

| 2023 Survey Findings

# How Older Adults Want to Receive Nutrition Information to Stay Strong and Healthy



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## Introduction

Preventing, detecting, and treating malnutrition is a priority of Alberta Health Services (AHS), Nutrition and Food Services (NFS). The NFS Malnutrition Strategy aims to shift AHS into a position where malnutrition care is an organizational priority across the spectrum of care, including community, primary care, home care, supporting living, and long-term care. Older adults, especially those who live alone in the community, are at higher risk for malnutrition<sup>1</sup>. The Canadian Malnutrition Taskforce (CMTF) developed primary care pathways to support community-dwelling older adults (aged 65+). Some Alberta Primary Care Networks and community organizations implemented or are planning to implement the CMTF pathways to support older adults (aged 65+). A standard practice after screening involves providing resources (e.g., healthy diet factsheets, trusted websites). Nutrition Services has a virtual class called, “Staying Strong and Healthy as We Age”. A low attendance rate for this class prompted us to explore preferences for receiving and learning about nutrition to stay strong and healthy for ageing. This exploration represents a unique inquiry into post-pandemic contexts in Alberta, recognizing the potential shifts in familiarity with online resources and virtual platforms compared to the pre-pandemic era. This project aimed to understand the preferences of older adults in Alberta regarding how they want to learn about and receive nutrition information to stay strong, healthy, and age well.

## Methods

From September 2023 to October 31st, 2023, an online voluntary survey was conducted to determine how older adults in Alberta would like to receive information and learn about nutrition to stay strong and healthy. The survey included a mixture of closed and open-ended questions (Appendix A). Respondents were guided through tailored questions based on their previous responses, using survey branching logic. A draft of the survey questions was developed by a Master of Public Health Student with feedback from AHS registered dietitians (RDs). It underwent testing with older adults at a seniors’ centre in Central Alberta in June

## 2023 Survey Findings

### How Older Adults Want to Receive Nutrition Information

2023. A RD facilitated participation by providing older adults with paper copies. The respondents were encouraged to answer the questions and provide feedback on the wording and flow, and clarify anything confusing. Feedback from older adults, AHS RDs who support provincial older adult projects and the RD who administered the questions was incorporated, producing a refined survey that was later re-tested at the same seniors' centre. Approximately thirty older adults participated in the two rounds of survey testing before a final version was ready. According to the [A Project Ethics Community Consensus Initiative \(ARECCI\) Ethics Screening Tool](#), ethics review was not required.

The survey was available through Research Electronic Data Capture (REDCap). Paper surveys were also available upon request. The goal of our sampling was to survey as many community-dwelling older adults (age 65+) in Alberta as possible. The survey was disseminated using a poster and QR code (Appendix B) through the [Healthy Ageing CORE Alberta](#) website and newsletter, community partner agencies' social media channels and newsletters, the [AHS Together4Health](#) engagement platform, the AHS Interchange newsletter, the Alberta College of Pharmacists newsletter, and newsletters distributed by Public Health dietitians and Primary Care Networks. Partners were encouraged to distribute the poster widely and display the poster within their facilities to ensure visibility among older adults.

Open text qualitative responses were analyzed using qualitative methods by two AHS public health dietitians. Both inductive and deductive approaches were used to theme responses. An initial codebook was developed, based on study objectives and the short-answer questions asked, along with an initial review of all qualitative data. Open codes were developed independently by two dietitians upon subsequent reviews of the data. Discrepancies between coding were discussed and consensus was reached in the codebook.

Codes were refined and categorized, then grouped under higher order headings. Axial coding was used to examine relationships between concepts to elucidate how findings reflect a broader context. The study team discussed discrepancies in interpretation at each step of analysis to achieve consensus.

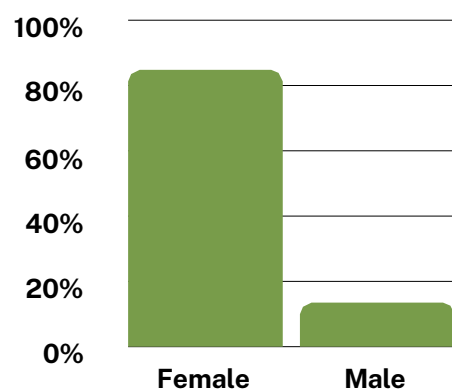
## Results

### Survey Respondent Profile

A total of 350 surveys were initiated, including 75 paper surveys and 275 online surveys. Ninety-nine percent (n=345) were complete and there were 5 incomplete surveys.

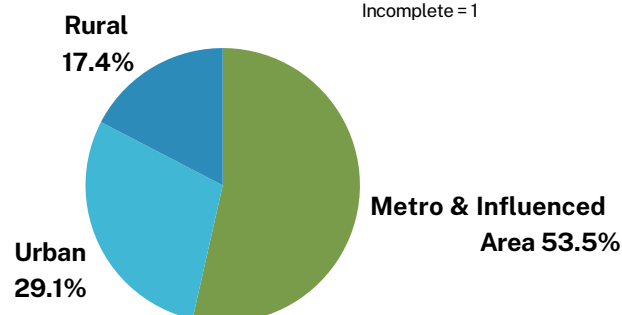
#### Gender

N= 344  
Prefer not to say = 6



#### Geography

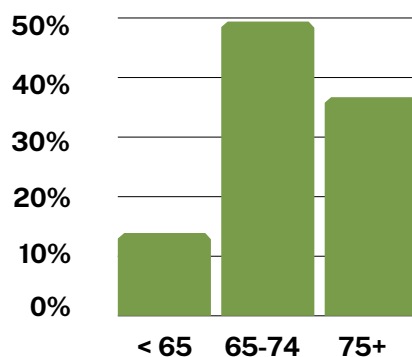
N= 344  
Prefer not to say = 5  
Incomplete = 1



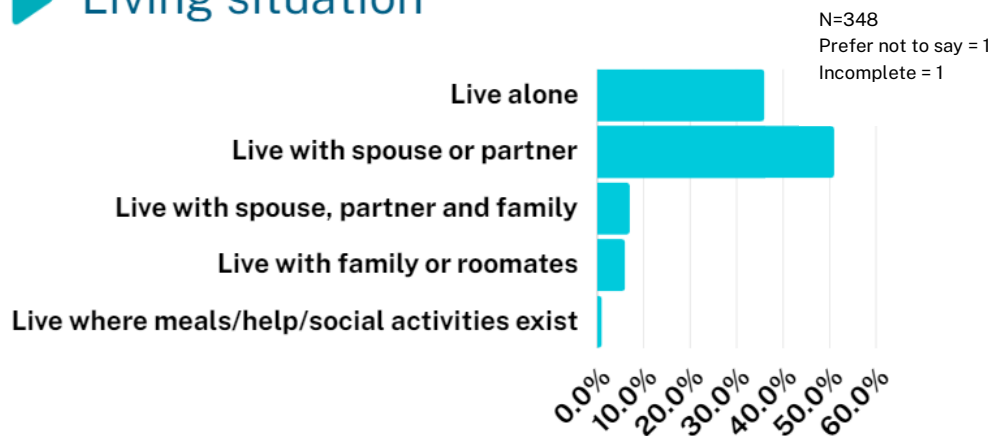
Metro Centre: population > 500,000  
Metro Influenced Area: Commuter Communities  
Urban: populations 25,000-500,000  
Rural: population <25,000  
Source: Official Standard Geographic Areas,  
Alberta Health Services & Alberta Health

#### Age

N= 346  
Prefer not to say = 4



## ► Living situation

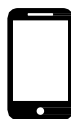


## ► Internet use

**93%** Use internet on their own

**7%** Use internet with help or do not use.

**55.4%**  
**Phone**



**52.6%**  
**Laptop**



**47.4%**  
**Tablet**



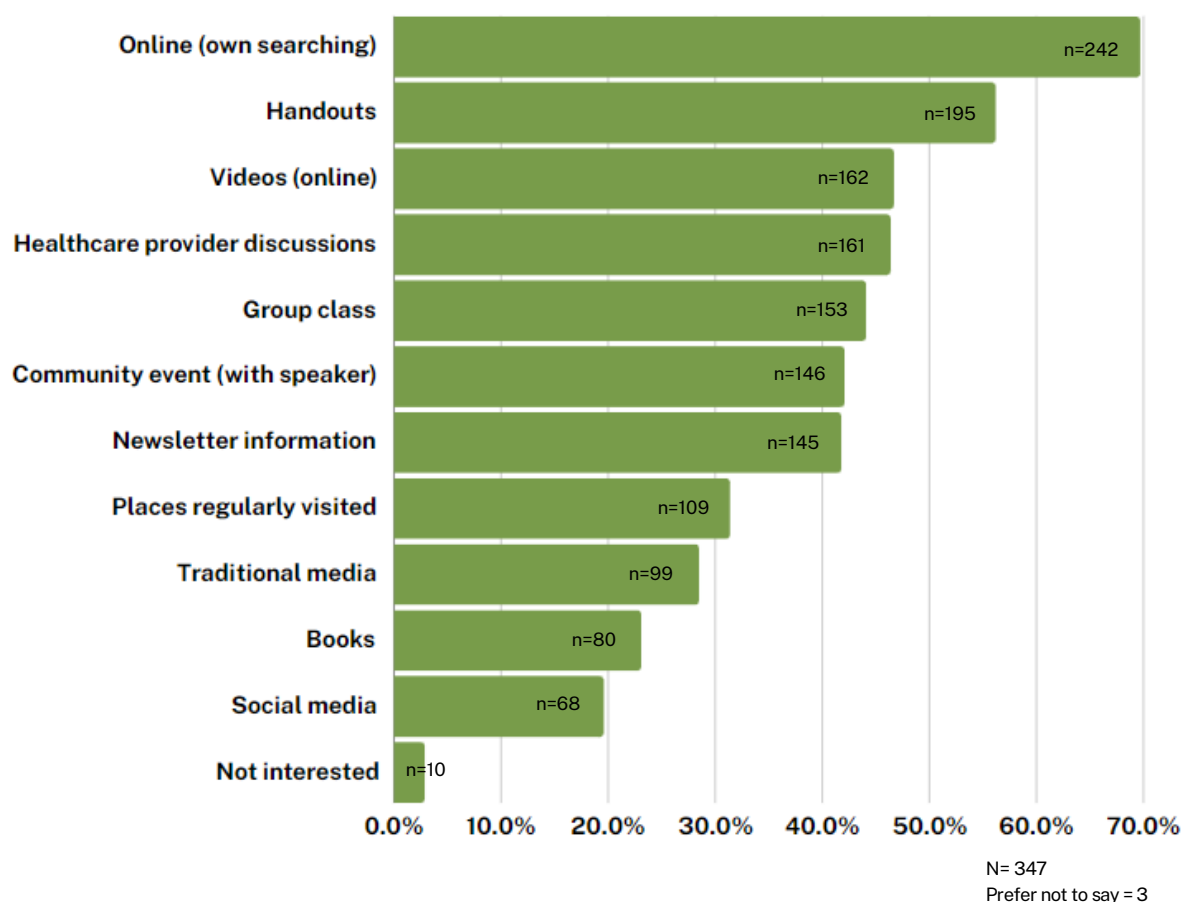
**41.1%**  
**Desktop Computer**



N=287  
Prefer not to say = 63

## Preferences for receiving nutrition information

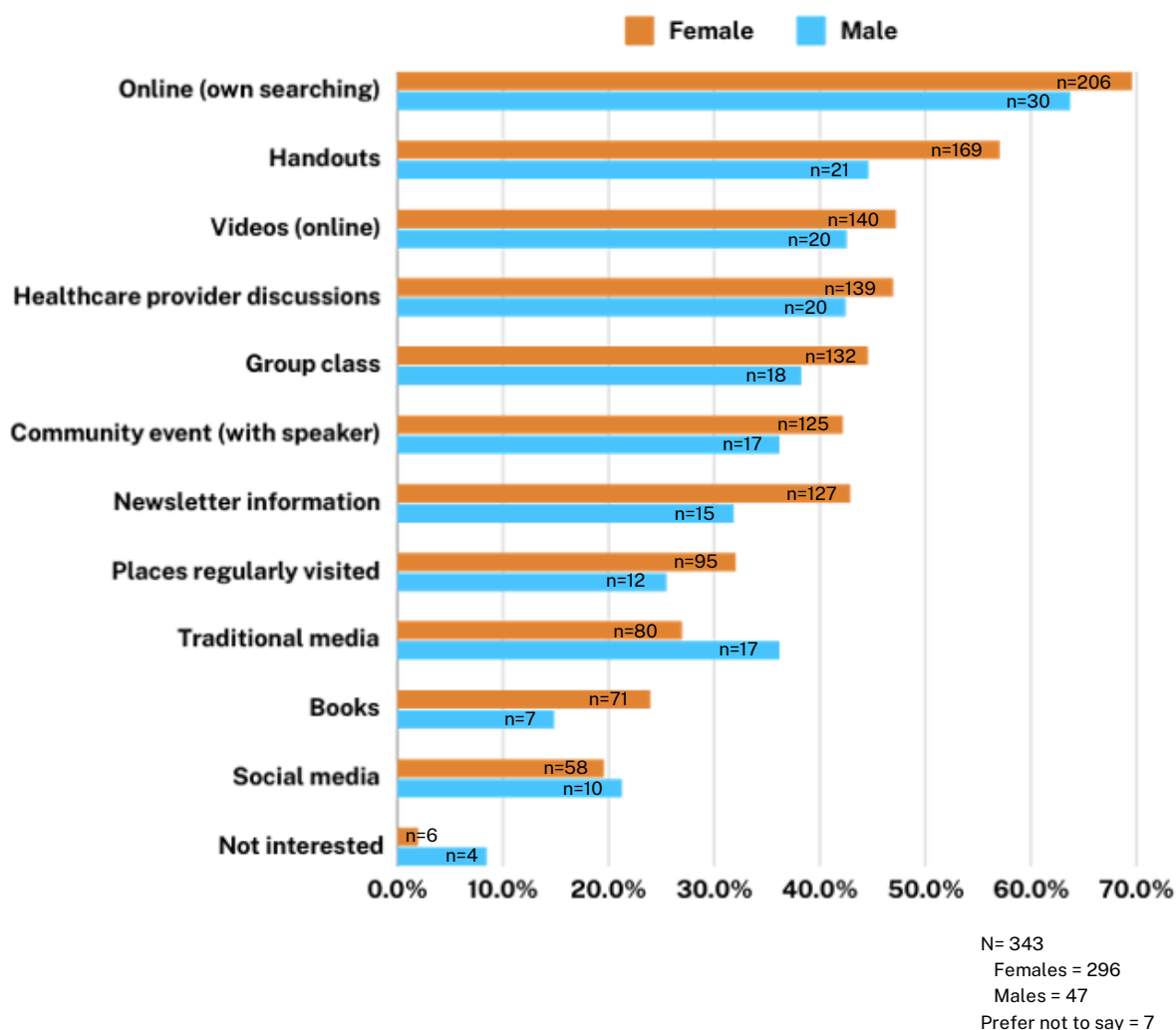
► Figure 1: Preferences for receiving nutrition information



Nearly 70% of surveyed older adults expressed a preference for independently seeking information about nutrition to maintain strength and health through online searches. Handouts were the second most favoured method at 56%. Social media emerged as the least favourite method for receiving information, with only 19.6% of older adults choosing this option.

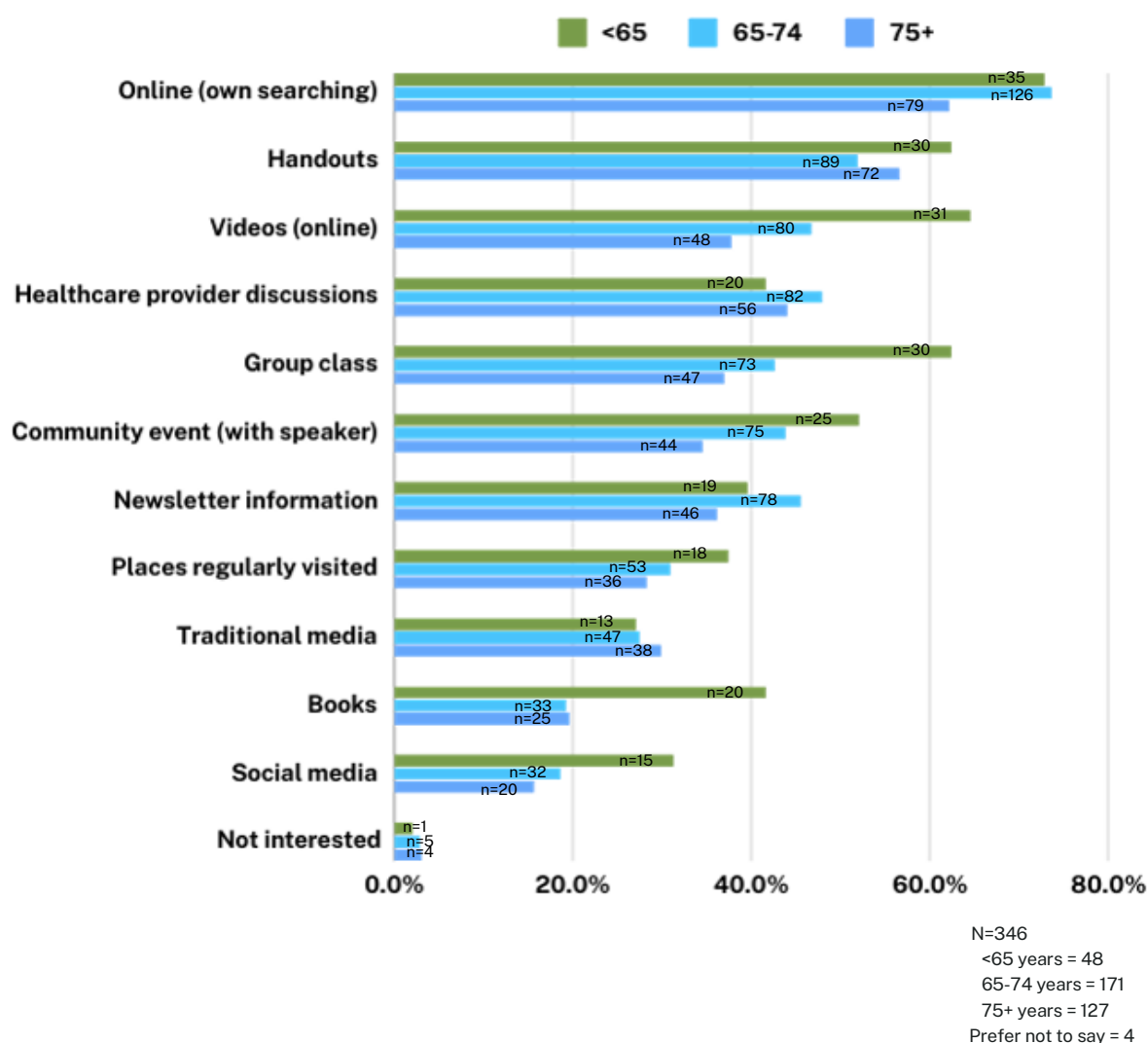


► Figure 2: Differences in preferences by gender



Most preferences for receiving nutrition information were similar between male and female respondents. In general, slightly more females than males expressed a preference for information across all options, except for traditional and social media, where more males showed a stronger preference. Additionally, more males than females indicated a lack of interest in nutrition information.

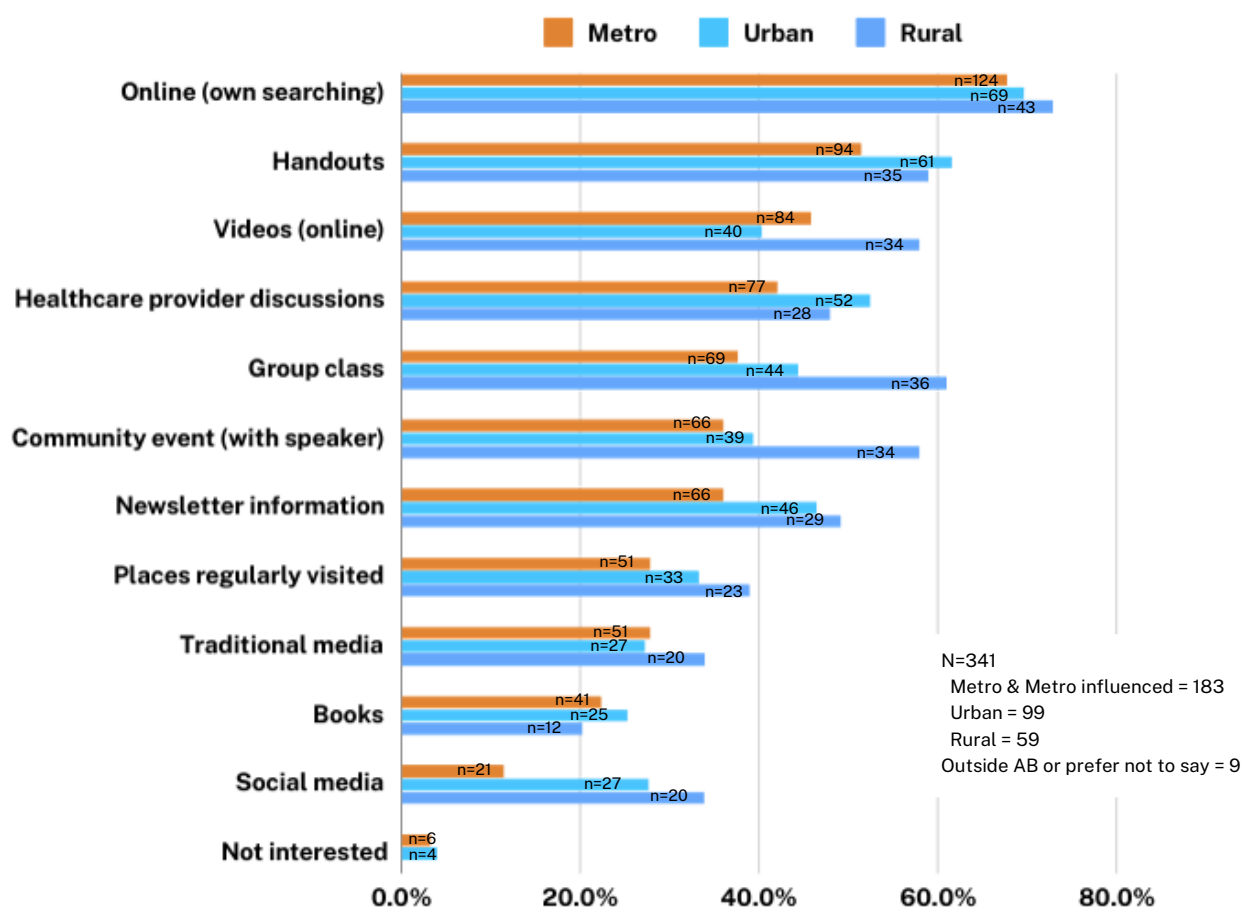
► Figure 3: Differences in preferences by age



Across various age groups, preferences for receiving information on nutrition to maintain strength and health were consistent for handouts, healthcare provider discussions, and traditional media. However, for online searching and online videos, there is a slight decrease in preference among adults aged 75 and above compared to those aged 65-74 or below 65 years. Furthermore, individuals under 65 years of

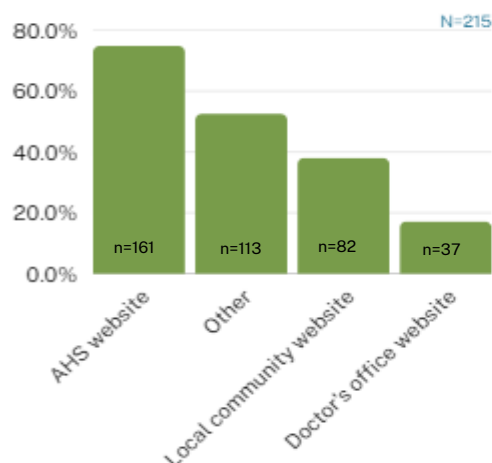
age show a higher inclination toward group classes, community events, and social media compared to those aged 65-74 or 75 and above.

► Figure 4: Differences in preferences by location

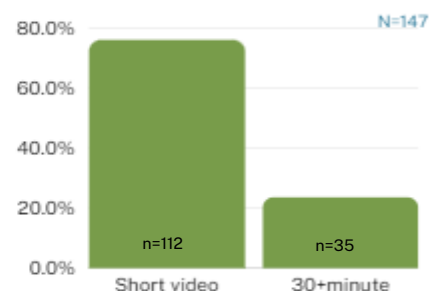


There are minimal location-based differences in online search preferences and books. Respondents in rural areas were more inclined towards videos (online), group classes, community events, regularly attended places, and traditional and social media than in metro or urban areas.

▶ Figure 5: Online (own searching)

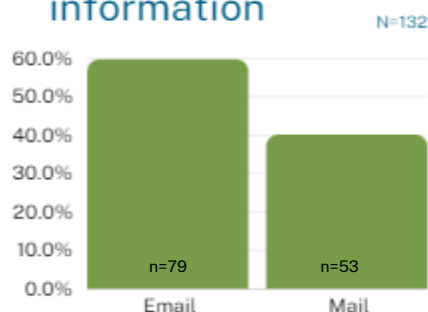


▶ Figure 6: Videos (Online)

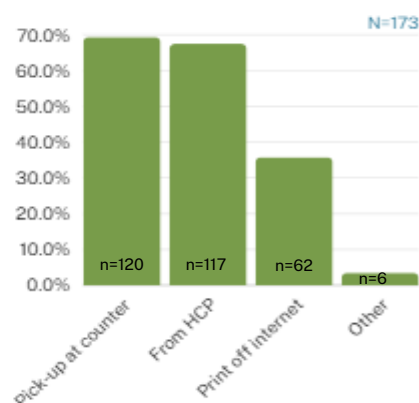


**82%** of respondents who want a shorter video prefer a 5 minute video.

▶ Figure 7: Newsletter information

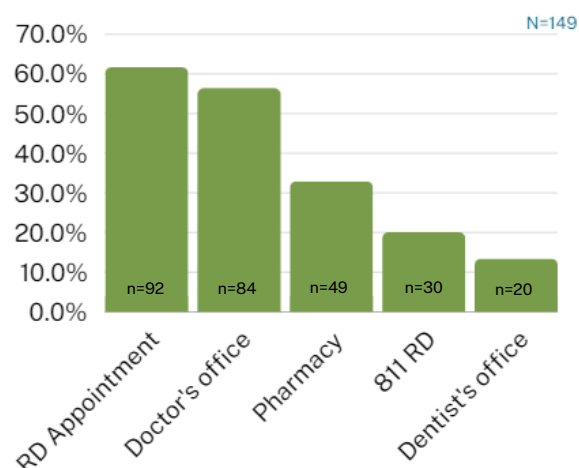


▶ Figure 8: Handouts

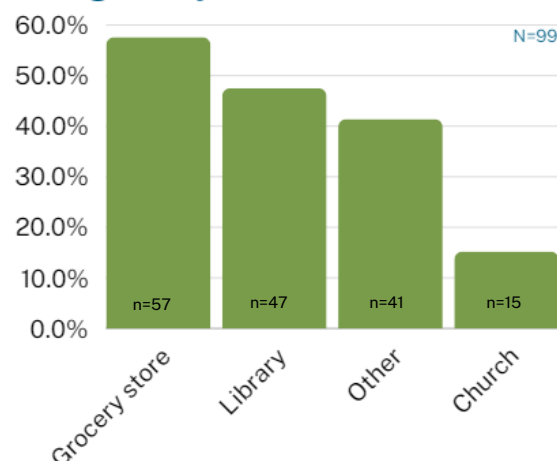


Older adults who prefer to conduct their own online searches show a preference for the AHS website compared to local community or physician office websites. When it comes to online videos, a preference is evident for shorter formats, typically around 5 minutes, as opposed to lengthier ones spanning 30 minutes or more. For those inclined towards newsletters, the favored mode of delivery is through email. Moreover, older adults seeking nutrition information through handouts express a preference for either picking them up at a counter or receiving them directly from a healthcare provider.

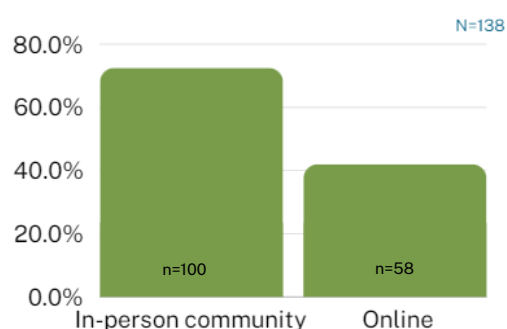
► Figure 9: Healthcare provider discussions



► Figure 10: Places regularly visited

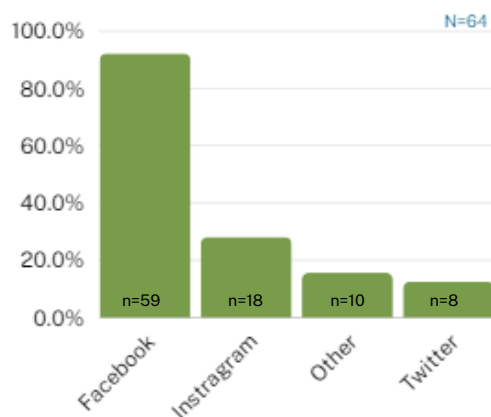


► Figure 11: Group class

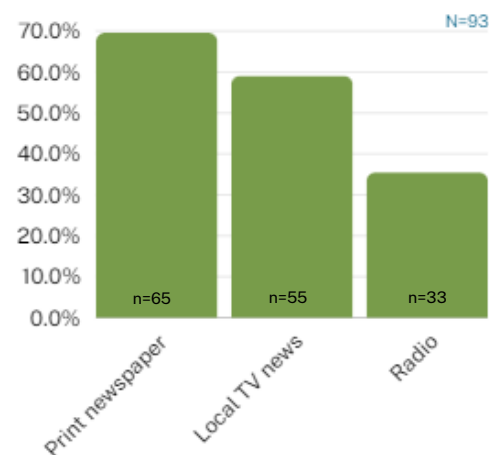


Respondents expressing a preference for acquiring nutrition information through discussions with healthcare providers favor dietitian appointments or obtaining information at their physician's office, as opposed to options such as a pharmacy, dentist's office, or utilizing the 811 hotline to speak with a dietitian. Those who lean towards community venues for information prefer locations like the grocery store and library over faith-based places. Additionally, respondents desiring group nutrition classes show a preference for in-person sessions over online alternatives.

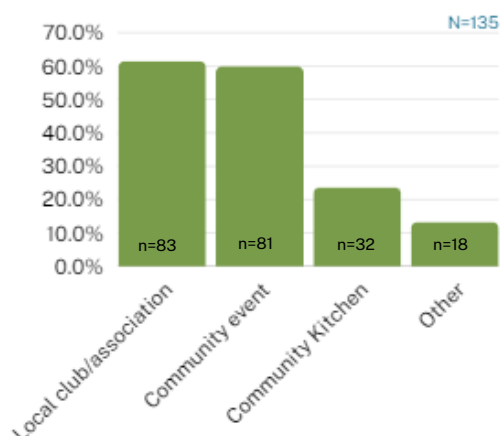
▶ Figure 12: Social media



▶ Figure 13: Traditional media



▶ Figure 14: Community event (with speaker)



Respondents expressing interest in receiving nutrition information through social media overwhelmingly favour the Facebook™ platform over newer alternatives such as X™ (formerly Twitter), Instagram™, or others. Meanwhile, 93 respondents maintain a preference for traditional media, with print newspapers and local TV news taking precedence over radio. Additionally, 135 respondents indicated a desire for information through community events featuring guest speakers. Local clubs/associations and events emerged as preferred choices over options like community kitchen or others.

The last three questions of the survey were open-ended questions, where respondents could write out their responses. The first question asking, “What are your reasons for seeking nutrition information?” generated 270 responses. After analysis of the responses, the following themes emerged and are shown below.

## Reasons for seeking nutrition information



### Maintaining health

Respondents expressed beliefs that nutrition can positively influence health, and awareness that nutritional requirements change with age. Older adults wish to use nutrition to ward off disease and promote longevity.

*“In order to maintain my good health to sustain my independence as long as possible. My home is comfortable, and I want to stay in it for at least 10 years.”*



### Staying informed

Respondents recognize nutrition as ever-evolving and desire to stay in-the-know.

*“To be as healthy as possible and get the most current information. Know the trends. Hear the real story behind the headlines...Truth vs hype”*



### Managing existing health conditions

Many respondents want to learn more about how to manage one or more chronic diseases, with diabetes being of most concern. Some hope to use nutrition to fix their health condition(s).

*“I am pre-diabetic, have GERD and tending towards osteopenia. Eating a healthy diet that balances all these things can be challenging. I found my appointment with an AHS dietitian helpful and also attended a follow-up seminar for pre-diabetes online, which was also helpful”*



## Preparing food

Respondents seek novel but easy recipes to increase variety. Meals that fit on a budget are important to people on fixed incomes.

*“Practical meals that do not need ingredients you have to go looking for. So many recipes are for people who have lots of time and enjoy cooking. Many of us are still working, need quick recipes using stuff we have in our home already. PLUS, we want healthy and vegetarian options”*



## Validation that current diet is appropriate

Some respondents seek a double-check that their dietary habits align with recommendations.

*“To confirm we are eating the right things.”*



## Body composition

Respondents commonly mention interest in losing or maintaining / controlling weight. Although most did not specify why they were trying to maintain/control weight, the context was often suggestive of avoiding weight gain. Only a small minority directly indicated they intended to maintain muscle mass or avoid losing weight.

*“So I can monitor what I eat so weight will not fluctuate too much. Hoping to eat healthier.”*



## Getting on track

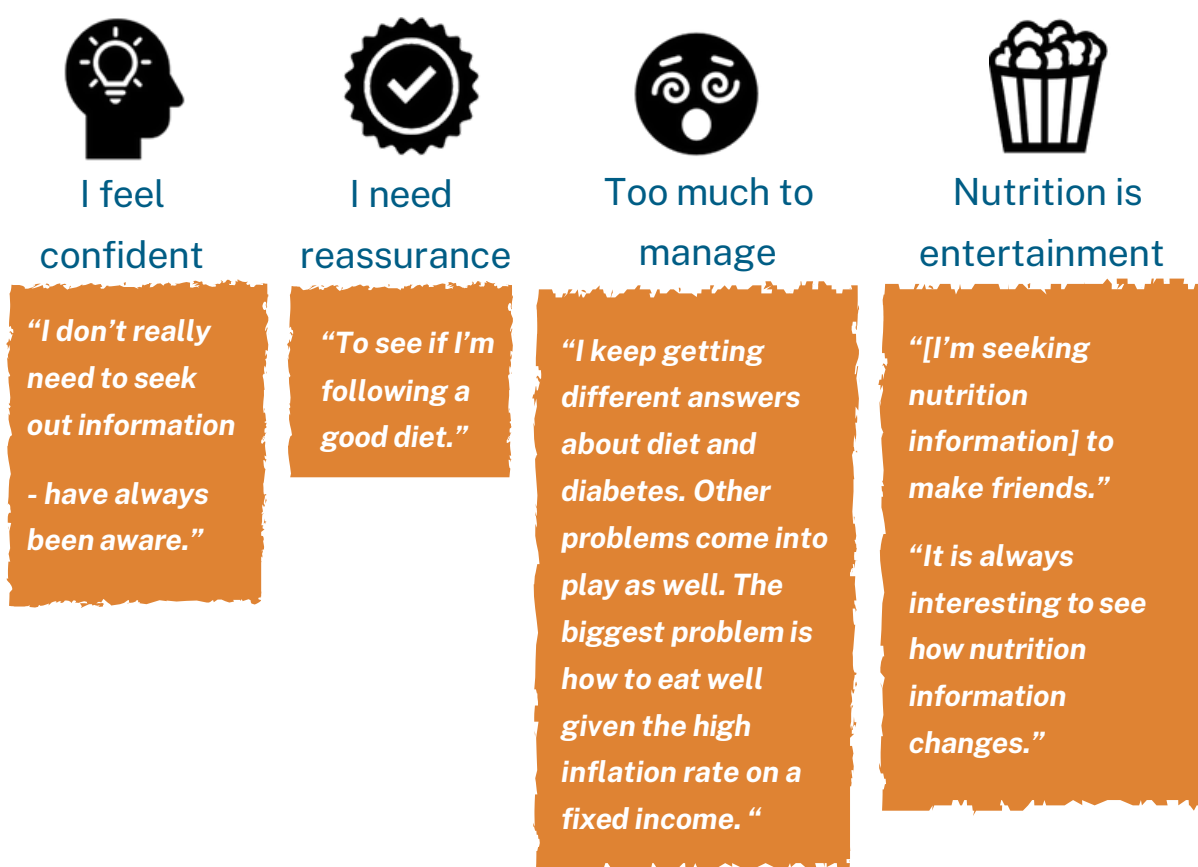
Some respondents seek nutrition information to get back on track with their eating.

*“Staying healthier and making good food choices as I am increasingly tempted by prepared foods.”*



Analysis of all three open-ended questions revealed four predominant voices speaking to us in the responses. There were those who portray confidence in their nutrition knowledge, those needing reassurance about their current diet, those feeling overwhelmed with too much to manage, and those who are drawn to nutrition education as a source of interest and entertainment.

► Figure 15: Four predominant voices speaking to us



► Figure 16: What nutrition topics respondents want to learn about (N=227)



## 2023 Survey Findings

### How Older Adults Want to Receive Nutrition Information

Many respondents told us they typically cook for one or two individuals, manage multiple chronic diseases, have a fixed income, and harbor concerns about weight management. These contextual aspects shape the areas of interest. Participants expressed interest in six primary categories: Nutrition Basics, Food Preparation, Weight, Nutrients of Concern, Nutrition for Health Conditions, and information about Diets. Some topics emerge as standalone preferences within broader themes. For instance, in Nutrition Basics, there's a keen interest in obtaining general nutrition information for ageing healthfully.

Connected concepts are represented by bubbles touching each other. Within the Nutrition Basics category, common themes included general nutrition information, reading labels, and increasing the consumption of vegetables and fruits. The size of the bubbles reflects the significance of each topic. In Food Preparation, there is interest in quick and healthy meal ideas, maintaining a healthy diet on a budget, and exploring novel food options (e.g., beyond meat and potatoes). The Diets category revealed curiosity about plant-based diets and guidance on their preparation. Some older adults expressed interest in holistic or vegetarian dietary patterns. Concerns about specific nutrients were highlighted under the Nutrients of Concern category, with protein, and reducing salt, fat, sugar intake being common topics. Many respondents also mentioned managing chronic conditions.

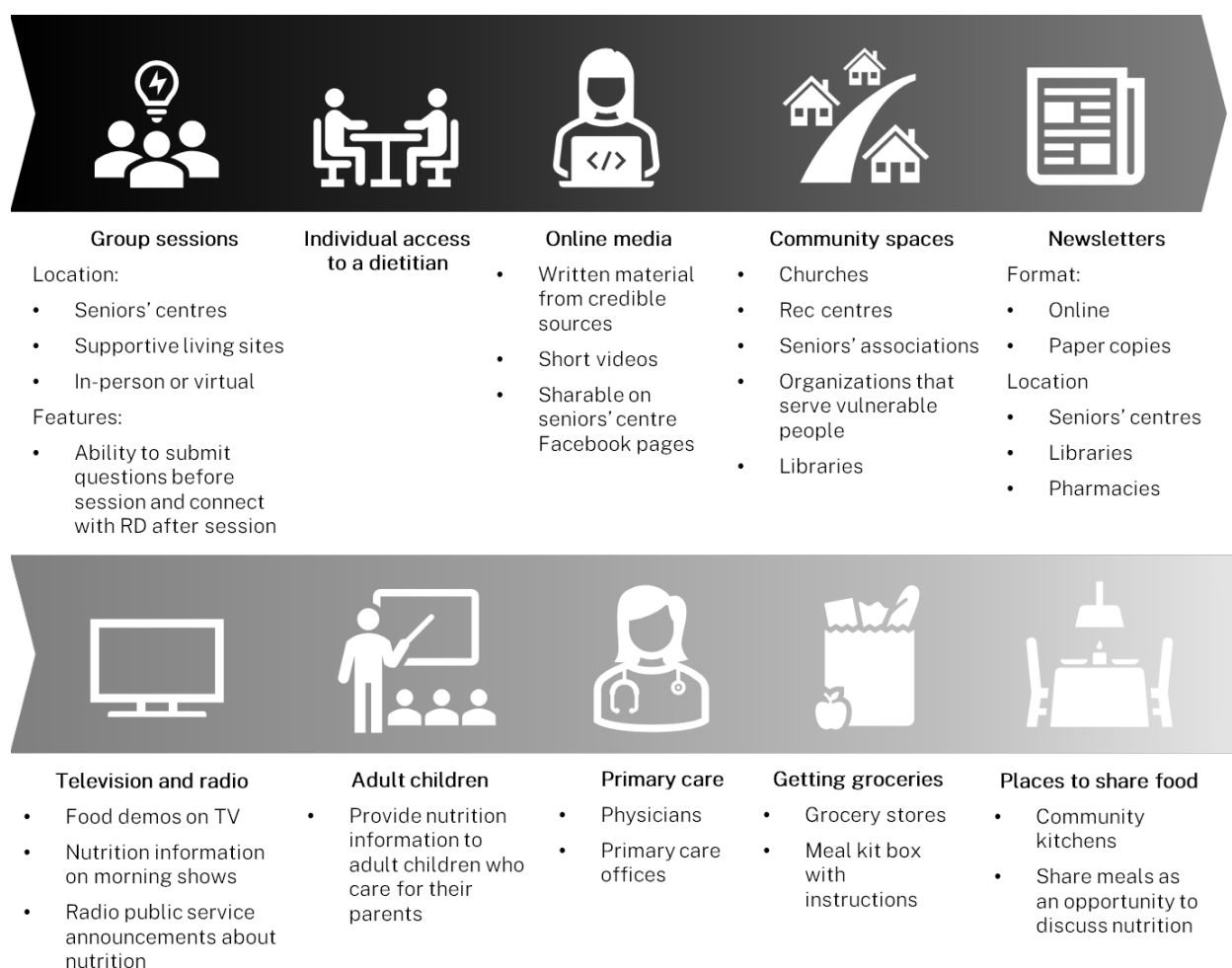
## ► Additional Comments

### Overarching Theme 1: **Places to reach older adults**

(N=138)

The survey participants (N=138) who responded to an open-ended additional comment question offered diverse responses, including recommendations for reaching older adults and advice for dietitians. Additionally, respondents shared insights into their personal struggles with nutrition and feelings of disenchantment with nutrition-related healthcare supports available to them.

Figure 17: Places to reach older adults



Places to reach older adults are listed from the most mentioned (group sessions) to least mentioned (places to share food) [Figure 17]. Darkest are most mentioned and fades out as responses are least mentioned. The most recommended way to reach older adults are group sessions, providing individual access to a dietitian, online media, community spaces and newsletters.



## Overarching Theme 2: Advice for dietitians



### Respect older adults

Respondents advised that older adults have a lifetime of experience and communicated the importance of healthcare providers not being ageist.



### Consider the format

Respondents suggested that older adults may require formats that consider aging bodies: easy to read fonts, loud enough to hear, using plain language and simple messaging.



### Advertise your services

Older adults pointed out it is difficult to find out about dietitian services, including group classes, dietetic counselling and online written information.



### Your teaching approach

Older adults commonly advised RDs to teach in a simple and practical way. There was a minority of respondents who felt information provided by RDs was too basic.



*“Be practical and think about your audience. Give us information that helps us understand nutrition. Drs. tell us all the time to eat less, eat less salt, sugar, etc. but no one knows what that means. How much should we be getting each day, how to read labels properly. People are much more likely to adopt a healthy lifestyle if they understand these kinds of things.”*



## Overarching Theme 3: A battle with nutrition



### It's not so simple

"By the way, it's not so simple." Some respondents are aware of beneficial dietary changes they can make, but it is not as simple to make dietary changes as healthcare providers may portray. Others emphasize the challenge of balancing dietary requirements amidst multiple disease states, polypharmacy, and realities of having an aging body.



### "Diet culture"

Various respondents conflated weight and health. Some contained moralizing discourses and food-related myths, with thinness as the ideal. A few respondents recognized that "diet culture" or "crazy diet schemes" were a problem for older adults.



### Overwhelmed

Some responses portray complete overwhelm related to nutrition. From managing the vastness of nutrition information, to perceiving requirements to somehow eat differently to get a health issue 'under control', food becomes a point of stress.



"I need to lose weight, and I am looking for a meal plan, that will help me at 65. I do not want to go on a 1200Cal diet. Want to look at healthy choices. I know I need more protein, how do I fit the protein in my diet. Cooking is hard for one-person, freezing meals. I am addicted to sugar, a good thing, I hardly drink any more."



## Overarching Theme 4: Feeling disenchanted



### Feeling ignored

A few respondents feel ignored, with little to no guidance with navigating nutrition.



### Lack of confidence in the healthcare system

Respondents alluded to their lack of confidence in the healthcare system and the inability of it to provide necessary resources to support health.



### Lack of confidence in supportive living

Some respondents felt that the food supplied in supportive living environments was not adequate and did not meet their individual dietary requirements.



"I get frustrated that most advice for 65+ assumes a need to lose weight or deal with frailty. What about those of us who are still looking to maximize performance in endurance events or other sports? Are our nutrition requirements the same as when we were in our 50's or 60's? Do we need to make changes? Are we just supposed to coast to the end? Who knows. Feel invisible."

## Where do we go from here?

### Recommendations for Nutrition Services

#### Develop a webpage for older adults

93% of survey respondents are internet users, with 70% indicating searching online is a top-preferred method of learning about nutrition. This aligns with research showing that older adults commonly use online health information <sup>2,3</sup> and are the fastest growing group of internet users <sup>4</sup>.

- Consider developing a nutrition webpage specifically for older adults. Engage with older adults to ensure it is the type of format and information they are looking for.
- Review existing content on MyHealth.Alberta.ca to meet the needs of older adults
- Promote online AHS nutrition content as a client resource to physicians and other health practitioners. Older adults perceive an unfortunate lack of nutrition information directly from healthcare providers.

#### Promote Nutrition Services

Respondents remarked that nutrition services were difficult to find, and suggested ways AHS could advertise services.

- Promote services to older adults via the AHS webpage, seniors' centres, newsletters curated by seniors' centres, libraries, community centres, grocery stores, and partnerships with meal kit providers (like Meals on Wheels).

#### What about social media?

Social media was the least preferred method for receiving nutrition information (20% preferred social media). There may be skepticism of information on social media, as some older adults lack confidence in discerning the validity of online health information <sup>2,3</sup>.

- Harness social media as an advertisement for nutrition resources but not for sharing nutrition advice itself. Make content sharable on Facebook for dissemination through seniors' centres' pages.

## Client care in Nutrition Services

### Continue to provide group classes

Respondents highly value direct services with a Registered Dietitian, one-on-one or in group settings (group classes and guest speakers at community groups).

In groups, older adults desire personalization, saying they'd like to submit questions before group sessions and have a one-on-one dietitian appointment afterward, if needed.

- Recognize that many older adults would ideally like one-on-one services. Given finite resources, support facilitators to personalize group classes as much as possible.
- Provide both in-person and online classes in rural and urban areas
- Continue to focus on chronic disease management classes, as there is strong interest in nutrition to manage health conditions.



### Develop 5-minute videos for key messages

### Maintain multiple options for service

Older adults may have age in common but are very heterogenous in lifestyles, interests, and preferences for receiving nutrition information.

- Provide multiple ways to access nutrition information from AHS i.e., direct services (in-person and online), handouts in print and online, reading material embedded in seniors' centres' print and online newsletters, and online videos



## Support clients with multiple nutrition-related conditions

Overwhelmed respondents emphasized the challenge of balancing diet amidst multiple disease states, polypharmacy, and realities of having an aging body.

Some received conflicting nutrition information from health professionals, especially where dietary advice may help for one health condition but not another.

- For clients with multiple conditions, consider providing a one-on-one triaging appointment with a dietitian to discuss priorities and options for dietary intervention before the client attends group classes.



## Recommendations for dietitians

### Focus on clear messaging about weight and its relation to health

Maintaining muscle mass and bone health is critical to keep older adults functioning well in their later years <sup>5</sup>, but neither of these were top interests of our respondents.

Most responses commenting on body composition portrayed a desire for thinness, with a strong interest in losing weight and/or controlling body weight. Similarly, others have found that older adults have a very positive view of weight loss, seemingly without noting possible negative impacts <sup>6</sup>.

- The focus of any nutrition messaging cannot be on weight alone and must take body composition into account. This needs to be explained clearly in online materials, in chronic disease management classes where weight is discussed, handouts, and videos.

Our respondents had a range of knowledge, abilities, and feelings about nutrition.

Realistic nutrition recommendations that match a client's life context were desired. Frequently mentioned contexts were: cooking for one-two people, fixed incomes, and managing multiple chronic diseases. Although mobility issues were cited by few respondents, when mobility was an issue for buying and preparing food, this became their #1 concern.

- Ensure nutrition education considers the reality of ageing bodies: easy to read fonts, loud enough to hear, using plain language and simple messaging.
- Check your biases: "It is best not to make assumptions about older adults"

### Keep nutrition client-centered

## Recognizing where we need more information

### Less-independent individuals

Most respondents lived independently. The convenience sampling used in this survey excluded less independent individuals from the target population, such as those who reside in semi-assisted living and those who are home or hospital-bound.

### Ethnocultural groups

As recruitment for this survey did not deliberately target specific groups such as migrants to Canada, non-English speakers, and Indigenous people, it is unlikely that the results adequately represent interests of any of these groups. Additionally, the survey was only offered in English. Research suggests that sociodemographic factors including ethnicity and immigrant status appear to impact health information seeking behaviours <sup>7,8</sup>. Notably, older adults in Edmonton who recently immigrated to Canada will use cultural organizations and community leaders to seek information <sup>7</sup>.

### Gender differences

Over 80% of respondents identified themselves as female so no conclusions can be made regarding differences in preferences by gender.

## The big picture

This survey gathered information on older adults' preferences for receiving nutrition information and provides recommendations to guide future AHS NS programs and resources.

### Older adults:

- seek nutrition information independently on the internet or in written media (handouts & newsletters).
- desire clear and credible information from health authorities.
- value one-on-one nutrition services.
- Have highly varied nutrition interests. Commonalities stem from realities of ageing bodies and the context of cooking for one or two people on a fixed income.

## Contributors

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## Appendix



### Share Your Thoughts!



Registered Dietitians in Alberta Health Services want to know how **older adults 65+** like to learn about **nutrition to stay strong and healthy**.



**Scan for Survey**

➤ Or go to: <https://redcap.link/StayingStrong>

**Thank you for your participation!**

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## How Older Adults Want to Receive Nutrition Information to Stay Strong and Healthy

Registered Dietitians in Alberta Health Services want to hear from older adults in Alberta about their preferences for learning and receiving information about staying strong and healthy by eating nutritious foods.

Your responses will help us develop resources that support older adults to meet their nutrition goals. This survey is voluntary. Your decision to participate will not affect the future services you receive. All responses are anonymous. No identifying information will be shared. The results will be reported as a group.

This survey will take approximately 5-7 minutes to complete.

1. How are you completing the survey today?
  - ☐ On my own
  - ☐ With the help of an interviewer
  - ☐ With the help of a caregiver or family member
2. What is your age?
  - ☐ Under 65 years old
  - ☐ 65-74 years old
  - ☐ 75-84 years old
  - ☐ 85 years or older
3. What is your gender? \_\_\_\_\_
4. In which community or city do you live? \_\_\_\_\_
5. Which of the following describes your living situation?
  - ☐ I live alone (or with a pet)
  - ☐ I live with a spouse/partner
  - ☐ I live with a spouse/partner and other family members
  - ☐ I live with family members (not a spouse/partner)
  - ☐ I live with roommates
  - ☐ I live in a place where meals, help, and social activities are available
  - ☐ I am staying with a relative or friend
  - ☐ Other: \_\_\_\_\_



6. Do you use the internet to go online to get information, watch videos, fill out forms, etc.?

- ☐ Yes (by myself)
  - ☐ Yes (but someone helps me)
- If yes, how do you use the internet?

- ☐ Phone
- ☐ Tablet
- ☐ Desktop computer
- ☐ Laptop

If yes, can you print the information/forms you get online?

- ☐ Yes, at home
- ☐ Yes, at another location
- ☐ No
- ☐ Unsure

- ☐ No (I don't use the internet)

7. How would you like to learn about nutrition information to stay strong and healthy as you age? **Choose the options that you would use.**

☐ **Online (your own searching and reading)**

If checked, which websites you would visit

- ☐ Alberta Health Services website
- ☐ Local community organization's website
- ☐ Doctor's office website
- ☐ Other: \_\_\_\_\_

☐ **Online videos**

If checked, what type of video would you like?

- ☐ Short video clips
- ☐ 30+ minute webinar/talk

☐ **Information in handouts or pamphlets**

If checked, how would you like to get them?

- ☐ Handouts from healthcare providers (e.g., doctor, nurse, dietitian, pharmacist, etc.)
- ☐ Handouts or pamphlets I pick up at a counter or display
- ☐ Print the handout or pamphlet off the internet
- ☐ Other: \_\_\_\_\_





**Alberta Health  
Services**

☐ **Information in a community newsletter**

If checked, how do you like to receive them?

- ☐ Delivered by email
- ☐ Delivered by mail

☐ **Books**

☐ **Discussions with a healthcare provider**

If checked, how/where would you like to have these discussions?

- ☐ At my doctor's office
- ☐ At my dentist's office
- ☐ At my local pharmacy
- ☐ Appointment with dietitian
- ☐ Calling 811 (Healthlink) to speak to the dietitian

☐ **Register and attend a group nutrition class taught by a dietitian or healthcare provider**

If checked, what type of group class would you like?

- ☐ Online
- ☐ In-person class at local community location
- ☐ In-person class at a place you go to often

☐ **Go to a community group or event where there is a guest speaker**

If checked, where would you prefer to attend?

- ☐ Community Kitchen
- ☐ Local clubs/associations
- ☐ Community/events (e.g., Senior's Fair)
- ☐ Other location: \_\_\_\_\_

☐ **Information at places I visit regularly**

If checked, which locations would you like?

- ☐ Grocery store
- ☐ Church or place of worship
- ☐ Library
- ☐ Another place I visit regularly: \_\_\_\_\_

☐ **Traditional media**

If checked, what type of traditional media would you like?

- ☐ Print newspaper
- ☐ Radio
- ☐ Local TV news station



☐ **Social media**

If checked, which platform(s) do you like?

- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ Another social media platform: \_\_\_\_\_

What are your reasons for seeking out nutrition information?

Please tell us if there are specific nutrition topics you want to learn about.

☐ **I am not interested in nutrition information**

If checked, what might be the reason(s) you are not interested in nutrition information?

8. Do you have any additional feedback, comments, or advice for reaching older adults with nutrition information?

Thank you for completing this survey!