

A photograph of two men sitting at a table, laughing heartily. The man on the left is Black with a beard and glasses, wearing a plaid shirt. The man on the right is white with a beard and glasses, wearing a sweater over a collared shirt. They are both holding glasses. The background is a window with a view of trees. The entire image has a green tint.

Recognizing 50 Years of the
**NATION'S FIRST
NUTRITION PROGRAM
FOR OLDER ADULTS**

United States Senate
Special Committee on Aging

Senator Robert P. Casey, Jr.
Chairman

Senator Tim Scott
Ranking Member

NOVEMBER 2022

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ABOUT THE UNITED STATES SENATE SPECIAL COMMITTEE ON AGING

Established in 1961, the Special Committee on Aging is the focal point in the Senate for discussion and debate on matters relating to older Americans.

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Learn more about our members and work at aging.senate.gov.



77M+

ADULTS AGES 60 YEARS AND OLDER

~7%

ADULTS AGES 60 YEARS AND OLDER ARE FOOD INSECURE

70%

OF CONGREGATE MEAL PARTICIPANTS SAY THEY EAT HEALTHIER AS A RESULT OF THE NUTRITION PROGRAM

76%

OF HOME-DELIVERED MEAL PARTICIPANTS SAY THEY EAT HEALTHIER AS A RESULT OF THE NUTRITION PROGRAM

~25%

OF COMMUNITY-DWELLING ADULTS AGES 65 YEARS AND OLDER ARE SOCIALLY ISOLATED

15 CIGARETTES

SOCIAL ISOLATION HAS THE SAME ADVERSE IMPACT ON HEALTH AS SMOKING NEARLY A PACK A DAY

1972

YEAR THE OLDER AMERICANS ACT AMENDED TO ESTABLISH THE NUTRITION PROGRAM

EXECUTIVE SUMMARY

There are more than 77 million adults ages 60 years or older living in the United States, representing over 23 percent of the total population, and the Nation's aging population is expected to grow exponentially in the coming years.^{1, 2} Older adults are an asset to American communities though many face barriers to living independently as they age. To help address these barriers, the Older Americans Act (OAA) of 1965 (P.L. 116-131, as amended) authorized comprehensive services designed to support older adults living in their communities.³ In 1972, the OAA was amended (P.L. 92-258) to establish the Nutrition Program, which now funds community-based nutrition programs, including home-delivered and congregate meal services.⁴ In the 50 years that have followed, the OAA Nutrition Program has increased access to healthy and affordable food for older adults, helping to combat hunger, foster social connectedness, promote healthy aging, and prevent adverse health outcomes, as demonstrated in this report.

In 2020, an estimated 5.2 million, or 6.8 percent, of older adults in the United States ages 60 and older were food insecure.⁵ The home-delivered and congregate meal programs supported by the OAA Nutrition Program provide critical lifelines for older adults and bolster their dietary intake. The 2021 National Survey of OAA Participants conducted by the Administration for Community Living (ACL) found that 70 percent of people who participate



in meals programs at senior centers or other authorized group settings indicated that they eat healthier foods as a result of the program.⁶ Seventy-six percent of the people who receive home-delivered meals indicated the same.⁷ The OAA Nutrition Program ensures that older adults across the country have consistent access to food.

The OAA Nutrition Program often provides more than a meal to participants and can foster connection among socially isolated or lonely older adults. Older adults are at an increased risk of loneliness and social isolation because they are more likely to experience risk factors such as living alone, loss of family or friends, chronic illness, and hearing loss.⁸ A

report from the National Academies of Sciences, Engineering, and Medicine (NASEM) found that nearly one-fourth of community-dwelling adults ages 65 years and older are socially isolated.⁹ Social isolation has been found to have the same adverse impact on health as smoking 15 cigarettes a day.¹⁰ Nutrition programs can serve as a critical source of connection for older adults who are socially isolated or feeling lonely, and congregate meal program participants often report more satisfaction with their socialization opportunities than nonparticipants.¹¹

Additionally, the OAA Nutrition Program often becomes an entryway to additional programs and services that support older adults.¹² In addition to their meal, home-delivered and congregate meal participants can receive nutrition education, screening, counseling, and referrals to other aging services. This connection to broader services helps older adults remain in their homes as they age.

A core priority of the OAA Nutrition Program is to delay adverse health outcomes among older adults.¹³ Enhanced health outcomes may enable older adults to stay in their homes and communities and delay or avoid institutionalization. Many older adults who participate in the OAA Nutrition Program are low-income and living with multiple chronic conditions that place them at increased risk of adverse health outcomes.¹⁴

The United States Senate Special Committee on Aging (Committee) recognizes the positive impact of 50 years of the OAA Nutrition Program on older Americans. This report provides a broad overview of OAA funding for nutritional services, the role of the aging network and ACL in supporting older adult nutrition, and the importance of community volunteers and public-private partnerships in meeting the needs of each community. Through this report, the Committee seeks to encourage people, communities, and governments to work together to strengthen food security, foster social connections, and promote health and well-being among older adults.

INTRODUCTION

Over the past 50 years, the OAA Nutrition Program has improved the lives of millions of older adults.¹⁵ Its success in providing nutritious meals, wellness and safety checks, and social visits is a testament to the dedicated commitment made by the staff and volunteers of local nutrition programs throughout the United States.

The OAA Nutrition Program works to meet the following purposes, as stated in the law:

- 1. Reduce hunger, food insecurity, and malnutrition;**
- 2. Promote socialization of older individuals; and**
- 3. Promote the health and well-being of older individuals**
 - **By assisting such individuals to gain access to nutrition and other disease prevention and health promotion services**
 - **To delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.**¹⁶

The OAA established the Administration on Aging (AoA), an agency within ACL under the United States Department of Health and Human Services (HHS), as the primary federal agency for administering most OAA programs.¹⁷ The OAA also established the aging network, which consists of State Units on Aging, Area Agencies on Aging (AAA), Title VI Native Americans aging programs, and community-based organizations. This network develops, coordinates, and delivers OAA-sponsored services and supports, including the OAA Nutrition Program.¹⁸

AoA coordinates with the 56 State Units on Aging representing the 50 states, the District of Columbia, and five United States territories as well as with American Indian tribes, Alaska Native villages, and Native Hawaiian organizations.^{19,20} AoA provides funding for the implementation of local nutrition programs through the form of state, tribal, and territory

formula grants.²¹ These grants finance both home-delivered and congregate meals and other services such as nutrition screenings, education, and health promotion.²² States and territories receive their funding through Title III of the OAA and are required to provide a funding match of 15 percent, which expands the impact of federal funding.²³ American Indian tribes, Alaska Native villages, and Native Hawaiian organizations receive their funding through Title VI, which does not require a match.²⁴ Title III of the OAA also includes the Nutrition Services Incentive Program, which incentivizes states, territories, and eligible tribal organizations to serve more meals through the provision of additional grants.²⁵ State Units on Aging develop implementation guidelines and rely on more than 600 AAAs and thousands of local service providers and volunteers to deliver services.^{26,27}

The population eligible for the OAA Title III Nutrition Program are adults ages 60 and older and the program strives to reach populations with the greatest social and economic need, including those who are low-income, live in rural communities, have limited English proficiency, or are at risk of institutional care.²⁸ Through Title VI Native Americans aging programs, American Indian tribes, Alaska Native villages, and Native Hawaiian organizations can establish their own eligibility guidelines and often provide services to those who are under 60.²⁹ Successive updates to the OAA Nutrition Program expanded eligibility to include the spouse of an older adult, regardless of age. These updates also give states and territories the option to create programs that offer meals to certain qualifying people, such as people with disabilities who live with eligible older adults.³⁰

The OAA Nutrition Program provides participants with services through home-delivered and congregate meal programs. Congregate meals are served in group settings, such as in a community center, local religious institution, or adult day center. Congregate meals provide older Americans the opportunity to eat a nutritious meal while connecting with peers and volunteers. These meals also give older Americans the chance to ask questions or share concerns with local organizations that can provide information on healthy eating habits and

healthy aging. In 2020, 48.8 million meals were provided to more than 1.3 million older adults in congregate meal settings.³¹

Home-delivered meals are provided to older adults who are unable to leave their home and their spouses, if applicable. Forty-one percent of those who have a meal delivered at home have trouble going outside of their home, which may include for shopping for their own groceries or visiting the doctor.³² Home-delivered meals provide older Americans with social contact through their interactions with local staff and volunteers. These social interactions have proven to be exceedingly important for the well-being of homebound older adults, especially during the COVID-19 pandemic when many faced increased social isolation and loneliness. An estimated 198.6 million meals were provided to more than 1.4 million older adults in 2020, representing an increase of nearly 50 million meals compared to 2019.^{33, 34}

For most program participants, their source of social connectedness comes from volunteers. Volunteers prepare and serve meals in senior centers or other congregate meal sites and deliver meals to those participating in the home-delivered program. In 2019, volunteers contributed over 62.4 million hours to all OAA Title III AAAs, which includes the OAA Nutrition Program and other home and community-based services. The economic value of their contributions was approximately \$1.7 billion. This return on investment by the volunteers exceeded the total amount of federal funding provided for all OAA Title III programs in fiscal year 2019, which was \$1.49 billion.³⁵

In 2022, communities across the country are celebrating the 50th Anniversary of the OAA Nutrition Program. The United States Senate also recognized this milestone in March 2022 with the passage of Senate Resolution 550, led by Chairman Casey and Ranking Member Scott, which highlighted the value of the OAA Nutrition Program in addressing hunger, malnutrition, food insecurity, and social isolation among older adults while improving their overall health and well-being.³⁸

COVID-19 Pandemic and Congressional Action

During the early stages of the COVID-19 pandemic, stay-at-home orders and social distancing guidelines caused local nutrition programs to change how they provided their services. To ensure older adults were served, Congress provided funding and flexibilities that allowed for service delivery changes. Over the course of the pandemic, about \$1.7 billion in additional funding was provided.³⁶ These funds expanded drive-through and grab-n-go meal options for congregate meal participants, enhanced nutrition services and other supportive services provided through the Native Americans aging programs, and more.

This funding and flexibility allowed the Florida Department of Elder Affairs, for example, to provide congregate meals in a drive-through format so that older Americans who relied on the program were still provided a meal while also maintaining social distancing guidelines.³⁷ AAAs were also supported as they adapted to changing requirements and utilized the flexibilities offered to provide congregate meals in nearby parks, helping to reduce social isolation, as was done in Lackawanna County, Pennsylvania by the Lackawanna County AAA.

5M+

ADULTS AGES 60 AND OLDER
EXPERIENCED FOOD INSECURITY
IN 2020



30% INCREASE

IN FOOD INSECURITY AMONG OLDER
ADULTS SINCE 2001

4:1

BLACK OLDER ADULTS ARE NEARLY
FOUR TIMES MORE LIKELY TO BE FOOD
INSECURE THAN WHITE OLDER ADULTS

2:1

HISPANIC OLDER ADULTS ARE OVER
TWO TIMES MORE LIKELY TO BE FOOD
INSECURE THAN NON-HISPANIC WHITE
OLDER ADULTS

FOOD INSECURITY

IS MORE PREVALENT AMONG ASIAN
AMERICAN, PACIFIC ISLANDER, NATIVE
AMERICAN, AND MULTI-RACIAL OLDER
ADULTS THAN WHITE OLDER ADULTS

74%

INCREASED RISK OF DIABETES AMONG
FOOD INSECURE OLDER ADULTS

1

REDUCING FOOD INSECURITY AMONG OLDER ADULTS

Adequate nutrition serves as a preventive measure against chronic illness and is integral to maintaining good health, functional ability, and quality of life across the lifespan.³⁹ Yet, over 5 million adults ages 60 and older experienced food insecurity in 2020 and the pandemic exacerbated the challenges older adults may face in accessing healthy foods.^{40, 41}

Food insecurity, as defined by the United States Department of Agriculture (USDA), is the “limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”⁴² Older adults who are lower income, have a disability, reside in southern states, or are living with grandchildren are more likely to be food insecure.⁴³ In addition, many older adults are malnourished or at risk of malnutrition.⁴⁴ According to ACL, malnutrition is a “nutrition imbalance that affects both overweight and underweight individuals” and occurs over time.⁴⁵ Other unique barriers that affect older adults’ ability to meet their nutritional needs may include transportation obstacles, functional limitations, language accessibility, and social isolation.^{46, 47, 48}

Both food insecurity and malnutrition threaten an older adult’s ability to remain healthy and independent and may lead to an increased need for long-term care services and supports.⁴⁹ Food insecurity among older adults has increased by nearly 30 percent since 2001 and disproportionately affects older adults who are racial and ethnic minorities.⁵⁰ Black older adults experience food insecurity rates that are nearly four times that of white older adults and Hispanic older adults experience food insecurity rates that are over two times that of non-Hispanic white older adults.⁵¹ Similarly, food insecurity is more prevalent among Asian American, Pacific Islander, and Native American older adults and older adults who identify as multi-racial than white older adults.⁵²

Food insecure older adults often have an overall lower diet quality, which puts them at higher risk for developing chronic conditions, such as diabetes, heart disease,

and hypertension.^{53, 54} Food insecure older adults are 74 percent more likely to have diabetes and nearly three times more likely to have depression than their food secure counterparts.⁵⁵ This ultimately results in adverse health outcomes, increased medical needs and health care utilization, and higher health care costs.⁵⁶

OLDER AMERICANS ACT: Meeting the Needs of Food Insecure Older Adults

The OAA Nutrition Program is an effective intervention aimed at improving limited food access for older adults. In most communities, the OAA home-delivered and congregate meal programs serve a minimum of one meal a day, at least five days a week.⁵⁷ More than 900,000 meals are provided each day through 5,000 participating local service providers across the country.⁵⁸ The OAA Nutrition Program maintains high satisfaction rates amongst participants, with nearly 75 percent reporting that the programs improved their health.⁵⁹ Further, 61 percent of home-delivered meal participants and 42 percent of congregate meal participants indicated that without access to the programs, they would have to reduce their daily food intake.⁶⁰

Additionally, over half of all program participants indicate the meals provided through the OAA Nutrition Program account for 50 percent or more of their daily food consumption.⁶¹ States and local agencies are required to prioritize addressing the needs of marginalized populations, including low-income people and racial and ethnic minorities.⁶² In 2018, a national survey of OAA Nutrition Program participants found that approximately 19 percent of home-delivered meal participants and 11 percent of congregate meal participants reported annual household incomes of \$10,000 or less.⁶³

Many older adults have limited incomes and face difficult financial decisions, such as choosing between purchasing their medication, paying their utilities, or buying groceries.⁶⁴ In 2019, almost one in ten adults ages 65 and older lived below the federal poverty level, with older women of color, especially those living alone, experiencing the highest rates of poverty.⁶⁵ The meals provided through the OAA Nutrition Program can help those with limited incomes bridge financial gaps in order to reduce their risk of food insecurity and remain independent.

Serving Native American Communities

In 1978, the OAA established support for Native Americans aging programs with the inclusion of Title VI, which authorized grants to Tribal organizations to deliver supportive services, including nutrition services, to older adults. Recent reauthorizations of the OAA continue to build upon dedicated funding for Native Americans nutrition services. Over time, these reauthorizations have provided additional pathways for American Indian, Alaska Native, and Native Hawaiian communities to expand their reach and meet the needs of all older adults, while allowing the flexibility to maintain culturally relevant meals and practices.⁶⁶ This is particularly important as this population of older adults is expected to increase by 67 percent by 2040.⁶⁷

As an example, the Moenkopi Senior Center, located in the Hopi Upper Village of Moenkopi in northern Arizona, serves older adults in Moenkopi Village and the Hopi Reservation. The center provides traditional home-delivered and congregate meals like hominy and vegetable stew, socialization, recreational activities such as yucca basket weaving and quilting, and health and wellness services. While the center had to close for two years during the COVID-19 pandemic to ensure the health and safety of all participants, they serve as a vital community center for Hopi Elders. As their facility remained unoccupied during that time, when the Moenkopi Senior Center decided to reopen, several updates were required in order to resume operations, including new kitchen equipment. Funding from the OAA and community-based organizations as well as technical assistance from the Inter-Tribal Council of Arizona AAA and the Hopi Office of Aging and Adult Services enabled the Moenkopi Senior Center to reopen successfully and expand capacity. The resources provided by the OAA to support Native Americans nutrition services are essential to addressing food insecurity and improving the health of Native American older adults, who continue to be one of the most marginalized and economically disadvantaged communities in the Nation.⁶⁸





2

PROMOTING SOCIALIZATION AND REDUCING ISOLATION

The benefits of the OAA Nutrition Program go well beyond the meals provided, as one of the statutory purposes is to promote the socialization of older people.⁶⁹ Whether in congregate meal sites or home-delivery services, these programs enhance socialization and reduce social isolation among older Americans.

Social isolation refers to the objective absence or limitation in the quantity of social interactions.⁷⁰ Conversely, loneliness is subjective and occurs when there is a perceived discrepancy between an individual's desired and achieved level of social interactions.⁷¹ Compared to younger adults, older adults are more likely to experience isolation.⁷² Many homebound older adults may be isolated due to physical or mental health conditions, living alone, or lack of access to consistent and reliable transportation.⁷³

The negative impacts of isolation are especially salient for older adults. Studies have found that late-life isolation or loneliness is associated with a 50 percent increased risk of developing dementia, a 30 percent increased risk of developing incident coronary artery disease or experiencing a stroke, and a 26 percent increased risk of all-cause mortality.⁷⁴ The OAA Nutrition Program addresses late life social isolation and loneliness by promoting positive social experiences.

OLDER AMERICANS ACT: Fostering Connections

Congregate meal programs provide meals in senior centers, schools, faith-based settings, farmers' markets, and other community locations. Bringing older adults together to share a meal fosters opportunities for recreation and social interaction. Participants in these programs have routine contact with other older adults, OAA Nutrition Program staff, and volunteers, cultivating a space to tell stories, ask questions, and share their lived experiences.⁷⁵ An evaluation of the OAA Nutrition Program found that 93 percent of congregate meal participants were satisfied with their opportunities to spend time with

other people.⁷⁶ Benefits from these interactions may include improvements in mood, opportunities for friendship, and a sense of belonging to the community.⁷⁷

In some cases, congregate meal programs also offer a pathway to additional social activities such as exercise classes, arts and crafts, cooking classes, discussion groups, and off-site trips. Participants who attended congregate meal sites that offered social activities reported higher levels of satisfaction with socialization opportunities than participants who attended sites that did not offer these activities.⁷⁸ These findings underscore the value of congregate meal programs in enhancing socialization among participants and the importance of staying connected in late life.

Older adults in the community who receive home-delivered nutrition services similarly benefit from social contact and support from staff members and volunteers. Research has found that, compared to older adults who were on a waiting list to receive home-delivered meals, those receiving daily delivered meals were more likely to report reductions in loneliness.⁷⁹ Moreover, older adults receiving daily delivered meals were three times more likely than those receiving frozen, once-weekly delivered meals to indicate that the services received from the home-delivered meal program helped them feel less lonely.⁸⁰

As one program provider shared, “I feel that socialization is just as important as the hot nutritious meal they receive. Without the sites, they might go all day without leaving their apartment or seeing anyone.”⁸¹



Combating Worsening Isolation Amidst a Global Pandemic

While addressing social isolation has been a long-standing goal of the OAA Nutrition Program, this objective was of heightened urgency during the COVID-19 pandemic. Throughout the pandemic, older adults had a higher risk of experiencing complications from the virus. Shelter-in-place restrictions and stay-at-home orders led to increased isolation and loneliness among older adults.⁸² As a result of Congressional action, the OAA Nutrition Program had additional flexibilities to offer grab-n-go services or lunches in the park to safely connect with participants. Some programs also adapted by expanding services that provided regular and trusted human interactions via telephone.

Mr. Rocky Duff from South Carolina, for example, became a volunteer with the Meals on Wheels Telephone Reassurance Program during the pandemic. He made daily calls with multiple home-delivered program participants, including a couple from Charleston County who expressed appreciation for their daily interaction with the volunteer, noting that they felt special because someone calls to check on them.

The innovative models adopted by local programs during the COVID-19 pandemic allowed older adults to maintain social connections with their community, while also adhering to public health guidelines. In particular, volunteers were central to ensuring continued socialization among older adults and strived to keep consistent and meaningful interactions. As highlighted by the COVID-19 pandemic, human connection is a hallmark of the home-delivered and congregate meal programs and helps to combat social isolation among older adults.





3 PROMOTING HEALTHY AGING

Adequate nutrition is critical to good health, physical ability, and quality of life across the lifespan and contributes to healthy aging.⁸³ According to the Pan American Health Organization, healthy aging is “the continuous process of optimizing opportunities to maintain and improve physical and mental health, independence, and quality of life throughout the life course.”⁸⁴ Eating well supports older adults in maintaining a healthy weight and having the nutrients their bodies need to stay active and engaged. Healthy eating can also reduce the risk of certain chronic conditions or lessen their symptoms. Further, eating nutritious foods protects bones, joints, and muscles. As adults age, their caloric needs will likely shift to account for changes in metabolism, the impact of chronic conditions, and medication interactions.⁸⁵

It is important that older adults receive nutritional counseling and support to follow recommended dietary guidelines that promote health. Yet, many older adults face barriers, such as lacking transportation, fragmented systems of care, limited access to nutritional services and counseling, and financial insecurity that inhibit their ability to eat well. Additionally, the United States Government Accountability Office (GAO) found that federal nutrition guidelines do not address the varying nutritional needs of older adults of different ages and with different health conditions.⁸⁶ HHS plans to address the unique nutritional needs of older adults in the 2025-2030 Dietary Guidelines which will equip federal programs with the guidance necessary to better promote healthy aging through nutritional services. The nutrition needs of older adults can be wide-ranging and person-centered dietary recommendations can help promote healthy aging.

OLDER AMERICANS ACT: Supporting Health and Independence

The OAA Nutrition Program promotes healthy aging among older adults by recognizing that adequate nutrition is a core component of overall health and by serving as a bridge to broader aging services. ACL's 2021 National Survey of Older Americans Act Participants found that 90 percent of home-delivered meal participants and 80 percent of congregate meal participants reported the programs help them to live independently.⁸⁷

The OAA Nutrition Program helps older Americans access a wide array of other services, such as nutrition screenings, transportation, respite care, and evidence-based health programs, all of which help support healthy aging. It is estimated that at least 43 percent of older adults receiving congregate meals receive one or more additional service, like transportation or chronic disease self-management classes. Additionally, nearly 60 percent of older adults who receive home-delivered meals receive one or more supportive service.⁸⁸

OAA NUTRITION PROGRAM

90%
OF HOME-DELIVERED MEAL PARTICIPANTS REPORTED IT HELPED THEM TO LIVE INDEPENDENTLY IN THE COMMUNITY

80%
OF CONGREGATE MEAL PARTICIPANTS REPORTED IT HELPED THEM TO LIVE INDEPENDENTLY IN THE COMMUNITY

>43%
OF OLDER ADULTS RECEIVING CONGREGATE MEALS USED SUPPORTIVE SERVICES

~60%
OF OLDER ADULTS RECEIVING HOME-DELIVERED MEALS USED SUPPORTIVE SERVICES

Delivering More than a Meal

The home-delivered meals program is especially critical in promoting healthy aging. It serves homebound older adults who are often more socially isolated, in poorer health with greater functional limitations, experience more falls, and are more likely to be underweight than congregate meal participants.⁸⁹ The program ensures that homebound older adults are better able to meet their dietary needs, while providing them with social interaction and wellness checks so they can safely remain at home and independent. In addition, home-delivered meal drivers often provide a report on the well-being of program participants so a care manager can follow up with additional support, if needed.

In Somerset County, Pennsylvania, Phil, an 82-year-old driver, delivers nearly 300 meals a week to program participants and conducts a wellness check with each delivery. During his regular route, Phil encountered a program participant that had fallen. He contacted a Somerset County AAA care manager, and with her assistance, stayed with the participant for several hours until they were able to locate her family. Phil returned for an additional meal delivery and found that the participant had fallen again. He was able to connect her to emergency services where she was treated in the hospital and ultimately connected to more supportive services. Without Phil and the support of the Somerset County AAA, the participant may not have received the timely help she needed to remain healthy. The OAA Nutrition Program is often the first entry point to aging services for older adults and provides critical support and referrals to additional services.





~36M FALLS
REPORTED AMONG OLDER
ADULTS IN 2018

~32K DEATHS
RESULTED FROM FALLS IN 2018

4 DELAYING ADVERSE OUTCOMES AMONG OLDER ADULTS

An important part of the statutory purpose of the OAA Nutrition Program in promoting the health and well-being of older adults in gaining access to nutrition is to “delay the onset of adverse health conditions resulting from poor nutritional health...”⁹⁰ This purpose is central to the program as older adults, particularly the oldest segments of the United States population, are more likely to be diagnosed with one or more chronic conditions and to experience adverse health outcomes as a result, such as falls. In 2017, the average age of a congregate meal participant was 77, and the average age of a home-delivered meal participant was 82.⁹¹

Many OAA Nutrition Program participants are at increased risk for weight-related diseases and other health problems. In 2017, six percent of home-delivered meal participants were underweight, compared to less than one percent of congregate meal participants. Moreover, 72 percent of congregate meal participants and 57 percent of home-delivered meal participants had a Body Mass Index (BMI) greater than 25, indicating they are overweight or obese and at-risk for additional health problems.⁹²

Poor nutrition can lead to muscle loss among older adults, which may increase the risk of falling. Falls can result in serious injury, such as broken bones or head injuries and may lead to higher rates of hospitalization. In 2018, three million older adults were treated for falls-related injuries in the emergency department (ED), causing more than 950,000 hospitalizations or transfers to another facility.⁹³ That same year, nearly 36 million falls were reported among older adults in the past year, resulting in approximately 32,000 deaths.⁹⁴

OLDER AMERICANS ACT: Reducing Barriers to Health and Well-being

Growing bodies of research indicate the OAA Nutrition Program can delay adverse health outcomes. In general, congregate meal participants were less likely than nonparticipants to have a nursing home admission.⁹⁵ The OAA Nutrition Program serves as both a primary prevention strategy and treatment intervention for older adults who may be at risk of or who are currently navigating chronic health conditions.⁹⁶ A randomized-control trial, for example, assigned eligible older Americans on a waiting list to a home-delivered meal program. The study suggests that those receiving daily delivered meals may experience a reduction in their risk of falls but, according to the authors, further research is warranted to fully understand the effect of meals on falls.⁹⁷ Overall, the vast majority of OAA Nutrition Program participants reported that the program helped them eat more nutritious meals and control their weight.⁹⁸ These responses indicate the program's positive impact on the health of participants.

Long-term trends in adverse health experiences may also illustrate better outcomes for congregate meal participants. According to a recent evaluation, participation in the congregate meal program may also be associated with a reduction in hospital readmissions three years into the program. The study found that about two percent of participants had a readmission, compared with eight percent of program-eligible nonparticipants. Among low-income participants and non-participants, the relative improvement was even starker: one percent versus 13 percent.⁹⁹ American Indian, Alaska Native, and Native Hawaiian elders who participated in the OAA Nutrition Program also experienced significantly fewer hospitalizations and falls per year in comparison with non-participating elders.¹⁰⁰

Strengthening Partnerships to Support Healthy Aging

The health care system increasingly recognizes nutrition as a social determinant of health, defined as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.¹⁰¹ As such, many AAAs are developing partnerships with health care providers and broader community stakeholders to more comprehensively address the nutritional needs of older adults.

One potential example can be seen in the work of the Central Midlands Council of Governments AAA in Columbia, South Carolina. The Central Midlands Council of Governments AAA partnered with Prisma Health and United Healthcare to provide older adults recently discharged from the hospital with nutritionally-balanced meals to help prevent readmission and support long-term health goals.¹⁰² After one year, only 10 percent of discharged patients who participated in the program were readmitted to the hospital, whereas 28 percent of patients who declined to participate were readmitted.¹⁰³

In some cases, AAAs and their volunteers are critical lifelines to health care. Dave, a regular volunteer driver for SeniorsPlus in Western Maine, found a woman in her 80s who had fallen in her home. She had been on the floor without food or water for three days when Dave delivered her meal. Dave immediately called 911 and stayed with her until the EMTs arrived and took her to the hospital. SeniorsPlus received a call from the local fire chief commending Dave for saving her life.¹⁰⁴

LOOKING AHEAD

In the 50 years since the OAA Nutrition Program was signed into law, it has made substantial progress toward reducing hunger, creating meaningful opportunities for engagement and social interaction, connecting older Americans to services to promote healthy aging, and decreasing adverse health outcomes among older adults. This landmark anniversary provided the Committee the opportunity to reflect on the significant impact these policies and programs have made on the lives of older Americans.

As the Nation's population continues to age, addressing health and nutrition will remain an important tool for ensuring greater independence and enhanced well-being among older adults. The COVID-19 pandemic exacerbated the painful realities of social isolation and loneliness among many older Americans. The OAA Nutrition Program provides regular opportunities for older adults to gather with one another and to be connected with additional resources. As a result of the pandemic, many programs adopted new methods to allow older adults to gather safely. As the Committee considers the effects of the Nation's changing demographics on the OAA Nutrition Program, innovative approaches to foster new connections and promote health offer a blueprint for the future.

The Committee's examination of these programs underscores the critical importance of measuring outcomes and gathering data to inform best practices in the field. The 2020 reauthorization of the Older Americans Act established a Research, Demonstration, and Evaluation Center for the Aging Network which would examine the effectiveness of OAA programs, such as the Nutrition Program, and assess innovative models conducted on the state and local level. Additional research and evaluation will equip the aging network as well as policymakers with needed information to address food insecurity among older adults.

As the Nation prepares for a rapidly aging population, older adult hunger and food insecurity will remain a challenge. The Committee recognizes the importance of leveraging partnerships among all stakeholders to ensure all older adults have access to healthy and affordable food. This report demonstrates the Committee's commitment to combating hunger among older adults and preserving essential nutrition programs.

SOURCES

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