Social Eating Programs for Older People

Literature Search

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Introduction
This document presents the results of a literature and internet search to identify a range of models and programs that could be used to support the development of social eating approaches aimed at addressing geriatric nutritional risk in rural communities.

The search was a recommendation of the final report of the Healthy Eating, Healthy Ageing: Perspectives from a Rural Community Study, which was conducted in 2008 by Dr Peter Orpin and Ms Kim Boyer of the University Department of Rural Health, Tasmania and funded under the Home and Community Care Program.

In addition to Ms Boyer and Dr Orpin, the Steering Committee for that project comprised: Ms Judy Seal (Senior Nutritionist, Public Health, DHHS), Ms Julie Williams (Manager, Community Nutrition Unit, DHHS) and Mr Steve Webber (HACC Unit, DHHS) and Ms Karen Herne (Research Assistant, UDRH).

A central argument of the Healthy Eating, Healthy Ageing report was that “one size will never fit all”. The study identified a need for multiple models and small scale programs with considerable built-in flexibility:

Social eating interventions need to be developed ‘bottom up’ in a way that is flexibly responsive to the needs of particular individuals, in particular contexts at particular times.  
(Orpin and Boyer 2009 p. 25).

The researchers suggested that the issue is best suited to a community development approach and recommended that an action research project be developed whereby one or more paid professionals adopt the role of initiators, facilitators and supporters of bottom-up community driven action.

The results of the literature and internet search are presented here in the form of a typology or ‘menu’ of models and programs, which is intended as a resource or toolkit to be used in an action research project by a local professional facilitator to develop and support a range of social eating opportunities for older people.

Search Strategy
The aim of the literature and internet search was not to produce a comprehensive program audit, but to identify a range of available models and programs to support social eating interventions for older people.
The search strategy was designed to identify not only models and programs which specifically target older people (such as Eating with Friends), but also those designed for a range of groups within the broader community but which may be appropriate for older people (such as Community Kitchens or Market Programs). The search also included models and programs which do not currently comprise both social and nutritional elements, but may be easily adapted to do so.

It was decided that the search should not be limited to programs or models that had been formally evaluated with results published in academic literature, but should include any information about relevant programs mentioned in grey literature, media reports, service provider web sites and other internet sources. The scope of the search included international and Australian models and programs. However, in selecting examples as illustrations of each type of intervention, priority was given to Australian models and programs.

Initial searches were conducted of the following electronic databases: Australia/New Zealand Reference Centre, APAIS Health, CINAHL, Medline, ProQuest Health and Medical and PubMed.

Search terms and keywords used included: elderly people, older people; seniors; social eating, social meals; social dining; congregate meals, community meals; communal meals; shared meals; group meals; community based nutrition; Meals on Wheels; Eating with Friends; nutrition education; health promotion; and food security.

These terms were then used to search the internet (using Google and Google Scholar) in order to identify relevant grey literature. Searches were also conducted of relevant websites and information portals including: Australian Institute of Health and Welfare; Primary Health Care and Information Service; the HealthProelderly Project (Models of Health Promotion for Older People), Promising Practices Profiles (Communities and Families Clearinghouse of Australia), and Nutrition Australia.

Descriptions of models and programs retrieved as part of these initial searches were reviewed and categorised according to ‘types’ of models or programs. This typology was then used to conduct searches for further examples of each type of model or program, including: community gardens, community kitchens, farmers markets, dining out programs; social dining clubs; eating out programs, host home programs, intergenerational programs; and faith-based programs.

Additional reports, manuals and articles relating to the programs were identified by reviewing the reference lists of retrieved materials. In some cases project workers were contacted directly to ask if any evaluation or report materials arising from the program were available.
The findings of the search are presented in three parts:

- A brief overview of each ‘type’ of social eating intervention identified in the search process;
- Profiles of specific examples of each type of program; and
- An Endnote library of references and resources.

**Types of Social Eating Interventions for Older People**

This section provides a brief overview of each type of social eating intervention identified in the search process as relevant to this project.

**Meals on Wheels**

Meals on Wheels (MOW) programs play an essential role in reducing nutritional risk amongst frail elderly people who are unable, or do not wish to, prepare meals for themselves. Whilst Meals on Wheels is not designed as a social eating service, a number of researchers have noted the importance of the social contact provided to MOW clients by meal deliverers (Hendy, Nelson et al. 1988; Locher, Burgio et al. 1997; Grant and Jewell 2004; Henry 2006; University Department of Rural Health 2007). A study of loneliness and isolation amongst Meals on Wheels clients on Sydney’s Northern Beaches found that the majority (65.9%) of clients valued the personal contact with MOW volunteers as highly as the meal (Grant and Jewell 2004 p. 15). Recent research exploring Meals on Wheels services in Tasmania recommended that the value for the client of the social contact with the meal deliverer should be formally recognised (University Department of Rural Health 2007 p. 21).

The literature contains some suggestions for models of service provision which would increase the social contact provided by meal deliverers, including that volunteers stay and share a meal with clients rather than dropping it off to “enhance the dining experience and possibly increase food consumption” (Locher, Burgio et al. 1997 p. 30).

Such a social companionship program is currently provided by the Wollongong branch of NSW Meals on Wheels. Known as the Cooinda Connection, the program provides volunteer contact during mealtimes, and develops opportunities for social interaction and community participation for socially isolated people.

The Edmonton Meals on Wheels service in Canada, views the social contact provided by deliverers as an essential part of the service offered. As the service brochure states: “our volunteers do more than deliver meals; they provide important social contact and well-being and safety checks” (Edmonton Meals on Wheels 2009).
In Queensland, the Stafford Meals on Wheels service has worked collaboratively with Everton Park State High to involve Year 11 Catering/Economics students in the preparation and delivery of meals to clients. This intergenerational program aims to provide social benefits for clients and students alike. The involvement of the students in delivering the meals is seen as an extremely valuable part of the program, providing “the opportunity for intergenerational interactions outside the scope of each individual’s circle of friends or acquaintances” (Bryen 2009).

A further suggestion contained in the literature was to provide opportunities for Meals on Wheels clients to share delivered meals in other locations. Hendy et al. (1988) suggested that “two person pot luck dinner clubs” could be held in the homes of elderly adults and designed to share transportation, food costs, meal preparation, and opportunities for socializing and companionship (cited in Berry and Marcus 2000 p. 93).

Perhaps the most common means by which Meals on Wheels services provide clients with the opportunity to socialise whilst sharing a meal, is that of congregate meals. For example, the Southern Shoalhaven Meals on Wheels service provides regular group meals in Lake Conjola, Burrill Lake and Milton. Transport is provided to the site for those who require it. As well as a freshly prepared meal, clients have the opportunity to participate in a range of activities and outings.

However, such as model of social eating will not necessarily suit everyone. As Orpin and Boyer (2009) note “the decision to ‘break bread’ with others is a highly individual and personal one and not amenable to one size fits all solutions” and there is a need for smaller and/or less structured initiatives (Orpin and Boyer 2009 p. 23). One such initiative which sits well with this approach is provided in by the Edmonton Meals on Wheels Lunch Club service in Canada. Patrons can order a hot or cold meal to be delivered to their own small social gathering, such as a bridge club. Meals are selected from a menu which changes monthly. Orders only need to phoned in a day in advance, allowing for a degree of flexibility and spontaneity.

Eating with Friends
Eating with Friends aims to address the issue of social isolation and poor nutrition among older people by working with communities and volunteer groups to provide regular group meals. A guiding principle of the model is the active involvement of its older participants in the design of the model and the meals. Eating with Friends was first piloted in 2000 in West Moonah, Tasmania with a series of Sunday lunches at the local Community House, supported by a team of volunteer drivers, cooks and helpers (Mars 2001). There are now approximately twenty-five Eating with Friends groups operating across Tasmania (Eating with Friends 2008).

Objectives of the program include: to increase the number of opportunities for older people to reduce social isolation and develop friendships through regular contact with their peers in a social environment; to encourage older people to eat regular and...
varied nutritious meals; to increase the opportunities for community volunteers to
develop increased skills, self-confidence, and sense of community; and to increase
the capacity of communities to respond to the needs of isolated elderly people
(Dermody, Essex et al. 2003).

The Eating with Friends Action Kit (2008) provides a step by step guide to
establishing and maintaining an EWF group. The Action Kit describes three different
models for Eating with Friends groups: the Eating Out Model (e.g. catered meals at
Lindisfarne Yacht club every 6 weeks); the School-Based Model (e.g. Sorrell Eating
with Friends where students cook and serve the meal at the school) and the
Community-Based model (e.g. Beaconsfield Eating with Friends, where a group of
volunteers provide meals on a monthly basis at a community venue).

A recent intergenerational example of the Eating with Friends Program in Kingston
highlights the importance of partnerships in developing community based social
eating interventions. The program is a collaboration between Kingborough Council
and Kingston High School, and Community Transport Tasmania. Kingston High
School students assist a professional chef to cook fortnightly meals at the Council’s
youth centre. Elderly participants are transported in a bus supplied by Community
Transport Services. For a cost of $10 participants are then served a three course
meal by the students (Claridge 2008).

**Congregate/Community Meals**
Congregate or community meals provide nourishing meals in a social environment
for elderly people who might otherwise be unable to purchase food and prepare
meals for themselves. Along with home delivery services such as Meals on Wheels,
these congregate or community meal programs form an important part of community
nutrition services for elderly people, such as those provided in Australia by local
councils through the Home and Community Care Program (HACC) and in the United
States under the Elderly Nutrition Program (ENP).

Under the Elderly Nutrition Program, the congregate meals are offered to all seniors
60 years of age and over, at social and community centres such as senior centres,
churches and schools. The meals must provide recipients with at least one third of
their daily recommended dietary allowances. In addition to providing nutritional
benefits, congregate meals provide participants with increased opportunities for
social interaction as well as programs related to nutrition education, exercise
activities, health promotion and disease prevention.

In 2000, a series of focus groups conducted with participants at congregate meal
sites in Chicago, found that socialization was the most frequently mentioned benefit
of attending the meals. Participants described several ways in which they benefited
from the social aspects of the program including, social interaction, social support,
relief of loneliness and depression, mental stimulation, self-satisfaction, and
opportunities for volunteering (Iris 2002).
A survey of English community meal programs or ‘lunch clubs’ found that the social aspects of the meal program were regarded as the primary goal, often mentioned above that of improved nutritional status of participants: “most lunch clubs stated that their main goal was to reduce the loneliness of elderly people, by fulfilling their need for social contact. The provision of a meal was the vehicle by which this goal was achieved”. (Brunet 1987 pp. 1303-4).

As well as those meals provided as part of government nutrition services, congregate or communal meals are also provided as part of smaller scale community-driven initiatives. Brunet (1987) described a number of different types of lunch clubs operating in England, ranging from those which provided services similar to day hospitals with salaried staff, to much smaller volunteer run operations, often organized by church groups with volunteers and members usually of the same community. A further type of club identified in the study was termed a ‘pop-in’, and encouraged spontaneous attendance, operating in a cafeteria style with a sitting area reserved for clients who ordered meals and another used for those who only wanted a beverage (Brunet 1987pp. 1303-4).

A recent example of a monthly community meal organised in the Hobart suburb of Brighton illustrates how the community meal model lends itself to ‘bottom-up’ community-driven initiatives. The Dining with Friends program was initiated by local community workers who wanted to provide a social eating opportunity for local residents over 55. However, the enthusiastic response from the general community has meant that patrons and volunteers are of mixed ages, and the meal has become a much broader community based program than was originally envisaged.

An innovative program initiated by Wangaratta Rural City Council in Victoria, showed how community meals may also be used to reduce the risk of specific problem behaviours amongst older people, such as gambling. The project was based on research which showed that older women from culturally and linguistically diverse backgrounds were visiting gambling venues to fill the need of being involved in an activity in an accepting environment. The project provided a nutritious two course meal in a social setting with the aim of providing a sense of social connectedness which acts as an alternative to gambling. The project attracted large numbers of participants and was winner of the 2005 Australian Government Planning for an Ageing Community award.

**Eating Out Programs**

For a variety of reasons, congregate or community meals may not be appealing or appropriate for some elderly people. For many people the limited menus and set serving times of congregate meals may be too restrictive. They may for instance, prefer to eat their main meal in the evening rather than at lunch time, when many community meals are served. There can also be certain social stigma attached to participating in congregate meals which may be perceived as a “handout”.

Social Eating Programs for Older People
An alternative approach to providing meals for older people in a social setting may be offered by programs based in eating venues which are open to the general public such as restaurants, cafes and clubs. ‘Eating Out’ models have the potential to provide more flexibility and also have the advantage of providing social contacts for older people in the broader community.

The Subsidised Café Meals program in Melbourne is an example of an eating out program which aims to provide vulnerable members of the community with affordable, nutritious meals within a social setting. Implemented by North Yarra Community Health Inc, the Café Meals program is not specifically designed for older people, but targets those who, for a number of reasons (including homelessness) find it difficult to prepare their own meals and who find that options such as council-delivered meals or cheap communal dining establishments are not suitable for them (Doljanin and Olaris 2004).

The program provides a choice of four local cafes and restaurants for participants who are assessed by community workers for entry to the program every six months. Each person is provided with a membership card that can be used once per day to purchase a meal (to the value of $8.80) for the price of $2.00 at any of the participating cafes or restaurants. The program empowers clients by giving them control over when, where and what they will eat. In addition, the program allows participants to choose their dining companions. If participants wish they may bring family or friends to dine with them, whilst still having their meal subsidised.

Evaluations of the Café Meals program indicate that the strength of the program lies in the social outcomes for participants. By enabling the target group to dine with the general community, the program encourages a sense of social inclusion:

_Stakeholders explained that over time café meals clients begin to feel a sense of belonging, a sense that they are a part of the community not apart from the community. The clients enjoy “the whole social aspect, the talking and being served, [the staff] recognise them and call them by their first name…they feel part of that little community”. Being able to attend a “mainstream” café was described as “a normalising experience” that helps clients to feel and stay connected with society._

(Astbury, Elsworth et al. 2004 p. 49).

An example of a restaurant-based program specifically designed for elderly Meals on Wheels clients was the Outings to Your Taste program which operated in Montreal in the late 1990s. The program aimed to improve clients’ nutritional intake and to strengthen their social network, especially with peers. As part of the project, clients were offered two additional home-delivered meals and were also offered the chance to eat out in a restaurant in the company of peers once every two weeks. Volunteers transported and accompanied elderly individuals on the outings to selected restaurants. In most cases volunteers personal cars were used. Once on the premises, volunteers encouraged participants to interact and establish social contacts (Richard, Gosselin et al. 2000).
A recent local example of a restaurant-based program is that of the Galloping Gourmets program in the central Victorian town of Elmhurst. Funded by the Foundation for Rural and Regional Renewal (FRRR), the program came about as a result of a survey conducted by the Elmhurst Bush Nursing Centre, which found that elderly people in the district were unable to access fresh fruit and vegetables, and that they felt socially isolated. The program incorporates a monthly outing by bus to cafes, restaurants and producers’ places with a “cooking for one” program which focuses on social connectedness and healthy eating. The Galloping Gourmets outings and cooking program have enabled socially isolated elderly members of the community to interact with their peers in a social environment, whilst also receiving nutritional advice from health professionals (Foundation for Rural & Regional Renewal 2008).

Registered clubs are another type of venue which have the potential to offer healthy and affordable eating choices to older people within a social environment. For many older people clubs provide an important source of social contact often replacing social networks that are lost as people age. A recent study of the role of registered clubs in the lives of older people found that clubs facilitated social connection and symbolised an ongoing sense of “independence” amongst older patrons. Older club-goers used the club to structure their daily and weekly routines, and clubs were also seen as accessible (e.g. one could “pop up” or “call in” and as an alternative to home). The study concluded that practitioners could consider the local club as a referral option for older clients at risk of social isolation. (Simpson-Young 2006).

Meals available at sporting and RSL clubs are generally affordably priced due to the subsidisation of club meals by poker machine takings. (Simpson-Young and Russell 2007). However, club meals can often be high in saturated fats and low in fibre. A pilot project to improve the range of healthy and affordable food choices at licensed clubs was run in Sydney during 2000. The Health Promotion Unit of Central Sydney Area Health Service worked with catering staff at the Canterbury Hurlstone Park RSL to implement changes to serving and cooking practices and to increase awareness of nutrition. Rather than make overt menu changes, the working party decided to make ingredient and serving changes that would decrease saturated fat and increase fibre. The project was launched to patrons at a club Health Week and promoted at the monthly Senior Citizens’ day at the club, as well as through articles in the club magazine (Weber, Dick et al. 2002; Amanatidis, Dick et al. 2004).

A survey of club patrons found that 64% were aware of the bistro changes and 86% supported the bistro offering healthy choices. The evaluation concluded that licensed clubs are an important setting for providing healthy eating choices to older people. However, due to time and staffing constraints, clubs would be unlikely to independently implement and coordinate generic health promotion programs. Researchers suggested that a more successful approach may be to employ a health promotion officer within the club or to involve community organisations to coordinate club health initiatives (Weber, Dick et al. 2002 p. 104). This sits well with the community development approach proposed by Orpin and Boyer (2009).
**Community Kitchens**

A ‘community kitchen’ is a group of people that meets regularly to prepare healthy and affordable meals while socialising. Community kitchens can operate anywhere there is an existing kitchen, for example at churches, schools or neighbourhood houses (Gunnion 2008).

Community kitchens are based on community development principles and aim to foster personal empowerment through self-help and mutual support strategies. They are designed to enhance participants’ food security through acquiring food knowledge and skills and to break down their social isolation (Gunnion 2008 p. 5).

Originating in South America, the community kitchens concept became popular in Canada during the mid 1980s when workers from a community organization heard about local women who had begun to meet to cook in bulk to save money. The idea was taken up and disseminated across Canada by Diane Norman, a nutritionist at a neighbouring community clinic. Since that time community kitchens have become an increasingly popular strategy to address issues of food security and social isolation, with more than 1650 community kitchens operating across Canada (Engler-Stringer and Berenbaum 2005).

In Australia, the first community kitchen was piloted in 2004 by the Frankston Community Health Service, after a dietician from the Service undertook a study tour of Canada to research the concept. The Frankston Community Kitchen Pilot Project has been an acknowledged success, recognised through a number of awards (e.g. Winner of both the Victorian and National 2005 National Heart Foundation Nutrition Awards as well as highly commended in the 2005 Public Healthcare Awards).

The project was evaluated after 12 months and three years. In addition to demonstrating the effectiveness of community kitchens in creating opportunities to eat healthier, more affordable meals, the evaluation results showed that:

*Community kitchens can provide a setting where people can interact socially and expand their friendship networks. This social aspect was shown to be the feature most valued by participants, with some meeting socially outside of the Kitchens* (Gunnion 2008 p. 3).

A study of community kitchens operating in Canada found that:

*While all the kitchens provided social recreation, a few were constructed to offer much-needed social and personal support to women whose lives were characterised by particularly difficult and isolating situations. The community kitchens that appeared most effective in this regard comprised participants with similar struggles.*

(Tarasuk and Reynolds 1999 p. 14).

However, the authors also caution that it is imperative that kitchen facilitators possess strong group facilitation and counselling skills (p. 15).
There is an increasing number of community kitchens catering to specific groups, including men, busy mums, young parents as well as older people. One example of a group specifically for older people is the ‘Cook and Chat Seniors Group’ operated through Bethany Community Support in Geelong. This community kitchen is based in a Catholic church kitchen and targets seniors living in the surrounding area. The majority of group members identify as Catholic and have joined through advertising at their church or through word of mouth (Sharples and Aguirre 2008).

The founder of the Rainier Valley Community Kitchen in the United States, notes that the benefits to seniors of community kitchens include making new friends and learning about nutrition, but also the fact that “everyone goes home with good, well-prepared meals for days to come”. She also notes that when running a senior-focussed community kitchen, it is a good idea to do some prep work ahead of time so seniors won’t tire from too much chopping or mashing (Winston 2009).

Whilst community kitchens catering to specific target groups are popular, for some communities part of the appeal of such a model may well be the connections fostered between various age groups in the community. A community kitchen in the small Victorian rural town of Yarram has attracted a mix of retirees and young people who enjoy the social as well as the educational aspects of the program.

**Gardening Programs**

Gardening is widely acknowledged as an important means by which elderly people can maintain health and well-being (Waliczek, Mattson et al. 1996; Armstrong 2000; Brown, Allen et al. 2004; Wakefield, Yeudall et al. 2007).

Gardening programs which have the potential to provide social eating opportunities for older people include community gardens as well as nutrition education programs combined with gardening activities.

A community garden is a piece of land owned or leased by a group of people or sometimes given to them as a grant of land. Community gardens can be divided into separate plots for personal use, or large community shared plots. Community gardens can also include school and kindergarten gardens, as well as gardens in aged care facilities and supported accommodation (Hunter 2006).

In Australia, community gardens were first developed in Victoria during the 1970s with gardens such as the Collingwood Children’s Farm and the Brunswick City Farm. During the 1990s community gardens formed an important part of ‘community renewal’ initiatives based in public housing estates and a number of community garden networks, such as the Australian City Farms and Community Gardens Network and the Community Gardens Network were established (Thompson, Corkery et al. 2007)
Along with community kitchens, community gardens are increasingly seen by local government and social welfare organisations as a useful tool to address issues of food security and social isolation (Kinect Australia 2008). As well as the physical benefits of providing exercise and a source of fresh food, community gardens are thought to promote social connectedness: “Sharing of food from the garden, as well as favourite recipes, contributes to relationship building which in turn, can lead to community cohesion and enhanced levels of acceptance and belonging” (Thompson, Corkery et al. 2007 p. 163). By providing a place to meet and socialise, community gardens can also lead to further neighbourhood organizing and can be important places for building broader community involvement (Armstrong 2000; Wakefield, Yeudall et al. 2007).

Community development principles were a primary focus in the recent establishment of a community vegetable garden for elderly residents at a block of high rise apartments in Williamstown, Victoria. In 2008 Isis Primary Care received funding from the Stan Willis Trust to develop a community vegetable garden that would: provide residents with healthy outdoor physical activity, encourage residents to make new friends and promote socialization, and produce fresh, healthy organic produce and promote healthy eating. An underlying principle in the project was to provide residents with the resources and skills to manage the garden themselves. The horticultural development worker on the project reports that the garden is continuing, with residents eating the produce on a regular basis, and that there are plans to supplement the garden with chickens (Stojkovic 2009).

There is also a growing interest in intergenerational gardening as a means of supporting community engagement amongst older people. For example, in South Australia secondary students work with older people in Aged Care Facilities as part of their Community Service course and retired people share their skills and knowledge with primary students in school and community gardens (Hunter 2006).

In addition to community gardens, some nutrition education programs for older people have used gardening activities as a means of encouraging participants to increase their consumption of fruit and vegetables. One such program was the Senior Gardening and Nutrition Project in Oregon. Although not a primary aim of the project, the project design also included a number of elements which facilitated social interaction between participants. The program involved each participant receiving a gardening “bench-box” and a regular supply of seeds and seedlings. Participants then took part in monthly nutrition education classes and gardening classes and received twice monthly home visits to provide them with social support, as well as nutritional and gardening advice and encouragement. The nutrition education classes included dedicated time for sharing successes and brainstorming ways to help each other eat well, and each class was concluded with a tasting of a recipe from a nutrition workbook (Hackman and Wagman 1990).
Market Programs

The last decade has seen an increasing recognition that farmers markets and public markets play an important role in public health beyond providing fresh fruits and vegetables. Markets are, or can be, venues for strengthening social networks and enhancing civic engagement (Moon 2006).

A recent study by the Open University examined the importance of markets as social spaces in towns and cities in England, and found that markets represented a crucial site for social interaction for older people, especially women. Interactions between traders and shoppers were a crucial component of social life, particularly for older people who regularly visited the markets for the pleasure of these relationships. For many socially isolated elderly people, chatting with traders at the markets might be their only chance of social interaction throughout the week (Joseph Rowntree Foundation 2006).

In the United States, the Seniors’ Farmers Market Nutrition program encourages low income seniors to increase their consumption of fresh fruits and vegetables by distributing coupons which can be used to purchase fresh produce at farmers’ markets, roadside stands, and community supported agriculture programs (Johnson, Beaudoin et al. 2004). The program does not include a specific social element. However, as noted above, visiting a public market on a regular basis can provide an important source of social interaction for elderly people who might otherwise have limited social contacts.

Although not designed for elderly people, the Farmers Market Nutrition and Coupon Pilot Project, which operates in British Columbia, provides a good example of how programs can be ‘mixed and matched’ to combine social and nutritional elements. The target group for the project is low-income pregnant women and low-income families with children. The program is designed to complement a cooking skills program and to expand awareness, use of and sales at farmers’ markets. Each participant receives a coupon booklet which can be redeemed at farmers’ markets for fresh vegetables, fruit, dairy, meat, fish, eggs, nuts and fresh cut herbs.

By combining the cooking classes with visits to the farmers’ markets, the Farmers Market Nutrition and Coupon program has resulted in increased social interaction amongst participants:

*There’s been some very good relationships built within communities … People who are going to these programs are excited to get together… they see the other person and they share… I’ve watched them come into the stall and say “this is what I bought last week and this is what I did with it”.*  
(Coyne and Associates Ltd 2007)

For those elderly people who no longer drive, transport may prove too much of an obstacle for the types of market programs described above. A mobile market fruit and vegetable stall implemented as part of a broader project in Maribyrnong, Victoria, circumvents this problem and has resulted in some positive social outcomes.
for customers, particularly those in high rise flats. The Braystone Project was part of a cluster of five food insecurity community demonstration projects in the City of Maribyrnong funded by VicHealth and the Department of Human Services (DHS). Implemented by WestNet Disability Inc., the Braystone Project provided a shop and delivery service for fresh fruit and vegetables in the Melbourne suburbs of Braybrook and Maidstone. Included in the project was a mobile market stall, which visited sites at a local school and public housing estates. At the public housing estates the visit of the market stall was used to facilitate social activities and interaction among elderly residents. At one estate the visit of the market stall ‘linked’ in with a regular morning tea (conducted by Maribyrnong City Council ‘Gateways’ project). At another estate, social workers encouraged residents to use produce purchased from the van for a regular ‘Tuesday Luncheon’ attended by around 20 to 30 people:

*The luncheon provides a forum for dissemination of ideas about cooking and recipes and also creates a friendly atmosphere in which workers can encourage people to make some positive steps to address problems that are occurring in their lives. The increased interaction between residents as a result of the luncheon and the market stall is regarded as “a great outcome”.* (Astbury, Elsworth et al. 2004 p. 41-42).

**Nutrition Education Programs**

A common model of eating interventions for older people is that of nutrition education programs. Research has shown that nutrition education programs that go beyond the provision of nutrition knowledge to address changes in eating behaviour and environmental factors which affect eating behaviours are more effective with older adults (Contento, Balch et al. 1995 cited in ; Hedley, Keller et al. 2002). This section describes the Evergreen Action Nutrition program, an innovative ‘grass roots’ nutrition education program for community living seniors which uses a community organization approach to combine nutrition education with social interaction.

The Evergreen Action Nutrition (EAN) program was based in a seniors centre in the Canadian city of Guelph. A major aim of the program was to demonstrate the feasibility and relevance of using the community organization approach to develop a nutrition education program for seniors. Using this approach researchers worked with seniors centre members to identify and describe specific nutrition issues of members, and then to suggest programs or services to address these issues. A key feature of the approach was the involvement of seniors in the project advisory committee (Hedley, Keller et al. 2002). Researchers noted that one of the strengths of the program seemed to be the continual evolution based on input from the members (Keller, Gibbs et al. 2004 p. 84).

The committee emphasized that activities in the program should have a social component, be personally relevant to seniors, user-friendly and participatory rather than didactic (Keller, Hedley et al. 2006 p. 15). Activities in the program included: monthly food demonstrations or workshops, a cooking group for men; a support group for older adults with diabetes and setting up the Centre as a delivery site for fresh produce, as well as acquiring various nutrition education resources for the Centre’s library (Keller, Hedley et al. 2005 p. 8).
A series of food workshops included in the EAN program were designed to include opportunities for social interaction. During workshops participants watched five or more dishes being prepared, tasted food products and participated in discussions about nutritional value, food preparation and storage techniques. Workshops lasted approximately two hours and were scheduled to include a light meal over the lunch hour. Workshops were limited to 15 participants and social interaction was encouraged by inviting members to share their stories and experiences with different foods used in the food workshop (Keller, Hedley et al. 2005).

As part of the EAN program, a Men’s Cooking Group targeted both single and married men. The group was led by a registered dietician and was open to all men who belonged to the Evergreen Seniors Centre. Men involved in the groups met once a month at the Seniors Centre to prepare and consume a meal. Participants in the group gained cooking confidence, and increased their cooking activities at home through the program, but also identified social interaction as one of the benefits of the program. Most of the men had not known one another prior to starting, but described feeling comfortable and welcomed as part of the group. Some participants even identified that the social aspect of the cooking group was their primary incentive for participating (Keller, Gibbs et al. 2004 p. 84).

A local example of a community development approach to nutrition education is provided by the Teaching Men to Cook course established by the Red Cross in the rural Queensland town of Roma. A primary aim of the course was to reduce social isolation amongst older males in the region, and the lessons became a springboard for the formation of the Roma Older Men’s Network.

Nutrition Australia and the Hawthorne Community Education Centre have also developed cooking courses specifically for older people. Although not a primary aim of these courses, social interaction is included to varying degrees in the course design. Nutrition Australia has developed the Cooking for One or Two program, a six-week interactive program for men and women over 50, which aims to give participants practice in preparing quick and easy meals in small social groups of 8-10 participants. The Hawthorne Community Education Centre in Victoria runs the Cooking Small, Eating Well program which is a demonstration based cooking program for elderly residents. Sessions run for two hours with groups of 15 participants and include a taste test of the meals prepared.

Nutrition education programs for elderly people can also be combined with exercise and fitness programs. For example, the Well for Life program run in partnership by Knox Community Health and Knox Community Volunteers provides weekly nutrition and exercise classes for groups of 8-10 elderly people. The program also includes a nutritious lunch which is prepared by volunteers whilst the clients are exercising (Hyland 2008).

**Host Home Programs**

The Host Home model is similar to the family day care model, in that care is provided in the care worker’s own home in small groups (4-6 participants). A feature of the model is that each host home fosters a group identity amongst participants.
Participants are matched in terms of background and interests, and are also encouraged to contribute to the unique character of each group through their choice of activities (Leake 2005).

In Australia, the model was first developed in 1997 by the Alzheimer’s Association of Western Australia and then piloted by the Brotherhood of St Laurence Banksia Centre in Victoria in 2000. Since that time the model has been adopted for use with culturally specific groups, such as the Kalimera Host Home Respite Program for Greek people with dementia, as well as with elderly members of the general community (e.g. services provided by Feros Care).

The usefulness of the model in providing social support to isolated elderly individuals has been highlighted by an evaluation of the Warm Home Program for the elderly in Israel. This program targets immigrants as a particularly vulnerable subgroup of the population, and seeks to strengthen the social networks of immigrants who did not attend more traditional services, such as senior clubs and day care centers, and who may prefer intimate and homogeneous groups that enable them to preserve their culture of origin (Berg-Warman and Chekhmir 2004).

Whilst improved nutritional outcomes for participants do not appear to be a specific goal of the host home model, there is certainly scope for their inclusion alongside social outcomes. Indeed, a notable feature of the Kalimera Host Home Model was the quality of the home cooked traditional Greek midday meal and the sense of social connectedness that comes with sharing such a meal:

*We can all vouch that the worker’s kitchen aroused the senses. With traditional Greek food being freshly cooked at each session for their midday meal, it was evident why tummies were rumbling by 12 noon. There was also something special about sharing that meal together – a sense of belonging, a sense of tradition, a sense of enrichment and a sense of ‘family’* (Leake 2005).

### Church-based programs

Churches and religious organisations have a long established role in providing social and physical support to vulnerable members of the community. *The Healthy Eating Healthy Ageing* report identified a number of ways in which religious organisations in New Norfolk provide meals to the needy, including a weekly community meal organised by the Salvation Army (Orpin and Boyer 2009). As noted by Brunet (1987) community meals for elderly people are commonly provided by church-based organizations in the form of ‘lunch clubs’. A feature of these ‘lunch clubs’ is that volunteers and members are usually members of the same community or share a common belief (Brunet 1987p. 1303).

This sense of community and shared belief underlies some recent innovative health promotion programs delivered through church communities in the United States. Known as ‘church-based’ or ‘faith-placed’ programs, these health promotion programs include spiritual reinforcement and take place in a religious setting or are organized and operated with the significant involvement of a faith group (Sternberg, Munschauer et al. 2007).

Social Eating Programs for Older People
An example of a church-based dietary intervention which included strong social components was the Body and Soul program. Funded by the American Cancer Society, the aim of the program was to improve the intake of fruit and vegetables amongst African American church members. The program was devised from two previous dietary interventions—Black Churches United for Better Health (BCUBH) and Eat For Life (EFL). Churches were selected as a focus for the intervention because of their importance within African American communities as a resource for spiritual guidance and social and physical support. In addition, churches provide an opportunity to reach a large number of community members for health-promotion activities. The program included: churchwide events, pastor support, policy change, self-help print and video materials, and motivational interviewing (MI) conducted by trained volunteer advisors (VAs) (Resnicow, Kramish Campbell et al. 2004; Peregrin 2006).

A process evaluation of the Body and Soul program found that the social and environmental components of the program were key factors in its success. Attending church-wide activities offered as part of the program was found to have a significant impact on promoting the desired behavioural outcomes in the target group. Church-wide activities included having a Body & Soul Sunday, serving fruits and vegetables after services and at church programs, sponsoring food demonstrations and taste tests, organizing farmers market and/or supermarket tours, inviting speakers from local agencies, and having messages (e.g., sermons) from the pastor (Kramish Campbell, Resnicow et al. 2007).

Church-based health promotion programs are thought to be especially good avenues for reaching minority populations who receive insufficient care from conventional medical sources (Sternberg, Munschauer et al. 2007). It is possible that such a model could build on the existing social support role of church organisations in rural communities to reduce nutritional risk amongst elderly parishioners.

**Summary Comments**

This review is notable for the range and diversity of the approaches to addressing social eating that it reveals. This supports the comment in the *Healthy Eating, Healthy Ageing* report that for social eating programs ‘one size does not fit all’. The models reviewed here offer a smorgasbord of ideas for those developing social eating programs for older people, however, the very diversity of programs suggests that being prepared to mix and match elements to fit with the particularities of time, place and target group will be ultimately more productive than simply looking for the best pre-packaged model to transfer to the local setting.

For all their diversity, there are some common elements and insights across these programs:

- They are mostly marked by a strong community development flavour. By that we mean that they have a focus on building capacity and connection among participants rather than simply being a top down service ‘delivered to’ participants.
Linked to the above, is the importance of partnership in bringing most programs into life; partnerships which include schools, businesses, other community groups and NGOs, councils, and government.

Taken together, the programs reveal how deeply food – its production, preparation and consumption – is linked to our social selves and that, for many older people, food is at least as much about social connection as it is about nutrition. This highlights the potential of food related activities to serve as the setting for a range of social interventions, some of which might be only peripherally related to nutrition. The models address, among other things, social isolation, intergenerational socialising, building and maintaining a sense of community membership, belonging and contribution, physical activity and diversion from other less desirable venues and activities.

Maximising choice and accounting for diversity is paramount; choice of food, choice of dining companions, choice of venues and choice of times.

The Meals on Wheels model, at least in terms of its underlying structure, would appear to still represent an ideal jumping off point for effective models for addressing nutritional risk in older people. There are, however, at least two major risks to its efficacy, the stripping back (or out) of the social component to meals provision and the loss of flexibility and responsiveness due to an over-institutionalisation and bureaucratisation of the program. The review reveals the huge potential of Meals on Wheels models found interstate and overseas that remain flexible and reflectively responsive to local particularities and opportunities and that seek to emphasise and exploit the social opportunities around meals provision.
Program Profiles
This section provides details of selected examples of each type of program identified in the search.

Meals on Wheels

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Stafford and District Meals on Wheels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Meals on Wheels</td>
</tr>
<tr>
<td>Location</td>
<td>Stafford, Queensland</td>
</tr>
<tr>
<td>Organisation</td>
<td>Stafford Meals on Wheels and Everton Park State High School</td>
</tr>
<tr>
<td>Start date</td>
<td>2006</td>
</tr>
<tr>
<td>Description</td>
<td>Stafford Meals on Wheels works collaboratively with Everton State High School providing opportunities for year 10 students to volunteer about four hours per week to assist in meal preparation, kitchen duties and delivery of meals to elderly Meals on Wheels clients. The students attend MOW one morning per week learning catering skills and helping to pack the meals. The students then accompany the volunteer drivers on their route to deliver the meals to the elderly clients in the community. These delivery runs are extremely valuable to all involved as they provide the opportunity for intergenerational interactions outside the scope of each individuals circle of friends or acquaintances.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>An evaluation survey was conducted by Australian Community Safety and Research Organisation. Students, teachers, Meals on Wheels staff, volunteers and clients were interviewed to assess the effectiveness of the program. All 22 interviewees responded that they would recommend the program to continue.</td>
</tr>
<tr>
<td>Contacts</td>
<td>Jack Pool</td>
</tr>
<tr>
<td></td>
<td>President</td>
</tr>
<tr>
<td></td>
<td>Stafford and District Meals on Wheels Service</td>
</tr>
<tr>
<td></td>
<td>Ph: 07 3556 2382</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:stafmow@bigpond.net.au">stafmow@bigpond.net.au</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cooinda Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Meals on Wheels – Social Companionship Program</td>
</tr>
<tr>
<td>Country</td>
<td>Australia</td>
</tr>
<tr>
<td>Organisation</td>
<td>Wollongong Meals on Wheels Association Inc</td>
</tr>
<tr>
<td>Description</td>
<td>Our social companionship program provides volunteer contact during mealtime, and develops opportunities for socially isolated people. It provides low cost, nutritious, culturally appropriate meals in a relaxed home or community setting. “Cooinda Connection has been developed in conjunction with and is supported by Healthy Cities Illawarra, Aged Task Force.</td>
</tr>
<tr>
<td>Contact Details</td>
<td>Wollongong Meals on Wheels</td>
</tr>
<tr>
<td></td>
<td>PO Box 13</td>
</tr>
<tr>
<td></td>
<td>Figtree NSW 2525</td>
</tr>
<tr>
<td></td>
<td>Ph: 02 4226 5869 Fax: 02 4226 5586</td>
</tr>
</tbody>
</table>
Program Name | Edmonton Meals on Wheels – Lunch Clubs
---|---
Program Type | Meals on Wheels
Location | Edmonton, Canada
Organisation | Edmonton Meals on Wheels
Link to organisation | http://www.mealsonwheelsedmonton.org
Description | Service delivers hot or cold meals, served home-style or individually packaged, for social gatherings or get togethers with friends or coworkers. Clients choose from a menu and place their order over the phone. “The lunch club I ordered for our bridge club was so lovely. Your staff was wonderful. I had no idea you could do this for us”.
Information Source | http://www.mealsonwheelsedmonton.org

Eating with Friends

Program Name | Kingborough Council Eating with Friends – ‘yspace’
---|---
Program Type | Eating with Friends – Intergenerational program
Location | Kingston, Hobart.
Organisation | Kingborough Council / Kingston High School
Link to organisation | http://agewellkingborough.com
Start date | 2008
Setting | Yspace – Kingston Youth Centre.
Funded by | Kingborough Council
Description | This trial Eating with Friends program by Kingborough Council involved students from Kingston High School preparing and serving meals for elderly people in the community. Kingston High students assist a professional chef to cook the meals at yspace, the Council’s youth centre. The students then serve the meals to elderly people who have chosen to join the program, for the cost of $10.00. Elderly community members are collected in a bus supplied by Community Transport Services Tasmania and assisted on and off by the students. The program runs Mondays fortnightly during school terms. The student involvement in this program provides positive intergenerational contact. Students learn new skills whilst enjoying the company of older people in the community and older people who may be socially isolated have an opportunity to enjoy nutritious food, build social networks and enjoy the company of younger people in the community.
Contacts | Julie Hall
Community Development
Kingborough Council
Phone: 6211 8200
### Community Meals

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Dining with Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Type</strong></td>
<td>Community Meal</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Brighton, Hobart</td>
</tr>
<tr>
<td><strong>Organisation</strong></td>
<td>St Vincent de Paul Society and Bridgewater Police</td>
</tr>
<tr>
<td><strong>Link to organisation</strong></td>
<td><a href="http://vinnies.org.au">http://vinnies.org.au</a></td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>2009</td>
</tr>
<tr>
<td><strong>Target group(s)</strong></td>
<td>General Brighton community members</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Community meal program initiated by workers at St Vincent de Paul Society and Bridgewater Police. The program runs at the Brighton Civic Centre on the first Wednesday evening of the month. Produce is donated by local businesses as well as from private and community gardens. The meal is cooked and served by a team of volunteers which includes professional cooks. Volunteers and patrons are a mix of older and younger residents. Coordinator Janelle Kava said “we wanted to do something for the over 55s, then thought ‘we can’t really turn families away’ , so we ended up with no limits on who can come – it’s a meal for the whole community.</td>
</tr>
</tbody>
</table>
| **Contacts** | Janelle Kava  
St Vincent de Paul  
Ph: 6234 4244  
Email Address: svdptas@bigpond.net.au |

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Community Meals for Older Women – Adopt a Friend – incorporating Gamblers Tales</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Type</strong></td>
<td>Community Meals</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Wangaratta, Victoria</td>
</tr>
<tr>
<td><strong>Organisation</strong></td>
<td>Wangaratta Rural City Council</td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>2005</td>
</tr>
<tr>
<td><strong>Target group(s)</strong></td>
<td>Older women at risk of becoming problem gamblers</td>
</tr>
<tr>
<td><strong>Funded by</strong></td>
<td>Wangaratta Rural City Council in partnership with the Department of Justice, the Centre for Continuing Education, Goulburn Ovens Institute of TAFE, Ovens &amp; King Community Health, North East Help, and Gamblers Help NorthEast.</td>
</tr>
</tbody>
</table>
| **Description** | This project targets the need to provide an alternative, accepting environment for women at risk of becoming problem gamblers by providing alternative social and recreational activities. The project aims to achieve the following outcomes for older women: - improved access to social and recreational pursuits - encourage and strengthen friendships - create a sense of belonging - increase community participation - provide educational materials and information - encourage gentle stretching exercises - improved social connectedness in group activities - create greater self-esteem and optimism - provide a nutritious two course meal in a social setting. Research has shown that older women and women from culturally
and linguistically diverse backgrounds primarily visit gambling venues to fill the need of being involved in an activity in an accepting environment. Through the universal ingredients of food and a shared meal in a non-threatening environment, a sense of belonging is achieved and acts as an alternative activity to gambling. The project also provides educational materials and information for local gamblers within the target groups and raises community awareness concerning the nature and extent of the issue. The community meals have been “sell-outs” and participation in the project has exceeded all expectations. The program was winner of the 2005 Australian Government *Planning for an Ageing Community* award.

|-------------------|--------------------------------------------------------------------------------------------------|
| Contacts          | Carol Hill  
|                   | Project Officer  
|                   | Rural City of Wangaratta  
|                   | Ph: 03 57 22 0888  
|                   | Email: c.hill@wangaratta.vic.gov.au |

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Lunch with the Bunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Community Meal program</td>
</tr>
<tr>
<td>Location</td>
<td>Wyndham, Victoria</td>
</tr>
<tr>
<td>Organisation</td>
<td>Wyndham City Council</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Frail aged people and people with a disability who are socially isolated.</td>
</tr>
<tr>
<td>Funded by</td>
<td>Home and Community Care and Wyndham City Council</td>
</tr>
<tr>
<td>Description</td>
<td>Lunch with the Bunch is a social support program that allows frail aged people and people with a disability who are socially isolated to meet over a meal. The aim of the program is to maximise participants’ enjoyment of life opportunities and developing new friendships and experiences. The program is part of Home and Community Care (HACC) Services provided by Council to eligible residents. The service is income assessed according to HACC fees policy. The program runs Monday to Friday for lunch at various venues throughout Wyndham. Clients pay for their own lunch but transport to and from the venue is provided free of charge. The program also runs day trips to venues within and outside Wyndham each month. Volunteers assist with transport and developing friendships with clients.</td>
</tr>
</tbody>
</table>
| Contacts           | Frances Fearn  
|                   | Aged and Disability Services  
|                   | Wyndham City Council  
|                   | (03) 9742 0874  
|                   | frances.fearn@wyndham.vic.gov.au |
**Eating Out Programs**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Café Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Eating Out Program</td>
</tr>
<tr>
<td>Location</td>
<td>City of Yarra, Melbourne, Victoria.</td>
</tr>
<tr>
<td>Organisation</td>
<td>North Yarra Community Health</td>
</tr>
<tr>
<td>Start date</td>
<td>2002</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Homeless people (or those who are at risk of becoming homeless) who find it difficult to prepare their own meals, who find that options such as council-delivered meals or cheap communal dining establishments are not suitable for them, and who have no other prepared meal options that are appropriate for them in the community.</td>
</tr>
<tr>
<td>Funded by</td>
<td>City of Yarra and the Department of Human Services</td>
</tr>
<tr>
<td>Description</td>
<td>The Café Meals Program is a collaborative program of North Yarra Community Health (NYCH) and the City of Yarra, which aims to improve access to nutritious, affordable and socially acceptable meals for homeless people or people who are unable to cook for themselves. Community workers assess clients for entry to the Café Meals program. The program provides a choice of four local cafes and restaurants for its participants. Each person is provided with a membership card that can be used once per day to purchase a meal (to the value of $8.80) for the price of $2.00 at any of the participating cafes or restaurants. Clients are reassessed every 6 months. The program empowers clients by giving them control over when, where and what they will eat. It also enables homeless people to participate in the life of the community. The program provides opportunity for social interaction with café staff, other patrons, and/or family or friends that some participants bring to dine with them.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>The Café Meals Project was evaluated by the Collaborative Institute for Research Consulting and Learning in Evaluation (CIRCLE) at RMIT University after one year of operation. The evaluation found that the project had contributed to positive nutritional and social outcomes for participants. Stakeholders felt that the project provided clients with the opportunity to increase their social interaction and promoted a social connectedness, in contrast to ‘delivered meals’ programs, which were seen to be “a socially isolating service”.</td>
</tr>
<tr>
<td>Contacts</td>
<td>Katrina Doljanin</td>
</tr>
<tr>
<td></td>
<td>Dietician North Yarra Community Health</td>
</tr>
<tr>
<td></td>
<td>Ph: 03 94113526</td>
</tr>
<tr>
<td>Program Name</td>
<td>Outings to Your Taste</td>
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<td>--------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Program Type</td>
<td>Eating Out Program</td>
</tr>
<tr>
<td>Location</td>
<td>Montreal, Canada</td>
</tr>
<tr>
<td>Organisation</td>
<td>Montreal-Centre Public Health Directorate</td>
</tr>
<tr>
<td>Link to organisation</td>
<td><a href="http://www.santemontreal.qc.ca/EN/index.html">http://www.santemontreal.qc.ca/EN/index.html</a></td>
</tr>
</tbody>
</table>

| Description | Outings to Your Taste was a pilot project for elderly Meals on Wheels elderly clients which aimed to improve their nutritional intake and to strengthen their social network, especially with peers. The project was initiated by the Montreal-Centre Public Health Directorate and developed and implemented by seniors centres in two districts. Eligibility for the program was assessed by the project coordinator based on information provided by the potential client themselves and/or by the MOW coordinator. As part of the project, clients were offered two additional home-delivered meals and are also offered the chance to eat out in a restaurant in the company of peers once every two weeks. Volunteers transported and accompanied elderly individuals on the outings to selected restaurants. In most cases volunteers personal cars were used. Once on the premises, volunteers encouraged participants to interact and establish social contacts. Throughout the project, reminders were sent to keep clients informed of future outings and encourage them to participate. |
| Evaluation | All elderly people assessed eligible for the program were asked to participate in a clientele survey. During the project 185 persons were invited to participate in at least four restaurant outings. Participants were primarily people aged 75 and older who lived alone, the majority of whom were women. A major result of the study was that the target clientele responded favourably to the invitation to participate in restaurant outings in their community. More than a quarter of clients participated in at least one third of the outings offered to them. Results indicated that people who were less satisfied with their existing social relationships participated more in the restaurant outings. |
| Contacts | Montreal-Centre Public Health Directorate, 3725 Saint-Denis Street Montréal, Québec H2X 3L9 (514) 286-6500 (514) 286-5669 |
### Program Name
Galloping Gourmets

### Program Type
Eating Out Program

### Location
Elmhurst, Central Victoria

### Organisation
Elmhurst Bush Nursing Centre

### Link to organisation
http://www.ebnc.org.au

### Start date
2008

### Target group(s)
Socially isolated elderly residents.

### Funded by
Foundation for Rural and Regional Renewal

### Description
The Galloping Gourmets program came about as a result of a survey conducted by the Elmhurst Bush Nursing Centre in Central Victoria, which found that elderly people in the district were unable to access fresh fruit and vegetables, and that they felt socially isolated. The program incorporates a monthly outing by bus to cafes, restaurants and producers’ places with a “cooking for one” program which focuses on social connectedness and healthy eating.

The outings and cooking program have enabled socially isolated elderly members of the community to interact with their peers in a social environment. Some of the participants are unable to drive, some have carers and others live in rural and remote areas and seldom get the opportunity to have an outing. In the course of the events, informal nutritional advice by health professionals has also been provided. One of the participants commented, “I didn’t realise before this program that I wasn’t eating at all properly, I couldn’t be bothered cooking for myself. Now I am eating well and feel so much better.”

### Information Source
http://www.abc.net.au/rural/content/2008/s2451185.htm

### Contacts
Susan Young
Elmhurst Bush Nursing Centre
Ph: (03) 534 8227
Fax: (03) 5354 8218
ebnc@netconnect.com.au

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### Program Name
Promoting Nutrition in Licensed Clubs: A Pilot Project

### Program Type
Eating Out Program

### Location
Canterbury-Hurlstone Park, Sydney

### Organisation
Central Sydney Area Health Promotion Unit

### Link to organisation

### Start date
2000

### Target group(s)
Elderly patrons of a Sydney RSL club bistro.

### Funded by

### Description
Licensed clubs provide a means of reaching older Australians yet few nutrition programs have utilised this setting. In April 2000, Canterbury
Hurlstone Park RSL club in central Sydney agreed to trial a three month nutrition project to improve the range of healthy and affordable food choices at the bistro, and to promote the changes to patrons. The Health Promotion Unit of Central Sydney Area Service (CSAHS) worked with catering staff to implement changes to serving and cooking practices and to increase awareness of nutrition. Rather than make overt menu changes, the working party decided to make ingredient and serving changes that would decrease saturated fat and increase fibre. The project was launched to patrons at a club Health Week and promoted at the monthly Senior Citizens’ day at the club, as well as through articles in the club magazine.

**Evaluation**

An evaluation of the project conducted by Health Promotion Unit staff found that bistro changes resulted in greater availability of high fibre foods (vegetables and fresh fruit) and less saturated fat (margarine and oil free dressings available and change to a monounsaturated cooking oil); no change in salt content or serve sizes was observed. A survey of club patrons found that 64% were aware of the bistro changes and 86% supported the bistro offering healthy choices. The evaluation concluded that licensed clubs are an important setting for providing healthy eating choices to older people. However, due to time and staffing constraints, clubs would be unlikely to independently implement and coordinate generic health promotion programs. Employing health promotion officers within licensed clubs, or involving community organisations to coordinate club health initiatives might be a more successful approach.

**Information Source**


**Contacts**

Community Nutrition Team
Level 4, Queen Mary Building
Grose St Camperdown NSW 2050
Ph: 61 2 9515 3270

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**Community Kitchens**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Frankston Community Kitchens Pilot Project</th>
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<tbody>
<tr>
<td>Program Type</td>
<td>Community Kitchen</td>
</tr>
<tr>
<td>Location</td>
<td>Frankston, Mornington Peninsula, Victoria</td>
</tr>
<tr>
<td>Organisation</td>
<td>Peninsula Health – Frankston Community Health Service</td>
</tr>
<tr>
<td>Start date</td>
<td>2004</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>The project targeted a range of demographic groups identified as “socially and economically disadvantaged residents of the City of Frankston”. Included amongst these groups was “the isolated elderly”.</td>
</tr>
<tr>
<td>Funded by</td>
<td>Department of Families, Community Services and Indigenous Affairs</td>
</tr>
</tbody>
</table>

Social Eating Programs for Older People
Description

In 2003, a dietitian from Peninsula Health’s Frankston Community Health Service was awarded a Victorian Travelling Fellowship by the Department of Human Services and Victoria Quality Council, enabling her to undertake a study tour of Canada which included researching the Community Kitchens concept. The Frankston Community Kitchens Pilot Project, the first Australian Community Kitchen, was subsequently launched in 2004, and the model is now being adopted across Victoria and Australia. The Frankston Community Kitchen Project Team supported local organisations to develop 16 Kitchens within the City of Frankston, ten of which continue to operate. A further 40 Kitchens were established around Victoria, with many more in development.

The project is based on community development principles and aims to foster personal empowerment through self-help and mutual support strategies. Community Kitchens aim to improve participants’ food security through acquiring food knowledge and skills while breaking down their social isolation. The Kitchens provide regular opportunities for groups of six to eight people to participate in planning, cooking and sharing nutritious meals together in community-based settings. The project follows the “train-the-trainer” model whereby skill development is largely based on peer education and informal learning. Each group is led by a facilitator who is either a volunteer or a paid worker within the organisation in which the Community Kitchen is based.

As with Communal Meal programs, most Frankston Kitchens eat a meal together, placing emphasis on social engagement. However, the Kitchens differ from Communal Meal programs in that participants usually prepare more than one meal together and all participants are equally responsible for meal planning, cooking and cleaning up. Key features which differentiate the Frankston Community Kitchen model from Collective Kitchens, Cooking Classes, Communal Meal programs and soup kitchens are: 1) Active participation of all group members in the planning, cooking and cleaning processes; 2) Financial contribution by all group members wherever possible; and 3) Food prepared is for consumption by participants and their family members only – food is not sold or given away. Other key features of the Frankston model are:

Ownership: Group members determine how their Kitchen runs (e.g. meeting times, recipes, group rules and whether a meal is shared together); Partnerships: Community Kitchens are based on partnerships with local organisations and businesses; Leadership: Each Community Kitchen has at least one leader (known as a facilitator) who may be a staff member of a community organisation or a volunteer, whose role is to support the running of the group; and Informal learning: Aside from training provided for facilitators, learning is informal relying on peer education.

Evaluation

The Frankston Community Kitchens Pilot Project has been evaluated at two time points: after 12 months operation in 2004, and after a further three years of operation in 2007. The twelve month evaluation was conducted internally, while the following evaluation was undertaken by an external independent evaluator. Overall the findings demonstrated the effectiveness of Community Kitchens in creating opportunities for
people to eat healthier, more affordable meals. A major outcome of the project was a perceived increase in social connectedness. One of the main findings of the Preliminary Evaluation was that participants join the Community Kitchens for a range of reasons, but the reason that participants continue in the Kitchens is the friendships they develop.

**Information Sources**


**Contacts**

Julia McCartan, Community Kitchens Project Manager
PO Box 52 Frankston 3199
Ph: (03) 9784 8582  Fax: (03) 9784 8149
e-mail: jmccartan@phcn.vic.gov.au

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**Program Name**

Bethany Community Support Community Kitchens Program

**Program Type**

Community Kitchen

**Location**

Various sites in the Geelong and Surfcoast regions, Victoria

**Organisation**

Bethany Community Support

**Link to organisation**

[www.bethany.org.au](http://www.bethany.org.au)

**Start date**

2007

**Target group(s)**

The organisation runs a number of Community Kitchens catering to various target groups including: a Busy Mums Kitchen, a Young Person’s Kitchen, a Public Tenants’ Kitchen, Young Parents’ Kitchen, and a Men’s Kitchen.

**Funded by**

United Way (Geelong) with support from the Howard Glover Trust

**Description**

The Bethany Community Support - Community Kitchens Program involves groups of people with common backgrounds, interests or dietary requirements meeting together to cook and socialise. The program encourages all members to participate in the cooking process, which involves budgeting, menu planning, shopping and cooking.

The program utilises existing community resources in Neighbourhood Houses, Community Centres, church halls, schools, sporting clubs and anywhere else there may be suitable kitchens, further enhancing the community aspect. The model involves small groups of local residents who meet regularly to pool their food funds and recipe ideas to plan and undertake shared ingredient buying, meal preparation and dining. Participants also take food home to be consumed later. This shared approach to labour costs saves both time and money, allowing members to experience delicious food and enjoyable social interaction while gaining valuable knowledge and preparation skills required to cook fresh, nutritious meals. The project also provides contact for people...
within the community who are experiencing isolation for a number of different reasons. Members can vary from young mothers, those living alone, the elderly, homeless youth, and people from different cultural backgrounds, those with disabilities, illnesses or specific dietary needs.

### Information Source


### Contacts

- Paulene Richardson
  - Community Kitchens Coordinator
  - Bethany Community Support
  - Phone: (03) 5278 8122
  - Fax: (03) 5278 6382

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### Program Name

**Yarram Community Kitchen**

### Program Type

Community Kitchen

### Location

Yarram, Victoria

### Organisation

Yarram and District Health Service

### Link to organisation


### Start date

2008

### Funded by

Volunteer donations from the community

### Description

Yarram is a small rural town in Gippsland, Victoria. The Yarram Community Kitchen runs weekly in the ballroom dancing practice room and kitchen of Yarram’s Regent Theatre.

The Yarram Community Kitchen was founded by local food and hospitality work Melissa Edwards who attended an information session in nearby Sale about how to create a community kitchen. Ms Edwards spoke to ABC reporter Kath Sullivan about the Kitchen “The whole idea is to get people out and cooking. Perhaps young mums, widowers, young people, it’s not so much a cooking class, but more a get-together. And hopefully next year when people have their own garden produce, we can have more seasonal recipes”.

The Kitchen runs entirely on the support of the community. Volunteers come together with donations of cooking utensils and food supplies. So far the Kitchen has attracted a mix of retirees and young people who enjoy the educational and social aspects of the project.

### Information Source:

[http://www.abc.net.rural/content/2008/s2450326.htm](http://www.abc.net.rural/content/2008/s2450326.htm)

### Contacts

- Jenny Feist
  - Health Promotion
  - Yarram and District Health Service
  - Ph: (03) 5182 0233
  - Fax: (03) 5182 6081

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Social Eating Programs for Older People
### Rainier Community Kitchen

**Program Name:** Rainier Community Kitchen  
**Program Type:** Community Kitchen  
**Location:** Rainier Community Centre, Seattle, United States.  
**Organisation:** Partnership between Department of Public Health Seattle-King County and Rainier Community Centre  
**Link to organisation:** [http://www.kingcounty.gov/healthservices/health.aspx](http://www.kingcounty.gov/healthservices/health.aspx)  
**Start date:** 2007  
**Description:** After receiving training from Community Kitchens in Canada, where the concept has flourished, a registered nurse with Public Health of Seattle King-County collaborated with the community centre to start a kitchen in the Rainier Valley.

The Kitchen meets once a month at the Rainier Community Centre. The cost for participation is $25 per person and most of the money is used to purchase the food. The primary focus is to have a variety of whole grains, fresh organic fruits and vegetables, meats and dairy products represented in each meal. A secondary goal of the program is prepare foods that freeze well, with each participant taking home four to six meals.


**Contacts:** Diana Vergis Vinh email: diana.vinh@kingcounty.gov

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### Gardening Programs

#### Floyd Lodge Community Garden

**Program Name:** Floyd Lodge Community Garden  
**Program Type:** Community Garden  
**Location:** Floyd Lodge – public housing estate in Williamstown Victoria  
**Organisation:** Isis Primary Care  
**Start date:** 2008  
**Target group(s):** Socially isolated elderly residents of public housing estate.  
**Funded by:** Stan Willis Trust and Western Region Health Centre with voluntary labour from pharmaceutical company Novo Nordisk  
**Description:** Isis Primary Care assisted elderly residents to set up planter boxes where they have planted herbs and vegetables, which have been used to share meals within their public housing tower. The project was set up to ease social isolation amongst residents and has about 20 regular participants, who go out each day to check on their seeds and plants.

Isis Primary Care coordinator Jo Southwell said the project has been a fabulous way to engage people who have been isolated. Each resident has their own planter box, and whilst at first they would keep to their own box, they are now sharing seeds and are having a chat and getting to know one another. Residents have also been able to cook meals from what they grow.
### Program Name
Federal Way Senior Centre Community Garden

### Program Type
Community Garden

### Location
Federal Way Senior Centre, Washington, United States

### Organisation
Federal Way Senior Centre

### Link to organisation
[www.federalwayseniorcenter.org](http://www.federalwayseniorcenter.org)

### Start date
2009

### Target group(s)
Senior citizens

### Funded by
King County Council and donations from local businesses and volunteers

### Description
This recently established Community Garden is located in the grounds of a Senior Centre. The project grew from a program in which senior citizens mentor elementary school children at the senior centre. The garden was designed by a local retiree, who then constructed it with the help of local volunteers. Dozens of local businesses also donated more than $20,000 worth of materials to the project.

The Garden is intended to serve the local community in a number of ways: Produce will be delivered to seniors in need at senior housing locations and their homes through the meals-on-wheels program; yields from its harvest will help feed the community by helping stock the shelves of the Federal Way Senior Center Community Pantry with fresh produce; the Community Garden has been and will continue to be a source of volunteer opportunities for seniors and the community as a whole, consistent with the Center’s creed to have volunteerism at the heart of its operations and activities; throughout the seasons, the garden will serve as a gathering place for would-be gardeners wanting to learn more about organic gardening; the garden will serve as the springtime after-school activity site for the Center’s Roots and Wings program that pairs senior mentors with Lakeland Elementary School children; the Garden will serve as a peaceful haven for seniors, featuring a center courtyard with benches, a fountain, and flowers where Center members and visitors can relax in the outdoors.

### Information Source

### Contacts
Nathan Brown  
Executive Director  
Federal Way Senior Centre  
fwscdirector@comcast.net
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Senior Gardening and Nutrition Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Garden Program and Nutrition Education</td>
</tr>
<tr>
<td>Location</td>
<td>Oregan, United States</td>
</tr>
<tr>
<td>Description</td>
<td>The Senior Gardening and Nutrition Project (SGNP) aims to encourage dietary behaviour change and promote psychological well-being among seniors. The intervention begins with each participant receiving a specially designed “bench-box” which allows seniors to sit while gardening. The box is filled with a rich planting mixture. Following this, participants take part in monthly nutrition education classes and gardening classes and receive twice monthly home visits to provide them with social support, as well as nutritional and gardening advice and encouragement. The nutrition education classes include dedicated time for sharing successes and brainstorming ways to help each other eat well, and each class is concluded with a tasting of a recipe from a nutrition workbook. Participants are also provided with a regular supply of seeds and seedlings donated by local merchants.</td>
</tr>
</tbody>
</table>
## Market Programs

<table>
<thead>
<tr>
<th>Program Name</th>
<th>The ‘Braystone Project’ Mobile Market Stall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Type</strong></td>
<td>Market Programs</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Maribyrnong, Victoria</td>
</tr>
<tr>
<td><strong>Organisation</strong></td>
<td>WestNet Disability Inc. with support from Maribyrnong City Council, and Western Region Community Health Centre</td>
</tr>
<tr>
<td><strong>Start date</strong></td>
<td>2002</td>
</tr>
<tr>
<td><strong>Target group(s)</strong></td>
<td>Frail elderly and other disadvantaged people in the locality who find it difficult to access fruit and vegetables</td>
</tr>
<tr>
<td><strong>Funded by</strong></td>
<td>Program grants from VicHealth and the Department of Human Services</td>
</tr>
</tbody>
</table>

**Description**

The Braystone Fruit and Vegetable Supply project was part of a cluster of five food insecurity community demonstration projects in the City of Maribyrnong. The project provided a shop and delivery service for fresh fruit and vegetables in the Melbourne suburbs of Braybrook and Maidstone. Included in this project was a mobile market stall which, as well as providing access to fresh fruit and vegetables, also provided relief from isolation and improved integration into the community, particularly for residents of high-rise flats. Fruit and vegetables were taken by van to a local school and public housing estates. Market stalls were then set up, providing a focus for social activity and interaction. For example, a social worker for older residents at Williamstown began using the Braystone market stall visit for a regular ‘Tuesday Luncheon’ attended by around 20 to 30 people. The luncheon provided a forum to share and discuss ideas about cooking and recipes.

**Evaluation**

The Braystone Project was evaluated during 2003 for Maribyrnong City Council in association with VicHealth by RMIT University’s Collaborative Insitute for Research, Consulting and Learning in Evaluation (CIRCLE). The evaluators concluded that the market stall visits to public housing estates addressed a clearly identified community need, whilst the shop-front and individual delivery components of the Braystone project appears less successful than the market stall for improving access to nutritional food for disadvantaged elderly residents and also did not appear to have the same potential to provide valuable social interaction for WestNet clients.

**Information Source**


**Contact**

Maribyrnong City Council  
Website: [www.maribyrnong.vic.gov.au](http://www.maribyrnong.vic.gov.au)
**Program Name**: Seniors Farmers’ Market Nutrition Program

**Program Type**: Market Program

**Location**: United States

**Organisation**: U.S. Department of Agriculture Food and Nutrition Service

**Link to organisation**: [http://www.fns.usda.gov/wic/SeniorFMNP/SFMNPmenu.htm](http://www.fns.usda.gov/wic/SeniorFMNP/SFMNPmenu.htm)

**Start date**: 2001

**Target group(s)**: Low-income senior residents

**Funded by**: The United States federal government awards grants to individual state agencies to fund the program.

**Description**: The Seniors Farmers’ Market Nutrition Program provides coupons for low-income seniors to buy fresh foods at farmers’ markets, roadside stands, and community supported agriculture programs. The program is designed to improve the health of seniors by providing access to fresh fruits, vegetables and herbs. Coupons are distributed once a year, at the beginning of the growing season. Some state agencies restrict the use of coupons to locally grown produce, to encourage support of their state’s farmers.

The SFMNP, reauthorized under the recently-enacted Food, Conservation, and Energy Act of 2008 (also known as the 2008 Farm Bill), is expected to serve over 900,000 low-income senior citizens this season through grants to state agencies and Indian Tribal governments. Fifty States and Tribal Organizations will receive funding in 2009.

**Information Source**: [www.frac.org/pdf/SFMNPfactsheet.PDF](http://www.frac.org/pdf/SFMNPfactsheet.PDF)


**Contacts**

Food & Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302
U.S.A.

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**Program Name**: Farmers Market Nutrition and Coupon Pilot Project (FMNCP)

**Program Type**: Market Program

**Location**: Various locations in British Columbia, Canada

**Organisation**: BC Association of Farmers’ Markets

**Link to organisation**: [http://www.bcfarmersmarket.org/](http://www.bcfarmersmarket.org/)

**Start date**: 2007

**Target group(s)**: Low-income families in British Columbia

**Funded by**: British Columbian provincial government.

**Description**: The purpose of the Farmer’s Market Nutrition and Coupon Pilot was to increase access to fresh farm products for low-income pregnant women and low income families with children; to complement existing Cooking and Skill Building programs (CSB), and to expand awareness, use of and
sales at farmers’ markets. The FMNCP provided a coupon booklet worth $15 per cooking and skill building program participant. The coupons were redeemed at farmers’ markets for fresh vegetables, fruit, dairy, meat, fish, eggs, nuts and fresh cut herbs. The Cooking and Skill Building programs provided cooking skills and nutrition education related to the purchase, storage, and preparation of vegetables, fruits and other farm fresh products.

**Evaluation**
The project was evaluated externally from June to December 2007. The evaluation found that the project had resulted in increased access to local nutritious farm products and had a positive impact on the nutritional knowledge and cooking skills of coupon recipients. Visits to farmers’ markets in the pilot communities came to be seen by project participants as part of a healthy lifestyle and a place where community members come together. Amongst the benefits noted by the program managers and participants was increased social interaction: *There’s been some very good relationships built within communities …People who are going to these programs are excited to get together... they see the other person and they share...I’ve watched them come into the stall and say “this is what I bought last week and this is what I did with it”.*

**Information Source**
http://www.bcfarmersmarket.org/ind/fmncp.htm


**Contacts**
Paula Luther  
Project Manager  
BCAFM Coupon Project  
bcafmcoupon@gmail.com  
(604) 254-4512

### Nutrition Education Programs

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Evergreen Action Nutrition Program – Food Workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Type</strong></td>
<td>Nutrition Education</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Guelph, Ontario</td>
</tr>
<tr>
<td><strong>Organisation</strong></td>
<td>Evergreen Seniors Centre</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>These food workshops are part of the Evergreen Action Nutrition program provided at an older adults’ recreation centre in Guelph, Ontario. The food workshops are designed on the premise that older adults are motivated to participate in nutrition education if the program links nutrition information to their health and it includes opportunities for social interaction. During a workshop participants watch a menu (five or more recipes During a workshop, participants watch a menu (five or more recipes) being prepared, taste food products, and participate in discussion on the food products, their nutritional value, and preparation and storage techniques. They receive two handouts, one with recipes and the other pertinent nutrition and cooking information, or tips. Workshops last</td>
</tr>
</tbody>
</table>
approximately two hours and are intentionally scheduled over the noon hour to provide a light meal. To encourage social interaction, workshops are limited to 15 participants seated in an horseshoe shape to promote optimal interaction. Participants are encouraged to share their stories and experiences with different foods used in the food workshop. In the first year of programming, single session food workshops were offered once a month. In the second year, this was increased to twice a month for ten months of the year. In the third year of programming two sets of three month “series” were also added.

| Evaluation | A process evaluation was conducted throughout the three years of the program, with the focus on how the workshops could be adjusted for improvement. Focus group participants reported increased self-efficacy, encouragement, and support from both the nutrition educator and their fellow participants. Those who were frequent attendees saw the workshop as a valued social experience. Participants enjoyed the interactive nature of the workshops; trying new foods, asking questions, receiving handouts, and talking about nutrition and practical cooking information were identified as essential aspects. They enjoyed the group setting because it allowed the sharing of stories and experiences with other participants about food and cooking. When asked what the “elements of success” for a workshop were, the participants stated: relevant information; interactive format; social experience; consistent, high quality education; and, small group size (less than 10 participants). |

| Program Name | Evergreen Action Nutrition Program – Men’s Cooking Group |
| Program Type | Nutrition Education |
| Location | Guelph, Ontario |
| Organisation | Evergreen Seniors Centre |
| Start date | 2000 |
| Target group(s) | Male members of Evergreen Seniors Centre |
| Funded by | |
| Description | As part of Evergreen Action Nutrition, a community organized nutrition education program, a registered dietician led a Men’s Cooking Group in a seniors’ recreation facility. The group was open to all men who belonged to the Evergreen Seniors Centre, targeting both single and married senior men. By the end of the first year of its operation, interest in the group was enough to establish a second men’s cooking group. The number of men attending each month fluctuated, as it was a “pay as you go” system to allow for flexibility and the continual acceptance of new members. Men involved in the groups met once a month at the Seniors Centre to prepare and consume a meal. The objectives of the Mens Cooking Group were to: increase confidence to cook, read recipes and put food together as a meal; increase pleasure |
from preparing and eating food made from scratch; increase cooking meals from scratch made at home; improve attitudes about preparing meals for self and others; gain pleasure and satisfaction with producing something while at the group; improve long-term food intake and general well-being.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Written questionnaires were completed by most participants (n=19) at the beginning and end of the evaluation year (2001/2002), and ten men participated in personal key informant interviews. The majority of participants gained cooking confidence, increased their cooking activities at home, developed healthy cooking skills, and improved cooking variety through the program. The men also identified social benefits to the program.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Teaching Men to Cook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Nutrition /Cooking Education</td>
</tr>
<tr>
<td>Location</td>
<td>Roma, Queensland</td>
</tr>
<tr>
<td>Organisation</td>
<td>Australian Red Cross</td>
</tr>
<tr>
<td>Start date</td>
<td>2007</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Socially isolated older males in the Roma region.</td>
</tr>
<tr>
<td>Funded by</td>
<td>Foundation for Rural and Regional Renewal</td>
</tr>
<tr>
<td>Description</td>
<td>As well as providing participants with basic cooking skills, the aim of these cooking classes for men was to reduce social isolation amongst the participants. The classes were run over a five week period and conducted by a community nutritionist. Participants were mostly retired (aged 50 to 80 plus), former farmers, road workers and miners, most of whom lived alone or in aged care. One participant said that most participants came along, “to see how the other half cooked and they want something to do, they’re a bit lonely”. The lessons became a springboard for the formation of the Roma Older Men’s Network.</td>
</tr>
</tbody>
</table>

| Information Source | [http://www.abc.net.au/rural/content2008/s2408987.htm](http://www.abc.net.au/rural/content2008/s2408987.htm) |

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cooking for One or Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Nutrition Education / Cooking</td>
</tr>
<tr>
<td>Location</td>
<td>Various sites across Australia</td>
</tr>
<tr>
<td>Organisation</td>
<td>Nutrition Australia</td>
</tr>
<tr>
<td>Link to organisation</td>
<td><a href="http://www.nutritionaustralia.org">http://www.nutritionaustralia.org</a></td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Men and women over 50</td>
</tr>
<tr>
<td>Funded by</td>
<td>Department of Veterans Affairs and Nutrition Australia</td>
</tr>
<tr>
<td>Description</td>
<td>The Cooking for One or Two program is an interactive six week cooking program designed for men and women over 50 who have never cooked before, or would like assistance in reducing portion sizes. The program aims to give participants practice in preparing quick and easy meals. The sessions also offer the opportunity to improve nutrition knowledge and meet new people. Each session runs for two to three hours with 8-10 participants.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cooking Small, Eating Well Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Nutrition/ Cooking Education</td>
</tr>
<tr>
<td>Location</td>
<td>Hawthorn, Victoria</td>
</tr>
<tr>
<td>Organisation</td>
<td>Hawthorn Community Education Centre</td>
</tr>
<tr>
<td>Link to organisation</td>
<td><a href="http://www.hced.edu.au">http://www.hced.edu.au</a></td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Elderly residents in the Hawthorn area</td>
</tr>
<tr>
<td>Funded by</td>
<td>Home and Community Care</td>
</tr>
<tr>
<td>Description</td>
<td>The Cooking Small, Eating Well program is a flexible demonstration-based healthy eating and cooking program. It aims to encourage and motivate older people to eat well and maintain their health and independence by building their skills and knowledge in nutrition and cooking or just giving new ideas. The program specifically focuses on the preparation of quick, easy and nutritious meals for people who are cooking for one or two. The sessions are offered as a one-off or in a series and can be adapted to the needs of individual groups. The sessions include a range of topics such as healthy eating, menu planning and food safety. The sessions are usually two hours in duration with a maximum number of 15 participants, and include a taste test of meals prepared. Bachelor Survival is a version of the program which is designed specifically for men, to encourage their confidence in the kitchen.</td>
</tr>
<tr>
<td>Contacts</td>
<td>Tracy Higgins</td>
</tr>
<tr>
<td></td>
<td>Hawthorn Community Education Centre</td>
</tr>
<tr>
<td></td>
<td>Ph: (03) 9819 5758</td>
</tr>
<tr>
<td></td>
<td>Fax: (03) 9819 5102</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:contact@hcec.edu.au">contact@hcec.edu.au</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Well for Life: Exercise and Nutrition Classes for Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Nutrition Education</td>
</tr>
<tr>
<td>Location</td>
<td>Knox, Victoria</td>
</tr>
<tr>
<td>Organisation</td>
<td>Knox Community Health and Knox Community Volunteers</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Elderly, frail and disabled residents of the Knox area</td>
</tr>
<tr>
<td>Funded by</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Description</td>
<td>This program provided weekly nutrition and exercise classes for elderly, frail and disabled residents. The program consisted of 30-45 minute chair based exercises led by a trained fitness instructor. There were 8-10 clients in each session. After the session clients ate a nutritious lunch which was prepared by volunteers whilst clients did the exercises. Recipes were given to the clients to take home.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>The program was evaluated by project staff. All clients were assessed at the beginning and at the end of the program. A DVD/Video was produced on how clients improved in their walking and in their preparation of meals.</td>
</tr>
</tbody>
</table>
## Host Home Programs

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Kalimera – Host Home Respite for Greek People with Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Host home model</td>
</tr>
<tr>
<td>Location</td>
<td>Bentleigh East, Melbourne</td>
</tr>
<tr>
<td>Organisation</td>
<td>Partnership between Commonwealth Carer Respite Centre, the Flexible Respite Program and Fonditha Care</td>
</tr>
<tr>
<td>Start date</td>
<td>2004</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>persons of Greek speaking background, who experience dementia, live at home with the support of a carer, are low level care and mobile and who reside in Southern Metropolitan areas of Melbourne.</td>
</tr>
<tr>
<td>Funded by</td>
<td>Commonwealth Carer Respite Centre, the Flexible Respite Program and Fonditha Care.</td>
</tr>
</tbody>
</table>

**Description**

The Host Home model of respite care is most easily described as being based on the family day care model. Respite is provided in the home environment of the personal care workers own home. Groups of 4 to 6 participants attend the service for a period of up to 6 hours once a week. A feature of the model is that each host home has its own group identity, whether it be a men’s group, a women’s group or as this case, a Greek specific group. The Kalimera Host Home program was Australia’s first ethno-specific host home program (Kalimera being the Greek word for ‘welcome’). Activities included: singing and listening to traditional Greek music, reminiscing, bingo, chess, cards, reading from the Greek newspaper and Greek magazines, and drinking Greek coffee while partaking in these activities. The quality of the home cooked meals is a key feature of the program. The client assessment process drew out the likes/dislikes of each individual regarding diet and foods of preference. Traditional Greek food was freshly cooked and served at each session for the midday meal. A worker involved in the development of the program observed, “there was something special about sharing that meal together – a sense of belonging, a sense of tradition, a sense of enrichment and a sense of ‘family’.”

**Information Source**


| Contacts | Sue Leake  
|----------|--------------------------------------------------|
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<table>
<thead>
<tr>
<th>Program Name</th>
<th>Home Host Day Respite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Host Home program</td>
</tr>
<tr>
<td>Location</td>
<td>Northern NSW and Gold Coast, QLD</td>
</tr>
<tr>
<td>Organisation</td>
<td>Feros Care</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Seniors who require assistance with daily living and whose main carer is a working family member or friend.</td>
</tr>
<tr>
<td>Funded by</td>
<td>Commonwealth Government National Respite for Carers Program, Employed Carers Initiative</td>
</tr>
<tr>
<td>Description</td>
<td>Home Host provides flexible long-day respite to groups of frail or aged individuals in the home of a qualified care-worker. The service seeks to create an intimate, home-like and reassuring environment for an average of 3 to 4 participants per home. Each home has its own identity and care is taken to place care-recipients according to related interests and experiences. Daily programs and activities are designed to respond to group needs with an emphasis on wellness and lifestyle enhancement and maintenance. Each home operates between 3 to 4 days per week and provides up to 10 hours of respite per day. There are allowances for variable start and finish times and full or part day use. Respite homes are viewed by participants as regular ‘get-together with friends’. Morning and afternoon tea are provided, but carers are asked to pack lunches for the day. The program includes special home meal days where recipients help to prepare a lunch time feast or special treat, as well as regular outings to luncheons and community events. The standard daily contribution for the service is $25 per day for 10 hours of care. Part day payments are charged at $5 per hour. Allowances and subsidies are available for those families who are financially or socially disadvantaged.</td>
</tr>
<tr>
<td>Contacts</td>
<td>Feros Respite Care Team</td>
</tr>
<tr>
<td></td>
<td>PO Box 99</td>
</tr>
<tr>
<td></td>
<td>Potsville Beach NSW 2489</td>
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<td>Ph: 1300 763 583</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Program Name</th>
<th>Warm Home Program for the Elderly</th>
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</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Host home program</td>
</tr>
<tr>
<td>Location</td>
<td>Israel</td>
</tr>
<tr>
<td>Organisation</td>
<td>ESHEL – The Association for the Planning and Development of Services for the Aged in Israel in cooperation with Ministry of Social Affairs, associations for the aged and local authorities.</td>
</tr>
<tr>
<td>Target group(s)</td>
<td>Elderly immigrants to Israel who do not attend more traditional services such as senior clubs or day care centres. Most participants have been immigrants from the former Soviet Union, however the program has also been expanded to elderly immigrants from Ethiopia, South America and the Caucasus.</td>
</tr>
<tr>
<td>Funded by</td>
<td>ESHEL – The Association for the Planning and Development of Services for the Aged in Israel and some local authorities.</td>
</tr>
<tr>
<td>Description</td>
<td>A “warm home” consists of an elderly couple or individual who host other elderly people in their home. The goal of the program is to provide social support to elderly people who for various reasons have not found a place in other community frameworks. In its current form, the program primarily assists elderly immigrants living in the community, and was designed specifically for elderly immigrants who tend to prefer intimate and homogenous groups that enable them to preserve their culture of origin. The group meets once or twice a week, usually in the afternoon for an average of two and a half hours. Participation is free. The content of the meetings is determined by consensus among the participants, some of whom also help to organize informal activities.</td>
</tr>
</tbody>
</table>
Activities include lectures or conversation on topics of interest (e.g. cinema or music), celebrating holidays and birthdays, going out together and playing social games. Refreshments were an integral part of the program.

**Evaluation**

An evaluation was conducted among 46 warm homes which were active at the end of 2003. The study included an analysis of administrative data on 564 participants and on the activities at all 46 of the warm homes in the study. The evaluators conducted semi-open interviews with welfare and other staff in contact with the program as well as telephone interviews using closed questionnaires with 86 randomly selected participants, and 17 hosts. The findings indicated that a notable portion of the participants had a limited informal social network, and the main reasons for joining the program were social. Participants reported being very satisfied (80%) or satisfied (17%) with the program. The program’s main contribution to the participants was that it enabled them to meet new people, made them feel like they belonged in the community, and helped them overcome their loneliness. For those who had very weak social support networks, the program was also found to contribute to increased self-confidence.

**Information Source**


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### Church-based Programs

**Program Name**  
Body and Soul

**Program Type**  
Church-based wellness program

**Location**  
Sites across the United States

**Organisation**  
National Cancer Institute and the American Cancer Society, University of North Carolina and Emory University.

**Link to organisation**  
[www.bodyandsoulnih.gov](http://www.bodyandsoulnih.gov)

**Start date**  
2004

**Target group(s)**  
African American church members whose intake of fruit and vegetables is inadequate.

**Funded by**  
American Cancer Society

**Description**  
Body and Soul is a dietary intervention among African American church members. Churches were selected as a focus for the intervention because of their importance within African American communities as a resource for spiritual guidance and social-emotional and tangible support. In addition, churches provide an opportunity to reach a large number of community members for health-promotion activities. The program was devised from two previous dietary interventions—Black Churches United for Better Health (BCUBH) and Eat For Life (EFL). BCUBH had a strong environmental component (e.g. increasing availability of fruit and vegetables at church functions) whilst the EFL intervention targeted individual level change. The Body and Soul program included: churchwide events, pastor support, policy change, self-help print and video materials, and motivational interviewing (MI) conducted by trained volunteer advisors (VAs). Church-wide activities.
were considered an essential element of the program and included:
having a Body & Soul Sunday, serving fruits and vegetables after services
and at church programs, sponsoring food demonstrations and taste
tests, organizing farmers market and/or supermarket tours, inviting
speakers from local agencies, and having messages (e.g., sermons) from
the pastor.

**Evaluation**

| Sixteen predominantly African American churches from Delaware, Virginia, Georgia, North Carolina, South Carolina, and California were recruited to participate in the Body & Soul effectiveness trial. At 6-month follow-up, intervention participants showed a significant ($p < .05$) net increase in F&V intake relative to controls as well as a significant decrease in fat intake, greater intrinsic motivation to eat F&V, and greater social support and self-efficacy for eating F&V. A process evaluation found that receiving educational self-help materials and attending churchwide activities and events, had a significant impact on promoting the desired behavioural outcomes. |

**Information Source**


References


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Positive Outcomes in Older Persons. C. Shanley and Roberts. Sydney, University of Sydney: 179-182.
University Department of Rural Health (2007). Healthy Eating for Healthy Ageing in Rural Tasmania: Final Report, June 2007. Launceston, University Department of Rural Health, University of Tasmania.