

MEDIA RELEASE

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“FOOD – it’s the glue that keeps us connected”

So say older people across Europe who have participated in research designed to inform food manufacturers, retailers and service providers about how they can provide more appropriate products, services and environments for older customers

“Food is so important for older people. Through shopping, choosing and preparing foods, deciding where and what to eat and with whom, older people are engaged in activities that keep them connected with their friends, families and community. These social networks have a huge impact on food procurement in helping people to access foods and food services, improving health, independence and quality of life,” says Food in Later Life joint project co-ordinator Dr Margaret Lumbers of the University of Surrey.

The project investigated a wide range of food procurement issues surrounding older people with particular emphasis on comparing the differences between men and women, people living alone and with others and younger old versus older old.

As the older population continues to increase, it will become even more important to understand the barriers and constraints experienced by older people when trying to obtain a healthy diet. The development of targeted food products and services, health and social support to reduce barriers should help to prevent the risk of suboptimal nutrition that exists among some older people living at home. The enjoyment of life of older people will ultimately be enhanced if they are not having to compromise in terms of getting the sort of food and meals they prefer.

Issues under the research spotlight included: factors that affect how older people choose food; how and why they buy it and how they plan meals; how satisfied they are with food services; how older people use formal and informal networks to buy, prepare and eat food; what meals mean to people as they get older and their circumstances change; and what older people want to get out of food and meals.

“What comes across loud and clear from older people who participated in our research is that they are not always getting what they want or need. We have identified some shortcomings and potential areas for improvement across services. In this sense, food manufacturers, retailers and food service providers may be inadvertently letting older people down,” continues Dr Lumbers.

Dr Monique Raats joint project co-ordinator, University of Surrey adds: “Food and meal providers assume they know what older people want in terms of food products, shopping and meal experiences – but in many instances they either do not ask them at all, or do not ask them in ways which deliver honest feedback.”

Older people don’t ‘shop till they drop’ and only in large supermarkets

“Older people in our Surrey sample reported that they shopped almost exclusively at large supermarkets and on average only 2.5 times a week,” said Professor Sara Arber, University of Surrey. “This contrasts sharply with our European counterparts who shop for food and provisions on average 5 times a week and use a variety of outlets from specialist shops and markets to neighbourhood supermarkets.

Most of our UK participants used cars to go shopping at large out of town supermarkets. Potentially this reduces the number of opportunities for walking, physical activity and interaction within the community, thereby increasing the risk of social isolation.”

Whilst some of our participants found visits to large supermarkets something of an ordeal due to crowded aisles, poor signage and labelling which didn’t take enough account of failing eyesight, many were positive about the experience and liked the convenience of the one-stop shop. But they were also unhappy about the recent introduction of expensive franchised cafes in store.

“We want to enjoy our food shopping more,” say our older customers. “Reduce the ambient noise, provide a plan of products on shelf, label aisles and products clearly, provide shopping ‘buddies’ for those less able – not just packers - and give us more opportunities to try new products and tastes.”

Providers of food services need more honest feedback from users!

“Across all countries, users of day centres and meals on wheels tend to be reluctant to complain formally about meals that are poorly prepared or presented,” according to Dr Wendy Hunter from the University of Surrey. “To be frank, they are worried that food services might be withdrawn if they complain.

But we know from some providers that they really do try to obtain formal feedback from their users. The challenge for local authorities and food service providers is to obtain accurate feedback that will provide a mandate for change and ensure that older customers are really getting the quality and choice they deserve – and should expect.”

“Provide incentives for us to feedback regularly and honestly,” say older users of food services. “Link our feedback to competitions and to social activity at the centres. Provide more information about food services to attract new users so that it becomes a bigger business with better choice.”

Under-nutrition starts in the community – it cannot be solved in hospital

“Access to foods and food services that fulfil the nutritional needs of older people is vital if we are to tackle the high rate of malnutrition we see in hospital,” states Rick Wilson, Director of Nutrition and Dietetics at King’s College Hospital Trust, London. “It takes months to become malnourished – it does not happen overnight – so this must be tackled in the community.”

Older citizens want to see the nutritional guidelines set by organisations such as the National Association of Care Caterers being used by service providers to ensure the meals they consume meet basic nutritional needs.

“Give us greater choice,” say older consumers, “such as one course only, and a Meals on Wheels service that covers all day catering, not just one meal.”

Convenience may not be so convenient

“The term ‘convenience food’ may not conjure up the positive benefits that producers and retailers expect,” explains Dr Monique Raats, “as for many older consumers there are overtones of guilt and restriction. At the same time most of our participants wanted food to be convenient in terms of it being easy to carry home, store and prepare.

Also the term ‘functional food’ is not understood by this consumer group - in common with many other groups! – and has negative connotations as there is a belief that food must not be seen as ‘medicine’ but as a source of pleasure and satisfaction.”

Nutritionally ‘at risk’ linked to life transitions

“The experience of food changes dramatically when our personal circumstances change,” explains Dr Kate Davidson of the University of Surrey. “We are at our most vulnerable when we lose a partner, when our own health or that of a partner deteriorates– and the way in which we shop for, prepare and consume our food changes.

For women in our study, widowhood can be a double-edged sword, on the one hand freedom from the routine of cooking but at the expense of eating alone and reduced enjoyment of meals. But widows tended to cope and continue eating. Widowers either became experts –‘I don’t know what the fuss is all about; you just have to be organised’ – reluctant cooks, simply preparing and cooking foods because they have to eat, or ‘resisters’ who attend venues where they can buy food or be catered for.”

The new ‘living alone together’ set

More individuals are forming new relationships in later life, often maintaining their own homes but taking holidays together and sharing food shopping, preparation and meals. In these relationships, it is often the case that even if the man had been caring for himself quite capably, the woman stepped in to take over the kitchen once again.

“Our overall findings suggest that, without doubt, food is the glue that helps keep older people connected to their family, friends and neighbourhoods, contributing hugely to health, independence and quality of life in later years,” concludes Dr Margaret Lumbers.

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Notes:

1. The Food in Later Life project has been carried out with the financial support of the Commission of the European Communities. It involved 8 countries – UK, Sweden, Denmark, Germany, Poland, Italy, Spain and Portugal.
2. The project was set up to deliver comparative information between men and women living alone and with others and between Northern, Southern and Eastern Europe.
3. **Challenges and Responses**, a document created following the UK Dissemination Meeting is available to download at www.foodinlaterlife.org/foodasglue.
4. The Food in Later Life project has been co-ordinated by Dr Margaret Lumbers and Dr Monique Raats at the University of Surrey, one of the UK's leading professional, scientific and technological universities with a world-class research profile and a reputation for excellence in teaching and research www.surrey.ac.uk.



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