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Carol Cooper Driskill

*Virginia Department for the Aging*

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# Congregate Nutrition Programs Can Alleviate Loneliness and Isolation

Carol Cooper Driskill, MHSA  
Program Coordinator  
Virginia Department for the Aging

**Carol Cooper Driskill, MHSA**, is a Program Coordinator with the Virginia Department for the Aging where she coordinates the Elderly Nutrition Program by working with local Area Agencies on Aging. Her background includes working in nursing home administration, hospital patient relations and marketing in Virginia, New York, and Pennsylvania. She has a Master of Health Services Administration with a concentration in management of long-term care services from George Washington University.

## Educational Objectives

1. Familiarize readers with the Older Americans Act congregate nutrition services provided to community-residing older adults.
2. Demonstrate how congregate nutrition services can alleviate isolation and loneliness in community-residing older adults.

## Background

### *The Older Americans Act Elderly Nutrition Program & Aging Network in Virginia*

The federally funded Older Americans Act (OAA) authorizes supportive services designed to enable persons aged 60 and older to remain in the community. OAA community-based nutrition programs include congregate and home-delivered nutrition services. Nutrition services are designed to provide low-cost, nutritionally sound meals as well as decrease malnutrition, prevent physical and mental deterioration, promote health, link older persons to social and rehabilitative services, and reduce social isolation. Historically, almost half of the OAA annual budget supports the nutrition program.

The Virginia Department for the Aging (VDA) is the state agency responsible for programs and services for persons aged 60 and older in Virginia. Its mission is to foster the independence, security, and dignity of older persons. Virginia has a network of 25 local Area Agencies on Aging (AAAs) that administer a comprehensive and coordinated system of supportive services at the community level.

In addition to other services, each AAA provides nutrition services to older persons aged 60 and over. Home delivered meals (referred to as Meals on Wheels in some communities) are delivered to persons who are homebound. Congregate nutrition services are most often provided at a senior center, community center, renovated school, or church. The OAA gives preference for services to older individuals with greatest economic or social need, with special attention to low-income minority individuals and to those older persons living in rural or geographically isolated areas.

### *Congregate Nutrition Services*

Congregate nutrition services are targeted to older persons who are mobile and physically, mentally, and medically able to attend a nutrition site. Each participant receives a nutrition screening and is assessed with the Uniform Assessment Instrument (UAI) to determine eligibility and need. In addition to a hot meal, participants receive information about nutrition education, disease prevention, health promotion, and community and AAA supportive services. Voluntary participant-appropriate physical activities and recreation are also offered.

Intended to improve a participant's dietary intake, the noon meal is a nutritionally balanced meal and provides a minimum of 33 1/3 percent of the daily Recommended Dietary Allowance (RDA)/Adequate Intake, as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. To the extent practical, meals are adjusted to meet special dietary needs and participant food preferences are solicited and considered during the menu planning process.

The congregate nutrition site provides opportunities to create informal support networks, interact with other older persons, and meet new friends, all of which may alleviate isolation and loneliness. Meaningful volunteer roles for participants include serving the meal, delivering drinks, clearing off tables, and counting monetary contributions.

#### **Case Study - Ms. R**

The League of Older Americans-Agency on Aging, based in Roanoke, Virginia, operates congregate nutrition sites called "Diners Clubs." Ms. R is a vibrant and active senior who attended a Diners Club for sometime. She enthusiastically tells anyone who will listen how attending the Diners Club provides socialization, recreation, and physical activity. She emphasizes that without the program she would have spent all of her time watching television as a "couch potato." She is adamant that the Diners Club helped alleviate her isolation and depression after she had experienced significant health problems including a heart attack and stroke. She no longer attends the Diners Club because of a part time job but stays in touch with the friends she made while a participant.

#### **Case Study - Ms. C**

Mrs. C is another articulate and delightful participant who attends a Diners Club three days a week and constantly shares how it "has saved my life." She travels to the Club on the bus provided by the AAA and doesn't mind the three-hour round trip. She enjoys the noon meal and is "very grateful for the wonderful program." Prior to attending the Diners Club, she received Meals on Wheels.

Mrs. C reports that the Diners Club is the "best thing that happened to her" and, without it, she "would be dead here" or "go nuts." Attending the Diners Club breaks up her week and forces her to get up and dressed in the morning. She commented, "a person can only read so much."

The "Determine Your Nutritional Health" checklist developed and distributed by the Nutrition Screening Initiative can detect warning signs of poor nutritional health. Upon assessment, Mrs. C scored at high nutritional risk. She has a condition that doesn't allow her to eat green vegetables, lettuce, or tomato.

While she does not eat a lot and spends her grocery money wisely, she does not always have enough money to buy the food she needs. She takes nine different prescription medications each day. She eats alone most of the time.

The medical conditions listed on Mrs. C's assessment include: osteoporosis, stiffness in joints and back, depression, acid problems, multiple spinal fractures, and history of colon cancer. After problems with colon cancer, she moved to Virginia to be near her youngest son. She is ambulatory but sometimes uses a cane "to get started" in the mornings. Mrs. C lives alone in a one-story house that her youngest son purchased. She drives to the grocery store, post office, and doctor's office. Her son provides assistance by doing her laundry and paying her bills.

Mrs. C confides that at her age she's lonely, but attending the Diners Club allows her to be with other people and make friends. They "chat" at the site and telephone each other at home. She likes being able to talk with someone her own age who can identify with her health problems. Mrs. C doesn't formally volunteer at the Diners Club but she helps participants who are unable to get around and makes sure they get their coffee. She reports that there is a lot of laughing and interesting activities. "It's very joyful." Groups come to entertain, give lectures, and provide blood pressure checks on a regular basis.

### **The Roles of Nutrition and Socialization on Old Age**

Adequate nutrition is necessary for physical and cognitive functioning, mental health, and quality of life. Good nutrition can prevent, reduce, and help manage chronic disease and disease-related disabilities. Reviewing the nutrition program, Wellman, Rosenzweig, and Lloyd (2002) note that the original OAA language emphasized multiple causes of nutritional risk in later years, including a lack of money, lack of skills to prepare a well balanced meal, and limited mobility that restricts shopping and cooking. Physiological, psychological, social and economic changes that occur with aging may cause malnutrition that results in physical and mental deterioration. Furthermore, older persons may feel lonely and rejected, lacking the incentive to prepare a nourishing meal when they are eating alone.

The congregate nutrition program has always provided "more than a meal." According to Wellman, Rosenzweig, and Lloyd (2002), the original OAA language (Public Law 92-258, sec. 701) stated, "Besides promoting better health among the older segment of our population through improved nutrition, such a program would reduce the isolation of older age, offering older Americans an opportunity to live their remaining years in dignity."

Mathematica Policy Research, Inc. published in 1996 results of a two-year evaluation of the Elderly Nutrition Program; they report that the program succeeded in improving the nutritional intakes and decreasing the social isolation of participants. Individuals identified in the study share similarities. All reported increased social interaction and contacts as a result of the program. In the evaluation, a majority of nutrition program participants were classified as meeting federal poverty levels.

Reduced loneliness and depression, and enhanced life satisfaction may result from the social environments provided by Diners Clubs, congregate nutrition sites, and senior centers. Aday (2003) surveyed senior center participants in seven states. The majority lived alone. Their ages ranged from 55

to 93 years (mean of 75) and the average center attendance was eight years. Ronald Aday of Middle Tennessee State University observed that senior centers provide a social support milieu that promotes successful aging. He found a positive relationship between degree of social support and engaging in healthy behaviors. Over 90 percent of respondents reported developing close friendships since coming to the center and 87 percent said their senior center friends provide them with emotional security. Over 50 percent of respondents relied on friends at the center for assistance and over 80 percent provided assistance to other participants.

Jaret (2000) in a WebMD article notes that two longitudinal studies followed the social engagements of more than 2700 adults for nine to thirteen years. In the first, epidemiologist James House of the University of Michigan reported in 1982 that men who had more social relationships were significantly less likely to die during the study period. Socially active women also benefited, but not quite so dramatically. In the second Thomas Glass and colleagues (1999) found that people who spend time in social activities fare just as well as those who spend the time exercising. Thus, social engagement adds a sense of purpose to life and is as critical to longevity as physical fitness.

### **Conclusion**

From its inception, the congregate nutrition program was envisioned as a physical site where an older person could receive "more than a meal." In the case studies, Ms. R and Mrs. C share their Diners Club experiences, including the importance of interacting with other older persons, meeting new friends, and being able to get out of the home. A brief review of the literature demonstrates the importance of maintaining social connections and how congregate nutrition programs can alleviate loneliness and isolation.

### **Study Questions**

1. List several ways that older adults may benefit from attending a congregate nutrition program.
2. How can congregate nutrition programs be organized to maximize social interaction?

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