



## Ministry Module

Ministry Modules are intended for use with the Leader's Guide. Appendices and Resources referenced in modules can be found within the Guide.

# Nutrition



This Mission Module is provided through a Partnership with Aging with Significance, of the Women's' Missionary Union of Virginia and the Virginia Baptist Union Board; and Caregiving Ministries, a division of FamilyCare America, Inc.



# Ministry Module Nutrition

## Purpose

The Nutrition Ministry Team, through the network of the local church or other resources, will seek to improve the nutrition of mature members who are at risk, promoting improved physical and mental health by providing nutritional awareness, education, and access to available services within the church and community.

## Goals

- To reduce poor nutrition or prevent malnutrition of mature members within the church community.

## Objectives

- To identify unmet nutritional needs of mature adults within the church community.
- To assist identified members within the church community in accessing local services related to nutrition.
- To provide education on nutrition to those identified with nutritional needs.

## Parameters and Limitations

The Nutrition Ministry is *not*:

- an alternative to personal meal preparation and self care.
- to be a sole source of meals/ nutrition for at risk members.
- to interfere or conflict with other benefits presently in place for at risk members.

The Nutrition Ministry *is*:

- to interface with other Caregiving Ministries modules
- to reduce/ eliminate some nutritional deficits in the mature adult population.
- to complement/ enhance other community nutrition programs presently within the church and local community.
- an opportunity to maximize independence and well-being.



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### Suggested Process for this Ministry:

1. Educate the church as to what the Nutrition Ministry is and how it can benefit the health of the congregation's mature members.
2. Inform the congregation what can and cannot be expected from the Nutrition Ministry.
3. Survey the church for people who are willing and able to work in this ministry (see Appendix A).
4. Provide training to explain the process of this ministry.
5. With skills learned from the general volunteer training, the volunteer will complete a Nutritional Assessment to determine specific needs of the church member.
6. The volunteer will interview the client and determine what assistance is needed to meet his or her own daily needs for nutrition (see Nutrition Assessment). Family support will be discussed as well as other interventions to determine the level of service needed.
7. The volunteer will educate the members as to the nutritional community services available to them. The volunteer will need to be familiar with nutritional issues for older adults.
8. Based upon the Nutritional Assessment, the Nutrition Ministry Team volunteer will assist the individual in arranging for nutrition services from community resources. If the member is presently receiving community services, the adequacy of current services being provided will be reviewed. This program should not interfere or conflict with any other benefits in place for the individual. It should not become a sole source for meals or nutrition for the member.
9. Develop a list of community resources and add to the resources listed in this guide.
10. Volunteers will follow up with their clients by telephone on the first day the client is to receive services. Follow-up calls will be weekly for the next four weeks and then monthly, unless there is a significant change or concern that would trigger another assessment or intervention. (An event to trigger a re-evaluation could be an illness,



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hospitalization or other significant event.)

11. Schedule regular meetings for volunteers to provide in-service training and offer opportunity for discussion of issues.
12. Periodically evaluate the ministry. (See Evaluation tool, Administrative Guide)

## Resources

Each group using this program will develop a list of basic community resources and referrals in the locale. The list of resources should include:

- Community Services
- Local Agencies on Aging
- Cooperative Extension System
- Public Health Department
- Area Food Banks
- Professional American Dietetic Association
- American Diabetes Association
- American Heart Association



## Ministry Module Nutrition

### NUTRITION ASSESSMENT

#### Basic Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Directions to home: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Current Services

Home Delivered Meals	Yes	No
Congregate	Yes	No
Meals/SeniorCenter	Yes	No
MealPreparation	Yes	No
Foodstamps	Yes	No

If yes what agency or group? \_\_\_\_\_

#### Nutrition Information

Height \_\_\_\_\_ Weight \_\_\_\_\_

Recent Weight Gain/Loss? Yes No

Describe: \_\_\_\_\_

Caregiving  
Ministries





## SPECIAL NUTRITIONAL NEEDS OF MATURE ADULTS

My Pyramid was unveiled April 2005, replacing the original Food Guide Pyramid. It incorporates recommendations from the 2005 Dietary Guidelines for Americans released by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services in January 2005. These guidelines provide advice for persons two years of age and older about how proper nutrition promotes health and reduces the risk of chronic disease development. The new pyramid is designed to be simple. It represents the recommended proportion of foods from each food group. It also includes a reminder of the importance of daily physical activity. Each person has an individualized pyramid based on age, gender, and physical activity level. More in depth information is available from the website, [www.MyPyramid.gov](http://www.MyPyramid.gov) (see illustrations).

There are changes both physiologically and psychologically which affect the nutritional activity of adults over 65:

### KILOCALORIES OR CALORIES

Persons need a certain number of calories (total energy requirement) to provide energy for physical activities. The energy requirement depends upon a person's age, gender, body size, and activity level. There is a general decrease in calorie needs because of lowered metabolic rate and decreased physical activity.

### PROTEIN

The protein content of the adult body diminishes with age (i.e. lean body mass). In an older adult, there is a greatly diminished muscle mass and proportionally high level of body fat. Protein needs are not reduced with age; therefore, the proportion of total protein to the total intake of calories is increased. Since proteins are essential for building and repairing of tissue, adequate amounts of easily digestible protein are needed.

### CARBOHYDRATE

Carbohydrates provide a source of vitamins and minerals along with approximately half of the total caloric intake. Carbohydrates may be limited to reduce total kilocalorie intake. It may be necessary to limit sugars and sweets to help stabilize blood glucose levels. Sweets and desserts reduce the appetite and may need to be served at a time that will not interfere with balanced food consumption. Most sources agree with increasing complex carbohydrate sources in the form of dietary fiber in the diet.

### FAT

Fat intake should be adequate to assist in proper absorption of fat-soluble vitamins and provide essential fatty acids. The diet should consist of approximately 30% or less of total kilocalories in the form of fat. Fats do slow the rate of digestion and if discomfort is observed, fatty foods and rich desserts may need to be limited.



## MINERALS AND VITAMINS

Mineral and vitamin allowances do not vary greatly from the RDAs for other adults. Food consumption studies indicate many older persons are lacking in vitamins and minerals, especially iron, calcium, and vitamin C. In cases where anemia or osteoporosis is present, increased intake of iron, calcium, Vitamin B12, or Vitamin D may be indicated.

## FLUIDS

It is important to encourage adequate consumption of fluids throughout the day. The RDAs recommend 1 cc/kcal of energy expenditure, which equals approximately six to eight glasses per day. These fluids should be encouraged early in the day to avoid discomfort from nocturia. Adequate fluid intake is important for the elderly since they may experience a decrease in their thirst sensation. Maintaining an appropriate fluid intake will also function to promote good elimination habits.

## BULK OR DIETARY FIBER

Sufficient dietary fiber and fluid is helpful to maintain gastric motility or prevent slowing of the activity of the bowels. This may already be functioning inefficiently due to advance age and decreased activity. Certain studies show some types of dietary fiber also increase satiety and help to decrease plasma cholesterol levels. Raw and/ or cooked fruit and vegetables, whole grain breads and cereals should be included in the diet to help eliminate constipation, which is a common problem with the geriatric population.

## SPECIAL CONSIDERATIONS

Special consideration must be given to older adults who are affected by certain physiological changes such as decreased ability to taste or smell, loss of teeth, altered GI functioning, or malabsorption of nutrients which may affect food intake and nutrient utilization. Older adults may also have decreased physical ability or motor function, limiting independence with eating. It is possible that medications may interact with certain nutrients. Other problems such as depression, loneliness, confusion and decreased mental alertness may greatly affect one's nutritional status. Examples of interventions include:

### Difficulty Chewing:

- 1) Visit dentist for check-up.
- 2) Ensure that dentures fit properly.
- 3) Drink fluids with meals to make chewing and swallowing easier.
- 4) Eat nutritious foods easier to chew such as mashed or pureed potatoes/sweet potatoes/vegetables/fruit, cooked pasta, hot cereal, yogurt, pudding, milk shakes, soft cheeses, boiled and chopped meats, scrambled eggs, peanut butter.



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### Decreased Appetite:

- 1) Make mealtimes appealing.
- 2) Eat foods with vibrant colors and pleasant aromas.
- 3) Set attractive table with colorful tableware and flowers.
- 4) Play soft music while eating.
- 5) Stimulate appetite with pre-meal walk.

### To Prevent Weight Loss:

- 1) Eat more frequent, smaller meals daily (4-6/day)..
- 2) Eat high calorie foods such as peanut butter and crackers, dried fruit, bagel with cream cheese or bean spread.
- 3) Prepare hot cereal and soup with milk instead of water.
- 4) Consider a nutritional supplement such as Carnation Instant Breakfast, Ensure, Boost, etc.
- 5) Seek advice from a nutritionist or dietician. Contact the National Center for Nutrition and Dietetics Consumer Hotline at 1-800-366-1655 or call your local hospital.

### To Prevent Constipation:

- 1) Eat plenty of fiber rich foods such as vegetables, whole grains, legumes, bran cereal. Add high fiber foods slowly to diet and drink plenty of extra water.
- 2) Drink plenty of water (at least 8 cups daily)
- 3) Keep active
- 4) Limit laxative use
- 5) Consult with health care provider if recurring pattern

### Difficulty Preparing Food:

- 1) Buy precut frozen vegetables, pre-cooked and pre-sliced chicken strips, precut and pre-washed salad greens (avoid products high in sodium)
- 2) Make more than one serving and save for another day
- 3) Sit during meal preparation
- 4) Keep equipment easily accessible
- 5) Prepare and freeze meals when time and energy permits to reheat at a later time
- 6) If cooking become too difficult, consider home-delivered meals.



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### Don't Like to Eat Alone?

- 1) Contact a friend or relative to schedule a time to eat together
- 2) Organize a monthly potluck meal with friends and neighbors
- 3) Investigate community lunch programs for older adults

### BIOGRAPHY

- [www.mypyramid.gov](http://www.mypyramid.gov)
- [www.aicr.org/publication](http://www.aicr.org/publication)



# Ministry Module Nutrition

# MyPyramid

MyPyramid.gov





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### Proportionality

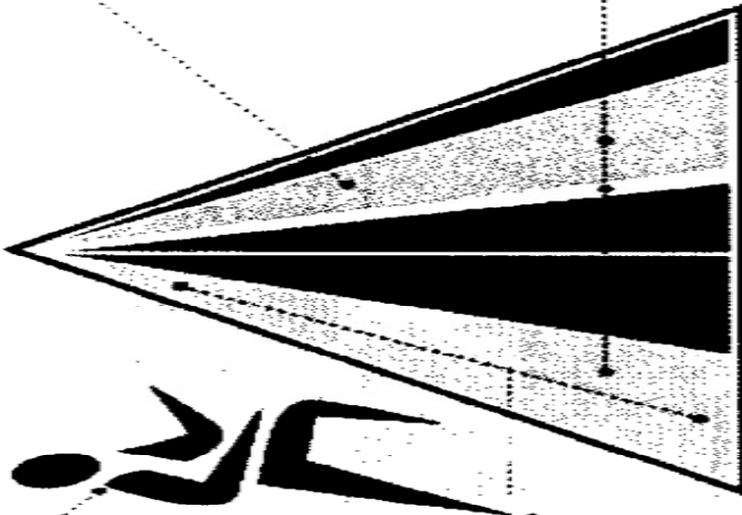
Proportionality is shown by the different widths of the food group bands. The widths suggest how much food a person should choose from each group. The widths are just a general guide, not exact proportions. Check the Web site for how much is right for you.

### Variety

Variety is symbolized by the 6 color bands representing the 5 food groups of the Pyramid and oils. This illustrates that foods from all groups are needed each day for good health.

### Gradual Improvement

Gradual improvement is encouraged by the slogan. It suggests that individuals can benefit from taking small steps to improve their diet and lifestyle each day.



**MyPyramid.gov**  
**STEPS TO A HEALTHIER YOU**

### Activity

Activity is represented by the steps and the person climbing them, as a reminder of the importance of daily physical activity.

### Moderation

Moderation is represented by the narrowing of each food group from bottom to top. The wider base stands for foods with little or no solid fats or added sugars. These should be selected more often. The narrower top area stands for foods containing more added sugars and solid fats. The more active you are, the more of these foods can fit into your diet.

### Personalization

Personalization is shown by the person on the steps, the slogan, and the URL. Find the kinds and amounts of food to eat each day at [MyPyramid.gov](http://MyPyramid.gov).

