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I was shocked to find out that up to 85 per cent of residential aged care residents in developed countries, such as Australia, may be under-nourished.

Food intake is obviously a big problem in this group.

And while we know that older people and sick people have less appetite, the impact of taste and how taste is influenced by other senses, is certainly a big contributor to this problem.

Taste is a powerful sense. It influences the food and drinks that we consume every day. However, there are a range of other senses that impact on how we experience our food.

The appearance of the food and the environment you are eating it in, along with the smell of the food and the smells around you, how the food may have been described on a menu and who you are eating with, are all significant factors in influencing how food tastes.

Food marketers have certainly caught onto this in recent years and undertake a lot of research on what consumers want out of their food before launching a new product. For example, there are a lot more instant food and drink products available now such as breakfast drinks, as people tend to eat on the go more.

Food research can also help from a health perspective, for example, how to get kids to eat more fruit and vegetables; and how to improve the health of sick and elderly people by improving their appetite.

I have recently begun working with colleagues from throughout different areas at the University of South Australia on how to improve food in nursing homes and hospitals.

We know that older people and sick people have less appetite. It is part of the natural aging process that tastes declines when you get older so you need more intense flavours. And when you are not at home but in a hospital or in a residential aged care facility, there are even more changes on top of that.

Everything that is normal to you when eating at home with your family, on a nice table, maybe with a candle, with chinaware - everything is taken away. You are eating food that someone picked out for you, from your bed on a tray table.

We really want to change this. It's never possible to change it completely to be the same as the home situation but if we can change the environment and the context it will lead to better food intake and better quality of health for the elderly and sick.

The new project will specifically focus on improving mealtimes for older adults with dysphagia (a swallowing disorder) by re-designing texture-modified foods.

Art and design students from the School of Art, Architecture and Design will be involved in this project and future projects to improve the mealtime environment for residents.

The designers have a fresh new outlook on how you could create a nice space around the bed, for instance to design better trays.

And there are plenty of other options to make foods more attractive, like using appealing menu names and food descriptions, which research has shown can make a big difference to consumer consumption.

Protecting mealtimes is also important. My colleague and lead researcher in this new project, Dr Sandra Ullrich from the School of Nursing and Midwifery, recently completed her PhD about protecting mealtimes in aged care situations.

Her work showed that it is important to protect the mealtime environment in residential aged care facilities and hospitals for the simple reason that people have the right to eat their meals in an environment that is uninterrupted by health care staff performing clinical activities that could be just as easily preformed outside of the mealtime period.

The elderly are already vulnerable to losing the few remaining activities associated with preparing food and the mealtime environment, and administering clinical activities during this time only further diminishes the symbolic values that they associate with mealtimes.

In our culture, our days revolve around our mealtimes so it's important to keep this aspect of people's lives intact when they go into care.

This is a very exciting collaboration. I certainly want to spend my last year's enjoying my food and I certainly hope that changes are made before I get to aged care.