

# **Elderly Food Insecurity in Lewiston, Maine**

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Environmental Studies Capstone Seminar

Bates College, Lewiston, Maine

Fall 2010

## Executive Summary

The United States currently faces urgent public health problems in the form of food insecurity (Kim, K., 2009). Although the U.S. has one of the strongest economies in the world, the number of food insecure individuals in America continues to grow. In 2008, 49 million American households were food insecure compared to 36 million in 2007 (USDA). Food insecurity rates are higher than they have ever been since the USDA began recording fourteen years ago (USDA). Food insecurity can occur if there is an unavailability of food that is safe and nutritious, acquired in ways that are socially acceptable to the individual, without resorting to emergency food supplies, scavenging, or stealing (Anderson, 1990).

The Community Food Assessment (CFA), run by Local Food for Lewiston, in Lewiston, Maine was first established to evaluate and address food insecurity within the community. The data from this research will provide Local Food for Lewiston with information that can be used to help alleviate food insecurity within the elderly demographic. Our research was aimed at assessing the accessibility, affordability and availability of food, and to identify factors which contribute to food insecurity in Lewiston for the elderly population living independently. To develop a narrative on food insecurity amongst the elderly, we employed several research methods including completing bibliographical and web-based research, having key informal interviews with community leaders, professionals, volunteers and residents, participating in experiential based fieldwork and gathering demographic data some of which was compiled into ArcGIS maps.

Through interviews and experiential based fieldwork, five factors were identified as components of food insecurity. These factors were isolation, physical decline, bad habits, economic stress and level of education. Web-based research and suggestions from interviewees were used to identify prominent governmental and non-governmental-sponsored programs relating to food insecurity. These programs included Congregate Dining sites, soup kitchens, food pantries, SeniorsPlus, Meals on Wheels, social centers and education facilities. Web-based research and suggestions from interviewees also helped us identify housing complexes for older adults living independently. For the purpose of this study, living independently requires living where complete assistance is not immediately available such as at a nursing home or a family member's house. Through these sources the presumed location of 6.16% of the Lewiston elderly population was located.

Food security for the elderly, one of the groups most at risk of food insecurity, is an escalating concern across America because the elderly population will increase considerably between 2010 and 2030 as the baby boom generation reaches age 65 (Keller et. al., 2007; AoA, 2009). Lewiston will be particularly affected because it already has a substantial elderly population. Whereas those 65 and over constitute only 11.9% nationally, 17.8% of Lewiston residents fit in this demographic (U.S. Census Data, 2000).

Our research found that Lewiston already hosts incredibly beneficial programs for the elderly, but almost ubiquitously, program volunteers and employees explained that the funding was not enough, and that they would do more with more funding. Additionally, many of our

interviews stated that there needs to be increased family involvement with the elderly for support and society.

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## Introduction

Food insecurity is an urgent and growing public health problem in the United States (Kim, K., 2009). Food insecurity can occur if there is an unavailability of food that is safe, nutritious and acquired in ways that are socially acceptable (Anderson, 1990). Food insecurity rates are higher than they have ever been since the USDA began recording fourteen years ago (USDA). In 2008, 49 million American households were food insecure compared to 36 million in 2007 (USDA) and it is likely that this trend will continue if changes are not made. In order to address this issue, the factors inducing food insecurity must be identified. Tackling food insecurity on a nationwide scale among all demographics requires analysis of the individual demographic groups before all-encompassing solutions can be imposed. A nationwide scope is equally unwieldy without a compilation of local demographic data. Food insecurity affects a broad spectrum of Americans, but certain subsets of the population are particularly at risk such as children, women, immigrants, the disabled and the elderly.

To contribute a piece to the puzzle, the Bates College Environmental Studies Capstone Seminar attempted to create a picture of the potentially food insecure populations within the Lewiston area. Each group was assigned a specific demographic of the population, such as children, immigrants and elderly, or certain factors that heavily impact the potential for food insecurity, such as transportation. Specifically, our group attempted to establish a picture of the food insecure elderly.

Recently, Frongillo and Horan (2004), researchers of food security in the elderly, have expanded the definition of food insecurity to include problems acquiring, accessing, and utilizing food because people can be economically secure, but still food insecure. Issues of acquiring, accessing and utilizing food are particularly relevant to older adults living independently who face issues concerning isolation and physical decline (Keller et al., 2007). Part of this problem is due to natural changes in aging. But specific generations of the elderly generally respond differently to the aging process and this should always be kept in mind. For example, the current generation of elderly who grew up during the Great Depression are less likely to participate in food assistance programs because of either skepticism of the government or a mentality that someone is worse off (Wolfe et al, 2003). The elderly of the United States encompass a diverse group of people who differ in culture, ethnicity, economics and history. Food insecurity does not affect all older people equally. In fact, social inadequacies can become particularly pronounced within the already at-risk elderly sphere. Though grouping people into age classes is an effective means of teasing apart the problem of food insecurity, this fact should not be ignored.

Unfortunately, there is a current trend in our society that tends to forget our elderly, and as individuals age, some feel that after decades of being productive citizens they become marginalized and irrelevant (Minichiello et al. 2000). Ageist views prevalent in Westernized societies are the beliefs and attitudes used to justify age based prejudice and discrimination (Minichiello et al. 2000). Younger people's ageist views affect their treatment of elderly people within their community (Minichiello et al. 2000). In the past, most elderly people expected to live out the rest of their lives provided for and revered by younger members of their community. There has been a recent shift, however, in family responsibility towards the elderly (Keller et al. 2007). Today, elderly people can find themselves placed in an elderly housing facility,

surrounded by people only their age, feeling at the edge of society. The American cultural valuation of age contributes to the marginalization of elderly people (Minichiello et al. 2000). The combination of this and a decline in physical abilities leads to a marginalization of this important part of the population (Minichiello et al. 2000). As once productive citizens, such oppression of being looked upon as useless can be detrimental to physical and mental health, both of which affect food security. This western view that pushes the elderly to the edge of society is a pervasive in the United States and certainly increases elderly food insecurity. The traditional role of the elderly, of being the teachers of younger generations, has been lost and they have been forgotten.

Likely as a result of our failures, several programs have developed to aid elderly food security. There are several government-sponsored food assistance programs available that seek to address the problem of food insecurity for the elderly within Lewiston and Auburn. The Senior Farmers' Market Nutrition Program (SFMNP), known as Senior FarmShare in Maine, gives grants to provide low-income seniors with shares to local farms (FarmShare, 2009). The Commodity Supplemental Food Program provides eligible seniors (those seniors who have a household income less than 130 percent of the Federal Poverty Income) with 25 lbs of nutritious USDA commodity foods commodity foods per month (USDA: CSFP, 2010). SeniorsPlus connects elderly people with different services such as Meals on Wheels and caregiver services. SeniorsPlus also runs Congregate Dining Centers in Lewiston and Auburn (SeniorsPlus, 2009). America's Seniors Nutrition Program provides nutritious meals, access to community resources and opportunities for social interaction at Congregate Dining Centers throughout Lewiston (SeniorsPlus, 2009). Meals on Wheels provides meals to senior centers as well as homes of seniors with limited mobility (Meals on Wheels, 2009). It is important to note that there are many non-governmental organizations assisting Lewiston's elderly in addition to governmental food-assistance programs.

Food insecurity is a nationwide problem and will continue as such as the baby boomer generation approaches senior citizenship. In 2008, the elderly population (ages 65+) was 38.9 million (AoA, 2009). Of those, approximately 7-11% are reported as food insecure (Duerr, 2007; AoA 2009). In ten years, the elderly population is expected to rise to increase by about 13 million (AoA, 2009), more than one million a year. Given this fact, it is clear that food security among the elderly will continue to grow as a pressing issue in the United States.

Food insecurity among the elderly is a serious issue in Maine as well (MaineMarks, 2007). The elderly in Maine are particularly prone to food insecurity due to the many factors outlined by the Meals on Wheels Association of America Report written in 2008. According to this report, the greatest predictors of food insecurity for elders are: being between the ages of 60 and 64, living with grandchildren, living below the poverty line, being a high school dropout, being African American or Hispanic, being divorced or separated, and being a renter. Many of these factors were also illustrated in the "Maine Consolidation Plan" prepared by the Maine Housing Authority and the Maine Department of Economic and Community Development in 2010.

This study will address food insecurity among the elderly in Lewiston, Maine. Lewiston faces significant challenges related to elderly food security because of overall economic

depression and the high percentage of the elderly population. Lewiston, a predominantly rural county, is home to 37,000 people (U.S. Census Data, 2000). Since the closure of key mills, many Lewiston residents have faced economic depression and food insecurity issues. In Lewiston, 17.8% of residents are over the age of 65 compared to 11.9% nationally (U.S. Census Data, 2000).

Similarly, we found that isolation, physical decline, bad habits, economic stress and level of education were accurate predictors of food insecurity in the Lewiston area. None of the factors we found were mutually exclusive of the others indicating that food insecurity is a complex issue among the elderly. Therefore, it is our hope that the information provided in this report will be used to build on a community wide food assessment in Lewiston.

This study seeks to elucidate who is most affected by food insecurity, where those most affected are living, and what the factors inducing food security are for Lewiston's elderly still living independently. For the purpose of this study, living independently requires living someplace where complete assistance is not immediately available such as at a nursing home or a family member's house. Demographic data relating to elderly still living independently helped expand upon who faces food insecurity, where those at risk of food insecurity are living, and what programs they go to for assistance. Collected data on elderly housing complexes and governmental and non-governmental-sponsored programs shaped a more appropriate conception of the vulnerable areas within the community, as well as provide a better understanding of the requirements and potential transformations necessary for fostering a food-secure environment. To understand the factors inducing food insecurity, we developed a narrative describing the primary factors inducing food insecurity through coding informal interviews with community leaders, professionals, volunteers and Lewiston residents. Additionally, we participated in experiential based fieldwork to further our comprehension of a senior's experience with food in Lewiston. Through our research, we aim to assess the accessibility, affordability and availability of food, and to identify factors which contribute to food insecurity in Lewiston for the elderly population living independently. This assessment will provide Local Food for Lewiston with information that can be used to help alleviate food insecurity within the elderly demographic.

## Methods

This study seeks to elucidate who is most affected by food insecurity, where those most affected are living, and what the factors inducing food insecurity are for Lewiston's elderly living independently. Through our research, we aimed to assess the accessibility, affordability and availability of food, and to identify factors which contribute to food insecurity in Lewiston for the elderly population living independently. To fill in this knowledge gap, we used several research strategies. These included a review of relevant literature, key informal interviews with community leaders, professionals, volunteers and residents and a gathering of demographic data some of which was compiled into ArcGIS maps. Additionally, we participated in experiential based fieldwork to help create our narrative of a senior's experience with food in Lewiston.

### **Literature/Framework Search Strategy**

A search for relevant literature was conducted in September, October and November of 2010 using the databases JSTOR, Scopus, Academic Search Premier and Google Scholar. The search terms used included: food insecurity, elderly, aged, frail, disability, isolation, subsidized housing, congregate housing, government food programs, care services and demographics. A number of these terms were combined together with no particular order to yield a variety of results. The literature we used was limited to studies originating from Canada and the United States only.

### **Semi-Structured Key Informant Interviews**

To get relevant information on elderly people's relationship with food, we conducted key informant interviews with a limited number of well-connected and informed community experts. The snowball method was employed to connect with additional community experts after assimilating an opening set of community experts identified by our community partner, Holly Lasagna. Participants interviewed included Connie Jones, Director of Community Services at SeniorsPlus, Shari LeTourneau, Property Manager of two subsidized housing complexes for the elderly, Calvin Dube, a community action researcher (CAR), Danielle Traverse, a volunteer social coordinator at a subsidized housing complex for elderly, Roger Oulette and Jayne Lapointe, Meals on Wheels employees, and elderly Lewiston residents Roland, Carol, Greg and Mike. Before interviews were conducted, questions were sent to interviewees via email regarding basic demographic data and elderly services (Appendix). Probing questions were used during the actual semi-structured interviews, which lasted roughly 45 minutes each.

#### *Coding*

To developing a narrative on food insecurity, we coded all semi-structured interviews with experts, volunteers and Lewiston residents. Coding categories included: Education, Isolation, Habits, Economic Stress and Physical Decline.

#### *Consent*

Prior to each interview, participants were given a summary of the project and a consent form (Appendix). The consent form confirmed that the interviewee was participating voluntarily, that he or she may be identified by his or her affiliation in the study, and that information about him or her would be held in confidence. The interviewee was also given our names and phone numbers, as well as those of our advisors.

### **Phone Surveys**



Phone surveys were conducted with two soup kitchens, Hope Haven Mission and Trinity Jubilee Center, to collect data on funding, hours and numbers served (Appendix).

### **Experiential-Based Fieldwork**

We participated in experiential based fieldwork to further our comprehension of a senior's experience with food in Lewiston. We visited a food pantry/soup kitchen, the Meals on Wheels kitchen, and individually participated in Meals on Wheels delivery routes, as well as a SeniorsPlus education class to help form a conceptual framework of elderly experiences and relationships with food.

### **Demographic Data**

Demographic data was collected on a national, state and local scale from the U.S. Census Bureau, the 2008 national Meals on Wheels report, and the 2009 Administration on Aging report.

A review of programs and establishments geared towards elderly populations was conducted. Local housing complexes, non-governmental and governmental food programs, elderly services and congregate dining used in Lewiston by eligible elderly were reviewed. This research was done through the use of the Internet and each programs respective websites. Interviewees added to the list of programs. A further Internet search was conducted in more detail if interviewees made recommendations.

Initially, we attempted to collect detailed demographic data for Lewiston concerning income, gender, age, participation in food assistance programs, marital status, car ownership and living situation by inquiring information from housing managers, SeniorsPlus employees and Meals on Wheels employees for relevant quantitative data. We were not allowed access to the data despite our efforts to explain that the information would remain confidential and that they would see our use of it before it was submitted. Regardless, privacy issues seemed to prevent any demographic data collection from these sources. Therefore, we were limited to that which is publicly available.

A review of both subsidized and non-subsidized elderly housing complexes and assisted-living facilities was undertaken using the Google search engine. The capacity for each facility was recorded.

### **ArcGIS**

A map was created using ArcGIS (Appendix). Census tract data was obtained online from the Maine Office of GIS website (<http://megis.maine.gov>). According to the U.S. Census Bureau, census tracts are small, relatively permanent statistical subdivisions of a county, which attempt to be homogeneous with respect to population characteristics, economic status, and living conditions (US Census Bureau, 2009). On the map, census data was displayed as population density. The addresses of all establishments and assistance programs collected were geocoded and displayed on the map. The capacity of each housing facility was also indicated. This study did not attempt to create a comprehensive database of the locations of all establishments and assistance programs.

## Results

### Semi-structured Interviews

#### *Coding*

Semi-structured interviews were used to compile a conceptual framework of factors pertaining to elderly food insecurity specifically within the city of Lewiston. We found five trends that were common both among interviewees and within the relevant literature. The five frequently mentioned factors in food insecurity for the elderly were level of education, isolation, physical decline, habits and psychological effects of economic stress. (Full transcripts and coded transcripts can be found in the appendix).

#### *Summary*

#### Low Level of Education

A low level of education was found to be correlative with increased risk of food insecurity. For example, a man we met at Community Ties, Ralph, volunteered the following:

I live all by myself and when my wife was alive and stuff and both of us went grocery shopping together and she can read better than I can. See I can't read or nothing. If I try to read a newspaper I don't understand because I quit school when I was 15. Had to stay home when my grandma got sick. And my mother didn't want to give up her job and my father didn't want to give up his job.

Nutrition is commonly what first comes to mind when we think about education in terms of food. Nutritional education certainly assists with food security, but the ability to read food labels is essential. Illiteracy indicates that food choices must be made on appearance alone, without considering nutritional value. According to Dube, many elderly in the Lewiston area grew up on farms and were expected to work for the family from a young age, preventing schooling. Dube also mentioned that the death of a spouse often results in food insecurity among surviving men because they do not know how to cook for themselves.

#### Isolation

The level of one's isolation was also linked with vulnerability to food insecurity. Church gatherings, community suppers, congregate dining and soup kitchens reduce isolation and increase food security. Food delivery programs such as Meals on Wheels also reduced isolation, while increasing food security. Though Meals on Wheels employees only spent a few minutes with each client, they explained that their deliveries also served as a wellness check.

We've had people that they've found on the floor we've had people dead in bed, people that have been sick and haven't been able to get to a phone. We get into some homes and the place hasn't been shoveled out.

According to the employees overall, isolation was caused by lack of familial and friend support, difficulty in moving and lack of stimulus to be socially active. According to Connie Jones of SeniorsPlus, men are especially vulnerable to isolation after the loss of a spouse because it is often the wife that brings the couple out to church and community gatherings. Shari LeTourneau explained that both Meadow View and Blake Street Towers, subsidized housing complexes for the elderly, have community gathering programs. They also have tenant councils with elected board members. Board members meet monthly to organize programs such as holiday meals and BINGO. Unfortunately, Isolation still occurs in elderly living facilities, as illustrated by the following quote from a Bates volunteer at Blake Street Towers:

It is very easy for them to stay in their rooms. It takes a lot to convince them to get out and about, which is a huge thing, even as far as going to the store and getting food.

### Physical Decline

Health issues are extremely common among the elderly. During our interviews, mentioned health problems leading to food insecurity included diabetes, ulcers, physical disability, loss of senses, and dentures. In addition, sensitivity to taste can be reduced as a result of aging or from side effects of medication, which can reduce a person's desire to eat. All of these reduce the variety of potential food choices and how those foods are procured, which is demonstrated by the following quote from a Bates volunteer at Blake Street Towers:

A lot of them go to the doctor all the time. They have a lot of health issues...Its depression or some type of pain...One might have a swollen leg. One might be having heart issues that day and they're just debilitated.

Clearly there are a seemingly infinite number of health problems that can affect an elderly person's ability to acquire and consume food.

### Habits

Bad eating habits were also found to be a significant contributor to food insecurity because adequate nutrition is a critical aspect of being food secure. According to Calvin Dube:

“Habits are everything. When you get to certain age it's hard to start changing what you have done all your life. But a lot of these folks were sick because they

ate awful all their life. They didn't know any different or they just liked it. That was what they learned. Many of the elderly were born during the post-WWII generation when a new era of food was just beginning. And then the senior citizens talked about how difficult it was to make changes even though they knew it was important in terms of health.

The elderly community in Lewiston has a high concentration of French-Canadian immigrants that came to Lewiston during the Bates Mill boom. Their traditional foods are often rich in fat, sugar and salt, all of which are detrimental to health in large quantities. Because this is what many of the elderly in Lewiston grew up with, parting with these foods at such a late age is difficult, even though it may be the very reason that they are food insecure.

### Psychological Effects of Economic Stress

Economic stresses were also seen as causes of food insecurity. Many elders live on a monthly fixed income provided by social security, which is far more difficult to budget than weekly or bi-weekly incomes. In order to make a low income last, elderly often do their shopping at Walmart in Auburn where processed foods are very available and very cheap, which something that the volunteer at Blake Street Tower emphasized:

They all go shopping at Walmart... Cheap and processed is what is affordable. It's not like they're going hungry though.

Though food sources may be plentiful, food insecurity can still be prevalent if food sources do not provide adequate nutritional value. Similarly, programs such as Meals on Wheels are limited in who they can deliver to and how often because of budget constraints.

According to Shari Letourneau, the project manager of Blake Street Towers and Meadowview, the major status symbols within the Blake Street Towers and Meadowview communities are income and age (as it correlates to health and independence). Letourneau described the economic range and age span of residents that lived in the facilities. Although all residents are disabled or elderly with low incomes and live in identically designed housing units, within the subsidized housing community, residents display a range of income, age, disability and independence. Letourneau could not give details on individuals, but she explained that if one were to go to the complexes, he/she would quickly become aware of individual residents economic status and position within the community. Letourneau explained that the residents blatantly displayed their position within their community, creating a physically apparent social stratification.

In addition, Dube explains that seniors who are economically stressed are less likely to ask for benefits:

Seniors from the era of the Great Depression are humble and proud. They don't like to ask for services and benefits. It is humiliating for them.

### *Demographic Data Collected from Interviews*

From the interview with Shari LeTourneau, we learned about demographics in Blake Street Towers and Meadow View (Appendix). We were not able to obtain detailed demographic data from these two facilities.

LeTourneau explained that Lewiston Housing Authority does not provide assistance services, but connects residents with other agencies such as SeniorsPlus. With a grant from Walmart, the Green Bus comes to Meadow View once a month and Blake Street Towers twice a month to pick up residents from the community room and take them to get groceries.

From the interview with Connie Jones, we learned that SeniorsPlus receives its funding from Administration on Aging, their own fund-raising, the State of Maine, and grants. According to Jones, this funding is not sufficient and, “the greatest amount of funding comes from the Administration on Aging, and that funding has remained flat for greater than 10 years, despite growing numbers of older adults and adults with disabilities.”

SeniorsPlus assisted 9,416 unduplicated clients in Androscoggin, Franklin and Oxford counties last year. Meals on Wheels is part of SeniorsPlus. Meals on Wheels served 184 people last year. The food for Meals on Wheels is primarily provided by Good Shepherd Food Bank, which offers them reduced prices and the gaps are filled in with store bought food from Costco or local grocery stores.

### **Phone Surveys**

We conducted phone surveys with two soup kitchens. Hope Haven Mission serves breakfast and lunch every day. In 2009, they served 17,495 meals. Trinity Soup Kitchen and Food Pantry serves lunch three times a week, and dinner on Sundays, serving approximately 100 plates per meal. The food pantry is open from 8-12 on Thursdays during which they serve 250 families. The Salvation Army serves lunch three times a week either at the Trinity Soup Kitchen or from the Salvation Army motor vehicle behind Mardens in Lewiston. Both reheat food that comes primarily from Bates College and St. Mary’s Campus Cuisine. Most of their funding comes from grants, individuals and businesses, but funding is never enough according to a soup kitchen volunteer.

### **Experiential Based Fieldwork**

During the tour of the Trinity Soup Kitchen, residents explained to us that elderly people did not come to the soup kitchen frequently, except those that lived across the street in the Bates Street Senior Housing complex, but that many family and friends went to the soup kitchen and made take-out plates which they brought to the elderly. A sense of a social community was very apparent. Calvin Dube indicated that he thought most people went to soup kitchens for the social aspect even if they might have the necessary means to get enough food on their own.

In the Meals on Wheels kitchen, we watched Meals on Wheels employees make hot meals, frozen meals and emergency meals. In addition to the meals, residents were also given fall reusable grocery bags and pints of milk. In the kitchen, employees told us their stories.

All three of us were impressed by the enthusiasm and dedication of Meals on Wheels employees. Many went above and beyond the job descriptions. On the separate Meals on Wheels routes that each of us attended we talked for roughly five minutes with each elderly person. On the directions to get to each resident's home, there is also listed descriptors of the elderly person – if they are hard of hearing, if they have pets, who their emergency contact is if they have one. Each driver was full of stories about the people they have helped or the lives they have saved. None of it is in their job description, but there was no question when the time came to act.

The SeniorsPlus Education Center offers a variety of classes for the elderly ranging from “AARP Safe Driving” instruction to “What’s Happening to My Body as it Ages?” Many of these classes are free of charge. To get a picture of what these classes were like, we participated in “Resilience! Build Skills to Endure Hardship.” During this class, we defined our character strengths and explained how we used them in day to day life. We also analyzed our habits of thought, and worked on positive thinking. The classroom was packed. The goal was to “harness inner strengths to rebound more quickly from a setback or challenge, whether it’s growing older, an illness, a disaster or the death of a loved one.”

## **Demographic Data**

Demographic data was collected from where it could be found or acquired. As stated before, privacy issues prevented the collection of demographic data from sources like SeniorsPlus and Meals on Wheels, which would have been able to provide a better picture of the elderly population in Lewiston. Instead, we resorted to using data provided by the 2000 U.S. Census and the Maine State Housing Authority, which is public domain that can be found online. This information was used to start to create a picture of where the food insecure elderly potentially are in the Lewiston area.

An excel spreadsheet was compiled of the addresses of programs and establishments geared towards elderly populations (Appendix). Data for this was found online or from interviewee suggestions. We were able to account for about 6% of where the elderly live in Lewiston based on an internet search of all elderly housing facilities:

Figure 1. Percent of Lewiston elderly population (65+) found in various elderly housing facilities. Total percent is approximately 6.16%.

This leaves much of the Lewiston elderly population unaccounted for suggesting that a significant proportion live independently or in care-providing facilities.

Figure 2. Number of beds per elderly person (65+) in Lewiston-Auburn. Data was collected from the 2000 U.S. census except for “subsidized senior housing” which was collected from Maine State Housing Authority.

We see here that the vast majority of Lewiston elderly cannot be accounted for in housing facilities or in care-providing facilities.

Figure 3. A comparison of senior housing options in different cities in Maine and Maine as a whole. Assisted living is the primary option used. Independent living is not accounted for. Data was collected from Maine State Housing Authority.

Lewiston’s available senior housing options are similar to the rest of Maine suggesting that much of the elderly population live independently state wide.

Figure 4. The percentage of residents 65 and over is much greater in Lewiston than nationally or statewide. The source of this data was the U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2003.

Figure 5. The percentage of residents 65 and over living in nursing homes decreased from 5.1% to 4.5%, suggesting that more elderly are living independently. The source of this data was the U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2003.

ArcGIS was used to visually display total population, elderly population, elderly housing complexes and their respective capacities, soup kitchens, social centers, emergency food providers, bus routes and congregate dining sites.

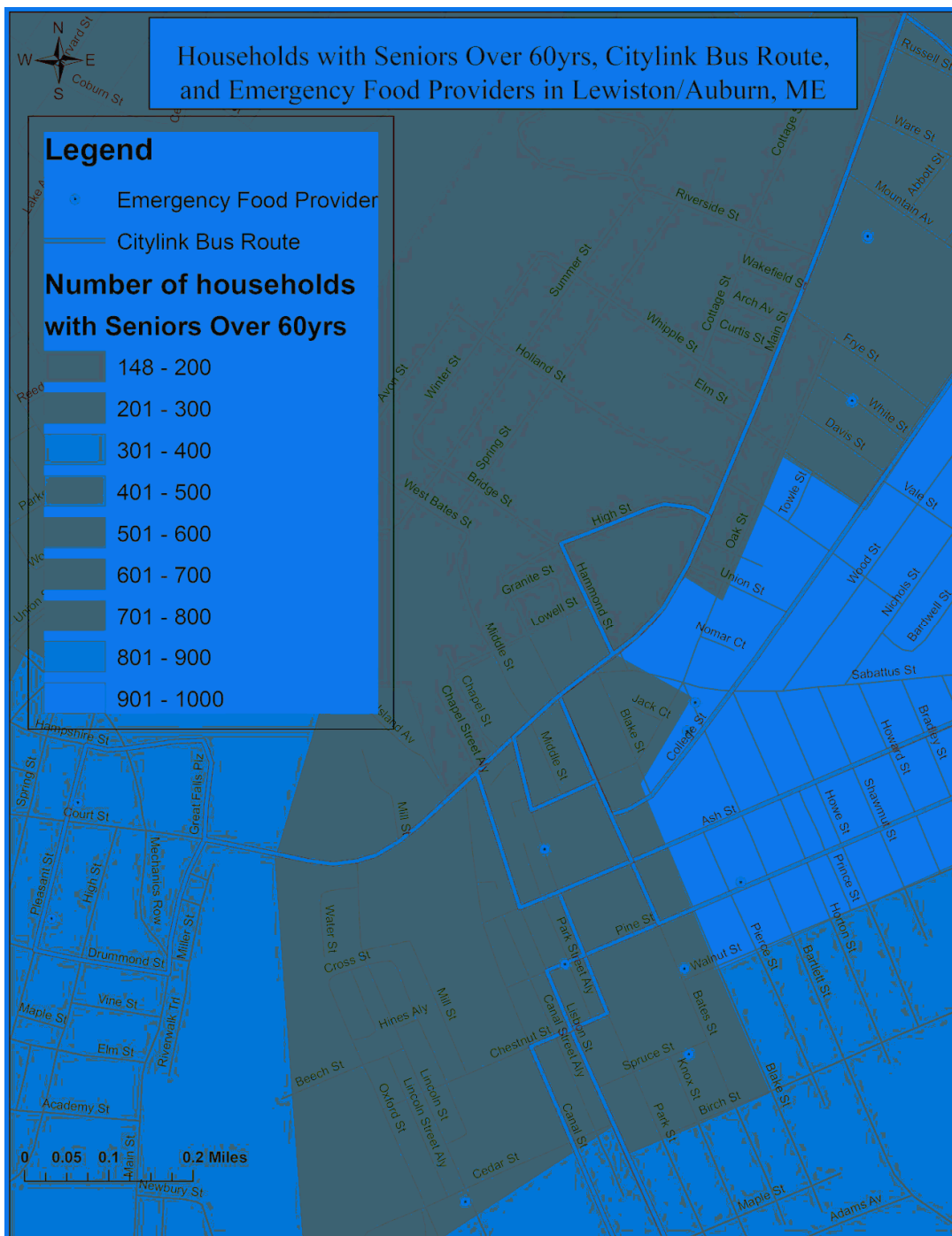




Figure 4. ArcGIS map of elderly population in conjunction to bus routes and emergency food providers. Provided by the ES capstone seminar class 2009-2010.

Figure 5. ArcGIS map of Lewiston population based on 2000 U.S. census data in conjunction to various kinds of food providers. The object labeled “food provider” is Meals on Wheels.



## Discussion

### Semi-structured Interviews

#### Education:

Understanding what it means to eat a healthy diet is critical to food security. This entails being able to read labels as well as knowing what types of food provide what types of nutrition. Many of the Lewiston elderly grew up on farms in the area and were expected to work rather than attend school. The result of this could mean not being able to read and therefore food choices can only be made by appearance. Simple things like not knowing to read an expiration date could cause health risks.

In addition, general knowledge about cooking and storing food should not be assumed as common knowledge among the Lewiston elderly. Improper storage methods can lead to spoiled resources in a household where money is already tight. A lack of cooking skills can be particularly detrimental to men who lose a spouse. Often times, the woman was held responsible for shopping and preparing meals. The loss of such a person can leave some men eating pre-prepared foods that lack in nutritional value. In one case, Calvin Dube spoke of a man who was financially comfortable so he ate at restaurants for all his meals. This is a case where money is not an issue, but may not be the healthiest of eating habits.

SeniorsPlus and St. Mary's Hospital education classes can help inform elderly in skills that reduce food insecurity.

#### Isolation:

Isolation is caused by physical decline, lack of familial and friend support and a general feeling of disconnect from the rest of the world. All of these factors make entering social situations more difficult and foreign. Physical disabilities can make leaving the house seem like an overwhelming task. The more time spent in isolation, the more difficult it is to reintegrate into a social community. Often times, elderly people will feel like a burden to family or friends because of the effort it takes to get them up and about. This further contributes to chronic isolation.

Isolation can cause depression and therefore a loss of desire to prepare and consume food. It is also difficult to cook for one person without wasting food or sacrificing variety. Many of these people have grown up in households where cooking and eating is a social activity. Therefore, a lack of a social setting can prevent the impetus to eat or cook.

Social settings such as congregate dining sites such as the CMMC cafeteria, the multi-purpose center and Meadowview park community hall are good solutions to isolation.

#### Physical Decline:

As a natural course of ageing, physical decline results in increased opportunities for food insecurity. Lack of mobility can reduce one's ability to obtain and prepare food. The winter

months can also prove to be exceedingly difficult for elderly because sidewalks are not always shoveled and driving is not always an option. Aging can also result in a decreased sensitivity of taste and smell. This can decrease the potential desire to eat or the enjoyment of eating. Some medications can also have this effect. Dentures are also a common necessity among the elderly. Getting fitted may not be affordable so elders can be left with no other option than to eat soft foods. This limitation in diet has serious nutritional repercussions. Other medical conditions such as diabetes can have this same effect.

Easy access to medical facilities and someone to check in with elders periodically, such as the Meals on Wheels program, increases the likelihood of preventing serious injury or letting an illness go unnoticed.

#### Habits:

Few of us can understand what it is like to break a habit after almost a complete lifetime of employing that habit. Elderly people who have bad eating habits face this problem. Specifically in Lewiston, these habits are ingrained in a culture which makes them particularly difficult to break. Many people will actually acknowledge the fact that they eat poorly, but are not willing to change. This generation of elderly is the first that was brought up during the new post WWII era of industrialized processed foods. This allowed habits to form when nutritional education was not common. Many of us would consider it common knowledge that processed foods are not healthy, but this was not necessarily the case during their young adulthood.

#### Psychological effects of economic stress:

Stress from monetary limitations can permeate through all facets of life. Many elderly survive on monthly social security checks as their primary source of income, which can be extremely difficult to budget, especially when unexpected medical costs are a constant threat. Impulse spending at the beginning of the month causes food insecurity at the end of the month. Increased need of medication is also an added expense especially since certain medications must be supplemented by different foods, some of which are particularly expensive.

Strategies for stretching the dollar are often employed, which can mean buying cheap and processed foods or splitting a meal in half to save for later. Food stamps would seem like a good strategy for saving money, but some elderly fear that the government will demand the money be returned after death. There is also a social stigma of using food stamps. Many elderly are too proud to use them or they believe that there is someone else worse off than them; therefore they should leave the services for them. Such beliefs are detrimental and education on the subject would certainly improve participation rates.

#### Overview of factors:

These five factors come together to form a cohesive set of predictors of food insecurity among the elderly in Lewiston. In the future, these factors can be employed to seek out areas that are at risk of food insecurity. They can also be used to form solutions that will alleviate food

insecurity among the elder. Since these factors are all interrelated, future solutions to food insecurity should involve each of those listed above.

### **Senior program evaluation**

Senior programs and organizations provide one form of solutions that enhance food security. Services that address the unique needs of elderly are especially effective and vital for the continuation of food security among the elderly.

#### SeniorsPlus:

Seniors plus is an extremely effective organization, obviously founded on compassionate principles. It is their goal to try to maintain elderly independence for as long as possible. Through their education classes and other services they empower their clients without making it feel charitable, which is a difficult balance to strike. By avoiding a charitable appearance and effectively advertising their services, they increase participation rates.

SeniorsPlus is an umbrella organization that coordinates several over programs such as Meals on Wheels and congregates dining. By having a central location, they can increase efficiency by effectively allocating funding that they receive from the government. Similarly, a central location could make coordination with Local Foods for Lewiston very possible. Such a collaboration would likely yield improvement of food security in the elderly population of Lewiston.

SeniorsPlus also assists with medical and tax forms. They can also put people in touch with doctors for specific problems. This reduces the stress and anxiety and assures that elderly receive proper and timely treatment. Help with tax forms enhances their ability to submit the proper forms in a timely fashion and that they receive tax benefits and returns. For a group of people who may already be financially stretched or face disabilities that restrict the ability to read or write, repercussions for forgotten tax forms may be an unfortunate possibility and SeniorsPlus helps deter this.

#### Meals on Wheels:

Meals on Wheels provides daily hot lunches to housebound individuals four days a week. For the days that they cannot deliver, they provide frozen meals. All meals contain at least one third of the daily nutritional value. These meals not only provide good nutrition on a daily basis, they create a social interaction that some elderly may not normally have. This function is not part of the job description, but Meals on Wheels drivers time and time again go out of their way to help their clients with far more than a daily lunch. Programs such as these are exemplary of

the type of support network that elderly people need. Food is a social ice breaker and therefore the drivers are well received and can create strong relationships with the clients.

Other programs:

Several other programs such as Senior Farmer's Market Nutrition Program, the Commodity Supplemental Food Program and America's Seniors Nutrition Program are potentially extremely beneficial to the elderly population of Lewiston, but require more advertisement to ensure that elderly know of the programs that are available to them. Pamphlets of such programs could be made available at SeniorPlus headquarters or passed out on Meals on Wheels delivery, which would certainly increase participation.

### **Family support:**

It is our personal opinion that increased family support is far and away the most important support structure that could reduce or eliminate food insecurity among the elderly. Creating this for the elderly is an extremely ambitious goal and will not happen overnight. Unfortunately, this fact has been sewn into the seams of our culture, but bringing respect back to our elders will certainly not tear us apart. Rather, it presents us with a great opportunity to get back in touch with a forgotten part of many great cultures. The elderly have much to teach us, whether we realize it or not. Yet we have pushed them to the fringes of society, left to fend for themselves when they had spent their life fending for us. The least we can do is repay them for their sacrifices.

We consistently found that elders with family support were more food secure than those who did not. Not only this, but they seemed to be happier. We are social creatures who depend on the support of other people. It is no wonder that elderly people often reject many seemingly charitable services. The people who provide the services have no emotional connection to those they are providing for. What motivation could they have other than sympathy and pity? People who are already feeling disempowered are not good candidates for receiving pity. If family were to provide these services, it is our belief that they would be far better received. They would cease to be called services at all. Rather, it would simply be care.

### **Next Steps**

This project provided another step in the Local Foods for Lewiston Community Food Assessment project toward forming a better narrative of food insecurity in Lewiston, ME. Within this report we have indicated some of the foundational elements that form the food insecure elderly population in Lewiston. We suggest utilizing this report as the basis for more research to come. With the release of the U.S Census of 2010, demographic data regarding the elderly population will be available for such factors as income, car ownership, location, population and etc. which we were unable to provide. Through this data, more accurate and detailed GIS maps can be created indicating the elderly resident's locations in relation to food stores, pantries, transportation access and etc. In addition, with this available data, as well as, the completed GIS map, the evaluation of accessibility, availability and affordability can be undertaken. In order to

gain a more enhanced picture of the elderly population and their struggle with food insecurity, focus groups should be held. A list of suggested questions for a focus group is provided in the Appendices. Focus groups should be held with only the elderly, as well as, with the elderly and staff, if the focus group is being undertaken at a subsidized housing. Furthermore, we suggest a close collaboration with SeniorsPlus. An evaluation of SeniorsPlus structure and workings can help Local Foods for Lewiston to identify possible solutions to alleviating food insecurity. Working with SeniorsPlus can open new and innovative ways to confront food insecurity, especially since it is the umbrella organization for the elderly care programs. Also, challenges which elderly food programs face should be identified in order to provide information, which can later be used to evaluate possible collaborative solutions between these programs and organizations. In addition, the extent of the influence of Farmshare on elderly food insecurity should be explored. We believe that family involvement is an essential component of food security for the elderly. Future research should look into family involvement, potentially through a survey. The survey could also look into how elderly perceive the physical accessibility of the city. Older adults' opinions on sidewalk conditions, weather, handicapped options etcetera, are critical to a narrative of food insecurity.

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## Appendices

### Appendix A: Additional References

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## Appendix B: Interview and Survey Questions

### 1. Pre-given Interview Questions

#### 1.1. Questions for Shari LeTourneau, Lewiston Public Housing Complex

- What are the requirements for living in Hillview, Meadowview, Blake St. Towers and Section 8 Housing apartments and is there any difference in qualifications for Hillview and Section 8 Housing Units?
- How many families get Section 8 and family housing vouchers?
- What is the acceptance rate out of the total applicants for these housing units?
- How long is the waiting list for them?
- How long are families allowed to live in the Hillview Housing Complex and Section 8 Housing Apartments?
- Could we find out generally where Section 8 Housing Apartments are located?
- How many units are available for the public in Hillview and within the Section 8 Housing Apartments?
- Do you have demographic data concerning number of adults, children and elderly living in these housing units, race, gender, ethnicity, age, disability status, level of education, citizenship status, employment, car ownership, how long they have been there, average income, level of benefits they receive, and participation in food assistance programs?
- Do you have information about the family structures of each household? (single parent, two parents, alternative guardians, living alone etc).
- If you do have that information, is there an electronic version of the dataset that you can send us? If so, is there information about the context of each variable or section of the data?
- Can you put us in contact with heads of households?
- Do you provide any services for elderly residents (ie transportation, community gatherings, free meals)?
- Have you in the past?
- Do people use and appreciate these services when offered?
- What prevents these kinds of services from consistently happening?
- Are there any incentives to providing such services?
  - Questions for Connie Jones, Director of Community Services for Seniors Plus
- Do you provide any services for elderly residents (ie transportation, community gatherings, free meals)?
- Have you in the past?
- Do people use and appreciate these services when offered?
- What is the process of getting food to elders? (provider to elderly)
- What are the eligibility requirements for your programs?
- Do you work with any elderly people from section 8 housing?
- About how many people do you work with (elderly and staff)?
- What is the budget of Seniors Plus?
- Who do you receive funding from?

- Where is the funding allocated?
- Do you have a lot of personal contact with the elderly?
- What does a day in the life of a Seniors Plus employee entail?
- How do elderly people get connected to service providers through you?
- Do you advertise and how?
- Have you observed social stratification within the elderly community?
- Are a lot of elderly people isolated?
- What impacts does isolation have on those affected?
- What are some of the causes and effects of food insecurity of Lewiston's elderly that you have observed?
- We are willing to sort through any demographic data that you have on the elderly. We will not use any personal information regarding individuals' identity, and we will not attempt to contact any elderly citizens. We are trying to create a picture of elderly demographics in Lewiston. Do you have any demographic data? Such as-
  - Addresses
  - Income
  - Gender
  - Age
  - Programs they use
  - Marital status
  - Apartment sharers

- Second Round of Questions for Connie for Connie Jones, Director of Community Services for Seniors Plus
  - SeniorsPlus
  - Who do you receive funding from?
  - What is it?
  - Is it sufficient?
  - Can you give us details?
  - How many people do you assist?
  - Do you have information regarding the population of elderly that live alone or with a spouse?

#### Meals on Wheels

- Number of people served in Lewiston?
- Where does your food come from? (Good Shepherd Food Bank, are there other locations?)
- Who do you receive funding from?
- What is it?
- Programs or organizations that you are in collaboration with?

#### Congregate Dining Sites

- CMMC Cafeteria
- Multi-Purpose Center
- Meadowview Park Community Hall

- How many times a week do you serve meals?
- How many meals per day?
- Where does your food come from?
- Is it cooked on site?
- Do you charge and how much?
- Do you have any nutritional requirements?
- What are they?
- Who do you receive funding from?
- What is it?
- Is it sufficient?
- Can you give us details?
- Does it differ by season?
- Types of meals served-variety?
- What restaurants are included in Dine Around program?
- Any other information that you might think would be valuable for us?

## **2. Phone Surveys: Trinity Soup Kitchen/Food Pantry and Hope Haven Mission Soup Kitchen**

Hi I'm Chloe/Ned/Gohar, a Bates College student. For our class, Community-Research in Environmental Studies, we are working with Local Foods for Lewiston and the Nutrition Center at St. Mary's Hospital to gather data on food insecurity for the elderly. We were wondering if you could answer a couple of questions for us?

### **Soup Kitchens**

How many times a week do you serve meals?

How many meals per day?

Where does your food come from?

Is it cooked on site?

Do you charge and how much?

Do you have any nutritional requirements?

What are they?

Who do you receive funding from?

What is it?

Is it sufficient?

Can you give us details?

Does it differ by season?

Types of meals served- variety?

Around how many elderly do you help?

**Food Pantries**

Where does your food come from?

How many people do you serve a week/year/month?

Do you have any nutritional requirements?

What are they?

Who do you receive funding from?

What is it?

Is it sufficient?

Can you give us details?

Does it differ by season?

Around how many elderly do you help?

### Appendix C: Interview Schedules

Interviewee (s)	Title	Data Interviewed	Location
Shari LeTourneau	Property Manager of Meadowview and BST	Monday, October 18	Meadow View
Connie Jones	Director of Community Services	Friday, October 15	SeniorsPlus Headquaters
Calvin Dube	Community Action Researcher	Monday, October 25	Bates College Library
Danielle Traverse	Bates College liaison with Blake Street Towers	Wednesday, October 27	Bates College Library
Calvin Dube	Community Action Researcher	Saturday, November 20	Tour of Lewiston
Roland, Carol, Greg, Mike	Community Ties Members	Saturday, November 20	Community Ties Dining Room
Roger Oulette	Meals on Wheels Employee	Monday, November 22	Meals on Wheels Kitchen
Jayne Lapointe	Meals on Wheels Employee	Monday, November 22	On Meals on Wheels Route

Appendix D: Tables

Place	Description	Street	Town	Contact
CMMC Cafeteria	Congregate Dining site	30 Main Street	Lewiston	1-80
Lewiston Multi-purpose center	Congregate Dining site	145 Birch Street	Lewiston	795-
Meadowview Park Community Hall	Congregate Dining site	233 Spofford Street	Lewiston	795-
Hope Haven Mission	Soup kitchen	209 Lincoln Colliery S	Lewiston	783-



		tr e et	
		2 4 7 B at e s S tr e et	
Trinity Soup Kitchen	Soup kitchen/food pantry	Lewiston	782-
		2 0 8 B at e s S tr e et	
Sisters of Charity Food Pantry	Food bank	Lewiston	207-
		3 1 2 1 H o t e l R o a d	
Good Shepard Food Bank	Food bank	Auburn	(207
		8 F al c o n R o a d	
SeniorsPlus	Hosts educational programs	Lewiston	207-
		8 F al c o n	
Meals on Wheels	Food provider	Lewiston	795-

		R o a d		
100 Pine Street Social Center	Social center	l 0 0 P i n e S t r e t	Lewiston	207-
Salvation Army		6 7 P a r k S t r e t	Lewiston	1-80

Table 1. The contact information for several elderly service providers in Lewiston is displayed.

-

Table 2. Some of the elderly housing facilities with the facilities capacity in Lewiston are displayed.

<b>Place</b>	<b>Street</b>	<b>capacity</b>
Frye School Senior Housing	140 Ash Street	22
47 Wood Street	47 Wood Street	6
1661 Main Street	1661 Main Street	5
1008 Sabattus Street	1008 Sabattus Street	4
58 Sargent Avenue	58 Sargent Avenue	4
Ouellete's Adult foster home-	124 Prospect Avenue	3
23 Pleasant Street	23 Pleasant Street	5
Pettengill Street	191 Pettingill Street	3
168 Old Lisbon Road	168 Old Lisbon Road	4
Robert's Boarding Home	231 Grove Street	4
MacSullivan home	1 MacSullivan Street	3
Church Street	20 Church Street	3
306 Pine Street	306 Pine Street	5
76 Bradley Street	76 Bradley Street	6
Family Connection AFCH	63 Fair Street	6
1665 Main Street	1665 Main Street	5
Bates Street Senior Housing	250 Bates Street	3
Birch Hill Elderly Housing	281 Bates Street	20
Dominican Court	56 Birch Street	4
Oak Park	10 Oak Street	5
St. Mary's Residences	Campus Avenue	6
The Gateway	11 Lisbon Street	3
Blake Street Towers	70 Blake Street	106
MeadowView	23 Spofford Street	163



**Appendix E: Future Focus Group Questions**

1. What does food mean to you?
2. How do you understand food?
3. How has food changed since you were a kid?
4. What are the types of food you eat and why?
5. What is your favorite type of food?
6. Where do you buy your food?
7. How often do you shop for food?
8. What type of food do you get? Why?
9. Who do you eat with?
10. Do you prepare food yourself?
11. How many times a day do you prepare food?
12. Can you afford the food you want?
13. What are the difficulties of getting food?
14. How has your desire to eat changed over time if at all?
15. What are your social activities during the week?
16. How do they relate to food?

## **Appendix F: Program Details**

### **SeniorsPlus**

<http://www.seniorsplus.org/>

Mailing Address/Street Address: 465 Main Street, Lewiston, Maine 04240

Telephone: 207-795-4010 - 1-888-234-3921 (information/referrals) - 1-800-427-1241 (services)

Fax: 207-795-4009

Contact Person: Sandra Goody

Hours of Service: Monday-Friday 8:00AM to 5:00PM

Population Served: The elderly in Franklin, Androscoggin and Oxford Counties

“The goal is to secure and maintain the independence and dignity of older individuals capable of self-care with appropriate support services. The agency works to remove barriers to elderly people and provides or promotes those in-home and community services needed to assure the greatest measure of self-sufficiency”(SeniorsPlus).

#### Funding:

- Administration on Aging municipalities in the 3 counties
- Own fund-raising
- State of Maine,
- Grants

“The greatest amount of funding comes from the Administration on Aging, and that funding has remained flat for greater than 10 years, despite growing numbers of older adults and adults with disabilities. State funds are very small and as the budget tightens, this money shrinks. So we have to fill in with other funds – some fundraising, grants, and towns donate” – Connie Jones, representative of SeniorsPlus

#### People Assisted:

- 9,416 unduplicated clients in Androscoggin, Franklin and Oxford counties 2009

Services: The agency is a local, non-profit resource for elderly that provides nutrition services which include:

- Home delivered meals
- Social services
- Handyman services
- Volunteer services
- Transportation
- Alzheimer's respite care
- Elder independence of Maine
- Grocery shopping
- Quarterly newsletters
- Congregate dining

- Housing services
- Resources to help those who are hard of hearing or sight-impaired
- Medical counseling
- Planning for the future and accessing long term support and services
- Locating:
  - Home care services
  - Nursing homes
- Understanding:
  - Advanced Directives
  - Difference between residential care and assisted living

#### Nutrition Services:

- **Meals on Wheels:** Delivers hot, nutritious meals to elderly who are homebound or with restricted mobility as well as to adults with disabilities.
- **Dine Around:** offers a voucher for a hot, nutritious meals at a selective, partnering restaurant for the elderly and adults with disabilities (CMMC, St. Mary's is in the works currently)
- **Lunch Plus Café:** Provides hot, nutritious meals in a community dining site to the elderly and adults with disabilities. Required donation is \$3 per meal
  - Sites include:
    - CMMC Cafeteria
      - 300 Main Street
      - Call for Vouchers 1-800-427-1241
    - Multi-Purpose Center
      - 145 Birch Street, Lewiston, ME
      - Wednesdays – 11:30 a.m.
      - Reservations -795-4094
    - Meadowview Park Community Hall
      - 23 Spofford Street, Lewiston ME
      - Tuesdays and Thursdays - 11:30 a.m.
      - Reservations - 795-4094
    - Blake St. Towers, Lewiston (Residents only)
    - Oak Park Apartments, Lewiston (Residents only)

#### Meals Served At Dining Sites a week (1mean per day)

- From 1 to 4
- Oak Park -4 days
- Blake Street-3

- The rest are 1 or 2
- Meals Prepared Meals on Wheels Lewiston Kitchen

### Caregiver Support

- Connects caregivers with:
  - other caregivers
  - SeniorsPlus staff
    - Provide:
      - Information about available resources
      - Answers to questions about legal and financial issues
      - Assistance in planning for the future and next stage of caregiving
      - Individual support and support groups
      - Caregiver training
      - Alzheimer's and memory loss education
      - Some respite care to provide needed temporary relief from caregiving □

### Medicare Counseling

- Answer Questions regarding:
  - Coverage
  - Savings programs
  - Assistance picking a Part D prescription drug plan

### Mobile Office Van

- Brings services to the elderly
- Partners with a town organization which provides:
  - space (church, town office, senior center, health center)
  - phone
  - parking
- provides:
  - Information about services and resources
  - Medicare counseling
  - Assistance with forms
  - Education on topic of your interest
  - Benefits Check-up
  - Advance Directive assistance

*(locations posted in town newspapers and on SeniorPlus website)*

### Education Center

- Classes offered monthly:
  - Yoga
  - Safe driving



- Self-empowerment
- Jewelry making
- Body aging

*(Classes vary by time and subject)*

- Better Choices, Better Health Workshop
  - Provides information regarding support and practical way to deal with:
    - Pain,
    - Fatigue
    - Stress
  - Discover better nutrition and exercise choices
  - Understand treatment options and new ways of communicating with one's doctor and family about one's health
  - Aid in bettering one's situation of:
    - Diabetes
    - Arthritis
    - High blood pressure
    - Heart disease
    - Chronic pain
    - Anxiety

*(Online sessions are posted each week for six weeks, 2-3 times a week, for 2 hours per week)*

“SeniorsPlus is the designated Area Agency on Aging for Androscoggin, Franklin and Oxford counties and is the home care coordination agency for the state of Maine. The agency is a private, non-profit, 501(c)(3) organization supported by funds from the Department of Health and Human Services, the Office of Elder Services, area United Way Agencies and local municipalities” SeniorsPlus

### **Meals on Wheels Association of America**

“The Oldest and largest national organization representing local, community-based Senior Nutrition Programs in all 50 U.S. states, as well as the U.S. Territories. The SeniorsPlus Meals on Wheels program in Maine delivers meals to homebound elderly in Androscoggin, Franklin, and Oxford Counties” (SeniorsPlus)

Quantity of Meals Provided (State of Maine, 2007):

Home Delivery Meals- 7,908

Congregate Meals- 6,527

Quality of Meals Provided:

- Meals provide 1/3 Daily Recommended Intake (2000 calorie diet)

Funding:

- Administration on Aging municipalities in the 3 counties
- own fund-raising
- State of Maine,
- Grants
- The average donation for Meals on Wheels is about \$.76 per meal.

Programs or organizations in collaboration with:

- State of Maine
- Lewiston High School
- United Ways
- 8 developmental disability agencies (their clients volunteer for Meals on Wheels),  
Healthcare organizations
- Home care agencies
- Physicians (for referrals)
- Volunteers from the community\
- Good Shepherd Food Bank.

Produce Providers :

- Good Shepherd Food bank (located on 3121 Hotel Road, Auburn, ME)
- Wal-Mart
- Local farmers
- Bates College
- Department of Agriculture

“We try for cooperative buying as much as possible – for example we have a buying cooperative with Lewiston High School for some items, a milk contract through a school” – Connie Jones, representative of SeniorsPlus

Distribution Center: 55 Alfred Plourde Parkway, Lewiston

- Produce is:
  - Cooked
  - Portioned
  - packaged
  - shipped by:
    - employees
    - volunteers (200)

Delivery of Meals:

- 4 days a week
- Routes range from 45 minutes to 2 hours

- 800 people/year (?)

Wellness Check:

- Providing a social contact
- Contacting a family member in the absence of the consumer
- Making sure they are living in appropriate conditions
- Checking in to assure the consumers are doing well: mentally and physically
- Accident prevention (if possible)
- Aiding them in any way possible
- Are prepare to respond to emergencies

Clients/Consumers:

**2007 Data: In Maine**

- Total Consumers: 60,089 people
- Total Registered Service Clients: 14,188 people
- Total Minority Clients: 78 people or 0.5%
- Minority Below Poverty Line: 31 people or 0.2%
- Clients Below the Poverty Level: 4,116 people or 29%
- Rural Clients: 9,171 people or 64.6%
- people served in Lewiston: 184 people last year

Dinning sites:

- 15 locations

**Government-Sponsored Food Assistance Programs in Maine:**

**The Senior Famers' Market Nutrition Program (SFMNP)- Farmshare**

- Provides grants to provide low-income seniors with shares to local farms

Eligibility:

- At least 60 years old
- Household income of not more than 185% of the federal poverty level

Produce Available:

- Fresh, nutritious, unprocessed and locally grown:
  - Fruits
  - vegetables
  - herbs
  - honey

### **The Commodity Supplemental Food Program**

#### Eligibility:

- Household income less than 130 percent of the Federal Poverty Income

#### Produce Available:

- 25 lbs of nutritious USDA commodity foods commodity foods per month

**America's Seniors Nutrition Program:** Congregate Dining Centers throughout Lewiston

#### Provides:

- nutritious meals
- access to community resources
- social interaction

## Appendix G: Interview Transcripts

Interview with Shari, Lewiston Public Housing Complex  
Resident Services Office  
Property Manager of Meadowview and BST

- LHA owns and manages 450 units of public, independent living
- Section 8 Housing- given voucher can take to any landlord in the city for a lease
  - ~1000 families and individuals get vouchers
  - 2yr wait for 2 bedroom currently
  - Can live there as long as you qualify
- Meadowview and BST must be >62 or physically or mentally disabled
- LHA not responsible for nursing or health. Androscoggin Home Health is one program that helps
- Can live in complex as long as you like even if your income increases. You can get evicted
- Food stamps not counted as part of their income so have no info
  - Recently benefits cut to most elderly
- Ethnicity optional in form so don't have data
- LHA does not provide services often, but connects residents with other agencies
  - To do laundry, groceries etc.
  - Seniors Plus
    - Community lunches, meals on wheels
    - At BST, comes to individual households
    - BST 3x/wk, Meadowview 2x/wk
- Transportation services
  - Walmart grant
  - Green bus- generally for disabled
  - Picks seniors up from community room
    - 1x/month Meadowview
    - 2x/month BST
- Community Concepts
- MV- unit, smaller kitchen, big living room, all bedrooms on back
- BST- unit bigger kitchen
- Language
  - Most speak English
  - Many speak French
  - BST, some Somali residents
- Elderly community at BST MV
  - Tenant councils
  - Elected board
  - Organize events to benefit residents at monthly meetings

- Bingo, holiday meals etc.
- BST DATA
  - 97 units
    - 95 occupied
    - 86 single household
    - 9 couples
    - 104 people
    - Average age 58
    - 46% >62
    - Min 19yrs
    - Max 87yrs
    - Mode 66
  - 2 households with income from wages
  - After discounting medical allowances etc.
    - \$10949/yr average income
    - \$4183/yr min
    - \$34473/yr max
- MEADOWVIEW DATA
  - 152 units
    - 150 occupied
    - 161 people
    - 139 singles
    - 11 couples
    - Av age 73
    - Min 35yrs
    - Max 96yrs
    - Mode 74
    - 88%>62
  - 8 households w/ income from wages
  - \$13114/yr avg income
  - \$3995/yr min
  - \$51236/yr max

### **Interview with Connie Jones**

- Older Americans Act
- often receive calls regarding concerns of elderly falling
- Coordinate families with:
  - Meals on Wheels
  - Congregate Dining
  - Medicare counseling

- family care giver support
- Education
  - focus on the positive part of aging
  - prevention
  - wellness
- SeniorsPlus tries to aid elderly to stay at home for as long as possible
  - one meal can make all the difference
  - nutrition/social context
  - safety check
  - once a way
- Church/local groups which provide free meals are unique to Maine
- Meals on Wheels:
  - kitchen in Lewiston :
    - Armory
    - 3-5 thousand meals
      - Cooked
      - Portioned
      - packages
      - prepared for delivery
  - Produce is received from the Good Shepherd food bank once a week
  - often more food is purchased from Wal-Mart
  - Section 8 - 800 people-MO, Congregate Dinning, help with questions and taxes
- 10,000 unduplicated people that they serve
- Lewiston - 2666
- 15-25% of population
- \$1.5 million is spent on Nutrition (not enough)
- 70% federal funding
- 3% state funding
- some from fund raising
- other from donations
- meals provided - 1/3 DRI
- Food insecurity factors
  - education
  - cultural food
  - stigma that comes with food stamps
  - tax payers money

- government will come after the money
- mentality of "someone is worse off than I am"
- isolation- death of a spouse
- loss of senses
- medication and digestion

**Interview Coding from Interviews with Calvin Dube, Bates Student Blake Street Tower Coordinator Danielle, Lewiston Residents: Carol, Roland and Greg, Meals on Wheels Employees: Monique and Jayne**

**Isolation:**

Calvin: You had things like church gatherings, you had things like four h because these were country folk, you had community suppers, then you scale it down a little down a little bit and soup kitchen is a huge social thing. And I always felt that a lot of people who came there had enough food stamps. Their income was adequate enough, but they loved the socialization of it because they were alone.

Yeah, meals on wheels is more than just delivering meals, it's a wellness check. They're only talking to them for 4-5 minutes at a time, but still they know that they're alright and we have some of our drivers work here for over 20 years so they get really close.

We've had people that they've found on the floor we've had people dead in bed, people that have been sick and haven't been able to get to a phone. We get into some homes and the place hasn't been shoveled out. We do have contact info for everybody that we provide service to but...we've gotten the police involved, of course we can't break into a building so the police will come and help us in to go check on people. We had one person who we found on the floor and she was taken to the hospital and passed away the next day. Her family so grateful that she didn't pass away by herself.

Monique: I came in and the woman was all in a panic because her husband was on the floor and when I got there the man was actually gagging on his mucus, his puke. He'd puked. And he couldn't get up and he was gagging on it so I had to actually pick him up. I mean this is not something we're supposed to do, but when you come to life and death situations you have to. So I picked him up and put him over and it all came out of him and it came all over me but anyway! It wasn't one of my most favorite days but anyway, he made it. So that was cool. She didn't know what to do, she was just an old lady, she was in a panic.

Monique: I came into another one. I knocked on the door and I don't hear nothing. And I came in and the guy was on the floor. We didn't have these little cell phones in those days. And the guy didn't have a telephone. I couldn't find it for the life of me. I couldn't find a phone anywhere in his house. I'm looking saying my god, a house without a phone? So I went outdoors and I was trying to talk to the man and I could see that his chest was still rising so he was still alive. I ran across the street, they had a day-care, I didn't run across the street, I opened



the door and yelled to them and I told them to call 911 and she says okay. So they came over and once 911 came over I told them the situation and they take over and I just go on, keep on going on my meals because I have other people that need me.

Monique: Many, many years ago, when I first started out, I used to deliver in, I don't know if you're familiar with what they call Little Canada, Oxford Street and River Street, down by the river. Well anyway there was this blind little old lady on the 4<sup>th</sup> floor. She was French. And when I went in I wasn't too happy with what I seen because you had cockroaches going up the walls and so when I came into her house I put the meal down, and this is no lie, the cockroach ran across the meals. And I go uh oh this is not good. So I came back and reported it to my boss and all this stuff and of course my boss gets a hold of the agency and we do have connections for this stuff with the city and they took care of it. They made a phone call and that was it. They had to have the building taken care of you know. And I'm not sure of the procedures my boss did but when I went back there the following day, there was a guy on the first floor and he's the person that takes care of the building. He got so mad at me. He says you mind your own business all you have to do is come in here and deliver the meal and I says listen you, you see that number on that van? He goes yeah. I says go ahead and call. This woman was blind. She couldn't see the cockroaches running across her meals.

When you go to resident places, you keep track of them. Like I can tell you with this lady she's home all the time. So if she's not home, I kind of worry about it so when I get back I call or find out where she is. We can get a hold of her, we can get a hold of her contact person.

We had one lady where I came in and she was crying. Totally, totally depressed. Well, we had a seminar meeting because one of our drivers, well she's passed away but, she came across this man in Auburn that was like that he ended up shooting himself that day. Committing suicide. So of course the cops came into the agency talking to this woman about it and after that we had a seminar meeting trying to look for different things. You know, if they're being abused or are depressed. You can only do so much so we do talk to them and I try to tell the lady, you gotta still be around for a reason. Trying to tell her different things like that. You gotta get them to smile. If you can get them to smile on your way out, they'll be there the next day! That's what you gotta do. Sometimes they just want to talk. Tell you about how they worked in the mills, they did this, they did that. It's amazing these stories they have. But we can't spend too much time. We have a whole list of people who want to get fed by noontime.

Danielle: Its not like it's a cafeteria type thing, but we go and make eggs and toast and fresh fruit and they all come down and really its just a time for them to be with each other. It's very refreshing for them to see college students. They always tell us how we keep them young.

Danielle: It is very easy for them to stay in their rooms. It takes a lot to convince them to get out and about, which is a huge thing, even as far as going to the store and getting food. They also don't really get along with the young adults that live there. They see very differently and so I think that they're discouraged because they think that a younger person would be there.

Danielle: They are very comfortable just being by themselves. It is easier. It's a matter of both physical—as they get older obviously they have a lot more pain.

Danielle: I would say its an even mix between not wanting to come down—and like I said, a really big thing is not getting along with the younger disabled. That's a big thing. They really don't like each other. It's mutual. They each have their own individual apartments but the hallways are necessarily like, this is where the elderly live.

Danielle: They just re-did their kitchens slash workout room to try to get people down if they had maybe a place where they felt comfortable and could exercise with some people. And that's also been an issue because the construction workers have really screwed things up. Everything keeps being put on hold so kind of every effort they make kind of falls through. Which has been frustrating I know for the coordinators, like the resident activities coordinator, Sharon, she's just so sick of it because every effort they make kind of falls through, due to lack of resources or non-dependable resources.

Danielle: A lot of them have family. A lot of them are very alone though. There is very much an extreme difference. Especially the men. They have no familial support.

Danielle: Ralph is this guy who has every disease possible, but has more love than anyone, but is completely alienated by his family. All of ten kids don't talk to him anymore.

### **Education:**

Calvin: And then there is an interesting question to ask was umm not only what was the meaning of food but how did they understand food. And did they understand food as the nutritional value. A lot of people would talk about more than anything else they would emphasize how expensive food was. Even if they had access to it.

Calvin: If they weren't sick they didn't think about it.

Calvin: Another important part of senior nutrition was when the spouse dies, especially when it was the wife who was the main caretaker and cook. And husbands were just shocked. They didn't know how to prepare a nutritious meal. I take of a gentleman now who has severe emphazima and his wife died about five years ago and he can barely make a cup of tea.

Roland: I go shopping by myself. I get food stamps every month. I go to Shaws or brooks market over here or web, do my shopping there. I get a box of food and stuff, a meat package they call it. You can order it. You take a piece of paper and you tell em what you want and they put it in a box for you and they tell you, come and get it the next day around 9 or 10 oclock in the morning. I live all by myself and when my life was alive and stuff and both of us went grocery shopping together and she can read better than I can. See I can't read or nothing. If I try to read a

newspaper I don't understand because I quit school when I was 15. Had to stay home when my grandma got sick. And my mother didn't want to give up her job and my father didn't want to give up his job.

Danielle: A lot of them grew up on farms. A lot of them grew up in the Lewiston area. One of the guys was actually talking about...there used to be a lot of agricultural land here, so at a very early age they were just expected to work on the farm. Half of them were truck drivers or working on the farm.

### **Habits:**

Calvin: One of the other things that has played a very important roll in nutrition and food was the family history- how they ate. And it was interesting how some of the seniors talked about the amount of meat they ate as children. You know, compared to today. And of course a lot of them came from farms. And this is a French community. A lot of people migrated from Canada. So eating a lot of heavy foods is very common. So they enjoyed talking about their family values related to food. There was also a huge religious component to it, like for instance the holidays. When I worked as a nurse I took care of a lot of Jewish patients who had kosher kitchens. And I wasn't allowed to go in them and I thought it was wonderful and I learned a lot about that.

Calvin: And if we talking to senior citizens who we would consider the post world two baby boomers, which I am, in their 60s, they would often talk about how they were brought up on that new generation of food, like for instance the sugared cereals, lots of candy, koolaid, koolaid which is lethal, put a cup of sugar in it I think. That kind of stuff. And then the senior citizens talked about how difficult it was to make changes even though they knew it was important in terms of health.

Calvin: And the normal aging process if you exercise and eat healthy, you normally don't get sick. But a lot of these folks were sick because they ate awful all their life. They didn't know any different or they just liked it. That was what they learned.

Calvin: Processed foods, canned vegetables, canned meats. I remember when I was about ten, my father would buy a 2 pounds chicken all cooked and we thought it was wonderful. That was the advent of when they started putting so much sodium and sugar in these things and started precipitating high blood pressure. And 40 years ago the emphasis was on sugar. And its true, processed sugar is a horrible thing that affects our bodies. But now in the last 20 years they've discovered its more about carbohydrates.

### **Physical Decline:**

Calvin: But one of the hard things – as a side line – about taking care of care of people at home who are sick- a lot of the patients that were Jewish has compromised their uh..they couldn't enjoy a lot of their good foods because of their illness. For instance diabetes is such a horrific disease to begin with.

Another important part of nutrition for elderly people is and I think we often forget it, two things actually, is dental. When people start having changes in dental structure some of them cannot afford dentures so that's whole new approach to eating. So when you go from eating an apple to applesauce there's a huge difference in nutrition.

If somebody should develop say an unexpected disease and they have to eat a totally different diet for instance someone who might draw a gastric ulcer they would have to eat a bland diet. Some people just won't do it. The power of persuasion. That's the secret right there if you're the caretaker.

Danielle: A lot of them go to the doctor all the time. They have a lot of health issues. So half the time, like this one lady Lucy won't come down. It's depression or some type of pain. She also pain in her shoulder. One might have a swollen leg. One might be having heart issues that day and they're just debilitated.

#### **Psychological Effects of Economic Stress:**

He is eligible for meals on wheels but he is financially comfortable so he goes to restaurants all the time, which is not the greatest thing.

Carol: I go to SeniorsPlus when I do my income tax, stuff like that, but I haven't heard anything else. I dunno do they handle meals on wheels or any of that?

Roland: I go shopping by myself. I get food stamps every month. I go to Shaws or Brooks market over here or web, do my shopping there. I get a box of food and stuff, a meat package they call it. You can order it. You take a piece of paper and you tell em what you want and they put it in a box for you and they tell you, come and get it the next day around 9 or 10 o'clock in the morning. I live all by myself and when my life was alive and stuff and both of us went grocery shopping together and she can read better than I can. See I can't read or nothing. If I try to read a newspaper I don't understand because I quit school when I was 15. Had to stay home when my grandma got sick. And my mother didn't want to give up her job and my father didn't want to give up his job.

MOW: We only run four days a week because of budget constraints. We used to be a 5 day a week operation but Uncle Sam said... We have the same budget we had six years ago. Up until about six years ago, we had a waiting list because of budget constraints. It came to pass about three years ago that the budget really got slapped back so we had to put a stop on putting people on meals on wheels delivery service. We had people waiting almost 18 months for the delivery service, which we didn't like to do but we didn't have the money. And at the same time we had to cut back on congregate dining as far as days served. We cut back to a four day production week. We did a lot of cuts.

MOW: We have two clients in Stratton, as I mentioned before and we only go there once a month so we bring them one hot meal and 30 frozen and it happens to be a husband and wife. And about two months ago the wife called in tears saying we have to stop taking your meals. And we said why? And she says well our freezer broke. So Jane got on Craigs list and got a freezer in Westbrook and I guess they wanted 30 dollars for it and Jane talked to the people there and told them what it was for and they offered to donate it. Plus they delivered it here. They brought it right here the next day so from here they cleaned it out, loaded it up with frozen meals and brought it up to Stratton so there are still a lot of good people that help out

Theres a lady who lives in a trailer park and she freezes her milk now because her refrigerator doesn't and what she does is she thaws it out in the morning. So once again, Jane calls the local appliance guy and she asks what they do with the refrigerators that people swap out and he says we give them away so he says some get one. And we had someone who was able to move it, move it in and install it and got rid of the old one and at the same time found out she didn't have any hot water so we got a plumber to come so you know, theres more to this than meals.

We try to provide the best possible meals we can with the money we have. Of course we have a great relationship with Good Shepard. Dave and I go there every week. That makes a big difference for us. You know, three weeks ago we got 24 turkeys for free. A friend of mine, who works for the Department of Agriculture and he says can you use a couple cases of chicken? And I say yeah I can! And he says how about some fried beans, some baked beans—yeah we'll use them. So yeah everything can. We get food brokers that'll stop by and he says can you use it? Sure we can use it. We'll find a way to use it. And our dietitian is very aware of stuff like that and she says look as long as you meet the requirements within the space of a week, that's what you need to do.

Danielle: I know people don't get together to cook. They all have their own kitchen. I know one woman, her son cooks for her. But it's not assisted living at all. I know my grandma had meals on wheels when she was living alone, but I don't think any of them can afford anything like that to be perfectly honest.

They all go shopping at walmart. I don't know. Cheap and processed is what is affordable. So definitely processed foods. Its not like they're going hungry though. I think that if they were, Blake Street Towers would try to do something about that. I don't think they would let their residents...they're very involved. They know the names of the people living in the apartments, they know when someone new is moving in.

## **Appendix H: Informed Consent Form**

### **Informed Consent Form**

We will be working with the elderly of the Lewiston-Auburn community and seeking to understand their successes and struggles with food. This report is being conducted as part of Bates College class ENVR 417: Community-Engaged Research. We want to assess the availability, accessibility and affordability of food in Lewiston for elderly who qualify for subsidized housing. This will be compiled into a report for course credit and also to the Nutrition Center of Maine to inform future planning for elderly.

The study will be conducted under the support and guidance of Bates College, Lewiston, Maine, Department of Environmental Studies, to be conducted by Ned Antell, Chloe Bourne and Gohar Shahinyan.

By signing below I, hereby consent to the participation in this study. This includes having the interview audio-recorded unless specified otherwise and the use of my name and my affiliation. (Please note below if you do wish your name to appear in association with this report) I

understand that I am free to discontinue my participation at any time without suffering any disadvantage.

I understand that I can ask for comments to be made off the record, in which case the tape recorder will be stopped and no notes will be taken.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ An X here, indicates that I do consent to have my name and affiliation published in connection with this research project.

If I have any questions or wish further information about the study, I know that I may call Gohar Shahinyan (203) 843-4359. I am also aware that if I have additional questions that may not be answered by the researcher, I may call her professors of Environmental Studies Across Disciplines, Sonja Pieck or Holly Ewing.