

University of Washington: Science to Policy Research

In early 2008, three graduate students from the University of Washington conducted science research with policy analysis on topics of concern for the Senior Nutrition Program: Nutritional Risk Factors, Food Quality in Senior Nutrition Programs, and Nutrition Education.

Highlights from this research will help inform the funding process and local programs, and include:

Program Management and Funding

- Increase Marketing & Outreach to seniors and general public
- Increase Creative Fundraising (ie; adopt-a route, valentine-o-gram, take a friend day, mail invites w/ coupons, etc.)
- Ensure populations with high rates of poverty, & minorities are served: Seattle, S. Rural, S. Urban; Af. Amer., A/PI, Hispanic, Native Amer., Others
- Strong leadership at sites
- Involve All players in planning and running service
- Welcoming social atmosphere: Language and culture honored
- Price/donation flexible
- Transportation support

Menu and Food

- Increase Food Choices for special diets (ie; diabetic, hypertension, etc.)
- Ensure adequate nutrients: Calcium, Vit. D, Vit. B12, Low-salt
- Increase Fresh fruits, veggies, whole grain products
- Increase variety of foods and menu

Nutrition Education: Best Practices

- Older adults have specific topics they are eager to learn about.
- Education should address the specific issues for the participants (determined by assessments, surveys or discussions)
- Education sessions should be hands on or include some participation, focus on 1-2 take home messages, and be repeated or include follow up.
- Multiple sessions on same or different aspects of same topic are most effective in positively impacting behaviors.
- More trainers are needed: Nutrition program staff and volunteers can be trained to lead sessions.
- Peer Educators are very effective with elders, especially with minority populations

- Newsletters or written material is most effective for strengthening messages taught in person; should include interactive elements such as quizzes, self-assessments, etc.
- Eat Better – Move More curriculum sited as positive, comprehensive and accessible program that incorporates best practices.

I. “Nutritional Risk Factors for King County Elders” by Yumie Takata.

Highlights and Recommendations:

1. Ensure these nutrients, typically under-consumed by elders, are provided:

- Calcium
- Vitamin D
- Vitamin E
- Fiber
- Vitamin K
- Vitamin B12
- Potassium

Ensure that sodium is not overused.

2. Largest populations of **highest nutritionally at-risk elders** in Seattle/King county are residing in Seattle, South Rural and South. Urban parts of King County. The highest poverty rates for minority elders (in order): African-American, A/PI, Hispanic, and Native American.

Pivotal Risk Factors:	Other risk factors include:
<ul style="list-style-type: none">• Limited incomes- poverty• Very old (age 75 and over)• Women• Non-white Ethnic groups• Not from mainstream culture, language• Living alone	<ul style="list-style-type: none">• Loneliness, bereavement• Reduced activity• Living alone and eating alone• Social isolation, lack of social and family support• Chronic invalidism• Poor Dental Health• Mental Impairment

3. **Increase Program Marketing.** Currently the congregate program relies almost entirely on word of mouth. More program marketing should increase awareness among general population and attract more people to try it out. Ideas include:

- Advertise: to elders and non-elders. Create and distribute brochures at places frequented by family and elders, mail to families/elders.
- Bring a Friend Day – offer free coupons or special days to bring a friend for free.
- Incentives for people who bring in others; gifts or coupons for meals, etc.

4. **Increase Food Choices** to meet dietary needs of seniors.

Research the interest and need for special meals such as for diabetic, and/or low salt (DASH) diets at specific sites, including cost. Start as pilot project.

Factors proven to encourage participation

- Balanced meal provided
- Social interaction
- Leadership and involvement by Center Mgr.
- Food Choices and quality *
- Positive social atmosphere
- Adequate transportation
- Variety of Activities and services
- Widespread publicity

Barriers to participation

- Timing of meal
- Lack of perception of need for meal
- Physical / mental health
- Dietary needs *
- Donation pressure
- Weather conditions

** survey feedback varied on these topics.*

II. “Promoting Long Term Health with High Food Quality in Elderly Nutrition Program” by Elizabeth Knierim.

Highlights and Recommendations:

Aggressively act to provide High Quality foods in low income and minority communities:

- Include foods w/ vitamins B12 and D
- Reduce Salt
- Offer options for special Diets (ie; diabetic, renal, or low-salt) and coordinate with Nutrition Educators
- Less salad dressing and serve on the side
- Offer wide variety of foods/meals – ensure menus change and include fresh, seasonal items.
- Offer only whole grain pastas
- Provide more fresh fruits and vegetables
 - ✓ Partner with Lettuce Link, P-patch, etc.
 - ✓ Farmers Market vouchers: offer year round. Distribute to congregate and home-delivered participants in need.
- Involve all players in the meal program, tastings, planning: cooks, participants, staff, volunteers
- Offer lighter fare options: salad bar, Grab n’ go meals.
- Improve Fund raising (to assist w/ more options, more fresh foods)
examples from NYC and Loaves and Fishes:
 - ✓ Luncheons open for business people to attend
 - ✓ Meal-a-gram
 - ✓ Valentine –a- gram
 - ✓ Restaurants donate: contributor pays \$2000 for a meal for 6.

- ✓ Adopt-a-route: workers at local businesses rotate delivering meals on wheels weekly.

Other Findings:

- Poverty is pivotal risk factor, not only effecting individuals but also communities: quality food is less accessible and affordable in low income communities.
- Hispanic and Black Women living alone have highest poverty rate.

Older adults need to consume **more**:

- Vitamin D
- Vitamin E
- Vitamin B12 (in crystalline form)
- Folate
- Calcium,
- Dairy, whole grains, vegetable and fruit

Older adults need to consume **less**:

- Protein,
- Fat
- sodium

III. “Nutrition Education and the Elderly Nutrition Program of Seattle-King County: Reviewing Current Research for Program Recommendations” by Jennifer Tucci

Highlights and Recommendations

Based on evidence of successful education for behavior change:

- Use participant assessments of needs/interests to develop topics for education efforts (surveys, intake nutrition screening, discussions, etc.)
- Topics must be relevant (based on participants interest and need to know)
- Limit content to 1-2 ‘take home messages’
- Present on same topic more than 1 time
- Increase frequency of topics and provide shorter sessions if necessary
- Use Active-learning techniques including:
 - ✓ Incentives
 - ✓ Goal setting activities w/ follow up
 - ✓ Hands on activities
 - ✓ Incorporate physical activity as a topic and experience
- More trainers are needed: train site staff/volunteers to provide trainings
 - ✓ Use peer educators especially for minority and ethnic populations

Newsletters:

- Most effective as follow up or building upon previous information and education
- 1-2 topics or take-home messages
- Include interactive elements: quizzes, self-assessments, cross-words, etc.

Eat Better – Move More: curriculum

Common Issues and Topics for Nutrition Education:

- Behaviors that impact overall health
 - Disease management for specific conditions (arthritis, hypertension, diabetes, osteoporosis, dehydration, etc.)
 - Food choice strategies
 - Food shopping, selection, preparation
 - Food resource management
- Changes in Flavor Sensations – how to cook, spice, adjust diet/menus