The Cambridge Food Pantry Network

6.

11 Inman Street • Cambridge, MA 02139 • (617) 868-2900

1994 OCT 18 PM 12:19

Ms. Kathleen Born
Chair, City Council Food Policy Committee
Cambridge City Hall

October 14, 1994

Dear Ms. Born,

I am writing in relation to City Council Order #15 which was passed on September 19. This order called on the City Manager to arrange for a needs survey of those senior citizens directly impacted by the closing of Stop and Shop to ascertain specific unmet needs and additional burdens resulting from the closing of Stop and Shop.

I certainly recognize the difficulty inherent in meeting the request of this Council order. Having worked with elders over the past many years (dating back to 1970 when I headed the research and development team for the Mayor's Office on Aging in St. Louis where we began one of the first 8 model meal programs for elders in the country), I know that traditional physical measurements, clinical observations and biochemical methods related to nutritional well-being are not as useful when applied to the elderly because appropriate norms have not been developed.

I have attempted in my work to use indirect measurements of nutritional risk, such as have been developed by FRAC (Food Research and Action Center). When I co-chaired the Massachusetts Anti-Hunger Coalition, we worked on implementing this tool in communities across the state. Unfortunately, cost factors and attention which we paid to childhood hunger put these efforts on the back burner.

In Cambridge today we have hundreds of elders who use food pantries and meal programs in the course of the year. We have tremendous anecdotal information in regard to the "heat or eat" issues faced by elders on low fixed incomes. We know that if rent control is eliminated in Cambridge even greater hardships will face elders. Access to major food stores would increase the food/transportation costs to elders in underserved neighborhoods by as much as 25% or more according to market basket surveys that have been done.

Scientific literature suggests that many elders are at nutritional risk, both because of inadequate diets and because of the major physiological changes connected with aging. FRAC developed a short, self-administered nutritional risk survey based on what is known about the factors that influence the nutritional status of the elderly. An affirmative response to any one of the twelve risk questions does not mean that the individual suffers from malnutrition, nor, indeed, does an affirmative response to any particular number of questions asked. However, the more answers that point to risk, the greater the chance that the individual or group surveyed is at nutritional risk and should receive special attention or services.

The data collected using this nutritional risk survey can assist the city of Cambridge in educating the broad community as well as the City Council and administrators/policymakers at all levels about the extent of nutritional risk among elderly residents of Cambridge.

I would suggest that the FRAC survey be instituted citywide (targeted first at Cambridgeport, Riverside and areas of Neighborhood 4 that are underserved because of the failure to make the Stop and Shop store a reality). The survey results can be used to further mobilize Cambridge to develop and implement needed services that address the problem of nutritional risk and aging. I believe that with the development of the new Senior Center and related health and nutritional services, this survey can be carried out in such a way as to implement needed changes through the Center as a model for change and creative initiative.

Research has clearly shown that malnutrition is avoidable, even among elders, if they have the opportunity to consume nutritious diets. Older people are not the same physiologically. In fact, older individuals are more different from each other than are young people, in regard to nutritional needs.

At the food pantry, we try to anecdotally ask questions related to income, food consumption, diversity in kinds of foods eaten, ability to shop for, prepare and store foods, and social and physical isolation. Of course, if the City of Cambridge could see to it that greater resources were given to the Council on Aging and public hunger and nutrition entry points(meal programs and food pantries), an organized assessment of need could be carried out.

Money spent wisely on good nutrition cuts health care costs. We do know that poor nutrition increases health care costs and decreases enjoyment in life. Poor nutrition makes chronic and acute diseases worse. It brings on degenerative diseases at a much faster rate. Poor nutrition also increases susceptibility to illness and lengthens the period of time an individual suffers from illness. There is an obvious link between Cambridge Health and Hospitals and their greater concentration on prevention and a comprehensive look at the nutritional needs of elders.

If real incomes fall or costs rise, elders will be forced to reallocate their limited resources. One of the more typical reallocations is to use funds budgeted for food on other items such as housing and utilities. As stated earlier, what will be the combined impact on elders of the increased costs of food due to the defeat of the Stop and Shop plan (20% - 40% increase in costs associated with food and transportation) and the loss of rent control if Question #9 passes?

Physiological changes connected with aging increase the risk of malnutrition. One major effect of aging is a decline in food intake and thus nutrient intake because of a decrease in activity. The need for calories usually decreases as people age, but their need for nutrients is thought to be at least as great as that of younger people. If they consume less of these nutrients they are at risk of malnutrition. Often emergency food programs are faced with having to provide calories (which are relatively inexpensive) rather than providing more expensive food rich in nutrients that may be needed by children and elders.

We know that nutritional deficiencies do exist in many older people in Cambridge. However, the deficiency is more apt to be associated with socioeconomic and behavioral factors such as inadequate income, reduced mobility, social isolation, reduced sensitivity of taste and smell and impaired dental conditions leading to excessive consumption of soft foods then with age changes in nutritional requirements.

Socioeconomic factors such as income, cultural food patterns and physical barriers to adequate nutrition, lack of preparation facilities, distance to shopping etc. must all be factored in when looking at nutritional risk. Social isolation (increased by the lack of a neighborhood food store) may influence an individuals appetite or desire to prepare food, while available educational information may influence the selection of food and preparation of nutrient needs.

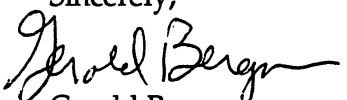
In the FRAC survey, hunger means a lack of food; malnutrition means an inadequate consumption (undernutrition) or over consumption of one or more nutrients. Hunger can lead to malnutrition, but malnutrition can occur without hunger, i.e.. lack of sufficient calories and or nutrients. Nutritional risk, as defined by questions in the FRAC survey could be related to hunger or inadequate intake of certain nutrients or both.

Other major conditions mentioned by researchers and experts which interfere with eating among older people and thus affect nutritional status are problems of the mouth, pain in the tongue, gum disease, oral lesions and loss of teeth, all health issues which must be addressed in a comprehensive way citywide in Cambridge.

HAVING SAID ALL OF THIS, POVERTY APPEARS TO BE THE MOST IMPORTANT ENVIRONMENTAL DETERMINANT OF INADEQUATE NUTRITION AMONG ELDERS. The loss of access to a major price competitive supermarket in a community can be related directly and substantially to malnutrition and hunger among elders!

I look forward to working with the City of Cambridge to devise and carryout an adequate and meaningful survey among elders which can truly look at the issues affecting hunger and nutrition. I can speak with confidence when I say that the CFPN is committed to ending hunger and malnutrition among elders in Cambridge.

Sincerely,



Gerald Bergman
Coordinator

attached: FRAC survey

cc. Cambridge City Councilors
Cambridge City Manager
Assistant City Manager for Human Services
Kathie Filsinger, Director of the COA
City Clerk/Council Communication
Members of the CFPN

(placemat)

12. How many different kinds of Fruits, Vegetables, and Juices did you eat yesterday?

0 1 2 3 4 MORE THAN 4 CAN'T REMEMBER

How many different kinds of Bread and Cereals (also include spaghetti, rice, macaroni) did you eat yesterday?

0 1 2 3 4 MORE THAN 4 CAN'T REMEMBER

How many different kinds of Dairy Products such as milk, cheese, yogurt, cottage cheese, ice cream did you eat yesterday?

0 1 2 3 4 MORE THAN 4 CAN'T REMEMBER

How many different kinds of Meat, Fish, Poultry (also include eggs, nuts, and dry beans)?

0 1 2 3 4 MORE THAN 4 CAN'T REMEMBER

13. Do you have any illness or condition that interferes with your eating? ☐ YES ☐ NO

14. Do you have both a refrigerator and stove that work? ☐ YES ☐ NO

15. Programs exist to help you and your neighbors. Do you use any of the programs listed below?

FOOD STAMPS	☐ YES	☐ NO	
SENIOR GROUP MEAL PROGRAMS	☐ OFTEN	☐ SELDOM	☐ NEVER
HOME-DELIVERED MEALS OR MEAL-ON-WHEELS	☐ OFTEN	☐ SELDOM	☐ NEVER
FOOD PANTRY, FOOD CLOSET OR FOOD SHELF	☐ OFTEN	☐ SELDOM	☐ NEVER
SOUP KITCHEN	☐ OFTEN	☐ SELDOM	☐ NEVER

DID YOU FILL IN BOTH SIDES OF THE SURVEY?

PLEASE TEAR OFF THIS PAGE AND LEAVE IT WITH THE PERSON WHO GAVE IT TO YOU OR IN THE BOX PROVIDED

THANK YOU

(placemat)

PLEASE DO NOT PUT YOUR NAME ON THIS SURVEY. ALL YOUR ANSWERS ARE CONFIDENTIAL.

QUESTIONS TO ANSWER THAT CAN HELP US HELP YOU AND YOUR NEIGHBORS

1. How many meals do you usually eat each day? _____

2. Are there ever days when you don't feel like eating anything at all?
   ☐ ABOUT ONCE A WEEK ☐ MORE THAN ONCE A MONTH ☐ ABOUT ONCE A MONTH
   ☐ ALMOST NEVER

3. Have you lost weight in the last month without trying? ☐ YES ☐ NO

4. How would you describe your ability to buy the food you need?
   ☐ I DO NOT HAVE ENOUGH MONEY TO BUY THE FOOD I NEED.
   ☐ I USUALLY HAVE ENOUGH MONEY TO BUY THE FOOD I NEED.
   ☐ I ALWAYS HAVE ENOUGH MONEY TO BUY THE FOOD I NEED.

5. Were you without food for more than three days in a row in the last month?
   ☐ YES ☐ NO

6. Are you able to leave your home without help from another person? ☐ YES ☐ NO

7. Can you both shop for and prepare your own foods? ☐ YES ☐ NO

8. How old are you? _____

9. What is your sex? ☐ FEMALE ☐ MALE

10. To help us understand your need, would you please estimate your total *household monthly income* (in dollars)? _____

    and, how many persons are in your household (including yourself)?

    1. 2 3 4 5 6 or more

11. Is there someone who would come in to help you if you were sick in bed?
    ☐ YES ☐ NO

—OVER—

Consent Comm. #6 8-463

Comm. received from the Cambridge Food Pantry in reference to Council Order #15 on September 17 re: senior citizens directly impacted by the closing of Stop and Shop.

In City COuncil OCtober 24, 1994

Placed on file