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 2010, OAA nutrition programs provided 145.4 million congregate meals to 868,076 older adults and 96.4 million home-delivered meals to more than 1.7 million older adults.

Based on data gathered through FY 2009 via the 2009 National Survey of Older Americans Act, 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 sufficient SNAP (food stamp) benefits to buy enough food to eat;
- 63% rely on home-delivered meals for half or more of their total daily food intake;
- 17% report they must choose between purchasing food and medications; and
- 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 (food stamp) benefits to buy enough food to eat;
- 58% rely on congregate meals for half or more of their total daily food needs; and
- 27% of white, 38% of African American, and 26% of Hispanic congregate meal 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 annually receive services from one or more OAA programs.
- A varied, healthy diet that takes into account the particular nutritional needs of older Americans keeps older adults healthier and independent.
- Nutrition therapy and interventions are cost-effective:
  - The cost of one day in a hospital is roughly the same cost as providing an older adult with one year of meals through OAA nutrition programs.
  - The cost of one month in a nursing home is the same cost as providing an OAA nutrition client with mid-day meals, five days per week, for seven 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.
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 one-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. The Administration on Aging reports that 90 percent of OAA program clients have multiple chronic conditions, which can be ameliorated by proper nutrition. In fact, the majority (80%) of older adults (65 and older) in the U.S. live with at least one chronic condition, 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%. Dehydration and pressure ulcers – two costly conditions that can cause serious medical complications – may be also be prevented by helping patients maintain optimal nutrition.

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%) of older adults were obese, and while the Institute of Medicine has cited obesity as the most common nutritional disorder in older adults, undernutrition continues to be a pervasive problem among older adults. The costs of obesity among older adults are well-established, but undernutrition can also be a costly problem for older adults in community settings, with a close connection between inadequate income and food insecurity. 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. 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 admission and readmission. Since nutritional support of malnourished older adults has been found to improve function after a hospital stay, 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 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. 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 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.14

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.

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 2009 national survey of elderly program participants found that 73 percent of congregate and 85 percent of home-delivered meal participants report eating healthier meals as a result of their participation in the programs. Similarly, 58 percent of congregate meal recipients and 93 percent of home-delivered meal recipients say that the meals enabled them to continue living in their own homes.

State-specific outcome information indicate that participants in OAA meal programs improved their nutrition scores so much that they were no longer considered to be at risk for malnutrition. In Iowa, for instance, over FY 2012:

- 38.4% of the congregate meal participants who were at high nutrition risk at the first screening were no longer at high nutrition risk at the second screening.
- 26.4% of home delivered meal participants were no longer at high nutrition risk at the second screening (usually 6 months).15

Cost-Benefit Analysis of Older Americans Act Nutrition Programs

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.16 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 three dollars more.17

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15 Iowa Department on Aging (2012). Personal Communication.
Further, 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. Despite the demonstrated cost-effectiveness of OAA nutrition programs, limited federal funding has resulted in fewer and fewer meals being served each year.

Older Americans Act in the 113th Congress

Authorization for the Older Americans Act expired on September 30, 2012. In May 2013 the Chairman of the Senate HELP Committee’s Subcommittee on Primary Health and Aging, Senator Bernard Sanders (Independent - VT), introduced S. 1028, a bill that would reauthorize the Older Americans Act and make key improvements to the law. In the House of Representatives, Representatives Gibson (R-NY), McCollum (D-MN), and Reed (R-NY) introduced the Older Americans Act Reauthorization (H.R. 3850) in January 2014. Congressional leaders are expected to work toward a reauthorization of the Older Americans during the 113th Congress.

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, nutrition counseling and education.