Assessment of Nutritional Status & Food insecurity

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Presentation Objectives

• Learners will be introduced to actions of the Registered Dietitian and learn the triggers that would necessitate coordination of the patient’s care
• Basic components of the Nutrition Care Process, specifically the ADIME model will be discussed
• Overview and description of food insecurity, how prevalent it is, and what causes it, and how it impacts malnutrition in older adults
• Learners will be introduced to actions that should be taken by the various stakeholders regarding food insecurity
Nutrition in Healthcare

• Nutrition care within the healthcare setting is provided in an interdisciplinary, collaborative manner

Coordination of Nutrition Care

Registered Dietitians, Dietetic Technicians, Speech Therapists, Occupational Therapists, Nurses, Nurse Practitioners, Physician Assistants, Physicians
Nutrition Screening

- Patients are screened for nutritional risk by health care professionals

  - Risk factors:
    - Significant unintentional weight loss
    - Obvious low body weight or malnourished appearance
    - Dysphagia
    - Tube feeding or total parenteral nutrition
    - Difficulty feeding self
    - Low albumin (controversial)
    - Other identified nutrition concerns
The Registered Dietitian

- Registered Dietitians (RDs) are food and nutrition experts
  - RD’s work in a wide variety of settings, including *health care*, business and industry, community/public health, education, research, government agencies and private practice

Medical Nutrition Therapy

- RDs provide medical nutrition therapy (MNT) to patients based on assessed needs of patients following the Nutrition Care Process developed by the Academy of Nutrition and Dietetics
  - RDs provide comprehensive nutrition education and counseling, nutrition interventions, and develop nutrition care plans for patients
The Nutrition Care Process

• A systematic approach to providing high-quality nutrition care
• The process provides a framework for the RD to individualize care taking into account the patient's needs and values and using the best evidence available to make decisions

ADIME Model of Care:
• Assessment: The RD collects and documents patient anthropometric measurements, biochemical data, clinical physical findings, dietary information, and environmental (including socioeconomic) information
• Diagnosis: Data collected during the nutrition assessment guides the RD in selection of the appropriate nutrition diagnosis (i.e., naming the specific problem)
• Intervention: The RD then selects the nutrition intervention that will be directed to the root cause (or etiology) of the nutrition problem and aimed at alleviating the signs and symptoms of the diagnosis
• Monitoring/Evaluation: The final step of the process is monitoring and evaluation, which the RD uses to determine if the patient/client has achieved, or is making progress toward, the planned goals
Case Study

Pt. is an 68 y/o male with type 2 diabetes, underweight, alcoholism, and food insecurity

Indication For Consult: Diet instruction for diabetes mellitus

• Assessment:
  A. Low weight for height, recent 10-pound weight loss
  B. Low amounts of the vitamins thiamin and folate in the blood
  C. Temporal wasting; muscle wasting in the upper body
  D. Dietary intake of little more than wine and hamburgers for the last week
  E. HOMELESS; carrying unused SNAP benefits (food stamps) card

• Diagnosis: Limited access to food or water related to lack of financial resources to purchase a sufficient quantity of healthful foods as evidenced by underweight (BMI < 22 for adults older than 65 years) and reports or observations of lack of resources for food/behaviors consistent with food insecurity

• Intervention: Pt. provided listing of convenience stations that would accept SNAP benefits card; discussed healthy food options and preparations methods

• Monitoring/Evaluation: Unable to monitor and evaluate at this time as patient travels from state to state

Food Insecurity Defined

• Food insecurity is limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways
Food Insecurity

- In 2014, nearly one in seven American households experienced food insecurity
- Risk factors for food insecurity include socioeconomic status, increasing energy and food prices, high housing costs, and unemployment
- Food insecure individuals are often forced to choose between paying for medications, housing, utilities, or car repairs rather than food
- Food insecurity in the United States has many negative implications including the development of acute and chronic physical and mental diseases across the lifecycle with related healthcare costs totaling $160.7 billion
  - Proper nutrition is crucial to managing obesity and other health problems and nutritious food can prevent the need for medical care

Food Insecurity and Older Adults

- Food insecurity is growing among older adults. The food insecurity rate for all senior households was 8.9% in 2014, up from 5.5% in 2001
- Seniors are more likely to be food insecure if they:
  - Live in a southern state
  - Have a disability
  - Are younger
  - Live with a grandchild
  - Are African American or Hispanic
Food Insecurity and Older Adults

• Implications:
  – Diminished health
  – Diminished cognitive function
  – Increases in chronic disease (due to lowered resistance to infection)
  – Diminished ability to maintain independence

A Vulnerable Population

• Physiological changes occur slowly over time in all body systems. These changes may have adverse effects on eating and nutritional status
  – Sensory Changes
    • Vision, hearing, smell, taste
  – Structural and Functional Changes
    • Muscle mass, metabolism, bone density, digestion
Addressing Food Insecurity Among Older Adults

1. Older Americans Act Nutrition Program (OAANP)
2. Supplemental Nutrition Assistance Program (SNAP)
3. Community programs and private initiatives
4. Consultation with a Registered Dietitian

Older Americans Act Nutrition Program

• The OAANP provides regular and adequate sources of nutrition to older adults who are in greatest social and economic need

...to provide the most frail and vulnerable older adults with nutrition services that are helping them to stay in their homes...

• OAANP purposes:
  1. Reducing hunger and food insecurity
  2. Promoting socialization
  3. Promoting health and well-being
  4. Delaying adverse health conditions

*Older Americans Benefit from Older Americans Act Nutrition Programs Research Brief*
Older Americans Act Nutrition Program

- OAANP Drivers:
  - Congregate nutrition programs
    - Senior Centers
    - Adult Day Care Centers
    - Other community venues
  - Home delivered meals
  - Nutrition education/counseling
- Roughly 5,000 nutrition service providers together serve over 900,000 meals a day in communities all across the United States

Older Americans Benefit from Older Americans Act Nutrition Programs Research Brief

Supplemental Nutrition Assistance Program

- The SNAP program is one of 15 federal food assistance programs designed to ameliorate food insecurity and protect the health and well-being of adults and children
  - Among the most highly utilized and is the largest federal food assistance program administered by the USDA
  - In 2014, SNAP lifted at least 4.7 million individuals out of poverty
SNAP and Older Adults

• Seniors are allowed to deduct monthly medical expenses over $35 from their gross income
  – This is especially beneficial for seniors with high medical expenses, as this can significantly increase their monthly SNAP allotment
  – Unfortunately, only 14% of the 55% of senior SNAP participants who qualify for the medical deduction use it

SNAP and Older Adults

• Too few seniors are enrolled in SNAP
  – Only three out of five who qualify do not apply for the program
  – 5.2 million seniors miss out on benefits
  – Older Americans who qualify for SNAP are significantly less likely to participate in the program than other demographic groups
• Barriers to participation:
  – Mobility issues
  – Technology
  – Stigma
  – Difficulty completing the SNAP application
SNAP and Older Adults

• Solutions:
  – The Senior SNAP Initiative
    • Community-based organizations which assist older adults (i.e., age 60 and over) in applying for and enrolling in SNAP
  – BenefitsCheckUp®
    • Comprehensive free, online service to screen seniors with limited income for benefits
    • Identify benefits to help pay for food, medicine, health care, rent, utilities, and other daily needs

*Both programs administered by the National Council on Aging

Community Programs and Private Initiatives

• State/community anti-hunger organizations
  – Expand outreach/strengthen nutrition programs

• Private Initiatives
  – Wholesome Wave
  – MAZON: A Jewish Response to Hunger
  – Alliance to End Hunger
Nutrition Counseling

- Screen for food insecurity
  - Nutrition assessment
  - Screening tools
  - Ensuring Veteran Food Security Workgroup
- Provide education
  - “Eating Well on a Budget”
- Connect patient with resources
  - Local food banks
  - Federal programs
    - SNAP
    - The Senior Farmers’ Market Nutrition Program
    - The Commodity Supplemental Food Program
    - The Emergency Food Assistance Program

Summary

- Proper nutrition care takes a coordinated effort between a multidisciplinary team
- The Registered Dietitian provides MNT (according to the Nutrition Care Process) to patients based on assessed needs
- The Registered Dietitian assists in identifying food insecurity among his/her patients
- Older adults are particularly impacted by food insecurity
- Several resources exist to ameliorate food insecurity