

Greater Chicago Food Depository Report to The Retirement Research Foundation

Food Insecurity and the Need for Prepared Meals Among Older Adults in Cook County

Executive Summary

Nature of the problem from initial grant submission

In Cook County, Illinois – the Food Depository’s service area – research and demographic analyses suggest there is an unmet need for healthy, prepared meals for food insecure older adults age 65 and over. Furthermore, the U.S. Census projects that the number of older adults will increase over 50% by 2030, and the Food Depository estimates this demographic shift will result in more than 100,000 additional low-income older adults in Cook County. The severe consequences of food insecurity to the health and quality of life of this population compels the Food Depository to leverage resources and partnerships to strengthen its response to meet their needs.

Before attempting to expand the organization’s reach and fill gaps in service for prepared meals programming, however, the Food Depository first undertook this project to gather feedback directly from older adults and partners in Cook County about their needs and preferences. We also sought to better understand how the organization can sustainably and efficiently plan, produce and distribute prepared meals that are tailored to these needs and preferences. As the United States Department of Agriculture (USDA) asserts, older adults “represent a particularly vulnerable demographic to food insecurity, with unique health, social, and nutritional challenges that can include decreased mobility, limited shopping and cook ability, and health challenges related to food insecurity.” The generous support for this project provided by the Retirement Research Foundation has enabled the Food Depository to better understand the factors that will impact the extent to which older adults will be able to use and benefit from prepared meal programming.

Final methodology undertaken

The Food Depository implemented the methodology as proposed in the grant submission.¹ Specific components include:

- ✓ The Food Depository identified 4 community area regions in Cook County that are home to a significant concentration of food insecure older adults.
- ✓ We recruited 20 Food Depository partners across these high need regions to work with us on this research (heretofore referred to as research site partners). Research site partners included older adult residential sites and pantries that are currently food distribution partners of the Food Depository as well as health care organizations with whom the Food Depository has collaborated on other projects or outreach activities (described as “community organizations” in the grant submission).
- ✓ We conducted 15 unstructured interviews/relationship-building meetings with managerial staff at research sites to gather their personal insights on the need for prepared meals and how the Food Depository could best support their older adult services and our continued partnership. We also had conversations with other community partners like AgeOptions and Hines Veteran Hospital as well as internal Food Depository staff to obtain their insight into the nutritional needs they see among older adults.
- ✓ In collaboration with the research site partners, the Food Depository administered a survey to 410 older adult residents across the 20 sites. The survey asked about older adults’ main food sources, special diets, meal preparation challenges, food insecurity, mobility difficulties, mental and physical health, housing situation, means of transportation, and general demographics.
- ✓ The Food Depository and research site partners also engaged a total of 85 older adults across 7 distinct focus groups in the high need community areas. Focus group questions probed participants’ dietary preferences and restrictions and interest in prepared meals. All groups included the tasting and rating of a meal prepared through Chicago’s Community Kitchens as well.

¹ The Food Depository contracted with Dr. James Mabli from Mathematica to provide evaluation guidance and support to Food Depository research staff on all aspects of this project, including identifying criteria for choosing project locations, all research instruments, and analysis of findings.

- ✓ Since homebound older adults could not participate in the focus groups, we attempted to connect with residents meeting this description who would agree to accept a personal delivery of a meal sample and follow-up call from Food Depository staff afterward. Researchers connected with 8 homebound older adults in these individualized conversations.
- ✓ Additionally, the Food Depository's Benefits Outreach team contacted all research participants expressing interest in learning if they were eligible for SNAP benefits. In total, the Benefits Outreach team made 67 follow-up calls.

Main findings

The most important findings provide insight into four interconnected dimensions:

- *The need for prepared meals* (risk of food insecurity, gaps in current service landscape)
- *The desired programming components from perspective of older adult* (meal types, packaging, outreach, trust and communications)
- *Connection to health* (special diets, additional services needed)
- *Operations/model of service* (partnerships, specialization, delivery mechanisms)

Finding 1: The majority of older adults that participated in this research face at least one type of significant food access limitation and risk of food insecurity is higher among those with health and mobility difficulties.

Finding 2: Individuals reporting difficulty preparing meals on their own are particularly vulnerable to food access limitations, and their risk of food insecurity tends to be more severe than others surveyed. They also reported experiencing poorer health and more loneliness.²

² In order to minimize respondent burden, we elected to use a 3-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.

Finding 3: Critical gaps in the landscape of nutrition programming reaching older adults in need, from their own voices, include greater access to fresh produce and protein items, SNAP benefits, home delivery of food from pantry programs, and prepared meals.

Finding 4: Populations of all ages and all meal preparation capacities may also benefit from access to prepared meal programming.

Finding 5: To be successful, a prepared meals model of service must emphasize fresh and healthy meals, they must accommodate special diets, and the program must allow for flexibility and choice based on older adults' individual needs and preferences. Independence and dignity of service are critical to older adults.

Finding 6: Thoughtful introduction of the prepared meal program to the older adult can go a long way in increasing likely service uptake and satisfaction. Outreach and communications materials should emphasize the freshness of the meals (if true); how, where, why, and by whom they are made; and suggestions for how they can be modified to fit participants' individual tastes.

Finding 7: Prepared meal programs can and should provide participants with ways to encourage healthy nutrition (including the meal itself), additional wrap-around resources/referrals, opportunities for socializing and connection, and advocacy actions.

Finding 8: Investing in home delivery capacity for both pantry groceries and prepared meals, either directly through the Food Depository or through partners, is a must.

Finding 9: In addition to working with the Food Depository's network of food programs, partnering with existing congregate/home delivered prepared meal programs and health care partners on prepared meal initiatives will help us collaboratively balance reaching more older adults with reaching older adults with specific challenges.

Full Narrative on Main Findings:

Below, we group the most important lessons under four primary research questions that stem directly from our grant proposal. These are the lessons most relevant to enhancing the Food Depository’s future success in better responding to the needs of older adults at risk of food insecurity and ultimately, reducing hunger and food insecurity in Cook County.

Research question #1 - The need: Are there gaps in nutrition programming serving low-income older adults in Cook County, particularly among individuals having difficulty with meal preparation? What, if anything, is missing in the existing landscape of general food assistance programming and prepared meal programming?

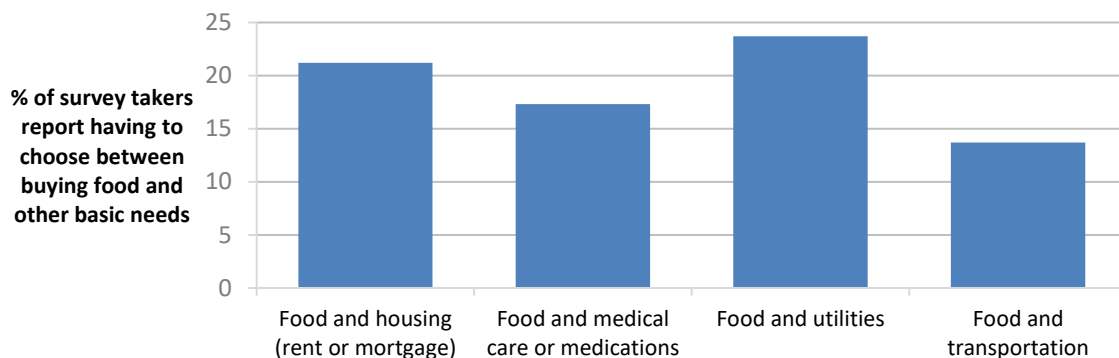
Finding 1: The majority of older adults that participated in this research face at least one type of significant food access limitation and risk of food insecurity is higher among those with health and mobility difficulties.

- Overall, 58% of older adults surveyed said they either worried food would run out before having to buy more, the food they bought did not last and they didn’t have money to get more, or they were hungry but didn’t eat because there wasn’t enough money for food at some point in the last year.
- Rates of risk of food insecurity among older adults at pantries, older adult residential buildings, and health care partners sites were similar. However, many respondents at pantries and older adult residential sites volunteered that they felt food secure because of their access to SNAP, food pantries, and hot meal programs. They shared that they would be in a much more desperate situation without these resources.

Research site program type	Survey takers at risk of food insecurity
Pantry	58%
Older adult residential building	59%
Health care partner	56%

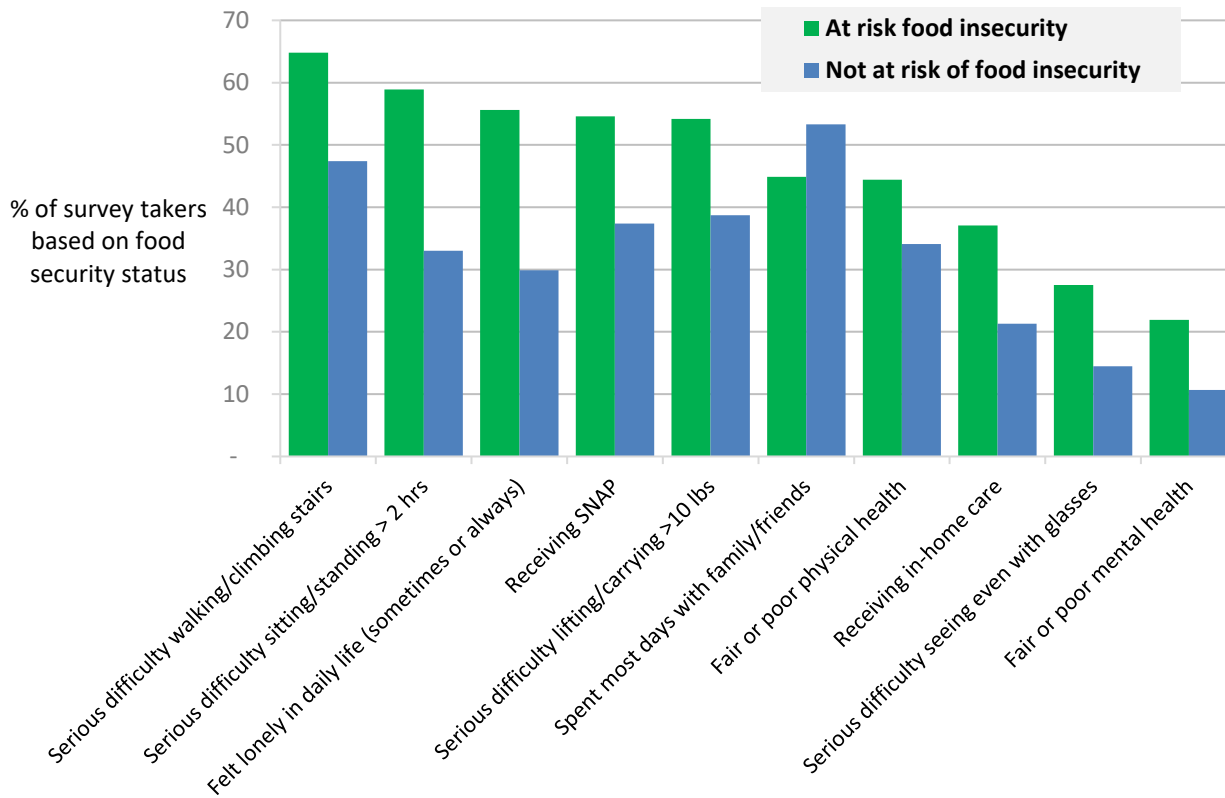
- About 20% of older adults surveyed said it was somewhat hard or very hard to get healthy foods like fruits and vegetables. Focus group participants and research site partners emphasized that healthier foods were more expensive, so older adults had to settle for more affordable choices.
- Most older adults reported obtaining most of their food at the grocery store (over 90%) or food pantries (over 60%). This is likely a challenging task given that just under half said they had a hard time lifting over 10 pounds and 58% reported a serious difficulty walking or climbing stairs. Only 2% get groceries delivered from the grocery store. Moreover, only a small percentage of older adults reported having family or friends (23%) or paid caregivers or homemakers (9%) bring them food at times. With over 60% living alone and public transit being the most often cited means of getting around for this population, transportation of food items to the home is a significant food access limitation.
- Juggling expenses can also indicate food access problems. Slightly less than half of respondents identified that they make tradeoff decisions between paying for food and at least one other basic

need like housing, utilities, healthcare, or transportation. Overall, older adults most commonly indicated they had to choose between purchasing food and utilities (24%), though over 1 in 5 indicated choosing between paying for food and housing. When probed about tradeoff decisions, most responses would often say they figure out a way to manage, but it is a struggle.



- Among the older adults surveyed, risk of food insecurity is associated with health, mobility, and social difficulties than may limit their ability to live independently.³ Compared to older adults reporting no risk of food insecurity, older adults screening positive for risk of food insecurity are more likely to have difficulty performing activities of daily living (e.g. 65% vs 47% for serious difficulty walking or climbing stairs, 59% vs 33% for serious difficulty sitting or standing for more than 2 hours), to be in fair or poor physical health (44% vs 34%), and to be in fair or poor mental health (22% vs 11%). They are also less likely to spend every day or most days with family or friends (45% vs 53%), and more likely to feel lonely in daily life (56% vs 30%).

³ In order to minimize respondent burden, we elected to use a 3-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.



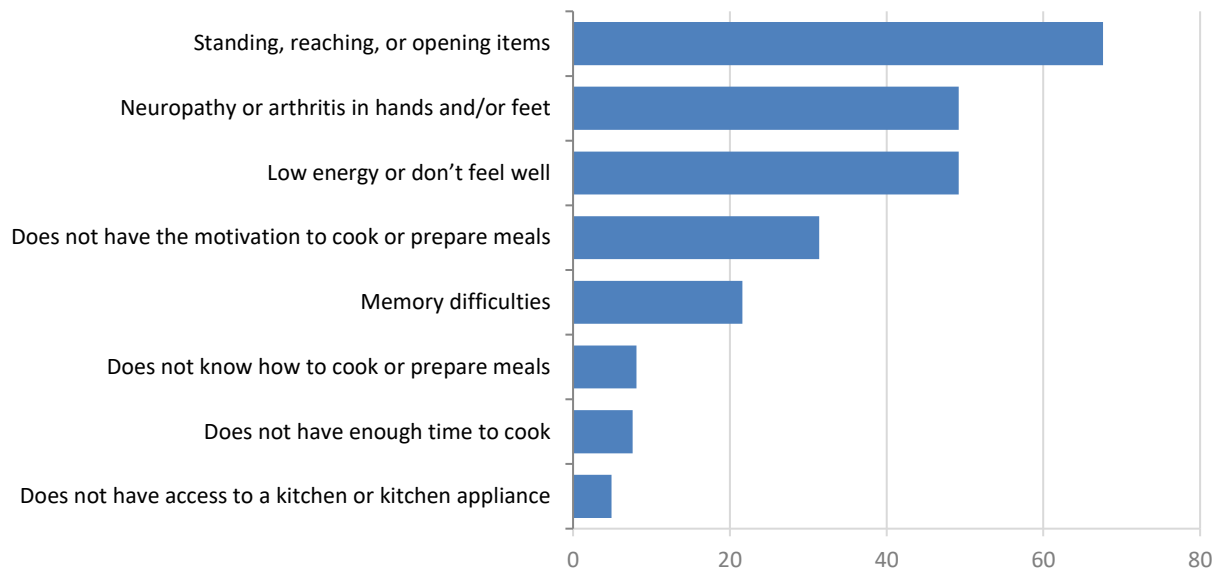
- They are also more interested in prepared meals and are interested in receiving more meals per week (more information to follow).

Finding 2: Individuals reporting difficulty preparing meals on their own are particularly vulnerable to food insecurity, and their risk of food insecurity tends to be more severe than others surveyed.⁴ They also report experiencing poorer health and more loneliness.

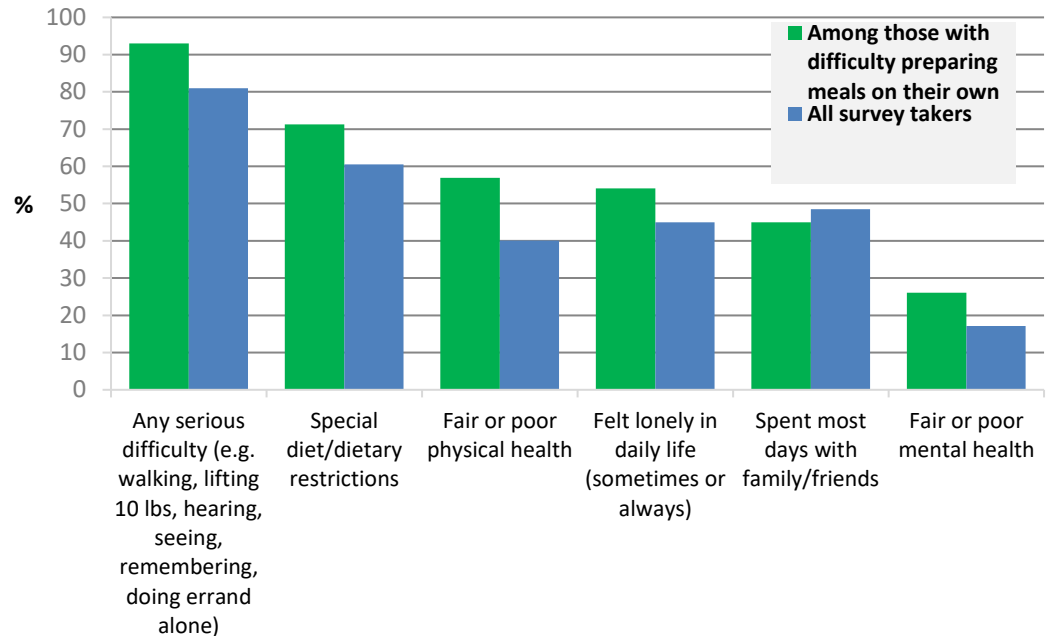
- Overall, 45% of older adult survey takers expressed difficulty preparing meals on their own, most often due to having trouble standing, reaching, or opening items, having low energy, or having neuropathy or arthritis in their hands or feet. Other frequent reasons including not having the motivation to prepare meals and having memory difficulties that made meal preparation challenging.

⁴ Ibid.

Among survey takers reporting meal preparation difficulties, % reporting the hardship due to the following reasons:



- 64% of older adults reporting difficulty preparing meals on their own screened as at risk of food insecurity, 10% points higher than the surveyed population overall. In fact, among the subgroups analyzed in this project (e.g. those with dietary restrictions, those managing disabilities or mobility difficulties, those with difficulty preparing meals on their own), individuals expressing difficulty preparing meals on their own were the most likely to screen positively for risk of food insecurity.
- Relative to all older adults surveyed, older adults with difficulty preparing meals on their own are more likely to report *often* feeling worried about running out of food rather than *sometimes*. Moreover, 21% of older adults with difficulty preparing meals on their own indicated they were hungry but didn't eat because there wasn't enough money for food at least one in the last year, compared to 13% among all those surveyed.
- Older adults with difficulty preparing meals on their own also were more likely to face tradeoffs between purchasing food and other basic needs. They also found it somewhat or very hard to get healthy foods like fresh produce (27% vs 20% among the overall surveyed population).
- Individuals reporting difficulty preparing meals on their own were more likely than the overall surveyed population to report serious difficulty with activities of daily living (93% versus 81% among the overall surveyed population), fair or poor physical health status (57% versus 40%), fair or poor mental health status (26% versus 17%), feeling lonely in daily life (54% versus 45%), and having a special diet or dietary restrictions (71% vs 61%).



- While older adults reporting difficulty preparing meals on their own are more likely to participate in nutrition assistance programming than other subgroups of the surveyed population, the rates of nutrition assistance programming this group are still low enough to indicate a gap in service reaching those reporting meal preparation challenges.
 - Only 18% of survey takers expressing difficulty preparing meals on their own participate in a prepared meal delivery service like Meals on Wheels, and among those that do participate, they report receiving less than 5 meals per week on average.
 - While 25% have either family members or friends prepare meals for them at times, 64% live alone and over 82% still prepare their own meals as well.
 - Only 43% receive in-home services through a homemaker, personal assistant, or home health aide, and only 23% report that these workers prepare meals for them.
 - 45% do not SNAP benefits, and 38% of those not currently participating were interested in having someone determine their eligibility.

Finding 3: Critical gaps in the landscape of nutrition programming reaching older adults in need, from their own voices, include greater access to fresh produce and protein items, SNAP benefits, home delivery of food available from pantry programs, and prepared meals (under certain conditions, see Finding 4).

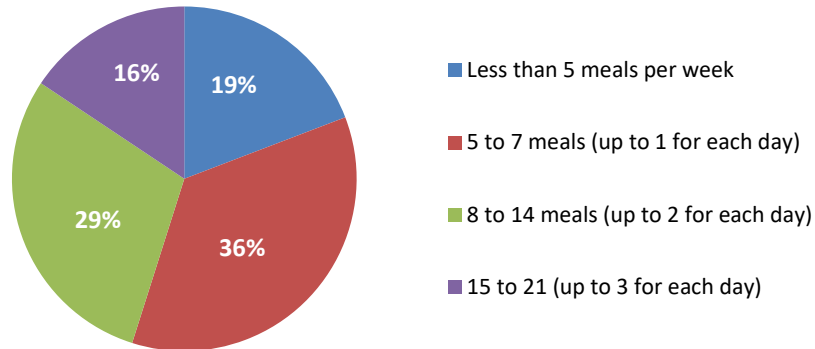
- *Greater access to fresh produce and protein items:* When asked through an open-ended question what would be most helpful in meeting their food needs, older adults most often said they wished food assistance programs distributed a greater amount and variety of fresh produce, meats, fish, and dairy products that they can easily prepare.
 - Respondents stressed that shelf stable and canned foods should have low sodium content.
 - A handful also volunteered that they wish they could come to food distribution events more than once a month, which is often the restriction placed on pantry guests.
 - Participants at older adult residential sites were particularly concerned about their Food Depository food distribution not having the “good stuff” that neighborhood pantries had, which likely stems from distributions at older adult residential buildings not having cold storage on site.⁵
- *Greater access to SNAP benefits:* Research site partners and clients alike stressed how older adults often only received the minimum SNAP benefit amount, that their SNAP benefit amount had been cut, or that they felt it was hardly worth participating. Thus, among older adults participating in SNAP, many desired receiving higher amounts of benefits.⁶ 29% of non-participating individuals expressed interest in having some determine their eligibility for SNAP.
- *Greater access to home delivery of food assistance available through pantry programs:* The lack of home delivery available through pantry distributions came up frequently, unprompted, in interviews, surveys, and focus groups. There are many possible reasons for this. For example, taking public transportation (which 52% of respondents reported doing) limits older adults to buying what they can carry or push with a cart, which can also be an issue given how many people report having mobility issues. These accessibility issues can also affect what grocery stores they shop at and cause them to select food retailers based on proximity rather than where the best deals are. This can have serious financial implications, as oftentimes small neighborhood stores are more expensive than discount stores that may be farther away.
- *Greater access to prepared meals:* More than 80% of survey respondents expressed interest in either frozen or hot prepared meals, though under only very specific conditions (see Finding 4). Older adults expressed interest in *hot* meals delivered to their home (46%), in *frozen* meals delivered to their home (45%), in hot meals served in a group setting near their home (26%), and in frozen meals picked up near their home (18%).

⁵ Focus group participants also shared that older adults sometimes feel a lot of stigma going to food pantries, especially if they have a health or mobility constraint that makes standing outside waiting for long periods of time in line difficult. Not knowing what they’re going to get at the distribution makes attending less desirable as well.

⁶ Part of data collection for this project occurred during the federal government shutdown, wherein participants described how they feared their SNAP dollars were going to disappear overnight. Although this situation resolved, mistrust in the government and sense of insecurity when it comes to benefit programs, including Social Security, came up often during surveys and focus groups.

- Among those older adults who are interested in frozen receiving meals, 37% are interested in receiving 5-7 meals per week, 31% 8-14 meals per week, and 16% 15-21 meals per week.

Among those interested in frozen meals, # of meals desired per week



- 27% said other members of their household such as a spouse or partner, child, or grandchild would also benefit from receiving prepared meals.
- Given this interest, any lack of access to equipment for storage and meal production is a serious limitation. Up to 23% of respondents reported not having access to a freezer, 10% to a microwave, and 8% to an oven/stove.⁷
- Other feedback from older adults on services missing from the existing landscape included providing financial management education, shopping tips to save money, cooking demonstrations and recipes, assistance with housing and problems with Social Security, and transportation to food sources.

Finding 4: Populations of all ages and all meal preparation capacities may also benefit from access to prepared meal programming.

- Throughout the course of this project, research site partners, participants, and staff described the wide variety of situations where prepared meals could be helpful for food insecure households.
- For example, research site partners shared that they see many adults in their 50s and early 60s who greatly struggle with food insecurity and meal preparation difficulties, but do not qualify for age-based programs and services like Social Security and Medicare that would help them reach stability. Losing a job or becoming ill at this age can quickly lead to financial disaster that is sustained for much of their lives, they shared. Research site partners described how clients in this

⁷ Some survey takers at older adult residential sites reported not having a freezer, although it comes standard in most buildings. Further investigation is needed to better understand this finding.

age bracket were also often raising grandchildren and sometimes still caring for their grown children who struggled with mental or physical illness or addiction as well. Caring or additional family members places further financial and emotional pressure on the household. This has been evidenced in a recent national study of older adult Nutrition Service Program participants (Mabli et al. 2017).⁸ Feeding America research also finds food insecurity rates are higher among adults age 50-59 than age 65+, and that types and degrees of disability and health are better indicators of need for food assistance than age.⁹

- Of the survey respondents that expressed interest in receiving prepared meals, close to 50% did not report having a hard time preparing meals. Rather, based on the surveys and focus groups, their interest in prepared meals reflects wanting improved access to meals that are affordable/free, healthy, aligned with any special diets, appetizing, and easy and fast.
- Research participants and staff described other groups of people who may benefit from increased access to prepared meal programming, including:
 - Youth who need easy preparation at after school/summer activities and at home.
 - Working families who could benefit from the relief that comes with not having to worry about buying or preparing a healthy family style meal for a night or two each week.
 - People with disabilities of any age, many of whom may not qualify for disability benefits or do not find these support programs to sufficiently meet their needs.
 - Families or individuals of any age range facing an acute crisis where meal preparation is overly burdensome, such as a during recovery from a serious injury or other hospital stay. Other temporary housing situation such as that faced by people recently evicted or refugees just arriving in the area were mentioned as well. If they have access to a microwave or stove, mobile and individualized prepared meals critically support individuals during these trying times.
- For all situations, on top of providing food relief, easy prepared meals can also be a means of promoting good nutrition, particularly when paired with easy recipes of the same meal, provision of the same ingredients through food distributions, assurance of the proper cookware and appliances, and access to spices.

Research question #2 - Programming components: What programmatic elements would older adults want in a prepared meals program in terms of meal components, packaging, and delivery processes?

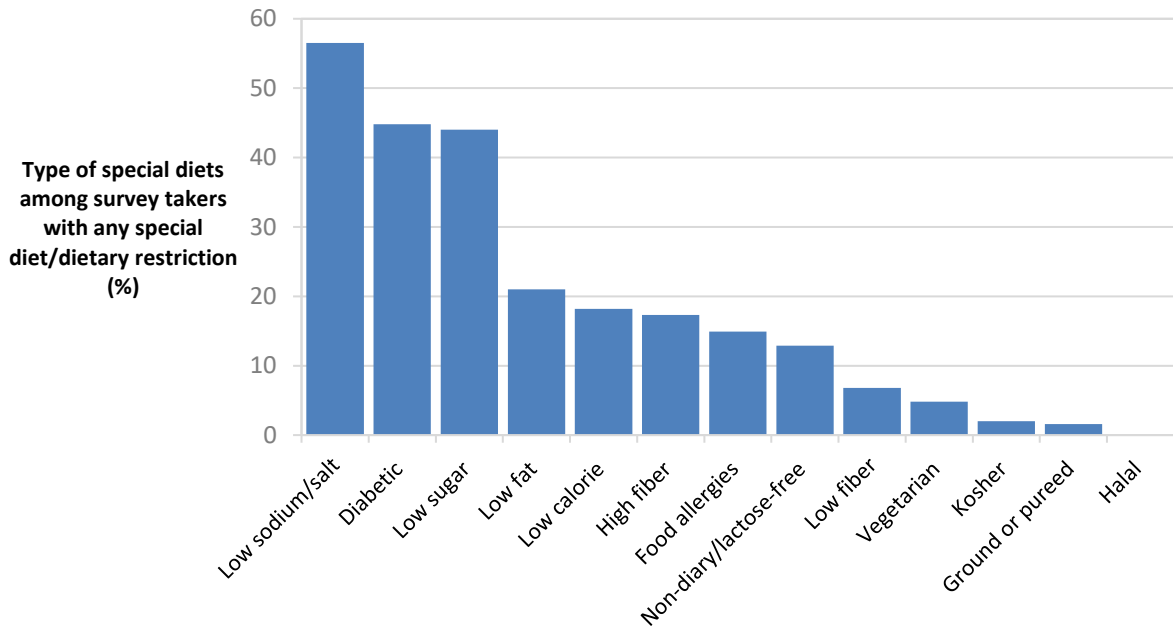
⁸ https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf;

⁹ <https://www.feedingamerica.org/research/senior-hunger-research/senior>;

<https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/senior-hunger-evaluation.pdf>

Finding 5: To be successful, a prepared meals model of service must emphasize fresh and healthy meals, they must accommodate special diets, and the program must allow for flexibility and choice based on older adults' individual needs and preferences. Independence and dignity of service are critical to older adults.

- In all focus groups and at all survey locations, participants strongly emphasized how their major concerns with a prepared meal program include that the meals would not be fresh, would not be healthy for them given their dietary restrictions, would lack variety and culturally acceptable options, and would not taste good.
- Offering prepared meals that accommodate health conditions is critical. Several participants also shared that they were currently being treated for cancer. 61% of those surveyed identified themselves as having a special diet or dietary restrictions, most being on diabetic, low sodium, or low sugar diets. Among those expressing difficulties preparing meals on their own, 71% had special diets.



- Focus group participants most often report following low salt, diabetic, renal, vegetarian, and healthy fats (particularly among cancer patients trying to gain weight) diets.
- Dignified responses that respect participants' desire for choice and autonomy are very important to older adults.
 - Nearly all participants said they still cooked for themselves, despite slowing down and experiencing food preparation difficulties. In focus groups, the historical/emotional relationship between cooking, health, family, and connection was palpable, and often sad for people to talk about. Many used to love cooking but are now just slowing down and less motivated to cook due to health issues and deaths in their close family.

- Widowers whose spouses used to do much of the cooking also expressed fear and frustration at not knowing how best to prepare meals.
- On top of meals being fresh and accommodating their special diets, older adults expressed that they would be much more likely to participate in prepared meal programming:
 - If they could choose their meals from a large variety of menu choices and culturally acceptable options to get what they like and feel comforted by, which will also help them avoid waste. They also are worried about limited space in their refrigerator or freezer if meals pile up that they don't like and don't want any food to go bad.
 - If they could choose the number of meals they needed, including enough for weekends and more during particularly bad weather, if necessary.
 - If they could easily turn the service on and off when necessary (e.g. turn off during a planned surgery or ramp up during particularly bad weather).
 - If they could customize the meals based on their tastes, such as by providing non-salt spice packets and recommendations for how to modify the meals for different taste and texture preferences.
 - If they knew approximately when the deliveries were scheduled and were in regular communication with the program administrators.
 - If they clearly understand the expectations of participation before signing up. For example, one woman described how she didn't know Meals on Wheels asked for donations, and it made her feel strange when she was asked. She ended up delaying payment on her utility bills to be able to give money to them.
- Focus group participants offered several suggestions for the meal components, packaging and delivery processes of a successful meal pilot:
 - Although the vast majority of participants who tried a sample meal liked at least part of the meal, participants in every focus group said they would want to add non-salt spices and herbs such as garlic, ginger, onion powder, cayenne pepper, turmeric, Ms. Dash, lemon pepper, sage, basil, or parsley to the meal they received.
 - Separate meal components, including putting sauces on the side and not mixing different components like rice and beans together, especially if the items are potentially unfamiliar to older adults.
 - Several participants recommend offering salads.

- Participants thought the meal packaging was easy to open.
- Participants found the label hard to read, and wished it also listed easily accessible nutrition facts, use-by-dates, and calorie counts.
- The portion size was generally appropriate, though some participants expressed that it was too small.
- Participants found that the presentation of the food affected how appetizing they found it to be and how likely they were to try different items. They found fresh looking greens to be most attractive.
- Only 9% of survey takers expressed interest in having a delivery person help them put delivered meals away in their home. The percentage was similar among those with a disability or mobility constraint. Reasons likely have to do with issues of trust and privacy more than need.

Finding 6: Thoughtful introduction of the prepared meal program can go a long way in increasing likely service uptake and satisfaction among older adults. Outreach and communications materials should emphasize the freshness of the meals (if true); how, where, why, and by whom they are made in a personable way; and suggestions for how they can be modified to fit participants' individual tastes.

Focus group experiences tell us that the older adults strongly value dignity and independence, meaning in this context that they want to be well informed about all program elements, to be treated with the same respect as other groups, and to make choices about what is best for them. How well these concepts are communicated in the introduction to a prepared meal program will likely have large implications for whether older adults will use and benefit from it. It will also influence whether they will try new foods they may otherwise be unfamiliar with.

Based on feedback from focus group participants, promotional materials and outreach staff can make the program more attractive by anticipating the concerns that older adults have around 1.) frozen or pre-made foods and 2.) around accepting meals prepared by someone else.

Aversion to frozen or reheating foods:

- Participants requested that the program describe how the meals are fresh: As mentioned in Finding 5, perception of the freshness of the meals was critical to older adults being interested in prepared meals. They feared receiving the leftovers nobody else wanted, or meals that reminded them of bad experiences with hospital food.
- Participants also requested that the program describe how the meals have low sodium: participants assumed that frozen food meant high salt content, and therefore they couldn't eat them. The program

should also describe how the program is constantly working on improving the taste of the meals (if true): while participants want to eat and be healthy, they also want their food to taste good.

Aversion to someone else preparing their meals:

- Participants requested that the program describe how there is a menu of meal options, emphasizing participant choice will be pivotal to participation. It should also offer meal components for easy assembly rather than fully made meals and/or describe how each meal comes with opportunities to modify the meal based on personal preferences: The ability to cook for oneself carries large value for older adults regarding their independence and connection to something that is comforting for them. There are many chances to allow participants to feel like they are making the meals their own.
 - For example, although most participants who tried a sample meal liked at least part of the meal, everybody has different preferences about how well vegetables and other meal components are best cooked and what seasonings work best and how much of each seasoning should be used. Participants recommended the program make a plain, default meal for those that need it that way, and then give easy to read recommendations on how to customize (e.g. cook longer or add water to make it softer, add onion powder for enhanced flavor).
 - As stated previously, not pre-mixing meal components and putting sauces on the side allow people to mix together in the proportions they choose, which most often improves their experience.
- Participants requested that the program describe the purpose of the Food Depository and how and why Chicago's Community Kitchens prepares meals: Describing the Food Depository's intent as a nonprofit organization to connect people struggling with food access to meals that benefit their health appealed deeply to focus group participants. Sharing how the meals were made in house at Chicago's Community Kitchens, a training program that gives people the skills to get a quality job, also opened their willingness to participate and trust the meals enough to try.
- Participants thought it would be valuable for the program to choose straight forward names for the meals, such as using produce names that highlight the health of the meal. For example, one sample meal featured chicken with a green salsa sauce high in spinach that was largely unfamiliar to the participants. It was named "Salsa Verde Chicken." Instead of giving it the name "salsa verde," participants suggested simply calling it "spinach sauce," since they knew spinach was healthy and they needed to eat more vegetables.

Research question #3 - Connection to health: Are there additional services that could be provided through prepared meal programming that would improve the overall health and wellbeing of older adult clients?

Finding 7: Prepared meal programs can and should provide participants with ways to encourage healthy nutrition (including the meal itself), additional wrap-around resources/referrals, opportunities for socializing and connection, and advocacy actions.

Tools to encourage healthy nutrition: Aside from the meal itself showing how eating healthy can taste good and encourage healthy eating, each meal can come with a simple recipe to reproduce the meal on their own.

- If participants are not receiving 3 meals per day, they may still need or choose to prepare some meals on their own. Such recipes with easy to read instructions can help older adults prepare meals/snacks while encouraging active participation in their health. If supplementary items such as produce are included with the prepared meals, the recipes could include those items as well.
- Among older adult survey takers who reported difficulty preparing meals, 68% said this was due to trouble standing, reaching, or opening items, and 22% said it was due to memory difficulties. Moreover, 18% of all survey participants described having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. Thus, providing easy to use and appropriate cookware, gadgets to make opening and reaching items in the kitchen easier, and illustrations for preparing or reheating meals would help ease the meal preparation difficulties shared by research participants.

Add wrap around assistance resources/referrals:

- Because only 47% of survey takers receive SNAP benefits and 29% of those not currently participating were interested in seeing if they were eligible, providing access to SNAP and Medical application assistance through the Food Depository Benefits Outreach Team would improve access to wrap around resources.
- In both the survey and focus groups, participants shared how being able to afford food was connected to affording to pay rent, utility bills, health care bills, and transportation. Difficulties navigating the Social Security system also came up frequently. Providing referrals to LIHEAP assistance, housing assistance, and Social Security assistance, or to partnering with other agencies that can, would help stabilize older adults' household and financial stability.
- Ensuring participants know about neighborhood health care centers like Oak Street Health and Humana (2 research site partners) that hold workshops directed toward older adults could increase their exposure to services available to them and facilitate social connection.

Ways to increase socialization and connection opportunities:

- 45% of older adults surveyed expressed that they were often or sometimes lonely in daily life, and of those, 37% spent every day or most days together with family or friends. This tells us that most people that feel lonely are not spending that much time with family or friends, but older adults may also feel lonely or socially isolated even when they do have human contact. Facilitating methods of meaningful

interaction, again based on choice, either through group meals or activities, could help with feelings of loneliness.

- For example, 26% of survey respondents expressed interest in receiving hot meals in a group setting with other people. Furthermore, focus group participants, particularly at older adult residential sites, expressed interest in having meals in the common community space in the building, as long as people didn't just take the food and go back to their room which was a common occurrence. Efforts would have to be made to encourage people to stay in common eating areas.
- While most respondents shared that they would not want any program staff entering their homes to help put food deliveries away, creating a cost model that allows drivers to spend a few minutes at the door talking to older adults and checking in on their well-being would be an effective way to address loneliness and also provide an assessment of participants' well-being. Decision and action plans for what happens if program staff witness something concerning like exploitation or a crime must be worked out, however.
- The role that pets played in providing meaning, purpose, and joy to older adults was mentioned during a few of the focus groups and survey interactions as well. Even if people had mobility challenges, they loved their dogs and cats very much and felt responsible for them, though affording pet food and veterinarian care was sometimes a problem.
 - Pursuing partnerships with pet adoption agencies and providing pet food along with the prepared meals could open an innovative window to decreasing social isolation and loneliness among older adults.
- The focus group participants and survey takers that felt in control of their health shared how they felt having a healthy lifestyle was a mindset rather than an act of will. They often reached this mindset through encouragement from a service provider (especially their doctors), from surviving deep personal losses, having a sense of humor, and from having faith in a higher purpose. Having a newsletter or another type of regular communication that features strategies and success stories from other older adults for gaining this mindset may be helpful.

Ways to encourage advocacy:

- Many focus group participants were very well versed, educated, and passionate about politics and public policies currently being debated, and they wanted their voice heard. Thus, the program should provide food assistance participants an opportunity to contribute to advocacy campaigns. Providing advocacy opportunities for program participants may also provide meaning, purpose, and friendship. Perhaps these opportunities and older adult contributors could be included in the aforementioned newsletter.

Research question #4 - Operations: What models of prepared meal programming should GCFD pilot in the future to most efficiently and sustainably serve older adult clients in need?

Finding 8: Investing in home delivery capacity for both pantry groceries and prepared meals, either directly through the Food Depository or through partners, is a must.

If we are to be constantly guided by the question “to what extent will older adults be able to use and benefit from the program,” offering them a home delivery option is an important step in that direction.

- Among older adults that were interested in frozen meals, 85% would want them delivered to their home. Among those interested in hot meals, 80% want them delivered to their home.
- Based on both the survey and focus group discussions, the difficulty of carrying and lifting heavy items, walking and climbing stairs, standing for long periods of time, reliance on public transportation, and other mobility difficulties make going to the grocery store and food pantries difficult, both physically and emotionally. This vulnerability of frailty is even worse when the weather is bad, there is a lot of construction, or people feel stigma going to food assistance programs.

Many research site partners expressed that there was a great need and interest in having a formal home delivery program for both pantry items and prepared meal programs, but they would need support from either the Food Depository or other partners to execute on this vision. If research site partners had this support, then they could order the number of prepared meals they need from the same menu that they order from for their pantry or other program participants. Specifically, needed supports would include:

- Financial support for fuel, vehicles, technology, and a visual indication to put on the car to indicate it’s an official vehicle.
- Guidance on: partnerships to pursue (such as transportation companies), program administration and food safety, and assessment of need and eligibility.
- A learning community, to understand what to do in certain situations such as the delivery driver witnesses abuse or other concerning issue in the home.

Finding 9: In addition to working with the Food Depository’s network of food programs, partnering with existing congregate/home delivered prepared meal programs and health care partners on prepared meal initiatives will help us collaboratively balance out the need to reach more older adults with the need to reach older adults with specific needs.

In the focus groups, older adults lamented the level of assessment and inflexibility in many of the programs they participate in, such as Social Security and SNAP. That it makes them hesitant to use services except for when absolutely necessary.

For all partners, the Food Depository’s strength may be in our ability to be flexible and respond to acute and special needs for prepared meals where engaging in the extensive and stringent assessment and eligibility process as required by other programs would be unnecessary and even destructive to the client. The Food

Depository's wide network of partners on the front lines of working with individuals in crisis supports this case as well.

As a nonprofit with a diverse financing portfolio, the Food Depository is well positioned to reach the older adults (and others) who fall through the cracks of the social safety net or who are not eligible for federal nutrition programs, and to pivot more quickly when unanticipated needs arise, such as during the government shutdown.

In any event, partnering with other entities working in this space will enable us collaborative to both reach more older adults overall while reaching more older adults with specific needs.

Partnering with existing congregate/home delivered prepared meal programs: Since no one program will fill all the needs of older adults desiring prepared meals or easily assembled meal components, learning with and partnering closely with Area Agencies on Aging, Catholic Charities, Meals on Wheels and other entities involved in prepared meal delivery services can help us avoid unnecessary overlap or reinventing the wheel.

- Although many people in the focus groups expressed negative perceptions of past participation in prepared meal delivery programs like Meals on Wheels, many referencing dissatisfaction with the portion size and taste, 78% of the people *currently* receiving this service rated it as excellent, very good or good, indicating there is a lot to learn from them about what works and what doesn't.

Partnering with health care systems and neighborhood clinics: The intersection of physical and mental health, food access limitations, and meal preparation difficulties is clear in this report. The intended benefits of older adults electing to participate in a nutritious prepared meal program can include improved diets and nutrition, reduced stress related to food access limitations, reduced frailty and disability, and even reduced nursing home and hospital stays and healthcare costs. Each of these outcomes is very meaningful to health care partners as well.