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Adapting the Dietary Guidelines for Americans for Older Adults

The Dietary Guidelines for Americans (DGA) play a pivotal role in shaping nutrition programs for older adults, a demographic that is rapidly growing in the United States. The DGAs provide the basis for federal nutrition policies and programs such as The Older Americans Act (OAA) Nutrition Programs and their related nutrition education. Therefore, an essential consideration is how the DGAs will be translated into practical dietary advice. The 2020-2025 DGAs for the first time included recommendations for older adults and the 2025-2030 DGAs should also include recommendations for older adults with a few other considerations, which we outline below. As our population ages, it is crucial to acknowledge the unique challenges and nutritional needs faced by older adults, like their high incidence of chronic disease, and have these reflected in the DGAs and the meals served to older adults. Nutrition is critical for this vulnerable group to support healthy aging.

The COVID-19 pandemic only exacerbated food insecurity nationwide. A study from the Food Research and Action Center found that racial disparities in food insecurity increased between 2019 to 2020. Disparities were also intensified in well-being among older adults, particularly among those who were already food insecure before the onset of the pandemic. Rural communities are also disproportionately impacted by food disparities—particularly older adults living in rural areas. Older adults living in non-metro areas were reported as having higher rates of food insecurity (7.3%) compared to older adults living in metro areas (6.7%).

Defeat Malnutrition Today is a coalition of over 120 members committed to ending older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations working to achieve a greater focus on malnutrition screening, diagnosis, and intervention. In response to the US Department of Health and Human Services (HHS) and US Department of Agriculture's (USDA) call for comments to the US Dietary Guidelines for Americans (DGA) Advisory Committee, we assembled the following comments from more than fifty older adult nutrition providers and others in the aging network at a focus group held at the National Association of Nutrition and Aging Services Programs (NANASP) Conference in July 2023. Their comments speak to the lived experience the committee has asked for, as they work every day with older adults and carry out the DGAs. Further, we partnered with the National Hispanic Council on Aging (NHCOA) to address the DGAs from an equity perspective.

While this comment is not directed at a specific scientific question, the following are still important to consider and will ultimately impact the utility of the guidelines.

Growing Older Adult Population and Diverse Needs:

With the U.S. Census Bureau expecting the number of adults aged 65 years and older to reach 74 million in the U.S. by 2030, there is an urgency to secure the future of "healthy aging," starting with good nutrition. The 2025-2030 DGAs are an opportunity to build upon the previous DGA's focus of improving the nutritional intake of Americans across the lifespan to give specific nutritional guidance for older adults. The process of aging affects nutrient needs, with recommended intake for some nutrients rising or falling in later life. The diverse needs of older adults differentiate them from the general adult population, with many older adults facing increased prevalence of chronic conditions, limited income, barriers accessing healthy food, the presence of multiple comorbidities, and aging-related declines that

impact their nutrition. Further, the older population reflects the trend of the overall US population becoming increasingly diverse and thus the DGAs need to respect ethnic and cultural preferences in shaping healthy choices.

In a report entitled "Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults," GAO found, "As older adults age, they may also face barriers, such as a reduced appetite, impairing their ability to meet their nutritional needs." Further, it called for a focus on the specific nutritional needs of older adults in the 2025-2030 update of the Dietary Guidelines for Americans. Nearly 95% of older adults have at least one chronic condition, which can affect meal frequency and lead to malnutrition. While we acknowledged the limited breadth of research in the older adult nutrition space, the DGA should reflect these unique aspects to ensure that the nutritional needs of older adults are met adequately both now and in the future.

The Older Americans Act, administered by the Administration for Community Living (ACL), supports a wide range of social services and programs for older adults ages 60 years or older, including congregate nutrition services (i.e., meals served at group sites such as senior centers), home-delivered nutrition services, and other nutrition services like counseling and education. It's the largest food and nutrition program for older adults, serving 900,000 meals daily. It's targeted to serve the most vulnerable: those who have the greatest economic or social need, have low income, are a member of a low-income minority group, reside in a rural area, have limited English proficiency or are at risk of institutionalization. Programs serve vulnerable older adults, with 57% of congregate and 71% of home-delivered participants having five or more chronic health conditions, 19% of congregate and 17% of home-delivered participants screening positive for malnutrition risk, 17% of congregate and 29% of home-delivered participants screening positive for food insecurity, and 57% of congregate and 69% of home-delivered participants are over the age of 75. A majority of participants report the meal program helped them to continue to live independently (80% congregate, 89% home-delivered meal).

The OAA programs serve a diverse set of participants, split between rural and urban areas, with service areas 41% predominantly rural and 39% partially rural. Participants are ethnically diverse, with 13.3% identifying as African American, 1.3% identifying as American Indians and Alaska Natives, 4.5% identifying as Asian Americans, and 9.8% identifying as Hispanic American. It can be challenging to meet certain guidelines and follow the preferences of the groups they serve.

Current Impact of DGAs on Older Adult Nutrition Programs

The nutrition providers appreciate the framework the DGAs provide for creating balanced menus, providing nutritious meals through the OAA nutrition programs, and promoting healthier eating habits among older adults. Providers and older adults alike appreciate the increased availability of nutrition education. However, the DGAs fall short in addressing the needs of older adults with more serious chronic conditions, which represent a large portion of the older adult population (95% have one chronic condition, 27% have multiple chronic conditions) and disproportionately a majority of OAA nutrition program participants. Additionally, the guidelines fail to provide the flexibility to account for variations in appetite, calorie requirements, and specific dietary and digestive challenges that arise with age (e.g. fresh apples are not a fit for poor dentition, lactose intolerance requires dairy alternatives). Providers have also continued to struggle with providing healthy meals that older adults prefer while staying

within a budget, an issue further aggravated with ever-rising food costs and general inflation. Addressing this in the DGA would cut the cost of the program, reduce food waste, and allow programs to add older adults from their waiting lists.

Critical Suggestions for Upcoming Guidelines

Segment Older Adults into two age groups

To enhance the effectiveness of the DGA for older adults, it is essential to differentiate between age groups within this demographic, particularly between those aged 60+ and those aged 75 or 85 and above. These age-specific categories would better address the varying nutritional needs, activity levels, and overall health concerns of each group. Nutrition providers pointed to the older age group in particular having reduced food intake, digestive issues, taste changes, and chewing and swallowing problems, stating there is little health benefit if OAA participants do not eat the offered food because it does not meet their needs. If the DGA continues to group all older adults together, the providers urge for flexibility in the policies imparted on federal nutrition programs which require providers to serve all older adults the same, i.e. feeding an 85-year-old as if they are 65 and active. This results in serving too much food for the "old" old OAA participants, resulting in food waste and unrecoverable loss of resources.

Inclusion of Chronic Disease in older adults

The integration of chronic disease considerations into the MyPlate model would enhance the DGA's impact. By incorporating tailored nutritional guidelines for prevalent chronic conditions, such as heart disease, diabetes, and hypertension, the DGA can emerge as a more potent tool for safeguarding older adult health. The resultant synergy between nutrition and chronic disease management is poised to engender a paradigm shift in the way older adults perceive and engage with dietary choices. This is especially pronounced with the success of Food is Medicine. Additionally, practical strategies such as incorporating oral nutrition supplements, prioritizing key foods, and promoting dairy alternatives should be considered.

Inclusion of chronic disease is an equity issue. Black older adults report 28% higher incidence of chronic disease and develop multiple chronic conditions at an earlier average age than white older adults. Hispanics accumulate chronic disease at a faster rate relative to non-Hispanic white adults.

Address Access issues

While the DGAs are valuable in many ways, they do not always align with the realities faced by older adults, especially for those who graze throughout the day or lack the resources to prepare full meals. Guidance for overcoming barriers to food access is paramount and it is essential to address issues of affordability and food access to ensure that older adults have the means to follow the recommended dietary patterns. While potentially outside the scope of the Scientific Committee, we urge the committee to include a recommendation about changing the food pricing paradigm to put healthy foods in reach of the average older adult.

Create Culturally Competent Guidelines

The DGA and MyPlate do not reflect the wide variation in ethnic and cultural foods and dietary patterns in America today, leaving it to individual programs and providers to adapt the general nutrition guidance. It is additionally difficult for the individual to adapt MyPlate to their diet and find healthy food substitutions. The DGAs need to be designed to accommodate various ethnic and cultural preferences and dietary restrictions to be accessible, adaptable, and sustainable for older adults. The DGAs are based on the western diet, but that doesn't reflect the diversity of today's America. In 2020, 13.5 million (24%) of older adults were part of an ethnic or racial minority.

Effective Education for Older Adults

Effectively conveying the dietary guidelines to older adults demands an understanding of their unique circumstances and obstacles. These include taking into consideration resistance to dietary change. Ensuring that older adults can afford the foods recommended by the guidelines also holds significant importance. Older adults may be unfamiliar with micronutrients or swayed by food marketing that puts up artificial barriers to healthy food by promoting expensive alternatives as healthy. Given the rising prevalence of social isolation and loneliness among older adults, integrating nutritional education with opportunities for social interaction is imperative. Interfacing with Area Agencies on Aging could facilitate this. Leveraging technology, such as computers and phones, can facilitate outreach efforts, although older adults' access to and understanding of technology is highly variable. Closer collaboration with the Centers for Medicare and Medicaid Services (CMS), the Administration for Community Living, and Social Security Administration to include nutrition education in their materials would broaden the reach of MyPlate education. Collaborating with local farmers and vendors who offer fresh foods can also play a vital role. This approach enables older adults to engage with and experience the recommended foods firsthand. It is also important to collaborate with nonprofit organizations that have a history of working with diverse populations and are trusted among their communities; these organizations will be the most familiar with the needs of their communities and knowledgeable about which educational strategies are the most effective. Ultimately, by using straightforward language, respect for their ethnic and cultural backgrounds, and education that considers the affordability and accessibility of nutritious foods, older adults can be empowered to make informed choices for their well-being.

Conclusion

The upcoming Dietary Guidelines for Americans have the potential to significantly impact the nutritional well-being of older adults, especially within the framework of Older Americans Act nutrition programs. Changes to the DGAs can substantially change what meals are offered to older adults in our programs. By incorporating the above recommendations gathered from the experts who work closely with this demographic every day, the DGAs can evolve into a more tailored and effective resource. Emphasizing flexibility, inclusivity, affordability, and practicality will empower older adults to make healthier food choices that best meet their unique needs, ultimately promoting their overall well-being and quality of life. Thank you for considering our suggestions as you work towards the 2025 Dietary Guidelines for Americans. If you have any questions, please contact Bob Blancato at rblancato@matzblancato.com.

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