

CHAPTER IV

RESULTS AND DISCUSSION:

SOCIO-DEMOGRAPHIC CHARACTERISTICS AND NUTRITIONAL RISK OF FOCUS GROUP PARTICIPANTS AND FOCUS GROUP DYNAMICS

Socio-demographic Characteristics of Focus Group Participants

Socio-demographic characteristics of the elderly adults participating in the focus group are presented in Table 4.1. A total of 35 elderly adults participated in the four focus groups. The majority were female (80%); however, approximately half from the group in the rural area of Christiansburg were male and half were female. The greater number of females in this study seems to be consistent with other reports which indicate that more elderly women participate in the Congregate Meal Program than men. According to results of the national evaluation of the ENP (AoA, 1996), the ratio of females to males in the Congregate Meal Program exceeds 2:1.

The majority (32) of the elderly adults were between the ages of 60 and 89 years (Table 3). Only one adult was less than 60 years of age, and one was 90+ years of age. One participant did not indicate age. Results are consistent with those of the national evaluation of the ENP (AoA, 1996). According to that study, most Congregate Meal Program participants were between the ages of 60-74 years (AoA, 1996). Results of national surveys indicated that the largest percentage of elderly in the United States were white as of 1990 (U.S. Bureau of the Census, 1990). Results of the national evaluation of the ENP (AoA, 1996) indicate that the majority of Congregate Meal Program participants in the United States are non-Hispanic white. The population of elderly in Virginia consists of an analogous mix of non-Hispanic whites and other races, particularly African-American (U.S. Bureau of the Census, 1990).

Table 4.1 - Socio-demographic characteristics of focus group participants^a

Characteristic	Focus Group Site				Total
	Richmond	Halifax	Christiansburg	Fredricksburg	
Sex					
Female	6	7	5	10	28
Male	0	1	6	0	7
Age					
Less than 60	1	0	0	0	1
60 - 69	2	1	3	3	9
70 - 79	1	3	3	5	12
80 - 89	2	4	3	2	11
90+	0	0	1	0	1
NA	0	0	1	0	1
Ethnic group					
White	0	0	11	7	18
African-American	6	8	0	3	17
Asian	0	0	0	0	0
Hispanic	0	0	0	0	0
Native-American	0	0	0	0	0
Living arrangements					
Alone	2	1	8	7	18
With others	4	7	3	3	17
Self meal preparation					
Always	4	6	3	6	19
Almost always	0	0	3	4	7
Sometimes	0	2	5	0	7
Never	2	0	0	0	2
Meal accompaniment					
Eat alone	4	7	7	7	25
Eat with others	2	1	4	3	10

^a_n = 35 participants

In this study, there were approximately the same number of non-Hispanic whites (18) and African-Americans (17). There were no Asian, Hispanic, or Native American participants. Surveys indicate that the population of elderly living below poverty level in the United States includes 33.8% African-American, 22.5% Hispanic, and 10.1% non-Hispanic white (Schick and

Schick, 1994). Since the group of elderly adults targeted in this study were low-income, ethnicity of the Congregate Meal Program participants was typical. Nonetheless, the distribution of non-Hispanic whites and African-Americans differed by Congregate Meal Program site. All elderly adults at the Richmond and Halifax sites were African-American, while the group in Christiansburg included all non-Hispanic white elderly.

The number of elderly adults who reported “living alone” (18) was similar to the number who reported “living with others” (17) (Table 4.1). However, the type of living arrangement varied according to site. Most elderly in the Richmond and Halifax groups reported that they “lived with others.” In contrast, most Christiansburg and Fredricksburg participants admitted that they “lived alone.” Participants who lived with others stated they shared a household with family members such as spouses, children, grandchildren, nieces, nephews, or in-laws.

Although living situations were similar overall, the number of elderly who admitted that they usually “eat alone” (25) while at home was greater than the number who reported that they most often “eat with others” (10) (Table 4.1). The majority of elderly from the Christiansburg and Fredricksburg groups reported that they “live alone” and that they usually “eat alone.” However, the majority of adults from Richmond and Halifax groups reported living with others and eating alone. The majority of participants at all sites reported that they always prepared their own meals (19). Few elderly admitted that they never prepare their own meals (2).

Socio-demographic characteristics of the elderly adults indicated that the focus groups included the population that was targeted, which was low-income, elderly male and female Congregate Meal Program participants aged 60+ years. The low-income elderly adults were non-institutionalized and capable of making their own choices for food purchasing and preparation, as results indicated that the majority either “always” or “almost always” prepared their own meals when not at the congregate meal site. This is important to note since results of this study will contribute to development of nutrition education programs for low-income elderly living in Virginia. Two participants in a focus groups did not meet the age requirement for the study

because they were younger than the target age. One adult male from the Christiansburg group, who contributed little to the focus group discussion, did not report his age on the demographic questionnaire. However, notes from the assistant moderator confirmed that he was approximately in his thirty's and was eligible for participation in the Congregate Meal Program because he was a "special needs" client with a mental disability. The other was a 55 year old adult in the Richmond group.

Nutritional Risk of Focus Group Participants

The NSI *Determine Your Nutritional Health Checklist* consists of 10 questions in areas that pertain to dietary practices. The NSI designed the checklist so that each statement has a pre-determined point value indicating the extent to which that practice affects nutritional health. A higher point value indicates increased risk. Results of the NSI *Determine Your Nutritional Health Checklist* are presented in Table 4.2. Results indicate that almost all of the participants (32) were at nutritional risk, with a larger number of elderly at high risk (20) than at moderate risk (12). Results of the national evaluation of the ENP indicate that 64% of Congregate Meal Program participants have characteristics associated with a moderate to high nutritional risk, with approximately 22% at high risk and 40% at moderate risk (AoA, 1996). This suggests that the elderly in this study represented a segment of the population of Congregate Meal Program participants who had a greater risk for poor nutritional status due to diet-related disease and dietary practices.

The portion of elderly adults from the Richmond group at high risk for poor nutritional status (5 of 6) was similar to that of elderly from the Halifax group (7 of 8) (Table 4.2). No adults from these sites were without risk or had a low nutritional risk. Risk of the Christiansburg and Fredricksburg elderly was similar with relatively equal disbursement between moderate

Table 4.2 - Number^a of elderly adults in the focus groups at various levels of nutritional risk as determined with the *Determine Your Nutritional Health Checklist* of the Nutrition Screening Initiative

Level of Nutritional Risk ^c	Focus Group Site				Total
	Richmond	Halifax	Christiansburg ^b	Fredricksburg ^b	
None or Low	0	0	1	2	3
Moderate	1	1	5	5	12
High	5	7	5	3	20
Total	6	8	11	10	35

^a n=35 participants

^b At least one participant at each site left at least one statement unanswered

^c “No or Low Risk”= 0-2; “Moderate Risk”= 3-5; “High Risk”= ≥ 6

and high risks and few with low or no risk.

Dietary practices that contributed to nutritional risk of the older adults in this study can be identified from results presented in Table 4.3. Contained in that table are the number of elderly who answered “yes” to each of the statements in the NSI checklist. Results indicate that many (24) of the elderly reported eating few fruits, vegetables, or milk products. Also, a large number (22) reported that they “ate alone most of the time” and many (20) admitted that they “take 3 or more different medications a day.” Twenty-two older adults reported that they “have an illness or condition that made them change the kind and/or amount of food they ate.” Diet-related chronic diseases are common among the elderly and contribute to nutritional risk. Research has indicated that 4 out of 5 adults over 65 years of age suffer from diabetes, hypertension, arthritis, or heart disease, with 35% suffering from three or more of these (AoA, 1994). Limited financial resources also contributed to the level of nutritional risk of the elderly adults in this study. Sixteen stated that they “don’t always have enough money to buy the food