Millions of Family Caregivers Manage Complex Diets for Older Relatives – Often With Little Nutritional Guidance

Registered dietitians can provide valuable support, but are underutilized due to lack of awareness and insurance coverage limitations.

July 28, 2026 By The Conversation and Minakshi Raj

My first science experiment was in sixth grade for our county's science fair. Over three months, I tested how my grandfather's blood sugar responded to green leafy vegetables versus brown rice at dinnertime. My mom would prepare traditional South Indian meals, including those foods, and my dad would supervise as I measured and administered insulin and recorded my grandfather's blood sugar levels.

It was the first time I observed how much thought, care and uncertainty there can be in supporting the nutritional needs of a relative with a complex health condition.

Today, as a health services researcher studying how family caregivers manage food and nutrition as part of taking care of older family members, I know that helping an older relative eat well doesn't just support their health. It can also bring them joy, boost their energy, prompt nostalgia or offer fun opportunities to experiment with new flavors.

But addressing nutrition for older adults, who may have multiple chronic conditions, can be complex. Many of the caregivers I interview for my research don't recognize how much time, energy and effort they dedicate to their nutrition-related responsibilities until we have a focused conversation about it.

Too often, caregivers are left to manage these substantial responsibilities alone, with limited resources and information about nutrition.

How family caregivers support nutrition

Over 60 million caregivers in the U.S. support a relative, friend or neighbor with daily activities, such as dressing and transportation, and with complex aspects of daily life, such as navigating finances and communicating with clinicians. An estimated 1 in 4 family caregivers of older adults help with nutrition and dietary modifications, my colleagues and I find.

Nutrition needs change with age. Older adults generally need fewer calories but require more protein, fiber and other nutrients to maintain muscle, bone and overall health. And the shrinking number and size of taste buds and reduced saliva production can affect which foods people enjoy or are able to eat.

More than 7 in 10 older adults have more than one chronic condition, such as diabetes, cardiovascular disease, dementia or osteoporosis. Some conditions are risk factors for developing others – for instance, having Type 2 diabetes raises the likelihood of cardiovascular disease, and both are risk factors for dementia.

Optimal nutrition is critical for managing these diseases – and often for reducing the risk of developing them. Family caregivers are often responsible for every aspect of providing nutrition support, from planning meals to grocery shopping, to making sure their relative eats those meals.

But different health conditions require different approaches to dietary changes, and those changes can be even more nuanced when someone has multiple conditions. For example, someone with Type 2 diabetes can benefit from eating fewer foods with refined carbohydrates, such as cookies, candies and sodas, and more foods high in fiber, protein and fats to stabilize their blood sugar.

If that person also has kidney disease, they might need to restrict their consumption of foods that are high in potassium, such as potatoes and tomatoes, as well as foods that are high in phosphorus, such as nuts, to avoid straining the kidneys.

On top of that, caregivers may also have to navigate their family member's dietary requirements or preferences, such as being vegan or having food sensitivities. And they may also have to translate dietary guidelines, which are often rooted in Western and American cuisines, to traditional, culturally relevant cuisines that their older relative prefers.

Caregivers often don't have the knowledge to help them with their nutrition responsibilities, such as making sure the food they provide includes the necessary amounts of macronutrients – proteins, carbohydrates and fats that the body needs. Many are also unsure of how nutrition

affects their relative's health condition and lack training on meal planning, budgeting and cooking for themselves and for a relative with chronic health conditions.

Different types of caregiving relationships can also bring about unique challenges. For example, our research shows adult children caring for a parent may struggle with convincing their parents to change their diet. Caregivers supporting someone with memory loss may worry about whether their relative has eaten enough, or may spend hours preparing a meal that is enjoyed one day but goes untouched the next.

Enlisting a registered dietitian

These concerns reflect the fundamental role food plays in daily life as well as in caregiving and family dynamics.

Working with a professional can help. A registered dietitian nutritionist can talk caregivers through their family's specific concerns and preferences about managing an older relative's nutritional needs. Dietitians can also help families make sure that any dietary modifications safely align with their relative's health conditions, as well as with their medications and other therapies.

Dietitians are a valuable resource, but they tend to be underused in healthcare. That may be because people are not aware of the type of support they can offer, or because restrictions on insurance coverage mean that working with them isn't always covered.

Since 2025, Medicare has allowed registered dietitians to train family caregivers on how to manage special diets for conditions such as diabetes or chronic kidney disease, even if the patient isn't in the room.

How kitchen strategies can help

Other help is also available. Online resources, such as those offered by the American Diabetes Association, can provide ideas for recipes as well as information about nutrition and management of specific health conditions. For caregivers who need to make dietary modifications to traditional, non-Western cuisines, resources such as Oldways, a nonprofit food and nutrition education organization, can provide global culinary examples that meet specific nutritional needs.

A few targeted kitchen strategies, such as meal planning, can go a long way toward helping

caregivers navigate food decisions and the nutrition needs of older relatives. You can start by thinking through what types of foods to include – or to skip – in order to to meet your relative's health needs. For example, they might need high fiber to slow digestion and prevent blood sugar spikes in diabetes. Or they might need to add dairy to meals for good bone health.

Creating a list of meals for the week based on food groups – such as grains, protein sources, vegetables, fruits and dairy – can help ensure these items are part of each meal. It also enables you to shop with a specific list on hand, which can reduce food waste or spoilage. Meal planning is also something you can do together with your older relative.

One common dietary change for older adults is reducing how much sodium they consume. Packaged and prepared foods are often high in salt because it enhances flavor. To maximize flavor in low-salt foods prepared at home, try experimenting with different spices and herbs. If your relative seems to really enjoy a particular blend, you could even create your own mix to use in a variety of dishes.

Small steps like these can help caregivers continue providing this help and might even bring new foods and flavors into the home.

This article was originally published July 24, 2026, in The Conversation, by Minakshi Raj, Assistant Professor of Health and Kinesiology, University of Illinois Urbana-Champaign. It is republished under a Creative Commons license. Read the original article.

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