

# Navigating Nutrition Challenges with Older People

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## Summary

The role of Needs Assessors in optimising nutrition interventions for Community Dwelling older people

- Nutrition Screening
- Referring clients for intensive/ standard nutrition support
- Educating clients on basic nutrition

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## The Issue

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## What are MOW recipients actually eating?

- Eating all meal (68% main course, 84% pudding)
- Eating AM & PM snacks - 50%
- Eating fruit in addition to MOW (56% have one or less pieces of fruit/day)
- Eating vegetables in addition to MOW (82% rely on MOW vegetables only)
- 38% split MOW between Lunch & Dinner

Audit of 50 MOW recipients and consultation with older Māori and Pacific People. Dennison 2006/7

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## MOW Nutrients supplied and required

50kg older person	Protein (grams)	Energy kJ	Energy Kcal
Required	0.8 - 1.2 g/kg (40-60 g protein)	7,560- 9,240kj	1,800-2,200 kcal
Provided by MOW	18 g/day	2,520 kJ / day	600 kcal
Deficit	22.42 g/day	5040 – 6900kj /day	1,200 – 1,600

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## Meals for Independence and Rehabilitation Programme (MIRP)

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## Meals for Independence and Rehabilitation Programme

Aim - To establish if an intensive nutrition program for older people at high risk of or suffering from malnutrition, is practical to deliver and will improve their nutritional status functional ability quality of life

## Project Purpose

- Educate
- Empower
- Demonstrate
- Reduce MOW dependence

## Who was eligible?

- Individuals 65 years and over
- Living independently
- Malnourished or "at risk" of malnutrition
- Normal diet (or diabetic diet)
- Ability to set goals



## ASSESSMENT TOOLS

- Mini Nutritional Assessment Screen (MNA)
- EuroQuol – Quality of Life
- Nottingham Extended ADLs
- Weight
- Researcher administered questionnaire

## Study Design 6 Week Intensive Meal Program

Week	Breakfast	Weekday Lunch	Weekday Evening	Weekend
1		MOW Main Course and Dessert	Chilled snack meal	Frozen meals for lunch and dinner
2		MOW Main Course and Dessert	Chilled snack meal	Frozen meals for lunch and dinner
3		MOW Main Course and Dessert	Chilled snack meal	
4		MOW Main Course and Dessert	Chilled snack meal	
5		MOW Main Course and Dessert		
6		MOW Main Course and Dessert		

## Results



## Demographics

- N=13 (1 was lost to follow-up)
- Mean age 79.21 ( 67-98 yrs)
- Sex – 4 males 9 females
- Ethnicity (10 European, 2 NZ Māori, 1 Cook Island Māori)
- Living situation - 10 Living alone
- COPD (45%) Stroke (24%) FTT (15%)

## Results

- Nutritional status showed significant improvement
- Functional ability and Quality of Life showed a positive outcome
- Weight - an average 3.6 % increase in weight
- Meals on Wheels Independence - 58 % of participants became independent of MOW
- Hospital admissions only one hospital admission during the pilot programme
- Participant feedback- positive

## Conclusions

- MIRP could help prevent hospital admissions
- Simple and cost effective
- Educates, Empowers
- Reduces MOW dependence
- Improves nutritional status, function and QOL



## Next Steps

- Promote the MIRP program in other areas of CMDHB - Pukekohe Pilot
- Incorporate the programme in a Multidisciplinary Team – Falls Prevention
- Introduce a Therapy Assistant role in education and monitoring

## Pukekohe



What was the Role of the Needs Assessors in this project

## Roles

- Nutrition Screening administering the Mini Nutritional Assessment (MNA) tool
- Referrals to Meals for Independence programme if appropriate
- Education
- Review of clients at the end of the programme

## What is the Mini Nutritional Assessment (MNA®)?

- An internationally validated nutrition screening tool
- Specifically designed for use with community dwelling older people

## The MNA® Tool

The image shows a screenshot of the Mini Nutritional Assessment (MNA) tool form. The form is titled 'Mini Nutritional Assessment (MNA)®' and includes sections for 'MNA-Short Form' and 'MNA-Full Form'. It contains various assessment criteria such as 'Appetite', 'Weight loss', 'Mobility', 'Mental status', and 'Anorexia', each with a corresponding score. The total score is calculated at the bottom of the form.

## Training

- Mini Nutrition Assessment (MNA®) training and competency achieved.
- Training completed on nutrition interventions which Needs Assessors can implement.
- 2 x 1.5 hour sessions

## Education resources available to NASC

Lists of supermarket items available for clients  
Summary of all current companies providing home delivered meals  
Information on nutritional supplements available at supermarkets and who they may be suitable for.

## Feedback from Needs Assessors

### How much time does it take to administer the MNA®?

- 5-10\* Minutes for the first section (Optimum 3 minutes)
- 10-15\* Minutes for the second section (Optimum less than 10 minutes)

\* as estimated by Needs Assessors

### Nutrition Knowledge before and after training

Increased awareness of the nutrition needs of older people

- Knowledge before training 4  
1 = Very limited knowledge 10 = In-depth knowledge
- Knowledge after training 8  
1 = Very limited knowledge 10 = In-depth knowledge

### Change in Practice after Training

- "MOW is not the only option"
- "We now have another option to support nutrition independence of older people"
- "I am very aware of the 7 days a week and 3 meals a day that need covering"
- "MOW is not always a permanent option – it can be a temporary support with the goal of returning to independence in the future"

### Nutrition issues discussed with clients prior to training

- "No, never discussed nutrition, only asked client if they were eating and drinking well and how many meals a day they had"
- "... briefly discussed nutrition mainly in regards to who in a household was preparing meals"
- "I would discuss whether the client had a problem swallowing/ chewing"
- "I never discussed the meal content though e.g. vegetables and how much"
- "There is a section in the NASC tool as part of a holistic assessment with questions about weight/ swallowing and appetite"

### How do you use the results of the MNA tool?

- "Clients at risk of malnutrition are referred to the Dietitian for the Meals for Independence programme"
- "I discuss and leave information about other meal supplements and Complan"
- "I now consider other ways of my clients receiving nutrition especially if they are unable to prepare or cook meals themselves – I am more likely to incorporate this into a clients care plan"
- "I will often talk about MOW for a short term period"

### How your nutrition knowledge changed since training

- "Definitely increased, I now stress the importance that not eating can contribute to falls"
- "Overweight people can also be malnourished"
- "Very shocked regarding the information received re MOW and that these clients are at risk of malnutrition"
- "I believed that clients receiving MOW were not at risk of malnourishment, not realising that MOW 5 days per week aren't enough to provide sufficient nutrition for an older person. It is only 5 out of the 21 meals that a person needs during the week"
- "There is belief that sugar, fat and salt are bad even in small quantities not realising that their diet doesn't contain enough calories to keep them healthy and well nourished"

Have you changed the way you educate your clients since completing your MNA® Competency training?

- " Yes I will speak about other forms of increasing caloric intake e.g. Complian and other snacks such as frozen meals"
- "I explain the importance of having 6 small meals a day as opposed to 3 meals a day. Educate the family as well."
- "Provide information about frozen meal options, nutritious meals/ snacks/drinks that can be bought from the supermarket, healthy diet."

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### A Rehabilitated Client

"The Aucklander" 7th August 2008



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### Summary

Empowerment of NASC to provide community nutrition interventions to support older people to maintain their independence


Increased awareness of the role of nutrition in the holistic support of older people

In completing Needs Assessments there is now a heavier emphasis on the clients nutrition needs

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