

Nutrient Needs of Older Adults

Summary of Significant Trends:

The United States is on the brink of a longevity revolution. Life expectancy has increased dramatically, from 47 years in 1900 to 76 years in 1990. Since 1900, the U.S. population has tripled, but the number of older adults (those aged 65 years or older) has increased 11-fold, from 3.1 million in 1900 to 33.9 million currently. By 2030, the number of older Americans will have more than doubled to 70 million, or one in every five Americans.¹

In 1995, non-institutionalized individuals aged 70 and older with no known chronic diseases made up 21% of the U.S. population, and that percentage is only expected to grow especially in North Carolina where not only are there people aging in place but there is an increased influx of retirees. However, almost one-third of total U.S. health care expenditures, or \$300 billion each year, is for older adults. Not including inflation and the cost of new technology, current health care spending will increase by 25% by 2030 simply because the population will be older.²

Health-promotion programs for older adults have lagged behind other programs for the rest of the population. Research has shown that healthy lifestyles are more influential than genetic factors in helping older people avoid the decline and deterioration traditionally associated with aging. With older adults making up an increasing share of the American population, it is

time to pay more attention to nutrition education for this age group.

Even older adults with good eating habits have to alter their diets as they age to maintain good health. Physiologic changes that occur with the aging process mean that needs for nutrients also change along the way. For example, changes in body composition, e.g. the loss of lean muscle tissue and bone mass, and increased body fat, can lower caloric needs for older adults, although nutrient needs increase or remain the same as for younger adults.

Emerging Trends and Issues:

Increased intake of certain nutrients is indicated for adults as they age. These include increased need for calcium, vitamin D, the B vitamins and antioxidants (vitamins E and C and selenium). On the other hand a decreased need for calories and fat intake has been shown.

Various factors contribute to older adults getting less than the desirable amount of nutrients:

- Only 33% of people 65 and older ate five or more servings of fruits and vegetables a day in 1997. This could be attributed at least partially to lack of education for the need for fruits and vegetables for good health.
- About one-third of the non-institutionalized population aged 65 and older live alone, with women twice as likely as men to be alone.

The mere fact of living and eating alone can contribute to reduced food intake and lack of variety and balance in the diet.

- Older women especially are vulnerable to economic declines, which can lead to food insecurity. National surveys have identified 1.7% to 5.8% of the elderly population as suffering from food insecurity.
- Functional and physiologic difficulties (e.g. problems involving eyesight, hearing, dental health, and walking) can affect grocery shopping and food preparation, as well as the person's ability to eat.
- Statewide surveys of more than 10,000 North Carolina Congregate Nutrition Site participants have shown more than two-thirds to be at moderate or high risk for malnutrition.

Relevance of Trends to County Programs:

Nutrition education and outreach to older adults can be effective in preventing or delaying the downward spiral into malnutrition and poor health. Outreach is particularly needed because elderly people are living in the community longer and entering nursing homes later. The Cooperative Extension Service (CES) is the primary source of nutrition information for this population. The CES has long been known for its outreach into the community with educational programming. Nutrition programs targeting older adults that are available through the CES include Partners in Wellness (PIW), HELP (Helping Elderly Live Productively) and A Man's Guide to Basic Culinary Art .

References:

1. Healthy Aging: Preventing Disease and Improving Quality of Life Among Older Americans 2001, Department of Health and Human Services, Centers for Disease Control and Prevention, <http://www.cdc.gov/nccdphp>

Sources of Supporting Data:

Administration on Aging: www.aoa.dhhs.gov

Centers for Disease Control and Prevention: www.cdc.gov/nchs/agingact.htm

USDA Food and Nutrition Information Center: www.nal.usda.gov/fnic

USDA Food and Nutrition Service: www.fns.usda.gov/fns

FirstGov for Seniors: www.seniors.gov

AgeNet eldercare Network: www.agenet.com

ProAging: www.proaging.com

American Federation for Aging Research: www.afar.org

Center for Nutrition Policy and Promotion: www.cnpp.gov

Meals on Wheels: www.mealsonwheelsassn.org

National Council on the Aging: www.ncoa.org

ElderCare Online: www.ec-online.net

ElderNet: www.eldernet.com

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