

NAPIS Data and Nutrition Programs

Strategies to increase statewide
collection of annual NAPIS and
Nutrition Risk Screening data

June 13, 2018



Today's webinar

- Today's focus: strategies to increase collection of required nutrition program data
 - Brief review of requirements for data for congregate & home-delivered meal
 - Guidelines for asking people to share personal information
 - Strategies AAAs are using to collect data
- Future training: Oregon ACCESS logistics to report and access data

NAPIS Data

- NAPIS – National Aging Program Information System
- AAAs are required to collect and report data in Oregon ACCESS client database.
- SUA is required to submit data annually in a State Program Report (SPR).

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NAPIS Data – why collect it?

- Requirement of Older Americans Act
- Allows AAAs, state, and federal partners to demonstrate who is being reached.
 - Those in greatest need (ADL/IADL, nutrition risk); rural vs. urban; age and race/ethnicity
 - Nutrition program goals of reducing hunger and food insecurity; promoting socialization; and promoting the health and well-being of older adults.
- Risk screen can inform nutrition education and interventions.
- Use to leverage funding / promote programs

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Data for Nutrition Programs

- Congregate and Home-Delivered Meals
 - NAPIS data must be collected initially and updated annually for each participant.
 - For HDM clients, NAPIS data must include Activities of Daily Living and Instrumental Activities of Daily Living.
 - Nutrition Risk Screening (using the Determine screening questions) must be completed initially and updated annually for both congregate and HDM participants.
- NAPIS form and Nutrition Screening form are on the SUA website



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Oregon Department of Human Services Aging and People With Disabilities

NATIONAL AGING PROGRAM INFORMATION SYSTEMS (NAPIS) REGISTRATION FORM

Welcome! We're glad you're here. Would you help us by telling us a bit about you? Services are funded in part by the Older Americans Act, a federal program since 1965. Annually we report demographics of participants. All information is confidential - we do not report personal information - only age, gender, race, zip code, poverty etc.

Section 1 – Tell us about YOU

Last: First: MI: Phone #:

Male Female Date of Birth: # in Household: 1 2 3 or more

Street address: City: Zip:

Mailing address: City: Zip:

MONTHLY HOUSEHOLD INCOME

HH=1: \$1,012 or below \$1,013 or above
 HH=2: \$1,372 or below \$1,373 or above
 HH=3: \$1,732 or below \$1,733 or above
 HH=4: \$2,092 or below \$2,093 or above

RACE select all that apply

Amer. Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific
 White
 Unknown - some other race

ETHNICITY

Hispanic/Latino
 Not Hispanic/Latino

Section 2 – In case of an emergency - please contact (Optional information)

Contact Name 1: Phone #:

Child Spouse Friend Grandchild Other Family Neighbor Not Related

Contact Name 2: Phone #:

Child Spouse Friend Grandchild Other Family Neighbor Not Related

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Complete Sections 3 - 5 if you participate in a nutrition or in-home service

Section 3 – Nutritional data (Please check all that apply)

I have an illness/condition and had to change the kind and/or amount of food I eat.
 I eat fewer than 2 meals per day.
 I eat few fruits, vegetables or milk products.
 I have 3 or more drinks of beer, liquor or wine almost every day.
 I have tooth or mouth problems that make it hard for me to eat.
 I don't always have enough money to buy the food I need.
 I eat alone most of the time.
 I take 3 or more prescribed or over-the-counter drugs a day.
 Without wanting to, I have lost or gained 10 pounds in the last six months.
 I am not always physically able to shop, cook and/or feed myself.

Section 4 – Activities of Daily Living* and Instrumental Activities of Daily Living

Please mark **I** - Independent **A** - Assistance needed **D** - Dependent on helper

Bathing*	Behavior *	Dressing*
Eating*	Elimination/Toileting*	Mobility/Walking*
Personal Hygiene/Grooming*	Transferring*	Food Preparation
Heavy Housework	Housekeeping	Managing Finances
Medication Management	Shopping	Taking Medication
Using Telephones	Using Transportation	

Section 5 - Special Diet Needs (Check all that apply)

Bland Clear Liquid Dairy Free Diabetic High Calorie
 High Fiber High Protein Kosher Liquid Low Calorie
 Low Carbohydrate Low Cholesterol Low Fat Low Fiber Low Sodium
 Low Vitamin K Nasogastric Feeding Renal Soft Supplements
 Thickened Liquid Vegan Vegetarian Gluten free Other

Do you have information or comments you'd like to share?

Oregon Department of Human Services

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The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's –

- 0-2 **Good!** Recheck your nutritional score in 6 months.
- 3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more **You are at high nutritional risk.** Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:


ADRC
Aging and Disability
Resource Connection
of OREGON

The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007
 The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

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of Human Services

Collecting Data

Nutrition providers should make every effort to obtain the required NAPIS and Nutrition Risk data from each participant.

AND

Participants who decline to provide information cannot be denied service.

- Each AAA should have policies or procedures for collecting and reporting data. For home-delivered meals, AAAs should also have procedures to ensure review the nutrition screening checklist and make appropriate referrals if participants score at a high risk.

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Collecting Data – Overall Guidance

- Ensure confidentiality
- Explain why data is collected
- Make sure staff and volunteers are on board
- Have a clear system/procedure in place, and problem-solve challenges

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Collecting Data – Oregon HDMs

Oregon Nutrition Program participants (2016-17):

- 13,458 home-delivered meal participants

ADL & IADL needs (Oct. 2016 – Sept. 2017)

	HMD (2016-17)	
1 ADL	3,383	25%
2 ADLs	1,617	12%
3+ ADL needs	2,535	19%
1 IADL	439	3%
2 IADLs	563	4%
3+ IADL needs	8,232	61%

Activities of Daily Living (ADLs)
examples:
bathing, eating, dressing

Instrumental Activities of Daily Living (IADLs)
examples:
housekeeping, food preparation, managing finances

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3+ IADL needs	8,232	61%

Over 2,000 participants (16%) with missing data

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Collecting Data – Oregon Nutrition Risk Screening

Oregon Nutrition Program participants (2016-17):

- 25,601 congregate meal participants
- 13,458 home-delivered meal participants

Nutrition risk screening:

Oregon Responses July 2016- June 2017	Congregate	HDM
I eat fewer than 2 meals per day.	9%	24%
I have tooth or mouth problems that make it hard for me to eat.	9%	26%
I don't always have enough money to buy food I need.	16%	37%
I eat alone most of the time.	36%	60%
I take 3 or more prescribed or over-the-counter drugs a day.	48%	84%
I have an illness or condition and have had to change the kind and/or amount of food I eat.	18%	48%

Collecting Data – Oregon Nutrition Risk Screening

Oregon Nutrition Program participants (2016-17):

- 25,601 congregate meal participants
- 13,458 home-delivered meal participants

50% of congregate participants; and over 14% of HDM participants are missing data

Nutrition risk screening:

Oregon Responses July 2016- June 2017	Congregate	HDM
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I have tooth or mouth problems that make it hard for me to eat.	9%	26%
I don't always have enough money to buy food I need.	16%	37%
I eat alone most of the time.	36%	60%
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I have an illness or condition and have had to change the kind and/or amount of food I eat.	18%	48%

Collecting Data – Oregon Missing Data

Oregon SPR 10/1/16 - 9/30/17	Statewide		Individual AAAs	
	Number	%	Most Complete	Most Missing
Congregate participants	25,601			
Missing age	17,342	68%	0%	81%
Missing gender	8,353	33%	1%	81%
Missing rural	9,036	35%	0%	82%
Missing poverty	15,464	60%	0%	85%
Missing living alone	13,238	52%	0%	85%
Missing ethnicity	14,040	55%	6%	86%
Missing race	10,768	42%	6%	83%
HDM participants	13,458			
Missing age	606	5%	0%	47%
Missing ADLs	2,099	16%	0%	56%
Missing gender	691	5%	0%	43%
Missing rural	754	6%	0%	43%
Missing poverty	3,343	25%	0%	63%
Missing living alone	2,032	15%	0%	63%
Missing ethnicity	3,813	28%	3%	81%
Missing race	1,948	14%	2%	52%

Collecting Personal Information



But...



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Get comfortable – Be confident

- Asking personal questions can feel uncomfortable, but it is essential for the survival of these programs.
- Present these questions with confidence and know why the information is important.
- Practice scripting.
- Don't apologize – be confident and explain why it is required if necessary.
- It's optional for **them** - not for you.

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Helpful Scripting

- “Here is a form we ask everyone to fill out once per year so that we can continue providing this service.”
- “These are standard questions we ask all of our visitors. They help us show that we are doing good work and help us learn more about the needs of our community”
- “If you’d prefer not to answer a question, you can skip it, but please do what you can. It really helps us keep this program running.”

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Sharing of What’s Working

- Community Action Team – Juliann Davis
- Douglas County Senior & Disabilities Services – Sandy Williams
- Lane Council of Governments Senior & Disabled Services – Sandy Karsten
- Washington County Disability Aging & Veterans Services – Jeanie Butler

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Lane Council of Governments – Café 60

Cafe 60 Registration – FY 17/18

Form 01

Name: _____ Today's Date: _____
last first middle

Phone (home): _____ (work): _____ Sex: M F

Street Address: _____ Birth Date: _____
 City, State, Zip: _____ SS#: _____

Mailing Address (if different): _____
 E-mail Address: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown
 Race: White Asian Black/African American American Indian/Alaska Native
 Native Hawaiian or other Pacific Islander 2 or more races Other Unknown

Emergency Contact: _____ Relationship: _____
 Home Phone: () _____ Cell Phone: () _____
 Mailing Address: _____ City, State, Zip: _____
 E-mail Address: _____

Please do not send this person information about our program.

Emergency Contact: _____ Relationship: _____
 Home Phone: () _____ Cell Phone: () _____
 Mailing Address: _____ City, State, Zip: _____
 E-mail Address: _____

Please do not send this person information about our program.

Diet: Diabetic

This information is confidential and is not used to determine eligibility for meals.
 Your answers are appreciated because this information helps document the need for funding this program.
 Thank you for your help!

Determine Your Nutritional Health (check the responses that match your eating habits):

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

Cafe 60 Dining Room Location: _____
 Program: Group Meals SMP6-16

Number in Household:
 One income: Below \$1,000/mo. \$1,000-\$1,250/mo. \$1,251-\$2,010/mo. \$2,011-\$3,015/mo. Over \$3,016/mo.
 Two income: Below \$1,353/mo. \$1,354-\$1,692/mo. \$1,693-\$2,707/mo. \$2,708-\$4,060/mo. Over \$4,061/mo.

Lane Council of Governments – Café 60

Cafe 60 Registration – FY 17/18

Name: _____ Today's Date: _____
last first middle

Phone (home): _____ (work): _____ Sex: M F

Street Address: _____ Birth Date: _____
 City, State, Zip: _____ SS#: _____

Mailing Address (if different): _____
 E-mail Address: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown
 Race: White Asian Black/African American American Indian/Alaska Native
 Native Hawaiian or other Pacific Islander 2 or more races Other Unknown

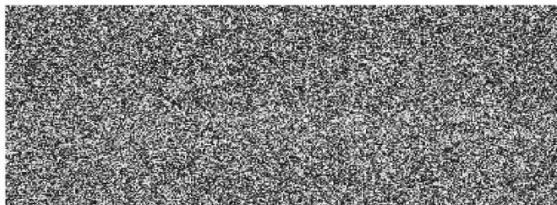
Emergency Contact: _____ Relationship: _____
 Home Phone: () _____ Cell Phone: () _____
 Mailing Address: _____ City, State, Zip: _____
 E-mail Address: _____

Please do not send this person information about our program.

Emergency Contact: _____ Relationship: _____
 Home Phone: () _____ Cell Phone: () _____
 Mailing Address: _____ City, State, Zip: _____
 E-mail Address: _____

Please do not send this person information about our program.

Diet: Diabetic



Cafe 60 Dining Room Location: _____
 Program: Group Meals SMP6-16

Questions?

Thank you!

**This webinar and powerpoint will be posted to the
SUA website Training section – within a few days.**

[www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/AAA-
Training.aspx](http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/AAA-Training.aspx)

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