



# Keeping the Nutrition Program Future Ready

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# Nutrition

## An Integral Part of Home and Community Services

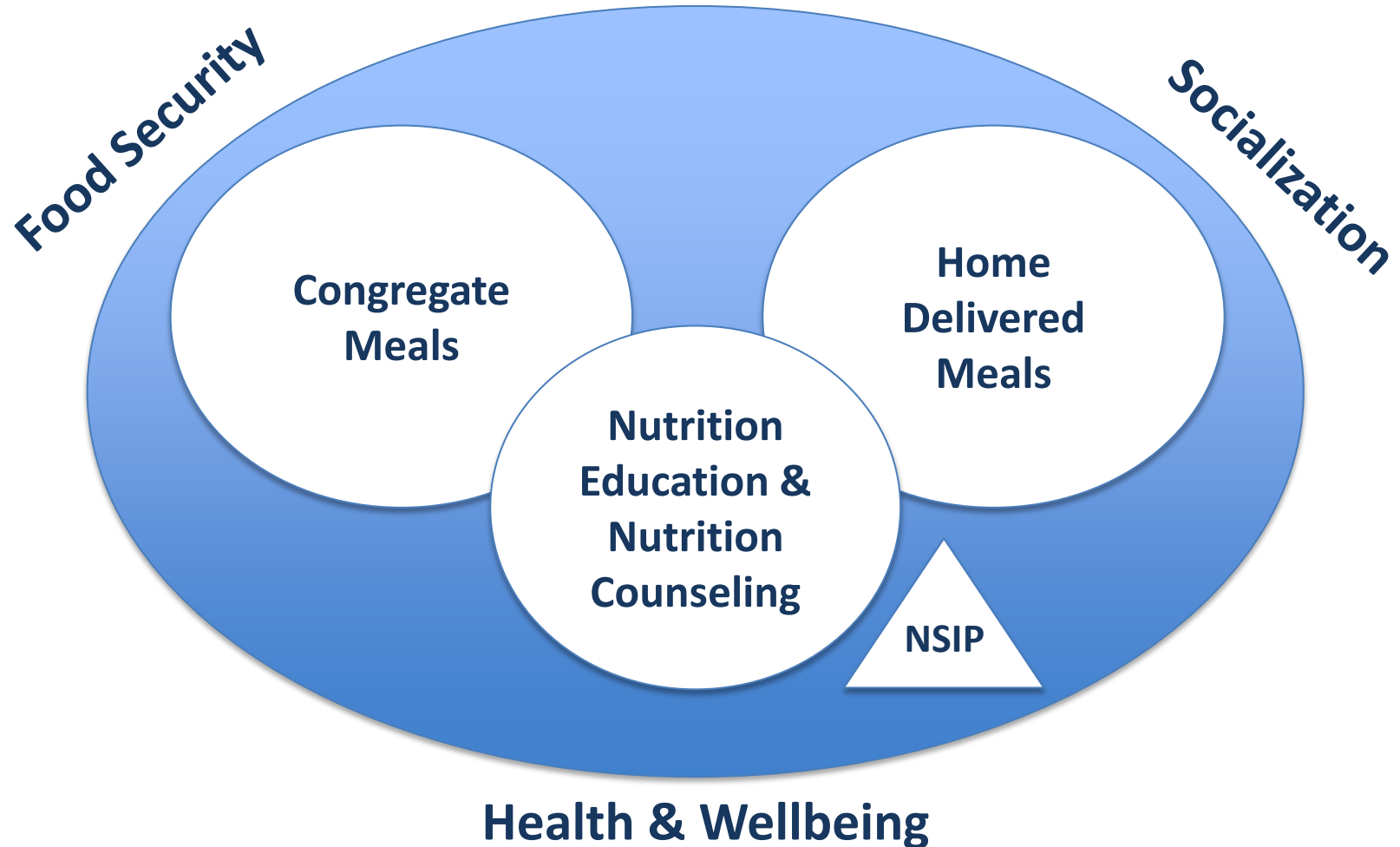
### Necessity:

- Need adequate nutrition for:
  - Health
  - Functionality
  - Ability to remain home in the community.

### Purposes:

- **Reduce** hunger & food insecurity
- **Promote** socialization
- **Promote** health and well-being
- **Delay** adverse health conditions

# Older Americans Act Nutrition Program



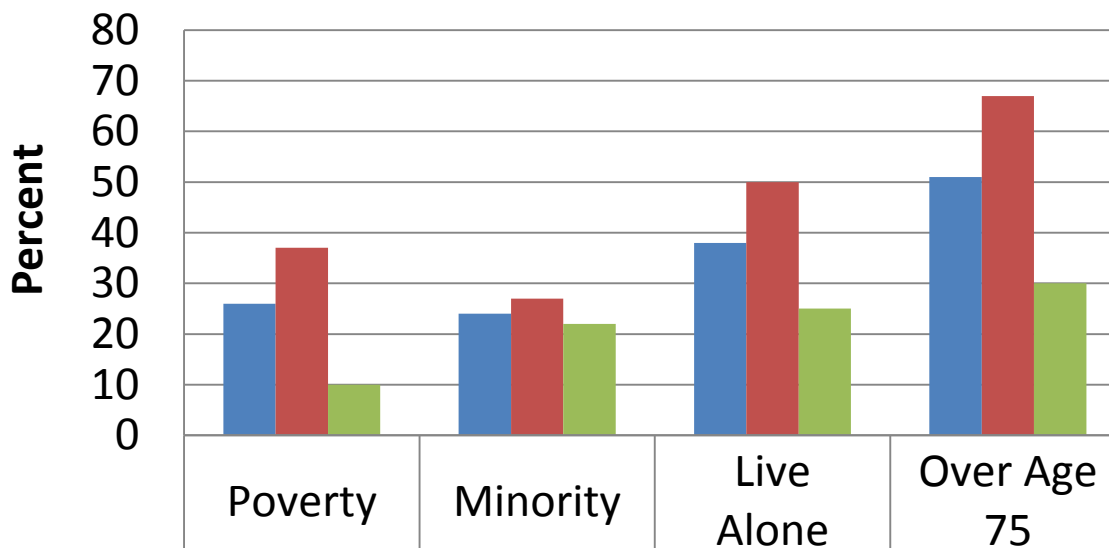
# Nutrition Services

## OAA Title III, Part C

- Services required to be provided:
  - Meals, nutrition education and nutrition counseling
  - Other nutrition services based on needs of participants
- Services that may be provided:
  - Nutrition screening and assessment , if appropriate
- Services that cannot be funded:
  - Vitamin/mineral supplements

# We Serve At Risk Older Adults

Percentages compared to U. S. Population

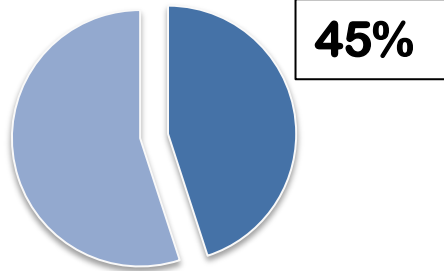


■ Congregate	26	24	38	51
■ Home Delivered	37	27	50	67
■ U. S. Population	10	22	25	30

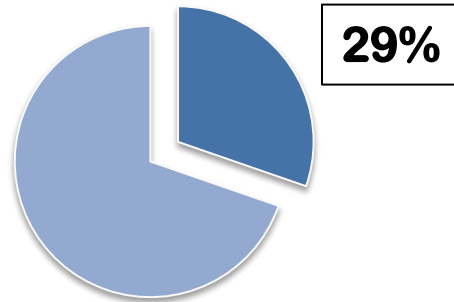
# We Serve Older Adults in Poor Health

## Congregate:

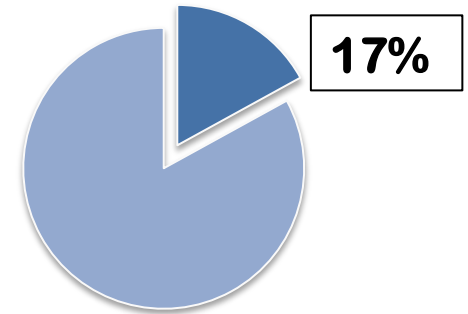
Have 6 – 14 Health Conditions



Take 6 – 23 Medications

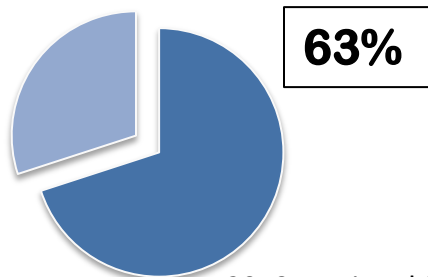


Stayed Overnight in Hospital in Last Year

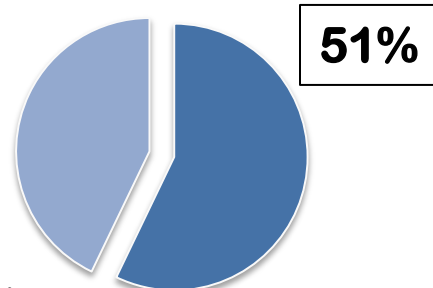


## Home Delivered:

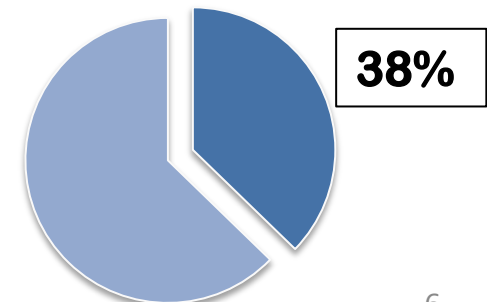
Have 6 – 14 Health Conditions



Take 6 – 23 Medications



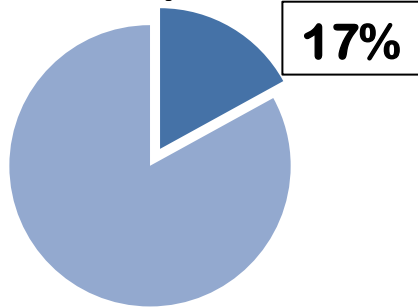
Stayed Overnight in Hospital in Last Year



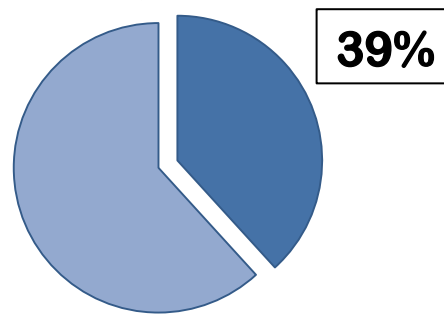
# We Serve Functionally Impaired Older Adults

## Congregate:

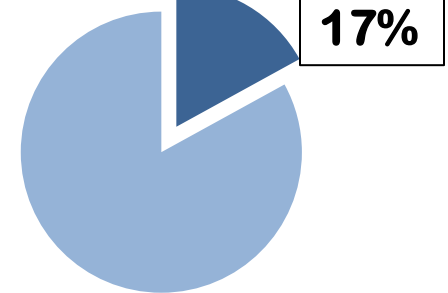
Have 3 or More IADL Impairments



Have 1 or More ADL Impairments

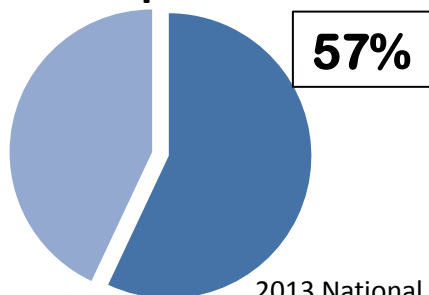


Need Help Going Outside Home

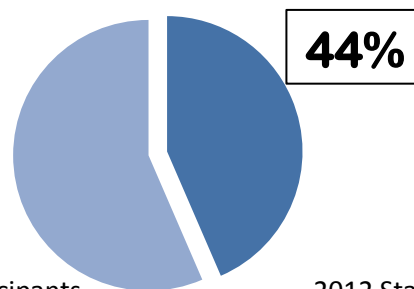


## Home Delivered:

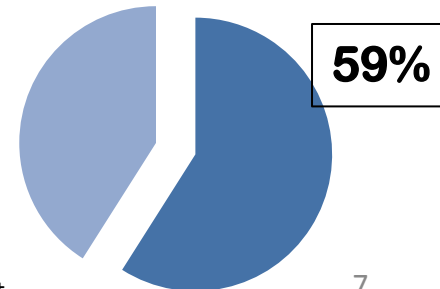
Have 3 or More IADL Impairments



Have 3 or More ADL Impairments



Need Help Going Outside Home



# We Make a Difference!

	<b>% Congregate Participants</b>	<b>% Home Delivered Participants</b>
Would recommend to a friend	97	95
Rate the meal good/excellent	94	88
Program helps them feel better	83	90
Program helps them live at home	68	92
Program helps them eat healthier	75	84
Program meal provides ½ or more of their total food for the day	56	60



# Older Americans Act

[http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/oa\\_full.asp](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp)

- Nutrition Program Sections
  - Section 331 Authorization of Congregate Nutrition Services
  - Section 336 Authorization of Home Delivered Nutrition Services
  - Section 339 Nutrition General Provisions
- State Responsibility
  - Section 305

## Section 331- Authorization of Congregate Services

- The Assistant Secretary shall carry out a program for making grants to States **under State plans** approved under section 307 for the establishment and operation of nutrition projects that—
  - (1) 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), **provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;**
  - (2) **shall be provided in congregate settings**, including adult day care facilities and multigenerational meal sites...
  - (3) **provide nutrition education, nutrition counseling**, and other nutrition services, as appropriate, based on the needs of meal participants.

## Section 336 – Authorization of Home Delivered Nutrition Services

- The Assistant Secretary shall establish and carry out a program to make grants to States **under State plans** approved under section 307 for the establishment and operation of nutrition projects for older individuals that provide—
  - (1) on 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by rule) and a lesser frequency is approved by the State agency) **at least 1 home delivered meal per day**, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods **and any additional meals that the recipient of a grant or contract under this subpart elects to provide**; and
  - (2) **nutrition education, nutrition counseling**, and other nutrition services, as appropriate, based on the needs of meal recipients.

## Section 339- General Provisions Nutrition Services

- A State that establishes and operates a nutrition project under this chapter shall—
  - (2) ensure that the project—
    - **(A) provides meals that—**
      - (i) comply with the most recent **Dietary Guidelines for Americans**, published by the Secretary and the Secretary of Agriculture, and
      - (ii) provide to each participating older individual—
        - (I) a minimum of 33 1/3 percent of the **dietary reference intakes** established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
        - (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
        - (III) 100 percent of the allowances if the project provides three meals per day, and
      - (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
    - **(B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants...**

## Section 339- Nutrition Service Provisions

- A State that establishes and operates a nutrition project under this chapter shall—
  - (2) ensure that the project—
    - (F) **comply with applicable provisions of State or local laws** regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,
    - (G) ensures that meal providers solicit the advice and expertise of—
      - (i) **a dietitian** or other individual described in paragraph (1),
      - (ii) **meal participants**, and
      - (iii) **other individuals knowledgeable** with regard to the needs of older individuals...

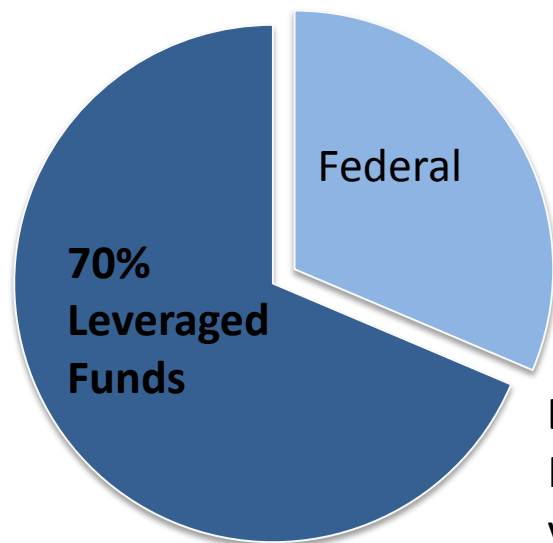
## Section 305

### State Administrative Authority

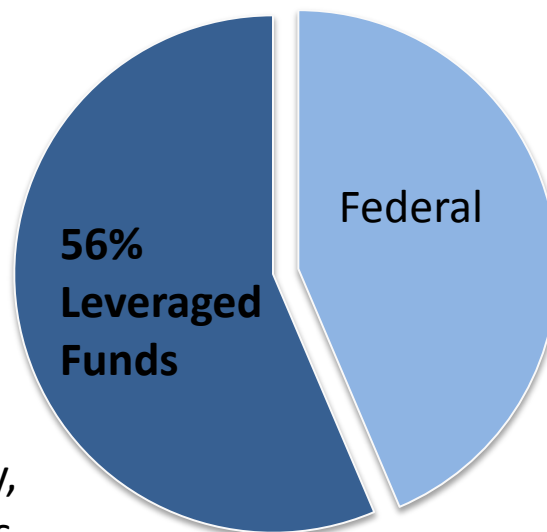
- Section 305(a)(1)(C): In order for a State to be eligible to participate in programs of grants to States from allotments under this title— (1) the State shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to—
  - (C) be primarily responsible for the **planning, policy development, administration, coordination, priority setting, and evaluation** of all State activities related to the objectives of this Act

# Federal Funding is only a Fraction of the Total

## Home Delivered Meals



## Congregate Meals



**Leveraged Funds:**  
From state, city, county,  
voluntary contributions,  
fund-raising, food  
donations, non ACL-  
grants, etc.

# Older Americans Act Nutrition Programs Are

- Partially federally funded
- State administered
  - State process for rules, policies & procedures, standards, guidance varies
- Implemented differently depending on state
- Not stand-alone programs, part of broader home and community based service system
  - Not like soup kitchens, school lunch, USDA feeding programs



# Older Americans Act Nutrition Programs Are

- Part of a broader long term services and support system to keep older adults at home in the community through community and family supports
- Funded by public funding sources in addition to OAA:
  - Match, 15%
  - Participant contributions, about 10% of total expenditures
  - Medicaid Waiver
  - Social Services Block Grants
  - State funds
  - County/local funds
  - Different funding sources may have differing eligibility, requirements, standards, and accountability mechanisms

# Community Nutrition Parallel Systems

## Older Americans Act Service System

- State Units on Aging, Area Agencies on Aging, Local Nutrition Service Providers
- Part of a comprehensive & coordinated home and community based service system

## Home & Community Based Service System

- Medicaid Waiver Programs, Managed Care Organizations
- State/county funded systems & services

## Public Health System

- State/county/city health departments
- Chronic disease self management programs, health surveys such as the BRFFS
- Food safety & sanitation, nutrition & health education

## Health Care System

- Direct Health Care system, physicians, hospitals, nursing homes, rehabilitation centers ,
- Transition care, Medical Nutrition Therapy

## Food Assistance System, Programs Funded by USDA

- SNAP, SNAP-ED, TEFAP, CSFP, CACFP, SFMNP
- Food stamps, food banks/pantries, soup kitchens, community gardens

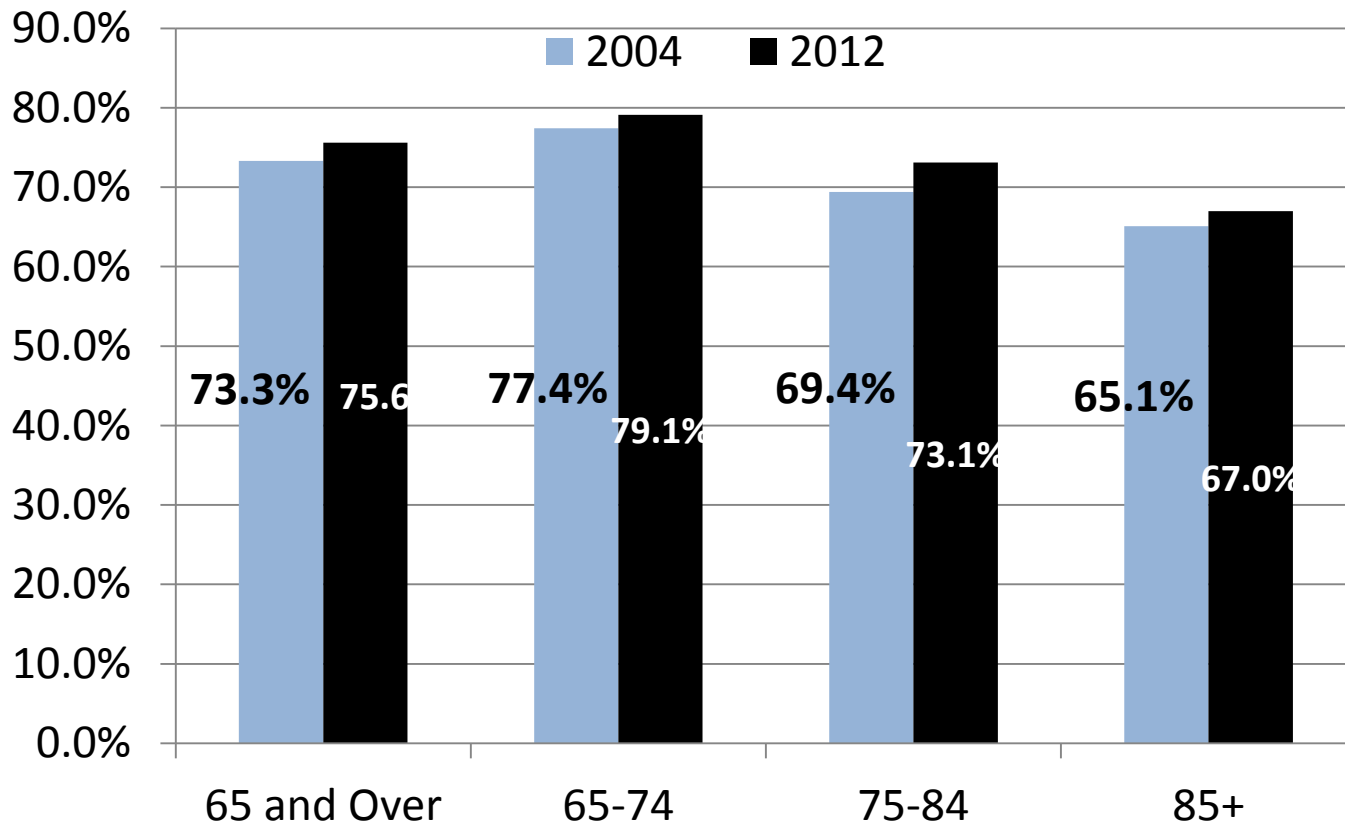
## Private Pay Systems

- Fee for Service based on fair market value
- Insurance companies, managed care companies
- Private case management

## Private Industry

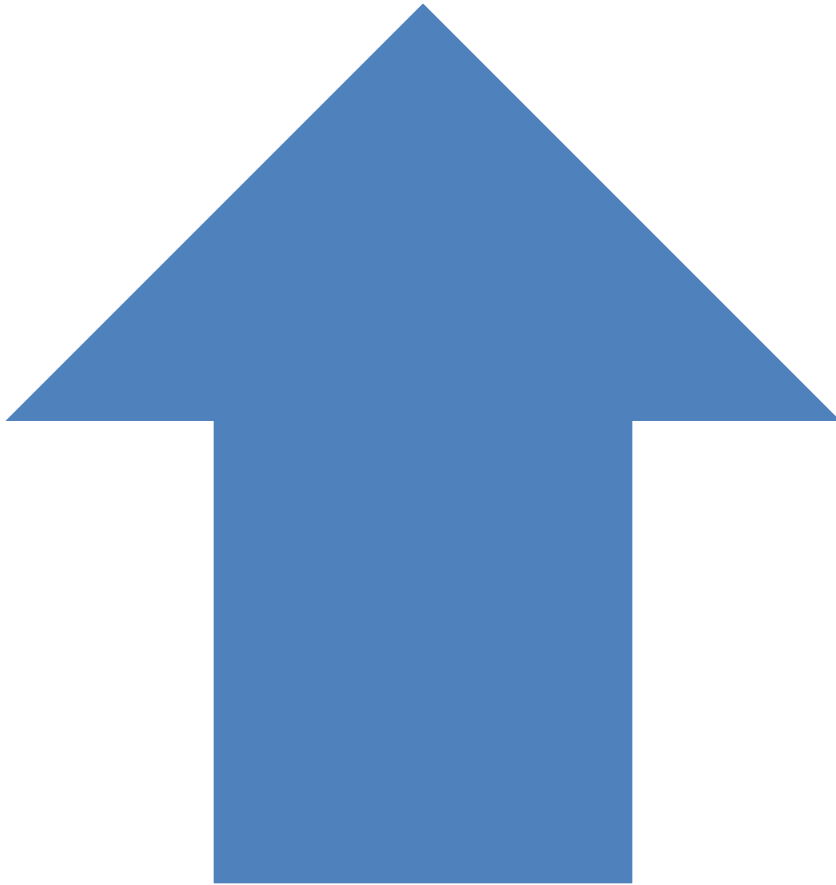
- Restaurants, carryout, fast food, healthy fast food
- Frozen /other packaged meals, grocery stores, home delivery by post

# Changing Health Status



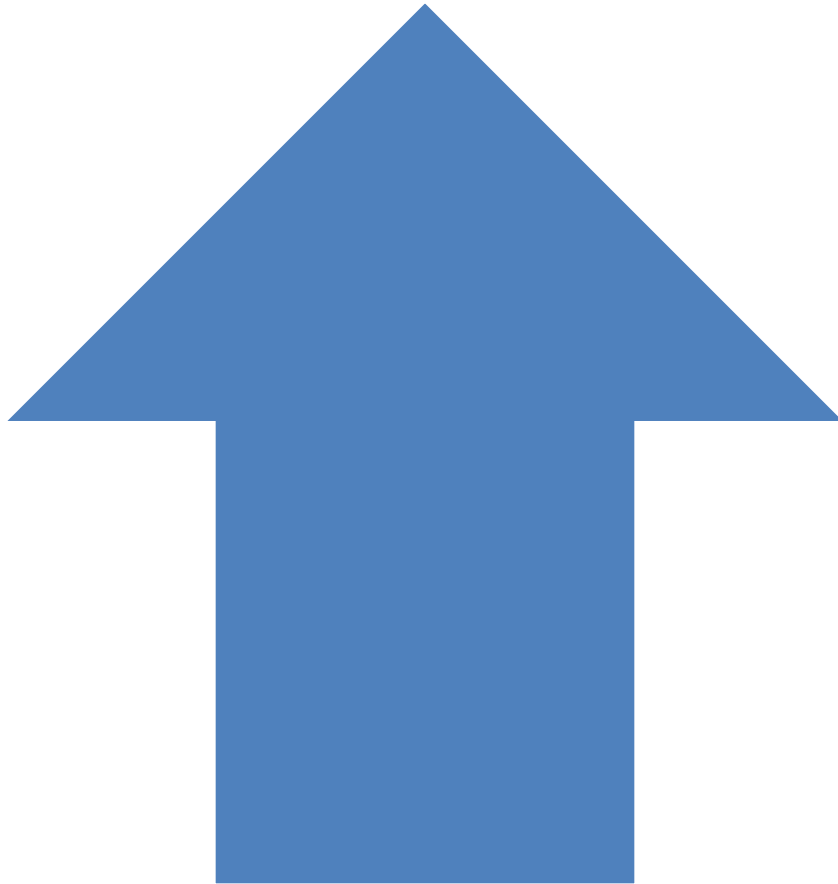
Respondent-Assessed Good to Excellent Health  
2004 & 2012 Older Americans: Key Indicators of Well-Being

# Changing Consumer Preferences



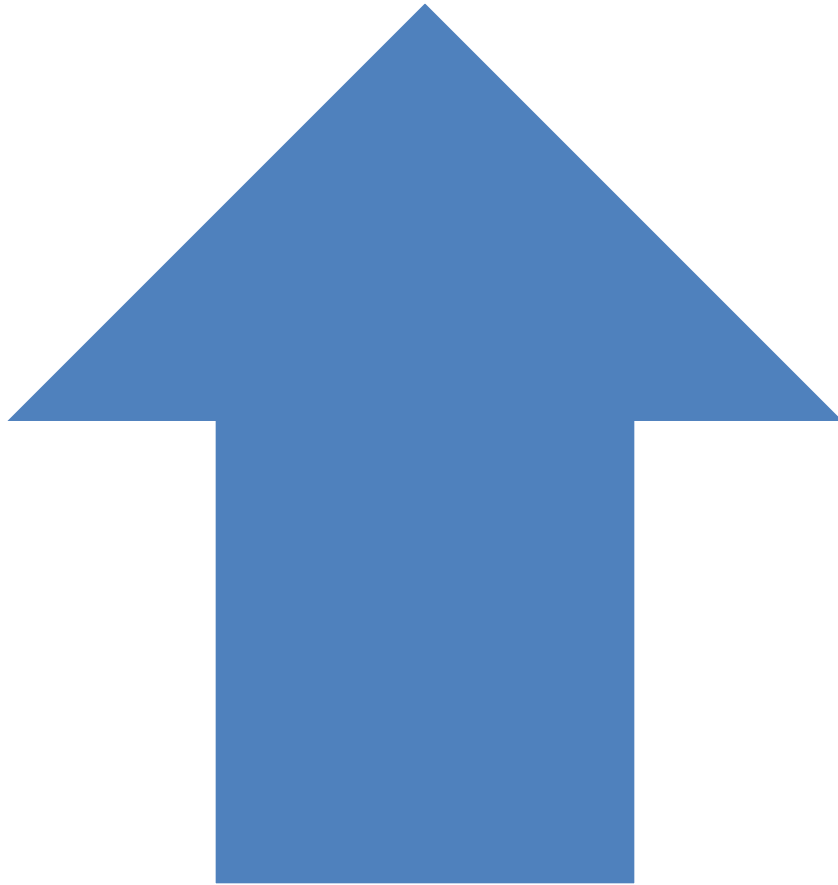
- Customer focused
- Quality services
- Appropriate services: cultural, religious, therapeutic
- Choice
- Diversity

# Changing Demographics



- More older people
- More healthy older people
- More frail older people
- More minorities
- More HCBS, less nursing home care

# Increased Business Opportunities



- Care Transitions
- ACOs
- MCOs
- Healthcare systems
- For Pay options

# Understanding the Origins of the Myths



- Formal training across programs was in the 70's and 80's
  - 1973 Guide to Effective Project Operations (the Green Guide)
  - Community Nutrition Institute (CNI) training materials
- We have always done it!
- Lack of nutrition/food service expertise
- Staff turnover

# Myths: Barriers to Future Readiness



- Health Awareness
- Consumer Preferences
- Demographics
- Business Acumen

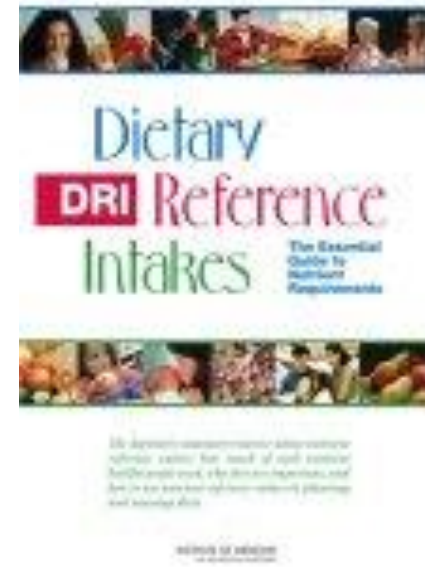


## Myths: Nutritional Requirements

- ❌ Nutritional requirements are for a man over age 55 and have not changed since 1972.
- ❌ DRI/DGA nutrient requirements limit quality and menu selection.
- ❌ Meals must follow a meal pattern.
- ❌ Meals can't be adapted to racial/ethnic populations

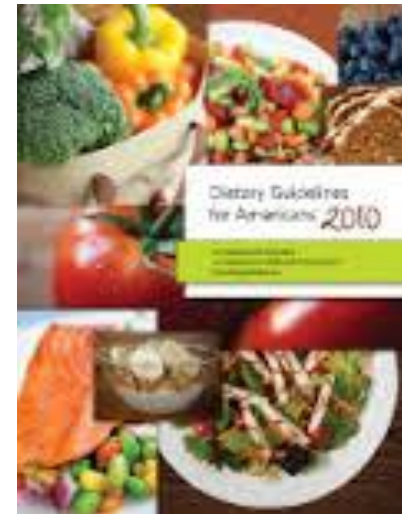
# Myth Buster: Dietary Reference Intake (DRI)

- Introduced in 1997
- Reference values of nutrients, primarily used by nutrition & health professionals
- Basis for
  - assessing & planning diets
  - federal nutrition & food programs



# Myth Buster: Dietary Guideline for Americans (DGA)

- Brief science-based statements & text published by federal government
- Promotes health & prevent disease
- Updated every 5 years. Due 2015



## Myth Buster: Menu planning using DRI

- Many states provide for nutrient analysis rather than a meal pattern to provide flexibility.
- Tasty, high quality meals can be planned that meet the DRI/DGA.
- Third party payers/funders expect standards of nutrition quality.

## Sample Menus – Meet Requirements

- Roast turkey
- Baked sweet potato
- Broccoli
- Whole wheat roll
- Apple-raisin crisp
- Fat-free milk
- Coffee/tea
- Latin roast pork
- Cuban style black beans
- Yellow rice
- Garden salad + Italian dressing
- Strawberries, graham crackers
- Fat-free milk
- Coffee/tea

## Sample Menus – Meet Requirements

- Open-faced meatloaf sandwich (multi-grain bread)
- Low fat gravy
- Baked winter squash
- Waldorf salad on bed of mixed greens
- Orange-rice pudding
- Fat-free milk
- Coffee/tea
- Baked salmon
- Wild rice with dried apricots
- Creamed spinach
- Whole wheat roll
- Fresh melon ball salad
- Fat-free milk
- Coffee/tea

## Myth Buster: Clients Value the Meals

	Home Delivered	Congregate
Able to eat healthier foods	84%	75%
Meal enabled living at home	92%	68%

## Myths: Consumer Demands

- ❌ Offer vs. served is not allowed in OAA programs.
- ❌ Congregate site participants can't substitute items in the meal.
- ❌ No one can take their meal leftovers home.
- ❌ OAA nutrition providers can't use locally grown produce. It must be USDA certified.



# Myth Buster: Consumer Demands

- Offer vs Served and Substitutions addressed in AoA FAQs  
[http://www.aoa.gov/AOA\\_programs/OAA/resources/faqs.aspx#Nutrition](http://www.aoa.gov/AOA_programs/OAA/resources/faqs.aspx#Nutrition)
- State have addressed leftover policy to allow with certain parameters. Examples: WI, KS
- USDA does not certify produce. Certain states have provided policy to allow for use of locally grown produce, VT, CA, CO, WI.

## Myths: Demographics

- ❌ Congregate participation is dropping because everyone is dying or going into a nursing home.
- ❌ The congregate program needs to target the baby boomers.

# Myth Buster: They have all died or gone to the nursing home.

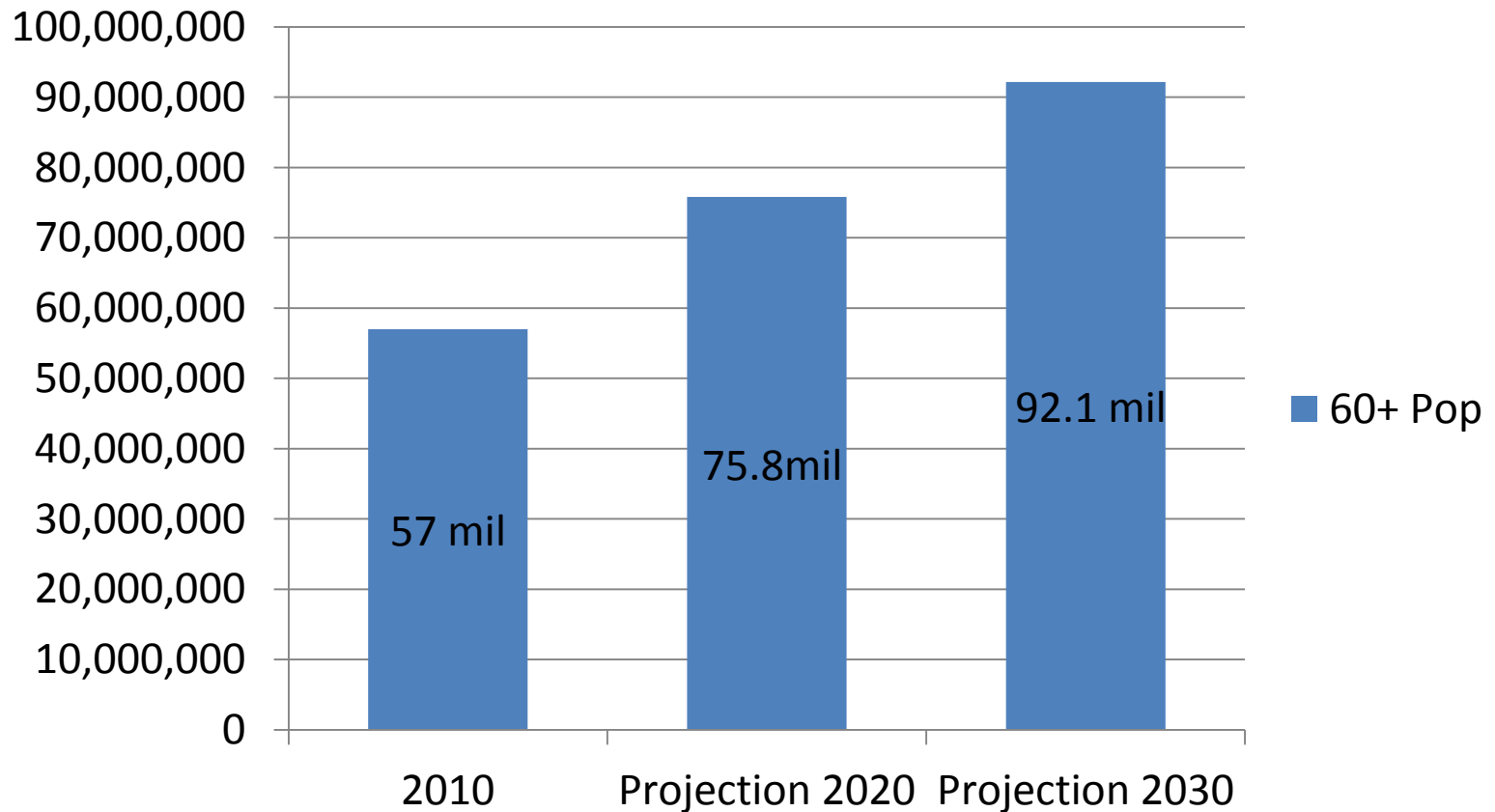


- Community  
93.5%
- Nursing Homes  
4.5%
- Assisted Living  
2.0%

US Census Bureau; Centers for Medicare & Medicaid, Medicare Current Beneficiary Survey

# Myth Buster: They have all died or gone to the nursing home.

60+ Pop

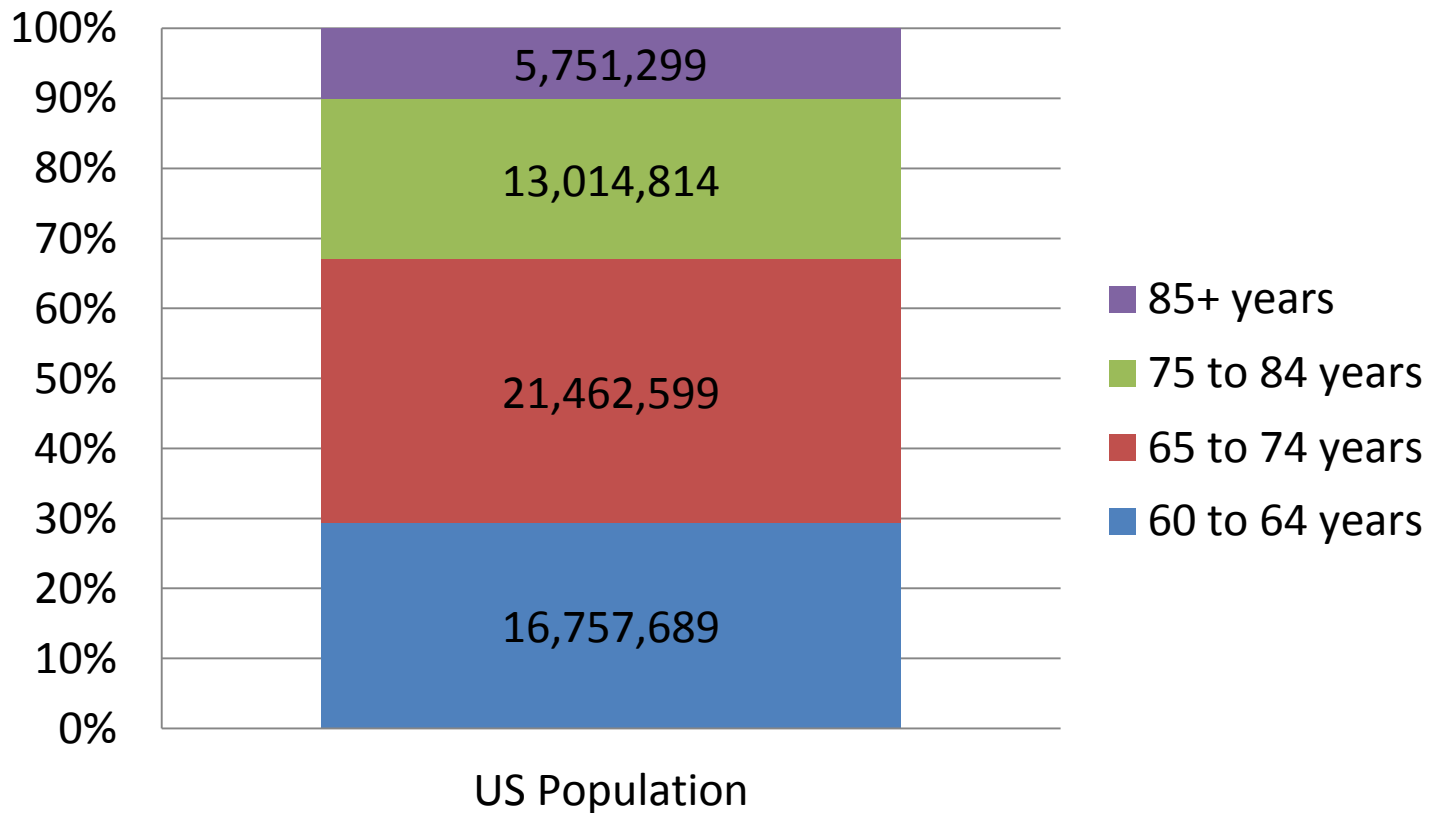


# Myth Buster: We need the Baby Boomers to come!

Demographic	National Population	Congregate Meals	Home Delivered Meals
Age 60-64	29%	10%	9%
Age 65-74	38%	33%	22%
Age 75-84	24%	<b>39%</b>	40%
Age 85 or older	8%	<b>18%</b>	30%

AoA Survey of OAA Participants, December, 2013, <http://www.agidnet.org>

# Myth Buster: We need the Baby Boomers to come!



## Myths: Business Acumen

- ❌ Medicaid Waiver is not allowed to pay for meals.
- ❌ An OAA nutrition provider can't engage in other 'for pay' options for nutrition services/meals

# Medicaid Waiver Nutrition Services

- Meals and nutrition services are optional services through Medicaid Waiver programs and vary.
  - Meals, home delivered meals(up to 2 meals/day, 7 days a week), or provided in adult day care or PACE
  - Nutrition assessment, counseling, risk reduction
  - Nutrition supplements
- State examples:
  - **OH**, Person Centered Care, Alternative meals, consumer negotiates rate with either established food vendor or community service providers, provider requires valid Medicaid number for payment
  - **FL**, Statewide Medicaid Managed Care Long-Term Care Program, home delivered meals, nutritional assessment and risk reduction services
  - **TX**, home delivered meals, PACE includes meals
  - **IN**, Aged & Disabled Waiver services include home delivered meals, nutritional supplements



## Myth Buster:

### Expanded Resources = Sustainability

- Third party payments & insurance
  - Medicaid Waiver-From fee for service to managed care
  - Transition Care
- Social Entrepreneurship
  - Catering
  - Nutrition Services
    - Nutrition Counseling, medical nutrition therapy
    - Grocery Shopping
  - Other Program Opportunities
    - USDA Child Nutrition Programs

# Myth Buster:

## Earning a Surplus is OK

- Negotiate with health care systems for sustainable contracts
  - Not only transition care services but perhaps in-home meals for their populations at risk who may not be OAA clients
  - Be creative
  - Know your costs and break-even point
  - Know their pain points and how you can help them meet quality standards and improve population health
  - Negotiate for a reimbursement level that exceeds costs
  - Never underestimate the importance of your services and knowledge of the community

# Independent Studies Document that Home-Delivered Nutrition Programs Have Positive Impact

- Individuals provided home delivered meals had reduced food insecurity compared to individuals who were on waiting lists for meal service
- Increased spending on home-delivered meals was associated with fewer residents in nursing homes with low-care needs
- Receipt of home-delivered meals through the Indiana aged and disabled Medicaid Waiver Program was significantly associated with lower risk of hospitalization for adults older than 65

Lee JS, Johnson, Brown MPA. Older Americans Act Nutrition Program improves participants' food security in Georgia. *J Nutr Gerontol Geriatr*. 2011;30:112-139.

Thomas KA, Mor V. Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes. *Health Aff (Milwood)*. 2013;32:1796-1802.

Xu H, Weiner M, Paul S, et al. Volume of home and community-based Medicaid waiver services and risk of hospital admissions. *J Am Geriatr Soc*. 2010; 58:109-115.

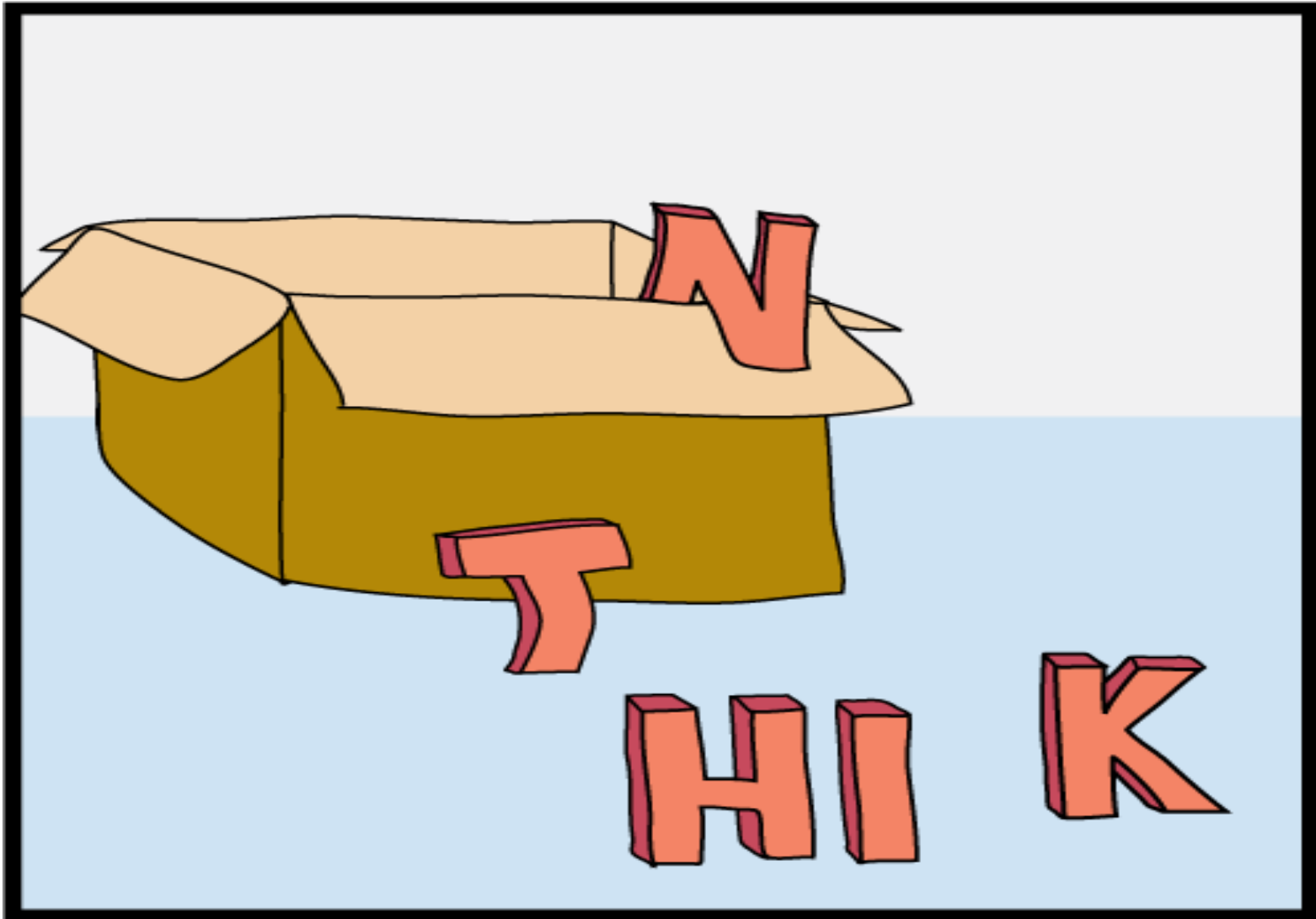
# The OAA Nutrition Program Helps

- Reduce food insecurity
- Provide socialization
- Promote healthy eating
- Encourage physical activity
- Enable people to live at home
- Support family caregivers

# National Resource Center on Nutrition and Aging

- Website resources ([www.nutritionandaging.org](http://www.nutritionandaging.org))
- Momentum Webinar Series
- SUA Nutrition Program Administrators Listserve
- SUA Nutrition Program Administrators Quarterly Discussion Webinars

# Our CHALLENGE:





**Healthy and  
Nutritious  
CAN ALSO BE  
Delicious!**



# Website References

- OAA [http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/oa\\_full.asp](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp)
- 1988 OAA Regulations  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/resources/doc/title III regs sessions\\_1321.pdf](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/resources/doc/title_III_regs_sessions_1321.pdf)
- Frequently Asked Questions  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/resources/Faqs.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/resources/Faqs.aspx)
- Aging Integrated Data System <http://www.agid.acl.gov/>
- Nutrition Service Providers Guide  
[http://www.health.gov/dietaryguidelines/dga2005/toolkit/#older adults](http://www.health.gov/dietaryguidelines/dga2005/toolkit/#older_adults)
- Dietary Guidelines for Americans  
<http://www.cnpp.usda.gov/DietaryGuidelines>
- Dietary Reference Intakes <http://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes>