Nutrition & Aging Think Tank
Overview

Worldwide, malnutrition affects 30-60% of older adults living in long-term care (LTC), and greatly impacts health, well-being and quality of life. Poor food intake is considered the primary cause of LTC malnutrition, yet it is preventable and treatable.

The conceptual framework and program of research titled "Making the Most of Mealtimes (M3)", developed by Heather Keller, PhD, RD, FDC (Schlegel Research Chair in Nutrition & Aging, University of Waterloo) in collaboration with a team of Canadian researchers, proposes that the key modifiable determinants of food intake fall into three categories: **Meal Quality** (nutrient density; variety, preference; sensory appeal); **Mealtime Experience** (social interactions; ambiance); and **Meal Access** (capacity/support to eat; chewing, swallowing). Research to date suggests that targeting a combination of factors across these domains is necessary to make any real change in food intake and nutritional status.

Given the complexity of this issue, the Schlegel-University of Waterloo Research Institute for Aging (RIA) and the Agri-food for Healthy Aging (A-HA) program invited international experts and key stakeholders in LTC nutrition and intervention research to participate in the Nutrition & Aging Think Tank on May 20-21, 2014. The purpose of this meeting was to collaboratively identify the key determinates of food intake and suggest potential interventions to address these targets.

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Enhancing Life

Participants engaged in a priority-setting process to identify the key determinants of food intake in LTC:

1. Social interactions
2. Self-feeding ability
3. 5 senses (noise, ambiance, light)
4. Assisting attitude (staff approach to care)
5. Time to eat/provide assistance
6. Sensory properties of food (taste, smell, texture)
7. Mealtime logistics (efficiency in service)
8. Choice
9. Nutrient Density

Through round-table and group discussion a number of potential interventions were generated and categorized into 4 themes (Education/Training; Policy; Physical Design/Space; and Food/Mealtime). The proposed interventions have the potential to address multiple key determinants and cross the M3 domains.

Despite differences in care practices between North American and European LTC homes, the determinants identified and the proposed interventions were deemed to be relevant across these settings. There is great potential to generalize findings from future research.

It is also important to note that the nutritional needs of older adults, and particularly those of frail older adults, remains largely unknown. Research is needed to better understand the nutritional requirements of this population, and how food and nutrition can be better utilized to promote health.

By partnering with international experts, research in this much-needed area will be accelerated and the results will have a significant impact on the health and quality of life of residents, and the quality of care in both Canadian and international LTC homes.

Phone: (519) 571-1873 E-mail: info@the-ria.ca
325 Max Becker Drive, Suite 201, Kitchener, ON N2E 4H5

WWW.AHA.THE-RIA.CA | WWW.THE-RIA.CA