Contract No.:

53-3198-0-046

MPR Reference No.: 7964-130



 P^{+} . The

National Study of the Adult Component of the Child and Adult Care Food Program (CACFP) Volume 2: Technical Appendices and Tables Final Report

October 15, 1993

Michael Ponza
John Burghardt
Rhoda Cohen
James C. Ohls
Valarie Piper
Barbara M. Posner
Linda Rosenberg
Editor: Joanne Pfleiderer

Submitted to:

U.S. Department of Agriculture Food and Nutrition Service Office of Analysis and Evaluation 3101 Park Center Drive, 2nd Fl. Alexandria, VA 22302

Project Officer:

Leslie Christovich

Submitted by:

Mathematica Policy Research, Inc. P.O. Box 2393
Princeton, NJ 08543-2393
(609) 799-3535

Co-Project Directors: John Burghardt Michael Ponza

Survey Director: Rhoda Cohen

		•		
	•		•	
,				
			•	
				:
			·	
			. •	·
· .				·
•				
	٠.		·	

CONTENTS

Appendix		Page
A	SAMPLING PROCEDURES	A.1
В	WEIGHTING	B.1
С	DESIGN EFFECTS AND VARIANCE CALCULATIONS	C.1
D	DATA COLLECTION	D.1
E	CACFP AND NON-CACFP CENTER CHARACTERISTICS TABLES	E.1
F	CACFP CLIENT CHARACTERISTICS TABLES	F.1
G	CACFP CLIENT DIETARY INTAKE TABLES	G.1
H	CACFP CENTER WEEKLY MENU TABLES	H.1
I	STATE CENSUS TABLES	I.1
J	REGRESSION RESULTS ON NONPARTICIPATION	J.1
K	CHARACTERISTICS OF ADULT DAY CARE CENTERS	K.1
L	ATTENDANCE AND MEAL SERVICE UTILIZATION PATTERNS OF CACFP PARTICIPANTS BY INCOME AND AGE	L.1

	*				
			•		
				•	
	•				
·			•		
•		•		·	
	•	,			
	. •	•			
·					
	,	•			

APPENDIX A SAMPLING PROCEDURES

		,			
•	,			,	
	,				
		·			
	·	-	·		

There are two basic analytic samples used in the data analysis reported in the main body of the report: a sample of adult day care centers, and a sample of the clients of CACFP centers. Because of operational and cost considerations, stratified and/or clustered sample designs were used in parts of the sampling. However, both of the basic samples were drawn so as to yield national probability samples of the relevant populations which, with appropriate weighting, could be used to make national projections. This appendix describes the sampling procedures which were used.

The client sample is "nested" within the center sample in the sense that the clients drawn into the client sample were randomly selected from among clients attending the CACFP centers which had been drawn into the center sample. Therefore, it will be convenient to begin our description of the sampling (in Sections A and B) by describing how the center sample was selected. The selection of the client sample is then described in Section C.

A. SELECTION OF NON-CACFP CENTERS

The sample of adult day care centers was drawn in two separate parts, one consisting of CACFP centers and one consisting of non-CACFP centers. This section describes the selection of the non-CACFP centers; Section B then describes the CACFP center selection.

The most resource-intensive component of the non-CACFP sample selection process was assembling the list sample frame that was used. This work drew on an earlier study done for the Health Care Finance Administration (HCFA), the 1989 National Adult Day Care Census. For the present study, MPR contracted with the firm that had done this 1989 study, RTZ Associates, to update the list of centers developed for the HCFA project and to provide it to MPR. The updating was done by RTZ as follows:

Lists of centers from the 1989 study, sorted by state, were mailed to relevant state
licensing and regulatory agencies, state adult day care associations, agencies on aging, and
groups representing specialized adult day care centers, and updates were requested. The
states were requested both to add centers and to delete those that were no longer active.

 Mailings from the resulting list were then made to each center on the list, to obtain updated information to determine whether the centers were eligible for participation in the current study

In addition, CACFP centers were eliminated from the list by matching with the CACFP sample frame (see below). The final non-CACFP list frame had 2,729 centers.

Once the list described above was assembled, an equal probability sample of non-CACFP centers was drawn. In selecting this sample, in order to ensure adequate representation of different types of centers, the centers were first divided into strata based on (1) whether the center served primarily the elderly; and (2) whether the type of services were mostly a medical model, a social service model, or a mental health model. The list was then sorted by stratum and, within stratum, by ZIP code. Next a random starting point and a sampling interval were selected and a "1 in n" sample was drawn. No oversampling was done within various clusters. Thus the resulting sample is a simple probability sample, without clustering.

B. CACFP CENTERS

Obtaining an appropriate sample frame for the sample of CACFP centers was relatively easier, since it was possible to draw this information from program records. However, because site visits to some of the CACFP centers in the sample were planned, a clustered and stratified sample design had to be developed in order to hold costs to acceptable levels. This design, which had 2 stages, is described below.

Stage 1: Selecting Primary Sampling Units. In the initial stage of the CACFP center sampling, all of the CACFP centers in the country (a total of 917) were divided into 51 primary sampling units [PSUs]), based on geographical location, with centers that were relatively near each other being grouped together. In addition, these PSUs were divided into four strata, based on estimates of the

degree of costs associated with conducting data collection in them.¹ Also, a measure of size was constructed for each PSU and was defined as the sum of the CACFP enrollments of the centers included in the PSU.

Based on tradeoffs between statistical efficiency objectives and costs, sampling targets were established for each of the four strata, and the targeted number of PSUs were selected from each of the four strata, with probabilities proportional to size. This was done using standard interval sampling methods with a random starting point and a sampling interval, as described earlier. Table A.1 shows for each of the four strata the number of PSUs in the stratum and the number of PSU's selected. Twenty four PSUs were selected.²

Stage 2: Selecting CACFP Centers. Once the primary sampling units were selected, the final sample of CACFP centers for the analysis of center characteristics was obtained by randomly selecting centers from the PSUs, with probabilities of selection proportional to size of center. Within each of the four PSU strata, target numbers of centers per PSU were established. Then, within each PSU, centers were randomly selected with probabilities proportional to size, to achieve the target. As before, this was done using interval sampling based on a random starting point. Table A.2, shows for each stratum the number of PSU's selected and the total number of centers in the stratum.

C. SAMPLE OF CACFP CLIENTS

The sampling of CACFP clients consisted of three stages. In the first stage, the number of PSU's to be used for the on-site food data collection was reduced slightly below that selected for the

¹In general, costs depended both on the overall accessibility of each PSU and also upon the degree of proximity of centers within the PSUs.

²In implementing the selection with probabilities proportional to size, PSUs which were so large that they were certain to be selected were drawn prior to selecting the remainder of the sample. These PSUs which were selected with certainty were defined operationally as those where for which the size, SIZE > CUTOFF. The cutoff value, CUTOFF, was computed by dividing the cumulative measure of size across the relevant universe by the number of PSUs to be selected and then multiplying by a factor of (.8). This procedure for taking large units with certainty was also applied in other parts of the sampling described in this appendix when sampling was done with probability proportional to size.

TABLE A.1
STRATIFICATION OF PRIMARY SAMPLING UNITS (PSUs)

Stratum	PSUs in Stratum	Number of PSUs Selected
Low Cost	6	4
Medium Cost	11	. 9
Higher Cost	15	6
Highest Cost	19	5
Total	51	24

TABLE A.2

NUMBERS OF CACFP CENTERS SELECTED FOR CENTER SAMPLE

Stratum	Number of PSU's Selected	Total Number of Centers
Low Cost	. 4	54
Medium Cost	9	201
High Cost	6	153
Highest Cost	5	81
Total	24	489

center data collection, from 24 PSUs to 22 PSUs. In the second stage, centers were selected for the food data collection. In the third stage, the clients themselves were selected. These stages are described below:

Stage 1: Subsampling of Centers. As the first step in the client selection, the PSUs that had been selected as described above in Section B were subsampled. In particular, of the PSUs which had been selected in the "highest cost" stratum, a subset of 3 was selected, with probabilities proportional to size, where the measure of size was as described above in Section B. This reduced the overall number of PSUs in the sample from 24 to 22. At this point, 266 centers were in the potential sample. (These were the centers that were in the 22 selected PSUs and which had been selected into the center survey, as described in Section B, Stage 2.)

Stage 2: Selecting Centers. Centers in the 22 PSUs still in the sample were now divided into 4 strata based on the estimated cost of data collection. (These strata are different than and independent from the strata used in selecting the center sample, as described in Section B above.) Based on criteria of statistical efficiency and cost, target numbers of centers were then assigned to each stratum. Then a measure of size was assigned to each center, with the measure being defined as the number of clients served by the center divided by the cumulative selection probability of the center up to this stage of the sampling.³

The next step was to sample centers within each of the 4 strata with probabilities proportional to size. Considerable oversampling of centers was done at this point because of the potential for noncooperation with the client data collection. In particular, even though data collection was to be done for only 80-90 centers, a total of 180 centers was selected at this stage.

After the centers were chosen as described above, the centers that had been drawn were placed in random order (within each PSU) and released into the sample sequentially as needed, first to form

³Dividing by the cumulative selection probabilities was done to assure a more even distribution of selection probabilities in the final client sample.

a basic sample assuming high response rates and then to replace nonresponders as necessary in order to achieve sample size targets for each PSU.

Stage 3: Selecting Clients. The target number of client observations per center was 9 clients. Client-level sampling began with requests to the centers for lists of their clients, prior to the site visits. Approximately 24 clients per center were then randomly selected, and the centers were asked to obtain consent forms and descriptive information on those clients in advance. The list of 24 clients was randomly ordered, and on the first day of observation, the data collectors were told to select clients into the sample starting from the top of the list, bypassing any clients who were absent or for some other reason could not be included in the sample. On the second day of observation at a center, the data collectors started at the place on the sample list where they had left off on the first day. If they reached the bottom of the list before meeting their targets they were instructed to cycle back to the top as necessary to select clients who were not observed on the first day.

	·	
		·
		-

APPENDIX B WEIGHTING

					•		
			•				
·	·						
						·	
	·						
						•	
	,						
			·				
				,			
		,					
		• •					

Several factors in the center and client sampling caused the probabilities of selection to vary between centers and clients. In various stages of sample selection, sampling units were selected with probabilities proportional to size. Also, use was made of stratified sampling techniques, with varying probabilities of selection among strata. In addition, uneven response rates for different groups of centers led to differences across categories of centers in probabilities of being in the sample. Because of these factors, the tabulations reported in the body of the report have been weighted to reflect the populations, from which the sampling was done.

The general principle used in the weighting was to weight observations inversely to their probabilities of selection. The algorithms for doing this varied for different groups of centers and clients, reflecting the differences in sampling techniques used, as described in Appendix A. Section A below, describes the weights used for non-CACFP centers. Weights for CACFP centers are discussed in Section B, and client weights are described in Section C.

A. WEIGHTS FOR NON-CACFP CENTERS

As described in Appendix A, no oversampling techniques were used in drawing the sample of non-CACFP centers, and hence no weights were needed to correct for oversampling. However, response rates differed somewhat, depending on region of the country and type of center. As a result, weights were developed to correct for these differences, using the following formula:

(1) W1ij = (POPCOUNTij /SAMCOUNTij) * S1,

where W1ij is the weight for type i centers in region j

POPCOUNTij is the estimated number of type i centers in region j in the sample

SAMCOUNTij is the number of type i centers in region j in the sample

S1 is a scaling factor which makes the sum of all of the W1ij equal to the total number of centers in the universe

¹Type of center is defined according to ages of clients served and types of services provided.

In implementing this algorithm center type/region combinations with relatively small numbers of centers were aggregated into larger groups.

B. WEIGHTS FOR CACFP CENTERS

Based on the two-stage sampling algorithm described in Appendix A, the probability of the kth CACFP center in the mth PSU in the nth stratum of PSUs being in the sample, which we will denote as PSkmn, is given by:

(2) PSkmn = P1nm * P2kmn,

where P1nm is the probability of the nth primary sampling unit (PSU) in the mth stratum being drawn during the first stage of the sampling, P2kmn is the probability of the kth center in the mth PSU in the nth stratum, conditional upon the mth PSU having been drawn.

The weights for the centers in the sample are then defined as:

(3)
$$W2kmn = (1/PSkmn) * S2,$$

where S2 is a scaling factor that makes the sum of the weights equal to the number of CACFP centers in the sample.

In implementing this algorithm, expressions must be derived for P1nm and P2kmn. The PSUs were drawn with probabilities proportional to size. Therefore the probability of the nth PSU being drawn in the nth stratum is given either by 1 if the PSU was so large as to have been taken with certainty or by the probability of its being selected in the interval sampling, if it was not that large. This can be expressed as:

(4) P1mn = 1 or (SIZEPSUmn/INT1n),

where SIZEPSUmn is the sum of the sizes of all centers in the mth PSU in stratum n and INT1n is the sampling interval used to select PSUs in stratum n.

Similarly,

(5) P2kmn = 1 or (SIZECENTERkmn/INT2mn),

C. SELECTING CLIENTS

As described in Appendix A, the selection of clients started with the centers selected for the center analysis (as discussed in the preceding section) and then went through three additional steps: subsampling PSUs, subsampling centers, and sampling clients. Thus the probability of client c in center k in PSU m in stratum n being selected is given by:

(6) Pckmn = PSkmn * P3m4 * P4kmn * P5ckmn,

where

PSkmn is the probability of the center having been selected in the center sampling, as defined in the previous section.

P3m4 is the probability of the mth PSU in the 4th stratum being selected in the first stage of the client sampling, where, as described in Appendix B, Section C, 3 out of the 5 PSUs that had previously been selected in stratum 4, the most-difficult data collection stratum, were subselected prior to the client sampling;

P4kmn is the probability of a center being selected for the client data collection, conditional upon it still being in the sample at this point

P5ckmn is the probability of a client being selected, given that the client's center has been selected.

Weights for clients were then defined as:

(6) W3ckmn = (1/Pckmn) * S3,

where S3 is a scaling factor that makes the weights add up to the number of clients in the sample.

To implement this algorithm procedures were developed for computing the three additional conditional probabilities listed above. The following steps describe how this was done.

P3m4. Interval sampling was used in order to subsample from 5 down to 3 PSUs in the 4th stratum. The probability of a PSU being selected in this step was given as

(7) P3m4 = SIZEPSUm4/INT*

SIZEPSU was defined in the previous section.

P4kmn. For purposes of sampling clients, the remaining centers were divided into 4 strata. (Note that these are completely different from the strata used to select PSUs of groups of centers as discussed in relation to earlier sampling stages.) Interval sampling was done within each stratum, so that for each center, P4kmn was equal either to 1, if the center was large enough to be selected with certainty or to the measure of, size² divided by the sampling interval defined for the relevant stratum.³ For each PSU, the probabilities of selection for centers in the PSU was further scaled to account for the fact that not all centers selected into the pool of potential centers for client data collection were actually released into the active sample. (See Appendix A.) This scaling factor was the proportion of centers in the "pool" for the PSU where data collection actually occurred. For most PSUs, it was in the vicinity of 1.

P5ckmn. The probability of a client being selected was approximated by dividing the number of days the client was at the center during the two-day sampling period (i.e., either 1 or 2) by the sum of the daily attendances during that two-day period.

Truncation of Weights. One additional step in the client weighting should be noted. After computing the client weights, it was found that clients at one center had extremely large weights such

²As noted in Appendix A, the measure of size used was the size of the center divided by its cumulative probability of selection up to this point.

³For each PSU, the probabilities of selection for centers in the PSU were further scaled to account for the fact that not all centers selected into the pool of potential centers for client data collection were actually released into the active sample. (See Appendix A.) This scaling factor was the proportion of centers in the "pool" for the PSU where data collection actually occurred. For most PSUs, it was in the vicinity of .50.

that they accounted for more than 25 percent of the total weighted sample size.⁴ Use of the very high weights on these clients would have resulted in very high standard errors in the tabulations of the client data. As a result, the distribution of weights was truncated, with low and high outlier weights being reset to the values corresponding to the 5th and 95th percentiles of the untruncated distribution of weights. Use of this procedure is discussed in Kish (1990) and Potter (1990).

⁴This had resulted from the random occurrence that (1) a center with a very small measure of size had been selected from a PSU which also had a small measure of size and which was in a stratum of PSU's that was under sampled due to high data collection costs; and (2) the measure of size turned out to be incorrect, so the probabilities of selection for the clients selected at the center were relatively low.

,			•			
•						
				•		
		•				
•						
					•	
••		·				
		•				
	. ,					
٠,						
				·		

APPENDIX C DESIGN EFFECTS AND VARIANCE CALCULATIONS

•		·		
	9			
•				·
				·
		•		
•		•	•	.

As described in earlier sections, because of the nature of the sampling which was performed and because of uneven response rates by different types of adult day care centers, weighting of observations was needed in parts of the analysis. In addition, in order to allow data collection efficiency, the data collection was based on a clustered sample design. Because of both of these factors, the standard errors of estimation derived from the data are in all likelihood larger than would be expected with simple random samples of centers and clients.

To provide a basis for estimating the correct variances of estimates in this report we have derived, for selected variables, adjustment factors which indicate the degree to which "naive" estimates of variances based on variance formulas applicable to simple random samples need to be increased to take into account the sample design. This appendix describes how these adjustment factors, called "design effects" have been derived and can be used to obtain unbiased estimates of population variances.

In order to estimate design effects, we must estimate the true variances of selected representative variables in the data set. Section A describes how this has been done. Section B then describes how the design effects have been computed, and Section C summarizes these effects.

A. ESTIMATING THE TRUE POPULATION VARIANCES GIVEN THE SAMPLE DESIGN

In order to estimate the true variances, we have used a variance approximation given in Kish (1965), p.192.¹ Assume that there is a sample design with "A" primary sampling units (PSUs), (in our case, geographically clustered groups of centers). Define the subscript "a" to run over PSUs. Assume the PSUs have been drawn from "H" strata (in our case, four strata defined on the basis of data collection costs).

The variance formula derived below assumes that we want to estimate a ratio y/x which characterizes some aspect of the CACFP population. This ratio may be either a proportion of the

¹The approximation, which is based on a Taylor series derivation, is also presented in Kalton (1983) pp.44-54.

population with a given characteristic or an average value for a continuous variable. For instance, x might be the total number of CACFP clients and y might be the number of CACFP clients who eat breakfast at their CACFP centers. In this case the ratio y/x is the proportion of CACFP clients who consume breakfast at the centers. Alternatively, y may be the milligrams of sodium consumed by all CACFP participants at lunch, in which case y/x measures the average sodium consumption for the population.

For purposes of the following exposition, we will assume that the ultimate sampling unit is the client. However, exactly the same derivation applies to estimating design effects for the center sample, except the word "client" is everywhere replaced by "center."

We begin the presentation of the algorithm used for calculating variances with the following definitions:

 n_h = the number of psu's selected in stratum h

 x_{ah} = the number of clients in the ath psu in the hth stratum

 y_{ah} = the value of the variable y for the ath psu in the hth stratum

$$x = the total number of clients = \sum_{h=1}^{H} \sum_{a=1}^{n_h} x_{ah}$$

$$y = \sum_{h=1}^{H} \sum_{a=1}^{n_h} y_{ah}$$

r = y/x (the ratio mean)

 \vec{H} = the number of strata

$$(1) \quad v(y) = \sum_{h} n_{h} s^{2}(y)_{h}$$

$$(2) \quad v(x) = \sum_{h} n_{h} s^{2}(X)_{h}$$

(3)
$$c(x,y) = \sum_{h} n_h s(x,y)_h$$

where:

(4)
$$s^2(y)_h = \sum_a [y_{ah} - (\sum_a y_{ah}/n_h)]^2/(n_h - 1)$$

(the sum of the within stratum variances of y)

(5)
$$s^2(x)_h = \sum_a [x_{ah} - (\sum_a x_{ah}/n_h)]^2/(n_h - 1)$$

(the sum of the within stratum variances of x)

(6)
$$s(x,y)_h = \sum_a [x_{ah} - (\sum x_{ah}/n_h)] [X_h - (\sum y_{ah}/n_h)]/(n_h - 1)$$

(the sum of the within stratum variances of x/y)

The variance v(r) of the ratio mean r is then approximately:²

(7)
$$v(r) = [v(y) + r^2v(x) - 2r(c(xy))]/x^2$$

B. ESTIMATING DESIGN EFFECTS

Once the true variances of selected variables have been estimated as summarized above, the design effect for each variable is estimated as:

(8)
$$deff = v(r)/v(srs)$$

where v(srs) is the variance that would be calculated if the sample were a simple random probability sample with equal probabilities of selection for each member of the population. For a proportion, v(srs) this is given by (p)(1-p)/n, where p is the proportion being estimated and n is the sample size.

²In order to gain additional intuition about this formula, it is useful to consider a simplified case. Suppose that the PSUs were selected so that they were of exactly equal size and suppose there was no stratification of the PSUs. The equal size assumption would imply that there was no variation in the "x" variable, so that the second and third terms of the variance formula for v(r) in equation (7) would drop out. Also, the no stratification assumption implies that the summation over "h" in the v(y) formula also drops out, so that v(r) = v(y) is just defined by equation (4). However, equation (4) is the variance of the PSU means around the overall mean. Thus we are essentially estimating the variance of the variables of interest as the variance of the PSU estimates. This has embodied in it elements of both the true variance across PSUs (since we are estimating a cross-PSU variance) and also the true variance within PSU's (since the PSU averages used in our calculations embody sampling error within the PSUs).

For a continuous variable v(srs) is the estimated population variance of the variable divided by the sample size.

Estimating Design Effects for Subsamples. The above formula is applicable to estimating the design effect for the overall sample. In general, design effects are smaller for subsamples of an overall sample, because the relative degree of clustering, in relation to the sample size, is lower. In order to estimate design effects for subsamples, we did the following:

The overall design effect can be decomposed as the product of the design effect due to weighting and the design effect due to clustering:

(9)
$$deff = deff_w * deff_c$$

The overall design effect was estimated as outlined above. The design effect due to clustering was estimated by performing the above calculations without weighting. The design effect due to weighting was then calculated using the above formula.

The full sample was also used to estimate one additional parameter which will be useful below. This parameter is "roh," a measure of within-cluster homogeneity, which is defined as the percentage of the overall population variance due to cross-cluster variation. In particular, using the whole sample, roh can be estimated using the equation:

$$(10) deff_c = 1 + roh(b - 1)$$

where b is the average number of observations per cluster.3

The factor roh does not usually change substantially by sample size. So once roh has been estimated using Equation (10) for the full sample, the design effects for subsamples of observations

³Kish (1965) p. 162 presents and discusses this result.

can be estimated using equation (10) by changing the value of the parameter "b" to reflect the smaller sizes of the subsamples, if appropriate.⁴

Estimating Design Effects for Sets of Variables. Design effects can vary for different variables in a survey. As a result, as indicated in the next section of this appendix, we have estimated design effects for different groups of variables. Essentially, this was done be averaging the estimated design effects for the selected individual variables.

C. DESIGN EFFECTS

Table C.1 presents estimated 95 percent confidence interval widths and design effects for proportions estimated on the basis of the sample of non-CACFP centers. Values for both the overall sample and selected subsample sizes are shown.

Table C.2 presents comparable data for the CACFP centers. Because it was found that the design effects differed substantially for different types of variables, separate estimates are provided for variables from different modules of the instrument.⁵ Table C.3 provides similar information for the overall sample of centers, and Table C.4 presents information relating to the client sample.

⁴However, because of the way the clustering was done, when subsamples are defined by region of country, the b values do not change.

⁵The subject matter of the modules is as follows: Module A covers organizational characteristics; Module B covers funding characteristics, Module C covers staffing, Module D covers services, Module E covers client characteristics, and Module E covers CACFP meal services and reimbursement.

TABLE C.1

95 PERCENT CONFIDENCE INTERVALS FOR ESTIMATED PROPORTIONS FOR NON-CACFP CENTERS (Percentage Points)

Sample Size	If Proportion Equals .2 or .8	If Proportion Equals .5	Design Effect ^a
280	± 4.8	± 6.0	1.0
200	± 5.6	± 7.1	1.0
100	± 8.0	± 10.0	1.0
50	± 11.7	± 14.7	1.0

^aDesign effects are all under 1.05.

95 PERCENT CONFIDENCE INTERVALS FOR ESTIMATED PROPORTIONS FOR CACFP CENTERS (Percentage Points)

Module ^a on Instrument/Sample Size	If Proportion Equals .2 or .8	If Proportion Equals .5	Design Effect
Module A or C			
280	±8.1	±10.1	3.0
200	±8.5	±10.5	2.3
100	±9.7	±12.1	1.5
50	±14.1	±17.7	1.5
Module B			
280	±8.2	±10.2	3.0
200	±9.2	±11.5	2.8
100	±12.2	±15.3	2.4
·50	±17.8	±22.3	2.4
Module D			
280	±7.1	±8.9	2.3
200	±7.6	±9.5	1.9
100	±9.2	±11.5	1.4
50	±13,.4	±16.8	1.4
Module E			
280	±6.1	±7.6	1.7
200	±6.5	±8.2	1.4
100	±7.9	±9.9	1.0
50	±13.4	±16.8	1.0
Module F			
280	±6.5	±8.1	1.9
200	±7.1	±8.9	1.6
100	±9.1	±11.4	1.3
50	±13.3	±16.6	1.3

^aThe subject matter of the modules is as follows: Module A covers organizational characteristics; Module B covers funding characteristics, Module C covers staffing, Module D covers services, Module E covers client characteristics, and Module E covers CACFP meal services and reimbursement.

95 PERCENT CONFIDENCE INTERVALS FOR ESTIMATED PROPORTIONS FOR ALL CENTERS (Percentage Points)

Module ^a on Instrument/Sample Size	If Proportion Equals .2 or .8	If Proportion Equals .5	Design Effect	
Module A or C				
560	±4.1	±5.2	1.2	
400	±4.7	±5.8	1.2	
200	±6.3	±7.8	1.1	
100	±9.1	±11.4	1.1	
Module B				
560	±3.7	±10.2	1.1	
400	±4.3	±11.5	1.1	
200	±6.0	±15.3	1.1	
100	±8.8	±22.3	1.1	
Module D				
560	±4.7	±8.9	1.4	
400	±5.3	±9.5	1.4	
200	±7.0	±11.5	1.3	
100	±10.2	±16.8	1.3	
Module E				
560	±3.8	±7.6	1.1	
400	±4.4	±8.2	1.1	
200	±6.0	±9.9	1.1	
100	±8.8	±16.8	1.1	
Module F				
500	±3.8	±8.1	1.2	
.400	±4.5	±8.9	1.1	
200	±6.2	±11.4	1.1 1.1	
100	±9.0	±16.6	1.1	

^aThe subject matter of the modules is as follows: Module A covers organizational characteristics; Module B covers funding characteristics, Module C covers staffing, Module D covers services, Module E covers client characteristics, and Module E covers CACFP meal services and reimbursement.

TABLE C.4

95 PERCENT CONFIDENCE INTERVALS FOR ESTIMATED PROPORTIONS FOR CLIENT SAMPLE (Percentage Points)

Type of Question/Sample Size	If Proportion Equals .2 or .8	If Proportion Equals .5	Design Effect	
Age/Ethnicity	-			
940	±9.6	±12.1	142	
700	±9.8	±12.1 ±12.2	14.3 10.9	
500	±9.9	±12.4	7.8	
300 .	±10.3	±12.9	7.8 5.2	
Other Personal Characteristics				
940	±7.4	±9.2	8.3	
700	±7.6	±9.5	6.5	
500	±7.8	±9.8	5.0	
300	±8.5	±10.6	3.5	
Center-Related Variables				
940	±11.2	±14.0	19.0	
700	±11.2	± 14.0	14.4	
500	±11.3	±14.2	10.4	
300	±11.6	±14.5	6.5	
Characteristics of Reimbursement				
940	±6.4	±8.0	6.3	
700	±6.6	±8.3	5.0	
500	±6.9	±8.7	3.9	
300	±7.6	±9.5	3. ₇ 2.8	
Characteristics of All Meals				
500	±4.4	±5.5	3.0	
400	±4.8	±6.0	3.0 2.6	
200	±5.3	±6.6	2.3	
100	±6.4	±8.0	2.3	

	·			
		,		
	•			
•		•		
·	•			
	,			
• •				
·				
		•	•	
	• •			

APPENDIX D DATA COLLECTION

								•
	·							
							·	
			~					
·				•	•		•	

In order to obtain the information presented in this report, it was necessary to conduct primary data collection with several different respondent populations:

- State CACFP coordinators
- Directors of CACFP and non-CACFP centers
- CACFP clients

This appendix describes the data collection procedures used and the response rates attained for this study.

A. CENSUS OF STATE CACFP COORDINATORS

State CACFP coordinators (or other respondents knowledgeable about state-level CACFP operations) were interviewed for all states. These interviews were conducted by professional research staff from Mathematic Policy Research, Inc., (MPR) headquarters in Princeton, New Jersey.

1. Interview Instrument

Because research professionals who fully understood the objectives of the data collection conducted the interviews and wanted to be able to pursue topics that arose in response to earlier questions in an interview, a semistructured topic outline rather than a fully structured closed-response questionnaire was used. This protocol covered the following topics:

- Background information
- Licensing requirements and approval criteria
- Reasons for nonparticipation by eligible centers
- Outreach and procurement policies
- Perceptions about future program growth
- Center application policies and procedures
- Application renewal procedures

- Procedures for claiming meal reimbursements
- Use of USDA commodities

2. Data Collection

In general, the interviews were conducted by telephone during late spring and summer 1992. Activities included interviewer orientation, advance contacts with the states, and the actual interviews.

Before the interviews, staff assigned to conduct the interviews met with senior project personnel to review the objectives of the study and the topic guide to be used. Detailed procedures were also addressed.

MPR obtained lists of state CACFP directors from FNS regional offices. Contact with each state was then initiated. First, an introductory letter was sent. Approximately four days later, MPR personnel called the state to follow up on the letter and identify a state respondent.

MPR then sent letters to the designated respondents and followed those letters up with phone calls. Respondents were also asked, both by telephone and letter, to provide documentary materials about the CACFP in their states.

As part of these initial contacts, appointments were made for the actual interviews. Before an interview, the MPR interviewer reviewed the documentation provided in advance by the state. At the appointed time, the respondent was called and the interview was conducted. After the interview, the interviewer reviewed and edited the instrument to determine that all of the responses had been fully recorded. In some instances, callbacks were required to obtain missing information. The interviewer then prepared a detailed WordPerfect file containing the information supplied by the respondent for further analysis.

3. Response Rates

Interviews were completed with persons knowledgeable about each state. In general, respondents were staff members of the state CACFP agency. In some cases, the program was administered by the FNS regional office, and an official from that office was interviewed.

Although interviews were completed for all states, there was considerable item nonresponse in some interviews. Frequently, the staff person assigned by the state to serve as a respondent was not completely familiar with all aspects of the material covered. For instance, a respondent from a State Educational Agency with responsibility for the CACFP might not be familiar with day care licensing rules that were within the jurisdiction of a different state agency. Resource limitations precluded identifying and contacting all the multiple respondents who would have been needed to obtain all the information in the protocol.

B. SURVEY OF ADULT DAY CARE CENTERS

Surveys of both CACFP and non-CACFP centers were conducted by mail, with telephone followup. As described below, a total of 564 completed survey instruments were obtained.

1. Instrument

For purposes of the center survey, a modularized, closed-ended data collection instrument was developed. This instrument had clear instructions and clear response categories, in order to facilitate use as a mail survey questionnaire. Seven modules were included:

- Center operating characteristics
- Funding characteristics
- Staffing
- Program services
- Client characteristics

- · CACFP participation
- Awareness and interest in the CACFP by nonparticipating centers

2. Data Collection

Questionnaires were mailed to samples of 386 CACFP centers and 455 non-CACFP centers during February 1992. Each instrument was accompanied by a personalized letter from MPR explaining the purposes and importance of the study. A letter of endorsement from the National Institute on Adult Daycare was also included.

Two rounds of telephone follow-ups to the initial mailings were carried out from MPR's telephone interviewing center in Princeton, New Jersey. In the first, the respondent was encouraged to fill out and return the instrument. In the second, the respondent was asked to complete the instrument over the telephone.

Data from the completed instruments were entered at MPR's data entry facility. All data entry fields were 100 percent verified, and range edit checks were also performed.

3. Response Rates

During the survey, substantial numbers of centers, particularly in the non-CACFP sample frame, were found to be ineligible for the study, either because they were not providing adult day care services, they had closed, or for other reasons. After taking these centers out of the calculations, survey response rates of 78 percent and 83 percent, respectively, were achieved in the CACFP and non-CACFP surveys (see Table D.1).

C. CACFP CLIENT DATA COLLECTION

Client characteristics and dietary intake data were obtained for a sample of 942 clients attending 85 different CACFP centers. As described below, this information was obtained through in-person observation, interviewing, and record abstraction.

TABLE D.1
CENTER SURVEY RESPONSE RATES

	CACFP Centers	Non-CACFP Centers
Original Sample	386	455
Ineligible Cases	25	114
Duplicate	1	10
Not providing adult day care services	3	72
Closed	7	27
Other	14	5
Refused, Can't Contact, etc.	82	60
Completions	282	282
Completion Rate ^a	78 %	83 %

^aCompletions divided by original sample minus ineligibles.

1. Instruments

Three different instruments were used for the client data collection. An *Individual Dietary Intake Record* form was used to record data about the foods consumed by an individual away from a center in the preceding 24 hours. The information was obtained either directly from the client, if the client was competent to supply the recall data, or over the telephone from a proxy respondent who was knowledgeable about the client's eating patterns. Food portion sizes were estimated using a two-dimensional portion guide that contained various sizes and shapes representing possible portion sizes.

A Consolidated Menu Summary and Observation Form was used to obtain detailed information about the foods consumed by clients at the center during the days of observation. For foods consumed at CACFP centers, this information was obtained through direct observation by MPR observers. The observers obtained information on preparation from the center staff responsible for food preparation. If food was obtained from an outside vendor, a Princeton-based MPR staff person collected the information over the telephone after the observation.

Finally, a *Client Information Form* was used to obtain information about client characteristics. These data were obtained by the MPR observers, either through abstracting center records or interviewing center personnel.

2. Procedures

Teams of interviewers obtained the client data at the selected centers over two-day observation periods. The procedures used in performing this work are summarized here.

a. Staffing and Training

Data collection at the 85 centers was undertaken by 22 teams of two interviewers each. For the most part, these personnel were drawn from the pool of experienced field interviewers who work on an on-call basis for MPR and other survey organizations. A four-day training session was conducted

at MPR's headquarters. This training covered procedures and instruments to be used at the centers, meal observation techniques, and general interviewing strategies.

b. Procedures at the Centers

On each observation day, the team of observers arrived at the center as soon as it opened. The team then determined which clients had previously been drawn into the sample, had returned consent forms, and were attending that day. The team then selected a subsample for observation. If meals were prepared at the site, the team used the first available opportunity to obtain information from the meal preparation staff about foods to be served that day, ingredients, and serving sizes.

As soon as the first meal service started, the team members began observing. Each of the two data collectors observed three clients during a meal. Observations were conducted during each meal of the day at a center. To the extent that clients in the observation sample were able to report on meals they had consumed away from the center during the preceding 24 hours, the data collectors obtained such data when meals were not being served.

When not collecting food-related information, the data collectors gathered information for the client information form. This was done either by abstracting center records or by obtaining the information from center staff, as circumstances and availability of records dictated.

As necessary, the data collectors interviewed proxy respondents by telephone, to supplement the information obtained from clients about meals not eaten at the center. These interviews were done during the evening.

Two of the observation teams included members who were bilingual in Spanish and English.

These personnel conducted the data collection in Spanish, as necessary.

3. Response Rates

The observation work involved considerable intrusion on the centers' daily routine; as a result, some centers were reluctant to cooperate. A sample of 180 centers was originally drawn, but 21 were

eliminated because they were run by organizations that had already cooperated with client data collection at another center, and further data collection would be unduly burdensome for them. Another 58 were not contacted because they were not needed to meet sample size targets. Data collection was performed at 85 of the remaining 101 centers (84 percent).

Of the individual clients selected, approximately 68 percent consented to participate in the study.¹ Thus, the cumulative response rate, taking into account center non-response equals 57 percent (or as high as 63 percent when one takes into account that some individuals on enrollment lists were no longer actively enrolled; see footnote 1).

4. Processing the Food Data

The raw information on foods eaten by clients had to be converted to nutrient content information. The processes for performing this work are described here.

Completed data collection forms were returned to MPR's headquarters, where they were carefully edited to identify any errors in how the food information was recorded. The forms were then sent to the offices of MPR's subcontractor, Booz, Allen, and Hamilton, Inc., (BAH) in Philadelphia. At BAH, the first step was to assign food codes to each food item, using the food coding structure maintained by the Human Nutrition Information Service (HNIS) of the U.S. Department of Agriculture. At this point, the food quantity information that had been recorded in terms of the two-dimensional portion guide was manually converted to weight or volume information.

¹The 68 percent estimate is conservative. There was considerable mobility into and out of the center enrollment roster, and in some instances it was not possible to determine whether clients who had not returned consent forms were still enrolled in a center. To be conservative, the 68 percent figure reported in the text includes these questionable cases in the base of the percentage. If full information were available, some clients would probably be removed from the base, and the estimated rate of consent would be higher, probably 75 percent.

The consent procedure was highly dependent on the cooperation of adult day care center staff. Center staff were responsible for distributing the consent materials and collecting the signed forms. Clients' names were not made available to MPR staff, so interviewers could not assist in obtaining consent. In some instances, clients' families had histories of noncooperation with any center requests, and little could be done to encourage their support.

The food code and quantity data were then entered into a PC software nutrient conversion system. For each food code, a computer table look-up procedure, using the nutrient database maintained by HNIS, was used to determine the nutrient content of a standard quantity of food. This information was then multiplied by the quantity information on the food record to estimate the total nutrient content of the food item. For each person, the software aggregated this information across food items to calculate the total nutrient consumption of the person during the observation day.

Extensive validation work was conducted during data processing. For each day at each center, one randomly selected observation was reentered by BAH (a total of 170 observations). The results were then compared with the original entries, and any problems were resolved. In addition, BAH utilized extensive range edit checks at both the individual food record level and the person level. For instance, if an individual food record (e.g., a serving of fruit) contained a nutrient amount that, based on previous work, substantially exceeded the usual amount of that nutrient per serving, the record was printed out with an edit warning code. Similarly, if the total nutrient intake for a person in the data set (added across food items) exceeded previously set thresholds, an edit printout was generated. All such potential problems were examined against the hard copy to make sure that information had been entered correctly and to determine whether there was evidence of any inaccuracy. All problems that were detected were resolved.

Once a "clean" data file was prepared by BAH, it was transmitted back to MPR, where additional edit checks were performed. Any problems identified were then resolved, and the final data were merged with the remainder of the client data, as well with the client data weights.

D. COMPARISONS OF NUTRIENT DATA INTAKE WITH OTHER DATA SETS

To provide a context for assessing the data collected for the current study, we have compared estimates of average nutrient intakes based on the Adult Day Care Study data with comparable information from other dietary intake surveys: the 1977-78 Nationwide Food Consumption Survey

and the 1979-80 Low Income Supplement to the 1977-78 Nationwide Food Consumption Survey.² The results of these comparisons are presented in this appendix.

1. Methodology

Comparisons have been made with data from each survey on average nutrient intakes computed as percentages of the 1990 recommended daily allowances (RDAs) for 13 nutrients. The comparisons focus on older respondents. For the Adult Day Care Study, these were defined as CACFP participants who were 65 and older. The same age cutoff was used for the two Nationwide Food Consumption Survey data sets.

It is important to note that the findings from the different surveys may not fully match for several reasons. First, the timing of the data collections varied substantially. The two comparison data sets are more than 10 years old, and eating patterns may have changed since that period. In addition, the comparison data sets are all based on national population surveys, whereas the Adult Day Care Study data set is limited to people attending CACFP centers. These different groups of people could have quite different food consumption patterns. On the one hand, it is possible that the CACFP population, because of various impairments, has a tendency to consume less food and fewer nutrients than the overall population. On the other hand, the fact that all the members of the study population received CACFP meals could cause their consumption to be higher than that of the population at large, because of the CACFP meal pattern requirements.

2. Comparisons

As shown in Table D.2, the average intake of food energy by older males in the Adult Day Care Study data set is 88 percent of the RDA, which is approximately 13 percent higher than the average of the comparison data sets. The study data tend to be higher for the other nutrients as well,

²We considered using data from the 1987-88 Nationwide Food Consumption Survey. However, FNS has a policy of not using these data because of low response rates. Consequently, CACFP client nutrient intake findings were not compared to the 1987-88 NFCS data.

TABLE D.2

AVERAGE NUTRIENT INTAKE AS A PERCENTAGE OF THE 1990 RDA FOR ELDERLY MALES

	_	Compariso	n Data Sets	_	
	Adult Day Care Study	NFCS 1977-78	NFCS 1979-80	Average of 2 Comparison Data Sets	Percentage Difference Between ADC Data Set and Comparison Average
Energy	88	83	72	78	12.8
Protein	141	123	110	117	20.5
Vitamin A	139	144	160	152	-8.5
Vitamin C	218	153	114	133	63.9
Thiamin	134	114	105	110	21.8
Riboflavin	158	124	107	115	37.4
Niacin	161	133	112	123	30.9
Vitamin B-6	104	78	62	70	48.6
Vitamin B-12	287	287	173	230	24.8
Folate	150				
Calcium	118	89	81	85	38.8
Phosphorus	176	149	148	149	18.1
Magnesium	91	80	70	75	21.3
Iron	156	141 '	124	133	17.3
Zinc	78				-u
Sample Size	122	1,514	259		

NOTE: All data sets include males 65 and older.

exceeding the average of the comparison data sets by between 15 and 50 percent. For vitamin C, the difference is more than 50 percent. The average percentage difference is 27 percent.

The nutrient consumption averages estimated from the Adult Day Care Study data set also exceed those from the comparison data sets for elderly females (see Table D.3). Females 65 and older in our data set have average food energy consumption of approximately 95 percent of the RDA. This exceeds the average of the comparison data sets by approximately 30 percent. Differences for the other nutrients tend to be between 20 and 50 percent, with the study data being higher. The average difference is 33 percent.

3. Conclusions

Overall, the Adult Day Care Study dietary intakes are clearly higher than those in the comparison data sets. However, the reasons for the differences are unclear. As noted earlier, a number of reasons might tend to make observed intakes higher in the Adult Day Care Study survey, including its more recent timing and the fact that all of its respondents received CACFP meals.

It is also important to note that the study data tend to exceed the other data less for food energy than for most other nutrients. This is consistent with hypotheses about the observed differences across data sets resulting from changes over time in food intake patterns. The observed differences in data sets tend to be particularly high for calcium, which is heavily represented in CACFP meal patterns.

On the other hand, as noted in Chapter IV, obtaining dietary recall information on the population attending CACFP centers involved substantial methodological challenges, and it is possible that factors in the survey could have led to overreporting of food consumption. For instance, it was frequently necessary to use proxy respondents in the data collection, and these proxies may

TABLE D.3

AVERAGE NUTRIENT INTAKE AS A PERCENTAGE OF THE 1990 RDA FOR ELDERLY FEMALES

	٠	Compariso	n Data Sets	_	
Nutrient	Adult Day Care Study	1977-78 NFCS	1979-80 NFCS	Average of 2 Comparison Data Sets	Percentage Difference Between ADC Data Set and Comparison Average
Energy	95	75	71	73	30.1
Protein	149	119	118	119	25.2
Vitamin A	161	163	161	162	-0.6
Vitamin C	219	150	143	147	48.9
Thiamin	143	106	102	104	37.5
Riboflavin	162	118	106	112	44.6
Niacin	153	122	116	119	28.6
Vitamin B-6	112	77	70	74	51.3
Vitamin B-12	244	225	184	205	19.0
Folate	144				
Calcium	105	71	68	69	52.2
Phosphorus	152	115	109	112	35.7
Magnesium	98	80	73	77	27.3
Iron	131	108	100	104	25.9
Zinc	82				
Sample Size	358	2,127	595	***	• '

NOTE: All data sets include males 65 and older.

have had a tendency to overreport consumption by the older people in their care for reasons of social appearances. Also, the visual aid used in estimating portion sizes could have led to errors.³

Overall, our best judgment is that the differences between data sets probably reflect both substantive and methodological factors. It is likely that the CACFP meals resulted in our respondents' consuming more nutrients than their counterparts in the general population. But there may also have been some tendency toward overreporting in the survey. There is no way to quantify the relative importance of these (and possibly other) factors. In light of this, the dietary intake results presented in the body of the report must be viewed with some caution. Although they are indicative of overall patterns of food consumption among CACFP participants, they may reflect some tendency to overreport levels of nutrient intake.

³Some data collectors believed that there was a tendency to overreport portion sizes with the two-dimensional portion size guide used in the study.

APPENDIX E CACFP AND NON-CACFP CENTER CHARACTERISTICS TABLES

	·			•
		•		
			-	
•		٠		
	,	·		
· .				
·				•

TABLE E.1
YEARS FACILITY OPERATING

	CACFP Centers	Non-CACFP Centers	All Centers
Number of Years Facility Operating			
(Percent Distribution)			
3 years or less	19	45	
4 - 6	22	15	16
7 - 10	23	24	24
11 - 14		27	26
15 - 17	19	12	14
18 or more years	8	8	8
Total	9	13	12
Total	100	100	100
Number of Years Facility Operating			
Mean	9.0	0.6	0.7
Standard deviation	5.9	9.6	9.5
Standard error	0.6	6.7	6.5
Median	8.0	0.4	0.3
Minimum		8.0	8.0
Maximum	1.0	1.0	1.0
A.A.WAIII	35.0	40.0	40.0
Inweighted Sample Size	282	279	561

TABLE E.2

PROFIT STATUS OF CENTERS (Percent Distribution)

	CACFP Centers	Non-CACFP Centers	All Centers
Not-For-Profit, Private	75	71	72
Not-For-Profit, Public	16	19	18
For Profit, Serving at Least 25 % Title XIX or XX Clients	7	2	4
For profit, Serving Less than 25 % Title XIX or XX Clients	n.a. *	5	4
Other	2	3	2
Total	100	100	100
Unweighted Sample Size	281	275	556

n.a. = Not applicable.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.3
ORGANIZATION

	CACFP Centers	Non-CACFP Centers	All Centers
Percentage of Centers Operating Under			
the Authority of Another Organization	78	81	80
Unweighted Sample Size	282	282	564
Percent Distribution of Sponsored Centers			"
by Parent Organization ^a			
Medical clinic or hospital	11	7	9
Nursing home	- 7*	16	13
Health department or organization	1	. 2	2
Mental health organization	15	7	10
Mental retardation or developmental			20
disabilities organization	4	8	7
Social services agency	27	27	27
Agency on Aging	3	3	3
Community or senior center	10	. 8	8
Education institution	2	3	. 3
Church or synagogue	3	3	3
Other	15	16	16
Total	100	100	100
Unweighted Sample Size	215	225	440

^aCalculated for centers that operate under the authority of another organization.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.4

REGULATORY STATUS
(Percent Distribution)

	CACFP Centers	Non-CACFP Centers	All Centers
Licensed and Certified	63 *	38.	46
Licensed, but Not Certified	10 *	24	20
Not certified	7 *	24	19
Certification not required	3	<1	1
Certified, but Not Licensed	23	18	19
Not licensed	9	12	11
License not required or available in state	14 *	6	8
Neither Licensed nor Certified	4 *	19	15
Not licensed or certified	1 *	10	8
Not licensed, certification not required Not certified, license not required or	1	1	1
available in state	<1 *	5	4
License or certification not required	1	3	3
Total	100	100	100
Unweighted Sample Size	281	282	563

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.5
PROGRAM LICENSING

	CACFP Centers	Non-CACFP Centers	All Centers
Program Licensing			
Percentage of Centers with a License	73	63	66
Percentage of Centers Planning to Apply for License Within Next 12 Months	2	2	2
Unweighted Sample Size	281	281	562
Percentages of Licensed Centers by Licensing Agency ^a			
State-Level	·		
Agency on aging	19	20	20
Social services/welfare department	26 *	41	36
Health department	42 *	19	26
Mental health department/agency Department/agency of mental	18	10	13
retardation/developmental disabilities	15 *	26	22
Other agency	6	8	7
County/Local Level			
Agency on aging Mental retardation/developmental	4	6 .	6
disabilities agency	1	3	. 2
Social services/welfare agency	9	3	5
Mental health agency	4	2	3
Other agency	6	2	4
Other Public Agency	0	2	1
Unweighted Sample Size	217	180	397

^aThe sum of percentages may exceed 100 because centers can be licensed by more than one agency.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.6
PROGRAM CERTIFICATION
(Percentages)

	CACFP Centers	Non- CACFP Centers	All Center
Program Certification	<u>-</u>	<u> </u>	
Percentage of centers certified	87 *	57	66
Percentage of centers planning to apply for certification within the next 12 months			00
the next 12 months	2 *	6	5
Unweighted Sample Size	280	277	557
Percentages of Certified Centers by Funding Sourcea		<u> </u>	
Medicaid	76 *	53	58
Medicare	3	3	30
Title XX	16 ·	14	15
Older Americans Act	8 *	18	14
Mental health	3	3	3
Mental retardation	<1	3	2
Social services	4	2	4
Other federal funds	6	3	4
Block grants	5	5	5
State/local aging	12	6	9
Other grants	9	6	7
Other funding	19	23	22
Unweighted Sample Size	243	155	398
Percentages of Certified Centers by Certifying Agency ^a	- 1		
State/local education	4	1	
State/local health	23 *	1	2
State/local medicaid	6	10	14
State/local mental health	12	6 9	6
State/local health and mental health	11 *	1	10 6
State/local social services	38	31	34
State/local rehabilitation	4	7	6
State/local mental retardation	4	7	6
State/local aging	21	27	25
Federal agencies	3	5	4
Other state agencies	7	11	9
Other local agencies	8	6	7
Other	5	1	3

^aThe sum of percentages exceeds 100 percent because centers can receive certification from more than one agency and for more than one funding source.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.7
WEEKS PER YEAR CENTERS ARE OPEN

	CACFP Centers	Non-CACFP Centers	All Centers
Number of Weeks Per Year Center is			
Open (Percent Distribution)			
30 - 39 Weeks	<1	<1	1
40 - 49	î	4	1 3
50	10	6	3 7
51	2	7	5
52	8 7	83	84
Total	100	100	100
Number of Weeks Per Year Center is			
Open			
Mean	51.6	51.5	51.5
Standard deviation	1.6	2.0	1.9
Standard error	0.2	0.1	0.1
Median	52.0	52.0	52.0
Minimum	30.0	30.0	30.0
Maximum	52.0	52.0	52.0
Unweighted Sample Size	282	278	560

TABLE E.8

DAYS PER WEEK CENTER IS OPEN

	CACFP Centers	Non-CACFP Centers	All Centers
Number of Days Center is Open Per			
Week (Percent Distribution)			
1	0		
2	0	<1	<1
3	<1	<1	<1
4	3	5	4
5	4	6	5
6	84	84	84
7	7	3	4
Total	2	2	2
	100	100	100
Number of Days Center is Open Per			
Week			
Mean	5.0	4.0	
Standard deviation	0.6	4.9	4.9
Standard error	0.0	0.7	0.6
Median		<0.1	< 0.1
Minimum	5.0	5.0	5.0
Maximum	2.0	1.0	1.0
	7.0	7.0	7.0
Inweighted Sample Size	281	282	563

TABLE E.9

OPERATING SCHEDULE AND ATTENDANCE FOR WEEKENDS

	CACFP Centers	Non-CACFP Centers	Ali Centers
Percentage of Centers Open Weekends	9	5	-
Saturday and Sunday	1	3	6 2
Saturday only	7	2	4
Sunday only	1	<1	<1
Unweighted Sample Size	281	282	563
Average Hours Center is Open per Day on Weekends			
Mean	6	. 9	8
Standard deviation	2	6	4
Standard error	0.4	1.5	0.7
Median	6	8	6
Minimum	3	4	3
Maximum	9	24	24
Unweighted Sample Size	31	15	46
Average Daily Attendance on Weekends	<u> </u>		** **
Mean	20	9	15
Standard deviation	15	8 .	13
Standard error	3.2	2.2	2.1
Median	15	9	11
Minimum	1	0	0
Maximum	50	25	50
Unweighted Sample Size	31	15	46

TABLE E.10

AVERAGE HOURS PER DAY CENTERS ARE OPEN WEEKDAYS

,	CACFP Centers	Non-CACFP Centers	All Centers
Hours Per Day Center is Open			<u></u>
Weekdays (Percent Distribution)			
Less than 5 hours	2	4	1
5 - 6	31	36	4 35
7 - 8	42	35	33 37
9 - 10	21	19	37 9
11 - 24	4	6	5
Total	100	100	100
Hours Per Day Center is Open			
Weekdays			
Mean	7.6	7.6	7.6
Standard deviation	1.7	2.3	7. o 2.1
Standard error	0.2	0.1	
Median	8.0	8.0	0.1
Minimum	4.0	3.0	8.0
Maximum	16.0	24.0	3.0 24.0
Unweighted Sample Size	281	282	563

TABLE E.11
HOURS PER WEEK CENTER OPEN WEEKDAYS

	CACFP Centers	Non-CACFP Centers	All Centers
Hours Per Week Center is Open			
Weekdays (Percent Distribution)			
Less than 20 hours	6	8	7
21 - 30	28	35	33
31 - 40	42	33	36
41 - 50	21	19	19
51 hours or more	4	6	5
Total	100	100	100
Hours Per Week Center is Open			
Weekdays			
Mean	37.4	37.0	37.1
Standard deviation	9.4	12.3	11.5
Standard error	1.0	0.8	0.6
Median	40.0	40.0	40.0
Minimum	15.0	6.0	6.0
Maximum	80.0	120.0	120.0
Unweighted Sample Size	281	282	563

TABLE E.12

NUMBER OF CLIENTS ENROLLED IN CENTERS

	CACFP Centers	Non-CACFP Centers	All Centers
Number of Clients Enrolled (Percent		-	
Distribution)			
Less than 5	0	3	2
5 - 10	2	6	5
11 - 20	10	20	
21 - 30	20	19	17
31 - 40	19	15	16
41 - 50	14	12	13
51 - 75	20	10	13
76 - 100	9	6	7
101 or more	6	8	7
Total	100	100	100
Number of Clients Enrolled			
Mean	. 49	45	46
Standard deviation	31	52	40 47
Standard error	3.2	3.1	2.4
Median	40	31	34
Minimum	7	· 1	1
Maximum	204	500	500
Unweighted Sample Size	282	282	564

TABLE E.13

AVERAGE DAILY SCHEDULED ATTENDANCE IN CENTERS WEEKDAYS

	CACFP Centers	Non-CACFP Centers	All Centers
Average Daily Scheduled Attendance	· · ·		
Weekdays (Percent Distribution)			
Less than 5	-1		
5 - 10	<1	5	4
11 - 20	5	14	12
21 - 30	29	30	29
31 - 40	23	19	21
41 - 50	14	9	11
51 - 75	9	7	8
76 - 100	13	8	10
101 or more	5	4	4
Total	3	3	3
	100	100	100
Average Daily Scheduled Attendance			
Weekdays			
Mean	35	24	
Standard deviation	26	31	33
Standard error	2.8	37	34
Median	2.8 29	2.3	1.8
Minimum		21	24
Maximum	2	1	1
	186	360	360
Unweighted Sample Size	273	273	546

TABLE E.14

AVERAGE DAILY ATTENDANCE IN CENTERS WEEKDAYS

	CACFP Centers	Non-CACFP Centers	All Centers
Average Daily Attendance Weekdays			
(Percent Distribution)			
Less than 5	<1	7	
5 - 10	5	7	5
11 - 20	35 35	17	13
21 - 30		31	32
31 - 40	23	18	20
41 - 50	15	8	11
51 - 75	8	5	6
76 - 100	9	9	9
101 or more	3	2	3
Total	2	3	3
•	100	100	100
Average Daily Attendance Weekdays			
Mean	31	28	
Standard deviation	22	33	29
Standard error	2.3	2.0	31
Median	2.5 24	2.0 19	1.6
Minimum	4	19	21
Maximum	154	200	1
		300	300
Inweighted Sample Size	282	280	562

TABLE E.15
ABSENTEEISM RATE IN CENTERS WEEKDAYS

	CACFP Centers	Non-CACFP Centers	All Centers
Absenteeism Rate (Percent Distribution) ^a		· · · · · · · · · · · · · · · · · · ·	-
Less than .05	26	43	38
.0610	17	19	19
.1115	22	15	17
.1620	17	9	11
.2125	8	4	5
.26 or more	10	10	10
Total	100	100	100
Absenteeism Rate			
Mean	0.13 *	0.10	0.11
Standard deviation	0.12	0.11	0.11
Standard error	0.01	0.01	0.11
Median	0.12	0.07	0.01
Minimum	0.00	0.00	0.00
Maximum	0.76	0.50	0.76
Unweighted Sample Size	273	272	545

^aThe absenteeism rate equals (average daily scheduled attendance for weekdays minus average daily attendance for weekdays) divided by the average daily scheduled attendance for weekdays.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.16
ENROLLMENT-BASED MEASURE OF CAPACITY UTILIZATION

	CACFP Centers	Non-CACFP Centers	All Centers
Capacity Utilization (Percent		· · · · · · · · · · · · · · · · · · ·	
Distribution) ^a			
Less than .25	0	1	1
.2550	5	4	1
.5170	10	9	4 9
.7180	15	11	13
.8190	9	12	13
.91 - 1.00	11	20	17
More than 1.00 ^b	50	43	45
Total	100	100	100
Capacity Utilization			
Mean	1.11	1.15	1.14
Standard deviation	0.44	0.70	0.64
Standard error	0.05	0.04	0.03
Median	1.00	1.00	1.00
Minimum	0.25	0.13	0.13
Maximum	3.83	7.14	7.14
Unweighted Sample Size	266	272	538

^aCapacity utilization equals enrollment divided by licensed capacity or maximum capacity (for unlicensed centers).

^bCenters with greater than 100 percent capacity utilization may have part-time clients.

TABLE E.17
ATTENDANCE-BASED MEASURE OF CAPACITY UTILIZATION

	CACFP Centers	Non-CACFP Centers	All Centers
Capacity Utilization (Percent			
Distribution) ^a			
Less than .25	5	5	4
.2550	17	21	20
.5170	31	28	29
.7180	19	16	17
.8190	15	13	13
.91 - 1.00	10	16	14
More than 1.00 ^b	4	2	3
Total	100	100	100
Capacity Utilization			
Mean	0.67	0.67	0.67
Standard deviation	0.22	0.23	0.23
Standard error	0.02	0.01	0.01
Median	0.68	0.67	0.69
Minimum	0.12	0.08	0.08
Maximum	1.33	1.27	1.33
Unweighted Sample Size	266	270	536

^aCapacity utilization equals average daily attendance divided by licensed capacity or maximum capacity (for unlicensed centers)

^bCenters with greater than 100 percent capacity utilization may have part-time clients.

TABLE E.18
CENTERS HAVING WAITING LIST

	CACFP Centers	Non-CACFP Centers	All Centers
Percentage of Centers Having Waiting List	36	28	30
Unweighted Sample Size	281	281	562
Number of Clients on Waiting List ^a			
Mean	9	10	10
Standard deviation	9	10	10
Standard error	1.2	1.2	0.9
Median	6	6	6
Minimum	1	1	1
Maximum	70	49	70
Unweighted Sample Size	99	73	172

^aCalculated for centers with waiting lists only.

TABLE E.19
FUTURE OPERATING PLANS

	CACFP Centers	Non-CACFP Centers	All Centers
D		-	
Percentage of Centers with Plans to:			
Expand operations within next two			
years Close contanneithin	36	29	31
Close center within next two years No change in operations within next	1	2	2
two years	63	69	67
Total	100	100	100
Unweighted Sample Size	282	282	564
Increase in Number of Clients ^a			
Mean	24	22	22
Standard deviation	25	18	20
Standard error	3.2	2.0	1.8
Median	15	15	15
Minimum	2	2	2
Maximum	175	100	175
Unweighted Sample Size	91	78	169

^aCalculated for centers expanding operations.

TABLE E.20

REGULATORY STATUS
(Percent Distribution)

100	100	100
	19	15
	18	19
- -	— ·	20
	- -	46
63 *	20	
Centers	Centers	Centers
_ 	Non-CACFP	All
	CACFP Centers 63 * 10 * 23 4 * 100	Centers Centers 63 * 38 10 * 24 23 18 4 * 19

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.21
ANNUAL OPERATING AND FOOD SERVICE BUDGETS

	CACFP Centers	Non-CACFP Centers	All Centers
Total Annual Operating Budget (Dollars)			
Mean	285,164	274,740	278,513
Standard deviation	244,579	327,514	303,015
Standard error	26,829	21,369	15,288
Median	215,898	174,500	184,920
Minimum	25,000	5,000	5,000
Maximum	1,688,521	2,459,600	2,459,600
Unweighted Sample Size	242	242	484
Total Annual Budget for Meals or Food Service (Dollars) ^a			
Mean	20,970 *	8,808	13,322
Standard deviation	16,886	11,404	14,991
Standard error	1,917	858	824
Median	16,177	5,000	8,796
Minimum	1,400	0	. 0
Maximum	95,350	70,000	95,350
Unweighted Sample Size	226	182	408
Percentage of Centers Receiving In-Kind			<u> </u>
Contributions For Any Items	51	46	47
Unweighted Sample Size	280	280	560
Percentage of Centers Receiving In-Kind			· · · · · · · · · · · · · · · · · · ·
Contributions For Food	18	17	16
Unweighted Sample Size	278	225	503

^aCalculated for centers providing meals or snacks.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.22
SOURCES OF CENTER INCOME (Percentages)

Funding Sources	CACFP Centers	Non-CACFP Centers	All Centers
Federal Government			
Medicare	10	4	6
Medicaid	67 *	32	42
Title III Older American Act Grant	15	19	18
Title XX Social Service Block Grant	25 *	13	17
Mental Health Grant	10	4	
Mental Retardation or Developmental	10	₹	6
Disabilities Grant	5	6	_
Community Development Block Grant	9	3	6
CACFP reimbursement	100	-	5
Other federal funding	5	• n.a. 9	30 8
Other Government State-level Local (county/city) Other public funding	52 32 3	48 40 3	50 38 3
Nongovernmental			
Fees paid by client	72 *	61	
Fees paid by private insurance	12	11	64
United Way	27		12
Other nongovernmental sources	6	24	25
Contributions/Subsidies from Sponsoring	U	3	3
Agency or Organization	37	38	38
Unweighted Sample Size	282	281	563

NOTE: Percentages do not sum to 100 percent because center can receive funding from more than one funding source.

n.a. = Not applicable.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.23
FEES PER DAY OR VISIT

	CACFP Centers ^a	Non-CACFP Centers ^a	All Centers ^a
Fees Per Day or Visit (Percent			
Distribution)			
Less than \$10	16	16	16
\$11 - \$20	17	18	17
\$21 - \$30	29	33	31
\$31 - \$40	17	22	21
\$41 - \$50	15	7	10
\$51 - \$60	2	2	2
\$61 - \$70	<1	1	1
\$71 - \$80	1	1	1
\$81 - \$90	3	1	1
Fees Per Day or Visit	·		
Mean	29	26	27
Standard deviation	17	15	16
Standard error	2.1	1.2	0.9
Median	28	26	28
Minimum	1	0	0
Maximum	86	82	86
Unweighted Sample Size	190	164	354

^aDoes not include centers with fees per day or visit greater than 90 dollars.

TABLE E.24

MEAL SERVICE STAFFING (Percentages)

	CACFP Centers	Non-CACFP Centers	All Centers
Centers Providing Meals or Food Service	-		
to Clients	100 *	81	87
Unweighted Sample Size	282	282	564
Centers With the Following Meal Service Staff: ^a			
Nutritionist	43	43 [.]	43
On staff	1	3	2
Consultant	37	32	34
Status unknown	4	8	7
Unweighted Sample Size	252	220	472
Registered Dietitian (RD)	57	57	57
On staff	1 *	5	3
Consultant	47	43	45
Status unknown	9	9	9
Unweighted Sample Size	264	223	487
Other Dietitian	27	19	21
On staff	1	2	21
Consultant	16	12	13
Status unknown	10	5	6
Unweighted Sample Size	246	219	465

^aPercentages are for centers providing meals.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.25
SERVICES AND ACTIVITIES OFFERED BY PROGRAM (Percentages)

Services	CACFP Centers	Non-CACFP Centers	All Centers
Case Management	97 *	90	92
Health-Related Services			
Medical evaluation by doctor	40 *	28	31
Health care provided by doctor	42 *	23	29
Health care provided by RN or LPN	82 *	58	65
Physical therapy	49 *	37	40
Speech therapy	47	38	40
Occupational therapy	50	39	42
Optometry services	31 *	18	22
Hearing examinations	39 *	25	30
Podiatry services	46 *	31	35
Dental care	29	22	24
Nutritional screening	61 *	39	45
Nutritional counseling	71 *	54	59
Physical fitness/exercise	96	95	96
Therapeutic recreation	93 *	86	88
Psycho/Social Services or Activities			
Individual or group counseling/			
psychotherapy	70 *	55	60
Alcohol/drug abuse program	30 *	15	19
Art/music therapy	78	72	74
Recreational activities	99	99	74 99
		22	99
Self-Care/Restorative Activities			
Training in activities of daily living	89 *	80	83
Training in instrumental activities of	5 ,	OV	63
daily living	83 *	70	74
Bowel/bladder retraining	58	50	53
· · 6		50	33
Activities/Services for Clients' Families			
Support groups, educational programs,			
respite care	88 *	72	77

TABLE E.25 (continued)

Services	CACFP Centers	Non-CACFP Centers	All Centers
Transportation Services	_		· · · · · ·
Transportation between home and			
center	86 *	68	75
Transportation to health care	13 *	5	7
Other transportation services	9	9	9
Other Services	11	10	10
Unweighted Sample Size	281	281	562

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.26

MAIN MEALS AND SNACKS SERVED IN CENTERS^a (Percent Distribution)

	CACFP Centers	Non-CACFP Centers	All Centers
Centers Providing Main Meals or Snacks	100	81	87
Main meals and snacks	72	62	65
Main meals only	28	14	18
Snacks only	<1	5	3
Centers Not Providing Main Meals or Snacks	n.a.	19	13
Total	100	100	100
Unweighted Sample Size	282	282	564

n.a. = not applicable.

^aMain meals refer to breakfast, lunch, or supper.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.27

TYPES OF MEALS SERVED IN CENTERS WEEK DAYS (Percentages)

	CACFP Centers	Non-CACFP Centers ^a	All Centers
Centers Offering the Following Meals and			-
Snacks: ^b		•	
Breakfast	49 *	21	31
Morning snack	39 *	69	58
Lunch	99 *	93	95
Afternoon snack	58	68	64
Supper	7	9	8
Unweighted Sample Size	282	227	509

^aCalculated for non-CACFP centers providing meals or snacks.

^bThe sum of percentages exceeds 100 percent because centers may serve more than one type of meal or snack.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.28

NUMBER OF EATING OCCASIONS PER DAY WEEKDAYS

· · · · · · · · · · · · · · · · · · ·	CACFP Centers	Non-CACFP Centers ^a	All Centers
Number of Eating Occasions Per Day			
(Percent Distribution)			
One	19	21	20
Two	23	23	23
Three	52	45	47
Four	6	8	7
Five	<1	4	3
Total	100	100	100
Number of Eating Occasions Per Day			
Mean	2.5	2.5	2.5
Standard deviation	0.9	1.0	1.0
Standard error	0.1	0.1	0.1
Median	3.0	3.0	3.0
Minimum	1.0	1.0	1.0
Maximum	5.0	5.0	5.0
Unweighted Sample Size	282	227	509

^aCalculated for non-CACFP centers providing meals or snacks.

TABLE E.29

PATTERN OF MEALS SERVED IN CENTERS (Percent Distribution)

	CACFP Centers	Non-CACFP Centers ^a	All Centers
Centers Offering the Following Pattern of			1
Meals:			
Breakfast, morning snack, lunch,			
afternoon snack, and supper	2	4	4
Breakfast, morning snack, lunch, and			-
afternoon snack	2	5	4
Breakfast, morning snack, and lunch	5	3	3
Breakfast, lunch, and afternoon snack	27 *	5	12
Breakfast and lunch, no snacks	9	2:	5
Morning snack, lunch, and afternoon		~	3
snack	20 *	39	33
Morning snack and lunch	9	10	10
Lunch and afternoon snack	3 *	8	6
Lunch only	.18	14	15
Other meal patterns	7 *	11	9
Total	100	100	_
	100	100	100
Unweighted Sample Size	282	227	509

^aCalculated for non-CACFP centers providing meals or snacks.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.30

AVERAGE NUMBER OF MEALS SERVED PER WEEK
TO ENROLLED CLIENTS BY MEAL TYPE

	CACFP Centers	Non-CACFP Centers ^a	All Centers
Breakfast			
All centers ^b	58 *	10	20
All centers, adjusting for ADA ^b	2 *	10	28 1
	-	1	1
Morning Snack All centers ^b			
	47	63	58
All centers, adjusting for ADA ^b	2 *	3	3
Lunch			
All centers ^b	141 *	02	444
All centers, adjusting for ADA ^b	5 *	92 4	111
<u> </u>	J	4	4
Afternoon Snack			
All centers ^b	65	51	56
All centers, adjusting for ADA ^b	3	3	3
Supper			
All centers ^b	7	2	
All centers, adjusting for ADA ^b	7 <1	3	4
say, anjuming for right	\1	<1	<1
All Meals			
All centers	318 *	218	255
All centers, adjusting for ADA	11	11	11

ADA = average daily attendance

^aFor non-CACFP centers providing meals or snacks.

^bCalculated for all centers providing meals or snacks, including zero value for centers not providing the meal.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.31

AVERAGE NUMBER OF MEALS SERVED PER WEEK
TO ENROLLED CLIENTS BY MEAL TYPE^a

	CACFP Centers	Non-CACFP Centers ^a	All Centers
Breakfast			
Centers providing meal ^b	101 *		
Centers providing meal, adjusting for ADA ^b	121 *	50	92
and the providing mean, adjusting for ADA	4 *	2	3
Morning Snack			
Centers providing meal ^b	400		
Centers providing meal, adjusting for ADA ^b	123	93	101
content providing mean, adjusting for ADA	4	5	4
Lunch			·
Centers providing meal ^b			
Centers providing meal, adjusting for ADA ^b	143 *	99	117
contous providing mean, adjusting for ADA	5 *	4	5
Afternoon Snack			
Centers providing meal ^b			
Centers providing meal, adjusting for ADA ^b	112 *	76	88
content providing mean, adjusting for ADA	4	4	4
Supper			
Centers providing meal ^b	400	•	
Centers providing meal, adjusting for ADA ^b	100	31	53
centers providing mear, adjusting for ADA ^b	2	2	2

ADA = average daily attendance

^aFor non-CACFP centers providing meals or snacks.

^bAverage number of meals calculated for only those centers that offer the specific meal type.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.32

MEAL PREPARATION METHODS FOR MAIN MEALS (Percentages)

Supper	Non- All CACFP Centers	49 58	28 20		3	10 14	0 0	20 38
	CACFP	9/	* 0	0	0	24	0	18
	All	90 08	11	7	18	37	င	489
Lunch	Non- CACFP	25	16	∞	20	35	3	211
	CACEP	* 88	*	9	14	42	3	278
	All	73	10	4	4	6	<1	180
Breakfast	Non- CACFP	65	19	9	H	7	0	64
ļ	CACFP	80	* 2	m	9	11	1	131
		Method of Preparation ^{a,b} Meals prepared onsite by the center Meals are prepared onsite by the center	organization	Meals are prepared onsite by a contractor Meals are menared offsite by an affiliated or enoughing	organization, with delivery to the center Meals are prepared offsite by a contractor other than an affiliated or stongoring contractor other than an	center	Other meal preparation systems	Unweighted Sample Size

 $^4\mathrm{Percentage}$ distribution of centers providing meal.

^bDetail may sum to greater than 100 percent because centers may use more than one method when preparing meals.

*Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.33

SERVING METHOD FOR MAIN MEALS^a
(Percentages)

	CACFP Centers ^b	Non-CACFP Centers ^b	All Centers ^b
Centers Using the Following Serving Methods for Main Meals: ^c			
Cafeteria style, preportioned (plates filled by workers at central serving area; clients			
carry plates or trays to dining tables) Cafeteria style, items or portions	29	22	25
determined by clients (plates filled by workers at central serving area; clients carry plates or trays to dining area)	5	4	5
Family style (clients serve themselves from			٠
serving dishes on the dining tables) Buffet style (clients serve themselves at	11	7	7
central serving area and carry plates to dining tables)	1	5	3
Restaurant style (clients are seated at dining tables; preportioned servings are brought			
to them by center staff)	64 *	76	72
Other	1	0	<1
Unweighted Sample Size	281	213	494

^aMain meals refer to breakfast, lunch, or supper.

^bPercentages are for centers providing main meals.

^cThe sum of percentages exceeds 100 percent because centers may use more than one serving method.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

STAFF INVOLVED IN MENU PLANNING AND SUPERVISION OF FOOD PREPARATION FOR MAIN MEALS (Percentages)

	CACFP Centers ^a	Non-CACFP Centers ^a	All Centers ^a
Centers Using the Following Staff to			
Plan Menus for Main Meals: b,c			
Nutritionist (R.D. with advanced			
degrees)	21	00	
Registered Dietitian (R.D.)	42	29	25
Other dietitian	10	49	47
Caterer, contractor or vendor	34	6	7
Other	49 *	34 37	34
			42
Unweighted Sample Size	278	201	479
Centers Using the Following Staff to			
Supervise Food Preparation of Main			
Meals: b,c			
Nutritionist (R.D. with advanced			
degrees)	10 *	22	4.5
Registered Dietitian (R.D.)	21 *	23 .35	18
Other dietitian	14		30
Caterer, contractor or vender	40	8 36	10
Other	53	30 43	38
		43	<u>47</u>
Unweighted Sample Size	271	188	459.

^aCenters providing main meals (breakfast, lunch, or supper).

^bCalculated for centers that plan menus or supervise food preparation.

^cThe sum of percentages exceeds 100 percent because centers may use more than one type of staff. to plan menus or supervise food preparation.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.35

PROVISION OF SPECIAL DIETS--MAIN MEALS (Percentages)

	CACFP Centers ^a	Non-CACFP Centers ^a	All Centers ^a
Centers Providing Modified or Therapeutic Diets	79	83	82
Unweighted Sample Size	281	213	494
Centers Providing Modified or			
Therapeutic Diets by Type of Special			
Diet Provided ^{b,c}			
Low-salt	84	90	88
Low-cholesterol	54	61	58
Low-fat	61	65	64
Low-calorie	48 *	65	59
Low-sugar	66	70	68
High-fiber	29	36	33
Low-fiber	21	26	24
High-carbohydrate	20	26	23
Bland	32	41	37
Vegetarian	30	31	30
No vegetables	13	21	18
Diabetic	81	75	77
Ground or pureed	56	53	53
Liquid or formula (orally or	-		55
NG Tube)	15	17	17
Liquid or formula supplement	32	29	29
Total/partial parenteral nutrition	2 *	7	29 5
Other	14	9	11
Unweighted Sample Size	219	176	395

^aFor centers providing main meals (breakfast, lunch, or supper).

^bCalculated for centers providing special diets.

^cThe sum of percentages exceeds 100 percent because centers can provide more than one type of special diet.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.36

NUTRITION EDUCATION AND COUNSELING SERVICES PROVIDED BY HEALTH PROFESSIONAL (Percentages)

	CACFP Centers ^a	Non-CACFP Centers ^a	All Centers
Centers Providing Nutrition Education and Counseling Services by a Health Professional	74 *	57	62
Unweighted Sample Size	280	281	561
Centers Providing Nutrition Education and	······································		
Counseling Services by a Health Professional by Types of Nutrition Education Services: b,c			
Lectures	67	65	66
Printed materials or brochures	76	78	77
Visual displays	46	56	52
Personnel counseling or diet planning	68	66	52 66
Workshops or group discussions	49	53	52
Cooking demonstrations or classes	46	37	32 39
Other	7	4	5
77. 174.10		.	
Unweighted Sample Size	214	161	375
Unweighted Sample Size Centers Providing Nutrition Education and	214	161	375
Centers Providing Nutrition Education and	214	161	375
Centers Providing Nutrition Education and Counseling Services by a Health Professional by	214	161	375
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c		/ 1	
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing	47	44	45
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation	47 67	44 64	45 65
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition	47 67 90	44 64 91	45 65 91
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals	47 67 90 58	44 64 91 58	45 · 65 91 58
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements	47 67 90 58 55	44 64 91 58 58	45 · 65 · 91 · 58 · 56
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake	47 67 90 58 55 60	44 64 91 58 58 69	45 65 91 58 56 66
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake Sodium intake	47 67 90 58 55 60 68	44 64 91 58 58 69 68	45 65 91 58 56 66 69
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake Sodium intake Saturated-fat intake	47 67 90 58 55 60 68 45	44 64 91 58 58 69 68 53	45 · 65 91 58 56 66 69 51
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake Sodium intake Saturated-fat intake Carbohydrate intake	47 67 90 58 55 60 68 45 28 *	44 64 91 58 58 69 68 53 41	45 · 65 91 58 56 66 69 51 36
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake Sodium intake Saturated-fat intake Carbohydrate intake Dietary-fiber intake	47 67 90 58 55 60 68 45 28 *	44 64 91 58 58 69 68 53 41	45 · 65 91 58 56 66 69 51 36 46
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake Sodium intake Saturated-fat intake Carbohydrate intake Dictary-fiber intake Medications and nutrition	47 67 90 58 55 60 68 45 28 * 44	44 64 91 58 58 69 68 53 41 48	45 · 65 91 58 56 66 69 51 36 46 56
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake Sodium intake Saturated-fat intake Carbohydrate intake Dietary-fiber intake Medications and nutrition Alcohol intake and nutrition	47 67 90 58 55 60 68 45 28 * 44 61 27	44 64 91 58 58 69 68 53 41 48 54	45 65 91 58 56 66 69 51 36 46 56 28
Centers Providing Nutrition Education and Counseling Services by a Health Professional by Topics Covered in Nutritional Activities: b,c Food purchasing Food preparation Basic principles of nutrition Vitamins and minerals Caloric requirements Cholesterol intake Sodium intake Saturated-fat intake Carbohydrate intake Dietary-fiber intake Medications and nutrition	47 67 90 58 55 60 68 45 28 * 44	44 64 91 58 58 69 68 53 41 48	45 · 65 91 58 56 66 69 51 36 46 56

^aCenters providing meals or snacks.

^b Calculated for centers having education and counseling services provided by a health professional.

^cThe sum of percentages exceeds 100 percent because centers may provide more than one type of educational service or cover more than one topic.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.37

NUTRITION EDUCATION AND COUNSELING SERVICES PROVIDED BY OTHER STAFF (Percentages)

	CACFP Centers ^a	Non-CACFP Centers ^a	All Centers
Centers Providing Nutrition Education and Counseling Services by Other Staff	80 *	61	67
Unweighted Sample Size	281	280	561
Centers Providing Nutrition Education and		, <u>, , , , , , , , , , , , , , , , , , </u>	-
Counseling Services by Other Staff by Types of Nutrition Education Services: b,c			
Lectures	59 *	45	50
Printed materials or brochures	64	52	50 56
Visual displays	48	47	47
Personnel counseling or diet planning	54	55	55
Workshops or group discussions	47	50	49
Cooking demonstrations or classes	58	57	49 57
Other	5	4	5
Unweighted Sample Size	229	172	401
Centers Providing Nutrition Education 1			<u> </u>
Centers Providing Nutrition Education and Counseling Services by Other Staff by Topics			
Covered in Nutritional Activities: b,c			,
Food purchasing			
Food preparation	47	53	51
Basic principles of nutrition	62	69	67
Vitamins and minerals	82	85	84
Caloric requirements	43	48	46
Cholesterol intake	45	47	47
	54	51	52
*******	50		
Sodium intake	59 35	52	54
Sodium intake Saturated-fat intake	35	40	39
Sodium intake Saturated-fat intake Carbohydrate intake	35 23	40 31	39 28
Sodium intake Saturated-fat intake Carbohydrate intake Dietary-fiber intake	35 23 39	40 31 36	39 28 37
Sodium intake Saturated-fat intake Carbohydrate intake Dietary-fiber intake Medications and nutrition	35 23 39 53	40 31 36 46	39 28 37 49
Sodium intake Saturated-fat intake Carbohydrate intake Dietary-fiber intake Medications and nutrition Alcohol intake and nutrition	35 23 39 53 22	40 31 36 46 26	39 28 37 49 25
Sodium intake Saturated-fat intake Carbohydrate intake Dietary-fiber intake Medications and nutrition	35 23 39 53	40 31 36 46	39 28 37 49

^aCenters providing meals or snacks.

^b Calculated for centers having education and counseling services provided by other staff.

^cThe sum of percentages exceeds 100 percent because centers may provide more than one type of educational service or cover more than one topic.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.38

AGE OF CLIENT (Percent Distribution)

	CACFP Centers	Non-CACFP Centers	All Centers
Centers Serving:		· · · · · · · · · · · · · · · · · · ·	*
Clients age 18 - 59 only	9	11	10
Clients age 60 and older only	15	30	26
Clients age 18 and older	<i>7</i> 7	59	64
Total	100	100	100
Unweighted Sample Size	276	273	549

TABLE E.39

SOCIODEMOGRAPHIC CHARACTERISTICS OF CLIENTS (Mean Percentage of Center Clients)

	CACFP Centers	Non-CACFP Centers	All Centers
Age		<u> </u>	
18 - 29	40		
30 - 44	10	10	10
45 - 59	17	16	16
60 - 74	15	10	11
75 - 84	24	27	26
	24	27	27
84 and older	11	9	10
Total	100	100	100
Gender		•	
Female	64	60	61
Male .	36	40	39
Total	100	100	100
Race/Ethnicity	٠		
White	64	79	74
Black	26	79 14	74
Hispanic	7	. 5	18
American Indian or Alaskan	3		5
Asian or Pacific Islander	3 1	1	1
Total	100	2 100	1.00
	100	100	100
Participation in Federal Programs		•	
Receives Supplemental Security			
Income (SSI)	47	52	50
Receives Social Security Disability			
Income (SSD)	13	16	14
Receives Food Stamps	21	12	15
Receives Medicaid	53	50	51
Unweighted Sample Size	282	282	564

TABLE E.40

SOCIODEMOGRAPHIC CHARACTERISTICS OF CLIENTS (Percentage of Centers Serving Clients^a)

·	CACFP Centers	Non-CACFP Centers	All Centers
Age			Centers
18 - 29			
30 - 44	47 *	37	40
45 - 59	64 *	46	51
60 - 74	80 *	63	68
75 - 84	91	85	87
84 and older	67	65	66
o4 and older	59	53	55
Gender			
Female	100 *		
Male	100 *	98	99
	99	98	98
Race/Ethnicity			
White .	94 *	00	
Black	79 *	99	98
Hispanic	39	66	71
American Indian or Alaskan	9	33	34
Asian or Pacific Islander		8	9
	14	17	16
Participation in Federal Programs			
Receives Supplemental Security			
Income (SSI)	89	0.4	
Receives Social Security Disability	0)	84	86
Income (SSD)	62	5.1	
Receives Food Stamps	68 *	54 42	56
Receives Medicaid	93 *	42	51
		84	87
Inweighted Sample Size	282	282	564

^aEntry gives percentage of centers with at least one client with the specific characteristic.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.41

HEALTH AND FUNCTIONAL CHARACTERISTICS OF CLIENTS
ATTENDING CACFP AND NON-CACFP CENTERS
(Means and Percentages)

	Pe	Percentage of Centers ^a	S.S.	Mean Po	Mean Percentage of Center Clients	r Clients
	CACFP Centers	Non-CACFP Centers	All	CACFP	Non-CACFP	All
Clients Receive Special Diets or Have Dietary Restrictions	98	85	85	28	Centers 26	Centers 26
Clients Need Assistance with:					}	3
Eating Other personal care (e.g., dressing or toileting)	73	76 85	75	14	3, 20	18
chairs or bed	84	88	8	; ;		7 .
Clients Who are:				}	87	7
Incontinent one or more times per week Chronically confused or disoriented	76	77	12	11	17	15
Aggressive, self-abusers, violent tempered, or use abusive language	± 22	67	& ⊗ 4 ⊗	26 10	29	78
					11	10

^aEntry gives percentage of centers with at least one client with the specific characteristic.

TABLE E.42
LENGTH OF ATTENDANCE

	CACFP Centers	Non-CACFP Centers	All Centers
Mean Percentage of Center Clients		-	
Attending Center			
Less than 1 year	30	29	29
1 - 2 years	27	28	28
3 - 5 years	23	24	23
More than 5 years	20	20	20
Total	100	100	100
Percentage of Centers With Clients			
Attending Center ^a			
Less than 1 year	92	93	93
1 - 2 years	94	93	93
·3 - 5 years	83	80	82
More than 5 years	67 *	57	61
Unweighted Sample Size	271	272	543
Number of Months from Enrollment			•
to When Client Leaves Program			
Mean	31	38	26
Standard deviation	28	38 ·	36
Standard error	2.3	2.5	36 1.0
Median	24	2.3 24	1.9
Minimum	1	2 4 1	1
Maximum	240	240	240
Unweighted Sample Size	240	234	474

^aEntry gives percentage of centers with at least one client with the specific characteristic.

^{*}Significantly different from non-CACFP centers at the .05 level, two-tailed test.

TABLE E.43

NUMBER OF MONTHS CENTER HAS BEEN PARTICIPATING IN THE CACFP

	CACFP Centers
Number of Months Center Has Been Participating in	
the CACFP (Percent Distribution)	
12 months or less	. 7
13 - 24 months	32
25 - 36 months	40
37 - 48 months	12
49 - 60 months	8
Total	100
Number of Months Center Has Been Participating in the C	'ACFP
Mean	29
Standard Deviation	12
Standard Error	1.0
Median	30
Minimum	6
Maximum	60

TABLE E.44

MANNER IN WHICH CENTER BECAME AWARE OF CACFP

	Percentage of CACFP Centers
How Center Became Aware of CACFP: ^a	
State CACFP administering agency	54
Another state agency	18
National or state adult day care association	21
CACFP sponsoring organization	9
Other parent or sponsoring organization	5
Professional contacts	21
Informal contact with staff of participating centers	17
Other	
Unweighted Sample Size	270

^aSum of percentages exceeds 100 percent because centers can mention more than one way of becoming aware of the program.

TABLE E.45

PROPORTION OF CLIENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS

	CACFP Centers
Percentage of Center's Clients Eligible for	Free or Reduced
Priced Meals (Percent Distribution)	rice of Reduced-
25% or less	3
26% - 50%	13
51% - 75%	20
76% - 100%	. 64
Total	100
Percentage of Center's Clients Eligible for	Free or Reduced-
Price Meals	
Mean	80
Median	23
	1.9
Standard Error	
Median	88
Median Minimum	88 0
Median	•

TABLE E.46

TYPES OF MEALS CLAIMED FOR CACFP REIMBURSEMENT WEEKDAYS

·	Percentage of All CACFP Centers ^{a,c}	Percentage of CACFP Centers Providing Meal ^{b,c}
Centers Claiming the Following Types		
of Meals and Snacks: Breakfast		
· · · · · · · · · · · · · · · · · · ·	46	97
Morning snack	30	80
Lunch	97	98
Afternoon snack	50	87
Supper	3	51

^aCalculated for all CACFP centers.

^bCalculated for centers providing the specific meal.

^cSum of percentages exceeds 100 percent because centers can claim more than one type of meal or snack.

TABLE E.47

NUMBER OF EATING OCCASIONS CLAIMED FOR REIMBURSEMENT WEEKDAYS

	CACFP Center
Centers Claiming Eating Occasions for Reimbursement	· · · · · · · · · · · · · · · · · · ·
(Percent Distribution): ^a	
One	23
Two	31
Three	41
Four	5
Total	100
Number of Eating Occasions Claimed for Reimbursement Mean	
Standard Deviation	2.3
Standard Deviation Standard Error	0.9
	0.1
Median	2.0
Minimum	1.0
Maximum	4.0
Unweighted Sample Size	272

^aCenters can claim up to two meals and one snack or one meal and two snacks per day for each enrolled client. However, the number of eating occasions may exceed three if centers claim different eating occasions for different clients or claim different meal patterns on different days.

TABLE E.48

PATTERN OF MEALS CLAIMED FOR CACFP REIMBURSEMENT (Percent Distribution)

	CACFP Centers
ACFP Centers Claiming:	
Breakfast, morning snack, and lunch	3
Breakfast, lunch, and afternoon snack	24
Morning snack, lunch, and afternoon snack	14
Morning snack and lunch	9
Lunch and afternoon snack	5
Breakfast and lunch	14
Morning snack and afternoon snack	1
Lunch only	23
Other patterns	. 7
Total	100
nweighted Sample Size	272

TABLE E.49

AVERAGE NUMBER OF MEALS AND SNACKS CLAIMED BY CENTER PER WEEK BY CACFP MEAL REIMBURSEMENT CATEGORY (Number of Meals)

•	Meal Reimbursement Category		_	-	
	Free	Reduced Price	Full Price	Total	Unweighted Sample Size
Breakfast					
Centers claiming meal ^a	94	7	17	118	125
All centers ^b	45	4	8	56	276
Morning Snack					
Centers claiming meal ^a	84	7	10	101	97
All centers ^b	31	2	4	38	274
Lunch					
Centers claiming meal ^a	117	7	13	137	268
All centers ^b	116	7	13	136	272
Afternoon Snack					
Centers claiming meal ^a	75	9	18	102	150
All centers ^b	43	5	10	58	273
Supper					
Centers claiming meal ^a	52	2	3	58	16
All centers ^b	3	<1	<1	4	280
All Meals and Snacks					
All centers	239	18	35	293	272

^aAverage number of meals or snacks is calculated for centers claiming the specific meal type.

^bAverage number of meals or snacks is calculated for all centers, whether or not they provided the meal. Zero values are included for centers not providing or claiming the meal.

TABLE E.50

PROPORTION OF REIMBURSED MEALS THAT ARE FREE OR REDUCED PRICE (Mean Percentages)

·	Percentage of Reimbursed Meals ^a	Unweighted Sample Size
Mean Percentage of Reimbursed Meals That are Free or	·	
Reduced Price:		
Breakfast	82	123
Morning snack	86	86
Lunch	86	260
Afternoon snack	79	136
Supper	94	11
All meals and snacks	86	272

^aCalculated for centers providing the specific meal type.

TABLE E.51

TYPES OF MEALS PROVIDED BUT NOT CLAIMED FOR CACFP REIMBURSEMENT PER WEEK (Percentages)

	CACFP Centers
CACFP Centers Providing at Least One Unclaimed Meal	31
At Claiming Limit ^a	. 11
Not at Claiming Limit ^a	20
Unweighted Sample Size	272
Type of Meal or Snack Served but Not Claimed in Centers Serving Unclaimed Meals: ^{b,c}	-
Breakfast	
Centers serving but not claiming at least one breakfast	29
Centers serving but not claiming at least one breakfast, but not at claiming limit	
mmt .	10
Morning snack	
Centers serving but not claiming at least one morning snack	48
Centers serving but not claiming at least one morning snack, but not at	
claiming limit	32
Lunch	
Centers serving but not claiming at least one lunch	64
Centers serving but not claiming at least one lunch, but not at claiming limit	33
Afternoon snack	
Centers serving but not claiming at least one afternoon snack	63
Centers serving but not claiming at least one afternoon snack, but not at	0.5
claiming limit	35
Supper	
Centers serving but not claiming at least one supper	10
Centers serving but not claiming at least one supper, but not at claiming	10
limit	9
Unweighted Sample Size	74

^aThe CACFP regulations limit the number of meals and snacks that centers may claim per adult to two meals and one snack or one meal and two snacks. Centers are classified as at the claiming limit if they receive reimbursement from two meals and one snack or one meal and two snacks. Centers are not at the claiming limit if they receive reimbursement from less than two meals and one snack or one meal and two snacks.

^bPercentages are calculated for centers having at least one type of meal or snack that is served but not claimed.

^cPercentages do not sum to 100 percent as some centers serve more than one type of meal that is not claimed.

TABLE E.52

AVERAGE NUMBER OF MEALS PROVIDED BUT NOT CLAIMED PER WEEK IN CENTERS SERVING UNCLAIMED MEALS

	Number of Unclaimed Meals	Unweighted Sample Size
Breakfast ^a		
Mean	19	19
Median	14	19
Morning snack ^a		
Mean	50	33
Median	58	33
Lunch ^a		
Mean	35	51
Median	20	51 51
Afternoon snacka		
Mean	35	42
Median	19	42
Supper ^a		
Mean	38	_
Median	29	5 5
All meals and snacks ^b	•	
Mean	77	74
Median	60	74 74

^aCalculated for all centers providing at least one unclaimed meal for the specific meal type, regardless of whether or not the center is estimated to be at the claiming limit.

^bCalculated for all centers that serve unclaimed meals or snacks.

TABLE E.53

AVERAGE PROPORTION OF MEALS AND SNACKS PROVIDED BUT
NOT CLAIMED PER WEEK BY MEAL TYPE
(Mean Percentage)

	Percentage of Meals ^a	Unweighted Sample Size
Mean Percentage of Meals Provided but Not	<u></u>	
Claimed:		
Breakfast	~	
Morning snack	5	125
Lunch	23	97
Afternoon snack	6	268
Supper	15	150
All Meals and Snacks	49	16
Thi lyicals ally ollacks	9	272

^aCalculated for centers providing the specific meal type.

TABLE E.54

AWARENESS OF CACFP BY NONPARTICIPATING CENTERS

	Percentage of Non-CACFP Centers
Centers That Know About the CACFP	64
Centers That Have Participated in the Past, But are Currently Not Participating	3
Unweighted Sample Size	282
Reasons Centers Discontinued Participating in CACFP:a,b	
Center no longer eligible	36
Requirements too burdensome	64
Meal reimbursement rates too low	12
Receive larger reimbursement from another program	26
Unweighted Sample Size	8

^aPercentage distribution for centers that participated in the program in the past, but currently not participating (n = 8).

^bPercentages do not sum to 100 percent because centers can give more than one reason for discontinuing participation.

TABLE E.55

REASONS WHY NONPARTICIPATING CENTERS THAT KNOW ABOUT THE CACFP CURRENTLY DO NOT PARTICIPATE IN THE CACFP

	Percentage of Non-CACFP Centers ^a
Reasons Centers Are Not Participating: ^b	-
Center not eligible	. 29
Requirements too burdensome	26
Meal reimbursement rates too low	12
Staff not interested in program	17
Receive reimbursement from another program	27
Do not have sufficient information on CACFP	 11
Clients provide own meals	6
Small or new program	7
Other	7
Unweighted Sample Size	169

^aCenters are included if they know about the program, are currently not participating, and have never participated in the past.

^bPercentages do not sum to 100 percent because centers can give more than one reason for not participating in the CACFP.

TABLE E.56

REASONS NONPARTICIPATING CENTERS CURRENTLY DO NOT PARTICIPATE IN THE CACFP

	Percentage of Non-CACFP Centers
Reasons Centers Are Not Participating: ^a	
Center doesn't know program exists	36
Center not eligible	19
Requirements too burdensome	18
Meal reimbursement rates too low	7
Staff not/no longer interested in program	10
Receive reimbursement from another program	17
Not enough information on CACFP	6
Clients provide own meals	3
Small or new program	4
Other	4
Jnweighted Sample Size	277

^aPercentages may sum to more than 100 percent as centers can give more than one reason for not participating in the CACFP.

		. •		
			·	
		·		
		•		
	•			
• .				
				•
		•	·	

APPENDIX F CACFP CLIENT CHARACTERISTICS TABLES

TABLE F.1 DEMOGRAPHIC CHARACTERISTICS OF CLIENTS ATTENDING CACFP CENTERS BY AGE AND INCOME

	<u> </u>	CACF	CACFP Clients			
		Non-Low				
Characteristic	Low Income	Income	Nonelderly	Elderly		
Age						
18 - 29	10	2	19	NA		
30 - 44	28 *	6	51	NA NA		
45 - 59	16	6	30	NA NA		
60 - 74	23	24	NA	43		
75 - 84	16 *	44	NA	39		
85 and older	7	18	NA	18		
Total	100	100	100	100		
Mean	55 °	74	39	76		
Median	56	78	38	76		
Standard deviation	20	14	11	. 9		
Minimum	19	23	19	60		
Maximum	109	104	59	109		
Unweighted sample size	778	157	401	541		
-				• 11		
Gender						
Female	62	63	48 **	74		
Male	38	37	52 **	26		
Total	100	100	100	100		
Unweighted sample size	778	157	401	541		
Race/Ethnicity						
White	51 °	80	57	56		
Black	40 *	13	37	33		
Hispanic	8	6	4	11		
American Indian or Alaskan	<1	<1	i	<1		
Asian or Pacific Islander	<1	<1	ī.	<1		
Total	100	100	100	100		
Unweighted sample size	778	157	401	541		
Living Arrangement						
Married, living with spouse only or						
spouse and others	8 °	40	10			
Not married, living alone in the	٥	43	10	19		
community	21 *	ø	1.5	01		
Not married, living alone in a group	21	8	15	21		
setting	24 °	O	27	45		
Not married, living with children,	24	8	26	17		
relatives, or friends	46	40	47	40		
Other	46 1	40	47	42		
Total	100	1 100	2 100	1 100		
	100	100	100	100		
Unweighted sample size	778	157	401	541		

^{*} Significantly different from non-low-income at .05 level, two-tailed test. ** Significantly different from elderly at .05 level, two-tailed test.

TABLE F.2 ECONOMIC CHARACTERISTICS OF CLIENTS ATTENDING CACFP CENTERS BY AGE AND INCOME

	CACFP Clients				
	Low- Income	Non- Low-Income	Nonelderly	Elderly	
Client Income/Poverty					
Less than 130 percent	100	NA	95 **	74	
Between 130 and 185 percent	NA	44	1 **	13	
Greater than 185 percent	NA	56	4 **	13	
Total	100 %	100 %	100 %	100 %	
Unweighted sample size	778	157	401	541	
Receives SSI	67 *	11	73 **	43	
Receives SSD	26	16	34 **	15	
Receives Food Stamps	22 *	1	21	15	
Receives Medicaid	79 *	15	83 **	55	

^{*}Significantly different from non-low-income at .05 level, two-tailed test.

**Significantly different from elderly at .05 level, two-tailed test.

TABLE F.3 FUNCTIONAL STATUS OF CLIENTS ATTENDING CACFP CENTERS BY AGE AND INCOME

Number of ADLs Requiring Maximal Human Assistance 0	CACFP Clients				
0 83 * 66 1 5 9 2 3 2 3 4 17 Total 100 % 100 % Mean 0.6 * 1.4 Median 0.6 * 1.4 Median 0.6 * 1.4 Minimum 0 0 Maximum 1.6 1.4 Maximum 8 8 Unweighted sample size 778 157 Number of IADLs Requiring Maximal Human Assistance 0 42 * 20 1 8 6 2 1 8 6 2 2 4 4 3 4 or more 35 * 60 100 % Mean 2 4 4 Median 2 4 4 Standard deviation 3 4 4 Minimum 7 7 7 Unweighted sample size 778	Nonelderly	Elderly			
0 83 * 66 1 5 9 2 3 2 3 4 4 or more 6 * 17 Total 100 % 100 % Mean 0.6 * 1.4 Median 0 0 Standard deviation 1.6 1.4 Minimum 0 0 Maximum 8 8 Unweighted sample size 778 157 Number of IADLs Requiring Maximal Human Assistance 0 42 * 20 1 8 6 2 2 4 4 4 3 9 10 4 4 or more 35 * 60 100 Total 100 % 100 % 100 % Mean 2 4 4 Median 2 4 4 Vumber of ADLs and IADLs Requiring Maximal Assistance 0 41 * 19 1 - 5 38 <td></td> <td></td>					
1	0.6				
2 3 4 4 or more	86	76			
3	5	7			
4 or more	2	3			
Total	1	4			
Mean 0.6 * 1.4 Median 0 0 Standard deviation 1.6 1.4 Minimum 0 0 Maximum 8 8 Unweighted sample size 778 157 Number of IADLs Requiring Maximal Human Assistance 0 42 * 20 1 8 6 2 1 8 6 4 2 6 4 4 3 9 10 4 4 or more 35 * 60 60 100 % Total 100 % 100 % 100 % Mean 2 4 4 Median 2 4 4 Standard deviation 3 4 4 Maximum 0 0 0 Maximum 7 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 * 19 1 - 5 38 39 6 - 10 16 24 11 - 15	6	10			
Median 0 0 Standard deviation 1.6 1.4 Minimum 0 0 Maximum 8 8 Unweighted sample size 778 157 Number of IADLs Requiring Maximal Human Assistance 42 ° 20 1 8 6 6 2 6 4 4 3 9 10 10 4 or more 35 ° 60 100 % Total 100 % 100 % 100 % Mean 2 4 4 Median 2 4 4 Standard deviation 3 4 4 Maximum 7 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 ° 19 1 - 5 38 39 6 - 10 16 24 11 - 15 5 ° 18 Total 100 % 100 % Mean 3 5 Median	100 %	100 9			
Standard deviation	0.5	8.0			
Minimum 0 0 Maximum 8 8 Unweighted sample size 778 157 Number of IADLs Requiring Maximal Human Assistance 0 42 ° 20 1 8 6 2 6 4 3 9 10 4 or more 35 ° 60 Total 100 % 100 % Mean 2 4 Median 2 4 Standard deviation 3 4 Minimum 0 0 Maximum 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 ° 19 1 - 5 38 39 39 6 - 10 16 24 24 11 - 15 5 ° 18 100 % Total 100 % 100 % 100 % Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0	0	0			
Maximum 0 0 Unweighted sample size 778 157 Number of IADLs Requiring Maximal Human Assistance 42° 20 1 8 6 2 6 4 3 9 10 4 or more 35° 60 Total 100% 100% Mean 2 4 Median 2 4 Standard deviation 3 4 Minimum 0 0 Maximum 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41° 19 1 - 5 38 39 6 - 10 16 24 11 - 15 5° 18 Total 100% 100% Mean 3 5 Median 2 5 Standard deviation 4 4 Median 2 5 Standard deviation 4 4 Minimum	1.7	1.8			
Unweighted sample size 778 157 Number of IADLs Requiring Maximal Human Assistance 0	0	0			
Number of IADLs Requiring Maximal Human Assistance 0	8	8			
1	401	541			
1					
1 8 6 2 6 4 3 9 10 4 or more 35 60 Total 100 % 100 % Mean 2 4 Median 2 4 Standard deviation 3 4 Minimum 0 0 0 Maximum 7 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 19 1 - 5 38 39 6 - 10 16 24 11 - 15 5 18 Total 100 % 100 % Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0 Moving 0 0					
2 3 4 or more 35 6 4 or more 35 60 Total 100 % 100 % Mean 2 4 Median 2 4 Standard deviation 3 4 Minimum 0 0 0 Maximum 7 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 1 - 5 38 6 - 10 1 - 5 38 39 6 - 10 1 - 15 5 18 Total 100 % 100 % Mean Median 3 5 Standard deviation 3 3 5 Standard deviation 4 4 Minimum Movinum Movinu	45	32			
3	9	7			
A or more 35	6	5			
Total 100 % 100 % Mean 2 4 Median 2 4 Standard deviation 3 4 Minimum 0 0 Maximum 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 41 * 19 1 - 5 38 39 39 6 - 10 16 24 24 11 - 15 5 * 18 18 Total 100 % 100 % Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0	8	10			
Mean 2 4 Median 2 4 Standard deviation 3 4 Minimum 0 0 Maximum 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 41 * 19 1 - 5 38 39 39 6 - 10 16 24 24 11 - 15 5 * 18 18 Total 100 % 100 % 100 % Mean 3 5 5 Median 2 5 5 Standard deviation 4 4 4 Minimum 0 0	32 **	46			
Median 2 4 Standard deviation 3 4 Minimum 0 0 Maximum 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 41 ° 19 1 - 5 38 39 39 6 - 10 16 24 24 11 - 15 5 ° 18 18 Total 100 % 100 % 100 % Mean 3 5 5 Median 2 5 5 Standard deviation 4 4 4 Minimum 0 0 0	100 %	100 %			
Standard deviation 3 4 Minimum 0 0 Maximum 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 ° 19 1 - 5 38 39 39 6 - 10 16 24 24 11 - 15 5 ° 18 18 Total 100 % 100 % 100 % Mean 3 5 5 Median 2 5 5 Standard deviation 4 4 4 Minimum 0 0 0	2 **	3			
Minimum 0 0 Maximum 7 7 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 ° 19 1 - 5 38 39 6 - 10 16 24 11 - 15 5 ° 18 Total 100 % 100 % Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0	1	3			
Maximum 0 0 Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41° 19 1 - 5 38 39 6 - 10 16 24 11 - 15 5° 18 Total 100% 100% Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0	3	3			
Unweighted sample size 778 157 Number of ADLs and IADLs Requiring Maximal Assistance 0 41 19 1-5 38 39 6-10 16 24 11-15 5 18 Total 100 % 100 % Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0 0	0	0			
Number of ADLs and IADLs Requiring Maximal Assistance 0	7	7			
1 - 5 38 39 6 - 10 16 24 11 - 15 5 18 Total 100 % 100 % Mean 3 5 Standard deviation 4 4 Minimum 0 0 0	401	541			
1 - 5 38 39 6 - 10 16 24 11 - 15 5 18 Total 100 % 100 % Median 3 5 Standard deviation 4 4 Minimum 0 0 0					
1 - 5 6 - 10 1 - 16 1 - 24 11 - 15 5	45 **	01			
6 - 10 11 - 15 15 10		31			
11 - 15 5 * 18 Total 100 % Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0	37	` 39			
Total 100 % 100 % Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0	14	21			
Mean 3 5 Median 2 5 Standard deviation 4 4 Minimum 0 0	5	9			
Median 2 5 Standard deviation 4 4 Minimum 0 0	100 %	100 %			
Standard deviation 4 4 Minimum 0 0	3 **	4			
Minimum 0 0	1	3			
Maximum	4	4			
	0 15	0			
Unweighted sample size 778 157		15			

^{*} Significantly different from non-low-income at .05 level, two-tailed test. ** Significantly different from elderly at .05 level, two-tailed test.

TABLE F.4 CLIENTS REQUIRING MAXIMAL ASSISTANCE BY AGE AND INCOME

		CACFI	² Clients	
Activity	Low- Income	Non-Low- Income	Nonelderly	Elderly
Eat Meals	2	9	4	3
Walk Indoors	8	16	7	10
Take a Bath or Shower	12	25	9	18
Dress and Undress	10	21	8	14
Get In or Out of Bed or Chair	5	12	5	6
Take Care of Personal Grooming	9	20	. 9	13
Get to the Bathroom on Time	7	18	5	11
Make Needs Understood	4 *	18	4	8
Handle Personal Finances	44 *	66	43	53
Use the Telephone	17 *	41	18	25
Go Shopping for Groceries	42 *	65 .	38 **	54
Prepare Meals	41 *	63	38	51
Take Medications	28 *	47	27	36
Do Light Housekeeping	30 *	58	23 **	46
Take Public Transportation	45 *	69	38	58

Adult Day Care Study, Client Survey, weighted tabulations. SOURCE:

^{*} Significantly different from non-low-income at .05 level, two-tailed test.
** Significantly different from elderly at .05 level, two-tailed test.

TABLE F.5 OTHER FUNCTIONAL CHARACTERISTICS OF CACFP CLIENTS BY AGE AND INCOME

	CACFP Clients				
	Low- Income	Non-Low- Income	Nonelderly	Elderly	
Assistive Devices Used by Client	-				
Cane	13	20	6 **	22	
Walker	10	9	6	13	
Wheelchair	12	17	12	14	
Modified dishes	1	<1	2	<1	
Modified eating utensils	1	<1	1	1	
Feeding tube	<1	<1	<1	<1	
Other	5 *	<1	6	3	
Percentage of Clients Experiencing:					
Regular urinary or bowel incontinence	14	23	9 **	22	
Frequent confusion, disorien- tation, or wandering	· 27 *	57	21 **	44	
Behavior problems	20	17	26 **	14	
Difficulty chewing or swallowing food	10	14	11	10	
Recent loss of appetite or chronically poor appetite	8	18	4 **	16	
Recent hospitalization (within last 3 months)	7	9	6	9	
Recent surgery (within last 3 months)	2	1	<1	5	

^{*}Significantly different from non-low-income at .05 level, two-tailed test.
**Significantly different from elderly at .05 level, two-tailed test.

TABLE F.6 CHRONIC HEALTH CONDITIONS OF CLIENTS ATTENDING CACFP CENTERS BY AGE AND INCOME

_	CACFP Clients				
	Low-Income	Non-Low- Income	Nonelderly	Elderiy	
Clients Diagnosed as Having:					
Alzheimers	7 *	37	<1 **	23	
Anemia	8	10	7	ಬ 11	
Arthritis or rheumatism	37	39	16 **	55	
Blindness or vision problems	31	36	23 **	39	
Cancer	5	13	3**	10	
Cerebrovascular disease	19 *	39	17	26	
Diabetes	19	14	11 **		
Heart disease	25	36	13 **	24	
High blood pressure	35	39		39	
Kidney stones or chronic kidney trouble			19 **	50	
Malnourished, emaciated	7	5	5	7	
Mental retardation	2	5	2	3	
	26	9	40 **	8	
Obesity	19	14	21	16	
Osteoporosis	6	9	4	8	
Psychiatric disorder	46 *	23	54 **	30	
Other Health Problems					
Head	17	23	16	21	
Chest	5	5	3	6	
Abdomen	8	7	6	10	
Extremities	6	4	2	9	
Neurological	11	6	15 **	6	
Endocrine	2	5	3	2	
Other	1	<1	1	1	
Number of Diagraphed Houlth Conditions					
Number of Diagnosed Health Conditions		,			
0 1	1	0	1	<1	
2	16	10	24	8	
_	20 .	18	27 **	14	
3 4	20	19	21	19	
•	18	23	15	23	
5 or more	25	29	13 **	36	
Total	100 %	100 %	100 %	100 %	
Mean	3	4	3 **	4	
Median	3	4 .	2	4	
Standard deviation	2	2	2	2	
Minimum	0	1	0	0	
Maximum	12	12	9	12	
Unweighted sample size	778	157	401	541	

^{*} Significantly different from non-low-income at .05 level, two-tailed test. ** Significantly different from elderly at .05 level, two-tailed test.

TABLE F.7

SPECIAL DIETARY NEEDS OF CLIENTS ATTENDING CACFP CENTERS,
BY AGE AND INCOME

	CACFP Clients				
Dietary Need or Restriction	Low-Income	Non-Low Income	Nonelderly	Elderly	
Clients With the Following Dietary Needs or Restrictions:			-		
Low salt	21	28	8 **	35	
Low cholesterol	8	4	7	8	
Low fat	8	2	6	8	
Low calories	6	1	7	4	
Low sugar	7	8	6	9	
High fiber	2	0	3	í	
Low fiber	<1	0	Õ	<1	
High carbohydrate	<1	0	Ŏ	<1	
Bland	1	1	i	î	
Vegetarian	<1	3	1	<1	
Diabetes diet	12	12	5 **	17	
Ground or pureed	3	5 .	2	5	
Liquid or formulasupplement	<1	0	<1	1	
Other	3	14	3	5	
Number of Dietary Needs/Restrictions					
0	57	45	73 **	41	
1	27	39	19 **	37	
2	9	9	4 **	12	
3 or more	7	7	4	10	
Total	100 %	100 %	100 %	100 %	
Mean	0.7	0.8	0.5	1.0	
Median	0	1	0.5	0	
Standard deviation	1.2	1.0	1.2	1.1	
Minimum	0	0	0	0	
Maximum	8	4	.7	8	
Unweighted sample size	740	138	376	508	

 $[\]ensuremath{^{**}}$ Significantly different from elderly at .05 level, two-tailed test.

TABLE F.8 PARTICIPATION IN PROGRAM SERVICES/ACTIVITIES BY CLIENTS ATTENDING CACFP CENTERS BY AGE AND INCOME

Service/Activity	Low-Income	Non-Low- Income	Nonelderly	Elderly
Case Management	92	89	93	90
Health Related Services				
Medical evaluation by doctor	35 °	11	. 35	27
Health care provided by doctor	29 °	10	27	24
Health care provided by RN or LPN	66	73	54 **	78
Physical therapy	15	11	14	14
Speech therapy	8	8	12	4
Occupational therapy	23	13	30	13
Optometry services	9	12	6	7
Hearing examinations	12	8	8	15
Podiatry services	18	22	11	26
Dental care	14	3	14	10
Nutritional screening	40	34	39	38
Nutritional counseling	42	59	29 **	58
Other nutritional services	26	36	23	31
Physical fitness/exercise	79 *	94	74	89
Therapeutic recreation	76	90	71	85
Psycho/Social Services				
Individual or group counseling	53	34	61 **	39
Alcohol/drug abuse program	15	4	22 **	5
Art and music therapy	69	87	58 **	85
Recreational activities	96	96	96	96
Self-Care/Restorative Activities				•
Training in ADLs	47	56	56	42
Training in IADLs	44	25	59 **	25
Bowel/Bladder retraining	15	33	15	20
Activities for Client Families				
Support groups, educational programs, respite care	38	50	44	37
Transportation Services				
Transportation between home and center	78 °	41	76	67
Other Services	98	95	97	98

NOTE: Table entries indicate the percentage of clients participating in the given activity "a few times per year" or more.

Adult Day Care Study, Client Survey, weighted tabulations. SOURCE:

Significantly different from non-low-income at .05 level, two-tailed test.
 Significantly different from elderly at .05 level, two-tailed test.

TABLE F.9 DURATION OF PARTICIPATION AND REFERRAL SOURCE FOR CLIENTS ATTENDING CACFP CENTERS BY AGE AND INCOME

		CACF	P Centers	
	Low-Income	Non-Low- Income	Nonelderly	Elderly
Duration Client Has Attended Center:				
One year or less	24			
Between 1 and 3 years	24 38	39	24	31
Between 3 and 5 years	= =	33	38	34
More than 5 years	17	16	15	18
Total	21	12	23	17
Mean	100 %	100 %	100 %	100 %
Median	3.5	2.6	3.8	2.9
Standard deviation	2.2	1.5	2.2	1.8
Minimum	3.8	3.2	4.5	2.9
	0	0.1	0	0.1
Maximum	21	20	21	16
Unweighted sample size	774	157	398	540
Source of Referral to Adult Day Care Program				
Self-referral	4			
Family, friend, or word-of-mouth	18 *	5	3 .	5
Community organization	5	34	15	26
Public social services/welfare agency	27 *	10	4	8
Health agency		13	24	25
Hospital, physician, or nurse	22 *	6	30 **	9
Residential facility	13	15	14	14
Other	2	3	2	2
Total	9	14	8	11
Unweighted sample size	100 %	100 %	100 %	100 %
Simolgitied sample size	778	157	401	541

Significantly different from non-low-income at .05 level, two-tailed test.
 Significantly different from elderly at .05 level, two-tailed test.

		CACFI	Clients	
	Low-Income	Non-Low Income	Nonelderly	Elderly
Number of Day Office is 0.1.1.1.1.			110110110111	Islacity
Number of Days Client is Scheduled to Attend Center Per Week 1	_			
2	3	3	4	2
	14	32	15	18
3	13	18	9	19
4	15	16	19	12
S	53 * _	30	50	48
6	2	1	3	1
$\frac{7}{2}$	<1	0	0	<1
Total	100 %	100 %	100 %	100 %
Mean	4	3	4	4
Median	5	3	5	4
Standard deviation	1.3	1.3	1.4	1.2
Minimum	1	1	1	1
Maximum	7	6	6	7
Unweighted sample size	775	153	399	536
David Official in Call 11 14 14 14				
Days Client is Scheduled to Attend Monday	ae.		- 0	
Tuesday	75	57	70	74
Wednesday	86	74	88	79
	83 *	60	81	77
Thursday	80	77	80	79
Friday	81	71	80	79
Saturday	32	. 2	4	2
Sunday	<1	0	1	<1
Pattern of Scheduled Attendance Weekdays				
Monday, Tuesday, Wednesday, Thursday, Friday	53	30	40	
Monday, Tuesday, Wednesday, Thursday	2		49	48
Tuesday, Wednesday, Thursday, Friday	11	2	2	2
Tuesday, Wednesday, Thursday		8	15	6
Monday, Wednesday, Friday	1	1	1	1
Monday, Tuesday, Wednesday	6	10	3	11
	1	0	2	1
Tuesday, Thursday	5	16	3	9
Wednesday, Friday	2	4	2	2
Other pattern	19	29	21	20
Total	100 %	100 %	100 <i>%</i>	100 %
Unweighted sample size	775	153	399	536
Average Hours Client Scheduled to Attend Center				
Per Day Weekdays				
Less than 5 hours	4	4	4	
5 - 6	68	51	4 74	5 57
7 - 8	25			57 25
9 - 10		42	20	35
11 - 24	2	2	2	2
Total	<1	1	<1	<1
Mean	100 %	100 %	100 %	100 %
	6	6	6	6
Median	6	6	6	6
Standard deviation	1.1	1.2	1.2	1.1
Minimum	1.8	3.0	1.8	3.0
Maximum	10.5	10.5	10.5	10.5
Unweighted sample size	775	153	399	536

TABLE F.10 (continued)

		CACF	P Clients	
	Low-Income	Non-Low Income	Nonelderly	Elderly
Hours Per Week Client Scheduled to Attend	· · · · · · · · · · · · · · · · · · ·		 	
Center Weekdays Less than 20 hours				
21 - 30	34	54	25	
31 - 40	49	29	35 51	39
41 - 50	15	16	12	41
More than 50 hours	2	1	12	18
Total	<1	1	<1 <1	2
Mean	100 %	100 %	100 %	<1
Median	25	22	24	100 %
Standard deviation	25	20	24 24	24
Minimum	9.1	9.7	9.8	24
Maximum	3	5	3	8.8
	53	53	53	5
Unweighted sample size	775	153	399	53 536
Number of Days Client Didn't Attend When Scheduled to	•			550
Attend Weekdays				
0				
1	82	86	80	85
2	11	10	10	10
3	3	4	5	2
4	1	0	1	1
5	1	0	1	1
Total	2	0	2	1
Mean	100 %	100 %	100 %	100 %
Median	0.3	0.2	0.4	0.2
Standard deviation	0	0	0	0
Minimum	0.9	0.5	1.0	0.7
Maximum	0	0	0	0
Unweighted sample size	5	2	5	5
	775	153	399	536

^{*} Significantly different from non-low-income at .05 level, two-tailed test.

TABLE F.11 MEALS RECEIVED BY CLIENTS ATTENDING CACFP CENTERS, BY AGE AND INCOME

15	FP Clients	
Total Number of Meals and Snacks Received by Client Per Week While Attending the Center 5 or Less 6 - 10 33 * 54 11 - 15 23 18 16 - 20 23 19 More than 20 3 1 100 % 100 % Mean 100 % 100 % 100 % Median 9 9 9 Standard deviation Minimum 1 1 2 Maximum 2 5 2 2 20 Unweighted sample size 775 153 Number of Meals and Snacks Received by Client Per Day Weekdays 1 1 5 2 2 41 1 19 3 40 78 4 1 1 19 3 40 78 4 5 1 1 1 5		
Standard with center Sor Less 18	e Nonelderly	Elderi
6 - 10 11 - 15 12 - 23 18 16 - 20 More than 20 13 3 1 Total Mean 100 % 100 % Median 100 % 100 % Maximum 1 2 2 3 Maximum 1 2 2 5 20 Unweighted sample size Unweighted sample size 1 15 2 2 2 3 Number of Meals and Snacks Received by Client Per Day Weekdays 1 15 15 2 2 3 Number of Meals and Snacks Received by Client Per Day Weekdays 1 1 15 2 2 3 41 1 19 3 4 1 1 19 3 4 1 1 19 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
11 - 15	**	
16 - 20	23 **	9
More than 20 More than 20 Total More than 20 Total Mean Median 100 % Median 10 9 Standard deviation So 3.8 Minimum 1 2 Unweighted sample size Number of Meals and Snacks Received by Client Per Day Weekdays 1 2 15 2 20 Unweighted sample size Number of Meals and Snacks Received by Client Per Day Weekdays 1 2 15 2 20 Total 1 15 2 2 1 15 2 2 1 1 1 1 1 3 0 78 4 1 1 19 3 0 0 78 4 1 1 1 100 % 100 % Mean 1 2 3 3 Median 2 4 3 Median 2 5 4 Unweighted sample size Pype of Eating Occasion Received by Client Weekdays Breakfast Breakfast Lunch Afternoon snack Lunch Afternoon snack Lunch Afternoon snack Supper 5 2 Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, afternoon snack, and supper 5 2 2 Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, afternoon snack and supper 5 2 2 Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch Breakfast, lunch, and afternoon snack 20 5 Breakfast, lunch, and afternoon snack 20 5 Breakfast and lunch, no snacks Morning snack and lunch Breakfast and lunch, no snacks Morning snack and lunch Lunch and afternoon snack 6 6 Lunch only Morning snack only 2 0 Morning snack only	35	37
Moring snack 100 %	26	19
Total Mean 100 % 100 % Median 10 % 100 % Median 10 % 9 9 9 Standard deviation 5.0 3.8 Minimum 1 2 25 25 20 Unweighted sample size 775 153 Number of Meals and Snacks Received by Client Per Day Weekdays 1 15 2 2 2 3 41 19 3 41 19 3 41 19 3 41 19 3 41 19 3 4 41 19 3 4 41 19 3 4 41 11 19 3 4 4 5 11 100 % 100 % Median 2 3 3 0 Total 100 % 100 % Median 2 3 3 Standard deviation 2 3 3 Standard deviation 2 3 3 Standard deviation 100 % 100 % Maximum 100 % 100	9 **	34
Mean Median 10 9 9 9 9 9 9 9 9 9 9 9 9 9 9 8 55.0 3.8 Minimum 5.0 3.8 Maximum 1 2 2 20 7775 153 153 1 2 20 7775 153 153 1 <td< td=""><td>6 **</td><td>0</td></td<>	6 **	0
Median 10 9 9 9 9 Standard deviation 5.0 3.8 Minimum 1 2 3.8 Minimum 1 2 3.8 Minimum 1 2 3.8 Minimum 1 2 2 2 2 155 2 2 20 153 Number of Meals and Snacks Received by Client Per Day Weekdays 3 3 3 1	_00 ,0	100 %
Standard deviation 5.0 3.8	9 **	10
Minimum 1 2 Maximum 25 20 Unweighted sample size 775 153 Number of Meals and Snacks Received by Client Per Day Weekdays 1 15 2 1 2 15 2 2 41 19 3 40 78 4 40 78 4 1	8	10
Maximum 1 2 25 20 Unweighted sample size 775 153 Number of Meals and Snacks Received by Client Per Day Weekdays 1 15	5.6	4.0
Unweighted sample size 775 153 Number of Meals and Snacks Received by Client Per Day Weekdays 1 15 2 41 1 19 3 41 1 19 3 40 78 4 5 1 1 1 5 Total 100 % 100 % 100 % Mean 2 3 Median 2 2 3 Median 2 2 3 Minimum 0.2 0.5 Maximum 0.2 0.5 Maximum 0.2 0.5 Maximum 5 4 4 5 775 153 Fype of Eating Occasion Received by Client Weekdays Breakfast 45 70 Morning snack 41 28 Lunch 49 99 98 Afternoon snack 41 28 Supper 5 2 83 Supper 5 2 83 Breakfast, morning snack, lunch, afternoon snack, and supper 5 2 83 Breakfast, morning snack, lunch, afternoon snack 1 1 1 Breakfast, morning snack, lunch, afternoon snack 2 1 4 Breakfast, morning snack, and lunch 1 1 Breakfast, morning snack, and lunch 1 1 Breakfast, morning snack, and lunch 1 1 Breakfast, lunch, and afternoon snack 2 2 5 7 Breakfast and lunch, no snacks 2 1 8 Morning snack, lunch, and afternoon snack 2 2 5 7 Morning snack, lunch, and afternoon snack 2 2 6 Morning snack, lunch, and afternoon snack 2 2 6 Morning snack and lunch 1 4 6 Lunch and afternoon snack 6 6 Lunch only 1 2 0 Morning snack only 2 0	1	1
Number of Meals and Snacks Received by Client Per Day Weekdays 1	25	20
15	399	536
15		
3	23 **	_
Total	50 **	5
Total 1 00 % 100 % 100 % 100 % 100 % Mean 2 3 3 Standard deviation 0.8 0.5 Minimum 0.2 0.5 Maximum 0.2 0.5 Max	30	- 25
Total	21 **	70
Mean 100 % 100 % 100 % Mean 2 3 3 Median 2 3 3 3 2 3 3 3 3 3	1	<1
Mean 2 3 Median 2 3 Standard deviation 0.8 0.5 Minimum 0.2 0.5 Meximum 5 4 Unweighted sample size 775 153 Type of Eating Occasion Received by Client Weekdays 8 Breakfast 45 70 Morning snack 41 28 Lunch 99 98 Afternoon snack 52 83 Supper 5 2 Meal Pattern Received by Client Weekdays 775 153 Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch <1	5 **	0
Median 2 3 Standard deviation 0.8 0.5 Minimum 0.2 0.5 Maximum 5 4 Unweighted sample size 775 153 Type of Eating Occasion Received by Client Weekdays 8 Breakfast 45 70 Morning snack 41 28 Lunch 99 98 Afternoon snack 52 83 Supper 5 2 Meal Pattern Received by Client Weekdays 775 153 Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch <1	100 %	100 %
Standard deviation 0.8 0.5	2 **	3
Minimum 0.2 0.5 Maximum 5 4 Unweighted sample size 775 153 Type of Eating Occasion Received by Client Weekdays 8 Breakfast 45 70 Morning snack 41 28 Lunch 99 98 Afternoon snack 52 83 Supper 5 2 Meal Pattern Received by Client Weekdays 775 153 Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch <1	2	3
Maximum 0.2 0.5 Unweighted sample size 5 4 Type of Eating Occasion Received by Client Weekdays 5 70 Breakfast 45 70 Morning snack 41 28 Lunch 99 98 Afternoon snack 52 83 Supper 5 2 Meal Pattern Received by Client Weekdays 775 153 Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch <1	1.0	0.5
Unweighted sample size 775 153 Type of Eating Occasion Received by Client Weekdays Breakfast 45 70 Morning snack 41 28 Lunch 99 98 Afternoon snack 52 83 Supper 5 2 Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch 41 Breakfast, lunch, and afternoon snack 20 57 Breakfast and lunch, no snacks 21 8 Morning snack, lunch, and afternoon snack 20 16 Morning snack and lunch 14 6 Lunch and afternoon snack 6 6 6 Lunch only 12 0 Morning snack only	0.5	0.2
Type of Eating Occasion Received by Client Weekdays Breakfast Morning snack Lunch Afternoon snack Supper Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, afternoon snack, and supper Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Breakfast, lunch, and afternoon snack Breakfast and lunch, no snacks Morning snack, lunch, and afternoon snack Breakfast and lunch Breakfast and lunch and afternoon snack Breakfast and lunch, no snacks Breakfast and lunch, and afternoon snack Breakfast and lunch and afternoon snack	5	4
Breakfast 45 ° 70 Morning snack 41 28 Lunch 99 98 Afternoon snack 52 ° 83 Supper 5 2 83 Meal Pattern Received by Client Weekdays 775 153 Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch <1 4	399	536
Morning snack 45 70 Lunch 41 28 Afternoon snack 52 83 Supper 5 2 Meal Pattern Received by Client Weekdays 775 153 Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 Breakfast, morning snack, and lunch <1		
Morning snack	42 **	
Afternoon snack Afternoon snack Supper Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, afternoon snack, and supper Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Breakfast, lunch, and afternoon snack Breakfast, lunch, and afternoon snack Breakfast and lunch, no snacks Morning snack, lunch, and afternoon snack Morning snack and lunch Lunch and afternoon snack Morning snack and lunch Lunch and afternoon snack Morning snack and lunch Lunch only Morning snack only		56
Afternoon snack Supper Supper	41	37
Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, afternoon snack, and supper Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Breakfast, lunch, and afternoon snack Breakfast, lunch, and afternoon snack Breakfast and lunch, no snacks Breakfast and lunch, no snacks Morning snack, lunch, and afternoon snack Dunch and afternoon snack Breakfast and lunch Breakfast and lunch Breakfast and lunch, no snacks Breakfast and lunch, and afternoon snack Breakfast and lunch, and afternoon snack Breakfast and lunch Breakfast and lunch, and afternoon snack Breakfast and lunch, and afternoon snack Breakfast, morning snack, and supper Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Breakfast, morning snack, lunch, and afternoon snack Breakfast, mo	99	98
Meal Pattern Received by Client Weekdays Breakfast, morning snack, lunch, afternoon snack, and supper Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Breakfast, lunch, and afternoon snack Breakfast, lunch, and afternoon snack Breakfast and lunch, no snacks Morning snack, lunch, and afternoon snack Morning snack and lunch Lunch and afternoon snack Breakfast and lunch Breakfast and lunch, no snacks Breakfast and lunch, no snacks Breakfast and lunch, and afternoon snack Breakfast and lunch Breakfast, lunch, and afternoon snack Breakfast and lunch, no snacks Breakfast, lunch, and afternoon snack Breakfast, lunch, and a	34	78
Breakfast, morning snack, lunch, afternoon snack, and supper 3 0 Breakfast, morning snack, lunch, and afternoon snack 1 1 1 Breakfast, morning snack, and lunch <1 4 Breakfast, lunch, and afternoon snack 20 57 Breakfast and lunch, no snacks 21 8 Morning snack, lunch, and afternoon snack 20 16 Morning snack and lunch 14 6 Lunch and afternoon snack 6 6 6 Lunch only 12 0 Morning snack only	7 **	1
Breakfast, morning snack, lunch, afternoon snack, and supper Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Control of the state of	399	536
Breakfast, morning snack, lunch, and afternoon snack Breakfast, morning snack, and lunch Breakfast, lunch, and afternoon snack Breakfast, lunch, and afternoon snack Breakfast and lunch, no snacks Morning snack, lunch, and afternoon snack Morning snack and lunch Lunch and afternoon snack Lunch only Morning snack only		
Breakfast, morning snack, and lunch Breakfast, lunch, and afternoon snack Breakfast and lunch, no snacks Morning snack, lunch, and afternoon snack Morning snack and lunch Lunch and afternoon snack Lunch and afternoon snack Lunch only Morning snack only 12 0	5 **	0
Breakfast, lunch, and afternoon snack 20 * 57 Breakfast and lunch, no snacks 21 * 8 Morning snack, lunch, and afternoon snack 20 16 Morning snack and lunch 14 6 Lunch and afternoon snack 6 6 Lunch only 12 * 0 Morning snack only 2 0	1	<1
Breakfast and lunch, no snacks 21 * 8 Morning snack, lunch, and afternoon snack 20 16 Morning snack and lunch 14 6 Lunch and afternoon snack 6 6 Lunch only 12 * 0 Morning snack only 2 0	0	1
Morning snack, lunch, and afternoon snack Morning snack and lunch Lunch and afternoon snack Lunch only Morning snack only 20 16 6 6 6 6 12 0	9 **	43
Morning snack and lunch Lunch and afternoon snack Lunch only Morning snack only 14 6 Lunch only 12 0	27 **	11
Lunch and afternoon snack Lunch only Morning snack only 14 6 6 6 12 0	12 **	25
Lunch and alternoon snack Lunch only Morning snack only 6 6 6 12 0	18 **	8
Morning snack only 12 * 0	6	6
Morning snack only	19 **	
Other natter		3
Other pattern	3	1
Total 100 % 100 %	0	2
Unweighted sample size 100 % 100 % 775 153	100 % 399	100 % 536

Adult Day Care Study, Client Survey, weighted tabulations. Source:

 ^{*} Significantly different from non-low-income at .05 level, two-tailed test.
 ** Significantly different from elderly at .05 level, two-tailed test.

APPENDIX G CACFP CLIENT DIETARY INTAKE TABLES

			<i>:</i>
 ·			
		. [•]	
	,		
	,		
	,		

TABLE G.1

NUMBER AND TYPES OF EATING OCCASIONS FOR CACFP CLIENTS DURING A TYPICAL DAY

	Nonelderl	y Clients	Elderly	Clients	
	Female	Male	Female	Male	All Clients
Number of Eating Occasions:					-
One	0.3	0.6	0.2	0.0	0.3
Two	4.3	6.8	0.4	1.6	3.0
Three	22.1	21.0	12.5	15.9	17.2
Four	22.6	23.0	25.0	27.7	24.4
Five or more	50.8	48.6	61.9	54.8	55.2
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Percentage of Clients Eating:					
Morning snack	8.6	13.9	16.8	11.2	13.5
Breakfast	89.8	84.9	91.3	90.8	89.3
Mid-morning snack	30.3	34.0	30.3	36.9	32.1
Lunch	99.1	98.7	98.2	98.4	98.5
Mid-afternoon snack	44.0	45.1	76.6	65.4	60.2
Supper	95.4	97.0	95.6	97.0	96.1
Evening snack	44.2	38.6	36.4	28.2	37.5
Sample Size	185	217	399	141	942

NOTE: Table entries indicate the percentage of age/gender group indicated in the column head who have the indicated number of eating occasions or eat the meal.

TABLE G.2

NUMBER, TYPES, AND PATTERN OF EATING OCCASIONS AT THE ADULT DAY CARE CENTER FOR CACFP CLIENTS DURING A TYPICAL DAY

	Nonelderi	y Clients	Elderly	Clients	
	Female	Male	Female	Male	All Clients
Number of Eating Occasions:			-		
Zero	1.3	1.2	0.0	1.6	0.8
One	33.2	29.5	9.3	12.8	20.0
Two	42.3	45.0	33.2	41.1	39.2
Three	21.0	19.4	56.8	44.5	38.0
Four	2.2	1.6	0.7	0.0	1.2
Five	0.0	3.2	0.0	0.0	0.8
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Percentage of Clients Eating:					
Breakfast	34.3	38.3	51.4	42.6	43.2
Morning snack	28.6	31.5	30.1	36.9	31.1
Lunch	98.4	97.7	96.5	. 93.8	96.8
Afternoon snack	28.0	27.5	70.9	55.1	48.6
Supper	0.3	5.4	0.0	0.0	1.4
Pattern of Meals Received:					
Breakfast, morning snack, lunch,					
afternoon snack	2.2	1.6	0.7	0.0	1.2
Breakfast, morning snack, lunch,	0.0	0.7	1.2	1.9	0.9
Morning snack, lunch	13.3	14.8	8.7	15.4	12.2
Breakfast, lunch, afternoon snack	7.9	5.6	36.9	24.7	21.1
Morning snack, lunch, afternoon snack	12.8	11.2	18.7	17.9	15.4
Breakfast and lunch	23.9	24.1	12.4	13,2	17.9
Lunch and afternoon snack	5.1	5.9	11.6	12.5	8.9
Lunch only	32.8	28.7	6.3	8.2	17.9
Other pattern	2.0	7.5	3.5	6.2	• 4.5
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Sample Size	185	217	399	141	942

Note: Table entries indicate percentage of the age/gender group indicated in the column head who eat the indicated number of eating periods, eat the meal, or have the pattern of meals.

TABLE G.3
SOURCES OF MEALS FOR CACFP CLIENTS DURING A TYPICAL DAY

	Noneider	y Clients	Elderly	Clients	
	Female	Male	Female	Male	All Clients
Morning Snack					
Meal Eaten at Home	8.6	13.9	16.8	11.2	13.5
Meal Not Eaten	91.4	86.1	83.2	88.8	86.5
Breakfast					
Meal Provided by Center	34.3	38.3	51.4	42.6	43.2
CACFP-reimbursable	33.1	36.6	49.0	41.2	41.4
CACFP-nonreimbursable	1.2	1.7	2.4	1.4	1.8
Meal Eaten at Home or Elsewhere	67.2	58.4	57.5	69.6	61.5
Meal Not Eaten	10.2	15.1	8.7	9.2	10.7
Mid-Morning Snack					
Meal Provided by Center	28.6	31,6	30.1	36.9	31.1
CACFP-reimbursable	16.5	12.2	23.0	22.4	18.9
CACFP-nonreimbursable	12.1	19.3	7.1	14.4	12.2
Meal Eaten at Home or Elsewhere	6.0	3.1	1.1	1.6	2.8
Meal Not Eaten	69.7	66.0	69.7	63.1	67.9
Lunch					
Meal Provided by Center	98.4	97.7	96.5	93.8	96.8
CACFP-reimbursable	94.8	93.0	93.3	92.8	93.5
CACFP-nonreimbursable	3.6	4.7	3.2	1.0	3.4
Meal Eaten at Home or Elsewhere	0.8	1.6	1.7	4.5	1.8
Meal Not Eaten	0.9	1.3	1.8	1.6	1.5
Afternoon Snack					
Meal Provided by Center	28.0	27.5	70.9	55.1	48.6
CACFP-reimbursable	23,0	16.8	63.5	52.3	41.5
CACFP-nonreimbursable	5.0	10.7	7.4	2.9	7.1
Meal Eaten at Home or Elsewhere	21.3	25.0	19.5	21.8	21.6
Meal Not Eaten	56.0	54.9	23.4	34.6	39.8
Supper		,			
Meal Provided by Center	0.3	5.4	0.0	0.0	1.4
CACFP-reimbursable	0.3	5.4	0.0	0.0	1.4
CACFP-nonreimbursable	0.0	0.0	0.0	0.0	0.0
Meal Eaten at Home or Elsewhere	95.1	93.5	95.6	97.0	95.2
Meal Not Eaten	4.6	3.0	4.4	3.0	3.9
Evening Snack					
Meal Eaten at Home or Elsewhere	44.2	38.6	36.4	28.2	37.5
Meal Not Eaten	55.8	61.4	63.6	71.8	62.5
Sample Size	185	217	399	141	942

NOTE: Table entries indicate percentage of the age/gender group who either eat the meal at the center, eat the meal at home or somewhere else, or do not eat the meal. The table distinguishes between center meals that are claimed for CACFP reimbursement and those that are not. For some meals, the total may be greater than 100 percent due to the fact that the client ate the meal both at home and at the center.

TABLE G.4 NUMBER, TYPES, AND PATTERN OF EATING OCCASIONS REIMBURSED AT THE ADULT DAY CARE CENTER FOR CACFP CLIENTS DURING A TYPICAL DAY

	Noneider	ly Clients	Elderly	Clients ·	
	Female	Male	Female	Male	All Clients
Number of Eating Occasions Reimbursed:		- · · · · · · · · · · · · · · · · · · ·			
Zero	3.4	3.2			
One	44.4	. —	0.0	3.3	2.0
Two	33.1	43.1	16.4	22.2	29.9
Three	19.0	40.2	38.6	37.1	37.6
Total	100,0 %	13.5	45.0	37.4	30.5
	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Percentage of Clients Eating Reimbursed:					
Breakfast	33.1	36.6	40.0		
Morning snack	16.5	12.2	49.0	41.2	41.4
Lunch	94.8	93.0	23.0	22.4	18.8
Afternoon snack	23.0		93.2	92.8	93.5
Supper	0.3	16.8	63.5	52.3	41.5
	0.5	5.4	0.0	0.0	1.4
Pattern of Reimbursed Meals Received:					
Morning snack, lunch	4.3	4.8			
Breakfast, lunch, afternoon snack	8.2	3.4	6.0	6.8	5.5
Breakfast and lunch	24.3	26.9	28.8	22.2	17.1
Morning snack, lunch, afternoon snack	10.5	20.9 5.0	15.3	13.6	19.9
Lunch and afternoon snack	4.3		14.5	13.4	11.1
Lunch	4.5 42.6	8.2	14.2	16.3	10.8-
Other pattern	42.0 5.6	39.6	12.7	18.6	26.7
Total		12.2	8.4	9.1	8.8
	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
ample Size	185	217	399	141	942

Table entries indicate percentage of the age/gender group indicated in the column head who have the indicated number of reimbursed eating occasions, eat the reimbursed meals, or have the pattern of reimbursed meals. Note:

TABLE G.5

MEAN VALUES OF NUTRIENT INTAKES FROM CACFP REIMBURSABLE MEALS

	Brez	Breakfast	Momin	Morning Snack	Lu	Lunch	Аftето	Aftemoon Snack	ing	Supper
Dietary Component	Mean Intake	Percent of RDA								
Macronutrients										
Food Energy (kcal) Protein (gm)	291 9	13.3 16.0	235 8	11.2 15.1	754 36	34.2 66.6	188	9.1 10.8	793 45	28.2 73.6
Vitamins									•	
Vitamin A (mcg-re)	242	7.72	103	12.0	481	55.1	80	9.4	732	73.4
Vitamin C (mg) Vitamin E (me)	32	52.9	8 5	33.1 10.2	33	64.9 45.8	19	32.0 7.3	53 73	48.7
Thiamin (mg)	0.3	27.6	0.2	15.8	. 0.5	44.9	1.0	9.6	1.2	78.0
Riboflavin (mg)	0.4	31.9	0.3	21.7	8.0	57.5	0.2	15.2	1.1	65.6
Niacin (mg)	m i	22.0	1.6	11.5	∞	56.3	1:1	7.8	6	47.5
Vitamin B-6 (mg)	6.3	17.6	0.2	9.1	0.7	38.4	0.1	6.9	8.0	43.1
Folde (mcg) Vitamin B-12 (mcg)	0.7	32.5 35.2	34	18.5 21.5	% ~	44.7 99.6	19 03	10.3 14.4	98 °	49.6
Minerals					l]	: :	1	}
Calcium (mg)	193	23.9	183	22.7	380	46.8	128	16.0	467	58.4
Iron (mg)	m	74.4	1.2	11.8	'n	45.6	6.0	8.6	4	42.3
Phosphorus (mg)	213	26.4	195	24.2	550	62.9	133	16.6	694	86.8
Magnesium (mg)	84	15.9	40	13.4	111	36.3	ধ	8.3	131	38.0
Potassium (mg)	504	:	411	1	1,213	1	285	1	1,600	:
Zinc (mg)	11	8.7	, -	7.6	ۍ	. 37.3	0.7	5.4	ø	38.3
Percent of Clients Eating the Meal	38	38.3	. 22.0	0	91.6	٧٠	41.4	4.	9.0	
Sample Size	361	19	207	7	863	3	390	0	9	

SOURCE: Adult Day Care Study, CACFP client survey, weighted tabulations

Note:

Table entries indicate the mean intake and mean intake relative to RDA for each food component for the clients who eat the CACFP reimbursable meal in the column head.

TABLE G.6

MEAN VALUES OF NUTRIENT INTAKES FROM CACEP REIMBURSABLE MEALS BY PATTERN OF REIMBURSABLE MEALS CONSUMED

					Clients Ea	at the Following	g CACFP Rein	Clients Eat the Following CACFP Reimbursable Meals				
	Lun	Lunch Only	Breakfa	Breakfast, Lunch, Afternoon Snack	Break Lı	Breakfast and Lunch	Mornin · Lunc Afterno	Morning Snack, Lunch, and Afternoon Snack	Lunc	Lunch and One Snack	Ot Patt	Other Pattern ^a
Dietary Component	Mean Intake	Percent of RDA	Mean Intake	Perœnt of RDA	Mean Intake	Percent of RDA	Mean Intake	Percent of RDA	Mean Intake	Percent of RDA	Mean Intake	Percent of RDA
Macronutrients												
Food Energy (kcal) Protein (gm)	819 36	35.4 66.7	1,035	51.8 83.8	1,063 45	46.4 ' 81.7	1,104 51	53.3 95.6	1,015 46	47.1 84.2	923 38	38.2 64.5
Vitamins:							·					
Vitamin A (mcg-re)	478	54.5	633	75.7	. 768	6'98	669	82.1	989	71.9	629	66.5
Vitamin C (mg) Vitamin E (mg)	y, 4	61.4 49.0	8 ~	133 56.9	ê °	134 64:2	4 v	124 56.4	5	103 60.3	55 ~	92.1
Thiamin (mg)	9.0	47.1	8.0	77.0	0.8	71.5	0.8	73.3	0.6	57.8	0.8	59.2
Riboflavin (mg)	9.8	59.5	1.1	91.3	1.2	87.5	1.3	102	1.0	78.6	1.1	75.8
Niacin (mg)	ωį	52.1	11 (83.4	12	79.1	:	78.2	10	72.2	∞	49.5
Vitamin B-6 (mg) Folate (mcg)	0.7 91	38.1 48.6	0.9 54	55.5	1.1	59.6 74.5	0.9 137	55.1	0.9	49.9	0.7	38.7
Vitamin B-12 (mcg)	7	103	2	0.66	. 60	161	3	143	7	115	2	. 611
Minerals												
Calcium (mg)	400	48.9	584	73.0	535	0.99	745	93.1	564	69.2	592	73.8
Iron (mg)	'n	45.8	7	65.9	80	74.3	7	70.5	9	58.6	'n	50.4
Phosphorus (mg)	559	68.4	770	96.2	751	92.5	921	115	739	8.06	735	91.6
Magnesium (mg)	114	37.0	163	55.5	154	50.0	181	8.09	153	49.8	135	41.6
Zinc (mg)	5	37.0	5 5	42.3	7,707	50.0	1,925 7	55.3	1,041 6	44.4	1,499 5	33.8
Percent of Clients with Meal Pattern	6	27.4	71	15.8	H .	17.5	12	12.1	17	17.0	7.8	•
Sample Size	7	258		149	1	165	114	, 4	160	0	73	

Table entries indicate the mean intake and mean intake relative to the RDA for each food component for the clients who eat the pattern of meals indicated in the column head. Note:

^a2.4 percent of the sample (23 people) ate no CACFP reimbursable meals. They are not included in this column.

TABLE G.7

INTAKE OF MACRONUTRIENTS FROM CACFP REIMBURSABLE MEALS

		CACFI	Reimbursable	Meals	
Dietary Component	Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper
Protein				<u></u>	TP -
Mean (gm)	8.8	8.1	36.2	5.7	45.4
Median (gm)	8.1	5.9	33.4	2.6	49.0
Mean Percentage of Food Energy from Protein	11.8	13.0	19.2	11.1	22.5
Distribution of Intake as a Percentage of Food Energy					
Less than 5 percent	6.6	11.1	1.3	28.3	5.1
5 - 15 percent	71.9	50.6	31.8	43.6	5.1
16 - 25 percent	19.4	34.2	49.1	22.4	61.6
Greater than 25 percent Total	2.1	4.1	17.8	5.8	28.3
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Carbohydrate					
Mean (gm)	46.9	32.0	84.7	28.3	81.4
Median (gm)	44.1	30.7	76.6	25.3	96.6
Mean Percentage of Food Energy from Carbohydrate	69.4	60.5	46.2	67.4	43.0
Distribution of Intake as a Percentage of Food Energy					
Less than 45 percent	9.6	20.0	48.2	22.7	61.6
45 - 55 percent	10.9	26.9	33.7	11.0	33.3
56 - 65 percent	21.5	19.7	11.3	7.4	0.0
Greater than 65 percent Total	58.1	33.4	6.8	58.9	5.1
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Total Fat					
Mean (gm)	8.0	8.9	31.2	6.3	32.0
Median (gm)	7.2	6.5	27.9	3.9	33.4
Mean Percentage of Food Energy from Fat	20.5	28.8	36.1	24.5	34.6
Distribution of Intake as a Percentage of Food Energy					
Less than 20 percent	48.6	23.3	4.5	44.1	5.1
20 - 30 percent	23.1	24.2	19.3	22.1	0.0
31 - 40 percent 41 - 50 percent	20.3	31.1	41.8	13.2	89.9
Greater than 50 percent	5.5 2.6	11.2 10.3	28.1	7.1	5.1
Total	100.0 %	10.5	6.3 100.0 %	13.4 100.0 %	0.0 100.0 %
Saturated Fat		2000 10	2000 /5	200.0 75	100.0 70
Mean (am)	2 4	2 5	100	A	
Mean (gm) Median (gm)	3.1	3.7	10.8	2.7	11.5
Mean Percentage of Food Energy from Saturated Fat	2.5 7.9	2.0	9.1 12.5	1.1	12.4
Distribution of Intake as a Percentage of Food Energy	1.9	12.1	12.5	10.2	12.2
Less than 5 percent	37.0	24.3	3.5	33.4	5.1
5 - 10 percent	33.3	27.6	38.3	29.7	0.0
11 - 15 percent	15.1	11.9	30.2	9.5	89.9
16 - 20 percent	10.2	16.7	22.3	12.4	5.1
Greater than 20 percent	4.4	19.4	5.7	14.9	0.0
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Percent Eating Meal	38.3	22.0	91.6	41.4	0.6
Sample Size	361	207	863	390	6
		201	003	370	

Note: Table entries give the percentage distribution for each dietary component for the clients who eat the reimbursable meal indicated in the column head.

TABLE G.8 $\label{eq:table g.8}$ INTAKE OF SODIUM AND CHOLESTEROL FROM CACFP REIMBURSABLE MEALS

	· · · · · · · · · · · · · · · · · · ·
Breakfast	
Sodium	
Mean (mg)	414
Median (mg)	328
Distribution	. 320
600 mg or less	75.8
601 mg - 750 mg	10.1
More than 750 mg	14.1
Total	100.0 %
Cholesterol	
Mean (mg)	. 36
Median (mg)	14
Distribution	14
75 mg or less	88.6
76 mg - 100 mg	2.7
More than 100 mg	. 8.7
Total	100.0 %
Sample Size	361
Morning Snack	
Sodium	
Mean (mg)	332
Median (mg)	233
Distribution	255
300 mg or less	67.2
301 - 375 mg	. 9.2
More than 375 mg	23.6
Total	100.0 %
Cholesterol	
Mean (mg)	26
Median (mg)	10
Distribution	. 10
37 mg or less	74.9
38 mg - 50 mg	13.8
More than 50 mg	11.3
Total	100.0 %
	100.0 %
Sample Size	207
Lunch	
Sodium .	
Mean (mg)	1,313
Median (mg)	1,195
Distribution	1,193
800 mg or less	22.5
801 mg - 1000 mg	22.3 14.7
More than 1000 mg	62.8
Total	62.8 100.0 %
Cholesterol	
Mean (mg)	લુત ક
Median (mg)	114
Distribution	95
100 mg or less	we -
101 mg - 133 mg	50.6 19.1

TABLE G.8 (continued)

More than 133 mg	
Total	30.2
Sample Size	100.0 %
Afternoon Snack	863
Sodium	
Mean (mg)	
Median (mg)	239
Distribution	109
300 mg or less	10)
301 mg - 375 mg	76.9
More than 375 mg	5.7
Total	17.4
x otal	100 %
Cholesterol	
Mean (mg)	•
Median (mg)	16
Distribution	4
37 mg or less	
38 mg - 50 mg	87.9
More than 50 mg	4.1
Total	7.9
	100.0 %
Sample Size	390
Supper	
Sodium	
Mean (mg)	
Median (mg)	1,149
Distribution	1,253
800 mg or less	
801 mg - 1000 mg	33.3
More than 1000 mg	0.0
Total	66.7
No. 1	100.0 %
Cholesterol	
Mean (mg)	122
Median (mg)	118
Distribution	110
100 mg or less	5.1
101 mg - 133 mg	61.6
More than 133 mg Total	33.3
	JJ.J

TABLE G.9

INTAKE OF MACRONUTRIENTS BY PATTERN OF CACFP REIMBURSABLE MEALS CONSUMED

	<u>- </u>	Clients Eat the Following CACFP Reimbursable Meals								
Dietary Component	Lunch Only	Breakfast, Lunch, Afternoon Snack	Breakfast and Lunch	Morning Snack, Lunch, and Afternoon Snack	Lunch and One Snack	Other Pattern ^a				
Protein					-	· - · · · · · ·				
Mean (gm)	36	44	45	51	46					
Median (gm)	34	44	42	49	46	38				
Mean Percentage of Food Energy from Protein	18.1	17.1	16.8	18.5	38	13				
Distribution of Intake as a Percentage of Food			10.0	16.5	17.7	14.1				
Energy										
Less than 5 percent	2.6	0.0	2.0	0.0	0.0					
5 - 15 percent	36.5	43.9	43.9	24.5	0.0	1.2				
16 - 25 percent	45.4	52.5	41.2		39.7	57.9				
Greater than 25 percent	15.4	3.7	12.9	68.3	55.4	40.4				
Total	100.0 %	100.0 %	100.0 %	7.2	4.9	0.6				
Carbohydrate	200.0 70	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %				
•										
Mean (gm)	93	137	134	136	119	116				
Median (gm)	7 8	143	129	132	106	64				
Mean Percentage of Food Energy from						0-7				
Carbohydrate	46.5	53.4	51.7	49.7	48.1	62.2				
Distribution of Intake as a Percentage of Food					40,1	02.2				
Energy										
Less than 45 percent	48.6	19.0	26.2	28.2	34.6	24.0				
45 - 55 percent	31.7	37.4	39.5	44.0	37.5	23.1				
56 - 65 percent	11.3	28.5	23.4	23.6	21.2	7.9				
Greater than 65 percent	8.3	15.1	10.9	4.2	6.6	45.1				
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %				
Total Fat										
Mean (gm)	35	36	40	42	41	26				
Median (gm)	30	35	34	38	38	36				
Mean Percentage of Food Energy from Fat	36.9	31.3	32.9	33.3		12				
Distribution of Intake as a Percentage of Food Energy				33.3	35.9	26.7				
Less than 20 percent	5.5	10.6	4.6	6.5	0-					
20 - 30 percent .	16.7	32.7	4.6 31.5	6.5	2.7	29.1				
31 - 40 percent	37.1	41.1	31.3 42.7	25.0 51.2	25.6	26.5				
41 - 50 percent	33.5	14.6		51.2	40.5	25.1				
Greater than 50 percent	7.2		20.1	15.5	22.2	18.6				
Total	100.0 %	1.0 100.0 %	1.2 100.0 %	1.9 100.0 %	9.0 100.0 %	0.7 100.0 %				
Saturated Fat					•					
Mean (gm)	12	12	15	16	14	• •				
Median (gm)	11	12	14		14	14				
Mean Percentage of Food Energy from Saturated		***	17	13	12	5				
Fat .	12.9	10.6	12.5	10.6	10.4	40 -				
Distribution of Intake as a Percentage of Food Energy	~=15	10.0	14.3	12.6	12.4	10.6				
Less than 5 percent	4.0					•				
Los than 5 percent	40									
5 - 10 percent	4.0 29.4	1.3 59.6	4.3 35.1	4.6 34.5	1.7 42.8	17.5 29.2				

TABLE G.9 (continued)

		Clients Eat the Following CACFP Reimbursable Meals							
Dietary Component	Lunch Only	Breakfast, Lunch, Afternoon Snack	Breakfast and Lunch	Morning Snack, Lunch, and Afternoon Snack	Lunch and One Snack	Other Pattern ^a			
11 - 15 percent	30.2	24.2	37.0	24.8	29.9	38.5			
16 - 20 percent	30.9	11.9	15.1	34.8	19.8	8.7			
Greater than 20 percent	5.5	3.0	8.6	1.3	5.8	6.2			
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %			
Percent Eating Meal Pattern	27.4	15.8	17.5	12.1	17.0	7.8			
Sample Size	258	149	165	114	160	73			

Note: Table entries indicate the mean nutrient intake from CACFP meals relative to the total nutrient intake over the 24-hour period for each dietary component for the clients who have consumed the specific CACFP reimbursable meal indicated in the column head.

^a2.4 percent of the sample ate no CACFP reimbursable meals. They are not included in this column.

 $\label{table g.10}$ INTAKE OF SODIUM AND CHOLESTEROL FROM PATTERNS OF CACFP REIMBURSABLE MEALS

Breakfast, Lunch, and Afternoon Snack	
Sodium	
Mean (gm)	1,784
Median (gm)	1,759
Distribution	1,739
1700 mg or less	43.8
1701 - 2125 mg	27.6
More than 2125 mg	28.6
Total	100.0 %
Cholesterol	
Mean (gm)	125
Median (gm)	126
Distribution	
210 mg or less	90.2
211 mg - 280 mg	5.9
More than 280 mg	3.9
Total	100.0 %
Sample Size	149
Breakfast and Lunch	
Sodium	
Mean (gm)	1,688
Median (gm)	1,629
Distribution	.,
1400 mg or less	41.0
1401 mg - 1750 mg	22.4
More than 1750 mg	36.6
Total	100.0 %
Cholesterol	
Mean (gm)	157
Median (gm)	119
Distribution	
175 mg or less	69.5
176 mg - 233 mg	12.3
More than 233 mg	18.2
Total	100.0 %
Sample Size	165
Morning Snack, Lunch, and Afternoon Snack	
Sodium	
Mean (gm)	1,880
Median (gm)	1,705
Distribution	2,,
1400 mg or less	28.3
1401 mg - 1750 mg	15.1
More than 1750 mg	56.5
Total	100.0 %

TABLE G.10 (continued)

Mean (gm)		
Median (gm) 122 Distribution 122 175 mg or less 77.1 176 mg - 233 mg 18.1 More than 235 mg 8.1 Total 100.0 % Sample Size 114 Lunch and One Snack 239 Sodium 239 Mean (gm) 1,774 Median (gm) 1,575 Distribution 1,575 1100 mg or less 25.7 1101 mg - 1375 mg 41.2 More than 1375 mg 60.1 Cholesterol Mean (gm) 104 Mean (gm) 104 Distribution 104 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Lunch Only 100.0 % Sample Size 160 Lunch only 100.0 % Sodium 100.0 % Somple Size 22.1 Lockes	Mann (am)	
Distribution		
175 ng or less 77.1 176 ng or 233 ng 18.1 More than 233 ng 8.1 Total 100.0 Sample Size Cunch and One Snack Sedium 239 Mean (gm) 1,774 Median (gm) 1,575 Distribution 100 ng or less 1101 ng or less 25.7 1101 ng - 1375 ng 14.2 More than 1375 ng 100.0 Cholesterol 147 Median (gm) 104 Distribution 19.5 137 ng or less 55.0 138 ng - 183 ng 19.5 More than 183 ng 19.5 Ample Size 160 Cunch Only 100.0 Sodium 1,001 Mean (gm) 100		122
176 mg - 233 mg		
More than 233 mg 7 1000 % Sample Size 114 Lunch and One Snack 239 Solitim Mean (gm) 1,774 Median (gm) 1,774 Median (gm) 1,575 1101 mg - 1375 mg 1412 More than 1375 mg 661 Total 1000 % Cholesterol Wealing (gm) 1000 % Mean (gm) 104 Distribution 1037 mg 155 Sample Size 166 Lunch Only 1575 Solitim 1	176 mg - 233 mg	
Total 100.0 % Sample Size 114 Lunch and One Snack 239 Sodium 1,774 Mean (gm) 1,775 Distribution 1100 mg or less 25.7 1100 mg or less 25.7 1101 mg - 1375 mg 14.2 More than 1375 mg 60.1 Cholesterol 147 Mean (gm) 147 Median (gm) 149 Distribution 138 mg - 183 mg 15.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Jamely Size 160 <	More than 233 mg	
Sample Size		
Sodium 1,774 Mean (gm) 1,774 Median (gm) 1,575 Distribution 25,7 1100 mg or less 14,2 More than 1375 mg 142,2 More than 1375 mg 60,1 Total 100,0 % Cholesterol 147 Mean (gm) 147 Median (gm) 104 Distribution 138 mg - 183 mg 19.5 More than 183 mg 19.5 More than 183 mg 25,4 Total 100,0 % Sample Size 160 Lunch Only 300 mg Sodium 1,901 Mean (gm) 1,001 Median (gm) 1,001 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 62,2 Total 100,0 % Cholesterol Mean (gm) 100 Median (gm) 100 100 Distribution 100 100 Median (gm) 100 100 More than 133 mg 21.0	Sample Size	
Socium 1,774 Median (gm) 1,575 Distribution 25.7 1100 mg or less 25.7 1101 mg - 1375 mg 14.2 More than 1375 mg 60.1 Total 100.0 % Cholesterol 44.7 Mean (gm) 104 Distribution 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Lunch Only 50 Sodium 1,901 Mean (gm) 1,901 Median (gm) 1,001 Median (gm) 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) Median (gm) 117 Median (gm) 100 Distribution 110 Median (gm) 100 Distribution 100 Cholesterol 46.2 Mean (gm) 100 More than 133 mg 21.0	unch and One Snack	
Mean (gm) 1,774 Median (gm) 1,575 Distribution 25.7 1101 mg - 1375 mg 16.1 More than 1375 mg 60.1 Total 100.0 % Cholesterol - Mean (gm) 147 Median (gm) 104 Distribution 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Lunch Only 300 Sodium 1,301 Median (gm) 1,902 Distribution 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) Median (gm) 100 Distribution 117 Median (gm) 100 Cholesterol 46.2 Mean (gm) 100 Mean (gm) 100 Median (gm) 100 Distribution 100	odium	239
Median (gm) 1,575 Distribution 1,575 1100 mg or less 25,7 1101 mg - 1375 mg 14,2 More than 1375 mg 100,0 % Cholesterol Wean (gm) Mean (gm) 104 Distribution 104 137 mg or less 55,0 138 mg - 183 mg 19,5 More than 183 mg 25,4 Total 100,0 % Sample Size 160 Lunch Only 1,001 Sodium 1,001 Mean (gm) 1,001 Median (gm) 1,001 More than 1000 mg 27,1 801 mg - 1000 mg 10,7 More than 1000 mg 62,2 Total 100,0 % Mean (gm) 100 Mean (gm) 100 Mean (gm) 100 More than 133 mg 21,0 More than 133 mg 32,8 Total 100,00 %		1 774
Distribution 25.7 1100 mg or less 14.2 More than 1375 mg 60.1 Total 100.0 % Cholesterol Wean (gm) Mean (gm) 104 Distribution 104 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Lunch Only 3.0 Sodium 1,301 Mean (gm) 1,992 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Wean (gm) 117 Median (gm) 100 62.2 Total 100 mg 110 Mean (gm) 110 117 Median (gm) 100 100 Distribution 100 100 More than 133 mg 21.0 1		
1101 mg - 1375 mg		1,010
1101 mg - 1375 mg 14.2 More than 1375 mg 60.1 Total 100.0 % Cholesterol 147 Mean (gm) 104 Distribution 104 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Lunch Only 1,301 Mean (gm) 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 10.7 More than 1000 mg 10.0 Total 100 mg Distribution 100 Mean (gm) 10 More than 133 mg 21.0 More than 133 mg 32.8 Total 100 mg Total 100 mg Total 21.0 More than 133 mg 32.8 Total 100.0 %		25.7
More than 1375 mg 60.1 100.0 % Cholesterol 147 Mean (gm) 104 Distribution 104 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Lunch Only 1,000 Sodium 1,000 Mean (gm) 1,092 Distribution 10,000 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 10.7 More than 1000 mg 10.0 % Cholesterol Mean (gm) 117 Median (gm) 100 mg Distribution 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 22.0 Total 100.00 %		
Total 100.0 % Cholesterol 147 Mean (gm) 104 Distribution 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Lunch Only 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100 mg Cholesterol Mean (gm) 117 Median (gm) 100 % Cholesterol 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total Total 100 mg or less 10.0 %		
Mean (gm) 147 Median (gm) 104 Distribution 157 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Cample Size 160 Cample Size Colium Mean (gm) 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.0 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) Mean (gm) 10 Distribution 10 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %	Total	
Median (gm) 104 Distribution 137 mg or less 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size 160 Cunch Only Sodium Mean (gm) 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol 20 Mean (gm) 117 Median (gm) 100 Distribution 100 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		
Median (gm) 104 Distribution 55.0 138 mg - 183 mg 19.5 More than 183 mg 25.4 Total 100.0 % Sample Size Codium Mean (gm) 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) Mean (gm) 10 Distribution 100 mg or less 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		147
Distribution 137 mg or less 19.5 more than 183 mg 19.5 more than 183 mg 25.4 more than 183 mg 27.1 more than 1900 mg		
138 mg - 183 mg		
138 mg - 183 mg More than 183 mg 25.4 Total 100.0 % Sample Size 160 Sample Size 160 Sample Size 160 Sample Size 160 Sodium Mean (gm) Median (gm) 1,301 Median (gm) 1,092 Distribution 800 mg or less 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) Median (gm) 117 Median (gm) 100 mg or less 46.2 101 mg - 133 mg 46.2 101 mg - 133 mg 46.2 100.0 % Cholesterol More than 133 mg 7 total 100.0 %		55.0
Total 100.0 % Sample Size 160 Lunch Only Sodium Mean (gm) 1,301 Median (gm) 1,092 Distribution 100 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) 117 Median (gm) 100 Mean (gm) 117 More than 1000 mg 100.0 % Cholesterol Mean (gm) 110 Distribution 100 Distribution 100 More than 133 mg 121.0 More than 133 mg 32.8 Total 100.0 %	138 mg - 183 mg	
Sample Size 160 Lunch Only Sodium Mean (gm) 1,301 Median (gm) 1,092 Distribution 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) 117 Median (gm) 100 Distribution 100 Distribution 100 More than 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		25.4
Cunch Only Sodium Mean (gm) 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) 117 Median (gm) 100 Distribution 100 mg or less 46.2 101 mg - 133 mg 46.2 100 mg or than 133 mg 32.8 Total 100.0 %	10(a)	100.0 %
Mean (gm) 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) 117 Median (gm) 1100 Distribution 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %	ample Size	160
Mean (gm) 1,301 Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol 117 Mean (gm) 100 Distribution 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %	unch Only	
Median (gm) 1,092 Distribution 27.1 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 100.0 % Cholesterol 117 Mean (gm) 100 Distribution 100 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		
Median (gm) 1,092	Mean (gm)	1,301
Distribution 800 mg or less 27.1 801 mg - 1000 mg 10.7 More than 1000 mg 62.2 Total 62.2 Total 100.0 % Cholesterol Mean (gm) 117 Median (gm) 100 Distribution 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		
801 mg - 1000 mg More than 1000 mg 62.2 Total 100.0 % Cholesterol Mean (gm) Median (gm) Distribution 100 mg or less 101 mg - 133 mg More than 133 mg Total 100.0 %		-,
801 mg - 1000 mg More than 1000 mg 62.2 Total Cholesterol Mean (gm) Median (gm) Distribution 100 mg or less 101 mg - 133 mg More than 133 mg Total 100.0 %		27.1
More than 1000 mg Total Cholesterol Mean (gm) Median (gm) Distribution 100 mg or less 101 mg - 133 mg More than 133 mg Total More than 133 mg Total 62.2 100.0 %		
Total 100.0 % Cholesterol Mean (gm) 117 Median (gm) 100 Distribution 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		
Mean (gm) 117 Median (gm) 100 Distribution 46.2 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %	Total .	
Median (gm) 100 Distribution 46.2 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		
Median (gm) 100 Distribution 46.2 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		117
Distribution 100 mg or less 46.2 101 mg - 133 mg 21.0 More than 133 mg 32.8 Total 100.0 %		
101 mg - 133 mg More than 133 mg 32.8 Total 100.0 %		
101 mg - 133 mg More than 133 mg 32.8 Total 100.0 %		46.2
More than 133 mg 32.8 Total 100.0 %	101 mg - 133 mg	21.0
5	More than 133 mg	
	Total	

TABLE G.11

MEAN VALUES OF NUTRIENT INTAKES FROM ALL MEALS CONSUMED DURING THE 24-HOUR PERIOD

		Elderly Clients	lients			Nonelderly Clients	y Clients			
		Female	2	Male	Fe	Female		Male	All C	All Clients
	Mean Intake	Perœnt of RDA	Mean Intake	Percent of RDA	Mean Intake	Perœnt of RDA	Mean Intake	Percent of RDA	Mean Intake	Percent of RDA
Macronutrients										
Food energy (kcal) Protein (gm)	1,803	94.9 149	2,021 88	87.7 139	2,069 83	95.8 167	2,342 97	83.7 156	2,024 84	91.3 153
Vítamins										
Vitamin A (mcg-re)	1,268	159	1,316	131	1,113	139	1,479	148	1,293	148
Vitamin C (mg)	129	215	125	208	119	191	140	233	129	213
Vitamin E (mg)	6	111	6	93.0	6	115	11	110	10	109
Thiamin (mg)	1	144	7	132	7	148	7	129	7	140
Riboflavin (mg)	7	162	7	154	7	156	es	153	7	158
Niacin (mg)	20	156	8	157	21	141	23	138	22	. 148
Vitamin B-6 (mg)	2	113	7	98.7	2	110	7	110	7	110
Folate (mcg)	260	145	285	142	255	142	303	151	273	145
Vitamin B-12 (mcg)	ĸ٦	239	9	275	š	236		368	9	275
Minerals										
Calcium (mg)	842	105	. 226	115	926	111	1,091	131	933	114
Iron (mg)	13	131	15	151	13	95.2	18	177	15	137
Phosphorus (mg)	1,220	153	1,386	173	1,349	. 162	1,583	191	1,361	167
Magnesium (mg)	272	97.1	306	87.1	277	98.5	326	92.9	291	95.0
Potassium (mg)	2,865	ì	3,253	:	2,958	ı	3,367	ı	3,063	ŀ
Zinc (mg)	10	82.7	12	77.4	=	94.7	14	96.3	12	87.9
Sample Size	399		141		185		21.7		942	

SOURCE: Adult Day Care Study, Client Survey, weighted tabulations.

Table entries indicate the percentage of clients meeting or exceeding the RDA for the food component for the age/gender subgroup of clients shown in the column head. NOTE:

TABLE G.12

INTAKE OF MACRONUTRIENTS, CHOLESTEROL, AND SODIUM FROM ALL MEALS DURING THE 24-HOUR PERIOD

	Nonelderh	y Clients	Elderly	Clients	
	Female	Male	Female	Male	All Clients
Protein				-	
Mean (gm)	83	97	75	88	84
Median (gm)	81	83	74	85	78
Mean Percentage of Food Energy from					
Protein	16.3	16.8	16.7	17.5	16.7
Distribution of Intake as a Percentage	•				
of Food Energy					
Less than 5 percent	0.0	0.3	0.0	0.0	0.1
5 - 15 percent	49.7	44.3	45.8	39.6	45.4
16 - 25 percent	46.1	53.2	50.6	57.6	51.2
Greater than 25 percent	4.3	2.2	3.6	2.8	3.3
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Carbohydrate					
Mean (gm)	266	294	232	255	258
Median (gm)	238	266	217	250	237
Mean Percentage of Food Energy from			•		
Carbohydrate	51.6	50.2	51.6	51.1	51.2
Distribution of Intake as a Percentage					
of Food Energy					
Less than 45 percent	24.7	23.2	22.2	20.1	22.7
45 - 55 percent	45.8	53.0	45.2	50.9	48.1
56 - 65 percent	16.2	20.5	27.9	20.7	22.5
More than 65 percent	13.3	3.3	4.7	8.2	6.7
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Cotal Fat					
Mean (gm)	78	90	67	75	76
Median (gm)	70	72	63	73	69
Mean Percentage of Food Energy from					•
Total Fat	33,4	34.2	33.2	32.9	33.5
Distribution of Intake as a Percentage					0010
of Food Energy					
Less than 20 percent	4.1	2.1	2.7	7.0	3.4
20 - 30 percent	32.0	24.3	29.8	23.9	28.1
31 - 40 percent	43.5	52.9	53.0	54.9	51.2
41 - 50 percent	17.1	19.8	12.3	13.0	15.3
Greater than 50 percent	3.3	0.8	2.3	1.2	2.0
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
aturated Fat					
Mean (gm)	28	32	23	26	27
Median (gm)	25	27	22	25	24
Mean Percentage of Food Energy					24
rom Saturated Fat	11.8	12.5	11.5	11.6	11.8
Distribution of Intake as a Percentage	_ =		- 210	~~~	11.0
of Food Energy					
or Lood Effetsa		0.0	0.2	10	A 7
	1.8	U.3		1.5	
Less than 5 percent	1.8 26.2	0.3 25.7		1.3 32.8	0.7 30.4
	1.8 26.2 56.2	25.7 51.8	34.9 49.7	32.8 51.8	30.4 51.9

TABLE G.12 (continued)

	Nonelderl	Nonelderly Clients		Elderly Clients	
	Female	Male	Female	Male	All Clients
Greater than 20 percent Total	0.6 100.0 %	1.2 100.0 %	1.1 100.0 %	1.8 100.0 %	1.1 100.0 %
Dietary Cholesterol					
Mean (gm)	264	349	250	321	287
Median (gm) Distribution	242	267	208	263	236
300 mg or less per day	71.3	54.3	73.4	60.6	66.5
300 - 400 mg per day	13.6	16.2	11.3	12.9	13.2
More than 400 mg per day	15.0	29.5	15.4	26.5	20.3
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Sodium					
Mean (gm)	3,347	3,731	2,992	3,417	3,311
Median (gm)	2,954	3,290	2,747	3,356	3,000
Distribution	•	· ,	- ,	_,000	2,000
2400 mg or less per day	28.6	19.0	36.3	21.4	28.3
2401 mg - 3000 mg per day	18.0	19.2	18.2	16.5	18.2
More than 3000 mg per day	53.4	61.8	45.5	62.1	53.5
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Sample Size	185	217	399	141	942

TABLE G.13
PERCENTAGE OF CLIENTS MEETING OR EXCEEDING THE RDA FOR THE 24-HOUR PERIOD

	Elderly	Clients	Nonelderl	y Clients	All Clients
	Female	Male	Female	Male	
Macronutrients					
Food energy (kcal)	41.5	31.3	41.3	27.7	36.6
Protein (gm)	81.1	72.6	79.6	83.1	80.1
Vitamins					
Vitamin A (mcg-re)	60.1	54.6	55.2	56.2	57.3
Vitamin C (mg)	81.7	80.1	70.2	76.1	77.6
Vitamin E (mg)	45.4	34.1	54.9	38.9	44.3
Thiamin (mg)	75.7	64.9	73.6	57.6	69.3
Riboflavin (mg)	84.4	85.7	81.6	72.4	81.0
Niacin (mg)	80.7	77.5	70.3	64.2	73.9
Vitamin B-6 (mg)	52.3	45.4	51.8	45.1	49.5
Folate (mcg)	66.4	69.1	64.0	61.6	65.1
Vitamin B-12 (mcg)	79.4	88.2	91.7	93.0	86.7
Mînerals					
Calcium (mg)	50.3	60.9	47.9	61.3	53.9
Iron (mg)	69.3	79.1	38.3	79.9	66.5
Phosphorus (mg)	82.7	94.2	84.2	89.2	86.2
Magnesium (mg)	41.6	31.9	47.4	35.2	40.0
Potassium (mg)					
Zinc (mg)	25.6	23.1	35.8	35.7	30.0
Sample Size	399	141	185	217	942

Note: Table entries indicate the percentage of clients meeting or exceeding the RDA for the food component for the age/gender subgroup of clients shown in the column head.

TABLE G.14

CONTRIBUTION OF CACFP MEALS TO TOTAL DAILY DIETARY INTAKE OF CACFP CLIENTS
BY CACFP REIMBURSABLE MEALS CONSUMED
(For CACFP Clients Eating the Indicated CACFP Reimbursable Meals)

•	Clients Eat the Following CACFP Meals:						
Dietary Component	Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	All CACFI Meals ^a	
Macronutrients							
Food Energy	54.1	53.8	51.1	51.8	81.1	48.7	
Protein	54.0	56.6	53.2	52.9	83.9	50.5	
Carbohydrate	54.4	51.7	49.8	51.4	81.0	47.7	
Fat	54.0	56.2	52.8	52.8	81.2	50.1	
Saturated Fat	55.0	57.5	53.4	52.7	79.7	50.8	
Vitamins							
Vitamin A	59.4	57.8	56.4	53.4	89.8	53.8	
Vitamin C	60.5	57.1	55.5	57.6	80.9	53.4	
Vitamin E	58.1	56.6	56.2	55.1	85.4	53.5	
Thiamin .	53.1	50.1	48.9	49.9	86.9	46.6	
Riboflavin	56.5	55.8	53.5	52.7	82.9	51.1	
Niacin	53.3	51.6	49.5	48.9	88.1		
Vitamin B-6	52.5	51.8	50.0	48.9	87.8	47.1	
Folate	53.4	52.2	50.2	50.3		47.6	
Vitamin B-12	55.9	58.3	55.1	52.1	87.0 84.7	48.0 52.3	
Minerals			•				
Calcium	60.5	63.6	59.2	59.4	81.8	56.5	
Iron	51.8	51.5	48.6	48,3	86.2	46.2	
Phosphorus	56.8	58.7	54.7	55.1	83.5	52.0	
Magnesium	55.0	55.5	52.6	52.8	84.4	50.3	
Potassium	56.1	56.2	54.1	53.6	86.1	51.7	
Zinc	52.2	56.4	51.9	51.8	83.7	49.2	
Other Components							
Sodium	54.0	55.9	51.7	52.9	81.7	49.0	
Cholesterol	54.3	54.4	53.0	51.3	85.5	50.1	
Dietary Fiber	53.4	52.6	52.3	51.3	90.5	50.0	
Alcohol				~ ±/	,,,,,	30.0	
Percentage of Clients							
Eating Each Meal	38.3	22.0	91.6	41.4	0.6	100.0	
Sample Size	361	207	863	390	6	942	

NOTE: Table entries indicate the mean nutrient intake from CACFP meals relative to the total nutrient intake over the 24-hour period for each dietary component for the clients who have consumed the specific CACFP reimbursable meal indicated in the column head.

^aIncludes 2.4 percent of clients who ate no CACFP reimbursable meals.

TABLE G.15

CONTRIBUTION OF CACFP MEALS TO TOTAL DAILY DIETARY INTAKE OF CACFP CLIENTS
BY PATTERN OF CACFP REIMBURSABLE MEALS CONSUMED
(For CACFP Clients Eating the Indicated Pattern of Meals)

		Cl	ients Eat the Foll	owing CACFP Mea	Is:	
Dietary Component	Lunch Only	Breakfast, Lunch, and Afternoon Snack	Breakfast and Lunch	Morning Snack, Lunch, and After- noon Snack	Lunch and One Snack	Other Pattern ^a
Macronutrients						
Food Energy	42.5	55.4	53,8	560		
Protein	46.7	55.2	54.7	56.3	50.8	29.2
Carbohydrate .	40.1	55.8		60.5	52.2	27.2
Fat	45.1	55.5 55.1	53.6	54.7	48.6	30.7
Saturated Fat	45.0		54.5	57.7	54.3	28.0
	45.0	54.1	57.6	59.0	54.8	28.3
Vitamins						
Vitamin A	51.2	57.8	61.6	(1.2		
Vitamin C	46.1	62.9	59.6	61.2	50.5	32,5
Vitamin E	50.3	58.6		61.2	52.1	35.5
Thiamin	39.7		58.4	58.1	56.1	31.5
Riboflavin	39.7 46.4	53.6	53.4	54.7	46.2	29.5
Niacin	•	56.2	58.1	59.2	50.3	30.3
Vitamin B-6	41.5	53.5	53.8	55.3	45.6	28,3
Folate	44.4	52.8	53.3	56.3	45.2	28.0
Vitamin B-12	43.3	55.0	52.9	54.5	47.3	31.0
VITALIIII D-12	49.8	52.7	60.6	62.8	51.7	28.1
Minerals						
Calcium	51.6	61.9	61.3		_	
Iron	40.8	51.2		66.1	59.4	32.7
Phosphorus	46.4	58.1	52.7	56.3	44.8	28.5
Magnesium	45.5	56.1	57.3	62.4	53.6	29.8
Potassium	48.0	· -	55.2	59.4	50.3	30.6
Zinc	45.1	56.9	56.8	59.8	51.7	30.8
	73.1	52.3	53.7	62.0	50.7	26.5
Other Components						
Sodium	42.4	56.8	53.4	59.9	£1 1	24.0
Cholesterol	46.7	53.2	56.5	57.4	51.1	26.0
Dietary Fiber	47.8	53.3	54.2	56.2	51.8	27.1
Alcohol			J4.2	30.2	50.9	30.6
Percentage of Clients		,	,			
with Pattern of Meals	27.4	15.8	17.5	12.1	17.0	10.2
Sample Size	258	149	165	114	160	96

NOTE: Table entries indicate the mean nutrient intake from CACFP meals relative to the total nutrient intake over the 24-hour period for each dietary component for the clients who have consumed the specific CACFP reimbursable meals indicated in the column head.

^aIncludes 2.4 percent of clients who ate no CACFP reimbursable meals.

TABLE G.16

MEDIAN VALUES OF NUTRIENT INTAKES FROM CACFP REIMBURSABLE MEALS: NONELDERLY CLIENTS

	Breakfast	Morning Snack	Lunch	Afternoon Snack
Dietary Component	Percent of RDA	Percent of RDA	Percent of RDA	Percent of RDA
Macronutrients	· · · · · ·			
Food energy (kcal)	12.5	20		
Protein (gm)	20.0	8.8 16.2	30.8 63.1	8.1 10.8
Vitamins				
Vitamin A (mcg-re)	20.4	140		
Vitamin C (mg)	45.4	14.0	43.8	4.5
Vitamin E (mg)	6.7	4.2	51.7	8.0
Thiamin (mg)	25.7	7.2	37.9	3.6
Riboflavin (mg)	38.2	13.5	40.8	10.3
Niacin (mg)	13.7	27.4	56.6	11.5
Vitamin B-6 (mg)	13.7	8.7	47.6	5.3
Folate (mcg)	18.8	7.9	35.2	7.1
Vitamin B-12 (mcg)	44.8	17.7 44.6	39.0 85.9	7.6 2.6
Minerals				
Calcium (mg)	36.6	37.2		
ron (mg)	16.8	37.2 9.5	52.9	9.6
hosphorus (mg)	35.9	9.5 30.9	40.8	8.7
Magnesium (mg)	16.1	30.9 12.2	68.8	16.7
Zinc (mg)	9.1	7.5	33.3	8.3
	711	1.5	32.5	<i>5</i> .3
Percent of Clients Eating the Meal	25.9	15,2	89.6	16.9
Sample Size	104	61	360	68

Note: Table entries indicate the median intake relative to RDA for each food component for the clients who eat the CACFP reimbursable meal in the column head.

TABLE G.17

MEDIAN VALUES OF NUTRIENT INTAKES FROM CACFP REIMBURSABLE MEALS: ELDERLY CLIENTS

	Breakfast	Morning Snack	Lunch	Afternoor Snack
Dietary Component	Percent of RDA	Percent of RDA	Percent of RDA	Percent of RDA
Macronutrients	· · · · · · · · · · · · · · · · · · ·		·····	
Food energy (kcal)	12.3			
Protein (gm)	12.7	9.8 9.4	33,7 59,9	7.5 4.1
Vitamins				***
Vitamin A (mcg-re)	16.1	n c		
Vitamin C (mg)	39.9	7.6	44.0	1.4
Vitamin E (mg)	11.3	9.7	39.2	8.4
Thiamin (mg)	21.1	9.8	34.4	3.9
Riboflavin (mg)	22.4	13.4	40.1	9.1
Niacin (mg)	14.5	13.5	56.9	8.9
Vitamin B-6 (mg)	9.0	9.1	51.3	5.4
Folate (mcg)	23.9	6.8	32.8	4.3.
Vitamin B-12 (mcg)	10.3	10.0 4.2	37.6 72.7	5.9 1.3
Minerals				A.
Calcium (mg)	16.1	0.5		
ron (mg)	16.3	8.2	47.4	4.1
hosphorus (mg)	21.2	10.8	43.2	8.0
Magnesium (mg)	14.4	14.0	62.7	5.8
Zinc (mg)	6.6	11.2 4.4	33.2 31.0	56.3
ercent of Clients Eating the Meal	47.6			2.3
	47.0	27.0	93.2	59.6
Sample Size	257	146	503	322

NOTE: Table entries indicate the median intake relative to RDA for each food component for the clients who eat the CACFP reimbursable meal in the column head.

TABLE G.18

INTAKE OF MACRONUTRIENTS FROM CACFP REIMBURSABLE MEALS: NONELDERLY CLIENTS

	<u> </u>	CAC	P Reimbursable	Meals	
Dietary Component	Breakfast	Morning Snack	Lunch	Afternoon Snack	Ali Meals
Carbohydrates as Percent of Food Energy					
Median	65.4	59.2	45.7	63.2	48.7
Percent Above 55 Percent	74.6	46.7	20.5	45.0	48.7 27.1
Fat as a Percentage of Food Energy					
Median	22.5	27.1	35.0	21.5	34.5
Mean	20.7	27.8	36.0	30.7	34.5 34.9
Percent Below 30 Percent	67.6	44.9	23.8	46.4	28.0
Saturated Fat as a Percentage of Food Energy					
Median	10.2	10.5	12.3	8.1	12.2
Percent Below 10 Percent	55.5	37.6	24.3	44.0	12.2 22.9
Protein as a Percentage of Food Energy					
Median	13.0	12.6	18.5	9.6	17.6
Percent Between 10 and 20 Percent	49.7	58.5	48.4	45.3	55.4
Sample Size	104	61	360	68	382

Note: Table entries give the percentage distribution for each dietary component for those clients who ate the reimbursed meal indicated in the column headings. The "All Meals" column is from all reimbursed meals which the client ate.

TABLE G.19

INTAKE OF MACRONUTRIENTS FROM CACFP REIMBURSABLE MEALS: ELDERLY CLIENTS

•		CACI	P Reimbursable	Meals	
Dietary Component	Breakfast	Morning Snack	Lunch	Afternoon Snack	All Meals
Carbohydrates as Percent of Food Energy			, , , , , ,		
Median	65.7	59.2	45.4	73.5	51.2
Percent Above 55 Percent	82.7	56.5	16.0	72.3	35.0
Fat as a Percentage of Food Energy					
Median	24.8	27.9	35.3	21.5	32.8
Mean	20,3	29.4	36.1	22.7	32.9
Percent Below 30 Percent	74.2	48.9	23.7	71.9	37.3
Saturated Fat as a Percentage of Food Energy	·				
Median	8.2	8.2	11.4	6.2	10.9
Percent Below 10 Percent	70.5	53.4	36.0	64.8	40.8
Protein as a Percentage of Food Energy					
Median	11.2	10.4	19.2	6.6	16.7
Percent Between 10 and 20 Percent	44.5	42.4	46.8	25.4	61.2
Sample Size	257	146	503	322	538

NOTE: Table entries give the percentage distribution for each dietary component for those clients who ate the reimbursed meal indicated in the column headings. The "All Meals" column is from all reimbursed meals which the client ate.

TABLE G.20
INTAKE OF SODIUM AND CHOLESTEROL FROM CACFP REIMBURSABLE MEALS: NONELDERLY CLIENTS

_	CACFP Reimbursable Meals					
Dietary Component	Breakfast	Morning Snack	Lunch	Afternoon Snack	All Meals	
Sodium as a Percentage of the Daily Recommended Maximum ^a						
Median	19.6	9.0	51.8	5.5	58.5	
Mean	21.9	12.5	55.8	20.1	69.4	
Cholesterol as a Percentage of the Daily Recommended Maximum ^b						
Median	6.2	6.1	34.5	1.5	38.3	
Mean	17.8	10.9	41.8	9.6	51.8	
Sample Size	104	61	360	68	382	

Note: Table entries give the percentage distribution for each dietary component for the clients who eat the reimbursable meal indicated in the column head.

^aDaily recommended maximum is 2,400 mg., assuming that 1 gram of salt equals 400 mg. of sodium.

^bDaily recommended maximum is 300 mg.

TABLE G.21

INTAKE OF SODIUM AND CHOLESTEROL FROM CACFP REIMBURSABLE MEALS: ELDERLY CLIENTS

	CACFP Reimbursable Meals					
Dietary Component	Breakfast	Morning Snack	Lunch	Afternoon Snack	All Meals	
Sodium as a Percentage of the Daily Recommended Maximum ^a				•	·	
Median Mean	12.9 14.3	10.0 14.5	49.1 53.8	4.5 7.1	63.0 64.9	
Cholesterol as a Percentage of the Daily Recommended Maximum ^b						
Median Mean	3.4 8.3	1.1 7.5	29.5 34.4	1.4 4.2	34.0 40.6	
Sample Size	257	146	503	322	538	

NOTE: Table entries give the percentage distribution for each dietary component for the clients who eat the reimbursable meal indicated in the column head.

^aDaily recommended maximum is 2,400 mg., assuming that 1 gram of salt equals 400 mg. of sodium.

^bDaily recommended maximum is 300 mg.

TABLE G.22

PERCENTAGE OF TOTAL DAILY DIETARY INTAKE OF CACFP CLIENTS
BY SOURCE: NONELDERLY CLIENTS

Dietary Component	CACFP Reimbursable Meals	Other Center Meals	Non-Center Meals	Total
Macronutrients				
Food Energy	46.9	3.3	49,9	100.0 %
Protein	49.7	2.4	48.0	100.0 %
Carbohydrate	45.2	3.8	51.1	100.0 %
Total Fat	48.6	3.1	48.3	100.0 %
Saturated Fat	50.0	3.3	46.8	100.0 %
Vitamins				
Vitamin A	55.7	1.9	42.6	100.0 %
Vitamin C	52.3	3.1	44.5	100.0 %
Vitamin E	52.7	2.8	44.5	100.0 %
Thiamin	46.1	2.8	51.1	100.0 %
Riboflavin	51.9	2.7	45.5	100.0 %
Niacin	45.9	2.3	51.7	100.0 %
Vitamin B-6	48.8	2.3	48.9	100.0 %
Folate	48.5	2.1	49.7	100.0 %
Vitamin B-12	53.8	2.5	43.5	100.0 %
Minerals				·
Calcium	56.1	3.2	41.1	100.0 %
Iron	45.6	2.3	52.1	100.0 %
Phosphorus	51.6	2.6	45.9	100.0 %
Magnesium	49.6	2.8	47.6	100.0 %
Potassium	51.5	2.7	45.8	100.0 %
Zinc .	48.8	2.3	48.9	100.0 %
Other Components				
Sodium	46.6	2.6	50.9	100.0 %
Cholesterol	50.3	2.1	47.4	100.0 %
Dietary Fiber	48.9	2.6	48.9	100.0 %

TABLE G.23

PERCENTAGE OF TOTAL DAILY DIETARY INTAKE OF CACFP CLIENTS

BY SOURCE: ELDERLY CLIENTS

Dietary Component	CACFP Reimbursable Meals	Other Center Meals	Non-Center Meals	Total
Macronutrients				
Food Energy	50.2	2.4	47.5	100.0 %
Protein	51.1	1.8	47.2	100.0 %
Carbohydrate	49.8	2.8	47.5	100.0 %
Total Fat	51.4	2.2	46.5	100.0 %
Saturated Fat	51.4	2.2	46.5	100.0 %
Vitamins				
Vitamin A	52.1	2.1	46.0	100.0 %
Vitamin C	54.3	2.6	43.3	100.0 %
Vitamin E	54.2	2.3	43.6	100.0 %
Thiamin	47.1	2.1	51.0	100.0 %
Riboflavin	50.3	2.3	47.5	100.0 %
Niacin	48.0	1.9	50.2	100.0 %
Vitamin B-6	46.6	2.0	51.6	100.0 %
Folate	47.7	1.9	50.5	100.0 %
Vitamin B-12	51.0	2.1	47.1	100.0 %
Minerals			,	
Calcium	56.9	2.6	40.7	100.0 %
Iron	46.8	2.0	51.3	100.0 %
Phosphorus	52.5	2.3	45.4	100.0 %
Magnesium	50.9	2.4	46.8	100.0 %
Potassium	51.8	2.5	45.8	100.0 %
Zinc	49.6	1.8	48.7	100.0 %
Other Components				
Sodium	51.1	2.2	46.8	100.0 %
Cholesterol	49.9	1.5	48.8	100.0 %
Dietary Fiber	50.9	2.1	47.0	100.0 %

TABLE G.24

PERCENTAGE OF TOTAL DAILY DIETARY INTAKE OF CACFP CLIENTS
BY SOURCE, THOSE CLIENTS WITH CACFP REIMBURSABLE
BREAKFAST AND LUNCH: NONELDERLY CLIENTS

Dietary Component	CACFP Reimbursable Meals	Other Center Meals	Non-Center Meals	Total
Macronutrients				
Food Energy	55.6	2.0	42.4	100.0.0
Protein	57.1	1.8	42.4 41.1	100.0 %
Carbohydrate	54.7	1.9		100.0 %
Total Fat	56.2	1.9	43.3	100.0 %
Saturated Fat	59.2	2.1	41.9 38.8	100.0 % 100.0 %
Vitamins				
Vitamin A	65.3	10	22.0	4000
Vitamin C	61.8	1.8	33.0	100.0 %
Vitamin E	60.9	1.5	36.7	100.0 %
Thiamin	56.8	1.0	38.1	100.0 %
Riboflavin	50.8 61.2	1.9	41.3	100.0 %
Niacin		2.1	36.7	100.0 %
Vitamin B-6	56.1	1.4	42.3	100.0 %
Folate	56.7	1.5	41.7	100.0 %
Vitamin B-12	56.4	1.1	42.4	100.0 %
Vitaliiii D-12	62.5	2.2	35.2	100.0 %
Minerals				
Calcium	62.2	2.5	36.1	100.0 %
Iron	55.0	1.2	43.7	100.0 %
Phosphorus	60.1	1.6	38.3	100.0 %
Magnesium	56.6	1.5	41.8	100.0 %
Potassium	58.6	1.4	40.0	
Zinc .	56.1	1.4	42.4	100.0 % 100.0 %
Other Components				
Sodium	55.6	1.3	43.2	1000~
Cholesterol	61.0	1.9	43. <i>2</i> 37.0	100.0 %
Dietary Fiber	54.8	0.4	37.0 44.7	100.0 % 100.0 %
Sample Size			·	99

TABLE G.25

PERCENTAGE OF TOTAL DAILY DIETARY INTAKE OF CACFP CLIENTS
BY SOURCE, THOSE CLIENTS WITH CACFP REIMBURSABLE
BREAKFAST AND LUNCH: ELDERLY CLIENTS

Dietary Component	CACFP Reimbursable Meals	Other Center Meals	Non-Center Meals	Total
Macronutrients				
Food Energy	55.6	0.7	44.0	100.0 %
Protein	55.2	0.5	44.6	100.0 %
Carbohydrate	56.1	0.8	43.2	100.0 %
Total Fat	<i>55.</i> 8	0.5	44.0	100.0 %
Saturated Fat	55.5	0.7	44.2	100.0 %
Vitamins				
Vitamin A	57.9	0.3	42.3	100.0 %
Vitamin C	61.7	1.2	37.6	100.0 %
Vitamin E	59.0	0.4	40.8	100.0 %
Thiamin	53.0	0.6	46.8	100.0 %
Riboflavin	56.0	0.7	43.6	100.0 %
Niacin	53.9	0.2	46.2	100.0 %
Vitamin B-6	52.2	0.6	47.6	100.0 %
Folate	54.0	0.6	45.5	100.0 %
Vitamin B-12	54.9	0.6	44.8	100.0 %
Minerals				
Calcium	62.5	0.9	37.1	100.0 %
Iron	52.1	0.4	47.7	100.0 %
Phosphorus	57.5	0.7	42.1	100.0 %
Magnesium	56.3	0.7	43.3	100.0 %
Potassium	57.1	0.8	42.3	100.0 %
Zinc .	52.7	0.5	47.1	100.0 %
Other Components				
Sodium	56.3	0.3	43.5	100.0 %
Cholesterol	53.2	0.4	46.6	100.0 %
Dietary Fiber	55.0	0.4	44.7	100.0 %
Sample Size				232

			·	
·				
				:
·				
	• .			
				-
			·	
		• •		

APPENDIX H CACFP CENTER WEEKLY MENU TABLES

· .

TABLE H.1

FOODS SERVED AT CACFP CENTERS (Entries are Percentages Accounted for by Item of All Servings for Meal Indicated in Column Heading)

5 Digit Code	Food Item	Breakfast	A.M. Snack	Lunch	P.M. Snack	Total
Milk Pro	ducis			·	-	
11100	Milk, fluid	14.79	12.82	13.12	15.72	13.85
11400	Yogurt	0.07	0.00	0.56	0.64	0.39
11500	Flavored milk/milk drinks	0.00	0.00	0.00	0.14	0.02
11600	Milk-based meal replacement, fluid	1.37	0.00	0.00	0.00	0.29
11800	Milk, dry and powdered mixtures	0.00	0.30	0.00	0.28	0.07
12100	Sweet dairy cream-whipped cream	0.00	0.00	0.05	0.00	0.03
12200	Cream substitutes-whipped topping	0.00	0.98	0.00	0.00	0.13
13100	Milk desserts, frozen	0.00	0.00	0.33	1.44	0.35
13200 13400	Puddings, custards and other milk desserts	0.00	0.21	0.91	0.78	0.60
14000	White sauces and milk gravies	0.00	0.00	0.10	0.00	0.0
14100 14100	Cheese, N.S. Natural cheeses	0.44	0.76	0.13	1.19	0.39
14200	Cottage cheeses	0.06	0.00	0.00	0.97	0.13
14300	Cream cheeses	0.00	0.00	0.27	0.06	0.19
14400	Processed cheese and cheese spreads	1.43	0.26	0.00	0.05	0.34
14600	Cheese mixtures including cheese sandwiches	0.26 0.09	0.47	0.00	1.51	0.29
14700	Cheese soups	0.09	0.00 0.00	0.16 0.03	0.31 0.00	0.14 0.01
Meat Pro	ducts					
20000	Meat, N.S.	0.00	0.00	0.03	0.00	0.01
21000	Beef, NFS	0.00	0.00	0.02	0.00	0.0
21100	Beef steak	0.00	0.00	0.15	0.00	0.08
21400	Beef roasts, stew meat, corned beef	0.00	0.00	0.29	0.00	0.20
21500	Ground beef, beef patties, meatballs	0.00	0.00	0.24	0.00	0.13
22100	Pork chops	0.00	0.00	0.17	0.00	0.13
22200	Pork steaks, cutlets	0.00	0.00	0.06	0.00	0.03
22300	Ham	0.00	0.00	0.29	0.00	0.15
22400	Pork roasts	0.00	0.00	0.21	0.00	0.13
22600	Bacon, salt pork	0.21	0.00	0.02	0.00	0.05
23200	Veal	0.00	0.00	0.02	0.00	0.01
24100	Chicken	0.00	0.00	0.99	0.00	0.52
24200	Turkey	0.00	0.00	0.31	0.00	0.16
25110	Liver	0.00	0.00	0.05	0.00	0.03
25210	Frankfurters	0.00	0.00	0.37	0.00	0.20
25220	Sausages	0.55	0.47	0.20	0.00	0.28
25230	Luncheon meats (loaf)	0.00	0.00	0.03	0.00	0.02
26100 26200	Finfish Other conford	0.00	0.00	0.66	0.08	0.37
26300 26300	Other seafood Shellfish	0.00	0.00	0.02	0.00	0.01
27110	Beef in gravy or sauce	0.00	0.00	0.04	0.00	0.02
27120	Pork with gravy or sauce	0.00	0.00	1.13	0.00	0.60
27130	Lamb or yeal with gravy or sauce	0.00 0.00	0.00	0.26	0.00	0.14
27140	Poultry with gravy or sauce	0.00	0.00 ·	0.16	0.00	0.08
27150	Fish/shellfish with gravy or sauce	0.00	0.00	0.65	0.00	0.39
27210	Beef with starch item	0.00	0.00	0.08 0.49	0.00 0.00	0.04
7220	Pork with starch item	0.00	0.00	0.49	0.00	0.31 0.01
7240	Poultry with starch item	0.00	0.00	0.00	0.00	0.01
7250	Fish/shellfish with starch item	0.00	0.00	0.32	0.00	0.06
7260	Misc. meats with starch item	0.00	0.00	0.16	0.00	0.00
7310	Beef with starch and vegetable	0.00	0.00	0.64	0.00	0.45
7340	Poultry with starch and vegetable	0.00	0.00	0.30	0.00	0.4.
7410	Beef with vegetable	0.00	0.00	0.08	0.00	0.10
7420	Pork with vegetable	0.00	0.00	0.09	0.00	0.02
7440	Poultry with vegetable	0.00	0.00	0.38	0.00	0.20
7450	Fish/shellfish with vegetable	0.00	0.00	0.28	0.06	0.15
7460	Misc.meats with vegetable	0.00	0.00	0.03	0.00	0.02
7510	Beef sandwiches	0.00	0.00	0.76	0.00	0.40
27520	Pork sandwiches	0.00	0.52	0.36	0.64	0.33

5 Digit						
Code	Food Item	Breakfast	A.M. Snack	Lunch	P.M. Snack	Total
27540	Poultry sandwiches	0.00	0.00	0.17	0.15	^**
27550	Fish/shellfish sandwiches	0.00	0.00	0.28	0.15 0.05	0.11
27560	Franks, lunch meat, potted meat sandwiches	0.00	0.09	0.91	0.03	0.15
28300	Soups, N.S.	0.00	0.00	0.02	0.00	0.50
28310	Beef soups	0.00	0.00	0.05	0.00	0.01
28340	Poultry soups	0.00	0.00	0.07	0.00	0.03 0.04
28345	Poultry cream soups	0.00	0.00	0.08	0.00	0.04
28500	Gravies from meat, poultry, fish base	0.21	0.00	0.46	0.00	0.04
Eggs						
31100 32100	Chicken eggs	1.09	0.46	0.02	0.00	0.30
32200	Egg dishes Egg sandwiches	0.00	0.00	0.12	0.00	0.07
		0.00	0.52	0.03	0.05	0.08
Beans an	d Nuts					
41100	Dried beans	0.00	0.00	0.26	0.00	0.14
41200	Dried beans mixtures	0.00	0.00	0.81	0.00	0.14
41600 42100	Soups with legumes as major ingredient	0.00	0.00	0.12	0.00	0.48
42100 42200	Nuts	0.00	0.00	0.02	0.32	0.05
42200 42300	Nut butters	1.79	2.62	0.00	1.88	0.91
42501	Nut butter sandwiches Trail mix	0.00	0.00	0.05	0.26	0.06
	- 	0.00	0.00	0.02	0.00	0.01
Grain Pro	ducts					
51000	Breads, rolls, NFS	4.61	3.21	3.34	0.77	3.34
51100	White breads, rolls	2.58	0.80	2,53	0.23	2.02
51200 51200	Whole wheat breads, rolls	0.00	0.34	0.27	0.36	0.23
51300 51400	Wheat, cracked wheat breads, rolls	1.46	0.00	0.71	0.00	0.69
51400 51500	Rye breads, rolls Oat breads	80.0	0.00	0.39	0.00	0.23
51600	Multigrain breads, rolls	0.08	0.00	0.02	0.00	0.03
51800	Other breads	0.00	0.00	0.03	0.00	0.01
52100	Biscuits	0.03	0.63	0.15	0.00	0.16
52200	Cornbread, corn muffins, tortillas	0.62	1.56	0.89	0.00	0.78
52300	Other muffins, popovers	0.29	0.00	1.23	0.05	0.76
52400	Other quick breads	2.26	1.52	0.06	1.36	0.86
53100	Cakes	0.03	0.19	0.00	0.00	0.03
53200	Cookies	0.06	0.31	1.39	2.74	1.12
53300	Pies	0.00	3.09	0.44	8.97	1.70
3400	Cobblers, eclairs, turnovers, other pastries	0.00	0.00	0.31	0.00	0.16
3500	Danish, breakfast pastries, doughnuts	0.00 1.74	0.00	0.54	0.06	0.29
3600	Coffee cake, not yeast	0.04	1.59	0.04	0.10	0.59
4100	Sweet crackers	0.23	0.00 4.43	0.06	0.00	0.04
4200	Low sodium crackers	0.00	4.43 0.51	0.06	7.32	1.47
4300	Nonsweet crackers	0.09	6.28	0.00	0.00	0.06
4400	Salty snacks fm grain products	0.00	1.86	0.49 0.02	7.72	1.93
5100	Pancakes	0.59	0.06	0.02	2.34 0.00	0.51
5200	Waffles	0.06	0.26	0.00	0.00	0.13
5300	French toast	0.37	0.00	0.00	0.00	0.04
6100	Pastas	0.00	0.00	0.35	0.00	0.08
6200	Cooked cereals, rice	4.14	0.74	1.09	0.00	0.18 1.55
7000 7100	Cereal, NS as cooked	1.64	0.00	0.00	0.00	0.35
7100 7600	Ready-to-eat cereals	6.94	0.89	0.00	0.00	1.59
7600	Cereal grains, not cooked	0.07	0.00	0.00	0.00	0.02
8100	Burrito, NFS/Chilquiles/Enchilada	0.00	0.00	0.23	0.00	0.12
8101 8105	Taco/Flauta/Tostada/Salad Taco NFS	0.00	0.17	0.04	0.00	0.04
8105	Fajita with chicken and vegetable also beef	0.00	0.00	0.08	0.00	0.04
8106	Pizza with cheese and crust topping	0.00	0.00	0.24	0.00	0.13
8110 8125	Egg Roll NFS	0.00	0.00	0.03	0.00	0.01
3125	Quiche NFS	0.00	0.00	0.02	0.00	0.01
8128	Bread stuffing w chicken and vegetable/dressing	0.00			0.00	O'O'T

5 Digit			A.M.	·	P.M.	
Code	Food Item	Breakfast	Snack	Lunch	Snack	Total
58130	Lasagna white noodle with meat etc.	0.00	0.00	0.11	0.00	0.06
58131	Ravioli NFS	0.00	0.00	0.01	0.00	0.01
58133	Manicotti NFS	0.00	0.00	0.05	0.00	0.03
58134	Stuffed shells NFS tortellini cannelloni	0.00	0.00	0.16	0.00	0.08
58145	Macaroni with cheese macaroni casserole NFS	0.00	0.00	0.29	0.23	0.18
58146	Pasta with tomato sauce/American Chop Suey	0.00	0.00	0.63	0.00	0.35
58147	Pasta with pesto/creamed/pasta flavored	0.00	0.00	0.03	0.00	0.01
58148	Macaroni salad	0.00	0.00	0.22	0.00	0.11
58150	Rice white frd nfs oriental	0.00	0.00	0.02	0.00	0.01
58155	Rice with chicken pr Arroz con pollo	0.00	0.00	0.01	0.00	0.01
58156	Rice white with stewed bean pr	0.00	0.00	0.11	0.00	0.06
58162	Stuffed pepper/tomato w /pilaf	0.00	0.00	0.16	0.00	0.08
58163 58400	Rice white with gravy/dirty rice	0.00	0.00	0.25	0.00	0.15
36400	Soups with grain product as major ingredient	0.00	0.00	0.04	0.00	0.02
Fruits						
61100	Citrus fruit NOS	0.00	0.00	0.16	0.00	0.09
61101	Grapefruit	0.14	0.00	0.00	0.00	0.03
61113	Lemon	0.00	0.00	0.01	0.00	0.01
61119	Orange	0.12	1.31	0.45	0.32	0.50
61201	Grapefruit juice	0.93	1.66	0.11	0.84	0.55
61204	Lemon juice	0.00	0.00	0.02	0.00	0.01
61210	Orange juice	6.21	4.65	0.95	2.39	2.65
61219	Orange and banana, orange and other fruit juice	0.00	0.00	0.01	0.08	0.02
62122	Prunes	0.06	0.00	0.00	0.00	0.01
62125	Raisins	0.06	0.00	0.00	0.20	0.04
63100	Fruit, noncitrus, excl. berries NOS	2.49	2.01	1.55	1.24	1.94
63101	Apple	0.56	1.17	1.04	1.75	1.06
63103 63107	Apricot	0.27	0.00	0.32	0.00	0.23
63107	Banana	0.63	1.09	0.47	1.43	. 0.68
63115	Cantaloupe	0.00	0.13	0.04	0.00	0.04
63123	Cherries, sweet	0.00	0.00	0.03	0.00	0.01
63131	Grapes Nectarine	0.00	0.22	0.17	0.97	0.23
63135	Peach	0.00	0.00	0.03	0.00	0.02
63137		0.98	0.00	1.25	1.09	1.00
63141	Pear Pineapple	0.22	0.98	0.81	0.15	0.60
63143	Plum	0.04	0.00	0.74	0.15	0.42
63149	Watermelon	0.00	0.00	0.14	0.12	0.09
63207		0.00	0.00	0.31	0.40	0.21
63223	Cranberries/cranberry sauce Strawberries	0.00	0.00	0.11	0.00	0.10
63300	Mixtures of two or more fruits	0.00	0.00	0.04	0.11	0.03
63400	Mixtures of fruits and nonfruits	0.69 0.00	0.59	1.14	1.63	1.02
64100	Fruit juice, not citrus, NOS	4.85	0.00	0.25	0.00	0.13
64104	Apple juice	2.67	10.05	0.45	6.40	3.20
64116	Grape juice	0.34	2.10	0.83	4.90	1.84
64124	Pineapple juice	0.69	0.08 0.73	0.23	1.65	0.40
64132	Prune juice	0.59	0.73	0.17 0.00	0.87	0.43
64200	Nectars, NFS	0.03	0.00	0.00	0.00 0.00	0.13 0.01
Vegetables	s					
71000	White potatoes, NFS	0.00	0.00	0.29	0.00	0.15
71100	White potatoes, baked and boiled	0.00	0.00	0.57	0.00	0.13
71200	White potatoes, chips and sticks	0.00	0.00	0.22	0.00	0.11
71300	White potatoes, crind, scall, augratin	0.00	0.00	0.38	0.00	0.11
71400	White potatoes, fried	0.07	0.00	0.65	0.00	0.24
71500	White potatoes, mashed, stuffed, puffs	0.00	0.00	1.73	0.00	0.96
71600	Potato salad	0.00	0.00	0.67	0.00	0.35
72100	Dark green leaf vegetables, NOS	0.00	0.00	0.05	0.00	0.03
72107	Collards	0.00	0.00	0.19	0.00	0.10
72119	Kale	0.00	0.00	0.07	0.00	0.10
72122	Mustard greens	0.00	0.00	0.05	0.00	0.04
	•			3.43	0.00	V.02

5 Digit Code	Food Item	Breakfast	A.M. Snack	Lunch	P.M.	/r e : /
72125	Spinoch		- Dilder	Lunca	Snack	Total
72128	Spinach Turnip greens	0.00	0.00	0.40	0.00	0.23
72201	Broccoli	0.00	0.00	0.23	0.00	0.12
72300	Dark-green vegetable soups	0.00	0.00	0.75	0.00	0.41
73101	Carrots	0.00	0.00	0.11	0.00	0.06
73111	Peas and carrots	0.00	0.00	1.30	0.00	0.69
73301	Squash, winter/acorn/butternut/hubbard	0.00	0.00	0.15	0.00	0.09
73401	Sweet potatoes	0.00	0.00	0.28	0.00	0.15
74100	Tomato, raw	0.00	0.00	0.50	0.00	0.26
74200	Tomato, cooked	0.00 0.00	0.00	0.72	0.00	0.38
74300	Tomato, juices	0.12	0.00	0.06	0.00	0.03
74400	Tomato, sauces	0.12	0.47	0.00	0.39	0.13
74500	Tomato, mixtures	0.00	0.00	0.09	0.00	0.05
74600	Tomato, soups	0.00	0.00	0.11	0.00	0.06
75100	Other vegetables, raw, NOS	0.00	0.00	0.19	0.00	0.10
75103	Cabbage, green	0.00	0.00	0.26	0.00	0.14
75109	Celery, raw	0.03	0.00	0.12	0.00	0.07
75111	Cucumber, raw	0.00	0.00	0.07	0.11	0.06
75113	Lettuce	0.00	0.00 0.00	0.02	0.00	0.01
75114	Mixed salad greens	0.00	0.00	0.38	0.00	0.20
75125	Radish	0.00	0.00	0.39	0.00	0.22
75141	Cabbage salad, coleslaw	0.00	0.00	0.03	0.00	0.01
75143	Lettuce salad with assorted vegetables	0.00	0.00	1.49	0.00	0.79
75200	Other vegetables, cooked, NS	0.00	0.00	2.71 0.13	0.00	1.44
75202	Asparagus	0.00	0.00	0.13	0.00	0.07
75204	Beans, lima	0.00	0.00	0.02	0.00	0.01
75205	Beans, string, green/pole/snap	0.00	0.00	1.72	0.00	0.28
75206	Beans, string, yellow with wax	0.00	0.00	0.17	0.00	0.96
75208	Beets	0.00	0.00	0.17	0.00	0.09
75209	Brussel sprouts	0.00	0.00	0.16	0.00	0.24
75211	Cabbage, green, cooked	0.00	0.00	0.14	0.00	0.08
75214	Cauliflower	0.00	0.00	0.12	0.00 0.00	0.07
75216	Com	0.00	0.00	1.03	0.00	0.06
75217	Eggplant	0.00	0.00	0.03	0.00	0.60
75220	Okra	0.00	0.00	0.16	0.00	0.01
75221	Onions	0.00	0.00	0.16	0.00	0.09 0.08
75223	Peas, cowpeas, crowder peas, blackeye peas	0.00	0.00	0.24	0.00	0.08
75224	Peas, green	0.00	0.00	0.79	0.00	0.13
75226	Peppers, green, red	0.00	0.00	0.05	0.00	0.43
75228	Rutabaga	0.00	0.00	0.04	0.00	0.03
75230	Sauerkraut	0.00	0.00	0.10	0.00	0.02
75233	Squash, summer yellow, zucchini, NS other	0.00	0.00	0.29	0.00	0.05
75234	Turnip	0.00	0.00	0.06	0.00	0.13
75300 75301	Vegetable mixture, cooked NOS	0.00	0.00	0.14	0.00	0.03
75301 75302	Succotash (lima beans and corn) Green beans with other vegetable and	0.00	0.00	0.09	0.00	0.04
75311	nonvegetable	0.00	0.00	0.22	0.00	0.12
75315	Mixed vegetable including corn, lima beans	0.00	0.00	0.53	0.00	0.32
5316	Peas mixed with other vegetable and nonvegetable Ratatouille	0.00	0.00	0.13	0.00	0.07
5340		0.00	0.00	0.02	0.00	0.01
5400	Vegetable combinations, oriental style	0.00	0.00	0.06	0.00	0.03
5500	Other cooked vegetables,	0.00	0.00	0.42	0.00	0.22
5600	Olives, pickles, relishes (excl. tomatoes) Vegetables Soups	0.00	0.00	0.23	0.00	0.12
aís	vegetables soups	0.00	0.00	0.74	0.00	0.39
1100	Table fats	4.39	3.52	3.74	0.00	2 22
1300	Other fats	0.00	0.00	0.16	0.00	3.32
3100	Regular salad dressings	0.00	0.00	0.54	0.00	0.09 0.29
3200	Low-calorie salad dressings	0.00	0.00	0.03	0.00	0.29

TABLE H.1 (continued)

5 Digit Code	Food Item	Breakfast	A.M. Snack	Lunch	P.M. Snack	Total
Sweets an	nd Beverages					
91100	Sugars	0.68	0.31	0.00		
91200	Sugar replacements/substitutes	1.07	2.53	0.00	0.00	0.18
91300	Syrups, honey, molasses, sweet toppings	0.40	0.11		0.28	0.63
91400	Jellies, jams, preserves	2.76	3.41	0.00	0.00	0.10
91500	Gelatin desserts/salads	0.00		0.00	0.00	0,98
91600	Ices or popsicles	0.00	0.00	1.23	0.48	0.74
92100	Coffee		0.00	0.00	0.12	0.03
92300	Tea	10.95	10.88	4.05	4.12	6.23
92400	Soft drinks	5.40	2.13	5.19	4.76	5.00
92500	Fruit ades and drinks, NS	0.00	0.09	0.00	0.58	0.08
92520	Fruit ades and drinks, low cal NS	0.00	0.00	0.71	2.25	0.65
2530	First adec and delate with the	0.00	0.00	0.56	0.00	0.29
2700	Fruit ades and drinks, with Vitamin C frozen	1.16	0.85	0.72	1.42	0.90
72700	Beverage, noncarbon no Vitamin C powder	0.00	0.00	0.28	0.00	0.15

SOURCE: Adult Day Care Study, Client Characteristics Survey, weighted tabulations.

	·	
	·	
·		
	•	
٠,		

APPENDIX I STATE CENSUS TABLES

					. •
•		·			
				,	
·					
		÷		·	
	-				
		•			

NUMBER OF PARTICIPATING AND NONPARTICIPATING ADULT DAY CARE CENTERS, BY STATE TABLE I.1

Region/State	Number of CACFP Centers ^a	Number of Non-CACFP Centers ^b	Total Number of Adult Day Care Centers	Percentage of Centers in CACFP°	Total Population (million) ^d	Percentage of Population 60 or Older ⁴	Number of Adult Day Care Centers Per 100,000 Persons 60 or Older
Northeast							
Maine	7	II	13	15.4%	1.2	17.7%	0.9
Rhode Island	S	13	18	27.8	1.0	19.7	9.1
New Hampshire	10	8	18	55.6	17	15.2	10.7
Vermont	4	15	19	21.1	0.6	15.8	21.4
Connecticut	4	20	54	7.4	333	18.1	9.1
Massachusetts	57	88	141	40.4	0.9	18.0	13.0
New Jersey	69	83	162	42.6	7.7	18.1	11.6
Pennsylvania	13	210	223	5.8	11.9	20.5	9.5
New York	40	309	349	11.5	18.0	17.7	10.9
Northeast Total	204	793	266	20.5	50.8	18.4	10.6
Midwest				·			
North Dakota	1	9		14.3	0.6	28.5	o v
South Dakota	0	11	11	0.0	0.7	19.1) (c)
Kansas	en	15	18	16.7	2.5	18.1	4.0
Iowa	Ħ	30	31	3.2	2.8	19.9	5.6
Missouri	8	18	38	52.6	5.1	18.5	4.0
Nebraska	12	31	43	27.9	1.6	18.4	14.8
Michigan	0	57	57	0.0	9.3	16.2	3.8
Indiana	0	89	89	0.0	5.5	16.9	7.2
Illinois	4	35	79	55.7	11.4	16.8	4.1
Minnesota	23	75	97	22.7	4.4	16.4	13.5
Curo	5 .	109	118	7.6	10.8	17.6	6.2
Wisconsin	J. 16	119	135	11.9	4.9	17.6	15.7
Midwest Fotal	128	574	. 702	18.2	59.7	17.3	8.9
South							
West Virginia	v	1	9	83.3	1.8	20.1	1.7
District of Columbia	0	œ	8	0.0	0.6	17.0	7.7
Delaware	1	12	13	7.7	0.7	16.6	11.8
Louisiana	13	4	. 17	76.5	4.2	15.2	2.7
Oklahoma	m	15	18	16.7	3.1	17.8	3.2
Mississippi	10	23	왔.	29.4	26	16.6	7.9
Tennessee	13	න	42	35.7	4.9	17.1	5.0
Virginia	4 ;	49.	. S3	7.5	6.2	14.7	5.8
Arkansas	707	37	57	35.1	2.4	19.5	12.5

TABLE I.1 (continued)

RegionState	Number of CACFP Centers ^a	Number of Non-CACFP Centers ^b	Total Number of Aduit Day Care Centers	Percentage of Centers in CACFP ^e	Total Population (million) ^d	Percentage of Population 60 or Older ^d	Number of Adult Day Care Centers Per 100,000 Persons 60 or Older
South (continued)	•						
South Carolina	. 18	20	89	26.5%	3.5	15.5%	12.6
Alabama	59	17	2/2	77.6	4.0	17.4	10.8
North Carolina	78	11	. 89	87.6	9.9	16.5	8.1
Florida	22	29	114	45.6	12.9	23.6	3.7
Kentucky	37	8	127	. 29.1	3.7	17.0	20.3
Texas	09	70	130	46.2	17.0	13.8	5.5
Maryland	71	83	154	46.1	4.8	14.9	21.6
Georgia	62	158	220	28.2	6.5	13.8	24.6
South Total	208	718	1,226	41.4	85.4	16.8	8.5
West							
Idaho	0	0	0	0.0	1.0	15.9	0.0
Wyoming	0	0	. 0	0.0	0.5	14.3	0.0
Montana	0		1	0.0	0.8	17.6	0.7
Nevada	m	7	ς.	60.0	1.2	15.1	2.8
Utah		∞	6	11.1	1.7	11.8	4.4
Alaska	0	12	12	0.0	9.0	6.4	34.0
Hawaii	0	12	12	0.0	1:1	15.7	6.9
New Mexico	7	∞	15	46.7	1.5	14.7	6.7
Oregon	4	13	17	23.5	2.8	18.0	3.3
Arizona	6	11	8	45.0	3.7	17.2	3.2
Colorado	11	27	32	34.4	3.3	13.7	7.1
Washington	7	32	34	5.9	4.9	15.7	4.4
California	40	524	564	7.1	29.8	14.2	13.3
West Total	77	644	721	10.7	52.8	14.7	9.3
National Total	716	2729	3646	25.2	248.7	16.8	8.7

NOTE: Unlike Table VII.1 that appears in the text, here the entries for the number of CACFP and non-CACFP centers by state have not been adjusted downward to reflect the fact that some centers on the sample frames are no longer providing adult day care or, are sponsors and not adult day care centers since we do not have state-level data to make the adjustment.

^aParticipating centers as of May, 1991; data collected by MPR from state agencies that administer the CACFP.

^b1991 National Adult Day Care Census Update (RTZ Associates).

Percentage of all adult day care centers participating in CACFP including ineligible centers.

^dU.S. Bureau of the Census, 1990 Census of Population and Housing. "Summary Population and Housing Characteristics: United States," March 1992.

TABLE I.2

PARTICIPATION DATA FOR ADULT COMPONENT OF THE CACFP, BY STATE
(Fiscal Year 1992)

State	Number of Sponsors	Number of Sites	Average Daily Attendance	Number of Meals and Snacks Served
Alabama	36	59	1,765	783,528
Alaska	1	1	12	399
Arizona	. 6	6	169	157,296
Arkansas	7	24	565	423,539
California	39	49	1,543	698,625
Colorado	9	9	106	75,858
Connecticut	13	15	366	196,055
Delaware	1	1	152	103,690
Washington, DC	0	0	0	0
Florida	40	58	1,646	758,392
Georgia	41	74	2,779	722,486
Hawaii	0	0	0	0
Idaho	0	0	0	. 0
Illinois	37	37	438	484,268
ndiana	0	0	0	0
owa	1	1	23	9,856
Cansas	3	5	88	38,893
Centucky	25	54	735	291,589
ouisiana	10	12	307	214,814
Maine	2	2	26	12,249
Maryland	61	95	3,799	1,741,114
Massachusetts	52	64	1,473	973,394
Aichigan .		0	0	975,594 0
dinnesota '	20	22	359	
fississippi	1	9	210	192,301
fissouri	11	11	257 .	115,668 209,830
fontana .	0	0	0	
ebraska	14	17	528	0
evada	3	3	700	235,335
ew Hampshire	. 9	11	185	62,054
ew Jersey	72	81	2,693	87,140
ew Mexico	4	5 .		1,310,443
ew York	29	40	107 1,366	45,149 386,002

TABLE I.2 (continued)

State	Number of Sponsors	Number of Sites	Average Daily Attendance	Number of Meals and Snacks Served
North Carolina	43	57	824	479,679
North Dakota	1	1	2	1,815
Ohio	14	15	330	180,689
Oklahoma	4	4	81 ·	37,271
Oregon	3	3	41	
Pennsylvania	12	18	347	9,874
Rhode Island	5	5	211	109,855
South Carolina	20	27	1,285	79,028
South Dakota	0	0	0	334,826
Tennessee	19	34	402	0
Texas	48	83		203,614
Utah	. 1	1	3,569	2,125,850
Vermont	4	4	15	9,630
Virginia	0	0	58	30,263
Washington	2	-	0	0
West Virginia	7	. 3	39	34,619
Wisconsin		11	303	13,894
Wyoming	10	13	263	138,677
	0	0	. 0	0
otals	740	1,044	30,197	14,119,551

APPENDIX J REGRESSION RESULTS ON NONPARTICIPATION

							·
·							
·							·
			·	·	÷		
	,		٠				
		·					
			·				
	,		•				
•		•		•	•	•	•

TABLE J.1
REGRESSION RESULTS ON NONPARTICIPATION

Regressors	Parameter Estimates	Adjusted T-Statistic
Region		
Northeast	0.120	1.60
South	(omitted)	1.00
Midwest	0.335	3.68 **
West	0.114	1.34
Number of Years Center Operating	0.008	1.60
Center Auspices		
Private, not-for-profit	(omitted)	
Public, not-for-profit	-0.022	-0.28
Private, for-profit, serving at least 25% Title		
XIX or XX clients	-0.258	-1.88 *
Other	-0.178	-1.01
Average Daily Attendance	0.004	2.14 **
Licensing/Certification		
Licensed and certified	(omitted)	•
Licensed, not certified	0.080	0.91
Certified, not licensed	0.056	0.81
Neither licensed nor certified	0.064	0.49
Parent Organization		
Medical clinic or hospital	-0.079	-0.69
Nursing home	0.231	1.95 *
Health department or organization	0.430	1.81 *
Mental health organization	0.047	0.40
Mental retardation or developmental disabilities		
organization	-0.066	-0.42
Social services agency	0.027	0.33
Agency on aging	0.123	0.74
Community or senior center	-0.067	-0.55
Education institution	-0.112	-0.58
Church or synagogue	0.058	0.35
Other	0.014	0.16
None/freestanding	(omitted)	
Model		
Medical	(omitted)	
Health	-0.043	-0.60
Social	0.014	0.17

TABLE J.1 (continued)

Regressors	Parameter Estimates	Adjusted T-Statistic	
Average Annual Operating Budget	0.000	0.45	
Average Annual Budget for Meals or Food Service	-0.011	-4.69 **	
Sources of Center Income		,	
Federal sources			
Medicare	-0.098	-0.95	
Medicaid	-0.031	-0.48	
Older Americans Act	0.110	1.58	
Title XX Social Service Block Grant	0.004	0.06	
Mental retardation	0.022	0.20	
Other	-0.051	-0.72	
Other government sources			
State-level	-0.067	-1.26	
County/city	0.189	3.34 **	
Other ·	0.039	0.28	
Nongovernment sources		,	
Fees paid by client	-0.006	-0.09	
Other	-0.102	-1.65 *	
Meals Served			
Meals and snacks	(omitted)		
Meals only	-0.156	-1.65 *	
Snacks only	0.294	2.06 **	
Number of Eating Occasions Per Day	-0.024	-0.53	
Number of Meals Provided Per Week	0.000	-1.12	
Centers With Clients:			
Less than age 60 only	0.086	0.80	
Age 60 and older only	0.129	1.84 *	
Age 18 and older	(omitted)	2.2 .	
Percentage of Clients by Gender			
Female	0.000	-0.20	
Percentage of Enrollment by Race/Ethnicity			
Black	-0.001	-0.49	
Hispanic	0.001	0.30	

TABLE J.1 (continued)

Regressors	Parameter Estimates	Adjusted T-Statistic	
Percentage of Center's Clients That Receive:			
SSI	-0.001	-0.76	
SSD	0.000	0.35	
Medicaid	0.000	-0.22	
Food Stamps	0.000	0.47	
Percentage of Center's Clients That:			
Have special diets or dietary restrictions	0.000	0.33	
Need assistance eating	0.002	1.03	
Need assistance with personnel care	0.004	2.96 **	
Need assistance with mobility	-0.002	-1.53	
Unweighted Sample Size		434	
Unadjusted R ²		0.33	

SOURCE: Adult Day Care Study, Center Survey, weighted regression.

NOTE: Dummy variables indicating missing values for variables were also included in the regression but are not included in this table.

^aAs an approximation, calculated t-statistics were adjusted downward by a factor of 1.22 which is the square root of the average full-sample design effect reported in Appendix C.

^{*}Significantly different from zero at the .10 level, two-tailed test.

^{**}Significantly different from zero at the .05 level, two-tailed test.

•

APPENDIX K CHARACTERISTICS OF ADULT DAY CARE CENTERS

					. •
				·	
				•	
					·
,					
		•			
	,	· .			
		*	•		
·			·		

Until recently, knowledge about adult day care was limited because studies of it were either restricted to specific states or cities, focused on a specific subgroup of providers or set of services, or lacked information on enrolled participants. Data from three national surveys conducted in the mid-1980s provided the most detailed and comprehensive descriptive profile of adult day care at that time:

- In 1985, a mail survey of adult day care centers conducted by the National Institute on Adult Daycare (NIAD) obtained information from 847 centers on center objectives, program auspices, licensing and certification, operating characteristics, program services, staffing, program costs, funding sources, and participant characteristics (Von Behren 1986).
- In 1986, Conrad et al. (1990) conducted a mail survey using a 24-page Adult Day Care Assessment Procedure (ADCAP), which yielded usable responses from 974 adult day care centers. The ADCAP covered many of the same topics addressed in NIAD's center survey. It also collected detailed information on topics such as space and facilities, quality of the environment, transportation, organizational linkages, policies and procedures, staff qualifications and experience, and program processes and philosophy.
- In 1986, Weissert et al. (1990) interviewed center directors, clients, and at-home caregivers for a sample of 60 adult day care centers and obtained information on center services, staffing, costs, other program features, and client and caregiver characteristics.

The principal reasons for conducting the center survey in our study were to provide a descriptive profile of centers participating in the adult component of the Child and Adult Care Food Program (CACFP) and to compare characteristics of participating and nonparticipating centers (see discussion of findings in Volume I, Chapter II). However, the samples of participating and nonparticipating centers can be combined to provide detailed information on characteristics of all adult day care centers.

Using these data to characterize adult day care programs nationwide has three advantages. First, the data are the most recent national data available on adult day care centers each of the other national surveys was conducted more than six years ago. Second, the survey included several questions about meal services and patterns, meal service staffing, and nutritional education and counseling services, aspects of adult day care programs largely neglected by the three prior studies.

Third, this sample frame is more comprehensive than that of the previous studies because it includes psychiatric, mental health, developmental disability, and other nongeriatric day care centers.¹

This appendix presents a profile of all adult day care centers based largely on data collected in the study's survey of adult day care centers. The profile also draws on data collected as part of the state agency census and other published sources.

A. OVERVIEW OF NATIONAL AND REGIONAL FINDINGS

Adult day care centers provide services designed to meet the restorative and maintenance needs of functionally impaired adults and provide respite to their families. Typically, adult day care centers are licensed or certified, nonprofit entities operating under the auspices of another organization and receiving funds from federal, state, or local governments and client fees. Centers generally operate year-round, five days a week, nearly eight hours per day, providing care to about 30 clients daily. Services most commonly include meals, exercise, recreation, art/music therapy, training in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), and transportation between a client's home and the adult day care center. A high percentage of centers also provide health care by nurses. Most centers serve meals to clients, frequently morning snack, lunch, and afternoon snack, or breakfast, lunch, and afternoon snack. Often they provide lunch only, however. Participants tend to be elderly, white, and female. Substantial proportions of those attending adult day care need assistance in ADLs or IADLs or have low incomes.

¹The samples of adult day care centers for the three previous national studies came from directories of centers compiled by NIAD on the basis of state adult day care association center lists, as well as lists from state licensing and certification agencies and state aging agencies. These sources do not provide information on all centers operating in a state and tend to exclude psychiatric, mental health, and developmental disability adult day care centers and other nongeriatric programs (Harder et al. 1986). The sample frame underlying our center survey (the 1991 National Adult Day Care Census Update, RTZ Associates) obtained lists of adult day care centers from traditional sources, such as state adult day care associations, state licensing and certification agencies, and state aging agencies; it also obtained center lists from state mental health, mental retardation, and developmental disability agencies.

Adult day care centers are most prevalent in the South and Northeast; 35 percent are located in the South, and 27 percent in the Northeast. The West and the Midwest each have 19 percent. Regional variation exists in the structure, operating characteristics, and client populations of adult day care centers. Compared with centers in other regions of the country, adult day care centers in the Midwest tend to have smaller enrollments and operating budgets, are less likely to be licensed or certified, are more dependent on client fees, have the longest operating hours, and are less likely to have waiting lists. Centers in the South are more likely to be public, nonprofit entities, receive Medicaid funding, and provide services to black or Hispanic participants, compared with centers in other regions. Centers in the South have the highest percentage with waiting lists, compared to other centers nationally. Relative to centers in other regions, centers in the West are more likely to be private, nonprofit, social-service-oriented centers that have been in operation longer. Centers in the Northeast have larger enrollments, attendance, and operating budgets than centers in other regions.

The following sections describe characteristics of adult day care centers in greater detail, presenting both national and regional findings. First we describe settings, auspices, funding, and regulatory characteristics. The next section examines operational characteristics, such as hours, enrollment, and attendance. We then consider program services, including meals. The final section considers client characteristics. Table K.1 summarizes the findings presented in these sections.

B. ORGANIZATIONAL CHARACTERISTICS

1. Profit Status and Auspices

Nationally, virtually all adult day care centers are nonprofit entities. The majority (72 percent) are private, nonprofit organizations; 18 percent are public (see Table K.1). Just eight percent are private, for-profit centers. Ownership status varies regionally, with the West having a higher percentage of private, nonprofit centers (82 percent) than either the South or Midwest (66 percent), but the lowest percentage of public, nonprofit centers (10 percent). The South has the highest percentage of centers under public auspices (26 percent).

TABLE K.1

CHARACTERISTICS OF ADULT DAY CARE CENTERS (Means and Percentages)

Center Characteristic	United States	Northeast	Midwest	South	West
Organizational Characteristics					
Center Auspices	•			•	
Private, nonprofit	72	76	66	66 ^d	82 ¢
Public, nonprofit	18	17	15	26 ^d	10 °
Private, for-profit, serving at least 25% Title	10	1,	1.5	20	10 -
XIX or XX clients	4	4	5	5	1
Private, for-profit, serving less than 25% Title	•	•	3	,	1
XIX or XX clients	4	. 3	7	2	6
Other	2	i	7	2	1
Parent Organization					
Medical clinic or hospital	7	7	14 °	2 b	10
Nursing home	11	16 ^{c,d}	23 50	4 a,b	4 a,
Health department or organization	1	0°	0°	4 a,b,d	0 °
Mental health organization	8	Š °	8	13 ^{a,d}	3 °
Mental retardation or developmental disabilities		-	•	13	
organization	6	9 5	0 a,c	6 b	4
Social services agency	21	24	15	21	23
Agency on aging	2	ء 0	ء 0	4 a,b	4
Community or senior center	6 .	7	8	6	7
Education institution	2	2	4	1	3
Church or synagogue	2	0	7	2	3
Other	12	14	10	12	13
None/freestanding	20	16	13 °	25 b	25
Model					
Medical	28	34 ^d	41 ^d	25	16 ^{a,i}
Health	35	39	41	32	30
Social	37	27 ^{c,d}	19 ^{c,d}	43 a,b	54 a,
Average Annual Operating Budget (Dollars)	278,513	314,923 ^b	157,805 a,c,d	276,956 ^b	312,712 b
Average Annual Budget for Meals or Food Service					
(Dollars)	13,322	14,575 ^b	7,670 a,c	16,593 b,d	11,240 °
•	15,552	14,515	7,070	10,373	11,240
Receive In-Kind Contributions	47	39 d	46	46	59 ª
Receive In-Kind Contributions of Food	16	11 ^d	15	14 ^d	29 ^{a,}
Average Number of Years Center Operating	9.5	8.8	7.4 ^{e,d}	10.2 ^b	10.8 ^b
Licensing and Certification					
Licensing/Certification					
Licensed and certified	46	38 °	33 °	63 ^{a,b,d}	40 °
Licensed, not certified	20	22 ^{q,d}	11 d	9 a,d	41 ^a
Certified, not licensed	19	25 d	23	19	10 a
Neither licensed nor certified	15	15 b	33 a,c,d	9 b	10 b
Licensing Agency					
State agency on aging	20	30 ^{c,d}	25	17 ª	12 a
State social services/welfare department	36	27 ^d	36	28 ^d	57 a
State health department	26	23	17	30	27

TABLE K.1 (continued)

State/local health and mental health 6 <1 ° 0 ° 13 ° b, d 1 ° 10 ° 13 ° b, d 30 30 40 36 31 State/local rehabilitation 6 2 d 1 d 5 16 ° b, d 5 b, d 0 ° a, c 3 ° a, c 5 b, d 0 ° a, c 4 ° a, c 5 b, d 0 ° a, c 3 ° a, c 5 b, d 0 ° a, c 3 ° a, c	Center Characteristic	United States	Northeast	Midwest	South	West
State mental retardation/developmental disabilities 22 27 b 4 ked 22 b 24 b 24 b 4 ked 4 cepatrum-lagency 1	State mental health department/agency	13	7 C	14	24.80	2.5
Other state agency 7 3 ° 0 ° d 10 ° b 10 ° b 10 ° b 2 ° 2 ° County/focal agency on aging 6 4 7 9 ° 2 ° 2 ° 4 1 3 1 3 1 3 1 3 1 3 1 3 1 11 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 0 6 6 ° 1 2 0 0 6 6 ° 1 2 2 0 0 0 6 4 ° 1 1 3 1 1 1 2 2 0 0 0 1 3 1 1 1 2 2 2 0 0 2 1 1 7 2 2 2 1 1 <	State mental retardation/developmental disabilities		27 b			
County/local agency on aging	Other state agency	7	2 0	o ed	40 8.b	an h
County/local mental retardation/developmental disabilities agency	County/local agency on aging					
County/local social services/welfare agency 5	County/local mental retardation/developmental					
County/local mental health agency 3 0 1 1 1 3 1 1 3 1 1 1 3 1 1 1 3 1 1 1 1	County/local social services/welfare agency	5	2	,	_	_
Other county/local agency	County/local mental health agency			=		
Certifying Agency	Other county/local agency	-				
State/local education 2						
State/local health						
State/local health		2	1	7	2	2.
State/local Medicaid 6	•					
State/local mental health 10	State/local Medicaid	6	4		11 d	
State/local health and mental health 6		10	8 ^d		14 d	0 a,b,c
State/local social services 34 30 40 36 31 6 16 16 16 16 16		6	<1°		13 a,b,d	
State/local mental retardation 6		34	30	40		_
State/local mental retardation 6		6		1 ^d	5	
State-local aging 25		6	13 ^{b,d}	0 a,c	5 b,d	
Federal agencies		25	31 °	40 ^c	14 a,b	
Other state agencies 9 14 9 6 8 Other local agencies 7 8 2 8 7 Other 3 5 b 0 a.c 4 1 Federal Government Medicare 6 6 9 7 2 Medicaid 42 48 b.d 29 a.c 56 b.d 24 ac Title III Older Americans Act Grant 18 16 24 17 20 Title XX Social Service Block Grant 17 10 c 18 28 a.d 8 4 Mental Health Grant 6 5 4 8 4 4 Mental Retardation or Developmental Disabilities 6 7 4 6 6 7 4 6 6 7 Community Development Block Grant 5 3 4 6 7 7 4 6 6 7 7 4 6 6 7 2 ab.d 14 a.b		4	5	8		
Other local agencies 7 8 2 8 7 Other Other 3 5 b 0 a.c 4 1 1 Funding Sources Federal Government Medicare 6 6 6 9 7 2 2 Medicaid 42 48 b.d 29 a.c 56 b.d 24 ac 11 11 11 11 11 11 11 11 11 11 11 11 11		9	14			
Other 3 5 b 0 ac 4 1 Funding Sources Federal Government Medicare 6 6 9 7 2 Medicare 6 6 9 7 2 Medicare 10 6 24 17 20 Title III Older Americans Act Grant 18 16 24 17 20 Title XX Social Service Block Grant 17 10 ° 18 28 ad 8 ° Mental Health Grant 6 5 4 8 4 Mental Retardation or Developmental Disabilities Grant 6 7 4 6 6 Community Development Block Grant 5 3 4 6 7 CACFP reimbursement 31 26 b.cd 23 a.cd 49 a.b.d 14 a.b. Other Government State-level 50 40 c.d 37 c.d 58 a.b 59 a.b Local (county/city) 38 41 d 36<	Other local agencies	7	8	2		
Federal Government Medicare	Other	3	5 b	0 a,c		
Medicare 6 6 9 7 2 Medicaid 42 48 b.d 29 a.c 56 b.d 24 a.c Title III Older Americans Act Grant 18 16 24 17 20 Title XX Social Service Block Grant 17 10 c 18 28 a.d 8 c Mental Health Grant 6 5 4 8 4 Mental Retardation or Developmental Disabilities 6 7 4 6 6 Grant 6 7 4 6 6 7 CACFP reimbursement 31 26 b.c,d 23 a.c,d 49 a.b,d 14 a.b, Other federal funding 8 8 c 16 c 2 a.b,d 10 c Other Government State-level 50 40 c.d 37 c.d 58 a.b 59 a.b Local (county/city) 38 41 d.d 36 45 d.d 23 a.c Other public funding 3 4 c 4 1 a.s 5 Nongovernmenta	Funding Sources					
Medicaid	Federal Government Medicare	4		•	_	
Title III Older Americans Act Grant 18 16 24 17 20 Title XX Social Service Block Grant 17 10 c 18 28 a,d 8 c Mental Health Grant 6 5 4 8 4 Mental Retardation or Developmental Disabilities Grant 6 7 4 6 6 Community Development Block Grant 31 26 b,cd 23 a,cd 49 a,b,d 14 a,b, Other federal funding 8 8 c 16 c 2 a,b,d 10 c Other Government State-level Local (county/city) 38 41 d 36 45 d 23 a,c Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client Fees paid by private insurance United Way Other nongovernmental sources 3 2 2 3 4 4 Contributions/Subsidies from Sponsoring Agency or						2
Title XX Social Service Block Grant Mental Health Grant Mental Retardation or Developmental Disabilities Grant Community Development Block Grant Other federal funding Other Government State-level Local (county/city) Other public funding Tees paid by client Fees paid by private insurance United Way Other nongovernmental sources Title XX Social Service Block Grant 17 10 c 18 28 44 4 8 4 6 6 7 4 6 6 7 4 6 6 7 4 6 6 6 7 4 6 6 7 4 6 6 7 4 6 6 7 4 6 6 7 4 6 6 7 CACFP reimbursement State-level State-level						
Mental Health Grant 6 5 4 8 4 Mental Retardation or Developmental Disabilities 6 7 4 6 6 Grant 6 7 4 6 6 Community Development Block Grant 5 3 4 6 7 CACFP reimbursement 31 26 b.c.d 23 a.c.d 49 a.b.d 14 a.b. Other federal funding 8 8 c 16 c 2 a.b.d 10 c Other Government State-level 50 40 cd 37 cd 58 a.b 59 a.b Local (county/city) 38 41 d 36 45 d 23 a.c Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client 64 61 b 81 a.c.d 63 b 55 b Fees paid by private insurance 12 11 d 15 d 15 d 4 a.b. United Way 25 24 24 29 23 Oth	Title XX Social Service Block Grant					
Mental Retardation or Developmental Disabilities 6 7 4 6 6 Grant 6 7 4 6 6 Community Development Block Grant 5 3 4 6 7 CACFP reimbursement 31 26 b,cd 23 a,cd 49 a,b,d 14 a,b, Other Government 8 8 c 16 c 2 a,b,d 10 c Other Government 50 40 c,d 37 c,d 58 a,b 59 a,b Local (county/city) 38 41 d 36 45 d 23 a,c Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client 64 61 b 81 a,c,d 63 b 55 b Fees paid by private insurance 12 11 d 15 d 15 d 4 a,b, United Way 25 24 24 29 23 Other nongovernmental sources 3 2 3 4 4						
Grant Community Development Block Grant CACFP reimbursement 31 26 b,cd 23 a,cd 49 a,b,d 14 a,b,d Other federal funding 8 8 8 c 16 c 2 a,b,d 10 c Other Government State-level Local (county/city) 38 41 d 36 45 d 23 a,c Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client Fees paid by private insurance United Way Other nongovernmental sources 3 2 2 3 4 4 Contributions/Subsidies from Sponsoring Agency or		U	J	4	8	4
Community Development Block Grant 5 3 4 6 7 7 CACFP reimbursement 31 26 b,c,d 23 a,c,d 49 a,b,d 14 a,b,d Other federal funding 8 8 6 16 c 2 a,b,d 10 c Other Government State-level 50 40 c,d 37 c,d 58 a,b 59 a,b Local (county/city) 38 41 d 36 45 d 23 a,c Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client 64 61 b 81 a,c,d 63 b 55 b Fees paid by private insurance 12 11 d 15 d 15 d 4 a,b, United Way 25 24 24 29 23 Other nongovernmental sources 3 2 3 4 C		6	7	4	_	
CACFP reimbursement Other federal funding 8 8 8 16 23 24,5d 49 24,5d 14 24,5d 10 Cother Government State-level St	Community Development Block Grant					
Other federal funding 8 8 c 16 c 2 a,b,d 10 c Other Government State-level 50 40 cd 37 cd 58 a,b 59 a,b Local (county/city) 38 41 d 36 45 d 23 a,c Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client 64 61 b 81 a,cd 63 b 55 b Fees paid by private insurance 12 11 d 15 d 15 d 4 a,b, United Way 25 24 24 29 23 Other nongovernmental sources 3 2 3 4 4	CACFP reimbursement		ac ped		40 a.b.d	7 1 / a.b.c
State-level 50 40 cd 37 cd 58 ab 59 ab Local (county/city) 38 41 d 36 45 d 23 ac 4 ab 5 d 23 ac 5 ab 59 ab Local (county/city) 38 41 d 36 45 d 23 ac 5 ac	Other federal funding	_	_			
Local (county/city) 38 41 d 36 45 d 23 a,c Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client 64 61 b 81 a,cd 63 b 55 b Fees paid by private insurance 12 11 d 15 d 15 d 4 a,b, United Way 25 24 24 29 23 Other nongovernmental sources 3 2 3 4 4 Contributions/Subsidies from Sponsoring Agency or						
Local (county/city) 38 41 d 36 45 d 23 a,c		50		37 ^{q,đ}	58 ^{a,b}	59 a,b
Other public funding 3 4 c 4 1 a 5 Nongovernmental Fees paid by client 64 61 b 81 a,c,d 63 b 55 b Fees paid by private insurance 12 11 d 15 d 15 d 4 a,b, United Way 25 24 24 29 23 Other nongovernmental sources 3 2 3 4 4 Contributions/Subsidies from Sponsoring Agency or	Local (county/city)	38	41 ^d	36		
Fees paid by client Fees paid by private insurance 12 11 15 4 a,b, United Way 25 Other nongovernmental sources 3 2 3 4 Contributions/Subsidies from Sponsoring Agency or	Other public funding	3		4		
Fees paid by private insurance 12 11 d 15 d 15 d 4 a,b, United Way 25 24 24 29 23 Other nongovernmental sources 3 2 3 4 Contributions/Subsidies from Sponsoring Agency or				_		
United Way Other nongovernmental sources 25 24 24 29 23 Other nongovernmental sources 3 2 3 4 4 Contributions/Subsidies from Sponsoring Agency or			61 b		63 ^b	55 ^b
Other nongovernmental sources 3 2 3 4 4 Contributions/Subsidies from Sponsoring Agency or						4 ^{a,b,c}
Contributions/Subsidies from Sponsoring Agency or						
	Contributions/Subsidies from Sponsoring Agency or				•	•
	Organization	38	20 đ	41	26 d	50 AG

TABLE K.1 (continued)

Center Characteristic	United States	Northeast	Midwest	South	West
Operating Characteristics			- Ivilanest	South	west
Average Number of Weeks Per Year Center Open	51.5	51.8	51.4	51.5	51.4
Average Number of Days Per Week Center Open				51.5	31.4
(Weekdays)	4.8	4.8	4.7	4.9	4.9
Average Number of Hours Per Week Center Open (Weekdays)	37	35 ^{b,a}	41 ^a	38 ª	36
Open Weekends	6	5	8	8	3
Program Size			•	Ū	3
1 to 20 adults enrolled	24	17 b	*cd	b	
21 to 50 adults enrolled	48		44 a,c,d	22 b	24 b
51 to 75 adults enrolled	13	52 13	40	49	49
76 to 100 adults enrolled	7	13	6°	17 b	12
101 or more adults enrolled	7	7 44 b	8	8	6
	/	11 ^b	3 ª	5	9
Average Enrollment	46	57 b	31 ^{a,c,d}	44 ^b	48 ^b
Average Daily Attendance (Weekdays)	29	31 ^b	16 ^{a,c,d}	32 b	34 b
Average Rate of Utilization (Weekdays)	0.67	0.72 ^b	0.58 a,c,d	0.68 b	0.68 b
Have Waiting List	30	31 ^b	14 ^{a,c}	40 ^{b,d}	25 °
Average Number of Adults on Waiting List	10	12 ^d	9	10 ^d	6 ^{a,c}
Plan to Expand Operations Within Next Two Years	31	27	34	30	38
A					-
Average Increase in Number of Clients due to Expansion	22	24 ^b	12 ^{a,c,d}	27 ^b	21 ^b
ervices					
Case Management	92	93	89	94	89
Health-Related Services			- -	,,	47
Medical evaluation by doctor					
Health care provided by doctor	31	38 ^d	26	35	22 ª
Health care provided by RN or LPN	29	31	22	33	23
Physical therapy	65	71 ^d .	85 ^{Gd}	65 ^{b,d}	43 ^{a,b,}
	40	51 ^{e,d}	50 d	35 *	28 ^{a,b}
Speech therapy	40	51 °	43	30 a	41
Occupational therapy	42	52 ^{4,đ}	54 ^{c,d}	34 ^{a,b}	32 ^{a,b}
Optometry services	22	28	17	23	17
Hearing examinations	30	37 ^đ	30	30	20 a
Podiatry services	35	49 ^{c,đ}	37	26 a	28 a
Dental care	24	31	20	23	20
Nutritional screening	45	51	42	48	20 36
Nutritional counseling	59	67 d	68 ď	60 d	30 41 ^{a,b,}
Tuttitional Counselling	95	96	95		
Physical fitness/exercise		20	73	95	96
Physical fitness/exercise Therapeutic recreation	88	92 °	94	83 a	87
Physical fitness/exercise Therapeutic recreation sychosocial Services or Activities		92 °	94	83 ª	87
Physical fitness/exercise Therapeutic recreation sychosocial Services or Activities Individual or group counseling/psychotherapy	88				
Physical fitness/exercise Therapeutic recreation		92 ° 67 b 16 °	94 42 ^{a,c} 11 ° .	64 ^b	87 56 13 °

TABLE K.1 (continued)

Center Characteristic	United States	Northeast	Midwest	South	West
Recreational activities	99	99			
	99	99	98	98	99
Self-Care/Restorative Activities					
Training in Activities of Daily Living	82	80	74	87	85
Training in Instrumental Activities of Daily Living	74	72	57 ^{c,đ}	80 p	79 ^b
Bowel/bladder retraining	53	57	53	48	53
Activities/Services for Clients' Families					
Support groups, educational programs, respite					
care	77	77	70	80	
		11	70	80	76
Transportation Services					
Transportation between home and center	74	70 °	72 °	90 a,b,d	59 °
Transportation to health care	7	5	13	10 d	2 °
Other transportation services	9	7	11	11	6
Od- O- O					
Other Services	10	15	8	7	11
			•		
Meal Service Characteristics					
Provide Main Meals or Snacks	87	85 b	100 ^{a,c,d}	89 b	76 ^b
Main meals and snacks	65	62 b	86 ^{a,c,d}	61 b	59 b
Main meals only	18	19	14	24 d	11 °
Snacks only	3	3	0	3	6
Do Not Provide Main Meals or Snacks	13	15 ^b	O a,c,d	11 b	24 ^b
		10	v		, 24
Meals Served					
Breakfast	31	33	23	34 .	28
Morning snack Lunch	58	62 °	68 °	47 ^{a,b}	63
Afternoon snack	95	95	100 ^{c,d}	96 ^b	90 p
Supper	64 8	61	75	59	68
oupper	•	5	11	7	11
Pattern of Meals Served					
Breakfast, lunch, afternoon snack	12	11	7 °	18 ^b	10
Breakfast, lunch, no snacks	5	5	2	8 d	<1 °
Morning snack, lunch, afternoon snack	33	34	40	28	33
Lunch only	15	16	12	18	11
Other patterns	35	34	40	28	46
Average Number of Eating Occasions Per Day					
(Weekdays)	2.5	2.5	2.7	2.4	2.5
Average Number of Meals Provided Per Week	255	276 ^b	161 ^{a,c,d}	294 b	
	دريو	410	101	<i>∠9</i> 4 ⁻	249 ^b
Average Number of Meals Provided Per Week Per					
Client	11	11	11	10	11
Meal Preparation Methods for Main Meals					
Prepared on site by the center	44	51 ^b	23 a,c,d	48 ^b	48 ^b
Prepared on site by an affiliated organization	11	13 °	25 °	48 * 3 a,b	
Prepared on site by contractor	7	9	9	3	8 11
Prepared off site by affiliated organization	17	20	• 17	3 18	14
Prepared off site by contractor	37	30	37	16 42	1 4 38
Other	3	1	2	2	<i>3</i> 6

TABLE K.1 (continued)

Center Characteristic	United States	Northeast	Midwas	Count	445
	States	Northeast	Midwest	South	West
Serving Method for Main Meals					
Cafeteria style, preportioned	25	17 °	18 °	38 ^{a,b,d}	19 ¢
Cafeteria style, not preportioned	5	2	7	5	7
Family style	7	9	7	4	11
Buffet style	3	3	6	1	5
Restaurant style	72	79 °	76	65 a	71
Provide Modified or Therapeutic Diets	82	82	87 .	76	85
Offer Nutrition Education by a Health Professional	62	68	65	62	54
Client Characteristics					
Centers with Clients:					
Less than age 60 only	10	8 d	3 ^{c,d}	10 b	19 ^{a,t}
Age 60 and older only	26	32 °	38 °	16 ^{a,b}	
Age 18 and older	64	60 °	59 °	74 ^{a,b,d}	22 59 °
	V4 .	ου -	אָכ צָּכְּ	74 =	59 °
Average Distribution of Enrollment by Age (%)		- L.A		A.	
18-29	10	8 ^{b,đ} .	2 a.c.d	11 ^b	16 ^{a,i}
30-44	16	13 ^{b,c,d}	6 ^{a,c,d}	21 ^{a,b}	22 ^{a,l}
45-59	11	8 °	10 °	15 ^{a,b,d}	10 °
60-74	26	29 d	29	26	21 ª
75-84	27	32 b,c,d	41 a,c,d	19 ^{a,b}	21 ^{a,1}
85 and older	10	11 °	12 °	8 a,b	11
Average Distribution of Enrollment by Gender (%)					
Female	61	64 ^đ	65 ^d	62 ^d	54 ^{a,l}
Male	39	36 ^d	35 ^d	38 d	34 1 46 ^{a,l}
Average Distribution of Equally and by Day					
Average Distribution of Enrollment by Race/					
Ethnicity (%)					
White	74	80 ^{b,c,d}	90 ^{a,c,d}	61 ^{a,b,d}	72 ^{a,t}
Black	18	15 ^{c,d}	9°	34 a,b,d	6 ^{a,c}
Hispanic	5	4 ^{b,d}	<1 a,c,d	4 b,d	12 ^{a,t}
Other	3	1 d	<1 ^d	<1 ^d	10 a,t
Average Percentage of Clients that Receive:					
Food stamps	15	15 °	13 °	21 a,b,d	9 ¢
Medicaid	51	48	38 ^{e,d}	55 b	59 b
SSI	50	41 ^{c,d}	46	56 ª	56 ª
SSD	14	12	15	15	15
Average Percentage of Clients that:					
Have special diets or dietary restrictions	26	34 b,c,d	24 ^a	20.9	00.2
Need assistance eating				23 a	23 a
Need assistance eating Need assistance with personal care	18	19	20	14 ^đ	21 °
	32	35 °	38 °	25 ^{a,b,d}	37 °
Need assistance with mobility	27	29 °	34 °	22 ^{a,b}	27
Are incontinent 1-2 times per week	15	14	14	13 ^d	19 °
Are chronically confused	28	28	32	24 ^d	32 °
Are abusive or aggressive	10	9	8 ^d	10	14 ^b
Average Percentage of Clients Attending Center:					
Less than 1 year	29	29 ¢	37 °	24 ^{a,b}	30
1-2 years	28	28	33	26	27

TABLE K.1 (continued)

Center Characteristic	United States	Northeast	Midwest	South	West
More than 5 years	20	17 b,c	9 a,c,d	27 ^{a,b}	20 b
Average Number of Months from Enrollment to When Client Leaves the Program	36	31 °	25 ^{q,d}	48 ^{a,b,d}	34 ^{b,c}
Unweighted Sample Size	564	169	71	226	98

Source: Adult Day Care Study, Center Survey, weighted tabulations.

^aSignificantly different from Northeast region at the .05 level, two-tailed test.

^bSignificantly different from Midwest region at the .05 level, two-tailed test.

 $^{^{\}rm c}{\rm Significantly}$ different from South region at the .05 level, two-tailed test.

^dSignificantly different from West region at the .05 level, two-tailed test.

The vast majority of adult day care centers operate under the authority of another organization (80 percent nationally). The remaining 20 percent are independent or freestanding centers. Social service agencies are the most common parent organizations for centers linked to other organizations. Twenty-one percent of adult day care centers have a social service agency as the parent organization. Eleven percent are affiliated with nursing homes, and eight percent are affiliated with mental health agencies. A greater proportion of centers in the South are affiliated with mental health organizations than in other regions, particularly the Northeast and West.

2. Operating Budget and Funding Sources

Nationally, the average annual operating budget for adult day care centers is \$278,513; the median is \$184,920.² The average 12-month budget for meals, calculated for centers providing meals, is \$13,322. Previous research has shown that combined costs for labor, transportation, facilities, and food account for three-fourths of a center's total expenses (Weissert et al. 1990). Operating and food budgets vary regionally, with centers in the Midwest having the lowest annual operating and food budgets (reflecting their smaller enrollments).

Adult day care programs draw funding from a broad range of public and private sources. Nationally, approximately two-thirds of adult day care centers receive some federal funds, and more than 70 percent receive funding from state or local governments or other public sources. A substantial proportion also receive funding from a variety of private sources. For example, client fees provide financial support for about two-thirds of centers; United Way funds support roughly a quarter.

Typically, adult day care centers are supported by a combination of public and private resources.

Almost 38 percent receive some combination of federal, state or local government, and private funds.

An additional 35 percent are supported by private funds combined with either federal monies or state

²The annual operating and food budgets reported here do not include the value of in-kind contributions.

and/or local government funds. In-kind contributions, such as volunteer services, donated supplies, and loaned equipment or facilities, are also a source of income. Forty-seven percent of adult day care centers receive some type of in-kind contributions, and 16 percent receive in-kind contributions of food.

The study's center survey asked about funding sources received but not about annual amounts or the percentage of the total budget that specific funds represent. Previous research, however, has demonstrated that Medicaid provides the largest source of funds for adult day care centers and that participant fees are the second major source of revenue (Von Behren 1986). At the federal and state levels, three funding sources--Title XIX of the Social Security Act (Medicaid), Title XX of the Social Security Act Social Service Block Grant (SSBG), and Title III of the Older Americans Act--make important contributions to adult day care facilities.

Data from the center survey indicate that 42 percent of adult day care centers receive some amount of Medicaid funds. Receipt of Medicaid funds varies regionally. Fifty-six percent of centers in the South and 48 percent of centers in the Northeast receive Medicaid funds, compared with 24 percent in the West and 29 percent in the Midwest. Fewer than one-fifth of adult day care centers nationally receive Title III funds. The available data do not distinguish AOA Title III funds from Title III funds for congregate nutrition services, but the center survey data indicate that eight percent of centers not participating in the CACFP and serving meals report participating in another federal food program and receiving Title III funds. Seventeen percent of adult day care centers receive Title XX/SSBG funds. Title XX funding varies by region, with the South having the highest percentage of centers receiving funding (28 percent) and the West having the lowest (8 percent). An analysis

of 1991 "pre-expenditure" reports indicates that 28 states³ (out of the 50 states, the District of Columbia, and five territories) planned to use some portion of Title XX funds for adult day care.⁴

3. Licensure and Certification

Nationally, the majority of adult day care centers (66 percent) report holding at least one license. The Midwest has a much lower proportion of licensed centers (44 percent) than the other regions (West, 81 percent; South, 72 percent; and Northeast, 60 percent); this largely reflects the fact that two-thirds of the states in the Midwest region do not require centers to be licensed. Adult day care centers are licensed by a variety of agencies, and sometimes by more than one. Nationally, the most common licensing agencies for centers holding licenses were state social services or welfare departments (36 percent). Other common licensing agencies were state health departments (26 percent), state mental retardation/developmental disabilities departments (22 percent), and state aging agencies (20 percent). Prior research has shown that standards vary by type of license, with more rigorous standards associated with health-related licensure than social or nonspecific licensure (Weissert et al. 1990).

As with licensing, 66 percent of adult day care centers nationally are certified for at least one funding source. There is no substantial regional variation in the proportion of centers certified. Nationally, the most common funding source for certified centers is Medicaid (58 percent). Fifteen percent are certified for Title XX funds, and 14 percent are certified for Title III Older Americans Act funds. As with licensing, state/local social services (34 percent), aging (25 percent), and health (14 percent) departments were the most common state certification agencies.

³The term "states" refers to the 50 states, the District of Columbia, and the five territories of Puerto Rico, Guam, the Virgin Islands, Northern Mariana, and American Samoa.

⁴Before receiving the SSBG allotment, states must submit to the Department of Health and Human Services "pre-expenditure" reports describing the intended use(s) of Title XX funds.

Overall, 46 percent of adult day care centers are both licensed and certified. Twenty percent are licensed but not certified; 19 percent of centers are certified but not licensed. Fifteen percent of adult day care centers are neither certified nor licensed.⁵

4. Years in Operation

Adult day care centers are fairly stable programs. Nationally, the average adult day care center has been in operation for nine and one-half years. Twenty percent of centers have been operating 15 or more years; 16 percent have been operating 3 years or less. Centers in the Midwest have been operating on average for seven and a half years, which is approximately three years less than centers in either the West or South.

C. OPERATING CHARACTERISTICS

1. Operating Schedule

Nationally, operating schedules for adult day care centers vary relatively little. Virtually all (96 percent) are open either 50, 51, or 52 weeks per year; 84 percent are open 52 weeks a year. Most centers (84 percent) are open five days a week; just 9 percent are open fewer than five days per week. Few centers (six percent) are open on weekends. Those open on weekends are typically open on Saturday only (four percent). On weekdays, adult day care centers are open about eight hours per day, or about 40 hours per week. There is some regional variation in operating schedules. Centers in the Northeast are open fewer hours per weekday or per week than centers in other regions, except the West.

⁵Comparisons between regulated and unregulated day care centers were not within the scope of the present study. Previous research, however, has shown that licensure and certification affects center operations. Weissert et al. (1990) found that: (1) certified centers were more likely than uncertified centers to employ more skilled staff and more staff per participant; (2) both certified and licensed centers were more likely than noncertified, nonlicensed centers to offer services; (3) licensed and certified centers were more likely than unregulated centers to be used exclusively for day care; (4) licensed and certified centers served participants who were more likely to be publicly subsidized, racial minorities, unmarried, and younger; and (5) licensed and certified centers served participants who attended more frequently and in larger numbers than participants in unregulated centers.

2. Enrollment and Attendance

Enrollment in adult day care centers averages 46 clients; the median enrollment is 34. Twenty-four percent of adult day care centers have enrollments of 20 or fewer clients; 14 percent report enrollments in excess of 75 clients. Midwestern centers tend to be smaller than centers in the other regions. Enrollment in Midwestern centers averages 31 clients, compared with 57 clients in the Northeast, 48 in the West, and 44 in the South.

Scheduled attendance on a weekday for adult day care centers averages 33 clients. Actual daily attendance on weekdays is somewhat lower and averages 29 clients. The absentee rate per day implied by scheduled and actual attendance averages 11 percent. Again, Midwestern centers have significantly lower attendance than centers in other regions (16 clients versus 31 to 34 clients).

3. Capacity Utilization

We calculated two measures of capacity utilization, an enrollment-based measure and a measure based on average daily attendance.⁶ The enrollment-based measure of capacity utilization shows that 62 percent of centers operate at 90 percent or more of capacity; in fact, 45 percent report that they actually exceed 100 percent of licensed or maximum capacity. Excess capacity at such a high percentage of centers may reflect the fact that clients attend for part of the day or fewer than five days per week. It may also reflect the fact that centers sometimes do not remove clients who are no longer participating from enrollment lists.

The attendance-based measure shows that adult day care centers on average operate at twothirds of capacity. That daily attendance falls short of capacity seems unlikely given the tremendous growth in adult day care centers. Our study, however, is not the only study to observe

⁶For the enrollment-based measure, capacity utilization equals the number of enrolled clients divided by the licensed capacity or maximum capacity (for unlicensed centers). The attendance-based measure is the average daily attendance divided by licensed capacity or maximum capacity (for unlicensed centers).

underutilization. Conrad et al. (1990) found that adult day care centers tend to overenroll clients but fall short of daily capacity by about 20 percent.

4. Waiting Lists and Future Expansion

Consistent with the finding that adult day care centers are underutilized, only 30 percent report that they currently have waiting lists. For centers with waiting lists, the average number of clients waiting to enroll is 10 per center. The incidence of waiting lists varies regionally. The South has the highest percentage (40 percent), whereas the Midwest has the lowest (14 percent).

A substantial minority of centers reported plans for expansion. Nearly one-third of adult day care centers report plans to expand program operations within the next two years. Of those planning future expansion, the average increase in the number of clients served per center is expected to equal 22.

D. PROGRAM SERVICES

Adult day care centers offer a variety of health and social services. Services may be offered daily, weekly, monthly, a few times a year, or as client needs dictate. Table K.1 shows that the services provided by 50 percent or more of adult day care centers are meals or snacks, exercise, recreation, art/music therapies, training in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), and transportation between the client's home and the adult day care center. A high percentage of centers also provide health care delivered by nurses, nutritional counseling, and individual or group counseling for clients and/or their families.

There is some regional variation in services provided by adult day care centers. For example, centers in the Midwest are most likely to provide health care by a registered or licensed practical nurse (85 percent), whereas centers in the West are least likely (43 percent). Centers in the Northeast and South are most likely to provide individual or group counseling (67 and 64 percent),

⁷The service could be provided by center staff, by contract, or by referral.

whereas centers in the Midwest are least likely (42 percent). The majority of centers in all regions provide transportation from clients' homes to the centers and back, but centers in the South are most likely to do so, while centers in the West are least likely (90 percent versus 59 percent).

1. Meal Services

Most adult day care centers (87 percent) provide main meals or snacks to participants. Sixty-five percent of adult day care centers provide at least one main meal and at least one snack to clients daily, 18 percent provide main meals only, and 3 percent provide just snacks. Thirteen percent of adult day care centers do not provide any food to their clients. Centers in the West are less likely to provide meals or snacks to clients than centers in the other regions.

Adult day care centers provide approximately three opportunities for clients to eat per day on weekdays. Of centers providing food to clients, virtually all (95 percent) provide lunch. Approximately 60 percent provide morning or afternoon snacks, and 31 percent provide breakfast to their clients. Few centers (just eight percent) provide supper. Centers in the South are less likely than centers in other regions to provide morning snacks.

The most common meal pattern, provided by 33 percent of centers serving meals, is a morning snack, lunch, and an afternoon snack. Fifteen percent of centers that serve meals provide lunch only. There is slight regional variation in the meal patterns provided by centers, but these differences are generally not statistically significant. Centers providing meals serve, on average, 255 meals and snacks per week, or about 11 meals and snacks per week per attending client. Reflecting their smaller enrollments and attendance, centers in the Midwest provide fewer meals per week than centers in other regions.

Meal preparation methods used by adult day care centers vary for main meals. Typically, breakfasts are prepared on site by center staff (73 percent). Thirteen percent of centers have

⁸Main meals refer to breakfast, lunch, or supper; snacks refer to morning or afternoon supplements.

breakfast prepared off site by either an affiliated or sponsoring organization or contractor, with delivery to the center. This pattern does not hold for lunch. Fifty-five percent of centers have lunch prepared off site, either by an affiliated or sponsoring organization or a contractor, with delivery to the center. Thirty percent have staff prepare lunches on site. Few centers provide clients with supper; those providing suppers generally prepare the meals on site (78 percent). While on-site meal preparation methods vary little across regions, centers in the Midwest are least likely to have their own staff prepare main meals on site but most likely to prepare meals on site using an affiliated organization or contractor.

The most common serving method used by adult day care centers for main meals is restaurant style (72 percent), where staff bring preportioned servings to clients seated at tables. Twenty-five percent of centers that provide main meals serve meals cafeteria style, preportioned, where plates are filled by center staff at central serving areas and clients carry their plates or trays to dining tables. Although the majority of centers in the South also serve main meals restaurant style, centers in the South are twice as likely as centers in other regions to serve main meals cafeteria style, preportioned (38 percent versus 17 to 19 percent).

The majority of centers providing meals (82 percent) serve special meals to at least some attending clients. The most common special meals are low-salt and diabetic ones. A high proportion also provide low-calorie, low-fat, and low-cholesterol meals. There is no substantial regional variation in the provision of special meals by centers.

2. Nutritional Education and Counseling

The majority of centers (62 percent) report providing nutrition education and counseling services by a health professional.⁹ The most common types of education services are printed materials or brochures given to clients (77 percent), lectures (66 percent), and personal counseling or diet

⁹Health professionals include nutritionists, registered dietitians, other dietitians, and other health professionals.

planning (66 percent). Nutrition education covers many topics; the most common are basic principles of nutrition (91 percent), salt intake (69 percent), cholesterol intake (66 percent), and food preparation methods (65 percent). Centers in the West are somewhat less likely than those in other regions to provide nutrition education by health professionals.

E. CLIENT CHARACTERISTICS

A typical adult day care participant is a white, elderly female. Nationally, an average of 63 percent of enrolled clients are elderly (age 60 or older), 61 percent are female, and 74 percent are white. Centers in the South are most likely to provide services to minority clients; 38 percent of the enrolled clients of an average center in the South are black or Hispanic. Centers in the West are most likely to provide services to males (primarily nonelderly males).

Substantial proportions of adult day care clients are physically or mentally disabled. Nationally, an average of one-third need assistance with personal care (e.g., dressing, toileting), and over one-fourth need assistance with mobility. Nearly one-third, on average, are chronically confused or disoriented. Adult participants in centers from the South were somewhat less impaired than their counterparts attending centers in the other regions.

We did not ask center directors specifically about enrolled clients' income, but we did ask about participation in selected means-tested programs. Responses to those questions indicate that a high proportion of participants have low incomes. On average, half receive Supplemental Security Income (SSI) and half receive Medicaid. Fifteen percent receive food stamps.

APPENDIX L

ATTENDANCE AND MEAL SERVICE UTILIZATION PATTERNS OF CACFP PARTICIPANTS BY INCOME AND AGE

	,			
			·	
•				
			. ·	
·				

As with other U.S. Department of Agriculture food assistance programs, the Child and Adult Care Food Program (CACFP) targets program benefits to the most needy households. For each type of reimbursable meal, the reimbursement rate received by participating centers rises as participants' income decreases. Thus it is of considerable interest to examine the attendance and service use patterns of low-income participants vis-a-vis non-low-income participants to assess how well the former benefit from the program. Section A of this appendix examines this issue.

The majority of participants served by adult day care are elderly persons. However, a substantial proportion of clients attending adult day care centers are nonelderly (18 to 59 years of age). This is particularly true in centers participating in the CACFP, where 44 percent of enrolled clients are nonelderly. Previous national studies of adult day care have not provided information on characteristics of adult day care center clients distinguished by age. It is of interest to examine characteristics of elderly and nonelderly CACFP clients to determine if their needs and program utilization patterns differ. Section B presents findings contrasting nonelderly and elderly CACFP participants.

A. LOW-INCOME AND NON-LOW-INCOME PARTICIPANTS

The CACFP client survey only collected information on the CACFP meal certification status of participants, and not on monthly income amounts. We can therefore at most distinguish three income groups: clients with incomes less than or equal to 130 percent of the poverty line (eligible for free meals); between 130 percent and 185 percent (eligible for reduced-price meals); and greater than 185 percent (eligible for full-price meals). For purposes of the analyses, low-income participants are defined as those participants with money incomes less than or equal to 130 percent of the federal poverty line; non-low-income participants have incomes greater than 130 percent of the poverty line.

1. Characteristics of Low- and Non-Low-Income CACFP Participants

Low- and non-low-income CACFP participants differ along several important demographic, functional, and health characteristics. Low-income participants are disproportionately composed of blacks and Hispanics compared with non-low-income participants (see Table L.1). They do not differ in terms of gender; in each case, slightly less than two-thirds are female. Low-income participants are less than on average 20 years younger than non-low-income participants. They are substantially more likely than non-low-income elderly to be living alone, either by themselves in the community, or alone in a congregate or group setting.

Largely reflecting the fact that they are younger, low-income CACFP clients are less physically impaired than non-low-income CACFP clients, and have a slightly fewer chronic health conditions than their non-low-income counterparts. The types of health conditions that low-income and non-low-income CACFP clients experience are generally similar, with notable differences reflecting the age differences between the two groups: low-income CACFP participants are more likely than non-low-income clients to have psychiatric disorders or mental retardation, while non-low-income CACFP clients are more likely to have cerebrovascular disease, or Alzheimer's.

2. Differences in Center Attendance Patterns and Services Received

Low- and non-low-income participants differ in terms of the number of days they attend centers per week and the number of meals or snacks received per day. However, the differences are such that overall they both receive on average the same number of meals per week. Table L.2 shows that the typical low-income client is scheduled to attend four days per week, compared with three days weekly for the average non-low-income client. Both low-income and non-low-income participants attend an average of six hours per day. But low-income participants have fewer opportunities to eat at the center than non-low-income participants—the average low-income participant has two meals or snacks per day, compared with three meals or snacks for non-low-income participants.

TABLE L.1 SOCIOECONOMIC AND HEALTH CHARACTERISTICS OF CACFP CLIENTS BY INCOME STATUS AND AGE

	CACFP Clients				
Client Characteristic	Low- Income	Non-Low- Income	Nonelderly	Elderiy	
Nonelderly	54 ª	14	100 b	0	
Black or Hispanic	48 ^a	19	41	44	
Female	62	63	48 ^b	74	
Married, Living with Spouse Only or Spouse and Others	8 a	43	10	19	
Not Married, Living Alone in the Community	21 ^a	8	15	21	
Not Married, Living Alone in a Group Setting	24 ª	8	26	17	
Income/Poverty Less than 130 Percent of Poverty Level	100 a	0	95 ^b	74	
Receiving SSI	67 ^a	11	73 ^b	43	
Receiving Food Stamps	22 a	1	21	15	
Receiving Medicaid	79 ^a	15	83 ^b	55	
Requiring Maximal Assistance with One or More ADL	17 a	34	14	24	
Requiring Maximal Assistance with One or More IADL	58 ª	80	55	68	
Mean Number of ADL/IADL Requiring Maximal Assistance	3 ª	5	3 b	4	
Frequent Confusion or Disorientation	27 ª	57	21 ^b	44	
Mean Number of Chronic Health Conditions	3	4	3 b	4	
Psychiatric Disorders	46 ª	23	54 ^b	30	
Mental Retardation	26 a	9	40 b	8	
Cerebrovascular Disease	19 ^a	39	17	26	
Alzheimer's	7 ª	37	1 ^b	23	
Hypertension	35	39	19 ^b	50	
Arthritis	37	39	16 ^b	55	
Dietary Restrictions	43	55	27 ^b	59	
Unweighted Sample Size	775	153	399	536	

SOURCE: Adult Day Care Study, Client Survey, weighted tabulations.

NOTE: Low-income clients have incomes less than or equal to 130 percent of the federal poverty level. Non-low-income clients have incomes greater than 130 percent of the poverty level. Nonelderly clients are ages 18 to 59. Nonelderly clients are age 60 and older.

^aSignificantly different from non-low-income participants at .05 level, two-tailed test.

^bSignificantly different from elderly participants at .05 level, two-tailed test.

TABLE L2

CENTER ATTENDANCE AND MEAL RECEIPT CHARACTERISTICS OF CACFP CLIENTS
BY INCOME STATUS AND AGE

	CACFP Clients				
Client Characteristic	Low- Income	Non-Low- Income	Nonelderly	Elderly	
Mean Number of Years Attending Current Adult Day Care Program	3.5	2.6	3.8	2.9	
Mean Number of Days per Week Attending Adult Day Care Center	4	3	4	4	
Mean Number of Hours Attending Center per Day (Weekdays)	6	6	6	6	
Mean Number of Meals or Snacks Received per Week (Weekdays)	10	9	9 b	10	
Mean Number of Meals or Snacks Received per Day (Weekdays)	2	3	2 ^b	3	
Receiving Breakfast, Lunch, and Afternoon Snack	20 a	57	9 6	43	
Receiving Breakfast and Lunch, No Snacks	21 ª	8	27 ^{b.}	11	
Receiving Morning Snack, Lunch, and Afternoon Snack	20	16	12 ^b	25	
Receiving Lunch Only	12 ª	0	19	3 b	
Participation in Program Services/Activities					
Health Related Services					
Medical evaluation by doctor	35 a	11	35	0.5	
Health care provided by doctor	29 a	10	33 27	27	
Health care provided by RN or LPN	66	73	54 b	24	
Nutritional counseling	. 42	73 59	29 b	78	
Physical fitness/exercise	79 ª	94	29 ° 74	58 89	
Psycho/Social Services				0,5	
Individual or group counseling	go.		L		
Alcohol/drug abuse program	53 15	34	61 b	39	
Art and music therapy	15	4	22 b	5	
	69	87	58 ^b	85	
Self-Care/Restorative Activities					
Training in ADLs	47	56	E.C	40	
Training in IADLs	44	25	56 59 ^ե	42 25	
Transportation Services	•				
Transportation between home and center	78 a	41	76	67	

SOURCE: Adult Day Care Study, Client Survey, weighted tabulations.

Note: Low-income clients have incomes less than or equal to 130 percent of the federal poverty level. Non-low-income clients have incomes greater than 130 percent of the poverty level. Nonelderly clients are ages 18 to 59. Nonelderly clients are age 60 and older.

^aSignificantly different from non-low-income at .05 level, two-tailed test.

^bSignificantly different from elderly at .05 level, two-tailed test.

Consequently, both low-income and non-low-income participants consume approximately nine meals or snacks per week.

Low-income participants are less likely to consume breakfast than non-low-income participants. The most common meal pattern for non-low-income participants is breakfast, lunch, and afternoon snack (57 percent); another 16 percent have morning snack, lunch, and afternoon snack (see Table L.2). Low-income clients, on the other hand, tend to have one of four meal patterns: breakfast and lunch (21 percent); morning snack, lunch, and afternoon snack (20 percent); breakfast, lunch, and afternoon snack (20 percent); or morning snack and lunch (15 percent).

Low-income and non-low-income participants generally receive similar health and social services from CACFP centers that they attend. Two exceptions are health care from physicians and transportation services between home and center. Low-income participants are more likely to receive medical evaluations and health care from physicians. Approximately one-third of low-income participants receive health care from a doctor or medical evaluations at least a few times per year or more compared with 10 percent of non-low-income participants (Table L.2). Low-income participants are twice as likely as non-low-income participants to use transportation services between home and center (78 percent versus 41 percent).

B. NONELDERLY AND ELDERLY PARTICIPANTS

Elderly CACFP clients are those age 60 and older. Nonelderly CACFP clients are ages 18 to 59.

1. Characteristics of Nonelderly and Elderly Participants

Nonelderly CACFP clients are fairly evenly divided between females and males, whereas most elderly CACFP clients are female (see Table L.1). Nearly three-quarters of elderly CACFP clients are female, reflecting the fact that women outlive men, and thus outnumber men in the elderly population. Fifty-two percent of nonelderly CACFP clients are male. The living arrangements of

nonelderly and elderly CACFP clients are generally similar. Nonelderly CACFP clients are considerably more likely than elderly CACFP clients to participate in other federally funded programs targeted at low-income and disabled persons, especially the Supplemental Security Income (SSI) and Medicaid programs.

Majorities of both nonelderly and elderly CACFP clients have physical impairments; however, a somewhat greater proportion of elderly than nonelderly CACFP clients are physically impaired. Elderly CACFP clients have more chronic health conditions than nonelderly CACFP clients. The average elderly CACFP client has four chronic health conditions, compared with three for the average nonelderly participant. The types of health conditions that elderly and non-elderly CACFP clients experience generally differ. Elderly CACFP participants are more likely than nonelderly CACFP clients to have arthritis, hypertension, heart disease, and Alzheimer's. Nonelderly CACFP clients are more likely than elderly clients to have psychiatric disorders, mental retardation, and other neurological problems.

2. Differences in Center Attendance Patterns and Services Received

Nonelderly and elderly CACFP clients attend day care centers for about the same number of days per week and hours per day. Nonelderly CACFP clients, however, tend to receive slightly fewer numbers of meals per day and total meals per week. Table L.2 shows that nonelderly and elderly CACFP clients on average attend four days per week, six hours per day. The average nonelderly CACFP client has 2 meals per day and 8 meals per week, compared with 3 meals per day and 10 meals per week for the typical elderly participant.

Meal patterns received at the center differ for nonelderly and elderly CACFP clients. Nonelderly CACFP clients are substantially less likely than elderly ones to have breakfast, lunch, and afternoon snack (9 percent versus 43 percent), whereas they are more likely than elderly participants to have breakfast and lunch (27 percent versus 11 percent) or just lunch (19 percent versus 3 percent).

There were only a few statistically significant differences between nonelderly and elderly clients in the services they received from centers. While half of nonelderly CACFP clients received health care from RNs or LPNs, this was 24 percentage points lower than elderly CACFP clients (see Table L.2). Nonelderly CACFP clients were half as likely to receive nutritional counseling services than elderly participants (29 percent versus 58 percent). About one-quarter of nonelderly CACFP clients were receiving treatment for alcohol or drug abuse as part of the care, compared with only 5 percent of elderly CACFP clients. Nonelderly clients were twice as likely than elderly clients to receive training in Instrumental Activities of Daily Living (59 percent versus 25 percent).