Beyond the Meal: The Value of Socialization in Older Americans Act
Congregate Nutrition Programs

OAA History

The Older Americans Act (OAA) became law on July 14, 1965 and established the Administration on Aging (AoA) within the Department of Health and Human Services (DHHS). It also created the aging services network which currently includes 56 State Units on Aging (SUAs), 618 Area Agencies on Aging (AAAs), 246 Title VI Native American aging programs and more than 20,000 service provider organizations which engage thousands of volunteers. In 1972, the OAA added a Nutrition Services Program (NSP) for the elderly beginning with a congregate program with funds reserved for home-delivered meals. A separate program for home-delivered meals was established in 1978. The OAA Amendments of 2006, P.L. 109-365, added a new purpose statement for the NSP. The purpose of the program as stipulated in the law is to (1) reduce hunger and food insecurity, (2) promote socialization of older individuals, and (3) promote the health and well-being outcomes of older individuals by assisting them in accessing 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. S.192, the Older Americans Act Reauthorization of 2015, was passed without opposition by the U.S. Senate on April 7, 2016 and ensures delivery of social and protective services to older Americans through 2018.

OAA Funding

In fiscal year (FY) 2014, the OAA was funded at $1.88 billion. The Nutrition Services Program (NSP) receives the largest portion of funding within the OAA. More than 40% of federal appropriations goes to NSP meals. Between FY 2004 and 2014 the 60+ population grew by approximately 30%, yet OAA funding has plateaued over the last decade until the recent passage of S.192 the Older Americans Act Reauthorization of 2015. If inflation had been considered, OAA funding would have been $2.23 billion in FY 2014 to maintain the same buying power as FY 2004.

The AoA, now a part of the Administration for Community Living (ACL), partially funds the NSP which includes, congregate, home-delivered meals and the Nutrition Services Incentive Program (NSIP) which was established...
in 1974.\textsuperscript{x} The NSP is also fiscally supported by state and local governments, foundations, direct payment for services, fundraising and participant contributions.\textsuperscript{4} AoA awards OAA Title III funds to states and territories for congregate and home-delivered meals according to a funding formula based on their share of the population over age 60. States and territories in turn award funds to the 618 AAAs that administer the program in their service areas. States must provide a funding match of 15% to receive this AoA funding.\textsuperscript{xix xii} States can transfer allotted funds between the congregate and home-delivered meal programs but not the NSIP.

According to the National Association of States United for Aging and Disabilities (NASUAD), older adults receiving OAA Title III services are among the “oldest old,” female, non-white, have less than a high-school education, widows and live in poverty. Title III participants are older than their peers nationally, typically 75 years and older. They are also more likely to live in poverty and to not be married\textsuperscript{xiii} Figure 1 below is a table from the Administration for Community Living’s Aging Integrated Database (AGID) which shows national FY2014 data on OAA Title III clients.\textsuperscript{xiv}

**Figure 1. OAA Title III Clients (2014)**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Clients</td>
<td>94,298</td>
</tr>
<tr>
<td>Total Registered Services Clients</td>
<td>52,381</td>
</tr>
<tr>
<td>Total Minority Clients</td>
<td>17,747</td>
</tr>
<tr>
<td>Minority Clients as a % of Registered Clients</td>
<td>33.9%</td>
</tr>
<tr>
<td>African American Non–Hispanic Clients as a % of Registered Clients</td>
<td>32.8%</td>
</tr>
<tr>
<td>Asian and Pacific Islander Non–Hispanic Clients as a % of Registered Clients</td>
<td>0.3%</td>
</tr>
<tr>
<td>American Indian and Eskimo Non–Hispanic Clients as a % of Registered Clients</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hispanic Clients as a % of Registered Clients</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clients Below Poverty Level</td>
<td>16,560</td>
</tr>
<tr>
<td>Clients Below Poverty as a % of Registered Clients</td>
<td>31.6%</td>
</tr>
<tr>
<td>Minority Clients Below Poverty Level</td>
<td>7,464</td>
</tr>
<tr>
<td>Minority Clients Below Poverty as a % of Registered Clients</td>
<td>14.2%</td>
</tr>
<tr>
<td>Rural Clients</td>
<td>25,507</td>
</tr>
<tr>
<td>Rural Clients as a % of Registered Clients</td>
<td>48.7%</td>
</tr>
<tr>
<td># of Caregivers of Elderly</td>
<td>2,939</td>
</tr>
<tr>
<td># of Grandparents Caregivers</td>
<td>172</td>
</tr>
</tbody>
</table>

*Source: National Aging Program Information Systems (NAPIS) State Program Reports (SPR)*
OAA Title III, Part C

Title III Part C of the OAA acts to provide Americans over the age of 60 with healthy meals, nutrition education and nutrition counseling.\textsuperscript{xv} The program is not means tested, though participants are encouraged to make a monetary donation.\textsuperscript{xvi} It is OAA Title III Section 331, that authorizes meals and other related nutrition services to take place in congregate settings where senior citizens share a meal and socialize with other seniors. It also provides nutrition education, health screening and counseling at senior centers.\textsuperscript{xvii, xviii} According to the National Institute of Senior Centers, today in the United States there are nearly 11,000 senior centers that serve 1 million older adults over the age of 50 every day. Of those participating in a senior center program, 70\% are women. Research shows that compared with their peers, senior center participants have higher levels of health, social interaction, and life satisfaction. The 1978 amendments to the OAA focused on senior centers as a focal point for service delivery to older Americans. A critical objective of a senior center is to “serve as a place to connect elders to each other and to people in the community. This can stave off isolation and encourage engagement.”\textsuperscript{xix}

The Congregate Meals Program must target those with increased social and economic needs, especially low-income and low income minority people, those with limited English speaking skills, rural area residents and those at risk of institutionalization.\textsuperscript{xx} Congregate services can be provided at senior centers, community centers, religious facilities, public or low-income housing facilities, schools and adult day care centers.\textsuperscript{xxi} The services provided at these locations are education and screening, assessment and counseling, social engagement and volunteer opportunities.

People under the age of 60 living with disabilities, who are residing in a housing facility primarily with elderly individuals where meals are served, are also eligible for the Congregate Meals Program. Volunteers at congregate settings are also eligible to receive meal services.\textsuperscript{xxii} The OAA requires that congregate meal providers serve at least one meal a day, 5 or more times a week and comply with the most recent Dietary Guidelines for Americans. Intergenerational meal programs are encouraged.\textsuperscript{xxiii, xxiv} Most congregate meal sites are open only during the week but according to a recent Title IIIC-NSP Evaluation, 15\% of congregate locations also serve meals on the weekend.\textsuperscript{xxv}
Recent data from the 2014 National Survey of Older Americans Act Participants indicates that Congregate Nutrition Programs are effectively targeting services:\n
- More than half of the participants are 75 years or older
- The average age of a participant is 76 years old
- 58% of the congregate participants indicated that one meal provides one-half or more of their total food for the day
- 76% of the congregate participants indicated their health has improved because of eating at the lunch program
- 77% of the congregate participants indicated that they eat healthier because of the meal program

According to the ACL, in FY 2013, OAA Title III-C funding was $416 million for congregate nutrition services and $205 million for home-delivered nutrition services. In that same year, 83 million meals were served to 1.6 million people at congregate meal locations and 136 million home-delivered meals were provided to 830,000 homebound older Americans. To assist with evaluation of services provided through the congregate program, AoA issues standardized definitions and measurement procedures to state agencies for collection after receipt of services by individuals.

In an evaluation conducted in 2015 by Mathematica on the NSP, the authors found that, “Local Service Providers (LSPs) have extensive experience operating congregate nutrition programs. LSPs have, on average, offered congregate nutrition programs for 28 years (Figure 2 below). Over seventy percent of LSPs have been involved with the program for more than 20 years; nearly 90 percent have offered the program for more than 10 years.” The data in Figure 2 was collected from surveys of staff from SUAs, AAAs, and LSPs. The SUA survey was given to a census of all 56 SUAs, one in each of the 50 states, the District of Columbia, and five U.S. territories. For AAAs, the survey was given to a probability sample of AAAs. For LSPs, the survey was administered to a probability sample of LSPs from the sample responding AAAs.
Existing Nutrition Needs

Growing older can lead to increased nutritional risk. Based on the Healthy Eating index, 83% of older adults don’t consume a good quality diet and those in poverty have even lower scores. 58% of low income women live alone and are at greater nutrition risk. Increases in healthcare costs are frequently related to chronic disease in which nutrition interventions have proven effective. 95% of health care spending for those over the age of 65 is spent on chronic conditions. Furthermore, the cost of one month in a nursing home is equal to that of providing mid-day meals five times a week for about 7 years.

Proper nutrition for vulnerable seniors improves social, culture and psychological quality of life, health outcomes and saves tax payer dollars. According to the AoA, 90% of OAA clients have multiple chronic conditions. Nutrition counseling lessens chronic disease risk when provided by registered dietitian
nutritionists. In FY 2012 38.4% of congregate meals participants who were high risk during an initial screening were no longer at risk during their second screening.\textsuperscript{xxxii}

73% of congregate meal recipients say that meals have enabled them to remain at home. “Congregate nutrition services provide funding for provision of meals and related services in a variety of places including, senior centers, community and faith based facilities, schools, adult day care facilities. These settings allow people to form new friendships and interact in a social environment. The nutrition services that are provided in these settings include screening, assessment, education and counseling, social engagement and volunteer roles. The congregate meal setting is usually co-located with health and disease prevention programs, benefit overall health of older adults. The social component of these settings further bolsters their well-being. Eating foods in a social, comfortable, safe and stable environment enhances not only food intake but health-related quality of life.”\textsuperscript{xxxiii} Almost two-thirds of congregate meal provider locations provide non-nutrition services related social programming (62%) as well as health promotion and disease prevention activities (63%).\textsuperscript{xxxiv}

Unfortunately, the OAA nutrition program reaches less than 5% of older adults nationally.\textsuperscript{xxxv} Approximately 9% of the estimated 17.6 million low income older adults eligible to receive meals services like those provided by OAA Title III NSP however many more were in need of such services and didn’t receive them.\textsuperscript{xxxvi} A 2011 GAO report estimated that 90% of low-income older adults who were food insecure didn’t receive any meal services through the OAA.\textsuperscript{xxxvii} “For instance, an estimated 19% of low-income older adults were food insecure and about 90% of these individuals did not receive any meal services. Similarly, approximately 17 percent of those with low incomes had two or more types of difficulties with daily activities that could make it difficult to obtain or prepare food. An estimated 83% of those individuals with such difficulties did not receive meal services.”\textsuperscript{xxxviii} Still, the OAA NSP enables 2.5 million to remain in their own homes and communities and saves Medicaid and Medicare money compared to nursing home and hospital stay costs.\textsuperscript{xxxix} The goal of the NSP is to decrease food insecurity and increase socialization and health and well-being for older adults.
Socialization and Isolation

According to the Administration on Aging’s 2016 Profile of Older Americans\textsuperscript{xii}, about 29% (13.6 million) of noninstitutionalized older persons live alone and almost half of older women (46%) age 75 and older live alone. In 2015, the mean age of congregate meal participants was 76 years old and the average age of home-delivered meal participants was 79 years old. Loneliness is prevalent among older adults with as many as 46% reporting that they experience it. Loneliness can be associated with older age, loss of a partner or being single, cognitive decline and a reduction in social networks and support.\textsuperscript{xlii}

The data collection and analysis done thus far regarding the Congregate Nutrition Program established in 1972 by the OAA, has often focused on the meal provided as well as nutrition education. Little evaluation has been done solely on the benefits of socialization from Congregate Nutrition programs to the health and well-being of older adults who participate. In April 2017, Mathematica Policy Research did publish the first national evaluation of the Title III-C Nutrition Services Program in 20 years. This report found that there are positive effects of congregate meal participation on socialization. 93% of congregate meal participants in the study said they were satisfied with the time they had to spend with other people at the congregate program. Furthermore, congregate meal participants experienced more positive socialization outcomes than nonparticipants.\textsuperscript{xliii}

Social isolation on the other hand, can worsen depression in older adults.\textsuperscript{xlviii} One longitudinal study showed that compared to phone, written and email interactions, more frequent face to face interactions with friends or family could reduce the risk of subsequent depression in older adults age 50 and older.\textsuperscript{xlvi} A study conducted at the University of California, San Francisco published its results in 2012\textsuperscript{xlvii} to show that of the 1,600 people who participated (average age 71), those who reported being lonely were more likely to develop problems with activities of daily living. Controlling for socioeconomic status and health, nearly 23% of those participants died within six years compared to 14% who didn’t report loneliness.

According to a National Council on Aging issue brief, “One in six seniors (age 65 and older) living alone in the United States faces physical, cultural, and/or geographical barriers that prevent them from receiving benefits and services that can improve their economic security, and ability to live healthy, independent lives.”\textsuperscript{xlviii}
According to the AARP Foundation\textsuperscript{xlvii}, social isolation affects more than 8 million adults in America and it presents health risks equivalent to smoking 15 cigarettes a day.

Isolation and loneliness can be prevented as adults age. In a recent report by IBM on Loneliness and the Aging Population, the authors assert that our best defense is to take preventative action in the form of supporting organizations that are using strategies to help older adults build and maintain “social capital” and mitigate the psychosocial and physical obstacles that arise as one ages.\textsuperscript{xlviii} Service providers at congregate meal sites can promote socialization through cognitive and physical programming.\textsuperscript{xlix} Eating foods in a social, comfortable, safe and stable environment enhances not only food intake but health-related quality of life.\textsuperscript{l} Food, which is a determinant of an individual’s health outcomes, is more than just nutrients. Experiencing familiar food can result in a sense of identity, attachment to others, positive memories and increased psychological well-being for the person partaking in the meal. “Eating together creates associations between social relationships and food. Considerable evidence exists that elders who eat with others on a more regular schedule, eat more complete meals, have a high-quality diet and eat more food varieties.”\textsuperscript{li} Studies have shown that social engagement can be linked to an increase in physical and mental health and a delay of cognitive declines.\textsuperscript{lii}
Endnotes


vi Thomas, K.S., and Dosa, D. (2015). Results from a Pilot Randomized Control Trial of Home-Delivered Meals Programs. The More Than a Meal Pilot Research Study was produced by Meals on Wheels America and conducted by Brown University through a grant provided by the AARP Foundation.


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