

Research in Brief



Issue No 2022-12
Publication Date July 29 2022
ISSN 2092-7117

Building D, 370 Sicheong-daero, Sejong City 30147 KOREA **Korea Institute for Health & Social Affairs**

Improving Meal Care Services for Community-dwelling Older Persons by Way of Improving the Competence of the Eldercare Workforce¹⁾

Jeongseon Kim

Research Fellow, KIHASA

Introduction: the need for meal care for community-dwelling older persons

The National Survey of the Living Conditions and Welfare Needs of Older Koreans finds that in 2020, 84 percent of those 65 and older had one or more chronic conditions and 54.9 percent had multiple chronic conditions. According to a 2021 report by the National Health Insurance Service, health expenditure on people 65 and older accounted in 2020 for 43.1 percent of total health expenditure.

Health is a key determinant of quality of life in older persons, for whom dietary conditions can be a direct effect on their health. The current trend is such that, with the rapid rise of the nuclear family, older persons are increasingly living on their own, apart from their adult children. Older adults who have no adult children around to prepare meals for them may suffer a deterioration in their dietary quality or even nutritional deficiency.

Various elder meal programs have been piloted of late in Korea, following the government's announcement in November 2018 of the Integrated Community Care Initiative. Some of these meal care programs, implemented as part of the Community Social Service Investment Project and in conjunction with the Community Care Initiative, have been delivered to people 65 and older

1) This brief is an amended extract from *A study on resource efficiency development to improve the quality of meal services for the elderly* (2021), authored by Kim, Jeongseon *et al.*

with less than 160 percent of the standard median income, during the one-year period between July 2020 and June 2021 in four municipalities. In these programs, dietitians examined the dietary habits and health status of the participating older persons, then offered them group meals or home-delivered meals 3 to 5 times a week. Some older persons who had difficulty with mastication were offered, via home delivery, fully-cooked consistency-modified food including liquidized meals. In the same year, as part of its Integrated Community Care Initiative, the Ministry of Health and Welfare has implemented meal care programs for older adults living in Busan and Jeju. There is also an “nutritious meal” delivery program, which, ongoing since last year in Chuncheon City and Hwaseong City and carried out by the Ministry of Public Administration and Security and the Ministry of Health and Welfare, with its target beneficiaries selected based not so much on income criteria as on health status and dietary needs, is aimed at helping older adults prevent declines in bodily functions and maintain healthy-living capability.

Elder meal care means to provide older adults with nutritionally-balanced meals tailored to their age and health status and to assist with feeding as needed. For older adults whose activities of daily living are broadly impaired by their health conditions, mealtime might be the chief source of enjoyment and delightful curiosity, a means of keeping themselves connected with their family and neighbors, the time of day when they are at their most active and most nutrient-consuming. However, most certified caregivers and care attendants in Korea, mostly in their 50s or 60s, are thought to lack professional training, especially when it comes to meal care. Although it is not impossible to educate these workers, it is hard to expect that education alone can lead them to work effectively in meal care settings, given their age and job experience, the current remuneration system for care workers, and the perception society has of caregiver jobs. Moreover, as the population continues to age, the economically-productive population gets smaller. Consequently, there is a growing shortage of workers in the culinary sector. Older adults who are living on their own in their homes, regardless of their economic situations, are liable to have a simplistic, nutritionally inadequate diet. Thus, there is an urgent need for policy-driven meal care services that are tailored to the needs of older persons, a population especially prone to dietary deficiencies.



The workforce in elder meal care, as classified into occupational categories

The workforce involved in elder meal care consists of dietitians and cooks who purchase food-stuffs and prepare meals for older adults, and also of nurses, nursing assistants, certified caregivers, social workers, senior living caregivers and care attendants who assist with mealtime activities.

[Table 1] Profile of the elder meal care workforce, by occupational categories, tasks, employer institutions

Institution/ facility	Workforce		Meal care tasks
	Job position	Occupational category	
Ward office/ community welfare center/ assisted-living facility	Welfare officer (community outreach center)/staff	Social worker	<ul style="list-style-type: none"> Identify those in need of meal care and support and manage relevant cases Educate volunteers and provide them with administrative and technical support
		Senior living caregiver	<ul style="list-style-type: none"> Monitor cases Report to a welfare officer about needed changes in services and other issues
Senior welfare center	Facility director/staff	Social worker	<ul style="list-style-type: none"> Encourage eldercare to include meal care as a collaborative project Oversee meal delivery Identify those who need meal care Visit meal care recipients Take on administrative tasks
		Cook (or dietician)	<ul style="list-style-type: none"> Prepare simple meals for clients
Day/night care facility	Facility director/staff	Social worker	<ul style="list-style-type: none"> Organize education/training programs for eldercare workers on meal care Purchase foodstuffs
		Certified cook	<ul style="list-style-type: none"> Determine the kinds and amounts of foodstuffs needed to prepare planned menus
Non-residential care facility	Center director/manager	Nurse	<ul style="list-style-type: none"> Educate certified assisted-living caregivers Collect data on on-site dietary conditions and create cases out of them
		Certified assisted-living caregiver; social worker	<ul style="list-style-type: none"> Provide daily assisted-living care, emotional care, and attending services Assist with shopping, meal preparation and eating
Public health center	Health Care Project team chief	Dietary counselor	<ul style="list-style-type: none"> Provide dietary counseling on chronic conditions
		Visiting nurse	<ul style="list-style-type: none"> Check on the client's health conditions (blood-sugar level, blood pressure, etc.)
Long-term care facility	Facility director/manager	Nurse	<ul style="list-style-type: none"> Help with tube feeding and mastication/swallowing issues
		Social worker	<ul style="list-style-type: none"> Oversee the admission of long-term care residents and assist in their initial phase of in-facility living (administrative support, emotional support, etc.) Participate in managing the dietary needs of facility residents
	Long-term care team chief	Certified assisted-living caregiver	<ul style="list-style-type: none"> Administer job training programs for assisted-living caregivers Carry out almost all aspects of elder meal care

	Nutrition team chief	Dietician	<ul style="list-style-type: none"> • Determine dietary status and plan menus accordingly • Plan and prepare meals as guided by a nurse • Carry out administrative duties concerning the implementation of elder meal care programs
		Certified cook	<ul style="list-style-type: none"> • Prepare meals as per determined recipes

Source: Kim, Jeongseon et al. (2021), A study on resource efficiency development to improve the quality of meal services for the elderly. Korea Institute for Health and Social Affairs

Meal care service workers: qualifications and training requirements

Unlike those in youth or middle age, who as a rule consume meals of their own accord, older persons who have difficulties with activities of daily living need care that looks after their nutritional and dietary needs, as do people with severe disabilities or a declining eating capability. The quality of meal care delivered thus has intimately to do with the job competencies of the eldercare workforce. As for certified caregivers, who serve as the backbone of elder meal care—preparing meals and assisting with feeding—there is a license training program, run by a private association, that prepares them for their roles as “nutrition-specialized certified caregivers.”

[Table 2] Qualifications for the elder meal care workforce

	Meal preparation		Mealtime care					
	Dietician	Certified cook	Nurse	Nursing assistant	Certified caregiver	Care attendant	Social worker	Senior living caregiver
Educational requirements	O	X	O	X	X	X	O	X
Licensure requirements	National licensure exam	National licensure exam	National licensure exam	National licensure exam	National licensure exam	Private licensure exam	National licensure exam	X
National exam	O	O	O	O	O	X	O	X
	Korea Health Personnel Licensing Examination Institute	Human Resources Development Service	Korea Health Personnel Licensing Examination Institute	Korea Health Personnel Licensing Examination Institute	Korea Health Personnel Licensing Examination Institute	Korea Certified Information	Human Resources Development Service	-

Legal basis	National Nutrition Management Act	National Technical Qualifications Act	Medical Service Act	Medical Service Act	Welfare of Senior Citizens Act	-	Social Welfare Services Act	Welfare of Senior Citizens Act
Professional title	Geriatric dietician	X	Geriatric nurse	Visiting nursing assistant	Nutrition-specialized certified caregiver	X	X	X

Source: Kim, Jeongseon *et al.* (2021), A study on resource efficiency development to improve the quality of meal services for the elderly. Korea Institute for Health and Social Affairs

[Table 3] Assessment of service needs among persons (children) with disabilities in the UK, Germany, Sweden, and Korea

Service	Occupational category	Responsibilities
Meal preparation	Dietician	<ul style="list-style-type: none"> • Set up nutritionally-balanced menus for clients • Provide nutrition facts about meals served • Inspect and manage purchased foodstuffs • Keep a record of ongoing foodservice • Provide dietary education and counseling • Plan menus, taste-test, and manage meal distribution • Keep foodservice facilities sanitary • Provide dietary guidance and hygiene education to staff
	Certified cook	<ul style="list-style-type: none"> • Select and purchase foodstuffs as per planned recipe; inspect purchased foodstuffs and keep them fresh and safe; cook meals that are safe, delicious and nutritious; keep cooking utensils and facilities clean
Mealtime assistance	Nurse	<ul style="list-style-type: none"> • Examine, collect data on, and determine patients' nursing needs, and provide care to meet the needs • Assist in treatment carried out by physicians, dentists, or oriental-medicine doctors • Educate and provide guidance to patients with nursing needs; plan and assist in health-promotion activities, and do health-related activities specified by the Presidential Decree • Provide guidance to nursing assistants in their tasks as specified in Article 80 of the Medical Service Act
	Nursing assistant	<ul style="list-style-type: none"> • Examine, collect data on, and determine patients' nursing needs, and provide care to meet the needs • Assist in treatment carried out by physicians, dentists, or oriental-medicine doctors • Educate and provide guidance to patients with nursing needs; plan and assist in health-promotion activities, and do health-related activities specified by the Presidential Decree • Assist in nursing and care services carried out for patients in primary care clinics by physicians, dentists, or oriental-medicine doctors
	Certified caregiver	<ul style="list-style-type: none"> • Assist with physical activities and housework
	Care attendant	<ul style="list-style-type: none"> • Mainly provide care services for individuals in need of care, but may take on varying job tasks depending on their employer agencies

	Social worker	<ul style="list-style-type: none"> • Develop and implement social welfare programs • Give guidance to residents on living in facility settings • Provide counseling support for people in need of social welfare services
	Senior living caregiver	<ul style="list-style-type: none"> • Ensure safety of older persons by visiting or calling them, or via ICT • Promote social participation in older persons via social network or support group meetings • Educate older persons on healthy living and mental health • Assist older persons in moving around, housework and dining • Help clients link to other services (living support, housing improvement, health support, etc.)

Source: Kim, Jeongseon *et al.* (2021), A study on resource efficiency development to improve the quality of meal services for the elderly. Korea Institute for Health and Social Affairs

As for care attendants, there are no mandatory training requirements or training programs in place for them. This is to say that there is no formal mechanism by which to ensure the quality of meal care services delivered by care attendants.

[Table 4] Job training requirements for elder meal care providers

	Meal preparation		Mealtime assistance					
	Dietician	Certified cook	Nurse	Nursing assistant	Certified caregiver	Care attendant	Social worker	Senior living caregiver
Mandatory training requirements	0	0	0	0	0	X	0	0
Mandatory education requirements	Continuing job education; food hygiene education; special hygiene education	Food hygiene education	Online education requirement; continuing job education	Continuing job education	Long-term care int education	X	Continuing job education; mandatory education for social welfare facility employees	Mandatory education for social welfare facility employees
	0	0	0	0	0	X	0	0

Source: Kim, Jeongseon *et al.* (2021), A study on resource efficiency development to improve the quality of meal services for the elderly. Korea Institute for Health and Social Affairs

[Table 5] Training topics relevant to elder meal care providers

Service	Occupational category	Training topics
Meal preparation	Dietician	Nutraceuticals; cardio-cerebrovascular disease; diabetes; obesity; child obesity; kidney disease; cancer; nutrition/dietary counselling; nutritional support; nutritional support for patients with severe illness; gastrointestinal disease; therapeutic diet; dietary leadership
	Certified cook	Culinary sanitation; culinary management; culinary safety
Mealtime assistance	Nurse	Cardiovascular nursing; nursing in assisted-living facilities; venous leg ulcer care; hospice palliative nursing; nursing for older adults with chronic conditions
	Nursing assistant	Introductory practice; training on working in a primary care setting; nursing assistance in a long-term care hospital; care for dementia patients; reimbursement claiming; long-term care management; hospital administrative services; medical tourism coordination
	Certified caregiver	Relationship between geriatric disease and dietary patterns; dietary management in old age; foods that slow aging and how to make them; preparing meals for people undergoing physiological changes due to old age; dietary regimen for people with geriatric diseases; preparing meals for older adults
	Care attendant	-
	Social worker	Job Training II: Art of geriatric care—Assistance in activities of daily living (dining assistance, nutritional management, food and dinnerware sanitation)
	Senior living caregiver	Job Training I (Basics): Art of geriatric care—Assistance in activities of daily living (dining assistance, nutritional management, food and dinnerware sanitation)

Source: Kim, Jeongseon *et al.* (2021), A study on resource efficiency development to improve the quality of meal services for the elderly. Korea Institute for Health and Social Affairs

An interview with elder meal care providers

As part of this study a qualitative face-to-face interview was conducted with the aim of better understanding the state of elder meal care and the perception thereof among care providers. The interviewees were asked to state whether there were training programs in place to help them improve their skills in elder meal care, and, if not, whether they felt further training was needed to level up their job competency. The face-to-face interview was conducted of focus groups, each of which consisting of 3 or 4 individuals selected from each occupational category, via video calls over the month of September 2021.

The difficulties that the participants encountered while providing meal care varied as widely as their work and responsibilities differed according to their occupational categories. Job satisfaction was higher for workers who actually provided care on site to clients as compared to those whose job involved much paperwork.

When asked to indicate on a 10-point scale the importance of meal care in eldercare, participants

from every occupational category gave a score of over 8. They thought that having a balanced diet was important especially for older persons, for whom the sustenance of health and immunity is contingent in large part on nutritional status.

Most of the interviewees were participating, once a year or every other year, in a training program organized by associations related to their professional practice, but they thought such a training course did not help all that much in their work on site.

For senior-living caregivers, there was no training course available. They instead received on-the-job training at their employer institutions via such means as weekly work meetings. As a result, their work competencies may be contingent on the employer institution.

It was found that care attendants, mostly unlicensed, were not required to receive training, nor was there any job training provided for them. The quality of care that those personal care attendants provide can thus be said to depend predominantly on individual competence.

[Table 6] Issues and needs related to senior meal care, as reported by eldercare workers tasked with meal care

Occupational category	Issues with working conditions
Dietician	There are professionally designed nutritional screening tools used in hospitals to assess the health and nutritional status of older persons. However, little screening of the sort has been conducted for community-dwelling older persons.
Nurse	As it is hard to determine with naked-eye observation alone older adults' health and nutritional status, daily frequency of urination (and of defecation) is often consulted. Thus, there is a need for common standards by which to assess older adults' health and nutritional status.
Social worker	There is a need for common standards by which to assess older adults' health and nutritional status.
Occupational category	Issues with training
Dietician	There is a need for training programs that can be of practical help in elder meal care settings.
Nurse	Certified caregivers need to strengthen their competency in elder meal care, which is an essential part of their job.
Nursing assistant	Eldercare workers whose responsibilities include dining assistance need basic education on elder meal care as eating is immensely important for older persons.
Certified caregiver	Education programs are needed that include various culinary menus and recipes created for older persons.
	Such a professional education program as one for "nutrition-specialized certified caregivers" should be more widely promoted and utilized.
Social worker	There are no job education programs on elder meal care as of now; such programs should be designed with a focus on on-site training.
Senior living caregiver	Preparing menus and meals that suit the needs of older persons require education and information.

Source: Kim, Jeongseon *et al.* (2021), A study on resource efficiency development to improve the quality of meal services for the elderly. Korea Institute for Health and Social Affairs



Concluding remarks: ways to improve the competency of the elder meal care workforce

Training of meal care providers should be conducted not based on the various occupational categories of eldercare workers, but in a single, integrated curriculum. This could render cooperation in meal care easier between eldercare workers of different occupational categories.

There is a need to nurture trainers of meal care for older persons. Residential-care workers and activities assistants should be allowed to take on-the-job training courses, with the professionally-trained teachers visiting them at their affiliated facilities.

Evaluation should be conducted regularly, so as to keep the training programs up to date and responsive to the training priorities and needs of those who provide meal care services to older persons. This can contribute to raising professional competencies and job satisfaction among those working in elder meal care.

As things stand, assessment is rarely conducted of the nutritional status of older persons as regards community-based meal care services. As such, health-screening tools are needed that can be put to use to assess the nutritional status and dietary conditions of community-dwelling older persons.

Paperwork and administrative tasks were identified as lowering job satisfaction among care workers. This study thus suggests that there is a need to reduce the hassles of paperwork by digitization and by establishing a system that enables swift information sharing and data transfer.