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



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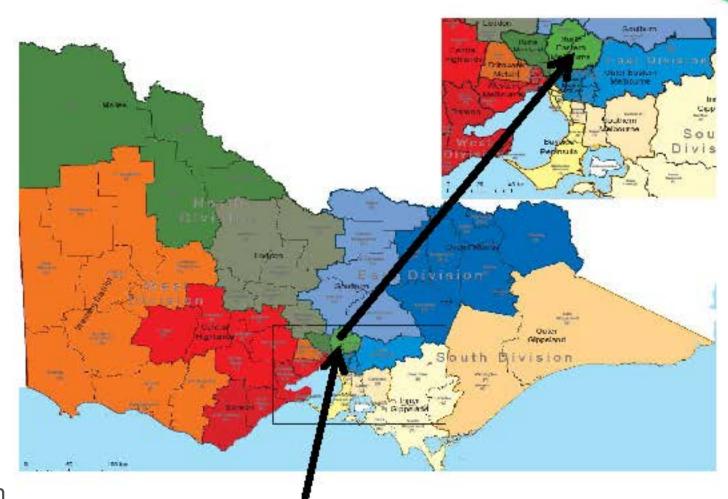
# **Acknowledgements**

- Michelle Livy, HACC 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 HACC to NDIS/CHSP
- People with mental or physical disability are a priority population



CHSP: Commonwealth Home Support Program

# **Group Homes**



- Considered a home healthcare is provided in the community
- Now operated by Vic DHHS or not-for-profit organisations
- Under Disability Act 2006:

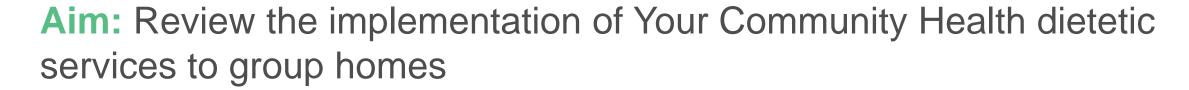
"Ensure there is a balance between the rights of a person and the safety of all people living in the residential service"

# Dietetics service – Development and Implementation

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



#### **Review of Service**



# **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**

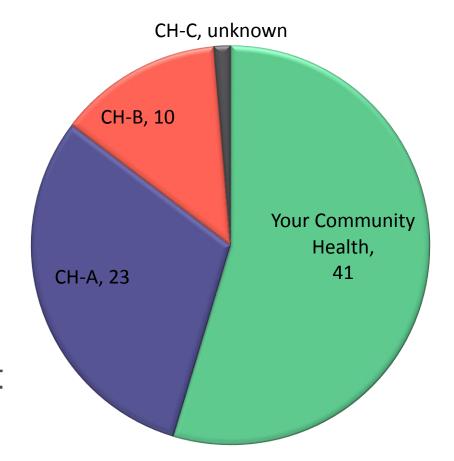
- 1. Review of Literature
- 2. Workload review
- 3. Survey and interviews to group home staff
- 4. Expert opinion
- 5. Benchmarking with other community health settings

#### 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





### **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**



- 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

#### Ju-Lin Lee

Clinical Leader – Dietetics/Diabetes Education and Child Youth & Family Dietitian

# **Michelle Livy**

Dietitian – Older Adults Program



