Advanced M.Sc® Innovations and Policies for Sustainable Food Systems (IPAD)

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TRADINNOVATIONS

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RETHINKING FOOD IN RETIREMENT HOMES: TOWARDS A SENSORY, PERSONALISED AND INCLUSIVE EXPERIENCE

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CONTEXT:

Elderly dependent people in retirement homes face a high risk of malnutrition, chewing and swallowing difficulties, motor and cognitive impairments affecting eating autonomy and loss of appetite and reduced food intake

Traditional interventions mainly focus on nutritional enrichment (proteins) and texture modification to facilitate swallowing. However, these approaches remain insufficient as they largely ignore the global meal experience.

This exploratory work is part of the Tradinnovations project and was realized by following defere methods:

- Field observations
- Literature review
- Interviews with healthcare professionals

KEY FINDINGS:

Food intake depends on:

- Biological factors (nutrition, swallowing)
- Sensory perception (taste, texture, smell)
- Emotional state (pleasure, fatigue)
- Social context (caregivers, shared meals)
- Cultural identity (memory, habits)

Meal intake is shaped by:

- Sensory stimulation (over/under-stimulation)
- Physical setting (noise, light)
- Caregiver interaction
- Timing and daily fatigue patterns

Social aspects:

- Caregivers influence appetite and comfort
- Familiar foods improve acceptance and pleasure
- Meals trigger memory and identity reinforcement

PROBLEM STATEMENT:

Current care models tend to reduce eating to a biomedical and nutritional function, neglecting:

- Emotional experience of meals
- Social interactions during eating
- Environmental conditions (noise, light, room setup)
- Cultural and identity-related dimensions of food

As a result, residents risk being considered primarily as "nutritional needs" rather than individuals with preferences, memories, and social identities.

CONCLUSION:

Eating in institutional care is not only nutritional. It is a complex interaction between food, body, environment, and social relations.

That's why, improving elderly nutrition requires:

- Moving beyond nutrient-centered care
- Considering the meal environment as a care tool
- Enhancing dignity, pleasure, and social connection through food

FOOD IN RETIREMENT HOMES: SHARED CHALLENGES AND POTENTIAL LOCAL COOPERATION STRATEGIES

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CONTEXT:

Food is a major issue in retirement homes with 46% of residents at risk of malnutrition, 23% with obesity and an increasing demand for care and meals in the coming decades. However, food is still mainly addressed through a nutritional lens, focused on preventing malnutrition.

Despite its importance, elderly food care is constrained by:

- Outdated regulatory frameworks (non-binding guidelines)
- Strong economic pressure (limited budgets, high costs per meal)
- Organizational constraints (outsourced catering, staffing shortages)
- Weak coordination between stakeholders

That's why, a gap between regulations, real-life practices, and residents' needs was identify.

This exploratory work, as part of the Tradinnovations project was based on literature review, field observations and interviews with healthcare professionals and managers. Following that, a focus on institutional practices, territorial food systems and cooperation networks was established.

KEY FINDINGS:

Strong regulatory but disconnected framework:

- Nutritional guidelines (GEM-RCN, HAS, IDDSI)
- Focus on safety, nutrition, and standardization
- Often mismatched with real consumption patterns
- Leads to waste and poor adaptation to residents' needs

Economic and structural constraints:

- High cost pressure (4-5€ per meal)
- Many retirement homes financially fragile
- Outsourced catering limits flexibility
- Local sourcing often restricted by procurement rules

Organizational fragmentation:

- High staff workload and multitasking
- Limited training in nutrition and meal experience
- Strong dependence on external providers

Emerging territorial initiatives:

Despite constraints, some innovations exist:

- Resident participation in menus and commissions
- Therapeutic and participatory meals
- Local sourcing projects and food platforms
- Territorial cooperation networks (shared kitchens, bio/local supply chains)

These initiatives improve food quality, engagement and social value of meals.

CONCLUSION:

Elderly food systems are shaped by a tension between regulation & economics (constraint-driven model) and territorial & participatory approaches (care-driven model). That's why, cooperation and territorial integration are key levers for improvement.

Improving food in retirement homes requires moving beyond isolated practices, strengthening territorial cooperation, integrating food into broader care, social, and political systems and econsidering elderly food as a social and territorial public issue, not only a medical one