



Winter '99: Successful Aging: A Work of Art

Nutritionist Note:

Everyone tends to approach growing older with a different set of expectations and experiences. This session provides an opportunity for participants to explore the *good* and *not so good* thoughts they have about aging, identify some of the normal processes that occur with aging and their potential influence on eating patterns; and receive information about an age-related topic of interest to the group.

Nutritionist Guidelines

- Time:** 95-115 minutes
- WHILMA:** Enter session in WHILMA as: **6W**
- Objectives:** In this session, the participant will:
- (Key Points)
- Explore the 'good' and 'not so good' expectations about aging.
 - Identify some of the normal processes that occur with aging and their potential influence on eating patterns.
 - Receive information on an age-related topic of interest to the group (nutritional or non-nutritional).
- Optional Speaker:** Possible speaker resources: local AARP chapters, senior services, libraries, universities, DMI participants (teachers, social workers, financial advisors, ministers, nurses, etc.).
- Materials:**
- Self-monitoring tools
 - Optional Overhead – *Fall '99 Overhead 2 – Age at Enrollment DM Study*-(use the CC-specific version.).
 - Resources in Participant Session Materials:
 - *What's Your Aging IQ?*
 - *Ideas for Handling Potential Age-Related Changes*
 - *Easy Cooking for One or Two*
 - Optional Worksheets and Resources:
 - *My Eating Patterns/Vitamins and Minerals in Food Groups*
 - *Determine Your Nutritional Health*
 - *Creative Planned-Overs*

Optional - Nutritionist Background Reading

- Kerschner H, and Pegues J., *Productive aging: A quality of life agenda*. JADA 1998;98:1445-1448.
- Russell RM. *New views on the RDAs for older adults*. JADA 1997; 97:515-518.
- Bernard MA, V Lampley-Dallas, and L Smith. *Common health problems among minority elders*. JADA 1997;97:771-776.
- President' Page: *Nutrition and health for older Americans*, JADA, 1996, 96:1053.
- Nutrition Action Health Letter, April 1996. *Nutrition & Aging*.
- Nutrition in Aging, 3rd Edition by Eleanor D. Schlenker. Published by WCB McGraw-Hill, Boston, MA, 1998.
- Geriatric Nutrition: The Health Professional's Handout by Ronni Chernoff. Published by Aspen Publishers, Gaithersburg, MD, 1991.
- Fall/Winter '99 DM Newsletter *Making WHIse Choices* – article: *Weathering Change*

Optional - Internet Resources:

- American Association of Retired Persons (AARP): <http://www.aarp.org>
- American Dietetic Association (Nutrition & Health for Older Americans): <http://www.eatright.org>
- 50+ nutrition information/recipes
<http://www.thriveonline.com/eats/seniors/senior.index.html>
- National Institute on Aging: <http://www.nih.gov/health/chip/nia/aging>
- Meal ideas, recipes and shopping lists: <http://mealsforyou.com>
- Web sites for interested seniors: <http://www.seniorservices.org/pages/agency/links.htm>

Below is a list of the maintenance sessions planned for 1999/2000. This information will help Nutritionists plan ahead when responding to participant requests for 'additional information'.

Upcoming Maintenance Session Topics:

- Spring 2000 Phytochemicals (focus on fruits/vegetables)
- Summer 2000 Evaluating Mixed Dishes when Eating Out
- Fall 2000 Progress in WHI and Preparing for the Holidays
- Winter 2000 Wholesome Grains and Pasta
- Spring 2001 Women and Heart Disease

Winter '99: Successful Aging: A Work of Art (Facilitation Outline)

	GROUP SHARING/NEXT STEPS FOLLOW-UP (20-30 minutes)
(20-30 minutes)	<p>Objective: Participants share experiences and feelings with other group members about their participation and interest in WHI.</p> <p>Purpose: Build group cohesion and self-efficacy.</p> <p>A. Group Sharing/Next Steps Follow-up:</p> <p><u>Option #1:</u></p> <p><u>Q/A:</u> (Potential questions):</p> <ul style="list-style-type: none"> ☛ In what ways has your participation in WHI helped you maintain a healthier lifestyle? ☛ How has it been less helpful? <p><u>Option # 2:</u></p> <ul style="list-style-type: none"> ▪ Ask participants to consider the following question and then anonymously mark their rating on a large piece of poster paper that contains a scale from 0 to 12. <p><u>Q/A:</u></p> <ul style="list-style-type: none"> ☛ How would you rate your current interest (or participation) in WHI on a scale of 0 to 12? Zero being that you have lost all interest in WHI and 12 being that you are totally committed. ▪ When everyone sits down, ask volunteers to share their rating and some of the reasons for this rating. <p><u>Q/A:</u> (Potential questions):</p> <ul style="list-style-type: none"> ☛ Why did you pick a ____ and not a ____ (lower number)? ☛ What could other group members do to help you move to a higher number? (level of interest) <p><u>Option # 3:</u></p> <ul style="list-style-type: none"> ▪ Have participant's explore how 'age-related' changes (e.g., transportation, illness, care-giving) might influence WHI participation and what the clinic staff and other participants could do to provide support and assistance.

Peer Group Sharing (If peer groups):

Purpose: Provide support and recognition of peer group activities and to promote interest:

Q/A:

- ☛ Think about all the peer group activities that you have been involved in during the past year. What activities (1 or 2 ideas) have you found to be the most helpful in maintaining your dietary changes?



Notes

	NEW MATERIAL (50-60 minutes)
<p>(5 minutes)</p> <p><u>Optional overhead:</u> <i>Fall '99 Overhead 2 – Age at Enrollment DM Study (use CC-specific overhead)</i></p>	<p>1. Overview/Introduction</p> <p>A. Mention that when participants were enrolled in the WHI Dietary Trial, 17% were 70+ years of age, 47% were between 60-69, and another 37% were between 50-59 years (optional overhead). By the end of the study, everyone will be about 10 years older (between 60 and 80 years of age).</p> <p>B. Point out that everyone tends to approach growing older with a different set of expectations and experiences. Today's session provides an opportunity for participants to:</p> <ul style="list-style-type: none"> • Explore the 'good' and 'not so good' thoughts they have about aging. • Identify some of the normal processes that occur with aging and their potential influence on eating patterns. • Receive information on an age-related topic of interest to the group - (<u>identified by nutritionist before group meeting</u>).

(10 minutes)

Optional worksheet:
What's Your Aging IQ?

2. Pros and Cons of Growing Older

Objective: Participants explore their 'good' and 'not so good' expectations about aging.

Purpose: Help participants explore their thoughts and feelings about growing older.

A. Ice Breaker Idea:

Q/A:

- ☛ When you hear the term 'senior citizen' or 'aging' what image (or characteristics) come to mind?
- ☛ What term would you rather see yourself and others use?

B. Help participants explore their beliefs about aging (develop your own idea, or use one of the ideas provided in the options below).

1. Option # 1: Use the National Institute on Aging Questionnaire *What's Your Aging IQ* to promote discussion. (Winter'99 Participant materials-resource section).
2. Option #2: Use the following scenario and questions to promote discussion:
 - Imagine that you are 10 years older than you are right now. Think about the types of changes that may have occurred in your life.

Q/A:

- ☛ What are some of the "good" things (pros) about being older?
- ☛ What are some of the "not so good" things (cons)?

C. Summarize the groups' ideas, listing the cons first and then the pros.

D. Point out that people have a variety of beliefs about getting older. Some of these beliefs may be true. On the other hand, other beliefs or assumptions may be due to a lack of information about the normal changes that can occur as people age.

E. Explain that you would like to take the next 10 to 15 minutes providing some information about the normal changes that occur with aging and how they could influence eating patterns. Ask participants if this would be of interest to them.



Notes

(10-15
minutes)

Optional
resource:

*Ideas for
Handling
Potential
Age-Related
Changes*

3. Normal Age-Related Changes

Objective: Participants identify some of the normal processes that occur with aging and their potential influence on eating patterns.

Purpose: Offer new information to help support the participant's decision to participate in WHI.

- A. Briefly cover the normal changes that can occur as people grow older. Emphasize areas that participants identified during the previous discussion about the pros and cons of aging. Ask open-ended questions and let the participants provide the information, whenever possible.
- B. Point out that many changes take place as the body ages. These changes reflect a normal part of aging and not necessarily signs of illness or disease. The reasons behind these changes and the rate at which changes occur are still part of scientific speculation.
- C. Point out that people experience changes at different rates. Differences in aging may be due to family genes and to modifications that people have made in their lifestyles to take care of themselves (e.g., healthy eating, dental care, exercise, etc.).

Q/A:

- As a person ages, what are some of the normal physical changes that you think might occur (i.e., dental changes, smell, taste)?

1. Reduced Sense of Taste and Smell

- Point out that some people may experience changes in their sense of taste or smell. On average, people start to experience sensory losses at about age 60. These losses become more noticeable when people reach their late 60s and beyond.
- Ask participants to share their own experiences and potential causes.

QA:

- What factors do you think could affect changes in your sense of taste or smell? (e.g., illnesses, medications, diet, age, etc.).
 - Point out that sickness can add to the loss of taste and smell. For example, something as simple as a bad bout of flu can impair taste for up to 5 years. Medications are also common offenders.
 - Mention that as the senses of taste and smell decrease, food may lose some of its flavor, appeal and pleasure. However, there are many ways that people can compensate for reduced taste or smell.
- What ideas have you used to boost the flavor of your meals? (e.g., herbs/spices, different textures, temperatures, color, etc.)

2. Changes in Oral/Dental Health

- Point out that in the past, loss of teeth and gum disorders were viewed as a normal consequence of aging. This is no longer true because good dental care is more routine.
- Mention that as people get older, they may not have as much saliva flow to soften food and wash it down. In addition, some medications may also reduce saliva flow.
- Point out that having a dry mouth may cause chewing and swallowing difficulties. So it is important to drink water or other fluids with meals or snacks; it makes swallowing easier.

QA:

- What are you currently doing to maintain your oral and dental health?
- In what ways are your food choices influenced by your oral/dental health?
 - Mention that good oral and dental care, whatever a person's age is important. Proper brushing, daily flossing, and a regular cleaning by a dentist or hygienist can reduce the chance of gum disease and tooth loss.
 - Point out that the ability to chew and enjoy foods adds a lot to an individual's pleasure in eating and desire to eat. So, good dental care is important for successful aging.

3. Changes in GI Tract (digestion/bowel function)

QA:

- How have your tolerances for certain foods changed over time (e.g., milk intolerance, fatty foods, spicy foods, etc.)?
 - Point out that little is known about the physical and functional changes that occur in the GI system with aging. However, some researchers believe that there is a reduction in the amount of stomach acid and enzymes produced as a person ages. One of these enzymes may be lactase, which helps people digest milk.
 - Mention that calcium is one of the nutrients that may be low in diets of older adults. Ask participants what they are currently doing if they have a lower tolerance for milk. (Ideas: use smaller amounts, try buttermilk, yogurt, special lactose-reduced milks, use other food sources of calcium, etc).
 - Point out that constipation is another common symptom that people connect to aging. However, there is no clear evidence that aging itself causes constipation. On the other hand, reduced physical activity and increased use of some medications may contribute to constipation.

4. Changes Calorie Needs (loss of lean muscle)

Note (see IRS 96-0218): Nutritionists should not emphasize exercise in Dietary group sessions because it has the potential of confounding the study results by providing more information to one group of participants (DM Intervention vs. DM Comparison). All CT participants received a pamphlet with standardized exercise information at randomization.

- Point out that as people get older they need fewer calories. This decrease occurs because the body's metabolic rate decreases and people burn calories more slowly. It may also be due to a decrease in physical activity.
- Emphasize that this decrease in caloric needs increases the importance of individuals selecting low-fat, nutrient-rich foods to maintain a healthy weight and good nutrition.
- Mention that sometimes people may overeat, or eat comfort foods, such as cookies, cakes and candy when they have feelings of loneliness, stress or helplessness. This type of eating often leads to both weight gains and lack of nourishment.

5. Changes in family/friends (support system).

- Ask participants to think about changes during the past five years (health and lifestyle changes). Participants may have retired and are traveling more; assumed caregiver roles for parents, partners or even grandchildren; developed health concerns, or lost a partner.

Q/A:

- How has your lifestyle (or health) changed during the past 5 years (or since joining WHI)?
- In what way have these changes influenced your food choices and meal preparation?
 - Point out that food is often associated with social events and people. For many, loss of appetite follows the loss of companionship.
 - Mention that researchers have identified 4 important things about the connection between social relations and health.
 - Isolation (lack of social ties) is a powerful risk factor for poor health.
 - Social support (in all forms) has positive effects on health.
 - Social support may reduce or buffer some of the health-related effects of aging.
 - No single type of support is uniformly effective for all people and all situations.
 - Therefore, companionship and support from other WHI group members may provide health benefits that can help individuals age more successfully.

- D. Emphasize that researchers still do not know how much of aging depends on genes and how much is due to lifestyle factors. However, there is growing evidence to indicate that lifestyle choices influence health and vitality, as people grow older.
- E. Point out that WHI provides a number of opportunities that may help people age more successfully: healthy eating patterns, mental stimulation, a sense of purpose, confidence in one's own abilities (self-efficacy), and social support.
- F. Ask participants what they think about the information presented and how they think it is relevant to them.



Notes

(35-40
minutes)

4. Skills Practice/Panel/Speaker

Objective: Participants receive information about an age-related topic of interest to group participants (nutritional or non-nutritional).

Purpose: Promote self-management and self-efficacy.

Delivery Ideas:

A. Ideas for nutritional options (activities and resources provided)

1. Smart eating after 50 (see pgs. 13-14 Nutrition activity option 5a).
2. Cooking for one or two (see pgs. 15-16 Nutrition activity option 5b).


B. Ideas for non-nutritional options(*).

1. Financial security/retirement planning
2. Senior health frauds
3. Medication (use/abuse)
4. Caregiving: caring for the 'caregivers'
5. Coping with major life events (i.e., deaths, serious illness, etc.)
6. Health issues of interest (memory loss, incontinence, etc.)

* Consider looking for "experts" within your Dietary groups who might be willing to share information and skills with other participants (i.e., teachers, counselors, social workers, nurses, ministers, financial advisors, etc.). They could participate as a speaker or as part of a panel.



Notes

	Next Steps (15 minutes)
(15 minutes)	<p><u>Objective:</u> Participants identify choices that could benefit successful aging.</p> <p><u>Purpose:</u> Participants identify what they want to do next.</p> <p>A. Point out that in the past 30 years, advances in medicine and better health habits - especially nutrition have added years to people's lives. Not only are people living longer, but in many cases, they are living more healthy, active lives as well.</p> <p><u>Q/A:</u></p> <ul style="list-style-type: none"> ➤ In the past ____ years, how has WHI helped you improve your health and age more successfully? ➤ What are some of the ways that you see WHI helping you continue aging successfully? ➤ (Optional): Tell me how you see WHI fitting into your life as you grow older?
 <i>Notes</i>	

(35-40
minutes)

Optional
worksheets:

*My Eating
Patterns/
Vitamins &
Minerals in
Food
Groups*

OR

*Determine
Your
Nutritional
Health*

5a. Smart Eating After 50 (Optional Nutrition Activity):

Objective: Participants compare their typical eating patterns to eating pattern suggestions for 50+ age group (e.g., Food Guide Pyramid).

Purpose: Self-management and self-efficacy.

Food Tasting Note: Consider focusing food tasting on the food groups/health messages that are important to adults 50+ years of age (e.g., water, nutrient-dense foods, weight maintenance). Remember that fruits and vegetables (phytochemicals/vitamins) will be covered in the Spring, 2000 session.

A. Activity/Food Tasting Ideas:

1. Option #1: *My Eating Patterns/Vitamins & Minerals in Food Groups*

- Have participants think about the past week and use the checklist - *My Eating Patterns* to assess their food choices. This checklist is based on the ADA Food Guide Pyramid for Persons 50+. It can help participants identify food groups that they eat less often. It also provides information about the vitamins and minerals in these food groups.
- Ask participants to compare their total food group servings to the suggestions provided on the checklist. In particular, ask participants to focus on their intake of water and fluids.
- When participants have completed the checklist, ask for volunteers to share their findings.
- Food Tasting: Consider focusing on water/fluid ideas.

OR

2. Option #2: *Determine Your Nutritional Health*

- Have participants use the checklist - *Determine Your Nutritional Health* to identify potential warning signs that may lead to poor nutritional health. This checklist is adapted from the Nutrition Screening Initiative and has been used as a screening tool in a wide variety of settings and populations.
- Ask participants to add up their total nutritional scores. Then ask volunteers to share their scores and some of the 'warning signs' that contributed to their total points.
- Identify a common theme that the group would like to spend more time discussing during food tasting. (e.g., dental problems, eating alone, lack of dairy foods or F/Vs, etc.).
- Food Tasting: (identify your own idea, or see ideas on next page).
- Consider a follow-up plan for participants who have scores of 6+ (e.g. refer to family physician, etc.).

B. Food Tasting Ideas: Develop your own idea or use any of the following:

1. Importance of Water/Fluids

- Point out that thirst sensitivity decreases with age, so older people need to make a conscious effort to take in 6-8 glasses of water, juice, or milk each day.
- Mention that caffeine and alcohol increase fluid loss. In addition, lack of fluid is a major contributor to constipation.
- Point out that it is important to focus on fluids all year long. In the winter, people may not feel thirsty as often, so people become dehydrated more easily.
- Feature easy and refreshing ideas for hydration:
 - Warm combinations: winter juice ideas (e.g., warm cranberry juice with spices and orange peel), hot chocolate, soups, teas and decaffeinated coffee.
 - Cool refreshing combinations: juices, juice/chilled club soda or sparkling water combinations, fruits or fruit juices blenderized with crushed ice, etc.

2. Spending Calories Wisely

- Point out that the challenge is to get the same amount of nutrients, but with fewer calories.
- Feature foods or dishes that contain nutrients that tend to be lower in the diets of seniors due to changes in intake, digestion, and absorption (e.g., B vitamins, calcium, vitamin D, and zinc).
 - Fortifying Yourself with Cereals and Whole Grains (B vitamins, zinc)– provide ideas to:
 - a) Use fortified cereals such as Total, Product 19, etc. as healthy snacks or light meal alternatives; or
 - b) Whole grain dishes that provide nutrient-dense, low-calorie choices.
 - Easy Light and Lean Protein Choices (B vitamins, calcium, Vitamin D and zinc)– provide low-calorie, easy-to-prepare protein choices (e.g., cottage cheese, fish, egg substitute omelets).



Notes

(35-40
minutes)

5b. Optional Nutrition Activity: Cooking for One or Two

Objective: Participants identify tips and techniques they can use to prepare meals for one or two people.

Purpose: Self-management and self-efficacy.

A. Self-Assessment Idea:

1. Ask participants to take about 8 minutes to discuss their thoughts and feelings about eating alone or cooking for only two people.

Q/A Ideas:

- ☛ How frequently do you eat by yourself?
 - ☛ What do you enjoy about cooking for yourself?
 - ☛ What do you not enjoy?
 - ☛ (Optional): How have your eating patterns changed since retirement (you and/or your husband)?
2. Summarize participants' thoughts. Mention the less enjoyable things first and then the more enjoyable things. Highlight positive experiences.
 3. Explain that you would like to use the remainder of the session looking at ways to make cooking for one or two people easier and more enjoyable.

B. Activity/Food Tasting Ideas: Develop your own idea or use one of the following:

1. Option #1: Let's Make a Meal Activity (creative use of leftovers).
 - Ask the group to identify food items that are 'frequent leftovers'.
 - List the 'frequent leftovers' on a blackboard or flip chart.
 - Divide participants into 2 teams (or use a single group).
 - Ask teams (or participants) to develop meal ideas incorporating some of the food items from their list ('frequent leftovers').
 - Allow about 8-10 minutes, then have the teams share ideas.
 - Participant Resource: *Creative Planned-Overs* (optional resource).

OR

2. Option #2: Cooking Demo (feature quick and easy meals for 1-2 people).
 - Consider soups, omelets made with egg substitutes, pasta dishes, etc.
 - Participant Resource: *Easy Cooking for One or Two* (in Winter '99 Participant session –resource section).

OR3. Option #3: Recipe Sharing/Cookbook Display:

- In session reminder, ask participants to bring low-fat recipes or meal ideas for 1-2 people that they would like to share.
- Display lower-fat cookbooks and/or other materials that provide meal ideas for people who prepare meals for 1 or 2 people. List of potential cookbooks included on page 17.
- Participant Resource: *Easy Cooking for One or Two* (in Winter '99 Participant session –resource section).

*Notes*

Reduced-Fat Cookbooks for One or Two

- Easy Recipes for One, Two or a Few by Anna Aughenbaugh. Starlite; ISBN: 0962586919, 1994 (paperback).
- Healthy Cooking for 2 (Or Just You): Low-Fat Recipes With Half the Fuss and Double the Taste by Frances Price. Rodale Press; ISBN: 0875964486, 1997 (paperback).
- Betty Crocker's New Choices for Two. Simon & Schuster Macmillan Company; ISBN: 0028603680, 1995 (hard cover).
- Healthy Cooking for Two, Revised and Updated by Brenda Shriver and Angela Shriver. Summit Pub. Group, Fort Worth, TX; ISBN: 156530179X, 1995 (paperback).
- Light Cooking for Two by Oxmoor House. Oxmoor House, Inc.; ISBN: 0848714342, 1995 (hard cover).

Winter '99 Reminder
(electronic copy available)



Juggling New Changes Older and Better – Successful Aging

Everyone is growing older. Why not begin the new year by learning more about 'normal' aging and how people might age more successfully? The WHI Winter'99 session will look at some of the normal processes that change with age and how these changes may influence nutritional needs. This session will also provide an opportunity for your group to hear more about _____ (CC specific topic). Bring your questions and your positive aging adventures to share. In addition, if you have a favorite low-fat recipe or meal idea for one or two people that you would like to share, please bring it with you. We look forward to seeing you!

[Note: All LNs received an electronic version of this reminder message so that they can modify it to fit their clinic's needs.]