

## **Group 9's GNH: Lunch Menu Proposal**

### **Intro**

The purpose of this paper is to document our work on promoting nutrition and healthy eating at the Gordon Neighbourhood House (GNH) situated in West Vancouver. A neighbourhood house is a non-charitable organization that provides programs and events for people in the community. The difference between a neighbourhood house and a community center is that a neighbourhood house provides programs and events at little to no cost. Each house has different events and programs based on what the traditions and assets are in that community. In particular, GNH uses food to nourish the West Vancouver community. They nourish the people not just literally but by also facilitating intercultural exchange and dialogue, community capacity-building, and community development (Gordon Neighbourhood House, 2017). According to one of the GNH coordinators, most people who visit GNH are seniors who have low income. Therefore, the goal of our project is to nutritionally assess the menus at GNH and suggest changes depending on the dietary needs of seniors.

### **Significance**

The findings of this study will redound to the benefits of neighborhood houses, particularly the Gordon Neighborhood House, considering that a nutritional assessment plays an important role in human health today. Since most of those who come to GNH are low-income seniors, we will be focusing the nutritional assessment on seniors. By doing this research, we will be able to see the effects of low-income on the nutritional status of seniors. By assessing GNH's October lunch menus, we will have a better overview of the nutritional composition of the meals and use this information to make plausible and effective suggestions. In a study examining community-living seniors, the authors discovered that all food groups were consumed at levels less than those recommended by Canada's Food Guide. It was noted that 29% of participants consumed too little vegetables and fruits, 33% did not meet the minimum recommendations for milk products, and 71% did not meet the minimum recommendations for grain products (Roebouthan, Friel, and Healey, 1994). In a review paper on Canadian research, which focused on the adequacy of diet, food intake, and nutrition status in seniors, it was found that their nutritional status was far from optimal. Fruits and vegetables and milk and milk products are food groups that were found to be consumed at less than the recommended levels. The authors also confirmed that over 50% of participants were at nutritional risk and 25% were at high risk (Yeung and Imbach, 1988). To add to these findings, there was a research done by Aggarwal in 2012 illustrating that nutrients are commonly associated with a lower risk of chronic disease but are related to higher diet costs. Nutritional assessments showed that having the lowest value of dietary fiber, vitamins A, C, D, E, and B12, beta-carotene, folate, iron, calcium, potassium, and magnesium were associated with those who had lowest estimated diet costs. Unsurprisingly, it was reported in the 2010 Dietary Guidelines that having a low-cost diet was a nutrient concern (Aggarwal, Monsivais, and Drewnowski, 2012 ). From these studies, it is not difficult to see the importance of nutritional assessments in neighborhood houses, whose main guests are low-income seniors. Thus, our research will further explore the nutritional status of low-income seniors but will be specific to those that obtain meals from the community, in this case at GNH.

## Objectives

- The objectives of our project are to collect and evaluate the nutritional status of the food that is served at GNH and whether it meets Canada's dietary requirements of seniors.
- Another objective is to create healthier lunch menus and recipes which align with the resources provided and budget limits of GNH.

## Methods

- 1) We will familiarize ourselves to Gordon Neighbourhood House by visiting on October 15th and November 13th during lunch hours (12 – 1 PM) to record observations regarding the foods they serve, the process of serving, and the turnout of the event. We are assessing these aspects because:
  - a) Even if food is available is it culturally appropriate, biologically accessible
  - b) In terms of serving, are guests able to choose their preferences.
  - c) The turnout of the event can provide us with an insight of demographic.
- 2) We will interview the stakeholders, volunteers, and the community partner in order to gain insight into their thought and suggestions for the lunch program. The following questions will be included:
  - How did you enjoy the food?
  - What are your thoughts on the price? Is it reasonable?
  - What can be improved in regards to the food and pricing?
  - Data will be compiled and general themes will be narrowed down in order to highlight key aspects to improve within the lunch program
- 3) Lastly, EaTracker, a dietary assessment tool, will be utilized to assess the nutrition of menu items.
  - We will collect the monthly menu too from the community partner. Three recipes from each weekday (Monday to Thursday) will be assessed -- 12 recipes in total.
  - The recipes will be inputted into EaTracker.
  - The data produced will be compared to Canada's Food Guide, the nutritional needs of seniors as per Dietary Reference Intakes Tables by Health Canada.

## Outcomes

- Provide a generated nutritional assessment of the 12 recipes (3 for each day/theme) we review by chart (printed)
- Determine and show whether the food is nutritious or not for seniors by producing diagrams and charts using the data generated through EaTracker
- Provide suggestions of additional foods/recipes that can be added to their menus to satisfy low-cost, health, and preference (recipe book)

## References

- Gordon Neighbourhood House. (2017). Food Philosophy- GordonHouse.org. Retrieved September 21, 2017, from <http://gordonhouse.org/about-gordon-neighbourhood-house/right-to-food/>
- Yeung, D. L., & Imbach, A. (1988). Geriatric nutrition in Canada-a review. *Journal of Nutrition for the Elderly*, 7(3), 27-45.

Roebathan, B. V., Friel, J. K., & Healey, L. (1994). Diet and drug consumption in a group of elderly residing in rural Newfoundland. *Canadian journal of public health= Revue canadienne de sante publique*, 85(5), 313-316.

Aggarwal, A., Monsivais, P., & Drewnowski, A. (2012). Nutrient Intakes Linked to Better Health Outcomes Are Associated with Higher Diet Costs in the US. *PLoS ONE*, 7(5). doi:10.1371/journal.pone.0037533