Older Americans
Health, Functionality and Food Security

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US Department of Health and Human Services
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Major Points

- Older Americans are becoming a larger and more diverse part of the population.
- Nutrition affects health and functionality.
- Food security affects nutrition, health and functionality.
- Federal programs in DHHS and USDA provide different services and target different populations.
Most Older Adults 65+ Live in the Community

- Community: 33.4 M (93.5%)
- Nursing Homes: 1.5 M (4.5%)
- Assisted Living: 1.0 M (2.0%)

Sources: US Census Bureau; Centers for Medicare and Medicaid, Medicare Current Beneficiary Survey
US Census Bureau Projects the Number of Older Americans Will More than Double in the Next 40 years

Source: US Census Bureau
Percent of Population Aged 60+ by State

2008 Population Estimates from US Census Bureau

2008 Population Estimates from US Census Bureau

Percent of Population
Age 60 and Over

- 10.3 – 17.0
- 17.1 – 18.2
- 18.3 – 19.0
- 19.1 – 22.9
The Population is Becoming More Diverse

- Racial/ethnic diversity of the 65+ population will \( \uparrow \) 5.7 M (16.3%) in 2000 to 8M or 20.1% in 2010 to 12.9 M or 23.6% in 2020
  - Hispanic 6% to 18% (2006 to 2050)
  - Asian 3% to 8% (2006 to 2050)
  - Black 9% to 12% (2006 to 2050)
- Non Hispanic white will \( \downarrow \) (2006 to 2050)
  - 81% to 61%

http://www.agingstats.gov/Agingstatsdotnet/Main_Site/default.aspx
The Population is Becoming More Diverse

- **85+ ↑ rapidly**
  - 4.2 M in 2000 to 5.7 M in 2010 or 36% ↑ to 6.6 M in 2020 or 15% ↑

- **Functional limitations ↓ in the community for 65+**
  - 1992, 49% were impaired; 2005, 42% impaired
  - In 2005:
    - 58% - no limitations
    - 12% IADL limitation ony
    - 18% 2 ADLS
    - 8% 3+ ADLs

- 4% of 65+ and 17% of 85+ in facility based care
- Women (32%) have more functional limitations than men (19%)

http://www.agingstats.gov/Agingstatsdotnet/Main_Site/default.aspx
Poverty 65+

Poverty ↑ from 2006 to 2007

- HHS 2009 Poverty Guidelines
  - 1 person: $10,830; 2 persons: $14,570

- Older Americans 2007 data
  - Median income for 35.5 M, 65+, = $17,424
  - 9.7% in poverty, +6.4% near poor or 125% of poverty ($13,00)
  - 16.1% poor/near poor

Factors Affecting 65+ Poverty Rates

- **Racial/ethnic**
  - 7.4% White
  - 23.2% African American
  - 11.3% Asian American
  - 17.1% Hispanic Americans

- **Gender**
  - 6.6% men
  - 12.0% women

- **Living arrangements**
  - 5.6% living with families
  - 17.8% living alone

- **Location, higher than average**
  - 12.2% principal cities
  - 10.8% rural
  - 10.8% South

- **Highest poverty rates**
  - 39.5% Hispanic women, living alone
  - 39.0% Black women, living alone

Percent Below Poverty Age 60 and Older 2007

Source: American Community Survey Public Use Microdata Sample (PUMS) 2007, Aging Integrated Database (AGID)
Black & Hispanic Self-Assessed Health Status Poorer

Percentage of people age 65 and over who reported having good to excellent health, by age group and race and Hispanic origin, 2004–2006

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Hispanic (of any race)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 and over</td>
<td>76</td>
<td>60</td>
<td>63</td>
</tr>
<tr>
<td>65–74</td>
<td>80</td>
<td>63</td>
<td>68</td>
</tr>
<tr>
<td>75–84</td>
<td>74</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>85 and over</td>
<td>67</td>
<td>54</td>
<td>47</td>
</tr>
</tbody>
</table>

Note: Data are based on a 3-year average from 2004–2006. See Appendix B for the definition of race and Hispanic origin in the National Health Interview Survey.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.
Obesity Rates Stabilizing

Percentage of people age 65 and over who are obese, by sex and age group, selected years 1988–2006

Reference population: These data refer to the civilian noninstitutionalized population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.
Inter-related Factors Affecting the Nutritional Well-Being of Older Adults

- Family
- Money
- Exercise & Recreation
- Friends
- Diet Modifications
- Shopping Skills
- Medications
- Housing
- Religion
- Nutritional Well-Being
- Medical Problems
- Food
- Cooking Skills
- Dental Chewing/Swallowing Skills
- Diet Modifications
- Physiological Changes
- Medical Problems
- Exercise & Recreation
- Friends
- Diet Modifications
- Shopping Skills
- Medications
- Housing
- Religion
- Nutritional Well-Being
- Medical Problems
- Exercise & Recreation
- Friends
- Diet Modifications
- Shopping Skills
- Medications
- Housing
- Religion
- Nutritional Well-Being
- Medical Problems
- Exercise & Recreation
- Friends
- Diet Modifications
- Shopping Skills
- Medications
- Housing
- Religion
- Nutritional Well-Being
- Medical Problems
- Exercise & Recreation
- Friends
- Diet Modifications
- Shopping Skills
- Medications
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- Medications
- Housing
- Religion
- Nutritional Well-Be
Nutrition Related Chronic Health Conditions Differ for Men & Women

Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2005–2006

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Hypertension</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td>Stroke</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Asthma</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Chronic bronchitis or Emphysema</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Any cancer</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td>Diabetes</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Arthritis</td>
<td>43</td>
<td>54</td>
</tr>
</tbody>
</table>

Note: Data are based on a 2-year average from 2005–2006.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.
Impacts of Food & Nutrition on Health

**POOR DIETS**

**AGE-RELATED CONDITIONS / DISEASES**
- Hearing Loss; Macular Degeneration; Destructive Joint Disease: knees and hips; Loss of Muscle Mass: Sarcopenia; Cognition / Mental Health

**CHRONIC DISEASES**
- Heart Disease; Hypertension; Diabetes; Osteoporosis; Some Cancers: colon and breast; Arthritis; COPD; Renal Disease

**ACUTE CONDITIONS**
- Dehydration; Pressure Ulcers; Infections; Pneumonia; Influenza; Fractures; Tooth Abscesses; Gum Disease

Without Adequate Healthy, Safe Food & Nutrition Services:
- Deafness; Blindness; Reduced Smell & Taste; Chewing & Swallowing Problems; Joint Destruction--Costly Replacements; Confusion, Forgetfulness, Memory Loss; Uncontrolled High Blood Pressure--Heart Attack, Stroke; Uncontrolled Diabetes--Amputations, Blindness, Nerve Disorders, Dialysis; Osteoporosis--Weakened Bones, Decreased Mobility and Falls; Decreased Immune Response--Flu, Colds, Upper Respiratory Infections, HIV/AIDS; Decreased Organ Function & Organ Failure; Wasting--“Dwindles” or “Failure to Thrive”; Involuntary Weight Loss: ↓ Body Mass Index, ↓ Muscle Mass; Excessive Weight Gain--Obesity; ↓ Serum Albumin--Protein Malnutrition; Pressure Ulcers

- Slower Recovery
- Longer Hospital Stays
- Hospital Re-Admission
- Premature Institutionalization
- Increased Morbidity & Mortality
- Poor Appetite
- Depression & Anxiety
- Sleep Disturbance
- Low Stamina

- Reduced Quality of Life
- Lessened Independence
- Increased Healthcare Costs
IMPACT OF MALNUTRITION ON FUNCTIONALITY

Malnutrition

Underweight

Obesity

Limits Muscle Strength
Reduces Stamina
Prevents Physical Activity

Decreases ability to:
Perform ADLs & IADLs:
Eat, Walk, Grocery Shop, Prepare Meals
Grip Items & Lift Heavy Objects

Increases Dependency
Increases Need for Caregiver Assistance
Increases Risk for Falls & Fractures

→ Threatens Independence → Reduces Quality of Life → Increases Healthcare Costs
Healthy Eating and Physical Activity Prevent, Decrease Risk of and Manage Chronic Diseases Even in Older Adults

- Increase longevity
  - Even with cancer, heart disease
- Diabetes prevention
- Manage hypertension
- Best evidence for
  - Fruits, vegetables
  - Whole grains
- Less salt
- Less saturated fat (animal fat)
- Vitamin D, calcium supplements

http://www.never2early.org/images/photo_vegi-basket.jpg
Healthy Diet
Dietary Guidelines for Americans, 2005

- Food Components
  - Fruit, vegetables
  - Whole grains
  - Low fat dairy
  - Low fat meat, poultry, fish
  - Lower fat, added sugar & salt

- Low income households must spend more time and money to consume palatable, nutritious meals*

*http://www.ers.usda.gov/AmberWaves/November08/Features/AffordHealthyDiet.htm
Low Sodium Works Well in Older Adults: Dietary Approaches to Stop Hypertension Diet

- DASH diet rich in fruits, vegetables, whole grains, and low-fat dairy

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Typical diet</th>
<th>DASH diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-41</td>
<td>-4.8</td>
<td>-1.0</td>
</tr>
<tr>
<td>42-47</td>
<td>-5.9</td>
<td>-1.8</td>
</tr>
<tr>
<td>48-54</td>
<td>-7.5</td>
<td>-4.3</td>
</tr>
<tr>
<td>55-76</td>
<td>-8.1</td>
<td>-6.0</td>
</tr>
</tbody>
</table>

High Fruits and Vegetables, Low Saturated Fat Increases Longevity

Baltimore Longitudinal Study of Aging

- Mean age 60 at start, 501 men, studied 18 yrs
  - 5 or more daily servings fruits and vegetables and < 12% calories from saturated fat
    - 31% decrease in death from any cause
    - 76% decrease in CHD
- Each daily serving of fruits or vegetables
  - 6% reduction in death from any cause
  - 21% reduction in CHD mortality
- Each additional gram of saturated fat
  - 7% increase in CHD mortality

Tucker et al., 2003, http://jn.nutrition.org/cgi/content/full/135/3/556
Low Sodium Diet Improves Hypertension

**TONE: Trial of non-pharmacologic interventions in elderly**

- **60 to 80 yrs, men, women, 975 people, 3 years**
- **SBP < 145 and DBP < 95 with anti-HP meds**
- **Obese treatments:**
  - Lower sodium, or weight loss, or both; compared to usual care
- **Non-obese treatments:**
  - Lower sodium compared to usual care
  - Tried to withdraw meds starting at 3 months

Whelton et al., 1998, http://jama.ama-assn.org/cgi/content/full/279/11/839
Low Sodium Diet Improves Hypertension

TONE: Trial of non-pharmacologic interventions in elderly

- Outcomes: diagnosis of high BP, treatment with anti-HP meds, CVD event, combination of these
- Results: 30% to 50% decrease in combined outcomes in those assigned to:
  - Sodium reduction (about 25% decrease)
  - Obese in weight loss treatment (8 pounds)
  - Obese with sodium reduction
  - Obese with both treatments

Whelton et al., 1998, http://jama.ama-assn.org/cgi/content/full/279/11/839
Healthy Lifestyle Helps Older Adults After Myocardial Infarction

- 70+ yrs, men, women, Europe
- 426 people followed 10 yrs after MI
- Deaths decreased by:
  - 38% in non-smokers
  - 31% in physically active
  - 23% moderate alcohol consumption
  - 25% Mediterranean-type diet
  - 40% with 3 or more healthy behaviors


http://www.gov.mb.ca/healthyliving/images/nutrition/guide2_4.jpg
### DIABETES: New cases in high risk people after 2.8 years (cases/100 person-yr)

<table>
<thead>
<tr>
<th>Age, yr</th>
<th>N</th>
<th>Placebo</th>
<th>Metformin (drug)</th>
<th>Lifestyle: 7% wt loss &amp; 150 min exercise/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-44</td>
<td>1,000</td>
<td>11.6</td>
<td>6.7</td>
<td>6.2</td>
</tr>
<tr>
<td>45-59</td>
<td>1,586</td>
<td>10.8</td>
<td>7.6</td>
<td>4.7</td>
</tr>
<tr>
<td>≥ 60</td>
<td>648</td>
<td>10.8</td>
<td>9.6</td>
<td>3.1 BEST!</td>
</tr>
</tbody>
</table>

Food Security

- **Access** by all members of a household to food sufficient for a healthy life, including at a minimum, the ready availability of nutritionally adequate and safe foods and the assured ability to acquire acceptable food in socially acceptable ways.

Economic Research Service, USDA
Prevalence of Food Insecurity in the US

Prevalence of food insecurity, average 2005-07


http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm#food_secure
Food Security Measurement Tools

Core Food Security Modules – ERS, USDA
- Quantifies household unmet food need due to economic & social conditions
  - 18, 10, 6 question modules
- Developed 1990s, evaluated by the Committee on National Statistics of the National Research Council, 2005-2006
- Answers to questions result in 4 categories:
  - Food secure (high food security & marginal food security)
  - Food insecure (low food security & very low food security)
- Data yearly from the Current Population Survey

http://www.ers.usda.gov/Briefing/FoodSecurity/
Total Expenditures Change with Age

Percentage of total household annual expenditures by age of reference person, 2005

Note: Other expenditures include apparel, personal care, entertainment, reading, education, alcohol, tobacco, cash contributions, and miscellaneous expenditures. Data from the Consumer Expenditure Survey by age group represent average annual expenditures for consumer units by the age of reference person, who is the person listed as the owner or renter of the home. For example, the data on people age 65 and over reflect consumer units with a reference person age 65 or older. The Consumer Expenditure Survey collects and publishes information from consumer units, which are generally defined as a person or group of people who live in the same household and are related by blood, marriage, or other legal arrangement (i.e., a family), or people who live in the same household but who are unrelated and financially independent from one another (e.g., roommates sharing an apartment). A household usually refers to a physical dwelling, and may contain more than one consumer unit. However, for convenience the term “household” is substituted for “consumer unit” in this text.

Reference population: These data refer to the resident noninstitutionalized population.

Out-of-pocket health care expenditures as a percentage of household income, among people age 65 and over, by age and income category, 1977 and 2004

Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Including expenditures for out-of-pocket premiums in the estimates of out-of-pocket spending would increase the percentage of household income spent on health care in all years. People are classified into the “poor/near poor” income category if their household income is below 125 percent of the poverty level; otherwise, people are classified into the “other” income category. For people with no out-of-pocket expenditures the ratio of out-of-pocket spending to income was set to zero. For additional details on how the ratio of out-of-pocket spending to income and the poverty level were calculated, see Table 33b in Appendix A. Reference population: These data refer to the civilian noninstitutionalized population.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) and MEPS predecessor surveys.
Food Spending Declined 2000-07

- 12% relative to rising cost of USDA Thrifty Food Plan
- 6% relative to rising CPI for Food & Beverages.
- Decline largest in 2nd-lowest income quintile, where average CPI-inflation-adjusted spending for food declined 16%.
  - Declines in food spending by middle- & low-income households: accompanied by increases in spending for housing & in the 2 lowest income quintiles, by declines in income & total spending.
  - Median food spending declined 5.4% for older adults living alone

Food Insecurity Rose: Middle- & Low-income Households: 2000-07

- National household prevalence: *Very Low Food Security* increased ~1/3 from 3.1% to 4.1%.
- Older adults living alone: *Very Low Food Security* increased ~1% from 1.9% to 2.8%.
- Deterioration in Food Security: Greatest in 2nd-lowest income quintile, *Very Low Food Security* increased by ~half.

2007: Household Food Insecurity Increased for Older Adults

- Food insecurity *increased in 2007* for
  - OAs living alone
  - Households with incomes < 185% of poverty
  - In the NE and W

- *Very low food insecurity* increased in 2007 for households with an older adult

### 2007: Household Low and Very Low Food Insecurity Increased for Older Adults

<table>
<thead>
<tr>
<th>Food Security Level</th>
<th>Household with OA %</th>
<th>Household OA living alone %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food secure</td>
<td>92.7</td>
<td>92.7</td>
</tr>
<tr>
<td>Marginally food secure</td>
<td>7.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Low food security</td>
<td>4.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Very low food security</td>
<td>2.4</td>
<td>2.8</td>
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</tbody>
</table>

## 2007: Older Adults with Incomes < 130% of Poverty Had Increased Food Insecurity

<table>
<thead>
<tr>
<th>Food Security Level</th>
<th>Household with OA %</th>
<th>Household OA living alone %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food secure</td>
<td>79.3</td>
<td>81.4</td>
</tr>
<tr>
<td>Marginally food secure</td>
<td>20.7</td>
<td>18.6</td>
</tr>
<tr>
<td>Low food security</td>
<td>12.6</td>
<td>10.8</td>
</tr>
<tr>
<td>Very low food security</td>
<td>8.1</td>
<td>7.8</td>
</tr>
</tbody>
</table>
5+ Million Seniors Had Some Form of Food Insecurity: 2000-05

- 11.4% of all seniors experienced some form of food insecurity (were marginally food insecure)
  - ~2.5 million were at-risk of hunger
  - ~750,000 suffered from hunger due to financial constraints

- More likely at-risk of hunger relative to representation in overall older population
  - those with limited incomes
  - under age 70
  - African-Americans, Hispanics
  - never-married individuals
  - renters
  - persons living in the South

Ziliak, Gundersen, Haist; avail @ mowaa.org
Food Insecurity Cuts Across Income & Demographics: 2000-2005

- >50% all seniors at-risk of hunger: incomes >poverty
- >2/3s of seniors at-risk of hunger: white
- Marked differences in risk of hunger by family structure
  - Those living alone twice as likely to experience hunger compared to those married
  - 1:5 older households with a grandchild (but no adult child) at-risk of hunger vs. 1:20 households w/o grandchild

- Food insecurity cuts across urban-rural continuum
  - Those in non-metropolitan areas are as likely to experience food insecurity as those in metropolitan areas.

Ziliak, Gundersen, Haist; avail @ mowaa.org
Food Insecure Older Adults at Risk for Poorer Health

- Those experiencing food insecurity had:
  - Significantly lower intakes: energy, vitamins, minerals
  - Significantly more likely in poor or fair health
  - Higher rates of chronic conditions: higher BMI, diabetes, depression
  - More likely to be socially isolated, hospitalized, have ADL limitations

- Estimated that being food insecure was like being functionally 14 years older.

Ziliak, Gundersen, Haist; avail @ mowaa.org
Older adults in Georgia

- ~20% in GA senior centers
  - 2-times higher risk with obesity and/or weight-related disability (Penn, 2009)
- 50% to 60% in those wait-listed for congregate and home delivered meals (Lee, Brown, & colleagues, 2008)
- 3-times more risk of cost-related medication non-adherence (Bengle, Lee, & colleagues, 2009)
Factors Contributing to Food Insecurity of Older Adults

- Low income
- Health care costs
- Physical & mental disability, IADL & ADL impairments
- Limited/no transportation
- Limited access to healthy, nutrient rich foods, i.e. food deserts
- Limited caregiver knowledge/assistance
- Food & Nutrition Assistance programs may not provide enough assistance
Federally Funded Food & Nutrition Assistance Programs Targeted to Older Adults

<table>
<thead>
<tr>
<th>DHHS</th>
<th>USDA</th>
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</thead>
<tbody>
<tr>
<td>Older Americans Act</td>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
</tr>
<tr>
<td>Indian Health Service</td>
<td>SNAP Nutrition Education Program</td>
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<tr>
<td>Clinical nutrition services</td>
<td>Food Distribution Program on Indian Reservations</td>
</tr>
<tr>
<td>Medicaid 1915 b &amp; c Waiver Program</td>
<td>Commodity Supplemental Food Program</td>
</tr>
<tr>
<td>No food or nutrition required</td>
<td>The Emergency Food Assistance Program</td>
</tr>
<tr>
<td>30 states include meals</td>
<td>Child &amp; Adult Care Food Program</td>
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<tr>
<td>Medicare</td>
<td>Senior Farmers Market Nutrition Program</td>
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<td>Medical Nutrition Therapy</td>
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<tr>
<td>Preventive services</td>
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</table>
Older Americans Act

Programs & Services

- Established 1965
- Nutrition Program established 1972

- No income requirements
  - Forbids means-testing
    - Means-testing: determination of eligibility for services based on a specific level of income

- For persons 60+, targeting services to persons in greatest economic & social need, with particular attention to low income minorities & individuals residing in rural areas & limited English proficiency
# Older Americans Act 2009 Budget

## Titles III, VI and VII

http://www.aoa.gov/AoARoot/About/Budget/index.aspx

<table>
<thead>
<tr>
<th>TITLE</th>
<th>SERVICES</th>
<th>FUNDING $</th>
</tr>
</thead>
<tbody>
<tr>
<td>III-B Supportive</td>
<td>Transportation Senior Centers</td>
<td>361.3 M</td>
</tr>
<tr>
<td>III-C Nutrition C-1, C-2, NSIP</td>
<td>Meals: congregate, home-delivered</td>
<td>809.7 M</td>
</tr>
<tr>
<td>III-D HPDP</td>
<td>Screening, med. management</td>
<td>21.0 M</td>
</tr>
<tr>
<td>III-E NFCSP</td>
<td>I&amp;R, Support Groups, Respite</td>
<td>154.2 M</td>
</tr>
<tr>
<td>VI-Amer Indian</td>
<td>Same as III</td>
<td>33.6 M</td>
</tr>
<tr>
<td>VII-Elder Rights</td>
<td>Ombudsman</td>
<td>21.3 M</td>
</tr>
</tbody>
</table>
Title III-C
OAA (Elderly) Nutrition Program
Sections 331 (C1) & 336 (C2)

- Congregate Nutrition Services (C1) &
- Home-Delivered Nutrition Services (C2)
  - Meals, 5 or more days a week
  - Congregate served in Senior Centers, Community Centers, Adult Day Care
  - Home-Delivered, delivered to older adult residence
  - Nutrition education & counseling, nutrition screening & assessment, as appropriate
  - Discretionary, formula grant program, based on # of older adults
  - Total expenditure: $1.3 B

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.aspx
OAA Nutrition Program

PURPOSE: Sec 330

- Reduce hunger & food insecurity
- Promote socialization of older individuals
- Promote health & well-being of older individuals

ANNUAL NUMBERS:

- 2.6 million OAs
- 241 million meals

<table>
<thead>
<tr>
<th></th>
<th>US Census</th>
<th>Home-Delivered</th>
<th>Congr egate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>10%</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>Minority</td>
<td>19%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Rural</td>
<td>20%</td>
<td>35%</td>
<td>39%</td>
</tr>
<tr>
<td>High Nutr Risk</td>
<td>50%</td>
<td></td>
<td>17%</td>
</tr>
</tbody>
</table>

Home Delivered & Congregate Program Comparison 2008

- **Home Delivered**
  - 61% total meals
  - 909,913 OA
  - 146,419,344 meals
  - Meals/participant: 161/yr
  - Expenditure/Participant: $828/yr
  - Expenditure/meal: $5.14

  ✓ 1 year home-delivered meals = cost of 1 day in hospital

- **Congregate**
  - 39% total meals
  - 1,656,634 OA
  - 94,216,547 meals
  - Meals/participant: 57/yr
  - Expenditure/Participant: $384/yr
  - Expenditure/meal: $6.75
## OAA 2008 State Program Report

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Home Delivered Meals</th>
<th>Congregate Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Alone</td>
<td>48%</td>
<td>35%</td>
</tr>
<tr>
<td>% Female</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>% 60 - 74 years</td>
<td>27%</td>
<td>40%</td>
</tr>
<tr>
<td>% 75 – 84 years</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>% 85 years or older</td>
<td>32%</td>
<td>18%</td>
</tr>
<tr>
<td>% Nursing Home eligible (3 or more ADLs)</td>
<td>33%</td>
<td>Not available</td>
</tr>
<tr>
<td>% with 3+ IADLs</td>
<td>67%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Home Delivered Meals % of Respondents</th>
<th>Congregate Meals % of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal Enabled Living at Home</td>
<td>93</td>
<td>58</td>
</tr>
<tr>
<td>Single Meal Provided ½ or more of total food for day</td>
<td>60</td>
<td>58</td>
</tr>
<tr>
<td>Don’t always have enough $ or Food Stamps to buy food</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Choose between food &amp; medication</td>
<td>16</td>
<td>NA</td>
</tr>
<tr>
<td>Choose between food &amp; rent or utility</td>
<td>11</td>
<td>NA</td>
</tr>
<tr>
<td>Receive food stamps</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Need help to prepare meals</td>
<td>78</td>
<td>61</td>
</tr>
<tr>
<td>Need help in leaving home</td>
<td>83</td>
<td>60</td>
</tr>
<tr>
<td>Question</td>
<td>Home Delivered Meals % of Respondents</td>
<td>Congregate Meals % of Respondents</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Fair or Poor Health</td>
<td>52</td>
<td>27</td>
</tr>
<tr>
<td>Stayed overnight in hospital in past year</td>
<td>39</td>
<td>20</td>
</tr>
<tr>
<td>Stayed overnight in nursing home in past year</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Emotional/psychiatric Problems</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Diabetes vs. 16% nationally</td>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>Hypertension vs. 48% nationally</td>
<td>73</td>
<td>69</td>
</tr>
<tr>
<td>Heart Disease vs. 32% nationally</td>
<td>43</td>
<td>66</td>
</tr>
</tbody>
</table>

2008 AoA Survey of OAA Participants, March 2009
OAA Nutrition Program ↓ Food Insecurity Among Vulnerable Older Georgians

- 52% of older Georgians seeking OAA Nutrition Program services were food insecure
- OAA Nutrition Program participants were 50% more likely to achieve food security in 4 months than those who were on the waiting list
- Unmet need for the OAA NP in Georgia:
  - 60% of those seeking the OAANP had to wait for meals

Lee, JS, Longitudinal Impact of Food Assistance Program Participation…2009 USDA/ERS RIDGE Conference
Unmet Needs for Food & Nutrition Assistance During Economic Downturn

- 60% of states being asked to ↓ spending for older adults for FY 09 & 10
- % of states with ↑ service requests for older adults:
  - 80% home delivered meals; 70% transportation; 55% energy assistance; 50% food stamps; 50% homemaker; 41% congregate meals
- % of states with services waiting lists
  - 78% home delivered meals; 60% homemaker; 30% transportation; 20% congregate meals
- No reported waiting lists for SNAP, entitlement

USDA Nutrition Assistance Programs

- **Supplemental Nutrition Assistance Program (SNAP)**
  - Only 30% of eligible OAs participate vs. 65% of all eligible
  - Only 9% of all participants are OAs
  - Lower monthly benefit for single OAs: $74 vs. $100
  - FY 09 $54 B (entitlement) + $20 B ARRA funding

- **SNAP Education Program**
  - State option to provide nutrition guidance;
  - Instructed to target women & children; OAs not targeted.

USDA Nutrition Assistance Programs

- **Commodity Supplemental Food Program**
  - 93% OA; 444,000 60+ vs. 31,000 others/mo
  - FY 09 $160.43 M discretionary, 33 states & 2 tribes
  - Eligibility: <130% poverty for OA; <185% others
  - Commodity foods; food package quantities may be impractical for 1-2 person households

USDA Nutrition Assistance Programs

- **Senior Farmers’ Market Nutrition Program**
  - 43 states, 7 tribes; 963,685 participants (2008)
  - FY 2009 $22.4 M, discretionary
  - Only available during local growing season
  - Average benefit: $23/yr or ~$2/month
  - Programs may provide nutrition education

http://www.fns.usda.gov/wic/SeniorFMNP/SeniorFMNPoverview.htm
USDA Nutrition Assistance Programs

The Emergency Food Assistance Program

- Supplements low-income, needy persons, incl OAs; 3.8 M households
- States set criteria
- FY10 $248 M Discretionary; $198 M Food; $50 M Administrative Funds
- Commodity foods to local distributing agencies (food banks, soup kitchens, pantries, OAA Nutrition Programs) via states
- OAs not always a high priority for local non-profits; sensitivity to OA needs improving

USDA Nutrition Assistance Programs

**Child & Adult Care Food Program**

- Primarily children, disabled adults; OAs in non-residential adult day services
- State regulated; 74,000 adults; no separate OA data avail
- **New IOM FNB Study underway:** review/assess nutritional needs of target populations based on DGAs & DRIs; make recommendations re meal requirements; increase availability of key food groups to meet nutritional needs of those served.
- Provides <2 nutritious meals & 1 snack daily as cash (reimbursement) &/or commodity foods

http://www.fns.usda.gov/cnd/Care/
BK: Getting By with Federal Nutrition Assistance

- **BK**
  - 79 years old
  - Widow
  - Generally good health, overweight, hypertensive, arthritis
  - Worked part-time
  - Lives alone, has children who live near by
  - Relies on husband’s social security and small pension

# BK Finances

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Monthly Income</th>
<th>Monthly Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>$920</td>
<td></td>
</tr>
<tr>
<td>Widow’s Pension</td>
<td>$420</td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$155</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>$120</td>
<td></td>
</tr>
<tr>
<td>Misc., transportation, clothing, etc.</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Health insurance</td>
<td>$157</td>
<td></td>
</tr>
<tr>
<td>Drugs/Medications</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Medical Services</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$14</td>
<td></td>
</tr>
<tr>
<td><strong>BALANCE</strong></td>
<td><strong>$84</strong></td>
<td></td>
</tr>
</tbody>
</table>

## FEDERAL NUTRITION ASSISTANCE

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA Nutrition Programs: Value of meals</td>
<td>$100</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$50</td>
</tr>
<tr>
<td>CSFP: Actual retail value generally higher</td>
<td>$17</td>
</tr>
<tr>
<td>SFMNP: $25 aver annual benefit divided by 12</td>
<td>$2</td>
</tr>
<tr>
<td><strong>TOTAL VALUE</strong></td>
<td><strong>$169</strong></td>
</tr>
</tbody>
</table>
Conclusion

- To enable older adults to remain healthy and functional at home in the community with their family & friends, older adults need adequate food and nutrition assistance.

- As the population ages, we may need to better address these needs through improved, comprehensive, and coordinated food & nutrition assistance programs.