



AN EVALUATION REPORT: SENIOR FOOD-ASSISTANCE, RELATED PROGRAMMING, AND SENIORS' EXPERIENCES ACROSS THE FEEDING AMERICA NETWORK

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EXECUTIVE SUMMARY

Study Aim

In 2016, Feeding America, a national network of 200 food banks, partnered with Enterprise Rent-a-Car Foundation on a six-year investment to address senior food insecurity. This study was commissioned early in the partnership period to learn about seniors' needs and the different food-assistance programs being implemented across the network. The intention was to assess how food-assistance programming can, and does, align with seniors' needs, and to shed light on some of the ways in which programming that aims to increase seniors' access to or knowledge of nutrition and food-related services operate and benefit seniors. The study aimed to address two overarching questions:

- What are the needs of seniors being served by senior food-assistance programs in the Feeding America network?
- How are food-assistance programs that serve seniors meeting their needs?

The study used systematic qualitative methods to examine 17 programs in 9 states at food banks participating in the Feeding America Senior Hunger Network. The study team carried out semi-structured interviews at each site with food bank staff, agency partners, and seniors using programs, made observations, and conducted document reviews.

Findings

Program accessibility by seniors depended on their abilities in one or more of three categories. Personal mobility refers to the

ability to lift or carry items (e.g., physical strength), ability to prepare food, ability to walk or stand (e.g., self-efficacy to leave house, run errands), and health status. Consumption of food refers to preferences, accessibility, affordability, and chronic disease and dietary needs. Access and use of transportation refers to being able to rely on own means of transportation, friends or family, and public or private services. Seniors' needs are largely based on types and degrees of ability, rather than age.

In designing and implementing senior-focused programs, food banks and their partners were often in the position of balancing reach against specificity (i.e., reaching more seniors as opposed to seniors with more specific needs) as a matter of resource availability and cost-effectiveness. Programs that achieved significant reach typically relied on food items donated by the US Department of Agriculture, but this limited the food banks' ability to customize food-assistance to specific needs of seniors; the Commodity Supplementary Food Program (CSFP) is the most prominent example. On the other hand, programs that prioritized specificity sacrificed reach to provide customized food mixes to sub-groups of seniors with specific needs, such as diabetes. Some programs invested resources in implementing mobile pantries or recruiting volunteers to overcome seniors' transportation constraints, which could limit a program's reach.

The food-assistance programs considered in this study fell at different points on the spectrum of reach and specificity, although nearly all programs attempted to meet seniors' needs on multiple levels. The food banks in this sample have developed several innovative features to increase the

responsiveness of programs to seniors' needs, ranging from modifications to existing programs to new programs entirely. Program modifications were the inclusion of produce and/or additional donated items with distributions, conducting senior-only distributions, updating non-perishable content to reflect senior preferences or dietary needs, and facilitating more home deliveries (via new partnerships or mobilizing more volunteers). New programs were senior-specific mobile pantries with tailored food offerings or grocery items, tailored nutrition-education services, and healthcare-based services.

Seniors reported that receiving food-assistance enabled them to budget, save, and stretch their food more easily throughout the month when accessibility and affordability of food were limited by finances, transportation, or both, which was the case for the majority of the seniors in the sample. Seniors highly valued receiving program services at their homes or sites that were regularly or easily accessible to them. The provision of fresh produce, where available, enabled many seniors to consume more fresh produce than they would otherwise be able to afford. Seniors' perceptions of food-assistance programming were overwhelmingly positive, and seniors across sites emphasized that they benefited from the services and wanted them to continue. A minority (typically less than one-third) of seniors at each site relied on food-assistance as a primary source of food.

The primary challenges to using services reported by seniors were related to content (i.e., the types and proportions of items provided by direct food-assistance programs) and the weight or maneuverability of food boxes. The majority of seniors in this

sample received services at their residences or through senior-focused organizations, such as senior centers. Those who received services at other types of sites, particularly food pantries that did not offer senior-only distributions, described challenges with long waits, difficulty standing or carrying food, and accessing transportation.

The mix and proportions of juice, pasta, and dairy provided by many direct food-assistance programs (most notably the CSFP) may not be responsive to chronic health conditions, including diabetes. Regarding weight, even relatively mobile and self-sufficient seniors faced challenges in obtaining their boxes or bags, which weighed between 20 and 50 lbs, depending on the program. Some seniors reported leaving heavy items at distribution sites. Many of the distribution sites (including those operated by both food banks and agency partners) made efforts to assist seniors to their vehicles, and several were able to facilitate home deliveries on a limited basis. Seniors also reported challenges with maneuvering the boxes or putting away items at home. Some seniors relied on family or caregivers to assist them. Seniors without assistance typically needed to make multiple trips to their vehicles or put items away one at a time.

Seniors consistently and overwhelmingly recommended that the programs include more canned fruits and vegetables, more canned protein, and fresh produce or protein if possible. They also consistently suggested including more items that were simple to prepare or ready to eat, such as cereal or canned soups. Some seniors also suggested including other items that were expensive for them to purchase, such as cooking oil, spices, or condiments. A smaller

proportion of seniors across sites requested the inclusion of simple and quick to prepare recipes with their services.

Seniors who received food-assistance at food pantries or other sites where they had to pick up the boxes themselves typically recommended home delivery as a way to improve services. Even among seniors who had their own means of transportation, few had the physical strength to easily lift and maneuver the boxes or bags of groceries. Some pickup sites (typically the food pantries as opposed to senior centers) required long waits to receive services, sometimes outdoors, which was physically challenging for many seniors.

This study included several programs that aimed to increase the quality or diversity of seniors' diets through information or facilitating access to foods or services as opposed to the provision of specific foods. The nutrition education component of Michigan's Senior Mobile Pantry Program focused on proximate challenges to food and nutrition security, seeking to increase seniors' awareness of nutrition and health through the provision of nutrition education tailored to seniors' common dietary needs. New Jersey's Tower Gardens (hydroponic growing units installed at selected senior residences and centers) and Alabama's Double Up program in partnership with the Farmers Market Voucher Program sought to increase seniors' awareness of nutrition and health through facilitating access to fruits and vegetables while providing opportunities for social engagement. Initiatives to improve access to the Supplementary Nutrition Assistance Program (SNAP), including Alabama's Benefits Enrollment Center and Minnesota's SNAP Rural Outreach, sought to increase seniors' awareness of and enrollment in SNAP and other state or national-level benefits for which they

were eligible. Both services also aimed to facilitate the enrollment process, which many seniors find lengthy or complicated, and overcome stigma associated with SNAP. California's Kitchen Collective provided 1-2 frozen vegetarian meals prepared at the food bank's kitchen facilities at monthly CSFP and Diabetes Wellness Program distributions.

Discussion and Implications

The societal benefit of providing food-assistance is that it helps prevent frailty in seniors (i.e., poor diet and nutrition and low physical function), thereby reducing likelihood of disability and consequent nursing home stays, hospitalizations, and high associated costs. Although the term hunger is often used in the Feeding America network, only a minority of seniors receiving food-assistance would have been overtly hungry without. The literature on frailty and food insecurity in seniors, and the central role of nutrition in frailty, supports that the programming provided by Feeding America is, and should be, targeted to seniors who are food-insecure even if not experiencing overt physical hunger.

Serving more seniors (reach) and serving more of the most vulnerable seniors (specificity) should not be a trade-off; specific needs should not compromise reach. A pressing question among service providers is how to reach more of the most vulnerable seniors. Addressing this question about both reach and specificity in the design and implementation of senior-focused programming necessitates a nuanced understanding of the types of needs and abilities common among the seniors being served. Service providers succeed when they are able to understand needs, target to the need of a group who will benefit, and

curate a mix of programs or programmatic features, based on the resources available to them, that can best respond to the need. Benefits are generated when seniors seek help and take up offered services. Intended benefits are immediate (e.g., improved diets and nutrition, reduced stress related to food insecurity), intermediate (e.g., reduced frailty and disability), and long-term (e.g., reduced nursing home and hospital stays and saving costs).

Recognizing the heterogeneity of needs that are largely based on abilities rather than age alone within the senior population and distinguishing between types of need and degrees of abilities can aid targeting, designing programs, and achieving program impact. The starting question that should shape considerations of program design, uptake, and benefit from the perspective of service providers is similar to the question that shapes it from the perspective of seniors: to what extent will seniors be able to use and benefit from the program? Given at least a tentative answer to this starting question, then considerations can be made as to what programming is possible and most warranted in terms of feasibility, logistics, resources, partners, implementation processes, targeting indicators, reach, achievable impact, and sustainability.

Inherent to making programming decisions are two further considerations. First, to what extent should food-assistance programs address a given individual's full need for food versus a partial need for food? Second, regarding reach, to what extent should food-assistance programs address fully the need for food in the population of seniors in a given location while attempting to take into account specificity of need? Feeding America potentially has a role to help address unmet need both through its

programming and through advocacy and coordination to encourage and support others to contribute.

Food-assistance programming occurs in a complex landscape of multiple forms of assistance to seniors, reflecting the diverse needs that seniors have for social connectedness, medical care, transportation, instrumental assistance and caregiving at home, information, monitoring, etc. One important question for Feeding America and other organizations providing assistance to seniors is the extent to which, and how, they should articulate the programming they provide alongside other programming occurring in the same location. A second important question is, given how closely food is tied to physical and mental wellbeing of seniors, to what extent should Feeding America broaden the programming that its network provides to seniors from strictly food-assistance to assistance that address a broader set of social needs, including reducing social isolation.