

FINAL REPORT
AUGUST 9, 2000

EVALUATION OF NUTRITION PROGRAMS
PREPARED FOR SUBURBAN AREA AGENCY ON AGING AND
COMMUNITY NUTRITION NETWORK

EXECUTIVE SUMMARY

The Buehler Center on Aging of Northwestern University was retained by the Suburban Area Agency on Aging and the Community Nutrition Network to carry out an evaluation of the congregate lunch programs and restaurant dine-out programs sponsored by these agencies in suburban Chicago. Suburban AAA specified that the evaluation should take the form of a qualitative focus group study. The three organizations worked together to identify the seven nutrition sites where focus groups would be held and to develop the focus group question guide. Sites were chosen to maximize variation across sites in type of program offered, and thus included sites that provided congregate dining programs only, restaurant dine-out programs only, and both types of programs. Sites were also chosen to encompass diversity of race, ethnicity, and economic status of participants. During May, 2000, eight focus groups were conducted at the seven sites (two groups were conducted at one site): the sites were located in Des Plaines, Franklin Park, Harvey, Norridge, Markham, Oak Park, and Proviso Township.

Potential focus groups members were recruited by staff members and volunteered to participate at each site. Lists of volunteers were prioritized to maximize gender and racial balance in the focus groups. Volunteers were then called by Suburban AAA staff and agreement to participate was confirmed by letter. Recruitment met targeted numbers at all but one site.

The Focus Groups

The focus group question guide consisted of four main groups of questions with probes for additional information:

- * The first set of questions asked for general opinions of nutrition programs, especially the benefits of participating in such programs.
- * The second set of questions explored participants' use of nutrition sites, and their experiences at the sites they attend.
- * A third set of questions queried participants' use of congregate sites or restaurant programs, comparatively when both were available or hypothetically when they were not.
- * A final set of questions elicited opinions of the characteristics of a "good" nutrition program.

The Focus Group Participants

A total of 86 seniors participated in these eight focus groups. The groups' size averaged 11 persons. Basic demographic data about the participants were collected by self-report on a written questionnaire. Sixty percent of participants were women; forty percent were men. The age distribution of participants was: 21% were 60-69 years old; 55% were 70-79; and 16% were 80-89. Participants indicated their marital status as follows: 47% were widowed, 36% were married, 8% were divorced or separated, and 7% were never married. The majority of participants (77%) lived in homes or apartments that they themselves owned; thirteen percent were renters. Half of the participants lived alone, and 33% lived with one other person. The data show that efforts to achieve racial/ethnic diversity in the focus groups was not notably successful: 84% of participants were white non-Hispanics, and only 12 percent were African Americans. Only 10% of participants spoke a language other than English at home. These focus group participants were well educated: 13% had a college education or better; 13% had completed specialized vocational training other than college, and 41% had completed high school. The majority of individuals, 76%, had incomes above federal poverty guidelines for the number of people in their households.

Participants also answered a nutritional health status questionnaire. Among the notable findings here were that 40% eat alone most of the time, and 51% take three or more prescribed or over-the-counter drugs in a day.

Findings of the Study: Benefits of Participation

The findings of the study offer insights into five important target questions:

- * What benefits do older people derive from participating in a nutrition program?
- * What are the different ways in which people participate in such programs?
- * What are the barriers and obstacles that people may face when they want to take advantage of nutrition programs?
- * What factors contribute to the success of a nutrition program?
- * What can be done to increase use of congregate dining programs?

Social Benefits of Participation

Seniors who participated in these focus groups identified four important benefits of participating in SAAA nutrition programs: socialization, access to good nutrition, opportunities to participate in other activities, and low cost of meals. Socialization was the most frequently mentioned benefit, mentioned twice as often as any other benefit. Participants described several benefits of socialization:

- * **Social interaction:** People who might otherwise be somewhat isolated come to the nutrition program to have contact with people and meet new friends.

- * Social support: People come not just for conversation, but for mutual support from people who understand their situation and problems. Participants looked out for one another and accepted opportunities to be of service to one another in small ways.
- * Relief of loneliness and depression: Often, participants described their nutrition program as providing social contact they missed as a result of bereavement, or as an antidote to depression. They talked about how going to their nutrition program got them up and going in the morning.
- * Stimulation: Participants told us that coming to the nutrition site kept them active, kept them young, and stimulated them to try new things.
- * Self-Satisfaction: Attendees derived a sense of satisfaction with self from their contact with and service to others through the nutrition site. They talked about the “good feeling” it gave them inside.
- * Volunteering: In particular, many attendees derived self-satisfaction from the formal opportunities to volunteer that were made available to them through the nutrition site. They described the benefit of their volunteer work to the site and to themselves.

Access to Good Nutrition

The participants in these focus groups are secure in the knowledge that the nutrition program provides them with a nutritionally balanced diet in quantities appropriate for people their age. They liked it in particular because, having eaten a balanced meal at lunchtime, they felt they didn’t have to worry about nutrition for themselves. As a result, they felt they could snack or eat fast food for their evening meal. They described their lack of energy or enthusiasm for the work associated with meal preparation at home, such as shopping, cooking, and cleaning up. “Cooking for one” was also seen as unappealing. By attending the nutrition program, they avoided the waste of having to buy food in quantities greater than they could consume and ate a greater variety of foods than they would have if they cooked at home. Last (but not least) they valued the low cost of the meal. They saw it as a bargain. While in many cases they could afford to pay more, many knew of seniors for whom the low cost of the meals was important in being able to afford food at all.

Benefits of Participating in On-site Activities or Services

A wide variety of programs, activities, and services were offered in nutrition sites. Most often, people mentioned activities like playing cards, pool, bingo, and having parties. Services included such things as health screenings, podiatry care, social work consultation, and tax services. In some cases, people came to the centers initially to participate in an activity or service but stayed for the lunch program; in other cases, the reverse was true. In general, participants were aware of available activities for seniors, and saw the presence of activities in the nutrition site as an added bonus. They saw the activities as yet another venue in which to garner the benefits of socialization described above. They saw other seniors’ failure to avail themselves of both the nutrition program and activities/services programs as a lost opportunity. Importantly, participants uniformly

recognized the value of activities or service programs and in many cases wished for more activities, such as trips, exercise classes, crafts classes, and educational programs.

Findings of the Study: Barriers and Obstacles to Participation

The focus groups identified six major barriers or obstacles to participation in nutrition sites:

- * **Problems with transportation:** Participants cited problems with transportation as the most common barrier to participating in the nutrition sites. These problems were of two types. First, public transportation was seen as inadequate or nonexistent. Driving was seen as almost essential for those who wished to participate in nutrition sites. Lack of adequate parking near some the nutrition sites was cited as a problem for those who drive but cannot walk long distances. Second, where public transportation did exist, it took two forms: township-sponsored regular buses and special (on-call) transportation systems. Each form was found significantly lacking. Transportation systems sponsored by townships usually did not cross their respective township's borders to reach nutrition sites, even when a nutrition site included people from several townships. Second, special transportation services were difficult to obtain and not timely. People who relied on special transportation might arrive at the centers too late to get lunch, or they might then have an excessive wait for transportation to return them to their home. Thus, location of nutrition programs in areas accessible to reliable public transportation and with adequate parking was seen as a priority.
- * **Restrictions on attendance:** Similarly, some nutrition sites placed limits on who could attend, allowing only people who lived in a certain area to participate. Many participants knew of seniors who would like to come to nutrition sites, but would be excluded at some due to their place of residence.
- * **Lack of knowledge about the program:** Focus group participants at five of the eight groups commented that they knew seniors who were not aware of the nutrition programs, or that they themselves had not been aware of the program until recently. Lack of advertising was a frequent complaint. Participants felt that local advertising, coverage in community newspapers, and word of mouth were the most effective ways of getting the word out.
- * **Lack of program flexibility:** Another obstacle for some participants was the limited hours of the congregate dining programs. They believed that attendance may be affected either because people prefer to eat their main meal in the evening; or because people cannot come to the centers in the narrow time window allotted to the meal program.

The focus group participants also cited misconceptions of their fellow seniors that worked against their participation in congregate meals programs. Three beliefs of seniors cited were age bias, belief in the stigma of charity, and shyness about making the first visit. Age bias consisted in the belief that congregate meals are intended for frail elderly, and vital elderly (like oneself) should not participate. Some seniors do not consider themselves to be old, and therefore particularly do not want to associate with other old people or participate in programs to which they are entitled because they are old. People

who believe in the stigma of charity think that the nutrition program is intended only for low-income elderly, and therefore is “charity.” They do not wish to be thought of as low-income, and they do not wish to be thought of as accepting charity. Finally, some participants described feeling too shy to come to the program alone. They thought of the sites as cliquish, or initially not welcoming. Many participants saw a need to make people feel more welcome in the period when they begin to attend nutrition sites.

Findings of the Study: Components of Successful Programs

The focus group participants’ comments indicated that there are four major factors that lead to successful nutrition programs:

- * Choice in the menu and attractive presentation of food;
- * Knowledgeable, friendly staff;
- * A pleasing, supportive environment; and
- * Participant input into program planning.

Participants appreciated choice in menus and attractive presentation of food. They felt that having monthly published menus gave them the chance to choose to participate based on whether they liked any particular day’s menu. Participants in sites with two entrees daily were highly satisfied, but even at sites where there is only one entree daily, participants felt that there was enough variety in the menu that if they didn’t eat one item, they would not go hungry. Participants seemed to prefer the mode of service offered at their site as compared to other options: pre-packaged meals were popular among those whose sites serve them, while “home-cooked” meals satisfied participants at those sites. They commented on other aspects of the service at several sites: for example, they appreciated the use of real china and silverware instead of paper and plastic. At another site, meals are brought to the tables instead of being picked up as in a cafeteria. This was particularly appreciated by people with mobility problems.

Staff involvement with participants seemed to vary by site. At most centers, focus group participants knew the staff by name, spoke highly of them, and clearly had a great deal of interaction with them. They felt their staff had the best interests of seniors at heart. At one site, however, participants felt that they were being rushed to get their meals, eat, and leave. This made people feel as though they were not welcome.

Similarly, some environments in which nutrition programs found themselves were more welcoming than others. While participants recognized that this was not always under the control of the program, they felt that appropriate space made an irreplaceable contribution to a successful program. They described the environment of successful programs as comfortable (not too large or too small; not too hot or too cold), in good repair, and accessible to the public. Moreover, participants needed “a place they could call their own,” that they could decorate and where they would be allowed to carry out the activities they preferred. Some felt that the lack of a welcoming environment indicated a lack of interest on the part of local politicians and communities.

Welcoming environment is also needed for racial minorities. In one center where a focus group was held, racial barriers appear to have been overcome and a welcoming environment was available to all. Elsewhere, although participants denied the existence of cliques, participation of racial minorities appeared to be low. They were welcome, but they did not attend. Thus, creating a welcoming environment appears to require effort, forethought, and actual programmatic structure.

Finally, participants felt that in order for nutrition sites to be successful, they had to incorporate the input of the participants into programs. In some sites, there were active mechanisms (councils and elected leadership) to obtain participant input. In other sites, there had been mechanisms in the past, but they had declined in importance or even gone out of existence. Interestingly, the focus groups themselves were seen by some as an opportunity to provide input, and this was appreciated.

Findings of the Study: Dine-Out Programs

The benefits, barriers, and characteristics of successful dine-out programs were largely seen in comparison to congregate meal programs.

Social Benefits of Participation

By contrast with congregate programs, socialization benefits of dine-out programs appeared to be elective. In popular restaurants, participants might run into someone they already knew. People sometimes formed informal groups to go to the dine-out restaurants together. Going to a restaurant was stimulating because it was a change of pace from eating at home or at the congregate nutrition site. However, because the focus was solely on the meal, dine-out programs did not offer the camaraderie and support that are seen as important benefits of the congregate dining programs.

A unique social benefit of the dine-out program was intergenerational socialization: participants sometimes dined out with members of their families, and kept the cost down by using their dine-out coupons. They also enjoyed being in a setting open to people of all ages.

Access to Good Nutrition

As at the congregate meal sites, participants were sure that they were obtaining a nutritionally balanced meal. They also benefited from the low cost of the meal. The cost of dine-out coupons is not significantly more than the cost of a congregate meal, yet in many cases the meal was seen as significantly better. The restaurant dine-out meal was viewed as preferable to the congregate meal in terms of its:

- * Quantity: Meals are very often too large to eat at one sitting, and provide take-home provender for later meals.
- * Environment and atmosphere: Restaurants provided a pleasant, welcoming atmosphere in all cases, and an environment with more “amenities” than congregate

nutrition sites. Moreover, restaurants were welcoming of intergenerational socialization, while the nutrition site did not allow for it.

- * Choice and flexibility: Restaurants allowed for many choices of menu, and many choices of day and time to eat. Many people used their coupons for evening meals, or weekend meals, not available at congregate sites.

We found, in short, that the dine-out program was a benefit, but not an essential one. Many participants ate out at these same restaurants before the program was instituted, and would do so even without coupons.

Obstacles to Using the Dine-Out Program

There were significant barriers to participants' use of the dine-out program. These included distance to a participating site, lack of transportation, and physical frailty. But the single greatest obstacle to using the dine-out program is the inability to obtain coupons. This topic generated a great deal of discussion: clearly, people were angered that they could not always get coupons as well as about the methods of coupon distribution. There was definite resentment that people came from outside of their respective communities only to get coupons, but did not participate in their congregate programs. Participants were also concerned that the dine-out program may be having a negative impact on attendance at congregate programs. In short, the dine-out program appears to appeal to a different set of needs, and thus a different set of users: people who are not likely to use a congregate program even if the dine-out program did not exist. On the other hand, it offers a flexible and intergenerational ancillary service when congregate programs are not available.

Discussion

This assessment aimed to determine how well the congregate dining program and dine-out program meet the goals of the nutrition program under the guidelines of the Older Americans Act. A review of the demographic characteristics of these focus group participants makes it clear that they were not primarily low-income seniors nor were they particularly ethnically or racially diverse, even in communities known to have high proportions of minority seniors. Further investigation of targeting services and outreach might be warranted.

For those seniors who did utilize the programs, the goals of socialization, nutrition, and activity were met with great success. There was agreement that more seniors need to be informed about the meal programs, and that greater availability of dine-out coupons is desirable. Other options supported by these participants included more flexible meal times, better transportation and parking, more activities and ancillary services, and more opportunities for input from participants.

The focus groups indicated that there may be an uneven distribution of resources for senior services across communities, particularly in the area of transportation. At some sites, participants spoke at length about services available to them. At other sites,

however, there did not appear to be many options. An inventory of programs mapped against the density of the population of seniors might produce a model of service distribution that would clarify this issue.

The seniors with whom we spoke depend on their nutrition programs and value highly the benefits they offer. Nearly all the seniors in the focus groups felt that the nutrition program was extremely beneficial to themselves and to other seniors. There was one universal consensus: nutrition programs are of great importance to seniors and must continue.

Recommendations

1. To survey programs available and map these against the geographic distribution of seniors and of targeted groups within the senior population.
2. To explore ways to distribute information about congregate meals and other senior services to dine-out program users.
3. To evaluate methods currently used to distribute dine-out program coupons.
4. To encourage the revitalization of senior advisory councils at nutrition sites.
5. To evaluate the public relations strategies being used to publicize congregate nutrition sites.
6. To develop a brochure describing the congregate nutrition program.
7. To conduct an assessment of the environmental conditions of nutrition sites.
8. To study the feasibility of offering congregate meals during the dinner hour.
9. To inventory and develop “best practices” models for activities and services provided at Suburban Area Agency on Aging nutrition sites.
10. To develop volunteer opportunities for seniors at nutrition sites.