# A CASE STUDY OF THE NUTRITION NEIGHBORS PILOT PROJECT

by

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## ABSTRACT OF PROJECT

A Case Study of the Nutrition Neighbors Pilot Project

by Beverly Grice R.D.N.

Citizen participation is an essential strategy in the new framework for 'achieving health for all' that was developed in 1986 by Health and Welfare Canada. One way to discover how this affects professional practice and nutrition education is to try to implement a program with the help of citizens. This project is a case study of such a strategy. The Nutrition Neighbor Pilot Project, an education program for seniors, included seniors in the design process, the implementation phase and the evaluation process. This case study describes the demonstration nutrition neighbor discussions, the workshop series for nutrition neighbor volunteers, and their subsequent activities. The workbook they produced describes the project and gives practical hints for others to use and is included in Appendix A.

The author was participant observer in this project. She was hired by the seniors to be their nutrition consultant for the pilot phase of the project. The case study details the process from the initiation of a proposal for a grant, the grant activities and the post-grant activities. This project was considered successful because Nutrition Neighbor volunteers are active in the community.

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# CHAPTER ONE

# CONTEXT FOR NUTRITION NEIGHBORS PILOT PROJECT

This graduate project is a case study of the Nutrition Neighbors Pilot Project (NNPP) that was carried out in West-Main and Burrard Health Units from September 1988 to September 1989. After setting the context in which the NNPP occurred and presenting the rationale for the design that was chosen, I describe the NNPP, the method of the graduate project, and then discuss the findings.

## Background

In the early 1970's Marc Lalonde, federal Minister of Health and Welfare issued the document **A New Perspective on the Health of Canadians** [1]. This book revolutionized the way that we looked at health care and health promotion. It listed the following strategies to meet the broad objectives of reducing mental and physical health hazards and improving the accessibility to health care:

> 1. A health promotion strategy aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility and be more active in matters affecting mental and physical health.

2. A regulatory strategy aimed at using federal regulatory powers to reduce hazards to mental and physical health, and at encouraging and assisting provinces to use their regulatory powers to the same end.

3. A research strategy designed to help discover and apply knowledge needed to solve mental and physical health problems.

4. A health care efficiency strategy the objective of which shall be to help the provinces reorganize the system for delivering mental and physical health care so that the three elements of cost, accessibility and effectiveness are balanced in the interests of Canadians.

5. A goal-setting strategy the purpose of which will be to set, in cooperation with others, goals for raising the level of the mental and physical health of Canadians and improving the efficiency of the health care system.

One effect of this document on the practice of health professionals was in the area of health education as evidenced by the growth of programs such as Participaction. People now were validated to engage in education about healthy lifestyles.

The **Achieving Health for All** [2] document produced by Health and Welfare Canada in 1986 takes the strategies laid out in **A New Perspective on the Health of Canadians** and presents a framework that emphasises the influence of the environment together with personal responsibility on physical, mental, social and personal well-being. This represents a move from emphasis on personal responsibility and victim-blaming to a recognition that society's problems of poverty, underemployment, pollution, and social equity play a role in the health of individuals.

This change in the view of health promotion reflects the change in the definition of health from "the absence of illness" to "the extent to which an individual or group is able on the one hand to realize their aspirations and satisfy needs and on the other hand to change or cope with the environment." When the latter definition is accepted there should be a shift in how health problems are perceived and approached. Figure 1 taken from Labonte[3] illustrates the shift through three models of health from the medical paradigm to the public health paradigm to the recently proposed socio-environmental paradigm.

Figure 1:Leading Health Problems
by Health Paradigm

| MEDICAL | PUBLIC HEALTH | SOCIO-ENVIRONMENTAL |
|---|---|---|
| Sexually transmitted disease | Smoking | Poverty |
| Heart disease | Drug abuse | Unemployment |
| Hypertension | Alcohol abuse | "Stress" |
| Diabetes | Malnutrition (poor eating habits) | Pollution |
| Obesity | Lack of exercise/fitness | Nuclear threat |
| Mental illness (depression, anxiety) | Poor stress management | No housing/homelessness |
| Hunger (acute malnutrition) | "Unsafe" sex | Aging population |
| Infectious diseases | Teenage pregnancy | Family violence |
| Hepatitis B | Poor parenting skills | Hazardous living and working conditions |
| Cockroach infestations | Suicide | Wife assault |
| Arthritis | | Isolation |
| Accidents (trauma) | | |
| AIDS | | |

It is important to note that all three paradigms have their merits and problems. In actual fact, all three need to be present. Currently, the medical paradigm uses most of our resources. The balance should be shifted to include more resources for the public health and socio-environmental paradigms. This changing health care climate is the milieu in which the Seniors' Wellness Program was initiated in the City of Vancouver.

The Vancouver Seniors' Wellness program started in 1984 and was designed with the guiding ideology of promoting the physical, mental, social and personal well-being of older adults, using strategies affecting both the individual and the environment. The underlying assumptions of the Wellness program were that although aging is often accompanied with loss and decreased opportunities for meaningful activities, the majority of older people are not an economic, social or health problem; that ageism (the presumption that older people have less to offer as they age) has a negative impact on health and well-being; and that chronic disease and the behaviour of professionals can contribute to the feeling of loss and control. The program goals intended to match these assumptions are:

1. to cultivate the concept that aging, and aging well is normal;
2. to provide opportunities for individuals to gain control over their lives;
3. to support the development of friendships - social support;
4. to enable individuals to acquire the skills required to meet personal needs.

5. to promote aging well as a personal and a community responsibility;

6. to promote mutual exchange between professionals and older people;

7. to support older adults to draw upon their own resources and take control of their own health promotion programming;

8. to build and increase social networks among older people.

Within the framework of the Seniors' Wellness Program, strategies to meet the program goal are programs that:

a) acknowledge the importance of personal autonomy;

b) strengthen individual self-care skills and knowledge; and

c) recognize, validate and support the extent to which older adults can and do function as resources to themselves, each other and the community.[4]

The Nutrition Neighbors Pilot Project (NNPP) developed within the framework of the Seniors Wellness Program. Often promotion about nutrition emphasizes activities that suggest dietary changes an individual should make to lead a healthier life. This prescriptive approach is apparent in the nutrition education tool Canada's Food Guide or as it was originally known, Canada's Food Rules. Nutrition education messages have exhorted people to stop eating so much ....., or to eat that food, or to eat in this fashion, or to cook food this way. However, this type of message does not necessarily mean that the social or physical environments of the individual are included in the teachings from health professionals.

Other nutrition programs with empowerment of the participants as an organizational goal have come closer to making the nutrition education message fit the physical and social environment of the participants. Nancy Rody[5] compares nutrition intervention programs in the Pacific Islands to illustrate this point. In Micronesia, the U.S. Department of Agriculture (USDA) implemented supplemental programs; these programs are administered centrally to distribute surplus food to participants. The evaluation decisions are based on the numbers reached and cost of distribution, not the incidence of malnutrition. Paradoxically the incidence of malnutrition is increasing in areas where the supplemental programs have operated longest. On the other hand, in Yap, USDA initiated a system of Primary Health Care Dispensaries in the local communities. The staff for the dispensaries are local people who were trained at the central hospital to do education and treatment. The hospital staff acted as consultants and referral sources. The staff at the clinics were assisted in doing their own research by developing growth charts for children in Yap; in surveying the eating habits of infants; and in researching the incidence of breastfeeding. They were able to use this research to guide their educational practices. The incidence of hospital admissions and malnutrition have decreased since this program was initiated. Also, if transportation or communication problems occur between the outlying communities and the central hospital, the residents in the local communities are still able to receive appropriate health care service from their Primary Health Care

receive appropriate health care service from their Primary Health Care Dispensary.

Programs administered from the top-down (USDA supplemental program in Micronesia) when compared with programs administered from the bottom-up (USDA Primary Health Care Dispensaries in Yap) do not have a lasting effect when the health professionals are removed from the scene[6]. The top-down program, administered centrally, taught people to be reliant on the health professionals for identification of problems and for the solutions to their problems. Then, if decisions are made centrally to cut the budget for communication or transportation systems for the health professionals the recipients of the program are left without their resources for care. In comparison, however, the program administered from the bottom-up to the central body was less affected by problems with communications or transportation systems. In this program, the local community was an equal partner in running the program. The participants were taught skills to be part of the program. When there were disruptions in the program, the local people in the community had learned skills that they used until access to the central health professional resource was restored.

Therefore, in order to ensure continuity of a program the administrative structure needs to be planned carefully. The above example points out there should be both a role for community members as well as the staff members involved in a program. The NNPP views seniors as a resource to

themselves and the community, aims to strengthen the individual's knowledge and promote personal autonomy.

## Description of the Nutrition Neighbor Pilot Project

Since February 1987 a group of seniors, representatives from several Wellness Groups in the West-Main and Burrard Health units, met to discuss the concept of seniors teaching seniors about nutrition. In May of 1988 they submitted a grant proposal to New Horizons for the Nutrition Neighbors Pilot Project (see Appendix A). They hired me as the nutritionist facilitator to assist them implement the project. For the readers' benefit a definition of a Nutrition Neighbor is in order: a Nutrition Neighbor is someone who listens to seniors and starts discussions about eating for fun and health.

The objectives outlined for the Nutrition Neighbors Pilot Project are:

1. to increase awareness among seniors that eating can be for fun as well as for health;
2. to create a resource of seniors who are especially interested in helping other seniors to find eating a pleasant experience;
3. to develop resource kits; and
4. to produce a final workbook for other groups to use.

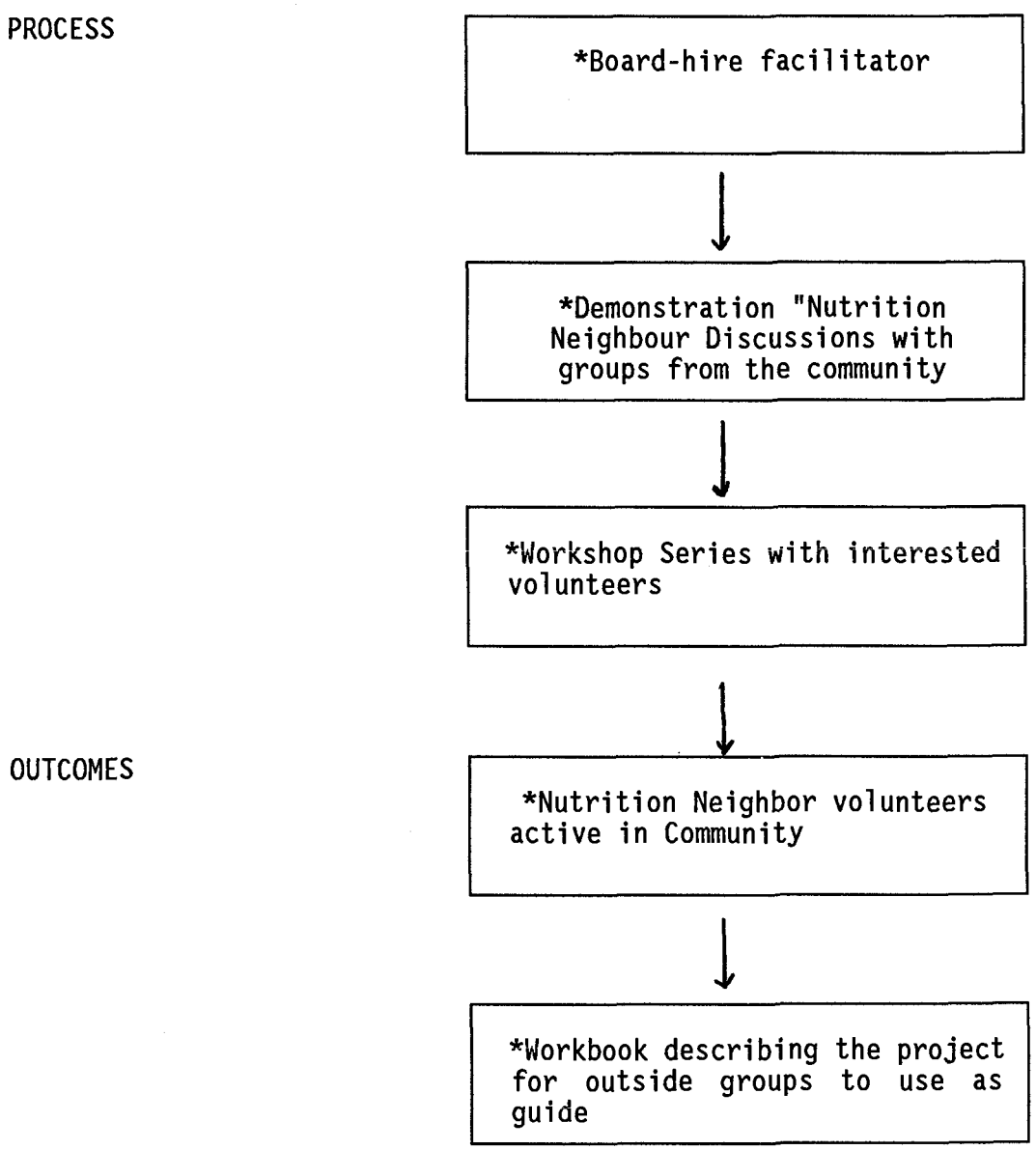
The project, as planned included two distinct phases. Figure 2 shows a conceptual map of the project. The first phase included a series of

three information workshops to demonstrate the nature and purpose of a Nutrition Neighbor type of discussion. The following topics were included in the series:

1. the effects of aging and nutrition;
2. social changes that occur with aging and the consequences for nutrition;
3. a) economic changes that happen and their consequences for nutrition;
   b) the chance to brainstorm for solutions;
4. how to cope with chronic diseases that require changes of the diet to decrease the effects of the disease; and
5. options for Eating for Fun (including eating in restaurants etc.).

Educational strategies used in these presentations were designed to involve the seniors as much as possible. They included a combination of group process, role playing, demonstrations and simulations.

Figure 2: Flow Chart of NNPP



Interested participants from these series were invited to the Nutrition Neighbor leadership workshop to learn more about eating for fun and to focus on skills required to act as a nutrition neighbor volunteer in the community. How to share information about eating for enjoyment and health with others was an added topic for the leadership series. The strategies used were similar to those used in the initial information series. Once these workshops are completed, the expectation was that then there would be a group of Nutrition Neighbor volunteers willing to be active with groups of seniors in the community. The follow-up to this project envisaged is that, as the nutritionist from the health unit, I will continue to act as a resource for the volunteers at monthly meetings where they reflect on their activities and discuss new information.

## Statement of the Problem

The purpose of this graduate project (GP) was to assess the extent to which the Seniors Wellness Program met its objectives. This was accomplished by examining how the NNPP contributes to the goals and objectives of the Seniors Wellness Project. The guiding questions for the GP were:

Did the NNPP dispel the myths about aging by encouraging people to re-examine their expectations and assumptions about aging?
Did the NNPP acknowledge and reinforce the self-care skills of older adults?

Did the participants acquire new skills or participate in new activities if appropriate?

Did the NNPP encourage older adults to act as a resource for themselves?

Did the seniors see themselves within the context of the community? Were there things they saw could be changed and were they willing to get involved? What activities did they initiate?

Did this project support the participation of all members (group process, collective decision making and team building)? Did opportunities for socialization occur? Was mutual exchange between professionals and older people encouraged?

## Method

Because I was the nutrition consultant for the Nutrition Neighbor Pilot Project, the graduate project is based on a participant observation style of data collection, and it is presented as a case study. This naturalistic style of inquiry was chosen to impose as few restrictions as possible on the process of the NNPP. One of the strategies for promoting well-being of the seniors is to encourage them to take charge of the process of directing and monitoring the NNPP. Therefore, it is important to allow as much freedom as possible from research constraints. At the same time, funders and other interested professionals need to feel that this study is valid and reliable. The case study method is suited to meet these requirements because it provides data and information in a form that is similar to data accumulated by experience. People come to understand and make generalizations about the world based on their own and vicarious experience. The case study method, therefore, can assist funders and other professionals make their own decisions about the project.[7]

This case study includes documentation of the activities of the NNPP. The records of the discussion at the demonstration information sessions and leadership workshops, the consultant's notes, and minutes of the board meetings serve as the base of the documentation. Once this data

was collated and analyzed it was checked with a select group of seniors for accuracy.

## Limitations

Several possible limitations need to be noted about the conduct of the research: the case study method is often criticized because it is not seen to be rigorous, and objective; another criticism is that participant observation naturally introduces interaction between the observer and the participants of the project; some of the observed effects may have been unwittingly introduced because the observer is also a participant; the findings from this case study will not be generalizeable to other groups; this can be perceived as a problem by health professionals and the nutrition community in particular.
To limit the observer bias, the findings of the data analysis were checked with uninvolved peers from the community of seniors as well as representatives from the nutrition community. Another strategy used to reduce bias introduced by observer perceptions included the use of transcripts of the Board meetings.

The next chapter describes the method for this particular health promotion project and justifies the method with supporting evidence from

the literature. This involves looking at social support, educational methods, nutrition, and the methods for qualitative evaluation.

## Organization of the Project

Chapter one has set the context of the project and outlined the NNPP. Chapter two describes the identification and development of the project design. Chapter three describes the methodology for the evaluation process. Chapter four describes the NNPP. Chapter five concludes with reflections on the NNPP.

# CHAPTER TWO

## LITERATURE SEARCH FOR PROGRAM DESIGN

Identifying and selecting an appropriate design for an educational program about nutrition for the elderly requires consideration of the following aspects:

* examination of nutritional problems encountered by the elderly;
* description of nutrition within the broader context of society and those influences that particularly affect nutrition for the elderly;
* review of selected educational programs, their design merits and faults;
* review of selected models of teaching for the basis of a program design;
* description of the Nutrition Neighbors Pilot Project design.

### Nutritional Problems for the Elderly

A survey of Long Term Care (LTC) clients[8] done in 1985 indicated that 80% of those surveyed did not consume foods from all four food groups in Canada's Food Guide. Although one does not need to eat exactly as

outlined in Canada's Food Guide to be well nourished, omitting one of the four food groups increases the potential for poor nutrition because each food group makes a unique contribution to our nutrient intake. This simple survey confirmed my impression that there is evidence of potential nutrition problems for the personal care clients living in West-Main Health Unit.

Other studies show that the elderly as a group are more likely to have problems getting adequate nutrition. For example, a large survey examining the food consumption patterns of the elderly in the US was conducted between 1982 and 1984. This study[9], National Health and Nutrition Examination Survey's (NHANES I) Epidemiologic Followup Study (NHEFS) was designed to study further the older participants from the in NHANES I survey done in 1971-1974. The follow-up survey included 2653 elderly subjects chosen to represent the US population. These individuals were aged 55 or older at the time of the original NHANES I survey. Data collected on the frequency of foods eaten from 95 food groups was collapsed into 32 groups and compared to the food guide. This showed that too few servings of the dairy and grain product groups were being consumed.

Comparable data has not been collected in Canada since the Nutrition Canada survey done in 1970. The BC subset of the national data[10] collected then showed that the elderly, particularly men, appeared to be

the most vulnerable of any group to nutrient deficits. The lowest caloric intakes were recorded in the elderly. These caloric intakes were so low that vitamin and mineral intakes were compromised. The results of the blood tests collected at the same time also indicated poor nutritional status.

The data in these studies are cross sectional. This means that people from different age groups are studied at one point in time. But is it appropriate to consider that the data of cross-sectional surveys are relevant to the elderly as a group? Gerontologists consider that older adults can be broken down into at least two sub-groups, the young-old (65-74 years) and old-old (75 years and up).

Holt[11] studied a group of people who were 60 years and older in 1975 and then studied them again in 1985. She noted a change in food preferences over the space of 10 years. In 1985 their preferred foods had shifted to foods that were softer, easier to chew. The major increase occurred in the amount of carbohydrate foods preferred. This suggested the possibility of the aging process influencing food choices because dentition and the ability to chew can change as we age. This is a potential problem because the easier to chew carbohydrate foods may provide a lower nutrient intake.

Wong[12] reports the effect of a nutrition intervention study done in Toronto with men and women aged 65 to 77 years who were living alone. They used a pre-post-test experimental design to determine if there was any effect of the teaching on eating habits. Prior to the education intervention the women reported a more varied use of foods, particularly fruits and vegetables. The majority of the participants maintained a variety and balance in the selection of foods. Beliefs in the health value of foods and perceptions of taste were strong motives for the selection of foods. Participants were interviewed immediately after the education program and then three years later. They found changes in eating habits had occurred both immediately after the education program and three years later. Participants had increased their social activities and foods, such as squash, mayonnaise, raisins, previously eaten infrequently were now eaten more frequently. This indicates that eating habits change in a continuous process rather than on a once only basis.

Burns[13] addressed the issue of reference standards for the elderly. He studied a group of well elderly who were living successfully at home. In defining well he decided to exclude those who lived in poverty as well as those who took more than three drugs. Blood tests and measurements of body dimensions and weight were taken. Nutritional intake data was collected but not analyzed because it was considered too subjective. This study showed that all the parameters examined fell

within the limits considered normal for the younger adult population. The data for haemoglobin and serum albumin was compared with other studies. The studies that agreed with the findings had also limited participants to well active elderly. The other studies[14],[15] reporting a prevalence of anaemia of 20 to 30% included individuals with unknown medical status and from poverty groups. This raises the possibility that studies that include residents in long-term care facilities or do not control for socio-economic factors may be showing biased results. In other words, the elderly who are impoverished or institutionalized bias the results because malnutrition is so widespread among these sub-groups of the population that it is accepted as normal and to be expected. Therefore, the larger group of active older people's nutritional status is similar to that of younger adults.

Yeung[16] summarized the results of several studies of non-institutionalized elderly living in Canada. The major findings here are that the energy intakes were generally below the recommended nutrient intakes (RNI) for Canadians. This observation does not answer the question of whether this is a factor of the physiological aging process or a factor of changing activity level or economic status. These studies also examined the food consumption patterns to find that food selection was influenced by several factors including: historical availability and accessibility of foods, perceived taste, health beliefs, food intolerance, food aversion, and gender.

In her article for family physicians Krondl[17] points out that the people who are currently the elderly have survived many historical events that affect food habits; the Great depression, World War II with the food rationing, the expansion of the influence of the media, the explosion in food technology, and an increasing concern for fitness and health. Elderly persons who are active, both physically and mentally and have the opportunity to socialize, are more likely to enjoy variety in food use and consume nutritionally adequate meals. Living situations that increase risk for poor nutrition are:

recent widowers living alone,

institutionalized, and

the non-institutionalized who are house-bound.

Drugs can increase risk for poor nutritional status because of interactions with nutrients from the food. She also notes problems with teeth affect the diet tremendously as there is decreased intake of food, then decreased immune system functioning and then increased chance for periodontal disease. Constipation is another common problem she noted. This complex problem can be due to decreased fiber intake, or decreased fluid intake or other physiological factors.

Beaton[18] also pointed out that lower energy intakes are generally reported for the elderly. He noted that physiological studies document the progressive declines in lean body mass and basal metabolic rate which are accepted as a normal process of aging. The food intakes,

however, are lower than would be predicted for these decreased needs. Most observers agree that the increased decline in energy needs is directly related to a decrease in physical activity. Suggesting that one needs to eat more would, therefore be counterproductive; rather people should be advised to increase their activity. This conclusion led to his examining the social implications of increased activity. He urged nutritionists to consider whether we should be advocating that society change attitudes towards the older person so that there is incentive for maintaining an active lifestyle as people age.
He suggested that nutritional goals could possibly be met by advocating social change rather than using traditional nutritional or medical interventions.

The influence of social interaction, social support and social isolation on the nutritional intake of older persons has also been examined to some extent. Westenbrink[19] found the effect of household size on nutrient intake to have a limited effect for those living alone. She noted lower levels of serum carotenoids found in Dutch elderly living alone could be attributed to their cooking vegetables for more that one day at a time.

Kinard and Kivett[20] found that mealtime companionship did not have any noticeable relationship with morale among the rural elderly in a geographically isolated area. They examined morale because the link

between improved morale and overall health and well-being was increasingly being made. However, this population had many opportunities for social contact with one another throughout the day. They noted that the mealtime companionship was not as important in this context.

Learner and Kivett[21] noted that studies reported conflicting evidence of the influence of household size on the dietary adequacy. When they examined discriminators of perceived dietary adequacy they found that morale and satisfaction with social interaction influenced the perceived quality of diet. McIntosh and Shifflett[22] noted that an extensive friendship network was correlated to having an adequate diet. In their study they also found that those with decreased income experienced poorer appetite and, as well, less adequate diets. In addition they noted that companionship served as a buffer against the negative effects of poor appetite on dietary intake. These studies show that social interaction also can influence the nutritional status. In this exploratory study MacIntosh and Shifflett examined several factors that relate to social support and the effect on nutritional intake. They found social supports characterized by close proximity such as marriage, neighbors and religious salience were significantly associated with better nutrient intakes. They also found evidence that support systems in which the elderly person may feel dependent (relatives, friends, community) could possibly have a negative impact on dietary intake.

This further supports the notion that social support is important for health and well-being as adequate dietary intake is a part of preventative health care.

Some nutritionists argue that we need more data to be able to develop standard requirements for the older population. Other nutrition researchers recognize that creating tables describing the exact amount of a nutrient that a hypothetical senior needs misses an important issue. Roe[23] says it well.

> Each senior, however, who is not totally confused (and few are totally confused) knows that one of the privileges of getting older is that a person is more unique and less able to have his or her nutritional needs computed from a nomogram.

Clearly, there are many facets and issues concerning nutrition for the elderly. The issues and concerns can be outlined as follows:

* nutrition deficiency is more prevalent in the elderly population group

* physical reasons for poor nutrition include decreasing taste sensation, decreasing digestive capabilities and /or swallowing capabilities, decreased physical activity, decreasing abilities to perform activities of daily living.

* social reasons for poor nutrition include dissatisfaction with social interactions, and poor morale.

These deficits can happen either as a direct result of the aging process or as a result of medications and other medical treatments or as a result of social influences.

## Societal Infuences on Nutrition for the Elderly

Beaton[24] suggests the nutrition community needs to examine whether nutritional goals might be better met through social change that keeps elderly people active. Moody[25] also considers nutrition for the elderly has two distinct components: the social system and the food procurement and mechanics of eating system. Changes in either system can precipitate a situation that poses a potential risk for nutritional deficiency or enhances the opportunity to maintain optimal nutritional status[26]. A discussion of the food procurement and mechanics of eating system is not included here based on the assumption that the reader is familiar with shopping for food, preparing and cooking food and eating food. The potential changes in the social system that can, however have an influence on eating include:

* retirement or change of job status from paid employment to volunteer jobs or unemployment

* loss of friends or family because of death or moving
* attitudes of ageism towards the elderly by the rest of society.

**Retirement or Change of Job Status**

As people retire from paid or unpaid jobs, they can change their eating habits. This can have either a positive or negative effect on nutritional status. For some people they now have more time to devote to eating and take more care with maintaining their nutritional status. For others, this change means a loss of income and routine and sense of purpose. They may fall into the habit of missing meals or snacks because the usual cues for eating or drinking are not there. For others the loss of social contact with co-workers is so devastating that they become depressed and cease to care for themselves. How ever people respond to this transition of social status there can be an influence on nutritional status.[27]

**Losses**

The trends in our urban society over the last few decades have seen more single person households established. This happens for a variety of reasons as people are more mobile for their jobs, or people are able to afford to live on their own. There is a prevalent attitude that it is better to live alone. The loneliness and isolation common in urban society is particularly prevalent for the elderly.[28] Syme[29] states that isolation causes ill health rather than that social support

promotes better health. Therefore, prevention of isolation is a key point for prevention of ill health.

Prevention of isolation and an increase in perceived control are both major ingredients of social support. According to Syme[30] social support is having someone to listen to you. The communication with others about problems helps us to reduce the uncertainty of the future. Benefits for both the speaker and the listener exist in mutual support groups because telling their own story and listening to others tell their story have separate functions.

**Ageism**

Society in general views old age as a problem and further, as a group seniors need to be looked after, and have less to contribute as they age. This discrimination against the elderly is a form of ageism which flourishes insidiously. **Trust in God ...but tie your camel**[31] is an example of the several books that have been written for retirees with information about the realities of growing old and ageism. It attempts to present a more positive attitude towards the process of growing older.

Another example of ageism is the attitude of health professionals. Health professionals working in the field of geriatrics are in contact with the 20% of those over the age of 65 who need assistance of some

sort. These health professionals work within a structure based on the clinical model that requires them to care for the older person by focusing on the disease and treating the individual with the disease. The professionals can often make the assumption that all seniors therefore need care when in reality 80% are doing well.[32],[33] The latter group makes a pool of vital, active people who can make important contributions to society.

An additional form of ageism occurs in the field of education. At some schools courses included in the curriculum are adult education and education for the elderly. In these courses the elderly are treated as a special group of people who have special learning needs such as poor eyesight, inability to learn new things. Admittedly, the elderly are interested in learning different things than the young adult but these needs change with changing social situations more so than with a specific age[34]. For example, a person may need information about housing options and how to purchase what they want. The housing issue could be the same for those who are age 30, 40, or 70. Therefore information in the course should be issue specific not age related.

As well as encountering forms of ageism, other losses commonly occurring during this stage of life include loss of health, relatives and friends.[35] These losses occur in a gradual manner and just as gradually many people experience increased feelings of powerlessness and loss of

control. Social epidemiologist have demonstrated that there is a relationship between a person's sense of personal identity and control and their overall health status.[36],[37],[38],[39] To maintain health then, a perceived sense of control is important.

Atchely[40], in his continuity theory of normal aging, postulates that seniors prefer to make adaptive choices by using strategies tied to their past experiences of themselves and their social world. This is another key consideration for program planners who are working with the elderly.

Preventive programs can be directed at creating a new support system for clients, strengthening an existing one, or training individuals in the social skills that help them take charge and create or strengthen their own support systems. Therefore, an appropriate educational program for the elderly should have the following characteristics:

* create opportunities for social networks to flourish
* allow the elderly to participate as equals with the leaders so that they are at times the speaker and at times the auditor.
* use their life experience as part of the program
* enhance positive nutrition behaviors.

Glanz and Mullis[41] reviewed models of environmental interventions to promote healthy eating such as point of purchase nutrition information,

changes in the food supply, worksite nutrition policies and incentives, etc.; they did not, however, mention any models that influence the social environment.

There are two approaches that could be used, either health education or health promotion. Although these two terms are sometimes used interchangeably, they are two distinct approaches with different assumptions and theories about illness. Health education refers to programs, i.e. lectures, or advertising directed at changing the behavior of individuals whereas health promotion refers to activities and programs engaged in by people that will influence the environment of individuals so that health enhancing behaviors become the possible, easy thing to do. Rosemary Taylor[42] captures the essence of these contrasting approaches when she discusses the incompatibility of these approaches and their accompanying theories about the causes of illness in contemporary society.

The proponents of one theory focus on an individual's behaviour, and view cancer, heart disease, and stroke as diseases of affluence. Prevention in these terms means persuading individuals to change their self-destructive habits. This makes use of the health education approach. This fits the public health paradigm better.

The other theory attributes the cause of disease to the stress of life and work in the capitalist system as well as environmental threats such as air pollution, carcinogenic chemicals, food additives, and industrial accidents. Promotion in this case requires far reaching social reforms which can be attained by health promotion. The socio-environmental paradigm fits with this view of the world. The Canadian documents **Achieving Health for All**[43] and the Ottawa Charter[44] include frameworks based on the theoretical need for social reform. These include creation of social support networks, and changing public policy to enhance health promoting behaviors.

## Other Nutrition Education Programs for the Elderly

In attempting to develop an approach for a nutrition education program for the older person that also affects the social system I first looked for current programs that could be adapted to our circumstance. Other education programs were examined to determine whether the approach taken was health education or health promotion. The programs looked at critically were:

Food for Life[45]

Taking Charge[46]

Fully Alive[47]

Action on Health Barriers[48]

Be Well Program[49]

Seniors Teaching Seniors[50]

The following descriptions allow comparison of these programs. When compared, three main features show differences between the programs:

-goals of the program

-structure of the program i.e. how the program was executed

-method of teaching that appears to have been used. A note was made to indicate whether the program was health education or health promotion.

The suitable program design I was looking for needed to have potential opportunities for social networks to flourish or use of life experiences of the participants.

**Food for Life**

Goals

Improve nutritional health of seniors in the community

Structure

-education of peer educators
-activities of peer educators in the community
-one to one visiting
-leading groups
-working on community advisory committee
-nutritionist available as consultant and coordinator

Method

-develop materials and course for peer educators
-instruct peer educators
-follow-up activities of peer educators

*health education and health promotion

**Seniors Teaching Seniors**

Goals
- -educate on nutrition, consumer issues, and proper use of medication
- -use teacher aides in liaison capacity
- -encourage social integration

Structure
- -volunteers, after screening, attended 1 week training program
- -each teacher aide assigned to senior citizen group for 8 weeks

Method
- -teacher aides presented information for 20-30 minutes then question and answers with audience (encouraged to write down questions not pertaining to session to check their answer for appropriateness)

*health education

**Taking Charge**

Goal
- -help client help themselves to better health by improving 4 basic life skills: choosing more healthful foods;drinking healthful fluids; coping with stress and participating in light physical activity
- -to motivate people do "what is right"

Structure
- -tool designed with help of key participants then prepared and taught groups how to use it

Method
- -workshop with home support workers
- -then each worker present the tool to use with selected clients

*health education

**Be Well Program**

Goals
- -awareness of opportunity to be well
- -give instruction about how to do it
- -support positive changes

Structure
- -workshop program for 8 weeks
- -drop-in centre established for weekly meetings
- -annual health fair
- -volunteer training
- -workbook produced

Method
- -aimed at giving information to others about what is healthful living
- -encouragement of group activities

*health education

**Fully Alive**

Goal
- -encourage view of aging as normal
- -help participants see inter-relatedness of body, mind, spirit
- -to help identify barriers
- -foster balance between care for self and care for others
- -examine expectations of the future
- -to have fun and opportunities for friendships

Structure
- -10 week course for participants
- -facilitators trained in residential training program

Method
- -instruct and give people information

*health education

**Action on Health Barriers: Health promotion with Low Income Women**

Goals
- -social action efforts focus on promoting change that enhances the lives of disadvantaged women

Structure
- -activities aimed at increasing awareness and understanding of health in relation to social, political and economic world

Method
- -small groups of target population with co-facilitators
- -individuals go on to their own activities collectively or alone

*health promotion

With the exception of **Action on Health Barriers** all of these programs followed the health education model. Even so, all of these programs present some aspect to think about. For instance, **Food for Life** demonstrated a community-wide program that involves people in a variety of activities. The **Seniors Teaching Seniors** program suggested the necessity of making a conscious decision about whether to use a screening process for the volunteers.

**Taking Charge** described a nutritionist working with a group of people to design an educational tool for others to use that could encourage positive health practises. My criticism of this program is that the healthful practises have already been decided. The client has little say in what he sees as the health problem or solution.

The **Be Well program** demonstrated that volunteers could be very active in offering information, encouragement and support to other seniors in the community. It did not, however, include potential participants in the development of the educational material.

**Fully Alive** emphasized the social aspects of a wellness program which could be included in a design. Although this project had many positives, it did not attempt to create an ongoing mechanism for the older people themselves to take charge of program design or activities.

**Action on Health Barriers** was startlingly different from the other programs. The activities designed in this program relied very much on the input from the participants. This program actively structured opportunities for the participants to decide what they would find a healthy practise. With the exception of **Action on Health Barriers** these programs did not make explicit use of people's life experiences, nor did they allow the participants to act as equals to the leaders.
Having found that examples of several programs were not suitable, the next step was to examine the education literature for a suitable model.

## Selected Educational Models from the Literature

My acceptance of the health promotion ideology led to a decision to examine the education literature for a model that fosters social change. Joyce and Weil[51] classify models of teaching into four families. They label these families information-processing, personal, social, and behavioral systems. As many traditional health education programs are based on the behaviour modification systems or information-processing families of models I looked to the personal or social families of models to locate an appropriate model of education suitable for health promotion programs.

The personal family might be appropriate because the focus is on the person. These models focus on the education of the individual student and the shaping of human groups that support the struggle to achieve meaning, and strength for self-responsible determination. Individuals creating their own change in the environment can produce a net effect that creates social change.

The social family might also be appropriate because it focuses on cooperative learning models. Any group of human beings is assumed to be more than the sum of its parts. These models create education by confronting students with problems that they must solve together. They do this by leading students to analyze their values and the public

policies that shape justice in our society, and by introducing students to activities that increase their group social skills and understanding. These learned skills could help lead to social change.

Once the possibility of education for social change was evident, the next step was to locate models that would be helpful for working with the elderly. I selected Friere's literacy for self-change, Ramirez action learning for management, Johnsons' collaborative learning and teaching for thinking, to help design the Nutrition Neighbors Pilot Project.

Bennis' book on **The Planning of Change**[52] contains references to Friere's education of the oppressed. Why would education of the oppressed be seen as useful for working with the elderly in a society of a developed country? Isn't this just for the Third world countries? To answer these questions I must digress for a moment to review the context for nutrition education of the elderly within our society. Older persons not only have to accommodate to a deteriorating body, but also have to live with ageism, changing social situations, loneliness and isolation. All of these can be just as oppressive as living in poverty in a Third world country. In fact, many elderly in our society also live in poverty and/or in self-contained ghettoes. Friere's original book was titled **Education of the Oppressed**, but later books discuss literacy for self-change or revolution. The definition of literacy used

by Friere includes having knowledge or learning, being educated, and cultured, in addition to having the ability to read and write. In our culture, being media literate is important for having knowledge and understanding. For example, understanding the sales motives behind a promotion for eating a margarine for your health helps people to discriminate about the information available in the media.

In their article on empowerment education, Wallerstein and Bernstein contrast current health education with Friere's education of the oppressed. Current health education has the following elements: starts from the problems of the community; uses active learning methods; engages the participants in determining their own needs and priorities. With Friere's education of the oppressed there are three stages: listening to understand the felt issues or themes of the community; participatory dialogue about the investigated issues using a problem-posing methodology; action or the positive changes that people envision during their dialogue.[53] The key to this model is the reliance on the dialogue between all parties concerned. Once this dialogue ceases there is a return to living with oppression even though it may be different from former oppression.

In the management literature Ramirez[54],[55] talks about action learning as being necessary for organizations to be able to adapt to changing environments. The aim here is creation of organizational systems that

encourage people to learn from their own experience, and modify the structure and design to reflect what they have learned. He argues this increases the ability to survive turbulent economic times. This model includes elements of Friere's education of the oppressed. Change is a process where outcomes mismatch with expectations. It takes learning to identify activities that correct errors occurring from the mismatches. In the traditional mode management, planning and research qualify and constrain the learning whereas in the action learning paradigm it is the learning that qualifies and constrains management, planning and research. Action learning is participatory, collaborative, questioning, and locally relevant. It empowers people in the sense that they can become critically conscious of their values, assumptions, actions, interdependencies, rights, and prerogatives so that they can act in a substantially rational way as active partners in producing their reality.[56]

In the literature on teaching for thinking both Raths[57] and Prince[58] stress the importance of communication to stimulate changed thought patterns in the student. Questioning creates the situation where the student formulates a new reality for himself. For social change to happen, creating a new internal reality is an important step. There are lists of techniques that can be used to stimulate critical thinking.

Another facet of social learning is found in the literature about collaborative learning. This model of learning or teaching differs from other models because it does not rely on the individual being the prime participant. In **Circles of Learning**[59] the Johnsons talk about the strategies that can be used to increase individual student learning by imposing the expectation of interaction with others in the group. The learning in these circumstances also includes the social skills necessary to work with others in a group. These social skills are an important component of the forces necessary to create social change.

Albrecht[60] indicates that narrative communication in groups helps narrators strengthen their perceived control by:

1. putting the 'I' back into the narrator's understanding of his or her life at two levels, that is, in control of the story and as the subject of the story
2. forcing the narrator to sequence events so that there is a context for the problem
3. giving the narrator freedom to rebuild a personal meaning system for understanding their life. This includes gaining meaning from the past, giving meaning to the present and reducing uncertainty for the future.
4. providing an opportunity for group members to develop a functional language for talking about themselves. This can involve development of the narrator's character, for instance, by

involve development of the narrator's character, for instance, by not allowing for use of the victim stance.

From the auditors' perspective, perceived control increases by:

1. hearing how others react in a similar problematic situation. This can help one learn alternative ways of behaving
2. developing reciprocal social-emotional relationships
3. developing and refining models of coping behaviors.

Reduction of isolation by paying attention to social support systems could benefit nutrition because eating is a very social experience.

In the focus group report done for Health Promotion Canada[61] evidence exists to show that seniors are aware that 'proper' diet and exercise are important for good health. For some seniors then, their belief that nutrition is important for health could be used to interest them in a program to improve well-being.

In summary, the theory of models of education is useful for designing an educational program. Choosing one model over another influences the goals that can be achieved. I decided that the conceptual frame of Friere was important to include because it empowers people to learn from their experience, reflect on their values and experience, and to create political consciousness to address oppressive issues such as ageism.

## Preliminary Design for the Nutrition Neighbors Pilot Project

Because of the recognized need for social reform to change the context of influence of loneliness, isolation, ageism and losses associated with aging I adapted Friere's model for education. Here the process is the program.

The goals of the program were:

1. to increase awareness among seniors of the possibility for change
2. to set out opportunities for older people to take control of their lives thus increasing their sense of power.

Opportunities for seniors to interact with each other, to understand their problems, their own reality, and collectively find solutions were the major components of the program.

The program included initial meetings with representatives from seniors groups to discuss the concept of seniors teaching seniors about nutrition. They decided the issues important to older people about nutrition. Then they developed strategies to address the issues. Strategies that the seniors used were: to apply for a New Horizons grant to hire a nutrition consultant; demonstrate discussions with groups of seniors; and hold a workshop series for those interested in

further information about nutrition.

The style of interaction was seen as critical for the success of the program. Every effort was made to encourage participation by all those present in coming to understand the problems in the world around them. Everyone in the group was seen as important. The group leader was not the expert with all the answers, but was a person with access to resources and information that the group members could call on as they needed. Facilitating this process required different skills: I needed to learn different skills to clarify discussion and I needed to learn to stimulate discussion by developing questioning skills that encouraged everyone in the group to contribute. In each phase of the project we went through the same basic process of clarifying and understanding the problem, together using our resources to identify solutions and then doing some preliminary solution creating. The next chapter describes the evaluation method for a program of this type.

# CHAPTER THREE

## PROCEDURE FOR EVALUATION

There are two ways of understanding the world. They are reflected in the way that knowledge is acquired. One way of knowing the world is based on accumulating observations of experience and using this as a basis for making generalizations, assumptions about reality. The other way of knowing, based on the scientific method, is to learn about laws or generalizations from teachers or develop them ourselves and then observing whether our experience matches with these laws. In actual fact, most of us naturally use both of these methods of knowing to a greater or lesser degree.

The scientific method of data analysis looks at the objective reality, reduces it do its smallest component(s), analyzes it and then creates theories or laws of explanation. The belief that science should be an objective analysis of reality leads to a rational approach to knowledge. This also creates a fundamental split between the two separate realms of mind and matter. Feelings are considered unimportant in this scientific world view, and religious and spiritual beliefs are seen merely as

primitive superstition that has been debunked by Newtonian, mechanistic inquiry. However, science is not a form of knowledge that easily answers questions about values, purpose, or meaning[62].

The other world view joins both rational and intuitive knowledge. Dilthey[63] illustrated this world view when he suggested that studies of human affairs need to capitalize upon the natural powers of people to experience and understand. We all create our own vision of the world as we gather life experience e.g. a small child learns that Mother is the person who meets your needs for food, love and safety as she fills the caregiver role of feeding, clothing, and generally caring for him.

These world views are analogous to the two major categories of evaluations that exist, quantitative or qualitative. Each one serves a different purpose.

Quantitative studies develop generalizations based on many observations that are intended to help answer a hypothetical question. Several different experimental designs (e.g. pre-,post-test, control group, quasi-experimental) are used to collect data and then statistical analyses are applied to determine the outcome(s). These types of studies rely on the assumption that the elements under question are measurable. This also means that knowledge which is known intuitively and therefore difficult to measure cannot be studied directly in a

quantitative study. To get around this difficulty indirect means of measurement are commonly used. That is, something measurable is chosen that is closely related to that known intuitively. This still does not solve the dilemma of knowing accurately what is being measured.

On the other hand, qualitative studies can be used to help answer those questions which are based on intuitive knowledge. These studies can be just as rigorous and valid as those that use the quantitative methods[64,65,66,67]. For instance, Guba in his book **Naturalistic Inquiry** gives information on how to collect data and analyze it so that it is possible to replicate the data and understand the contexts. Once the data has been collected there are several different models that can be used for the analysis.

In their article on alternative approaches to evaluation Stufflebeam and Webster[68] group the models of evaluation according to the basic approach used. The various approaches are:

political orientation: including politically controlled studies and public relations inspired studies

question orientation: including objectives-based studies, accountability studies, experimental research studies, testing programs, and management information systems

values orientation: including accreditation/certification studies, policy studies, decision-oriented studies, consumer-oriented studies, client-centered studies, connoisseur-based studies.

I disregarded the politically oriented models because they promote either a positive or a negative view of a program irrespective of its

worth. The question oriented models showed potential to impose limits on the process of the project. For this developmental demonstration project any limitations such as specifications for data collection or for the role of the researcher could distort the outcomes. The values orientation models designed to assess a program's worth held more promise.

I have chosen to use a qualitative study method because it combines both the rational and intuitive approach to knowledge. A case study which is a detailed description of the program allows the reader to use their own processes of normal generalization to make a decision about the worth of the program.

I decided to follow the lead of Sara Lawrence Lightfoot[69] who wrote graphic portraits of good schools. These word portraits gave a sense of what was happening in the schools. Both the written record of activities in the schools and personal interviews with staff, students, parents and community leaders served as the data for her report. She described the central issues that each school was involved with; the relationships amongst the students, staff, parents and community; the activities the schools were engaged in; as well as how individuals behaved and were part of the whole. Her reports were shared with the staff at the schools once completed. The staff response showed that after an initial trepidation, the portraits stimulated self-reflection

and steps toward change because they reflected reality not always visible to the participants. She was able to show that the evaluators (administrators and staff) in those schools were able to make use of her evaluation studies. In chapter four, I offer a word portrait of the Nutrition Neighbors Pilot project from the viewpoint of the nutrition consultant participant observer.

This case study was undertaken to establish whether the NNPP was congruent with the goal of the Seniors Wellness program to promote the physical, mental, social and personal well-being of older adults, using strategies that have an effect on both the individual and the environment. To clarify, the evaluation questions could be stated as follows:

1. Does the NNPP acknowledge the importance of personal autonomy?

2. Does the NNPP strengthen individual self-care skills and knowledge?

3. Does the NNPP recognize, validate and support the extent to which older adults can and do function as resources to themselves, each other and the community?

Since each person has to meet their own needs to accomplish attaining this goal of well-being, it is important to understand that this project

cannot 'do it' for them. At the most the project could create a situation where people were able 'do it' for themselves. To provide a framework for this graduate project I considered what strategies would affect the individual and what strategies would affect the environment where the individual finds himself. Some of the questions that arose, therefore, were these:

## Strategies for the Individual

1. Are people encouraged to re-examine their expectations and assumptions about aging?

   Our expectations about any given situation have a profound influence on our behaviours. For example, some people expect to have no energy as they age and then decrease their activity level as they reach a certain age. If this assumption is challenged, they find that there are few reasons to decrease their activity level. Witness all the mature marathon runners who start running at an advanced age.

2. Are the self-care skills of older adults acknowledged and reinforced?

   There is a common assumption that older adults need to be cared for. For the older adult this can undermine their confidence in their ability to take care of themselves. One counterbalance to this myth is the reminder of the self-care skills that people use for

themselves and each other.

3. Do the participants acquire new skills or participate in new activities if appropriate?

The autonomy of older adults is enhanced if they are able to learn new skills or participate in new activities. This further reinforces that they are capable and still active.

4. Do the seniors see themselves within the context of the community? Are there things they see can be changed and are they willing to get involved? What activities do they initiate?

If the individual is to enjoy well-being then they must feel connected to the larger group because humans are social animals. One facet of this connectedness to others is the relationship with the community at large which is separate from familial and friendship relationships.

## Strategies for the Environment of the Individual

1. Do we have Nutrition Neighbor volunteers active in the community?

The NNPP can only create an opportunity for older people to participate in programs for them. If this process is successful then at the end of the project we should have individuals who are willing to be active as volunteers.

2. Are the educational materials relevant and appropriate? Do the Nutrition Neighbors use them?

Another indicator of the success of the NNPP would be the usage patterns of the educational material that is developed during the project. If it is not used, then one must question whether it is worth developing.

3. Did we increase awareness among seniors that eating can be for fun and for health?

The seniors who assisted with the development of the program insisted that the emphasis should be on eating for fun and health rather than on nutrition. They felt this emphasis would do more for enhancing the well-being of the participants. One of the key questions to answer is whether the in actual fact we were able to do this.

4. Do the structures of the activities encourage involvement by the participants?

Having decided that one of the major objectives of the NNPP is to promote autonomy of the older adult and that this can be accomplished by having the participants being actively engaged in the dialogue, then the activities must be structured so that this happens. The opportunities for listening to peoples input need to be created in a deliberate manner.

5. Is the project achieving the projected deadlines?

One measure of the success of the process of the NNPP is to monitor if the projected deadlines are being met and if not why not.

The answers to these questions will be found by looking at the opportunities for involvement available to the participants, the opportunities for input into the design process, and the opportunities for questioning assumptions, expectations and information about nutrition for the older adult.

I am looking at opportunities for dialogue because it is more empowering for individuals to choose to be part of the dialogue. For anyone who has been isolated for a long time it is important that they have the freedom to choose to be an observer if that is how they feel comfortable. The content of the discussions will give clues about the issues that are important to the participants and opportunities for increasing pleasure of the eating experience.

The remainder of this chapter describes the data used for this description and how it was collected.

Sources of data and how it was collected

An attempt was made to choose sources of data that would be easy for a nutritionist working at the field level to do in the course of a normal working day. This criterion was used because there needs to be more applied research done in the field of nutrition. However, because of the difficulty of collecting data and analyzing it during the course of normal events, this does not often happen. This study sought a research method that was feasible for me as a participant observer in action for the field of community nutrition. As community nutrition is adopting the socio-environmental paradigm for health promotion it is more imperative than ever to develop new evaluation skills.

A brief explanation of my various roles over the course of the GP and the NNPP is necessary to clarify the picture. For the graduate project I was a participant observer and word processor. During the NNPP I played various roles including secretary, director/leader, facilitator, and nutrition educator. At times it was easy to become confused about my role. These various roles were both an advantage and a disadvantage for the GP. The disadvantage is that is difficult to keep all the roles separate. The advantage is that I have experienced the frustrations and successes of each one of the roles.

My observer role included keeping the journal notes of the NNPP, reflecting on the activities of the NNPP and summarizing the data. It also included writing this project report. I acted more as a participant in the NNPP as I was preparing the design for the NNPP. I acted as an observer researcher for the NNPP as I summarized the evaluation sheets from the demonstration discussions and presented them to the board for discussion, and prepared the drafts of the workbook.

My word processor role for the GP included creating the summary documents as well as entering all the data into the computer. In my role as secretary or word processor for the NNPP I prepared the handouts for the demonstration discussions, the workshops and prepared the manuscript for the workbook. I also kept track of the meetings with the board members, attendance at the demonstration discussions and workshops and typed and distributed the minutes of all our meetings.

My role as director/leader for the NNPP occurred as I worked with the seniors to develop the proposal for the NNPP. After I was hired by them I was more often operating in the role of facilitator. This role of facilitation includes both listening to all participants and making sure that everyone was heard as well as challenging them to think about their options.

These various roles have influenced the graduate project. In order for the NNPP to develop with the least constraint from research, however, I decided that the benefits for the NNPP outweighed any disadvantages for the research of the graduate project. The members of the NNPP board were aware that I was involved in my Master's program and my project was to write a case study about the NNPP. They were agreeable to this so long as it did not intrude into the functioning of the NNPP. We discussed this at one of the early board meetings. The remainder of the seniors involved in the NNPP were unaware that I was also doing research.

There are several sources for the data of this case study. Records of the NNPP can be found in notes from the information sessions, minutes of the meetings and transcripts of the board meetings, notes from the workshops, and the notes from the journal of the facilitator.

This chapter details the process used for the collection of the data. All the written records were kept on a computer to make the data analysis and collation easier. The word processing package used was WordPerfect 5.0 on an IBM compatible computer.

During the information sessions a record of the discussions were noted on a flip chart. One of the team that lead the session was responsible for taking the notes. After the session the facilitator also acted as a

secretary and copied them onto the computer. A hard copy was returned to the participants when we met at the next session with a group or by the liaison person for that group. The record of our discussion was kept by some participants as a reference and others who were unable to attend a particular session were able to keep up-dated.

At the board meetings the minutes were recorded by one of the group, usually one person. They were then put on the computer and the hard copy used to make copies for the board members. Transcripts of the board meeting were made. The records of the workshops were also recorded on a flip chart during the session and the copied on the computer. The hard copy was returned to the participants. The notes of the facilitator were kept in a notebook which allowed maximum flexibility for making notes as they occurred rather than being committed to keeping them on the computer. Later they were entered into the computer.

## How data was summarized

To summarize the data I used the window capabilities of the word processing package in the computer. For those not familiar with this feature, I would display the document containing the raw data in part of the computer screen. Those portions of the document that belonged in a

separate category I would copy into a new document in the summarized format. Alternatively, I would read the raw data in the top half of the screen and make notes in the bottom half of the screen. See figure 3 for an example.

Figure 3: Computer screen display of the raw data and summary

-chicken
-soups, chowders
-sole, pavlova
-sole, lemon
Changes that have happened:
-eat less, alone
-snack more, eat at home
-more variety
c:\NNPP\KERRIS.1 Doc 1 Pg 1 Ln 5.5" Pos 1
Changes that have happened:
-eat less, alone
-snack more, eat at home
-more variety
c:\GP\AGECHANG Doc 2 Pg 1 Ln 1" Pos 1

The information listed in the top half of the screen (above Doc 1) is part of a list generated in one of the demonstration discussions. The

information that has been copied in to the lower half of the screen to create document two is the data that I used for creating the summary of "Changes that have Happened (as people aged)". Once all these had been listed I then collapsed the list into general categories. The categories were created to put similar items together. I used my judgement to create the categories on one occasion. After a day or two I returned to the data and reviewed how I had categorized them to check my decisions.

The data was summarized in the following manner:

1. creating a chronological listing of the activities of the NNPP from the minutes of the meetings of the board
2. counting the number of information sessions done
3. counting the number of participants at one session for each group. It was decided to use one representative session for a group because the group members attend their sessions on a drop-in basis. There is a core of members who attend regularly and then others who attend sporadically.
4. listing all the information sessions with the following information: group name, number of sessions, topics covered, number of volunteers interested in the workshops, and notes about the group.
5. summarizing the workshops with the following information: topic discussed, nutrition break.

6. listing the proposed topics of discussion and comparing them with the topics covered in the information sessions and the workshops.

To prepare for writing the portrait of the NNPP I reviewed the chronology of the NNPP. Then I started to write the portrait. As I continued to write the portrait I would review the notes and other data to check the accuracy of my description. This was a repetitive process of writing and reviewing or rereading the data. Another part of this process was to show the draft in progress to two nutritionists and two older adults who were uninvolved in the project to get feedback. This helped me to give a description that could give people an understanding of what happened. This last step of having others read the draft document was necessary for me because I was so closely involved in the process of activity that I assumed others would do it as I did.

The next chapter contains the description of the NNPP as it developed and was then implemented. Also included are some of the activities that happened as a result of the project. The final parts of the chapter include vignettes describing several participants over the course of the NNPP as well as a description of the topics discussed and the issues which surround nutrition for seniors.

# CHAPTER FOUR

## PORTRAIT OF NUTRITION NEIGHBORS PILOT PROJECT

This chapter is a portrait or rich description of the Nutrition Neighbors Pilot Project. I have deliberately included my reactions and feelings in order to make a complete picture. The first part of the portrait details a brief history of the three phases of the project; grant application, duration of the grant, and post grant phases. The second part of the portrait includes the description of issues surrounding nutrition discussed during the Nutrition Neighbors Pilot Project. This part of the project is meant to help other nutritionists and health professionals in the field understand what we did. Therefore, I have chosen to write the portrait of the project from my view as the nutritionist consultant.

## PART ONE: CHRONOLOGY OF THE NUTRITION NEIGHBORS PILOT PROJECT

### Phase One: Grant Application Process

This project took place in the West-Main and Burrard Health Units in the City of Vancouver. These health units include 13 local areas. Each local area has its own characteristic populations of people and services available. For instance, the area called Kitsilano has been the "hippy" area and is now more "yuppified" whereas Marpole is a family area and Mt. Pleasant and Riley Park are known as low income areas. Within these areas there are pockets where large numbers of seniors live. The Keeping Well neighbourhood groups were established near these concentrations of older people. In my work as nutritionist with the Long Term Care (LTC) program in the West-Main Health Unit I had met many of the older people who were receiving assistance from the LTC program in order to remain in their own home. When I enquired, I found that poor eating habits had been established 10 to 20 years before I met with these people. I wondered if there would be any way to influence this situation.

Initially I discussed the idea of seniors teaching seniors about nutrition with the Seniors' Wellness coordinators in West-Main and Burrard Health Units. At lunch one day I commented that it would be

nice to have more people involved in teaching nutrition to groups of seniors because I didn't have the time available in my current job. I recognized community groups felt nutrition was important and wanted to meet with nutritionists, but I couldn't respond to every request. When I asked if there was merit in the idea of having seniors act as peer educators this Seniors' Wellness Coordinator suggested that we should ask seniors themselves.

At this time there were several Keeping Well groups who met in community centres or neighbourhood houses in the City of Vancouver. In the Burrard and West-Main Health Units the coordinators encouraged the Keeping Well groups to make their own decisions about the topics to be discussed. These co-workers of mine agreed to approach groups at Kitsilano Community Centre, Marpole Place, Mt.Pleasant Neighbourhood House, Riley Park, Kerrisdale Community Centre to ask for representatives to come to a meeting to discuss the idea of seniors teaching about nutrition.

Now I gathered my courage and met with the representatives from these Keeping Well groups. At the initial meeting March 19, 1987 I asked them what they thought of the idea of seniors teaching seniors about nutrition. I had drafted a proposal for them to review. In it I suggested that nutrition advocates from each Keeping Well group who wanted to promote nutrition receive ongoing support and information from

the health unit nutritionist after attending a training workshop.

I made a conscious decision that my role at these meetings was to facilitate the discussion. If a decision was to be made I contributed my opinions, but the older people made the decision. My role was to record the decisions and ensure that everyone felt comfortable with the them.

At the first meeting there were representatives from Marpole, Riley Park and Mt. Pleasant groups, one of the Seniors' Wellness coordinators and staff leaders from Riley Park. This leader came with seniors from their groups because some of the seniors felt so unsure of themselves. These representatives did not necessarily feel they could be a nutrition advocate themselves. However, they thought it was a good idea that needed to be pursued with a larger group of seniors. We decided to think of a lighthearted name for the project for the next meeting because "Seniors teaching seniors about nutrition" was such a mouthful.

The Wellness coordinators continued to invite more people from the Keeping Well groups to come to the next meeting. They also spoke to the staff leaders from the centres and encouraged them to send the seniors by themselves to the meetings.

We met again, this time with a larger group of people. Some of the seniors had brought a friend from their group, others were newcomers to this group. They were hesitant at first, but soon joined the discussion with enthusiasm. One lady told her story about after retiring she became so weak and unwell she thought that she would soon be gone. She managed, however, to go on a cruise and came home feeling absolutely wonderful. On reflection, she decided the difference could be attributed to eating three meals a day on the cruise rather than the sporadic eating habit she had fallen in to after retiring. She felt quite strongly that it didn't matter how old you were you could always learn about nutrition.

We chose the name Nutrition Neighbors for the committee because it seemed to portray the idea we wanted to promote. They thought that nutrition was equally important as people helping each other. They still thought that the idea of seniors teaching seniors about nutrition was good. We decided to apply for a New Horizons grant to hire someone to develop the curriculum. This was necessary because I did not have the time available to do the curriculum development within my job as nutritionist with the Long Term Care program. We continued to solicit new members for the committee from the Keeping Well groups.

At our next meeting they suggested we advertise for Advisory group members in local seniors newsletters for the Elders Network and the

Kerrisdale community centre. We also met with the New Horizons representative to learn about the grant process. She was very supportive of the idea and agreed to give us pointers about our grant application. She suggested the group contact the Keeping Well groups about this project to find out their level of interest in talking about nutrition and in participating in a project of this type. To do this, I designed a poster to recruit members for the workshops we wanted to hold in the fall. (See appendix B.) The members of the committee distributed these posters in the libraries, community centres and to the Keeping Well groups. I received four inquiries for more information about the workshops from the posters in the libraries. The members of the group reported various responses from their groups. Some of them who were interested in learning about nutrition for their own condition found that the other group members were not as interested as they had hoped. Others felt that their group members would be interested in discussions about nutrition if approached in the right way.

We decided to continue to recruit new members for the project over the summer. In the fall we planned to continue to develop the grant proposal. I wrote an article soliciting members for this project and submitted it to as many seniors newsletters and local papers as possible over the summer. I also approached Meals on Wheels for a representative to our advisory group. I found that the members of the committee were willing to talk to others about the idea, but they did not have access

to typing to prepare written materials. They helped me draft the articles and decide the topics that we should list.

The fall of 1987 arrived. We reconvened with new members to add to the group. One person saw the article in the Dunbar Seniors newsletter and thought this was an interesting project because it was not bingo or bridge. One of the initial members was no longer able to join us because she now needed to take time to care for a 108 year old relative. After we reviewed the idea of seniors teaching seniors about nutrition they decided to continue applying for funding for our project. They thought a pilot project would be a better idea because they still weren't sure if people would be interested in this idea. This was a compromise between members in the group. We spent several meetings discussing the idea and trying to describe a clear picture of what we are talking about. The group was reluctant to prepare a grant application until they knew what we wanted to do. I felt it was important for the members of the group to get to know one another, and to come to terms with the issues involved in nutrition for older people. Although this process was time consuming, it facilitated the development of their awareness that the possibility of controlling the project existed.

At these meetings we continued to have fun sharing ideas about food and eating. One of the group members was a gentleman who had been a food

chemist. He was keen to see others take care about their diets because he was firmly convinced that good nutrition was important for well-being. We spent time discussing where men could be found, and what would appeal to men. As well, he would start discussion about issues that he personally found difficult, such as how to purchase food economically. The other group members willingly shared their own ideas for shopping for one. This sharing of information was what we thought others could find useful and educational.

The representative from Meals On Wheels kept reminding us of the people who were no longer interested in eating. She felt strongly that these people no longer seemed to be connected to other people in the community. She felt that discussions among older people about nutrition would help prevent this disinterest in eating.

The problem we wrestled with is how to engage people in discussing nutrition, especially the problems such as eating alone and poor eating habits. These topics generate such negative feelings. As a group, we determined that the most important thing to portray was that eating can be fun without being "pollyanna-ish" about it. We drafted a questionnaire to ask people whether they would be interested in reviewing their eating habits.

In January 1988, we decided we needed a definition of a nutrition neighbour. I initiated this discussion about the definition because I felt discouraged. I did not feel that the idea of a questionnaire was well received by the committee or the Keeping Well groups. Being a facilitator was difficult at times because the group members were operating as individuals and there was little group cohesion. It felt like we were running around in circles. Everyone agreed that we needed this definition to help us proceed with developing our strategies. We decided then that a nutrition neighbour is "someone who listens to seniors and generates discussion about ways to help eating for fun and health." We also decided another strategy would be to focus on Eating for Fun and Health. We talked of the idea of 'A game plan for eating' and that it is important to share ideas about eating. It did not feel as threatening to the group to help others revise their game plan for eating. Now the group was willing to apply for the grant for a pilot project.

At our next meeting we decided that the pilot project should be conducted in stages. First, conduct information sessions (demonstration nutrition neighbour type discussions) with Keeping Well groups and then hold a workshop series with interested members from the groups with whom we had met. This is the meeting where I started to draw a picture on the blackboard of what we were trying to do. The group felt that this helped us make rapid progress to design a program.

The ensuing process of preparing and submitting the grant proposal involved many meetings where I presented a draft of the proposal and the advisory group made changes and corrections. This process gave power and control to the older people so that we worked in partnership. In the process we clarified what we wanted to do for the project. The representative from New Horizons joined us for some of these meetings. She gave guidance about what would be acceptable in the grant application. To this point I chaired all the meetings because no one person in the group seemed willing to do this. I also had the clerical back-up for preparing meeting minutes and agendas. For the grant application we had to choose someone to stand as chair, second chair and treasurer. The group had some difficulty with this because we had been working collaboratively with the leadership shared by all. Still, we made a decision for the purposes of the grant. The proposal was submitted in May 1988.

One of the Seniors Wellness coordinators suggested to the group that they should hire me as their consultant because I understood what we wanted to do. I made preliminary enquiries about the feasibility of taking a part time leave of absence during the summer while we were waiting for approval of the grant.

**Phase Two: Duration of the Grant**

We received notification of the grant approval in August, 1988. The Nutrition Neighbors' advisory group now became the Board. When the person who was designated the chair notified our group members who had signed the application she found that two members would not be continuing. One member found that this group was not meeting her needs, the other member was very involved with caring for neighbors and did not feel that she had the time available. We had changed our meeting place to a new location that also meant more travel time for these two members. They did acknowledge that transportation was a problem but was not the only reason for dropping out.

The first task was for the group to hire the nutrition consultant. I wanted them to make their choice without influence from me; however, it became evident that they had already made up their minds. They made a unanimous decision to hire me. It took a while to change our roles, mine to employee and theirs to a functioning board. This meant changes in who delegated activities, who notified people about meetings, who took minutes of the meetings. The person who was designated as chair found this shift to be a surprise. She had decided to make a commitment of one year to this project and willingly agreed to the tasks. I felt excited about the prospects of working closely with the older people on a project like this.

The next task for the board was to learn the mechanics of operating a New Horizons grant. The New Horizons representative gave the board members help in this task. He explained the responsibilities of board members and helped the treasurer set up the books. Some of the board members had already been involved with other New Horizons grants so this task was not too onerous.

Since two original board members could no longer continue we needed new members. We recruited new members by inviting a representative from the Dial-a-Dietitian Support Group (another New Horizons project) to join us. We also invited interested group members from some of the Keeping Well groups that we met with. The board members approached people they thought had ideas and enthusiasm to offer. One of the board members invited a friend who was curious about her activities in Nutrition Neighbors. They managed to expand the size of the board to 12 members in all. This meant that it would not be disastrous if one individual could not attend a meeting.

To promote the project and to make our introduction to seniors groups easier, we prepared a promotional pamphlet. We found a graphic artist who agreed to draw sample graphics. The board asked for some revisions because the initial celery stalk looked more like a tree. (See page 38 of Appendix A.) I surveyed several printers to find out costs of printing and quality of paper for the pamphlet. The board made the

final decision about which printer to use, and the colour of the pamphlet.

We also started to promote this project in the media. I was requested to approach a reporter with the Vancouver Sun about doing an article featuring Nutrition Neighbors. Barbara McQuade, a reporter for the food page was interested in doing an article about seniors in early January, 1989. The resultant article featured two board members, one in an article titled "Microwave a Must for One Senior" (Feb. 15, 1989) and the other feature was titled "Seniors Cooking Up a Storm" (Feb. 15,1989). We also wrote a short article describing the project which was printed in the local newspaper under the title "Make the Food Habit More Fun" (Nov. 12, 1988).

Information series (demonstration nutrition neighbour discussions) were held with various groups of seniors, mainly Keeping Well groups on the West side of the City. We developed a standard format that we could use with the different groups. Creating this format involved a lot of discussion because the board members wanted a clearly defined role which would also allow the other participants to have input into the discussion. The board members were quite nervous until after the first information discussion. I suggested that we open the sessions with an "introduction exercise" and then pose questions designed to stimulate the participants making contributions. We decided to use a flip chart

so to keep a written record of our discussions. One of the board members volunteered to co-lead the discussion. One of us wrote the notes and the other kept the conversation going. After the session, I copied the notes on to the computer to record of the discussion and to prepare a hand-out for the participants. The participants notes from the information sessions and the workshops series contain a wealth of information written in the language of the older people. See Appendix A for further description of this process. The content of these information sessions are discussed in part two of this chapter.
I found that the discussions did not always fit the agenda the board members thought should be talked about, but most everyone was involved in them and actively participating. This was our major objective to include people as equals to create a climate that reduced isolation.

My ideas of suitable topics to discuss around nutrition and how to behave as a professional nutritionist have modified as the project has continued. Before this project started, I would be invited to speak to a group of seniors about nutrition. The expectation would be that I would appear and discuss the requirements of the elderly for a particular nutrient such as calcium, cholesterol, potassium, sodium. I would try to make it interesting by relating it to their experience and I thought I was successful because I was often invited back again to meet with the group. Now, however, my impressions of the information that seniors need to know are influenced by the results of the

discussions that occurred following a starting exercise such as what is my favourite food?, where is my favourite place to shop?, what are the changes in eating habits that have happened over the years? and similar variations. For non-nutritionists, the relevant discussions centres around the eating experience. For example, I would assume that everyone plans their meals for the week, then shops to get the ingredients necessary for those meals. At one of the sessions we were asked to talk about meal planning. I decided to vary things and ask the members of the group to identify what system that they use for meal planning. To my astonishment I found that many individuals do not plan meals ahead. Instead they prepare their meals from the contents of the refrigerator and cupboard. Both the weekly meal planning approach and the spontaneous preparation approach can provide the same nutritional content. For those of us teaching others then, it would be important to keep this in mind and help people who need to make changes in their eating habits to have the right ingredients on hand first, then they need to learn to use them.

After each series with a group we presented them with an evaluation form. It asked for feedback about the format of the sessions and for volunteers wanting to attend a workshop series. These workshops were intended for those interested in nutrition and how to share information with others. In summarizing these comments, the majority said that they found the format to be interesting for them. One person stated that

they would like to have had the speaker speak first and then questions after. Another wanted more input from the leader than from the participants.

Because we generated this list of workshop participants over a period of several months it became a challenge to keep them informed about the project. The board members and I decided that a survey of these potential workshop participants would help us with the planning and also keep them informed of our progress. We phoned them to ask whether they would be able to attend more often on one of two separate days. What we found was that some potential participants would now not be able to attend because they were moving or were ill or were caring for ill family members or would be travelling at that time. They were able to share that information. The remainder of the potential participants divided equally into two groups because they already had several commitments during the week. This prompted us to hold two series simultaneously.

I prepared the outline for the workshop series based on our suggested topics of discussion in the grant application. (See Appendix A). Two workshop series occurred simultaneously, one Monday afternoons and the other Thursday mornings. We also advertised the workshops in the local papers in the community calendar section. Participants in the workshops series included people who expressed an interest from the information

series, some board members and three who saw the ads in the local papers. Interestingly enough, we noticed that we met with a group at least four times before we had people volunteering to attend the workshops.

The workshop series consisted of six sessions, each session lasting two hours with a nutrition break as part of the program. At the initial session we planned what the nutrition breaks would consist of. I asked them if they wanted to try new food items on the market or what they wished to do. They decided to try exotic fruits or vegetables, sugar free products, salt substitutes, and different bread products.

After completing the workshop series the participants from both workshops wanted to meet together. We had been sharing recipe ideas in the workshop notes I returned to them. We met at a restaurant for a celebration dinner. At that time they decided to meet again in a month.

This time the workshop participants met at Marpole, to discuss further the "Potential Outcomes from the Workshops" generated during the workshop series. The following chart is a summary of discussions we had at various times during the workshop series. As the facilitator I felt it was important to remind the group about their conversations so that the good ideas did not disappear.

List of Potential Outcomes of the Workshops

* GROUP LEADERS
These group leaders would initiate group discussions about eating for fun and health. They could be leading groups that they are part of or they could be travelling to meet with other groups.

* QUIET LEADERS
These leaders help to keep the discussion going once it has been initiated and may occasionally ask questions to start the group thinking about eating for fun and health.

* APARTMENT COFFEE PARTIES
In order to reach the apartment dwellers who do not come out to group activities, we thought of taking a coffee party to the apartment. This might get people interested in coming out to other activities in the community. The coffee party would include a 'nutrition neighbour' style of discussion.
They could be held in a lounge, or the lobby or in an individual's apartment. The manager's cooperation would be needed.

* BUDDY SYSTEM
When you meet strangers on the street who are obviously lonely and/or need help with shopping, then it is up to you to make contact. When talking to someone on the bus, ask where they shop so that you might be able to meet again.
Possible activities might include: being an advocate for others by asking for chairs in strategic locations for people to rest on.

* SHOPPING SYSTEM
We have identified shopping as a major stumbling block for the frail elderly who get increasingly confined to their homes. A shopping service would need many factors taken into account. A bus is needed for transportation along with a driver. A system to pay the driver is needed. Volunteers may be needed to help the shoppers at the store. Banking and shopping at dress shops is as important as shopping for groceries. Publicity and overall organization would need to be coordinated. We need to think about possible sponsors.

This group decided that they wanted to meet again in the fall to continue these discussions. They were not prepared to take action at this time. They also shared information about their discussion activities at the different Keeping Well groups.

Part of the New Horizons grant included a commitment to prepare a workbook that describes the project. The board agreed with my draft proposal that the workbook should be divided into two parts. Part one was to be a description of the project and part two was to include tips for other who want to start a similar project. As the consultant I prepared the draft and the board met twice to review it. Then they agreed to let me show it to two friends who had offered to edit it. I had the responsibility of pricing printing costs and preparing a final draft before the next board meeting. We decided to hire an editor to help with the layout and editing of the workbook. The book came off the press in October 1989.

Now the board wants the book to be distributed to leaders of seniors groups in the province of B.C. and across Canada. The following excerpt from the workbook describes their vision of the future.

All members of the project agreed that it (the Project) had accomplished the goal of increasing awareness among seniors that eating can be fun as well as a source of good nutrition. They also agreed that the project had helped create a group of seniors who are especially interested in helping other seniors with their nutrition needs and with developing a positive and enjoyable attitude towards eating.

But what about the future? The members of the Nutrition Neighbors project have a vision of further workshops patterned after the pilot series. Future workshops may change depending on the people who participate, but the general concept of Nutrition Neighbors will remain the same. Project members anticipate cooperation from city health units who they believe will remain committed to the educational format that has been developed. At the heart of this format is the partnership between the seniors who participate in the workshop and the professional staff, such as nutritionists and health department personnel. There is

also the option of applying for further grants to fund subsequent Nutrition Neighbors projects. And of course, this workbook will be a useful resource for other seniors' groups and its use will be monitored. The process has been fun and rewarding and what happens in the future is a bit like watching a mystery unfold: changes will occur, but who really knows what they will be?

**Phase Three: Post Grant Activities**

We have had monthly meetings of participants from the workshops and some board members. For my own reference I call this group the continuing Nutrition Neighbors. Near the end of each meeting I ask whether we need to meet again and if so, what should we do or discuss. Before Christmas we met to put together ideas for easy entertaining. I wrote these up and sent them to several groups to use in their newsletters. A Nutrition Neighbour found it was very popular with the members of her group. After Christmas they wanted to discuss food safety. During this discussion they requested that we talk about marketing boards at our next meetings. They decided to invite someone in to talk with them about marketing boards because they found that they did not have enough information. Also, I did not feel it was my role to do this for them. They have listed the issues that concern them such as:

Why can't we purchase grade C apples that are cheaper?

Why do we have to pay more for food here than in the States?

Who benefits from the marketing boards?

They have expressed interest in writing letters when they can decide what action needs to happen. This is the beginning of their advocacy for others.

Also, members of the continuing Nutrition Neighbors group have agreed to meet with Keeping Well groups as requests for information discussions come in. They prefer to go out in pairs. We haven't worked out all the bugs in the system yet to get this coordinated efficiently. The volunteers themselves have busy schedules to juggle. Often they don't meet with a particular group because of conflicts in activities. They agree with me that we need to hold more workshops so that there are more Nutrition Neighbour volunteers to share the work.

Another post-grant activity was their involvement in the hospital-community partnership meetings. The Ministry of Health has set aside money from the hospital budgets for joint hospital-community projects. The dietitians at UBC site of University Hospital and St. Vincents Hospital and I decided to work on a proposal for an innovative nutrition support program. In this process we invited members of community groups to meet with us to identify the gaps in current services. When I invited the Nutrition Neighbors they willingly agreed to meet with us.

In order to add another dimension to the description of this project I thought that it would help to describe the involvement of individuals

over the duration of the project. They all have been given assumed names in order to preserve their anonymity. I included these portraits to illustrate the range of possible activities for individual participants and their contribution to the project as a whole. Collectively the stories show the potential for participation in a project of this design.

Julia:

When initially asked to participate in the advisory group activities Julia chose to remain uninvolved. The next direct contact she made with Nutrition Neighbors was when representatives from the NNPP met with her group at the community centre for demonstration discussions. Julia was an enthusiastic participant in the process of the discussions. She volunteered to attend the workshop sessions. She attended all sessions but two when she had to stand in as a group leader for a group trip to Reno from the community centre. At the final session she stated that she now had the courage to lead her group in a discussion because she had the opportunity to practise with us. She has often said she feels that the question "what have you done lately for yourself to make eating more fun" is the most important thing that we do. She has been a keen volunteer to meet with other groups to lead discussions if she has time available.

Julia's story would not be complete without mention of her close friend Ann from the same apartment building. She invited Ann to the workshop sessions. Ann attended less frequently because of family responsibilities, however, Julia took copies of all the information to pass on to her. When Julia met with the group for the first time she needed the support of Ann in the audience. Ann is only interested in being a 'quiet leader' because she freezes in front of a group. Together they complement one another very comfortably.

Peggy:

At the last session of the Kerrisdale demonstration discussions Peggy joined us because she was at a meeting in the building. She put her name down as someone interested in attending a workshop series based on her experience in that one session. She is a group leader on the other side of the city. Her involvement in the project made me re-think my notion of community. Now when someone starts to talk about community I wonder whether they are referring to the geographical area or area of interest. Peggy joined our workshop series. She already had well developed leadership skills. She participated as a role model for the others. Her motivation for being involved was to find out new ideas for activities for her group even though a nutritionist from the other health unit visits her group often. She has continued to be involved with us as the post-workshop activities happen. During this time she has also become involved in the mayor's committee for seniors. She was

a very enthusiastic supporter of the hospital-community partnership nutrition programs. As she encouraged her home group to be involved in their own community they have requested assistance from the other nutritionist as well.

Karen:

This Nutrition Neighbour became involved because she saw the article in one of the seniors newsletters. She didn't like the usual offerings of the community centre for activities for seniors. She was active in the development of the grant proposal, as well as the implementation of the project. She continues to be involved in the project. She finds it fascinating that she trained as a dietitian, but never worked as one. Now in retirement years she is using her dietetics training!

Marjorie:

After our first demonstration discussion, several of the board members who were present suggested that we needed to invite Marjorie to join the board because she has such innovative ideas. She agreed to join us because she thought our project was very interesting. She came on the board and spent time getting to know how we were doing things. She attended the workshop series and was a peer leader for demonstration discussions. At the post-workshop activities she has been involved as her commitments allow. She has persuaded one of her friends to join us even though she was unable to be part of the workshops series because

she moved out of a house to a smaller place. She believes in the concept of neighbourliness and is trying gently to introduce the concept where she can. She is also trying to be more of a neighbour in her own block.

Sue:

Sue is an example of the various ways that people can contribute to the project. She answered an ad in the Elders Network newsletter. She was part of the advisory group, and the board of the project. She is not interested in being active as a nutrition neighbour herself with another group because she does not feel comfortable in that role. However, she did other things. She was interviewed by the Vancouver Sun for an article. When the BEST Years TV program wanted to film an older person doing her shopping she volunteered to do the job. Not everyone likes to do these roles. This has been an enormous contribution to the project. She is still part of the project when she is not off travelling or ill. Although she was not at every meeting, at those meetings that she did attend she actively participated.

Nan:

Nan joined the project to represent her group at the advisory group stage. She kept saying that she does not have a huge interest in nutrition herself but she recognized that it was important for all older people. The neighbour part of the concept appealed to her. She was

nominated by the group to have her name as chairperson for the purposes of the grant. She was nervous about taking the chair role, but we assured her that she would get help from the rest of us. We also felt that a coordinating role was more important for us. During the course of the project she learned skills by doing the activities. She put time and effort into encouraging people to be part of the project. She was the one who surveyed the potential workshop participants to find out what were convenient times. Her contact with them assured them that we had not forgotten them and that the workshops were to happen this spring. When the project had finished, she decided to become involved in other groups or boards because she was not interested particularly in nutrition.

Belle:

Belle was invited to join the board of NNPP once we had received our grant by her friend who was already on the board. She has been an interested contributor to the program. As a board member she did her share of meeting with groups of seniors and always participated in the discussions as a "quiet leader". She has helped the group that she belongs to increase their eating together by encouraging pot luck meals or meals out together for holidays. She also was instrumental in the group inviting Nutrition Neighbors back to meet with them.

Lesley:

Lesley was requested to join the board by the Meals-on-Wheels organization to be their representative. She went along as a board member to the discussions held with her home group. Lesley is very active in the community and thus found that she was not able to attend the workshop series or the post-grant activities. However, when she attended the provincial conference for seniors counsellors, she took every opportunity to talk about the project. This provided us with very helpful feedback. She encouraged us to send a copy of the workbook to every Seniors Counsellor in B.C. She is still interested in the project and wishes to continue to remain on the mailing list. I feel this in important because she has always talked about the Nutrition Neighbors project whenever possible to other seniors. This helps us with our word-of-mouth advertising.

Jean:

Jean was an active senior who was a leader in her own community. She was very concerned about the nutrition of seniors. She was one of the founding members of the group. She attended all the pre-grant meetings, all the board meetings, and some of the post-grant activities. She had to decrease her involvement because she had to repair the damage from a fire in her own home. I understand that she is interested in being involved once again in the near future.

## PART TWO: NUTRITION TOPICS DISCUSSED

In our discussions about the educational programs we decided to include the following topics:

1. the effects of aging and nutrition
2. social changes that occur with aging and the consequences for nutrition
3. economic changes that happen and their effect with the chance to search for solutions
4. how to share information about eating for fun and health with others
5. how to cope with chronic diseases that require changes of the diet to decrease the effects of the disease.

The following description of our discussions around these topics should give the reader an idea of what happened when the seniors had an opportunity to influence the direction of the conversations.

### The effects of aging and nutrition

We discussed this topic with 11 groups in the demonstration discussions. When they were responding to the question "what changes have you noticed over the years?" there were three main issues mentioned most often. See table 1 below for the list of issues mentioned.

Table 1. Frequency of Responses to Question "What Changes Have You Noticed Over The Years?" Listed in Descending Order

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21%--eat less

20%--omit particular foods e.g. no onions or pickles, no coffee, less processed foods

17%--now have to follow a special diet

Other issues mentioned in descending order were:

--changed eating pattern, e.g. eat more often, eat more snacks, main meal now at noon

--eat more of particular foods such as fruits and vegetables, bran or fibre containing foods

--pay more attention to what I eat

--eat more variety of foods

--use less seasoning

--digestive problems occur now such as indigestion, gas, bloating

--difficulty with chewing

--more aware of information available

--portion control a problem since now cooking for one

--no change in eating habits

--now eat alone

--new living situation, that is moved into a care facility

--drop-in visitors are a disruption

--now uses a microwave

Rather than dwell on the negatives surrounding the issues raised the board members felt that it was better to lead the discussion into a group activity of creating a list of things you can do to make eating more fun.

Social changes that occur with aging and the consequences for nutrition

We did not discuss directly the social changes that often happen such as the changes in living situation as family members die, or there is the need to change housing. These changes impact on nutrition by increasing the frequency of eating alone or by creating the need to learn new cooking skills. Therefore, a major topic of discussion was "how to make eating more fun." We brainstormed ideas for this in nine groups. A summary of these ideas was given to the Sun reporter who wrote an article about the project. In some groups we discussed what to do with leftovers or what to do with the last bit of . . .left in the container. This is a common problem faced by single people. We also talked about planning meals around a particular item such as modular meals with meat sauce or roast chicken. Modular meals or chain cooking is preparing an item at one meal that leftovers can be incorporated into several different menu items. For example, the leftovers from roast chicken can be made into chicken salad, chicken a al king, chicken stew, chicken pot pie, cold sliced chicken for sandwiches or served with hot

vegetables.

Economic changes that happen and their consequences for nutrition

This topic was not raised spontaneously as often as the planning committee seemed to think it was a problem. We discussed this in the groups indirectly as we discussed shopping or on one occasion in the information sessions and in the workshops.

When talking about shopping the sessions started with the introductory exercise of "where is my favourite shopping place". This would spontaneously lead to a discussion about the delivery charges, assistance available, or best buys at the various stores in their local community.

When we were discussing shopping at the workshop series, we talked about shopping in a broader sense. The volunteers worried about the people who needed help in the community. At the same time they did not want to get themselves over-involved with another person's affairs. These active people have the dilemma of wanting to be involved but also needing the freedom to travel and visit their own friends. One participant described a shopping program that involves picking people up with Handidart and taking them to a shopping mall. Volunteers meet them

to help with their shopping and have a visit before returning home. This program had some appeal because a group of volunteers could share the load of responsibility.

How to share information about eating for fun and health with others

This was the heart of the project, and it was also the most difficult to address. Everyone in the group thought this was a good idea, but when it came to talking about developing leadership skills, they all thought someone else should do it. I wondered if this was ever going to be possible to deal with.

In discussions with the board members I knew that leadership was a hot topic before starting the workshops. In the first session, I decided to tell them that I recognized that they might be a bit scared about leading a discussion. I suggested that what we needed to do was talk about what they would feel comfortable with in the future. I also asked for volunteers to lead the introduction exercise. It soon became obvious that they were more comfortable working in pairs. Some members are more comfortable going out with a Nutrition Neighbour who is also a retired dietitian. This means that the professionals still have a role to play in the community when they have retired.

How to cope with chronic diseases that require changes of the diet to decrease the effects of the disease

The topic of living with special diets came up in several ways in five groups for the information series and in the workshop series. For instance we discussed cholesterol content of foods and living with a low cholesterol diet several times. Other times we shared salt substitute recipes, tips to control weight. We addressed questions about fibre in food such as oat bran, etc.

In the workshops we discussed living with a special diet, not what foods are allowed or not allowed, but from the view of what does it feel like, what help do you need from others to make it easier. A couple of other participants and I acted as role models because living with a special diet is a reality for us. In the evaluation session it was evident that this discussion had made an impact because of comments such as "I appreciate more what people on diets are trying to do".

Options for eating for fun

We addressed this topic by initiating discussions about the following: my favourite food, what you have done lately for yourself to make eating more fun, eating together, and where is your favourite place to eat.

One of the groups who participated in information sessions have started to eat together once a month after their meeting. In another group they now eat together to celebrate special occasions. Nutrition Neighbors started these discussions about eating together. It took the groups more discussions with their own leaders to make these changes.

Additional topics that were not in the original proposal

"My favourite food from my place of origin" also was a discussion initiated in a neighbourhood multi-cultural group. This is an area that needs to be explored further in neighbourhoods where there is a cultural mix. It gave everyone an opportunity to share their expertise and to share how they adapted to living here. It does touch on sensitive nerves and may raise memories that are very disturbing. Be careful to assure everyone that there are no right and wrong answers, that each person's view is important. We had fun trying to decide what was the "Canadian food". We did not reach a consensus because regions of Canada are so distinct in their eating habits.

They requested a discussion about menu planning in four groups. We shared ideas about how we plan menus. Some of us plan and others of us plan each meal according to what is in the cupboards and refrigerator. This often lead to a discussion about habits and how difficult it is to

change them. Another way we approached the topic of menu planning was to plan different meals using one basic item such as a baked chicken. We listed different meals that can be prepared with using the chicken as the base. This is one way that people eating alone can keep meals economical, easy to prepare and interesting.

It is not easy to describe the activities of a project that lasted for a year, especially since there were important events that happened both before and after the project itself. Of the many conversations and ideas that took place in this short space it is only possible to portray the most salient points. The next chapter includes my reflections on the process, what I would do differently and issues that should be considered in further projects of this type.

# CHAPTER FIVE

## REFLECTIONS ON THE PROCESS OF NUTRITION NEIGHBORS PILOT PROJECT

To review, the three main evaluation questions that needed to be answered were:

1. Does the NNPP acknowledge the importance of personal autonomy?

2. Does the NNPP strengthen individual self-care skills and knowledge?

3. Does the NNPP recognize, validate and support the extent to which older adults can and do function as resources to themselves, each other and the community?

The questions that examined the strategies affecting the individual are listed below:

Are individuals encouraged to re-examine their expectations and assumptions about aging?

Are self-care skills of the older adult acknowledged and reinforced?

Do the participants acquire new skills or participate in new activities if appropriate?

Do the seniors see themselves within the context of the community?

Are there things they see can be changed and are they willing to get

involved? What activities do they initiate?

Also, the queries that review the strategies affecting the environment of the individual are:

Do we have Nutrition Neighbor volunteers active in the community?

Are the educational materials relevant and appropriate? Do the Nutrition Neighbors use them?

Did we increase awareness among seniors that eating can be for fun and for health?

Do the structures of the activities encourage involvement by the participants?

Is the project achieving the projected deadlines?

If the evidence was positive then the NNPP could be considered to be congruent with the goals of the Seniors' Wellness Program. If the evidence was negative, then consideration would need to be given to whether the program should be encouraged to continue.

In his book **Making Health Decisions**, Vogt[70] states

> 'Violence, purposelessness, stress, and loneliness are neither new nor unique to contemporary society. But they are unusually prevalent in the United States, and that is a result of both personal choice and social norms that facilitate bad choices. It is possible for anyone to learn to relate meaningfully to others but, like quitting smoking, it takes a great deal of conscious effort to change old patterns into new ones. It requires that we acknowledge our real feelings to ourselves and that we share those feelings with others. Learning to do this is facilitated by a sound diet, by exercises and by daily practice of any of a number of disciplined forms of relaxation and meditation.'

As a program Nutrition Neighbors attempted to create a framework in the community where old patterns could be changed into new ones. It combined the principle of peer educators working with professional resources to spread the message. Were these purposes accomplished?

## What was accomplished

The NNPP recognized the importance of personal autonomy as efforts were made to ensure that all individuals had opportunities to participate and this participation was an integral part of the program. This also reinforced the self-care skills and knowledge of the participants. The continual reliance on the input of the seniors into the project was the major strategy used to recognize, validate and support the older adult functioning as resources for themselves, each other and the community.

### Acknowledge personal autonomy

The structure of the activities in the NNPP recognized and acknowledged personal autonomy as the views and opinions of the participants were sought and included as valuable parts of the discussion. Peoples' decisions to participate or not participate were respected and their ideas accepted. The style of interaction was deliberately structured so that the seniors themselves were encouraged to respect each other's views and opinions.

Older people act as resource

Examples of members of the community of seniors working together with a health professional illustrate our having attained the goal of having older people act as resources in the community. The issues that the seniors raised were all documented in the literature. However the significant learning here was that seniors use different language to talk about an issue than do academics. The power of a peer approach to education is that it is in the language of the participants. This makes it much more relevant to them and they can then proceed to integrating and analyzing the issues without having to also translate the language of the leader into their own language. It is a real challenge for the professional person to put aside the jargon of the literature and talk in terms used by the participants. I used exercises or discussions with the seniors first to discover the words that they use.

The project set out to have Nutrition Neighbor volunteers willing to be active in the community, and to increase an awareness among seniors that eating can be for fun as well as for health. There are six participants in the project who have volunteered to lead these group discussions. Now, in my role as community nutritionist with the health unit I act as a resource for them. We discuss together their plan of action for leading the discussion. At our monthly meetings they share their experiences of leading these discussions.

Strengthen individual self-care

Evidence that there is an increasing awareness about eating can be fun is found in the comments that participants made as we were evaluating what they learned in the workshops or information sessions and in that some of the Keeping Well groups have started eating together on occasion.

Re-examine expectations and assumptions about aging

Many group members comment that the idea that eating can be part of feeling good about yourself is one of the most important learnings from the Nutrition Neighbors project. This appeared to be a new way of looking at food for the older person.

Acquisition of new skills or activities

Three groups have started to eat together either on a routine basis or for special occasions since we met with them for Nutrition Neighbor discussions.

The older person within the context of the community

One post project activity is that some workshop participants continued to want to meet on a monthly basis. Their interest in political action is growing as they explore the impact of marketing boards on our economic system. Evidence of their interest in social action appears in a variety of settings. Some of the volunteers have gone on to be part

of the West Side Advisory Committee that held meetings to dialogue with the Long Term Care staff about the provision of care services to the frail elderly. They felt confident enough to be able to participate as equals in the discussion.

When invited to attend planning meetings for the Hospital Community Partnership Nutrition Programs they had the belief that something valuable they could contribute. The Hospital Community Partnerships are grants from the hospital budgets that have been designated for innovative programs involving the community. The nutritionists and dietitians at the health unit and two hospitals in the health unit area want to plan an innovative program with the input from members of the community. The Nutrition Neighbors acted as a voice for the older person.

Nutrition Neighbor volunteers are active

As mentioned before there are six participants in the project who willingly lead group discussions with other seniors. Other participants have become volunteers in shopping programs sponsored by the health unit that foster socialization for the shoppers. Still other volunteers are not active with nutrition related programs but they have gone on to be active in other committees. All of the NNPP participants have the knowledge that they acquired which is being used in their own lives.

Educational materials produced

One goal of the project was to have a resource book available for others to use for establishing their own program. The workbook has been printed and distributed around the province. The Nutrition Neighbor volunteers use the workbook as an aid for them to prepare to meet with other groups. As time goes on we will learn how useful the workbook is. We may want to re-write it in the future.

Increased awareness of eating for fun and for health

The topic of nutrition for seniors is now more acceptable amongst the groups because they know there is an element of fun involved. This is evident when Keeping Well groups request a return visit from the Nutrition Neighbors.

Participants' involvement in the program

Were opportunities created for supportive communication to occur? In some situations, yes in others no. One of the Keeping Well groups illustrates the potential for this method. They had been meeting together once a week for several years to share an evening meal. In the Nutrition Neighbors small group discussions we talked about favourite foods, favourite places to eat, where we were from and a favourite food from that area. At the final session when we were talking about the experience, one comment was that they finally were getting to know one another. This reinforced my notion that the process of communication in

groups is very important. Communication amongst each other that acknowledges and validates you as a person is the supportive type of communication that will reduce isolation. It is also a style of communication that is not unique to nutrition, almost any topic can be discussed in this manner.

Project achieved the projected deadlines

Did the specific model that we designed actually happen? Yes, the outline of the model was followed, i.e. we did have demonstration nutrition neighbor discussions, and from those sessions we had people interested in a workshop series. We found that the demonstration discussions did help us recruit people for the workshop series, but only after we had met with a group for four times. We guessed that three sessions would be necessary in our initial model that we submitted to New Horizons. We now know that in future planning that we need to build in the opportunity to meet with a group four times before they will become committed to the process.

<u>What I would do differently</u>

I made a conscious decision that volunteers were not to be screened, that anyone who expressed an interest in the project had a right to learn and be active. If someone volunteered to be chairman, then they

had a right to be supported in their decision. Sometimes, however, this meant that the project was hindered if the leadership skills are weak. The reality of the role of the professional then becomes more difficult because you have your job to do as well as teach the other person their role. Some people have the ability to learn quickly and others still do what they have always done. It is a dilemma I'm not sure can be solved without compromising the philosophical basis for the program. One solution is to not formalize the leadership process, i.e. a chairperson is not appointed, but to support the natural leaders to emerge from the groups.

An alternate to using the flip chart would be advisable because it is heavy and very difficult to transport if you do not have a car. It is important to have a tool to focus the discussion. We could have tried the impact of using pictures, or board games as well. They could be easier to transport and may have benefits for discussion purposes.

This project was only able in the time frame allowed to cover 8 communities out of a possible 13 in the West-Main and Burrard Health Units of the City of Vancouver. We drew volunteers from 5 communities for the workshops. As the success of the NNPP has spread by word of mouth, there are requests from other groups for discussions. The expectations of the community have been raised, but there are not enough resources now for the project to continue to meet the demand. This

project needs to keep going to have enough volunteers in each group that meets weekly. This is a project that worked, but what happens for the community in the future?

## When to use Nutrition Neighbors Style of program

Because we live in a pluralistic society, I think we need to have skills to work collaboratively as well as in competition. In the traditional schooling that most of us have been exposed to the emphasis is on competition to get the best marks, to be at the top of the class, to be a winner or a loser. In the real world, however, we often need skills to work together. In situations that call for collaboration a Nutrition Neighbors type of interaction is a good approach. The same type of communication could be used for other topics besides nutrition.

If the purpose of a meeting is solely to impart information to a group of people, then a lecture style format may very well be the best choice of format. If persuasion, examination of social issues, or change in attitudes are necessary, however, then the lecture format has severe limitations.

## The Changing Role of the Professional

In taking this opportunity to establish a nutrition education program and use a qualitative evaluation technique rather that traditional quantitative evaluation methods I have demonstrated that it is possible to collect data in the course of a normal working day of a community nutritionist. Collating the data to make sense of the observations is also possible particularly if a computer is used for storing the data initially.

The Nutrition Neighbors process taught me about the role of professionals as they work with the public. I learned that acting as an expert I used one set of skills, and that I needed different skills to act as a resource person within a group. I have listed the major role changes that I learned below.

### Helpful Hints for Professionals to remember as they are changing their role

**When the urge to organize a meeting or person strikes.**
Recognize it, and then change your usual "take charge" pattern to one of asking they think that is a suitable course of action. Ask for volunteers to help you.

**When the urge to do it alone happens.**

You might recognize it by feeling overwhelmed or rushed for lack of time. Take the time to ask for assistance from the group members. They will have more ownership of the project if they are involved.

**When "they don't say it right".**

This is difficult for those of us who have been accustomed to the expert role. Relax, there are many ways to say the same thing. One advantage of having people use their own words is that then it has more meaning for them. If you feel someone in the group has made an outlandish statement, ask the other group members what they think about it. When I do this, I find that I am not the only one who thinks this way. This gives the opportunity to clarify the meaning of the statement and to debate the pros and cons. I am talking about having a trust in the group being able to discern varying degrees of truth. The real trick is to do this in such a way that the initial speaker does not feel threatened or unsafe. i.e. That is one way of looking at things, I wonder what the rest of the group thinks. Occasionally, this may force you to feel that you have compromised your professional ethics. I submit that it is better to live with compromise than to alienate the public with the arrogant professional stance.

**Your role as resource person**

Your role as resource person is different from being the expert with all the knowledge. You can offer information about other points of view, or of resources that the group might not be aware of but you do not have the right to control.

**Your role as Stimulator**

Your role as stimulator, or some call it animator, is to provoke critical thinking about a topic. People will come with an interest, otherwise they will not stay, but it is sometimes your function to focus attention on an issue. The trick is to do it so that as many people have input as possible i.e. small group discussion then report to large group, or use another tool, such as a picture, to start the initial discussion.

## Questions to be resolved

Is it essential that nutrition professionals be involved?

Some of the Nutrition Neighbor volunteers feel much more comfortable if a professional person is there as a resource. There are so many questions about nutrition that are of a technical nature. It appears that the best combination is to have a peer educator and a professional, either retired or younger. Seniors tell me they want

to participate as they feel able but be responsible for the over seeing of a program. This means that both parties have to be comfortable with sharing the leadership of the group. It also has implications for planners who decide about education of the professionals. At the moment, the number of professionals available is limited in some communities. Also the professionals have seldom had training that would allow them to be comfortable with a role of this nature.

Could other professionals do this type of leading adequately? This leads us to issues of professionals working together, protecting territory, learning to trust others, knowing when they do not know the answer. Again, this is the basic issue of trusting the process in the group.

What about lay people leading the groups who have had no professional training, but have good interpersonal skills?

Why not. Some of us would have to think hard before being able to feel comfortable with this. It probably would mean that the role of the professional involved would be different and supportive in another way.

In conclusion, this case study of the Nutrition Neighbors Pilot Project demonstrates a model for nutrition education that can influence the

social dimensions surrounding eating. It is fitting to end with a quote from the workbook:

> **Afterwards...."you make it happen with others"**
>
> The idea of seniors helping seniors to cope with a changing world and their changing selves will promote better nutrition and thus better health. And, the helping "code" can be carried through to other topics such as housekeeping, house repairs, and entertainment. The sky is the limit.

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# APPENDIX A

## NUTRITION NEIGHBORS PILOT PROJECT

# APPENDIX A

## NUTRITION NEIGHBORS PILOT PROJECT

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# ACKNOWLEDGEMENTS

## NUTRITION NEIGHBORS PILOT PROJECT

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Beverly Grice, RDN

Funded by New Horizons, British Columbia and Yukon Region, Health and Welfare Canada.

# NUTRITION NEIGHBORS PILOT PROJECT

## INTRODUCTION

The Nutrition Neighbors Pilot Project was an effort to advance the cause of nutrition education among seniors. A key commitment by all involved was the production of a workbook describing the project, how it originated, what was accomplished and how it can be applied to other seniors' groups. What you are now reading is the result of that commitment. It is the hope of all project participants and volunteers that this workbook will be of assistance to others who wish to pursue a similar project. And it is hoped that what is written here will motivate others to try new ideas and to experiment with food, not just as a source of nutrition but as a way of improving the quality of life. For those of you who embark on a nutrition project, please let the authors know what you discover and whether the ideas here are helpful.

The workbook is divided into two parts. Part One is an account of how the Nutrition Neighbors Pilot Project was developed, some of the problems that were encountered and how these were solved. Part Two is a collection of ideas and suggested steps that may be used to start a Nutrition Neighbors project in other communities. Also included are recipes that have been tested and declared successful by the Nutrition Neighbors Pilot Project.

## PART ONE

## DESCRIPTION OF THE NUTRITION NEIGHBORS PILOT PROJECT

The idea of seniors teaching seniors about nutrition started with Beverly Grice, a nutritionist with the City of Vancouver. Beverly works with the Long Term Care program of the West-Main Health Unit and in the course of her job meets many seniors who have lost interest in eating and cooking for themselves. It was a factor, she concluded, that added to the pressure many seniors felt to move, however reluctantly, into a care facility. Beverly and her colleagues at the West-Main Health Unit conducted a study to establish a nutrition profile of their clients. They wanted to know how many seniors were affected by a lack of interest in eating and cooking. The results showed that a majority of their clients were at nutritional risk.

Because of the study results, seniors from a variety of groups in the West-

Main area of Vancouver were invited to discuss the idea of seniors and nutrition. Representatives from the Marpole Seniors, Well Aware Seniors, Mt. Pleasant Wellness Group and Kitsilano Seniors attended several meetings hosted by Beverly and other members of the West-Main Health Unit. One of the ideas that emerged from the West-Main nutrition study was seniors teaching seniors about nutrition. Seniors attending these initial meetings reacted positively to the idea. Whenever West-Main staff visited the different groups in their area they raised the subject of eating and food and the response was always favorable. There was never any lack of discussion or stories to relate about the enjoyable experiences people connected with the topic of food. From these meetings it was apparent that seniors teaching seniors about nutrition was one that could work.

One thing that came through in these early meetings was the fact that most people had plenty to say about food and most of it was positive, if not downright fun. It was obvious that many people associated food with fun or thought of eating as an enjoyable activity. It also became evident that by sharing knowledge about food, food problems could be solved. A woman in one of the group meetings mentioned she could not eat bananas even though she knew they contained potassium which she needed in her diet. Others in the group were quick to make helpful suggestions. "Try eating only very ripe bananas," was one. "Cook bananas in something like porridge," was another. At the next meeting the woman announced she had discovered she could eat cooked banana. Problem solved through knowledge sharing.

The result of these early meetings and discussions was that seniors working together could solve many nutrition problems in a supportive and enjoyable manner. Eventually, a core group of seniors was organized from the different community groups mentioned. Out of this group came the idea to apply to New Horizons, a funding program of Health and Welfare Canada, for a grant to launch a pilot project designed to test the ideas that had emerged.

**What We Knew**

The members of the project planning group understood from personal experience some of the nutritional problems faced by seniors.
In their discussions prior to applying for the New Horizons grant they learned of others as they attempted to identify some of the main factors prohibiting good nutritional habits.

A representative from Meals on Wheels knew about those who may or may not

be house-bound but who have lost interest in food. Meals on Wheels may be one answer to the problem, but basically the non-eaters need incentive to take charge of their own daily nutrition needs.

Many in the group talked about the boredom of eating alone and how this acted as an impediment to regular nutrition. Others recounted how decreased energy levels that seem to accompany aging have a negative impact on nutrition.

Often, changes in life circumstances means a person is suddenly faced with the need for cooking and shopping skills they may not possess. While they know that they need to acquire these skills they may not know what to do. The result -- poor eating habits and poor nutrition.

One of the topics that came up as the group discussed the topic was the fact that most accounts of malnutrition in the elderly, found in both research literature and the media, commonly refer to the "tea and toast" syndrome. This prompted a group member to report how after she retired she began to feel "old and tired." Then she went on a cruise. When she returned she felt stronger and more energetic, a fact she attributed to eating three nourishing meals a day while on the cruise. The story underlined the importance of a balanced and nutritious diet to good health and reinforced the perils of "tea and toast" dining.

Out of these discussions came an agreement that it was pointless to dwell on the negatives surrounding eating. If the pilot project was to succeed, then the emphasis had to be on the positive aspects of eating and nutrition, and include food as an enjoyable social experience.

**What We Did**

As the planning group prepared its application for the New Horizons grant, the concept of nutrition neigbors was gradually formulated. Eventually, a Nutrition Neighbor was defined as someone who listens to others and promotes discussions about eating for both fun and health. This concept became both the central theme of the project and also its name -- the Nutrition Neighbor Pilot Project.

The next step was to take the Nutrition Neighbor concept to a wider audience to measure reaction and feedback. The planning group organized a series of demonstration sessions with various seniors groups in the West-Main and Burrard area. If the concept met with approval in the demonstrations then an education workshop would be organized

to train seniors to be Nutrition Neighbors.

In August, 1989 the New Horizons grant was approved. Now it was time to translate all those months of talking and planning into concrete action. First came the formation of the Nutrition Neighbors Pilot Project with a board made up of seniors from the original planning group. Other members included Judy Curran and Sharon Martin, Seniors' Wellness Coordinators at West-Main and Burrard Health Units.

The group learned some basic accounting procedures to help manage the grant money and hired a nutrition consultant, Beverly Grice, to help organize the workshops. A promotional pamphlet was prepared to help explain the project. This meant hiring a graphic artist to create artwork and help with the layout of the pamphlet. Nutrition Neighbors board members were also members of their own community seniors' groups so each board member canvassed their respective groups to set up demonstration discussions. Board members would visit each seniors group to explain what Nutrition Neighbors Pilot Project was all about and to see how many people would be interested in attending the workshops.

The demonstration sessions followed a standard format. The Nutrition consultant and a board member would meet with each seniors' group and explain the project. The team approach worked best. At the end of the first session, each group was asked if they needed further information and if there was a particular topic they wished to discuss with the team. Every session was different because of the unique character of each group. To make sure everything went smoothly, the board members devised a number of special techniques to put people at ease and draw them into discussing food and nutrition.

Each session started with an exercise to make everyone feel relaxed and comfortable. Seats were arranged in a circle so everyone could see each other. Each person was asked to identify themselves and name their favorite food. This proved to be an effective icebreaker and a good way to get to know each other. It's always fun to hear other people name their favorite food. One of the project team recorded names and favorite foods on a flip chart which helped stimulate discussion. Some chose ooey-gooey desserts or chocolate. Others went for full meals, like roast beef and Yorkshire pudding with all the trimmings. Still others opted for specific fruits or vegetables. There were even those who had to go into an extended description if their favorite food was of an ethnic origin.

The following list from one of the sessions is a perfect example of the diversity of 'favorite foods': black forest cake, turkey dinner, carrot salad, eggs, cheese & salad, cottage cheese & yogurt, peanut butter sandwiches, vegetables, fruit & cheese, chocolate, cottage cheese & fresh fruit & muffin, meat & fish, steak, pavlova, roast beef and vegetables, halibut steak, pasta, chicken, porridge, sole & lemon.

Once everyone was comfortable, the project team would raise certain nutrition questions in order to stimulate discussion. A common question to start the session was: "What are some noticeable eating changes associated with aging?" One group gave the following responses:

* *Cut down on coffee*
* *Living in a care facility means fewer food choices*
* *Eating less*
* *No high fat foods*
* *No hot, spicy foods and/or salt*
* *More nutrition knowledge available*

The point about moving into a care facility always stimulated a lot of discussion. One reason for people having to move into a care facility is not eating well on their own. This evolved to talking about the trials of eating alone. But team members tried to emphasize the positive. So when the subject of eating alone came up, they asked for ideas on how to make this experience more fun. One group came up with these suggestions.

**Making Solo Eating More Fun**

* *Watch a favorite TV show*
* *Listen to music*
* *Put fresh flowers on the table*
* *Try a candle for atmosphere*
* *Invite company to share your meal*
* *Read a book or magazine*
* *Try going out occasionally*

The project teams discovered that talking about favorite places to eat was another useful way of dealing with the subject of eating alone. Suggestions that came out of the demonstration sessions

were recorded and sent back to the individual groups where they originated.

The sessions proved worthwhile in a number of ways. Apart from stimulating interest in Nutrition Neighbors, they also served as a way for people to focus attention on poor eating habits. A leader from one of the groups visited reported how a group member who used to "eat out of the refrigerator" started setting a table and enjoying a meal following the demonstration session. Other seniors who had attended these sessions talked about buying flowers to decorate their kitchen tables at mealtime. And one seniors' group now regularly enjoy lunch together at their local centre. The sessions helped to create an awareness of how the simple act of eating a meal could be improved. The project's nutrition consultant said the positive response to the sessions was based on the involvement and experience of the members from the project. They served as a model for others to follow.

Each demonstration session ended with a feedback discussion. Also, that was when names were collected for the planned workshop. Enthusiasm for the workshop usually increased with the more demonstration sessions that were held with a particular group.

Another way of attracting interest for the workshop was through advertisements in community newspapers.

**The Workshop**

Once the demonstration sessions were completed, plans were formulated for the Nutrition Neighbors workshop. To enable people to attend regardless of their busy schedules, two parallel workshops were planned. Each workshop would consist of six separate seminars. Each seminar would be two hours long with a brief nutrition break after the first hour. The parallel workshops were held on Monday afternoons and Thursday mornings at the West-Main Health Unit in Vancouver. A total of 18 participants took part in the workshops.

A good example of a typical workshop seminar is the one titled "Survival in the Market Place" which was the fourth in the workshop series.

Workshop participants agreed to lead the introduction exercises which were patterned after those used in the demonstration sessions. Once again, these techniques helped ease any nervousness and made people feel relaxed and comfortable. For the Market Place seminar, participants were urged to talk about their favorite shopping places. This naturally lead to

a comparison of the strengths and weaknesses of various stores around town. To facilitate discussion, participants broke into smaller groups to discuss the seminar theme. Later, all reassembled to share their thoughts. This usually resulted in a complete picture of the workshop theme. The following points were raised.

**Survival in the Market Place: Problems and Solutions:**

* *metric conversion has created confusion, need more conversion tables*

* *some stores feature new pricing systems that affect purchasing, i.e. one dozen eggs is cheaper than two or three dozen*

* *delivery charges are unfair sometimes, especially for those seniors under 65 but who are unable to work*

* *the IGA chain offers free delivery to seniors on Tuesdays*

* *Magee Grocery, a westside independent store, delivers for free*

* *people who volunteer to help others with the shopping can often encounter problems because of time commitments and unreasonable demands*

* *problems arise when seniors rely on neighbors for shopping help especially if the neighbors are elderly and like to travel*

* *UBC offers a course for those in the sandwich generation (women with both aging parents and grandchildren to look after) to help them establish coping skills*

* *dilemma exists for people living independently: how do I get help to continue to live independently without creating guilt for family members, friends and themselves*

* *need to create a balance between professional help and family*

* *beware of professionals using too much jargon, families are often needed to help the communication*

This particular theme helped workshop participants realize that shopping was more than just buying a food item and taking it home. The session resulted in a list of tips to help seniors with shopping.

**Tips for Survival in the Supermarket**

* *Buy day old bread to use for toast.*

* *Buy items on sale and store in the freezer.*

* *Shop the sales.*

* *Buy paper goods on sale and in quantity if you have the storage space.*

* *Watch for case lot sales. If in Kelowna on Wednesday, they sell case lots of what is in the processing at the Sun Rype plant.*

* *Remember if cauliflower, broccoli etc. have been grown without sprays soak them for 1/2 hour in salted water to kill the bugs.*

* *When buying vegetables, a better buy would be to get the part that you are going to eat without the extra trimmings e.g. broccoli heads, cauliflower pieces*

* *Celery hearts can be cut into slices or in the processor.*

* *To stretch ground meat you can add rolled oats, vegetables, bread*

* *Fruit seems to be more expensive recently.*

* *Watch for coupons and use them when the item is on sale.*

* *Check the price of the house brand, sometimes they are cheaper. Be sure you are comparing the same grades, e.g. Canada Choice*

* *Barbecue chickens are a good buy on sale, some places they sell 1/2 barbecued chickens. Be sure to store them safely.*

* *Rewrap deli meats in wax paper to keep them the maximum storage time.*

* *Rewrap fish in wax paper. Buy fish in small quantities.*

* *Soak fish in milk first to reduce the fishy odour.*

* *Soak liver in milk to keep it tender.*

* *Think ahead of what you want for dinner before you go shopping.*

* *Shop often for the exercise, opportunity to see your friends and to get fresh items.*

* *Shopping attitudes are influenced by: health, time, energy, money, family*

*Some of us enjoy the challenge of getting a good buy*

*Large stores are too confusing, and too tiring for some of us*

*Attitudes toward cooking can be:*

*it is a chore*
*you can unwind from the stresses of the day by preparing food*
*preparing food can be a creative outlet*

*You can choose which attitude feels most comfortable for you.*

The nutrition break at the Market Place seminar featured several salt substitutes, made of combinations of herbs, that were sprinkled on celery. In addition there were oat bran and date cookies made by one of the workshop participants.

The sixth and final session of both workshop series consisted of a discussion of what the workshop meant to all who took part, project members and participants alike. One of the points that came up was that the workshop not only helped provide nutritional information, it also highlighted many interpersonal values. One of the most repeated comments was: "I enjoyed having the opportunity to get to know the others." Another participant said: "It gave me a boost to lead a session within my discussion group." The workshop helped people develop socially. "I have started to think about how you get to know your neighbor and how you overcome some of the fears that are barriers to friendship," was another participants comment. And the workshop taught understanding about other people's eating problems. "I now feel more tolerance for people on special diets," was the way one woman phrased it.

The two workshop groups held a celebration dinner party where everyone got to know each other and to share the enjoyment generated in their respective groups. A follow-up meeting to the workshops was held at which time ideas from the two workshops were reviewed by the project members. The project's nutrition consultant called this list the "potential outcomes" of a Nutrition Neighbors workshop.

**List of Potential Outcomes of the Workshops**

** GROUP LEADERS*

*These group leaders would initiate group discussions about eating for fun and health. They could be leading groups that they are part of or they could be travelling to meet with other groups.*

** QUIET LEADERS*

*These leaders help to keep the discussion going once it has been initiated and may occasionally ask questions to start the group thinking about eating for fun and health.*

** APARTMENT COFFEE PARTIES*

*In order to reach the apartment dwellers who do not come out to group activities, we thought of taking a coffee party to the apartment. This might get people interested in coming out to other activities in the community. The coffee party would include a 'nutrition neighbor' style of discussion. They could be held in a lounge, or the lobby or in an individual's apartment. The manager's cooperation would be needed.*

** BUDDY SYSTEM*

*When you meet strangers on the street who are obviously lonely and/or need help with shopping, then it is up to you to make contact. When talking to someone on the bus, ask where they shop so that you might be able to meet again.*

*Possible activities might include: being an advocate for others by asking for chairs in strategic locations for people to rest on.*

** SHOPPING SYSTEM*

*We have identified shopping as a major stumbling block for the frail elderly who get increasingly confined to their homes. A shopping service would need many factors taken into account. A bus is needed for transportation along with a driver. A system to pay the driver is needed. Volunteers may be needed to help the shoppers at the store. Banking and shopping at dress shops is as important as shopping for groceries. Publicity and overall organization would need to be coordinated. We need to think about possible sponsors.*

**Project Objectives**

All members of the project agreed that it had accomplished the goal of increasing awareness among seniors that eating can be fun as well as a source of good nutrition. They also agreed that the project had helped create a group of seniors who are expecially interested in helping other seniors with their nutrition needs and with developing a

positive and enjoyable attitude towards eating.

But what about the future? The members of the Nutrition Neighbors puoject have a vision of further workshops patterned after the pilot series. Future workshops may change depending on the people who participate, but the general concept of Nutrition Neighbors will remain the same. Project members anticipate cooperation from city health units who they believe will remain committed to the educational format that has been developed. At the heart of this format is the partnership between the seniors who participate in the workshop and the professional staff, such as nutritionists and health department personnel. There is also the option of applying for further grants to fund subsequent Nutrition Neighbors projects. And of course, this workbook will be a useful resource for other seniors' groups and its use will be monitored.

The process has been fun and rewarding and what happens in the future is a bit like watching a mystery unfold: changes will occur, but who really knows what they will be?

## PART TWO

## IDEAS FOR PEOPLE TO USE TO START THEIR OWN PROGRAM

This section of the workbook is written for other seniors to use as a resource. Health professionals reading this book need to keep in mind that all people posses knowledge about the art of eating. It is important for health professionals to recognize that seniors have the capability of solving their own problems as a group. This approach is also applicable to the frail elderly who may not be able to solve all their own problems as individuals but have the ability to come up with creative solutions in a group situation. Such a group may need help to understand all the factors involved before they can find solutions. However, the role of the professional is to assist with clarifying the present situation and to act as an information resource.

### Getting Started

How will you contact representatives from potentially interested groups to attend a meeting to discuss the idea?
Will you use advertising?
Will you use one-to-one conversation?
Will you meet informally with a group to discuss the idea?

It may take several meetings to get an interested group together. What you need in your community will develop.
What are the questions that need to be asked or the problems to be solved?

**Finding People**

Who should be involved? Is this aimed exclusively at seniors?
Should you find a professional nutritionist or dietitian who can act as a resource person for you? How will you work with the professional? Will you expect them to tell you what your problems are and what to do about them or will you ask them to be a member of your group to provide specialized knowledge when it is needed?
Where do you find information about nutrition if you do not use a registered dietitian/nutritionist?
Do you need to hire a coordinator or consultant for the project? If so, consider:

Who will monitor and evaluate the progress of the person hired?

Should the coordinator have special knowledge about nutrition or is the capability to facilitate groups more important?

Where do you get funds to hire someone? Some ideas are: New Horizons, Seniors Independence Program, a coalition of community groups.

**Starting Discussions or Workshops**

Whether you are leading a discussion or workshop the process is similar. The content will change depending on the purpose.

**Making people feel comfortable**

How can you create an environment that is safe and encouraging? Is there one person who leads the group or are the group leadership functions shared by members of the group?

We found it is important that everyone should have the opportunity to be included in the discussion. Round robins ensure people are listened to in their turn or have the opportunity to pass.

**Giving participants feedback**

How will you record discussion and what information do you need to return to the participants?

Use a flip chart to record the discussion in progress. You could use an overhead transparency or blackboard just as well. The project consultant condensed this

record into understandable notes which were distributed at the next session. We found this to be worthwhile particularly for those members who were unable to attend any session.

**Finding Your Direction**

What questions do you introduce to prompt open discussion? How do you encourage people to look at the eating experience in a new way? The project coordinator for Nutrition Neighbors used the following steps:

* decide on a theme such as eating alone (often the group gave input here).
* think of an introduction exercise that matches the theme. For example, list favorite shopping place for the theme of Survival in the Market Place.
* design questions that encourage people to reflect on their experience about the theme. An example is "What do you do to make eating more fun for yourself?".

## LIVING WITH THE PROCESS

**Acting on ideas identified that need group action**

In the process of your discussion ideas may be discovered that a group could do something about. For example, shopping for older neighbors can be exhausting and result in worry about them being home alone all the time. There must be a better way. Group members need to take ownership for problems and possible solutions. How do you do this?

1. Identify problems. Describe and clarify the problem with input from everyone in the group. Sometimes using a metaphor helps people think about ideas in a new way. Shopping for others feels like being in a blender.

2. Find solutions to the problem. Brainstorm in small or large groups and list possible solutions accepting all ideas without judgement.

3. Decide which solutions are feasible. What needs to be done first? How? By whom? When?

4. Take action and report back to the group.

**Getting people involved**

How do you get others involved? Open discussion about how to get people involved will raise the issue of encouraging participation by new people. "You can make a difference" was the

watchword of Nutrition Neighbors. Having a variety of activities available allows those who want to be involved to do so at their desired level.

**Knowing if your group is functioning well**

Do your group members

* attend regularly
* contribute ideas
* ask questions
* express feelings
* actively listen
* support and accept ideas that are different
* express interest in each other as persons
* encourage all members to participate
* summarize information
* check for understanding
* relieve tension by joking
* give direction to the group work or activities
* want to reach out to others in the community?

**Afterwards....."you make it happen with others"**

The idea of seniors helping seniors to cope with a changing world and their changing selves will promote better nutrition and thus better health. And, the helping "code" can be carried through to other topics such as housekeeping, house repairs and entertainment. The sky is the limit.

## USEFUL SOURCES OF INFORMATION

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Crapo, Raymond F. Questioning: the epitome of the art. Training and Development Journal, Jan. 46-50, 1988.

**Dial - a - Dietitian 604-254-7821**
Registered dietitian/nutritionists are available to answer your questions about food, nutrition and special diets during office hours. After hours you can leave a message on the tape and they will return your call.

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Shannon, Barbara, Helen Smicklas-Wright, Barbara Davis, Christine Lewis A peer educator approach to nutrition for the elderly. The Gerontologist 23(2), 123-126, 1983.

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Subscription is available from P. O. Box 359162, Palm Coast, Florida, 3035
Subscription price is $29.00 in Canadian funds.

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## APPENDIX A OUTLINE FOR THE WORKSHOPS

**Session 1**

Introductions, and planning for future sessions.
Nutrition break.
These sessions will be based on the principles of the University of the Third Age which assume that each one of us may be able to contribute an area of expertise to the group, and in this way we are all able to learn.
Is eating always fun? Should it always be fun? What about the experience of eating?

**Session 2**

Eating within the context of aging. Do we need to make changes?

**Session 3**

Living with special diets - For Ourselves and for Others

**Session 4**

Money madness - survival in the marketplace.

**Session 5**

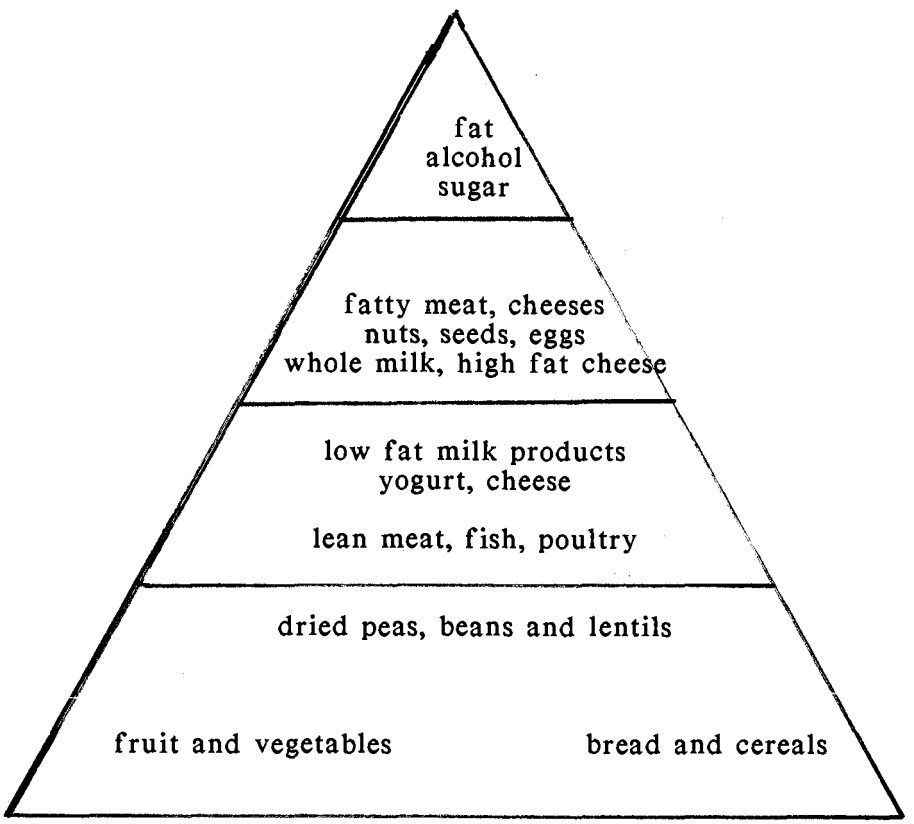
Options for Eating for Fun. How Do People Get Involved?

**Session 6**

Farewell session - Your Choice.

## APPENDIX B THE GOOD FOOD PYRAMID

The Good Food Pyramid




* Foods at the base of the triangle should form the base of your diet, and be eaten in the **largest** quantity.

* Foods which form the middle of the triangle are needed for good health, but in **moderate** amounts.

* Foods at the top of the pyramid should be **reduced** to a minimum e.g. salt, sugar, alcohol and visible fat.

## APPENDIX C RECIPES FROM THE WORKSHOPS

### SHAKES

HIGH PROTEIN SHAKE
3/4 cup milk
1/3 cup orange juice concentrate, thawed is easier to use
1/2 block soft tofu
1 tbsp. honey or brown sugar (optional)

Blend in a blender until smooth. An egg beater could be used if no blender was available.
Makes 1 1/2 to 2 cups for one serving.

### DESSERTS

STRAWBERRY SURPRISE
2 cups strawberries
1 block dessert tofu

Blend together until smooth and serve chilled.

CUSTARD IN 17 MINUTES
2 cups milk (can use skim)
2 large or 3 small eggs
2 or 3 tablespoons sugar
salt to taste

Method:
1. Heat milk.
2. Beat eggs with sugar and salt.
3. Add bit of hot milk to eggs. Stir in and mix all into the hot milk.
4. In frying pan (I use electric) place individual custard cups and pour hot water to depth of 1 or 2 inches. Cover and steam for 17 minutes or until firm.
5. Garnish with nutmeg or cinnamon.

BRAN MUFFINS (dough keeps 6 weeks in fridge)

2 cups boiling water
2 cups natural bran (wheat)
1 cup oil
3 cups white sugar or 2 white and 1 brown
4 eggs, beaten
1 quart buttermilk
5 cups flour
5 teaspoons baking soda
1 teaspoon salt
4 cups Kellog's All Bran

Pour boiling water over natural bran and let stand.
Cream oil and sugar.
Add beaten eggs, buttermilk and soaked bran.
Sift flour, soda salt and add all at once, then All Bran.
Add raisins if desired.
When fresh muffins needed, bake in greased muffin tins for 25 minutes in 375 F oven.

## EASY OAT BRAN AND DATE COOKIES

3/4 cup soft margarine
1 cup brown sugar
1 egg, slightly beaten
1 tablespoon water
1 cup whole wheat flour
1 cup oat bran
1/4 cup wheat germ
1 teaspoon baking soda
1 teaspoon baking powder
1 cup chopped dates or raisins
1/2 cup chopped nuts, chocolate chips or coconut (optional)

In large bowl, cream margarine, brown sugar, egg and water together thoroughly. Add four, oat bran, wheat germ, baking soda and baking powder; mix well. Stir in dates or raisins, and nuts (if using).

Drop batter by spoonfuls onto lightly greased baking sheets; flatten slightly with floured fork. Bake in 350F oven for 15 minutes or until golden. Makes about 3 dozen cookies.

From: Lighthearted Cookbook by Anne Lindsay

## MAIN MEAL IDEAS

SAVORY SOFT TOFU -LUCY'S RECIPE
1 block soft tofu, drained
spring onion, chopped
1/2 tsp. vegetable oil
soya sauce to taste

Slice the tofu in approximately 5 slices.
Sprinkle the other ingredients on top and cook in the microwave for 2 1/2 minutes or steam lightly.

STIR-FRY RATATOUILLE
2 tablespoon vegetable oil
1 medium onion, sliced
1 or 2 cloves garlic, minced
8 medium mushrooms, halved
1 small sweet yellow or red pepper, cubed
2 cups cubed(1/2 in. pieces) unpeeled eggplant
1 small zucchini, sliced
2 tomatoes, cut in wedges
1/2 teaspoon each dried thyme and basil
salt and freshly ground pepper if desired

In large nonstick skillet, heat half of oil over medium-high heat; add onion, garlic, mushroom and sweet pepper and stir-fry until tender, about 4 minutes. With slotted spoon remove to side dish and set aside.
Heat remaining oil in skillet; add eggplant, zucchini; stir-fry for 4 minutes or until tender. Return mushroom mixture to pan, add tomatoes, thyme, basil; cover and simmer for 5 minutes. Add salt and pepper to taste.
Makes 6 servings.
From: Lighthearted Cookbook by Anne Lindsay
LENTIL STEW
1 1/2 quarts stock or water
2 cups washed lentils
1 onion sliced and chopped

1/2 lb. mushrooms sliced
1 teaspoon dried basil
2 stalks celery with tops, chopped
2 carrots sliced
1 large can stewed tomatoes
1/3 cup (or less) oil
2 teaspoons vinegar

Bring stock to boil and slowly add lentils. Reduce to simmer and cook 1 hour. Meanwhile saute onions, mushrooms and basil in oil. Set aside. Combine all ingredients except vinegar and seasoning and cook at least 1 more hour or until lentils are tender. Add vinegar before serving. Add salt and pepper to taste.
Can be served over brown rice. If you don't need it all, don't add vinegar until you use it. It freezes well.

From: Marianne Miller

LO PAK(BOK) PUDDING (White Japanese Radish)

3 oz. dried shrimp
6 oz. preserved pork or other preserved meat
4 oz. Chinese preserved sausage
1/2 oz. dried mushroom (optional)
1 shallot or 1 small piece of root ginger
4 lb. lo pak (bok) peeled
10 oz. rice flour

Seasonings:

1 1/2 tablespoon salt
1 1/2 tablespoon sugar
1 concentrated chicken cube
1/2 teaspoon pepper
3 green onion
1/2 cup vegetable oil (or less)

Method:

1. Wash and soak dried shrimps and mushrooms. Dice shrimps, steam and dice mushrooms. Wash preserved pork and Chinese sausage in warm water and dice.
2. Heat oil in a wok or frying pan, saute shallot or ginger and discard. Put in diced dried shrimps to fry, then add in diced preserved meat. Finally add mushrooms and saute for a while. Dish all cooked ingredients for later use.
3. Peel and shred lo pak. Pour shredded lo pak into a hot wok. Add oil and stir from time to time while boiling. Cook until lo pak changes colour. Add in preserved meat and mix well.
4. Sift rice flour into the mixture in wok, add in seasonings and blend together.
5. Oil cake tin, pour in mixture and flatten the top. Put in a large steamer and steam over high heat for 2 hours.
6. Remove the lo pak pudding from steamer after 2 hours and flatten the top with an oiled spoon or spatula. Sprinkle chopped green onion on top.

Remarks: Shredded cabbage can be used in place of lo pak.

## BREAKFAST IDEA

### PORRIDGE MADE WITH MILK

Mix cereal and cold milk together with salt (optional). Bring to a boil and then take off the heat and set aside to finish cooking, about 5 minutes. Bananas or other fruit can be cooked with the cereal for added flavour and nutrition.

## SEASONINGS

### SALT SUBSTITUTE RECIPE #1

1 teaspoon chili powder
2 teaspoons ground oregano
2 teaspoons black pepper
1 tablespoon garlic powder (not garlic salt)
2 tablespoons dry mustard
6 tablespoons onion powder (not onion salt)
3 tablespoons paprika
3 tablespoons poultry seasoning

Mix all seasonings together and put in your salt shaker.

HERB SHAKER #1

2 teaspoons thyme
1 teaspoon sage
1 1/2 teaspoons rosemary
2 teaspoons marjoram

Mix together and put in a shaker

HERB SHAKER #2

1 teaspoon thyme
1 1/2 teaspoons savory
1 teaspoon sage
1 teaspoon rosemary
1 1/2 teaspoon marjoram
1 teaspoon tarragon

Mix together and put in a shaker.

**APPENDIX D** **NUTRITION NEIGHBORS PILOT PROJECT PROPOSAL**

The Nutrition Neighbors Advisory Board is a group of seniors representing several Wellness Groups in the Burrard and West-Main Health units in Vancouver. Groups represented are: Marpole Oakridge Seniors, Well Aware Seniors, Mt.Pleasant Wellness Group, Kitsilano Seniors.

The objectives of this project are:

1. to increase awareness among seniors that eating can be for fun as well as for health

2. to create a resource of seniors who are especially interested in helping other seniors to find eating a pleasant experience.

3. to develop resource kits

4. to produce a final workbook for other groups to use.

It is important that, as we age, we adapt positively to the changes occurring in our bodies to maintain a sense of well-being. Nutrition plays an important role in these changes. Seniors often find that obtaining optimal nutrition is difficult when you feel lonely; when chronic disease interferes with your usual food habits; or when your economic resources shrink. A great deal of information about nutrition is available, but it is better understood and accepted when discussions are shared with peers.

The Advisory Board has been meeting since February 1987 to discuss developing the concept of seniors teaching seniors about nutrition. We have decided that a Nutrition Neighbor is someone who listens to seniors and starts discussions about ways to eat for fun and health. At the outset we plan a series of informational workshops about eating for fun and health to be held with many community groups. At the conclusion of each series we will invite interested participants to another workshop series that focuses on developing leadership skills for Nutrition Neighbor volunteers.

<u>Workshop Topics</u>

We have decided that the following topics should be included in the workshops:

1. the effects of aging and nutrition
2. social changes that occur with aging and the consequences for nutrition

3. a) economic changes that happen and their consequences for nutrition
   b) the chance to brainstorm for solutions
4. how to share information about eating for fun and health with others
5. how to cope with chronic diseases that require changes of the diet to decrease the effects of the disease.
6. options for Eating For Fun (including eating in restaurants etc.)

Workshop Description

We estimate that each information series will have 15 participants drawn from existing groups such as Wellness, or other community centre programs. We plan to hold 6 series in the west side of Vancouver for a total of 90 participants. As the members of the Advisory Board have connections with their own groups, they will promote the information series within their groups as well as be workshop participants themselves. Other promotion strategies would include the use of flyers, posters, and ads in local newspapers and newsletters. From this, we expect to have a further 20 people interested in leadership workshops.

The Advisory Board will hire a consultant nutritionist to work with them to design the curriculum and to facilitate information sessions and leadership workshops. Educational tools will be developed for the sessions. These would include:

1. a binder for each participant of the information series that has a Game Plan, resource information, notes from the workshops, and an evaluation form.
2. a binder will be prepared for the participants of the leadership workshops that has additional information about leadership activities.

This pilot project should take twelve months to complete. The workshop series will be held in the various centres where seniors meet. The West-Main Health Unit is prepared to provide the following support for this project (see attached letter):

-meeting rooms for the Advisory Board
-office space, desk and telephone for the nutritionist consultant
-nutritionist time to meet with the Advisory Board, and to offer monthly follow up education sessions and support for the Nutrition Neighbors once the project finishes
-staff time to facilitate the coordination of Nutrition Neighbors activities once the project is completed.

Role of the Advisory Board

The Advisory Board will have a diverse role as members will be involved in the following ways:

-monitor the activities of the consultant

-advise the consultant as educational tools are designed, tested, used and evaluated
-meet monthly or more often as needed to accomplish this
-assist with promoting the project
-participate in the workshops

Project Evaluation

The project will be evaluated throughout by keeping records of:
-attendance at the information series
- attendance of potential Nutrition Neighbors at the leadership workshop series
-number of the Nutrition Neighbors who are willing to start the group discussions with other seniors.

Other supporting documentation will include observations from participants that describe the difference this program has made in their lives. The consultant nutritionist will be responsible for keeping a journal record of the participant observations.
The final report (workbook) will be written to provide other groups with a description of our activities so that they can use and adapt them as they wish.

The expected impact of this project includes both short and long term effects which are listed below:

Short Term Effects:
-seniors are available for the leadership workshops
-Nutrition Neighbor volunteers run information sessions or discussions
-Nutrition Neighbor volunteers attend follow up education sessions with the health unit nutritionist

Long Term Effects:
-Nutrition Neighbor volunteers run information sessions or discussions in the community
-seniors act as advocates for themselves and other seniors in the area of nutrition
-other nutrition-related activities are started e.g. potluck meals.

Budget

| | |
|---|---|
| Consultant nutritionist, 1/2 time for 12 months | $15,000 |
| Promotion materials/postage | 1,000 |
| Participant materials (Game Plan) | 1,200 |
| Leaders kit (Game PLan and Resource kit) | 1,000 |
| Refreshments | 200 |
| Total | $18,400 |

Office space, desk and telephone contributed by West-Main Health Unit

**Nutrition Neighbors Advisory Board**

**Nutrition Consultant - Draft Job Description**

A Outcome

The nutrition consultant will develop tools (information kit and a leaders resource kit) that can be used for the educational sessions. The nutritionist will facilitate these educational sessions so that seniors are teaching seniors about Eating for Fun and Health.

B. Process

Under the general direction of the Advisory Board, the nutrition consultant, who will work 20 hours per week, will be involved in the following activities:

1. review the most recent literature to find ideas for the education sessions

2. meet regularly with the Advisory Board about planned activities and resource kit

3. develop the information kit for participants of the information series

4. develop the resource kit for participants of the leadership skills workshop

5. facilitate the information series and leadership workshop series by using the group process and involving participants in all decisions

6. submit, to the Advisory Board, invoices for professional services and bills for expenses

7. prepare evaluations and the final workbook

8. carry out any other task or activity as negotiated with and delegated by the Advisory Board.

**Nutrition Neighbors Pilot Project**

Time Line

| Month | Activities |
|---|---|
| September 1988 | Advertise, and hire consultant |
| | Prepare materials for information series |
| | Promote information series |
| October | Hold initial information series |
| November | |
| December | Evaluate information series |
| | Prepare material for leadership workshop |
| January 1989 | Promote second information series |
| | Hold second information series |
| February | Start promoting leadership workshop series |
| March | |
| | Evaluate information series |
| April | |
| May | Hold leadership workshop series |
| June | Evaluate leadership workshop series |

| | |
|---|---|
| July | |
| August | Final evaluation |
| September | Prepare workbook |