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Peace Meal: A Senior Citizen's Right to Food in East Central Illinois

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PEACE MEAL: A SENIOR CITIZEN'S RIGHT TO FOOD IN EAST CENTRAL IL

Capstone Project

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ABSTRACT

This study provides a formative evaluation of the *Older Americans Act (OAA) Senior Nutrition Program, Peace Meal*. *Peace Meal* provides home delivered and congregate meals for older adults in 14 counties in east central Illinois. *The East Central Illinois Area Agency on Aging (ECIAAA)* is a funding source for *Peace Meal* and advocates that the *OAA Senior Nutrition Program* help older adults have improved food security and reduced social isolation. Key informant interviews and focus groups provided personal stories of how people in the community access food, what dietary and nutritional elements affect their food choices and health, and how their participation in food assistance programs affects their socialization. Some main questions explore: To what extent do local seniors understand food security in their communities? To what extent and why do local seniors use food assistance programs to manage food security? Through this evaluation and analysis, this study gives feedback to *Peace Meal* and *East Central Illinois Area Agency on Aging* to better recruit seniors to use the food service and improve current operations. Data collected showed local seniors' preferences to use *Peace Meal* for the nutrients like vegetable servings or social benefits like weekly get-togethers at senior centers with friends for lunch. A lack of general awareness for food insecurity and understanding of the *OAA Senior Nutrition Program* suggests more time and resources for educational promotion by *Peace Meal* is essential.

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INTRODUCTION

As a Stevenson Fellow with the *East Central Illinois Area Agency on Aging* (ECIAAA), I was exposed to many different services available to seniors in the community. The “Public Information Document” published by ECIAAA led me to discover the organization’s mission and find a topic I was interested in. ECIAAA, established by the *Older Americans Act* (discussion offered below), strives to help older Americans maintain their independence and quality of life. (Lloyd and Wellman 2015) There are specific outcomes geared toward achieving this. The “Public Information Document” cites one outcome that resonated with me that improves food security and reduces social isolation among older adults. (ECIAAA 2016) *ECIAAA’s Senior Nutrition Program* bares this responsibility. Research gave me further insight suggesting that *OAA Senior Nutrition Programs* nationally improve health and wellness, decrease economic burdens, provide opportunities for socialization, and allow access to food in remote places. (Administration on Community Living 2016) According to a study by Thomas et al. (2013), increased spending on home delivered meals was associated with fewer residents in nursing homes with low-care needs. Specifically, every additional \$25 states spend on home delivered meals per year is associated with a decrease in the low-care nursing home population of 1 percent point. (Thomas et al. 2013) These impressive reasons led me to pursue research on local food security among seniors and local behaviors to support and utilize *ECIAAA’s OAA Senior Nutrition Program*.

ECIAAA has the responsibility to choose providers to fulfill the goals of the *Older Americans Act* (OAA) *Senior Nutrition Program*. The goals include: reducing hunger

and food security among older individuals; promote socialization of older individuals; promote the health and well-being of older individuals; and delay adverse health conditions for older individuals. (ECIAAA 2016) *ECIAAA's funds for the OAA Senior Nutrition Program* come from the *Administration on Aging* under Title III C of the *Older Americans Act*. The *OAA Senior Nutrition Program* is also funded by state and local governments, foundations, direct payment for services, fundraising, and other sources. The *OAA Senior Nutrition Program* must provide access to healthy meals, nutrition education, and nutrition counseling. The *OAA Senior Nutrition Program* targets adults age 60 and older who are in greatest social and economic need with particular attention to: low income older individuals; minority older individuals; rural communities; older individuals with limited English proficiency; and older individuals at risk of institutional care. (Lloyd and Wellman 2015; ECIAAA 2016)

There are two components of the *OAA Senior Nutrition Program*, Home Delivered and Congregate. The *Home Delivered Meal Program* serves frail, homebound or isolated individuals who are age 60 or over, and in some cases their caregivers, spouses, and/or persons with disabilities. Data from the National Survey of *Older Americans Act* (Administration on Community Living 2016) participants illustrated how the *Home Delivered Meal Program* is effectively targeting services. More than 60% of participants indicated that the home delivered meal provides one half or more of their total food for the day and 91% of participants indicated that the meals help them to stay in their home. (Administration on Community Living 2016) The other type of program, *Congregate Meal*, has been successful as well. The *Congregate Meal Program* serves meals in congregate settings such as senior centers or local restaurants. In addition to

serving healthy meals, the congregate program presents opportunities for social engagement, information on healthy aging, and meaningful volunteer roles. Data from the National Survey of *Older Americans Act* participants show that the *Congregate Meal Program* is effectively targeting seniors. According to the survey, over 75% of congregate participants indicated that they eat healthier as a result of the meal program and their health has improved. (Administration on Community Living 2016)

This study to advise *Peace Meal* and *ECIAAA* engages seniors that participate in the *Home Delivered and Congregate Meal Nutrition Program*. When considering data, the *ECIAAA*'s published plan for improving food security and reducing social isolation for older adults will be used as a guide for success among the population. This plan includes: (ECIAAA 2016)

- Implement creative program design and menu planning that optimize consumer choice
- Provide consistent meal provision (Dietary Reference
- Provision of a five day per week meal program
- Reduce the feeling of isolation in their participants
- Provide access to Healthy Aging services
- Provide wellness or “wellbeing” checks that follow best practice guidelines
- Provide nutrition education
- Enhance the socialization of participants

In order to find seniors participating in these programs, I sought help from *ECIAAA*'s partnering organization, *Peace Meal*. *ECIAAA*'s main Senior Nutrition Program provider, *Peace Meal*, serves seniors in 14 counties including Champaign,

Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Moultrie, Piatt, and Shelby. These counties represent a wide range of demographic needs including rural and urban populations. McLean County is the largest county by land area in Illinois and houses large employers including State Farm Insurance Companies and Illinois State University. (U.S. Census 2015) The largest county served includes Champaign with a population of a little over 200,000. The smallest county served is Cumberland with a population of around 11,000. (U.S. Census 2015) *Peace Meal's* mission is to provide quality meals for healthier lives. They help seniors improve their nutrition, sustain their independence, and enhance the quality of their lives by providing meals, fellowship, and connections to other needed services. (Sarah Bush Lincoln 2016) *Peace Meal* is able to provide congregate and home delivered meals to all people age 60 and older. Congregate meals supported by *Peace Meal* are often complemented with other activities such as exercise classes, speakers, workshops, or health services. Transportation to the site serving the meal is available for seniors in some participating areas. For home delivered meal clients, *Peace Meal* conducts a home-assessment and provides nutrition education and referral services. Meals are available on either a temporary or long-term basis. (Sarah Bush Lincoln 2016) There are volunteers and paid drivers that deliver daily meals to seniors participating in the home delivered meal program. In addition, home-delivered meal services provide more than just food to recipients. Drivers often have the same route every day to build relationships with participants. They are often the eyes and ears who serve as a “safety check” and report changing health or needs of home-bound older adults. In addition, any unanswered delivery is reported and investigated. Oftentimes, those who deliver

food also provide companionship to people who otherwise might be alone all day.
(Thomas and Mor 2013)

The local McLean County *Peace Meal* kitchen is connected to *ECIAAA*'s offices so I was afforded easy access to *Peace Meal* staff and clients. I gained insider knowledge about the kitchen's day to day functions and made contacts with management and home delivered meal drivers. This formative evaluation of the local *OAA Senior Nutrition Program* will attempt to answer questions including:

Why do local seniors use food assistance programs/why do they stop using them?

Are local seniors informed about food insecurity among their population?

Are local seniors aware of the *Peace Meal Congregate and Home Delivered Meal Program*?

How do meal programs affect socialization?

With future population growth and low participation in rural areas, *Peace Meal* would benefit from local senior input on food security and service participation. The present study aims to find identifiable factors and/or methods that will tend to increase food assistance program participation in the *Illinois Department on Aging's* Planning and Service Area 05, which is serviced by the *ECIAAA*.

The *ECIAAA* was established when the *Older Americans Act* was amended in 1972 requiring states to divide into planning and service areas and designating *Area Agencies on Aging (AAA)* to develop and implement programs and services for older persons at the local level. (Administration on Community Living 2016) *ECIAAA* does not perform direct service, but designates such service to providers such as *Peace*

Meal. Area Agencies on Aging are public service entities and thus have a requirement to share local operational plans with their communities. (Administration on Community Living 2016) This is accomplished through yearly public hearings, county conversations, and yearly updated published Public Information Documents. While attending the public hearings this year, there was a noticeable lack of local seniors present. Most people attending the hearings worked for provider organizations connected to *ECIAAA*. By spending time out in the community and speaking to people in their homes, this study can act as another form of public feedback on one specific program, the *OAA Senior Nutrition Program*. This can spread more awareness of *ECIAAA* and their mission. The intention of this study is to deliver recommendations to the *ECIAAA* and *Peace Meal* on how to increase participation in *Peace Meal* programs and improve *ECIAAA*'s third outcome goal on reducing senior social isolation and food insecurity.

This study will consist of different qualitative methods that will address what motivates people to participate in food assistance programs, what incentives might encourage or sustain participation, and what obstacles prevent or impede participation. Also, perceptions of food security among local seniors will be evaluated. Key informant interviews with senior participants, site supervisors, nutrition program directors, and/or other site staff will be administered to collect their opinions and past experiences as to what helps or hinders participation and to what extent food security is addressed. The second approach will involve focus groups comprised of members of the aging network and community members at large. Seniors in the community that do not participate in *ECIAAA*'s Senior Nutrition Program will also be targeted to spur a more diverse

dialogue and insight into why participation is not universal. Focus group questions will uncover perceptions of food security and satisfaction with the *ECIAAA* Senior Nutrition program. Staff from *Peace Meal*, restaurant owners at congregate sites, and *ECIAAA* staff also provided input on these questions. My evaluation was unbiased from experience since I previously had no exposure to *Senior Nutrition Programs*. However, the large amounts of time spent fostering relationships with staff and participants enhanced my evaluation with personal trust and mutual respect. This research offers a local perspective supplementing the vast research relating to how food assistance improves the health of seniors and keeps them in their homes longer. In addition, *ECIAAA* and *Peace Meal* will be offered suggestions and concrete examples for improving access, awareness, and delivery of the *OAA Senior Nutrition Program* for the McLean, DeWitt, and Livingston County areas.

LITERATURE REVIEW

SENIOR FOOD SECURITY AND OAA

According to the *World Health Organization (2016)*, food security is defined as existing when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life. Food security is a complex, sustainable development issue linked to health, economics, environment, and trade. Whether households get enough food, how it's distributed within the household, and whether that food fulfills the nutritional needs of all members of the household has been considered a basic measure of population well-being in the United States. (U.S. Department of Health and Human Services 2016) In response to this issue, a number of food assistance programs have been designed to prevent food insecurity. Community development organizations and government programs provide access to food pantries, free meals, and reduced price food options. (U.S. Department of Health and Human Services 2016)

When addressing senior food security, the *Older Americans Act* Nutrition Program leads the effort. The *Older Americans Act* (OAA) of 1965 established federally funded programs to address the social services needs of older adults. Through the OAA, Congress declared that the traditional American concept of the inherent dignity of the individual in our democratic society applies to the older people of our Nation by securing equal opportunity to the full and free enjoyment of basic rights like the best physical and mental health. (Administration on Community Living 2016) Furthermore, the mission statement of the OAA emphasizes enhancing quality of life, health,

housing, recreation, etc., for older adults, without regard to their financial resources. (Administration on Community Living 2016) This implies that the OAA is a universal program, not a social welfare program intended to serve older adults based on equal rights to live in dignity. Hasenfeld and Garrow (2012) share an analysis of how legislation and programs like OAA are presently under attack and traditional American beliefs about human dignity and equality are challenged with a neoliberal agenda. Historically, nonprofit human service organizations pursued and affirmed social rights during the Progressive Era, advocated for the passage of Social Security, and mobilized for political action during the civil and women's rights movements. Since the 1970s, however, a cultural shift embracing free market and privatization has altered the institutional, economic, and political landscape for nonprofit organizations. Hasenfeld and Garrow (2012) argue that this neoliberal agenda is a double threat to social rights. Declines in advocacy and mobilization by nonprofit human services which have shifted away from social rights are combined with an increased dependence on the market behavior that in turn affects the regulation, finance, and provision of social services. The original aspiration for OAA to universally support older adults is an important factor to consider when evaluating the *Senior Nutrition Program*. Exploring how local communities are impacted by the neoliberal agenda and nonprofit human service agencies are reacting to these changes will play an important role in this formative evaluation. The OAA promotes the well-being of older adults by providing services and programs that help them live independently in their homes and communities. Some of the services include transportation, adult day care, caregiver supports, elder abuse prevention, and legal assistance. (Administration on Community Living 2016) The OAA

is authorized by the *Administration for Community Living*, a federal administration that is part of the *U.S. Department of Health and Human Services*. The *OAA* is designed to fund comprehensive and coordinated service systems for both social and nutrition services. The *OAA* empowers the federal government to distribute annual formula funds to states for supportive and nutrition services for individuals older than 60 years. Funds are distributed to a national network of 56 State Units on Aging, 629 Area Agencies on Aging, 2 Native Hawaiian Organizations, and 244 Tribal Organizations. (Administration on Community Living 2016)

In 1972, the *OAA Nutrition Program* was authorized to provide low-cost nutritious meals in the community as well as nutrition counseling, education, and access to social and rehabilitative services. Part of the original intent was to ensure that socially isolated older adults participated in the community and were connected to social and rehabilitative services. Twenty percent of funding was allowed for nutrition supportive services like transportation and ten percent was allowed for home delivered meals. Today, the *OAA Nutrition Program* is the highest funded program, leading health promotion and disease prevention in the community and serves as the foundation for all *OAA* services. (Administration on Community Living 2016)

The *OAA* requires that all meals served through the *Senior Nutrition Program* comply with current *Dietary Guidelines for Americans*, provide at least one-third of the *Dietary Reference Intakes*, comply with applicable provisions of state and local food codes, serve appealing meals, and are adjusted to meet the special dietary needs such as health, religious, cultural/ethnic needs as feasible. The eligibility requirements hold that to receive home delivered meals, an individual must be assessed to be

homebound, frail, or isolated. Disability alone is not an eligibility requirement. OAA services have no income requirement, however, all participants must be given an opportunity to contribute toward the cost of a meal. (Administration on Community Living 2016) The OAA is aimed to be flexible and allow states to craft a program designed to meet its residents' unique needs. It is within state authority to administer, monitor, and evaluate programs, including establishing regulations, policies, procedures, and guidance for the implementation of the OAA Nutrition Program. Most states provide one meal per day, five days per week, during midday for both congregate and home delivered participants. Some programs may serve more than one meal per day, on weekends, or breakfast and evening meals, but these are state and local decisions with wide variation. Illinois counties including McLean, Livingston, and DeWitt serve predominantly one meal per day, five days a week during midday. (Administration on Community Living 2016; ECIAAA 2016; Lloyd and Wellman 2015)

The Congressional Research Services (CRS) analyzed funding data for the OAA Nutrition Program from 1990 to 2013 and found that total funding has decreased significantly in the past two decades. Total federal funding for OAA nutrition services was about \$25 per older adult in 1990 compared to about \$12 in 2013. (Colello 2016) *OAA Senior Nutrition Programs* are only partially federally funded, about 44% of congregate and 30% of home delivered expenditures. The rest of the funding is sourced from other public entities such as participant contributions, fundraisers, and foundation grants. (Administration on Community Living 2016) Annually the *OAA Senior Nutrition Program* serves about 1.6 million congregate participants and 841,000 home delivered participants. A total of 86.3 million congregate meals and 137.4 million

home delivered meals are served. (Administration on Community Living 2016) With increasing senior population numbers and decreasing federal funding, most states have chosen to use funds and resources to support the home delivered meals more intensely. Home delivered meal clients are preferred over congregate clients because they better represent seniors with the greatest economic or social need that the OAA Nutrition Program is targeting. (Administration on Community Living 2016)

SENIOR FOOD SECURITY

The reality of senior food insecurity in the United States is grave. In 2014, 1.2 million households composed of seniors living alone experienced food insecurity. (Gunderson and Waxman 2014) From 2001 to 2013, the fraction of seniors experiencing the threat of hunger increased by 45%. The number of seniors rose by 107% which also reflects the growing population of seniors. (Gunderson and Waxman 2014) With an increasing senior population, food insecurity among seniors is predicted to increase another 50% by 2025. (Wolfe et al. 2003) Not only are there going to be more seniors with the baby boomer generation aging, but these seniors are already in worse health conditions at younger ages than our present population of seniors. King et al.'s (2013) study compared the health of baby boomers to the previous generation and found the baby boomer generation to have a higher percentage of individuals suffering from hypertension, hypercholesterolemia, diabetes, and obesity. The study found that along with higher rates of chronic disease, U.S. baby boomers have more disability and lower self-rated health than members of the previous generation at the same age. (King et al. 2013) Their findings support an increased likelihood for continued rising health care costs and a need for increased numbers of health professionals as baby boomers age. (King et al. 2013) Other studies have highlighted obesity as the important health

issue among baby boomers to watch. (Buckley 2008) There have been increasing concerns about the association between obesity and dementia through the risk obesity poses for insulin dysregulation. (Quandt et al. 2001) Policies that support health care prevention and healthy lifestyle promotion in the baby boomer generation were mentioned as solutions for this impending problem. (King et al. 2013) Buckley (2008) agrees, adopting healthy lifestyles help avoid chronic disabling conditions and will result in a reduction of health expenditure. However, the use of expensive medical technologies that allow chronic conditions to be managed will increase health expenditure. (Buckley 2008) As communities invest resources to solve the problem of inadequate diets and food security, they need to examine why redistribution is not effective in reducing food insecurity and providing basic nutritional needs. There may be transportation, social and/or cultural barriers that prevent utilization as well as impact the quality and quantity of foods available in the redistribution system. (Buckley 2008) There is no one-to-one correspondence between income measures of poverty and food insecurity (Drewnowski and Specter 2004) When evaluating why community resources battling food insecurity are ineffective, it is essential to consider the senior population. According to the *Annual Report on the State of Senior Hunger in America*, a key potential avenue to stem the growth of health care expenditures on older Americans is to ameliorate the problem of food insecurity. (Ziliak and Gundersen 2015)

CHALLENGES FOR SENIOR FOOD SECURITY

In addition to health, the senior population suffers unique challenges to maintain food security because of access and attitude barriers. Sharkey (2002) found that medication use, difficulty shopping for food, lacking enough money for food, and difficulty preparing meals are four characteristics that place older persons at increased

risk for food insecurity. Identifying those behaviors are an important part of improving meal assistance services on the local level. Some seniors may have adequate income, but cannot physically access or prepare food. Other seniors may suffer from chronic illnesses and choose to spend their money on medicine before food. Keller et al.'s (2007) study found that mental illness and confusion, physical disability, and fatigue or weakness were main barriers to food access for seniors. These conditions influenced older adult's ability to manage money, navigate public transportation services, negotiate large stores, or prepare meals. Other seniors struggle with inherited cultural attitudes preventing them from taking advantage of meal programs or other food assistance. Past research has identified stigma and self-sufficiency attitudes as main forces predicting senior participation in meal assistance programs. There is a lack of concern from seniors on their compromised diets, citing a trust in God; dependence on informal, inconsistent sharing; or pride as reasons to resist food assistance programs. (Sharkey 2002, Wolfe 2003)

The rural older adult population is an example of a group largely accustomed to the self-sufficiency culture. Quandt et al.'s (2001) study describes a historical and cultural context in which food security is defined and local strategies used by rural elders to manage their food security. Many rural elder persons grew up with parents that farmed. They were raised to take compromises in their diets and learned to manage food and resources as a community. Storing food, renting land in exchange for produce, and sharing were common practices for rural elderly persons growing up. (Quandt et al 2001) Unfortunately, every community does not practice these customs any longer and rural elderly persons are caught in the middle. The community structure

to continue this self-sufficiency culture has changed. In order to help these elderly persons struggling to accept food assistance, Colello's (2016) study offers strategies to correct misconceptions and educate about benefits. For example, detailing historical facts about the *Nutrition Program* and explaining that it helps local businesses and farmers are ways to better communicate the program and its benefits. (Colello 2016) Rural seniors are a priority for Peace Meal's current program plan. Coordinating efforts to reach the neediest seniors has involved reaching out to places *Peace Meal* has not previously served. This sector of the senior population is a priority and will be examined through this project. (Quandt et al. 2001)

CHANGING DEMOGRAPHICS

Along with their health concerns, baby boomers differ in significant ways than previous generations and their needs are important to consider while improving senior services as funding and other challenges arise. The demographic context in which baby boomers will age is significantly different from that in which their parents and grandparents aged. The baby boomer population size is drastically larger than previous generations. It is such a large cohort that it creates disturbances and wave effects in other age groups. (Buckley 2008) It can create a mismatch between services required and those provided. The baby boomers are expected to grow the 85 and over population from a projection of around 856,000 to about 1.6 million between 2031 and 2051. (Buckley 2008) Research argues that the sheer size of the baby boomer cohort will cause an extra layer of complexity to the task of restructuring services and economies to adapt to the aging population. (Buckley 2008) There needs to be an equitable distribution of resources among all age groups. Baby boomers have grown up in a period of significant social change which means they've faced different issues and

have differing behaviors than previous generations. (Buckley 2008) All of these factors will impact the health and well being of baby boomers as they enter later life. These changing demographics mean that baby boomers will have a lot more company as they age and are likely to require a lot more services and facilities. Research argues that this can be regarded as a sound investment as the development of social and physical infrastructure to meet the needs of baby boomers will also have long-term value for subsequent generations. (Buckley 2008)

FOOD CULTURE AND MEAL PROGRAMS

Modernization has impacted the baby boomer generation in ways that challenge the cultural norms of previous generations, including meals. Baby boomers' parents belonged to a world that symbolized routine, predictability, and security. Baby boomers grew into adults in a time characterized by risk, flexibility, chance, uncertainty, and affluence. (Buckley 2008) Increased individualization is a consequence of the baby boomer's modern age, making life paths much less standardized and more volatile than previously. These changes impacted everyday life, including the loss of the 1950s family meal system. This traditional meal system was characterized by a fairly unadventurous main meal of meat, starch, and vegetables, which was eaten together, at home, and at regular times. In addition, there was little, if any, snacking. This has largely been replaced with flexible eating patterns, solo eating, eating in front of the TV, restaurant eating, irregular eating, and snacking. Along with this loss, massive increases in food variety and food availability have come about with massive supermarkets replacing small family run grocery stores. Similar changes have occurred in relation to the number of restaurants, the variety of

cuisine, length of shopping hours, the percentage of food purchases pertaining to 'snacks,' the growth of fast food restaurants, and so on. All of this provides an endless array of food to choose from and countless opportunities to eat. These societal changes have created an environment in which people eat more, contributing to increasing obesity numbers. (Buckley 2008; Knickman and Snell 2002) The boundaries around eating that were present in 1950s food culture provided automatic restraints to eating which are absent in modern food cultures. Distress, appetizing food, and eating in company are the most common triggers for overeating in contemporary food cultures. (Polivy 2015) This new food culture has tested the baby boomer's abilities to adopt healthy lifestyles. It is important to identify the factors that either facilitate or constrain the ability of baby boomers to adopt a healthy lifestyle. When adapting meal programs, it is vital to use these factors to design the most successful environments as modern generations age. (Knickman and Snell 2002; Buckley 2008)

The demographic characteristics of the baby boomer generation include differences that may affect how seniors are cared for in their communities. Baby boomers, defined as those born between 1945 and 1952, are the last cohort to have lived through the golden age of marriage that prevailed in Western societies from the 1950s to the 1970s. Those born in 1964 start a new wave with the percentage of women or men either married or in a permanent cohabiting union by the time they are 50 will decrease 90% for women and 84% for men. (Evandrou and Falkingham 2000). Reflecting improvements in life expectancy, baby boomers are also experiencing the longer survival of one or both parents. This factor, coupled with lower rates of childlessness among baby boomers leads to the idea of a "sandwich generation."

Baby boomers, women especially, are caring for elderly parents as well as grandchildren. (Fingerman et al. 2012)

NUTRITION PROGRAMS IMPROVE FOOD SECURITY

Research indicates that congregate and home delivered meal programs help improve food security among older adults. The nutritional quality of the meals and the consistency of receipt of meals allows seniors to maintain a more balanced eating schedule. One study compared home delivered meal clients and those who were waitlisted for services. The findings showed that waitlisted individuals reported higher rates of food insecurity when compared with those not waitlisted who were receiving home delivered meals. (Lee and Frongillo 2001) In another case, the *Indiana Aged and Disabled Medicaid Waiver Program* found a greater volume of home delivered meal services were associated with a lower risk of hospitalizations. (Xu et al. 2010) Gollub and Weddle (2004) highlighted the benefits of serving a congregate breakfast meal to seniors. Gollub and Weddle's (2004) study analyzed nutritional risk among senior participants after they joined a breakfast study. The study determined that breakfast group participants had greater energy/nutrient intakes, greater levels of food security, and fewer depressive symptoms. (Gollub and Weddle 2004)

The benefits of senior nutrition programs have consistently remained throughout the years. In 1992, the *Elderly Nutrition Program* was closely monitored for review. Millen et al. (2002) found that the *Elderly Nutrition Program* was providing congregate and home delivered meals and other nutrition and health related services in a well targeted, efficient and effective way. As generations modernize, the preventative health care goals of the *Senior Nutrition Program* remain consistent. Discussing local perceptions of food security and evaluating the *Senior Nutrition Program* in each

community is a way to discover new or different needs among seniors as generations change and funding support dwindles.

METHODS

When assessing local senior perceptions and evaluating the *Senior Nutrition Program*, qualitative methods were deemed most appropriate. Patton (2001) describes qualitative methods as the approach capturing individualized outcomes, developing unique case studies of people and program experiences, and documenting the local diversity within a national program. This capstone study uses the qualitative formative evaluation approach to study the *OAA Nutrition Program* implemented by *Peace Meal* and partially funded by *ECIAAA*. With future population growth and low participation in rural areas, *Peace Meal* may benefit from local senior input on food security and service participation. Past studies involving seniors and food security have often highlighted the nutritional and social benefits of participation in food assistance programs; however, little research has been conducted on how to increase this participation. (Gosselin et al. 2000; Timonen and O'Dwyer 2010; Lee, Johnson and Brown 2011) Timonen and O'Dwyer (2010) explored the social benefits seniors have experienced while participating in Meals-on-Wheels. Their study involved face-to-face semi-structured interviews with a sample of 66 individuals in receipt of congregate and home delivered meals. The central purpose of their study was to examine the recipients' experiences and opinions of the meals and the service in general, including its social importance. Their findings revealed a majority of participants viewed eating as a functional activity and several comments suggested that they may value more social contact with the drivers. Also, their study, similar to Grant and Jewell (2004), concluded that delivery staff can play a role in alleviating social isolation.

According to Patton (2001), formative evaluations serve the purpose of improving a specific program. No attempt is made at generalizing findings beyond the setting in which the evaluation takes place. Formative research is based on specific programs at specific points in time. (Patton 2001) This study will focus on evaluating the *OAA Senior Nutrition Program* currently implemented for fiscal year 2016. Specific attention will be paid to the community's knowledge of food security and awareness of food assistance programs like *Peace Meal*. These specific points were suggested by *ECIAAA* and *Peace Meal* staff to help come up with strategies to reach more people with the most need in the community.

The formative evaluation will serve to provide an updated analysis of strengths and weaknesses of the *OAA Senior Nutrition Program* for a specific community. With federal, state and local funding decreasing, while senior population is increasing, these social service programs are constantly being challenged to improve efficiency. This evaluation will foster discussions among community members and *Peace Meal* staff to adapt to funding concerns and population increases. Process data from seniors participating in the program as well as seniors not participating in the program will be collected to ensure a more diverse voice from the community. (Patton 2001) According to Patton (2001), process data permit judgments about the extent to which the program or organization is operating, the way it is supposed to be operating, revealing areas in which relationships can be improved as well as highlighting strengths of the program that should be preserved. Process descriptions are also useful in permitting people not intimately involved in the program to understand how a program operates.

Focus groups and key informant interviews will produce the data for this formative evaluation. Participants in the McLean, DeWitt, and Livingston Counties will be sought out due to proximity and availability. These counties provide urban and rural settings for evaluation as well as long term *Senior Nutrition Program* participation. In addition, the senior centers in these counties were chosen because of the diverse community participation reported. To secure high participation at these sites, the focus groups were held on popular food days such as “fried chicken day.”

In order to solicit participants for this study, I spent a considerable amount of time at meal sites and with *Peace Meal* drivers visiting and delivering meals to participants in their homes. My goal was to meet everyone I interviewed at least once before the interview so I could establish some mutual trust. For those that I was unable to meet before hand, the trust factor was established because they were referred to me by family or friends. All participants were asked for voluntary participation and given the option to end the interview at any time. No participant ended the interview early, in most cases the interview lasted longer than intended. My approach to soliciting participation was to pitch the interview as a way to share their voice in the community in a non-formal, private way that could potentially benefit other seniors. My passive and friendly approach successfully allowed me to complete interviews with every participant I solicited.

FOCUS GROUPS

The aim of the focus group component was to develop in-depth qualitative insights into the ways in which the *OAA Senior Nutrition Program* is viewed and experienced by different members of *Peace Meal* and *ECIAAA* staff, participants of home delivered and congregate meal programs, as well as outside senior community

members. The congregate meal program is delivered in congregate settings inspiring a group setting component of the interview process to be implemented. Three out of the four focus groups occurred during congregate meal programs with participant regulars at those sites. According to Kitzinger (1995), using pre-existing groups allows observation of fragments of interactions that approximate to naturally occurring data. An additional advantage is that friends and colleagues can relate each other's comments to incidents in their shared daily lives. A representative sample of four meal sites was selected including Lexington Senior Center, Lincoln Towers, the Friendship Center in Clinton, and the *Peace Meal* kitchen in Bloomington, all of which had expressed a willingness to participate in this part of the project. A one day visit was undertaken to each site in spring 2016, during which separate focus groups were carried out with Peace Meal kitchen staff, drivers, volunteers, site supervisors, and senior participants. The focus groups usually involved between six and twelve individuals, providing a total of nine program leaders (kitchen staff, drivers or supervisors), twenty five program participants, and twelve supportive community members (volunteers). Each focus group lasted approximately 1.5 hours.

TABLE 1: Focus Group Participants

Identity	Program Leaders	Program Participants	Supportive Community	Location
Focus Group Participants #1-12	3	5	4	Lexington Senior Center
Focus Group Participants #13-23	2	7	2	Friendship Center
Focus Group Participants #24-34	2	6	3	Peace Meal Bloomington
Focus Group Participants #35-46	2	7	3	Lincoln Towers

All of the focus groups used a similar semi-structured protocol with questions and activities relating to three main areas (Appendix A):

- Impacts of the *OAA Senior Nutrition Program* on participants
- Knowledge of local food insecurity among older adults
- Awareness of *OAA Senior Nutrition Program* in local community

In keeping with the formative nature of the project, the conduct of the focus groups emphasized open questions and discussion about the strengths, weaknesses and areas for improvement of the *OAA Senior Nutrition Program*. Each site gave specific feedback relevant to their communities' needs and challenges. A summary of each

focus group was produced based on audio recordings and written field-notes. Analysis of the focus group data was done in two stages. First, the data were analyzed singularly by each community's unique program impact and awareness. Secondly, the data were analyzed comparatively to find common themes at different sites for program impact, food security and nutrition program knowledge.

KEY INFORMANT INTERVIEWS

The interviews were intended to allow participants, community members, and *Peace Meal* staff the opportunity to confidentially share experiences, concerns, and any thoughts about their personal interactions and involvement with their community's *OAA Senior Nutrition Program*. In addition, senior food security was discussed to gauge local knowledge on the issue. Seventeen total interviews were completed. The interviews were conducted in private homes, restaurants, or *Peace Meal* offices. The location was at the discretion of the interviewee. The structure of the interview followed pre-determined questions (Appendix B), but was informal and allowed for discussion outside the proposed format.

There were five individuals interviewed representing home delivered clients in the McLean County area. All of these interviews were completed in the home of each meal participant. Four of the five individuals had been receiving meals for more than five years and the fifth individual had just started receiving meals. In addition to these five, two individuals interviewed work as home delivery drivers of meals and two individuals work as site supervisors for *Peace Meal*. One couple in the McLean County community was interviewed at their favorite restaurant. Three congregate meal participants were interviewed separately at different *Peace Meal* restaurant congregate sites. Two local senior Walmart employees were interviewed as well as one senior

Connect Transit bus driver. The interviewees were all offered to be interviewed in office space with a closed door for privacy concerns, but no individual required or preferred that measure.

I recruited volunteers for these interviews mostly organically after having interacted with them on a regular basis and created relationships. Five of the interviewees were referred to me by *Peace Meal* or *ECIAAA* staff, the rest were personal contacts I had made in the community. My assignment from the *ECIAAA* involved scouting out existing *Peace Meal* restaurant sites for program efficiency. While having many meals at these sites, I was able to meet seniors and create relationships. Also, I take the bus on a regular basis and was able to meet a senior bus driver and Walmart employees this way. Later when I decided on this project, those existing relationships were available. For the five other individuals, *ECIAAA* provided me with the contact information and I personally made phone calls and linked up with five willing participants. Each interview lasted a minimum of 45 minutes and others lasted 1.5 hours.

Table 2: Key Informant Interview Participants

Identity	Program Leaders	Program Participants	Supportive Community	County
Key Informant Participant #47-60	4	5	5	McLean
Key Informant Participant #61-62		2		DeWitt
Key Informant Participant #63		1		Livingston

The Focus Group and Key Informant Interview data, audio recorded, were analyzed using the Grounded Theory Approach. Patton (2001) suggests that grounded theory approach studies a core concept. Using data cumulatively and analyzing in stages allows discovery signals to relate other concepts to the core concept. (Patton 2001) The process of constant comparative analysis was used as data was collected. After every interview, responses answering central questions were recorded and sorted. Responses to questions including “what are the benefits to receiving *Peace Meal*?” or “how would you describe food security?” were analyzed in this manner. After every ten interviews, responses were compared for common themes or consensus perspectives. In addition, any distinct messages isolated from the typical responses were recorded. For example, a small number of participants suggested it was comforting having *Peace Meal* staff who are the same age as participants serve them. After analyzing interviews ten at a time, the common themes and perspectives were compared all together. Common themes and perspectives were compared to previous research and shared.

RESULTS

STRUCTURE OF THE INTERVIEWS

By conducting these interviews, this study aims to discover local senior perceptions about food security and meal programs. Questions delve into the extent to which local seniors understand the definition and complexity of food security, how food security affects their nutrition, and how meal programs and different forms of food assistance impact seniors. This study intends to gather input useful for *ECIAAA* and *Peace Meal* to improve current *OAA Senior Nutrition Program* operations and reach more vulnerable and needy seniors.

The overall reception from the focus groups and interviews were positive praise of the *OAA Senior Nutrition Program*. Generally, individuals agreed that the quality, nutrition, and frequency of the meals were satisfactory. Most individuals also mentioned that there had been an improvement in service since *Peace Meal* acquired the new sponsor, *Sarah Bush Lincoln Hospital*, in fall 2013. The common themes among home delivered and congregate meal recipients included positive social interaction with either drivers or peers, well-balanced healthy and tasty meals, and reliable access to the meals. Themes among the staff included consistent positive interactions with participants, sense of purpose and satisfaction with the meal service, and successful community reception of the program. The other individuals interviewed represented seniors in the community aware of the *OAA Senior Nutrition Program*, but not currently participating. The consensus among those members included positive promotion of nutrition programs for seniors and confirmation that these services are vital for the

health of communities. Along with all of these affirmations, there were many common grumblings among individuals for how the *OAA Senior Nutrition Program* can be improved and better serve the community. One of the main concerns was the need to reach seniors in rural areas. Other themes included lack of meal variety, lack of promotion in urban centers, and a call to get the meals to the neediest members of the community.

The interviews were conducted in two ways including focus groups and key informant. The focus groups consisted of large groups of people including 10 or more and an interactive discussion, while the key informant interviews were conducted in a one-on-one manner. A distinction between the two interview methods is also seen in the type of participant. Among focus group participants were all seniors or others associated with the *Peace Meal* program. However, among the key informant interviews, there were several people that did not participate or have any affiliation with the *Peace Meal* program. This distinction had an impact on the results. The focus groups tended to gather more positive feedback about the *OAA Senior Nutrition Program*.

INTERVIEW GUIDE

The interview questions were organized to broadly introduce topics like food security and meal participation. The intent was to gather stories about participants' and non-participants' experiences and opinions about food security and food assistance programs for seniors. With the distinction between *Peace Meal* participants and non-participants, questions were tailored to allow non-participants the opportunity to give informed responses. If interviewees were unfamiliar with the organization, *Peace Meal*, a quick synopsis of their services was described. In addition, if any interviewee, *Peace*

Meal participant or non-participant, were hesitant about the definition of food security, the term was defined. Certain inquiries were expanded upon including senior participation. Interviewees were asked to describe a “typical” *Senior Nutrition Program* participant, why participants continue meal programs, why participants discontinue meal programs, and best practices for recruiting seniors to participate in meal programs. When discussing participation with the focus groups, interviewees were encouraged to share local barriers to senior involvement in meal programs and local awareness of the *OAA Senior Nutrition Program*.

With the focus groups and key informant interviews, the interview questions served as a flexible guide. All questions were asked, but depending on the situation, time was given to areas of discussion most important to the interviewees. This formative evaluation was conducted with large participant influence. While the broad topics were introduced, the interviews ultimately followed the voice of the interviewee. Some participants were more concerned on discussing how to get the programs to more communities, while others were satisfied spending most of our time discussing nutrition. Personal perspectives and opinions were openly shared and the interviews were conducted in a semi-structured, relaxed fashion.

COMMON THEMES AND PERCEPTIONS

In addition to evaluating the *OAA Senior Nutrition Program*, it was important to gather feedback about senior food security. *ECIAAA* promotes improving senior food security as an outcome goal in their *Area Plan*. As an added part of the evaluation, local seniors were questioned about their knowledge of food security. The discussion produced themes including a lack of understanding the definition of food security, an awareness that seniors are food insecure, and a concern that growing senior

population will exacerbate this issue. When discussing the role nutrition programs play in ameliorating senior food security, individuals agreed the meals help seniors stay out of nursing homes, the meals may be the only food seniors eat all day, and the meals may be the only nutritious food seniors have in their diet.

NUTRITION AND QUALITY OF MEALS

OAA Senior Nutrition Program meals are mandated to follow strict dietary guidelines. The meals must contain 1/3 of the recommended nutrients for older adults. Careful consideration is given to sodium, cholesterol, and sugar content. The menus are approved every month by a Registered Dietitian. This is the standard service that *Peace Meal* promotes, however, it was important to assess the results from individuals in the community. The home delivered and congregate participants, *Peace Meal* staff, and community members all echoed praise for the nutritious quality of the *OAA Senior Nutrition Program* meals. This was an important factor attracting individuals to participate. Focus Group Participant #1 shared,

“the main reason I started coming was because by myself I wasn’t eating correctly, I started getting more fruits and vegetables in my diet, more than the money, and it’s hard to cook for one person I think, I eat more nutritionally going to Peace Meal, when I was working I used to pick and choose (Peace Meal days) but now I’m retired and I come every day, it’s hard to shop for one person, you can buy all the fresh veggies and fruits but to use all of the food before it rots is a challenge.”

The staff also shared the importance of the nutrition in the meals, citing *Sarah Bush Lincoln Hospital* as very health conscious. One *Peace Meal* supervisor (Focus Group Participant #4) shared,

“Sarah Bush promotes healthy living in every aspect of our work, using food as medicine has been a repetitive slogan at meetings. We get rewarded for having healthy lifestyles ourselves such as not smoking.”

Outside community members inquired about how meals are guaranteed nutritious. After sharing *Peace Meal's* process of consulting with registered dieticians and following strict dietary guidelines, these individuals expressed satisfaction with the process. All individuals in the focus groups and interviews communicated a necessity of eating healthy, well-balanced meals, especially with age.

Nutrition and Food Insecurity

As consistent as the response to healthy meals was, there was an alarming difference among individuals in understanding what that meant. Most individuals put blind trust in *Peace Meal's* delivery of their meals as nutritious, however, upon receipt of the meal, many individuals admitted to using additives of salt or butter to enhance the taste. Another comment mentioned how the weekends present challenges to keep meals nutritious. Home delivered meal clients receive meals five days per week, but are on their own for the weekend. Focus Group Participant #8 commented on weekend nutrition,

“Pizza or even donuts end up being the meal.”

As the issue of senior food security was discussed, few individuals could define and expand on the topic. There were 55 out of 63 interviewees confirm that they had heard the term “food security.” A majority of the individuals suggested that food security involved a person having enough food to eat every day. Nutrition was not necessarily part of the meaning of food security. Focus Group Participant #38 stated,

“If you have enough food to eat so you don’t go hungry. I think that is food security, but I’m not sure.”

Many respondents were not confident with their understanding of the term “food security”. The official *World Health Organization* definition of food security as existing when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life was shared during all interviews. The “nutritious” aspect of the definition was pointed out and individuals were asked to describe what they thought qualifies as nutritious. Many individuals related nutrition to meals containing vegetables. Comments included,

“There has to be a vegetable to go with the meal.” (Focus Group Participant #16) “There can’t be too much carbs like potatoes and bread. You have to add salad or some vegetables.” (Focus Group Participant #18) “When I eat Peace Meal, I know if I skip the vegetable portion then I’m not getting my nutrients.” (Key Informant Participant #52)

One participant was a 76 year old man, with no major health problems. He claimed he was not overweight and argued that leading an active lifestyle had allowed him to stay healthy. He discussed his eating habits among *Peace Meal* staff (Focus Group Participant #44), sharing that he often asks for a plate without the vegetable portion. He shared,

“I get Peace Meal and I won’t lie, I often do not eat the vegetables. I don’t like eating vegetables. I have lots of energy and I am an active guy. I used to work outside all day, moving around, lifting things. I make sure to go on long walks every day. I think that’s why I’m so healthy.”

This attitude was shared among other participants. “Leading an active lifestyle” was a phrase often mentioned when I asked participants about nutrition. There seemed to be a lot of interest comparing nutrition to exercise. However, this shows a lack of education or understanding about the nutritional importance in comparison or in combination with exercise when relating their impact on physical and mental health.

With the overwhelming majority citing vegetables as the signal of a nutritious meal, conversation delved into which vegetables are the healthiest. Many individuals mentioned green beans and darker colored vegetables to be the best. Focus Group Participant #40 shared,

“I think that you need to eat vegetables when they are in season. All vegetables are good for you, but they are best when they are in season.”

While it was positive that many participants acknowledged the health benefits of eating vegetables, when asked about the access and availability, responses were disconcerting.

When asked how *Peace Meal* guarantees the meals are nutritious, only *Peace Meal* staff was able to describe the process. Many participants were unaware how their meals were processed. This highlights a lack of education, interest or understanding among *Peace Meal* participants about what’s in their meals. When the conversation expanded on how additives can negatively affect food security, Focus Group Participant #7 claimed,

“It hurts my health more to not eat any vegetables than if I eat vegetables with salt.”

This led to a discussion about nutrition and additives. During the focus groups, many members spoke out about health issues preventing the use of additives. Focus Group

Participant #9 shared their bout with heart surgery and how it impacted their entire family.

“I had to get my heart repaired and the surgery was very intense. My recovery wasn’t easy and I had to lean on my family a lot. The doctor told me I had to be on a low sodium diet. It was hard, but after all my family had done to help me, the least I could do was follow the diet.”

Even among those that admitted to using additives for their food, the majority agreed that it was not healthy to add salt, butter, or excessive dressings to meals. However, individuals also argued that they do not use as much additives because they do not eat as much food as they used to. This shows an awareness and understanding among the seniors interviewed about the need to limit additives such as sodium or sugar, which is in line with *Peace Meal’s* nutrition strategy. Seniors tended to understand the dangers of additives from past experiences, but their actions did not always comply with what they knew was the healthiest decision.

MEAL PORTIONS AND SENIOR BEHAVIOR

While discussing food security and eating habits, there was a common theme argued in the focus groups and individual interviews that as seniors continue to age, they eat smaller portions. There were 46 out of 63 participants from focus groups and interviews confirm that they eat less food now that they are older. Many congregate meal participants admitted to taking “to go” portions of their meals home. Home delivered meal clients shared that they sometimes split their meal for lunch and dinner. When prompted with the question about whether their vegetable and fruit servings are equally minimized, there was an immediate confirmation. Many individuals cited a lack of appetite because they tend to lead less active lives. Others expressed concern with

“always feeling full.” Another common response was that seniors often eat one large meal a day. One large meal is all they need and they will have smaller snacks during the day if they get hungry. For those seniors utilizing *Peace Meal*, the meals are only representative of 1/3 of the nutrients necessary for one day. When seniors split the meal or are unable to consume it all, their food security is at risk. These comments related to previous definitions of food insecurity only existing if one is hungry.

Access and Availability to Meal Programs

Among one of the focus groups the nutritious meal stirred discussion toward availability of vegetables. Focus Group Participant #32 shared,

“They don’t have very good, fresh veggies in town. You need to go out of town to get them. I only get them if some place like Walmart or somewhere has a variety together. I would never buy a stalk of celery because I would never use it all.”

When questioned about access to nutritious food, 57 out of 63 participants confirmed that they can readily get nutritious food. When pressed on if participants can get nutritious food on their own, 49 out of 63 participants confirmed. Individuals shared that they are able to get nutritious food through *Peace Meal* or their monthly church get-togethers. When asked if participants can get nutritious food if *Peal Meal* or other food assistance programs were ended, 35 out of 63 participants confirmed. Focus Group Participant #39 shared,

“When I was growing up on the farm, we would have surplus crops and we would share them with our neighbors or family members.”

When discussing access to nutritious food, participants were asked about familial support for elderly persons and how those receiving *Peace Meal* would get by without

that support. There was a mixed response. Generally individuals argued that familial support is not guaranteed and those receiving *Peace Meal* would not do so if they had family to help them out. Focus Group Participant #42 added,

“Family doesn’t live near anymore, I’m sorry to say or they just don’t want to do it. Some people might have family, but there are those that don’t as well.”

The consensus agreed that family may not be reliable for seniors. One home bound senior (Key Informant Participant #58 spoke out about family,

“My daughter lives down the road. My sister lives uptown and my other sister lives five minutes away. But I need someone in my house with me all the time. My family has jobs and kids and it is too hard for them. Peace Meal comes every day and that is how I eat. Without Peace Meal, I know my family would help me, but it would be really hard. There are other people around here though that do not have anybody. If Peace Meal was ended, I don’t know what they would do.”

SOCIAL BENEFITS OF PARTICIPATION

The *Peace Meal* recipients and staff agreed that the *OAA Senior Nutrition Program* is an excellent source of socialization for older adults. For urban and rural residents, many seniors suffer isolation and feelings of loneliness. (Grant and Jewell 2004) This program is a way to feel a part of the community and provides vital human contact that in some cases may be the only way to interact with others. (Lloyd and Wellman 2015) As mentioned, the baby boomer generation presents a population with more single dwelling seniors that may seek socialization among the community more than among family.

Many individuals interviewed mentioned that they began participating in *Peace Meal* after their significant other passed on. There was a lot of feedback suggesting that cooking for one person is difficult and wasteful. Two of the interview participants (Key Informant Participant #51 and Key Informant Participant #55) admitted to joining *Peace Meal* because of being lonely. They expressed gratitude for the relationships built with *Peace Meal* staff and other community members through the meal program. The two drivers for *Peace Meal* emphasized how important of a role their socializing with participants has played in their lives as well as the clients' lives. Key Informant Participant #56 shared,

“I’m 81 and a lot of these people are not too far from my age. Maybe they feel they have something in common with me because of my age, they grew up on farms too. There’s one guy. We talk everyday about growing up on a farm, tending horses, we joke around a lot.”

Other individuals shared how the meal service may act as the only social encounter participants receive all week. Key Informant Participant #54 mentioned,

“I’m the only person she sees. If I wasn’t there to check in on her, I don’t know who would.”

While the home delivered meal program provides support for establishing one on one relationships, much feedback focused on how the congregate settings allow large gatherings and potential for social interactions beyond the meals. A couple of individuals shared how their local senior center has special themed lunch parties paired with activities like a movie or games to follow the meal. Focus Group Participant #11 shared,

“The meals got me out of the house. Once I got to going, I found a lot more things to do.”

Many individuals admitted that socialization was a key area of concern and need for elderly persons. When discussing how they became aware of the meal program, forty-six participants shared that they heard about the program from a friend. Twenty-four participants shared that they spread news about certain meal days depending on the appeal of the meal. Twenty-two focus group participants admitted to participating more when there was a menu with a popular meal such as “fried chicken” or “spaghetti and meatball” days. Focus Group Participant #2 shared,

“Well yes, I like to come when there is a good meal, but I also know I might see more people on those days as well.”

AWARENESS OF OAA SENIOR NUTRITION PROGRAM

Socialization benefits led to discussion about awareness of the programs and these additional activities. The congregate meal participants shared an enthusiasm for participation. They tended to be individuals that sought out opportunities. Home delivered participants each shared different paths to ending up receiving meals. Family or friends referred some, others were volunteers and knew about the service, and social workers or hospital staff referred others. Most *Peace Meal* staff had been aware of the service in their communities, having family or friends utilize *Peace Meal* currently or in the past. The other community members interviewed were all aware of the meal program. There were 2 out of 63 that were unfamiliar with the name *Peace Meal*, but knew what *Meals on Wheels* were. Those two individuals reside in urban settings and have no family or friends that have ever participated in a meal program. A definitive

difference showed that all individuals from the more rural counties, Livingston and DeWitt, were convinced there were no issues with awareness of the *OAA Senior Nutrition Program*. Through word of mouth, newspaper advertisement, and church participation, *Peace Meal* was a familiar and known program to anyone in the community. Focus Group Participant #6 commented,

“We’ve been around for a long time and know everybody in our town. There are also senior citizen potlucks through the different churches in town. Folks know if they want to have a meal where to go. There aren’t too many places to go to eat so everybody usually runs into one another at some point.”

When questioned about homebound residents, the individuals in the rural counties responded with the same conviction. Two individuals answered,

“Oh well if someone is at home, we will know about it. The town knows who needs help. Some people don’t want help, but we definitely know when someone could use the help.” (Focus Group Participant #13) “Yes, my mom came up here (congregate meal site) for years and years and then she got sick and we just started getting the meals delivered.” (Focus Group Participant #10)

The same type of reaction was relayed from the other rural county. Individuals testified about the reliance of neighbors and churches to expose the needy among the community. Focus Group Participant #30 stated,

“When somebody is in the hospital or sick, everybody is going to know about it. We are a small town and we have been here a long time. Our families are connected and we keep updated when someone is in need.”

There was a common belief in the power of the small town, that if a person was in need, they were not alone.

AWARENESS AMONG RURAL AND URBAN COMMUNITIES

However, individuals from all counties agreed that not all persons with food assistance needs seek help from the *OAA Senior Nutrition Program* for various reasons. Focus Group Participant #20 shared,

“It’s been a mystery to me why such a good program like this...why people don’t avail themselves for this program. It’s not a problem that people don’t know about it, but a problem that people don’t take advantage. Some people don’t want to face the fact that they are old enough to come up here.”

“I’m sorry to say that some people just don’t want to do it. Their pride or they don’t wanna be a burden, maybe they don’t understand that they can get it for free.” (Key Informant Participant #61)

When discussing program awareness with *Peace Meal* staff there was an agreement that within smaller communities it’s easier to spread information. In particular, fourteen interviewees shared the idea that smaller communities with existing social service structures tend to react well to meal programs. However, rural communities lacking transportation or other basic social services may be harder to spread awareness about the *OAA Senior Nutrition Program*. In addition, the larger, urban communities can be challenging. In McLean County, four interviewees shared that there are more changes in population and communities tend to be less close knit. The word of mouth strategy common among smaller communities is not as successful in an urban environment. There is a lot more dependence on existing community centers like churches, senior centers, and organizations like the *YMCA* to reach out to seniors in the community.

Peace Meal staff mentioned a lack of time available to personally reach out to communities. Key Informant Participant #50 shared,

“We know we need to get out there and sell our program, but there just isn’t enough time in the day. We can give promotional materials to churches or senior centers, but a lot of times we depend on their follow through to get the word out.”

Peace Meal staff echoed the remarks from congregate clients confirming that a lot of the congregate meals are attended by very active seniors in the community. Three focus group participants shared that sometimes more effort is given to bring in more numbers of people already aware of the program than to recruit new seniors. This strategy involves coordinating popular activities with meal times including Bingo or Mahjong games.

When discussing awareness of the program with community outsiders, eleven individuals stressed a need for more promotion. These individuals all reside in urban communities and are aware of meal assistance for seniors. However, they argued that the services had to be sought out and may not be as accessible to all seniors. Key Informant Participant #46 shared,

“My brother has Alzheimer’s and M.S. He’s at home and he has his wife to help him. But I think there are a lot of seniors out there that don’t have family to help them. I’ve heard about Meals on Wheels, but I don’t know how to get it. If it’s the government there’s going to be a lot of paperwork involved and I don’t know if that is worth it....I won’t use that program because I know there are a lot of people worse off than me and they

should get those meals. I still have a job, I get my Subway in the mornings.”

One of the *Peace Meal* drivers (Key Informant Participant #63) shared concerns with reaching seniors in an urban environment.

“Bigger counties like McLean, it’s harder for everyone to be aware, there has to be some way to find places where all the elderly are and target them. Word of mouth or whatever is the only way I know how to get people involved. If there were people to make the first contact, then the drivers like me, who are already out in the community, can make follow up contact, maybe that will bring more elderly to the program.”

This discussion was fueled by recognition from *Peace Meal* staff that the neediest in communities are sometimes not being reached by the *OAA Senior Nutrition Program*. Those low income, minority, disabled, and vulnerable seniors can be missing out on services due to transportation, funding, or personal restrictions. There was an awareness among the focus groups and key informant interviews that the *OAA Senior Nutrition Program* is not enough to reach everyone. Key Informant Participant #62 commented,

“There’s not enough funding or staff to get out to all the rural areas or communities. There is also not enough funding and staff time to dedicate in the community seeking these people out. With these services there is a level of social awareness necessary to benefit. Seniors have to be pro-active or they need people in their lives to be pro-active.”

This statement was a powerful reminder for considering the United States' commitment to food as a human right. To what extent do we achieve this human right and where do we need to improve?

RECOMMENDATIONS

PEACE MEAL GOALS

Focus groups and key informant interviews with *Peace Meal* recipients, staff, and other seniors in the community have gathered positive feedback highlighting the benefits of food assistance for seniors. This study has stressed the importance of *Peace Meal's* existence and awareness in communities. In addition, discussion has revealed local knowledge about senior food security and how it's related to nutrition and access.

Peace Meal expressed interest in this study to specifically gather data about local satisfaction and awareness of their program. While discussing future plans, *Peace Meal* staff also mentioned an interest in food security. The local McLean *Peace Meal* kitchen has been introducing recipes and menu plans with specific consideration to improving nutritional balance. Such ideas like quinoa cookie desserts and zucchini bakes have been new items replacing more traditional options like chocolate chip cookie or whole wheat pasta. By investigating local senior attitudes toward nutrition and awareness of food security issues, *Peace Meal* can better identify which topics need more educational backing and how to get the word out and recruit more participants. The *OAA Senior Nutrition Program* requires providers to offer nutrition education and

nutrition counseling. These two key components of their service seem to be lacking at congregate sites and in home delivery. Findings from the focus groups and individual interviews brought to light needed discussion and education.

NEED FOR NUTRITION EDUCATION

A major concern from these findings came out of the discussions about nutrition. The major argument for healthy nutrition from interview participants was to include vegetables in your diet. However, portion size and specific ways to eat the vegetables were not as valued. It was alarming to hear participants discuss additives as essential to their meals. Salt and butter were among top choices to help enjoy a side of vegetables. In addition to enhancing meals, others depleted meal times all together. Many participants mentioned eating less food or only eating one large meal a day. When prompted how nutrition relates to food security, there was a general consensus that food security and hunger go hand in hand. There was a general acceptance that an individual that is hungry is not food secure. While this reasoning seemed to come from traditional beliefs among older generations, in today's society food security is a multifaceted issue. The nutrition and access needs of food security are just as relevant as the physical presence of food. If someone's hunger goes away because they eat peanut butter and jelly sandwiches every day that does not suffice as food secure. All aspects of food security are equally important and need to be understood by the public in order to be improved.

Having the means to afford and access food with nutrients is a large part of being food secure. According to *Feeding America (2016)*, Mississippi has the highest obesity rate in the U.S. while also being the state most struggling to afford buying food. This relates to the idea of food deserts. There are many communities in the United

States where affordable food is not nutritional. Fast food and corner convenient stores offer the closest access to food for some, yet lack fresh and healthy options. These food options may be affordable, accessible and deter hunger, but lack of nutrients result in food insecure populations. Furthermore, these food options are resulting in dangerous health problems like obesity. Organizations like *Peace Meal* can consider the food desert problem when addressing local concerns. Targeting the neediest seniors includes those living within food deserts. According to the *U.S. Department of Agriculture*, almost 5 million elderly lived in a food desert in 2010. Danhong et al. (2016) argues that elderly food desert residents may be particularly susceptible to harmful effects of food deserts like poor health and economic well-being. This is due to elderly limitations and behavior including strong neighborhood attachments, transportation and mobility problems. (Danhong et al. 2016) In particular, transportation issues exacerbate food insecurity for seniors living in food deserts. This issue is important to consider for senior food security because policies to improve food access are being implemented across all levels of government. The vulnerability of senior residents in communities needs to be considered when new supermarkets are developed and mobile fruit and vegetable retailers are introduced. (Danhong et al. 2016) With the *Agricultural Act of 2014* in which \$125 million was given to improve access to nutritious food, seniors' transportation needs should be considered. *OAA Senior Nutrition Program* providers like *Peace Meal* have an eye on the ground and can help identify communities with these transportation and food desert issues. While implementing the education portion of their service, *Peace Meal* should include discussion about how food deserts affect seniors and ways to access food if your

community is in a food desert. From the interviews and focus groups, it was clear that the majority of seniors were unaware of the complexities of food security. This awareness and education need is something *Peace Meal* can address. Most of the participants in this study are already connected to *Peace Meal* and trust the non-profit. *Peace Meal* can embrace this trust with a commitment to better nutritional and access education for food assistance. Keeping seniors educated and informed about food security is an outcome goal for *ECIAAA* and can be achieved with *Peace Meal's* outreach.

The *OAA Senior Nutrition Program* for Illinois follows the Food and Nutrition Board of the National Academy of Sciences-National Research Council when determining daily recommended dietary allowances. Each meal must represent 1/3 of the daily recommended dietary allowances. A dietician's consultation is mandated, however, the extent of their involvement seems to be at the discretion of the nutrition provider. (Administration on Community Living 2016) While the *Peace Meal* staff interviewed in this study (all representing the McLean kitchen) were passionate about healthy initiatives and improving the nutritional quality of the meals, the motivation seemed to stem from places other than *OAA* guidelines. The sponsorship from a hospital has given *Peace Meal* an edge when it comes to nutritional promotion. Staff are able to participate in monthly town meetings educating the community about health issues and healthy lifestyles. Although the staff participate, it was unclear whether the public or *Senior Nutrition Program* participants were allowed to attend. These educational meetings are not affiliated with the *OAA Senior Nutrition Program*.

However, *Peace Meal* can use the hospital as a springboard to pass this information on to the seniors in their communities.

DIVERSIFIED FUNDING FOR SUSTAINABLE FUTURE

Another advantage to being sponsored by a hospital is the additional funding source which has provided a sense of security amid a year of chaos in Illinois. Having no state budget passed for the entire year has strained social service agencies and caused several to close. *Peace Meal* has survived and been able to grow during this year because of the security their private funding source provides. A huge recommendation for *OAA Senior Nutrition Program* providers is to diversify their funding so that reliance on federal and state budgets cannot greatly impact operations. Citing earlier arguments about the neoliberal threat to social services, *Senior Nutrition Program* providers should consider political standstill and inaction a by-product and act accordingly. This year of chaos with no Illinois state budget can be viewed as a modern consequence to the neoliberal, free market system controlling our global economy. Solutions like diversifying funding sources are vital and crucial for long term sustainability of any social service.

SENIOR FOOD SECURITY IS A HUMAN RIGHT

While these findings scratch the surface for what needs to be improved, the issue of senior food security is a human rights issue. In 2009, after decades of resistance, the United States joined the *United Nations'* global consensus on the right to food. Chilton defines the right to food as the right to expect reasonable opportunities to provide food and good nutrition for oneself. Chilton calls on the public to challenge how food related policies affect one's ability to purchase food and how such policies affect health and well being. Through the interviews, many comments were relevant to

this line of thinking. When seniors mentioned the changes to manufacturing food or how fresh veggies can only be found by leaving town, one can question what policies created these outcomes. These issues affect the senior population because simply leaving town to pick up groceries can be an insurmountable task for some seniors. Mobility, accessing transportation, and transporting heavy goods are all possible conditions that prevent elderly persons from buying their own food. While the U.S. supports the global right to food, it is important to include issues more close to home. Senior food security issues must be part of the larger discussion about the right to food. In order to combat the ignorance surrounding food security and how it affects our communities, organizations like *Peace Meal* need to promote more education and discussion on the topic. According to Chilton and Rose (2009), food insecurity costs about \$90 billion per year in increased medical care costs, lost educational attainment, and worker productivity. Chilton and Rose (2009) argue it is morally irreprehensible for the existence of widespread food insecurity to occur in a country with the world's largest economy that exports large food surpluses. In 2010, the U.S. failed its goal to reduce food insecurity by half to 6%. (Administration on Community Living 2016) According to *Feeding America*, in 2014, there were 14% American households that were food insecure. While the numbers for food insecurity and population rise and funding for social service programs decrease, existing programs like *Peace Meal* need to recognize the time of urgency and act to improve food assistance. With the United States' declaration of food as a human right, organizations like *Peace Meal* have a larger platform to mobilize for political action and protection of social rights. The increasing population of seniors can be used as an advantage when advocating for

food security. Seniors will be in larger numbers and collectively have an opportunity to voice concern through civil action like voting or demonstration.

Findings from this study suggest *Peace Meal's* approach to providing meals to seniors attempts to ensure food security. The strict nutritious guidelines and possible delivery to your front door are basic guarantees of their service. *Peace Meal* is able to provide socialization in the form of congregate gatherings or one on one interaction. Although feedback in this study suggests seniors blindly trust *Peace Meal* to provide nutritious meals, the structure of their delivery guarantees dietician input. From the sample of drivers, staff, participants, and outside community members, the consensus proved to be that *Peace Meal's* reputation is respected and well known. The criticism for *Peace Meal's* service is aimed at the bigger goals of the *OAA Senior Nutrition Program*. In order to reach the neediest in communities, educate seniors about nutrition, or get the remote seniors involved, there needs to be more community outreach. While feedback from the smaller communities in DeWitt and Livingston counties showed a local awareness of seniors' food issues, the urban environments need more attention. Depending on word of mouth and promotion in newspapers is not enough. *Peace Meal* has to take more time to go out and talk with people, immerse themselves in these communities to find needs and build trust. This commitment to communities needs support from *Peace Meal's* funders and partners including *ECIAAA* and *Sarah Bush Lincoln Hospital*.

ADVOCATE FOR SENIOR FOOD SECURITY

While penetrating communities on the ground to gain local insight, it is also important for *Peace Meal* and *ECIAAA* to consider advocacy on a larger scope. *ECIAAA* is an autonomous non-profit entity created from the *Older Americans Act*.

Although *EC/AAA* is autonomous, their funds and operations are directed by the Illinois *Department on Aging* and the *Administration on Community Living*, state and federal agencies. This translates to *EC/AAA*'s existence depending solely on government contracts. However, *Peace Meal*'s funding sources vary and they should consider higher levels of advocacy. King, Bentele, and Soule (2007) argued that the extent of congressional attention to rights issues is related to the amount of advocacy done on behalf of those issues. *Peace Meal* is able to collect personal stories from seniors in local communities and observe the effects of food assistance. These stories and success need to be presented and used to get the same treatment for the neediest seniors. Promoting the universality of services and pushing government to accept responsibility for the care of its seniors should be an active role *Peace Meal* takes on.

LIMITATIONS

A major limitation to the study was time. In order to more accurately describe behaviors and understand local beliefs, more time getting to know community members and historical information about each town and community could help. In addition, a more randomized sample would be more appropriate to gather unbiased and diverse data.

CONCLUSION

The *OAA Senior Nutrition Program* in east central Illinois faces many challenges for sustainability and growth including many rural and isolated communities, limited transportation options for seniors, limited funding, and lack of widespread educational initiatives about senior food security and nutrition. This study attempted to flesh out these issues by interviewing seniors in different local communities. *Senior Nutrition Program* staff, participants, and non-participants were sought out and interviews discussed broad topics like senior food security and food assistance programs. The overall consensus proved to support the program goals of improving food security and social isolation among seniors.

The *OAA Senior Nutrition Program* is locally utilized for nutritional benefits, affordable meal options, and opportunities to socialize. While many seniors are aware of the *OAA Senior Nutrition Program*, the majority is ill informed about the background and specifics that allow the program to function. Nutritional benefits could not be explained beyond the “addition of vegetables” and many seniors could not offer a definition for the term “food security.” Relating food security and hunger were common responses, but inaccurate. Self-identifying food security was non-existent and many seniors argued food insecurity as a community issue for children. These misconceptions can be easily remedied with better and more frequent nutrition education. *ECIAAA* needs to enforce the educational component of their *OAA Senior Nutrition Program*. Also, *Peace Meal*, with their access to *Sarah Bush Lincoln Hospital*, and responsibility to provide nutrition education and counseling need to value those components as much as the meals themselves. By recognizing food security as a

human right, the issue is important for developing communities and sustaining growth. Poor health like obesity and diabetes can be alleviated with healthy lifestyles and nutrition is key. This study argues that to ensure *ECIAAA*'s mission to allow seniors to live in their homes as long as possible, safely and with dignity, food and nutrition education are key factors enabling communities to make it happen.

REFERENCES

- Administration for Community Living. (2013). "ACL Strategic Plan 2013-2018."
- Buckley, J. (2008). "Baby boomers, obesity, and social change." *Obesity research & clinical practice*, 2(2), 73-82.
- Chilton, M., & Rose, D. (2009). "A rights-based approach to food insecurity in the United States." *American Journal of Public Health*, 99(7), 1203-1211.
- Colello, KJ. "Older Americans Act: Title III Nutrition Services." *Congressional Research Service Report*. 7-5700. 17 January 2016. RS21202
- Danhong, C., Jaenicke, E. C., & Volpe, R. J. (2016). "Food Environments and Obesity: Household Diet Expenditure Versus Food Deserts." *American Journal Of Public Health*, 106(5), 881-888 8p. doi:10.2105/AJPH.2016.303048
- Drewnowski, A. (2009). "Obesity, diets, and social inequalities." *Nutrition reviews*, 67(suppl 1), S36-S39.
- East Central Illinois Area Agency on Aging. 2016. "Public Information Document." Retrieved June 11, 2016. (http://eciaaa.org/images/FINAL_PID_for_FY2017-2018.pdf)
- Evandrou, M., & Falkingham, J. (2000). "Looking back to look forward: lessons from four birth cohorts for ageing in the 21st century." *Population Trends*, 99, 27-36.
- Fingerman, K. L., Pillemer, K. A., Silverstein, M., & Suiitor, J. J. (2012). "The baby boomers' intergenerational relationships." *The Gerontologist*, 52(2), 199-209.
- Gollub, E. A., & Weddle, D. O. (2004). "Improvements in nutritional intake and quality of life among frail homebound older adults receiving home-delivered breakfast and lunch." *Journal of the American Dietetic Association*, 104(8), 1227-1235.
- Gosselin, Richard, C., Trickey, F., Robitaille, C., & Payette, H. (2000). "Outings to your taste": A nutrition program for the elderly. *Gerontologist*, 40(5), 612-617.
- Grant , G. , & Jewell , E . (2004). "Measuring loneliness and isolation among Meals-on-Wheels clients." Sydney : *The Benevolent Society's Northern Beaches Food Services* . Retrieved November 20, 2006, from <http://www.bensoc.org.au/uploads/documents/loneliness-Meals-on-Wheels-nov2004.pdf>

- Gundersen C, Engelhard E, Waxman E. "Map the Meal Gap: Exploring Food Insecurity at the Local Level." *Applied Economic Perspectives & Policy*[serial online]. September 2014;36(3):373-386. Available from: Business Source Complete, Ipswich, MA. Accessed January 12, 2016.
- Hasenfeld, Y., & Garrow, E. E. (2012). "Nonprofit human-service organizations, social rights, and advocacy in a neoliberal welfare state." *Social Service Review*, 86(2), 295-322.
- Lloyd, J. L., & Wellman, N. S. (2015). "Older Americans Act Nutrition Programs: A community-based nutrition program helping older adults remain at home." *Journal Of Nutrition In Gerontology And Geriatrics*, 34(2), 90-109. doi:10.1080/21551197.2015.1031592
- King, B. G., Bentele, K. G., & Soule, S. A. (2007). "Protest and policymaking: Explaining fluctuation in congressional attention to rights issues, 1960–1986." *Social Forces*, 86(1), 137-163.
- Knickman, J. R., & Snell, E. K. (2002). "The 2030 problem: caring for aging baby boomers." *Health services research*, 37(4), 849-884.
- Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *BMJ: British medical journal*, 311(7000), 299. (International Review of Sociology --, 2013. Vol. 23, No. 1, 104-122, <http://dx.doi.org/10.1080/03906701.2013.771053>, "Baby boomers, consumption and social change: the bridging generation? Rebecca Leach, Chris Phillipson, Simon Biggs, Annemarie Money. Research Institute for Humanities and Social Sciences, Keele University, Keele Staffordshire, UK.)
- King DE, Matheson E, Chirina S, Shankar A, Broman-Fulks J. "The Status of Baby Boomers' Health in the United States: The Healthiest Generation?." *JAMA Intern Med*. 2013;173(5):385-386. doi:10.1001/jamainternmed.2013.2006.
- Millen, B. E., Ohls, J. C., Ponza, M., & McCool, A. C. (2002). "The elderly nutrition program: an effective national framework for preventive nutrition interventions." *Journal of the American Dietetic Association*, 102(2), 234-240.
- Lee, J. S., & Frongillo, E. J. (2001). "Factors associated with food insecurity among U.S. elderly persons: Importance of functional impairments." *The Journals Of Gerontology: Series B: Psychological Sciences And Social Sciences*, 56B(2), S94-S99. doi:10.1093/geronb/56.2.S94
- Lee, JS, Johnson MJ, Brown MPA. "Older Americans Act Nutrition Program improves participants' food security in Georgia." 2011. 30:112-39
- Patton, MQ. (2001). *Qualitative Evaluation and Research Methods* (2nd Edition). Thousand oaks, CA: Sage Publications.

Polivy J, Herman CP. “Distress and eating: why do dieters overeat?” *Int J Eat Disord* 1999;26:153—64.

Sarah Bush Lincoln Hospital. (2016.) <https://www.sarahbush.org/peacemeal/>

Sharkey, J. R. (2002). “The interrelationship of nutritional risk factors, indicators of nutritional risk, and severity of disability among home-delivered meal participants.” *The Gerontologist*, 42(3), 373-380. doi:10.1093/geront/42.3.373}

Quandt, T. A. Arcury, J. McDonald, R. A. Bell, and M. Z. Vitolins, (2001). “Meaning and management of food security among rural elders,” *Journal of Applied Gerontology*, vol. 20, no. 3, pp. 356–376.

Timonen, V., & O'Dwyer, C. (2010). 'It is nice to see someone coming in': Exploring the Social Objectives of Meals-on-Wheels. *Canadian Journal On Aging*, 29(3), 399-410. doi:10.1017/S0714980810000371

Thomas, K. S., & Mor, V. (2013). “The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents.” *Health Services Research*, 48(3), 1215-1226. doi:10.1111/1475-6773.12015

U.S. Census. (2015.) <http://www.census.gov/>

United States Department of Agriculture. 2016. “Food Security in the U.S.” <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx>

U.S. Department of Health and Human Services. (2016.) “HHS Sustainability.” <http://www.hhs.gov/about/sustainability/index.html>

Wolfe, W. S., Frongillo, E. A., & Valois, P. (2003). “Understanding the experience of food insecurity by elders suggests ways to improve its measurement.” *The Journal of Nutrition*, 133(9), 2762-2769.

World Health Organization. (2016.) “Household Food and Nutrition Security.” <http://www.who.int/nutrition/topics/foodsecurity/en/>

Xu, H, Weiner M, Paul S, et al. “Volume of home and community based Medicaid waiver services and risk of hospital admissions.” *J Am Geriatr Soc*. 2010. 58:109-15.)

Ziliak, J., and C. Gundersen. (2015.) *The State of Senior Hunger in America 2013: An Annual Report*. Report submitted to National Foundation to End Senior Hunger.

Appendix A

Focus Group Questions

1. How would you describe food security?
2. What do you think are some of the challenges to achieving senior food security?
3. What are successful ways to get seniors to participate in food assistance programs?
4. Research has identified barriers to participating in meal programs such as inadequate transportation, social discomfort, or lack of awareness that programs exist. What are some ways to address or overcome these and other barriers to participation?
5. There is evidence of a perceived stigma placed on those that participate in meal programs. What are some ways this stigma can be reduced or eradicated?
6. What do you think would motivate more seniors to participate in food assistance?
7. What are some strategies that could be used to reach out to minorities or other underserved populations?
8. What are some assets in the community that could be used to bolster participation?

Appendix B

Key Informant Interview Questions

1. Can you describe what it means to be food secure?
2. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food/ or you couldn't access food at the time?
3. Can you describe what local food assistance programs are available?
4. Have you ever participated in a Peace Meal program? Why/why not?
5. Have any participant recruitment practices been used?
If so, which ones worked the best and why?
If not, which practices do you feel would bring in the most participants?
6. How would a participant find out about Peace Meal or other food assistance?
7. Can you describe the typical participant?
8. Why do you think participants start using food assistance?
Why do you think they stop?
9. What challenges are faced to increase participation?
10. What do you think is the best way to reach people with information about food assistance?
11. Do you have any recommendations on how to increase participation?