

Lessons Learned Adapting and Implementing Another Organization's Program to Promote Healthy Aging

Erin Jewell

Theresa Serio

Karen Basinger

Jennifer Dixon Cravens

Lisa McCoy

See next page for additional authors

Follow this and additional works at: <https://scholarsjunction.msstate.edu/jhse>



Part of the [Education Commons](#), [Life Sciences Commons](#), [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Lessons Learned Adapting and Implementing Another Organization's Program to Promote Healthy Aging

Authors

Erin Jewell, Theresa Serio, Karen Basinger, Jennifer Dixon Cravens, Lisa McCoy, Mona Habibi, and Shauna C. Henley

Lessons Learned Adapting and Implementing Another Organization's Program to Promote Healthy Aging

Erin Jewell

Theresa Serio

Karen Basinger

Jennifer Dixon Cravens

Lisa McCoy

Mona Habibi

Shauna C. Henley

University of Maryland Extension

Programming which promotes healthy aging may be lacking in states where nutrition and health interventions are directed earlier in life. Due to Maryland's increasing aging population, a team of 10 University of Maryland Extension Family and Consumer Sciences educators received permission to adapt and implement the Iowa Department of Public Health's, in partnership with the Iowa Department of Human Services and Department on Aging, Fresh Conversations program to fit the needs of Maryland's older adults. The purpose of this manuscript is not to discuss research findings but rather to share our challenges, successes, and recommendations for adapting and implementing another state's multi-session program to meet the needs of individual states' communities. Specifically, we discovered communicating with partnering sites, offering food tastings, accommodating various food cultures/traditions, following the original program design, and efficiently collecting data or programmatic form responses needed careful consideration. Despite the challenges we encountered, we expanded our national and state partnerships; reached 2,836 educational contacts across the state; and developed a detailed planning, implementation, and evaluation protocol and training, which is being used as a template for other statewide program efforts.

Keywords: Older adults, nutrition education, program planning and evaluation, adapting and implementing, lessons learned, college/community partnerships, Extension, chronic diseases

Introduction

Maintaining a healthy lifestyle is important to preserving our independence as we age. Older adults (OA) can be overlooked, as many nutrition and health education programs seek to intervene earlier in life. Maryland OAs are obese (31%), inactive (30%), have multiple chronic conditions (40%), and are at risk of social isolation (ranked 24th in the United States; United

Health Foundation, 2019). With Maryland's 60 and over population projected to increase by 40% from 2015 to 2030, the Maryland Department of Aging's (MDoA's) 2017-2020 Plan on Aging states:

To effectively reduce hospitalizations and nursing home institutionalization, significant efforts must be directed towards health promotion to keep Marylanders active and healthy... Reducing and managing chronic disease, encouraging healthy eating, and promoting regular exercise are just some of the changes necessary (Maryland Department of Aging, 2016, p. 4).

Fresh Conversations (FC), a research-tested, evidence-based direct and multi-session SNAP-Ed nutrition education program developed by the Iowa Department of Public Health in partnership with the Iowa Department of Health and Human Services and Department on Aging, was found to improve the nutritional status of OA who attended a minimum of four sessions (Boudreau, 2022; Iowa Department of Health and Human Services, n.d.; Lillehoj et al., 2018). MDoA approached University of Maryland Extension (UME) Family and Consumer Sciences (FCS) educators about adapting and offering FC to support healthy aging for Maryland's OA. University of Maryland Extension FCS educators are practical partners because we provide non-traditional and evidence-based education to meet the needs of vulnerable and/or underserved populations. In 2019, our team of 10 educators offered FC across 19 counties at 44 sites catering to OA. We facilitated 60-minute interactive sessions involving group discussions, hands-on activities, sampling low-cost healthy recipes, and goal setting. We received University of Maryland Institutional Review Board approval (1397895-1) to collect data from consenting individuals. Participants could also opt out of the research component and still participate in the program. The purpose of this manuscript is not to discuss research findings but rather to share our challenges and successes, leading to recommendations for adapting and implementing another state's program to meet the needs of Maryland's OA.

Challenges

We faced a variety of communication challenges at partnering sites, which may have affected program attendance. Five sites experienced site director turnover, which led to lower participation due to the interim directors' reduced advocacy of the program. When scheduling, educators were unaware of other concurrent events scheduled onsite, which competed for attendance. In addition, site staff did not always express when clientele required tailored support due to learning challenges or language barriers. Without adequate notice, we were unable to provide the necessary accommodations. At one site, staff support enabled those with learning disabilities to participate in the program, but they were excluded from the research.

When offering FC tasting activities, our team faced challenges in understanding and implementing variations among local food safety regulations. Counties/cities differed on requiring temporary food permits, food safety certification, and food preparation within a

certified kitchen. Some educators had to set up temporary food preparation spaces or renew their certified food manager certifications. Stricter regulations prevented others from offering tastings altogether. Inconsistencies among our team may have affected the research because not all participants received the same program experience.

Other adaptation challenges included consideration of participants' food culture. Racially, 90% of Iowa's residents identified as white, compared to 55% of Maryland residents (United States Census Bureau, 2019). Maryland's more racially diverse audiences were not always receptive or willing to prepare recipes that included unfamiliar ingredients (e.g., soy and almond milk) or cultural food taboos (e.g., mixing fish and beans). We faced challenges in deciding whether to make adaptations that fit cultural preferences or encourage trying new recipes.

Other obstacles included conducting individual sessions in accordance with the original program design. Sessions were intended to be offered monthly for 30-45 minutes. We discovered it took at least 60 minutes to cover all content and activities, encourage discussion, and assist participants with the evaluations or programmatic forms. Some educators were unable to schedule monthly sessions at their partnering sites, which created statewide inconsistencies. Educators who offered sessions monthly found participants did not always remember what was discussed the previous month or follow the health behavior change goal they set.

We encountered barriers when designing a plan for collecting evaluation and programmatic form responses. Our team and MDoA felt that the length of the original evaluation survey, participants' varying cognitive abilities, and limited time to complete surveys would result in reduced evaluation completion. Therefore, we received permission to shorten the evaluation from 102 to 41 questions. Collecting and handling research data at multiple sites also required assigning and maintaining coding sheets to protect participants' identities. Because participants could opt out of the study but still participate in the program, it was imperative that educators administered research or programmatic materials to the correct individuals. We realized early in the planning process that it would be challenging to efficiently implement a research study and program plan considering all of these factors.

Successes

These challenges provided valuable lessons and successes as our team built upon this pilot year and provided other evidence-based programming for MDoA. This effort increased our national partnerships and fostered a statewide collaboration between Maryland, the University of Maryland Extension, and local sites catering to OA. We are continuing this partnership and expanding the program delivery method by training site volunteers to implement FC. We reached 2,836 educational contacts and observed that participants enjoyed meeting to discuss relevant topics and taste new recipes. We updated our FCS food safety certification requirements for statewide consistency and to promote safe practices in future programming. To ensure consistent administration of research and program materials to the appropriate participants, our project

leader developed a detailed planning, implementation, and evaluation protocol and provided training to the educators. Our state utilizes this detailed protocol as a template for other statewide programs.

Lessons Learned

Despite the challenges outlined above, our team of 10 educators who planned and implemented the program had their own list of program recommendations. Once the program was completed, the team met and had a facilitated discussion and reached a consensus on recommendations. They adapted and gained valuable insight on how to offer FC and other organizations' program(s) within Maryland. For those considering another organization's program(s) for their communities, please see our recommendations summarized in Table 1.

Table 1. A Summary of Recommendations When Adapting and Implementing Other Organization's Program(s) for Local Communities

Completion Status	Recommendations
Communicating with Partnering Sites	
□	Request an additional point of contact or team at the site in case of turnover and to increase program advocacy.
□	Ask about potential schedule conflicts which might affect attendance and schedule around these.
□	Convey clear expectations regarding requests for reasonable accommodations. Ask staff to encourage participants to make these requests within the appropriate time frame.
□	Directly ask if clientele need additional support due to learning challenges. Assess whether the program curriculum or participation in research components is appropriate for these audiences.
Offering Food Tastings	
□	Become familiar with county/city food safety regulations in advance, and decide how statewide inconsistencies may affect research being conducted and the participants' experience.
□	If not already built in, consider alternative activities and how this might affect research being conducted and the integrity of the program.
□	Consider having all educators participate in food safety training and certification when a curriculum contains a demonstration or tasting activity to promote the safety of participants, especially vulnerable audiences.

Completion Status	Recommendations
<p>Accommodating Food Cultures</p> <ul style="list-style-type: none"> <li data-bbox="332 331 808 436">☐ Know your area’s racial and ethnic breakdown, and research culturally equivalent substitutions or adaptations to increase receptivity and willingness to try new recipes. <li data-bbox="332 457 808 541">☐ Reach out to respected leaders within cultural pockets of the community to learn how to encourage trying new recipes. 	
<p>Following the Original Program Design</p> <ul style="list-style-type: none"> <li data-bbox="332 619 808 724">☐ Build in extra time to accommodate group discussions, activities, or survey/form completion, which may extend the program past its intended time frame. <li data-bbox="332 745 808 787">☐ Determine whether the original program frequency is appropriate for clientele. <li data-bbox="332 808 808 955">☐ Brainstorm creative ways which help participants remember past content and encourage commitment to their health behavior change goal, especially if sessions are spaced weeks apart. For example, give out incentives or build in time for participants to share their experiences. 	
<p>Collecting Data or Programmatic Form Responses</p> <ul style="list-style-type: none"> <li data-bbox="332 1033 808 1096">☐ Determine if the length of the evaluation survey and the time allotted to take the survey are appropriate for audiences. <li data-bbox="332 1117 808 1264">☐ Create a detailed protocol and train educators to ensure efficient, appropriate handling of data. Include instructions for program participants who are not participating in the research component so that evaluations and programmatic forms are appropriately distributed to the correct individuals. 	

Conclusion

If a group plans to replicate another organization’s program, adaptations may be needed to meet a new target audience’s needs. The authors hope the recommendations can help identify where adaptations may be considered. Each educator and respective organization learned a lot through adapting Fresh Conversations from Iowa to Maryland’s implementation, which has allowed the program to continue and expand since 2019.

References

Boudreau, H. (2022, April 19). Fresh Conversations: More than just a program about nutrition and physical activity. *United States Department of Agriculture SNAP-Ed Connection*. <https://snaped.fns.usda.gov/success-stories/fresh-conversations-more-just-program-about-nutrition-and-physical-activity>

Iowa Department of Health and Human Services. (n.d.). *Fresh Conversations*.

<https://hhs.iowa.gov/inn/fresh-conversations>

Lillehoj, C. J., Yap, L., Montgomery, D., Shelley, M., & Francis, S. L. (2018). Nutritional risk among congregate meal site participants: Benefits of a SNAP-Ed program. *Journal of Nutrition in Gerontology and Geriatrics*, 37(3-4), 204–217.

<https://doi.org/10.1080/21551197.2018.1516592>

Maryland Department of Aging. (2016). *2017-2020 state plan on aging*.

https://aging.maryland.gov/Documents/MDStatePlan2017_2020Dated092216.pdf

United Health Foundation. (2019). *America's health rankings: Maryland (2019 senior report)*.

https://www.americashealthrankings.org/explore/senior/measure/outcomes_sr_2/state/MD?edition-year=2019

United States Census Bureau. (2019). *2019 American Community Survey single-year estimates*.

<https://www.census.gov/newsroom/press-kits/2020/acs-1year.html>

Erin Jewell, MS, RDN, LDN, is a Healthy Living Educator with University of Maryland Extension (erinj@umd.edu). Her work emphasizes nutrition, healthy living, food safety, combating chronic diseases, and innovative approaches to health and wellness.

Theresa Serio, MA, is a Principal Agent Associate and Food Supplement Nutrition Education Educator with University of Maryland Extension (tserio@umd.edu). Her work emphasis is nutrition education, focusing on low-income, underserved populations and nutrition education, food safety, food preservation, and health literacy for the general population.

Karen Basinger, MS CFCS, LDN, is an Agent Associate with University of Maryland Extension (kbasinge@umd.edu). Her work emphasis is community nutrition, food preservation and safety, health and wellness, chronic disease and management, food entrepreneur, and Annie's Project.

Jennifer Dixon Cravens, MS, is an Agent Associate with University of Maryland Extension (jdixoncr@umd.edu). Her work emphasizes Community nutrition, health, wellness, food safety, chronic disease management and prevention, health literacy, and food and water insecurity.

Lisa McCoy, MS, RDN, is a Senior Agent with University of Maryland Extension (lmccoy@umd.edu). Her areas of education focus on healthy living, which includes chronic disease prevention and management, nutrition, obesity and wellness, mindfulness, health literacy, food safety and preservation, healthy homes, and environmental quality.

Mona Habibi, Ph.D., is an Agent with University of Maryland Extension (mhabibi@umd.edu). Her work emphasis is on community nutrition. She teaches in the area of nutrition, food safety, health, and physical activity. Dr. Habibi is the Principal Investigator on this project.

Shauna C. Henley, Ph.D., is a Senior Agent and Affiliate Agent in the Department of Nutrition and Food Science, University of Maryland Extension, and University of Maryland, College Park.

Her work focuses on food safety from farm-to-fork and nutrition education. Correspondence concerning this article should be addressed to Dr. Shauna C. Henley, 1114 Shawan Rd, Ste. 2, Cockeysville, MD 21030. Phone Number: 410-887-8090. Email: shenley@umd.edu

Acknowledgments

This project was funded through University of Maryland Extension, Family and Consumer Sciences, and Healthy Living project funds. We have no known conflict of interest to disclose.

We wish to acknowledge the Iowa Department of Public Health, in partnership with the Iowa Department of Human Services and Department on Aging, for granting us permission to adapt and implement their program, Fresh Conversations. We would also like to thank the Maryland Department of Aging and local sites catering to older adults for collaborating with UME on this effort and to all those who participated in this program.