

Healthy Aging: Older Americans Act Reauthorization

Situation

It is anticipated that Congress will pass an Older Americans Act reauthorization bill in 2011, as the current Act expires on September 30. At this time, though, the new Congress has not introduced a reauthorization bill. In 2010 ADA submitted to the Health and Human Services' Administration on Aging comments and recommendations to be included in the bill.

Overview of the Act

The Older Americans Act (OAA) was passed in 1965 to address inadequate community social services for older persons. One of the major emphases was nutrition and as a result two programs were created: congregate dining and home delivered meals. Both provide important access to healthy food options for older adults. The OAA is considered to be the major vehicle for social and nutrition services to this group. It has a national network of 56 state agencies on aging, 629 area agencies on aging, nearly 20,000 service providers, 244 Tribal organizations and 2 Native Hawaiian organizations. The program is administered through Health and Human Services' Administration on Aging (AoA) whose mission is "to develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities."

Specifically, the purpose of the OAA Nutrition Program is to:

- Reduce hunger and food insecurity
- Promote socialization of older individuals
- Promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

The program targets adults who are 60 years of age or older in greatest economic and/or social need, with particular attention to low-income minorities, those in rural areas and those with limited English proficiency. While those groups are targeted for need, age is the only requirement for the congregate nutrition program; those receiving home-delivered meals must also be homebound. Other requirements may be stipulated by the State Unit on Aging or the local Area Agency on Aging.

The American Dietetic Association supports healthy aging and submitted comments on the reauthorization of the Older Americans Act to the Administration on Aging. The Healthy Aging DPG and ADA developed the recommendations with a goal of strengthening programs that support the AoA mission. Healthy Aging is working with the Dietetics in Health Care Communities (DHCC) DPG to conduct advocacy and outreach efforts to support the reauthorization of the OAA.

Rationale for Nutrition Services

Nutrition is essential to healthy aging. Proper nutrition makes it possible to maintain health and functionality later in life and it positively impacts the quality of life in older adults. The OAA Nutrition Program serves a population with a wide variety of health-care needs, but nutrition is a common denominator. As primary prevention and health promotion, nutritional counseling lessens chronic disease risk and addresses nutrition problems that can lead to more serious conditions and adverse events. As a component of chronic disease management, medical nutrition therapy (MNT) slows disease progression and reduces symptoms. Older adults who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease and to require care in a hospital, nursing home or

other facility. Healthy lifestyles appear to be more influential than genetic factors in helping older people avoid declines in health traditionally associated with aging.

The majority of older adults (87%) have one or more of the most common chronic diseases: hypertension, diabetes and coronary heart disease, all of which are preventable or treatable in part by access to appropriate nutrition services.ⁱ By 2000, the prevalence of obesity in people 50 to 69 years of age had increased to 22.9% and for those above 70 years of age to 15%, representing increases of 56% and 36%, respectively, since 1991.ⁱⁱ The Institute of Medicine has cited obesity as the most common nutritional disorder in older persons, although undernutrition also continues to be a pervasive problem in older adults.ⁱⁱⁱ Undernutrition can be a costly problem for older adults in community settings, with a close connection between inadequate income and hunger. Dehydration and pressure ulcers are directly associated with nutritional status and are among the top reasons older adults are admitted to the hospital.

Cost Benefit Support: *The cost of one day in a hospital roughly equals the cost of one year of OAA Nutrition program meals. One month in a nursing home equals that of providing mid-day meals five days a week for about seven years.*^{iv}

Recommendations

ADA submitted the following recommendations to AoA in 2010 to be included in the bill:

1. Authorize the reinstatement of funding for a national Nutrition Resource Center. The function of this Center would be again to help the aging network improve programmatic operations including implementation of best practices, capacity building, broadening coordinated care linkages, resource and information sharing, problem solving, cost containment and multidisciplinary collaborations and interactions. This Nutrition Resource Center was developed and directed by RDs at the Florida International University and provided invaluable resources and information for RDs and DTRs working with Older Americans Act programs. The Center promoted active healthy aging by working to reduce nutrition risk among older adults, especially minorities with health disparities. The goals included supporting quality of life, improving functionality, promoting independence and decreasing early nursing home admissions and hospitalizations, through better nutrition. (Note: there is currently an RFP outstanding to fund this Center. Consequently this will no longer be needed to be in our “ask”.)
2. Develop and promote a strong evidence-based nutrition and health component through programs that include targeted nutrition screening, assessment, nutrition counseling and education. Build a model evidence-based chronic disease self-management (CDSM) program around a structured nutrition program for older persons. Empowering people to manage chronic conditions through nutrition and other interventions can result in improvements in general health and yield cost savings. RDs and DTRs are uniquely qualified to conduct CDSM programs.
3. Give greater flexibility to allow state agencies and local providers to decide how funds are allocated to best meet the needs of their communities. Each community is unique; some communities need more monies for congregate meals and other communities need more for home-delivered meals or meals on wheels. This change would allow communities to put the money where the needs are.
4. Fully fund Title III C and invest in the opportunity to use funds not only to serve the current population in need but also to transform congregate nutrition sites and home delivered nutrition services into desired models to meet the needs of the growing numbers of older individuals seeking to remain healthy in their communities. By 2030, 20% of Americans will be 65 or older. A more educated and culturally diverse population with more complex needs will require an increased emphasis on cultural competency, choice, health promotion and disease management and subsequent adequate funds.
5. Eliminate the existing authority to transfer funds out of the nutrition program Title III C to other programs. Often funds are transferred from the nutrition portion of funding to other services like information services. Although these services are important, the funding for nutrition services should remain for that purpose. The foundation for keeping older adults in their communities is access to healthy food and nutrition services.

6. Provide adequate funding for Title III B and Title III C in order to ensure services will be available for older individuals who need them. Many states report long wait lists for these programs making staying in their homes more difficult.
7. Ensure that qualified nutrition staff, including registered dietitians, are at the local, regional, state and federal levels of the aging network that will result in cost-effective nutrition services and evidence-based interventions. These qualified persons have the expertise to balance the needs of the aging population from the very frail to the aging boomer. In addition to assuring nutritionally adequate meals meet food safety standards, the RD provides nutrition education, screening, assessment and Medical Nutrition Therapy that results in healthy aging and empowers the older adult to prevent or manage nutrition-related chronic disease, an effective cost-saving measure.
8. Maintain nutritional health and reduce food insecurity through provision of Title III C and VI meals that meet established nutritional standards; older adults are susceptible to nutrient deficiencies for a number of reasons and the Institute of Medicine has estimated approximately 40% of adults age 65+ have inadequate nutrient intakes. For most participants, these meals provide half or more of their daily intake.
9. Improve state and local area plans by including a nutrition-related community needs assessment addressing functionality, food security and depression. About 11% of older Americans are food insecure which translates into about 2.5 million at risk for hunger; 6% are food insecure and 2% are very low food secure which means 750,000 suffer from hunger due to financial constraints. Hunger, functional limitations and depression negatively impact an older person's ability to remain independent. Conduct individual client assessments to reduce potential for nutrition risk and provide appropriate interventions; RDs and DTRs are uniquely qualified to conduct nutrition assessments and appropriate interventions.
10. Collect strong and relevant outcomes data that relate to nutrition program measures; outcomes data can strengthen and improve program performance by increasing efficiencies and providing accountability. The AoA supported Performance Outcomes Measurement Project supplies measurement tools that can serve as the basis for data collection.
11. Fully fund Title VI, to promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives and Native Hawaiians that are comparable to services provided under Title III.
12. Require Aging and Disability Resources Centers (ADRCs) with a single point of entry form to include nutrition screening questions and to routinely make appropriate referrals for full nutrition assessments for those determined to be at nutrition risk or malnourished; then provide services as subsequently deemed appropriate.

Bottom Line: Support and fund amendments to the current Older Americans Act that strengthen the Nutrition Programs by increasing participant access to nutrition screening, education and counseling and ensure qualified nutrition expertise is utilized at all levels in the coordination and planning of meal services. ADA would like to have the following included in the bill:

1. Ensure programs have the necessary qualified nutrition staff, specifically registered dietitians, that will result in cost-effective nutrition services and evidence-based interventions. These qualified persons will balance the needs the aging population from the very frail to the aging boomer. In addition to assuring nutritionally adequate meals that meet food safety standards, the RD provides nutrition education, screening, assessment and Medical Nutrition Therapy that results in healthy aging and empowers the older adult to prevent or manage nutrition-related chronic disease, an effective cost-saving measure.

Talking Points for Visit

Introduction: Who You Are

Registered dietitians work to improve the health of Americans through access to healthy foods and nutrition services. The American Dietetic Association represents more than 70,000 members, the world's largest organization of food and nutrition professionals.

What:

Our purpose today is to ask for support of the passage of the Older Americans Act.

In our state, we have xxxx number of older adults or XX% receiving services under this Act

The Older Americans Act (OAA) was passed in 1965 to address inadequate community social services for older persons. One of the major emphases was on nutrition. Two programs were created in 1972: congregate dining and home delivered meals. Both provide important access to healthy food options for older adults. The OAA is considered to be the major vehicle for social and nutrition services to this group.

Add your state's statistics here.

Setting the Stage for the Ask: Why Nutrition and Why Us?

87% of older adults have one or more of the most common chronic diseases, hypertension, diabetes and coronary heart disease, all of which are preventable or treatable in part by access to appropriate nutrition services.^v

- Nutrition is essential to healthy aging. Proper nutrition makes it possible to maintain health and functionality later in life and it positively impacts the quality of life in older adults.
- The OAA Nutrition Program serves a population with a wide variety of health-care needs, but nutrition is a common denominator.
- As primary prevention and health promotion, nutritional counseling lessens chronic disease risk and addresses nutrition problems that can lead to more serious conditions and adverse events. As a component of chronic disease management, medical nutrition therapy (MNT) slows disease progression and reduces symptoms.
- Older adults who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease and to require care in a hospital, nursing home or other facility.

Cost-Benefit Support: *The cost of one day in a hospital roughly equals the cost of one year of OAA Nutrition program meals. One month in a nursing home equals that of providing mid-day meals five days a week for about seven years.*^{vi}

Why:

Cost-effective nutrition services need qualified staff to maximize cost savings and to assure quality of life for the older adults at the local, regional, state and federal levels of the aging network. In addition to assuring nutritionally adequate meals that meet very important food safety standards for this population, the RD provides nutrition education, screening, assessment and Medical Nutrition Therapy. Our services will help assure healthy aging and empower the older adult to prevent or manage nutrition-related chronic disease, an effective cost-saving measure to stay in their own homes.

How: What We Would Like Included

1. Authorize funding the Nutrition Resource Center that will identify ways to increase cost effective food and nutrition services in home and community-based social, health and long-term care systems serving older adults. The Center will find ways to promote active healthy aging by working to reduce nutrition risk among older adults, especially minorities with health disparities.

The goals of the Center would include:

- support quality of life,
- improve functionality,
- promote independence, and

- decrease early nursing home admissions and hospitalizations, through better nutrition.

The Center will identify evidence-based research that will result in cost saving programs to help more older adults remain in their home.

2. Ensure that programs have the necessary qualified nutrition staff, specifically registered dietitians, that will result in cost-effective nutrition services and evidence-based interventions. These qualified persons will balance the needs the aging population from the very frail to the aging boomer. In addition to assuring nutritionally adequate meals that meet food safety standards, the RD provides nutrition education, screening, assessment and Medical Nutrition Therapy that results in healthy aging and empowers the older adult to prevent or manage nutrition-related chronic disease, an effective cost-saving measure.
3. Include language that supports a strong evidence-based nutrition and health component through programs that include targeted nutrition screening, assessment, nutrition counseling and education.

For information on OAA programs and funding:

T H E B A S I C S Older Americans Act Of 1965 National Health Forum July 9, 2010
http://www.nhpf.org/library/the-basics/Basics_OlderAmericansAct_07-09-10.pdf

Nutrition Services (OAA Title IIIC) Administration on Aging
http://www.aoa.gov/aoaroot/aoa_programs/hcltc/nutrition_services/index.aspx

OAA Title III Services Target the most Vulnerable elderly in the United States
http://www.aoa.gov/AoARoot/Program_Results/docs/AoA-issue2_HealthStatus.pdf

Position of the American Dietetic Association, American Society for Nutrition and Society for Nutrition Education: Food and Nutrition Programs for Community-Residing Older Adults. *J Am Diet Assoc.* 2010;110:463-472.

ⁱ Position of the American Dietetic Association, American Society for Nutrition and Society for Nutrition Education: Food and Nutrition Programs for Community-Residing Older Adults. *J Am Diet Assoc.* 2010;110:463-472.

ⁱⁱ Villareal, D., Apovian, C., Kushner, R., & Klein, S. (2005). Obesity in older adults: technical Review and position statement of the American Society for Nutrition and NAASO, The Obesity Society. *American Journal of Clinical Nutrition*,82(5), 923-934. Retrieved October 19, 2008, from www.ajcn.org/cgi/content/full/82/5/923.

ⁱⁱⁱ Institute of Medicine The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population January 1, 2000

^{iv} 2007 State program report. US Administration on Aging Web site. http://www.aoa.gov/AoARoot/Program_Results/SPR/2007/Index.aspx#national. Last modified July 16, 2009. Accessed September 15, 2009.

^v Position of the American Dietetic Association, American Society for Nutrition and Society for Nutrition Education: Food and Nutrition Programs for Community-Residing Older Adults. *J Am Diet Assoc.* 2010;110:463-472.

^{vi} 2007 State program report. US Administration on Aging Web site. http://www.aoa.gov/AoARoot/Program_Results/SPR/2007/Index.aspx#national. Last modified July 16, 2009. Accessed September 15, 2009.