



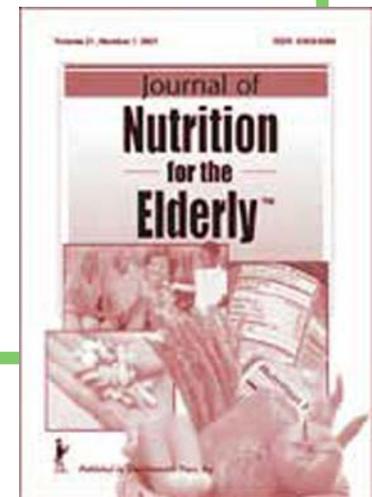
# **Success And Challenges In Delivering Nutrition Education To Low Income Older Adults**

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# Tailoring Nutrition Education For Older Learners

Involves planning behavior change intervention programs that are effective for older adults, based on the literature

7 literature review articles in  
*J Nutrition Elderly*, 2003-2004



# Today's Discussion Topics

- Barriers
  - To educators teaching older adults
  - To older adults implementing health behaviors
- Characteristics of effective programs
- Characteristics of older learners
- Processes for educating older adults
  - Encourage positive behavior change
  - Collaborate and form partnerships
  - Evaluate effectiveness



# Educator Barriers To Teaching Older Adults

- Ageism, prejudice and stereotyping, such as
  - A positive behavior change will not improve health status
  - Older adults are frail or set in their ways
- Incomplete understanding of nutrition concerns
- Difficulties in recruiting
- Inadequate funding



# Barriers To Implementing Health Behaviors

- Lack of facilities, such as grocery stores & sidewalks
- Inadequate transportation
- Suspicious of educators coming into the community
- Belief that they already have good health habits
- Not assertive about their health & educational needs



# Personal Barriers

- Vision
- Low literacy
- Hearing
- Mobility/flexibility
- Chewing/swallowing
- Taste/smell
- Memory/alertness



# Personal Barriers

- May be no, gradual, or sudden losses
- Losses differ among people, and bodily systems
- Requires adjustments by older adults, social supports & educators
- Chronological age is not functional age



# Address Barriers and Motivate Older Learners

- Increase financial resources by promoting food assistance, pharmacy benefits, and others
- Accommodate physical deficits
- Advocate forming social support peer groups
- Brainstorm about ways to address community deficits



# Address Barriers and Motivate Older Learners

- Capitalize on which foods to include in the diet rather than on foods to avoid
- Capitalize on interests, such as in:
  - Maintaining health
  - How to modify diet for chronic disease
  - Opportunities for socialization
  - Desire for easy food prep and tasty foods



# Effective Educational Programs Include:

- Communication and educational strategies that enhance awareness and motivation
- Behavioral change strategies that operate at multiple levels: individual & community
- Environmental interventions
- Community activation and organization



# Effective Educational Programs Include:

- Empowerment philosophy, which enhances choices & control of the process by each person
- Multiple sessions on each topic, which allows time to overcome barriers to adopting new practices
- Environmental support, which encourages spouses, caregivers and community agencies to get involved and increases behavior change



# Effective Educational Programs Include:

- Nutrition education methods and materials with an interactive format
- Materials matched to audiences' needs, interests, reading preferences, language, cultural experience



# Characteristics Of Older Learners

Low literacy in America:

- 23% read at the 5th grade level or lower
  - Among certain subgroups, esp. older adults, the percentage is higher
  - 40% of older adults read at 5<sup>th</sup> grade level or lower
- Half of the population reads at 8th grade or lower



# Teaching Seniors With Low Literacy Levels

- Determine their needs and interests – ask
- Use paraprofessionals, common words, games, visual tools, self-learning tools, and support system
- Determine their understanding and competence — listen and watch
- Encourage goal-setting: have them describe actions they are willing to do



# Teaching Seniors With Low Literacy Levels

- Use concrete words, graphics, illustrations
- Use short, simple materials
- Adapt written & oral messages for those w/ vision, hearing and communication disorders



# Characteristics Of Older Learners

- They serve as resources for one another
- They have much to teach as well as to learn
- Their societal role: To transmit traditions and be involved in guiding the next generation



# Characteristics Of Older Learners

- They receive the least amount of instruction
- They often have the highest level of motivation to change nutrition practices compared to other age groups
- Most engage in learning throughout their lifetimes
- Many are deeply involved in self-directed learning projects



# Processes for Providing Nutrition Education to Older Adults

1. Encourage positive behavior change
2. Collaborate and form partnerships to better accomplish goals
3. Evaluate effectiveness



# Step 1: Encourage Behavior Change

Use Education AND Empowerment:

- Educators need to address barrier reduction
  - Older adults may have lots of knowledge but not put it into practice
- Address older adults' educational needs
- Support older adults' efforts to change nutrition behaviors



# Apply Adult Education Principles

- Incorporate life experiences and expertise to enhance motivation
- Use problem-oriented learning, not just learning information about a subject
- Focus on relevant, concrete & familiar informational topics



# Best Practices For Promoting Behavior Change

- Share expertise – help learner make informed decisions
- Identify barriers & social / emotional supports
- Problem solve – offer strategies and solutions to facilitate behavior change
- Create opportunities to reflect on goals and choices



# Educational Tools And Strategies

- Mentors
- Informal environments
- Oral presentations
- Discussions
- Culturally specific storytelling
- Demonstrations
- Videos
- Small group discussions
- Peer group exchange
- Answer questions
- Review key points
- Experiential learning



## Step 2: Collaborate And Form Partnerships

- Multiple agencies working together to provide opportunities to practice positive health behaviors
- Build agency to agency capacity
- Enhance community capacity to decrease food insecurity and improve nutrition and health status



# Examples Of Older Adult Agency Collaborators

- Senior Centers
- Area Agencies on Aging
- County Councils on Aging
- County Cooperative Extension Service
- County Assistance Offices
- Health Departments
- Food Pantries
- Churches
- Local Businesses
- Public libraries
- Veterans Groups
- Public Housing Projects



# Agencies Can Reinforce The Health Behavior Or Message

- Scripted presentation kits for community speakers
- Education extender materials (calendars, shopping lists, placemats, games)
- Print materials w/ brief nutrition & health messages
- Newspaper articles, radio stories, interviews, columns



## Step 3: Evaluate Effectiveness

- ~35 older adult nutrition ed studies published with statistical analysis and a measured outcome since 1993:
  - Most demonstrated statistically significant outcomes for older learners
  - Most measured verifiable behavioral or physiologic variables



# Reported Outcomes For Older Learners

- Nutrition education has improved:
  - Knowledge, attitudes, self-efficacy
  - Intentions to change, and perceived and verified changes in food practices
  - Physiologic health – waist/hip ratios, BMI, blood pressure, lipids, glucose and medications needed
- Data are scarce that improvements are maintained – 12 months was longest follow-up



# Examples Of Reported Changes By Older Learners

- Ate breakfast more often
- Ate more variety or servings of foods, such as whole grains, dairy, veggies
- Compared prices, or planned meals
- Improved confidence in ability to prepare healthy meals
- Increased physical activity
- Improved attitude about importance of nutrition to health



# Difficulties In Evaluating Nutrition Education

- Evaluation methods may not be precise or sensitive
- Quality of life ill-defined, with too many methods of assessing it
- Self-assessment & self-report unreliable
- Difficult to pay for / collect / analyze data



# Difficulties In Evaluating Nutrition Education

- Older adult learning evaluation can be hindered by:
  - Low literacy
  - Aversion to paper and pencil methods
  - Poorly designed questions or surveys
  - Impatience with questions that are perceived to be intrusive, time-consuming and irrelevant
- Consider using more experiential types of evaluation tools



# The Discussion Topics Were:

- Barriers to teaching / implementing health behaviors
- Characteristics of effective programs
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**What Questions  
Do You Have?**