



Elderly Nutrition Program

INTRODUCTION

With the aging of the U.S. population, increased attention is being given to delivering health and related services to older persons in the community. Since adequate nutrition is critical to health, functioning, and the quality of life, it is an important component of home and community-based services for older people.

ELDERLY NUTRITION PROGRAM

The Administration on Aging's (AoA) Elderly Nutrition Program provides grants to support nutrition services to older people throughout the country. The Elderly Nutrition Program, authorized under Title III, Grants for State and Community Programs on Aging, and Title VI, Grants for Native Americans, under the Older Americans Act, is intended to improve the dietary intakes of participants and to offer participants opportunities to form new friendships and to create informal support networks. The legislative intent is to make community-based services available to older adults who may be at risk of losing their independence.

The Elderly Nutrition Program provides for congregate and home-delivered meals. These meals and other nutrition services are provided in a variety of group settings, such as senior centers, faith-based settings, schools, as well as in the homes of homebound older adults. Meals served under the program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans, issued by the Secretaries of Departments of Health

and Human Services and Agriculture. In practice, the Elderly Nutrition Program's 3 million elderly participants are receiving an estimated 40 to 50 percent of required nutrients from meals provided by the Program.

The Elderly Nutrition Program also provides a range of related services through the aging network's estimated 4,000 nutrition service providers. Programs such as nutrition screening, assessment, education and counseling are available to help older participants meet their health and nutrition needs. These also include special health assessments for such diseases as hypertension and diabetes.

Through additional services, older participants learn to shop, plan, and prepare nutritious meals that are economical and enhance their health and well-being. The congregate meal programs provide older people with positive social contacts with other seniors at the group meal sites.

Volunteers and paid staff who deliver meals to homebound older persons often spend some time with the elderly, helping to decrease their feelings of isolation. These volunteers and paid staff also to check on the welfare of the homebound elderly and are encouraged to report any health or other problems that they may note during their visits.

In addition to providing nutrition and nutrition-related services, the Elderly Nutrition Program provides an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, physical activity programs, and even home repair and home modification programs.

ELIGIBILITY

Under Title III, Grants to State and Community Programs on Aging, a person must be 60 years of age to be eligible. While there is no means test for participation in the Elderly Nutrition Program, services are targeted to older people with the greatest economic or social need, with special attention given to low-income minorities and rural older people.

In addition to focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive service including:

- A spouse of any age;
- Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- Disabled persons who reside at home and accompany older persons to meals; and
- Nutrition service volunteers.

Since American Indians, Alaskan Natives, and Native Hawaiians tend to have lower life expectancies and higher rates of illness at younger ages, Tribal Organizations, funded under Title VI, Grants for Native Americans, are given the option of setting the age at which older people can participate in the program.

PROGRAM OUTCOMES

Adequate nutrition is essential for healthy aging, the prevention or delay of chronic diseases and disease-related disabilities, the treatment and management of chronic diseases and overall quality of life.

In 2003, the Administration on Aging funded *Pilot Study: First National Survey of Older Americans Act Title III Service Recipients* which showed that services provided by the

National Aging Services Network are:

- Highly rated by recipients;
- Effectively targeted to vulnerable populations;
- And provide assistance to individuals and caregivers, which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

This study also found that Home-Delivered Nutrition Services are:

- Effectively targeted to vulnerable populations, the majority of whom either lived alone, or were poor or near poor, were over 75 years old and/or had difficulty with activities of daily living (ADLs) – such as eating, dressing or walking;
- Successfully targeted to the socially isolated, about one-half reported that they would like to do more with respect to their social activities. This rate is more than twice the rate for the general older population;
- And high quality and reliable in the perception of the service recipient.

Meals are provided to individuals who need them most:

- 73% were at high nutritional risk; 25% were at moderate risk.
- 62% received one half or more of their daily food intake from their home delivered meal.
- 25% reported they did not always have enough money or food stamps to buy food.

- Targeted to recipients who are more impaired and frail than the overall 60+ population, suggesting that these OAA services contribute to maintaining individuals in their homes.

The study found that Congregate Nutrition Services are:

- Effectively targeted to vulnerable populations, the majority either lived alone, or were over 75 years old, and/or were poor or near poor;
- Highly rated by respondents;
- Increased social opportunities;

Provided To People Who Need Them:

- 43% were at high nutritional risk; 48% were at moderate nutritional risk.
- 58% received one half or more of their daily food intake from their congregate meal.
- 11% reported they do not always have enough money or food stamps to buy food.

RESOURCES

For additional resources on nutrition, please visit:

<http://www.aoa.gov/eldfam/Nutrition/Nutrition.asp>

Elderly Nutrition Program Services are provided through your local Area Agency on Aging (AAA) or Tribal Senior Services. Your AAA is listed in the government section of the phone directory usually under "aging" or "elderly" services. The AAA can provide information about the Elderly Nutrition Program in your area.

If you are unable to locate your AAA or Tribal Senior Services or for information about AAA's or Tribal Senior Services in other areas of the nation, please call the AoA's Eldercare Locator at 1-800-677-1116. It is helpful if you can provide the address and zip code of the older person you are trying to assist.

To learn about all of AoA programs and the Older Americans Act, please visit the AoA website at www.aoa.gov.

FOR MORE INFORMATION

AoA recognizes the importance of making information readily available to consumers, professionals, researchers, and students. Our website provides information for and about older persons, their families, and professionals involved in aging programs and services. For more information about AoA, please contact: US Dept of Health and Human Services, Administration on Aging, Washington, DC 20201; phone: (202) 401-4541; fax (202) 357-3560; Email: aoainfo@aoa.gov; or contact our website at: www.aoa.gov