Nutrition and Aging Resource Center

Older Adults Dietary Guidelines for Americans Tip Sheet

Prioritize whole, healthy, nutritious foods with the Dietary Guidelines for Americans

The Dietary Guidelines for Americans (DGAs) are created by the U.S. departments of Agriculture and Health and Human Services to provide nutritional guidelines for the general population. The DGAs are used by federal food, nutrition, and health policies and programs to help the population consume a healthy and nutritionally adequate diet. Under the Older Americans Act, all senior nutrition programs are required to ensure meals and menus meet the DGAs and Dietary Reference Intakes (DRIs). This tip sheet reviews the DGAs' main goals, senior nutrition program menu considerations, and nutrients of concern in the older adult population.

Guidelines

- Prioritize whole, nutrient-dense foods (e.g., protein, dairy, vegetables, fruits, healthy fats, and whole grains).
- Avoid highly processed foods (e.g., chips, cookies, candy, sugary cereals, processed deli meats).
- Significantly reduce intake of added sugars, refined carbohydrates, excess sodium, and unhealthy fats.
- Limit alcohol — consume less alcohol for better overall health.

Dietary Principles

- Meet nutritional needs primarily from whole, minimally processed foods and beverages.
- Choose a variety of options from each food group.
- Pay attention to portion size.
- Build a balanced dietary pattern over time rather than focusing on single nutrients in isolation.

Senior Nutrition Program Menu Considerations

- Ensure that all meals served using OAA funds comply with the following requirements.
    - Adhere to the most current DGAs.
    - Provide a minimum of one-third of the DRIs.

    - Meet state and local food safety and sanitation requirements.
    - Appeal to older adults.
- Solicit advice and expertise from your consumers through surveys, menu councils, etc.
- Consider the regional population being served when planning menus.
- Make sure that meals contain variety in the areas of color, texture, and food choice.
- Minimize highly processed, packaged foods in menu planning.

Nutrients of Concern for All Populations

The DGAs indicate that most Americans under-consume calcium, potassium, dietary fiber, and vitamin D. These nutrients are essential for the body to function properly, and underconsumption can lead to adverse health effects, such as osteoporosis, fatigue, and heart disease.

Older Adult Special Considerations

Chronic conditions affect more than 90% of adults 65 and older, making healthy dietary patterns especially critical.

Protein: Underconsumption of protein remains a key concern for older adults, as it can lead to muscle loss (sarcopenia) and functional decline. The DGAs recommend prioritizing nutrient-dense protein foods as part of a healthy dietary pattern to support muscle health and healthy aging.

Vitamin B12: Older adults remain at risk for B12 deficiency, which can lead to anemia and neurological symptoms. Because absorption declines with age, fortified foods or supplementation may be necessary.

Fluids: Adequate hydration remains a concern, as the sensation of thirst diminishes with age. Older adults should consume fluids regularly even without feeling thirsty.

Calcium and vitamin D: Dairy is an excellent source of protein, healthy fats, vitamins, and minerals. Dairy intake is encouraged to help older adults meet calcium and vitamin D needs, which are critical for bone health and falls prevention.

Nutrient gaps for plant-based diets: Vegetarian and vegan dietary patterns are acknowledged as potentially healthy, but older adults following these patterns should monitor nutrient gaps, particularly with vitamin B12, vitamin D, iron, calcium, and vitamin E. Older adults should consider supplementation as needed or recommended by a physician.

Alcohol: Overconsumption of alcohol increases the risk of falls and other adverse health effects in older adults.

Highly processed foods: Older adults should be aware that highly processed foods (those high in refined carbohydrates, added sugars, excess sodium, and chemical additives) are discouraged. These foods are linked to chronic disease, poor gut health, and other negative health outcomes.

Other Older Adult Dietary Requirements

Adults 51 and older
Adapted from the DRI tables; consult the USDA DRI Calculator for individual needs

Macronutrients	Female 51 and Older	Male 51 and Older
Calorie level assessed	1,600	2,000
Protein (% kcal)	10-35	10-35
Protein (g) minimum RDA	46	56
Protein (g/kg)	1.2-1.6 g/kg body wt.	1.2-1.6 g/kg body wt.
Carbohydrate (g) minimum RDA	130	130
Fiber (g)	21	30
Added sugars (% kcal)	Significantly reduce/avoid	Significantly reduce/avoid
Total lipid (% kcal)	20-35	20-35
Saturated fatty acids (% kcal)	<10	<10
Minerals	**Female 51 and Older**	**Male 51 and Older**
Calcium (mg)	1,200*	1,000 *
Iron (mg)	8	8
Magnesium (mg)	320	420
Phosphorus (mg)	700	700
Potassium (mg)	2,600	3,400
Sodium (mg)	2,300	2,300
Zinc (mg)	8	11
Vitamins	**Female 51 and Older**	**Male 51 and Older**
Vitamin A (mcg RAE)	700	900
Vitamin E (mg AT)	15	15
Vitamin D (mcg)	15	15
Vitamin C (mg)	75	90
Thiamin (mg)	1.1	1.2
Riboflavin (mg)	1.1	1.3

Vitamins	Female 51 and Older	Male 51 and Older
Niacin (mg)	14	16
Vitamin B-6 (mg)	1.5	1.7
Vitamin B-12 (mcg)	2.4	2.4
Choline (mg)	425	550
Vitamin K (mcg)	90	120
Folate (mcg DFE)	400	400

National Institutes of Health (NIH) Nutrient Recommendations: Dietary Reference Intakes

*Calcium DRI for males 70 and older is 1,200mg

*Vitamin D DRI for males and females 71 and older is 20mcg (600IU)

Resources

Dietary Guidelines for Americans

Nutrition.gov

Nutrition Services and OAA Requirements (Administration for Community Living)

FoodData Central (U.S. Department of Agriculture (USDA))

Nutrient Recommendations: Dietary Reference Intakes (NIH)

DRI Calculator for Healthcare Professionals (USDA)

"Using the Nutrition Facts Label: For Older Adults" (U.S. Food and Drug Administration)

Disclaimer: All resources provided are from government websites