

Ryan White Part A Food and Nutrition Services



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Overview

- Background
- Food and Nutrition Services (FNS)
Category Description
- Best Practices
- Care, Treatment, and Housing Program
(CTHP) Recommendations
- Questions

Background

- Some scientific evidence links proper nutrition to improved health outcomes for people living with HIV/AIDS (PLWHA):
 - Food/nutritional supplementation to food-insecure patients may improve effectiveness and adherence to medications and treatments.*
 - Ancillary services, like food and nutrition services, can serve as a gateway/incentive to medical care and an effective means to attract clients who need other services.**
- FNS category was added to the NY EMA Ryan White Part A portfolio in 1993.

*Wanke C. Pathogenesis and consequences of HIV-associated wasting. *J Acquir Immune Defic Syndr* 2004; 37(Suppl 4); Tang AM, et al. Increasing risk of 5% or greater unintentional weight loss in a cohort of HIV-infected patients, 1995 to 2003. *J Acquir Immune Defic Syndr*, 2005; Kim JH, et al. The correlates of dietary intake among HIV-positive adults. *Am J Clin Nutr* 2001; Woods MN, Spiegelman D, Knox TA, et al. Nutrient intake and body weight in a large HIV cohort that includes women and minorities. *J Am Diet Assoc* 2002; Ickovics and Meade. Adherence to HAART: Breakthroughs and Barriers. *AIDS CARE*, 2002; Bontempi, et al. HIV Medication Adherence Programs: The Importance of Social Support. *Journal of Community Health Nursing*, 2004; Ammassari A, Trotta MP, Murri R, et al. Correlates and predictors of adherence to highly active antiretroviral therapy: overview of published literature. *J Acquir Immune Defic Syndrome*, 2002; 31:Suppl 3.; Weiser, et al. Food Insecurity Associated with Incomplete HIV RNA Suppression Among Homeless and Marginally Housed HIV-Infected Individuals in San Francisco. *Society of General Internal Medicine*, 2008.

**Conviser and Pounds. Background for the studies on ancillary services and primary care use. *AIDS Care: Psychological and Socio-medical Aspects of HIV/AIDS*. 2002.; Meseri, et al. The impact of ancillary HIV services on engagement in medical care in New York City. *AIDS Care*, 2002.

HRSA Definition of Service Category

CORE HRSA SERVICE

Medical nutrition therapy (MNT) is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

NON-CORE HRSA SERVICE

Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. *Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.*

NY EMA Definition of Service Category

During the 2006 reauthorization process when MNT was redefined as its own core service by HRSA, the NY EMA Planning Council decided not to separate MNT services from other FNS services, thereby leaving all nutrition-related services as non-core/support.

NY EMA Definition

Provides home delivered meals, congregate meals, and pantry bags (or any combination of these), along with nutritional assessment and counseling and access to other services to people living with HIV/AIDS through co-location of services or linkage and referral. Services are delivered in a culturally competent manner and tailored to the therapeutic needs of the individuals receiving them.

FNS: Priority Rank and Budget Allocation

➤ The NY EMA Planning Council ranked FNS as Priority #8 (of 14) for FY 2009. This marks increased priority.

➤ Approximately 6% of the total Ryan White budget is allocated to FNS *Base funding only; no MAI funding*.

➤ The FNS category currently funds ten programs in NYC and four programs in the Tri-County area.

➤ The portfolio of programs under the FNS category has not been re-bid for more than a decade.

➤ Current contracts are cost-based; new FNS contracts will become performance-based.

FNS Budget Allocation by FY

<i>FY</i>	<i>\$ Amount</i>	<i>% of Total Budget</i>
2005-2006	\$5,927,643	5.32%
2006-2007	\$6,295,539	5.23%
2007-2008	\$5,646,029	6.89%
2008-2009	\$5,092,274 (+\$90,000 enhancement)= \$5,182,274	6.02%
2009-2010	\$5,182,274	5.89%

NYC FNS Service Model

Food and Meal Services:

1. Home Delivered Meal Programs
2. Congregate Meal Programs
3. Grocery/Pantry Bags
4. Food Voucher

Nutrition Services:

1. Initial Nutritional Screening

**The following services (#s 2 – 5) are to be provided by nutrition professionals which include: Registered Dietitians (RD), New York State Certified Dietitian-Nutritionists (CDN), Registered Dietitian-Eligible (RDE), or nutrition students supervised by a RD or CDN.*

2. Nutrition Assessments and Reassessments
3. Nutritional Counseling
4. Nutrition Group Education
- 5. Bioelectrical Impedance Analysis (BIA)***
- 6. Meal Orientation***

General:

1. Follow-up encounters
2. Support groups

***BIA and meal orientation not designated reimbursable services. All other services in model are reimbursable.**

Note: Food and meal services may be provided to the dependent children. Nutrition assessments, reassessments and counseling (including BIAs) are only available for PLWHA.

NY EMA Ryan White Part A Implementation Plan

Service Goal: Improve health outcomes and enhance treatment adherence of PLWHA by optimizing nutrition status, immunity and overall well-being. Prevent nutritional deficiencies, and loss of weight and lean body mass.

Objectives/Indicators*:

1. Increase availability of culturally appropriate meals 7 days per week through home delivered meals, congregate meals, and/or pantry bags.

Indicator: 1) Number and percentage of HIV+ clients receiving a minimum of 20 meals per month through the program.

Target: 60% of HIV+ clients receiving food and nutrition services for at least one month.

2. Provide nutritional screening and periodic reassessment of nutritional status.

Indicators: 1) 1) Number and percentage of clients served who have a baseline weight documented through the program.

Target: 60% of HIV+ clients served with nutritional counseling/education.

Indicators: 1) Number and percentage of clients served who have at least one follow-up weight documented through the program.

Target: 60% of HIV+ clients receiving nutritional counseling/education services for at least six months.

*These objectives/indicators were finalized in late spring 2008; therefore, data measuring performance in these areas is not yet available.



AIDS Institute Quality Management Program

***Review Periods:** The review period is defined as the calendar year. For patients discharged during this calendar year, the review period will extend from the beginning of the year, to the date of discharge.*

Indicator 1: A baseline nutritional screening is performed within 30 days of intake.

Indicator 2: A list of HIV medications prescribed to the patient is documented in the patient's chart.

Indicator 3: A baseline screening for food security is performed.

Indicator 4: Nutritional education/workshops provided monthly.

Indicator 5: A client satisfaction survey is conducted annually.

Indicator 6: A resource list containing community food and nutrition services is provided to the client.

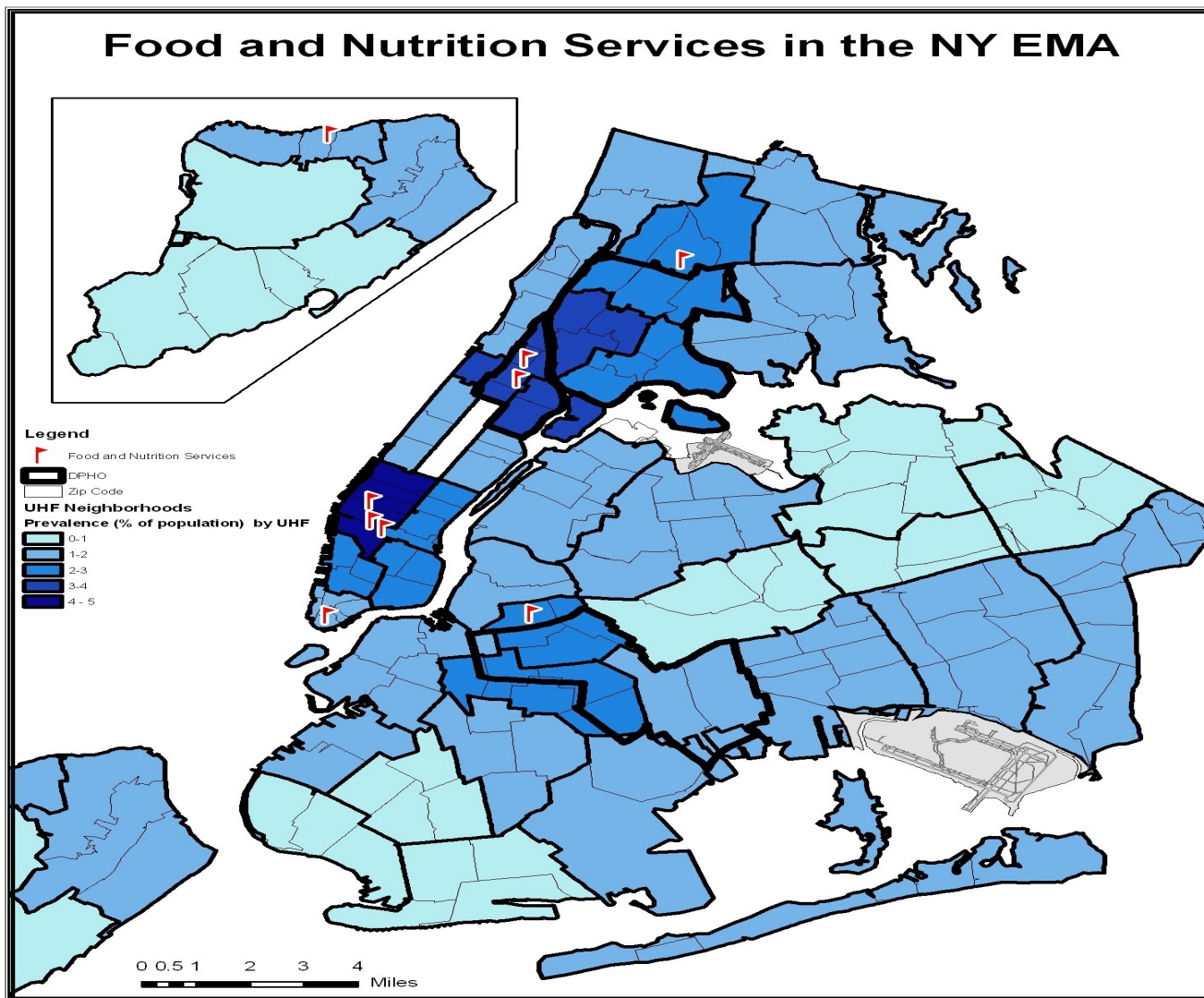


FNS Client Eligibility

Eligible clients are persons living with HIV/AIDS who can provide proof of their HIV status as established by the Ryan White CARE Act Guidance for Contractors, and meet the criteria for the respective service as outlined below. Dependent children may also receive these services.

1. Home Delivered Meals – Clients must be unable to shop or prepare meals for themselves due to physical and/or mental challenges, and must lack a network of family or friends to provide such support. Programs must document the criteria and process used to determine the need for home delivered meals.
2. Congregate Meal – Clients must be unable to purchase nutritious food due to limited financial resources and/or inadequate cooking facilities to prepare meals.
3. Groceries/Pantry Bags - Clients must be unable to purchase nutritious food due to limited financial resources.
4. Food Vouchers - Clients must be unable to purchase nutritious food due to limited financial resources, but be able to shop for and prepare their own meals.

New York City FNS Clients



Ryan White Part A-funded FNS Programs in New York City

Agency	Food and Nutrition Services Provided
God's Love We Deliver	<ol style="list-style-type: none"> 1. Intake and assessment 2. Home-delivered meals 3. Nutritional counseling 4. Follow-up encounters
The Momentum Project	<ol style="list-style-type: none"> 1. Intake and assessment 2. Congregate meals 3. Nutrition counseling 4. Group education 5. Pantry bags 6. Support groups 7. Follow-up
Gay Men's Health Crisis	<ol style="list-style-type: none"> 1. Intake and assessment 2. Congregate meals 3. Nutritional counseling 4. Group education 5. Pantry bags (including short-term/emergency) 6. Nutritional supplements 7. Follow-up encounters
La Nueva Esperanza	<ol style="list-style-type: none"> 1. Congregate meals 2. Home-delivered meals 3. Pantry bags (including take-home cooked meals) 4. Follow-up encounters
Bronx AIDS Services	<ol style="list-style-type: none"> 1. Intake and assessment 2. Nutritional counseling 3. Group education 4. Pantry bags (including emergency and special) 5. Follow-up encounters

Ryan White Part A-funded FNS Programs in New York City, cont.

Agency	Food and Nutrition Services Provided
Iris House	<ol style="list-style-type: none"> 1. Intake and assessment 2. Congregate meals 3. Home-delivered meals 4. Nutritional counseling 5. Group education 6. Pantry bags
Harlem United Community AIDS Center	<ol style="list-style-type: none"> 1. Intake and assessment 2. Congregate meals 3. Nutritional counseling 4. Group education 5. Follow-up encounters
Project Hospitality	<ol style="list-style-type: none"> 1. Intake and assessment 2. Congregate meals 3. Group education 4. Pantry bags
FoodChange, Inc.	<ol style="list-style-type: none"> 1. Intake and assessments 2. Congregate meals 3. Home-delivered meals 4. Nutritional counseling 5. Group education 6. Pantry bags 7. Follow-up encounters
Metropolitan Community Church of NY	<ol style="list-style-type: none"> 1. Intake and assessment 2. Pantry bag



Other Providers of FNS

Funder/Provider	Program/Service
HHC Health and Home Care	<u>Behavioral Health Program</u> (<i>nutrition services</i>)
HIV/AIDS Services Administration (HASA)	<u>Nutrition and Transportation Supplement</u> (<i>supplements for “healthy food and vitamins”</i>)
NYS AIDS Institute	<u>ADAP Plus</u> (<i>nutritional assessment, counseling, and supplements</i>)
NYC Department of Aging	<u>Home-Delivered Meals; Congregate Meals at Senior Centers</u> (<i>flash-frozen and daily hot meals, including special dietary needs and lunch five days each week</i>)
NYS Department of Health	<u>Child & Adult Care Food Program</u> (<i>congregate meals at child care, adult day care, after school, & homeless shelter programs</i>) <u>Commodity Supplemental Food Program</u> (<i>nutritional supplements, guidance in preparing nutrition meals, nutrition and health info provided by nutritionists, and referrals to agencies for other services.</i>)
NYC Human Resource Administration	<u>Adult Protective Services</u> (<i>meal preparation</i>)
NYS Office of Mental Retardation and Developmental Disabilities	<u>Community Based HIV Primary Care & Prevention Services</u> (<i>nutrition at some sites</i>)
NYS Office of Temporary and Disability Assistance	<u>Food Stamps</u> *
Private Donations/Special Grants	<u>Varies</u> (<i>i.e. MAC Community Program, food bank donations, USDA special projects, etc.</i>)

A Closer Look: ADAP, Medicaid, Food Stamps, and Food Bank

ADAP:

- Nutrition Counseling and Assessment visits are reimbursed through Article 28 providers when administered by a registered dietician or certified nutritionist using regional rates established through a pilot project conducted by the AIDS Institute.
- In 2008, 126 people in the NYC region had 178 nutrition visits at a cost of \$9,640.

Medicaid:

- Nutritional counseling only in the case of medical diagnosis or event; covered at clinic or threshold visit rate.
- ADHC Centers

Food Stamps:

- \$20 billion increase in federal food stamp allocation.
- NYC residents who are able and not working currently limited to three months.
- City University and others working to enroll all eligible New Yorkers.

Food Bank:

- Increase in food bank funding in NYS budget.

DATA: Overview

- More than 11,000 PLWHA received food and meal services in FY 2008 under the 10 NYC-based FNS contracts. During the same period, nutritional counseling was provided to nearly 2,500 clients.
- Percentage of budget spent on food varies between programs, however, programs spend an average of 20% of program budget on food.
- No consistent indicators or measurements across the category until recently (i.e., body weight assessment).
- Data from previous years not consistent and does not measure linkage to, or maintenance in, care. Additionally, confusion around reporting periods for PCSM impacted data quality of data collected.
- Scorecard for FNS category expected in March.
- Participants in the Consumer Focus Groups indicated low satisfaction with food and nutrition-related services.

2008 FNS Contract Data: A Snapshot

Service Type	Projected Units	Actual Units	Performance
Nutrition Counseling	2,482	3,323	138%
Nutrition Group Education	1,021	526	52%*
Pantry Bags	21,947	30,005	137%
Home-Delivered Meals	161,072	123,286	77%
Congregate Meals	69,530	103,836	150%

*Agency with highest projected units of *Nutrition Group Education* did not report any units of this service in 2008. After removing this agency from the service utilization data analysis, the performance rate of the remaining agencies is 105% for 2008.

2004 FNS Primary Care Status Measures: A Snapshot of Quality Management Program Data

- Review of Primary Care Status Measures from a sample* of FNS client charts revealed that:
 - 13% of clients reported visiting a PCP every six months; none of the 14 FNS programs had documented referrals for primary care made to clients who reported no visit.
 - 22% of all FNS clients in sample had documented viral load every six months.
 - 25% of all FNS clients in sample had documented CD4 count every six months.
 - 11% of FNS clients were reassessed for ARV status every six months.
 - 64% of FNS clients not on ARV had a documented viral load or CD4 test.
 - 42% of FNS clients who were not on ARV were eligible.

*The 2004 FNS program data presented in this slide is the most recent Quality Management Program data available.



FNS Program Models in Other EMAs

EMA	Congregate Meals	Food Bank	Food Vouchers	Home-Delivered Meals	Medical Nutritional Therapy	Nutritional Assessment	Nutritional Counseling	Nutritional Supplements
New York	X	X	X*	X		X	X	X
Baltimore		X		X				X
Boston	X	X	X	X		X	X	X
Dallas		X		X	X			
Houston							X*	
Los Angeles		X		X	X			
Miami-Dade		X		X			X	
San Francisco		X		X			X	
Washington, DC		X		X	X (only DC-based programs, not those outside of city)			X (only DC-based programs, not those outside of city)

Ranking of FNS Category by Planning Councils in Other EMAs

EMA	Category Rank
New York	Ranked #8 out of 13 total service categories.
Boston	Ranked #8 out of 11 total service categories.
Dallas	Ranked #1 out of 19 total <u>support service</u> categories (32 total service categories).
Houston	MNT ranked #7 out of 17 total service categories. Food Bank ranked #13 out of 17 total service categories
Miami Dade	Food Bank ranked #10 out of 16 total service categories. Home-Delivered Meals ranked #12 out of 16 total service categories.
San Francisco	Ranked #12 out of 26 total service categories.
Washington, DC	MNT ranked #9 out of 30 total service categories. Food Bank and Home-Delivered Meals ranked #10 out of 30 total service categories.

Best Practices: FNS HIV-Related

Many strategies have been implemented across various cohorts to identify optimal methods for implementing food and nutrition services to PLWHA. The following service model components were identified through review of the literature:

- 1. Nutritional screening and, if needed, intervention at the onset of HIV diagnosis;**
- 2. Food planning with a dietetic expert;**
- 3. Provision of supplemental nutrients, if applicable;**
- 4. Inclusion of functional biochemical parameters in the periodic evaluation of the client, if possible;**
- 5. Nutritional education; and**
- 6. Ongoing nutritional counseling.**



Best Practices: Part A-Funded NYC FNS Programs

Several best practices have been identified among Part A-funded NY EMA FNS programs, including:

- Nutritional assessment for all clients;
- Efforts to coordinate FNS and other services, including treatment adherence and harm reduction services; and
- Nutritional counseling and education provided by culturally and linguistically diverse staff members.

Best Practices: Non-HIV FNS models

Generally, models for meeting food and nutrition-related needs of non-HIV clients/patients contain similar components to those serving PLWHA. The literature reveals that:

- Early detection and treatment planning is key in preventing negative effects of inappropriate and/or inadequate nutrition.
- Symptom management through diet planning and supplements linked to treatment adherence for individuals living with cancer and COPD.
- Behavior change and skill building are effective in improving diet, physical activity levels, cardiovascular health, and health outcomes related to diabetes, cancer, and COPD.
- Self-management models helpful in management of chronic diseases, including diabetes, cardiovascular disease, and cancer.

Consideration #1: Care Coordination Model

- Important to discuss how FNS will function to support the new Care Coordination model and medication adherence.
- The NYC DOHMH HIV Care Coordination model combines elements of navigation and chronic care models to both train patients in becoming self-sufficient and to assist them in accessing needed care and services. Key strategies include:
 - Designation of a “medical home”
 - Interdisciplinary Team **PCP**→ team guide, **Care Coordinator (CC)**→ plan execution, **Navigator**→ patient guide in the community
 - Health Education & Promotion
 - ARV Adherence & DOT
 - Social Services and Benefits Assistance

How best can care coordination and food and nutrition services be linked?

Consideration #2: Current Economic Climate and Increased Need for Services

- Findings from the *2008 NYC Hunger Experience Report* show that 3.5 million city residents are concerned about needing food assistance during the next year.
- Bloomberg's 2009-2010 Budget includes a 50% reduction in a nutrition program that provides food and nutrition counseling to PLWHA (\$491,000 cut).
- The American Recovery and Reinvestment Act, signed by President Obama on February 17th, will provide support to the following nutrition assistance programs:
 - SNAP (food stamps) = \$20 billion
 - Emergency Food and Shelter \$100 million
 - Senior Nutrition Programs (\$100m); Women, WIC (\$500m); National School Lunch Program (\$100m); and The Emergency Food Assistance Program (\$150m)

How do we best address the food and nutrition needs of PLWHA in NYC in light of the current economic climate?

CTHP Recommendations

1) **Components of current FNS model are consistent with literature and program models in other EMAs. However, current model should be updated based on:**

- a. Reassessment of current service category definition;*
- b. Best practices;*
- c. Consumer focus group findings and data from Client Satisfaction Surveys; and*
- d. Provider input.*

CURRENT FNS MODEL

Food and Meal Services:

1. Home Delivered Meal Programs
2. Congregate Meal Programs
3. Grocery/Pantry Bags
4. Food Voucher

Nutrition Services:

1. Initial Nutritional Screening
2. Nutrition Assessments and Reassessments
3. Nutritional Counseling
4. **Bioelectrical Impedance Analysis (BIA)**
5. **Meal Orientation**

General:

1. Follow-up encounters
2. Support groups

Characterizing the need for FNS

- What is the population need for food and meals?
- What is the population need for professional nutrition services?
- Can congregate food programs function as a gateway to care?

Food, Meal, and Nutritional Services WITH Care Coordination Program

1. **Food security and nutritional screening** (administered during client intake and assessment at medical home)



2. **Food and/or Nutrition Treatment Plan Developed** (Services in treatment plan selected from menu of *Food and Meal*, and *Nutrition Services* listed below; client must meet eligibility requirements for each service in plan). Plan developed with overall care coordination plan in mind by FNS provider agency; nutrition treatment ordered by PCP and CC and Navigator work with client to ensure adherence.

Food and Meal Services:

- a. Home Delivered Meal Programs
- b. Congregate Meal Programs
- c. Grocery/Pantry Bags
- d. Food Voucher

Nutrition Services*:

- a. Comprehensive Nutritional Screening
- c. Nutritional Counseling (if eligible)
- b. Nutrition Reassessments

3. **A resource list containing community food and nutrition services provided to the client.**

*If part of nutrition treatment plan, then: **BIA* and/or Meal Orientation**



Agencies Providing Food and Meal Services Only

1. **Food security and nutritional screening** (administered during client intake and assessment)



2. **Food and Meal Services Planning**

(long and short term; one or a combination of the following services):

- *Home Delivered Meal Programs
- *Congregate Meal Programs
- *Grocery/Pantry Bags
- *Food Voucher

3. A resource list containing community food and nutrition services provided to the client.



4. If client in need of nutritional services, referred to agency providing these services.

Agency providing Nutritional Services

Agencies Providing Nutritional Services Only

1. Food security and nutritional screening (administered during client intake and assessment)



- 2. Comprehensive Nutritional Screening
- 3. Nutrition Treatment Plan
- 4. Nutritional Counseling
- 5. Nutritional Group Education
- 6. A resource list containing community food and nutrition services provided to the client.
- 7. Nutrition Reassessment (as needed)



8. If client in need of food and meal services, referred to agency providing these services.

Agency providing Food and Meal Services

If part of nutrition treatment plan, then: BIA and/or Meal Orientation



Resource Allocation

While the percentage of total program budget spent on different services varies widely across FNS programs, the breakdown below provides a general idea of how funds were allocated in 2008.

Food and Meals

~20% → ?

Professional Nutrition Services

~60% → ?

Care Coordination and Infrastructure

~20% → ?

CTHP Recommendations, cont.

2) Develop standardized protocol for a service model that includes:

- a. Standardized eligibility requirements;
- b. Standardized screening and assessment tools;
- c. Guidance on linking FNS programs to other services;
- d. Explicit guidance on capturing client-level data;
- e. Guidance on organizational/personnel structure;
- f. Information on working with volunteers and/or student interns; and
- g. Standardized compendium of interventions and curricula.

CTHP Recommendations, cont.

- 3) Training opportunities should be offered to FNS providers.
- 4) The incorporation of standardized nutritional assessment into intake processes for other Part A programs for referral should be considered.
- 5) Efforts should be made to link FNS programs with other citywide programs and initiatives.



Questions?