

Healthy Seniors Project

**ADDRESSING OBESITY IN ELDERLY
WESTERN NORTH CAROLINIANS**

Problem



- Morbid obesity is an epidemic that is steadily on the rise in America.
 - North Carolina obesity rate is 28%
 - ✦ Obesity in the Elderly is 23%

Why is obesity such a BIG problem for the elderly?

- ✦ According to Arterburn (2004), “The prevalence of obesity in elderly Americans will likely continue to increase, challenging healthcare delivery and financing systems in the United States” (p. 1907).

Why is obesity a problem?



- According to Davilgus (2005), the states of being “overweight and obese are recognized as major risk factors for heart disease, hypertension, dyslipidemia, certain cancers, other disorders, higher long-term mortality from cardiovascular diseases and all causes, and impairments in current and future physical functioning and quality of life” (p. 97).



Assessment of community

- North Carolina is known for its southern hospitality and items such as sweet tea, hog jowls, fried pickles, and boiled peanuts.
- Only 24% of the North Carolina elderly population reported eating 5 or more fruits or vegetables a day, 11% reported vigorous physical activity 3 times or more a week, and 33% reported fair or poor health.
- Approximately 12% of North Carolina's population is over age 65, and 23% of these elderly residents are obese.

Community resources



- Catawba Valley Medical Center provides acute care for the obese elderly population with a multidisciplinary team.
 - Advanced Practice Nurses, Registered Nurses certified in geriatrics, dietitians, Physical therapists, Occupational therapists, Social Workers

Health First Center in Valley Hills Mall

- ✦ Health screenings, educational and exercise programs

Other resources are home health agencies, community based providers and clinics, and outpatient educational programs



Proposal



- The Healthy Seniors Project is a proposed solution to the obesity epidemic in the North Carolina elderly population.

- Goals

- Improve nutritional status
 - Increase activity levels
 - Improve overall function
- Ultimately to decrease BMI!



Design



- **Identify population**

- Hospitalized, community, and homebound seniors
- Record Demographic data
- age, height/weight, BMI, nutritional status, activity/ functionality
- **Inform population**
- community fliers, advertisement, clinic pamphlets



Design



Form Multidisciplinary team

- APN's, MD/DO, RN, PT, OT, LD

Create educational program to address nutrition, exercise and lifestyle habits

Implement education/exercise program

- APN's lead the team

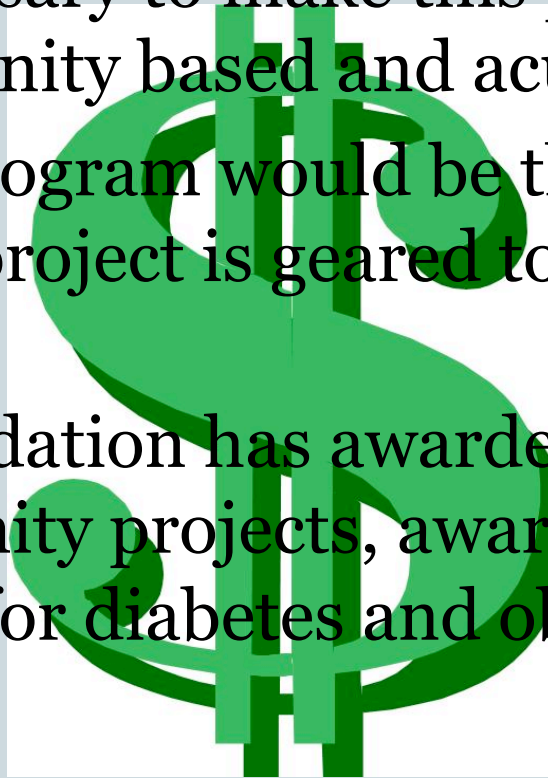
Utilize home health nursing, PT/OT, and LD for homebound/frail elderly



Resources and funding



- Resources necessary to make this project a success are both community based and acute care based.
- The Medicare program would be the main source of funding as this project is geared towards the elderly population.
- The Aetna Foundation has awarded grants for healthy community projects, awarding 1.88 million dollars in 2007 for diabetes and obesity related programs.



Barriers



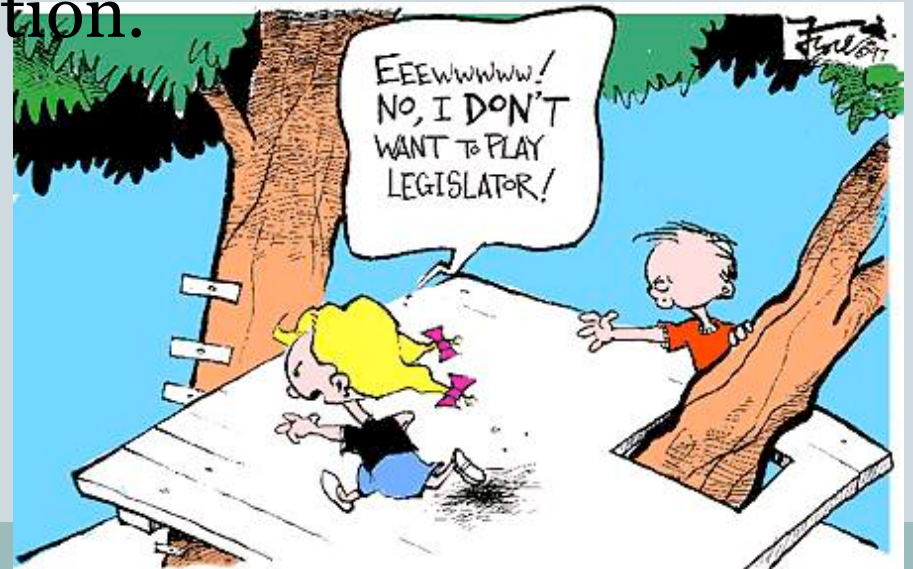
- Medicare reimbursement problems
 - Would require special documentation on the part of the provider to justify services of PT/OT, LD, etc.
- Lack of team members equipped to care for obese elderly patients



Facilitators



- Members of the multidisciplinary team committed to improving the health of the community.
- Legislators are the key to change the way medical service reimbursement is geared towards treating illnesses and diseases as opposed to promoting health and disease prevention.



Role of the DNP



- According to the American Association of Colleges of Nurses (AACN) the role of the Doctor of Nursing Practice (DNP) is to assist individuals in health promotion, disease prevention and provide access to populations at risk for health disparities. (AACN, 2004, p. 3).
- The DNP degree specifically prepares the advanced practice nurse to provide complex, holistic care to individuals across the health care spectrum.

DNP as a leader



- According to the National Panel for Nurse Practitioner Practice Doctorate Competencies (2006) a DNP degree prepares nurse practitioners to “assume increasingly complex leadership roles and provide leadership to foster interprofessional collaboration” (p. 2).
- This advanced education in the leadership arena allows the DNP prepared nurse practitioner to be at the forefront of the multidisciplinary collaboration necessary to make this project a success.