So You Think You Know the OAA Nutrition Programs?

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ACL/AoA
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/
## 2014 Threat of Senior Hunger
### State-Level Estimated Percentage

<table>
<thead>
<tr>
<th>State</th>
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[http://www.nfesh.org/research]()
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: 61%
- AAA: 29%
- Provider: 10%
Frequency of Barriers Reported in Focus Groups

- **Required Daily Intakes (19)**
- **Funding (19)**
- **Leftovers (7)**
- **Managed Care Organizations (6)**
- **Fee for service (5)**
Survey Results

How does your organization address leftover policies?

- Discard: 25%
- Freeze: 22%
- Clients Take Home: 12%
- Other: 9%
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....?
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](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.
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

http://www.aoa.acl.gov/AoA_Programs/OAA/Reauthorization/2016/Index.aspx
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

Component Cost, as Percentage of Total Cost

- Paid Labor: $3.69
- Purchased nonlabor: $5.61
- Volunteer labor: $0.90
- Donated nonlabor: $0.49

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 II1 and Figure II.1. Weighted data.
Average Total Meal Cost: Home-Delivered

Average total cost: $11.06 Meal  Average paid cost: $9.00

Component Cost, as Percentage of Total Cost

Paid labor $3.05
Purchased nonlabor $5.95
Volunteer labor $1.57
Donated nonlabor $0.49

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 II1 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

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have an illness or condition that made me change the kind and/or amount of food I eat.</td>
</tr>
<tr>
<td>I eat fewer than 2 meals per day.</td>
</tr>
<tr>
<td>I eat few fruits or vegetables, or milk products.</td>
</tr>
<tr>
<td>I have 3 or more drinks of beer, liquor or wine almost every day.</td>
</tr>
<tr>
<td>I have tooth or mouth problems that make it hard for me to eat.</td>
</tr>
<tr>
<td>I don’t always have enough money to buy the food I need.</td>
</tr>
<tr>
<td>I eat alone most of the time.</td>
</tr>
<tr>
<td>I take 3 or more different prescribed or over-the-counter drugs a day.</td>
</tr>
<tr>
<td>Without wanting to, I have lost or gained 10 pounds in the last 6 months.</td>
</tr>
<tr>
<td>I am not always physically able to shop, cook and/or feed myself.</td>
</tr>
</tbody>
</table>

http://www.aoa.acl.gov/AoA_Programs/HPW/Nutrition_Services/index.aspx
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.

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

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 US

Up to 1 out of 2 older adults are at risk for malnutrition

Just 3 steps can help improve older-adult malnutrition care
Screen all patients
Assess nutritional status
Intervene with appropriate nutrition

Up to 60% of hospitalized older adults may be malnourished

300%
The increase in healthcare costs that can be attributed to poor nutritional status

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

Chronic health conditions lead to increased malnutrition risk

Malnutrition leads to more complications, falls, and readmissions

Focusing on malnutrition in healthcare helps:
- Decrease healthcare costs
- Improve patient outcomes
- 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

References:
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