



Medical Nutritional Therapy

2012 Service Area Review Summary

HRSA Core Medical Service

Essential Service—Continuum of Care

Comprehensive Plan—YES

Medical Nutritional Therapy - The provision of nutritional services and therapy by a licensed registered dietitian outside of a primary care visit. The service may include the provision of food and nutritional supplements pursuant to a physician's recommendation and a nutritional plan developed by a licensed registered dietitian. **NOTE:** Nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service under the Ryan White HIV/AIDS Program. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian also shall be considered a support service—Food Bank/Home Delivered Meals.

There are currently 5 contracts with metro providers and 0 contracts with greater MN providers to serve 284 clients in the TGA and 48 clients in Greater MN..

DATA SUMMARY HIGHLIGHTS

Prior to 2010, this service area was ranked by the Planning Council as a service activity within the Outpatient/Ambulatory Medical Care service area. In addition, the method of service delivery was changed in 2008 requiring a dietitian consultation rather than a prescription from a physician.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 82% of the 515 respondents indicated that they had not accessed medical nutritional therapy services within the past year. Of those who had not accessed medical nutritional therapy services in the past year (n=423), thirty-nine people (9%) indicated that they needed to access medical nutritional therapy. The main barriers or reasons listed by those thirty-nine people who needed to but were unable to access medical nutritional therapy services during the past year included unaware of how/where to access service (17), time consuming (5), did not ask for help (5), wait for appointment too long (3), transportation (2), do not want to go to a dietitian (2), and dietitian not helpful.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, respondents were also asked if they had obtained medical nutritional supplements with % (n=402) of the respondents indicating that they had not done so during the past 12 months. Of those who had not obtained medical nutritional supplements during the past 12 months, 35 respondents indicated that they needed to do so but experienced barriers in the process. The main barriers to obtaining medical nutritional supplements included unaware how to access/ didn't ask (11), Could not afford/had to pay out of pocket (9), told I did not need them (4), cumbersome process/red tape (4), and transportation.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 55% of the respondents (n=538) indicated that they had NEVER talked to a nutritionist/dietitian about how to improve their diet to meet their dietary requirements. Twenty-seven percent (27%) indicated that they had been prescribed nutritional supplements in the past 12 months and 22% indicated that they had used nutritional supplements as a food replacement to make food last longer.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 4% of the respondents (n=549) indicated that their dietary and nutritional needs were being met not at all (1%) or poorly (3%). Thirty-four percent rated their diet/nutritional needs as begin met only fairly (15%) or adequately (19%). Fifty-seven percent of respondents said their nutritional needs were being met well (38%) or completely (19%).

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
14 out of 26 service areas	19 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$193,300	(<1%)		
2010	\$195,000	0%	\$129,928	67%
2009	\$195,000	50%	\$220,583	113%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	365	5% (n=6,814)	9% (n=4,131)
2009	461	7% (n=6,552)	12% (n=3,700)
2008	352	6% (n=6,221)	7% (n=4,713)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=515)		
Accessed Service in last 12 Months - n=92 or 18%	Did NOT Access Service in last 12 months - n=423 or 82%	
	Did not Need service n=384	Needed service, but unable to access n=39
	91%	9%



Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—
Continuum of Care

Comprehensive Plan—
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%