The Role of Meals in the Well-being of American and Japanese Elderly: Meal Programs at Senior Centers and Senior Day-service Centers

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Meals are essential for everyone to survive. However, as people’s health and mobility decline, their access to meals becomes problematic, especially for the elderly living alone. Based on field research conducted in the United States and Japan, this paper examines various innovative ways in which meals have been used to ensure the well-being of the elderly.

The paper first examines various barriers imposed upon access to meals for the elderly in super-aging societies. Then, it turns to an examination of the roles of senior centers and senior day-service centers in that respect. One of the most important services for the elderly in American senior centers is the congregate meal program, which ensures a nutritionally-balanced meal at least once a day, thus helping them maintain independent lives, and provides opportunities for them to socialize with other seniors. The paper also looks at a similar case of Japan, with a discussion of one particular senior day-service center and its creative ways to channel participants toward really “working” in a rehabilitation program without feeling forced to do so.

The third section of the paper examines efforts and programs to support seniors who are homebound. Going shopping and getting daily goods such as food are serious problems for the elderly living in depopulated villages...

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**Key Words**: Aging society, Meals, Accessibility, Well-Being

**キーワード**：高齢社会, 食事, アクセシビリティ, ウェルビーイング
with limited public transportation. Also, many seniors suffer from chronic illnesses that impose dietary restrictions. The paper discusses meal-delivery services in the United States, as well as a community-based collaborative model involving various actors, including local governments, corporations, social agencies, and neighborhood associations in Japan.

This paper argues that merely helping the elderly gain access to meals is not enough to ensure their well-being. The measures taken must also contribute to the following:

- Maintaining independent living at home.
- Ensuring that meals are nutritionally-balanced and respect dietary restrictions.
- Providing opportunities for the elderly to socialize with other people, at little cost.
- Facilitating opportunities for the elderly to find meaningful lives in their old age through meal-related activities.

少子高齢化が急速に進む中、本稿では、食事を高齢者のウェルビーイングの観点から考察する。食事は、自立と社会的なつながりに密接に関係し、人間が生きるために基本的な事である。しかし、高齢になるとともに、この基本的な事柄が一つの課題となる。本稿では、まず、高齢者が直面する食へのアクセスの問題を検討する。次に、アメリカと日本における調査から、シニアセンターやシニアデイサービスセンターの食事プログラムや、在宅にいて外出が困難な高齢者に対する先駆的な試みを行っている事例を取り上げる。これらの事例を分析した結果、高齢者のウェルビーイングには、単に、高齢者が食へのアクセス手段を獲得する事のみでは十分ではなく、（1）自立した在宅生活を可能にすること、（2）栄養バランスや食事制限に配慮した食事内容であること、（3）社会参加を可能にすること、そして、（4）高齢者の生きがい形成につながるような取組であることの重要性を論じる。

<table>
<thead>
<tr>
<th>1</th>
<th>Introduction: Barriers to meal access for the elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Meals at senior centers and senior day-service centers</td>
</tr>
<tr>
<td>2.1</td>
<td>A congregate meal program at a U.S. senior center</td>
</tr>
<tr>
<td>2.2</td>
<td>A congregate meal program at a Japanese senior day-service center</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Physical Environment</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Self-selected and self-determined programs</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Buffet-style meals</td>
</tr>
<tr>
<td>2.2.4</td>
<td>Yume money used at the center</td>
</tr>
<tr>
<td>2.2.5</td>
<td>Assigning responsibility: From care-receivers to care-givers</td>
</tr>
<tr>
<td>3</td>
<td>Meals and the home-bound elderly</td>
</tr>
<tr>
<td>3.1</td>
<td>Home-delivered meals in the United States</td>
</tr>
<tr>
<td>3.2</td>
<td>Home-delivered meals in Japan</td>
</tr>
<tr>
<td>4</td>
<td>Meals and the well-being of the elderly</td>
</tr>
</tbody>
</table>
1 Introduction: Barriers to meal access for the elderly

The United States and Japan both face super-aging societies, in which the proportion of the elderly in the population grows rapidly, with fertility declining. Both societies share some common issues. Thanks to advances in medicine, Americans and Japanese have a post-retirement life expectancy of some two or three decades. However, the number of seniors with chronic illnesses is also growing, making economic and social burdens a great concern, including rising medical costs and a shortage of caregivers. The decline of the young working population expected to support the elderly population aggravates those problems. Hence, to acquire well-being in old age, vitally important issues to both societies include finding meaningful lives and building new social networks in post-retirement.

Single-person households and households composed of just a husband and wife are common among the elderly in the United States. People in that country much prefer to maintain independence rather than living with their adult children in the same household. The stereotypical image of the Japanese elderly, on the other hand, is the ideal of a three-generation household. However, the composition of the Japanese household has been rapidly changing. Table 1 shows the types of households in Japan with residents over 65. Notably, the percentage of three-generation households has been sharply declining in the last three decades. Instead, a growing percentage of the elderly are living in single-person households and households with just a husband and wife.

One important aspect of well-being, regardless of age, is to have access to meals every day; that is especially important in super-aging societies. As health and mobility decline with age, going shopping and preparing meals have both become challenges, especially for people living alone—something that an increasing number of the elderly are doing (Table 1).

Let us consider some of the challenges. First, seniors living alone, without family members to cook for them, lose motivation to cook a nutritionally-balanced meal every day, with many ending up making do with what is at hand. Such an attitude may lead to malnutrition, which, in old age, is said to increase the risks of suffering from chronic illnesses, lengthening hospital stays and even death (Roujinken News 2006: 1).

Second, those seniors suffering from chronic illnesses, such as diabetes and high-blood pressure, require dietary restrictions. People who cook for themselves may not pay enough attention to those restrictions. That tendency may also aggravate their illnesses.

Third, the term kaimono-nanmin, referring to people with limited access to shopping facilities, has recently become popular in Japanese academic circles and the media (Sugita 2008). The background to that trend is increased motorization, along with the spread of huge suburban shopping malls. As a result, there are fewer
small neighborhood stores and shopping arcades within walking distance. People who used to go shopping on foot now have to go by bus or car. For those elderly who do not drive, shopping now requires more time and money, and also imposes a greater physical burden (such as from carrying groceries). They may go shopping less frequently, making it harder for them to prepare balanced meals. That, in turn, may lead to malnutrition, poor health, and social isolation. The phenomenon of *kaimono-nanmin* began much earlier in the United States, where motorization started and expanded much earlier than in Japan.

Therefore, the elderly require some measures to facilitate access to meals in order to gain well-being. Just getting food, however, is not enough to achieve well-being. Well-being denotes a *meaningful* life in addition to a good life, as well as happiness and comfort. However, what is thought to be “meaningful” depends largely on one’s culture. Even though many of the problems associated with the super-aging society may be common among Japan, the United States and Europe,
their thoughts on the ideal sort of old age, or how the elderly should be, differ from culture to culture, as well as the way they cope with problems. Anthropology can contribute to this field by demonstrating cultural diversity based on cross-cultural studies.

The measures taken, therefore, must contribute to the following:

■ Helping the elderly maintain independent living at home.
■ Ensuring that their meals are nutritionally-balanced, and that they respect dietary restrictions.
■ Providing opportunities for the elderly to socialize with other people, at little cost
■ Facilitating opportunities for the elderly to find meaningful lives in old age through meal-related activities.

This paper discusses various innovative ways to enable the elderly to get access to meals and build new social networks, as found through research both in the United States and Japan. Along with another anthropologist, Toshiyuki Sano, I have been conducting anthropological research since the mid-1980’s on the process of finding old age meaningful among elderly European-Americans, in the context of cultural and social changes in a medium-sized city in the Midwest. We conducted a long-term field study over two and a half years between 1984 and 1987 in Riverfront City, Wisconsin, and its surrounding farmland. We returned to the site for follow-up research five times—in 1999, 2002, 2003, 2005, and 2007—for roughly two weeks each. I have conducted similar research in Japan over the years, the most recent having taken place in Yamaguchi Prefecture in 2013 and Hiroshima Prefecture in 2014.

First, the paper turns to an examination of the roles of senior centers and senior day-service centers in that respect. It then examines efforts and programs to support the homebound elderly. Finally, the paper discusses ways in which meal-related activities are important for the well-being of the elderly.

2 Meals at senior and senior day-service centers

Both Japanese and American seniors are eager to be involved in activities after retirement, allowing them to build new social networks. They are anxious about maintaining their health and preparing for possible illnesses and immobility. To that end, senior centers and senior day-service centers seem to be promising places.

In both countries, such centers became available in local communities at almost the same time—the early 1970’s—and with the same purpose. Senior centers provide information and referral services, as well as such programs as various classes and social activities, for seniors who are relatively active. Senior day-service centers provide group-oriented programs for the elderly who are physically and mentally frail.

One of the most important services for the elderly in American senior centers is the
congregate meal program, which ensures a nutritionally-balanced meal at least once a day, thus helping them maintain independent lives, as well as providing them with opportunities to socialize with others of the same age. The same program has meal delivery services for the homebound elderly. The paper will now turn to a discussion of the senior center in the United States that serves the focus of my research.

2.1 A congregate meal program at a U.S. senior center

Riverfront City is a medium-sized city in Pine County, Wisconsin. Its population in the mid-1980’s was about 20,000, predominantly composed of European-Americans of various ethnic groups: Anglo-Saxon, German, Irish, and Polish. Also, since the 1990’s, Hmong refugees from Laos have settled in the town. Riverfront City developed in the mid-19th century as a center of the lumber industry; later, paper mills and furniture manufacturing also became important industries there. Lately, service industries have been the main support of the city’s economy. A branch of the University of Wisconsin is located there, with the phrase “town and gown” characterizing the city well.

In the state of Wisconsin, county governments were in charge of services for the elderly during the time the study took place. In Riverfront City, the Pine County Commission on Aging was responsible for managing the services and programs for the elderly, as well as operating the Jefferson Senior Center. The office of the Commission on Aging, later renamed the Area Agency on Aging, was located at the center (Photo 1).

The Jefferson Center was established as a multipurpose center. At the entrance

![Photo 1](image-url)  
Jefferson Senior Center.  
Entrance to the Jefferson Senior Center.
stands a reception desk (Photo 2). The center’s lobby is quite spacious, with several comfortable sofas and tables placed throughout the room (Photo 3). In a corner, coffee, tea, and cakes are provided on a self-service basis, and the room next to the lobby is used for billiards. The largest room in the center is the dining room, which can hold 150 people (Photo 4). At the back of the dining room is a kitchen (Photo 5). The center also has several craft rooms, a gift shop (Photos 6) that sells crafts made by some of the seniors, meeting rooms, and a day-care center for seniors who are frail.

Photo 2  Receptionist at the Front Desk.
Receptionists give information and answer questions.

Photo 3  Lobby of Jefferson Senior Center.
People enjoying card games.
Similar to other senior centers throughout the United States in the 1980’s, the meal program at the Jefferson Center was considered the most important of its services for elderly. It ensured they had a nutritionally-balanced meal at least once a day, thus helping them maintain their independent living, and providing them with opportunities to socialize with others in the same generation (Fujita 2004; Fujita & Sano 2001; Myerhoff 1980). As with other senior centers\textsuperscript{2}, no set fee was charged for the meals. Instead, patrons would make donations, paying whatever they thought

\textbf{Photo 4}  \hspace{1cm} Dining Room.

\textbf{Photo 5}  \hspace{1cm} Kitchen.
Volunteers ready to serve meals.
was appropriate. In that way, everyone could afford a meal, regardless of his or her income level. For about 18 months, we volunteered at the Jefferson Center kitchen every Friday, helping with the meal program. More recently, however, the number of the elderly coming to congregate meals is declining, while the demand for home-delivered meals is increasing, as shall be discussed later in the paper.

The senior center is often thought of as a place that provides services to the
elderly, and the elderly are viewed as the recipients of these services. In reality, they are also the providers of these services. The meal programs, for instance, cannot be operated without their help. From 10:30 a.m. to 1:30 p.m., volunteers perform the following tasks: wrapping eating utensils in paper napkins; setting tables with the wrapped utensils, coffee cups, bowls of butter, and flowers; cleaning up the kitchen; making coffee in a large coffeemaker; spreading butter on sliced bread and cutting each slice in half; receiving cooked food, which is delivered by one of the Commission’s bus drivers; and transferring the food into pans to keep warm until serving time. Then they sit down together and eat before the other participants enter the dining room.

During the meal program, participants proceed to the serving counter with a food tray, and volunteers serve food to them (Photo 7). For participants requiring a special diet because of diabetes or high blood pressure, volunteers bring special food respecting their restrictions. When the meal is over, volunteers rinse the trays and dishes before putting them in a dishwasher, and carry out a general cleanup.

Special attention should be paid to the attitude of the volunteers. The American senior volunteers regard their careers prior to retirement as a model for their volunteering (Fujita 1999). Most of them come to the centers to “work” every day. They say that volunteering should be like work, with a clear vision of its purpose and goal, as well as a strong determination to do it, in addition to maintaining a regular schedule, along with a sense of responsibility. Above all, those aspects should all be spontaneous, and not be imposed by others. Volunteering is highly regarded, as being able to do so connotes having a certain amount of leeway in terms of one’s health, time and money. In other words, it represents a symbol of success in old age. Their view of successful old age reflects such American core cultural values as independence, a strong work-ethic and self-determination.

Perhaps the words of a former principal of an elementary school summarizes their attitude the best: “You have to be just as determined about success in your retirement as you are in your job. If you don’t have that determination, your retirement can be the most miserable time of your life.” Hence, American elderly try as much as possible to be ‘caregivers’ rather than ‘care-receivers’ (Fujita 2005). As we can see from the attitude of the elderly volunteers, the meal program is not simply a vehicle to provide food to the participants, but it—along with other programs—provides ample occasions for the elderly to work, which supports their sense of self-esteem and well-being.

2.2 A congregate meal program at a Japanese senior day-service center

Let us now look at a congregate meal program in Japan. Even though the functions of senior centers and senior day-service centers are very similar in both countries, the interpretation of the seniors toward them differs. Many American elderly view such centers as places to volunteer, and they describe such activities as their
“work,” despite the lack of monetary reward, as seen above. They believe that volunteering should be like work.

In contrast, the Japanese elderly regard senior centers as places to enjoy leisure time, and definitely not as “workplaces,” although many have become more eager to play a more active role in recent years, similar to their American counterparts. Japanese senior centers provide neither regular meal services nor home-delivery services. However, Japanese participants there often bring snack lunches and sweets, sharing them with others. Thus, here, too, food facilitates communication. Japanese elderly are certainly active participants in or users of such programs and services, but rarely do they run such programs. Volunteers play an important role in senior centers, but are mostly middle-aged women whose children have grown up. Japanese elderly usually take the role of care-receivers or guests (Fujita 2005).

In senior day-service centers, participants more strongly tend to take a care-receiver role than at senior centers. However, the senior day-service center in Yamaguchi Prefecture in Japan, to be discussed here later, has taken a totally different approach from that of more conventional senior day-service centers in either Japan or the United States. The people visiting the center are frailer than the American elderly mentioned above, with most of them having suffered a stroke and having become hemiplegic. Many of them have difficulties walking on their own, using canes, walkers or wheelchairs. Some of them find it difficult to communicate orally. All of them need continuous rehabilitation programs to maintain their level of activity and the ability to remain at home.

The elderly participants in the center are channeled toward really “working” in rehabilitation programs without feeling forced to do so. The center and its programs are designed to stimulate participants’ curiosity and motivation to make them willing to try new things on their own. By doing so, they receive therapeutic effects without even realizing it. The center’s policy is not to help them do what they can do on their own.

Let us now examine some of the innovative ways that the participants are led to “work” on their own, as follows:

2.2.1 Physical Environment

Most care facilities are usually designed to be barrier-free for those with disabilities. However, this center intentionally keeps the physical barriers ordinarily found at home, such as stairs. The center’s policy is to keep the physical environment as close to home as possible, letting participants manage their daily living at home. Too accessible an environment can spoil their eagerness and efforts to overcome physical barriers.

For example, the center has many long corridors without handrails. The corridors are not flat, but have gradual upward and downward slopes. Instead of handrails, wooden chests of drawers with different heights are lined up along the wall.
The participants have to coordinate their limbs with the different heights of the chests in order to support themselves. That coordination works as a natural physical therapy for them. Each chest drawer also serves as a place for individual participants to keep their personal belongings. That means they have to know and remember which row of chests contains their personal lockers (Photos 8-1, 8-2).

Walking through the corridor can provide mental exercise, as well. The wall has many puzzles and exercises for participants to stop and try out (Photos 9-1, 9-2). To find out the answers to the puzzles, participants must lift the question sheet. Because they are so curious to find out the answer, they are eager to lift their arms, and that becomes therapy without their realizing it. Hence, the physical environment of the center has numerous small barriers with ingenious twists that appeal to the participants’ curiosity, letting them work on them willingly.

2.2.2 Self-selected and self-determined programs

Most day-service centers in both Japan and the United States offer programs

Photos 8-1 Corridor without handrails.
Photos 8-2 Chests of varying heights used instead of handrails.

Photo 9-1, 9-2 Exercises posted on the wall.
planned by their staff members. Often, all the participants engage in the same group activities. At this center, each participant selects items from four categories, puts signs on the board, and determines his or her own program for the day. The categories are as follows:

- Mental training & exercises (cooking, baking bread, quizzes, speech therapy, playing cards)
- Occupational therapy (hobbies & crafts) (ceramics, pottery, calligraphy, flower arrangement, PC, woodworking)
- Physical therapy (swimming, walking, gymnastic exercises)
- Relaxation (massage, bathing, reading, taking naps)

In that way, the program is totally individualized, based on the participants’ interests, willingness and self-determination. Each day, the participants follow the program designed for that day.

2.2.3 Buffet-style meals

At lunchtime, participants need to be active, since staff members do not bring them their meals. On a long table in the center of a large dining room are placed large plates and bowls of cooked rice and soup, as well as several kinds of main and side dishes, along with tea. Each participant gets his or her own plates and utensils, kept in individualized boxes, and walks to the table. He or she examines the menu, decides what and how much to eat, serves himself or herself, and brings the meal to the table on his or her own. While some of the participants find it difficult to walk or use their hands, they still push themselves to get their own meals. All the movements and efforts to that end become part of the rehabilitation.

2.2.4 Yume money used at the center

Another innovative and ingenious way the center stimulate people’s motivation is providing fake money called yume (dream), which is only usable there. All the services and programs offered at the center are given a price, and people must pay yume to participate in them. For instance, joining a cooking class costs 200 yume. At the same time, there are plenty of ways that yume can be earned, as follows:

- Setting up a goal and achieving it.
- Challenging oneself to do quizzes and puzzles on the wall and solving them.
- Winning at card games, roulette, and other games.
- Helping the staff members with some of their work.
- Serving as a “navigator” for visitors.

Utilizing yume—despite being fake and valid only at the center—plays several important roles in rehabilitation. First, participants learn that no program or service is free, which helps them realize the value of each program and service. Second, they need to calculate how much money they have and plan their own budgets. At
the same time, they know that they can earn *yume*, which gives them the incentive to get involved in many activities and exercises.

### 2.2.5 Assigning responsibility: From care-receivers to care-givers

Since the center has become very well-known in Japan for its innovative services, it attracts many visitors, both professional and non-professional. Most other facilities normally have staff guides to show visitors around and explain everything. However, this center assigns that role to participants. To be a “navigator” is a challenging job. The navigator not only has to know all the aspects of the center and how they work, but must also be able to communicate that information to strangers. The tour usually takes about two or three hours. However, those who become navigators find the position honorable, and are very proud. The center also provides navigators with business cards with their name and title imprinted.

Another example is a woman who used to be a wonderful cook before suffering a stroke that left her paralyzed on one side of her body. After many years of depression, she trained herself to cook with one hand. The center assigned her to be a cooking instructor for other stroke victims. Having regained her confidence, she now thoroughly enjoys her new role as an instructor.

This section of the paper has described two types of programs: elderly volunteers at a senior center in the United States, and a rehabilitation program for frail seniors in a day-service center in Japan. Both programs include congregate meals, which are important ingredients. The strongest impression one gets when visiting the centers is that the participants are active and joyful, and certainly they know what they are doing. The key symbol in both cases is “work.” The elderly in both places turn their activities into work with a clear vision of the purpose and goal, a strong determination for doing it, and a regular schedule, along with a sense of responsibility. Above all, all those aspects are not forced upon them but are done spontaneously.

In sum, congregate meal programs at senior centers do the following:

- Ensure the elderly a nutritionally-balanced meal at least once a day.
- Help them maintain independent lives.
- Provide them with opportunities for volunteering.
- Provide them opportunities to socialize with others of the same generation.

### 3 Meals and the home-bound elderly

Senior centers may be one solution to ensure access to food and socialization for the elderly, but they are not for all. Many elderly suffer from chronic illnesses and have become homebound. Going shopping and getting daily goods such as food are serious problems for the elderly, especially those living in depopulated villages with limited public transportation. Two innovative programs will now be introduced.
to give such homebound elderly access to meals, one in the United States and the other in Japan.

3.1 Home-delivered meals in the United States

The Jefferson Center also offers home-delivered meal services. The same lunch is packaged in a box (Photo 10) and delivered to the homebound elderly by volunteer drivers. Many of the seniors who had previously come to the center use this service after becoming too frail. For instance, after her retirement from the center, the former meal-site manager has continued working as a volunteer driver to deliver boxed lunches. In that way, she said that she can keep in touch with those who used to come to the center and are now homebound.

In the mid-1990’s, the number of users of home-delivered meals from the center steadily increased, while the number of participants participating in the congregate meal program at the Jefferson Senior Center started to decline. Table 2 indicates the changes in the number of people who used the meal program each year, between 1987 and 2009. Until 1992, the number of people who participated in the congregate meal program exceeded 1,600 annually. Although an increase to 1,800 participants was seen in 1994, the number started declining since then, dropping to 1,200 by 1998. Table 3 shows the number of meals provided annually. On-site meals decreased from around 49,000 in 1987 to 29,000 meals in 2009. The number of participants receiving home-delivered meals annually increased steadily from 130 in 1987 to 250 in 2009 (Table 2). The number of home-delivered meals also increased from 11,000 in 1987 to 26,000 in 2009 (Table 3). The nutrition program is

Photo 10  A Volunteer Preparing Home-delivered Meals. The same meals are packaged and delivered to people’s homes.
still important service for the elderly, but the program has shifted its location from being held exclusively in the senior center to include the homes where the elderly live. The same tendency can be observed in many other parts of the United States.

Several reasons can be cited for the change. First, the focus of senior centers has shifted from being the focal place to satisfy elderly’s social needs to the support of long-term care at home, so that those seniors who prefer to stay at home instead
of going to nursing homes can do so (Fujita-Sano 2014). The importance of senior day-service centers also increased. Another reason is the wider acceptance and availability of services for the elderly in society. In the 1980’s, senior centers were the only places that offered services and programs to the elderly. Now, universities and colleges offer a wide range of extension programs in which elderly can participate for very nominal charges. Senior discounts are available in many restaurants, as well as discounted admission charges for movie theaters and museums. As more options become available to elderly, using senior centers is one of those options from which to choose (Sano & Fujita 2006).

Despite all those changes, the desire of seniors to be useful to other people, to continue learning throughout their life course, and to be connected with others has not changed at all. Volunteering has always been the core of their well-being, and continues to be so (Table 4). The difference is that they have more options and places for volunteering than before.

3.2 Home-delivered meals in Japan

Senior centers in Japan are popular, serving many of the same purposes as they do in the United States. The former, however, provide neither regular meal services nor home-delivered meal services. In urban areas, those functions are assumed by private businesses rather than the public sector.

A recent trend in Japan is for businesses to shift their target from younger people to the elderly. For example, convenience stores have evolved into mini-supermarkets. They sell fresh produce and ready-made food in small packages. They offer home-delivered meal services, and people can place orders online. The shift in the targeted customer base provides greater convenience to those seniors
who are living alone or are homebound.

Delivery services for groceries and daily commodities, such as services run by co-ops, have been available for many years in Japan. Catering businesses, which deliver boxed meals to workplaces, have also been common for a long while. Recently, those services have been paying more attention to the needs of the elderly, targeting them as their major customers. For instance, they deliver special meals for those with dietary restrictions.

Even so, serious problems remain in shopping and acquiring daily goods such as food for the elderly living in depopulated villages, where public transportation is limited or unavailable.

First of all, many of the villages lack convenience stores, and companies have little incentive to open new stores there. The decreasing population—particularly the decreasing number of younger people, who are moving to urban areas—has had a big economic impact on those villages.

Small, local stores often offer delivery services to remote, depopulated areas, but such activities are barely profitable. The store owners themselves are aging, and many of them have no successors. As a consequence, many of the elderly with limited mobility and without supporting family members are left isolated in these areas.

A new project that started two years ago in Jinseki-Kogen Town in Hiroshima Prefecture may provide a promising model for helping the elderly gain better access to meals. It is a community-based collaborative model involving various actors (Figure 1).

The town has a total population of about 10,000. The southern part of the town, which is near a larger urban area, attracts many young people who want to start their own families. The northern part, however, has only small villages and hamlets,
with few young people.

In the model, a new convenience store was built in the southern part of the town, the first to be opened in a non-urban area by the large corporation operating it. Many of the seniors living in the town’s northern rural areas, however, cannot get to the store by themselves. Furthermore, it is not economically viable for the convenience store, without subsidies, to deliver goods to the elderly living in those areas, as they live too far from the store. Hence, the opening of the convenience store did not directly benefit the elderly in the northern part of the town.

In response, the town’s municipal government secured funding from the national government to consign the delivery service to local operators, and two local operators responded. In that way, the new project at Jinseki-Kogen has brought new business opportunities to local operators who may have otherwise chosen to close their businesses. The new funding thus revitalizes the local economy.

However, the elderly living in remote areas may not know about the new service, or may be apprehensive about using it. In addition, the convenience store may not have a clear picture of their needs of the elderly, because they do not visit the store. In that respect, neighborhood associations play a significant role in the project. They are in close contact with the elderly, and have established trusting relationships with them. Consequently, they are in a good position to understand the needs of the elderly, and are able to communicate those needs to the municipal government.

An important aspect of the project is the communication between the drivers and the elderly customers when groceries and daily commodities are delivered, allowing the former to check on the well-being of the latter. In that way, the project helps fulfill the social needs of the elderly, reducing their sense of isolation.

4 Meals and the well-being of the elderly

In this paper, we have seen that there are formidable barriers that complicate seniors’ access to shopping and meals. Declining health, decreasing mobility, and diminishing financial resources aggravate those problems, especially for the elderly who live alone. However, we have also seen that since meals are essential for everyone, they work as catalysts to mobilize various actors—including local governments, corporations, social agencies, and neighborhood associations—to collaborate so as to help the elderly gain access to meals and improve their well-being. A good example of that is the project in Jinseki-Kogen for the homebound elderly living in remote areas. Hence, this sort of collaboration is one key to ensuring the well-being of the elderly.

Another key to ensuring their well-being is making the programs and projects a source of meaningfulness and pride for them. Gaining accesses to nutritionally-balanced meals, or meals that take medical restrictions into account, is only a part
of the story. The programs involving meals not only mobilize the elderly to participate in social activities, but also help them find meaning in their activities.

We have seen two cases in which work serves as a key symbol for activities of the elderly. The first case cited was that of elderly volunteers in American senior centers, who not only are the users of the services and programs offered, but also the managers running them. The second case was that of seniors at a Japanese day-service center, where rehabilitation is not merely training but becomes a source of incentive for the participants to work, without their feeling forced to do so.

In both cases, a number of common features can be observed in the meaning of “work” for American and Japanese elderly, as follows:

► Having a clear vision of the purpose and goal.
► Having a strong determination to do it.
► Being performed according to a regular, continuous schedule.
► Having a sense of responsibility.
► Having the sense of being helpful to others.

Above all, those aspects should all arise spontaneously among the participants, not being forced by others.

The two cases examined here also make us realize the importance to the elderly of being caregivers. Throughout our lives, we strive for independence as well as to be helpful to others. Confining the elderly to the role of “care-receivers” only may deprive them of that opportunity. The government and social agencies should design programs so that those elderly who wish to do so are able to “work” and volunteer. Programs and services can be designed to let the elderly feel that they are agents responsible for designing their own activities and lifestyle.

A super-aging society certainly poses many challenges. But exploring cultural diversity and various innovative programs concerning well-being can lead to a range of solutions and broaden our viewpoint.

Acknowledgements

The data on which this paper is based were collected during two different projects conducted by the author, as follows:


The paper also benefited considerably from the very valuable comments provided by three anonymous referees. The author extends her gratitude to those organizations and individuals.
Fujita-Sano  The Role of Meals in the Well-being of American and Japanese Elderly

Notes

1) All the names of organizations, individuals, and places (except Wisconsin) are pseudonyms to protect the privacy of those involved in this research.
2) For other anthropological studies of senior centers, see Cuellar 1978, Hochschild 1973, and Jacobs 1974.

References

Cabinet Office

Cuellar, Jose

Fujita, Mariko

Fujita-Sano, Mariko

Fujita, Mariko and Toshiyuki Sano

Hochschild, Arlie Russell

Jacobs, Jerry

Myerhoff, Barbara

Sano, Toshiyuki & Mariko Fujita

Sugita, Satoshi

Tokyo Roujinken Sougou Kenkyujo