

4-2013

Come Together: Congregate Meal Participation in Illinois Planning and Service Area 05

Dane Myers
Illinois State University

Follow this and additional works at: <https://ir.library.illinoisstate.edu/cppg>



Part of the [Political Science Commons](#)

Recommended Citation

Myers, Dane, "Come Together: Congregate Meal Participation in Illinois Planning and Service Area 05" (2013). *Capstone Projects – Politics and Government*. 9.

<https://ir.library.illinoisstate.edu/cppg/9>

This Article is brought to you for free and open access by the Politics and Government at ISU ReD: Research and eData. It has been accepted for inclusion in Capstone Projects – Politics and Government by an authorized administrator of ISU ReD: Research and eData. For more information, please contact ISURed@ilstu.edu.

Come Together:

***Congregate Meal Participation in Illinois Planning and
Service Area 05***

April, 2013

Capstone Project for

Dane Myers

Peace Corps Fellow

Stevenson Center for Community & Economic Development

Table of Contents

Introduction.....	2
Purpose of Study.....	5
Literature Review.....	8
Methodology.....	18
Survey Results.....	23
Discussion.....	39
Recommendations.....	50
Limitations/Further Research.....	53
Conclusion.....	55
Works Cited.....	56

Introduction

In the span of human existence, a collection of needs have emerged that lead not only to our day-to-day and intergenerational survival, but also to higher potentialities such as creativity and happiness. The most basic of these needs are biological, namely food and water. Beyond these, we begin to develop more social and psychological needs. (Maslow 1943) These include feelings of belongingness, acceptance, security, social recognition, personal worth and accomplishment. There are few endeavors that alone can potentially satisfy this extensive range of needs; however, there is one social practice that, when performed habitually, can do a great deal towards fulfilling them. This is the simple act of sitting down with family, friends, or mere acquaintances to share a meal with one another.

Meals and Society

Meals serve not only to provide us with nourishment, but also as natural settings for social interactions. It is in these settings that we learn how to conduct ourselves appropriately and which topics are suitable for mealtime discussion. One can picture children being taught a good deal about manners and etiquette in meal settings. The phrases “Please,” “Thank you,” and “You’re welcome” are imparted, as well as the importance of refraining from bringing up life’s nastier moments whilst others dine. As the children grow into teenagers, the social activity of dating begins. A large aspect of dating in American culture is going out to eat with potential partners. It can be through these initial mealtime interactions that relationships might develop and grow increasingly meaningful. Or they may be good indicators of one’s rudeness and lack of social graces. For those who marry and have children of their own, mealtimes can serve as gathering points for the family to discuss current goings on as well as future plans and hopes.

And later in life, when one's health and vitality are becoming progressively more of a concern, meals can become a way of ensuring the continuation of one's physical and social wellbeing.

Growth of U.S. Senior Population

As has been noted by the U.S. census, the senior population in America is exploding, and will continue to do so in the next several decades. By 2030, the U.S. Census Bureau estimates that a full 20% of the American population will be age 65 or older. (Long *et.al.* 2003) This swelling of the older American population is for a variety of reasons including the fact that the baby boom generation is currently joining the group of existing seniors who are continuing to live longer. The Federal Interagency Forum on Aging has been compiling key indicators of well being for older Americans since 2000, and has recently released its report for 2012. This report highlights the reasons seniors are able to extend their lifespans.

One reason seniors are living longer is that their economic situation has improved in the past several decades. The percentage of people aged 65 and older living below the poverty line has dropped from 35% in 1959 to 9% in 2010. Also, during the last forty years, the percentage of older Americans categorized as having low incomes decreased while those in the middle and high income categories rose heartily. When calculated in 2010 dollars, median income during this time period rose from \$21,100 to \$31,410. (Federal Interagency Forum on Aging-Related Statistics 2012)

Health factors are also contributing to senior longevity. Seniors can now utilize preventative health care practices such as cancer screenings and routine vaccinations. Also, certain afflictions are becoming less fatal. Death rates for heart disease and stroke have dropped by more than 50 percent in the past thirty years. However, although seniors may be living longer, they are not necessarily living healthier. Only 11% of seniors in the study reported

participating in aerobic or muscle building activities that meet federal physical activity guidelines. More alarming is that rates of obesity have nearly doubled since the early 1990s. (Federal Interagency Forum on Aging-Related Statistics 2012)

Congregate Meals

One method of addressing the nutrition and social needs of older adults is serving low cost, healthful meals in a congregate setting such as a senior center, church, or any other community building able to host such a gathering. The Older Americans Act (OAA) authorizes and appropriates funds to the Administration on Aging (AoA) for three different nutrition programs under Title III: Congregate Nutrition Services, Home-Delivered Nutrition Services, and Nutrition Services Incentive Program (NSIP). (<http://aoa.gov> 2013)

The OAA Nutrition Program is designed to reduce hunger and food insecurity among older Americans, promote socialization of older adults, promote the health and well being of older folks, and delay harmful or degenerative health conditions through access to nutrition and services that promote healthy living. (Colello *et.al* 2010)

Purpose of Study

Recent Decline in Congregate Meal Participation

Seniors that participate in congregate meals are likely to experience a variety of benefits that help contribute to a physically healthy and socially fulfilling life. They are provided with filling, nutritious meals that can often account for 40-50% of recommended dietary allowances of many nutrients. (Silver 2001) Congregate meals also expose seniors to other members of their communities with whom they can socialize, form friendships, or, as discovered in the present study, even develop romantic bonds.

Congressional Reports on the Older Americans Act Nutrition Program participation indicate a substantial decrease from 1980 through 2008. (Lee & Gould 2012) According to Administration on Aging State Program Reports, both the number of congregate meal participants and the number of meals served has been declining steadily for the past two decades. In 1988, 147.2 million meals were served at congregate meal sites funded under Title III of the Older Americans Act (OAA). In 1998, this number had decreased by 22.6% to 114 million meals. (Silver 2001) As of 2011, the number of congregate meals served was 88.6 million, a further 17.2% reduction from 1988 levels. (Colello 2011)

In contrast to these lowering levels of congregate meal participants, there has been an enduring increase in home delivered meals provided to seniors. In 1988, the number of OAA Title III home delivered meals provided to seniors was 94.7 million. By 2011, this number had risen by 46.9 % to 139.1 million meals. (Colello 2011) Also, funding for home delivered meals has risen by 264% between 1980 and 2006, while funding for congregate meals rose by only 43% during the same time period. (Lee & Gould 2012) Although these home-delivered meals are helping seniors achieve nutritious dietary recommendations, they are reserved for those who

are homebound, and offer only limited social interaction between meal deliverer and meal recipient. If more of these homebound individuals had taken part in congregate meals, they may have been able to prolong the time they were able to get out into the public and interact with their community members.

With the myriad benefits associated with congregate meals, this sharp and steady decline in participation is of concern, especially given the recent rapid influx of members into the American senior population that is expected to continue for decades. (Millen *et.al* 2002) As the number of older Americans rises and the number of congregate meals continues to fall, an ever smaller percentage of the senior population will be accessing the benefits of participation in congregate meals.

Reasons for Declining Participation

Reasons for declining participation are likely to vary from region to region. This study was conducted in reply to a need to address participation rates in the Illinois Department on Aging's Planning and Service Area (PSA) 05. PSA 05 is made up of sixteen counties in East Central Illinois. These include Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, McLean, Macon, Moultrie, Piatt, Shelby, and Vermilion counties. This region is managed and served by the East Central Illinois Area Agency on Aging (ECIAAA). Area Agencies are tasked with planning and coordinating services and programs for older Americans in their respective areas. The Area Agencies receive funding from the Department based on a formula which takes into consideration the number of older citizens and minorities in that area, as well as the number living in poverty, living in rural areas, and living alone. Like the Department on Aging, Area Agencies do not directly provide services, but contract with local agencies that provide services, to the older people who live in the same

community. (<http://www.state.il.us> 2012) A significant proportion of funds provided to the ECIAAA are then allotted towards funding for congregate meal programs.

The purpose of this study then is to examine which specific factors motivate individuals in East Central Illinois to attend congregate meals, what keeps them coming back, and what barriers or challenges keep others from doing the same. In doing so, this report will inform the East Central Illinois Area Agency on Aging of eating trends and behaviors of Area 05 seniors. The Area Agency can then offer recommendations to agencies and organizations within the Planning and Service Area that offer nutrition services in the form of congregate meals for seniors. Also, as there is little literature available on the topic of congregate meal participation, this report also seeks to contribute to filling the gap in this research area.

Literature Review

I. Benefits of Congregate Meals

Food Insecurity

According to USDA, the occurrence of food insecurity in the U.S. in 2008 was at its highest level since 1995. In this same year 8.1% of households resided in by an older adult, and 8.8% of individual seniors were food insecure. If those who are marginally food insecure are added, the numbers grow much higher. Food insecurity has been shown to lead to an assortment of nutritional and other health problems. With the senior population on track to grow steadily from 40.2 million in 2010, to 54.8 million in 2020, and 72.1 million in 2030. By 2030, nearly one in five Americans will be aged 65 or older. (Lee, Fischer & Johnson 2010) At current food insecurity rates, this means more than 6.3 million seniors will have limited availability or access to food. Congregate meals can serve as ways to greatly reduce this food insecurity among American seniors.

Congregate Meals as Sources of Nutrition

Meals provided through the nutrition program must comply with the most recent dietary guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture. Each meal must also provide each participant a minimum of 33 1/3 percent of the Dietary Reference Intakes (DRI) as established by the Food and nutrition Board of the Institute of Medicine of the National Academy of Sciences. (<http://eciaaa.org> 2010) These requirements ensure that participants are getting at least one healthful meal a day, but to increase the overall effect of the congregate program, education should also accompany meals in an attempt to extend healthy nutrition habits to other meals as well.

Congregate Meal Sites and Senior Nutrition Education

Congregate meal sites are great settings to provide seniors with nutrition education that can be applied during other meal times. With many congregate programs limiting the types or quantities of foods served in accordance with dietary guidelines, beyond this, several studies show that nutrition education can help to guide seniors' food choices outside the congregate setting.

It has been shown that with just three twenty-minute lessons on different nutrition topics, seniors can significantly increase post-test scores relative to pre-test scores after sessions on nutrition areas such as protein, fiber, and the United States Department of Agriculture Food Guide Pyramid. These results demonstrated that “the nutrition lessons increased the participant’s knowledge about the importance of consuming a variety of foods, proper portion sizes, need for dietary protein and fiber, and healthful food choices to increase variety, protein, and fiber in their diets. These results are consistent with those of other researchers who found that nutrition education programs at congregate meal sites were successful in improving knowledge.”

(Rosenbloom *et al.* 2004)

Beyond measuring seniors' knowledge of healthy nutrition topics, altering seniors' eating habits to apply this knowledge is what is most important. One study in Ohio focused on non-metropolitan or semi-rural resident seniors, a population similar to that of East Central Illinois. Seniors that participated in congregate meals were given four lessons from the Healthy Eating for Life Program (HELP). These lessons are designed to facilitate movement along a continuum of behaviors. Behaviors ranged from being ignorant of one's eating habits and the connections to one's health to applying learned skills to adopt healthy eating behaviors. (Long *et al.* 2003) Using “Stages of Change” and “Checkup on Your Healthy Eating Practices” instruments to measure seniors' behaviors, this study found that compared to a control group, a group that

received the HELP lessons showed higher reported consumption of vegetables. On post-tests, most seniors in this group rated themselves at Maintenance, or eating 3-4 servings of vegetables a day for the past six months. This is significant compared with the control group who most rated themselves at Pre-contemplation, or eating fewer than 3-4 servings of vegetables, seeing no need to change, and having no intention of doing so. (Long *et al.* 2003)

Daily Structure and Mental Health

As Americans age and move into lives of retirement, the organization of their days may undergo vast changes in terms of structure and schedule. Without the parameters of a work day to guide what time different activities of daily living are done, seniors may have difficulty transitioning into their departure from the workforce. In a study by Dave, Rashad & Spasojevic (2006), the effects of retirement on health outcomes was explored. Using panel data methodologies the researchers analyzed data from the Health and Retirement Study. This study is conducted biennially by the Institute for Social Research at the University of Michigan, and seeks to gather “life-cycle changes in health and economic resources, and includes detailed information on various health outcomes.” (Dave, Rashad, & Spasojevic 2006)

The results of this study indicated that when individuals have retired completely from the workforce for a period of six years, they can experience as much as a 16% increase in complications with mobility and completing activities of daily living. They can further experience nearly a 10% decline in mental health during the same time period. (Dave, Rashad, & Spasojevic 2006) These declines in cognition and the ability to complete daily tasks could easily leave a person with feelings of helplessness, hopelessness, and despair that would only contribute to their further deterioration. In some cases, individuals may develop patterns of self-neglect or substance abuse.

These adverse effects have been shown to function through changes in one's lifestyle during retirement. These changes can include reductions in both one's physical activity and social exchanges. (Dave, Rashad, & Spasojevic 2006) One's coworkers can make up a large section of one's social circle. When one retires, the daily interactions with this group of people will be greatly reduced if not completely eradicated.

Additional analysis showed that these negative health changes could be moderated if the person "is married and has social support, continues to engage in physical activity post-retirement, or continues to work part-time upon retirement." (Dave, Rashad, & Spasojevic 2006) It is easy to see how regular attendance at a congregate meal site could also aid in these moderations by providing people an opportunity to get out of their homes and interact with other people.

Most congregate meal programs in East Central Illinois serve meals at a certain time of day and require advance reservations of meals. The set time requires seniors to plan their day around the mealtime thus providing a static order to their daily routines. The simple act of making a reservation provides one with short-term plans that can aid in daily structure or goal accomplishment.

Social Interaction

In 2000, the Chicago Suburban Area Agency on Aging (SAAA) held focus groups at several congregate meal sites to gather opinions of participants. There were numerous positive comments on the social and structural benefits gleaned from participating at the site. The congregate meal program gave participants a reason to get up and going while also keeping them young and mentally active. The sites were said to promote "conversation, camaraderie, support

and friendship.” The site also provided participants with opportunities to volunteer which increased feelings of belonging and accomplishment. (Silver, 2001)

The relationship between social interactions and health are not fully understood, but one large scale study does draw some noteworthy conclusions. Data from over 16,000 persons were collected using the Healthy Aging portion of the Canadian Community Health Survey. From these data, the relationships between engaging in social activities or encounters and health related factors were studied to observe if any significance existed. These factors included self - perception of one’s health, loneliness and dissatisfaction with life. (Gilmour 2012)

Participants in this study were asked how often they participated in eight types of social activities. Someone was determined to be a frequent participant in an activity if they participated at least once a week in family or friendship activities outside of the home; church or religious activities such as services, committees, or choirs; sports or physical activities with other people; or other recreational activities involving other people such as hobbies, bingo, or other games. Someone was determined to be a frequent participant if they participated at least once a month in educational and cultural activities involving other people such as taking courses, attending concerts or visiting museums; service club or fraternal organization activities; neighborhood, community, or professional association activities; or volunteer or charity work. (Gilmour 2012)

The results of this study point to a positive relationship between social support and health and wellbeing. “The number of social activities in which individuals frequently participated was strongly and significantly related to each of the health and well-being outcomes..” (Gilmour 2012) The researcher found of the respondents, “As the number of activities increased, their

likelihood of reporting positive self-perceived health rose, and their likelihood of reporting loneliness or life dissatisfaction decreased.” (Gilmour 2012)

If congregate meal sites are able to offer physical activity like exercise, games like Bingo or cards, as well as information on nutrition and general wellbeing, one who regularly attends a congregate meal site could be categorized as frequently participating in a variety of social activities. If the individual is able to volunteer while at the site, the list of activities climbs even further.

II. Reported Barriers to Participation

A few studies have been done to determine why participation at congregate meal sites has been declining. Their findings indicate that a variety of explanations exist as to why individuals are not participating in congregate meals. These include individuals’ lack of recognition that they have a need for congregate services, insufficient transportation, poor health, social uneasiness, displeasure with food served, and a general lack of awareness of congregate programs in their area. (Silver 2001)

In the aforementioned SAAA focus groups, barriers to attendance were further explained. Transportation issues were the most cited problems for older adults attempting to attend congregate meals. Those who had to rely on public transportation found it problematic especially in inclement weather. Accommodations for special transportation were equally problematic in that participants would often arrive late for meals that are served at set times each day. Those who could drive themselves complained of lack of parking in the site’s vicinity. (Silver 2001)

Another barrier to participation noted in the focus groups was lack of awareness that congregate meal programs even exist. (Silver 2001) Obviously, individuals cannot access a service that they are not aware of. Suggestions raised in the focus groups to combat this problem included advertising in community newspapers, developing an informative brochure on congregate programs, posting fliers in churches or other community meeting places, and conducting door to door campaigns in heavily senior populated neighborhoods. (Silver 2001)

Finally, the SAAA focus groups yielded the fact that congregate meals were perceived as restricting the types of food one can eat, and the times of day one has to eat. Some focus group participants indicated that a restaurant model would be preferred due to the increased number of menu items available. Also, the restaurant model would allow seniors to eat at times of day other than noon, which for some is not the desired time for their main meal of the day. (Silver 2001) By serving a set menu at noon everyday, congregate meal sites could be viewed as constrictive. Having options is important to people, and in a world full of other alternatives, a congregate meal site might not be the first preference of seniors. It was suggested that this attitude could be combatted, however, if the congregate sites were able to offer a variety of activities for participants to do before or after the meal. Alternatively, if group activities to be done out in the community were able to originate at the congregate site, this would also draw people in. (Silver 2001)

III. Predicting Congregate Meal Participation

Enablers that lead to participation

One of the goals of the Administration on Aging Nutrition Program is to reach out to those in greatest need including minorities and those in poverty. To target these populations, it is important to understand what factors predispose, enable, and require them to utilize services,

specifically, congregate meals. A multivariate analysis involving 151 community dwelling African American seniors in urban and suburban settings in southeast Michigan was conducted to explore what characteristics tended to lead these seniors to utilize congregate meals. (Weddle *et. al.* 2013)

This analysis took the position that it was not a single factor or characteristic that led to utilization of congregate meals. Rather, it was a combination of characteristics that interacted to lead to a propensity for congregate meal participation. These characteristics can be categorized as predisposing, enabling, and need based. Predisposing characteristics would include demographic traits such as age, race, gender, etc. Enabling characteristics involve the social and cultural context in which the individuals find themselves. Examples include education, support networks, and housing. And need characteristics take into account chronic illness or malnourishment. (Weddle *et. al.* 2013)

Using a ten item Nutrition Screening Initiative (NSI) checklist and a 22 item health and lifestyle survey, different characteristics were assessed as to their impact on congregate meal participation. By measuring congregate meal service use against a variety of independent variables, it could be evaluated as to which of these variables occurred at a significant frequency with meal use.

Results from this investigation found that the predisposing characteristics of age and gender had no significant influence on congregate meal utilization. The enabling characteristic of living situation was noted to impact participation in that those who lived alone were more likely to attend congregate meals. Importantly, it was found that those who did attend congregate meals were at a higher nutrition risk than those who did not attend. As could be

assumed, awareness of a congregate meal program was a high indicator of use. It was noted that more people were aware of home-delivered meal services than congregate meals, and this could in part be due to the memorable name “Meals on Wheels,” where congregate meals has no catchy counterpart. (Weddle *et.al.* 2013)

The lessons highlighted by this report make salient the need to assess nutritional risk in our older population to provide early modes of intervention. Also, as was found by this sample, many African American seniors are at nutrition risk, but have not been screened as such, and so go without assistance. The report acknowledges that as the senior population continues to swell, new and innovative methods will be required to sustain congregate meal programs and make them prosper. Also, further research in this area is required to address these issues. (Weddle *et.al.* 2013)

Habit Formation

Perhaps the best predictor of future congregate meal participation is past participation. In an analysis of habit formation, it was found that several psychological mechanisms operate in which past behavior will affect future performance, and can lead to the formation of habits. (Ouellette & Wood 1998) Behaviors that are practiced and carried out in a stable context such as a congregate meal location will likely be repeated because they can be performed quickly and effortlessly without much forethought. These behaviors may begin with intentions or be goal directed, but as behaviors in pursuit of these goals and intentions are repeated over time, the conscious recognition of these motivators is not required for the behaviors to still occur. (Ouellette & Wood 1998) This means seniors may have the goals of eating better or getting out of their homes more and may turn to congregate meals as a way to accomplish these goals. Over time, as attendance is repeated, the goals of better nutrition or increased socialization are not

consciously considered as one continues to participate in congregate meals. This indicates a period of time where attendance has to be consciously considered, but after which it becomes routine and predictable. This would suggest that rather than sporadic events that boost one-time participation, initiatives to gain repeated attendance throughout this period of thoughtful intention might serve sites better in producing larger turnouts over time.

Methodology

The goals for this study are to answer several questions regarding congregate meal participation and thus offer recommendations to the ECIAAA on how to bolster participation at Agency funded meal sites. What motivates people to first attend a congregate meal? What keeps them coming back over time? What are the barriers or challenges that cause people to stop coming, or keep them from ever attending in the first place? What role do people's perceptions play in participation? With the physical and social benefits of congregate meals for seniors being made clear by the literature, this study aims to recommend how providers of these meals in East Central Illinois can increase participation in their programs.

Research Materials and IRB Approval

To accomplish the above stated goals, a variety of methods were developed. These instruments and the methods to distribute them were developed using an Illinois State University Institutional Review Board (IRB) Protocol Submission Form. Informed consent statements were also developed to protect research participants' confidentiality as well as from any associated risks

The first method was a survey of individuals who are currently participating in a congregate meal program in the sixteen county area of PSA 05. The second method involved surveying individuals who are eligible to participate in a congregate meal program, but are not currently doing so. The final method involved interviewing persons that have experience working within a congregate meal program. These people included program directors, assistant directors, and site supervisors.

Congregate Meal Participant Survey

The most obvious way to gather perceptions, preferences, and motivations of congregate meal attendees was to ask them directly. Using the previously discussed literature, a questionnaire was developed to gather information on an assortment of topics. Questions addressed participants' perceptions of their own food insecurity, general health, and fruit and vegetable intake. The questionnaire was also designed to highlight features of congregate sites that participants find essential or important, as well as to identify the most effective methods sites can use to advertise their services to the communities they serve. Demographic questions were also included.

Surveys of participants were initially to be conducted online or over the phone. Fliers were produced stating the goals of the study and asking participants to share their perspectives. The fliers had tear-off tabs along the bottoms giving a phone number and website where the survey could be accessed. (See Appendix # 4) The fliers were distributed to congregate meal providers to be posted at their meal sites.

Following several days of low response rates, IRB approval was sought and obtained for the researcher to visit local congregate sites and have participants fill out the questionnaires in person. This also provided first hand accounts of a mixture of congregate sites across the region. In total, one individual completed the questionnaire online, nine people called in and completed the questionnaire over the phone, and thirty-six people completed questionnaires in person at the congregate meal sites they attended. Of these in-person respondents, twelve attended a meal site in Danville, ten in Normal, twelve in Chenoa, and two in Mattoon. Several surveys were left at the Mattoon meal site, and seven were completed and mailed to the researcher for analysis. This provided a total of fifty-three completed questionnaires by congregate meal participants.

Non-Participant Survey

The second method also involved a questionnaire; one designed for seniors who do not currently participate in an Agency funded congregate meal program (hereafter referred to as **non-participants**). This questionnaire also addressed perceptions of food security, general health, and fruit/vegetable consumption. Other questions addressed barriers or challenges in participation as well as features of meal sites that these individuals would find essential or important. Again, some demographic questions were also asked.

Using the ECIAAA's Client Tracker database of clients, the researcher obtained the names and phone numbers of individuals that had utilized some sort of agency funded service in the past twelve months. The goal of 50 completed questionnaires was set to provide a numerically similar sample to the group of congregate meal participants. The Client Tracker database contained the names of 23,013 individuals arranged alphabetically. To obtain a random sample the total number of Client Tracker names was divided by 50, yielding the number 460. The researcher then compiled a list of fifty potential respondents taking every 460th name from the Client Tracker list.

Calls were placed to each of the telephone numbers provided with the Client Tracker names. Numbers were called until one of three outcomes occurred: the desired respondent answered and completed the non-participant questionnaire over the phone, the desired respondent answered and refused to complete the non-participant questionnaire, or the desired respondent was unable to be reached after three phone call attempts. For those who were unable to be reached on the first or second call, the time of each call was recorded and subsequent calls were made at different times of day.

The initial pool of fifty numbers yielded only twenty-one completed questionnaires. Continuing where the first list left off, the researcher again compiled every 460th name from the client tracker list, starting the list over alphabetically when necessary. After obtaining an additional 50 numbers, fifteen more surveys were completed. The process was again repeated resulting in a potential non-participant pool of 150 names and telephone numbers.

Out of the 150 numbers dialed, twenty-six were disconnected. Of the remaining 124, seventy-four were either unreachable after three call attempts or refused to take part in the study. Four surveys were begun, but ended prematurely before they could adequately be counted as completed. This provided the researcher with forty-six completed questionnaires of individuals not currently participating in congregate meals, yielding a response rate of 37.1%

Key Informant Interviews

The third method consisted of interviews with individuals identified as key informants involved with nutrition programs. These included program directors, assistant directors, and congregate meal site supervisors. These interviews were comprised of questions on participant recruitment practices, community outreach, participant preferences and complaints, and challenges or barriers to participation.

There are three primary nutrition providers in PSA 05, and these providers each operate multiple congregate sites in their respective regions. At least one interview was obtained from representatives of each of these providers. An initial e-mail was sent out to nutrition site staff informing them of the study and requesting their participation. For convenience, questions could be answered over the phone, in person, or online. One interview was completed online, one interview was conducted in person, and four were conducted over the phone for a total of six key-informant interviews.

The answers to the interview questions were then analyzed to discern recurring themes, challenges, and successes or recommendations. The analysis of these answers follows in the *Survey Results and Discussion* sections.

Final Sample

With fifty-three respondents to the congregate meal participant questionnaire, forty-six respondents to the non-participant questionnaire, and the six key-informant interviews, a total of 105 individuals contributed to the results of this study.

Copies of each of the research instruments used in this study can be found attached in Appendices 1-4.

Survey Results

Survey Results of Congregate Meal Participants

The first questions of the participant survey dealt with perceived food security. An overwhelming majority of participants reported always having enough food to eat and always having enough money to buy that food. A similar majority believed congregate meals aided them in satisfying their nutritional needs. (Fig. 1) This sample population shows very low risk levels for food insecurity, thus indicating that the Administration on Aging Nutrition Program is satisfactorily accomplishing its first stated goal in Area 05.

Transportation did not seem to pose a barrier to the respondents, as most reported being able to easily access the site's location. Most respondents felt comfortable and welcome at their respective sites, and only a small fraction disagreed with usually enjoying the food. Nearly half of the respondents did not feel that congregate meal participation limited their ability to eat the foods of their choosing. (Fig. 1) Over 40% of respondents did feel that congregate meals limited the times of day they could eat (Fig. 1); however, when given the option, 75% reported that noon would be their preferred time of day to attend a congregate meal. (Fig. 2) As nearly four out of five respondents attended a noon only congregate meal, the perceived limiting of meal times does not seem to interfere with respondents' preferences.

Respondents most often cooked for themselves with friends or family tending to cook for them sporadically if at all. Restaurants and diners tended to be visited most often on an occasional or rare basis. As may have been expected, most respondents oftentimes ate simple meals like sandwiches or soup. Over 90% reported attending congregate meals with some sort of regularity, which may increase our confidence in their representation of the larger population of

congregate meal attendees. No respondent reported skipping meals or eating sparingly most of the time. Most indicated that this occurred rarely or never. (Fig. 3)

The reported general health of the congregate meal participants appears to be more than satisfactory with nearly 40% reporting their health to be **Very Good**. In total, 82.7% rated their health as **Excellent, Very Good, or Good**. 17.3% responded with **Fair**, and no one reported being in **Poor** health. (Fig. 4) Although most respondents reported eating only **1-2 servings** of fruits and vegetables in a typical day, a higher combined percentage reported eating **3-4 or more than 4 servings** a day. (Fig. 5)

People reported receiving varying amounts of encouragement from various individuals. Slightly more people received encouragement from their friends than from their family members, but both of these groups gave much more encouragement than respondents' doctors. (Fig. 6)

The three features of congregate meal sites most rated as **Essential** were **a friendly and knowledgeable staff, a pleasant and welcoming environment, and adequate transportation and parking**. Other features that were repeatedly rated as **Very Important** or at least **Somewhat Important** were **choice in menu, attractive presentation of the food, ability to give feedback to site staff, nutrition based programs and activities, and well advertised services**. The only feature that was significantly rated as **Not at all Important** was **opportunities to volunteer**. (Fig. 7) This indicates that seniors may be disinclined to attend a congregate meal site if they expect they will be put to work.

All of the positive features associated with congregate meals were rated as **Essential** or **Very Important** to the majority of respondents. **Getting good food to eat and living a healthier lifestyle** were the two highest rated features, while **learning nutrition information**

was seen as **Essential** or **Very Important** by only around half of respondents. (Fig. 8)

Approximately ninety percent of respondents had recommended the site to their friends or family indicating a willingness to aid the meal site in increasing its participation numbers.

In terms of advertising the site to people over 60, most congregate meal participants believed the decidedly more low-tech methods of marketing would work best. More than half indicated that fliers hung at churches or grocery stores would best make people aware of the program. Following this were mailed items and signs or billboards. Only around a tenth of respondents believed telephone/text messages, e-mail, or social media would be effective. (Fig. 9) Although it may be expected that this trend will reverse in the coming years, for the East Central Illinois seniors of 2013, technology is not yet the best way to advertise to them.

When asked, “Do you have any further thoughts on how to increase participation at this congregate meal site?” several interesting responses were given. One respondent urged meal sites to be more accommodating to special dietary needs. Several wished salt would be made available to add flavor to the food. This would seem reasonable in that meal sites could continue to provide meals that met Dietary Reference Intake recommendations, while simply giving participants the option to further season their meals. A few comments recommended having doctors or other health care workers recommend congregate sites to patients. Leaving fliers or information on local sites in doctors’ offices or clinics was also recommended. One respondent replied, “People think it’s (congregate meals) for low income people, but this is not the case.” As is further discussed in the Key-Informant Interview section, this stigma of congregate meals as being for poor people is one of significance and is in need of being addressed.

The demographic questions point to a roughly equal proportion of men and women participants. The average age of the congregate meal participant sample was 75.3 years old. Reported race/ethnicity of the participant sample was not representative of the population as a whole as 93.8% of respondents reported being white or Caucasian. Only one respondent reported being black or African American, and two reported being Asian. There were zero Hispanic respondents. (Fig. 10) If this sample's racial makeup is indicative of the entire congregate meal participant population in PSA 05, it is clear that meal sites are not doing enough to attract minorities, who are often viewed as being in the greatest social and economic need. This participant sample was fairly well educated with over 30% reporting having a Bachelor's degree or higher educational attainment. (Fig. 11) Incomes were distributed evenly among participant respondents with the income ranges of **\$10,001-\$15,000**, **\$25,001-\$30,000**, and **Over \$40,000** having the highest rates of response at 14.0% each. (Fig. 12)

Figure 1. Responses to the phrase, “Please respond to each statement with the extent to which you agree or disagree.”

	Strongly Agree	Somewhat Agree	Neutral/ Don’t Know	Somewhat Disagree	Strongly Disagree
I feel that I always have enough food to eat.	84.3%	11.8%	0.0%	3.9%	0.0%
I always have enough money to buy the food I need.	73.1%	19.2%	3.8%	3.8%	0.0%
Congregate meals help fulfill my nutritional needs.	60.8%	35.3%	3.9%	0.0%	0.0%
I can easily travel to and from a congregate meal site.	80.8%	3.8%	1.9%	11.5%	1.9%
I feel comfortable and welcome at the congregate meal site.	86.5%	7.7%	1.9%	3.8%	0.0%
My health sometimes keeps me from attending congregate meals.	4.2%	31.3%	8.3%	16.7%	39.6%
I usually enjoy the food served at the congregate meal site.	64.0%	32.0%	0.0%	2.0%	2.0%
I feel participating in the congregate meal program limits my ability to choose which foods I can eat.	6.0%	18.0%	22.0%	14.0%	40.0%
I feel participating in the congregate meal program limits which times of day I can eat.	14.3%	28.6%	8.2%	14.3%	34.7%

Figure 2. Responses to the question, “If you had the option, which time of day would you prefer to attend a congregate meal?”

Early morning	5.8%
Midmorning	13.5%
Noon	75.0%
Early Afternoon	3.8%
Late Afternoon	1.9%
Evening	0.0%

Figure 3. Responses to the question, “How do you usually get your meals?”

	Most of the time	Sometimes	Rarely	Never
I cook for myself.	42.0%	34.0%	16.0%	8.0%
I eat at restaurants/diners.	12.2%	61.2%	18.4%	8.2%
I attend congregate meals.	31.9%	57.4%	10.6%	0.0%
Friends or family cook for me.	8.3%	27.1%	25.0%	39.6%
I eat meals that are easy to fix like sandwiches, microwaveable meals, or soup.	38.0%	44.0%	10.0%	8.0%
I often skip meals or eat sparingly.	0.0%	35.4%	27.1%	37.5%

Figure 4. Responses to the question, “In general, would you say your health is...”

Excellent	11.5%
Very Good	38.5%
Good	32.7%
Fair	17.3%
Poor	0.0%

Figure 5. Responses to the question, “How many fruits and/or vegetables do you usually eat each day?”

0 servings	5.8%
1-2 servings	46.2%
3-4 servings	36.5%
More than 4 servings	11.5%

Figure 6. Responses to the phrase, “I receive encouragement to attend congregate meals from my...”

	Strongly Agree	Somewhat Agree	Neutral/Don’t Know	Somewhat Disagree	Strongly Disagree
Family	41.9%	18.6%	18.6%	2.3%	18.6%
Friends	51.3%	15.4%	17.9%	2.6%	12.8%
Doctor	15.6%	9.4%	28.1%	6.3%	40.6%

Figure 7. Responses to the question, “How important are the following features of a congregate meal site to you?”

	Essential	Very Important	Somewhat Important	Not at all Important
Choice in menu, including cultural and dietary considerations	18.8%	25.0%	39.6%	16.7%
Attractive presentation of the food	26.5%	24.5%	42.9%	6.1%
A friendly and knowledgeable staff	43.8%	39.6%	16.7%	0.0%
A pleasant and welcoming environment	35.4%	62.5%	2.1%	0.0%
Ability to give feedback to site staff	14.3%	44.9%	38.8%	2.0%
Opportunities to volunteer	6.7%	15.6%	37.8%	40.0%
Adequate transportation and parking	29.2%	37.5%	27.1%	6.3%
Nutrition based programs, services, and activities	14.3%	51.0%	24.5%	10.2%
Well advertised services	20.8%	41.7%	31.3%	6.3%

Figure 8. Responses to the following phrase, “Please rate the following positive features associated with congregate meals in importance to you.”

	Essential	Very Important	Somewhat Important	Not at all Important
Living a healthier lifestyle	28.0%	56.0%	16.0%	0.0%
Getting good food to eat	31.4%	66.7%	2.0%	0.0%
Meeting new people	29.4%	31.4%	29.4%	9.8%
Maintaining current relationships	35.3%	41.2%	15.7%	7.8%
Learning nutritional information	15.7%	35.3%	33.3%	15.7%

Figure 9. Responses to the question, “How “can the site best advertise its services to people over 60?”

Mail	22.7%
Telephone/Text Messages	6.8%
Signs/Billboards	13.6%
E-mail	2.3%
Fliers at church, grocery stores, etc.	52.3%
Social Media (Facebook, Twitter)	2.3%

Figure 10. Responses to question, “What is your ethnicity?”

White or Caucasian	93.8%
Black or African American	2.1%
Hispanic	0.0%
Asian	4.2%
American Indian or Alaska Native	0.0%
Native Hawaiian or other Pacific Islander	0.0%

Figure 11. Responses to question, “What is your highest level of education?”

Less than high school diploma	10.4%
High School diploma	41.7%
Some college including Associate’s degree	16.7%
Bachelor’s Degree	10.4%
Some post graduate work or advanced degree	20.8%

Figure 12. Responses to the question, “Which category best describes your annual household income?”

REFUSED	23.3%
Less than \$10,000	7.0%
\$10,001-\$15,000	14.0%
\$15,001-\$20,000	4.7%
\$20,001-\$25,000	11.6%
\$25,001-\$30,000	14.0%
\$30,001-\$35,000	2.3%
\$35,001-\$40,000	9.3%
Over \$40,000	14.0%

Survey Results of Non-participants

Like the congregate meal participant survey, the survey of non-participants began with questions of food security. Again, a strong majority of 67.4% felt that they always had enough food to eat; however, only 50.0% of respondents felt they always had enough money to buy the food they needed. Based on these responses, the food security of this sample appears to be at risk. 80.4% of respondents reported that they did not have a need for congregate meals, or were unsure if they had a need. (Fig. 13)

Transportation did not seem to pose a barrier to the respondents, as most reported they could easily travel to and from a congregate site if they chose to. Only about a third of respondents indicated that they would feel comfortable attending a congregate meal site, but over half of respondents believed they would enjoy the food served. Almost forty two percent felt their health could possibly limit their ability to attend a congregate meal site. Only about one in five respondents were on a special diet, the standards of which a congregate meal may possibly not meet. Most respondents felt that congregate meals could possibly limit the types of food they eat and which times day they could eat. (Fig. 13)

Only 10.9% of respondents had attended a congregate meal in the past. Of those that chose to share why they did not currently attend, answers given included, “Site was closed down,” and “Health problems.”

Respondents most often cooked for themselves, and these tended to be meals that are easy to fix like sandwiches or soup, or meals ready to eat right out of the package. Restaurants and diners tended to be visited most often on an occasional or rare basis. Survey results indicate that friends or family of respondents tended to cook for them rarely or not at all. Although only

6.7% reported skipping meals or eating sparingly most of the time, nearly half answered that they did this sometimes. (Fig. 14) This could also point to a lack of food security among this sample.

The reported general health of the non-participants appears to be evenly varied with an array of responses across the categories. In total, 48.9% rated their health as **Excellent, Very Good, or Good**. 31.1% responded with **Fair**, and 20.0% reported being in **Poor** health. (Fig. 15) Two thirds of respondents reported eating only **1-2 servings** of fruits and vegetables in a typical day, and no one reported eating **more than 4 servings** a day. (Fig. 16)

Most individuals (55.3%) reported that they would prefer to attend a congregate meal at noon. 26.4% would prefer a morning meal, while 18.4% preferred a meal in the late afternoon or evening. (Fig. 17)

When asked how encouragement from different individuals might affect their likely attendance, doctors appeared to be much more influential than either friends or family members. 64.4% either strongly or somewhat agreed that a doctor's encouragement would likely cause them to attend a congregate meal, whereas encouragement from family and friends garnered agreement from 37.8% and 44.4% of respondents respectively. (Fig. 18) Using this information, it might prove beneficial for congregate sites to reach out to nearby health care providers, providing them with information on the physical and social benefits of the program, and asking for their recommendation to patients. Also, with nearly half of respondents indicating a friend's encouragement would urge them to attend, current congregate meal participants should be urged to reach out to their friends or acquaintances to bolster participation.

The three features of congregate meal sites most rated as of **Essential** importance were a **friendly and knowledgeable staff, a pleasant and welcoming environment, and adequate transportation and parking**. Other features that were repeatedly rated as **Very Important** or at least **Somewhat Important** were choice in menu, attractive presentation of the food, ability to give feedback to site staff, nutrition based programs and activities, and well advertised services. Again, **opportunities to volunteer** were significantly rated as **Not at all Important**. (Fig. 19)

Awareness of congregate meal programs is a major point of concern. When respondents were asked how aware they were of congregate meal programs in their communities, only 4.5% reported they were **very much aware**. Almost forty one percent were **somewhat aware**, but a notable 54.5% were **not at all aware** of any congregate program in their area. (Fig. 20) On top of being largely unaware of congregate programs, the respondents also displayed little desire in obtaining further information on such programs. When asked if they would be interested in learning more about congregate meal sites in their communities, 70.5% said “**No**.”

In terms of advertising the site to people over 60, most non- participants believed advertisements in local newspapers would be most effective. Other popular methods included mailings, television or radio ads, and fliers at churches or grocery stores. Again, there were low numbers of respondents believing telephone or text messages would be effective, and no respondents believed social media like Facebook or Twitter would be a good way of advertising. (Fig. 21) This group’s responses indicate they are in agreement with the current congregate meal participants that although it may be expected that this trend may shift in the future, for the East Central Illinois seniors of 2013, technology is not yet the best way to advertise to them.

The demographic questions revealed 33.3% of respondents to be male while the rest were female. The average age of the congregate meal participant sample was 72.6 years old. Ninety five percent of respondents reported being white or Caucasian. Only two respondents reported being black or African American, and one American Indian or Alaska Native. There were zero reported Hispanic respondents. (Fig. 22)

Just over forty percent of non-participants reported a high school diploma as their highest level of education. Almost thirty two percent had attended some college including achieving an Associate's degree. 12.2% had a Bachelor's degree and 0% had any post-graduate work or advanced degrees. 14.6% reported having less than a high school diploma. (Fig. 23)

Reported annual household incomes skewed towards the lower end of the ranges provided on the questionnaire. The most commonly reported (30.0% of respondents) income range was **\$10,000-\$15,000**. 17.5% earned **\$15,001-\$20,000** and there are small percentages of individuals in the next three highest income brackets. No one reported earning more than \$35,000 annually. (Fig. 24)

Figure 13. Responses to the phrase, “Please respond to each statement with the extent to which you agree or disagree.”

	Strongly Agree	Somewhat Agree	Neutral/ Don’t Know	Somewhat Disagree	Strongly Disagree
I feel that I always have enough food to eat.	39.1%	28.3%	0.0%	17.4%	15.2%
I always have enough money to buy the food I need.	28.3%	21.7%	0.0%	19.6%	30.4%
I feel that I have a need for congregate meals.	4.3%	15.2%	17.4%	23.9%	39.1%
I feel that I could easily travel to and from a congregate meal site if I chose to.	45.7%	17.4%	4.3%	8.7%	23.9%
I would feel comfortable attending a congregate meal site.	21.7%	13.0%	6.5%	21.7%	37.0%
I feel that my health would limit my ability to attend congregate meals.	27.9%	14.0%	0.0%	16.3%	41.9%
I am on a special diet that would not be met through congregate meals.	15.6%	6.7%	2.2%	17.8%	57.8%
I think I would enjoy the taste of the food served at congregate sites.	19.6%	34.8%	23.9%	10.9%	10.9%
I feel participating in a congregate meal program would limit my ability to choose which foods I could eat.	27.3%	27.3%	36.4%	6.8%	2.3%
I feel that participating in a congregate meal program would restrict which times of day I could eat.	26.7%	28.9%	28.9%	11.1%	4.4%

Figure 14. Responses to the question, “How do you usually get your meals?”

	Most of the time	Sometimes	Rarely	Never
I cook for myself.	56.5%	32.6%	6.5%	4.3%
I eat at restaurants/diners.	4.4%	35.6%	37.8%	22.2%
Friends or family cook for me.	13.0%	21.7%	23.9%	41.3%
I eat meals that are easy to fix like sandwiches, microwaveable meals, or soup.	37.0%	39.1%	13.0%	10.9%
I eat meals that are ready to eat right out of the package.	30.4%	41.3%	13.0%	15.2%
I often skip meals or eat sparingly.	6.7%	46.7%	20.0%	26.7%

Figure 15. Responses to the question, “In general, would you say your health is...”

Excellent	4.4%
Very Good	17.8%
Good	26.7%
Fair	31.1%
Poor	20.0%

Figure 16. Responses to the question, “How many fruits and/or vegetables do usually eat each day?”

0 servings	15.6%
1-2 servings	66.7%
3-4 servings	17.8%
More than 4 servings	0.0%

Figure 17. Responses to the question, “Which time of day would you be the most likely to attend a congregate meal?”

Early morning	13.2%
Midmorning	13.2%
Noon	55.3%
Early Afternoon	0.0%
Late Afternoon	2.6%
Evening	15.8%

Figure 18. Responses to the phrase, “I would likely attend a congregate meal site if I was encouraged by my...”

	Strongly Agree	Somewhat Agree	Neutral/Don’t Know	Somewhat Disagree	Strongly Disagree
Family	11.1%	26.7%	24.4%	11.1%	26.7%
Friends	13.3%	31.1%	22.2%	13.3%	20.0%
Doctor	40.0%	24.4%	15.6%	8.9%	11.1%

Figure 19. Responses to the question, “How important would the following features of a congregate meal site to you?”

	Essential	Very Important	Somewhat Important	Not at all Important
Choice in menu, including cultural and dietary considerations	11.6%	44.2%	25.6%	18.6%
Attractive presentation of the food	14.0%	41.9%	20.9%	23.3%
A friendly and knowledgeable staff	14.0%	55.8%	18.6%	11.6%
A pleasant and welcoming environment	16.7%	57.1%	14.3%	11.9%
Ability to give feedback to site staff	4.9%	29.3%	46.3%	19.5%
Opportunities to volunteer	2.4%	23.8%	14.3%	59.5%
Adequate transportation and parking	11.9%	52.4%	19.0%	16.7%
Nutrition based programs, services, and activities	2.4%	31.0%	28.6%	38.1%
Having the program well advertised	9.5%	47.6%	21.4%	21.4%

Figure 20. Responses to the question, “How aware are you of congregate meal programs in your community?”

Very much aware	4.5%
Somewhat aware	40.9%
Not at all aware	54.5%

Figure 21. Responses to the question, “What is the best way a congregate meal site could make you aware of their services?”

Mail	24.2%
Telephone/Text Messages	3.0%
E-mail	3.0%
Notices at churches or grocery stores	9.1%
Television/Radio advertisements	15.2%
Newspapers	45.5%
Social media (Facebook, Twitter)	0.0%

Figure 22. Responses to the question, “What is your ethnicity?”

White or Caucasian	95.3%
Black or African American	4.7%
Hispanic	0.0%
Asian	0.0%
American Indian or Alaska Native	2.3%
Native Hawaiian or other Pacific Islander	0.0%

Figure 23. Responses to the question, “What is your highest level of education?”

Less than high school diploma	14.6%
High School diploma	41.5%
Some college including Associate’s degree	31.7%
Bachelor’s Degree	12.2%
Some post graduate work or advanced degree	0.0%

Figure 24. Responses to the question, “Which category best describes your annual household income?”

REFUSED	25.0%
Less than \$10,000	15.0%
\$10,001-\$15,000	30.0%
\$15,001-\$20,000	17.5%
\$20,001-\$25,000	5.0%
\$25,001-\$30,000	2.5%
\$30,001-\$35,000	5.0%
\$35,001-\$40,000	0.0%
Over \$40,000	0.0%

Discussion

Comparison and Contrast of Participant and Non-Participant Surveys

Examining the results of the two surveys together offers us some key insights into factors that are helping or hindering participation in congregate meal programs.

The first questions of both surveys concerned perceptions of food security. When we look at the responses of each group side by side, we see that 96.1% of congregate meal participants agree that they always have enough food to eat while only 67.4% of non-participants agreed. Approximately ninety two percent of congregate meal participants agreed that they always have enough money to buy the food they need while just 50.0% of non-participants could agree with this statement. The congregate meal participants appear to be significantly more food secure than those who do not attend congregate meals. In support of this, responses to a later question indicate that congregate meal participants are less likely to skip meals or eat sparingly on a regular basis. Regardless of the difference between the two groups, the non-participant respondents appeared to have relatively high food insecurity rates in general. If this sample is indicative of the population at large, as many as one of every two American seniors may be at or close to nutritional risk.

Besides being more food insecure, non-participants also reported lower levels of general health and fruit/vegetable consumption. More than 80% of congregate meal participants rated their health as **Good, Very Good, or Excellent**. The rest of the participants chose the rating of **Fair**, with no one believing their health to be **Poor**. In contrast, less than 50% of non-participants gave themselves the top three ratings of **Good, Very Good, or Excellent**; and a full 20% of them rated their health as **Poor**. Related to this are reported rates of fruit and vegetable consumption. Congregate meal participants are eating far more fruits and vegetables daily than

their non-participant counterparts. Eleven and a half percent of congregate meal participants reported eating **more than 4 servings** a day. None of non-participants could make this claim. Also, more than twice as many congregate meal participants reported eating **3-4 servings** a day. On the other end of the spectrum, only 5.8% of congregate meal participants reported eating **no fruits or vegetables** in an average day. Nearly three times as many non-participants reported this lack of fruit/vegetable consumption. Congregate meals may therefore be seen as primary sources of increased nutrition and general health among area seniors.

Only about a third of non-participants believed they would feel comfortable attending a congregate meal. Contrary to this, over 94% of congregate meal participants conveyed that they feel comfortable and welcome at their meal sites. As “welcome and comforting environment” was an important feature to both survey groups, it would appear that non-participants’ reservations about feeling comfortable are unfounded. This discrepancy could also be indicative of a stigma associated with congregate meals. Although this issue was not directly asked about on either of the surveys, one current congregate meal participant commented on it, saying, “People think it’s for low income.” As will be discussed later, several of the key informants remarked on the matter of social stigma as well.

Another divergence of opinion occurred in relation to the perceived taste of food served at congregate meal sites. Approximately fifty four percent of non-participants believed they would enjoy the food at congregate sites, whereas 96.0% of participants reported usually enjoying the food. This again highlights a negative perception of congregate meal sites. For one reason or another, there appears to be a negative attitude towards two key features of congregate meals: the food, and the ability to enjoy it comfortably. Based on the current congregate meal

participants' responses though, we might reason that if the non-participants gave a site visit a try, they might change their opinions on these issues.

With regards to encouragement to attend congregate meals, 64.4% of non-participants reported that they would likely attend a congregate meal if encouraged by their doctor. Doctor recommendations could go a long way towards boosting participation numbers at meal sites. However, only 25.0% of current congregate meal attendees receive this type of encouragement from their doctors. Meal sites may therefore want to reach out to local doctors or health care workers to educate them about the meal sites in their areas and the benefits associated with them. They could then ask these health care workers to recommend their patients to the meal sites as part of their overall care.

Both groups of survey respondents rated similar features as important at congregate meal sites. The most important features reported were a friendly and knowledgeable staff and a friendly and welcome environment. Although choice in menu and attractive presentation of the food were rated as important, the focus for most people seems to be on the atmosphere of the meal site. It would seem the food itself is not as important as the environment in which it is served. Neither current congregate meal participants nor non-participants rated "opportunities to volunteer" as important. Although sites may rely on volunteers for their operations, it would seem that seniors are not looking for volunteer opportunities to be pushed upon them, at least in regards to congregate meals. Perhaps by tying the need for volunteers to the health and vitality of a nutrition program that is valued by community members, seniors will view helping out as a way to keep the site open and active rather than merely as work to be done.

One major problem for congregate meal sites in PSA 05 is simple public awareness of the services. Fifty four and a half percent of non-participants were completely unaware of any congregate meal programs in their community. Another 40.9% were only somewhat aware. This leaves only 4.5% of those surveyed reporting that they are very much aware of these types of programs. Oftentimes, non-participants were unsure of what was meant by the term “congregate meal.” Clearly if one is unaware that a service exists, or has no idea what that service even is, they will not use it. Meal sites definitely need to ramp up their advertising or other marketing techniques to increase participation. These advertising methods need not be too elaborate since both survey groups reported fliers, newspaper ads, mailings, or simple signage to be the most effective means of spreading the message.

The two survey groups were fairly similar in terms of demographics, but a few differences are of note. Congregate meal participants were pretty evenly divided between men and women. Non-participants, however, had response rates of just 33.3% men to 66.7% women. Non-participants tended to be slightly younger with an average age of 72.6 years compared to 75.3 years for congregate meal participants. Nearly all respondents in both groups were white, with each survey group yielding three reported minorities.

With regards to highest level of education attained, congregate meal participants tended to be more educated. Although approximately even rates of each survey group had graduated from high school, more congregate meal participants had earned a Bachelor’s degree, and more than 20% had done some post graduate work or earned an advanced degree. No non-participants claimed any education higher than a Bachelor’s degree. Rates of annual household income also indicated higher earnings among congregate meal participants. While only 7.5% of non-participants earned above \$25,000 annually, 39.6% of congregate meal participants earned more

than this amount. Nearly a quarter of congregate meal participants earned over \$35,000 annually, while not a single non-participant claimed earnings of this size. Although it is important not to over-generalize, this sample provides evidence that congregate meal participants are neither poor in education or in earnings, especially when compared with their non-participant counterparts. Evidence such as this could be useful in combatting the stigma of congregate meals being for the indigent or poor.

Key-Informant Interviews

Besides gathering the motivations and preferences of both current congregate meal participants and non-participants, the experiences and perceptions of meal site workers were also sought. There are three different nutrition programs funded by the ECIAAA in PSA 05. Two of these programs cover one county each while the third program covers the remaining fourteen counties in Area 05. The program directors of both of the one-county programs were interviewed. For the fourteen-county program, an Assistant Director and three site supervisors were interviewed. From these interviews, common themes, challenges, and recommendations were gathered.

The first question asked interview respondents to describe the congregate meal program they worked with. Many respondents commented on the community aspect of their respective programs, one in particular saying that it is part of an overall wellness program that becomes like a family over time. Senior socialization was mentioned often and also the fact that programs help to meet the needs of both individuals and the community at large. Different types of programs were described. These included sites where seniors could attend Monday through Thursday and be served from a set menu prepared in a central kitchen, as well as restaurant programs where seniors could attend any time the restaurant is open and order from a special

menu aimed at meeting their nutritional needs. This latter type of program obviously offers more options for seniors and this may increase their appeal. Also the extended amount of available hours of utilization increases potential for participation. However, unless seniors are visiting the sites in small groups, the probability of social interaction can become constricted.

Interviewees were then asked about participant recruitment practices. This included questions on which practices had been used, which worked the best, and why they believed this was so. The kinds of outreach were extensive and involved notices in church bulletins, notices in host site newsletters, ads and menus appearing in local newspapers, and newspaper articles about the program. Also sites will host holiday themed or birthday parties for participants. Guest speakers have been invited. Word of mouth campaigns have been tried including invite-a-friend or invite-a-veteran days. For programs with multiple sites, contests have been held to see which site could claim the highest rates of participation.

One meal site in particular adopted unique ways to advertise their services that incorporated assets from the community that they served. One method involved transporting residents from local senior high-rise buildings to the meal site and providing participants with nutrition education while offering games and door prizes. Also meal staff had appeared on spots with a local television talk show, and had plans to involve the mayor in one such segment. The program director also provided coupons for discounted meals on the back of her business card. These would be distributed when she was interacting with seniors in the community.

The best recruitment practices described included the holiday parties, with one site reporting 100+ participants at a recent Valentine's Day party. One interview respondent noted that events such as parties, speakers, and special soup and salad bars all provided observable

bumps in participation; these methods rarely worked to sustain participation over an extended period of time. This same respondent described a “self fulfilling prophecy in that people who show up on days when participation is low may think poorly of the program overall and not come back. If new people come on days when attendance is up, they will be more likely to come back, thinking the site is the place to be.” It would seem then that an effort to bolster participation over a sustained period time would encourage others that the site is a popular enough destination and thus worthy of their time. This type of effort could also be helpful in habit formation as discussed in the literature that would also then lead to continued participation. One way to perhaps create this initial swelling of participation would be to put some of the responsibility on current participants to bring in people they know. As one respondent noted of their Bring-a-Friend Day, “this seems to work best as most newcomers are uncomfortable walking in unless they already know someone.” This method will not only bring in new faces, but could provide those current participants that do bring friends or acquaintances a feeling of investment in the meal program. They are not just receiving services, but helping a vital community program continue and thrive.

Participant recruitment practices that had not yet been tried, but believed by interview respondents to be effective included expanding into more restaurant programs to entice younger seniors with more options and less structure. It was noted by one respondent that these programs may be more attractive, but they can be more costly to operate. Another respondent felt that keeping area hospitals, nursing homes, or other community partners aware of the services offered could increase referrals to meal sites by trusted community entities.

Interview subjects were then asked to report different aspects of the meal program or site that participants have said they liked. The community aspect of many sites was again

highlighted. “They like to talk with each other and keep up with friends.” “Sites are seen as a place to get out and go to. People enjoy not having to eat alone. There is a sense of connection and family for those who come repeatedly.” “Participants like to catch up on the news and goings on in the community.” One program director commented on the meal site as a source of romantic coupling among area seniors. “A lot of friendships have been built, and we have had three weddings result from the relationships that have developed among participants.” This particular site was said to be “the place in town where single men could be found in abundance.”

Reports about the food served at the sites were generally positive, especially at a breakfast program where eggs could be cooked to order and low-sodium bacon was provided. There were complaints about specific menu items, and one site supervisor believed many people to be dissatisfied with foods that fit Dietary Reference Intake standards. “There are too many beans on the menu and not enough good desserts.” Current participants “typically want a meal of meat, potato, vegetable, and dessert. The newly old want more variety.”

Other common complaints included the perceptions that meal programs are for the old-old or for poor people. Some meal sites are located in senior high rises, and these sites can cause outsiders to feel unwelcome. Also in high rises, living disputes among residents may spill over into the meal site causing certain individuals or groups to avoid seeing people they are in disagreement with. One respondent indicated that certain meal sites develop a bad reputation among community members and that further inhibits people from coming.

When asked to describe the typical participant, interview subjects gave a variety of answers. More than one respondent stated that all participants are different, but some trends were noteworthy. Participants tended to be older and are probably attending the site out of

necessity. This can stem from being low income and unable to afford other options. Others may be unable to store or prepare food, or they may have health disabilities or less mobility. They may also live alone or have lost loved ones that used to do the cooking for them. For some, the congregate meal site may be the closest available option. This would be especially true in smaller towns without many restaurants or other food options.

People begin utilizing congregate meal programs for a variety of reasons as well. Some people simply do not wish to cook for themselves, while others reach an age where they must accept that cooking for oneself is no longer safe or possible due to frailty or onset of illness. Others simply seek the socialization, or have heard good things from current participants regarding the program. For meal sites located within senior high rises, the residents are made aware of the program when they move in and may choose to utilize the program out of convenience.

The main reasons reported why people stop coming to a meal site once they had started had to do with health issues. Some people are physically unable to attend the meal site. These people may begin receiving home delivered meals instead. Other life changes could include the loss of friends that would also attend the site, or a change in dietary requirements unable to be met through congregate meals. Some may initially come for activities offered at the site, but when these activities end, so does congregate meal participation.

Interview respondents identified several challenges faced in increasing participation. Again, perceptions of the programs as being for the poor were noted. Also, one respondent commented on the fact that the meal program appeals to a limited number of people it is available to. As Older Americans Act Title III Nutrition Programs are available to people aged

60 and older, there is little reported interest from the newly retired. Another respondent stated that the program is only one of many options available. The general feeling from these responses indicates that congregate sites are viewed as intended for the old and for the needy, and if given options, meal sites are given a relatively subordinate position on the list.

The issue of money came up in the responses to a few of the interview questions. Meal programs in Area 05 operate on a suggested donation basis, and meals are not denied to individuals who cannot pay. However, this can create feelings of guilt from eating a meal without paying, or shame at labeling oneself impoverished or a thief. Conversely, one respondent talked of meal participants being bullied for paying the full suggested donation when others could not afford it. They were seen as flaunting their money in front of the less well off. Although donations are supposed to be made privately, it seems participants are mindful of what others are or are not paying. As we can see, money can complicate social matters to a point where situations such as congregate meals become uncomfortable and thus avoided.

Knowing what foods bring in larger crowds is important to congregate meal sites, and the interview subjects were asked about this. Foods cited as popular included pot roast, ham and beans, fried chicken, turkey, roast beef, and chicken and noodles. Said one respondent, "Classic meals consisting of meat, potato, and vegetable." Another interviewee described customary meals as being preferred. "Themed foods such as corned beef and cabbage on St. Patrick's Day, turkey for Thanksgiving, traditional Sunday-dinner foods."

Foods complained about or thrown away included fish, cheese salad, liver, vegetables, and beans, in particular, were mentioned more than once. The Dietary Reference Intake guidelines require a lot of legumes and so beans are appearing on the menus quite frequently, but

there seems to be few options for replacement foods. However, as was succinctly observed by one respondent, “There should be more flexibility because healthy food that is thrown away is not aiding in senior nutrition.”

The best way to reach people with information about the congregate meal programs was word of mouth, mentioned by five out of the six interview subjects. Other methods included continued advertising in local newspapers or television stations. Increasing community traffic through the sites by hosting meetings for community groups was also mentioned. One respondent mentioned targeting couples. She knew of a site where one couple had started coming and soon invited two more couples to join them. This addition of six people can be quite substantial to many sites in the area. This same respondent again indicated that if people can see lots of participants, they want to be part of the happening place. In a sense, high participation will breed even higher participation and so on.

The final interview question asked for any additional recommendations on how participation could be increased. One respondent stated that congregate meal sites “used to be the only game in town.” As more options have arisen for area seniors, congregate meal programs must be willing to adapt and adopt different or more aggressive marketing techniques. Another respondent believed the menu to be a large barrier, but any alterations are still bound by the DRI recommendations. Finally, the restaurant model was mentioned in that it may appeal more to today’s seniors. This model offers more choice in terms of foods and times of day people can partake. If current meal sites are not attracting enough local seniors, partnering with a popular restaurant in that community could provide more desirable participation numbers.

Recommendations

The primary recommendation of this report is that congregate meal sites in PSA 05 need to increase awareness of their programs. With more than half of non-participants reporting that they were completely unaware of congregate meal programs in their communities (as well as a good number who had no idea what a congregate meal even was) it appears that marketing attempts are either ineffective, or unnoticed. Many seniors surveyed said ads in local newspapers or fliers hung around the community would make them aware of these types of services. While congregate site staff have reported trying these methods, there still seems to be a large portion of the population that is not being reached.

One method to combat this is to work with existing community partners to help spread the word. Asking local businesses to hang fliers in their storefronts could be a helpful way to advertise the local meal site. Also, a large percentage of non-participants said a doctor's encouragement would likely lead them to attend congregate meals, while only 25.0% of current congregate meal participants reported receiving such encouragement. This indicates an under-utilized asset in local health care providers. By educating local health care workers about the site's existence, location, and associated benefits, these workers could potentially persuade large numbers of individuals to attend their local congregate meal site. Beyond mere referrals to congregate sites, health care workers could in turn take advantage of a setting that gathered many seniors in one place by conducting health screenings and providing health information at congregate sites.

Besides encouragement from doctors, 44.4% of non-participants say they would likely attend with a friend's encouragement. Promisingly, nearly 90% of participants say they had in the past recommended the meal site to family or friends. This practice should be consistently

reinforced among participants as they each have social networks to explore. Word of mouth is still viewed as a very effective method of spreading awareness among interview subjects, and current participants seem more than willing to recommend their particular meal site. Word of mouth campaigns should be consistent, frequent, and if possible, incentivized.

Another method mentioned by key informants for strengthening awareness and participation is increasing community traffic through meal sites. Meal sites could offer to host meetings of local community groups. These could include the local Rotary or Lions clubs as well as neighborhood associations. This offers group members a familiarity with the site that could lead to habit formation and sustained attendance. Congregate meal programs should also reach out to other human service providers and local politicians to promote their services. All of these partnerships can aid in stimulating congregate meal participation while further enmeshing the program within the community it serves.

Both current congregate meal participants and non-participants reported valuing a welcome and comfortable environment. Congregate sites need to be staffed by people that create this welcoming environment. Rather than simply plating and handing out food, workers should be committed to fulfilling all of the goals of OAA Title III Nutrition Programs, including promoting socialization and promoting the health and wellbeing of older individuals by assisting them in accessing nutrition and other health promotion information. Instead of supervising the socialization of seniors, meal site workers should fully participate in, or if needed, create the propensity for social interaction among all people present.

Besides staffing socially adept site workers, any volunteers (especially seniors) that congregate sites utilize should be invested in the mission of that meal site. One key informant

remarked on the many young seniors volunteering in her program. She believed they found satisfaction in the work and believed in the mission of the program, but felt they were not in *need* of the program. As such, they would not always eat when they worked and would not attend on their days off. If congregate sites are fortunate enough to have volunteers, they should be sure to impart on these senior volunteers the fact that their work is very much valued, however, the best way to support the program is to enjoy a meal with the other guests. “They feel they do not need it (the congregate meal program), but the program needs *them* to survive.”

As was noted in the key informant interviews, one factor that has a tendency to complicate social matters is money. Although donations to meal programs should be confidential, it seemed that several sites ran into difficulties with money creating discomfort due to feelings ranging from shame to contempt. A system of true confidentiality should be developed that is feasible to each site’s location and layout. This may require a bit of creativity, but easing the tension that arises from financial matters can go a long way towards providing ease and relaxation among all attendees.

In terms of marketing suggestions, this study suggests that people who attend congregate meals in PSA 05 feel they have enough food to eat, enough money to buy that food, eat more fruits and vegetables a day, and have better self reports of general health. These aspects should be highlighted in promotions, and could go a long ways towards reducing any negative stigmas associated with congregate meal programs.

Limitations/Further Research

As can happen with any research project, potentially beneficial survey questions were thought of after the onset of data collection, and further gaps in the current literature were identified.

On the current congregate meal participant survey, question #10 asks whether participants have recommended the site to any friends or family. While it was reported that 89.6% had recommended the site, some appropriate follow up questions would be whether or not that recommendation turned into an actual meal site visit, or if that visit turned into regular attendance. Also, whether or not the current participant began attending due to someone's recommendation might have been useful information to gather.

Another set of useful questions for participants could have expanded on their rates of attendance. "How long have you attended this site?", "How often do you attend?", or "What keeps you coming back over time?" could all have aided in the goals of this study. However, these questions were not thought of until after data collection had begun, and were thus not included.

There was also a notable lack of minorities present at meal sites when participant surveys were delivered. If this is indicative of average minority attendance, local sites should examine how to conduct outreach to minority populations within their service areas.

The stated goal of the study was to gather which specific factors motivate individuals in the greater East Central Illinois area to attend congregate meals, what keeps them coming back, and what barriers or challenges keep others from doing the same. As such, county of residence for survey respondents was not obtained or reported in this paper.

The findings that such great numbers of non-participants believe they would not like the food nor would they feel comfortable attending a congregate meal warrants further research. Why these perceptions exist, how they formed, and how they are passed along are all questions whose answers could help the perceived stigma towards congregate meal programs in general.

The findings for relatively high rates of food insecurity among non-participants indicates that further research should be done in this area to determine the general food insecurity among America's senior population, as well as its causes and potential solutions.

Conclusion

When capable of reaching their vast potential, congregate meal programs can benefit individuals and communities as a whole. These types of meals ensure that participants are remaining active in their community while also receiving significant portions of nutritious food that can aid in physical vitality and delay the onset of chronic diseases or conditions. Congregate meals also serve to meet our seniors' social needs of having a place to belong to, and a group of people with whom to interact and develop relationships. The key to keeping congregate sites open and maximizing the socialization that occurs within is keeping the people coming through the doors over and over again. This report sought to recommend ways in which Area 05 meal sites might do just that. By responding to area seniors' opinions and preferences, congregate meal sites can help them come together to share a meal, and continue to live long and healthy lives.

Works Cited

Colello, Kirsten, 2010. "Older Americans Act: Title III Nutrition Services Program." *Congressional Research Service Report for Congress*. Accessed November 8, 2012.
<http://www.aging.senate.gov/crs/nutrion1.pdf>.

Colello, Kirsten, 2011. "Older Americans Act: Title III Nutrition Services Program." *Congressional Research Service Report for Congress*. Accessed November 8, 2012.
<http://www.nationalaglawcenter.org/assets/crs/RS21202.pdf>.

Dave, Dhaval, Inas Rashad, & Jasmina Spasojevic. 2006. "The Effects of Retirement on Physical and Mental Health Outcomes." National Bureau of Economic Research: Working Paper Series. Retrieved from EBSCO March 19, 2013. <http://www.nber.org/papers/w12123>.

Federal Interagency Forum on Age-Related Statistics. 2012. "Older Americans 2012: Key Indicators of Well Being." *Federal Interagency Forum on Age-Related Statistics*. Washington DC: U.S. Government Printing Office. June, 2012. Accessed March 18, 2013.
http://www.agingstats.gov/Main_Site/Data/2012_Documents/docs/EntireChartbook.pdf.

Gilmour, Heather. 2012. "Social Participation and the Health and Well-Being of Canadian Seniors." *Health Reports*: 23(4). Retrieved from EBSCO on March 21, 2013.

Lee, Jung, Joan Fischer & Mary Ann Johnson. 2010. "Food Insecurity, Food and Nutrition Programs, and Aging: Experiences from Georgia." *Journal of Nutrition for the Elderly*: 29(2). Retrieved from EBSCO on August 27, 2012.

Lee, K. & R. Gould. 2012. "Predicting Congregate Meal Program Participation: Applying the Extended Theory of Planned Behavior." *International Journal of Hospitality Management*: 31(3). Accessed on September 21, 2012. <http://krex.ksu.edu>.

Long, Cynthia *et al.* 2003. "The Influence of the Healthy Eating for Life Program on Eating Behaviors in Nonmetropolitan Congregate Meal Participants." *Family Economics and Nutrition Review*: 15(1). Retrieved from EBSCO on August 27, 2012.

Maslow, A. H. 1943. "A Theory of Human Motivation." *Psychological Review*: 50(4), 370-96. Accessed on April 15, 2013. Retrieved from <http://www.simplypsychology.org/maslow.html>.

Millen, Barbara *et al.* 2002. "the Elderly Nutrition Program: An Effective National Framework for Preventative Nutrition Interventions." *Journal of the American Diabetic Association*: 102(2). Retrieved from Elsevier ScienceDirect Complete on September, 13, 2012.

Ouellette, Judith & Wendy Wood. 1998. "Habit and Intention in Everyday Life: The Multiple Processes by which Past Behavior Predicts Future Behavior." *Psychological Bulletin*: 124(1). Retrieved from EBSCO on September 25, 2012.

Rosenbloom, Christine *et al.* 2004. "Nutrition Education in Six Congregate Meal Sites Improves Participants; Nutrition Knowledge." *Journal of Nutrition for the Elderly*: 23(3). Retrieved from EBSCO on January 29, 2012.

Silver, Heidi. 2001. "Increasing Participation at Older Americans Act Title III Funded Congregate Meal Sites." *National Resource Center on Nutrition, Physical Activity, & Aging*.

Website. Accessed on September 12, 2012.

http://nutritionandaging.fiu.edu/creative_solutions/participation_in_AoA_act.asp.

Weddle, DaNita *et al.* 2012. "Evaluating Nutrition Risk Factors and Other Determinants of Use of an Urban Congregate Meal Program by Older African Americans." *Journal of Nutrition in Gerontology and Geriatrics*: 31(1). Retrieved from EBSCO on January 29, 2013.

Websites

Administration on Aging. 2013. "Administration on Aging." Website. Accessed on March 18, 2013. <http://www.aoa.org>.

East Central Illinois Area Agency on Aging. 2010. "Section 400." Provider Policies & Procedures. Accessed on March 19, 2013.
http://www.eciaaa.org/images/section_400_%20oct%202012.pdf.

Illinois Department on Aging. 2012. "Illinois Area Agencies on Aging." Illinois Department on Aging. Website. Accessed on March 15, 2013.
<http://www.state.il.us/aging/2aaa/aaa-main.htm>.