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Leonard D. Cain
Portland State University

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EVALUATIVE RESEARCH AND NUTRITION PROGRAMS FOR THE ELDERLY

In *The Role of the Aged in Primitive Society*, Simmons (1945) observed:

A dominant interest in old age is to live long . . . Therefore, food becomes a matter of increasing concern. Its provision in suitable form, on regular schedule, and in proper amounts depends more and more upon the efforts of others who are in a position to provide or withhold it. And, as life goes on, the problem of supplying and feeding the aged eventually reaches a stage at which they require the choicest morsels and the gentlest care

Simmons concluded his survey of food distribution patterns for the elderly in preliterate societies by stating:

The assurance of food from a group or communal source has not been entirely lacking in the simplest known societies. In fact, it appears that customs of sharing food with the aged have been strongest in very harsh and difficult environments . . . With advance to herding and agriculture, and the development of cultural traits characteristic of "higher" civilization, such as grain supplies, property, trade, debt relations, and slavery, support of the aged through communal sharing of food appears to have declined in importance or to have taken on features more characteristic of "organized charity."

The Nutrition Program for the Elderly

The Nutrition Act, Title VII—Nutrition Program for the Elderly, (Public Law No. 258, 1972) was signed into law by the President on March 22, 1972. Its provisions are considerably more complicated than those reported by Simmons for the societies he studied, but the recognized needs are not dissimilar. The Act reports Congressional findings, to wit:

Many elderly persons do not eat adequately because (1) they cannot afford to do so; (2) they lack the skills to select and prepare nourishing and well-balanced meals; (3) they have limited mobility which may impair their capacity to shop and cook for themselves; and (4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone.

¹Professor of Sociology and Urban Studies, Portland State University, Portland, Oregon 97207.

Therefore:

[T]here is an acute need for a national policy which provides older Americans, particularly those with low incomes, with low cost, nutritionally sound meals served in strategically located centers such as schools, churches, community centers, senior citizen centers, and other public or private nonprofit institutions where they can obtain other social and rehabilitative services. Besides promoting better health among the older segment of our population through improved nutrition, such a program would reduce the isolation of old age, offering older Americans an opportunity to live their remaining years in dignity.

Means by which an evaluation of the nutrition program may be accomplished become more clear with the listing of program requirements imposed upon local recipients of grants or contracts for nutritional services:

- (1) to establish a project which, five or more days per week, provides at least one hot meal per day and any additional meals, hot or cold, which the recipient of a grant or contract may elect to provide, each of which assures a minimum of one-third of the daily recommended dietary allowances . . . ;
- (2) to provide such nutrition project for individuals aged sixty or over who meet the specifications [set forth in the four clauses quoted above] and their spouses;
- (3) to furnish a site for such nutrition project in as close proximity to the majority of eligible individuals' residences as feasible, . . . and, where appropriate, to furnish transportation to such site or home-delivered meals to eligible individuals who are homebound;
- (4) to utilize methods of administration, including outreach, which will assure that the maximum number of eligible individuals may have an opportunity to participate in such nutrition project;
- (5) to provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirement or ethnic backgrounds of eligible individuals;
- (6) to provide a setting conducive to expanding the nutrition project and to include, as a part of such project, recreational activities, informational, health and welfare counseling and referral services [if] not otherwise available;
- (7) to include such training as may be necessary to enable the personnel to carry out the provisions of this title;
- (8) to establish and administer the nutrition project with the advice of persons competent in the field of service in which the nutrition program is being provided, of elderly persons who themselves participate in the program and of persons who are knowledgeable with regard to the needs of elderly persons;
- (9) *to provide an opportunity to evaluate the effectiveness, feasibility and cost of each particular type of such project:*
- (10) to give preference to persons aged sixty or over for any staff positions, full- or part-time, for which such persons qualify and to encourage the voluntary participation of other groups, such as college and high school students in the operation of the project; and
- (11) to comply with such other standards as the Secretary [of HEW] may by regulation prescribe . . .

The multiple purposes cited in the Nutrition Act signal complications for the evaluative researcher. Low income is listed as a major, but not the sole, criterion for eligibility. Goals include not only better health, but reduction of isolation and promotion of living with dignity as well. There are both the responsibility to provide special menus and the vulnerability to cost evaluation. Services to be provided include not only nutrition, but recreation, counseling services, and referral services as well. There is the instruction to give preferential treatment to persons aged 60 and over in employing staff, although there is Federal Fair Employment Practices legislation which would appear to prevent that practice.

The Evaluative Research Challenge

Howell (Howell & Loeb, 1969), in a brief preamble to an important monograph on nutrition and aging, has pointed out so many hazards to generalizing about the nutritional needs of the elderly, and the means of meeting those needs, that it would appear that only the innocent or the foolish would deign to establish an evaluative research procedure. Yet, the challenge is all the more pervasive because of the sheer complexity of the task and of our state of ignorance.

Shortly after passage of Title VII—Nutrition Program for the Elderly, a complication not anticipated by Howell came to light. Congressman Claude Pepper of Florida, the original author of the nutrition bill in the House, went before a Senate committee (United States Senate, Select Committee on Nutrition and Human Needs, 1972) less than three mo. after the bill became law to complain:

Congressman Pepper: The proposed rulemaking for Title VII—for the nutrition programs for the elderly, published in the Federal Register for June 6, raises several concerns regarding the administration's intent to carry out the nutrition program as provided in the law . . . the law clearly states that the Administration on Aging was intended to administer the program. The proposed rulemaking places the administration of the nutrition program in the Social and Rehabilitation Services . . .

We know [SRS] has long been oriented to welfare concepts of Federal programming and certainly is not in a position to provide for the coordination of the nutrition program with other Federal programs . . . Second, the proposed rulemaking imposes an areawide bureaucracy between the State agencies and community level nonprofit private and governmental sponsors of the nutrition programs . . .

Senator Percy: Congressman, . . . as the author of this legislation in the House side, were you ever consulted by the agency to help write these regulations?

Mr. Pepper: No, . . .

Mr. Percy: . . . were you available to be consulted and do you have experts available that could have helped in this process?

Mr. Pepper: We, of course, would have been delighted to participate. . . . My third comment concerns the income standard proposed in the rulemaking. [Although the legislation prevents a means test], for all practical purposes

these guidelines provide a means test by using the definitions that relate to the general objectives of the legislation as the criteria of eligibility . . .

. . . we can discover the need for future appropriations by the Congress by the number of people who apply [for meal service], and the experience that we have with this legislation. It is all right to start off with the lowest income group, but misery and loneliness and inadequate nutrition apply to many, many more people than the people below the \$2100 a year.

My [fourth] comment . . . concerns the limit of 20 percent imposed on any State for expenditures of a State's allotment to carry out the provisions for required supporting social services to the nutrition program . . . In the guidelines . . . transportation is referred to rather incidentally. Well, you cannot have all the centers for those people located within walking distance of their residences . . .

One other provision in the proposed rules [which] raises serious policy issues . . . is . . . that the State plan shall provide that each [nutrition] project shall have a council which, among other things, will be responsible for "the establishment of suggested fee guidelines." The law provides that "recipients of grants or contracts may charge individuals for meals furnished, taking into consideration the income ranges of eligible individuals in local communities and other sources of income of the sponsors of the nutrition program, including volunteer and financial support." It is certainly clear that the intent of the Congress was that no means test should be utilized in any manner whatsoever, and that in appropriate cases individuals would participate in the program even when they are not able to pay anything. The provision for the establishment of fee guidelines would be eliminated. . . the guidelines provide that the individual, from his own conscience, shall determine how much he or she shall pay, and yet the [same] guidelines specifically limit the eligible to the categories that are enumerated in the first section of the legislation.

. . . I think Congress—which so insistently cleared this legislation of any suggestion of a means test and intended that it not be applied—should see to it in supervisory capacity that a means test is not actually applied.

The apparent intent of the Congress, and the interpretation of those charged with implementing the nutrition program, according to Congressman Pepper, do not correspond. In establishing criteria for evaluation, and seeking to acquire data related thereto, should the researcher build from the intent of the Congress, the interpretation of administrators, or from some objective criterion (such as, "Did the fee collection system provide enough funds to keep the local nutrition project alive?")?

Should the evaluative research design include questions as to whether the Congress incorporated the conclusions of demonstration projects into legislation, whether Federal administrators have abided by legislative intent, the administrative interpretation of the intent, or neither?

I can testify from personal experience that, regarding the means test and fee issues, as recently as December, 1972, the questions raised by Congressman Pepper had not been resolved. My questions and complaints directed toward one who brought the latest nutrition guidelines to a meeting that month in Washington, D.C., were, in fact, almost identical to those that Mr. Pepper had raised 6 mo. earlier, except the tables were

reversed. My expressed fear was that fee setting would block the very poor from being fed.

This rather peculiar, harsh introduction is not intended to cast a mood of suspicion or futility upon all evaluative research on nutrition programs, but rather to set the stage for two types of questions I hope will hover over the materials to follow: (1) questions which deal with judgment about priorities, criteria, goals, objectives, and the like; and (2) questions which relate to the role of the evaluative researcher himself in the larger matrix of political life. (That is, is the evaluative researcher capable of functioning as a critic, a "prophet," or an "enthusiast," or is he destined to contribute to the preservation of the status quo, to be a "priest," a "bureaucrat?")

Evaluation of the Research and Development Projects

The report, *Nutrition for the Elderly* (Bechill & Wolgamot, 1972), provides substantial background information on the origin of nutrition programs for the elderly in the United States. The elderly malnourished have surely been with us for a long period of time. Just as surely there have been means developed, however poorly, to alleviate the problem of malnourishment and hunger. However, formal, sustained programs to provide for older persons who do not have the resources, either personal or financial, to maintain a proper diet for themselves are apparently new. And efforts to provide systematic evaluation of the operations of such programs are newer still (Segal, 1970).

Bechill and Wolgamot report that in the mid-1960's a nationwide study of malnutrition (National Study on Food Consumption and Dietary Level) produced the shocking evidence that 95 million Americans, approximately 50% of the total population, did not consume an adequate diet (United States Department of Agriculture, 1966).

They then report that subsequent analyses of the diet patterns of persons over 60 years of age revealed that between 6 and 8 million of this age group had deficient diets. Since this is well under 50%, there is reason for confusion, but at least there was indication that a large number of older people with few resources were in need of nutritional assistance. Thus, the foundation for a Federal program was laid.

The Federal administration established a task force with the assignment to explore means to alleviate nutritional problems. There emerged a decision not to seek legislation for comprehensive programs immediately, but rather to promote demonstration projects for a three-year period (Bechill & Wolgamot, 1972).

The decision was governed, to a large extent, by the . . . lack of any systematic data about the nutrition needs of older people and what was actually entailed in the planning and delivery of food, nutrition and other services, their costs, their effectiveness and how such services could be related to the delivery of

other services for older people. It was, therefore, a pilot national demonstration program that was recommended to the Congress.

And hereby emerges the opportunity for evaluative research projects. By February, 1968, staff of the Administration on Aging (1968) had developed a statement of objectives for the demonstration projects:

The primary purpose of the nutrition program is to design appropriate ways for the delivery of food services which enable older persons to enjoy adequate palatable meals that supply essential nutrients needed to maintain good health. Purposes that are an integral part of the program are the opportunities for socializing with friends and companions, participation in leisure time activities, consumer and nutrition education and counseling and assistance in utilizing other community resources. . . The specific objective of the food and nutrition program is to study and demonstrate methods of providing appetizing and nutritionally adequate meals in settings conducive to eating and social interaction with peers.

Several specific goals emerge from this broad statement, including: (1) The improvement of the diet and nutritional levels of older persons through participation in food service programs in a social setting; (2) the significance of different social settings on improving the diet and social interaction; (3) the impact of nutrition education of older people in improved diets and social interaction; (4) the effects of social isolation and other personal factors on the food and nutritional habits and practices of older people, and the impact of a multi-faceted nutritional service program on reduction of isolation; (5) study of the comparative costs and benefits of different food delivery systems utilized in the demonstration program; (6) increased understanding of the dietary and nutritional needs of various sub-groups within the older population.

Shortly thereafter, the program design was elaborated further to include five basic components: (1) the provision of meals in group settings or on a home-delivered basis; (2) nutrition education and information; (3) systematic evaluation; (4) the provision of supportive services; and (5) outreach services. Utilization of older persons for staffing purposes was also stressed.

To proceed with this phase of the nutrition program, at least 32 demonstration and research projects were funded by the Administration on Aging, Title IV. Since the projects were very diversified—rural and urban, central city and suburb, city-wide or local neighborhood, in various ethnic neighborhoods—comparable data for evaluative research purposes proved to be quite difficult. The ENKI Research Institute, however, was awarded a contract to do just that, to analyze and evaluate the several projects.

Before reviewing the general conclusion of the ENKI report, I shall attempt to summarize and comment upon one of the more thorough local reports, on a program in Chicago (Braver, 1972).

The Chicago program was established as a two-year (1968-1970) research and development project on a city-wide basis, with these program goals: (1)

To raise the nutrition level and improve the general well-being of Chicago's elderly; (2) to test techniques of city-wide distribution of nutritious meals at low cost; (3) to strengthen and expand existing social and education services for the elderly; (4) to secure research information on the social and dietary habits of elderly people so that findings might be applicable at the local, regional, and national level; and (5) to develop community support to insure maintenance of effort.

Several minimum criteria for selection of sites and sponsors for serving congregate meals were listed, including: interest and need, willingness to use program regularly, an active membership of 50 or more persons who were at least 65 years of age, potential for expansion of program, ability to furnish attractive facilities for both eating and leisure activities, and ability of the sponsoring agency to provide administrative and other personnel.

There follows a brief review of several issues, including degree of acceptance of the program by various groups, publicity for the project, employment of the elderly, and fiscal efficiency.

A major evaluation undertaken was the determination of the relative merits of three types of food delivery systems: (1) distribution by a single catering firm capable of city-wide delivery; (2) distribution by a variety of catering firms to specific areas; and (3) distribution through a flexible series of individual solutions (restaurants, hospitals, on-site preparation, etc.). The evaluation criteria developed were: (1) A menu cycle for the elderly which would contain 1/3 of the minimum daily dietary requirement per meal; (2) a feasible method of delivery, for the area or the city as a whole; (3) a staff experienced in the preparation of quality controlled low cost food; (4) the ability to meet the Board of Health regulations for food service; (5) a service which would require the minimum of "on-site" equipment; and (6) a price structure which accommodated the projected food budget.

The Chicago study, perhaps inadvertently, identified one of the more pervasive difficulties in establishing evaluative research processes, that is, the conditions of the clients themselves. The report states:

Implicit in the goal of improving the nutrient intake and nutritional practices of the elderly was the goal of increasing their general well-being and morale through educational, social, psychological and health services . . . Whenever possible, participants were encouraged to verbalize what they considered their needs to be, to plan social programs and to participate in the activities of the host agency as well as those of the nutrition programs . . . the main reason for lack of participation appears to have been the impoverishment of the elderly themselves. In terms of financial management, educational development and social interaction, it became obvious that many of the elderly were not functioning effectively in their immediate community, let alone in the larger one . . . these very conditions of apathy, malfunctioning or nonparticipation emphasized the necessity for social and educational services, particularly if the premise is accepted that social interaction and timely delivery of social and health services are related to decreased isolation and prevention rather than crisis intervention.

Now, who are to establish the criteria as to whether a project's resources are better spent in working with a few of the most impoverished or in serving others who more readily participate and contribute? The measure of success as viewed by the outreach worker on the scene, a project director possibly in a comfortable office, an evaluative researcher seeking codifiable facts, an auditor of the books, a legislator wanting to get reelected, and a taxpayer already overburdened, is likely to vary.

But let us return to the Chicago study. The report restates the objectives and goals of the demonstration project and reviews successes and failures in particular instances. Finally, there are several recommendations on a variety of subjects. They include: there should be sufficient planning time, formal agreements should be negotiated with sponsoring agencies, sites should be in high density areas where large numbers of single elderly live, the task of hiring elderly aides is crucial and needs further study, staff training should be a built-in feature of every program, catered meals are superior to on-site preparation, funding for special meals and home delivered meals should be incorporated into each program, operating procedures and record keeping should be consistent, there is need for linkages with agencies providing various types of social services, and (of significance for evaluative research) research design should relate to project objectives and identify those factors which can provide verifiable data for evaluation purposes.

Let us return now to the general summary by Bechill and Wolgamot. The ENKI evaluation research contract called for each project to supply, on a regular basis, the following information: (1) A weekly log of meals, types of services provided, and specific program activities; (2) monthly staff costs and reports; (3) monthly costs of meals, whether catered, project-prepared, or prepared in a school cafeteria; (4) catered food data, including information on the caterer, type of catering system employed, and quality of food; (the same information on actual menus and food quality also was collected on projects using a non-catered meal system); (5) an intake form that gave basic demographic information on participants; (6) a 24-hour dietary recall form and questionnaire; and (7) a participant profile and attitude form. (This extensive form sought information on demographic characteristics; physical and health status; housing and living arrangements; cooking facilities; transportation; and daily activities of participants; plus two attitude scales.)

The ENKI evaluation was reported under three headings: (1) the costs of food and other nutrition service operations; (2) the characteristics of the older persons who were participants in the nutrition projects; and (3) the data reported regarding changes in the nutritional levels and diets of the participants. Information presented under costs were mainly descriptive, comparing cost per meal under different circumstances, including site, staff composition, and transportation needs. Under participants again the data are primarily descriptive, including items on age, income, housing, transportation, health (self-reported), and daily living patterns. There was

also effort to identify the impact of the nutrition program itself; for example, there appeared to be an increase in acceptance of their present status, after program participation.

Under diet there is a report of the percentages who have eaten less than three meals per day, and who have less than adequate nutritional intake. In addition, there is indication that the demonstration program did measurably improve the quality of the diet of most participants, although nutrition education programs seldom brought about much change in dietary habits.

After a comprehensive review of the various programs as they sought to fulfill the five major objectives, Bechill and Wolgamot provide a critical assessment of the evaluation procedures:

On the positive side, very comprehensive program data were collected under the ENKI Research Institute contract . . . In addition, the individual project reports and summaries contain some of the most detailed reporting of demonstration programs in services to the aging that have been recorded. . .

On the other hand, there were many weaknesses . . . One major weakness . . . was the failure to fund an adequate program evaluation component in the individual projects . . . A second general weakness . . . was the multiplicity of program objectives contained in individual projects and in the entire demonstration itself.

Upon analysis, the Title IV nutrition projects represent a mixture of pilot and prototype demonstration projects . . . As is the case in both pilot projects and prototype projects, it is often difficult to employ experimental and control groups for purposes of program evaluation and determining program impact and effectiveness.

Bechill and Wolgamot also provide pertinent statements on program administration, staffing, and management. Since staffing strategies, facilities, size of projects, etc., varied so greatly, summary statements are difficult.

Finally, Bechill and Wolgamot direct their attention fully to the evaluative research issue:

The program evaluation experience of the Title IV projects was initially uneven, and the general failure to include a strong program evaluation component in the initial phases of the pilot projects was a major shortcoming.

There will need to be a combination of evaluative research, program monitoring, administrative audits, and cost/benefit studies to yield the type of definitive program and cost data and information that will be required . . . to administer the new program . . . efficiently and effectively . . .

After having read both the Bechill and Wolgamot report and the 32 local reports on which it is based, I am struck with the difficulty of evaluating other than the administrative components of the programs. That is, there is little evidence that outreach actually brought in and retained as clients the neediest of the needy, the isolated, the most thoroughly malnourished. Likewise, there are relatively few data on the actual nutritional benefits

obtained. There is some self-evaluation, but there is no indication of energy gains, of improved health, of changes in weight. I do not want to appear cynical, but it appears to continue to be much more tempting to collect data on cost and efficiency criteria than on those factors for which the program ostensibly was established.

During my involvement in late 1972 and early 1973 with the development of a *Guide to Effective Project Operations* (Administration on Aging, 1973), which is now in use to train nutrition project directors, I became very much frustrated over my inability to obtain clear policy statements about the nutrition program. This led me to develop a cynical projection of the program, which envisioned the awarding of highest marks to those sites which recruited regularly attending older participants who would line up at the site entrance at 11:59 A.M. daily, knife and fork crossed in front of them, 50 (or 75) cents in their hot little hands, bib and tucker neat and secure, ready to eat a wholesome meal with a minimum of bother and waste. I was convinced that the "auditor mentality" was destined to prevail, that given likely budget restraints and political demands for "success," outreach to the derelict and the alcoholic and the very lonely and unpredictable was unlikely. I must confess that the program goals for the Title VII phase do give me a bit more basis for hope rather than cynicism.

Recent Developments

From Martin Sicker, Director, Planning and Policy Analysis Staff, Administration on Aging of the Office of Human Development, I received a draft copy of program goals for Title VII, dated June 28, 1973. They, of course, were tentative.

Goal 1: Improve the health of the elderly with the provision of regularly available low-cost nutritious meals, served largely in congregate settings and, when feasible, to the homebound.

Justification for this goal is that many among the elderly in fact experience improper nutrition and thus risk declining health and loss of independence. It is also assumed that the socialization aspect of group dining may rekindle pleasurable associations related to eating.

Goal 2: Increase the incentive of elderly persons to maintain social well-being by providing opportunities for social interaction and the satisfying use of leisure time.

Justification is that the social value is given equal significance to the nutritional value in congregate meals programs. "Activities that encourage a renewed interest and stimulation to life are essential."

Goal 3: Improve the capability of the elderly to prepare meals at home by providing auxiliary nutrition services, including nutrition and homemaker education, shopping assistance and transportation to markets.

Since less than one fourth of the meals will be provided at a project site, participants need both knowledge and motivation to choose and prepare

food wisely for other meals. In addition, "the activity of food shopping can become an important social happening."

Goal 4: Increase the incentive of the elderly to maintain good health and independent living by providing counseling and information and referral to other social and rehabilitative services.

This is justified because "supportive services are essential to the nutrition program since projects will be reaching out to those elderly who, in the main, live on limited incomes, occupy inadequate housing, and have other serious economic, social and personal needs. . . Projects will be encouraged to establish extensive community relations to facilitate agency linkages and influence the improvement of social service delivery to the elderly."

Goal 5: Assure that those elderly most in need, primarily the low-income, minorities and the isolated, can and do participate in nutrition services by providing an extensive and personalized outreach program and transportation service.

"Highest priority must be given to those most in need, the low-income, minorities, and the isolated. . . Evaluation data indicate that a more vigorous and personalized outreach campaign is needed to assure that priorities are met."

Goal 6: Stimulate minority elderly interest in nutrition services by assuring that operation of the projects reflect cultural pluralism in both the meal and supportive service components.

Planning for the needs of the minority elderly includes responsiveness to special dietary preferences and expectation regarding meal service and appropriate reflections of cultural needs and interests within the supportive service and recreational aspects of the program. (An apparently unresolved issue is whether a project with participants predominantly from one minority group should be encouraged to hire staff from that minority group, and whether, if pluralism is to be respected, the programs should actually be ethnically segregated.)

Six months later an Information Memorandum (Administration on Aging, 1973) advanced the same six goals with only minor modification, and added a seventh:

[Goal 7]: To assure that Title VII program participants have access to a comprehensive and coordinated system of services by encouraging administration coordination between nutrition projects and Area Agencies on Aging.

This Memorandum confirms that a comprehensive, five-year longitudinal evaluation process is underway. The evaluative research has four specified purposes: (1) To determine the effects of the program on its participants; that is, to identify and measure program impacts; (2) To identify and measure those factors, including both participant and project characteristics, that are associated with different types and levels of program effects, (3) To draw conclusions regarding the overall impacts of the conditions and program features that result in the greatest favorable

effects, (4) To recommend changes in the program to increase its overall effectiveness.

The outcome variables to be analyzed include the legislatively defined variables: (1) nutritional status; (2) health status; and (3) isolation, and the corresponding subsidiary variables: (1a) life satisfaction; (2a) longevity; and (3a) institutionalization.

Although there is impropriety in criticizing evaluative instruments before they have been used, a quick look at the proposed "State Agency on Aging Assessment Guide" (Administration on Aging, 1974), suggests how difficult the evaluative process is to become.

The section, "Assessment of Physical Facilities of Project," for example, calls for "attractive facilities" in a "comfortable and pleasant atmosphere," and for "furniture [which] is adequate, clean and in good repair." There may be adequate measures for these standards, but how does an evaluator weigh these successes in comparison to the continuing need to provide nutritious food to a maximum number of older people?

Opportunity to fulfill many of the standards put forth in this Assessment Guide (e.g., "Adequate numbers of additional full and part-time staff have been employed to effectively manage the project;" "Adequate provision of *information and referral services* to the client shall consist of sound social service practices which result in accurate linkages to the client to needed services;" "*Transportation* shall be available to assure that the services of the project are readily accessible. . .") is closely related to funding. In a fundamental sense, then, it is Congress and the President who are being evaluated to determine their willingness to appropriate funds for this program.

Conclusions

In all this, there is a target population marked for change. It is difficult in other than general terms to identify this population. There are millions of elderly who qualify, but the program is designed to serve only 250,000. Who are the most worthy to be served? Is there temptation to serve the clustered urbanites rather than the scattered ruralites? Should not this be so? How is a researcher actually to determine if a given project searches out the most isolated, the most malnourished in the area? After a target population has been recruited, are there effective measurements of the nutritional improvements? Is it more important to measure changes in the physical body or in the spirit, a change in zest for life? But how is zest to be measured?

I conclude by returning to the bothersome questions I raised earlier. Where does evaluative research fit into the larger scheme of policy and politics? The questions of Congressman Pepper continue to be disquieting. Surely, evaluative research, about whatever type of program, needs to go beyond improving techniques of measurement, to include concerns over

goal setting, over use of results of the research to change policy and program.

Our account of the progress of evaluative research in programs of nutrition for the elderly is incomplete. Plans for the massive Federal program are still underway. In addition, there are programs not reviewed at all in this paper. In fact, there are probably hundreds of local programs—church sponsored, community staffed, communally developed, some in congregate settings, some in homes—which have never faced the scrutiny of the evaluative researcher, and probably are none the worse for it.

There is a jumbling of terms: goals, objectives, purposes, criteria, seem to blend into each other. Yet, some of the demonstration projects, and certainly now the Federal program, have begun to specify goals, standards, and measurements quite clearly.

It is quite difficult to isolate procedures for evaluating the intervention process itself. There are indeed various machineries whereby agencies are chosen to provide services, sites are selected, outreach strategies are developed, etc. But I, at least, have not discovered a system of choosing among alternatives which provide superior results, or an evaluative procedure which can assist in providing the elderly with “the choicest morsels and the gentlest care.”

Finally, parallel in importance to the continuing improvement of evaluative research procedures may well be the development of means to draw forth the insights and knowledge of officials who stand between the politics of public service programs and the actual development and implementation of service delivery system.

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