



# A contextual identification of home-living older adults' positive mealtime practices: A honeycomb model as a framework for joyful aging and the importance of social factors

Thomas Bjørner<sup>a,\*</sup>, Dannie Korsgaard<sup>a</sup>, Helene Christine Reinbach<sup>b</sup>, Federico J.A. Perez-Cueto<sup>c</sup>

<sup>a</sup> Aalborg University, Department of Architecture, Design and Media Technology, A. C. Meyersvænge 15, 2450 Copenhagen, SV, Denmark

<sup>b</sup> Aalborg University, Department of Planning, A. C. Meyersvænge 15, 2450 Copenhagen, SV, Denmark

<sup>c</sup> Copenhagen University, Department of Food Science, Rolighedsvej 26, 1958 Frederiksberg C., Denmark

## ABSTRACT

In this study, we outlined contextual identifications within positive mealtime practices among home-living older adults in Denmark. We aimed to understand and facilitate optimal dietary intake and to promote well-being for older adults who live at home. We used data from 22 participants, who wrote diary entries and took photos of their meal experiences over a 6-day period. We followed this with in-depth interviews, using the photos as mediators within a photo-elicitation framework. The results revealed that social factors play a major role in positive mealtime practices and that the types of commensal eating vary based on the contextual setting. Furthermore, we found that, in the new generation of older adults, some men have extremely good cooking skills and are interested in contextual food matters. Meeting older adults' needs for adequate nutrition requires in-depth knowledge, including a complex understanding of individual preferences and contextual everyday practices.

## 1. Introduction

For older adults, adequate nutrition is crucial for sustaining health, preventing disease, and avoiding disability (Keller, Ostbye, & Goy, 2004; Shatenstein et al., 2013), as well as for maintaining autonomy and quality of life (Host, McMahon, Walton, & Charlton, 2016; Johansson, Bachrach-Lindström, Carstensen, & Ek, 2009; Shatenstein et al., 2013). In the general political-welfare discourse, it is thought that older adults should stay in their own homes for as long as possible. This policy offers the advantage of allowing older adults to stay in familiar surroundings where they have privacy and sufficient living space, all at a relatively low societal cost. However, older adults who live at home are at relatively high risk of malnutrition (Boulos, Salameh, & Barberger-Gateau, 2016; Romero-Ortuno et al., 2010; Socialstyrelsen, 2013). Both politicians and scientists generally understand that insufficient energy intake leads to significant, undesirable consequences for both quality of life and clinical outcomes; this includes delayed wound healing and increased risk of illness, morbidity, and mortality (Agarwal, Miller, Yaxley, & Isenring, 2013; Keller et al., 2004) as well as higher societal costs (Mitchell & Porter, 2015). Previous researchers have outlined the risk factors that contribute to inadequate nutritional status; these factors are often related to physical issues such as pain, chronic medical conditions, functional disabilities, oral dysphagia,

impaired swallowing, and poor dentition (De Morais et al., 2013; Isenring & Elia, 2015; Johansson et al., 2009; Saka, Kaya, Ozturk, Erten, & Karan, 2010; Söderström et al., 2013). Furthermore, psychological factors such as depression, substance abuse (e.g., alcohol or smoking), dementia, and paranoia contribute to poor nutritional status (Amaral et al., 2010). In addition, higher age is generally strongly correlated with malnutrition (Agarwal et al., 2013; De Morais et al., 2013; Guyonnet & Rolland, 2015; Shatenstein et al., 2013). Today, the world's population is aging (United Nations, 2017), and there is a need for new approaches to help people age more healthily and too ensure adequate nutrition among older adults who live at home. New approaches could include greater focus on contextual factors (e.g., social factors, cooking, and food management). Previous researchers have provided evidence that contextual factors can have a positive impact on older adults' food intake and health status (Bernstein & Munoz, 2012; Chen, Lee, Chang, & Wahlqvist, 2012; Damião, Meneguci, da Silva Santos, Matijasevich, & Rossi Menezes, 2017; Jaeger & Rose, 2008; Richman et al., 2005; Stroebele-Benschop, Depa, & de Castro, 2016).

Within this framework, contextual factors are dynamic constructs that surround a meal, taking both time and space into account (Cummins, Curtis, Diez-Roux, & Macintyre, 2007). Researchers have made previous attempts to organize contextual factors (Furst, Connors, Bisogni, Sobal, & Falk, 1996; Meiselman, 1996; Rozin & Tuorila, 1993;

\* Corresponding author.

E-mail addresses: [tbj@create.aau.dk](mailto:tbj@create.aau.dk) (T. Bjørner), [dmk@create.aau.dk](mailto:dmk@create.aau.dk) (D. Korsgaard), [hcr@plan.aau.dk](mailto:hcr@plan.aau.dk) (H. Christine Reinbach), [apce@food.ku.dk](mailto:apce@food.ku.dk) (F.J.A. Perez-Cueto).

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**Table 1**  
 Characteristics of participants ( $n = 22$ ). \* = Family interview.

ID	Gender	Age (years)	Single (0) or with partner (1)	Meals on Wheels (0 = No, 1 = Yes)	Living area	Self-estimated number of close contacts	Self-estimated health status	Body Mass Index	Short description
1	Female	74	0	0	City	0	Poor	18.7	Uses a cane; is socially isolated
2	Male	80	1	0	City	6	Fair	27.5	Uses a walker; has no taste or smell.
3	Female	72	0	0	Country	5	Poor	24.8	Is chronically ill; uses a stick; has home help every day
4	Female	67	0	1	Suburb	4	Fair	22.2	Is chronically ill with cancer; is often hospitalized; is depressed; eats alone and very slowly
5	Male	83	0	0	City	7	Good	28.1	Uses a wheelchair; eats alone
6*	Male	65	1	0	Suburb	12	Good	25.7	Is skilled at cooking
7*	Female	65	1	0	Suburb	12	Very good	22.9	Has many close contacts
8	Female	95	0	1	Suburb	5	Very good	18.0	Is of advanced age; has poor dentition; needs cleaning help
9	Female	67	1	0	Country	19	Very good	23.2	Has poor dentition; rarely uses IT
10	Withdrawal								
11	Male	66	1	0	Country	5	Very good	28.7	Had a recent blood clot; has a large garden
12	Male	83	0	0	City	5	Fair	24.1	Has cognitive problems; receives home help every day; experiences pain due to simple walking
13	Female	78	0	0	City	5	Poor	27.3	Has cognitive problems; experienced a recent blood clot; has had several recent surgeries
14	Female	82	0	0	City	3	Poor	27.3	Has cognitive problems; has been alone for many years
15	Female	75	0	0	City	3	Good	24.3	Has depression problems
16	Female	72	0	1	City	3	Very good	18.7	Is chronically ill with cancer. Cannot produce saliva due to cancer treatment; has impaired swallowing
17	Male	72	0	0	City	10	Good	24.3	Has diabetes; lacks interest in food; has experienced self-reported weight loss due to not eating enough
18	Male	71	0	0	City	10	Very good	24.3	Does volunteer work. Strong IT skills
19	Female	83	0	0	City	3	Fair	26.0	Has cognitive problems; receives home help every second week; feels isolated and tired
20	Male	67	0	0	City	5	Fair	32.9	Has diabetes; is in pain; does volunteer work
21	Female	81	0	0	City	2	Fair	34.8	Has cognitive problems; likes food
22*	Male	76	1	0	Suburb	12	Very good	25.3	Has walking problems
23*	Female	66	1	0	Suburb	5	Very good	30.1	Joins in many activities

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