

The World's Largest Open Access Agricultural & Applied Economics Digital Library

This document is discoverable and free to researchers across the globe due to the work of AgEcon Search.

Help ensure our sustainability.

Give to AgEcon Search

AgEcon Search
http://ageconsearch.umn.edu
aesearch@umn.edu

Papers downloaded from **AgEcon Search** may be used for non-commercial purposes and personal study only. No other use, including posting to another Internet site, is permitted without permission from the copyright owner (not AgEcon Search), or as allowed under the provisions of Fair Use, U.S. Copyright Act, Title 17 U.S.C.

U.S. Department of Agriculture

NEW DEVELOPMENTS IN FOOD PROGRAMS FOR THE AGED

Talk by Jessie S. Gertman, Specialist on Aging, Research and Development Grants, Administration on Aging, U.S. Department of Health, Education, and Welfare, at the 46th Annual Agricultural Outlook Conference, Washington, D.C., 10:45 a.m., Wednesday, February 19, 1969.

I am pleased to be with you this morning to discuss the Administration on Aging's program of food and nutrition for the aged.

The Administration on Aging's program for stimulating and supporting research, development, and demonstration projects in the field of aging is made possible by the Older Americans Act of 1965 (P.L. 89-73, Title IV). The objective of the Act - a better life for its older citizens - is carried out through grants and contracts designed to find and demonstrate better ways to deal with social problems of aging in American society. In other words, our field of support is applied social gerontology.

Social gerontology, part of a broader field of gerontology, by definition is concerned with the phenomena of aging which are related to man as a member of a social group and of society.

From the point of view of the individual, the AoA-Research and Development program is concerned with the status, role, and position which come to the person with age; with the influence of age-related sociological, economic, and psychological factors which impinge on the individual's performance and behavior in society; and with his personal and social adjustment to the circumstances, events and processes of aging.

Societally, the AoA is concerned with changes in age composition and structure of populations; with the elements in the value system and institutional patterns which have a bearing on the status and roles of older people; with the effects of these factors, and of technological and social change, on older people. It is also concerned reciprocally with the influence of older people on the values, institutions, and organizations of society.

Recognizing that many factors effect the personal and social well-being of older people, Title IV research and demonstration programs support studies of older people's living conditions, the development of new methods and

techniques for meeting their needs, and projects which devise new approaches for the delivery of services to older people.

During F.Y. 1968, 68 new and continuation projects were funded under an appropriation of \$4,155,000.

Research grants are probing such areas as: (1) problems of adjustment after retirement, (2) the effects of social isolation on older people's eating patterns, and (3) the role of senior centers in enabling the elderly to remain active in the community.

Development and demonstration grants are investigating such areas as methods of providing low-cost meal services in social settings; administrative techniques for coordinating comprehensive health and welfare services for the aging; paid and volunteer employment in the performance of community service roles; and new means of delivering services to special groups of elderly such as the non-English speaking, the homebound, and residents of rural areas.

These and many other of the projects supported during the fiscal year indicate the extent to which the research and development activity is moving on a broad, but interrelated front toward improving the lives of older citizens.

Studies have documented the fact that the diets of older people often are lacking in basic nutrients. These later years of life are characterized by: (1) economic changes resulting from retirement and greatly reduced income; (2) physiological changes such as loss of teeth, diminished sensitivity of taste and smell, and decreased physical activity and metabolism; (3) social changes such as altered living patterns, routine, and family composition; and/or (4) psychological changes resulting from loneliness and anxiety. These changes may interfere with buying and preparing food and consuming a balanced diet. Other obstacles to optimal nutritional status among the aged are faulty eating habits of many years' duration and lack of knowledge and information on nutrition.

To combat this problem, President Johnson, in his message on older Americans to the first session of the 90th Congress, called for a special program to improve nutrition services for the aging. In F.Y. 1968 Congress appropriated \$2,000,000 for a food and nutrition program under Title IV of the Older Americans Act.

To mount such an R&D program, our concern was to examine current knowledge of nutrition and diet for the aged and aging and the implications to the development of programs for the aging adult. It was evident from reading the literature, that there are tremendous gaps in knowledge regarding the aging processes, the role of nutrition in aging, and the degree of diversity in research findings.

To understand the food and nutrition problems of the aged we need to examine many other interrelated factors. One of these factors which influence dietary adequacy appears to be physical inability to market, inadequate income; depressive states which may result in lack of motivation to eat or refusal of food;

poor selection of food or improper preparation; inadequate dietary knowledge and cultural and ethnic traditions.

We are just beginning to scratch the surface in the problems of aging and nutrition and have much to learn in solving these problems. The AoA identified a small number of high priority areas to which to dedicate our attention. The first priority area centered on nutrition and on social settings for meals conducive to the physical and mental well-being of older persons. Twenty-nine grants for over \$2,000,000 have been made for projects designed to attack the social problems underlying inadequate and/or poor diets among older people. They are testing a series of carefully selected approaches for providing older people with information and a range of services. They are testing innovative means for initiating and operating low-cost food services which enhance selfesteem and self-sufficiency through continued or renewed association with others. In other words, the objective is to find more effective ways to create reference groups for older persons and test the impact of these on personal and social behavior.

The 23 demonstration projects - 20 in urban areas and 3 in rural areas - are testing a variety of delivery systems as well as the economic feasibility and acceptance of different systems.

Examples of some of the systems being demonstrated are:

- (1) food preparation in a central facility with distribution to satellite centers.
- (2) food preparation in several sites with single management.
- (3) food catered by: (a) commercial firm, (b) industrial company, (c) public, or (d) private institutions.
- (4) food preparation in private homes for daily and weekend dining clubs.

Many different settings are used for the projects. Both public and private facilities are represented:

- (1) Senior centers are being used in New York, Miami, Florida, and Temple, Texas.
- (2) Public schools are being used in Los Angeles, California, Salt Lake City, Utah, and Olive Hill, Kentucky.
- (3) Homes for the Aged in Erie County (Buffalo), New York, are cooperating and providing for community participants to enjoy a noon-day meal at the Home.
- (4) Private homes located in low income neighborhoods are providing a family style noon meal for 6-8 neighbors.

Other facilities being used are public housing, recreation centers, community centers, and church social halls.

While there are three basic components in all the demonstration projects, namely

- (1) a meal served in a social setting,
- (2) a food and nutrition education program, and
- (3) an evaluation of the effectiveness of service, its feasibility and cost, many of the projects include additional components such as take-home meals, home delivered meals, meal companions, cooperative buying, shopping clubs and mobile

markets, health (both medical and dental), social and referral services, recreational activities, and transportation.

Food and nutrition education programs are planned to meet the needs of participants. The approach is threefold: the training and education of aides employed in the project; group sessions for participants which may be in the form of informal group discussions, formal classroom instruction, or actual demonstration and participation in planning and preparing meals; and on an individual basis particularly around special dietary needs.

In one project in Roxbury, Massachusetts, consumer education is being built around a mobile market which will come into the neighborhoods where there are heavy concentrations of older persons. The nutritionist will observe purchases, explore rationale for the types of purchases made, and interpret sound consumer practices.

Some examples of existing projects:

- Los Angeles County Committee on Aging and the Los Angeles Senior Citizens Association, Los Angeles, California, is demonstrating the feasibility of using public school facilities to serve meals to older people. Nutrition information and education is provided.
- . Curtis Park Community Center, Inc., Denver, Colorado, is demonstrating the use of a local food caterer for the preparation of meals. The food is delivered in an insulated van to three different settings.
- . The Neighborly Centers, Inc. St. Petersburg, Florida, is designed to develop and test several systems for the delivery of meals. Food is prepared in the center facility and served to participants in the center program, portable meals and companionship are provided for the homebound, a weekly dining club and social activities are being organized as well as a shopping club.
- . Northeast Kentucky Development Council, Inc. Olive Hill, Kentucky. The elderly from isolated mountain communities are coming to community centers every Saturday night by bus for a hot dinner and an old-fashioned "country gathering."
- . STAR, Inc. Jackson, Mississippi, a poverty-stricken delta region. Transportation is provided to bring older persons together in center facilities where meals are planned, prepared, and served by participants.
- . Thurston County Community Action Council, Walthill, Nebraska. Aged Indians of the Omaha and Winnebago tribes are learning good nutrition practices and economical meal planning in their own homes and are participating in group meals in tribal housing projects.

These are merely a few examples of the programs operating in various settings and serving different socio-economic and ethnic groups. Operationally these programs also vary considerably. Meals are served from one to six days a week; one and two meals per day; take home meals, home delivered meals, and meal companions. Fees range from 25¢ to \$1.50 per meal.

An important element of the nutrition projects is the gathering of systematic data. Uniform data is being collected from the demonstration projects to determine the extent to which different approaches may influence the aged to improve their nutrition, as well as to determine the cost of different techniques.

Early information from the demonstration projects indicates that there are some obstacles to overcome in establishing such programs, such as locating appropriate facilities and the problem of transportation to the facilities.

Observations from project directors indicate that most often the meal provided by the project is the only meal of the day and that these are the first "real" meals that participants had consumed in a long time.

Apart from the immediate dietary contribution of these projects, directors have noted that the elderly, after participating in the program for a short time, look better, dress better, communicate easier, are more outgoing, participate in activities eagerly, and in general have a more positive attitude to life and living.

I have been telling you about the AoA's Title IV R&D program. However, there is another grant program, Title III of the Older Americans Act, which is also concerned with the aged. Let me just briefly describe this program and its activities regarding meal programs.

Under this program, grant funds are allotted to state agencies according to formula on the basis of an acceptable state plan. The states receive Federal funds and in turn make grants to local communities within the state. Their primary focus is to bring services to older people who need them.

Since the passage of the Older Americans Act in July 1965, approximately 50 of the 55 jurisdictions have submitted acceptable state plans. The program began operation during Fiscal Year 1966 and built up great momentum. During the 33 months of operation, approximately 700 local projects were funded.

The rapidity with which this program has been initiated and expanded at the community level throughout the country is strong evidence of the existing need older persons have for social services and the willingness of communities to respond to their needs once Federal assistance becomes available. State agencies are responding to several key needs in their funding of projects. These needs include: community-wide planning for social services; multipurpose senior centers; homemaker and home management services; recreation and leisure time activities; special transportation services; and nutrition services.

Currently, Title III is partially supporting 44 projects dealing with food services.

Some examples of these projects:

In Paterson, New Jersey, the YWCA offers low-income older persons a well-balanced hot meal daily under the supervision of a trained nutritionist and in connection with a health screening program to discover diabetes and other conditions requiring special diets. Located near two senior citizen housing projects, the "Y" also encourages participants to use the gymnasium, arts and crafts rooms, recreation rooms and lounge areas. While meals are provided on a food-cost basis, no person is turned away because of inability to pay.

- In Richmond, Virginia, volunteers of a local women's organization purchase hot meals from a caterer and deliver them five days a week to elderly shutins who cannot prepare their own meals. Dedicated cooperation of hundreds of volunteers during the first year resulted in more than 12,000 meals being served to 77 elderly homebound. An additional 25 clients were included for the second year, which began October 16, 1968.
- In Baltimore, Maryland, four church sponsored meals-on-wheels services, delivering 80,000 hot and cold meals annually through service and volunteer drivers to more than 700 different clients throughout the city, are being routed and coordinated under a Title III grant to prevent overlapping and increase efficiency. The coordinator screens clients requesting service, plans routes, refers clients in need of additional services to other agencies who provide care for the elderly, and assists in recruiting volunteers and publicizing the service.
- . In Salt Lake City, Utah, a meals-on-wheels project has been serving 50 meals a day, five days a week, using trucks equipped with both heating and refrigeration. Neighborhood Youth Corps boys assist in the kitchen and help deliver the meals.
- . In Decatur, Illinois, volunteers from local churches are delivering a dozen meals a day in coordination with county homemaker, visiting nurse, and other health services in an effort to keep partially-incapacitated older people in their own homes and out of already overcrowded institutions.

Thus, the formula grants to states for support of state activities and community projects and the project grants and contracts for research and demonstrations in the field of aging under the Older Americans Act are focusing on the food and nutrition needs of older people. These projects will provide us with new knowledge about the variety of settings within which people wish to eat and what systems of inter-personal interaction are fostered in various settings. Hopefully, evaluation of the educational components will indicate the impact of the program in changing and improving food habits and food patterns. What we will need to explore is whether these programs have a lasting effect beyond the life of the demonstration.

I appreciate your invitation to present the AoA's program and the developments in the food and nutrition program in particular.

Thank you.

