

According to the *Health, United States, 2016* data, 26% of men and women age 65 and over have diabetes mellitus, which puts them at greater risk of premature death overall, and chronic diet-related diseases including, hypertension, stroke, and heart disease, the number one killer in America (Brown, 2017).

According to the *Health, United States, 2019* data, over 77% of adults over the age of 65 are hypertensive or taking medications for high blood pressure (CDC). High blood pressure is considered a metabolic disorder and when clustered with other metabolic disorders including, diabetes mellitus, high blood cholesterol, and obesity, is referred to as metabolic syndrome, which increases the risk of cardiovascular disease (Holli, 2018).

Adults over age 65 should be educated on chronic diet-related diseases including, who is at risk, what causes them, what can improve outcomes related to them, and what further risk is involved if nothing is done. This strategy should be used to promote cognitive processing of both the risks and power they have concerning their own health, and making a commitment to take control of their health; cognitive processing and commitment are two requirements for behavior change. This should be done because in this age group, the concept of “self-management” is now emphasized, meaning the individual works on goal setting and strategies to handle barriers to their wellness, alongside their care team (Holli, 2018).

Especially following the first strategy, adults over age 65 should take part in hands-on cooking lessons accompanied by grocery store guidance, so they may learn how to shop for and cook nutrient-dense meals that appeal to them with minimal cost and effort. This strategy should be used to increase their capability and confidence surrounding food and creating tasty, healthy meals at home; capability and confidence are the other two requirements for behavior change. This strategy should be used to help the aging couple or aging person alone achieve three of the eleven developmental tasks including, establishing a “safe, comfortable household routine to fit health and economic status,” adjusting “living standards to retirement income,” and maintaining the “maximum level of health; care for self physically” (Archambault).

References

- Archambault, R. *Developmental Tasks for the Individual and the Family*. faculty.ccri.edu/
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Holli, B. B., & Beto, J. A. 2018. *Nutrition Counseling and Education Skills: A Guide for Professionals* (pp. 210-213) Wolters Kluwer.