

# **Congregate Meal Program Preference Assessment Report**

Completed as part of the Linn County Innovations in  
Nutrition Program: Iowa Department on Aging

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## **CONGREGATE MEAL PROGRAM PREFERENCE ASSESSMENT REPORT**

### **Purpose:**

The purpose of this project was to better understand the motivators and barriers for attending the congregate meal program and to identify menu preferences, desired environmental attributes and programming interests of older adults.

### **Methods:**

Focus group recruitment entailed in-person presentations at congregate meal sites, personal invitations from research staff, and email requests to various Section 8 senior apartment complexes. Most apartment complexes that were contacted declined to participate. Four focus groups were conducted in Polk County (n=2, congregate meal sites) and Linn County (n=2, congregate meal site and senior apartment). Participants (n=33) completed a sociodemographic questionnaire and took part in a 1.5 to 2 hour focus group discussion that included questions concerning the congregate meal program, programming preferences and nutrition preferences. The focus group discussions were facilitated by Dr. Francis (congregate meal sites) and Ms. Catherine Rudolph (senior apartment). The sessions were recorded and transcribed by a member of the research team who was not in attendance of the focus group. The transcriptions were reviewed by five members of Dr. Francis' research team and analyzed for themes using standard focus group protocol (Rabiee, 2004). The sociodemographic data were analyzed via SPSS using descriptive statistics.

### **Participants:**

Participants were white (100%) and mostly educated (75.8% some college or higher), females (72.2%), aged 71 to 80 years old) (53.1%) (Table 1). Most participants attended a congregate meal site (65.5%) (Table 1). Over three-quarters (84.4%) reported Social Security as their main income source and almost all were food secure (93.8%) (Table 1).

Table 1: General characteristics of focus group participants (33 total)

<b>Characteristic</b>	<b>Number (N)</b>	<b>Percent (%)</b>
<b>Meal site attendance (n=32)</b>		
No	11	34.4
Yes	21	65.6
<b>Age (in years) (n=32)</b>		
<60	2	6.3
60 to 70	7	21.9
71 to 80	17	53.1
81 and older	6	18.7
<b>Gender (n=33)</b>		
Female	24	72.2
Male	9	27.3
<b>Race (n=33)</b>		
White	33	100.0
<b>Marital status (n=33)<sup>a</sup></b>		
Divorced	7	21.2
Married	9	27.3
Single, Never Married	7	21.2
Widowed	13	39.4
<b>Education (n=33)</b>		
<High School	1	3.0
High School Diploma or GED	7	21.2
Some College	8	24.2
Associates Degree or Technical Training	5	15.1
Bachelor's Degree	7	21.2
Graduate Degree	5	15.2
<b>Transportation (n=32)</b>		
Friend or Family	2	6.3
Friend, Family or Public Transport	1	3.1
Personal Vehicle	27	84.4
Public Transportation	2	6.3
<b>Income (n=33)<sup>b</sup></b>		
Full-Time Work	1	3.1
Part-time work	1	11.1
Retirement Funds	7	21.2
Social Security	27	84.4
Other (e.g. pension, Veterans Affairs, stock portfolio)	7	21.2
<b>Food security classification (n=32)</b>		
Food Insecure	2	6.3
Food Secure	30	93.8
<sup>a</sup> Three participants selected more than one option		
<sup>b</sup> Participants could select more than one option		

Over one-third reported their health status as ‘very good’ (37.5%) and a quarter reported it as ‘average’ (25%) (Table 2). Over half (53.1%) had a diagnosis related to cardiovascular disease (Table 2). Many (62.5%) reported they planned, prepared and served nutritious meals independently (Table 2). Almost all (93.8%) stated they were able to take care of all their meal purchasing needs independently (Table 2). The majority (84.4%) used their own personal vehicle for transportation (Table 2).

Table 2. Health status and food purchasing behaviors of focus group participants (33 total)

<b>Characteristic</b>	<b>Number (N)</b>	<b>Percent (%)</b>
<b>Self-Reported Health Status (n=32)</b>		
Somewhat poor	6	18.8
Average	8	25.0
Somewhat good	6	18.8
Very good	12	37.5
<b>Diagnoses (n=32)<sup>a</sup></b>		
Cancer	6	18.8
Cardiovascular related (e.g., hypertension, hypercholesterolemia, stroke)	17	53.1
Diabetes	5	15.6
Other (e.g., kidney disease, arthritis, depression)	8	25.0
None	7	21.9
<b>Meal preparation (n=32)</b>		
“I can plan, prepare, and serve nutritious meals independently”	20	62.5
“I can prepare adequate meals if supplied with ingredients”	3	9.4
“I can heat and serve my meals”	2	6.3
“I can plan, prepare, and serve my meals but I don’t not maintain a nutritious diet”	4	12.5
“I can plan and prepare my meals, but choose not to. I prefer to frozen meals or eating out”	2	6.3
“I need to have my meals planned, prepared and served”	1	3.1
<b>Food/meal purchasing status (n=32)</b>		
“I can take care of all my meal purchasing needs independently”	30	93.8
“I can shop independently for small purchases”	1	3.1
“I need someone else to do all my purchasing”	1	3.1
<sup>a</sup> Participants could select more than one option		

## **Perception of Successful Aging**

To start the discussion participants were asked to ‘Describe how aging successfully looks and feels for you?’ and a follow-up question, ‘What do you need in order to accomplish successful aging?’ The participants responded using personal experiences, feelings and thoughts about what aging successfully looks and feels like to them as well as what they need to accomplish this. The overall themes used to describe successful aging were **socialization, maintaining/staying independent, and being engaged**. The overall themes for what is needed in order to accomplish successful aging were **support systems, access to health care, financial security, community activities for older adults, and transportation**.

The theme of socialization was described as the ongoing interaction with family, friends and others. The phrases and concepts stated to conclude the theme of socialization were interaction, support, isolation, and companionship. For example, *“At least in my experience, the older you get, the more isolated you get, especially if your family moves away or your neighbors move and you either stay or you move into some new area.”* As the individual continued their statement she/he included what is needed to overcome isolation as an older adult, *“So, having planned activities and meets [social interactions], that’s a thing, [that] kind of helps that.”* Another stated, *“[Successful aging means] that we could get out in the community...and interaction with other people our age.”* The latter statement conveys the importance of socialization (interaction with other people our age), independence (we could get out), and being engaged (in the community).

Maintaining/staying independent was described as being mentally and physically able and active, as well as healthy/health. A quote that illustrates that successful aging is being able to stay independent was, *“I think [for] successful aging [to occur] you have, if you have your health, you have everything.”* One expressed how aging has adversely influenced their activities of daily living, *“What I used to be able to do all day, takes me all day to do [now].”* Another identified the resilience older adults must have in order to remain independent, *“It’s learning to live with that decline, learn how to cope with the fact that we are not 30, 40 anymore.”* The trend in these quotes is managing age-associated decline to keep the independence they had as a younger adult. *“I wish we had the bodies we had when we were 20 or 30 and have the living experience we’ve had all those years, then you’d be something.”*

The third theme that developed from the question on successful aging was being engaged, which was expressed as being valuable, *“To me, successful aging is we could still be of value.”* Equally, being engaged was participating in the community, *“I think one good thing is to stay active and help and volunteer, and where ever it’s needed.”* Furthermore, participants believed being engaged was managing health, *“[I’m] managing my medication just fine. I am managing my doctors. I am managing.”* Despite the focus on independence, many did convey they needed or would need help to achieve this, *“[we need] to admit we need help.”* This last quote portrays the focus on independence and being engaged, *“At our age, to be able to do things we, you know, to be able to do things on our own and keep our mind alert. Keep busy.”*

As stated above, the themes of what is needed to accomplish successful aging were **support systems, access to health care, financial security, community**

**activities for older adults, and transportation.** Support systems were explained as family, friends, person who cares, health care, aging resources in the community. One stated, **“Being surrounded by friends and family that care and notice these things [the decline of aging] and are not afraid to try to work with you or to try to help you to see these things or to see what they can do to help you manage better.”**

Access to health care was illustrated with this quote, **“Having enough income to take [care of] medical expenses and proper medical care and good doctors.”** Other phrases included health care support and/or a story of the lack of health care support and the difficult experiences they had without the access the health care. The above quote also established the need for financial security. This was stated alone and was reiterated through discussions on money management, food security, purchasing power, and costs of activities/resources. For example, **“To be free to buy something you need or something that you like.”** Community activities was already addressed and it was apparent that most participants recognized having available activities for older adults was a necessity to age successfully and a need for transportation. Having the ability to attend these activities/event, be social and be engaged could be achieved or not due to transportation, *“But there are some people that don’t have their own transportation and cannot get to [the local park].”* Another person shared how public transport is his/her main source of transportation, *“I use [local] bus to go to the grocery store, doctor’s appointments.”*

The themes from both questions paint a picture on what successful aging encompasses. Socialization and being engaged are encouraged through community activities for older adults and support systems and are assisted through transportation



and financial security. Independence is maintained through support systems, access to health care, financial security, and transportation. Independence can be demonstrated through participation in community activities and ability to complete activities of daily living.

## **MOTIVATORS AND BARRIERS TOWARD CONGREGATE MEAL PROGRAM PARTICIPATION**

### **Congregate meal site participation motivation over restaurants (participants)**

The main themes for motives behind choosing the congregate meal site over a restaurant were **socialization, affordability, access to a healthy meal** and the **location of the meal site**. The socialization aspect is having the opportunity to talk and interact with other people. Many stated socialization, fellowship, and the people, *“I think it’s, you know as a person living alone... going into a fast food place alone is pretty easy but going into a decent restaurant alone is not that much fun. And to be able to come somewhere to eat with other people [and have] a good meal [e.g. the congregate meal site] is really valuable.”* This quote articulates the desire for socialization, affordability and access to a healthy meal. A similar statement that answered the question of who or what encouraged you to attend the meal site was, *“I just was curious and the fact that it would be a well-balanced meal. I would have to say if it were up to me to feed myself a balanced meal it wouldn’t happen...”* Location, in this context, involves the proximity of the meal site to the participant’s living arrangement, and the transportation available to and from that location. This lack of transportation can limit their or others ability to

attend the meal site, *“Well, it’s reachable, if I had to go to Des Moines or... and if people can’t drive they do have... the bus.”* Lastly, the affordability theme, which was a reoccurring trend throughout the questions, was conveyed by the participant who said, *“Finding an affordable place where you can be around people because to go to the nicer restaurants where you get a decent meal, healthy meal, it’s not affordable to a lot of us.”*

### **Meal site participation obstacles (non-participants)**

The main theme outlined by the question ‘I’d like to hear more about things that get in the way or prevent you and your friends from attending the local congregate meal program was **not being aware of the program**. All those who did not participate in a meal site (n=11) were not aware of an active congregate meal site. The majority knew of the congregate meal site they had that closed down but did not know of another in their location. One stated, *“I didn’t know they had it anymore.”* Another reported, *“I never heard of any anymore.”* In addition to not knowing of a congregate meal site location, they were not aware of the requirement/eligibility criteria for participating or the food offered. *“I got stuff from the Lift people, and it sounded like you had to do all this stuff to qualify. I didn’t understand all of it...”* Other than the theme of not being aware of the program, the themes of **transportation needs** and **not feeling the need to participate** emerged. Many stated that they do not drive or would not have a way to the meal site. Several also felt they didn’t need to participate. One stated *“...I figured as long as I’m able to do my own, fixing of my own food at home. I don’t need to go just yet.”* While another stated, *“So, I mean I have used it...I just I don’t think that I’m ready for it yet.”*

### **Meal site participation motivators (non-participants)**

The two themes that emerged from the question, ‘what could we do to entice you to choose the congregate meal program over other restaurants and/or meal options?’ were **price** and **socialization**. It was a short conversation, but many agreed after a participant commented on the low price being a motivator to go. In addition to the majority agreement on low price, someone stated, *“Like I said money and I think talking to other people from other places.”* Moreover, their conversation re-enforced the socialization aspect that reappeared throughout the focus group discussion.

### **Encouragement to attend meal site (participants)**

When asked the question, ‘Think back to when you first started attending the meal site. What or who encouraged you to come?’ the themes were **friends/family** and **advertisement**. The friends/family theme stemmed from multiple experiences including the attendance of their parents. One stated, *“My mother and dad lived with us...for 15 years...and they started coming here [congregate meal site], and they just loved it. It was so good for them to get out and socialize and they got a good meal...And then when we became of age we started coming...”* Others reported that a friend invited them, *“I had a neighbor that encourage me to come, and she had a friendly friend that encouraged them to come.”*

Another motivator for attending was feeling a personal connection. One commented, *“You feel like family when you come here”* while another participant said *“You do, you feel important. You’re not taking advantage of a free meal. You feel*

welcomed.” One of the groups stressed the role the meal site manager had with their decision to attend and replied, *“I saved the phone number and finally called and talked to [the meal site manager] and she made the difference whether [I went]... [she] told me all about it, how to access it, and all that.”*

In addition to friends or family, advertisement such as television ads, reading about it in the newspaper, picking up a brochure, hearing about it over the radio and seeing it on Facebook influenced their decision to attend. One commented, *“It had been in the newspaper. I do believe announcing it and kind of went the way of the world and then I was reminded again by [local station], but then it was in the ‘what to do today’ in the newspaper again.”*

### **Participants’ initial and current feelings about the congregate meal program**

The questions, ‘What were your initial feelings about the program?’ and, ‘In what ways have your feelings changed?’ were answered together and/or the answer to how their feelings have changed inferred what their initial feelings were. Initial feelings about the program brought up the notion of **low expectations**, and the feeling of **nervousness**. As a follow-up of how participants’ feelings have changed, the themes were **exceeded expectations** and **feeling welcomed or included**.

The low program expectations held by the participants led many to feel impressed and have their low expectations exceeded. *“It’s better than I thought, I mean, my expectations weren’t that great. Since I’ve been coming it’s been really, really nice.”* Another commented, *“Cause I just didn’t think it would be as good as this.”* These statements are from two different focus groups explaining their feelings.

Feelings of nervousness to feeling welcomed or included were not as straightforward but the reason behind the nervousness show their relationship. Many had similar experiences and/or feelings to those described in these following quotes, *“I was apprehensive cause I don’t like to be around crowds, particularly people I don’t know. I’m not comfortable with that.”* This participant later stated, *“I have grown dramatically in that aspect since I’ve come here. There’s some people I don’t know by their first name but I know their face. But I know a lot of them now.”* Another participants commented, *“I had a lot of fear...I remember the first day I came here, I was standing in that doorway over there and looking around, and there’s all these people. And I’m going oh my gosh, now what do I do?”* However, most agreed that when they finally made the decision to attend, they felt welcomed as demonstrated by these quotes, *“You feel like family when you come here.”*, *“You feel important. You’re not taking advantage of a free meal. You feel welcomed.”*

### **Words of encouragement for non-participants (participants)**

Current meal program attendees were asked to ‘Think about a friend or family member who is age 60 years or older and is not attending the congregate meal program. What would you say to them to encourage them to attend?’ The identified themes were **cost**, **good/healthy food**, **opportunity to socialize**, and **offer to take them to the meal site so they’re not alone**. The meaning behind cost is the participants would encourage others by telling the non-participant about the voluntary contribution-based cost. For example, *“And we certainly aren’t going to find anything for less money. That is a big factor for a lot of us.”*

The idea of offering to take a friend to the meal site so they're not alone was characterized by the phrases, *"I always tell them that you can sit at my table"*, *"We will show them the ropes"*, and *"I offered to give her a ride."* Thus, companionship helps address the barriers associated with nervousness and fear. In addition to companionship, some participants reported a lack of transportation in their area as a barrier, *"There are plenty of people that are land locked in to their houses and if we can help get some of those out."*

Furthermore, participants identified that the good and healthy food was worth mentioning when trying to encourage a non-participant to attend. The word good and healthy were used interchangeably in the focus groups, one example was *"I would encourage them that you'll be sure you'll eat right. Because at home you'll just kind of cook what you like and when you come here you get a variety."* Opportunities to socialize represent not only the socialization that happens during the meal but also the activities the meal site offers for older adults. For example, *"We've had another couple we've invited to come, and then we play cards afterwards."* Another group was discussing different learning events and service that the meal site provides and added, *"And it forces people to get out of the house. And you know, get socially active."* People also mentioned other hobbies and/or activities someone would want to participate in and would tell them how they have the space to get others involved, and/or there are groups that meet each week.

### **Ideal meal program vision (all)**

All focus group participants were asked, 'If you were given the money and the authority to create the perfect meal program for adults age 60+, what would it look like?' There were many responses and ideas when exploring the topic of their ideal meal program. The themes that emerged were **choice, variety of activities** and the **ambience**. Participants were also asked, 'What would keep people coming back?' The identified themes were **food quality, welcoming ambience** and a **variety of events/activities**.

When discussing choice, it is choice within the menu. Participants want to see a flexible menu that has a variety of food options for health conditions, and buffet-style. There was a lot of excitement from the pilot site where Hy-Vee is catering. Many said it would look a lot like what it is now. This group went on to describe a buffet style serving where they have the ability to choose between what meats they wanted, and other components of the meal including a *"high class salad bar."* There were also conversations on how there is a variety in the food choice, *"I mean, it's never the same so you can't really get bored."* All the groups mentioned health conditions and being health conscious in their food selection. One stated, *"They should give the option for non-sugar [for people with diabetes]."* Another replied, *"... I don't want the fried foods; I don't want that and the red meat. But somebody else might want steak and fried potatoes and French fries..."* Furthermore, one theme the focus group participants thought would keep people coming back was the quality food. Although, food choice was a main theme for ideal meal program, they also wanted that food to be quality food, indicating that having a choice of the food will do nothing if the food is not appetizing. One quote that portrays the concern of quality food was, *"I think what helps bring people*

*back in is if the meals are really good. I mean, cause that's what they're initially coming in for."*

The meal site ambience was identified as a crucial component for a meal site to be successful. The ambience, which is defined as the character and atmosphere of a place, is very influential. A positive and welcoming ambience will not only, according to the participants be their ideal meal program, but will motivate others to keep coming back. There was discussion on negative experiences at meal sites and the only factors that were brought up were about the ambience. The negative experience was the unwelcoming people, lack of space, and not feeling important. For example, *"I think we get put on the bottom rung of the ladder."* Conversely, it was discussed how being welcomed influences participants in the other way, *"And she [the meal site manager] makes sure people kind of inter-mix and get along and life's good and the world turns. Which makes a big difference in the facility that you visit..."* Stories about how the meal site staff has made them feel were apparent in all focus groups. For example, *"There is a sense of treating people with dignity..."* A major ambience issue reported by several groups was the issue of shared space, which did not allow the meal site to really function as a place for older adults. One stated, *"It would be a facility that would be owned by the senior center....It's not rented out. It's for the seniors."*

The majority felt an ideal congregate meal program would offer a variety of activities that support the diverse interests within participants and will serve as a motivator for continued participation. One example demonstrating the support for a variety of activities was, *"I think there could be two types of events one kind of, you know board games or... something like that you know for fun. Then the other thing*



*might be some kind of education or programming where you have a choice of going or not going...” Having space for these activities was also mentioned, “Thinking more of having break out rooms where different people can go to different activities. That way there’s a choice, but still it’s not a spot for everybody. I mean, not everybody is interested in all this, you need to have some kind of separation.”*

### **Ideal program audience (all)**

When asked, ‘Who would come?’ participants replied **single older adults** and **people in need**. ‘In need’ was defined as those who could use a nutritious meal, those who are not financially secure, and those who need socialization. Older adults, especially single older adults was mentioned, *“It’s for anyone who is 60 and older.”* and, *“I think too it [would] be ideal for single people cause it’s really hard to cook for one person.”* In addition to those who need a meal, those with lower finances should be targeted, *“Probably a lot of us older people or anyone’s one finances weren’t real good, you know? So, I think as long as they’re physically capable to get here.”* One stated, *“Seems to be that it would be good if we target towards the people who need to have a good meal, and those people that are lonely. And there’s a lot of seniors that are lonely.”* Targeting adult children as also suggested, *“Family members who are aware of their mother, their father, their aunt or uncle that lives alone and they find them sad or not having anything to do or whatever.”*

### **Ideal program events/programs and topic interests (all)**

This is a combination of the question ‘What events would occur?’, ‘What types of programs/learning opportunities would you like to see offered?’ and ‘What topics are you passionate about?’ The three themes that came up for ideal program events/programs were **field trips**, **general educational programs**, **health promotion** and **hobby-related activities**. Field trips featured participants’ desire to get out in the community and to learn. One mentioned, *“Do some educational things like maybe go down to [a local university] and participate in some of their educational programs.”* Field trips or day excursions through the meal site was another desired program. Some trips mentioned included county fairs, local tourist attractions and high school plays. For example, *“Take field trips. Like to ball games the library...”*

The desire to continue education was prominent among the participants, *“[Something that] Keeps your mind working.”* The main topic of interest was **history** followed by a variety of topics including **technology** and **nutrition/cooking**. One mentioned, *“Some kind of education or programming were you know you could have a choice of going or not going, but you know, informative maybe more than educational. Not always about medical issues, I hear enough about those.”*

Participants named numerous hobbies that interested them. The main hobbies stated were **photography**, **crafting**, **gardening** and **games (e.g., cards, pool, etc)**. Overall, they wanted to see a program that supports different hobby-related activities. As one described an experience at a non-Iowa meal site, *“There was something there for everybody. Which they do here too. But...you want to feel like you’re a part of something.”*

Health promotion was focused on exercise and comprehensive nutrition. Exercise was mentioned frequently and highlighted how the exercise programs should be tailored for older adults. They wanted access to exercise equipment, walking/jogging tracks and exercise classes, all tailored for older adults. For example, *“Walking in a pool is good for people who have bad joints and back problems.”* Multiple people showed interest in chair yoga and ergonomics, *“There’s a lot of hints about that [proper sitting, standing and walking] as we get older that really are important.”* The overall desire to have health promotion within the meal site was undeniable, *“The whole purpose is to get people in so they get a healthy meal. And it’s supposed to be wonderful for our spirits, but it should be good for our, not just good for feeding our bodies, but help [our bodies] too.”* Another stated, *“I think a really important thing is health.”* Health is confusing and the knowledge we have now is different from when they learned about it. One conveyed confusion towards nutrition, *“Educational programs on that [nutrition] too. Cause you don’t know what to believe.”*

### **Preferred program structure (all)**

The structure of the ideal program/events should be **expert-led, group-based presentations, age appropriate and planned around meal schedule**. Expert-led was described as an expert or a fellow meal site goer who would teach different activities they were passionate about. Many made it known that they would prefer ‘easy to learn’ activities/event or something simple. As a result, they believed an expert would help with the ease of understanding. One mentioned, *“Well, I mean they can break it out [series of classes of one topic] according to what it is. And, or they could have a short*

*deal on just basic information with questions and answers. And let the experts kind of tailor this.*” In addition to simple and understandable programming, they wanted age appropriate material. The other theme was having activities and events planned around the meal and transportation schedule. One participant described the influence transportation could have on attendance for these programs, *“I think another thing is we have a lot of people that take the bus. And they might want to take these classes, but because transportation, they would not be able to do it.”* Lastly, a participant shared how their meal site has structure events, *“...an hour before lunch on Monday they have games, and an hour back they have trivia.”*

### **Ideal food and/or meals (all)**

The themes that emerged regarding the meals included **special diets**, **salads/produce** and **variety of foods**. There were stories on how the limited food selection deterred some individuals from attending the meal site. There was a suggestion on having a note that lists what to choose or how to modify the meal for a specific health condition or to be more health conscious (healthier). The main diets of concern were gluten-free, diabetes and low sodium. For example, *“Providing foods that were appropriate for someone with anything with their heart, kidneys, or diabetes. They would feel, oh okay, they foods going to be safe for me to eat. The sugar and starch, you’ve got to balance that out differently than what you’re doing now for diabetics.”* Another stated, *“So the diabetic people, go in and order their meal. A person with low sodium can order their meal or someone who is on a general diet can have whatever*

*they want.” Viewed as ideal for the older adults were, “Cold salads, warm salads.”, “Yeah different kinds of salads.” and “Love salads and the veggies raw, a lot of them.”*

Food variety was explained by their desire for a breakfast dish for lunch, their need for more seafood in the menu, wanting more protein-rich meals and ethnic foods, such as, *“In general, [more fish options] and I think I like to try different foods and so occasionally having the choice of something that is more unusual.”* One stated, *“Just not the same meat and potatoes, peas and corn.”* Another mentioned, *“But you know try different things and different options. I always think about our food here in the mid-west, we are so meat and potatoes but we all love it, let’s face it. But different options are good too.”*

## **INFLUENCING ATTENDANCE FACTORS AND PROGRAMMING PREFERENCES**

### **Factors influencing restaurant selection (all)**

The **cost, cleanliness, peaceful atmosphere, proximity and food quality** influence participants’ restaurant selection. The majority of these themes was just listed by the focus group participants, therefore, there is not much to analyze. It is clear that they want low price, a clean restaurant, quiet and peaceful atmosphere, close to home and good food. There was some description for the atmosphere and reasons behind proximity. For example, *“Bunch of us just go out and we go out literally to be able to walk, kind of in a, sort of, in a private atmosphere, away from here, honestly. Just so we can have our own talk and be able to talk freely.”* A quote describing a restaurant they used to go to, *“Very few kids. Very quiet. A lot of people don’t know about it. You get*

*huge meals for what you're paying for."* After a few people mentioned location being a factor for what restaurant they choose another individual stated, *"I have groceries, but if I'm going out, it's either going to be convenient or, or well convenient and it's something I like. Otherwise, I'm going to go home and fix something."*

### **Factors influencing meal enjoyment (all)**

When asked to think about a time they enjoyed a meal and what made it enjoyable the prominent factors were the **people**, the **conversation**, **not having to make the meal**, **overall relaxing** and **good food**. The majority shared stories or described a big family meal or a time out with friends. As a result, the people and conversation were suitable top themes for this question. Another theme that was paired with family meals was good food, for example, *"...what I think about is the holidays and the specialty food we have at the holidays."* Another example, *"I enjoy big family meals too...I don't do any cooking anymore."* This tied in how they enjoyed their meals because they did not have to make the meal. Not having to cook could add to the overall relaxing state of the meal. The main reason for this theme was the stress on not being rushed out of the restaurant, *"You can sit there and the people working there is not telling you that you have to leave because no one is there."* This quote was in context to a group of individuals describing how they enjoying going to restaurants at a certain time because no one is there so there is no rush. This is important as many commented during prior conversations that many meal sites only have the location for a specific timeframe. Another stated, *"Not being hurried or made to feel hurried. That is more enjoyable. Relaxing."*

### **Program marketing (all)**

The main themes of how participants learn about program/event opportunities were **free local print media, TV** and **word of mouth**. Free local print media was popular for participants. They mentioned the “Penny Saver,” local newspaper, local community magazines. A monthly calendar was also mentioned, *“Also, they give us a calendar at the beginning of the month that tells us about all the activities. It has events.”* Word of mouth can also be very influential, *“Just knowing from other people that have been to the same place, and that had a good interaction, and they want to go back.”*

### **Attendance decision factors (all)**

Factors influencing whether they attend an event were the **cost, location/accessibility** and **social encouragement**. Social encouragement encompasses family, friends and desire to be social. Some people shared stories on event or activities they do with family member or for family members. For example, *“Well, I go if its event, and my family asks me to go or something I want to go or something they’re in, I’ll go...”* As noted before, location is a factor when going out because of transportation. Other comments included accessibility to restrooms and parking.

### **Limitations**

Due to the small sample size and the limited diversity of participants, generalizations should be made with care. The convenience-based recruitment methods may have resulted in the inclusion of older adults who are more vocal and/or passionate. Additionally, all participants were white and most were female.

### **Things to consider moving forward**

The information acquired during these focus group discussions has provided insight on how the congregate meal program can evolve into a community nutrition program that is viewed favorably by the participants and community. Below are the key areas we suggest be considered and/or addressed as the Innovations in Nutrition Program project moves forward.

### **Marketing/Advocacy**

Being a ‘hidden gem’ in a community is not what a congregate meal program should be. Strong advocacy and marketing campaigns are needed to promote awareness of and support for the meal program. The materials should be primarily in print form as this appeared to be the preferred format of participants. Advocacy materials should be developed for the Area Agency on Aging (AAA) and other meal program supporters to use during city/community council meetings and fund raising campaigns that will convey the value of the congregate meal program and perhaps result in better funding and support.

Marketing materials must highlight the primary reasons older adults are attending the meal program—socialization and a voluntary contribution-based cost healthy meal.



The materials should include testimonials from meal participants, quantifiable outcomes data (e.g., reduced nutritional risk), and images of vibrant, active, happy, older adults from diverse backgrounds. The message needs to also convey the program is for all people over age 60, not just those who are lower income or unable to cook.

The campaign should target local print media (e.g., newspapers, community magazines, community calendars) as well as network with local agencies/organizations that are frequented by older adults. These may include local senior apartments and retirement communities, physician's offices, churches, stores, libraries etc. It would also be advantageous to determine a program name that conveys positive recognition for meal sites across Linn County, and eventually the state, to use; the current model allows communities to use different names (senior meal, senior lunch, congregate meal program). The purpose of a standard name is two-fold. First, the terms 'senior meal,' 'senior lunch,' and 'congregate meal program' don't adequately convey what the meal program is about. Second, if there was a standard name, it would allow for more consistent 'branding' of the program across the county and state. This would allow for stronger advocacy/marketing campaigns and better program awareness. Given the falling participation rates across the state, it may be beneficial to use some of the current grant funding to work with a marketing agency to develop materials that could be adapted for use throughout Iowa following this two-year project.

## **Facilities**

Much of the negative feedback obtained through the focus groups centered on the physical nature of the meal site facilities. Many participants expressed feeling as

though their community did not value older adults as evident by not having a designated center for older adults to use exclusively in an accessible location. All the sites included in this focus group study were held in rented space that were made available to older adults during limited hours. The location and condition of a meal site is paramount to its success. Transportation was mentioned repeatedly as a barrier toward participation. Additionally, the ambience of a meal site/restaurant was very influential in whether a person chooses to go. In order to ensure that communities are choosing appropriate facilities for the congregate meal program, we recommend creating an “Ideal Meal Site” guide sheet. This sheet should include key attributes desired by older adults such as whether a facility can be exclusively dedicated to older adults, it’s location in proximity to public transportation, the acoustics, availability of additional space for various programs, cooking facilities, etc.

### **Partnerships/Collaborations**

Given the congregate meal program budget constraints, community partnerships and collaborations are critical. First, in the area of programming, AAAs should work with local agencies (e.g., Extension, libraries, schools, service agencies, etc) to devise a regular lunch and learn series that addresses a wide variety of topics. This lunch and learn approach may help draw in older adults who are not currently participating in the meal program. Having a preplanned lunch and learn series, would allow for stronger marketing efforts in local magazines and activity calendars. The interests of older adults are as diverse as they are; therefore, the learning programs need to be varied. The most common desired topics were local history, nutrition/cooking, exercise, how to use

technology (e.g., smart phones, tablets), and field trips to community events/activities, parks, and local areas where a group could go together. For example, AAAs could work with local high schools to identify students who could work with meal site participants on how to use their phones, tablets, etc. This would not only contribute to the topic need, but would also promote intergenerational interaction.

The second key collaboration that needs to be made is with local transportation; particularly for the non-centralized meal sites (e.g., Lowe Park). The transportation collaborations should expand beyond the traditional bus service such as educating participants about Uber or Lyft, working with retirement communities that have vans, creating ride-shares, etc.

## **Meals/Menu**

During the focus group discussion there was an apparent difference in ‘meal excitement’ between the study location in Marion and the two Polk County sites. In addition, there was a visual difference in the food quality and presentation amongst the study site and two non-study sites. One issue that emerged is the discrepancy among older adults as to what is healthy. There is the perception that the meal program meal isn’t healthy. In the marketing materials, it would be advantageous to choose other terms to describe the ‘healthiness’ of the meals. For example, ‘meets one-third of your daily nutrients needs,’ ‘enjoy a meal with a protein, grain, produce and dairy,’ or ‘enjoy a MyPlate-friendly meal.’

Today’s older adults want meal variety. They don’t want to be served casseroles consistently. When looking at the foods during the recruitment phase for this focus

group study at the non-study sites, the visual appeal of the food was low. The colors were variations of beige and the green vegetables were olive in color. The partnership with HyVee that is currently being tested appears to fit well with what the focus group participants are wanting—buffet style, colorful and tasteful produce, and high quality food. Given Hy-Vee's reach across the state, it is important to consider conducting a cost analysis to determine if this partnership is (1) sustainable beyond the grant-funded period and (2) replicable across the state. A nutritional assessment must also be done to ensure that dietary requirements of the program are being met (e.g., are the servings meeting the recommendations or are they larger?). This partnership has the potential to allow for a statewide menu, standard food quality, and perhaps less salary expenses at meal sites since servers and cooks would not be needed. It also allows for the potential for HyVee to serve as a meal site in communities where the facilities are limited.

It is apparent that the congregate meal program is valued among those who choose to participate. The feedback obtained through these focus groups help provide better understanding of what can be done to further expand program to meet the needs and preferences of lowans age 60 years and older.