

ARE WE READY?
**Overcoming Barriers to
Working With Older Adults**

DIAN WEDDLE, PhD, RD, FADA

**National Resource Center on Nutrition, Physical
Activity & Aging**

Florida International University, Miami

<http://nutritionandaging.fiu.edu>

Barriers to Healthy Aging

- Limited numbers of students interested in aging
- Limited Attention to Aging in Nutrition Curricula
- **Potential** – Fast Changing Home & Community Based Long Term Care System Policy

Are Nutrition Students Prepared for Tomorrow's Workforce?

- Knowledge of & Attitudes Toward Older Adults & Employment Preferences of Nutrition Students: *D Kaempfer*
- Gerontological & Geriatric Content in Dietetics & Nutrition Curricula: *L Rhee*
- Content Analysis of Aging in Textbooks
 - Intro & Life Span Nutrition: *N Kondracki*
 - Diet Therapy & Community Nutr: *PS O'Neill*

Knowledge & Attitudes Toward Older Adults & Nutrition Students' Employment Preferences

- **Subjects**: Senior nutrition students
 - 5 states w/ largest number of older adults:
CA, FL, NY, TX, PA
 - 2 largest University programs in each state:
ADA Directory of Dietetics Programs
- **Questionnaire**: 97 items, forced choice
 - Validated scales:
 - Palmore's Facts on Aging Quiz: Parts 1 & 2
 - Oberleder's Attitude Scale
 - Ranking question on employment preferences

Senior Nutrition Students

- FINDINGS:
- Neutral attitudes toward older adults
- Inaccurate / low knowledge about older adults
- Least preferred age groups to work with: 65-74, 75-84, 85+

Gerontologic & Geriatric Content in Nutrition Curricula

- **What are the aging courses or topics included in undergraduate & graduate nutrition programs?**
- **Are aging courses requirements or electives?**
- **How do the number of aging courses compare with respect to the number of maternal & child courses offered?**

Gerontologic & Geriatric Content in Nutrition Curricula

- **On-line review of dietetics & nutrition curricula**
 - **235 undergraduate**
 - **104 graduate**
- **Electronic verification & questionnaire by Program Directors**
 - **204 undergraduate**
 - **87 graduate**

Gerontologic & Geriatric Content in Nutrition Curricula

- **FINDINGS:**
- Lifespan nutrition courses had the most aging content
- More Maternal/Child Health courses than Aging
- Few aging courses were required
- Undergraduate & grad program directors:
Not satisfied w/ aging content of curricula.
- Barriers to ↑ aging content:
 - *Already full curriculum:* UG & Graduate
 - *Lack of faculty expertise:* Graduate

Content Analysis of Aging in Nutrition Textbooks

- FINDINGS
- Fewer pages devoted to Older Adulthood compared to other life stages
- Greatest coverage: Geriatric (medical aspects)
 - Disease States
 - Drug/Nutrient Interactions & Polypharmacy
 - Decline in Physical Function with Age
 - Nutrient Requirements of Older Adults
- Minimal coverage: Gerontological (normal aging)
 - Quality of Life Issues
 - Diversity among Older Adults
 - Health Promotion & Disease Prevention
 - Ageism & Ethical Issues

Overcoming Barriers

- **More emphasis on Aging in curricula**
- **More hands-on opportunities working with older adults (students & faculty)**
- **More discussions similar to today's meeting**

Evidence Base & Policy Guidance for Nutrition Education

- **DRIs—Specific Nutrient Needs**
- **DASH DIET – Healthful Eating, Risk Reduction & Disease Management**
- **Dietary Guidelines 2005 & MyPyramid.gov**
 - **Adequate Nutrients within Calorie Needs**
 - **(B12, D); Na (<1500) & K (4700); Weight Management; Physical Activity**

Policy Related Potential Barrier– Changing Home & Community Based Long Term Care System

- **Vigilant and advocate for provision of nutrition care & nutrition education**
 - **Stakeholders**
 - **State and local involvement**

Rebalancing the Long Term Care System

- **DHHS**
 - Administration on Aging (Older Americans Act)
www.aoa.gov
 - Centers for Medicare & Medicaid Services (CMS)
www.cms.hhs.gov
- **Current System:**
Costly facility-based LTC, Nursing Homes
- **Different Needs:**
Current population vs. baby boomers

Rebalanced System

- **More cost effective home & community-based model**
- **Provide full array of social, supportive and health services, including nutrition, to keep older adults more independent at home and delay going to a nursing facility**
- **Preferred by older adults and caregivers**

Stakeholders in the New HCBLTC

- **Older adults, families, friends, caregivers want to be independent in home & community (choices)**
- **Professionals serving older persons: faculty, researchers, extension personnel, dietitians, nutrition educators, health and social service departments, aging services network (consumer driven)**
- **Fed, state & local policy & decision makers (↑efficiency, ↓Cost, high quality)**
- **Communities (inclusive, sense of well-being)**

AoA's Three Pronged Approach Using the OAA

- **Empower consumers to make informed decisions & choices for LTC needs through Aging & Disability Resource Centers (ADRCs)**
- **Build prevention into community living using evidence based health promotion & disease prevention programs for older adults**
- **Delay institutionalization for high risk, nursing home appropriate persons**

The Older Americans Act

- Cornerstone for cost effective, comprehensive, coordinated home & community based long term care
- Home of popular, evidenced based OAA Nutrition Program
- Experienced network & programs to serve a rebalanced LTC system
- Visible, creditable & trusted
- **State and community driven**

Challenges & Potential Barriers

- Need philosophical & operational shift...

FROM: provider/service driven model

‘This is what you should know and do’

TO: empowered consumers make their own decisions among many services & providers as they see value

‘What information do you need and how would you like to receive it’

Use OAA Nutrition Program's State/Local Collaborative Network

- **Reduce Nutrition risk & food insecurity through information & referrals to agencies/programs that ↑ access to food (e.g. Food Stamp Program, Food Banks, Senior Farmers Market Nutrition Program)**

Empower Consumers to Make Informed Decisions Using ADRCs

- **ADRC Serves As State/Local Single Point of Entry to access Information & Services**
 - **ADRC system evolving over several years, demonstration projects, state and local committees.**
 - **Each state differs in structure, format and types of information available**
 - **Information and Referral, initial “stop”, “one stop” shops**
- **Over 100 ADRCs in 43 states (Oct. 2006)**

Work with State/Local ADRCs

- **Nutrition information critical to healthy aging should be easily accessible**
 - **Promote health and ↓ nutrition risk through consumer-tested healthy eating brochures & offer information on congregate dining sites**
 - **Reduce nutrition risk & food insecurity through information & referrals to agencies/programs that ↑ access to food (e.g. Food Stamp Program, Food Banks, Senior Farmers Market Nutrition Program)**

ADRCs & Nutrition Information

- **Barrier**
 - Limited availability of information including nutrition
 - Competing interests
- **Strategy**
 - **Work at state and community level for critical nutrition components that support health promotion and disease prevention, ↓ nutrition risk & food insecurity**
 - Listen to committee members & plan actions accordingly
 - Compromise – if not today, later
 - Advocate for older persons & caregivers

Use the OAA Nutrition Program To Promote Health & Independence

- **Healthy, nutrient dense meals**
- **Array of nutrition services including nutrition education encouraging healthy eating, safe food preparation and tips for physical activity**
- **Evidence based HPDP programs in senior centers & congregate dining sites or through referrals to programs that do**

The Challenge

- **Promote health & independence of older adults consumers & caregivers**
 - Act now, prepare for long haul
 - Work at state and local community level
 - Partner with aging network including OAA NP
 - Consumer driven model
 - Consumer perceived value
 - Match nutrition related needs with appropriate strategies /service

Nutrition Education & Healthy Aging

- Older adults are willing to make nutrition-related lifestyle changes when:
 - Information *relevant to their needs* is available
 - They *understand* how to make changes!

National Resource Center on Nutrition, Physical Activity & Aging

<http://nutritionandaging.fiu.edu>

Click on: Food & Nutrition Choices for Healthier Future
and Practical Handbook

Subscribe: NAN Listserve
for *Bi-Weekly Highlights* on Nutrition, Physical Activity
& Aging

Supported in part by the Administration on Aging
US Department of Health & Human Services

References

- **Kaempfer DJ, Wellman NS, Himburg SP. Dietetics students' low knowledge, attitudes, & work preferences toward older adults indicate need for improved education about aging. *J Am Diet Assoc.* 2002;102:197-202.**
- **Rhee L, Wellman NS, Castellanos VH, Himburg SP. Continued need for increased emphasis on aging in dietetics education. *J Am Diet Assoc.* 2004;104:645-9.**

References

- Wellman NS, Kondracki NL, Johnson P, Himburg SP. Aging in introductory & life cycle nutrition textbooks.
Gerontol Geriatr Educ. 2004;24(3):67-86.
- O'Neill PS, Wellman NS, Himburg SP, Johnson P, Elfenbein P. Aging in community nutrition, diet therapy, & nutrition and aging textbooks.
Gerontol Geriatr Educ. 2005;25(3):65-83.