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**Engaging Older Adults in Local Nonprofit Nutrition Assistance Programs: Understanding
Barriers and Exploring Opportunities for Improved Participation**

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NNGO 495: Capstone Seminar in Nonprofit and NGO Studies

Abstract

The rapidly growing population of older adults in the United States is set to require a highly skilled and specialized healthcare response to control the threat of a public health crisis. Research on approaches to mitigation suggests the need for an emphasis on preventative measures such as health promotion and nutrition intervention to be used as vital tools in local communities. This case study on older adults residing within DeKalb County, Illinois offers insight into the accessibility of nonprofit nutritional assistance programs by providing a local snapshot of the barriers to participation in a preventative health resource. Methods of collecting data include interviews with current nutrition program participants and non-participants from four cities ranging in population density and proximity to local nutrition program sites within the county and quantitative data from Meals on Wheels of America's annually published reports. This study aims to find additional information on the plausibility of barriers impeding older adults' access to preventative health resources while also revealing opportunities for improvement and advancement in the domain of nonprofit program design and implementation.

Introduction

Every day, Americans must make difficult choices regarding their nutritional health. For many, these decisions are influenced by factors beyond their control yet directly impact their personal quality of life. One population of Americans is especially vulnerable when it comes to managing their nutritional health alongside other physical, social, and emotional demands; older adults. However, the nutritional health of older adults is not just a personal issue, it is becoming an increasingly persistent public health concern as the aging population grows rapidly (Dall et al., 2013). To assist in mitigating this concern, nonprofits operating nutritional assistance programs must be able to adapt, expand, and respond to the unique needs of their elderly community members seeking nutritional assistance. A key aspect of adaptation for nonprofit programming is understanding and exploring the ways in which their clients, especially older adults, access and interact with their services. Access is often a difficult component for nonprofits to evaluate as it is reliant on many characteristics of program design, implementation, and utilization. In order to draw conclusions on accessibility, a systematic evaluation of both program participants and non-participants in relation to existing facilitators and barriers to participation is essential.

This study evaluates both accessibility and use of community-based nonprofit nutrition programs from the perspective of the older adult by researching the question: To what extent are there any barriers to older adults accessing and using nonprofit nutritional assistance programs in DeKalb County, Illinois?

Literature Review

In order to comprehensively review previous research on the aforementioned topic of study, it is imperative to first understand whom the term "older adult" references. The United States Census Bureau refers to older adults as individuals that are 65 years of age or older (Vespa et. al., 2020). While some definitions of "older adult" may be inclusive of age ranges beginning at 55 years of age, it is necessary to note that all found research included in this study referencing the demographic of older adults will adhere to the definition provided by the U.S. Census Bureau.

Trends in Population Growth

The year 2030 is expected to be a "demographic turning point" in the United States. By 2030, the entire cohort of individuals born between the years of 1946 to 1964, commonly referred to as the "Baby Boomer" generation, will reach the age of 65. This is a significant turning point for the United States as 73.1 million individuals will be considered older adults; nearly 1/4th of the country's total population (Vespa et. al., 2020).

Additionally, by 2030 a positive correlation between the number of older adults and average life expectancy will exist. Not only will the aging population grow but they will also live longer than any cohorts before them. Vespa et. al., (2020) predicts that with a rising life expectancy, the number of older adults, 85 years and older, will reach 19 million by the year 2060. Reviewing such population and demographic predictions brings the requirement for nonprofit programming designed to benefit the older adult to the forefront of nonprofit research.

Implications

The rapidly aging population of the United States is distinctive in the sense that it will require a massive response from the country's healthcare system. Dall et. al. (2013) found that an increased prevalence of complex diseases and chronic medical conditions in older adults will require a highly skilled and specialized healthcare workforce in the near future, a requirement that may not be attainable. The aging population will drive healthcare systems to experience negative outcomes as a result of increased demand. At the national level, the implications of a growing older adult population on the current healthcare system will create a public health emergency that will disproportionately affect impoverished and rural communities first. As Dall et. al. states, "The impact on access to physician services could be substantial for people living in already underserved communities. In addition, demand growth in some geographic areas could drain physician supply from underserved areas" (Dall et. al., 2013 p. 2016). It is evident that in order to avoid a future public health emergency, preventative efforts must be made to maintain or improve the health of older adults.

Early Intervention as a Means of Prevention

According to Ojo et. al. (2023) and Chernoff (2001), one element of preventative health that reduces the risk for the development and increased severity of chronic conditions is health promotion and nutrition intervention. One major risk factor for chronic disease that is linked to nutrition in the older adult population is obesity (Dall et. al., 2013). Obesity contributes to a multitude of complex health conditions that require specialized care from not only healthcare professionals but the diagnosed individual themselves and their formal or informal caregiver(s). However, research has shown that providing obese individuals with nutritional education and access to a balanced diet helps to control obesity and reduce the risk of developing Type 2 Diabetes and other associated chronic conditions (Ojo et. al., 2023). Similar findings apply to

risk factors such as malnutrition or vitamin deficiency in older adults. When provided with nutrition education and access to a proper diet, studies found a reduced risk of developing or increasing the severity of chronic conditions and an increase in average life span (Ojo et. al., 2023).

Independent Barriers to Adequate Nutrition

In consideration of nutrition as a preventative intervention, it's vital to recognize the barriers that prevent older adults from practicing healthy nutritional habits in their daily lives. Common barriers to proper nutrition include financial restrictions, limited nutritional education, and psychosocial factors; often, these barriers exist concurrently in the lives of older adults. Moreover, older adults that are homebound may experience these barriers more intensely as they are forced to rely on the help of informal or formal caregivers to make important nutritional decisions on their behalf.

Surviving on a restricted income can create extreme limitations when it comes to purchasing food. Guzman (2022) found that the median income for individuals 65 years of age and older identifying as head of household is estimated at \$50,000 per year, however, this estimate is expected to continue on a downward trend. The reduction in median income for older adults can also be associated with an increased percentage of older adults living at or below the federal poverty level (Guzman, 2022). Living on a restricted income or below the poverty level may create unavoidable difficulties when it comes to purchasing food and managing one's nutritional health; especially for individuals who have not had nutrition education or access to nutrition education assistance. In relation, researchers Mendes de Leon et. al. also found that "higher levels of financial strain contribute to higher levels of depressive symptomology" (Mendes de Leon et. al., 1994 p. 464). Depression is a dominant factor in psychosocial barriers

to nutrition for older adults. Exacerbated by social isolation, feelings of loneliness, and cognitive changes, depression can contribute to dietary inadequacies, anorexia, or feelings of reduced appetite that lead to skipped meals (Holmes, 2006).

Nonprofit Nutrition Programs

Nonprofits operating nutrition programs for older adults play an important role as a supplemental public health resource; especially organizations reaching underserved communities and extremely vulnerable populations such as homebound individuals. McDougale et. al. (2018) finds that as the population of older adults increases over time, the reliance on social support programs for vital resources will also increase. Existing research finds that meal programs are an example of effective social support programs providing older adults, predisposed to high nutritional risk, with adequate nutritional support in addition to reducing social isolation and improving nutrition education (Kronl, 2008). Further, the lesser-mentioned byproducts of utilizing meal programs are the ability of the older adult to age in place - avoiding institutionalization and a subsequent reduction of falls within their home (Gualtieri et. al., 2018). While many different designs of nonprofit nutrition programs are currently in operation, this case study will focus on community-based programs such as home-delivered meal services and congregate dining sites. Both of these meal programs are outlined by the federally established Older Americans Act (OAA) under Title III, Grants for States and Community Programs on Aging. As defined by the OAA, home-delivered meal services are programs that must provide, "in-home meal deliveries up to once per day to participating seniors...and their spouses. Meals served are held to quality standards and are required to adhere to federal nutrition guidelines, contain a third of the Dietary Reference Intakes, meet state and local food safety and sanitation laws, and be appealing to seniors. Home-delivered meal services also provide regular

socialization opportunities, safety and wellness checks for participating seniors during meal delivery, and connections to other services in the community" (Older Americans Act, 1965).

Congregate nutrition services are defined by the OAA as providing, "meals to participating seniors and their spouses in a congregate (community) setting... Congregate nutrition services also provide regular socialization opportunities, wellness checks for participating seniors, and connections to the community and other services" (Older Americans Act, 1965).

Although some research is focused on the barriers to older adult participation in community-based nutrition programs, it cannot offer a conclusive answer to this case study's main research question. As researchers Gualtieri et. al. state in their 2018 journal, when it comes to individual communities' home-delivered and congregate nutrition programs, "...there is a great deal of local autonomy, and thus local variation in how specific programs operate, the services offered, eligibility requirements and restrictions, what meals are delivered, and whether there are provisions for special dietary needs" (Gualtieri et. al., 2018 p. 160). Local autonomy, in the ways programs are designed, implemented, and utilized is a critical variable to account for in studies on access. Thus, assessing the barriers, if any, to participation in meal programs servicing older adults in DeKalb County, Illinois will rely on findings from this unique study.

Methodology

The purpose of this study is to understand to what extent barriers exist for older adults accessing and using home-delivered and congregate-based nutrition assistance programs in DeKalb County, Illinois. Conducting studies on barriers and the effects they have on nonprofit programming is a vital tool in assessing accessibility and improving program design. In order to achieve a diverse study, this study will utilize a combination of both qualitative and quantitative methods.

Case Description

This research focused on a case study of a target population of older adults aged 60 years and older residing in DeKalb County, Illinois. It is important to note that the target population's age range in this case study is based on the qualification restrictions of the county's nonprofit nutrition programs. While the U.S. Census Bureau strictly defines the older adult as aged 65 years and older, nutrition programs under the OAA are eligible to begin serving individuals once they reach 60 years of age.

DeKalb County has a most recent total population estimate of 100,414 with 13.3 percent of the population being older adults. Older adults in DeKalb County are a unique target population to study as the total population concentration ranges drastically between different cities in the county. For example, the U.S. Census Bureau currently classifies DeKalb County as urban. However, the most recent Census data states that the average population per square mile in the county is only 159.1 - in order to be classified as rural, the population per square mile must be below 500 (U.S. Census Bureau, 2022). With a mixed distribution of population

concentrations, DeKalb County presents a unique challenge for nonprofit service providers that must serve both individuals in urban and rural locations within the county.

Sample Selection and Primary Data Collection

For this study, a convenience sample of the target population of older adults in DeKalb County was utilized. The convenience sample consisted of one current nutrition program participant and one non-participant from four cities ranging in population density and proximity to local nutrition program sites within the county. Residents of the following cities are included in the sample: Genoa, Sycamore, DeKalb, and Waterman. Formal and informal connections to city officials and residents of cities included in the sample were utilized in order to find participants willing to be interviewed for the study. Eight interviews were intended to be conducted by the completion of this study.

Secondary Data Collection

In order to collect quantitative secondary data and triangulate results found in the primary data collection process, this study cross-references existing data found on annual reports provided by Meals on Wheels of America. Meals on Wheels of America is a national leadership organization that oversees more than five thousand community-based nutrition programs serving older adults. Each year, Meals on Wheels of America reaches out to Meals on Wheels programs nationwide to conduct both client and provider surveys to measure impacts and gather information for data publications. Publications referenced include Meals on Wheels of America's 2019 "More Than a Meal Comprehensive Network Study" and the 2020 "COVID-19 Member Impact Study." Including these annual reports as a secondary data source allows this research to take into consideration the wide range of perspectives of nonprofit nutrition providers (members) alongside those of older adults eligible to utilize their services.

Procedure

Interviews conducted with older adults in DeKalb County lasted approximately twenty to thirty minutes and utilized a series of questions to gauge perceptions and propensities to engagement in local nonprofit nutrition programs. Identities of individuals interviewed will remain anonymous with the exception of the cities in which they reside and the type of nutrition program service utilized (for participants only). Interview participants were provided with the formal contact information of both the interviewer and the course advisor for any further questions regarding the research.

Results

Interviews conducted with both participants and non-participants of nonprofit nutrition programs in DeKalb County, Illinois revealed common trends in older adults' food security risks, nutritional health education, and perceived barriers to engagement in local nutrition programs. By the completion of the study, seven interviews were conducted; four with current program participants and three with non-participants.

Program Participant Interviews

I will begin by summarizing the results of interviews conducted with the four current participants of nonprofit nutrition programs. Of those interviewed, all of the program participants shared that they rely on informal or formal caregivers to complete routine grocery shopping on their behalf. When prompted with a follow-up question to assess the risk of food insecurity in the event of a complete loss of income, loss of support, or major injury/illness, three program participants shared that they would selectively rely on family members for grocery assistance, while only one participant cited a local food pantry delivery service. This response was consistent with further interview questions that asked participants about their knowledge of

additional local nonprofit nutrition services available for older adults to utilize in DeKalb County; outside of the program they currently participate in, respondents were unaware of other nutritional resources available to them. When asked about the current program they participate in, all participant respondents shared that they currently engage in a home-delivered meal program due to a range of mobility issues that restrict their access to programs that require participants to travel to a specific location within DeKalb County. Additionally, only three out of the four participant respondents shared that they had received nutritional health education during their lifetime. Of the three participant respondents that had received nutritional health education, two engaged in nutrition education following a chronic health condition diagnosis for either themselves or a spouse; prior to the diagnosis respondents stated that they had never received any formal or informal nutrition education. One notable topic covered by all participant respondents was the significance of the nutrition program they currently participate in on their feelings of social isolation and loneliness. All respondents shared that beyond the nutritional benefits of the program they participate in, the resulting social benefits from interacting with volunteers during delivery times greatly exceeded their expectations. One participant respondent stated: “[The] volunteers are great, it’s nice to know someone is checking in on me five days a week when they bring my meal by.”

Program Non-Participant Interviews

Next, I will discuss the results of interviews conducted with the three non-participants of nonprofit nutrition programs. Contrasting the aforementioned findings, all non-program participants shared that they had the ability to bring food into their homes independently. Two out of the three non-participant respondents shared that the most common method of accessing groceries is through independent grocery store visits while one out of the three respondents

shared that they utilized grocery store visits alongside occasional food pantry visits to supplement grocery purchases. Follow-up questions assessing non-participants' risk of food insecurity in the occurrence of a major life event revealed more robust and diverse responses than those of the participant interviews. One non-participant respondent shared that they would first rely on family for grocery assistance but also felt comfortable "calling the [DeKalb County Human Resources Office] to ask for help obtaining groceries or finding a food pantry." Another non-participant respondent shared that they would first reach out to their church for assistance, then family. Finally, the last non-participant respondent shared that they would first seek out grocery-delivery services from a local store and then, based on the circumstances, approach their family for support if needed. Interestingly, all three of the non-participant respondents stated that they had knowledge of local nonprofit nutrition services available to them but were only familiar with one program located centrally in the county. When prompted to discuss how they became aware of the program, each non-participant respondent shared a formal connection to friends or family members that have either participated in the program or volunteered on behalf of the program. Following this question, when prompted with an additional question discussing the benefits of local nonprofit nutrition programs, one respondent shared that the programs are "very beneficial to our community for older folks with lower income. I think if I could change one thing it would be to include advertisements in other places... maybe including it in the annual tax brochure that is sent to everyone, then everyone could see it. Also, providing people with information such as how to get there if they don't have their own means of transportation." Shifting to respondents' perceptions of nutritional health, two out of three non-participants shared consistent engagement in self-driven formal nutritional health education curriculums provided by reputable sources such as a regional university and a community senior center.

Secondary Data

Significant information pulled from the Meals on Wheels of America's 2019 "More Than a Meal Comprehensive Network Study" and the 2020 "COVID-19 Member Impact Study" provided an opportunity to triangulate the results collected from the interview process with survey responses from nonprofit nutrition providers from across the nation. Of the providers surveyed, 97% believed there were older adults in their community who needed nutritional support but were not currently being served. Providers cited the limitations to serving these older adults as reaching/making contact with the individuals and subsequent funding limitations impeding program expansions (Meals on Wheels of America, 2021). Despite these limitations, providers attempt to deliver much more than just a nutritious meal to their clients as surveys found that more than 40% of local programs provide at least five minutes of client interaction per visit. Of the clients served it would be found that more than 50% of clients are widowed, two-thirds of clients are at or below the poverty line, and more than one-half of all clients served are 75 years of age or older (Meals on Wheels of America, 2019).

Conclusion

By conducting interviews with both participants and non-participants of nonprofit nutrition programs, this study offers local programs the opportunity to understand and evaluate the specific barriers affecting older adult access to preventative health resources while also revealing opportunities for improvement and advancement in the domain of nonprofit program design and implementation.

Implications

It is evident that nonprofit nutrition programs have a significant impact and vital role within their local communities and service areas. Beyond the main focus of providing older

adults with nutritional support, nonprofit nutrition programs also offer unexpected benefits for their participants that can increase their overall quality of life. Unexpected benefits for older adults enrolling in a nutrition assistance program include reduced social isolation and loneliness and increased nutritional awareness that may not have been obtained prior to enrollment.

However, these programs are often only utilized following a major life event that leaves an older adult with restricted mobility, limited income, or unreliable support systems. Given the rapidly growing population of older adults in the United States, communities may find that advertising local nonprofit nutrition programs as preventative health resources rather than crisis-based interventions can have a significant impact on health outcomes for older populations. As a means of reforming current advertisement practices, nonprofit nutrition programs can gain public awareness by advertising where cross-sections of active seniors mingle such as community hubs. Additionally, more print advertising through community bulletins, local newspapers, and even tax brochures may assist in raising awareness of the programs themselves, building trust with the community, and reducing any stigmas associated with engagement in the program itself.

Limitations

Due to the time constraints of this study, I was unable to complete all of my interviews before finalizing the research. In total, seven out of the anticipated eight interviews were conducted; one non-participant interview was left out of the study. In regards to the interview process itself, I would have ideally liked to include a larger sample size in order to be able to generalize my results between participant and non-participant groups. Being able to generalize results would allow for this study to be more easily replicated in local communities across the country by modeling a more comprehensive results section.

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Appendix

Interview Questions

Pre-Interview Disclosure

The interviewer will read the following statement aloud before beginning the interview: *If at any point in the interview, you are confused about a specific term or statement used in a question please ask for clarification from your interviewer.*

*When providing interviewees with definitions for congregate meal programs and home-delivered meals, strictly adhere to definitions as outlined by the OAA.

1. How do you currently access food to bring into your home for daily meals? (Independent grocery shopping, independent food pantry visits, assisted grocery shopping, grocery delivery, food pantry delivery, etc.)
2. If you were unable to access food (due to an injury/illness, loss of income, or loss of support) what would you do?
3. Have you ever received education or information on nutrition?
 - a. If yes: Where did you acquire this information? How do you use this information in your daily life to guide your nutrition decisions?
 - b. If no: How valuable do you think nutrition education is in your daily life? If you had a question or concern about your nutrition, who would you consult?
4. Do you know what kinds of nutrition services local nonprofit organizations provide for older adults in your community?
 - a. If yes: Do you think these services are beneficial? What changes if any, would you make to the services to improve them?
5. Do you personally know people in your community that currently participate or have participated in nonprofit nutrition programs?
 - a. If yes: Why did they choose to participate? How often do you discuss their participation in the program with them?
 - b. If no: How often would you say that you communicate with other older adults in your local community?
6. Have you ever utilized a local nonprofit nutritional program?
 - a. If yes: How did you find the program? What kind of program is it (congregate or home-delivered)? How long have you utilized the program?
 - b. If not: Why haven't you chosen to utilize a nutrition program?
7. Would you be more or less inclined to enroll in a nonprofit nutrition program if your tax dollars helped pay for it?

Post-Interview Disclosure

If the interviewee requests further information on local nonprofit nutrition programs or how to participate in a program, the interviewer may provide informational materials sourced directly from local nonprofit nutrition programs.

Timeline

Task	Complete by	Notes
Interview #1, 2	March 11	Sycamore participant & non-participant interview
Interview #3, 4	March 25	DeKalb participant & non-participant interview
Interview #5, 6	April 8	Waterman participant & non-participant interview
Interview #7, 8	April 19	Genoa participant & non-participant interview