



Parliamentary Inquiry into social isolation and loneliness

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This submission addresses the following

Role Meal on Wheels provides to the Queensland community

Meals on Wheels provides social engagement, reduces isolation and a welfare check

Causes of social isolation

Isolation increases community malnutrition

Reduces burden on the health care system

Reduces social isolation for clients but also provides an opportunity for those in the community to engage, find purpose and belong to a service ensuring the volunteer base remains engaged.

Approved for submission by:

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Dear Committee

Thank you for the opportunity to make a submission to this vital Inquiry into social isolation and loneliness. Meals on Wheels Queensland agree these are significant issues and our experience demonstrates they have grown in size and scale throughout the pandemic. On behalf of our Members, we congratulate the government for taking this important step in holding this Inquiry and we look forward to outcomes that will make a real impact for the many people affected.

Founded in Ipswich in 1956, Meals on Wheels Queensland represents 129 Member organisations across 144 locations. Our mission is to enable people to continue to live independently by providing meals, social contact and services that support their wellbeing, health and safety. Our Members combined represent an essential piece of social infrastructure, providing the front-line, preventative and early interventions in the home that reduces the risk vulnerable Queenslanders face with respect to malnutrition and social isolation. Our Members are in the community every week combatting the complexity and challenges of people who are socially isolated who are now more than ever being forced into risky choices due to their lack of social connections and a reduced support network around them. In our work, it is true that our volunteers are often they only people they will see and have any contact with that day and with a certain amount of regularity, we will be the Service to raise the alarm for a fall at home.

Meals on Wheels understands the impact social isolation and loneliness has on our community with respect to malnutrition and falls in the home which lead to people experiencing earlier and more frequent requirements for hospitalisation and premature entry to residential aged care. Our Members play an integral role in mitigating the direct and rapid downstream health and aged care costs these issues cause. The role Meals on Wheels plays in improving hospital avoidance, early discharge and post-acute care, is one we are very proud of and feel is quite unrecognised.

Currently one in three adults above 65 years of age suffers a fall each year, with any previous incident (regardless of the time period) more than doubling the odds of a subsequent fall. The cost of falls is expected to rise to around \$1.4 billion by 2051. An older Australian can receive Meals on Wheels for an entire year for about the same public cost as just one day in hospital or one week in residential aged care. By further integrating food and nutrition services together with the welfare check into the healthcare system will significantly allow vulnerable Australians to stay healthy and in their homes for longer, decreasing the cost impact on residential and acute health care (1,2).

Queensland Meals on Wheels recently surveyed a sample of 30 Meals on Wheels Services who indicated that on average 35% of their clients live alone. As one of the largest network of providers across Australia with 592 Services operating nationally, Meals on Wheels is genuinely on the front line in the community everyday. Whether they are in the large metros or the rural and remote areas, they are making an impact in communities combatting social isolation and loneliness.

Our commitment to providing this service to our community is evidenced by:

- 10,000 volunteers (45,000 nationally) who prepare and deliver 2.4 million meals across Queensland in FY20 (10 million meals nationally) to more than 20,000 vulnerable people across regional, rural and metropolitan Queensland.
- Addressing food insecurity by providing affordable, nutritionally sound and safe food;
- Conducting wellbeing checks to address loneliness and social isolation;
- Promote health and well-being of older people through nutrition and nutrition-related services.

The response to COVID-19 by Meals on Wheels in Queensland has seen on average a state-wide increase in service demand of 20%. In the early stages of the response, many Services responded to increases in excess of 100%. This has been driven by the requirement for older Australians to stay home and self-isolate, which has in many cases disrupted their access to a broader social network. Our FY 2020 data illustrates the demand across the federal Aged Care Planning Regions in Queensland as follows:

1. Ariel S, Lackoff B, Hickling B, Collins PF, Stevenson KJ, Nowicki TA, Bell JJ. 2019. The association of malnutrition with falls and harm from falls in hospital inpatients: Findings from a 5-year observational study. *Journal of Clinical Nursing*. doi.org/10.1111/jocn.15098
2. 10 Landeiro F, Barrows P, Nuttall Musson E, et al. 2017. Reducing social isolation and loneliness in older people: a systematic review protocol.

Aged Care Planning Region	% Increase in clients
South Coast	40.95
Brisbane North	32.75
Logan River Valley	28.25
Wide Bay	26.74
Cabool	26.85
Brisbane South	22.02
West Moreton	20.47
Darling Downs	19.70
Mackay	14.68
Far North	13.64
Northern	11.47
Sunshine Coast	11.33
Fitzroy	9.10
South West	8.20
North West	3.04
Central West	2.80

In responding to the pandemic, Meals on Wheels Queensland played a pivotal role in rapidly scaling up meal service whilst at the same time adapting the service model to cater for social distancing and hygiene protocols. This allowed Meals on Wheels to function as an essential service during the hard lock down periods forming a key part of the essential social infrastructure that is so vital for providing the essential sustenance combined with social contact and peace of mind for families and loved ones.

The relationship with community members volunteering to support the vulnerable members of the community throughout this pandemic response has been nothing short of overwhelming. In many parts of Queensland, we have seen volunteers step aside for their own safety during the pandemic but approximately 1,000 new Queenslanders have put their hand up at some stage over the past 16 months to support their vulnerable and isolated members of the community by joining Meals on Wheels. This is on top of the support readily available and welcomed from the Care Army. Pre-pandemic our members often reported that the Meals on Wheels volunteer is the only person their clients will see and have contact with all day. This has been exacerbated during the pandemic due to restrictions on gathering (which are entirely valid) and for other reasons such as low levels of digital literacy and a suspension in other funded social support services over this time. Fortunately, our welfare check and nutritionally based, safe and quality meal service has been a consistent connection point for these members of the community to access. Meals on Wheels Queensland is trialling options to reimagine the scope of the welfare check, extending the time spent with the client to share a meal with them and undertake more frequent screening care assessments, and would be pleased to share this with the committee if appropriate.

In mid-2020, Meals on Wheels Queensland participated with the Moreton Bay Regional Council in a Human and Social Recovery Network. This was an extremely positive experience which highlighted the increased need amongst vulnerable groups during the pandemic. What stood out to Meals on Wheels Queensland was the impact on accessing meals from vulnerable groups other than the elderly. There was a role Meals on Wheels could have played in taking on the provision of meals for these community groups, given the well-established community infrastructure already in place through Meals on Wheels. However, there was a lack of connection and awareness

amongst us all that this could be a greater role Meals on Wheels could play, relieving other community groups of performing this role, allowing them more time to focus on their core business. This is now part of the action planning within this region.

Community

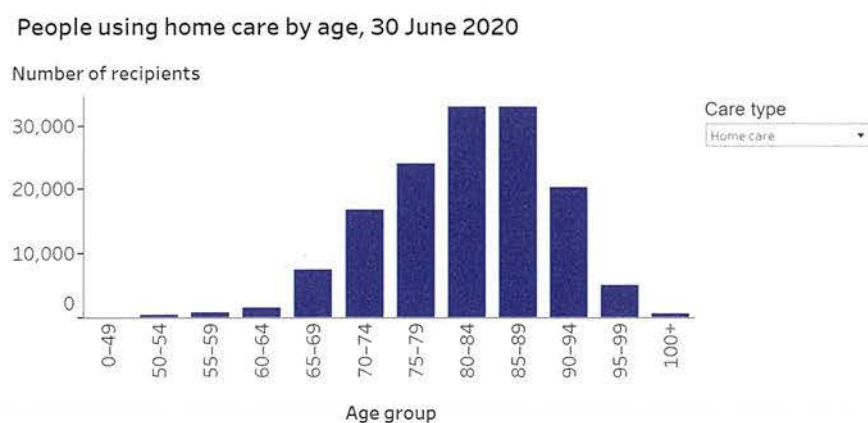
Meals on Wheels in Queensland and across the rest of Australia continue to adapt and evolve our business model in the face of changing conditions in both the population of communities and the expected raft of changes flowing from the Royal Commission into Aged Care. Australia has an ageing population, with the number of people over 80 years expected to increase by 200% by 2050 totalling 2.8 million Australians in this age group within the next 30 years (3). This will place increased demand on community and aged care services. Federal government policy is to keep Australians in their home for as long as possible and provide community support to do so. However, without a strong, well-organised, easily accessible, and affordable meal service from providers such as Meals on Wheels there is real risk of increased community malnutrition and the flow-on effect is those entering age care presenting frailer. Community malnutrition ultimately will lead to increased costs to government and the taxpayer. There are unique attributes related to the Meals on Wheels service model, including using volunteers for some aspects of the service, receiving government funding, and yet operating in a competitive commercial environment (4).

The rise of drop and go providers accessing federal government funding, who have no regulatory obligation to FSANZ Standard 3.3.1, Food Safety Programs for Food Service to Vulnerable Persons (5) or to provide a welfare check is a growing concern for grass roots, community organisations we represent. The strength of the Australian aged care system should be built upon the wishes of seniors and the vulnerable to retain independence and live in their homes accessing single or multiple community services as they need.

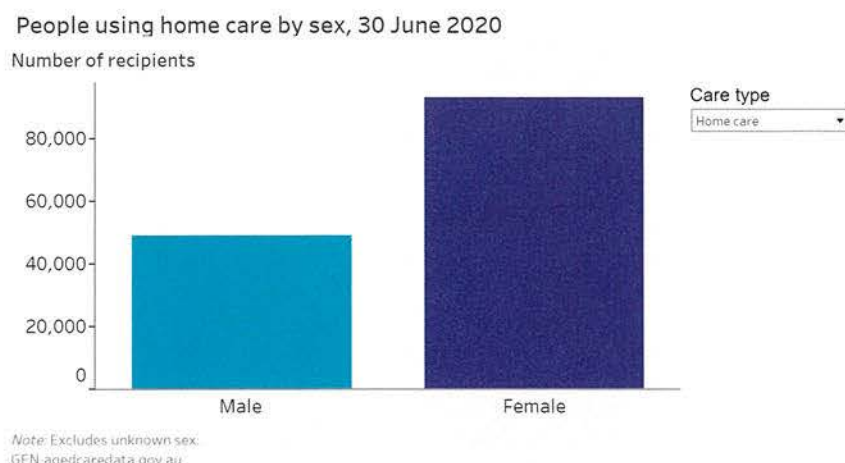
There seems to be an unfair playing field starting to develop, from commercial meal providers who do not have to comply to the Food safety regulations that Meals on Wheels must follow. This allows these other commercial service providers to drop meals and go. There is no monitoring of food safety for these meals. The meals are assumed to be safely held at the correct temperature. Whereas, meals provided by Meals on Wheels are delivered with an assured level of food safety with correct critical control points, monitoring and importantly, the welfare check which combats isolation and loneliness on a daily basis.

Statistics of people using home care packages

30 June – 142, 436 using home care (6)



3. Roberts, S., Collins, P., Rattray, M., 2021. Identifying and Managing Malnutrition, Frailty and Sarcopenia in the Community: A Narrative Review Nutrients <https://www.mdpi.com/2072-6643/13/7/2316>
4. Victus Foodservice Research Group Royal Commission submission <https://nacinstitute.com.au/wp-content/uploads/2021/06/Victus-FS-Royal-Commission-Submission.pdf>
5. Standard 3.3.1 – Food Safety Programs for Food Service to Vulnerable Persons <https://www.foodstandards.gov.au/industry/safetystandards/service/pages/default.aspx#:~:text=to%20Vulnerable%20Persons-Standard%203.3.,children%20in%20child%20care%20centres>
6. GEN Aged Care Data Australian Government Australian Institute of health and Welfare <https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care>



The Welfare Checks save lives

Meals on Wheels is an essential nutrition service providing meals support. It has long been understood that it is equally important that Meals on Wheels provides socialisation and a welfare check (7) – the “more than just a meal”. The welfare checks delivered by our volunteers are a free service (currently not funded by any level of government) that saves lives. A sample survey across 30 of our Members indicated that 47% of Services will respond to between 1-5 non-response incidents per year and 33% will respond to more than 10 incidents of non-response per year. The following is a recent real-life example from our St Lucia service to illustrate this point.

“John” is a client of Meals on Wheels at St Lucia and lives by himself. His daughter who would play the role of informal carer like many people do, lives interstate and has no means to physically check on her father and relies on the Meals on Wheels as peace of mind to do this once a day 5 days a week. Recently when conducting the meal run to John’s home, the volunteer drivers knocked on the door and he didn’t answer. The volunteers called the St Lucia office who tried calling him, but John didn’t answer. The St Lucia Office called the daughter who didn’t know why he wasn’t answering. The volunteers checked through the window and saw him on the floor and immediately St Lucia called the ambulance and we were able to let them in via a keysafe St Lucia had installed for John. St Lucia had access to the pin number which John had agreed and consented to. John was taken to hospital and is now recovering well. John’s daughter contacted the Service as per the following reply:

I just wanted to say thank you again for taking care of my dad. If it wasn’t for Meals on Wheels checking in on him, I’m not sure how long he would have been on the floor for. I’m down in Victoria in lockdown and without you there wouldn’t be anyone to check in on him. I really appreciate all the hard work you guys do for the community. Thanks so much”.

7. Thomas, K.S., Akobundu, U., Dosa, D., 2016. More Than a Meal? Randomized control Trial Comparing the Effects of Home- Delivered Meals Programs on Participants’ Feelings of Loneliness. Journals of Gerontology, Social Sciences vol 71 (6) 1049-1058

Many older adults live in isolation and face the risk of this situation occurring each day. Evidence suggests that the drivers who deliver the meals are often the only people those senior, older adults see and interact with on a daily basis (7). The volunteer delivery drivers serve an important function by regularly checking in on the condition and well-being of their clients (7). As mentioned, Meals on Wheels Queensland is already undertaking research to explore the volunteer base, increasing flexibility of service delivery, social engagement and welfare checks. A recent foodservice study undertaken by University of Queensland students mapped out the services provided, menu options, meal delivery system and volunteer engagement. The research highlighted that there is scope within the volunteer base to expand social engagement and volunteer opportunities, and the Services have the ability to provide flexible menu choice and personalised nutrition strategies (8). These findings will support future research projects and funding proposals to shape Meals on Wheels services to reduce social isolation experienced by our clients, provide welfare checks, nutrition support and promote “the more than just a meal” concept.

Causes of social isolation

Social isolation is caused from several factors and some people in the community will have multiple of these further increasing their isolation and loneliness.

- Loss of life partner
- Loss of working life
- Increasing age – elderly are living longer
Family not locally living – geographically isolated
- Loss of community connection through social outings, closing of community group
- Reduction in physical health
- Loss of cognitive function
- Reduction in income
- Geographical location – rural areas have less services
- More recently lockdowns and reduction of community services

Socialisation can lead to loneliness, and this is defined as the gap between real and wished for social relationships and contact (9). Loneliness is associated with increased risk of functional decline and death, health-related behavioural and biological risk factors, increased risk of hospital visits, coronary conditions, placement into nursing homes (9), cognitive impairment and reduced appetite (10). There is a general consent that loneliness increases with age for older adults. This is not surprising given the many objective losses that take place in advanced age. These include retirement, death of a spouse, siblings, and close friends all resulting in reduced social networks and contact (9).

When new social contacts are added, loneliness decreases. It has been reported that over half of the elderly in the community live alone and more than 40% do not have daily contact with friends or family (9). When clients become a Meals on Wheels recipient, they now have access to an additional person(s) present in their life. Meals on Wheels staff and volunteers report that friendships can and do develop between the clients and become part of the group which belongs to that Meals on Wheels service (9). The informal but regular conversations clients will have with the volunteers play an important role in their wellbeing and the feeling of being connected to another person, another member of their own community. By identifying loneliness, as well as ensuring that isolated or lonely older adults receive more social contact through the services Meals on Wheels provides could reduce the health risks and improve quality of life (9).

8 Nicholl, E, Yin, D, Zamoshnikova, A., 2021. Meals on Wheels Production and Meal Delivery Review for Service Improvement and Food Safety.

9 Schorr, A.V, Yehuda, I., Tamir, S., 2020. Loneliness, Malnutrition and Change in Subjective Age among Older Adults during COVID-19 Pandemic. International Journal of Environmental research and Public Health.

10 Astrup, C, & O'Connor, M. 2018. Fuel for Life : A Literature Review of Nutrition Education and Assessment Among Older Adults Living at Home. Home Health Care Management & Practice Vol 30 (2) 61-69

Social isolation and its direct link to increased malnutrition

Protein-Energy-Malnutrition (PEM) is defined as an insufficient nutrition intake or absorption (10). It is common amongst elderly adults and people with chronic illness (4). The link between disease, old age and living alone as well as physical disablement may lead to decrease food intake (10). The rate of malnutrition in the community is 10-30%. Malnutrition is associated with reduced functionality, increased risk of illness, reduced quality of life, and increased independence (11). Protein-Energy-Malnutrition is directly linked to social isolation. With increasing age, social isolation and loneliness become important issues that might influence food intake and therefore nutritional status (12).

As the elderly age there will be an increase in aged-associated condition such as protein- energy malnutrition. Consequently, these conditions lead to increased healthcare costs with individuals requiring more health care professionals, hospitalisation, health care monitoring and treatments (4). Malnutrition is often not diagnosed in hospitals, leaving many community-dwelling adults undiagnosed and not supported. Even those that are diagnosed in hospital, this setting is not appropriate to reverse these conditions and once the elderly return to home they rely upon community services.

We know that 30-40% of those who enter acute care are malnourished, usually those with multiple diseases or the frail elderly. This proportion is stubbornly persistent as the population is aging, people delay admissions, leading to those in acute care being more seriously ill and generally older. There has been a marked change in policy in both Australia with “aging in place” preferred, with entry level support and a marked increase in home care packages as instruments to better enable this to happen. It is important when people are identified and referred for these services, that these instruments don’t work against them. This cohort of people are those that are often “hidden” in the community – the elderly, the disabled, isolated and the food insecure.

The support packages have finite resources and will not always include all the nutritional support required by the most vulnerable. For example, one meal pack ie 3 courses provided by Meals on Wheels provides a third of energy needs and half of the protein needs of an older person requires. The capacity to provide more meals per day is an option but is impacted by the recipient’s financial circumstances and of course their own choices and preferences. With Home Care Packages, the recipient must choose between services to be provided to a set budget with their provider (noting Meals on Wheels is a sub-contractor only to Home Care Packages). Situations do occur where the recipient is forced to make a trade-off for meals for other services or may split the lunch meal to keep some for the evening meal or sharing one meal between partners to stay within the package limits. All of these examples could lead to malnutrition and are risky choices. If the recipient is already experiencing conditions of isolation and loneliness, combined these conditions increase the risk of a major health incident resulting in hospitalisation or early entry into residential care.

A study by Boulos (12) 1.2 reported a fold increase risk of malnutrition among individual reporting higher levels of loneliness. Loneliness is a strong predictor of adverse health outcomes. Loneliness may contribute to poor nutritional status through a variety of areas, from appetite to ability to do shopping. The support of meal sharing while in this study did highlight the importance of community meal providers to include this as part of service provision (12).

Corporate meal services (drop and go) do not have the capacity as part of their operations to spend time with clients and provide a health check. Whereas Meals on Wheels has a state-wide infrastructure already in place which could be expanded to provide more social contact and reduce loneliness.

11 Walton, K., Charlton, K.E, Manning, F., McMahon, A.T., Galea, & Evans, K., 2015. The nutritional status and energy and protein intakes of MOW clients and the need for further targeted strategies to enhance intake. *Appetite* 95 :528-532

12 Boulos, C., Salameh, P., Barberger-Gateau, P., 2017. Social isolation and risk for malnutrition among older people. *Geriatr Gerontol Int* 17: 286-294

MOW services reducing hospitalisation/aged care homes admissions and health costs

It is not possible to accurately cost malnutrition as a result of its hidden nature. A study by Curtis et al in Canada in 2017 (13) costed hospital malnutrition in relation to increased length of stay (25-30% longer when compared to similar diagnoses without malnutrition). In Australia, malnutrition is identified as a co-morbidity in casemix coding leading to higher levels of compensation to facilities which are based on casemix funding models but not necessarily in those using activity-based funding. But it has proved challenging to clarify the cost of malnutrition in the community. The Australian Commission on Safety and Quality in Health Care lists malnutrition as a hospital acquired complication, and notes that it can be reduced but not eliminated by appropriate care (14). Policy and procedures are the first suggested strategy.

People discharged from hospital, especially older adults, are more likely to face the burden of disease, functional decline and risk factors for frailty, disability, re-hospitalisation and mortality.

A pilot study carried out by Luscombe-March 2013 found that MOW may be a cost-effective strategy to reduce hospital readmission and duration of hospital stays (15).

A Texan study by CHO (16) showed the importance of Meals on Wheels in significantly decreasing the average number of emergency department and hospital admissions. The average length of stay among participants hospitalised before receiving meals decrease from 5.47 days to 2.32 days after receiving meals. This study highlights the importance of community meal services to

1. Reduce health care admissions
2. Meals on Wheels is a popular program for delivery of nutrient and support services
3. Improved outcomes from meal program
4. That Meals on Wheels provides a critical piece in supporting the elderly to received nutrition (16)

Programmes such as Meals on Wheels potentially provide substantial savings to healthcare and are well placed to refer to support services to help people remain independent. The finding from the Thomas 2013 study indicated that 92% of recipients of Meals on Wheels enabled them to continue living in their own home. Home delivered meals with a welfare check provides dignity and independence to enhance quality of life. One potential mechanism to decrease spending on institutional care and allow older more vulnerable adults to remain in their homes is through a relatively affordable, well-established and popular programs such as Meals on Wheels (17).

The importance of dining together – community meal programs

Elderly people regard mealtimes as a welcome break and something to look forward to (18), structure to their day and give a sense of independence and control over daily choices (19). It was shown that, on average, people consumed 44% more food when eating with other people compared to eating alone (20). Shared meals allow for volunteers and carers of the community to spend time with people to ensure they are eating, what they are consuming, which is essential to prevent malnutrition. With the levels of malnutrition and the population expected to get frailer it is an important point to ensure the elderly eat adequate amounts of food and fluids.

13. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6005105/>

14. https://www.safetyandquality.gov.au/sites/default/files/migrated/SAQ7730_HAC_Malnutrition_LongV2.pdf

15. Luscombe-Marsh, N., Chapman, I., 2013. Hospital admissions in poorly nourished, compared with well-nourished, older South Australian receiving 'Meals on Wheels': Findings from a pilot study.

16. Cho, J., Thorud, J.L., Marishak-Simon, S., Hammack, L., Stevens, A.B., 2018. Frequency of Hospital use before and after Home-Delivery meal by Meals on Wheels, of Tarrant country, Texas.

17. Thomas K.S, Mor Vincent 2013. Providing More Home-Delivered Meals Is One Way to Keep Older Adults with Low Care Needs Out of Nursing Homes.

18. Connor, R.J., 1999. Is healthy eating only for the young. Nutrition & Food Science No 1 (Jan/Feb) 12-18

19. Carrier, N., West, G.E., & Ouellet, D., 2006. Cognitively Impaired Residents' Risk of Malnutrition Is Influenced by Foodservice Factors in Long-Term Care. Journal of Nutrition for the Elderly 25 (3/4):83-87

20. de Castro, J.M., & Stroebele, N., 2002. Food intake in the real world: implications for nutrition and aging. Clinics in Geriatric Medicine, 18 (4): 2-5

Menus are an important function of Meals on Wheels. Food is a central and important part of every Meals on Wheels clients day. People eat more when they dine with someone else (21). This has been shown in other studies where nurses sat at the table and ate with residents in an aged care home. Family style dining and a meal delivery system which supports this could support a positive increase in food intake (21).

Some Meals on Wheels services provide an in-dining room opportunity for clients to eat meals together during the week. Meals on Wheels Pine Rivers works with the Wesley Mission to provide a dining experience during the week at the facility at Lawnton. Similarly, Meals on Wheels Queensland has piloted cooking classes in Nambour, Sunnybank / Salisbury, Ashgrove and Caboolture as part of our wellness and reablement approach. Aside from the opportunity to support and provide clients with some skills in cooking a meal at home for themselves, it overwhelmingly provided a successful social support for the clients involved.

Queensland Meals on Wheels is exploring the development of a volunteer meals program to sit and eat lunch meals with clients and increase time with the clients. This was piloted during Volunteer Week in May 2021 and will be trialled again on National Meals on Wheels Day on 25 August 2021.

Referral System

Overall, the feedback on the referral network from Meals on Wheels providers between hospital discharge staff, general practisers and community health providers to Meals on Wheels works satisfactorily. It is an essential mechanism that ensures not only will the person receive essential sustenance where they are unable to support meal provision themselves, but importantly the visit from the Service to check in and provide a channel to connect them with other support should the person be unable to coordinate this for themselves. It is though often dependant on the local knowledge and/or experience of the Hospital or medical officer with Meals on Wheels.

Queensland Meals on Wheels is aware of a co-design project between the Ambulance Service as part of Queensland Health and key stakeholders (of which we were a participant) that considered the role of the first responders and the overall system approach to reducing falls and premature hospitalisation. We are not aware of outcomes from the co-design activity, however, there remains our genuine support to working together to review referral mechanisms where people who become isolated for extended periods are then not part of a cycle where this is repeated due to lack of regular social contact and nutritional meals. Any opportunity to further collaborate to reduce barriers to first responders, Hospitals, GP's and community providers referring to Meals on Wheels we would gladly explore.

Meals on Wheels is an essential part of social infrastructure, on the front line combatting social isolation, loneliness, and malnutrition. There is an intrinsic link between social isolation and loneliness with malnutrition that Meals on Wheels plays a significant role in addressing, and more frequently, saving lives. Our 10,000 volunteers, 126 Members are engaged with this fight on a daily basis. Working with government and the community sector, the Meals on Wheels Service has the potential to extend its impact through:

- Increasing vital social support by extending the time spent on the welfare check and the activities undertaken;
- Increasing opportunities for volunteers, offering different experiences that fight social isolation, loneliness;
- Level the playing field with commercial operators on food safety standards;
- Improve incentives and referral arrangements with key stakeholders for Meals on Wheels to support other vulnerable groups.

Once again, we applaud the government for undertaking this vital Inquiry and welcome the opportunity to participate further as you require.

21. Keller, H., Carrier, N., Duizer, L., Lengyel, C., Slaughter, S., Steele, C., 2014. Making the Most of Mealtimes (M3) : Grounding Mealtime Interventions with a Conceptual Model. JAMDA 15 : 158-161