



3 JULY 2014

Consumer Perceptions of Healthy Ageing

QUALITATIVE RESEARCH REPORT (IPSOS STUDY NO: 14-031692-01)

PREPARED FOR: VERONIQUE DROULEZ, SENIOR NUTRITION MANAGER
MEAT AND LIVESTOCK AUSTRALIA



Contents



<i>The Research Context</i>	3
<i>The Research Design</i>	7
<i>The Research Findings</i>	12
<i>1. We accept that we're ageing to varying degrees</i>	13
<i>2. Health is the Key to keeping our treasured independence</i>	25
<i>3. We're doing a range of things when it comes to healthy ageing</i>	39
<i>4. We rely on ourselves and take a common sense approach</i>	56
<i>5. When it comes to food it's all about variety and moderation</i>	64
<i>6. Taste and tradition drive our meal choices</i>	80
<i>7. Who's going to fuss over a roast for one?</i>	88
<i>8. We don't know much about protein but we like a good steak now and then</i>	99
<i>9. Red meat a couple times a week is enough, isn't it?</i>	110
<i>10. There's a complex negotiation between carers and their dependents</i>	124
<i>Summary and recommendations</i>	130
<i>Appendix – Discussion guides</i>	140



The Research Context

Background



Population ageing is an important issue for Australia both economically and socially. The OECD predicts that by 2050 over one quarter (27%) of the Australian population will be aged 65 years and over.* Improvements in medical science and lifestyles have also contributed to the longevity and health of older Australians, with current life expectancies for men being 79.9 years and 84.2 for women.**

In response to this growing area of interest, Meat and Livestock Australia (MLA) are planning a comprehensive program of research to understand the contribution of diet to healthy ageing requirements. The findings will have implications for a range of stakeholders including policy makers, industry groups, companies, dietitians and consumers.

Findings from this overall research program will form the basis of a *Healthy Ageing Insights Report* that will direct the development of communication materials on nutritional requirement and meal options for 'healthy ageing' and identify innovative growth opportunities for the red meat industry.

This current study is one of the first stages of this research program. It provides a detailed understanding of consumer perceptions of 'healthy ageing' and the role that food generally, and protein specifically, plays in the lives of older Australians.

This research report will guide further avenues of exploration in subsequent phases of research which will examine current dietary guidelines, assess nutritional standards for residential care facilities, and explore perceptions of residential care providers and food service operators servicing the aged care sector.

* Australian Bureau of Statistics. (2011a). *3302.0 - Deaths, Australia, 2011*. Canberra, Australia: ABS

**OECD. (2005). *Ageing and Employment Policies: Australia*. Paris: OECD Publishing.

Purpose of the research

The overall aim of this study was to understand how Australians aged 65 years and over make choices about their diet, meals and exercise and the perceived contribution of this to ageing well.



Specific issues explored in the research were:



Healthy Ageing

- Understand the language and conversation around the concept of 'healthy ageing'
- Examine the perceived contributors to ageing well (physical, mental, financial, social dimensions)
- Explore fears and perceived limitations about ageing
- Understand benefits and aspirations associated with ageing
- Understand trusted information sources about healthy ageing



Diet and Exercise

- Explore awareness and perceptions about the role of food and exercise in the healthy lifestyles of the ageing
- Understand current perceptions about the role food plays in mobility (muscle, bone strength), mental acuity and well-being
- Explore current eating habits, including snacking and meal choice, and the extent to which this has changed in recent years
- Understand perceptions of foods that are 'bad'/'good' for health
- Assess factors influencing food purchasing and meal planning



Role of Protein

- Understand current consumption of various protein sources
- Examine perceptions about different sources of protein and their relative benefits (eg source of zinc) and limitations, with a particular focus on beef and lamb
- Explore awareness of the need for increased protein consumption with age



The Research Design

The target population

The key target segments that were the focus of the research were:



Independent meal choice

Defined as those who shop for their own food and choose their own meals, either living in:

- the broader community, or
- a retirement living community.



Dependent meal choice

Defined as those who have their meals prepared by another person, either living in:

- an inter-generational household with care provided by family members
- the broader community, but receiving assistance from services such as Meals on Wheels
- a residential aged care facility.



Informal carers/meal preparers

Defined as informal carers (partners or family members) who prepare meals for a dependent meal chooser 65 years and over.

Additionally, all participants were:

- Cognitively intact
- Living in Sydney or Melbourne
- From the middle socio-economic strata (as defined by weekly household income)

Across the sample there was a range in terms of:

- Mobility levels
- Overall health
- Income types (from pensioners to self-funded retirees)

The research methodology

A mixed qualitative methodology

- Given the exploratory nature of the research objectives, a qualitative methodology was employed
- Within this there were **three approaches to data collection**, all **conducted in-home** namely:



Mini affinity group discussions with independent meal choosers

Promotes an understanding of the language and natural discussion in relation to healthy ageing and the role of diet within pre-existing social groups with older Australians.



Paired depth interviews with dependent meal choosers and their informal carers

Promotes an understanding of the knowledge levels, perceptions and dynamics between those assisting in meal preparation and dependent older Australians.



Individual depth interviews with dependent meal choosers

Promotes an understanding of the knowledge levels, perceptions and behaviours of those receiving meal support from either Meals on Wheels or food services through an aged care facility.

The research design



	SYDNEY	MELBOURNE
6 x Mini affinity group discussions with independent meal choosers	3	3
Younger ageing ie 65 to 79 years (4)	1 x female, 1 x male	1 x female, 1 x male
Older ageing ie 80 years and older (2)	1 x female	1 x male



8 x Paired depth interviews with dependent meal choosers and their informal carers *	4	4
Living in broader community (4)	1 x female dependent, 1 x male dependent	1 x female dependent, 1 x male dependent
Living in residential aged care (4)	1 x female dependent, 1 x male dependent	1 x female dependent, 1 x male dependent



8 x Individual depth interviews with dependent meal choosers**	4	4
Younger ageing ie 65 to 79 years (6)	1 x female, 2 x male	2 x female, 1 x male
Older ageing, ie 80 years and older (2)	1 x female	1 x male

* Paired Depth interviews: Although specific age ranges were not specified for each paired depths, all participants were be 65 years and older and a mix in terms of the range of ages across all 8 paired depth interviews was achieved

**Individual depth interviews: Most meals provided by a service

About this report – quote attribution

- To assist understanding, quotes have been attributed in accordance with the key design variables
- The quote attribution key uses a combination of colours and descriptors
- The colour of the quote bubble indicates whether the participant was:
 - Turquoise indicates independent meal chooser
 - Blue indicated dependent meal chooser
 - Grey indicates carer of dependent meal chooser (who may themselves be independent meal choosers in the target age range)
- Additional descriptors within the quote bubbles detail other variables including:
 - Age: Younger (65 to 79 years of age) or older (80 years and over)
 - Gender: Male or female
 - Place of residence: Whether living in the broader community or residential care

“Quotations from independent meal chooser”

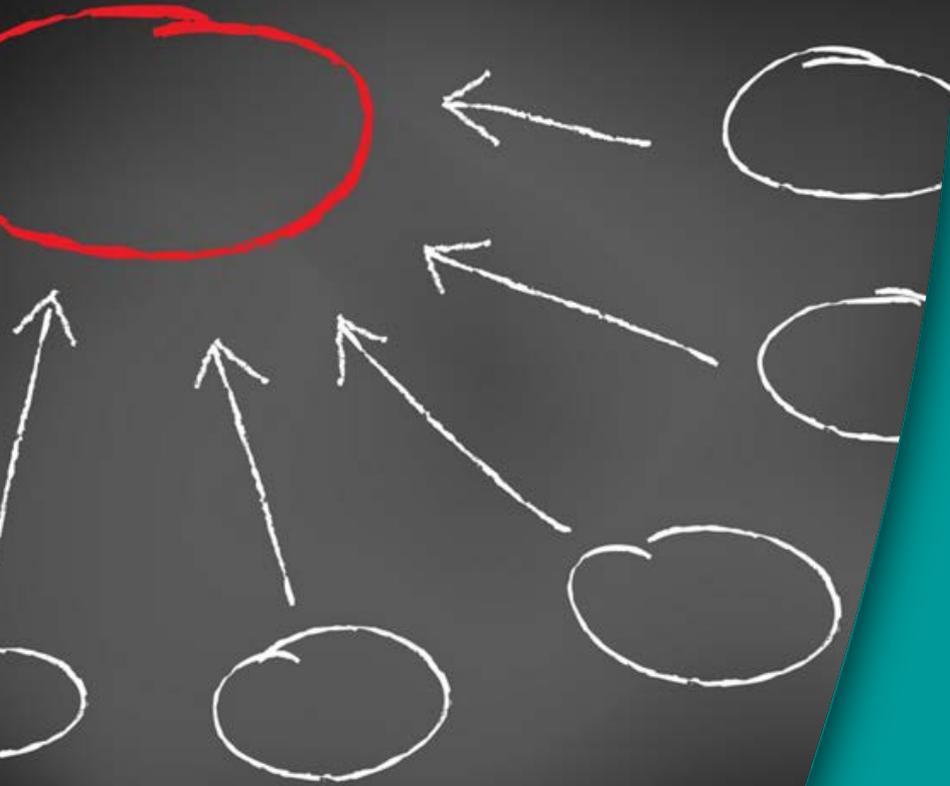
Age/gender

“Quotations from dependent meal chooser”

Gender/Place of residence (for those with carers) OR Age/Gender (for those using external services)

“Quotations from carer of dependent meal chooser”

Relationship to dependent and dependent’s gender and living arrangements



The Findings



1.
We accept that
we're ageing – to
varying degrees

We're not all on the same page when it comes to our attitudes about ageing

Acceptance

- Some participants were very accepting of the ageing process, particularly if they were older and still maintained a degree of independence

"I do a bit of golf to keep me busy, pétanque, a bit of tennis if I can do it. I had an operation three weeks ago but otherwise everything is okay. Just getting old."

Older Male

"I enjoy what I'm doing. So I don't mind, I'm passed 80 years of age and whatever the future brings it's so. I'm willing to face whatever."

Older Male

"I don't think about it to be quite truthful I just get on with it and you have just got to take it whether you like it or not. I don't question it."

Older Female

"Take every day as it comes. It doesn't worry me."

Older Female

"As long as you don't kick it, that's the main thing."

Older Male

We're not all on the same page when it comes to our attitudes about ageing

Gratitude

- Others felt that, regardless of their circumstances, there was always someone worse off than they were

"I just seize the day. I don't think in terms of I mightn't be here tomorrow or next week, I just think every day is important. I'm mindful of the future but I'm certainly not preoccupied with it."

Younger Female

"But growing old, I don't think is any fun. But the alternative could be a lot worse. There are plenty of people worse off than me, I realise that. And I won't let it beat me."

Older female

"You have got to be grateful that this is a good day. You have your odd days where you do starting thinking about things but not for long, I don't, I get up and go."

Older Female

"I think [ageing] is interesting. Well for one thing seeing what your body does."

Younger male

Woman 1: "When you come in here there is so many different ages and that."

Woman 2: "And so many are worse than us and we are the good ones."

Older Female

We're not all on the same page when it comes to our attitudes about ageing

Resignation

- Older participants seemed to resign themselves to the onslaught of ageing
- Older carers also expressed a degree of resignation about their caring roles

"Well we don't have a choice about it, as long as we are alive and keep going, we are getting older."

Older Male

"I have got no choice have I (but to get older)?"

Older male

"I am ok with [being a carer]. It is part of life and the way it goes. I have been caring for him for fifty-one nearly fifty-two years. ... Now it is twenty-four hours, it is limiting on what we can do together and it is limiting on what I can do independently and it is limiting on what Tony can do independently."

Spouse/carers of residential care male

"Well you have got to cope with sicknesses and you have got cope with all your problems as well as you get older. If you can cope with those problems you can get on with your life."

Older male

"Getting older does restrict you a bit and your life changes but then it can't go on forever the way it was when you were younger, can it?"

Older Female

"So I don't like when people say, 'Have you got a Senior's Card' or anything like that. Well just getting older you know. You feel like, 'Oh my goodness, yes!', when they ask that, 'Yes, you are getting older'."

Spouse/carers of community living male

We're not all on the same page when it comes to our attitudes about ageing

Anger/Sadness

- Some participants reported feeling invisible and ignored
- Elements of loneliness were expressed by those living alone
- Grief over a loss of independence existed for some who were currently dependent
- A perceived loss of external beauty was troublesome for some women

"I think God should of thought of a better plan. I think there should be a cut-off point and if you haven't got the energy you are not here. I hate [ageing]."

Older female

"When you get older you get lonely, frustrated and your kids are married and have their own children and they are still your children but you are not part of their lives anymore they have got their own lives, except when they want something."

Female younger

"You are ignored in so many situations. They look after the young ones [but] the old ones, well, unless you come out and you really stand there. When I have been here waiting, 'Can you serve me?'"

Younger Female

"I never thought I would get to be this age, never. ... My husband passed away at seventy and I wanted to go with him. ... I get lonely."

Female in residential care

"I live alone, and it's easy to get in a rut and feel sorry for yourself."

Younger Female

"All the aches and pains. All the disfiguration because you get all wrinkled and you lose your youthful appearance and you even start losing your mind. You start forgetting things, that's not nice."

Younger Female

"When you look in the mirror you don't always like what you see."

Older female

We're not all on the same page when it comes to our attitudes about ageing

Denial

- Some participants professed to ignore the fact they were ageing
- They preferred to 'just get on with it'
- It was a case of 'mind over matter'

"We don't accept that do we? We are not ageing. Your sons and daughters kid you about it but that is pretty good. You don't mind that."

Older Female

"It's the mind that is the main thing. I don't feel old."

Older Male

"I am only twenty-one in [my] mind."

Older Female

"I am as old as I feel and I feel eighteen."

Older Female

But there are some pluses to ageing!

- Identifying the up-side of ageing was challenging for some participants

"There are a few benefits but not many really."

Older female

"I can't think of any benefits that increase with age. I can't think of anything the older you get the more benefit there is from anything. The benefits tend to decrease the older you get."

Younger male

- Some financial upsides were identified, including discounted goods and services

"Well there would be cuts in electricity and water rates. You get a little bit of help there and with the utilities and that."

Spouse/carer of community living male

"There are some benefits you get senior's discount and even the doctor said you have turned eighty now you can have a \$10 less in payment, that was a specialist."

Older female

- However, the majority of benefits centred on spending time and energy as they wished, as the following pages reveal

Our time is more our own now

- Being able to plan one's own agenda was part of the ageing process for younger participants
- Participants relished that they have more freedom and flexibility than ever before beyond the burdens of work and family life to focus on their own needs

Woman 1: "When you are old you can arrange things."

Woman 2: "You can choose can't you."

Woman 3: "You can do whatever you like."

Younger female

Woman 1: "In a way yes [we have more time], but we fill it in quite happily."

Woman 2: "Oh time is just as precious."

Younger female

"We are retired so our time is our own ... We can sort of please ourselves in what we do. I don't know, we can go away whenever we want."

Spouse/carer of community living male

"You don't get restricted too often ... you just knock back the things that aren't that important."

Younger male

We like having time for friends and family

- Enjoying time with immediate family and beloved friends was a big benefit of growing older

"That is where family and friends come in in a big way."

Older female

"Well we go out, maybe, on the weekend with the whole family and [out for coffee] during the week maybe two or three times."

Female in residential care

"I'm happy with the two daughters-in-law and four grandchildren and two son. This one is more get in touch every night. She living very close, the other one live faraway but she keeps in touch. But this one is one of the best for me."

Male in community

"They keep me going, my family my grandchildren, I'm very happy for that yes."

Male in community

Woman 1: "My joy is having friends like this."

Woman 2: "Definitely the joy is having time for your friends."

Woman 3: "Family number one and then friends."

Woman 4: "For me the joy is grandchildren."

Younger female

"We are lucky around this area, we have some very good clubs. Merrylands bowling club is an extremely good club. Guildford leagues club and I go with friends every Saturday morning, I go with friends, we have champagne breakfast at Merrylands bowling club."

Younger female

We take great pleasure in our grandkids

- Some participants discussed the delight they received from their grandchildren
- Keeping fit and healthy to see key milestones in grandchildren's lives was highly motivating for some
- Participants reported that spending time with grandchildren made them feel uplifted, proud and young themselves

"Another positive thing about aging is you have the joy of having grandchildren running around which is lovely."

Younger male

"Grandchildren taking pleasure in the exploits of your grandkids. There is a negative aspect of that too but on the positives you can share their achievements. My genes are part of that."

Younger male

"I think [of] our involvement with our children and grandchildren because it helps us to think younger."

Younger male

"And also I think when you have got grandchildren, I think it's lovely to have the grandchildren come which makes you feel good, but sometimes it's good when they go home too! (Laughter)."

Spouse/carer of community living male

"I hope to live many many years to see my grandchildren married and children and great grandchildren."

Older female

"I have asked The Lord to let me live for three more years ... for my granddaughter. She is uni and I know what she wants to be and I want to see if she makes it. She is the love of my life."

Female in residential care

"Yes I would very much like my daughter here to have much better health and ideally want to see my granddaughter married."

Older female

"And plus it's important because I want to stay around as long as I can ... I want to see my granddaughter turn 21, she is not even born yet."

Younger female

We indulge our personal interests and memberships in clubs

- Pleasurable interests, hobbies, sports and outings could be pursued
- Membership in Rotary and Probus were enjoyable ways to give back to the community and continue to be active and involved

"Now I think all of us are involved in lots of things boredom certainly isn't a problem for any of us and we live pretty full meaningful lives and I think in many ways continue to be involved and make a contribution to our families, society in general."

Younger male

"Graham convinced me the other week to go to the Theatrical Society which was one of the things that I contemplated doing for ages and ages but you just open yourself up to not why can't I go but why can I go and making a decision to go."

Younger male

"I have always sung. I've always been in choirs ... All these paintings are mine and I've always painted ... They uplift you. They are positive things. I think when you are standing in a choir and a choir is a very friendly place."

Younger male

"To be able to participate in things [is important]. Tony still belongs to Rotary and goes each week to meetings. I take him across to the meetings [and have dinner with some of the other wives]. A lot of their things we can't participate in because he cannot stand up for any length of time but it is still an occasion where he is contact with other people."

Spouse/carer of residential care male

"Tonight we are planning to catch a train to Milson's Point and walk across the Harbour Bridge and look at Vivid which we have not seen before, walk around the Opera House and wherever else, hop on the train and walk home again."

Younger male

*Man 1: "[You are] doing languages and so on."
Man 2: "I am heavily involved with U3A."*

Younger male

It's nice to be able to contribute rather than compete

- Beyond working life, skills could still be contributed to social causes
- The social pressure to compete and worry about 'the Joneses' and what others thought fell away with age
- There was little need to 'sweat the small stuff' and deal with stressful deadlines

"Well I think you are a bit more relaxed, you know you realise that something is not important that you thought was very important once. It doesn't matter if it doesn't get done today."

Younger Female

"It's almost like a burden is lifted off your shoulders in a way ... we've been competitive all of our lives ... and finally you get some respite from it."

Younger male

"You don't worry nearly as much as when you were younger, that's for sure."

Younger female

"I think for a lot people if they can make a positive contribution to society that is a big plus. They think they can do something that really helps other people. It improves their self-esteem too doesn't it."

Younger male

"You don't have anything to prove."

Younger female

"I was asked if I would become a volunteer. In the village I do the library on Friday afternoon's it is open every afternoon and Friday is my day. I look after the cat, I let her out at five o'clock every morning and put her to bed at five o'clock at night."

Younger female



2.
Health is the key
to keeping our
treasured
independence

We're about maximising lifestyle and minimising burden

- Participants' main goal was to continue to do what they have always done for as long as possible
- Key drivers were maintaining independence and mobility

"That sort of thing worries me, that's my biggest worry now because I have got to a stage where I have always been pretty independent, although I have had arthritis for years but everything has just got a lot worse and I have lost that independence a bit and that's my worry."

Younger female

"Not really sure, I am quite comfortable the way I am, I like my own company, I love it at night when I drop the blinds and I am in the my little palace. My hopes for the future that I can keep going the way I am."

Younger female

"As long as you are healthy we keep doing what we want to do."

Older male

"I don't like relying on people and that is what I am worried about, I like my independence."

Younger female

Woman 1: "[We hope for] Just a general sense of contented wellbeing".

Woman 2: "Enjoy [life] as much as possible.

Woman 1: "Independence."

Woman 3: "Mobility."

Younger females

Keeping your driver's license is a cornerstone of independence

- Staying healthy enough to maintain a driver's license was seen as an important part of the ultimate lifestyle
- It meant the burden of asking for transportation assistance from community, family and friends could be avoided

"The first thing I did was sell my car. That was my first foray into old age."

Older female

"Well while I can drive the car we are alright. I can still drive the car. At first it was really hard because I hadn't driven for 11 years but fortunately, Mick kept saying to me, 'Keep your licence, keep your licence'. And I did and then just when the specialist said Mick couldn't drive anymore, we just drove around the back streets here for a little couple of days and I was alright."

Spouse /carer of community living male

"All the bus services inside here [are great but] we have got to maintain a car as long as we can because it gives us independence. I think it is very important as there is no chance I will be getting my licence back."

Male in residential care

"So the car's very handy, so you have to depend on other people if you want to go somewhere a bit further than that really which are really good, I have got some good friends ... but I don't like to ask them, you get there some other way if you can."

Younger female

We're frustrated that while the mind might be willing, the body isn't always able

- A loss of function in activities of daily life as a result of ageing, was a common concern, particularly for younger participants
- A lack of flexibility and mobility meant things previously taken for granted were challenging
- Energy levels were not what they once were

"The only downside I can think of you just don't have the energy to do the things you want to do ... I would like to be able to do a lot more in the garden."

Older female

"I have macular degeneration ... it's very frustrating because you can't do a lot of things that you are used to doing. Like for example driving a car, I mean that is completely out but then you can't read the paper, you can't see fine detail, you can't see people's faces."

Older female

"I don't like it, it is a shock to sometimes go to do something that you used to be able to do and all of a sudden you can't do it."

Younger female

"I resent the fact that I can't do what I did."

Younger female

"Sitting here, I feel marvellous, but then when I stand up, the knees want to collapse and the hip hurts, it's not a pain but it's uncomfortable. I use a walker outside and if I go in the car just to visit somebody or something, I just take the walking stick ... I am used to doing things and being with people and that's one of the things I can't come to terms with."

Younger female

"I get very frustrated at the fact that I can't do what I used to do. My body just won't do it. My mind wants me to do it but my body won't allow me to do it. So I guess I sometimes suffer from the point of frustration in that regard, but it's just a matter of learning to grow old gracefully I guess."

Younger male

"I can't put my hands flat on the floor anymore. This is a physical thing. I can't bend so well. I'm not one ... I grieve every now and then, but I don't actually get disheartened."

Younger male

We hope that surgeries and treatments will keep us going stronger for longer



- Some participants spoke of their recent or impending surgeries to address knee, hip and heart problems
- They were grateful that such medical interventions gave them hope of maintaining their independence and mobility for longer

"I mean you know it's sort of a little bit hard because I've got sore knees now which have really got worse over the last year so now I'm going to get them done, which I think that will be a lot better then. And I can still do things, a few things, but I'm a bit slow too."

Spouse/carer of community living male

"They say for example that all men will end up with prostate cancer if they live long enough and should you encounter this problem what should you do about it and we all know people who have had prostate operations with varying degrees of success. So if you are diagnosed with a particular problem do you take the drastic radical path which presumably involves things like surgery and chemotherapy or do you say 'well I have lived a pretty good life and I have done a lot of things and I am having enough with where I am at'."

Younger male

"[My knee replacement surgery on Thursday] doesn't worry me I don't let those sorts of things worry me, it has got to be done and I will be better after it and I will be able to dance better and run around better."

Older female

"Well I had my by-pass before I even turned 50 so that is generic there, but it didn't bother me. It didn't bother me a minute. I went, "Oh well I've had a good life, if I have to go now, so be it". I felt that way and said, well get on with it. Fix me and then I'll move along and I did."

Younger female

We worry our growing forgetfulness is the precursor to dementia



- Forgetfulness was a common concern
- While some saw this as merely frustrating, others saw it as an unwanted reminder of the growing spectre of dementia

Man 1: "I guess there is also concern with the mental side of dementia and Alzheimer's and stuff like that which you can actually see around and it seems to be becoming more prevalent."

Man 2: "That is because it is. In our age it is one in ten."

Younger males

Sometimes they don't think you can remember quick enough and you have got to stop and think."

Older female

"The only thing is I am scared stiff of all the people in here that has got dementia that I am going to get it."

Female in residential care

"I don't want to end up in nursing care like they are. I don't know why but we have got a dementia unit over there and it is amazing, it is a wicked illness, absolutely wicked. I have got a lot of friends in dementia they remember me but they are out with the fairies. The only good thing about it is that they become children and they don't realise what is going on."

Younger female

We want to stay in our own homes for as long as possible

- A key goal for those in the community was to remain in their own homes, ideally, until they died
- Some participants were concerned about the cost of buying into retirement communities
- For those males who were still living with their spouses, there was an expectation that their wives would outlive them.
- Consequently this was a motivation for establishing their wives in a comfortable environment before it became challenging

“My husband spent the best years of his life in the army and when then he spent the next best four years getting this house built building it himself so I decided I am never leaving here.”

Older female

“One of the things that concerns people well I think just about everybody is what is going to happen when you can’t stay in your home and live where and how you have been living and what are your options there and what are the financial implications and obligations and pitfalls that you will most inevitably encounter.”

Younger male

“And sometimes you may not be thinking for yourself but your partner and if she or he is left and needing a fair amount of care and you die first is she going to be comfortable in the surroundings that she is left in.”

Younger male

“That brings up the business of the partner because if one of the partner’s has deteriorated and needs to go into care what is the role of the partner who is not?”

Younger male

“Like one of our friends was here yesterday and her sister lives at Nelson Bay and her sister wants her to go up and live there, but she said, ‘No, why should I?’ She said, ‘I’ve got lots of friends here’ and she said also you have to find a new doctor and all these kind of things, so it’s sort of best to stay. I think if you are a little bit settled before, you get older and please God you can stay in your own house as long as possible, that, that makes it easier.”

Spouse/carer of community living male

Self-care in a retirement living takes some getting used to

- Those living in self-care accommodation in retirement villages reported initially being apprehensive about leaving their own homes
- While the communities offered many benefits, this was not seen as the optimal outcome
- This was clearly demonstrated by the fact that when participants spoke about 'home' they were not referring to residential living but their previous place of residence in the broader community
- Seeing others in higher-dependency parts of their communities served as reminders literally on their doorsteps of possible immobility and dependency to come

"Friday nights we all go down to the games room where we take nibblies along. ... Within the village they have concerts, they have happy hour once a month, they have a monthly dinner at night and we participate in as many of those activities that are here. There is something on. They let us know and it costs us pretty minimal and it is great."

Older female

"I was a bit concerned when I first came in [to the retirement village] how I would like to be in here but I found out it is your age group and you are all in the same position and you soon learn that if you are ageing and if you have to be in that you just have to take it as it comes."

Younger female

"I have a friend in a nursing home these last eighteen months and she was a very active person, a marvellous surfswimmer and she can't walk from here to that door without a walker."

Older female

"I have seen people here when I first came into the village, you know that have been sort of up and active and I have seen they deteriorate and they are now in the hostel."

Younger female

"While you are in here [retirement village] you see so many people that aren't well enough to get around like we do, you feel sorry for them but it is life and it happens."

Younger female

We all want to avoid the nightmare of a nursing home

- The idea of being in a high-dependency aged care situation raised the anxiety of many participants
- The magnitude of this fear was illustrated by some praying for an early death so they would avoid this situation

"As you age the things you are looking at become more complex. You are looking at going into nursing homes, government subsidies and all sorts of thing it is a minefield. Anyone facing that these latest aged care arrangements that I am trying to understand seem pretty horrendous."

Younger male

"When you go up to level three and four in the nursing home once they go over there they give up totally and within weeks even they are in a cot bed and I can visualise myself doing that because they realise where they are and it is the end of the road, they are in the departure lounge."

Younger female

"[In the nursing home section] There are some [people with dementia] that don't speak at all and others that just stare into space and others that speak when you are passing them."

Female in residential care

"Health, that is a big thing, I am seventy now and I have been on a walker for five years, I have got very bad osteoporosis, I have broken every toe on both feet, I have got emphysema, I am a diabetic, I am worried that I would have a stroke and be a vegetable, I would rather have a heart attack and go because I have seen what can happen to people over in nursing care, I would hate to go over there."

Younger female

But when you do become dependent, you might as well accept it



- Participants who were already dependent on others spoke of the need to surrender to the situation as much as possible, rather than continuing to grieve the things they could no longer do for themselves

"I manage alright, I can still get around and do things but then my shoulders have gone now and so that makes it, I can't put clothes on the line, this is all the worry I have, you know losing your independence. I am dependent a lot on other people now."

Younger Female

"There are all sorts of things when you get older that affect people. But then you have to try and keep a bit up beat about it all too, you know."

Older Female

"You don't know when you're going. At this point, I'm not aiming to be 100. I'll just take what I can get."

Older Female

"Things become easy when you accept the fact you might have to go into care or get someone to help you with the chores."

Older Female

Our aches and pains can become the centre of our social lives

- Discussions about illness, diseases and their treatment were becoming a part of everyday conversations for those with health conditions
- For some dependent participants, trips to medical professionals represented most of their outings whilst in-home visits from nursing, cleaning and gardening staff were important events in the social calendar

"I take mum for her hair cuts every six weeks, the GP probably about once a month, the dentist once every two years .. The eye specialist about once a year and the skin specialist ...twice a year usually. Then when she had her hearing aids recently that was three visits ... mum has her own cleaners ... mum has a gardener."

Daughter/carer of community living older female

"Then just the fact that you have a non-social life, really, between the doctors, I mean everyone reckons now their social life is now going to a doctor or something and that can happen sometimes when you have a few appointments."

Younger Female

"Don't you find when you meet your friends now you talk about your medications, 'What are you on now? My doctor has just put me on this'."

Younger Female

Our fingers are crossed we can afford our lifestyle and medications

- Financial considerations about transitions into different levels of accommodation were discussed by younger participants
- Concern about meeting growing medical and medication bills was a worry for some participants

"Yes it is but fortunately now there are financial advisors who have been trained in that [retirement transition] area ... so you do have a source to go to that is at least investigate alternatives for people and work out which is the best course of action to take depending on your finances."

Younger male

"One of the disadvantages of growing older when your health is not so good is that the cost of keeping yourself healthy is quite substantial."

Younger male

"Well hopefully health will be okay and hopefully we will have some money and just be able to look after ourselves."

Spouse/carer of community living male

We worry about our kids and don't want to be a burden

- Part of living independently was not wanting to place a burden on children
- Younger participants spoke of their desire to downsize and plan their own funerals as ways of minimising the perceived burden

"Yesterday my husband and I made an appointment at Lora Nora, we are going to go back next week and we are going to buy a plot and arrange for all that before ... So we wont be a burden. We will leave as few issues for them because there is issues that we aren't even aware of that they will have to cope with. So if we can rub a few out beforehand."

Younger female

"Yeah, to be independent and the people don't have to worry about you, your children don't have to worry about you."

Younger male

"If [our children] are at a crucial stage of their career or something and important things are happening, you think, I don't want to overload their brain with my stuff ... I just want to give them peace of mind to get on and do what they need to because they can't change anything. I'll just deal with it myself."

Younger female

"I guess the other question is do we sometimes leave it too late to make the decision [to downsize or enter care] and put the responsibility back on our children rather than make it ourselves at an earlier time?"

Younger male

"And the other thing too is because of being in a wheelchair it has made me extremely conscious of the fact that I don't want to be a burden to my daughter."

Female in community

"I just want to avoid going there, I just want to avoid even worrying them about unnecessary things. We just realise that they have got their own concerns or own children and family and things to worry about and expenses and whatever, so we try to avoid having to bother them."

Younger female

And we worry about asking our friends for help too

- Dependent participants, particularly women, were reluctant to ask for too much assistance from friends and neighbours
- They were prepared to forgo activities rather asking for help which they viewed as creating extra work for others

"I can't do a lot of things now, my hands are bad ... But I can't get the tops off things most of the time, I have got gadgets and I do manage most of the time, I would say. But usually I have to get my neighbour next door to get tops off things ... I can't manage a suitcase, like there has been a lot of holidays with Probus and between my feet, the arthritis and that, I just haven't been able to go on them."

Younger female

"I know people are willing to help and they are very good. But when it comes to the crunch, they have got their own things to worry about and even their own families, you know they have got sickness and grown up children with marriage problems and grandchildren involved, all that sort of thing. They are not well themselves."

Younger female

"I gave up going to the club for lunch about Christmas time. I was having an angina attacks too regularly to be putting other people to the trouble of dragging me home or dragging me to the hospital."

Older female

"I don't think anyone without family or caring family could stay out of a nursing home in their 80's."

Older female

"I can't handle a knife and fork, I have special knives and forks, so when I go out somewhere, my friends have to cut my food up for me ... it's stressing I suppose in a way, but I just think well I can't do anything about it, so I just have to put up with it."

Older female



3.
We're doing a
range of things
when it comes to
'healthy ageing'

'Healthy ageing' isn't really a term we use ourselves

- Some participants claimed to be largely unfamiliar with the term 'healthy ageing'
- Others recalled hearing it in the media or being used by health professionals, but it was considered more a 'marketing' thing than their natural language

"We don't talk about things [like healthy ageing] we talk about going out and having a good time."

Older female

"I don't really know what they mean by healthy ageing."

Older female

"I mean healthy aging as a term could be interpreted to mean anything."

Older male

"Oh I think [the term healthy ageing] is thrown at us through all kinds of media, television, radios, newspapers, magazines. It's almost, to me, like as if we have a right to age healthily in this day and age because of the miracles of modern medicine and so forth and the way we are encouraged to keep fit and stay healthy to exercise and not to get overweight."

Younger male

"Well I think I've heard [the term healthy ageing] from the chemist. Like I make a joke with them saying, 'Yes, we are always here' and these kind of things and she just says, 'Oh yes, well you keep up whatever you are having and that helps you. If you need to take medication when you need to take it'."

Spouse/carer of community living male

"Oh they want you to eat the right foods and do exercises and things. Yeah I think I might have heard something like that."

Younger female

"On the radio. 2GB. Allan Jones often talks about things like that. He always urges you, if you have got any problems to go and get a check-up."

Spouse/carer of community living male

We talk about keeping healthy, active and involved

- Participants' language around 'healthy ageing' was more to do with 'staying involved' and 'being active'

"If you don't keep active and you sit here, you just wait for Old Nick to come and get you I think. You do go down hill if you don't keep active and interested in things. I fiddle around with the internet; I get into a fair bit of bother there, strictly amateur."

Older female

"No, well I keep myself active as well. I walk two or three times a week, I gym twice a week, I'm on the computer, I play bridge, I look after the grandchildren. Spend a lot of time with the grandchildren. So mentally and physically we keep ourselves very, very active."

Older male

"Well people talk about things like that and you need to do those things to try and keep healthy and active. My other daughter, she is not in aged care, but she is always saying, 'Try and do this' or 'Try and get dad to do this' and all this kind of thing. We have to try and get involved with things. It's best not to just sort of sit at home and do nothing."

Spouse/carer of community living male

"Avoid people with negativity ...Because those people cannot do anything, like they wouldn't want to do any things that we want to do, being active and staying healthy. They just like to grumble and they just like to drag you down so I avoid those."

Younger woman

"I want to be as active as I can considering the circumstances for as long as I can."

Female in community

Our concept of healthy ageing is multi-dimensional

- However, when they ‘had a stab’ at what it might mean, it encompassed a range of aspects of life

“Oh, financial health is nice if you have a lot of money, you can do an awful lot of things. Mental health, yes some people get very depressed when they get older because they can’t do things.”

Older female

[Healthy ageing means] means that I have to eat a balanced meal and I have to be happy in my environment and reasonably good walking and also to exercise my mind and keep up with my hobbies, painting and patchwork.”

Female in residential care

“I think you have to have a good outlook on life, you have to be happy, look after your diet, exercise, socialise and like my father said, you have to be able to laugh at yourself. What is the saying laugh and the world laughs with you, cry and you cry alone.”

Older female

“A balanced life of good food, healthy eating and exercise in moderation, whatever your body can cope with.”

Younger female

“Diet, exercise, social interaction.”

Younger male

Woman 1: “Well I think (healthy ageing) is being able to get out with your friends or your family, I think being able to do that.”

Woman 2: “I think it’s self worth as well don’t you.”

Woman 3: “Exactly. And you have got something to look forward to.”

Younger females

“I think [healthy ageing] means if you can stay out of a nursing home.”

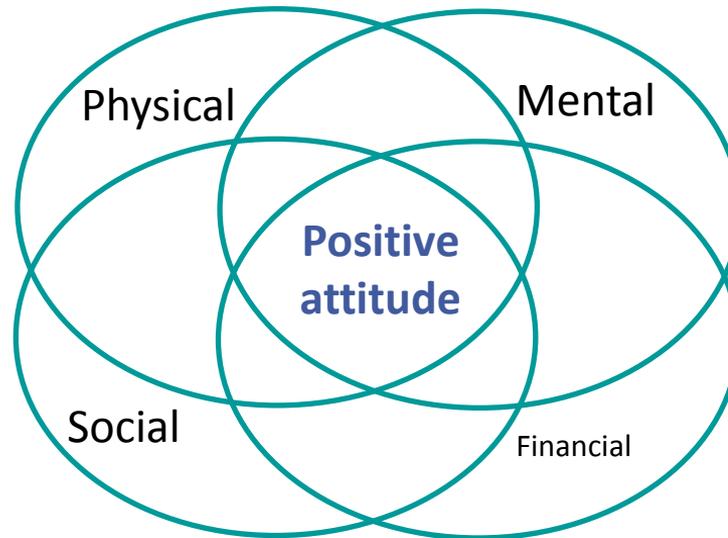
Older female

“I think your mental health too is important to your physical health too.”

Younger female

We have a holistic approach to healthy ageing

- Key elements included physical health, mental health, keeping socially active, and to a lesser extent having financial resources
- Rather than being seen in isolation, there was a perceived overlap between many of these elements
- Regardless of one's circumstances, retaining a positive attitude was considered influential to all aspects of healthy ageing
- Each of these elements will be discussed in detail in this section, with the exception of food and diet which will be covered in the next chapter



We all sing the praises of walking

- Participants spoke about the benefits of walking and tried to include this in their routines as much as possible

"They say a healthy body is a healthy mind as well. So I think you need to exercise for health reasons and particularly as you get older, otherwise everything seizes up. If I sit too long I am in trouble. I have to walk every day, otherwise everything aches when you go to bed."

Older female

"I think walking has to be one of our best exercises."

Younger male

"Walking is actually the best exercise you can do and then if there is anything wrong with your legs."

Older female

"Well it's easy to do and it's free. You can just walk anywhere you don't have to pay to go to a gym and things like that."

Spouse/carer of community living male

"I have to go out every single day. I feel I have to, it's a need. Because I love my house but I just need to get out of it ... So if I can get out and just feel the wind in my face and the sun, I find it clears my head. I can do a lot of thinking when I'm just walking."

Younger female

"The doctor always says to me walk. God blimey I walk a lot and my legs are going down now but they come out like this some days with the water."

Female in residential care

"Well walking sort of gets all the muscles going and the blood flowing. You know the blood circulating. I found it's always been good for me, that's why I think it's quite good."

Older female

"I am not an exercise person but I try and walk periodically, the garden. And I have now joined a class called better balance class which is to strengthen the body and the legs in particular to prevent falls."

Spouse/carer of community living male

"When I retired I said ok I either get up in the morning at some ridiculous hour and walk around the block looking stupid or where possible park the car and walk."

Younger male

As we get older we need to slow down a bit to avoid a fall

- Older and more frail participants tried to maintain walking, although they were also wary of the need to step carefully to avoid injuries from falls

"You took everything for granted and natural and normal and now I have to think about things before I do anything. If I am going out anymore, I have to get up a bit earlier, I am slow, I can't do anything quickly, you know really, I mean I do them, but once I use to be able to go in and do something quickly and get on with it, but you can't now."

Younger female

"I am not an exercise person but I try and walk periodically, the garden. And I have now joined a class called better balance class which is to strengthen the body and the legs in particular to prevent falls."

Spouse/carer of community living male dependent

"I have knocked myself and I could trip easily but since I did my first knee that really slowed me down, I have slowed myself down, it didn't slow me I slowed me."

Older female

"Not take chances just take it easy when you are walking. A few things like that."

Older female

"That is what I have done is really slow down so I won't trip, I have got no mats because I am terrified I am going to trip."

Older female

Regular exercise is something we consciously strive for

- Younger participants were consciously including regular exercise in their lives
- Many group activities offered the additional benefit of a social component

"I go to the gym every morning Monday to Friday. Different machines. I have a programme [aimed at enhancing] mobility. It's supervised."

Younger female

"My svelte figure obviously indicates that I go to the gym three times a week and keep this trim figure. That is a conscious decision to go there, you could say oh well you could walk around the block for a morning for an hour but I wouldn't but if I paid to go to the gym I will go there because I have paid and I have got get my value."

Younger male

"Things like your tennis and you are entering your competitions whether it is bowls or whatever it is you do and being part of a group like a Probus group that has two bushwalks a month."

Younger male

"I go to the gym. I've got my own weights actually and do those too sometimes when I feel like it. Oh I've always swum ... I walk quite a bit."

Younger male

"I play golf three mornings a week and I walk the course but it will get to a stage that I will have to ride in a cart."

Younger male

"Tai chi every morning. My husband teaches and I assist."

Younger female

"I go to gym for seniors and I joke and we laugh and we exercise, it's wonderful. And you see people with bigger problems than you think you have."

Older male

"On Monday's I exercise with the osteoporosis support group, that is the weights and bands, strengthening, balance, aerobics, stepping around."

Younger male

Our motto is 'move it or lose it'

- Some older participants also enjoyed more gentle exercise such as tai chi or water aerobics and exercises
- For those with mobility issues or who were more frail, modest stretching and lifting fit the bill

"I do [exercises] on the side of the bed every morning. I must admit I do feel better for it. I try very hard not to miss out on doing my exercises every morning ... I can move quicker, not running. I must admit I stopped hurrying in case I trip over."

Older female

Woman 1: "I started water aerobics ..."

Woman 2: "We even play netball in the pool."

Older females

"I have got my problems with Parkinson's and I go twice a week to maintain a constant body awareness and also starting off a course in the water."

Male in residential care

"I do my leg and arm exercises before I go out of the bedroom ... now I exercise every morning my feet and my arms. Stretching type thing ... I think it makes it easier for me to walk."

Older female

"Even when I said to him last Wednesday, 'do you think if I had some physiotherapy, would that help at all?', but because of my shoulders, the tendons are gone, he said 'not really you know, unless you got someone that was very gentle with you' ... He said perhaps like tai chi, a gentle thing like that."

Younger female

"Keep exercising, walk as much as possible. 'If you don't use them you lose them' that was one of the sayings."

Younger female

"[My doctor] said just lie on the bed and raise your foot up and hold it for ten and do that a few times, stretch it out and that should help it too. There are other things like this Alma who does the exercise, I probably do few swats, do that and sometimes she has me against the wall up there and it's like doing the push ups on the floor against the wall, you know you go backwards and forwards."

Younger female

Just getting out of the house in some fresh air is good

- The temptation to sit at home was a strong one for some participants, who recognised the need to fight this and be active in any way, even if this simply meant going outside into the garden

Woman 1: "You just have to [stay active] otherwise we would end up in a wheelchair."
 Woman 2: "Yeah, you have to push yourself a little bit sometimes."

Younger females

Woman 1: "You are not sitting at home and feeling sorry."
 Woman 2: "We are always going out and doing something."

Older females

"I think if they can get around do walking and don't dwell on what they have got and get out, there are a lot of things on here at the village every day and a lot of the women do go ... they have bingo one day and they have cards, as I said every day there is something on if people want to go to them and I will get out of the house."

Younger female

"Well I don't know any of us sitting here that would want to sit and look at four walls all day."

Younger female

Woman 1: "There is 300 people here and they get the most they have had was forty-five the other week on the happy hour."

Woman 2: "A lot of the people in this place don't mix ... They stop in their units we don't want to do that."

Woman 3: "You have got to stop in it at night time so that is enough."

Older females

"Physically I'm out in the garden digging and lifting and I like the fresh air, I like the openness of it."

Older male

"I think if you are out in the fresh air you feel better, doing a bit of gardening and all those kind of things and feel much better."

Spouse/carer of community living male

"And once again I think the fresh air, I like to get out in the fresh air. I like to sit out in the sun."

Spouse/carer of community living male

It's important to keep up with check-ups and medication

- Regular check-ups with doctors were beneficial in the management of existing conditions and the early detection of emerging ones
- Actively taking medication was also seen as an important part of managing physical health

"I have a new GP at the end of the street. But he said from age 70 I should have a check-up every year. So I do."

Younger male

"I have a pacemaker but I spend the time running between specialists, I am under four specialists. So I guess that's part of healthy ageing."

Older female

"I do everything I am told to do and I take my medications religiously and I try not to over exert myself. I do take a protein drink that the dietician at the hospital recommended."

Older female

"Regular medical checks maybe when we were younger we never went near the doctors but maybe now is the time we should be going quarterly and just get a routine check if you have got nothing wrong with you and all that is doing is confirming that you have got nothing wrong with you."

Younger Male

"I haven't heard the concept [healthy ageing] and I don't quite know what it means but I got a long list of complaints and a long list of health problems and a long list of medications. But having said that I consider I am very healthy, you know it's all kept under control."

Older female

"I just look after myself, I am very cautious in what I do, I take my medication, sometimes I think I rattle."

Younger female

"I've had leukaemia but I haven't got it now and all that. But I'm hoping that stays away and I do have my regular check-ups and all those kinds of things. Which we do. For Mick we have our check-ups and things like this to go to the doctors when you need to or just to keep in contact with the doctor."

Spouse/carer of community living male

Challenging the brain helps us keep our marbles

- Given concern about forgetfulness and dementia, there was a strong degree of interest in keeping the mind active
- Reading and doing crosswords, sudoku, jigsaw puzzles, learning languages, playing bingo, craft attending book clubs were all activities seen as helping bolster one's cognitive capacity

"I really think the main thing is keeping mentally alert or trying to. You are so dependent on other people for strength I think it is vital that you try and keep your mind your own."

Older female

"I think keeping yourself interested in things, like I know people say to me, 'I don't know how you can be bothered making patchwork rugs' and all that, and I think it keeps your mind active other than doing crosswords."

Sister/carer of community living female dependent

"I like to watch the [TV] quiz shows ... I am not very good at it. I watch it every night."

Older female

"We just go [to a weekly book club hosted by the local library] and talk. Anyone who wants to go can go. Because we just like getting on. And we talk about bookie type things. ... And current affairs too comes into it. We do a bit of current affairs too don't we. ... It's pretty varied but the hour goes quickly and then we go to lunch next door."

Younger female

"Which comes back to your brain power and your capacity to mentally do things and all. Physically we have got all devices around us and we might lose the use of our cars but we have still got a phone to ring the taxi, we can have walkers, we can do anything like that but I think the mind has to be in my estimation has to be the most crucial."

Younger male

"I am a very big reader I read a lot – books, newspapers. The only time the television goes on is of a night time."

Female in residential care

"What I'm not worried about I think is I feel I will not go ga-ga. I will not lose my brain or sense. I do jig-saw puzzles, I do crosswords."

Younger male

"Keep your mind active, do crosswords, read, don't watch a lot of garbage on TV."

Younger female

"I play bingo and I call bingo here [at the retirement village] at times."

Younger female

It's good to plan ahead but keeping life simple also helps

- Keeping a diary or a calendar was a useful planning tool mentioned by younger participants to help organise their time
- However, older participants took more of a 'day at a time' approach to managing their lives

"I have been going to symphony concerts for twenty years and I look forward to them as there is only four a year of this series that I go to. I would miss them if we had to cancel out for one reason or another. What we do is put the dates down for the year and work around them so we don't miss out on any of them or we give the tickets to somebody else."

Younger male

Man 1: "I think planning would be the main thing. My partner has a spreadsheet if the phone rings it is as the spreadsheet so if somebody rings up and wants something done they can say sorry we have got something else booked."

Man 2: "We do that too. Print out a calendar for three months ahead."

Younger males

"I truthfully think we just have to take it a day at a time you can't think too far ahead can you because you haven't got too far ahead."

Older female

"You don't think so quickly when you get older do you and you have to stop and really think about things."

Older female

If we're coping financially there's one less thing to stress about

- Interestingly financial issues were rarely raised spontaneously by participants
- When probed specifically it was seen as less important than physical, mental and social aspects of health
- However, some recognised that struggling to meet expenses could be very taxing and therefore could diminish overall health

"I am sort of fairly well off, well not well off but I don't have any worries about finance at this stage because I am a pensioner but I seem to have enough money to live on."

Younger female

"I think we are all in a very fortunate position where we haven't got to worry about money too much. We don't cost too much. We have our odd days when we go on the splurge."

Younger female

"The value of the dollar like everybody else it is going to affect us along the way... We are self-funded retirees. We don't receive any pension or anything at this stage. [But] I think health is the main consideration. The body ain't what it used to be."

Spouse/carer of community living male

"So he's on a pension ... and he's worried about the new budget so he pretty much has enough to kind of pay his bills and even then put on heating stuff like that. But normally he'll go without certain stuff like that because he's just conscious about making ends meet."

Daughter/carer of community living male

Our friendships keep us going

- Being socially active was seen as having a large contribution to overall health and wellbeing
- Sharing stories and having a laugh could be the best medicine for whatever ailed you
- Some widowers expressed their sadness at not being invited to as many social functions with their couples friends

“One thing is to keep an interest in life and not to suddenly lose touch with the people you used to know. Some you might like to lose, but in the main it’s important not to change too much.”

Older female

“We have a social life outside the village and we mainly do things with our family and going and visiting them and doing activities and things with them. Then we have friends within the village and there are a number of activities within this which we participate in.”

Older female

“I go to the club. ... I like the poker machines. Yes but I have made some nice friends, one in particular she is a lot younger than me she is only in her early seventies and we get on famously.”

Older female

“I go to my church I drive down to Epping I have belonged to their over fifty years.”

Older female

“Well to be involved socially. To make sure you keep in contact with people and friends and neighbours and all those kind of things.”

Spouse/carer of community living male

“Good friendship well with friends obviously, good relationship with whoever you are involved in.”

Male in community

“[The aged care staff] make sure you know about the things you can do. We have a lady who can take us to morning tea, and that’s a very pleasant diversion. We put on our best clothes and spruce up a bit.”

Older female

“And try to keep up with your friends, but and this is a very important but, unfortunately I have discovered that couples go with couples. Couples don’t seem to fit in with singles. And I had several, when we were married, several sets of friends, really good friends ... I’ve only seen them twice since Shirley died and that was when I called on them.”

Older female

Food fuels many of our social gatherings

- While the nutritional impact of food will be discussed in the next chapter, there is a strong overlap between the role of food in staying socially active
- Whether it be happy hour, coffee morning teas, or lunch at the local pub or club, food played a strong role in bringing this age group together with friends

Woman 1: "And social life, those of your own age but always get together and talk about different things, try a new recipe and that."

Woman 2: "Good wine, good food."

Woman 3: "Yes, good company."

Younger females

Woman 1: "We can get in a bus and go up to Hornsby or drive and I go up to the Central Coast."

Woman 2: "And we all go with you. And we all go to the club to have lunch."

Older females

"Happy hour. You take alcohol for your wine or soft drink whatever you want and it is from 6-8pm and mix with the people."

Older female

"When we go there today, well 10 o'clock it usually starts, we have morning tea and we get waited on, a couple of volunteers in the village serve some cakes and savouries and things. then after that we have about half an hour of trivia or something like that and then at 11:30."

Younger female

"Our lunch group is so good because they are all positive."

Younger female

"Well I was going to lunch with my friends on a Thursday, but I haven't been for the last few weeks [since partner had operation] and so we sort of enjoyed that and looked forward to that."

Spouse/carer of community living male

"I go to the luncheons and I mean you are getting out and you are meeting people. The councils provide quite a lot of things for older people really, that's if older people want to partake of it."

Older female

"It's one thing we have on a Monday night. It's one of the activities we have on a Monday night, we have fun, we have a meal together, we sit and joke together, we have a discussion together and we express our opinions and we all have different opinions."

Older male

Ultimately, your attitude is everything

- Seeing the glass as half full and avoiding negative people and situations played a strong role in mental and physical health
- In the face of approaching decrepitude, keeping your sense of humour about it all was paramount

"Part of healthy ageing is being optimistic and not taking it too seriously."

Younger female

"Most of us, I know us here, don't dwell on our husbands being gone we just think of the good times and we talk about them and laugh about them and that helps a lot."

Older female

"You laugh and joke and it keeps you young."

Older female

"I don't ignore unhappy, nasty things, but with my attitude to life I think that perhaps I'm a bit selfish in that I don't like nasty things."

Younger male

"I think the positive outlook on life is important and it is very easy to whinge and moan and complain and depress yourself and depress other people and avoid the negatives."

Younger male

"Keep up your sense of humour is very important."

Younger male

"As a friend of mine says give me half an hour, when she is telling you something, she makes you laugh. I have a lot of laughs with friends, really I do because I think I have a fairly good sense of humour."

Younger female

"Something is only wrong if you start looking for problems and I preferably don't look for problems, very simple."

Older male



4.
We rely on
ourselves and
take a common
sense approach

There's a bit in the media about how to age well

- Participants mentioned a range of sources or information and influence in relation to ways to maintain their health
- Younger participants reported being influenced by television shows such as 'The Doctors', 'The Biggest Loser' or 'Doctor Oz', magazines and radio as common places where they heard relevant information.
- They might then investigate further themselves through the internet

"We read the newspaper each day, we have the news on at night. So we do pick up on those things."

Spouse/carer of residential care male

"I'm always trawling through recipe books and magazines to get good healthy food recipes."

Spouse/carer of residential care male

Dependent: "I read all the pamphlets that I get here and I watch TV, Dr. Oz."

Carer: "I've been showing her things on the iPad, because she doesn't know how to work it. So she will hear something about... from the doctor or somewhere and I can show it to her and she can read that."

Female in residential care

"Well sometimes yeah or you could Google things."

Younger female

"Well on the radio sometimes you might hear something, you know some people might ring in about something and television sometimes, they have something on about arthritis or other things. 'Cause there are a lot of other things which fortunately I haven't got apparently, well at this stage anyhow, diabetes and cholesterol which nearly everybody has got around the place."

Younger female

Community groups, support groups and our health funds give us interesting talks and information

- Other participants received interesting information through talks delivered through their memberships in a range of organisations and groups
- Some also reported they were now paying more attention to newsletters and information from their private health funds

"The Council, if you go up to the main Council social room there, senior's room, they have got a great many pamphlets."

Male in community

"We had a talk on that at Rotary [on dementia] recently and the statistics very definitely show in five year period or less the incidence of it per capita increases obviously with ageing that is not a big surprise but the statistics show that too."

Younger male

"Tiger and I being in the Rotary Club we have a range of guest speakers [who] talk about prostate cancer, people from the heart foundation, people from multiple sclerosis and a whole range of charitable types. They are speaking to us a) to be informative and b) because the club might give them some money towards their cause."

Younger male

"I go to health talks for my community. They have a talk every ... once every month."

Younger female

"They have talks and seminars here on healthy eating, better balance and all the aspects will hopefully keep you healthy and make you aware of these things. ... There is a group that meet once a month. That is a support group for Parkinson. So they have speakers talking about related to health and in particular to Parkinson."

Spouse/carer of residential care male

"The support group they have talks every ... out in one month, talk the next month and they are high flyers too. They are not trying to be ordinary."

Younger female

"The medical benefit fund that you belong to sends out a Healthy Living [magazine] and I probably just chucked it in the bin but I am more conscious now and read it and see if there is something in it."

Younger male

Residential aged care providers and council tell us about relevant services

- Talks and information were also offered to participants by aged care providers and also local council about the services that were available to older residents were mentioned by dependent participants

"We have one of the women who run Uniting Care came in and gave us a talk about what we should and shouldn't do to keep our health and also offered a lot of assistance for people that were starting to feel that they couldn't do things for themselves anymore. She was very good."

Younger female

"I find Mosman Council services absolutely excellent for older people."

Younger male

"The council does put out things occasionally to give you information about keeping healthy, older people."

Older female

"Shirley [the head nurse at the retirement residence] is very good. I can talk to her."

Female in residential care

"My doctor sent me a person, I don't know if he's from the council or the government, to investigate my health. If I am coping in life and all that and that's what they wanted to know just in case people have got the problem."

Younger female

"Of course we had someone from the council here from Holroyd council, they bring brochures and things and what you can do. I never had to take an advantage of that. Another thing we have here which is quite good is what they call community wheels, it's like you can ring, you can't always get them, they might be booked out, like I have to go back to this doctor about my eye next week and I rang community wheels and they will come and pick me up and bring me back, you pay \$15."

Younger female

Our friends and family chip in with advice as well

- Discussion of aches and pains with friends also provided fresh insight into different treatment options and medications
- If the participant had a family member involved in the health care industry, they often deferred to their expert knowledge on matters of health

"Just sort of hear things generally I suppose or people talking, that's another thing, I mean get a lot of women together ... everyone talks about their aches and their pains and everything and they might tell you something that you weren't aware of."

Younger female

"Cranberry juice ... it is good and I haven't taken any of those funny turns since I have been on cranberry juice. I used to faint and I always get it at church ... Ivy [her friend] recommended I have cranberry juice and I have it every morning."

Older female

"Catherine, my daughter, has talked to me about this because obviously she is in her job [in aged care] and she has always been well aware of it. ... When you are married to a social worker and your daughter is a social worker, they can twist you around their little fingers."

Younger male

"I think the thing that is happening with men now at least now we are happy enough to go and talk to some other men in a group fashion or individual. If you know somebody has had something similar we are likely to tap them on the shoulder now and say 'what success did you have with your specialist?'."

Younger male

"I'm trying to be gluten free. I find it's bad for inflammation. Well [my son] Lachlan swears by it. He's very much into fitness. ... I listen to what [he says] and I sort of meter it with reality."

Younger female

"Well actually I have a daughter who works in aged care ... she gets onto us all the time, 'Do this mum, do that mum' and 'Dad'. Helping us out and giving advice and we go to physiotherapy and the hydro pool."

Spouse/carer of community living male

"We do take notice of what the doctor says and your friends."

Spouse/carer of community living male

Doctors are more influential on some of us than others

- Older participants and those with existing health conditions reported to pay close attention to the advice of their health professionals
- However, younger participants were more varied in their confidence in the advice of their doctors

"Something the doctor said I would put over something I read. Because half the time they just write up these things because it's the latest thing to write isn't it."

Older female

"I talk to my doctor, chat to him about it. My heart specialist, I talk to him about food and what I should do. Usually I listen to what they say, take it on board."

Younger male

"Rely on the doctors and specialists but if you suspect things you can ask because everyone has got health problems somebody will know what it is, you can look up the internet on the odd occasion to find out more whether that is good or bad but mainly as a situation comes up you see the doctor and see what is recommended."

Spouse/carer of residential care male

"I've seen the same doctor for 25 years. If I was sick I'd go to him."

Older female

"Well I had to have a new doctor and specialist when I moved you see. The ones up there, the Professor he is the one who looked after my hernia and I trusted him. He was very good and advised me what to eat and how much and ... but I didn't trust the heart doctor that well because he just said, "You are too old. You are too old to have another operation."

Female in residential care

"I would go to the doctor [as a trusted source of information]."

Older female

"Well I suppose really if the doctor told you anything, would be the most reliable."

Younger female

"Even some of the doctors aren't very healthy either."

Older male

"My GP doesn't tell me anything. He is grossly overweight. I have known him for about forty-five years. No I wouldn't take any notice of what he does. I get it from literature if I was looking for something."

Younger male

It's confusing when the nutritional goal-posts keep moving

- Some participants expressed a degree of frustration about changing health trends
- Foods that were once considered 'bad' were later spruiked as 'good' and vice versa

"Trans fat, I am not quite sure what the difference is between all the different fats and sometimes they say it was good for you but it is now bad for you and now that one is bad for you and now good for you."

Younger male

"I must say I read labels much more carefully than I used to. And you do become a bit sceptical about the lites and the low fat."

Younger female

"We eat a lot of fruit but sometimes advisors on diet suggest you restrict the amount. The apple a day was supposed to keep the doctor away, oh now not so sure ... you have warnings against drinking too much fruit juice. I would of thought fruit juice, the juice of a fruit is surely a healthy thing, but it is 'oh there is a lot of sugar in that'."

Younger male

Dependent: "Often they are telling you to have artificial sweetener, now I read in the paper they don't think that is good for you, you should be having sugar."

Carer: "They keep changing their minds."

Dependent: "It's like steak. One minute they say no and the next they say, if it's got no fat it's alright."

Older female

"It is confusing when they say, 'Oh you should have one egg week' and then you go to 12 months later and they say, 'Oh no you can have five or six eggs a week no problem'."

Female in residential care

"The media report studies allegedly very frequently telling you what is good for you and what is not good for you but you do end up being somewhat confused because the studies are often conflicting. Red wine was good for you two weeks ago it is not so good for you."

Younger male

"I was always aware of the food pyramid, but that seems to have changed a little bit in recent times as well... They keep changing their ideas about what is good for you and what's not good for you. So it's a bit of a battle. But the five veg and three fruits seem to prevail."

Younger male

In the end, some of us rely on our own good sense

- Participants believed that each person's situation and conditions were unique, and on balance, it was up to them to listen to their own body and make common sense decisions about what strategies would work for them

"Common sense in a way too. I mean I know exercise is good, I really should do more what I can do, but I get a bit lazy and then I forget about it or something then I haven't got time because it's time to have morning tea or afternoon tea or some stupid thing like that."

Younger female

"We trust this from our own experience. Our own reaction to all these things. So by and large you just know what to do."

Younger female

"The thing that comes to my mind is if you have got a healthy mind you eat healthily. It's sort of like being aware of yourself, of knowing... like I know that if I eat too many tomatoes I get palpitations. My body doesn't do tomatoes as well as it should do. As what it used to. I know that if I eat lasagne I'm going to suffer for a week because it gets stuck here. I suppose it's like being aware of what your body does with the food."

Younger female

"You just use your common sense about what you eat and how you go about it and I am thinking it can't be that bad."

Younger female

"You listen to your body and what it tells you. I mean the latest food fad that comes out or diet fad, I never did dieting anyway but the latest food fad that comes out doesn't really mean to say that is a healthy choice for you. You know you have to listen to your body and what makes you feel a bit well or sick or whatever, you know."

Older female

"I've had conflicting advice and I think I trust myself the most because I know what is good for me and what isn't."

Female in residential care

"So what I put on it again then I have something else. So you have got to experiment in different ways and what is good for you and what is not good for you."

Older male

"I think in the end you have got to filter with your own common sense what sounds right and what sounds wrong. Don't have too much sugar, don't have too much fat, don't have too much alcohol everything in moderation."

Younger male



5.
When it comes
to food, it's all
about variety
and moderation

You are what you eat

- As mentioned previously, food was seen as making an important contribution to overall health and wellness
- It wasn't just what one ate, but when it was eaten that received attention

"Well I suppose diet. Other people presumably diet in a particular way as they get older and I certainly do. I am very careful of diet. I've still got the same waistline as I did when I was in my early 20s and I try to keep it down."

Younger male

"Looking after diet and what you eat and how you eat and when you eat."

Younger male

"Oh I think [the role of diet in healthy aging] is very important. But unfortunately when you are young you don't realise how important it is and then it all catches up with you in the end."

Spouse/carer of residential living male

"Just being more careful, choose your food, fresh vegetables and fruit and things like that, a good balanced diet."

Younger female

"I think you become aware of the more better foods [as you age], and don't eat as much rubbish."

Younger male

"But I think if you try and watch what you eat a bit, I mean I know... I like to eat lollies and biscuits too, but basically we do have good food which I think is a big help when you are trying to keep well."

Spouse/carer of community living male

Man 1: "My father grew up on the meat and veg and died at seventy-two, I am a couple of years older than that now and I would consider I am quite healthy and a similar diet but I don't know that other factors probably pay a bigger part. My mother was an excellent cook and my father never ate rubbish either. There must be other physical things."

Man 2: "Genetics play a big role."

Younger males

Some of us are really ‘into’ food, while some of us just eat

- There was a broad spectrum in terms of interest in food generally
- Some younger female participants were self-described ‘foodies’, and trying different eating plans while others didn’t put much thought of energy into food decisions at all
- Others were not highly engaged in the meals they ate

“Actually I think food is a very important part of life at this stage. Definitely a foodie and trying new things, going to new restaurants, trying new cooking, get with the trends and the Master Chefs, My Kitchen Rules, etc. It is inspiring.”

Younger female

“Some mornings I have quinoa that has been cooked in skimmed milk and I have it with coconut milk and I had it with dried cranberries this morning.”

Younger female

“What we eat is very important. To me it is anyway. So I’ve been trying all sorts of things. For a while I was on the Paleo diet.”

Younger female

“No I don’t think about that. I just eat because it is there and I don’t think I shouldn’t eat this or I shouldn’t eat that.”

Female in residential care

“Mediterranean is probably the best diet you could go on.”

Younger female

“[The role of food in healthy ageing] I take it for granted, I don’t bother, you know you have got to eat your greens and you have got to have so much of this.”

Older female

We believe that simple is best

- Participants adhered to the ‘keep it simple’ and ‘fresh is best’ principles, with a goal of avoiding highly processed foods
- A key example of this was a preference for full fat milk and butter, which while containing fat were less ‘adulterated’ than margarines

“My lunch is always very light ... cheese and biscuits, light biscuits, water biscuits. Any sort of cheese, I do like cheese. Cheese is fattening I think but I don’t care because I’m careful otherwise.”

Younger male

“I try not to buy pre-packaged and so much played around with food. So many additives and preservatives and colourings and goodness knows what, flavourings, just gets beyond the pale. So what is in that package is so adulterated and so manipulated and done so many food miles as they say.”

Younger male

Man 1: “The problem with milk is and I think there is an ad that comes on Paul’s milk where the guy walks into the shop and the average person has got no idea what the difference is if there is any difference between all these varieties and if they are what is the subtlety of the difference and is it of any significance anyhow. Low fat, high calcium.”

Man 2: And this permeate business I have got no idea.

Man 3: No idea what that is. I looked it up and still couldn’t understand it.”

Younger males

“Some margarines will create macular degeneration.”

Younger male

“Our optometrist has a sign, all the good things to do with your eyes and it says, “Don’t eat margarine”. So we have taken to eating butter again. And I really do enjoy butter. That means I am having too much of that fat because I really enjoy the butter. So I consciously put it on and scrape it off.”

Younger female

“If you saw how margarine is made you would be horrified.”

Younger male

“Fresh cream milk. I believe in cream milk.”

Older female

Woman 1: “Actually butter is better.”

Woman 2: “It is definitely. It’s natural whereas margarine isn’t.”

Younger females

“I just get full cream milk. I cannot stand tea or coffee being grey.”

Younger male

Variety's the spice of life

- As mentioned previously, food was seen as playing a pivotal role in overall health and wellness
- 'Balance' was a commonly used term in describing the ideal eating pattern
- Having variety in the diet contributed to health, but also kept mealtimes interesting

"Fresh vegetables and fruit and protein - I don't eat very much meat - and it's got to be interesting or it's too predictable."

Female in residential care

"Well basically we sort of have a balanced diet. Like your meat and your fish and all these kind of things that you are supposed to have. And we try to have a varied diet."

Spouse/carer of community living male

"[Fruit and vegetables] are quite good for people, they help to keep you regular, if you have a variety of things like that. You have to have a variety of anything. then you get all the vitamins and all the stuff that is in everything."

Older female

"I buy a variety of meats. We might have steak one week, might have roast lamb, might have chops or cutlets, might have sausages, it just depends. I try to get a variety of things. As you know, you have got something different."

Spouse/carer of community living male

"But you have a little bit of meat, you have a little bit of fish, you eat a variety of things, as long as you don't eat too much, overdo it but I think you have got to work out what is good for you."

Older male

"Lots of fresh vegetables and fruit. Lots of variation."

Older female

"People must understand they need a balanced diet. Not too much of anything, like instead of lots of red meat, people can have chicken."

Older female

We're focused on moderation and wary of excess

- 'Everything in moderation' was a common catch-cry
- Treats and 'less good for you foods' were permissible if not overindulged in

"I pretty much think if you have across the range food and you have a bit of everything and everything in moderation ... I know that is the goal."

Older female

"Well in excess of everything. You shouldn't really have a lot of things in excess. It's nice to have a biscuit and things like that, but you wouldn't overdo it."

Spouse/carer of community living male dependent

"Morning tea, I have a cup of coffee and I must admit chocolate Monty biscuits, I always have one or two, try to stick to one but always have two."

Younger female

"I mean it's just of live moderately... you don't overeat on things that you know that are not too good, not to many fatty things."

Younger female

"And I do like chocolate but I'm very wary of chocolate."

Younger male

"But I think you need to control your health with what you are eating. Its like everything else, everything in moderation."

Older female

"Too much fried food is not good, too much sweet food like to much cakes and rubbish food, I think if you had too much of any of them they are no good for you. I don't really know what else, I don't think I eat that much rubbish food."

Younger female

Some of us are concerned about our weight

- Some participants expressed concern about weight gain
- They reported strategies such as smaller portion size, avoiding sugar, dairy and carbohydrates in their bid to control their weight

"I get the rice bran oil spray and spray it on the fry pan and make myself little over easy egg and have that little bit of dry toast and get ... because I get to leave home at 20 to six in the morning to go to work, so it keeps me going until tea and then I'll have my coconut yoghurt."

Younger female

"No more than two slices of toast a day. ... I enjoy a glass but I am not drinking like I used to, I drink very little, one or two glasses a night and I am doing very well."

Spouse/carer of residential care male

"Now for instance so far I don't use butter, I don't like using butter I use avocado. I have cut out bread. Because I found experimenting, when I ate bread I put on weight."

Older male

"I don't eat many lollies in fact I don't eat any lollies these days. I have cranberries, I eat a lot of cranberries."

Older female

"Always low fat stuff. Like low fat mayonnaise, low fat milk, I'm very conscious of all that kind of thing. Because once again, being in a wheelchair it's very hard to lose weight and if I just ate what I wanted to, I wouldn't fit in the wheelchair."

Younger female

"I don't have cereal. Lately I'm on a diet because I want to lose two more kilos. So I'm having in the morning plain yoghurt, small piece of cantaloupe and five prunes and that is my breakfast in the morning."

Older male

"Quantities yes, that is another thing, the quantities. Our youngest daughter, I say to her, 'I still can't lose weight.' She said, 'Mum I've seen what you eat', she said, 'It's not what you are eating, it's the quantities. You have got to cut down the quantities. And just instead of a bowl this big, have a bowl this big.' Little Chinese bowl or something."

Spouse/carer of community living male

"I'm sacrificing myself not eating any cheese at the moment because I have to lose a bit of weight."

Younger female

But it's unhealthy NOT to indulge in a treat every now and then

- Participants may have been mindful about what they ate, but they didn't want to feel they couldn't treat themselves too

"Now I bought a packet of Cherry Ripe recently, because I like Cherry Ripe ... they come in little cubes about that size. I've cut them ... each one of those into four ... And this stops me from eating too much chocolate you see."

Younger male

"I'm into growing old gracefully but also having a little bit of fun and enjoyment out of life, because otherwise what is the point of being here. At least that is the argument that I made to myself, inside my head, when I'm shopping I think, "Oh yet I will have that block of chocolate" and okay I know it's not really brilliant for me but I'm not going to live a Spartan life at this age, I'm going to have a bit of enjoyment. It's one of the few things I can afford to have so I have it."

Younger male

"You have got to have a treat now and again."

Younger female

"It doesn't hurt to have treats at times. If I go out I won't resist the scones and jam and cream."

Older female

"I have a little packet of Smiths crisps every night."

Female in residential care

"There is usually cake and biscuits here in some form because I try not to eat too much of it but Tony really enjoys them so we have them because we can."

Spouse/carer of residential care male

"He's always had a tendency for cakes, so I try not to bring him too much, they're just a treat."

Older female

"We still have a Schnapps now and again. Schnapps. I'm not going to say I'm not going to drink. I like a glass of wine occasionally."

Older male

We see the benefits of seafood and fish

- Fish and seafood had an entrenched reputation as having benefits for brain and heart health
- Whether fresh or tinned, salmon and tuna, were considered tasty and simple to prepare

"Yeah, good for your brain so that you know when you are eating fish that everyone says it's good for your brain and we like the taste. Easy to prepare and ... it doesn't take that long."

Spouse/carer of community living male

*Woman 1: "I make sure I have fish at least once a week."
Woman 2: "Fish is very good for you."*

Older females

"Particularly the salmon because it has got the good oils in it."

Older female

"Well I even like tinned salmon, red salmon, but when we do that we always have it with vegetables as well and I like that, that's a nice easy meal."

Spouse/carer of community living male

"Fish with the omega 3, very good."

Younger female

"[In fish] the Omega 3 ... or is that what it is? Yeah, and everyone knows that that is a brain food."

Spouse/carer of community living male

"Well fish gives you some of the vitamins and the ... it's the food that the body needs ... I suppose to keep your insides okay."

Younger male

"Should be having more fish, I am saying in our case we probably only have fish once a week. Omega 3. Keeps your heart healthy."

Younger males

"We have fish or some sort of seafood several times a week, fish or prawns."

Younger males

"Fish. I love fish. I eat fish everyday. Even if it's a tin of salmon, Trish, it's so good for you."

Younger female

Fatty and fried foods are not our friends

- Participants claimed to try to avoid fatty food in an effort to manage both their health and their weight
- Concern about cholesterol levels lead many to grill instead of fry their foods
- Cooking lean meats, or cutting off additional fat, was a strategy discussed in reducing fat intake

"Somewhere along the line I have been avoid fat, avoid fat, brainwashed. I can hear people say 'oh you should of cut that fat off or shouldn't be cooking those chips'."

Younger female

"I suppose the cottage pie, that's not that healthy because the mince, it would have fat in it. I suppose if you have meat, they always have a bit of fat in it but you can get lean some stuff and I always grill it, never fry it."

Younger female

"I am definitely concerned about fat intake and I do try and get light foods, fat free, fat reduced. In fact I'm more concerned about reducing fat particularly saturated, not saturated, trans fats, than I am about cholesterol."

Younger male

"I eat a lot of grills I think they are healthier for your body."

Older female

"Now for instance so far I don't use butter, I don't like using butter I use avocado. I have cut out bread. Because I found experimenting, when I ate bread I put on weight."

Older male

*Woman 1: "We don't like frying stuff. Grilled or baked."
Woman 2: "I dry fry in a non-stick pan."*

Older females

"The fact that it is fried ... It tends to one think increase the build-up of cholesterol. Clogs your arteries."

Younger male

"Poor meat, chewy meat, poor meat and fat. And I never eat fat in meat, I always cut it off. I've just prepared for my son who always comes over, tonight, I just prepared a five spice stir fried lamb, but I cut off all the fat. There is no fat in that."

Younger male

Our sweet tooth can be our downfall

- Having dessert after dinner every night (referred to as ‘sweets’ by some participants) was a regular part of family mealtimes
- However, when losing a partner and without the family to feed, ‘sweets’ was being less of a feature for some

“I have got a lemon meringue in the fridge at the moment but that is not for me but for my family, I won’t eat it, I used to but I don’t bother now.”

Older female

“Cyril [deceased husband] used to love sweets well now I don’t bother with sweets, I am not interested in sweets. I would rather have fresh fruit.”

Older female

“I don’t cook cake and things like that as much as I used to. Sometimes we have Weightwatchers biscuits or I get the Weightwatchers product sometimes and we might have a Weightwatchers bar which are worked out for points and sugar and all that kind of stuff so we might just have one of those.”

Spouse/carer of community living male

“I watch for that sweet stuff I keep away from that.”

Older male

Man 1: “Desserts depends there are all sorts of desserts I suppose healthy desserts and unhealthy desserts they are all nice. Sara-Lee cheesecake or something like that.”

Man 2: “I must admit I should avoid them but I don’t I do like an apple pie and ice-cream or custard or something like that.”

Younger males

“Sugar. From my understanding the problem that happened in years gone by we got overly concerned as a nation with fat and what the manufacturers of foods did was then substitute sugar which has turned out to be three times as bad as the fat. What we should be doing is rebalancing that system a little bit and take-off less sugar and possibly increase the fat because the whole nation is becoming terribly obese because of sugar.”

Younger male

We're a bit wary when it comes to red meat

- As will be discussed in more detail in Section 9, some participants claimed they were cutting down their red meat in light of concerns about fat content and messages about cancer
- For others, the barriers to eating red meat were more functional and related to ease of cutting, chewing and swallowing

"Usually a leg of lamb. I like cutlets, if I am going to have meat, I like cutlets, I find steak a bit hard to eat, steak is not usually that tender, although I have bought it, I make sure I get the little fillet stuff."

Younger female

"I've tried to cut out drastically on meat, but you can't cut it out. You have got to have steak, you have got to have chops occasionally, fish. Your diet changes. But you change it up here to suit yourself."

Older male

"Sometimes I have bought steak, if I can get a little round piece of the fillet and that's not so bad but sometimes you sort of chew it, I chew it and get the juice out of it and the meat sort of, I doesn't seem to be able to chew it properly and as I say I have got arthritis in the jaw, so if I sort of eat something that I have to use my jaw trying to eat and everything, then I will have a sore jaw next day."

Younger female

Dependent: "Well they say too much red meat, you shouldn't have too much red meat, I've forgotten [what the problem is] ..."

Dependent: "Cancer."

Male in community

"If I go to a BBQ anywhere I never have steak, it's always a sausage, never eat steak if I am out anywhere because I know I won't be able to handle it [cut it up or chew it]. I suppose that's the best protein is it?"

Younger female

Fruit and veg are a vital source of vitamins, minerals and fibre

- Eating a variety of fruits and vegetable delivered a range of vitamins and minerals participants considered important to maintaining healthy, with brain, eye and heart health mentioned
- Fruit and veggies also provided a valuable source of fibre in the diet, with the need to be regular a strong motivation

"I am not a fruit eater and I have got to start eating fruit because even the doctor said to me 'for god's sake try and eat some fruit [for your bowels]'."

Female in residential care

"I don't know only what she tells me the leafier and the greener the leaves are the better and carrots, pumpkin, sweet potato, potatoes."

Older female

"We have always had fresh fruit and vegetables. We are older now we realise that is very important."

Younger female

"Well everyone knows that you must eat vegetables and fruit because that keeps your body going ... helps your metabolism and even your mind. If you eat properly you know in your own mind that you are eating right and things like that. And also you eat fibre for constipation and all that which that's good isn't it."

Spouse/carer of community living male

"I think there is something in the Heart Foundation where they talk of a balanced diet with three different types of vegetables the idea is not to just eat one particular and have a variety of vegetables with several servings of them."

Younger male

"I have a banana everyday but when it comes to apples, well I do eat them but not a lot because they are too hard to peel for me now."

Younger Female

Man 1: "Vegetables ... the best way to get vitamins."

Man 2: "I don't know the specifics but I think minerals, more in some than in others because everybody knows that carrots give you good eyesight."

Man 3: "And Popeye likes spinach too."

Younger males

"Regularity. Because I mean it's a nuisance if you are not regular. I ... well I eat what I enjoy and I enjoy fruit."

Younger male

"Two fruit and five veg. That is what they say, they recommend is your daily allowance."

Spouse/carer of community living male

We're certain about the power of cereals

- Eating cereals was another important source of fibre in the ageing diet and vital for digestive health and regularity
- Some participants spoke of oats in glowing terms, seeing them as beneficial in cholesterol management and as a traditional route to staying strong and healthy – and being a comforting, warm breakfast

Dependent: "Oats ... well good for cholesterol. Warms you up."

Carer: "And all the dieticians recommend oats."

Male in community

"[Oats are] very good for your body, the whole system ... It helps and keeps you strong and healthy."

Older female

"I've heard of older people who have an awful trouble when they go to the bathroom."

Younger male

"The dietician tells me I should be eating leafy green foods, bright coloured foods, what else does she tell me? The only thing she agrees with is she likes my breakfasts I have Uncle Toby's Oats for breakfast, Weet-bix and I am onto Sustain now I have got three instead of two. I am not bored."

Older female

"Prunes and wheat germ and prunes and apricots."

Younger male

Woman 1: "Uncle Toby's oats my mother had it all her life, rolled oats. She lived with me for eight years and I had to do her Uncle Toby's every morning."

Woman 2: "Very good for your bones."

Woman 3: "It keeps your body moving."

Woman 2: "And we want to move."

Older females

"It keeps you regular and that is most important especially for older people that are not moving. Not that we are not moving."

Older female

"Well lots of fibre in food but I have always had cereal for breakfast and it's always been porridge or Weet-bix and they are supposed to have fibre in them ... Because it does help you, it keeps you regular."

Younger female

"They do say high fibre diets stop bowel cancer and quite a few things and it does make significant changes to what is going on in the bowel with all the bacteria that is there."

Younger male

Water's a winner

- Ensuring they stayed hydrated was perceived by some participants as being important, particularly with staying regular

"Drink plenty of tea and coffee well I don't drink either. I drink water so they don't get dehydrated, I drink enough water every day."

Younger female

Woman 1: "Usually have a couple or a coffee and we drink a lot of water. We have a big jug of water over there and she gives us."

Woman 2: "That is a must we all have that. We have that with all our meals too."

Older females

"We were having trouble with mum not drinking enough water and particularly in the summer weather mum doesn't really like lots of cups of tea or soft drink but the fluid levels need to be kept up and I think that is really vital out of all my friends they all say the same thing about their parents they don't drink enough water and it is hard to get them to do it and that really keeps everything flowing."

Daughter/carer of community living female

"H2O is very important. Drink more than you think you need. It helps to dissolve food and keep it moving along."

Older female

"She always liked me to keep up my intake of water and so I do. Otherwise I think I forget. Doctors say you should have eight litres of water a day is that right? Or is it six? Must be six. It always seemed a lot to me, but anyway I do have a drink of water now and then."

Younger male

Some of us think supplements can help

- Some participants saw supplements as playing a vital role in health in joint health and digestive health
- Others believed that having a balanced diet meant that supplements were largely unnecessary

"I take iron and vitamin D. Several years ago [my doctor told me to start taking them]."

Female in residential care

"In the middle of the morning I will have one of those little Yukults. After I had that stomach infection I thought I could do with something and I find it quite good."

Older female

"But you just can't go into everything, you would go stupid trying to have everything... the right food, the right drinks. I just think a balance of food is everything you need really. And I won't take vitamin tablets."

Younger male

Woman 1: "I take fish oil and calcium."

Woman 2: "Krill oil."

Woman 1: "I think all the supplements help with the joints. "

Woman 3: "And magnesium and calcium."

Younger female



6. Taste and tradition drive our meal choices

We still follow what our parents taught us

- Participants reported that their current meal choices were largely guided by the foods they were raised on
- Food rules established by parents were reported to have been maintained unquestioningly in adulthood and still strongly influenced the ageing meal repertoire, particularly for older participants

"I suppose it's more because I was brought up to eat certain foods. I drank milk because I liked it, I suppose with the meat and all that was because we were brought up that way, you know. I mean it was supposed to be a good healthy diet."

Older female

"I mean we were made to eat what was put in front of us when we were kids and you didn't have the choices then like you have now."

Older female

"You eat things because you like them but also it's what you were brought up to eat when you were a child too."

Older female

*Woman 1: "Your mother and father always said eat your beans and eat your greens."
Woman 2: "If you don't eat your greens you don't get your sweets."*

Older female

"And milk, I make sure I have my milk ... only because I was told when I was little."

Older female

"Your mother always told you that you had to eat your fruit."

Older female

"I don't think we think about it very much we just do what we have been taught and what you like."

Older female

"It is because you have been told, your mum and dad you that you had to eat so you did it. You didn't ask why."

Older female

We're not into anything fancy really, just 'plain' food

- Participants described their diets as 'basic' and 'plain'
- Food options from their childhoods remained familiar and stable choices
- Some younger carers reported trying new dishes out on their dependent parents, often with disappointing results

"We just always had plain food, I mean if I go out I don't want all the fancy food that they dish up, not that we go out that much anyway. But I use to look at some those menus and especially on the TV, you would see them making up all these dishes and the food looked very fancy to me. You don't really need all that do you?"

Older female

"I don't know about elaborate. We are not really ... we are basically plain eaters aren't we. We eat plain food. We like plain food. Like I don't like duck or anything like that."

Spouse/carer of community living male

"I am not a food connoisseur and I am not concerned much about that but I am concerned about fresh fruit and vegetables that you have had growing up and you know that."

Older female

"No just the basic taste and variety and easiness to get ready. Like things that are easy. But by the same token we have other things that take longer to get ready."

Spouse/carer of community living male

"Something about every two or three hours and lunch a sandwich and some fruit and a cup of tea and dinner is generally meat and three vegetables but not very big. We are boring."

Younger males

Woman 1: "What we have had all our life just plain cooking. The usual steak and chops and potatoes and peas."

Woman 2: "And your greens."

Older females

Dependent: "I have a choice as Julie [carer] often makes me a baked dinner, I have pumpkin soup, I have chicken vegetable noodle soup homemade, pasta."

Carer: "We tried one last week but it didn't work. Couscous."

Dependent: "It was awful."

Older female

We're drawn to meal and flavour combinations we've always eaten



- Not only were food rules established in childhood, but participant's meal choice was also strongly influenced by habits from their family of origin
- Meat and three or two veg was a popular main meal then, and remained so now

"I come from the generation where it was meat and two potatoes or something or rather. I mean meat and two vegies, it was usually two vegies and potato and meat. My mother didn't believe in sweets, well she didn't have much time anyway, she worked all the time but if you wanted sweets you got a banana or a bit of fruit."

Older female

"Part of [what influences food choices] is what you have been used to while you were at home and you get into the habit of having the same things."

Older female

"Then my wife is still in the three veg stage at evening so we have red meat probably four nights a week, white meat three nights with assortment of veggies much to the angst of my kids when they turn up at different stages and suggesting that something else should be cooked but we are happy with it and it is nice and simple with just the two of us."

Younger males

"[My typical dinner would be] short loin chop and mashed potatoes and peas."

Older female

"I suppose it's been a diet that we have been brought up on, you know when you think back that's what you use to have nearly every night, that was the main meal. Meat and vegies, usually mashed potatoes."

Younger female

Woman 1: "And it is force of habit where you have been bought up and what mum said was right."

Woman 2: "You have been doing the same thing for years."

Older females

"I think in our generation we grew up with meat and three veg and I don't know that our diet has altered dramatically. What I tend to cook is meat and three veg which my mother and then wife did. Only because I can't cook anything else."

Younger male

"Well it's like when you are having visitors. I go through the dinner party book and I put all the yellow stickers and when it gets closer to the time, I think I'll just have a leg of lamb."

Sister/carer of community living female

We still love a sandwich for lunch

- For those whose main meals were in the evening, sandwiches were a familiar and popular choice for lunch
- Other options included soup, salad or biscuits

"Just a sandwich [for lunch] and have a main meal at night."

Older female

"Then lunch time comes, I usually have a sandwich, whatever I have got, if I haven't got any sort of meat like ham or something, I might have that when I buy it, more or less when I use to have a salad more, buy some ham or might have a bit of chicken."

Younger female

"Lunch is where we might have a sandwich. Could be a sandwich, could be a toasted sandwich, could be soup which we had yesterday ... Well if we go out we might have an open grill, cheese and tomato or ham and tomato or asparagus or just depends again what you are feeling like ... If we want something quick it could be cheese and crackers and a piece of fruit. Usually we have a piece of fruit after whatever we've had, sandwich or whatever."

Spouse/carer of community living male

"Usually have lunch roughly about the same time and I always have a sandwich."

Younger female

"I have a sandwich a ham, lettuce and tomato and two pieces of fruit."

Older female

Woman 1: "And it is force of habit where you have been bought up and what mum said was right."

Woman 2: "You have been doing the same thing for years."

Older females

"I will tell you what I do like, I like Jatz biscuits, I will have quite a few of them, about seven or eight of them with a bit of cheese on them. That would be my lunch or sometimes I have vegemite."

Older female

We don't eat as much now because we don't need loads of energy

- Some participants believed they simply weren't active enough to require the same quantity of food they used to consume
- Others reported their appetites had diminished and their interest in food was waning

"Well as you do get older I don't think you need as much of anything to be quite honest. You need to cut back a little bit."

Spouse/carer of community living male

"The problem with that is you don't use as much as you are ageing. I used to sit down and have a really good meal now I only eat half of what I used to eat because you can't eat it ... you start to lose your appetite. If you do eat more than you should then you are inclined to be nauseous."

Younger female

"I am a small eater ... I am not hungry."

Female in residential care

"No I don't have problems chewing but I have problems with the appetite."

Older female

Dependent: "I just don't feel like eating food. It is amazing. You used to eat very big meals but you have cut down on the size of the meals but the variety is still the same."

Carer: "Probably not because we have got a less active life so we don't need as much. We are not burning it up."

Male in residential care

"As you get older your appetite you are not doing all the exercise. You don't need it as much. You had your home before and you were working outside."

Older female

"A good appetite yes but I don't eat as much as I used to."

Younger female

Woman1: "Well I don't eat as much, we don't seem to eat as much. Not consciously, we just can't digest the food."

Woman 2: "Your appetite diminishes."

Younger females

Our health conditions sometimes play a part in food choice

- Those suffering this diabetes, arthritis or other health conditions reported taking their medication and symptoms into account with meal selection

"I have got bad diverticulitis ... it doesn't give me that much trouble, at times it does if I eat something I get terrible sort of pain and that. [The doctor] said nothing much, just got to sort of see what you can eat and I have pretty basic food, well I get my meals delivered here now four days a week. Mainly because, well I am finding hard to do vegetables but I don't get it of a weekend and I don't get it today because I always go to therapy."

Younger female

"I am also on a thing called Methotrexate which is a pretty potent thing for arthritis and it does affect the liver, well they have to keep an eye on that, that's why I have a blood count every three months and go to Dr Richards, so I try to keep away from fatty things."

Younger female

"I had corn beef today and lettuce and sweet chilli pickles and I have the protein drink with it, it takes me half an hour to eat it."

Older female

"Your food has to be well balanced, unless you have diabetes and then it gets complicated."

Older female

"It doesn't take long to bake things and I had the chicken already cooked and always have frozen vegies in my freezer and I try to stick to broccoli, not that I like it much, I usually have beans and I should be eating spinach because of the macular but I haven't, I use to for a while but I must get onto it again."

Younger female

We mix it up a bit with our delivered meals

- Some participants who were receiving assistance from Meals on Wheels or from their residential care facility were also mixing things up with their own snacks and meal options
- For example, two participants enjoyed Meals on Wheels a few times a week, and chose meals that were difficult for them to prepare or source ingredients for themselves
- Another women receiving meals from her facility a few days a week, stretched out the food over a couple of days
- A female resident in a care facility did not enjoy the style of food offered by the facility - she would eat several times a week at her granddaughter's home and eat simple meals such as cups of soup, fruit or biscuits in her own place

"You can have [Meals on Wheels] in the middle of the day or whatever because they deliver the meal which could be whatever, it could be roast beef or it could be chicken or whatever you have order, lambs fry which I especially like lambs fry. It's very hard to buy lambs fry at the butchers but I notice that it gets onto Meals on Wheels."

Older female

"First of all there is soup if you want it, I very rarely have the soup and then a piece of fruit. And sweets. So I do have sweets, sometimes I sort of put them aside, I might have them Saturday night or something ... everyday it's different."

Younger female

"I eat chicken, chicken curry, plain ordinary chicken, beef curry. I make them myself, in between the meals on wheels I make all these things."

Older female

"Meals on Wheels is only \$7 per day, per meal, and your main meal is in that size and your sweets in that size, then you get an orange juice with it, a little bottle of orange juice as well. Now that doesn't look a lot but that does, if I eat all of that, I don't, oh and soup is another one you get in a plastic pack, and I don't think anybody here that I know would eat it all in one meal."

Older female

"I have small meals because I've got a very large hiatus hernia. I buy biscuits for a snack and water. Fruit. I have a kettle so I make cups of soup in my room. Things that are already made that I can just fix up. Morning and afternoon tea and milo and a biscuit at night."

Female in residential care



7.
Who's going to
fuss over a roast
for one?

Some of us still like our main meal at night

- Some participants enjoyed making the evening meal their most substantial meal of the day

"Lunch is not a very important meal to me."

Younger male

"I don't eat much in the middle of the day, I never did, because I found, when I was working actually, I found that if I had lunch, like some people used to go off and have a lunch, if I ever did that I felt tired in the middle of the afternoon and I did notice they did too. I have a small snack a lunchtime. I found if I didn't eat a lot in the middle of the day, I sort of kept my energy going a little bit more."

Younger male

"I have a good meal in the evening. A big one, well a normal size, we have a variety."

Older female

Some of us prefer to make lunchtime the main event

- Those receiving meal assistance usually had their meals delivered at lunchtime
- Other participants who were living independently were also motivated to have their main meal at lunchtime by not wanting to feel too bloated at night and having a disturbed sleep and being apprehensive to go out to eat of an evening

"If it is a social thing for me lunch is more important than dinner now. ... I don't like going out at night as much as I used to."

Younger females

*Woman 1: "Not be too full."
Woman 2: "Especially at night."*

Younger females

"He'd rather have his main meal at lunchtime. Yeah so he'd rather have his main meal at lunch because he's still moving around a bit he says. And dinner time he just feels like its kind of sitting there and it gets cold and dark early so he doesn't want to go for a walk."

Spouse/carer of community living male

"We are more comfortable with eating more at lunchtime during the day and so ... this is unanimous with both my husband and I. ... Like we eat more at lunchtime, but when I say more it doesn't mean a lot."

Younger females

Woman 1: "At night time I would eat fruit because I don't want to go and fill my tummy up and feel uncomfortable when I go to bed. But fruit is easier."

Woman 2: "I think you sleep better if you haven't overeaten."

Woman 3: "Banana and a glass of water. But not tea and coffee."

Younger females

If we have lunch out, our evening meal is very light

- Participants who would usually have their main meal of an evening often reported going out to eat for lunch
- In this situation, their evening fare would be a simple snack of toast, a cup of soup, or a biscuit

"I mainly look for things that I really like and enjoy. An avocado or some tomatoes yes and I have the little biscuits, the water biscuits."

Female in residential care

"Night time if you have had a main meal at lunch time that is true I will have a cup a soup with toast."

Older female

"I have those corn biscuits with... corn rice biscuits whatever you want to call them with humus, I find that very satisfying. Corn thins."

Younger female

Woman 1: "I have toast and honey and a cup of tea."

Woman 2: "I sometimes have a crumpet."

Older female

Woman 1: "If I have eaten out I don't have much to eat at night. I have my main meal out. I am a lazy one."

Woman 2: "I am the same if I have it out I don't have another meal at night. I couldn't eat it. I have toast."

Older female

We do love our morning and afternoon teas

- Apart from offering opportunities to socialise (as mentioned earlier), having morning and afternoon team was a firm feature in some participants' eating repertoires

"Even in the middle of the afternoon if I feel like a little snack, I will go and slice up more cabana. I don't know if it's all that good for you, but I mean it seems to be alright for me. Just those sorts of things with coffee."

Older female

Woman 1: "Snacks are lethal really."

Woman 2: "Yeah, you try and avoid that."

Woman 3: "Because you go out for coffee more at this age."

Older female

"I always have morning tea at tennis so I have a cup of coffee and I take a biscuit, a home cooked biscuit, so I have morning tea and afternoon tea every day."

Younger male

"I don't have morning tea if I stay at home but I do if I go out."

Younger male

It's hard when you're cooking for one

- Those living on their own were strongly inclined to keep meal preparation a simple affair
- If they were having friends or family over, an effort would be made
- Some women missed the motivating praise they would have received from their partners that inspired their interest in cooking

"I don't bother if it's myself because I don't eat a great deal. I'm always remembering my figure and but if there is somebody coming which is a rare occasion, but if I invite friends over for dinner, then well obviously I'm going to prepare something."

Younger male

"I don't feel I'm a capable enough cook to do a roast and chops I do with the ... if I do I use the barbeque ... simplicity. Ease of doing it and also time really. I can't be bothered too much for myself."

Younger male

Woman 1: "I don't do baked dinners now."

Woman 2: "Baked leg of lamb."

Woman 3: "I do some potatoes and pumpkin in my oven and bake those with a bit of steak. Just because that is what I liked."

Woman 1: "Lots of it has changed because you are cooking for one not two."

Older females

"Well I've got one son down past Wollongong .. and he always comes up on a Sunday. He does it on purpose ... to make sure I'm keeping up my cooking. So every Sunday I have to have cooked a meal for him ... Well I mentioned five spice stir-fry which he likes. Meat patties if I have bought mince. I don't do chops or roasts."

Younger male

"I don't like cooking now it is not as rewarding as when they sit down and they say 'this is nice'."

Older female

"I don't know whether other people feel the same but cooking for yourself is not as interesting, you lose interest in food."

Older female

"I don't know whether other people feel the same but cooking for yourself is not as interesting, you lose interest in food."

Older female

We might do a big cook-up and freeze portions for later

- When participants felt like a more elaborate meal, they reported making the effort worthwhile by preparing a large quantity and portioning it out into 'defrost and reheat' options for another time
- Popular options were casseroles, soups and curries

"Sometimes I buy a chicken to have on for the weekend and then I might make a bit of a curry after it and have a couple of dishes I can put in the freezer."

Younger female

Woman 1: "Taste as it has got all the vegetables in it, the barley, all the things that is supposed to be good for you. And you put it away in the freezer in containers."

Woman 2: "You have it with some toast and it is lovely."

Older female

"Sometimes I know I've got to get lots of vegetables. So I always know that I've got vegetables. Like I've just made a big pot of vegetable soup on Sunday so we've had that a couple of times. I had some veggies to use up, so we used that. And I've frozen some of the soup, put it in the freezer. I do freeze things like maybe if I've got some curry over or spaghetti bolognaise I freeze them and usually there is a meal in the freezer."

Spouse/carer of community living male

"I make a big pot of soup regularly and you are getting all your vitamins and nutrition there."

Older female

"I do like a casserole and put that away in the freezer."

Older female

"You can buy a reasonable size chicken for \$6.95, well I will come home and I will have my roast vegetables cooked in the pot on the top and other things in a little steamer and I have a hot meal off that and then I might have a sandwich the next day, then I will make a honey mustard chicken casserole and I put all the diced vegies in that and as Fred use to say, don't stand still or Joyce will have you in the casserole and then I freeze it, you know in the Chinese take away containers."

Older female

Even when we're cooking, we sometimes can't be bothered making too much of a fuss

- Meal preparers were looking for familiar, tasty and convenient main meal options
- Meat and two or three vegetables fit the bill as an easy option

"Food used to be of huge interest to me. Like I can remember when I was married I used to cook a bloody dinner party for 20 people and seven or eight courses of Chinese food and all that sort of stuff and now it's just like food is a necessary evil. Oh well it's not a necessary evil, it's a necessary something. But it's necessary."

Older female

Woman 1: "Tea time I can't be bothered. Like you Trish I imagine?"

Woman 2: "Yeah. Just chuck on some veggies and maybe some meat, but I don't eat much meat."

Younger females

"All my grills are easy. Two chops and vegetables and they don't take with one it is a breeze for my tea I don't mind getting it."

Older female

Woman 1: "If you are not feeling like doing your meat and three veg is that when you think I will do bacon and eggs."

Woman 2: "Yes particularly towards the weekend or over the weekend nights, Friday nights."

Older females

"But now sometimes I just can't be bothered. I can't be bothered honestly cooking."

Younger female

Woman 1: "[Dinner choice is influenced by] whether you are going to like that or not."
Woman 2: "Or whether you could be bothered."

Moderator: "The convenience of preparing it comes into as well?"

Woman 2: "Sometimes it does."

Older females

A baked dinner feels like home but you've got to be committed

- Baked dinners were a very popular choice for participants
- They not only enjoyed the flavour of the meal, but it evoked highly emotional imagery of treasured family life
- However, it did require an investment in time to prepare and cook, an investment that was now beyond some participants

"Baked dinner [is my favourite]. It is just like home."

Older female

"When there is only two you don't [cook a baked dinner] unless you have got your family coming."

Younger male

Man 1: "The flavour of [a baked dinner], the meat itself is very flavoursome, I like lamb."

Man 2: "And he used to his grandmother's place every Sunday."

Man 1: "That is exactly what I was thinking. I go right back to my grandmother and used to cook these beautiful baked dinners. Sunday lunch."

Younger males

"I like a nice baked meal when I do have it, but as I say I don't have it very often but if I go to a friends' place and they have a baked meal, I enjoy it of course."

Younger female

"Having a roast is something that doesn't happen because it's too hard as a single person."

Younger male

But we love our hearty stews and curries too

- Meals with meat and vegetables in the one pot, such as stews and curries were considered a real winner
- They represented flavoursome, nutritious options with little preparation and cleaning time

"I buy very little precooked because a chicken curry you can make it just like that, it's quite simple. The only thing is things are getting harder because I have got to be careful about cutting stuff up, I don't want to cut my fingers up with it."

Older female

"The flavour [of the casserole] and it has got everything nutritious in it like your vegetables and that and as mum always said you always put everything in but the kitchen sink as you knew it was healthy and good for you."

Older female

"We might have spaghetti bolognaise or I might make a curry."

Spouse/carer of community living male

"And I've got a slow cooker that I use, which is good, because that's nice and easy and you can just throw everything in the pot and that makes it easy. And you have only got one pot then to clean."

Spouse/carer of community living male

Sometimes a frozen meal will suffice

- Pre-prepared or frozen meals were a reliable ‘fall-back’ position for those who couldn’t find the energy or interest to cook that night
- Sometimes these were consumed as is, but often additional vegetables would be added
- However, not all who had tried them were impressed with the results, calling them unnatural and bland-tasting

“Every now and again I’ll get a frozen meal and I’ll just bulk it up with veggies.”

Older female

“I try to look out for what is in the supermarket and it’s prepared for me, like cut up the vegetables to serve, convenience type foods.”

Younger male

“But I also get a couple of frozen meals. I get an apricot chicken ... the McCain ones. Sometimes we have that, but not that often.”

Spouse/carer of community living male

“I get the fish from Woolworth’s you can buy it and they will put it in a bag and they put marinade I have lemon or lime, you can have different sauce and you put the oven bag in the oven and make up your salad and then when your fish is cooked on the plate with your salad it is so easy.”

Older female

“I make myself a bit of meat but I don’t really care about it. I buy those single serve steamed vegetables, you get the individual packets just to have it in the fridge. So you get the frozen steamed vegetables so at least you feel you are a little bit healthy.”

Younger female

“I find it, again being by myself, sometimes it’s hard to cook for yourself, you think, “Oh I can’t be bothered.” So I have frozen meals I’ve got.”

Older female

“I was going to hospital and I have just tried them over the last week about three and they are terrible, absolutely awful. I tried chicken fried rice done in soy sauce absolutely disgusting it was a Weight Watchers one, terrible, I threw it out.”

Older female

“Lite and Easy oh yuk. I did try it and I got a supply of it and I opened it and I would eat a bit of it and it all ended up in the garbage I couldn’t stand it.”

Older female



8.
We don't know
much about
protein, but we
like a good steak
now and then

'Protein' doesn't mean much to us

- Some participants, particularly those in the older age bracket, just did not connect with the term or concept 'protein'
- They had simply not grown up or were comfortable with considering their diet through the prism of 'nutritionalism'
- Some participants took a more intuitive, common sense approach to their diet

"I have got a feeling that red meat, beef and lamb are ok in protein but I really trip myself up on facts."

Male in Community living

"I think we just assume that if you have a well-balanced diet there is going to be adequate protein for health and well-being without getting too scientific or physiological about it."

Younger male

"Well, I haven't thought about these things for ages. ... I don't know, just good food I suppose."

Younger male

"If you eat meat, vegetables and fruit, you imagine somewhere in there you are getting some [protein]. If not, I don't know what you eat to get it."

Older female

We're not really sure about sources of protein

- There was some confusion about where you would get more protein in your diet. Which meats? Vegetables? Eggs?

"Protein ... I think you would eat meat for that and I am not too good on technical things and diet. I have been eating ... yoghurt and cheese. Is that protein?"

Male in community living

"I have never thought about [protein in food]. Uncle Toby's Oats. Eggs. I know it comes in vegetables too but feel it is stronger in the meat and fish."

Older female

"Red meats. I do drink milk but full cream milk. I don't know whether the protein differs from full cream milk to lite milk. I have no idea."

Younger male

"The health writers never specify. They say, 'cut your carbohydrates'. They never say what they are. Proteins are the same."

Older female

"I'm not too sure which are protein and what is carbohydrates and that."

Younger male

"I can't even think, I really don't know. It's in meat I think. I think protein is in meat."

Younger female

But we imagine red meat is best

- There were those participants who associated protein strongly with red meat above all other foods

"I know that you are supposed to eat a certain amount of fish and meat which I do, I don't think there is much protein in chicken, I think there is more in the red meat."

Younger female

"Meat is the one that gives you the most."

Younger male

"The red meat the beef would be the top [source of protein]."

Younger female

"Which is the best source of protein? That is a very good question I have never really thought about it. I would of thought red meat."

Younger male

Some of us youngies are more up on the nutritional concepts

- Younger participants, women in particular, were more comfortable with terms like ‘protein’, ‘carbohydrates’ and the like
- Younger active participants had a stronger interest and better understanding of nutrition, including the role of protein

“Even in older age you have still got to preserve muscle tone through your diet and exercise. You don’t want to be losing muscular capacity. You are not going to be as strong as you were and lift the weights that you once could but my guess is that [protein] would be significant for maintaining muscle tone.”

Younger male

“You need [protein] to build muscle and all the rest of it to keep everything healthy, your muscles going and all the rest of it. So I feel that because I am slowing down and I do get aches and pains I really do need some kind of protein source to keep all that working properly.”

Younger female

“[Protein] helps with your ability to move and your brain and everything. We need it.”
Younger female/ carer in retirement living

“They keep your body cells healthy because protein [provides the] building blocks in your body cells. If you want to keep yourself healthy you should eat it because it is going to help you maintain a healthy lifestyle and keep your body cells healthy.”
Younger male

As carers we're a little more aware of the nutritional side

- Carers seemed to be far more aware about what protein is, the food rich in protein and why it was important

Dependent: "Eggs. Protein."

Carer: "Protein yes and you have got to have your protein ... and potatoes for your carbohydrates and all that."

Male in community

Dependent: "I don't understand a lot about it to be truthful."

Carer: "Protein feeds the blood as far as I understand and it feeds your cells. It also gives you energy but long term energy rather than sugar energy. ... I know athletes need a lot of protein. One of my sons he has got barrels of protein that he eats and goes to the gym."

Female in community

"I see [protein] as important because it is the basis ... of body tissue so if you don't have the protein [then] what [muscle you] have isn't regenerated."

Spouse/Carer of male in residential care

We're not aware of red meat's link to immune health

- As mentioned previously, supplements played a role for some participants
- They mentioned taking liquid protein drinks on with the understanding they were to help them put on weight and assist with muscle development
- There was no understanding of role of zinc in immune strength or boosting the immune system
- There was also no real link or overall understanding of the immune systems or fending off infections

"I can have supplements if I am not putting on enough weight I can have supplements or I can double the protein drink. I find if I do that I won't eat my meal so I have had to forego that."

Older female

"It's a powder, a supplement I suppose. I possibly don't need it but ... because I've been a gym person, I always tend to have, before I go, and after I've come back, I will have... two spoonfuls of protein powder in a glass of milk."

Younger male

"I have never heard of any food that says about fighting infection really."

Younger female

We think fish and seafood are the healthiest

- Looking at attitudes to different types of proteins overall, as already mentioned in Section 5, fish and seafood were definitely seen as the healthiest choice (interestingly there was less discussion of 'oily fish' as we might expect in much younger age groups)
- It was seen as easier to digest and better for you than other sources of protein, and tasty and enjoyable to eat
- Tinned fish was a convenient and cost-effective option

"I think fish should go in the healthy one also. It is tasty but fish is part of a balanced diet. It is important."

Younger male

"Oysters I don't have to cook. I have them as is. When my husband was alive and we used to have them I used to marinade them but I don't now I just have them natural."

Older female

"Tony likes fish very much. I like fish. Tony would have fish every day or night. If we go out, we will have fish. If we are home I will try to have it in some form tinned or fresh so that we have that omega."

Spouse/Carer of male in residential care

"I just love fish and chips."

Older dependant female in residential care

"Well I suppose [the healthiest meal I have would be] a salad with tuna. I always have tins of tuna and salmon in the cupboard. Always."

Younger male

"[There are benefits of eating fish] for arthritis, your heart, cholesterol ..."

Older female

Chicken ticks lots of boxes

- Chicken was seen as easily portionable, a versatile and easy meal to make as well as being easier to digest and healthy
- It was also considered a cost-effective option

"[My most common protein would be] probably chicken and eggs. ... [Chicken] is convenient and I feel as though it's just as healthy as eating meat. I have always liked chicken."

Younger female

Woman 1: I might buy a chicken breast but it is cooked though we are lazy as we get older.

Woman 2: I grill a lot of chicken.

Woman 3: I have bought a whole chicken but that has done me a couple of meals by the time I break it all up, it is only a small chicken.

Older females

"Chicken [would be my main source of protein]. It's cheaper. Fish is awfully expensive isn't it. You know. Don't you find that. Fish shouldn't be so expensive surely."

Younger male

"Chicken [would be my main source of protein]. It's cheaper [than fish]."

Younger male

Woman 1: "Chicken is good, white meat."

Woman 2: "It's also easier to digest. Especially you don't want to eat so much of it."

Younger females

We're polarised when it comes to pork

- There were conflicting views about pork: some said that it was lean, some said it was one that they'd avoid, some had religious objections to consuming it
- There were lovers of bacon among the participants but often didn't connect bacon with pork
- A serving of bacon and eggs was seen as a quick and light meal

"I eat, try and eat a little bit of meat. If the pork looks tender I will have a little slice of pork and mainly vegetables."

Older female

Dependent: "No pork, I don't eat pork. Not healthy."

Carer: "No, but it is very healthy. It's one of the lowest fat, its actually very healthy."

Dependent: "I'm thinking the other way. The pork the fat."

Male in community

Woman 1: "I don't think I have had pork for a long time, never think about it."

Woman 2: "I had some the other day for the first time in a few years."

Woman 3: "Sometimes you get it up at the dining room here. I do like pork and apple sauce."

Older females

"I don't tend to have pork very much only because I like the crackling so I don't buy it. The other thing with pork is I don't find as tasty and I find it dry. Mum is not that keen either."

Daughter/Carer of female in community

Eggs are our cheap and easy option

- Eggs were seen as a cheap and easy source of protein
- However, there was some confusion about the whether they were okay to eat on a regular basis for those who had cholesterol issues

"The one thing that I love is egg, you can have two if you want to but one is enough for me. Egg and bacon is always on Sunday. One Sunday it is fried egg and the next Sunday it is poached."

Female in residential care

"I think the convenient to me is bacon and eggs I find that quick and easy, really quick. In my two little non-stick pans I don't put anything in it."

Younger female

"I used to limit my egg intake too because of the cholesterol business but now they seem to think that that is not the case, so I do have some eggs from time to time."

Younger male

"I think they are beneficial as long as they are not fried, if they are boiled or poached, that's sort of like a light meal and it's supposed to be good for you."

Younger female

"Eggs are easy protein. They are easy to get ready, boiled egg or scrambled egg or anything like that is easy and doesn't take so long to cook as what a piece of meat or something does. That is more convenience."

Spouse/Carer of male in community living



9.
Red meat a
couple of times a
week is enough,
isn't it?

Red meat is tasty and an old-time favourite

- Beef and lamb were still considered to be tasty, filling and favourite choices in the repertoire of dishes for many participants
- Indeed, taste was still important to ageing Australians

Woman 1: "Yes I love both [beef and lamb]."

Woman 2: "They are my favourites."

Moderator: "What is it about those that are particularly good?"

Woman 1: "The taste."

Older females

"[My favourite meal is] lamb cutlets with potato. Just taste."

Dependent male

Man 1: "[My favourite is] baked dinner with lamb."

Man 2: "I would have to go along with that ... Leg of lamb. Lamb is my favourite."

Younger males

"Baked leg of lamb or chicken. There is always at least three vegetables. It depends on how I feel. If I am really hungry [I'll have] the lamb."

Older female

"Taste and tradition and we were always told that red meat was good for protein and we like the taste of it. We have been brought up on them our age group."

Younger male

"We do eat meat, but not every day."

Spouse/carer of male living in community

We try and mix it up but cutlets are a favourite

- Variety was also important when it came to protein choices, and so respondents were looking for different kinds of cuts and ways to enjoy lamb and beef
- Lamb cutlets seemed to be a favourite as they were easy to prepare and eat and allowed the preparer to exert some kind of portion control

Woman 1: "I love cutlets ... and short loin chops. Being a butcher's daughter I have never liked chump chops, always short loin chops."

Woman 2: "Short loin chops, that is the only thing I like. ... They are lovely and sweet."

Older females

"We have lamb, we have roast lamb, we have lamb chops, lamb cutlets, we have silverside, we have a variety. We have beef, steak ... Mick likes steak and onions and tomato."

Spouse/Carer of male living in community

"My favourite meal is crumbed [lamb] cutlets. ... And you can pick it up at the end and have a good old chew."

Older female

"Yes I do like lamb, lamb would be my favourite meat I suppose ... I like cold lamb, I have bought shanks sometimes and they are big enough sometimes to have a few slices left for a sandwich or something like that."

Older male

"[My husband] likes cutlets very much. ... the breadcrumbs and that on them and chewing on the bone afterwards."

Spouse/Carer of male living in community

We still love a juicy steak

- Steak remained popular with some participants.

"I would go a nice piece of steak, trimmed down, then with a boiled potato, pumpkin or carrot and probably broccoli or peas."

Younger male

"I like a nice piece of sirloin steak but I don't want a large one but I like that because I like the flavour of it."

Older female

"When you have a lovely steak you just really enjoy it."

Younger female

We like the versatility of mince

- Mince was still popular, with dishes such as shepherd's pie, spaghetti bolognese and so on
- Dishes like these were seen as easy to cook and inexpensive
- Participants tended to look for 'lean' mince
- That being said, one participant in an aged care facility complained about the amount of mince served to her and wanted more variety in her diet

"I also love spaghetti bolognese and I drain off all the fat from the mince."

Younger female

"We had [meatloaf] a night or two ago. I just love it. ... It is mince which suits me because I am fussy about bits of bone and gristle and stuff like that. Mincemeat suits me fine rather than attack a lump of steak so something that might have a bone and break my teeth."

Younger male

"We make mince into rissoles, spaghetti bolognese ..."

Spouse/Carer of male in residential care

Carer: *"She was told to have mince meat but she got sick of it."*

Dependent: *"It was boring."*
Older female

We're aware of the link between red meat and iron

- The main benefit perceived from eating red meat was that it provided you with much needed iron

"Well I think iron is important too at our stage in life really, and that comes from red meat or green vegetables I think."

Younger male

Woman 1: "Once in a while I go by the butchers I look at the meat and I feel the need to have it, so I buy it, get home and cook it."

Woman 2: "You need the iron too."

Woman 3: "You do. I believe in listening to your body."

Younger females

"That is where your red meat comes in with iron."

Younger male

"I go to the blood bank fairly regularly so I should have a lot more meat for iron and I think they said have more spinach but I would have to have a couple of tonnes of spinach to get the equivalent amount of iron."

Younger male

"Well, there is iron in certain meats and food isn't there? Like lambs fry, red meat and it's also in spinach and stuff like that. I know because I was very low in iron at one stage and they were telling me what I should be eating to keep my iron up."

Older female

"Steak. So rich in iron."

Older female

"Well I think iron is important too at our stage in life really, and that comes from red meat or green vegetables I think."

Older male

Red meat keeps us fuller for longer

- There was some association with protein and keeping down weight because participant's reported feeling fuller for longer
- As mentioned previously, participants talked about being brought up on 'meat and three veg' and this being a vary familiar meal option for them

"I do like meat. I think it's also because I was brought up on the meat and two potato thing, like we all were back in those days, you know that's what our parents gave us."

Older female

"Energy. You don't feel so hungry."

Younger female

"You see I find ... that high protein diet is really good to help you... feeling full without putting on weight. I mean I was doing like high protein for years and it really kept the weight off."

Younger female

"Also protein fills you. You don't feel so hungry when you have had protein. ... When I go to Weightwatchers they talk about things like that and that's why they actually recommend that you should have protein at each meal. We don't always do that but sometimes we do."

Spouse/carer of male living in the community

But isn't red meat really for growing families?

- But this association with family life and 'meat and three veg' also meant that now that some participants questioned the need for meat in their diet; now they were no longer growing up or raising a growing family, was regular meat consumption relevant to their needs and lifestyle?

"We were brought up on meat and three veg kind of dinners and it's almost like that was ingrained to us, this meat and three veg, so you kind of carry that through. ... I don't know, it makes me feel better not eating as much meat. I can still eat it once a week."

Older female

Woman 1: "Once upon a time we would have red meat nearly every night."

Woman 2: "That's what you did."

Woman 3: "That was how I was brought up, meat and three veg."

Woman 4: "And you weren't as well informed about diet."

Younger females

Woman 1: "Three protein meals a day was what you did for your teenagers."

Woman 2: "Now that I'm on my own I have modified my diet."

Younger females

Woman 1: "[You need protein in the diet] because you have been told so. You have been brought up on it."

Woman 2: "That is it exactly. You are just following what mum used to do."

Woman 3: "You don't think about it you cook it and eat it."

Older females

Do I really need it at my age?

- As mentioned previously, many participants felt they didn't need to eat as much now as their energy requirement were less
- There was also the perception that as older people were less active and no longer growing, they didn't need as much protein

"I've got a problem with men and their love of red meat. I think they need more variety. As you get older your body doesn't need as much muscle building. As men get older, they're not carrying bricks around all day, they eat too much red meat and they get big bellies."

Older male

"For older people I guess the role is not terribly important because we have done all the growing we are going to do whereas with young people where they are growing it is important to have plenty of protein."

Younger male

"[We] don't need as much protein because we don't need as much energy."

Younger male

Some of us have digestion issues with red meat

- In terms of barriers or 'put offs' in relation to eating red meat, some complained about digestion problems

"Sometimes I have bought steak, if I can get a little round piece of the fillet. ... I chew it and get the juice out of it."

Younger female

"You wouldn't want too much red meat because ... it's harder to digest."

Older female

"I think with an aging diet there is quite a lot of food that your older body can't ... well first of all you can't masticate it and then your innards can't deal with it very well."

Younger male

"I don't ever like to have meat meals at night because it's... the digestion thing."

Older female

Red meat doesn't always go down easily

- Others reported issues in terms of chewing and a fear of choking

"I haven't got teeth and I can't eat meat it nearly kills me. It is the worse thing ... the dentures."

Older female in retirement living

"Not so much proteins because I can't eat a lot of meat, it gets stuck and I choke."

Older female in retirement living

"Chewing is a problem as you get older. You wouldn't want too much red meat because you need to chew it, and it's harder to digest."

Older female

"[I still have the taste for meat], it's just that I'm aware it could get stuck and having a choking episode when I've been on my own it's not very good."

Older female in retirement living

Is it as healthy as white meat?

- There was also the perception that beef and lamb aren't the lean and therefore healthier protein choices available, like chicken and fish

"I've got a problem with men and their love of red meat. I think they need more variety. As you get older your body doesn't need as much muscle building. As men get older, they're not carrying bricks around all day, they eat too much red meat and they get big bellies."

Older female

"I would choose fish over meat because it's better for my heart."

Younger male

"Well it's just things I have read over the years and I can't really put a finger on it but I know they told my husband who was a meat lover that he had to stop eating so much meat and concentrate more on the vegetables and salads."

Older female

"It is good for your heart as long as you don't have too much. You don't need too much red meat for heart."

Older female

And it can be expensive ...

- Beef tended to be associated with steak and this was perceived as expensive.

"Maybe once a month. When its on special only, I'll buy it. Any meat on special, I'll buy it. If not on special, say goodbye. I walk away, its too dear for me."

Older male

"Don't ever have pork. Lamb yes, beef is rather expensive. In fact I've got in my fridge at the moment beef mince, mined beef at the moment. So I shall be making something with that. Pork I don't ever have."

Younger male

"The doctor told him he should be eating meat twice a week. Dependent older man: I can't get it twice a week. No way, no, no money."

Daughter/carer of male in community living

"My diet is governed by my availability of money. I can't go out and buy, if I feel like steak, very rarely can I afford to do that."

Younger male

"No meat, no fish, very expensive for me."

Male in community

We are going for quality over quantity

- Indeed participants across the different segments reported eating less meat than they had previously, for the variety of reasons stated (explained in more detail below, expense, smaller appetites, perceptions about need and health, doctor's orders, problems with chewing and digestion)
- This would include less frequency of meat eaten as well as smaller amounts
- There was this view that when it came to meat, less frequently, smaller but better quality was the way to go

Woman 1: "[I eat less meat than I used to but] then when you have a lovely steak you just really enjoy it."

Woman 2: "If you have it all the time it doesn't seem as nice."

Younger females

"I used to eat four crumbed cutlets, one now."

Older female

"I like to buy nice quality meat and I don't mind if it's only a little bit of meat more so than a large serving of meat."

Spouse/carer of male living in community

"I would say the frequency is probably the same but the volume would be down because we are not eating as big meals as we used to when we were active and working."

Spouse/carer of male in residential care

"Well I don't think you need a great big lot of protein. It's got to be in little portions."

Spouse/carer of male living in community

"My diet is governed by my availability of money. I can't go out and buy, if I feel like steak, very rarely can I afford to do that."

Younger male



10.
There's a
complex
negotiation
between carers
and their
dependents

As carers, we play diverse roles

- There was a mix in terms of meal preparation and the role of carer and dependent in the fieldwork
- Some carers with dependents in full-service aged care assisting them with shopping for snacks and taking them out for regular lunches and dinners to other carers assisting with some cooking while dependents were in independent living to other carers doing all the cooking and food provision for dependents
- Carers who were providing meals for dependents who were still living on their own tried to incorporate meal preparation for those dependents into their usual meal planning and preparation routines; in this way cooking extra food that could be frozen was very useful

"He's always had a tendency for cakes, so I try not to bring him too much, they're just a treat."

Daughter/carer of male in community

"I kind of just incorporate it into my weekly shop. And obviously I try and keep in mind that he needs to eat meat and I mean that's important for my family as well. Whatever extra I'll make, I'll either bring it to him or I'll just freeze it and then bring him a whole lot in one go. And every night that I ring I always make sure that I've asked what have you eaten today, make sure you've had enough to eat today."

Daughter/carer of male in community

"I do [dependent's meals] when I am doing my meal and I just get a thing out for mum and put it in there and I either freeze it or put it in the fridge and bring it down the next morning. My sister probably cooks once a fortnight and brings down half a dozen all at once. Mine would be normally fresh and mum will decide in the morning whether she wants it or freeze it."

Daughter/carer of female in community

"She wouldn't get so many stir-fries because you have to do that on the spot and we are bringing them down and that is why last week she came over to have one. They have to be things that you can reheat and you can't reheat risotto and stir-fry."

Daughter/carer of female in community

We aim to cater for our dependents' tastes as well as needs

- In general carers tended to try to cater to the tastes and needs of their dependents
- Indeed carers seemed to make a particularly effort to cook good, nutritious and proper meals if they were cooking for a dependant

"If Mick's having well say, for instance, tripe or something like that which I can't stand ... I don't like it but something like that we might have a different meal, but normally
Spouse/carer of male living in community

Dependent: "She (my daughter) has been training me well. I used to buy frozen veggies but Tennille makes me buy fresh..."

Carer: "I try and buy organic if we can afford it because it is just so much better nutrition for your body and green especially."

Dependent: "Like I eat a hell of a lot more greens than I used to eat."

Carer: "And chickpeas ... like not as much meat I think as well. I try to make it. She doesn't like lentils. I tried those two different ways, she doesn't like lentils."

Female in XXX

"Sometimes I would think ... it's just easier to get takeaway or eggs on toast and then I think ... I haven't made anything for him for a few days so I better make a cooked meal. ... So I end up cooking schnitzels or whatever I'm making rather than maybe just doing eggs on toast for my kids. I'm happy with a cup of tea and a toasted sandwich."

Daughter/carer of male in community

And we're trying to encourage independence where we can

- Carers who were providing less than a full service of meals to dependents were interested in ways to get them to contribute to meal preparation so they could maintain some independence
- Dependents recognised that without their carers and those who provided meals and did food shopping, they wouldn't be able to live independently or semi independently
- They were grateful (or guilty) as a result

"[Without my carer, it would be a] disaster. Because I don't have anybody and I'd be dead by now. They keep me going, my family my grandchildren, I'm very happy for that yes."

Older male

"She would put something in front of me and I'd go, 'I don't want to eat that.' Take one mouthful and push the plate away and I didn't want it. But I wanted to eat it but I couldn't. Very frustrating. Because I know all the trouble she goes to."

Younger male

"Sometimes he'll ring me and say I've tried to do this and I don't know if I've done it wrong or I need to add this, when do I add it? But I also want him to learn. I think it's good for his confidence if he says he's made something."

Daughter/carer of male in community

Dependent: "I got very inspired the other day and said, 'I'll make some chow mien' because that's easy to cook and it's relatively cheap. [But] I put it off ... I have arthritis in my hands, in my wrists and it's hard to grate carrots and all that kind of thing and cut things. So I made the big excuse that I couldn't grate the carrots. So Tennille grated the carrots for me, so the next day she came back and I had to have it made. So we had chow mien. So yeah, I manage about one or two meals a week."

Carer: "A fortnight. We'll say a fortnight."

Daughter/carer of female in community

Some of us try to drive a health agenda

- There was evidence that some carers were trying to push particular foods on dependents because they considered them to be better for their health

Dependent: "[My daughter] has been training me well. I used to buy frozen veggies but [she] makes me buy fresh."

Carer: "I try and buy organic if we can afford it because it is just so much better nutrition for your body and green especially."

Dependent: "Like I eat a hell of a lot more greens than I used to eat."

Carer: "And chickpeas ... like not as much meat I think as well."

Younger female

"Carrots I think most people know they are good for your eyesight and again the other vegetables help your body and I am thinking of your intestines. Because I think that a problem as you get older. The fish are known with the oils because I only eat salmon. Mum is not that keen on fish but she will if it is fish and chips."

Carer of dependent older female

Dependent: "I get a rough [shopping] list..."

Carer: "And then I go and do it. I'll go, 'Well what dinners are they? What is that going to make?' 'Oh I just want that stuff'" So I go, 'Well you need to eat dinners'.

Because that is how I do my list, I work out what food I'm going to eat and then get the products to do the cooking. But mum just goes randomly, whatever comes to mind. And even when we do go shopping together she will either just randomly put things into the trolley, whereas I have got my list and will skim past everything else, so that I don't get side tracked."

Dependent: "She says 'No you are not having that'. I feel like a bloody four year old."

Younger female

But if we're desperate to get them to eat, taste will win out

- Some carers seemed keen that certain, healthy foods were eaten even if the dependant wasn't that enthused about the healthy choices
- However, where a dependent has lost appetite and weight, carers reported that their main concern was the person ate something, anything, and cared less about nutrition, variety and balance

Dependent: "Oatmeal I know you are supposed to have it but I don't like it."

Carer: "Mum's heritage is Scottish and they always ate oatmeal, Scott's are known for their longevity and strength, [oats] are known to be good for the body as far as keeping it functioning and fruit."

Older female

"I avoid anything processed that comes in a box. Fresh food is better. Mum loves her packet stuff. And her sauces, like she buys all those sauces in a packet. But I've been making up the sauce from scratch from now. It's better."

Daughter/carers of female in community

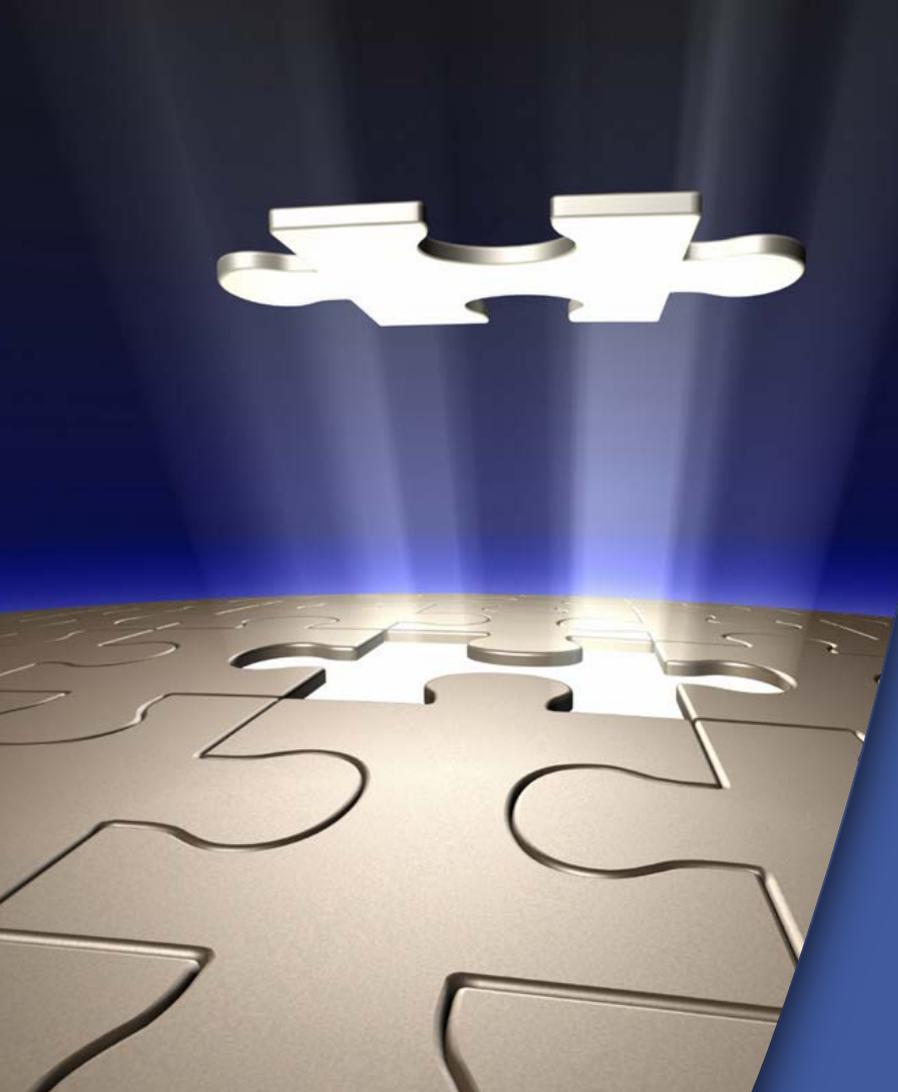
"Two years ago was really bad, he lost 30 kilos in a very short space of time and it was just terrible to see. ... to live with someone who is just not eating, watching them fade away."

Spouse/carers of male in residential care

Carer: "I make mum chickpea and braised pumpkin stew. She pretends they are macadamias."

Dependent: "It's a stretch."

Younger female



Summary and Recommendations

Summary and recommendations



Healthy Ageing

In summary ...

- While participants could guess what 'healthy ageing' meant, it wasn't a term that they used naturally or were familiar with - it was seen as marketing language
- However, they did connect very strongly with the idea of 'staying active' and managing inevitable health issues associated with ageing
- Healthy ageing was felt to encompass many different but overlapping aspects of life including physical health, mental health, staying socially active and, to a slightly lesser extent, being able to pay for it all
- Staying active was seen as the key to staying independent and continuing to do the things that, up until now, they have taken for granted (such as driving a car and doing their own shopping)
- For many, maximising their lifestyle and minimising their dependence on others was their key goal

Summary and recommendations



Healthy Ageing

Recommendations

- Reflect a positive but realistic view about ageing; good nutrition is something that helps you to 'just get on with it'
- Reflect a holistic approach to healthy ageing, healthy behaviour in all aspects of life
- Link good nutrition, diet and exercise together and reflect the target population's focus on mobility and stability

Summary and recommendations



Diet and Exercise

In summary ...

- Strategies for remaining active and involved included walking as much as possible as well as trying to schedule some formal exercise on a regular basis
- Participants also talked about the importance of working on their mental fitness and agility by doing cross words and puzzles, reading books and learning new skills and about the importance of staying in regular contact with friends
- Diet was felt to make an important contribution to health and wellness
- But whilst some participants received a great deal of pleasure from food, others simply ate because they had to
- Key principles for eating well included getting a variety of foods, eating in moderation, and focusing on fresh, whole foods as much as possible
- Some were making an effort to get more vegetables, fruit, wholegrains, fish and seafood into their diet
- While ‘treats’ were okay now and then, they tried to limit their consumption of deep fried food and fatty meats, cakes, biscuits and other sweets – often in an attempt to lose or maintain weight

Summary and recommendations



Diet and Exercise

In summary (continued) ...

- They were also wary of eating ‘too much’ red meat – partly from concerns around the fat content, but also due to issues around chewing, digestion and cost
- Meal choices were strongly influenced by the types of food and flavour combinations participants’ grew up with
- Whilst the younger participants tended to be more adventurous, older participants generally described their tastes and preferences as ‘plain’ or ‘nothing fancy’ and some also reported that their appetites had diminished as they got older
- Whilst some participants preferred to have their main meal in the evening, others had shifted their focus to lunchtime
- Morning and afternoon teas were often an important part of their daily rituals
- Those who lived on their own were strongly inclined to keep meal preparation simple
- Once in a while, however, they might do a big cook-up and freeze individual portions that they could serve up for themselves for those nights when they couldn’t be bothered

Summary and recommendations



Diet and Exercise

In summary (continued) ...

- Information and advice about diet and exercise came from a wide range of sources including the media, community and support groups, health funds, councils, friends and family, GPs, aged care and other service providers
- However, they were often skeptical about nutritional advice as the 'rules' were always changing
- Many preferred to rely on common sense and their own experiences, especially when it came to determining what they should eat

Summary and recommendations



Diet and Exercise

Recommendations

- Link good health and good nutrition with the benefits of this lifestage; travel, time with friends and grandkids, hobbies, volunteering as well as the qualities they value: (independence, energy, mobility and weight management)
- Recognise there is a reduction of interest in food among some
- These segments want to keep life simple; even though they have the time to cook, many have 'better things to do' now that there no need to cook for family members - simple, no-fuss, familiar meal ideas are key
- Bear in mind that food is still central to social life especially of younger participants, and older participants relish being taken out by family members for meals - educate them about healthy, high protein choices when eating out
- Recognise that information and inspiration comes from a wide range of sources and that there is opportunity to spread the word about nutrition through support and community groups, residential aged care, councils, as well as health insurance funds, GPs and other health professionals

Summary and recommendations



Role of Protein

In summary ...

- Whilst recognising the importance of a 'balanced diet', older participants did not tend to think of the food they ate in nutritional terms
- The word 'protein' didn't mean a great deal to them and there was considerable confusion about the best sources
- Some of the younger participants (women in particular) talked at length about the benefits of protein in terms of muscle building, but there was little mention at all of the role of zinc in building immunity or recognition that meat was a good source of zinc
- When it came to perceptions around the best types of protein to eat, fish and seafood stood out for many as being the best
- Some attributed this to the high levels of omega 3 fatty acids, whilst others simply felt that fish and seafood was lighter and easier to digest than red meat

Summary and recommendations



Role of Protein

In summary
(continued) ...

- Chicken was universally popular due to its versatility and affordability
- Eggs were also seen as cheap and easy, but attitudes to pork were mixed
- Red meat was seen as a delicious and filling option, as well as a good source of iron
- However, some participants questioned whether they needed to eat as much of it now that they're older and less active
- Some also complained that they had problems chewing and digesting large amounts of meat or worried that it contained more fat than fish or white meat
- It was also described as expensive, thus when it came to red meat, many opted for quality over quantity

Summary and recommendations



Role of Protein

Recommendations

- Recognise that education about protein and the reasons why it is still needed at this age needs to occur
- Avoid using nutritional jargon - terms like 'protein' and 'carbohydrates' don't sit easily with older people
- Be mindful of perceptions of the cost of red meat - invent healthy but cost effective high protein meal ideas i.e. new ways with mince, getting two meals out of certain cuts of meat, frozen meal ideas, etc
- Address the perceived barriers to eating red meat (cost, digestion, chewing and choking, issues around the need for meat, fat etc) in meal ideas and planning for this group
- Recognise that for some there has been a shift in focus of the main meal from dinner to lunch and that there is reluctance to eat a large meal in the evening
- Meal suggestions should include ways to add protein in smaller portions, including small meal and snack ideas

Appendices – Discussion Guides

- Individual discussion guides were prepared for each type of methodology, ie the affinity mini-groups, the individual depth interviews, and the paired depth interviews
- Similar issues were explored in each group, with minor amendments to account for different participant circumstances
- The following table summarises the sections covered in each, while the mini-affinity group discussion guide which follows shows detail of the issues explored within each section

	Anticipated Coverage	Mini-affinity group	Paired depth interviews	Individual depth interviews
1	Introduction	●	●	●
2	Understanding the nature and origin of the carer relationship		●	
3	Hopes and fears about ageing	●	●	●
4	Perceptions of 'healthy ageing'	●	●	●
5	Healthy ageing strategies and information sources	●	●	●
6	The role of food in healthy ageing	●	●	●
7	Current eating habits, recent changes, and drivers of meal choice	●	●	●
8	Perceptions about the role of protein, and beef and lamb specifically	●	●	●
9	Wrap-up and close	●	●	●

Discussion Guide – mini-affinity group version



Discussion Guide: Mini-affinity group discussion version (final as at Thursday 22 May 2014, PM)

Summary of discussion topics

PLEASE NOTE: The times shown are just estimates to illustrate the likely coverage of the topics across the 90 minutes of discussion. The order of coverage and actual time spent will vary from group to group as the moderator will follow the natural flow of discussion of the participants.

Discussion Length: 90 minutes

	Anticipated Coverage	Expected Timing	Cumulative timing
1	Introduction	10 minutes	10 minutes
2	Hopes and fears about ageing	15 minutes	25 minutes
3	Perceptions of 'healthy ageing'	15 minutes	40 minutes
4	Healthy ageing strategies and information sources	10 minutes	50 minutes
5	The role of food in healthy ageing	10 minutes	60 minutes
6	Current eating habits, recent changes, and drivers of meal choice	15 minutes	75 minutes
7	Perceptions about the role of protein, and beef and lamb specifically	10 minutes	85 minutes
8	Wrap-up and close	5 minutes	90 minutes

Discussion Guide – mini-affinity group version



I. Introduction (10 minutes)

INTRODUCE SELF AND STUDY: Thank you for coming along today, and many thanks to you (host name) for arranging the groups and offering your home for the discussion.

My name is (____) and I work for a market and social research company called Ipsos Australia. We're currently conducting research with men and women 65 years and over about their health, diet and fitness, and the discussion today is one of a number we are holding with men and women such as yourselves around Sydney and Melbourne over the coming weeks.

EXPLAIN APPROACH: So, over the hour and a half I've got some questions I'd like to ask you. I'm just interested in your honest opinions on the subject of discussion. So please feel free to speak your mind and tell me what you think. Obviously, there are no right or wrong answers, we're just interested in knowing about your personal situation and opinions.

EXPLAIN USE AND RESPONDENT ANONYMITY: Anything we discuss today will be used for research purposes only and you won't be personally identified in any way, your opinions and views will remain entirely anonymous. There's a permission form we'll need to complete at the end of the group discussion. I just wanted to double-check that you're okay with this. The information you tell me today will be combined with comments from the other group discussions we're holding and we will pull this all together to write a report.

EXPLAIN RECORDING: You'll notice I'll take some notes but I can't get everything down, so I need to go back and listen to the recording later to make sure I've got an accurate record of what we've discussed. I'd like your permission to make an audio -recording of the group discussion. Is that okay?

ASK FOR QUESTIONS: Do you have any questions before we start?

Note: If they ask who the research is being conducted for say that we will be happy to tell them at the end of the discussion, but would rather not reveal this before we begin as we don't want it to influence their discussion in any way.

Discussion Guide – mini-affinity group version



2. Hopes and fears about ageing (approx. 15 mins)

Objective: *To understand participant's perceptions about the benefits and limitations of ageing and to see if 'healthy ageing' as a concept is naturally raised.*

I'd like to start off the discussion by understanding how you feel about the notion of ageing.

- How do you feel about ageing in general?
- What would you say are the benefits of ageing in your opinion?
- What goals and hopes do you have about how you age?
- And what are the downsides of ageing from your perspective?
- What are your biggest fears and concerns about ageing?

Discussion Guide – mini-affinity group version



3. Perceptions of 'healthy ageing' (approx. 15 mins)

Objective: *To understand the language and elements in the participant's definition of 'healthy ageing'.*

And now I'd like to understand how you feel about the notion of 'healthy ageing'.

- Have you heard this term before today?
- *(If yes, ask:)* Where have you heard about it?
- What comes to mind when I mention 'healthy ageing'?
- What characteristics do you associate with 'healthy ageing'. Why is that?
- If you were to describe healthy ageing to another person, what might you say?
- *(If not mentioned spontaneously probe:)* What aspects of health do you include in your definition, that is, do you think mainly about physical health, or do other types of health, such as mental health, social healthy, and financial health, come under this banner too? Why/why not?
- What are the benefits to you personally from ageing in a healthy way? What are your own key motivations for ageing well? *(Probe: Living independently for as long as possible outside residential aged care)?*

Discussion Guide – mini-affinity group version



4. Healthy ageing strategies and information sources (10 mins)

Objective: *To understand how food/diet is discussed relative to other potential strategies promoting healthy ageing such as physical activity, falls prevention and mobility aids, financial planning, hobbies/activities, alcohol/tobacco use, etc and identify trusted information sources on the topic of healthy ageing*

- What do you consider to be some of the key things that people can do to help them age in a healthy way?
- Why do you think these things are important and what do they each contribute to ageing well?
- Which of these strategies or approaches do you yourself follow? Why is that?
- How do you know about these things that promote healthy ageing? Where has this information come from?
- When it comes to information about healthy ageing, what other sources of information come to mind for you?
- Which of these would be the most trustworthy on the topic of healthy ageing?
- What is it about those sources that make them more trustworthy than others?

5. The role of food in healthy ageing (10 mins)

Objective: *To identify the perceived contribution of food to healthy ageing, and understanding specific types of foods that are seen as more beneficial than others.*

(Vary question depending on whether mentioned spontaneously in previous discussion) You mentioned eating well as a strategy to assist people age in a healthy way. Tell me a little more about the role you think food plays in healthy ageing.

- In what ways does what you eat impact healthy ageing (*probe: impact on muscle and bone strength, mental acuity, impact on immunity or ability to fight infections or heal wounds and general sense of well-being*)?
- Are there particular foods that you feel are very important in the diet to promote healthy ageing?
- *(If yes)* What types of foods in particular, and what are the benefits they offer in your opinion?
- And conversely are there particular foods that you feel should be avoided to promote healthy ageing?
- *(If yes)* What types of foods come to mind, and what are the downsides of including these foods in the diet of older people?

Discussion Guide – mini-affinity group version



6. Current eating habits, recent changes, and drivers of meal choice (15 mins)

Objective: To identify current eating habits, changes in the recent past and the key issues impacting meal planning and purchasing decisions.

I'd like to understand a little more about your current eating habits and meal choices.

- Would you be able to describe a typical day in terms of the number and types of main meals and snacks that you eat?
- And to what extent do you yourself influence the choice of main meals and snacks you eat?
- What sorts of things have a big influence on what you choose of meals and snacks (*specifically probe for: packaging/portion size, price, perceived convenience in terms of meal preparation, taste, perceive health benefits of food, form ie liquid versus solid*)
- And of all different types of main meals and snacks you eat, which would you say are your favourites at the moment?
- What is it about these in particular that makes them your favourites (*probe: taste, easy to prepare, health benefits, etc*)?
- And which meals and snacks do you consider the most convenient? Why is that?
- And of the meals and snacks you eat, which would you say are the healthiest? Why is that?
- To what extent, if at all, has the type of main meals and snacks you eat changed in recent years?
- What are the major issues which have driven these changes?

Discussion Guide – mini-affinity group version



7. Perceptions about the role of protein, and beef and lamb specifically (15 mins)

Objective: To identify perceptions about the importance and role of protein in an ageing diet and the relative strengths and weaknesses of beef and lamb in comparison with other protein sources.

(Again, vary questions depending on whether protein mentioned in previous section). I'd like to know a little about how you see the role of protein in the diet as you age?

- When we talk about protein, what types of foods come to mind for you?
- What do you feel are the benefits of protein-rich foods in your diet (probe: maintaining muscle mass, promoting muscle strength, source of zinc and iron) ?
- What makes you think that?
- Do you think it's important to eat more or less protein to remain healthy as you age? Why do you say that?
- What would be the main sources of protein in your diet at the moment?
- What makes these your preferred sources at the moment?
- When it comes to different sources of protein from animals, such as beef, lamb, pork, chicken, fish, eggs, etc, which of these do you see as being particularly beneficial for healthy ageing? Why is that?
- Thinking specifically now about beef and lamb what do you think are the relative strengths of these compared to other sources of protein?
- And what in your opinion are the relative weaknesses or limitations of beef and lamb as sources of protein compared to other sources of protein?

Discussion Guide – mini-affinity group version



8. Wrap-up and Close (5 minutes)

- Do you have any final comments about anything that was discussed today before we end our discussion?

Thank you for your time and thanks again to (host) for arranging the group discussion today.

Provide incentives, get respondent signature.

2. Understanding the nature and origin of the carer relationship (approx. 10 mins)

Objective: *To understand the nature of the relationship between the ageing person and carer and the sorts of assistance the ageing person needs with activities of daily life.*

In the study we're speaking with people who are involved in a range of living situations, and some people who live independently and don't require any form of assistance from others, and others who receive assistance with aspects of daily life from others and you're both here today to help us understand this second situation.

So, I'd like to start off by understanding a little bit about your particular situation.

- Tell me a little about your relationship.
- *(Ageing person)* What was the situation which drove you to ask for assistance in your daily activities?
- *(Carer)* What are the particular activities that you help out with at the moment *(note: these may extend beyond food shopping and meal preparation)*?
- *(Ageing person)* Do you receive assistance from other people as well? (If so), what sort of assistance?

So *(ageing person)* there are some sections of the discussion where I'm particularly interested in your opinions, and others where I'll be interested in input from both of you. Does that sound okay?