It’s a Matter of Taste: Providing Liberalized Diets to Older Adults Improves their Quality of Life

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Objectives

- Discuss how offering liberalized diets to older adults can significantly improve their health status
- Describe how liberalized diets can empower and help maintain independence in older adults
- Discuss that offering liberalized diets to older adults has a positive impact on their quality of life
Some Shocking Statistics

Home Delivered Meal Programs
- 44% are in poverty and 52% are at high nutritional risk;
- 24% do not have enough money or sufficient SNAP (food stamp) benefits to buy enough food to eat;
- 63% rely on home-delivered meals for half or more of their total daily food intake;
- 17% report they must choose between purchasing food and medications; and
- 55% of white, 63% of African American, and 38% of Hispanic home-delivered meal participants report their health as fair to poor.

Congregate Meal Programs
- 34% are in poverty and 19% are at high nutritional risk;
- 13% do not have enough money or SNAP (food stamp) benefits to buy enough food to eat;
- 58% rely on congregate meals for half or more of their total daily food needs; and
- 27% of white, 38% of African American, and 26% of Hispanic congregate meal participants report their health as fair to poor.

The Healthy Aging dietetic practice group members believe the health and wellness of older adults is improved by optimal nutrition and physical activity.
Healthy Aging DPG

Mission, Vision & Goals

HADPG Mission & Vision

- **Our Mission:** Empowering and supporting members to be food and nutrition leaders promoting life-long wellness.
- **Our Vision:** Optimizing longevity and wellness in aging through food and nutrition.

Healthy Aging
a dietetic practice group of the
Academy of Nutrition and Dietetics
Provider Magazine Headline, April 2013: “CMS liberalizes dining standards”

But, aren’t we already doing this?
Previous Guidelines

- American Dietetic Association Position Paper, Liberalized Diets for Older Adults in Long-term Care, February, 1998

  “It is the position of The American Dietetic Association (ADA) that quality of life and nutritional status of older residents may be enhanced by a liberalized diet. Qualified dietetics professionals to assess, monitor, and evaluate the need for medical nutrition therapy according to each person’s needs and rights.”

- American Dietetic Association Position Paper, Liberalized Diets for Older Adults in Long-term Care, September, 2002

  “It is the position of The American Dietetic Association (ADA) that the quality of life and nutritional status of older residents may be enhanced by a liberalized diet. Advocates the use of qualified dietetics professionals to assess and evaluate the need for medical nutrition therapy according to each person’s individual medical condition, needs, desires and rights.”

ADA Position Paper – September 2002

- It is the position of the American Dietetic Association (ADA) that the quality of life and nutritional status of older adults may be enhanced by a liberalized diet.

- Research found that most residents in the nursing home setting with evidence of malnutrition were on restricted diets that discouraged nutrient intake.

- Dietetic professionals must help older adults and their health care team members to assess the risks versus the benefits of therapeutic diets.

- A diet that is not palatable or acceptable to the individual can lead to poor food and fluid intake, which results in weight loss and malnutrition.

- A more liberalized diet that allows older adults to participate in his or her diet-related decisions increases the desire to eat and enjoyment of food. Thus, ultimately decreasing the risks of weight loss, undernutrition, and other negative effects of poor nutrition and hydration.
Current Guidelines

- Academy of Nutrition and Dietetics-
  - “...quality of life and nutritional status **CAN BE** enhanced by individualization to less-restrictive diets. RDs to assess and evaluate the need for nutrition interventions tailored to each person’s medical condition, needs, desires and rights.”

Most nursing homes already have policies in place to provide liberalized diets.
So what is this new push to liberalize diets all about?

The Pioneer Network

- Coalition of organizations and individuals across the nation
- Dedicated to making fundamental changes in values and practices to create a culture of aging that is life-affirming, satisfying, humane and meaningful.
The Pioneer Network Guidelines

- Results = New Dining Practice Standards
- Those agreeing to the new standards include:
  - Academy of Nutrition and Dietetics (the Academy)
  - **American Medical Directors Association (AMDA)**
  - American Occupational Therapy Association
  - Association of Nutrition and Food Service Professionals (ANFP)
  - Gerontological Advanced Practice Nurses Association
  - National Association of Directors of Nursing Administration in Long-term Care
  - National Gerontological Nursing Association

CMS memo dated 03/01/13

“They put me on a regular diet… and I’m lovin’ it!”
Diabetic and Cardiac Diets

Individualized Diabetic/Calorie-controlled diet

AMDA
- "...intensive treatment of diabetes may not be appropriate for all individuals"
- An individualized regular diet that is well balanced and contains a consistent amount of carbohydrates has been shown to be more effective than the typical treatment of diabetes.

The Academy of Nutrition and Dietetics
- No evidence to support diets such as no concentrated sweets or no sugar added for older adults living in health care communities
Recommended course of practice for diabetic diets

Diabetic Diets → **Not** Effective

Blood Sugar of **150** is the new norm

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Low Sodium Diet - Research Trends

- 2 gram sodium diet has not actually been shown to improve cardiovascular outcomes in older adults
- Taste changes as we age, and foods don’t taste the same as they used to.
So how do these new guidelines apply to the clients you serve?

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Healthy Aging Responsibilities

- **Translate** cutting-edge research into evidence-based practices
- **Promote** independence and well being through health promotion, chronic disease management strategies and public policy advocacy

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**Teach them how to eat healthy!**
Congregate and Home Delivered Meal Programs

- What are the benefits of these programs offering a more liberalized meal selection?
  - More cost effective
    - Cheaper to buy food items that are not sugar free, low sodium, no sugar added
  - Better accepted
    - Fat and Salt are Flavor!!
    - Medication use and changes in smell and taste
  - Less labor intensive
    - No need to prepare different food items for restricted diets (i.e. – regular and diabetic dessert)

Real Foods First - Research Trends
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- Offering residents a choice among a variety of foods and fluids twice per day may be a more effective nutrition intervention than oral liquid nutrition supplementation.

- **Snack** options are a **more cost-effective** nutrition intervention relative to supplements based on staff time, resident refusal rates, caloric intake, and waste.

  + = 350-500 calories

Honoring choices

- Allow a person to make choices about their food selections

  IMPROVES QUALITY OF LIFE!!
Keep clients in mind for menu planning!

- What is the culture, background, and history of your clients?

Food Quality

- Are meals served in an attractive manner?
- Are meals palatable and served at proper temps? Do clients indicate that they receive nutritious and palatable meals?
IT'S NOT HOW LONG LIFE IS BUT THE QUALITY OF OUR LIFE THAT IS IMPORTANT.

- ROGER DAWSON

Thanks for listening!
Any Questions?
No?
SUPER!