

## Key Findings: City of Chicago Mayor’s Office for People with Disabilities (MOPD) and Greater Chicago Food Depository (GCFD) Client Survey, Spring 2019

In the winter to spring of 2018-2019, MOPD and GCFD worked together to plan, design, and implement a survey among recipients of MOPD’s services. The purpose of the survey was to learn about the food access limitations of this population with a focus on the need for additional prepared meal programming.

This memo provides the key findings from that survey.

Methods: Participants in MOPD’s Home Modification Program (2017-2018) and Independent Living Program (2018) as well as of individuals receiving information and referrals on a walk-in basis (current) received the survey through the mail or at MOPD’s location. They could complete it by paper, on the phone, or online.

96 unique surveys were completed and returned.<sup>1</sup> A handful of respondents sent back two surveys because they received multiple copies, likely due to participating in both the Home Modification Program and Independent Program. For this reason, a response rate is unable to be calculated at this time.

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The findings provide insight into the following main research questions:

### Do participants in MOPD’s programs face food access limitations?

Yes. Among those surveyed, 70% screened as at risk of food insecurity and 28% were at risk of severe food insecurity, meaning they *often* worry about food running out or their food *often* runs out before they have money to get more. Respondents in the Independent Living Program and those reporting a special diet were the most likely to screen as at risk of food insecurity.<sup>2</sup>

Moreover, significant food access limitations were shown by the 41% of respondents who report making purchasing tradeoff decisions between buying food and paying for utilities. Having to choose between paying for food and housing (34%), food and transportation (34%), and food and medical care/medications (28%) was also common. 38% reported that it was hard or very hard to get healthy foods like fruits and vegetables.

### Is there an interest in receiving prepared meals among those facing food access limitations?

Yes. 81% of all survey takers reported interest in participating in a frozen or hot prepared meal program. Over half were interested in frozen meals delivered to their home, 43% in hot meals delivered to their home, 9% frozen meals picked up near their home, and 9% in hot meals served in a

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<sup>1</sup> The largest age group represented among respondents was age 55-64. Most of the others were younger than 55. This age group may not be eligible for all the same programs that 65+. Females were slightly over represented, making up 54% of the respondent pool. 41% identified as male, 2% as transgender, and 3% did not answer. 53% of respondents identify as African American or Black, with 17% White, 13% Hispanic, 5% other, and 13% did not answer.

<sup>2</sup> To minimize respondent burden, we elected to use a 2-item food insecurity screener instead of the 10-item full USDA form (or 18 for households with children). We coded positive responses as indicating “risk of food insecurity,” and more severe risk as ‘often’ experiencing food access limitations as opposed to ‘sometimes’ experiencing them.

group setting with other people. Respondents in the Independent Living Program and those that indicated risk of food insecurity, having a special diet, and having difficulty preparing meals on their own were slightly more likely to be interested in prepared meals than others.

Over 75% of respondents report difficulty in preparing meals on their own, also indicating an unmet need for healthy prepared meals. Additionally, those who face the most severe risk of food insecurity were more likely to also report having difficulty preparing meals on their own (89%), as were survey takers on a special diet (80%). The most common reason for having difficulty preparing meals on one's own included trouble standing, reaching or opening items (60%), having a medical condition like neuropathy or arthritis in hands or feet (39%), or experiencing low energy or not feeling well (38%). Not having the motivation to cook or prepare meals, memory difficulties, and not having enough time to cook were also common.

While respondents patch together different methods of getting by way of cooking for themselves, support networks such as family and friends, and social services, significant gaps in the landscape of services persist.

### **What recommendations for program components lead from these findings, with the goal of positively affecting participants' overall health and wellness as well? (IN NO SPECIFIC ORDER)**

#### **1. Design a healthy prepared meal pilot that provides for special diets and dietary restrictions.**

46% of survey takers report being on a special diet. Those with severe risk of food insecurity were even more likely to report having a special diet (56%). The most common special diets and dietary restrictions reported were low sodium/salt (27%), food allergies (20%), and diabetic diets (16%). Several also mentioned low sugar diets, high fiber diets, renal diets, and healthy diets for people on cancer treatments (importance of trying to keep weight on).

#### **2. Embed as much choice and flexibility into the program model as possible based on individual's needs and preferences, checking in with our progress at meeting their needs along the way.**

Choice and flexibility can come in the form of meal options and mix, number of meals, eligibility criteria, communication strategies, and more. For example, the number of meals people would be interested in per week varied considerably. 38% of survey takers would want 5-7 meals (1 per day), while 24% wanted 8-14 meals per week, 22% wanted 15 to 21 meals per week, and 15% wanted less than 5 meals per week. Allowing for choice in number of meals would target meals where they're needs and cut down on waste.

Moreover, 13% suggested there may be others in their household who would also be interested in receiving prepared meals, most often a spouse or partner (6%).

Independence and dignity of service are imperative. Engaging in constantly evaluation and client feedback loops will help the program consistently improve.

### 3. Provide home delivery. Consider providing prepared meals as well as supplementary groceries.

Over half of respondents live alone in an apartment or house, and most all indicated they had at least one serious difficulty with mobility. The most common difficulty included walking or climbing stairs (81%), lifting or carrying more than 10 pounds (74%), sitting or standing for more than 2 hours (64%), and doing errands alone such as visiting a doctor's office or shopping (49%). 32% use a wheelchair, scooter, or walker, and 11% usually do not leave their home. Moreover, nearly 70% use public transportation as a main means of transportation, introducing additional difficulties getting groceries and prepared meals back home if pickup was required.

For a small initial pilot, concentrating on delivery to zip codes 60615, 60619, and 60616 on the south side may provide efficiency gains. These zip codes exhibited a concentration of survey takers reporting highest risk of food insecurity and difficulty preparing meals on their own.

### 4. Include connection to SNAP outreach and other wrap-around services and opportunities through prepared meal pilot touch point.

Survey responses indicate gaps in full participation in common social service programs, implying an opportunity to connect people with benefit programs in case they are eligible to receive additional support. Only 61% receive SNAP, 63% Medicaid, 53% Medicare, 77% SSDI or SSI, 47% in-home services, and 30% subsidized housing. This could also be a useful opportunity to engage them in nutrition promotion and advocacy actions, particularly for themes and events that may be of interest to them.

Additionally, building in extra time at the point of delivery to help put the meals away for the participant (with their permission of course) could provide a meaningful touch point for socializing and reduce loneliness as well. 14% of survey takers said they would want the delivery person to come in and help them put the meals away in the kitchen, while another 19% were unsure, which may increase as time passes and trust is built.

### 5. Provide appliances for those that do not have the necessary storage or cooking equipment.

While all respondents have access to a refrigerator, only 71% said they had a freezer, 82% a microwave, and 90% an oven, stove or toaster oven.

### 6. MOPD and GCFD can together partner with existing home delivered prepared meal programs and health care partners on prepared meal initiatives in order to reach more people with disabilities while addressing individual's unique nutritional needs.

25% of survey takers participate in a prepared meal delivery service like Meals on Wheels, with nearly 70% saying it was a good, very good, or excellent experience, indicating there is ample ground for learnings and collaboration. Moreover, commenters on open-ended questions described the many doctor's appointments they have, and the effort needed to manage paperwork, which similarly points to an opportunity for increased partnership across providers.

7. Improve accessibility of and to GCFD's existing network of food assistance locations and programs.

Given how high risk of food insecurity was among survey takers, it is cause for great concern that only 25% said they visit food distribution programs such as pantries and soup kitchens. We know from past research that much of the reason is due to lack of accessibility, information, and foods aligned with special diets available.

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