

Nutrition in Rural Palliative Care



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Statement of the Problem

Rural palliative care patients face healthcare inequities that impact their basic needs (Daniel et al., 2018)

- Decreased health literacy
- Challenged access to healthy food
- Lack of comprehensive nutritional support

How can we address nutrition needs that can improve symptom management and quality of life?

Background

A comprehensive database literature search demonstrates the impact of nutrition on quality of life.

Factors that impact outcomes include:

- Nutrition education of healthcare professionals (HCPs) (Devries et al., 2017)
- Disease specific nutrition education in patient care
- Interdisciplinary teamwork for nutrition support (Eliot et al., 2021)

Purpose/Aims

To understand gaps and barriers regarding nutritional support services for rural palliative care patients.

Aims:

- To review current evidence pertaining to the nutritional needs of palliative care patients.
- To determine interdisciplinary team awareness, knowledge, and interest
- To inform the development of a nutrition education program and evaluate the need for a consulting dietitian/nutritionist as part of the interdisciplinary palliative care team.

Methods

Design: Needs Assessment

Sample: HCPs caring for adult palliative care patients

Setting: Rural palliative care delivered via telehealth

Evaluation (Measures): Elective and anonymous

Qualtrics survey distributed after expert review

Data Collection and Analysis: Descriptive statistics and qualitative review

Timeline: February 2022-July 2022

Findings

- Of 36 IDT members, 24 (66%) completed the survey. All respondents agree nutrition is important in palliative care.
- Common concerns in providing nutrition education were a lack of time and resources.
- Patient barriers to adequate nutrition include income, knowledge deficit, and healthy food access.
- Respondents requested additional support for dietitian referrals, resources for low-income food access, and current recommendations for disease specific nutrition guidelines.

Survey Item (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree)	Mean (SD)	N
Providing nutrition education to patients and/or family caregivers is important in my role.	3.28 (±1.10)	18
I discuss the nutritional impact on serious illness management with my patients and/or families.	2.94 (±0.85)	18
I am comfortable with my knowledge with current evidence based practices for nutrition education.	2.94 (±0.62)	18
I am confident in my delivery of nutrition education.	2.78 (±0.71)	18
I have access to patient educational resources for nutrition.	2.61 (±0.83)	18
I am confident with my assessment of nutritional deficits.	2.83 (±0.60)	18
My patients actively demonstrate an understanding of the nutrition education I provide.	2.88 (±1.02)	17
I have enough time in my visit to provide adequate nutrition education.	2.12 (±0.83)	17
I include family caregivers when I provide nutrition education.	2.12 (±0.76)	17
My patients have an adequate health literacy level such that they are able to understand their chronic illness.	2.00 (±0.69)	17
Nutrition is important in palliative care.	3.75 (±0.43)	20
My patients have access to a dietitian.	1.95 (±0.59)	20
We often talk about patient nutrition at our weekly IDT meetings.	2.20 (±0.81)	20
I believe my patients would benefit from access to a dietitian.	3.55 (±0.50)	20

Implications for Practice

- Results will inform the development of a nutrition education program and contribute to the feasibility of incorporating a dietitian into the palliative care interdisciplinary team.
- Further study into the relationship between nutrition and palliative care is warranted.

Limitations



- Small organization with limited staff
- Challenged access to resources
- Limited literature to understand the role of nutrition in palliative care.

Acknowledgements/References

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References

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