



So You Think You Know the OAA Nutrition Programs?

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Changing Demographics

- Life expectancy is increasing
- More healthy older people
- More frail older people
- More minorities
- More Home and Community Based Care and less nursing home care

Home Delivered Meal Participants

- 69% of individuals served by this program are 75 years or older.
- The average age of a participant is 79 years old.
- More than 60% of participants indicate that the single home-delivered meal provides one-half or more of their total food for the day.
- 91% of participants indicate that the Home-Delivered nutrition program helps them to stay in their own home.
- More than half of all participants live alone.

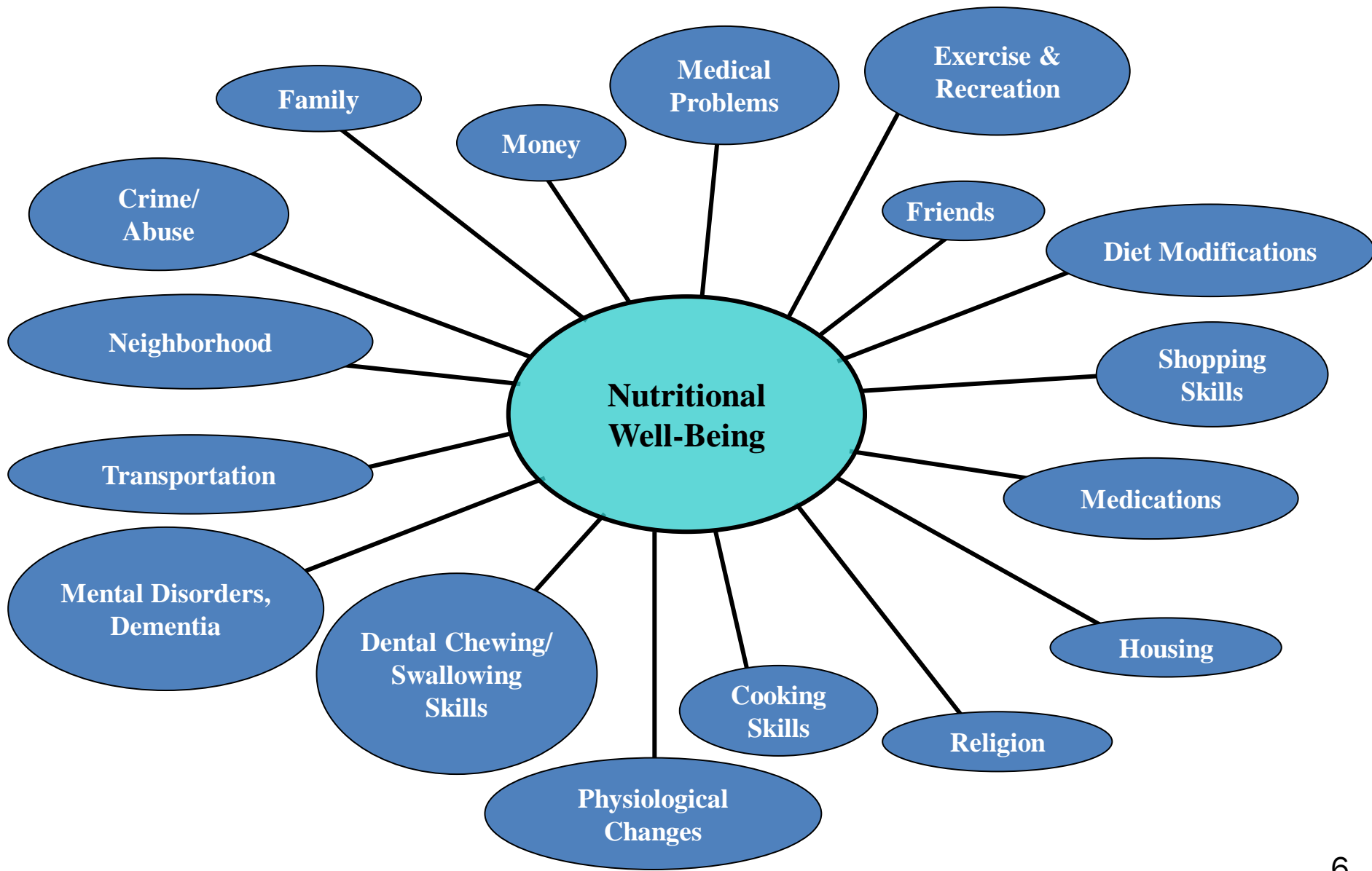
Congregate Participants

- More than half of the participants are 75 years or older.
- The average age of a participant is 76 years old.
- 58% of the congregate participants indicated that one congregate meal provides one-half or more of their total food for the day.
- 77% of the congregate participants indicated that they eat healthier as a result of the meal program.
- 76% of the congregate participants indicated their health has improved as a result of eating at the lunch program.

Why is Nutrition Important to Aging?

Nutrition plays an integral role in keeping older adults healthy and independent in the community by:

- Preventing malnutrition,
- Reducing the risk of and/or managing chronic diseases and
- Supporting better mental and physical functions.



Poor Nutrition is Prevalent Among Those Needing Healthcare Services

Functionality

Food insecure older adults have impairment/health issues as if they are 14 years older than their actual age.

Malnutrition and Health Care Costs

Malnutrition is an independent risk factor impacting on higher complications and increased mortality, length of hospital stay and costs. Hospital costs in malnourished patients increased up to 308.9%.

<http://www.nfesh.org/>

[Clin Nutr.](#) 2003 Jun;22(3):235-9.

2014 Threat of Senior Hunger

State-Level Estimated Percentage

AL	17.22%	FL	15.09	LA	23.72	NE	14.94	OK	16.03	VT	15.38
AK	9.68	GA	17.80	ME	16.96	NV	13.25	OR	15.70	VA	11.96
AZ	15.93	HI	13.99	MD	12.41	NH	10.11	PA	13.14	WA	11.65
AR	24.85	ID	11.29	MA	9.87	NJ	12.78	RI	14.53	WV	15.18
CA	15.91	IL	14.00	MI	14.99	NM	10.78	SC	19.28	WI	11.51
CO	13.72	IN	15.86	MN	10.15	NY	19.28	SD	11.86	WY	11.11
CT	15.43	IA	10.64	MS	24.30	NC	17.98	TN	15.81		
DE	12.48	KS	15.73	MO	16.61	ND	7.26	TX	19.04		
DC	18.96	KY	17.45	MT	8.99	OH	17.56	UT	13.58		

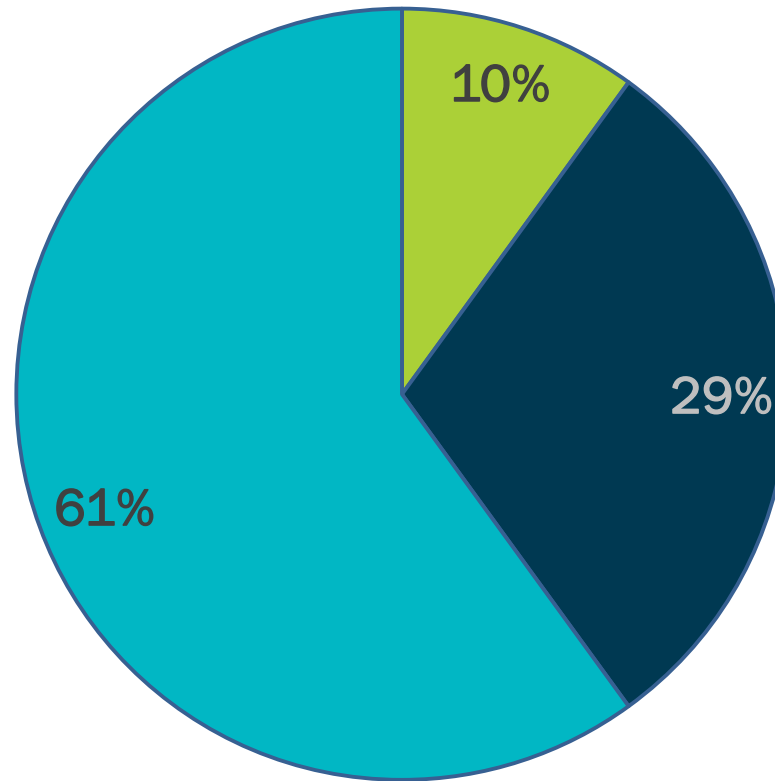
Meals on Wheels America's Recent Retirement Research Project

DISPELLING MYTHS: SUPPORTING PUBLIC POLICY FOR GREATER IMPACT AND SUSTAINABILITY

The project aims to:

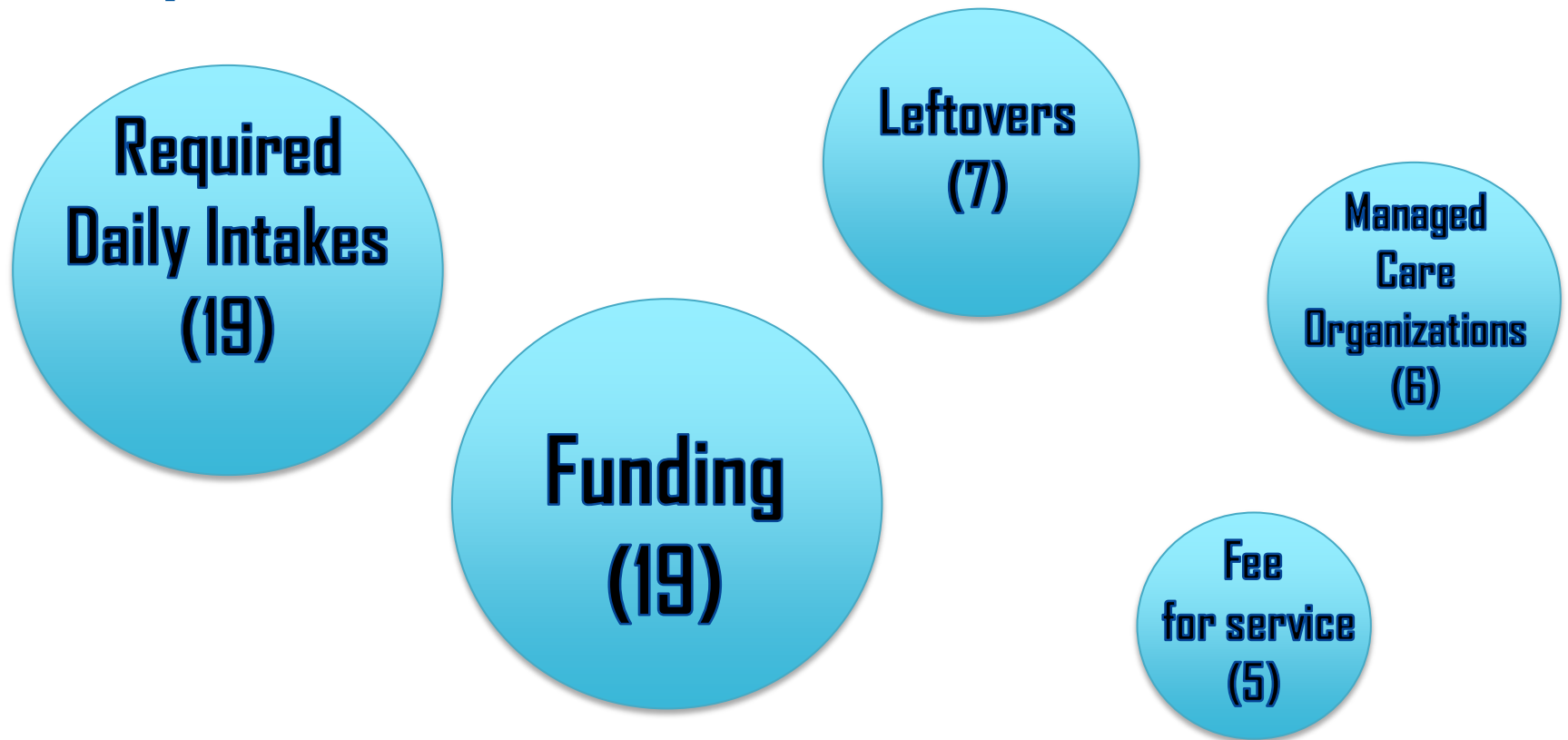
- Identify the most common misinterpretations and policy barriers
- Increase understanding among stakeholders about the barriers and opportunities
- Improve operations among stakeholders

Retirement Research Survey Respondents



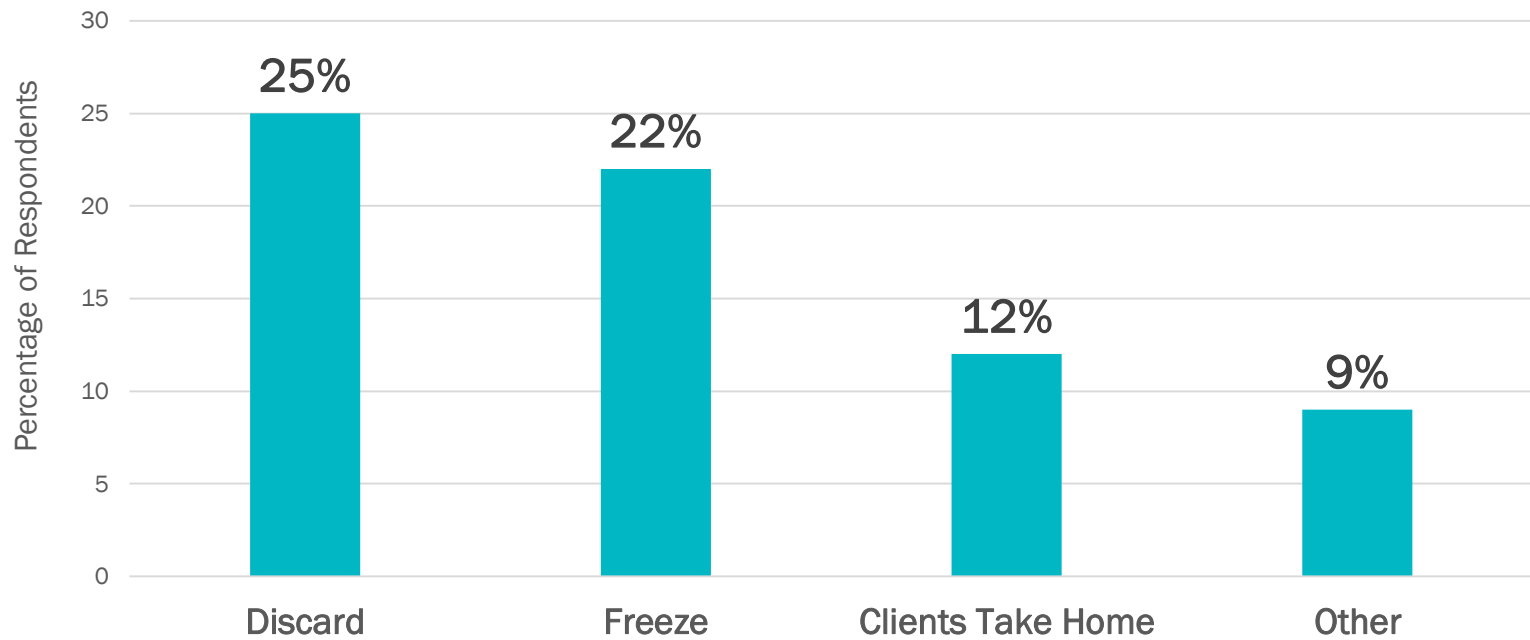
■ SUA ■ AAA ■ Provider

Frequency of Barriers Reported in Focus Groups



Survey Results

How does your organization address leftover policies?



August 24, 2016 Question Posted to the STATE NUTRITIONIST LISTSERV

Question:

We have recently gotten requests from participants to bring their meal home. They want to eat it later. We have discouraged this for two reasons: the main being that the program is designed to be a social outlet for the participants; and the other being food safety concerns.

I am interested in how other states handle take-out, and or left-overs.

The Older Americans Act Nutrition Program Did You Know....?



The Older Americans Act Nutrition Program Did You Know....?

If you can think of any other myths/myth busters, please email them to:
Nutrition@acl.hhs.gov

The Older Americans Act (OAA) is a flexible law that allows states to tailor their programs to meet the needs of the older adults in their states/communities who are in greatest social and economic need.

Sometimes people comment that the "OAA nutrition program won't let us... (fill in the blank)" when in reality there may be no restriction in the OAA that would prohibit that action, or they say "Really? I had no idea that the OAA nutrition program allows... (fill in the blank)".

This informal document presents general information about the OAA nutrition program that may be surprising to some and brand new to others.

IMPORTANT NOTE: In many areas the OAA gives states the authority to add other requirements beyond those in the OAA. That means that some practices that might be allowable under the OAA and perhaps discussed in this document could be handled differently in some states or local areas. State and local variances are NOT covered here. This document only reflects myths and truths about the OAA nutrition program from a federal perspective.

AoA's Did You Know Document

DID YOU KNOW....that congregate meals should not be served as carry-out or take-out meals on a regular basis?

The OAA allows occasional carry-out meals at congregate sites, but not on a regular basis. One of the main strengths of the congregate program is that older adults get together to eat as a community. That socialization can be just as important as the nutritious meal. Carry-out defeats that purpose. Congregate meals must be served at congregate sites (places where people congregate and interact with each other). Purposely ordering too much food or preparing too many meals simply to allow participants to take a second meal home is not appropriate. But on occasion, if someone is ill or unable to get to their regular congregate site on a particular day, a carry-out meal may be appropriate, if permitted by the state. Source: http://www.aoa.gov/AoA_programs/HPW/Nutrition_Services/DOCS/OAA-Nutrition-Program-FAQ.pdf

DID YOU KNOW....that taking home leftovers can be permitted?

The OAA allows participants to take leftovers from their plate home, but only if state and local food safety codes are followed. Following these food safety codes is not only required, but it is important because older adults are at a higher risk of food borne illnesses than other adults. Therefore proceeding with utmost caution and concern is important. Some sites provide special containers with instructions on reheating. Others limit leftovers to foods that are safe at room temperature (like rolls and fresh fruit). Some have developed additional rules to help ensure safety yet still allow their participants to bring home food from their plates, so as not to be wasteful. Overproducing food on purpose for the specific intent of producing leftovers, however, is not allowed. The congregate meal program is a social in-person program, not a take-out program.



NUTRITION PROGRAM AND SERVICES

OLDER AMERICANS ACT REAUTHORIZATION

OAA Reauthorization: Key Nutrition Program Changes

- Clarifies that, as appropriate, supplemental foods may be part of a home-delivered meal at the option of a nutrition services provider. 336(1)
- Clarifies that a state shall utilize the expertise of a dietician or other individual with equivalent education and training in nutrition science. 339(1)
- Where feasible, encourages the use of locally grown foods in meals programs. 339(2) (L) 3



NUTRITION PROGRAM EVALUATION

Nutrition Programs Evaluations

Process study

Cost study

Client Outcomes study (ongoing)

- **Assess program effectiveness using a variety of outcomes:**
 - Diet quality based on 24-hour dietary recall
 - Food security,
 - Socialization,
 - Longer-term health and institutionalization

Average Total Meal Cost: Congregate Meal

Average *total* cost: \$10.69

Average *paid* cost: \$9.30

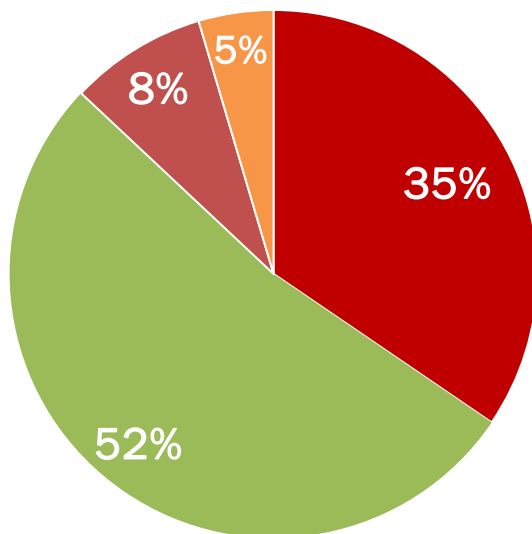
**Paid Labor
\$3.69**

**Purchased
nonlabor
\$5.61**

**Volunteer
labor
\$0.90**

**Donated
nonlabor
\$0.49**

Component Cost, as
Percentage of Total Cost



Breakdown of purchased non labor costs (\$5.61):

- Food \$1.28
- Vendor payments \$3.06
- Nonfood meal supplies \$0.20
- Facilities \$0.69
- Equipment \$0.15
- Delivery to sites (vehicles, gasoline, car insurance) \$0.02
- Insurance \$0.09
- Other resources \$0.12

Source: AOA Nutrition Programs Evaluation meal cost analysis, Table II.1 and Figure II.1. Weighted data.

Average Total Meal Cost: Home-Delivered

Average *total* cost: \$11.06 Meal

Average *paid* cost: \$9.00

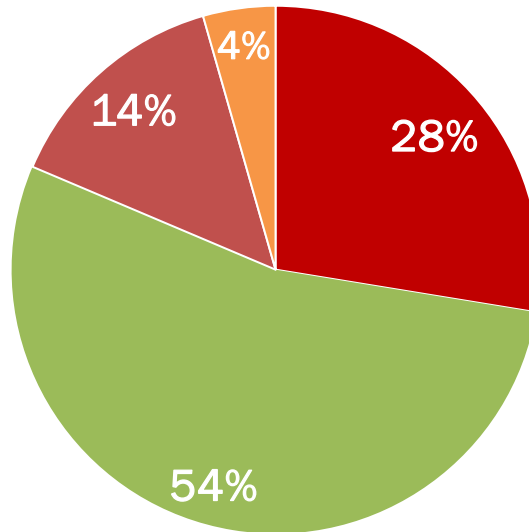
Paid labor
\$3.05

Purchased nonlabor
\$5.95

Volunteer labor
\$1.57

Donated nonlabor
\$0.49

Component Cost, as Percentage of Total Cost



Breakdown of purchased non-labor costs (\$5.95):

- Food \$1.14
- Vendor payments \$3.42
- Nonfood meal supplies \$0.22
- Facilities \$0.48
- Equipment \$0.14
- Delivery to sites and homes (vehicles, gasoline, car insurance) \$0.33
- Insurance \$0.08
- Other resources \$0.14

Source: AOA Nutrition Programs Evaluation meal cost analysis Table II.1 and Figure II.1. Weighted data.



**THE NUTRITION SCREENING INITIATIVE'S
DETERMINE CHECKLIST AND
SENIOR MALNUTRITION**

The Administration on Aging's Required Questions for Meal Program Participants

I have an illness or condition that made me change the kind and/or amount of food I eat.

I eat fewer than 2 meals per day.

I eat few fruits or vegetables, or milk products.

I have 3 or more drinks of beer, liquor or wine almost every day.

I have tooth or mouth problems that make it hard for me to eat.

I don't always have enough money to buy the food I need.

I eat alone most of the time.

I take 3 or more different prescribed or over-the-counter drugs a day.

Without wanting to, I have lost or gained 10 pounds in the last 6 months.

I am not always physically able to shop, cook and/or feed myself.

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

Determine Your Nutritional Health

	YES
I have an illness or condition that made me change the kind and /or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have three or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last six months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total your nutritional score. If it's --

0-2 Good! Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.**
See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

- This is the Original Source of the Questions.

OAA and Malnutrition

The Older Americans Act Nutrition Programs identified over 700,000 older adults in FY14 who were at high nutrition risk for malnutrition.

Estimates put 1 out of every 2 older adults are at risk for malnutrition.

MALNUTRITION: AN OLDER-ADULT CRISIS

\$51.3 Billion

Estimated annual cost of disease-associated malnutrition in older adults in the US¹



Up to 1 out of 2 older adults are at risk for malnutrition^{2,3}



300%

The increase in healthcare costs that can be attributed to poor nutritional status³



Up to 60% of hospitalized older adults may be malnourished⁴



4 to 6 days
How long malnutrition increases length of hospital stays⁵

Chronic health conditions

lead to increased malnutrition risk



Malnutrition leads to more complications, falls, and readmissions⁶

Just 3 steps can help improve older-adult malnutrition care



Screen
all patients



Assess
nutritional
status



Intervene
with appropriate
nutrition

Focusing on malnutrition in healthcare helps:

- ✓ Decrease healthcare costs⁷
- ✓ Improve patient outcomes⁷
- ✓ Reduce readmissions
- ✓ Support healthy aging
- ✓ Improve quality of healthcare

Support policies across the healthcare system that defeat older-adult malnutrition.

Learn more at www.DefeatMalnutrition.Today

Efforts to Intensify Awareness of Senior Malnutrition

- Senior Malnutrition Awareness Week:
 - September 26 – 30, 2016
- National Resource on Nutrition and Aging Webinar
 - Thursday September 8
 - The Nutrition Screening Initiative's DETERMINE CHECKLIST and Senior Malnutrition
- Malnutrition Advocacy Day
 - Monday, September 26th
- Nutrition Screening Campaign
 - Campaign supported by the Academy of Nutrition and Dietetics and Administration on Aging

References

- OAA Nutrition Programs:
http://www.aoa.acl.gov/AoA_Programs/
- National Resource Center for Nutrition and Aging
<http://nutritionandaging.org>
- ACL Web updates:
<https://public.govdelivery.com>
- Senior Malnutrition:
www.DefeatMalnutrition.today

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING**

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