



# Increasing Voluntary Contributions at Congregate Meals Program Sites

*Using behavioral science to increase voluntary contributions*

**Target a Priority Outcome** The Administration for Community Living (ACL)'s Administration on Aging in the Department of Health and Human Services provides grants to states to help support nutrition services for older people. The congregate meals program provides healthy meals served in group settings, with the aim to keep older Americans healthy while also presenting opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, contributing to health and well-being as participants age.

Congregate meals are provided at no cost to participants. However, under the Older Americans Act, programs must give participants (particularly those with incomes above 185% of the Federal poverty line) the opportunity to make a voluntary contribution to the cost of the meal service, in a way that is non-coercive and anonymous. Any money collected through voluntary contributions is used to expand the service and supplement ACL program funding.<sup>1</sup> According to a recent national survey, 80.5% of participants report making some contribution.<sup>2</sup> ACL was interested in building evidence about effective strategies to ask for voluntary contributions, without compromising participation.

**Translate Behavioral Insights** The Office of Evaluation Sciences (OES) collaborated with the ACL Office of Nutrition and Health Promotion

Programs (ONHPP); the Nutrition and Meal Services program in the Maryland Department of Aging, that administers the congregate meals program; and 19 Local Service Providers (LSPs), that coordinate and provide meals at 232 sites throughout Maryland.

Our goal was to develop an intervention that was low cost, easy to implement, only minimally reliant on volunteers or staff, and could be implemented in a large range of different sites. To design the intervention, ONHPP put out a national call for examples from LSPs throughout the country, and OES conducted site visits and interviews with program staff and participants at selected sites, and solicited feedback on design from LSP directors and ACL staff.

The final design was a cardstock table tent that could be put on tables for all meals during the pilot period. There were two table tent designs, one in which the image and messaging emphasized the relational nature of the program ("Your contributions help to keep the eating club a stable part of our community"), and one in which the images and text emphasized the reciprocal nature of the program ("All donations add to the nutrition program budget"). The table tents were personalized by including the site name, but they did not include a recommended contribution amount as those amounts vary across sites.

**Embed Evaluation** Of Maryland's 234 sites, 223 were randomly assigned to receive one of the two types of table tents, or no new intervention to encourage voluntary contributions. Following the random assignment, six LSPs opted out of participating for some or all of their sites, and determined they would not disseminate project

<sup>1</sup> [Older Americans Act of 1965](#). 42 U.S.C. 3001 (2020). Section 315.

<sup>2</sup> Mabli, James, Nicholas Redel, Rhoda Cohen, Erin Panzarella, Mindy Hu, and Barbara Carlson. "[Process Evaluation of Older Americans Act Title III-C Nutrition Services Program](#)." Washington, DC: US Department of Health and Human Services, Administration for Community Living (2015): 2017-02.

materials to treatment sites or share any data for control or treatment sites after the intervention started. At the pilot's end, we were able to draw conclusions based on the 155 sites coordinated by LSPs that did not opt out.

**Results** Overall, we are not able to detect an effect of the table tents on average donations across congregate meal sites in Maryland. The total number of meals served weekly did not decrease among treatment sites. We are unable to rule out either positive or negative small effects.

Average daily donations — defined as the total site-level donations divided by the number of days meals were served during a given week — amounted to \$23.65 for control sites during the weeks following the introduction of the table tents. Importantly, average daily donations in the pre-treatment period were higher in the two treatment groups compared to the control group. This baseline imbalance is due in part to natural variation resulting from the randomization procedure, as well as to the particular sites that ended up participating in the pilot following the randomization. When we account for donation levels before the introduction of the table tents, the average daily donation level for sites with table tents was not different from sites without table tents during the treatment period. The total number of meals served were also subject to baseline imbalance.

Interviews with program staff, volunteers, and participants indicated that the table tents were an opening for some discussion, both between participants and between participants and staff. Staff and volunteers also voiced concerns about the vulnerability of many of the program participants, which is consistent with recent research reporting that 27% of participants have incomes below the Federal poverty line, and about 65% have incomes below 185% of the

poverty line.<sup>3</sup>

**Build Evidence** Missing data played a significant role in our analysis and interpretation of results, and further evaluation would be greatly enhanced by even small changes in how data is collected and reported. About half of week-level donations data were missing across sites, and were sometimes missing for entire LSPs when data was missing. Our core results exclude the subset of sites that opted out of participating and predicted the value of missing data for the remaining sites. However, the takeaways are the same when using different approaches to incorporate the missing data in the analysis.<sup>4</sup>

ACL will be sharing findings on the [National Resource Center on Nutrition and Aging](#) platform. However, the ongoing COVID-19 pandemic has dramatically shifted how senior nutrition programs provide services to older adults, including how programs ask for voluntary contributions.

*As a feasibility study, we did not publicly post an Analysis Plan for this project.*

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<sup>3</sup> Mabli, James, Elizabeth Gearan, Rhoda Cohen, Katherine Niland, Nicholas Redel, Erin Panzarella, and Barbara Carlson. "Evaluation of the effect of the Older Americans Act Title III-C Nutrition Services Program on participants' food security, socialization, and diet quality." Washington, DC: US Department of Health and Human Services, Administration for Community Living, April 1 (2017): 2017-07.

<sup>4</sup> In the first alternate analysis, we computed treatment effects for only the sites and weeks for which we received data. In the second, we accounted for the possibility that the sites that provided data were different from the sites that did not provide data by imputing all missing observations for each site originally in our randomization. In the third, we used a maximum likelihood estimation to predict the values for the missing data.