

The Role of Congregate Meals at Senior Centers— History, Trends, and Future Considerations

INTRODUCTION

Between 2016 and 2060, the number of Americans aged 65 and older (65+) is projected to double. In Delaware, this population is projected to increase from about 164,000 in 2016 (17 percent of the total population) to over 268,000 (25 percent of the total population).¹ While many older adults rely upon existing social networks and are capable of managing their own nutrition, many might benefit from congregate meal programs hosted by their community senior centers.



HISTORY & BACKGROUND OF THE CONGREGATE MEAL PROGRAM

Supporting Health & Nutritional Needs

Congregate meal programs offered at senior centers provide participants with a nutritious meal and promote socialization. Individuals without a social network rely on congregate meal programs as a primary source of social interaction. This interaction is an important factor and indicator of health, as social isolation leads to higher mortality rates as a result of negative impacts to mental and physical health.² Outside of senior centers, congregate meals are offered at other nonprofits, including churches and community centers.

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Congregate meal programs also support dietary needs and improvements. On average, meals from food programs represent nearly half of all participants' daily food consumption.³ Studies have shown that fewer than 33 percent of participants in meal programs meet the nutritional goals for a healthy diet.⁴ By providing nutritious meals to members in a social setting, senior centers are helping members experience both improvements in social health and physical health benefits associated with healthy eating.

Policies

For almost 60 years, the Older Americans Act (OAA) of 1965 has provided federal support for community social programs for seniors.⁵ In 1972, the OAA was expanded to include a nutrition program, and was designed to provide food to seniors both at community centers and at home. The purpose of the nutrition program is to reduce hunger and food insecurity, increase socialization, and enhance the health and well-being of older adults.⁶ The program provides for both congregate meal services, which promote social interaction, and homebound meal services, which benefit seniors unable to leave their homes.⁷

IMPACT OF COVID-19 ON SENIORS AND CONGREGATE MEAL PROGRAMS

To protect members and help slow the spread of the virus, senior centers, like other community centers, responded to the public health emergency resulting from the pandemic and closed in March 2020. Center closures also meant that congregate meal programs came to a halt. Many continued with and expanded homebound meal delivery programs, but in-person, on-site meals did not resume until after centers reopened. Some centers still have not reintroduced these programs due to members' health concerns.

In addition to virus-related health concerns, senior centers became very concerned about the lack of social interactions among members. These concerns are validated by studies that show that health risks associated with social isolation rival other important health risk factors.⁸ During COVID-related closures, centers provided opportunities for social interactions, as allowing their members to go months without contact would be severely detrimental to their health.

Figure 1: New and Emerging Senior Center Meal Program Trends*

Traditional Meal Programs	Contemporary Meal Programs
<ul style="list-style-type: none"> • Meals prepared offsite and delivered 	<ul style="list-style-type: none"> • Meals prepared by on site staff • Meals prepared by members
<ul style="list-style-type: none"> • Traditional congregate meal style 	<ul style="list-style-type: none"> • Grab and go • Cafe Style
<ul style="list-style-type: none"> • Members spending all day at center 	<ul style="list-style-type: none"> • Members visiting center for specific activities
<ul style="list-style-type: none"> • Focus on socialization among participants 	<ul style="list-style-type: none"> • Focus on physically active participants

**Figure presents examples of traditional and newer meal programs that illustrate differences in the delivery style and other factors that influence participation.*

In many centers, staff tried to maintain contact with their members throughout closures by:

- Offering virtual programs
- Calling and writing members
- Hosting “drive by” events to pick up food or activity packets
- Setting up “Grocery store” stands for members to pick up food outside of the center

CHANGING DEMOGRAPHICS AND NEW DEMANDS

Nationally, the overall demographic of the senior population, and by extension, senior center membership, is changing. People continue to live and remain active longer. In response, senior centers have adjusted their programming, including congregate meal programs, to meet the evolving needs of their membership. Figure 1 includes examples of traditional and contemporary meal programs and factors that influence participation.*

Centers are also learning to address growing concerns among seniors, such as social isolation, aging in place, and caregiver support.⁹ Additionally, congregate meal programs may be perceived negatively among younger cohorts of older adults who correlate them with low-quality food and older, poorer individuals.¹⁰

Some Delaware senior centers indicate challenges with food quality concerns, which have led to alternative meal program options. Besides food quality, meeting cultural nutrition preferences presents additional opportunities to improve the nutrition of members.¹¹

While contemporary programs can address changing demands and preferences, there is fear that programs often do not attract the people that need them the most. Seniors with the greatest need for a meal program include those that are socially isolated and those in need of nutritional assistance. Instead, the seniors most typically receiving the benefits of the programs are the ones who assist in their development.¹²

FUTURE CONSIDERATIONS

The impacts of the COVID-19 pandemic and shifting demographics among senior populations will continue to affect congregate meal programs. In terms of preventing isolation, food insecurity, and access to community-based resources, the pandemic has emphasized the importance of OAA’s original aim and illustrated its current day validity. To best meet the needs of their members, current and future senior centers are challenged to balance geographic location, community demographics, and affordability of alternative programs. Striking a balance between traditional and contemporary programs could mean forging new partnerships, and/or periodically preparing fresh meals at the center.

Exploring new and creative options to support the nutritional and social needs of members introduces senior center leaders and policymakers to considerations that may require further research:

- How do service providers balance participants’ demands (e.g., younger cohorts, underrepresented groups)?
- Are there alternative policies or funding mechanisms that should be considered to ensure that centers are meeting various needs of diverse populations in their communities?
- How should newer nutrition program models be funded?
- How can senior centers ensure that new programs—those outside of traditional congregate models—are available to all people who might benefit, not just those who can access and pay for such programs?
- How might emerging food security and nutrition screening initiatives related to health equity inform both traditional and contemporary nutrition program components?

Lastly, it is important for centers to remember the importance of promoting a welcoming atmosphere for current or future meal program participants.¹³ While the nutritional and social value of meal programs is a crucial component of their success, seniors will not benefit from the programs if they do not attend them.

Seniors are most likely to attend congregate programs initially if they can bring a friend or family member or if they already know someone who will be attending.

END NOTES

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