THE PAST, PRESENT, AND FUTURE OF NUTRITION

Cultural Revolution In Nutrition

Date: May 7, 2015

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Nutrition and Nutritional Requirements in Advanced Age

“EVERYTHING FOR A BETTER LIFE”
Thank you. As all the other speakers have said, a great pleasure to be here for me it's also my first time in Turkey in Istanbul. And I'm looking forward to seeing a bit more of it during my stay here. And it's an honor to be able to speak to you. The topic I'll be speaking about is addressing the nutritional needs of elderly populations. We've spoken a lot about children, the importance of the diets of children and one of the reasons these diets are so important is we want to all reach that older age and lead a healthy and fulfilling life at that point in time.

Across the world this population group is growing here in Turkey as well the data for the portion of the population that's over the age of 65 and so it's a group that we really need to think about what are their needs and understand their needs to best support them at this point in life. The importance of and sort of over the life span there's a change to what happens to us. In early years it's about growth and development during adult life it's about maintaining the highest possible function. The highest possible level of function and then as we grow older it's about trying to maintain that level of functionality and prevent the occurrence of disability and the life that is as independent as possible for as long as possible.

And so if we think about the food and health relationship as we've heard in the earlier talks a lot of that has always been framed in terms of morbidity and mortality statistics. The absence of disease and restoration of the body to a normal state of functioning. And a lot of interventions are about trying to restore the body back to normality and if we think about the path to achieve that it's through choice, through dietary patterns, meal patterns, eating habits, that leads to a particular nutrient intake which has a particular health outcome. And then really has an impact on our wellbeing. And so understanding that trajectory is an important one to better understand how we might be able to support and intervene to make that work better for us.

We have the opportunity in Europe and I'm actually going to use a project that we did a few years ago called the Food in Later Life Project and it was funded by the European Community. And it was to really understand the diets of older people across Europe and it was to a great extent a qualitative research project and this an area of research the methods get used a lot in the areas of sociology, anthropology, psychology, and these methods allow us to get and hear the voices of the participants themselves. And so we have a data set where we interviewed with depth interviews lasting from one to sometimes even three hours with older people in eight countries they're highlighted in the map. And half that group of people were men half were women. Half lived on their own. Half lived with their families. So, again, we could make that distinction and try and understand what's the impact of living on your own or living with a family in terms of how that impacts on your dietary habits. And so we analyzed those data using these reflections that people had on their diets.
So, they were interviewed and asked to reflect on what was their diet like over the course of their life and what was their diet like now. They also completed diaries for us. Diaries about what they ate, whom they ate with. We didn't analyze them within the nutritional sense in terms of nutrients but more to understand whom did they eat with, where did they eat, who prepared the food. To understand the habits that these people had. And then we also had shopping diaries to understand how did they procure their food. How did they go about buying the food that they ate?

And we had a number of themes that really came out through this and the first one we called childhood food and food waste. And the quotes here illustrate that. 'Each meal was a pleasure during the war because I was starving all the time.' So, this life that people led and the cohort of people that we interviewed were people who had experienced World War II and that had had an enormous impact on the life that they led, the food habits that they adopted. After the war everything changed. 'The postwar period was the worst. We lived in poverty. A great famine followed. There was no bread. There was nothing.' So, these were very significant experiences that impacted on how people for the rest of their lives really experienced food.

'Cooking was usually done by my mother. We had to go to school. She didn't include us when she cooked. No, we had to do various small chores. Doing the dishes, things like that. That was our thing.' So, again these practices about how you deal with food and what food what activities that start early on. So, this recognition in the work that's being done and talked about today, the importance of childhood, this is where many of the habits and experiences and attitudes are formed that people have. At this time, it's also about what access you have to food, what are the practices within the family. In Portugal soup is a very important dish, so that again forms and dictates very much what people end up eating later in life. Or whether you live near to the coast, near to lakes, the types of foods that then come into your diet are impacted by that.

But it's also about the habits and how families are run. The first quote is a nice one 'My father got the whole steak, while us kids shared steak because that was all there was. My mother didn't work. We were four children, so there wasn't much money.' So, again the habits, the way food is shared, the way food is chosen within the family really impacts on the choices that people have.

The next theme and change that people really talked about that really impacted on the food choices they made was what we termed ‘marriage, family building and the duties of men and women.’ And this again the data that I'm presenting is typical for the European culture. But taking this and more work would need to be done to really better understand how is this in different cultures. What are the rules and routines the way people share their live? But really impacts. So, 'When I got married, life started getting better. Then my wife always took care of me very well.' So, this is a man talking about remembering the time when he shared his life with someone else. Another woman said, 'I never helped out, cooked for myself as a child actually I only done that since I got married. Cooking or baking I didn't know anything about it at all.' So, it was something that only changed and became part of her life and taking responsibility as an adult when she was married.
The practices that people have the duties they have associated with food are inherent in the kinds of relationships that they have and really in many cultures still we see that there is a real distinction between the duties that men and women have and that's also something that's important to consider. That we don't think of all groups as one and the same and that the experiences might be different because of the way that we organize and live our lives. 'At times when I still had a family, children, husband I was working at those times, so everything had to be prepared quickly. I always prepared soup and there was always a main course and there was always however no desserts. The nutritious and tasty.' So, there were certain habits people developed to accommodate the lifestyles that they had at that time and the responsibilities they had.

And then people also talked about the period of midlife and the food ways and things that they adopted. This is the time when many people had their working careers and that really impacts the last quote talks about someone who was a policeman for many years and the way he ate his diet was really impacted by the food that was available in the canteens where he had to eat and he worked. And so that was outside his choice but that really had an impact on his later life and the food habits that he had.

The next important phase that people talked about were transitions, turning points associated with losing a spouse or poor health. And this could be poor health of the individual themselves but also poor health of the spouse. And in many cases where someone lived with a partner and it might be that it was the wife that became ill, a husband might have to take responsibility for food and take on new things and have to learn how to cook and prepare meals in a way that they never had to do before. What we also saw was an interesting in a sad sort of way set of data where there were women who spoke about for many years they were responsible for the diets of their families and when they lost their spouse, the rest of their family had moved away. For the first time they were making choices which were their own choices. Their own food preferences and so they saw that aspect of that period of life in a positive way that for the first time they could make decision which were really oriented towards what do I want to eat, what do I like to eat and not think of the needs of all the other people in the household.

And then the other significant point that people talk about is retirement itself. Stopping working, the real change in life daily patterns of life. So, when you don't have to go to work. When the responsibilities change, the time you have available for doing things like shopping change. Then we see again significant changes in the way the types of foods people might be eating. And it could be that people take up a hobby of cooking that they never had because now they have the time to do that or do more elaborate or more frequent shopping to have more fresh produce fruits and vegetables.

And then the final theme of these interviews was something that we called 'Age matters.' You have to consider that there are changes. And these are these functional changes that I mentioned earlier. Part of becoming older is the loss of functionality, loss of strength and this is a quote from someone who talked about how she isn't as strong anymore and therefore wasn't able to cook and prepare the meals so in the past she had this habit of preparing meals for family to share that and that was part of her role within the family but now because she didn't have the strength to be the hostess that she used to be, that part of her life had fallen away.
Thinking about those sorts of losses in terms of food are very important to think about as well. It's not just the change in nutrients. It's also all the social and cultural associations you have with food. And if you can't use food in the way that you have in the past, you lose potentially this whole social aspect of your life. And all the positive aspects of sharing food with other people.

So, diet, eating and food work are really a family matter and they are developed over the context of life and this is important to consider. This life-course perspective is very helpful one to better understand the development of people's eating habits and an important lens to take account of understanding and supporting people in their food-related habits. We also in those interviews spoke to people about how they managed healthy eating. Did they have an understanding of what this was? If they did how they went about it. Here the data comes to us from seven of the countries. And we really had only a few themes and one was about making sense of health information for oneself by oneself. There's a lot of information. That's a theme that's come up today and people need to make sense of that and there's an understanding that through all that noise of the advice that we're giving, we need to develop these rules of thumb and understand how best to go about doing that.

It's also a question of should I be bothered or not. A lot of people think I've got to this point in life. Do I really need to eat healthy? Does it make any difference? We have evidence from the epidemiological and physiological work that shows that it can be helpful to still eat healthily and therefore arguably it is good to still think about having a healthier diet. And then people talk about the food practices that they've adopted. They have these ways of developing what they regard as a healthy diet. So, the first quote here is 'It is quite so that my meals are varied. I like that. My common sense is for me to act reasonably and since I don't know what nutrients are in what foods, I try and eat everything in small amounts.' So, this person is using a rule of thumb to create a healthy diet because there's an understanding of that concept of variety. And there's a recognition by a lot of people. So, people do understand that food's important for health but it's also sometimes other things stop them from being able to do that in the way they lead their lives. So, again here a quote, 'I have five meals a day but my main meal is lunch. I try and eat regular meals on a regular basis always at the same time more or less.' And the last quote, 'The breakfast like a king, lunch like a normal person and dinner like a beggar.' So, again this recognition of some of the sorts of things that we've heard about in earlier talks today.

So, healthy eating was regarded as an investment to ensure independence, a thing that people recognized was important. But people described it in different ways maybe not in line with the way we in the nutrition community always talk about how to have a healthy life but it was about simplifying and organizing in a manner to achieve a healthy eating. And trying to support seniors in doing this and working with community services could be a route to help people understand how they might take up some of those healthier habits. We also studied how people procured their foods so this was from food diaries date that we had and here it's interesting to see and understand that it's not just important what people eat; it's the process of buying it, the process of preparing it. Half of our people lived with others, half lived alone. Those people who lived with others half the time they shopped with someone else, half the time they didn't. So, this again will impact on the way that choices are made and what is being considered at the point of time of what's being purchased. But we see again that dominance of women being the people doing the purchasing. Those people who lived on their own tended to also shop alone, although when they did shop with others it was someone family or friends who did that with them.
And there was a real recognition in talking about and understanding that procurement is that people didn't want to be burdensome. And with that loss of functionality it was sometimes that people weren't able to carry or weren't able to travel if they didn't have a car anymore. And so it was a way of trying to maintain that independence without having to rely too much on other people for the purchasing of food. Another theme that was talked about was receiving formal support and there were big differences and again this is something that really there are huge differences across countries. I don't have a good enough understanding of the Turkish situation but it's really about how our healthcare systems are organized, what our expectations are of who takes care of whom. And that really dictates whether or not people can rely on and receive formal support at the time they need it and how do we make the judgements about whether people need that. How do we know where someone is suffering and might need all that would stop them from having an ill diet would be help with shopping. So, informal networks can be particularly important for widowed men, particularly those who don't have experience of preparing food and not done much shopping before. They might be ones who would need help in knowing how to do that. And those who have significant health problems and limited support so this understanding people's resources that they have available to them is really important in being able to allocate and give support to older people.

But then there are huge cross-country differences. Because the way society is organized, the extent to which people live with extended family is very different in different parts of the world. And that again will dictate the way and have different expectations in terms of what support systems are to be built. And then finally I wanted to talk a little bit about some quantitative data that we have also from this project. We developed what we called 'Satisfaction with food-related life' scale. And this was to try and better understand how could we maximize this wellbeing associated with food. And that this was a concept that might be important and helpful to think about in studying diet. And here what we did was try and understand what motivations people have, why might food-related goals be important and we asked about a number of those and we saw in particular having food and dishes that I enjoy eating was regarded as the most important goal that people have. And we also studied their access to resources what resources did they have available to them? The storage facilities, being able to taste and smell well were resources that people felt that they had. Less so ones that are related to formal support. So, again having and understanding of what people do and don't have access to is important to see whether there's a relationship with their food-related life. And what we found was that most respondents had goals which they had relevant resources for. Perceived levels of resources were a good reflection of their actual resources, so we also were able to check that. So, people had resources that were in line with their levels of income, etc. Access to transport and what we saw was that people had relatively more resources in areas that were relevant to their person. Those people who had resources associated with the goals that they had were more satisfied. So, it's this really important thing to have resources or to be able to develop resources along the lines that support what it is that you want for your food-related life. So, if it's important to eat with others, you have to have a means and resources to be able to do that. So, this relationship the strength of that relationship is important to achieve a good food-related life. And we also saw that when we looked at associations with the varied diet is that people who have a higher level of the food-related goals that contribute to a variety diet, that there was also a good, strong relationship that having a food-related life was also associated with having a healthier, a more varied diet which in turn should be related to having a healthier diet.
So, what we saw is food-related goals linked not only to health but also linked to the enjoyment of food and this more all-encompassing understanding of food-related wellbeing is something that's important not just recognizing the physiological benefits of food but also those social and psychological benefits. And personal, social and material resources are deemed important to achieve these goals and higher relevance of resource ratings is linked to be more satisfied. That in turn if we want to make use of findings like this is we need to start to think about how do we change behavior and there are many routes to be able to do that and some of what I spoke about relates to the capabilities, the abilities people have, the opportunities people have that they're facilitated with but also their motivations and the combinations of those things in turn will have an impact on behavior and then in turn an impact on wellbeing. And we have more and more better understanding of how to really construct interventions that really focus on different parts of this, on capability, on motivation and on opportunity. And to systematically develop interventions is really where the field is at the moment is to draw on those findings we have from other studies and then systematically build interventions that we know work along the lines of focusing on either or combinations of capability motivation and opportunity. Because I think to date we have done many interventions where we haven't really thought through so systematically what we were trying to change and to do the more systematic studies we gained more and more evidence for understanding what works and why and I think the previous presentation was a really good example of that. Not just having the advice but having the evidence base to say why this advice and these interventions are the right ones to do. And the group of older people is another area where I think we need to do more and more of that.

So, the challenges we have are really to take account of older people's relationship with food. It's social, it's economic issues, it's food literacy. Emotional knowledge as well as the physical and psychological traits. So, this more all-encompassing food wellbeing is something that we need to consider. And increasing the relevance and understanding that there's a much broader definition of health than just this physical health is also really important to consider. And in designing interventions and that they will again strengthen and have double benefits in some cases that will also be physiological to incorporating the emotional, spiritual, and more positive aspects of health that part of wellbeing they will hopefully trigger individuals to be more ready to change their food-related behaviors also in this point of time in life when some people think things don't need to change anymore. Thank you.