

The Older Americans Act

March 2012



Meals on Wheels of Loveland and Berthoud

HOW DOES THE OLDER AMERICANS ACT (OAA) MATCH THE ACADEMY'S GOALS?

THE ACADEMY STRIVES TO "OPTIMIZE THE NATION'S HEALTH THROUGH FOOD AND NUTRITION" AND TO CONTINUE IMPROVING THE HEALTH OF ALL AMERICANS

THE OAA WAS PASSED IN 1965 TO ADDRESS INADEQUATE COMMUNITY SERVICES AND ISOLATION FOR OLDER PERSONS. TWO PROGRAMS WERE ALSO CREATED TO ADDRESS NUTRITION NEEDS: CONGREGATE DINING AND HOME-DELIVERED MEALS.

CONGREGATE NUTRITION SERVICES (TITLE III – C1) PROVIDES MEALS AND RELATED SERVICES FOR OLDER PEOPLE IN CONGREGATE SETTINGS. THESE MEALS HELP TO KEEP OLDER AMERICANS HEALTHY AND PREVENT ILLNESS. IN FY 2009, MORE THAN 92 MILLION MEALS WERE PROVIDED TO NEARLY 1.7 MILLION SENIORS IN A VARIETY OF COMMUNITY SETTINGS.

HOME-DELIVERED MEAL SERVICES (TITLE III – C2) PROVIDES MEALS AND RELATED SERVICES TO SENIORS WHO ARE HOMEBOUND DUE TO ILLNESS, DISABILITY OR GEOGRAPHIC ISOLATION. HOME-DELIVERED MEALS ARE OFTEN THE FIRST IN-HOME SERVICE THAT AN OLDER ADULT RECEIVES, AND SERVE AS A PRIMARY ACCESS POINT FOR OTHER HOME AND COMMUNITY-BASED SERVICES. IN FY 2009, NEARLY 149 MILLION HOME-DELIVERED MEALS WERE PROVIDED TO MORE THAN 880,000 HOMEBOUND INDIVIDUALS.

Overview

The OAA 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 the Administration on Aging (AoA) which manages a comprehensive and coordinated cost-effective system of services that help older individuals maintain their health and independence in their homes and communities. The largest program in the OAA is the nutrition program, which aims to:

- Reduce hunger and food insecurity
- Promote socialization of older adults
- Promote the health and well-being of older adults by giving them access to nutrition and other disease prevention and health promotion services

The nutrition 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. The nutrition program celebrated its 40th anniversary on March 22.

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.

Based on data gathered through FY 2009 and via the 2009 National Survey of Older Americans Act program, participants provide the following insight into their lives-

For the home-delivered meals programs:

- 44% are in poverty and 52% are at high nutritional risk;
- 24% do not have enough money or SNAP to buy enough food to eat;
- 63% rely on the home-delivered meal for half or more of their total daily food intake;
- 17% report they choose between purchasing food and medications;
- 55% of white, 63% of African American and 38% of Hispanic home-delivered meal participants report their health as fair to poor.

For the congregate meals programs:

- 34% are in poverty and 19% are at high nutritional risk;
- 13% do not have enough money or SNAP to buy enough food to eat;
- 58% rely on their congregate setting meal for half or more of their total daily food needs; and
- 27% of white, 38% of African American and 26% of congregate meal participants report their health as fair to poor.

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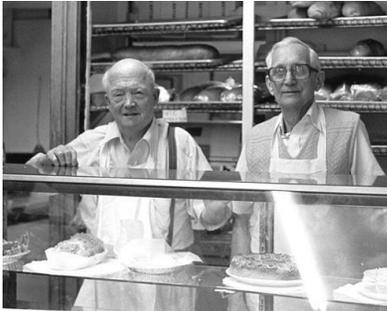


Photo Courtesy of Administration on Aging

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.

WANT STORIES TO SHARE WITH YOUR MEMBERS OF CONGRESS?

CONTACT MEMBERS OF KEY DIETETIC PRACTICE GROUPS WORKING IN THE AREA-

- HEALTHY AGING
- DIETETICS IN HEALTHCARE COMMUNITIES
- PUBLIC HEALTH AND COMMUNITY NUTRITION



Administration on Aging

Impact of the Older Americans Act on Improving Health and Nutrition 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.

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.¹ 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 1991.² 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.³ 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.

Outcome Information Shared

South Carolina: With adjustments for race, gender, age and service durations:

- Congregate clients who ate more meals per week had significantly fewer inpatient admissions and emergency department visits than those eating fewer meals.
- Home-delivered meal clients receiving more meals per week had significantly fewer inpatient admissions than the comparison group (but no effect on emergency visits).

Although causality cannot be determined, the analyses are consistent with the Agency's original premise that OAA meal service results in reduced hospital or nursing home usage and costs. In South Carolina, the average cost of a year's worth of home-delivered meals is \$1,107 (FY 2004, FY 2005) compared to the \$25,000-\$37,000 average cost of a year's stay in a nursing home.

1 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.

2 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.

3. 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

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Photo Courtesy of Administration on Aging

KEY POINTS TO COVER IN HILL VISITS

1. ACCESS TO NUTRITION AND FOOD KEEPS OLDER ADULTS INDEPENDENT.
2. NUTRITION THERAPY AND INTERVENTIONS ARE COST-EFFECTIVE.
3. 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.
4. AS A COMPONENT OF CHRONIC DISEASE TREATMENT AND MANAGEMENT, INDIVIDUALIZED MEDICAL NUTRITION THERAPY (MNT) SLOWS DISEASE PROGRESSION AND REDUCES SYMPTOMS.

Iowa: Participants improved their nutrition scores so much that they were no longer considered to be at risk for malnutrition. This is significantly better than just having an improved score, but still being at risk for malnutrition. Over FY 2010:

- 39% of the congregate participants who were at high nutrition risk at the first screening were no longer at high nutrition risk at the second screening.
- 25.9% of home delivered meal participants were no longer at high nutrition risk at the second screening (usually 6 months). The data supports the observation that the largest impact on improving nutrition outcomes and potentially reducing risk for institutionalization is with individuals receiving congregate meals.

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.*

Bill in Congress - S. 2037

The Older Americans Act was introduced by Senator Bernard Sanders (Independent – VT) on January 26th, 2012. Additional bills to amend the OAA have and will be introduced and merged into the Sanders bill.

Below are some highlights of the bill related to nutrition that will help give local communities more flexibility:

- Establish minimum allocations of 40% to congregate and 35% to home-delivered programs, with a 25% flexible account that could be used for either program or for transportation services in support of nutrition.
- Limit the maximum amount that could be transferred from the nutrition programs to supportive services from 30% to 25%. These changes are an attempt to increase flexibility while preserving each of the nutrition programs.
- Increase funding to keep up with the changing demographics to \$1.2 billion – providing more access to healthy foods and nutritious meals for older adults.
- Increase the Health Promotion and Disease Prevention Program (Title IIID) authorization by 50% to \$32 million.
- Maintains the existing system of voluntary contributions for nutrition program participants versus cost sharing.
- Maintains separate congregate and home-delivered meals titles and the nutrition services incentive program.
- Maintains the requirement that providers offer nutrition screening and education to participants and, where appropriate, nutrition assessment and counseling.

As of March 12th, 2012 the Older Americans Act had been referred to the Senate Committee on Health, Education, Labor and Pensions (HELP). For the full text of the bill go here: <http://thomas.loc.gov/cgi-bin/query/z?c112:S.2037>