

ASSESSING FACTORS THAT INFLUENCE PARTICIPATION AT
SENIOR CONGREGATE NUTRITION PROGRAMS

Amy Noakes Springmeyer
B.S., University of Phoenix, Sacramento, 2002

THESIS

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF PUBLIC POLICY AND ADMINISTRATION

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SPRING
2008

© 2008

Amy Noakes Springmeyer
ALL RIGHTS RESERVED

ASSESSING FACTORS THAT INFLUENCE PARTICIPATION AT
SENIOR CONGREGATE NUTRITION PROGRAMS

A Thesis

by

Amy Noakes Springmeyer

Approved by:

_____, Committee Chair
Edward L. Lascher, Jr. PhD

_____, Second Reader
Cheryl Osborne, EdD

Date

Student: Amy Noakes Springmeyer

I certify that this student has met the requirements for format contained in the University format manual, and that this thesis is suitable for shelving in the Library and credit is to be awarded for the thesis.

_____, Graduate Coordinator
Dr. Robert Wassmer, PhD

Date

Department of Public Policy and Administration

Abstract

of

ASSESSING FACTORS THAT INFLUENCE PARTICIPATION AT
SENIOR CONGREGATE NUTRITION PROGRAMS

by

Amy Noakes Springmeyer

Statement of Problem

Beginning in 1998 and continuing since, the Administration on Aging has tracked a slow but steady decline in congregate nutrition programs for older adults. Congregate nutrition programs are often identified as a source of first defense against hunger and health problems for older adults. Given the impending boom in the older adult population, why are these programs declining in attendance while the overall older adult population is increasing?

Sources of Data

Using a case study approach, representatives from eight senior congregate nutrition programs were interviewed. The interview questions centered around seven primary themes: image, infrastructure, leadership, flexibility, choice, culturally and ethnically appropriate meals, and presentation and ambiance.

Conclusions Reached

The interview results indicated that the socialization aspect was very important for the current cohort of participants, and potentially for the future group. By contrast, meal choice and flexibility were not at all important. Additionally, the availability of activities was a possible factor influencing attendance. Other underlying themes emerged, suggesting that the bureaucratic restraints imposed by area agencies on aging stifled the programs' ability to provide meals in a different method than what has been done for 30 years. Specifically the rigidity and overzealousness for adherence to existing regulations may negate any flexibility in congregate nutrition programs trying new things.

_____, Committee Chair
Dr. Edward L. Lascher, Jr.

Date

ACKNOWLEDGMENTS

I have been indebted in the preparation of this thesis to my advisors, Ted Lascher, PhD and Cheryl Osborne, EdD, whose patience and kindness, as well as academic experience, has been invaluable to me.

I am extremely grateful to Mary Dreibelbis, Darren Dunaway, Lisa Burkowitz, Barbara Groth, Michelle Hunter, Mish Lewis, Cindy Sasser, and Shiva Shultz for allowing me to interview them and to reproduce those comments here. Moreover, I would like to thank Deanna Lea and Patricia McVicar and the nutrition providers I worked with at the area agency on aging for introducing me to such a fascinating issue.

The informal support and encouragement of many friends has been indispensable, especially those who listened to me talk about my thesis incessantly. My husband, Josh, has been, always, my pillar, and I thank him for his support and love.

TABLE OF CONTENTS

| | Page |
|--|------|
| Acknowledgements..... | vi |
| List of Tables | ix |
| List of Figures..... | x |
| Chapter | |
| 1. INTRODUCTION | 1 |
| Purpose of Study..... | 1 |
| Research Questions..... | 2 |
| Significance of Study..... | 3 |
| California’s Aging Tsunami | 4 |
| Congregate Nutrition Programs for Older Adults..... | 5 |
| Older Americans Act and Title III Nutrition Programs | 6 |
| Benefits of Congregate Nutrition programs for Older Adults | 8 |
| Organization of the Remainder of the Study | 10 |
| 2. LITERATURE REVIEW | 12 |
| Seven Primary Themes | 12 |
| 3. EXPLORATION THROUGH CASE STUDY | 28 |
| Research Design and Approach..... | 28 |
| Sample Population | 31 |
| Congregate Nutrition Program Demographic Characteristics | 32 |

| | |
|---|----|
| Case Study Design | 35 |
| Data Analysis Procedures | 38 |
| 4. RESULTS AND ANALYSIS OF THE DATA..... | 39 |
| Factors Influencing Participation..... | 39 |
| 5. CONCLUSIONS AND IMPLICATIONS..... | 48 |
| Conclusions and Implications | 49 |
| Emergent, Underlying Themes | 51 |
| Limitations and Areas for Further Research..... | 53 |
| Appendix A. Interview Confirmation | 56 |
| Appendix B. Consent Form | 57 |
| Appendix C. Interview Questions..... | 58 |
| Bibliography | 61 |

LIST OF TABLES

| | Page |
|---|------|
| 1. Table 3.1 Program Area Demographics | 37 |
| 2. Table 3.2 Numbers of Congregate Meals Served | 38 |
| 3. Table 3.3 Source of Funding | 39 |

LIST OF FIGURES

Page

1. Figure 1.1: California Population Growth Age 60 and Over 5

Chapter 1

INTRODUCTION

Purpose of Study

Senior congregate nutrition programs provide meals to seniors, ages 60 and older, in a group setting. The congregate meal programs are usually located in senior centers and low-income housing complexes. Primarily the congregate nutrition program provides independence for older adults, allowing them to age in place while also increasing their health and providing socialization. The Administration on Aging has long touted the program as a low-cost intervention to more costly services (U.S. Department of Health and Human Services, 2006).

Beginning in 1998 and continuing since, the Administration on Aging has tracked a slow but steady decline in congregate nutrition programs for older adults. “This trend, which is counter to what would be expected, given the growth in the overall older adult population, has challenged providers to identify and effectively address factors related to the decline” (Podrabsky & Rosenzeig, 2002). A need exists to identify factors related to declining attendance; however, few studies have identified factors affecting attendance.

Several major studies provided the basis for this thesis. Silver (2001) suggests programs are not recognizing a need for change, a lack of transportation, impaired health of the participants, social discomfort, dissatisfaction with food served, or a lack of awareness the program exists. Lee, Frongillo, and Olson (2005) suggest that congregate nutrition programs have lowered participation due to the lack of information, a perceived lack of need, low expected benefits, concerns about program administration, and stigma.

Stephens and Kwah (2007) suggested the primary factor influencing attendance at congregate nutrition sites is the leadership qualities of the site manager. Because no definitive answers exist regarding the reason for declining attendance, there was still a need to identify the factors that influence attendance in these programs.

Research Questions

Why are some nutrition programs increasing attendance while others are declining? How are congregate meal programs adapting to serve younger seniors? This thesis focused on factors that influence attendance in congregate nutrition programs and factors that influence participation in these programs.

The primary hypothesis was that congregate nutrition programs as they currently function no longer appeal to the younger cohort due to a variety of reasons. For example, many of the programs lack flexibility in eating times, have a dreary institutional feel, and serve heavy food, which is not inviting to the younger generation. This lack of innovation or change leads to a decline in attendance as the older generation expires.

Congregate nutrition programs are often identified as a source of first defense against hunger and health problems for older adults. Given the impending boom in the older adult population, why are these programs declining in attendance while the overall older adult population is increasing? Three primary research questions instigated this study. First, why are some nutrition programs increasing attendance while others are declining? Second, what are some of the variables that lead to increased attendance at congregate nutrition locations? Lastly, how are congregate meal programs adapting to

serve younger seniors? Using these three primary questions, I conducted eight case studies with congregate nutrition programs in California in an effort to discover the primary factors influencing attendance in the programs.

Significance of Study

The goal of this study was to highlight factors that potentially influence attendance in congregate nutrition programs in California. Although the findings and conclusions are tentative, they potentially serve as an important foundation for struggling programs to identify potential changes and trends in program policy as well as service provision. The thesis findings may have practical applications for current congregate nutrition programs that need to increase attendance.

A recent article in the *Los Angeles Times* highlighted several programs in California that serve lighter, healthier food. The article was suggesting that these changes are necessary to attract the younger generation of older adults to the programs (La Ganga, 2007). The article highlighted programs in Los Angeles and San Francisco that offer food normally seen in restaurants or upscale bistros. The article also discussed how the one program offered a salad bar daily, and no longer served fried foods at all. A program in Mendocino County offered whole wheat bread, al dente veggies, and sometimes tofu. Outside of California, programs in Oregon and Washington States offered ethnic foods and flexible eating times to their participants. La Ganga (2007) further wrote that these specific changes emphasized the fact that the preferences of older adults are changing, and the younger cohort of older adults want healthier meals with more options provided.

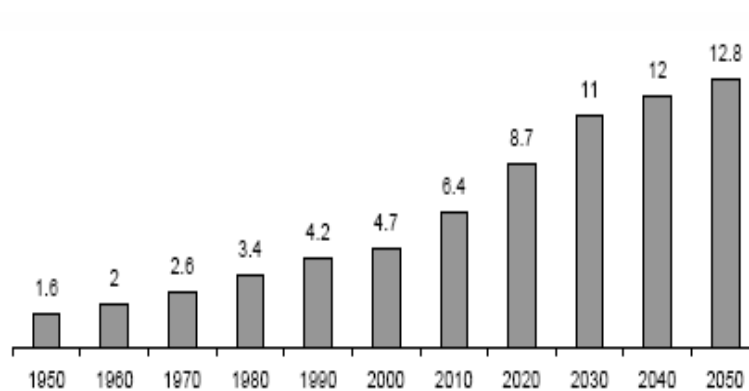
This article highlighted the assumptions that programs unwilling or unable to adapt will not appeal to the younger generation of older adults.

California's Aging Tsunami

In the United States, “Baby Boomers” are the cohort that was born between the years 1946 to 1964. Currently, this portion of the population represents 76 million persons. They are the largest cohort ever born in the United States, and represent an overwhelming 31 percent of the overall population. The first wave of the Baby Boomers turned 60 years old in 2006. Beginning in 2011, the Baby Boomer cohort will begin turning age 65 and by the year 2030, one in five persons in California will be 65 years of age or older. As of 2006, California’s older adult population was 11 percent of the total population (American Community Survey, 2006). According to the California Department of Aging (2007), California is “projected to have an overall increase in the elderly population of 112 percent from 1990 to 2020.”

The next generation of older adults will be more active than their parents are, work longer, live longer, and demand more programs and services to keep them mentally active and socially engaged. Housing and healthcare costs will likely outpace Social Security increases and pension and retirement funds. This dynamic growth in the population of older adults has policy makers and service providers creatively questioning what services are to be provided (including those authorized in programs such as congregate meals), and how they are provided.

Figure 1.1: California Population Growth Age 60 and Over (in millions, rounded)



Source: California Department of Aging, California State Plan, 2005-200, p. 9.

Congregate Nutrition Programs for Older Adults

In 1971, Congress authorized the Nutrition Program. The program incorporated into Older Americans Act Title III funds in 1978. The Older Americans Act (OAA) congregate nutrition program for older adults was intended to address problems of dietary inadequacy and social isolation among persons 60 and older (Older Americans Act, 1965). The nutrition program is composed of two components, home-delivered meals and congregate nutrition. Congregate nutrition programs are required to offer one meal in a congregate setting at least five days a week, except in rural areas. Each meal must contain one-third of the daily recommended dietary allowance (RDA). Nutrition providers are also required to provide nutrition education to participants (Congressional Research Service, 2004).

The original Older Americans Act nutrition program envisioned “more than a meal” meaning that participants should also benefit from socializing with others while at the site. The OAA required that meals are appealing, take into account special diet needs,

and cultural preferences, or religious beliefs. All congregate nutrition programs must also meet all state and local health laws, such as sanitation and food handling requirements as seen in restaurants.

Program eligibility is simple. According to the Congressional Research Service (2004) fact sheet on the congregate nutrition program, any person 60 years of age and older and their spouse are eligible to receive a meal from a congregate nutrition site. The senior has to eat the meal on site. However some agencies do have meals-to-go, but it is not the norm. Many sites are located within senior centers, community centers, churches, and senior housing complexes. Other persons: people under 60 years of age with disabilities, or someone under 60 years of age living with an elderly person can accompany them to the meal site and obtain a meal at no cost. Many of the programs also utilize volunteers. Program volunteers that are at least 60 years of age or older, also receive meals at no cost under the program guidelines. For all others under the age of 60, the congregate nutrition sites have a set guest rate for the meal. Other than age, there are no restrictions for those wanting to eat at congregate nutrition sites.

Older Americans Act and Title III Nutrition Programs

The Administration on Aging administers the Older Americans Act. The administration's mission is to "help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinate, and cost-effective systems of long-term care, and livable communities across the United States" (U.S. Department of Health and Human Services, 2006). The National Aging

Service Network administers the Older Americans Act. The Network consists of 56 state units on aging in collaboration with 655 local area agencies on aging, 29,000 service providers and over 500,000 volunteers (Kuczmariski & Weddle, 2005). In addition to congregate nutrition programs, OAA funds transportation for seniors, home-delivered meals, legal services, information and referral, and a variety of other services to assist seniors living independently in their homes.

In California, the California State Department of Aging administers nutrition programs through the area agencies on aging. There are 33 area agencies in California, designated by the State to develop, coordinate, and fund programs designed to help older persons maintain their health and independence. Each area agency on aging is responsible for either providing the congregate nutrition service directly as part of their agency's program or by contracting out to service providers.

States receive program funds based on the state's share of the population of people 60 years and older. States are required to provide matching funds of 15 percent. States receive separate allotments for each program. The agencies can transfer among the categories of home-delivered meals, congregate nutrition, and supportive services (Congressional Research Service, 2004).

The federal Older Americans Act Title III Nutrition Programs are the largest component of the OAA and accounted for 40 percent of the total FY 2004 funding: \$714.5 million out of \$1.798 billion. Of the \$714.5 million dollars spent on nutrition programs for the elderly, congregate nutrition receives \$386.4 million of those funds. The home-delivered meals program has grown dramatically over the last 25 years, but

congregate nutrition has declined. From 1980 to 2002, home-delivered meals programs grew by 290 percent while congregate nutrition programs declined 18 percent. According to the Congressional Research Service (2004), between 1980 and 2004 funding increased by 43 percent for congregate nutrition programs, while home-delivered meal programs increased by 260 percent.

Benefits of Congregate Nutrition programs for Older Adults

Congregate nutrition programs provide a free, nutritious meal and the opportunity for interaction and socialization with others. “Congregate nutrition programs serve older people who are at greater health and nutritional risk than their peers in the general older adult population” (U.S. Department of Health and Human Services, 2006). The program results are well documented as beneficial for persons with lower incomes, health problems, or poor access to healthy, nutritious food.

Proper nutrition alleviates the effects of chronic health conditions. The American Dietetic Association (1991) has long provided justification for the congregate nutrition program by stating that a person’s functional ability decreases with poor dietary intake that further deteriorates one’s mobility. One major benefit of the congregate nutrition program ensures that “millions of older adults have access to the nutritious food they need to stay healthy and decrease their risk of disability,” (U.S. Department of Health and Human Services, 2006). The program has long run on the assumption that if people receive a healthy, nutritious meal, then this would alleviate future health problems.

The Administration on Aging (2005) views the congregate nutrition program as a low-cost intervention provided long before the need for intensive services. The average congregate nutrition program participant has two to three diagnosed chronic health conditions and one-quarter of participants have functional difficulties in performing everyday tasks, such as cooking (Silver, 2001). Many participants are considered at nutritional risk with 18 to 32 percent having lost or gained at least ten pounds within the six-months prior to participation in the nutrition program (Silver, 2001). Although the meal is only intended to provide one-third of the recommended daily dietary intake, for many participants, the congregate meal program contributes 40 to 50 percent of the daily recommended dietary allowance (RDA). According to Silver (2001), almost 12 percent of the congregate nutrition program participants take full meals or snacks home from the sites, which further increase their overall daily nutrient intake contributing to their overall health. Seniors' nutritional needs are met and socialization occurs as well.

The original intent of these sites was to ensure older people received one-third of their daily nutritional needs while also providing socialization, thereby decreasing isolation. One-third of the participants have incomes at or below poverty level and are more likely to live alone (Silver, 2001). When the Older Americans Act originally was implemented, it was feared that as people got older and their peer network decreased so they would become isolated in their homes. Because of this, the congregate nutrition programs are not only focused on providing nutrition, but also socialization. Findings from the Buehler Center on Aging of Northwestern University (2000) suggest that congregate nutrition programs for older adults do provide that social interaction and

support, relief of loneliness and depression, stimulation through trying new things, self-satisfaction, and opportunities to volunteer.

Congregate nutrition programs also combat food insecurity often seen in elders living on fixed incomes. Food insecurity occurs when the availability of nutritionally adequate and safe food or the ability to acquire food in socially accepted ways is limited or uncertain. US Census (2000) data showed that 1.4 million households with elderly members experience food insecurity because of a lack of (monetary) resources. Kuczmarski and Weddle (2005) found that approximately 1.5 percent of elderly households experienced hunger, the most severe form of food insecurity. In addition, their findings also indicated that healthy individuals record food intakes up to 44 percent greater when eating with other people than when eating alone. Their findings also suggested that women eat more when men are present and both men and women consumed more when dining with family or friends (2005). These facts underscored that congregate nutrition programs aid in alleviating food insecurity for many of the participants who attend. Participants are less worried about other meals because they received a nutritious lunch (Buehler Center on Aging of Northwestern University, 2000). Overall, the findings suggested that eating with others in a congregate setting increases social interactions and food consumption, leading to a healthier older adult.

Organization of the Remainder of the Study

In an effort to understand why some congregate nutrition programs are declining in attendance, while others are not, I conducted a literature review to determine what

others have found. Based on several studies, seven themes emerged with variables for each. These seven themes are available in Chapter 2. Using the seven themes identified in Chapter 2, I interviewed representatives of eight congregate nutrition programs in California via telephone and in-person, using a case study approach. Chapter 3 further outlines the methodology. Chapter 4 incorporates the analysis of the data gathered from the interviews, the results and discussion of the findings. Chapter 5 provides a summary, conclusions, and recommendations for further study.

Chapter 2

LITERATURE REVIEW

For three decades, people have been writing about the benefits of the Older Americans Act elderly nutrition program. For the past several years congregate nutrition programs have been declining in attendance. In an effort to determine factors that influence attendance, this thesis was attempting to determine factors that influenced attendance in congregate nutrition programs. The following literature review was based on studies that incorporated the use of surveys, focus groups, quantitative data analysis, and key informant interviews of site managers and participants already attending senior congregate nutrition programs.

Seven Primary Themes

Seven major themes regarding barriers to participation emerged during the literature review. The image of the nutrition program was identified as the greatest barrier to participation. Infrastructure (e.g., location and environment of the program sites, the building itself, transportation and parking, whether other activities are offered in conjunction with the nutrition program) was also viewed as important. Leadership of the program managers on site emerged as a primary factor influencing attendance at nutrition sites. The lack in program flexibility was another emergent theme. Choice or the lack of choice in meals was identified as a major obstacle to increasing participation. The availability of cultural and ethnically appropriate meals was also viewed as an important factor in attracting the increasing ethnic populations of older adults in California. Lastly,

a major inhibitor to congregate nutrition program participation was presentation and ambiance.

This thesis reviewed several studies. The area agency on aging in suburban Chicago, Illinois sponsored a major study to review congregate and restaurant dine-out programs (Buehler Center on Aging of Northwestern University, 2000). The study consisted of eight qualitative focus groups with 86 total participants, where 60 percent were women, and 40 percent men. Over half (55 percent) were ages 70 to 79; 16 percent were 80 to 89 years; and 21 percent were 60 to 69 years of age programs (Buehler Center on Aging of Northwestern University, 2000). The ethnic makeup of the participants was primarily Caucasian, 84 percent, and African American, 12 percent (Buehler Center on Aging of Northwestern University, 2000). All of the participants were current users at that time of suburban congregate nutrition programs. I analyzed responses to ascertain what leads people to participate in the nutrition program. The study focused on four main groups of questions regarding general opinions of nutrition programs, especially benefits; program usage and experience; whether participants preferred the congregate nutrition sites to the availability of restaurant vouchers; and characteristics of a good program.

Also reviewed were summaries from the National Resource Center on Nutrition, Physical Activity & Aging. In 2002, Podrabsky and Rosenzweig attempted to address the image of congregate nutrition programs and identify deterrents to participation. The researchers based their findings on results of the Chicago focus group study conducted by the Buehler Center on Aging of Northwestern University in 2000 and an online request for information on the website, National Resource Center on Nutrition, Physical Activity

& Aging. Their findings indicated that potential factors on attendance included the program name, stigma that the program was for the poor, the lack of alternative menu items, the lack of activities, staff leadership, and an aging building or structure where programs are located all influence attendance.

In 2000, Balsam, Sullivan, Millen and Rogers summarized the results of two national studies regarding service innovations in the congregate and home-delivered meals nutrition programs. In 1998, Balsam and Rogers surveyed 568 local elderly nutrition programs. In 1996, Ponza studied 92 nutrition sites comparing policies and expansion of services. Additionally, results indicated that one-third of the participants received therapeutic meals. While two-thirds of the programs accepted food stamps as contribution for meals. Another ten to 25 percent of the programs offered weekend or evening meals or ethnic meals in diners or restaurants; and another ten to 35 percent of the programs offered special meals, such as Kosher or vegetarian.

Choi (2002) conducted the only study I located that attempted to explore the factors that led to Asian Americans elderly to participate in the congregate nutrition program. Choi compared sociodemographic characteristics, health and nutritional status of 104 Asian Pacific Islander participants with those of 350 Caucasian participants, and 41 other minority participants in a congregate program located in the Pacific Northwest. The study used demographic data collected for one fiscal year for one program with seventeen meal sites. The findings indicated that the presence of ethnic staff and culturally appropriate meals influenced attendance of older adults from minority populations.

The Public Advocate for the City of New York (2002) created a set of indicators to measure the need for nutrition services among seniors and the capability of the existing services to meet that need. The New York Public Advocates Office also conducted 36 qualitative, in-depth interviews with aging service providers to gather a detailed and descriptive perception of need and to understand the meanings and challenges of targeting from the perspective of elderly nutrition service providers in New York. While not a specific assessment of factors that increase utilization, the studies indicated that current aging services would not be able to meet the demand if all eligible participants attended.

In 2004, the Commissioner of the New York Department for the Aging charged staff to identify reasons why some senior centers were meeting or exceeding projected meals served and others did not (Stephens & Kwah, 2007). The study was conducted in three phases. The first phase included focus group interviews with senior center directors that had met or exceeded 100 percent of project meal utilization for fiscal year 2004. Additional site visits were conducted with staff and participants at several sites, too. The second phase explored ten additional variables via telephone interviews with 100 senior center directors. The third phase identified eight senior centers that met selection criteria for replicating the commonly used practices to promote higher meals utilization (Stephens & Kwah, 2007). The findings indicated that the only critical factor that increased attendance at nutrition sites was the leadership of the site manager. Other factors not deemed critical to success were also included (Stephens & Kwah, 2007). This was the only prior study located that fully assessed critical factors in the successful

utilization of senior center meals. The results demonstrated the need to explore further in this thesis how leadership influences attendance at congregate nutrition sites.

Strombeck (2005) provided a review of 200 elderly nutrition programs that implemented innovative strategies to address the current challenge of attendance. This review drew from information provided on program websites. The most important take-away from Strombeck was that congregate nutrition programs could be successful in using restaurants, both with vouchers and as caterers for congregate nutrition programs. While an interesting finding, it is not applicable to this study except as potentially an area to explore because no congregate nutrition programs in California use restaurants as part of their congregate nutrition program.

Lee, Frongillo, and Olson (2005) examined how nutrition providers assess and target the program to those most in need. The study conducted 36 qualitative, in-depth interviews with New York service providers that gathered detailed and descriptive perceptions of need. Although the focus was primarily on assessing need, the findings suggested several reasons for lowered participation in the congregate nutrition programs. The results indicated decreased attendance occurred due to lack of information, perceived lack of need, low expected benefits, concerns about program administration, and stigma.

Image

The image of the senior congregate nutrition programs was often the first barrier to older adults' participation in a congregate nutrition program. In the Chicago focus groups age bias was identified as a primary barrier to participation, "some seniors do not

consider themselves old, and therefore do not want to associate with other old people or participate in programs...because they are old” (Buehler Center on Aging of Northwestern University, 2000, p. iv). The nutrition program’s image has the stigma of “old, low-income, charity, and even the names of programs are unpleasant” (Podrabsky & Rosenzweig, 2002, p.2). This being the issue for current older adults there is some concern considering many people in the Boomer cohort do not consider themselves “old.” Although some are eligible to attend because they are over the age of 60, they do not because they do not want to be identified as old by going to the programs (Lee, Frongillo, & Olson, 2005; Buehler Center on Aging of Northwestern University, 2000).

The stigma of the program as a charity program intended only for low-income people was another major barrier to participation identified in the focus groups conducted in Chicago. Although the participants of the focus groups were current users, they still felt that more people did not participate because they did not want others to think of them as poor (Buehler Center on Aging of Northwestern University, 2000). Senior centers are “dark, dirty, and smelly” – not a place I want to hang around; staff think it is acceptable and have the attitude of be happy with whatever you get [which perpetuates] welfare mentality” (Podrabsky & Rosenzweig, 2002, p. 2). A stigma also exists among potential participants about food stamp and other government food assistance. As a result, those who are eligible still do not participate (Laramee, 2004). Addressing the stigma of the program as a charity for the poor was more pervasive in urban areas than in rural or suburban nutrition programs.

The names of the programs also posed as a deterrent for people who do not view themselves as a “senior” or elderly. Many programs have names such as congregate meal program, elderly nutrition program, senior lunch program, and senior friendship center. These names imply an institutional image and cause potential participants to shy away from attending. Incorporating the use of the word café was the most attractive marketing tool to attract people who do not consider themselves old (Podrabsky & Rosenzweig, 2002).

Infrastructure

Infrastructure takes into account the location of the site and the surrounding environment; the age and physical appearance of the building or facility; transportation to and from the site; available, accessible parking; and whether other activities are available on site. The Chicago focus groups identified better transportation and parking, more activities, ancillary services, and better opportunities for input from participants as factors that assisted in increasing attendance at nutrition programs (Buehler Center on Aging of Northwestern University, 2000). Silver (2001) reviewed the results of the 1999 Nutrition 2030 Grassroots Survey of 478 elderly nutrition programs that outreach and improved marketing; transportation to sites; a variety of activities at sites; and linkages to other services were important influences on attendance.

In 1984, the California Legislature approved the Senior Center Bond Act. The Act provided capital funds to build senior centers throughout the state. Now, 24 years later, many of the same nutrition programs are located at the same sites. In many cases, these

facilities are aging and have not had any new amenities or upgrades made since being built so many years ago. Podrabsky and Rosenzweig (2002) stated that the facility where meals are served is most likely drab, old and run-down, which created an institutional feel, turning people away from the program. While redecorating, painting, curtains, and landscaping go a long way, the potential decline in attendance could be because the building is aged and unappealing. In addition to be unappealing, the site may also be inaccessible.

Public transportation may be nonexistent or inadequate. An older adult must be able to drive or have someone drive them in order to attend the nutrition program. In addition to transportation to and from a site, another barrier to participation was the lack of adequate parking at the program site (Buehler Center on Aging of Northwestern University, 2000). In many areas of California, public transportation is often difficult to access and requires a lot of walking from stops to sites, further hindering people's ability to reach sites. Additionally, special transportation services such as paratransit are often difficult to obtain and not timely. Due to the difficulty and long wait times for special transit services, it would not make sense for a senior to attend a site for only lunch; the site should offer other activities.

The availability of other activities onsite before or after lunch potentially influences congregate nutrition program attendance because people are already at the site and it is convenient to eat lunch (McVicar, 2004). Others have recommended that in an effort to reach a wider population of participants, nutrition programs have to be "bundled" with other activities. For example, "in a low income area, the meal should be

available right before or after an activity that attracts a lot of people. Say if the community center is having a tax filing help day then the nutrition site could have an "Open Cafe" from 10 am to 2 pm with hot soup and salad available" (A. Israel-Connolly, personal communication, January 4, 2008). Podrabsky and Rosenzweig (2002) found that the availability of other amenities such as a resource center, exercise equipment, learning activities, and computer and Internet access also led to increased attendance. The availability of health and wellness programs such as chair exercises, dance aerobics, blood pressure and cholesterol screening on site may also contribute to greater participation from a younger generation. Additionally, continuous recreation opportunities for both individuals and groups have the potential to increase participation in nutrition programs.

On the other hand, Stephens and Kwah (2007) determined that neither the locations of the site nor additional activities are critical to the meal program utilization. Specifically, the researchers determined that none of the above-mentioned factors is significant to increasing meal utilization. Contrary to the Podrabsky and Rosenzweig (2002) findings that stated sites are dreary, drab, and unappealing, Stephens and Kwah's (2007) findings suggested that physical the building or environment was not critical as long as the site was clean. The findings indicated that increasing the number of activities, helps encourage sustainability of overall nutrition sites over time, but it is not necessary to offer multiple opportunities for participation to get people in the door.

Leadership

Stephens and Kwah (2007) also looked at several variables to determine the influence of leadership on program attendance. Variables such as whether founding center members were still active and in positions of leadership defined leadership. The study reviewed the director's length of employment in her/his position, the director's prior center experience before hire, and prior backgrounds in aging. Other variables included the amount of training the director received since appointment and the director's salary (Stephens & Kwah, 2007). The most important finding from this study was that the success of any nutrition program depends solely on leadership from the center director. Podrabsky and Rosenzweig (2002) correlated this finding by asking nutrition programs to determine if the site is well managed and inviting. Specifically, both studies stated that the center manager was the key to a successful program. A center manager brings enthusiasm, an outgoing personality, positive attitude, and desire for others to be a part of the program.

Stephen and Kwah (2007) also identified several best practices for community building and increasing attendance at congregate nutrition sites. Primarily these best practices related directly to customer service skills of staff and volunteers at the nutrition sites. Participants provided examples having relationships with all center members - where everybody knows your name. Additionally, the study found that the culture must consist of inclusiveness at sites. For example, no cliques should exist that create hostile environments for new people and seats should never be "reserved". The study provided specific actions that directors could take in an effort to create a friendlier environment.

These efforts included replacing unfriendly volunteers, instituting welcoming committees, and having advisory council members rotate to new spots daily to get to know participants.

Program Flexibility

Program flexibility primarily concerns the times and days meals are served. In the 1980's, elderly nutrition programs offered weekend meals, evening meals, and breakfast programs. When comparing these programs to those in the 1990's, the percent of weekend meals decreased; evening meals increased and breakfast meals were not indicated as a program option at all (Balsam, Sullivan, Millen and Rogers, 2000). An overarching recommendation made throughout the literature was that nutrition programs needed to consider offering meals at different times of the day or even on alternative days. The Chicago focus groups also identified flexible meal times as a means of increasing attendance (Buehler Center on Aging of Northwestern University, 2000). One suggestion was to offer Saturday breakfast programs or Sunday after church programs at nutrition sites as a means of serving more people (A. Israel-Connolly, personal communication, January 4, 2008). Additionally, participants of a workshop for nutrition providers in 2004 at California Association of Area Agencies on Aging annual conference discussed program flexibility and whether the time of day meals were served had an impact on participation (McVicar, 2004). Currently some programs in California serve meals at different times and days, but it was unknown if alternative times of the day influences attendance in the program.

The traditional noontime meal potentially conflicts with many older adults in today's environment that would like to attend but cannot due to conflicting schedules, lifestyles, and preference. The Chicago focus groups indicated that some people might prefer their main meal in the evening. The focus group results also indicated that the hour window of time to obtain a meal is too narrow (Buehler Center on Aging of Northwestern University, 2000). In some instances, older adults sleep later so eat breakfast later. A meal served at noon is often too heavy or too close to their last meal (McVicar, 2004). In other cases, some older adults may be volunteering, working, or watching grandchildren and are unable to get away to obtain a meal in the middle of the day.

Choice in Meals

Food quality, the availability of ethnic meals, types of food served, whether alternatives are available, and if food was cooked on or off sight all affect the quality of the food and potentially affects attendance. Enjoyment of food is positively associated with quality of life (Vailas, Nitzke, Becher and Gast (1998) in Spangler, et al, 2003). The Chicago focus groups participants specifically indicated that "choice in menu and attractive presentation of food; offering two entrees daily; and having variety in menu" leads to increased attendance (Buehler Center on Aging of Northwestern University 2000). Podrabsky and Rosenzweig (2002) indicated several factors regarding choice potentially contributed to increased attendance. The authors suggested ways to increase participating in programs is to provide alternatives to the regular menu: offer a lighter

fare; make food available that one can “grab and go”; increase the menu selection and choices; and provide food for specific ethnic groups.

Stephens and Kwah (2007) argued that choice in meals was the second most important factor in attendance turnaround. Specifically, their findings indicated that participants want to feel like customers who have the power to make decisions instead of eating at an institution because there is no other place to go (p. 24). Programs interviewed stated that choice could be as simple as providing participants the opportunity to choose the cut of the meat provided that day (Stephens & Kwah, 2007). The suggestion that alternatives such as salad plates, vegetarian burgers, or sandwiches offered keep people coming even if they do not like the main meal choice (Stephens & Kwah, 2007; Strombeck, 2005) clearly resonates with the notion that the boomer cohort does not find the food currently served in nutrition programs appealing. These findings reflected back on the image of the nutrition program as institutional or charity-based; offering choices to participants makes people feel like they are customers versus clients.

Programs offering culturally and ethnically appropriate menus are a growing concern as the demographics of California’s older adult population becomes more diverse. Choi (2002) conducted an exploratory study of Asian American elderly participants at 17 congregate dining sites for one programs in Washington State. The results indicated that the majority of Asian Americans that participated in the nutrition program participate at sites located in areas where there is also a higher ethnic concentration. In Choi’s study, the sites located in ethnic neighborhoods received meals from a central kitchen but also prepared ethnic meals on site and had ethnic staff.

Additionally, Choi theorized that the program had few Hispanic participants because there was no site located in a Hispanic neighborhood that also offered appropriate ethnic meals (2002). Strombeck (2005) identified several programs that were meeting the needs of culturally diverse populations. Innovations included providing one ethnic meal a week for a four-week cycle. Others offered Italian, Chinese, or Mexican dishes one to two times per week for a four-week cycle. Some nutrition programs provided alternatives such as rice, miso soup for Asian participants, or even white bread sandwiches for Caucasian participants. Further, Strombeck (2005) identified nutrition programs that had pre-approved menus by a dietician held Saturday lunches at Korean, Chinese, Vietnamese restaurants (2005). These findings indicated the importance of offering culturally appropriate meals that appeal to a diverse California older adult population.

Presentation and Ambiance

Ambiance includes the presentation of the meal itself as well as the room set-up and decorations and lighting available. Ambiance may play a big part – it could be a cozy lounge atmosphere with paperbacks and coffee (La Ganga, 2007). Many programs serve meals on trays and use plastic cutlery and cheap napkins while other programs provide meals using real utensils and dishware. Participants from the Chicago focus groups stated, “Real china and silverware instead of plastic or paper; and food service to table was preferable” (Buehler Center on Aging of Northwestern University, 2000, p. v). The presence of compartmentalized plastic trays lends an institutional feel to the program, whereas the usage of real dishes gave the appearance of dining out.

Other aspects of ambiance included table service, lighting, tables, and decorations. Stephens and Kwah (2007) stated that ambiance was also a critical factor in successful utilization of nutrition programs. The New York study found that having nicer napkins, brighter lighting, and restaurant style serving instead of cafeteria style, tablecloths, round tables, and table decorations create an image of a diner instead of a feeding program. The types of tables and lighting also affected ambiance. Round tables encourage conversation. Decorations provided a more home-like setting. Lighting can make a place appear airy or dark and dingy if absent. No one is attracted to institutional settings and attending sites that are institutional remind people they are lacking resources.

Findings also indicated that sites offering a pleasing, supportive environment are more amenable. Ambiance also included knowledgeable, friendly staff who know guests by their name and who do not rush people to get their meals, eat and leave (Buehler Center on Aging of Northwestern University, 2000). Stephens and Kwah reiterated these findings. The study indicated sites that provided small alterations to the environment such as decorating the tables with centerpieces, using tablecloths and providing table service instead of buffet style all lend to the aura of eating in a restaurant and creating a more pleasant experience for participants

Increasing Participation at Senior Congregate Nutrition Sites

Much of the available senior congregate nutrition program literature focuses on the nutritional value of the program and how “the congregate nutrition program is considered a low-cost intervention that can be provided long before needing intensive

services” (U.S. Department of Health and Human Services, 2006, p.4). While the focus groups from the Buehler Center on Aging of Northwestern University (2000) highlighted several promising practices and factors, the Center’s researchers were only interviewing 86 currently attending participants who had a stake in the program. Moreover, their sample size was quite small; the study utilized only eight focus groups, and the majority of participants were Caucasian residents in suburban Chicago. Although Stephens and Kwah (2007) indicated the only critical component in increasing attendance is the “leadership” of the site manager, questions arose as to the reality of this in California’s senior nutrition programs primarily due to the other factors outlined such as choice, ambiance, infrastructure, and the growing cultural diversity of the population.

A noticeable gap of evidence still exists on why some congregate nutrition programs are increasing attendance, while other programs are in decline. Beyond the Buehler Center on Aging focus groups (2000), the more recent New York study (Stephens & Kwah, 2007) of congregate nutrition sites, and anecdotal evidence from other literature reviewed, the issue remains largely unexplored. The findings from the above sources indicated that congregate nutrition programs are still unsure how to accommodate the needs and desires of the younger older adult population and entice them in attending congregate nutrition programs. The question remains why some nutrition programs are able to increase attendance while others are declining. Lastly, it is still uncertain how congregate meal programs are adapting to serve younger seniors. In an effort to determine factors influencing attendance, eight congregate nutrition programs in California were interviewed.

Chapter 3

EXPLORATION THROUGH CASE STUDY

Why are some nutrition programs increasing attendance while others are declining? How are congregate meal programs adapting to serve younger seniors? Major findings from the literature review indicated that flexible meal times, better transportation and parking, availability of on-site and ancillary services, increased input from participants, and leadership of the site manager lead to increased attendance in congregate nutrition programs. While these findings appear reasonable, the existing literature is hardly definitive in explaining declining attendance in congregate nutrition programs. I concluded there was a need to reexamine why people do not attend congregate nutrition programs. This thesis focused on determining additional reasons for declining attendance along with examining those already previously identified.

Research Design and Approach

Case studies are the most appropriate methodology to use in real-life situations such as examining congregate nutrition programs. This study attempted to investigate a contemporary issue within a real-life context where the “boundaries between phenomenon and context are not clearly evident,” (Yin, 2003). The use of case studies and interviews allows the researcher to delve more deeply into the programs to ascertain factors that influence attendance.

Case studies provide the opportunity to create a fuller picture of the situation under examination. The “case study’s unique strength is its ability to deal with a variety

of evidence beyond what might be available in a conventional historical study” (Yin, 2003, p. 8). Yin also signifies that case studies are appropriate when studying real-life experiences where the “researcher has no control over the situation and participant’s behavior cannot be manipulated,” (p.8). Additionally, case studies allow the researcher to establish a sequence of events, which many times aid in causal analysis. Because this study explored factors regarding attendance, it was important to ensure that no spurious effects were attributed to certain causes.

Case studies are most appropriately used with research questions asking “why” or “how.” Case studies go beyond traditional surveys and incorporate the use of interviews, document reviews, and observations to provide a better analysis of the issue in question. Not only did the overarching questions about the “how and why attendance is increasing at some congregate nutrition programs and decreasing at others” promote the use of a case study approach, but also the nature and environment of the programs and the current policy focus on the issue also lend themselves to the method.

Yin (2003) identified both strengths and weaknesses of using interviews, document review, and direct observation for case studies. Unfortunately, due to a small sample size, case studies do not offer the same confidence level that a quantitative study with a large sample size offers. The small sample size means that the case studies are more vulnerable to random error. However, case studies do provide a more in-depth examination of the issue at an individual or micro level.

Case studies commonly use interviews to gather data. Interviews allow open-ended, insightful questions and answers. Contrary to quantitative data analysis,

interviews also allow researchers to gather a broad range of qualitative information from a few samples. Additionally, interviews allow knowledge, opinions, and beliefs of the interviewees to emerge, creating a larger, complete picture when systematically reviewed collectively for contradictions and consistencies.

Document review is stable, unobtrusive and exact (Yin, 2003). This thesis reviewed program websites, menus, and other materials provided by the interviewees. While document review lends another element of depth and evidence to the research, it also has weaknesses associated with it. Primarily document review weaknesses usually occur when retrieving documents is difficult to do; collection is incomplete or reports are inaccurate or incomplete. In some cases, access to documents may be blocked. For this thesis, document information was not readily available. Specifically it was difficult obtaining program information regarding the number of meals served for some of the agencies.

Direct observations cover events in real time and provide an important source of context to the researcher. Direct observations allow the researcher to substantiate comments from the interviews. Yin (2003) stated that if not enough samples are observed due to the lack of time available then selectivity or discrimination often occurs. Due to time constraints, seven program directors were interviewed and one program was directly observed during the lunch hour, so the potential of discrimination was highly likely.

Conducting a case study posed several other concerns that must also be addressed. The multi-case study approach was often difficult to achieve due to resource constraints.

Additionally, any findings or recommendations are applicable to other congregate nutrition programs, but they are tentative recommendations based on the small data set.

Sample Population

In an effort to answer the questions why congregate nutrition programs as a whole are declining in attendance while others are not, my original intent was to conduct case studies of four similar senior nutrition programs in California. Two that have increased the number of meals served for the past three fiscal years and two programs that have not been able to increase the number of meals served in the last three years. Using these numbers, I wanted to show a historical trend of either declining or increasing participation in nutrition programs. I also wanted to be able to choose two programs that were demographically similar but opposite in attendance rates.

Service provision for older adults is unique in that the Older Americans Act supports a bottom-up community-based planning and service delivery approach. In essence, nutrition programs in California are managed differently than others based on the local community's needs. Due to the diversity of residents in California as well as diversity amongst the nutrition programs, I determined that locating similarly demographic programs for comparison was not likely. However, because all congregate nutrition programs operate under the auspices and guidelines of the Older Americans Act, they still presented enough similarity for comparison.

Due to these factors, I revised my original plan for selecting cases. I determined it would be more representative to obtain a sample of programs with different numbers of

sites and localities. An email request to members of the California Association of Nutrition Directors for the Elderly (CANDE) recruited the interviewees. Due to the increasing awareness regarding declining participation in congregate nutrition programs, I received several responses.

The response from nutrition programs included programs that are increasing attendance as well as those that have declining performance, but overall all of the programs have seen a significant decline in attendance in the last five years. Additionally, the representatives that responded to my request had varied programs. The sample includes programs that have only one-site while others have up to 17 sites within the program. Some programs are urban, while others are suburban. Only two rural programs agreed to participate. In addition, there was a good mix of programs in both Southern and Northern California. The participating programs resulted in being comparable in size, structure, and service, which was critical to make comparisons.

Congregate Nutrition Program Demographic Characteristics

Representatives from eight senior congregate nutrition programs were interviewed as case studies in an effort to determine how and why participation is declining in these programs. The representatives self-selected based on a request for participants through the list-serve of the California Association of Nutrition Directors for the Elderly (CANDE). Four of the programs were located in predominantly urban areas of California, three in Southern California and one in Northern California. The urban programs served an entire city or multiple cities. Three programs served an entire county, and based on the

population counts of the U.S. Census, are considered both urban and rural. I also interviewed one rural program representative.

All of the programs were located in areas where more than ten percent of the total population are over the age of 60 years. Several programs were located in areas where the population 60 years of age and older is 16 to 17 percent, and one program was located in an area where the older adult population is 19.53 percent! This program was also serving at least 50 percent of the population 60 years of age and older in that area.

Table 3.1 Program Area Demographics

| Program | Area | # Sites | Total Population 60+ * | Percent of Population 60+ * |
|---------|---------------|---------|------------------------|-----------------------------|
| A | Urban | 17 | 111,091 | 11.46% |
| B | Urban | 3 | 17,096 | 16.20% |
| C | Urban / Rural | 8 | 26,023 | 16.65% |
| D | Urban / Rural | 9 | 42,699 | 17.19% |
| E | Rural | 1 | 232 | 19.53% |
| F | Urban | 1 | 11,241 | 12.51% |
| G | Urban | 1 | 136,369 | 17.56% |
| H | Urban / Rural | 4 | 33,307 | 13.03% |

* Based on US Census Data for Areas Served by the Program

The number of meals served over the past three years fluctuated among all the programs. Interestingly enough, only one program successively increased the number of meals served over the last three fiscal years. Only one program saw a steady decline in meals served over the past three years. The other programs fluctuated in the number of meals served, but all persons interviewed stated the programs experienced a decline in the

number of participants. However, this verification of this information was not possible. According to one interview, the number of participants was not reliable because “seniors are reluctant to fill out paperwork so they are not captured in the database,” (personal communication, March 28, 2008).

The type of agency varied amongst the interviewed programs. Only one program was an area agency on aging. This program was also part of the county’s Human Services Department. In addition, this was the only program that steadily increased attendance over the last three years. All other programs contracted with their local area agency on aging to provide services. Five of the programs are non-profits. Two programs operated as part of city services.

TABLE 3.2 Numbers of Congregate Meals Served

| Program | # Meals 04/05 | # Meals 05/06 | # Meals 06/07 |
|---------|---------------|---------------|---------------|
| A | 108,520 | 103,256 | N/A |
| B | 95,495 | 92,911 | 94,376 |
| C | 77,974 | 78,003 | 82,860 |
| D | 38,123 | 39,370 | 28,330 |
| E | 3,813 | 4,121 | 3,864 |
| F | 30,641 | 29,312 | 28,490 |
| G | 20,781 | 18,343 | 17,218 |
| H | 52,273 | 49,300 | 46,749 |

The sources of funding for the programs predominantly included Older Americans Act funds, city and/or county assistance, participant donations, fundraising, or grant and foundation funds. The percentage of funding received from Older Americans Act Title III-C money, allocated specifically for nutrition programs, varied from 25

percent to almost 40 percent. Only three programs received financial support from their county. While only half of the programs received support from the cities. City support included both financial support and in-kind support. Two programs received a per meal reimbursement from their cities ranging from \$0.09 to \$0.75 per meal. Other programs received in-kind donations of vehicles and buildings from the local cities. Two programs unfortunately received no additional financial assistance from their county or cities. All programs received support from participant donations. The average participant donation ranged anywhere from \$1.23 per meal to \$4.00 per meal, when the total cost of the meal can be up to \$12 when including personnel costs. Three programs actively pursued grants, foundations, and other fundraising opportunities to fund the programs. Two programs said they do not have time to fundraise. One program stated that they would be looking at fundraising in the future due to the fiscal problems occurring at the state level.

Table 3.3 Source of Funding

| Program | County | City | Participant Donations | Private Donations | Fundraising | Grants / Foundations |
|---------|--------|------|-----------------------|-------------------|-------------|----------------------|
| A | Y | Y | Y | - | - | - |
| B | - | Y | - | - | - | - |
| C | Y | - | Y | - | - | - |
| D | Y | Y | - | Y | Y | Y |
| E | - | - | Y | Y | Y | Y |
| F | - | Y | Y | Y | - | - |
| G | - | - | Y | Y | - | Y |
| H | Y | Y | Y | Y | Y | Y |

Case Study Design

Overall, eight programs were interviewed. Seven interviews occurred via

telephone and one was face-to-face at a meal site. The interviews lasted anywhere from one hour to two and a half hours. Although the interviews were not tape-recorded, I took copious notes and several representatives answered the interview questions in advance and provided copies. Additionally, while the interviews followed a list of questions, the method was unstructured which allowed for a more free-flowing conversation with the interviewees, and allowed additional questions to be asked according to the responses. Due to personal knowledge of the congregate nutrition programs, opinions and comments that stimulated further elucidation from respondents were included.

I provided the participating representatives the interview questions in advance, along with a consent form to sign and return prior to any of their comments being included in the final analysis. These materials are located in the Appendices. Although respondents were not guaranteed anonymity, my analysis named no programs or interviewees. In addition, additional materials were requested if the interviewees felt the information was pertinent to the study such as copies of menus. Two interviewees provided me with the results of a recent survey they had conducted in their communities in an effort to determine what would entice new participants to their locations. Also received were budgets, website links, and program brochures.

The interview questions focused on the seven identified themes from the literature review: image, infrastructure, leadership, flexibility, choice, cultural and ethnically appropriate meals, and presentation and ambiance. Several of the themes developed based on notes from the presentation *Embracing Change* presented at the 2004 Annual Conference of California area agencies on aging (McVicar, 2004). This presentation

specifically addressed the declining attendance rates at congregate nutrition programs in California by discussing the time of day meals were served, the quality and choice of meals, presentation and ambiance, funding, processes and restrictions, and location of the programs.

Leadership questions developed based on the findings of Stephens and Kwah (2007), *Critical Factors in the Successful Utilization of Senior Center Meals*. The study indicated that the only critical factor in attendance was leadership at the site.

Complementary questions regarding customer service training for staff, first generation participants dominating decisions, and City and County leadership were included as well.

Additional questions under each theme developed based on the findings from the Buehler Center on Aging of Northwestern University (2000) *Evaluation of Nutrition Programs Prepared for Suburban Area Agency on Aging and Community Nutrition Network*. This study attempted to address how and why participants attend congregate nutrition programs through the exploration of benefits derived from participation; the different ways people participate; the barriers to participation; factors that contribute to a successful program; and exploring the use of restaurants as an alternative.

In addition, I also requested program demographics, funding, and participant information. Program demographics incorporated questions about performance for the past three fiscal years. I also collected other information such as the number of sites, if food was cooked onsite, non-profit or city/county government status, and whether the program was a contractor or an area agency on aging. Additional questions included sources of funding, average donations of participants, and if the local government

contributed towards the program. Interviewees provided participant information, too. This included average ages of current participants, ethnicities, low-income status, and effects of socialization. The questions directed at each program attempted to determine the structure of the programs; whether the programs felt successful in increasing attendance. Appendix A provides a copy of the interview questions.

Data Analysis Procedures

In an effort to understand why some programs are successfully increasing attendance, while others are not, a thorough review occurred of the defining factors of success between programs of similar size and participant demographics. In terms of data obtained from the interviews and onsite visits, the data were carefully reviewed and analyzed along each of the seven themes similar to a modified “long-table approach” created by Kreuger and Casey (1998) where comments are coded, rearranged, and prioritized based on themes. However, while I used the concept of the long-table approach, the rigorous activity of coding, rearranging and prioritizing did not occur.

The goal was to determine what constitutes a successful program and to establish the variables that influence attendance in congregate nutrition programs. Was one variable more critical than others were? A question arose such as whether it was a combination of all seven themes identified, or was it only one area, such as choice and flexibility that makes a difference in attendance rates. To answer these questions, the variables continuously repeated throughout the course of the interview responses were analyzed.

Chapter 4

RESULTS AND ANALYSIS OF THE DATA

Three years ago, the California Department of Aging began noticing a correlation between the increased cost of living and a steady decline in the number of congregate meals being served in senior congregate nutrition programs. Specifically the programs were experiencing an overall decline of three percent while the cost of living had increased three percent (B. Estrada, personal communication, February 19, 2008). In an effort to explore this issue, the Department of Aging instigated a discussion with all of the California area agencies on aging to determine what programs were doing to increase attendance. At the 2004 annual conference on the California area agencies on aging, participants participated in a discussion on strategies and factors to increase participation. However, it appears that there has been no subsequent study of the issue.

Because this issue has large-scale public policy implications, I decided to explore the factors that influence attendance at congregate nutrition programs in California. Specifically, I was interested in answering the following big questions. First, why are some nutrition programs increasing attendance while others are declining? Second, what are some of the variables that lead to increased attendance at congregate nutrition locations? Lastly, how are congregate meal programs adapting to serve younger seniors?

Factors Influencing Participation

Seven themes were developed in an effort to characterize the influencing factors on participation. The interviews were guided by the seven themes with reason to think

they directly impacted participation at congregate nutrition programs. Overall, the results indicate consensus that some factors were important, while some factors were not important, and others were conditional. Several of the conditional factors focused on the location of the program, either by region or by a rural and urban split.

Factors similar amongst all programs

The initial design of the congregate nutrition program provided a nutritious meal and socialization. All the representatives interviewed agreed socialization was an important component of the programs. Additionally, every interviewee indicated that socialization for the current attendees was the “primary reason participants’ attended.” While the current cohort of participants attends for the social aspects, I hypothesized that the programs were not attractive to a younger generation of older adults. Specifically, that the 1970’s institutional feel associated with senior centers was no longer appealing to the new cohort of seniors.

Several interviewees reiterated the importance of “place” as important in attracting the new cohort of older adults. Programs located in sites targeted towards persons of higher socio-economic status attracted new attendees, especially those of the younger cohort. Attendance decreased in sites located in old, decrepit buildings or rooms within community centers, primarily because they are run-down and neglected. Specifically, one interview identified a site that invested a lot of money into its center. As one interviewee stated, “just because there is a space where a meal is provided does not mean people will attend,” (personal communication, March 17, 2008).

It was further hypothesized that the presentation and ambiance of these programs was institutional and unpleasant, and that affected attendance. Ambiance was an area that did not seem to make a difference overall for increasing attendance. Almost all of the programs provided round tables, decorations, and served the food restaurant style. The primary barrier was that many of the programs were restricted in creating sites that looked like a café or diner due to space and location restrictions.

The interviewees held consensus that the addition of a salad bar would make no difference in attendance over time. All of the representatives interviewed agreed that while it would initially bring in new people, the novelty would eventually wear off. A common comment throughout the interviews was salad bars are not financially feasible for the programs due to the high cost and the amount of waste salad bars generate.

Offering healthy food such as wraps, salads, and soups did not appear to influence attendance. If anything, it had a negative impact on attendance from many of the current participants. Interviewees stated sites had the least attendance on days when healthier, lighter meals were provided. For example, one interviewee stated the days with the lowest attendance were when the program offered salads or wraps (personal communication, March 28, 2008). Another interviewee revealed that when they tried serving food considered modern, people did not tend to like it as much. While another representative felt his or her program attendance was menu-driven, because it was the only kosher program available in the city. Although one program that conducted a survey of non-participants indicated that they did not attend due to the food “not being what they

would eat – it was not organic.” However, these results were also coupled with comments that people were working, or active with family and friends.

The lack in program flexibility was another emergent theme examined. Another hypothesis was that the time of day meals are served and the choices offered are not appealing to those who are still working, volunteering, or engaged in other activities. However, the results indicated that flexibility did not make a difference on attendance. Several programs already served meals at breakfast, dinner, or on the weekend. The different days and times did not increase attendance for any of the programs. The survey results conducted by one program were shared. The survey asked resident if alternative times would make a difference, and the results indicated they would not. Several respondents indicated that their programs serving meals at times other than lunch had tried to change to a noonday meal, but met resistance.

In addition to participant’s resistance to changes in meal times and days, program restraints existed, too. The restraints included the availability of space or rooms where meals are provided, and staff or union restrictions. Many of the program’s sites are open Monday through Friday from 8 am through 5 pm, which disallows evening or weekend meals. In addition, staffing and union considerations would have to be addressed to offer meals in the evenings and weekends for programs not already doing so.

On the other hand, all the representatives agreed that a meals-to-go program would definitely increase attendance. Although one interviewee stated they would not want to provide meals to go because the congregate program was a “social opportunity,

not a fast-food enterprise.” Several programs already provided meals-to-go, but as exceptions to the program, not the norm.

All but one program felt that the area agency on aging guidelines and regulations restricted the ability to expand service. However, differences existed amongst the representatives regarding how regulations restricted the programs. The majority of the interviewees stated that the recommended dietary allowance (RDA) restricted the menu options. Primarily the RDA requires a meal to provide one-third of the daily nutrition of a senior. The interviewees stated this restriction made it difficult to get creative with the food they can offer seniors. Furthermore, nicer meals, such as cuts of meat, are more expensive to prepare, and the higher costs are not reimbursed. Additionally, contract processes with the area agencies on aging do not allow extra meals provided to be served, so no incentive exists to provide more meals than they would be reimbursed for.

Regional differences

Sites focused on providing younger, active seniors activities such as exercise programs, yoga, fitness centers, and lifelong learning opportunities appeared as an influential factor on attendance for the urban programs located in Southern California while it made no difference in the programs located in Northern California. One site with a “country-club look and feeling” as well as a 5000 square foot gym with memberships attracted the new cohort of younger older adults. This cohort was a new and different group of clientele who will go work out and then stay for lunch. Another site offered box-lunches at the local library in conjunction with a yoga program and while not increasing

overall attendance, they also attracted a younger and new group of seniors to the program.

On the other hand, both the urban and rural programs in Northern California, felt that the activities and options such as a gym were not influential factors on attendance. In fact, several interviewees stated more people attended the activities offered at the sites, but do not stay for lunch. Specifically, “the younger seniors went on a lot of trips but they do not eat lunch. The active crowd participated in activities only,” (personal communications, March 28 and April 2, 2008). Also stated repeatedly by the programs in Northern California was that the meal program did not fit with the active, younger seniors attending classes or exercising. The younger cohort participated in activities, and then leaves to eat elsewhere.

Urban / Rural differences

Although attendance declined in rural areas over the long run, the programs provided meals to a large majority of the population 60 years and older. In the rural areas, attendance was steady. I correlated these findings with the notion that fewer options existed for obtaining a low-cost meal in rural areas. Additionally, the rural programs provided an acceptable place for socialization for all ages of older adults. On the other hand, the urban programs projected an image as a feeding program.

All of the programs primarily served low-income participants. In the urban areas, the low-income aspect created a stigma. Although the rural areas served low-income persons, attendance was less than years before, but steady overall. For example, the

program with sites located in an urban area stated that there was a “sort of stigma [to the program] that other people who have more money think of the program as lower income so do not attend. Very few people who are doing well financially attend [lunch],” (personal communication, April 2, 2008). She also stated that a food kiosk and café are also options for participants of the community center.

Transportation was another difference found between rural and urban areas. While the majority of the interviewees indicated that most participants drove to the sites, the urban areas had regular transit systems that provided options to attendees no longer able to drive. These sites had ample parking in most locations too. The rural locations had no transit systems to bring participants to the sites. Additionally, two sites did not have ample parking available and the interviewees stated that the lack of parking negatively affected attendance. Specifically, if people drove to the sites and parking was unavailable, they would leave.

Factors with no consistency

Cultural appropriateness, staff leadership, political support, and first generation member’s influence were factors where no consistent findings amongst all the programs were found. Rather the responses varied from interview to interview and could not be delineated by region or area, or type of agency.

I also hypothesized programs did not provided appropriate meals to fit persons of varying cultural and ethnic backgrounds. An interesting finding revealed that many programs served primarily Caucasian participants, even when sites were located in areas

with high concentrations of ethnic minority populations. Furthermore, those programs with higher concentrations of ethnically diverse communities served participants that considered themselves “Americanized.” For example, although the kosher program was still declining in attendance, many Asian Americans are drawn to the program because they are looking for healthy alternatives, not because the meal was culturally appropriate. Another interview stated that “when they [ethnically diverse participants] come out, they [participants] preferred other types of food and if the program offered culturally appropriate food, participants would not eat the meal, because it was not cooked the way the participants cooked it at home,” (personal communication, March 17, 2008). These responses suggested people attending the program viewed the congregate nutrition program similar to a restaurant experience.

Major findings of the case studies in New York (Stephens & Kwah, 2007) indicated that increasing meals is possible by having a center director that exhibits leadership. While leadership was important to maintain attendance, it does not bring new people in to the programs. In an attempt to determine if leadership made a difference, representatives were asked specific questions regarding staff’s tenure, experience, educational level, background in aging, and training available. No correlation was identified between staff’s tenure, prior experience, educational level or background in aging. All of the representative’s responses varied. The only indicator that leadership was a factor influencing attendance was customer service training provided to site managers. One interview specifically stated, “Site managers have the largest impact on attendance.” Other programs provided regular customer service trainings for their site managers and

the interviewees felt that those trainings effectively ensured new participants were welcomed to the sites.

Program representatives were asked about leadership from participants, particularly if a group or cohort influenced programs. Several of the programs have been open for 20 years or more so their first generations of participants were no longer present and in many cases, there was no longer one influential group. Other interviewees stated that a cohort of first generation participants still existed which influenced the image and expectations of the site, both positively and negatively.

The impact of political leadership on attendance was also explored. The respondents revealed that support from political entities is mixed and inconsistent. Some City Councils and the County Board of Supervisors fully supported and acknowledged programs, while others were not. Political leadership did not appear to influence attendance; however, it potentially affected the sustainability of programs.

The findings indicated that several factors are influential on attendance in the congregate nutrition programs, while others are not. Specifically, results indicated that the socialization aspect was also very important for the current cohort of participants, and potentially for the future group, while choice and flexibility was not at all important, and the availability of activities might be a factor influencing attendance. The findings also indicated that many congregate nutrition programs are still unsure how to accommodate the needs and desires of the younger older adult population and entice them in attending congregate nutrition programs.

Chapter 5

CONCLUSIONS AND IMPLICATIONS

In an effort to explore why congregate nutrition programs are decreasing in attendance, eight representatives from varying programs were interviewed; only one program was directly observed. However, the observations correlated with the rest of the data collected via interviews. The goal was not to make overarching generalizations that are applicable to the entire systems of nutrition programs in California. Rather, the intent was to begin a discussion that would serve as a foundation for others to begin thinking more deeply and cohesively at both the state and programmatic levels about a very complex set of factors. These factors will bear an impact on maintaining these programs as the Boomer cohort ages and whether or not they will utilize the congregate nutrition programs as currently operated.

The primary impetus for examining congregate nutrition programs was that if they continue functioning as currently established, the programs would lose their appeal to the younger cohort due to a variety of reasons. For example, many of the programs lack flexibility in eating times, have a dreary institutional feel, and serve heavy food, which is not inviting to younger generations. This lack of innovation or change in the programs leads to a decline in attendance as the older generation expires. Several of these assumptions correlate with interviewee's responses, while others do not, and yet others might have an impact, but need further exploration. Furthermore, several large themes not originally discussed emerged from the interviews that warrant further examination.

Conclusions and Implications

Seven major themes regarding barriers to participation emerged during the literature review, which were used to create the interview questions. Based on the themes developed from the literature review, several assumptions were made regarding factors that influence attendance on congregate nutrition programs for seniors. However, the results indicated that the socialization aspect was also very important for the current cohort of participants, and potentially for the future group, while choice and flexibility was not at all important, and the availability of activities might be a factor affecting attendance.

Socialization is Very Important

Although socialization is a large component of current attendance, several of the interviewees indicated that it did not entice more people into the program. However, the factor does imply that as relatively younger people reach senior citizen status they will also find socialization an important reason to attend nutrition programs. As many interviewees stated, “people make friends, join the clubs, and get involved in each other’s lives,” (personal communications, March 17, 2008; March 28, 2008; March 31, 2008; April 2, 2008). As the current cohort ages, they may find that they enjoy and want to participate in the socialization aspect of the nutrition program, similar to the current cohort of participants.

Choice and Flexibility are not important

The literature review identified choice or the lack of choice in meals as a major obstacle to increasing participation. However, my interview results did not correlate with this assumption. Specifically the interviewees revealed that while salad bar options and healthier food might potentially entice people into the program, the novelty would wear off. Furthermore, many of the programs were already providing entrée salads, soups and sandwiches, alternative entrée choices, kosher and vegetarian food, breakfast buffets, and evening and weekend meals, and attendance was still stagnant.

Prevalence of Activities On-Site Might be Important

Mixed results occurred regarding the importance of having activities available as a factor on increased attendance in the congregate nutrition program. Attendance increased in one site located in a suburban area with a multitude of activities offered and targeted towards a higher-income group. One representative discussed how one of their sites was in the process of remodeling the shuffleboard into a 1200 square foot exercise room, while another of their sites wanted to include a cyber café as part of its space. For some of the programs, the additions of these activities geared toward a younger cohort were making a difference on attendance. For others, the younger seniors participated in the activities, and then left when lunch was served.

The potential exists that the sites need to address the stigma that the program serves low-income, very old people. Specifically, one program representative stated those who went to the programs did not eat lunch because the people were older, sometimes

homeless, and often with mental health issues, (personal communications, March 17, 2008). While another representative said people attending sites were very old, usually low-income, and have mental health problems. Therefore, while some locations offered activities for the younger, active generations, these people correlated the congregate meal program as serving the very aged and the poor.

Emergent, Underlying Themes

Throughout many of the interviews, there was an undercurrent of uncertainty about whether the congregate nutrition program was a viable option for future generations. No one was clear on what the solution was that would influence the younger cohort of older adults to attend the program. But the sense existed that something must be changed in order for the program to succeed. The potential of offering meals to go or restaurant vouchers and the bureaucracy of the program were all underlying emergent themes that warrant further examination.

Meals to Go and Restaurant Vouchers

Interviewees often reiterated that providing meals to go allowed participants another option of obtaining a healthy meal. It was appropriate for those who are still working and cannot get to the program during the designated hours for lunch; for others it would be out of convenience where they could obtain lunch and still participate in other activities outside of the center. In addition to meals to go, another area for further exploration was the potential of restaurant vouchers. A resident survey conducted by the

program serving the coastal region found that residents wanted a restaurant voucher program allowing them to eat at a variety of locations, (personal communication, March 17, 2008). However, one interviewee responded that this would be very difficult to achieve due to the rigid processes established by the area agency on aging, (personal communication, March 17, 2008).

Bureaucratic Constraints Created by Area Agencies on Aging

Constraints regarding the bureaucratic nature of area agencies on aging emerged from the interviews. These constraints directly influenced the ability of programs to expand or innovate based on changing needs of the younger cohort. Bureaucracy stifled the programs' ability to provide meals in a different method than has been done for 30 years. Representatives mentioned the inability to obtain reimbursement from the area agency on aging for a second meal served in the same day, as well as overzealousness in site reviews, menus that disallowed creativity, and even stifling contracts with the area agencies on aging. Although speculative, the interviews suggest that area agencies on aging and the California Department of Aging are overzealous in their interpretation of routine activities. Examples of rigidity included mandatory volunteer training, the locations of the donation box, the number of meals that can and cannot be served, the amount of paperwork required, and data collected for a meal to be served. While funders are concerned about bringing new people in, their adherence to stifling regulations negates any flexibility in trying new things.

Only one interviewee stated their area agency on aging allowed flexibility in the ways meals are served. The program provided box lunches in conjunction with yoga at the Library, which did not increase their overall attendance, but did keep it from declining further. However, the area agency on aging receives administrative monies for the congregate program. Due to the decline in meals served, they were also losing funds. Based on this, the agency allowed contractors to be creative in the ways that meals were served. While the area agency on aging allowed this program to try new things, other interviewees stated the area agencies on aging did not provide enough direction or flexibility for programs to provide meals in a different manner.

Limitations and Areas for Further Research

This study had several limitations, underscoring the need for further research. Specific limitations of this study included the low number of sites interviewed and observed as case studies, the lack of resources to conduct a more in-depth review of the programs, and the unavailability of a second opinion on the data analysis that ensured validity. The eight programs representatives interviewed represented only a small fraction of the congregate nutrition programs in California.

Additionally, this study was limited due to a lack of resources, primarily time. Further studies should incorporate the use of focus groups and surveys if possible and attempt to work with a majority of the congregate nutrition programs in California. A larger sample and more resources would allow a comprehensive in-depth review of how programs are creating new ways to serve people. A more rigorous coding procedure

could have been used utilizing multiple persons to check for inter-rater reliability, but was not feasible due to time constraints. Additional data analysis and coding by more than one person would also lend greater validity to the findings.

Overall, the results from these interviews and observations indicated that socialization is very important for current participants, while choice and flexibility are not important, and the availability of activities might be important on influencing attendance. Furthermore, while I did not primarily focus on the practices of the area agencies on aging, the topic deserves further study. Regulations such as required paperwork, a rigorous contract process, and menu restrictions created a process so rigid and institutionalized that the flexibility to change is no longer an option. Programs conducting business as usual will need to try new things until they get it right. However, they may not be able to try new things unless the bureaucracy is changed.

This thesis raised many more questions, probably more than it answered. Nevertheless, the results challenged many of the common solutions suggested. A larger question about the inflexibility of the system arose. Specifically, how can current programs get the younger seniors involved in they are unable to venture outside of the current structure established? We still have not confronted Boomers' potential reluctance to eat "old folks," congregate meal lunches in the traditional manner. A salad bar does not seem to be the solution. If regulations are unwilling or unable to change, programs may eventually die out as attrition occurs with the current generation of users.

APPENDICES

APPENDIX A
INTERVIEW CONFIRMATION

Dear Participant:

Thank you for agreeing to participate as a case study / interview in my thesis study of congregate nutrition program attendance.

The interview will occur Date/Time. I will call you at the number you provided.

Below you will find an Informed Consent form. Before I include your responses in my thesis, I will need to have a signed copy from you. At your request, I will also send you the final analysis.

Also included are the interview questions.

Please send the completed Informed Consent Form and any additional materials you feel are pertinent to my study (such as menus) to: Name and contact information. Or they can be faxed to: Fax Number.

If you have any questions, I can be reached at: Phone Number and e-mail.

APPENDIX B

CONSENT FORM

Consent to Participate in Research
Assessing Factors Influencing Attendance at Senior Congregate Nutrition Programs
Conducted by Amy Springmeyer

You are being asked to participate in research, which will be conducted by Mrs. Amy Springmeyer, a student in the Public Policy and Administration program at California State University, Sacramento. The purpose of the study is to assess the factors that lead to increased attendance at senior congregate nutrition programs. This information is important because of its implications for the future sustainability of the program.

You will be asked to participate in an interview with Mrs. Springmeyer. In addition, she will conduct a site visit where she will visually observe the nutrition program during a regular lunch.

No risk to you or the program is anticipated by conducting an interview and site visit. However the results of the interview and the subjective visual interpretation from the onsite visit will be published in the final thesis for Mrs. Springmeyer.

You may not personally benefit from participating in this research. However, there is the opportunity to identify promising practices that could potentially lead to policy change regarding oversight and allowable functions of the congregate nutrition program.

Your interview responses will not be confidential. As stated above, the results of the interview and the personal visual interpretation from the onsite visit will be published in the final thesis for Mrs. Springmeyer.

You will not receive any compensation for your participation in the interview.

If you have any questions about this research, you may contact Amy Springmeyer at Phone Number and E-mail Address.

You may decline to be a participant in this case study without any consequences. Your signature below indicates that you have read this page and agree to participate in the research.

Signature of Participant

Date

APPENDIX C

INTERVIEW QUESTIONS

Program Demographics

- Your name, title, contact information
- Agency Name
- Area served (i.e. county, city, zip code)
- Last 3 months of menus
- Number of seniors served for FY 04/05, 05/06, and 06/07*
- Number of meals served for FY 04/05, 05/06, and 06/07*
- Number of sites in the program
- Locations of sites, e.g. senior centers or housing complex
- Names of sites
- Where is food cooked (on site or in a central kitchen)?
- Are you a non-profit organization or is your program part of a larger city/county government?
- Are you a program within the AAA or contractor or other?

Funding:

- How much of the program is funded through Older Americans Act Title III-C1 monies?
- What are the other sources of funding?
- What is the average rate of donations you receive from participants?
- What are some of the ways you are looking at obtaining more funding for the program, other than OAA funds?
- Does your county or city contribute towards the program? How? (In-kind, monetarily, buildings, etc.)

Participants:

- What is the average age of your participants?
- What are the different ethnicities of your participants?
- Does it vary by site?
- Are most of your participants low-income?
- How important do you think the socialization factor is on attendance?
- Do you have first generation members of the sites who still attend? If so, are these first generation members a dominant influence in the life of the center (e.g., control the selection of center meals, control the selection of center programs/activities, dominate the center's committees—advisory, menu planning, etc.)?

Image

- Location of sites? Are they in upscale neighborhoods or low-income areas?
- Is the atmosphere warm and inviting?

Infrastructure

- How old are the buildings where the programs occur?
- Does public transit have a stop within 2 blocks walking distance to each of the sites?
- Is there available transportation, other than public transit, that allows participants to get to and from the lunch site?
- How much parking is available at the sites?
- What other types of other activities and resources are offered at the sites?
- Are there activities such as exercise or yoga scheduled before and after the lunch?

Leadership / Personnel

- What is the average tenure of site managers/directors?
- What is their experience prior to becoming site manager/director?
- What is their educational level?
- Do they have backgrounds in aging?
- What type of training do you provide to site managers and volunteers?
- What type of customer service training do staff and volunteers receive?
- How many volunteers participate in the congregate program?
- Do you receive support from elected officials? Not only in funding, but attending sites?
- Do you feel that OAA / AAA regulations are restrictive on service expansion? Please explain why or why not.
- What type of outreach is conducted in the community to let younger seniors know about the program?

Flexibility

- How many days a week are meals provided?
- What time of day is the meal served?
- Have you experimented in serving meals at alternate times of the day or alternate days?
- Is there a certain day where attendance is higher than usual? Why do you think that is?
- Have you tried serving meals at different locations, i.e. the Library? If so, what were the results?

Choice

- What types of food are served?
- What are some of the favorite meals of the participants?
- What are some foods that participants dislike?
- How often are menu items repeated?
- Do you offer alternatives, such as lighter, healthier meals (i.e. salads)
- Do you offer foods for special diets?
- Do you offer alternative entrees?
- Do you offer vegetarian options?

- Have you tried alternatives such as a salad bar or BBQ? If so, how did that affect attendance?
- Do you think attendance would increase if people were provided with alternatives such as a salad bar or even the ability to get meals to-go?

Culturally appropriate meals

- Do you serve ethnic or cultural meals on a regular basis? If so, what do you serve? How often are the meals served?
- Do you have any sites located in areas with high concentrations of ethnically diverse people?
- If so, are the meals prepared on site or transported from a central kitchen?
- Have you ever used a local ethnic restaurant as a site?

Presentation and ambiance

- Are meals served on a tray or plated?
- Are the plate's paper/plastic or real china?
- Are the utensils real or plastic?
- Are people served their meals (restaurant-style) or do they obtain them cafeteria-style?
- What types of tables are at the sites, e.g. round or rectangle?
- Are your sites modeled after a café or diner?
- Are there decorations at the sites? If so, what types of decorations?
- Are participants allowed to decorate the sites?
- What type of lighting? Is it bright or dim?

Do you have any further comments or areas that you think I missed that are critical to this study?

BIBLIOGRAPHY

- American Dietetic Association, (2004, August 12). HOD Backgrounder: Generational Diversity Dialogue. Retrieved February 16, 2008, from American Dietetic Association Web site: <http://eatright.org/ada/files/GenerationBackgrounder.pdf>
- Balsam, PhD, MPH, A. L., Sullivan, MS, MPH, A. F., Millen, DrPH, RD, B. E. , & Rogers, PhD, B. L. (2000). Service innovations in the elderly nutrition program: Two decades of accomplishments. *Journal of Nutrition for the Elderly, 19 (4)*, 41-48.
- Bauer, C. (2004). Highlights from the Pilot Study: First National Survey of Older Americans Act Title III Service Recipients: Paper No.2. Retrieved February 18, 2008, from Performance Outcomes Measurement Project Web site: <https://www.gpra.net/reports.asp>
- Bauer, C. (2006, June 1). Highlights from the Pilot Study: Second National Survey of Older Americans Act Title III Service Recipients. Retrieved February 18, 2008, from National Survey of Older Americans Act Programs Web site: <https://www.gpra.net/nationalsurvey/NSmain.asp>
- Buehler Center on Aging of Northwestern University. (2000). *Evaluation of nutrition programs prepared for Suburban Area Agency on Aging and Community Nutrition Network Chicago.*
- California Department of Aging. *California State Plan on Aging: 2005-2009* Sacramento: State of California.

- Choi, PhD, N.G. (2002). Asian American elderly participants in congregate dining programs: An exploratory study. *Journal of Nutrition for the Elderly*. 21 (3), 1-13.
- Congressional Research Service. (2004). *Older Americans Act Nutrition Program* (RS21202). Washington, D.C.: The Library of Congress.
- Health Trust, (2008, January 24). The Health Trust announces \$30 million investment towards making Silicon Valley healthiest region in America. Retrieved January 31, 2008, from Health Trust Web site:
www.healthtrust.org/news/announcements/01.24.08.php
- Krueger, R. (1998). *Analyzing and reporting focus group results*. Thousand Oaks, CA: Sage Publications.
- Kuczmariski, PhD, RD, M.F., & Weddle, PhD, RD, FADA, D.O. (2005). Position paper of the American Dietetic Association: Nutrition across the spectrum of aging. *Journal of the American Dietetic Association*. 104 (4), 616-633.
- La Ganga, M. L. Senior meal programs cater to new tastes. (2007, March 18). *Los Angeles Times*.
- Laramee, S. (2004). Statement of the American Dietetic Association to the 2005 White House Conference on Aging Policy Committee. *2005 White House Conference on Aging Policy Committee* Washington, D.C.: Federal Register.
- Lee, PhD, RD, J. S., Frongillo, Jr., PhD, E.A., & Olson, PhD, RD, C.M. (2005). Conceptualizing and assessing nutrition needs: perspectives of local program providers. *Journal of Nutrition for the Elderly*. 25(1), 61-8

Lee, PhD, RD, J. S., Frongillo, Jr., PhD, E.A., & Olson, PhD, RD, C.M. (2005).

Understanding targeting from the perspective of program providers in the elderly nutrition program. *Journal of Nutrition for the Elderly*. 24 (3), 25-45.

Massachusetts Office of Elder Affairs, Massachusetts Meals on Wheels Association,

Friedman School of Nutrition Science and Policy, Tufts University, USDA

Human Nutrition Research Center on Aging. (2005). ENP: Formulas for health and wellness. *White House Conference on Aging Designated Event* Boston:

Massachusetts Office of Elder Affairs.

Mather LifeWays, Why Cafe Plus? Retrieved April 26, 2008, from Mather LifeWays

Web site: http://www.matherlifeways.com/iyc_cafe_whycafeplus.asp

McVicar, P. (2004). Embracing change. *C4A Annual Conference notes*

Peppones, MS, RD, CD, M. (2001, August 2). Restaurant-based congregate nutrition sites

and restaurant voucher programs. *National Resource Center on Nutrition,*

Physical Activity & Aging, Retrieved January 29, 2008, from

http://nutritionandaging.fiu.edu/SearchResourceDetail.asp?Nutrition_ID=3392

Podrabsky, RD, M., Rosenzweig, MS, RD, L. (2002, February 1). Addressing the image

of older Americans congregate nutrition programs. Retrieved February 16, 2008,

from National Resource Center on Nutrition, Physical Activity & Aging Web site:

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

Podrabsky, RD, CD, M., & Remig, RD, PhD, FADA, V. (2005). Public Policy Initiative

Part III: Meeting the nation's new aging reality. *ADA Times, Volume 3, Issue 2,*

Retrieved February 16, 2008, from

www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_10021_ENU_HTML.htm.

Public Advocate for the City of New York, (2002, October, 2). "Just Getting By": New

York City Nutrition Services for Seniors. Retrieved February 13, 2008, from

http://pubadvocate.nyc.gov/policy/pdfs/Senior_hunger.pdf

Silver, MS, RD, CNSD, H. J. (2001, March, 22). Increasing participation at Older

Americans Act Title III funded congregate meal sites. *National Resource Center*

on Nutrition, Physical Activity & Aging, Retrieved January 29, 2008, from

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

Spangler, PhD, RD, FADA, CD, A.A., & Pettit, MS, RD, LD, R.T. (2003). Differences in

preferences of entrees of elderly congregate meal participants according to age,

gender, ethnicity and education and a factor analysis approach to group entree

preferences. *Journal of Nutrition for the Elderly*. 23(2), 33-53.

Stephens, R., & Kwah, H. (2007). *Critical Factors in the successful utilization of senior*

center meals. New York City: NYC Department for the Aging.

Strombeck, Ph.D, R. (2005). *Innovative nutrition programs for older adults: common*

problems and innovative solutions. Riverside, CA: Riverside County Foundation

on Aging.

U.S. Census Bureau, American Community Survey, California Demographic and

Housing Estimates: 2006.

U.S. Department of Health and Human Services. (2006). *Modernizing Older Americans*

Act programs Washington, D.C.: U.S. Administration on Aging.

Wellman, N.S., Rosenzweig , L.Y., & Lloyd, J.L. (2002). Thirty years of the Older Americans Nutrition Program. *Journal of American Dietetic Association*. 102, 348-350.