

Old Age and Nutrition

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Introduction

My talk will deal with government and non-government agencies activities in helping to improve the nutritional status of the elderly. As a preface I should mention that my ideas are those of a non-specialist and I am sorry to say that I am not qualified in the field of nutritional studies. This makes me somewhat difficult in talking before you in the presence of so many experts in this highly specialized discipline. My work in many different countries first for the UK government's Overseas Development Administration and later for the World Health organization, has been in health services management. However, in working with governments on policy formulation and policy implementation, I have of course, been also concerned in general questions of nutritional management and developments related to diet problems of the aged.

Throughout the world people are more and more concerned about the health status of all nutritionally vulnerable groups. The growing proportion of older persons in almost all countries is a trend that will continue into the future with no signs that the growth can be reversed. This makes it particularly necessary to be concerned about the health of our older citizens.

The elderly who have contributed so much to their societies' prosperity and development, are an invaluable asset and should be treasured as such. There is also the harsh economic reality of the high cost of medical care for the old when they need treatment and that adds a further inducement to be more concerned and to help maintain their health and healthy eating habits.

Government Policy

Up till now in most countries, both developed and under-

developed, governments have been concerned with nutritional policy mainly through two kinds of reaction. First through clinical data, surveys and other methods of research to ascertain illnesses, disabilities caused by malnutrition and eating patterns which may have caused these. The data should then be available to policy makers to help them decide the suitability or otherwise of the people's food intake and corrective action which may be needed to be taken. The second stage is to develop methods to redress the dietary imbalance where nutrient poor diets are common. For government and concerned NGOs this is commonly in the form of education programmes and educational materials and this subject is very thoroughly covered by Dr Kim Kyungwon at this Symposium.

In Korea the 1988 Report on National Health and Nutrition Survey [Dietary Intake Survey] conducted by the Korea Health Industry Development Institute for the Ministry of Health and Welfare, is an excellent example of national fact-finding. Although data on the elderly form only one small part of the survey results, the information reveals the current state of nutrition for the age groups 50 – 64 and over 65s. Measurement of daily intake, the ratio of intake to recommended dietary allowances, daily number of meals eaten, meals skipped and the reasons given for meals skipped, all help to show what must be done to improve the health of the elderly. Policies have to be formulated to correct the defects in eating habits and the most accepted method for this is through educating the people concerned. And this means not only the people at risk, the elderly, but all those who may be able to influence old people's food habits, health workers, NGOs dealing with the aged and the media for example.

In Korea the policy response to support good eating habits is designed for the general population. Put in its simplest form it advises :

- Eat a variety of foods.
- Maintain healthy weight.
- Choose low sodium diets.

Don't drink too much.

Enjoy regular meals.

National dietary guidelines for disease prevention and health promotion are widely circulated and used by nutrition educators for counseling on food preparation and selection in hospitals, schools, works canteens and the like. This kind of counseling could be more actively extended to the elderly through community centres and day care centres for example.

Health Education

Perhaps the most effective way that governments and NGOs help improve the nutritional status of the elderly, is through health education. You cannot force old people to eat sensibly. You cannot stand over them to make sure that they eat what is good for their health. Meals provided by public-spirited groups such as, in Korea, churches, Buddhist temples, civic groups, can to a certain extent ensure that their free meals are nutritiously balanced. But such meal services usually provided for the very poor, are greatly constrained by financial and logistics problems. Understandably the primary object is to provide food to the needy; its nutritional content is often secondary. The distribution of these free meals is sometimes assisted by the local authority and such coordination charitable groups' activities could be extended. A "meals-on-wheels" service administered through local authorities could in fact be a national goal.

Lacking the possibility of a more direct kind of intervention, education seems the most satisfactory solution. Health education methods must of course take account of the cultural context and advice about appropriate diet must inevitably concentrate of available and affordable foods. Generally old people are conservative about their eating habits and, changing habits where this is necessary, has to be tackled in a pragmatic way. Old people often resist change and the educational tactics must use sympathetically designed methods. The media here can be of great help. For example most old people are dependent on television for entertainment and dietary advice for the elderly could be "slipped in" to the most popular programmes.

Cultural imperatives cannot be ignored. Nutritionists in their own country will know the social contexts of their work and design education programmes accordingly. International nutrition standards have to be adapted not only for local food supply conditions and eating habits, but also the cultural

eating situation. When I worked in Samoa in the Pacific children suffered from a nutrient poor diet because when the extended family sat down to eat, the old people were served first and took the best food, what was left was picked over by the next younger generation. Finally the children were allowed to eat what remained. In the opposite direction, in Korea traditionally, the mother skimmed her diet to give the children, particularly the sons, the best food.

An English language newspaper in Korea a couple of weeks ago reported, "Retirees to act as lifelong educators : Education Ministry." The plan is to make use of the vast pool of expertise among retired people which may go to waste if they remained inactive in their old age. It may be possible to recruit from this scheme older, respected workers who would be ideal to help teach other old people, their peers, good dietary habits, perhaps in their homes.

Health Education Globalization and Nutrition

It seems inevitable in meetings these days that the idea of globalization, international opening of trade and other barriers, should enter the discussions. However, internationalization, in the form of new eating patterns that come from overseas to infiltrate traditional eating habits, is a factor that must be considered in looking at nutritional management.

As old people are generally conservative in their eating habits they are not likely to be as affected as the young by new fads in food. In Korea for example, American fast food is enormously popular among the young. Pizzas, McDonald's, Kentucky Fried Chicken, Burger King and Korean clones like Lotteria are everywhere. The nutritional deficiencies of this type of food and also of "convenience food" and pre-prepared meals, are perhaps a problem more for the younger generation, but will eventually impinge as well on the old. At another level increased prosperity coming with economic development in Korea has resulted in a great increase in the consumption of meats which is already causing health concerns. Imports of unfamiliar but fashionable foods may work against traditional more nutritious diets. Old people in general may not be much influenced by these changes. But changes in social patterns, determined directly or indirectly by international influences, for example the increase in the number of old people living alone, will shape eating habits. The effects of globalization must be of concern to nutritionists too.

WHO Policy

WHO policy regarding ageing and nutrition has been in the past to view the question as part of a larger general concern for the "most nutritionally vulnerable groups." It recognizes that the aged form one of these groups and advises governments and others concerned to promote caring for the elderly through traditional forms of family support and the introduction of special measures where needed.

However, more appositely, WHO recognizes the problems of defining the specific nutritional needs of older persons. As is well known, the elderly are especially vulnerable to malnutrition and there are practical problems in providing them with adequate nutrition. Their nutritional requirements have not been well defined and the question is complicated by the fact that though their requirements for some nutrients may decline with age others may in fact rise.

WHO has collaborated with the United States Department of Agriculture's Human Nutrition Research Center on Ageing and Tufts University on the role of nutrition in disease prevention and health promotion among older persons. Recommendations were developed including :

Epidemiological and social aspects of ageing

Factors affecting dietary intake

Nutritional requirements of older persons

Dietary guidelines for older persons

Community support for improved nutrition for older persons

A great deal of work has been done in many countries in studying these aspects of nutritional management for the elderly and the papers at this symposium illustrate this. I am sure that WHO will play a more active role in the future in helping member countries develop practical, effective programmes for ageing and nutrition.

The Future

In this brief paper I have suggested one or two ways in which those involved in policy making may help improve the nutrition of the elderly and thus make their lives more healthy, satisfying and encourage them to be more active members of their communities. Scientific and medical research in nutrition, as exemplified by the papers presented at this Symposium, has gone a long way. I think however it is important for policy makers to make an at least equal effort in the field of what may be called the social aspects of nutrition and pay more attention to the cultural and life situation of the elderly in national efforts to improve nutritional management. Health education, a powerful tool in this field, should be develop practical "customer sensitive" approaches and the education can be carried out by a wider range of educators than is at present used. Countries need to be more aware of international influences which may disturb traditional and viable eating patterns. And finally we may look to such international agencies as the World Health Organization for pragmatic, implementable advice for those involved in nutritional improvement.