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ACTION FOR REFORM OF
RESIDENTIAL CARE BC

Quality of Life SERIES

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Quality of Life in Long Term Care: Why Food Really Matters

You have been placed in a long-term care facility and this is where you are going to be living for the remainder of your life. You think about what your home has meant to you – the quality time you may have spent with family around meals, the familiarity of your favourite dishes, even the aromas of your kitchen when those foods were being made evoke deep emotions. Moving to a new home in long-term care often means giving up choice of foods, cooking techniques that were desirable, and there will be a host of new faces sitting across from you at the table.

As we age, food and nutrition become an extremely important part of our quality of life. Often with aging comes physical changes in the way we digest, absorb and process nutrition. The Canadian Malnutrition Task Force (CMTF) identifies that as many as 50% of people living in long-term care are malnourished ¹. The Canadian Frailty Network (CFN) defines frailty as “a state of increased vulnerability resulting from reduced reserve and loss of function across multiple body systems”. ² The CFN notes that 100% of residents in nursing homes or long-term care facilities are classified as either “pre-frail” or “frail” meaning that people in long-term care are much less resilient to the effects of viral and bacterial infections or other stressors. Some of this is related to nutrition. The process of frailty impacts muscle mass, energy levels, ability to walk or move effectively as well as our immune system function. A good portion of our quality of life comes from the freedom to get up and go. As well, even the ability to enjoy eating and drinking can be impacted by changes to our dentition, chewing and swallowing ability. Nutrient deficiencies can impact our sense of smell and taste as well as our overall appetite.

As we age, nutrients like protein, calcium and vitamin D are very important to our wellbeing. Residents in long-term care should be eating high quality protein foods at every meal and at snack time in order to get enough. Even though we may not be participating in triathlons, we need more protein at seventy than we do at thirty years of age. Problems such as poor dentition, appetite changes, menus that focus on cheaper ingredients like starches and sugars, and changes to our taste often have long-term care residents eating less protein and more nutrient poor foods. Getting adequate fluids in throughout the day makes a big difference to circulation, elimination (bladder and bowel function), and immune function. In care facilities, it is important

¹ <https://nutritioncareincanada.ca> see Long Term Care Nutrition

² www.cfn-nce.ca see Backgrounder: The Concept of “Frailty” and How it Can Help Reform our Health System.

for residents to be able to access fluids throughout the day as desired - and reminders and cues are important because aging bodies are not as good at picking up on the warning signs of dehydration.

Food presentation at meals and snacks can “make or break” our experience at the table. People want to enjoy meals with their tablemates. Families and visitors want to feel included. Residents who need to have modified textures should have just as much enjoyment of the foods presented as those who have a regular diet – and those foods should be presented in such a way that they are appealing to the senses. Giving choices of toppings and condiments before the plate is presented can make a huge difference to appetite and intake. Snacks provided twice daily in long-term care need to be nutrient dense (especially for those who have small appetites) – often the “go to” choices once again can slip back to the sweets, cookies, cakes and loaves. Not all residents are able to eat these items and those with diabetes may not be able to tolerate the sugar content of these foods on a regular basis. It is possible to create snack options that are higher in protein and still as enjoyable as the classic cookies or loaves. Residents who need modified textures and cannot have breads need a variety of choices that will work for them and often they require feeding assistance to access that food or fluid item. Incorporating snacks into a social time mid-afternoon, or in the evening as part of an activity, or just a “social tea” can create a sense of community and makes these events home like and something to look forward to. We know that social isolation contributes to weight loss and early mortality in the elderly. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9103571/>) (<https://pubmed.ncbi.nlm.nih.gov/38478536/>)

With rising food costs and no defined budgets for nutritional adequacy in long-term care in B.C., what are some ways to ensure that residents in long-term care are getting what they need at the table?

Some suggestions:

1. **Make sure your facility has a resident or resident/family food committee** – where food services, facility leadership and residents have the opportunity to meet regularly to address the many topics surrounding food service and nutrition in the home. Residents and families should have opportunities to provide input to menu development and give feedback about entrees etc.
2. **Make sure that plate waste studies are getting done** – this helps identify menu items that are not going over well – It provides an opportunity to evaluate the recipes or food products being used and helps prevent money being wasted on food going into the garbage. (Take note of the foods being left uneaten at meals).
3. **If you have concerns about a resident’s nutrition or enjoyment of meals, talk to the facility Dietitian** who can help develop a viable nutrition care plan by working with Food Service staff.

4. **Don't be afraid to identify your or your family member's food preferences to the Dietitian** or Food Services management or speak to care staff so that alternates can be provided as needed.
5. **Lobby the provincial government and health regions to establish a mandate for nutritionally adequate food budgets for long-term care.** Talk to your MLA to find out what policies are being put in place to ensure that long-term care facilities are providing nutritious meals and enjoyable dining experiences for residents in care.
6. **Check out information from organizations like the Canadian Malnutrition Task Force** <https://nutritioncareincanada.ca/resource-library/long-term-care-food-in-healthcare/> and **Canadian Frailty Network and Nutrition Needs** for this population <https://www.cfn-nce.ca/frailty-matters/avoid-frailty/>
7. **Get to know about the work being done across Canada by the Dietitians of Canada's National Recommended Standards Advocacy Group** and share this information with your organization. We hope to improve nutrition and food service policy for long-term care in all provinces and territories. See the Recommended Standards Developed by Dietitians of Canada's Gerontology Network in 2022. [GN-National-Long-Term-Care-Food-and-Nutrition-Standards-Project-Summary-2022.pdf](#)
8. **Take note of the social milieu of the dining room** – and ask yourself “Is the environment set up for meaningful social connection, and enjoyment of the dining experience?” Check out the Choice+ Program that supports implementation of a resident centered dining approach in long term care. . <https://the-ria.ca/wp-content/uploads/2018/07/CHOICE-Mealtime-Practices-Checklist-English-1.pdf>
<https://the-ria.ca/wp-content/uploads/2018/07/CHOICE-Dining-Room-Checklist-English-1.pdf>