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**Title**
*Group-based nutrition interventions for community-dwelling older adults: A systematic review to inform community co-design*

**Priority 1 (Research Category)**
Community based participatory research

**Presenters**
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**Abstract**
Context: Many older adults fail to meet dietary recommendations for food quality and quantity, which is important to prevent disability and disease. Group and community-based nutrition interventions may help overcome psychosocial, environmental, and behavioural barriers to healthy eating. The EMBOLDEN project uses community co-design, integrating the best available evidence with local knowledge to develop a novel, group-based physical activity, system navigation, and nutrition intervention for older adults. This review synthesizes evidence on nutrition interventions to inform design decisions. Objective: To identify the effectiveness of group-based interventions to promote healthy eating among older adults, to inform the co-design of a targeted, community-based intervention. Study Design: Systematic review. Setting or Dataset: MEDLINE, CINAHL, EMBASE, PsycINFO, and Sociological Abstracts were searched for studies published in English from January 2010 to June 2020. Interventions delivered to groups in community-based settings were eligible; acute and long-term care settings were excluded. Population studied: Healthy, community-dwelling older adults age 55+. Studies were excluded if they targeted specific disease populations. Intervention: Group-based nutrition interventions (alone or in combination), including food access, didactic and/or interactive nutrition education, and education with embedded behaviour change techniques (e.g., goal setting). Weight loss interventions were excluded. Outcome Measures: Primary outcomes were dietary intake, nutritional risk, knowledge, and dietary habits. Results: Thirty-one studies involving 6,723 older adults were included. Studies had generally unclear or high risk of bias. Given heterogeneity across interventions and outcomes, meta-analysis was not possible. Interactive nutrition education may improve dietary intake and knowledge, yet behaviour change strategies likely result in a greater reduction in nutritional risk. Results were shared with EMBOLDEN’s Guiding Council of older adults and local health/social service providers to co-design the intervention. Conclusions: Although group-based interventions demonstrate promise in promoting healthier eating among community-dwelling older adults, the available evidence is relatively low quality.
Our analysis highlights an opportunity for primary care researchers to advance the science of health promotion and disease prevention nutrition initiatives for older adults.