

OHIO ASSISTED LIVING ASSOCIATION

Beyond the Plate

Advancing Healthy Aging Through Food Is Medicine

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November 2026

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LEARNING OBJECTIVES

What You Will Take Away

1

Our Food Is Medicine approach
Describe our Food Is Medicine approach, rooted in evidence-based research on healthy aging, quality of life, and resident well-being in senior living communities.

2

The healthy choice as the easy choice
Identify strategies for creating elevated dining experiences where the healthy choice becomes the easy choice through culinary nutrition principles, menu design, and chef engagement.

3

Hydration, nutrition, and dignity
Recognize opportunities to enhance hydration, nutrition, and resident dignity through innovative programs, including elevated modified texture diets, the Powerful Purée initiative, and a pilot for early identification of significant unwanted weight loss using a Food Is Medicine approach.

4

Ideas for your own community
Apply practical ideas for integrating nutrition, lifestyle, and dining innovations into their own communities to improve resident outcomes and satisfaction.

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WHY THIS MATTERS

Living Longer Isn't the Same as Living Well

Life expectancy has climbed for a century — but more years don't automatically mean more good years.

~22,000

older adults served daily

200+

senior living communities

The real goal is health span: the years lived in good health, independence, and dignity — not just lifespan.

Nutrition is one of the few levers we can pull at scale, starting today, to close that gap.

That scale is this talk's vantage point: not a theory of what should work, but data from what actually happened when we tried.

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WHY THIS MATTERS

Aging Changes What the Body Needs

Fewer calories

same or higher nutrient needs

1.0–1.2 g/kg

protein a day for adults over 65 (RDA: 0.8)

WHAT DECLINES WITH AGE

- Calorie needs and appetite
- Muscle mass and strength
- The sensation of thirst
- Taste and smell
- Ease of chewing and swallowing
- Vitamin B12 absorption, vitamin D production

WHAT MATTERS MORE

- Protein at every meal and snack
- More nutrition in smaller portions
- Fluids offered before they are asked for
- Flavor from herbs and spices, not salt
- The right texture, served with dignity

Dietary Guidelines for Americans, 2020–2025 · Bauer J, et al. J Am Med Dir Assoc. 2013;14(8):542–559 · Volkert D, et al. Clin Nutr. 2019;38(1):10–47.

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WHY THIS MATTERS

Why Residents Eat and Drink Less

Senses and appetite

Food loses its pull

Taste, smell and appetite fade with age, and residents feel full sooner.

Mouth and swallowing

Eating takes effort

Dental changes, dry mouth and dysphagia can make meals tiring or frightening.

Medications and conditions

Side effects add up

Many medications blunt appetite, change how food tastes or increase fluid loss.

Mood and connection

Eating alone

Loneliness, low mood and cognitive change all reduce how much residents eat and drink.

That is why the dining experience itself is a nutrition and hydration intervention.

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HYDRATION AND HOSPITALITY

Why Hydration Matters

Dehydration in older adults is common, costly and easy to miss:

1 in 4

older adults outside the hospital are dehydrated from low fluid intake, and about 1 in 3 in long-term care

51%

of residents with dementia had low fluid intake at an observed meal in assisted living and nursing homes

2%

loss of body fluid is enough to affect an older adult's physical and cognitive function

Parkinson E, et al. Clin Nutr. 2023;42(8):1520–1520 · Reed PS, et al. Gerontologist. 2005;45(Spec No 1):74–80 · Pughlin BM, et al. Nutr Rev. 2010;68(3):439–458.

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HYDRATION AND HOSPITALITY

How Much Fluid Does Someone Need?

A rule of thumb for care teams: body weight in pounds ÷ 2 = ounces of fluid a day. Divide by 8 for cups.

Example: 150 lb ÷ 2 = 75 oz, or about 9 cups a day.

Thirst fades with age, so residents can fall behind without feeling thirsty. Offer before they ask.

6–10
cups a day for most residents

~20%
of daily water comes from food

Signs to watch for: dark urine, dry mouth, new confusion or sleepiness, dizziness, fatigue, more falls, urinary tract infections.

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HYDRATION AND HOSPITALITY

Hospitality Is a Hydration Strategy

AT MEALS

- Two glasses at every place setting: water plus the resident's beverage of choice
- Ask, don't assume. Choice is what drives consumption
- Offer refills throughout the meal
- Encourage soup as a starter
- Make dessert a hydration moment with coffee, tea or milk

BETWEEN MEALS

- Pair snacks with beverages at every life enrichment event, activity and cocktail hour
- Turn medication pass into a hydration moment
- Offer high-water snacks: popsicles, smoothies, gelatin, fruit
- Offer drinks more often, not only more volume

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HYDRATION AND HOSPITALITY

Food Is Hydration Too

A composed plate is part of the hydration plan. About 20% of daily water comes from food:

- ✓ Soup as a starter
- ✓ Fruit and vegetables at every meal
- ✓ Yogurt, smoothies and milk
- ✓ Popsicles, gelatin and frozen treats

"If a resident won't eat the vegetable offered, that's a hydration issue too, not just a nutrition one. Loop in your culinary team to find what they will actually eat."

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HYDRATION AND HOSPITALITY

Hospitality in Practice



A choice of beverages



Two glasses at every place setting

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HYDRATION AND HOSPITALITY

Your Turn: What Comes Next?

Pick one question and take a minute with a neighbor.

- 1 Find the gap**
Where is the biggest gap between what we know residents need and what happens at your tables today?
- 2 Start from scratch**
If you were designing mealtime from scratch with what we now know, what would it look like?
- 3 One step in 30 days**
What is one step your community could take in the next 30 days?
- 4 One resident**
Think of one resident who is eating or drinking less. What would you try first?

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THE RESEARCH

What the Research Is Telling Us

Four major studies, four different angles — and a consistent answer about what protects the aging brain.

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THE RESEARCH — PART 1 OF 4

The MIND Diet: Rush University

53% / 35%
lower Alzheimer's risk with high / moderate adherence

7.5 years
younger cognitive age with top-tier adherence

EAT MORE OF

- Leafy greens — 1+ serving/day
- Other vegetables — 1+ serving/day
- Whole grains — 3+ servings/day
- Nuts — 5 servings/week
- Beans — 4 servings/week
- Berries — 2 servings/week
- Olive oil as primary fat
- Poultry & fish — 2x/week each

EAT LESS OF

- Red meat — limit to 3–5 oz/week
- Butter — limit to 1 pat/day
- Regular cheese — limit to 2 oz/week
- Pastries & sweets — limit to 4 servings/week
- Fried or fast food — limit to 1x/week

Morris MC, et al. Alzheimer's Dement. 2015;11(9):1007–1014 and 1015–1022. · n=623, ages 58–86.
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THE RESEARCH — PART 2 OF 4

Dr. Dean Ornish: Reversing the Trajectory

The first randomized controlled trial to show an intensive lifestyle program — without drugs — can significantly improve cognition in early Alzheimer's disease.

~70%
of the lifestyle group improved or stabilized in cognition and function (17/24)

0%
of the control group improved (0/25)

KEY FINDINGS

The same lifestyle changes shown to reverse heart disease may also help prevent Alzheimer's disease and vascular dementia.

1 in 3 Dementia Cases may be Preventable with Diet & Lifestyle

Prevention means lowering individual risk while promoting brain health across the whole lifespan — not treating cognitive decline as fixed or inevitable.

STUDY DESIGN

- 20-week, multicenter RCT (26 intervention, 25 control)
- Ages 45–90; MCI or early Alzheimer's disease

THE 4 PILLARS (INTERVENTION)

Eat Well
A plant-based way of eating, with nourishing meals and friendly prep techniques

Move More
Just 30 min/day of moderate cardio & strength training

Stress Less
Techniques to relax, release stress, and respond in healthier ways

Love More
Strong psychosocial support is linked to higher quality of life over longer lifespans

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THE RESEARCH — PART 3 OF 4

FINGER Study: Proof at Population Scale

A landmark 2-year, multidomain trial testing whether combining lifestyle interventions could protect cognition in older adults already at risk.

25%
greater cognitive improvement vs. control

83%
greater improvement in executive function

KEY FINDINGS

- 25% greater improvement in global cognition vs. control
- 83% greater improvement in executive function vs. control
- Became the model for the Worldwide FINGERS network, now active in 70+ countries

STUDY DESIGN

- 2-year, multidomain randomized controlled trial
- n=1,260, ages 60–77, at increased risk for dementia

THE 4-DOMAIN MODEL (INTERVENTION)

- Diet: vegetables, legumes, whole grains, nuts & seeds; olive oil as preferred fat; fish 2x/week; sparing with red meat & sweets
- Physical activity: 30 min, 2–3x/week, to the point of sweating or breathlessness
- Mental stimulation: games, courses, reading, museums, social clubs
- Vascular monitoring: blood pressure, cholesterol, glucose, body weight

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THE RESEARCH — PART 4 OF 4

U.S. POINTER: Confirming It at National Scale

The largest U.S. trial of its kind — testing whether the FINGER results would generalize to a large, diverse American population.

2,111
participants across
5 U.S. sites

89%
completed the full
2-year study

KEY FINDINGS

- Both structured and self-guided programs protected cognition from age-related decline
- Structured group improved more on global cognition (+0.029 SD/yr, p=0.008)
- Benefit consistent across age, sex, ethnicity & genetic risk (APOE-ε4)

STUDY DESIGN

- Randomized controlled trial, 2 years, 5 U.S. sites
- Ages 60–79, sedentary lifestyle, suboptimal diet, elevated dementia risk
- Structured vs. self-guided multidomain lifestyle intervention
- Both arms: diet, exercise, cognitive/social engagement, cardiovascular monitoring

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FROM EVIDENCE TO PRACTICE

Our Response

Here's what we did with that evidence — starting with what our own residents told us.

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FROM EVIDENCE TO PRACTICE

From Research to Real People

In 2024, we surveyed residents directly: "What is a meal you consider healthy?"

64%

Vegetables

64%

Meat / Protein

26%

Carbs / Starches

74%
wanted new,
healthier menu
options

70%
wanted icons flagging
disease-friendly
options

Residents shared:

- Nutrition is confusing
- They are embarrassed to ask questions
- They just wanted an identifier on the menu to help them know what is healthy on the menu.

2024 Resident Insights Survey, n=92 (survey) and n=26 (interviews), StoryPoint Group Senior Living.
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FROM EVIDENCE TO PRACTICE

Our Response: A Food Is Medicine Philosophy

A liberalized approach: no therapeutic diet orders. Instead, we lead with:

- ✓ Resident choice
- ✓ Nutrition education
- ✓ Chef guidance
- ✓ Health-promoting menu design

-We move away from restrictive, medically-ordered diets and put resident choice, dignity, and quality of life first — trusting that education and thoughtful menu design can guide healthier choices without taking away the joy of eating."

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WHAT FOOD IS MEDICINE LOOKS LIKE

Coaching & the Heart Icon

PERSONALIZED NUTRITION COACHING

- Trained Chefs Coach Residents with Menu Choices
- Guidance tailored to each resident's personal health goals — not a one-size-fits-all diet order
- Ongoing check-ins to adjust as needs and preferences change

HEART ICON MENU ENHANCEMENT

- Gives residents an easy, at-a-glance way to identify heart- and brain-healthy choices
- Supports independence — residents choose for themselves, with better information, not restriction

Independent Living residents want autonomy first — these two tools give them the information to make their own healthier choices, rather than a prescribed diet.

Beyond the Plate: Food Is Medicine - Willsie Zurch, RD - Ohio Assisted Living Association 2026

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WHAT FOOD IS MEDICINE LOOKS LIKE

Translating Science Onto the Menu: The Heart Icon

One simple icon flags menu items that meet MIND diet standards — reviewed and approved by a Registered Dietitian, and lower in sodium.

It gives residents an easy, at-a-glance way to choose foods that support their own health goals, without limiting choice.

✓ Visible

✓ Easy

✓ Appealing

♥= supports prevention & management of diabetes, heart disease, inflammation & brain health

Beyond the Plate: Food Is Medicine - Willsie Zurch, RD - Ohio Assisted Living Association 2026

STORYPOINT™
Shine. Everyday.
DINNER
SUNDAY, OCTOBER 04, 2026

STARTERS

- BEFF TACO SOUP
- HOUSE SALAD WITH DRESSING
- CHIPS & SALSA

ENTREES

- MAIN FISH TACO
- GRILLED PORK ROAST WITH CHICKEN

SIDES

- BROCCOLI GARLIC RICE
- MACARONI WITH CHEESE SAUCE
- WARMED SWEET POTATOES
- COOKED SUGAR SNAP PEAS

WEEKLY SPECIALS

- CHILI CHEESE DOG
- BISTRO STYLE CAESAR SALAD
- CHICKEN STRIPS MARKET

DESSERT

- FRESH FRUIT PLATTER

♥= lower sodium, high fiber, supports heart health, brain health, diabetes, and more.

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OALA - Fall Conference & Trade Show

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THE PROGRAM IN PRACTICE

Why Culinary Nutrition Chef Training Became Essential

THE PROBLEM

Chefs are experts in food production. Most receive limited training on:

- Nutrition & Nutrition for aging
- Chronic disease prevention/management
- Cognitive health
- Resident nutrition coaching
- Culinary Nutrition or Food Is Medicine

OUR SOLUTION

- Required Culinary Nutrition Training for:
- New chefs
- Ongoing professional development

Goal: help every chef feel confident coaching residents toward menu choices that fit their personal nutrition goals.

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THE PROGRAM IN PRACTICE

Culinary Nutrition Training




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THE PROGRAM IN PRACTICE

What Chefs Practice in the Teaching Kitchen

Classroom education first, then four hands-on themes in the teaching kitchen

1 Flavoring With Less Salt

Fresh herbs and culinary techniques to build flavor without sodium

2 Stealth Health: Legumes & Vegetables

Incorporating beans and vegetables in ways that add flavor and nutrient density

3 Healthy Ingredient Swaps

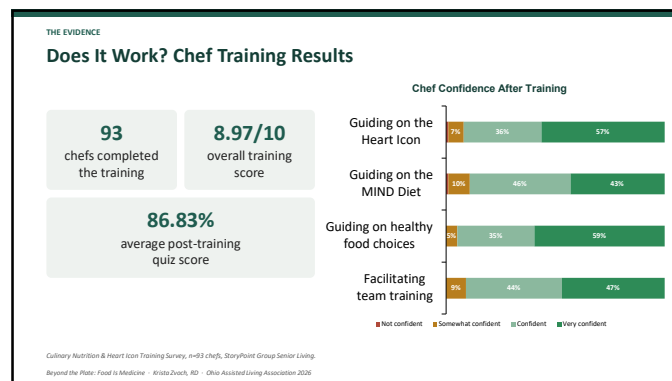
Simple substitutions that add nutrition to dishes residents already love

4 Dark Leafy Greens: Beyond Salad

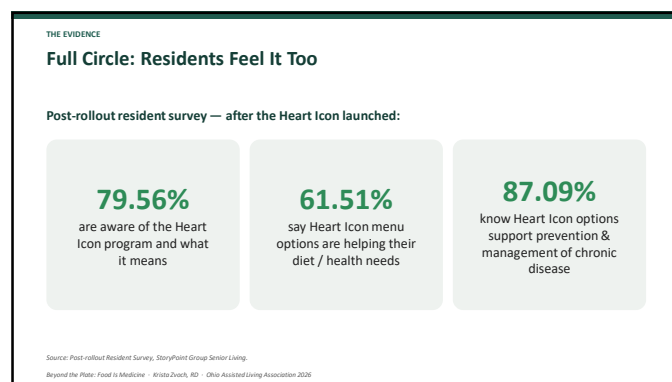
Cooking techniques to work greens into dishes beyond a cold salad

Beyond the Plate: Food Is Medicine - WittenZucht, RD - Ohio Assisted Living Association 2020

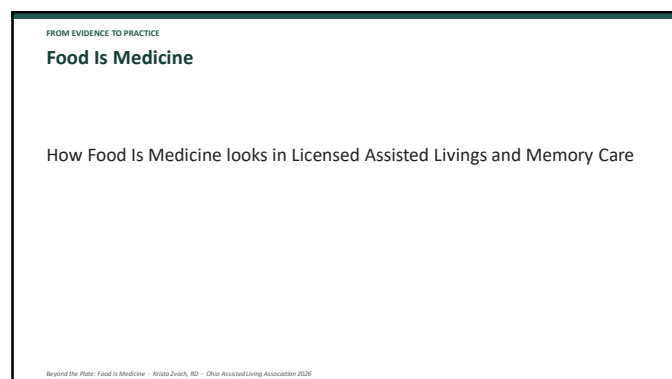
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WHAT FOOD IS MEDICINE LOOKS LIKE

Memory Care: The Nourish Dining Experience

A sensory-first, resident-led approach to dining designed specifically for memory care neighborhoods.

- Sensory cues before the meal, used to stimulate or calm
- Family-style dining to encourage connection, independence, and choice at the table
- Tableware chosen to support vision changes common in dementia
- Food residents can see and smell before choosing
- Choice of beverage at every meal
- Simplified, easy-to-eat menu options
- Snacks available between meals

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WHAT FOOD IS MEDICINE LOOKS LIKE

Powerful Pures: Elevated Modified Texture Diets

Pureed and modified texture meals, molded and plated to look like the original dish — not a scoop on a plate.



Cinnamon Roll Breakfast Platter Chocolate Cake Spaghetti & Meatballs

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BRINGING IT TOGETHER

Quality of Life Is the Point, Not a Side Effect

Every study we've discussed today measures cognition, disease risk, and biomarkers — and rightly so. But for the residents we serve, the lived experience matters just as much as the lab value.

Autonomy

Residents choose their own food — nutrition guidance never means losing that choice

Dignity

No therapeutic diet order singles anyone out at the table

Joy

Food stays something to look forward to, not a prescription to follow

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BRINGING IT TOGETHER

The Critical Factor: Hospitality and the Dining Experience

Culinary server or wellness caregiver, everyone who serves a meal needs to understand:

- ✓ Hospitality
- ✓ Aging and nutrition
- ✓ Diet-related chronic disease
- ✓ Dining with dementia



Dining is a life-enriching experience, not a task to check off.

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BRINGING IT TOGETHER

Ideas to Take Home

- 1 **Make the healthy choice the easy choice**
One menu icon, RD-approved recipes, and chefs who can explain them give residents better information without taking away choice.
- 2 **Train the frontline, not just the policy**
Chefs and caregivers become nutrition allies when we teach them the why and the how, then check that it holds.
- 3 **Treat hospitality as a hydration strategy**
Two glasses, a real choice, refills, and a drink at every activity do more than reminders to drink water.
- 4 **Serve every texture with dignity**
Modified texture meals deserve the same care in shaping and plating as every other plate in the dining room.

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LOOKING AHEAD

Our Next Step: A Diet & Lifestyle Program Pilot

Building on the research we've covered today — the MIND Diet, Dr. Ornish's work, the FINGER study, and U.S. POINTER — we want to develop a structured diet and lifestyle program for our communities, translating this evidence into consistent, scalable practice.

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LOOKING AHEAD

Assisted Living Pilot: The S.A.V.O.R. Approach

S	See the whole person	Look past the diagnosis or diet order to who the resident is & what their goals are
A	Assess individual needs	Understand each resident's clinical, functional, and nutritional needs
V	Value personal preferences	Honor what residents actually enjoy eating, not just what's prescribed
O	Orchestrate a Food First approach	Use real food as the first line of support, in line with our Food Is Medicine philosophy
R	Restore vitality	Support strength, energy, and quality of life through every meal

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- 2024 Resident Insights Survey — StoryPoint Group Senior Living (Spring 2024, n=92 survey respondents, n=26 interviews).
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- Post-Rollout Resident Survey — StoryPoint Group Senior Living.

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Thank You

Questions ?

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