

Older Adults Nutrition Needs in Rural Northern Ontario

Over 30% of older adults in Canada face an increased risk of malnutrition.⁽¹⁾ This risk increases with age and is compounded by living in rural Northern Ontario, resulting in unique challenges for older adults. A research project led by Timiskaming Health Unit (THU) in collaboration with the Northern Ontario Dietetic Internship Program (NODIP) aimed to determine key malnutrition risk factors for older adults (55+) living in the South of Timiskaming District. This study used a multi-pronged approach to assess nutrition knowledge, identify education needs, and guide the planning of malnutrition preventive strategies among older adults. Patients' demographics (age, gender, location) along with an 8-item-modified SCREENIAB^{®(2)} questionnaires (n=107), were completed electronically by two family health teams (FHTs), Great Northern and Temagami FHTs, and quantitatively analyzed using Excel and pivot tables to identify key malnutrition risk factors. Participants were recruited within Temiskaming Shores and surrounding communities through direct recruitment in the FHTs, posters, social media and newspaper advertising to participate in two 90 minute focus groups (FGs). Consenting participants (n=20, 10 per FG) completed a paper version of SCREENIAB[®] at the beginning of the FGs. FG data were analyzed using a thematic analysis and were compared to the FHT sample data. The FHT sample was 52% female with an average age of 75; whereas the FG sample was 90% female with an average age of 74. Results showed that barriers to healthy eating were mainly associated with a lack of food affordability and/or accessibility. Almost 60% of the FHT sample consumed insufficient vegetables and fruits and more than 30% had a low fluid intake which was comparable to the FG sample (55% and 40% respectively). Insufficient vegetable and fruit consumption was attributed to higher food prices due to transportation and fresh produce costs. Limited fluid intake was identified for fear of limited access to public washrooms. A lack of education around total fluids intake and diet modifications used to manage chewing and swallowing difficulties was identified as an education need as well. These findings highlight the importance of scaling up the use of the SCREENIAB[®] tool across primary health care facilities in the Timiskaming District, to prevent and/or treat malnutrition among our older adult population. THU is committed to working collaboratively with FHTs and community partners and strongly encourages health care providers to use the SCREENIAB[®] tool with their patients. This will facilitate comparison with future data collection in the district, address barriers to healthy eating, and inform local public health program planning, partnership building, and advocacy needs. As a next step, THU is planning to continue to provide nutrition education opportunities to older adults and advance this project to including other areas in the district and collect additional data to better support older adults at risk for malnutrition.

For more details about the NODIP Research Project, email Rim Mouhaffel at mouhaffelr@timiskaminghu.com

⁽¹⁾ 2015. *Nutritional Risk among Older Canadians*. Available at: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2013003/article/11773-eng.htm>.

⁽²⁾ SCREENIAB[®] (*Seniors in the Community Risk Evaluation for Eating and Nutrition II - Abbreviated*) questionnaires include topics like weight changes, skipping meals, appetite, chewing/swallowing Issues, fruit and vegetable intake, fluid intake, eating alone, meal preparation.