

# Community Living Project (CLP)

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**Brief Description:**

The Community Living Project is a United Way/Area Agency on Agency sponsored program designed specifically for people struggling with Alzheimer's disease and their caregivers. The ultimate goal is to keep them out of the hospital and nursing home and at home where they want to be. The nutrition component is a crucial piece to this program.

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*This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.*

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People with Alzheimer's struggle in a variety of ways nutritionally, some forget to eat, some forget they have eaten and of course when you add a disease such as diabetes to that, it is easy to see how blood sugar control can be a real challenge.

Clients also suffer from a variety of nutrition related medical conditions and helping the caregiver deal with these issues is part of the national goal. They have a tendency to make their mind up about certain behaviors and sometimes become belligerent if challenged. This makes balanced nutrition difficult. They also sometimes lose the ability to feed themselves adding to their frustration and declining dignity.

The caregiver is also a very important part of the program as research shows that frequently they are hospitalized or die before the client. The stress of being responsible for someone 24/7 who often times has unpredictable sleeping habits, leaves them stressed and overwhelmed. They oftentimes need simple and quick ways to maintain a balanced diet that works with their lifestyle.

Providing nutrition assessment and evaluating the home environment allows us to work with the client and caregiver where they are most comfortable, providing them with information in a less stressful environment than a clinic or hospital room

**How**

Clients are referred by the Area Agency on Aging (AAA) and are on the program for 6 months with an opportunity for an extension. The Registered Dietitian makes an appointment and visits them twice in the home, assessing nutrition status, providing education, and working with the caregiver to find solutions to the most pressing nutritional issues.

## **Innovation**

The home is the real environment and living situation for the client and caregiver. It would be almost impossible to determine the possibilities of changing the nutrition habits without knowing the home environment. In fact, one has to work with the current habits in order to facilitate behavior change.

## **Impact**

97% success rate. 243 people out of 251 stayed out of the hospital or nursing home.

## **Client Story**

Mel, 44 takes care of her 75 year old father who suffers from Alzheimer's diabetes and paranoid schizophrenia among a host of other medical issues. Mel also takes care of a teenaged niece and is attending college classes. Her father recently set fire to the house in an attempt to cook for himself while another relative was taking care of him. Most food has to be locked in the pantry and freezers are locked to prevent him from over consuming. He also gets agitated when his daughter tries to control his intake due to his diabetes. He has been known to consume a whole gallon of milk in a day or a 2 liter bottle of lemonade. Diabetic control is difficult in this home.

Someone selling a "vitamin drink" had suggested to Mel that this would be good for the father. Not knowing his consumption habits, this would result in an 800 calorie drink, enough to send a diabetic to the emergency room. This was not the first time she had been given potentially damaging misinformation.

Previously Mel had a few minutes after each meal where she would give her father a diet drink and he would sit and be still so that she could eat herself and clean up the kitchen. Unfortunately another well-meaning person who had been giving him therapy had said that she should not do this because the diet drink had too much potassium (this is not true). Believing this, Mel had stopped giving him the diet sodas and she had become completely overwhelmed with him becoming agitated and restless after meals. After looking into his laboratory work and a call to his doctor it was determined that in fact he did not have any kidney issues and there was no reason for limiting these sodas. Mel started giving them to him again and she is able to have at least a few moments during the day where he is satisfied.

As a dietitian, one would not think we would recommend soda to a client, but in this case it was about managing the environment, treating the clients as individuals, and doing what is best for the family. Mel said she was so appreciative of this program and that she had a source of accurate information that would allow her to take better care of her father as well as make her life a little more manageable.

## **Sustainability**

This program pays for itself in terms of reduced hospitalizations. The quality of life for the client staying at home in their own environment where things are familiar is priceless when treating this disease.