



Self-Reported Barriers to Healthy Eating and Exercise in Older Veterans with Dymobility

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Introduction

- Mobility impairments in older adults are a leading cause of repeat falls, increase hospitalization rates, and high healthcare costs
- Reduced mobility is often linked with poorer dietary patterns in older adults
- Older Veterans are particularly vulnerable with higher obesity rates and number of comorbidities compared to non-Veterans
- Those with severe limitations are less compliant with preventative services
- Peer-led interventions have shown increased rates of adherence

Purpose

- This study seeks to understand common obstacles to healthy eating & exercise among older Veterans from two VA facilities: Baltimore, MD, & San Antonio, TX
- This data will be used to development a peer-led intervention program.

Methods

Participants:

- 87 community-dwelling older Veterans aged 65+ years
- 74 M, 13 F
- Age (yrs): 73.9 ± 5.9
- BMI (kg/m²): 28.0 ± 5.8
- Self-reported dymobility

Included Measures:

- Medical History
- VA Binge Eating Screener
- Center for Epidemiologic Studies Depression Scale
- Insomnia Severity Index-7
- Short Healthy Eating Index
- Physical Activity Scale for the Elderly
- Questions related to exercise and healthy eating barriers

Quantitative Self-Reported Online Survey:

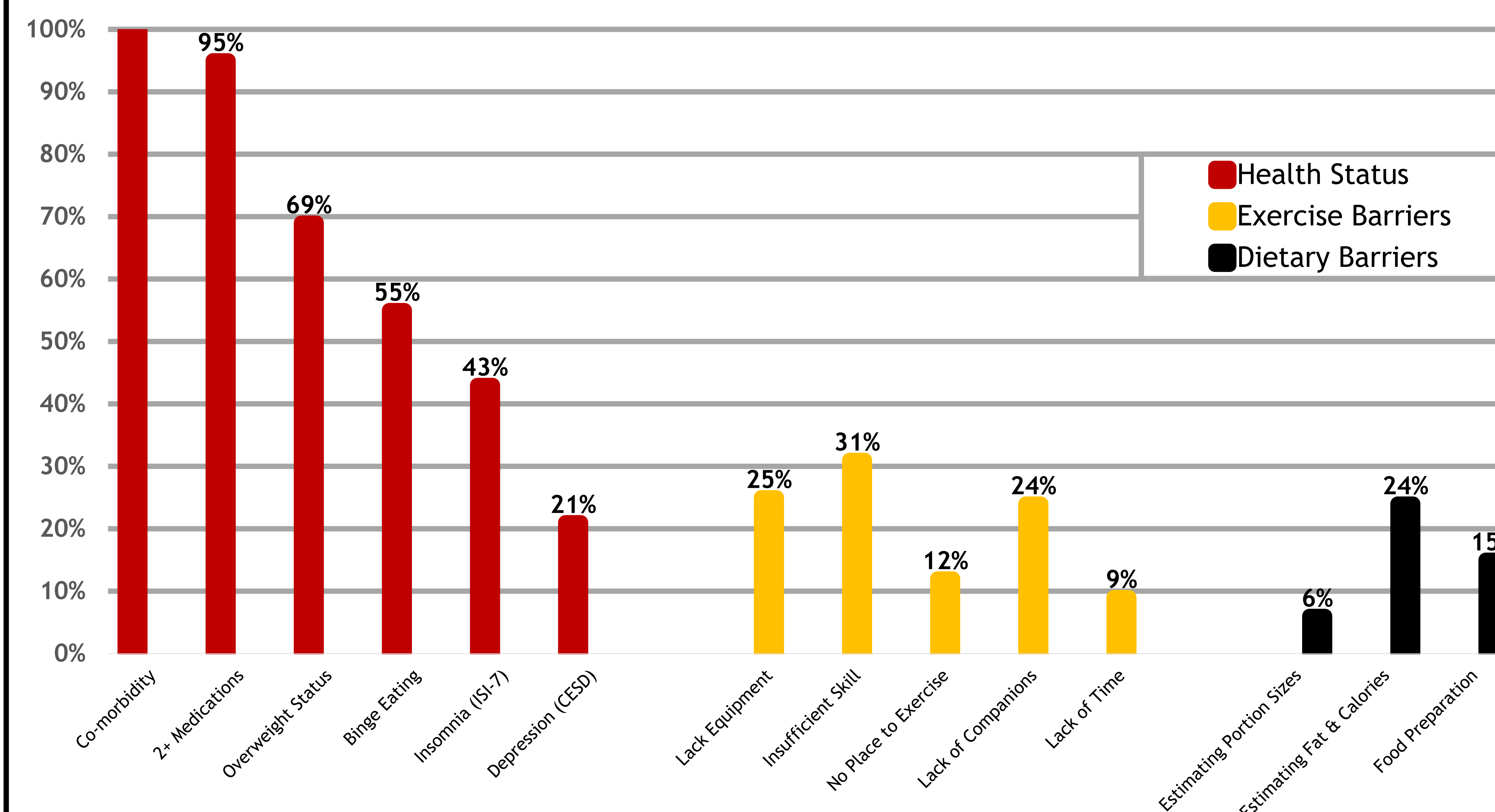
- Via Qualtrics for anonymous data collection

Data Analysis:

- The percentage of responses for each answer was calculated for the ordinal scales
- Avg. and SD were calculated for select scales
- Scoring for individual measures performed per published guidelines

Results

Self-Reported Survey (% Agreement)



VA Binge Eating Scale

Frequency	Older Veterans with Dymobility	US Prevalence of Binge Eating Disorder Among Older Adults*
≥ 1 per week	15%	3.8-9%
< 1 per week	40%	
Never	45%	

*Includes binge eating and bulimia nervosa

Short Healthy Eating Index

	Older Veterans with Dymobility	Age-matched Comparison (NHANES)	Older Veterans with HEI score < NHANES Average
Avg. Total HEI Score	49 (± 10.49)	61	85%
N (%) >80	0	HEI Grading Scale	
N (%) 51-80	36 (45%)	>80	Good
N (%) <51	44 (55%)	51-80	Needs Improvement
		<51	Poor

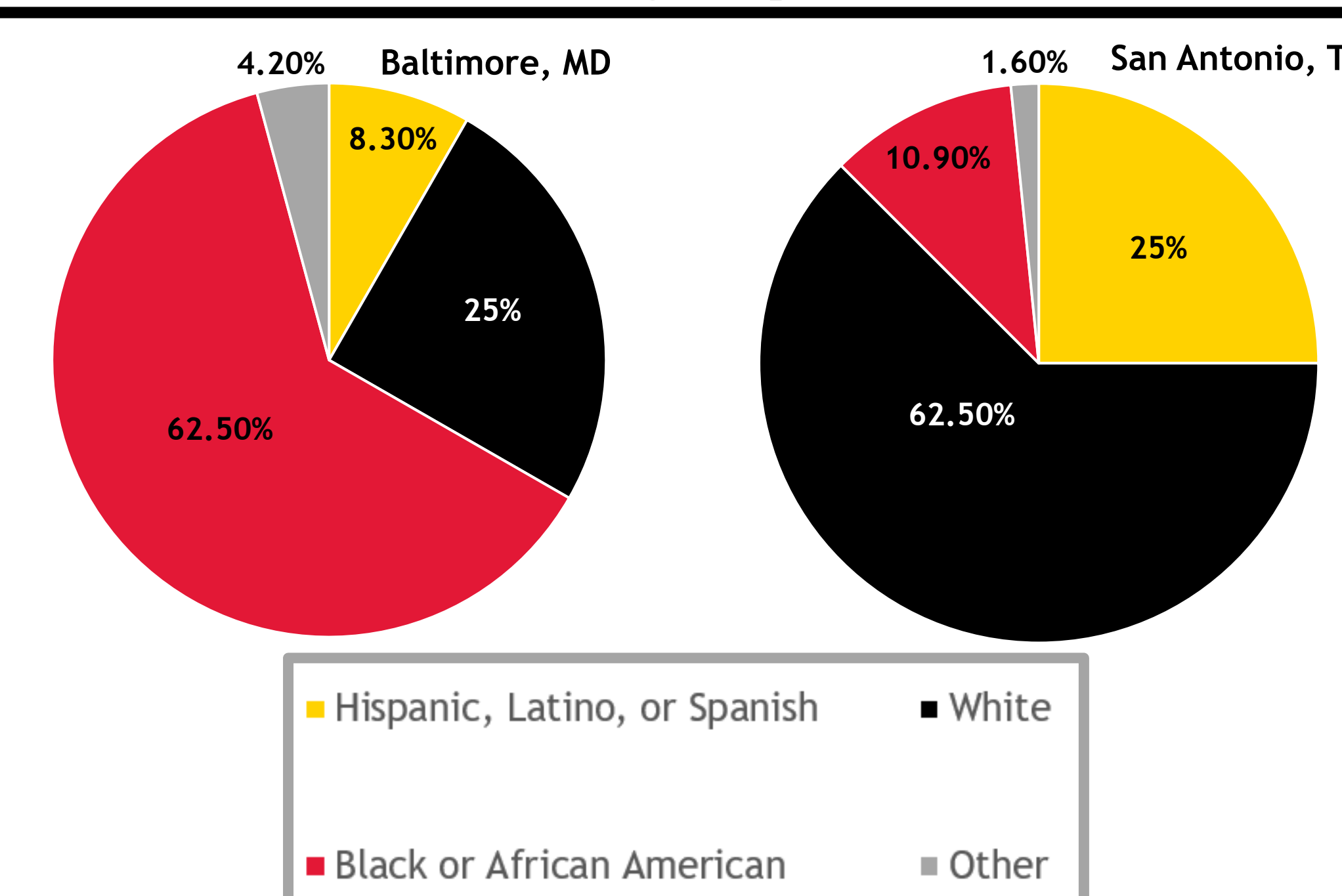
Physical Activity Scale for the Elderly

	Older Veterans with Dymobility	Community Dwelling Older Adults
Total Sample	118.7 (± 71.1)	125.2 (± 79.9)
≤ 70 yrs	119.0 (± 73.0)	142.2 (± 98.5)
> 70 yrs	119.3 (± 71.3)	110.8 (± 62.2)

Scores range from 0-400+

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Demographics



Significance

- Findings from this study have been integrated into a multi-site peer-led group diet & exercise intervention
- Study targeted those typically excluded from lifestyle interventions

Conclusion

Common Dietary Barriers:

- Lack of knowledge related to healthy food choice and preparation

Common Exercise Barriers:

- Lack of equipment, exercise knowledge, and companions
- Majority of Veterans in this study had poor quality diets with 85% below age-matched norms
- This population had a significantly higher prevalence of binge eating episodes, especially among men
- Many of the reported barriers and dietary factors may be ameliorated via dietary and exercise education interventions
- This study provides effective targets to improve the health of older Veterans