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Older Americans Act Title III-C Nutrition Services Program:

An Examination of Social Activities at Congregate Meal Sites and Their Role in Improving Socialization Outcomes of Participants

Purpose

The purpose of this issue brief is to examine the types of congregate meal sites that offer social activities and whether the effect of congregate meal participation on socialization outcomes differs for participants who attend meal sites that offer social activities and those who attend meal sites that do not offer these activities.

BACKGROUND

Good health is determined not only by nutrition, physical activity, and access to quality health services, but by the circumstances in which people are born, live, work, and age (World Health Organization 2008). These social determinants of health include access to food, housing, and transportation; quality of education and employment opportunities; and a diverse set of socioeconomic and cultural conditions (U.S. Department of Health and Human Services [DHHS] 2018). They also include opportunities both for socialization in the form of social support from family, friends, and community members and for recreational and leisure-time activities (DHHS 2018).

Socialization is a determinant of health and quality of life for people of all ages, but is especially important for older adults who are more likely to experience isolation. Many people spend the majority of their lives interacting with others—at school, in the workplace, at home with family or while raising children, and in their communities. As people age, they experience life changes that often decrease the opportunities for socialization. This might include children moving out of the house, adults retiring from work, and loved ones dying. For many older adults, health and mobility impairments also limit the extent to which they can move about the community, which can lead to social isolation. This can negatively impact older adults' health and well-being and has been identified as a critical public health risk (Chatters et al. 2018; Linenberg 2016).

Research has shown that social integration and increased opportunities for socialization can delay memory loss among older adults (Ertel et al. 2008); reduce the risk of obesity, hypertension, and metabolic dysregulation (Yang et al. 2013; Cheng et al. 2014; Sneed and Cohen 2014); and lower mortality (Holt-Lunstad et al. 2015; Barger 2013). Greater social integration among older adults has also been associated with savings of approximately \$7 billion annually in federal spending on Medicare (Shaw et al. 2017). Because of the increased risk of social isolation among older adults and the associated health risks, it is important to evaluate the effects of programs that seek to increase socialization opportunities among older adults.

One purpose of the Older Americans Act (OAA) Title III-C Nutrition Services Program (NSP)—administered by the Administration on Aging (AoA) within the Administration for Community Living of the U.S. Department of Health and Human Services—is to promote socialization of older adults. The program also strives to reduce hunger and food insecurity and promote health and well-being by providing congregate and home-delivered meals, nutrition education, nutrition-risk screening, and nutrition counseling to older adults. Meals and other services provided in congregate

sites are located in a variety of settings, including senior centers, senior cafes, schools, churches, farmers markets, and other community settings. In addition, the NSP provides home-delivered meals and services to homebound older adults.

The most recent evaluation of the effectiveness of the NSP in achieving the program's socialization purpose showed that congregate meal participants had greater socialization outcomes compared to similar nonparticipants (Mabli et al. 2017). Participants had greater satisfaction with their socialization opportunities than nonparticipants. The percentage of individuals who were very satisfied with their socialization opportunities was 12 percentage points greater for congregate meal participants than for nonparticipants (68 versus 56 percent). The higher level of satisfaction with socialization opportunities among congregate participants may be due to the routine contact they have with other older adults participating in the program and with staff and volunteers at meal sites. It may also be due to structured social activities offered by some congregate local service providers (LSPs) that operate the meal sites.

This issue brief examines the types of local agencies that offer social activities. It also assesses whether participants who attend congregate meal sites that offer social activities have more favorable socialization outcomes than participants who attend sites that do not offer these activities. Finally, it identifies whether the effect of congregate meal participation on socialization outcomes differs for participants who attend meal sites that offer social activities and those who attend meal sites that do not offer these activities. These findings can help organizations in the National Aging Network, an informal network of home- and community-based care providers, understand how LSPs providing congregate meals invest in and offer social activities and whether these activities affect the impact of the NSP on participants' outcomes.

METHODS

The data used in the analysis were collected as part of the Title III-C NSP Evaluation, which Mathematica Policy Research conducted for AoA. The evaluation consisted of a process evaluation of program administration and service delivery (Mabli et al. 2015); an analysis of the cost of providing a meal (Ziegler et al. 2015);

and an evaluation of the effect of the program on participants' outcomes, including food security, socialization, and diet quality (Mabli et al. 2017). To estimate the effect of receiving a congregate or home-delivered meal on these outcomes, the study team compared outcomes for participants and a matched comparison group of program-eligible nonparticipants using data collected in surveys conducted in 2015 and 2016. The purpose of the matched comparison group of eligible nonparticipants was to represent what would happen to participants in the absence of the program. The study team selected comparison group members whose health care utilization profiles two years before the survey were similar to those for participants and who were living in the same local geographic area as participants. The study team also used statistical methods to control for any remaining differences in the characteristics of participants and their respective group of nonparticipants that could affect both outcomes and program participation decisions.

The analysis of the types of local agencies that offer social activities was based solely on LSP data from the process evaluation. The process evaluation consisted of data from a census of 56 State Units on Aging, a sample of 333 Area Agencies on Aging (AAAs) making up over half of the AAAs in the country, and a sample of 199 LSPs from the sampled and participating AAAs. The LSP survey consisted of two parts: a web survey and an editable PDF form. The web survey contained the majority of the questions, most of which respondents could likely answer without referring to other data sources. The editable PDF form contained a much smaller number of questions that would likely require respondents to look up the data from sources such as financial reports on staff hours or program expenditures. Information on LSP characteristics came from the LSP web survey. The following measures of the ways in which LSPs provided social activities were constructed using information from both the web survey and the editable PDF form:

- An indicator of whether the LSP offered social activities (through a grant or contract with the AAA)
- An indicator of whether all of the congregate meal sites operated by an LSP offered social activities¹
- An indicator of whether the LSP offered at least 25 hours of social activities at the congregate meal sites it operated in a typical week

¹ The study team also examined the sensitivity of the findings to two alternative measures, one in which at least 75 percent of sites offered social activities and another in which at least 50 percent of sites offered social activities.

The survey did not collect information on the specific types of activities offered, but typical activities might include exercise classes, games, arts and crafts, cooking classes, discussion groups, and off-site trips. The intent of the survey was to collect information about the socialization that occurs as part of these structured activities and not simply the socialization that takes place in congregate sites when participants eat meals with one another.

Regression analysis was used to examine the association between the ways in which LSPs provided social activities and LSP characteristics. Differences by LSP characteristics were tested for statistical significance at the 0.10 level.

The analyses that assess how the outcomes of congregate meal participants differ by the ways in which LSPs provide social activities used data from two sources: the process evaluation on LSPs' social activities and the outcomes evaluation on participants' satisfaction with socialization opportunities. The main outcome measure was constructed based on a single question measuring individuals' self-reported satisfaction with their opportunities to spend time with other people. The variable indicates whether a respondent was very satisfied (compared with somewhat satisfied, not too satisfied, and not at all satisfied). The findings were robust to using an alternative measure of whether a respondent was either very satisfied or somewhat satisfied (compared with not too satisfied or not at all satisfied).

Regression analysis served two purposes. The first was to examine the association between participants' satisfaction with socialization opportunities and the ways in which LSPs provided social activities. The second was to estimate how the effect of congregate meal participation on satisfaction differs for participants who attend meal sites that offer social activities and those who attend meal sites that do not offer these activities.

FINDINGS

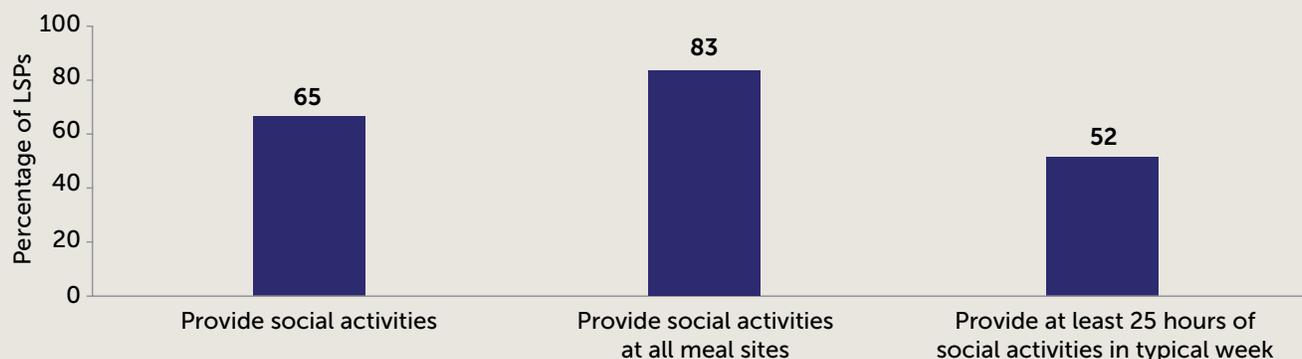
Incidence of LSPs that provided social activities

About 65 percent of LSPs reported providing social activities (Figure 1). The majority (60 percent) of LSPs operated one congregate site; another 23 percent administered two to five sites; and 17 percent administered more than five sites. Most LSPs (83 percent) offered social activities at all of the congregate meal sites they operate (Figure 1). Nearly all (95 percent) LSPs offered activities in at least half of their sites. Finally, just over half of LSPs (52 percent) offered at least 25 hours of social activities at their congregate meal sites in a typical week (Figure 1).

Characteristics associated with LSPs that provided social activities

Several characteristics were associated with LSPs that offered social activities. Although all LSPs offered lunch, about 11 percent also offered breakfast and 11 percent also offered dinner (Mabli et al. 2017). The percentage of LSPs that offered social activities was markedly

FIGURE 1:
Percentage of LSPs providing social activities



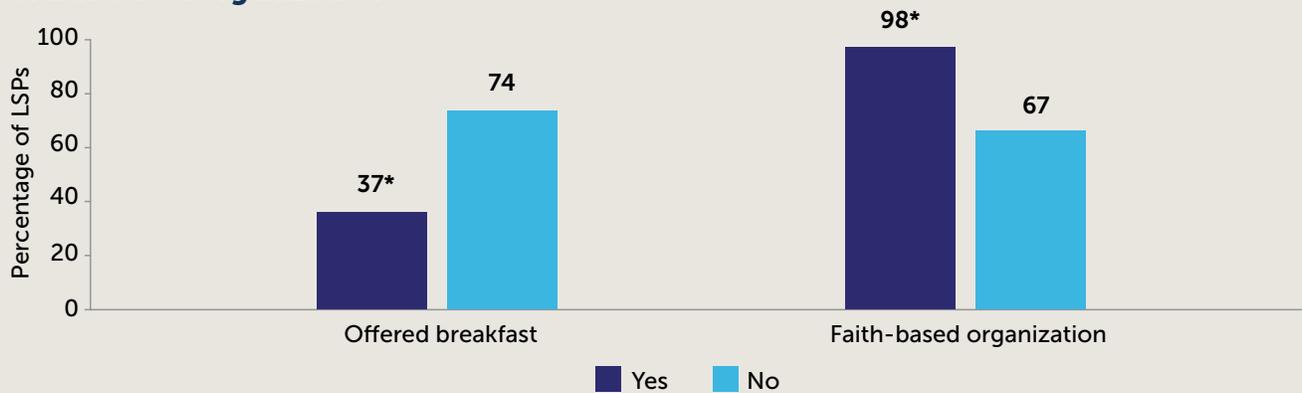
Source: AoA LSP survey, 2014, weighted data.

less among LSPs that offered breakfast than among those that did not (37 versus 74 percent) (Figure 2). In contrast, there was no statistical differences in the percentage that offered social activities according to whether the LSP offered dinner (66 versus 84 percent) (not shown).

Although only 6 percent of LSPs are faith-based organizations (Mabli et al. 2017), offering social activities was much more likely among these organizations than others (98 versus 67 percent). However, the following LSP characteristics—private nonprofit organization versus public entity and being a standalone organization versus being part of another organization—were not associated with the LSP offering these activities (not shown).

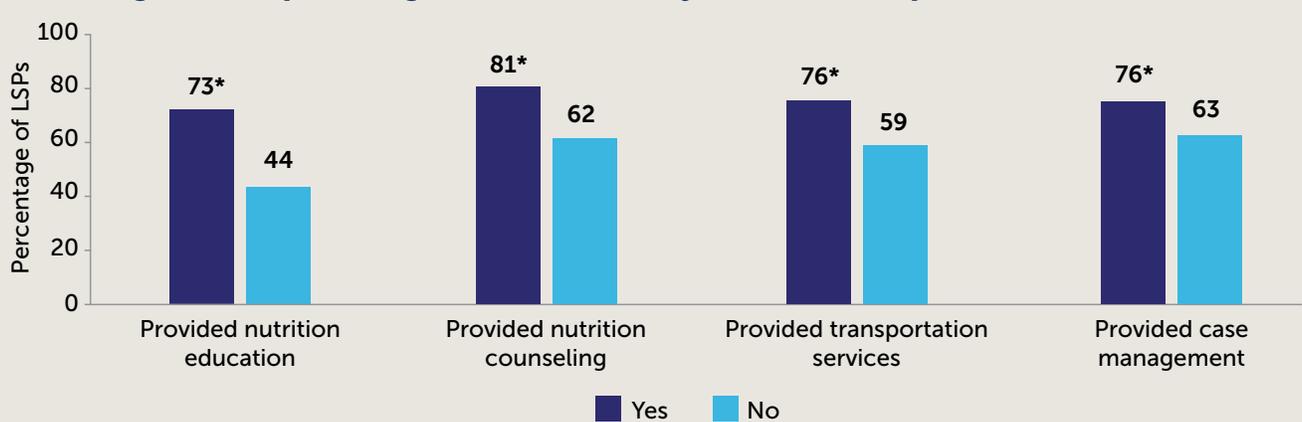
LSPs provided a variety of nutrition and non-nutrition services, including nutrition education (77 percent of LSPs), nutrition counseling (28 percent), transportation services (76 percent), and case management (53 percent) (Mabli et al. 2015). LSPs that provided these services were much more likely than those that did not provide such services to offer social activities (Figure 3). The percentage of LSPs that offered social activities was 29 percentage points greater for those that provided nutrition education compared to those that did not (73 versus 44 percent). There were also large differences depending on whether the LSP provided nutrition counseling (81 versus 62 percent), transportation (76 versus 59 percent), and case management (76 versus 63 percent).

FIGURE 2:
Percentage of LSPs providing social activities, by whether LSP offered breakfast or was a faith-based organization



Source: AoA LSP survey, 2014, weighted data.
 * Difference statistically significant at the 0.10 level, two-tailed test.

FIGURE 3:
Percentage of LSPs providing social activities, by other services provided



Source: AoA LSP survey, 2014, weighted data.
 * Difference statistically significant at the 0.10 level, two-tailed test.

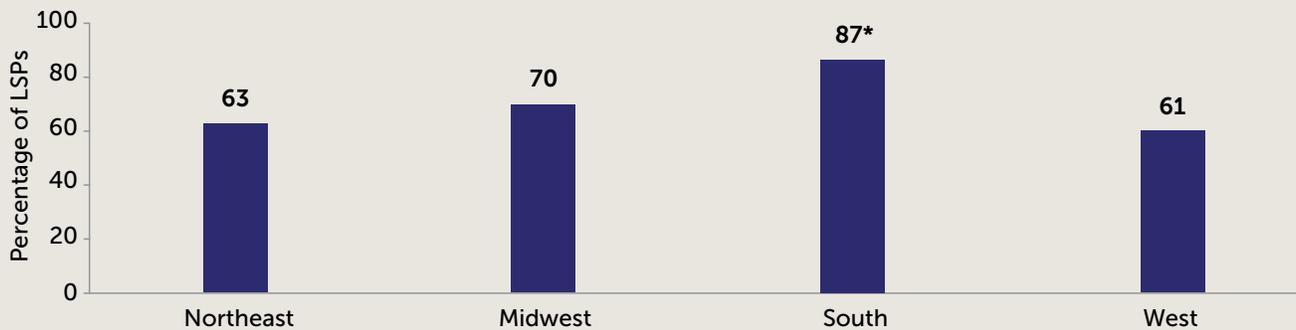
Although several LSP characteristics were associated with offering social activities, most characteristics were not associated with offering activities at all of the LSP-operated congregate meal sites or with the number of hours of activities in a typical week. LSPs located in the South were much more likely than those in the West to offer social activities at all of the sites they operated (87 versus 61 percent; Figure 4); however, differences in the percentages for LSPs located in the Northeast or the Midwest were not statistically significant (63 and 70 percent, respectively). Similarly, the only characteristic that was associated with the number of hours of activities provided was whether LSPs owned, rented, or used donated meal sites.² The percentage of LSPs that provided at least 25 hours of social activities was larger for LSPs that

rented, but did not own, meal sites (55 percent; Figure 5) and for LSPs that owned, but did not rent, meal sites (59 percent), compared with LSPs that used only donated meal sites (26 percent).

Other LSP characteristics were not associated with offering social activities, offering activities at all of the LSP-operated congregate meal sites, or the number of hours of activities in a typical week. These characteristics include offering meals on the weekend; providing nutrition screening services; having a Medicaid waiver that allows Medicaid funds to help pay for the costs of providing services to Medicaid participants; serving participants in an urban, suburban, or rural area or having service areas in a single city, multiple cities, or counties; offering home-delivered meals; the number of

² Donated congregate meal sites have their facilities costs covered by other entities. For example, a community center or city housing facility that is financed through public taxation may allow a LSP to serve meals at its site for free.

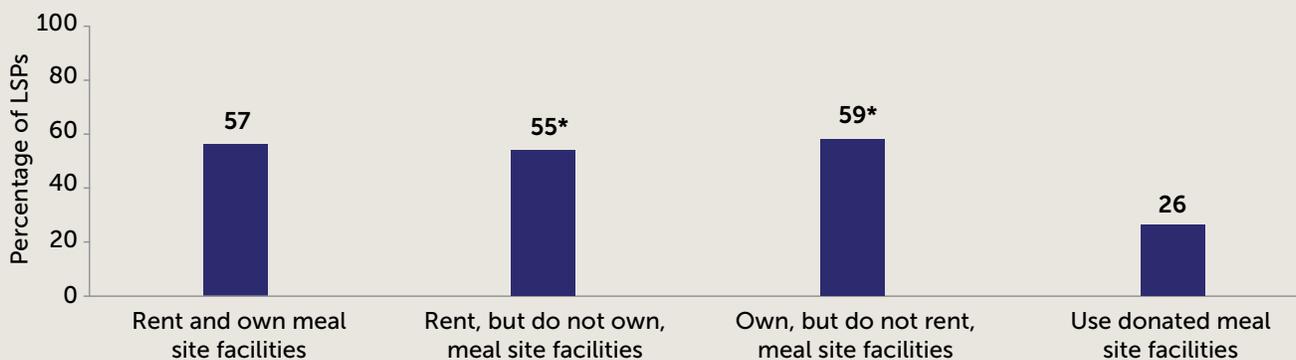
FIGURE 4:
Percentage of LSPs providing social activities at all congregate meal sites, by region



Source: AoA LSP survey, 2014, weighted data.

* Difference from percentage for LSPs in the West statistically significant at the 0.10 level, two-tailed test.

FIGURE 5:
Percentage of LSPs providing social activities for at least 25 hours in a typical week, by type of facilities used



Source: AoA LSP survey, 2014, weighted data.

* Difference from percentage for LSPs that use donated sites statistically significant at the 0.10 level, two-tailed test.

congregate meal sites operated; the number of years the LSP has provided congregate meals; using an electronic system for menu planning and analysis, tracking or ordering food, client tracking or referrals, or accounting; and the amount of monetary contributions per meal that LSPs request of participants.

Outcomes of participants who attended meal sites that offer social activities

Participants who attended congregate meal sites that offered social activities reported higher levels of satisfaction with socialization opportunities than participants who attended sites that did not offer these activities. The percentage of participants who were very satisfied with their opportunities for socialization was greater at sites that offered social activities than at sites that did not (71 versus 59 percent; Figure 6). There were no significant differences between participants' satisfaction with socialization opportunities and (1) the number of hours of activities the LSP provided in a typical week or (2) attending a meal site operated by an LSP that offered activities at all of its sites.

The impact of program participation on socialization outcomes

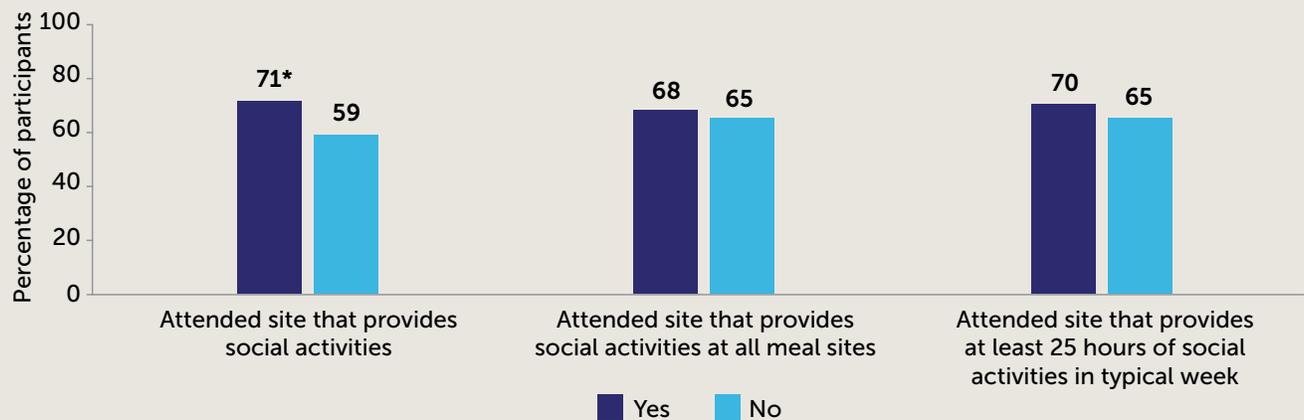
Congregate meal participants who attended meal sites that offered social activities had more positive socialization outcomes than

nonparticipants. In contrast, the outcomes of participants who attended meal sites that did not offer social activities were statistically similar to those for nonparticipants.

Compared with nonparticipants, congregate meal participants who attended meal sites that offered social activities had greater satisfaction with their opportunities to spend time with other people. The percentage of individuals who were very satisfied with their socialization opportunities was 16 percentage points higher for congregate meal participants than for nonparticipants (71 versus 55 percent; Table 1). This was not the case for congregate meal participants who attended meal sites that did not offer social activities, for which the percentage of participants and nonparticipants who were very satisfied with their socialization opportunities was nearly equal (59 versus 58 percent).

Based on two additional measures of the ways in which LSPs provided social activities—offering activities at all of the LSP-operated congregate meal sites and the number of hours of activities offered in a typical week—congregate meal participants who attended meal sites that offered activities generally had more positive socialization outcomes than nonparticipants, whereas the outcomes of participants who attended meal sites that did

FIGURE 6:
Percentage of participants very satisfied with socialization opportunities, by their attendance at site that offers social activities



Source: AoA NSP outcomes survey, 2015–2016, and LSP survey, 2014, weighted data.
 * Difference between participants who attended a site that provides social activities and who attended a site that does not provide activities was statistically significant at 0.10 level, two-tailed test.

TABLE 1:
Percentage of older adults very satisfied with socialization opportunities,
by affiliation with a meal site that offers social activities

Measure	Affiliated with meal a site that offers social activities			Affiliated with a meal site that does not offer social activities		
	Participants	Non-participants	Difference	Participants	Non-participants	Difference
LSP provides social activities	71	55	16***, †	59	58	1
LSP provides social activities at all meal sites	68	54	14***	65	60	5
LSP provides at least 25 hours of social activities in typical week	70	55	15***	65	57	8

Source: AoA NSP outcomes survey, 2015–2016, and LSP survey, 2014, weighted data.

***Significantly different from zero at the .01 level, two-tailed test.

† Difference between the effect of congregate meal participation on satisfaction between older adults affiliated with a meal site that offers socialization activities and older adults not affiliated with such a meal site significantly different from zero at the 0.10 level.

not offer activities were statistically similar to those for nonparticipants. Congregate meal participants who attended meal sites operated by LSPs that offered activities at all of their sites had higher levels of satisfaction with their socialization opportunities than nonparticipants. Similarly, congregate meal participants who attended meal sites operated by LSPs that offered at least 25 hours of social activities in a typical week also had higher levels of satisfaction with their socialization opportunities than nonparticipants. The percentage of individuals who were very satisfied with their socialization opportunities was 14 and 15 percentage points higher, respectively, for congregate meal participants than for nonparticipants (Table 1). There were no differences in the satisfaction of nonparticipants and participants who either attended sites operated by LSPs that did not offer activities at all of its sites or did not offer at least 25 hours of activities per week.

DISCUSSION

Promoting the socialization of older adults is a central objective of the NSP, yet little is known about the types of LSPs that provide social activities. The findings in this brief offer useful information about the extent to which LSPs provide these activities and, for those that do, the prevalence of activities across meal sites and

the hours of activities provided in a typical week. The findings also identify the types of LSPs that provide these activities.

LSPs that offered breakfast were much less likely to offer social activities. These LSPs might have faced constraints related to the availability of facilities, resources, or staff that required them to choose between offering breakfast and providing other services; however, the data were not specific enough to confirm this hypothesis. Learning more about these trade-offs can help AoA ensure that providers interested in offering both additional meals and social activities can do so. Additionally, learning more about whether the social activities offered by LSPs that provided breakfast took place immediately after the meal or later in the day can help providers plan activities that mitigate transportation challenges participants experience traveling to and from the meal site.

Offering non-meal services, including nutrition education, nutrition counseling, transportation services, and case management, was associated with offering social activities. Group-based activities are an important component of nutrition education and counseling, as this information is usually shared in classes at the meal site. Although case management activities typically consist of one-on-one

meetings between clients and staff, some of these activities might be group based such as orientations to site services and workshops on financial preparedness, stress management, and self-care that promote overall wellness. Finally, in addition to bringing clients to sites for meals, transportation services help clients attend program activities and services. Learning more about how LSPs integrate social activities into the diverse set of non-meal nutrition service offerings can further providers' understanding of how best to allocate scarce program resources while providing services that best meet their clients' needs.

The associations between LSP characteristics and other measures of socialization (offering activities at all of an LSP's meal sites and the number of hours of activities offered in a typical week) were sparse, indicating the need for more research on why some LSPs offer social activities at only some—rather than all—of their sites, and why some LSPs offer more hours of activities than others. The two characteristics that were associated with these measures suggest that LSP resources may play a role. LSPs in the South were more likely than LSPs in other regions to offer social activities at all meal sites, which may reflect their lower costs of providing a meal (\$9.14 per meal versus \$10.97 to \$12.13 per meal in other regions); their lower facilities costs (\$0.39 per meal versus \$0.44 to \$1.83 per meal in other regions); or their reported value of the salary that staff would receive if the work were paid rather than voluntary (\$0.16 per meal versus \$0.98 to \$1.29 per meal in other regions) (Ziegler et al. 2015). Similarly, the fact that sites that rented or owned their meal sites were more likely to offer more hours of social activities than those with donated sites may reflect availability of resources that enables LSPs to pay for both facilities and additional hours of providing social activities. It also may reflect that LSPs with donated sites have limited access to their facilities' meeting spaces, resulting in less flexibility in scheduling social activities.

In addition to identifying the types of LSPs that offer social activities, the findings in this brief also show that participants' socialization outcomes are more favorable at meal sites that offer these activities. Although not based on causal evidence—LSPs may be more likely to offer social activities in areas where there is a

greater need for them—the findings suggest that the NSP is more effective in improving participants' socialization outcomes at LSPs that offer these activities.

Given the consistency of findings across several measures of LSPs providing social activities, these results highlight a need to learn more about the types of social activities offered at LSPs. Congregate meal programs offer a variety of activities, including those meant to promote fitness and active, healthy lifestyles via group activities such as exercise classes, dancing, and sightseeing tours; those meant to promote mental stimulation and creativity in groups such as bingo, arts and crafts, singing and playing music, painting, and cooking classes; and those simply meant to foster interaction with other people such as discussion groups, birthday parties, and drop-in game clubs. By collecting information from two key groups—LSPs, to learn more about the types of social activities they offer, and participants, to learn more about which activities they value most—the Aging Network can identify the specific types of social activities that are most effective in improving participants' lives.

More information is also needed about the structure of social activities and the resources required to offer them across all meal sites. Learning about the following characteristics—whether activities are coordinated by paid staff or volunteers, include transportation to and from the site, and are free or have a fee to participate—and assessing the degree of staff training in planning and directing social activities could help shape the effectiveness of the program activities and the efficiency with which they are provided.

More generally, the finding that participants' socialization outcomes are more favorable at meal sites that offer these activities underscores the need to identify best practices in programming models for providing social activities among older adults. Collecting information about the development of the programming models, the types of services offered, and the attendant staffing and resource requirements—and sharing this information with the Aging Network and the LSPs—will help sustain and build upon the positive impacts found in the current evaluation.

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