

Nutritional Barriers: The Older Adult Experience

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Introduction

Older adults may face many barriers to nutritional well-being, requiring adequate resources such as social support or high income to eliminate these barriers. Varying degrees of poor nutrition including, low energy intake, over consumption of fats, sugar or sodium or vitamin and nutrient deficiencies can occur if these barriers are not properly addressed. In order to understand how to combat these issues we must consider the factors effecting the food and nutrition choices within this population.

Income^{1,2,3,4, 5}

- Higher income levels increase food choice and access
- An important asset to overcome other nutritional barriers (ie. buying prepared meals, taxi fare to grocery store)
- Low-income individuals may find highly processed and less healthful food more affordable
- Income can effects one's ability to access transportation to the grocery store, limiting the availability of food
- Other expenses considered to be more essential can effect an individual's food and grocery budget (ie. prescriptions meds, med-alert devices)
- In Canada senior women are much more likely to be low-income in comparison to men (6.0% vs. 3.3%) putting them at increased nutritional risk

Physical Environment^{1, 3, 6}

- Food deserts, or geographical areas with limited or no access to affordable healthful food can limit food choice, especially for those without transportation
- Finding culturally appropriate foods (ie. Kosher foods, or exotic ingredients) may be difficult in many western grocery stores
- Grocery stores can be large and difficult to walk around, making them less viable for individuals with mobility issues
- Rural older adult may have less access to community programs to provide meal assistance
- Within the home there must be a suitable area to prepare meals (ie.kitchen) , which is equipped with the appropriate utensils and appliances (ie. fridge, cookware)

Medical & Health Conditions^{1, 3, 7, 8}

- Common illnesses experienced in older adulthood such as, type 2 diabetes and hypertension can create nutritional barriers:
 - Required medications can take up some of an individual's food budget
 - Illnesses or medications may require an individual to avoid certain foods, limiting their food options
 - Medications may cause changes in taste and smell, promoting under nutrition

Social Support^{1,3, 4}

- Older adults who live alone generally cook less, impacting both meal quantity and quality
- Social supports (ie. friends, family)can assist with:
 - grocery shopping
 - transportation to grocery stores
 - meal preparation
 - emotional support
 - accessing community services
- More social supports means more resources for an individual to utilize, without these supports they must be prepared to deal with unexpected circumstances (ie. new health condition) on there own

Knowledge & Skills^{1,4, 9}

- The food environment is becoming complicate to navigate, requiring increased knowledge when choosing foods:
 - nutrition claims on food labels (ie.low fat, reduced sodium)
 - many forms of the same food (ie.canned, frozen, fresh, pre-cooked, raw)
 - food advertisements EVERYWHERE
- Limited cooking skills can translate into limited food options and more reliance on convenience and prepared foods
- Ability to alter cooking habits in order to adapt to new health conditions is important in older adulthood
- Nutrition knowledge and skills can protect against under nutrition by increasing food choice and variety

Oral Health¹⁰

- Proper oral hygiene is important to prevent oral disorders and tooth loss across the entire lifecycle
- Tooth loss or denture use can decrease intake levels of whole grains, fruits and vegetables
- Full dentures may cause chewing difficulties, requiring food to be cut into smaller pieces which may limit food choices
- Changes in body weight can affect the fit of the dentures, requiring periodic check up with a dental professional

Mobility & Physical Function^{2, 3, 8}

- Mobility or physical issues can make it difficult to carry groceries and/or prepare meals causing:
 - decreased independence
 - more reliance on unhealthy processed foods
 - decreased food choices & variety
 - lower food intake
- Mobility issues may also prevent individuals from accessing community resources, including congregate meal programs, cooking clubs or food banks

Healthy Eating ?



Conclusion

- Older adults may experience multiple nutritional barriers. These barriers effect the quality and quantity of food consumed, impacting nutritional status.
- Implications:
 - Adequate funding needs to be allocated to community programs and services which provide nutritious food to older s adults(ie. meal delivery) or help build essential food & nutrition skills (ie. cooking clubs).
 - Public transit needs to be accessible in urban centres with appropriate routes and schedules to access community resources and grocery stores.
 - Health and nutrition professionals need to consider these barriers when working with older adults and connect individuals facing barriers to appropriate community programs or services.

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