

Conceptions of healthy nourishment among elderly persons attending the University of the Third Age at UERJ: nutrition, body and daily living guidelines

Christiane Ayumi Kuwae¹
Maria Claudia da Veiga Soares Carvalho²
Shirley Donizete Prado³
Francisco Romão Ferreira³

Abstract

The aim of the present study was to describe a range of comprehensive analyzes of conceptions of healthy nourishment among a group of elderly persons. Nourishment represents a complex overlapping of the biological and the cultural spheres, and as a result ideas of healthy nourishment are defined by both social and psychological guidelines. This study is a selection of analyzes of the conceptions of healthy nourishment of elderly persons attending the University of the Third Age, performed via a qualitative ethnographic approach based on the direct observation of nutrition classes for the elderly. The group displayed a conception of healthy nourishment related to growing old with as few limitations as possible, or in other words, with better health conditions, that allowed the possibility of a range of life experiences. The elderly persons considered healthy food to be “that which doesn’t make one ill”, as they understood that not all types of food were good for them, that the older body cannot withstand excess eating and that diseases result in dietary restrictions. There was a perception of the difference between body limitations (internal rule) and medical recommendations (external rule). At the same time, practicality was also a determinant in the eating habits of the elderly persons who, in keeping with the pace of modern life “did not have time to waste”. There was a consensus among the group that learning about nutrition was necessary in later life, in order to find a balance between scientific knowledge relating to a longer life, the demands of the modern world, the aging of the body and the pleasures of eating.

Key words: Healthy Eating; Culture; Nourishment/Feeding Behavior; Aging; Health of the Elderly.

¹ Universidade do Estado do Rio de Janeiro, Centro Biomédico, Instituto de Nutrição, Programa de Pós-graduação em Alimentação, Nutrição e Saúde, Núcleo de Estudos sobre Cultura e Alimentação. Rio de Janeiro, RJ, Brasil.

² Universidade Federal do Rio de Janeiro, Centro de Ciências da Saúde, Instituto de Nutrição, Departamento de Nutrição Social e Aplicada. Rio de Janeiro, RJ, Brasil.

³ Universidade do Estado do Rio de Janeiro, Centro Biomédico, Instituto de Nutrição, Departamento de Nutrição Social. Rio de Janeiro, RJ, Brasil.

Financing: *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES), study support grant (no. 897894) received by the author Christiane Ayumi Kuwae

Correspondence
Christiane Ayumi Kuwae
E-mail: cakkuwae@gmail.com

INTRODUCTION

The definition of healthy nourishment is based on cultural and nutritional categories, classifications that are not always convergent. In addition, they do not always use the same explanations about what is bad for an individual's health. Nourishment is a complex theme to analyze and understand, as it contains several human nuances and being built around a biopsychosocial phenomenon, that expresses and combines the biological, the psychological and the social.¹

In the present study, the analysis of nourishment was based on analyses found in cultural studies, in which food is understood to be symbolic and not just a biologically nutritional substance. The act of eating food also involves memories, feelings and identities. Nourishment combines several human nuances, and to study this theme, it is necessary to differentiate these nuances and address the richness and intrinsic complexity of eating. Although the words nourishment and food are essentially synonymous in the common sense, Carvalho et al.¹ highlighted that, in terms of analytical categories, the former is more closely related to nutritional questions and the latter is more closely associated with culture.

In the present study, the focus applied to nourishment was similar to that used in socio-anthropological studies. The aim of the present study was to analyze the symbolism associated with eating, from the perspective of feelings, knowledge and significance, as well as social relationships, in terms of the perception of the world of a socially informed body.² These perceptions can be conscious or subconscious and, although singular in nature, are affected by cultural standards, which classify different types of food as edible/inedible, good/bad, healthy/unhealthy and appropriate/inappropriate.

Nutritional precautions are different for the elderly population and conceptions about what

is healthy or appropriate for this age group are unique. Careful nourishment involves seeking a balance between the demands of the body and the limitations caused by certain pathologies, many of which are controlled/treated through food (e.g. hypertension, diabetes and coronary diseases). Old age has been correlated with physiological limitations that limit an individual's food repertoire and restrictions caused by chronic pathologies or problems associated with chewing, digestion, mobility, autonomy, financial independence, health conditions and family composition. All of these can be decisive factors for the elderly when selecting a food repertoire, as well as the frequency and quality of meals.³

Nourishment for elderly individuals is determined by the following narrative: changing eating habits as the individual gets older; nostalgia for food that the individual used to eat in the past; the modernization of nourishment and the acceptance of nutritional recommendations as a criteria to select food.⁴ In this context, taking care of one's nutrition has become increasingly common, to the point where elderly individuals attend lectures about health and are monitored with a greater frequency by doctors in order to treat and prevent pathologies that become recurrent with advancing age. Concern for individual health is also much more prevalent in our daily lives, as a result of the media, the frequent announcements of "scientific discoveries" and the appeal of commercials advertising "healthy" products.

However, since nourishment is not simply a question of the individual's biological needs or profile, aging is also more complex. The third age is a social construction related to the aging process. Old age does not only refer to the number of years lived, a specific age group or a period of human life. According to Contreras & Gracia,³ "old age" is a cultural construction and as such, an arbitrary category. It does not describe a specific, objective reality". In other words, the manner in which aging is perceived in our society is unnatural and has been created based on imaginary constructions and symbolic

ideas that are implemented in practice and in the relationships between individuals in their daily lives.² Thus, the manner in which we perceive old age, whether as a time to relax after years of working or as a time for new experiences, is not natural. This perception has been socially created within specific production conditions, according to a historical context.

Old age was previously synonymous (as a priority) with a decreased pace of life at a time when the individual, after a certain age, is often ill due to the passage of time and a body that has been worn down by work. During this period, these individuals are affected by precarious health conditions that limit their autonomy and make them dependent on the care of others. Their social relationships are increasingly restricted to smaller social circles due to difficulties in getting around and the increasing need for help to accomplish daily tasks. This type of aging is synonymous with old age, decadence, solitude and rest, among other stigmas, associating elderly individuals with a continuous loss of social value, independence and control.⁵

The third age is a counterpoint to this conception of old age. The term “third age” first appeared in France in the 1970s with the creation of the *Universités du Troisième Âge*. These universities opened courses that were exclusively for the elderly, who had an opportunity to learn a second profession. These events marked a change in the conception of the elderly, who were now seen as capable of learning a new profession in their later years. Thus, this phase of life can be used to get involved in new projects for the future and not simply waiting for death.⁶

In Brazil, the extension of life expectancy rates, the universalization of retirement and the improvement in general living conditions in recent decades have pushed the limitations associated with aging to an older group than the “elderly” of the previous generation. Thus, the third age is a new form of identity in this phase of life, which can now be a time for elderly individuals

to dedicate themselves to personal projects. With an absence of work or family obligations (such as rearing children), a certain financial stability (provided by their pension) and reasonable health conditions, the elderly individual can dedicate all of their time to themselves. This phase of life can be used to recommence projects that were abandoned throughout the individual’s life, while also providing an opportunity to explore other identities in the modern world.⁵

Therefore, as a new form of aging, the third age requires the maintenance of an active, healthy body that will enable elderly individuals to experience new things during their later years. Likewise, adequate nourishment can help elderly individuals to maintain their health and allow them to have new experiences during this phase of life. Therefore, the present study sought to determine the significance of healthy nourishment among individuals of the third age.

Open Universities of the Third Age (OU3As) represent a privileged space in which to observe the social construction of old age. In general, according to Veras & Caldas,⁷ the aim of OU3As is to “reconsider the stereotypes and prejudice associated with old age, promoting self-esteem and the recovery of citizenship, encouraging independence, self-expression and social inclusion, in search of a successful retirement period.”

The OU3As offer a range of activities for the elderly, including: language courses; arts; continuous education and physical activities, among others.⁷ They provide a social space where the elderly are stimulated to adopt new attitudes that improve their quality of life, such as physical activity, art classes or learning a new language/subject. By providing these activities, the OU3As create a social space where the elderly can fully enjoy their third age.

The OU3As represent a differentiated social space that legitimizes the third age and (re) produces the conception of old age as a third

age among those who attend. In this context, this article presents a comprehensive analysis of the conception of healthy nourishment among elderly individuals who attend the University of the Third Age in the *Universidade do Estado do Rio de Janeiro* (OU3A-UERJ).

METHODS

A qualitative study was carried out using direct observation and ethnographics, as well as informal interviews and a field diary.⁸ This field work, the period of data collection, occurred between May and October of 2012, during a nutrition course that is offered (on a yearly basis) to elderly individuals that attend the *Universidade Aberta da Terceira Idade da Universidade do Estado do Rio de Janeiro* (OU3A-UERJ). Most of the field work was performed during the nutrition classes. These classes were attended by the researcher and represented a privileged opportunity to observe the elderly individuals debate topics such as food and nourishment and to record their thoughts and opinions on these themes.

The ethnographic research enabled the observation of the elderly individuals in this university environment, as well as the analysis of their behavior, interest in classes, questions about nourishment, opinions and relationships with the professor. Throughout this field work, informal interviews were conducted to expand on aspects that emerged from the observation period and to better understand the subjects of the research. These interviews did not have previously defined scripts. A number of lines were used as analysis examples. The interviews were conducted on the premises of the OU3A throughout the research, without previous scheduling. As well as a record of non-verbal observations, such as gestures, expressions and other non-verbal subtleties, the field diary was used for reflections on the observations of the field work.

The present study assessed two groups of elderly individuals, with approximately 20 people per group, most of whom were women (three

men and 37 women). All of these individuals were aged between 60 and 74 years. The mean age recorded was 69 years. The majority were retired. Their level of education ranged from primary education to post-graduation courses, although most (78.9%) were concentrated between high school and third level education.

The present study was approved by the Ethics Committee for human research in the *Universidade do Estado do Rio de Janeiro* under process number 029.3.2005, as part of the Nutrition, Health and Aging research project. This research also fulfilled the Ethical standards of Resolution 196/96 of the National Health Council. On the first day of the research, the participants received a verbal explanation of the aims of the study and consented to the use of a recording device and the publication of the data recorded. All of the participants signed a statement of free and informed consent.

RESULTS AND DISCUSSION

Because in our age

The participants perceived nourishment in old age as an accumulation of experiences from their lives and their perceptions of the modifications that aging imposes on their eating habits. Thus, certain food types are considered inappropriate for the elderly organism, based on individual perceptions of their body, as confirmed in the following comments: “I can’t eat certain foods anymore”; “it’s not good for me”; “it’s too heavy”; “I used to eat it, but I can’t anymore”.

The food that the participants no longer ate was always referred to as “heavy food”, “fatty food”, “food that overloads the body”, “food that is difficult to digest” or “food that makes you feel bad afterwards”. However, this “weight” of the food not only correlated with fatty foods, such as *rabada* (a type of oxtail stew) or *feijoada* (a type of meat and bean stew), both cited by the participants, but also by bodily sensations, as evidenced by the following comment: “My body is my clue. I don’t eat bananas at night

because they make me feel heavy”. Although bananas are nutritional, they contain a very low percentage of lipids and are considered a “light” food in nutritional terms. However, this elderly individual perceived that her body did not “accept” bananas at night as they were “heavy”.

Other foods that were considered “not so good” were more elaborate, festive foods, including sauces, creams and roast beef, which should be eaten “in moderation” because “the body feels any extravagance”, as evidenced by the following comment: “We are no longer young enough to indulge these extravagances and feel nothing afterwards”. The participants felt that these foods should be eaten sparingly and in moderation (“eat just a small piece”), due to the perception that the aging body cannot deal with extravagant eating, which is usually followed by feeling unwell.

Thus, the exclusion of certain foods correlated with the perception of the individual’s own body and difficult digestion, which would lead to a feeling of malaise. Therefore, aging produces an “internal rule” and the food restrictions produced by this perception of the body protect the individuals and avoid indisposition.

Thus, not eating a certain type of food is a form of protection and the exclusion of this food is not associated with great regret. The comment “I used to eat it, but now I’m afraid to” referred to a dish called *sarapatel* (typical in the Northeast of Brazil, containing the viscera of pigs and many spices). Foods that were excluded for causing malaise were associated with a feeling of rescuing the body, by following this “internal rule”. Eating should be good for the body and not bad for it, as evidenced in the comment: “food that makes me feel bad afterwards”.

Once in a while is alright!

According to the comments of the elderly individuals, the exclusion of food that they liked due to digestive difficulties was perceived

differently when compared with medical/nutritional food restrictions. The list of prohibited foods, which should be avoided, was seen as a “temptation”, “but I know I shouldn’t eat them”. These foods were excluded for health reasons, although several elderly individuals expressed that if they could, they would gladly eat these foods, based on the excuse that “once in a while is alright”.

Food restrictions were perceived in different ways by different elderly individuals. Food that should not be consumed on doctors’ orders was seen as tempting and sinful, and the act of eating these foods was accompanied by a feeling of guilt and an awareness that they were doing something wrong.

Restrictions submit the individual to an “external rule”, which requires vigilance, moderation and self-control. Following “external rules” was seen as submission. Since the rule was external, medical and/or nutritional recommendations that did not agree with the individuals’ own “internal rules” were perceived as a new discipline, which required care for health reasons.

Healthy food

Among this elderly population “healthy food” was also seen as “light food”, without necessarily being industrially produced as such. This adjective was used for any food that they considered healthy, including fruit and vegetables, food prepared with very little oil and food that “did not feel heavy in the stomach”. Thus, the meanings of light, healthy and good were interchangeable.

This labeling of food as light on behalf of the elderly occupied a hybrid space between internal and external rules. The tendency to reduce calories and the percentage of lipids in foods is aligned with the rules of nutrition (external rules), whereas the sensation of lightness is an internal rule, connected to the perceptions of the body.

This symbolic construction of “light” and “lightness” is also correlated with conceptions of healthy nourishment, which advises people which foods are good and which are bad, in terms of nutrition. Therefore, the taste for light foods is part of the perception of a socially informed body. In other words, the methods the elderly use to classify nourishment are both personal and part of a network, in which the social context also defines what is healthy and what is not.⁹

Thus, lightness was one of the meanings applied to healthy food. This lightness was correlated with the absence of a threat and the safe ingestion of certain “good” foods that “don’t do any harm” and are therefore, “very healthy”. Healthy food was food that did not endanger the organism and could be eaten without regret, providing the nutrients, preparation and presentation were adequate. It was not enough to just make something with organic sugar or milk. It had to be made with love, dedication and most importantly, it had to be agreeable to the palate of the consumer, as evidenced by the following comment: “Guys, you can eat this. I made it. It’s very healthy. I used this type of sugar (culinary sweetener), the milk was skimmed and has no lactose so it can’t do anybody any harm! Well, it has a few egg yolks, but very little. Whoever likes it can have the recipe.”

What is this good for?

The great diversity of foods available for consumption provides a dilemma for the individual when choosing what to eat. The dilemma¹⁰ of the omnivore also affects the conceptions the elderly have of healthy food, as was confirmed during a discussion about milk in the field research. The market contains a wide variety of milk products (skimmed, lactose-free, semi-skimmed, goats milk and soy milk). Each of these types of milk has its own characteristics and a certain purpose.

The elderly individuals analyzed in the present study expressed doubts about what is the best, and healthiest, milk to choose. The fat/protein/calcium content (the nutritional components) has become increasingly important in society when deciding which product to buy and this is no different among the elderly.

This appropriation of nutritional terms was also present among the elderly individuals assessed in this research. They expressed concern about how to know what is healthy and what is not. They also reported an even greater concern about identifying the purpose of the food in terms of the nutrition it provides for the body, or in the words of the elderly persons: “what is this good for?”

When presented with a food that they did not know or something that was not part of their daily routine, the functionality of the food and its nutritional benefits were the first things the elderly individuals asked about. While this concern was being dealt with, others were exchanging recipes and giving opinions on the best way to prepare the dish, which all of them liked to do at home. Therefore, despite their concern about the nutritional value of the food, it would only be incorporated by the elderly once it had been cooked and transformed into a meal.

It was clear that the functionality of a product, based on its nutritional properties, was a method of qualifying the food. Good and nutritious food is also tasty. Cooking, personal tastes and the type of preparation were important in terms of qualifying healthy food among the participants. The words tasty and nutritious were interchangeable in conceptions about healthy nourishment.

Better and faster

While attending the practical cooking classes in the OU3A, it was notable that the elderly

participants valued the ease with which a meal can be prepared and the cleanliness of the cooking area. There was a certain “hurry” to finish the preparation and keep the counter, oven and utensils clean. This rush to finish the activities, and to see who would finish first, seemed to be linked to the social role of the housewife, demonstrating ability and competence, in an implicit competition between the participants: being able to do something faster and better and spending less time on food preparation were seen as advantages over the others.

The importance given to reducing the amount of time spent preparing food could be a reflection of the social and economic changes that have occurred in recent decades, as well as the low social value attributed to domestic tasks. In recent decades, practicality and speed have become the most important aspects of the food and electro-domestic industries, which have become integrated into our daily lives, especially in large urban centers. In fact, domestic tasks were never really valued in Brazilian society. The performance of household activities is not considered as important as working outside the home.

Thus, the entrance of women into the job market (and the beginning of the triple-job – employee, mother and wife), as well as the urbanization process, have made practicality more important. These elderly individuals have lived through this period of intense economic and social change in Brazil, with a transition from a mostly rural profile to an urban Brazil, in which the job market has seen the inclusion of many women.¹¹

Therefore, practicality in the kitchen and the decrease in time spent preparing meals are extremely important, particularly for the elderly. A healthy meal should also be practical, given that spending a lot of time in the kitchen is not healthy. In addition, the social commitments of the participants did not allow them to “waste

time” in the kitchen. Therefore, the values of practicality and speed were also interchangeable in relation to concepts of healthy nourishment among the participants.

My grandson loves it!

The practicality of nourishment, in terms of food preparation and consumption, was repeated regularly by the elderly individuals assessed. As well as decreasing the time spent in the kitchen, practicality was provided as a reason to eat instant noodles (or other almost ready-to-eat food products), as was the choice to eat in buffet-style restaurants, which was common on the days they visited the OU3A.

Several elderly women reported that their grandchildren had introduced them to a series of semi-ready industrialized food products that are easy to prepare, needing only a microwave or a few minutes to prepare, as evidenced by the following comments: “Those “pockets” (ready-made sandwiches that are heated in a microwave) are nice. I have eaten them. My grandson loves them. I ate one and I liked it”; “those instant soups. Mmm, I love them!”; “nuggets, my grandson loves them. I eat them, but I bake them.”

In this context, the consumption of fast food represented a type of inter-generational relationship and a lesson for the elderly in how the youth of today eat, particularly when the grandchildren offered food they liked to their grandparents. In these situations, fast food was associated with positive values, as it enabled them to spend more time with their grandchildren.

However, this does not mean that the participants see fast food as a healthy option. The benefit of fast food was spending less time preparing a meal, which is convenient in a fast-paced life with many commitments. However, fast food was also seen as unhealthy due to its

inadequate nutritional value. Thus, fast food was stuck between the values of practicality and spending time with their grandchildren, which is healthy, although it was also correlated with the perception that it is a “food that makes me feel bad afterwards”.

Why make food for just one person?

Eating out was considered healthier than eating at home. For the elderly individuals in the present study, eating out represented time saved (not preparing food in the kitchen) and a meal that required basically no effort whatsoever.

In addition, eating out was considered an opportunity to find a greater variety of foods than they would eat at home. Family modifications (the death of a partner, moving in with their children or choosing to live alone) and the accelerated pace of life, in which people in the same house eat different things at a time that suits them, combined with this devaluation of mundane cooking, have led to the decrease in meals being eaten in the home.

Many of the elderly individuals assessed in the present study reported that they rarely cooked as they had become tired of this type of domestic task and they did not like cooking for one person. Others said that they found it tiring and expensive to make numerous different meals, especially when their husband suffered food restrictions and needed special meals, or that it was a waste of time to cook for so few people now that their home was “emptier”. The following comments demonstrate these feelings: “I don’t like cooking anymore. Cooking for so few people? I like to have a full house”; “I got tired of it. I only cooked for my daughter and I. Nowadays I just want to eat out”.

According to Ackerman,¹² taste is the most social of the five senses. People don’t like to eat alone. The same author stated that it is rare for

humans to choose to eat alone. Eating is a social act that involves sharing and communion. Thus, eating out in a restaurant for example, may be a form of “not eating alone”, even if the individual does not know any of the other clients in a commercial environment.

It is notable that the elderly consider cooking even more of a waste of time when the food being prepared is only for themselves. Collaço¹³ reported that there seems to be a loss of meaning to making meals alone and that cooking for oneself is perceived as a waste of time. This sentiment can clearly be seen in the following comment: “I have even gone hungry. Why make food just for one person? I don’t feed myself!”. This elderly woman reported that she doesn’t “feed” herself, which does not necessarily mean that she doesn’t eat anything, but rather that she makes a distinction between food and a snack.

In this example, food can be understood as a full, structured meal, unlike a snack, which is smaller and is not considered a main course. It is not a meal as it does not provide sustenance. Food nourishes while snacks “trick hunger”. Thus, it was clear that for the elderly cooking for one seemed to remove all the practicality. They preferred to eat out occasionally and at other times, simply replace a meal with something simpler, like a snack. Thus, commensality, the act of sharing food, also integrates the conceptions of healthy nourishment.

The wide range of conceptions concerning healthy nourishment presented herein refer to a group of elderly individuals that attended a OU3A in a large Brazilian metropolis. Therefore, the singularity of the research is a limitation of the present study, which should not be generalized for other contexts. However, the results of the present study can contribute to our understanding of the complexity of conceptions concerning what can be referred to as healthy nourishment.

FINAL CONSIDERATIONS

The elderly individuals that attended the OU3A sought to understand the multiplicity of today's world and this space enabled them to keep up to date and connected to the innovations of tomorrow, which was reflected in their conceptions of healthy nourishment. They wanted to understand what "good nourishment" meant in today's world, in accordance with old age, nutritional rules and the needs of modern daily life.

Conceptions related to healthy nourishment were affected by several modern, symbolic values, such as practicality, diversity and functionality. At the same time, these values were mixed with the individuals' perception of their body and the singularities that aging represents to each person.

Conceptions of healthy nourishment were hybridized with memories, feelings and tastes, resulting in a range of contextual conceptions about what can be considered healthy.

Therefore, while healthy food was perceived as something functional, which feeds and nourishes the body as a form of improving one's health, this perception was always linked to the flavor, personal taste, food preferences and commensality.

ACKNOWLEDGEMENTS

The authors would like to thank the entire Nutrition team at the OU3A/UERJ, who generously allowed us to carry out our research at their facilities.

REFERENCES

1. Carvalho MCVS, Luz MT, Prado SD. Comer, alimentar e nutrir: categorias analíticas instrumentais no campo da pesquisa científica. *Ciênc Saúde Coletiva* 2011;16(1):155-64.
2. Bourdieu P. *O senso Prático*. Petrópolis: Vozes; 2009.
3. Contreras J, Gracia-Arnaiz M. *Alimentación y cultura: perspectivas antropológicas*. Barcelona: Ariel; 2005.
4. Prado SD, Menezes MFG, Castro LMC, Santos DM, Tavares EL, Gulgelmin SA. Alimentação, saúde e cultura: algumas reflexões sobre uma experiência com narrativas de idosos. *Textos Envelhecimento* 2005;8(3):361-79.
5. Debert GG. *A reivenção da velhice: socialização e processos de reprivatização do envelhecimento*. São Paulo: EDUSP; 1999.
6. Cachioni M. Universidades da terceira idade: das origens à experiência brasileira. In: Neri AL, Debert GG, organizadores. *Velhice e sociedade*. Campinas: Papirus; 1999. p. 141-78.
7. Veras R, Caldas CP. Promovendo a saúde e a cidadania do idoso: o movimento da terceira idade. *Ciênc Saúde Coletiva* 2004;9(2):423-32.
8. Silva AS, Pinto JM. *Metodologia das ciências sociais*. Porto:Afrontamento; 2003.

9. Foucault M. *Microfísica do poder*. Rio de Janeiro: Graal; 2009.
10. Fischler C. *El (h)omnívoro: ol gusto, la cocina y el cuerpo*. Barcelona: Anagrama; 1995.
11. Costa MF. Consumo alimentar: discurso científico em anúncios publicitários. *Contemporânea* 2009;13:130-40.
12. Ackerman D. *Uma história natural dos sentidos*. Campos AZ, tradutora. 2ª ed. Rio de Janeiro: Bertrand Brasil; 1996.
13. Collaço JHL. Restaurantes de comida rápida, os fast foods, em praças de alimentação em shopping centers: transformações no comer. *Estud Hist* 2004;1(33):116-35.

Received: Dec 12, 2014

Revised: June 02, 2015

Accepted: June 29, 2015