Screening and Prioritizing Clients for Nutrition Risk

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Overview

- Identify the need to prioritize nutrition service delivery
- Identify key nutrition risk factors for homebound older adults
- Provide survey & assessment tools currently used to identify nutritional needs
- Discuss current prioritization practices

What Do We Mean by "Need" ?

- This issue is approached differently by
  - Nutrition professionals, dietitians, researchers
  - Health professionals, physicians, nurses
  - Social service professionals, social workers
  - Federal agencies, AoA of HHS & FNS of USDA
  - Office of Management & Budget
  - Congress , Government Accountability Office
  - State agencies & legislatures
  - AAAs & local programs

OAA Nutrition Program

Purpose: Section 330

- **Reduce** hunger & food insecurity
- **Promote** socialization of older individuals

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OAA Nutrition Program

Purpose: Section 330

- **Promote** the health & well-being of older individuals by assisting individual gain access to nutrition and other disease prevention and health promotion services to delay the onset of advanced health conditions resulting from poor nutrition health or sedentary behavior

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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

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

- Need for meals based on:
  - Food security/insecurity
  - Functional impairments
  - Social isolation
  - Difficulty in applying "health & well-being" criteria
- Congress uses GAO Reports to provide non-biased information to help Congress make decisions about authorization language, appropriations, duplication & overlap, efficiency & effectiveness, of services & programs, etc.

US Government Accountability Office, February 2011

% 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

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

Receipt of Congregate Nutrition

- **Not related to:**
  - Food insecurity
  - Impairment level
  - Social isolation
  - Receiving Food Stamps

Receipt of Congregate Meals

- **Related to:**
  - Age 70+
  - Marital status, unmarried
  - Household size, living alone
  - Not employed
  - Minority individuals
  - Non-metro area
  - Midwest & & West rather than Northeast & South

U S Government Accountability Office February 2011

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

- Receipt of Home Delivered Nutrition Related to:
  - Food insecurity
  - Impairment level
  - Social isolation
  - Receiving Food Stamps
  - Age 80+
  - Household size, living alone
  - Unemployed
  - Did not own home

US Accountability Office, February 2011

Older Americans Act
More Should Be Done to Measure the Extent of 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

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

Weathering the Storm

AARP Public Policy Institute/NASUAD January, 2011

- 31 states cut aging and disability services in FY2010
- 28 states were expecting to cut those services in FY 2011
- > 50% of states had increased demands for HDM, and other programs for older adults
- 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

National Evaluation of the OAA Nutrition Program, 1996

	Congregate	Home Delivered	Other
Maintains List	9%	41%	22
# of People/List			
Mean	52	85	-
Median	47	35	-
Length of Time on List/Months			
Mean	2.1	2.6	2.2
Median	1.0	1.0	1.7

National Evaluation of the OAA Nutrition Program, 1996

	Congregate %	Home Delivered %	Other %
Maintains WL			
Urbanicity			
Urban	5	52	23
Rural	14	33	21
Size			
Small	8	38	16
Large	14	53	33
Organization			
Public	8	34	25
Private, non profit	10	47	21

National Evaluation of the OAA Nutrition Program, 1996

	Congregate #	Home Delivered #	Other #
Mean # on List			
Urbanicity			
Urban	81	81	83
Rural	42	91	149
Size			
Small	27	45	17
Large	89	158	206
Organization			
Public	55	75	52
Private, non profit	51	89	161

National Evaluation of the OAA Nutrition Program, 1996

	Congregate	Home Delivered	Other
Mean Length of Time on List/Months			
Urbanicity			
Urban	3.6	2.1	1.9
Rural	1.5	3.1	2.5
Size			
Small	1.5	2.9	1.3
Large	2.6	1.7	3.0
Organization			
Public	2.1	2.0	2.0
Private, non profit	2.0	2.7	2.3

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
- County/city/local resources decreasing
- Prioritization used by USDA food assistance programs
- Desire to provide services to most needy
- Demonstrate accountability

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
- OAA Nutrition Services
  (Sections 331, 336 & 339)
  - Required: meals, nutrition education, nutrition counseling
  - Permissible: nutrition screening & assessment

OAA Eligibility for HDM

- OAA [Section 339 (2)(I)]
  - Ages 60 +
  - Spouse of any age
  - Disabled individual residing with an eligible older adult
  - Not means tested
- State/local example
  - Homebound and/or disabled (cannot leave home without assistance/ unable to participate in congregate meal site)

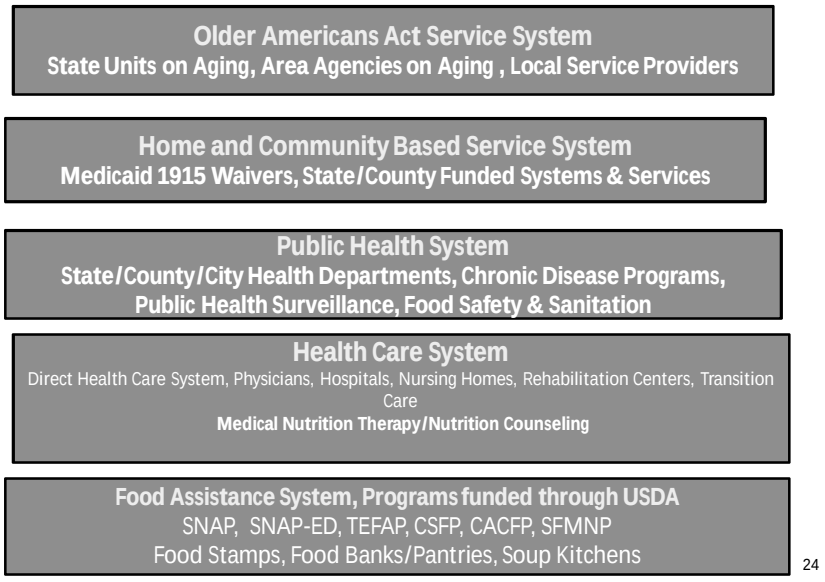
OAA Eligibility for HDM

- OAA Regulations (45CFR1321.69)
  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

Targeting Criteria in the OAA

- Targeting references are throughout the OAA Titles II, III, VII & refer to all services
- Targeted groups
  - Greatest economic need
  - Greatest social need
  - Low-income
  - Low-income minorities
  - Rural individuals
  - Limited English proficiency
  - Those at risk of institutionalization

Parallel Nutrition Systems



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Questions

- **How do we leverage, collaborate, coordinate, and integrate nutrition services as seamlessly as possible into a comprehensive and coordinated home and community based service system?**
- **What tools should we use to prioritize if demand outstrips resources?**
- **What other solutions should we try?**

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

- Depends on service system:
  - OAA service system
  - State/local home & community based service system
  - Public health system
  - Health care/medical care system
  - Food assistance system

Nutrition Risk Factors

- Health/medical
  - Medical history
  - Number of chronic conditions
  - Polypharmacy
  - Hospital admissions/readmissions/recent discharges
  - Nursing home/rehabilitation admission/readmission
  - Biochemical values
  - Anthropometrics, especially ht/wt, obesity/underweight
  - Involuntary weight loss
  - Oral health, chewing/swallowing
  - Poor food intake, poor quality diet
  - Loss of appetite

Nutrition Risk Factors

- Economic/food security/food insecurity
  - Low-income
  - Food access
  - Availability of affordable food

Nutrition Risk Factors

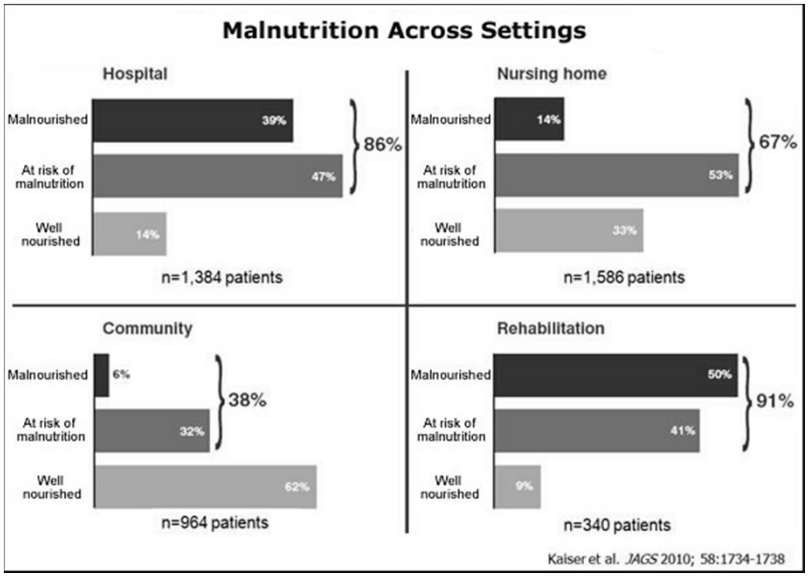
- Psychological
  - Depression
  - Cognitive status
  - Dementia

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
  - Mobility
  - Physical activity/inactivity

Nutrition Risk Factors

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



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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

State HCBS Uniform Assessments
Purpose: Determine Eligibility & Need for Services

Domains

- Demographic characteristics
- Living arrangements
- Financial resources
- Safety
- Health

Domains

- Medical history/conditions
- IADL/ADL impairments
- Health insurance
- Caregiver support
- Receipt of other programs/services
- Consumer direction

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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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 three 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

USDA Food Assistance Programs

- National School Lunch Program; Child & Adult Care Food Program
  - Free meal=130% of the US Poverty Guidelines
  - Reduced price meal=Between 130-185% of the US Poverty Guidelines
- Women, Infants & Children Program
  - 185% of US Poverty Guidelines
  - Health criteria

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

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

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, an collaborative group of the American Dietetic Association, the American Academy of Family Medicine, and the National Council on 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

Nutrition Screening Initiative Checklist (NSI)

- 10 Questions
  - I have an illness or condition that made me change the kind and/or amount of food I eat (2)
  - I eat fewer than 2 meals/day (3)
  - I eat few fruits or vegetables, or milk products (2).
  - I have 3 or more drinks of beer, liquor or wine almost every day (2)
  - I have tooth or moth problems that make it hard for me to eat (2)

Nutrition Screening Initiative Checklist (NSI)

- 10 Questions
  - I don't always have enough money to buy the food I need (4)
  - I eat alone most of the time (1)
  - I take 3 or more different prescribed or over-the-counter drugs a day (1)
  - Without wanting to, I have lost or gained 10 pounds in the last 6 months (2)
  - I am not always physically able to shop, cook and/or feed myself (2)

NSI Scoring

- 0-2 = Good; recheck nutrition score in 6 months
- 3-5= You are at moderate risk; see what can be done to improve your eating habits & lifestyle
- 6 or more= You are at high nutritional risk; bring this checklist the next time you see your doctor, dietitian, or other qualified health or social service professional. Talk with them about any problems you have.

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 Nestles

Mini-Nutritional Assessment (MNA)

- Tools for Use in the CGA
  - Cognitive status (Mini Mental Exam)
  - Affective status (Yesavage Geriatric Depression Scale)
  - Mobility – Gait & Balance ((Tineti Performance Oriented Mobility)
  - Functional Status – Activities of Daily Living (Katz Scales)
  - Functional Status- Instrumental Activities of Daily Living (Lawton Scales)
  - Nutritional Adequacy (MNA)

Mini-Nutritional Assessment (MNA)

- **Q A** Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
  - 0= severe decrease in food intake
  - 1= moderate decrease in food intake
  - 2= no decrease in food intake
- **Q B** Weight loss during the last 3 months
  - 1= does not know
  - 2= weight loss between 1 & 3 kg (2.2-6.6 lbs)
  - 3= no weight loss

Mini-Nutritional Assessment (MNA)

- **Q C** Mobility 0 = bed or chair bound
  - 0 = bed or chair bound 1 = able to get out of bed / chair but does not go out
  - 1= able to get out of bed/chair but does not go out
  - 2= does not go out
- **Q D** Has suffered psychological stress or acute disease in the past 3 months?
  - 0= yes
  - 2= no

Mini-Nutritional Assessment (MNA)

- **Q E** Neuropsychological problems
  - 0=severe dementia or depression
  - 1=mild dementia
  - 2=no psychological problems

Mini-Nutritional Assessment (MNA)

- **Q F1** Body Mass Index (BMI) (weight in kg) / (height in m2)
  - 0=BMI less than 19
  - 1=BMI 19 to less than 21
  - 2=BMI 21 to less than 23
  - 3= BMI 23 or greater
- **If BMI is not available, place question with F2**
- **Q F 2** Calf circumference (CC) in cm
  - 0= cc less than 31
  - 3= cc 31 or greater

MNA Scoring

- Screening score (max. 14 points)
- 12-14 points: Normal nutritional status
- 8-11 points: At risk of malnutrition
- 0-7 points: Malnourished

Subjective Global Assessment (SGA)

- Medical History
  - Weight change
  - Dietary intake change
  - Gastrointestinal symptoms (2 weeks +)
  - Functional capacity
- Physical Examination
  - Loss of subcutaneous fat
  - Muscle wasting
  - Ankle/sacral edema
  - Ascites

Malnutrition Screening Tool (MST)

- Developed in Australia
- Combination of nutrition screening questions with high sensitivity & specificity of Subjective Global Assessment (SGA)
- 2 questions
  - Q1 Have lost weight recently without trying?
  - Q2 Have you been eating poorly because of a decreased appetite?

MST Questions

- Q1 Have you lost weight recently without trying?
  - No=0
  - Unsure=2
  - If yes, how much weight have you lost?
  - Determine weight loss score
    - 2-13 #=1
    - 14-23#=2
    - 24-33#=3
    - Greater than 33#=4
    - Unsure=2

MST Questions

- Q2 Have you been eating poorly because of a decreased appetite?
  - No=0
  - Yes=1
- Total Score 0-5
- MST score equal or greater than 2: At Risk of Malnutrition

When to Screen for OAA Nutrition Programs

- Initial contact ?
  - Enrollment in HDM/Congregate Nutrition Program
  - I & A or I & R Service
  - 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

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

Should We Prioritize?
If so, How?

Next Steps-Discussion

- Screening project
- Questions

Resources

- Older Americans Act & Regulations
  http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx
- Economic Research Service Food Security Briefing Room
  http://www.ers.usda.gov/Briefing/FoodSecurity/
- AARP & NASUAD Weathering the Storm, January 2011
  http://www.nasuad.org/documentation/nasuad_materials/weathering_the_storm/weathering_the_storm.pdf

Resources

- Serving Elders At Risk, National Evaluation of the OAA Nutrition Program, 1996
  http://www.aoa.gov/AoARoot/Program_Results/Nutrition_Report/eval_report.aspx
- Nutrition Screening Initiative Tools
  http://www.jblearning.com/samples/0763730629/Frank_Appendix10D.pdf
- Mini Nutritional Assessment Nestles
  http://www.mna-elderly.com/

Resources

- Malnutrition Screening Tool, Abbott

  http://www.ncbi.nlm.nih.gov/pubmed/10378201

  http://www.health.vic.gov.au/older/toolkit/05Nutrition/docs/Malnutrition%20Screening%20Tool%20(MST).pdf