



Healthy Eating for Successful Living in Older Adults™

NCOA Model Health Program

Healthy Eating for Successful Living in Older Adults

Program Approved by NCOA

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Program Synopsis

- General description of the program
 - Healthy Eating for Successful Living in Older Adults is both an educational and support program designed to assist older adults in the self-management of their nutritional health. The focus of this program is to encourage participants to understand and implement eating and activity behaviors that support heart and bone health.
 - Healthy Eating is an educational and hands on program using MyPyramid as a framework. The intervention uses peer support to concentrate on behavior change as a core component. The program also includes recommendations and support for physical activity in conjunction with sound nutrition practices.
 - The main components of the program include self-assessment and management of dietary pattern, goal-setting, problem-solving and group support, education, relying on both group interaction and the expertise of a Registered Dietician/Nutritionist when needed and behavior change strategies.

- Program goals
 - Increase knowledge about enhancing heart and bone health through healthy diet choices and physical activity
 - Adapt to culturally diverse populations
 - Foster improvement in nutrition life-style to all seniors through peer-led behavioral change
 - Teach participants how to set reasonable goals and solve problems related to common nutrition self-management issues, what community resources are available, and how to use them.

- Reasoning behind the program design and elements
 - The importance of nutrition in the older adult population is specifically critical in the prevention of development and progression of chronic disease. Both heart disease and osteoporosis are common problems that can have devastating effects on functional capacity and quality of life.
 - Healthy eating and moderate physical activity are key promotion behaviors that can reduce the burden of heart disease, a leading cause of death in the older adult population. Osteoporosis, a disease that thins and weakens bones, is the cause of 1.5 million fractures each year. It affects about 10 million Americans over age 50, while another 34 million are at risk (U.S. Department of Health and Human Services, 2004). Osteoporosis is largely

- preventable through eating a diet rich in calcium and vitamin D and following a lifestyle that includes regular weight-bearing exercise.
- The report, "Malnutrition in the Elderly, A National Crisis" (Cope, 1996), described that one in four elderly in the community is malnourished. Malnutrition refers to any disorder of nutrition and can result from an unbalanced, insufficient or excessive diet, or from impaired ability to absorb nutrients. Obesity often masks malnutrition. Poor nutrition can occur in all segments of the older adult population, but common risk factors include poverty, social isolation, polypharmacy, chronic disease, and poor oral health. Poor nutrition is associated with many adverse health events, including increased risk for chronic disease, infection, disability, longer hospital stays and hospital readmission.
 - The program intends to foster improvement in nutritional aspects of lifestyle by focusing on all the components of nutrition such as food, exercise, behavior change, and social support.
- Target Population
 - Adults age 60 and older who want to gain knowledge about healthy eating and exercise are eligible for the program. They must be cognitively intact and able to participate in group discussions. Participants do not have to be committed to making behavioral changes when they join the program, but should be willing to take part in the process.
 - Essential Program Components and Activities
 - It is an educational and hands on program using MyPyramid as a framework. A support group with a behavior change focus forms the core of the program. The program also includes recommendations and support for physical activity in conjunction with sound nutrition practices.
 - The workshop is conducted over 6 sessions, one session a week.
 - Week #1 MyPyramid, 2005 Dietary Guidelines, Label Reading and Exercise
 - Week #2 Grains, Vegetables, Fruits, Water and Exercise
 - Week #3 Meat, Eggs, Legumes, Milk and Exercise
 - Week #4 Fats, Sweets and Exercise
 - Week #5 Applying our Skills-Grocery Shopping
 - Week #6 Putting It All Together – Meal Preparation or Cooking Demonstration
 - Healthy Eating Luncheon (one month after Week #6)
 - Participants are expected to attend all sessions, as well as the Healthy Eating Luncheon. Each session is organized to maximize interaction, with the peer leaders facilitating the process. Sessions are highly participatory and include distinct activities such as education, support, and resource connection.
 - The program includes a variety of "hands on" activities such as going to the grocery store, learning to read food labels, and making a healthy choice at a restaurant or in meal preparation. Participants keep a journal of food choices to monitor changes in their eating habits.
 - A Registered Dietician/Nutritionist is available as needed to answer technical questions and make appropriate referrals to printed materials.

- Length/Timeframe of the program
 - Six sessions, one session each week, 2.5 hours each session and a restaurant outing to test knowledge and skills.
- Recommended class size
 - Between 8 and 12 participants
- Settings
 - The Healthy Eating program is suitable for any community-based organization focusing on the needs and concerns of seniors, including but not limited to, senior centers, churches, congregate housing, and congregate meal sites.
- Desired Outcomes
 - Knowledge about healthy diet choices and physical activity
 - Healthier eating habits
 - Changes in eating behaviors
 - Lowering of blood pressure and cholesterol
 - Weight loss or weight maintenance
 - Setting goals and problem solving
- Measures and evaluation activities
 - Evaluation of local implementation is done by getting feedback on each session and by measuring participant satisfaction and self-reported changes through the Satisfaction survey. However, a more comprehensive evaluation is recommended using the Nutrition Screening pre-test questionnaire and Attitudes and Behaviors pre-and post- questionnaires. Pre-test forms are self-administered and should be given to prospective participants at the time of enrollment. These will be collected at the first session. The post-test should be administered at the Luncheon. Copies of evaluations should be sent to the Program Director. All evaluation tools are included in the Appendix of the Healthy Eating toolkit.
 - The survey is completed at the start of the program and 2-3 months after completion of the workshop as pre and post participation.

Health Outcomes and Evidence Supporting Health Outcomes

- Health outcomes are not available at this time.

Program Costs

- Toolkit is free on CR-ROM from NCOA
- Toolkit includes:
 - Detailed description of the Healthy Eating program
 - Instructions for training Healthy Eating peer leaders
 - Information about being a peer leader and instructions for leading each weekly session
 - Handouts for use in the workshop, including a Participant Manual
 - Materials for assessing readiness and evaluating the program

Resource Requirements

- Facility
 - Ensure room temperature is comfortable
 - Handicapped access
 - Fresh water, ice and glasses on the meeting tables

- Equipment and materials
 - MyPyramid Poster
 - Nutrition Facts Label Poster
 - Two flipcharts, easels, masking tape and markers
 - VCR and a TV for showing the exercise video
 - Nametags
 - Photocopying (Trainer's, Participant, Peer Leader Instruction Manuals)
 - Paper and pens
 - Luncheon for Healthy Eating participants
 - Empty food boxes/wrappers
 - Food journals (blank notebook)
 - Examples of portion sizes

Training Requirements

- Lay Leader Training
 - Two eight-hour sessions and follow-up as needed via e-mail or telephone. Most effective training enrolls 8 -10 trainees in the 2-day module designed specifically for this project.
- Lay Leader Qualifications
 - No formal training in nutrition of health is required. Any staff, volunteer or seniors are eligible. Should be interested in the subject matter, commitment to trust the process, and ability to embrace change. Need to be willing to participate as a group member in each session and provide leadership when needed.
- Number of Lay Leaders needed for the class
 - Two

References

Cope, K. (1996). *Malnutrition in the Elderly: A National Crisis*. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (2004). *Bone Health and Osteoporosis: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved October 11, 2006 from <http://www.surgeongeneral.gov/library/bonehealth/content.html>.

This program overview was prepared by Ellen Schneider, Associate Director for Operations and Communications, UNC Institute on Aging. For further program information, please contact the program administrator listed on page 1. Available health outcomes, cost, and savings data are presented when known. We extend our thanks to the NC Area Agency on Aging directors for their assistance in designing the format for this document.