

## **Transcript 'Nutrition in Older Adulthood'**

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Vivian Miller (VM) (0:00:10): Hello everyone! Welcome to our latest panel discussion on nutrition in older adulthood. My name is Vivian Miller and I'm Assistant Professor in Social Work and Director of the Optimal Aging Institute here at Bowling Green State University. Thank you so much, for joining this latest panel discussion.

Jennifer Wagner (JW) (0:00:27): My name is Jennifer Wagner and I'm an Assistant Practitioner Professor here at Bowling Green State University in the Gerontology Program. And, more specifically, I teach courses related to Long-Term Care Administration.

Laura Brubaker (LB) (0:00:40): I'm Laura Brubaker. I'm an Assistant Clinical Professor at Bowling Green State University, as well. I am also currently transitioning into the Dietetic Internship Director role, so my new role is to help students into the next stage of their Dietetic Internship and become a Dietitian. So, very exciting thing - very exciting part of the education. Classes that I teach at BG are almost always all food and nutrition centered; I currently am teaching the large lecture of the Introduction to Food and Nutrition with a wide range of majors. So, everyone from business, to "I like food" is the students that we get in that class.

VM (0:01:20): Well, thanks so much to you both for participating in this discussion. I'll start us off here with just a little bit of information on the various living arrangements in which older adults reside. As we age, we know most older adults age in place, at their homes, in the community. Many like to stay in their home and that's - that's often the preference - some older adults do transition to living in Assisted Living Facilities. Assisted Living Facilities are congregate settings where older adults have their own apartment, but it is situated within a larger housing complex. Those who live in Assisted Living also prepare all of their own meals and - and handle their - their Activities of Daily Living and Instrumental Activities of Daily Living. Not to be confused with Long-Term Nursing Home Care. Nursing Homes are settings in which older adults or persons with disabilities reside to have 24/7, around-the-clock care. This includes help with the Instrumental Activities of Daily Living, and Activities of Daily Living and are provided meals in congregate settings such

as a lunchroom or a dining hall and only about four to five percent of our older adults live in in Long-Term Care Nursing Homes. I know personally, when I instruct aging related classes, one of the myths that I hear is that a lot of folks think that older adults – as we age right - we equate it to living in a Nursing Home, when that's not necessarily true. Many older adults are actively aging in the community, at home, with just a few small of them requiring that extra care. So, to transition a bit, now that we've kind of laid the groundwork for these various settings in which older adults reside, what important considerations are there for older adults related specifically to diet and nutrition, Laura?

LB (0:03:28): All right, well, that's a great question. I just want to, kind of, give a little background. So, I have some past history working in both Assisted Livings – in Assisted Living Facilities and Nursing Homes. So, have definitely met my fair share of people who are aging you know more in that type of a realm; from food and nutrition perspective so, I guess kind of, the takeaway from that, is that that is the population that is near and dear to my heart. When I teach, you know, a lot of times my students, they ask me questions about athletics, and they ask me questions about even pediatrics and I'm like; but I like to talk about the aging population, because that's my population of love. So many, many people who I have talked to about ways to age healthfully and different decisions that they can make, I would say the main takeaways for like the nutrition focus for people who are aging, would be: one, that the immune system doesn't work quite as well as what it did back in the day and so, they're at a greater risk for foodborne illness. So, definitely want to make sure to reheat those leftovers, and to, you know, being mindful of food preparation techniques, and that type of thing. So, I would say that would be my first and foremost – just to kind of, you know, keep a handle on the fact that foodborne illness is - would be more pre-predisposed in that population. Another one is making sure to hit protein. Most Americans already hit all the protein that they need and then some in excess.

Populations that that could potentially be at risk, would be those who have food insecurity issues. So, maybe they're you know, not buying the meat and maybe making lasagna but not order - you know - not putting the beef in it. Lots of different reasons why they might, you know, kind of pick and choose what's a less expensive or a more expensive item. Another really large reason kind of thing to think about is dentition, or you know, the state of

people's teeth. It's a little hard to chew meat when especially you know depending on the way that it's cooked, and that type of thing. So sometimes people cannot hit their protein need if they would have poor dentition. Another one would be with lactose intolerance. So, people would perhaps avoid milk products because of lactose intolerance. Not to be confused with a milk allergy... they're not the same thing. So, if a person has lactose intolerance they can still consume small amounts of dairy and then, kind of, re-teach that gastrointestinal tract to make the enzyme in order to break down that milk and you know be able to consume all of the good stuff that's in milk.

Minerals of concern would be, particularly calcium, especially for women and iron - which can have some, you know, interacting effects even with medications, and too much iron supplements might even block the uptake of other minerals. So, I always teach my students, you know, more is not more, less - just because something says it's 100 percent of the day - we need of something - you wouldn't want to say, "oh well then 200 is better." That's just not the case. So, it you know, if supplements were something and even herbals were something that was being consumed to be mindful of what the recommendation is. And then sodium is actually on the flip side. So, all - all populations generally consume too much sodium, so it's kind of an avenue of what our food is like - when my dad always says, "I cook with my car keys" - and when you cook with your car keys that food is going to be a little bit higher in sodium. Not a little bit - a lot, lot higher in sodium. Other than that, vitamins of concern: b12 - which is a vitamin that is only derived from meat products. And if a person has a decreased hydrochloric acid, which is what helps break down foods in their stomach, that's very common in the aging population, so that vitamin could be at risk. Vitamin E - is an antioxidant. So that one is easily found in oils and so we don't usually have a deficiency in vitamin E, but because of its antioxidant effects, it helps, combat cellular damage and then helps a person age a little bit more healthful. And then I think I'll just close real quickly with - I feel like, you know, as a dietitian, people are like; "write me a diet - write me a diet." Like, okay, dietitians don't write people diets, we make recommendations and say you make little changes that can make a big impact and, you know, make little changes that can become habitual. And, you'll go through the whole spiel and people will be like, "okay, I got it, no diet - will you write me a diet?" And, it's like okay, back to square one. So, if that is the case, the recommendation that I

generally make, is the Mediterranean diet. Those resources can be found on um - I think it's myplate.org - where the focus is on those mono-unsaturated fats - which we call the healthy fats. Very little meat or, you know, lean meats when they do. Fish, whole grains, fruits and vegetables. I always tell my students, "if I had a dime for every time I said; fruits and vegetables, fruits and vegetables, in the next, you know, 14 weeks of this class, I could pay most of your tuitions - for all the times that I say; fruits and vegetables, fruits and vegetables." So, they really are very much the key and people will say: "ah, I don't like green stuff, I don't want to eat like a rabbit." And there are many ways to, you know, incorporate fruits and vegetables into your diet and then you don't have to feel like a bunny rabbit in in the meantime. So, that's about all I can think of right now – so –

VM (0:08:53): Thanks so much for sharing that. That's really interesting - particularly about the protein aspect, I think that's a huge myth about, you know, meat - more protein – more protein - more meat - when I think of lifestyles nowadays look different than they did, you know, hundreds of years ago - hunter and gather, etc. Thanks for thanks for sharing all that. I know we talked about, kind of, circling back to our various living arrangements. Jennifer, do you have any tips and ideas on how nutrition varies for those, or can vary a bit, for those in Assisted Livings or Long-Term Care?

JW (0:09:30): Sure. As we mentioned earlier about 95% of older adults are living at home, in their own homes, and certainly they have more options for their food preferences. I'll go with food preferences because, you know, you go to the grocery store, you buy what you like - um – so, you get to eat what you like, you get to eat when you want, and how often you want, or as little as you want, so that can change a little bit as people move throughout the continuum of care. If we have someone who's been living at home, but then that maybe they move to an Independent Living Facility, most of the time in an Independent Living Facility they're arranging for their own meals. They might be able to have meals provided by that facility, but it varies so much from community to community. Not all Independent Living Facility Communities, not all Assisted Living Communities are required to provide meals to their residents. So, that can change a little bit, so as someone is looking to move throughout the continuum of care; maybe downsize from being at home to an Independent Living, most people do that because, you

know, they don't want to deal with shoveling snow, or cutting their grass, or things like that, but you really need to look at what are the meal options that are available. Do you need to go to the grocery store yourself? Do they have home delivered groceries? Do you need to do most of the cooking yourself? so that's something that you have to be really careful about, and those are the questions that you need to ask when you're looking at those communities.

When you're looking at Assisted Living, same thing. There are no national or federal regulations for Assisted Living so, some Assisted Living Facilities may be more of a social model, some may be a medical model. If they're a medical model, there are likely to be more dietary options available, so if we have someone who may need a dysphagia diet, or someone who has a no concentrated sweets - but again, that's not something that all Assisted Livings - they're not all required to provide those. The - the rules - the licensure - the regs are all very different, and again it depends if it's more of a social model or a medical model, so those are good questions to ask when looking at those communities. How many meals a day? How much do those meals charge? What if I don't want to go down to the dining room, and I want to stay in my room? What if I don't feel well? What are the fees attached to that? And, just knowing as a Nursing Home Administrator, I'll tell you, I think the dietitian and the dietary managers, they have a tough job. Because you've got a hundred different nursing home residents or assisted living residents with a hundred different food preferences. Some like seasonings, some don't. Some like spicy, some don't. That's a tough job. It's tough trying to meet the needs of all those residents and what their food preferences are. But, then of course switching to the, higher level of care. Going to the Skilled Nursing Facilities now, of course they're required by law federally, and by the state, to provide three meals, a day, and various snacks in between, and supplements, and things like that. So, if you have various dietary needs, such as you need a low protein diet, or you need a high protein diet, or no concentrated sweets, or dysphagia diets because you have swallowing disorders, certainly Nursing Homes are able to accommodate that, and they are required by law to accommodate that, but again, that's tough job - a tough job trying to meet the needs of all those residents. And, you know, who likes -Taco Tuesday, or who likes polish pierogis, or you know that sort of thing, but I think one of the things going back into the community we see so many different food options.

Obviously, if you're living in your own home and you have the transportation, or you have family friends, a support network, that can bring

food into the house, or you're really good at calling Door dash, you know, which as Laura mentioned, 'Doordash probably isn't the best because,' you know, we're getting a lot of sodium, and a lot of stuff in the food that probably isn't as healthy for us, but we need to be looking too if we're not able to cook as much, if we're not able to drive or we don't have people bringing us food, what are our options for getting good, healthy, nutritious meals. In many cases, we have a lot of the home delivered meals programs that are available through various hospitals, through the senior centers. We also have the senior centers, which serve as congregate meal sites. Most of the senior centers serve at least a lunch meal. Many of them serve an evening meal. I don't know of too many that have breakfast but, I know when I was a Senior Center Director, we had the coffee, donuts, that sort of thing - not a lot of nutritional value there, but it was great for socialization. So, those are a lot of different options for people that don't have transportation to get to the grocery store or if they're not able to cook but they want to stay independent at home. And all of those meals - that are delivered to the homes, and those that are delivered by the Senior Centers - if you're able to go there in person, they all have to meet the ADA requirements, they follow the my-pyramid and the my-plate, and all of that good stuff, so you know you're getting good nutritional quality from either one of those entities.

VM (00:14:15): That's really comprehensive, and I like how you mentioned kind of the continuum of care. One word that really stuck out to me was "options," and having options and knowing what options are. I know a lot of times when folks think of nutrition, it can be kind of bundled in with staying active and kind of just lifestyle generally. How is it all interrelated and are there any steps to staying active and having a really nutritious overall lifestyle, Laura?

LB (00:14:55): Yeah, it is tremendously interrelated and I always like to give little antidotal stories, as well. And I specifically remember that I had a resident who was admitted to the Nursing Home for Skilled Nursing Care, and it was a person who was in their, like I think they were in their late 70s, if not early 80s, and they had fallen off of a bike and broken their hip. As I was reading through their History and Physical in order to do the assessment, one of the things that I came across was that it said that the person was known as a neighborhood ambulatory, and I was like, 'what is a neighborhood ambulator?' And, you, know break down your medical terminology and I

realize; he walks - he walks all over his neighborhood. That person was in and out of that Nursing Home in two shakes, I didn't even have enough time to do a full assessment; he was walking out the door. And I mean I will never ever forget thinking about how that active lifestyle, keeping those, you know, the calcium you know pounded into those bones by the physical activity, keeping active. The key to activity is do what you love. Do what you like, find a buddy - a buddy is just a fantastic and it can be, in this day and age with the Zooming and whatnot, you know, if we can get people connected in that way. And, there's all these different clubs, and there's walking, the things that people can do whatever you like.

Our family likes to - we like to bike - and we actually go up to the stadium and we do the stairs because I think we might be a little - a little on the I'm not sure side - um - but man the activity that the muscles that we're building as a result of doing that makes a huge difference, so I would say - you know - and I also think too, that when you have someone that you hold them accountable and they hold you accountable for doing activities together. That maybe you're having that "I'd rather just sit here and drink coffee and scratch the kitty on the ears" and then your buddies like, "nope we said we were going at five, you get your shoes on, let's go," like I said, that buddy can be anybody and it can be however you connect with people.

VM (00:16:58): Yeah, I like that it can be as simple as just walking around the neighborhood. I like that - 'the neighborhood ambulator.' You mentioned Senior Centers, Jennifer, and Senior Centers not only have the nutrition programs, but also have activity programs - chair yoga, maybe there's group walks, maybe they're having or hosting other activities throughout the community. Are there any other resources available that you think are particularly important for older adults to get plugged into nutrition and this healthy lifestyle?

JW (00:17:34): And I think, as we mentioned, you know the more active the person is, the healthier they're going to be, but I think also increasing a person's activity level whether it's through activities at the Senior Center or Silver Sneakers Programs of the YMCA's, or even here at BGSU at our Rec Center, I think a lot of those help us to increase our appetite because if we're just sitting at home, and we're not as active and we're not moving around as much, we're not likely to eat as much. Or, maybe we're just, you know, picking

on, you know, sweets or you know lots of carbs, high sugars, that kind of thing, but I think socialization plays a huge role, whether that's at the Senior Center, or is that one of your faith-based organizations, or you know we know a lot of our older adults are volunteers; they're very active in the community. I – I think it's really hard to find any socialization activity where there's not some sort of goodies. I think a lot of times even as a Senior Center Director, we used to pair - whether it was an educational program with some sort of nutritious snack, now of course you know people want their muffins or their donuts, but I did see an increase, you know as I was transitioning from Senior Centers to Nursing Homes that people were wanting their - their fruit and their veggies, and they wanted more healthier options.

So, I think by pairing some of those socialization activities and recreational activities – and, and just physically active - pairing them with good nutritional snacks as an option. I think just especially for people that may have limited resources there may be some food insecurities and so maybe if they're just going down the street to the local carryout, their options for fruit and vegetables aren't - is what they would be if they could go to a grocery store, so if we're able to introduce that in those settings like give them their fruits and vegetables versus, you know, donuts, I think that will help increase their nutritional value as well, and then kind of maybe plant the seeds for better healthier eating habits.

LB (00:19:26): Yeah, Jennifer, I would definitely agree with the socialization being such a key part of it. Especially when you think about volunteering on the front side, we'll really you know - heaven forbid – if something were to happen; a fall or you know something where a person would be laid up for a while, because they had that additional activity in their life, more likely, you know, like our neighborhood ambulator would recover more quickly and have a better outcome. And - and it can be frustrating when those types of health issues occur, however if they've got that network already, you know, kind of built in in place, then it helps. Once again, that socialization comes into play with healing in the situation where something would maybe go a little sideways. Also, farmers markets - I was thinking that one too. The farmers markets are Food for Thought in the Toledo area. You know religious affiliated or community affiliated, whatever a person's preferences, there are so many activities - socialization activities. Yeah, we do get the you know the donuts and the cake, and you know, there's a balance for everything in life, and we



can certainly have a little bit of cake and a whole lot of socialization, and mix that all together.

VM (00:20:33): That sounds great. And, certainly here in Northwest Ohio there's a plethora of opportunities for that in Bowling Green, I know Wednesday nights is there's a Farmers Market, in Toledo Saturdays there's a great Farmers Market, and it's great to support local too. Thank you both so much, this has been really informative, particularly when it comes to nutrition and diet, as well as, staying active no matter what setting you're living in. Do either of you have any final thoughts or final takeaways?

LB (00:21:05): I would just say since we're going to get thousands of views on this, that if anyone wants to hear more information, and more topics from us, please reach out. We'd be more than happy to gather and talk again.

VM (00:21:14): Yeah, thank you so much, and I'll have the contact info of everyone below as well as some resources for the Silver Sneakers here at BGSU. So, thank you so much for tuning in!

LB (00:21:25): Thank you

JW (00:21:26): Thank you