



Waiting for Dinner: People on the waiting list for home- delivered meals

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Based on the work of:

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Salmon, M. A. P., & Bridges, J. G. (2005). Waiting for dinner: Elderly on the waiting list for home-delivered meals. *Food Assistance Needs of the South's Vulnerable Population*(9), 1-11.



Risk to Elders

- Inadequate intake of food is estimated to affect 37-40% of people 65 and older living in the community. (White, 2001)
- Roughly 80% have diets that need improvement. (White, 2001)
- Those in meal programs have lower average incomes and more functional limitations than the general older population. How might these characteristics affect their diets?



Home-Delivered Meals


- One of the two nutrition services provided under Title III-C of the Older Americans Act.
- Provides hot, nutritionally balanced meals to people who have difficulty leaving their homes.
- Meals designed to meet 1/3 of an adult's recommended daily intake.

(http://www.aoa.gov/press/fact/alpha/fact_elderly_nutrition.asp)



Waiting for Home-Delivered Meals in North Carolina

- Reasons for increase in waiting list:
 - declining real-dollar federal funding
 - hurricane/flooding disaster
 - drastic budget shortfalls.



Questions to be Answered by Presentation

- Who are the people on the waiting list (demographic and functional status)?
- How are they getting food now?
- What are they eating, and what is their level of nutritional risk?
- What happened to these people approximately 6 months after they were interviewed?
- How are they different from those who began receiving meals directly after assessment?

Geographical Location of this Study

■ NC AAA Region I

- Forsyth County (Winston-Salem)
- Davie County
- Stokes County
- Surry County
- Yadkin County
- At the time of the study all counties except Davie had a waiting list for home delivered meals.



Facts Important to Remember about this Study's Setting

- Winston-Salem is urban and 18% of the population 60+ is African American.
- All other counties are rural and 5% or less of the population 60+ is African American.
- Only one African American in this study lived in a rural county.
- This study represents urban African Americans, urban whites and rural whites, but **not** rural African Americans.



Method's Used in Study

- Telephone interviews by MSW and MA in Gerontology.
- N=110, 64% response rate
- Interviews April to June 2002.
- Grant from the USDA's Food Assistance and Nutrition Research Program through the Southern Rural Development Center, Mississippi State University.



Demographic Overview of Waiting List

- Typical person is a white widow age 77.
- 75.4% of waiting list respondents were women.
- 34.9 % of waiting list respondents were African American.
- 49.5% lived at or below poverty level.
- No significant demographic differences between waiting list and people receiving meals.



Ethnicity and Rurality

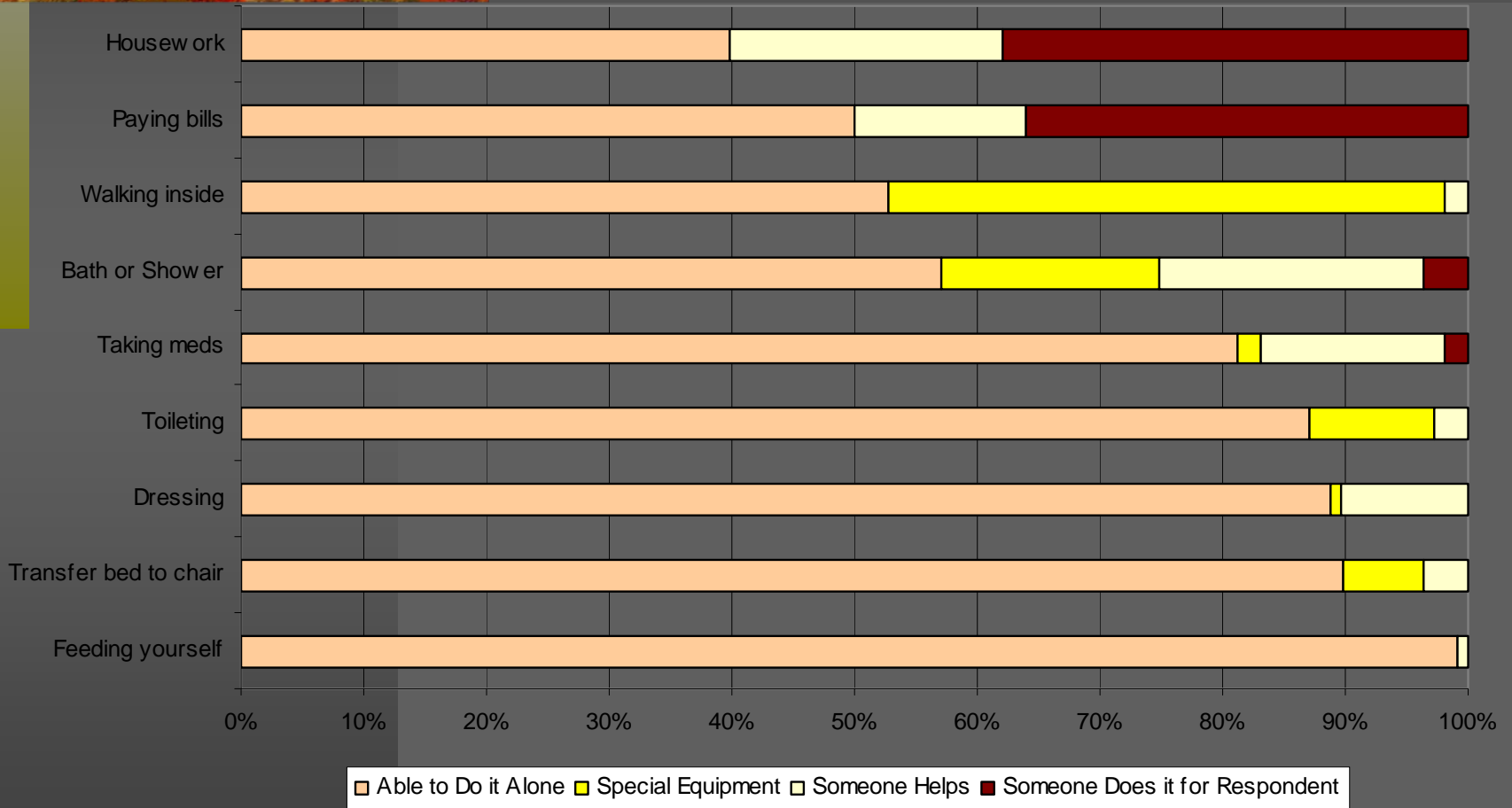
- African American elders are somewhat over-represented.
 - Slightly higher numbers than participants
 - Much higher numbers than in the 60+ population
- Rural elders are under-represented
 - Rural counties have shorter waiting lists.
 - No routes in remote areas—residents not put on waiting list.



Living Arrangements

- 70.9% were living alone compared to 60.1% of those who began receiving meals the year before.
- Those on the waiting list were significantly less likely to be married than those receiving meals.
- Living arrangements were not related to ethnicity or to ability to complete ordinary daily activities.

Functional Status



Functional Status cont.

- Mean number of impairments- 1.75
- 21.1% report no impairments
 - Some are on the waiting list for acute conditions and had recovered.
 - Some older adults overestimate their abilities/lower standards
 - Some represent errors in initial assessment.

Chronic Diseases

- 37.1% of respondents have diabetes.
- 22.6 % of respondents have high blood pressure.
- 22.6% of respondents have heart conditions.
- Smaller numbers have a range of other conditions including stroke, cancer, AIDS, and kidney disease requiring dialysis.

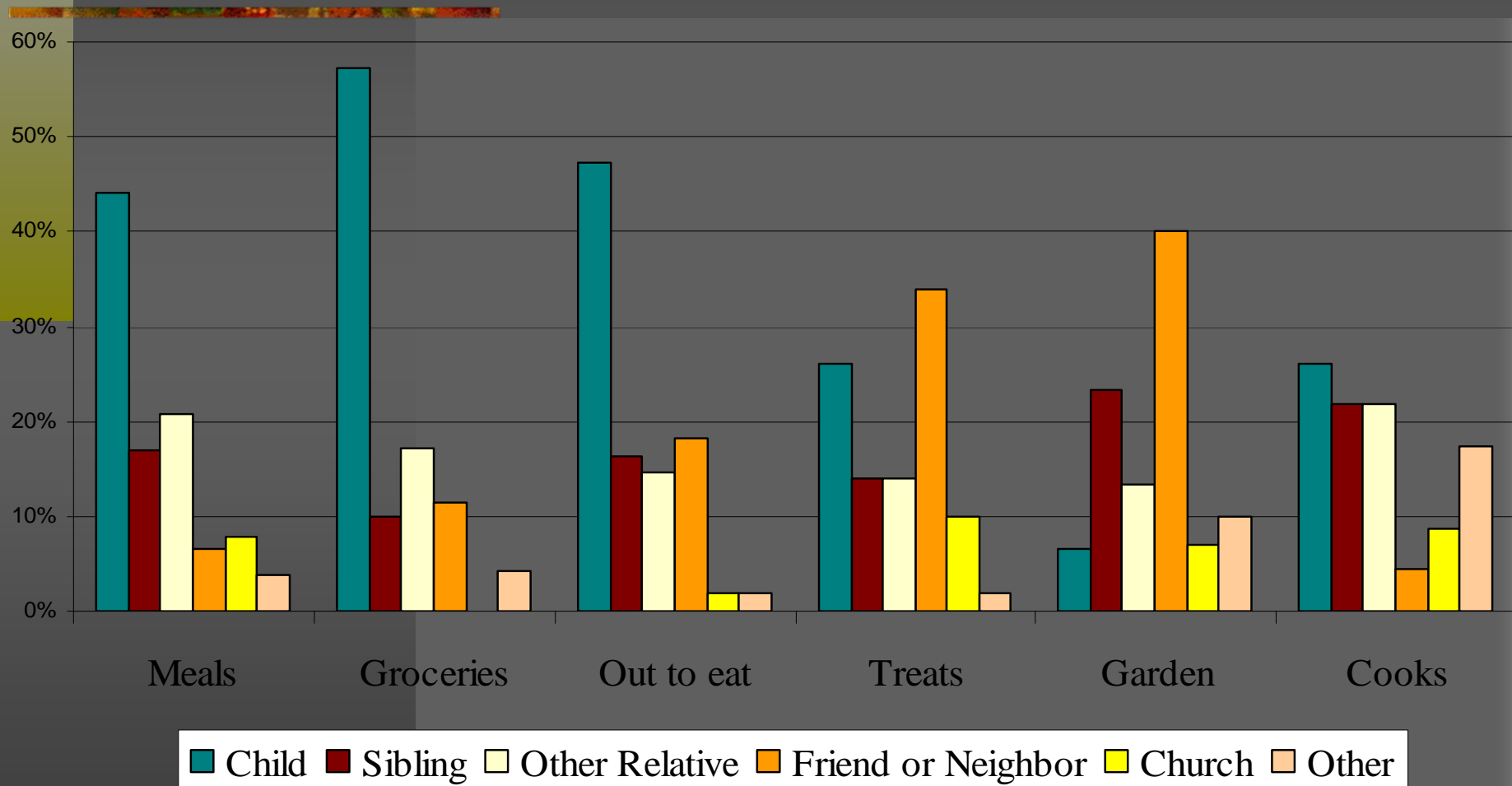


How are They Getting Food Now?

■ Self- Help

- 45% have some of their nutritional needs met through self-help.
 - 23.6% say they can cook/shop for themselves (
 - 21.8% say they have someone who lives with them who can help.

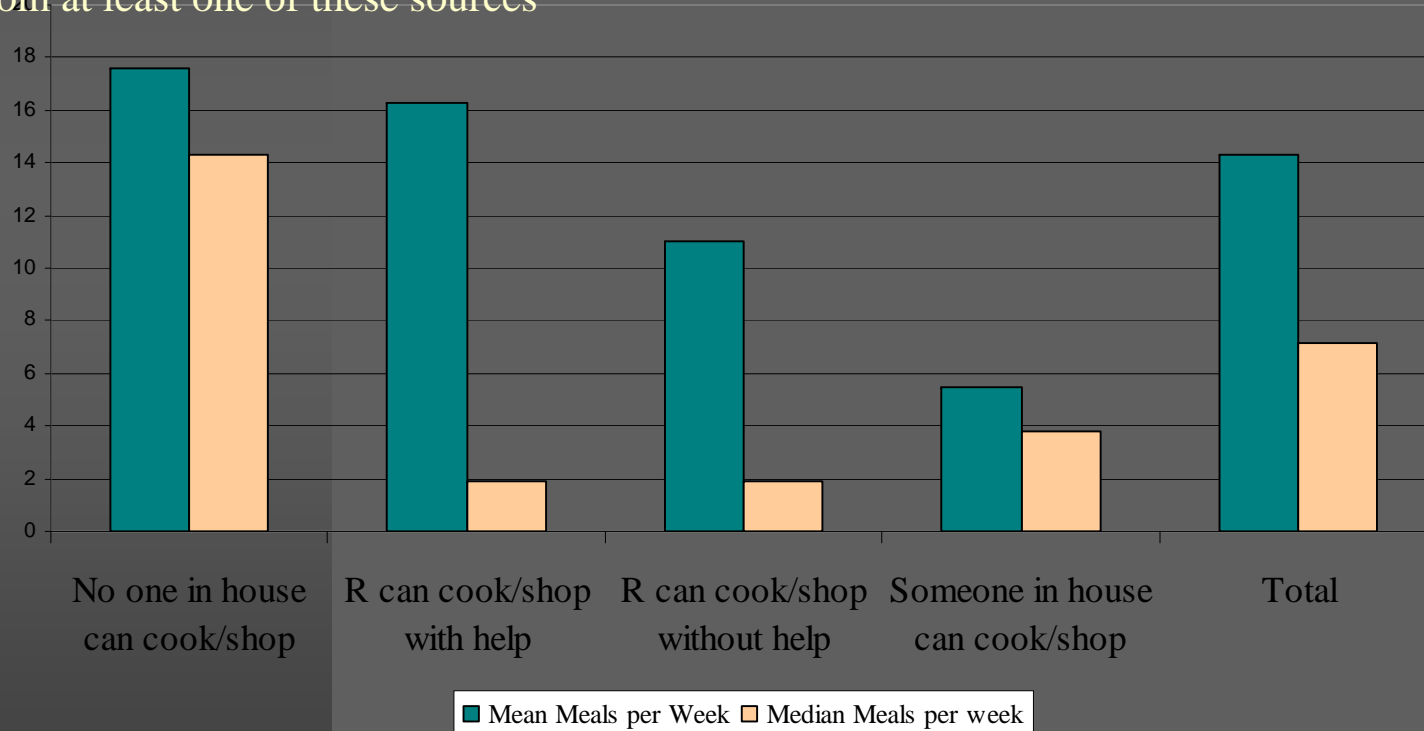
Who Provides Informal Assistance?



How much food are they getting now?

Meals Provided per Week* by In-Home Capacity

* Friends and/family bring meals, bring groceries, or come to cook for those who receive meals from at least one of these sources





Rural/ Urban Differences in Ways of Receiving Food

- There are no significant differences among rural and urban respondents in any of the eight ways people reported receiving food, including receiving garden produce.
- Rural residence is also unrelated to the total amount of food received from outside the home.

Nutritional Risk?

- Measure—NSI's DETERMINE checklist
 - nationally developed screening tool
 - used in the intake process for nutrition programs
- Possible scores on the measure range from 0-21
 - 2=low risk
 - 3-5= moderate risk
 - 6 or more= high risk

Level of Nutritional Risk

- NSI Score (6 and above is high risk)
 - Waiting list: Mean = 9.9; 96.3% at high risk
 - New Meals clients: Mean=8.5, 82.3% at high risk
- Key Risk Factors (waiting list)
 - 91.8% under-eat fruits, veggies, or calcium
 - 83.5% take 3 or more medications per day
 - 76.4% unable to cook/shop for themselves
 - 70.6% eat alone most of the time
 - 60.6% have an illness/conditions affecting food
 - 56.0% do not always have enough money for food



Nutritional Deficits

- Based on a 24 hour recall of food and drink consumed
 - 34.3% had no fruit or fruit juice
 - 41.2 % had no non-starchy vegetables
 - 14.1% had no fruits or vegetables
 - 42.6% had no milk or calcium-rich products
 - 30% had less than 8-eight ounces glasses of water

How well are they eating?

Examples from 24-hr. dietary recall

■ Example 1:

- 4 or 5 pimento cheese sandwiches
- diet 7up

■ Example 2:

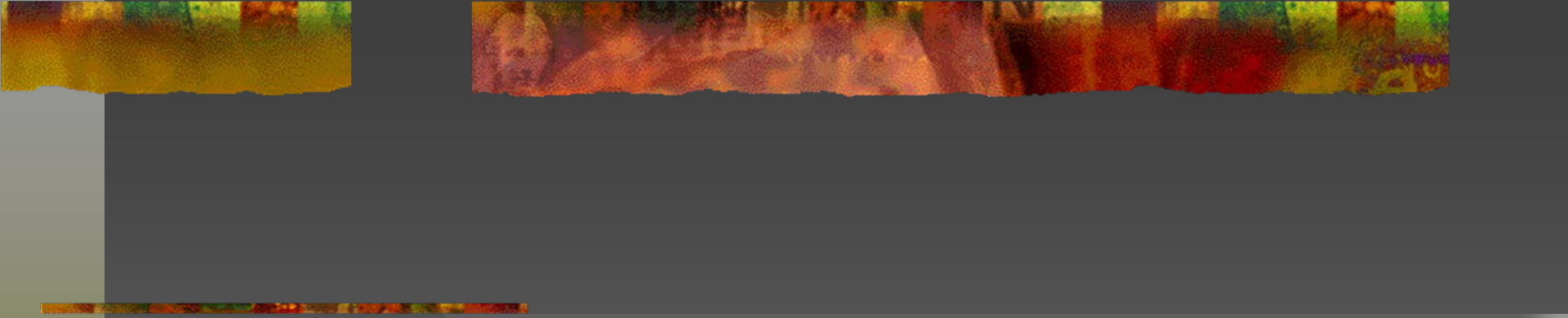
- Breakfast: cooked grits (3 big spoonfuls raw), tsp. of butter
- Lunch: none
- Dinner: Shared 1 big can, 15 oz, of pork & beans with wife (some still left), 2 boiled chicken wings, 1 slice white bread.
- Snacks: 5-6 Jolly Rancher candies and 5-6 sticks of sugarless gum

How well are they eating?

Examples from 24-hr. dietary recall (continued)

■ Example 3:

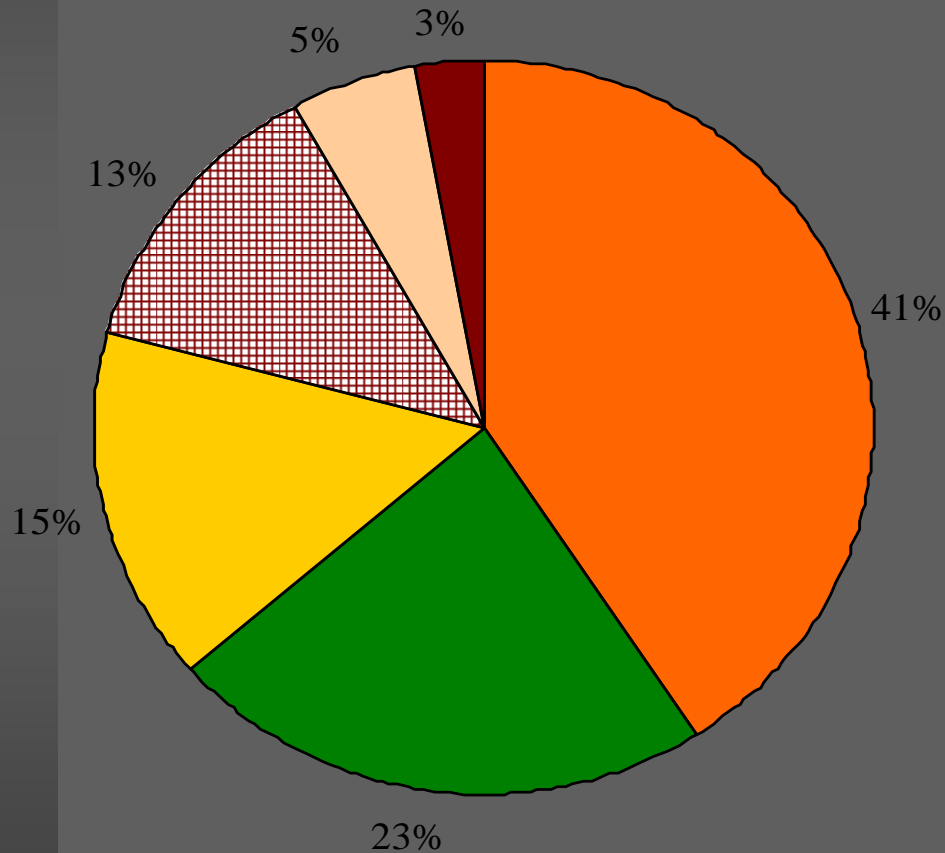
- Breakfast: none
- Lunch: 1 **baloney sandwich** (1 slice baloney, 1 tablespoon of mayonnaise on white bread), an 8-ounce glass of **buttermilk**, 2 snack-size **Milky Way bars**, 4 **sugar cookies**
- Dinner: a can of **Vienna sausages**, 6 **saltine crackers**, a glass of **Coke** (approximately 8 ounces)
- Snacks: 2 juice-sized glasses of regular **Coke**, one 8-ounce glass of regular **Coke**, 1 tall cup of **coffee** (black), a **mayonnaise sandwich** (2 tablespoons of mayonnaise on 2 slices of white bread).



“I’ve been eating canned food since 1993. Wish I had more to eat—different stuff—sometimes I get weak when I don’t eat—I try to eat anyway.”

Status of Respondents 9/02

approximately 6 months after interview



■ Still waiting ■ Meals ■ Does not need ■ Not on list, no meals ■ Other ■ Meals discontinued

Respondents' advice to someone else newly on the waiting list

“...maybe some of their people might help them out, I don't know. A lot of families help each other, but some of them don't”

“Family is supposed to take care of one another if they live around each other.”

“Tell them to eat cereal and sandwiches.”

“Cut back on what you have and do with less.”

Respondents' advice to someone else newly on the waiting list

"Do the best that you can, I reckon."

"Make do with what you have."

"I would say 'gosh I hope they get you on there earlier than they got me.' You just have to wait. I am waiting patiently. Whenever I get it I will appreciate it. If I don't get it I still have to do what I am doing. That's all."



Policy Implications

- Be cautious about generalizing this information since it is based on one region in North Carolina.
- Particular attention should be paid to identifying and finding alternative solutions for those with weak or non-existent support networks.
- Alternative solutions also need to be considered for those who have short-term needs due to such events as fractures or surgery.



Practice Issues

- Appropriate screening into other programs.
- Prioritizing people without good social supports.
- Acute vs. chronic needs.
- Volunteer shortage.
- Geographic distance for rural routes (keeping food warm, finding volunteers).
- Incorporating other food support programs.



References

- Salmon, Mary Anne P. and Jessalyn G. Bridges. (in press). Waiting for dinner: People on the waiting list for home-delivered meals. Food Assistance Policy series. Southern Rural Development Center at Mississippi State University.
- Weimer, Jon P. 1997. "Many Elderly at Nutritional Risk." *Food Review* 20 (1):42-49.
- White, Jane V. 2001. "Issue of Concern to Older Americans": FDCH Congressional