

# Met Life Foundation/MOWAA Nutrition Assessment Tool Pilot Study

Wednesday, May 16, 2012

Older persons want to stay in their homes and communities but the appropriate mix of services are not always available or appropriately targeted.

## Community Aging Services Environment

- Growing number of older persons ranging from ages 60 – 100+ with different needs
- Community expectations: Provide an organized “system” offering a broad range of services
- Program issues: Provide services in era of constrained resources & uncertainty
- Program issues: Meet food and nutrition needs of older clients effectively & efficiently services

## Met Life/MOWAA Pilot Study

### An Opportunity to Focus on Homebound Older Adults

- Aim: Use a uniform tool to identify critical nutrition risk factors reported in a home bound older population requesting HDM
- Findings: Share with 10 Programs. Develop White Paper that documents and provides direction to improve outreach and services for frail home bound seniors.
- Impact: Results can help Programs better target and serve a vulnerable population.

## Expert Input & National Data Sources

- Nutrition Advisory Committee
  - Critical Nutrition Risk Factors
  - Survey Review
- National Nutrition Survey Data
  - Reliable, tested instruments (e.g. POMP)
  - Comparison to similar community populations
- 10 MOWAA Nutrition Programs
  - Program Profiles
  - Screening/Assessment Instruments

## Pilot Study Components

### Client Enrollment

- Instructions for Administering the Nutrition Assessment Tool (NAT) (for Program personnel)
  - Client eligibility requirements for participation
  - Enlist 50 clients (Script provided)
  - Participation is voluntary, service is not denied if client refuses participation)
  - Schedule phone call for those participating
  - Provide client/caregiver with name and phone number of program representative who will conduct the survey

## Polling Question

During the eight week study period will you have 50 eligible clients that you can survey?

Yes

No

## Client Enrollment

### Eligible Clients

- Surveyed within three days of starting HDM services
- Has telephone
- Willing to participate in survey

## Assigning Client ID

- Clients will be identified only by ID number established by Program.
- Client ID number: Program's state abbreviation plus three digit number starting with 001
  - Example- TX001, TX002, TX003

## Administering the Nutrition Assessment Tool (NAT) Client Survey

### Criteria for Participation:

- New clients/caregivers (who have not received HDMS for a year) who contact the Nutrition Program seeking to receive home delivered meals.
- Willingly agree to participate after being informed that they have a choice to participate or not. They should be informed that they will still receive their meals if they choose not to participate.

## **Administering the Nutrition Assessment Tool (NAT) Client Survey**

### **Client**

- Has telephone
- Willing and able to answer questions or has a caregiver willing to provide responses or willing to assist client with responses.
- Receives invitation to participate after client has been accepted into the HDM and a meals start date has been established .

## **Administering the Nutrition Assessment Tool (NAT) Client Survey**

### **Survey Period**

- Survey itself can be administered any time between notification of eligibility and three days after beginning home-delivered meal service. We do not want the client/caregiver to think that his/her meals would be denied if s/he did not want to participate in the survey.

## **Administering the Nutrition Assessment Tool (NAT) Client Survey**

### **Nutrition Program staff involvement**

- Each program will identify the appropriate staff member to invite the client/caregiver to participate in the survey. This will depend on each program's specific procedure for determining client eligibility to receive an HDM and establishing the date when the meals will start.

## **Administering the Nutrition Assessment Tool (NAT) Client Survey**

### **Enlisting Client participation**

- New clients who have been accepted into the HDM are the only ones eligible to participate.
- The designated nutrition program staff member calls the client or caregiver who initiated the request for a meal to invite participation in the survey using the following script.

## Administering the Nutrition Assessment Tool (NAT) Client Survey

### Script:

“Hello. My name is \_\_\_\_\_. I am calling from the \_\_\_\_\_ Nutrition Program. I understand that (you or your care recipient) have/has just recently been approved to receive home-delivered meals. (Your program’s name) is interviewing new clients receiving home-delivered meals or their caregivers to better meet the needs of our seniors. The interview will last about 20-30 minutes. Participation is voluntary and you may skip answering any question. This survey is completely anonymous, and we will not use your name. You have a right not to participate and this will not affect delivery of your home-delivered meals. Would you like to participate? (If yes –schedule date, time, and provide the name and telephone number of the program staff person who will be calling. If no, thank them for their time.) End the call with “Thank you for your time. Good bye.”

## Administering the Nutrition Assessment Tool (NAT) Client Survey

### Key Points

- Client/caregiver is told participation in the survey is voluntary and s/he will not be denied service if s/he chooses not to participate.
- A convenient time to call is scheduled for those choosing to participate.
- The client/caregiver is provided with the name and telephone number of the person who will conduct the interview.



## Administering the Nutrition Assessment Tool (NAT) Client Survey

Conducting the interview

- The designated program staff member calls the client/caregiver and uses the following script.  
“Hello. This is \_\_\_\_\_, from \_\_\_\_\_ Nutrition Program. We had an appointment to talk about the foods you eat and other nutritional factors. The interview will take about 20-30 minutes. Do you have any questions before we begin?”
- The designated staff person reads the survey questions. Each survey category has a lead-in script ( in blue type) to segue into the questions for that section.

## NAT Client Data Collection Tool

- Survey might appear long but will provide benefits
- **Consistency in administering survey**
- Includes items used by AoA for OAA (POMP) and a USDA food security questionnaire
- National community survey data allows us to make comparisons to our MOWAA seniors
- MOWAA populations and programs differ somewhat from those in OAA but there are similarities

## NAT Client Data Collection Tool

- Section I- Enrollment Data
- Section II- Diet Quantity & Quality
  - Serving size description needed, RDs developed
- Section III- Appetite & Nutrition Related Health Risk
  - Similar to NSI & other tools
- Section IV- Functionality
  - Similar to NSI & other tools
- Section V- Food Security
  - Modified 6 item-U.S. Household Food Security Survey Module (Jung Sun Lee, PhD, RD)
- Section VI-Eligibility Status at Project End

## NAT Client Data Collection Tool Introduction

Instructions: The designated program staff member calls the client/caregiver and uses the following script.

**“Hello. This is \_\_\_\_\_, from \_\_\_\_\_ Nutrition Program. We had an appointment to talk about the foods you eat and other nutritional factors. The interview will take about 20-30 minutes. Do you have any questions before we begin?”**

The designated staff person reads the survey questions. Each survey category has a lead-in script (in blue type) to segue into the questions for that section.

# NAT Client Data Collection Tool

## Section I-Enrollment Data

Client Age	
Income	Above Poverty Line
	Below Poverty Line
Reason for HD request	Discharged from healthcare, LTC or other facility
	Waiting to receive services from home health agency
	Discharged from a home health agency
	Had fall/accident/disability/illness
	Loss of partner/caregiver/home support (short term)
	Loss of partner/caregiver/home support (permanent)
	Limited financial resources
	Unable to shop or prepare food
	Lives in rural area with very limited access to congregate/senior centers or food stores
	Other, please describe

# NAT Client Data Collection Tool

## Section I-Enrollment Data

Housing Status	Lives in single family home
	Lives in a duplex
	Lives in unit in a multi-unit complex
	Lives in a mobile home
	Single Room Occupancy (SRO)
	Other situation Please describe if known

# NAT Client Data Collection Tool

## Section I-Enrollment Data

<b>Availability of supportive care (Informal family, friends or paid support)</b>	Lives in a unit with full support (family, friends, supportive community)
	Lives alone with support
	Lives alone without support
	Lives alone with limited support 4 days or less/week
	Lives with partner/caregiver without support
<b>Client's cognitive and psychological functioning (if known and reported at registration)</b>	No reported cognitive impairment
	Has some form of dementia
	Has Alzheimer's

# Example:NAT Client Data Collection Tool

## Section I-Enrollment Data

		TX001
Client Age		65
Income	Above Poverty Line	1
	Below Poverty Line	0
Reason for HD request	Discharged from healthcare, LTC or other facility	0
	Waiting to receive services from home health agency	0
	Discharged from a home health agency	0
	Had fall/accident/disability/illness	1
	Loss of partner/caregiver/home support (short term)	0
	Loss of partner/caregiver/home support (permanent)	0
	Limited financial resources	0
	Unable to shop or prepare food	0
	Lives in rural area with very limited access to congregate/senior centers or food stores	0
	Other, please describe	0

# NAT Client Data Collection Tool

## Section II-Diet Quality and Quantity

**“I would like to ask you about the meals you eat”**

How many meals do you usually eat per day?

0
1
2
3 or more
Refused / Don't Know

How many meals do you eat alone in a day?

0
1
2
3 or more
Refused / Don't Know

# NAT Client Data Collection Tool

## Section II-Diet Quantity and Quality cont'd

**“For the next set of questions, I will tell you the standard serving size for a particular food or group of foods. Please tell me how many servings of each food or group of foods you usually eat each day.”**

**One serving of fruit is one small piece of fruit, about one -half cup of chopped fruit, or one-half cup of**

fruit.  
How many servings of fruit do you usually eat per day?

0
1
2
3 or more
Refused / Don't Know

**One serving of potatoes is one small baked potato or one-half cup mashed or boiled potatoes.**

How many servings of potatoes do you usually eat per day?

0
1
2
3 or more
Refused / Don't Know

# NAT Client Data Collection Tool

## Section II-Diet Quantity and Quality

**One serving of vegetables is about one cup raw vegetables, one-half cup of cooked vegetables, or one-half cup of juice.**

How many servings of vegetables do you <u>usually</u> eat per day?	0
	1
	2
	3 or more
	Refused / Don't Know

**One serving of milk or yogurt, including soy milk or yogurt, is one cup of milk or yogurt. One serving of cheese is 1.5 slices or 1.5 ounces of cheese**

How many servings of milk, cheese, yogurt, or soy milk, soy cheese, or soy yogurt do you usually eat every day?	0
	1
	2
	3 or more
	Refused / Don't Know

# NAT Client Data Collection Tool

## Section II-Diet Quantity and Quality

**Beans, nuts, eggs, and tofu are sources of protein in the diet. One serving of beans or tofu is about one-half cup; one serving of peanut butter is two tablespoons; one serving of nuts is one ounce, and a serving of eggs is two eggs.**

How many servings of beans, nuts, tofu or eggs do you <u>usually</u> eat every day?	0
	1
	2
	3 or more
	Refused / Don't Know

**One serving of meat, chicken, turkey, or fish is a two-three ounce hamburger patty, chicken breast, or fish fillet.**

How many servings of meat, chicken, turkey or fish do you <u>usually</u> eat every day?	0
	1
	2
	3 or more
	Refused / Don't Know

# NAT Client Data Collection Tool

## Section II-Diet Quantity and Quality

**One serving of bread is one piece of bread, one tortilla, or one small pancake.**

How many servings of bread, tortillas, or pancakes do you usually eat every day?

1

2

3 or more

Refused / Don't Know

**Cereal, rice, pasta and noodles are sources of grains in the diet. A serving of cereal is one cup of cold cereal or one-half cup hot cereal; a serving of rice, pasta, or noodles is one-half cup.**

How many servings cereal, rice, pasta or noodles do you usually eat per day?

0

1

2

3 or more

Refused / Don't Know

# NAT Client Data Collection Tool

## Section II-Diet Quantity and Quality

**A serving of dessert is one-half slice of pie or cake or two medium cookies.**

How many servings of dessert do you usually eat every day?

0

1

2

3 or more

Refused / Don't Know

# NAT Client Data Collection Tool

## Section III-Appetite and Nutrition Related Health Risk

"I would like to ask you about factors related to your nutritional intake."

Have you lost 10 pounds or more in the last 6 months without trying?	Yes
	No
	Refused / Don't Know
If yes, have you seen a doctor or other professional about your change in weight?	Yes
	No
	Refused / Don't Know
Do you have an illness or condition that made you change the kind and/or amount of food you can eat?	Yes
	No
	Refused / Don't Know
If yes, have you received information to help you make the necessary food changes?	Yes
	No
	Refused / Don't Know

# NAT Client Data Collection Tool

## Section III-Appetite and Nutrition Related Health Risk

"I would like to ask you about factors related to your nutritional intake."

If yes, have you made the suggested changes	Yes
	No
	Refused / Don't Know
Do you have tooth or mouth problems that make it hard for you to eat?	Yes
	No
	Refused / Don't Know
Do you have difficulty chewing or swallowing?	Yes
	No
	Refused / Don't Know
Do you take 3 or more different prescribed or over the counter drugs per day?	Yes
	No
	Refused / Don't Know



# NAT Client Data Collection Tool

## Section IV- Functionality

"Now, I would like to ask you some questions about how you get around your home."

Do you have vision problems (difficulty seeing) that affect how you get around?	Yes
	No
	Refused / Don't Know
Are you physically able to shop for yourself?	Yes
	No
	Refused / Don't Know
If no, do you have someone who can shop for you?	Yes
	No
	Refused / Don't Know
Are you physically able to cook for yourself?	Yes
	No
	Refused / Don't Know

# NAT Client Data Collection Tool

## Section IV-Functionality

If no, do you have someone who can cook for you?	Yes
	No
	Refused / Don't Know
Are you physically able to feed yourself?	Yes
	No
	Refused / Don't Know
If no, do you have someone who can help you?	Yes
	No
	Refused / Don't Know

# NAT Client Data Collection Tool

## Section V- Food Security

**“These next questions are about the food eaten in your household in the last 30 days and whether you were able to afford the food you need.”**

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.	Often True
	Sometimes True
	Never True
	Refused / Don't Know
During the last 30 days, how often was this statement true: We couldn't afford to eat balanced meals.	Often True
	Sometimes True
	Never True
	Refused / Don't Know
In the past 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?	Often True
	Sometimes True
	Never True
	Refused / Don't Know

# NAT Client Data Collection Tool

## Section V- Food Security

In the past 30 days, did you or other adults in your household ever skip meals because there wasn't enough money for food?	Often True
	Sometimes True
	Never True
	Refused / Don't Know
In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?	Often True
	Sometimes True
	Never True
	Refused / Don't Know
In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?	Often True
	Sometimes True
	Never True
	Refused / Don't Know

**“Thank you very much for your time and cooperation. Your answers are very important to us in helping to improve our home-delivered meals service.”**

# NAT Client Data Collection Tool

## Section VI-Eligibility Status at Project End

At End of Project Period Client:

	Continues on HDM program
	Discontinued at client or family request
	No longer meets eligibility criteria
	Transferred to assisted or long term care facility
	Expired
	Other

# Example:NAT Client Data Collection Tool

## Section I-Enrollment Data

		TX001
Client Age		65
Income	Above Poverty Line	1
	Below Poverty Line	0
Reason for HD request	Discharged from healthcare, LTC or other facility	0
	Waiting to receive services from home health agency	0
	Discharged from a home health agency	0
	Had fall/accident/disability/illness	1
	Loss of partner/caregiver/home support (short term)	0
	Loss of partner/caregiver/home support (permanent)	0
	Limited financial resources	0
	Unable to shop or prepare food	0
	Lives in rural area with very limited access to congregate/senior centers or food stores	0
	Other, please describe	0

## Prior to Beginning Pilot

- Practice reading survey & scripts several times by yourself and practice on colleagues/family members prior to administering to client/caregiver
- Practice administering survey on several clients

## Time Line

- Begin Data Collection: Tuesday, May 29
- Submit Data Collection Form to [Steven@mowaa.org](mailto:Steven@mowaa.org): Every Friday COB
- Project Period Ends (8 weeks): Friday, July 20
- Number of assessments: 50 clients per program
- Reimbursement @\$25 per assessment submitted: August 17

## Questions?

### Polling Question:

How many staff persons (paid, volunteers or students) do you anticipate you will use to survey clients during the study period?

- One
- Two
- Three
- Four
- More than four

## Polling Question

Would you like a follow-up conference call next week to review study protocol or address any questions that you may have?

- Yes
- No

## Questions

Related to the study

- [dianweddle@aol.com](mailto:dianweddle@aol.com)
- [Linda@mowaa.org](mailto:Linda@mowaa.org)

Related to uploading data

- [Steven@mowaa.org](mailto:Steven@mowaa.org)

Related to reimbursement:

- [Tom@mowaa.org](mailto:Tom@mowaa.org)

## Magnet Accreditation

- Scheduling of Site Visits: June-September
- Tom Marullo: Tampa, Dayton, Providence, Scranton, Baltimore
- Linda Netterville: Tulsa, St. Louis, Chamblee, Huntington Park

Questions?