

Stay On Your Feet

Nutrition Project



Phase 1 & 2 Results

August 2019

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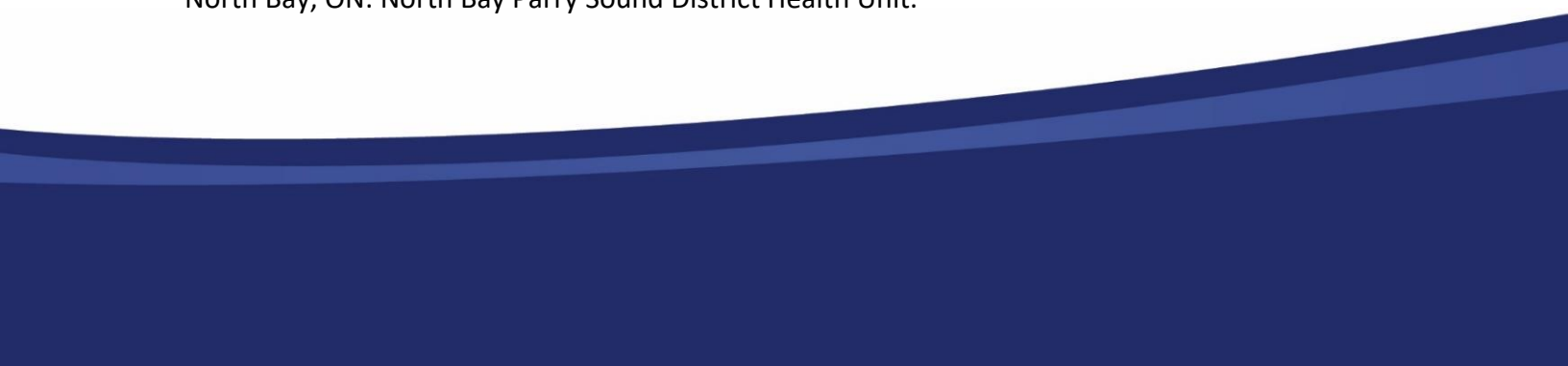
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Background

The population of older adults (age 65 and older) in Canada is projected to be one in five by 2024 (Statistics Canada, 2019). The Northeastern region of Ontario has a greater population of older adults than the province (21.1% vs 14.8%) (Ministry of Finance, 2019). It is estimated that one in three older adults, 65 years and older, and one in two older adults, 80 years and older, experience a fall each year. As the incidence of falls increases, older adults are at risk of serious injuries that affect activity and independence. Falls are not a normal part of aging; they occur due to health or lifestyle factors, including nutrition and eating well. It is estimated that 34% of older adults in Canada are at nutrition-related risk (Statistics Canada, 2017). Nutrition-related risks can increase the risk for a fall due to weakness, weight loss, and inadequate fluid intake. In addition, nutrition is an important modifiable risk factor that has a major impact on preventing, delaying the onset of, and managing chronic diseases (Kamp, Wellman, & Russel, 2010).

Research indicates that food intake often declines with age due to physiological, environmental and behavioural changes (Keller, 2007), and is correlated with increased nutritional risk (Sheppard, Dube & Myers, 2018). Food security can also decline, leaving older adults without access to affordable and nutritious food, heightening their susceptibility to poor physical and mental health outcomes (Statistics Canada, 2015). Thus, community-level nutrition interventions can play an important role in helping older adults improve nutritional status, mitigate chronic disease conditions, and support healthy aging (Lloyd & Wellman, 2015).

In the Parry Sound and Nipissing districts, the rural municipalities of Burks Falls, Magnetawan, South River, Sundridge, Mattawa and Papineau-Cameron have a high population of older adults with a low number of nutritional supports and services, as well as higher nutritional risk factors (e.g., low income, living alone, low education) compared to other areas of the districts. In these rural areas, residents also face unique challenges in accessing programs and services. This combination of low nutritional supports, higher nutritional risk factors and challenges with accessing supports and services puts the older adults living in these communities at a higher risk of falls. Due to the abovementioned factors, this project focused on older adults living in the municipalities of Burks Falls, Magnetawan, South River, Sundridge, Mattawa and Papineau-Cameron. Community service and health care providers, and older adults from these areas have valuable insight into current gaps in nutrition services and programs, as well as the key factors related to older adults' nutritional risk, at the local level. As a result, they were selected to survey for more information.

Purpose

The purpose of this project was to identify older adults' (aged 65 and older) nutritional risks and the availability of and gaps related to nutrition services and programs in East Parry Sound and Mattawa and area, as perceived by community service providers and older adults in these areas. The project consisted of two phases to collect information from both community service and health care providers and older adults.

The research question for phase one was:

- According to community service and health care providers, what are the perceived nutrition risks, available nutrition resources, and nutrition services and programs gaps for older adults in Mattawa and area/East Parry Sound?

The research questions for phase two included:

According to older adults living in Mattawa and area and East Parry Sound,

- What are the perceived nutrition risks, barriers to eating well, available nutrition resources, and nutrition services and programs gaps?
- How can existing nutrition services for older adults be better supported and strengthened in these communities?

The information gathered from this project will inform how the North Bay Parry Sound District Health Unit (NBPSDHU) will support nutrition-related initiatives and environmental supports in these underserved areas to maximize the nutritional health of older adults.

Methods

The data collection process involved two phases. These phases are described below: Phase one aimed to identify older adults' nutrition risks, available nutrition resources, and the nutrition services and programs gaps in both East Parry Sound and Mattawa and area, as perceived by community service and health care providers. Data was collected through an online survey. The inclusion criteria was organizations in the East Parry Sound and Mattawa regions that provide health care; offer community programs; and work with older adults in the community. Community service and health care providers who met the inclusion criteria were sent the initial recruitment email with survey link and a follow-up reminder email.

A total of 32 emails were sent to individuals from 29 community service and health care organizations from the targeted geographic regions. The questions asked related to community service and health care providers' provision of nutrition programs, services and resources, their perception of nutritional risk factors observed among their older adult clients, and current gaps that exist in programming and services. See Appendix A to view the survey. The information collected from the online survey was summarized and informed phase two of the project.

In Phase two, data was collected with older adults through a series of focus groups held in April and May 2019, to better understand reasons why older adults may not eat well and what types of services and programs are needed to address the identified gaps. Focus groups were held in Mattawa (2 focus groups, 22 participants), South River (1 focus group, 13 participants), and Magnetawan (1 focus group, 13 participants). The focus groups coincided with community exercise classes (taking place after), and exercise instructors assisted with recruiting participants. Posters were also placed around the community to recruit older adults that were not participating in the classes. A facilitator and note-taker were present at each session, and the facilitator followed a focus group discussion guide. The sessions were recorded to cross-reference with session notes, but the audio file was not transcribed. Participants received a \$25 gift card for their participation. Questions asked related to the perception of healthy eating, the factors that affect nutrition intake of older adults, the food-related programs and services that are available to residents and identifying missing programs and services that would benefit the population. See Appendix B to view the focus group questions. Focus group notes were then analyzed to determine key themes.

Results

A) Community Service and Health Care Providers Perspectives

A response rate of 53% was achieved with the completion of 17 surveys, representing 15 organizations. Each geographic region was represented with three organizations from Burk's Falls/Magnetawan, four organizations from South River/Sundridge, seven organizations from Mattawa/Papineau-Cameron, and one organization representing all areas.

I. Provision of Nutrition-Related Resources

Nine organizations (60%) indicated they provided nutrition-related resources (handouts, publications, etc.) to the older adults they serve. A list of the resources indicated are listed below:

- Handouts and brochures (i.e. nutrition education, label reading; mentioned by four)
- Canada's Food Guide (mentioned by three)
- Meals on Wheels or meal delivery services
- Non-fiction books on health/food
- Local food preparation programs
- Easy and nutritious recipes
- Nutrition supplement samples
- Diabetes resources

II. Delivery of Nutrition-Related Services/Programs

Six organizations (40%) indicated they deliver nutrition services or programs to older adults in their service area. A list of the services provided are listed below:

- Seniors luncheons
- Meal delivery (mentioned by two)
- Outreach attendance care, homemaking, adult day program, personal support services
- Health coach workshops
- Food skills programming
- In-home nutrition counselling

Two organizations felt the uptake of these programs was not good. Barriers identified that hinder the participation of older adults included transportation, physical space, and the 'set ways' of older adults.

III. Referring Older Adults to Nutrition-Related Services

Nine organizations (60%) refer their older adult clients to nutrition-related services or programs offered in the community. They include:

- Health & wellness programs
- Meals on Wheels
- Congregate dining
- Outpatient clinical dietitian
- Emergency food programs
- Food skills programs

IV. Gaps in Nutrition Services/Programs for Older Adults

As depicted in Table 1 below, a number of gaps were identified by multiple organizations. Sixty-five percent of participating organizations indicated lack of awareness of existing programs and lack of transportation as the two biggest gaps preventing increased uptake of services. In addition, a general lack of available services/programs (59%), lack of healthy eating knowledge/food skills in older adults (53%) and stigma associated with the use of nutrition services, such as Meals on Wheels (35%) were also mentioned. Additional qualitative comments also revealed the difficulty in finding volunteers and funding to run community programs, the rural settings of the communities served and the associated transportation barrier for older adults without vehicles.

Table 1: Gaps in Nutrition Services Identified by Community Service and Health Care Providers

Gaps Identified	Organizations # (%)
Lack of awareness of existing nutrition services and programs	11 (65%)
Lack of transportation to access nutrition services and programs	11 (65%)
Lack of nutrition services and programs	10 (59%)
Lack of healthy eating knowledge or food skills in older adults	9 (53%)
Stigma related to the use of nutrition services and programs	6 (35%)

V. Perceived Risk Factors Related to Nutrition in Older Adults

Community service and health care providers were asked what nutritional risk factors they observe in the older adult clients they see in their communities. As indicated in Table 2 below, the majority of organizations identified the main risk factors as financial issues, illness, social isolation, and lack of mobility.

Table 2: Nutritional Risk Factors Identified by Community Service and Health Care Providers

Risk factors	Organizations # (%)
Financial issues	11 (65%)
Acute/chronic illness	7 (41%)
Social isolation	7 (41%)
Lack of mobility	7 (41%)
Cognitive decline	6 (35%)
Decreased taste and loss of appetite	5 (29%)
Poor oral health	4 (24%)
Depressive symptoms	3 (18%)

Subsequently, community service and health care providers were asked to what extent they feel older adults in the communities they serve are at poor nutritional risk, given the risk factors identified. As indicated in Table 3 below, almost a third (29%) of organizations indicated moderately high risk whereas another 36% of organizations indicated very high or extremely high perceived risk level.

Table 3: Perceived Nutritional Risk Status Identified by Service Providers

Perceived Risk Level	Organizations # (%)
Extremely high	3 (18%)
Very high	3 (18%)
Moderately high	5 (29%)
Slightly high	3 (18%)
Not at all high	0 (0%)
No opinion	3 (18%)

B) Older Adults' Perspectives

A total of 48 older adults from Mattawa and area and East Parry Sound participated in four focus groups. The key themes discussed included the general principles of healthy eating for older adults, why older adults may not eat well, as well as existing and current gaps related to nutrition programs and services.

I. Eating Well

What does eating well mean to you?

It was clear the focus group attendees understood the general principles of healthy eating. Key themes discussed included the importance of eating regular meals, eating a variety of foods including vegetables and fruit, whole grains and lean meats, limiting intake of desserts and snack foods, and monitoring portion sizes. In addition, they pointed out that maintaining a positive social relationship with family and friends, and eating with others often, plays a significant role in eating well.

What are the main reasons older adults don't eat well?

Participants indicated the main reasons that older adults may not eat well are:

- **Living Alone:** This was identified as a big barrier for older adults as isolation and depression strongly influence eating habits.
- **Finances:** Most participants felt that low income is a significant barrier given the increasing cost of healthy food and the costs of living, particularly for older adults on limited incomes.

- **Transportation:** This was noted as a big issue for older adults because they can't access a grocery store without a car or arranging a ride from a friend or family member, especially in the winter.

"Transportation is an issue, especially during winter when the roads are bad, it is hard to get to a place where there is fresh food, you have you drive 45 min, and it is much easier to open up a can of soup."

Reasons identified as to why older adults' may not eat well are categorized as personal factors and community factors.

Personal factors included:

- Lack of affordability
- Lack of routine meals
- Lack of interest/motivation to cook and eat (challenging to prepare a meal for one person; bored of cooking);
- Lack of energy and/or mobility to prepare meals or maintain a garden
- Loss of appetite (due to loneliness or depression; side effects of medication)
- Limited access to the fresh food (lack of transportation or mobility)
- Lack of cooking skills (loss of spouse who was primary cook)

"How well you eat, for a lot of elderly people, it's based on monetary income."

"When my husband died, he was the cook... I can see how people would go to tea and toast. It's really hard eating well. And I know how to eat well, but I don't cook."

Community factors include:

- Lack of public transportation (taxi is expensive)
- Limited food availability
 - o Not enough food options especially vegetable options in the local grocery store
 - o Limited access to food with dietary needs, such as the lactose free dairy products and gluten-free items
 - o Local grocery store closed 2 days per week in the winter
- No grocery delivery services
- No delivery out of the service boundary for Meals On Wheels
- Food is more expensive in the local grocery stores, compared to larger box stores in North Bay/ Parry Sound
- Local farmers' markets only available in the summer
- Social events for seniors sometimes mean eating more and they don't always offer healthy options

"Often times you are eating one type of vegetable, if broccoli is cheap, that is what you eat."

During the discussions, many older adults expressed concern about their future when they can no longer live independently.

"Maybe 2-3 years down the road we'd like to sell the house because it's getting to be a little bit too much, and where are we gonna go?"

II. Awareness of Existing Nutrition-related Programs / Services in the Community

What nutrition related programs do you know about that exist in your community?

Older adults reported locally available nutrition-related programs and services including:

- Meals on Wheels: This service was reported by most participants in all three focus groups. The hot meal delivery service is convenient and easy to access, twice per week in the Mattawa area. Hot and frozen meals are also available to be delivered to all areas of East Parry Sound, including South River and Magnetawan area. However, in the winter the service is only available in Magnetawan twice a week.

- Food bank: Many older adults indicated they are aware of the food bank but stigma prevents many of them from accessing the program. Mattawa residents indicated the service was not easily accessible due to the extensive intake process and is not always accessed by those who need it.
- Farmers' markets: Provides fresh fruits and vegetables in the summer months only in East Parry Sound.
- Luncheon programs: Attendees indicated luncheons and dinners are sometimes available for older adults through churches and church groups.
- Good food box: This program provides fresh vegetables and fruits monthly at an affordable price through advance order. The service was reported to be available in the Mattawa area, but not familiar to many participants.
- Dietitian: A dietitian at the Mattawa hospital provides nutrition consultation and related services, and does not require a referral from a physician. It was not known to most attendees because it's a new position.

III. Strengthening Current Nutrition-related Programs / Services

How can these existing services and programs currently available be improved or strengthened to better address some of the barriers to eating well that we've identified?

Most participants felt existing programs and services are limited for older adults living in these rural communities. Overall, the nutrition-related programs and services, especially new services (such as the new dietitian in Mattawa) need to be promoted and advertised to increase awareness among older adults and decrease the stigma to access. Occasional flyers to promote programs was one specific idea mentioned.

Meals on Wheels was also a major topic for discussion. Many participants indicated the need to expand the boundaries of delivery services, increase the meal delivery times and deliver frozen meals as well as hot meals to all areas. Reducing the cost of the service based on income and expanding the service to other geographic areas were also discussed.

Respondents also identified the need for food banks to better communicate and promote the process to access their services in order to reduce the stigma of using their services when older adults are in real need.

Additional ideas mentioned included grocery stores having small portions of vegetables and fruits available for purchase for single older adults that do not require larger quantities, the availability of group meal preparation activities, group shopping services, and community gardens.

“My neighbour wanted to receive Meals on Wheels and he was outside area that Meals on Wheels drives and he lives in Magnetawan. He was facing some serious health issues.”

IV. Gaps in Current Nutrition-related Programs/Services

What types of services and programs are missing in this community that could help older adults eat well?

Most participants expressed that more promotion for new and existing programs is required for the community and they would like more information about nutrition programs/services.

Specific ideas for additional nutrition-related programs/services included:

- Creation of an information resource that outlines all of the available nutrition services in one document;
- Services to help guide weekly meal planning and medication intake;
- Workshops, cooking classes and community kitchens to provide healthy food education, teach food preparation skills (such as batch cooking & freezing, preservation) and provide an opportunity for socialization around food;
- Transportation services to access the grocery store and other community services;
- Group shopping service and grocery delivery service;
- Homecare and housekeeping to assist older adults with limited mobility with cleaning, food preparation; and,
- Financial support to access the services or to be able to purchase food and medications.

“I need somebody to come and clean my cupboards, clean out my fridge once and a while, and I’m willing to pay for it.”

V. Current and Preferred Methods of Accessing or Seeking Health Information

How do you currently access or seek health information?

A variety of channels were reported by participants in terms of how they seek health information, including:

- Visiting professionals: doctor, nurse, pharmacist or dietitian, clinics;
- Local health fairs;

- Telehealth Ontario;
- Talking with their family members or friends;
- Google searches, emails and Facebook;
- Attending workshop, events, programs;
- Print media including posters, hand-outs, magazine, newspaper, and mailed flyers; and,
- TV programs (best time to advertise is TV BINGO Friday night in Mattawa).

Of these methods, which method do you prefer to receive health information? Are there other ways to reach you, not listed here, that you would like to receive information?

Visiting health professionals is the preferred method for older adults to access health information. They also prefer to find the information on posters/handouts in higher traffic areas like the post office, pharmacy, and grocery store, and receive information through any local workshops or events attended. Facebook was also mentioned at two sessions, but not all older adults have access to computers and/or use social media.

Discussion/Implications

The data collected through this project provides important information on some of the reasons older adults living in rural communities may not eat well, and ideas for how this issue can be addressed more effectively by community service providers, public health and decision makers.

The community service provider survey results showed that the main risk factors to nutritional status included financial issues, illness, social isolation and lack of mobility. The two most commonly identified gaps that prevent uptake of nutrition services were lack of awareness of existing programs and lack of transportation. A general lack of available services/programs, lack of healthy eating knowledge/food skills in older adults, and stigma associated with the use of nutrition services were also mentioned.

The inclusion of older adults living in rural communities in the data collection process was an important part of this project. Overall, the focus groups with older adults showed similar themes to the community service provider survey. Focus group attendees shared their thoughts about the barriers to healthy eating in a rural community, and discussed current and possible community level nutrition-related programs and services. Overall, attendees had a good understanding of what it means to eat well, including the importance of eating with others, which reiterates the key messaging of the new Canada's Food Guide (Health Canada, 2019). The main reasons identified for why older adults don't eat well included living alone, lack of affordability of nutritious foods, as well as lack of transportation.

Most participants felt more promotion was needed for current nutrition services/programs to increase awareness about what is available. New services are required to fill the gaps in the community, including transportation, and Meals on Wheels programs should be expanded to reach more older adults in these rural communities.

Several themes that emerged from this data collection are consistent with what was identified in a previously conducted literature review on community interventions for the improvement of nutritional status in older adults (McCluskie, 2018). Specifically, the top three barriers to accessing community-level nutrition programs and services identified in academic literature included lack of transportation, stigma, and programs and services being inadequately promoted (McCluskie, 2018).

Cooking and community kitchen programs are community-level interventions that can increase cooking and food skills, but the results of this project suggest other interventions may be more beneficial to help older adults eat well. Older adults have higher food skills than those in younger age categories (Slater & Mudryj, 2016), and barriers to cooking for older adults are not usually due to lack of knowledge or skills (Slater & Mudryj, 2016). Although community kitchen programs may not have a large impact on cooking and food skills among older adults, they were discussed in the focus groups as being beneficial in providing a venue for socializing, and the opportunity for participants to prepare take-home meals.

Lastly, while community service providers and focus group participants identified similar issues regarding gaps and barriers, many focus group participants made the connection between public policy and its influence on the lifestyles and health of older adults. The cost of living was mentioned frequently as an issue for older adults and it was identified that many older adults do not have coverage for medication and dental costs. Older adults may have to choose between purchasing healthy food and paying for other costs of living. In addition, there is a lack of affordable housing in these rural communities for when older adults want to downsize their homes. Older adults also expressed that there are inadequate homecare services for older adults to access in the community. While these factors are not specifically nutrition related, they do have an impact on the ability of older adults to eat well. Decision makers must consider these factors when implementing policies and programs that impact the lives of older adults. As a result, some of the content in the Recommendations section reflects more broad determinants of health, such as income and housing.

Recommendations

As a result of the findings summarized in this report, the following recommendations are being put forward in an effort to address the needs of and facilitate healthy eating among older adults in Mattawa and area and East Parry Sound.


Recommendations for Community Service and Health Care Providers

1. Distribute and promote a handout highlighting the nutrition-related programs and services available in the community to all older adults.
2. Promote Canada's Food Guide, particularly the new content related to the social elements of eating.
3. Consider implementing supports that go beyond providing information. Examples include a community kitchen program for older adults to prepare meals as a group, providing opportunities for older adults to eat together in a social context or offering/expanding frozen/prepared meal service with delivery.
4. Help reduce the stigma among older adults around accessing nutrition related programs and services by emphasizing the inclusive nature of such programs.
5. Consider the nutrition implications for recently bereaved older adults.

Recommendations for Decision Makers

1. Prioritize municipal funding and staff time to strengthen community nutrition programming and services for older adults.
2. Increase rural housing options for older adults to allow and support individuals to continue to reside in their home as they age.
3. Consider implementing more community supports for older adults living independently to help them live in their homes longer. Examples of community supports may include increased transportation and home care services; and working towards becoming an [age-friendly community](#).
4. Increase financial support and/or coverage for health expenses such as medication, dental care and ambulance services to support individuals with healthy aging while freeing up money for the **other costs of living**.

Recommendations for Public Health

1. Produce and distribute a handout highlighting available nutrition-related services for older adults.
 2. Advocate for and support the implementation of community kitchens for older adults, with a focus on preparing take home meals and providing an opportunity for socializing.
 3. Advocate for the expansion of Meals on Wheels programs in East Parry Sound and Mattawa and area.
 4. Identify, promote and advocate for increased transportation services for older adults' related to grocery shopping and other transportation needs.
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Appendices

Appendix A: Community Partner Survey Questions

1. Name of your organization:
2. What geographic area does your organization service?
3. Does your organization currently provide nutrition-related resources to older adults?
 - i. If yes, please list or describe what resources you offer:
4. Is your organization interested in receiving the latest nutrition related resources for older adults from NBPSDHU?
5. Does your organization currently deliver nutrition-related services/programs for older adults?
 - i. If yes, please list or describe the type of services/programs you offer:
6. Do you feel there is good uptake of these services/programs by older adults?
 - i. If no, please specify the barriers.
7. Does your organization currently refer older adults to nutrition related services or programs that are offered in the community?
 - i. If yes, please list or describe the nutrition-related services/programs you refer to:
8. What do you observe are the most common risk factors related to nutrition in older adults (Please select the top three factors)
 - i. Acute/chronic illness
 - ii. Cognitive decline
 - iii. Depressive symptoms
 - iv. Poor oral health
 - v. Financial issues
 - vi. Social isolation
 - vii. Lack of mobility
 - viii. Decreased taste and loss of appetite
 - ix. Others, please specify:
9. To what extent do you feel older adults are at risk of poor nutritional status in the communities you serve?
 - i. Extremely high
 - ii. Very high
 - iii. Moderately high
 - iv. Slightly high
 - v. Not at all high
 - vi. No opinion

10. Does your organization have specific planning or strategic priorities related to older adults?
 2. If yes, please describe the planning or strategic priorities related to older adults in your organization:
 3. In your opinion, what gaps exist for older adults' nutrition services and programs in the community you serve? (select all that apply)
 - i. Lack of awareness of existing nutrition services and programs
 - ii. Lack of nutrition services and programs
 - iii. Lack of healthy eating knowledge or food skills in older adults
 - iv. Lack of transportation to access nutrition services and programs
 - v. Stigma related to the use of nutrition services and programs
 - vi. Other. Please describe:
 4. Please provide any additional comments:
 5. Would your organization be interested in being involved in nutrition initiatives for older adults in your community in the future?

Appendix B: Focus Group Questions for Older Adults

1. What does eating well mean to you?
2. What are the main reasons older adults don't eat well?
3. What nutrition related programs do you know about that exist in your community?
4. How can these existing services and programs currently available be improved or strengthened to better address some of the barriers to eating well that we've identified.
5. What types of services and programs are missing in this community that could help older adults eat well?
6. How do you currently access or seek health information?
7. Of these methods, which method do you prefer to receive health information? Are there other ways to reach you, not listed here, that you would like to receive information?