

Alberta Healthy Living Program (Diversity, Mandarin, and Cantonese)

- ✓ **Project: Tentative pre-recorded interview in Mandarin with the host at Fairchild Radio, FM 947**
 - ✓ **Total airtime: 20 minutes however only given 10 minutes to present information.**
 - ✓ **Pre-recording date: 2026 March 17**
 - ✓ **Broadcasting month: 2026 April and May**
 - ✓ **Suggested topic: Protein and healthy diet to prevent frailty and malnutrition in older adults**
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Introduction:

Our population is aging, and while many older Canadians live healthy and active lifestyles, many others grow weaker, move more slowly, and become less active over time. Around 10% of seniors over the age of 65 years have frailty and this increases to 25% to 50% for those over 85 years of age. Ageing and frailty are not the same. Frailty becomes increasingly common as age advances.

Frailty and malnutrition among seniors can lead to difficulty with everyday tasks, higher risk for falls and fractures, or need for institutionalized care or hospitalizations.

Research indicates that nutrition screening should be a routine practice used to identify vulnerable seniors who are at nutrition risk and need further assessment to identify problems to prevent or reverse frailty or malnutrition.

Is there a difference between frailty and malnutrition?

Frailty often coexists with malnutrition, negatively impacting the quality of life in seniors. In Canadian hospitals, approximately 70% of malnourished patients being screened as frail.

Frailty has multiple causes that display itself by reduced strength, endurance, and physiological function which are then associated with risk of functional decline, loss of independence, deterioration in health status and increased risk of hospitalization.

Frailty is most apparent under stress and is presumed by magnify and rapid changes in health status.

On the other hand, malnutrition is not just about lack of food. It happens when our bodies do not get the right nutrients (energy/ calories, protein and vitamins or minerals) to function properly. This could mean that we are eating too few or too many calories and not getting enough vitamins or minerals.

Malnutrition, in short, includes undernutrition, inadequate vitamins or minerals, obesity, and resulting diet-related noncommunicable diseases.

Malnutrition often goes unnoticed, which can lead to long-term health problems such as impaired wound healing and increased rates of infection.

Can a senior with a healthy body weight or is obese be at risk of frailty or malnutrition?

Even though an individual's weight may be within a healthy body weight range or indicate obesity, there may be sarcopenia present which can contribute to frailty and malnutrition.

Sarcopenia is the natural aging related, progressive loss of muscle mass and strength - it often begins gradually around age 40 and accelerates after 60 to 70 years old. Rates of muscle mass lose vary with different people; however, you may lose as much as 8% of your muscle mass each decade.

Sarcopenia can affect people of any body size and shape; therefore, it is important to screen for other risk factors and not just weight.

Your healthcare provider may diagnose sarcopenia by conducting a physical exam such as assessing your muscle strength and evaluating physical performance, in addition to your symptoms.

What are the common health effects of a poor diet?

As we age, our dietary and nutritional needs change.

- Unintentional weight loss, which is also muscle loss. Muscle mass has many important functions such as to help us with our strength (balance), reduce our risk of falls and independence (reduce ability to perform everyday tasks such as showering, getting dressed or preparing meals).
- Weaker immune systems slower recovery illness (cold, flu, infection) and injuries.
- Loss of appetite and lack of interest in food and/or drinks (fluids).
- Low energy level and tiredness.
- Difficulty staying warm.
- Issues with chewing and swallowing.

What is healthy body weight for seniors?

Body mass index (BMI) is a ratio of weight-to-height.

BMI is a screening tool used to classify a person's weight according to the risk of developing health problems. For seniors in Canada, the recommended healthy BMI range is slightly higher than for younger adults, ~ 22 to 29.9 kg/m² and is associated with the lowest mortality risk.

Being Asians, on average, we have smaller body frames and fat is distributed differently than for those of Caucasians. Some studies have recommended BMI range of 22 to 25.9 kg/m² for elderly Asians.

Of note, measures of BMI should be interpreted alongside other health measures such as waist circumference, as part of a complete nutrition assessment. It is also important to monitor the weight change among seniors since it is a better indicator of age-related changes in muscle mass and function.

For seniors who have intentional or unintentional weight changes can increase their risk for malnutrition.

What is healthy eating and diet for seniors?

Healthy eating is a key part of aging well and promotes social, physical and mental well-being.

A healthy diet for seniors should include a variety of foods, based on Canada's Food Guide, with an emphasis on foods high in protein. For example, allocate 50% of the volume of foods you eat with vegetables and fruits, and the remaining 25% each to be protein and whole grain foods.

As you age, your sense of thirst may decline, but you still need to drink regularly whether you feel thirsty or not. To stay hydrated, drink throughout the day and with each meal and snack. Water is the best choice for staying hydrated and it is recommended to aim 6 to 8 cups (1500 ml to 2000ml) of fluid each day.

Since turning 65 years old, my physician has advised me to increase my protein in my diet.

- Why is that important?

As we get older, we start to lose our muscle mass because of our sedentary lifestyles and what we eat. Muscles allow us to get out of a chair, pick up our grandchildren and maintain our balance so we don't fall.

It is now highly recognized that older adults need more protein and specifically quality protein than other age groups to maintain their muscle and prevent frailty. Canada's Food Guide suggests eating a variety of protein foods from plant and animal sources, because each type gives you different nutrients, not just protein. From iron and calcium to vitamin D and healthy fats, different sources help support your body in different ways.

- How much protein?

Aim to fill $\frac{1}{4}$ of your plate or 25% of the volume of food, at each meal to be filled with protein.

- **Where do I get protein from?**

Protein foods can come from plant and animal sources.

Plant-based food includes tofu, edamame, peas, beans, nuts and seeds, and fortified soy beverage.

Animal-based food includes milk, yogurt, cheese, eggs, fish, lean meats, seafoods.

If you have difficulties getting enough protein in your diet, consider supplementing with high protein drinks, puddings or shakes. Please consider seeking help from a dietitian to get the guidance you need.

(Quality protein – protein that contains the essential amino acids that our body cannot make, it needs to come from what the food we eat. For example: meat, dairy products, eggs, soybeans. If you are practicing a vegetarian diet or are a vegan, eating a variety of plant sources every day to get the right balance of essential amino acids. This takes education, planning and often cooking your own food; this can be challenging for older adults at risk of frailty, such as those living alone.)

What is the role of nutrition in seniors with dementia?

Nutrition plays an essential role for seniors because it affects brain health, physical strength and quality of life. People with dementia often experience weight loss, forgetfulness to eat and drink, change of food preferences and finding structured meals overwhelming.

The key recommendations to help seniors with dementia include:

- Regular timing to eat high protein foods with meals and snacks.
- Easy to eat attractive nutritious foods in a pleasant environment.
- Adequate hydration throughout the day.
- Close monitoring of body weight and screening for malnutrition.

Being a senior, are there any vitamins and minerals of concern that require my attention?

Vitamin A, vitamin B12, vitamin D, calcium, iron and zinc are often the nutrients of concern among seniors who do not consume a healthy and well-balanced diet or if consumption of food is limited, due to various factors.

Routine supplementation is not recommended except for vitamin D. AHS recommends that all Albertans take a vitamin D supplement (1000IU) every day, all year around.

For seniors who are unable to meet their nutritional needs from food sources or those who are at an increased risk of deficiency should discuss supplement use with their clinicians.

My elderly parents are taking multiple types of herbal and botanical supplements to help boost their general health and well-being. They also perceive them as natural and safe.

People take dietary supplements for a variety of health-related reasons however, it is important to note that evidence supporting these effects is limited and varies between studies.

No supplement is intended to diagnose, treat, or prevent any medical condition.

Seniors often have chronic conditions such as heart disease, diabetes and declining kidney health, supplements can interact with medications, which can increase the risk of side effects. Therefore, it is always important to consult healthcare professionals before adding or combining supplements, especially for seniors with existing health concerns.

Are there other issues that can impact nutrition in seniors?

- Not hungry
- Poor sense of smell of taste
- Medications (interfere with digestion and absorption of nutrients)
- Mobility (grocery shopping and meal preparation hard)
- Financial hardship (low income)
- Loneliness and grief
- dental health issues

- chronic disease

Who should receive nutrition screening? What is the benefit of screening for malnutrition and frailty in seniors?

All seniors are recommended to receive nutrition screening which can help with the early identification of vulnerable individuals who are at nutrition risk and can be a way to further improve care and health outcomes.

How do we screen malnutrition?

There are simple and easy to use tools that can be used by your Primary Health Care providers such as physicians, pharmacists, dietitians and other clinicians, to identify individuals that are at nutrition risk.

The Nutrition Check-up for Older Adults, based on the Canadian SCREEN-8© tool, is an online, 5-minute survey designed to identify nutrition risks like weight loss, poor appetite, and eating difficulties in people over 55. It provides a personalized report with actionable tips to help maintain independence, strength, and prevent malnutrition.

Key Aspects of the Nutrition Check-up

What it Covers: The tool asks about food intake, weight changes, appetite, ability to chew/swallow, and grocery shopping habits.

Why It Matters: Early detection helps prevent frailty, falls, and chronic disease complications associated with poor nutrition.

Actionable Advice: Users receive tips to boost nutrient intake, such as adding protein, increasing fiber, and ensuring adequate hydration.

For seniors identified at risk of frailty and malnutrition, what are the next steps for nutrition intervention?

While screening tools can help to identify seniors at risk of frailty or malnutrition, they do not diagnose medical or nutritional problems. Appropriate nutrition interventions and referrals to other health care providers are recommended.

Where can you refer seniors at risk of malnutrition or frailty?

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- We have Registered Dietitian speaking both Mandarin and Cantonese who can offer one-on-one advice via phone, Zoom or in person meeting.
- These services are free of charge and are provided by Alberta Health. You do not need a referral from a health care provider - you can just call to book appointment.
- All our programs and services can be accessed through one toll-free number: 1-844-527-1160.
- Better choices, better health (BCBH) for chronic disease management and BCBH-chronic pain that are offered in Cantonese, and they can register for this 6-week program (one 2.5-hour session per week) by calling one toll-free: 1-844-527-1160.