

# The Older Americans Act

## Overview

Signed into law in 1965, the Older Americans Act (OAA) is the primary vehicle for delivering social and nutrition programs to older adults. OAA authorizes these programs through a national network of 56 state agencies on aging, 629 area agencies on aging, nearly 20,000 service providers, 244 Tribal organizations and two Native Hawaiian organizations. The program is administered through the Administration on Aging (AoA) which manages a comprehensive, coordinated and cost-effective system of services that helps older adults maintain their health and independence in their homes and communities. The largest health program in the OAA is the nutrition program, which comprises congregate dining and home-delivered meals. OAA nutrition programs seek to:

- Reduce hunger and food insecurity;
- Promote socialization of older adults; and
- 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. While those groups are targeted for need, age is the only requirement for participation in the congregate nutrition program; those receiving home-delivered meals must also be homebound. Other requirements may be stipulated by individual State Units on Aging or local Area Agencies on Aging. ***In FY 2012, OAA nutrition programs provided 223 million meals to about 2.5 million older adults, of which over 60 percent were home-delivered.***

Based on data gathered through FY 2013 via the 2013 National Survey of Older Americans Act, participants provide the following insight into their lives:

For the home-delivered meals programs:

- 72 percent had income less than 20,000 and 50 percent received at least half of their meals from home-delivered meals;
- 27.8 percent do not have enough money or sufficient SNAP (food stamp) benefits to buy enough food to eat;
- 55.6 percent rely on home-delivered meals for half or more of their total daily food intake;
- 18.5 percent report they must choose between purchasing food and medications; and
- 50 percent of white, 57.8 percent of Non White/Other participants report their health as fair to poor.

### Key Points

- OAA programs provide critical services, including healthy meals, to older adults who might otherwise be at risk of malnutrition.
  - About 11 million (1 in 5) older adults are served annually by OAA programs.
- A varied, healthy diet that takes into account the particular nutritional needs of older Americans keeps older adults healthy and independent.
- Nutrition therapy and interventions are cost-effective:
  - The cost of a hospital stay is equal to almost seven years of meals through OAA nutrition programs,
  - The cost of one month in a nursing home is the same cost as providing mid-day meals, five days per week, for more than four years.
- As primary prevention and health promotion, medical nutrition therapy delivered by registered dietitians as part of OAA nutrition programs lessens chronic disease risk and addresses nutrition problems that can lead to more serious and costly conditions and adverse effects.

For the congregate meals programs:

- 49 percent had income less than 20,000 and 50% received at least half of their meals from congregate meals;
- 14.2 percent do not have enough money or SNAP (food stamp) benefits to buy enough food to eat;
- 56.4 percent rely on congregate meals for half or more of their total daily food needs;
- 9.2 percent report they must choose between purchasing food and medications and
- 19.0 percent of white, 37.7 percent of Non White/Other participants report their health as fair to poor.

#### Want stories to share with your members of Congress?

Contact members of key Dietetic Practice Groups working in the fields of:

- Healthy Aging
- Dietetics in Health Care Communities
- Public Health and Community Nutrition

## Why Good Nutrition Matters for Older Adults

Nutrition is essential to healthy aging. Proper nutrition makes it possible to maintain health and functionality later in life and it positively impacts social, cultural and psychological quality of life in older adults. OAA nutrition programs serve a population with a wide variety of health care needs, but nutrition is a common denominator. The congregate and home-delivered meal programs, which generally provide half or more of participants' total food intake, ensure that low-income older adults have the nutritional resources they need to prevent or manage chronic health conditions. More than 2/3 of older adults have multiple chronic conditions – including hypertension, diabetes and coronary heart disease – all of which are preventable or treatable in part by access to appropriate nutrition services.<sup>1</sup> In fact, the majority (66 percent) of older adults (65 and older) in the U.S. live with at least one chronic condition,<sup>2</sup> and in the past 10 years, the percentage of older adults with two or more chronic diseases – including hypertension, diabetes, and coronary heart disease, all of which are preventable or treatable in part by access to appropriate nutrition services – has increased from 37.2 percent to 45.3 percent.<sup>3</sup> Dehydration and pressure ulcers – two costly conditions that can cause serious medical complications<sup>4,5</sup> – may be also be prevented by helping patients maintain optimal nutrition.<sup>6</sup>



In addition to helping to prevent or manage chronic conditions, adequate and proper nutrition ensures that older adults maintain an appropriate weight. Between 2007 and 2010, more than one-third (35 percent) of older adults were obese,<sup>7</sup> and while the Institute of Medicine has cited obesity as the most common nutritional disorder in older persons, undernutrition continues to be a pervasive problem among older adults.<sup>8</sup> The costs of obesity among older adults are well-established,<sup>9</sup> but undernutrition can also be a costly problem for older adults in community settings, with a close connection between inadequate income and food insecurity.<sup>10</sup> The consequences of undernutrition also increase the risk of falls and subsequent injuries, which can not only impair an individual's ability to live independently but also translates into over \$19 billion in health care costs for nonfatal falls nationwide.<sup>11</sup>

The nutrition programs in the Older Americans Act, which provide a balanced, nutritionally complete diet, are a lifeline for older adults who would otherwise go hungry and be susceptible to these consequences of undernutrition, which include being at greater risk for hospital readmission.<sup>12</sup> Since nutritional support of malnourished elderly individuals has been found to improve function after a hospital stay,<sup>13</sup> participation in OAA programs helps older adults remain independent and in their own homes rather than in a nursing home or hospital.

## The Role of Registered Dietitian Nutritionists in Furthering the Goals of OAA Nutrition Programs

The Older Americans Act authorizes providers of congregate and home-delivered meal programs to offer nutrition education and screening, assessment, and nutrition counseling. As primary prevention and health promotion, nutritional counseling has been found to lessen chronic disease risk and to address nutrition problems that can lead to more serious and costly conditions and adverse events. When provided by registered dietitian nutritionists, nutrition counseling and other forms of medical nutrition therapy (MNT), including nutritional assessment and nutritional therapy services, can slow the progression and reduce symptoms of chronic diseases.<sup>14</sup>

Given the positive impact of nutritional assessment and counseling, both on health outcomes for older adults and on health care costs, we support the inclusion of language in the reauthorization of OAA that ensures that qualified nutrition staff, including registered dietitian nutritionists, is included at the local, regional, state and federal levels of the aging network so that cost-effective nutrition services and evidence-based programs result.

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

The Administration on Aging's annual performance data indicate that OAA nutrition programs effectively and efficiently help older Americans remain healthy and independent in their homes and communities. Data from the Administration on Aging's 2013 national survey of elderly program participants found that 75.3 percent of congregate and 83.6 percent of home-delivered meal participants report eating healthier meals as a result of their participation in the programs. Similarly, 68.4 percent of congregate meal recipients and 92.2 percent of home-delivered meal recipients say that the meals enabled them to continue living in their own homes.



## Cost-Benefit Analysis of Older Americans Act Nutrition Programs

According to the Administration on Aging, OAA programs had increased efficiency by over 36 percent between FY 2002 and FY 2009. In 2002, OAA programs served 6,103 clients per million dollars of federal funding, while in FY 2009, that figure increased to 8,524 clients per million dollars of funding.<sup>16</sup> Older Americans Act programs are rooted in state and local effort and contributions; in fact, for every federal dollar spent, OAA programs generate an average of \$3 more.<sup>17</sup>

## Older Americans Act in the 114<sup>th</sup> Congress

Senators Alexander and Murray introduced S. 192, the Older Americans Act Re-authorization of 2015 on January 20th, 2015. The bill passed the Senate Committee on Health, Education, Labor and Pensions (HELP), and is awaiting passage on the Senate floor.

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