# NUTRITIONAL SCREENING FOR OLDER PEOPLE – A CAPACITY BUILDING APPROACH THAT TARGETS IMPROVEMENT OF NUTRITIONAL HEALTH FOR OLDER AUSTRALIANS THROUGH SERVICE REORIENTATION

**Leah Trotta**
Project Manager
Metropolitan Domiciliary Care
South Australian Department of Health

**Robert Penhall**
General Manager Medical Services
Metropolitan Domiciliary Care
South Australian Department of Health

**John Coveney**
Associate Professor
Department of Public Health
Flinders University

**Patricia Carter**
Chief Project Officer Public Health Nutrition
Health Promotion Branch
South Australian Department of Health

## Introduction

Australia has an ageing population and restoring or maintaining the health of older people is an ongoing issue. Nutrition and physical activity are the two main areas identified by the World Health Organisation (WHO) for prevention of chronic disease burden and improving healthy ageing.[1] Identification of nutritionally vulnerable older people is crucial to early intervention to improve health.

Poor nutrition can lead to an increased risk of falls, fractures and infections, poor wound healing, poor recovery from surgery, and longer hospital stays. As well, poor nutrition may lead to decreased appetite, dental problems, depression, apathy and even dementia.[2] Protein-energy malnutrition can be a cause of weight loss when present with other factors such as cancer, chronic airways disease, Alzheimer's, Parkinson's, diabetes, depression and the use of particular medications. Nutritional risk factors in older people are acute or chronic disease, polypharmacy and social isolation.[3] Nutritional intervention is proven to be beneficial in these settings.[4]

A recent study by one of our group developed and validated a simple screening procedure which provided a quick and inexpensive method of identifying older people who are at risk of under-nutrition. The study also indicated that under-nutrition among sub-acute care patients was high and that patients who were undernourished had significantly worse

discharge outcomes than their well nourished counterparts.[5] Research with community based elderly clients found that use of a nutritional screening process by health workers identified 38.4% of clients to be at risk of malnutrition and these people had significantly worse outcomes than well nourished people when followed up at 12 months.[6]

There is evidence that nutritional intervention can extend the years of healthy life for older people.[7] Evidence also exists that identifying and planning assistance for home based older people requires a multidisciplinary approach to prevention to maximise the efforts of service providers through a focus on leadership, effective communication and the maintenance of functional alliances.[2]

An Adelaide based project has been working with a collective of aged care centered organisations to improve the nutritional health of older people through identifying and addressing nutritional risk. This has involved working with the collective to reorient services, within existing funds, to prioritise nutrition by including screening and early intervention for poorly nourished or nutritionally at-risk older people. Objectives centered on developing workforce capacity through increased awareness and the use of an early intervention strategy. The project proposed to increase collaborative activity toward health improvement.

### A capacity building approach

Capacity building is a recognised method of organisational development and of health promotion, and has been extensively detailed in Australia.[8] Hawe et al promote capacity building as an approach which will support "the development of sustainable skills, structures, resources and commitment to health improvement in health and other sectors to prolong and multiply health gains many times over".[9]

The Healthy Ageing – Nutrition project used this approach in working with organisations to develop their capacity to screen older people for nutritional risk and to develop or improve strategies for intervention in cases where risk is identified. Five elements of capacity building were used to categorise the types of activity that the project's partnering groups and organisations have undertaken. These were:

- organisational development
- workforce development
- resource allocation
- partnerships
- leadership.

A further category, "policy development", was added to describe changes that were incorporated into policy within organisations and in other settings.

Each participating organisation or group was offered printed material and a follow-up discussion on capacity building concepts to assist with planning change toward the project's objectives, including increasing the use of simple screening and assessment tools. Provided documents offered examples of strategies that could be used to influence each of the capacity building elements.

The partnering organisations came from different aspects of care to clients within the aged care sector and had different perspectives on nutritional care for older people. Six of the Ten partnering organisations employed more than 100 staff.

A residential care facility, a support agency for family carers, a home nursing service, two organisations involved in meal preparation and delivery services (one focused on the general community and the other associated with several ethno-specific meal services) were project partners. A sub-acute care facility, a domiciliary care service, divisions of general practice and an organisation providing physical activity programs to older people also partnered the project. Additionally, a group of dietitians with an interest in aged care met regularly during the project as a quasi-organisation.

### Project methods

An action research framework[10] was adopted and action plans were developed by each participating group and agreed in conjunction with project staff. Action plans were negotiated with some for 12 months and others for shorter periods. These were continually reflected on as action towards the planned approaches evolved.

The action research framework provided an opportunity for a diversity of groups and organisations with a common problem (identifying and addressing nutritional risk among clients) to collaborate in planning, implementation and on-going reflection and evaluation. It assisted in identifying new, collective and complementary knowledge and putting it into practice toward common solutions, thus building system capacity.

The benefit of this problem-solving approach is that it allowed the partner organisations to recognise and take advantage of existing knowledge and skills; it offered flexibility of design to accommodate different settings and different needs of workers and clients, and it helped to promote commitment to overall process by providing the opportunity for individualising of approaches to change. This then encouraged ownership of outcomes. All organisations were followed for 12 months and took part in extensive formative and summative evaluation conducted by an external evaluator.

### Screening

At the commencement of the Healthy Ageing – Nutrition project, widespread use of general assessment tools, including a nutrition component or specific nutrition assessment and intervention tools in South Australia, was not found. It could be anticipated, though, from available evidence that many older people live with malnutrition or with significant nutritional risk.

Each group or organisation connected to the project has a different client base and a different relationship with its client groups. Each also had a set of unique and highly developed

values embedded in organisational or workforce culture. This meant that no single screening tool was applicable for use in the project. Identification of a raft of existing, validated tools was carried out by both project staff and its partners and a variety of tools were adopted, and sometimes adapted, to the specific needs of the organisations.

Through an action research approach it was possible to develop an environment in which organisations, groups and individuals could participate in developing solutions to screening and intervention in conjunction with the project while exploring, discussing and purposefully accepting or changing their own biases and preferences.

Inclusiveness and acceptance of choice of screening tools was essential to the project's progress. Depending on their own context, some organisations used client-focused self-screening tools such as that produced by the American Academy of Family Physicians Nutrition Screening Initiative.[11] Others used "spotters guides" based on components of validated screening tools to assist volunteer workers to identify and report risk factors. Some organisations only used formally recognised and validated tools such as rapid screen,[5] the Mini-Nutritional Assessment (MNA)[5] or the Nutritional Risk Screening and Monitoring Tool,[13] applying these as their designers had intended. In some cases, combinations of formal and informal tools were used, building on findings reported to general practitioners, such as work by Visvanathan and Newbury et al.[14]

According to external evaluation of the project,[15] seven of the case study organisations have changed their nutritional assessment practices and have introduced screening tools. This was accompanied by other activity such as policy development in the organisation, training for workers and planning of processes to audit the use of screening. In addition to these seven organisations, three other organisations (not directly providing organisation-based services to clients) have provided tools and support to their associates to support screening and early intervention.

## Results[15]

Of the 10 partnering organisations, all reported benefits of being involved in a health focused capacity building project. The majority of organisations (7/10) commenced screening and early intervention programs for nutritional risk where no systematic approach had previously been enacted. Actions varied depending on the organisation's focus. In the sub-acute care, general practice and residential care settings,the focus was on screening and assessment using a simple tool, followed by further comprehensive assessment and intervention which was likely to include referral to secondary sources of care.

The meal-service settings, the family carers group and the physical activity organisation were more likely to report increased awareness of risk factors and referral back to care coordinators, case managers and other care providers such as the client's general practitioner. Eight of the Ten organisations reported an increased awareness in the workforce of ageing and nutrition issues and risks.

Organisations frequently reported sharing information and resources with other organisations in their network (sometimes developing their networks for this purpose through the project). This had the effect of increasing intersectoral collaboration towards reorientation of the services provided and was viewed by project partners as a positive aspect of the capacity building approach of the project.

Factors identified as enablers of change by the project's partners were categorised into two areas. From the project, enablers included facilitation, support, leadership, the provision of information and resources from the project to the organisations and the project's acceptance of organisational goals and values. From the organisations themselves, enablers included support from the organisation's board and/or management, previous work or interest in the topic, flexibility to take on a new role by workers and decision makers, having a change agent or quality improvement process in the organisation, and seeing the project as relevant and adding value to the organisation's current work.

Barriers to change were identified to include lack of time and resources within organisations and that participation in the project added to the workload (for 8/10). Resistance to change and specific organisational factors such as lack of a change champion, frequent changes in staff, lack of a quality improvement culture and no clear motivation for change were also mentioned.

## Conclusion

In this project a capacity building approach was used and was effective (verified by external evaluation)[15] in bringing about organisational change which supported the project's objectives. The capacity building approach increased awareness of the nutritional needs of older people, increased use of nutritional screening tools, and increased interventions of at-risk individuals. The approach was effective in building links between organisations and services which lead to collaborative activity and broader system improvement.

The action research framework allowed the project to value a diverse range of approaches to change, avoiding alienating organisations which are shaped or constrained by culture, finance, staffing or other factors that may otherwise have inhibited change. Organisational change will sustain changes long after the initial project intervention.

Capacity building provided a very cost effective means of facilitating improvement. It requires very little additional external human capital and only a small amount of funding for forums, workshops and communication to be successful.

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