

## **Sigma's 30th International Nursing Research Congress**

### **Connect...Collaborate...Catalyze: Enhancing Older Adult Nutrition From Theory to Practice**

**Carol Amann, PhD, RN-BC, CDP, FNGNA**

*Villa Maria School of Nursing, Gannon University, Erie, PA, USA*

Malnutrition, food insecurity, and health literacy is of concern within the older adult community and a barrier for healthful living Throughout academia, health care organizations, and community service opportunities nutritional education is consistently provided, yet malnutrition, diet inconsistencies, and food insecurity within the community dwelling older adult population persists. According to Callen (2010), the ability for nurses to detect correctable problems in attaining proper nutrition is paramount to the health and welfare of older adults. Advocates of nutrition provide expert teaching sessions, but the reality for many older adults is there are multiple barriers to proper nutrition. Inability to read small print labels, health literacy, optimal food choices, food deserts, and in the retail sector food placement of nutritious yet affordable items are barriers incurred by elders. In addition, financial barriers are evident within the older adult population which can lead to food insecurity (Hernandez, Reesor, & Murilo, 2017)

An ethnographic approach regarding the impact nutritional education had on community dwelling older adults was undertaken inclusive of health literacy, foods commonly purchased, and financial concerns that may impede their nutritional status.

Understanding older adult food choices, the ability to obtain food, and assessment of health literacy can help the nurse to address nutritional concerns. Collaboration with independent and corporate community grocers, food banks, and strategically placed food pantries where older adults reside is necessary to improve the nutritional status of older adult... a vulnerable population.

Findings concurred that the majority of older adults observed could not manage to read the labels due to the print, items holding high nutrition and economic value were often placed out of reach, low nutritional value frozen single item pre-prepared meals on sale were the items most frequently purchased., limited fresh food items were selected. Based on these findings to improve older adults' nutritional status, the author met with community grocers, community centers, provided shopping assistance for the elderly and recipes for food products commonly obtained from food pantries. Additionally, a "free little food pantry" was built and placed in an urban area considered to be a food desert within the community to provide nutritious food for participants through the university Sigma chapter, food drives and collaboration with a neighborhood church to provide ongoing funding to sustain this project.

To address health literacy, in-services were provided to local health care organizations to improve patient teaching strategies by identifying those who have difficulty in reading and comprehending the written word.

Advocacy was inclusive of meeting with grocers to relocate food items, students assisted older adults in collaboration with a local senior center for a weekly shopping day to assist low income elders to shop, collaboration with local food banks for easy, nutritious recipes using typical donations, collaboration with local churches for meal preparation and communal dining experiences.

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#### **Title:**

Connect...Collaborate...Catalyze: Enhancing Older Adult Nutrition From Theory to Practice

#### **Keywords:**

Nursing Education, Nutrition and Older Adults

**References:**

Brennan, D. S. & Singh, K. A. (2010). Grocery purchasing among older adults by chewing ability, dietary knowledge and socio-economic status. *Public Health Nutrition*. 14(7), 1279-1284.

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Donini, L. M., Scardella, P., Piombo, L., Neri, B., Aspirino, R., Proietti, A. R., Carcaterra, S., Cava, E., Cataldi, S., Cucinotta, D., Di Bella, G., Barbagallo, M. & Morrone, A. (2013). Malnutrition in elderly: social and economic determinants. *The Journal on Nutrition, Health & Aging*. 17(1), 9-15.

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Newest Vital Sign. (2018). Retrieved from <http://www.pfizer.com/health/literacy>

**Abstract Summary:**

Malnutrition, food insecurity, and health literacy is concerning within the older adult community and a barrier for healthful living. Novel approaches along with basic nutritional education must be entertained to improve the nutritional status of this population. Creative interventions will be explored to improve the nutritional status of older adults.

**Content Outline:**

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**Objectives**

Participants will:

- Identify barriers to adequate nutrition for community dwelling older adults
- Identify methods for collective action to improve accessibility of nutritious foods within the community setting
- Discuss strategies to facilitate improved nutrition

**Malnutrition and Risk**

- Malnutrition is a major concern within the older adult community and a barrier for healthful living.
- New approaches other than basic nutritional education must be entertained to improve the nutritional status of our older adult population.

**Clinical and Educational Concerns**

- Nurses often provide expert teaching, but the reality is that the older adult has multiple barriers to good nutrition.
- Financial concerns, inability to read small print labels, selection of foods, and consideration of the placement of nutritious yet affordable items can be problematic in the retail sector.
- In addition, the persons functional ability, literacy, and transportation needs can impede nutrition

### **Supporting Evidence: Literature Review**

#### **Callen (2010)**

Socioemotional and physical factors were identified as barriers to good nutrition to include:

- Effects on eating alone and social isolation contributes to poor nutritional intake
- Social support equates to improved nutritional intake
- Understanding the normal changes of aging (decreased taste, etc) contributes to decreased nutrition
- Decreased mobility and limitations on movement affect the ability to shop or obtain items
- Economic barriers and the potential waste of food products due to packaging in large quantities can lead to the reduction in nutritious food choices.

#### **Brennan & Singh (2010)**

Research related to grocery purchases by older adults based on multiple factors inclusive of dietary knowledge.

The results of the study indicated despite having knowledge of good nutrition this knowledge did not transfer to the grocery purchasing behavior of the respondents.

#### **Donini, et al (2013)**

- Evaluated older adults for malnutrition (n = 712) in all settings using the Mini Nutritional Assessment (MNA).
- 26% of females, and 16.3% of males were malnourished; those who were at risk for malnutrition were 40.9% of the females and 35% of the males (Donini, et al, 2013, p. 9).
- Community dwellers at risk for malnutrition noted they were "less autonomous and needed assistance" which led to difficulty in food preparation and selection Donini, et al, 2013, p. 13).

### **Faculty and Student Involvement**

- Completion of a windshield survey
- Questions that guided our observations included:
  1. What do you see upon inspection of the store and item location?
  2. Are the items that are considered "healthful" within reach?
  3. What type of items did the older adult purchase?
  4. Any differences in gender?
  5. What quantity of fresh foods vs. frozen foods were in the cart?
  6. What was the nutritional value of the foods chosen?
  7. Do they have the ability to read and comprehend written information?
  8. Are food and nutrition labels in large enough print to read?

### **Findings**

- Community transportation was in close proximity to stores
- Majority of older adults cannot manage to read the labels due to the print, and potential literacy issues
- Items holding high nutrition and economic value are often placed out of reach
- Low nutritional value frozen single item meals on sale were the items most frequently purchased
- Limited fresh food items were selected.
- Need for in-depth assessments in addition to education

### **Interventions and Advocacy**

- Met with regional grocers regarding findings
- Collaboration with local food banks for nutritious recipes using typical donations
- Collaboration with local churches for senior meal preparation, to guide appropriate and nutritious food choices and assistance in cooking.
- Work alongside senior centers, assisted living centers, and senior apartments to provide cooking courses and easy nutritious recipes.
- Provided guidance to obtain online and prepackaged shopping options:
  - Meals on Wheels, Church Groups, Hello Fresh, Amazon Pantry, Peapod, Super Suppers, local grocery delivery services
- Organizational education to nursing staff at local healthcare facilities on nutritional and literacy assessments
  - Mini Nutritional Assessment
  - Newest Vital Sign
- Provided interventions for older adults with low functional health literacy and impaired cognitive ability
- Development of a “Free Little Food Pantry in collaboration with the Sigma local chapter and local church

### **Conclusion**

- Development of educational information that is understandable and beneficial
- New approaches other than basic nutritional education must be entertained to improve the nutritional status of our older adult population.
- As advocates, there is much more we as healthcare professionals can do to improve the nutritional status of our patients and community!

### **References**

Brennan, D. S. & Singh, K. A. (2010). Grocery purchasing among older adults by chewing ability, dietary knowledge and socio-economic status. *Public Health Nutrition*. 14(7), 1279-1284.

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First Primary Presenting Author

***Primary Presenting Author***

Carol Amann, PhD, RN-BC, CDP, FNGNA

Gannon University

Villa Maria School of Nursing

Assistant Professor

Erie PA

USA

**Author Summary:** Carol Amann is an assistant professor at Gannon University, She has presented original research related to gerontology and health policy internationally, nationally, and state wide. She is a member of the interdisciplinary research team incorporating multiple healthcare domains working collaboratively for improved communication, patient safety, and outcomes.