“If the Older Americans Act Nutrition Program was a restaurant, the sign out front would say, ‘Six billion served.’ For 30 years, this program not only has provided nutritious, healthy meals to older Americans, but also has touched their lives by linking them to community services that allow them to remain independent.” - HHS Secretary Tommy G. Secretary Thompson

“The OAA Nutrition Program is a proven success story. It effectively targets older adults who are poorer, more likely to live alone, and are at higher nutritional risk,” - Assistant Secretary for Aging Josefina G. Carbonell

The Older Americans Act Nutrition Programs

Nutrition – A Critical Service
Millions of older adults are malnourished. Adequate nutrition is essential for healthy aging and the prevention or delay of chronic disease and disease-related disabilities. Congregate nutrition services improve participants’ health and prevent more costly interventions. Home-delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow them to stay in their homes and communities. The need for adequate food and nutrition services by millions of at-risk older adults currently exceeds the resources of the existing programs. These programs are the foundation services of home and community-based care for older adults and their families.

Nutrition Services – Important Support for Families in Need
American families need help. It’s that simple. The nutritious meals and social interaction provided by the Administration on Aging’s (AoA) nutrition programs help families each and every day as these examples show:

- A 71-year-old American Indian woman who has difficulty walking reports that she couldn’t continue to care for her 81-year-old husband in their home if it wasn’t for the meals. (Colorado)
- An 80-year-old man who uses a walker, never learned to cook, and has multiple medical problems says that the nutritious, well balanced meals help keep him out of a nursing home. (Wisconsin)
- An adult daughter who provides long distance caregiving for her 91-year-old mother who lives alone and has poor eyesight is thankful that her mother can be picked up to attend the senior center to receive a nutritious meal, and visit with her neighbors. It relieves her mind to know that someone checks on her daily. (South Dakota)

**The Older Americans Act (OAA) Nutrition Programs**

- AoA’s Nutrition Programs provide congregate and home-delivered meals, link older adults to supportive services, decrease social isolation, and provide nutrition education and counseling to help decrease or manage chronic health conditions. Participants have higher nutrient intakes and more social contacts than people who do not participate.

- ♦ Five of the top six chronic health conditions may be prevented, delayed or managed through improved nutrition services.
- ♦ About fifty percent of older adults in hospitals and nursing homes are malnourished and may be discharged malnourished back into the community.
- ♦ About 40% of home-delivered meal programs have waiting lists for service.
- ♦ The OAA Nutrition Programs provide 5 meals a week—most adults eat 21 meals a week.
- ♦ The cost of a one-year supply of home-delivered meals equals about the cost of one day in the hospital.

**Fact Sheet: The Older Americans Act Nutrition Programs**

(Young of Age Program) [PDF version]

**INTRODUCTION**

Scientific evidence increasingly support that good nutrition is essential for health, functionality and quality of life. For older adults, adequate nutrition may be especially important because of their increased vulnerability to chronic disease and conditions which may impair their functionality, their access to adequate food and nutrition, and their ability to live at home in the community. The old-old, minority individuals, low-income individuals, individuals who live alone, individuals with disabling conditions particularly those that interfere with their ability to shop and cook for themselves, and individuals with multiple chronic diseases may be at highest risk for poor nutrition and the resultant health consequences. Adequate nutrition is integral to healthy aging and the prevention or delay of chronic disease and disease-related disabilities; it plays a role in health promotion/disease prevention as well as the treatment and management of chronic diseases.

**STRUCTURE**

The Older Americans Act (OAA) Title III, Grants to State and Community Programs on Aging, and Title VI, Grants for Native Americans, address the nutrition and nutrition-related health needs of older adults through the authorization of comprehensive and coordinated nutrition...
services both in the community and at home. These nutrition services are integral to home and community-based care systems.

The US Administration on Aging (AoA) administers the OAA Nutrition Programs also known as the Elderly Nutrition Program funded under Titles III and VI of the OAA. The AoA provides grants to 57 state agencies on aging that make grants to 655 area agencies on aging which contract with about 4,000 local nutrition service providers. The AoA directly funds 233 Indian Tribal Organizations representing American Indians and Alaskan Native, and 2 grants to organizations representing Native Hawaiians to promote the delivery of nutrition services in their local communities.

The objectives of the OAA Nutrition Programs are to provide the opportunity for older Americans to live their years in dignity by:

- Providing healthy, appealing meals;
- Promoting health and prevent disease;
- Reducing malnutrition risk and improve nutritional status;
- Reducing social isolation and increase social interaction;
- Linking older adults with other community-based services such as physical activities programs, community health, or case management services; and
- Providing an opportunity for meaningful community involvement such as through volunteering.

SERVICES
The OAA Nutrition Programs provide meals in congregate or group settings such as in senior or community centers, churches, schools which is commonly referred to as congregate nutrition services or in individual homes which is commonly referred to as home-delivered meals or meals on wheels. Although the primary service is meals, other nutrition services authorized by the OAA include nutrition screening, education and counseling. These services help older adults identify their general and specific needs as they relate to maintaining their health as well as managing individual nutrition-related diseases such as heart disease, hypertension, and diabetes. The original legislation always envisioned the program as “more than a meal.”

The congregate program provides older adults with positive social interaction, mental stimulation, and informal support systems as well as the opportunity for meaningful community involvement such as through volunteerism. Many home-delivered meal volunteers are older people themselves and not only deliver meals, but also spend part of their day with a homebound older adult. The volunteers offer an important opportunity to check on the welfare of the homebound older adults and report and problems that they may note.

Nutrition service programs help older participants learn to shop and plan for as well as prepare meals that are economical and designed to address special dietary needs. They connect older adults with other health or supportive services such as transportation, home-health aides, home modification or other possible food assistance programs such as the Food Stamp Program. Under Title III, in 1999 (the most recent data available), the ENP provided 112.8 million congregate meals to about 1.8 million older adults and 134.6 million home-delivered meals to about 884,000 homebound older adults, for a total of 247 million meals to 2.6 million older
adults. Under Title VI, in 1999 (the most recent data available), approximately 1.7 million congregate meals were served to 23,000 older American Indians, Alaska Natives and Native Hawaiians in group settings and 1.3 million home-delivered meals were delivered to 35,707 Native American homebound elders.

To find a local service provider, individuals or caregivers may call the toll-free Eldercare Locator at 800-677-1116. Individuals calling this service will have access to more than 4,800 state and local information and referral service providers identified for every ZIP code in the country.

**SERVICE STANDARDS**
Meals served in the program must provide at least one-third of the daily recommended dietary allowances established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences as well as the Dietary Guidelines for Americans issued by the Secretaries of the Departments of Health and Human Services and Agriculture. The OAA also requires that meals be designed to be appealing to older adults and to take into account their special diet needs due to health or medical conditions, cultural preferences, or religious beliefs. In addition, food service providers must meet all state and local health law regarding the safe and sanitary production, service and delivery of meals. Most local nutrition service providers conduct routine customer satisfaction surveys of their program participants.

It is the responsibility of state agencies on aging to develop policies and procedures to implement the requirements of the OAA so that service operations may vary place to place in the country depending on unique local community needs.

**PARTICIPATION CRITERIA**
Congregate and home-delivered nutrition services are an integral part of a community-based service continuum for all older adults regardless of income. However, while there is no means test for participation in the OAA Nutrition Programs, services are targeted to older adults with the greatest social and/or economic need with particular attention to low-income minorities. In addition to focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive services:

♦ · A spouse of any age;
♦ · Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
♦ · Disabled persons who reside at home and accompany older persons to meal sites; and
♦ · Nutrition service program volunteers.

Since American Indians, Alaska Natives and Native Hawaiians tend to have lower life expectancies and higher rates of illness at younger ages, Tribal Organizations may set a lower age for participation.

**FUNDING**
The OAA Nutrition Program is significantly multi-funded. Although the OAA provides the basic structure for the program, the OAA federal appropriation supplies only part of the funding
necessary to operate the program for Title III. However, for Title VI, federal funds are the primary source of funding.

In 2002, the federal appropriation for Title III congregate nutrition services is $390,000,000 and for Title III home-delivered nutrition services $176,000,000. In 2002, the federal appropriation for Title VI, which provides supportive and other services besides nutrition, is $27,675. The United States Department of Agriculture (USDA) provides supplemental support in the form of cash or commodities for $150,000,000 for both Title III and Title VI, congregate and home-delivered meals. Under the OAA, states have significant flexibility to transfer funds between congregate and home-delivered nutrition services as well as transfer funds from nutrition to supportive services in order to meet the unique needs of their communities.

For 1999 (the recent data available), OAA Title III funds accounted for 44 percent of congregate service expenditures, decreased from 48 percent in 1995 and 30 percent of home-delivered nutrition service expenditures, decreased from 34 percent in 1995. Other sources of funding for nutrition services include public funds from state, county, and city sources as well as private funds such as the United Way or foundations as well as volunteer support and community donations and contributions from older adults themselves. About 20 percent of the cost of a meal is from older adult contributions. Total congregate nutrition service expenditures for 1999 were $556,257,969 and total home-delivered nutrition service expenditures were $499,460,411. Total nutrition expenditures for 1999 were $1,055,718,380.

OUTCOMES
A national evaluation issued in 1996 found that the ENP is a successful program based a variety of criteria.

The OAA Nutrition Program targets services to vulnerable older adults who are older, poorer, sicker, at higher nutritional risk, more functionally impaired, more likely to live alone, and more likely to be a minority member than the general US population.

Older adults who receive ENP services have higher nutrient intakes and more social interactions than similar non-participants. Most program participants are satisfied with program services. Meals provided supply well over one-third of the recommended dietary allowances and are nutrient dense. These meals supply about 40 to 50 percent of participants’ nutrient for the day and are the primary meal of the day for many program participants.

Forty-one percent of local programs indicated that they had a waiting list for home-delivered meal services as compared to 22 percent for supportive services. There were an average of 85 people on a list with a wait of 2.6 months for service. The report indicated that the need and demand for home-delivered meals was likely to increase based on:

- The increased number and proportion of older adults;
- The increased number of functionally impaired older adults in the community;
- The expansion of home and community-based long-term care (need for long-term support);
- The decreased length of hospital stays resulting in a need for short-term in-home support.
CONCLUSION
The OAA ENP provides essential support along a continuum of community-based services that allows vulnerable older adults to maintain their health, independence and quality of life at home in the community.

United States Department of Health and Human Services

How HHS is helping
In 1968, Congress spent $2 million on a 3-year, 23-site demonstration project to assess the benefits of providing meals to seniors. Since then, HHS has provided 6 billion meals to senior Americans in every state in the nation.

For senior populations, HHS funds congregate and home delivered (“meals on wheels”) meals. Congregate meals are served at senior centers across the country. These enable seniors to eat nutritious, culturally appropriate meals, and receive nutrition and health screening, while enjoying social interaction with their friends and neighbors.

In addition to delivering food, meals on wheels volunteers provide social contact and reassurance, as well as information and services to the nearly one million homebound Americans who receive their services.

This year alone, President Bush and HHS Secretary Tommy Thompson challenged HHS to provide over 300 million meals to senior Americans. Through its roughly 1,000 state, local, and tribal partners, and thousands of service providers and volunteers, HHS will spend over $590 million to provide congregate and home delivered meals to more than 2.6 million older adults. For 2003, President Bush has called for a $2 million increase for home-delivered meals, while streamlining a $150 million USDA program within HHS, to bring the HHS’s total commitment to nearly $750 million.

Background On: Senior Nutrition
Almost 10 million older Americans are at high risk of malnutrition. And among those who are homebound or recently hospitalized, almost half are at high risk. Many seniors lack the nutritional education needed to shape well-balanced meals and live healthy lifestyles. In addition, there are millions who aren’t able to prepare proper meals or don’t have access to transportation to pick up groceries or supplies.

Simply by improving their diet, senior Americans can reduce the risks of heart disease, cancer, stroke, emphysema, and diabetes. Exercise also decreases the risk and prevalence of many health problems.

Nutrition service programs help older participants learn to shop, plan for and prepare meals, and be mindful of any specific dietary requirements. They also connect seniors with support services including transportation, home-health aides, and home modification and food assistance programs.
The “meals on wheels” program began in Philadelphia, PA, in 1954. Since then, private and public efforts have served billions of meals to the nation’s elderly and homebound all across the country.

## What you can do

If you would like to join the volunteer army of over 100,000 people who help deliver, package, and serve meals to older Americans, please contact your local area agency on aging or call HHS’s national Eldercare Locator at 1 (800) 677-1116.
If you or someone you care about needs assistance, please contact HHS’s Eldercare Locator at 1 (800) 677-1116.
For information on senior services, contact HHS’s Administration on Aging at (202) 619-7501 or <www.aoa.gov>.

## Good Nutrition! Essential for Health!!

**Nutrition, Health, and Disease**

As we grow older, there are life course choices that we can make to increase the likelihood that we will remain healthy and independent. Scientific studies have established that lifestyle choices—more than heredity—determine health, functioning, and vitality in later life. The 1988 Surgeon General’s Report on Nutrition and Health noted that two-thirds of all deaths are due to diseases associated with poor diets and dietary habits. Thus, what we eat significantly affects our health, our quality of life, and our longevity. Good nutrition is essential to maintaining cognitive and physical functioning. It plays an essential role in the prevention or management of many chronic diseases such as heart disease, cancer, stroke, diabetes, and osteoporosis. For minority older Americans who tend to have a higher incidence of chronic disease, this information is even more important to heed.

According to studies published in the *Journal of the American Medical Association* (JAMA), unhealthful eating in combination with physical inactivity are risk behaviors that are responsible for at least 300,000, or 14%, of preventable deaths per year (JAMA, 1993, McGinnis). Only tobacco use causes more preventable deaths in the United States. Recent evidence indicates that good health may be extended and disability delayed by at least seven years if we stop smoking, maintain a weight appropriate for our height and body frame, and remain physically active.
The good news from all of these studies is that it is never too late for you to begin to make the right life course choices—to adopt a lifestyle that will promote a long, healthy, and independent life. There are many nutritious foods and many different physical activities from which you can choose. In fact, research indicates that as we age, we tend to make better food choices.

**United States Dietary Guidelines**

To help us make healthful food choices, the U.S. Departments of Health and Human Services and Agriculture recommend that we follow these guidelines:

- Eat a variety of foods.
- Balance the food you eat with physical activity—maintain or improve your weight.
- Choose a diet with plenty of grain products, vegetables, and fruits.
- Choose a diet low in fat, saturated fat, and cholesterol.
- Choose a diet moderate in sugars.
- Choose a diet moderate in salt and sodium.
- If you drink alcoholic beverages, do so in moderation.

**The Food Guide Pyramid**

The U.S. Department of Agriculture has developed the Food Guide Pyramid to show us what foods we need to eat for a healthful diet.

**The Elderly Nutrition Program**

The Administration on Aging (AoA) promotes health and pursues disease prevention among older Americans through the Elderly Nutrition Program. The Elderly Nutrition Program helps older Americans build a foundation for health through improved diets, increased physical activity, and improved lifestyle choices. The Elderly Nutrition Program strives to provide:

- nutritious satisfying meals in community settings, such as senior centers, usually at noon, 5 days a week, in communities across the country;
- nutritious satisfying home-delivered meals, also known as Meals-on-Wheels, to homebound older adults, usually at noon, 5 days a week, in communities across the country;
- nutrition and health promotion education to improve health behaviors;
- nutrition counseling to help manage nutrition-related chronic diseases; and
- linkages to other supportive and health-related services, such as physical activity or fitness classes and health screenings.

All adults age 60 and over and their spouses of any age may receive services, provided that adequate funding for services exists and the services are not
oversubscribed. Priority for the receipt of nutrition services is given to those who
are in greatest economic or social need with particular attention to low-income,
minority older adults. State data for Fiscal Year 1997 indicate that 113,147,407
congregate meals were provided to 2,083,294 older adults. Home-delivered
nutrition services are provided to persons age 60 and older who are homebound
due to illness, disability, or geographic isolation. Recent state data indicate that in
Fiscal Year 1997, approximately 123,455,162 home-delivered meals were
provided to 890,489 homebound older adults.