The Role of the Dietitian in the Prevention of Obesity and Chronic Diseases in Individuals with Disabilities Living in Group Homes in California

I. Obesity and Chronic Disease in Adults with Intellectual and Developmental Disabilities (IDD)

The Centers for Disease Control and Prevention estimated in 2018 that close to 74% of the general U.S. population over the age of 20 was either overweight or obese ("FastStats", 2021). According to National Core Indicators (NCI) survey data from 2018, 62% of Californians with intellectual and developmental disabilities (IDD) are overweight or obese, making them more susceptible to developing multiple comorbidities or other serious chronic diseases. Whatsmore, it has been noted that obesity costs the U.S. healthcare system $147 billion each year ("Health and Economic Costs of Chronic Diseases", 2021).

Individuals with IDD have additional risk factors that make them more susceptible to weight gain, such as the use of appetite-altering psychotropic medications, syndromes that may increase risk for weight gain, physical limitations, and disordered eating habits (Gronhuis and Aman, 2013). The highest prevalence of obesity exists among women with IDD, those with Down syndrome, those with "mild" IDD, as well as those living independently or with family members as opposed to in a more supervised environment where dietary guidance is offered (Stancliffe et al., 2011; Humphries et al., 2009).

Unpublished data shows the prevalence of overweight and obesity to be only 41% in individuals with IDD residing in group homes in Southern California that employ the services of a Dietitian (Brennan et al., 2021). This percentage is significantly lower than the US population (74%) and individuals with IDD (62%). The purpose of this policy brief is to address the protective factors, namely the prevention of overweight and obesity and the provision on optimum nutrition, provided by Registered Dietitian Nutritionists (RDNs), required consultants in California group homes serving those with IDD; and to provide recommendations for practice.

Ib. Individuals in Group Homes

Group homes in California are classified as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD), and are licensed by the California Department of Public Health as either ICF/DD-H (Habilitative) or ICF/DD-N (Nursing). In order to obtain and maintain licensure, group homes must operate according to Title 22, California Code of Regulations, Code of Federal Regulations, and additional guidelines set forth by their particular local, state, or federal funding agencies. Group homes typically house six individuals and provide 24-hour services and supervision by paraprofessional staff managed by a community-based service agency. For individuals with IDD in California who

are Regional Center (RC) clients, as defined by the Lanterman Developmental Disabilities Act, additional oversight is provided for each individual by a RC Service Coordinator.

II. Role of the Dietitian in Group Homes

In 2002, the U.S. Surgeon General deemed the improvement of nutrition for adults with IDD a national priority (Humphries et al., 2009). Nutrition services play a key role in comprehensive care for individuals with IDD and special healthcare needs. These services should be interdisciplinary, family-centered, community based, culturally competent, and lifelong in order to promote wellness, improve quality of life, maintain good health, and reduce risk and cost of comorbidities and complications (Ptomey & Wittenbrook, 2015).

The RDN plays a key role in ensuring the quality and effectiveness of nutrition services in group homes. Among their responsibilities, RDNs recommend foods to meet special dietary needs, develop individualized meal plans, create appropriate menus, recommend diet orders, and conduct assessments and client evaluations. California is one of 11 states that requires a Dietitian Consultant in group homes in order to maintain licensure (Humphries et al., 2012).

Dietitians ensure dietary standards are being met according to the guidelines set forth by the group home funding agencies, and that dietary intake is appropriate and individualized (Wellington, 2019). This includes setting portion size ranges according to the individuals' needs, as well as encouraging consumption of fruits, vegetables, whole grains, and fiber, while regulating consumption of saturated fats, simple sugars, and "junk foods" (Humphries et al., 2009). If the group home is receiving federal funding, the USDA nutrition guidelines should be met.

Dietitians also provide nutrition education and training for group home staff in order to promote practical improvements in nutrition knowledge and to encourage positive changes in food choices, all to more consistently provide a diet that aligns with the USDA nutrition guidelines (Rocchi, 1996). Whatsmore, these factors all contribute to better nourishment of individuals with IDD living in group homes, improving their health and wellbeing, as well as combating weight gain, preventing chronic disease, and reducing obesity risk.

III. Existing California State Regulations

Group homes must abide by the requirements set forth in the California Code of Regulations, Title 22, California Health and Safety Code, as well as other state and federal guidelines determined by the funding sources. Although California does require professional oversight by a licensed nutritionist, dietitian, home economist, or physician in menu preparation under CA Title 22, the overlap of regulatory guidelines from different agencies adds to a general lack of clarity and consistency in policy, regulations, and guidelines pertaining to diet adequacy in group homes.

IV. Call to Action and Policy Recommendations

Dietitian Education on Providing Nutrition Service in Group Homes

Improved dietitian education addressing screening, assessment, menu development and recipes with special dietary modifications is needed, given the unique needs of the population and addressing state and federal requirements for services and reimbursement. Many RDNs working in group homes have not received specialty training to work with individuals with IDD (Humphries et al., 2012). The Academy of Nutrition and Dietetics practice groups, Behavioral Health Nutrition (BHN) and Dietetics in Health Care Communities (formerly Consultant Dietitians), do provide some continuing education training. However, there are no state or federal training requirements for Registered Dietitians working in group homes.

Assure Registered Dietitians Are a Member of the Group Home Team

All group homes should be required to have a Registered Dietitian that would assure a) ongoing client screening and assessment, b) use of standardized menus and recipes, c) staff is properly trained on food safety, meal planning and preparation, and portion sizes, d) height, weight, and length measurements are taken using consistent best practices, e) basic nutrition and modified diets follow the USDA nutrition guidelines.

Include Nutrition as a Component of Group Home Staff Training

Caregiver enhanced nutrition training could be a requirement set forth by the California Department of Developmental Services for California group home providers. Current group home provider training primarily focuses on food safety and sanitation. Good dietary practices and appropriate caregiver education have been shown to have positive health effects. It is recommended that existing training curricula for group home providers place more emphasis on enhancing the importance of wellness and prevention of chronic disease development.

Data Collection and Future Research

Future research must focus on early identification and prevention of obesity through assuring nutrition adequacy and avoiding excessive caloric consumption, including large portion sizes, sugar sweetened beverages, lack of exercise and excessive snacking. This can only be achieved through regular individual screening and assessment as well as diet counseling if excessive weight gain is identified. Nutrition education for all those involved in the ongoing care of individuals with IDD with a prevention and wellness focus is needed. The alarming rate of obesity among individuals with IDD, highlighted in the NCI report, and the risk obesity presents for future chronic conditions associated with obesity (e.g., diabetes, cardiovascular disease, cancer, hypertension), as well as the resulting cost of

additional services due to chronic disease, provide compelling evidence to support the need for additional nutrition services for this population.

Future CA-LEND Project Should Focus on Training and Education for Families, Individuals, and Other Care Providers

There is a large unmet need for nutrition training of family members, individuals or self-advocates, as well as support staff and Regional Center Service Coordinators. Education should include information and resources on healthier alternatives to popular food items, reading food labels, portion sizes, cooking techniques, culturally appropriate recipes for special dietary needs, tips for texture modification, grocery shopping, food budgeting, etc. For individuals with IDD living independently and self-advocates, training could be implemented as part of the Day Program services or as part of the Independent Living Skills (ILS) program. For parents and families, this information can be disseminated through the Family Resource Centers and support groups, such as CPAD and Fiesta Educativa.

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