

Nutrition Promotion for Mature Adults: A Case Study in Peer Education

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ABSTRACT. The peer education model, which enables trained learners to instruct their peers, was tested in a case study involving senior citizens in a nutrition education program. The case study approach, using action research, was chosen because the project involved the description and analysis of a unique group of 32 mature adults. Topics selected for presentation in the three two-hour sessions were selected by open consensus of the entire participating body. Six members of the group volunteered to engage in a preliminary training program. These individuals became known as volunteer peer educators (VPE), who subsequently took full responsibility for disseminating the nutrition information to their peers. Educational materials to meet the goals of the program were compiled by the researcher in a resource manual for each of the volunteer peer educators. Techniques of participant observation for data collection and qualitative analysis were used. The satisfactory implementation of the program was due in great part to group selection of the learning episode; to a relaxed atmosphere; to enthusiasm on the part of the VPE; to the availability of a good resource manual and a facilitator who provided a strong organizational framework. The peer education model was found to be a particularly useful tool in providing nutrition information to a much broader sector of the senior population than can be currently reached via public health programs.

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INTRODUCTION

The rapidly growing senior population in today's society presents a unique nutrition education focus (Harvey, 1988; Labonte, 1987; Labonte et al., 1981; Shannon et al., 1980). The well elderly do not have a ready access to expert health education. Two main reasons are budget restrictions and education format.

Limited budgets for health care put great restriction on the abilities of public health professionals to deliver their message to any but those who are considered high risk patients. Currently, information regarding maintenance of good health is available to the well population only through government publications. Personal contact with health professionals is not available to the general public. This is not due to lack of concern on the part of the health professional, but to fiscal limitations (Axelson et al., 1983; Barr, 1983).

In addition the education format beneficial to younger individuals is not applicable to seniors (Bender et al., 1987; Campbell et al., 1981). Young individuals have limited experience and want to learn. Older persons have abundant experience and are influenced by the variety of environmental and societal changes around them (Kronl, 1988; Neutens et al., 1985). They enjoy and benefit from sharing their knowledge and experience with their peers (France et al., 1982; Heller et al., 1990). Nevertheless, many of them recognize that their current age has brought about additional health problems and they want nutrition information in order to deal with these problems (Mitic, 1985; Natou, 1987; Sorenson et al., 1981).

Davies et al. (1985), in a study of the nutrition and well-being of mature people in Britain, found nutrition to be a key factor in providing good health, happiness and independence for these adults. Ludman (1983) found that personalized information was useful in fulfilling the nutritional needs in the heterogeneous elderly population. In a personalized model, the needs, interests and abilities of the learners are considered. Volunteer peer education, which would assist in developing self-help and self-esteem networks, seems an appropriate strategy for seniors to acquire up-to-date health information within their community (McDonald, 1983; Shannon et al., 1983; Waters, 1976).

The self-help approach could be an effective means of networking nutrition information throughout the community. It would permit a single nutritionist to disseminate relevant data to seniors. This particular case study is seen as valuable by the researcher, who, as the sole nutritionist in a suburb of a large metropolitan area, perceives peer education as a vital force in forestalling and alleviating the health problems besetting so many seniors.

Peer health education for mature adults could have significance and overcome many of the limitations now imposed on the delivery of health education. Providing expertise and resources via this innovative approach can have strong impact on health promotion techniques to encourage individuals to develop personal approaches to wellness.

The purpose of this study was to design a learning format for health education of aging adults and to test its suitability specifically in the area of nutrition. Therefore, the research question which evolved from these considerations was this: Is the peer education approach to health education a suitable process for aging adults to identify and explore their own concerns relating to their health and wellness?

METHODS

Because this project involved the description and analysis of a unique group of older adults, a case study approach using action research methodology seemed the most appropriate. Action research is a type of enquiry in which the researcher is actively involved in the cause for which the research is conducted (Home et al., 1987; McGill et al., 1973). It is a methodology which aims to solve a specific and current problem through investigating subjects interacting. A balance must be established at the outset between the researcher and those participating in the action. Successful procedure requires that neither partner may be more dominant and a common goal must exist. This type of research permits practical innovation while simultaneously monitoring both the process and the product. Action research is focused on immediate application, not on the

development of theory. It has placed its emphasis on a problem here and now in a local setting. Its findings are to be evaluated in terms of local applicability, not universal validity. Although the study design makes generalizations difficult, it is highly suitable for exploration of a specific practical situation.

PROCEDURES

In the project the education process consisted of five steps. They were: (1) recruitment of seniors to participate in the study; (2) organization of an orientation session; (3) peer educators' training session; (4) presentation session and (5) evaluation session.

In step *one*, a sample of 32 healthy, older adults who were living independently, were recruited from a seniors' organization. This organization known as "Older Adults in Action" is located in a suburban district of a large city. The mean age of the 28 women was 69 years, with a range from 58 to 84 years. The mean age of the 6 males was 70 years with a range from 60 to 78 years. The majority of the participants followed regular eating patterns.

The orientation session, step *two*, involved group consensus regarding nutritional topics of interest, introduction of the concept of volunteer peer education, display of selected nutrition articles, and slide presentation. In addition, the researcher encouraged those participants, who were willing, to volunteer as peer educators. In this study the term volunteer peer educator (VPE) identifies the members of the participating group who volunteered to be the instructors in this educational process for their peer group. The activities in this session were as follows. Beforehand, name cards, coded in 6 colours were arranged randomly in the "U" shaped meeting area. This later facilitated small group formation. Folded yellow programs, distributed to each participant as they entered, provided an overview of the project. After an introduction by the facilitator, each person was invited to share with the group his/her purpose in attending and the expectations for the project. Following this, the facilitator made a presentation on peer education and nutritional concerns in the aging process, using both slides and bristol board displays. The seniors were asked to form small groups on the basis

of the colour of their name card and formulate topics of common nutritional concern. Consensus among the seniors finalized 6 topics. These topics were then organized within the broad focus of "Nutrition in the Retirement Years" (Table 1). Six members of the group, two males and four females offered to act as volunteer peer educators. Closure of the session was completed with each participant sharing his/her reaction to the afternoon's activities. This two-hour session was audiotaped and videotaped, as were steps three, four and five.

The *third* step consisted of two peer educator's training seminars. To facilitate this process, the researcher had developed a training manual for each VPE (Priddy et al., 1982; Stuen et al., 1982; Strewlow, 1982). Each subsection of this manual reflected a nutritional concern, or included an activity to reinforce a nutritional concern, dealing with the topics selected by group consensus in the orientation session. The six subsections each consisted of two parts. The first part included an introduction to the topic and suggestions for the VPE presentation to the group. As well, there was a listing of the resources which could be used by the VPEs, if desired, during the presentation. Copies of all the handouts in the resource package for the participants were included. The second section contained a variety of background information, fact sheets for the VPEs in preparation for their presentations.

Step *four*, the presentation session, the *sole* responsibility of the VPEs was offered on two consecutive afternoons, each two hours in length. The seniors sat in a U-formation and received a folder of materials specifically designed to complement the activities planned for the seminar. First, a demographic questionnaire, included in the folder, was completed by the participants. Then the session began with a transfer-in or introductory activity to raise the consciousness level of the sample toward healthy eating habits, called "Let's Rate Our Diet." This large group activity, relating the four food groups to each individual's own previous day's intake, was used by the VPEs as the icebreaker for the presentation session.

The VPEs then made individual presentations on the seven selected topics, chosen to reinforce the concept of "Good Health in the Retirement Years" (Table 1). During the presentation on weight control each participant completed a food habit awareness checklist

TABLE 1. RECORD OF TOPICS AND ACTIVITIES

INCLUDED IN THE VPE TRAINING MANUAL

FOCUS	SUBSECTIONS
TOPICS	"Nutrition in the Retirement Years"
FOR VPE PRESENTATION	<ol style="list-style-type: none"> 1. Healthy Living for Seniors 2. Weight Control for Seniors 3. Fat and Heart Disease 4. Role of Salt and Potassium 5. Calcium in the Diet
ACTIVITIES TO REINFORCE TOPICS PRESENTED BY VPE'S	<ol style="list-style-type: none"> 1. Transfer-in Game: (4 food groups) Let's Rate Our Diet 2. Weight Control: Food Habit Awareness Checklist 3. Fat and Heart Disease 4. Slides: Fact vs Fallacy 5. Closure: Food Models 6. Nutrition Breaks <ol style="list-style-type: none"> a) orientation session: grapes, cheese and crackers b) VPE presentation vegetables, low calorie dip, juice c) evaluation session: muffins, juice 7. Question/Answer Session

which allowed him/her to reflect silently on his/her dietary practices and the impact of these on his/her body weight. The next activity included 19 slides, entitled "Fact versus Fallacy," on common misconceptions regarding nutrition for seniors. Through this activity the VPE was able to clarify some nutritional misunderstandings for seniors.

The nutrition break, reinforced the theme of the seminar, and provided an opportunity for further interaction in the colour coded small groups. During this break, a small group activity, "The Grocery Bag Game" provided a practical application of nutritional information to the market place. In this activity, each group identified the nutrient value of foods typically found on a shopping list. This was followed by the involvement of the group in a slide presentation on facts and fallacies regarding food and food habits, specifically designed to relate to seniors. The first presentation session was brought to a close with all of the participants, in turn, categorizing cardboard food models according to their food groups. Questions raised by the participants were recorded on cards handed in to the VPE, to be addressed the next day, after consultation with the facilitator. The second day, the VPE concluded the label reading activity, "The Grocery Bag Game" and the slide presentation "Fact Versus Fallacy" and provided the answers to the questions submitted the previous day.

In addition to the previous topics and activities, and to reinforce healthy snacking, the researcher provided for this group, foods for a nutrition break. During the orientation session, grapes, cheese and crackers were provided; for the VPE presentation, raw vegetables, low calorie dip and juice were served; and for the evaluation session, muffins and juice were provided. The nutritional benefits of these foods for the older adult were informally discussed.

The *fifth* and last step focused on an evaluation of both the education process and the suitability of the program for disseminating of nutrition information to seniors. Evaluation by the researcher consisted of five types of data: (1) attendance patterns (2) demographic profiles of the participants (3) verbalized comments from audiotapes (4) observations of VPEs and participants' activities from videotapes and on-the-spot observations and (5) choices of format as stated by the participants in the evaluation session.

RESULTS

A total of 32 seniors participated in the program. There was variation within the attendance patterns. The best attended session was the first session presented by the VPE. The nutrition folders were distributed at this session.

The demographic profile indicated that all the participants were married or widowed and living independently. All had attended high school and the majority were retired. Most of them followed unrestricted meal patterns; and the greatest number considered the nutritionist as the most reliable source of nutrition information, as opposed to doctors, magazines and friends. Weight control was the topic of highest interest.

Individualized comments such as “. . . . I have always had good health and I want to keep it that way . . .” and “nutrition is high on my list of priorities and I think maintaining the reasonably good health that I have is important,” strongly indicate the desire of seniors for reliable nutrition information on topics of interest to their age group.

In the evaluation session, participant comments included “. . . I enjoyed the participation in the program and the fellowship . . .”; “. . . I enjoyed the discussion groups . . .,” and “. . . the handouts were excellent.” These comments indicated a positive attitude on the part of the participants towards peer education.

The enthusiasm of the seniors in the activities which involved all the participants together, such as “Let’s Rate Our Diet” and the “Fact Versus Fallacy” slide presentation, was most gratifying to the researcher. Positive observations were also made during the sharing of individual expectations in the orientation session.

With respect to choices of format, the two-hour time schedule was found suitable. Initially there was some uneasiness on the part of the participants on receiving information from their peers. However, in the evaluation, 88% found the peer education process highly acceptable.

The participants responded favourably to the small group format in which the topics to be presented were selected. The VPE relied extensively on the manual prepared by the researcher. This was indicated by comments such as “. . . the supporting presentation

material made (the presentation) easy . . .” and “all our research was done for us, all we had to do was read it and present it . . .” The participants responded favourably to the VPE presentation as indicated by the following comments: “. . . enjoyed the panel . . .”; and “. . . organized thinking. . . .”

DISCUSSION

The findings from this action research suggest that the “Nutrition Awareness Program,” a learning format which explored the acceptability of peer health education for mature adults, was considered suitable by the VPEs and participants. These individuals perceived the program to be relevant to their lives and were willing to apply their past experiences to their current learning and share this knowledge with their peers.

The most significant contribution to the success of the program was the relationship among the facilitator, the VPEs and the participants. All had the same goal and none dominated the other. The facilitator had to be well organized, resourceful, flexible, highly motivated and present a fast paced program. The VPEs had to be alert, interested individuals, who had an opportunity through their training as VPEs for a more intense learning experience. They developed a good relationship with the facilitator and also communicated well with their peer group. During this learning process, the self-esteem of the VPEs was heightened by a good resource manual and the positive feedback received from the participants.

Success from the point of view of the participants was based on the fact that the content of the learning episode was chosen by open consensus and not imposed by the facilitator. The format of the program encouraged these individuals to participate in group activities, which reinforced the concepts presented in the program and which were relevant to a healthful personal lifestyle. This allowed the sample to have ownership in the process and created a stimulating environment for learning. The friendly, relaxed atmosphere during the program was conducive to freesharing and ease in transfer of information.

Some methodological limitations are inherent in this action research study and should be considered before initiating a peer education program. The seniors must be an active group of highly motivated individuals. In each situation the decisions regarding schedules, topics, timing, number of VPEs will always be unique to the group. As well, attendance may be irregular. The same interest by one group may not apply to other topics or other sectors of society. Also the researcher would be well advised to enlist the services of an experienced assistant, as was done in this study, to facilitate the entire process.

CONCLUSION

From the results of this study, the answer to the research question posed at the outset of this study "Is the peer education approach to health education a suitable process for aging adults to identify and explore their own concerns relating to their health and wellness?" is in the affirmative. The results of the study support the findings of existing literature and open new avenues for further research in the field of adult health education.

Labonte (1987) and Harvey (1988) state that innovative health promotion strategies must be initiated to cater to the needs of the rapidly growing older population. Peer health education is concluded to be such an innovative health promotion strategy. It encourages the well elderly to select nutritional concerns and focus upon these within an educational format most suitable to their unique group. It also encourages seniors to share their life-long experiences as they explore new health concepts to promote personal wellness. France et al. (1982) consider this concept of seniors helping seniors an effective model in counselling for the aged. Nutrition promotion using peer education is concluded to fulfil the criteria for effective health promotion for seniors.

Davies et al. (1945) state that nutrition is a key factor to good health, happiness and independence for seniors as they retire from work. From the results of the current study, the author endorses this concept and strongly encourages the introduction of health promotion programs for older adults. Facilitating volunteer seniors to

teach one another was seen to improve self-esteem, to provide a focus in their lives and to encourage them to explore further topics of interest as well as to build a strong foundation for good health in the retirement years. As illustrated in this study, each group of seniors can tailor the seminars to very specific topics, presented at a level comfortable to that particular group.

One crucial factor which had a role in making this program relevant was the fact that the entire program was structured around the expressed nutritional needs of the sample. The content of the learning episode was chosen by open consensus of the entire participating body, not imposed by the facilitator. The format of the program encouraged the individuals in the sample to participate in activities which reinforced the concepts presented in the program, and which were relevant to a healthful personal lifestyle. This allowed the sample to have ownership in the process and created a stimulating environment for learning. The friendly, relaxed atmosphere during the program was conducive to freesharing and ease of transfer of information. This emergent strategy for a nutrition education program for the elderly supports Ludman's (1983) theory of education, where learners assist in curriculum construction. The author's model, based on Ludman's philosophy, was found to be useful because it allowed for personalization in the elderly population.

Barr (1983) states that educators play a crucial role in promoting healthy aging. McDonald (1983) encourages health educators to utilize the abilities and momentum of the volunteers to make health education programs more effective, more personalized while being more suitable in the health care budget. Thus, peer health education, which blends both of these concepts, has shown much potential in facilitating wellness by encouraging older individuals to explore a healthy lifestyle. This strategy appears to be uniquely suited for disseminating health information to aging adults.

Since peer education is compatible with current health policies, encouraging personal responsibility for health and the efforts of health promoters (Harvey 1988), it thus could have potential for further application in the field of adult health education. If the same research design is undertaken, the use of group interview methodology could supplement content analysis and participant observation. The use of frequency recording as an analysis technique in

examining observation data would strengthen further research efforts.

This exploratory study has paved the way for further research. Such research may consider using a more sophisticated design to establish more clearly the impact of the format, and of its components, on learning and on participant satisfaction. One suggestion would be to use a comparative group design, in which the same nutritional information is delivered to similar groups of older adults using a more traditional format. Other suggestions would include the use of more objective instruments, questionnaires and interviews, as well as an observation guide (used by non-participant observers) to strengthen the validity of data in further studies.

This project using VPES provides a useful model for geriatric nutritionists servicing a large number of seniors as a means to increase the efficacy of their work. Many seniors are highly motivated and meet the requirements for helping in health promotion if appropriately instructed. Such programs can be well promoted through public health instructors as a means to network sound nutrition information to the older lay public.

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