

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.

Health Limitations, Digestion Problems and Poor 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 **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.



THANK YOU

- ▶ 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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