



Attachment C

Stakeholder scoping survey: themes related to older Australians

To identify stakeholder interest in dietary guidelines for older Australians from 2021 stakeholder scoping survey results.

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1. Background

In 2021, during initial scoping activities for the revision of the Australian Dietary Guidelines, NHMRC conducted an anonymous online survey of stakeholders. The survey sought comments on:

- how the 2013 Australian Dietary Guidelines (2013 Guidelines) are used
- relevant topics to be considered for inclusion in the review of the 2013 Guidelines.

The survey included multiple-choice questions and free-text response questions.

The results of the survey and other scoping activities informed the topic prioritisation process. Further information about the prioritisation process is available on the NHMRC website in the [Prioritisation Process Report](#). The report also includes a high-level summary of the survey results and information about how the survey was developed and undertaken.

The Government announced additional funding for the dietary guidelines for older Australians in the 2023 Budget. NHMRC has been negotiating with the Department of Health and Aged Care to provide dietary advice for older Australians as an additional component to the revision of the 2013 Guidelines. To inform initial scoping for this activity, the responses to 2 of the 3 free-text response questions from the 2021 stakeholder scoping survey were reviewed in further detail to identify themes related to dietary advice for older Australians.¹

2. Method

The stakeholder scoping survey raw data was re-analysed to identify themes related to healthy ageing and/or dietary guidelines for older Australians.

The responses to the 2 free-text questions on topics that should be reviewed were combined into a single entry using the concatenation function in Microsoft Excel.¹ Of the 2,964 survey responses, there were 1,429 people who responded to at least one of the two free-text response questions and therefore had data that could be analysed.

The 1,429 combined responses were searched for key search terms (see [2.1 search terms](#) below). When condition-specific terms were used to search for relevant responses, only disease outcomes or conditions mainly associated with ageing or being older were considered.

All responses flagged by Excel as including one of the key search terms were assessed by a single reviewer to establish if the response was relevant to diet in older people. Flagged responses were checked by a second reviewer for relevance. Responses were deemed relevant if they clearly referred to ageing or older people (65 years and over).

¹ Free-text responses to the following survey questions were analysed:

- Q6. List up to 4 topics from the **existing** Guidelines which you believe should be updated in the review (for example food safety or vegetable intake). Please provide a brief explanation for each topic suggested.
- Q7. List up to 4 topics, **not already included** in the Guidelines, which you believe should be considered for inclusion in the review. Please provide a brief explanation for each topic suggested.

Free-text response question not included in this analysis:

- Q14. What changes would you suggest to the presentation of the Guidelines and the Eat for Health resources (such as the Australian Guide to Health Eating or the Food Essentials section) to make them easier to understand and/or use (for example information presented in different ways such as short videos or factsheets)?

2.1 Search terms

Search terms identified a priority

- Variations of 'age' (including ageing, aging, aged)
- Older
- Elderly
- Dementia
- Cognitive decline
- Teeth
- Retire
- Bone
- Sarcopenia
- Fall
- Fracture
- Arthritis
- Periodontitis (including periodontal)

Additional search terms identified during analysis

- Pension
- Frail
- Life span / life stage / life course
- Life cycle
- Osteoporosis

3. Key findings

Key findings are based on comments made by survey respondents. As the key findings reflect the opinions of respondents, statements made in this report may not accurately reflect the information in the 2013 Guidelines, nor the current state of evidence.

Of the 1,429 respondents, 78 provided comments relevant to healthy ageing and/or dietary guidelines for older Australians. Based on the 78 responses, the main themes were:

Key finding 1: The updated Australian Dietary Guidelines should include recommendations for older Australians, whether it be a specific section of the dietary guidelines or standalone dietary guidelines for older people.

Key finding 2: The nutrient needs for older people are different to the general population and the messaging in the guidelines should reflect this.

Key finding 3: Protein intake is a high priority for older people and should be emphasised in nutrition recommendations for this population.

Key finding 4: There should be resources specifically tailored for older Australians to help implement guideline recommendations.

Key finding 5: Recommendations in the dietary guidelines should be able to inform diet and nutrition in aged care.

Key finding 6: Respondents are concerned about the role of diet in the risk/development of common conditions or diseases as people age.

Note: where they occur in the body of the text, *italics* denote exact quotes taken from responses within the free-text survey questions. Quotes are verbatim. However, obvious typographical errors have been corrected.

3.1 Key finding 1: The updated Australian Dietary Guidelines should include recommendations for older Australians, whether it be a specific section of the dietary guidelines or standalone dietary guidelines for older people.

Twenty-five people commented on the need for dietary guidelines that include recommendations for older people.

Three respondents suggested that the 2013 Guidelines do not account for the unique needs of older adults, instead providing guidelines for the generally well adult population.

Seven people suggested the revised dietary guidelines expand on or include a separate section for older people. Another 10 people suggested standalone dietary guidelines for older people.

Four respondents commented on providing better recommendations by life stage, including for older people. Several comments about strengthening or improving the recommendations for older people were also made. Key themes identified included:

- messaging for older people in the guidelines should be more specific (see [section 3.2](#))
- increasing protein recommendations for older people (see [section 3.3](#))
- specific and improved resources for older people (see [section 3.4](#))
- better tailored communication in guidelines and resources, for example language, visuals, amount of text (see [section 3.4](#)).

The definition of older people varied and was not always clear in responses. Of the 6 respondents that listed specific ages when mentioning dietary guidelines for older people, the main age groups were *older elderly (>80 years)* and *older adults (>70 years)*. One respondent noted that current guideline *...age groups don't align with other groupings for older persons – for example WHO has older persons as 60yrs+, ABS has older persons as 65yrs+.*

3.2 Key finding 2: The nutrient needs for older people are different to the general population and the messaging in the guidelines should reflect this.

Several responses indicated a need to tailor messaging in recommendations specifically for older people, as nutrition requirements change as we age.

Key comments included:

- *The revised ADGs must consider different nutritional needs across life stages, more current dietary patterns, Australian food production systems and the social/cultural aspects of eating here in Australia – particularly the ageing.*
- *How the healthy weight range and nutritional priorities change for older adults.*
- *Clear recommendations on how to adapt the guidelines at each life stage, for example. ...higher protein diets for older Australians.*
- *Food group proportions on Australian Guide to healthy eating not as relevant for elderly people who need to increase nutrient density.*
- *Elderly - specific dietary requirements for this age group to quickly identify and comprehend.*

One respondent also commented on tailoring recommendations around *Food safety...[as] certain foods become a risk as people age.*

3.3 Key finding 3: Protein intake is a high priority for older people and should be emphasised in nutrition recommendations for this population.

Twenty-three respondents listed protein recommendations and requirements for older people as a topic to include or update in the dietary guidelines.

Specific suggestions about protein recommendations included:

- *...aim for 1.2g/kg protein/day as per PROT-AGE study.*
- *A higher recommendation of protein, 15% of total calories is not suitable for most individuals, especially the elderly.*
- *Being more specific on absolute quantities rather than serves. Like grams per kilogram of body weight.*

Protein from animal sources, especially meat, was mentioned by 5 people.

The relationship between protein and muscle mass was also commented on by 6 people.

3.4 Key finding 4: There should be resources specifically tailored for older Australians to help implement guideline recommendations.

Fifteen people commented on resources specific to older people.

Seven respondents suggested specific types of resources that could be provided, which included:

- fact sheets and brochures

- sample meal plans
- short videos and audio files
- digital media collateral.

About half of respondents discussed making resources more accessible and applicable to older people. Two respondents suggested resources on how low-income earners, specifically those on the aged pension, can meet guideline recommendations. Other comments about improving access included:

- *Availability of fact sheets for those who can't access internet (older people).*
- *...really support existing guideline 2 BUT in the Australian Guide to Healthy Eating there needs to be quite a bit of work to make it more attractive and "do'able" for the over 70s.²*
- *Clear translation of evidence into the language of everyday people. The current images are good but need specific focus/guidance for older adults.*
- *Factsheets (plenty of visuals, less text heavy).*
- *Is there an option to make the picture of the guidelines bigger.³ A lot of people find this very small. I usually give them a separate print out of the pictorial guidelines or the magnet for the fridge was a great resource.*

Criticism of the Australian Guide to Health Eating companion resource included statements like:

- *Food group proportions...not as relevant for elderly people who need to increase nutrient density.*
- *The plate model isn't well understood by older people or those with low literacy.*

3.5 Key finding 5: Recommendations in the dietary guidelines should be able to inform diet and nutrition in aged care.

Ten respondents specifically mentioned aged care in their answers. Three suggested the revised guidelines should inform diets at aged care facilities. One respondent commented *once the guidelines are established for them to be implemented in institutions immediately especially [in] aged care...to educate medical doctors on nutrition.*

Another respondent emphasised the need for *...a comprehensive and balanced review on dietary protein and carbohydrate intakes - there is clear evidence that daily dietary protein needs to be reviewed and increased, especially in aged care.*

² Guideline 2 - Enjoy a wide variety of nutritious foods from these five groups every day:

- Plenty of vegetables, including different types and colours, and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years)

And drink plenty of water.

³ It is unclear which resource is being referred to. However, it is assumed to be the Australian Guide to Healthy Eating.

Two respondents had the following comment: *The guidelines for processed meat should describe which foods are classified as processed meat and recommend zero intake. This will protect people in aged care, health care and other institutions from unnecessary exposure to carcinogens.*

3.6 Key finding 6: Respondents are concerned about the role of diet in the risk/development of common conditions or diseases as people age.

Twenty respondents commented on the development and risk of common ageing related conditions and diseases. The most frequently mentioned conditions were dementia (9 respondents) and osteoporosis (5 respondents), including low bone mineral density and risk of fracture. Other conditions mentioned were Parkinson disease and sarcopenia.

Some respondents mentioned the impact of diet on development of noncommunicable diseases such as cardiovascular disease, diabetes and cancer.⁴

Five respondents commented on the impact of sugar on teeth but this was in relation to the general population, not the older population.

While the Guidelines are not intended for older Australians with frailty, 4 respondents used 'frail' aged or 'frailty' in their responses. Comments were around resources (1 response), protein (2 responses) and an increased risk of frailty with ultra-processed food consumption (1 response).

Diet-disease relationships

Examples of relationships between specific foods or dietary patterns and risk of age-related illness respondents suggested be evaluated for inclusion in the dietary guidelines were:

- dementia and carbohydrate/sugar consumption (4 respondents)
- dairy/calcium and osteoporosis/fracture (5 respondents). See [Calcium intake](#) below
- protein and muscle mass/sarcopenia (6 respondents). See [section 3.3](#).

One respondent commented on the *dangers of animal dairy products (except butter and ghee) in exacerbating chronic disorders such as dementia, Parkinson's, cancer and osteoporosis*. Another respondent stated *saturated fats are protective against heart disease, cancer, dementia and diabetes*.

Other responses include:

- *Consumption of fish in particular, is acknowledged to have favourable associations with cardiovascular disease, dementia risk and age-related macular degeneration due to its long chain polyunsaturated fatty acids (omega-3) profile.*
- *Evidence suggests that greater contribution of ultra-processed foods to total energy intake results in poorer dietary quality, and also higher risks of all-cause mortality, cardio-metabolic diseases, cancer, gastrointestinal disorders, asthma, frailty, and depression.*
- *Plant based nutrition, dairy, calcium and osteoporosis.*

⁴ This theme may also have been frequently mentioned in responses about the general population but only responses which reference older people were analysed for this report.

Calcium intake

Five respondents commented on the relationship between calcium and bone mineral density and/or osteoporosis.

Calcium intake through consumption of dairy products was mentioned by 3 respondents and 2 respondents commented on calcium intake for older, post-menopausal women.

One respondent stated *The previous review framed much of the discussion around calcium/dairy and bone mineral density. A review should use more of an end point - namely - risk of fracture. The respondent also commented that the previous review had 70+ men with 3.5 daily serves - however - this is the age group most at risk of prostate cancer. The risk of prostate cancer combined with risk of fracture need to both be considered in making a general population guideline for appropriate levels of consumption.*

Two respondents used the following phrase: *On a physiological level, older adults need more protein to maintain protective muscle mass, calcium to maintain bone strength and adequate energy (calories/kilojoules) to prevent unintentional weight loss when a person has a reduced appetite.*

3.7 Other feedback to note

Social eating

Six respondents commented on the benefit of socialising during mealtimes for older people. The responses focused on how *loneliness and lack of the social aspects of eating can reduce the amount of food an older adult eats, leading to poor health.* One respondent also stated that *Older people at risk of malnutrition can improve intake when eating in social settings.*

Other considerations

Other topics relating to older people that respondents thought should be considered were:

- options to increase food intake, for example spreading intake over 5 - 6 meals per day
- appropriate weight range for older people at higher risk of falls and fractures, for example increase normal BMI range
- strategies to address barriers to older people eating well, for example poor dentition, poor appetite.

4. Next steps

The findings of 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.