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# Barriers to Healthy Eating Among the Senior Populations in Brookfield, CT

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# Barriers to healthy eating among the senior populations in Brookfield, CT

Yueyue Shen

UVM College of Medicine, Class of 2018

Family Medicine Clerkship May/June, 2016

Western CT Network – Brookfield Family Medicine

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# Problem Identification

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- In a study of adolescent, adult and seniors, only 14.5% of them meet the recommended guideline for healthy lifestyle factors.
- One in three U.S older adults in the hospital had poor nutrition upon admission.
- The elderly who are admitted to the hospital with poor nutrition have increased risk of poorer health outcomes, longer hospital stays and greater complications and mortality rates.
- Among seniors who are not in the hospital, poor nutrition plays a big role in the depression of cognitive function.
- Proper nutrition has a strong influence on the immune system of the elderly.
- Identifying the causes of poor nutrition and the appropriate management can reduce infection risk and possibly slow the aging process.

# Public Health Cost



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- In the U.S alone, the cost of disease associated with poor nutrition reaches \$157 billion a year.
- The cost for treating patients who are nutritionally at risk is 20% higher than those who are not nutritionally at risk.
- Hypertension and diabetes are the top two reasons for admitting seniors to the hospital in Western Connecticut.
- Avoiding or delaying the development of these diseases can be achieved with proper exercise and dieting.

# Community perspective



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- Interview with Ellen Melville, the director of senior and social services at Brookfield Senior center:
  - “Senior likes to eat foods with nice names, that does not mean that they are actually healthy.”
  - “I get donuts and cookies donated to me from Costco and Stew Leonard’s, and the seniors would go crazy whenever I put them out in the morning.”
  - “There are seniors who would eat a lot of blueberry muffins, thinking that, oh, it has blueberries, it must be healthy. Same thing with oatmeal cookies. ”
- Interview with Maureen Farrell, the director of community wellness at Reginal YMCA of Western Connecticut:
  - “I think seniors are just not aware of the fat content, the sodium content of their food. It has always been a WOW moment for them when we sit down and told them about how much fat is actually in their food.”
  - “Although we do have volunteers delivering foods to the seniors who are too sick to go out through this “meals on wheels” program, they don’t actually get fresh vegetables and fruits, it’s mostly canned food that we are delivering.”

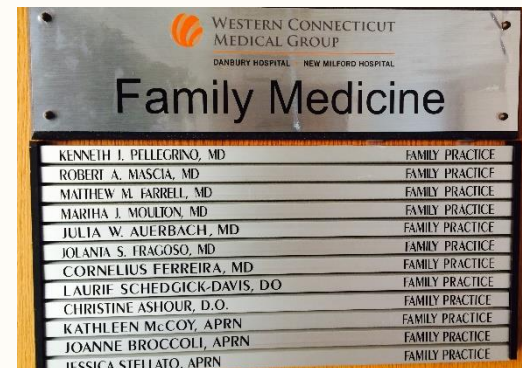
# Intervention and Methodology

- Intervention:
  - To gather the elderly's perspective on what they considered to be the barriers to healthy eating.
- Methodology:
  - Based on the interviews and literature search, 15 barriers to eating healthy were identified.
  - A survey designed to assess these barriers and facilitators to healthy diet were distributed to the patients, 65 or older, who came for an office visit at Brookfield family medicine, as well as to the seniors from the local Brookfield senior center.

*Brookfield Senior Center*



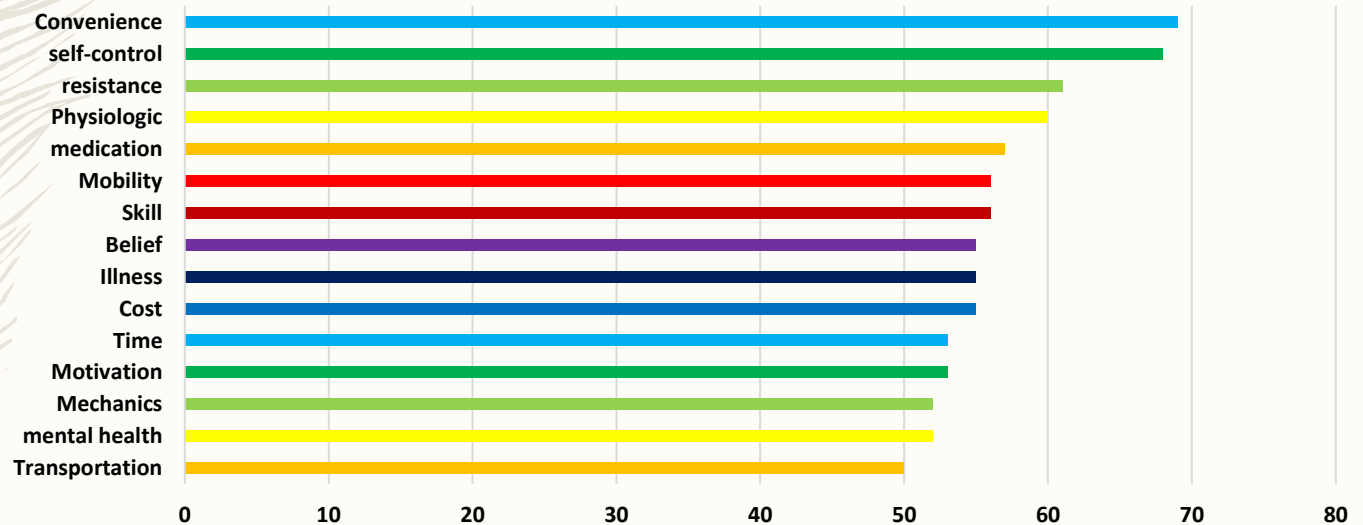
A place where things are happening!



# Results

- A total of 44 survey responses were collected
- Overall, convenience and self control were identified as the top two barriers to eating healthy

Senior's concerns regarding eating healthy



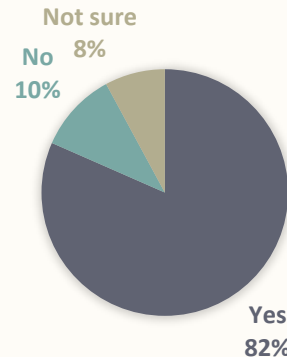


# Results

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- Among those who took the survey. Over 80% believe that they eat a healthy diet.

DO YOU BELIEVE YOU EATING A HEALTHY DIET?



- Other than lack of self-control and convenience, those who live alone identify medication and physiology equally as their top concerns, while those who live with a spouse identify resistance to change as a top concern.





# Effectiveness and limitations

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- Effectiveness:

- This project helped in identifying the major barriers to obtaining proper nutrients in the senior population in Brookfield. By addressing these barriers as health practitioners, we can better assess the needs of a dietician or a behavioral therapist when elderly are seen in the office

- Limitations:

- People have different definitions of eating healthy
- The survey assumes that the seniors are literate in English
- Majority of the participants are from Brookfield family medicine and Brookfield senior center, a relatively rich neighborhood. I was unable to reach out to the Danbury senior center, where majority of the underprivileged seniors go. As a result, the barriers identified in this project may not be representative to all seniors living in the area.

# Future Intervention



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- We can address the self control barrier by hiring behavioral therapists and implant motivational interviewing skills when talking with patients at risk of unhealthy eating.
- We can introduce seniors at risk of eating unhealthy to the life coaches at the regional YMCA and have them facilitate better understand the ingredients in all the foods and come up with individualized diet plans.
- The convenience barrier can be addressed by popularizing businesses such as Home Chef or Blue Apron. They do delivery of fresh foods to the door daily with a set price. It is a healthier and cheaper option for the seniors who like to eat at restaurants.

# Future Intervention



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- A challenge that this project did not address was the barriers to healthy eating among the non-English speaking seniors of Brookfield. Another survey is indicated as the barriers and needs may vary between people of different cultures.
- A future project could encompass assessing the effect and changes to eating habits prior to and post-behavioral intervention.
- I failed to get in touch with the Danbury senior center. It would be interesting to give the same survey to the Danbury seniors and compare whether the barriers are similar or different.

# Reference



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# Interview consent form

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Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes \_\_\_\_\_ / No \_\_\_\_\_