Discussing the problem

Participants discussed challenges related to addressing nutritional risk among older adults in Ontario. During the deliberations, the following seven challenges were raised: 1) nutrition-related challenges have deep roots going beyond the health system (e.g., a lack of public awareness and knowledge regarding nutrition-related issues, a growing disconnect between food consumption and food production, a lack of economic security for older adults, and a lack of compassion towards older adults); 2) changing the eating habits of older adults is difficult; 3) many older adults are not actively seeking nutrition-related information and advice, but those who are have difficulty getting information and advice that they can trust; 4) older adults at high nutritional risk are often socially isolated; 5) many older adults and their informal/family caregivers don’t know about existing programs and services; 6) current health-system arrangements complicate matters further; and 7) long-term planning at the system level appears limited.
Discussing the options

Participants reflected on three options (among many) for addressing nutritional risk among older adults in Ontario: strengthening older adults’ capacity to make healthier nutritional choices (option 1); improving the identification and support of older adults at high nutritional risk (option 2); and enhancing the coordination, integration and monitoring of services for older adults at nutritional risk (option 3). Several values-related themes emerged during the discussion about these options, with two emerging with some consistency: 1) compassion towards older adults; and 2) fairness (priority should be given to the most vulnerable older adults, and efforts must bridge the gap in services across different population groups – e.g. children versus seniors).

Discussing the implementation considerations

When turning to potential barriers to addressing nutritional risk among older adults in Ontario, participants focused on two sets of barriers to moving forward: 1) societal barriers (i.e., attitudes towards aging and older adults); and 2) system barriers (i.e., the current health system being bureaucratic and siloed). Participants then turned to two key factors that could facilitate efforts to bring about change: 1) making family physicians the most responsible practitioners with the overall responsibility for directing and coordinating the care and management of older adults at nutritional risk; and 2) redirecting our efforts to reach the most vulnerable older adults.

Panel deliverables

To learn more about this topic, consult the citizen brief that was presented to participants before the citizen panel and the summary of the panel. For an electronic copy of the citizen brief or panel summary, visit our website www.mcmasterhealthforum.com.