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Healthy Older Adults' Motivation and Knowledge Related to Food and Meals

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Abstract

The population over 60 years old is growing rapidly in Norway and in many other countries, and researchers often focus on elderly people and various diseases. This article examines the healthy elderly who are active in their daily lives to understand their motivation and knowledge about food and meals. The method used was CurroCus® group interviews, or fast focus groups. Nine CurroCus® groups were conducted, lasting for 37 to 56 minutes (average = 45 minutes). Altogether, 76 persons participated, ranging in age from 60 to 87 years; participants were predominantly female (>80%). The article discusses two areas: motivation and knowledge regarding food and meals. The collected empirical data were recorded, transcribed, and entered into NVivo 11.0. Interviews were analysed using a grounded theory approach. The results show that the respondents are concerned with six main areas: food intake, purchasing pattern, meal knowledge, community, service experience, and sensory triggers. The main contribution of this article is increased insights into healthy older adults' interpretation of their motivation for healthy food and inspiring meals based on their extensive knowledge of the topics discussed. Future research will require more knowledge of various loneliness strategies and their effects. Government responsibility should focus on older people's nutrient intake in the near future. Different sensory stimuli must be investigated in order for more people to help avoid malnutrition.

Keywords

Elderly, Healthy Life, Active, Loneliness, Food, Meals

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The population over 60 years old is growing rapidly in Norway and in many other countries, and researchers often focus on elderly people and various diseases. This article examines the healthy elderly who are active in their daily lives to understand their motivation and knowledge about food and meals. The method used was CurroCus® group interviews, or fast focus groups. Nine CurroCus® groups were conducted, lasting for 37 to 56 minutes (average = 45 minutes). Altogether, 76 persons participated, ranging in age from 60 to 87 years; participants were predominantly female (>80%). The article discusses two areas: motivation and knowledge regarding food and meals. The collected empirical data were recorded, transcribed, and entered into NVivo 11.0. Interviews were analysed using a grounded theory approach. The results show that the respondents are concerned with six main areas: food intake, purchasing pattern, meal knowledge, community, service experience, and sensory triggers. The main contribution of this article is increased insights into healthy older adults' interpretation of their motivation for healthy food and inspiring meals based on their extensive knowledge of the topics discussed. Future research will require more knowledge of various loneliness strategies and their effects. Government responsibility should focus on older people's nutrient intake in the near future. Different sensory stimuli must be investigated in order for more people to help avoid malnutrition. Keywords: Elderly, Healthy Life, Active, Loneliness, Food, Meals

Introduction

The population above 60 years old in Norway will grow to more than 1 million by the year 2040 (SSB, Tønnessen, Leknes, & Syse, 2016). The average lifespan is 80.6 years for men and 84.2 years for women. The age gap in life expectancy between men and women was 3.6 years on average in 2016 (SSB, 2017). With these numbers in mind, this paper investigates the motivation and knowledge of healthy meals and food among those older than 60 years. According to the World Health Organization (WHO), "older" refers to those over 65 years old, with those over 75 years old being referred to as "old" and over 85 years old as "very old" (WHO, 2002).

The gap between older adults living at home in Norway and elderly living in care homes is huge, resulting in significant differences in terms of activity level, variation in food, and food intake, among other factors. Very few elderly individuals are alike, and inequalities are expected to increase in the future. Older people today usually consist of at least two to three generations, and each individual is unique (Abeles, 2017; Grini, 2018; Rognså, 2018). An estimated 40,000 care home beds exist in Norway today, where approximately 600,000 people are above 67 years old. Therefore, about half a million older adults are living at home. Their knowledge of meals and food, together with their health knowledge, might determine how long they will live in their homes. Understanding older people's capacity through meals and food knowledge can ensure that they are better able to live at home longer.

Many older people face a variety of food challenges. For example, they have an increased need for protein in their diet because sarcopenia (muscle loss) is a natural part of the aging process (Rognså, 2018). People over the age of 65 require about 20% of their energy intake to come from proteins, and efforts to prevent sarcopenia should already start by the age of 50. Malnutrition among older people is quite common, and up to 60% of individuals in institutions can be malnourished. Thus, it is important for adults above 60 years old to be knowledgeable about food and meals as well as motivation related to these topics. Healthy elderly people must be considered an important resource for society as long as they do without significant help in the home. Hence, increased knowledge of food and meals can help more people live in their own homes longer. A connection exists between diet and future health; for example, older people need a higher intake of protein and vitamin D despite having a reduced appetite (Rognså, 2018).

Review of Literature

Healthy elderly individuals are a research area requiring more knowledge. Hansen (2016) highlighted this in a literature study of 21 papers about food and meals; only six papers could be linked with three meal aspects and, of these, only three could be linked to food and beverages (Gettings & Kiernan, 2001; Lundkvist, Fjellström, Sidenvall, Lumbers, & Raats, 2010; Racine, Lyerly, Troyer, Warren-Findlow, & McAuley, 2012) and two to the people eating together (Nicklett & Kadell, 2013; Triana, Apanius, Richmond, & Castellanos, 2003). The last article was linked to personal service (Nicklett & Kadell, 2013) within food and meal research. The authors' findings suggest that research has not included the healthy elderly but has been focused on other elderly groups.

One review article revealed 12 essential components of instructions, with a focus on hands-on and practical cooking experiences (McGowan et al., 2017). Of these 12 components, the top five components in the review were divided into cooking skills (CS) and food skills (FS): "frequency type of cooking and food preparation (CS), cooking confidence or self-efficacy (CS), planning food shopping and writing lists (FS), frequency of shopping behaviours (FS), and food safety and hygiene knowledge and behaviours (FS)" (McGowan et al., 2017, p. 2428). The first two represent cooking skills whereas the three last are connected to food skills. Petrovici and Ritson (2006, p. 10) focused on health behaviour literature when they positively predicted health motivation, education, financial status, and knowledge about nutrition and when they negatively predicted age.

Naughton, McCarthy, and McCarthy (2015) found that, among Irish adults, although they had received diet recommendations, the information did not match the current food consumption pattern for the general population. The weakness in this article was the low number of older participants (i.e., above 60 years of age; Naughton et al., 2015).

Older adults' inability to shop, health reasons, and special diets were found to be barriers to doing shopping on their own (Locher et al., 2009). The motivating factors for food choice were sensory appeal, convenience, and price (Locher et al., 2009). In this study, the mean age of participants was 78.9 years, and 80% were female. Elderly people's budgets can be a barrier to consuming adequate nutrients, so a program for eating healthily within budget can be important (Chung & Chung, 2014). Such a program can help refresh cooking skills and food knowledge that can further improve these individuals' health status.

Health and nutrition risk perceptions were investigated using bread as an example. The results showed a willingness to purchase bread with less salt content and an increased willingness to eat bread with increased health benefits. The study also found that educational campaigns informing people about risky behaviours changed their focus to more favourable food choices (Jezewska-Zychowicz, 2016). Dallas, Liu, and Ubel (2015) illuminated in their

article that it is more important to serve people what they actually want to eat, instead of what they should be eating. Their study showed a tendency to increase serving size more often instead of decreasing it. This could happen when people believe that they need to follow the increased numbers on the nutritional facts label (Dallas et al., 2015). Mousavi-Nasab, Kormi-Nouri, Sundstrom, and Nilsson (2012) grouped their findings into two age groups. Among participants 65 to 85 years old, marriage had a better effect on men's health situation than women.

Based on this review of prior literature, it is clear that knowledge regarding olderadults and nutrition is fragmented and has not so far been aimed at healthy elderly people. As populations age worldwide, it is important to address this a gap in the knowledge about healthy elderly people. Therefore, the current article focuses on healthy elderly individuals who are active in their daily lives and explores their motivation and knowledge related to food and meals.

The author has a special interest in food, meals, and older people based on the fact that all people, regardless of age, should always have good meal experiences, every day, every time. Many people are not aware of the need for a good diet or that nutritional needs change with increasing age. A meal is more than just food; it also includes the interior, service, company, and atmosphere (Edwards & Gustafsson, 2008; Gustafsson, Öström, Johansson, & Mossberg, 2005; Hansen, Jensen, & Gustafsson, 2005). The author has been involved in work focusing on food and meal experiences in the health sector, including experiences from the restaurant and service sector, over the past eight years. Most people have relationships with food and elderly people, so it is perceived as a sensible combination when exploring the best for all people. The scientific purpose of the current research is to counteract malnutrition, especially among older people, so that more people can manage themselves longer with a proper diet for them.

The author will soon have 20 years of research expertise related to meal experiences, method development, and service. These topics are important in this article. The author has invested his research time in the areas of good meal experiences and his interest in food for older people.

Methods

The population to be investigated was healthy elderly people who are still active and live in their own homes. The elderly people living at home are a group of people who are sparsely examined in relation to food and meals (Hansen, 2016). A local institution owned by the National Society for Public Health wanted more knowledge about this group of older people. Skipper Worse (SW) offers various activities, including a fitness centre where members can sign up for various activities to stay in good shape. An exploratory approach was chosen because this area of research has previously been sparsely examined. One form of fast focus groups was chosen as the interview method to be used with the group to be investigated (Hansen & Kraggerud, 2011).

Design

CurroCus® (CC) group interviews were chosen for this study (Hansen & Kraggerud, 2011). CC consists of fast focus group interviews conducted for a maximum of 45 minutes, unlike traditional focus group (TFG) interviews that require between 1.5 and 2 hours to be completed (Greenbaum, 1998; Miles & Huberman, 1994). In addition, CC adopts a more focused questioning approach, using a shorter time than TFG, as well as comparing several information-gathering points as well as writing down answers to fixed questions and gathering

moderators' notes. The CC method for data collection has been used in different contexts and projects since first being published (Hansen, 2015; Hansen, Frøiland, & Testad, 2018; Hansen & Kraggerud, 2011; Vabø, Hansen, Hansen, & Kraggerud, 2016).

Participants

Participants were selected based on the following assumptions. Participants should be more than 60 years of age, but there was no upper age limit. They had to live in their own homes, without receiving any help from home-based care. They were to be active, as evidenced by working out at least once a week. They should buy and cook their own food and meals at home. Three places had the necessary facilities where the institution was represented in Stavanger, Norway: Madla, Tasta, and Ledahl. They all had cafés, workout programs, trainers, and gyms in their facilities. SW published information about the group interviews, and then the participants could indicate which day and time best suited them for a group interview.

Procedure

CC group interviews were conducted in the following step-by-step manner. The description is based on an earlier paper by Hansen and Kraggerud (2011, pp. 485-486). CC group interviews were conducted on four different days during the spring and fall of 2016 (Hansen & Kraggerud, 2011). Respondents were offered coffee to drink during the interviews. The same seating was used for all interviews, with all participants situated around an oval table. Participants were given the necessary information about the study and the research number authorised by the Norwegian Centre for Research Data (NSD): "47014 food and meals 60+". They signed written consents to indicate their participation in the study. The written consent and information were approved in advance by NSD so that they safeguard the individual's rights and privacy in relation to the General Data Protection Regulation (GDPR). There was no link between the participants and the information provided. Only a project manager had access to the code key that connected the various participants with different CC group interviews. Appendix A includes the status report approving that all data are anonymised.

The nine CC group interviews lasted between 37 and 56 minutes, with an average of 45 minutes. A total of 76 individuals participated. The respondents in this research were informed of the manager assigned to each location. Managers made a list while giving the elderly participants a consent form to read and sign. The main topics were never revealed to the respondents. Before each CC group interview, all participants received information about the project and then agreed and signed the consent form for participation. Each CC group interview started with brief information on how it should be implemented. Everyone was then given a sheet of four questions on the theme of the study. An estimated 1 minute was allotted for each question, resulting in 4 minutes, and the participants then submitted the question sheets to the moderator. The actual CC interview then started and continued for 45 minutes or until there were no more questions and the participants became quiet. Only water was available in the room for the participants.

All the interviews were recorded using a digital recorder of high quality and then transferred to a computer, where they were transcribed, and the computer program NVivo 11.0 was used to organize the text. All interviews had excellent audible quality.

Data Analysis

The treatment of the results started with the coding of the raw data using a grounded theory approach similar to the method developed by Brytting (1990), who employed a more

simplified version of this approach through his separation into three coding category levels: A-, B- and C-level categories, as presented in Figure 1. The coding process was not as complicated as the process originally developed by Glaser and Strauss (1999). The coding process in our study resulted in 170 C-level codes and categories that were integrated into 19 B-level categories on a higher abstraction level (Figure 2). The B-level categories were carefully compared and then integrated into six A-level categories.

An exploratory design was chosen to reveal the best possible way the respondents in the relevant group thought about the topics that were discussed. Each interview was reviewed, coded, and categorised so that all content was integrated at a higher level and new codes and categories were formed with increasing levels of abstraction further up the pyramid (see Figure 1). The results are organized so that all categories that clearly emerged through the analyses were numbered, and each had its concept clarification that is understandable to the content. This approach helped shape the various categories that ultimately formed the basis for the findings.

The A-level findings rely on selective coding and are the highest abstraction level incorporating the B-level categories. The B-level categories equal the middle abstraction level and are known as axial coding in grounded theory (GT). The C-level is not mentioned in this paper, but equals the open coding in GT.

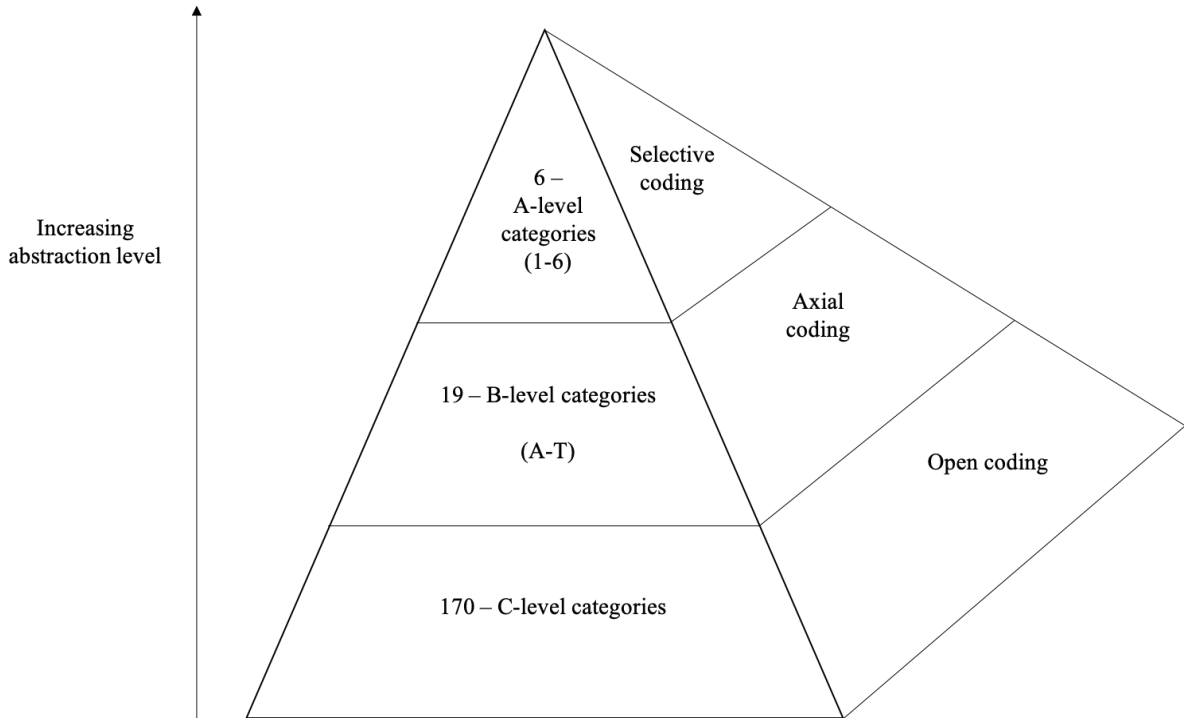

Figure 1 Conceptual model of the respondents' interpretation of knowledge and motivation among the elderly above 60 years old.

Results

Participants ranged in age from 60 to 87 years old. Some exercised once a week; others exercised up to five times per week. More women participated in the interviews, accounting for 80.2% of all participants. Qualitative findings were based on the categories and codes from the CC group interviews and two other sources of empirical data collection, as described in the methodology section of this paper. The findings are based entirely on respondents' interpretation of motivation and knowledge in relation to food and meals for their age group as

well as for the group of older adults in Stavanger. The findings are reported on A- and B-levels according to the structure used in the GT approach. Each finding includes one or more of the participants' related quotes.

Food Intake

Food intake represented two B-level categories: diet awareness and nutritional knowledge. Food intake is essential for humans, and a varied food intake adapted to age is important and affects purchases that must be made. Knowledge of a diet appropriate for elderly individuals' activity level and good health benefits requires knowledge of nutrition. The goal is to live to a good old age. The participants' diets had changed over the last 30 to 40 years due to having children and engaging in an active work life. Whereas their diets were previously more characterized by quick solutions and at least partially manufactured foods, their diets have changed due to increased awareness about food and meals. Now they make food from scratch, and their intake of vegetables, fruits, and fish has increased.

Diet awareness

Diet consciousness is when participants focus their attention to counteract health problems through what they eat, but it also includes the ability to trust the food by considering both ecology and health issues. "I only wonder how much salt you need daily" (Female - 30028). The participants had received many diet suggestions that they thought would prevent health problems, such as the need to consume omega-3 fats, seeds, more fish, more vegetables, and alternate meat and fish every other day. Healthy food has become trendy, and today's diets among the elderly are healthier than when they had children because they have more time for food today and the kids have moved away from home. Certainty about salt in food was discussed, and the respondents generally agreed that salt consumption should be limited, but there should be more information for the elderly from the authorities.

Nutritional knowledge

Nutritional knowledge is education or experience that the respondents have acquired about diet through life, but in this context, it also includes content declaration and food labelling. "I had to start dieting when I was 25 years old when I had a heart attack, and then we began to avoid fat" (Female - 30031). Some respondents have only basic knowledge that they have learned over a long life while others have worked with nutrition information at their jobs. Respondents pointed out that a lot of information exists, but nothing from a neutral source (e.g., government information offices) that addresses the elderly. The elderly are aware that they need a different diet than the one they followed when they were young, but knowing what foods they should eat is challenging. Labelling foods for the elderly may be an option, but then the information must be readable. Although nutrition was not the main focus of eating when they were young, they have learned about nutrition in adulthood from cookbooks, nutritionists, and other sources. Their knowledge is well inherited, yet that knowledge has not always been consistent with a healthy diet. Others have increased their nutritional knowledge due to health reasons.

Purchasing Patterns

Purchasing patterns include two B-level categories: purchase frequency and purchasing locations. Purchasing patterns provide insights into elderly individuals' motivation to shop at

various grocery stores. Most are active users of the local store and visit a special food store at least once a week. Good access to shops with ample parking and quality and good service are necessary where they shop.

Purchase frequency

In this context, the purchasing frequency represents how often the respondents make purchases of food each week. “I have a man who likes to go shopping so he would like to go shop a little every day” (Female - 30026). Men often make purchases if they are married and the shopping list is written in advance, either exclusively by their wives or together as a couple. Participants indicated a great variety in terms of how often they visited the grocery store, ranging from one to five times a week. The average was around three times per week. They are relatively faithful to nearby shops, but do go to special shops, such as fish markets. If consumers have access to their own car or if they live a short distance from public transport, they take more shopping trips.

Purchasing locations

Purchasing location includes both location of the store and parking facilities. “It’s somewhat important to support the local convenience store” (Female - 30033). It is important to have good parking facilities, as the shopping malls Madla Amfi and Blue Magazine do. Respondents use convenience stores and specialty stores that are further away for grocery shopping because they can get good deals on some foods. Many of the respondents look for fishing trucks or fishmongers in the town square for good quality products. Quality and good service make them return as customers.

Meal Knowledge

Meal knowledge encompasses six different B-level categories: food knowledge, type of food dish, type of food raw materials, food triggers, quality goal, and meals. Food knowledge is important for the elderly and their immediate families as such knowledge can lead to healthier foods and meals for the elderly. Food triggers are important to know because they can help stimulate increased food intake by knowing what the elderly want from food, meal pleasure, and meal situations. Different types of foods and drinks that provide a varied diet are also important, especially when living in a nursing home. It turns out that older people are very conscious of eating more fish each week and have relatively good knowledge about the quality of different types of raw materials. The prices of quality products, especially fish, are considered high compared to meat products.

Food knowledge

In this context, food knowledge refers to respondents’ knowledge of food cooking, locally grown food, home-cooked food, and the use of pesticides. “Cooking that is delicious, there's a lot of it” (Male - 30026). Several people use their knowledge of cooking with woks to eat more vegetables and chicken. Some respondents experience restaurants’ marketing of locally grown food, ecological food, and the like, which staff explain as something that might reduce the food experience.

Dishes

Dishes represent what the respondents consume in terms of food and drink in their daily lives, including how they taste. *"*I am surprised by places that make a lot of food do not taste their food, because sometimes you think that a little twist on the spice here would make a completely different dish" (Female - 30027). An important point addressed is the need for spices in the food so that it does not become tasteless. Dishes should be delicious and trigger an appetite. Wine and beer are a natural wish as part of the meals when today's healthy elderly receive a room or apartment at a nursing home. The dishes may consist of traditional dishes as well as a selection of foreign dishes.

Raw materials

Raw materials for the respondents in this survey include cod, salmon, meat, vegetables, and rough bread as well as the price level.

> I think the price has a bit to say. Fish is very expensive. Delicious fat fish, halibut, and similar quality foods—it's very expensive and I think it could be eaten even more if it was not that expensive. (Female - 30027)

Salmon was highlighted because it is relatively reasonably priced and easily accessible, although some criticised salmon for being so spicy they could not taste the fish. Salmon such as Salma Salmon (a Norwegian product) have been praised for following strict farming requirements. Still, fish was considered relatively expensive. Homemade fish meals were clearly preferred because the respondents thought they made it better than the restaurants. Fruits and vegetables were also noted as being consumed a lot by the elderly and being directly related to lifestyle changes and health.

Food triggers

Food triggers are opportunities and measures to enhance appetite among the elderly. "...We have become such travelers as people and where we have picked up very much new in, just travel down in Europe..." (Male - 30025). The delicious presentation of the food can trigger an appetite among the elderly. Food and the presentation of food are important factors, as is creating a good mealtime atmosphere in the dining room. Creating an increased appetite was a concern for a number of people, but at the same time efforts may not create appetites. Rather, it could be the opposite. They were very concerned about mistakes they have heard of or experienced in nursing homes when it comes to food service. In many cases, simple measures can stimulate increased food intake, such as participating in the cooking, putting together the freshest food, and offering great wine glasses to use with their juice. Cooking aromas were important for many of the elderly. When they smelled fresh-baked bread or pastries, something special increased their appetites.

Quality goals

Quality goals describe the respondents' perceptions of what quality is in food and meals. "It does not have to be organic; it must be quality and must taste good" (Female - 30032). The participants are familiar with Keyhole or NYT NORGE labelling of foods, but they are unsure whether it is correct. The foods that the elderly eat do not have to be organic, but they must be of good quality and taste well. Several respondents mentioned the price, especially for

fish, but they no longer consider price as a good quality goal. Many buy deep-frozen fish and are satisfied with the quality, but the best is fresh fish. Date tagging is an important quality goal, but they also mentioned the need to use the senses to assess quality.

Meals

Meals include dinner, lunch, and dessert as well as dining and eating habits in this setting. “We always had dessert no matter when we grew up, but personally I think it's good with something sweet afterwards” (Female – 30028). Many respondents ate dessert several times a week, and it was natural for them to have dessert after dinner. Many learned this to be a natural part of dinner from childhood. The meal is also about eating habits, and several described that they mostly ate the same thing for breakfast or lunch as they have most of their lives.

Community

The community aspect consists of five codes on the B-level: loneliness coping, meeting points, loneliness strategies, eating out, and togetherness. It is especially evident among older men that, when the partner or spouse dies, the man takes a decision to cook from scratch every day, even when they have not made food before. Friends and family are invited to dinner in order to reduce their loneliness. The older women in this survey also had ways to avoid loneliness. They often go to a café with good friends, and they help each other shop. Meeting places where there are more elderly create contact points and unity. An important place is SW’s day centre, owned by the National Association of Public Health with the municipality of Stavanger. The centre has an activity-training environment customised for people above 60 years old. Much of the focus is on creating communities, and respondents mentioned food nights, exercise, strolling, and café visits as various measures they use to stay active with each other.

Loneliness coping

Loneliness coping is the ability (especially among men) to avoid loneliness. When a person’s spouse or partner dies, the person is keen to make at least one meal, usually dinner. “... then I said to myself, ‘now boy just find the cookbook and start.’ Then I promised myself to have dinner every day” (Male - 30031). When they are confident in their own cooking, they usually invite friends or family over for dinner. SW uses exercise as a strategy to avoid loneliness among some residents and to enable them to socialise with other people. A few also visit restaurants to dine out, thereby avoiding loneliness. Various permanent venues are important for escaping loneliness.

Meeting points

Many respondents mentioned SW as a natural meeting place, but they also mentioned cafés, shopping malls, and home visits with friends. The meeting place covers a part of the need to meet others and be social. “This is more like a fitness centre and I would not eat at a fitness centre…” (Female - 30027). SW is a great venue for activity and training; it is comparable to a good fitness centre, but the price is much lower. It offers many activities, such as catering and food delivery directly to the elderly. Its cafés are perceived as just that, which is one of the main reasons why users do not eat dinner or lunch there. “... and after training,

we'll take a cup of coffee, and then we may have a soup or a waffle—well, we'll spend an hour afterwards" (Female - 30028).

Loneliness strategies

Loneliness strategies are the way elderly people avoid loneliness by using various methods. "I think it's very nice to play bridge, and then we have four ladies who have sandwiches" (Female - 30029). The elderly do not want to eat alone. Therefore, they invite children and grandchildren to eat with them, or they invite friends to play bridge or go out and eat together. This happens on a regular basis. To keep in touch with family living far away (i.e., not in the same city), they use Skype or other Internet services to maintain contact. The most important thing for the respondents interviewed was to avoid eating alone.

Eating out

Eating out is the experience the elderly have when they are dining outside their domestic sphere and not cooking their own food. "I think it's a bit nice to eat out" (Female - 30029). The dining experience must be better than what the elderly could make at home, and they must get the service they expect during restaurant visits. Eating at SW often gives them a choice of soup, but they tend to choose a roll and coffee. Some ask for good dinner options. SW is perceived more like a fitness centre, and the elderly do not want to eat at a fitness centre. Several say that it is nice to eat out; they do so with their family, whom they invite out for dinner.

Togetherness

Togetherness means the various measures the respondents themselves undertake to create social venues to counteract loneliness.

> A good meal is between good friends—that you cook together and you focus on a good meal with good ingredients. So I know it's made from scratch and that they and I have also spent time making it from scratch. (Female - 30025)

Some of the most important points are cooking together, having fun together, and creating different social points of interest. The most important factor in this area for respondents is that they meet for a nice meal that they themselves created.

Service Experience

The service experience consists of two B-level codes: information and service processing. Information is something that the elderly are asking for, and they concretise it with the need for upper-case letters on labels and a neutral food and meal information office perhaps run by the government. The service experience is important in all meal contexts. The elderly are well treated in restaurants and have not noticed poorer service when they eat out, even though they have grown older.

Information

Information is the need the elderly have for correct information regarding food and meals. "The Directorate of Health has a lot of information. If you go into it, then it has

recommendations. But they do not go far in depth" (Female - 30027). They are keen to have a neutral information office for the elderly with a special focus on food and drink. It should provide information on what those over 60 years of age should eat. In addition, food items must have a font size that is readable with normal vision.

Service processing

Service is the treatment that the elderly receive when they visit restaurants and eating establishments outside the domestic sphere.

> We may be cheated occasionally and because my husband bought shrimp down at the pier and then they were sold out. But suddenly there was such a car with a box and only with shrimp, and he thought he bought from the boat that had caught and cooked the shrimp. (Female - 30026)

Respondents had limited experience with their age leading to poorer service; rather, the waiters checked that everything was all right with the food and that the company enjoyed it. Smiling and cosy waiters were perceived very positively and made the meals better. It is important that the information provided by the service employee be correct so that the elderly do not suffer after eating. The reception when the elderly arrive at a restaurant is important for the service experience.

Sensory Triggers

Sensory triggers consist of enjoyment and cooking. The pleasure of cooking and inviting others to dinner gives the elderly the opportunity to stimulate cooking and the senses at the same time. Making food that is of foreign origin or containing ingredients from other countries creates excitement and pleasure in the meals—something that creates commitment and unity among the elderly. It also stimulates the elderly to find new friends and partners.

Enjoyment

Enjoyment deals with various sensory experiences around the meal and the ability for the elderly to enjoy themselves. "Enjoyment around the table—that's the most important thing" (Female - 30030). Enjoying food and drinks around the table with good friends is an important part of the meal experience. The taste of the food is important for the respondents; if the food is tasteless, it creates the opposite of pleasure. The appearance of the dish and the stimulation of taste buds create memorable meals.

Cooking

Cooking in this context refers to the pleasure of cooking alone or with someone. "If I do not know, I use a wok. Then there are many colours, from red, green, and everything else. It is Chinese" (Female - 30026). This has led to increased interest in cooking, especially among widowers. Preparing food using a wok is an approach several of the respondents took advantage of. It helped create colourful dinners while increasing the intake of vegetables.

Discussion

The findings in this article are based on the interpretation of the empirical data. The discussions and conclusions are based on a detailed analysis of the collected empirical data. It

is important to keep in mind that this research is based on the participants' responses during the CurroCus® group interviews to understand their motivation and knowledge about food and meals. Six different main categories emerged from the empirical data: food intake, purchasing patterns, meal knowledge, community, service experience, and sensory triggers.

Food intake is extremely important for elderly people, and figures about malnutrition are scary, ranging between 10% and 60%, depending on which sources are used. It is not enough to maintain food intake as before (Helse_og_Omsorgsdepartementet, 2015). Food must be composed to suit the age group to which it is served. A higher intake of proteins and fat is required for the elderly (Rognså, 2018). The respondents acknowledged that they are living healthier today than when they had children at home because now they have more time to make healthy choices. In addition, they want more knowledge about food and meals that are adapted to their age range. They have a higher intake of fish and fish products than meat. They eat more light meat and fewer semi-processed products today.

Respondents in this survey indicated that they had little knowledge about food and beverages. Most people used the Internet to find good dishes and made dishes with foreign inspiration. They want a state information office to be established that provides neutral information about food and meals for their age group. Naughton et al. (2015) demonstrated that information about appropriate diets is not used to the extent expected. Furthermore, attitude campaigns did not have a major impact on this age group. The intake of fruits and vegetables as well as fish was referred to as good and was justified directly for health reasons, as respondents were very aware of the health benefits of these foods. Their motivation stemmed from increasing their knowledge base through cooking programs and information campaigns from the Norwegian Directorate of Health. Findings about the elderly's concerns regarding budget challenges (Locher et al., 2009) were not supported by respondents in this research. The respondents did not identify the economy as a problem, but this might be due to the better economy among Norwegian pensioners than in other comparable countries.

The respondents recognized that food is more than just food, which is consistent with findings from Hansen et al. (2005) among restaurant guests at á la carte restaurants in Norway. Five meal experience aspects were identified: core product, interior, personal service meeting, company, and restaurant atmosphere (Hansen et al., 2005). Most respondents are concerned with these five aspects to achieve the best possible meal experience on a daily basis. In previous research, healthy elderly people did not show a strong focus on food and meals, which concurs with the literature review conducted by Hansen (2016). This supports the fact that they are the same customers as when they were 30 to 40 years younger, and the results showed no differences between services for younger versus older guests.

Purchasing patterns and frequencies are an important indication of the elderly's patterns of action. Many respondents make use of local stores and the benefits of shopping at specialised stores (e.g., fishmongers). This insight gives important knowledge to retail chains about areas that need to be emphasised in the creation of new stores where many elderly live and the segmentation of the elderly. Segmentation of and research on elderly consumers have been the subject of research for many years (Stone, 1954). A study by Lumpkin (1985) illuminated several reasons for shopping, such as enjoyment and socialising, which supports data from the current study. Lambert (1979) documented that the elderly had several salient concerns when shopping, including discounts, courteous and dignified service, transportation, help when shopping, package-related concerns, and convenient parking. The respondents in this study had some of the same concerns when shopping; they need easy access to stores, prefer malls and shops with easy parking for cars or public transportation, services, and grocery shops that could transport their goods home. Among married couples and cohabitants, the man does the shopping, but the woman writes the purchase list.

The use of loneliness strategies and loneliness coping are interesting findings because they appear to counteract loneliness, and more togetherness seems to influence several areas. One type of loneliness strategy is to invite friends and family for dinner in either their own home or a restaurant. Even widowers quickly decide to make dinner from scratch every day. Therefore, food and meals become a natural gathering point where they maintain contact with their closest friends and family members, giving them the possibility to meet new people and create new friendships. Triana et al. (2003) study of relatively healthy elderly investigated the intake of fluids when people ate together; they found no significant change in fluid intake even though they were eating a meal together. However, there are several limitations in that study compared to the research detailed in this paper. Nicklett and Kadell (2013) also found a higher intake of fruit and vegetables, and the intake has been increasing in recent years among the healthy elderly in Norway. Respondents expressed that they eat more in the company of others than when they eat alone at home. An interesting finding is how the elderly cope with loneliness. They have developed several techniques using food and meals to counteract loneliness. Men, who have often lived in a traditional relationship where the wife did all the cooking, take over the cooking role when their wives die and use cooking to get in touch with other people. This is also used to stay in contact with the other gender. Invitations to Sunday family dinners when living in the same city are another way to counteract loneliness. Skipper Worse is used as a meeting place, where elderly individuals can use the training facilities and resist loneliness by engaging with others. Even recent widows or widowers find company with those who are active there.

The service experience had two main emphases that the elderly focused on. One is the information available, especially aimed at food that will bring health benefits to this group of healthy elderly. The second is the responsibility of manufacturers and stores for the information on foods to be readable for those over 60 years old as well. Lambert (1979) highlighted that fonts on packaging were found to be an important element of purchase incentives among the elderly. The same article emphasized that price tagging and the size of portions had to be adapted to the older group of consumers.

The group of seniors pointed out that the reception upon arrival at a restaurant was crucial for the overall experience of eating out. There was agreement that the food and drinks, in addition to the service, had to be better than they could make at home. This does not differ from how other guests want to be treated at a restaurant when eating out (Hansen et al., 2005; Mohr & Bitner, 1995; Mueller, Palmer, Mack, & McMullan, 2003).

Sensory triggers are simple ways to stimulate increased appetites among the elderly. These include taste, preparation, and the presentation of the food to increase the enjoyment of the meal. Respondents indicated a significant increase in their consumption of vegetables. One reason may be that many people use woks to cook vegetables, and most have increased the intake of greens and fruit. They question why fish is so much more expensive than red meat and want better offers of affordable fish. When eating out at a restaurant, the food must be deliciously served to trigger their appetites.

Future research should continue to study various loneliness strategies and their effects. The focus on older people’s nutrient intake should be a government responsibility in the near future. Finally, different sensory stimuli must be investigated in order for more people to avoid malnutrition.

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Appendix

Norsk samfunnsvitenskapelig datatjeneste AS
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4036 STAVANGER

Vår dato: 08.03.2016	Vår ref: 47014 / 3 / ASF	Deres dato:	Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 28.01.2016. Meldingen gjelder prosjektet:

47014	*Mat og måltid 60+*
Behandlingsansvarlig	*Universitetet i Stavanger, ved institusjonens øverste leder*
Daglig ansvarlig	*Kai Victor Hansen*

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/meldeplikt/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://pvo.nsd.no/prosjekt.

Personvernombudet vil ved prosjektets avslutning, 30.06.2017, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Katrine Utaaker Segadal

Amalie Statland Fantoft

Kontaktperson: Amalie Statland Fantoft tlf: 55 58 36 41
Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

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