## THE GERONTOLOGICAL COMPETENCIES FOR ACCREDITED BACCALAUREATE DIETETICS PROGRAMS

The National Council on Aging reported a population of 57.8 million older adults living in the U.S. in 2022 (The National Council on Aging, 2024). By 2040, older adults 65+ are expected to represent 22% of the American population (The Administration of Community Living, 2024). Quality nutrition is a critical determinant of health outcomes and well-being in aging individuals, particularly as it relates to the prevention and management of chronic conditions such as heart disease, cerebrovascular disease, and malignant neoplasms (Kris-Etherton et al., 2014). Studies consistently demonstrate the essential role that nutrition plays in maintaining health, self-sufficiency, and quality of life for older adults (Weddle & Fanelli-Kuczmarski, 2000). Adequate nutrition is integral not only to preventing disease but also to ensuring longevity and functional independence. Given the growing number and diversity of older adults, evidence-based nutrition programs delivered by registered dietitian nutritionists (RDNs) are crucial for improving overall health and well-being (Saffel-Shrier et al., 2019). Access to flexible dietary recommendations, culturally sensitive nutrition services, and tailored physical activities is vital to meeting the varied needs of older adults (Bernstein et al., 2012). These services, led by qualified nutrition professionals, help ensure older adults maintain their health and quality of life (Bernstein et al., 2012).

While the Commission on Dietetic Registration does not specify geriatric competencies, some of the competencies they require for certification are essential for the care of older adults, including:

- Developing an understanding of education and counseling, including behavior change, educational materials and techniques, barriers to learning, and support for caregivers and families.
- Implementing care planning and coordination, including care plan and development modification, palliative and end-of-life care, referrals and transition of care, and government and community-based programs.
- Understanding cultural and psychosocial factors such as access to food and healthcare, social support systems, cultural and religious practices, and behavioral health
- Providing screening and assessment with validated screening tools, nutrition-focused physical findings, and functional and cognitive status

In addition, the Academy of Nutrition and Dietetics emphasizes the importance of broadening the scope of practice for dietitians, particularly in geriatric nutrition. Key actions include:

- Developing and implementing food and nutrition programs tailored to the needs of older adults (Kamp et al., 2010).
- Involving registered dietitians, nutrition and dietetics technicians, and other practitioners in programs that coordinate community and healthcare services, including regular monitoring and evaluation of outcomes (Saffel-Shrier et al., 2019).
- Encouraging registered dietitians to expand their scope of practice to include prevention, treatment, and maintenance of health and quality of life in older adults (Berstein et al., 2012).
- Ensuring older adults receive coordinated, comprehensive food and nutrition services, and benefit from ongoing research to identify the most effective interventions, and therapies (Bernstein et al. 2012).

## **References**

Bernstein, M., Munoz, N., & Academy of Nutrition and Dietetics. (2012). Position of the Academy of Nutrition and Dietetics: Food and nutrition for older adults: Promoting health and wellness. Journal of the Academy of Nutrition and Dietetics, 112(8), 1255–1277. <a href="https://doi.org/10.1016/j.jand.2012.06.015">https://doi.org/10.1016/j.jand.2012.06.015</a>

Kamp, B. J., Wellman, N. S., Russell, C. (2010). Position of the American Dietetic Association, American Society for Nutrition, and Society for Nutrition Education: Food and nutrition programs for community-residing older adults. Journal of the American Dietetic Association, 110(3), 463–472. https://doi.org/10.1016/j.jada.2009.12.009

Kris-Etherton, P. M., Akabas, S. R., Bales, C. W., Bistrian, B., Braun, L., Edwards, M. S., ... & Van Horn, L. (2014). The need to advance nutrition education in the training of health care professionals and recommended research to evaluate implementation and effectiveness. The American Journal of Clinical Nutrition, 99(5), 1153S-1166S. <a href="https://doi.org/10.3945/ajcn.113.073502">https://doi.org/10.3945/ajcn.113.073502</a>

Saffel-Shrier, S., Johnson, M. A., & Francis, S. L. (2019). Position of the Academy of Nutrition and Dietetics and the Society for Nutrition Education and Behavior: Food and Nutrition Programs for Community-Residing Older Adults. Journal of the Academy of Nutrition and Dietetics, 119(7), 1188–1204. <a href="https://doi.org/10.1016/j.jand.2019.03.011">https://doi.org/10.1016/j.jand.2019.03.011</a>

The Administration for Community Living. (2024, May). 2023 profile of older Americans. <a href="https://acl.gov/sites/default/files/Profile%20of%20OA/ACL\_ProfileOlderAmericans2023">https://acl.gov/sites/default/files/Profile%20of%20OA/ACL\_ProfileOlderAmericans2023</a> 508.pdf

The National Council on Aging. (2024, June 01). Get the facts on older Americans. <a href="https://www.ncoa.org/article/get-the-facts-on-older-americans">https://www.ncoa.org/article/get-the-facts-on-older-americans</a>

Weddle, D., & Fanelli-Kuczmarski, M. (2000). Position of the American Dietetic Association: Nutrition, Aging, and the Continuum of Care. Journal of the American Dietetic Association, 100(5), 580–595. https://doi.org/10.1016/S0002-8223(00)00177-2