

A community health dietetic service for group homes: Review and reflections

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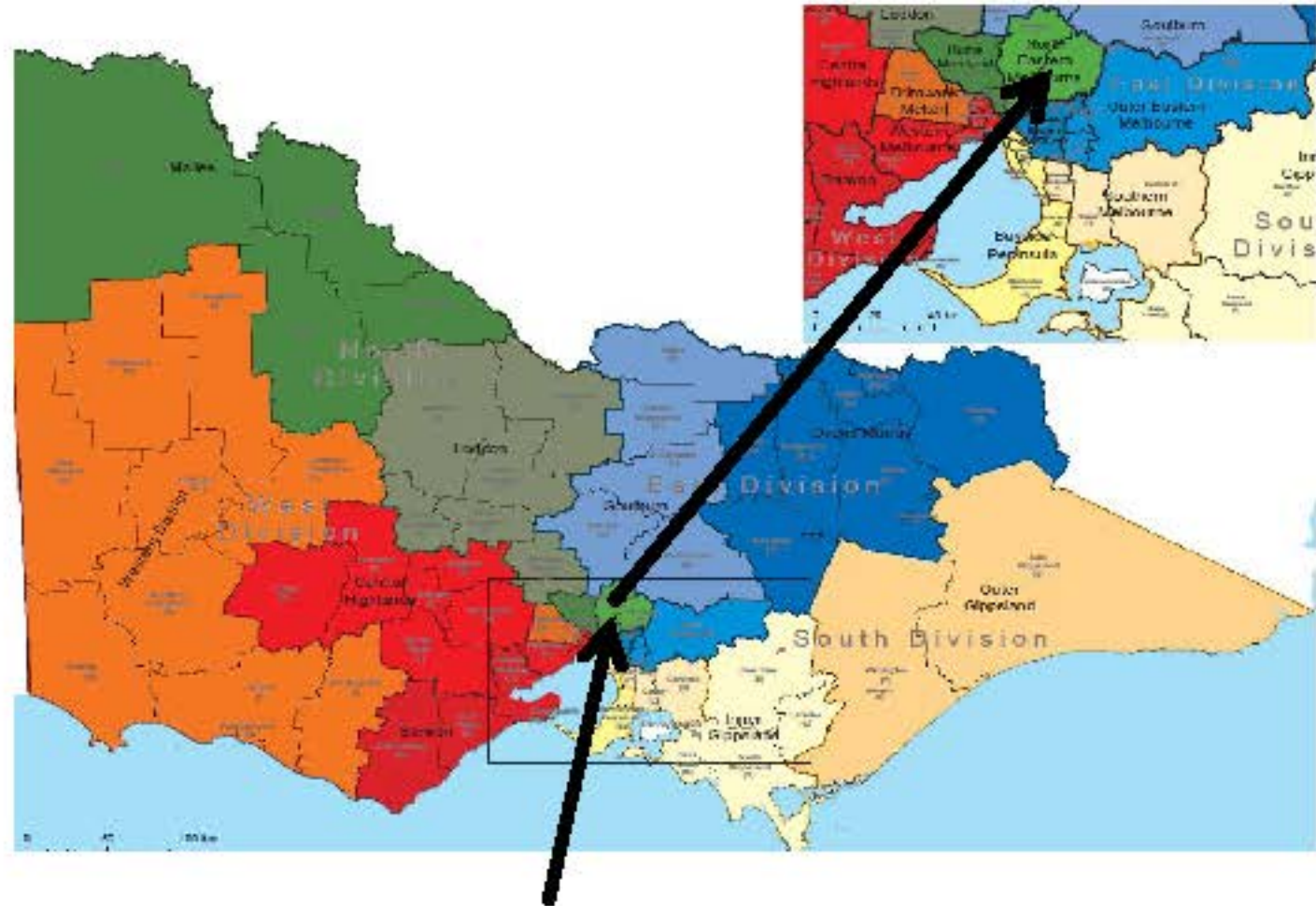
Acknowledgements

- Michelle Livy, HACCC Dietitian
- Dietetics Unit, Your Community Health
- Group Home residents and managers
- Ellen Harris and Rhiannan Cheng
- DAA Disability IG Committee Members

Your Community Health, Victoria (previously Darebin Community Health)

- Government funded medical, dental, allied health & public health programs
- Social model of health
- Rapidly changing landscape of funding → from HACCC to NDIS/CHSP
- People with mental or physical disability are a priority population

CHSP: Commonwealth Home Support Program



Group Homes

- Residential facilities for people with developmental disability
- Considered a home - healthcare is provided in the community
- Now operated by Vic DHHS or not-for-profit organisations
- Under *Disability Act 2006*:

“Ensure there is a balance between the rights of a person and the safety of all people living in the residential service”

Dietetics service – Development and Implementation

- Transfer of HACCC funding
- Service development in line with social model of health
 1. Individual dietetics advice (home visit) – varying clinical complexity
 2. Nutrition education to staff
 3. Health promotion activities to engage residents – based on learning needs



Review of Service

Aim: Review the implementation of Your Community Health dietetic services to group homes

Objectives:

- a) What is the scope of the dietetic service we can offer?
- b) What are the facilitators and underlying barriers to evidence-based practice?
- c) Is there a suitable model of care to address gaps whilst considering funding changes? And if so, what?

Methods

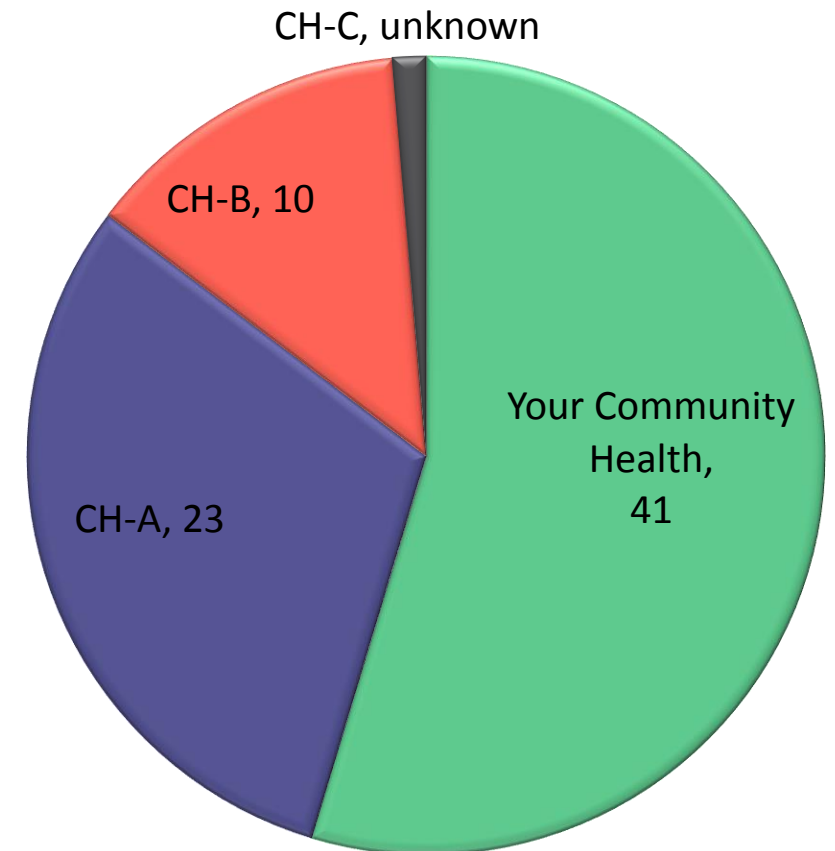
1. Review of Literature
2. Workload review
3. Survey and interviews to group home staff
4. Expert opinion
5. Benchmarking with other community health settings

Results

Over a 12 month period:

- Increasing number of new referrals; long episode of care
- Requests beyond service capacity
 - E.g. menu planning, care coordination
- Addressing implementation in the whole home rather than focus of client in the absence of policy
- Time and complexity – disability specialist

Benchmarking
with neighbouring Community Health organisations
(Number of Group Home clients)



Facilitators

- Relationship with staff was crucial for implementation

83% staff reported increased nutrition knowledge due to current dietetics services

“Really good education for staff - helps to inform well-balanced menu plans for residents”

“Having the dietitian as part of the staff and available to continue the conversation and support is essential. It has kept us all on track and helped all involved to be invested in what it takes to promote healthy eating”

Barriers

Your Community Health

- Menu planning is currently out of scope of practice

“What I think is beneficial for the residents; or the next person thinks is beneficial [differs]... I think that’s where we really need some training”

Group homes:

- No nutrition policy- Staff training inconsistent across homes
- Variation in food and cooking knowledge/skills
- High staff turnover
- Multiple staff/agencies involved
- Hungry for support

Limitations of this review

- Convenience sampling - surveys limited to groups homes known to service only
- Small sample size and limited quantitative analysis
- Challenge to seek direct feedback from residents and using carers as a proxy

Reflections and Conclusions

“People living in residential care have the same right to good nutrition as the rest of the population”

- Community level evidence of significant service and funding gap
- Health or Disability?
 - Goes beyond individual NDIS service agreements
- Vulnerable population group that need a specialist service
 - What does this look like in a community health setting?
- Call to action as a profession

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