Introduction: There are poor people who do not always supply basic human needs like food, shelter, clothing, education, health care or hunger. Of those who daily diet, not always brings the energy required to maintain the body and for the daily activities of human beings.(1) 800 million people around the world are still hungry; (2) in Portugal poverty reaches values of around 20% of the population.(3) The demographic changes in the last 15 years resulted in the modification, and sometimes reversal of the age pyramids and gave governments, families and the Portuguese society in general, challenges for which they were not prepared, namely regarding the support and care to the elderly. (4)

Good health, and thus a good nutritional status is essential for older people to maintain an acceptable quality of life and their contribution in society. (5) Since active and healthy older people beyond remain autonomous, they may be an important resource for their families, communities and economies. (6)

Among the risk factors that influence nutritional status, the socioeconomic condition seems to strongly influence the limitation of fruits, vegetables or milk products consumption, and also the involuntary loss in weight. A study conducted in the USA, in a sample of 1,010 elderly people receiving meals at home, 24% reported not always having money to buy food. (7)

There is a gap in literature relating aging with poverty, this study pretends to contribute to a better knowledge of this situation in the northeast of Portugal. The relevance of this project is its application to a increasingly aging population, evaluate the nutritional status of elderly people living in their own houses and being accompanied by old care services and study the relation with the socio-economic condition.

Objectives: To evaluate and study the relation between the nutritional status of institutionalized and sell home living elderly with assistance in the district of Bragança, as well as its financial condition.

After this initial evaluation this project also intends to identify the most critical situations, and provide training to empower individuals to make better management of their budgets on food choices.

Methods: The methodology is divided into three phases: diagnosis, evaluation and intervention. In the initial phase will be applied the MNA (Mini Nutritional Assessment)(8) to evaluate the nutritional condition of the population. Individuals are classified as healthy, undernourished or at risk of undernourishment. To evaluate the epidemiological situation of the study sample it will be applied a questionnaire which ranks into three levels: poor (less than 381 euros/month), at risk of poverty (382 - 406 euros/month) and economically stable (above 407 euros/month), according to National Institute Statistics of Portugal classification.(8)

The second phase refers to the intervention in elderly people which are classified as poor or at risk of poverty.(9) The poor and malnourished individuals will be accompanied by a Gerontologist that will work in the institutionalization in old care centers. Those who will be malnourished and in risk of poverty will integrate an intervention program consisting of a personalized training by a Dietitian giving dietary advice related to the best way to manage their financial resources. The third stage includes the evaluation of the intervention, by the nutritional status of all individuals and the availability of food in private houses.

The data were collected by interviews done by trained technicians. In this study the researchers ensure that the identity of individuals is kept confidential, and all the data will be used only for research purposes. All subjects involved in the study gave their consent, as well as all the institutions involved.

The statistical analysis consisted of univariate sample characterization and nonparametric tests to study the association of variables. (10) We used the statistical software, Statistical Package for Social Sciences, SPSS, version 18.0.

Conclusion: The results show some differences between the various associations made. Please note that the majority of the population surveyed is no risk of malnutrition, with respect to most socio-economic status has a level above the poverty line, and these are on average more meals per day, in relation to sex in men are not no malnourished and in women it does not, in relation socioeconomic status/ Nutritional assessment most of the population is without risk of malnutrition.

Outcome of Project: After analyzing the data from all individuals classified as poor and malnourished and were flagged through the intervention of gerontologists will be found alternatives for these individuals, institutionalized or arranging financial alternatives that allow individuals flagged release its budget for a richer diet in terms of quality, all individuals classified as poverty line at risk of malnutrition and the team is interviewing Dietitians in education where food will be given training in order to train people for the benefit of a balanced diet and the impact that this will have on their health as well as help better manage your household budget form for better food choices, are also placed on a list of persons who could receive food parcels provided by charities (eg Bank Feed) . Lastly will be verified to the verification of intervention strategies.

References: