



## Attachment D

# Dietary Guidelines for older Australians: outcomes of targeted consultation

A summary of key themes identified from consultation with organisations and individuals who work with older Australians.

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## 1. Background

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In July 2020, the Australian Government announced a review the 2013 Australian Dietary Guidelines (2013 Guidelines). In the 2023 Budget the Australian Government announced additional funding for dietary guidance for older Australians.

NHMRC has entered an agreement with the Department of Health and Aged Care (the Department) to provide dietary advice for older Australians as an additional component to the revision of the 2013 Guidelines. To inform initial scoping, NHMRC contacted organisations and key individuals working with older Australians to gain insight into the priority nutrition topics for Australians aged 65 years and older (or 50+ years for Aboriginal and Torres Strait Islander peoples).

The scope includes dietary guidance to support prevention of chronic disease for people with common diet-related risk factors, such as being overweight or high blood pressure. The guidance will not apply to people requiring specialised diets for managing disease or frailty. However, it is aimed at supporting prevention of malnutrition, frailty, falls and chronic conditions.

## 2. Method

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In October 2023, NHMRC approached organisations and individuals known to work with older Australian's and/or have expertise in nutrition for older people. The experts were identified through a list provided by the Department and an online search.

Twenty-four organisations or individuals were contacted by email. Of these, 10 agreed to be interviewed and two declined the invitation as they felt the request was outside their scope of expertise. Due to time constraints, organisations or individuals that did not respond to the invitation were not followed up.

NHMRC conducted short interviews throughout October 2023 with:

- Healthy Bones Australia
- National Ageing Research Institute (NARI)
- Heart Foundation
- Arthritis Australia
- Stroke Foundation
- Age Care Quality and Safety Commission
- a number of individuals with expertise in nutrition for older people.

Respondents were asked the following questions related to dietary guidelines for older people:

- What do you see as the biggest challenges for older people when it comes to healthy eating?
- How can the Australian Dietary Guidelines support older Australians?

- Are there any topics that should be revised or new topics that should be included in the Australian Dietary Guidelines to support older Australians?
- What resources would best support older Australians to eat a diet consistent with the Australian Dietary Guidelines?

Interview questions were adapted from questions asked in an open stakeholder scoping survey conducted in 2021. Further information about the stakeholder scoping survey, including the questions asked, is available in the on the NHMRC website in the [Prioritisation Process Report](#).

Respondents were advised that a high-level summary of the findings would be published on the NHMRC website and all agreed to their responses being made public. Respondents were advised that while organisations may be named in this report, individual respondents would not be identified.

## 3. Summary of key themes

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The themes outlined below are based on answers provided by respondents. As the comments reflect the opinions of respondents, some statements made in this report may not accurately reflect the information in the 2013 Guidelines.

### 3.1 - What do you see as the biggest challenges for older people when it comes to healthy eating?

When it comes to healthy eating for older people, a key concern is the ability to meet nutritional targets. The nutrients of concern most reported by respondents were:

- energy
- protein, particularly through animal-based foods
- calcium, particularly through dairy foods
- other micronutrients such as vitamin D, vitamin B and zinc.

There are several barriers to older people meeting nutrition requirements. The most common barrier reported was poor appetite. Most respondents noted that older adults have increased nutritional requirements, but they will often have reduced energy intake.

Respondents noted barriers to healthy eating in older people are often related to physiological changes, social and other factors specific to ageing, as outlined below.

#### Physiological, social and other factors

Respondents noted that physiological, social, economic and other factors as people age can greatly impact their ability to meet nutrient targets.

Several respondents noted the impact of common ageing related factors and physiological changes on the ability to meet nutrient needs for older people, such as:

- taste changes, which often leads to decreased appetite and reduced energy intake

- increased requirements for certain nutrients and/or food groups (particularly protein and calcium).

It was often emphasised older people need a more nutrient dense diet overall to meet their increased requirements, which can be challenging for older people with decreased appetite.

Food insecurity and access to nutritious, good quality food was a key barrier noted. This may be due to various functional (physical and cognitive), social and economic changes as people age. Social isolation, particularly for older people who live alone can also have an impact on diet. Changes in dexterity may also make it harder for individuals to open food packaging.

Some residential aged care providers may not provide adequate amounts of nutrient dense food. Some may not provide enough food to meet energy requirements or suitable foods to meet the increased nutrient needs of older people.

Respondents commented that processed or packaged foods are often consumed more for convenience. Older people may rely on others to prepare meals or purchase pre-made meals that may not meet the increased requirements of older people. Some respondents were concerned there was a mismatch between nutrition requirements and some products marketed to older people.

Cultural influences through the lifespan related to views on weight management can also impact an older person's diet. People that are older adults now grew up in a culture of diet restriction and weight loss, which is less appropriate for older adults and their nutritional needs. After years of public health messaging about the need to lose weight, some respondents felt older Australians may find it difficult to shift to a mindset of eating nutrient dense foods to maintain weight. A suggestion to shift focus from body size and weight loss was to consider increasing the 'normal' body mass index (BMI) range for older people referenced in the revised Guidelines.

## 3.2 - How can the Australian Dietary Guidelines support older Australians?

Several respondents commented on recommendations and resources being more specific to older people. Messaging should be tailored to the needs of older people and provide practical advice. In particular guidance and advice to make food preparation easier for older people and their carers. A standalone guideline for older people may help this.

Two respondents noted that the recommendations should consider the wide variety of cultural backgrounds of older Australians. This could help older people meet their nutrition requirements within their cultural meal patterns.

The differences between the age ranges and specific groups within the 'older people' classification should be recognised and considered. The definition of older people being those aged 65 years and over is broad. There may be benefit in breaking down this group into age brackets, similar to what is currently done for children in the 2013 Guidelines.<sup>1</sup> The needs of Aboriginal and Torres Strait Islander people at various age ranges beyond 50 years old should also be considered.

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<sup>1</sup> Serves per day recommendations are provided for age categories 2-3 years, 4-8 years, 9-11 years, 12-13 years and 14-18 years.

### 3.3 - Are there any topics that should be revised or new topics that should be included in the Australian Dietary Guidelines to support older Australians?

Some respondents suggested a focus on eating nutrient dense food to maintain muscle mass for older people rather than a focus weight loss.

Some respondents mentioned guidance related to fat, sugar and salt for older people. One respondent suggested more guidance to help older people determine which foods have less added sugar, salt and fat. Another respondent suggested rewording guideline 3 on limiting foods containing saturated fat, added salt, added sugars and alcohol as evidence suggests this may not be as appropriate in older people.

Some respondents discussed the potential global shift towards a more plant-based diet to address sustainability. Some were concerned about maintaining adequate protein intake if older individuals reduce consumption of meat and dairy products, as a complete plant-based diet may make it difficult for older Australians to meet nutrient needs. Respondents emphasised the importance of supporting older Australians if they reduce their meat intake to support the environment, by providing clear advice on alternative protein sources. Dietary guidance for older people should provide information about alternative sources of protein beyond animal-based foods.

Other general topics to consider, as recommendations may be different for older people, were:

- physical activity
- alcohol intake
- food preparation and how to store food safely
- fluid intake for older people – in addition to water, other nutrition fluids may help older people meet nutrient needs
- food group recommendations, for example wholegrain cereals instead of white, decreased red meat serves, include plant-based protein rich foods
- examples that are relevant for older adults, such as how to meet nutrition requirements with reduced energy intake.

### 3.4 - What resources would best support older Australians to eat a diet consistent with the Australian Dietary Guidelines?

**NOTE:** This question relates to implementation which is outside the scope of the work being done by NHMRC.

All respondents emphasised a need to ensure resources are effective and tailored to older people. Accessibility issues, including visual, hearing and cognitive impairments should be considered in the development of these guidelines. Resources should be practical and provide meaningful images and metrics of foods.

Most respondents suggested a combination of physical and digital resources would be most effective. Examples include:

- improved website features, such as interactive calculators, specific search functions, improved infographics

- advertisements on social media or television
- fact sheets.

Most respondents noted resources should be designed to address a variety of social factors and different communities. Resources should be codesigned for health professionals and people who work with or care for older people to provide consistent messaging.

### 3.5 - Other comments and considerations

General themes to consider for dietary guidelines for older people:

- older people often live with multiple chronic diseases
- anti-inflammatory diets, particularly for some people with arthritis
- physical activity recommendations should support dietary recommendations
- a focus on cultural and social aspects, with a general focus on increasing quality of life.

Dietary guidelines for older people should be separate to the general dietary guidelines as messaging and disease prevention requirements will be different for older adults than the general population. Two organisations reported they do not use the 2013 Guidelines for older people as they are not applicable to the unique needs of older people. A standalone guideline may increase the useability and applicability of dietary guidance for older people.

#### Questions for NHMRC

During conversations, some respondents asked whether the guidelines will:

- be applicable to older people who live in residential aged care
- aim to prevent health conditions or disease of concern for older people
- address exercise or social elements.

NHMRC noted dietary guidance for older people will:

- be for those aged over 65 years in the general population. This may include people living in residential aged care who do not require specialised diets for managing disease or frailty. NHMRC acknowledged the guidelines may be used as a basis for policy and menu planning in residential aged care
- not prescribe specialised diets for disease treatment, but is aimed at preventing malnutrition, falls, frailty and chronic conditions
- include some guidance around exercise and social elements. Guidance will likely be taken from other guidelines. Contextual factors will be considered.

It was queried whether the Health Star Rating will still be used. NHMRC advised that the Australian Dietary Guidelines provide the evidence base for the Health Star Rating.



## 4. Next steps

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The issues summarised in this report, and other scoping activities related to dietary guidelines for older people, will be considered by the Dietary Guidelines Expert Committee to identify key priority topics for dietary guidelines for older Australians.