Healthy Aging: Older Americans Act
Reauthorization

About Us

Registered dietitians work to improve the health of all Americans through access to healthy food and nutrition services. The Academy of Nutrition and Dietetics (formerly the American Dietetic Association) is a non-partisan group representing 72,000 members nationwide. We are the world’s largest organization of food and nutrition professionals.

We Ask You to Support the Reauthorization of the Older Americans Act

The Older Americans Act (OAA) was passed in 1965 to address inadequate community social services for older adults. The largest OAA health program is the nutrition program, which comprises congregate dining and home-delivered meals. These programs provide access to healthy food options for low-income older adults and is the major vehicle for social and nutrition services to this group, allowing them to remain healthy and independent in their homes and communities rather than in a hospital or nursing home.

Why OAA Nutrition Programs are Essential for Older Americans

In FY 2011, OAA nutrition programs provided 88.6 million congregate meals to about 1.7 million older adults as well as 139.1 million home-delivered meals to more than 855,000 older adults.1 Today, the majority (80%) of older adults live with at least one chronic condition,2 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% to 45.3%.3 Participation in OAA nutrition programs can benefit vulnerable older adults in the following ways:

• **Fewer healthcare acquired infections**: Older adults with strong nutritional status are less likely to acquire infections if they require hospitalization or other facility care, which means shorter hospital stays and lower healthcare costs.4

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• **Fewer falls:** Proper nutrition including protein, vitamin D, and calcium helps keep muscles stronger and prevents brittle bones that can easily be broken during a fall. Additionally, older adults who eat a variety of food and get enough folate in their diet are less likely to fall than malnourished older adults.

• **Enough money for medications:** Many older adults are forced to choose between using their limited resources to purchase medications or food, and often they choose to purchase food instead of medications. Inability to purchase medications results in poor health and increases the number of disease complications that older adults may experience.

The Role of Registered Dietitians 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. When provided by registered dietitians, 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.

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 dietitians, 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.

Cost-Effectiveness of Nutrition Programs in the Older Americans Act

The cost of one day in a hospital is roughly the same cost as one year of meals through OAA nutrition programs; in 2008, for example, the average expenditure in the United States for a home-delivered meal was $5.14, while the average cost of one day in a hospital was $1,853. The cost of one month in a nursing home is the same cost as providing mid-day meals, five days per week, for seven years. Additionally, according to the Administration on Aging, OAA programs have 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. Older Americans Act programs are rooted in state and local efforts and contributions; in fact, for every federal dollar spent, OAA programs generate an average of three dollars more.

Priorities of the Academy of Nutrition and Dietetics for OAA Reauthorization

1. Support the bipartisan development of an OAA reauthorization bill in both the House and the Senate.
2. Ensure language that qualified nutrition staff, including registered dietitians, 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.
3. Include language that supports a strong evidence-based nutrition and health component through programs that include targeted nutrition screening, assessment, counseling and education.

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