

The Nutrition Services Program Outcomes Evaluation

Adequate nutrition is critical for people of all ages, but it is especially important for older adults. The Administration on Aging, within the Administration for Community Living at the Department of Health and Human Services, plays a vital role in ensuring the needs of older adults are met through the Nutrition Services Program (NSP). The NSP is designed to alleviate hunger and food insecurity among older adults while also giving them the opportunity to enrich their social lives. A core component of the NSP is the provision of congregate and home-delivered meals. Congregate meals are served at senior centers or other community settings where program participants can socialize with their peers. Homebound NSP participants have nutritious meals delivered to their home, offering them the opportunity for face-to-face contact or conversation with meal delivery drivers and volunteers. In 2015, more than 76 million congregate meals were served to 1.6 million people, and more than 140 million home-delivered meals were served to almost 850,000 people. Findings from the NSP outcomes evaluation describe participants' characteristics and their impressions of the program meals and services. The evaluation also estimated the program's impact on participants' food security, socialization, and diet quality.

Impressions of the program and meals

Program participants were surveyed to assess their attitudes about the program. Almost all of them had a positive impression of the program and its staff, and most of them liked the food.

- Ninety-two percent of congregate meal participants and 96 percent of those who got home-delivered meals rated the program overall as good, very good, or excellent.
- Similarly, 97 percent of congregate meal participants and 98 percent of home-delivered meal participants gave an overall positive rating to program staff.
- Among congregate meal participants, 81 percent liked the taste of the food, 84 percent were satisfied with the variety of food, and 91 percent were satisfied with the amount of food. Ratings given by people who got home-delivered meals were also high.

Health and financial circumstances

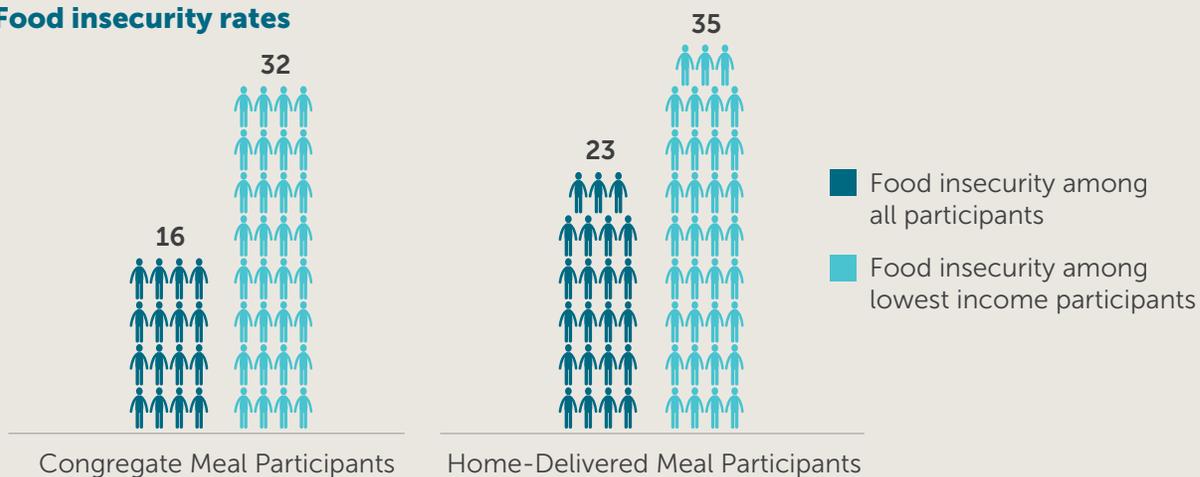
Most participants were poor or near-poor. About one-third (31 percent of congregate meal participants and 35 percent of home-delivered meal participants) had annual household incomes below the federal poverty level (FPL). Most of the others had annual household incomes between 100 and 200 percent of the FPL (Figure 1).

Many participants said their health was only fair to poor. One-half to three-quarters of them reported they were diagnosed by a doctor with chronic health conditions such as hypertension; eye conditions such as glaucoma, cataracts, or macular degeneration; arthritis; or high cholesterol. The majority of participants lived alone. A substantial proportion of home-delivered meal participants reported functional impairments such as an inability to walk, challenges climbing stairs, and a need for help performing one or more activities critical to remaining in their homes.

Figure 1. Participant characteristics and circumstances



Figure 2. Food insecurity rates



Food security and coping strategies

Although the majority of NSP participants were food secure, 16 percent of congregate meal participants and 23 percent of home-delivered meal participants had experienced food access limitations during the past month due to a lack of money or other resources—they were food insecure. Food insecurity rates were higher than 30 percent for participants in the lowest income group (Figure 2). A nontrivial percentage of participants reported that their incomes do not cover their needs, and they struggle to make ends meet. Some participants had to choose between buying food or paying for rent, utility bills, or necessary medications. Many said they would skip meals or eat less if the program was unavailable.

Diet quality

The evaluation assessed diet quality by using data from participants’ recall of their diets on the previous day. Program meals made substantial contributions to participants’ daily intakes of calories and nutrients (Figure 3). For both congregate and home-delivered meal participants, program meals made the largest contributions to their dietary intakes of protein, vitamin C, vitamin A, alpha-linolenic acid, and sodium.

Figure 3. Percentage of daily calories and nutrients obtained from program meals

	Congregate Meal Participants	Home-Delivered Meal Participants
Percentage of daily calories	41	38
Percentage of daily nutrients	39 to 47	35 to 47

Program effects on food security, socialization, and diet quality

By comparing data from program participants and a matched sample of eligible nonparticipants who live in the same neighborhood, the evaluation estimated the effects of congregate and home-delivered meal participation on food security, socialization, and the quality of participants’ diets. The program had positive impacts on the diets of participants, but its effects on food security and socialization were mixed.

The findings showed that congregate meal participation had positive effects across the board. In comparison to nonparticipants, congregate meal participants had lower levels of food insecurity, better socialization outcomes, and healthier diets in terms of both nutrient intakes and overall quality. Although home-delivered participants’ food security and socialization outcomes were similar to those of nonparticipants, home-delivered meal participation had a positive impact on nutrient intakes and diet quality, and the program meals made substantial contributions to participants’ diets.