

Dietetic Practice and Education

Comprehension of the low phosphate diet in dialysis patients at Sault Area Hospital (SAH)

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Introduction: Primary strategies to manage elevated serum phosphorus in Chronic Kidney Disease (CKD) patients include hemodialysis (HD), dietary restriction, and the use of oral phosphate binders. Dietary compliance is often challenging; estimated adherence is 15%.

Objective: To determine the comprehension of the low phosphate diet among HD patients at SAH to inform registered dietitian (RD) professional practice and dietary education strategies.

Methods: A 10-item knowledge-based paper questionnaire was adapted with permission from two similar studies. Eligible participants were determined by the Primary Investigator using study inclusion criteria. Thirty-seven HD patients with previous low phosphate diet teaching from a RD and prescribed phosphate binders were invited to participate. During routine dialysis treatments in February 2021, recruited participants provided verbal responses which were recorded, coded and entered into Excel[®], and quantitatively analyzed.

Results: Of the 31 consenting patients, 84% understood factors that support optimal serum phosphorus (HD, diet, oral phosphate binders); 81% understood the importance of restricting phosphorus to prevent bone damage; and 77% understood a common symptom of high serum phosphorus levels. Yet when asked if the kidneys can properly clear phosphorus for individuals who require dialysis, 32% stated they did not know. When asked whether fruits such as apples and strawberries were high in phosphorus, 35% provided an incorrect response and 23% did not know. Almost half (42%) would like more advice regarding their diet and 10% were unsure whether they required more advice.

Conclusions: Results suggest most patients understood the rationale behind the low phosphorus diet, however food concepts remain unclear. Findings will be used to inform RD patient care and education.

Significance: The education provided by RDs help patients comprehend their prescribed renal diet and medications. Refined patient self-management support will enhance RD competency in providing high quality care, and encourage improved health outcomes for people with CKD.

Dietetic Practice and Education

Perceptions of nutrition interventions in individuals with Amyotrophic Lateral Sclerosis (ALS)

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Introduction: Amyotrophic Lateral Sclerosis (ALS) is an idiopathic and fatal degenerative disease of the motor neurons. Current literature lacks research on perceptions of nutrition interventions and priorities of care of individuals with ALS.

Objectives: The goal of this study was to determine the perceptions of individuals with ALS and their caregivers regarding nutrition interventions in ALS.

Methods: The research team developed 75 survey questions regarding the nutritional management of ALS. The SurveyMonkey® platform was used to host the survey. The questions were separated into two streams, one for individuals with ALS and one for their direct caregivers. Recruitment took place in February, 2021. An email containing the survey was sent to 37 attendees of the ALS clinic at Saskatoon City Hospital and was posted to the ALS Society of Saskatchewan's Facebook page. Data was analyzed using descriptive statistics and qualitative content analysis.

Results: Twelve respondents participated in the study. The majority of respondents (83.3%) were individuals with ALS between the ages of 39 and 75 years (mean: 64.3 years). Caregivers (16.7%) were between the ages of 42 to 47 years (mean: 44.5 years). The present study found nutrition was important to individuals with ALS and there was interest in trying diets and supplements for the management of ALS. Seventy percent of respondents had concerns involving nutrition. When asked if respondents would recommend consulting with a dietitian upon being diagnosed with ALS, 100% responded yes.

Conclusion: The findings suggest that individuals with ALS value consulting with a dietitian for nutrition management. It is concluded that dietitians are instrumental in the management of ALS by providing individualized support and education regarding nutrition interventions such as tube feeding and supplementation.

Significance: The results of this study suggest that increasing the accessibility of dietitians could positively impact the care of those diagnosed with ALS.

Vulnerable Groups and their Nutritional Needs

Correlates of nutrition risk among residents of naturally occurring retirement communities in Ontario, Canada

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Introduction: One-third of community-dwelling older adults in Canada are at nutrition risk, the risk of poor dietary intake and nutritional status. Consequences of nutrition risk include increased frailty, decreased quality of life, increased hospitalization, and higher mortality rates. Identifying correlates of nutrition risk may identify older adults who should be screened proactively for nutrition risk.

Objective: To examine correlates of nutritional risk among residents in seven different naturally occurring retirement communities (NORCs) in the province of Ontario, Canada.

Methods: Participants were recruited through convenience sampling at NORCs in Kingston, Belleville, Hamilton, and London, Ontario. Demographic data, health measures, and nutrition risk scores were collected. The following questionnaires were used: SCREEN-14 (nutrition risk), EQ-5D (health status), FRAST (falls risk), 3-item Loneliness Scale (loneliness), and GDS-15 (depression risk). Descriptive statistics were calculated for all variables. Spearman's rho and Pearson's correlation coefficient were calculated where appropriate.

Results: In total, 128 individuals were screened. Participants ranged in age from 51 to 97 (mean=77, SD=9.16). SCREEN-14 scores ranged from 19 to 62 (mean=45, SD=7.90) and 87.5% of participants were at nutrition risk (SCREEN-14 scores < 54). SCREEN-14 scores were significantly correlated with health status ($r=.98$, $p<.01$), falls risk ($\rho=-.324$, $p<.01$), and depression risk ($\rho=-.455$, $p<.01$), but not with loneliness.

Conclusions: Many residents of these seven NORCS in Ontario were at nutrition risk and may benefit from nutrition intervention. Participants who had a greater risk of falling, greater risk of depression, and lower health status had lower SCREEN-14 scores, indicating that these individuals were at increased nutrition risk.

Significance: Dietitians should be aware that nutrition risk may be common among NORC residents and nutrition risk screening can identify those who may benefit from nutrition intervention. In particular, older adults who are at a greater risk of falling, greater risk of depression, or who have poor health status should be screened for nutrition risk.

Funded by: Queen Elizabeth II Graduate Scholarship in Science and Technology (C. M. Mills) from Queen's University.

Évaluation de la fidélité d'une grille d'observation sur l'offre active de services en français

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Introduction: L'offre active (OA) des services sociaux et de santé en français est une compétence essentielle consistant à proposer des services en français de façon proactive et dès le premier contact. L'utilisation de l'OA assure la qualité, la sécurité et l'équité des services offerts aux minorités francophones et permet d'améliorer la relation thérapeutique et l'adhésion au traitement. Il n'existe pas d'outil validé permettant l'évaluation de cette compétence dans le cadre d'activités d'apprentissage par simulations destinées aux futurs professionnels de la santé.

Objectif: Mesurer la fidélité interjuges d'une grille d'observation pour simulations évaluant les indicateurs de compétence d'OA.

Méthodes: La grille développée par l'équipe de recherche comportait 19 indicateurs de compétence évalués sur 4 cotes de réussite, et divisés en 5 catégories : A-Introduction au client, B-Intervention, C-Intervention auprès d'un couple/famille, D-Ressources et E-Suivi. Trois juges ont évalué les indicateurs d'OA démontrés dans des enregistrements vidéo (n=67) d'une simulation du programme d'ergothérapie permettant l'évaluation de 9 des indicateurs. La fidélité interjuges, mesurée par le coefficient de corrélation intra-classe (CCI), représente le niveau de concordance entre les cotes attribuées par les juges pour chaque étudiant. Un CCI <0,50 est considéré faible, 0,50-0,74 modéré, 0,75-0,89 élevé, et ≥0,90 excellent.

Résultats: Le CCI total des 9 indicateurs évalués indiquait une fidélité de niveau modéré (CCI: 0,74). La fidélité était excellente pour la catégorie A (CCI: 0,93), élevée pour les catégories C (CCI: 0,85) et D (CCI: 0,75), et faible pour la catégorie B (CCI: 0,17).

Conclusion: Les résultats démontrent une bonne fidélité pour les catégories A, C et D. Il faudra toutefois apporter des améliorations à la catégorie B et créer de nouvelles simulations sur l'OA afin d'être en mesure d'évaluer les indicateurs qui ne s'appliquaient pas à la simulation utilisée. Ce projet a mis en lumière le manque de simulations universitaires évaluant adéquatement l'entièreté des indicateurs de compétences de l'OA.

Importance: L'OA est une compétence complexe devant être enseignée, pratiquée et évaluée auprès des futurs professionnels. L'existence d'outils d'évaluation fiables et de simulations permettant l'apprentissage progressif et complet des indicateurs de compétence est essentielle pour l'établissement d'attentes claires et pour une évaluation équitable.

Financement: Consortium National de Formation en Santé – Volet Université d'Ottawa

Food Security

Assessing a localized food system response to the COVID-19 pandemic for resilience and food security

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Introduction: Global crisis phenomena, such as the COVID-19 pandemic, magnify the need for a reliable food source. Localized food system actors that produce and distribute food are integral to this crisis based on local and resilient food systems supporting food security during a disruption.

Objectives: The objectives of this study were to: describe adjustments made by food producers and distributors during the COVID-19 pandemic; understand the perspectives of producers and distributors regarding the government and institutional supports available during the COVID-19 pandemic; and use the data to generate recommendations relevant to local food system policy and practice.

Methods: Ten semi-structured interviews were completed that included four food producers, three food distributors, and three policy-focused actors. The interviews were transcribed and analyzed according to the phenomenological lens of Hans-Georg Gadamer (1975). **Results:** The results of this research indicated that successful adaptation occurred with local food system actors during the COVID-19 pandemic to maintain resilience and food security. However, challenges occurred with constantly adapting to the COVID-19 pandemic-related public health regulations.

Conclusions: While there were available provincial and government supports and structures, there were important pieces missing, including increased education, government promotion for consumers around the importance of the local food system, and government acknowledgement of the local food system.

Significance: The results of this research highlight recommendations related to policies, structures, and supports that benefit the resilience and food security outcomes of the local food system in the face of future disruptions. Resilient food systems increase food availability and stability during disruptions and are therefore important in supporting food security. As nutritionists and dieticians play an important role in food choices, these individuals are in a position to educate and translate about local food systems advantages, as well as advocate for resilient food systems that support food security.

Dietetic Practice and Education

Quelles sont les causes de conflits dans les équipes de soins de santé interprofessionnelles?

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Introduction: Les équipes interprofessionnelles (IP) permettent de délivrer des soins de qualité centrés sur le patient. Toutefois, les conflits peuvent représenter un obstacle au fonctionnement des équipes, d'où l'importance d'identifier leurs causes pour faciliter leur gestion optimale.

Objectif: Identifier les sources de conflits des équipes IP en soins de santé dans la littérature.

Méthode: Une recherche a été effectuée dans PubMed, PsycInfo et CINAHL avec les thèmes principaux « conflit », « équipe IP » et « soins aux patients ». Les études qualitatives et quantitatives, publiées entre 2010-2021, en français ou anglais, ont été importées dans Covidence par l'auteure principale pour une première sélection par titres et abrégés, puis une seconde par articles complets. Une synthèse narrative des résultats des études a été réalisée.

Résultats: Un total de 261 articles a été identifié incluant 21 duplicatas. La sélection par titres et abrégés a permis de retenir 95 articles, desquels 30 ont été inclus suite à la sélection par article complet. Les résultats suggèrent qu'il existe 3 types de conflits ayant des causes distinctes, soit: reliés aux tâches (ex. stratégies de soins divergentes, n=12; manque de communication, n=10), relations (ex. structure hiérarchique, n=13; traits de personnalité, n=11; différences socio-démographiques, n=8) et processus (ex. manque de ressources, n=13; ambiguïté des rôles, n=17; charge de travail élevée, n=11).

Conclusion: Cette revue a permis d'identifier les causes principales de conflits des équipes IP de soins pouvant être regroupées en 3 types: les conflits reliés aux tâches, relations et processus.

Importance: Les principes de négociation et de gestion de conflits favorisent la mise en pratique des habiletés IP efficaces par les diététistes selon les Compétences intégrées pour l'éducation et la pratique en diététique. Les diététistes doivent être formées sur les causes de conflits des équipes IP afin d'aider à les prévenir et les gérer.

Is COVID-19 taking babies off the breast? The implications of COVID-19 on breastfeeding rates

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Introduction: Access to breastfeeding support programs is positively associated with the duration of exclusive breastfeeding. During the COVID-19 pandemic, access has decreased to many lactation support programs.

Objective: The objective was to determine, how if at all, the COVID-19 pandemic has affected breastfeeding rates.

Methods: Peer-reviewed and grey-literature resources were identified using the search terms lactation, breastfeeding and COVID-19, and breastfeeding support-programs. Eight relevant sources were found in the journals *Pediatrics*, *Maternal & Child Nutrition*, *Academy of Breastfeeding Medicine*, and *Journal of Human Lactation*. The review included grey-literature publications related to breastfeeding incidence and duration, reason why individuals stop breastfeeding, and specifically during the COVID-19 pandemic (defined as 04/01/20 - 04/01/21). An annotated bibliography of key resources and synthesis of findings were developed.

Results: There is limited research on whether this is impacting the decision to continue breastfeeding throughout the recommended period. Findings were that breastfeeding mothers reported a lack of breastfeeding programs during the COVID-19 pandemic and were unable to access these programs. A majority of mothers who ceased exclusive breastfeeding before six months reported not being ready to stop. Reasons given for breastfeeding cessation were misinformation about safety of lactation during COVID-19 and a lack of access to professional support. Mothers of low socioeconomic status reported higher rates of breastfeeding cessation due to the lack of support.

Conclusions: A lack of breastfeeding support programs during the COVID-19 pandemic has resulted in increased rates of self-reported premature cessation of breastfeeding.

Significance: As breastfeeding rates are declining during the COVID-19 pandemic, particularly in those of lower incomes, these findings are important for public health services planning immediate lactation and breastfeeding services to support infant health.

Nutrition and Health Education

Feasibility of a 1-year lifestyle intervention among women with a history of gestational diabetes

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Introduction: Gestational diabetes mellitus (GDM) affects 13% of pregnancies worldwide and is associated with a high risk of developing type 2 diabetes. Although lifestyle habits among women with a history of GDM are suboptimal, there is currently no systematic follow-up lifestyle program after childbirth.

Objectives: To assess, within a pilot randomized controlled trial, the feasibility and acceptability of a lifestyle intervention initiated early after childbirth and continuing until 12 months postpartum in women with a history of GDM.

Methods: Women diagnosed with GDM were recruited and randomized to either the intervention (n=16) or control group (n=16). Participants were invited to attend 7 visits between 2 and 12 months postpartum in order to complete various clinical tests and questionnaires. At each visit, participants in the intervention group received a personalized intervention based on the Theory of planned behavior, which focused on breastfeeding, nutrition and physical activity and received written educational material within a toolbox. Participants in the control group received only the lifestyle education toolbox. Attendance at each session was recorded in order to measure completion and retention rate at 12 months postpartum. Participants' satisfaction regarding the intervention was analyzed using an appreciation questionnaire of 18 items with a 5-point Likert scale.

Results: A total of 72% of participants completed the intervention, 50% of women in the control group and 94% of women in the intervention group. Women who remained in the study completed all of the program visits for a completion rate of 100%. The mean appreciation score was 4.17 ± 0.55 . The average score was 4.23 ± 0.50 among participants in the intervention group and was 4.00 ± 0.71 in the control group. 89% of women were satisfied overall with the intervention and the aspects less appreciated by participants, mostly in the control group, were related to the acquired knowledge and skills regarding breastfeeding and physical activity, the time commitment of the program as well as the support received from the facilitator.

Conclusion and Significance: The intervention is considered feasible and was appreciated by the participants with some elements that need to be improved before being used by clinicians.

Funded by: Diabete Quebec and the Canadian Foundation for Dietetic Research (CFDR).

Nutritional Assessment and Therapy

Creating a holistic approach to care for people with ostomies: The role of the dietitian

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Introduction: Many patients who experience conditions such as colorectal cancer or inflammatory bowel disease may require an intestinal ostomy. Individuals living with ostomies undergo an adjustment process after surgery including changes in physical abilities, relationships, body image, sexuality, relationship with food, and social activities. While researchers encourage health care providers to assist patients as they adjust and learn to cope with changes, there are few guidelines to help dietitians address the psychosocial concerns of patients with ostomies as it relates to food and eating.

Objectives: The purpose of this project is to better understand how to offer relevant and effective dietetic counselling for people with ostomies. This study was designed to allow us to describe the current practices of dietitians who counsel people with ostomies and their interactions within their interdisciplinary health care team.

Methods: We conducted semi-structured interviews with 21 health care providers (HCPs) and community partners who care for and support people with intestinal ostomies in NL, including registered dietitians, surgeons, oncologists, gastroenterologists, ostomy support group leaders, and nurses specialized in ostomy care. Interviews were transcribed verbatim, and data were thematically coded and analyzed using Nvivo software.

Results: Dietitians had a similar focus of patient education during their initial visits with patients who have ostomies. However, the frequency and focus of follow-up with patients depended on the health care setting (in-patient versus out-patient care, urban versus rural) and the disease of the patient population (cancer versus inflammatory bowel disease). Other HCPs noted similar differences between cancer care and treatment of other diseases, including complexities of the referral system depending on the patient population. Dietitians who provided follow-up care discussed the anxieties of people living with ostomies and their subsequent food restriction. HCPs and support group leaders expressed concern for the lack of supports and resources in place to help patients adapt to life with an ostomy.

Conclusions: People with ostomies undergo an adjustment process after surgery, which can be stressful for patients and affect their eating patterns. Food restriction and avoidance are common issues amongst patients during adjustment and further psychosocial training and support is needed to improve patients' experiences. Our findings also indicate that there may be gaps in health care services for patients with an ostomy due non-cancer bowel disease.

Significance: Dietitians play a key role in increasing the confidence and self-management ability of patients with ostomies, and an increase in confidence is an important factor of adjustment to living with an ostomy. Our research informs us of how dietetic care is provided to people with ostomies and highlights gaps in services.

Staff knowledge, attitudes and perceptions of weight bias at the North Bay Parry Sound District Health Unit (NBPSDHU)

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Introduction: Emerging literature is demonstrating that weight bias continues to be a health equity issue during the COVID-19 pandemic.

Objectives: To gather baseline data about organizational culture and staff knowledge related to weight bias at the NBPSDHU to inform program planning.

Methods: All NBPSDHU staff (n=213) were invited to complete a 10-minute online survey (CheckMarket[®]) consisting of 16 questions. The survey included multiple choice, Likert scale and open-ended questions. Following ethics approval, a recruitment email was sent. The survey was open for two and a half weeks. Descriptive data analysis was completed with CheckMarket[®], while qualitative data was thematically analyzed.

Results: 132 staff responded with an 80% completion rate (n=105). Over half (55.0%) received weight bias training in the fall of 2019. Overall, respondents understood what weight bias is (96.0%) and its negative implications on health (89.6%). Respondents also recognized the importance of (87.35%), and supported the need to (91.2%) address this issue within the organization. Four themes arose related to organizational barriers to addressing weight bias: lack of education/training; physical environment/equipment; weight-based clinical screening practices; and inequitable representation/inclusive practices related to body size diversity. The themes corresponded with suggestions to deconstruct these barriers and aligned with suggested supports required for staff to address weight bias.

Conclusion: Respondents were well informed about weight bias. Organizational barriers to reducing weight bias, and suggestions to mitigate these barriers were identified, as well as supports staff feel they need to contribute to reducing weight bias within the organization. This information will inform NBSPDHU program planning.

Significance: This research may provide insight to public health dietitians related to raising awareness about, and mitigating weight bias in the public health practice setting. Results may also be transferable to community and clinical practice settings.

Access to nutritious food and potable water within Indigenous communities in Newfoundland and Labrador

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Introduction: The purpose of this study is to support the culture and beliefs of Indigenous individuals, by exploring the access to culturally acceptable food and safe drinking water for Indigenous communities and providing a bridge to accessibility within this population. Conducting a literature review will explore any gaps in the access to nutritious food and potable water in Indigenous communities within Newfoundland and Labrador (NL).

Objectives: The objectives of this research is to gain knowledge of the access to nutritious food and potable water in Indigenous communities within NL and provide recommendations on how to address and fill these gaps.

Methods: A literature review will assess the integrity, transparency and validity of the content. The literature that will be analyzed in terms of its relevance and effectiveness of the current access to nutritious food and potable water in Indigenous communities include both academic and government documents, as well as grey literature. We anticipate that the review of literature will reveal that there are gaps in the accessibility to nutritious food and water available for Indigenous communities in NL.

Results: Many barriers were identified throughout the literature review including limitations in programs/initiatives, limited opportunities for Indigenous voices to be represented, and minimal focus on potable water access. We also found that Indigenous populations are more vulnerable to adverse health conditions, that Indigenous people in rural areas have a greater difficulty accessing nutritious food and potable water, and there are limited resources available to provide nutritious food and potable water to these populations.

Conclusions: This research allowed us to identify potential ways to overcome barriers to accessing nutritious food and potable water. These include community involvement with developing programs and initiatives, further research in terms of potable water and the importance of traditional food access, as well as a dietitian's role in advocacy and action for change.

Significance: This research has significance in the field of dietetics by identifying and establishing diversity in the access to nutritious food and potable water for Indigenous communities in NL. Dietitians play a significant role in identifying, supporting and filling current and future gaps in nutrition accessibility in both hospitals and communities. These professionals will also be able to identify and advocate for the adaptation and development of nutritional services that will aim to have a sustainable impact on the accessibility to both nutritious food and potable water for these populations.

Clinical Research (Including Outcomes of Intervention)

Addressing malnutrition through diet liberalization: comparing therapeutic diets prescribed by the multidisciplinary team on acute medicine

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Introduction: There is increasing recognition that effective care of hospitalized patients requires a multidisciplinary approach, however gaps in nutrition care between Registered Dietitians (RDs) and non-dietitian health care providers (HCPs) exist. This may lead to patients receiving inappropriate therapeutic or nutritionally inadequate diets. Diet liberalization is one effective way to address the restrictive nature of therapeutic diets and combat malnutrition.

Objectives: To explore differences between admitting diet orders and those assessed by RDs. Specifically, whether or not diets were liberalized by RDs based on the presence of malnutrition, as categorized by Subjective Global Assessment (SGA), and how frequently HCPs and RDs order therapeutic diets.

Methods: A retrospective, randomized chart review of adult patients admitted to acute medicine at St. Paul's Hospital between April 1, 2018 and March 31, 2019 was conducted between March and August 2020. The sample was deemed representative of the study population. Descriptive statistics were used to assess the frequency of diet liberalization and of each diet type being ordered. Chi-squared test and logistic regression were performed to investigate the relationship between malnutrition (SGA status) and diet liberalization.

Results: A total of 204 patient charts were included. Upon first nutrition assessment, RDs liberalized the diet order for 17% of patients and changed the admitting diet order for 59% of patients. Statistically significant differences between the types of therapeutic diets ordered by HCPs and RDs were found. There was no statistically significant difference between the degree of malnutrition (SGA status) and diet liberalization by RDs.

Conclusion: Although RDs do not liberalize diets as often as hypothesized, results of this study demonstrate a discrepancy in the diets that HCPs and RDs frequently order, requiring RDs to modify over half of admitting diet orders.

Significance: The findings reveal that RDs frequently modify diets to meet individual nutritional needs. Early RD referral and ongoing multidisciplinary collaboration will lead to a more patient-centred approach to prevent and manage malnutrition.

Funded by: [2019 Providence Health Care Research Challenge Grant](#).

Assessing food and nutrition literacy in children and adolescents: A systematic review of existing tools

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Introduction: Food literacy (FL) and nutrition literacy (NL) are emerging concepts that may be important in navigating our current food environment. Building these skills and abilities at a young age is important for skill retention, confidence in food practices and supporting lifelong healthy eating habits. Identifying valid and reliable tools to assess FL or NL among children and/or adolescents can support research among these populations.

Objectives: The aim of this review was to i) identify existing tools that measure FL and NL among children and/or adolescents, and ii) describe the validity and reliability of these tools.

Methods: A four-phase protocol was used to systematically retrieve articles from 6 databases, by two authors, independently.

Results: Twelve tools were identified. Three tools measured FL, one tool measured NL, four tools measured both FL and NL, and four tools measured sub-areas of NL – more specifically, critical nutrition literacy, menu board literacy and food label literacy. Most tools were self-reported, developed based on a theoretical framework, and were found to be valid and reliable for a specific age- and ethnic- group. The majority of tools targeted older children and adolescents (9-17yr old), and one tool targeted preschoolers (3-5yr old). No tools have been developed for children and adolescents in Canada.

Conclusions: Most widely used definitions of FL and NL do not acknowledge life-stage specific criterion. Continued efforts are needed to develop a comprehensive definition and framework of FL and NL appropriate for both children and adolescents. These efforts will help facilitate and inform assessment tools in the future.

Significance: Given that FL and NL may be heavily influenced by food environment, the results of this review can help inform the development of tools to assess FL and NL among Canadian children and adolescents by researchers and practitioners.

Funded by: The Helderleigh Foundation

Medical students' perceptions of the nutrition curriculum in their undergraduate medical education (UME) at the Northern Ontario School of Medicine (NOSM)

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Introduction: Nationally, over one third of medical students are dissatisfied with the nutrition education they receive during their UME resulting in physicians who are not comfortable, confident, or adequately prepared to address and counsel nutrition concerns in their practices.

Objective: To evaluate NOSM UME students' perceptions of the curriculum related to their nutrition knowledge, attitudes, and counseling self-efficacy/confidence.

Methods: A 16-item electronic survey (Qualtrics[®]) was developed and included nine nutrition competency statements; adult and pediatric nutrition assessment and counselling confidence; and nutrition curriculum satisfaction. Once pretested by four UME students, students in Years 2, 3 and 4 (n= 192) were invited to complete the survey between January 25 - February 5, 2021.

Statistics was completed in Excel[®].

Results: Of the 61 respondents, 50.8% were Year 2, 34.9% Year 3, and 10.6% Year 4. Overall, 72.1% were dissatisfied with their UME nutrition education. Perceived competencies of highest disagreement were strategies to prevent and treat disease (72.1%); applying basic dietary strategies (65.6%), and ethics and nutrition management (62.3%) while 52.5% felt competent in the team approach to nutrition care. Respondents reported lowest competence (less than 10- 15%) in specialized nutrition support, cancer care, renal nutrition, and mental health/eating disorders for both pediatric and adult populations.

Conclusions: NOSM medical learners report curriculum dissatisfaction; nutrition incompetence and poor levels of perceived confidence in nutrition management of pediatric and adult issues. Results will be used to inform nutrition curriculum enhancements and future outcome evaluations. Response rates limits comparing years and overall generalizability.

Significance: Current and future physicians with enhanced nutrition knowledge, awareness of the RD's roles, and an understanding of when to refer patients to an RD can provide better patient-centered care. Positioning RDs as educators in UME programs can help develop our reputation as nutrition experts and valuable members of the health care team.

Other

Canadian dietetic history of Long-Term Care

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Introduction: There have been dramatic changes in dietetic practice in long-term care (LTC) across Canada over the past 28 years since the last history of dietetics in Canada was published. **Objectives:** To create a timeline and to understand perspectives of registered dietitians (RDs) on dietetic practice specific to LTCs.

Methods: A timeline was drafted based on document reviewed and information gathered from key informants. Historical perspectives on dietetic practice were obtained from semi-structured telephone interviews with RDs in the field. Recorded interviews were transcribed (NVIVO) and coded using thematic analysis, with verification of transcription and coding done by team members.

Results: Key informants were 15 females (14 RDs and 1 non-RD) from eight provinces in Canada with a mean of twenty years (SD 8.1) of work experience in LTC. Seven themes were generated related to changes in dietetic practice in LTC including: 1) Changing funding, legislation and regulation; 2) internal changes such as aging facilities and increasing complexity of LTC residents; 3) positive aspects such as dietetic practice being supported by networks and technology as well as RDs roles being recognized; 4) advocacy at institutional and provincial level; 5) changes in RD roles and responsibilities such as ongoing education and completing the Resident Assessment Instrument tool; 6) challenges of working in LTC facilities such as lack of dietitian time and lack of regulations, and 7) COVID. Effects of COVID had both negative and positive influences on RDs in LTC, from an initially slow reaction to COVID spread to the positive effects of increased teamwork and sense of community.

Conclusion: Dietitians' roles and responsibilities have changed since 1993 from factors both internal and external to LTC.

Significance: This research will update the history of Canadian dietetics in LTC and will provide future direction for improving RD roles in this field.

Funded by: University of Guelph. In-kind support from Dietitians of Canada.

Vulnerable Groups and their Nutritional Needs

Facteurs qui influencent les pratiques alimentaires et préoccupations de parents noirs – Une revue de littérature

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Introduction: Le statut pondéral des enfants est influencé par différents facteurs dont les préoccupations et pratiques alimentaires qu'utilisent leurs parents. De nombreuses études, principalement réalisées chez des Blancs, rapportent que ces préoccupations par rapport au poids de l'enfant, ainsi que certaines pratiques alimentaires comme la restriction, la pression à manger et la surveillance varieraient selon différents facteurs. Toutefois, ces études se sont très peu penchées sur les Noirs, alors qu'ils présentent un risque plus élevé de développer l'obésité au Canada. Or, ces préoccupations et pratiques alimentaires sont une piste dans la prévention de l'obésité infantile.

Objectif: Identifier les facteurs influençant les préoccupations et pratiques alimentaires de parents noirs ayant des enfants de 6 à 12 ans grâce à une revue de la littérature.

Méthodes: Une recherche a été effectuée dans les bases de données Medline, PsychINFO, CINAHL et Embase pour identifier les articles publiés entre janvier 1990 et juin 2019. Les articles (n=3480) furent filtrés à l'aide de Covidence par deux assistantes de recherche. Parmi ceux-ci, 46 ont été évalués pour leur éligibilité et 13 avec devis expérimental furent retenus.

Résultats: La presque totalité des études (n=11) se sont déroulées aux États-Unis et comportaient une faible proportion de participants noirs. L'ethnicité était un des facteurs centraux influençant les préoccupations et pratiques alimentaires parentales. D'autres facteurs ayant influencé les préoccupations et pratiques alimentaires furent le statut socioéconomique, le poids, le sexe de l'enfant, ainsi que le type d'aliments consommé par l'enfant.

Conclusion: Plusieurs facteurs influencent les préoccupations et pratiques alimentaires parentales. Toutefois, plus d'études qualitatives seraient nécessaires pour mieux comprendre l'impact des facteurs identifiés sur ces préoccupations et pratiques alimentaires. Bien que cette revue de la littérature montre qu'il existe différents facteurs affectant les préoccupations et pratiques alimentaires, peu d'études existent sur les Noirs et la majorité des études proviennent des États-Unis.

Implication pour la pratique de la diététique: Une meilleure compréhension des facteurs influençant les préoccupations et pratiques alimentaires des parents de groupes ethniques noirs permettrait de former des futurs professionnels de la santé plus aguerris et conscients à la réalité multiethnique du Canada.

Other

Nutritional risk assessment in outpatients with Child-Pugh B score hepatic cirrhosis

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Introduction: In patients with cirrhosis, malnutrition is common. Despite this, the nutritional status of outpatients with hepatic cirrhosis is not routinely assessed. In contrast, the benefits of screening, diagnosing, preventing, and treating malnutrition are numerous.

Objective: The purpose of the study was to determine whether patients with Child-Pugh B score hepatic cirrhosis seen at the Ottawa Hospital outpatient gastroenterology clinic were at risk of malnutrition.

Methods: Fourteen patients (6 women, 8 men) with hepatic cirrhosis were recruited and gave informed consent for the study. Child-Pugh scores were determined from participants' medical charts. Their risk of malnutrition was assessed with the Subjective Global Assessment (SGA). Demographic and anthropometric data (height and dry weight) were collected with a questionnaire during an individual interview with a trained research assistant. Body mass index (BMI) was calculated. Data are reported as means±standard deviation.

Results: On average participants were approximately 60.8±6.4 years old. In total, 12 patients had an SGA rating of mild/moderate malnutrition and two were severely malnourished. The physical examination subsection of the SGA revealed that all patients had ascites. In addition, 5 of the 14 patients presented with severe muscle loss, while 8 had mild/moderate muscle loss. Finally, ten patients had mild/moderate body fat loss, while 3 had severe fat losses. For the history subsection of the SGA related to symptoms, 8 reported they experienced early satiety, 5 had diarrhea, 3 experienced nausea and 2 vomiting. For the weight, three patients had lost 5-10% body weight in the last six months and one had lost more than 10%. The average BMI was 28.3±5.6 kg/m², in the above normal BMI category.

Conclusion: These results showed, through using the SGA, that participants with Child-Pugh B score hepatic cirrhosis suffered from mild/moderate or severe malnutrition, even if their average BMI was above normal. It is therefore important to assess the nutritional risk of these outpatients.

Significance: Based on our preliminary findings, ascites can mask signs of malnutrition in outpatients with Child-Pugh B score hepatic cirrhosis, pointing to the need to perform routine nutritional assessment in those outpatients at risk of malnutrition.

Evaluating the usefulness of YouTube videos to teach the public about cooking with pulses

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Background: Pulses like lentils, chickpeas, beans, and peas are not commonly prepared and eaten by consumers even though they can help improve serum blood glucose, reduce blood pressure, and decrease body fat. Researchers at the University of Saskatchewan started a YouTube channel and website (EPIC Health) to upload videos about preparing pulses.

Objective: The objective of our research was to assess if YouTube tutorials from the EPIC Health website showing pulse preparation are useful resources for health care professionals and the general public.

Methods: An online survey was distributed through the College of Pharmacy and Nutrition website at the University of Saskatchewan. The survey determined how useful the pulse videos are as a teaching tool.

Results: A total of 171 health professionals and members of the public responded to the same survey questions after watching EPIC Health YouTube tutorials about preparing pulses. Of the respondents, 91.7% (n=111/122) agreed that the videos are a helpful tool for learning about cooking pulses. The videos were reported to be easily understood by 97.5% (n=119/122) of the respondents. Of the health care professionals survey, 100% (n=45/45) of them agreed that the information was provided in a clear way. Of the respondents, 79.5% (n=97/122) agreed that because of the videos, they feel more confident in cooking with pulses.

Conclusions: Our findings show that YouTube videos are effective tools to teach the public about preparing pulses. Participant responses indicate that EPIC Health YouTube videos are well-liked by both health professionals and the general public. The health professionals offered wider perspectives to improve the videos, such as improving accessibility with subtitles and featuring more diverse hosts.

Significance: Health professionals, such as Registered Dietitians, can use the YouTube videos to help their clients learn about preparing pulses in order to make dietary choices that reduce their risk of diseases and health complications.

Connecting Saskatchewan Families to Credible Health Information and Resources

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Introduction: Due to the COVID-19 pandemic, Public Health Nutritionists (PHNtr) in Saskatchewan wanted to re-evaluate the ways health information and resources are provided to caregivers of children ages 0-5.

Purpose: The purpose of this study was to identify what health information and resources caregivers want to access and how they want it provided to them.

Methods: An online survey was distributed to caregivers of children aged 0-5 in Saskatchewan using social media through the Saskatchewan Health Authority. Data collection began on January 29, 2021, and continued until February 19, 2021.

Results: A total of 1,809 individuals participated in the survey. The majority of participants, 66.7% (n=1044/1566) were 31-40 years. The most preferred methods for obtaining health information before and after COVID-19 were individual consults with healthcare professionals (75.2%, n=1213/1614; 72.3%, n=1166/1613) and websites/search engines (71.4%, n=1153/1614; 67.2%, n=1084/1613). Despite the many challenges associated with the pandemic, our research demonstrated that participants want health information disseminated to them in a similar manner to before the COVID-19 pandemic. The majority of participants, 53.8% (n=868) reported that it was more difficult to access in-person resources. Furthermore, 48.2% (n=778) reported that their reliance on online resources has increased. Health information that caregivers wanted varied significantly in relation to food and feeding, parenting, and health and safety. Caregivers of children aged 0-5 years want to know more about menu planning, communicating with their child(ren), and setting limits.

Conclusions: Caregivers prefer to obtain health information through online platforms including websites and social media, as well as during in-person appointments with their healthcare providers. This study found that residents of Saskatchewan are not using the handouts and pamphlets PHNtr's are creating as much as online resources. There is a need for more online resources and information showing caregivers how to find credible health information online.