DESCRIPTION
A healthy and nutritious diet is important for people to age well. People over the age of 65 have different dietary recommendations to optimise health and prevent malnutrition, however limited awareness of these specialised guidelines places our aging community at risk of diet-related diseases.

AIM
To identify what older people in Murray Bridge, aged older than 65 years, know about age-adjusted dietary recommendations and what factors influence food preferences and consumption.

METHOD
Data was collected via 47 anonymous questionnaires from local 65+ year old people in the Murray Bridge library, shopping centre, medical clinic, Rotary Club, RSL, Men's Shed and community services centre.

The 13 item questionnaire included tick box and open questions regarding people’s understanding of the Australian Dietary Guidelines for people over 65, factors determining food selection, barriers to healthy eating and preferred method of food nutrition information.

RESULTS
Comparing People’s Awareness Of Australian Guidelines, And What People Actually Eat
While people claimed to be well aware of the Nutritional Guidelines for people 65+, the estimates of recommended serves and their own daily serves of each food group differed greatly (Fig.1). The most common factors influencing food preferences were taste and nutritional value (Fig 2).

Barriers to Healthy Eating
Participants generally did not report any barriers to healthy eating, but the most common reasons provided were:
- People didn’t know how to prepare healthy food
- Diet restricted by medical condition/medication (most common: diabetes mellitus type 2)

These results show that people believe they are capable of preparing healthy meals when they are taught how for general health or for a specific medical condition.

DISCUSSION
Murray Bridge appears to be a vibrant aging community which requires optimal nutrition for healthy aging. The majority of people who participated in this small study were not aware of the specialised guidelines and believe their current diet was adequate to serve their nutritional requirements. Our results indicate a general lack of awareness by people 65+ of the appropriate nutrition guidelines and food choices.

Our results show people are not consuming enough of all food groups and show a significantly reduced water intake. This trend of malnutrition, places the Murray Bridge aging community at risk of diet-related diseases, such as osteoporosis.

This disconnect in awareness and food consumption shows a need for increased education among the 65+ age group in Murray Bridge. Community health services in the community may be suited to providing nutrition education (Community Services, Community Centre education programs, local medical clinics and dieticians). Further research is required on the best method of delivering this information.

REFERENCES