

Food4Growth

Facilitating learning and change in health care institutions - sociological and educational perspectives

Conference: Eating, wellbeing & nutrition in ageing societies
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- No quick fix
- 1. Public health nutrition
 - Different levels of intervention
- 2. Clinical nutrition
 - Need for research, education and collaboration

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Intervention!



- (Often) on an individual, moral and pedagogical level
 - And with medicine..



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No quick fix

- I would suggest **reflections** – and **interventions** at these levels
 - From macro to meso and micro:

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Who dominates values of health and food?

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Middle-class values

International Day of Yoga
June 21

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Inequality in health

- 'In 2010, whichever indicator of socioeconomic status is considered — **education, income or material deprivation** — reporting of poor or very poor general health and long-standing health problems tends to be infrequent in the most advantaged group and increasingly common as disadvantage worsens.
 - (Marmot et. Al. :Health inequalities in the EU, 2010)

'In 2018 the same goes within **diet and malnutrition related to elderly persons** – in Denmark – privileged patients/users with resources (economic, cultural, social) to support them are better off, than those with

no own resources.. () or with

bad professional (healthcare professions) or

poor institutional (hospital/elderly home) support..

-MY knowledge from review of studies (Kristian Larsen)

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- **1. Public health nutrition**
 - Different levels of intervention
 - Transnational, national, community, organisation...

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- **Transnational intervention**
 - How is "Eating, wellbeing, and nutrition" differently **distributed among social groups**? And how are "socioeconomic positions and related values" inherited and "handed over" between generations?


Large scale – (transnational) - Interventions (policy):

- **Aim to distribute (equal) possibilities**
 - ecosystem, labourmarket, education, knowledgetransfer, poverty reduction, economic development..

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- **State intervention**
 - How is 'Eating, wellbeing and nutrition' **organized and what is prioritized politically** (ministry, boards, research institutions)? What kind of struggles take place about health, diet?

National scale interventions (policy) e.g. on taxes and access on distribution related to "Eating, wellbeing and nutrition"
 Make healthy food cheap




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- **Community based intervention**
 - How can we **reduce vulnerability** in relation to Eating, wellbeing, and nutrition?

Community based or local interventions - Support vulnerable elderly patients, relatives, neighborhoods

Elderly homes
 Hospitals
 kindergardens





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- **Organisational intervention**
 - How does the **organization (elderly home/hospital) motivate** in relation to Eating, wellbeing and nutrition – what is 'de facto' practiced as valued, seen as attractive?

Denmark: Highest patient turnover in Western world - reduced dramatically and is currently estimated to 5.5 days (OECD 2017a) AND; increased 'user-involvement' and 'demands' for health services

Organisational interventions - What can be done to give priority to nutrition? Hospital nutritional excellence?
 Does 'economic benefits', 'research- activities (www.CET.rn.dk)', 'evidence based standards' (ESPEN guidelines) **stimulate nutrition on an organizational level?**

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- **Cultural intervention (lived experiences)**
 - Which 'culture' are present among patients or professions in relation to Eating, wellbeing and nutrition? Are there **discrepancies** between eating habits, lifestyles? What does the cook like? The dietist? The patient - patients.

Intervention of cultural level – development of cultural norms and values e.g. via practice; 'accept of individual', 'share values', 'making food and eat together'..





- **Nudging – Intervention via materiality**
 - Do the physical, material surrounding –‘serving’, ‘room’, ‘interior’ (noise, esthetics) support nutrition?

Intervention via materiality

- "Is it easy to choose healthy lifestyles?
- Staircase/Escalator
- Bikes/Cars?

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- **2. Clinical nutrition**
 - Need for research, education and collaboration

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Malnutrition and older people

- Malnutrition is **frequent in older people and a precursor for morbidity and hospitalisation**; furthermore **low intake and weight loss during and after hospitalisation** is well-described. (Lindhardt & Nielsen 2016)

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- **Intervention on Healthcare professions**
 - How is diet related to elderly people **practiced among professions?**
 - Which **professions** are there?
 - How do different professions **react** to this kind of change
 - What are their **competencies** in relation to food
 - What **role** does food play in care?
 - How do we improve a **"new nutrition consciousness"**


		Educational level	Food and nutrition skills
Nurses	At the ward	High	Limited
Nutrition nurses		High	High
Nurse assistants & SOSUs	In the kitchen	Intermediate	Limited
Unskilled asst's		Low	Limited
Cooks		High	High
Cooking asst's		Intermediate	High
Dieticians		High	High

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- **Healthcare professions**
- **Nurse in Norway:** *"The treatment the patient get is not worse [than before New Public Management changes], but they get less comfort and less mental treatment – like empathy"* (Brænd & Larsen, 2017, p 2)
 - Intervention on professional level**
 - research, development and evaluation
 - monitoring/screening nutritional status (DIMS), risk/vulnerable/ malnutrition elderly, energy/protein
 - clinical guidelines, dietary plans - apps/devices
 - patientsafety
 - collaboration doctor, nurses, cooks, dieticians..



- **Educational intervention**
 - Learning - Pedagogy; education and didactics
 - **Is eating, wellbeing and nutrition an object of education?** – how is it dealt with? Which educations deal with eating, wellbeing and nutrition and how?
 - Intervention**
 - development of educational programs, teaching models, curriculum, didactics and evaluation
 - choice of methods 'school', 'simulation', 'bed-side', - IT-learning, APPs..



Involving the user



- What are the **different** types of elderly
 - In hospitals or nursing homes
- User needs and the professional environment the 2 places are very different
- How can we **create a comfortable "foodscape"** in the 2 places
- How do we provide **quality** workforce around those

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New burdens on relatives

- Chris after husband admitted to nursing home:
- *I find it hard to get an overview of what to do..... All the time **there is something I have to do:** medicine, documents, pension, economy , I have to pay all sort of things.....Even at the Nursing Home I have to take care of all sorts of things. The supply of washing powder, a vacuum cleaner, shampoo. Things like that.??*
 - Helle Rønn Schmidt Ph.d. student (in proces 2018)

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Agenda

- Food for the elderly
- Come a long way in DK:
- A new "food for the elderly wave"?
- But food for the elderly its complex
- Diversity: users, professions, institutions..
- Different professions involved
- How do they react to and adopt the change?

- Conclusion: what is needed?
 - Transdisciplinary **research**
 - Researchers **education**
 - Education and **training of practitioners**
- AAU; UCN and SOSU Nord are ready



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- Thank you for your time

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