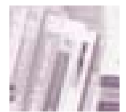
Identifying and Planning Assistance for Home-based Adults who are Nutritionally at Risk: Executive Summary



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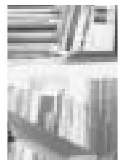

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CONTENTS

1.0 INTRODUCTION 4

2.0 PROJECT AIMS AND ACTIVITIES 6
2.1 Resource Development 7
2.2 Training of Dietitians 8
2.3 Training of Assessment Officers 9
2.4 Initial Trials of Nutritional Risk Screening and Monitoring 9

3.0 PROJECT OUTCOMES 11
3.1 The Nutritional Risk Screening and Monitoring Tool 11
3.2 The Resource Manual 13
3.3 The Training Manual 14
3.4 The Information Booklet for Older People, Families and Carers 14
3.5 Quality Improvement 15
3.6 Summary of Project Outcomes 16
3.7 Summary of Consumer Outcomes 17

4.0 CONCLUSIONS 18

Appendix 1: Nutritional Risk Screening and Monitoring Tool 20
Appendix 2: Definition of Terms 24
Appendix 3: Acknowledgments 27
Appendix 4: References 29
Appendix 5: Project Publications and Materials 30
Appendix 6: Summary of Other Related Activities 31

1.0 INTRODUCTION

As frail older people predominate in home care and the percentage of ageing Australians and those with disabilities will increase dramatically in the next decade (Victorian Department of Human Services 1996, 1998), their care has been the focus for a number of initiatives in the Home and Community Care (HACC) Program.

In 1994, a five year vision of change was developed from the *Review of HACC Subsidised Food Services in Victoria* (Reynolds, McVicar et al, 1994ab), which provided comprehensive information on community food services supported by the HACC Program. Ten key priorities for development were made, including "Increasing assessment skills and the ability to effectively identify and monitor people who are at nutritional risk". The review identified the changes required to increase service responsiveness to individual client needs, and to be consistent with the HACC Program policies and directions in Victoria.

In potential or actual HACC clients receiving community support to remain in their own homes, malnutrition can lead to an increased risk of falls, fractures and infections, poor wound healing, and poor recovery from surgery. Malnutrition may also lead to decreased appetite, dental problems, depression, apathy, and even dementia. Poor nutrition (sometimes malnutrition) is one of the major reasons why people become frail and dependent. Poor nutrition also increase premature morbidity and mortality in this age group; reduces quality of life; and increases the cost of health care for the individual and the community.

While community food services incur the direct costs of supplying delivered meals to HACC clients, other components of community services bear significant indirect costs related to poor client nutritional health. Such indirect costs include nursing and personal support for frail clients recovering from wounds and trauma and the hidden costs of providing for client food needs through other HACC services such as home care, personal care, social support and day programs.

The project *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk* began in 1996 with assessment officers and the needs of clients, building on the momentum of the Victorian Best Practice Project. The focus has been on introducing nutritional risk screening and monitoring to the HACC assessment process for the HACC target group and the development of resource materials for service providers. These materials focus on increased awareness of the individual needs of clients and the better targeting of intervention by assessment officers.

Nutritional risk screening of all clients will enable the HACC Program to have a key role in the early recognition of the person at nutritional risk. Timely, well considered and appropriate cost-effective action to prevent decline in nutritional status and health, improves quality of life for the individual and may also prevent premature illness and hospital admission in vulnerable people.

This statewide project was commissioned and funded by the Victorian Department of Human Services, Aged Community and Mental Health Division, Home and Community Care Program. The project was conducted through the active leadership and committed work of the Dietitians Association of Australia (Victorian Branch) and its members throughout Victoria. The staff of the Aged Care Branch, Aged Community and Mental Health Division, and the Department of Human Services regional Aged Care managers and program staff, assessment officers and regional dietitians all facilitated the project work and made an enormous contribution. Their dedication and commitment to their clients was evident throughout the project.

2.0 PROJECT AIMS AND ACTIVITIES

It is recognised that HACC service providers have a key role to play in the early recognition of nutritional risk in home-based adults and in the planning of intervention to prevent deterioration in their health and daily living activities.

The overall aim of this statewide project has been to enable services to identify when a home-based adult is nutritionally at risk and to plan effective assistance. The project has facilitated the following processes and outcomes.

In terms of the HACC target group, these home-based adults include:

- Frail older people
- Younger adults with a disability (physical, functional, sensory, intellectual, or psychiatric, or people with acquired brain injury)
- Their carers and family
- Homeless adults.

POOR NUTRITION IN HOME-BASED ADULTS MATTERS!

- More likely to fall
- More fractures
- Need more assistance
- Need more support and care
- More complications such as infections, pressure sores, skin ulcers
- Need more frequent and longer stays in hospital
- Less likely to be able to live independently.

2.1 Resource Development

Over the past three years this statewide project has developed a number of resources to support the identification of, and provision of assistance to, home-based adults who are nutritionally at risk. These resources include:

Assessment Officers

- *Nutritional Risk Screening and Monitoring Tool*
- *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk: A Resource Manual*

Dietitians

- *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk: A Training Manual*

Clients

- *Good Food and Health Advice for Older People Who Want to Help Themselves: An Information Booklet for Older People, Families and Carers*

The *Nutritional Risk Screening and Monitoring Tool* (Appendix 1), the Resource Manual and the Training Manual were developed with the assistance of rural and metropolitan focus groups of HACC assessment officers.

The training program outlined in the Training Manual and the resources presented in the Resource Manual can assist people to develop some of the underpinning knowledge required to demonstrate competence in some units of competency for aged care work or disability work as identified in the Community Services Training Package (CSTP). The CSTP is the framework for national skill recognition in the community service industry. This framework focuses on assessing people's skills in the workplace and allows for training to be targeted to the needs of the workplace. Further information about the CSTP may be found in the Training Manual.

2.2 Training of Dietitians

Early in the project it was decided that statewide dietitian involvement was required to:

- Provide specialist support for nutritional risk screening and intervention
- Provide statewide regular training of assessment officers
- Support the longevity of the project outcomes.

A continuing professional development seminar for dietitians was provided to support Victorian dietitians in carrying out the wide variety of roles and functions around food and nutrition issues and community food services for home-based older clients. At the same time information on the HACC Program policies, structure and guidelines was supplied.

This training was provided as follows:

- A statewide Train the Trainer program for 27 regional dietitians was conducted in 1997 to enable them to support and assist this statewide project and to conduct future regional training in nutritional risk screening and monitoring, and food and nutrition issues for assessment officers and aged care workers
- A further 50 Victorian dietitians recognised the value of this training and sought and purchased it external to the project
- Many regional dietitians have now extended this training to assessment officers in their regions and local areas, and conducted a range of related activities (refer Appendix 6).

The introduction of nutritional risk screening and monitoring to the assessment process for potential HACC clients is reasonably expected to generate increased networking between HACC workers and dietitians and also increased referrals to dietitians, very few of whom have been employed by HACC services in the past.

2.3 Training of Assessment Officers

In 1997, statewide training in nutritional risk screening and monitoring, and food and nutrition issues for assessment officers was completed through focus groups (50 participants) and seminars in each of the Department of Human Services' regions (150 participants).

> **Nutrition screening and intervention are best accomplished by an interdisciplinary team ... (that uses existing programs and fosters collaboration amongst professionals)**
>
> **(Nutrition Screening Initiative, 1992)**

2.4 Initial Trials of Nutritional Risk Screening and Monitoring

Nutritional risk is likely to be at a relatively high level in people with increasing dependency who are referred to the HACC Program.

1) Frail older people
An initial trial of nutritional risk screening and monitoring has been conducted with 241 frail older people by four focus groups of assessment officers (Wood, 1997a). Bearing in mind the small number of clients and the subjective nature of nutritional risk screening and monitoring, it is noted that if this trial data is confirmed by further study, then the possible frequency of malnutrition may be as high as 15% to 20% in home-based frail older Victorians, with many more at risk.

Such a high level, if confirmed, has enormous implications for frail older people themselves and their loss of health, mobility, quality of life and independence, as well as the high cost of providing complex and multiple services to them. More direct public health preventative strategies may require serious consideration.

2) Younger adults with a disability
Preliminary results in small numbers of clients indicate a pattern of nutritional risk which may be different to the frail older person, and a pattern which may be different between metropolitan and rural locations (Wood, 1998). Adults with a high dependency disability are more likely to be at risk of being underweight or frail, while adults with a low dependency disability are more likely to be overweight. The risk associated with not being able to shop, prepare food or feed one self is also likely to be of higher frequency in this group.

Clients in both groups who are also financially disadvantaged and those living in alternative accommodation appear to have the highest nutritional risk (Wood, Delikat et al, 1998).

The risk of poor nutrition can be identified by nutritional risk screening and monitoring, while subsequent intervention can be effective in preventing nutrition related premature frailty, ill health, increasing dependency, or temporary or permanent admission to an institution.

3.0 PROJECT OUTCOMES

The final outcome of this project has been several publications: the *Nutritional Risk Screening and Monitoring Tool*, the Resource Manual, and the Training Manual. These materials have now been integrated across the HACC target group of frail older people, younger people with a disability and homeless adults.

Nutritional risk screening is similar for both groups, with the exception of high dependency clients with disabilities who are likely to have more feeding problems. Health assessment, intervention and dietary information may differ between these two groups because of age differences in nutritional requirements. Attention to these differences has been noted in both Manuals.

The client information booklet for older people has been developed but a booklet for younger adults with a disability has not been released because it requires extensive trialing.

3.1 The Nutritional Risk Screening and Monitoring Tool

The *Nutritional Risk Screening and Monitoring Tool* consists of ten trigger questions to increase awareness as to whether nutritional risk exists for the client (Figure 1). A brief explanation of these questions has been placed on the back of the screening and monitoring tool (refer Appendix 1) and enables it to stand alone or to be incorporated into other assessment processes. Information is also provided about why such nutritional risk may exist and these reasons are found in the general needs assessment* which is routinely conducted with the client.

Figure 1: Nutritional Risk Screening and Monitoring Tool

NUTRITIONAL RISK SCREENING AND MONITORING TOOL	
CLIENT:	DATE:
INSTRUCTIONS: Fill in client's name and date you use the tool; tick the box when the answer to the question is YES	
☐	Obvious underweight — frailty?
☐	Unintentional weight loss?
☐	Reduced appetite or reduced food and fluid intake?
☐	Mouth or teeth or swallowing problem?
☐	Follows a special diet?
☐	Unable to shop for food?
☐	Unable to prepare food?
☐	Unable to feed self?
☐	Obvious overweight affecting life quality?
☐	Unintentional weight gain?
SIGNATURE:	POSITION:

OUTCOME:

- YES, to one or more questions means that nutritional risk exists
- Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors
- In particular, deterioration in health and loss of independence can result from under-nutrition and perhaps malnutrition

ACTION:

- Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to a specialist
- Monitoring at monthly intervals (or more frequently) by one of the team members is recommended to ensure that the most effective intervention has been implemented

3.2 The Resource Manual

The Resource Manual has been designed to demonstrate and advocate for the introduction of nutritional risk screening and monitoring to the assessment process for all HACC clients who require community services to remain in their own homes. The Manual includes the following areas of information:

- Explanation of nutritional risk screening and monitoring
- Outlines for simple strategies of intervention, monitoring, and for accessing expert resources for further client assistance
- Information on dietary principles and problems
- The role of dietitians, and how they may provide resources and specialist assistance
- A range of completed Case Studies
- Quality improvement in service provision through actions developed from collated group results of nutritional risk screening and monitoring.

This Manual provides alerts to the individual food and nutrition issues affecting the HACC target group. While some stereotypes exist, it is important for these services to be responsive to individual client needs so that the intervention is both useful and cost-effective.

As people mature and age their nutritional requirements change. It is now known that although activity decreases, nutrient requirements are the same (and sometimes increased) in frail older people compared to younger adults. Dietary guidelines for apparently healthy adults relate to the prevention of premature death from cardiovascular disease and cancer.

In the frail older person and younger people with a disability, there is more emphasis on their need for increased support and nourishment and the prevention of malnutrition. Dietary guidelines for older adults include some consideration of home-based adults with increasing dependency (National Health and Medical Research Council, 1999).

Overweight is to be avoided in active adults, but is a protective factor in high dependency adults with a disability and older people with advancing age. Body weight maintenance at an appropriate level is then desirable to maintain physical strength and activity, resistance to infection and skin breakdown, and life quality. The ability to take nourishing foods and fluids becomes an essential approach for maintaining independence in any person.

3.3 The Training Manual

The Training Manual provides all dietitians with the following:

- An outline for demonstration and training, advocacy and introduction of nutritional risk screening and monitoring to the assessment process which assessment officers conduct with home-based clients.
- Practical suggestions for assessment officers about solving client problems through simple intervention strategies and information on where further assistance may be sought for them when required.

3.4 The Information Booklet for Older People, Families and Carers

It is clear that there are a large number of older people in the HACC Program who are underweight and at risk of malnutrition, if indeed they do not already have malnutrition. It is important to develop prevention strategies so that declining body weight and nutritional health in older people can be arrested with cost effective strategies.

The information booklet *Good Food and Health Advice for Older People Who Want to Help Themselves* was developed and trialed with 330 home-based older clients through the assistance of clients and staff of community services in the City of Greater Geelong. Client awareness and involvement in their own care will be improved by distributing this booklet as part of the HACC assessment process.

The best and main message for an older person at home is simple:

- Be well nourished
- Be as active as you can be without overdoing it
- Eat better...not less!
- Keep your weight up
- Drink plenty of fluids every day.

3.5 Quality Improvement

Quality improvement methods have been provided in the *Resource Manual*. These methods can be used to evaluate the outcomes of nutritional risk screening and monitoring for staff and clients which can be done by individual workers or by pooling the results of team members.

Some desired outcomes of quality improvement:

- The client and their carers believe that their health and quality of life has been maintained or improved by intervention
- The interventions put in place deliver an acceptable and equitable level of care
- All clients who should be screened, have this done in a timely fashion, and at any time there is a change to their functioning or health status
- Nutritional risk screening intervention and monitoring leads to reduced rates of client support, nursing care, and admission to institutions
- Individual clients whose need for services has changed over time are identified by service providers
- Data is gathered to support client advocacy for improved services and local community infrastructure and facilities

Poor nutrition makes people feel awful, affects their quality of life, and starts deterioration in a downward cycle.

Poor nutrition is associated with increased morbidity and mortality.

Poor nutrition is much harder and more expensive to treat than to prevent.

3.6 Summary of Project Outcomes

The project has facilitated the following processes and outcomes:

- Development and evaluation of assessment processes used by assessment officers for identifying home-based adults at nutritional risk.
- Examination of what assessment officers can do when they encounter client food and nutrition problems, and how they solve these problems.
- Development of recommendations for the use of assessment procedures that are sensitive to identifying those at nutritional risk by assessment officers.
- Provision of information and training to increase awareness of risk factors and nutritional issues by assessment officers.
- Identification and recommendation of appropriate actions and referral systems which will enable assessment officers to solve problems by the access of resources and/or specialist support on food and nutrition issues.
- Provision of information to the HACC Program about the potential resource system of dietitians, highlighting relevant available expertise and resources, and recommending how this could best be utilised by the HACC Program.

3.7 Summary of Consumer Outcomes

For the purposes of this project the consumers were defined as the home-based frail older person, the younger adult with a disability, homeless adults, HACC service providers, and regional and local dietitians. The project has facilitated the following consumer outcomes:

- Increased awareness and information about nutritional risk factors and food and nutrition issues in the vulnerable person.
- Development and use of a screening and monitoring tool to identify those at nutritional risk within the HACC target group, and development of materials to enable responsive planning of interventions to assist this group.
- Increased access of HACC service providers to nutrition professionals to improve targeted intervention; improved resources will be available and implemented for client eating, food, nutrition, and health issues.
- Facilitated access of HACC consumers to preventative health information through the Older Person's Booklet.
- Facilitated access of HACC service providers to preventative health information and cost-effective solutions for client food and nutrition problems.

4.0 CONCLUSIONS

The priority for HACC service development of "Increasing assessment skills and the ability to effectively identify and monitor people who are at nutritional risk" has made excellent progress towards achievement of a five year vision of change.

When fully implemented the changes required to increase service responsiveness to individual client needs will be consistent with the HACC Program policies and direction in Victoria.

Resources

The current project *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk* began in 1996. Implementation of its integrated multi-level resources and recommendations will enable statewide community services to have a key role in the early recognition of the home-based adult at nutritional risk and to offer effective assistance and support.

Training

Given that in the HACC program one of the first signs of a person's increasing dependency is their declining ability to organise and prepare food for themselves, participation in staff development and education about client food and nutrition issues by all HACC service providers is very important. In the future, identifying and assisting home-based adults who are at nutritional risk by HACC teams, will only be maintained by its mandatory inclusion in orientation, induction, and continuing professional education for all HACC service providers at all levels of service provision.

Assessment Team Links with Specialist Support and Community Food Services

The infrastructure links between nutritional risk screening in assessment and planning for intervention require development and support. At best the links are tenuous between many assessment teams and other facets of services including specialist support and community food services. Best quality nutritional health for clients will only be achieved through cooperative

planning and the strengthening of these multi-level links while ensuring the maintenance of flexibility and client focussed services.

Community Food Services

There was considerable feedback on community food services from the statewide training of assessment officers and the interest in the project expressed by community food services coordinators. This project has addressed only one of the key priorities for service development recommended by the HACC Subsidised Food Service Review in 1994 (Reynolds and McVicar, 1994ab). Many other food service development issues still require attention.

Other Public Health Prevention Strategies

Consideration should be given to other population based public health prevention strategies so that all Victorians become more aware that low body weight is not an inevitable consequence of old age or disability, and can be prevented. It is both socially desirable and cost effective to do so.

Equity of Access to Quality Local Food Supplies

Equitable access to an adequate and nourishing food supply is a basic human right but town planning and infrastructure often fails to consider the needs of the large proportion of the population who are frail, older, have a disability or are financially disadvantaged.

If local transport services and local food supply outlets and cafes were more user friendly then the need and cost of community services would be much lower. Nutritional risk screening and monitoring improves the client advocacy base for the HACC Program in seeking such improvement in the local food supply.

The Victorian Food and Nutrition Policy Implementation Strategy

The Victorian Food and Nutrition Policy strategic framework recognises the need to support food security in the HACC target group (Victorian Department of Human Services, 1997); there is still a long way to go to achieve the best possible means of doing this in our communities.

APPENDIX 1: NUTRITIONAL RISK SCREENING AND MONITORING TOOL

NUTRITIONAL RISK SCREENING AND MONITORING TOOL	
CLIENT:	DATE:
INSTRUCTIONS: Fill in client's name and date you use the tool; tick the box when the answer to the question is YES	
☐	Obvious underweight — frailty?
☐	Unintentional weight loss?
☐	Reduced appetite or reduced food and fluid intake?
☐	Mouth or teeth or swallowing problem?
☐	Follows a special diet?
☐	Unable to shop for food?
☐	Unable to prepare food?
☐	Unable to feed self?
☐	Obvious overweight affecting life quality?
☐	Unintentional weight gain?
SIGNATURE:	POSITION:

OUTCOME:

- YES, to one or more questions means that nutritional risk exists.
- Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors.
- In particular, deterioration in health and loss of independence can result from under-nutrition and perhaps malnutrition.

ACTION:

- Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to a specialist.
- Monitoring at monthly intervals (or more frequently) by one of the team members is recommended to ensure that the most effective intervention has been implemented.

NUTRITIONAL RISK SCREENING AND MONITORING TOOL

OBVIOUS UNDERWEIGHT—FRAILTY?

- The underweight adult has little body energy and nutrient reserves for use in times of emergency such as illness and/or reduced food and fluid intake.
- This is even more critical to health, if underweight is not the usual situation.
- Even a short bout of poor food intake and/or increased need for nourishment can precipitate severe weight loss in the vulnerable person.
- Prevention of underweight is highly desirable.

UNINTENTIONAL WEIGHT LOSS?

- When a person loses a lot of weight without trying (say 5 kg in less than six months), it is a serious sign of decline which is more rapid and worse if the person was underweight before the weight loss began.
- Severe weight loss is a factor clearly associated with relatively higher rates of morbidity and mortality—it is not a sign to be ignored.
- Review food intake and implement simple intervention strategies.
- Always consider referral to a specialist.

REDUCED APPETITE OR REDUCED FOOD AND FLUID INTAKE?

- In the underweight person, more than one or two days of reduced food and reduced fluid intake can rapidly lead to severe weight loss.
- Many medical conditions affect food intake and the need for food, and can be risk factors for malnutrition.
- Loss of appetite can sometimes be related to a change in medication.

MOUTH OR TEETH OR SWALLOWING PROBLEM?

- It is very difficult to ingest enough nourishing food if teeth or dentures are loose, broken or missing; if the tongue or gums are sore; if there are any swallowing difficulties.
- As a result of these problems, major food groups may be omitted and the person may avoid socialisation.
- Severe deficiencies of some of the micro-nutrients can actually cause mouth problems.

NUTRITIONAL RISK SCREENING AND MONITORING TOOL

FOLLOWS A SPECIAL DIET?

- People are put at nutritional risk by any acute or chronic illness which causes change in their usual diet.
- Nobody should be on a modified or special diet unless the aim and benefit of the diet is clearly known to them.
- If a special diet is required for specific treatment, then it becomes very important to follow it properly.

UNABLE TO SHOP FOR FOOD?

- The vulnerable person may only buy foods which are easy to carry or easy to prepare and to cook.
- A person who is unable to shop may not eat enough because of reduced food choice (no ideas or prompts) and a reduced level of independence.

UNABLE TO PREPARE FOOD?

- A person may not be physically capable of preparing and cooking food.
- This lack of independence can have serious effects on their intake.
- There may also be problems organising their food into nourishing meals and snacks, and possibly dislike of foods and fluids offered.

UNABLE TO FEED SELF?

- A person who requires feeding may not eat enough.
- This may be because of embarrassment, insufficient assistance and care, or not enough time to eat and drink.
- It might be due to inappropriate presentation and types of items offered, or dislike of the foods and fluids offered.

OBVIOUS OVERWEIGHT AFFECTING LIFE QUALITY? UNINTENTIONAL WEIGHT GAIN?

- A good body weight is a protective factor in the vulnerable person.
- Body fat provides an energy store in times of stress (infections, trauma) or reduced appetite and reduced food or fluid intake or unintentional weight loss.
- An overweight person who is on a very restricted diet is at risk of muscle wasting, falls, infection and illness.
- If weight loss is essential, always refer to a specialist.

NUTRITIONAL RISK SCREENING AND MONITORING TOOL

GENERAL NEEDS ASSESSMENT FACTORS WHICH ARE RELATED TO NUTRITIONAL RISK

Date:……………………………………………………..

- Has food run out in the past week with no money to buy more?
- Less than $30 for food for each adult person every week?
- Social problems?
- Personal and food hygiene problems?

- Mental health problems?
- More than three different medications?
- Nausea and vomiting, gastritis?
- Diarrhoea? Constipation?
- Regurgitation? Rumination?
- Incontinence?
- Breathing problems?
- Medical problems?
- Alcoholism? Substance abuse?

- Irregular meals or less than 3 meals a day?
- Doesn’t take 1 3 3 4 5+ food plan most days (older people)?
- Doesn’t take 1 2 3 4 5+ food plan most days (younger adults)?
- Omitted to have one or more of the major food groups yesterday?
- Excessive use of sweet or savoury foods?
- 2+ alcoholic drinks daily?
- Housebound? No direct skin exposure to sunlight?
- Highly dependent person needing food and fluid texture modification?
- Tube (enteral) feeding is required?
- Eats inedible objects such as dirt, soap (pica)?
- Inappropriate and challenging behaviours which involve food?
- Unable to access or use secure, clean food storage and preparation area?
- Rummaging, foraging, begging or stealing food?

APPENDIX 2: DEFINITION OF TERMS

Assessment is defined by the HACC Program as "A process by which consumers need for formal HACC Services is evaluated. Assessment considers all the consumer needs and may involve an evaluation of other factors, such as the availability of informal care and the consumer's ability to pay where fees are charged for a service. Assessment is conducted in close consultation with the consumer." (Commonwealth of Australia, 1991).

Assessment officers assess the needs of individuals in the HACC target group for community services, prepare individual care plans with them, and continue to advocate for the client as required.

Community dietitians are usually employed by Community Health Centres. They may work across all phases of the life cycle from infants to the elderly, or they may be employed to provide food, nutrition and dietetic services to particular population groups.

Community services officers are assessment officers for Aged Services. These officers assess the needs of individuals in the target group for community services; individual care plans are prepared with the client.

DAA (Vic) is the Dietitians Association of Australia (Victorian Branch). The Dietitians Association of Australia (DAA) is the national body representing dietitians throughout Australia, with branches in all States and Territories.

Food issues are defined as client characteristics and problems which are related to client food needs.

Food needs include those affected by client health and nutritional needs, their social needs (food range and variety), cultural and social factors, and location of meals.

HACC is the Home and Community Care Program funded by the Commonwealth Department of Health and Aged Care and the Victorian Department of Human Services.

HACC dietitians are employed by a variety of organisations and are funded by HACC to provide food, nutrition and dietetic services to the HACC target group.

HACC service providers provide HACC services with HACC funding, and include home carers, personal carers, district nurses, allied health professionals in teams which are home-based, linkages (case management) and Social Support (including Adult day activity services).

HACC subsidised Food Services are partly funded by the HACC Program. Service providers receive $1.10 subsidy per meal and include local governments, hospitals, and also non-government public and private organisations.

The **HACC target population** is defined in the Victorian HACC Program Manual (May 1998) as being:
"frail older people, people with physical, functional, sensory, intellectual or psychiatric disabilities, people with acquired brain damage, carers and families living at home or in the community" (p10).

Local dietitians may work with home-based clients who are aged or who have a disability, without knowing that they are registered HACC clients. These dietitians may work in health and community care agencies, hospitals and/or in private practice.

Nutrition issues are defined as client characteristics and problems which are related to their nutritional health needs.

Nutritional needs of a client means the need for fluid, energy, and the macro- and micro-nutrients which are required by the client to support life itself and its daily phases of activity (sleeping, rest, and movement). These physiological needs increase during fever, illness and trauma, and are best provided in excess to correct for one or two days of poor or no food intake. Nutritional needs may be altered to treat and/or correct specific medical problems such as diabetes, and chronic obstructive airways disease.

Nutrition counselling " provides individualised guidance on appropriate food and nutrient intakes, taking into consideration health, cultural, socioeconomic, functional and psychological factors. Nutrition counselling may include advice to increase or decrease nutrients in the diet, to change the timing, size or composition of meals, to modify food textures, and, in extreme instances, to change the route of administration" (Nutrition Screening Initiative, 1992).

Nutrition education "imparts information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status" (Nutrition Screening Initiative, 1992).

Nutritional intervention "is an action taken to decrease the risk of or to treat poor nutritional status. (These actions) address the multi-factorial causes of nutritional problems and therefore include actions that may be taken by many different health and social service professionals, as well as family and community members. A wide range of intervention actions, from utilisation of... meal programs and home care services, to dental services and pharmacist advice, to nutrition education and nutrition counselling, to specialised medical and/or dietary treatment...are all examples of nutritional interventions" (Nutrition Screening Initiative, 1992).

Nutritional risk can be simply defined as "the risk of poor health for nutritional reasons".
A more complex and accurate definition has been provided: "The risk factors of poor nutritional status are characteristics that are associated with an increased likelihood of poor nutritional status. They include the presence of various acute or chronic conditions or diseases, inadequate or inappropriate food intake, poverty, dependency or disability and chronic medication use. Indicators are generally quantitative and provide evidence that poor nutritional status is present" (Nutrition Screening Initiative, 1992).

Nutritional screening "is the process of identifying characteristics known to be associated with dietary or nutritional problems. Its purpose is to differentiate individuals who are at high risk of nutritional problems or who have poor nutritional status. For those with poor nutritional status, screening reveals the need for an in-depth nutrition assessment which may require medical diagnosis and treatment as well as nutrition counselling, as a specific component in a comprehensive health care plan" (Nutrition Screening Initiative, 1992).

APPENDIX 3 : ACKNOWLEDGMENTS

Dietitians Association of Australia (Victorian Branch)
C/- Dietitians Association of Australia
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Project Steering Committee
Ms Sue Race, Project Chairperson, Dietitians Association of Australia (Victoria)
Ms Alison Stewart, Chief Dietitian, Kingston Centre, Southern Health Care Network
Ms Jenny Bacon, Chief Dietitian, Bendigo Health Care Group, Bendigo
Representative, Aged, Community and Mental Health Division, Department of Human Services (Ms Jacinta Bleeser, Mr David Stanley, Ms Sally Mayne)
Ms Jill Fraser, Representative, Victorian Municipality Food Services Special Interest Group
Dr Beverley Wood, Senior Project Officer

Focus groups for the development of materials for assessment officers (elderly)
Grampians Region: City of Ballarat, Daylesford Shire
Gippsland Region: Central Wellington Health Service, Wellington Community Care
Northern Metropolitan Region: City of Darebin
Southern Region: Cardinia Shire, City of Glen Eira, City of Bayside

Focus groups for the development of materials for assessment officers (disability)
Grampians Region: City of Ballarat, Daylesford Shire
Northern and Eastern Metropolitan Region: City of Darebin, City of Knox
Southern Region: Cardinia Shire, City of Bayside

Regional dietitians
Ms Meredith Atkinson, Ms Simone Austin, Ms Jenny Bacon, Ms Katherine Bathgate, Ms Rhonda Gilbert, Ms Helen Gray, Mr Milton Jacob, Ms Mandy John, Ms Amanda Jones, Ms Mary Lawry, Ms Claire Martin, Ms Pauline Maunsell, Ms Megan Morrison, Ms Sue Race, Ms Alison Stewart, Ms Cathy Toyas, Ms Barbara Villani, Ms Maureen Wilson, Ms Debbie Wynd

Victorian Dietitians Reference Group (disability)
Ms Jenny Bacon, Ms Margaret Cox, Ms Jeanette Delatycki, Ms Sue Gebert, Ms Sue Race, Ms Alison Stewart, Ms Barbara Villani, Ms Robin Wood-Bradley, Ms Judith Wright

National Dietitians Working Group (disability)
Dr Sandra Capra, Ms Wendy Dear, Ms Jeanette Delatycki, Ms Sue Gebert, Ms Michelle Lane, Ms Sue Race, Ms Alison Stewart, Ms Lyn Stewart, Ms Barbara Villani, Ms Bridget Wallace, Ms Robin Wood-Bradley, Ms Judith Wright, and Ms Lynden Hayes (HACC Assessment Officer, Ballarat City Council)

Geelong Aged Care Services
Barwon Health, Grace McKellar Centre: Ms Debbie Wynd
Belmont Day Care Centre, City of Greater Geelong: Ms Heather Ashcroft and Ms Maree Densley
City of Greater Geelong Community Services: Ms Barbara Lewis, Ms Margaret McNamara, Carer Team Leaders, Home Carers and elderly clients

Royal District Nursing Service Homeless Persons Program
Ms Teresa Swanborough, Ms Ann Delikat, Ms Margaret Ryan, Ms Judy McWilliams and Ms Sue Spurling

APPENDIX 4: REFERENCES

Morrison, M., Wood, B. 1998; *Good food and health for older persons who want to help themselves: Training for Home Care Workers in the Grampians Region Report: Phase 1.* Ballarat: Department of Human Services, Grampians Region.

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Victorian Department of Human Services, 1997, *Healthy eating, healthy Victoria. A lasting investment. A strategic framework for the implementation of the Victorian Food and Nutrition Policy*, Department of Human Services, Melbourne.

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Wood, B., Delikat, A., Ryan, M., and Swanborough, T., *1998 Identifying homeless persons who are nutritionally at risk. Pilot study report*, Royal District Nursing Service Homeless Persons Program, Melbourne.

APPENDIX 5: PROJECT PUBLICATIONS AND MATERIALS

Wood, B. 1996 *Identifying and assisting people who are nutritionally at risk: Part I: Report,* Dietitians Association of Australia (Victorian Branch), Melbourne.

Wood, B. *1996 Identifying and assisting people who are nutritionally at risk: Part II: Appendices,* Dietitians Association of Australia (Victorian Branch), Melbourne.

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Wood, B. 1997 *Identifying and assisting people who are nutritionally at risk. Proceedings of the Dietitians Focus Group on Disability, 30th April and 1st May, 1997,* Dietitians Association of Australia (Victorian Branch), Melbourne,

Wood, B. 1998 *Identifying and assisting people who are nutritionally at risk. Third Report*, Dietitians Association of Australia (Victorian Branch), Melbourne.

Wood, B., Bacon, J., Stewart, A., Race, S., 2000 *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk: A Resource Manual,* Dietitians Association of Australia (Victorian Branch), Melbourne.

Wood, B., Bacon, J., Stewart, A., Race, S., 2000 *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk: A Training Manual*, Dietitians Association of Australia (Victorian Branch), Melbourne.

Nutritional Risk Screening and Monitoring Tool (working sheet)

Good Food and Health Advice for Older People Who Want to Help Themselves (booklet)

Shopping list (working sheet)

APPENDIX 6:
SUMMARY OF OTHER RELATED ACTIVITIES

As a result of the approach taken in the nutritional risk screening and monitoring project, and through the leadership and activities of the Department of Human Services regional offices, community service workers and dietitians, the work of this project has been now been enhanced and extended through the following activities:

1) Training of Victorian Dietitians.
A further 50 Victorian dietitians have recognised the value of this training and have sought and purchased it external to the Project.

2) Service Development

- **Best practice in an integrated service delivery system (Barwon Region)**

The resolution of food and nutrition issues for clients and community food services forms a large part of the work of the HACC Program, but the resources in nutrition and dietetics to support this work are not recognised in the HACC Program National and Victorian Guidelines. The need for nutritional risk screening and monitoring in the client assessment process has been included in the model training program on use of the Client Information, Assessment and Referral Record (Melissa Lindeman, personal communication).

- **Food and nutrition resourcing of Aged Care and Disability Services (East Bentleigh Community Health Centre, Southern Health Region**

This grant has facilitated the investigation and development of collaborative and cooperative links between service providers and nutrition resources in the area. Food and nutrition-related services have been matched to the nutritional needs of clients and HACC service providers in a coordinated way in the local government areas of Glen Eira, Bayside and Kingston (Robin Wood-Bradley and Andrea Bryce, personal communication).

3) Training of assessment officers (Barwon Region)
A Project for the training of assessment officers has been supported by a grant from the Barwon Region Department of Human Services (Debbie Wynd and Pauline Maunsell, personal communication).

4) Development of resources for home carers (Loddon Mallee Region)
A booklet *Nutritional risk: A booklet for carers* has been completed by the Mildura Rural city council Aged and Disability Services for the Community Services Officers' consortium Loddon Mallee Region. This material has been designed to be compatible with this current statewide project.

5) Development of a training program for home carers (Grampians Region)
A training program and resources have been developed and training commenced, through grant support from the Grampians Region, Department of Human Services (Morrison and Wood, 1998). This material has been designed to be compatible with this current statewide project.

6) Training of home carers (Hume Region)
Home carer training has been provided through a grant via the Hume Region, Department of Human Services to the regional Committee on Community Food Services (Chris Palmer and Chardia Gorrie, personal communication).

7) Resources to support nutritional risk screening in the financially disadvantaged person living in alternative accommodation
A screening tool to identify food and nutrition problems in homeless adults has been trialed, evaluated and revised (Wood, Delikat et al, 1998). The information generated from this work with the Royal District Nursing Service Homeless Persons Program has been integrated with the resource materials for this project.

State Government Victoria

Department of Human Services