an individuals' nutritional status
  - Long process, includes medical history, diet history, physical examination, anthropometric parameters, laboratory values, economic, food access, IADL/ADL impairments, individual /family information
  - Performed by a healthcare professional e.g. dietitian

Expected Outcomes of Nutrition Screening & Assessment

- Screening
  - Determination of need
  - Prioritizing of individuals based on need
  - Research informed
- Assessment
  - Individualized nutrition care plan
  - Determination & implementation of appropriate interventions
  - Research informed
  - Interventions available under OAA: meals, nutrition education & nutrition counseling

Characteristics of Effective Screening Tools

- Quick & simple
- Inexpensive
- Able to be implemented in any setting
- Easily administered with minimal nutrition expertise
- Collection of relevant data, based on research/evidence
- Reliable, valid, reproducible results
- Determines the need for assessment & interventions
- Facilitates early interventions

Abbott Laboratories presentation, February, 2007; Nutrition Care of the Older Adult, American Dietetic Association, 2009

Nutrition Screening & Assessment Tools

Many screening tools, depends on where it is used

- Nutrition Screening Initiative (NSI)
  - DETERMINE Your Nutritional Risk
  - Level 1, Level 2
- Mini-Nutritional Assessment (MNA)
- Malnutrition Universal Screening Tool (MUST)

Nutrition Screening Initiative Checklist (NSI)

- Public Awareness Purpose: to increase awareness of nutrition risk factors by community dwelling older adults
- Not designed as a clinical tool, not designed to measure malnutrition
- Level 1 Screen – to be used by social service professionals in community programs to determine nutrition risk & community interventions
- Level 2 Screen – to be used as an assessment by health care professionals in clinical settings
- Developed by the NSI, a collaborative group of the American Dietetic Association, the American Academy of Family Medicine, and the National Council on the Aging
- Funded by Abbott Laboratories

Nutrition Screening Initiative Checklist (NSI)

- AoA does not use the NSI Checklist to determine malnutrition
- AoA does not use the NSI Checklist as a Performance Measurement Tool
- AoA uses the NSI Checklist to characterize the population served
- Easy to use tool, can be completed by older adults themselves in congregate settings
- Ways to use NSI data
  - Develop interventions to match the questions
  - Use to determine need for nutrition assessment or nutrition counseling
  - Use in budget justifications and compare with previous data

Mini-Nutritional Assessment (MNA)

- Purpose: To screen for malnutrition or risk of malnutrition
- Reliable, valid, sensitive clinical tool
- Recommended for clinical use as part of a Comprehensive Geriatric Assessment (CGA)
- Developed & funded by Nestle

Food Security Measurement Tool 6 Question Module

30 Day Time Period

- Questions 1 & 2:
  - During the last 30 days, how often was this statement true:
    - The food that we bought just didn't last, and we didn't have money to get more.
    - We couldn't afford to eat balanced meals.
  - Response categories:
    - Often
    - Sometimes
    - Never

Food Security Measurement Tool
6 Question Module

30 Day Time Period

- Questions 3 & 4:
  - During the last 30 days, did you or other adults in your household ever
    - Cut the size of your meals because there wasn't enough money for food?
    - Skip meals because there wasn't enough money for food?
  - Response categories:
    - Yes, on 3 or more days
    - Yes, on 1 or 2 days
    - No

Food Security Measurement Tool
6 Question Module

30 Day Time Period

- Questions 5 & 6:
  - In the last 30 days,
    - Did you ever eat less than you felt you should because there wasn't enough money to buy food?
    - Were you ever hungry but didn't eat because you couldn't afford enough food?
  - Response categories:
    - Yes
    - No

Food Security Status Assessment

- Food security status is assigned as follows:
  - Raw score 0-1 High or marginal food security
  - Raw score 2-4 Low food security
  - Raw score 5-6 Very low food security

When to Screen for OAA Nutrition Programs

- Initial contact ?
  - Enrollment in HDM/Congregate Nutrition Program
  - ADRC
- How often?
  - 4-8 weeks after service initiation for short term participants?
  - 6-8 months after service initiation for long term participants?
- At service reassessment time (6 months, 1 year, 2 years)?
- Who does it?
  - Nutrition Program
  - AAA

Screening vs. Assessment

- How to screen?
  - Should we administer telephone screening?
  - When are clients assessed?
  - How often should clients be reassessed?

  What does your agency do?

Outreach

Outreach involves

- Identifying target population
  - low-income
  - minority
  - living in rural communities
  - limited English proficiency
  - At-risk of institutional care
  - Recently hospital-discharged
- Establishing the outreach goal
- Assessing eligibility
- Prioritizing and providing services

Discussion

In your agency:

- What screening tool do you use?
- Do you follow up on screening results?
- How often do you reassess clients?

- Do you have a waiting list?
- Do you prioritize? If so how?
- Should we prioritize? If so how?