Promoting Nutrition and Health for Home Bound Seniors

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Common Reasons Leading to Poor Nutrition in HB Seniors

- Appetite, and the ability to digest food go down with age
- Health problems like diabetes, heart disease and other chronic conditions lead to increased medication use which can reduce appetite
- For those who live alone, isolation from others leads to depression and lack of appetite
- Dental problems including poor fitting dentures, painful gums, difficulty chewing or swallowing add to the problem
- Mobility problems plus limited ability to shop or cook, lead to eating only a few foods, and less nutrition.
Many older and home-bound seniors have at least one chronic health condition. Those with digestive problems cannot tolerate many types of food or amount of food. Medications can cause difficulty digesting food and interest in eating, leading to malabsorption. This can lead to eating a lot of one type of food, leading to poor nutrition, weight loss or too much weight gain. A home bound senior can be overweight or underweight and have malnutrition.
Challenges faced by HB Seniors

- Memory loss - forgetting it is time to eat
- Reduced sense of taste, dry mouth
- Reduced sense of thirst - leading to dehydration
- Difficulty digesting and absorbing food
- Effect of medications - that lead to loss of appetite, altered taste in the mouth, reduced appetite
- Lack of proper nutrition leads to malnutrition
Some Warning Signs of Malnutrition

- Eating poorly, lack of appetite
- Chewing and swallowing difficulties, poor dental health
- Taking multiple medicines,
- Unplanned weight loss
- Fatigue
- Muscle weakness
- Feeling irritable or depressed
- Increased illness or infection
- Recent discharge from hospital stay
Health Risks Often found in HB Seniors

- Depression - often unrecognized
- Excessive use of alcohol at home
- Reduced social contact for home-bound
- Being a care giver for a senior partner
- Impact of special diets - fear of eating certain foods or a diet they are supposed to follow
- Imposing food restrictions for a meal plan that may not be necessary
IMPACT OF MALNUTRITION ON HEALTH

- Feeling tired, weak, muscle weakness
- Problems with heart, lungs, digestion
- Immunity goes down, risk of pneumonia
- Skin breakdown, bruises, sores
- Low red blood count → anemia
- Too much weight loss or gain
- Malabsorption of essential nutrients
- Increased risk of falling, fractures
Maximizing Nutrition for HB Seniors

- Home bound seniors need food that provides more nutrition and less calories.
- Home bound seniors have reduced ability to digest food and absorb the nutrition from the food.
- Chronic health conditions increase difficulty in digesting food.
- Protein from lean meats, fish, beans, eggs provide good nutrition with less calories.
- Fruits and vegetables are very critical to their diet.
Possible Actions You Can Take

- Start by getting to know the person/s who know the seniors well:
  - Family members, food delivery person, health care worker, doctor, friends
- Ask them how the senior is doing with his/her meals throughout the day
- Ask if the senior is satisfied with the HDM or are they wasting the food
- Ask if the senior has lost weight, has new health problems, lacks money for food, other concerns
- Are their Diet Orders current?
Understanding the Home Situation

- Does the senior seem comfortable preparing simple meals on their own?
- Does someone bring food for them if they are not able to go shopping?
- Do they understand food labels & cooking instructions?
- Are they able to use the cooking appliances in their home in a safe and efficient manner?
- Are all their appliances working well?
Do they get any regular physical activity?

- Can a health care worker provide help for the senior to get Physical Therapy in the home?
- Does the senior do any physical activity on a regular basis?
- Lack of physical activity leads to muscle loss, bone loss - leading to increased risk of falls and fractures.
- Good quality protein including dairy foods are needed to try and prevent this loss.
POLLING QUESTION

- Do you get information about the senior’s home situation from your delivery person, family member or other care providers?
  - Yes
  - No
How Do Seniors handle the Home Delivered Meals?

- Do all HB seniors understand how soon they should eat the meal that is delivered to them?
- Do they refrigerate or freeze meals in time if they are not able to eat them in a timely way?
- Are they using the HD meals that they have frozen or are they piling up in the freezer?
- Are they avoiding eating them for fear of running out of food?
- Can the meals be left with a neighbor if they are not home?
If Utensils are a Problem to Handle

- Offer Finger Foods:
  - Baked chicken nuggets
  - Cheese/meat roll ups
  - Bite-size sandwiches
  - Meatloaf cut into sticks
  - Fish cakes
  - Zucchini bites
  - Quesadillas
  - Apple-cheese wedges
If Money to buy food is a problem

- The Senior Nutrition Program cannot solve all problems, but you can provide information for other resources and help them to apply.
- Money for food - SNAP, CSNP, private $$
- SNAP is the most effective program to help with food costs for seniors
Conduct Annual Nutrition Screening on all HB seniors

- Have a staff person visit the senior
- Work with senior to fill the Nutrition Screening Form - DETERMINE
- If the score is 6 or higher - consult their doctor or contact the dietitian
- Note which of the items scored higher, not just the total number
- Look at the Indicators listed. Not all problems may be identified on the screen
- Consider trying a supplement for a short time.
What Else Can You Do?

- Does the senior need a modified diet that they have been asked to follow?
  - Diet for Diabetes - monitoring carbohydrates, avoiding straight sugars
  - Cancer - focus on foods that taste good, small frequent meals, softer foods
  - Low salt diets - has food been well seasoned using spices, herbs? Are old favorites being modified into the menu?
What Else Can You Do?

- Does texture in their food need modification?
  - Ground meat, more gravy, soft, cooked vegetables & fruits, thickened liquids, food too dry?
- Make sure food tastes good to them, use more seasonings if needed.
- Encourage them to chew slowly
- Consider liquid supplements for a while
ADD EXTRA CALORIES, PROTEIN

- Extra butter or margarine to soup, baked squash, potatoes, bread.
- NFDM or evaporated milk in hot dishes
- Cream cheese spread on a hot roll
- Mayonnaise added to meat dishes, casseroles
- Grated cheese added to mashed potatoes, sauces, melted on hot dish, or on egg dishes
- Generous serving of sauces, gravies
Example of a Home Situation that caused problems

- 89 y/o single woman living alone in trailer park,
- hx of abdominal pain, nausea, diarrhea, wt. loss
- Daughter brought some hot meals and other food
- Took nutritional supplements - wt loss went on
- Case manager visited her, found that her refrigerator was old, made too much noise at night, so woman unplugged it each night
- Food she ate had gone bad causing all above symptoms
- Daughter got her a new refrigerator - all health problems went away.
Delivery of HDM

- Good policy to have meal delivery and pick-up times written and followed.
- Meal temperatures should be measured and logged:
  - When meals are picked up from kitchen
  - During delivery - at least once/month when last client received meal, or at the end of the route
- Inside of vehicle should be routinely checked
Delivery of HDM

- Delivery equipment should:
  - keep meals at safe temperatures
  - be good-grade
  - not let food items mix, leak or spill
  - let air circulate
  - be cleaned and sanitized regularly

- Driver should:
  - clean hands before handling food containers
  - have had sanitizer in vehicle

- No pets during delivery
**Delivery of HDM**

- Meals should be labeled with:
  - “use-by” or “discard by” date
  - instructions for storage and re-heating
- Policy for what to do if client is not home
- If program and client agree, meal can be left with a neighbor
- Clients need to eat meals right away, or refrigerate or freeze them.
Delivery of HDM

INSTRUCTION FOR CLIENTS:

- **DISCARD BY:** Date that is no more than 3 days after delivery.

- **TO REHEAT A MEAL:**
  - Heat until food is hot:
  - If using oven to heat - set to 325
  - If using microwave, cover dish and part way through cooking, stir it and turn dish so it heats evenly.
Delivery of HDM

- Client Appliances

- Refrigerator temperature should not be above 40. Delivery person can use their own thermometer to check.

- Delivery person should talk to the client or check to see if other appliances - like MW or oven are working.

- Talk to the senior. See how they are doing.
Studies have shown that Home Bound Seniors who receive Home Delivered Meals have better health and nutrition as compared to seniors who do not participate in the HDM program.

These seniors received better nutrition, increased intake of essential nutrients, and had less food insecurity and hunger.

They maintained proper body weight and were more mobile than those not receiving the HDM.

Adding Breakfast was a benefit in many programs.
Next webinar topics . . . .

- Webinar III: Nutrition Risk Assessment for all seniors in the area Meal Programs
- Webinar IV: The status of hunger among seniors in Montana - what you can do
- Dates to be announced.

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