

## Discussion ; Nutrition Education for the Elderly

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With the growing number of older adults, it is likely that more older adults suffer from chronic conditions. As chronic disease are closely related to diet and life styles, nutrition intervention with nutrition education can play an important role in the prevention of such diseases in the elderly.

However, nutrition education for older adults has not always been systematically developed or evaluated as Dr. Guldan indicated. It may be because of low levels of motivation in the elderly and a great diversity with respect to health, physical, economic status and educational level as Dr. Lee presented. But we can also think about positive aspects of nutrition education for the elderly.

1) Usually older adults care a lot about their health, it may be easier to teach them compared to a busy young group who do not have an interest in their health.

2) It is true that it is difficult for older adults to understand the content of nutrition education. But when they understand a specific food requirement(ex one cup of milk a day) is essential for their health, they accept it with their heart and follow it.

In my experience, college students understood their educators words very well, but very few realized changing their behavior is really needed for their health.

3) Recruitment of elderly may be a major concern but it would not be difficult to meet them at home, senior centers, public health centers, congregate meal sites, or churches during the daytime. Their schedules are not so tight as is a youngster's.

4) When we preassess the elderly before starting nutrition education, we usually focus on their problems. We should also take into account their pre-existing health promoting behavior. Educators should praise them for good behavior and encouraged them to maintain it. It might have a role to extend their long lives.

5) For the elderly with a low income status or with physiological problems, nutrition education may not be a priority, food supply programs, food coupons or meals on wheel program may be needed first and later be combined with nutrition counseling or education.

In this case, to locate funding from government and private sources for services, including community nutrition services is the challenge.

6) Educators should not have a mind set in which they teach or give dietary orders but one in which they are caregivers and share ideas through discussion.

Educators should be friendly, kind and respect elderly people's thought and values they already have. Educators should listen to troubles and worries the older adults share with them even though they may not be related to nutrition itself.

I believe that nutrition education should be a positive experience in a non-threatening en-

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vironment, relaxed and non-competitive, and organized with discussion sharing of ideas and experiences.

Listening to the elderly is helpful to set a comfortable relationship between educators and elderly individuals.

7) Male elderly or elderly living with a married child do not have control of food choice. We could also provide a nutrition education program to the shoppers or meal cookers (usually the daughter in law or daughter or any others).

8) Using mass media or public policy as an

education tool is an effective way of communication. For example, helping the elderly reading a food label is a good way for them to make educated food choices.

9) It is necessary to develop screening, evaluation tools, and materials of nutrition education. We can exhibit such materials we prepare individually and provide them to the Society of Community Nutrition for assessment of their validity.

It is urgent for our society to develop a standardized form for screening, evaluating education of the elderly.