



**MEETING THE  
NUTRITION NEEDS IN  
OUR COMMUNITY –**  
HOSPITALS, OUTPATIENT  
CLINICS, SERVICES, AT HOME  
The Senior Population

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## TOP CHRONIC HEALTH ISSUES / KILLERS IN THE UNITED STATES

Heart disease

Cancer

Stroke (cerebrovascular diseases)

Chronic lower respiratory diseases

Alzheimer's

Diabetes

(Obesity)

- 7 out of 10 deaths among Americans each year are from chronic diseases.
- Heart disease, cancer and stroke account for more than 50% of all deaths each year.

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## PRIMARY RISK FACTORS FOR CHRONIC DISEASE

High cholesterol  
High blood pressure  
Poor Nutrition  
Inactive lifestyle  
Tobacco and alcohol use  
Stress

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## NUTRITION AND DIETARY THERAPIES

### **Nutrition and Diet**

- Food and meals
- Supplemental foods (food based protein powders, fortified beverages (e.g. Ca<sup>2+</sup> OJ to cereals to Ensure)

### **Dietary Supplements**

- Vitamins, minerals, phytochemicals
- Herbal supplements (botanicals)
- ~18%-52% of American adults and increasing

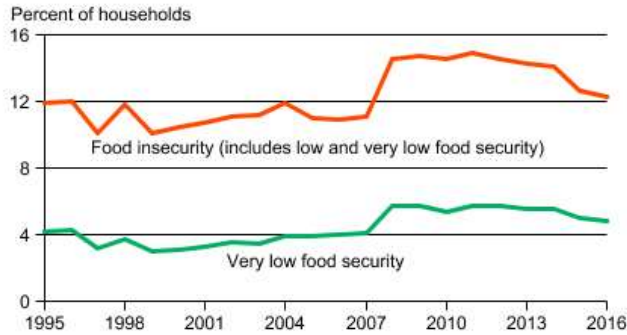
### **Evidence and Research**

- Wide evidence on dietary (food) approaches to disease risk reduction and health promotion
- Some evidence for 'selective' supplementation for specific conditions or health status
- Some evidence for selective / specific use of herbal medicine in formulas

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## FOOD INSECURITY IN THE U.S.

**Trends in prevalence rates of food insecurity and very low food security in U.S. households, 1995-2016**



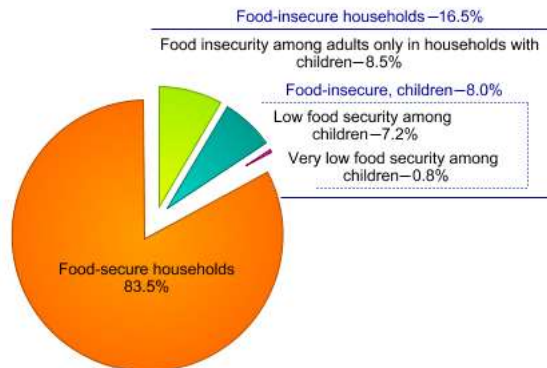
Note: Prevalence rates for 1996 and 1997 were adjusted for the estimated effects of differences in data collection screening protocols used in those years.

Source: USDA, Economic Research Service, using data from Current Population Survey Food Security Supplement.

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## FOOD INSECURITY IN THE U.S.

**U.S. households with children by food security status of adults and children, 2016**

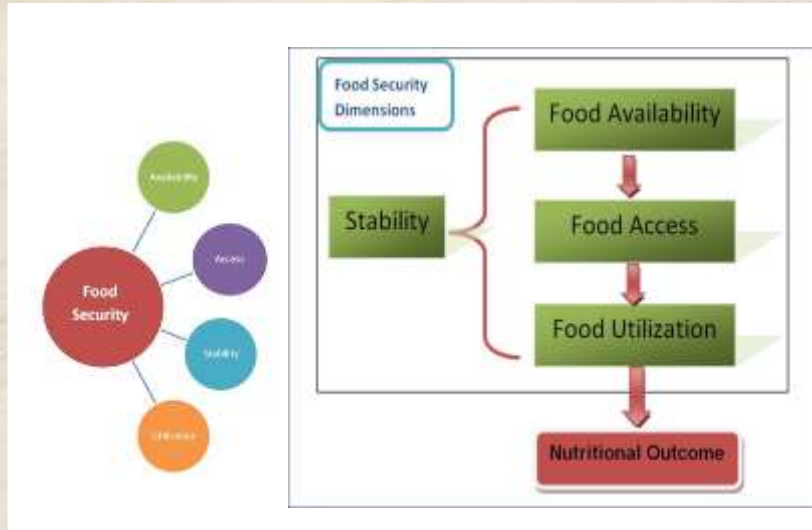


Note: In most instances, when children are food insecure, the adults in the household are also food insecure.

Source: USDA, Economic Research Service, using data from the December 2016 Current Population Survey Food Security Supplement.

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## FOOD SECURITY → NUTRITION SECURITY



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## FOOD INSECURITY IN SENIOR POPULATION

**Food insecurity affects 10-20% in most states.**

- ~10% in VA Beach-Norfolk-Newport News  
(AARP Fdn Report, 2015)

**Food insecure seniors are at increased risk:**

- 60% are more likely to experience depression
- 53% are more likely to report a heart attack
- 52% are more likely to develop asthma
- 40% are more likely to report an experience of congestive heart failure
- Other common concurrent factors: diabetes, HTN, OW/Obesity



AARP Fdn Report., 2015

**The number of food-insecure seniors is projected to increase by 50% percent when the youngest of the Baby Boomer Generation reaches age 60 in 2025.**

Ziliak & Gunderson, 2009

Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March)

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## SCREENING FOR NUTRITIONAL ISSUES IN SENIORS

**DETERMINE:** American Academy of Family Physicians, Academy of Nutrition and Dietetic, National Council on Aging

Disease, Eating poorly, Tooth loss/mouth pain, Economic situation, Reduced social contact, Multiple medication use, Involuntary weight loss or gain, Needs of assistance with self-care, and if the individual is Elder above the age of 80 years

**Malnutrition Screening Tool (MST)**

**Mini Nutritional Assessment (MNA)**

**Malnutrition Universal Screening Tool (MUST)**

**Nutrition Risk Screening**

**Subjective Global Assessment (SGA)**

**SCREEN** Seniors in the Community: Risk Evaluation for Eating and Nutrition. 14 questions covering appetite, frequency of eating, motivation to cook, ability to shop and prepare food, weight changes, isolation and loneliness, chewing and swallowing, and digestion

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## USDA MYPLATE FOR OLDER ADULTS

- Nutrients to obtain: potassium, calcium, vitamin D, vitamin B<sub>12</sub>, minerals, and dietary fiber.
- Reduce the risk of developing chronic diseases such as high blood pressure, diabetes, hypertension, and heart disease. If you have a chronic disease, eating well can help to manage the disease.
- Meeting individual calorie and energy needs.

**USDA** **10 tips** **choosing healthy meals as you get older** **MyPlate**

**10 healthy eating tips for people age 65+**

Making healthy food choices is a smart thing to do—no matter how old you are! Your body changes through your 60s, 70s, 80s, and beyond. Food provides nutrients you need as you age. Use these tips to choose foods for better health at each stage of life.

- 1 drink plenty of liquids**  
With age, you may lose some of your sense of thirst. Drink water often. Low-fat or fat-free milk or 100% juice also helps you stay hydrated. Limit beverages that have lots of added sugars or salt. Learn which liquids are better choices.
- 2 make eating a social event**  
Meals are more enjoyable when you eat with others. Invite a friend to join you or take part in a potluck at least twice a week. A senior center or place of worship may offer meals that are shared with others. There are many ways to make mealtime pleasing.
- 3 plan healthy meals**  
Find trusted nutrition information from ChooseMyPlate.gov and the National Institute on Aging. Get advice on what to eat, how much to eat, and which foods to choose, all based on the Dietary Guidelines for Americans. Find sensible, flexible ways to choose and prepare tasty meals so you can eat foods you need.
- 4 know how much to eat**  
Learn to recognize how much to eat so you can control portion size. MyPlate's SuperTracker shows amounts of food you need. When eating out, pack part of your meal to eat later. One restaurant dish might be enough for two meals or more.
- 5 vary your vegetables**  
Include a variety of different colored vegetables to brighten your plate. Most vegetables are a low-calorie source of nutrients. Vegetables are also a good source of fiber.

(over)

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## FACTORS AFFECTING NUTRITIONAL STATUS AND INTAKE IN THE SENIOR POPULATION

- Food Security
- Health conditions
- Mobility (limitations – physical, driving)
- Visual impairments
- Dental health
- Swallowing difficulty
- Social isolation
- Mood disorders
- Medications and influence on sensory (loss of taste or smell) or appetite
- Alcohol, tobacco and drug use
- Adherence to special diets

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## REGISTERED DIETITIAN NUTRITIONIST



## RDN VERSUS NUTRITIONIST

Dietitians (RDNs) are often referred to as “nutritionists,” but Registered Dietitian Nutritionists have formal, accredited education and training

- Bachelor’s Degree or higher (transition to minimum Master’s)
- Required minimum curriculum: basic sciences, biochemistry, chemistry, anatomy and physiology, microbiology, food science, nutrition science, statistics, medical nutrition therapy, psychology, counseling, food service management +++
- At least 1,200 hours of supervised practice in various settings hospital rotations, schools, outpatient clinics, food service
- National exam – registration / state licensing
- Structured professional continuing education

*Remember this:* All Registered Dietitians are Nutritionists BUT NOT all Nutritionists are Registered Dietitians

- *Anyone* can call her/himself a nutritionist.



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## REGISTERED DIETITIAN NUTRITIONIST

### WORK SETTINGS

- Hospitals
- Assisted Living / Retirement Communities
- Nursing care facilities
- Public health clinics
- Home health agencies
- School systems
- Food Industry / Manufacturers
- Restaurants
- Private practice
- Wellness Centers
- Fitness Centers / Clubs
- Hospitality Industry – Hotels / Spas
- Government agencies and Health institutions
- Universities
- Corporations
- Sports Teams
- Health Insurance Companies
- PR and Marketing Agencies
- Media – TV, journalism

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## RDNs WORK WITH THERAPEUTIC DIETS FOR CONDITIONS LIKE:

- Cancer
- Heart Disease
- HTN
- Overweight & Obesity
- Renal (kidney)
- Diabetic diet
- Metabolic Conditions
- Trauma
- Life-stage Nutrition (pediatric, geriatric)
- Performance Nutrition
- Pregnancy
- Eating Disorders
- Regular diet
- Gluten Free
- Allergies

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## DIETITIANS PLAY AN IMPORTANT ROLE IN THE HEALTH CARE SYSTEM

- From prevention of chronic lifestyle-related health issues to assisting in the management of such conditions.
- Registered Dietitian Nutritionists (RDNs) educate on disease origin, pathophysiology and lifestyle-related behaviors to help prevent, assist in treatment and reduce risk/promote health around major health issues and chronic disease

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## COLLABORATION ROLE OF THE MD + RDN IN CLINICAL SETTINGS

- Evaluate the patient (MD, RDN separate/collaborative)
- Provide medical diagnosis (MD)
- Recognize the importance of Medical Nutrition Therapy for role in treatment, outcomes and prevention
  - Know **when to consult with RDNs** for their knowledge and expertise
  - Remember, Medicare and many **insurance companies require physician referral to the RDN for MNT**
  - **Talk with your patients about nutrition and encourage them to seek outpatient nutrition services from RDNs**

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