A submission to the Conversation on Health

Addressing the Home Care Nutrition Care Gap in BC

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Submitted by:

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and the

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Executive Summary

Dietitians across British Columbia (BC) have grave concerns about the current lack of home-based nutrition services in the province and the potential negative implications for the health and well-being of the population.

Based on an assessment of existing home-based services for adults and children in BC, and a review of evidence on the benefits of these services, dietitians in BC recommend a province-wide, coordinated, integrated and accessible program of home-based nutrition services aligned with provincial and regional health authority goals with equitable access to British Columbians in need. Home-based nutrition services must be an integral component of health services delivered across the continuum of care to all populations.

The proposed program supports the third of the Five Great Goals for BC to “build the best system of support in Canada for persons with disabilities, those with special needs, children at risk, and seniors”.

The prevalence of nutritional risk in Home and Community Care (HCC) clients in BC ranges from 55 to 60% in contrast to international reports of 43 to 51%. This difference may be accounted for in BC by the absence or limited availability of home-based nutrition services including nutrition risk screening and timely provision of medical nutrition therapy (MNT).

An estimated 50,500 to 54,000 British Columbians (42,000- 46,000 adults; 8,500-9,000 children) in BC are at nutritional risk with minimal or no home-based nutrition services available to these at risk groups. These numbers can be expected to increase with the anticipated growth in the proportion and actual number of seniors in BC in the coming years. Estimates are that the proportion of seniors will grow from 13% in 2001 to almost 24% by 2031.

The proposed program of home-based nutrition services would, as demonstrated in other provinces and internationally, reduce costs associated with preventable hospitalizations and the use of other health services while enhancing the quality of life of British Columbians. Specific benefits include:

- Reduced acute care use (one or combination of decreased emergency services use; decreased length of stay; decreased intensity of care; decreased number of admissions; lower frequency of admissions)
- Reduced client/family/caregiver anxiety and stress (related to enhancing nutrition and food knowledge and skills on condition management for secondary and tertiary prevention)
- Improved nutritional status through client/family access to MNT
- In children, enhanced growth and development (lower long term costs)
- Enhanced client and caregiver quality of life.

Consequences of inaction include ongoing, escalating costs of acute care and emergency room use, and physician visits for preventable nutrition related health issues such as malnutrition, hip fractures, constipation, diarrhea, and dehydration.
Statement of the Problem

Dietitians\(^1\) across British Columbia have grave concerns about the lack of home-based nutrition services\(^2\) in the province and the potential implications on the health and well-being of the population. Malnutrition is preventable yet British Columbians are put at risk for malnutrition every day through non-attention to basic nutritional requirements to support life and to enhance quality of life. This situation applies to people of all ages, children and adults, who are discharged from hospitals or institutions without consideration of how they will access, prepare and consume food at home. Moreover, there are people living in communities whose nutritional needs are not identified until their conditions have deteriorated such that they require hospitalization for nutritional rehabilitation and medical management of the sequelae associated with malnutrition, or worse, palliative care.

An estimated 50,500 to 54,000 British Columbians (42,000- 46,000 adults; 8,500-9,000 children) are in need of home-based nutrition services in BC. This estimate was derived through tabulation of clients currently receiving home-based health services, and applying prevalence of nutrition risk rates drawn from the literature (2,3,4,5,6,7,8). Risk of malnutrition in Home and Community Care (HCC) clients in BC, determined through the use of staff-administered, valid and reliable survey instruments, is estimated to be between 55 to 60%, higher than the 43 to 51% risk rates reported internationally.

Dietitian-provided home-based nutrition services in most areas of the province are non-existent or wholly inadequate to address the needs of clients in BC at nutritional risk. Only 15 dietitian full time equivalents (FTEs) in the entire province provide home-based health services\(^3\) compared to the estimated 250 or more dietitian FTEs needed (per HCC dietitian workload calculations).

Desired State of Affairs

*Dietitians envision a BC-wide, accessible, integrated, and coordinated program of home-based nutrition services to prevent malnutrition and to minimize the associated fiscal and social costs.*

The purposes for a program of home-based nutrition services in BC are to:

- Improve or maintain the health status of individuals
- Improve function and quality of life
- Prevent or delay hospitalizations and institutionalizations
- Prevent unnecessary use of acute care, emergency room, and physicians’ office visits, and
- Facilitate earlier hospital discharges.

\(^1\) *Dietitians* refers to members of Dietitians of Canada, BC Region. Dietitians are regulated in BC under the Health Professions Act.

\(^2\) *Home-based Nutrition Services* refers to nutrition risk screening and medical nutrition therapy (MNT) for clients living in at home in communities, not in institutions. MNT involves assessment of the nutritional status of patients with illnesses, or injuries that put them at risk (including review and analysis of medical, diet, and social histories, laboratory values, and anthropometrics measurements), the implementation of nutrition modalities most appropriate to manage the condition(s) or to treat the illnesses or injuries, nutrition education and counselling, establishing and maintaining nutrition support via enteral and parenteral nutrition (as necessary), and liaising/collaborating with community supports/services (1).

\(^3\) Dietitians provide home-based nutrition services with Home and Community Care, Health Services for Community Living (HSCL), and other service providers.
Recommendations: Toward the Desired State of Affairs

Guiding principles for a program of home-based nutrition services in BC include:

- Equitable access in all areas of the province
- Aim to prevent malnutrition (prevention takes fewer resources than rehabilitation)
- Rooted in health promotion/prevention/self care principles
- Support for clients and their families (at present and historically, clients rely/have relied heavily on family/caregivers sometimes with unfortunate consequences of caregiving)
- A networked community of home care providers (e.g., dietitian, nurse, home care worker)
- Based on best or promising practices (and contribute to knowledge creation/dissemination in this area where evidence is limited or does not exist).

Components of a Program of Home-Based Nutrition Services

A BC home-based nutrition services program should:

1. Integrate the proposed home-based nutrition services with existing HCC services delivered at the regional health authority (RHA)/health service delivery area level including linkages between dietitians working in home care and other home-based and community service providers and health care team members (e.g., physicians, HCC nurses and other health professionals).
2. Ensure sufficient dietitian clerical, and information systems staffing to meet community needs reflecting geographic, demographic and cultural needs.
3. Develop a systematic means to screen target populations for nutrition risk (using dietitian-trained staff to do screening) using a valid and reliable nutrition risk screening instrument to ensure consistent screening/practice throughout the province.
4. Develop and implement a referral system to connect clients at risk with appropriate service providers (e.g., using Dial-A-Dietitian as part of the referral system).
5. Ensure a standardized model of nutritional care and use of resource materials for consistent approaches throughout BC, and to ‘brand’/promote recognition of the service as a provincial service (such as BC Ambulance Service, etc.).
6. Develop and implement home-based nutrition service use for those with predictable nutritional risk and deficits (e.g. for clients requiring prophylactic tube-feeding owing to their condition or treatment such as ALS or some cancer treatments) rather than waiting until the development of nutritional deficits.

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4 A home-based nutrition service in BC could link or partner with Dial-A-Dietitian (DAD) (www.dialadietitian.org), a free telephone nutrition information service that is part of BC Ministry of Health’s toll free information lines. DAD call centre dietitians with the aid of a valid and reliable screening tool or referral criteria, could refer callers to the home-based nutrition service. Efficiencies could be recognized if one or more DAD call centre dietitians could provide basic information to some callers by telephone to address their nutrition information needs and to make referrals to appropriate programs and services. This would allow the home-base nutrition services to focus on those clients whose needs go beyond access to information. DAD has an allergy and an oncology specialist on staff.
7. Develop and implement a means to link clients with local services and home support agencies (e.g., shopping, food preparation, meal delivery, congregate meals, HCC nursing and other staff, primary health care services, etc.) in association with partners such as Dial-A-Dietitian. Home-based nutrition services coordinated through RHAs would complement efforts in primary health care and chronic disease management (9) by adding to the continuum of health services available to British Columbians to facilitate self-care and self-management.

8. Develop and implement a province-wide, systematic and consistent means to evaluate and report on the use/outcomes/effectiveness of the service to inform ongoing planning re: resource use/services delivery. Outcome measures would include effect of nutrition services on clients’ nutritional status, clients’ perceptions of nutrition services, effect of nutrition service provision on hospital admission rates, hospital lengths of stay, facilitated discharges, and physician and emergency room visits.

9. Link to practice-based research supports via academia, study groups, or think tanks to contribute to knowledge creation, dissemination and translation re: home-based nutrition services in BC (Canadian published reports are few). Dietitians of Canada's Practice-based Evidence in Nutrition (PEN), an online knowledge translation tool, provides an ideal venue for knowledge transfer in this area.

10. Create linkages with dietetic education programs (university/internship; post graduate training opportunities) to develop skill and competence in the development, planning and delivery of home-based nutrition services in BC.

11. Facilitate ongoing continuing education/professional development support for dietitians working with home-based nutrition services, and for other health authority staff about nutrition care/services.

**Consistency with Provincial Government Goals and Services in Other Canadian Provinces**

The proposed program of home-based nutrition services in BC is consistent with:

1. One of the BC government’s *Five Great Goals* to “build the best system of support in Canada for persons with disabilities, those with special needs, children at risk, and seniors” (10).

2. the BC Ministry of Health vision, “a health system that supports people to stay healthy, and when they are sick provides high quality publicly funded health care services that meet their needs” (11).

3. the BC Ministry of Health mission “to guide and enhance the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health” (11).

4. the BC Ministry of Health goals (12):
   i. *Improved Health and Wellness for British Columbians*: British Columbians are supported in their pursuit of better health through health protection and promotion and disease prevention activities.

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5 Note that the current Integrated Dietetics Program at UBC graduates 28 to 30 students annually. This number does not cover attrition needs within the dietetic profession in BC. Developing a home-based nutrition services program in BC would necessitate attention to approaches to graduating sufficient students to fill available positions.
ii. High Quality Patient Care: Patients receive appropriate, effective, quality care at the right
time in the right setting. Health services are planned, managed and delivered in concert
with patient needs.

iii. A Sustainable, Affordable, Publicly Funded Health System: The public health system is
affordable, efficient and accountable, with governors, providers and patients taking
responsibility for the provision and use of services.

5. the BC Ministry of Health assurance to “continue with the renewal of residential, home and
community care to better meet the contemporary needs of British Columbians” (13).

The Vision for Healthy Aging report (14) cites healthy eating for healthy aging as one of five key
focus areas. Directions for policy and practice outlined in the report include “addressing the
multiplicity of factors and barriers that affect older adults’ food choices; their nutritional needs; the
determinants of nutrition status (e.g., underlying health conditions and consumption patterns); and
vulnerability to deficiencies and nutritional problems (p. 34).” The report stresses that healthy eating
and nutrition policies should aim to promote and enable healthy choices for seniors, who have
unique nutritional needs. A program of home-based nutrition services would support seniors who
struggle to maintain a safe and appropriate diet to meet their changing nutritional needs owing to
aging and chronic disease, and would be a valued and integral component of home-delivered health
services (15).

Information from Ontario and New Brunswick demonstrates that BC is not providing home-based
nutrition services relative to what is available elsewhere in Canada. Home-based nutrition services are
provided using different models and include:

- New Brunswick’s Extramural Hospital Program: This program is also referred to as ‘hospitals
  without walls’. Professional service providers may include nurses, registered dietitians, respiratory
  therapists, occupational therapists, physiotherapists, speech language pathologists and where
  funded, social workers. Services offered include acute care, palliative care, home oxygen
  program, long term care assessment and rehabilitation services. Services provided are comparable
to what would be provided within hospital settings but do not require the physical space/capital
outlay. Dietitians provide nutritional assessments, interventions (including treatment, education
and consultation), service planning and coordination (16).

- The Ontario Community Care Program involves Community Care Access Centres (CCAC):
  CCACs are consolidations of the services formerly provided by 38 home care programs and 36
  placement coordination services. Visiting services are health and support services provided in the
  home on a visitation basis to enable people to remain in their own homes, return home more
  quickly from hospital, or to delay or prevent the need for admission to a hospital or long-term
  care facility. Visiting services may be provided to Ontario residents of any age and anyone can
  make a referral. The services are 100% funded by the Ontario Ministry of Health and Long-
  Term Care. Dietitians working with CCACs are independent contractors who bill the CCAC they
  work with per client visit; fees vary depending on travel distances to get to clients’ homes.
  Dietitians designate client priorities; this determines the order and frequency of nutrition
  consultation (17).
Benefits

Anticipated benefits of a province-wide, coordinated home-based nutrition services based on reports of services offered elsewhere in Canada and internationally are:

- Reduced incidence of malnutrition (18,19,20); improved nutritional status through access to medical nutrition therapy services, resources, and connections.
- In children, enhanced growth and development (lower long term costs) (21).
- Reduced use of health services including reduced number of hospital admissions and emergency room visits (22,23,24,25), reduced frequency of admissions (18), decreased intensity of care, and decreased length of stay (19). Clients with nutritional problems were 2.58 times more likely to have used health care services including hospital admissions and emergency room visits (24).
- Enhanced quality of life of clients (25,26) and caregivers (22).
- Increased satisfaction of family caregivers of those receiving home-based care (related to enhanced knowledge and skills on condition management for secondary and tertiary prevention) resulting in decreased home care use and emergency room visits (25).
- Achieved the same nutritional benefits as those of patients who received standard hospital-based nutrition services but at one-third the cost (19).

In The Case for Chronic Home Care Services, A Policy Paper (11), Hollander summarized the growing body of Canadian evidence that home care for persons with ongoing care needs can be a cost-effective intervention and can reduce demands on the institutional sector, thus increasing the overall efficiency of the health care system. Hollander (27) reported that the average annual costs to government for people with moderate care needs (Intermediate care 1 or IC1) in the mid-to-late 1990s, in British Columbia, were $9,624 for persons on home care and $25,742 for people in institutions. These findings lend support to the need for home-based nutrition services as part of a coordinated program of HCC services provided through RHAs.

Risks and Consequences of Inaction

Consequences of inaction in addressing the home-based nutrition service needs of British Columbians include:

- Ongoing, escalating cost of acute care service use for preventable nutrition-related health issues (such as hip fractures, malnutrition, dehydration, constipation, and diarrhea). Interior health (28) estimated the costs of hospital based care as $846.00 per day relative to the overall $126.00 cost of providing home-based nutrition care.

- Perpetuating current problems that will grow if not addressed. These are associated with:
  - the aging population
  - greater incidence of chronic disease
  - increased exacerbations of chronic disease
  - pressures on hospitals to provide ‘acute’ care with increasingly technical support; clients no longer in need of or using these supports are discharged when they are still in need of the services of health professionals
  - patients discharged from hospitals after shorter stays and while not fully recovered.
• Increasing numbers of clients requiring assisted living or facility care
• ‘Burden of care’ placed on families/caregivers (where these are available); with ‘burnt out’ caregivers there is the potential to create additional health service users and further escalate costs.

Health Canada described the consequences of malnutrition in seniors as follows:

Consequences of malnutrition noted in seniors include weight loss and low body weight. These are associated with hip fractures, decreased independence, and increased mortality rates. Early intervention is critical to avoid the downward spiral associated with malnutrition that often occurs without immediate explanation and involves a gradual decline in cognitive and physical functions, weight loss, reduced appetite, and social withdrawal (29).

The BC Ministry of Health described the effects of impaired intake for seniors as follows:

Inadequate intake of energy and some nutrients have been associated with decreased body strength, lower resistance to infection and poorer indicators of quality of life. Both an inadequate body weight for height, and weight loss are associated with hip fractures, reduced autonomy, early institutionalization and increased mortality rates (30).

The Vancouver Island Health Authority report on nutrition in home care noted:

Malnutrition and its sequelae compound chronic disease conditions precipitating admissions to hospital or community care facilities, prolonging duration of hospital stays, increasing use of other health care services such as physician visits, HCC, emergency care and increasing the use of pharmaceuticals (31).

The consequences of malnutrition are not confined to the aging population in BC and include all people from birth to old age, those who are able-bodied and disabled, those with special needs, and those living with any acute, chronic or debilitating medical conditions whose food and fluid intake is inadequate or at risk of being impaired.

About Dietitians of Canada:
Dietitians of Canada (DC) is the professional association representing more than 5600 dietitians and students in Canada including almost 800 in BC. Dietitians of Canada speaks out on food and nutrition matters important to the health and well-being of Canadians. BC members of DC have collaborated to raise awareness about the nutrition care gap and its effect on nutritional well-being of the population of British Columbia.

About Community Nutritionists Council of BC:
The Community Nutritionists Council (CNC) of BC is made up of registered dietitians who work for Regional Health Authorities. The CNC mission is: “To enable all British Columbians to achieve and maintain optimal nutritional well-being through access to safe, appropriate and quality food, nutrition information and nutrition services.”

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References


