#### DOCUMENT RESUME

ED 234 014

SP 022 942

TITLE

An Evaluation of the Nutrition Services for the

Elderly. Volume I. Executive Summary. INSTITUTION

Kirschner Associates, Inc., Albuquerque, N. Mex.;

Opinion Research Corp., Princeton, N.J.

Administration on Aging (DHHS), Washington, D.C.

May 83

105-77-3002 CONTRACT

NOTE 12p.; For related documents, see SP 022, 943-946.

PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE DESCRIPTORS

SPÓNS AGENCY

PUB DATE

MF01/PC01 Plus Postage. Delivery Systems; Dining Facilities; Eating Habits; Federal Programs; \*Food Service; Health Programs; Homebound; Loneliness; Nutrition; \*Older Adults

\*Outreach Programs; Participant Characteristics; Participation; \*Physical Health; Program Evaluation;

\*Social Isolation

IDENTIFIERS \*Congregate Dining; Meal Programs; \*Nutrition

#### ABSTRACT

This document is part of a five-volume nationwide study of Nutrition Services operations and elderly citizens participating in congregate dining and home delivery services authorized by Title III-C of the Older Americans' Act. The Nutrition Services address a number of problems faced by the nation's elderly, such as dietary inadequacy, declining health status, social isolation, and limited access to social and health services. The major activity of the service is to provide one nutritionally balanced meal per day to the elderly, either in a congregate dining setting or through the provision of home-delivered meals. A second major goal of Nutrition Services is to ameliorate isolation and loneliness that can characterize less mobile elderly citizens. > Nutrition sites are also encouraged to provide certain supportive services; if needed, to participants. This evaluation's major concern was whether Nutrition Services significantly benefited older Americans. Some of the survey findings regarding the service population, program characteristics and operations and Nutrition Services' impacts on the elderly include: (1) the participant population is stable; (2) older persons participate frequently in Nutrition Services; (3) most congregate sites are operating at or near capacity; (4) transportation is available to participants at most sites; (5) volunteers (mostly participants) play an important role; (6) Nutrition Services achieve the goal of enhancing dietary intake, offer social benefits to both home-delivered and congregate participants, and provide support services to those who tend to need them most; and (7) nutrition education activities have no discernible impact on participants' dietary intake. (JMK)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Reproductions supplied by EDRS are the best that can be made from the original document.

5P 022 9426

ANGELIEBEE ELEGICATION DE LA COMPANION DE LA C 

all says the analysis of the factors DEPARTMENTS OF STEALS ITS AND STREET STREET

May 1983

U.S. DEPARTMENT OF EDUCATION NATIONAL INSTITUTE OF EDUCATION EDUCATIONAL' RESOURCES INFORMATION CENTER (ERIC)

- ☐ This document has been reproduced as eceived from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Mahadimenshin should be for him should

# Volume I

EXECUTIVE SUMMARY

AN EVALUATION OF THE NUTRITION SERVICES
FOR THE ELDERLY

Conducted for

THE ADMINISTRATION ON AGING
OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ву

KIRSCHNER ASSOCIATES, INC.
Albuquerque, New Mexico 87106

OPINION RESEARCH CORPORATION Princeton, New Jersey 08540

Contract No. 105-77-3002

The Evaluation of the Nutrition Services for the Elderly is a nationwide study of service operations and elderly citizens participating in services authorized by Title III-C of the Older Americans Act. evaluation was jointly conducted by Kirschner Associates, Inc. and Opinion Research Corporation. This report is the second of two evaluations, the first of which was conducted during 1976/77.

Nutrition Services were originally authorized by Title VII of the Ofder Americans Act, but in 1978 their authorization was changed to Title III-C of the Amended Act. Two separate services are authorized by Title III-C: congregate dining and home-delivery.

Title III-C (Subpart 1) authorizes meals served in congregate settings. In addition to providing at least one nutritionally balanced meal, this service may include nutrition education activities and other services deemed appropriate for participants.

Title VII of the Older American's Act provided that nutritionally balanced meals could be delivered to homes of older persons, but targeted this service to those over 60 years who were "... homebound by reason of illness, incapacitating disability or ... otherwise isolated." In 1978 the Home-Delivered Meal Service was authorized separately under Title III-Ç (Subpart 2).

The Nutrition Services address a number of problems faced by the nation's older population. Such problems include dietary inadequacy, declining health status, social isolation, and limited access to social and health services. Among certain subpopulations of the elderly - the poor, ethnic minorities, the isolated, and handicapped -- these problems may be more acute. The Nutrition Services were designed to emphasize services to these groups of priority elderly through outreach efforts to encourage, their participation and locating meal sites where they will be accessible to older persons in greatest need.

The major activity of the service is to provide one nutritionally balanced meal per day to the elderly either in a congregate dining setting or through the provision of home-delivered meals. Congregate dining sites and their attached home-delivered meal services are located throughout the country, although all congregate dining sites do not offer home-delivered

meals. Other home-delivery programs, such as Meals on Wheels, often operate in locales where Title III-C home-delivered meals are not offered. Participants are encouraged to contribute to the cost of either their congregate or home-delivered meal.

Besides providing a nutritionally balanced meal, the second major goal of the Nutrition Services is to ameliorate isolation and loneliness that can characterize less mobile elderly citizens; hence, the congregate dining component of the Service which affords opportunities for Social interaction and companionship.

In addition to the important dietary and social aspects of the Nutrition Services, nutrition sites are encouraged to provide certain supportive services if needed and not otherwise available to participants. Federal regulations identify these services as recreation, transportation, escort services, nutrition education, shopping assistance, counseling, and information and referral to outside agencies.

The principal purposes of the evaluation include descriptive analyses of Services' characteristics and operations as well as of the characteristics of participants. Evaluative components of the research investigated impacts on participants and the Services' characteristics and operations influencing those impacts.

This evaluation was not designed as a management study. Rather, it addresses one basic question: Do the Nutrition Services significantly benefit older Americans?

# Findings Regarding the Sérvice Population

The participant population is stable; most intend to remain enrolled, and the service population is aging.

- Two-thirds of those who were participants
  6 years ago and were reinterviewed in 1982
  have remained enrolled.
- 9 out of 10 participants intend to continue to remain active in the Nutrition Services.
- 6 years ago, one-third of participants were
   75 years or older. In 1982, 41 percent of congregate participants and two-thirds of home-delivered meal recipients were this old.

Older persons participate frequently in the Nutrition Services.

- 61 percent of congregate participants attend meal sptes 3 or more times each week.
- 82 percent of home-delivered meal recipients receive a meal in their homes 5 times each week.

Although the program does not exclusively serve priority elderly, three-quarters of congregate participants may be considered priority participants by virtue of advanced age, low income, minority status, isolation, mobility impairment, or the imited ability to speak English. Participants tend to be worse off than non-participants.

- The average age of congregate participants is 73 years.
- Congregate participants are more likely to be single (66%) and live alone (55%) than non-participants living in the same locales.
- Over one-half of participants had low incomes (32% below \$6,000; 75% below \$10,000); less than one-half of non-participants had incomes below \$6,000 in 1981.

Home-delivered meals constitute approximately 22 percent of all Nutrition Services meals and serve an especially needy group.

Home-delivered meal recipients are older
 (average age = 78 years), poorer (65%
 below \$6,000 1981 income), and are in
 poorer health than congregate participants.

## Findings Regarding Program Characteristics and Operations

Recruitment is less extensive than in the past and less emphasis is placed upon enrolling priority elderly persons. Most congregate sites are operating at or near capacity.

Transportation is available to participants at most sites, but most participants get to and from meal sites without site assistance. They have little difficulty getting to congregate sites.

- Transportation is available for participants at more than 8 of 10 sites.
- One-fifth of congregate participants use site assistance to get/to their sites.
- Nearly 9, of 10 participants report "no difficulty" getting to sites.

Volunteers, most of whom are participants, play an important role in the Nutrition Services.

- Typically, a meal site has one paid staff person and the remainder of staff are volunteers.
- 90 percent of volunteers are participants.
- 20 percent of participants perform volunteer work for The Nutrition Services.



A majority of providers (organizations that administer meal sites) prepare meals in central kitchens or at meal sites. This represents a substantial change, in that, six years ago a majority of providers served meals prepared by contractors or caterers.

Record keeping (e.g. participant rolls, cost records, amount of support services provided) has improved over the past few years, but room for improvement remains.

There is extensive organizational layering in the Nutrition Services. Among the several management layers there is some confusion regarding outreach emphasis and contributions policies.

Contributions practices vary widely and appear to be sensitively applied. Although receipts from contributions (average =  $57\phi$  and  $62\phi$  for congregate and home-delivery respectively) generally meet staff expectations, they do not approach costs (approximately \$4.09 to provide a congregate meal; approximately \$4.70 to provide a home-delivered meal).

### Findings Regarding Nutrition Services' Impacts

The Services do achieve a principal goal of enhancing dietary intake. Increased nutrient intake is directly related to participation in the congregate and home-delivery services.

Calcium intake, in particular, is substantially increased by participation. This finding is of significance, as low calcium intake by older persons may contribute to medical problems (i.e. osteoporosis). The Nutrition Services have an opportunity to even further improve calcium intake among older Americans.

Social benefits of participation are ranked even higher by congregate participants than the meal. Home-delivered meal recipients also highly value the social contact afforded by meal delivery persons.

Participants who utilize support services (e.g. shopping assistance, medical assistance and referral) are those who tend to most need them.

- Those who utilize shopping assistance are more isolated in that they tend to live alone, report having too few friends, and are rarely visited by their children.
- Those who utilize site medical assistance lead more isolated lifestyles and are less educated.

Nutrition education activities offered by meal sites have no discernible impact upon participants' dietary intakes away from the site.

Variations in program characteristics and operations do not substantially influence service impacts upon participants.



The Evaluation of the Nutrition Services for the Elderly was conducted in two waves. Wave I took place during 1976/77 and Wave II was executed during 1982. The evaluation is best characterized as two nationwide studies separated by approximately six years.

The services expanded considerably from 1976 through 1982. In 1976 approximately 6,700 congregate meal sites were in operation. By 1982, that number more than doubled to approximately 13,500. During this period the average size of meal sites has also increased: from less than 50 meals (congregate plus home-delivered) served per day to about 60 meals served per day. It is estimated that, nationally, approximately 800,000 congregate and home-delivered meals were being served per day in 1982, more than twice the number estimated in 1976.

The 1982 phase of the evaluation was, as in 1976/77, national in scope and consisted of two integrated components. Kirschner Associates, Inc. made observations and conducted 350 staff interviews at a representative sample of 70 meal sites representing 70 service providers in 29 states. All ten DHHS regions were included. Thirty-four of the congregate sites visited during 1982 were also visited during 1976/77. Thirty-six sites were visited for the first time in 1982. Interviews were conducted at several management levels:

- State Nutrition Service Directors (N=29)
- Area Agency on Aging Directors (N=67)
- Nutrition Service (Provider) Directors (N=70)
- Nutrition Provider Nutritionists/Dieticians (N=54)
- Advisory Council Members (N=60)
- Meal Site Managers (N=70)

Opinion Research Corporation conducted 3,438 interviews with participants and non-participants at the same 70 meal sites and their adjacent locales:

- Congregate Service Participants (N=1,735)
- Hóme-Delivery Service Participants (N=415)
- Non-Participating Neighbors (N=1,039)
- Former Participants (N=249)



Substantial efforts were made to locate and reinterview as many respondents who had been interviewed at the thirty-four sites visited during 1976/77. Three-quarters of those who were available to be reinterviewed were successfully reinterviewed.