A nutrition and social service program for older people: an urban model

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The delivery of nutritional and social services to older people must be viewed as an experimental problem. The variety of physical situations in which these people live precludes the possibility of a single solution to all the problems. Our experience in San Francisco reflects one kind of social milieu, and even that has numerous facets.

The trial model described here was designed to serve as a guide for urban, community groups in their own planning and organizing for nutrition and social service programs for older people. The model outlines the components of a comprehensive nutrition and related service program, and discusses how these components can be developed and operated. The model was also developed to serve as a guide for the State Agency on Aging in its review and evaluation of existing and proposed nutrition and service programs. It represents standards against which programs can be reviewed to insure that the kind of planning and program development that is required to effectively provide service to older people is accomplished.

Program objectives

One of the first steps for the program planners is to delineate the proposed service area and begin the task of surveying the needs of the older people in that area. This task requires that data be obtained on the population, i.e., ethnic, economic, social, housing, health, and other characteristics of the older residents. It will involve measurement of the dimensions of specific needs, analyzing these needs in relation to one another, determining the appropriate priorities and solutions to the problems, evaluating the effectiveness of existing resources (if any) in meeting the needs, and determining the service gaps. From this process, the planner should obtain the information needed to plan and design programs and services that effectively meet the particular needs of the older people within the target area, the challenge of effective program development. All these plans must be formulated in a realistic framework of available funds and appropriate personnel.

From such analyses of needs, the objectives of the program can be formulated. The objectives established by the program planners provide the necessary direction and guidance for the operation of the program and provide the basis for program evaluation. Determination of the extent to which the objectives have been met provides a measurement of the effectiveness and impact of the program. Hence, in formulating objectives, it is necessary to state them in quantifiable and measurable terms. Accountability is, and should be, of increasing importance in public health affairs.

The following are examples of objectives that could be developed for a nutrition and social service program:

1) Improve the nutritional and social status of the older people within the service area through the provision of a nutritious meal at least 5 days/week, in a group setting, or, where necessary, in the home.

2) Reduce social isolation.

3) Create greater awareness and concern in the total community for the nutritional and related needs of older people.

4) Coordinate existing and potential resources through the promotion of effort development and linkages among relevant community agencies.

5) Assist older people in maintaining independent life styles through the provision of needed nutrition and social services.

It may be necessary to re-phrase the above

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URBAN MODEL OF NUTRITION AND SOCIAL SERVICE PROGRAM

Program objectives or to develop others to deal with the specific needs and conditions of the client group to be served. For example, in a downtown, central city area, an objective may be to actively socialize isolated older persons who live in small hotels through a daily meal and activity program (1).

Program facilities

The project should select a facility that is accessible and acceptable to the older persons in the area from which the following activities and services could be provided, either at that locale, or with that as a source:

1) Daily meal(s) which contain not less than one-third of the recommended dietary allowances (RDA) of the nutrients as described by the National Research Council. This is to be supplied either in a congregate setting or, where necessary, in the individual’s residence.

2) Counseling in the areas of health, nutrition, and social welfare.

3) Information and referral services.

4) Recreation activities and other opportunities for social involvement.

5) Outreach activities to identify isolated and other potential consumers and to provide them with the needed services.

6) Transportation and escort services to meal settings and to other needed social services.

In addition to these personal services, a suitable program must also attend to the development of appropriate staff training, engage in coordinative and other working relationships with related community organizations, develop and implement a critical program evaluation plan, and assist with the development of comprehensive area planning and programming for older people.

Program operation

The responsibility for program operation resides with the director and his staff. Meal service is bound to be an important component of the program. Although a comprehensive system of meal service is needed, it is suggested that the first step in nutrition programming be the development of a group feeding service because this is likely to be the easiest to accomplish. The need for improving the social involvement of older people has long been recognized as being of equal importance with the need for adequate nutrition. In addition, the cause and effect relationship between social isolation and poor dietary habits and status has been well established (2). A person who is isolated and lonely will not prepare proper meals. As poor food intake progresses so does health suffer, the level of social deprivation increases, and the ability to function decreases. Food provided in a congenial setting can become an effective medium for socialization and a sustainer of health and activity (3).

The need for home-delivered meals for those persons who, for physical or mental reasons, cannot shop or prepare meals has also been recognized. It is suggested that these persons can be more adequately identified and served if a group feeding service has already begun. The program staff will then have a better understanding of the nutrition and social needs of the older people in the area, will have received referrals from those participating in the group meal, and will have located those older persons in need of a home-delivered meal service. There are also operational advantages to developing a home-delivered meal service as an outgrowth and extension of an existing congregate meal program. The specific details of both meal services and how they should be provided are the joint responsibility of the staff and advisory board.

Health and nutrition education

Recognizing the fact that food programs often require more than supply alone, an appropriate education component must be a part of any meal service program. This will be in addition to counseling, information, and medical referral for particular problems of health and disease related to diet.

Evaluation of past nutrition education activities has shown that the traditional classroom lectures are ineffective in teaching older persons. Poor hearing and eyesight, lack of sustained concentration, and lack of skill and experience among lecturers in teaching the older age group are some reasons for the ineffectiveness of this method. It has been demonstrated that the informal group discussion is a more effective technique for providing information to the elderly, even though it may be more time consuming for the teachers. Following are examples of activities that can be carried out in such a group setting:

1) Discussion of the conditions and needs of
the consumer group, including housing and kitchen facilities, food money, transportation, and family structure, and determination by the group of the information and approaches needed to assist them in meeting their nutritional and related needs.

2) Discussion of basic information about foods, eating habits, and their relationship to good health.

3) Consumer participation in demonstrations of food planning, preparation, and shopping.

4) Special dietary counseling and referral according to individual needs.

Coordination and staffing

Coordination among community agencies and programs is becoming increasingly important as these multiply. There is a corresponding need to develop comprehensive service systems that deal with the total needs of older people. The program director, with assistance from his staff, is responsible for developing the appropriate linkages with other community resources. He is also responsible for facilitating and participating in the development of needed area planning and programming.

The staff needed to operate such a site program will necessarily depend upon the size of the service area, the number of potential consumers and their particular needs, the range of services provided, and the financial and other program constraints. The following staff persons are recommended as the basic core needed to operate a nutrition and related service program: 1) Project director, 2) social worker, 3) secretary/bookkeeper, 4) dietary consultant, 5) cook, 6) dishwasher/janitor, 7) outreach workers, 8) volunteers, and 9) supplementary staff, resource persons from other relevant public and private agencies, such as social workers, nurses, counselors, teachers, and others.

For smaller programs, some staff functions may be combined, or be carried out by personnel supplied by other agencies. Additional staff at the lower levels will need to be added for a program enlarged by more participants. The qualifications and job descriptions supplied below are intended to serve as standards for the selection of a competent staff.

Project director

Qualifications. This is a professional person with experience in administration and community organization in the field of aging, or in related social service and community programs. Possession of a degree in administration, gerontology, or related social sciences, and demonstrated abilities to carry out the following duties is useful:

1) Serve as director of the program; administer and coordinate all services and activities of the program.

2) Supervise all staff; develop and coordinate work schedules and activities.

3) Be responsible for the development of the appropriate plan and methods for staff and volunteer training.

4) Identify the variety of community resources needed for project utilization and coordination, and develop working relationships and linkages with the appropriate agencies.

5) Develop a public information program for dissemination of project information and for stimulating greater awareness and concern for the needs of older people.

6) Be responsible for the development and implementation of project evaluation and accountability.

Social worker

Qualifications. The social worker should have earned a Master’s degree in Social Work, and have some field experience in working with older people and with community groups.

Duties:

1) Be responsible for the development and maintenance of information, referral, and follow-up procedures.

2) With the assistance of other staff persons, refer individuals to the appropriate agency resources.

3) Provide consultation, on a group or individual basis, on personal, social, and welfare problems.

4) Provide necessary training to pertinent staff members on counseling, referral information and techniques, and outreach.

5) Be responsible for recreational and social activities of the program.

6) Work with the project director in re-
cruting other agency resources to provide counseling and other needed services.

7) With the assistance of the project director, develop, coordinate, and evaluate outreach activities and workers.

**Secretary/bookkeeper**

*Qualifications.* This person needs to have clerical, typing, and bookkeeping experience, and the ability to work well with others.

**Duties:**
1) Perform all necessary secretarial and clerical duties.
2) Keep necessary financial records and prepare required reports of financial activity.
3) Receive individual requests and refer to the appropriate staff person.

**Dietary consultant**

*Qualifications.* A registered dietitian with experience in administration and community nutrition is recommended.

**Duties:**
1) Be responsible for evaluating and approving the nutrition component of the program to ensure that the required nutritional standards are met.
   a. Plan special diet menus and supervise the planning and writing of regular menus.
   b. Provide consultation on methods of food purchasing and preparation.
2) Be responsible for dietary in-service education and training of program staff.
3) Assist with the consumer nutrition education aspects of the program.
4) Provide special dietary consultation on a regular interval basis and provide liaison with physicians serving the consumers.
5) Assist with the development and implementation of the necessary techniques and criteria for the evaluation of the nutrition component of the program.
6) Provide surveillance of food production and delivery for quality, sanitation, and acceptability.

**Cook**

*Qualifications.* This person is trained and experienced in the methods and regulations of institutional feeding. This individual should be compassionate and have the ability to relate and work well with others.

**Duties:**
1) Advance planning and writing of the menus for a 1-month period.
2) Be responsible for the purchasing, ordering, receiving, and storage of foods, and preparation of the meals provided through the program.
3) Supervise and train the culinary staff, kitchen volunteers, and dishwasher/ janitor.
4) Meet with the dietary consultant and representatives from the consumer group to obtain feedback on meal acceptability and suggestions for meal planning.

**Dishwasher/janitor**

*Qualifications.* He must have knowledge of sanitation, safety, and janitorial practices sufficient to carry out his duties.

**Duties:**
1) Be responsible for cleaning of the cooking utensils, dishes, and equipment used in the meal preparation.
2) Be responsible for the cleaning and maintenance of the total facility.

**Outreach workers**

*Qualifications.* These individuals must have a knowledge and understanding of the project area, environmental conditions, and area residents, particularly the older persons. They must have the ability to relate well with those people, and must be receptive to training and guidance from the administrative and counseling staff. It is recommended that preference be given to low income persons over 60 years of age who reside in the project area, because experience shows that peers are more acceptable to the consumers.

**Duties:**
1) Survey the project area in order to identify the older persons residing within the area, particularly the isolated and withdrawn, and to evaluate their needs.
2) Present the above information, in written and verbal form, to the project staff, and update the information as needed.
3) Refer individuals in need to the appropriate agencies and follow up on the service given.
4) Refer individuals to appropriate staff personnel for individualized consultation.
5) Perform friendly visiting.
6) Establish a one-to-one relationship with the consumer in order to overcome small problems and to encourage him to participate in the center activities.
7) Provide needed escort service.
8) Participate and assist with the various center activities.

Volunteers

Qualifications. It is recommended that the program recruit a pool of volunteers with various skills and experience to provide a variety of kinds of assistance to the operation of the program.

Duties:

The volunteers can be used in a number of capacities depending upon the needs of the program, such as: kitchen workers, outreach workers, recreational and activity aides, et cetera. Peer groups should have preference.

Advisory board

An advisory board is useful for assuring consumer input into planning and for the relief of internal group tensions. It should be composed of 50% or more of older consumers, representative of the total client group, a few professional persons knowledgeable in the field of nutrition, representatives from related public and private community agencies and programs, the decision-makers (who will be the program director and his principal professional assistants and perhaps other involved persons such as residential managers, educators, businessmen, service club representatives), and others. Despite this extensive list the advisory board should not be larger than necessary, or its discussions may be endless. The purpose of an advisory board is to review and assist the program staff in the planning, programming, and evaluating of the services provided and to redirect the focus of the program and its services when needed. It is designed to allow for consumer participation and input, so as to enable services to be developed that are responsive to consumer needs.

Outreach plan

Past experience has demonstrated the need and importance of outreach activities in effectively meeting the needs of the older person. “We have learned that no matter how good the program, how accessible the location, or how convenient the transportation, there must be a constant and conscious outreach effort” (4). Evaluation of outreach services points out the need for further development of techniques and planning. The following represents an attempt to outline some of the elements required of an outreach plan in a service program for older people.

The first objectives are to develop an evaluative profile of the older residents in the area and their living environment, i.e., their location, numbers, and economic needs and conditions. Because of turnover of the consumer population in the target area this objective is a continuing one. Perhaps the most difficult outreach task is to reduce social isolation by bringing about participation in program activities and services. This function will increase the level and quality of services needed by the older residents. The methods and techniques of the outreach program are to conduct a survey of the service area through the use of trained project outreach workers, the community agencies and such professionals and tradesmen who can help. This would include hotel managers, grocery store owners, mailmen, policemen, and churchmen.

It is often useful to form an outreach advisory committee to evaluate the information and data gathered by the survey, and to assist in developing the necessary outreach methods. This working committee should include representatives from the above groups, older persons, project staff, and personnel from other programs with experience in outreach activities. The use of a variety of the media, such as newspapers, radio, television, church and other organizational bulletins, leaflets, verbal announcements, and inserts is useful. The outreach activity must include continual home visits by trained outreach workers to develop trust and friendship, always working towards the development of a close one-to-one relationship and eventual participation in the activities of the center. The outreach personnel will find it useful to provide consultation and referrals to the appropriate agencies and to follow up on the action taken. It is useful in program evaluation to undertake periodic evaluation of a sample of individual profiles in order to
determine the level of needs, the assistance required, and the extent that this has been achieved.

Evaluation plan

Because of the growing emphasis to provide effective data for evaluation of cost effectiveness at all levels of government, it will be necessary for the local project to develop an ongoing evaluation plan. Such a plan should measure both the effectiveness and impact of the program. Effectiveness is the extent to which specific needs, as defined in the objectives, were actually met. Measurement of the impact will indicate the number of individuals in the community who were affected in some way by the program. In other words, measure the services rendered and the beneficiaries.

In preparing the evaluation plan, the director may need to seek assistance from technical experts. It may also be advisable to coordinate a project's evaluation efforts with the efforts of other projects in the area.

The following are guidelines for preparing an evaluation plan:

1) One must anticipate and organize for effective evaluation. In the initial planning stage, determinations need to be made as to the kinds of results that need to be obtained. Program objectives should be established that will provide measurements of results. The goals should be measurable.

2) The plan will need to develop the most appropriate methods and techniques for collecting the data to be evaluated. Information is needed that deals with client preferences and program acceptability as well as operational efficiency and quality analysis.

The objective measurement of results will also require that standard criteria be used. The following is a list of criteria that can be used to evaluate a social service program. The identification and definition of the criterion were based on material from Eilers (5).

Specific items generally accessible for evaluation are these:

Accessibility. A service program that is accessible to all older Americans is one for which financial, spatial, and psychological barriers to securing the service have been removed. Services which are "available" may not necessarily be accessible. Some objective criteria of accessibility are these:

1) Is the service facility within walking distance from the residence of the client group?
2) Does the program provide transportation/escort services; are they adequate?
3) Is public transportation available and accessible in terms of cost and physical capabilities?
4) Is the program recognized as being legitimate and acceptable by the consumer? The last item is judgmental.

Proper evaluation of all of these requires a suitable denominator, i.e., the total eligible consumers in the target area.

Delivery acceptability requires that a large proportion of eligible consumers clearly understand the nature of the program and find the service-providing agency acceptable, the physical arrangements suitable, and the procedures involved acceptable. All these conditions determine the responsiveness of the consumers to the proffered program. These matters are examined by written and verbal feedback from consumers through person-to-person relationships, written suggestions for improvement, and questionnaires regarding meal and service quality, by percentage of subject's meals consumed in the program, by measurement of the rates of attendance in the program services and activities, and by continuous evaluation by consumers, advisory body, and staff. The responsiveness of staff to evaluative suggestions is a measure of the success of the program. Reorganization of program operation and service delivery to meet changing needs or to make services more efficient and effective may be required. To be successful, the program must be flexible and adaptive.

The cost efficiency of publicly funded programs for the elderly must be carefully considered. Cost efficiency requires that services be prescribed and utilized for precisely the need presented, and secondly, that service delivery arrangements must be such that there is maximum utilization of dollars expended. Further, it is implied that appropriate incentives and disincentives must be established to reward or penalize success or failure in these efforts.

Meal costs should be evaluated against the lowest, comparable, food price index in the area. Feasible cost standards for various types of meal services should be developed against which meal cost for any given program can be
evaluated. At this time, few generalizations can be made about meal costs because these will vary by area, local circumstances, by the size of the feeding operations, and in urban areas, by the advantages of economy of scale. Program directors must not sacrifice acceptability by an excess of economy of scale, nor should an urban area pay excessive costs for multiple, competing programs.

An effective program for the aged must have internal controls that assure the provision of high quality service judged by both professional and consumer review. Standards need to be developed by which to measure the quality of service, such as:

1) Is the meal culturally accepted by the target group?
2) Does the meal provide one-third or more of the recommended daily allowances of the National Research Council?
3) Is there continuous evaluation by consumers of the acceptability of the service and its quality?
4) Are there attractive settings and a pleasant atmosphere, i.e., small, neat tables, seating choice made by the consumer, music, and table decorations?
5) Is the meal planned, cooked, and served according to the dietary needs of the older age group, i.e., the appropriate amounts, menus, and kinds of nutrients?

These measures of the quality of meal service should be evaluated at least every 2 months by both professionals (staff and consulting dietitians) and the consumer. A mechanism should also be established to enable appropriate action to be taken on the evaluation results, probably best channelled through the advisory board to the program director and his staff.

Such programs must have the capacity to account for the services provided, identification of the problems that the particular quantity of service was intended to resolve, the degree of success that the effort achieved, and the financial cost of providing the service and the service elements. The political hierarchy, which implements such programs, and their constituents deserve and require this accountability.

Such service programs must be designed to assure continuity of service to their consumers. Consistent availability to the consumer and reliability of the service are important components of the criterion of continuity. A hit or miss feeding program is no program at all. Neither are such programs for the elderly likely to diminish with time; if anything, they will enlarge as the population of aged grows both larger and more enfeebled. It is thus desirable for the program to initially plan for enlisting the community and financial support needed to continue the program service, i.e., establishment of a fund raising committee to explore the wide range of funding possibilities and sources. The effectiveness of the program and the ability to demonstrate its effectiveness and impact, and by this demonstration to raise the priority of concern for the elderly in the community, are all needed for the continuation of program efforts.

Interprogram relevance requires that each individual program in a community recognize and, where appropriate, significantly relate to other programs. Particularly with the elderly, individual programs cannot stand alone and may even be conflicting if they attempt to go it alone. Interprogram relevance means shaping programs to dovetail with related programs and viewing problems of the elderly in interrelated, rather than fragmented, ways. Some measures to determine the extent of development towards interprogram relevance are:

1) Extent of representation of other related service organizations on the advisory boards of the program.
2) Number of agencies that the program works with on a regular basis.
3) Number of referrals from, and made to, other agencies.
4) Program staff representation on other agency advisory boards and area planning agencies.
5) Extent of joint programming efforts.
6) Participation in and development of an area plan for the aging.

We have summarized in what may seem tedious detail the elements of a nutrition and social services program for older people living in an urban area. Our experience is in the City of San Francisco. The organizational plan we have developed in this particular setting may not be applicable to all other urban areas, but we think this is a beginning that may prove useful.
References


