



Food Security & the Older Americans Act Nutrition Program

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Major Points

- Older Americans are becoming a larger and more diverse part of the population.
- Nutrition and food security affects health, functionality, and ability to remain independent at home.
- The Older Americans Act Nutrition Program is a partially federally funded, state administered program and varies in implementation at all levels.



Major Points

- The Older Americans Act Nutrition Program serves a vulnerable at risk population.
- The Older Americans Act Nutrition Program affects food intake, social interaction, health and the ability of older adults to remain at home in the community.
- The Older Americans Act Nutrition Program is a part of a larger system of home and community based long term care which varies by state.

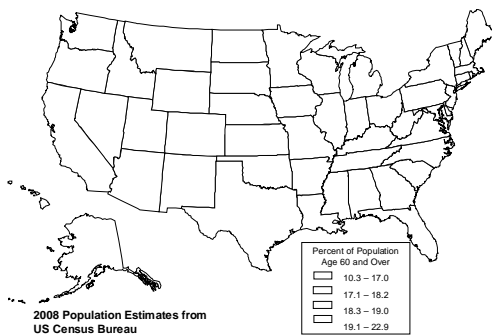


Overview

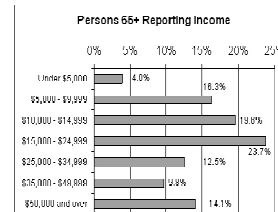


- Aging Statistics
- Food Security
- Older Americans Act
- OAA Nutrition Program
- OAA Performance & Outcome Data
- References/Resources

% 60+ Population by State



Income 65+, 2009



Administration on Aging, A Profile of Older Americans: 2009.

- HHS 2009 Poverty Guidelines
 - 1 person: \$10,830
 - 2 persons: \$14,570
- Older Americans 2008 data
 - Median income: \$18,337 for 36.5 million people reporting income
 - 23.9% incomes above \$35,000
 - 39.9% incomes below \$14,999
 - 9.7% in poverty + 6.3% near poor (125% of poverty) or 16% poor/near poor

Factors affecting 65+ Poverty Rates

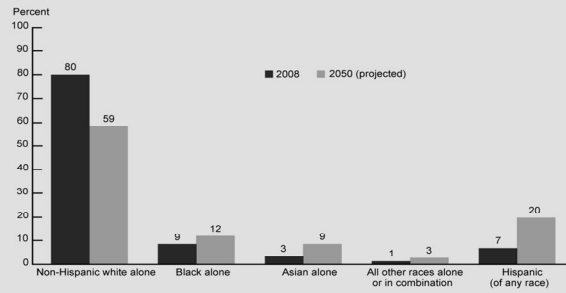
- **Racial/ethnic**
 - 7.6% White
 - 20.0% African American
 - 11.1% Asian American
 - 19.3% Hispanic Americans
- **Gender**
 - 6.7% men
 - 11.9% women
- **Living arrangements**
 - 3.0% living with families
 - 17.1% living alone
- **Location, higher than average**
 - 12.6% principal cities
 - 11.2% rural
 - 11.2% South
- **Highest poverty rates**
 - 43.1% Hispanic women, living alone
 - 34.7% African American women, living alone

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Administration on Aging, A Profile of Older Americans: 2009.

Racial/Ethnic Diversity is Increasing

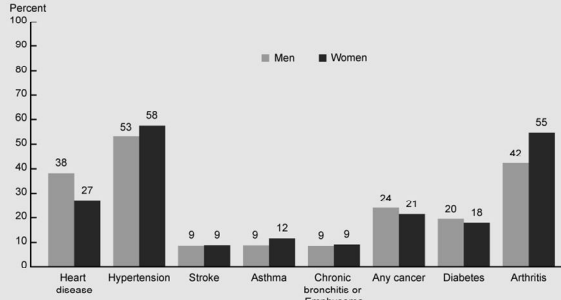
Population age 65 and over, by race and Hispanic origin, 2008 and projected 2050



NOTE: The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. The race group "all other races alone or in combination" includes American Indian and Alaska Native alone; Native Hawaiian and Other Pacific Islander alone; and all people who reported two or more races. Reference population: These data refer to the resident population. SOURCE: U.S. Census Bureau, Population Estimates and Projections, 2008.

Chronic Health Conditions Are Different for Men & Women

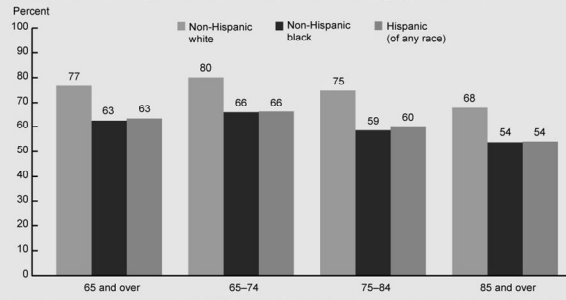
Chronic health conditions among the population age 65 and over, by sex, 2007–2008



NOTE: Data are based on a 2-year average from 2007–2008. See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey. Reference population: These data refer to the civilian noninstitutionalized population. SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Minority Groups Have Poorer Perceived Health

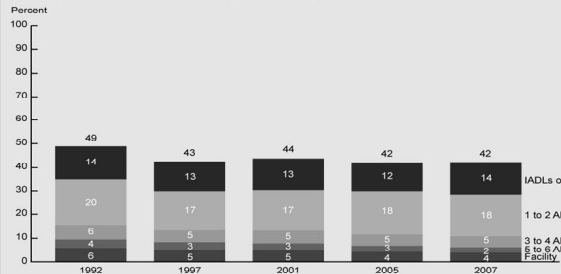
Respondent-reported good to excellent health among the population 65 and older by age group, race, and Hispanic origin, 2006–2008



NOTE: Data are based on a 3-year average from 2006–2008. See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey. Reference population: These data refer to the civilian noninstitutionalized population. SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Functional Limitations are Decreasing

Percentage of Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a facility, selected years 1992–2007



NOTE: A residence is considered a long-term care facility if it is certified by Medicare or Medicaid, has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service, or provides 24-hour, 7-day-a-week supervision by a caregiver. ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. IADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: using the telephone, sign movements, heavy movement, meal preparation, shopping, or managing money. Rates are age adjusted using the 2000 standard population. Data for 1992, 2001, and 2007 do not sum to the totals because of rounding. Reference population: These data refer to Medicare enrollees. SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

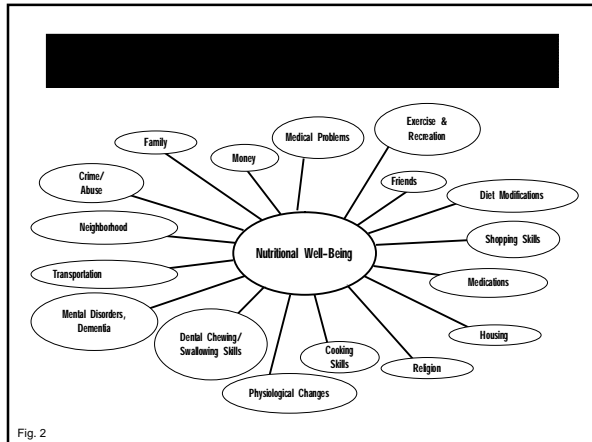
Food Security



- Access by all members of a household to food sufficient for a healthy life, including at a minimum, the ready availability of nutritionally adequate and safe foods and the assured ability to acquire acceptable food in socially acceptable ways.

Economic Research Service, USDA

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% Household Food Security for Selected Populations, 2008

Household Food Security in the United States, 2008, ERS, USDA

Household	Food Secure%	All- Food Insecure%	Low Food Insecure%	Very Low Food Insecure%
All US	85.4	14.6	8.9	5.7
Household With Children	79.0	21.0	14.4	6.6
With Elderly	91.9	8.1	5.0	3.1
Elderly, live alone	91.2	8.8	5.0	3.8
With Elderly (130% pov)	77.9	22.1	12.3	9.8
With Elderly, live alone (130% pov)	80.0	20.0	9.9	10.1

Federally Funded Food & Nutrition Assistance Programs Targeted to Older Adults

DHHS

- Older Americans Act
- Indian Health Service
 - Clinical nutrition services
- Medicaid 1915 b & c Waiver Program
 - No food or nutrition services required
 - 30 states may include meals
- Medicare
 - Affordable Care Act Provisions
 - Medical Nutrition Therapy
 - Prevention services

USDA

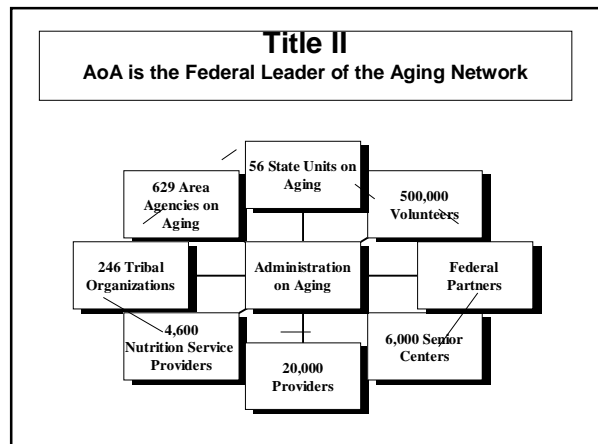
- Supplemental Nutrition Assistance Program (SNAP)
- SNAP Nutrition Education Program
- Food Distribution Program on Indian Reservations
- Commodity Supplemental Food Program
- The Emergency Food Assistance Program
- Child & Adult Care Food Program
- Senior Farmers Market Nutrition Program

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Title I – Objectives

- **Prevention**
To inform, empower and assist older persons and their families to make choices that improve the quality of life
- **Independence**
Opportunities for older people to remain at home and avoid institutional placements
- **Protection**
To safeguard older consumers' physical, mental, emotional and financial well-being



Title III – Grants for State and Community Programs on Aging

- Part A – General Purpose
- Part B – Supportive Services and Senior Centers
- Part C – **Nutrition Services**
- Part D – Disease Prevention and Health Promotion
- Part E – National Family Caregivers Support Program

Title III-C OAA (Elderly) Nutrition Program Sections 331 (C1) & 336 (C2)

- Congregate Nutrition Services (C1)
 - Meals, 5 or more days a week
 - Congregate setting, including adult day care
 - Nutrition education & counseling, nutrition screening & assessment, as appropriate
 - Discretionary, formula grant program, based on people
- Home-Delivered Nutrition Services Homebound (C2)
 - Hot, cold, frozen, dried, canned or supplemental meals
 - Nutrition education & counseling, nutrition screening & assessment, as appropriate
 - Discretionary, formula grant program, based on people

Comparison of Congregate and Home Delivered Programs 2009

- | | |
|---|--|
| <ul style="list-style-type: none"> • Congregate Program <ul style="list-style-type: none"> – Nationwide – 1,686,093 OA – 92,492,669 meals – 38.3% total meals – Discretionary Program – Expenditure per Participant: \$382/yr – Expenditure per meal: \$6.96 | <ul style="list-style-type: none"> • Home Delivered Program <ul style="list-style-type: none"> – Nationwide – 880,135 OA – 149,188,917 meals – 61.3% total meals – Discretionary Program – Expenditure per Participant: \$898/yr – Expenditure per meal: \$5.30 |
|---|--|

http://www.aoa.gov/AoARoot/Program_Results/SPR/Index.aspx

Older Americans Act 2010 Budget Titles III, IV, VI, VII

Title	Services	OAA \$
III B Supportive Serv	Transp., I&A, Senior Ctrs	368,348,000
III C Nutrition Serv, NSIP	Cong & HD meals, nutr ed, nutr counseling	819,474,000
III D Prev. Services	Screening, med.man.	21,026,000
III E NFCSP	Respite, I&R, Support Groups	154,220,000
IV	Prog. Innovations;aging network support activities	63,306,000
VI	Same as III	34,097,000
VII	Ombudsman, Elder Abuse, Elder Rights	21,883,000

Older Americans Act Nutrition Program

- Federal appropriation (10): **\$ 819.5 M**
- Total expenditure (09): \$1.4B
- Number of OA served in 2009:
 - 2.6 M in Nutrition Program
 - 9.9 M in all OAA programs
- Comparison about:
 - 1.5 M OA in NH
 - 2.0 M OA served by SNAP, USDA

OAA Nutrition Program Funding

- Federal Expenditures
 - Title III C1 -2009
 - OAA: \$63,999,420; Total \$643,914,615 (OAA is 41% of total congregate expenditures)
 - Title III C2 -2009
 - OAA: \$224,389,216; Total \$790,488,570 (OAA is 28.4% of total home delivered expenditures)
 - Title III Nutrition Services Incentive Program (NSIP) appropriation 2010: \$161,015,000
 - 2009-2010 America Recovery and Reinvestment Act (ARRA) – expenditures as of 7/10/10
 - C1 \$50,567,553
 - C2 \$27,588,671

OAA Nutrition Program Funding

- **State Match – 15% minimum**
- **Other resources**
 - **Public:** State, city, county
 - **Public:** Medicaid Waiver
 - **Private:** Contributions, fund-raising, third party payments such as insurance, fee for service or private pay

Percentage of Total Expenditures for OAA Nutrition Services for Congregate and Home Delivered Meals from Title III for the US and Selected States

US/State	% from OAA for HDM*	% from OAA for Cong Meals*
US	28.4	41
Alabama	41.1	44
Arizona	54.8	68.8
Florida	54.4	76.7
Georgia	28.2	49.7
Massachusetts	20.6	34.8
Maryland	53.3	59.5
New York	14.1	19.2

* Based on % Title III expenditures to Total Expenditures reported in the SPR

Percentage of Total Expenditures for OAA Nutrition Services for Congregate and Home Delivered Meals from Title III for the US and Selected States

US/State	% from OAA for HDM*	% from OAA for Cong Meals*
US	28.4	41
Oklahoma	39.3	47.2
South Carolina	23.9	55.2
South Dakota	30.8	30.2
Texas	35.4	51.5
Wisconsin	21.8	24.9
Wyoming	28	30.4

*Based on % Title III expenditures to Total Expenditures reported in the SPR

Older Americans Act Nutrition Program



OAA NUTRITION PROGRAM PURPOSE: Section 330



- The purposes of this part are to
 - Reduce hunger and food insecurity
 - Promote socialization of older individuals
 - Promote the health and well-being of older individuals

Suggested Strategies to Reduce Hunger & Food Insecurity

- Assess & document community hunger & food insecurity needs
- Plan & implement interventions to address hunger & food insecurity
- Enhance capacity at state, AAA, local service provider networks
- Provide nutritious, appealing meals
 - Meet preferences, special needs for therapeutic, religious, cultural/ethnic meals
 - Provide meals with food components that can be eaten safely later
 - Provide holiday meals, emergency meals
 - Provide breakfast, lunch, dinner
 - Implement a café model
- ↑ meal service to more than 1 meal/per day, more than 5 days a week for vulnerable populations
- Target services to vulnerable groups
- Offer services in senior housing
- Provide nutrition education on low cost food management
- Address access/transportation to grocery stores, especially in rural communities & food deserts

Suggested Strategies to Reduce Hunger & Food Insecurity

- Collaborate & coordinate with
 - Emergency & food assistance network
 - HCBS network
 - Public health network
 - Health care/medical network
 - Ensure meals are included in Medicaid Waiver Programs
- Refer low income participants to other nutrition assistance programs, food pantries, Senior Farmers' Market Nutrition Program, Commodity Supplemental Food Program
- Assist low income participants in applying for SNAP
- Include questions on food security
 - Community nutrition assessments for planning services
 - HCBS uniform assessment forms
 - I & R or ADRC screenings
 - Identify appropriate referrals
- Train all staff: nutrition, case managers, ADRC, I & R staff about food insecurity
- Include outcome and impact measures about food insecurity on evaluations done by outside agencies

Suggested Strategies to Promote Socialization of Older Individuals

- Assess community needs
- Assess & plan to meet the needs of diverse OA
- Promote congregate dining
- Market activities & services
- Promote wellness activities & services
 - Social, physical, cognitive, spiritual
 - Increase physical activity
 - Integrate support groups
 - Chronic disease self management
- Implement a nutrition cafe
- Link to leisure & learning services
- Link to mental health services
- Link to the National Family Caregiver Support Program
- Promote volunteerism, intergenerational activities, civic engagement
- Train staff

Active social engagement = successful aging.
Rowe & Kahn, 1999

Suggested Strategies to Promote Socialization of Older Individuals

- Link to transportation services
- Collaborate with adult day care facilities
- Transition short term home delivered participants to congregate
- Include friendly visiting, telephone reassurance services to the homebound
- Encourage staff interaction with homebound
- Encourage home delivered participants to attend congregate sites with appropriate assistance
- Include questions on social interaction and interconnectedness on outcome & impact evaluation studies done by outside entities

Active social engagement = successful aging.
Rowe & Kahn, 1999

Suggested Strategies to Promote the Health & Well-being of Older Individuals

- Provide nutritious appealing meals
 - Meet DRIs and Dietary Guidelines
 - Meet special dietary needs
 - Meet participant preferences
- Implement a nutrition cafe
- Include nutrition screening, assessment, education & counseling, including caregivers
- Provide or refer for medical nutrition therapy (Medicare)/nutrition counseling
- Address caregiver nutrition education for caregiver & care recipient
- Include questions on dietary/physical behavioral change on outcome and impact evaluations

In the US, major causes of disease, disease related disabilities, and death are related to poor diet and sedentary lifestyle. – Secretaries Tommy Thompson & Ann Veneman

Suggested Strategies to Promote the Health & Well-being of Older Individuals

- Offer services in senior housing
- Ensure nutritious, safe, appealing meals in adult day care
- ↑ physical activity
- Integrate evidence based HP/DP programs
 - Chronic disease self management, falls prevention, physical activity, mental health, medication management
- Provide support groups, diabetes, heart disease, caregivers
- Collaborate with:
 - Health departments
 - Parks & recreation
 - Organizations such as the American Heart Association
 - Universities
 - Cooperative Extension Services
- Address HP/DP needs of homebound, caregivers

In the US, major causes of disease, disease related disabilities, and death are related to poor diet and sedentary lifestyle. – Secretaries Tommy Thompson & Ann Veneman

Suggested Strategies to Promote the Health & Well-being of Older Individuals

- Offer more fresh fruits & vegetables
- Offer more salad bars
- Promote Fruits & Vegetables – More Matters from CDC
- Promote local foods
- Promote gardening at senior centers, intergenerational settings

In the US, major causes of disease, disease related disabilities, and death are related to poor diet and sedentary lifestyle. – Secretaries Tommy Thompson & Ann Veneman

US OAA 2009 State Program Report

Demographic	Home Delivered Meals	Congregate Meals
Total People Served	880,135	1,686,093
In Poverty	44% (9.7% census)	34% (9.7% census)
Above Poverty	56%	66%
Minority	29% (19% census)	28% (19% census)
Rural	37% (19.6% census)	41% (19.6% census)
High Nutritional Risk	52% of all HDM part. serv.	19% of all Cong. part. serv.

AoA, AGID, http://198.136.163.234/SPR_Selection.asp

US OAA 2009 State Program Report

Demographic	Home Delivered Meals	Congregate Meals
Total People Served	880,135	1,686,093
Live Alone	54%	44%
% Female	66%	65%
% 60 - 74 years	29%	42%
% 75 - 84 years	36%	36%
% 85 years or older	34%	19%
% Nursing Home eligible (3 or more ADLs)	39%	Not available
% with 3+ IADLs	76%	Not available

AoA, AGID, http://198.136.163.234/SPR_Selection.asp

US OAA 2009 Participant Survey

Question	Home Delivered Meals % of Respondents	Congregate Meals % of Respondents
Single Meal Provided ½ or more of total food for day	63	58
Don't always have enough \$ or Food Stamps to buy food	24	13
Choose between food & medication	17	NA
Choose between food & rent or utility	15	NA
Receive food stamps	15	7

2009 AoA Survey of OAA Participants, January 2010

US OAA 2009 Participant Survey

Question	Home Delivered Meals % of Respondents	Congregate Meals % of Respondents
Fair or Poor Health	56	29
Stayed overnight in hospital in past year	40	20
Stayed overnight in nursing home in past year	12	4
Alzheimer's Disease	12	5
Diabetes	35 (16% nationally)	26 (16% nationally)
Hypertension	73 (48% nationally)	68 (48% nationally)
Heart Disease	48 (32% nationally)	32 (32% nationally)

2009 AoA Survey of OAA Participants, January 2010

US OAA 2009 Participant Survey

Question	Home Delivered Meals % of Respondents	Congregate Meals % of Respondents
Meal enabled living at home	93	62
Eat healthier foods as result of the program	86	78
Eating meals improves health	87	80
Meals help feel better	91	87
See friends more often	NA	87
Recommend to a friend	96	97

2009 AoA Survey of OAA Participants, January 2010



Resources

- **Administration on Aging** <http://www.aoa.gov/>
 - **Budget** <http://www.aoa.gov/AoARoot/About/index.aspx>
 - **Older Americans Act** http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx
 - **State allocations** http://www.aoa.gov/AoARoot/AoA_Programs/OAA/Aging_Network/State_Allocations/index.aspx
- **United States Department of Agriculture, Food Security Briefing Room** <http://www.ers.usda.gov/Briefing/FoodSecurity>



Resources

- **Aging statistics**
 - **Profile of Older Americans**
http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx
 - **Older Americans 2010 Key Indicators of Well Being**
http://www.agingstats.gov/Agingstatsdotnet/Main_Site/default.aspx
 - **Aging Integrated Database (AGID)**
<http://www.agidnet.org/>

Conclusion

- To enable older adults to remain healthy and functional at home in the community with their family & friends, older adults need adequate food and nutrition assistance .
- As the population ages, we may need to better address these needs through improved, comprehensive, and coordinated food & nutrition assistance programs.

