

“Healthy Eating for Successful Living in Older Adults”™

Ruth Palombo, PhD, RD

Tufts University School of Medicine

Department of Public Health and Family Medicine

American Public Health Association

November 7, 2007

Overview

- Introduction-evolution of Model Programs Project
- Value of evidence-based programs
- Description of model nutrition program
- Results from pilot testing
- Current dissemination of program

Model Programs Project

- Funded by John A. Hartford Foundation through the National Council on Aging (NCOA)
- Developed, tested and disseminated 4 evidence-based model health programs (physical activity-CA, depression-TX, diabetes self-management-OR, nutrition-MA)
- Models designed to improve health of older adults and be readily implemented by community-based aging services organizations
- Utilized regional advisory panels to develop models

Why Nutrition Chosen?

- Critically important in aging population (quality of life, independence and good health)
- Epidemic of cardiovascular disease, diabetes and osteoporosis among older adults
- Clear evidence documenting the effectiveness of sound nutritional strategies in preventing progression or prevention of these chronic diseases

Why Use Evidence-based Approaches

- Increases likelihood of successful outcomes when agencies move away from decision-making that relies too heavily on history, anecdotes and pressure from policy makers
- Enhances the ability to use common health indicators and match health programs to needs
- Makes it easier to defend or expand an existing program
- Provides hard data to advocate for new programs
- Generates new knowledge about “what works” and “how to do it” that can help others

For Older Adults, Wellness is Managing Chronic Illness

- Chronic disease is most common cause of disability and reason for seeking health care
- 80% of people 65 and older have 1 or more chronic illnesses
- 25% of these have 4 or more conditions
- Chronic illness accounts for 70-80% of total national health care costs
- Wellness among older adults is preventing/managing progression of chronic disease

Self-Management is Important in Managing Chronic Diseases

- People live with chronic illness for many years
- Individuals are primarily responsible for day to day management of their illness—become the true experts as they live with chronic disease
- Self-management skills can be taught to most people with chronic illnesses
- Skills and attitudes needed to live a healthy life despite chronic conditions best learned from others who have coped successfully
- Highest quality care requires a strong, active partnership between informed health care professionals and active patients

The Model Nutrition Program

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What is the Evidence Base?

Strategies for Success

- Good evidence that diet influences chronic disease outcomes (CVD, diabetes, osteoporosis, among others)
- Effective programs are based on behavioral theory, use proven research methods and focus on improving knowledge and changing behavior of participants
- Nutrition education targeting specific problems is more successful in achieving measured outcomes
- Strong linkages between community agencies and primary health care and/or mental health providers

Evidence Base-continued

- Studies that limited messages were more successful
- Active contact with people, interactive approaches, e.g. label reading
- Passive communication of information receiving not as successful
- Frequently dietitians play a key role

Evidence Base-Elements for Successful Behavior Change

- Goal Setting
- Problem Solving
- Action-planning
- On-going support
- Monitoring

Goals of “Healthy Eating for Successful Living”

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

Program Goals-continued

- Use evidence-based approaches to behavior change:
 - Promote older adult's central role in managing his/her health
 - Provide older adults with the skills of goal setting, action planning and problem solving
 - Provide ample opportunity to practice new behaviors
 - Encourage peer support
 - Talk about health promotion, and wellness, not illness and disability

The Nutrition Program

- Six sessions; meets weekly for 2 1/2 hours
- A restaurant outing to test knowledge and skills is included as a seventh session
- Focus on heart and bone health
- Peer leaders are trained to facilitate using scripted curriculum
- Registered Dietitian/Nutritionist serves as a resource
- Classes are small, 8-12 people, facilitating active group participation

Framework of the Intervention

- Uses MyPyramid as the central framework to help participants create a nutritional lifestyle that meets individual needs
- Sessions are highly participatory with distinct components
 - Education
 - Hands-on activities
 - Support
 - Resource connections

Target Populations

- Over age 60 cognitively intact
- Mobile, ability to get to program on own
- Have access to food or have someone who will be able to provide food
- Held in community based site
 - Senior or community centers, congregate housing, religious centers

Pilot Sites for Feasibility Study

- **Kit Clark Senior Services** *Boston*
46 participants
Vietnamese (17), Cape Verdean (14)
- **Montachusett Opportunity Council** *Fitchburg*
37 participants
Hispanic (6)
- **Andover Senior Center**
57 participants
Mostly Caucasian

Peer Leader Role

- Not experts in nutrition or health (peer-peer or peer-professional)
- Able to participate in two day training to learn how to use a detailed script, behavioral change and group dynamic strategies to guide the process
- Play a key role in some of the hands-on activities

Nutritionist Role

- Serves as a consultant to the peer leaders and to the participants
- Participates in the program sessions as needed to help with patient information needs

Evaluation

- Participant satisfaction survey after each session
- Brief final survey of participant self-reported changes in achieving personal goals and changes in eating habits
- Self-reported change in knowledge, cooking and shopping behaviors, dietary intake

Findings

- Distinctly different dietary habits in accordance with ethnic backgrounds and demographics
- Issues in Vietnamese and Cape Verdean ability to use participant manuals
- Participants empowered and able to apply new knowledge and skills
- Program was well-received by participants from diverse cultural backgrounds

Findings-continued

- Read labels more frequently
- Watched portion sizes
- Increased fluid intake
- Decreased fats and sugars
- Ate more whole grains, fiber, fruit and vegetables
- Increased self awareness of intake

Challenges

- Translating information
- Adapting food choices for ethnic preferences
- Journaling/self monitoring
- Literacy
- Engaging peer leaders of same culture as group participants

Next Steps

- Expand evaluation to include outcome measures
- Enhance physical activity component
- Develop new modules for follow-up sessions
- Streamline survey tools and record keeping
- Translate model program into Spanish for expanded dissemination
- Disseminate model
- Conduct trainings for leaders

Website for Healthy Eating Program

www.healthyagingprograms.org/content.asp?sectionid=30

Scroll down to Toolkits and select Healthy Eating for Successful Living for Older Adults