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Cover Page Footnote

Revision of a Paper Delivered at the Second Annual Meeting of The Association for the Study of Food and Society, Grand Rapids, Michigan, June, 1987. Partial funding for data analysis was provided by Focus:Hope, and by a Basic Sciences Research Grant from the College of Human Medicine at Michigan State University. The authors acknowledge this support with thanks. At Focus:Hope, Edna Jackson was overall director of Food Programs. Christine Reimann directed the Food for Seniors Program. Charles Grenville was Director of Resources. Cliff Stallings and Linda Hanks were in charge of the data processing, including creation of the initial data tape. Many interviewers volunteered their time for the evaluation study. Father William Cunningham, Director, Eleanor Josaitis, Associate Director, and the staff of Focus:Hope provided total support for the evaluation. The project could not have gone forward without their help.

Evaluation of a Commodity Supplemental Food Program among the Aged Poor in Detroit*

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ABSTRACT

This article reports on the evaluation of a demonstration program in which elderly residents of the Detroit area were provided foods through the Commodity Supplemental Food Program. Organized in a short period of time, the evaluation of this demonstration program had to take into account the realities of program needs, and lack of funding for the evaluation. Elderly participants in the Focus:Hope Food for Seniors

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Program were interviewed after a year of receiving surplus foods. Little change was found in social-psychological and health variables, but the results do suggest that providing the food eased ongoing economic hardship.

Introduction

This study evaluated a Commodity Supplemental Food Program (CSFP) among the aged poor in Detroit. The program uses commodity foods supplied by the Federal Government to provide nutritional supplementation to those who otherwise could not afford adequate diets. As such, this type of ameliorative program (Kallen, Miller and Daniels, 1968, 1989) does not solve the underlying structural causes of the problem; however, it does reduce some of the human misery associated with dysfunctional social conditions, and consequently adds to the social good.

The process of the evaluation effort, as well as the results, are important because both the methods and the findings reflect experience in organizing an evaluation of an important social experiment in a very short time frame. While there is an extensive literature on evaluation of social intervention programs, (cf. for example Struening and Guttentag, 1975; Burstein, Freeman and Rossi, 1985), there is limited information regarding organization of a practical evaluation in response to an immediate need. Thus, experience with this process is presented.

The project had its beginnings in an almost casual conversation between two of the authors (D.J.K. and A.D.) and staff of Focus:Hope. Focus:Hope is a major civil rights, food distribution, and job training program in the Detroit, Michigan area. The organization traditionally has taken a strong community role in advocacy for the poor and disenfranchised. As part of its commitment, it conducts a job training program aimed primarily at preparing young men and women from impoverished areas of Detroit for specialized industrial jobs which have strongly competitive wage levels. It also has developed extensive preschool programs which emphasize both the cognitive and intellectual development of the young child and promote a return to school or work for the parents. Prior to the initiation of the Food for Seniors Program, Focus:Hope was already one of the largest distributors in the country of supplemental foods to women and children. It was this program and its ongoing success which prompted them to expand to another needy population, the elderly in the local community.

The authors knew Focus:Hope from earlier contacts regarding the effects of childhood malnutrition and the need to ensure that children in America had adequate food for growth and development (Focus:Hope, 1982). During a conversation about childhood malnutrition, Focus:Hope staff members mentioned that they were about to begin a demonstration program in which commodity

food supplements would be distributed to the elderly poor in the Detroit area. Sponsored by the U.S. Department of Agriculture, the commodities are commercially produced by private contractors for the USDA label through competitive bids. Prior to this demonstration, only pregnant women and young children were eligible to receive food from the Commodity Supplemental Food Program (CSFP). In 1982, the Department of Agriculture funded three small pilot programs which would distribute similar commodities to the aged poor. Focus:Hope would operate one of these three programs.

The authors agreed with Focus:Hope that the program had great social importance, in addition to meeting the humane needs of Detroit's elderly, and indicated willingness to help evaluate the pilot program. Although the investigators were experienced in research design, and knowledgeable about the effects of malnutrition in childhood, their experience with the aged was limited. However, the social importance of the program suggested that time would be well spent in determining how much impact the program had on the elderly it served.

The design of the evaluation reflected the realities of the research situation. There was no money and no time. The Department of Agriculture did not provide funds to evaluate the program. While Focus:Hope did not have dollars initially, they did provide an enormous amount of support for the evaluation in terms of staff time, keypunching, and other service. C.R. directed the fieldwork. Following the preparation of the data tape, we received limited funds for data analysis both from Focus:Hope and from a Basic Science Research Grant from the College of Human Medicine at Michigan State University.

The plans for the demonstration were well underway at the time the investigators agreed to help with the evaluation, and the program had to begin whether or not the project was ready to gather research information. The initial research design had to be formulated quickly. A traditional "before" and "after" assessment seemed most appropriate. It was felt that obtaining information from the people the program would serve before they received any food, and again a year after they started in the program, would be important. However, the distribution of food to the aged poor could not wait for the researchers to do a literature search and prepare a sophisticated research instrument. There were about three weeks from the time the decision was made to proceed with the evaluation to the time data collection had to begin.

The lack of funding and the low literacy level of the elderly population to be served meant that the study would have to rely on volunteer interviewers, rather than on paid professional interviewers or on a paper and pencil questionnaire. This reliance on volunteers, in turn, meant that the interview itself had to be easy to follow, self-explanatory, and have a good deal of face validity. Interviewers needed to be able to obtain the data easily, and without tiring the

elderly respondents. At the same time, it was necessary to obtain data in several content areas which could be affected by an increase in the quality and quantity of food which the elderly person had available.

The Food for Seniors Program

For local use, Focus:Hope named its CSFP elderly pilot program "Food for Seniors." There are two major aspects to the program: the receipt and use of food by the elderly poor, and the process through which it is distributed. Potential recipients are nominated by community agencies in the areas in which they live. These agencies also provide an extensive network of volunteers who assist the elderly in taking part in the program. In order to be eligible for the program, the elderly recipient has to meet a means test for participation.

The commodities package is designed to help the senior meet basic nutritional needs, supplementing rather than replacing the person's diet. In 1982, when it began, the Food for Seniors Program provided \$25.00 worth of food "at a federal cost of \$9.55 in commodities, plus 15% of that amount for local administration . . . satisfying 100% of protein needs and other key vitamin and mineral requirements . . . Included in the supplements are evaporated milk, instant milk, canned meat, vegetables, fruits and fruit juices, egg mix, farina, peanut butter, dry beans, instant potatoes and cheese" (Focus:Hope, 1983, p. 1). The commodity distribution centers also provide educational videos on nutrition and cooking, as well as interesting recipes for the commodity products. The participant has a choice of having a package of foods delivered by a program volunteer to his or her home each month, or going to a distribution center to select items in much the same way as one would at a supermarket. Elderly participants who are unable to go to a center themselves may have someone else pick up the food for them. They may also receive a ride to the center from a volunteer. Thus, the process of food distribution can have its own benefits through the interaction and social support provided by the volunteer program and through making trips to the commodity distribution center. Many of the seniors in the program have very limited mobility outside of their home due to the infirmities of age, lack of transportation, or fear of their neighborhood.

In the first year of the program, 1,600 elderly poor were served. Within six months of the start of the program, there was a waiting list of 8,600 additional eligible persons.

The Interview Protocol

The research strategy used was straightforward. The goal was to obtain relevant information as quickly as possible in a form in which volunteer interviewers

would be effective. Very little pilot testing was possible due to the restrictive time frame. However, about twenty pilot interviews were conducted with volunteer respondents. The initial data collection booklet was revised and a finished version was printed by the Focus:Hope staff using their own printing facilities. A high quality booklet containing over 200 closed-ended questions was produced in record time. A series of research questions based partly on prior experience, partly on knowledge of the program, and partly on the availability of scales used in other studies was developed. The interview concentrated on the following areas:

A. Demographic data: The evaluation form included relevant demographic data, such as age, race, sex, and living situation. Much of these demographic data came from a basic data form which Focus:Hope uses for its own records, while additional demographic data were coded from the eligibility certification form.

B. Physical health and mobility: An energy model from third world studies of malnutrition in children was adopted: give them food, and increase their energy to do things (Kallen, 1971, 1972). Hence, respondents were asked about physical movement through the community, participation in clubs and organizations, and other activities which might be affected by an increase in available energy.

Furthermore, this is an aged population, many of whom are expected to have health problems. Poor health is exacerbated by poverty and poor nutrition. Chronic illness and other health problems might have an impact on activities of daily living. The existence of crippling arthritis, for example, might limit mobility even if the recipient had increased energy resulting from an improvement in diet. Therefore, questions were included about the recipient's physical health and any chronic illness. In addition, respondents were asked about any mobility problems, vision, or hearing deficits.

C. Mental health: A number of studies have indicated that both poverty and age are associated with poorer mental health. The Midtown Manhattan Study (Srole, Langner, Michael, Opler and Rennie, 1962) provided the clearest evidence of this. In the original study, interviews were rated by psychiatrists to determine the respondents' level of mental health. In the twenty-year follow-up, a multiple choice scale which correlated highly with the psychiatrists' ratings was developed, (Srole, 1975). This multiple choice scale was included to measure mental health among this aged population.

D. Ties with the community: The mere fact of participation in the program, and contact with volunteers, should impact on the elderly person's ties to the community, and should reduce the sense of isolation which many elderly feel. The Srole (1956) anomie scale was used to measure the extent to which they

felt tied to the society in which they live. Questions on social networks and on life satisfaction were also included.

E. Patterns of food consumption: The commodity distribution program could reasonably be expected to make a difference in what the participants ate. Hence, a series of questions about dietary patterns and preferences were included.

F. Economics: By definition, this is an economically deprived population. It was felt, therefore, that it was important to ask about the adequacy of income, and about patterns of spending.

G. Other areas: Finally several questions were asked based on speculation and the interests of the investigators. For example, in other studies questions about physical attractiveness were useful in explaining certain types of behavior (Kallen and Doughty, 1984). This self-perception of attractiveness had been studied in college students, but not in an adult population, so questions about it were included in the interview. At the same time, knowing whether or not the respondent felt he/she was underweight, about the right weight, or overweight, and whether this self-perception changed with participation in the program, was important in its own right.

The Research Process

Volunteer interviewers were recruited from a variety of community organizations, with the majority coming from local church groups. These were primarily the same organizations which were recommending participants to the program. The interviewers were trained by two of the authors (C.R. and A.D.) with the help of Focus:Hope staff. They shared many of the socio-demographic characteristics of the elderly served by the program, including a lack of formal education, and a low literacy level. Hence, training had to be relatively brief and very thorough. After a review of the survey instrument and the coding system, much of the training involved simulated interviews which enabled interviewers to role play the actual data gathering situation they would face. The trainers portrayed some typical "problem" situations and then the interviewers practiced on each other. Since they were volunteers and in rather short supply, few could be turned away. However, each interviewer's survey form was coded for interviewer I.D. An analysis was conducted to assure that no systematic bias was occurring during the interview or its recording in the survey booklet. Interviewers found to have a particular problem were retrained on a one to one basis during the fieldwork. The interviewers seemed to experience a sense of satisfaction and involvement from working with others in their community on an endeavor they saw as important.

Participants were contacted by volunteers and asked if they would be willing to take part in the study. It was made clear to the participants that their

receiving food was not dependent on their participating in the evaluation, and no respondent was forced to delay beginning the program in order to be interviewed. Respondents were interviewed twice: once just before beginning the program, and once a year later. While it would have been desirable to have a control group who would be interviewed on the same time schedule as the participants, this was not possible. Not only were the resources not available for such a control group, but more importantly, a control group would have been drawn from the very group of seniors who would be added to the program as it expanded to serve additional people in need. It would have been unethical to deny participation in the program to a qualified hungry senior for the sake of research purity.

Findings

A. Demographic data: A total of 303 elderly residents of the Detroit Area who received commodities through Focus:Hope Food For Seniors Program participated in both interviews. The sample size was determined by the short time frame and the limited availability of interviewers, rather than a general unwillingness to complete the interview. An actual response rate was difficult to assess because the enrollment list was constantly expanding. Interviews were discontinued when approximately 350 pre-interviews were completed. This sample size was considered sufficient to represent the enrolled population.

The largest proportion of participants are black females; they are 45 percent of the total sample. The next largest group are white females; they represent 29 percent of the respondents. Nine percent are black males, and 11 percent are white males. The remainder are other ethnic groups. Twenty-two percent of the respondents are between 60 and 64 years old, with an additional 28 percent between 65 and 69. Nearly one in five are between 70 and 74 years of age, and an additional 18 percent are between 75 and 79 years old. Twelve percent of the participants in the program were 80 or older. The respondents had a mean age of 71 years, with the youngest being 60 and the oldest 95.

Many of the respondents are poorly educated. About one-eighth have some college education, and another eighth have a high school diploma. Just under a quarter have some high school but did not graduate, about a quarter completed eighth grade, and just over a quarter of the sample never went beyond the sixth grade. Three-fifths live alone. Less than one in five lives with a spouse, and the other fifth lives with someone else.

B. Health and physical mobility: Initial examination of the measures of physical mobility and other health variables did not demonstrate much change in the overall patterns. Thus, for example, the participants in the program did not show greater movement through the community or an increase in health. However,

neither did they show the deterioration which would normally be expected in a population of this age and socioeconomic status.

C. Mental Health: The Computerized Mental Health Scale was scored so that the population had the same distribution in categories of wellness and illness as that reported by Srole (1975) for the Midtown Manhattan restudy. An examination of the changes from the initial to the follow-up survey showed a similar pattern of change as that found by Srole. Some of the elderly involved in the program became more functional in mental health terms, some remained the same, and others became less functional. Given the age and poverty level of the group studied, it is important to note that the increasing deterioration which is so often associated with age and poverty was not found.

D. Ties with the community: Initial analysis of these data does not reveal any patterns of change. The expansion of community ties which were expected were not found; however these data have not been extensively analyzed. It is clear that the deterioration in patterns of association which characterize some elderly as they remain in the community were not found in this group of participants.

E. Patterns of food consumption: There is some evidence that the program changed the way in which the seniors involved viewed food, and their ability to obtain a diet which is satisfying and satisfactory.

Table 1 shows both the before and after answers to the question, "If you had more money to spend on food, what would you buy?" Most participants would buy more fresh fruits and vegetables, and the desire for this is not affected by participation in the program. In other words, this desire did not change after a year in the program. This is not surprising since fresh produce is not included in the food package. After participation in the program for a year, there are decreases in the desire for more meat, for more bread, cereal and grain products, for more milk products, and for more staples. Grain and cereal products are included in the supplemental food package. While only a minority of the participants wanted more snack foods and more convenience foods, desire for them did increase after a year in the program, probably because more basic food needs were met. Many of the foods included in the commodity package require more than casual preparation, and few of them would serve as snack items.

The food list was classified into "good foods" and "bad foods." "Good foods" include meat, fruit and vegetables, and grain products. "Bad foods" include snack and convenience foods. After a year in the program, the desire to buy more "good foods" if more money were available had gone down from 4.4 to 4.0 items, which is a statistically significant decrease ($t=3.52, p<.001$). However, the desire to buy more "bad foods" had increased from .39 to .50 items, which is also statistically significant ($t=2.30, p<.05$). It suggests to us that participation in the commodity distribution program has decreased participants' need to be

concerned about the basic foods for survival, and increased their desire to take part in mainstream American eating.

Table 1
If you had more money to spend on food, what would you buy? At Time 1 and at Time 2, in Percent

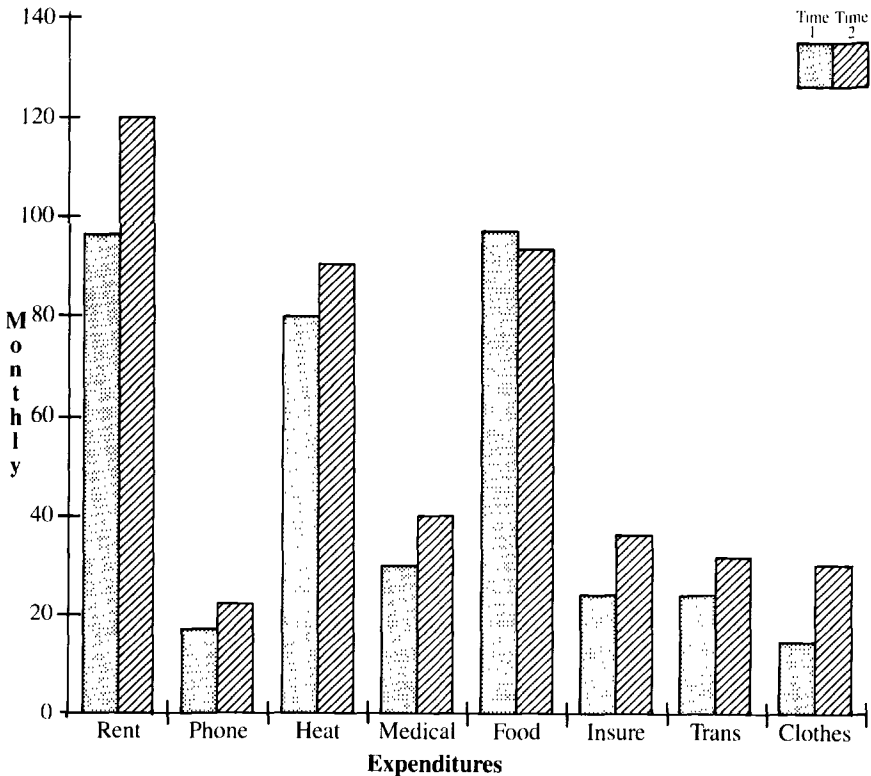
Food Items	Percent Yes	
	Time 1	Time 2
More and better cuts of meat	85.3	78.4
More fresh fruit	91.6	90.2
More fresh vegetables	89.4	87.4
More bread, cereal and grain products	53.0	46.6
More milk products	71.1	55.1
More staples (flour, cornmeal, coffee, tea, sugar)	63.5	56.1
More snack foods	17.5	23.2
More ready to eat, convenience foods	23.5	29.1
Mean: good foods at Time 1	4.40	
Mean: good foods at Time 2	4.00	t=3.52, p<.001
Mean: bad foods at Time 1	.39	
Mean: bad foods at Time 2	.50	t=-2.30, p<.05

F. Economics: Participation in the program also seems to have had a minor, but real, effect on the predictability of food expenditures. Respondents were asked if they usually have a set amount they spend on food each week or each month, or if it varies from week to week or month to month. Just over 20 percent reported both times that they had a set amount, while just over 40 percent reported at both times that it varies. About 12 percent of the respondents moved from a set to a variable amount, but nearly twice as many, 24 percent, moved from a variable to a set amount. Overall, 34 percent of the sample reported a set amount at time one, and 45 percent reported a set amount at time two, suggesting an increase in the predictability of food expenditure.

A similar change was found in the participants' report of whether or not they are able to get enough food with the dollars they have now. The choices were "yes, usually"; "yes, unless there is an emergency"; and "no, not usually." Fifteen percent of the respondents reported at both times that they "usually" had

enough money for food, or they did if there were “no emergency,” while 31 percent were consistent in saying, “no”, they usually did not have enough dollars for food. Sixteen percent reported a decrease in their ability to get enough food, moving from “yes, usually,” to “yes unless there is an emergency,” or from “if no emergency” to a clear “no.” However, 38 percent reported an increase in their ability to get enough food with the dollars they now have. While it is a sad commentary that over a third of the sample are unable to get enough food each month with the money they have, participation in the program did result in a net gain in nearly two-fifths of the participants’ ability to purchase enough food.

Finally, the participants were asked how much they spend each month on the necessities of life: rent, phone, heat, medical care, food, insurance, transportation and clothes. Figure 1 shows these expenditures at entry into the program, and a year later. In every category except food expenditures, the dollar outlay rose considerably. Thus, rent increased from about \$95 to about \$120 a month, a major increase for the poverty stricken. Heat, medical expenses, insurance, and clothes also showed major increases in cost. The cost of food went down slightly.



In a time of inflation, when costs were rising rapidly, the availability of the commodities appears to have made a difference in the ability of participants to survive economically.

It is well known that in times of economic stress the food budget is apt to suffer, since it has the apparent flexibility to absorb some of the increases in fixed expenses such as rent, utilities, medical care and so on. For many of the seniors, participation in the commodity distribution program may have meant the difference between going hungry and getting enough to eat.

Conclusions

This paper has reported on the evaluation of a Commodity Supplemental Food Program in which basic foods were supplied to a group of elderly poor people in the Detroit area. Many of the measures showed no change; a result both of the short enrollment time in the program and the age of the people studied. To some extent, no change is a positive finding. It suggests that a group expected to deteriorate is holding its own.

The commodities distributed retailed for about \$25 per person per month at the time of the study. Our findings do suggest that this pittance in food made a major difference in how well an economically marginal group can eat, and reflects their ability to make it through a time period when other expenses are rising rapidly due to inflation. The commodity distribution program appears to have made a real difference in the lives of real people.

While the study results have shown a net gain for the participants, they also have shown that many of them still live without enough money to eat throughout the month, prey to the vicissitudes of an uncertain economy. Without the Food for Seniors Program, many would have faced stark deprivation.

There is some evidence that the study itself had its own social usefulness. It provided documentation of the plight of the elderly poor in Detroit. The participant profile, designed jointly by the researchers and Focus:Hope staff, has been used in preliminary reports on the project to document the need of the seniors receiving the commodities. (Focus:Hope, 1983.) This progress report on the first year also documents the extent of volunteer involvement in the evaluation study, and reports on other aspects of the conduct of the study. This information was presented in Washington, D.C. to aid in the expansion of funding of the Food for Seniors Program.

Some problems with the study included the short time available to put it together and the use of volunteers to gather data. A better funded study, with a larger sample which followed the participants for a longer period of time, might have provided clearer findings, particularly in the social-psychological area. It is also clear that the decision to continue, and expand, the program was made

long before evaluation data were available. But a multi-million dollar study is not needed to show that the elderly poor will benefit when they are provided with an adequate diet, or that the economically marginal will survive better (if not well) when they are provided with basic food. Being poor and hungry is not good for people of any age; it is particularly bad for the very old and the very young. The commodity distribution program, as administered by Focus:Hope, does help prevent hunger; this, in the long run, is all the evaluation needed.

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