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**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. A descriptive report is contained in this volume, which presents non-selective and preliminary analysis of the data base resulting from the research. This volume is intended as a supplemental resource to other volumes of the study. Section 1 gives a report overview, and section 2 describes program characteristics and operations in great detail. The data described in this section result from interviews with Nutrition Services management staff. The third section reports on interviews with program participants and non-participants and focuses on the reach of Nutrition Services programs; the perception of program participants of congregate dining services; and participant awareness and utilization of site nutrition education offerings, shopping assistance services, site medical assistance, and site recreation activities. (JMK)

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ED234016

Volume III  
DESCRIPTIVE REPORT

AN EVALUATION OF THE NUTRITION SERVICES  
FOR THE ELDERLY

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

May 1983

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Princeton, New Jersey 08540  
(609) 799-0000

400 N. Michigan Avenue  
Chicago, IL 60611  
(312) 588-6700

One Penn Plaza  
New York, NY 10119  
(212) 730-0077

Four Embarcadero Center  
San Francisco, CA 94111  
(415) 421-1700

500 Maryland Avenue, S.W.  
Washington, DC 20024  
(202) 484-0800

**ORC**

Opinion Research Corporation

North Harrison Street, Box 183, Princeton, NJ 08540

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Volume III

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By

KIRSCHNER ASSOCIATES, INC.  
Albuquerque, New Mexico 87106

OPINION RESEARCH CORPORATION  
Princeton, New Jersey 08540

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SECTION I

OVERVIEW OF THE REPORT

## Overview of the Report

The evaluation of the Nutrition Services for the Elderly was jointly conducted by Kirschner Associates, Inc. and Opinion Research Corporation. The Final Report is available in five separate volumes.

This volume (Volume III) is the Descriptive Report. It presents a non-selective and preliminary analysis of the data base resulting from the research. Because each topic area is covered from multiple points of view, the text is repetitive in places; however, all data are fully described. This volume is therefore intended as a resource volume to supplement other volumes. The findings presented in this volume were refined and subjected to the focused analyses found in Volume II: ANALYTIC REPORT.

Two data bases are described: Kirschner Associates, Inc. interviews with Nutrition Service management staff (Section II: Program Characteristics and Operations) and Opinion Research Corporation's interviews with program participants and non-participants (Section III).

Other volumes of the Final Report include:

### Volume I: EXECUTIVE SUMMARY

### Volume II: ANALYTIC REPORT

- Executive Summary
- Wave I vs. Wave II Program Operations
- Program Impacts
- Supportive Services
- Contributions
- Priority Elderly
- Home-Delivery Service

### Volume IV: APPENDICES

Volume IV presents the Methodology Appendix describing the research design and how the evaluation was executed. Twenty-seven other appendices report analytic techniques and measures of statistical significance referred to in the text of Volume II and Volume III.

### Volume V: QUESTIONNAIRES

This volume contains the questionnaires used by the contractors in executing the evaluation. It is intended as a resource volume.



SECTION II

PROGRAM CHARACTERISTICS AND OPERATIONS

II-1

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## A. SCOPE OF TITLE III NUTRITION SERVICES: 1982

Title III-c of the Older Americans Act authorizes federally-funded nutrition services for elderly Americans. All persons 60 years of age or older are eligible to participate in these services. Spouses of eligible persons also may participate, regardless of age. As a matter of principle, all elderly are admitted to the program, but program regulations emphasize that the most needy persons (usually defined as low income, minority, poor in health, or socially isolated) are to be given priority in enrollment.

Since their inception in the early 1970s, these nutrition services have focused mainly upon meals served in congregate settings. In recent years the program has been expanded to include home delivery of meals to some elderly people. In addition, there has been increased effort to make the nutrition program a vehicle for helping older people gain access to other support services, such as transportation, social contact, and information and referral.

Funding for Title III-c nutrition services occurs through grants to state offices on aging, overseen by the Administration on Aging. Planning, coordination, and monitoring of these, and other, federally funded services to elderly residents of each state are the responsibility of the state office on aging and area agencies on aging. Most states are divided into planning and service areas and an area agency on aging is designated for most of these planning and services areas. The area agencies plan and coordinate the delivery of services within their domains. Most area agencies contract with various groups to provide the actual nutrition (and other) services.

Several different measures can be used to express the magnitude of nutrition services provided under Title III auspices. The most familiar measure probably is the number of meals served per day. As is detailed further in Section C, not all meal sites serve five days per week. Sites may serve as few as one day per week or as many as seven days per week. Thus, it is not a trivial matter to calculate an average number of meals served at all sites per day, because service varies somewhat

from day to day. The solution we have chosen for this problem is to calculate the average number of meals served per day on a hypothetical day when all sites are serving. This number, therefore, will reflect a maximum level of service, which is slightly higher than the magnitude of service on any given calendar day.

A second measure of program scope is the number of persons participating in the program. Not all participants attend the congregate site (or receive a home delivered meal) on every service day, so the number of participants (persons potentially receiving some benefit from the program) can be expected to exceed the number of meals served per day, perhaps by a considerable amount.

Another measure of the magnitude of Title III nutrition services is the amount of money expended on the program. Nutrition service providers can be expected to operate at varying levels of financial efficiency,<sup>1</sup> and therefore program cost measures can be expected to be only roughly related to either of the two preceding measures.

In the present chapter, we provide information about each of these measures of the scope of Title III nutrition services. The principal data summarized are those gathered from the 70 service providers visited during Summer 1982. However, we also have used other sources of information to develop estimates of the magnitude of service nationwide.

### 1. Numbers of Meals Served

The numbers of meals served per day are summarized in Table II-1. Two statistics are presented for the data gathered at 70 congregate meal sites and providers during Summer 1982: the mean and the median. The two statistics are quite discrepant, with the mean suggesting a much higher level of service. Recall, however, that the sample of sites (and thereby providers) is a weighted sample. Sites (providers) which served

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<sup>1</sup>The budgets of providers and their costs per meal vary tremendously, as revealed in Analyses of Food Service Delivery Systems Used in Providing Nutrition Services to the Elderly, Kirschner Associates, Inc., June 1981. Because the 1981 study examined costs in detail, the present evaluation did not gather cost data. Only a few basic budget figures were collected during the 1982 field work.

a larger number of meals per day were more likely to be included in the sample than were smaller sites (providers). This was done in order to insure inclusion of some very large sites (providers) in the sample and to make the sample as representative as possible of all meals being served nationwide.<sup>1</sup> Although the mean is a useful statistic when considering only the sample of 70, the median is a more appropriate statistic for developing nationwide descriptions of services. In this report, all projections of program size variables (nationwide participation, service, budgets, numbers of sites), therefore, are based upon medians from the sample data.

a. Congregate Meals

A typical Title III site serves 46 meals per day to congregate participants. This figure varied considerably among the sites in our sample, with the smallest site serving 8 meals per day and the largest serving 255. However, 80% of the sites served between 22 and 105 meals per day. Most sites serve meals five days per week, although some serve more, some less.

Assembling meal service data for all of the sites administered by a typical nutrition service provider yields a median of 548 congregate meals per day at that level of operation. Again, providers vary greatly in size, ranging in our sample from 49 congregate meals per day to 8,777.

Projecting nationwide, on the basis of both site and provider data, approximately 625,000 congregate meals are served on an average day.<sup>2</sup>

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<sup>1</sup> The distribution of all sites and all providers in the nation are positively skewed, that is, there are relatively small numbers of very large sites (providers). With a positively skewed distribution the mean is larger than the median because the mean is influenced by the actual sizes of the sites (providers), disproportionately weighting the computation in favor of the largest sites (providers). This is not true of the median.

<sup>2</sup> This figure fits well with data assembled from FY1981 status reports submitted to AoA's Office of Program Operations. Assuming 234 serving days per year, which is average for the sites in our sample, the status reports reveal about 610,000 meals per day one year earlier.

TABLE II-1  
SCOPE OF NUTRITION SERVICES: 1982

Measure	In the 1982 Sample		Total Number Estimated Nationwide <sup>1</sup> per day
	per Site	per Provider	
Number of Congregate Meals Served per Day			
Median	46	548	625,000
Mean	56	991	
Number of Home Delivered Meals Served per Day			
Median	7 <sup>2</sup>	153	175,000
Mean	14 <sup>2</sup>	371	
Total Meals Served per Day			
Median	59	734	800,000
Mean	70	1,362	
Number of Participants <sup>3</sup>			
Median	110	1,676	1,500,000
Mean	188	2,781	

<sup>1</sup> Estimates are based upon median daily service and best estimates of the numbers of sites and providers in operation as of Summer 1982. The numbers of sites and providers are discussed later.

<sup>2</sup> Mean and median for all sites, including an estimated 21% of the 70 sites that are not involved in home delivery. The median number of home delivered meals served per day at those sites which do provide home-delivery is 12.

<sup>3</sup> All participants enrolled, congregate plus home-delivery.

### b. Home-Delivered Meals

Most congregate sites (79% of our sample) also are involved in provision of home delivered meals, either preparing or arranging for home delivered meals within their service area. Those sample sites which do arrange for or prepare home delivered meals process an average of 12 per day (7 per day, if all sites are included in the computation). The largest number encountered in our sample was 65 home delivered meals per day.

At the provider level, an average of 153 meals are home delivered per day. Although all providers in our sample reported that they provided or arranged for home delivery, their records indicated that the number of home delivered meals ranged from none (two cases) to more than 6,000 meals per day.

Nationwide, we estimate that a total of 175,000 meals are home delivered per day under the auspices of Title III.

### c. Total Meals per Day

The ratio of congregate to home-delivered service varies considerably among sites and providers (as is discussed more fully in Chapter VII). Thus, the range of total meals served per day is very great, extending from 16 to 309 per site and from 73 to 14,919 per provider, in our sample. The average site serves 59 meals per day; the average provider manages 734 meals per day.

Combining congregate and home-delivery service, an estimated 800,000 meals are served each day under Title III. At that rate, close to 200 million meals are being served yearly.

## 2. Numbers of Participants

How many elderly persons are receiving Title III meals? Because a substantial number of participants in Title III nutrition services do not eat at a congregate site every day, the number of congregate participants exceeds the number of congregate meals served. At most sites, the average participant--defined as an eligible person formally enrolled by the site--attends on only half of the serving days. By itself, however,

this figure is misleading. A large number (about 35%) of registered participants rarely miss a meal at the site, but an equal number only rarely attend. To estimate the number of active congregate participants nationwide, it therefore is important to exclude persons who, although registered, are participating so infrequently that their inclusion could distort data about active participants.

For home-delivered recipients, there is little discrepancy between the number of participants and the number of meals served, since most participants receive a meal on every day of service. There are some exceptions to this which are discussed in Section G.

An average meal site has 110 registered congregate participants, and an average provider has 1,676. When persons who have not attended more than one meal per month are eliminated from the count, the average enrollment is 83 for sites; 1,300 for providers.

Nationwide, we estimate that 1.9 million elderly persons are enrolled in the program, counting both congregate and home-delivery enrollees. Culling those who participate only once or less per month, Title III nutrition services are reaching an estimated 1.5 million elderly participants.<sup>1</sup>

Issues related to enrollment, participation, and the characteristics of participants are discussed in detail in later chapters.

### 3. Program Costs and Income

During the visits to each of the 70 service providers<sup>2</sup>, basic budget data were requested, including dollar amounts of Title-III grants for congregate meals, home delivered meals, and non-meal services, income from other sources, and total annual income. The budget data obtained were quite erratic. In some cases the figures provided were not internally consistent, in other cases not all figures were available, and in six cases no budget data were available. In addition, some

<sup>1</sup>This number is less than half that reported in FY1981 status reports, which we believe reflect many persons who rarely or never attend or receive meals.

<sup>2</sup>See The Methodology Appendix for further detail.

figures reflected only actual dollars paid or received, in other cases the figures included the value of donated<sup>1</sup> labor and/or facilities, and in a few cases the figures purported to include the value of volunteer labor. For these reasons, no detailed analyses of budget data were performed. Only some very general estimates of program budgets and costs have been developed from the 1982 data.

a. Nutrition Service Budgets

Table I-2 summarizes an average provider's budget. Obviously, the total budgets of providers vary considerably. In the 1982 sample, the grand total per year varied from less than \$30,000 to more than \$10 million, but averaged very close to the \$700,000<sup>2</sup> total in Table I-2. Several alternate analyses converged upon the average percentage allocations shown in the table. Reassembly of the components in the table reveals that 57% of an average provider's budget is used to support congregate meal services, 17% is allocated to home-delivered meals, and 26% goes to non-meal services. Considering only the amount spent on meal services, 77% is allocated to congregate meals and 23% to home-delivered meals.

Again, the preceding figures are estimated averages and the picture for any one nutrition service provider can differ considerably from these averages. The averages in Table II-2 represent our best estimate of how resources for this program are being used nationwide. If it is assumed that there are approximately 1,150 providers in operation at the present time, then the total expenditure on nutrition services can be estimated at more than \$800 million per year.

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<sup>1</sup>"Donated" refers to labor paid for by other agencies or facilities such as buildings, vehicles, and equipment used by the nutrition service provider at no actual cost to the provider.

<sup>2</sup>The median total budget for 64 providers was \$692,800; the mean for these providers was \$1,036,700. Because this sample of providers is weighted by size (number of meals served per day), and therefore over-represents large providers, the median is the better statistic on which to base nationwide projections.



TABLE II-2  
 YEARLY BUDGET ALLOCATIONS FOR AN AVERAGE PROVIDER

<u>Title-III Income</u>		
III-b (non-meal)	127,400	(28% of total Title III)
III-c <sub>1</sub> (congregate)	254,800	(56% of total Title III)
III-c <sub>2</sub> (home delivered)	72,800	(16% of total Title III)
TOTAL Title-III	455,000	
<u>Other Income</u>		
Non-meal	53,900	(22% of total other)
Congregate	142,100	(58% of total other)
Home Delivered	49,000	(20% of total other)
TOTAL Other	245,000	
GRAND TOTAL per year	\$700,000	

### b. Per Meal Costs

Although per meal cost was not a principal concern during the 1982 data collection, estimates of per meal cost were generated for two reasons. First, such estimates can be compared to per meal cost figures obtained from another sample of nutrition service providers a year earlier,<sup>1</sup> and therefore provide an index of comparability between the two samples. If the per meal cost data are similar for the two studies, this confirms the reasonableness of considering the studies jointly in the evaluation of nutrition services. The second reason for calculating per meal costs in the present study was methodological: obtaining a sensible per meal cost figure verified that major errors had not been made in gathering the budget data and meal service data for a given provider.

Cost per meal was calculated for providers in the present study by dividing their total annual budget by the estimated number of meals served per year, based upon provider records. Sufficient data were available for 62 of the 70 providers. The average (mean) cost per meal was \$4.09. The total cost per meal from the cost/quality study, adjusted for inflation using the CPI-W,<sup>2</sup> is \$4.08. While this at first seems an astonishing confirmation, it is to some degree fortuitous. The cost/quality study figure includes the values of donated labor, facilities, and materials plus volunteer labor, which amount to about 24% of total cost. By contrast, only two-thirds of the providers in the present study reported that their budget figures included donated components and only one-third reported that the budgets included a value for volunteer labor. Thus, the per meal costs estimated in the present study are probably slightly higher than would be predicted from the

<sup>1</sup>The two studies (the present one and the cost/quality study reported in Analyses of Food Service Delivery Systems..., cited earlier) are based upon non-overlapping samples drawn from a population defined by a 1980 telephone survey. The sample for the present study was drawn first and then the sample of providers for the cost/quality study was drawn from those not involved in the present study.

<sup>2</sup>The method for adjusting cost estimates and a method for gathering cost data are detailed in A Uniform System for Calculating Costs of Nutrition Services for Elderly and Comparing Costs to Nationwide Standards, Kirschner Associates, Inc., 1982.

cost/quality study. Some discrepancy between the two sides is to be expected as a result of sampling error; in addition, it is possible that the CPI-W underestimates the cost increases actually experienced by service providers. It must be remembered that the costs calculated in the present study are only estimates based upon gross budget data, not actual expenses.

In general, it appears that the per meal cost estimates generated from the present sample are, in aggregate, sufficiently similar to those gathered in the 1981 cost/quality study to justify reference to that study for comparable information about the cost and quality of meals currently being served under Title III auspices.

What factors account for the differences among nutrition service providers in their per meal costs? The present study was not designed to study program costs, so only a few factors were examined in relation to per meal cost. Program size was one such factor. Cost per meal was found to be inversely related to the number of meals served per day by the provider ( $r = - .27$ ,  $df = 60$ ,  $p < .05$ ).<sup>1</sup> However, the correlation is small in magnitude, indicating that program size is not a major influence on costs. Two other program size variables, the provider's total budget and the radius of the site service area, were unrelated to cost per meal. Nor was there any relationship between cost per meal and a measure of efficiency obtained for each provider by comparing the number of meals ordered and the number of meals served.

The above analyses constitute only a minimal examination of cost differences, but the relationship of cost to program size confirms the outcome of the 1981 cost/quality study. In that study, cost per meal

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<sup>1</sup>For readers unfamiliar with statistical analysis, the following convention is followed in reporting tests of statistical significance performed during this study. A statistic summarizing a particular test, such as a correlation coefficient, a chi-square, or a t-test, is reported first. The next figure ( $df$ ) is the number of degrees of freedom, which is determined principally by the sample size included in the test. The final figure ( $p$ ) reports the probability that the difference is due merely to chance;  $p < .05$  indicates that the chance probability of the outcome is less than 5 in 100. In the case above,  $r$  refers to the Pearson Product-Moment correlation coefficient.

was found to be unrelated to the meal preparation system in use or to the regional or urban-rural location of the provider. Cost was found to be related to program size: the largest providers achieved slightly lower per meal costs than did small or moderate-size providers. Moreover, this economy of scale was found to be not a matter of lower food or food-service costs but of lower costs of support activities such as administration, outreach, and nutrition education.

#### c. Title III Costs

As is evident in Table II-2, the budget data gathered during Summer 1982 reveal that the average nutrition service provider covers about 65% of program costs with Title III funds. Within the 1982 sample of providers, this percentage varied between 18% and 100%; however, 85% of the sample fell within the 40% to 90% range of Title III funding. As a point of reference, the 1981 cost/quality study of Title III nutrition services reported 63% of an average program's costs to be covered by Title III, very similar to the present sample.

In general, then, it appears sound to estimate that about two-thirds of the cost of providing nutrition services to elderly participants in Title III programs is being borne by Title III funds. It also can be estimated from Table I-2 that Title III support is roughly comparable for the three program components listed. Title III-c funds cover about 64% of the cost of providing congregate meals and 60% of the cost of home delivered meals, whereas Title III-b funds are reported to cover about 70% of the cost of non-meal services. As has been noted above, the experience of any one provider can be expected to differ from these averages by a substantial amount.

#### d. Participant Contributions for Meals

Data about the average participant contribution for meals were available for 68 of the 70 service providers. In most cases, these averages were obtained from the nutrition service director and also were recorded by the Kirschner staff member during site visits. The two sources were in close agreement ( $r = .90$ ,  $df = 60$ ,  $p < .01$ ), with the means for the two sources differing only by 3¢. Because the nutrition service directors' reports were based upon longer periods, they were

chosen for all further analyses, unless only the site values were available.

The mean amount contributed by congregate participants is \$.57 per meal. The providers' figures range from \$.06 to \$1.30. Table II-3 summarizes the distribution of these figures more fully. The distribution is somewhat skewed, with more providers clustered near the lower end of the scale. Fewer than 10% of providers receive participants contributions averaging more than a dollar per meal.

d.1. Contribution Policies and Practices. The nutrition service directors and site managers were asked about various policies and practices regarding participant contributions for meals. All of these staff, with the exception of one site manager, reported that the participants in their program make donations as opposed to paying for the meals or receiving free meals. (The one site manager reported that participants "paid" for their meals.) Thus, from the staff perspective and at this level of analysis, there is a clear policy of encouraging and receiving contributions rather than requiring payment for meals. However, other data suggest that there is more variation among the providers in the actual message about contribution that reaches participants.

d.1.a Suggested Amounts. A major point of variation in practice among providers is found in their suggestion of an appropriate contribution amount. Eighteen (26%) of the nutrition service directors reported that no particular amount was suggested to participants in their programs. Thirteen (19%) of the site managers reported a policy of no suggested amount. Of greater interest, for an appreciable number of sites there was little agreement between the staff members about their policy: there were ten cases where the nutrition service director reported "no suggested amount" but the site manager reported an amount; there were five cases where the director identified an amount but the site manager said there was none. Among the 55 sites where suggested amounts were reported by both staff members, there were eight cases where the amounts differed, the site managers tending to report higher

TABLE II-3  
 CONGREGATE PARTICIPANTS' CONTRIBUTIONS FOR MEALS

<u>Average Contribution</u> <sup>1</sup>	<u>Number of Providers</u>
- \$.25 per meal	14 (22%)
.26 - .50	18 (28%)
.51 - .75	16 (25%)
.76 - 1.00	11 (17%)
1.01 - 1.25	5 (8%)
1.26 or more	1 (1%)
Median Contribution for 68 Providers	: \$.52
Mean Contribution	: \$.57
Standard Deviation	: \$.32
<u>Range of Amounts</u>	: .06-1.30

<sup>1</sup>Reported by nutrition service directors.

suggested amounts than the nutrition service directors.<sup>1</sup> Kirschner field staff members were asked, on the basis of their site visits, to clarify the actual policy and amount in effect, thus providing a third source of data about suggested contributions. The three sources were then used to arrive at a best characterization of the practice at each site. These practices are summarized in Table II-4.

Suggested amounts for contribution tend to be set at 25¢ points, for example, \$.50 (15% of the cases), .75 (23%), 1.00 (29%), or 1.25 (13%). The mean suggested amount for the 1982 sample is \$.87, considering only those sites which do suggest an amount. This amount is, obviously, far less than the total cost of a meal (see the discussion above on per-meal cost), and at a majority of sites the suggested amount does not even cover the cost of the food served in a typical meal.

Table II-4 also summarizes site managers' responses when questioned about how many participants give the suggested amount (at those sites where an amount is suggested). A majority of the managers reported that "most" participants contribute the suggested amount, a fact that is consistent with observations that can be made by comparing the average suggested amount (Table II-4) to the average actual contribution (Table II-3). Considering either the mean or the median figures in the two tables it is evident that the average actual contribution is about two-thirds of the average suggested amount. The relationship between suggested amounts and actual contributions will be explored further, below.

How are suggested amounts set by providers? Both the nutrition service directors and the site managers were asked who was involved in making decisions about participants' contributions. Again, there was ~~lack of consensus~~ in the responses, although the directors generally appeared more knowledgeable about the issue. Forty-nine (70%) of the

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<sup>1</sup>A correlation analysis of the suggested amounts reported by the director and the manager of each site yielded  $r = .71$ ,  $df = 44$ ,  $p < .01$ ; this indicates significant but modest agreement among the staff members with regard to the amount suggested. In spite of this lack of unanimity, the sample-wide average suggested amount was the same for site managers and for directors (\$.87).

TABLE II-4  
 SUGGESTED AMOUNTS FOR PARTICIPANTS' CONTRIBUTIONS

<u>Amount</u> <sup>1</sup>	<u>Number of Sites</u>
No Suggested Amount	11 (16%)
\$.25 or less suggested	5 (7%)
.26 - .60	11 (16%)
.61 - .99	17 (24%)
1.00 - 1.49	21 (30%)
1.50 or more	5 (7%)

For sites with a suggested amount,

Median amount suggested	: \$.75
Mean amount suggested	: \$.87
Standard deviation	: \$.36
Range of amounts	: .05-1.70

<u>Number of Participants who Contribute Suggested Amount</u> <sup>2</sup>	<u>Number of Sites</u>
All	4 (7%)
Most	32 (57%)
About half	9 (16%)
Less	9 (16%)
None	2 (.4%)

<sup>1</sup> Amount analysed is based upon staff and field visit reports. Two site managers reported a sliding scale in effect, in which case the mid-point of the scale was considered.

<sup>2</sup> As reported by 56 site managers.



directors (and 40% of the managers) reported that an advisory council had been involved in these decisions; 36% of the directors said that the area agency on aging had been involved; 29% of the directors (and 44% of the managers) reported involvement of others, including city/county officials, site council members, a host agency, a state agency, boards of directors, and participants.

Table II-5 lists the factors which nutrition service directors cited as considered in setting contribution policy. The factor cited most frequently, and noted as most important, was the provider's meal costs. Approximately half of the directors also reported consideration of participant income levels.

Site policies regarding the suggested amounts clearly emphasize flexibility. Virtually all of the nutrition service directors said that participants could contribute less than the suggested amount, could contribute at a later time, or need contribute nothing at all. Most of the directors also said that participants could perform volunteer work in lieu of contributing. This flexibility was somewhat less evident at the site managers' level. About half of the managers indicated that participants unable to contribute could obtain a free meal, although one manager said that they could not. About half of the managers reported that participants unable to contribute the suggested amount could contribute what or when they could.

d.1.b. Collection of Contributions. Methods of collecting contributions are of interest for at least two reasons: (1) learning which methods are preferred now that sites have been operating for several years, and (2) assessing the privacy/anonymity of the system. Both the nutrition service directors and the site managers were asked about the method(s) in use, and Kirschner field staff members observed contribution practices during site visits. Although nine methods were anticipated, predominant site practices actually fell into only four categories. At 75% of the sites the prevailing practices is for participants to drop their contributions into a container. Usually the container is placed near the entryway, although sometimes it is passed at the table or placed in an inconspicuous spot. At 16% of the sites contribution

TABLE II-5  
FACTORS CONSIDERED IN POLICY-SETTING REGARDING  
PARTICIPANTS' CONTRIBUTIONS

<u>Factor</u>	<u>Providers Considering<sup>1</sup></u>	<u>Cited as Most Important<sup>2</sup></u>
Provider Meal Costs	47 (70%)	26 (42%)
Participant Income	32 (48%)	22 (35%)
Willingness to Pay	22 (33%)	8 (13%)
Other Factors <sup>3</sup>	18	7

<sup>1</sup>According to reports by 67 nutrition service providers.

<sup>2</sup>Reported by 62 nutrition service directors.

<sup>3</sup>Other factors noted, in order of frequency and importance, were: reduction in federal funding, experiences of other sites, matching formulae, history of the provider, and site resources, site location, and marital status of participants.

envelopes are filled at the dining tables. At the remaining sites the prevailing method is to pay in advance (4%) or to hand contributions to a staff member (4%). At a few sites two or more methods of collecting contributions are in effect.

Although virtually all service directors say that contributions are a private matter and are made anonymously, Kirschner field staff noted several instances where this is probably in fact not the case. For example, at sites where contributions are made in advance, where they are handed to a staff member, or where someone watches as contributions are placed in a container, the contributions are potentially identifiable. In one instance, the practice was for participants to write their names on the envelopes used for contributions. At about 15% of the sites, the collection practices are probably not anonymous. On the other hand, at a great majority of sites, contributions appear to be made with true anonymity.

d.2 Variables Related to Contribution Levels. Given the great variability observed in average level of participant contributions (see Table II-3), what factors might explain such variation? A large number of operational variables were examined in conjunction with sites' average contribution level.<sup>1</sup> These analyses were all correlational in nature. Consequently, even when a factor is noted below to be strongly related to contribution level there will be little evidence that contribution differences are caused by that variable. Several variables were found related to contribution level. Two of them are particularly noteworthy: the suggested amount for contribution and the minority enrollment level.

d.2.a Suggested Contribution. Average contributions are higher at sites with higher suggested contribution levels ( $r = .53$ ,  $df = 66$ ,

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<sup>1</sup>Either a Pearson Product-Moment correlation coefficient was calculated, in the case of two continuous variables, or chi-square analyses were performed on contingency tables, in the case of one or more discrete variables.

$p < .01$ ). However, there is no independent evidence to suggest whether higher contributions are a result of higher suggested amounts, whether the suggested amounts are set in part on the basis of past (or expected) contributions, whether both of the above are true, or whether the relationship is due to some third factor. Recall that many providers reported considering participant income and willingness to pay when setting suggested contribution amounts (Table II-5).<sup>9</sup> Thus, it certainly is possible that the strong relationship between amount suggested and amount given is, at least in part, a matter of setting the suggested amount at a locally-realistic level. Suggested contribution level was not found to be related to 1980 per capita county income for the sites in the sample, but the per capita county figures may not be a valid index of elderly participants' ability to pay for meals.

There was a significant relationship between average contribution level and whether or not meal cost was considered in setting a suggested amount ( $\chi^2 = 9.8$ ,  $df = 3$ ,  $p < .05$ ). Those providers which reported consideration of meal cost when setting a suggested contribution amount tend to receive higher average contributions. There is confirmation for this relationship in the fact that actual estimated cost per meal (calculated from budget and attendance data) was related to average contribution level ( $r = .28$ ,  $df = 60$ ,  $p < .05$ ). Providers with higher per meal costs also receive higher per meal contributions from participants. None of several other factors which might be considered when suggesting what participants should contribute--for example, participants' incomes or their willingness to contribute--were found to be related to the suggested contribution amount or to the actual amount contributed.

Finally, it also was found that providers where the director and site manager agree on the suggested amount for contributions also receive higher average contributions than do those where there is disagreement about the amount ( $\chi^2 = 8.4$ ,  $df = 3$ ,  $p < .05$ ). In this case, it is difficult to conceive of a better interpretation than that agreement within the staff about the suggested amount sends a more effective message to the participants.

d.2.b Minority Enrollment. Providers with higher minority enrollments<sup>1</sup> tend to receive lower average contributions from their participants (  $r = -.64$ ,  $df = 59$ ,  $p < .01$  ). To some extent this is probably a reflection of the relationship between suggested and actual amounts, since high-minority-enrollment providers also tend to suggest lower amounts for contributions (  $r = -.37$ ,  $df = 60$ ,  $p < .01$  ). However, the lower suggested amounts at minority providers do not account for the full magnitude of the relationship between amount suggested and amount contributed, so both the suggested amounts and the minority enrollments of providers are of potential interest in understanding participant contribution practices.

Many additional variables were examined in conjunction with average contribution level and were found to be unrelated. These variables included measures of program size, recruitment policies, availability of other activities at the sites, participant-staff interaction and attitudinal measures, volunteerism, and method of collecting contributions.

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<sup>1</sup>Comparable results were obtained using site enrollment figures, however, the representation of minorities at sample meal sites is itself strongly correlated with minority enrollment provider-wide. This relationship is discussed in a later chapter.

## B. ORGANIZATION OF NUTRITION SERVICES

This chapter describes the administrative structure, interagency relationships, and staffing of Title III nutrition services as they are reflected in the 1982 sample. There appears to be considerable state and local autonomy in how nutrition services are administered. Nonetheless, there also is a general pattern of organization shared by most states, and it is that pattern which emerges from the statistical descriptions of the 1982 sample.

### 1. Administrative Structure

#### a. Typical Hierarchy of Agencies

Table II-6 lists five hierarchical levels that most frequently exist in administering Title III nutrition services. The table also lists the numbers of agencies at each level encountered during the 1982 field work and the known or estimated total number within the contiguous 48 states.<sup>1</sup> In some locations, the hierarchy departs slightly from this arrangement. For example, in 6 states there are no area agencies per se, the state functioning as a single area. Some area agencies function directly as nutrition service providers, although most contract with independent agencies to provide nutrition services. And, in some instances, there is an additional administrative level between the nutrition service provider and the congregate meal site. Finally, some meal sites are considered satellites of other sites and may or may not be included in the numbers reported by provider personnel. Because of these variations the numbers of "providers" and "congregate meal sites" can only be approximated.

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<sup>1</sup>Detailed information about the organization and scope of services for the elderly can be found in A Profile of State and Area Agencies on Aging--1981, the National Association of Area Agencies on Aging (N4A) and the National Association of State Units on Aging (NASUA), August, 1982. Some of the data in Table II-1 are taken from the N4A/NASUA report.

TABLE II-6  
TYPICAL HIERARCHY OF AGENCIES INVOLVED  
IN TITLE III NUTRITION SERVICES

<u>Agency</u>	<u>Number in 1982 Sample</u>	<u>Number Within 48 Contiguous States</u>
HHS Regional Office	(10) <sup>1</sup>	10
State Office (Unit) on Aging	29	48 <sup>2</sup>
Area Agency on Aging	67	666
Nutrition Service Provider	70	1,150
Congregate Meal Site	70	13,500

<sup>1</sup>Regional offices were not included in the evaluation, but sample sites fell in all ten regions.

<sup>2</sup>There are 57 state units, considering all states and territories.

## b. Agency Roles and Sizes

The principal responsibilities of regional offices of the Department of Health and Human Services are to provide information and technical assistance regarding services, including nutrition services for elderly people. Because the focus of this evaluation was upon Title III nutrition services, per se, no interviews were conducted at the regional office level. However, some data are presented later in this chapter addressing state and nutrition service provider staff members' views of the regional offices. The remaining agencies in the service hierarchy, plus provider-level advisory councils, are described in the following subsections.

b.1. State Offices on Aging. State units on aging have responsibility for planning, funding, coordinating, and evaluating programs for elderly persons, including Title III nutrition services. Kirschner field staff interviewed the state office staff person responsible for Title III nutrition programs in each of the 29 states represented in the 1982 sample. Of those state nutrition service directors, 48% indicated that the unit on aging reported directly to the governors' offices (a figure close to the N4A/NASUA nationwide data, cited above). Most of the remaining state units report to an intermediate agency involved with human resources, health, or social services.

Within the typical state office, a median of 6 people are involved with nutrition services. (The mean number is 16, reflecting the fact that there are a few states with very large nutrition service operations.) Most (93%) of the state staffs include a nutritionist, whose principal functions with respect to Title III are monitoring and assessing services (54% of the respondents), providing technical assistance (50%), reviewing menus with regard to nutrition standards (46%), and developing policy and standards (38%).

The states in the 1982 sample oversee an average (median) of 25 nutrition service providers, although this number varies greatly from state to state, ranging from 5 to 114 providers (mean = 34). State offices report active roles with regard to selecting nutrition service providers, reviewing contracts, providing technical assistance, and monitoring providers' operations.



Competitive bidding is now used (or soon will be) for selecting providers in virtually all states. However, several state directors indicated that no new providers have been selected in recent years (since 1973, in one case) and that the issue of how providers are selected is therefore somewhat moot. In most states, selection of nutrition service providers is delegated to the appropriate area agency on aging, although selection criteria sometimes are imposed by the state office.

Most state offices (68%) report that they review the area agencies' contracts with service providers (32% do not), attending primarily to the contracts' consistency with federal regulations (68% of those who review contracts) and/or with state policies (63%). Contract reviews are usually made prior to the contract being signed.

The most frequent types of technical assistance which state offices report giving to providers regard fiscal management (52% of the states), menus (45%), sanitation (38%), and general nutrition policy and operation. Many other topics were mentioned, such as home delivery of meals, contracting with caterers, staff training and development, and other programs available for elderly people.

The state offices report that they actively monitor 67% of the providers in the sample, through personal visits (100% of the sites that are monitored), providers' reports (70%), and questionnaires (21%). Monitoring is about equally likely to occur monthly, quarterly, semi-annually, or annually. However, state offices report a much higher frequency of contact with most providers, through telephone or personal visits: daily or weekly (24%) or monthly (31%).

b.2. Area Agencies on Aging. The area agency on aging is usually the focal point for planning and coordination of services to elderly persons within the prescribed area. The major foci of the 1982 interviews with 67 area agency directors were to gather pictures of current needs for service among elders, the value and operation of nutrition service programs against the context of need, and the area agencies' roles in providing nutrition services.

Most area agencies cover a multi-county area. Among the agencies sampled, 60% oversee only one or two nutrition service providers. The largest oversees 96. (The median number of providers per area agency is 2; the mean number is 7.) In some cases, nutrition services are operated directly by area agency staff rather than by contract agencies. This was so for 18 (26%) of the service providers in the 1982 sample.

The area agencies receive regular reports from the nutrition service directors, or, in the case of the direct-service agencies, prepare them internally. These are typically characterized as statistical service reports (87%), fiscal reports (79%), and descriptive reports concerning programming, client satisfaction, inventory, and other matters. Reports are submitted in a highly varied pattern of weekly, monthly, quarterly, and annual frequencies. In turn, the area agencies prepare reports for the state agencies, for other parties (counties, councils, regional AoA offices), and for internal use. These reports mainly concern fiscal issues, participation, and program evaluation.

The area agencies also report that they provide considerable technical assistance to their nutrition service providers. This topic is discussed further in Section 2, Interagency Relationships.

b.3. Nutrition Service Providers. "Nutrition service provider" refers to an administrative office responsible for delivery of nutrition service (congregate, and in most cases also home delivery) within a defined community. Most of these offices also provide or assist the area agencies in coordinating various support services for elderly nutrition participants, such as transportation, shopping assistance, information and referral, and recreation. Support services are discussed in Section F.

Most (74%) of the nutrition service directors in the sample see their role as including advocacy of new services for elderly persons. To illustrate this role, directors noted their membership on boards of other agencies and other networking activities, speaking engagements and testimony before public and government groups, assistance with needs surveys and educational programs, and their grant proposals and articles written for publication or distribution.

Seventy nutrition service providers were included in the 1982 data collection. Using several sources of information, we estimate that there was a total of 1,150 providers operating within the contiguous states at the time of the field work. This is about the same as in 1980. While there has been growth in nutrition service since 1980, we believe that this growth has been in the number of congregate meal sites and in the number of meals served rather than in the number of providers. In some locations there has been deliberate consolidation of sites or providers.

The average (median) provider administers 12 congregate meal sites and also arranges for or provides home delivered meal service. Some providers have only one meal site (6% of the sample) and a few have 100 or more sites.<sup>1</sup>

b.4. Congregate Meal Sites. The congregate meal site is the focal point for provision of Title III meals and support services. Many meal sites (39% of the sample) are located in buildings described as community centers, in churches (29%), or in housing complexes for seniors (12%). Although there has been an increase in the number of community/senior centers housing nutrition services during the past few years, there is still considerable ingenuity in the location of meal sites. Some are located in converted storefronts or residences, office buildings, and lodge halls, and the 1982 sample also included the dining facilities of a country club, a restaurant, and a funeral home. Only one school was included in the 1982 sample of sites, which reflects a reduction in use of school facilities in recent years. The meal site environments are described in greater detail in Section C.

The typical site serves congregate meals during the noon hour and also packages and distributes homebound meals. This work is handled by a combination of paid and volunteer labor. Many sites (37% of the sample) have only one paid staff member: the site manager. But a majority of sites have additional paid staff, which might include drivers, janitors, cooks and kitchen aides, clerical staff, or outreach

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<sup>1</sup>The mean number of sites per provider in our sample was 18.4 with a standard deviation of 18.2. As noted elsewhere, the sample was biased in a way that includes large providers more frequently than they occur in the population.

and recreation workers. Three of the sites in our sample (4%) operate without paid staff. Indeed, all sites report that volunteers represent an important part of the labor force. Volunteers usually are elderly participants who fulfil a variety of duties related to serving and cleaning up after meals, assisting with clerical tasks, and provision of support services. Volunteerism is treated in greater detail at another point in this chapter.

Using a variety of indicators, including data from the 1980 telephone survey cited earlier, FY1981 status reports to the Office of Program Operations, and 1982 staff interview data, we estimate that at the time of data collection there were 13,500 congregate meal sites in operation within the 48 contiguous states. The average (median) site serves 46 meals per day to congregate participants and prepares or arranges for 7 home delivered meals. But some sites handle fewer than twenty meals per day and some provide two or three hundred meals per day.

b.5. Advisory Councils. Following an administrative movement several years ago to encourage participants' involvement in planning and operation of local nutrition services, service providers and meal sites established advisory councils, usually composed of elderly participants, representatives of other community agencies, and nutrition service staff.

Sixty-two (89%) of the nutrition service directors interviewed in 1982 reported that they had an advisory council at that time. Kirschner staff included advisory council members among the interviews scheduled during field visits. Based upon the field experience we found that 60 (86%) of the providers actually had active councils. Among the remaining providers some had councils at the meal site or area agency levels. Those nutrition service directors who did not have active councils at the provider level reported that this was because they found it more efficient to have councils at higher or lower levels in the system, that they were in the process of establishing a council, or that councils had been dropped in an attempt to streamline operations or because they no longer were mandated.

b.5.a Council Activities. Descriptions of council roles and typical activities were obtained during the nutrition service directors' and council members' interviews. Selected advisory council members at a given provider were interviewed during one session. Usually one or two members contributed to each interview. Most (76%) of these respondents were participant-members of the council; the other respondents were representatives of the provider's staff, the area agency, or other agencies.

Table II-7 compares the nutrition service directors' and the council members' views of council activities. Although the exact percentages differ, the two sources are in general agreement about the issues with which the councils deal. The most prevalent areas of council concern are evaluation of operations at the meal site and handling of participants' complaints and grievances, planning which foods will be served, and deciding upon the amount which participants should be asked to contribute for meals. Some councils also are involved with planning social and recreational activities and with deciding upon the needs and methods for providing support services. By contrast, selection of staff (either paid or volunteer) is rarely a concern of the advisory councils.

Advisory council members see nutrition as the major problem of senior citizens which the nutrition service is trying to solve (85% of the respondents), followed by social-emotional problems (70%). Only 43% of the council members state that the nutrition service is trying to solve a problem of lack of access to services. However, in their open-ended comments council members noted many specific problems which their provider was addressing, including health problems, the needs of elderly people to stay active and to exercise, housing and economic problems, staying independent, and obtaining transportation, education, legal, and home-maker services.

According to the members, most councils meet once a month (68%) or once every two or three months (27%). The remaining councils meet only rarely. From their reviews of council meeting minutes, Kirschner field staff members confirmed the above reports as generally accurate, noting,

TABLE II-7  
 ACTIVITIES OF PROVIDERS' ADVISORY COUNCILS

<u>Area of Concern</u>	<u>Percent of Councils Involved</u>	
	<u>According to Service Director</u>	<u>According to Council Members</u>
Evaluating operations, handling grievances	85%	78%
Menu Planning	79%	45%
Suggesting contributions	76%	60%
Planning recreation	60%	53%
Support services	53%	57%
Scheduling meal service	44%	25%
Staffing	16%	20%

However, that about 10% of the councils had not met more than once within the past twelve months.

Half (48%) of the council's members report that they have received training or orientation concerning their responsibilities. Of those who said they had, 73% said that the training was adequate, 17% said they needed more, and 10% were undecided. Of those who had not received training, the majority (60%) thought that it was unnecessary.

b.5.b Council Effectiveness. Among the nutrition service directors interviewed, 38% characterize their councils' input as useful "all of the time", 42% say the input is useful "most of the time", and 19% say the input is "sometimes" useful. Most (66%) of the directors see the councils' level of influence as appropriate. In the case of less-influential councils, the directors attribute the lack of influence principally to members' lack of interest and knowledge or to an administrative structure that precludes much input from the council.

From the council members' perspective the councils are viewed as active in correcting weaknesses of the nutrition service (80%). The major method of action is to report a problem to a staff member or to another relevant authority or agency. But appreciable numbers of members also cite suggestion-making and direct action as methods by which they respond to problems.

Most council members also tend to be satisfied with their influence on the nutrition services. Seventy percent of the councils' members say that their councils have as much influence as they should. Those who are less satisfied express a desire for "meatier assignments" such as decision roles regarding hiring and firing of staff, budgeting, setting standards, and planning menus.

In addition to provider councils, it is common for meal sites to establish their own advisory councils. Most (64%) of the sites visited in 1982 have done so. According to site managers, the site council members are usually elected, although in about a third of the cases members volunteer or are appointed. The site councils function

chiefly as advisers with regard to site decor, activities, complaints, increasing donations and other support, meal planning and preparation, and coordination of volunteers.

In the instances where the councils have little impact, one reason may be the sheer size that the council has attained. Provider-council sizes were found to range from 4 to 64 members, averaging 29 members.<sup>1</sup> Site councils ranged from 2 to 26 members, averaging 10. Advisory groups that reach large sizes can provide plenty of input but are sometimes difficult to set into action.

In summary, what can be said about the impact of advisory councils in Title III nutrition services? As of Summer 1982 most providers, and many sites, have established advisory councils. For about half of the providers where an advisory council exists, the council appears to be active in making decisions and recommendations about the program. At about a quarter of the providers, the council appears to be largely a matter of window dressing, having little input to the operation of the program. The remaining councils either are active in an advisory capacity but without any real power, or they have adopted a relatively passive role, responding only when asked about an issue.

## 2. Interagency Relationships

Part of the interviews with nutrition service directors, area agency directors, and state directors were devoted to discussion of relationships among the agencies relevant to nutrition services. Some of the structural aspects of these relationships were described in the preceding section. Below, we summarize the more-evaluative responses given by staff members.

### a. Relationships between Nutrition Providers and Area Agencies

a.1. Nutrition Service Directors' Views. Nutrition service directors were asked to rate, on a scale of 0 (none) to 3 (great), the amount of

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<sup>1</sup>72% of the members are program participants, 14% represent other community agencies, and 10% are nutrition service staff members.



assistance which the area agency on aging had provided the nutrition service during the past year. The directors were asked about six possible dimensions of assistance, and their responses are summarized in the first column of Table II-8. Over all dimensions, the nutrition service directors' ratings average 1.9, indicating a "moderate" amount of assistance by the area agency. The highest ratings are on the dimensions of planning nutrition service operations, fiscal management and evaluation of operations. The least assistance is with regard to staffing and personnel issues.

The nutrition service directors also were asked what the area agencies could do to assist nutrition service operations. The majority of nutrition service directors (62%) provided suggestions. However, each director generally made only one suggestion and the responses were highly varied with relatively little overlap. The most prevalent suggestions were:

- Provide more training and technical assistance, for example on fiscal and attendance record-keeping (21%);
- Provide more money (12%); and
- Become more familiar with nutrition operations (12%).

Other directors requested that funding and reporting procedures be simplified and paperwork reduced, that communication between the area agency and providers be improved, and that the area agency provide more leadership. Other responses reflected a desire for greater efficiency (speedier disbursement of funds, use of multi-year contracts), for a greater role of the nutrition provider in decision making (share responsibility, hold joint meetings, realize that nutrition provider is rendering the service), and for more skilled assistance by the area agency (better-qualified field representatives, more knowledgeable about aging).

A few of the respondents, plus some who said that there was nothing the area agency could do to assist nutrition operations, made it clear that in some cases there are hostile relations between the two organizations. Although the area agencies have now been in operation for several years, there still remains some dissatisfaction with the hierarchical

TABLE II-8

## TECHNICAL ASSISTANCE TO NUTRITION SERVICE PROVIDERS

<u>Dimension of Assistance</u>	<u>Assistance by Area Agency on Aging<sup>1</sup></u>			<u>Assistance by State Agency<sup>1</sup></u>
	<u>Rated by Nutrition Director</u>	<u>Rated by Area Agency Director</u>	<u>Correlation of Ratings<sup>2</sup></u>	<u>Rated by Nutrition Director</u>
Planning Nutrition Service Operations	2.1	2.2	.13	1.3
Staffing and personnel Issues	1.5	1.6	.21	.5
Staff Training	1.8	2.0	.24	1.4
Fiscal Management	2.1	2.4	.17	1.1
Evaluation of Meal Quality	1.8	2.1	.39	1.1
Evaluation of Service Operation	2.1	2.4	.05	1.1
All Above Topics	1.9	2.1		1.1

<sup>1</sup> Mean ratings on a 4-point scale (0=none, 3=great assistance). The data summarized are for all area agencies and providers, even though in eighteen cases the nutrition service is operated directly by area agency personnel. Ratings in these latter instances are slightly higher than for cases where the area agency and nutrition service provider are separate, but the pattern of ratings is the same.

<sup>2</sup> Pearson Product-Moment correlation coefficient comparing area agency directors' ratings to the corresponding nutrition service directors' ratings. A telephone follow-up study demonstrated statistically significant reliability of the ratings by area agency directors and by nutrition service directors. But none of the above correlations between these area agency and nutrition staff members' ratings are statistically significant, indicating that there is little agreement about the amounts of assistance provided, viewed from the two perspectives.

concept and with the operation of some area agencies. A number of nutrition providers view the agencies as usurping funds that otherwise could go to direct service to elderly persons, rather than seeing the agencies as partners in provision of service. Perhaps this is a point where OAA services can be improved through some changes in regulations or through technical assistance to specific areas and providers.

a.3. Area Agency Directors' Views. Also shown in Table II-3 are the responses by area agency directors to the same question regarding assistance given to the nutrition service providers. The mean ratings in the table suggest that the area agency directors rate the assistance they have given the nutrition program in substantially the same way that the recipients (nutrition service directors) rate the assistance. The means are similar for the two staff viewpoints, and, as was the case with the nutrition service directors, the highest ratings are given to assistance provided on the dimensions of fiscal management, evaluation, and planning. Staffing and personnel issues constitute the dimension of least assistance. Nonetheless, in spite of the similarity of the means, the ratings given by the nutrition service directors tend to be lower than the area agency directors': the recipients of the assistance rate that assistance generally lower than do the providers of the assistance.<sup>1</sup>

When the ratings are examined by individual providers, rather than looking solely at the aggregate ratings, it becomes clear that there is no relationship between how a given nutrition service director rates the assistance and how the corresponding area agency director rates the assistance. This lack of relationship is shown in the uniformly low

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<sup>1</sup>One test of the difference is a chi-square analysis of the distributions of ratings on all topics, comparing the two sources of ratings. The nutrition service directors give a significantly larger number of "0" ratings and fewer "3" ratings than do the area agency directors ( $\chi^2 = 20.7$ ,  $df = 3$ ,  $p < .01$ ).

correlation coefficients listed in Table II-8. On each of the dimensions of potential assistance, the area agency evaluations of their assistance fail to predict how the nutrition service director will view the assistance.

Supporting the area agency directors' more positive evaluations of their technical assistance are their comments about the nutrition program. The area agency directors were unanimous in their praise of the nutrition services in their areas, citing examples of excellence in operations, recent improvements made by the providers, devotion of the staff, and so forth. Never did we hear criticism by the area agency directors of the area agency-provider hierarchy, such as was heard from the providers' perspective.

#### b. Relationships Between Nutrition Providers and State Agencies

b.1. Nutrition Service Directors' Views. The far-right column of Table II-8 summarizes nutrition service directors' ratings of the amount of assistance which the state agency on aging had provided the nutrition service during the past year. The most notable aspect of these ratings by the nutrition service directors is how much lower they are than the comparable ratings given to the area agencies.<sup>1</sup> On each dimension of potential assistance the local directors indicate "little" assistance provided by the state. On the other hand, when individual responses are examined, 11% of the ratings were "great" and 25% were "moderate", indicating that in some instances the local directors acknowledge substantial help from the state. Furthermore, lower ratings for state assistance than for area agency assistance is not necessarily a negative outcome, because in some states, at least, the state office may not play a direct role in providing technical assistance, delegating that responsibility to the area agencies.

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<sup>1</sup>A chi-square analysis of the distributions of ratings on all topics shows predominantly low ratings for the state and high ratings for the area agency ( $\chi^2 = 109.0$ ,  $df = 3$ ,  $p < .01$ ). Confirmation of this outcome was obtained using t tests of the differences between mean ratings of area versus state assistance.

The local nutrition service directors also were asked what the state agency could do further to assist nutrition program operations. This question was answered with specific suggestions by 69% of the nutrition service directors. The most frequent request (17% of those with suggestions) was for more money. Other requests voiced by more than one director were for additional staff training (10%), more guidance and interpretation regarding federal regulations (8%), reduction of reporting requirements and other paperwork (8%), and greater sensitivity to individual service providers (10%).

As was the case in their responses about area agencies, a substantial number of nutrition service directors (approximately 20%) noted their dissatisfaction with the state-area-provider hierarchy, or at least with its actual functioning. Specific objections involved the balance of administrative versus direct service costs in the hierarchy and lack of communication between the state offices and the providers.

b.2. State Directors' Views. Although the state nutrition service directors were not asked to rate the amount of assistance given to local providers, at several points during their interviews the state directors were asked about assistance and other relationships with the sample providers. The state directors reported that they had provided assistance to a majority (more than 70%) of the local providers during the last two months, and augmented their responses with considerable detail. Thus, like the comparison between area agency directors and local nutrition service directors, it appears that those who give the assistance evaluate the assistance more highly than do those who receive it.

The major topics of assistance reported by the state directors were fiscal management, meal preparation and menus, sanitation, and general policy and operations issues. Many other topics were reported, although less frequently.

The state directors' responses to other questions during their interviews suggest a high degree of satisfaction with the nutrition service providers. When problems were cited, they usually were problems of resources rather than problems internal to the providers' operations.

In the instances of greatest discord between the area agency and the local provider, the state offices were aware of the problem. Generally, however, the state directors raised problems with levels above them in the nutrition service hierarchy: problems of federal funding and regulation of nutrition services.

c. Relationships with DHHS Regional Offices

The state nutrition service directors and the local nutrition service directors both were asked open-ended questions about the role of DHHS regional offices in providing nutrition services. Both groups of respondents noted areas of assistance that had been provided by the regional offices and also offered evaluative comments about the regional offices.

c.1. State Directors' Views. According to the state nutrition service directors, the major roles of the regional offices are (1) providing technical assistance (41% of the states) or training (24%), (2) monitoring and assessing program compliance (31%), and interpreting and relaying information (28%). Less frequently noted areas of aid include developing standards, approving state regulations, arranging meetings with other states, and helping to solve local problems.

A minority of state directors (21%) indicated that the regional offices do little or nothing for the nutrition services. Moreover, nearly half (44%) of the state directors stated that there was nothing that the regional offices could do to improve nutrition program operations.

Those state directors who did suggest ways that the regional offices could aid the nutrition services asked for (1) increased information sharing and more frequent meetings with other states, (2) stronger representation and advocacy at the federal level, (3) more specific guidelines, tools, and technical assistance, and (4) more education and training.

c.2. Nutrition Service Directors' Views. The majority of local nutrition service directors (71%) said that the regional offices serve no function with respect to nutrition service. Indeed, these responses

often were made rather forcefully. Among the minority of local providers (29%) who did cite assistance by the regions, the forms of aid noted were (1) provision of training or training materials, (2) dissemination of program information in the form of brochures or letters, and (3) distribution of regulations, mandates, and instructions.

Taken together, the responses by state directors and local nutrition service directors rather clearly indicate that the regional offices are viewed as the weakest link in the chain of Title III service provision. Although the negative feelings about regional offices are by no means unanimous, they are sufficiently pervasive to justify consideration during efforts to improve Title III operations.

### 3. Staff Characteristics

In this section we summarize some characteristics of the nutrition service staff encountered during the 1982 field work. In particular, we address staff size, demographic characteristics, and policies regarding staff recruitment and training. The section also discusses volunteerism at the local level. Most of the data in this section were obtained from provider records.

#### a. Staff Size

The average (median) number of paid staff members at a congregate meal site is 2. The number of paid site staff ranged from 0 to 16 in our sample. Some sites are staffed entirely by volunteers and many have only one paid staff member: the site manager.

As was discussed earlier, most nutrition service providers oversee many congregate meal sites, 12 on the average. Not surprisingly, then, the median number of paid staff at the provider level is 25, including paid staff at all sites. The size of the provider staffs ranged from 1 to 272 in the sample.

#### b. Demographic Characteristics of Staff

Table II-9 displays the demographic characteristics of the local nutrition service staff members (directors, nutritionists, and site managers), self-reported during the 1982 interviews. Also included are comparable data from the interviewees higher in the nutrition service hierarchy (state and area agency directors). Table II-10 summarizes the

TABLE II-9

## DEMOGRAPHIC CHARACTERISTICS OF STAFF INTERVIEWED IN 1982

Characteristic	Percentage of Staff Members				
	State Directors	Area Agency Directors	Nutrition Directors	Nutritionists/ Dieticians	Site Managers
Sex					
Male	28%	61%	30%	4%	14%
Female	72	39	70	96	86
Age					
Under 30 years	7%	9%	6%	26%	7%
30-54	69	77	78	57	44
55 or older	24	14	16	17	49
Ethnicity					
Hispanic	7%	1%	6%	2%	7%
Black, not Hispanic	14	6	6	9	16
Other Minority <sup>1</sup>	3	1	3	4	1
White, not Hispanic	76	92	85	85	76
Education					
High School or less	0%	4%	9%	2%	37%
Some College	0	9	30	5	46
Bachelor's Degree	21	10	24	22	12
Graduate Work Without Degree	35	23	14	33	4
Master's Degree	41	53	22	37	1
Doctoral Degree	3	1	1	0	0
Years in Position (Mean)	4.3	4.8	4.2	3.6	4.6

<sup>1</sup> Includes American Indian/Alaskan Native, Asian/Pacific Islander, and combinations reported.



TABLE II-10

DEMOGRAPHIC CHARACTERISTICS OF ALL STAFF  
OF NUTRITION SERVICE PROVIDERS AND MEAL SITES  
INCLUDED IN THE 1982 SAMPLE

<u>Characteristic</u>	<u>Percent of Paid Staff<sup>2</sup></u>		<u>Percent of Site Volunteers</u>
	<u>Congregate Meal Sites</u>	<u>Nutrition Providers</u>	
<b>Sex</b>			
Male	20.8%	20.0%	27.9%
Female	79.2	80.0	72.1
<b>Age</b>			
Under 30 years	11.7%	13.1%	2.9%
30-50	38.1	49.5	4.2
55 or older	50.3	37.3	92.9
<b>Ethnicity</b>			
Hispanic	5.6%	5.5%	3.3%
Black, not Hispanic	27.3	11.5	9.8
Other Minority <sup>1</sup>	2.6	2.3	1.3
White, not Hispanic	64.5	80.7	85.6

<sup>1</sup>Includes American Indian/Alaskan Native, Asian/Pacific Islander, and combinations reported.

<sup>2</sup>All percentages are based upon 60 or more providers who made data available to Kirschner field staff.

demographic characteristics of all staff at the local nutrition provider and meal site levels. These data were obtained from provider records.

b.1. Sex Distribution of Paid Staff. Nearly 80% of all site-level staff are women (see Table II-10). In fact, at 66% of the sites in our sample there were no men among the paid staff. On the other hand there are occasional small sites staffed entirely by men. More often, however, the men employed by sites function as maintenance personnel or as drivers. Reference to Table II-10 indicates an even greater imbalance in the sex distribution of sites managers, 86% of whom are women.

The predominance of women among local staff members also is seen at the provider level, where 80% of the paid staff are women. Among these numbers are the nutrition service directors, 70% of whom are women. Other specifically-provider-level personnel tend to include clerical and accounting staffs and nutritionists. All of these staff positions tend to be filled by women.

Only at the area agency level does the sex distribution shift: the majority of area agency directors are men. State nutrition service directors usually are women.

b.2. Age of Paid Staff. According to local records, paid staff members at congregate meal sites are quite diverse in age. As is shown in Table II-10, half of all paid site staff are over 55 years of age. At a third of the sites, all paid site staff are in the 55-and-older category. But at another third of the sites, none of the paid staff have reached age 55.

Provider-wide, the paid staff members are even more diverse in age. For the average provider, 36% of the staff are over 55, but this percentage ranges from 0 to 100% in our sample.

Among the specific staff members interviewed (Table II-9), the typical state, area, and local director is middle-aged. Nutritionists/dieticians are frequently less than thirty years of age. Most site managers are over or near 55 years of age.

b.3. Ethnicity of Paid Staff. The congregate meal site staffs tend to be composed either entirely of minority group members (24% of the sites we visited) or entirely of non-minority persons (64% of the sites). Recall, however, that most sites have only one or two paid staff members, so there often is little option to a solely-minority or solely-non-minority staff.

Over all the sites for which data were available, about 5% of the staff members are Hispanic, 27% were Black (and not Hispanic), and about 2% represent other minority groups, usually American Indian.

At the provider level, about 81% of all paid staff are non-minority. Of the providers we visited, 74% had some minority representation on their paid staff, 26% had none.

Higher in the nutrition service hierarchy, minorities are least likely to be represented among the area agency directors and most likely to be included among the state directors. This difference in the balance of minority to non-minority occupants of the state and area positions is marginally significant, statistically ( $\chi^2 = 3.8$ ,  $df = 1$ ,  $p < .05$ ).

b.4. Education and Experience. Table II-9 reveals that there is a relationship between educational level and staff position. Site managers are most likely to have less than a college degree, whereas state and area agency directors and nutritionists are likely to have advanced degrees. The average number of years served in the staff position is approximately the same for all staff levels, about 4 years. However, a substantial number of staff members interviewed (about 20% for each of the staff positions) were in their first year of service.

### c. Volunteerism

c.1. Number of Volunteers. All of the nutrition service directors said that their program used volunteers. The directors reported an average of 369 volunteers currently working, ranging from 4 to 2,000 volunteers among the providers. The directors also reported an average of 1,069 volunteered hours per week, ranging from 8 to 6,000 hours per week. From these figures, a typical volunteer can be expected to spend about 3 hours per week working for the nutrition program.

Data about volunteers also were obtained from all site managers and from records at 69 of the congregate meal sites visited. An average of 21 persons do volunteer work at a typical site (ranging from 2 to 92), which is about two-thirds the number that would be expected based upon the nutrition service directors' estimates (above). Some of this discrepancy can be accounted for by volunteers working at the provider-office level. For example, some providers utilize volunteers to deliver

meals to homebound elderly participants without passing the meals through a congregate meal site.

c.2. Demographic Characteristics of Volunteers. The demographic characteristics of volunteers at the meal sites are summarized in Table II-10, above. Like paid site staff, most volunteers are women, although men are somewhat more frequent among the volunteers. Virtually all volunteers (about 93%) are over age 55, and in most cases are program participants. About 85% of the volunteers are non-minority, a somewhat higher percentage than is seen among the paid staff, but very close to the percentage of all participants who are non-minority (82%) at the meal sites visited (see Section D).

c.3. Tasks Performed by Volunteers. The most prevalent tasks performed by volunteers are cleaning, serving meals, assisting with recreation activities, and delivering meals to the homebound. Collecting contributions, doing office work, and transporting or visiting other participants are activities of volunteers at about half of the sites. Preparing meals is an unlikely activity for volunteers. The preceding pattern reflects the activities of participant volunteers, but the pattern is similar for non-participant volunteers, however relatively few sites (only 36%) have non-participant volunteers.

#### d. Staff Recruitment Policies

Nutrition service directors were asked about their staff recruitment policies. Fifty-six percent of the directors said that in staff recruitment and selection they did seek people from among particular groups. The other 44% have a policy of open recruitment. The most frequent group given preference is elderly people (87% of those providers with a special policy). Minorities are given preference by 49% of those providers with a special policy. Other special groups mentioned by one or two providers were handicapped, local residents, women, low-income, and special-language groups.

#### e. Staff Training

All but one nutrition service director reported that orientation or in-service training was available for staff. The most frequently cited areas of training were, in order of prevalence, food service and sanita-

tion practices; general background about the program and about aging; fiscal management and record-keeping; management, supervision, and staff development; nutrition and health; and first aid, emergency procedures, and other safety measures.

Most of the directors (71% of those with an opinion) also said that additional training would improve nutrition operations, and that all staff would benefit from additional training. The topics mentioned were similar to the above list: project and personnel management; food service procedures; fiscal management, inventory control, and reporting procedures; program regulations and changes; fund raising and community development; and gerontology.

During their interviews, 79% of the site managers confirmed that they had attended training sessions during the last two years. However, a large number (44%) also said they would like more training, particularly with regard to nutrition and diet; interviewing and counseling techniques; supervision and management; gerontology; and first aid and safety. Many other topics also were of interest to one or two site managers, including methods for economizing on meals; public relations and public speaking; grant writing; motivating program participants; outreach and recruitment techniques; exercise and crafts for elders; group dynamics; and coping with stress.

Most nutrition service directors (87%) also reported having themselves received training for their work during the past year. The nutritionists/dieticians did likewise, although these staff members are more likely to provide training than they are to receive it.

### C. CONGREGATE MEAL SERVICE CHARACTERISTICS

This chapter describes typical patterns of congregate meal service, and less frequent variations, encountered during the 1982 field work. In addition, data are summarized regarding the physical environments in which meals are served and the relationships among participants and staff members.

As background for the description of meal service operations we present some data regarding staff members' and advisory council members' ideals for nutrition service. Do the people involved with local Title III services see the program fundamentally as a meals program, a social/recreational program, or a method of helping elderly persons gain access to other services? The answer to this question is quite clear. Overwhelmingly, according to staff opinion, the meals served by the program are its reason for being. The details are summarized in Table II-11. Both nutrition service directors and site managers rank meals as the domain of service that should receive primary emphasis. Other domains of service trail rather far behind in average rankings or in numbers of times they are ranked first. This pattern also is seen in the opinions of advisory council members (who are predominantly elderly program participants). Asked which needs of elderly people the nutrition service provider was trying to solve, 85% of the advisory council members designated nutritional needs. Like the staff members' responses in Table II-11, advisory council members gave second place to social needs and generally lower status to the need for elders to gain access to other services.

Thus, by no means is the meal aspect of the Title III program trivial. In the above rankings, in many comments heard from staff members, and in the responses by elderly diners, it is clear that the quality of meals and meal service is an important issue among program staff and participants.

TABLE II-11  
STAFF MEMBERS' VIEWS ON RELATIVE IMPORTANCE  
OF VARIOUS SERVICES

<u>Service Domain</u>	<u>Nutrition Service Directors</u>		<u>Site Managers</u>	
	<u>Mean Rank</u>	<u>Ranked First</u>	<u>Mean Rank</u>	<u>Ranked First</u>
Meals	1.4	74%	1.6	65%
Social, Recreational	3.2	15	2.5	18
Transportation, Shopping Assistance, Escort	2.6	9	2.8	13
Counseling, Information, and Referral	3.7	1	3.9	3
Nutrition Education	4.2	1	4.2	1

<sup>1</sup>Service domains were ranked 1-5 (1=highest), in terms of the ideal emphasis that would be placed upon them. Numbers of respondents are 70 nutrition service directors and 69 site managers.

## 1. Meal Preparation Arrangements

### a. Preparation System

In contrast to earlier years, the meals at a majority of sites are prepared by provider staff rather than by an external contractor.<sup>1</sup> In the 1982 sample of meal sites, 56% are serving provider-prepared meals; 44% are serving meals prepared by contractors. Eighteen sample sites (26%) prepare their meals at the site, whereas the remaining provider-preparation meal sites (30% of the sample) receive their meals from a central kitchen. When meals are prepared off-site, either by a contractor or in a central provider kitchen, they usually are delivered to the site in bulk containers at serving temperatures, where the food is then portioned and served. Very few providers send centrally-prepared meals cold, frozen, or preplated to sites.

How satisfied are program personnel with their meal preparation arrangements? Most (88%) of the site managers in our sample say that the meal preparation arrangements are "very good". The arrangements are "fairly good" according to 11% of the managers and "not so good" according to one manager. (In all instances less than "very good", the meals are prepared by a contractor and are criticized regarding their quality.)

Nutritionists/dieticians also report satisfaction with their meal preparation arrangements, 56% indicating that the meal supplier is doing a "very good job" and 44% indicating a "fairly good job". When the nutritionists/dieticians note problems, the problems tend to relate to long delivery routes (and consequent temperature problems), menus that sometimes are inappropriate to the elderly, and difficulties finding and retaining qualified meal preparation staff.

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<sup>1</sup>In 1976, only 30% of the sites served provider-prepared meals; 69% of the sites served meals prepared by contractors (for-profit organization, schools, hospitals, etc.). In 1980, 44% of the sites were serving provider-prepared meals; 52% served contractor-prepared meals. A few sites used combination systems and were not included in these percentages.



Overall, there appears to be a high degree of staff satisfaction with their systems of meal preparation. This has apparently not been achieved without effort, however. Many providers (46% of the sample) have changed meal preparation arrangements since 1976. The most frequently cited reasons for changing arrangements are to save money (53% of the respondents), to improve meal quality (25%), and/or to improve operating efficiency (25%), as opposed to changes that are forced by contractors ceasing operation, sites closing, etc. (16%).

b. Menu Planning and Special Diets

According to the nutritionists/dieticians interviewed (note that about 23% of the providers do not have a nutritionist or dietician), the persons most typically involved in planning the menus for meals are a nutritionist/dietician (89% of the cases where one is available), a caterer's staff (when relevant), and the provider director (26%). Site managers, kitchen personnel, and participant representatives sometimes also have input.

The nutritionists/dieticians were asked what dietary considerations were routinely taken into account in planning meals. Their responses were special health needs (59%), ethnic customs (46%), individual food preferences (43%), religious preferences (33%), general nutritional needs of elderly people (28%) and RDA<sup>1</sup> guidelines (24%).

Site managers also were asked about the availability of special meals. Forty percent said that their site serves modified meals to participants with special health-related needs; 27% said that their site routinely plans meals that will appeal to certain ethnic, religious, or cultural groups. Of the remaining site managers, 14% said that a special health-related meal can be provided if a participant requests it; 20% said that they can provide a religious- or culture-related special meal if requested. On the other hand, at more than half of the sites neither health-related nor culture-specific meals are available.

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<sup>1</sup>Recommended Dietary Allowances of various nutrients established by The Food and Nutrition Board of The National Research Council. Title III meals are expected to meet one-third of the RDA for specified nutrients.

### c. Relationships with USDA Programs

The nutrition service providers also were asked about their relationships with various U.S. Department of Agriculture programs. Sixty-seven percent said they use USDA commodities in their meals. Eighty-nine percent reported that they receive cash in lieu of USDA commodities. Most providers (80%) also reported that they accept food stamps as contributions for meals. Relatively few providers either distribute commodity foods for participants' use (39%) or distribute food stamps (6%).

### 2. Meal Service Schedules

Of the 70 meal sites visited in 1982, 64 (91%) serve congregate meals five days per week. The remaining sites serve from one to four days per week. The five-day sites all serve Mondays through Fridays. The remaining sites each follow a different pattern of service days. All of the sites visited serve noon meals, except one which serves late in the afternoon and one which serves at noon on four days and in the evening on the fifth day. At all but a few sites the meal is served during a well-defined period, usually less than an hour in duration.

All but one site manager said that there is no restriction on the number of days a participant can attend per week. For the one exception, the site manager reported that participants are limited to two or three meals per week in order to allow more people to participate within the existing funds.

None of the site managers reported any problems or inconvenience associated with their meal service schedule. The major schedule change desired, by staff members at all levels, is an increase in the number of days of service per week. Virtually all staff members and advisory council members believe that participants need to receive meals no less than five days per week, and many believe they need the option of receiving meals seven days per week.

It should also be noted here that most congregate sites are open beyond the relatively brief meal service period. Two-thirds of the sites visited have space for spare time activities. Most sites schedule recreational activities at least several times per week. Sites with recreational facilities are open an average of 7 hours per day. Recreational activities are described more fully in Section F.

### 3. Service Output: Numbers of Meals Served

The numbers of meals served per day by Title III sites were discussed briefly in Section A. The 1982 service data were obtained from provider records for a recent quarter and from daily observations at the sample meal sites. This dual procedure allowed verification of one source by the other.

#### a. Accuracy of Meal Service Data

The two sources of meal service data are generally in close agreement. In a few cases provider records are erratic and do not agree with observations at the site. When there is discrepancy between the two sources, however, it is as often the case that site observations exceed the quarterly records as the reverse. For most sites, the two sources are within 10% of each other. The mean number of meals prepared for service at the site or for home delivery through the site is 75 per day according to provider records and 73 according to daily observations at the sites. For the 62 sites where both sets of data were available and useful, the two sources are highly correlated ( $r = .93$ ,  $df = 60$ ,  $p < .01$ ).

#### b. Meals Prepared and Meals Served

Of the approximately 75 meals prepared daily for the average site, how many are actually served? One answer to the question is that all are served, in the sense that only rarely is a meal discarded. Excess meals usually are distributed as seconds, refrigerated for later use, or sent home with participants. On some occasions, of course, the number of meals ordered is less than the number of persons served.

Tables II-12 shows how the meals prepared at or for a typical congregate site are used. The means are based upon the best-estimate of each site's service, using both record and observational data. As with all "typical" data in this report, some sites vary greatly from this pattern and from these numbers. At the typical site 75% of the meals prepared are served to congregate participants, 19% are delivered to homebound participants, and 4% are served to non-participants. Non-participants are usually staff members or visitors, although some sites

TABLE II-12  
 MEALS PREPARED AND SERVED  
 THROUGH A TYPICAL TITLE III SITE

	<u>Mean</u> <u>Number</u>	<u>Percent</u>
Meals Prepared or Ordered	75	100%
Congregate Participants Served	56	75%
Home Delivered	14	19%
Non-participants Served	3	4%
Excess Meals	2	2%

regularly prepared meals for non-elderly persons such as school pupils. At the typical site on a typical day, the number of meals prepared exceeds the number of persons served by about 2%.

Only very rarely are there unserved participants. In the few cases encountered where attendance exceeded the number of meals available, either the portions were reduced so that all could be served (2 cases) or several people were turned away (1 case). The latter case illustrates those occasional instances when there is a major discrepancy between meals available and persons present: in this case an antique dealer had come to appraise personal items, drawing an unusually high attendance. On such occasions even a good reservation system can be defeated.

Forty-two (60%) of the congregate sites employ a reservation system in which individual participants indicate on which days they plan to attend. According to the site managers, the remaining sites order or prepare a number of meals which is based upon past attendance or the site or budget capacity. However, the presence or absence of a reservation system does not seem related to meal production efficiency. The ratios of meals ordered to meals served are no different for those sites without a reservation system than they are for those sites with a reservation system. Similarly, sites without reservations are no more (or less) likely to run out of food before all participants have been served than are sites with reservation systems.

#### 4. Meal Site Environments

This section describes the physical settings in which the sample meal sites are located and various measures relevant to the interpersonal environments of the sites. Most of the data summarized are observations made by Kirschner field staff during visits to the sites, frequently supplemented by comments from staff members.

##### a. Physical Environments

a.1. Neighborhoods. Table II-13 displays several neighborhood characteristics of the 70 sites visited. Less than 10% of the sites are in rural settings. Most sites (more than 70%) are located in neighborhoods composed of both residences and businesses. Residential buildings

TABLE II-13  
NEIGHBORHOOD CHARACTERISTICS OF TITLE III MEAL SITES

<u>Characteristic</u>	<u>% of Sites<sup>1</sup></u>	<u>Characteristic</u>	<u>% of Sites<sup>1</sup></u>
<u>Locale</u>		<u>Safety from Crime</u>	
Rural	8%	Extremely Safe	63%
All Residential	17	Safe, Except at	
Residential with Few		Certain Times	23
Businesses	33	Somewhat Dangerous	10
Even Mix	23	Usually Unsafe	4
Business with Few			
Residences	16		
All Business	3		
<u>Appearance of Neighborhood</u>		<u>Public Transportation</u>	
Well Maintained, Clean	70%	Bus	38%
Sound, Functional but		Subway or Train	0
Unattractive	19	Both of Above	3
In Need of Minor Repair	10	Other <sup>2</sup>	4
Dilapidated, Unsound	1	None Available	55

<sup>1</sup>Based upon observations at 70 meal sites.

<sup>2</sup>Dial-a-ride service or taxi service used by participants.

in the neighborhood are usually single-family dwellings (66% of the sites) or duplexes or triplexes (13%), rather than large-scale buildings. For only one site are the buildings in the neighborhood described as dilapidated and unsound. Most sites are located in neighborhoods evaluated as clean, well-maintained, and sound.

Most neighborhoods are characterized as safe from crime, at least during most times of the day. However, 10% of the sites' neighborhoods are rated somewhat dangerous and 4% are usually unsafe. If this is also true from potential participants' viewpoints, then, extrapolated nationwide, there may be a large number of sites where participation is curtailed because of unsafe locations.

The most frequently noted safety problems in site neighborhoods are, in decreasing order: traffic, parking problems, threat of theft or bodily harm, poorly maintained sidewalks, and obstacles such as hills, rocks, and ledges. Some of these problems would seem to be quite easily corrected, although others are probably more endemic.

a.2. Meal Site Facilities. As was noted earlier, sites are most frequently located in community (or senior) centers (39%), churches (29%), senior housing structures (11%), and converted business or residential buildings (10%). But an impressive variety of other facilities also are used to house meal sites. Eighty-five percent of the meal sites are in multiple-use facilities.

The sites are described as clean and well-maintained (80%); structurally sound and functional, but unattractive, dirty, or in need of paint (17%); or in need of minor repairs (3%). This generally mirrors the evaluations of their neighborhoods, although none of the sites are described as unsafe or in need of major repair. Most sites are well equipped for serving meals, with a variety of food preparation or service equipment available, and most sites have adequate facilities for coats, boots, and for storing unused items.

a.3. Accessibility and Safety of Meal Sites. Most meal sites (76%) are located on the street level, the remaining sites being below (13%) or above (11%) that level. Sixty-five percent of the sites have stairs

and/or ramps leading to the meal service area, and only 10% have an elevator as an option to negotiating the stairs or ramps. At the sites that have stairs, the number of steps ranges from 1 to 23, averaging 7. Handrails are present in 60% of the sites with stairs. Stairs constitute the most prevalent barrier to site entry.

A few sites also have heavy doors, long hallways, slippery floors, or inadequate lighting that could pose problems for some participants. However, Kirschner field staff classified 77% of the sites as easily accessible to all participants, 21% as accessible to most participants, and only 2% as posing accessibility problems to many participants.

a.4. Meal Service Arrangements. Only two meal serving arrangements are at all prevalent at Title III sites. Cafeteria-style service, where participants' plates are filled by workers in a central serving area and participants carry their plates to tables, is used at 68% of the sites. Restaurant-style service, where participants are seated at tables and preportioned plates brought to them, is used at 28% of the sites. Buffet-style service and family-style service are relatively rare. Thus, only at 4% of the sites do the participants control portion sizes; portions usually are controlled by site staff or volunteers (83%), caterers (6%), or both (7%).

The typical meal site has tables seating eight people each, and most sites (80%) are described as having plenty of room to sit comfortably at the tables and plenty of space between tables. About 20% of the sites are overcrowded and in need of additional space.

Most sites (86%) post their menus for upcoming meals, usually for monthly intervals, although sometimes weekly.

To summarize the physical environments of Title III meal sites, the majority of sites are located in safe neighborhoods and are clean and well-maintained. There are, of course, a few exceptions on both of these dimensions. Most sites are reported to be accessible by elderly and handicapped persons, although it is not unusual that stairs or ramps have to be negotiated in order to enter a site. Some sites need improvements such as handrails and more adequate lighting, and at some sites there are barriers such as heavy doors, long hallways, or particu-



larly difficult stairways. The seating arrangements at the meal sites are generally described as roomy and comfortable. But there are some sites (perhaps 20%) where the capacity has been strained, resulting in crowded seating and difficult movement.

#### b. Interpersonal Environments

Three aspects of the interpersonal environment were examined in 1982: the availability of non-meal activities at the site, patterns of interaction among the participants, and the relationships between participants and site staff.

b.1. Availability of Non-Meal Activities. Most sites (69%) begin the meal service period by saying grace. At a much smaller number of sites (17%) hymns are sung. Group physical exercise also is relatively infrequent (14% of the sites).

At 76% of the meal sites some non-meal activity usually is available following the noon meal. The remaining sites (24%) close immediately following the meal. For participants at some of the latter sites, non-meal activities are available at some other facility. When social-recreational activities are available there usually are several options, according to the site managers. Activities most often programmed are games (cards, pool, etc.), arts and crafts, music or dancing, and educational events. Site managers add that the principal impediment to providing more non-meal activity for participants is lack of money for facilities, supplies, and staff.

b.2. Interaction Among Participants. At most sites (65%), participants typically visit among themselves or with staff members prior to the meal and interact at least for a short time following the meal. At the remaining sites there is relatively little interaction among the participants, who wait quietly for mealtime and leave immediately following the meal. The latter constitute a substantial number of sites, including some (see above) where there is opportunity for interaction. None of the sites visited was characterized as hostile or unfriendly but at a few sites the attitudes of staff toward the participants (see below) were described as "businesslike" or "cold", which could explain some of the instances where participants spend little time at

the site. But for most cases where there is little participant interaction there is no explanation in the existing data.

At a few sites (6%) cliques of participants were observed to be prevalent; at 38%, cliques exist to some extent. The most frequently cited bases for cliques are old friendships (41% of the cases), special interests (35%), and race or ethnicity (17%). In spite of the fact that in-groups exist at some sites, none are characterized as posing major problems for newcomers.

b.3. Staff-Participant Interaction. At all but 4 (6%) of the meal sites visited the staff members and volunteers were observed to interact well with participants. Based upon a number of interview items and on-site observations, the 70 sites were characterized in terms of the prevailing behaviors of staff toward participants and of participants toward staff. Both sets of characterizations fall rather easily into five categories. Behaviors of staff toward participants are described as:

- Loving, a family atmosphere (19 sites),
- Friendly and caring (38 sites),
- Positive, but somewhat businesslike (10 sites),
- All business (2 sites), or
- Poor (1 site).

Behavior of participants toward staff appear:

- Loving, family-like (11 sites),
- Good, responsive (48 sites),
- Respectful (6 sites),
- Little reaction or interaction (3 sites), or
- Obedient to staff (1 site).

Not surprisingly, the behaviors of staff and participants are related. That is, the same site is last on the above two lists, and if a site is in a low category on one list it tends also to be in a low category on the other list.

Summarizing the interpersonal interactions observed at the congregate meal sites, most sites are obviously warm and caring in terms of

the relationships among participants and between participants and staff. Meal site staff generally are lauded by their superiors, and Kirschner field staff members almost always wrote very positively about the attitudes and actions of staff toward participants. The participants, in turn, usually express quite clearly their fondness for the site staff. Exceptions to this pattern were reported, in which staff members are aloof, domineering, or treat the participants as children, but these instances appear to be very rare.

## D. PARTICIPANT CHARACTERISTICS

This chapter portrays some of the demographic characteristics of participants on record at the 70 sites and nutrition service providers visited in 1982. More extensive details about the samples of participants interviewed by Opinion Research Corporation are presented in a later chapter. The focus of the present chapter is upon the representation of ethnic minority groups<sup>1</sup> among the participants, and operational variables related to minority representation.

### 1. Numbers of Participants

In Chapter I we estimated that 1.5 million elderly people are actively participating in Title III services. The median number of participants registered by specific providers is 1,676, including congregate and home-delivered meal recipients. Because some providers do not pass home-delivered meals through congregate sites, the median number of participants registered at the 70 sample sites is somewhat lower than might be expected from the provider-level count: 110.

The number of participants registered by sites and providers is more than double the number of meals served per day, because many of the congregate participants attend infrequently. The averages noted in the preceding paragraph include some registrants who are receiving no more than one meal per month. Removing these persons from the meal counts on the basis of detailed daily attendance data for a subsample of sites leaves active enrollments averaging 83 participants per site and 1,300 participants per provider.

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<sup>1</sup>Minority group status was defined by the following ethnic categories: (1) Hispanic, (2) Black, but not of Hispanic origin, (3) American Indian or Alaskan Native, (4) Asian or Pacific Islander, and (5) other minority. Nonminority persons were those defined as (6) white, but not of Hispanic origin.

## 2. Demographic Characteristics of Participants

Among the providers visited, 58% interview prospective participants as they register for the program and 36% either collect a self-administered questionnaire from the prospective participants or use some combination of questionnaire and interview procedure. The remaining providers (6%) have quite informal procedures for gathering demographic data on participants.

Table II-14 relates the methods by which specific demographic characteristics are recorded for individual participants as they register. Most providers ascertain the age of participants directly, by asking them, and a majority of providers do likewise regarding marital status. But fewer than half of the providers ask participants about their ethnicity and very few ask about income. Consequently, provider records can be expected to be somewhat limited with regard to useful demographic data. Some providers indicated that they collect group statistics (anonymous for individual participants) about ethnicity and other characteristics, but did not specify how this is done. Acknowledging that some of the data gathered from provider records may not be very accurate, the reported demographic characteristics of enrollees at the 1982 sample sites and providers are presented in Table II-15 and discussed below.

### a. Sex Distribution of Participants

Both site and provider records indicate that two-thirds of the Title III participants are women. Sites vary considerably in the ratio of men to women participants, reaching as high as 90% women.

### b. Ethnic Distribution of Participants

Table II-12 indicates that about three-fourths of the Title III participants registered at the sample sites are non-minority. Blacks are the most prevalent minority, constituting about 16% of the participants at the sample sites and over all providers for which data were available. Hispanics constitute about 6% of the participants. All other minority groups together comprise about 2% of the participants. It appears that Hispanics and Asians are slightly under-represented at the particular congregate sites visited in 1982, and that American Indian participants are slightly over-represented. In general, however, the site distribution and the provider-wide distribution are similar.

TABLE II-14  
METHODS OF RECORDING PARTICIPANT DEMOGRAPHICS

<u>Characteristic</u>	<u>Percent of Providers</u>		
	<u>Asked of Participants</u>	<u>Obtained Indirectly</u>	<u>Not Recorded</u>
Age	81%	16%	3%
Marital Status	60	27	13
Ethnicity	43	40	17
Income	24	29	47

TABLE II-15  
 DEMOGRAPHIC CHARACTERISTICS OF  
 REGISTERED PARTICIPANTS

<u>Characteristic</u>	<u>Percent of Participants<sup>1</sup></u>		
	<u>At Congregate Sites</u>		<u>At Providers</u>
	<u>Mean</u>	<u>Range</u>	<u>Mean</u>
<u>Sex</u>			
Male	33.5%	10-60%	35.4%
Female	66.5	40-90	64.6
<u>Ethnicity</u>			
Hispanic	4.7%	0-93%	6.9%
Black, not Hispanic	16.2	0-100	16.1
American Indian/Alaskan Native	2.0	0-100	.7
Asian/Pacific Islander	.2	0-6	1.2
Other Minority	.1	0-5	.1
White, not Hispanic	76.8	0-100	75.0

<sup>1</sup> Sex distributions are based upon 61 sites and 40 providers who could provide useable data. Ethnicity distributions reflect 65 sites and 63 providers. These data are weighted means, that is, larger providers (or sites) contribute more heavily to the mean. This is accomplished by summing all of the registered participants of a given classification across all 65 sites (63 providers) and then dividing by the total number of registered participants across all 65 sites (63 providers). The total minority enrollments obtained in this manner exceed the 22% at sites (19% at providers) obtained using unweighted calculations because of the presence of some very large, high-minority sites (providers) in the sample. The unweighted means (22% and 19%) are probably the more appropriate bases for nationwide projections and are confirmed by the site percentage obtained by ORC in its interviews with samples of elderly participants (19% average minority enrollment at 70 sites).

### 3. Variables Related to Minority Enrollment

Because the enrollment of specific minority groups was so low at most sites, all minorities were combined to yield an overall minority enrollment percentage for each site and for each provider. These percentages then were subjected to correlational analyses with various operational variables in order to identify potential factors which may explain the large differences in minority enrollment.

The overall minority enrollment at sites ranges from 0 to 100%, with a median of 3% and a mean of 22%. The extreme difference between the median and the mean reflects the existence of a few sites with very high minority enrollment. At the provider level, the overall minority enrollment also ranges from 0 to 100%, with a median of 9% and a mean of 19%. Minority enrollments at the sample sites are highly correlated with minority enrollments of their corresponding providers ( $r = .73$ ,  $df = 58$ ,  $p < .01$ ), and as a result the pattern of relationship with operational variables is very similar for site and provider enrollments.

The class of variables most strongly related to minority enrollment is minority representation among staff members. At the site level, percent of minority staff is highly correlated with percent of minority participants ( $r = .84$ ,  $df = 61$ ,  $p < .01$ ); sites with high proportions of minority staff also have high proportions of minority participants. Similarly, at the provider level, percent of minority staff also predicts percent of minority enrollment ( $r = .86$ ,  $df = 57$ ,  $p < .01$ ). By contrast, age differences in staff members are not related to minority enrollment (all  $r$ 's close to zero). Sites and providers may hire or assign minority staff to sites which already have high minority enrollments, or, the presence of minority staff may attract minority participants. The present data offer no basis for choosing one interpretation over the other. In addition, both interpretations may be true, or, there may be some third factor which accounts for the relationship between minority staff and participant levels.

Two other factors were found to be related to minority enrollment. At the site level, sites which have special assistance (such as clothing, wheelchairs, etc.) available to participants have higher minority enrollments



(  $\chi^2 = 6.0$ ,  $df = 2$ ,  $p < .05$  ). At the provider level, providers which have a hiring policy emphasizing minorities also have higher minority enrollments (  $\chi^2 = 6.5$ ,  $df = 2$ ,  $p < .05$  ).

Many other factors were examined and found unrelated to minority enrollment. These factors included other aspects of staff recruitment or selection policy, measures of policy and practice with regard to participant recruitment and outreach, attitudes of staff toward participants, and availability of special ethnic meals.

In general, then, only three factors were found to be related to minority enrollment. The presence of minority staff members is the best predictor of high numbers of minority participants. A policy emphasizing minority staff and the availability of special aids at meal sites also are associated with greater minority participation.

## E. RECRUITMENT OF PARTICIPANTS

Since their inception, federally-funded nutrition services have been available to all elderly citizens. However, recent program regulations have encouraged nutrition service providers to find ways to target these services to the most needy persons within their sphere of operation. One way that AOA has encouraged this targeting is to locate congregate meal sites in neighborhoods where the most needy elderly people live.

### 1. Policies Regarding Priority Groups

The 1982 evaluation data reveal that a majority of Title III nutrition service providers espouse a policy of open recruitment of participants. Fewer than half of the nutrition service directors (43%) and site managers (38%) state that their program emphasizes recruitment of elderly participants with certain characteristics or problems.

Among those programs which do have a special recruitment emphasis it is clear that the persons considered most in need of the program-- and therefore the groups most often receiving emphasis during recruitment--are low income and isolated elders. Ethnic minority, physically handicapped, and very old persons are less often emphasized. This pattern is seen in Table II-16, both in the nutrition service directors' and site managers' reports of recruitment emphases and in the nutrition service directors' rankings of various groups in terms of their needs for nutrition services.

Even when a site has a policy of recruiting particularly-needy participants, there rarely is a policy of discouraging non-priority elderly people from participating. Three nutrition service directors cited a policy of discouraging enrollment of non-emphasized elderly people. But virtually all of the site managers who discussed recruitment indicated that all participants are treated the same once they enroll at the site, whether or not they have been actively recruited. One manager stated that non-priority participants are served last at meal time in order to assure sufficient meals for those with special needs.

TABLE II-16  
SPECIAL GROUPS OF ELDERLY EMPHASIZED DURING RECRUITMENT<sup>1</sup>

<u>Characteristic</u>	<u>Percent of 70 Who Emphasize</u>		<u>Directors<sup>1</sup> Ranked Needs</u>
	<u>Nutrition Service Directors</u>	<u>Site Managers</u>	
Low Income	34%	25%	2.4
Isolated	31	not asked	2.5
Ethnic Minorities	30	7	3.4
Physically Handicapped	29	17	3.5
Very Old	26	17	3.4

<sup>1</sup>Based upon responses by those directors (30) and managers (21) who indicated that some special emphasis was in effect in their recruitment practices. For a majority of the sample, no group is given special emphasis.

## 2. Recruitment Activities

Nutrition service directors and site managers were asked about their methods of recruiting new participants into their program. Both groups of staff indicate reliance upon a variety of methods, averaging four methods per provider or site. The most frequently-cited methods--listed by more than half of the respondents -- are publicity in newspapers and newsletters, referrals by other community agencies, and referrals by other participants or "word-of-mouth". Substantial numbers of providers and sites rely upon referrals by churches or synagogues or publicity through senior citizens' groups. Fewer than a third of the respondents note use of radio or television, posters, door-to-door canvassing, or other techniques of recruitment.

Those directors and managers who had indicated a recruitment policy emphasizing certain groups, rather than an open policy, also were asked about techniques for recruiting priority elderly. By far, the most prevalent strategy noted (77% of 30 directors) is appropriate location of meal sites, consistent with the regulation noted above. Half (50%) of the directors said that neighborhoods are canvassed for target participants. According to the site managers, the most prevalent method of contacting the most-needy elderly is by telephone (90% of the 21 who seek special participants), but frequently home visits are made (67%). Some directors and managers also noted methods such as hiring staff who are particularly knowledgeable about special neighborhoods, inviting target elderly to special functions at the meal site, and having current participants contact potential ones.

Although they were not asked specifically, a number of the staff members noted during their discussions of recruitment that program funds already are stretched to the maximum and that it is impractical to recruit actively for more participants. One director said that unserved elderly people are "knocking at the door", knowing about the nutrition services but unable to receive them. It appears that many service providers' recruitment activity actually is at low level because the meal sites cannot handle additional participants.

### 3. Success at Recruiting Priority Elderly Participants

Three methods can be used to assess the success of recruiting priority elderly participants into the Title III program: (1) asking program staff about their success, (2) comparing enrollments of priority groups at those sites with special recruitment policies versus those sites without special policies, and (3) comparing enrollments of priority groups at the sites to prevalence of these groups in the elderly population. The first two methods are addressed in this section; the third method is discussed later in this report.

#### a. Staff Opinions about Success

Of the 56 site managers who indicate recruitment activity at the site level, most (83%) say that in their opinion they have been successful in recruiting participants who need the program most. When these responses are compared for those sites with a policy of open recruitment versus those sites with a policy of targeting certain groups, a significant difference emerges. Managers of sites with open recruitment are especially likely to say that they have been able to recruit the most needy (94%), whereas the managers of priority-recruitment sites are less likely to say so (70%;  $\chi^2 = 6.7$ ,  $df = 1$ ,  $p < .01$ ). There is no obvious, sole interpretation of this difference. Perhaps the difference indicates that open-recruitment sites can more easily meet their goals because their populations of potential participants are larger than those of priority-recruitment sites. Perhaps the standard for success is higher at the priority-recruitment sites. The data from this study are not adequate to choose among these, or other, possible interpretations.

Those site managers who say that they have not been successful in recruiting the most needy participants say that the groups not being recruited are low-income, mobility-impaired or otherwise handicapped, persons with alcohol abuse problems, and isolated elderly people. The barriers to successful recruitment of people in these groups are the stigma of welfare, fears about culture differences, and inadequate transportation, according to the site managers.

Nutrition service directors also were asked what difficulties had been encountered in enrolling priority elderly target groups. The

problems cited most frequently are overcoming the stigma of charity programs, overcoming the potential participants' fears and lack of confidence about going to public places, and providing adequate transportation, confirming the site managers' opinions. Other problems relayed by the nutrition service directors are generating interest among the target elderly, non-acceptance of priority elderly by others at the site, language barriers and other cultural differences, and the problem of locating small numbers of particularly-needy elderly persons.

b. Enrollment Data as an Index of Recruitment Success

Because the only measure of priority-group enrollment available through provider records was the number of ethnic minority participants, this is the only category of priority elderly participants that can be analyzed as an index of success of targeted recruitment, using enrollment data. However, other categories of priority participants, including low income, isolated, and poor in health, are measurable through the samples of participants interviewed by Opinion Research Corporation, and these indices of recruitment success also will be examined later in this report.

Many site- and provider-related variables were examined in conjunction with minority enrollment levels of sites in order to seek evidence of successful recruitment strategies. The only relationships identified have been discussed in other sections of this report, and will be noted only briefly here. Sites with relatively high minority enrollments also have (1) higher proportions of minority staff members ( $r = .84$ ,  $df = 61$ ,  $p < .01$ ), (2) key staff members (site managers, especially) who are minority-group members ( $\chi^2 = 41.3$ ,  $df = 4$ ,  $p < .01$ ), (3) special assistance such as wheelchairs and other mobility aids available for participants ( $\chi^2 = 6.0$ ,  $df = 2$ ,  $p < .05$ ), and (4) lower suggested contribution levels ( $r = -.33$ ,  $df = 64$ ,  $p < .01$ ). Many measures of specific recruitment practices were analysed and found unrelated to minority enrollment level. These measures included the number and types of recruitment or outreach methods in use by sites, site policies regarding recruitment of minority staff or participants, existence of

cliques of participants at the sites, attitudes of staff members, and the availability of special ethnic meals at the sites.

Thus, the provider's or site's stated policy about recruiting minority elderly persons into the program is not related to their actual minority enrollment level. But other factors are, specifically, the presence of minority staff members, the availability of special assistance for getting participants to the site, and the amount of money which participants are asked to contribute for their meal.

## F. SUPPORT SERVICES AVAILABLE TO PARTICIPANTS

This chapter describes the needs for support services within the areas served by meal sites in the 1982 sample, the availability of services within these areas, and various practices regarding delivery of support services. In addition, the chapter summarizes analytic attempts to identify variables related to the availability of support services.

### 1. Need for Support Services

According to the design of the nutrition service hierarchy, directors of area agencies on aging should be the best source of information about needs of elderly people in the areas served by the 70 congregate meal sites in the 1982 sample. Consequently, the area agency directors were asked about the needs for a large number of services and they also were asked to rank-order the relative severity of needs for a smaller number of services.

In the first approach, the area agency directors were asked what percentage of those elderly people who needed services were receiving them. Thirteen domains of service were designated. These services are listed in Table II-17, arranged in increasing order of need (decreasing order of current coverage), according to the area agency directors. In general, the availability of medically-oriented services is judged relatively high. Information and referral service and opportunity for recreation also are judged to be available to most of the elderly people who need such services. Coverage of needy elders is significantly less for congregate and home-delivered meal services and for many other support services of interest to Title III administrators, specifically, transportation, counseling and other mental health assistance, and assistance in one's home.

As was detailed in a report on data quality (cited in the Methodology Appendix), area agency directors frequently had difficulty



TABLE II-17  
NEEDS FOR SERVICES, ACCORDING TO AREA AGENCY DIRECTORS

Service	Directors Responding	Percent of Elderly Served	
		Mean	Std. Dev.
Hospital Care	53	80%	31%
Outpatient Health Care	53	79	28
Information and Referral	58	77	29
Nursing Home Care	51	69	36
Recreation	59	69	31
Legal Services	55	64	36
Congregate Meals	60	62	33
Transportation	59	61	32
Regular Telephone Contact	54	60	36
Homebound Meals	57	52	33
Counseling, Mental Health Care	55	51	36
Homemaking, Chore Services	53	50	35
Housing Services	48	49	30
AVERAGE (unweighted)	55	63%	33%

Using the average number of respondents regarding a given service (55) and the average standard deviation of the respondents' estimated percentages (33%), a standard error of the means can be approximated at 4%. This indicates that the true mean percent of elderly receiving one of the above services can be assumed to fall somewhere within a 16% range around the above sample mean(s), with 95% confidence. Stated another way, the various means in this table probably are not significantly different from one another unless they differ by more than 16 percentage points.

making estimates of the percentages of needy elderly people who were receiving given services. Follow-up calls revealed considerable instability of individual estimates, but stability of the average estimates for each service. Therefore, while the mean values in Tables II-17 are useful, the corresponding data for individual nutrition service areas are not. Consequently, these estimates were not used in any analyses of differences among service providers.

The second approach to assessing need for services was to have area agency directors rank the severity of four domains of need within their areas. Table II-18 summarizes these rankings. The needs for improved nutrition and for social contact are viewed as foremost in severity, both in terms of average rank and in terms of number of times ranked most severe. Needs for education and information and for exercise and mobility assistance are viewed as secondary. This pattern generally confirms the pattern of percentage estimates in Table II-17.

In summary, the picture presented by area agency directors is one of considerable remaining need for those services which Title III program personnel are most concerned about providing (see Section H): meals, transportation, and services for elderly persons in their homes.

## 2. Availability of Support Services

Given the area agency directors' confirmation of need for meal and non-meal support services among elderly people, how available are such services in the geographic areas served by the 70 sample nutrition providers? Obviously, congregate and home-delivered meals are available in all of the areas, so the remainder of this chapter focuses upon non-meal support services.

Table II-19 examines the availability of a large number of services within (a) the areas served by the nutrition providers and (b) the smaller areas served by the sample meal sites. The table also compares the responses of three staff members: the area agency director, the nutrition service director, and the congregate meal site manager. Not all staff positions were asked about each service, so only about half of the cells in the table have entries.

TABLE II-18  
 RELATIVE SEVERITY OF NEED FOR SERVICES<sup>1</sup>

<u>Domain of Need</u>	<u>Index of Severity</u>	
	<u>Mean Rank</u>	<u>Times Ranked Most Severe</u>
Improved Nutrition	1.9	43%
Social Contact	1.9	39
Education & Information	3.0	10
Exercise and Mobility	3.2	8

<sup>1</sup>The four domains of need were ranked by area agency on aging directors: 1=most severe need, 4=least severe.

TABLE II-19

## AVAILABILITY OF VARIOUS SUPPORT SERVICES TO TITLE III PARTICIPANTS

Service	Percent of Areas Where Service is Available <sup>1</sup>			
	Available at Least Somewhere Within Provider's Service Area		Available in Area of Sample Site	
	AAA Director	Nutrition Director	Nutrition Director	Site Manager
Transportation	100%	96%	84%	82%
Escort	////	69	60	46
Shopping Assistance	////	67	60	67
Nutrition Education	////	97	97	89
Recreation	100	83	81	93
Information and Referral	100	89	86	86
Counseling	96	86	80	80
Health Services Through Provider	////	84	80	////
Outpatient Health Care	93	////	////	////
Hospital Care	100	////	////	////
Nursing Home Care	90	////	////	////
Housing Services	94	////	////	////
Regular Telephone Contact	97	////	////	////
Homemaker/Chore Service	90	////	////	////
Legal Services	100	////	////	////

<sup>1</sup>The wording of questions about support services differed among the area agency director, nutrition service director, and site manager questionnaires. Some of the discrepancy in percentage values for a given service may be due to the differences in wording.

The opinions about service availability appear to be slightly higher on the part of the area agency directors than on the part of the nutrition service directors. The availability of services in the sample site areas also is less than the availability in provider areas, reflecting the fact that for an appreciable number of providers a service is available at some, but not all, of their meal sites. The site managers' opinions about service availability do not differ significantly from the service providers' opinions. The table also indicates that all of the services (with the possible exception of escort) are available through at least half of the sites, and most services are available through a substantially higher proportion of sites.

Another view of service availability can be obtained by counting the number of support services available at individual sites. This was done for seven of the services listed in Table II-19: transportation, escort, shopping assistance, nutrition education, information and referral, counseling, and medical-health services. It is very clear that most sites provide most services. All seven services are available at 31% of the sites. Six of the services are available at 16% of the sites. Thus, about half of the sites can be considered close to "full service". Five of the seven services are available at 20% of the sites; four services are available at another 13%. At the other extreme, only two sites (3% of the sample) have just one support service available; only 6% of the sites have just two services available. The median number of services available in this sample of sites is five out of seven.

Nationwide, then, the balance seems to be heavily in the direction of most services being available through most meal sites. Among the seven services examined, escort, shopping assistance, and counseling are the least likely to be available to Title III participants.

Nutrition service directors also were asked about other support services needed but unavailable. The most prevalent responses (11 directors) concerned personal assistance, such as shopping assistance, escort, legal aid, and counseling. Ten directors noted the need for more transportation for elderly people, even though they already had

discussed this service. Nine directors cited services in the homes of elderly persons as a prime area of need, mentioning homemaker or chore service, home repair, and in-home recreational aid as examples. Other services noted as unavailable were medical and dental treatment, counseling, day care, crisis intervention, and assistance dealing with crime and crime prevention. This pattern of unavailable services is roughly the inverse of the pattern of services cited as available, earlier. By far, the principal reason why services are unavailable, according to the directors, is lack of funds.

### 3. Characteristics of Support Service Delivery

Detailed information was gathered about policies and methods of providing the first seven support services listed in Table II-19.

#### a. Transportation Service

Transportation actually appears to be available for Title III participants at 84% of the congregate meal sites. According to site managers, transportation is most often available to carry participants to and from meal service, grocery shopping, personal health care, and recreation activities, in decreasing order. Transportation frequently also can be used to attend advisory council meetings, and at some sites can be used for banking and bill-paying trips, attending church, and for other personal activities such as visitation, grooming, or education. Where available, transportation usually is scheduled five days per week and most often must be arranged on the day needed or at most one day ahead.

Most transportation providers (70%) now use buses or vans rather than personal cars. Many vehicles (61%) are equipped for handicapped riders. Ownership of transport vehicles is diverse: 42% are owned by some government unit, 37% by the nutrition provider, and 11% by other agencies. Sixteen percent of the vehicles are privately owned, by staff or volunteers. These vehicles are driven by paid provider staff at 51% of the sites, by volunteers (40%), or by drivers paid by other agencies (33%). About 6% of the sites contract for transportation with commercial agencies such as taxi companies.

The most pervasive need in order to improve transportation services is money for more vehicles, drivers, and equipment for handicapped riders.

#### b. Escort Service

According to site managers, escort service differs from mere transportation by adding personal assistance getting dressed, walking, and carrying packages. Escort tends more often to use specialized vehicles or personal vehicles and tends also to allow a more personalized choice of schedule and destination.

When escort is available, which it is at 47% of the sample sites, it tends to be available for the same occasions as simple transportation. Escort most often is provided by paid staff members (72% of the providers where it is available) as opposed to volunteers (38%) or staff donated by other agencies (30%).

Like transportation, the chief impediment to improved escort service is money for staff and better-equipped vehicles.

#### c. Shopping Assistance

Considering the responses of all staff members, we ascertained shopping assistance to be available at 69% of the sample sites. Not surprisingly, shopping assistance is closely linked with transportation: at 93% of the sites where it is available, shopping assistance includes transportation. Other components of this assistance are carrying packages (84%) and help with selection of items (53%). In addition to grocery shopping, most sites with this service (69%) include shopping for items other than food. Other aspects of shopping assistance described by occasional site managers are pick-up and delivery of prescription medicines, assistance at post offices, help in computing prices, and help with reading labels. One manager noted their operation of a coupon bank and other told of a "mini-market" held weekly at the site in lieu of going to a shopping area.

All sites but one (98%) allow any participant to use the shopping assistance service. The remaining site restricts the service to participants without other transportation. Most sites (72% of those with

shopping assistance) schedule shopping assistance regularly, weekly (55%) or more than once per week (30%). Those who do not have a regular schedule indicate that the service is available on request, as needed.

When a choice of stores is available in the community, individual participants often (56% of the cases) can select the stores where they will shop. For the remaining sites either the group votes, a staff member decides, or some rotation system is used. One site manager described a system whereby stores bid to provide the shopping assistance at their locations, the winning store also supplying the transportation.

Assistance with shopping most generally is handled by paid provider staff (72% of the sites where assistance is available). Appreciable numbers of sites also utilize volunteer labor (38%) or staff donated by other agencies (30%).

When asked about improvements needed, many site managers (58% of those with an opinion) said that their shopping assistance was working well and that no improvements were necessary. However, nearly half of the managers pinpointed a need for additional staff and/or vehicles to permit more regularly scheduled and more personalized shopping assistance.

#### d. Nutrition Education

Nutrition education is one of the most generally available support services throughout the system, available at 90% of the meal sites. The intensity of the education is considerably more varied. According to site managers, most sites schedule nutrition education monthly (53%) or less often (19% of those with any education at all). Relatively few sites report weekly (24%) or daily (3%) activities.

According to the nutritionists and dieticians interviewed, the most frequently used methods of nutrition education are lectures (92% of the locations with nutritionists/dieticians), circulation of printed materials (90%), and posting of visual materials (75%). Group discussions are used by 67% of the relevant providers and 61% provide personal counseling on nutrition. Half or fewer of these providers use methods such as nutrition-related games (49%), cooking sessions (43%),



workshops (31%), or market trips (25%). More exotic techniques, each mentioned once, include organization of diet clubs, operation of a food co-op, a food-of-the-month program at a local supermarket, and use of the congregate meal for demonstration purposes.

A wide range of topics is covered during nutrition education. Both the site managers and the providers' nutritionists/dieticians (when there was one) were asked to identify these topics, and there was considerable agreement between the two sources. One collection of topics, all of which were identified by more than 80% of the respondents, can be characterized as basic facts about nutrition: nutritional values of foods; food groups; vitamins and minerals; balancing meals; calories, diets, and overweight; and general principles of good health and nutrition. Two other topics, which deal more with nutritional practice, were noted less frequently: food purchasing and food and meal preparation.

Many other topics of nutrition education were mentioned by isolated respondents, including food storage, safety, and sanitation; low-salt, -sugar, and -cholesterol diets; food interactions; food-drug interactions; disease and diet complications; fad diets; portion control; reading labels and consumerism; and meal appeal.

Who provides nutrition education at the sites? According to the nutrition service directors, at 80% of the sites one person is responsible for nutrition education; at the remaining sites the responsibility is shared by two people. Most often, nutrition education is handled by Title III program staff members, especially nutritionists/dieticians and site managers, however, thirteen directors (20% of the sites responding) use outside contractors to provide nutrition education. These persons are obtained from universities or from other sources. Fourteen sites (22%) receive the services of personnel donated by other agencies (extension offices and health departments) or use volunteers. Most of the educators identified (67%) are labeled as nutritionists, dieticians, or home economists. The other persons are staff members with other program duties and titles, although some of these probably are also qualified nutritionists.

Site managers, asked how nutrition education could be improved, noted primarily that its frequency could be increased (32%), that more active approaches such as games and demonstrations were needed (24%), and that there was need for better-qualified personnel (16%) and more individualized approaches to nutrition education (12%).

#### e. Recreation and Social Activities

Another very prevalent support service, available in some form at virtually all (93%) of the sites, is recreation and social activity. Most congregate sites have facilities for recreation at the meal site, or, if not there, at some affiliated location, such as a senior or community center. A few sites have no really accessible recreation place. For example, sites which use commercial dining facilities to serve meals may have difficulty scheduling the space for non-meal functions.

For those sites which have a place available to participants for sparetime activities, the recreation facility usually is open five days per week (92% of the sites), sometimes more, sometimes less, for an average of seven hours per day. Although much of this time may be unprogrammed, most (58%) of the sites with facilities schedule specific recreation or social activities on a daily basis. Others schedule these activities several times per week (15%) or weekly (17%). Thus, fewer than 10% of the sites fail to have scheduled social activity on at least a weekly basis.

The most frequent events, according to the site managers at 65 sites with regular activities, are card games (74% of the sites), arts and crafts (66%), parties or dances (58%), exercise classes (57%) and field trips (54%). But many other events are scheduled, including Bible study, musical events, swimming, picnics, and other games such as pool or bingo.

The programming of activities appears to be fundamentally in the hands of site managers (84% of the sites), individual participants (74%), and site councils (48%), that is, at the local level. Staff and councils at the provider level are less likely to be involved with recreational or social planning.

Like many other support services, the most frequently identified way to improve recreation and social activity is to find increased financial support, particularly for more supplies. Somewhat surprisingly, in light of the above data, a few site managers noted needs to improve the motivation and attitudes of participants and to involve participants more in planning.

#### f. Information and Referral

Information about other services and referral to other agencies are also available through most (86%) congregate meal sites. The benefits and services most frequently identified by site managers as the subject matter of information and referral are health care (97% of the sites with this service), social security (93%), food stamps and commodity programs (92%), health care financing (Medicare, individual insurance programs, etc) 88%, legal services (88%), public assistance (88%), and housing (77%). Topics mentioned less frequently are home maintenance, energy, income taxes, transportation, travel, fire safety, mental health, education, recreation, weatherization, consumerism, and crime and self defense.

The most frequent method of providing information is individual contact, upon request by participants (93%). But most sites also report use of outside speakers (90%), general announcements made at meals or other gatherings (86%), and printed materials (86%). Thus, in terms of the methods of providing information, the sites appear to vary very little; virtually all of them use many methods.

Sites do differ on two other dimensions, however, particularly in the domain of referral. While most sites (89%) refer participants directly to the service agency appropriate for their needs, a few refer them to an intermediary information-and-referral service. At many sites, both procedures are in use, although the more likely procedure is a direct referral.

In addition, the level of involvement with and follow-up of the referral differs markedly among the sites. Table II-20 summarizes data showing this difference. Site managers were asked whether they

TABLE II-20  
 STAFF REFERRAL ACTIVITIES  
 ON BEHALF OF PARTICIPANTS

<u>Action</u>	<u>Percentage of Sites<sup>1</sup> Which</u>		
	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>
Make Appointment for Participant	47%	32%	21%
Accompany Participant to Agency	13	38	49
Transport Participant to Agency	30	40	30
Follow Up Upon Referral	57	20	23
All Actions	37	32	31

<sup>1</sup>Based upon data provided by 60 site managers.

usually, sometimes, or never made appointments for participants, arranged transportation to the agency, accompanied participants to the agency, or followed up on the referral to see that the participant was served. As can be seen in Table II-20, sites are rather evenly spread across the various frequency levels, reflecting considerable diversity in their levels of involvement with the referral process. Over all sites, the highest levels of involvement tend to be in making appointments for participants and in following up the referrals. Site staff members are least likely to actually accompany participants to the agencies.

For later analytic purposes, a referral-involvement score was computed for each site, based upon their managers' responses to the above questions. Six sites "never" perform any of the actions listed in Table II-20, five sites "usually" perform all of the actions, and the other sites are distributed quite evenly between the two extremes. Thus, sites vary greatly in their typical involvement during referral.

When asked about ways to improve information and referral services, site managers said that staff time was the chief problem, particularly time for more personal contact and follow-up, and they saw more funding as the solution. Additional funds also were reported to be needed for printed materials. Some managers noted that the amount of paperwork required to record services was excessive and should be reduced to allow more actual service.

#### g. Counseling

As was indicated in Table II-19, counseling is one of the less frequently available support services, particularly according to site managers. On the basis of all information gathered, we believe that the site managers' views are the most accurate among the staff members and that counseling actually is available through, at most, 61% of the congregate sites. Even this estimate may be high, because at some of these sites "counseling" appears actually to reflect referral to a counseling agency or provision of information, rather than counseling.

The major type of counseling reported by site managers involves personal, mental health issues (83% of the sites with counseling available). Other areas of counseling are far less prevalent: legal counseling (31%), health (21%), financial (21%), housing (12%) and tax counseling (10%).

Counseling is performed primarily by provider/site staff, especially the site managers, or by community professionals or staff of other agencies who donate their services to the Title III program. Relatively little counseling is performed by volunteers. Most site managers report that counseling is available five days per week, seven hours per day, or as needed. Most managers (88%) say that participants can call at times other than normal counseling hours.

When counseling occurs, it can occur virtually anywhere. Although 74% of the sites with counseling have a private office suitable for that purpose, much of the counseling also is reported to occur during casual, private encounters (50% of the sites) and during meals, meetings, or other gatherings (43%). Half (50%) of these sites also counsel participants in their homes, and many (43%) counsel over the telephone.

The major requirement for improving counseling, according to site managers, is more staff, whether paid, donated, or volunteered (88% of the respondents). Other needs are for more staff training, better facilities, better publicity, and ways to overcome the stigma of asking for help.

#### 4. Variables Related to Availability of Support Services

In order to understand support service availability more fully, cross-tabulation analyses were performed between the availability of each service and various other operational variables. Among the variables examined were provider size (number of sites, number of meals served), meal preparation arrangement, the area agency director's rankings of needs within the service areas, the service director's priorities regarding various services, the setting of the site, other activities at the site, and staff characteristics including measures of volunteerism.

Although many possible relationships were examined, very few were found. In part, this probably is because the distributions of availability of several of the services are strongly skewed. That is, most sites provide recreation, nutrition education, and information and referral, and therefore it is difficult to find any other variables significantly related to availability of these services. Partially for this reason, more subtle measures of these (and other) services also were examined, such as the frequency of nutrition education, the variety and the schedule of recreational activities at a site, and the varieties of shopping assistance, escort service, and transportation. The outcomes of these analyses are summarized below for each support service examined.

#### a. Transportation

None of the variables examined were related either to the availability of transportation or to the variety of situations for which transportation is available. Thus, this service is no more likely to be available to participants through large versus small providers; through providers whose directors emphasize access to services or mobility needs over meals, versus those with the reverse priorities, or through providers where public transportation is or is not available. Nor is transportation more likely to be available where there is high versus low volunteerism, more or fewer outreach methods in use, higher or lower per capita county income, or active versus inactive advisory councils.

#### b. Escort Service

Like transportation, none of the variables examined were predictive of the availability of escort service through the meal sites or the variety of situations for which escort was available. The only predictors of the availability of escort service were measures of the availability of other services. That is, escort service is more likely to be available<sup>1</sup> if transportation, shopping assistance, information

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<sup>1</sup>In order to simplify the presentation in this section, we have deleted the specific outcomes of statistical tests of significance. Wherever a relationship is noted, that relationship was found to be significant by a chi-square test with  $\chi^2$  of approximately 10 and one or two degrees of freedom. While chi-squares of this magnitude are statistically significant, the relationships indicated are not really very strong.

and referral, and counseling services also are available. It seems to be the case that escort typically is one of the last services to be added to a package of support and that its availability always is in conjunction with more fundamental services.

c. Shopping Assistance

Several variables predicated the availability of shopping assistance. Sites which regularly schedule activities after the Congregate meal and sites where the site managers rank mobility among the most-needed services are more likely to provide shopping assistance. In addition, the number of sites administered by a provider is inversely related to the variety of shopping assistance available, that is, providers with fewer sites are more likely to provide more varied shopping assistance (for example, extending the assistance to non-food items, trips to the post office, etc.). The availability of shopping assistance also is related to the availability of transportation, which probably reflects the fact, noted earlier, that transportation is the most frequent component of shopping assistance.

d. Nutrition Education

None of the variables examined was related to the availability or the frequency of nutrition education at sites. As noted above, nutrition education is reported to occur at virtually all sites, so there are few at which to seek predictors of unavailability.

e. Recreation

Neither the availability, the variety, nor the schedule of recreation at sites were related to any of the variables examined.

f. Information and Referral

Information and referral also is one of the more frequently available support services, and, not surprisingly, its occasional unavailability is not predictable by any of the variables examined in this study.

g. Counseling

Counseling is more likely to be available at sites where the



manager gives a high priority ranking to the importance of providing elderly with access to support services (as opposed to meals and social activities). In addition, counseling is more likely to be available at sites where certain other support services also are available, specifically, information and referral, health and medical services, and shopping assistance. Sites which have very high levels of volunteerism (hours of volunteer work per meal served) also are more likely to have counseling service available. This last relationship is somewhat puzzling, because volunteers are unlikely to be involved in counseling, according to the staff reports discussed above. Like escort service, counseling appears to be one of the last support services to emerge in a local program. Perhaps its relationship with volunteerism is an indication that those sites with very high levels of volunteerism also have assembled a complete array of support services. For example, at sites with many volunteers the paid staff may be freed to provide more support service.

A final methodological point might be useful at the conclusion of this section. The search for programmatic predictors of support service availability encompassed more than two hundred cross-tabulation analyses. With the performance of this many analyses it can be expected that several "significant" relationships will appear merely on the basis of chance. Very few significant relationships actually emerged between support availability measures and other program characteristics. While most of those which did emerge seem to be sensible, at least after the fact, it is possible that some (or all) are only chance occurrences. This possibility is underscored by the fact that none of the relationships noted above are particularly powerful.

This section can be summarized in the following way. Most Title III meal sites are reported by staff to offer a wide array of support services. Very few sites offer none. The most widespread services are recreation, nutrition education, information and referral, and transportation. Less frequent are shopping assistance, counseling, and escort service, although even these services are available at half of the sites.

In spite of the positive picture of service availability, area agency directors indicate that there are substantial numbers of unserved elderly who need both meal services and non-meal services. In some cases, these directors say, the service level must be doubled to meet the need. Counseling and in-home assistance needs are particularly likely to be unmet, but there reportedly are unserved elderly in need of all of the support services typically programmed through Title III sites.

The methods of providing support services are varied, relying heavily upon paid staff labor and facilities, but also drawing upon donated and volunteered labor and donated facilities. According to most meal site managers, the chief impediment to increased levels of service is lack of money.

A search for program variables that are associated with availability or richness of a support service was largely unsuccessful. Factors such as program size, availability of volunteer labor, staff priorities, and meal site characteristics only rarely predict whether or not a service will be available or how widely it will be available. Thus, we see no single, or simple, solutions to the problem of how to increase support service. Even providing more financial support is not a straightforward solution. While the amount spent by a nutrition service provide per meal served does increase with the availability of more support services ( $r = .25$ ,  $df = 61$ ,  $p = .05$ ), this relationship is only marginally significant. More money, by itself, will not necessarily produce more service.

## G. HOME DELIVERED MEAL SERVICE

Home delivered meals are available in all of the areas served by the nutrition service providers in the 1982 sample. In most of these areas (82%) the Title III providers arrange or prepare the home delivered meals themselves, whereas in 8% of the areas home delivery is handled by different agencies (such as Meals on Wheels) and in 10% of the areas both situations exist.

### 1. Scope of Home Delivery

According to area agency directors, about half (52%) of the elderly people who need home delivery, nationwide, are receiving it. Coverage of needy elders is apparently uneven across the country. In 28% of the areas, 25% or fewer of the needy are receiving home delivery; in 23% of the areas, from 26% to 50% of the needy are being served; in 19% of the areas, from 51% to 75% are being served; and in 30% of the areas, more than 75% are being served. Thus, overall, and particularly in some places, there is a substantial need for increased home delivery of meals.

#### a. Numbers and Percentages of Meals Home Delivered

As was shown in Section A (see especially Table II-1), the typical provider arranges for or provides 153 home delivered meals per day. In total, we estimate that 175,000 Title III meals are being home delivered daily within the contiguous United States, which is about 22% of all Title III meals.

There is, of course, great variation in the scope of home delivery from one provider to another. For example, although all providers in our sample indicated that home delivery was available through their programs, two were actually not providing any home delivered meals at the time we visited. One provider was averaging only 9 home delivered meals per day. The largest number of meals home delivered per day among the providers in our sample was 6,142. In

percentage terms, home delivery service ranges from zero to 49% of all meals served, among these providers.

#### b. Funding of Home Delivery

About 60% of the cost of home delivered meals is borne by Title III. Almost all providers (90%) report that a Title III grant is their principal source of funding for home delivered meals. Other sources of funding are other federal funds, state funds, local funds, and participant payments.

Table II-21 displays data about contributions made by recipients of home delivered meals. The average contribution ranges from \$.01 to \$1.85 per meal, with a median of \$.57 and a mean of \$.63. This range is greater than that for congregate meals (see Table II-3) and the median and mean are slightly higher for home delivery.

Higher contributions are received for home delivered meals at sites where congregate participants also contribute relatively high amounts ( $r = .70$ ,  $df = 54$ ,  $p < .01$ ). In spite of this high correlation, there are a few sites with large differences between congregate and home delivery contributions, as much as fifty cents or a dollar per meal, in either direction.

## 2. Service Characteristics

### a. Meal Preparation

Except for the cases where home delivered meals are handled by other agencies, most Title III nutrition providers use the same meal preparation arrangement for home delivery as is used for congregate meals. Most frequently, these meals are prepared at or passed through congregate meal sites, where they are packaged and distributed. But an appreciable minority of providers prepare or contract for home delivered meals in a central location and distribute the meals directly to homes from that location.

Probably as a result of the predominance of coordinated preparation, most home delivered meals are identical to congregate meals (80% of the providers). The remaining providers have different menus for

TABLE II-21  
HOME DELIVERED PARTICIPANTS' CONTRIBUTIONS FOR MEALS

<u>Average<sup>1</sup> Contribution</u>	<u>Number of Providers</u>
\$.25 per meal	12 (20%)
.26 - .50	14 (24%)
.51 - .75	16 (27%)
.76 - 1.00	8 (14%)
1.00 - 1.25	5 ( 8%)
1.26 or more	4 ( 7%)
Median Contribution for 59 Providers	: \$.57
Mean Contribution	: \$.63
Standard Deviation	: \$.42
Range of Amounts	: .01 - 1.85

<sup>1</sup>Reported by nutrition service directors.

the two services. When they differ, the home delivered meals are composed of more-transportable items or they differ because of different dietary needs of the home delivery recipients (the home delivery participants being more likely to receive low-salt, low-sugar, or low-fat meals).

b. Schedule of Home Delivery

The typical schedule of home delivery is 5 days per week (80% of the sample). About 10% of the providers deliver meals to the homebound seven days per week. The remaining providers deliver 1, 2, 3, 4, or 6 days per week, in about equal frequency. These figures are only approximate because some providers follow different schedules for different participants.

Three of the providers in the sample deliver multiple meals: either 2-meal packs every day, 2-meal packs for weekends, or a set of frozen meals expected to last several days. Two strategies guide these multiple-meal arrangements: to increase participants' dietary intake on a given day (two meals per day), or to reduce the cost of delivery and handling by bringing more than one day's meals on each delivery.

The actual delivery of meals to homes most often is done by volunteers (63% of the providers) or by paid staff members (47%). Less frequent methods of getting the meals to homes are by having congregate participants take them (16% of the providers deliver some meals this way), by having friends or relatives pick them up (10%), or by having a contractor deliver them (9%).

Volunteers are described as essential to the home delivery program by most providers. Nutrition service directors also note needs for thermal containers and strategically-designed, short delivery routes in order to provide high-quality meals. Training of drivers and periodic monitoring of food temperatures and food handling also are cited as important for maintaining safe and sensitive service.

c. Availability of Support Services

Most nutrition service directors (89%) reported that support services are available to home delivered meal participants. The services most frequently reported were information and referral, nutrition

education, telephone reassurance, homemaker and handyman aid, transportation, friendly visits, shopping assistance, visiting nurses and other medical aid, and legal services. Many other services were mentioned occasionally. In no case, however, was a given service cited by more than a third of the 62 Directors reporting services.

### 3. Home Delivery Participants

#### a. Eligibility for Home

In contrast to congregate service, where most providers have relatively unrestricted enrollment, home delivery normally is restricted to elderly persons who meet certain eligibility criteria (93% of the providers). Illness, handicapping conditions, and mobility problems are the most frequently cited factors considered (85% of the providers with special criteria). Other factors noted are advanced age (29%), residence in a particular area (18%), lack of transportation (17%), lack of help at home (15%), inability to prepare meals (9%), and emotional problems (3%). Obviously, some of the preceding dimensions actually address the same problem, and a given elderly person may qualify on several dimensions. The average provider employees two or three criteria, and some require that more than one criterion be met in order to qualify for home delivery. One of the most frequently-voiced problems of home delivery is formulating a fair and appropriate system for screening the most needy elderly people into the home delivery program. Nutrition service staff are asking for specific, proven tools for this purpose.

Many nutrition service directors (77%) report that occasional or temporary home delivery is available to participants who usually eat at the congregate site, in addition to those who do not attend the site. Furthermore, most directors (97%) encourage home delivery participants to attend the meal site when they can, using periodic eligibility reassessments to help provide the encouragement (54%). Home visits and telephone contacts also are used to explain the program and encourage or lure participants to attend the site (30%).

However, at relatively few sites (23%) are there participants who use both the congregate and home delivery services on a regular basis. At those sites where participants do shift back and forth, it is about

equally likely that they are congregate participants with recurring illness or home-delivery participants who occasionally can make it to the meal site, according to the site managers.

b. Recruitment of Home Delivery Participants

Home delivery recipients most frequently are identified through referrals from other agencies (according to 89% of the nutrition service directors). Outreach visits also lead to participants (56% of providers make such visits). Other methods of reaching people needing home delivery are publicity through other organizations (32%), publicity through news media (27%), referrals by doctors, hospitals, and social workers (21%), and inquiries by family members and friends.

c. Participant Characteristics

Nutrition service directors were asked if they had observed any general differences between congregate and home-delivery participants. Virtually all of the directors agreed that home delivery recipients tend to be in poorer health (99%) and less mobile (96%). Many of the directors noted that home delivery recipients are older (49%) and more reticent about socializing (36%). Other differences sensed by fewer directors are that home delivery recipients have lower incomes (20%) and tend to live in more remote locations (17%). Although 21% of the directors noted sex differences between the two groups of participants, the direction of the difference was not consistent.

Very few (10%) of the directors mentioned ethnic differences between the two groups. Of these, half of the directors said that minority participants are more likely to receive home-delivered meals; but the other half said that non-minority participants were more likely to receive meals at home, one director noting that this was because the volunteers who deliver the meals also are non-minority (see Section B) and more willing to deliver to non-minority neighborhoods. Ethnic differences between congregate and home delivery participants apparently are not widespread; where a difference does exist it appears to reflect local conditions.



The preceding are the impressions of nutrition service directors, based upon their program experience. But these impressions are highly corroborated, and in some cases clarified, by the characteristics of the samples of elderly participants interviewed during the study. According to participants' self reports and observations by Opinion Research Corporation interviewers, home delivery recipients are far less mobile and in worse health than are congregate participants. They also are older, on average. Emotional differences are even stronger in the participant-interview data than they are in the staff members' awareness. Home delivery recipients are clearly more socially isolated, both in terms of their feelings and in terms of the facts that they are more likely to be unmarried and to live alone. Home delivery recipients are less likely to report positive feelings about life and they generally are lower in perceived income sufficiency, which is confirmed by interviewers' observations that home delivery recipients appear generally to have lower standards of living than do congregate participants. Sex and ethnicity differences between congregate and home delivery participants, according to the interviewers, are less frequent or smaller. This also confirms the impressions of nutrition service directors.

To summarize the characteristics of home delivery recipients, they tend, in comparison with congregate participants, to be older, less mobile, in poorer health, and more reticent about socializing. At least in many locations, they also are poorer, live in more remote locations, and are more socially isolated. By virtually every analysis, the participants in home delivery services are among the most at risk and in need of service of all American elderly people.

#### 4. Problems with Home Delivery

What are the major problems encountered by nutrition service directors as they attempt to meet needs for home delivered meal service? The principal difficulty noted by a majority of nutrition service directors is inadequate funding to meet the demand for home-delivery service. Funding is needed to cover meal costs, additional staff, delivery costs, and to obtain better equipment. Equipment needs relate

both to meal preparation and meal delivery. Several directors also spoke of the need to increase the schedule of home delivered service from 5 days per week to 7 days per week.

Appreciable numbers of directors cited the need for staff training and for improvements in the procedures for determining eligibility for home delivery. Staff training is needed relevant to issues such as general problems of the aging, detecting and responding to problems during home visits, and appropriate methods for handling home-delivered meals. Eligibility criteria need to be defined more precisely and more consistently, and providers need help in assembling and using concrete procedures for making eligibility determinations.

## H. STAFF EVALUATIONS OF NUTRITION SERVICES

Throughout the 1982 interviews with nutrition service staff members a number of evaluative questions were asked, requesting staff members' opinions on current service operations, their identification of problems faced by service providers, and their preferences for improving nutrition services. This chapter summarizes staff responses to the evaluative questions.

Not surprisingly, staff members at all levels in the system are very enthusiastic about the Title III program. When they were asked for additional comments about the program at the end of their interviews, most staff members began with very positive comments, citing the program's favorable effect upon participants' nutrition and interest in daily living, and lauding the dedicated staff involved. The following examples capture the opinions and feelings of most staff members:

"The program is excellent, operating well, especially considering financial, geographic, and other constraints" (from an area agency director);

"One of the most important programs for elderly...a program that is person-oriented" (from a nutrition service director); and

"People appreciate the program; the program is critical, a lifesaver in some instances" (from an advisory council member).

This strong positive regard expressed for the program did not preclude staff members from also offering suggestions for improvement, which itself demonstrates the strength of their investment in Title III nutrition services. The following sections include staff members' thoughts about how these services can be improved.

### 1. Program Benefits for Participants

Staff at three levels were asked to rank four areas of benefit in terms of the extent to which Title III services are meeting congregate

participants' needs. The responses by area agency on aging directors, nutrition service directors, and congregate meal site managers are summarized in Table II-22. It is clear that the primary benefits of the program are improved nutrition and social contact.

"For many people, this is their only meal. They also need the social contact: they would deteriorate at home."  
(from a site manager)

Access to other services and exercise-mobility benefits, per se, almost always are ranked lower than nutritional and social benefits. It is evident from examination of all rankings by all staff members (not shown in the table) that access to services is the more important of the secondary benefits.

## 2. Current Problems for Service Delivery

The major problem noted, at all staff levels, is funding. Staff members are greatly concerned over the need to increase the availability of meals to unserved elderly, to increase the schedule of meal service, and to expand the number and coverage of support services available to participants.

"We're being cut again...but we need to serve more meals."  
(from a site manager)

"Staff salaries need to be raised." (from a nutrition service director)

"It is a wonderful program, but we need more money to run seven hours a day and provide more outreach." (from a site manager)

Not surprisingly, the problems most frequently identified depend somewhat upon the role of the staff member being interviewed. For example, state nutrition directors tend to see staffing and program regulation as major problem areas, whereas meal site managers more readily voice problems with facilities, schedules of operation, and numbers of available meals. Table II-23 lists the most frequently cited problems areas by the six staff levels interviewed. Meal preparation arrangements represent an area of very little concern. As was discussed in greater detail in Section C, nutrition service staff members are generally satisfied with the arrangement they have evolved.

TABLE II-22  
RELATIVE BENEFITS OF NUTRITION SERVICES  
TO CONGREGATE SITE PARTICIPANTS

<u>Areas of Benefit</u>	<u>Percentage of Times Ranked Most Important<sup>1</sup></u>		
	<u>Area Agency Directors</u>	<u>Nutrition Service Directors</u>	<u>Site Managers</u>
Improved Nutrition	51%	46%	41%
Social Contact	44	44	44
Education, Information, Access to Services	3	9	9
Exercise and Mobility	2	1	6

<sup>1</sup>Numbers of respondents are 67 area agency directors, 69 nutrition service directors, and 68 site managers.

TABLE II-23  
 PROBLEM AREAS NOTED MOST FREQUENTLY  
 BY TITLE III STAFF MEMBERS

According to State Directors

- Quality and continuity of staff
- Complex, unclear, contradictory regulations
- Need for regional, local flexibility
- Interagency relationships, cooperation

According to Area Agency Directors

- Quality and continuity of staff
- Need for improved physical facilities
- Need for better program planning
- Too narrow a focus upon nutrition

According to Nutritionists/Dieticians

- Need for increased emphasis upon home delivery
- Inadequate communication within system
- Need to be able to serve more regional foods and individualized portion sizes
- Certification processes a hassle

According to Nutrition Service Directors

- Need to broaden program emphasis beyond nutrition
- Need for more local control, flexibility
- Need for improved management (particularly fiscal efficiency)
- Need for more staff to allow more individualized services

According to Advisory Council Members

- Meals not appropriate for elderly<sup>1</sup>
- Need to increase staff and hours of operation
- Need more transportation
- Need for greater focus upon homebound

According to Site Managers

- Physical facilities inadequate
- Need to extend hours of operation and activities available
- Need more transportation
- Need more, better staff training

<sup>1</sup> Council members said, for example, that meals sometimes are too large, contain too much fat, too much salt, too much sugar, or are difficult to digest. As with the other problems noted, however, it should be remembered that only a few people cited this problem. Most meals appear appropriate for, and are well received by, participants.

Some additional staff quotations may be useful in portraying the problems currently faced by Title III nutrition service staff.

a. Regulatory Problems

"It is a real problem keeping track of federal regulations."  
(from a state director)

"We need help determining eligibility criteria for home delivery." (from a state director)

"Federal regulations need improvement to handle immigration of Northerners during winter...fact that seniors won't drink milk...excessive paperwork." (from an area agency director)

"Low-bid requirements in contracting lead to poor quality."  
(from an area agency director)

"Greater flexibility in regulations would save money." (from a nutrition service director)

"An urban bias is present in regulations." (from a nutrition service director)

"Separation of funding sources (Title III b versus c) has led to increased numbers of providers without proportionately increasing services, resulting in less coordination, less flexibility." (from a nutrition service director)

"Too much labor and industry rules, too much bureaucracy."  
(from a site manager)

b. Administrative and Other Problems

"Staff and volunteer turnover is a constant problem." (from a state director)

"We need a system to improve targeting of most-needy." (from an area agency director)

"Provider should have more control over program administration, input into decisions...seem to have less and less." (from several nutrition service directors)

"We are being monitored by agencies not equipped to do so."  
(from a nutrition service director)

"A charity stigma still exists about federally-funded programs." (from a nutrition service director)

"It is difficult to work in rural areas and hold everything together." (from a nutrition service director)

"We are unable to meet goals due to community size and lack of funds." (from a nutritionist)

"There needs to be improved communication within the system." (from a nutritionist)

"Hiring young, inexperienced people is a problem." (from an advisory council member)

"How do we make participants realize the importance of their contributions?" (from a site manager)

"I'm to lose my Green Thumb worker in September. I need her! I recently had a cut in pay. They said my workload was reduced. I've always worked more hours than I was paid for, and I still do." (from a site manager)

"The services rendered by this establishment are vital to and greatly valued by the participants. . . (who) harbor great anxiety regarding the possible loss of these services. For many, the meals provided here are the difference between eating and not eating." (from a site manager)

### 3. Ideal Service Arrangements

Nutrition service directors and site managers were asked to imagine operating nutrition services without current guidelines but with about the same amount of money as currently available. Within this framework they were asked about ideal emphases among various services and ideal scheduling of meal service. The responses were for the most part the same from both staff positions.

In Chapter III, Table III-1, we summarized the staff members' ideal emphasis among the meal and non-meal services upon which this study was focusing. As can be seen by referring back to that table, both the service directors and the site managers agree that meals should receive foremost emphasis within a nutrition service program... by about 4 to 1 over any other service, in terms of the percentage of times that meal service was ranked first. At first glance, the primacy of meals over social activities in Table III-1 might seem inconsistent with the equivalent meal and social benefits which the same respondents ascribe to the program, in Table VIII-1. But two additional factors easily explain this difference, and render the two tables of data quite consistent with each other. First, the question posed to staff



members when asked about ideal emphases specified the current level of program funding. Second, at many points in the staff interviews these, and other, respondents noted that there are many elderly in need of meals who are not receiving them. Thus, the pattern in Table II-11 indicates that the nutrition service directors and site managers would prefer to admit more participants to meal services, at some sacrifice of non-meal services.

Beyond the comparison of meal and social-recreational services in Table II-11, staff members' idea emphases give second priority to social-recreational and mobility-related services, also echoing a pattern of needs of elderly people noted at other points in this report. Counseling, information and referral, and nutrition education form a third-priority group of services.

Also within the framework of no guidelines but existing funds, the directors and managers were asked whether they would prefer to serve meals five days or seven days per week. The response was strongly in favor of five-day service, both by service directors (80%) and by site managers (83%). Often, in their open-ended comments, staff members had stressed a need to extend meal services to seven-day coverage at least as an option for some participants. But here, the specification of no increase in funding and the knowledge of unserved elderly people probably again force staff members to choose five-day service, in order to reach as many elderly as possible within existing funds.

A final question about ideal service arrangements asked staff members to choose among serving 250 persons 2 days per week, serving 100 persons 5 days per week, or serving 50 persons 2 meals per day 5 days per week (again, a limited-resources choice, limiting service to 500 meals per week). The majority, especially among site managers, chose the second option, as is shown in Table II-24. Nutrition service directors are somewhat more willing to consider fewer meals per person per week, in order to serve more persons. Site managers, however, quite clearly appear to believe that participants need five meals per week in order to benefit from the program.

In summary, how would local nutrition service staff members re-structure their programs under ideal circumstances? It is clear that

TABLE II-24  
 IDEAL SERVICE PATTERN WITHIN FIXED RESOURCES

<u>Service Option</u>	<u>Percent Who Would Choose Option</u>	
	<u>Nutrition Service Directors</u>	<u>Site Managers</u>
(1) 250 Persons, Each Served Two Days per Week	25%	4%
(2) 100 Persons, Each Served Five Days per Week	71%	91%
(3) 50 persons, Served Two Meals Five Days per Week	4%	4%

given additional funding staff members would extend service to seven days per week, at least as an option for the most-needy elderly persons. The home-delivered meal program especially would be increased. Furthermore, the staff members would increase the availability of support services, particularly transportation, counseling, and in-home assistance (see Section F).

Given current levels of funding, which certainly is a more realistic position, most local staff members would retain an emphasis upon five-day service but would increase the emphasis upon meals, as opposed to non-meal services, in order to extend their program to more persons. There is not unanimity about what is ideal, of course, and in their interviews these staff members also voice a rich array of ideas about improving their programs. One of the most prevalent requests is for greater flexibility in program operation which will allow local service providers to implement changes appropriate to local circumstances.

SECTION III

INTERVIEWS WITH PARTICIPANTS AND NON-PARTICIPANTS

III-1

## A. Introduction and Evaluation Design

The Evaluation of the Nutrition Services for the Elderly is a nationwide study of Service operations and elderly citizens participating in the services provided by Title III of the Older Americans Act, as amended. This evaluation was conducted by Kirschner Associates, Inc. and Opinion Research Corporation. Whereas Kirschner Associates, Inc. conducted the evaluation of Service operations, Opinion Research Corporation executed that part of the evaluation entailing personal interviews with elderly participants and non-participants.

The evaluation was conducted in two waves. Wave I took place during 1976-77 and analysis of the first Wave data is reported in its entirety elsewhere.<sup>1</sup> This report presents the descriptive analysis of Wave II interviews with elderly participants and non-participants.

### Evaluation Design

This study presents the findings from the second Wave of the Evaluation of the National Nutrition Services for the Elderly and, specifically, presents the analysis of Wave II personal interviews with elderly service participants and non-participants. Interviewing took place at a nationwide sample of 70 meal sites. The purpose of these interviews was to gather data regarding program-wide elderly experiences with and perceptions of the Nutrition Services (congregate dining and home-delivered) and to provide a profile of service population characteristics approximately six years following the initial wave of data collection in 1976-77. In addition, other information was gathered regarding:

- Participant contributions
- Self-reported health status and mobility
- Social isolation and psychological well-being
- Dietary status

<sup>1</sup> See Longitudinal Evaluation of the National Nutrition Program for the Elderly: Report on First Wave Findings, Kirschner Associates, Inc. and Opinion Research Corporation, January, 1979.

Basically, this elderly interview component of the evaluation seeks to determine whether there are differences between populations of participating and non-participating elderly and what elderly characteristics or perceptions may be related to Service participation, continued participation, and various experiences with and perceptions of the meal program. A major interest is whether participants are aware of and actively utilize the full range of dietary services, social opportunities, and supportive services offered.

During Wave II, interviews were conducted with purposive samples of several elderly participant sub-populations and non-participants.<sup>1</sup> The major focus of this Descriptive Report will be cross-sectional comparisons among these groups:

- Congregate Dining Participants at Pre-1975 Sites  
This sub-population consisted of elderly at 34 sites established prior to Wave I that were the basis of the Wave I findings approximately six years ago.
- Congregate Dining Participants at Post-1975 Sites  
Elderly in this participant sub-population participated at 36 meal sites established since 1975 that were sampled for the first time for Wave II.
- Longer-Term Congregate Participants  
The vast majority of participants sampled for this group began participating in the program more than one year prior to being interviewed, and thus, have more experience with the Service than other elderly groups interviewed.

<sup>1</sup> See the Methodology Appendix in Volume IV for a detailed discussion of sampling procedures.

- Recent Congregate Entrants  
A majority had entered the congregate dining Service within one year prior to being interviewed.
- Home-Delivered Meal Recipients  
All members of this sub-population were receiving Title III home-delivery when interviewed. Approximately one-half had been receiving home-delivery for longer than one year.
- Former Congregate Dining Participants  
Elderly in this sub-population no longer participated in the congregate dining service.
- Non-Participating Neighbors  
This sample consists of neighbors of current congregate dining participants who were qualified to participate by virtue of age (60 years or older), but had elected not to join.

Finally, although six years had passed since the first wave of the evaluation, it was desirable to attempt to track and relocate as many Wave I participants and non-participants as possible. Data gathered from elderly who were located and successfully interviewed are discussed in the section of the report treating Service impacts.

This section of the report is organized around two major issues:

- Who is served by the Title III Nutrition Services for the Elderly?
- Elderly Perceptions of the Congregate Dining Services

Elderly perceptions of the Home-Delivered Meal Service will be discussed in a separate section of the report devoted specifically to this program.

## B. Reach of the Title III Nutrition Services

This section of the report provides general information concerning characteristics of the Service population, how often elderly attend or participate in congregate and home-delivery services, and discusses their future attendance plans. Emphasis is placed upon describing Service participants as well as comparing participant and non-participant populations along key demographic, health, and lifestyle dimensions. Thus, a major goal is to describe the Service population and non-participants at a representative sample of 1982 meal sites.

Throughout the body of the report, condensed tables are presented for especially important variables of interest. Readers may find more detailed data tabulations corresponding to these variables in the attached Appendices.

### 1. Characteristics of Participants and Non-Participants

#### a. Summary and Implications

The following analyses focused upon both describing and comparing each of several Nutrition Service populations, sub-populations, and non-participant groups. Several basic descriptive variables were employed, including: demographic characteristics; mobility and self-reported health; and lifestyle, dietary, and affective characteristics. Although each group showed considerable variability along key variables of interest<sup>1</sup>, a distillation of key findings yields the following summary descriptions of each elderly group.

- Congregate Dining Participants

A hypothetical, "typical" congregate dining participant is a non-minority woman, 73 years old, not currently married, and living alone. Although about one-half had 1981 annual incomes below \$6,000, most felt their incomes were sufficient to take care of their needs "very" or "fairly" well. Few received assistance of any kind.

<sup>1</sup> See Detailed Tabulations in Appendices A, B, and C.



For her age, the "typical" participant is quite active, both physically and socially. Most rated their health positively, attended religious services frequently, and nearly one-half were members of clubs, lodges, or other social organizations.

The "typical" participant normally ate alone when at home. A minority felt they had too few friends, and few reported frequent feelings of depression or loneliness.

All in all, our "typical" congregate dining participant took an active stance toward life and had positive self-perceptions.

● Non-Participating Neighbors

Neighbors of congregate dining participants who chose not to participate in the Nutrition Services were generally similar to their participating neighbors. They were, however slightly, more affluent as a group and more likely to be married, and, thus, not live alone. They were also more likely to be male.

With an average age of 73 years, they were somewhat less mobile and less socially active. A "typical" non-participating neighbor attended religious services less often and was less likely to belong to social organizations than participating neighbors.

Nearly one-half ate alone when at home, a minority felt they had too few friends, and few reported frequent feelings of depression or loneliness.

The major differences between participants and their non-participating neighbors were gender, income, lower social activity level, and less mobility. In all other respects the two groups were quite comparable.

### ● Home-Delivered Meal Recipients<sup>1</sup>

A hypothetical, "typical" home-delivered meal participant was a non-minority woman, 78 years old (older on the average than all other elderly groups); who was more likely to live alone than meal site participants. A large proportion, nearly two-thirds, had annual incomes below \$6,000 making them the least affluent elderly sub-population. Thus, they were least likely to perceive their incomes were adequate to take care of their needs "very" or "fairly" well.

Home-delivered meal recipients, in addition to being the oldest, were the most likely to report poor health and declining health. Consequently, they were the least mobile, least socially active, and more likely to receive Medicaid benefits.

A large minority are unable to prepare hot meals at home, report having too few friends, and report frequent feelings of depression and loneliness.

All in all, the "typical" home-delivered meal recipient is a person whose characteristics make her an excellent candidate for home-delivery.

### ● Former Participants

If one considers each variable individually, the picture of former participants that emerges is a mixed one, as, depending on the specific comparison, they often more closely resemble non-participating neighbors or home-delivered meal recipients.

The overall pattern that emerges is one of a group of elderly who are somewhat worse off than non-participating neighbors and participants, but better off than home-delivered meal recipients

<sup>1</sup>A fuller description of home-delivered meal recipients is found in Volume II: ANALYTIC REPORT.

along most mobility, health, and income measures. Participants and former participants, however, are about equally likely to live alone.

These summaries are meant to give thumbnail sketches of the four basic Service populations and non-participants. Overall, it is clear that the program successfully attracts and recruits elderly who live alone and have lower incomes. Those attending congregate dining sites were found to be the most mobile, most socially active, and in the best general health. Given that elderly choose to enroll, it is not surprising that both Wave I and Wave II found these patterns.

These descriptive data also very clearly demonstrate that elderly receiving home-delivered meals are the oldest, least mobile, and least affluent of all elderly sub-populations interviewed. They are in relatively worse health and it is declining. Given these patterns, and their relatively greater social isolation, the data show that targeting of the home-delivery Service has been quite successful.

Former participants present an interesting picture. In a later section, their plans for future attendance will be discussed. At present, however, we raise the possibility that former congregate dining participants may represent a future target population for home-delivery if, with advancing age, their health and mobility decline.<sup>1</sup>

Finally, one major difference was found between meal sites established before and after 1975. The data reveal that post-1975 sites, as a whole, have been more successful in recruiting minority elderly. This may be related to post-1975 sites' proximity to relatively larger populations of urban minority.

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<sup>1</sup>This issue receives detailed attention in Volume II: ANALYTIC REPORT.

## b. Demographic Profile

The typical congregate dining participant was a non-minority woman, 73 years of age, not currently married, who lived alone. About one-half had 1981 annual household incomes below \$6,000, although a majority (86%) felt the amount of money they had was sufficient to take care of their needs either "very" or "fairly" well.<sup>1</sup> A minority of participant households received food stamps (13%), Medicaid benefits (18%), or rent assistance (11%). Non-participating neighbors were quite comparable along these dimensions but were more likely to be currently married (43% vs. 34% of participants) and, thus, less likely to live alone than congregate dining participants (46% vs. 55% of participants).

Elderly recipients of home-delivered meals were in some respects similar to participants and non-participating neighbors with several notable exceptions. They were older on the average (78 years) and more likely to live alone (61%). Home-delivered meal recipients were the poorest in objective terms (65% below \$6,000 annual household income) and were least likely to feel their income was sufficient to take care of their needs "very" or "fairly" well (76%). This elderly Service population was also more likely to be receiving Medicaid benefits (30%). As will be seen in a later section, these data are related to the fact that, of all elderly interviewed, home-delivered meal recipients were in the poorest health.

In most instances, former congregate dining participants were found to be similar to current participants and non-participating neighbors. However, in terms of average age (76 years) and income (62% of households below \$6,000) they were somewhat more similar to home-delivered meal recipients. A relatively large majority (83%) felt their incomes were adequate to take care of their needs either "very" or "fairly" well. (These data are summarized in Table III-1.)

<sup>1</sup>\$6,000 is below U.S. Department of Labor estimates of the 1981 "lower budget" for a retired couple (\$7,226). See News, Bureau of Labor Statistics, July 30, 1982.

TABLE III-1

SELECTED DEMOGRAPHIC CHARACTERISTICS<sup>1</sup>  
OF PARTICIPANTS AND NON-PARTICIPANTS

<u>Characteristic</u>	<u>Parti- cipants</u> (N=1,735)	<u>Non- Parti- cipants</u> (N=1,039)	<u>Home- Delivered Meal Recipients</u> (N=415)	<u>Former Parti- cipants</u> (N=249)
Average Age	73 yr.	73 yr.	78 yr. <sup>4</sup>	76 yr. <sup>4</sup>
Female	73%	68%	71%	80% <sup>5</sup>
Currently Married	34%	43%	28%	30% <sup>5</sup>
Live Alone	55%	46%	61%	55% <sup>5</sup>
Minority Status	19%	19%	15%	14% <sup>6</sup>
1981 Family Income <sup>2</sup> Below \$6,000	52%	46%	65%	62% <sup>5</sup>
Income Takes Care of Needs "Very" or "Fairly" Well	86%	84%	76%	83% <sup>5</sup>
Receive Food Stamps <sup>3</sup>	13%	10%	19%	14% <sup>5</sup>
Receive Medicaid <sup>3</sup> Benefits	18%	15%	30%	20% <sup>5</sup>
Receive Rent Assistance	11%	15%	14%	16% <sup>5</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix A.

<sup>2</sup>Percentages based upon reported or estimated income.

<sup>3</sup>Percentages refer to the percent of households receiving food stamps or Medicaid.

<sup>4</sup>On average, home-delivered meal recipients were older than former participants, and former participants were older than all other groups (all z's > 2.4, p < .01).

<sup>5</sup>Percentages in this row significantly differ ( $\chi^2$ , 3 df, >11.3, p < .01).

<sup>6</sup>Percentages in this row do not significantly differ ( $\chi^2$ , 3 df, < 7.8, p > .05).

b. Mobility and Health

Of all elderly persons interviewed during Wave II, congregate dining participants were the most mobile and were less likely to feel their health had declined. While strict cause-and-effect relationships between Service participation and health/mobility variables cannot be inferred from the data in Table III-2, it is reasonable to assume that participation in the congregate dining program enhances likelihood of getting out of the house "nearly every day" (81%). The typical congregate dining participant has no difficulty going out of doors (90%), and can clean and maintain her home (89%). On the average, this hypothetical individual saw a doctor 3 times during the past year for reasons other than a physical check-up, and less than one-quarter (23%) spent any time in a hospital or nursing home due to illness. Given their average age (73 years), participants rated their health quite positively: less than one-half (48%) had "fair" or "poor" eyesight, about one-third (36%) felt their hearing was "fair" or "poor," and one-quarter (25%) rated their general health "fair" or "poor." Approximately one out of six (16%) participants felt health had declined during the past year.

Non-participating neighbors were quite comparable in terms of mobility and health with one major exception. As a group, they were less likely to get out of their homes "nearly every day" (68% vs. 81% of participants).

Home-delivered meal recipients, in contrast, were substantially more mobility impaired, rated their health status worse, and were more likely to report their health had declined during the past year. Only approximately one-quarter (24%) and one-third (29%) said, respectively, they got out of their homes "nearly every day" or could go out of doors "without difficulty." Furthermore, they visited doctors on the average 67% more frequently than others, and over two-fifths (44%) had spent time in a hospital or nursing home during the past year. A majority (73%) also felt that their eyesight was "fair" or "poor." Given the way in which this Service population described specific aspects of their health, it is not surprising that more than one-half (59%) rated their overall health as "fair" or "poor," and that a large minority (38%) felt their health had declined during the past year.

TABLE III-2

SELECTED MOBILITY AND HEALTH CHARACTERISTICS<sup>1,2</sup>  
OF PARTICIPANTS AND NON-PARTICIPANTS

<u>Characteristic</u>	<u>Parti- cipants</u> (N=1,735)	<u>Non- Parti- cipants</u> (N=1,039)	<u>Home- Delivered Meal Recipients</u> (N=415)	<u>Former Parti- cipants</u> (N=249)
Get Out of The House Nearly Every Day	81%	68%	24%	63% <sup>3</sup>
Can Go Out of Doors With No Difficulty/Without Help	90%	84%	29%	79% <sup>3</sup>
Can Clean And Maintain Home	89%	85%	41%	82% <sup>3</sup>
Average Number of Illness-Related Doctor Visits in Past Year	3 visits	3 visits	5 visits	3 visits <sup>4</sup>
Spent Time in Hospital/Nursing Home in Past Year	23%	23%	44%	33% <sup>3</sup>
Fair or Poor Eyesight	48%	46%	73%	53% <sup>3</sup>
Fair or Poor Hearing	36%	33%	46%	39% <sup>3</sup>
Fair or Poor Current Health	25%	28%	59%	31% <sup>3</sup>
Health Worse Than Last Year	16%	16%	38%	24% <sup>3</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix B.

<sup>2</sup>All data are based upon self-report.

<sup>3</sup>Percentages in this row differ significantly ( $\chi^2$ , 3 df,  $>11.3$ ,  $p < .01$ ).

<sup>4</sup>Home-delivered meal recipients had a greater number of visits than any other group (all z's  $> 2.4$ ,  $p < .01$ ).

In terms of mobility and self-reported health, former participants presented a mixed picture. Regarding mobility, individuals who had left the Service resembled non-participating neighbors. However, with respect to self-reported health, they were slightly worse off in some respects than other non-participants and somewhat better off than the most infirm elderly population -- home-delivered meal recipients. One-third (33%) had spent time during the past year in a hospital or nursing home (vs. 23% of non-participating neighbors; 44% of home-delivered meal recipients.), and approximately one-quarter (24%) felt their health had declined (vs. 16% of non-participating neighbors; 38% of home-delivered meal recipients). To the extent that health and mobility are related to age in the overall elderly population, former participants' worse status relative to other non-participating elderly and better status relative to home-delivered meal recipients could be associated with the fact that, on average, they were older than the non-participants and younger than home-delivered meal recipients.

#### c. Lifestyle, Dietary, and Affective Characteristics

All respondents were asked a series of questions regarding their lifestyle, level of social activity, dietary habits, and their current affective states. This section presents data from several of these key variables and they are summarized in Table III-3.

Analyses of the data revealed that although the typical congregate dining participant was able to prepare her own meals, she normally ate alone when at home. Congregate dining participants, who were mobile as a group, were active in religious and social activities. For example, 62 percent attended religious services once a week or more often, and nearly one-half (46%) belonged to clubs or other social organizations. A very small minority (5%) reported often feeling "depressed" or "very unhappy" in the few weeks prior to the interview. Approximately one out of five (19%) felt they did not have enough friends, but 69 percent had been visited by their children during the past month. Only 6 percent reported having often felt lonely or remote from others during the past few weeks.



TABLE III-3.

SELECTED LIFESTYLE DIETARY AFFECTIVE CHARACTERISTICS<sup>1</sup>  
OF PARTICIPANTS AND NON-PARTICIPANTS

<u>Characteristic</u>	<u>Parti- cipants</u> (N=1,735)	<u>Non- Parti- cipants</u> (N=1,039)	<u>Home- Delivered Meal Recipients</u> (N=415)	<u>Former Parti- cipants</u> (N=249)
Normally Eat Alone at Home	58%	47%	65%	55% <sup>2</sup>
Unable to Prepare Hot Meals at Home	4%	5%	26%	4% <sup>2</sup>
Meals Are Generally Very Nutritious	60%	59%	35%	62% <sup>2</sup>
Attend Religious Services Once A Week or More Often	62%	45%	16%	53% <sup>2</sup>
Belong to Clubs or Other Organizations	46%	30%	21%	45% <sup>2</sup>
Often Felt Depressed/ Very Unhappy During Past Few Weeks	5%	6%	15%	6% <sup>2</sup>
Have Seen Own Children in Past Month	71%	71%	69%	57% <sup>2</sup>
Have Too Few Friends	19%	17%	30%	18% <sup>2</sup>
Often Felt Lonely or Remote from Others During Past Few Weeks	6%	6%	16%	5% <sup>2</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix C.

<sup>2</sup>Percentages in this row significantly differ ( $\chi^2$ , 3 df, >11.3,  $p < .01$ ).

Consistent with the fact that non-participating neighbors were more likely to be married, and less likely to live alone, they were also less likely to normally dine alone when at home than congregate dining participants (47% vs. 58%). While non-participating neighbors were more likely to have companionship at home, they were less active outside of the home. For example, fewer than one-half (45%) attended religious services on a weekly or more frequent basis, and about one-third (30%) were members of clubs or other social organizations. In other respects, they were quite similar to congregate dining participants.

The lifestyle, dietary, and affective characteristics exhibited by home-delivered meal recipients tend to reinforce patterns discussed earlier in this chapter. Of all elderly persons interviewed, they were least likely to be able to prepare hot meals if they needed to (26%), were least likely to feel the meals they ate were "very nutritious" (35%), and were more likely to eat alone at home (65%). Overall, they were far less active outside of the home: 16 percent attended religious services once a week or more often, and about one-fifth (21%) belonged to social organizations. These data are not surprising given their relatively impaired mobility and poor health status. This predominantly home-bound Service population was more likely to report they had too few friends (30%) than other elderly persons. Taken together, these data strongly suggest that home-delivered meal recipients are more involuntarily socially isolated and, thus, more than twice as likely as any other elderly group to report having often felt "depressed" or "very unhappy" (15%) or having often felt "lonely or remote from others" (16%).

#### d. Longer-Term vs. Recent Entrants

Separate comparisons were made between longer-term and more recent congregate Service entrants to identify differences between those who had enrolled during the past year and those who had been actively participating for at least one year. These data are contained in Tables III-4 - III-6.

As can be seen, longer-term participants and recent entrants were reasonably comparable along most dimensions. Of course, longer-term were older on average (75 yr. vs. 71 yr. for recent entrants), and other differences are probably age related. For example, longer-term

TABLE III-4

SELECTED DEMOGRAPHIC CHARACTERISTICS OF<sup>1</sup>  
LONGER-TERM AND RECENT ENTRANTS

<u>Characteristic</u>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Average Age	71 yr.	75 yr. <sup>4</sup>
Female	71%	74% <sup>5</sup>
Currently Married	35%	34% <sup>5</sup>
Live Alone	53%	57% <sup>5</sup>
Minority Status	18%	19% <sup>5</sup>
1981 Family Income <sup>2</sup> Below \$6,000	50%	55% <sup>6</sup>
Income Takes Care of Needs "Very" or "Fairly" Well	84%	87% <sup>6</sup>
Receive Food Stamps <sup>3</sup>	13%	12% <sup>5</sup>
Receive Medicaid Benefits <sup>3</sup>	16%	21% <sup>6</sup>
Receive Rent Assistance	11%	12% <sup>5</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix A.

<sup>2</sup>Percentages based upon reported or estimated income.

<sup>3</sup>Percentages refer to the percent of households receiving food stamps or Medicaid.

<sup>4</sup>Average age differs significantly ( $z = 9.5, p < .01$ ).

<sup>5</sup>Percentages do not significantly differ ( $\chi^2, 1 \text{ df}, < 3.8; p > .05$ ).

<sup>6</sup>Percentages significantly differ ( $\chi^2, 1 \text{ df}, > 3.8, p < .05$ ).

TABLE III-5  
 SELECTED MOBILITY AND HEALTH CHARACTERISTICS<sup>1,2</sup>  
 OF LONGER-TERM AND RECENT ENTRANTS

<u>Characteristic</u>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Get Out of House Nearly Every Day	79%	82% <sup>3</sup>
Can Go Out of Doors With No Difficulty/ Without Help	92%	89% <sup>3</sup>
Can Clean and Maintain Home	89%	90% <sup>3</sup>
Average Number of Illness- Related Doctor Visits in Past Year	4 times	3 times <sup>4</sup>
Spent Time in Hospital/ Nursing Home in Past Year	24%	22% <sup>3</sup>
Fair or Poor Eyesight	47%	50% <sup>3</sup>
Fair or Poor Hearing	33%	39% <sup>5</sup>
Fair or Poor Current Health	26%	24% <sup>3</sup>
Health Worse Than Last Year	15%	16% <sup>3</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix B.

<sup>2</sup>All data are based upon self-report.

<sup>3</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df,  $<3.8$ ,  $p > .05$ ).

<sup>4</sup>Recent entrants and longer-term participants did not differ ( $z = 1.5$ ,  $p > .05$ ).

<sup>5</sup>Percentages differ significantly ( $\chi^2$ , 1 df,  $= 7.3$ ,  $p < .01$ ).

TABLE III-6

SELECTED LIFESTYLE, DIETARY, AND AFFECTIVE CHARACTERISTICS<sup>1</sup>  
OF LONGER-TERM AND RECENT ENTRANTS

<u>Characteristic</u>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Normally Eat Alone At Home	57%	59% <sup>2</sup>
Unable to Prepare Hot Meals At Home	5%	3% <sup>2</sup>
Meals Are Generally Very Nutritious	59%	61% <sup>2</sup>
Attend Religious Services Once A Week or More Often	60%	67% <sup>3</sup>
Belong To Clubs or Other Organizations	42%	51% <sup>3</sup>
Often Felt Depressed/ Very Unhappy During Past Few Weeks	6%	5% <sup>2</sup>
Have Seen Own Children in Past Month	71%	70% <sup>2</sup>
Have Too Few Friends	23%	16% <sup>3</sup>
Often Felt Lonely or Remote From Others During Past Few Weeks	7%	5% <sup>2</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix C.

<sup>2</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df,  $<3.8$ ,  $p >.05$ ).

<sup>3</sup>Percentages significantly differ ( $\chi^2$ , 1 df,  $>6.6$ ,  $p <.01$ ).

participants were somewhat more likely to live alone, have lower incomes, and receive Medicaid benefits. Longer-term participants were also modestly more likely to rate their eyesight and hearing as "fair" or "poor."

Recent entrants, however, were less likely to belong to clubs or other social organizations (42% vs. 51% of longer-term) and were more likely to report having too few friends (23% vs. 16% of longer-term). While it is tempting to speculate that these latter trends may reflect recent entrants' motives for entering the Nutrition Services, these data cannot be interpreted in a strictly causal manner.

e. Participants Attending Pre-1975 Congregate Dining Sites vs. Participants Attending Post-1975 Congregate Sites

Given the substantial growth of the Nutrition Services since the Wave I data collection<sup>1</sup> (i.e. several thousand new meal sites have begun operations since 1975), it is desirable to know whether elderly attending sites established prior to and after 1975 differ in important ways. A separate analysis was conducted to compare elderly attending pre-1975 and post-1975 sites in an attempt to ascertain whether growth of the Nutrition Services has been associated with a change in the Service population. These comparisons are summarized in Tables III-7 - III-9.

These comparisons yielded a number of major and minor differences. Most significantly (see Table III-7), post-1975 sites have been more successful in recruiting minority elderly (22% vs. 14% of those attending pre-1975 sites). Whether this change is related to different recruitment strategies employed by pre-1975 and post-1975 sites will be addressed in a later section of the report. However, other data in Table III-7 suggest that increased minority enrollment at post-1975 sites may be related to the fact that these sites are more likely to serve urban elderly and less likely to provide services for rural elderly. Although the ethnic composition of locales served by sites was not directly assessed in this study, it is probable that post-1975 are more likely to be located in urban areas with relatively large minority populations.

<sup>1</sup> See Analysis of Food Service Delivery Systems Used in Providing Nutrition Services to the Elderly, Kirschner Associates, Inc., June, 1981.

TABLE III-7

SELECTED DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS<sup>1</sup>  
 ATTENDING PRE-1975 AND POST-1975 CONGREGATE DINING SITES

<u>Characteristic</u>	<u>Attend Post-1975 Site (N=903)</u>	<u>Attend Pre-1975 Site (N=832)</u>
Average Age	73 yr.	74 yr. <sup>6</sup>
Female	71%	74% <sup>7</sup>
Currently Married	36%	32% <sup>7</sup>
Live Alone	53%	57% <sup>7</sup>
Minority Status	22%	14% <sup>8</sup>
1981 Family Income <sup>2</sup> Below \$6,000	52%	52% <sup>7</sup>
Income Takes Care of Needs "Very" Or "Fairly" Well	85%	86% <sup>7</sup>
Receive Food Stamps <sup>3</sup>	11%	14% <sup>7</sup>
Receive Medicaid Benefits <sup>3</sup>	19%	18% <sup>7</sup>
Receive Rent Assistance	10%	12% <sup>7</sup>
Reside in Urban Area <sup>4</sup>	40%	33%
Reside in Small Town	42%	44%
Reside in Rural Area	11%	17%
	} 93% <sup>5</sup>	} 94% <sup>5, 9</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix A. Home-delivered meal recipients are excluded from this analysis.

<sup>2</sup>Percentages based upon reported or estimated income.

<sup>3</sup>Percentages refer to the percent of households receiving food stamps or Medicaid.

<sup>4</sup>Urban areas include: 1) centers and residential areas within major metropolitan areas  
 2) moderate sized cities  
 3) suburban locations

<sup>5</sup>Percentages do not total to 100% because a small percentage of elderly were not interviewed at home. Thus, characteristics of their residential areas were not observed.

<sup>6</sup>Average age differs significantly ( $z = 2.82$ ;  $p < .01$ ).

<sup>7</sup>Percentages do not differ significantly ( $\chi^2$ , 1 df,  $< 3.8$ ,  $p > .05$ ).

<sup>8</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 19.9,  $p < .01$ ).

<sup>9</sup>Percentages differ significantly ( $\chi^2$ , 2 df, = 17.5,  $p < .01$ ).

TABLE III-8

SELECTED MOBILITY AND HEALTH CHARACTERISTICS OF<sup>1,2</sup>  
 PARTICIPANTS ATTENDING PRE-1975 AND POST-1975  
 CONGREGATE DINING SITES

<u>Characteristic</u>	<u>Attend Post-1975 Site (N=903)</u>	<u>Attend Pre-1975 Site (N=832)</u>
Get Out of House Nearly Every Day	81%	81% <sup>3</sup>
Can Go Out of Doors With No Difficulty/Without Help	89%	91% <sup>3</sup>
Can Clean and Maintain Home	89%	89% <sup>3</sup>
Average Number of Illness- Related Doctor Visits in Past Year	3 times	3 times <sup>4</sup>
Spent Time in Hospital/ Nursing Home in Past Year	23%	23%
Fair or Poor Eyesight	52%	44% <sup>5</sup>
Fair or Poor Hearing	37%	35% <sup>3</sup>
Fair or Poor Current Health	28%	22% <sup>5</sup>
Health Worse Than Last Year	17%	15% <sup>3</sup>

<sup>1</sup>Detailed distributions for each item are in Appendix A. Home-delivered meal recipients are excluded from this analysis.

<sup>2</sup>All data are based upon self-report.

<sup>3</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df,  $<3.8$ ,  $p >.05$ ).

<sup>4</sup>Post-1975 and pre-1975 site attendees did not significantly differ ( $z = 1.0$ ,  $p >.05$ ).

<sup>5</sup>Percentages differ significantly ( $\chi^2$ , 1 df,  $>6.6$ ,  $p <.01$ ).



TABLE III-9

SELECTED LIFESTYLE, DIETARY, AND AFFECTIVE CHARACTERISTICS<sup>1, 2</sup>  
 OF PARTICIPANTS ATTENDING PRE-1975 AND POST-1975  
 CONGREGATE DINING SITES

<u>Characteristic</u>	<u>Attend Post-1975 Site (N=903)</u>	<u>Attend Pre-1975 Site (N=832)</u>
Normally Eat Alone At Home	58%	58%
Unable to Prepare Hot Meals At Home	4%	4%
Meals Are Generally Very Nutritious	59%	61%
Attend Religious Services Once A Week or More Often	62%	63%
Belong to Clubs or Other Organizations	48%	44%
Often Felt Depressed/Very Unhappy During Past Few Weeks	6%	5%
Have Seen Own Children in Past Month	69%	71%
Have Too Few Friends	19%	20%
Often Felt Lonely or Remote From Others During Past Few Weeks	6%	7%

<sup>1</sup>Detailed distributions for each item are in Appendix A.

<sup>2</sup>Percentages do not significantly differ for any item ( $\chi^2$ , 1 df, < 3.8,  $p > .05$ ).

- Several other smaller differences were noted. For example, elderly persons attending post-1975 meal sites are modestly more likely to be married (36% vs. 32% of pre-1975 sites attendees), and, hence, somewhat less likely to live alone (53% vs. 57% of pre-1975 site participants). Those who were attending post-1975 congregate sites are slightly less likely to receive food stamps (11% vs. 14% of pre-1975 site participants), but both populations are reasonably comparable regarding income. Participants attending post-1975 sites felt their eyesight was worse (52% vs. 44% of pre-1975 site attendees felt it was fair or poor), and described their overall current health in more negative terms (28% vs. 22% of pre-1975 site participants felt it was fair or poor). Finally, participants at post-1975 sites were a bit more likely to be members of clubs or other social organizations (48% vs. 44% of pre-1975 site participants).

## 2. Service Attendance and Participation

This section of the report presents analyses of program attendance and participation variables, transportation to sites, and reports of service denial. Analyses are presented for each of the basic elderly participant populations and sub-populations and are first presented in a descriptive format highlighting basic patterns. An analytic approach, employing multivariate analyses, is then used to reveal those elderly variables significantly related to attendance and participation.

### a. How Long Ago Elderly Began Participating

As can be seen in Table III-10, over two-thirds (68%) of congregate dining participants had enrolled in the program longer than one year prior to being interviewed. Approximately one-sixth (16%) had eaten their first congregate meal within the past three months. Ninety-seven percent of longer-term participants had been enrolled for longer than one year. Among recent congregate Service entrants, nearly one-third (33%) had entered within the past three months and 39 percent had been participants longer than one year when they were interviewed. Thus, the experiences and perceptions of longer-term participants in the Service, to be discussed in a subsequent section, reflect considerably more familiarity with the Service and its operations than do the experiences and perceptions of more recent entrants.

As a group, home-delivered meal recipients, are newer to the Title III Nutrition Services. Approximately one-fifth (21%) had enrolled during the past three months, 23 percent within the 6-12 month interval, and slightly more than one-half (53%) had first received meals longer than one year prior to being interviewed.

### b. Frequency of Site Attendance/Meal Delivery

As shown by the data in Table III-11, the vast majority of Service participants either attended a meal site or received a home-delivered meal on a very frequent basis. For example, 84 percent of congregate dining participants reported attending at least once a week, and nearly one-half (46%) attended 4-5 times per week.

While pre-1975 and post-1975 site attendees showed similar attendance frequency patterns, recent entrant/longer-term participant comparisons are interesting. The fact that recent entrants were somewhat less likely to attend 4-5 times per week (40% vs. 53% of longer-term participants) strongly suggests that length of program participation is positively related to attending more often. To further explore this issue, participants who attended fewer than three times per week were asked why this was so. Recent entrants were more likely to say they went when they "felt like it" than did longer-term participants (22% vs. 12%). Thus, it appears that length of Service participation is positively related to elderly establishing a stable routine of frequent attendance.

Other congregate dining participants reported they went less often than three times per week because they attended on "certain days" (20%). When asked why they went on certain days, participating elderly cited the following reasons:

- Because of other activities at the site (e.g. exercise classes, and other recreation activities such as cards, arts and crafts, birthday parties, bingo, music programs).
- They work or assist with activities at the site such as serving meals, helping with finances, or religious services.
- Some elderly attend when the menu offers appealing food.
- Other commitments conflict with attending the site.
- Because they go when their friends attend.
- They attend whenever the meal site is open.

Thus, of the one-fifth who attend only on certain days, the availability of specific site activities or their volunteer commitments figure

TABLE III-10

HOW LONG AGO ELDERLY BEGAN PARTICIPATING<sup>1</sup>  
IN THE NUTRITION SERVICES

<u>Began Participating</u> <sup>2</sup>	<u>Participants</u> (N=1,735)	<u>Home-Delivered Meal Recipients</u> (N=415)
Within Past Week	2%	3%
Within Past Month	6%	9%
Within Past 3 Months	8%	9%
Within Past 6 Months	6%	6%
Within Past Year	9%	17%
Longer Than 1 Year Ago	68%	53%
Did Not Know	1%	3%
TOTAL	100%	100%

<sup>1</sup>Source: Qu. A5/HA5: Thinking back, when was the first time you went to this place or site for a hot meal/ received a hot meal at home from (SITE)?

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 39.8, p < .01). Participants were more likely to have entered longer than 1 year ago.

TABLE III-11  
 FREQUENCY OF SITE ATTENDANCE/HOME DELIVERY SERVICE<sup>1,2</sup>

Frequency <sup>3</sup>	Participants			Home-Delivered Meal Recipients (N=415)	Former Participants (N=249)
	Total (N=1,735)	Recent Entrants (N=857)	Longer-Term (N=878)		
4-5 Times A Week	46%	40%	53%	85%	36%
1-3 Times A Week	38%	39%	36%	13%	33%
1-3 Times A Month	8%	8%	7%	*	7%
Less Often Than Monthly	5%	8%	3%	1%	15%
Other	2%	3%	1%	1%	5%
Did Not Know/ Could Not Say	1%	2%	*	*	4%
TOTAL	100%	100%	100%	100%	100%

<sup>1</sup> Source: Qu. A1/HA1: How often do/did you usually go this site for a hot meal/ how often is a hot meal delivered to your home by (SITE)?

<sup>2</sup> A detailed distribution for this item is contained in Appendix D.

<sup>3</sup> Percentages differ significantly:

Total participants vs. Home-delivered meal recipients vs. Former participants ( $\chi^2$ , 5 df, = 245.6,  $p < .01$ ).

Longer-term participants were more likely to attend 4-5 times a week than were recent entrants ( $\chi^2$ , 1 df, = 39.3,  $p < .01$ ).

\*Denotes less than 1%.

prominently in the decision to attend. As will be seen later, only a small minority of participants reported experiencing transportation difficulties getting to sites.

Table III-11 shows that a large majority of home-delivered meal recipients received meals 4-5 times per week (85%), indicating that this component of the Title III Nutrition Services reaches a large proportion of the Service population as often as possible. Less than one-fifth of home-delivered meal recipients reported they received a meal fewer than five times per week. When queried as to why this was the case, respondents were about equally divided between saying that meals could not be delivered by the local service that frequently (7%) or that they preferred delivery fewer than five times per week (8%). The primary reason these elderly preferred less frequent home-delivery was that they cooked for themselves or someone else cooked for them. A small minority (8%) of home-delivered meal recipients ever currently attended the local congregate dining site.

Table III-11 presents data showing how frequently former participants reported attending meal sites when they were active participants. Although this sample was not designed to be representative of the population of former participants, the data, nonetheless, show that this small sample of former participants had been less frequent attendees before leaving the program.

#### c. Respondent Characteristics Related to Site Attendance

Multivariate analyses<sup>1</sup> were employed to identify elderly characteristics significantly related to frequency of attendance. The relationships between reported frequency of attendance and two sets of elderly characteristics were assessed:

- Elderly persons' experiences with and perceptions of the Services.
- Other characteristics such as mobility, health status, social activity level, and other demographic variables.

<sup>1</sup>See Appendix D for a description of the analytic technique.

Because the vast majority of home-delivered meal recipients (85%) received the home-delivery Service 4-5 times each week, multivariate analyses of this group's responses were not conducted for this group. Analyses were conducted for current congregate dining participants and former participants because their attendance was far more variable.

Interpretations of the following results should be made with care. Because the following analyses reveal associations (i.e. correlations) between variables, results should not necessarily be interpreted in a causal manner. Rather, elderly with a specific characteristic can be said to be more or less likely to report attending frequently.

### c.1. Summary and Implications

Analyses revealed several significant associations between reported attendance frequency and variables measuring participants' experiences with and perceptions of the Service. Although few reported any degree of difficulty getting to meal sites, those who had at least a little difficulty were more likely to attend 1-3 times each week rather than 4-5 times per week. Other relationships suggest that for very frequent site attendees, site activities and visiting friends at the site are popular aspects of the Nutrition Service experience. As might be expected, very frequent participants were more aware of site shopping assistance and were more likely to utilize site medical assistance service. In a later section, elderly who more frequently used site medical assistance service will be described.

Elderly who felt that participation in the Service had saved them at least "some" money were most likely to attend 4-5 times per week than elderly who felt their savings were less. Finally, those who had increased their contribution at some time since they enrolled were more likely to be very frequent participants.

All in all, these patterns indicate that elderly who had positive experiences with or perceptions of the Service were more frequent attendees. The simple act of having increased one's donation does not appear to be a substantial impediment to frequent site attendance.

The relationships between attendance frequency and elderly lifestyle and demographic variables are perhaps more interesting, because these



findings comment upon the degree to which the Service succeeds in frequently attracting the elderly target population and sub-populations with specific priority characteristics.

Although more mobile elderly are more frequent attendees, we speculate that frequent meal site attendance (i.e. 4-5 times per week) is a major reason for frequently getting out of the house. More interestingly, elderly unable to clean and maintain their homes by themselves were more frequent attendees, suggesting that the Service has successfully attracted less able elderly individuals. The Service's success in frequently attracting other priority elderly is revealed by three consistent relationships: minority elderly, those with less education, and participants with lower perceived income sufficiency are more likely to attend 4-5 times per week. In addition, those who invite others to their homes for meals less often are more frequent attendees. It is possible that those who they would invite are fellow meal site attendees.

Finally, elderly males were more likely to attend 4-5 times per week than were elderly females. Thus, although the Service primarily enrolls elderly females (73% of participants were female), male participants find the Service attractive.

## c.2. Congregate Dining Participants' Experiences and Perceptions

- Transportation Difficulties  
Although only 10 percent reported any degree of difficulty, those who did, attended less frequently.
- Increased Contributions  
Elderly who increased their contributions since first joining, attended more frequently.
- Frequency of Participation in Site Activities  
The more often elderly participated in site activities (e.g. games, movies, singing), the more frequently they attended the site.
- Time Socializing At The Site  
Participants who spent more time visiting with friends at the site attended more often.
- Perceived Savings From Eating At The Site  
The greater the perceived savings from eating Service meals, the more frequently respondents attended.
- Awareness of Site Shopping Assistance  
Those who were aware that this supportive service was available were more frequent attendees.
- Use of Site Shopping Assistance  
Respondents who utilized this supportive service were more frequent attendees.

Several of these elderly experiences and perceptions were related. Because perceived savings from eating at the site was most consistently related to other perceptions, it is used in Table III-12 to illustrate

TABLE III-12

RELATIONSHIP BETWEEN PERCEIVED SAVINGS FROM<sup>1,2,3</sup>  
EATING AT SITE AND ATTENDANCE FREQUENCY

Frequency <sup>4</sup>	Participants			
	Save A Lot (N=417)	Save Some (N=641)	Save A Little (N=375)	Save Nothing/ Costs Money (N=246)
4-5 Times A Week	59%	51%	39%	28%
1-3 Times A Week	29%	37%	44%	44%
1-3 Times A Month	6%	5%	8%	15%
Less Often Than Monthly	2%	4%	6%	10%
Other	3%	2%	2%	2%
Did Not Know/ Could Not Say	1%	1%	1%	1%
TOTAL	100%	100%	100%	100%

<sup>1</sup> Source: Qu. A1: How often do you usually go to this site for a hot meal?  
Qu. B10: Does it save you a lot of money, some money, a little money, or no money, to eat at the site/receive hot meals, or does it cost you money?

<sup>2</sup> A detailed distribution for this item is in Appendix D.

<sup>3</sup> Those who did not provide a response to Qu. B10 are deleted from this analysis.

<sup>4</sup> Percentages attending 4-5 times a week differ significantly ( $\chi^2$  3 df, = 73.2, p < .01).

these findings.<sup>1</sup> As can be seen, those who felt that consuming a site meal saved "some" or "a lot" of money were more likely to attend 4-5 times per week.

### c.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Separate analyses were conducted to ascertain whether elderly demographic and lifestyle characteristics were significantly related to attendance frequency.

- General Mobility  
Those who were able to leave their homes daily were more frequent attendees.
- Ability To Clean And Maintain Home  
Respondents reporting that they could not clean and maintain their homes by themselves were likely to attend more frequently.
- Frequency Of Inviting Others To Eat  
The less often participants invited friends or relatives to their homes for lunch or dinner, the more frequently they participated in the congregate dining Service.
- Perceived Income Sufficiency  
Participants who felt their incomes "poorly" took care of their needs, were more likely to attend sites every day of the week.
- Gender  
Although men accounted for less than one-third (27%) of congregate dining participants, they were more frequent attendees.

<sup>1</sup>Detailed tabulations showing simple relationships between other experiences and perceptions and attendance frequency are contained in Appendix D.

TABLE III-13

RELATIONSHIP BETWEEN EDUCATION<sup>1,2,3</sup>  
AND ATTENDANCE FREQUENCY

Frequency <sup>4</sup>	Participants		
	8 Years Or Less (N=721)	9 - 12 Years (N=699)	More Than 12 Years (N=303)
4-5 Times A Week	51%	44%	39%
1-3 Times A Week	34%	40%	42%
1-3 Times A Month	7%	9%	8%
Less Often Than Monthly	5%	4%	7%
Other	2%	2%	3%
Did Not Know/ Could Not Say	1%	1%	1%
TOTAL	100%	100%	100%

<sup>1</sup>Source: Qu. A.1; Qu. I6: Using this card (Card B) as a guide, please tell me the amount of your education. Just read me the number, please.

<sup>2</sup>A detailed distribution for this item is in Appendix D.

<sup>3</sup>Those who did not provide a response to Qu. I6 are deleted from this analysis.

<sup>4</sup>Percentages attending 4-5 times a week differ significantly ( $\chi^2$ , 2 df, = 14.9,  $p < .01$ ).

- Minority Status

While 19 percent of participants were minority elderly, they were more likely than non-minority to attend every weekday.

- Education

Elderly with less than 9 years of education were more likely to attend frequently. This group accounted for 42 percent of the total current meal site participant population.

Elderly education was most consistently correlated with other life-style and demographic variables; therefore, it is presented in Table III-13 to illustrate these findings in a summary fashion.<sup>1</sup> These data reveal that among all current participants, those with less education were more likely to attend the congregate site 4-5 times per week.

- c.4. Former Participants

Similar analyses were conducted for the former participant sub-population, but revealed no significant relationships. Neither recall of past service related experiences and perceptions nor current elderly characteristics were related to reported past attendance frequency.

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<sup>1</sup>Detailed tabulations showing simple relationships between other life-style and demographic variables and attendance frequency are contained in Appendix D.

#### d. Transportation to Sites

Current congregate dining participants and former participants were asked how they got to sites and these data are summarized in Table III-14.

Among all participants, a majority (69%) were able to get to the site themselves either by driving their own cars (38%), walking (26%), or by using public transportation (5%). Slightly more than one-third (34%) relied upon others for transportation, i.e. 20 percent were picked up by a special car or bus and 14 percent were driven to the site by a friend or relative. The modes of transportation utilized by recent entrants and longer-term participants closely paralleled those employed by all current participants.

Differences were noted, however, for elderly attending post-1975 and pre-1975 meal sites. Post-1975 site attendees were less likely to be picked up by a special bus or car (14% vs. 27% of pre-1975 site attendees) and were more likely to drive themselves to sites (41% vs. 34% of pre-1975 site attendees).

Former participants had been somewhat more likely to walk to their sites than current participants (31% vs. 26%), had less often driven themselves (32% vs. 38% of current participants) and had been more likely to rely upon friends or relatives for transportation to sites (22% vs. 14% of current participants). They also had been less likely to rely upon special transportation services than all current site participants (10% vs. 20%).

#### e. Difficulty Getting to the Site

Overall, the vast majority (89%) of current site participants reported "no difficulty" getting to the site (see Table III-15). Elderly who had recently enrolled or had been longer-term participants did not differ in this regard.

Although the vast majority of post-1975 site attendees reported "no difficulty" getting to their respective sites, they had a bit more difficulty than pre-1975 site attendees. These differences had little overall impact, since as noted earlier pre- and post-1975 site attendees attended sites comparably often. Former participants reportedly had experienced slightly more difficulty than current participants.

f. Reports of Service Denial

A small minority of participants (7%) reported they had ever gone to the meal site and been denied service because the site was filled to capacity. Therefore, service denial is an infrequent problem encountered by the Service population.



TABLE III-14  
TRANSPORTATION TO SITES<sup>1</sup>

<u>Transportation to Sites</u> <sup>3</sup>	<u>Participants</u>			
	<u>Total</u> (N=1,735)	<u>Attend</u> <u>Post-1975</u> <u>Site</u> (N=903)	<u>Attend</u> <u>Pre-1975</u> <u>Site</u> (N=832)	<u>Former</u> <u>Participants</u> (N=249)
Walk	26%	27%	24%	31%
Drive Self in Car	38%	41%	34%	32%
Driven by Friend/Relative	14%	15%	12%	22%
Picked up by Special Car/Bus	20%	14%	27%	10%
Use Public Transportation	5%	6%	3%	2%
Did Not Know/Could Not Recall	--	--	--	2%
No Response	*	*	*	1%
<b>TOTAL</b>	<b>103%</b>	<b>103%</b>	<b>100%</b>	<b>100%</b>

<sup>1</sup>Source Qu. A7: How do/did you get to the hot meal site?

<sup>2</sup>Multiple responses were accepted, thus total may exceed 100%.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 38.6, p < .01). Post-1975 site attendees were more likely to be picked up by a special car or bus than were pre-1975 site attendees.

\*Denotes less than 1%.

### 3. Future Attendance and Participation

#### a. Participants and Home-Delivered Meal Recipients

More than 9 out of 10 of all current participants (93%) and home-delivered meal recipients (94%) interviewed stated that they intended to continue to participate in the Nutrition Services.

#### b. Former Participants

Elderly persons who had terminated their participation in the Service were asked how likely it was that they would ever attend their meal sites again. Attitudes varied widely: 17 percent said "very likely," 27 percent said "fairly likely," and over one-half (52%) reported they were either "not very likely" or "not at all likely" to attend the congregate dining Service at their former site in the future.

Elderly persons who were not likely to attend the site in the future mentioned three basic reasons for their disinclination to participate:

- Health problems conflicted with attendance.
- Food was not to their liking or they needed a special diet.
- They now cook for themselves.

Regression analyses<sup>1</sup> were employed to identify characteristics of former participants significantly related to reported likelihood of future meal site attendance. These analyses were similar to those discussed earlier and assessed two sets of former participant characteristics:

- Elderly experiences with and perceptions of the Services.
- Other elderly characteristics such as mobility, health status, social activity and lifestyle, demographic variables.

<sup>1</sup>See Appendix E for a description of the analytic technique.

TABLE III-15  
TROUBLE GETTING TO THE SITE<sup>1</sup>

<u>Degree of Trouble</u> <sup>2</sup>	<u>Participants</u>			<u>Former Participants</u> (N=249)
	<u>Total</u> (N=1,735)	<u>Attend Post-1975 Site</u> (N=903)	<u>Attend Pre-1975 Site</u> (N=832)	
A Lot of Trouble	2%	3%	1%	5%
Some Trouble	4%	6%	2%	4%
A Little Trouble	4%	5%	3%	3%
No Trouble	89%	86%	93%	84%
Did Not Know/ Could Not Recall	*	*	*	2%
No Response	1%	*	1%	2%
TOTAL	100%	100%	100%	100%

<sup>1</sup>Source: Qu. A8: Do/did you have a lot of trouble getting to the site, some trouble, a little trouble, or no trouble at all?

<sup>2</sup>Former participants were less likely to report "no trouble" than current participants ( $\chi^2$ , 1 df, = 4.9, p < .05).

Pre-1975 site attendees were more likely to report "no trouble" than post-1975 site attendees ( $\chi^2$ , 1 df, = 21.5, p < .01).

\*Denotes less than 1%.

### b.1. Former Participants' Experiences and Perceptions

Multivariate analyses revealed that former participants' recall of whether they felt the meal had saved them money was related to their likelihood of future attendance.

- Perceived Savings

Those who felt the program had saved them money were more likely to report they would "ever go to (the site) for a . . . meal again."

This relationship is portrayed in Table III-16. Elderly who reported that they had saved "some" or "a lot" more often reported they were "very" or "fairly" likely to attend the site again. However, even among those who felt that past attendance had saved them "nothing" or "cost money," a large minority (35%) were "very" or "fairly" likely to attend the congregate dining service in the future.

### b.2. Former Participants' Lifestyles, Dietary and Affective Characteristics

Two additional characteristics were found to significantly predict former participants' likelihood of future site attendance.

- Ability to Clean and Maintain Home

Those who were able to clean and maintain their homes by themselves were more likely to say they would attend their sites again.

- Marital Status

Elderly who were not currently married (e.g. single, widowed, or divorced) were less likely to report they would attend the Service again.

TABLE III-16

RELATIONSHIP BETWEEN PERCEIVED SAVINGS<sup>1,2,3</sup>  
AND LIKELIHOOD OF FUTURE SITE ATTENDANCE

Likelihood of Future Attendance <sup>4</sup>	Former Participants		
	Saved A Lot/Some (N=106)	Saved A Little (N=66)	Saved Nothing/ Cost Money (N=59)
Very or Fairly Likely	54%	41%	35%
Not Very Likely/ Not At All Likely	44%	53%	62%
No Opinion	2%	5%	3%
No Response	--	1%	--
TOTAL	100%	100%	100%

<sup>1</sup>Source: Qu. B10; A4A: How likely is it that you would ever go to this place for a hot meal again -- would you say it is very likely, fairly likely, not very likely, or not likely at all?

<sup>2</sup>A detailed distribution for this item is in Appendix E.

<sup>3</sup>Elderly who did not respond to Qu. B10 are excluded from this analysis.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 4.6,  $p < .05$ ). Those who had saved "some" or "a lot" were more likely to say they were "very" or "fairly" likely to attend the site.

The relationship between former participants' current marital status and likelihood of future attendance is displayed in Table III-17<sup>1</sup>. Whereas slightly more than one-half (52%) of married former participants were "very" or "fairly" likely to attend in the future, two-fifths (40%) of those not currently married felt this way.

### b.3. Summary and Implications

Because a large minority (41%) of former participants reported they were at least "fairly likely" to re-enroll at their former sites, perceptions of and experiences with the Service that may have made the site less attractive, do not appear to exert a lasting negative impact. Basically, there appear to be two barriers to future site attendance.

If former participants felt that the meal had not saved them money, they expressed lower interest in attending sites in the future. Since former participants were less affluent on the whole (see Table III-1), and were more likely to feel they were "charged" for their site meals (see Table III-18), this finding is understandable. If sites wish to attract this potential Service population, care should be taken to disabuse former participants of the idea that the site will charge them for their meals.

The second major barrier to re-enrollment is former participants' relatively poor and declining health (see Table III-19). Health problems were often mentioned as reasons why elderly in this group said they would be less likely to participate again in the congregate dining Service. Further, those who said they were unable to clean and maintain their homes by themselves were less likely to express an interest in attending the site in the future. Thus, declining health and lower ability to independently care for themselves suggest that some former participants might benefit from the home-delivered meal service.

<sup>1</sup> See Appendix E for a table illustrating the relationship between ability to clean and maintain home and likelihood of future attendance.

TABLE III-17  
 RELATIONSHIP BETWEEN MARITAL STATUS<sup>1,2,3</sup>  
 AND LIKELIHOOD OF FUTURE SITE ATTENDANCE

<u>Likelihood of Future Attendance</u>	<u>Former Participants</u>	
	<u>Married</u> (N=75)	<u>Not Married</u> (N=173)
Very or Fairly Likely	52%	40%
Not Very Likely/ Not At All Likely	45%	55%
No Opinion	3%	4%
No Response	--	1%
TOTAL	100%	100%

<sup>1</sup>Source: Qu. A4a, II: First, are you currently married, divorced, separated, or widowed, or have you never been married?

<sup>2</sup>A detailed distribution for this item is in Appendix E.

<sup>3</sup>Elderly who did not respond to Qu. II are excluded from this analysis.

<sup>4</sup>Although analyses of percentage differences did not yield a significant difference ( $\chi^2$ , 1 df, = 2.0,  $p > .05$ ), multivariate analyses revealed a significant univariate F value associated with marital status. See Appendix E.

Finally, married former participants were more likely to report that they would re-enroll at their congregate dining sites. This may suggest that spouses' interest in the Service has a positive influence on elderly participation. If their spouses also participate, elderly may find the Service more enjoyable. Single persons who do not have the encouragement of a spouse may be more likely to need outreach efforts. These issues are discussed at length in Volume II: ANALYTIC REPORT.



### C. Perceptions of the Congregate Dining Service

This section of the report presents analyses concerning participants' and former participants' views of the congregate dining service including:

- Perceptions of site contribution policy
- Whether elderly had increased their donations
- Opinion of meal costs
- Whether they felt service attendance saved money
- How pleasant elderly felt congregate dining sites were
- Ratings of the meals themselves
- Awareness and utilization of three basic site supportive services: nutrition education, shopping assistance, and medical assistance
- Awareness and utilization of site recreational and social opportunities.

Emphasis is placed upon both describing and comparing the experiences and attitudes of congregate participants and participant sub-populations. In addition, multivariate analyses were conducted to identify elderly characteristics related to specific perceptions of the congregate dining service.

#### 1. Contributions and Perceptions of Savings

##### a. Summary and Implications

Although a majority of all sub-populations interviewed (e.g. 70% of current participants) felt their sites' contributions policies treated elderly contributions as donations, a large minority of all sub-populations (e.g. 20% of current participants) reported their sites charged for the meals. These

data reflect elderly perceptions of policies enacted by site staff and probably do not correspond completely with how policies are carried out by site staff. Former participants and participating elderly who felt they were charged were more likely to have increased their contributions. This issue will be further explored in the section dealing with the characteristics of elderly who increased their contributions.

Among current congregate dining participants, those who had established a more frequent pattern of attendance and site socialization with their friends also were less likely to report they were charged.

Another interesting finding among current participants is that those who were more able to prepare their meals at home if they needed to, were more likely to perceive they were charged. This finding raises the notion contributions practices may be sensitively applied depending upon older persons' abilities to care for themselves.

Former participants' perception that they were charged by the site was coincident with lower perceived savings associated with site attendance.

#### b. Perceptions of Site Contributions Policy

A majority of current participants (70%) reported that their site asked them to make a "donation." An additional 10 percent felt that the meal was "free," and a large minority (20%) reported that the site charged for the meal (see Table III-18).

Table III-19 presents the perceptions of more recent entrants and longer-term participants. These sub-populations reported comparable perceptions that closely mirrored those for all congregate dining participants.

Comparisons were also made between elderly attending sites established prior to and after 1975 (see Table III-20). Elderly attending sites that had been operating for the longest period of time were more likely to feel that the meal was "free" than participants attending post-1975 sites (13% vs. 18%).

As a group, former participants were more likely to feel that they had been charged for their meals than were current participants (26% vs. 20%, see Table III-18). This comparison should be interpreted with caution, since former participants' attitudes reflect recall of events more remote in time than the attitudes of current participants.

TABLE III-18  
 PERCEPTIONS OF SITE CONTRIBUTIONS POLICY<sup>1</sup>

<u>Perception<sup>2</sup></u>	<u>Participants</u> (N=1,735)	<u>Former Participants</u> (N=249)
Free	10%	10%
Donation	70%	59%
Charge	20%	26%
Did Not Know/ Could Not Recall	*	4%
No Response	--	1%
	<hr/>	<hr/>
TOTAL	100%	100%

<sup>1</sup>Source: Q. A10: Are/Were you asked to make a donation, are/were you charged a fee, or is/was the meal free?

\* Denotes less than 1%

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 23.2, p < .01). Former participants were more likely to feel they were charged and less likely to feel they donated a contribution than were current congregate participants.

TABLE III-19  
 PERCEPTIONS OF SITE CONTRIBUTIONS POLICY<sup>1</sup>  
 BY LONGER-TERM AND RECENT ENTRANTS

<u>Perception</u> <sup>2</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Free	12%	9%
Donation	67%	73%
Charge	21%	18%
Did Not Know/ Could Not Recall	*	*
	100%	100%
TOTAL		

<sup>1</sup>Source: Q. A10

\* Denotes less than 1%

<sup>2</sup>Percentages reporting donation or charge do not differ significantly  
 ( $\chi^2$ , 1 df, = 3.5, p > .05).

TABLE III-20

PERCEPTIONS OF SITE CONTRIBUTIONS POLICY<sup>1</sup>  
 BY PRE-1975 AND POST-1975 SITE ATTENDEES

<u>Perception</u> <sup>2</sup>	<u>Attend Post-1975 Site (N=903)</u>	<u>Attend Pre-1975 Site (N=832)</u>
Free	8%	13%
Donation	71%	68%
Charge	21%	18%
Did Not Know/ Could Not Recall	*	1%
	<hr/>	<hr/>
TOTAL	100%	100%

<sup>1</sup>Source: Q. A10

\* Denotes less than 1%

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 19.7,  $p < .01$ ). Elderly attending pre-1975 sites were more likely to feel the meal was free than were those attending post-1975 sites.

c. Respondent Characteristics Related to Perceived Site Contributions Policy

To further explore these patterns, regression analyses were conducted.<sup>1</sup> The relationship between perceptions of sites' contributions policies and two sets of elderly characteristics were assessed:

- Elderly experiences and perceptions of the services
- Other elderly characteristics such as mobility, health status, social activity level, and demographic variables.

Results for current and former participants are presented below. Similar analyses for home-delivered meal recipients are reported later.

c.1. Congregate Dining Participants' Experiences and Perceptions

- Attendance Frequency  
Those who attended at least once a week were less likely to feel they were charged.
- Increased Contributions  
Elderly who had increased their contribution to the site were more likely to perceive the site charged for meals.
- Time Spent Visiting Friends at Sites  
The more time participants spent visiting friends at the site, the less likely they were to feel they were charged.
- Awareness of Site Medical Assistance  
Participants who were aware of site medical assistance, were less likely to feel the site charged for meals.

<sup>1</sup>See Appendix F for a description of the analytic technique.

TABLE III-21

RELATIONSHIP BETWEEN INCREASING CONTRIBUTIONS AND PERCEPTIONS OF SITE CONTRIBUTIONS POLICY<sup>1, 2, 3</sup>

<u>Perception of Site Policy</u> <sup>4</sup>	Participants	
	<u>Increased Contribution</u> (N=785)	<u>Did Not Increase Contribution</u> (N=737)
Charge	25%	19%
Donation	75%	81%
TOTAL	100%	100%

<sup>1</sup>Source: Q. A10; A10A: Have you increased your contribution since you joined this program?

<sup>2</sup>A detailed distribution for this item is in Appendix F.

<sup>3</sup>Elderly who felt the meal was free were not asked if they had increased their contribution and, thus, are excluded from this analysis.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 7.6,  $p < .01$ ). Elderly who had increased their contributions were more likely to feel the site charged for the meal.

Several of these characteristics were correlated. Although time spent visiting with friends is most consistently related to other important characteristics, we have chosen to illustrate these results in a summary fashion by presenting the interesting relationship in Table III-21: the relationship between whether elderly increased their contributions and their perception of site contributions policy.<sup>1</sup> As can be seen, those who had increased their contribution since enrolling were more likely to feel the site charged for the meal (25% vs. 19% of elderly who had not increased their contributions).

### c.2. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Separate multivariate analyses were conducted to assess whether participant lifestyle and demographic characteristics were related to perceptions of sites' contributions policies.

- General Mobility

Those who were able to leave their homes on a daily basis were more likely to feel their contribution was a donation (71% vs. 64% of less mobile elderly).<sup>2</sup>

- Ability to Prepare Meals

Those who could prepare their own meals if they had to, were more likely to perceive they were charged for the meal.

<sup>1</sup>Detailed tabulations illustrating simple relationships between other experiences and perceptions, and perceived contributions policy are contained in Appendix F.

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 227.5,  $p < .01$ ).



### c.3. Former Participants' Experiences and Perceptions

Regression analyses<sup>1</sup> revealed that a number of former participants' experiences with and perceptions of the Services were related to their recall of site contributions policy.

- Transportation Difficulties

Although only a small percentage (12%) recalled having any difficulty getting to the site, those who did have some were more likely to report that the site had charged.

- Increased Contribution

Those who recalled increasing their contributions were more likely to recall that their sites had charged for the meal.

- Perceived Savings

The greater the perceived savings associated with site attendance, the less likely they were to recall that the site charged.

- Awareness of Site Shopping Assistance

Those who were aware of site shopping assistance, were less likely to recall the site had charged for the meal.

As these variables are themselves correlated, one variable is presented in Table III-22 to illustrate these findings in a summary fashion. As can be seen, a high proportion of former participants who recalled having increased their contributions reported that, when they were active Service participants, sites had charged for the meals. Because this relationship and the

<sup>1</sup>See Appendix F for a description of the analytic technique.

TABLE III-22

RELATIONSHIP BETWEEN INCREASING  
CONTRIBUTIONS AND RECALL OF SITE  
CONTRIBUTIONS POLICY<sup>1, 2</sup>

<u>Recall of Site Policy</u> <sup>3</sup>	<u>Former Participants</u>	
	<u>Increased Contribution</u> (N=50)	<u>Did Not Increase Contribution</u> (N=148)
Charge	44%	27%
Donation	56%	73%
TOTAL	100%	100%

<sup>1</sup>Source: Q. A10; A10A

<sup>2</sup>Those who recalled that the meal was free were not asked if they increased their contribution and, thus, are excluded from this analysis.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 4.2,  $p < .05$ ). Elderly who had increased their contribution when they were active Service participants were more likely to recall their sites had charged for the meal.

others discussed above are based upon recall rather than perceptions of current events, they should be interpreted with some caution. However, the pattern in Table III-22 is consistent with that observed for current participants (see Table III-21).

d. Method of Determining Participant Contribution

To further explore the issue of site contributions policy, elderly who either had donated or felt they were charged were asked how the amount donated was decided. A majority (57%) of current congregate dining participants reported that donations were "set" by the site. Thirty-seven percent said they had decided how much to contribute (see Table III-23). Former participants responded comparably, as did recent entrants and longer-term participants (see Table III-24).

Elderly who attended post-1975 sites, on the other hand, were more likely than pre-1975 site attendees to report that the donations they made were "set" by the site. As shown in Table III-25, nearly two-thirds (65%) of post-1975 site attendees felt this way, whereas only about one-half (49%) of pre-1975 site attendees reported their contributions, whether donations or charges, were "set" by their sites. Thus, post-1975 site attendees were less likely to feel the meal was "free," and when they made a donation, they were more likely to feel the amount was "set" by the site. These data suggest, then, that congregate dining sites established after 1975 may be more likely to effectively communicate to participants that they are encouraged to contribute to the Service. These sites also appear more likely to suggest a particular contribution level.

e. Increased Participant Contributions

When asked if they had increased their contribution since ". . . joining the program," nearly one-half (45%) of current participants responded affirmatively. As shown in Table III-26, longer-term participants were far more likely to have increased their contributions than recent entrants (58% vs. 33%). Of course, longer-term participants have had a longer period of attendance during which to exercise this option. Elderly attending pre-1975 and post-1975 sites were comparably likely to have increased their site contributions since ". . . joining the program."

TABLE III-23  
METHOD OF DETERMINING PARTICIPANT CONTRIBUTIONS<sup>1, 2</sup>

<u>Method</u> <sup>4</sup>	<u>Participants</u> (N=1,550)	<u>Former Participants</u> (N=212)
Set by Site	57%	60%
Elderly Determined the Amount	37%	34%
Don't Know/ Could Not Recall	2%	2%
No Response	4%	3%
TOTAL	100%	99% <sup>3</sup>

<sup>1</sup>Source: Q. All: Is/Was the amount of the (donation or charge) you pay/paid set by the site, or do/did you decide for yourself how much you will/would pay?

<sup>2</sup>Elderly who either donated or were charged by the site were asked this question.

<sup>3</sup>Total differs from 100% due to rounding.

<sup>4</sup>Percentages reporting amounts contributed were set by site or determined by themselves do not significantly differ ( $\chi^2$ , 1 df, = 0.6,  $p > .05$ ).

TABLE III-24  
 METHOD OF DETERMINING CONTRIBUTIONS<sup>1, 2</sup>  
 LONGER-TERM VS. RECENT ENTRANTS

<u>Method</u> <sup>4</sup>	<u>Recent Entrants</u> (N=751)	<u>Longer-Term</u> (N=799)
Set by Site	55%	59%
Elderly Determined the Amount	38%	36%
Do Not Know	2%	1%
No Response	5%	3%
TOTAL	100%	99% <sup>3</sup>

<sup>1</sup>Source: Q. A11.

<sup>2</sup>Elderly who either donated or were charged were asked this question.

<sup>3</sup>Total differs from 100% due to rounding.

<sup>4</sup>Percentages reporting "set by site" or "elderly determined the amount" do not differ significantly ( $\chi^2$ , 1 df, = 0.9,  $p > .05$ ).

TABLE III-25

METHOD OF DETERMINING CONTRIBUTIONS<sup>1, 2</sup>  
 PRE-1975 VS. POST-1975 ATTENDEES

Method <sup>4</sup>	Attend Post-1975 Site (N=829)	Attend Pre-1975 Site (N=721)
Set by Site	65%	49%
Elderly Determined the Amount	34%	41%
Do Not Know	2%	2%
No Response	*	9%
	TOTAL	TOTAL
	101% <sup>3</sup>	101% <sup>3</sup>

<sup>1</sup>Source: Q. A11

<sup>2</sup>Elderly who either donated or were charged were asked this question.

<sup>3</sup>Total differs from 100% due to rounding.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 19.1,  $p < .01$ ). Elderly attending pre-1975 sites were more likely to feel they had determined the amount of their contribution and less likely to feel the donation was "set" by the site.

\*Denotes less than 1%.

TABLE III-26

PERCENT OF THE PARTICIPANT POPULATION THAT  
INCREASED SITE CONTRIBUTIONS<sup>1</sup>

<u>Participant Group</u>	<u>Percent That Increased Contribution</u>	
All Congregate Participants	45% <sup>a</sup>	(N=1,735)
* (Recent Entrants)	(33%) <sup>b</sup>	(N=857)
* (Longer Term)	(58%) <sup>b</sup>	(N=878)
* (Attend Post-1975 Site)	(47%)	(N=903)
* (Attend Pre-1975 Site)	(44%)	(N=832)
Former Participants	20% <sup>a</sup>	(N=249)

<sup>1</sup>Source: Q. A10a

\* Percentages in parentheses are included in all congregate participants.

<sup>a</sup>Percentages with common superscripts differ significantly ( $\chi^2$ , 1 df, = 48.2,  $p < .01$ ).

<sup>b</sup>Percentages with common superscripts differ significantly ( $\chi^2$ , 1 df, = 109.9,  $p < .01$ ).

Elderly who had dropped out of the program were least likely to have increased their donation during their period of active participation (20% vs. 45% of current congregare dining participants).

f. Respondent Characteristics Related to Increasing Contributions

Multivariate analyses<sup>1</sup> similar to those discussed earlier were employed to identify elderly characteristics related to having increased contributions to the congregare dining site. Results for current and former participants are described below. Similar analyses were conducted to identify home-delivered meal recipients' characteristics related to increasing contributions and these will be discussed in Volume II: ANALYTIC REPORT.

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<sup>1</sup>See Appendix G for a description of the analytic technique.



### f.1. Summary and Implications

Whereas nearly one-half (45%) of the current congregate dining Service population had increased their contributions since enrolling in the program, longer-term participants were more likely to have done so than more recent Service enrollees (58% vs. 33%). Furthermore, those who attended more than once a week were more likely to have done so. Thus, elderly who have established a stable, long-term pattern of site attendance are likely to have increased their contributions.

Current participants who felt that the site "charged" for the meal were also more likely to have increased their contributions. Elderly views of site contributions policies may not completely correspond with policy as formulated and then enacted at the local level. Thus one can neither be certain that those who felt they were charged actually were, nor that this perception decreases the attractiveness of the Nutrition Services.

One other major finding emerged from the multivariate analyses. In both current and former participant groups, minority elderly were less likely to have increased their contributions since entering the program. This may be related to the fact that minority participants tended to have lower incomes and felt their incomes less adequately took care of their need.

### f.2. Congregate Dining Participants' Experiences and Perception

#### ● Attendance Frequency

- More frequent site attendees were more likely to have increased their contributions.

#### ● Perceptions of Contributions Policy

- Those who perceived that the site "charged" for the meal were more likely to have increased their contribution.

As these two variables were correlated, the former is used in Table III-27 to illustrate these findings in a summary fashion.<sup>1</sup> As shown, those who attend the meal site 4-5 times per week were most likely to have increased their contributions (56%), and those who attend less often than once per week were least likely to have increased their contributions (42%).

<sup>1</sup>See Appendix G for other illustrative tabulations.

TABLE III-27

RELATIONSHIP BETWEEN SITE<sup>1, 2</sup>  
ATTENDANCE FREQUENCY AND  
INCREASING CONTRIBUTIONS

<u>Increased Contribution</u> <sup>3</sup>	Participants		
	<u>Attend 4-5 Times Per Week</u> (N=703)	<u>Attend 1-3 Times Per Week</u> (N=592)	<u>Attend Less Often</u> (N=241)
Yes	56%	48%	42%
No	43%	50%	56%
No Response	1%	2%	2%
TOTAL	100%	100%	100%

<sup>1</sup>Source: Q. A1; A10A: Have you increased your contribution since you joined this program?

<sup>2</sup>Elderly who felt the meal was "free" are not included in this analysis.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 2 df, = 14.3, p < .01). More frequent attendees are more likely to have increased their contributions to their sites.

### f.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Two characteristics were found to be related to whether elderly had increased their site contributions:

- Minority Status

Non-minority elderly were more likely to have increased their contributions.

- Encouragement to Attend

Elderly who were encouraged by others attending the same religious services to attend, were more likely to increase their contributions.

The relationship between minority status and increasing contributions is portrayed in Table III-28 to illustrate these findings. Whereas slightly more than one-third (36%) of minority elderly had increased their donations, slightly more than one-half (53%) of non-minority elderly reported doing so.

### f.4. Former Participants' Experiences and Perceptions

Former participants' recall of past experiences with and perceptions of the Service was not strongly related to whether they remembered having increased their contributions while still actively participating in the Service.<sup>1</sup>

### f.5. Former Participants' Lifestyle and Demographic Characteristics

Three lifestyle/demographic variables were found to be associated with increased contributions: whether elderly currently ate alone, 1981 family income, and minority status. The meaning of the first two associations is equivocal, since eating patterns and income may have changed since the time during which former participants were still active at sites. Thus, no further analyses are prudent.

Although only a small percent of former participants were minority elderly (18%, N=36), these elderly were less likely to have increased their contributions. Because of the small size of this sub-population, this relationship is not displayed in a table.

<sup>1</sup>See Appendix G.

TABLE III-28

RELATIONSHIP BETWEEN MINORITY STATUS<sup>1, 2, 3</sup>  
AND INCREASING CONTRIBUTIONS<sup>4</sup>

<u>Increased Contribution<sup>4</sup></u>	<u>Minority Elderly (N=199)</u>	<u>Non-Minority Elderly (N=1,346)</u>
Yes	36%	53%
No	62%	45%
No Response	2%	2%
	TOTAL	TOTAL
	100%	100%

<sup>1</sup>Source: Q. A10A, L8: Race of respondent: \_\_\_\_\_ (answered by interviewer).

<sup>2</sup>Elderly who felt the meal was "free" are not included in this analysis.

<sup>3</sup>A more detailed distribution for this item is in Appendix G.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 18.9,  $p < .01$ ). Minority elderly were less likely to have increased their contributions to their sites.

### Opinions of Meal Cost

Elderly whose contributions were "set" by the site were queried regarding their opinions of the suggested amount. As shown in Table III-29, 84 percent of current participants felt the amount was "about right" and 9 percent felt it was "too little." Only a small percentage (3%) reported either that the meal cost them "too much" or "... should be free." Former participants were, however, more likely to be of the opinion that the meal "should (have been) free" or that it had cost them "too much" (10%).

The opinions of recent entrants and longer-term participants as well as those elderly attending pre-1975 and post-1975 sites closely paralleled the responses of all current participants (see Tables III-30, III-31).

In summary, a large majority of elderly who donated or said meal charges were set by the site did not feel they were being asked to contribute more than they felt was appropriate.

#### h. Perceived Savings Associated with Service Attendance

The vast majority (83%) of current site participants reported that attending meal sites saves them at least "a little" money. A very small minority (3%) felt the Service cost them money (see Table III-32). As a group, former participants were less likely to feel that Service attendance had saved them money (70% vs. 83% of current participants).

Tables III-33 and III-34 present the opinions of current participant sub-populations. Recent entrants and longer-term participants were very likely to report savings. In a similar fashion, over 80 percent of participants attending either pre-1975 or post-1975 sites felt that the program had saved them money.

#### i. Respondent Characteristics Related to Perceived Savings

Regression analyses<sup>1</sup> were conducted to identify elderly characteristics associated with perceived savings. These analyses revealed several interesting findings for current participants, but did not yield statistically significant relationships for former participants. The lack of reliable patterns for former participants is not unusual given that the measure of interest, perceived savings, was based upon recall of perceptions more remote in time. Below, we describe the results for current congregate dining Service participants.

<sup>1</sup>See Appendix H for a description of the analytic technique.

TABLE III-29

OPINION OF MEAL COST BY PARTICIPANTS<sup>1</sup>  
WHOSE SITES SET AMOUNTS CONTRIBUTED

<u>Opinion of Meal Cost</u> <sup>3</sup>	<u>Participants</u> (N=886)	<u>Former Participants</u> (N=128)
"Meal Should Be Free"/ Costs "Too Much"	4%	9%
Costs "About Right"	84%	73%
Costs "Too Little"	9%	11%
No Opinion	2%	5%
Do Not Know/ Could Not Recall	2%	*
TOTAL	101% <sup>2</sup>	98% <sup>2</sup>

<sup>1</sup>Source: Q. A12: Do you think the amount of money you are/were asked to pay is too much, too little, about right, or should the meal be free?

<sup>2</sup>Total differs from 100% due to rounding.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 8.8,  $p \leq .01$ ). Former participants were likely to feel the "meal should have been free/cost too much" and less likely to feel the cost was "about right."

TABLE III-30

OPINION OF MEAL COST BY LONGER-TERM<sup>1</sup>  
AND RECENT ENTRANTS WHOSE SITES  
SET AMOUNT CONTRIBUTED

<u>Opinion of Meal Cost</u> <sup>2</sup>	<u>Recent Entrants</u> (N=415)	<u>Longer-Term</u> (N=471)
"Meal Should Be Free"/ Costs "Too Much"	4%	3%
Costs "About Right"	84%	85%
Costs "Too Little"	10%	8%
No Opinion	*	2%
Do Not Know/No Response	2%	2%
	100%	100%
TOTAL	100%	100%

<sup>1</sup>Source: Q. A12

<sup>2</sup>Percentages reporting "Should be free/too much," "about right," and "too little" do not differ significantly ( $\chi^2$ , 2 df, = 1.6, p > .05).

\*Denotes less than 1%.

TABLE III-31

OPINION OF MEAL COST BY PRE-1975<sup>1</sup>  
AND POST-1975 SITE ATTENDEES WHOSE  
SITES SET AMOUNTS CONTRIBUTED

<u>Opinion of Meal Cost</u> <sup>3</sup>	Attend Post-1975 Site (N=535)	Attend Pre-1975 Site (N=351)
"Meal Should Be Free"/ Costs "Too Much"	3%	4%
Costs "About Right"	85%	82%
Costs "Too Little"	8%	10%
No Opinion	1%	1%
Do Not Know/No Response	1%	3%
TOTAL	98% <sup>2</sup>	100%

<sup>1</sup>Source: Q. A12

<sup>2</sup>Total differs from 100% due to rounding.

<sup>3</sup>Percentages reporting "should be free/too much," "about right," and "too little" do not differ significantly ( $\chi^2$ , 2 df, = 1.6,  $p > .05$ ).



### i.1. Summary and Implications

Although nearly one-quarter of all Congregate Service participants felt the Service saves them "a lot" of money, elderly with lower annual incomes or with lower perceived income sufficiency were not more likely to perceive savings. This is undoubtedly related to the finding that average participant contributions were modest.

Several variables, however, were found to be related to perceived savings. Those who attended the most frequently, and, therefore, could realize the greatest savings, were more likely to feel the program had saved them money.

Those who had positive perceptions of their sites also were more likely to perceive attendance saved them money.

Finally, less mobile participants and the small sub-group who experienced some degree of difficulty getting to the sites were more likely to feel the attendance had saved them money. Both of these findings may simply be due to the common tendency to value more highly those things obtained with a little difficulty.

### i.2. Congregate Dining Participants' Experiences and Perceptions

- Attendance Frequency

Those who attended at least once per week were more likely to feel that Service attendance had saved them money.

- Transportation Difficulties

Although very few participants had trouble getting to the site, those who did experience some difficulty were more likely to feel the program saved them money.

- Pleasantness of Site

The more "pleasant" participants rated their site, the greater the perceived savings.

TABLE III-32  
 PERCEIVED SAVINGS ASSOCIATED<sup>1</sup>  
 WITH SERVICE ATTENDANCE

<u>Perceived Savings</u> <sup>2</sup>	<u>Participants</u> (N=1,735)		<u>Former Participants</u> (N=249)
Save A Lot	24%	} 83%	10%
Save Some	37%		33%
Save A Little	22%		27%
Save Nothing	11%	} 14%	17%
Costs Money	3%		6%
Do Not Know	3%		6%
No Response	*		1%
TOTAL	100%		100%

<sup>1</sup>Source: Q. B10: Does/Did it save you a lot of money, some money, a little money, or no money to eat at the site, or does/did it cost you money?

\* Denotes less than 1%.

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 17.1,  $p < .01$ ). Former participants were less likely to report savings and more likely to report the meal had "saved nothing" or "cost (them) money."

TABLE III-33

PERCEIVED SAVINGS ASSOCIATED<sup>1</sup>  
WITH SERVICE ATTENDANCE:  
RECENT ENTRANTS VS. LONGER-TERM

<u>Perceived Savings</u> <sup>2</sup>	<u>Recent Entrants</u> (N=857)		<u>Longer-Term</u> (N=878)	
Save A Lot	23%	} 83%	25%	} 82%
Save Some	38%		36%	
Save A Little	22%		21%	
Save Nothing	11%	} 14%	12%	} 15%
Costs Money	3%		3%	
Do Not Know/No Response	3%		3%	
	<u>100%</u>		<u>100%</u>	

<sup>1</sup>Source: Q. B10

<sup>2</sup>Percentages reporting savings and saves nothing/costs money do not differ significantly ( $\chi^2$ , 1 df, = 0.3,  $p > .05$ ).

TABLE III-34

PERCEIVED SAVINGS ASSOCIATED<sup>1</sup>  
 WITH SERVICE ATTENDANCE:  
 PRE-1975 VS. POST-1975 ATTENDEES

<u>Perceived Savings</u> <sup>2</sup>	<u>Attend Post-1975 Site</u> (N=903)		<u>Attend Pre-1975 Site</u> (N=832)	
Save A Lot	26%	} 83%	21%	} 81%
Save Some	36%		38%	
Save A Little	21%		22%	
Save Nothing	11%	} 14%	12%	} 15%
Costs Money	3%		3%	
Do Not Know/No Response	3%		4%	
	<hr/>		<hr/>	
TOTAL	100%		100%	

<sup>1</sup>Source: Q. B10

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 5.2, p < .05). Pre-1975 site attendees were less likely to report attendance saved them "a lot."

- Food Palatability

If they felt the food usually tasted good, respondents were more likely to feel that Service attendance saved them money.

Because these variables were correlated, we have chosen to illustrate these data in a summary fashion in Table III-35.<sup>1</sup> This table displays the relationship between attendance frequency and perceived savings. As can be seen those who attended at least once per week were more likely to feel attendance had saved them money (85% vs. 69% of less frequent attendees).

### 1.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Separate multivariate analyses revealed the following associations.

- General Mobility

Those who were able to leave their home on a frequent basis were more likely to perceive savings associated with site attendance.

- Inviting Others to Eat

The more often participants invited others to their homes to dine, the lower the perceived savings associated with meal site attendance.

Because these variables were related, one relationship (inviting others to dine) is presented in Table III-36 to illustrate all findings in a summary manner. As can be seen, the percentage reporting that Service attendance saved "a lot" varies as a function of how often they invited others to their homes for meals. Those who invited others more often than "rarely" may have had larger grocery bills, and thus, meals consumed at the site are probably less likely to offset higher food costs associated with entertaining friends or family.

<sup>1</sup>Detailed tabulations illustrating other relationships discussed in the test are contained in Appendix H.

TABLE III-35

RELATIONSHIP BETWEEN ATTENDANCE<sup>1, 2, 3</sup>  
FREQUENCY AND PERCEIVED SAVINGS

Perceived Savings <sup>4</sup>	Participants	
	Attend 1-5 Times A Week (N=1,458)	Attend Less Often (N=260)
Save A Lot	25%	18%
Save Some	39%	27%
Save A Little	21%	24%
Save Nothing	10%	18%
Costs Money	2%	8%
Do Not Know	3%	5%
No Response	-	*
TOTAL	100%	100%

<sup>1</sup> Source: Q. B10; A1: How often do you usually go to this site for a hot meal?

<sup>2</sup> Those who did not report attendance frequency are deleted from this analysis.

<sup>3</sup> A detailed distribution is contained in Appendix H.

\* Denotes less than 1%.

<sup>4</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 38.1,  $p < .05$ ). Elderly who attended at least once per week were more likely to report attendance saved them money.

TABLE III-36  
 RELATIONSHIP BETWEEN FREQUENCY<sup>1, 2, 3</sup>  
 OF INVITING OTHERS TO EAT AND  
 PERCEIVED SAVINGS

Perceived Savings <sup>4</sup>	Participants		
	Invite Others Often (N=293)	Invite Others Sometimes (N=586)	Invite Others Rarely/Never (N=849)
Save A Lot	24%	20%	27%
Save Somé	36%	38%	37%
Save A Little	22%	23%	20%
Save Nothing	13%	12%	11%
Costs Money	2%	4%	2%
Do Not Know	3%	3%	3%
No Response	*	--	--
	TOTAL	100%	100%

<sup>1</sup>Source: Q. B10, E6: How often do you invite friends or relatives to have lunch or dinner with you -- often, sometimes, rarely, or never?

<sup>2</sup>Those who did not respond to Q. E6 are deleted from this analysis.

<sup>3</sup>A detailed distribution for this item is found in Appendix H.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 2 df, = 9.5,  $p < .01$ ). Percentages reporting they had saved "a lot" differed significantly.

\*Denotes less than 1%.

## 2. Ratings of Meals

The vast majority of current congregate dining participants (93%) reported they "always" got enough to eat from the meal provided by the site. This attitude did not differ appreciably among participant sub-populations. In addition, 94 percent of all current participants felt that the meal "usually tast(ed) good." Former participants were less likely to recall that the site meal usually had tasted good (90%).<sup>1</sup>

These data indicate that the vast majority found servings to be adequate and that the meals were quite appealing.

<sup>1</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 3.9, p < .05).



### 3. Ratings of Meal Sites

#### a. Most Liked Site Attributes

When directly asked to identify attributes they liked most about the meal site, participants mentioned a wide variety of things. In rank-order their responses were:

- People (i.e. other participants) 54%
- Food 29%
- Staff 14%
- Miscellaneous Other Attributes 6%

In fact, a large minority (14%) mentioned all of these attributes as most liked. These data show that although elderly appreciated several site attributes, they placed most value upon their fellow participants. Thus, the social aspects of sites figure prominently in the hierarchy of valued Service characteristics.

#### b. Least Liked Site Attributes

Only one-quarter of participants mentioned an attribute they least liked when directly queried. In rank-order, their responses were:

- Miscellaneous Attributes 15%
- Food 7%
- People (i.e. fellow participants) 2%
- Staff 1%

The most commonly mentioned site characteristics in the miscellaneous group included such things as:

- Complaints regarding building maintenance, temperature regulation during the winter, parking, stairs
- Feeling rushed during the meal
- Transportation difficulties.

### c. Rated Pleasantness of Congregate Sites

These data are contained in Table III-37 and show that a very large majority of current participants (84%) felt that their sites were "very pleasant" places to go. Former participants recalled that their sites were somewhat less than "very pleasant."

As shown in Table III-38, recent entrants and longer-term participants gave comparably high site ratings. In a similar fashion, participants at pre-1975 and post-1975 sites rated their sites comparably pleasant (see Table III-39).

### d. Respondent Characteristics Associated with Rated Pleasantness

Although participants gave very positive site ratings, multivariate analyses<sup>1</sup> were utilized to identify elderly characteristics predicting more and less positive site ratings. Results for current and former congregate dining participants are presented below.

#### d.1. Summary and Implications

Current congregate dining participants felt their sites were more "pleasant" places to go if the sites provided other activities, the food was palatable, and elderly actively socialized with friends at their sites. The latter relationship also held true for former participants. Furthermore, if they felt they saved "a lot" of money, they felt their sites were more pleasant. Also, those who felt their sites were pleasant in the extreme were more likely to have increased their contributions.

Active congregate participants also were more likely to rate their sites very highly. Thus, the more active the elderly are, the more pleasant sites are as places to go.

Elderly persons who reported experiencing psychological problems (i.e. depression) were less likely to feel sites were pleasant places to go, and sites were somewhat less appealing to the more highly educated current participants.

The relationship between frequency of reported feelings of depression and unhappiness is interesting, as 28 percent of current participants and 34 percent of former participants reported feeling "sometimes" or "often" depressed in the few weeks prior to being interviewed. Although feelings of

<sup>1</sup> See Appendix I for a description of the analytic technique.

TABLE III-37  
 RATED PLEASANTNESS OF<sup>1</sup>  
 CONGREGATE SITES

Rating <sup>2</sup>	Participants (N=1,735)	Former Participants (N=249)
Very Pleasant	84%	67%
Fairly Pleasant	15%	27%
Not Too Pleasant	1% } 16%	3% } 31%
Very Unpleasant	*	1%
Do Not Know/Could Not Recall	*	1%
No Response	*	1%
TOTAL	100%	100%

<sup>1</sup> Source: Q. B5: All things considered, is/was the meal site a very pleasant place to go, a fairly pleasant place, not too pleasant, or a very unpleasant place to go?

\* Denotes less than 1%.

<sup>2</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 36.5,  $p < .01$ ). Participants were more likely to rate their sites as "very pleasant."

TABLE III-38

RATED PLEASANTNESS OF CONGREGATE SITES:<sup>1</sup>  
 RECENT ENTRANTS VS. LONGER-TERM.

<u>Rating</u> <sup>2</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Very Pleasant	83%	85%
Fairly Pleasant	16%	13%
Not Too Pleasant	1%	1%
Very Unpleasant	--	1%
Do Not Know	*	*
No. Response	*	--
	-----	-----
TOTAL	100%	100%

<sup>1</sup>Source: Q. B5

\* Denotes less than 1%.

<sup>2</sup>Percentages rating sites "very pleasant" did not significantly differ ( $\chi^2$ , 1 df,  $\pm 2.4$ ,  $p > .05$ )

TABLE III-39

RATED PLEASANTNESS OF CONGREGATE SITES:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Rating</u> <sup>2</sup>	Attend Post-1975 Site (N=903)	Attend Pre-1975 Site (N=832)
Very Pleasant	84%	83%
Fairly Pleasant	14%	15%
Not Too Pleasant	1%	2%
Very Unpleasant	*	*
Do Not Know	1%	--
No Response	--	*
TOTAL	100%	100%

<sup>1</sup> Source: Q. B5

\* Denotes less than 1%.

<sup>2</sup> Percentages rating sites "very pleasant" did not significantly differ ( $\chi^2$ , 1 df, = 0.3,  $p > .05$ ).

unhappiness were not related to attendance frequency, the large minority of elderly who felt this way found their sites less enjoyable places to go. This group may have special need for supportive services offered through the meal sites.

#### d.2. Congregate Dining Participants' Perceptions and Experiences

- Increased Contributions

Those who had increased their site contributions found their sites more pleasant.

- Awareness of Site Activities

If respondents were aware of site activities (e.g. games, movies, singing), they felt the site was more pleasant.

- Time Spent Visiting Friends at Sites

The more time participants spent visiting friends at the site, the more pleasant the site was rated.

- Food Palatability

If site food usually tasted good, elderly rated their sites more pleasant.

- Perceived Savings

The greater the perceived savings associated with attendance, the more pleasant the site was.

Because these variables were correlated, one relationship is presented in Table III-40 to illustrate these data in a general manner.<sup>1</sup> This analysis shows that the more time elderly spent socializing with friends at the site the more pleasant they felt the site was.

<sup>1</sup>Other illustrative tables related to these findings are contained in Appendix I.

TABLE III-40

RELATIONSHIP BETWEEN RATED SITE PLEASANTNESS<sup>1, 2, 3</sup>  
AND FREQUENCY OF VISITING FRIENDS AT SITE

Rating <sup>4</sup>	Participants	
	Spend a Lot/ Some Time (N=1,308)	Spend A Bit/ No Time (N=423)
Very Pleasant	88%	72%
Fairly Pleasant	11%	24%
Not Too Pleasant	1%	3%
Very Unpleasant	*	*
Do Not Know	*	1%
	TOTAL	TOTAL
	100%	100%

<sup>1</sup>Source: Q.B5; B4: Do you spend a lot of time, some time, just a little time, or no time, visiting with friends at the site?

<sup>2</sup>Those who did not provide a response to Q. B4 are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix I.

\* Denotes less than 1%.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 59.7,  $p < .01$ ). Those who spend at least some time socializing with friends at the site are more likely to rate their sites as "very pleasant."

### d.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Three lifestyle and demographic characteristics significantly predicted how pleasant participants felt their sites were.

- Depression  
Elderly persons who were frequently depressed or very unhappy found their sites less pleasant.
- Religious Service Attendance  
Those who attended religious services at least once a week felt more positively about their sites.
- Education  
Respondents who were more highly educated (i.e. attained higher than a high school diploma) were somewhat less likely to rate their sites as "very pleasant" places to go.

The relationship between attending religious services and site ratings is displayed in Table III-41. Although a majority felt their sites were "very pleasant" places to go, elderly who attended religious services once a week or more often gave their sites even higher ratings.

### d.4. Former Participants' Experiences and Perceptions

Multivariate analysis revealed that former participants who reported spending more time socializing with their friends at sites (when they were active participants) currently gave higher overall ratings to their sites (see Table III-42).

### d.5. Former Participants' Lifestyle and Demographic Characteristics

- Ability to Clean and Maintain Home  
Former participants currently able to clean and maintain their homes by themselves were more likely to recall that the site was pleasant.



TABLE III-41

RELATIONSHIP BETWEEN RATED SITE PLEASANTNESS<sup>1, 2, 3</sup>  
AND FREQUENCY OF ATTENDING REDIGIOUS SERVICES

Rating <sup>4</sup>	Participants	
	Attend Once A Week Or More Often (N=1,090)	Attend Less Often Than Once A Week (N=644)
Very Pleasant	86%	81%
Fairly Pleasant	13%	17%
Not Too Pleasant	1%	1%
Very Unpleasant	--	1%
	TOTAL	TOTAL
	100%	100%

<sup>1</sup>Source: Q. B5; G1: How often do you attend religious services?

<sup>2</sup>Those who did not provide a response to Q. G1 are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix I.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 6.8,  $p < .01$ ). Elderly who attend religious services at least once a week are more likely to rate the site as "very pleasant."

TABLE III-42

RELATIONSHIP BETWEEN RATED SITE PLEASANTNESS<sup>1, 2, 3</sup>  
AND PAST FREQUENCY OF VISITING FRIENDS AT SITE

Rating <sup>4</sup>	Former Participants	
	Spent a Lot/ Some Time (N=140)	Spent A Bit/ No Time (N=104)
Very Pleasant	79%	52%
Fairly Pleasant	21%	37%
Not Too Pleasant	--	6%
Very Unpleasant	--	3%
Do Not Know/Could Not Recall	--	2%
TOTAL	100%	100%

<sup>1</sup>Source: Q. B4; B5

<sup>2</sup>Those who did not provide a response to Q. B4 are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix I.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 18.0,  $p < .01$ ). Those who reported having spent at least "some time" visiting friends at the site were more likely to rate the site as "very pleasant."

- Depression

The more frequently depressed former participants currently were, the less pleasant they recalled that the sites were.

- Religious Service Attendance

Those who more frequently attend religious services, recalled their sites were less pleasant.

#### 4. Awareness of and Participation in Site Nutrition Education

One of the primary supportive services that congregate dining sites may offer is nutrition education. These educational activities may take a variety of forms: classes, informal discussions, or the provision of printed materials on nutrition and/or food preparation. This section of the report discusses awareness and utilization of site nutrition education by elderly participants and former participants.

##### a. Awareness of Site Nutrition Education

Slightly more than one-half (54%) of current congregate dining participants reported they were aware of nutrition education activities at their sites (see Table III-43). Interestingly nearly one-fifth (17%) did not know whether such educational activities were offered through sites. As shown in Table III-43 former participants were less likely to recall that nutrition education had been available when they were active Service participants.

Longer-term participants (64%) were more aware of site nutrition education than those who have more recently enrolled (42%). These data are displayed in Table III-44. Other data presented in Table III-45 show that elderly persons attending sites established after 1975 were marginally more likely to report their sites offered site nutrition education (56% vs. 50% of pre-1975 site attendees).

These data reveal elderly respondents' awareness of nutrition education and may not precisely correspond to the degree to which sites actually offer educational programs. The fact that 17 percent did not know whether such programs were available at their site suggests that increased publicity concerning site nutrition education may be useful. Increased publicity may help ensure that all potential nutrition education participants will be aware of the full range of supportive services available.

##### b. Respondent Characteristics Related to Awareness of Site Nutrition Education

Multivariate analyses<sup>1</sup> were conducted to identify elderly characteristics associated with awareness of site nutrition education. No significant predictors were found for the former participant sub-population. Results for current congregate dining participants are discussed below.

<sup>1</sup> See Appendix J for a description of the analytic technique.

TABLE III-43  
 AWARENESS OF SITE NUTRITION EDUCATION<sup>1</sup>

<u>Awareness</u> <sup>2</sup>	<u>Participants</u> (N=1,735)	<u>Former Participants</u> (N=249)
Education Available	54%	36%
Education Not Available	29%	38%
Do Not Know/Could Not Recall	17%	25%
No Response	*	1%
	TOTAL	TOTAL
	100%	100%

<sup>1</sup>Source: Q. E14: Do they ever have classes, discussions, or brochures on nutrition or food preparation at the meal site where you go?

\* Denotes less than 1%.

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 25.5,  $p < .01$ ). Former participants were less likely to report education was available and more likely to report either that it was not available or they did not know whether it had been available at their sites.

TABLE III-44

AWARENESS OF SITE NUTRITION EDUCATION:<sup>1</sup>  
 LONGER-TERM VS. RECENT ENTRANTS

<u>Awareness</u> <sup>2</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Education Available	42%	64%
Education Not Available	35%	24%
Do Not Know	23%	12%
No Response	*	*
	<hr/>	<hr/>
TOTAL	100%	100%

<sup>1</sup>Source: Q. E14

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 83.5,  $p < .01$ ). Recent entrants were less aware of education availability and more likely to say either the service was not available or they did not know if it was available at their site.

\*Denotes less than 1%.

TABLE III-45

AWARENESS OF SITE NUTRITION EDUCATION:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Awareness</u> <sup>2</sup>	Attend Post-1975 Site (N=903)	Attend <sup>p</sup> Pre-1975 Site (N=832)
Education Available	56%	50%
Education Not Available	27%	31%
Do Not Know	17%	19%
No Response	*	*
TOTAL	100%	100%

<sup>1</sup>Source: Q. E14

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 6.1, p < .05). Pre-1975 site attendees were less aware of education availability and more likely to say either the service was not available or they did not know if it was available at their site.

\*Denotes less than 1%.

### b.1. Summary and Implications

Elderly persons who reported their sites offering several activities besides the meal, were themselves active participants, and were aware of other supportive services were likely to be aware of site nutrition education activities. Although only 10 percent felt the Service was "free," these persons were somewhat less likely to be aware of site nutrition education.

Participants who were more mobile, felt their health had not declined, felt their incomes were adequate, and were rarely depressed were more aware of site nutrition education. More able participants and elderly persons who had positive self-perceptions exhibited greater awareness. These findings and the fact that minority elderly were less aware of site nutrition education suggest that this supportive service is not reaching some important subpopulations. It may also be, however, that the more disadvantaged groups referred to above are less interested in exploring the full range of available supportive services.

### b.2. Congregate Dining Participants Perceptions and Experiences

Several characteristics were found to predict awareness of site nutrition education.

- Perceptions of Contributions Policy

Participants who felt meals were "free" were less aware of site education than those who felt they either were charged or made a donation.

- Awareness and Participation in Site Activities

Respondents who were more aware of site activities (e.g. singing, games, etc.) and those who took part more often were more aware of site nutrition education.

- Visiting Friends at Sites

Persons who spent at least "some time" socializing with friends at their sites were more aware of site nutrition education.



- Awareness of Site Shopping Assistance

Those who reported their sites made shopping assistance available were more aware of the availability of site nutrition education.

Because these variables were, themselves, associated, one relationship is presented in Table III-46 to illustrate the above findings in a summary fashion.<sup>1</sup> These data show that participants who spent some time participating in other site activities were more likely to report that site nutrition education was available.

- b.2. Congregate Dining Participants' Lifestyle and Demographic Characteristics

- General Mobility

Respondents who left their homes at least once each day were more aware.

- Health Relative to Last Year's

If participants felt their health had declined since last year, they were less aware of site nutrition education.

- Depression

Elderly who felt depressed or very unhappy more often were less aware of nutrition education activities.

- Perceived Income Sufficiency

Persons who reported their incomes "poorly" took care of their needs were less aware.

<sup>1</sup>Detailed distribution for other variables discussed in the text are in Appendix J.

TABLE III-46

RELATIONSHIP BETWEEN FREQUENCY OF<sup>1, 2, 3</sup>  
PARTICIPATION IN SITE ACTIVITIES AND  
AWARENESS OF SITE NUTRITION EDUCATION

Awareness <sup>4</sup>	Participants	
	Always/Sometimes Participate (N=1,009)	Rarely/Never Participate (N=449)
Education Available	64%	43%
Education Not Available	23%	29%
Do Not Know	13%	28%
TOTAL	100%	100%

<sup>1</sup>Source: Q. E14; B3: How often do you participate in any of these activities -- always, sometimes, rarely, or never?

<sup>2</sup>Those who did not provide a response to Q. B3 are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix J.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 57.5,  $p < .01$ ). Those who rarely or never participate in site activities were less aware of site nutrition education.

- Gender

Female participants were more likely to say site nutrition education activities were available.

- Minority Status

Minority elderly participants were more likely to report that this supportive service was not available at their sites.

Several of these predictor variables were correlated. One relationship is presented in Table III-47 to summarize other findings.<sup>1</sup> As can be seen, occasional or frequent feelings of depression or unhappiness were negatively related to awareness of this supportive service.

- c. Participation in Site Nutrition Education

Participants who said that site nutrition education activities were available at their sites were asked if they had ever participated in these activities. As shown in Table III-48, aware participants were more likely (73%) to have participated than were former participants (60%). Disregarding this difference, it is clear that a majority of participants who are aware take advantage of site nutrition educational opportunities.

As a percentage of the total current congregate Service population; however, only 39 percent have ever participated in these activities (see Table III-48). Although the former participant sample was not designed to be statistically representative of all former Service attendees, it is interesting to note that a smaller proportion of this sub-sample (21%) had ever participated in site nutrition activities.

Aware longer-term participants were also more likely to participate than more recent entrants (79% vs. 65%). Thus, as seen in Table III-49, a larger proportion of all longer-term participants was likely to have participated.

Participation by pre-1975 and post-1975 site attendees is displayed in Table III-50. Among aware participants no differences were observed; however, a moderately larger proportion of elderly attendees at post-1975 sites were likely to participate in site nutrition education (42% vs. 36% of pre-1975 site attendees).

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<sup>1</sup>Detailed distributions for other variables are in Appendix J.

TABLE III-47

RELATIONSHIP BETWEEN FREQUENCY OF<sup>1, 2, 3</sup>  
FEELING DEPRESSED OR VERY UNHAPPY  
AND AWARENESS OF SITE NUTRITION EDUCATION

Awareness <sup>4</sup>	Participants	
	Feel Depressed Often/Sometimes (N=488)	Feel Depressed Rarely/Never (N=1,226)
Education Available	44%	57%
Education Not Available	35%	27%
Do Not Know	21%	16%
TOTAL	100%	100%

<sup>1</sup>Source: Q. E14; F9e: During the past few weeks, have you felt depressed or very unhappy often, sometimes, rarely, or never?

<sup>2</sup>Those who did not provide a response to Q. F9e are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix J.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 24.2,  $p < .01$ ). Elderly who felt depressed often or sometimes were less aware of site nutrition education.

d. Respondent Characteristics Related to Participation In Site Nutrition Education

Regression analyses<sup>1</sup> were utilized to identify elderly characteristics that were relatively associated with participation in site nutrition education. Only results for current congregate dining participants are discussed below, because former participants' characteristics were not significantly related to utilization of this supportive service.

d.1. Summary and Implications

Participation in site nutrition education among those aware of its availability was enhanced by positive perceptions of site contributions policy and awareness of other supportive services: site recreational activities and shopping assistance. Perceptions of site contributions policy were modestly related to participation. Even among those who felt they were charged, 70 percent had ever participated in site nutrition education.

Participation was higher among aware females who were more mobile and able to attend sites frequently. Those who occasionally or often felt depressed were not only less aware of the supportive service, but less likely to avail themselves of it. Interestingly, more highly educated elderly apparently found this activity less appealing than did those with less than 9 completed years of education.

d.2. Congregate Dining Participants' Perceptions and Experiences

Three perceptions of and experiences with the Service were found to be related to participation in site nutrition education.

- Perception of Contributions Policy

Those who felt the meal was "charged" for were least likely to participate in site nutrition education.

- Awareness of Site Activities

Participants who reported their sites did not offer activities such as singing, games, or movies were more likely to participate in site nutrition education. Only 11 percent reported their sites did not offer such activities.

<sup>1</sup>See Appendix K for a description of the analytic technique.

TABLE III-48  
 PARTICIPATION IN SITE NUTRITION EDUCATION<sup>1</sup>

<u>Participation</u> <sup>2</sup>	<u>Participants</u> (N=926)	<u>Former Participants</u> (N=89)
Participation by <u>Aware</u> Respondents	73%	60%
<u>Participation</u> <sup>3</sup>	<u>Participants</u> (N=1,735)	<u>Former Participants</u> (N=249)
Participation by <u>All</u> Respondents	39%	21%

<sup>1</sup>Source: Q. E15: Have you ever participated in these activities, in these classes, or read these brochures?

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 4.6,  $p < .05$ ). Aware participants were more likely to use the Service than aware former participants.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 7.2,  $p < .01$ ). Regardless of awareness, a larger proportion of participants participated in site nutrition education.

TABLE III-49

PARTICIPATION IN SITE NUTRITION EDUCATION:<sup>1</sup>  
LONGER-TERM VS. RECENT ENTRANTS

<u>Participation</u> <sup>2</sup>	<u>Recent Entrants</u> (N=362)	<u>Longer-Term</u> (N=564)
Participation by <u>Aware</u> Respondents	65%	79%
<u>Participation</u> <sup>3</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Participation by <u>All</u> Respondents	27%	51%

<sup>1</sup>Source: Q. E15

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 22.4,  $p < .01$ ). Aware longer-term participants were more likely to use the service.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 97.6,  $p < .01$ ). Regardless of awareness, a larger proportion of longer-term participants participated in site nutrition education.

TABLE III-50

PARTICIPATION IN SITE NUTRITION EDUCATION:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Participation</u> <sup>2</sup>	<u>Attend Post-1975 Site</u> (N=508)	<u>Attend Pre-1975 Site</u> (N=418)
Participation by <u>Aware</u> Respondents	75%	71%
<u>Participation</u> <sup>3</sup>	<u>Attend Post-1975 Site</u> (N=903)	<u>Attend Pre-1975 Site</u> (N=832)
Participation by <u>All</u> Respondents	42%	36%

<sup>1</sup>Source: Q. E15

<sup>2</sup>Percentages do not differ significantly ( $\chi^2$ , 1 df, = 1.5,  $p > .05$ ).

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 6.9,  $p < .01$ ). Regardless of awareness, a larger percentage of post-1975 site attendees utilized site nutrition education.



- Awareness of Site Shopping Assistance  
Elderly respondents who knew that shopping assistance was available through their sites were more likely to participate in site nutrition education activities.

Since these variables were correlated the relationship in Table III-51 is provided to illustrate these findings in a summary fashion.<sup>1</sup> These data show that as participants who are aware of nutrition education perceive more pressure to make a monetary contribution, their participation in site nutrition education tends to decline.

### d.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Several of these variables were significantly related to participation in site nutrition education.

- General Mobility  
Persons able to leave their homes daily were somewhat more likely to participate in site nutrition programs.
- Depression  
The less often participants felt depressed or very unhappy, the more likely their participation.
- Encouragement to Attend Site  
The more often fellow worshippers "kept encouraging" elderly to attend the site, the less likely they were to participate in nutrition education.
- Gender  
Elderly females were more likely to participate.
- Education  
Attendees with eight or fewer years of schooling were somewhat more likely to participate in site education activities.

<sup>1</sup>Other tables illustrating relationships discussed in the text are in Appendix K.

TABLE III-51

RELATIONSHIP BETWEEN PERCEIVED CONTRIBUTIONS POLICY AND PARTICIPATION IN SITE NUTRITION EDUCATION<sup>1, 2, 3</sup>

Participation <sup>5</sup>	Participant's Perceptions		
	Free (N=75)	Donation (N=675)	Charge (N=175)
Participate in Site Education	79%	73%	70%
Do Not Participate in Site Education	21%	26%	29%
TOTAL	99% <sup>4</sup>	99% <sup>4</sup>	99% <sup>4</sup>

<sup>1</sup>Source: Q. E15; A10: Are you asked to make a donation, are you charged a fee, or is the meal free?

<sup>2</sup>Elderly who were aware of site nutrition education and who had a clear perception of site contributions policy are included in this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix K.

<sup>4</sup>Total differs from 100% due to rounding.

<sup>5</sup>Although percentages in this table do not differ significantly ( $\chi^2$ , 2 df, = 1.8,  $p > .05$ ), multivariate analyses revealed a significant univariate F value associated with perceived contributions policy. See Appendix K.



As these variables were correlated, the relationship in Table III-52 is presented to illustrate all findings in a summary fashion.<sup>1</sup> Although a majority (68%) of aware males had ever participated, females (75%) were more likely to have ever availed themselves of site nutrition education.

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<sup>1</sup>Tables for other relationships discussed in the text are in Appendix K.

TABLE III-52

RELATIONSHIP BETWEEN GENDER<sup>1, 2, 3</sup>  
AND PARTICIPATION IN SITE NUTRITION EDUCATION

Participation <sup>4</sup>	Participants	
	Females (N=702)	Males (N=219)
Participate in Site Education	75%	68%
Do Not Participate in Site Education	25%	32%
TOTAL	100%	100%

<sup>1</sup>Source: Q. E15; L7: Sex of respondent: \_\_\_\_ (answered by interviewer).

<sup>2</sup>Elderly who were aware of site nutrition education are included in this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix K.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 4.2,  $p < .05$ ). Males aware of education were less likely to participate.

## 5. Awareness of and Utilization of Site Shopping Assistance

All participants were asked whether they had ever been offered shopping assistance through their meal sites. If shopping assistance had been offered, they were then asked how often it was offered and how often they utilized this supportive service.

### a. Awareness of Site Shopping Assistance

More than three-quarters (77%) of current congregate dining participants reported either that site shopping assistance had never been offered or that they did not know if it was available (see Table III-53). Other data contained in this table show that 16 percent reported this assistance was offered at least once a week. Thus, although a majority were unaware of shopping assistance, when it was available, it was offered on a frequent basis. Former participants were more likely to recall that shopping assistance was not available or less able to recall whether it had been available (87% vs. 77% of current participants).

Comparisons between longer-term participants and more recent Service entrants are contained in Table III-54. A somewhat smaller percentage of longer-term participants were unaware of the supportive service.

Separate comparisons were made between those attending sites established prior to and after 1975 (see Table III-55). Attendees at pre-1975 sites were likely to report that this supportive service was offered on a more frequent basis, i.e. one-fifth said it was offered at least once a week (vs. 13% of post-1975 site attendees who reported it was offered this frequently).

All in all, these data show that large majorities of each current participant sub-population were unaware of site shopping assistance.

### b. Respondent Characteristics Related to Awareness of Site Shopping Assistance

Regression analyses<sup>1</sup> were conducted to identify characteristics significantly related to awareness of site shopping assistance. Results for current meal site participants and former participants are discussed below.

<sup>1</sup>See Appendix L for a description of the analytic technique.

TABLE III-53  
 FREQUENCY WITH WHICH SITE SHOPPING<sup>1</sup>  
 ASSISTANCE WAS OFFERED

<u>Frequency</u> <sup>3</sup>	<u>Participants</u> (N=1735)	<u>Former Participants</u> (N=249)
Once A Week or More Often	16%	8%
Once Every Two Weeks	2%	--
Once A Month/Less Often	3%	2%
Do Not Know/Could Not Recall Frequency	2%	3%
Unaware of Assistance	77% <sup>2</sup>	86% <sup>2</sup>
No Response	*	*
TOTAL	100%	100%

<sup>1</sup> Source: Qu. B12: How often is/was this shopping assistance offered? Is it/was it more than once a week, once a week, once every two weeks, once a month, or less than once a month?

<sup>2</sup> Percentages include those who reported this service was not available and who did not know if it was available.

<sup>3</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 4.9,  $p < .05$ ). Participants who said the service was available, reported more often that it was available at least once a week than did former participants.

\* Denotes less than 1%.

TABLE III-54

FREQUENCY WITH WHICH SITE SHOPPING ASSISTANCE<sup>1</sup>  
 WAS OFFERED: LONGER-TERM VS. RECENT ENTRANTS

<u>Frequency</u> <sup>4</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Once A Week or More Often	15%	16%
Once Every Two Weeks	1%	2%
Once A Month/Less Often	2%	4%
Do Not Know	2%	3%
Unaware of Assistance	79% <sup>2</sup>	74% <sup>2</sup>
No Response	*	*
TOTAL	99% <sup>3</sup>	99% <sup>3</sup>

<sup>1</sup>Source: Qu. B12

<sup>2</sup>Percentages include those who reported this service was not available and who did not know if it was available.

<sup>3</sup>Total differs from 100% due to rounding.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 5.0 p < .05). Longer-term participants aware of the service were more likely to say it was offered either "once every two weeks" or "once a month/less often" than were aware recent entrants.

TABLE III-55

FREQUENCY WITH WHICH SITE SHOPPING ASSISTANCE<sup>1</sup>  
 WAS OFFERED: PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Frequency</u> <sup>4</sup>	<u>Attend Post-1975 Site (N=903)</u>	<u>~Attend Pre-1975 Site (N=832)</u>
Once A Week or More Often	13%	20%
Once Every Two Weeks	1%	2%
Once A Month/Less Often	4%	1%
Do Not Know	3%	2%
Unaware of Assistance	78% <sup>2</sup>	75% <sup>2</sup>
No Response	*	*
	<hr/>	<hr/>
TOTAL	99% <sup>3</sup>	100%

<sup>1</sup>Source: Q. B12

<sup>2</sup>Percentages include elderly who reported this service was not available and who did not know if it was available.

<sup>3</sup>Total differs from 100% due to rounding.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 8.3,  $p < .01$ ). Elderly attending pre-1975 sites were more likely to report this service was available "once a week" or more often.



TABLE III-56

RELATIONSHIP BETWEEN ATTENDANCE FREQUENCY<sup>1,2,3</sup>  
AND AWARENESS OF SITE SHOPPING ASSISTANCE

Awareness <sup>4</sup>	Participants	
	Attend Once A Week or More Often (N=1458)	Attend Less Often (N=260)
Assistance Available	26%	11%
Assistance Not Available	73%	87%
Do Not Know	1%	2%
TOTAL	100%	100%

<sup>1</sup> Source: Qu. A1; B11: Have/did the people at the site ever offered to go with you to help you do your grocery shopping, or not?

<sup>2</sup> Interviewees who did not provide a response to Qu. A1 are excluded from this analysis.

<sup>3</sup> A detailed distribution for this item is in Appendix L.

<sup>4</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 25.1,  $p < .01$ ). Those who attend their sites at least once a week are more aware of site shopping assistance.

### b.1. Summary and Implications

Awareness of site shopping assistance was relatively low. Approximately three-quarters of current participants reported either that this supportive service had never been offered or that they did not know whether it was available through their sites. As expected, those who were frequent site attendees, were active participants in site activities, and were aware of other supportive services were more aware of site shopping assistance. Former participants who held positive views of their former sites and who were frequent participants were also more likely to report that shopping assistance had been offered to them.

Aware current participants also tended to be elderly women who felt they ate nutritious meals. In addition, aware elderly were generally mobile, but were somewhat more isolated and depressed than their peers. These last findings indicate that sites probably offer shopping help to those persons whose living circumstances may indicate a greater need for assistance.

### b.2. Congregate Dining Participants' Perceptions and Experiences

Three participant characteristics were related to awareness.

- Attendance Frequency  
Participants who attended their sites at least once a week were more aware of shopping assistance.
- Participation in Site Activities  
Those who always participated in site recreation activities were more aware.
- Awareness of Site Medical Assistance  
If respondents knew that medical assistance was available through their sites, they were more aware of site shopping assistance.

Because these predictor variables are correlated, one relationship is presented in Table III-56 to illustrate these data in a summary fashion.<sup>1</sup> As can be seen, elderly who attended their congregate dining sites at least once a week (26%) were more than twice as likely to be aware of the service as less frequent site attendees (11%).

### b.3. Congregate Dining Participants' Lifestyles and Demographic Characteristics

Independent of their Service related experiences, several elderly lifestyle and demographic characteristics were related to awareness of site shopping assistance.

- General Mobility  
The more frequently participants were able to leave their homes, the more aware they were of site shopping assistance.
- Nutritiousness of Meals  
The more nutritious respondents rated their diet, the more aware they were of this supportive service.
- Looking Forward to Something Particular  
Respondents who were looking forward to doing something in particular (next week) were more aware of assistance.
- Depression  
Those who were aware of the service were modestly more often depressed or very unhappy.
- Gender  
Female elderly were more likely to report shopping assistance was available.

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Other tables presenting the relationships discussed in the text are in Appendix L.

TABLE III-57  
 RELATIONSHIP BETWEEN GENDER<sup>1,2</sup>  
 AND AWARENESS OF SITE SHOPPING ASSISTANCE

Awareness <sup>3</sup>	Participants	
	Females (N=1256)	Males (N=473)
Assistance Available	26%	17%
Assistance Not Available	72%	82%
Do Not Know/No Response	2%	1%
TOTAL	100%	100%

<sup>1</sup>Source: Qu. B11, L7

<sup>2</sup>A detailed distribution for this item is in Appendix L.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 15.8,  $p < .01$ ). Males were less aware of site shopping assistance than females.

- Isolation

The most isolated were slightly more likely to be aware of shopping assistance. "Extremely" isolated persons were those who lived alone, felt they had too few friends, had no confidante, and did not have children who visited them frequently.

Because these variables were themselves correlated, one relationship was chosen to illustrate these results in summary fashion.<sup>1</sup> Table III-57 shows the relationship between gender and awareness of whether this supportive service was available. Females were more likely to be aware of the service than were males (26% vs. 17%, respectively).

- b.4. Former Participants' Experiences and Perceptions

Three experiences/perceptions regarding the Service were found to be related to their recall of whether site shopping assistance was available during the time they were actively participating.

- Past Attendance Frequency

Those who had attended at least once a week were more likely to recall that shopping assistance had been offered.

- Perception of Site Contributions Policy

Former participants who recalled they had been "charged" by their sites were less likely to recall that assistance had been offered.

- Pleasantness of Site

The more pleasant they recalled their sites were, the more likely it was that they recalled that shopping assistance had been available.

Other tables presenting the relationships discussed in the text are in Appendix L.

As these variables were, themselves, inter-correlated, one relationship is presented in Table III-58 to illustrate these results.<sup>1</sup> As can be seen, former participants who had attended their congregate sites on a weekly or more frequent basis were slightly more likely to recall shopping assistance had been available.

Former participants' current lifestyle and demographic characteristics were not significantly related to their recall of whether site shopping assistance had been available at their sites.

### C. Utilization of Site Shopping Assistance

Participants who were aware of this supportive service at their sites were asked how frequently they utilized shopping assistance. As can be seen in Table III-59, approximately one-half (53%) of aware participants had availed themselves of this assistance. Furthermore, aware current participants were more likely to have used the service than were aware former participants (53% vs. 32%).

As a percentage of the total current congregate Service population, however, only 12 percent had ever used site shopping assistance (see Table III-59). Although former participant data are based upon recall of events somewhat remote in time, an even smaller percentage (5%) of this sub-population had ever used shopping assistance.

Table III-60 presents utilization data for longer-term participants and more recent entrants. Longer-term participants were more likely to utilize this supportive service.

Separate comparisons were made between elderly who attended sites established before and after 1975. Aware participants were equally likely to utilize the service regardless of when their sites had been established. However, a slightly larger proportion of all respondents attending pre-1975 sites used the service. This is due to the finding that participants attending pre-1975 sites reported that shopping assistance was offered more frequently (see Table III-55).

<sup>1</sup>Other tables illustrating multivariate results discussed in the text are in Appendix L.

TABLE III-58

RELATIONSHIP BETWEEN PAST ATTENDANCE FREQUENCY<sup>1,2,3</sup>  
AND RECALL OF WHETHER SITE SHOPPING ASSISTANCE WAS AVAILABLE

<u>Awareness</u> <sup>4</sup>	<u>Former Participants</u>	
	<u>Attended Once A Week or More Often (N=171)</u>	<u>Attended Less Often (N=68)</u>
Recalled Assistance Was Available	16%	10%
Recalled Assistance Was Not Available	82%	87%
Did Not Know/Could Not Recall	2%	3%
TOTAL	100%	100%

<sup>1</sup>Source: Qu. B11, A1

<sup>2</sup>A detailed distribution for this item is in Appendix L.

<sup>3</sup>Those who could not recall past attendance frequency are excluded from this analysis.

<sup>4</sup>Although percentages in this table do not differ significantly ( $\chi^2$ , 1 df, = 1.0,  $p > .05$ ), multivariate analyses revealed a significant univariate F value associated with past attendance frequency. See Appendix L.

TABLE III-59  
 UTILIZATION OF SITE SHOPPING ASSISTANCE<sup>1,2</sup>

<u>Utilization</u> <sup>3</sup>	<u>Participants</u> (N=405)	<u>Former Participants</u> (N=34)
Utilization by <u>Aware</u> Respondents	53%	32%

<u>Utilization</u> <sup>4</sup>	<u>Participants</u> (N=1735)	<u>Former Participants</u> (N=249)
Utilization by <u>All</u> Respondents	12%	5%

<sup>1</sup> Source: Qu. B13: Do/Did you usually use this assistance whenever it is/was offered, only occasionally, or have you never used it?

<sup>2</sup> A detailed distribution for this item is in Appendix M.

<sup>3</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 4.9,  $p < .05$ ). Participants who said the service was available were more likely than former participants to have used the assistance.

<sup>4</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 12.8,  $p < .01$ ). A larger percentage of current participants reported having used site shopping assistance.



TABLE III-60

UTILIZATION OF SITE SHOPPING ASSISTANCE:<sup>1</sup>  
LONGER-TERM VS. RECENT ENTRANTS

<u>Utilization by Aware Respondents</u>	<u>Recent Entrants</u> (N=179)	<u>Longer-Term</u> (N=226)
Used Whenever Offered	26%	33%
Used Only Occasionally	18%	27%
TOTAL UTILIZATION <sup>2</sup>	44%	60%

<u>Utilization by All Respondents</u>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Used Whenever Offered	5%	9%
Used Only Occasionally	4%	7%
TOTAL UTILIZATION <sup>3</sup>	9%	16%

<sup>1</sup>Source: Qu. B13

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 34.1, p < .01). Aware longer-term participants were more likely to use the service.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df = 14.0, p < .01). Regardless of awareness, a larger proportion of longer-term participants use the service.

TABLE III-61

UTILIZATION OF SITE SHOPPING ASSISTANCE:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Utilization by Aware Respondents</u>	Attend Post-1975 Site (N=195)	Attend Pre-1975 Site (N=210)
Used Whenever Offered	28%	31%
Used Only Occasionally	22%	24%
<b>TOTAL UTILIZATION</b>	<b>50%</b>	<b>55%</b>

<u>Utilization by All Respondents</u>	Attend Post-1975 Site (N=903)	Attend Pre-1975 Site (N=832)
Used Whenever Offered	6%	8%
Used Only Occasionally	5%	6%
<b>TOTAL UTILIZATION</b>	<b>11%</b>	<b>14%</b>

<sup>1</sup>Source: Qu. B13.

<sup>2</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df, = 1.2,  $p > .05$ ).

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 4.1,  $p < .05$ ). Regardless of awareness, a larger percentage of those attending sites established prior to 1975 utilized this supportive service.

d. Respondent Characteristics Related to Utilization of Site Shopping Assistance

Multivariate analyses<sup>1</sup> were employed to identify participant and former participant characteristics related to reported utilization of this supportive service. These results are discussed below.

d.1. Summary and Implications

Approximately one-half of current participants who were aware of site shopping assistance utilized this supportive service. The more frequent users were females who frequently socialized with friends attending their sites. Although more frequent users tended to be more generally mobile, felt their health was average or better and were only rarely or never depressed, they were also more likely to have incomes below \$6,000 in 1981 and were more isolated than their peers. These "isolated" were defined as persons who live alone, report they had too few friends, did not have someone in whom they could confide, and were rarely visited by their children. Thus, among current aware participants, utilization is higher for those whose demographic characteristics indicate a need for this particular type of assistance.

As expected, former participants who had attended their sites frequently and had positive perceptions of their sites had been more likely to utilize the service.

d.2. Congregate Dining Participants' Perceptions and Experiences

Only one Service-related characteristic was significantly related to utilization.

● Frequency of Visiting Friends at Site

Those who spent more time visiting with friends at their sites were more likely to use site shopping assistance.

<sup>1</sup>See Appendix M for a description of the analytic technique.

TABLE III-62

RELATIONSHIP BETWEEN FREQUENCY OF SOCIALIZING<sup>1,2,3</sup>  
WITH FRIENDS AT SITE AND UTILIZATION OF  
SHOPPING ASSISTANCE

Utilization of Service <sup>4</sup>	Participants	
	Always/Some Time Spent Socializing (N=272)	Rarely/Never Socialize (N=95)
Used Whenever Offered or Occasionally	61%	35%
Never Used	39%	62%
Do Not Know	--	1%
No Resonse	*	2%
TOTAL	100%	100%

<sup>1</sup>Source: Qu. B13, B3: How often do you participate in any of these activities -- always, sometimes, rarely, or never?

<sup>2</sup>Elderly respondents who were unaware of site shopping assistance are excluded from this analysis.

<sup>3</sup>A more detailed distribution for this item is in Appendix M.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 7.2, p < .01). Participants who rarely or never socialize with friends at the site are less likely to utilize site shopping assistance.

\*Denotes less than 1%.

This relationship is presented in Table III-62. Respondents who spent at least "some" time visiting with friends were far more likely to use the service than those who rarely or never socialized with friends at the site (61% vs. 35%).

### d.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Several of these characteristics were found to be related to utilization of site assistance among elderly who were aware of its availability.

- General Mobility  
Those who left their homes on a daily basis were more likely to have used the service.
- Self-Rated Current Health  
Those who felt their health was "fair" or "poor" were less likely to use the service than elderly who reported "average" or better current health.
- Depression  
Elderly persons who more frequently felt depressed or very unhappy were less likely to use the service.
- Membership in Clubs and Organizations  
Members of clubs and organizations used the service somewhat more often.
- Gender  
Females more frequently utilized site shopping assistance.
- 1981 Annual Family Income  
Less affluent participants were more likely to use the service whenever it was offered.

TABLE III-63

RELATIONSHIP BETWEEN 1981 ANNUAL FAMILY INCOME<sup>1,2,3</sup>  
AND UTILIZATION OF SITE SHOPPING ASSISTANCE

Utilization	Participants	
	Less Than \$6,000 (N=283)	\$6,000 Or More (N=111)
Used Whenever Offered or Occasionally	60%	34%
Never Used	38%	64%
Do Not Know	*	2%
No Response	1%	--
TOTAL	99% <sup>4</sup>	100%

<sup>1</sup> Source: Qu. B13, I9: For statistical purposes, we need to know your family income for 1981. Please give me the letter that covers your total income for 1981, before taxes. Include your own income and that of any members of your immediate family who are living with you. Just give me the letter (FROM CARD C).

<sup>2</sup> Respondents who were unaware of site shopping assistance are excluded from this analysis.

<sup>3</sup> A more detailed distribution for this item is in Appendix M.

<sup>4</sup> Total differs from 100% due to rounding.

<sup>5</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 21.0,  $p < .01$ ). Less affluent elderly were more likely to utilize this supportive service.

\* Denotes less than 1%.

- Isolation

The most isolated participants were more likely to utilize site shopping assistance.

Because several of these predictor variables were, themselves, correlated, one relationship is portrayed in Table III-63 to illustrate all multivariate results in a summary fashion.<sup>1</sup> As shown, persons with 1981 family incomes below \$6,000 were far more likely to use site shopping assistance than those with higher incomes (60% vs. 34%).

#### d.3. Former Participants' Experiences and Perceptions

Several Service related variables were related to past utilization of site shopping assistance.

- Attendance Frequency

Very frequent attendees had been more likely to use site shopping assistance.

- Perceived Contributions Policy

Former participants who recalled their sites had "charged" for the meal were less likely to have used this supportive service.

- Awareness of Site Activities

Those who recalled site recreational activities were available, were less likely to have utilized site shopping assistance.

- Pleasantness of Site

The more pleasant they recalled the site had been, the more likely they were to have utilized the service.

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Tables illustrating other multivariate findings are in Appendix M.

Illustrative tables have not been provided, as these analyses are based upon very small subsamples (e.g. only 24 former participants were aware of site shopping assistance and felt the site had been a "very pleasant place to go").

Former participants' current lifestyle and demographic characteristics were found to be unrelated to whether they recalled having used site shopping assistance.<sup>1</sup>

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<sup>1</sup> See Appendix M.



## 6. Awareness and Utilization of Site Medical Assistance

All Service participants were asked whether their sites "... ever help(ed) people get medical examinations, treatments, or medicines." Those who were aware of site medical assistance and referral were then asked if they had ever utilized this supportive service.

### a. Awareness of Site Medical Assistance

Approximately one-half (53%) of current participants were aware of this supportive service at their sites; however, a large minority (20%) did not know whether it was available (see Table III-64). Former participants were more likely to recall that referral had not been available at their sites (40% vs. 27% of current participants).

Additional comparisons of important current participant sub-populations in Tables III-65 and III-66 reveal that longer-term participants were more aware of medical assistance than those who have more recently entered the program (58% vs. 47%). Also, attendees at sites established prior to 1975 were slightly more aware of this type of assistance than participants attending post-1975 sites (55% vs. 50%).

TABLE III-64  
 AWARENESS OF SITE MEDICAL ASSISTANCE<sup>1</sup>

<u>Awareness<sup>2</sup></u>	<u>Participants</u> (N=1735)	<u>Former Participants</u> (N=249)
Assistance Available	53%	40%
Assistance Not Available	27%	40%
Do Not Know/Could Not Recall	20%	19%
No Response	*	1%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

<sup>1</sup> Source: Qu. B14: Does the site ever help people get medical examinations, treatments, or medicines?

<sup>2</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 13.1,  $p < .01$ ). Former participants were less likely to report assistance had been available and were more likely to report either that it had not been available or that they did not know if it had been available at their sites.

\*Denotes less than 1%.

TABLE III-65

AWARENESS OF SITE MEDICAL ASSISTANCE:<sup>1</sup>  
LONGER-TERM VS. RECENT ENTRANTS

<u>Awareness</u>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Assistance Available	47%	58%
Assistance Not Available	27%	28%
Do Not Know	26%	14%
No Response	*	--
TOTAL	100%	100%

<sup>1</sup>Source: Qu. B14

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 18.5,  $p < .01$ ). Longer-term participants were more aware that medical assistance was available and less likely to report either that assistance was not available or that they did not know if it was available at their sites.

\*Denotes less than 1%.

TABLE III-66

AWARENESS OF SITE MEDICAL ASSISTANCE:<sup>1</sup>  
PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Awareness</u> <sup>2</sup>	<u>Attend Post-1975 Site (N=903)</u>	<u>Attend Pre-1975 Site (N=832)</u>
Assistance Available	50%	55%
Assistance Not Available	31%	24%
Do Not Know	19%	21%
No Response	*	**
TOTAL	100%	100%

<sup>1</sup>Source: Qu. B14

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 4.9,  $p < .05$ ). Elderly attending sites established before 1975 were more likely to be aware of site medical assistance and less likely to report either that it was unavailable or that they did not know if it was available at their sites.

\*Denotes less than 1%.

b. Elderly Characteristics Related to Awareness of Site Medical Assistance

Regression analyses<sup>1</sup> were utilized to identify elderly characteristics related to awareness of this supportive service. Results for current congregate dining Service participants are presented below.

b.1. Summary and Implications

Current congregate meal site participants were more aware of this supportive service if they attended active sites, and were socially active at their sites. If they either donated or were "charged" by their sites, they were more aware of medical assistance.

The more mobile, the married, and those who had a positive view of the near future were also more aware. Since those who felt their health was better were more aware of the service, care should be taken to publicize availability of medical referral to those elderly whose health is perceived to be below average.

b.2. Congregate Dining Participants' Perceptions and Experiences

Four characteristics were found to predict awareness of this supportive service.

- Perceived Contributions Policy

Those who felt meals were "free" were less aware of this assistance.

- Awareness of Site Activities

Attendees aware of site recreational activities at their sites were more likely to report that their sites also offered medical referral services.

<sup>1</sup>See Appendix N for a description of the analytic technique.

TABLE III-67

RELATIONSHIP BETWEEN FREQUENCY OF<sup>1,2,3</sup>  
SOCIALIZING WITH FRIENDS AT SITE  
AND AWARENESS OF SITE MEDICAL ASSISTANCE

<u>Awareness</u> <sup>4</sup>	Participants	
	<u>A Lot/Some Time Spent Socializing</u> (N=1,308)	<u>A Bit/ No Time Spent Socializing</u> (N=423)
Site Assistance Available	55%	44%
Site Assistance Not Available	26%	33%
Do Not Know	19%	22%
No Response	*	1%
TOTAL	100%	100%

<sup>1</sup>Source: Qu. B14, B4

<sup>2</sup>A detailed distribution for this item is in Appendix N.

<sup>3</sup>Those who did not provide a response to Qu. B4 are excluded from this analysis.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 14.8,  $p < .01$ ). Participants who spend at least some time socializing with their friends at the site are more aware of site medical assistance.

\*Denotes less than 1%.

- Visiting Friends at Sites  
The more time participants spent socializing with their friends at the site, the more aware they were.
- Awareness of Site Shopping Assistance  
Persons who knew their sites offered shopping assistance were aware of site medical assistance.

Because these variables were correlated, one relationship is presented in Table III-67 to illustrate the multivariate results.<sup>1</sup> Those who rarely or never spent time visiting with friends at their sites were less aware of site medical assistance than more socially active participants (44% vs. 55%).

### b.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

Separate analyses were performed to identify lifestyle and demographic characteristics significantly related to awareness.

- General Mobility  
Elderly persons who were able to leave their homes daily were more aware of medical referral services.
- Self-Rated Current Health  
Those who rated their health "excellent," "good," or "average" were more aware than participants rating their health as "fair" or "poor."

<sup>1</sup> Tables illustrating other multivariate findings discussed in the text are in Appendix N.

TABLE III-68

RELATIONSHIP BETWEEN LOOKING FORWARD<sup>1,2,3</sup>  
TO DOING SOMETHING NEXT WEEK  
AND AWARENESS OF SITE MEDICAL ASSISTANCE

Awareness <sup>4</sup>	Participants	
	Looking Forward To Something (N=863)	Not Looking Forward To Something (N=870)
Site Assistance Available	59%	47%
Site Assistance Not Available	23%	32%
Do Not Know	18%	21%
TOTAL	100%	100%

<sup>1</sup>Source: Qu. B14, F2: Is there something in particular that you are looking forward to doing next week?

<sup>2</sup>A detailed distribution for this item is in Appendix N.

<sup>3</sup>Those who did not provide a response to Qu. F2 are excluded from this analysis.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 25.2,  $p < .01$ ). Elderly persons who were looking forward to doing something particular were more aware of site medical assistance.



- Looking Forward to Something  
People who were looking forward to doing something in particular (next week) were more aware.
- Marital Status  
Married persons were more aware of this supportive service.

Table III-68 illustrates one of these relationships.<sup>1</sup> As can be seen, elderly participants who were looking forward to something particular were more aware of the availability of site medical referral.

c. Utilization of Site Medical Assistance

Elderly persons who reported that medical referral services were available through their sites were asked if they had ever used this supportive service. Data contained in Table III-69 show that 52 percent of aware current participants had utilized site medical referral services. A comparable percentage of aware former participants had done so (54%).

As a fraction of the total current congregate Service population, slightly more than one-quarter (27%) had used this supportive service. A smaller proportion of former participants interviewed had utilized the service (21%).

Table III-70 presents utilization data for longer-term congregate site participants and those who had more recently enrolled. As can be seen, longer-term participants were more likely to have used the service, calculated either as a percentage of aware or total participant sub-populations.

Regardless of awareness, comparable proportions of pre-1975 and post-1975 site attendees utilized this supportive service (see Table III-71).

<sup>1</sup>Tables illustrating other multivariate findings discussed in the text are in Appendix N.

TABLE III-69  
 UTILIZATION OF SITE MEDICAL ASSISTANCE<sup>1</sup>

<u>Utilization</u> <sup>2</sup>	<u>Participants</u> (N=911)	<u>Former Participants</u> (N=99)
Utilization by <u>Aware</u> Respondents	52%	54%

  

<u>Utilization</u> <sup>3</sup>	<u>Participants</u> (N=1735)	<u>Former Participants</u> (N=249)
Utilization by <u>All</u> Respondents	27%	21%

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<sup>1</sup>Source: Qu. B15: Have you ever used this service?

<sup>2</sup>Percentages do not differ significantly ( $\chi^2$ , 1 df, = 0.0,  $p > .05$ ).

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 3.9,  $p < .05$ ). A larger percentage of current participants used the service.

TABLE III-70

UTILIZATION OF SITE MEDICAL ASSISTANCE:  
LONGER-TERM VS. RECENT ENTRANTS

<u>Utilization</u> <sup>2</sup>	<u>Recent Entrants</u> (N=404)	<u>Longer-Term</u> (N=507)
Utilization by <u>Aware</u> Respondents	48%	56%

<u>Utilization</u> <sup>3</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Utilization by <u>All</u> Respondents	22%	32%

<sup>1</sup> Source: Qu. B15

<sup>2</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 6.4,  $p < .01$ ). Aware longer-term participants are more likely to utilize site medical assistance.

<sup>3</sup> Percentages differ significantly ( $\chi^2$ , 1 df, = 21.8,  $p < .01$ ). A larger percentage of longer-term participants use this supportive service.

TABLE III-71

UTILIZATION OF SITE MEDICAL ASSISTANCE:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Utilization</u> <sup>2</sup>	Attend Post-1975 Site (N=451)	Attend Pre-1975 Site (N=460)
Utilization by <u>Aware</u> Respondents	54%	51%

  

<u>Utilization</u> <sup>3</sup>	Attend Post-1975 Site (N=903)	Attend Pre-1975 Site (N=832)
Utilization by <u>All</u> Respondents	27%	28%

<sup>1</sup>Source: Qu. B15

<sup>2</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df, = 0.5,  $p > .05$ ).

<sup>3</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df, = 0.3,  $p > .05$ ).

#### d. Elderly Characteristics Related to Utilization of Site Medical Assistance

Multivariate analyses<sup>1</sup> were conducted to identify elderly characteristics related to utilization of site medical referral services. Demographic and lifestyle characteristics were found to significantly predict utilization by current and former participants. Neither group's Service related experiences and perceptions were reliably related to utilization.

##### d.1. Summary and Implications

What is interesting regarding the results for current congregate dining participants is that self-reported health and number of doctor visits did not predict utilization of site medical assistance. Rather, those who led a more "isolated" lifestyle were more likely to take advantage of the supportive service. Encouragement from peers to attend the Service also was positively related to utilization. Participants who live in a larger social "world" may be able to obtain medical assistance from other resources.

An interesting data point emerged from analyses of former participants. This supportive service had been more often utilized by those with lower education.

All in all, among current participants, a less socially active lifestyle appears to predict utilization. It is not unreasonable to infer that current users are, thus, better able to find this type of support through the congregate dining Service than through independently exploring other services available in their community.

##### d.2. Congregate Dining Participants' Lifestyle and Demographic Characteristics

- Inviting Others to Dine

Those who rarely or never invited others to dine in their homes were more likely to have utilized this supportive service.

<sup>1</sup>See Appendix 0 for a description of the analytic technique.

- Looking Forward to Doing Something  
Those who reported there was nothing in particular they were looking forward to doing (next week) were more likely to utilize the service.
- Encouragement to Attend Site  
Persons who were continually encouraged by peers attending their religious services to attend the site were more likely to use site medical assistance.
- Membership in Clubs and Organizations  
Participants who did not belong to clubs or other social organizations were more likely to use this supportive service.
- Marital Status  
Married persons were less likely to have used site medical assistance.

As these predictor variables were correlated, one relationship is presented in Table III-72 as a way of illustrating these multivariate findings in a summary fashion.<sup>1</sup> Married elderly were less likely to have utilized site medical assistance than single participants.

#### d.2. Former Participants' Lifestyle and Demographic Characteristics

- Looking Forward to Doing Something  
Former participants who were anticipating doing something particular were more likely to recall they had used this supportive service.

<sup>1</sup>Tables illustrating other multivariate results discussed in the text are in Appendix O.

TABLE III-72

RELATIONSHIP BETWEEN MARITAL STATUS<sup>1,2,3</sup>  
AND UTILIZATION OF SITE MEDICAL ASSISTANCE

Utilization <sup>5</sup>	Participants	
	Married (N=343)	Not Married (N=568)
Have Utilized	48%	55%
Have Not Utilized	51%	44%
No Response	1%	*
TOTAL	100%	99% <sup>4</sup>

<sup>1</sup>Source: Qu. B15, I1

<sup>2</sup>Elderly persons who were unaware of site medical assistance are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix O.

<sup>4</sup>Total differs from 100% due to rounding.

<sup>5</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 4.1,  $p < .05$ ). Married participants are less likely to have used site medical assistance.

\*Denotes less than 1%.

- Education

The more highly educated they were, the less likely they were to have used the service.

Because these relationships are based upon quite small sample sizes (e.g. only 19 who were aware of this assistance had more than 12 years of schooling), no illustrative tables are provided.



## 7. Awareness of and Participation in Site Recreational Activities

A major goal of the National Nutrition Services for the Elderly is to ameliorate the social isolation and loneliness that may characterize some older persons. Congregate meal sites are authorized to offer a variety of recreational activities and provide settings in which participants may socialize with their peers. This section of the report discusses this important component of the Service.

### a. Awareness of Recreational Activities

When directly asked whether their congregate dining sites offered ". . . activities such as games, movies, or singing," a majority of current participants (86%) responded affirmatively (see Table III-73). A majority of former participants (77%) also recalled that such activities were available during the time they were active Service participants.

Whereas longer-term participants were slightly more aware of recreational activities than more recent entrants (89% vs. 82%), persons attending pre-1975 and post-1975 sites were comparably aware of site recreational opportunities (86% vs. 85%). These data are contained in Tables III-74 and III-75. Clearly, a majority of sites offer various forms of recreation in addition to provision of a meal.

### b. Frequency of Participation in Site Recreational Activities

Respondents who reported that these activities were available were also asked how frequently they participated in them. Data presented in Table III-76 show that 68% of aware current participants "sometimes" or "always" took part in these activities. A smaller percentage of former participants recalled having participated as frequently (55%).

As a fraction of the total current congregate Service population, nearly three-fifths (58%) participated at least occasionally. Less than one-half (44%) of the former participants interviewed recalled having participated as frequently (see Table III-76). Thus, on the whole, former participants were less active participants in site recreational activities.

Table III-77 displays participation frequency data for longer-term participants and those who had more recently enrolled in the congregate Service. Regardless of awareness, longer-term participants more frequently

TABLE III-73

AWARENESS OF SITE RECREATIONAL ACTIVITIES<sup>1</sup>

Awareness <sup>2</sup>	Participants (N=1,735)	Former Participants (N=249)
Activities Offered	86%	79%
Activities Not Offered	11%	12%
Do Not Know/Could Not Recall	3%	8%
No Response	*	1%
TOTAL	100%	100%

<sup>1</sup>Source: Q. B2: Does the hot meal site offer activities such as games, movies, or singing?

\* Denotes less than 1%.

<sup>2</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df, = 0.0,  $p > .05$ ).

TABLE III-74

AWARENESS OF SITE RECREATIONAL ACTIVITIES:<sup>1</sup>  
LONGER-TERM VS. RECENT ENTRANTS

<u>Awareness</u> <sup>2</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Activities Offered	82%	89%
Activities Not Offered	12%	10%
Do Not Know	5%	1%
No Response	1%	*
	100%	100%
TOTAL	100%	100%

<sup>1</sup>Source: Q. B2

<sup>2</sup>Percentages significantly differ ( $\chi^2$ , 1 df, = 12.6,  $p < .01$ ). Longer-term participants were more aware of site recreational activities.

\*Denotes less than 1%

TABLE III-75

AWARENESS OF SITE RECREATIONAL ACTIVITIES:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Awareness</u> <sup>2</sup>	<u>Attend Post-1975 Site (N=903)</u>	<u>Attend Pre-1975 Site (N=832)</u>
Activities Offered	85%	86%
Activities Not Offered	12%	10%
Do Not Know	3%	3%
No Response	*	1%
	<hr/>	<hr/>
TOTAL	100%	100%

<sup>1</sup>Source: Q. B2

\* Denotes less than 1%.

<sup>2</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df, = 0.4,  $p > .05$ ).

TABLE III-76

FREQUENCY OF PARTICIPATION IN SITE<sup>1</sup>  
RECREATIONAL ACTIVITIES

<u>Frequency of Participation</u> <sup>2</sup>	<u>Participants</u> (N=1,485)	<u>Former Participants</u> (N=197)
Participation by <u>Aware</u> Respondents		
Always/Sometimes	68%	55%
<u>Frequency of Participation</u> <sup>3</sup>	<u>Participants</u> (N=1,735)	<u>Former Participants</u> (N=249)
Participation by <u>All</u> Respondents		
Always/Sometimes	58%	44%

<sup>1</sup>Source: Q. B3: How often do you participate in any of these activities -- always, sometimes, rarely, or never?

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 11.9,  $p < .05$ ). Aware former participants were less likely to participate in site recreational activities

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 17.7,  $p < .01$ ). A smaller proportion of former participants participated in site recreational activities.

TABLE III-77

FREQUENCY OF PARTICIPATION IN SITE RECREATIONAL ACTIVITIES:<sup>1</sup>  
LONGER-TERM VS. RECENT ENTRANTS

<u>Frequency of Participation</u> <sup>2</sup>	<u>Recent Entrants</u> (N=706)	<u>Longer-Term</u> (N=779)
Participation by <u>Aware</u> Respondents		
Always/Sometimes	63%	72%

  

<u>Frequency of Participation</u> <sup>3</sup>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
Participation by <u>All</u> Respondents		
Always/Sometimes	52%	64%

<sup>1</sup>Source: Q. B3: How often do you participate in any of these activities -- always, sometimes, rarely, or never?

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 13.7, p < .01). Aware longer-term participants were more likely to participate in site recreational activities.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 25.5, p < .01). A larger proportion of longer-term participants participate in site recreational activities.

took part in recreational activities provided by their meal sites. No differences were observed for elderly attending pre-1975 and post-1975 sites (see Table III-78).

c. Respondent Characteristics Related to Participation in Site Recreational Activities

Regression analyses<sup>1</sup> were used to identify characteristics related to frequency of participation in site recreational activities. Results for current participants and former participants are discussed below.

c.1. Summary and Implications

Current participants likely to frequently participate in site recreational activities were minority elderly who attended frequently, were socially active at their sites, and who utilized site shopping assistance. Former participants who had been frequent Service attendees and had been socially active with their friends at the site had also been frequent participants in site recreational activities.

The finding that former participants' perceived savings were negatively associated with participation should be interpreted with caution as their perceptions of amounts spent are based upon recall of events remote in time. Former participants, as a group, were less likely to recall that attending the Service had saved them money (see Table III-33) and were more likely to feel sites had "charged" them (see Table III-18). They may have felt that their contributions were payment for recreational activities.

c.2. Congregate Dining Participants Experiences and Perceptions

Analyses revealed that four Service related experiences and perceptions significantly predicted frequency of participation in site recreational activities.

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<sup>1</sup>See Appendix P for a description of the analytic technique.

TABLE III-78

FREQUENCY OF PARTICIPATION IN SITE RECREATIONAL ACTIVITIES:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

<u>Frequency of Participation</u> <sup>2</sup>	<u>Attend Post-1975 Site</u> (N=770)	<u>Attend Pre-1975 Site</u> (N=715)
Participation by <u>Aware</u> Respondents		
Always/Sometimes	68%	68%
<hr/>		
<u>Frequency of Participation</u> <sup>3</sup>	<u>Attend Post-1975 Site</u> (N=903)	<u>Attend Pre-1975 Site</u> (N=832)
Participation by <u>All</u> Respondents		
Always/Sometimes	58%	59%

<sup>1</sup>Source: Q. B3

<sup>2</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df, = 0.0,  $p > .05$ ).

<sup>3</sup>Percentages do not significantly differ ( $\chi^2$ , 1 df, = 0.1,  $p > .05$ ).



- Attendance Frequency  
Persons who attended their sites at least once a week were more likely to participate than less frequent attendees.
- Time Spent Visiting Friends at Site  
Those who spent more time socializing with their friends at their sites were more frequent participants.
- Awareness of Site Shopping Assistance  
Elderly attendees aware of the availability of site shopping assistance participated more frequently.
- Utilization of Site Shopping Assistance  
Participants who utilized this supportive service were more frequent participants.

Because these predictor variables were correlated, one relationship is displayed in Table III-79 as a way of illustrating these findings in a summary fashion.<sup>1</sup> As can be seen, elderly who reported spending at least some time visiting with friends at these sites were more likely to participate in site recreation activities (75% vs. 41% of less frequent socializers).

### c.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

One demographic variable was found to be significantly related to frequency of participation in site recreational activities.

- Minority Status  
Minority persons were more frequent participants in site recreational activities.

<sup>1</sup>Other tables illustrating multivariate findings discussed in the text are in Appendix P.

TABLE III-79

RELATIONSHIP BETWEEN TIME SPENT VISITING FRIENDS AT SITE<sup>1, 2, 3</sup>  
AND FREQUENCY OF PARTICIPATING IN SITE RECREATIONAL ACTIVITIES.

Frequency of Participation <sup>4</sup>	Participants	
	Spend A Lot/ Some Time Socializing (N=1,168)	Spend A Bit/ No Time Socializing (N=314)
Always	38%	11%
Sometimes	37%	30%
Rarely/Never	23%	58%
No Response	2%	1%
TOTAL	100%	100%

} 75% (Always + Sometimes)  
 } 41% (Always + Sometimes)

<sup>1</sup>Source: Q. B3, B4

<sup>2</sup>Interviewees who did not provide a response to Q. B4 are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix P.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 143.6,  $p < .01$ ). Aware elderly who spent less time visiting with friends were more likely to "rarely" or "never" participate in site recreational activities.

This finding is presented in Table III-80. Whereas three-quarters (75%) of minority elderly participated at least "sometimes," two-thirds (67%) of non-minority elderly participated as frequently.

#### c.4. Former Participants' Experiences and Perceptions

Similar multivariate analyses for this group of elderly individuals showed that three Service related experiences and/or perceptions were significantly related to past frequency of participation in site recreational activities.

- Past Attendance Frequency

Those who had attended a site at least once a week were more likely to have participated.

- Time Spent Visiting Friends at Site

The more time spent socializing, the more frequently former participants took part in site recreational activities.

- Perceived Savings

The lower the perceived savings, the more likely former participants were to take part in site recreational activities.

Because these predictor variables were, themselves, related, we have chosen to provide one relationship in Table III-81 as a way of illustrating these results.<sup>1</sup> As can be seen, former participants who had spent at least "some time" visiting with friends were far more likely to have taken part in site recreational activities than elderly who had been less socially active at their sites (73% vs. 26%).

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<sup>1</sup>Other tables illustrating multivariate results discussed in the text are in Appendix P.

TABLE III-80

 RELATIONSHIP BETWEEN MINORITY STATUS AND<sup>1, 2, 3</sup>  
 FREQUENCY OF PARTICIPATION IN SITE RECREATIONAL ACTIVITIES

<u>Frequency of Participation</u> <sup>4</sup>	<u>Participants</u>	
	<u>Minority</u> (N=250)	<u>Non-Minority</u> (N=1,228)
Always	39%	31%
Sometimes	36%	36%
Rarely/Never	21%	32%
Do Not Know,	2%	*
No Response	2%	1%
TOTAL	100%	100%

} 75% (Always + Sometimes)  
 } 67% (Always + Sometimes)

<sup>1</sup>Source: Q. B3, L8

<sup>2</sup>Elderly respondents who were unaware of site recreational activities are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is contained in Appendix P.

\* Denotes less than 1%.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 6.3,  $p < .05$ ). Aware minority elderly were more likely to participate "sometimes" or "always."

TABLE III-01

RELATIONSHIP BETWEEN PAST TIME SPENT<sup>1, 2, 3</sup>  
 VISITING FRIENDS AT SITE AND  
 PAST PARTICIPATION IN SITE RECREATIONAL ACTIVITIES

Frequency of Participation <sup>4</sup>	Former Participants	
	Spent a Lot/ Some Time Socializing (N=123)	Spent A Bit/ No Time Socializing (N=74)
Always	28%	4%
Sometimes	45%	22%
Rarely/Never	27%	72%
Do Not Know/Could Not Recall	--	1%
No Response	--	1%
TOTAL	100%	100%

} 73%  
 } 26%

<sup>1</sup>Source: Q. B3, B4

<sup>2</sup>Elderly who did not provide a response to Q. B4 are excluded from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix P.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 35.9,  $p < .01$ ). Aware former participants who spent less time visiting friends at their sites, were less likely to participate in site recreational activities.

d. Time Spent Socializing with Friends at Sites

One basic indicator of how well the congregate dining Service provides social opportunities for participants is the time they spend visiting with friends at their sites. As shown in Table III-82, three-quarters (76%) of current participants reported that they spent "some" or "a lot" of time visiting with friends. These data also show that former participants were less socially active during their tenure as site participants.

Separate comparisons between longer-term participants and more recent program entrants are displayed in Table III-83. As might be expected, the longer they had been participating, the more time they spent visiting with friends.

No differences were observed for participants attending sites established prior to and after 1975 (see Table III-84).

e. Respondent Characteristics Related to Socializing with Friends at Site

Multivariate analyses<sup>1</sup> were conducted to identify participant characteristics significantly related to socializing with friends. Results for current participants and former participants are discussed below.

e.1. Summary and Implications

Among current participants, those who more frequently socialized with friends were females who enjoyed eating and who were able to get out of their homes nearly every day. These socially active participants also participated in site recreational activities. Clearly, site recreational activities provide substantial opportunities for social interaction.

Former participants who had been active participants in site recreational activities and who felt their sites had been pleasant were also more socially active. Interestingly, more socially active former participants had also been more likely to have increased their site contributions. One final result of interest is that former participants who are currently encouraged to attend the site by peers had been less socially active during their tenure at sites. Time will tell whether this peer pressure will be successful in inducing re-enrollment of former participants who had availed themselves less of the companionship at their sites.

<sup>1</sup>See Appendix Q for a description of the analytic technique.

TABLE III-82

TIME SPENT VISITING FRIENDS AT SITE<sup>1</sup>

<u>Time Spent</u> <sup>2</sup>	<u>Participants</u> (N=1,735)	<u>Former Participants</u> (N=249)
A Lot of Time	43%	23%
Some Time	33%	33%
Just A Little Time	19%	29%
No Time	5%	13%
Do Not Know/Could Not Recall	*	1%
No Response	*	1%
	100%	100%
TOTAL	100%	100%

<sup>1</sup>Source: Q. B4

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 32.6,  $p < .01$ ). Former participants were less likely to spend "a lot" of time visiting friends at their sites.

TABLE III-83

TIME SPENT VISITING FRIENDS AT SITE:<sup>1</sup>  
RECENT ENTRANTS VS. LONGER-TERM

<u>Time Spent<sup>2</sup></u>	<u>Recent Entrants</u> (N=857)	<u>Longer-Term</u> (N=878)
A Lot of Time	37%	48%
Some Time	32%	34%
Just A Little Time	23%	15%
No Time	8%	3%
Don't Know	*	--
No Response	*	*
	TOTAL	TOTAL
	100%	100%

<sup>1</sup>Source: Q. 84

<sup>2</sup>Percentages differ significantly ( $\chi^2$ , 1 df. = 24.1,  $p < .01$ ). Longer-term participants were more likely to spend "a lot" of time socializing with friends at their sites.



TABLE III-84

TIME SPENT VISITING FRIENDS AT SITE:<sup>1</sup>  
 PRE-1975 VS. POST-1975 SITE ATTENDEES

Time Spent <sup>2</sup>	Attend Post-1975 Site (N=903)	Attend Pre-1975 Site (N=832)
A Lot of Time	42%	44%
Some Time	35%	31%
Just A Little Time	18%	20%
No Time	5%	5%
Don't Know	*	--
No Response	*	*
TOTAL	100%	100%

Source: Q. B4

Percentages do not significantly differ ( $\chi^2$ , 1 df, = 0.5, p > .05).

## e.2. Congregate Dining Participants' Experiences and Perceptions

Several Service related experiences and perceptions were significantly related to frequency of visiting with friends at sites.

- Attendance Frequency  
More frequent attendees spent more time socializing.
- Perceived Site Contributions Policy  
Those who felt the meal was "free" spent less time socializing.
- Awareness of Site Activities  
If respondents were aware of site activities (e.g. games, movies, singing) they spent more time visiting friends.
- Participation in Site Activities  
More active participants spent more time socializing.
- Awareness of Site Medical Assistance  
Attendees who were aware that their site offered medical referral services, socialized more.

As several of these predictor variables were related, one relationship is provided in Table III-85 to illustrate these findings in a summary fashion. As can be seen, elderly participants who were aware of site medical assistance were more likely to spend "a lot" of time visiting friends than those who were not aware of the availability of this supportive service (4 vs. 37%).

<sup>1</sup>Other tables illustrating multivariate findings are in Appendix Q.

TABLE III-85

RELATIONSHIP BETWEEN AWARENESS OF SITE MEDICAL ASSISTANCE<sup>1, 2, 3</sup>  
AND TIME SPENT VISITING FRIENDS AT SITE

<u>Time Spent</u> <sup>4</sup>	Participants	
	Aware of Site Medical Assistance (N=911)	Unaware of Site Medical Assistance (N=476)
A Lot of Time	48%	37%
Some Time	31%	33%
Just A Little Time	17%	21%
No Time	4%	9%
	TOTAL	TOTAL
	100%	100%

<sup>1</sup>Source: Q. B4, B14: Does the site ever help people get medical examinations, treatments, or medicines?

<sup>2</sup>Elderly who did not provide a response to Q. B14 are deleted from this analysis.

<sup>3</sup>A detailed distribution for this item is in Appendix Q.

<sup>4</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 15.2,  $p < .01$ ). Unaware elderly were less likely to spent "a lot" of time visiting friends at their sites.

### e.3. Congregate Dining Participants' Lifestyle and Demographic Characteristics

- General Mobility  
Participants who were able to leave their homes on a daily basis, spent more time visiting with friends at their sites.
- Eating Enjoyment  
The more respondents enjoyed eating, the more time they spent visiting with friends.
- Encouragement to Attend Site  
Those who "kept" being encouraged by fellow worshippers to attend the site, spent less time socializing.
- Gender  
Elderly females spent more time socializing.

The relationship between gender and time visiting friends at site is portrayed by data in Table III-86. Females were more likely to spend "a lot" of time visiting with their friends (45% vs. 36% of males).

### e.4. Former Participants' Experiences and Perceptions

Four Service related perceptions and/or experiences were significantly related to past socializing at the site.

- Increased Contribution  
Those who had increased their site contribution had spent more time socializing.

TABLE III-86

RELATIONSHIP BETWEEN GENDER AND TIME SPENT<sup>1, 2, 4</sup>  
VISITING FRIENDS AT SITE

Time Spent <sup>3</sup>	Participants	
	Males (N=473)	Females (N=1,256)
A Lot of Time	36%	45%
Some Time	31%	34%
Just A Little Time	25%	17%
No Time	8%	4%
	TOTAL	TOTAL
	100%	100%

<sup>1</sup>Source: Q.B4, L7

<sup>2</sup>A detailed distribution for this item is in Appendix Q.

<sup>3</sup>Percentages differ significantly ( $\chi^2$ , 1 df, = 11.7,  $p < .01$ ). Females were more likely to spend "a lot" of time socializing with friends at their sites.

<sup>4</sup>Those who did not reply to Q.B4 are omitted from this analysis.

- Awareness of Site Activities

Elderly respondents who recalled that their sites had offered recreational activities had been more socially active at their sites.

- Participation in Site Activities

More frequent participants had spent more time visiting their friends at the sites.

- Pleasantness of Site

The more pleasant the site, the more socially active former participants had been.

Because of the correlations between these predictor variables, one relationship is provided in the text to illustrate these findings in a summary fashion.<sup>1</sup> Data in Table III-87 show that former participants who had increased their site contributions were more likely to have spent at least "some time" socializing with their friends (66% vs. 52% of less socially active former participants).

#### e.5. Former Participants' Lifestyle and Demographic Characteristics

Several current characteristics were significantly related to former participants' recall of how socially active they had been at their congregational sites.

- Eat Alone

Those currently usually dining alone, had been less frequent socializers.

<sup>1</sup>Tables illustrating other multivariate findings discussed in the text are in Appendix Q.

TABLE III-87

RELATIONSHIP BETWEEN INCREASED CONTRIBUTIONS AND<sup>1, 2, 3</sup>  
TIME SPENT VISITING FRIENDS AT SITE

Time Spent <sup>4</sup>	Former Participants	
	Increased Contribution (N=50)	Did Not Increase Contribution (N=148)
A Lot of Time	24%	20%
Some Time	42%	32%
Just A Little Time	28%	30%
No Time	6%	17%
Do Not Know/Could Not Recall	--	1%
TOTAL	100%	100%

(Note: Brackets in original table group 'A Lot of Time' and 'Some Time' as 66% for increased contributors and 52% for non-increased contributors. 'Just A Little Time' and 'No Time' are grouped as 34% for increased contributors and 47% for non-increased contributors.)

<sup>1</sup>Source: Q. B4, A10a: Have you increased your contribution since you joined this program?

<sup>2</sup>Elderly who did not provide a response to Q. A10a are excluded from this analysis.

<sup>3</sup>This table is also contained in Appendix Q.

<sup>4</sup>Although percentages did not differ significantly ( $\chi^2$ , 1 df, = 2.4,  $p > .05$ ), multivariate analysis revealed a significant univariate F value associated with increased contributions. See Appendix Q.

- Inviting Others to Eat

The more frequently respondents currently invited friends or relatives to dine with them at their homes, the more socially active they had been.

- Depression

Those who felt depressed or very unhappy more often during the past few weeks had spent more time visiting with friends at their sites.

- Encouragement to Attend

Those who reported that someone who attends their religious services "keeps" encouraging them to attend, had less frequently visited friends at their sites.

The last relationship is displayed in Table III-88 as a way of illustrating these findings in a summary fashion.<sup>1</sup> As can be seen, more encouragement to attend the site was received by elderly who had been less socially active with friends at the site.

<sup>1</sup>Other illustrative tables are contained in Appendix Q.



TABLE III-88

RELATIONSHIP BETWEEN ENCOURAGEMENT TO ATTEND<sup>1, 2, 3</sup>  
AND TIME SPENT VISITING FRIENDS AT SITE

Time Spent <sup>4</sup>	Former Participants	
	Encouraged (N=25)	Not Encouraged (N=77)
A Lot of Time	28%	27%
Some Time	24%	42%
Just A Little Time	40%	20%
No Time	8%	10%
Do Not Know/Could Not Recall	--	1%
TOTAL	100%	100%

<sup>1</sup>Source: Q. B4, G5c: Does someone from your church or synagogue keep encouraging you to go to the hot meal site?

<sup>2</sup>Persons who attended religious services and knew fellow worshippers who attended the meal site are included in this analysis.

<sup>3</sup>This table is also contained in Appendix Q.

<sup>4</sup>Although percentages did not significantly differ ( $\chi^2$ , 1 df, = 2.7,  $p > .05$ ), multivariate analysis found a significant univariate F value associated with encouragement. Appendix Q.